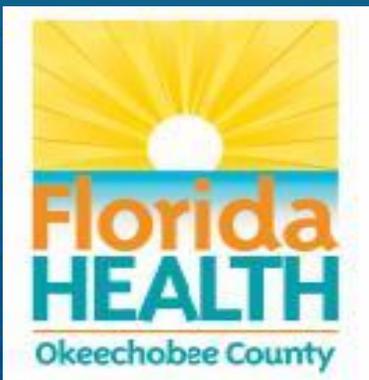


Okeechobee Community

2022-2025

Health Equity Plan



Prepared by:
 **HCSEF**
Health Council of
Southeast Florida
www.hcsef.org

LAST UPDATED JUNE 2022

Table of Contents

I. Vision.....	4
II. Purpose of the Health Equity Plan	6
III. Definitions.....	7
IV. Participation	8
A. Minority Health Liaison.....	9
B. Health Equity Team	9
C. Health Equity Taskforce.....	11
D. Coalition.....	15
E. Regional Health Equity Coordinators.....	16
V. Health Equity Assessment, Training, and Promotion	17
A. Health Equity Assessments	17
B. County Health Equity Training	18
C. County Health Department Health Equity Training	19
D. Minority Health Liaison Training.....	20
E. National Minority Health Month Promotion	21
VI. Prioritizing a Health Disparity	23
VII. SDOH Data	43
A. Education Access and Quality	44
B. Economic Stability.....	61
C. Neighborhood and Built Environment	90
D. Social and Community Context	120
E. Health Care Access and Quality	135
VIII. SDOH Projects.....	179
A. Data Review	179
B. Barrier Identification	181

Okeechobee Community

Health Equity Plan

C. Community Projects.....	182
IX. Health Equity Plan Objectives	184
A. Obesity in Okeechobee County	184
X. Performance Tracking and Reporting.....	196
XI. Revisions.....	197

I. VISION



The Florida Department of Health in Okeechobee County engaged community partners and stakeholders to form the Health Equity Coalition and Health Equity Taskforce and to assess the health needs of underserved communities, prioritize health disparities, and devise a strategic action plan. The Florida Department of Health in Okeechobee County, the Health Equity Coalition, and the Health Equity Taskforce continually work to promote and protect the health of racial and ethnic minorities and tribal populations through evidence-based strategies that address health disparities. To develop our vision, the Health Equity Taskforce discussed the need to advance health equity, which is the attainment of optimal health for all people. However, several barriers to health equity persist in Okeechobee County and lead to the disproportionate loss of human life and potential.

Through this work, the Health Equity Coalition and Health Equity Taskforce have identified three priorities: 1) to improve the neighborhood and built environment; 2) to improve access to quality health care and services; and 3) to improve transportation access. To appropriately align goals and objectives with the health equity priorities of the county, the Health Equity Task Force examined the root causes of our prioritized health disparity, obesity. As such, with this plan, we aim to improve the health and quality

Okeechobee Community

Health Equity Plan

of life for all Okeechobee County residents through the implementation of policies that view racism as a public health threat, increasing cultural competency and health literacy, and applying upstream approaches to health care delivery, research and practice. Our vision for our Health Equity Plan is to:

“Protect the health of all people in Okeechobee County”

II. PURPOSE OF THE HEALTH EQUITY PLAN

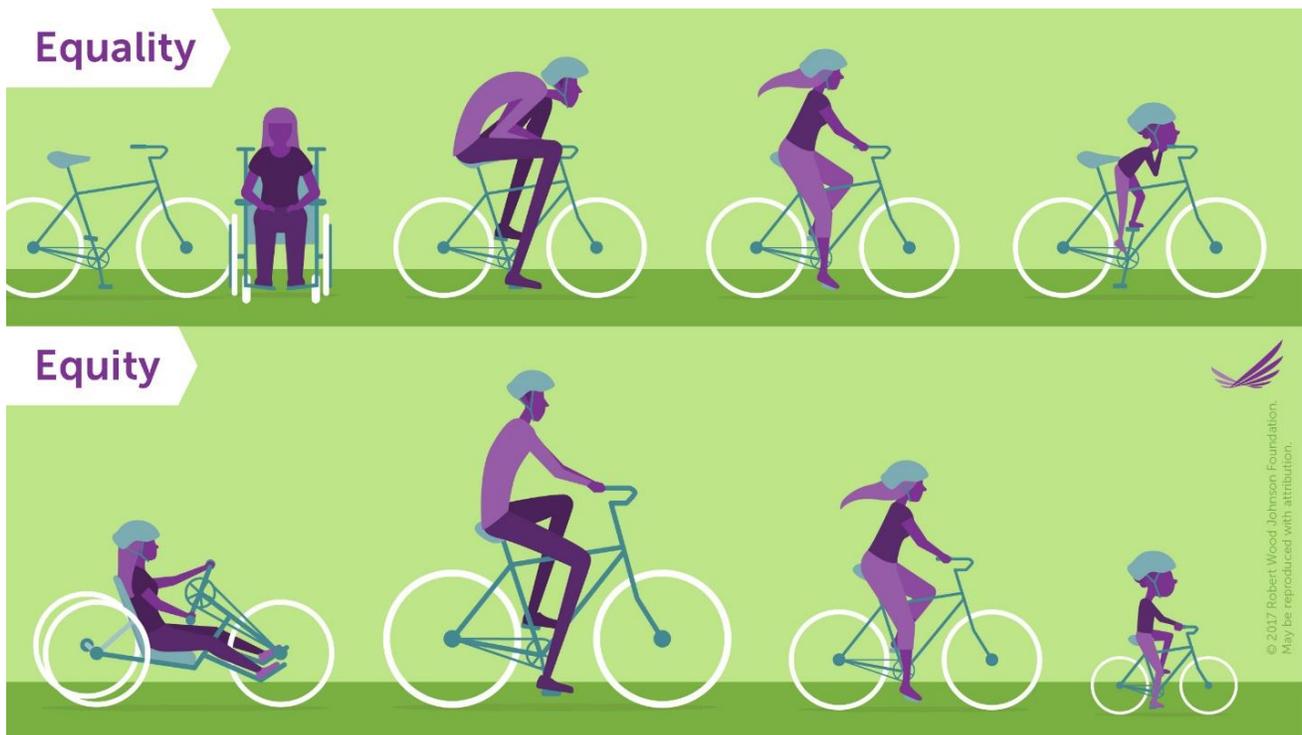
Health Equity is achieved when everyone can attain optimal health.

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 (SDOHs) by fostering multi-sector and multi-level partnerships, conducting surveillance, and integrating data from multiple sources, and leading approaches to develop upstream policies and solutions. This plan acknowledges that collaborative initiatives to address the SDOHs are the most effective at reducing health disparities.

The purpose of the Health Equity Plan is to increase health equity within Okeechobee County. To develop this plan, the Okeechobee County health department followed the Florida Department of Health’s approach of multi-sector engagement to analyze data and resources, coordinate existing efforts, and establish collaborative initiatives. This plan addresses key SDOH indicators affecting health disparities within Okeechobee County. This Health Equity Plan is not a county health department plan; it is a county-wide Health Equity Plan through which the Health Equity Taskforce, including a variety of government, non-profit, and other community organizations, align to address the SDOH impact health and well-being in the county.

III. DEFINITIONS



Health equity is achieved when everyone can attain optimal health

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

The Florida Department of Health in Okeechobee County engaged community partners and stakeholders to form the Health Equity Coalition and Health Equity Taskforce to assess the health needs of underserved communities, prioritize health disparities, and devise a strategic action plan. Members include representatives from multiple local public health system sectors, including health care, social service, education, community development, philanthropy, transportation, city and county government, hospitality, and business.

On November 30, 2022, Community Collaborative Council members were engaged and agreed to form the Okeechobee County Health Equity Council and to review the plan for feasibility to ensure maximum impact. On December 8, 2021, Community Health Improvement Plan Partners (CHIPP) met and agreed to be on the Okeechobee County Health Equity Taskforce. The CHIPP members are a diverse group of community leaders and community members, who have consistently participated in the health equity planning process during Health Equity Taskforce meetings.



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 priority 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: Sonia Nunez

Minority Health Liaison Backup: Tod Hardacre

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 (County) 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	Member Roles
Sonia Nunez	Health Educator OPS	Health Education	Serve as lead; provide trainings and updates related to the Plan
Amy Cormier	Health Educator	Health Education	Participate in prioritization; provide guidance throughout process
Morgan D. Hord	Senior Community Health Nursing Supervisor	School Health	Participate in prioritization; provide input
Patricia A. Pelayo	Senior Community Health Nursing Supervisor	Clinic	Participate in prioritization; provide input
Jaqueline Garcia Soto	Health Support Technician	WIC	Participate in prioritization; provide input
Priscilla Helton	Accountant	Administration	Participate in prioritization; provide input
Melissa L Sombric	Environmental Health	Environmental Health	Participate in prioritization; provide input

Tod Hardacre	Preparedness	Environmental Health	Serve as backup lead; provide updates related to the Plan
Bret Smith	Officer	Department of Health	Participate in prioritization; provide input
Kimberly Williams	Administrative Assistant II	Administration	Participate in prioritization; provide input
Vickie Elkins	Community Health Nursing Director – SES	Clinic	Participate in prioritization; provide input

The Health Equity Team met on the below dates during the health equity planning process. Once the Health Equity Plan is completed, the Health Equity Team will meet at least quarterly to track progress. Please see Addendum 1 for Health Equity Team meeting agendas and sign-in sheets.

Meeting Date	Topic/Purpose
1/20/2022	Health Equity Overview/Training Opportunities/Potential Community Projects/April Minority Health Awareness Month Event
2/25/2022	National Minority Health Awareness Event Planning and Supplies
3/04/2022	CHIPP Health Equity Team Presentation/Project Planning
3/10/2022	Achieving Health Equity Training/Project Planning for Health Equity Awareness
3/17/2022	National Minority Health Awareness Month Event Project Planning
3/24/2022	Culturally and Linguistically Appropriate Services/April Project Planning
4/07/2022	Reviewed Obesity Disparity Data and Identified our Priority Population as Hispanic adults and Hispanic and Black children
4/22/2022	DOH-Okeechobee County welcomed new employees, conducted team building activities, and provided updates on policies and guidelines, an overview of future directions and priorities, and training on Emergency Management
5/16/2022	DOH-Okeechobee County staff discussed Health Equity Plan responsibilities, specifically Tod Hardacre’s role as the Minority Health Liaison backup to provide continuous updates
6/08/2022	DOH-Okeechobee County staff received CPR training and continued to work on the SDOH projects in the Health Equity Plan; moreover, the Health Equity Team was introduced to the Health Equity Taskforce. Moreover, the Health Equity Team discussed long-term projects and reviewed information on the use of Go NAPSACC

C. Health Equity Taskforce

The Okeechobee County Health Equity Taskforce includes DOH-Okeechobee staff and representatives from various organizations that provide services to address various SDOH, including health and human services, parks and recreation services, transportation services, education, insurance coverage, social supportive services, mental and behavioral health services, and funding opportunities, among others. The Okeechobee County Health Equity team recruited Community Health Improvement Plan Partners to serve as the Okeechobee County Health Equity Taskforce, comprised of a diverse group of both residents and local public health sector partners who live, work, play, and serve Okeechobee County. Members of this Taskforce brought their knowledge about community needs and SDOH. Collaboration within this group addresses upstream factors to achieve health equity. The Health Equity Taskforce wrote the Okeechobee County Health Equity Plan and oversaw the design and implementation of projects. Health Equity Taskforce members are listed below.

Name	Organization	Social Determinant of Health	Partner Role
Sonia Nunez	Florida Health Department in Okeechobee County	Health Care Access & Quality Social & Community Context	Gathering data and information; taking minutes; updating the plan; calling and recruiting additional partners
Josh Padgett	IRSC-Dixon Hendry Campus	Social & Community Context Education Access & Quality	Gathering information; providing input for the development of the plan and feedback on the plan
Casey Rogers	Rite Life Services	Health Care Access & Quality Social & Community Context	Gathering information; providing input for the development of the plan and feedback on the plan
Anna Harper	Sunshine Health	Health Care Access & Quality	Gathering information; providing input for the development of the plan and feedback on the plan
Holly Mixon	Tobacco Free Partnership of Okeechobee County	Social & Community Context Education Access & Quality	Gathering information; providing input for the development of the plan and feedback on the plan
Christine Palaez-Pena	Epilepsy Florida	Health Care Access & Quality Social & Community Context	Gathering information; providing input for the development of the plan and feedback on the plan
Tod B. Hardacre	Florida Health Department in Okeechobee County	Social & Community Context Neighborhood & Built Environment	Gathering information; providing input for the development of the plan and feedback on the plan
Cecilia Escorbore	Florida Community Health Centers, Inc.	Health Care Access & Quality	Gathering information; providing input for the

DOH-Okeechobee

Health Equity Plan

			development of the plan and feedback on the plan
Pat Hickman	Early Learning Coalition of Indian River, Martin, and Okeechobee Counties	Education Access & Quality	Gathering information; providing input for the development of the plan and feedback on the plan
Monica Taylor	Martha's House	Economic Stability	Gathering information; providing input for the development of the plan and feedback on the plan
Nancy Yarnall	Area Agency on Aging	Social & Community Context	Gathering information; providing input for the development of the plan and feedback on the plan
Dalia Dillon	Area Agency on Aging	Social & Community Context	Gathering information; providing input for the development of the plan and feedback on the plan
Maureen McCarthy	Area Agency on Aging	Social & Community Context	Gathering information; providing input for the development of the plan and feedback on the plan
Mary Vang	Florida Community Health Centers, Inc.	Health Care Access & Quality	Gathering information; providing input for the development of the plan and feedback on the plan
Vickie Elkins	Department of Health in Okeechobee County	Health Care Access & Quality	Gathering information; providing input for the development of the plan and feedback on the plan
Patricia Pelayo	Department of Health in Okeechobee County	Health Care Access & Quality	Gathering information; providing input for the development of the plan and feedback on the plan
Debbie Carr	Our Village Okeechobee	Health Care Access & Quality Social & Community Context	Gathering information; providing input for the development of the plan and feedback on the plan
Jess Olney	Our Village Okeechobee	Health Care Access & Quality Social & Community Context	Gathering information; providing input for the development of the plan and feedback on the plan
Patrice Schroeder	211 Palm Beach and Treasure Coast	Health Care Access & Quality	Gathering information; providing input for the development of the plan and feedback on the plan
Denise Whitehead	City of Okeechobee Community	Social & Community Context	Gathering information; providing input for the

	Services and Public Information	Education Access & Quality	development of the plan and feedback on the plan
Dowling Watford	City of Okeechobee	Economic Stability Neighborhood & Built Environment	Gathering information; providing input for the development of the plan and feedback on the plan
Miguel Navarez	Florida Forest Service	Neighborhood & Built Environment	Gathering information; providing input for the development of the plan and feedback on the plan
Marisol Miller	Florida Community Health Centers, Inc.	Health Care Access & Quality	Gathering information; providing input for the development of the plan and feedback on the plan
Maggie Louise	Least of These Health Services	Health Care Access & Quality	Gathering information; providing input for the development of the plan and feedback on the plan
Pam Duenas	Okeechobee Healthy Start	Education Access & Quality Social & Community Context	Gathering information; providing input for the development of the plan and feedback on the plan
Cassidy Bond	Okeechobee Healthy Start	Education Access & Quality Social & Community Context	Gathering information; providing input for the development of the plan and feedback on the plan
Courtney Moyett	Tobacco Free Partnership of Okeechobee County	Education Access & Quality Social & Community Context	Gathering information; providing input for the development of the plan and feedback on the plan
Jeff Howard	United Way of St. Lucie and Okeechobee	Economic Stability	Gathering information; providing input for the development of the plan and feedback on the plan
Marybeth Soderstrom	Heartland Regional Transportation Planning Organization	Neighborhood & Built Environment	Gathering information; providing input for the development of the plan and feedback on the plan

The Health Equity Taskforce met on the below dates during the health equity planning process. The Health Equity Taskforce will continue to meet at least quarterly to monitor the plan activities, provide updates and feedback, track progress towards meeting the objectives, and make revisions to the Health Equity Plan as necessary and appropriate. Please see Addendum 2 for Health Equity Taskforce Team Meeting Agendas and Sign-in Sheets.

DOH-Okeechobee

Health Equity Plan

Meeting Date	Organizations	Topic/Purpose
2/2/2022	Tobacco Free Partnership Florida Department of Health in Okeechobee County QuitDoc Indian River State College Sunshine Health Epilepsy Florida United Way of St. Lucie and Okeechobee Least of These Health Services Florida Community Health Centers, Inc. 211 Palm Beach and Treasure Coast Area Agency on Aging Our Village Okeechobee	The Okeechobee County Health Equity Taskforce were briefed on the Okeechobee County Health Equity Plan and discussed tobacco and vaping use in schools as one of the prominent health issues in the county.
3/9/2022	Florida Department of Health in Okeechobee County QuitDoc Indian River State College Sunshine Health Epilepsy Florida United Way of St. Lucie and Okeechobee Least of These Health Services Florida Community Health Centers, Inc. 211 Palm Beach and Treasure Coast Area Agency on Aging Our Village Okeechobee	The Minority Health Liaison provided a Health Equity Presentation and discussed the Okeechobee County Health Equity Plan in detail. The Taskforce discussed transportation as one of the major social determinants of obesity that need to be addressed in the county and Heartland Rides presented on their rideshare program and how the Taskforce can partner to expand access to it. The Taskforce decided to integrate this as an Okeechobee County Health Equity Plan Community Project.
3/29/2022	Florida Department of Health in Okeechobee County QuitDoc Indian River State College Sunshine Health Epilepsy Florida United Way of St. Lucie and Okeechobee Least of These Health Services	The Health Equity Taskforce began to discuss affordable housing and access to affordable healthy foods as important social determinants of health and obesity in the county.

	Florida Community Health Centers, Inc. 211 Palm Beach and Treasure Coast Area Agency on Aging Our Village Okeechobee	
4/26/2022	Florida Department of Health in Okeechobee County QuitDoc Indian River State College Sunshine Health Epilepsy Florida	The Health Equity Taskforce discussed updates, announcements, and health equity principles, as well as reviewed obesity and SDOH data.
5/3/2022	Tobacco Free Partnership Florida Department of Health in Okeechobee County QuitDoc Indian River State College Sunshine Health Epilepsy Florida United Way of St. Lucie and Okeechobee Least of These Health Services Florida Community Health Centers, Inc. 211 Palm Beach and Treasure Coast Area Agency on Aging Our Village Okeechobee	The Okeechobee County Health Equity Taskforce discussed strategies related to improving the social determinants of health, including implementing the PACE-EH project to expand food pantries as an effort to increase access to affordable, healthy food, as well as tobacco-related policy and guidelines, and ways to implement upstream approaches.

D. Coalition

The Okeechobee County Health Equity Team engaged Community Collaborative Council members to serve as the Okeechobee County Health Equity Coalition and discuss 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, necessary documentation, and alignment. See Addendum 3 for a list of Coalition members. The Minority Health Liaison presented the Health Equity Plan to the Coalition for feedback and shared the latest plan via email for review and approval. Coalition members responded with approval of the Plan. Moreover, a Coalition meeting will take place on June 28, 2022 to review the final version of the Health Equity Plan for feasibility in a formal setting.

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

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 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

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

B. County Health Equity Training

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



As pictured above, the Minority Health Liaison provided the Okeechobee County Health Equity Taskforce and Coalition members with a Health Equity Training. Prior to this training session, members received articles and infographics to advance comprehension of health equity principles, as well as posters they can display at their workplaces. Training included an overview of health equity-focused goals, objectives, and activities to ensure equitable delivery of services and care.

In addition to the trainings provided directly by the Minority Health Liaison, Taskforce and Coalition members also received information about other health equity training opportunities. Below are the dates, SDOH training topics, and organizations who attended training.

Date	Topics	Organization(s) receiving trainings
2/16/2022	Heart Health Awareness and Free Blood Pressure Checks; Increasing awareness on obesity and providing health education	IRSC Nurse Students; DOH-Okeechobee; Okeechobee County Public Library; Okeechobee County community members
3/9/2022	Applying a Health Equity Lens to Specific Departments	Wildfire Mitigation Specialist, Tobacco Free Partnership of Okeechobee County, Rite Life Service, Okeechobee Healthy Start Coalition, L.O.T. Health Services, Inc., Our Village, Marth's House, Area

		agency on Aging, 211 Helpline, Chamber of Commerce, Okeechobee Senior Services, Florida Department of Health in Okeechobee County, Okeechobee Senior Services, Florida Department of Health in Okeechobee County, Central Florida Regional Planning Council, Director of Community Services and Public Information
Tuesdays, 4/27/2022 – 6/14/2022	Grant Writing Training with a focus on the social determinants of health	Shared with Okeechobee County Health Equity Taskforce and Coalition Members

C. County Health Department Health Equity Training

The Florida Department of Health in Okeechobee County recognizes that ongoing training in health equity and cultural competency are critical for creating a sustainable health equity focus. At a minimum, all DOH-Okeechobee 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 provided is recorded below.

Date	Topics	Number of Staff in Attendance
1/20/2022	Cultural Awareness: Introduction to Cultural Competency	6
1/20/2022	Addressing Health Equity: A Public Health Essential	6
3/4/2022	CHIPP Health Equity Overview	5
3/10/2022	Achieving Health Equity – Health Equity Team – Train ID 1100159	8

D. Minority Health Liaison Training

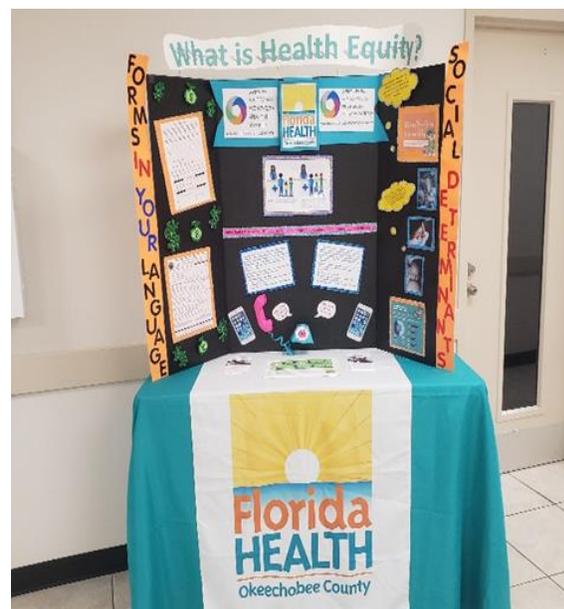
The Office of Minority Health and Health Equity and the Health Equity Regional Coordinator provide training and technical support to the Minority Health Liaison on topics such as: the health equity planning process and goals, facilitation, and prioritization techniques, reporting requirements, and taking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

Date	Topics
12/15/2021	Go NAPSACC Consultant Training for Supporting Healthy Environments that Reduce Obesity
1/4/2022	Achieving Health Equity Training
02/01/2022	Health Equity & Environmental Justice 101
2/22/2022 – 2/24/2022	Technology of Participation (ToP) Facilitation Methods Course
3/22/2022	Clear Point Training
4/7/2022	Health Equity Team and Regional Health Equity Coordinator Introduction Session
4/21/2022	Monthly Minority Health Liaison Meeting
5/5/2022	Monthly Minority Health Liaison Meeting
5/19/2022	FL Health CHARTS Training
5/25/2022	Regional Health Equity Coordinator Health Equity Plan Check-in Session

E. National Minority Health Month Promotion

The Florida Department of Health in Okeechobee County held a successful National Minority Health Month Promotion Event in April 2022 (pictured below). This Health and Safety Expo event was promoted via social media, local media (newspaper and radio), and banners throughout Okeechobee County. The Florida Department of Health, the Okeechobee Health Equity Coalition, and the Okeechobee Health Equity Taskforce helped promote the event and increase awareness. The event turned out to be a huge success, during which residents received important health information, participated in games, and spent time with other community members. As a result of this event, we reached just under 2,000 community members. In addition, approximately 56 families directly engaged with us at our Health Equity Booth.

Leading up to this successful event, our Health Equity Team developed two displays to promote health equity and minority health. The display pictured below on the left was on display in the local library throughout the month of April. With this display, through our Coalition partnerships and support, we were able to provide information and resources related to transportation, as well as policies and practices that influence the social determinants of health, which can either reduce health inequities or exacerbate them. The display pictured below on the right was also on display throughout April, but in the Okeechobee Health Department building. This display included information on interdepartmental disparities and how the Health Equity Team addressed them through applying a health equity lens. As part of this CHD display, we also provided information on transportation resources available to the community.



Moreover, the Okeechobee County Health Equity Team and Taskforce promoted our Health and Safety Expo Event via consistent social media posts and the display of large banners in both English and

Spanish (pictured below). One was placed in front of the Health and Safety Expo and the other outside the Chamber of Commerce throughout the month of April.



Our Village Okeechobee
April 2 at 10:00 AM · 🌐

We are proud to join the HHS Office of Minority Health for National Minority Health Month: Give Your Community a Boost! Join us this April as we share resources to help you [#BoostYourCommunity](#). Together, we can raise vaccine confidence and combat misinformation: minorityhealth.hhs.gov/nmhm.



**NATIONAL
MINORITY
HEALTH
MONTH**

Give Your Community A Boost! | April 2022



VI. PRIORITIZING A HEALTH DISPARITY

The Health Equity Team identified and reviewed health disparities data in Okeechobee County. Data was pulled from multiple sources including the Florida Department of Health, Division of Public Health Statistics and Performance Management, the Robert Wood Johnson County Health Rankings, the Florida Behavioral Risk Factor Surveillance System, Florida Environmental Public Health Tracking, the United States Census Bureau, the National LGBTQ Youth Mental Health Survey, and the Transgender Discrimination Survey, among others.

The following health disparities were identified in Okeechobee County: heart disease, obesity, lung cancer, sleep deprivation, and mental distress. The Health Equity Team used the Prioritization Matrix (pictured below) to determine the prioritized health disparity. This involved developing a matrix that listed the health disparities mentioned above, assigning ratings against criteria (i.e., total impact, alignment, actionable feasibility), weighing the criteria by level of importance, and calculating priority scores. As a result, the Health Equity Team decided to address obesity, which received the highest priority score, in the Health Equity Plan.

Okeechobee Health Equity Priority Matrix 2021/2022

Disparity	Robert Wood Johnson County Health Rankings 2021 Data	Impact to community	Alignment with State	FDOH-Okeechobee Actionable	Total
Heart Disease	4	4	5	4	17
Obesity	5	5	4	5	19
Lung Cancer	3	3	2	3	11
Sleep Deprivation	1	2	1	1	5
Mental Distress	2	1	3	2	8
Ranked on scale from 1-5 Data: 1 = lowest rate; 5 = highest rate Impact: 1 = little impact; 5 = high impact Alignment: 1 = little alignment; 5 = complete alignment Actionable: 1 = least actionable; 5 = most actionable					

Data concerning obesity in Okeechobee County is included below. It is important to note that, while attempts were made to disaggregate by other key populations, such as individuals who identify as veterans, immigrants, and individuals who reside in specific ZIP codes and/or census tracts, currently, there is no available county-level obesity data for these specific populations. The Okeechobee County Health Equity Taskforce will consider future community projects aimed at addressing these data gaps, as it is important to apply an intersectional lens to health equity work and these groups experience health disparities. Moreover, several state and federal efforts are taking place to address these gaps,

and the Okeechobee County Health Equity Taskforce is interested in supporting these initiatives. For instance, the state is currently conducting a study on health disparities and the social determinants of health for people living with disabilities in Okeechobee County. And, as another example, to address the lack of sexual orientation and gender identity data, there is a Health People 2030 objective to “increase the number of states, territories, and the District of Columbia that include questions that identify sexual orientation and gender identity on state level surveys or data systems to improve the health, safety, and well-being of lesbian, gay, bisexual and transgender (LGBT) individuals.”¹

Lastly, as a note, research has found that **immigrant populations** experience lower obesity rates and, thus, do not experience obesity-related disparities. A large study found that non-immigrant populations experienced higher obesity rates than immigrant populations (22% and 14%, respectively).² Therefore, while we do include SDOH indicators disaggregated by nativity, this will not be a prioritized population for our efforts to reduce obesity in Okeechobee County.

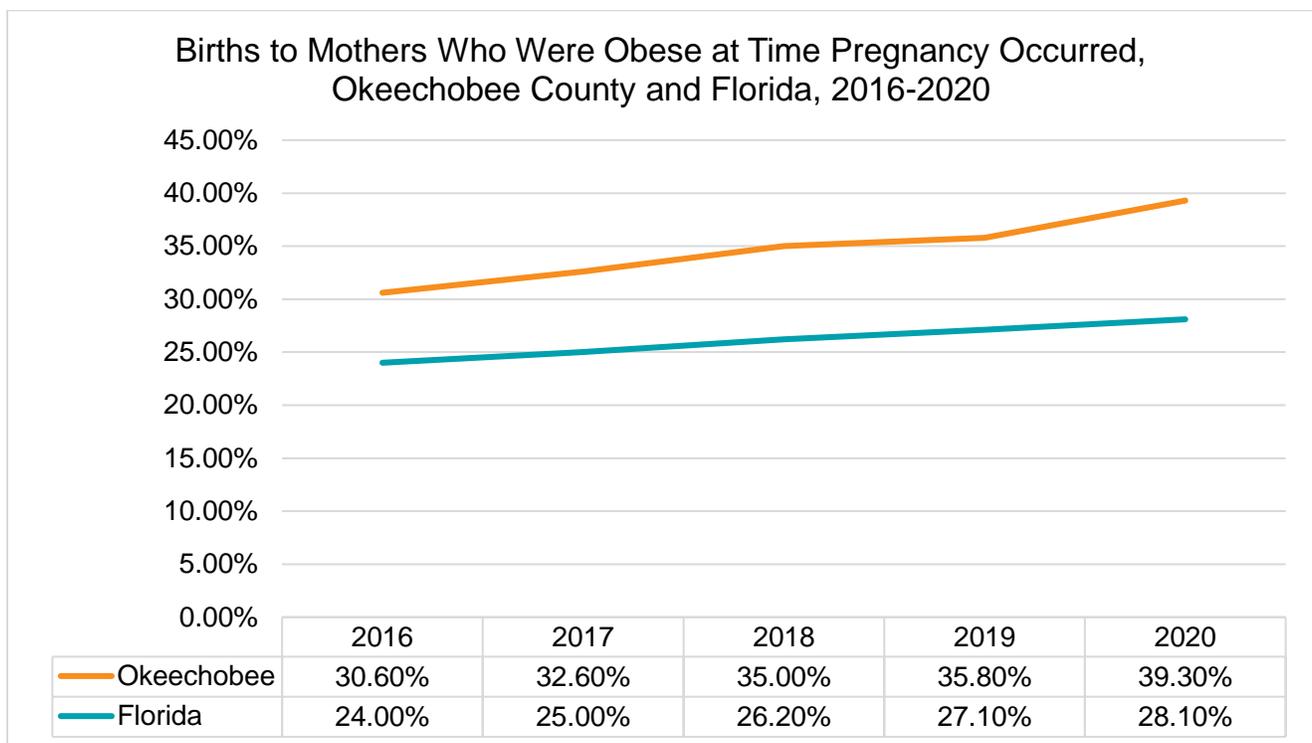
¹ US Department of Health and Human Services: Healthy People: SO/GI Data. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

² Goel, M.S., McCarthy, E.P., et al. (2004). Obesity among US immigrant subgroups by duration of residence. *JAMA*. 292(23): 2860-2867.

Births to Mothers Who Were Obese at Time Pregnancy Occurred

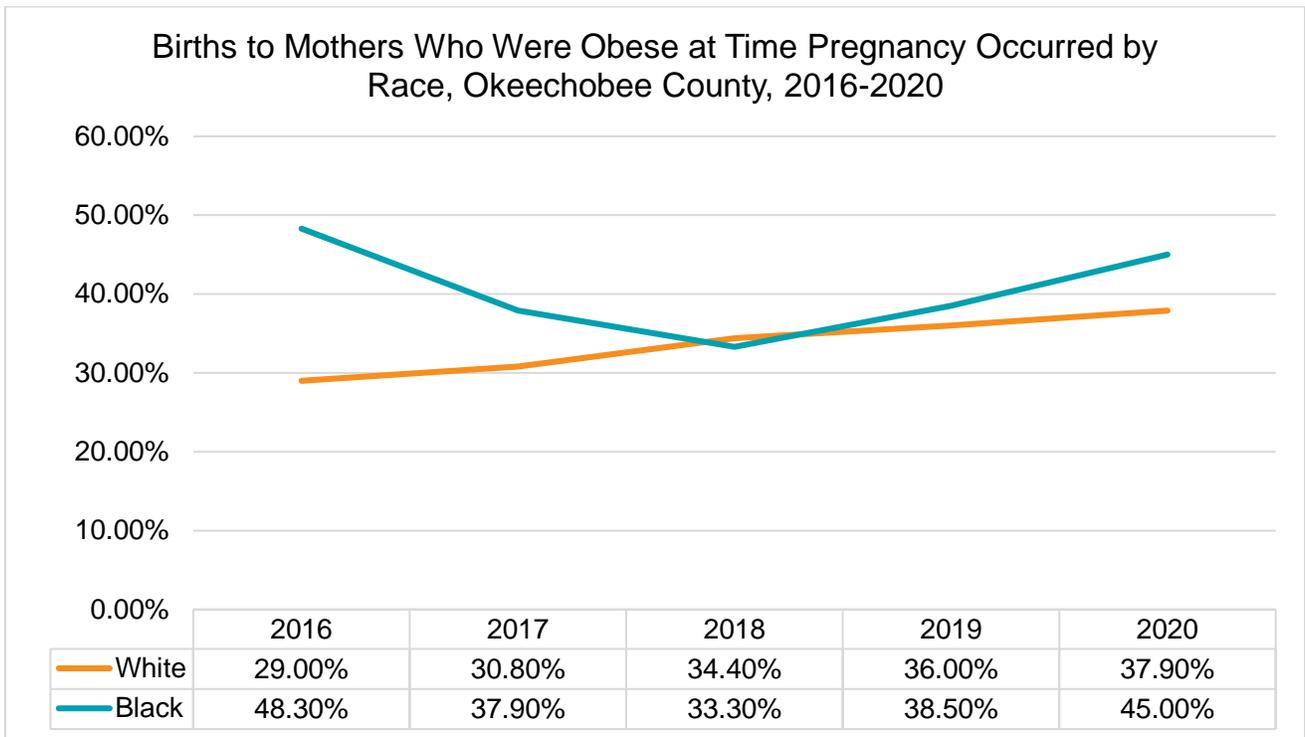
The following figures depict the proportion of births to mothers who were obese at the time that pregnancy occurred. To the extent possible, we disaggregated by specific demographics to highlight any obesity-related health disparities.

The figure below shows the proportion of births to mothers who were obese at the time that pregnancy occurred for both **Okeechobee County** and **Florida** from 2016 to 2020. Each year, the proportion of births to obese mothers in Okeechobee County steadily increased and exceeded that of the State's. Most recently, in 2020, 39.3% of births in Okeechobee County were to obese mothers, compared to 28.1% of births in Florida.



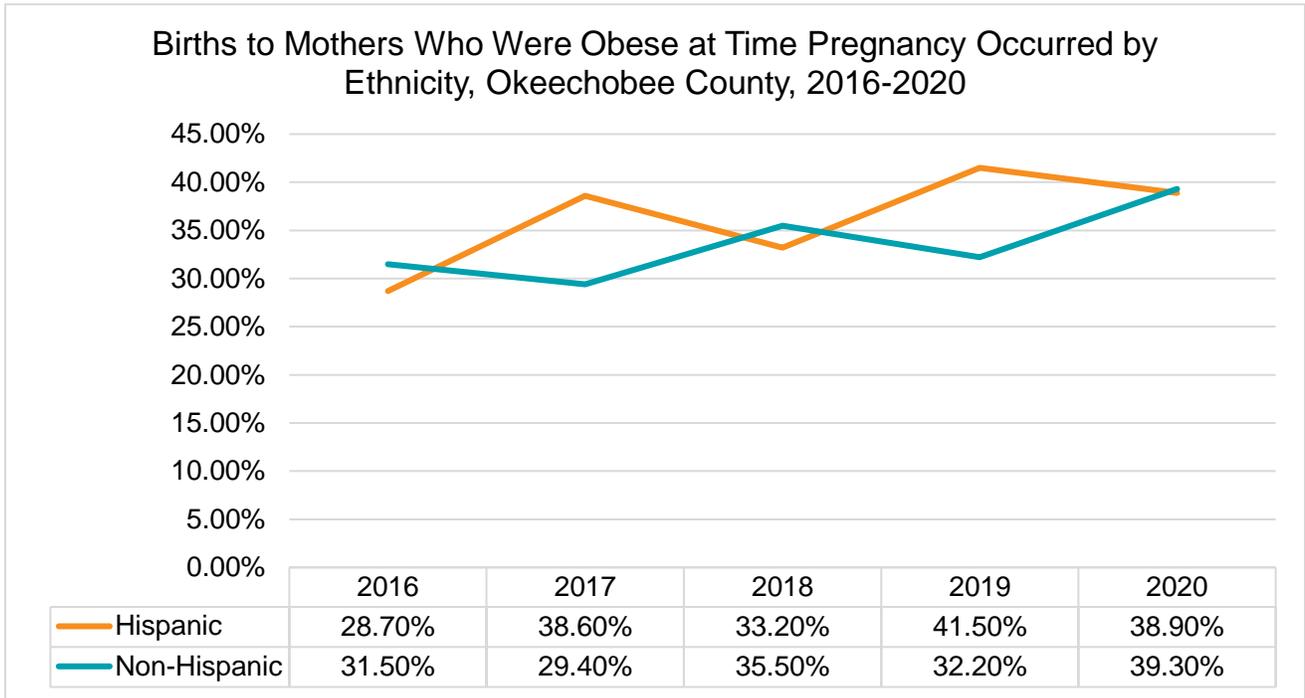
Source: Florida Department of Health, Bureau of Vital Statistics

The figure below shows the proportion of births to mothers who were obese at the time that pregnancy occurred by **race** in Okeechobee County from 2016 to 2020. There was fluctuation among births to Black mothers with a decrease from 48.3% in 2016 to 33.3% in 2018 and increase to 45% in 2020. Among births to white mothers, there was a steady increase from 29% in 2016 to 37.9% in 2020. Most recently in 2020, 45% of Black births were to obese mothers, compared to 37.9% of white births.



Source: Florida Department of Health, Bureau of Vital Statistics

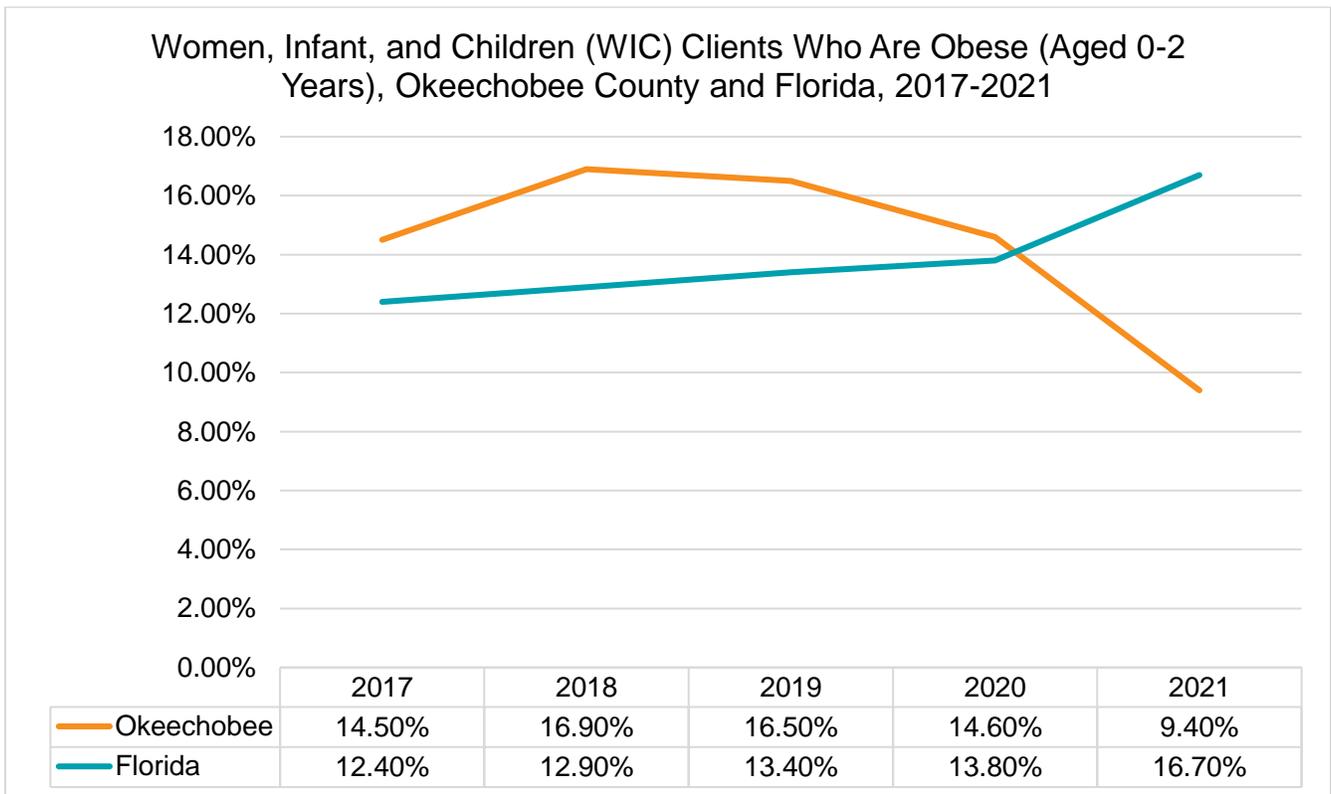
The figure below shows the proportion of births to mothers who were obese at the time that pregnancy occurred by **ethnicity** in Okeechobee County from 2016 to 2020. There was consistent fluctuation of the proportion among both births to Hispanic and non-Hispanic mothers. Most recently in 2020, 39.3% of non-Hispanic births were to obese mothers, compared to 38.9% of Hispanic births.



Source: Florida Department of Health, Bureau of Vital Statistics

Obese Women, Infant, and Children (WIC) Clients (2 Years and Older)

The figure below shows the proportion of Women, Infant, and Children (WIC) clients aged 2 years and older in both **Okeechobee County** and **Florida** from 2017 to 2021. While a higher proportion of WIC clients were obese in Okeechobee County than Florida from 2017 to 2020, Florida’s proportion recently exceeded the county’s proportion. Most recently, in 2020, the Okeechobee County proportion dipped to 9.4% of WIC clients being obese, compared to 16.7% of Florida’s WIC clients. Notably, this data was not available by specific demographics.



Source: Florida Department of Health, WIC & Nutrition Services, FLWiSE

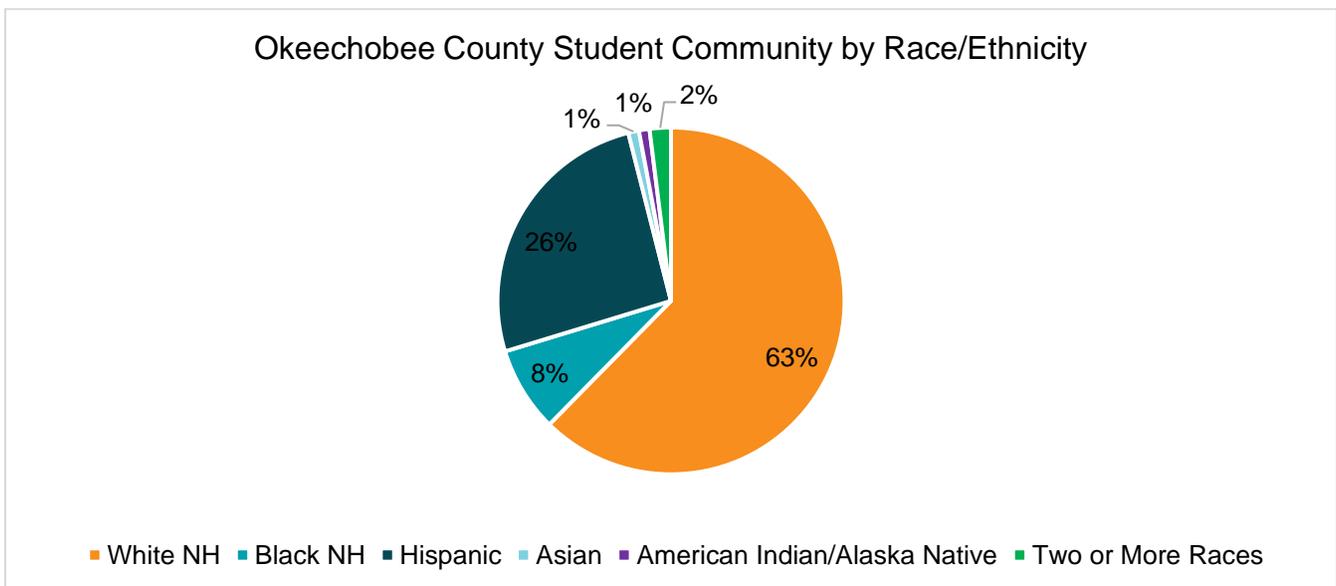
School Health Screening Obesity Data, Students 6-12 Years

The table below shows school health screening obesity data among students 6 to 12 years old from 2018 to 2021. Importantly, starting in March 2020, local agencies were given a physical presence waiver due to COVID-19. As part of the waiver, children were not required to have on-site anthropometric measurements. As such, the number of children who obtained timely measurements in 2020 was lower. For 2018, 2020, 2021, when more comparable data was collected, the proportion of students who were screened and were obese or overweight remained relatively steady, with 43% in 2018, 45% in 2019, and 45% in 2021.

	2018	2019	2020	2021
Total Screened	1,231	1,321	386	1,147
Total Screened Overweight (85-94% BMI)	200	216	85	162
Total Screened Obese (95% or >BMI)	335	372	126	349
% Screened Obese or Overweight	43%	45%	55%	45%

Source: Okeechobee County School District, Florida Department of Health

The Okeechobee County Health Equity Taskforce realizes the importance of addressing health disparities and the need to review demographic information to do so. For additional context on the data above, and as can be seen in the graph below, as of 2019, the Okeechobee County School District was comprised of 63% White non-Hispanic students, followed by 26% Hispanic students, and 8% of Black non-Hispanic students.

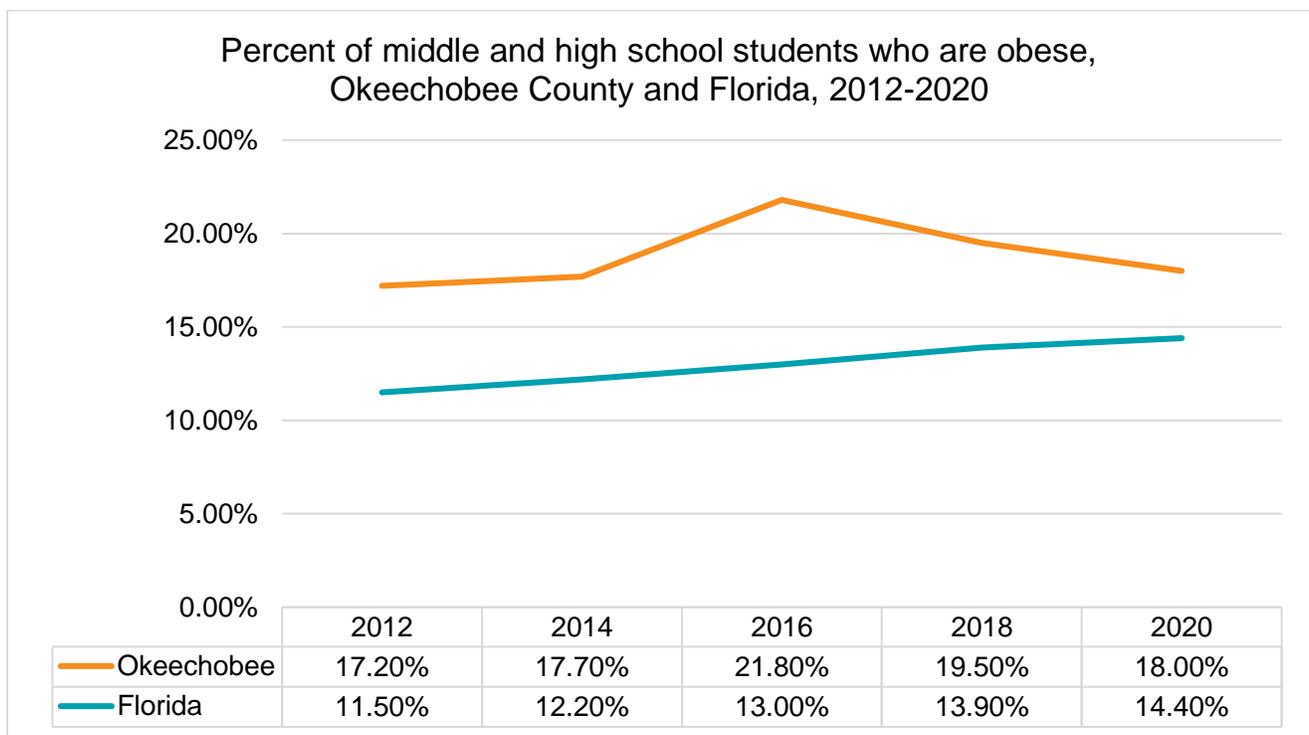


Source: National Center for Education Statistics, 2019

Middle and High School Students who are Obese

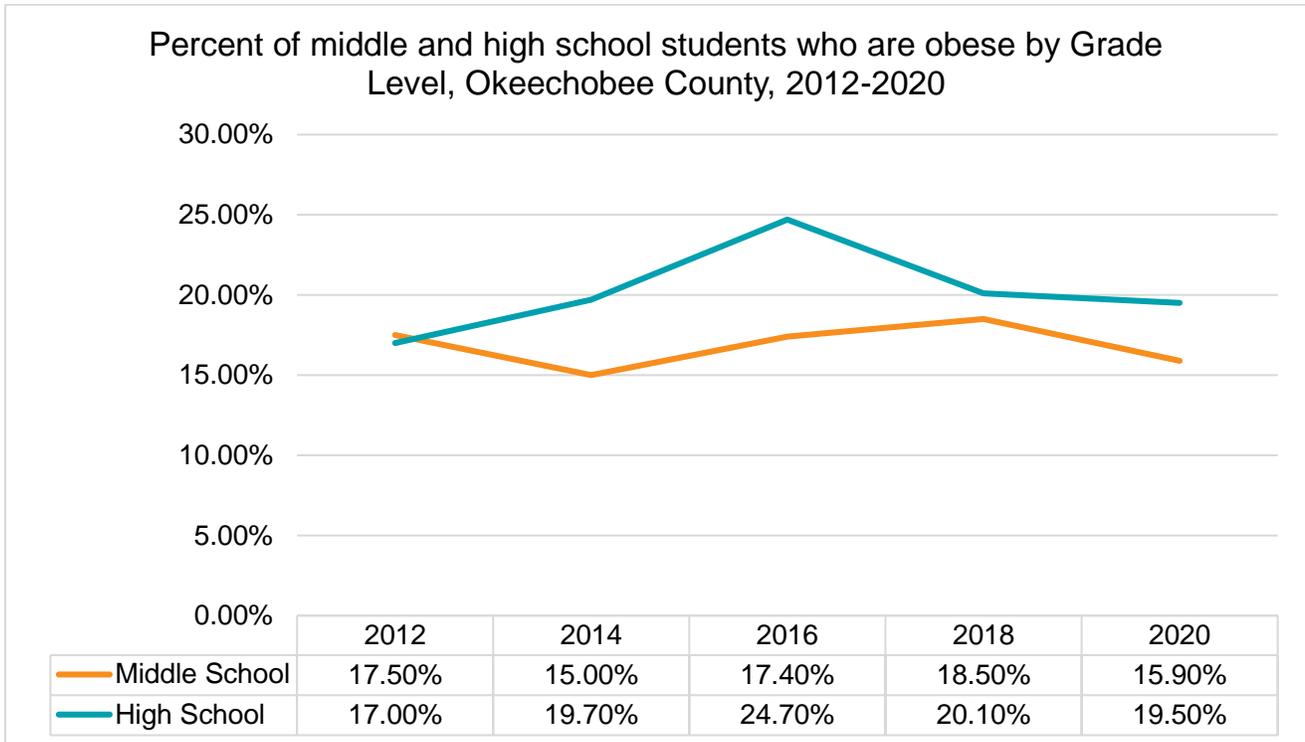
The figures below show the proportion of middle and high school students who are obese. To the extent possible, we disaggregated by specific demographics to highlight any obesity-related health disparities.

The figure below shows the proportion of middle and high school students who were obese in both **Okeechobee County** and **Florida** from 2012 to 2020. Each year, the proportion of obese students in Okeechobee County exceeded that of the State's. Most recently, in 2020, 18% of middle and high school students in Okeechobee County were obese, compared to 14.4% of middle and high school students in Florida.



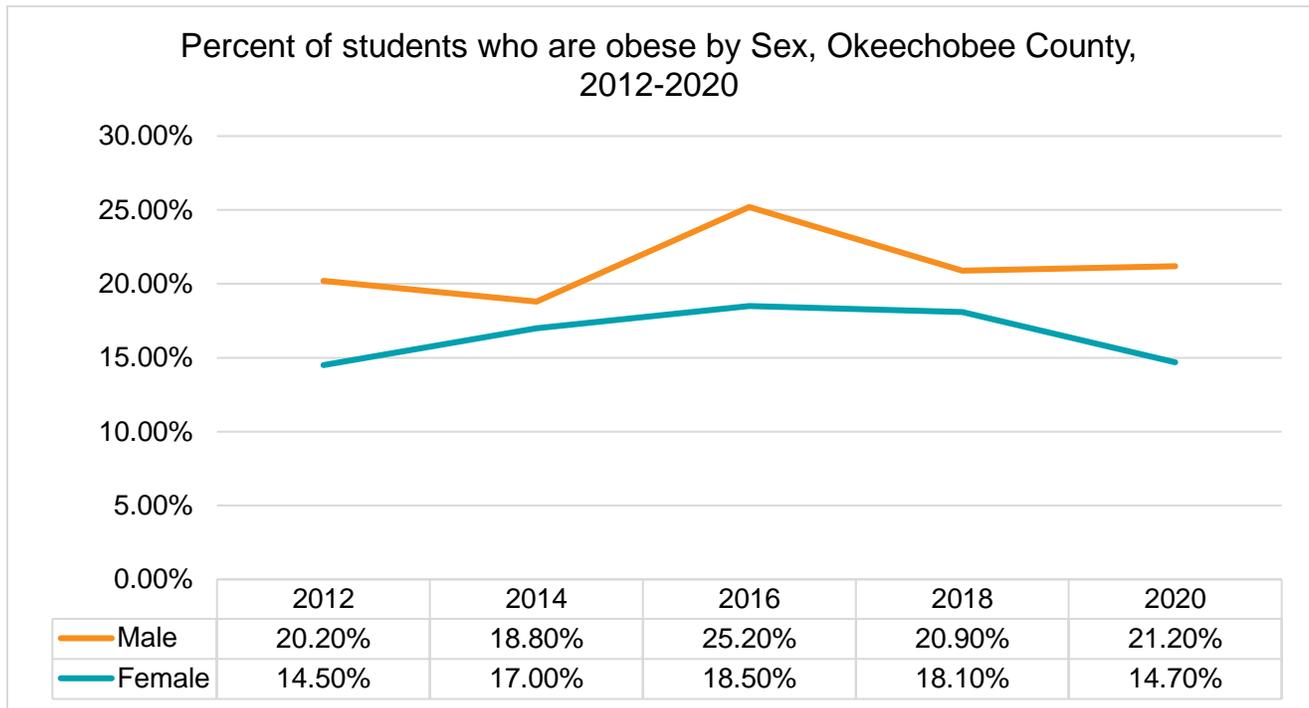
Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)

The figure below shows the proportion of middle and high school students who were obese by **grade level** in Okeechobee County from 2012 to 2020. Although the proportion of obese middle school students was higher than the proportion of obese high school students in 2012, each year after from 2014 to 2020, the proportion of obese high school students was higher. Most recently, in 2020, 19.5% of high school students in Okeechobee County were obese, compared to 15.9% of middle school students.



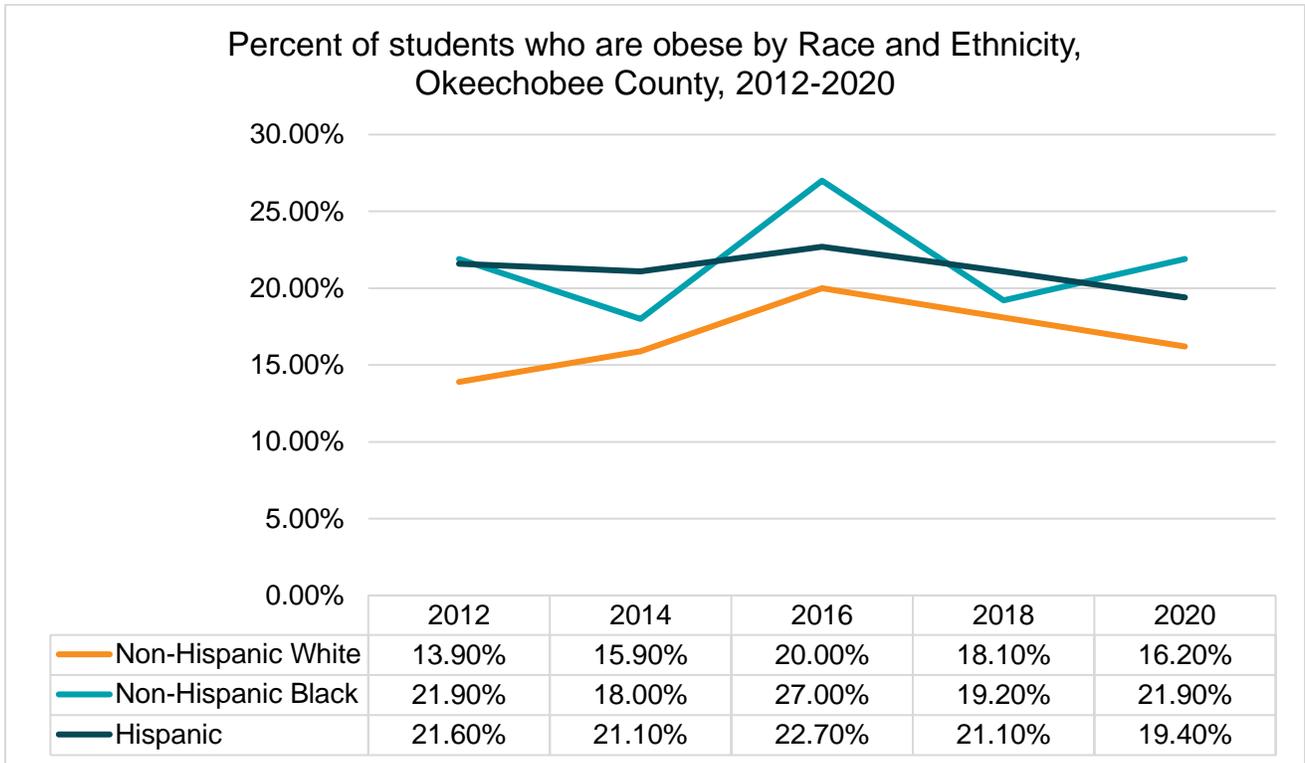
Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)

The figure below shows the proportion of middle and high school students who were obese by **sex** in Okeechobee County from 2012 to 2020. Each year, the proportion of obese male students exceed the proportion of obese female students. Most recently, in 2020, 21.2% of male students in Okeechobee County were obese, compared to 14.7% of female students.



Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)

The figure below shows the proportion of middle and high school students who were obese by **race and ethnicity** in Okeechobee County from 2012 to 2020. There was fluctuation year-to-year, but the proportion of obese non-Hispanic Black students and obese Hispanic students exceeded the proportion of obese non-Hispanic white students each year. Most recently, in 2020, 21.9% of non-Hispanic Black students in Okeechobee County were obese, compared to 19.4% of Hispanic students and 16.2% of white students.

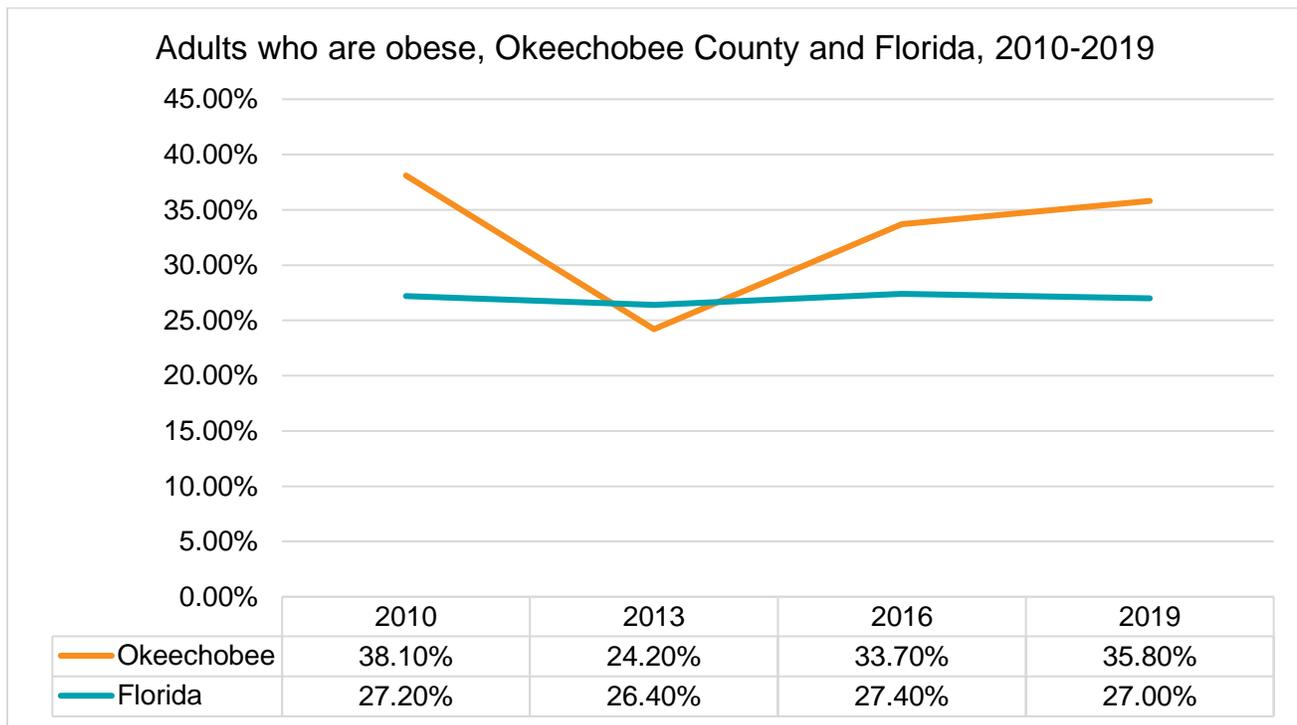


Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)

Adults who are Obese

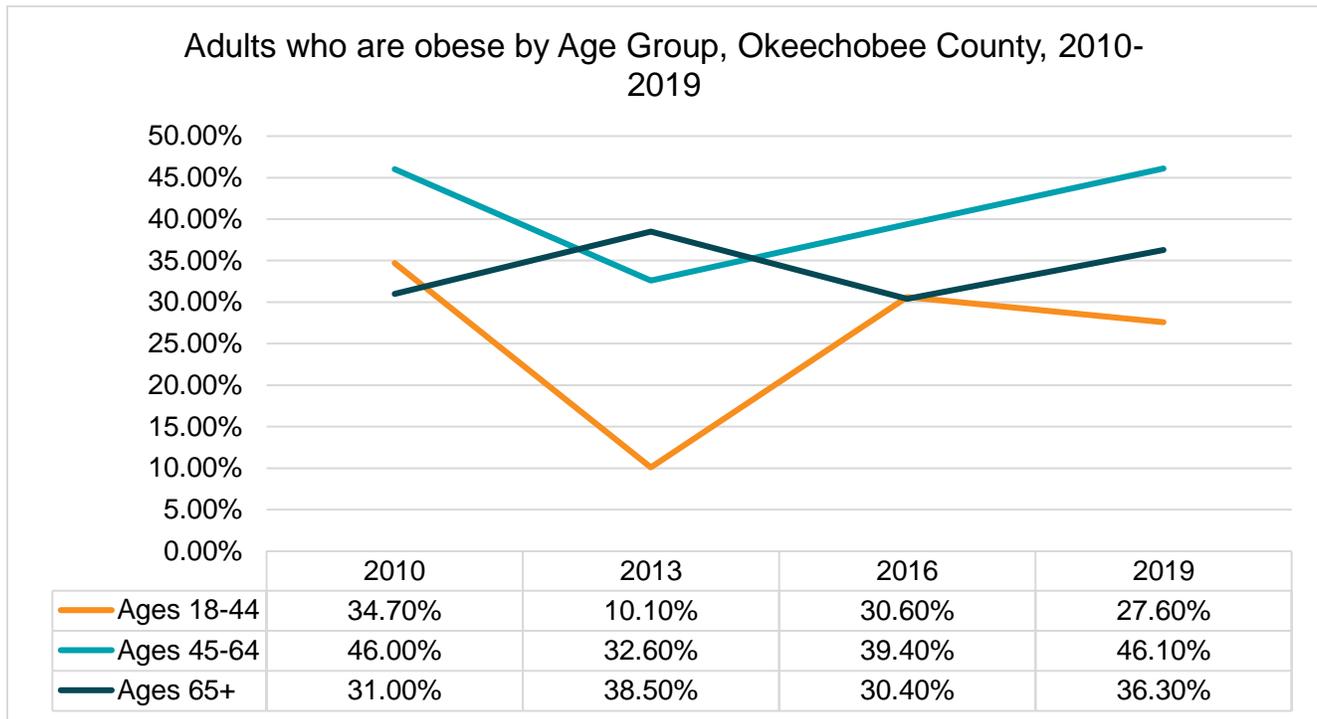
The figures below show the proportion of adults who are obese. To the extent possible, we disaggregated by specific demographics to highlight any obesity-related health disparities.

The figure below shows the proportion of adults who were obese in both **Okeechobee County** and **Florida** from 2010 to 2019. Each year, with the exception of 2013, the proportion of obese adults in Okeechobee County exceeded that of the State's. Most recently, in 2020, 35.8% of adults in Okeechobee County were obese, compared to 27% of adults in Florida.



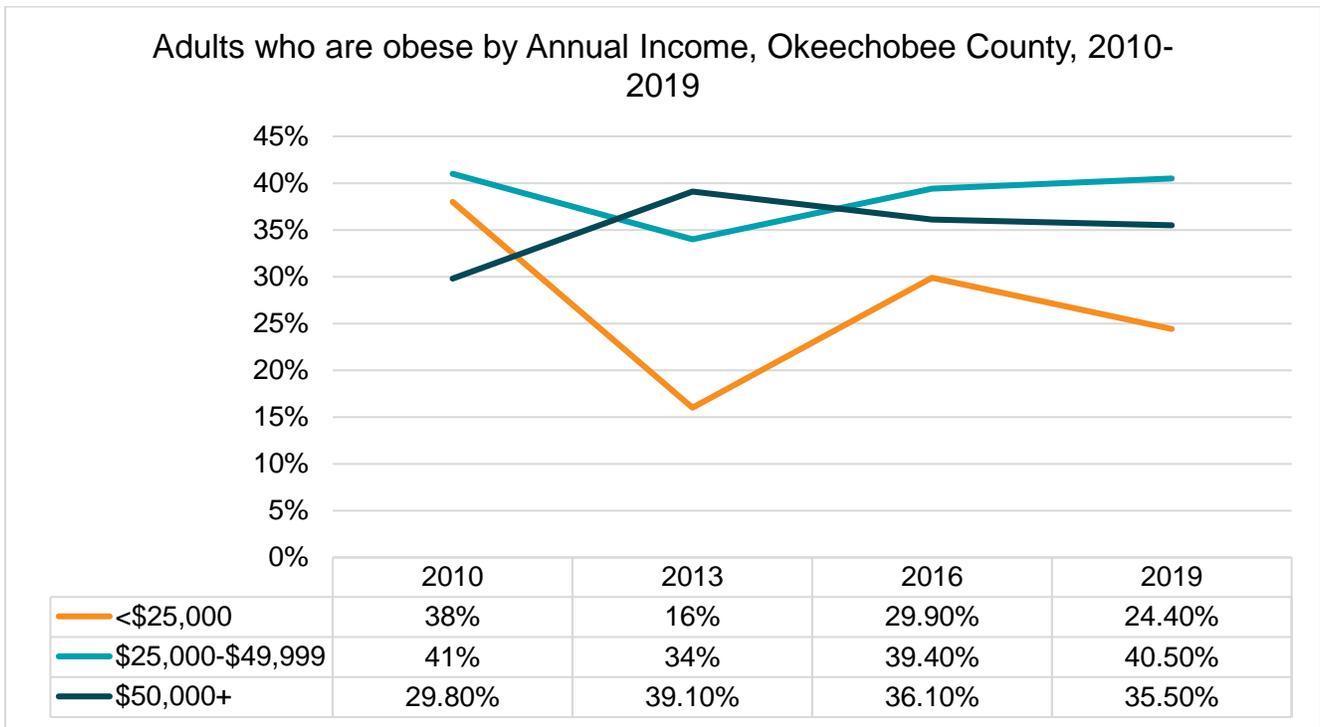
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

The figure below shows the proportion of adults who were obese by **age group** in Okeechobee County from 2010 to 2019. There was fluctuation in the obese proportion among the age groups year-to-year. However, most recently in 2019, 46.1% of adults aged 45 to 64 years were obese, compared to 36.3% of adults aged 65 years or older and 27.6% of adults aged 18 to 44 years.



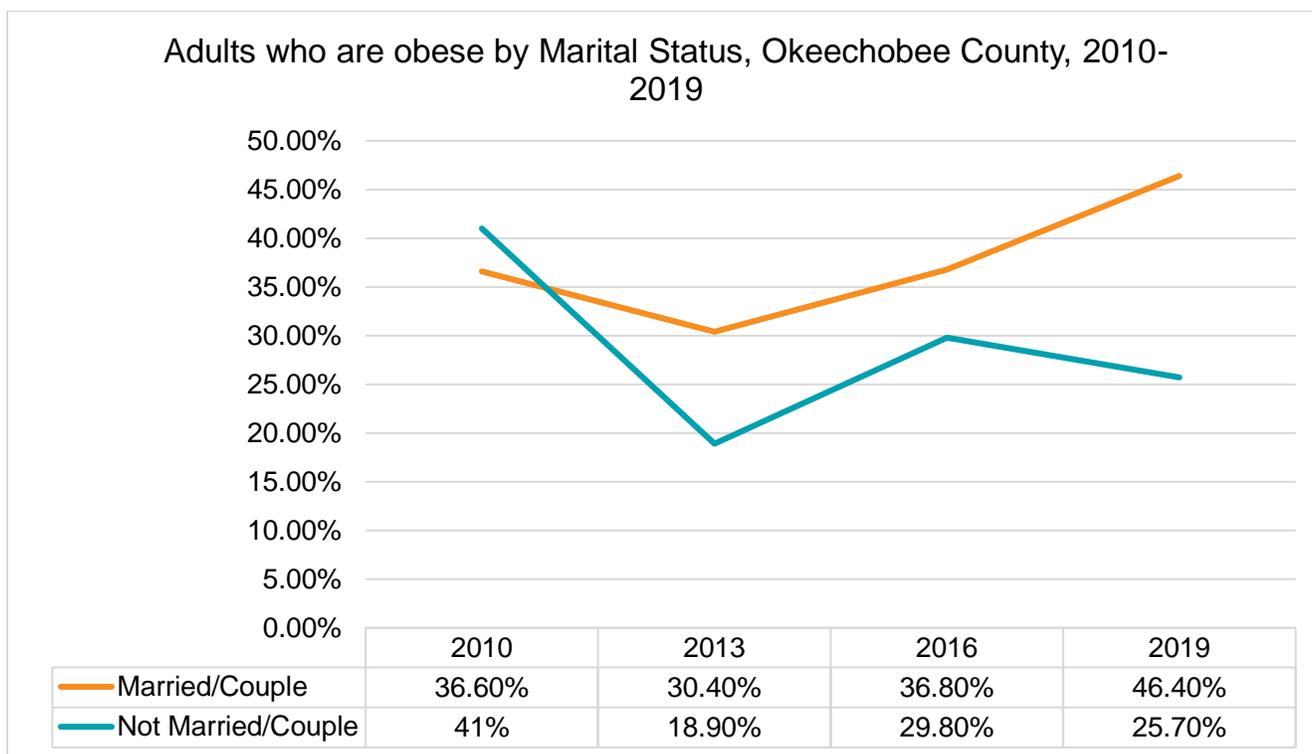
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

The figure below shows the proportion of adults who were obese by **annual income** in Okeechobee County from 2010 to 2019. There was fluctuation in the obese proportion among the income groups year-to-year. However, most recently in 2019, 40.5% of adults with an annual income between \$25,000 to \$49,999 were obese, compared to 35.5% of adults with an annual income over \$50,000 and 24.4% of adults with an annual income less than \$25,000.



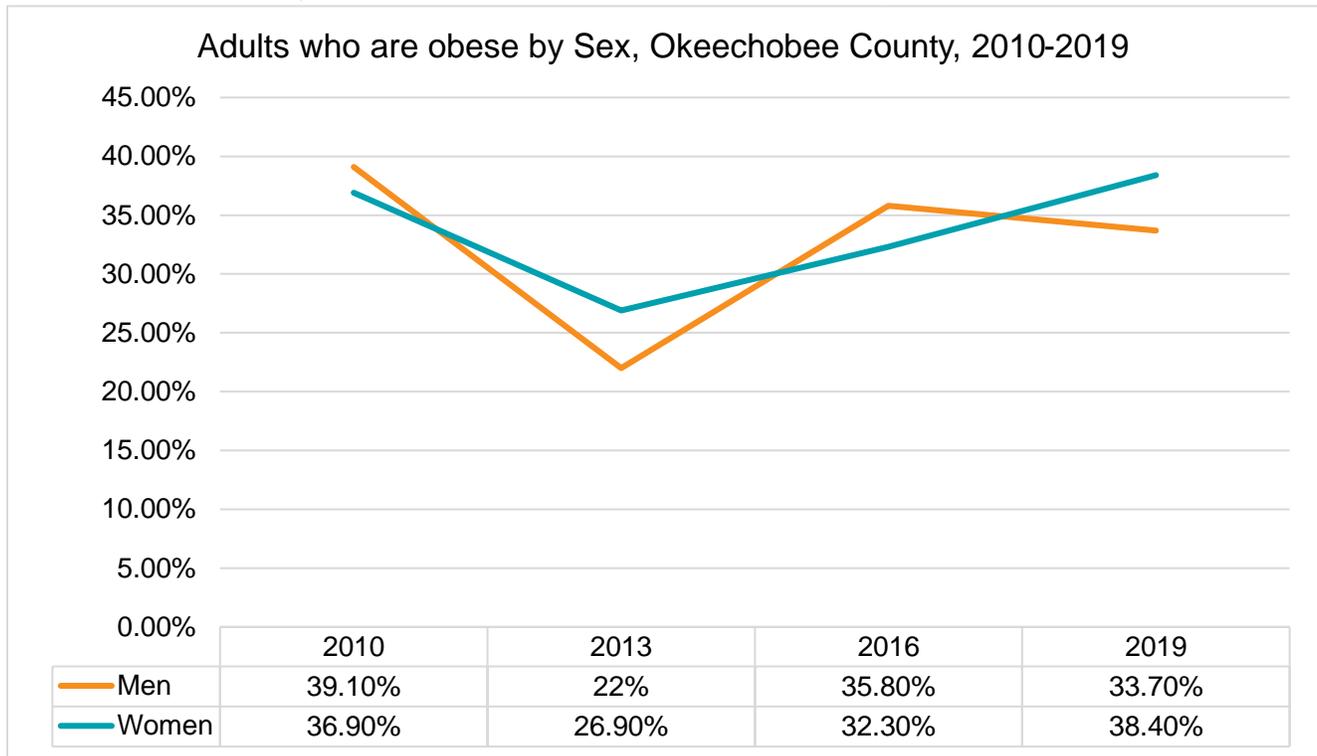
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

The figure below shows the proportion of adults who were obese by **marital status** in Okeechobee County from 2010 to 2019. Although the proportion of obese non-married adults was higher than the proportion of obese married adults in 2010, each year after from 2013 to 2019, there was a higher proportion of obese married adults. Most recently in 2019, 46.4% of married adults were obese, compared to 25.7% of non-married adults. It is known that Black or African American residents wed at lower rates compared to their White counterparts and that residents with a disability wed at lower rates compared to residents with no disability.



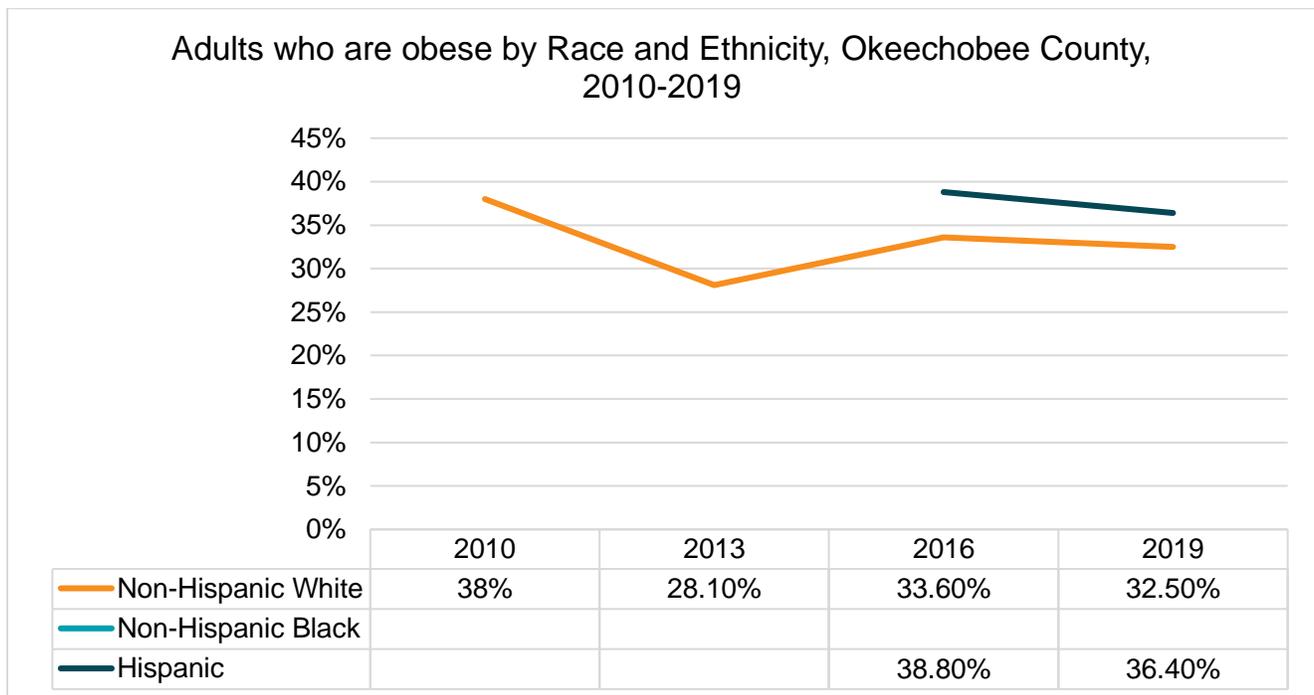
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

The figure below shows the proportion of adults who were obese by **sex** in Okeechobee County from 2010 to 2019. There was fluctuation in the obese proportion among both men and women year-to-year. However, most recently in 2019, 38.4% of women were obese, compared to 33.7% of men.



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

The figure below shows the proportion of adults who were obese by **race and ethnicity** in Okeechobee County from 2010 to 2019. Unfortunately, there was no data for non-Hispanic Black adults for any of the years and no data for Hispanic adults for 2010 and 2013. Most recently in 2019, 36.4% of Hispanic adults were obese, compared to 31.5% of non-Hispanic white adults.

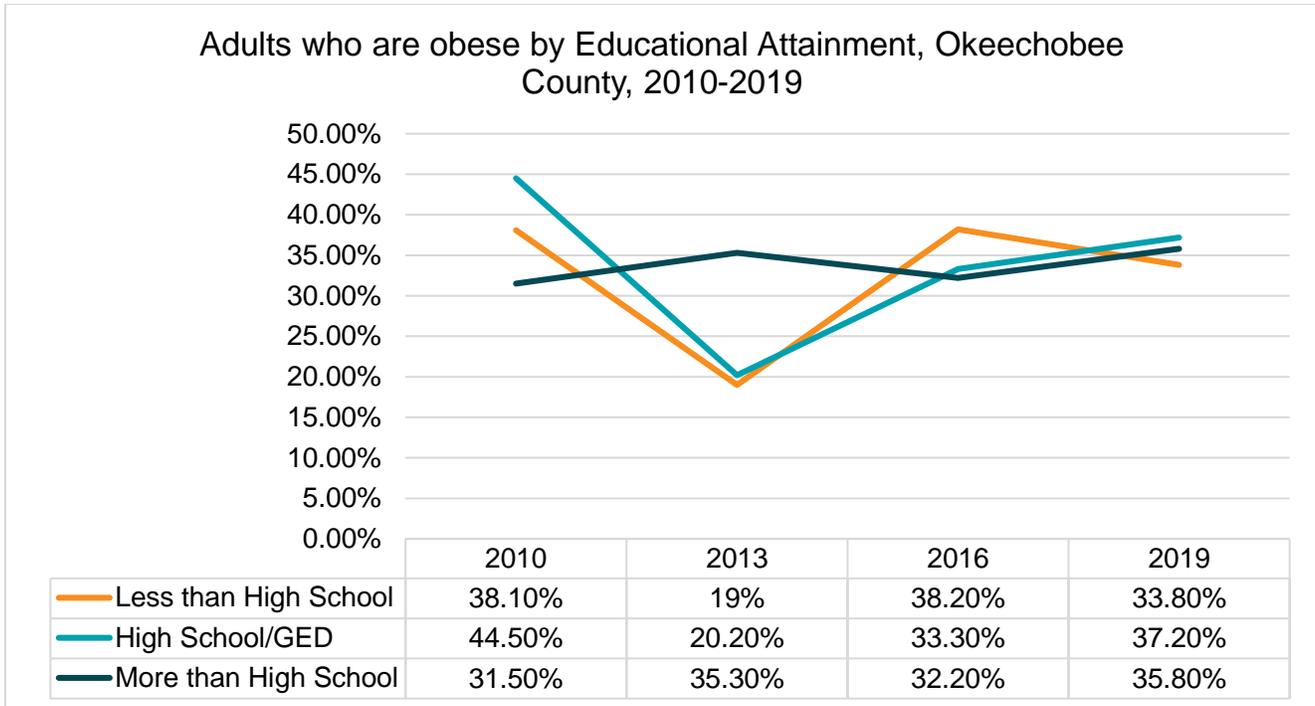


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Moreover, although no county-level data is currently available, nationally, 44.6% of **Native Hawaiian and Other Pacific Islander** residents were obese, compared to 28.2% of White residents.³ Similarly, American Indian and Alaska Native residents experienced much higher proportions of adults who were obese (48.1%).⁴ However, lower proportions of **Asian** residents were obese (11%).⁵

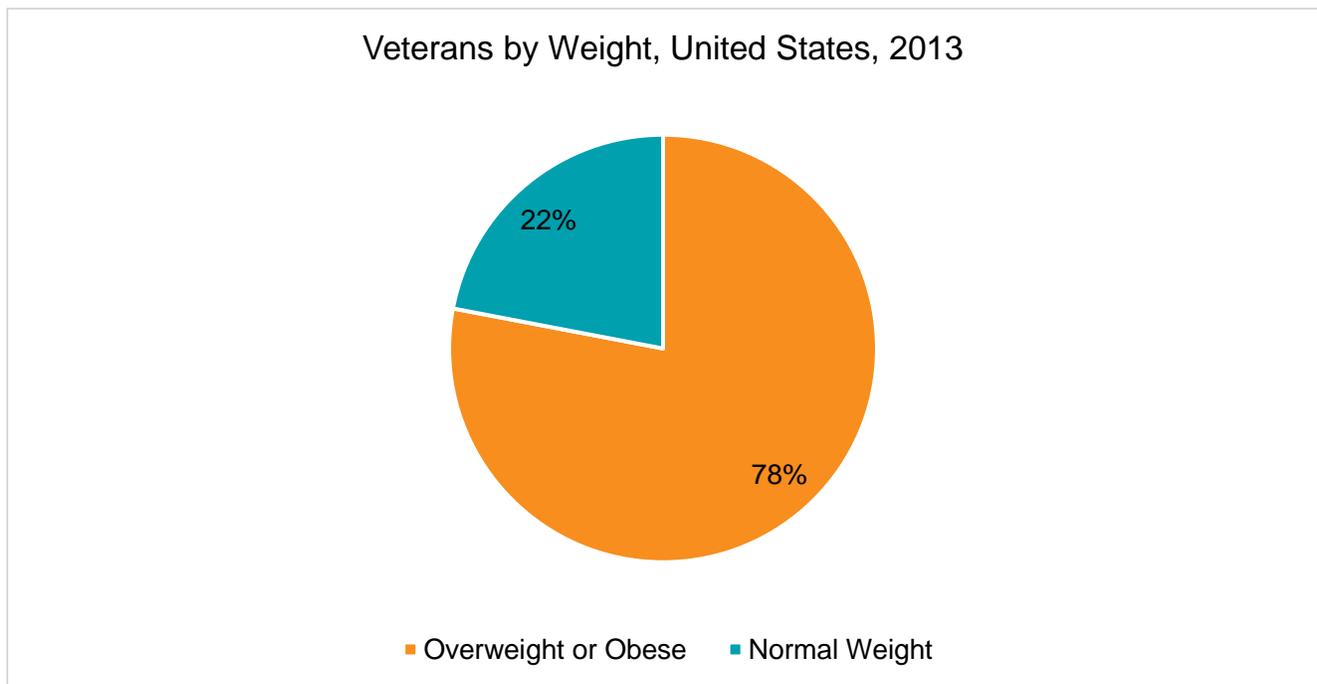
³ Centers for Disease Control and Prevention. 2015. Health Conditions and Behaviors of Native Hawaiian and Pacific Islander Persons in the United States, 2014. https://www.cdc.gov/nchs/data/series/sr_03/sr03_040.pdf
⁴ Centers for Disease Control and Prevention, 2020. Summary Health Statistics: National Health Interview Survey: 2018. <https://www.cdc.gov/nchs/nhis/shs/tables.htm>
⁵ Centers for Disease Control and Prevention. 2015. Health Conditions and Behaviors of Native Hawaiian and Pacific Islander Persons in the United States, 2014. https://www.cdc.gov/nchs/data/series/sr_03/sr03_040.pdf

The figure below shows the proportion of adults who were obese by **educational attainment** in Okeechobee County from 2010 to 2019. While the proportion of obese adults with more than a high school education remained relatively steady, there was fluctuation in the obese proportion among those with a high school education/GED and those with a less than high school education year-to-year. Most recently in 2019, 37.2% of adults with a high school education/GED were obese, compared to 35.8% of adults with more than a high school education and 33.8% with less than a high school education.



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

While there is no recent data available for the nation, for Florida, or for Okeechobee County, it is important to mention that the US Department of Veterans Affairs (VA) estimated that, in 2013, 78% of **veterans** were either overweight or obese, and over 165,000 veterans who received their health care from the VA were experienced morbid obesity.⁶ Morbid obesity is categorized by a BMI of over 40, interrupted basic physical functions, and a significantly increased risk for obesity-related conditions and chronic disease. In Okeechobee County, there are approximately 2,827 veterans (210 females and 2,617 males).⁷ If we extrapolate, nearly 2,205 veterans are overweight or obese in the county as well. The Okeechobee County Health Equity Taskforce will both look into county-level data for this specific population and will also consider future community projects aimed at reaching this specific population in the county.

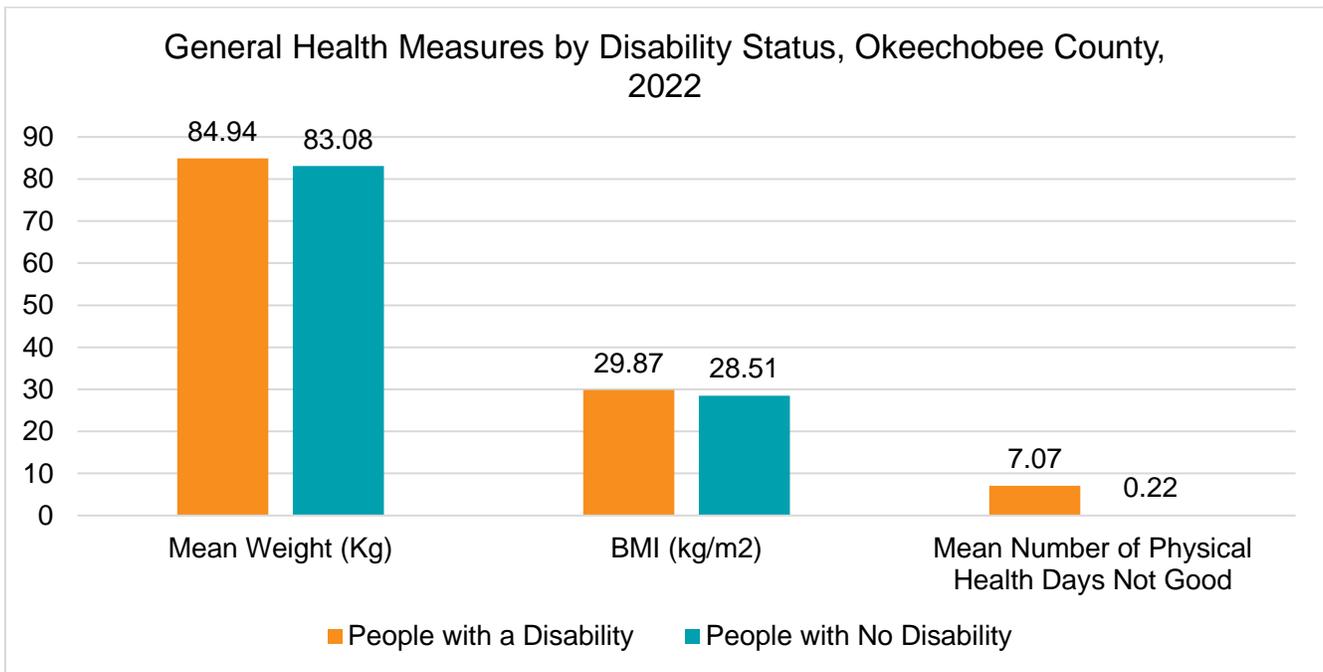


Source: US Department of Veterans Affairs, 2013

⁶ US Department of Veterans Affairs. Office of Research and Development. Obesity. Retrieved from: <https://www.research.va.gov/topics/obesity.cfm>

⁷ US Department of Veterans Affairs. National Center for Veterans Analysis and Statistics.

The State recently conducted a review on the health status of **people living with disabilities** across all 67 counties. The figure below shows obesity-related and general health metrics among both people with at least one disability and people with no disabilities in Okeechobee County as of June 2022. While there was no significant difference between people living with a disability and people without a disability in terms of mean weight and BMI, notably, people with a disability did have a higher mean weight and mean BMI score. Moreover, people with a disability did experience a significantly higher mean number of physical health days that were not good (7.07 days), compared to people without a disability (0.22 days).



Source: Knowli Data Science and the FSU Claude Pepper Center Faculty, 2022

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 Okeechobee Health Equity Team and Taskforce identified multiple SDOHs that impact obesity in Okeechobee County. Upon review of the data and an in-depth literature review on how each SDOH impacts obesity, the Taskforce noted that the neighborhood and built environment (i.e., transportation, access to healthy food sources) and health care quality and access were the most pressing SDOH to address with the first iteration of this plan. However, the Taskforce also notes that other SDOH, such as education and economic stability also play an integral role in the prevalence of obesity, thus, future projects aimed at improving these conditions will also be considered for implementation. This section includes full review of all SDOH and their impact on obesity.

Social Determinants of Health



Social Determinants of Health
Copyright-free

Healthy People 2030

A. Education Access and Quality



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

Those who obtain higher levels of education live longer.⁸ Crucially, education access and quality is a powerful determinant of health because it is directly correlated with socioeconomic status.⁹ Education is positively correlated with employment status and income, for example. People with more financial resources can afford to live in safer housing, have access to reliable transportation, access to health insurance, and better access to a healthier food option (which affects obesity outcomes). More to the point, education access and quality can also affect other behaviors that are associated with health by providing knowledge about what constitutes a nutritious and well-balanced diet, an understanding of the importance of exercise and social connections, an appreciation of the negative impacts of high-risk behaviors such as smoking or excessive drinking, and a better understanding of how to find and research evidence-based strategies for living a healthy life, which also mediate obesity. Jobs that require higher levels of education also tend to be less dangerous and are often less likely to expose workers to environmental pollutants while on the job. As such, education access and quality works to influence the activities, behaviors, and circumstances that impact health and well-being, including obesity. The following data explores education access and quality in Okeechobee County. To note, considerable efforts were made to find all of the following information related to education access and quality among priority populations, including Black or African Americans, American Indian and Alaska Natives, Asians, Native Hawaiians, Hispanic and Latinos, elders, infants and toddlers, people living with disabilities, veterans, and immigrants. Research shows these populations experience health inequities at higher rates. However, data was unavailable for these populations in several instances.

⁸ Virginia Commonwealth University. Why Education Matters to Health. <https://societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html#:~:text=Education%20can%20also%20lead%20to,and%20may%20improve%20cognitive%20ability>.

⁹ American Psychological Association (2017). Education and Socioeconomic Status. <https://www.apa.org/pi/ses/resources/publications/education>

Early Childhood Education

Children who receive high-quality early education experience better outcomes later in life, including improved social and emotional wellbeing, higher educational attainment, higher socioeconomic status, and better overall health.¹⁰ In addition, Early Childcare and Education (ECE) settings are an important point of intervention for obesity prevention, as enrolled children typically receive several meals and snacks while in care, accounting for a large proportion of their daily caloric intake. Thus, this is one of the best opportunities for children to build a foundation for healthy nutrition and physical activity. As such, the Okeechobee County Health Equity Taskforce will consider future opportunities to integrate ECE engagement as community projects. In Fiscal Year 2020-2021, there were 12 ECE providers in Okeechobee County. Throughout the county, 566 children were enrolled in School Readiness Programs and 319 were enrolled in Voluntary Pre-Kindergarten (VPK) programs.

Provider	School Readiness	VPK	Total Children Served
A Child's World North	127	23	141
A Child's World South	79	17	88
EOC North Side Head Start	0	20	20
EOC Seminole Head Start	0	22	22
Okeechobee Children's Academy	112	12	119
Okeechobee County School Board	0	52	52
Okeechobee County School Board 2	0	42	42
Peace Lutheran School	0	36	36
Rock Solid Christian Academy	15	46	59
Stepping Stones Academy I, Inc.	112	28	128
Stepping Stones Academy II, Inc.	109	0	109

¹⁰ Centers for Disease Control and Prevention. (2022). Overweight & Obesity: Early Care and Education (ECE). Retrieved from: <https://www.cdc.gov/obesity/strategies/childcareece.html>

DOH-Okeechobee

Health Equity Plan

Tender Care Daycare and Preschool, Inc.	12	21	30
Total	566	319	846

Source: Early Learning Coalition of Indian River, Martin, and Okeechobee Counties, ELC Annual Report, 2020-2021

School District Grades

Lower educational attainment and less access to quality education is correlated with lower socioeconomic status, which is correlated with poorer health outcomes, including higher rates of obesity and chronic diseases.¹¹ The Okeechobee County School District Grade has improved from “C” as of 2018 to “B” in 2019. However, in terms of English Language Arts Achievement, the district ranked 42 out of 67, in terms of Mathematics Achievement, it ranked 44 out of 67, in terms of Science Achievement, it ranked 45 out of 67, in terms of Social Studies Achievement, it ranked 52 out of 67, and, in terms of Middle School Acceleration, it ranked 51 out of 67. Early childhood educational achievement is linked to higher test scores through college, better grades in math and reading, and a higher likelihood of going to college. In addition, less access to quality education is correlated with lower socioeconomic status, which is correlated with poorer health outcomes, including higher rates of chronic disease and obesity.¹² As such, the Okeechobee County Health Equity Taskforce is looking into future community projects to improve education access and quality.¹³

District Number	47
District Name	Okeechobee
English Language Arts Achievement Rank	42
Mathematics Achievement Rank	44
Science Achievement Rank	45
Social Studies Achievement Rank	52
Middle School Acceleration Rank	51
Graduation Rate 2019-20	84%
Grade 2021	TBD
Grade 2019	B
Grade 2018	C
Grade 2017	C
Grade 2016	C

Source: Florida Department of Education, Florida School Accountability Reports, 2021

¹¹ Tulane School of Public Health and Tropical Medicine (2021). Education as a Social Determinant of Health. Retrieved from: <https://publichealth.tulane.edu/blog/social-determinant-of-health-education-is-crucial/>

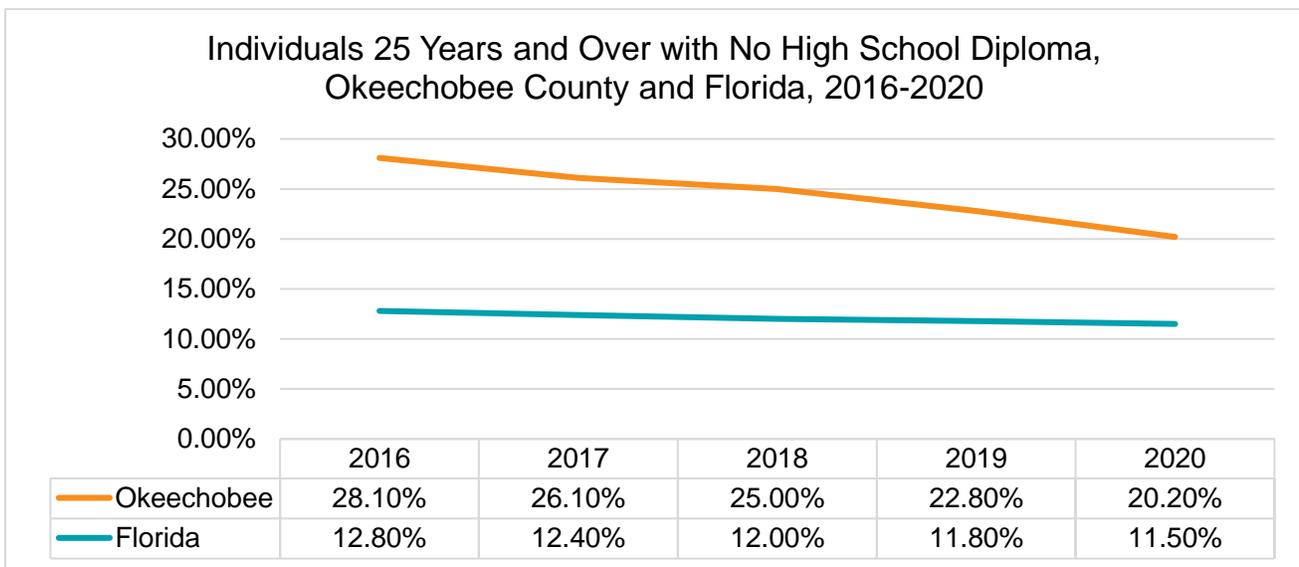
¹² Tulane School of Public Health and Tropical Medicine (2021). Education as a Social Determinant of Health. Retrieved from: <https://publichealth.tulane.edu/blog/social-determinant-of-health-education-is-crucial/>

¹³ National Institutes of Health (2018). Early childhood program linked to higher education levels. Retrieved from: <https://www.nih.gov/news-events/nih-research-matters/early-childhood-program-linked-higher-education-levels>

Individuals 25 Years and Over with No High School Diploma

The figures below show the proportion of individuals 25 years and over with no high school diploma in Okeechobee County. Educational attainment, mainly due to its association with other socioeconomic indicators, has been found to have some correlation with obesity; however, further research is needed to determine any causal relationship.¹⁴ To the extent possible, we disaggregated by specific demographics to highlight any education-related disparities.

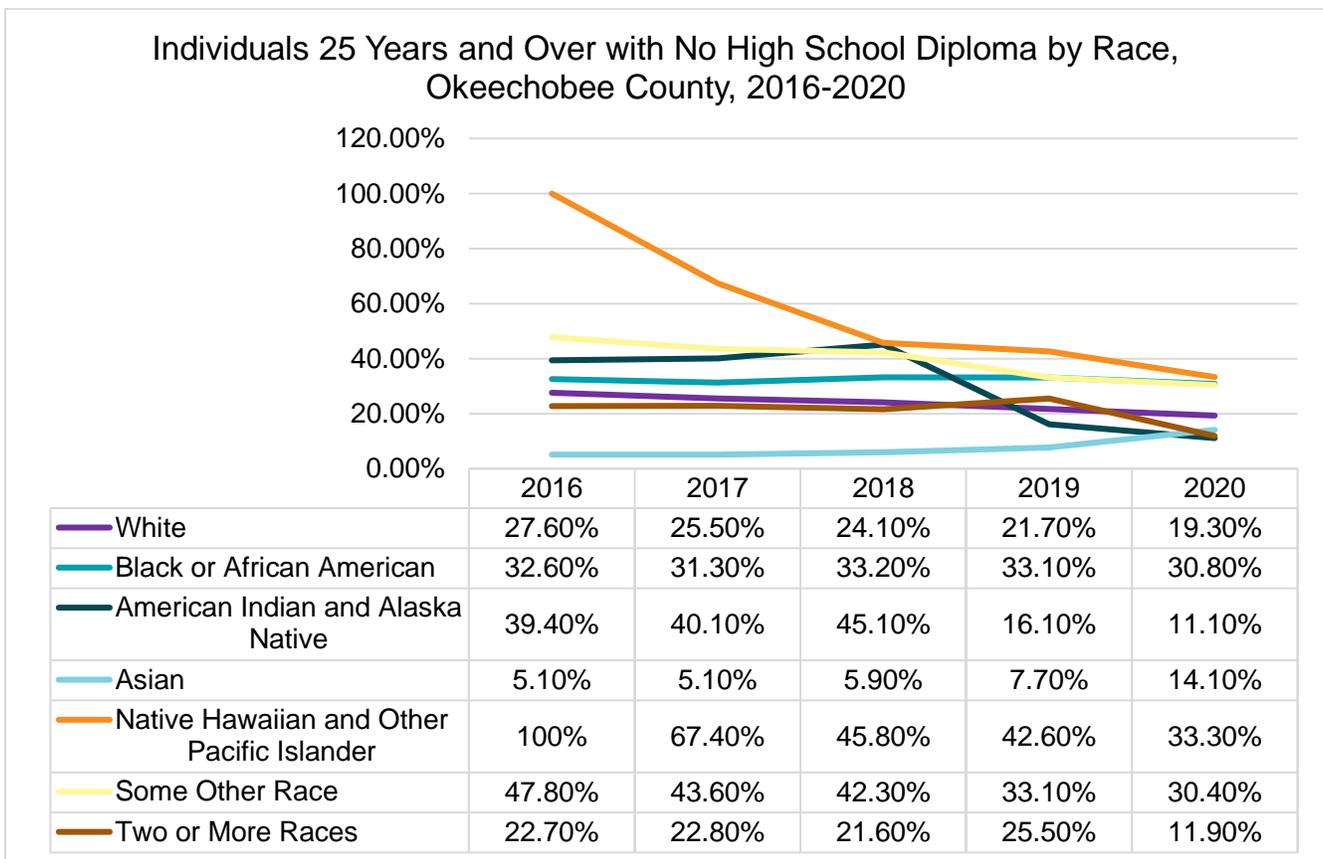
The figure below shows the proportion of individuals 25 years and over with no high school diploma in both **Okeechobee County** and **Florida**. Although the proportion has decreased from 28.1% in 2016 to 20.2% in 2020, the proportion of individuals over 25 with no high school diploma in Okeechobee County consistently exceeded Florida’s proportion. Most recently in 2020, 20.2% of individuals 25 and over in Okeechobee County did not have a high school diploma, compared to 11.5% in the state.



Source: US Census Bureau, American Community Survey, 2016-2020

¹⁴ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

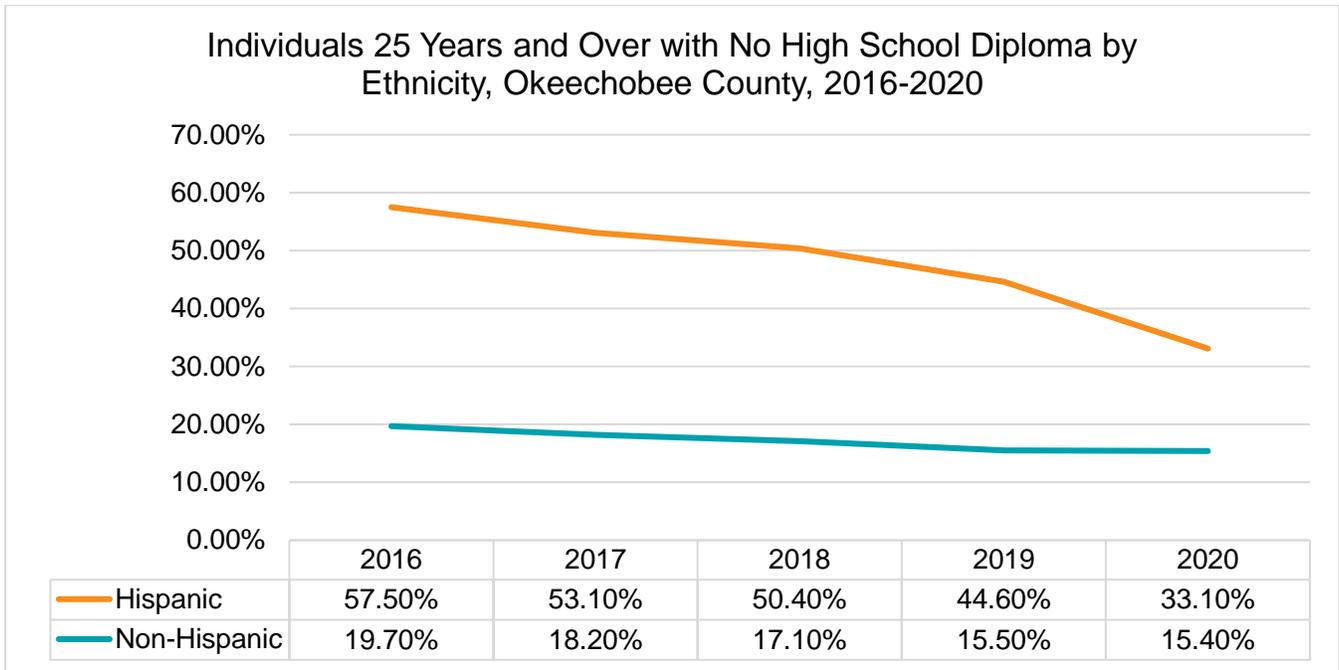
The figure below shows the proportion of individuals 25 years and over with no high school diploma by **race** in Okeechobee County. While, more recently, the proportion of individuals 25 years or over with no high school diploma has decreased among the majority of racial groups, the highest proportion has consistently been among Native Hawaiian and Other Pacific Islanders, followed by those who identify as some other race and Black or African Americans. Most recently in 2020, the proportion of Native Hawaiian and Other Pacific Islanders 25 and over with no high school diploma was 33.3%, followed by 20.8% of Black or African Americans, 30.4% of residents of some other race, 19.3% of white residents, 14.1% of Asians, 11.9% of those of two or more races, and 11.1% of American Indian and Alaska Native residents. As mentioned, educational level, due to its association with other socioeconomic indicators, is correlated with obesity; however, further research is needed to determine any causal relationship.¹⁵



Source: US Census Bureau, American Community Survey, 2016-2020

¹⁵ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obese Rev.* 14(12): 989-1005.

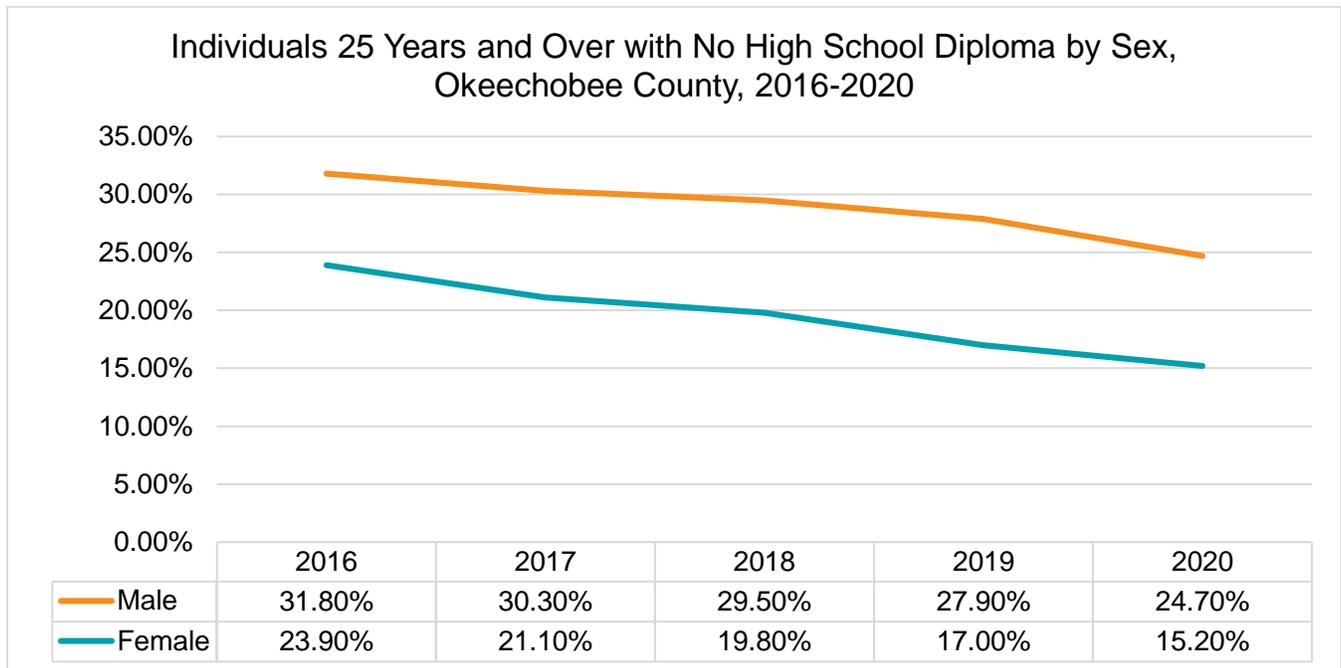
The figure below shows the proportion of individuals 25 years and over with no high school diploma by **ethnicity** in Okeechobee County. Although the proportion has decreased over time among both Hispanic and non-Hispanic residents, the proportion has consistently been higher among Hispanics. Most recently in 2020, the proportion of Hispanic residents 25 years and over with no high school diploma was 33.1%, compared to 15.4% of non-Hispanic residents. As mentioned, educational level, due to its association with other socioeconomic indicators, is correlated with obesity; however, further research is needed to determine any causal relationship.¹⁶



Source: US Census Bureau, American Community Survey, 2016-2020

¹⁶ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obese Rev.* 14(12): 989-1005.

The figure below shows the proportion of individuals 25 years and over with no high school diploma by **sex** in Okeechobee County. The proportion has decreased over time among both males and females but has consistently been higher among males. Most recently in 2020, the proportion of males 25 and over with no high school diploma was 24.7%, compared to 15.2% of females. As mentioned, educational level, due to its association with other socioeconomic indicators, is correlated with obesity; however, further research is needed to determine any causal relationship.¹⁷



Source: US Census Bureau, American Community Survey, 2016-2020

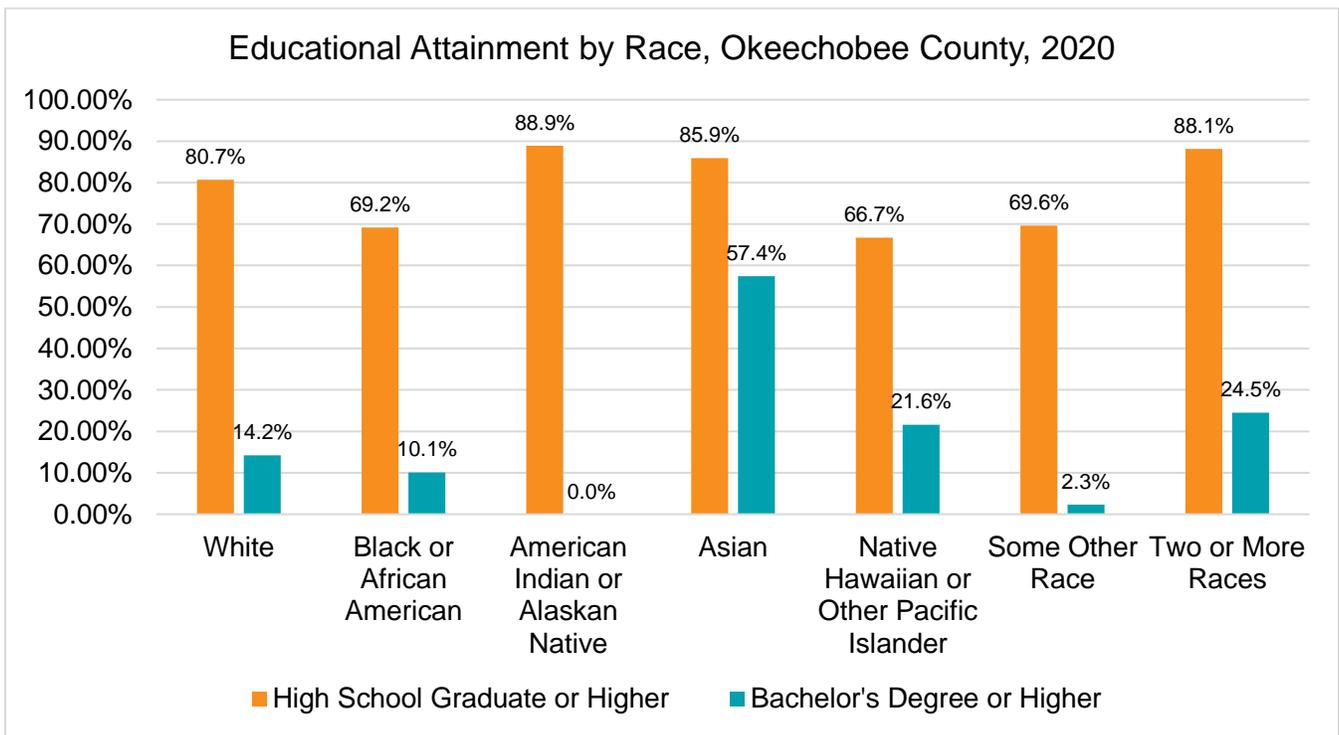
¹⁷ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

Educational Attainment

The figures below show level of educational attainment in Okeechobee County. As mentioned earlier, further research is needed to determine any causal relationship between educational attainment and obesity. In higher income countries, an inverse relationship is often seen, with those with higher educational attainment accounting for a higher proportion of obese adults.¹⁸ However, there is a clear link between educational attainment and socioeconomic status, which is strongly correlated with health, with those with lower socioeconomic status experiencing higher rates of obesity. To the extent possible, we disaggregated by specific demographics to highlight any education-related disparities.

¹⁸ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obese Rev.* 14(12): 989-1005.

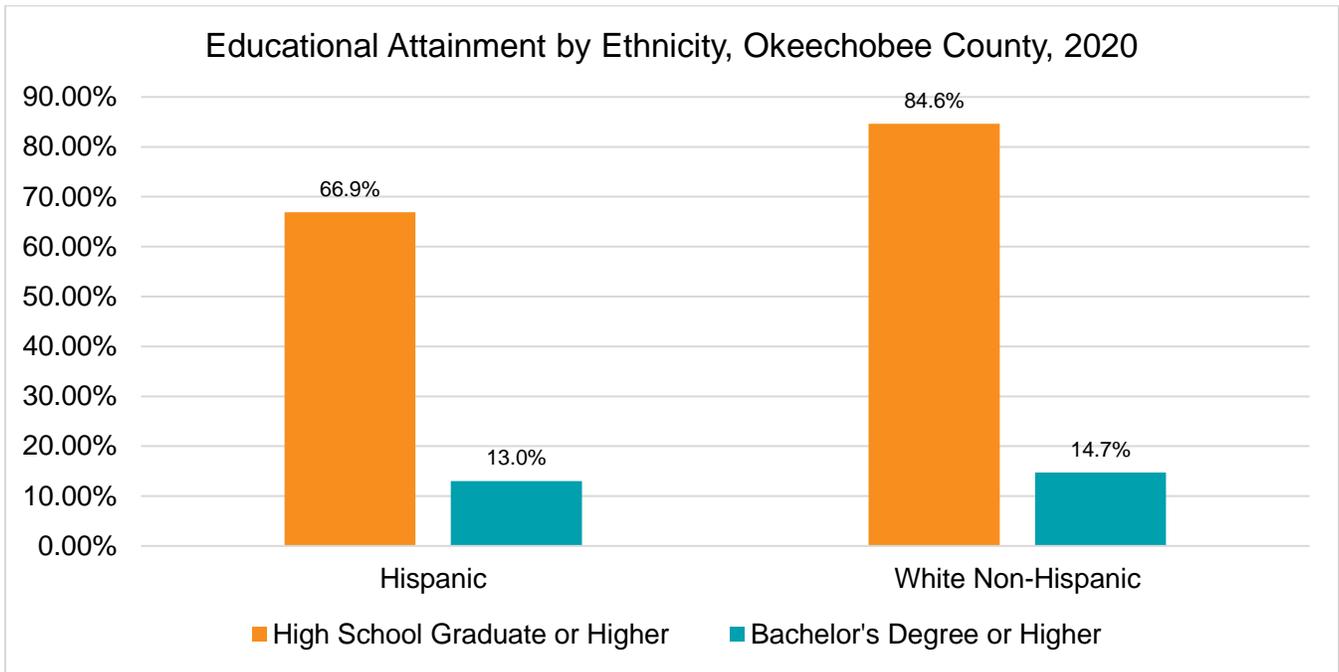
The figure below shows educational attainment by **race** in Okeechobee County in 2020. American Indian or Alaska Native residents had the highest proportion of those who were high school graduates or higher (88.9%), followed by those who identify as two or more races (88.1%), Asian residents (85.9%), and white residents (80.7%). On the contrary, Native Hawaiian or Other Pacific Islanders had the lowest proportion of those who were high school graduates or higher (66.7%), followed by those who identify as some other race (69.6%), and Black or African American residents (69.2%). When looking at those with Bachelor’s Degrees or higher, Asian residents had the highest proportion (57.4%), followed by those who identify as two or more races, while American Indian or Alaska Native residents had the lowest proportion (0%), followed by those who identify as some other race (2.3%) and Black or African American residents (10.1%). As mentioned, educational level, due to its association with other socioeconomic indicators, is correlated with obesity; however, further research is needed to determine any causal relationship.¹⁹



Source: US Census Bureau, American Community Survey, 2020

¹⁹ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

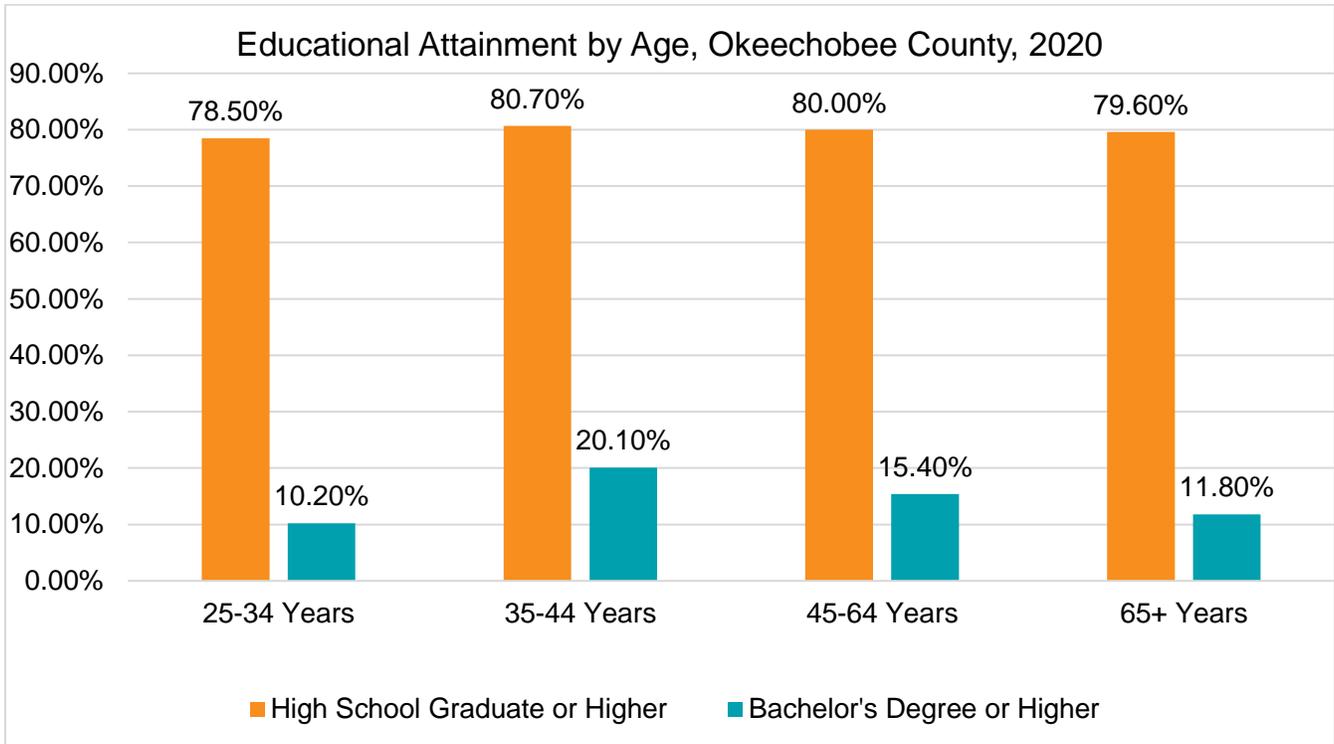
The figure below shows educational attainment by **ethnicity** in Okeechobee County in 2020. A higher proportion of White non-Hispanic residents had both high school degrees or higher (84.6%) and Bachelor’s Degree or higher (14.7%) compared to Hispanic residents (66.9% and 13.0%, respectively). As mentioned, educational level, due to its association with other socioeconomic indicators, is correlated with obesity; however, further research is needed to determine any causal relationship.²⁰



Source: US Census Bureau, American Community Survey, 2020

²⁰ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obese Rev.* 14(12): 989-1005.

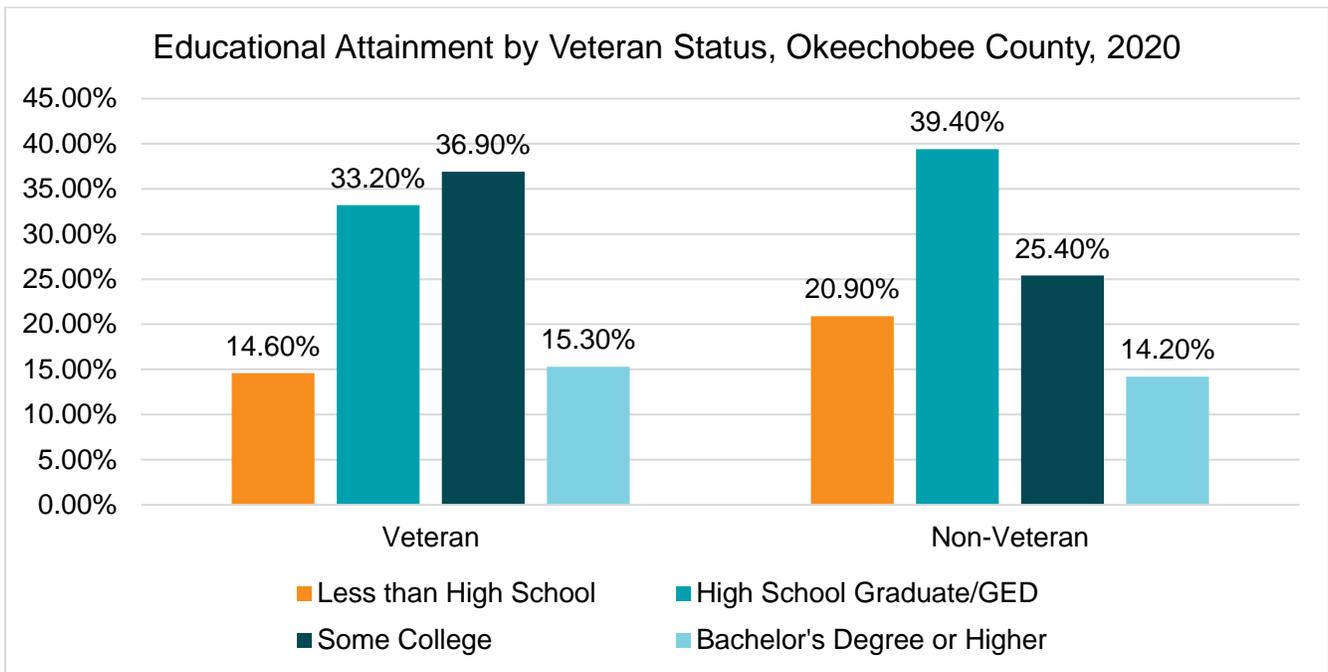
The figure below shows educational attainment by **age** in Okeechobee County in 2020. Across the age groups, those ages 35 to 44 years had the highest proportions of those with high school degrees or higher (80.7%) and those with Bachelor's Degrees or higher (20.1%), whereas those ages 25 to 34 had the lowest proportions (78.5% and 10.2%, respectively). As mentioned, educational level, due to its association with other socioeconomic indicators, is correlated with obesity; however, further research is needed to determine any causal relationship.²¹



Source: US Census Bureau, American Community Survey, 2020

²¹ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obese Rev.* 14(12): 989-1005.

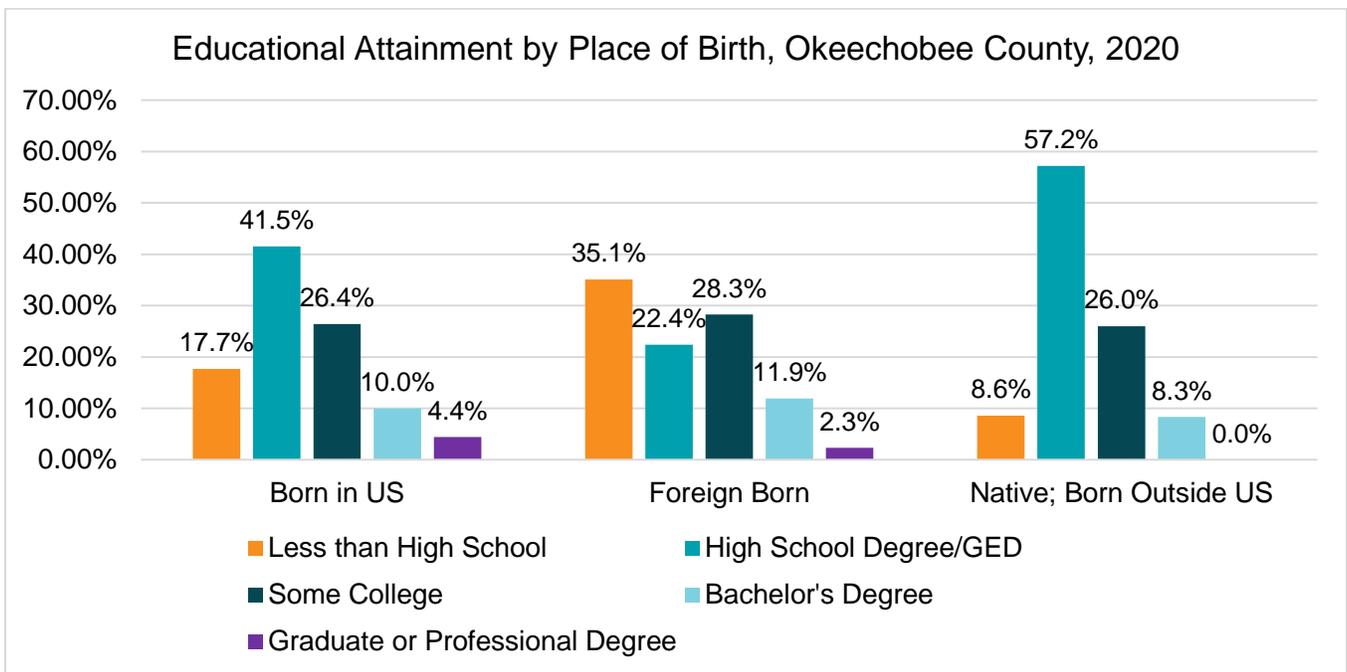
The figure below shows educational attainment by **veteran status** in Okeechobee County in 2020. For the most part, a higher proportion of veterans attained higher education. Non-veteran residents accounted for higher proportions of those with less than high school education (20.9%) and those with high school degrees or GED (39.4%) compared to veterans (14.6% and 33.2%, respectively), while veterans accounted for higher proportions of those with some college (36.9%) and a Bachelor's Degree or higher (15.3%) compared to non-veterans (25.4% and 14.2%, respectively). As mentioned, educational level, due to its association with other socioeconomic indicators, is correlated with obesity; however, further research is needed to determine any causal relationship.²²



Source: US Census Bureau, American Community Survey, 2020

²² Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obese Rev.* 14(12): 989-1005.

The figure below shows educational attainment by **place of birth** among the population over 25 in Okeechobee County in 2020. A higher proportion of foreign-born residents had less than a high school degree (35.1%) compared to those born in the United States (17.7%) and native residents who were born outside the United States (8.6%). A higher proportion of Native residents born outside of the United States had a high school degree or GED (57.2%) compared to those born in the United States (41.5%) and foreign-born residents (35.1%); however, when it came to those with some college and Bachelor's Degrees, a higher proportion of foreign-born residents attained those levels of education compared to the other groups, but a higher proportion of United States-born residents had graduate or professional degrees. As mentioned, educational level, due to its association with other socioeconomic indicators, is correlated with obesity; however, further research is needed to determine any causal relationship.²³



Source: US Census Bureau, American Community Survey, 2020

²³ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obese Rev.* 14(12): 989-1005.

The figure below shows educational attainment by **census tract** in Okeechobee County in 2020. Overall, educational attainment was lower in Okeechobee County compared to the state. The census tracts with the lowest educational attainment were 9101.01, with 11.7% of the population with less than 9th grade education and 18.7% with less than a high school diploma, and 9104.02, with 13.4% of the population with less than 9th grade education and 22% with less than a high school diploma. These two census tracts account for some of the highest proportions of Black or African American residents and Hispanic or Latino residents compared to the county’s other census tracts. Inversely, the census tract with the highest educational attainment was 9106.1, with 22.8% of the population with a Bachelor’s degree or higher, which accounts for one of the highest proportions of non-Hispanic White residents (91.3%). As mentioned, educational level, due to its association with other socioeconomic indicators, is correlated with obesity; however, further research is needed to determine any causal relationship.²⁴

	Less than 9th grade (%)	9 to 12 grade, no diploma (%)	High school graduate or higher (%)	High school graduate, includes GED (%)	Some college, no degree (%)	Associate's degree (%)	Bachelor's degree or higher (%)	Bachelor's degree (%)	Graduate or professional degree (%)
State	4.6	6.9	88.5	28.2	19.8	10	30.5	19.3	11.3
County	7.7	12.6	79.8	38.8	19.2	7.5	14.3	10.3	4
9101.01	11.7	18.7	69.6	32.6	15.4	5.3	16.3	7.8	8.4
9101.02	8.5	12.2	79.3	43.4	13.8	3.9	18.2	15.1	3.1
9102.01	6	7.5	86.5	48.5	19.8	3.8	14.3	14.3	0
9102.02	10.7	13	76.4	42.9	20.5	3.6	9.5	6.5	3
9103	9.2	15.6	75.3	45.4	14.5	5.5	9.9	9.2	0.7
9104.01	3.2	8.4	88.4	37.6	24.8	12.1	13.9	10.5	3.4
9104.02	13.4	22	64.6	34.1	18.7	8.3	3.6	1.3	2.3
9104.03	5.6	8.7	85.7	46.8	20.2	8.4	10.3	8.6	1.7
9105	4.8	11.4	83.8	34.2	22.2	10.7	16.8	12.3	4.5
9106.01	7.5	11.5	80.9	29.5	19.8	8.8	22.8	17.2	5.6
9106.02	3	8.4	88.6	40.9	19.8	11.7	16.3	9.7	6.5
9900	-	-	-	-	-	-	-	-	-

Source: US Census Bureau, American Community Survey, 2020

²⁴ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obese Rev.* 14(12): 989-1005.

Literacy

Evidence demonstrates that limited language skills and lower literacy levels are correlated with lower educational attainment levels and lower socioeconomic status, which directly contribute to worse health outcomes, including obesity.²⁵ Unfortunately, literacy data has not been available at the county level since the National Center for Education Statistics National Assessment of Adult Literacy was conducted in 2003. However, in 2003, 24% of Okeechobee County’s population lacked basic prose and literacy skills, compared to 20% of Florida’s population. To adequately meet the needs of all Okeechobee County residents, the Okeechobee County Health Equity Taskforce is developing easy to understand educational material so all residents are able to understand and access the information and included resources, regardless of their literacy level. In addition, as part of the community projects, staff will also be available to assist and provide onsite education and information verbally to residents.

Location	Percent Lacking Basic Prose Literacy Skills	95% Credible Interval Lower Bound	95% Credible Interval Upper Bound
Okeechobee County	24%	13.2%	39.4%
Florida	20%	17.0%	22.9%

Source: National Center for Education Statistics, National Assessment of Adult Literacy, 2003

²⁵ US Department of Health and Human Services (2022). Healthy People 2030: Language and Literacy. Retrieved from: <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/language-and-literacy>

- The impact of education access and quality on obesity**

Education Access and Quality		
SDOH	Priority Populations Impacted	How the SDOH Impacts Obesity
Literacy	Communities of color with less access to quality education; foreign-born residents; residents who speak English less than very well	Limited language skills and lower literacy levels are correlated with lower educational attainment levels and lower socioeconomic status, which directly contribute to worse health outcomes, including obesity.
Early Childhood Development	Unenrolled children; communities of color with less access to quality education, School Readiness Programs and VPK.	Early Childcare and Education (ECE) settings are an important point of intervention for obesity prevention, as enrolled children typically receive several meals and snacks while in care, accounting for a large proportion of their daily caloric intake. Thus, this is one of the best opportunities for children to build a foundation for healthy nutrition and physical activity. In addition, less access to quality education is correlated with lower socioeconomic status, which is correlated with poorer health outcomes, including higher rates of chronic disease and obesity.
School Experiences	LGBTQ Youth	LGBTQ youth report educational performance concerns and anxieties, as well as mental health concerns associated with school. Moreover, youth of trans experience throughout Florida have reported high levels of transphobia within the school system, which included harassment and assault, causing many of them to leave their schools.
Higher Education	Hispanic residents; Black or African American residents; Native Hawaiian and Other Pacific Islander residents; residents of some other race; and foreign-born residents	Educational attainment, mainly due to its association with other socioeconomic indicators, has been found to have some correlation with obesity. Those with lower educational attainment are less likely to secure higher paying jobs in the future, have access to quality health insurance coverage, ability to afford healthy foods, and ability to afford housing in highly walkable neighborhoods with access to green space, parks, and recreational resources.

B. Economic Stability



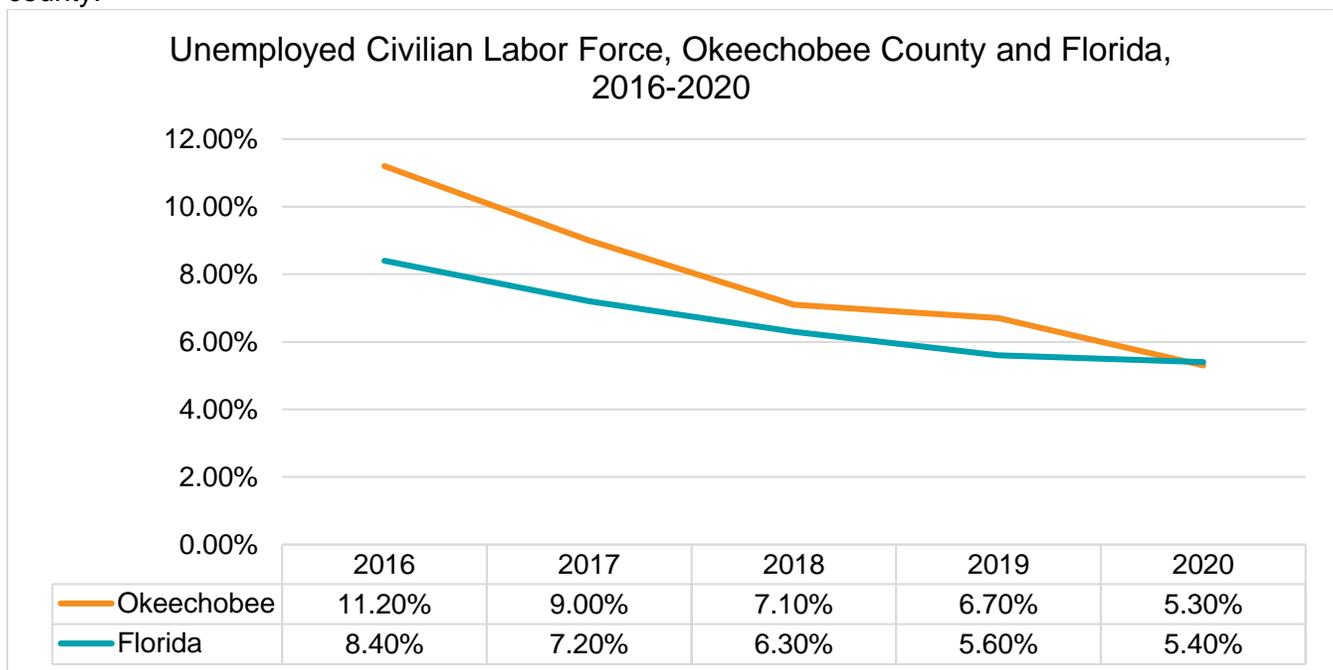
- **Economic stability data for Okeechobee County**

Economic stability is another key social determinant of health. Having access to a consistent livable wage is associated with the ability to afford safe and reliable housing, healthy food, healthy living conditions, a reduction in stress over finances, and the ability to afford important medications.²⁶ Individuals who lack economic stability may be unable to acquire reliable transportation options, unable to afford childcare, or feel forced to delay seeking healthcare treatment because of a lack of health insurance or an inability to pay. Those who are financially unstable are also more likely to be in debt, to be overworked, to have less time and resources to prioritize mental and physical health or afford such opportunities as mental counseling or gym memberships. Financial resources can also determine housing location and exposure to environmental and noise pollution. Crucially, by shaping dietary options, opportunities to exercise, and stress levels, among other factors, economic stability influences obesity status. Overall, the lack of financial or occupational stability is associated with worsened health outcomes, including obesity, and is thus an important determinant of health. The following data explores economic stability in Okeechobee County. To note, considerable efforts were made to find all of the following information related to economic stability among priority populations, including Black or African Americans, American Indian and Alaska Natives, Asians, Native Hawaiians, Hispanic and Latinos, elders, infants and toddlers, people living with disabilities, veterans, and immigrants. Research shows these populations experience health inequities at higher rates. However, data was unavailable for these populations in several instances.

²⁶ Semega, J., Kollar, M., Creamer, J., Mohanty, A. (2019). Income and Poverty in the United States. <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-266.pdf>

Employment Status

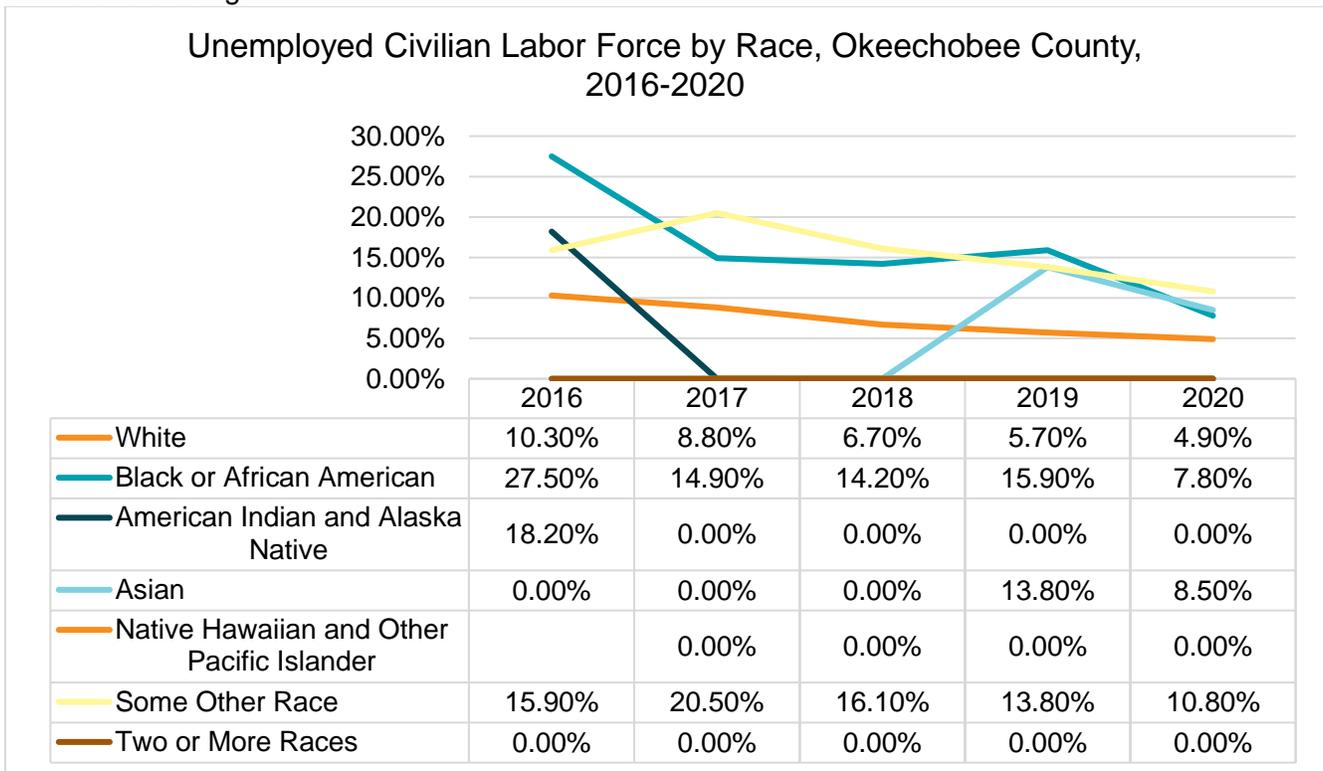
The figure below shows employment status in **Okeechobee County** and **Florida**. Unemployment, particularly long-term unemployment (for a year or more), has been found to be directly correlated with higher rates of obesity in the United States, with 32.7% of Americans who have been unemployed for a year being considered obese, compared to 22.8% who have been unemployed for two weeks or less.²⁷ From 2016 to 2020, unemployment decreased in both Okeechobee County and the state. Most recently, in 2020, 5.3% of Okeechobee residents were unemployed, compared to 5.4% of Florida residents. The Okeechobee County Health Equity Taskforce recognizes this as an important social determinant of obesity, though the proportion of unemployed residents has decreased over time in the county.



Source: US Census Bureau, American Community Survey, 2020

²⁷ Crabtree, S. (2014). Obesity linked to long-term unemployment in US. Findings from Gallup. Retrieved from: <https://news.gallup.com/poll/171683/obesity-linked-long-term-unemployment.aspx>

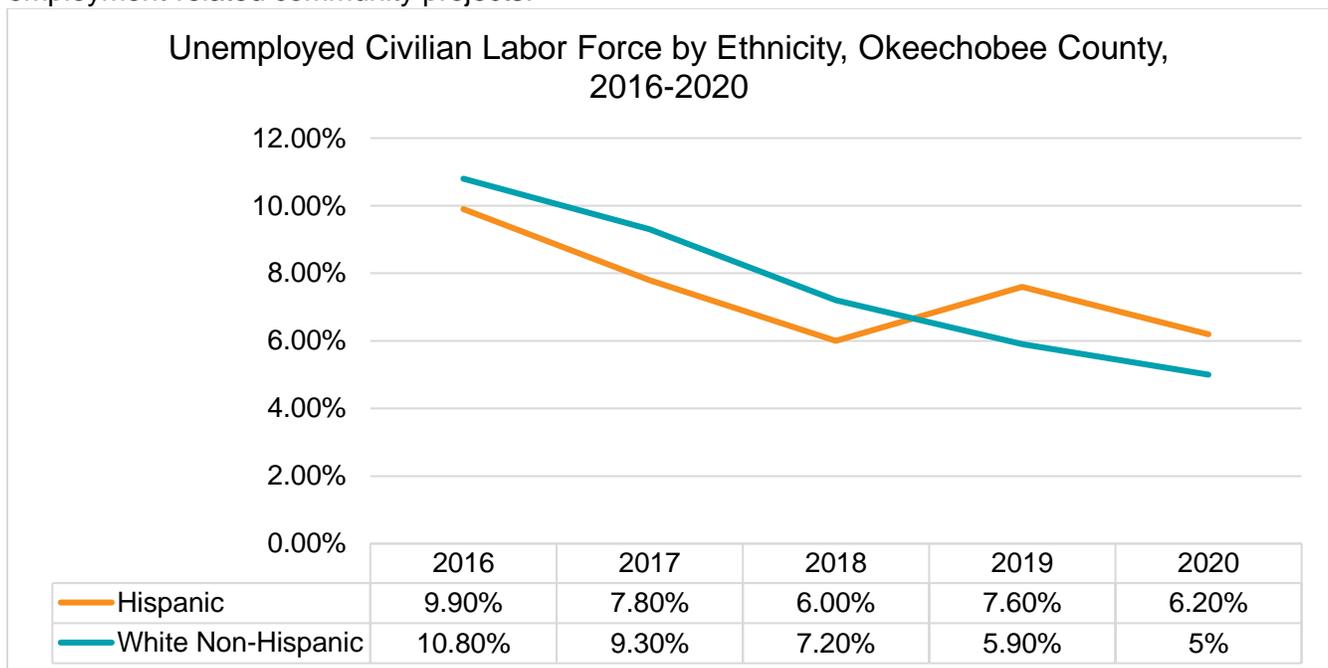
The figure below shows the proportion of the unemployed civilian labor force by **race** in Okeechobee County from 2016 to 2020. Evidence shows that there is a strong correlation between unemployment and obesity and, not long ago, a study found that Black or African Americans in southern states experience higher rates of both unemployment and obesity.²⁸ In Okeechobee County, unemployment has been consistently higher among Black or African Americans, residents who identify as some other race, and, more recently, Asians. Most recently, in 2020, unemployment was highest among some other race (10.8%), followed by Asians (8.5%) and Black or African Americans (7.8%). To address racial unemployment-related disparities, the Okeechobee Health Equity Taskforce will be sure to conduct outreach in specific communities to increase awareness on available career resources and vocational training.



Source: US Census Bureau, American Community Survey, 2020

²⁸ Akil, L. & Anwar Ahmad, H. (2011). Effects of socioeconomic factors on obesity rates in four southern states and Colorado. *Ethn Dis.* 21(1): 58-62.

The figure below shows the proportion of the unemployed civilian labor force by **ethnicity** in Okeechobee County from 2016 to 2020. From 2016 to 2018, unemployment was higher among White non-Hispanic residents. However, in both 2019 and 2020, the proportion of unemployed civilians was higher among Hispanic residents. Most recently in 2020, 6.2% of Hispanic residents were unemployed, compared to 5% of White non-Hispanic residents. As mentioned, unemployment, particularly long-term unemployment, has been found to be directly correlated with higher rates of obesity in the United States.²⁹ To address ethnic unemployment-related disparities, the Okeechobee Health Equity Taskforce will conduct outreach in Spanish where Hispanic or Latino residents frequent to increase awareness on available career resources and vocational training, as well as consider future employment-related community projects.



Source: US Census Bureau, American Community Survey, 2020

²⁹ Crabtree, S. (2014). Obesity linked to long-term unemployment in US. Findings from Gallup. Retrieved from: <https://news.gallup.com/poll/171683/obesity-linked-long-term-unemployment.aspx>

DOH-Okeechobee

Health Equity Plan

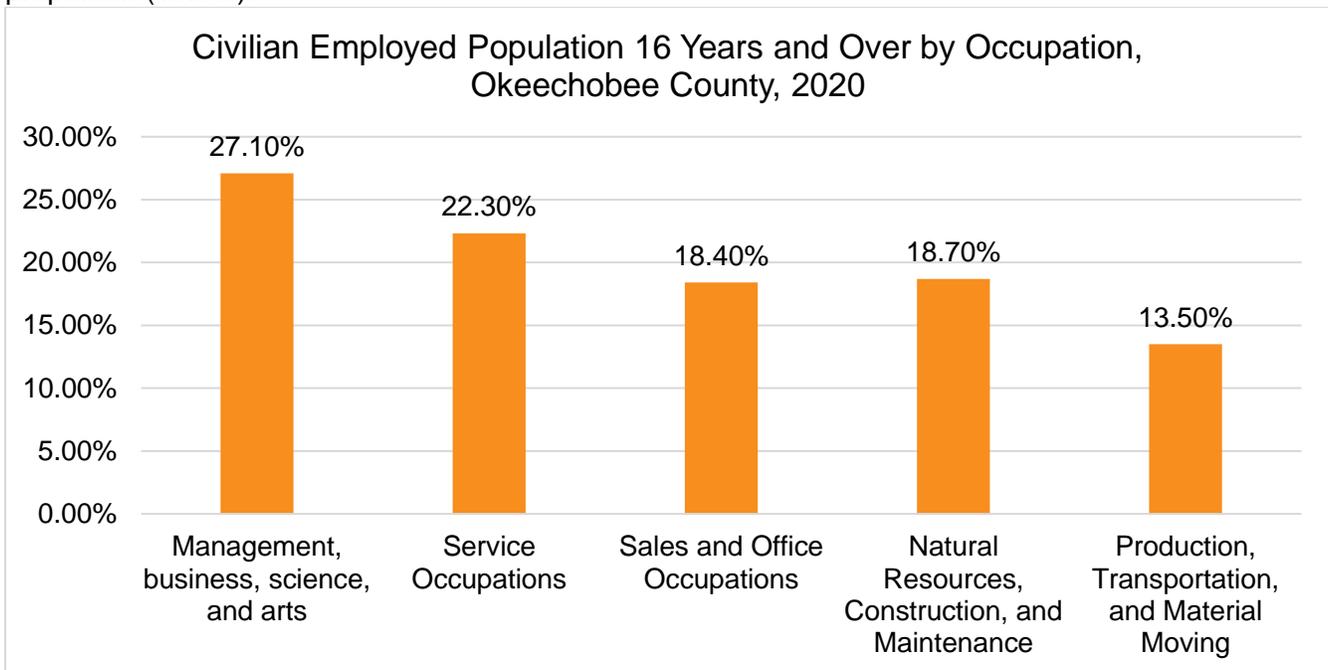
The figure below shows unemployment status by census tract in Okeechobee County in 2020. Okeechobee County had a lower proportion of unemployed residents compared to the State (5.3% and 5.4%, respectively). Within the county, the census tracts with the highest unemployment rates were 9104.03 (10.4%), followed by 9102.02 (9.1%), while the census tracts with the lowest were 9101.01 (1.5%), followed by 9105 (2.2%). As mentioned, unemployment, particularly long-term unemployment, has been found to be directly correlated with higher rates of obesity in the United States.³⁰ The Okeechobee Health Equity Taskforce will be sure to conduct outreach in specific communities to increase awareness on available career resources and vocational training.

Location	Civilian labor force unemployed (%)
State	5.4
County	5.3
9101.01	1.5
9101.02	3.5
9102.01	4.4
9102.02	9.1
9103	4
9104.01	8.9
9104.02	6.1
9104.03	10.4
9105	2.2
9106.01	3.8
9106.02	0.8
9900	-

Source: US Census Bureau, American Community Survey, 2020

³⁰ Crabtree, S. (2014). Obesity linked to long-term unemployment in US. Findings from Gallup. Retrieved from: <https://news.gallup.com/poll/171683/obesity-linked-long-term-unemployment.aspx>

The figure below shows the civilian employed population 16 years and over by **occupation** in Okeechobee County in 2020. Evidence shows that high-demand, low-control work environments where individuals work long hours increase the risk for obesity. In addition, obesity increases the risk for absenteeism and, ultimately, the loss of employment and income, which is strongly associated with poor health outcomes.³¹ In Okeechobee County, management, business, science, and arts accounted for the highest proportion of the employed population's reported occupations (27.1%), followed by service occupations (22.3%). Production, transportation, and material moving accounted for the lowest proportion (13.5%).

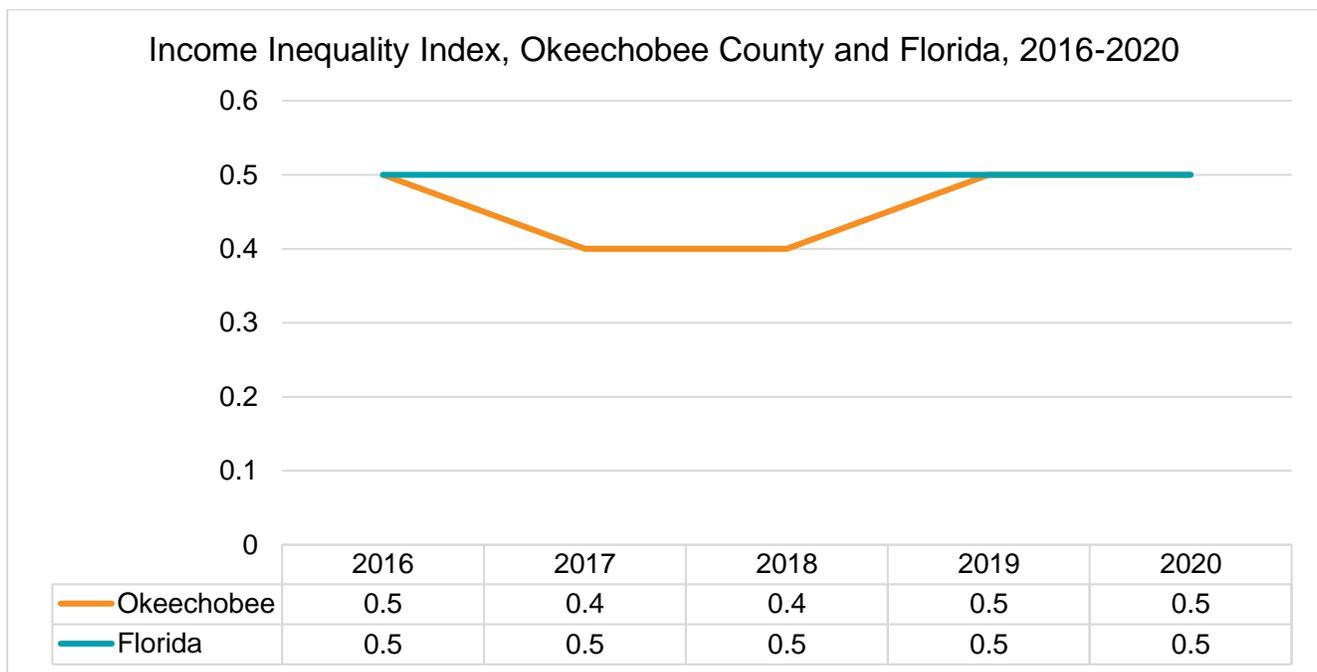


Source: US Census Bureau, American Community Survey, 2020

³¹ Schulte, P.A. et al. (2007). Work, obesity, and occupational safety and health. *Am J Public Health*. 97(3): 428-436.

Income Inequality

Research shows that income inequality impacts racial/ethnic groups and men and women differently, with it having a negative correlation with obesity for some groups, and a positive correlation for others.³² The income inequality index measures the distribution of household income. A value of 0 indicates perfect equality, where all households have the same income; on the inverse, a value of 1 indicates extreme inequality, with only one household having any income. Different people earn different incomes and the wider the earnings are dispersed, the more unequal the incomes are. In Okeechobee County, there was less income inequality than in the state in 2017 and 2018, but it increased again to match the state’s income inequality index of 0.5 in 2019 and 2020.

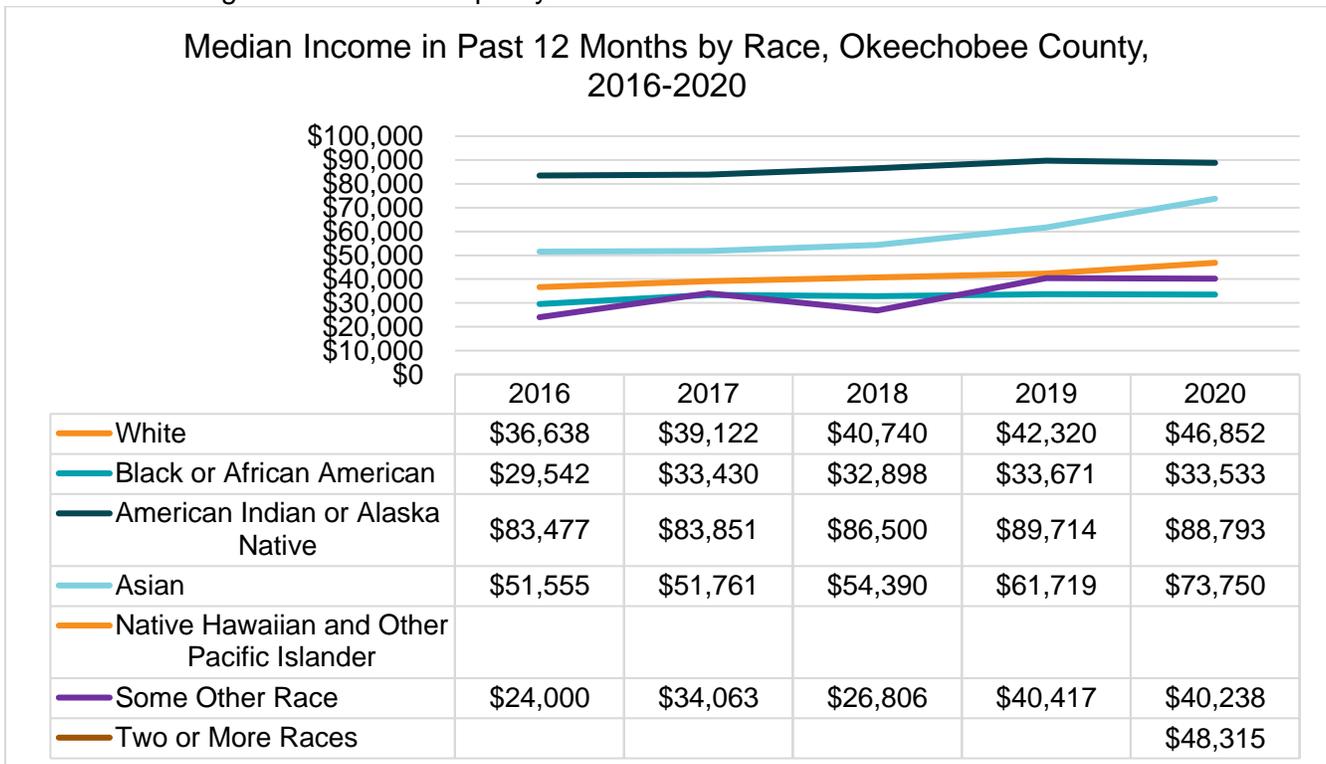


Source: US Census Bureau, American Community Survey, 2020

³² Zare, H., Gilmore, D.R., et al. (2021). How income inequality and race/ethnicity drive obesity in US adults: 1999-2016. *Healthcare (Basel)*. 9(11): 1442.

Median Income

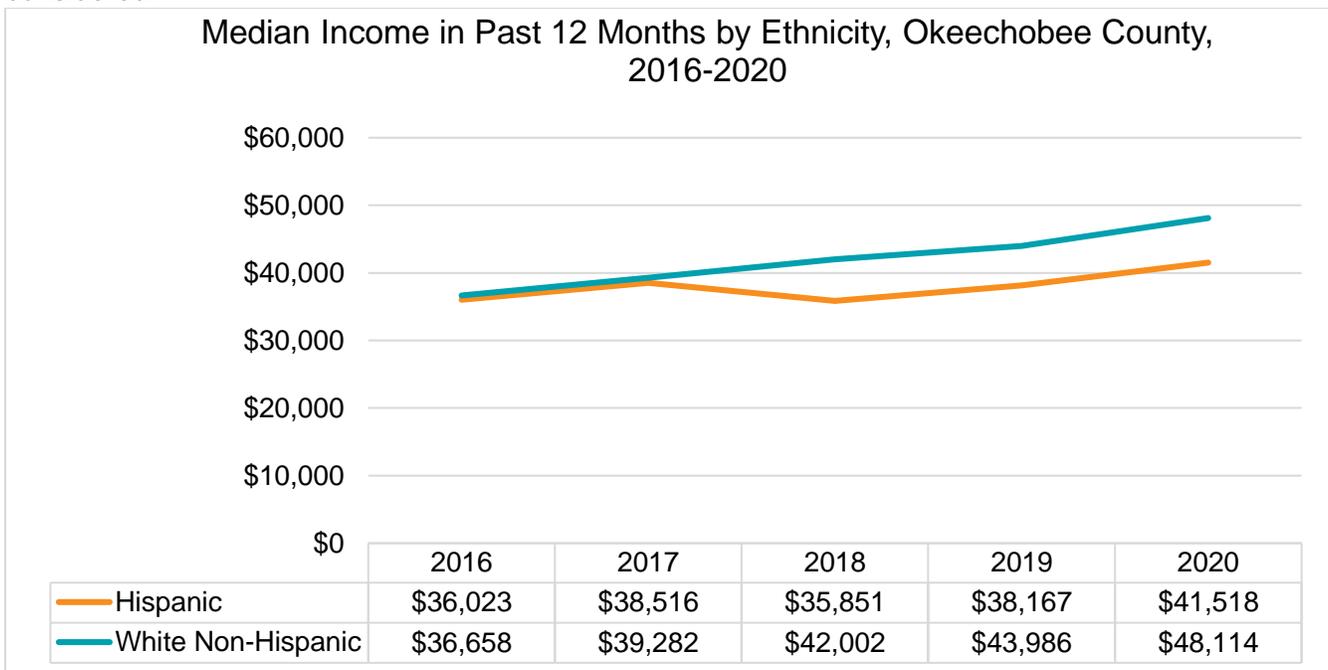
The figure below shows median income in the past 12 months by **race** in Okeechobee County from 2016 to 2020. As previously mentioned, evidence demonstrates that income impacts racial/ethnic groups and men and women differently, with it having a negative correlation with obesity for some groups, and a positive correlation for others.³³ For example, a US study found a significant correlation between higher poverty-to-income ratios and obesity among non-Hispanic White men and non-Hispanic Black men, but this was not the case for their Hispanic or women counterparts. In Okeechobee County, income has been consistently higher among American Indian or Alaska Native residents, followed by Asian residents and White residents. On the contrary, it has been consistently lower among Black or African American residents, followed by residents of some other race. In 2020, Black or African American residents had a median income of \$33,533, 1.4 times lower than White residents (\$46,852) and 1.9 times lower than American Indian and Alaska Native residents (\$88,793). Although according to the obesity data available for the county, a lower proportion of adults with lower income are obese compared to those with higher income levels, the Okeechobee Health Equity Taskforce considers income an important social determinant of obesity alongside others, so future community projects aimed at reducing racial income inequality will be considered.



Source: US Census Bureau, American Community Survey, 2020

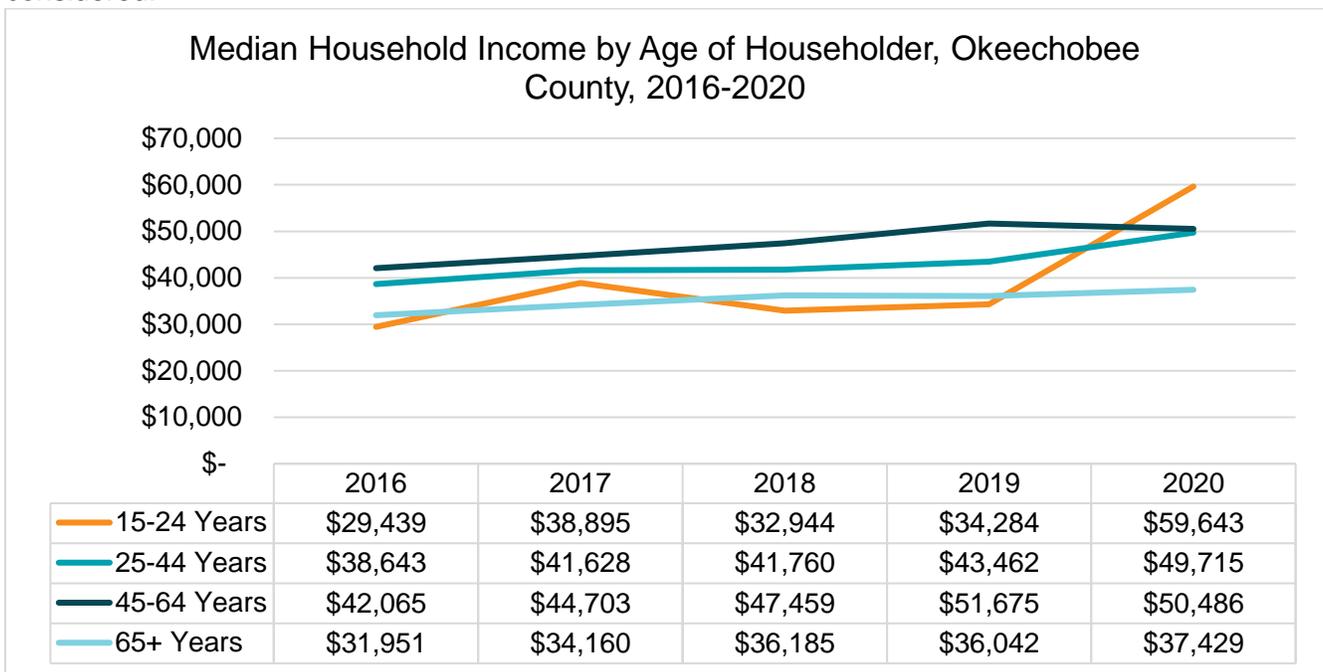
³³ Zare, H., Gilmore, D.R., et al. (2021). How income inequality and race/ethnicity drive obesity in US adults: 1999-2016. *Healthcare (Basel)*. 9(11): 1442.

The figure below shows median income in the past 12 months by **ethnicity** in Okeechobee County from 2016 to 2020. From 2016 to 2020, Hispanic residents have had a significantly lower median income compared to their non-Hispanic counterparts, with the gap widening from 2018 to 2020, when the median income was 1.2 times lower among Hispanic residents. In 2020, the median income was \$41,518 among Hispanic residents, compared to \$48,111 among non-Hispanic residents. As previously mentioned, national research shows that income impacts ethnic groups and genders differently, having a negative relationship with obesity for some groups, and a positive relationship for others. Interestingly, a US study found no correlation between higher poverty-to-income ratio and obesity among Hispanic residents. Although according to the obesity data available for the county, a lower proportion of adults with lower income are obese compared to those with higher income levels, the Okeechobee Health Equity Taskforce considers income an important social determinant of obesity alongside others, so future community projects aimed at reducing ethnic income inequality will be considered.



Source: US Census Bureau, American Community Survey, 2020

The figure below shows the median household income by **age of householder** in Okeechobee from 2016 to 2020. Those aged 45 to 64 years have consistently had higher incomes, except for in 2020, when the median income of those aged 15 to 24 surpassed them for the first time after having the lowest median income in 2019. It is possible that, during the COVID-19 pandemic, loss of employment and fear of working in public spaces impacted median income, particularly among the older age groups who were at higher risk for severe COVID-19 illness. As mentioned, lower income levels are correlated with obesity among some races and sexes. Although according to the obesity data available for the county, a lower proportion of adults with lower income are obese compared to those with higher income levels, the Okeechobee Health Equity Taskforce considers income an important social determinant of obesity alongside others, so future community projects aimed at reducing income inequality will be considered.



Source: US Census Bureau, American Community Survey, 2020

DOH-Okeechobee

Health Equity Plan

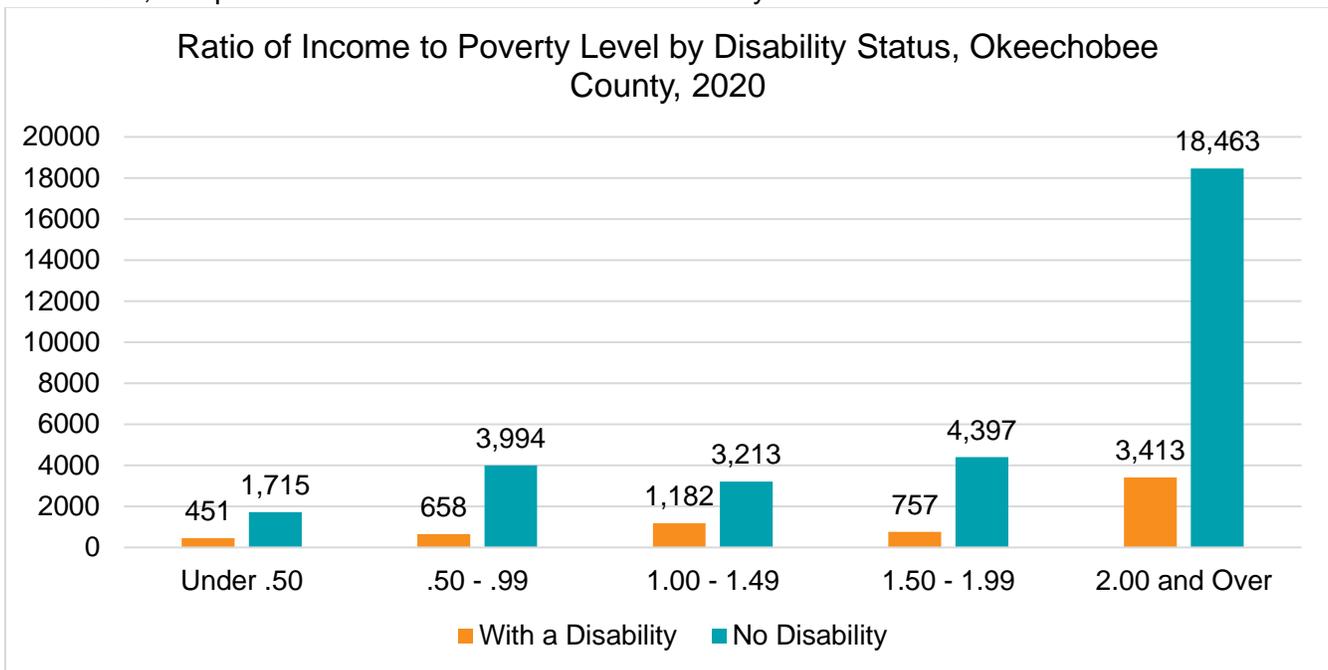
The figure below shows median household income by **census tract** in Okeechobee County in 2020. Okeechobee County had a lower median household income than Florida, a difference of over \$11,600. Within the county, the census tract with the lowest median household income was 9104.03 (\$33,343), while the census tract with the highest was 9106.01 (\$65,659) – a \$32,316 disparity. As mentioned, lower income levels are correlated with obesity among some races and sexes. Although according to the obesity data available for the county, a lower proportion of adults with lower income are obese compared to those with higher income levels, the Okeechobee Health Equity Taskforce considers income an important social determinant of obesity alongside others, so future community projects aimed at reducing income inequality will be considered.

Location	Median Household Income (Dollars)
State	\$57,703.00
County	\$46,097.00
9101.01	\$57,826.00
9101.02	\$49,079.00
9102.01	\$39,255.00
9102.02	\$42,500.00
9103	\$27,593.00
9104.01	\$48,931.00
9104.02	\$39,276.00
9104.03	\$33,343.00
9105	\$41,172.00
9106.01	\$65,659.00
9106.02	\$51,923.00
9900	-

Source: US Census Bureau, American Community Survey, 2020

Ratio of Income to Poverty Level

The ratio of income-to-poverty level represents the ratio of income to the appropriate poverty threshold. Ratios under 1.0 signifies that the income is below the official definition of poverty, whereas a ratio over 1.0 indicates an income over the poverty level. For instance, a ratio of 1.5 means that the income is 150 percent above the appropriate poverty level. Looking at the ratio of income-to-poverty level by disability status in Okeechobee County, we see that 82% of both those with a disability and those with no disability have an income over the poverty level (1.0 or higher). However, there are some disparities as the ratio increases. For instance, 53% of residents with a disability have an income-to-poverty level ratio of 2.0, compared to 58% of residents with no disability.



Source: US Census Bureau, American Community Survey, 2020

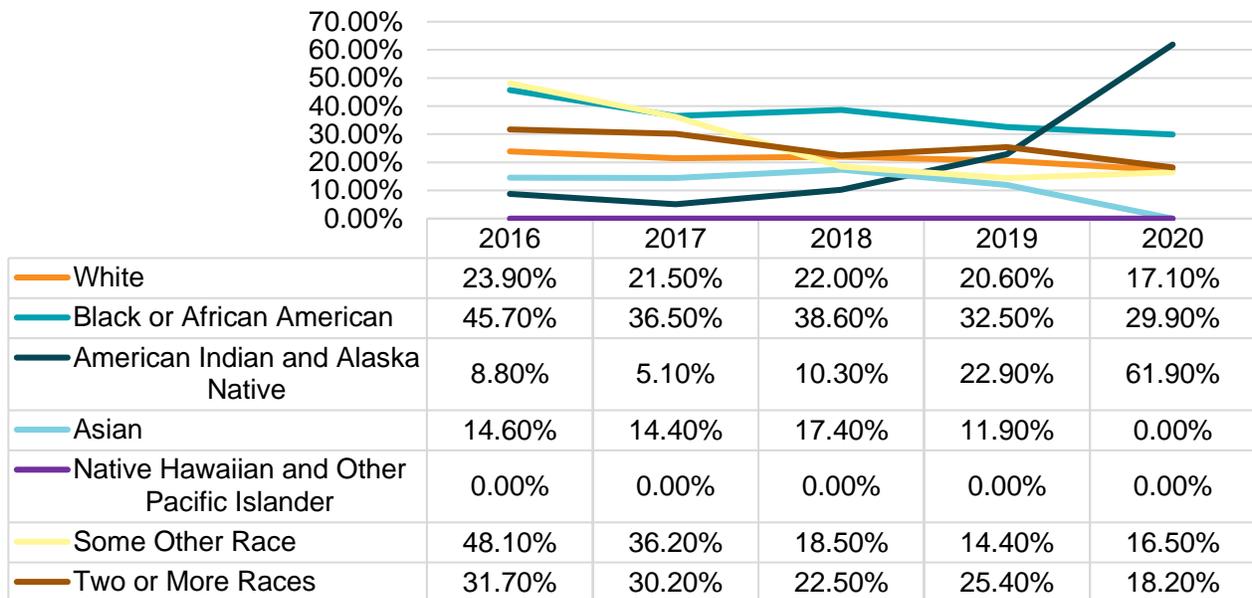
Poverty Level

The figures below show residents below poverty level in the past 12 months in Okeechobee County. In the United States, residents in counties with high poverty are at the highest risk for obesity, due to limited access to healthy and affordable foods, limited access to parks and greens spaces, and safety concerns which limit outside physical activity.³⁴ To the extent possible, we disaggregated by specific demographics to highlight any poverty-related disparities.

³⁴ Levine, J.A. (2011). Poverty and Obesity in the US. *Diabetes*. 60(11):2667-2668.

The figure below shows residents below poverty level in the past 12 months by **race** in Okeechobee County from 2016 to 2020. A higher proportion of Black or African American residents consistently lived below the poverty level compared to other racial groups from 2016 to 2019, but in 2020, American Indian and Alaska Native residents accounted for the highest proportion of residents living below the poverty level – a steep climb from 22.9% in 2019 to 61.9% in 2020. Native Hawaiian and Other Pacific Islander residents and Asian residents consistently accounted for lower proportions of those living below the poverty level. Most recently, in 2020, 61.9% of American Indian and Alaska Native residents were living below poverty level, followed by 29.9% of Black or African American residents and 18.2% of residents of two or more races. Nationwide, higher poverty rates are correlated with higher obesity rates, due to the easy access to and affordability of highly processed foods with high calories and no nutritional value.³⁵ The Okeechobee Health Equity Taskforce considers poverty an important social determinant of obesity, thus, it is implementing the Promoting Healthiest Weight Through Partnerships community project to mitigate the effects of poverty on limited access to healthy and affordable food.

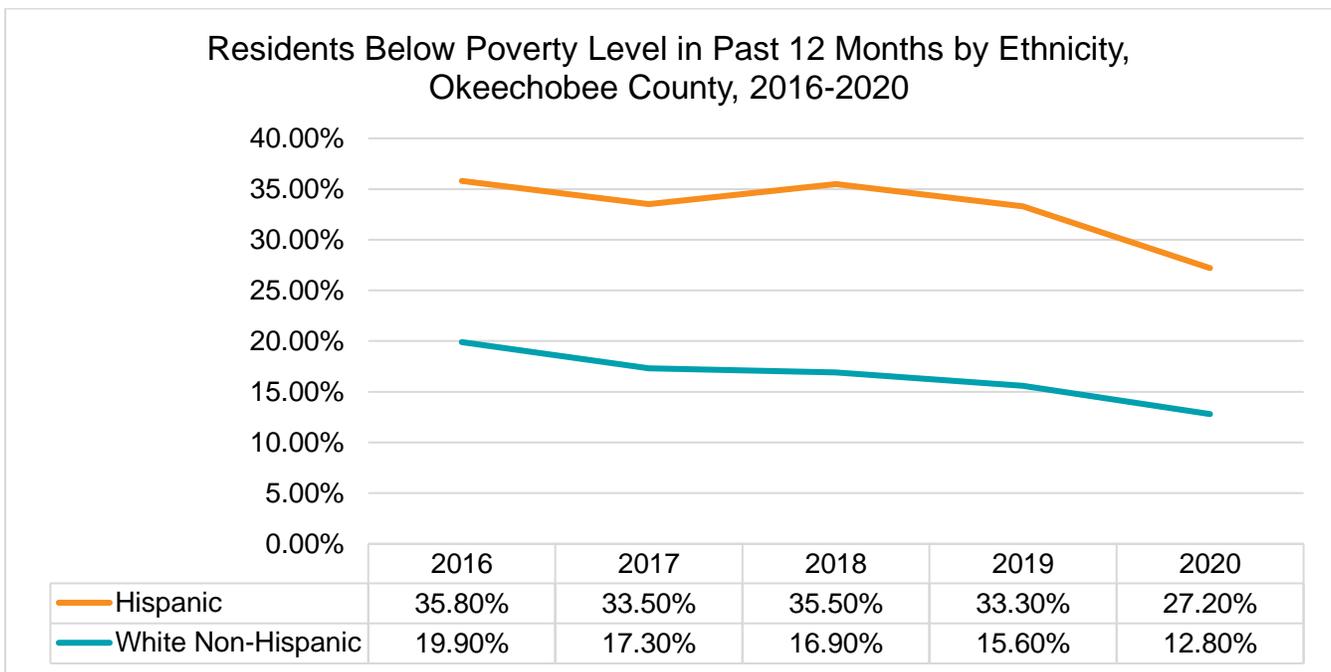
Residents Below Poverty Level in Past 12 Months by Race, Okeechobee County, 2016-2020



Source: US Census Bureau, American Community Survey, 2020

³⁵ Zukiewicz-Sobczak, W., Weoblewska, P, et al. (2014). Obesity and poverty paradox in developed countries. *Annals of Agricultural and Environmental Medicine*. 21(3): 590-594.

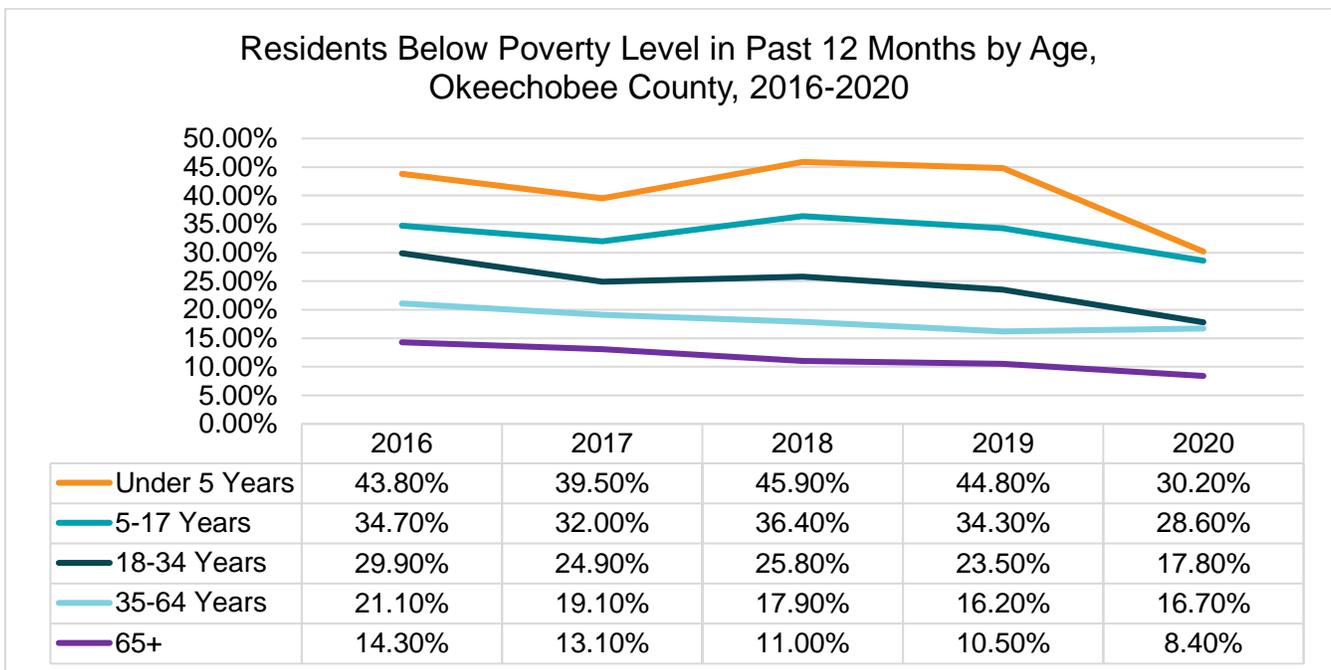
The figure below shows residents below poverty level in the past 12 months by **ethnicity** in Okeechobee County from 2016 to 2020. While the proportion of residents living below poverty level decreased among both Hispanic and White non-Hispanic residents from 2016 to 2020, Hispanic residents consistently account for much higher proportions. Most recently, in 2020, 27.2% of Hispanic were living below the poverty level, compared to 12.8% of White non-Hispanic residents. As mentioned, higher poverty rates are correlated with higher obesity rates, due to the easy access to and affordability of highly processed foods with high calories and no nutritional value.³⁶ The Okeechobee Health Equity Taskforce considers poverty an important social determinant of obesity, thus, it is implementing the Promoting Healthiest Weight Through Partnerships community project to mitigate the effects of poverty on limited access to healthy and affordable food.



Source: US Census Bureau, American Community Survey, 2020

³⁶ Zukiewicz-Sobczak, W., Weoblewska, P, et al. (2014). Obesity and poverty paradox in developed countries. *Annals of Agricultural and Environmental Medicine*. 21(3): 590-594.

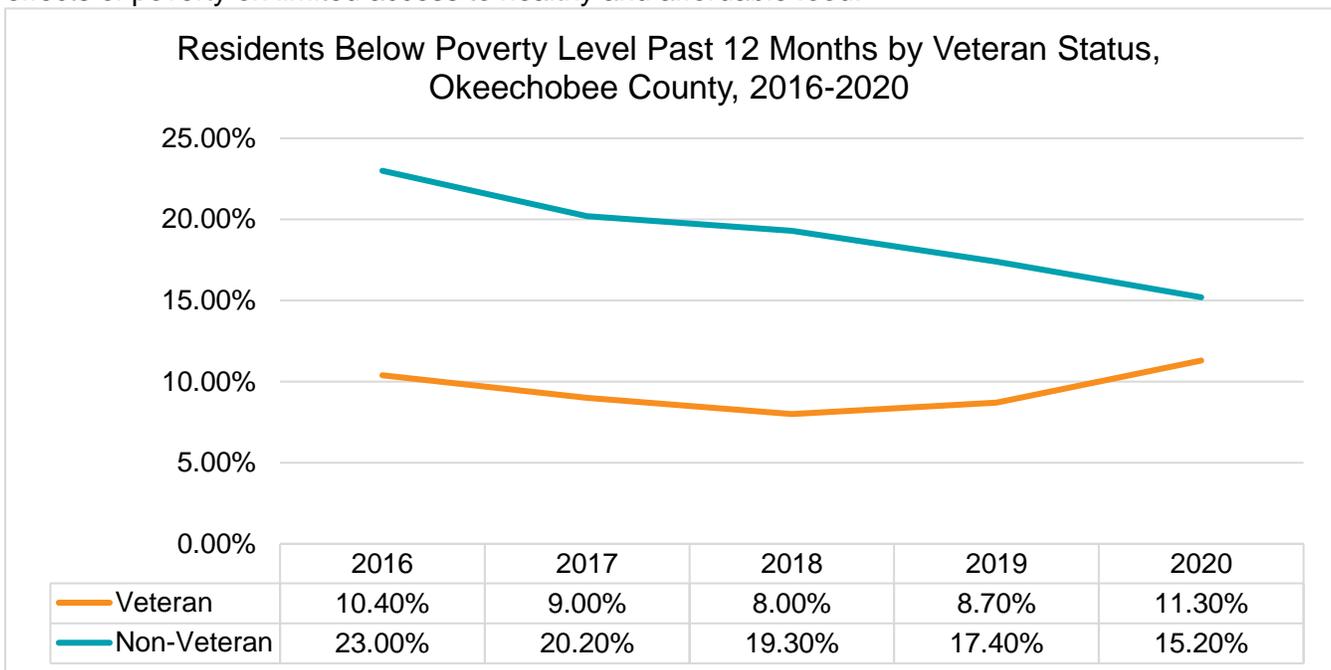
The figure below shows residents below poverty level in the past 12 months by **age** in Okeechobee County from 2016 to 2020. Over time, the proportion of residents living below the poverty level has decreased among the majority of age groups. Consistently, however, the highest proportion was among those under 5 years old and the lowest proportion was among those 65 years and over, with the proportion decreasing among higher age groups. In 2020, 30.2% of residents under 5 years old were living below the poverty level, compared to just 8.4% of those 65 years and over. As mentioned, higher poverty rates are correlated with higher obesity rates, due to the easy access to and affordability of highly processed foods with high calories and no nutritional value.³⁷ The Okeechobee Health Equity Taskforce considers poverty an important social determinant of obesity, thus, it is implementing the Promoting Healthiest Weight Through Partnerships community project to mitigate the effects of poverty on limited access to healthy and affordable food.



Source: US Census Bureau, American Community Survey, 2020

³⁷ Zukiewicz-Sobczak, W., Weoblewska, P, et al. (2014). Obesity and poverty paradox in developed countries. *Annals of Agricultural and Environmental Medicine*. 21(3): 590-594.

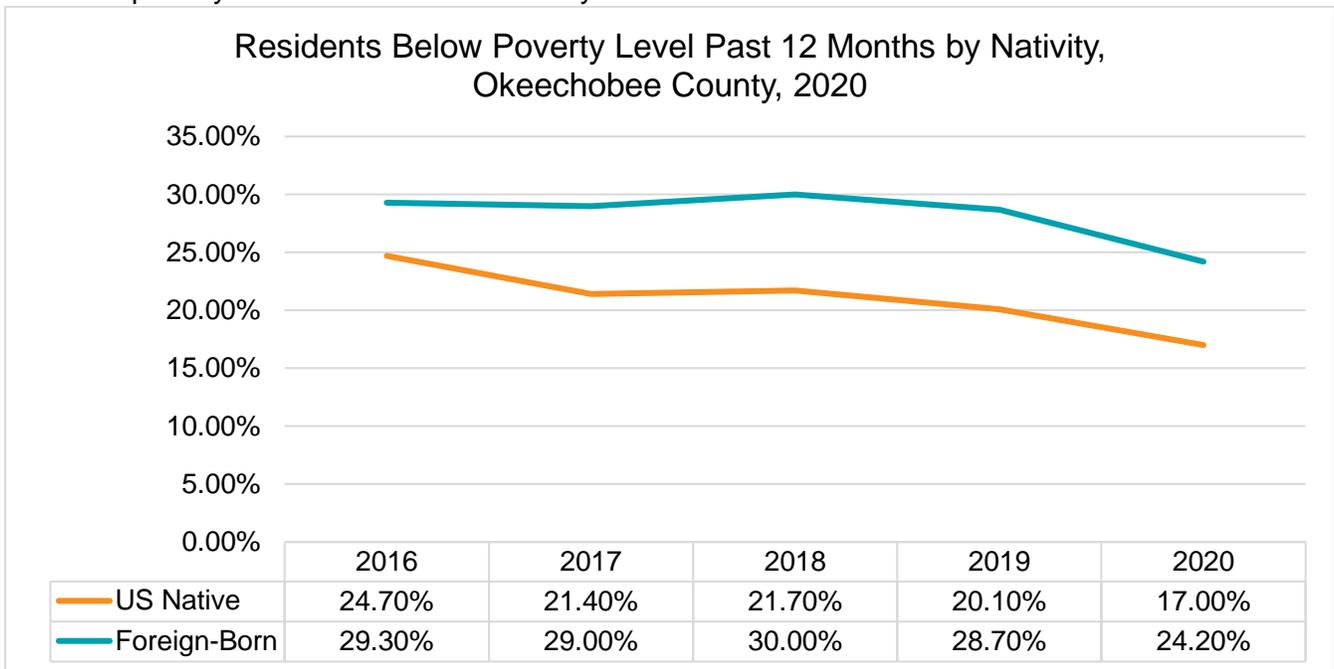
The figure below shows residents below poverty level in the past 12 months by **veteran status** in Okeechobee from 2016 to 2020. Over that time period, veterans reported significantly lower levels of poverty as compared to their non-veteran counterparts. However, the proportion of non-veterans that reported living below the poverty line decreased each year between 2016 and 2020, while veterans reported an overall increase during that same time period. In 2020, the proportion of veterans reported living below the poverty line in the past year was 11.3% compared to 15.2% among non-veterans. As mentioned, higher poverty rates are correlated with higher obesity rates, due to the easy access to and affordability of highly processed foods with high calories and no nutritional value.³⁸ The Okeechobee Health Equity Taskforce considers poverty an important social determinant of obesity, thus, it is implementing the Promoting Healthiest Weight Through Partnerships community project to mitigate the effects of poverty on limited access to healthy and affordable food.



Source: US Census Bureau, American Community Survey, 2020

³⁸ Zukiewicz-Sobczak, W., Weoblewska, P, et al. (2014). Obesity and poverty paradox in developed countries. *Annals of Agricultural and Environmental Medicine*. 21(3): 590-594.

The figure below shows residents below poverty level in the past 12 months by **nativity** in Okeechobee County from 2016 to 2020. Overall, a higher proportion of foreign-born residents reported living below the poverty level in the past year as compared to their US native counterparts. Between 2016 and 2020, the proportion of US native and foreign-born residents living below the poverty line has both fluctuated and overall decreased. However, a higher proportion of foreign-born residents continue living under the poverty line as compared to US native residents. In 2020, 24.2% of foreign-born residents lived under the poverty line in the past year as compared to 17.0% of US native residents. As mentioned, higher poverty rates are correlated with higher obesity rates, due to the easy access to and affordability of highly processed foods with high calories and no nutritional value.³⁹ The Okeechobee Health Equity Taskforce considers poverty an important social determinant of obesity, thus, it is implementing the Promoting Healthiest Weight Through Partnerships community project to mitigate the effects of poverty on limited access to healthy and affordable food.



Source: US Census Bureau, American Community Survey, 2020

³⁹ Zukiewicz-Sobczak, W., Weoblewska, P, et al. (2014). Obesity and poverty paradox in developed countries. *Annals of Agricultural and Environmental Medicine*. 21(3): 590-594.

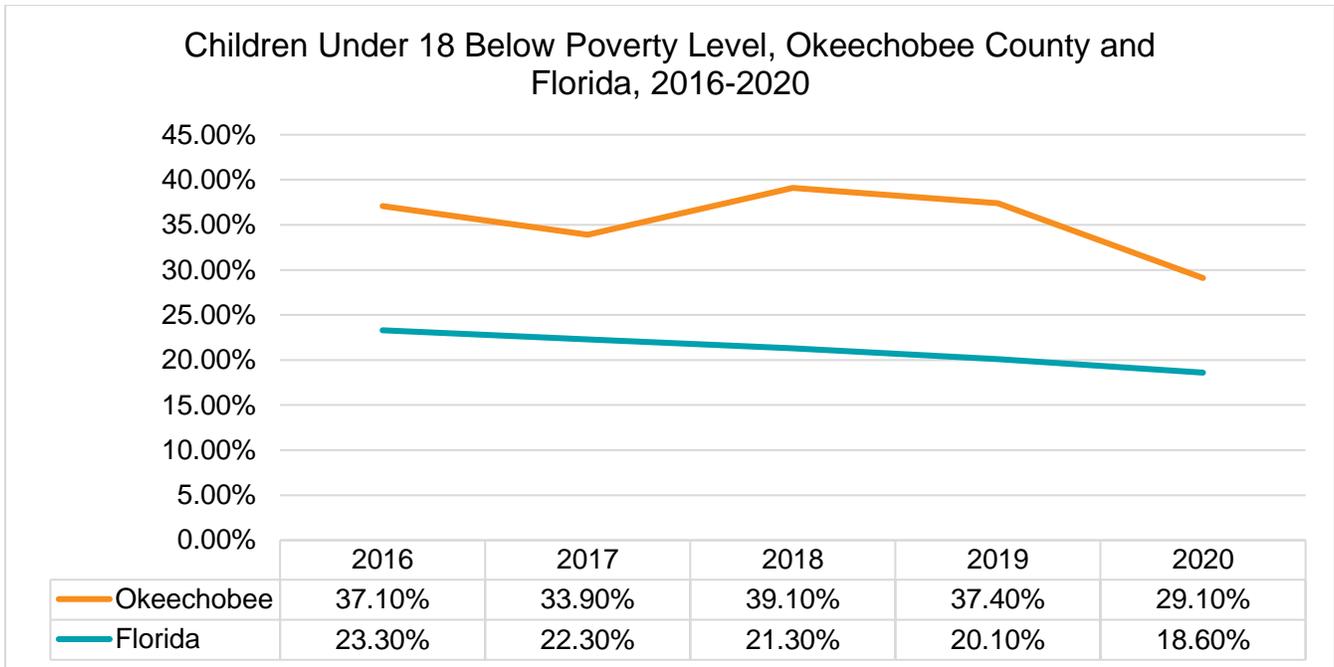
The figure below shows the proportion of the population living 100% below the poverty level by **census tract** in Okeechobee County in 2020. The county had a much higher proportion of the population living below poverty level compared to the state (17.8% and 13.3%, respectively). Within the county, the census tracts with the highest proportion of residents living below the poverty level were 9104.02 (32.3%), 9103 (26.9%), and 9102.02 (25%). On the contrary, the census tract with a significantly lower proportion of residents living below poverty than the state, county, and all other census tracts was 1601.01 (5.4%). As mentioned, higher poverty rates are correlated with higher obesity rates, due to the easy access to and affordability of highly processed foods with high calories and no nutritional value.⁴⁰ The Okeechobee Health Equity Taskforce considers poverty an important social determinant of obesity, thus, it is implementing the Promoting Healthiest Weight Through Partnerships community project to mitigate the effects of poverty on limited access to healthy and affordable food.

Location	People under 100% of poverty (%)
State	13.3
County	17.8
9101.01	14.0
9101.02	18.0
9102.01	14.5
9102.02	25.0
9103	26.9
9104.01	13.0
9104.02	32.3
9104.03	18.0
9105	19.9
9106.01	5.4
9106.02	13.2
9900	-

Source: US Census Bureau, American Community Survey, 2020

⁴⁰ Zukiewicz-Sobczak, W., Weoblewska, P, et al. (2014). Obesity and poverty paradox in developed countries. *Annals of Agricultural and Environmental Medicine*. 21(3): 590-594.

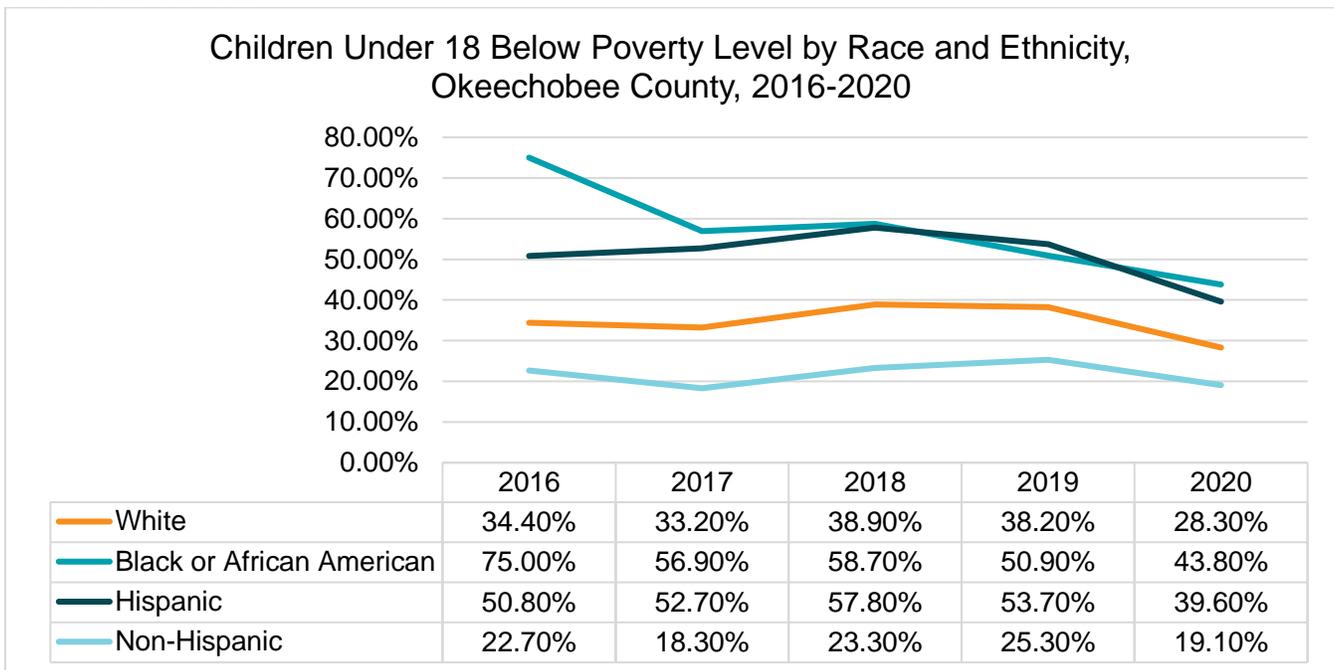
The figure below shows **children** below poverty level in the past 12 months in Okeechobee County and Florida from 2016 to 2020. The proportion of children under 18 that are living below the poverty level in Okeechobee was higher than the percentage reported at the state level for all years between 2016 and 2020. During that time period, the percentage in Okeechobee fluctuated, but overall decreased, whereas the percentage of children under 18 living below the poverty level in Florida decreased each year. In 2020, Okeechobee reported 29.1% of children under 18 living below the poverty level while the state of Florida reported a percentage of 18.6%. Evidence demonstrates that a strong and long-lasting correlation exists between childhood poverty and obesity. For instance, a study conducted in the US found that children below the age of 2 who live in poverty are a high risk for obesity by age 15.⁴¹ The Okeechobee Health Equity Taskforce considers poverty an important social determinant of obesity, thus, it is implementing the Promoting Healthiest Weight Through Partnerships community project to mitigate the effects of poverty on limited access to healthy and affordable food.



Source: US Census Bureau, American Community Survey, 2020

⁴¹ Lee, H., Andrew, M., et al. (2013). Longitudinal associations between poverty and obesity from birth through adolescence. *American Journal of Public Health*. 104, e70-e76.

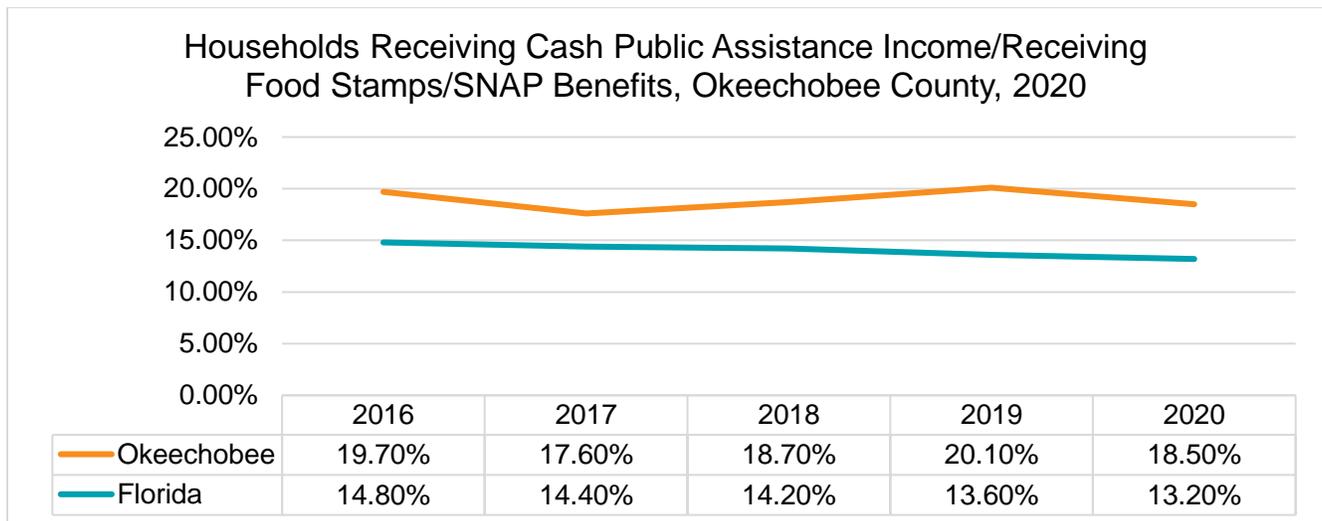
The figure below shows resident children under 18 living below poverty level in the past 12 months by **race and ethnicity** in Okeechobee County from 2016 to 2020. Among racial categories, the highest proportions of children under 18 living under the poverty level were reported among Black or African American residents during all five years for which data is reported. Importantly, however, the percentage among Black residents has sharply declined between 2016 and 2020. White residents reported a subtler decline over that same time period. In 2020, the percentage of children under 18 living below the poverty level was 28.3% among White residents, as compared to 43.8% among Black or African American residents. Among ethnic categories, Hispanic residents reported the highest percentages for all five years reported. The percentage among Hispanic residents fluctuated, but overall declined due to a sharp decrease in 2020. Non-Hispanic resident also fluctuated, and also reported an overall decline. Yet still, the percentage among Hispanics is more than double the percentage among non-Hispanics. In 2020, the percentage was 39.6% among Hispanic residents and 19.1% among non-Hispanics. The Okeechobee Health Equity Taskforce considers poverty an important social determinant of obesity, thus, it is implementing the Promoting Healthiest Weight Through Partnerships community project to mitigate the effects of poverty on limited access to healthy and affordable food.



Source: US Census Bureau, American Community Survey, 2020

Benefits Income

The figures below show residents receiving public assistance benefits in Okeechobee County. Existing research strongly correlates economic well-being with health outcomes including morbidity and mortality.⁴² As such, public assistance benefits are a way that the government can offset some of these negative effects and maintain a minimum level of income support to those living in poverty. There is evidence to suggest that these benefits have positive effects on the lives of recipients, although research also suggests that these benefits are not enough to overcome the negative impact of poverty on health and well-being. In Okeechobee County, the percentage of households receiving public assistance in the form of assistance income, food stamps or SNAP benefits fluctuated, but remained higher than the state of Florida across all years. In 2020, the percentage was 18.5% for Okeechobee County and 13.2% for the state of Florida. Communities with a high proportion of households receiving cash public assistance or Food Stamp/SNAP benefits may face significant barriers with other social determinants of health, but participation in SNAP has been found to significantly reduce obesity, as it increases access to healthy and nutritional food.⁴³ As such, as part of the Promoting Healthier Weight through Partnerships Community Project, the Okeechobee County Health Equity Taskforce will increase SNAP awareness and participation among communities in need.

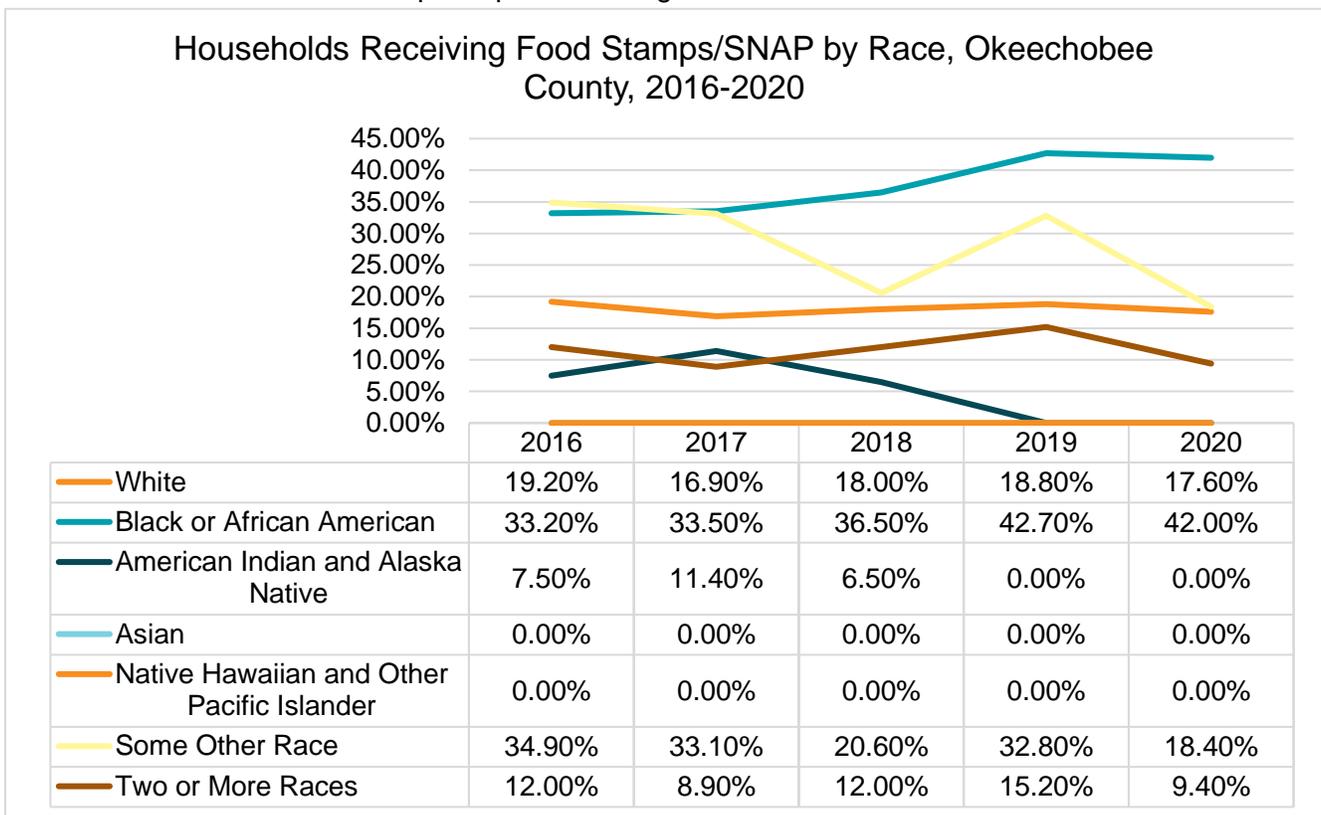


Source: US Census Bureau, American Community Survey, 2020

⁴² Shahidi, Faraz V., et al. "The impact of social assistance programs on population health: a systematic review of research in high-income countries." *BMC Public Health* 19.1 (2019): 1-11.

⁴³ Schmeiser, M.D. (2011). The impact of long-term participation in the supplemental nutrition assistance program on child obesity. *Health Economics*. 21(4): 386-404.

The figure below shows households receiving cash public assistance income, food stamps, or SNAP benefits by **race** in Okeechobee County and Florida from 2016 to 2020. Black or African American households reported much higher percentages as compared to other racial categories in 2018, 2019, and 2020. The percentage among Black or African American households has increased by nearly 10% over that time period, whereas White households reported a slight decrease. In 2020, the percentage among Black or African American households (42.0%) was more than double the percentage among White households (17.6%). As mentioned, participation in SNAP has been found to significantly reduce obesity, as it increases access to nutritional foods.⁴⁴ As such, as part of the Promoting Healthier Weight through Partnerships Community Project, the Okeechobee County Health Equity Taskforce will increase SNAP awareness and participation among communities in need.

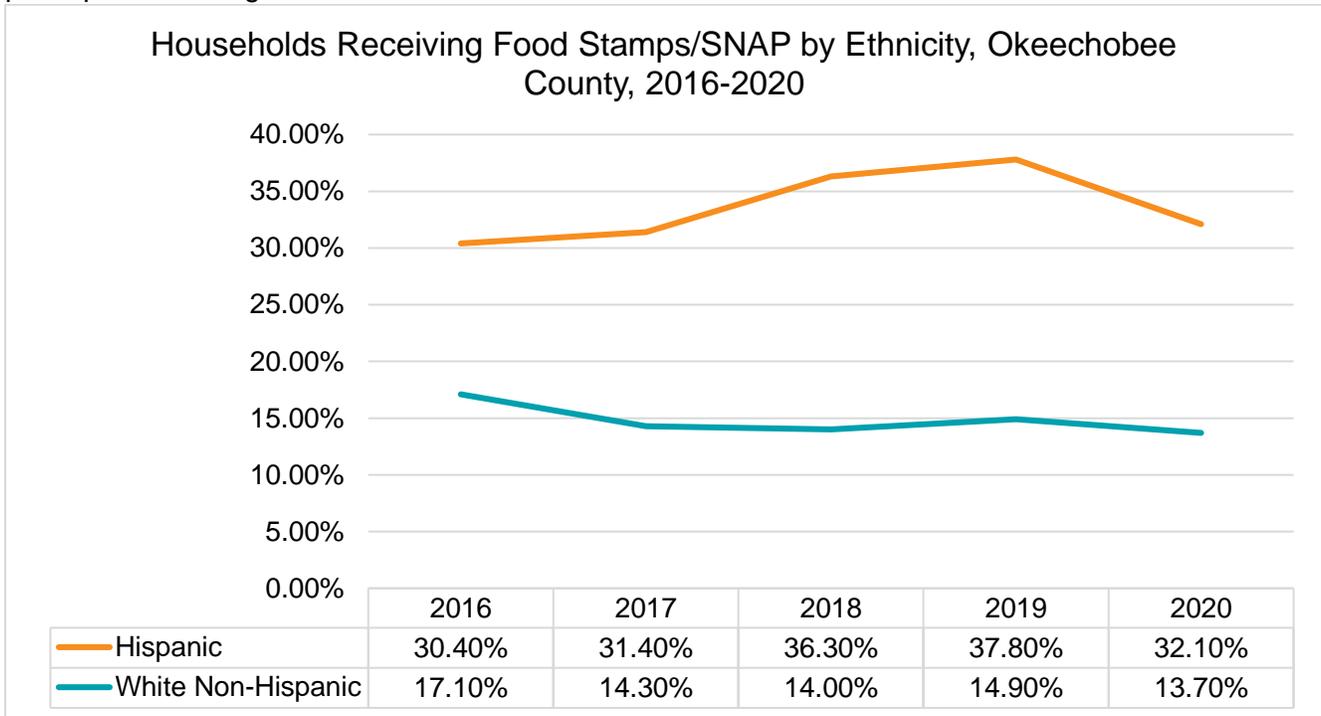


Source: US Census Bureau, American Community Survey, 2020

The figure below shows households receiving cash public assistance income, food stamps, or SNAP benefits by **ethnicity** in Okeechobee County and Florida from 2016 to 2020. For all years, Hispanic

⁴⁴ Schmeiser, M.D. (2011). The impact of long-term participation in the supplemental nutrition assistance program on child obesity. *Health Economics*. 21(4): 386-404.

households reported much higher percentages of receiving food stamps or SNAP as compared to White Non-Hispanic households. In 2020, the percentage for Hispanic households (32.1%) was over double the percentage reported among White non-Hispanic households (13.7%). As mentioned, participation in SNAP has been found to significantly reduce obesity, as it increases access to nutritional foods.⁴⁵ As such, as part of the Promoting Healthier Weight through Partnerships Community Project, the Okeechobee County Health Equity Taskforce will increase SNAP awareness and participation among communities in need.

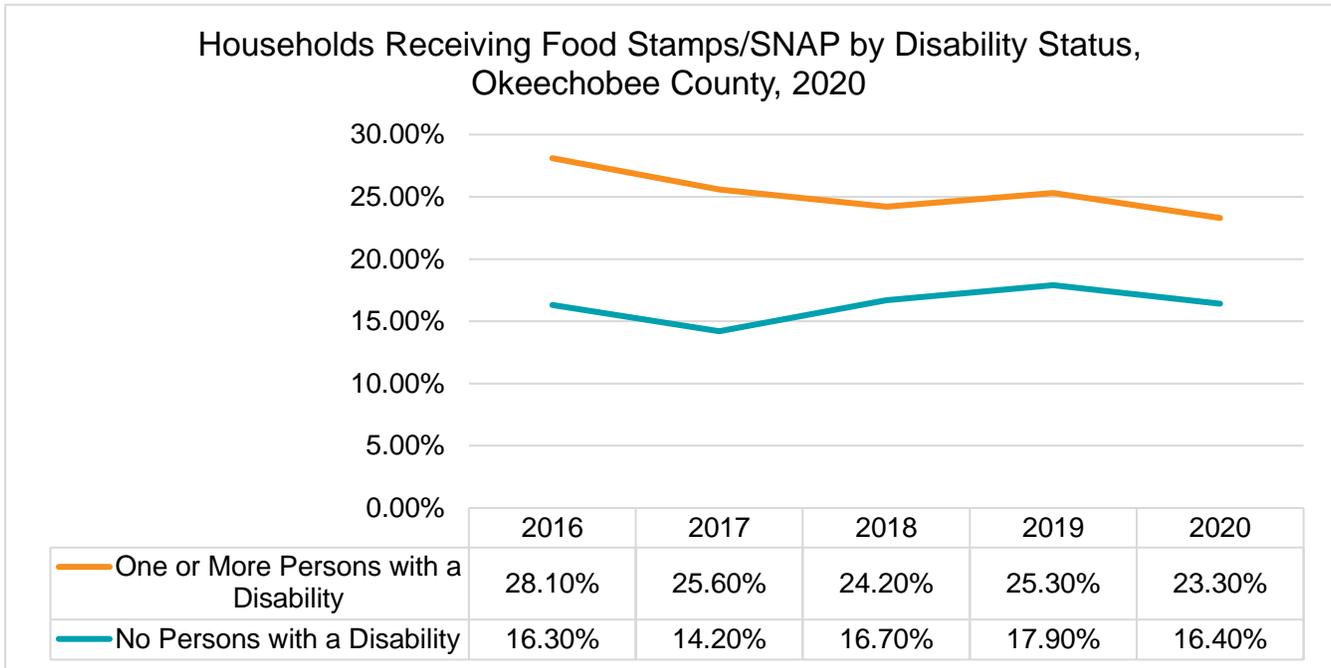


Source: US Census Bureau, American Community Survey, 2020

The figure below shows households receiving cash public assistance income, food stamps, or SNAP benefits by **disability status** in Okeechobee County and Florida from 2016 to 2020. Across all years, households with one or more persons with a disability reported higher percentages of receiving food

⁴⁵ Schmeiser, M.D. (2011). The impact of long-term participation in the supplemental nutrition assistance program on child obesity. *Health Economics*. 21(4): 386-404.

stamps or SNAP as compared to households where no persons reported a disability. In 2020, the percentage was 23.3% among households with one or more persons with a disability as compared to 16.4% among households where no persons reported a disability. As mentioned, participation in SNAP has been found to significantly reduce obesity, as it increases access to nutritional foods.⁴⁶ As such, as part of the Promoting Healthier Weight through Partnerships Community Project, the Okeechobee County Health Equity Taskforce will increase SNAP awareness and participation among communities in need.

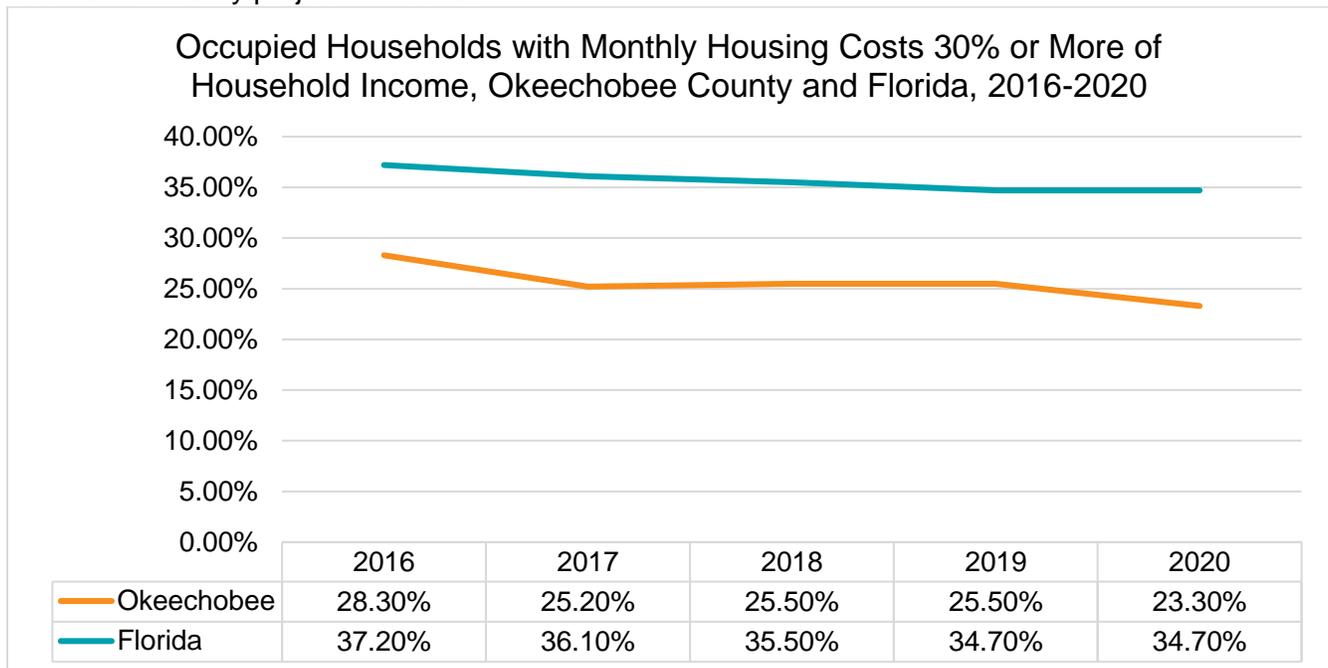


Source: US Census Bureau, American Community Survey, 2020

⁴⁶ Schmeiser, M.D. (2011). The impact of long-term participation in the supplemental nutrition assistance program on child obesity. *Health Economics*. 21(4): 386-404.

High Monthly Housing Costs

The figure below shows occupied households with high monthly housing cost burdens in Okeechobee County. High housing costs diminish the economic well-being of families in ways that complicate the ability to provide necessities such as healthy food, clean water, and access to transportation, and increases the likelihood of eviction for families.⁴⁷ Between 2016 and 2020, Okeechobee County consistently reported lower percentages of occupied households with monthly household costs exceeding 30% of household income as compared to the state of Florida. While both the state and Okeechobee reported overall decreases across that time period, in 2020, Okeechobee County reported a percentage of 23.3% as compared to 34.7% for the state of Florida. Those with low financial stress and savings are less likely to be obese than those with high financial burden and debt.⁴⁸ The Okeechobee County Health Equity Taskforce has engaged in several conversations discussing the importance of increasing affordable housing access to reduce financial stress and will consider future related community projects to do so.



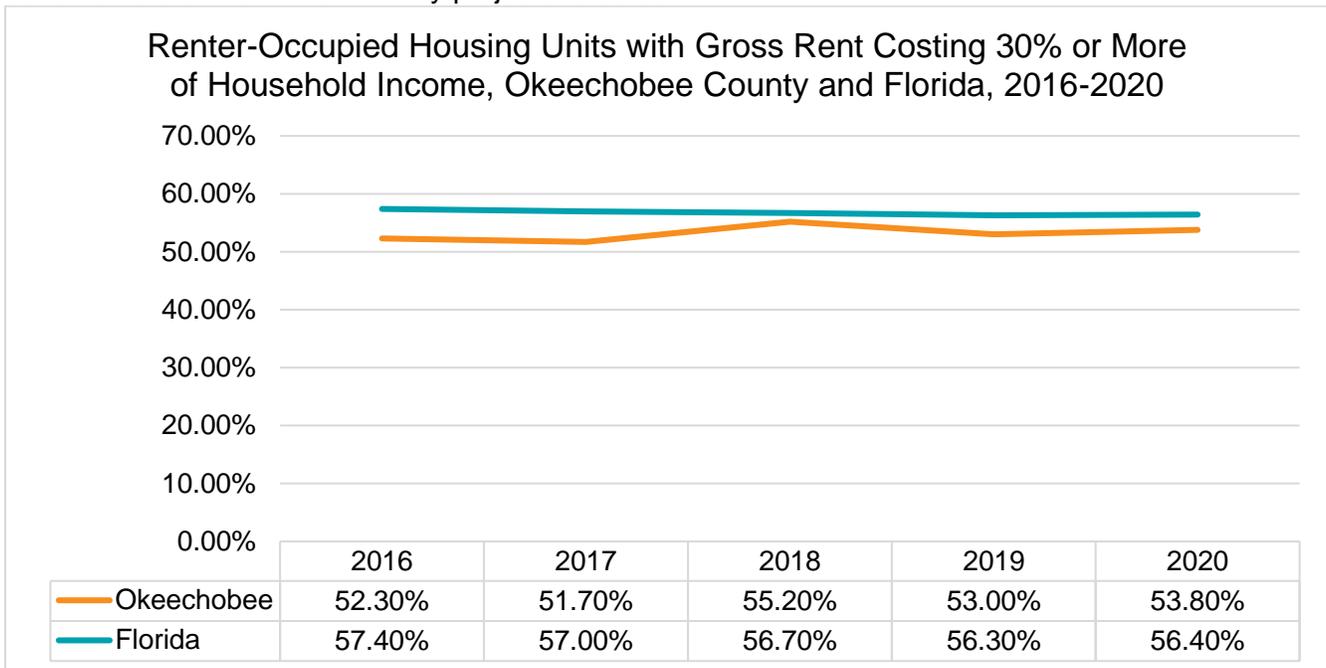
Source: US Census Bureau, American Community Survey, 2020

⁴⁷ U.S. Bureau of Labor Statistics. The effects of rent burden on low-income families.

<https://www.bls.gov/opub/mlr/2018/beyond-bls/the-effects-of-the-rent-burden-on-low-income-families.htm>

⁴⁸ Guariglia, A. Monahan, M. et al (2021). Financial Health and obesity. *Social Science & Medicine*. 276: 113665.

The figure below shows renter-occupied households with gross rent costing 30% or more of household income in Okeechobee County. As compared to the state of Florida, Okeechobee reported slightly lower percentages but also demonstrated a small overall increase between 2016 and 2020. The state of Florida, however, reported a small overall decrease over that same time period. In 2020, the percentage in Okeechobee County was 53.8% as compared to 56.4% in the state as a whole. Those with low financial stress and savings are less likely to be obese than those with high financial burden and debt.⁴⁹ The Okeechobee County Health Equity Taskforce has engaged in several conversations discussing the importance of increasing affordable housing access to reduce financial stress and will consider future related community projects to do so.



Source: US Census Bureau, American Community Survey, 2020

⁴⁹ Guariglia, A. Monahan, M. et al (2021). Financial Health and obesity. *Social Science & Medicine*. 276: 113665.

- **The impact of economic stability on obesity**

Economic Stability		
SDOH	Priority Populations Impacted	How the SDOH Impacts Obesity
Employment	Hispanic residents; Black or African American residents; and Asian residents	Evidence shows that there is a strong correlation between unemployment and obesity. Additionally, high-demand, low-control work environments where individuals work long hours increase the risk for obesity. Moreover, obesity increases the risk for absenteeism and, ultimately, the loss of employment and income, which is strongly associated with poor health outcomes.
Income	Hispanic residents; Black or African American residents; elders 65 years and over	Income impacts racial/ethnic groups and men and women differently, with it having a negative correlation with obesity for some groups, and a positive correlation for others. ⁵⁰ There is significant correlation between higher poverty-to-income ratios and obesity among non-Hispanic White men and non-Hispanic Black men.
Poverty	Hispanic residents; Black or African American residents; American Indian and Alaska Native residents; residents under 5 years old; non-veterans; foreign-born residents	Higher poverty rates are correlated with higher obesity rates, due to the easy access to and affordability of highly processed foods with high calories and no nutritional value and lack of ability to afford healthy foods and housing in highly walkable neighborhoods with access to parks and greens space.
Expenses/Debt	Low-income communities; Hispanic residents; Black or African American residents	High housing costs diminish the economic well-being of families in ways that complicate the ability to provide basic necessities such as healthy food, clean water, and access to transportation, and increases the likelihood of eviction for families. Those with low financial stress and savings are less likely to be obese than those with high financial burden and debt.
Support and Benefits	Hispanic residents; Black or African American residents;	Communities with a high proportion of households receiving cash public assistance or Food Stamp/SNAP benefits may face significant barriers

⁵⁰ Zare, H., Gilmore, D.R., et al. (2021). How income inequality and race/ethnicity drive obesity in US adults: 1999-2016. *Healthcare (Basel)*. 9(11): 1442.

	residents of some other race; disabled residents	with other social determinants of health, but participation in SNAP has been found to significantly reduce obesity, as it increases access to healthy and nutritional food.
--	--------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

C. Neighborhood and Built Environment



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

One mechanism by which neighborhoods and built environment, or place, impacts our health is through influences on the physical dimensions of health. In particular, where we live can influence our exposure to such factors as noise pollution, environmental pollution, and crime, which results in chronic stress that mediates health outcomes.⁵¹ Where we reside can also determine the safety and quality of the homes, we live in. For instance, exposure to lead in homes has severe impacts on the cognitive development of children, and housing conditions (including water leaks, poor ventilation, and pest infestation) are also correlated with poor health outcomes.⁵² Severe crowding within homes and even between homes is also associated with physical illness such as communicable diseases and introduces negative psychological stressors which also work to mediate health outcomes. However, environmental and social factors of place such as racism, and a lack of control over surroundings (due to poverty or a lack of home ownership), also act to influence the psychological dimensions of health. To that end, previous research provides support for the association between housing precariousness and poor mental health.⁵³ At the same time, living in a place that is “redlined,” where housing loans are difficult to obtain, where banks are far, and where there are few opportunities for economic mobility also works to influence both the psychological and physical dimensions of health. By making economic mobility difficult, too often community members must struggle to work multiple jobs, take on more precarious employment, and struggle to afford food and housing. Then too, a lack of sidewalks, parks, and access to healthy foods in an environment can also make it difficult to stay healthy and avoid obesity and obesity-related conditions. Neighborhood and built environment are, thus, an important determinant of obesity and overall health. The following data explores neighborhood and built environment in

⁵¹ Steptoe, A., & Feldman, P. J. (2001). Neighborhood problems as sources of chronic stress: development of a measure of neighborhood problems, and associations with socioeconomic status and health. *Annals of Behavioral Medicine*, 23(3), 177-185.

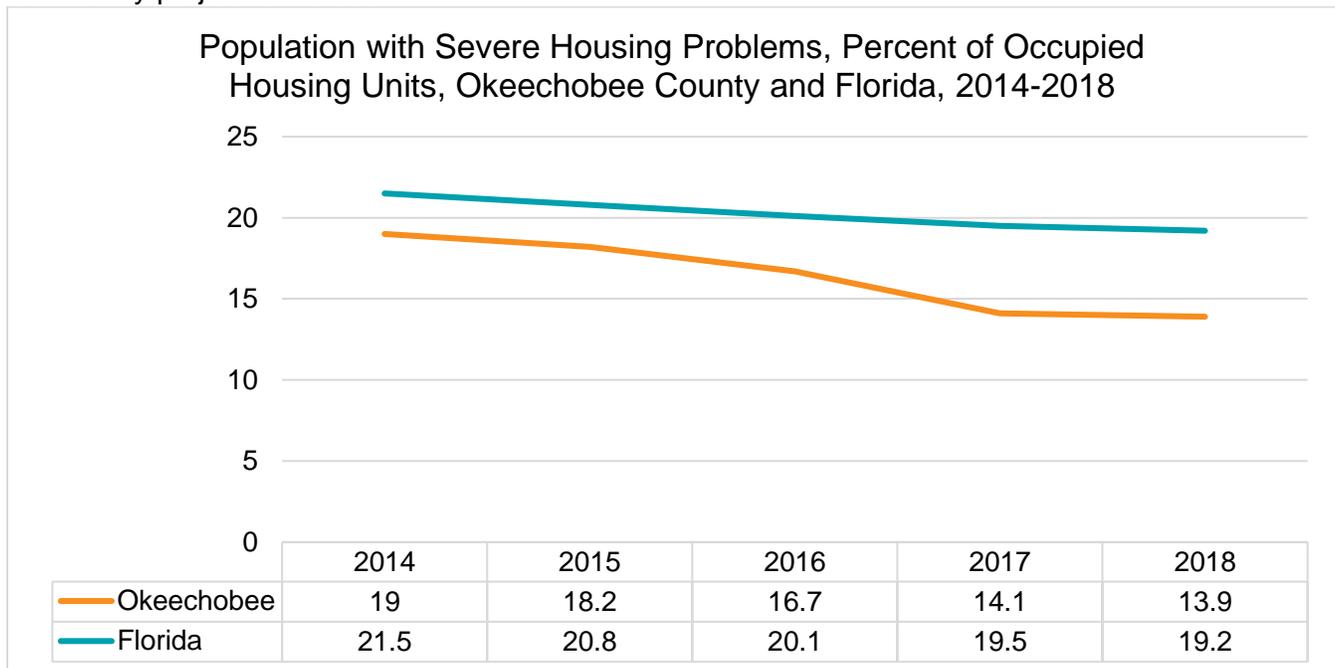
⁵² Taylor, L. (2018). Housing And Health: An Overview Of The Literature, Health Affairs Health Policy Brief. <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/>

⁵³ Bates, L., Wiles, J., Kearns, R., & Coleman, T. (2019). Precariously placed: Home, housing and wellbeing for older renters. *Health & place*, 58, 102152.

Okeechobee County. To note, considerable efforts were made to find all the following information related to neighborhood and built environment among priority populations, including Black or African Americans, American Indian and Alaska Natives, Asians, Native Hawaiians, Hispanic and Latinos, elders, infants and toddlers, people living with disabilities, veterans, and immigrants. Research shows these populations experience health inequities at higher rates. However, data was unavailable for these populations in several instances.

Severe Housing Programs

The figure below shows the percent of occupied housing units with severe housing problems in Okeechobee County. Severe housing problems include households with at least one or more of the following housing issues: severe housing cost burden (over 50% of income); more than 1.5 occupants per room; lack of kitchen facilities; and lack of plumbing facilities. Severe housing problems are associated with worse health outcomes, including morbidity and obesity.⁵⁴ Between 2014 and 2018, the state of Florida consistently reported higher percentages of severe housing problems in occupied housing units as compared to Okeechobee County. During that time period, Okeechobee also reported consistent decreases in this percentage, while the state of Florida reported a subtler decline. In 2020, the percentage was 13.9% in Okeechobee as compared to 19.2% for the state of Florida. The Okeechobee County Health Equity Taskforce has engaged in several conversations discussing the importance of increasing affordable and safe housing access and will consider future related community projects to do so.



Source: US Census Bureau, American Community Survey, 2020

⁵⁴ Taylor, Lauren. "Housing and Health: An Overview of the Literature." Health Affairs Health Policy Brief. Robert Wood Johnson Foundation, June 7, 2018. <https://doi.org/10.1377/hpb20180313.396577>.

The table below shows occupied housing characteristics that are considered severe housing problems by **census tract** in Okeechobee County in 2020. The county had a higher proportion of residents who lacked complete plumbing facilities and kitchen facilities, but a lower proportion of residents with no fuel used to heat, compared to the State. Within the county, 9103 was the only census tract with households that lacked complete plumbing facilities (8.9%), and it was also the census tract with the highest proportion of households that lacked kitchen facilities (8.9%). In terms of households with no fuel, census tract 9104.02 accounted for the highest proportion (5%). As mentioned, these severe housing problems are associated with worse health outcomes, including morbidity and obesity.⁵⁵ As such, the Okeechobee County Health Equity Taskforce has engaged in several conversations discussing the importance of increasing affordable and safe housing access and will consider future related community projects to do so.

	Lacking complete plumbing facilities (%)	Lacking kitchen facilities (%)	With no fuel used to heat (%)
State	0.3	0.7	2
County	0.5	1.2	1.4
9101.01	0.0	0.0	1.0
9101.02	0.0	1.6	1.0
9102.01	0.0	0.0	0.0
9102.02	0.0	0.0	1.2
9103	8.9	8.9	0.6
9104.01	0.0	1.4	1.9
9104.02	0.0	0.0	5.0
9104.03	0.0	3.0	0.4
9105	0.0	0.5	2.0
9106.01	0.0	0.0	1.9
9106.02	0.0	0.0	1.1
9900	-	-	-

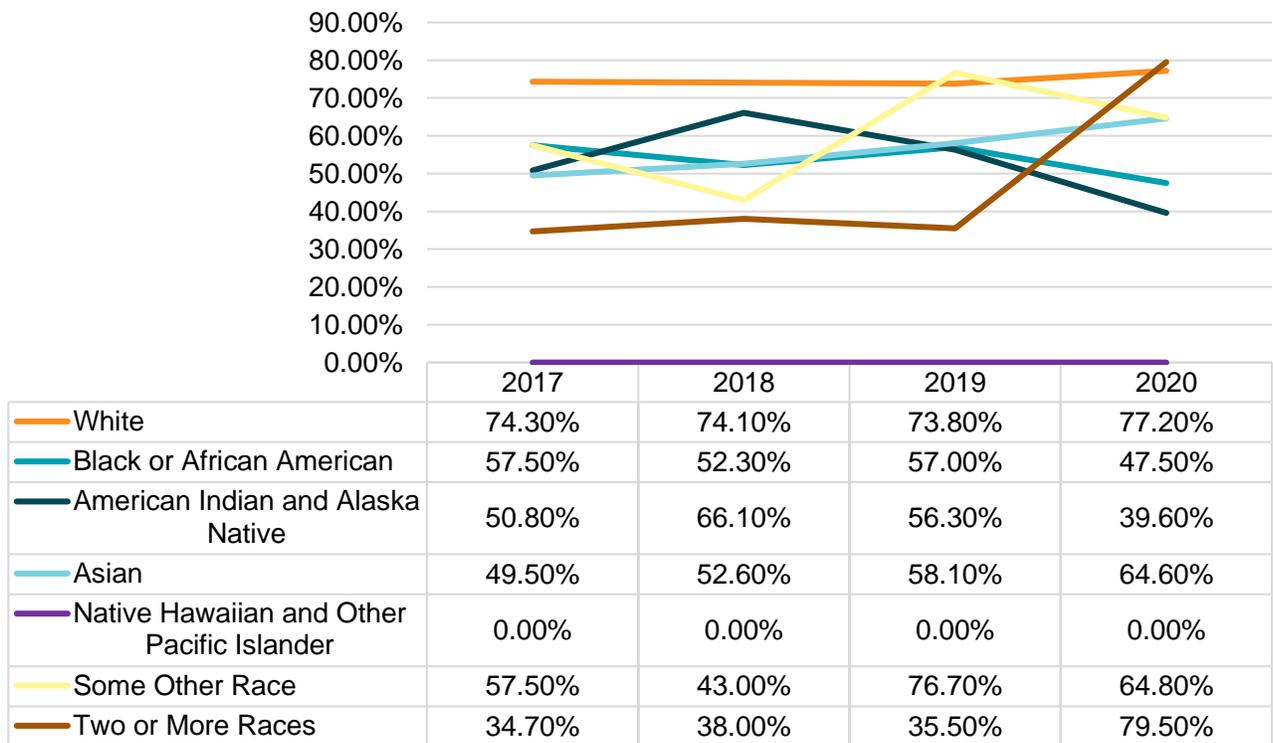
Source: US Census Bureau, American Community Survey, 2020

⁵⁵ Taylor, Lauren. "Housing and Health: An Overview of the Literature." Health Affairs Health Policy Brief. Robert Wood Johnson Foundation, June 7, 2018. <https://doi.org/10.1377/hpb20180313.396577>.

Housing

The figure below shows the percent of owner-occupied housing units by **race** in Okeechobee County. Between 2017 and 2020, a higher proportion of White households were owner-occupied for three of the four years for which data is available. American Indian and Alaska Native households and Black or African American households reported significantly lower percentages of owner-occupied housing. While White households reported a small overall increase during that time period, Black or African American households reported an overall decline of 10%. In 2020, White residents reported a percentage of 77.2% as compared to a percentage of 47.5% for Black residents. A recently conducted systemic review found that home ownership is found to be associated with lower risk of child overweight status and obesity.⁵⁶ And childhood obesity is associated with obesity throughout the lifespan. As such, the Okeechobee County Health Equity Taskforce has started discussions on integrating future community projects to address housing-related disparities.

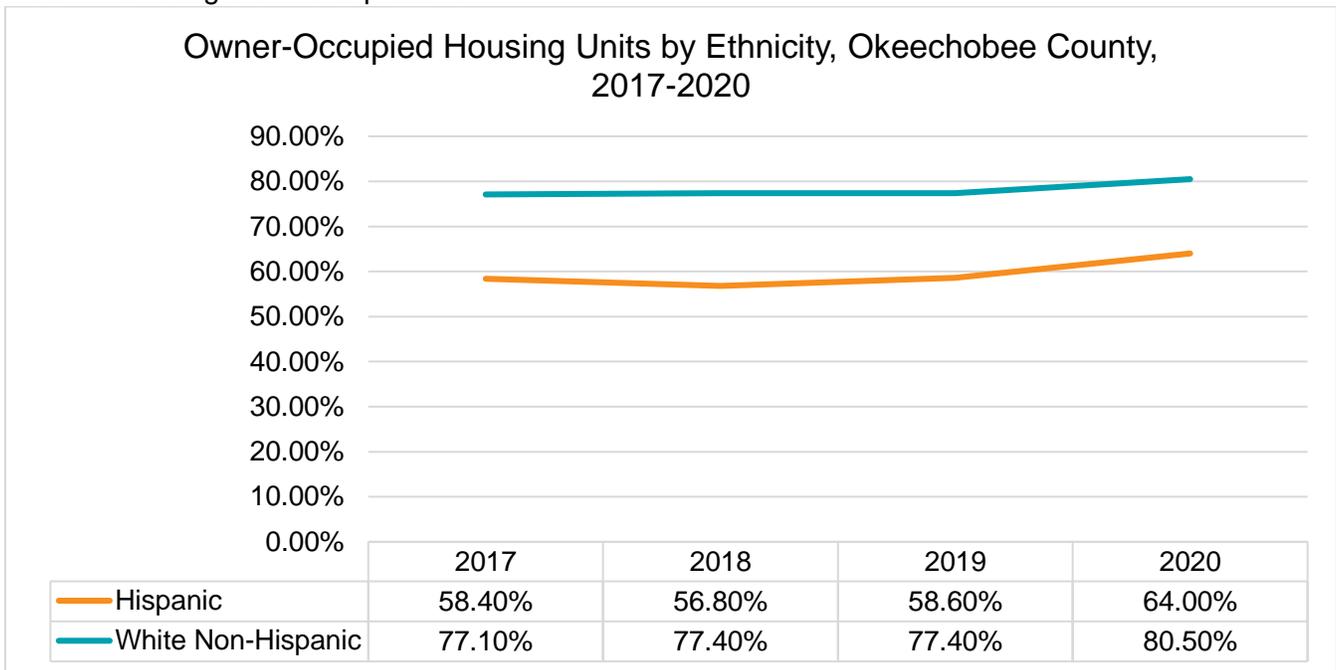
Owner-Occupied Housing Units by Race, Okeechobee County, 2017-2020



Source: US Census Bureau, American Community Survey, 2020

⁵⁶ Kim, Y., Cubbin, C. Oh, S. (2019). A systematic review of neighborhood economic context on child obesity and obesity-related behaviors. *Obesity Reviews*. 20(3): 420-431.

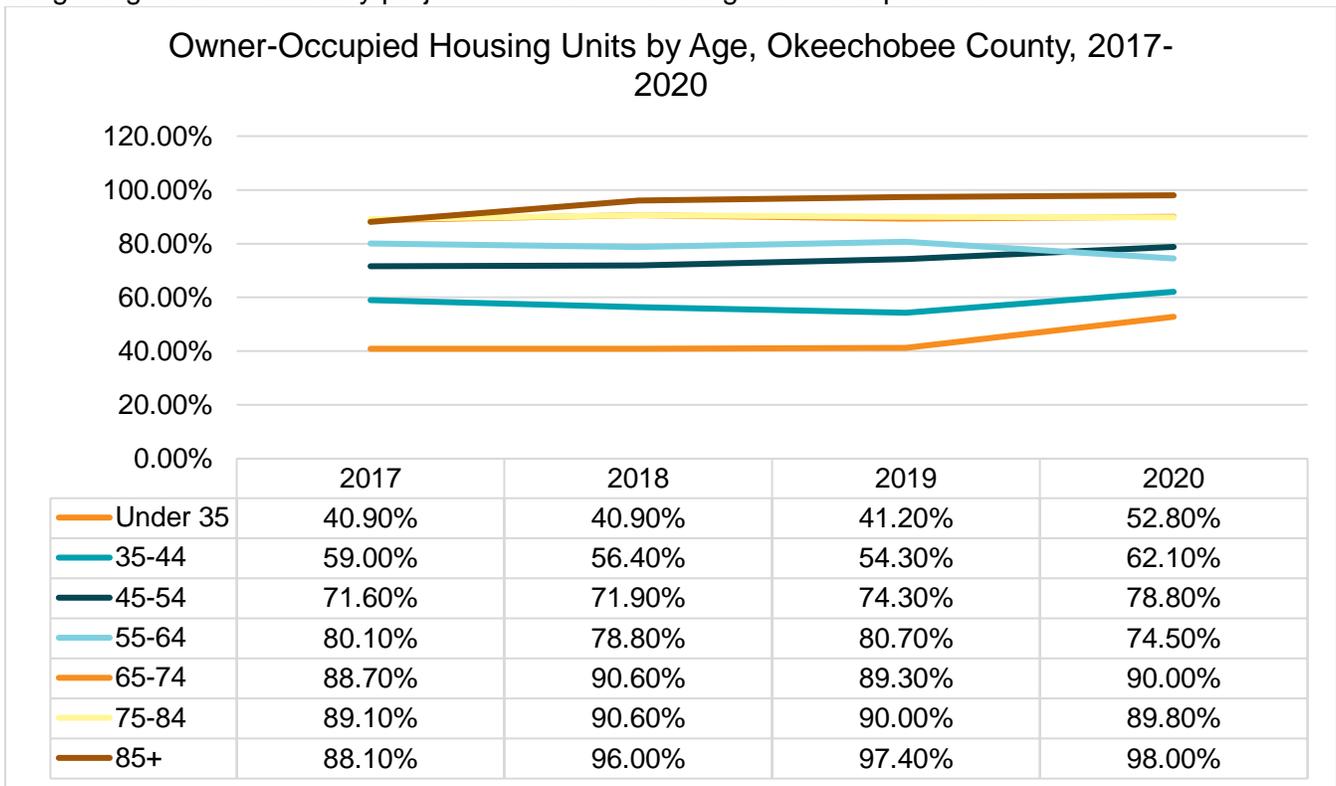
The figure below shows the percent of owner-occupied housing units by **ethnicity** in Okeechobee County. Between 2017 and 2020, a higher proportion of White non-Hispanic households were reported to be owner-occupied for all years for which data is available. Hispanic households reported significantly lower percentages of owner-occupied housing. During that time frame, White non-Hispanic residents saw a recent percentage increase in 2020 and the percentage among Hispanic residents fluctuated but also increased in 2020. In 2020, the percentage of owner-occupied housing units was 64% for Hispanic residents and 80.5% for White non-Hispanic residents. As mentioned, a systemic review found that home ownership is found to be associated with lower risk of child overweight status and obesity,⁵⁷ which is associated with obesity throughout the lifespan. As such, the Okeechobee County Health Equity Taskforce has started discussions on integrating future community projects to address housing-related disparities.



Source: US Census Bureau, American Community Survey, 2020

⁵⁷ Kim, Y., Cubbin, C. Oh, S. (2019). A systematic review of neighborhood economic context on child obesity and obesity-related behaviors. *Obesity Reviews*. 20(3): 420-431.

The figure below shows the percent of owner-occupied housing units by **age** in Okeechobee County. Between 2017 and 2020, higher proportions of owner-occupied housing units were reported among older demographics. The highest percentages were consistently reported by those aged 75 to 84 years and those 85 years and older. The lowest percentages were consistently reported among those aged under 35 years and those aged 35 to 44 years. The largest overall increases in owner-occupied housing units were reported among those under 35 years, those 85 years and older, and those 45 to 54 years old. As mentioned, a systemic review found that home ownership is found to be associated with lower risk of child overweight status and obesity, which is associated with obesity throughout the lifespan.⁵⁸ As such, the Okeechobee County Health Equity Taskforce has started discussions on integrating future community projects to address housing-related disparities.



Source: US Census Bureau, American Community Survey, 2020

⁵⁸ Kim, Y., Cubbin, C. Oh, S. (2019). A systematic review of neighborhood economic context on child obesity and obesity-related behaviors. *Obesity Reviews*. 20(3): 420-431.

The table below shows owner- and renter-occupied housing units by **census tract** in Okeechobee County in 2020. The county had a higher proportion of owner-occupied housing units than the State (74.8% and 66.2%, respectively). Within the county, the census tracts with the highest proportion of owner-occupied units and lowest proportion of renter-occupied housing units were 9106.02 (87.1%) and 9104.02 (87%). However, the census tract with the lowest proportion of owner-occupied housing units was 9103 (41.8%). As mentioned, a systemic review found that home ownership is found to be associated with lower risk of child overweight status and obesity, which is associated with obesity throughout the lifespan.⁵⁹ As such, the Okeechobee County Health Equity Taskforce has started discussions on integrating future community projects to address housing-related disparities.

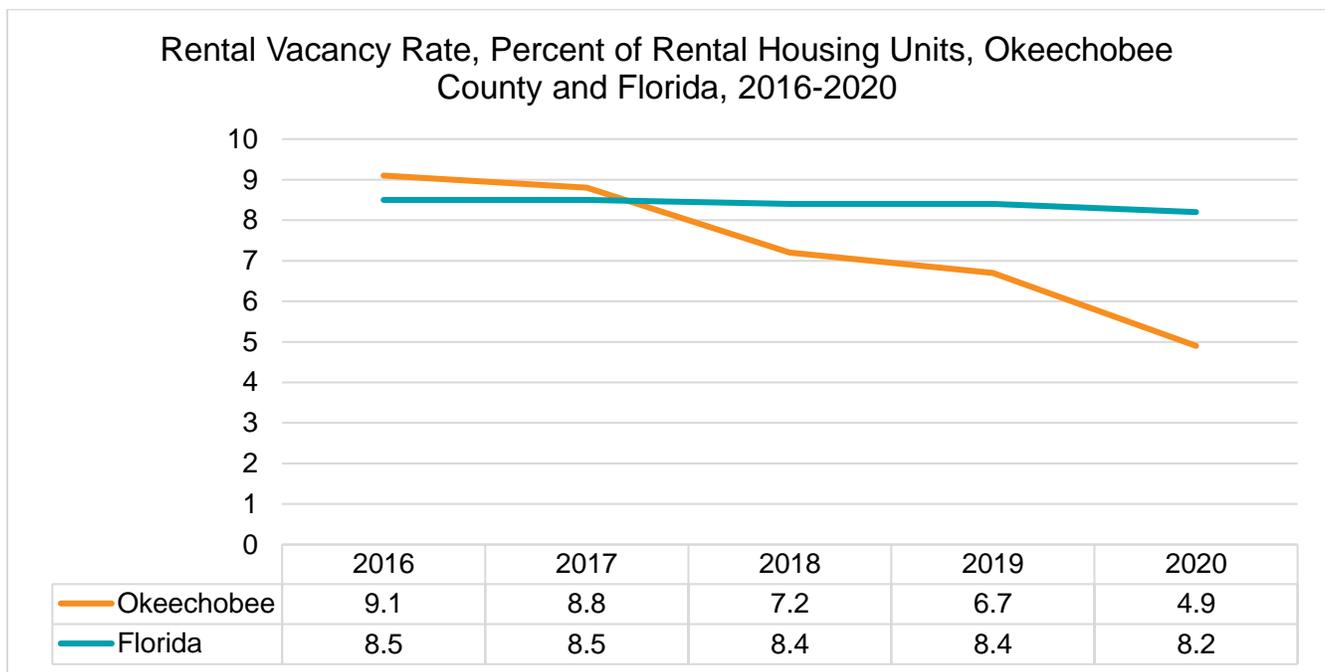
Location	Owner-occupied (%)	Renter-occupied (%)
State	66.2	33.8
County	74.8	25.2
9101.01	77.5	22.5
9101.02	82.3	17.7
9102.01	63.1	36.9
9102.02	63.5	36.5
9103	41.8	58.2
9104.01	87.0	13.0
9104.02	77.7	22.3
9104.03	67.4	32.6
9105	78.1	21.9
9106.01	83.7	16.3
9106.02	87.1	12.9
9900	-	-

Source: US Census Bureau, American Community Survey, 2020

⁵⁹ Kim, Y., Cubbin, C. Oh, S. (2019). A systematic review of neighborhood economic context on child obesity and obesity-related behaviors. *Obesity Reviews*. 20(3): 420-431.

Rental Vacancy Rate

The figure below shows the rental vacancy rate in Okeechobee County. High rental vacancy rates might indicate that people do not want to live in a certain area.⁶⁰ Rental vacancy rates, thus, act as one measure of economic conditions and quality of life. In 2016 and 2017, Okeechobee County reported higher rental vacancy rates, but between 2018 and 2020, the state of Florida reported higher rates. The rental vacancy rate has consistently decreased each year for Okeechobee County between 2016 and 2020, whereas the rate has declined only minimally in the state of Florida. In 2020, the rate was rental vacancy rate was 4.9% for Okeechobee County and 8.2% for the state of Florida.

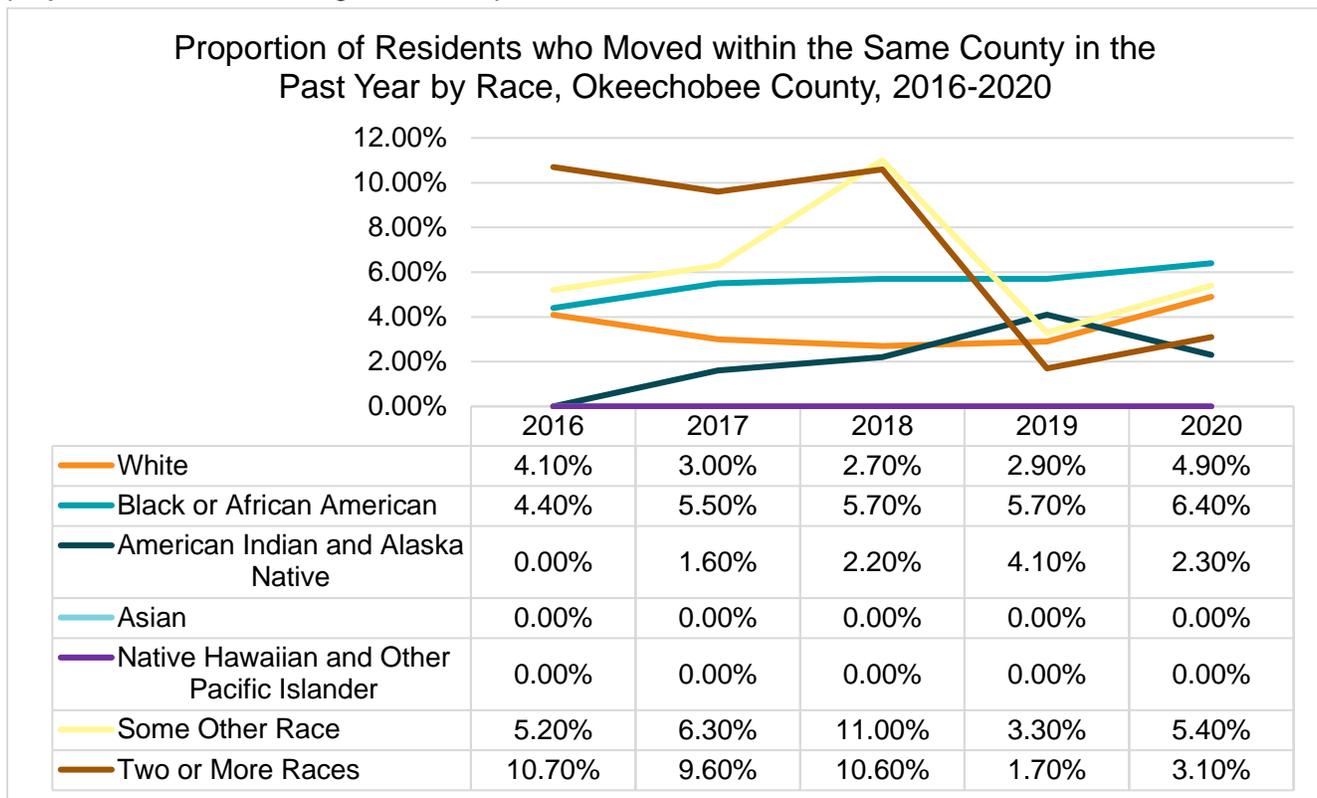


Source: US Census Bureau, American Community Survey, 2020

⁶⁰ Newman, Galen et al. "Evaluating drivers of housing vacancy: a longitudinal analysis of large U.S. cities from 1960 to 2010." *Journal of housing and the built environment: HBE* vol. 34,3 (2019): 807-827. doi:10.1007/s10901-019-09684-w

Individuals 1 year and over that lived in a different house within the same county 1 year earlier

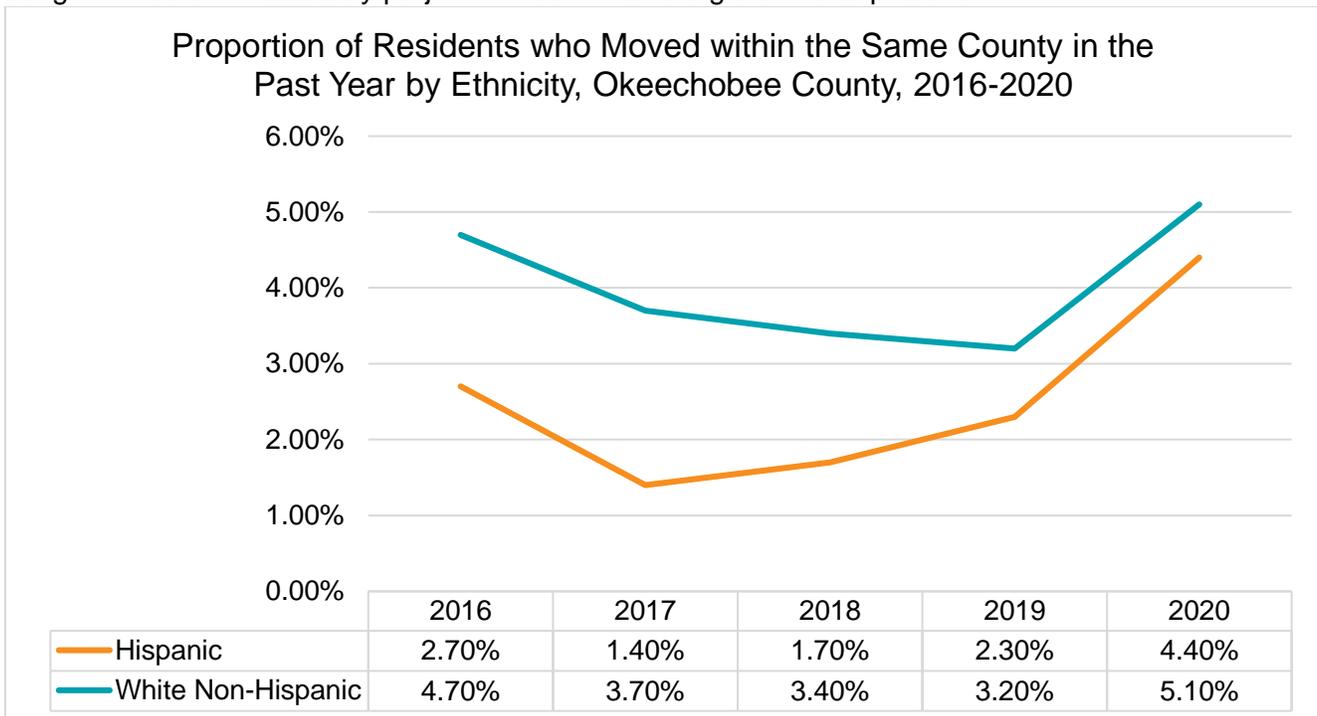
The figure below shows the proportion of residents who moved within the same county in the past year by race in Okeechobee County. Between 2016 and 2020, Black or African American residents consistently reported higher percentages as compared to White residents. Additionally, whereas White residents fluctuated, the percentage among Black or African American increased during that time period. The largest decrease was reported among residents of two or more races with a decline of nearly 9% between 2018 and 2019. A similar decline was reported between 2018 and 2019 among residents of some other race. In 2020, Black or African American residents reported the highest percentage (6.4%) out of all racial categories. Residents who experience unstable housing and move frequently may also experience poor health outcomes and food insecurity in childhood, which contributes to racial and ethnic health disparities, including obesity-related disparities.⁶¹ As such, the Okeechobee County Health Equity Taskforce has started discussions to integrate a future community project to address housing-related disparities.



Source: US Census Bureau, American Community Survey, 2020

⁶¹ Sandel, M, Sheward, R., et al. (2018). Unstable Housing and Caregiver and Child Health in Renter Families. *Pediatrics*. 141 (2): e20172199.

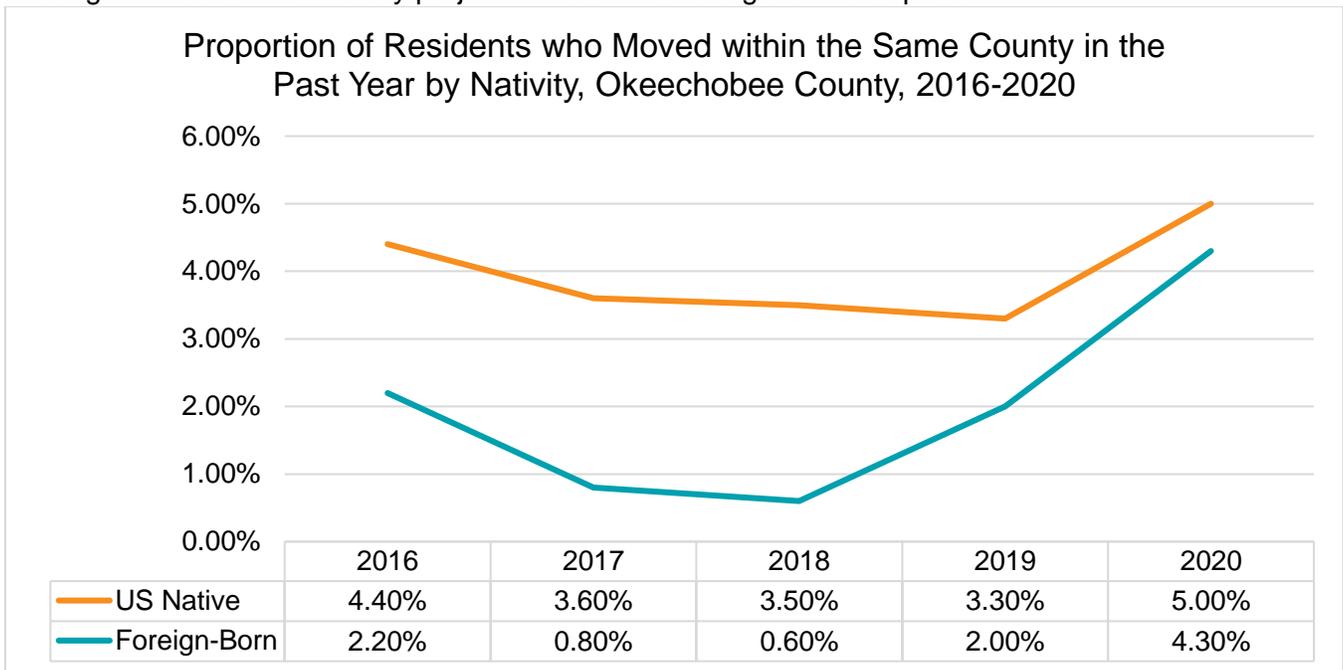
The figure below shows the proportion of residents who moved within the same county in the past year by **ethnicity** in Okeechobee County. Between 2016 and 2020, a higher proportion of White non-Hispanic residents reported moving within the same county compared to their Hispanic counterparts. Both Hispanic and White non-Hispanic residents saw decreases in this percentage between 2016 and 2019, followed by an increase in 2020. In 2020, Hispanic residents reported a percentage of 4.4% as compared to 5.1% among White non-Hispanic residents. As mentioned, residents who experience unstable housing and move frequently may also experience poor health outcomes and food insecurity in childhood, which contributes to racial and ethnic health disparities, including obesity-related disparities.⁶² As such, the Okeechobee County Health Equity Taskforce has started discussions to integrate a future community project to address housing-related disparities.



Source: US Census Bureau, American Community Survey, 2020

⁶² Sandel, M, Sheward, R., et al. (2018). Unstable Housing and Caregiver and Child Health in Renter Families. *Pediatrics*. 141 (2): e20172199.

The figure below shows the proportion of residents who moved within the same county in the past year by **nativity** in Okeechobee County. Across all years for which data is available, a higher proportion of US native residents reported moving within the same county in the past year as compared to their foreign-born counterparts. Both US native and foreign-born residents saw decreases in this percentage between 2016 and 2018, and both saw an increase in 2020. In 2020, US native residents reported a percentage of 5.0% as compared to 4.3% among foreign-born residents. As mentioned, residents who experience unstable housing and move frequently may also experience poor health outcomes and food insecurity in childhood, which contributes to racial and ethnic health disparities, including obesity-related disparities.⁶³ As such, the Okeechobee County Health Equity Taskforce has started discussions to integrate a future community project to address housing-related disparities.

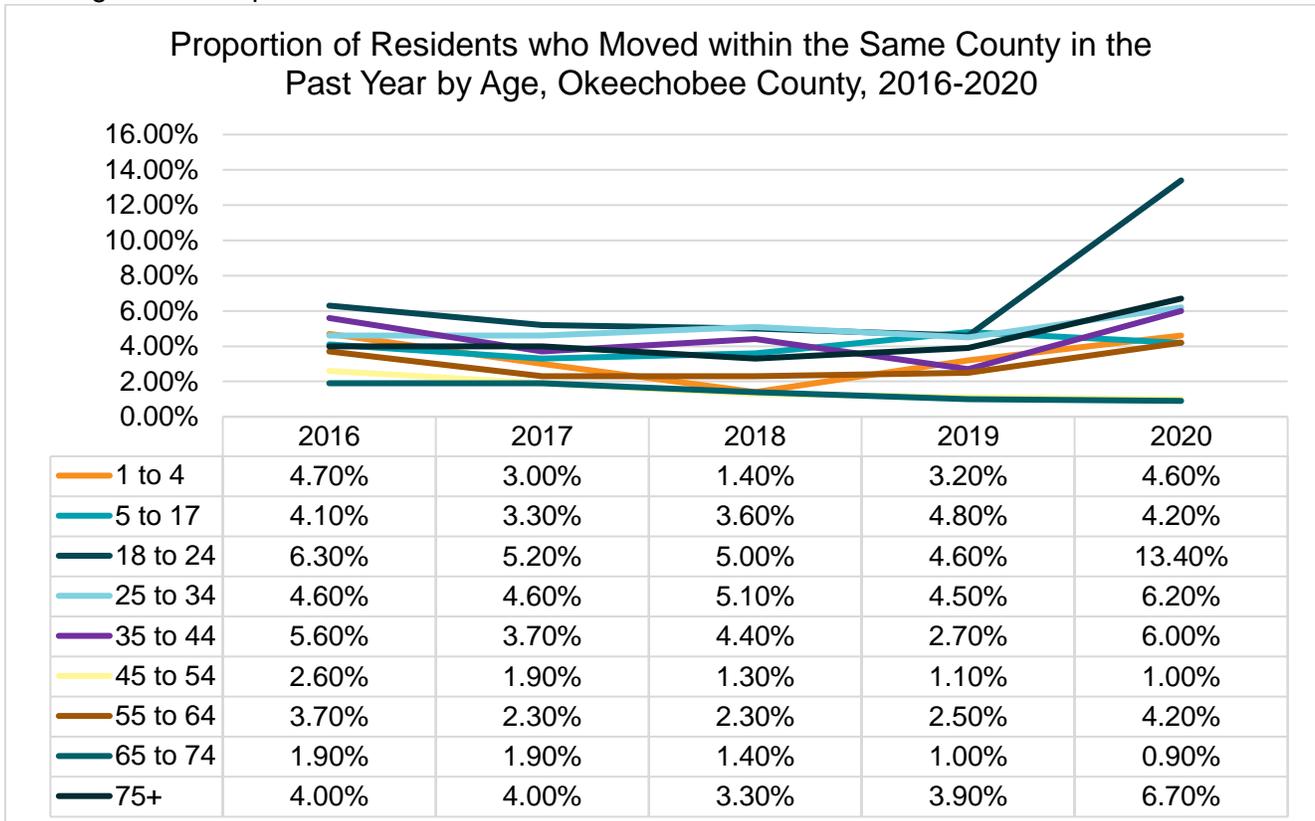


Source: US Census Bureau, American Community Survey, 2020

The figure below shows the proportion of residents who moved within the same county in the past year by **age** in Okeechobee County. Across all years for which data is available, the highest percentages

⁶³ Sandel, M, Sheward, R., et al. (2018). Unstable Housing and Caregiver and Child Health in Renter Families. *Pediatrics*. 141 (2): e20172199.

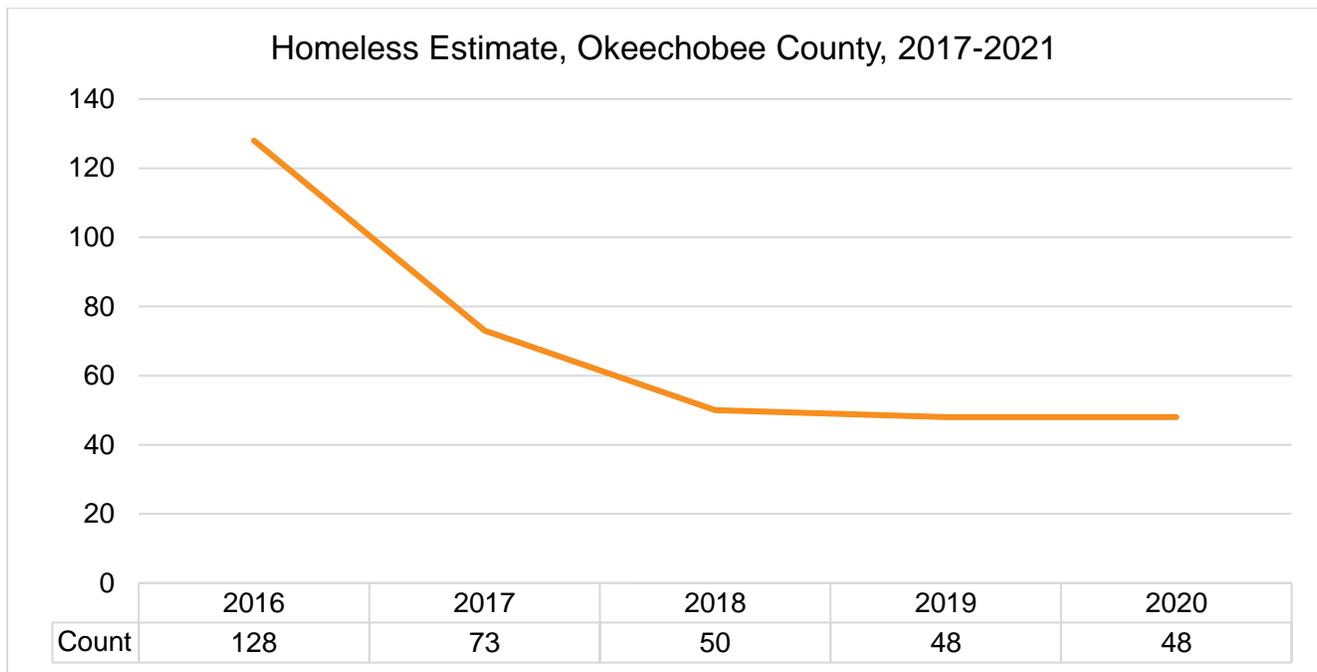
were generally reported among those aged 18 to 24, 25 to 34 and 35 to 44 years. The lowest percentages were generally reported among those aged 45 to 54, 55 to 64, and 65 to 74 years. The highest increase was reported among those aged 18 to 24 years between 2019 and 2020. In 2020, the highest percentages were reported among those aged 18 to 24 years. This is likely due to the transitional stage that comes during early adulthood. However, as mentioned, the Okeechobee County Health Equity Taskforce has started discussions to integrate a future community project to address housing-related disparities.



Source: US Census Bureau, American Community Survey, 2020

Homelessness

The figure below shows the homeless estimate in Okeechobee County. Okeechobee County has reported notable decreases between 2016 and 2018 and remained stable between 2019 and 2020. In 2020, there were 48 estimated homeless residents. Research has demonstrated that a higher proportion of homeless individuals are overweight.⁶⁴ The Okeechobee County Health Equity Taskforce will consider ways to address homelessness through future housing-related community projects.



Source: Florida Department of Children and Families, Office of Homelessness, Council on Homelessness Annual Report, Point-in-Time Count of Homeless People

⁶⁴ Koh, K.A., Hoy, J.S., et al. (2012) The Hunger–Obesity Paradox: Obesity in the Homeless. *Journal of Urban Health*. 89: 953-964.

Built Environment and Geography

The table below lists measures of built environment in Okeechobee County. The built environment impacts diet choices, opportunities to be active and exercise, and mediates exposure to environmental pollutants.⁶⁵

In 2019, only 7.1% of residents in Okeechobee County lived within ½ mile of a healthy food source and 7.4% lived within ½ mile of a fast-food restaurant. Access to affordable nutritious foods is associated with reduced obesity, while the opposite is the case in areas where there is increased access to fast food restaurants.⁶⁶ As such, the Okeechobee Health Equity Taskforce is implementing a Promoting Healthier Weight through Partnership Community Project to increase access to healthier and affordable food to communities in need.

Also, in 2019, less than 10% of Okeechobee residents lived within a 10-minute walk of a park. Children and families with convenient access to parks and recreational resources are less likely to be overweight or obese.⁶⁷ Thus, the Okeechobee County Health Equity Taskforce will consider future community projects aimed at improving access to green spaces.

Moreover, under 12% lived within a ½ mile of an off-street trail system. The Okeechobee County Health Equity Taskforce is also implementing a community project to address transportation-related barriers to accessing medical care, which is associated with obesity prevention, screenings, treatment and management. On a positive note, however, less than 1% of residents lived within 500 feet of a busy roadway, which is an important indicator used to measure exposure to air pollution.

Built Environment and Geography, Okeechobee County, 2019	Figure
Percent of Population Living within ½ Mile of a Healthy Food Source	7.1%
Percent of Population Living within ½ Mile of a Fast Food Restaurant	7.4%
Percent of Population Living within a 10 Minute Walk (1/2 mile) of a Park	9.9%
Percent of Population Living within a 10 Minute Walk (1/2 Mile) of an Off-Street Trail System	11.6%
Percent of Population Living within 500 Feet of a Busy Roadway	0.9%

Source: Florida Department of Health, Florida Environmental Public Health Tracking, 2019

⁶⁵ Frank, Lawrence D., et al. "Pathways from built environment to health: A conceptual framework linking behavior and exposure-based impacts." *Journal of Transport & Health* 12 (2019): 319-335.

⁶⁶ Hilmers, A., Hilmers, D.C. & Dave, J. (2012). Neighborhood disparities in access to healthy foods and their effect on environmental justice. *American Journal of Public Health*. 102: 1644-1654.

⁶⁷ Wolch, J., Jerrett, M., et al. (2011). Childhood obesity and proximity to urban parks and recreational resources: A longitudinal cohort study. *Health & Place*. 17(1): 207-214.

The figure below shows measures of built environment in Okeechobee County by **census tract**. Access to affordable nutritious foods is associated with reduced obesity, while the opposite is the case in areas where there is increased access to fast food restaurants.⁶⁸ The census tract with the highest proportion of residents within ½ mile of a healthy food source was 9105.00 (25.4%), followed by 9106.01 (23.6%) and 9103.00 (10.5%); on the contrary, the census tracts with the lowest proportion of residents were 9101.02, 9102.01, 9104.01, 9104.03, and 9106.02, each with 0%. Similarly, the census tracts with the highest proportion of the population within ½ mile of a fast-food restaurant were 9105.00 (30.9%), followed by 9106.01 (24.3%) and 9103.00 (13.8%), whereas the census tracts with the lowest proportion were 9101.01, 9101.02, 9104.01, 9104.02, and 9104.03, each with 0%.

Moreover, children and families with convenient access to parks and recreational resources are less likely to be overweight or obese.⁶⁹ The census tracts with the highest proportion of the population within ½ mile of a park were 9103.00 (28.7%), followed by 9104.03 (27.6%) and 9105.00 (23%); inversely, the census tracts with the lowest proportion were 9104.02 (0.1%), 9101.02 (1.1%) and 9101.01 (1.2%). The census tracts with the highest proportion of the population within a ½ mile of an off-street trail system were 9104.03 (37.8%), 9106.02 (31.4%), and 9101.02 (27.3%); however, the census tracts with the lowest proportion were 9102.01, 9102.02, 9103.00, and 9104.02, each with 0%.

As mentioned, the Okeechobee Health Equity Taskforce is: 1) implementing a Promoting Healthier Weight through Partnership Community Project to increase access to healthier and affordable food among communities in need; 2) implementing a community project to address transportation-related barriers to accessing medical care, which is associated with obesity prevention, screenings, treatment and management; and 3) considering future community projects aimed at improving access to green spaces.

Census Tract	Population within ½ Mile of Healthy Food Source	Population within ½ Mile of Fast Food Restaurant	Population within ½ Mile of a Park	Population within ½ Mile of an Off-street Trail System
9101.01	0.5%	0.0%	1.2%	5.7%
9101.02	0.0%	0.0%	1.1%	27.3%
9102.01	0.0%	0.7%	8.1%	0.0%
9102.02	7.4%	4.7%	10.0%	0.0%
9103.00	10.5%	13.8%	28.7%	0.0%
9104.01	0.0%	0.0%	2.0%	12.0%
9104.02	4.2%	0.0%	0.1%	0.0%
9104.03	0.0%	0.0%	27.6%	37.8%
9105.00	25.4%	30.9%	23.0%	21.4%
9106.01	23.6%	24.3%	8.0%	5.0%
9106.02	0.0%	0.5%	4.7%	31.4%
9900.00	-	-	-	-

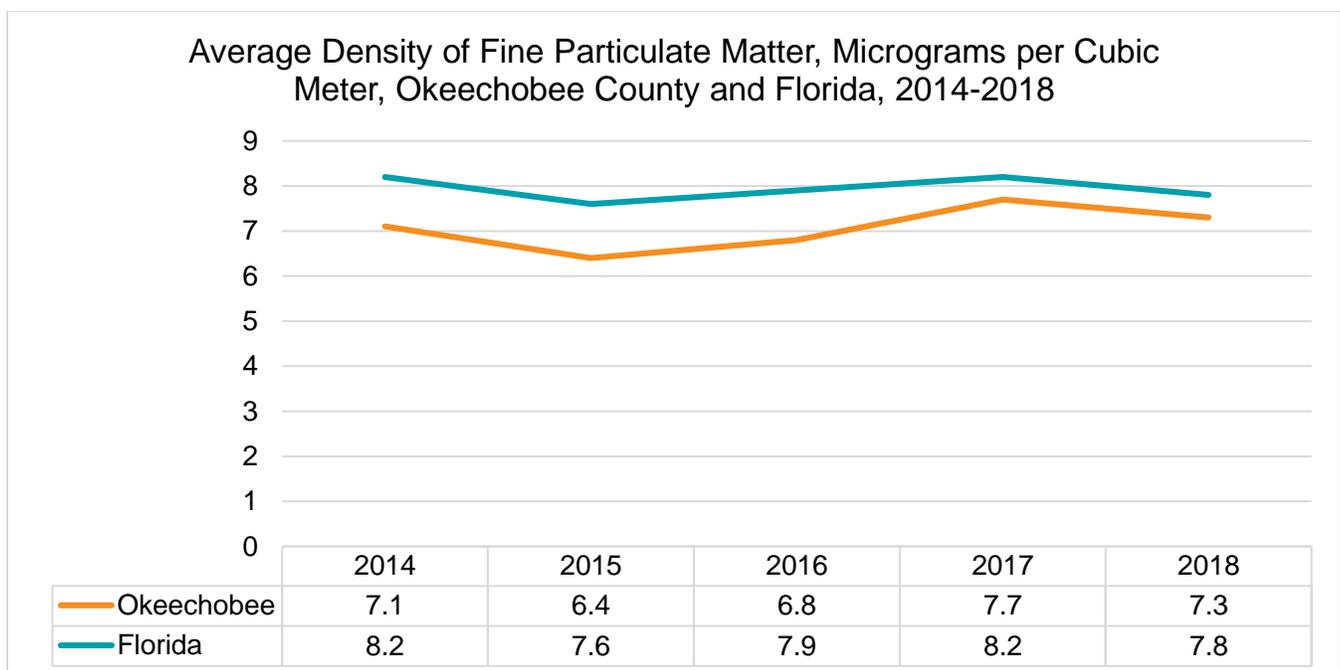
Source: Florida Department of Health, Florida Environmental Public Health Tracking, 2019

⁶⁸ Hilmers, A., Hilmers, D.C. & Dave, J. (2012). Neighborhood disparities in access to healthy foods and their effect on environmental justice. *American Journal of Public Health*. 102: 1644-1654.

⁶⁹ Wolch, J., Jerrett, M., et al. (2011). Childhood obesity and proximity to urban parks and recreational resources: A longitudinal cohort study. *Health & Place*. 17(1): 207-214.

Air Pollution

The figure below shows average density of fine particulate matter in Okeechobee County. Air pollution has negative impacts on human health and human development.⁷⁰ Between 2014 and 2018, the state of Florida consistently reported higher average density of fine particulate matter compared to Okeechobee County. Both Okeechobee County and Florida saw decreases in those levels in 2015, followed by increases in 2016 and 2017, and decreases in 2018. In 2018, Okeechobee reported a level of 7.3 micrograms per cubic meter compared to 7.8 micrograms per cubic meter for the state of Florida. Air pollution often leads to unhealthy weight due to metabolic dysfunction, impact on physical activity, and risk for chronic disease.⁷¹



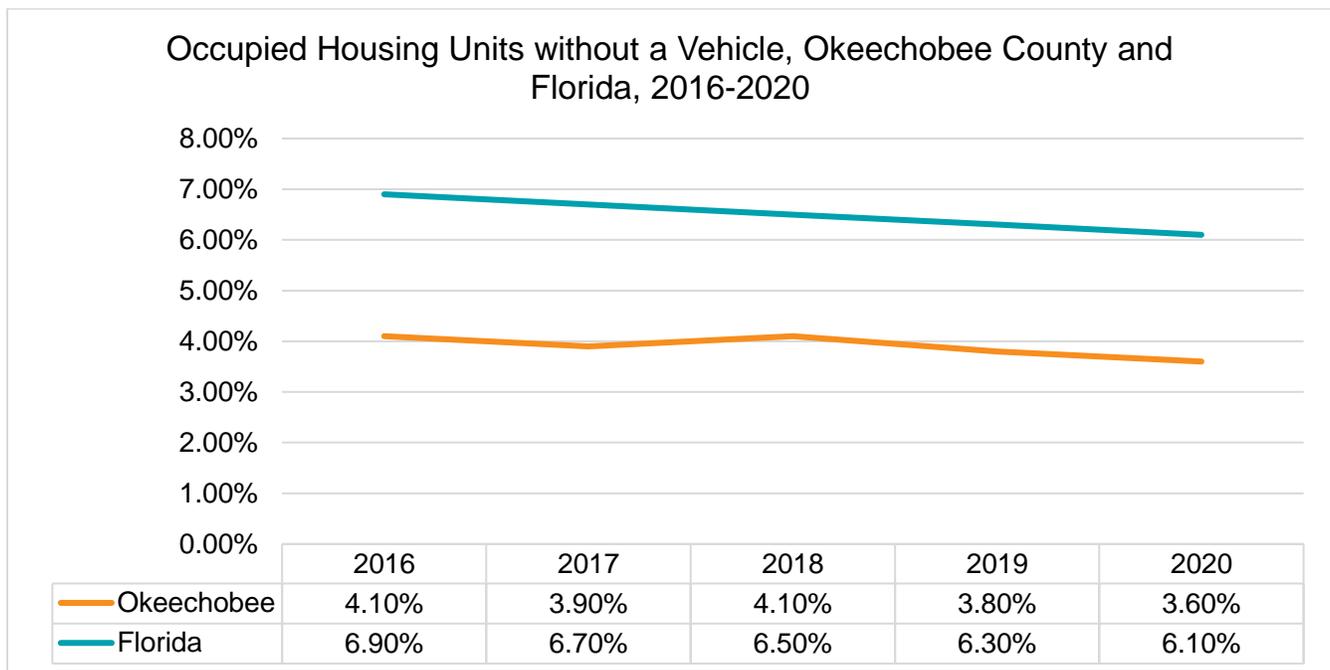
Source: Florida Department of Health, Florida Environmental Public Health Tracking, 2019

⁷⁰ Manisalidis, Ioannis, et al. "Environmental and health impacts of air pollution: a review." *Frontiers in public health* (2020): 14.

⁷¹ An, R., Ji, M., Yan, H., & Guan, C. (2018). Impact of ambient air pollution on obesity: a systematic review. *International Journal of Obesity*. 42: 1112-1126.

Occupied housing units without a vehicle

The figure below shows occupied housing units without a vehicle in Okeechobee County and Florida from 2016 to 2020. Having access to a vehicle is associated with shorter commutes, employment opportunities, and overall social and economic mobility.⁷² Between 2016 and 2020, the state of Florida reported higher percentages of occupied households without a vehicle as compared to Okeechobee County. Both Okeechobee County and Florida reported small decreases in that percent during that time period. In 2020, Okeechobee reported a percentage of 3.6% compared to 6.1% for the state of Florida. Residents without adequate means of transportation face barriers to accessing essential health care services, employment opportunities, and healthy foods, among other services and resources. As such, the Okeechobee County Health Equity Taskforce is implementing a community project to address transportation-related barriers to accessing medical care, which is associated with obesity prevention, screenings, treatment and management.



Source: US Census Bureau, American Community Survey, 2020

⁷² Klein NJ. Subsidizing Car Ownership for Low-Income Individuals and Households. *Journal of Planning Education and Research*. September 2020. doi:[10.1177/0739456X20950428](https://doi.org/10.1177/0739456X20950428)

DOH-Okeechobee

Health Equity Plan

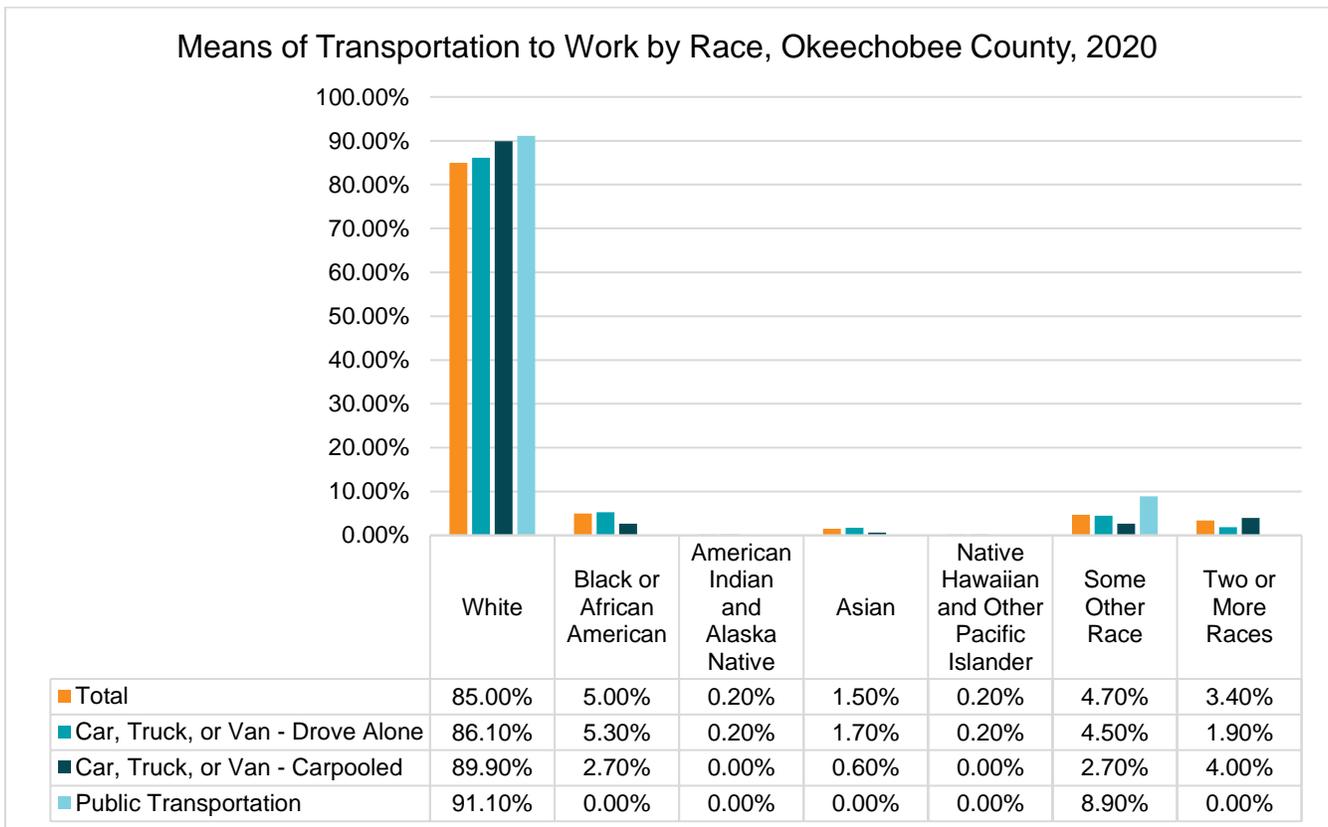
The table below shows the proportion of occupied housing units with no vehicles available by **census tract** in Okeechobee County in 2020. The county had a lower proportion of housing units with no vehicles than the state (3.6% and 6.1%, respectively). Within the county, the census tract with the highest proportion was 9101.02 (10.4%). Residents without adequate means of transportation face barriers to accessing essential health care services, employment opportunities, and healthy foods, among other services and resources. As such, the Okeechobee County Health Equity Taskforce is implementing a community project to address transportation-related barriers to accessing medical care, which is associated with obesity prevention, screenings, treatment and management.

Location	With no vehicles available (%)
State	6.1
County	3.6
9101.01	0.5
9101.02	10.4
9102.01	3.7
9102.02	7.4
9103	4.2
9104.01	5.1
9104.02	2.3
9104.03	0.4
9105	3.1
9106.01	2.7
9106.02	1.7
9900	-

Source: US Census Bureau, American Community Survey, 2020

Transportation

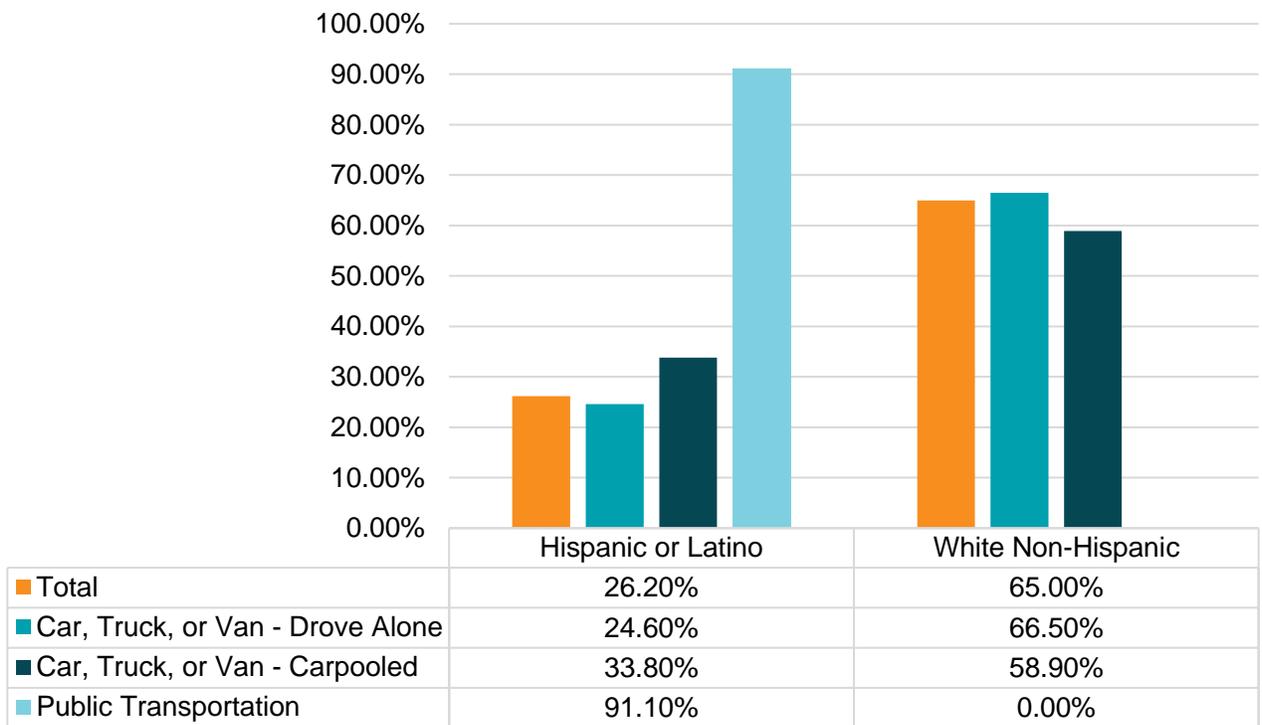
The figure below shows means of transportation to work by **race**. Among White residents, higher proportion used public transportation or carpooled; among Black or African American and Asian residents a higher proportion drove alone; among residents of some other race, a higher proportion took public transportation; and among residents of two or more races, a higher proportion carpooled. As mentioned, residents without adequate means of transportation face barriers to accessing essential health care services, employment opportunities, and healthy foods, among other services and resources. As such, the Okeechobee County Health Equity Taskforce is implementing a community project to address transportation-related disparities and barriers to accessing medical care, which is associated with obesity prevention, screenings, treatment and management.



Source: US Census Bureau, American Community Survey, 2020

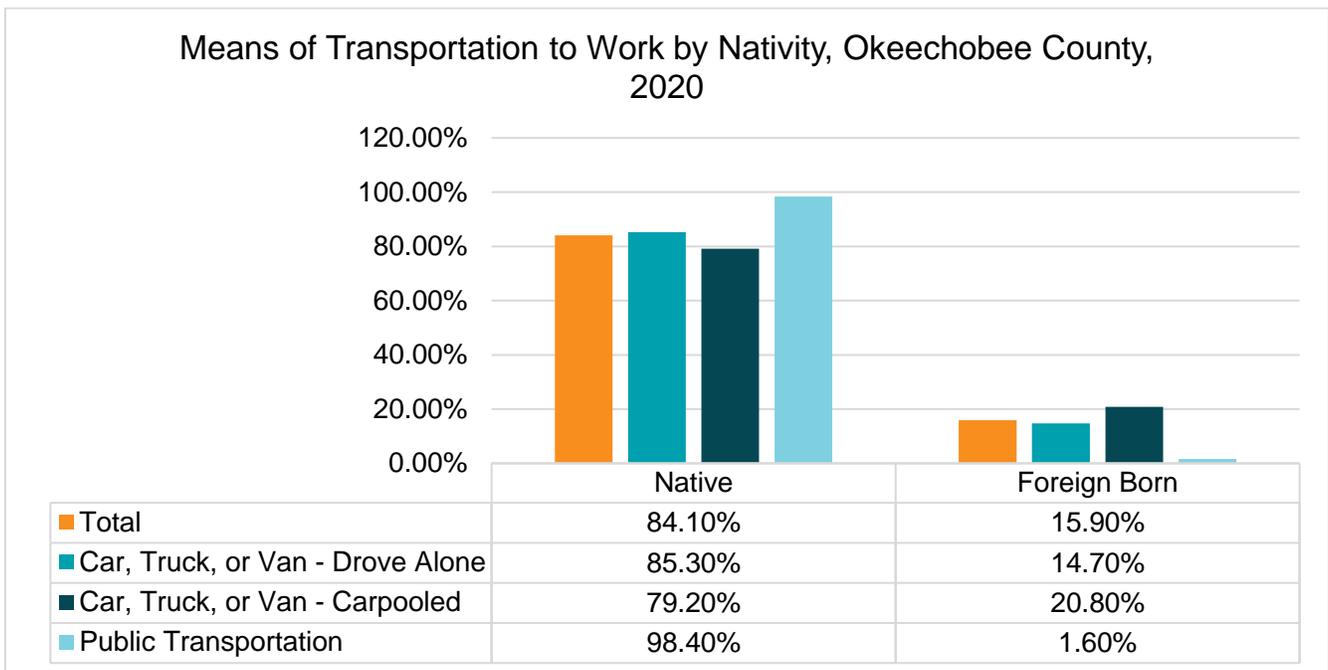
The figure below shows means of transportation to work by **ethnicity**. Among Hispanic residents, a higher proportion used public transportation, and, among White non-Hispanic residents, a higher proportion of residents drove alone and none used public transportation. As mentioned, residents without adequate means of transportation face barriers to accessing essential health care services, employment opportunities, and healthy foods, among other services and resources. As such, the Okeechobee County Health Equity Taskforce is implementing a community project to address transportation-related disparities and barriers to accessing medical care, which is associated with obesity prevention, screenings, treatment and management.

Means of Transportation to Work by Ethnicity, Okeechobee County, 2020



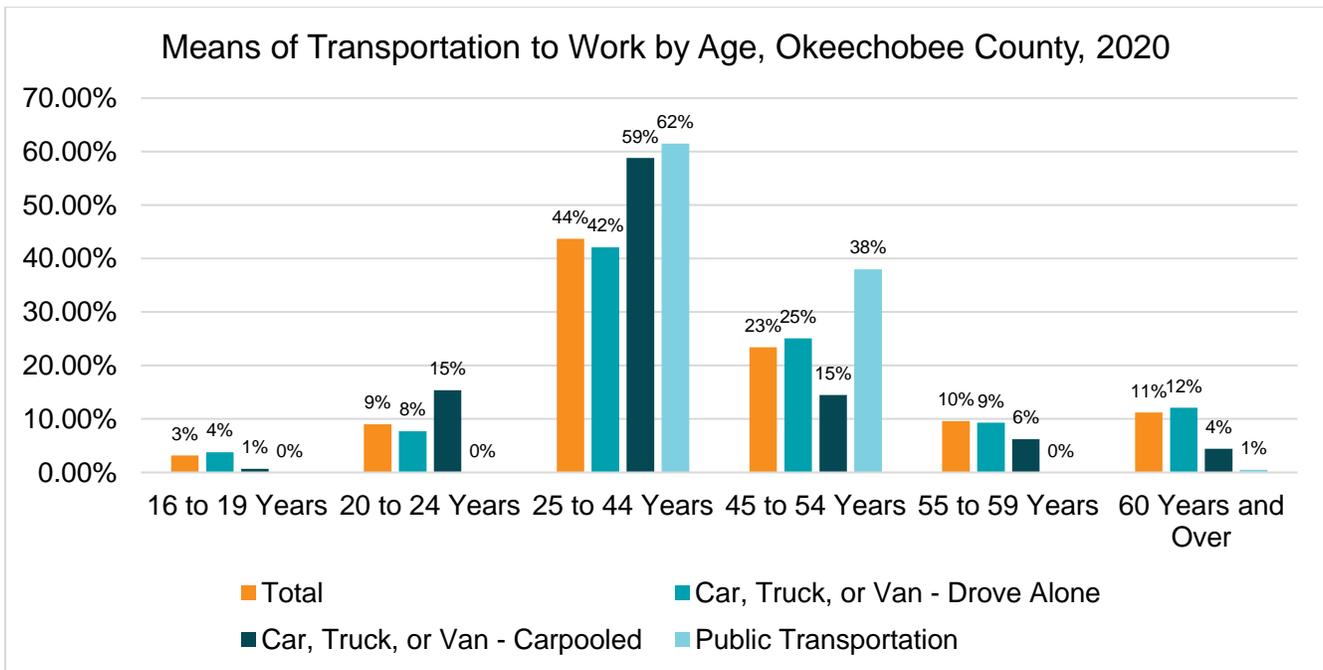
Source: US Census Bureau, American Community Survey, 2020

The figure below shows means of transportation to work by **nativity**. A higher proportion of native residents drove alone, carpoled, or used public transportation. Among native-born residents, a higher proportion used public transportation or drove alone, whereas, among foreign-born residents, a higher proportion carpoled. As mentioned, residents without adequate means of transportation face barriers to accessing essential health care services, employment opportunities, and healthy foods, among other services and resources. As such, the Okeechobee County Health Equity Taskforce is implementing a community project to address transportation-related disparities and barriers to accessing medical care, which is associated with obesity prevention, screenings, treatment and management.



Source: US Census Bureau, American Community Survey, 2020

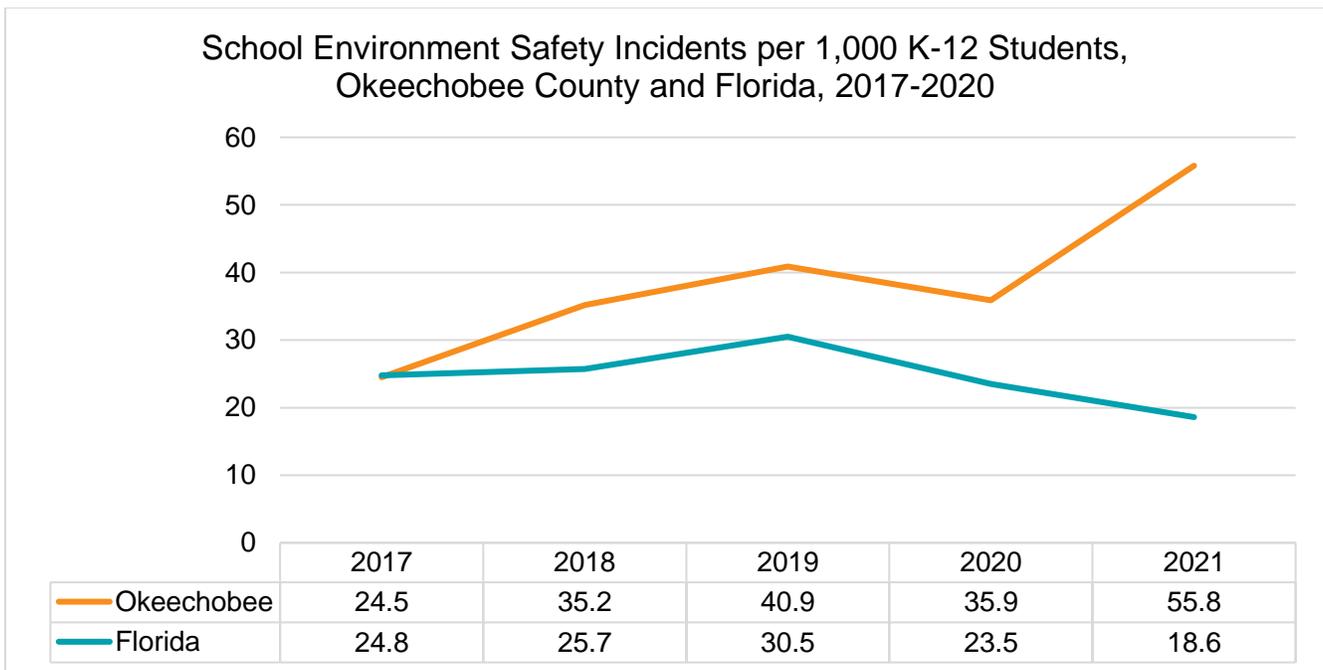
The figure below shows means of transportation to work by **age**. Among all age categories, those aged 25 to 44 years accounted for the highest proportion of driving alone, carpooling or using public transportation, followed by those aged 45 to 54 years. Among those aged 16 to 19 years, a higher proportion drove alone; among those aged 20 to 24 years old, a higher proportion carpooled; among those aged 25 to 44 years, a higher proportion used public transportation or carpooled; among those aged 45 to 54 years, a higher proportion used public transportation or drove alone; among those 55 to 59 years, a higher proportion drove alone; and, finally, among those 60 years and over, a higher proportion drove alone. As mentioned, residents without adequate means of transportation face barriers to accessing essential health care services, employment opportunities, and healthy foods, among other services and resources. As such, the Okeechobee County Health Equity Taskforce is implementing a community project to address transportation-related disparities and barriers to accessing medical care, which is associated with obesity prevention, screenings, treatment and management.



Source: US Census Bureau, American Community Survey, 2020

Safety

The figure below shows school environment safety incidents in Okeechobee County per 1,000 K-12 students. Previous research indicates that students have better educational outcomes when they feel safe in their learning environment.⁷³ In 2017, the number of safety incidents per 1,000 K-12 students in Okeechobee County began at a similar rate as the state of Florida, but quickly outpaced Florida from 2018 to 2021. Between 2017 and 2021, the incident rate more than doubled for Okeechobee County, whereas it overall decreased for the state of Florida. In 2021, Okeechobee County reported a rate of 55.8 per 1,000 students as compared to a rate of 18.6 per 1,000 students for the state of Florida. Research shows that exposure to violence and less safe neighborhoods in early childhood is associated with a higher risk for obesity.⁷⁴ As such, the Okeechobee County Health Equity Taskforce will consider future community projects aimed to improving safety throughout the county.



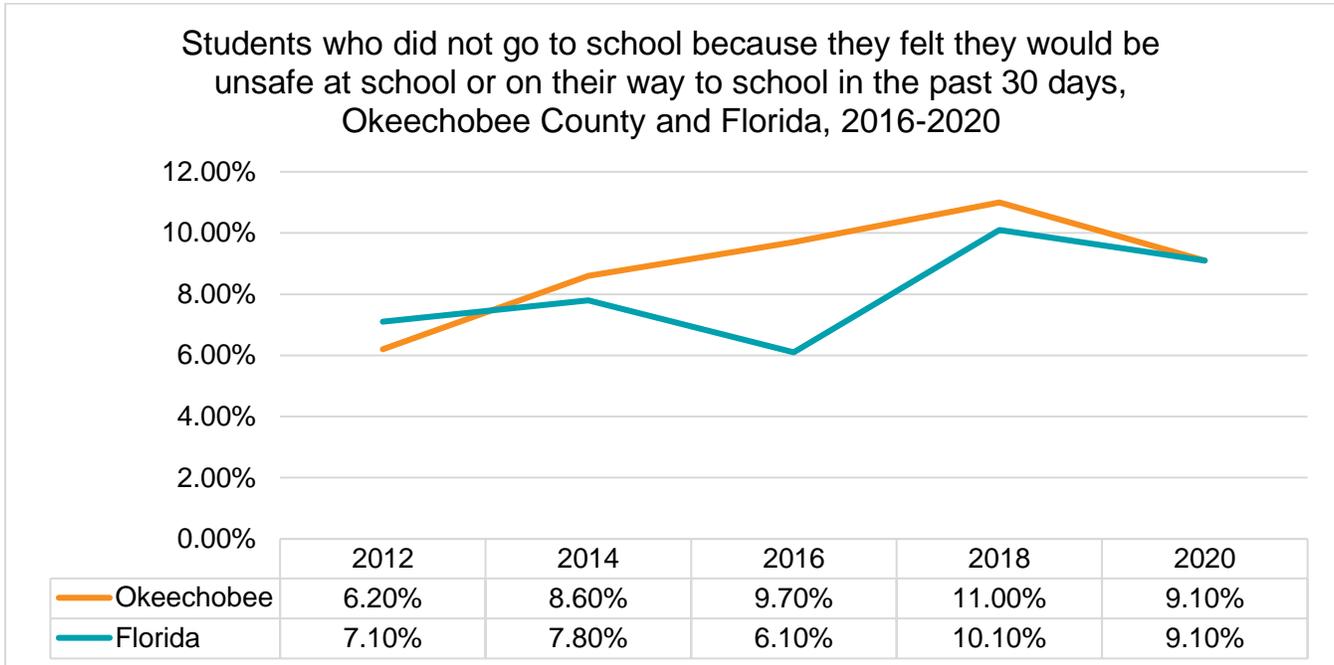
Source: FLHEALTHCHARTS, Florida Department of Education, 2021

The figure below shows the percentage of students who did not go to school because they felt unsafe at school in the past month in Okeechobee County. While the percentages for both Okeechobee

⁷³ Laco, Johanna. "Too Scared to Learn? The Academic Consequences of Feeling Unsafe at School. Working Paper# 02-13." *Institute for Education and Social Policy* (2013).

⁷⁴ Boynton-Jarrett, R., Fagnoli, J, et al. (2010). Association Between Maternal Intimate Partner Violence and Incident Obesity in Preschool-Aged Children. *Arch Pediatr Adolesc Med.* 2010;164(6):540-546. doi:10.1001/archpediatrics.2010.94

County and Florida fluctuated between 2012 and 2020, Okeechobee County reported a higher percentage than the state in 2014, 2016, and 2018. In 2020, however, the percentage was equal for Okeechobee County and the state of Florida at 9.1%. As mentioned, research shows that exposure to violence and less safe neighborhoods in early childhood is associated with a higher risk for obesity.⁷⁵ As such, the Okeechobee County Health Equity Taskforce will consider future community projects aimed to improving safety throughout the county.

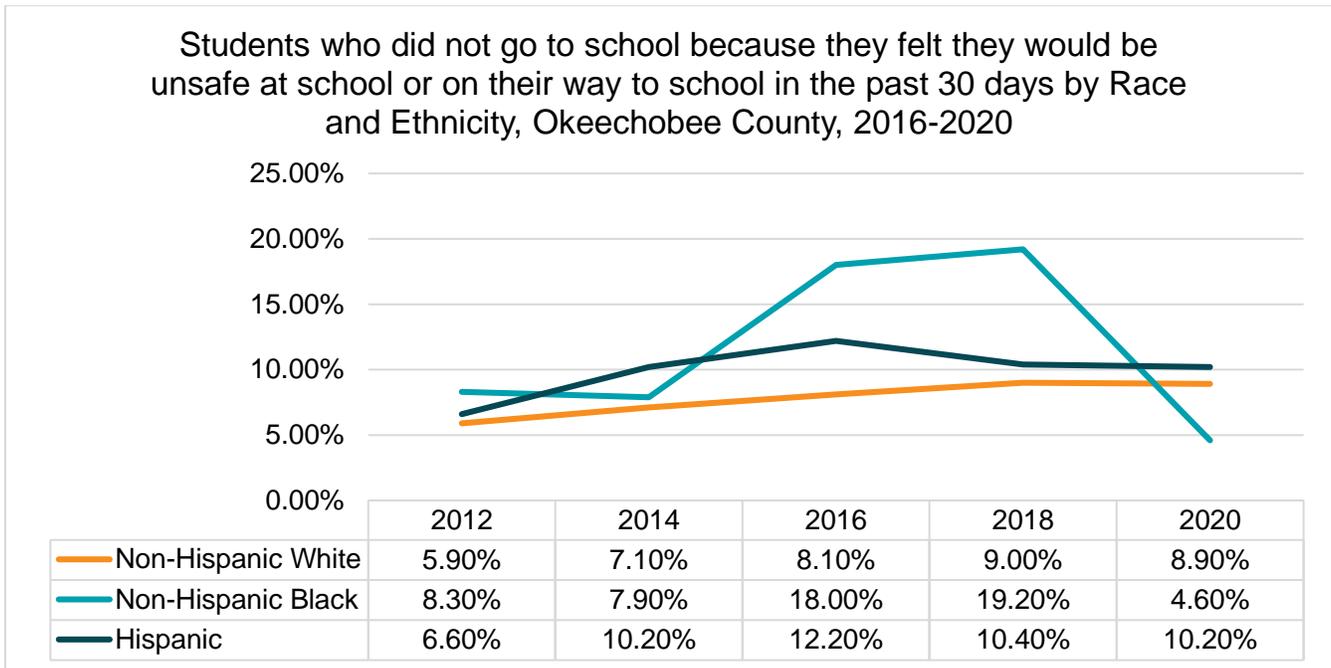


Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS).

The figure below shows the percentage of students who did not go to school because they felt unsafe at school in the past month by **race and ethnicity** in Okeechobee County. Across all racial and ethnic categories, non-Hispanic Black students reported the highest percentages in 2012, 2016 and 2019, but the lowest percentage in 2020. Hispanic students reported the highest percentage in 2014 and 2020.

⁷⁵ Boynton-Jarrett, R., Fagnoli, J, et al. (2010). Association Between Maternal Intimate Partner Violence and Incident Obesity in Preschool-Aged Children. *Arch Pediatr Adolesc Med.* 2010;164(6):540-546. doi:10.1001/archpediatrics.2010.94

Non-Hispanic White students reported the lowest percentage in all years except 2020. As mentioned, research shows that exposure to violence and less safe neighborhoods in early childhood is associated with a higher risk for obesity.⁷⁶ As such, the Okeechobee County Health Equity Taskforce will consider future community projects aimed to improving safety throughout the county.

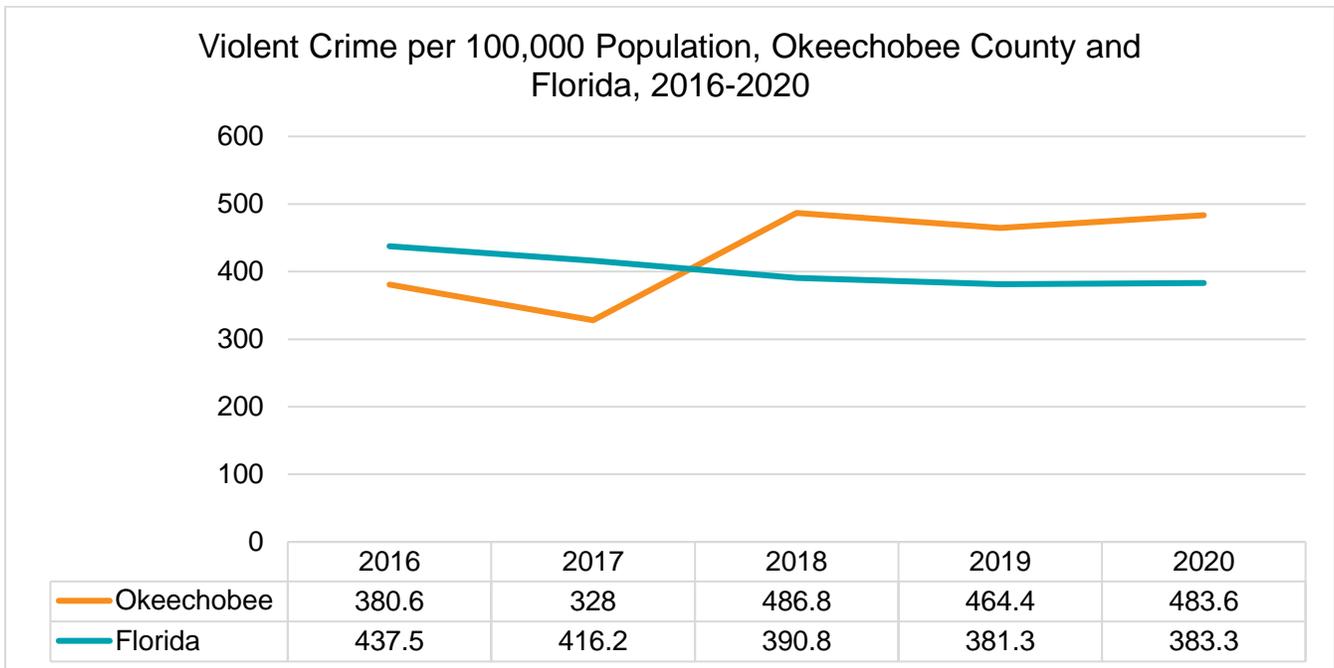


Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS).

The figure below shows violent crime per 100,000 population in Okeechobee County between 2016 and 2020. While Okeechobee County reported rates that were below the state of Florida in 2016 and 2017, the county reported a higher rate than the state in 2018, 2019, and 2020. Both Okeechobee County and Florida reported fluctuating rates over that time period; however, Okeechobee County reported an overall increase during that time. On the other hand, the state of Florida reported consistent

⁷⁶ Boynton-Jarrett, R., Fagnoli, J, et al. (2010). Association Between Maternal Intimate Partner Violence and Incident Obesity in Preschool-Aged Children. *Arch Pediatr Adolesc Med.* 2010;164(6):540-546. doi:10.1001/archpediatrics.2010.94

declines between 2016 and 2019, followed by a small increase in 2020. In 2020, Okeechobee County reported a rate of 483.6 per 100,000 population as compared to 383.3 per 100,000 population for the state of Florida. As mentioned, research shows that exposure to violence and less safe neighborhoods in early childhood is associated with a higher risk for obesity.⁷⁷ As such, the Okeechobee County Health Equity Taskforce will consider future community projects aimed to improving safety throughout the county.

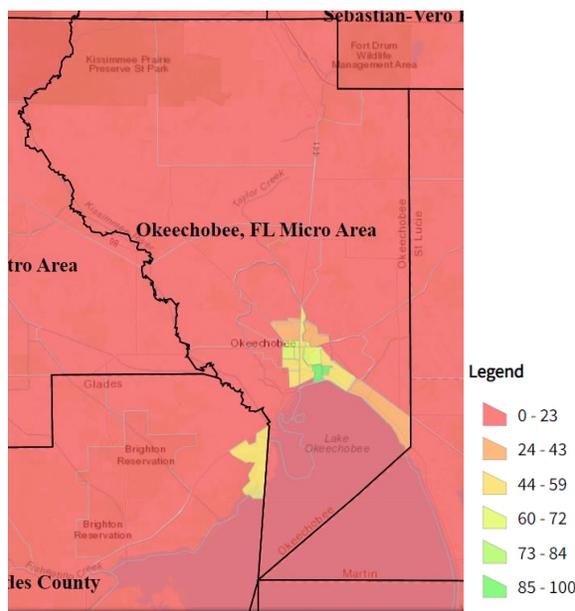


Source: FLHealthCHARTS, Florida Department of Law Enforcement, 2020

⁷⁷ Boynton-Jarrett, R., Fagnoli, J, et al. (2010). Association Between Maternal Intimate Partner Violence and Incident Obesity in Preschool-Aged Children. *Arch Pediatr Adolesc Med.* 2010;164(6):540-546. doi:10.1001/archpediatrics.2010.94

Workplace Location Efficiency

Workplace has a huge impact on an individual’s daily commute, so where a place of work is located is important. Centrally located workplaces in areas with high walkability, transit options, and collocated services and venues make travel more convenient and so that residents do not consistently rely on personal vehicles, leading to lower congestion and pollution levels, lower costs, and less burden on infrastructure. The Smart Location Calculator is a tool used to examine how workplace location affects worker commute travel. Indicators that are measured include worker commute mode-share, vehicle miles traveled, and workplace accessibility via transit. The Calculator provides a Smart Location Index (SLI), which ranges in value from 0-100, where 0 indicates the least location efficient site in the region, and 100 indicates the most location efficient site. These scores are relative to the region and should not be compared across regions. The EPA states that “Location efficiency reduces resource demands while fostering a healthier, more sustainable built environment and providing equitable access to jobs and services.”⁷⁸ The SLI for Okeechobee County is in the 0-23 range, a considerably low score, indicating a less location efficient region. While it may not be an intervention specific to addressing workplace location efficiency, the Okeechobee County Health Equity Taskforce is implementing a community project to address transportation-related disparities.

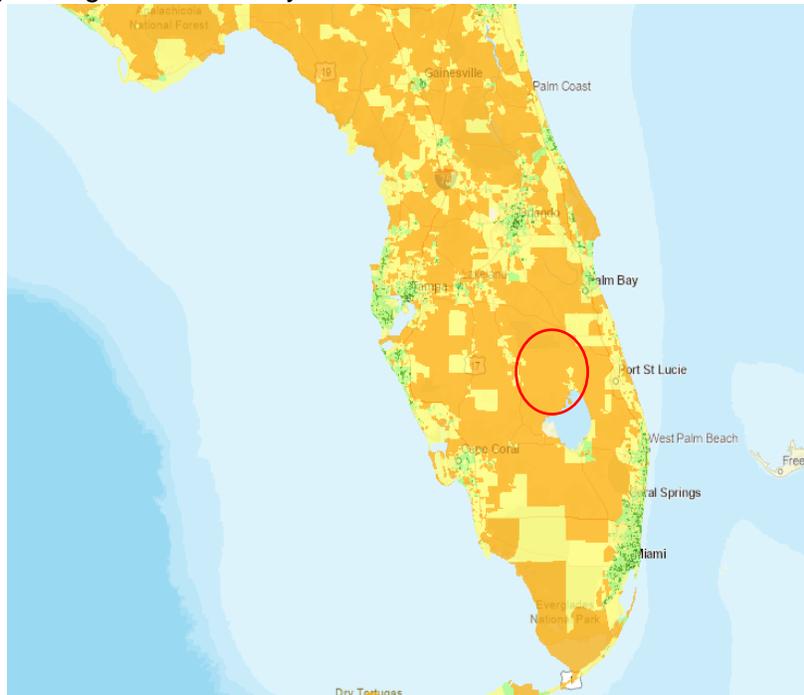


Source: United States Environmental Protection Agency, Smart Location Calculator

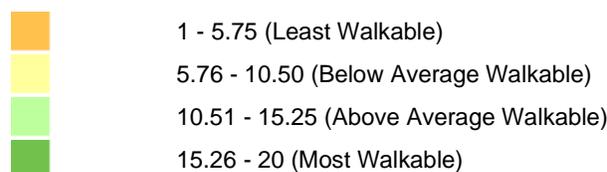
Walkability

⁷⁸ Smart Location Mapping (n.d.). In United States Environmental Protection Agency. Retrieved from <https://www.epa.gov/smartgrowth/smart-location-mapping>

Evidence shows that people who live in areas with high walkability participate in higher levels of physical activity and experience lower rates of obesity and overweight status than those who live in areas with lower walkability.⁷⁹ In the map below, Okeechobee County is shown in the area circled in red. The vast majority of the county is shaded orange, indicating a low walkability score or a less walkable area, while a minority is shaded yellow, indicating a below average walkability score. The Okeechobee County Health Equity Taskforce will consider future community projects aimed at improving walkability throughout the county.



Walkability Index



Source: Environmental Protection Agency, National Walkability Index, 2021

- **The impact of neighborhood and built environment on obesity**

⁷⁹ Melillo, G. (2022). Walkability and redlining: How built environments impact health and perpetuate disparities. *AJMC*. Retrieved from: <https://www.ajmc.com/view/walkability-redlining-how-built-environments-impact-health-and-perpetuate-disparities>

Neighborhood and Built Environment		
SDOH	Priority Populations Impacted	How the SDOH Impacts Obesity
Housing	Hispanic residents; Black or African American residents; American Indian and Alaska Native residents; residents under 35 years old; children of color.	<ul style="list-style-type: none"> • Severe housing problems are associated with worse health outcomes, including morbidity and obesity. • Home ownership is found to be associated with lower risk of child overweight status and obesity. And childhood obesity is associated with obesity throughout the lifespan. • Residents who experience unstable housing and move frequently may also experience poor health outcomes and food insecurity in childhood, which contributes to racial and ethnic health disparities, including obesity-related disparities. • Research has demonstrated that a higher proportion of homeless individuals are overweight.
Transportation	Hispanic residents; residents of color; households without a vehicle; foreign-born residents; young adults.	Residents without adequate means of transportation face barriers to accessing essential health care services, employment opportunities, and healthy foods, among other services and resources. Additionally, having access to a vehicle is associated with shorter commutes, employment opportunities, and overall social and economic mobility.
Safety	Hispanic residents; Black residents; low-income residents	Students have better educational outcomes when they feel safe in their learning environment. Exposure to violence and less safe neighborhoods in early childhood is associated with a higher risk for obesity, and childhood obesity is correlated with obesity later in life.
Parks	Residents in census tracts 9104.02, 9101.02, and 9101.01; residents of color; low-income residents.	In 2019, less than 10% of Okeechobee residents lived within a 10-minute walk of a park. Children and families with convenient access to parks and recreational resources are less likely to be overweight or obese, due to increased opportunities to engage in outdoor physical activity.
Walkability	The vast majority of the county is comprised of a less walkable area.	People who live in areas with high walkability participate in higher levels of physical activity and experience lower rates of obesity and overweight status than those who live in areas with lower walkability.
Workplace Location Efficiency	Most of the county has a low workplace location efficiency, with	Centrally located workplaces in areas with high walkability, transit options, and collocated services and venues make travel more convenient and so that residents do not consistently rely on personal vehicles, leading to lower congestion and pollution levels, lower costs, and less burden on infrastructure. Location efficiency reduces resource

	the exception of a few areas	demands while fostering a healthier, more sustainable built environment and providing equitable access to jobs and services. This leads to better overall health outcomes.
Air Pollution	Residents living within 500 feet of a busy roadway.	Less than 1% of residents lived within 500 feet of a busy roadway, which is an important indicator used to measure exposure to air pollution. Air pollution often leads to unhealthy weight due to metabolic dysfunction, impact on physical activity, and risk for chronic disease.
Access to nutritional food	Residents in census tracts 9101.02, 9102.01, 9103.00, 9104.01, 9104.01, 9104.03, 9105.00, 9106.01, and 9106.02. Residents of color; low-income residents.	Access to affordable nutritious foods is associated with reduced obesity, while the opposite is the case in areas where there is increased access to fast food restaurants. In 2019, only 7.1% of residents in Okeechobee County lived within ½ mile of a healthy food source and 7.4% lived within ½ mile of a fast-food restaurant.

D. Social and Community Context



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

Social connections which include the personal relationships in our everyday lives, and community context, including a sense of community and connectedness, mediate health outcomes. Previous research has indicated that people with more meaningful social interactions and a sense of purpose live longer than those who do not.⁸⁰ The ability to have social connections, whether through family, friends, neighbors, or even strangers, can influence the lives we lead and behaviors we engage in. Social connections may also affect our behaviors, including the foods we eat, how active our lifestyles are and how often we exercise, whether we smoke or drink, and what hobbies we undertake, and more.⁸¹ For older adults, these social connections are associated with a decreased risk of dementia and other conditions.⁸² Community context can also refer to the social circumstances in a given community—including racism, religious beliefs, cultural behaviors and attitudes, and a sense of safety or belonging. Crucially, unsafe communities can result in stress or an unwillingness to go outside to play or exercise. Bullying, discrimination or criminal activity all work to shape stress and the lifestyle behaviors of community members which can impact obesity status and overall health. The following data explores social and community context in Okeechobee County. To note, considerable efforts were made to find all of the following information related to social and community context among priority populations, including Black or African Americans, American Indian and Alaska Natives, Asians, Native Hawaiians, Hispanic and Latinos, elders, infants and toddlers, people living with disabilities, veterans, and

⁸⁰ Harvard T.H. Chan School of Public Health (2019). An active social life may help you live longer. <https://www.hsph.harvard.edu/news/hsph-in-the-news/active-social-life-longevity/>

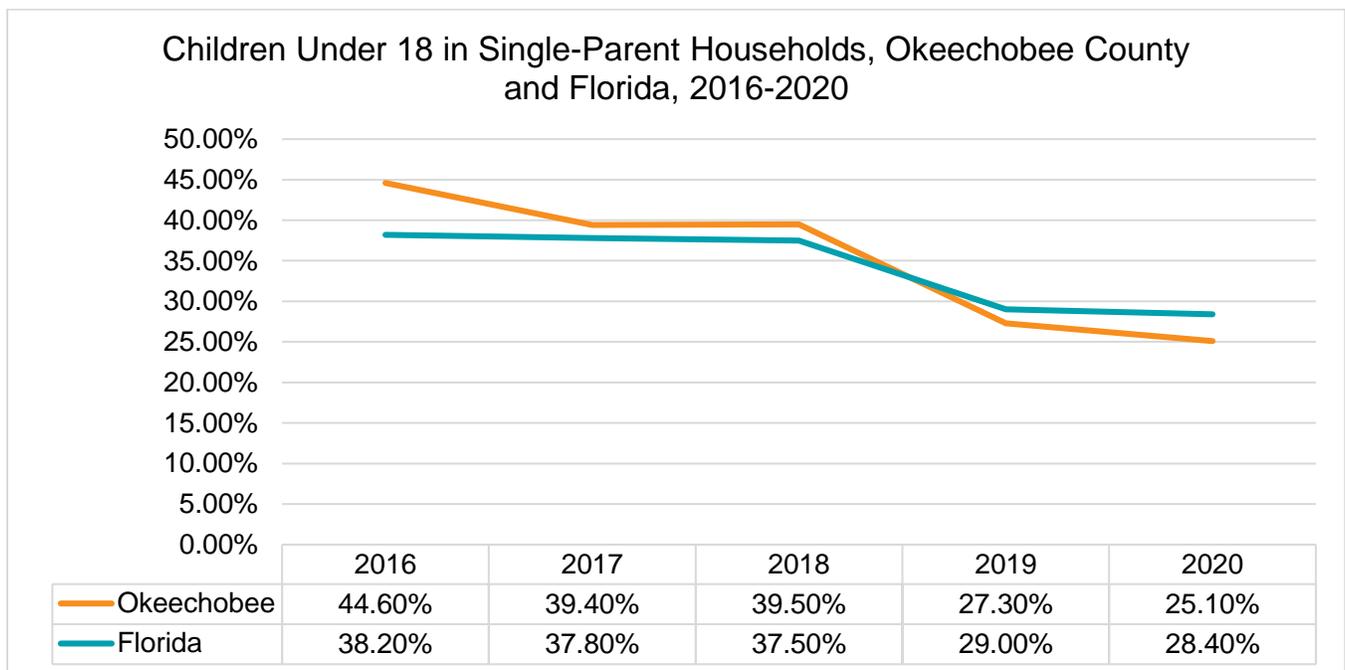
⁸¹ Michalski, A. (2020) "Relationship between sense of community belonging and self-rated health across life stages." *SSM - population health* vol. 12 100676. 12 Oct. 2020, doi:10.1016/j.ssmph.2020.100676

⁸² Pillai, Jagan A, and Joe Verghese (2009). "Social networks and their role in preventing dementia." *Indian journal of psychiatry* vol. 51 Suppl 1: S22-8.

immigrants. Research shows these populations experience health inequities at higher rates. However, data was unavailable for these populations in many instances.

Children under 18 in a single-parent household

The figure below shows the percentage of children under 18 in single-parent households in Okeechobee County. Both Okeechobee and Florida reported decreasing trends in that percentage between 2016 and 2020. Okeechobee County reported higher percentages than Florida between 2016 and 2018 and reported percentages that were higher than the state of Florida in 2019 and 2020. In 2020, Okeechobee County reported a percentage of 25.1% as compared to 28.4% for the state of Florida. Children of single-parent households are more likely to be obese because they tend to eat less homemade meals, experience less family meal time, and engage in less physical activity.⁸³ The Okeechobee County Health Equity Taskforce aims to improve access to healthy meals and family engagement through the Promoting Healthier Weight through Partnerships Community Project.



Source: United States Bureau of the Census, American Community Survey, Table B09005

⁸³ Duriancik, D.M. & Goff, C.R. (2019). Children of single-parent households are at a higher risk of obesity: A systematic review. *Journal of Child Health Care*. <https://doi.org/10.1177/1367493519852463>

Social Associations

The figure below shows the number and rate of social associations in Okeechobee County. Social associations facilitate social relationships, which are strongly correlated with a wealth of positive physical and mental health outcomes.⁸⁴ In 2019 Okeechobee County had 6.4 social associations per 100,000 population. Social networks improve both overall health and quality of life, while the inverse is true with respect to social isolation.⁸⁵ Okeechobee County had 6.4 social associations per 100,000 population, which is less than the state’s rate (7 per 100,000 population). The Okeechobee County Health Equity Taskforce will consider future opportunities to foster a sense of community and increase social support.

County	Number of Associations	County Rate	Z-Score
Okeechobee County	27	6.4 per 100,000 population	0.69

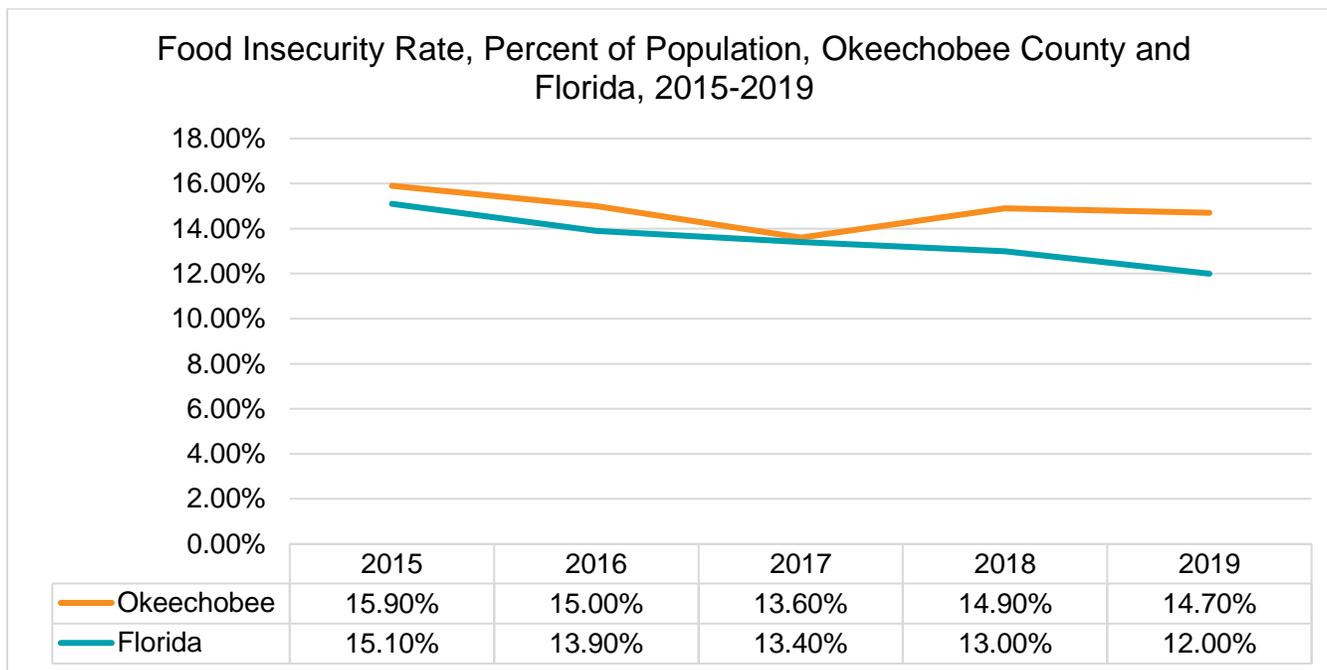
Source: County Healthy Rankings, County Business Patterns, 2019

⁸⁴ Umberson, Debra, and Jennifer Karas Montez. “Social relationships and health: a flashpoint for health policy.” *Journal of health and social behavior* vol. 51 Suppl,Suppl (2010): S54-66. doi:10.1177/0022146510383501

⁸⁵ Robert Wood Johnson Foundation. (2022). County Health Rankings: Social Associations. Retrieved from: <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/family-social-support/social-associations>

Food Insecurity

The figure below shows the percent of the **population** who experience food insecurity in Okeechobee County. Previous research consistently finds food insecurity to be negatively associated with health outcomes.⁸⁶ Between 2015 and 2019, Okeechobee County has reported higher percentages of food insecurity as compared to the state of Florida as a whole. Over that same time period, Okeechobee County reported a modest overall decrease, while the state of Florida reported a more notable decrease. In 2019, Okeechobee County reported a percentage of 14.7% as compared to 12.0% in Florida. Food insecurity leads to poor health outcomes and higher risk for obesity among both children and adults due to social disruption, poor dietary intake, and less physical activity.⁸⁷ The Okeechobee County Health Equity Taskforce is addressing food insecurity by implementing the Promoting Healthier Weight through Partnerships Community Project to increase access to healthy and affordable foods among communities in need.

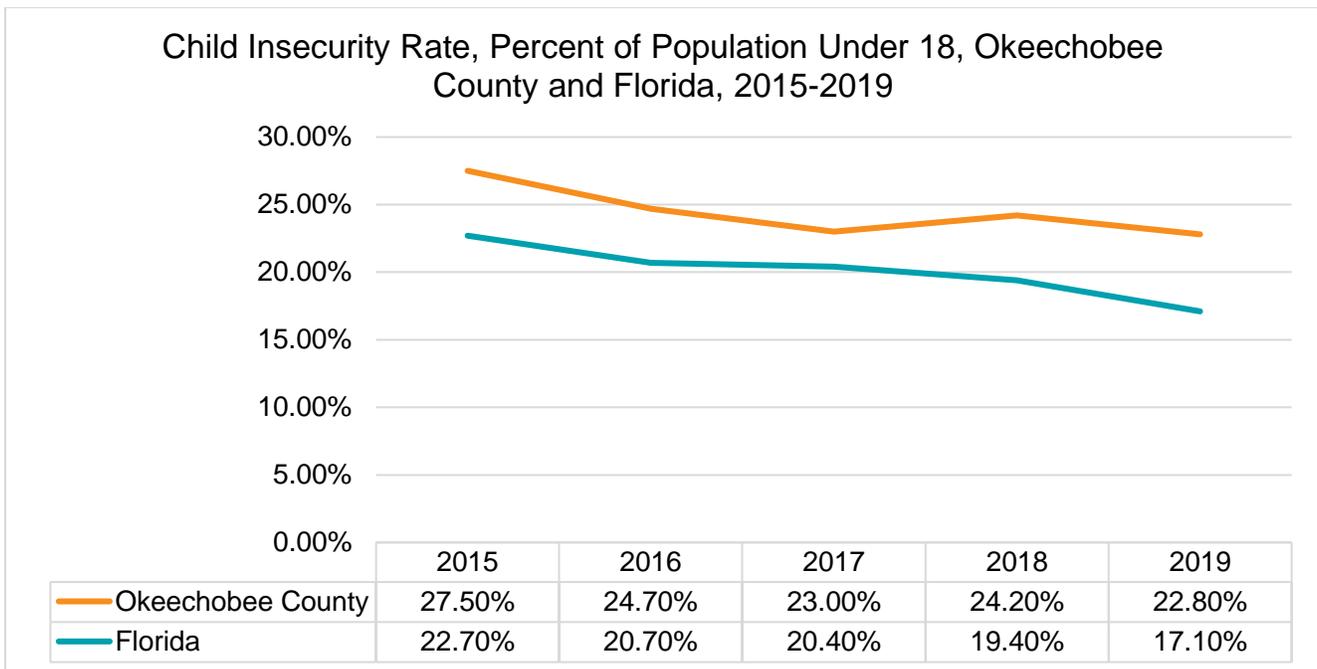


Source: Feeding America, Map the Meal Gap, 2020

⁸⁶ Gundersen, Craig, and James P. Ziliak. "Food insecurity and health outcomes." *Health affairs* 34.11 (2015): 1830-1839.

⁸⁷ Frongillo, E.A. & Bernal, J. (2014). Understanding the coexistence of food insecurity and obesity. *Current Pediatrics Report*. 2: 284-290.

The figure below shows the percent of **children** who experience food insecurity in Okeechobee County. Between 2015 and 2019, Okeechobee County reported higher percentages than the state of Florida across all years. Okeechobee County and Florida both reported overall decreases in this percentage between 2015 and 2019. In 2019, Okeechobee County reported a percentage of 22.8% and Florida reported a percentage of 17.1%. Children who experience food insecurity, but no hunger, are much more likely to be obese compared to their food secure peers.⁸⁸ The Okeechobee County Health Equity Taskforce is addressing food insecurity by implementing the Promoting Healthier Weight through Partnerships Community Project to increase access to healthy and affordable foods among communities in need.



Source: Feeding America, Map the Meal Gap, 2020

⁸⁸ Metallinos-Kastaras, E., Must, A., Gorman, K. (2012). A longitudinal study of food insecurity on obesity in preschool children. *Journal of the Academy of Nutrition and Dietetics*. 112(12): 1949-1958.

Child Opportunity Index, Overall, State-Normed

The figure below shows child opportunity index. The Child Opportunity Index (COI) measures the quality of resources and conditions that matter for children to develop in a healthy way in the neighborhoods where they live.⁸⁹ Between 2010 and 2015, Census tracts in Okeechobee County ranged from Very Low to High, although most were given a score on the index that was considered Very Low. The Okeechobee County Health Equity Taskforce will consider future community projects to improve neighborhood conditions that lead to these lower COI scores.

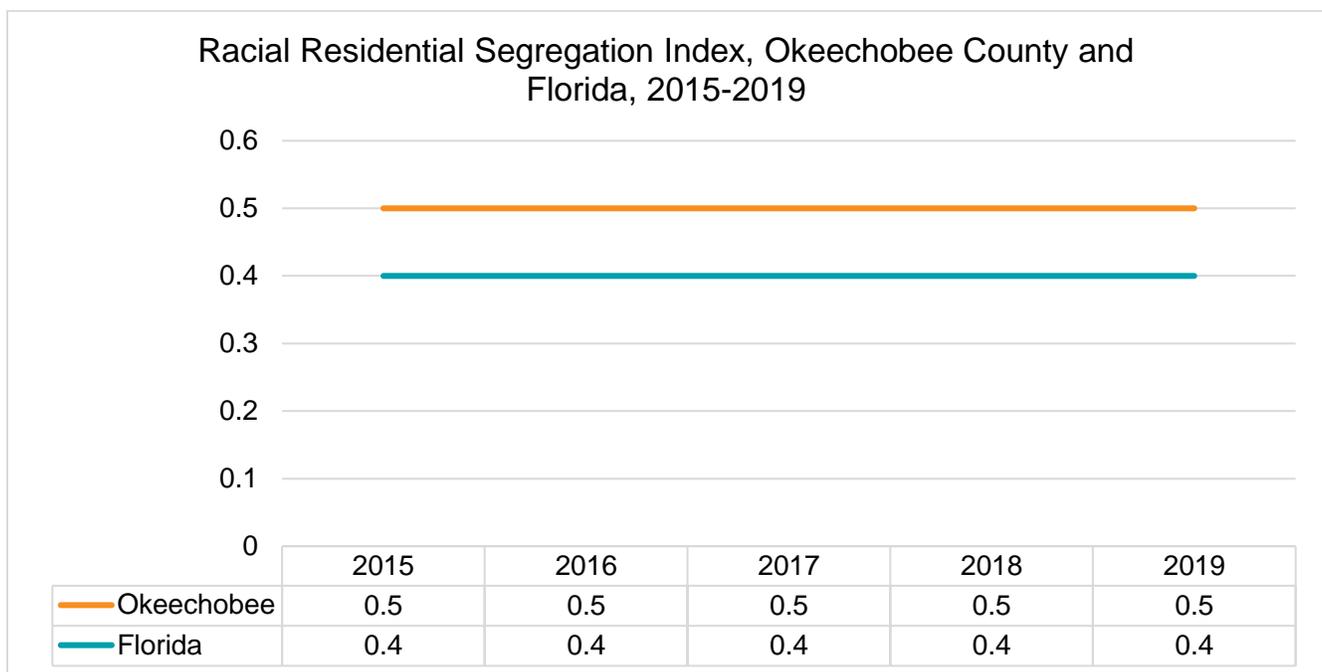
Census Tract	2010	2015
9101.01	15.0 (Very Low)	14.0 (Very Low)
9101.02	12.0 (Very Low)	17.0 (Very Low)
9102.01	3.0 (Very Low)	23.0 (Low)
9102.02	8.0 (Very Low)	10.0 (Very Low)
9103.00	13.0 (Very Low)	6.0 (Very Low)
9104.01	23.0 (Low)	17.0 (Very Low)
9104.02	30.0 (Low)	9.0 (Very Low)
9104.03	7.0 (Very Low)	9.0 (Very Low)
9105.00	18.0 (Very Low)	41.0 (Moderate)
9106.01	46.0 (Moderate)	50.0 (Moderate)
9106.02	40.0 (Low)	63.0 (High)
9900.00	-	-

Source: Diversity Data Kids, Child Opportunity Index 2.0 Index Data, 2022

⁸⁹ DiversityDataKids.org. Child Opportunity Index. <https://www.diversitydatakids.org/child-opportunity-index>

Racial Residential Segregation

The figure below shows racial residential segregation index in Okeechobee County and Florida from 2015 to 2019. The racial residential segregation index ranges from 0.0 to 1.0, with 1.0 indicating maximum segregation.⁹⁰ Between 2015 and 2019, Okeechobee has remained constant at 0.5, with the state of Florida remaining constant at 0.4. Evidence shows that Black and Hispanic residents in areas with high dissimilarity, segregation, concentration, and isolation levels are more likely to be obese.⁹¹ As such, the Okeechobee County Health Equity Taskforce will consider future community projects aimed to directly increase social and racial integration.



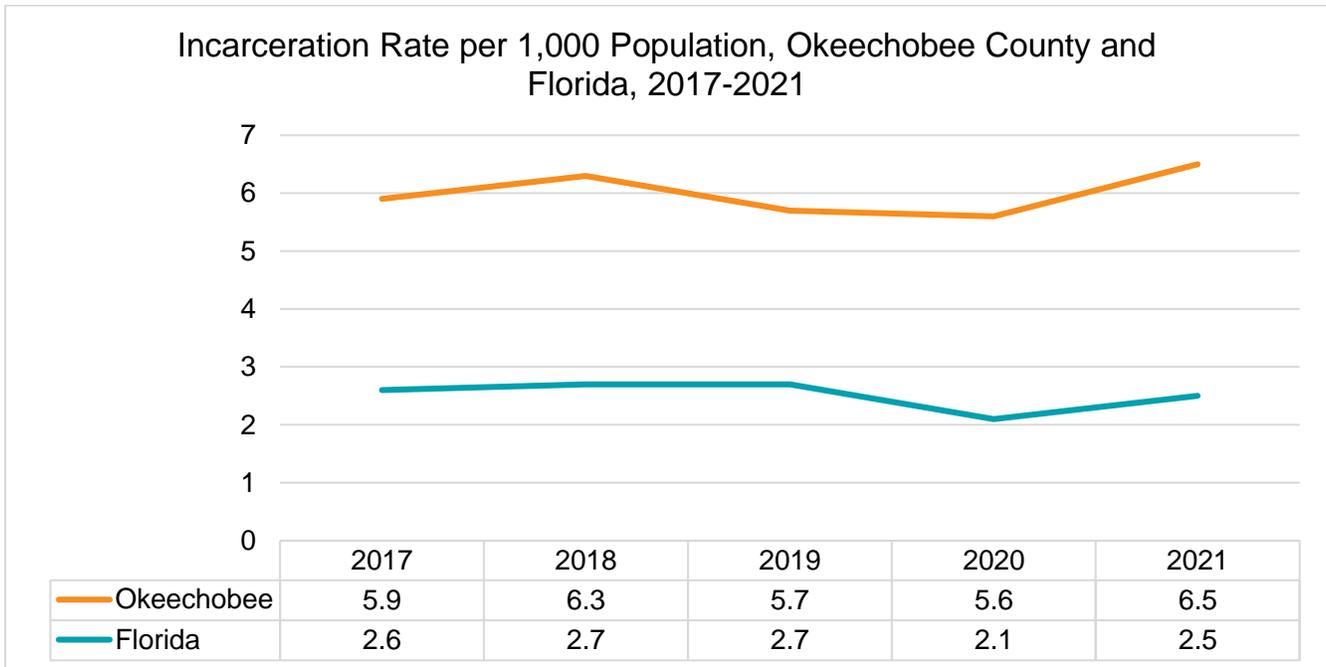
Source: United States Bureau of the Census, American Community Survey, 2020

⁹⁰ United States Census. Housing Patterns: Appendix B: Measures of Residential Segregation Measures of Residential Segregation. <https://www.census.gov/topics/housing/housing-patterns/guidance/appendix-b.html>

⁹¹ Yu, C., Woo, A., et al. (2017). The impacts of residential segregation on obesity. *Journal of Physical Activity and Health*. 15(11): 834-839.

Incarceration Rate

The figure below shows the incarceration rate in Okeechobee County and Florida from 2017 to 2021. Between 2017 and 2021, Okeechobee County reported significantly higher incarceration rates as compared to the state of Florida. While the rates have fluctuated for both Okeechobee and Florida, the rates have overall decreased for Florida and have overall increased for Okeechobee County. In 2021, Okeechobee County reported a rate of 6.5 per 1,000 population, as compared to a rate of 2.5 per 1,000 population for the state as a whole. A study done in the east south-central region of the United States found that prison populations gained weight during their incarceration.⁹² The Okeechobee County Health Equity Taskforce will consider future community projects aimed at improving nutrition among individuals experiencing incarceration.



Source: Florida Department of Corrections, 2021

⁹² Gates, M.L. & Bradford, R.K. (2015). The Impact of Incarceration on Obesity: Are Prisoners with Chronic Diseases Becoming Overweight and Obese during Their Confinement? *Journal of Obesity*. 2015.

Broadband and Internet Access

The table below shows the proportion of occupied housing units with one or more types of computing devices and access to broadband internet by **census tract** in Okeechobee County in 2020. Okeechobee County had lower proportions of households with computing devices and households with access to broadband internet compared to Florida. Within the county, the census tract with the lowest proportion of households with one or more types of computing devices was 9102.01 (72.7%) and the census tract with the lowest proportion of households with access to broadband internet was also 9103 (52.8%), followed by 9102.01 (57.1%). Broadband access is an important social determinant of health, especially with the advent of telehealth, but also due to the role it plays with education and employment opportunities.⁹³

Location	Households with one or more types of computing devices (%)	Households with access to broadband internet (%)
State	93.1	85.4
County	85.6	68.4
9101.01	87.3	65.8
9101.02	80.0	59.5
9102.01	72.7	57.1
9102.02	82.7	72.0
9103	85.7	52.8
9104.01	93.9	77.2
9104.02	91.1	67.2
9104.03	84.8	66.5
9105	91.1	74.7
9106.01	84.9	76.0
9106.02	80.2	67.2
9900	-	-

Source: US Census Bureau, American Community Survey, 2020

⁹³ Crock Bauerly, B., McCord, R.F., et al. (2019). Broadband access as a public health issue: The role of law in expanding broadband access and connecting underserved communities for better health outcomes. *J Law Med Ethics*. 47 (2 Suppl): 39-42.

Life Expectancy

The figure below shows the life expectancy in Okeechobee County by **census tract**. Between 2015 and 2019, Okeechobee County has reported lower life expectancies than the state of Florida as a whole. During that time period, Florida has reported rates that are just under 80 years old, whereas Okeechobee County has reported rates consistently remained under 77 years. Moreover, whereas Florida life expectancy has remained relatively stable over the time period, Okeechobee County has also reported a modest overall decline in life expectancy. In 2019, Okeechobee County reported a life expectancy of 76.1 years as compared to 79.7 for the state of Florida as a whole. Research has demonstrated that obesity significantly reduces life years, thus, the Okeechobee County Health Equity Taskforce is committed to reducing obesity.⁹⁴

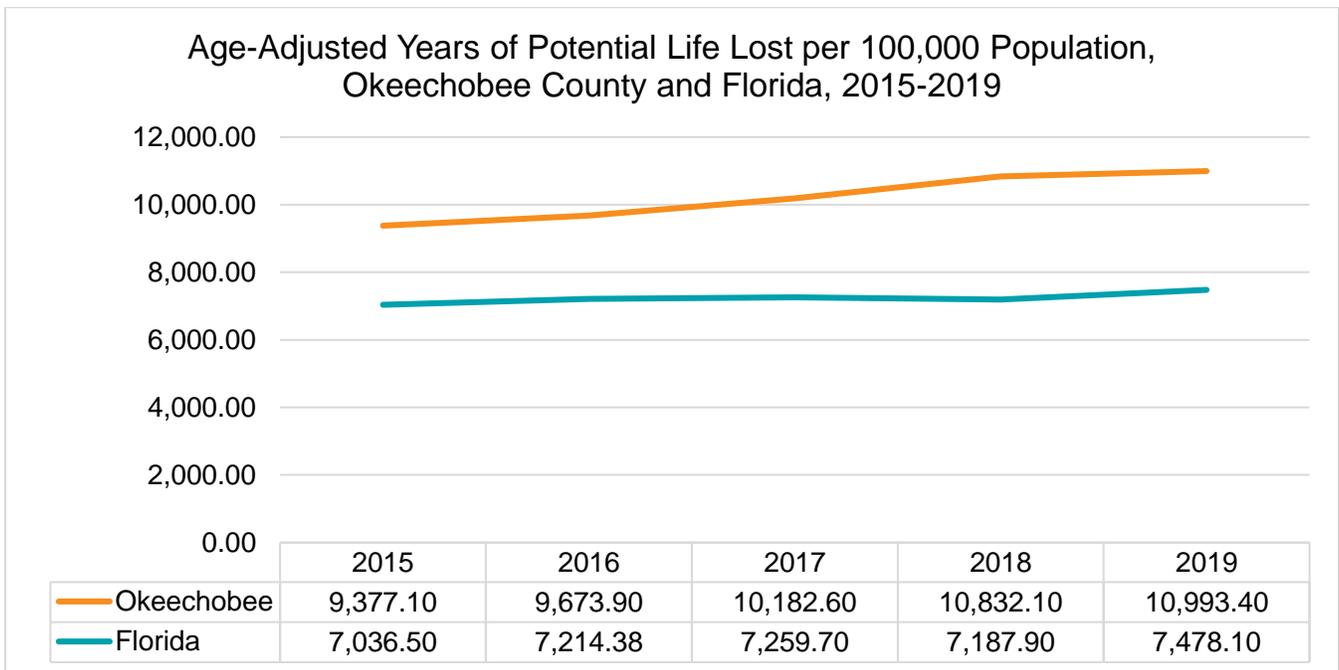
Location	2015	2016	2017	2018	2019
Florida	80.0	79.9	79.8	79.7	79.7
Okeechobee	76.9	76.4	76.1	76.3	76.1
9101.01	77.6	77.2	76.7	76.6	76.7
9101.02	77.3	77.8	77.0	76.0	75.5
9102.01	74.6	73.6	72.4	71.8	71.8
9102.02	72.1	71.4	72.2	72.9	71.7
9103	77.8	N/A	N/A	75.6	74.3
9104.01	80.7	80.1	78.4	77.7	77.5
9104.02	72.2	72.2	72.6	71.9	73.2
9104.03	75.8	75.4	76.2	75.1	74.0
9105	79.6	80.0	80.3	79.5	79.2
9106.01	79.2	79.0	79.0	79.1	79.3
9106.02	N/A	N/A	N/A	N/A	N/A

Source: Death data are from Florida Bureau of Vital Statistics. Population data are from the UMass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research.

⁹⁴ National Institute of Health (2020). Extreme obesity shaves years of life expectancy. Retrieved from: <https://irp.nih.gov/blog/post/2020/01/extreme-obesity-shaves-years-off-life-expectancy>

Premature Death – Years of Potential Life Lost

The figure below shows the age-adjusted years of potential life lost per 100,000 population in Okeechobee County and Florida between 2015 and 2019. During that time period, Okeechobee County reported consistently higher rates than the state of Florida. Okeechobee County also reported significant increases in this rate over the time period, whereas the state of Florida reported a more modest increase. In 2019, the rate was 10,993.40 years per 100,000 population for Okeechobee County, as compared to 7,478.10 years per 100,000 population for the state of Florida. Obesity has been the worldwide leading cause of preventable premature death; thus, the Okeechobee County Health Equity Taskforce is committed to addressing it.⁹⁵



Source: Robert Wood Johnson Foundation, County Health Rankings, 2022

⁹⁵ Hennekens, C.H. & Andreotti, F. (2013). Leading avoidable cause of premature deaths worldwide: case for obesity. *American Journal of Medicine*. 126(2): 97-98.

- The impact of social and community context on obesity**

Social and Community Context		
SDOH	Priority Populations Impacted	How the SDOH Impacts Obesity
Food Insecurity	Hispanic residents; Black or African American residents; and Low-income residents	Food insecurity leads to poor health outcomes and higher risk for obesity among both children and adults due to social disruption, poor dietary intake, and less physical activity. Children who experience food insecurity, but no hunger, are much more likely to be obese compared to their food secure peers, because of the increased consumption of high calorie foods with low nutritional value.
Child Opportunity Index	Residents in census tracts 9101.01, 9101.02, 9102.01, 9102.02, 9103.00, 9104.03, and 9105.00.	The Child Opportunity Index (COI) measures the quality of resources and conditions that matter for children to develop in a healthy way in the neighborhoods where they live. Research has found that children who live in areas with less opportunity are also likely to have relatively poor health outcomes compared to their peers in high opportunity areas.
Racial Residential Segregation	Hispanic residents; Black or African American residents	Black and Hispanic residents in areas with high dissimilarity, segregation, concentration, and isolation levels are more likely to be obese.
Discrimination	LGBTQ Youth	LGBTQ youth report experiencing homophobia and transphobia, which has greatly impacted their quality of life and mental health. This added strain can lead to high levels of stress, which, in certain contexts may be associated with obesity.
Social Associations as Social Support	The county as a whole has a lower rate of social associations than the state.	Social associations facilitate social relationships, which are strongly correlated with a wealth of positive physical and mental health outcomes.
Incarceration	Communities of color; the incarceration rate for the county has recently increased.	Prison populations often gain weight during their incarceration, due to the limited access to healthy and nutritional foods.
Household Composition	The proportion of children living in single-parent households has greatly declined	Children of single-parent households are more likely to be obese because they tend to eat less homemade meals, experience less family meal time, and engage in less physical activity.

	<p>over time in the county. Communities of color are most impacted, specifically Black or African American and Hispanic residents.</p>	
Life Expectancy	<p>Black or African Americans; Hispanic residents. The county has a lower life expectancy than the state. Residents in census tracts 9102.01, 9102.02, and 9104.02 experience the lowest life expectancy in the county.</p>	<p>Obesity significantly reduces life expectancy, but life expectancy is also impacted by factors such as toxic stress, weathering, and less access to resources that support good health throughout the lifespan.</p>
Premature Death – Years of Potential Life Lost	<p>Black or African Americans; Hispanic residents. The county has a higher age-adjusted rate of years of potential life lost than the state, and it has been increasing over time.</p>	<p>Obesity has been the worldwide leading cause of preventable premature death, but premature death is also caused by factors such as stress that leads to chronic disease, weathering that reduces life expectancy, and limited access to resources that promote good health throughout the lifespan.</p>

E. Health Care Access and Quality



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

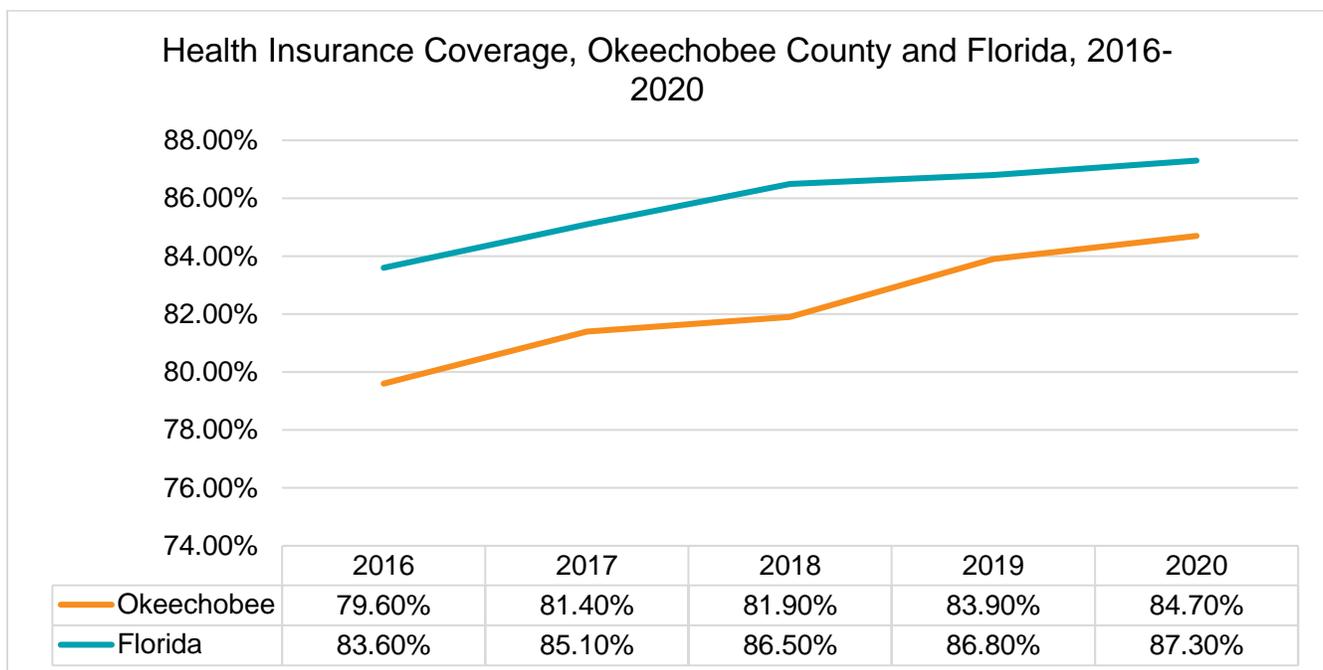
Access to health care and the quality of health care is a critical social determinant of health. Health insurance coverage, for example, is associated with improved prescription drug utilization, increased preventative care visits, and higher numbers of screenings for chronic conditions that can help to maintain or improve health.⁹⁶ Having a limited availability of medical specialists in an area may influence how many people seek care and treatment, including cost and wait times. The larger the distance to a healthcare location, the less likely patients will seek care, leading to delayed treatment and costlier interventions later on.⁹⁷ Patients living in primary care shortage areas, or those living far from healthcare options, may also suffer from a lack of check-ups and less opportunities to be educated on healthcare topics, which may influence diet and lifestyle behaviors and thus obesity and other health outcomes.

⁹⁶ Sommers, B. D., Gawande, A. A., & Baicker, K. (2017). Health insurance coverage and health—what the recent evidence tells us. *N Engl J Med*, 377(6), 586-593.

⁹⁷ Kelly, C., Hulme, C., Farragher, T., & Clarke, G. (2016). Are differences in travel time or distance to healthcare for adults in global north countries associated with an impact on health outcomes? A systematic review. *BMJ open*, 6(11), e013059. <https://doi.org/10.1136/bmjopen-2016-013059>.

Health Insurance Coverage

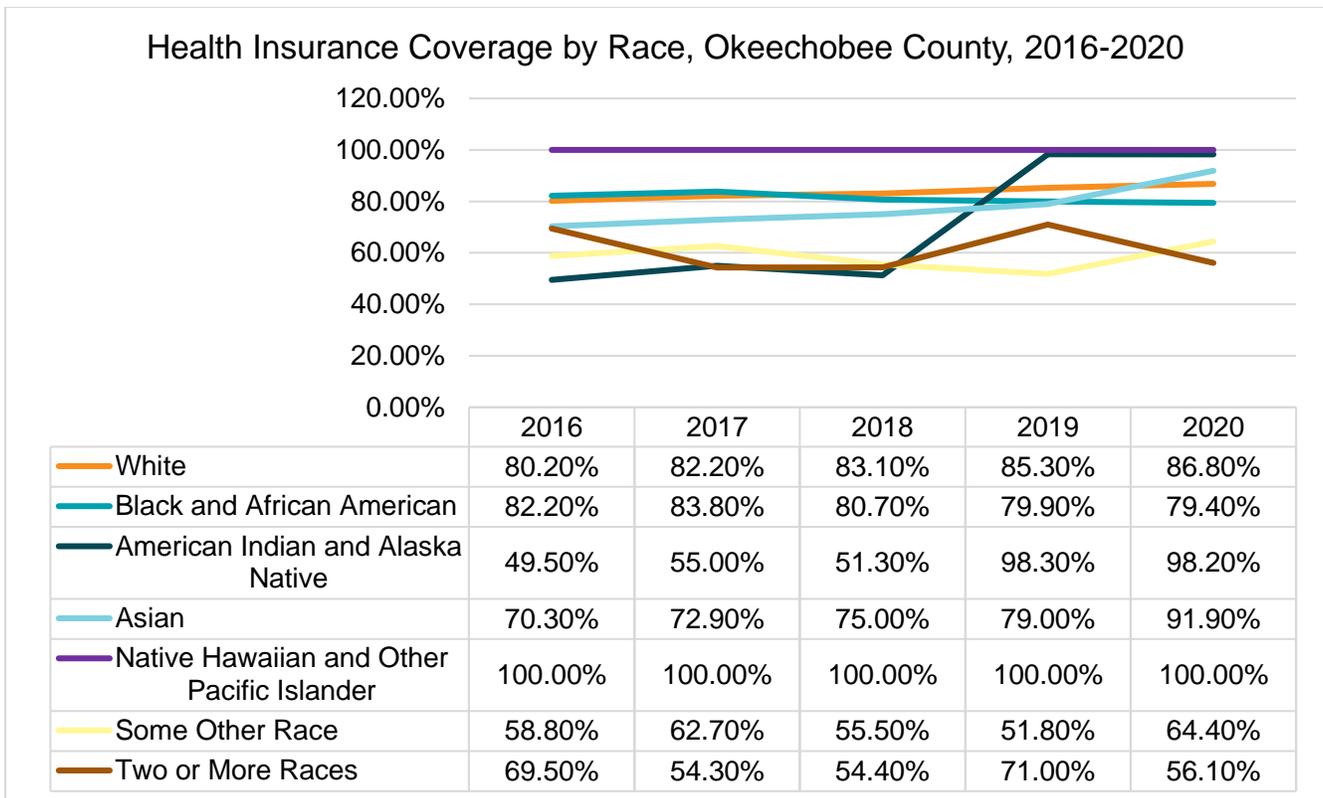
The figure below shows health insurance coverage in Okeechobee County and Florida from 2016 to 2020. Florida consistently had higher proportions of residents with health insurance coverage than Okeechobee County, though the proportion increased for both. Most recently in 2020, 87.3% of Florida residents had health insurance coverage, compared to 84.7% of Okeechobee County residents. Residents who do not have health insurance coverage experience unmet needs, delayed care, and lack of preventative screenings.⁹⁸ This can contribute to overweight and obese residents not receiving important obesity prevention, screening, treatment and management services. The Okeechobee County Health Equity Taskforce will consider future community projects aimed at addressing the lack of coverage.



Source: United States Bureau of the Census, American Community Survey, 2020

⁹⁸ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

The figure below shows health insurance coverage by **race** in Okeechobee County from 2016 to 2020. Consistently, a higher proportion of Native Hawaiian and Other Pacific Islanders had health insurance coverage, while there was fluctuation among other racial categories over time. Most recently in 2020, 100% of Native Hawaiian and Other Pacific Islanders had health insurance coverage, followed by 98% of American Indian and Alaska Native residents, 92% of Asian residents, and 87% of White residents. The racial categories with lower proportions were residents of two or more races (56%), residents of some other race (64%), and Black or African American residents (79%). As mentioned, residents who do not have health insurance coverage experience unmet needs, delayed care, and lack of preventative screenings.⁹⁹ This can contribute to overweight and obese residents not receiving important obesity prevention, screening, treatment and management services. The Okeechobee County Health Equity Taskforce consider future community projects aimed at addressing the lack of coverage among communities of color.

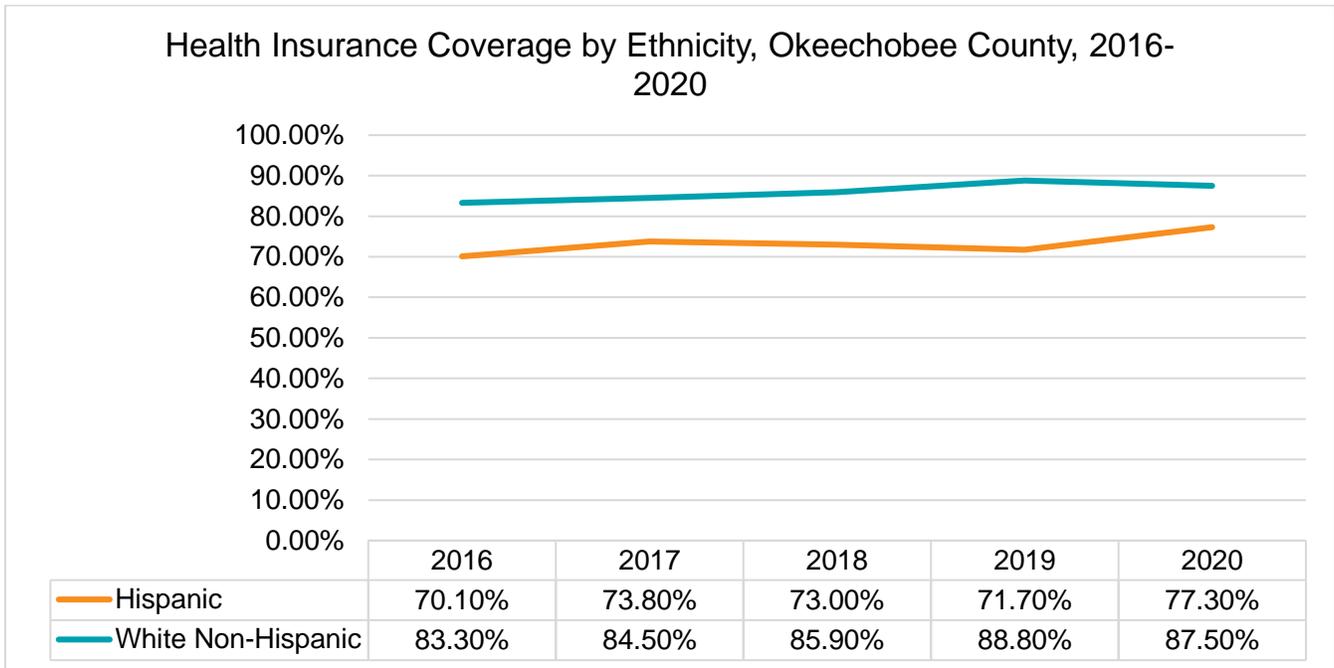


Source: United States Bureau of the Census, American Community Survey, 2020

The figure below shows health insurance coverage by **ethnicity** in Okeechobee County from 2016 to 2020. There was consistently a higher proportion of health insurance coverage among White non-

⁹⁹ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

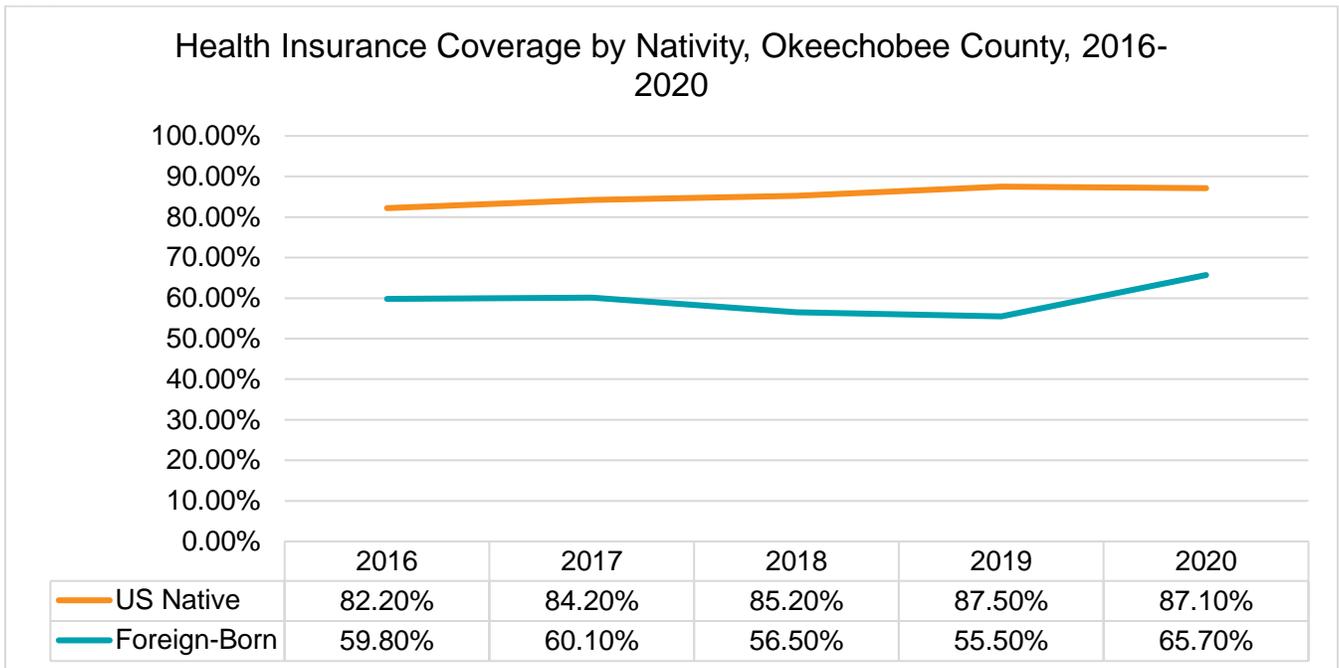
Hispanic residents compared to Hispanic residents. Most recently in 2020, 87.5% of White non-Hispanic residents had insurance coverage compared to 77.3% of Hispanic residents. As mentioned, residents who do not have health insurance coverage experience unmet needs, delayed care, and lack of preventative screenings.¹⁰⁰ This can contribute to overweight and obese residents not receiving important obesity prevention, screening, treatment and management services. The Okeechobee County Health Equity Taskforce will consider future community projects aimed at addressing the lack of coverage among communities of color.



Source: United States Bureau of the Census, American Community Survey, 2020

¹⁰⁰ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

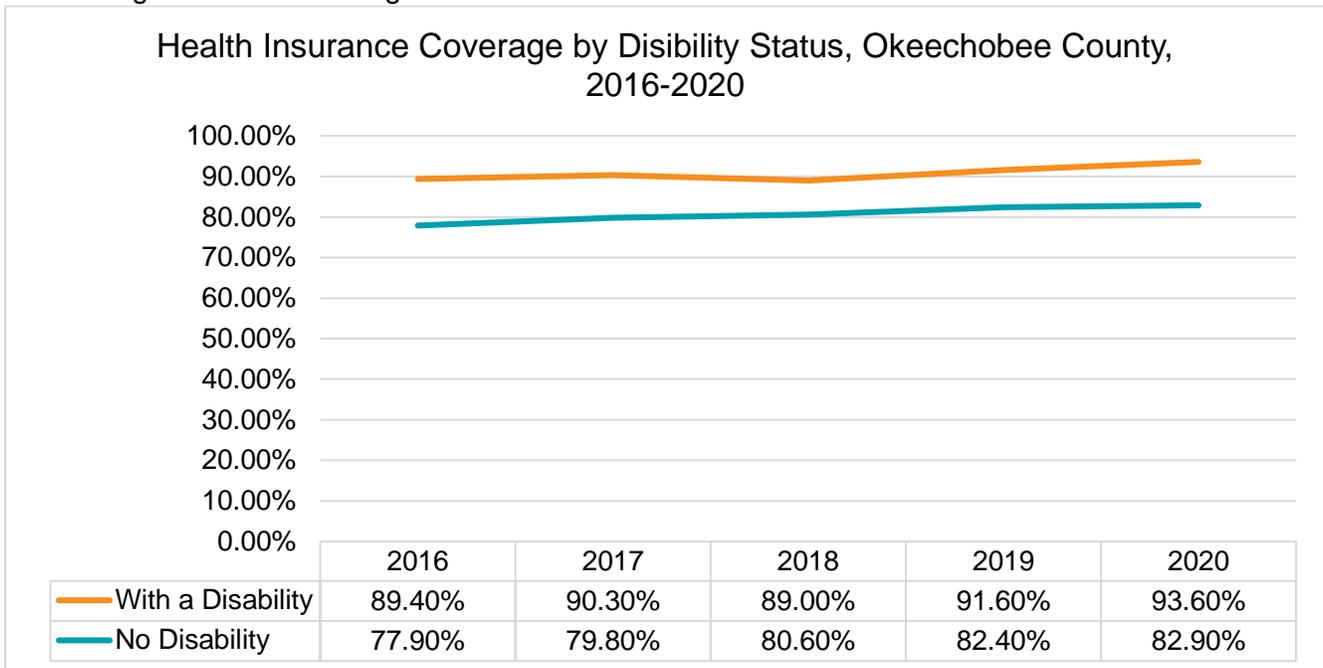
The figure below shows health insurance coverage by **nativity** in Okeechobee County from 2016 to 2020. Higher proportions of US native residents had health insurance coverage than foreign-born residents. Most recently in 2020, 87.1% of US native residents had health insurance coverage compared to 65.7% of foreign-born residents. As mentioned, residents who do not have health insurance coverage experience unmet needs, delayed care, and lack of preventative screenings.¹⁰¹ This can contribute to overweight and obese residents not receiving important obesity prevention, screening, treatment and management services. The Okeechobee County Health Equity Taskforce will consider future community projects aimed at addressing the lack of coverage among communities of color.



Source: United States Bureau of the Census, American Community Survey, 2020

¹⁰¹ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

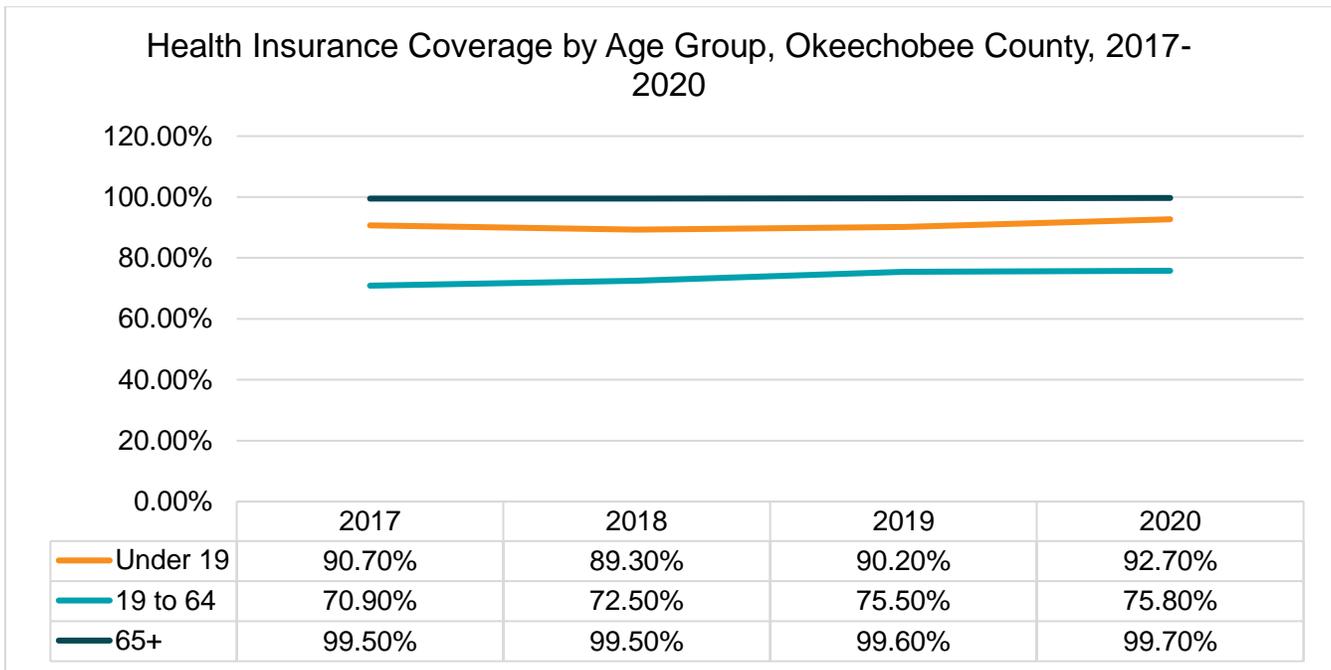
The figure below shows health insurance coverage by **disability status** in Okeechobee County from 2016 to 2020. A higher proportion of those with a disability had health insurance coverage than those with no disability, though the proportion increased for both. Most recently in 2020, 93.6% of residents with a disability had health insurance coverage compared to 82.9% of residents with no disability. As mentioned, residents who do not have health insurance coverage experience unmet needs, delayed care, and lack of preventative screenings.¹⁰² This can contribute to overweight and obese residents not receiving important obesity prevention, screening, treatment and management services. As such, the Okeechobee County Health Equity Taskforce will consider future community projects aimed at addressing the lack of coverage.



Source: United States Bureau of the Census, American Community Survey, 2020

¹⁰² Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

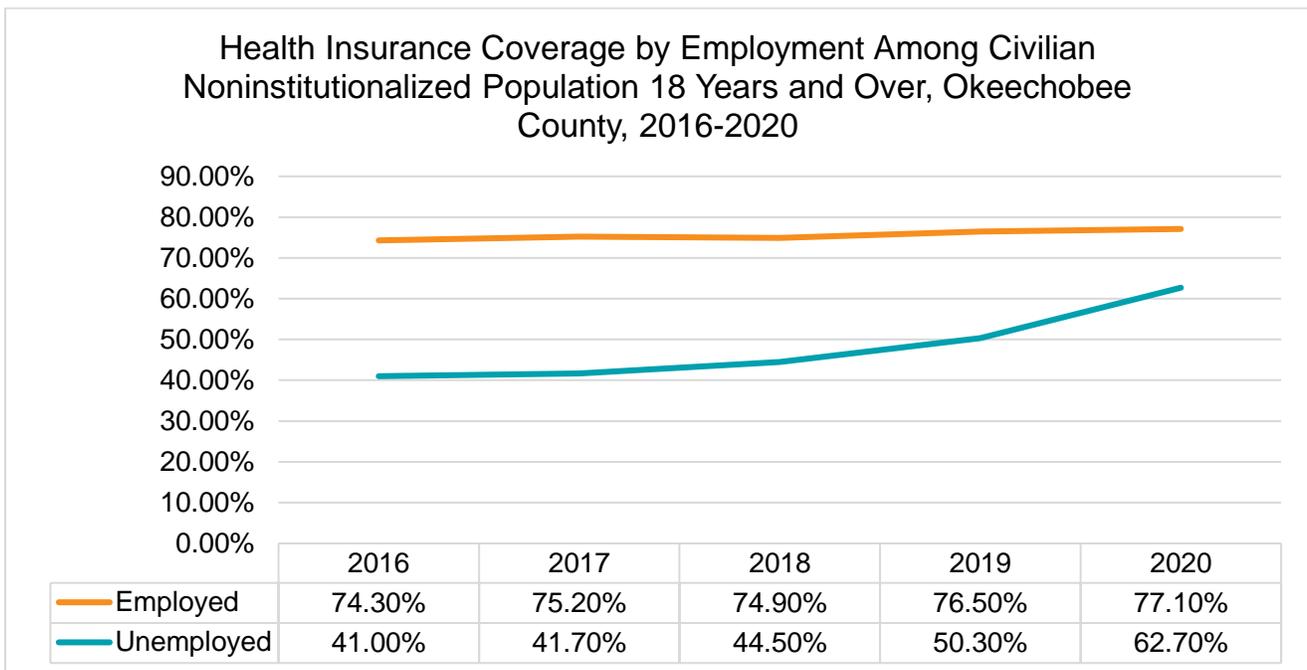
The figure below shows health insurance coverage by **age group** in Okeechobee County from 2017 to 2020. Consistently, a higher proportion of residents aged 65 years and over had health insurance coverage, followed by those under 19 years and then those age 19 to 64 years. Most recently in 2020, 99.7% residents 65 years and over had health insurance coverage, compared to 92.7% of residents under 19 years of age and 75.8% of residents 19 to 64 years of age. As mentioned, residents who do not have health insurance coverage experience unmet needs, delayed care, and lack of preventative screenings.¹⁰³ This can contribute to overweight and obese residents not receiving important obesity prevention, screening, treatment and management services. As such, the Okeechobee County Health Equity Taskforce will consider future community projects aimed at addressing the lack of coverage.



Source: United States Bureau of the Census, American Community Survey, 2020

¹⁰³ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

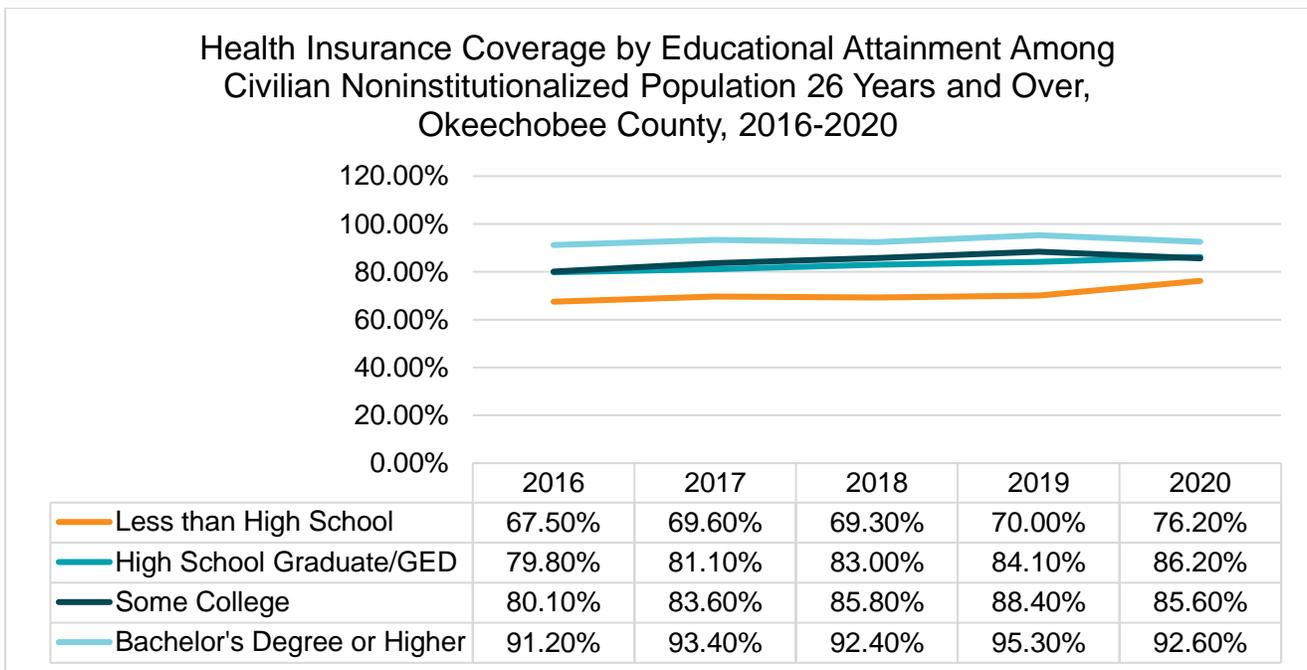
The figure below shows health insurance coverage by **employment status** among the civilian noninstitutionalized population 18 years and over in Okeechobee County from 2016 to 2020. A higher proportion of employed residents had health insurance coverage (77.1% in 2020) than unemployed residents (62.7% in 2020). As mentioned, residents who do not have health insurance coverage experience unmet needs, delayed care, and lack of preventative screenings.¹⁰⁴ This can contribute to overweight and obese residents not receiving important obesity prevention, screening, treatment and management services. As such, the Okeechobee County Health Equity Taskforce will consider future community projects aimed at addressing the lack of coverage.



Source: United States Bureau of the Census, American Community Survey, 2020

¹⁰⁴ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

The figure below shows health insurance coverage by **educational attainment** among the civilian noninstitutionalized population 18 years and over in Okeechobee County from 2016 to 2020. A higher proportion of residents with a Bachelor’s degree had health insurance coverage, followed by those with some college, then those with a high school degree or equivalency, and, finally, those with less than a high school education, demonstrating an association between educational attainment and health insurance coverage. Most recently in 2020, 92.6% of residents with a Bachelor’s degree or higher had health insurance coverage compared to 76.2% of residents with less than high school education. As mentioned, residents who do not have health insurance coverage experience unmet needs, delayed care, and lack of preventative screenings.¹⁰⁵ This can contribute to overweight and obese residents not receiving important obesity prevention, screening, treatment and management services. As such, the Okeechobee County Health Equity Taskforce will consider future community projects aimed at addressing the lack of coverage.



Source: United States Bureau of the Census, American Community Survey, 2020

¹⁰⁵ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

The table below shows health insurance coverage by **census tract** in Okeechobee County in 2020. The county had a lower proportion of health insurance coverage than the state (84.7% and 87.3%, respectively). Within the county, the census tract with the lowest proportion was 9103 (79.1%), followed by 9104.02 (81.7%). As mentioned, residents who do not have health insurance coverage experience unmet needs, delayed care, and lack of preventative screenings.¹⁰⁶ This can contribute to overweight and obese residents not receiving important obesity prevention, screening, treatment and management services. As such, the Okeechobee County Health Equity Taskforce will consider future community projects aimed at addressing the lack of coverage.

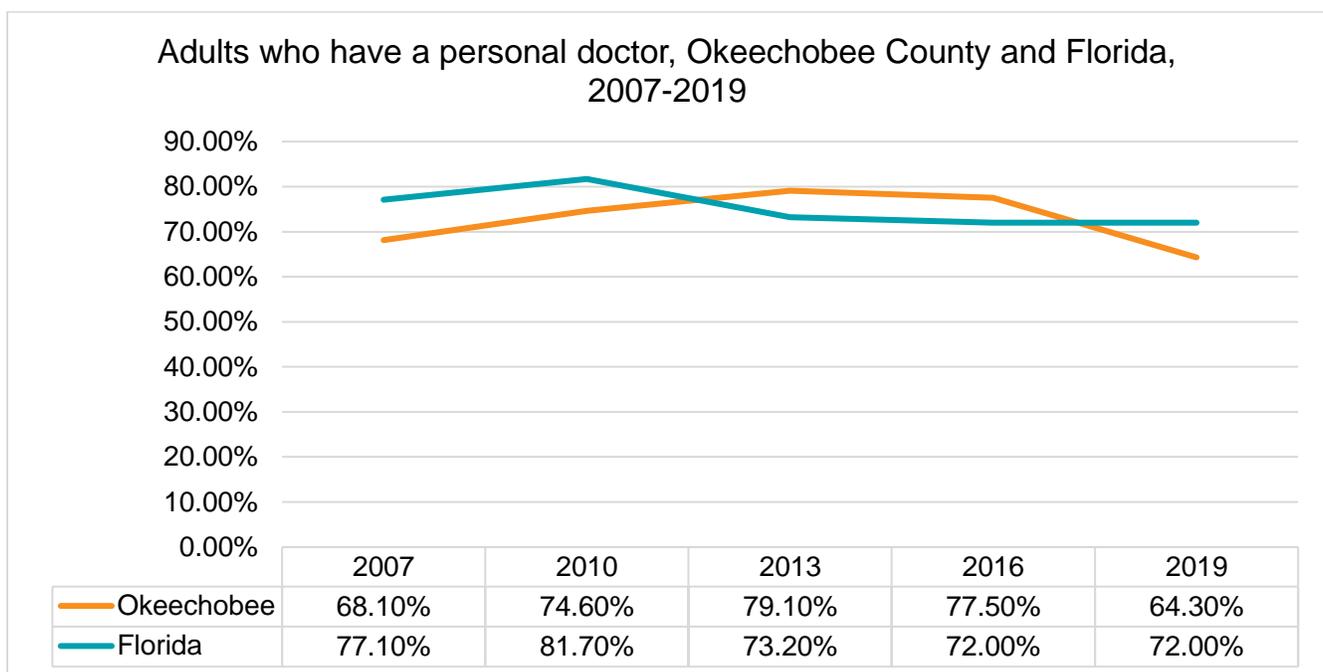
Location	With health insurance coverage (%)
State	87.3
County	84.7
9101.01	84.0
9101.02	88.1
9102.01	88.6
9102.02	86.5
9103	79.1
9104.01	82.3
9104.02	81.7
9104.03	85.0
9105	85.4
9106.01	82.3
9106.02	89.5
9900	-

Source: US Census Bureau, American Community Survey, 2020

¹⁰⁶ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

Adults who have a personal doctor

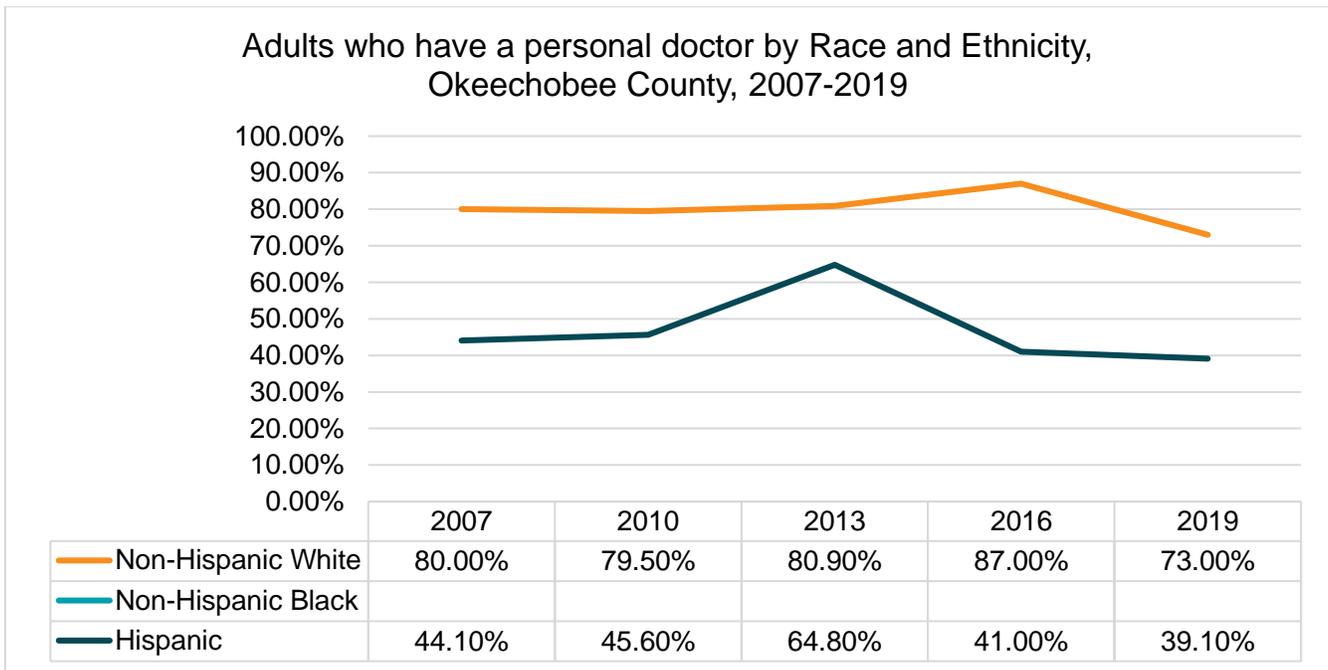
The figure below shows adults who have a personal doctor in Okeechobee County and Florida from 2007 to 2019. Over the years, there has been fluctuation in this percentage. Most recently in 2019, 72% of Florida residents had a personal doctor compared to 64.3% of Okeechobee County residents. Primary care visits are a vital opportunity for receiving timely obesity diagnoses and obesity care and management plan development.¹⁰⁷ As such, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project aimed at improving transportation options for residents to access primary care and medical services.



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

¹⁰⁷ Bardia, A., Holtan, S.G., et al. (2007). Diagnosis of obesity by primary care physicians and impact on obesity management. *Mayo Clinic Proceedings*. 82(8): 927-932.

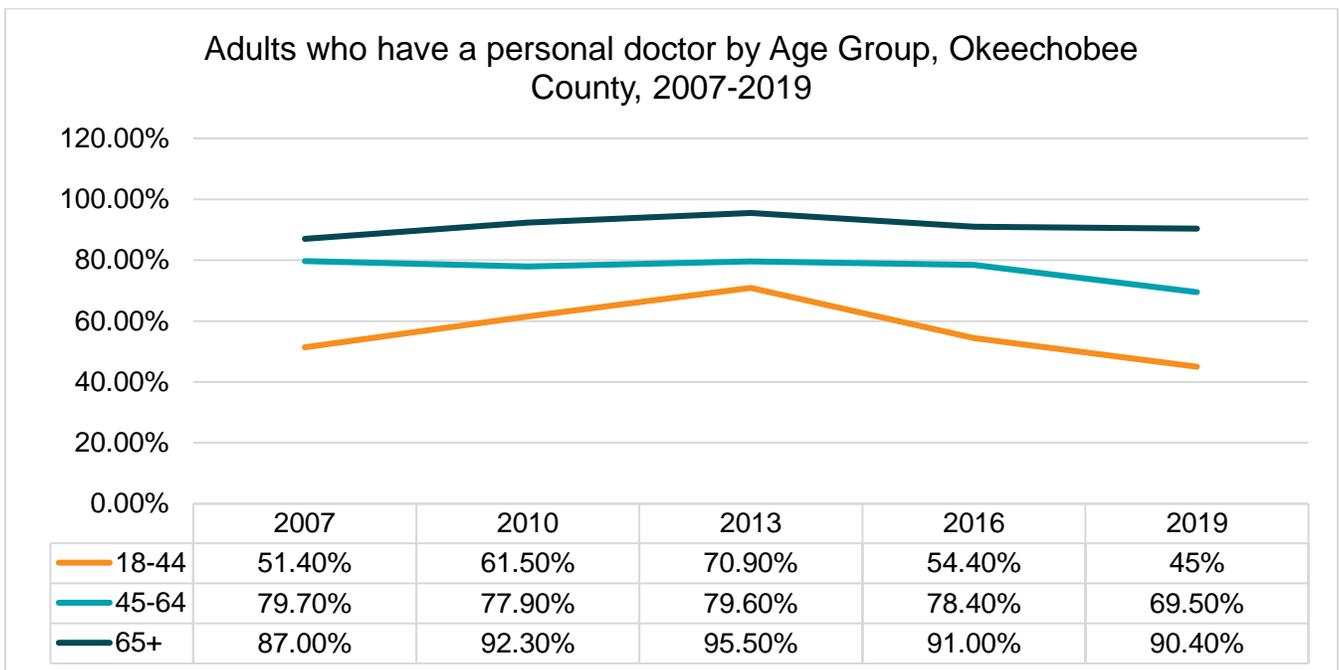
The figure below shows the proportion of adults who have a personal doctor by **race and ethnicity** in Okeechobee County from 2007 to 2019. Unfortunately, for all reportable years, there was no data available for Black or African American residents. From 2007 to 2019, a much higher proportion of White non-Hispanic residents had a personal doctor compared to Hispanic residents. Most recently in 2019, 73% of non-Hispanic White residents had a personal doctor compared to 39.1% of Hispanic residents. Primary care visits are a vital opportunity for receiving timely obesity diagnoses and obesity care and management plan development.¹⁰⁸ As such, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project aimed at improving transportation options for residents to access primary care and medical services.



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

¹⁰⁸ Bardia, A., Holtan, S.G., et al. (2007). Diagnosis of obesity by primary care physicians and impact on obesity management. *Mayo Clinic Proceedings*. 82(8): 927-932.

The figure below shows the proportion of adults who have a personal doctor by **age** in Okeechobee County from 2007 to 2019. Across all years, higher proportions of adults aged 65 years and older reported having a personal doctor compared to younger adults. During that time period, adults aged 18 to 44 years and 45 to 65 years reported an overall decline in that percentage, whereas adults aged 65 years and older reported an overall increase. Most recently in 2019, 90.4% of adults aged 65 years and older reported having a personal doctor, compared to 69.5% of adults aged 45 to 64 years and 45% of adults aged 18 to 44 years. Primary care visits are a vital opportunity for receiving timely obesity diagnoses and obesity care and management plan development.¹⁰⁹ As such, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project aimed at improving transportation options for residents to access primary care and medical services.

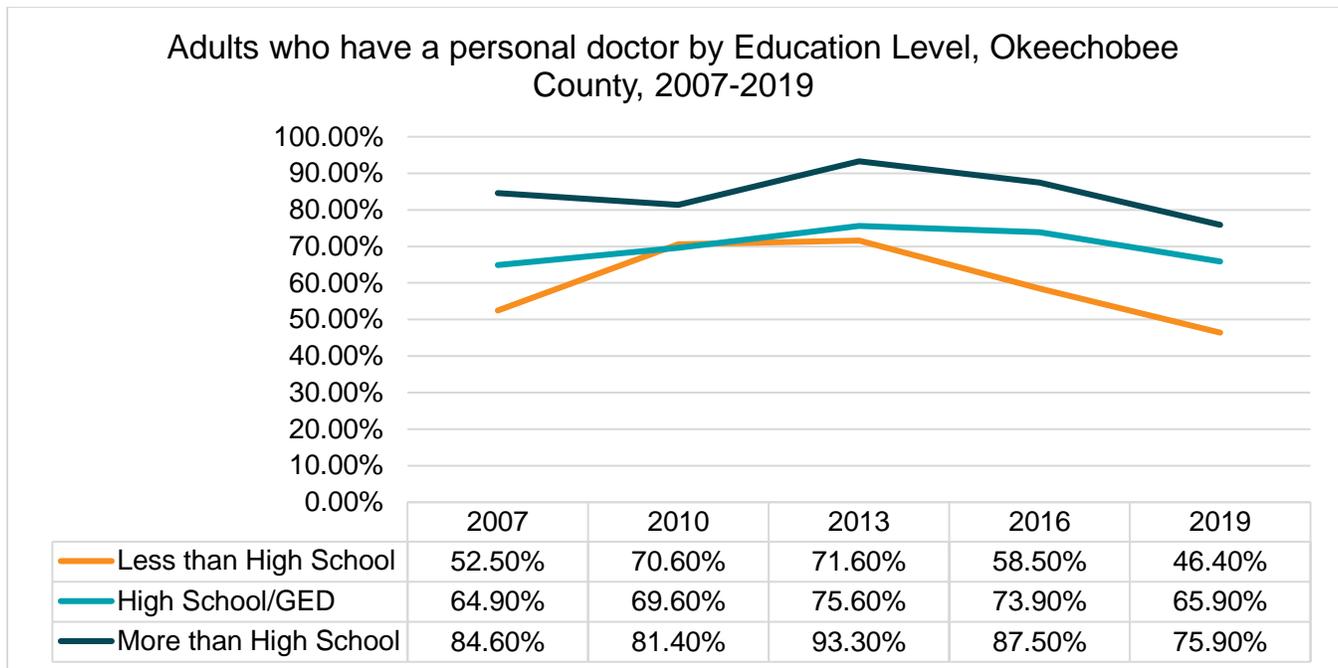


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

The figure below shows the proportion of adults who have a personal doctor by **education level** in Okeechobee County from 2007 to 2019. During that time period, adults with higher levels of education

¹⁰⁹ Bardia, A., Holtan, S.G., et al. (2007). Diagnosis of obesity by primary care physicians and impact on obesity management. *Mayo Clinic Proceedings*. 82(8): 927-932.

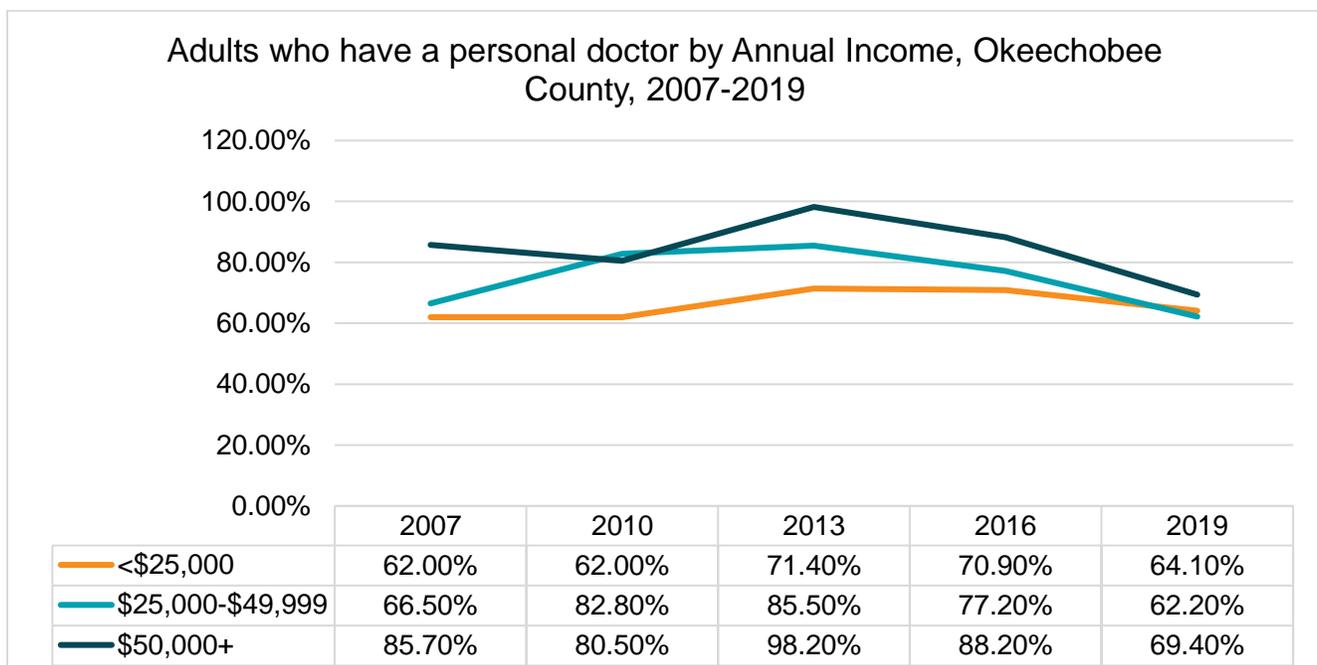
reported having a personal doctor in higher proportions compared to adults with less than a high school degree. Most recently in 2019, 75.9% of adults with more than a high school degree reported having a personal doctor, compared to 65.9% of adults with a High School/GED and 46.4% of adults with less than a high school degree. Primary care visits are a vital opportunity for receiving timely obesity diagnoses and obesity care and management plan development.¹¹⁰ As such, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project aimed at improving transportation options for residents to access primary care and medical services.



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

¹¹⁰ Bardia, A., Holtan, S.G., et al. (2007). Diagnosis of obesity by primary care physicians and impact on obesity management. *Mayo Clinic Proceedings*. 82(8): 927-932.

The figure below shows the proportion of adults who have a personal doctor by **annual income** in Okeechobee County from 2007 to 2019. Generally, during that time period, higher proportions of adults earning \$50,000+ reported having a personal doctor as compared to adults earning \$25,000-\$49,000 and less than \$25,000. While the percentages fluctuated for all income groups, those earning less than \$25,000 reported an overall increase, while higher income groups reported overall decreases. Most recently, in 2019, 64.1% of those earning less than \$25,000 reported having a personal doctor, as compared to 62.2% of those earning between \$25,000-\$49,999 and more than \$50,000. Primary care visits are a vital opportunity for receiving timely obesity diagnoses and obesity care and management plan development.¹¹¹ As such, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project aimed at improving transportation options for residents to access primary care and medical services.

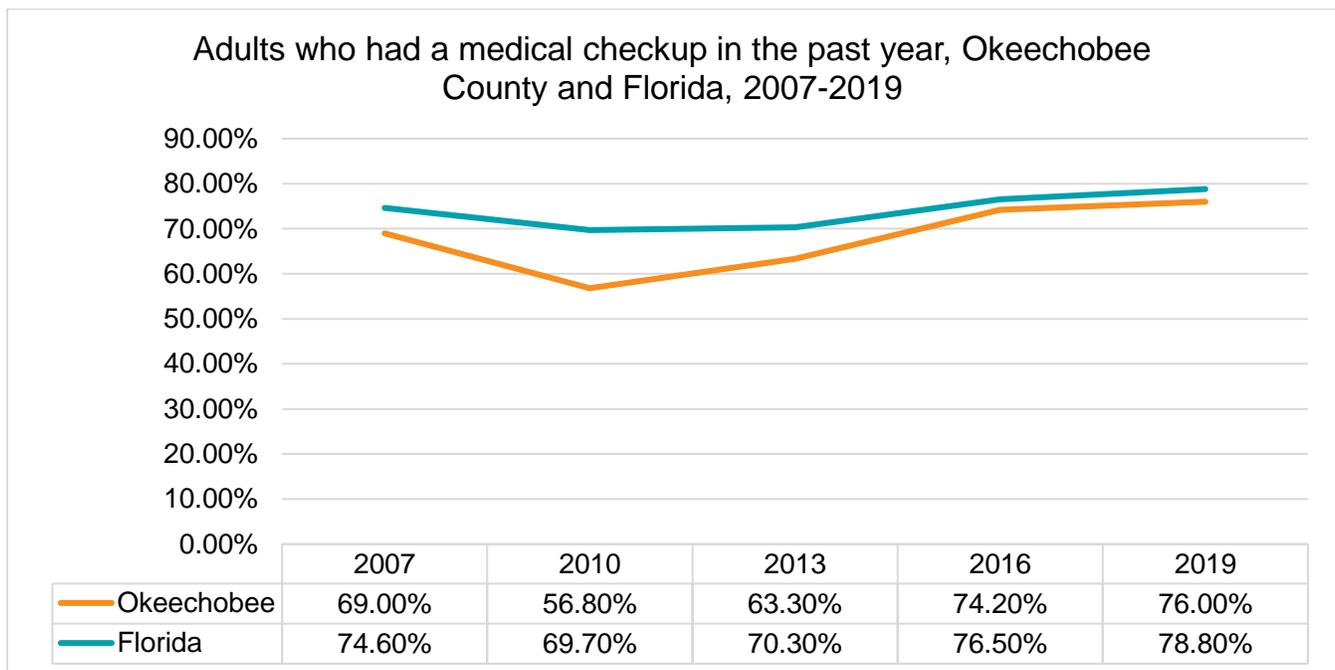


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

¹¹¹ Bardia, A., Holtan, S.G., et al. (2007). Diagnosis of obesity by primary care physicians and impact on obesity management. *Mayo Clinic Proceedings*. 82(8): 927-932.

Adults who had a medical checkup

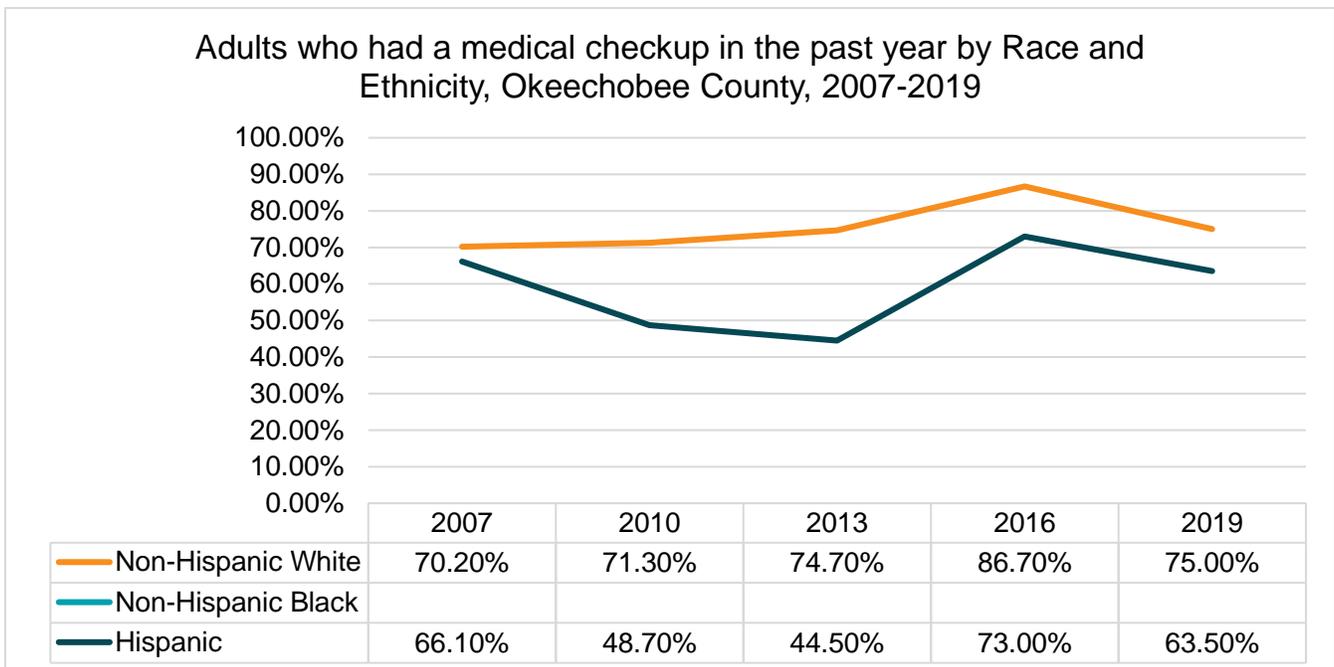
The figure below shows the proportion of adults who have had a medical check-up in Okeechobee County from 2007 to 2019. Across all years, Okeechobee County reported lower percentages than the state of Florida. While rates fluctuated for both Okeechobee County and the state of Florida, both Okeechobee County and Florida reported an overall increase in this percentage. Most recently, in 2019, Okeechobee reported a percentage of 76.0% compared to 78.8% for the state of Florida. Screening and timely diagnosis of obesity is necessary for improving health status, with research showing that those with overweight status or obesity who received a diagnosis being over two times more likely to attempt to lose weight.¹¹² As such, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project aimed at improving transportation options for residents to access primary care and medical services.



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

¹¹² Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

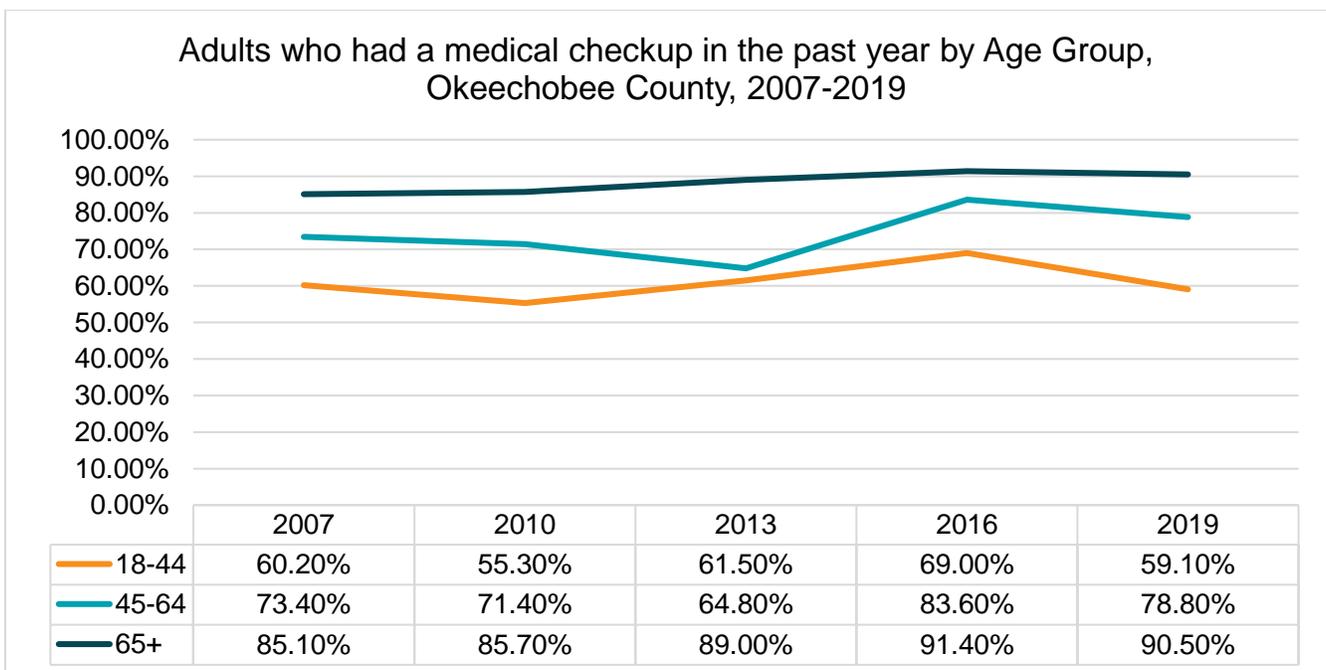
The figure below shows the proportion of adults who have had a medical check-up by **race and ethnicity** in Okeechobee County from 2007 to 2019. Data for non-Hispanic Black residents was not available. Across all years, a higher proportion of non-Hispanic White residents reported having a medical check-up. Most recently, in 2019, 75.0% of non-Hispanic White residents reported having a medical check-up in the past year compared to 63.5% of Hispanic adults. Screening and timely diagnosis of obesity is necessary for improving health status, with research showing that those with overweight status or obesity who received a diagnosis being over two times more likely to attempt to lose weight.¹¹³ As such, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project aimed at improving transportation options for residents to access primary care and medical services.



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

¹¹³ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

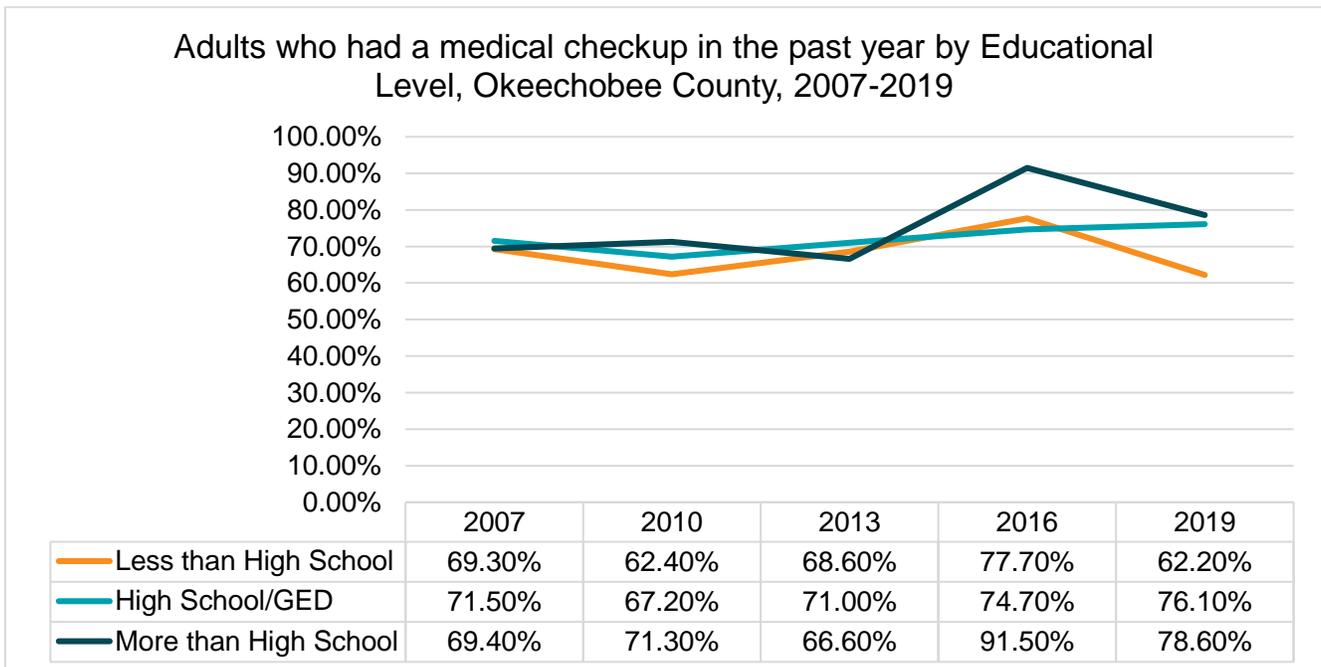
The figure below shows the proportion of adults who have had a medical check-up by **age** in Okeechobee County from 2007 to 2019. Across all years, a higher proportion of adults aged 65 years and older reported having a medical check-up as compared to adults aged 45 to 64 years. Similarly, across all years, a higher proportion of adults aged 45 to 65 years reported having a medical check-up compared to adults aged 18 to 44 years. Most recently, in 2019, 90.5% of adults aged 65 years and older reported having a medical check-up in the past year compared to 78.8% of adults aged 45 to 64 years and 59.1% of adults aged 18 to 44 years. Screening and timely diagnosis of obesity is necessary for improving health status, with research showing that those with overweight status or obesity who received a diagnosis being over two times more likely to attempt to lose weight.¹¹⁴ As such, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project aimed at improving transportation options for residents to access primary care and medical services.



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

¹¹⁴ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

The figure below shows the proportion of adults who have had a medical check-up by **educational level** in Okeechobee County from 2007 to 2019. During this time period, the percentages fluctuated across all education levels but overall decreased for adults with less than high school and overall increased for adults with a high school degree or GED and more than a high school degree. Most recently, in 2019, 62.2% of those with less than High School education reported having a medical checkup in the past year, as compared to 76.1% of those with a high school/GED educational level and 78.6% of those with more than a high school degree. Screening and timely diagnosis of obesity is necessary for improving health status, with research showing that those with overweight status or obesity who received a diagnosis being over two times more likely to attempt to lose weight.¹¹⁵ As such, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project aimed at improving transportation options for residents to access primary care and medical services.



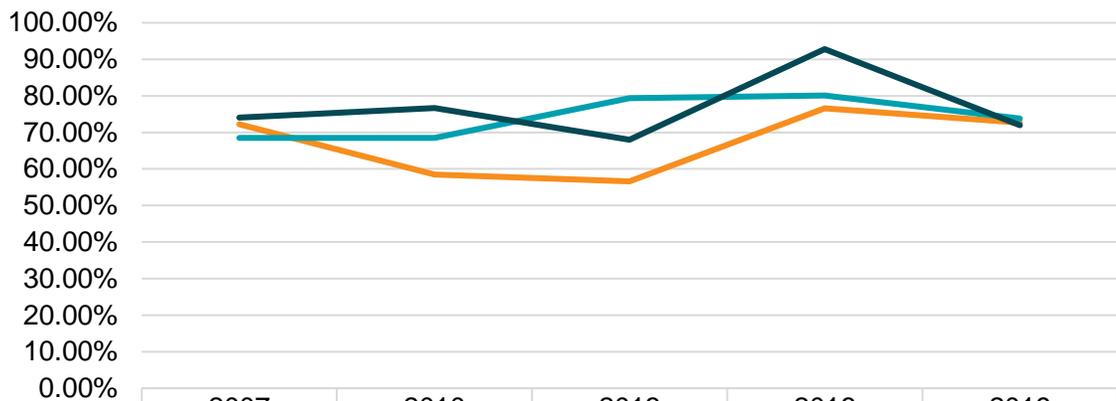
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

The figure below shows the proportion of adults who have had a medical check-up by **annual income** in Okeechobee County from 2007 to 2019. While the percentage of adults who have had a medical

¹¹⁵ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

checkup has fluctuated across all income groups, those earning less than \$25,000 and \$25,000-\$49,999 saw a modest increase in this percentage, and those earning more than \$50,000 saw an overall increase in this percentage. Most recently, in 2019, 72.7% of adults those earning less than \$25,000 had a medical checkup in the past year, compared to 73.8% for those \$25,000-\$49,999 and 72.0% for those earning more than \$50,000. Screening and timely diagnosis of obesity is necessary for improving health status, with research showing that those with overweight status or obesity who received a diagnosis being over two times more likely to attempt to lose weight.¹¹⁶ As such, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project aimed at improving transportation options for residents to access primary care and medical services.

Adults who had a medical checkup in the past year by Annual Income, Okeechobee County, 2007-2019



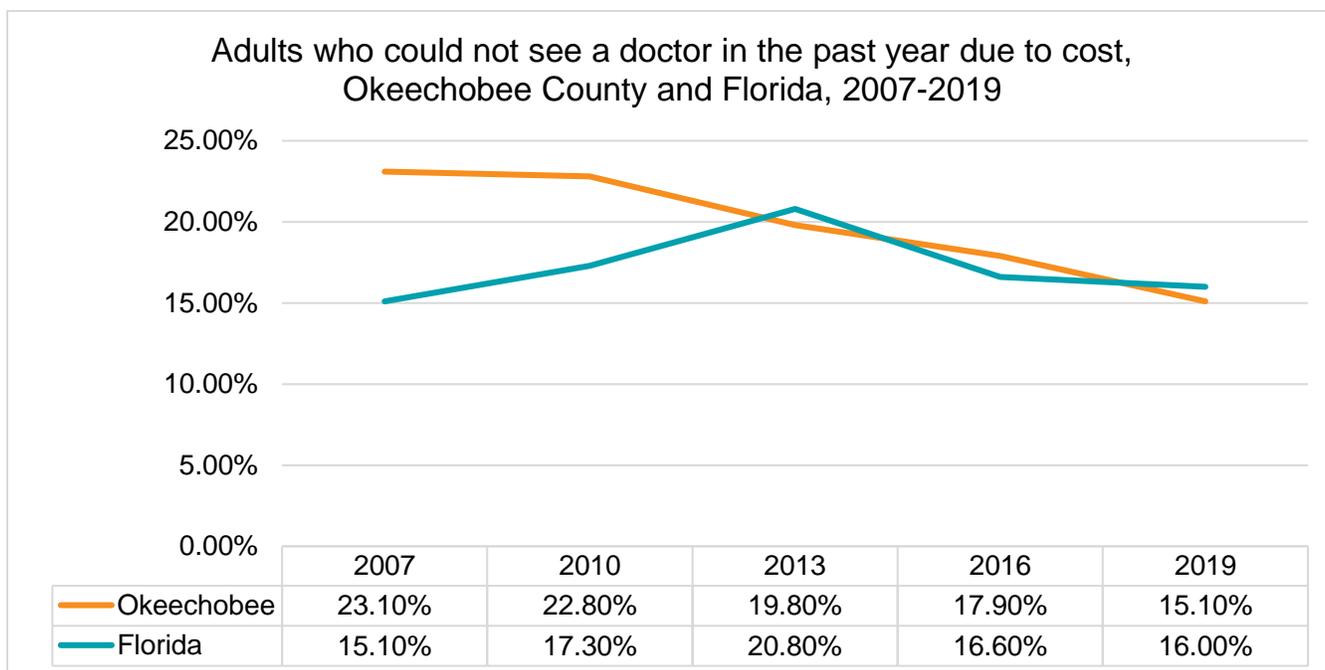
	2007	2010	2013	2016	2019
<\$25,000	72.20%	58.50%	56.60%	76.60%	72.70%
\$25,000-\$49,999	68.50%	68.50%	79.40%	80.10%	73.80%
\$50,000+	74.10%	76.70%	68.00%	92.80%	72.00%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

Adults who could not see a doctor due to cost

¹¹⁶ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

The figure below shows the proportion of adults who could not see a doctor in the past year due to cost in Okeechobee County from 2007 to 2019. During that time period, Okeechobee County has reported consistent declines in the percentage of adults who could not receive care in the past year due to costs, while the state of Florida has reported fluctuations and an overall increase in that percentage. Most recently, in 2019, Okeechobee County reported 15.1% as compared to 16.0% for the state of Florida. Obesity significantly impacts one’s overall health and is correlated with high associated medical costs.¹¹⁷ Compounding obesity with the inability to pay for medical visits worsens the issue, so the Okeechobee County Health Equity Taskforce will consider future community projects aimed at mitigating any cost-related barriers to care, though the proportion of residents who could not see a doctor in the past year due to cost has decreased from 2007 to 2019 in the county.

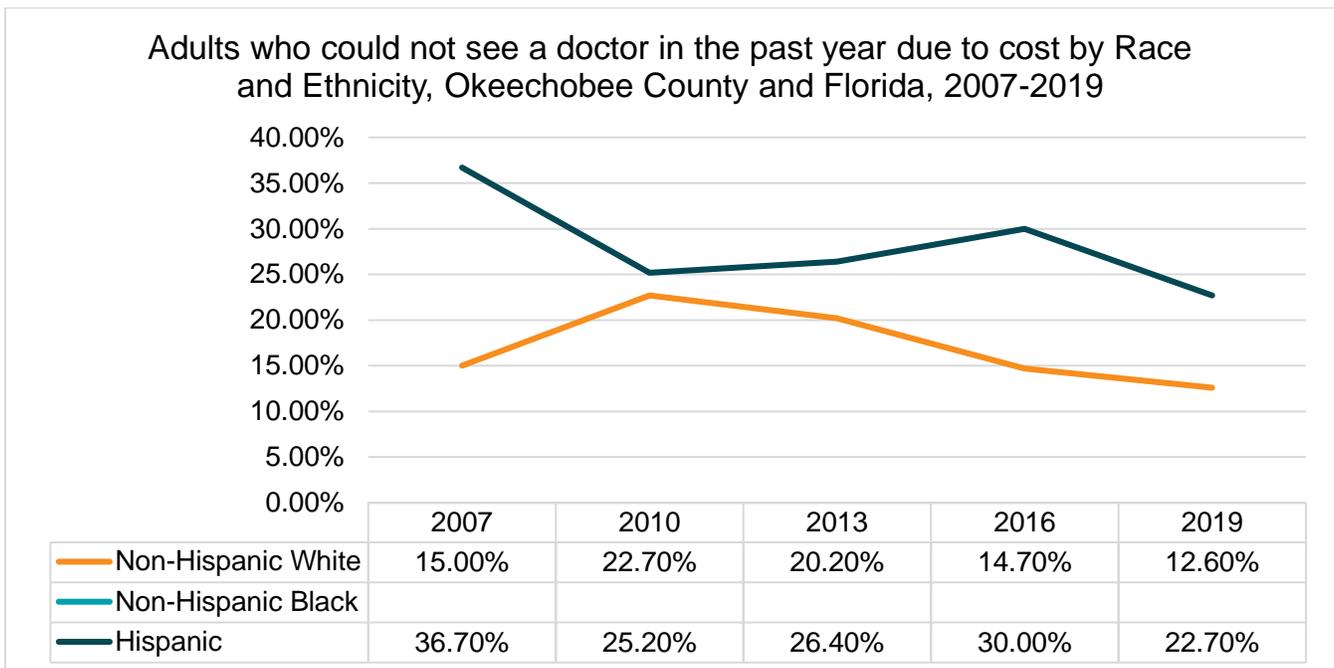


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

The figure below shows the proportion of adults who could not see a doctor in the past year due to cost by **race and ethnicity** in Okeechobee County from 2007 to 2019. Unfortunately, data for non-Hispanic Black residents was unavailable for the years reported. Across all years, a higher proportion of Hispanic adults reported not being able to see a doctor in the past year due to cost compared to non-Hispanic

¹¹⁷ Van Baal, P. Polder, J.J., et al. (2008). Lifetime medical costs of obesity: Prevention no cure for increasing health expenditure. *PLoS Medicine*. <https://doi.org/10.1371/journal.pmed.0050029>

White adults. While rates for both non-Hispanic White and Hispanic adults fluctuated during that time period, both groups reported overall declines during that time period- with Hispanic adults reporting a significant drop while non-Hispanic White adults reported a more modest drop. Most recently, in 2019 12.6% of non-Hispanic White adults and 22.7% of Hispanic adults reported not being able to see a doctor in the past year due to cost. As stated, obesity significantly impacts one’s overall health and is correlated with high associated medical costs.¹¹⁸ Compounding obesity with the inability to pay for medical visits worsens the issue, so the Okeechobee County Health Equity Taskforce will consider future community projects aimed at mitigating any cost-related barriers to care.

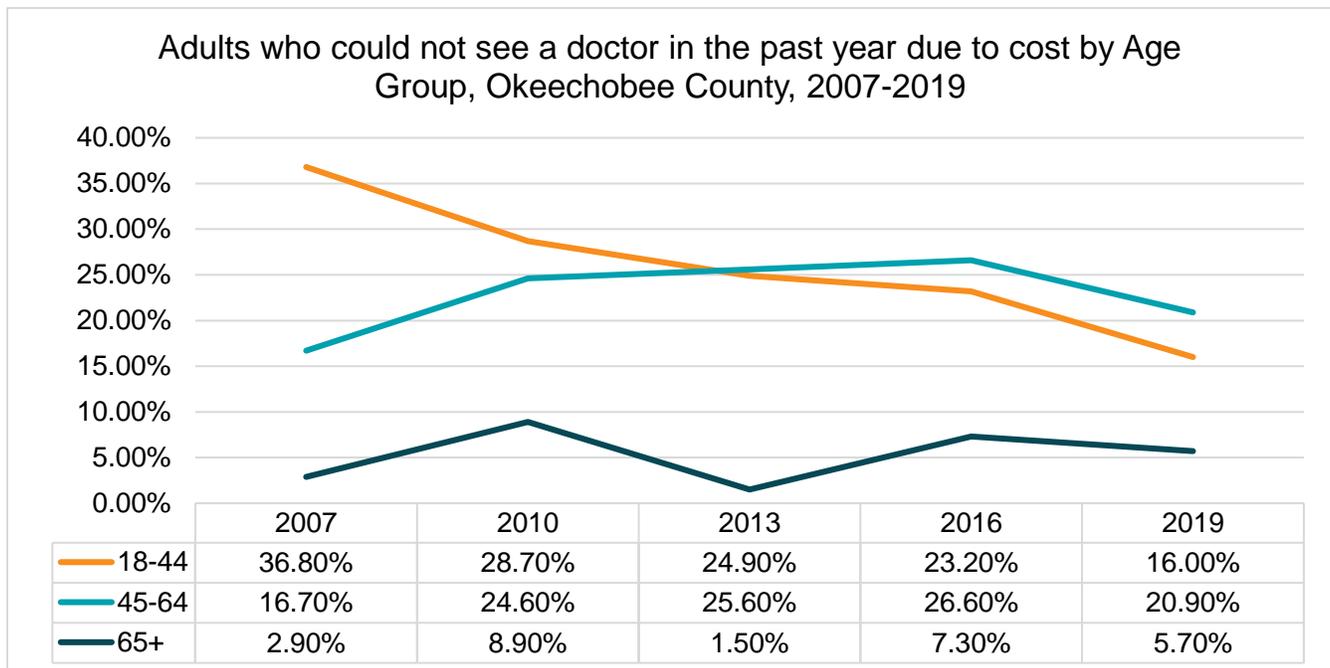


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

The figure below shows the proportion of adults who could not see a doctor in the past year due to cost by **age** in Okeechobee County from 2007 to 2019. Across all years, those aged 65 years and older reported much lower percentages than the younger age groups. During that time period, adults aged 18 to 44 years saw a consistent decline in that percentage, whereas adults aged 45 to 64 years and 65 years and older reported fluctuating but overall increasing percentages. Most recently, in 2019, 16.0% of adults aged 18 to 44 years reported not being able to see a doctor in the past year due to cost,

¹¹⁸ Van Baal, P. Polder, J.J., et al. (2008). Lifetime medical costs of obesity: Prevention no cure for increasing health expenditure. *PLoS Medicine*. <https://doi.org/10.1371/journal.pmed.0050029>

compared to 20.9% of adults aged 45 to 64 years and 5.7% of those aged 65 years and older. As stated, obesity significantly impacts one’s overall health and is correlated with high associated medical costs.¹¹⁹ Compounding obesity with the inability to pay for medical visits worsens the issue, so the Okeechobee County Health Equity Taskforce will consider future community projects aimed at mitigating any cost-related barriers to care.

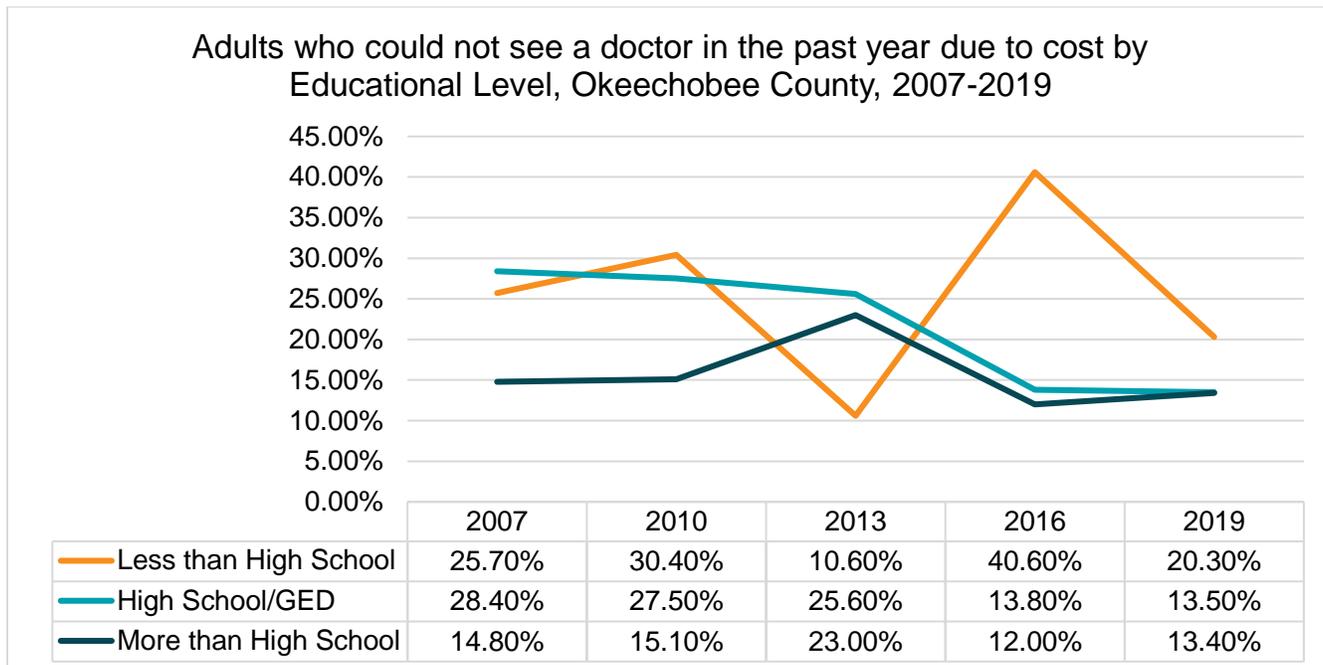


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

The figure below shows the proportion of adults who could not see a doctor in the past year due to cost by **educational level** in Okeechobee County from 2007 to 2019. Between 2007 and 2019, all educational levels reported fluctuating percentages, and all educational levels reported an overall decline in that percentage. Most recently, in 2019, 20.3% of adults with less than a high school degree reported not being able to see a doctor in the past year due to cost, compared to 13.5% of adults with a high school degree or GED and 13.4% of adults with more than a high school degree. As stated, obesity significantly impacts one’s overall health and is correlated with high associated medical

¹¹⁹ Van Baal, P. Polder, J.J., et al. (2008). Lifetime medical costs of obesity: Prevention no cure for increasing health expenditure. *PLoS Medicine*. <https://doi.org/10.1371/journal.pmed.0050029>

costs.¹²⁰ Compounding obesity with the inability to pay for medical visits worsens the issue, so the Okeechobee County Health Equity Taskforce will consider future community projects aimed at mitigating any cost-related barriers to care.

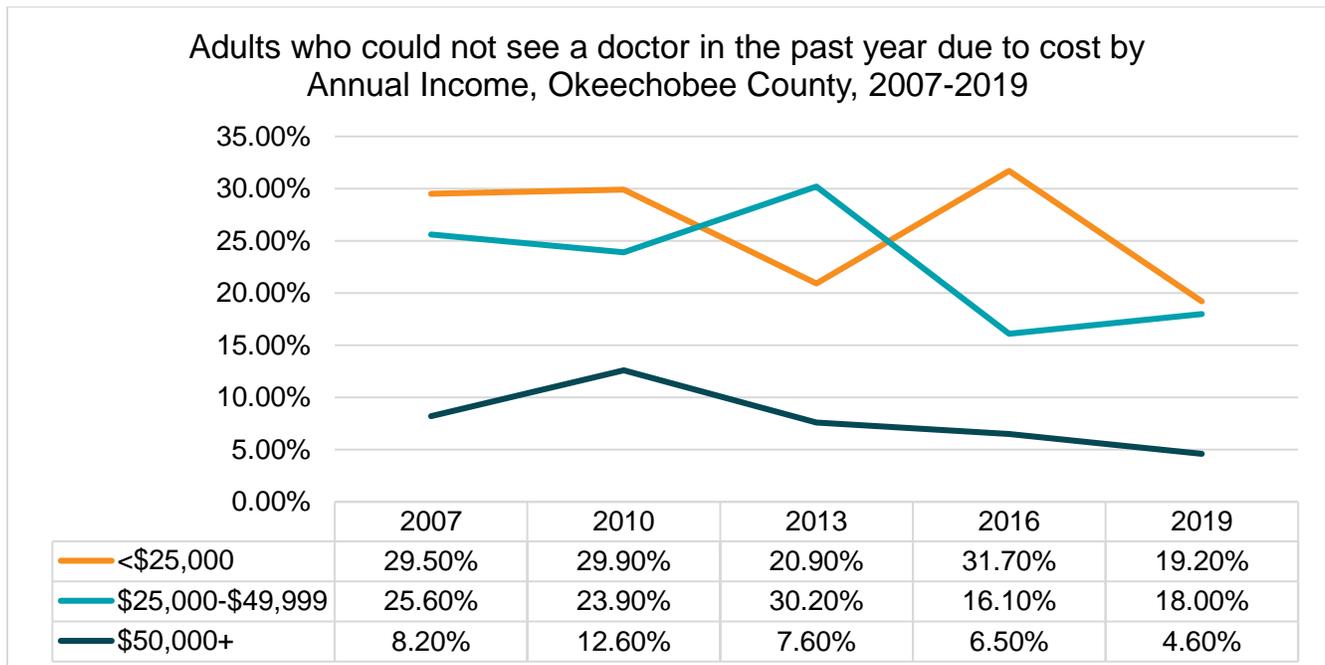


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

The figure below shows the proportion of adults who could not see a doctor in the past year due to cost by **annual income** in Okeechobee County from 2007 to 2019. Between 2007 and 2019, adults earning \$50,000 or more reported significantly lower percentages than those earning \$49,000 or less. Over that time period, all income groups reported fluctuating but overall declining percentages. Most recently, in 2019, 19.2% of adults earning less than \$25,000 could not see a doctor due to cost, compared to 18.0% of adults earning \$25,000-\$49,000 and 4.6% of adults earning more than \$50,000. As stated, obesity significantly impacts one’s overall health and is correlated with high associated medical

¹²⁰ Van Baal, P. Polder, J.J., et al. (2008). Lifetime medical costs of obesity: Prevention no cure for increasing health expenditure. *PLoS Medicine*. <https://doi.org/10.1371/journal.pmed.0050029>

costs.¹²¹ Compounding obesity with the inability to pay for medical visits worsens the issue, so the Okeechobee County Health Equity Taskforce will consider future community projects aimed at mitigating any cost-related barriers to care.



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

¹²¹ Van Baal, P. Polder, J.J., et al. (2008). Lifetime medical costs of obesity: Prevention no cure for increasing health expenditure. *PLoS Medicine*. <https://doi.org/10.1371/journal.pmed.0050029>

Health Care Discrimination Among Residents of Trans Experience

It is important to discuss the marginalization that residents of **trans experience** face when seeking health care services. In 2012, the National Transgender Discrimination Survey found that, in Florida, 26% of trans residents were refused medical care, 29% postponed medical care when they needed it due to previous experiences of discrimination, and only 27% had employer-sponsored health coverage, compared to 59% of the state's general population.¹²² The Okeechobee Health Equity Taskforce recognizes the significant health care access and quality related disparity that residents of trans experience face and will look into future community projects aimed at improving these conditions.

26% were
refused medical
care

29% postponed
needed care due
to transphobia

Only 27% had
employer-
sponsored
health coverage

Source: National Center for Transgender Equality and the National Gay and Lesbian Task Force, National Transgender Discrimination Survey, 2012

¹²² National Center for Transgender Equality and the National Gay and Lesbian Task Force. 2012. Florida Results. Retrieved from: https://transequality.org/sites/default/files/docs/resources/ntds_state_fl.pdf

Medically Underserved Areas/Populations (MUA/P)

The figure below shows the index of medical underservice score. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.¹²³ MUA/P scores utilize an Index of Medical Underservice (IMU) for proposed designations. An area or population can receive an IMU score between 0-100. An area or population with an IMU of 62.0 or below qualifying for designation as an MUA/P. Due to the direct impact that timely diagnosis, treatment, and management has on the prevalence of obesity, the Okeechobee Health Equity Taskforce is implementing a transportation access community project to increase access to medical care, in addition to considering future community projects aimed at improving health care access.

Discipline	MUA/P ID	Service Area Name	Designation Type	Index of Medical Underservice Score	Status	Rural Status
Primary Care	00537	Low-income/mfw of Okeechobee County	Medically Underserved Area	57.2	Designated	Rural

Source: Health Resources and Service Administration, 2020

¹²³ HRSA Health Workforce. Scoring Shortage Designations. <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>

Health Professional Shortage Areas (HPSA)

The figure below shows Health Professional Shortage Areas (HPSA) that indicate designations of a shortage of workers in primary care, dental health, and mental health. Due to the direct impact that timely diagnosis, treatment, and management has on the prevalence of obesity, the Okeechobee Health Equity Taskforce is implementing a transportation access community project to increase access to medical care, in addition to considering future community projects aimed at improving health care access.

Discipline	HPSA ID	HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Status	Rural Status
Primary Care	1126418583	LI-Okeechobee County	Low Income Population HPSA	2.05	14	Designated	Rural
Primary Care	1125742814	Okeechobee Correctional Institution	Correctional Facility	1.24	6	Designated	Rural
Primary Care	112999124W	Florida Community Health Centers, Inc.	Federally Qualified Health Center (PBC)		19	Designated	Non-Rural
Dental Health	6124183660	LI-Okeechobee County	Low Income Population HPSA	3.71	20	Designated	Rural
Dental Health	6121858632	Okeechobee Correctional Institution	Correctional Facility	0.63	3	Designated	Rural
Dental Health	612999123C	Florida Community Health Centers, Inc.	Federally Qualified Health Center (PBC)		26	Designated	Non-Rural
Mental Health	7128784063	Okeechobee County	High Needs Geographic HPSA	1.78	18	Designated	Rural
Mental Health	7125111704	Okeechobee Correctional Institution	Correctional Facility	1.12	21	Designated	Rural
Mental Health	7129991295	Florida Community Health Centers, Inc.	Federally Qualified Health Center (PBC)		22	Designated	Non-Rural

Source: Health Resources and Service Administration, 2020

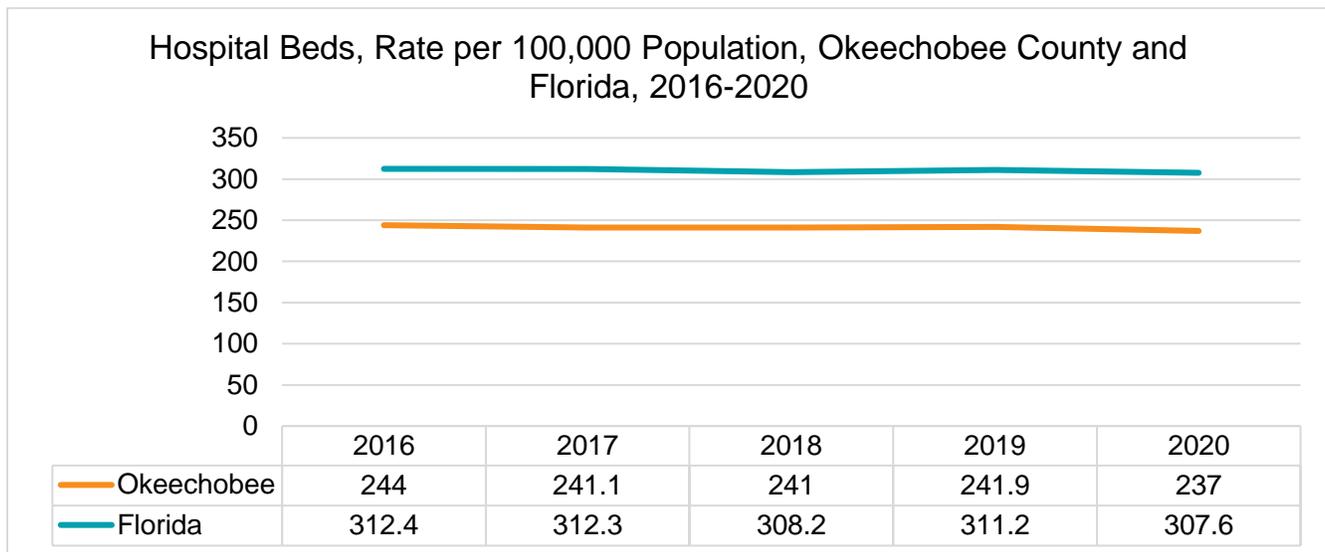
Health Resource Availability

The table below lists the licensed hospitals in Okeechobee County. As of May 2022, there is one licensed hospital in the county. Because transportation to seek urgent treatment is a barrier in the county, especially due to the availability of a single hospital, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project to increase access to medical care.

Licensed Hospital	Address	Phone Number	Licensed Beds
HCA Florida Raulerson Hospital - 100252	1796 Hwy 441 North, Okeechobee, FL 34972	863-763-2151	100

Source: FloridaHealthFinder.gov

The figure below shows the rate of hospital beds per 100,000 population in Okeechobee County between 2016 and 2020. During that time period, Okeechobee County consistently reported lower rates than the state of Florida. Between 2016 and 2020, the rates for Okeechobee and Florida remained fairly stable, with only small overall declines in the rate of hospital beds reported for both.



Source: Florida Department of Health, Division of Medical Quality Assurance

DOH-Okeechobee

Health Equity Plan

The table below lists the number of licensed nursing homes in Okeechobee County. As of May 2022, there is one licensed nursing home in the county. Because transportation is a barrier in the county, especially given the availability of a single nursing home, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project to increase access to medical care.

Licensed Nursing Home	Address	Phone Number	Licensed Beds
Okeechobee Health Care Facility	1646 US Highway N, Okeechobee, FL 34972	863-763-2226	210

Source: FloridaHealthFinder.gov

The table below lists the number of licensed home health agencies in Okeechobee County. As of May 2022, there is one licensed home health agency in the county. Because transportation is a barrier in the county, especially given the availability of a single home health agency, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project to increase access to medical care.

Licensed Home Health Agency	Address	Phone Number	Licensed Beds
Big Lake Home Health Services Inc. - 19964481	111 NE 11 th Street, Okeechobee, FL 34972	863-467-9997	0

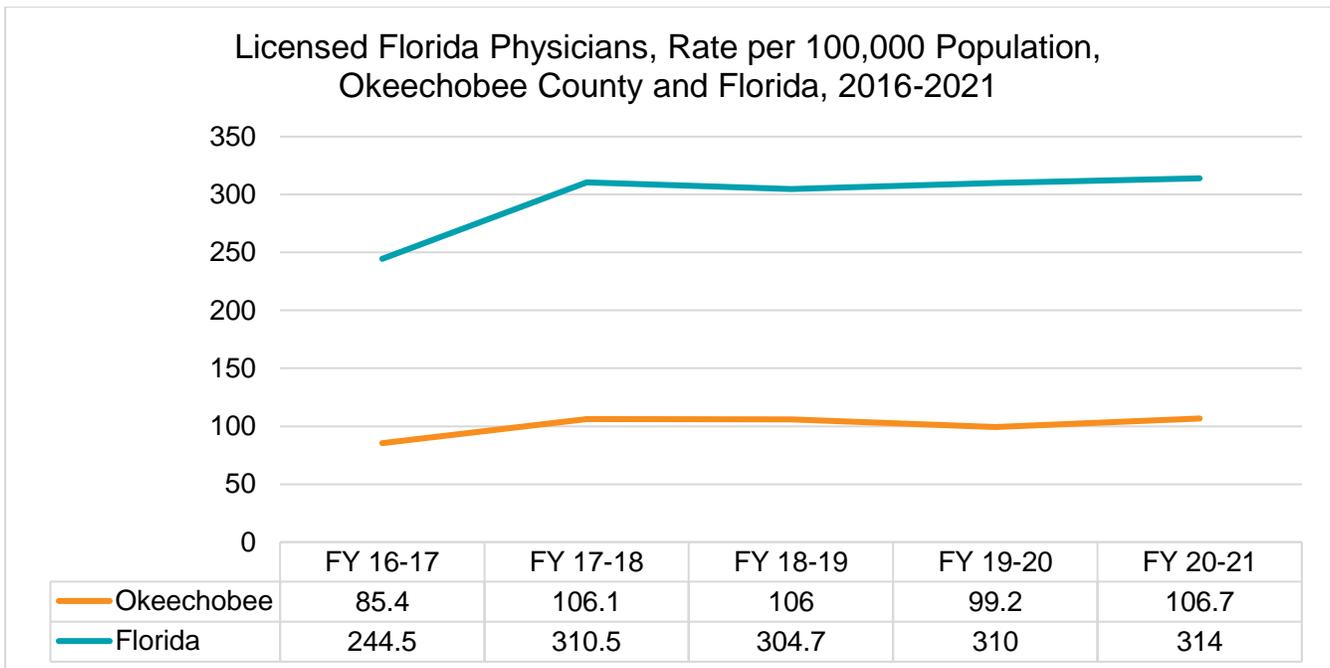
The figure below shows the number of federally qualified health centers in Okeechobee County. There are currently three. FQHCs offer a number of essential services, including preventive health services that are essential for both the prevention, diagnosis, and management of obesity and prevention of other associated chronic diseases. Because transportation is a barrier in the county, especially given the availability of just three FQHCs, the Okeechobee County Health Equity Taskforce is implementing a transportation access community project to increase access to medical care.

Federally Qualified Health Center	Location
Florida Community Health Centers, Inc. – Dr. Fred Brown Children’s Health Center	Okeechobee, FL 34972-1901
Florida Community Health Centers, Inc. – Lakeshore Annex	Okeechobee, FL 34972-1933
Florida Community Health Centers, Inc. – Lakeshore Medical	Okeechobee, FL 34972-2129

Source: HRSA Data Warehouse, 2022

Provider Availability

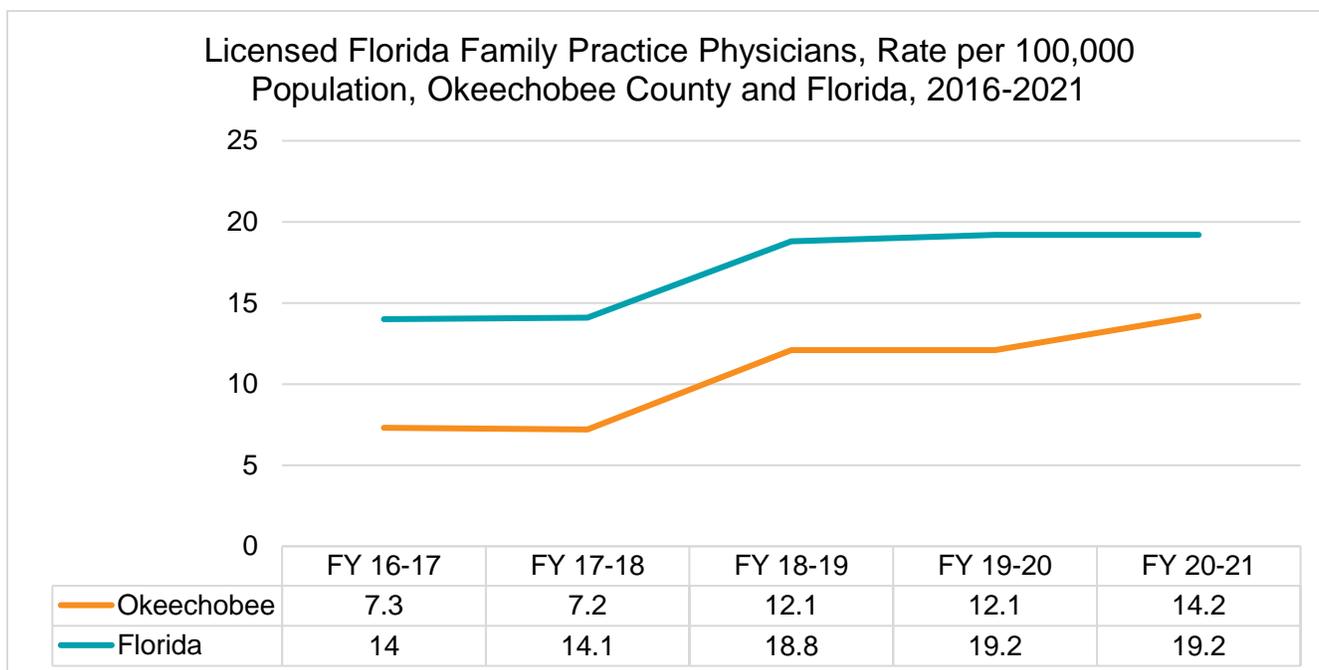
The figure below shows rate of licensed Florida physicians per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported much lower rates than the state of Florida. During that time period, both Okeechobee and Florida reported an overall increase in that rate. Most recently, in FY 2020-2021, Okeechobee reported a rate (106.7) that was nearly one-third of the Florida rate (314.0). Geographic access and availability of medical providers, particularly those who are trained to treat obesity, is critical for improving obesity-related health outcomes.¹²⁴ Due to the direct impact that timely diagnosis, treatment, and management has on the prevalence of obesity, the Okeechobee Health Equity Taskforce is implementing a transportation access community project to increase access to medical care, in addition to considering future community projects aimed at improving health care access.



Source: Florida Department of Health, Division of Medical Quality Assurance

¹²⁴ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

The figure below shows rate of licensed Florida Family Practice physicians per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported lower rates than the state of Florida. During that time period, both Okeechobee County and Florida reported overall increases in that rate. Most recently, in FY 2020-2021, Okeechobee County reported a rate of 14.2 compared to a rate of 19.2 for the state of Florida. As previously mentioned, geographic access and availability of medical providers, particularly those who are trained to treat obesity, is critical for improving obesity-related health outcomes.¹²⁵ Due to the direct impact that timely diagnosis, treatment, and management has on the prevalence of obesity, the Okeechobee Health Equity Taskforce is implementing a transportation access community project to increase access to medical care, in addition to considering future community projects aimed at improving health care access.

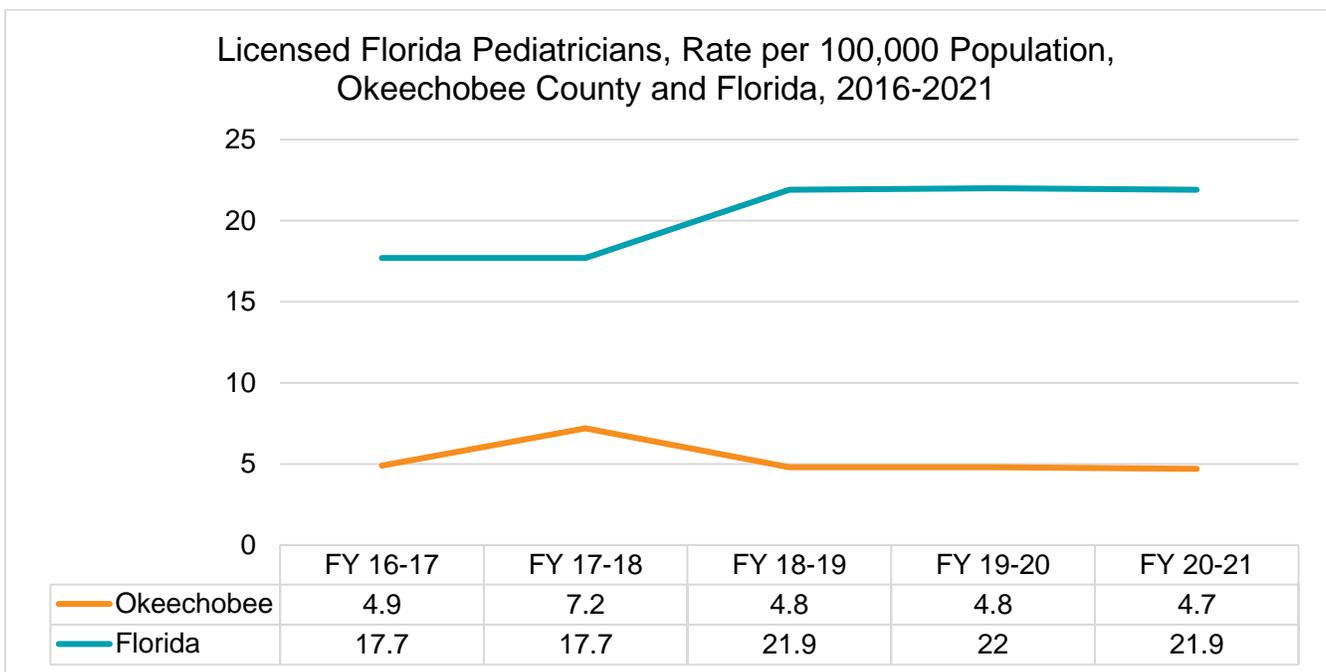


Source: Florida Department of Health, Division of Medical Quality Assurance

The figure below shows rate of licensed Florida pediatricians per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported significantly lower

¹²⁵ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

rates than the state of Florida. During that time period, Okeechobee County reported overall decreases in that rate, while Florida reported an overall increase. Most recently, in FY 2020-2021, Okeechobee County reported a rate of 4.7 compared to a rate of 21.9 for the state of Florida. As previously mentioned, geographic access and availability of medical providers, particularly those who are trained to treat obesity, is critical for improving obesity-related health outcomes.¹²⁶ Due to the direct impact that timely diagnosis, treatment, and management has on the prevalence of obesity, the Okeechobee Health Equity Taskforce is implementing a transportation access community project to increase access to medical care, in addition to considering future community projects aimed at improving health care access.

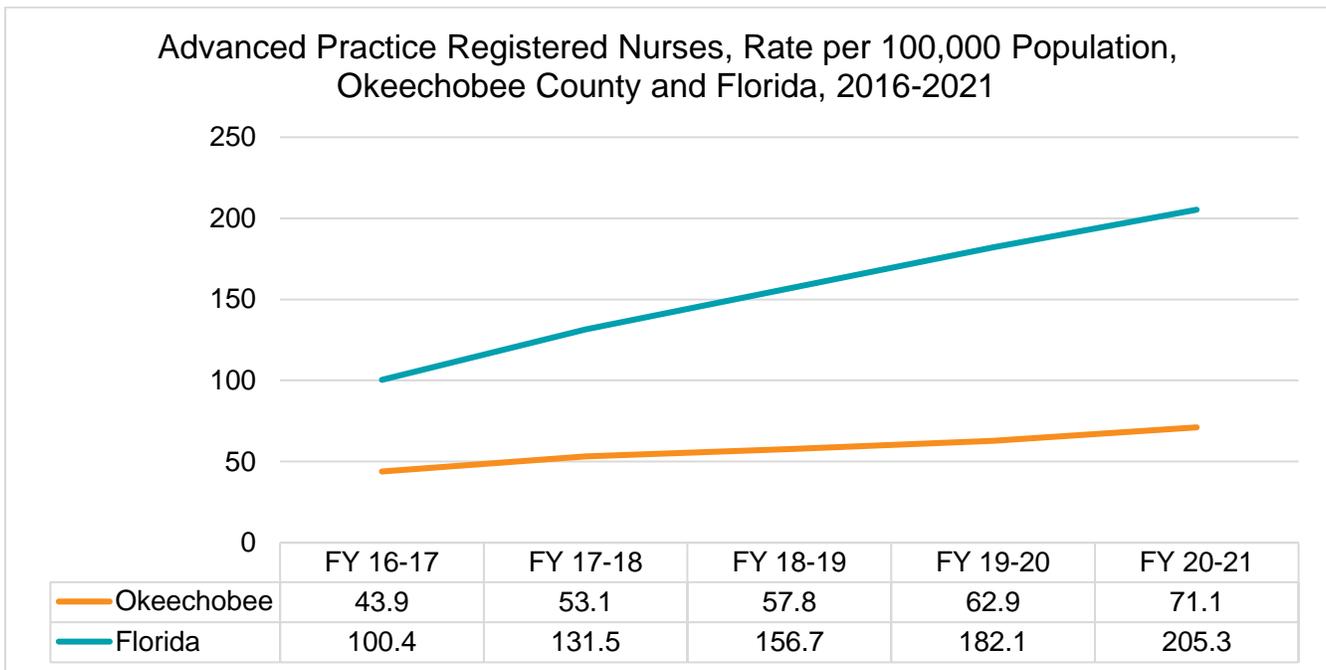


Source: Florida Department of Health, Division of Medical Quality Assurance

The figure below shows rate of advanced practice registered nurses per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported significantly lower rates than the state of Florida. During that time period, both Okeechobee County and Florida reported consistent yearly increases in that rate. Most recently, in FY 2020-2021, Okeechobee

¹²⁶ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

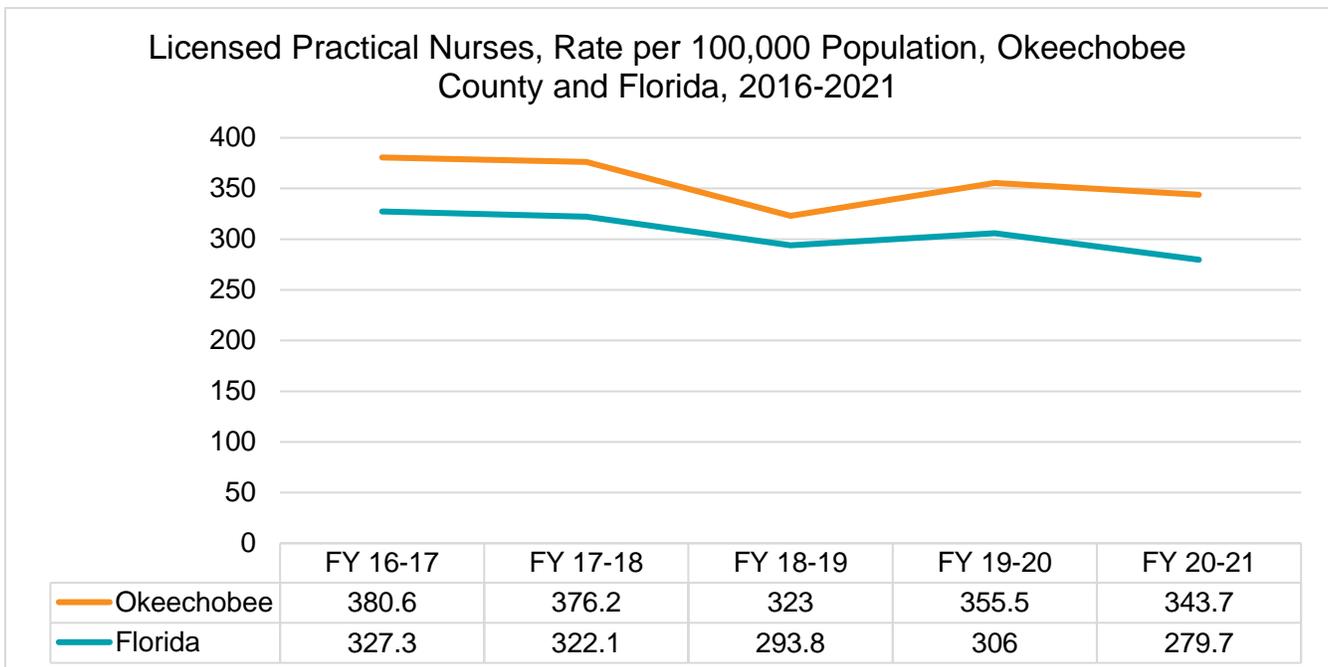
County reported a rate of 71.1 compared to a rate of 205.3 for the state of Florida. As previously mentioned, geographic access and availability of medical providers, particularly those who are trained to treat obesity, is critical for improving obesity-related health outcomes.¹²⁷ Due to the direct impact that timely diagnosis, treatment, and management has on the prevalence of obesity, the Okeechobee Health Equity Taskforce is implementing a transportation access community project to increase access to medical care, in addition to considering future community projects aimed at improving health care access.



Source: Florida Department of Health, Division of Medical Quality Assurance

¹²⁷ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

The figure below shows the rate of licensed practical nurses per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported a higher rate than the state of Florida. During that time period, both Okeechobee County and Florida reported decreases in that rate. Most recently, in FY 2020-2021, Okeechobee County reported a rate of 343.7 compared to a rate of 279.7 for the state of Florida. As previously mentioned, geographic access and availability of medical providers, particularly those who are trained to treat obesity, is critical for improving obesity-related health outcomes.¹²⁸ Due to the direct impact that timely diagnosis, treatment, and management has on the prevalence of obesity, the Okeechobee Health Equity Taskforce is implementing a transportation access community project to increase access to medical care, in addition to considering future community projects aimed at improving health care access.

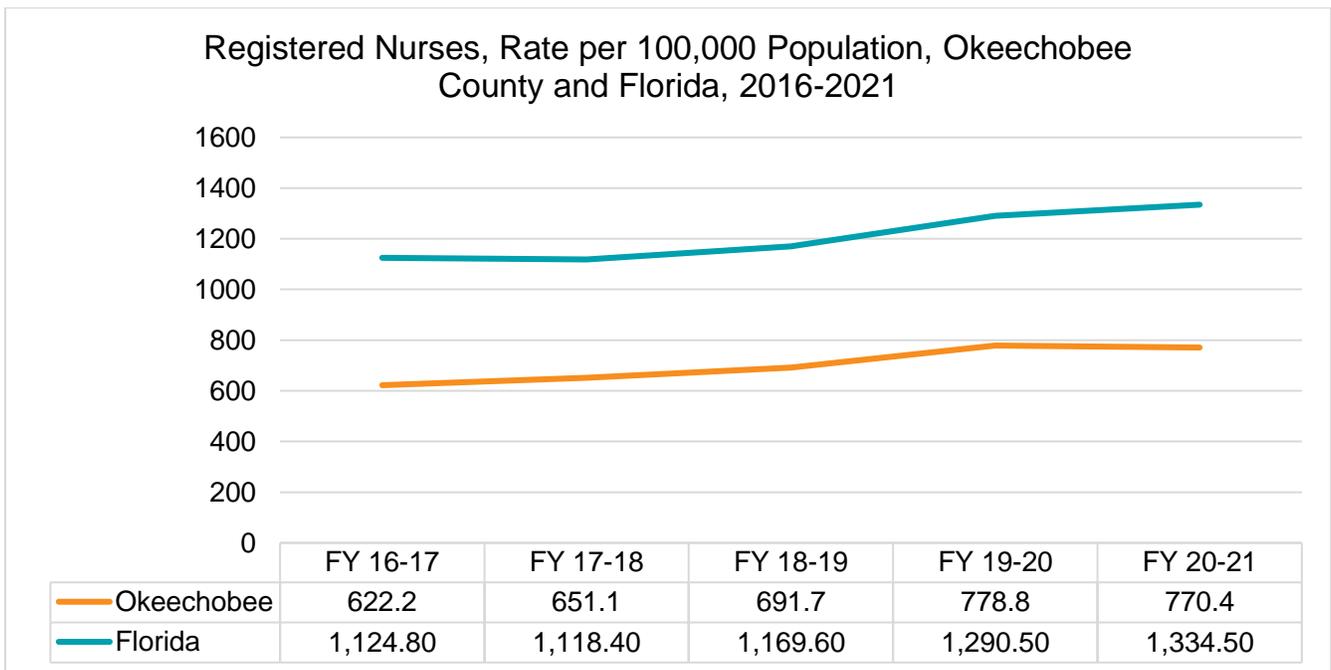


Source: Florida Department of Health, Division of Medical Quality Assurance

The figure below shows rate of registered nurses per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported significantly lower rates than

¹²⁸ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

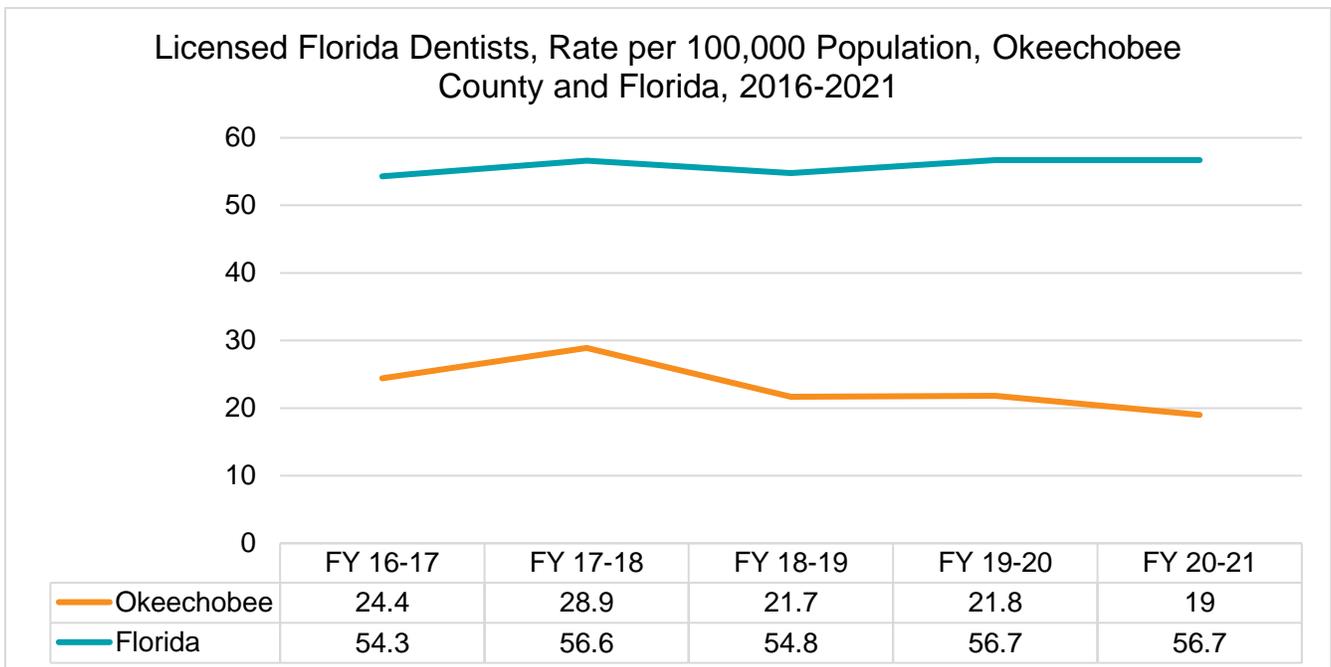
the state of Florida. During that time period, both Okeechobee County and Florida reported overall increases in that rate. Most recently, in FY 2020-2021, Okeechobee County reported a rate of 770.4 compared to a rate of 1,334.5 for the state of Florida. As previously mentioned, geographic access and availability of medical providers, particularly those who are trained to treat obesity, is critical for improving obesity-related health outcomes.¹²⁹ Due to the direct impact that timely diagnosis, treatment, and management has on the prevalence of obesity, the Okeechobee Health Equity Taskforce is implementing a transportation access community project to increase access to medical care, in addition to considering future community projects aimed at improving health care access.



Source: Florida Department of Health, Division of Medical Quality Assurance

¹²⁹ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

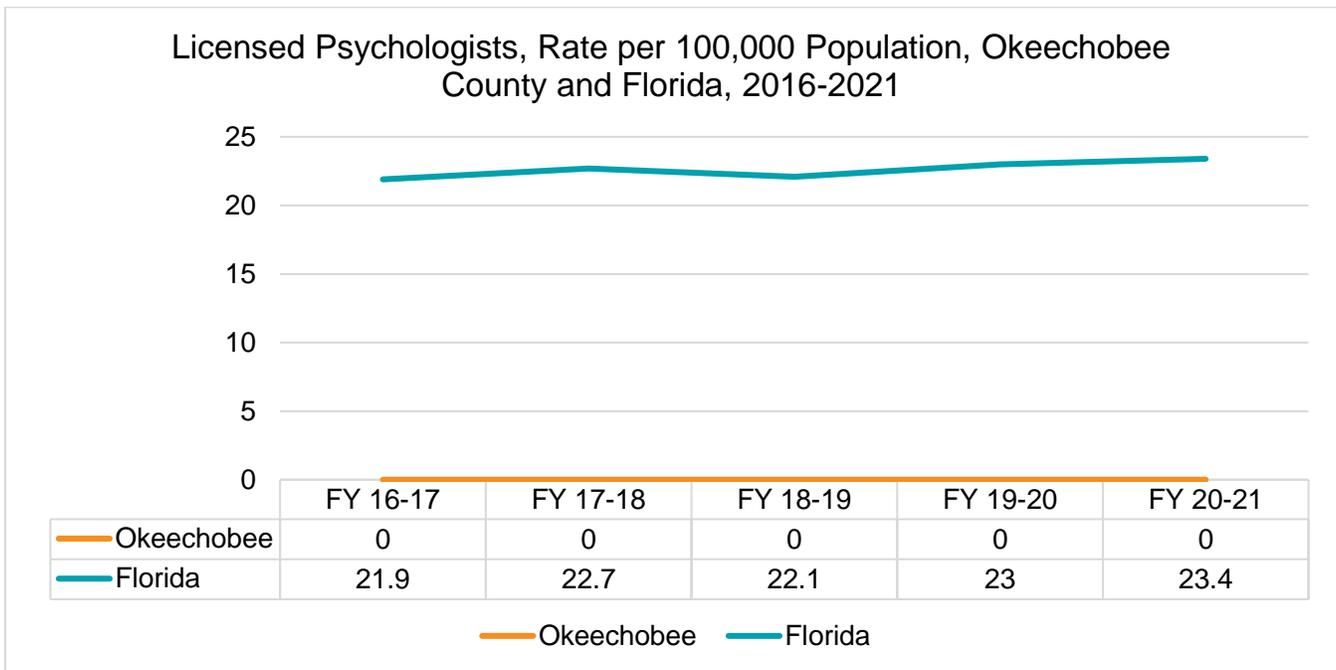
The figure below shows rate of registered nurses per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported significantly lower rates than the state of Florida. During that time period, both Okeechobee County and Florida reported overall increases in that rate. Most recently, in FY 2020-2021, Okeechobee County reported a rate of 770.4 compared to a rate of 1,334.5 for the state of Florida. Research has demonstrated that people who are obese are also likely to experience oral health conditions, including periodontal disease, dental caries, and tooth erosion, thus, this decreasing rate of dentists is of concern.¹³⁰ The Okeechobee Health Equity Taskforce is implementing a transportation access community project to increase access to medical care, including dental, in addition to considering future community projects aimed at improving health care access.



Source: Florida Department of Health, Division of Medical Quality Assurance

¹³⁰ Suvan, J. & D’Aiuto, F. (2013). Assessment and management of oral health in obesity. *Current Obesity Reports*. 2: 142-149.

The figure below shows rate of licensed psychologists per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported significantly lower rates than the state of Florida. During that time period, Okeechobee County remained stable at a rate of 0 and Florida reported overall increases in that rate. Most recently, in FY 2020-2021, Okeechobee County reported a rate of 0 compared to a rate of 23.4 for the state of Florida. People who experience certain mental conditions, such as depression, experience higher rates of obesity.¹³¹ Thus, the availability of licensed mental health providers is essential for obesity mitigation.

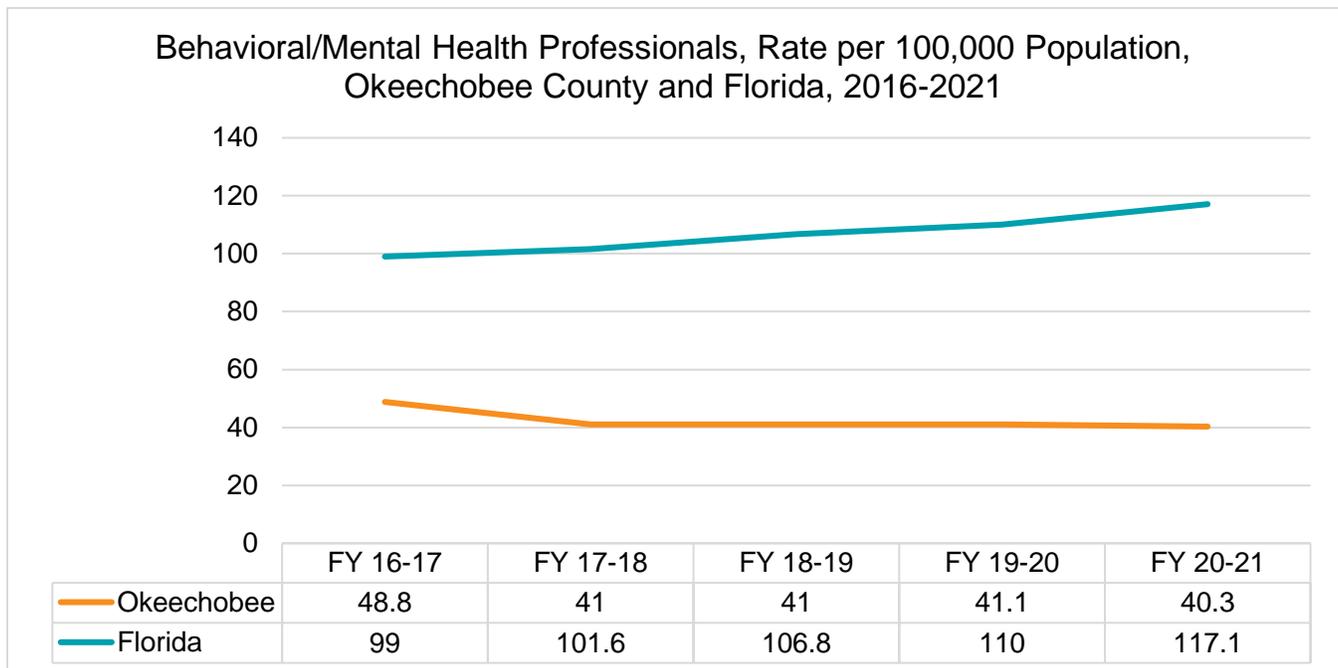


Source: Florida Department of Health, Division of Medical Quality Assurance

The figure below shows rate of behavioral/mental health professionals per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported

¹³¹ Allison, D.B., Newcomer, J.W. et al (2009). Obesity among those with mental disorders: A National Institute of Mental Wellbeing meeting report. *American Journal of Preventive Medicine*. 36(4): 341-350.

significantly lower rates than the state of Florida. During that time period, Okeechobee County reported an overall decline in that rate while Florida reported overall increases in that rate. Most recently, in FY 2020-2021, Okeechobee County reported a rate of 40.3 compared to a rate of 117.1 for the state of Florida. People who experience certain mental conditions, such as depression, experience higher rates of obesity.¹³² Thus, the availability of licensed mental health providers is essential for obesity mitigation.

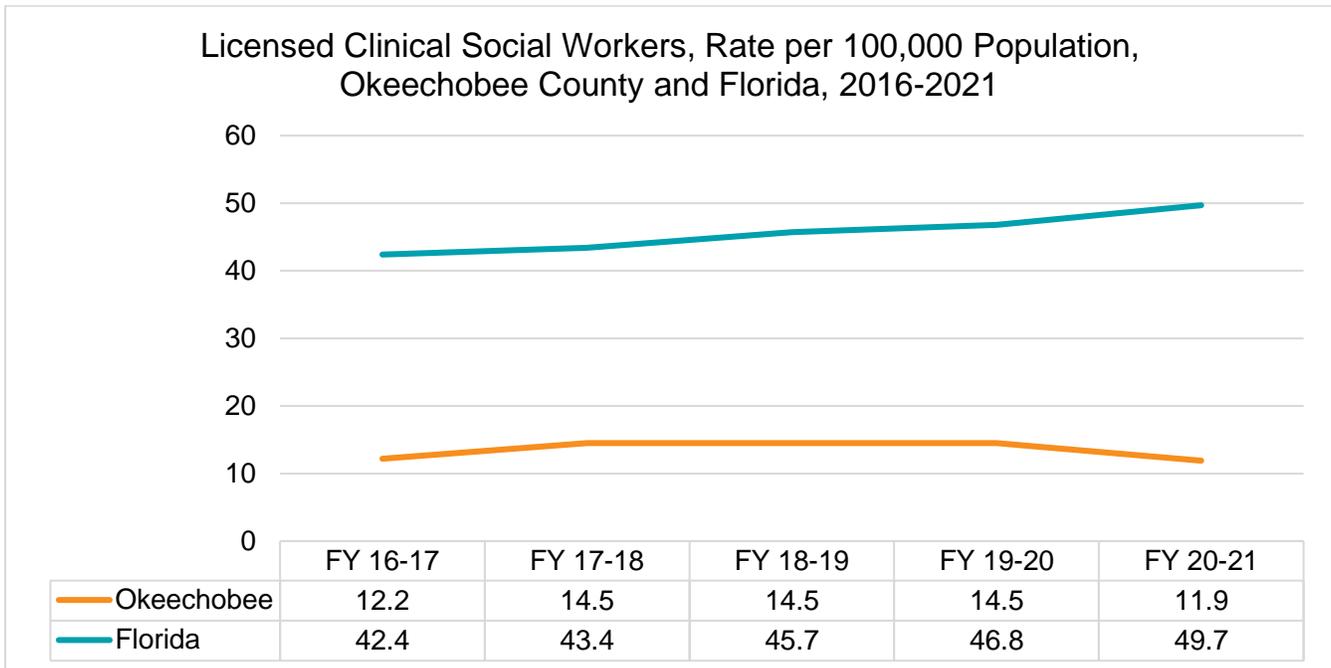


Source: Florida Department of Health, Division of Medical Quality Assurance

The figure below shows rate of licensed clinical social workers per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported significantly lower rates than the state of Florida. During that time period, Okeechobee County reported an overall decline

¹³² Allison, D.B., Newcomer, J.W. et al (2009). Obesity among those with mental disorders: A National Institute of Mental Wellbeing meeting report. *American Journal of Preventive Medicine*. 36(4): 341-350.

in that rate while Florida reported overall increases. Most recently, in FY 2020-2021, Okeechobee County reported a rate of 11.9 while the state of Florida reported a rate of 49.7. People who experience certain mental conditions, such as depression, experience higher rates of obesity.¹³³ Thus, the availability of licensed mental health providers is essential for obesity mitigation.

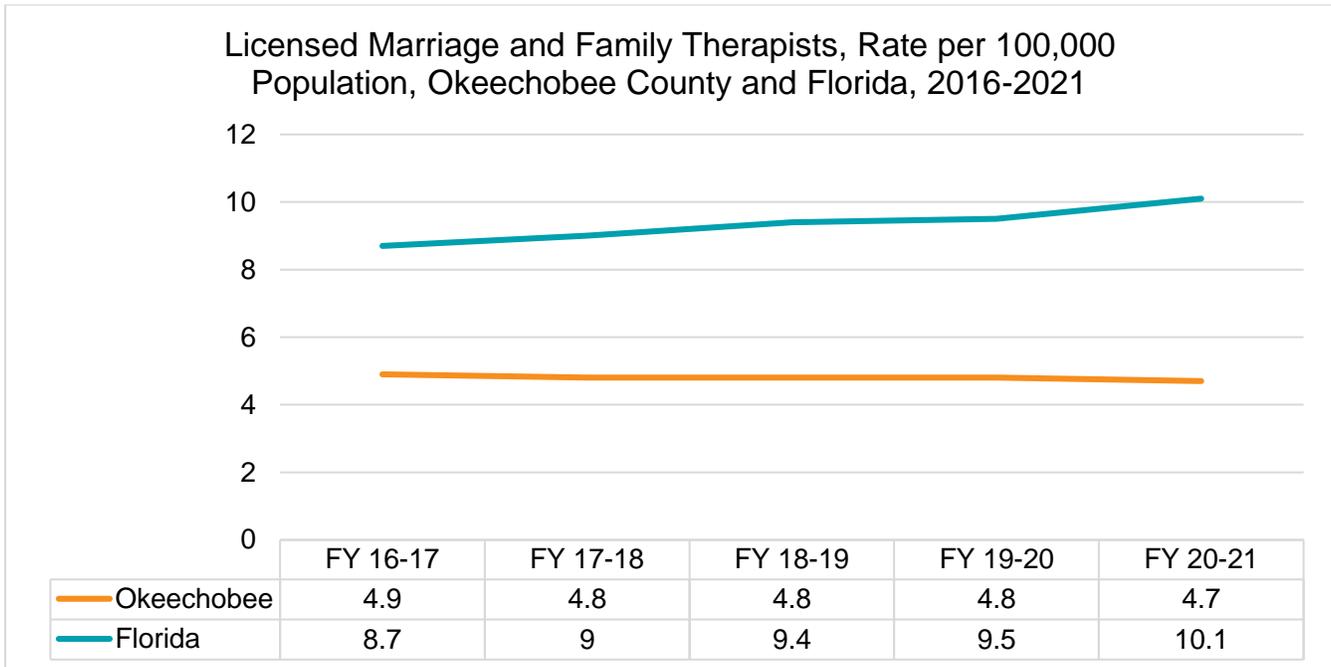


Source: Florida Department of Health, Division of Medical Quality Assurance

The figure below shows rate of licensed marriage and family therapists per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported lower rates than the state of Florida. During that time period, Okeechobee County reported relatively stable rates and a modest overall decline in that rate while Florida reported overall increases. Most recently, in

¹³³ Allison, D.B., Newcomer, J.W. et al (2009). Obesity among those with mental disorders: A National Institute of Mental Wellbeing meeting report. *American Journal of Preventive Medicine*. 36(4): 341-350.

FY 2020-2021, Okeechobee County reported a rate of 4.7 while the state of Florida reported a rate of 10.1. People who experience certain mental conditions, such as depression, experience higher rates of obesity.¹³⁴ Thus, the availability of licensed mental health providers is essential for obesity mitigation.

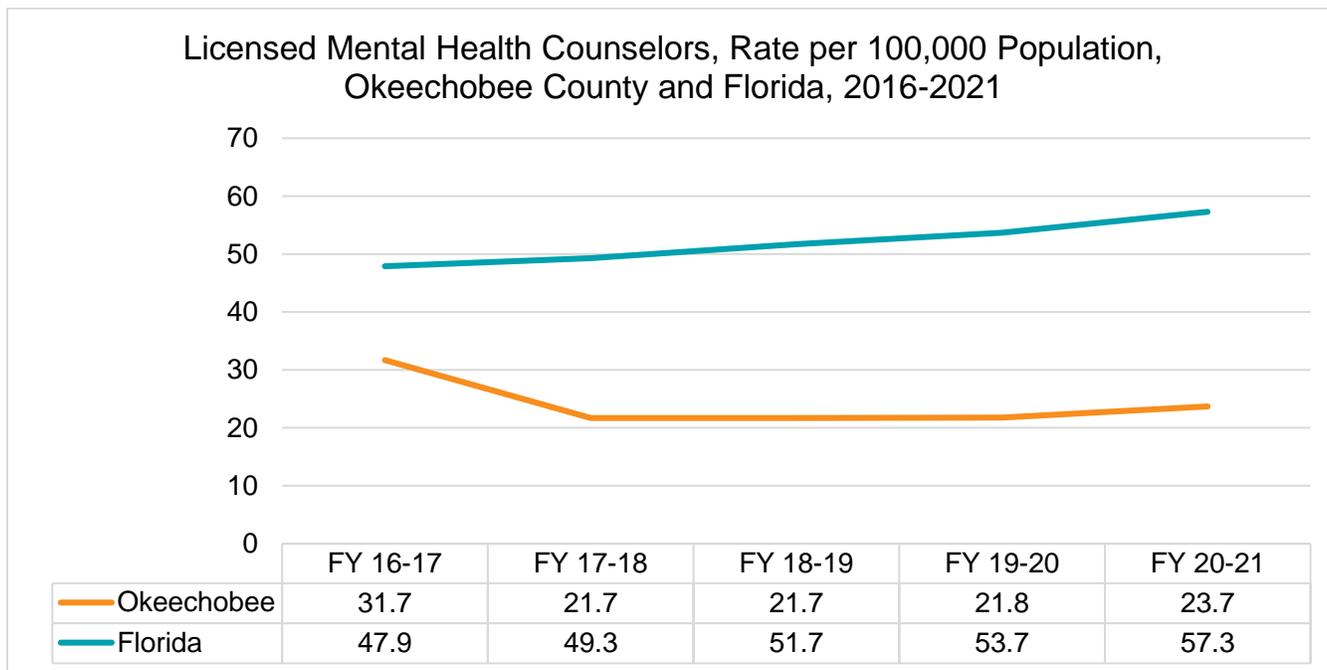


Source: Florida Department of Health, Division of Medical Quality Assurance

The figure below shows rate of licensed mental health counselors per 100,000 population in Okeechobee County between 2016 and 2021. Across all years, Okeechobee County reported lower rates than the state of Florida. During that time period, Okeechobee County reported an overall decline in that rate while Florida reported overall increases. Most recently, in FY 2020-2021, Okeechobee County reported a rate of 23.7 and the state of Florida reported a rate of 57.3. People who experience

¹³⁴ Allison, D.B., Newcomer, J.W. et al (2009). Obesity among those with mental disorders: A National Institute of Mental Wellbeing meeting report. *American Journal of Preventive Medicine*. 36(4): 341-350.

certain mental conditions, such as depression, experience higher rates of obesity.¹³⁵ Thus, the availability of licensed mental health providers is essential for obesity mitigation.



Source: Florida Department of Health, Division of Medical Quality Assurance

- **The impact of health care access and quality on obesity**

Health Care Access and Quality

¹³⁵ Allison, D.B., Newcomer, J.W. et al (2009). Obesity among those with mental disorders: A National Institute of Mental Wellbeing meeting report. *American Journal of Preventive Medicine*. 36(4): 341-350.

SDOH	Priority Populations Impacted	How the SDOH Impacts Obesity
Health Coverage	Hispanic residents; Black or African American residents; residents of two or more races; residents of some other race; foreign-born residents; unemployed residents; residents with less than a high school education	Residents who do not have health insurance coverage experience unmet needs, delayed care, and lack of preventative screenings. This can contribute to overweight and obese residents not receiving important obesity prevention, screening, treatment and management services.
Access to a Personal Doctor	Hispanic residents; younger adults (ages 18-44); residents with less than high school education; low-income residents; residents of trans experience	Primary care visits are a vital opportunity for receiving timely obesity diagnoses and obesity care and management plan development, so residents who do not have a personal doctor are likely to not receiving timely diagnoses and treatment. Moreover, Florida residents of trans experience reported being refused medical care due to transphobia.
Access to Medical Checkups	Hispanic residents; younger adults (ages 18-44); residents with less than high school education; low-income residents	Screening and timely diagnosis of obesity is necessary for improving health status, with research showing that those with overweight status or obesity who received a diagnosis being over two times more likely to attempt to lose weight.
Inability to Seek Care Due to Cost	Hispanic residents; younger adults (ages 18-44); residents with less than high school education; low-income residents	Obesity significantly impacts one’s overall health and is correlated with high associated medical costs. Compounding obesity with the inability to pay for medical visits worsens the issue.
Medically Underserved Areas	Low-income Migrant Farmworkers in the county, which comprised by a	Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. Timely diagnosis, treatment, and management has a huge impact on the prevalence of obesity, so adequate access to care is integral.

	high proportion of Hispanic residents	
Health Professional Shortage Areas and Provider Availability	Low-income residents (Hispanic, Black or African American, and other residents of color); residents who are incarcerated.	Health Professional Shortage Areas (HPSA) that indicate designations of a shortage of workers in primary care, dental health, and mental health. Timely diagnosis, treatment, and management has a huge impact on the prevalence of obesity, so adequate access to care is integral. Geographic access and availability of medical providers, particularly those who are trained to treat obesity, is critical for improving obesity-related health outcomes. Additionally, people who are obese are also likely to experience oral health conditions, including periodontal disease, dental caries, and tooth erosion. And with respect to mental health care, people who experience certain mental conditions, such as depression, experience higher rates of obesity.

VIII. SDOH PROJECTS

Using the Mobilizing for Action through Planning and Partnerships Framework, and leveraging existing longstanding partnerships, the Minority Health Liaison recruited and engaged Community Health Improvement Plan Partners from across the county, including government agencies, nonprofits, private businesses, and community organizations, to join the Okeechobee County 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. Sustained community engagement is critical to this work, as it affects the likelihood of the plan's goals being met and strategies accomplished by building capacity, creating information-sharing opportunities, and enhancing the impact of current efforts.

During one of the first Health Equity Taskforce meetings, the Minority Health Liaison presented on health equity principles and facilitated discussion around what the Okeechobee County Health Equity Taskforce wants to accomplish specific to advancing health equity throughout the county and reducing health disparities. Through this discussion, the Okeechobee Health Equity Taskforce determined the **vision** for the Okeechobee Health Equity Plan, which is to **protect the health of all Okeechobee County residents**, regardless of race, ethnicity, gender, sex, sexual orientation, nationality, religion, age, or any other characteristics.

A. Data Review

As previously mentioned, the Okeechobee County Health Equity Team engaged in a Prioritization Matrix activity to select obesity as the prioritized health disparity for the Okeechobee County Health Equity Plan. The Okeechobee Health Equity Taskforce reviewed data, including obesity-related disparities and SDOHs provided by the Health Equity Team over the course of several meetings.

Quickly, based on the available obesity data, the Taskforce determined that communities of color were disproportionately impacted by health and other inequities that impact health outcomes and quality of life. Based on the available obesity data, the Taskforce determined that the population that should be prioritized with this plan is **Hispanic or Latino adults and children and Black or African American children**, who experience higher rates of obesity, lower levels of educational attainment, lower income, higher poverty rates, higher unemployment rates, less access to affordable, healthy foods and parks, lower rates of health insurance coverage, and less access to quality and timely health care.

Moreover, upon review of the data and an in-depth literature review on how each SDOH impacts obesity, the Taskforce noted that the neighborhood and built environment (i.e., transportation, access to healthy food sources) and health care quality and access were the most pressing SDOH to address with the first iteration of this plan. However, the Taskforce also notes that other SDOH, such as education and economic stability also play an integral role in the prevalence of obesity, thus, future projects aimed at improving these conditions will also be considered for implementation.

The Okeechobee County 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. For instance, the Taskforce noted the lack of public transportation infrastructure available in the county, which makes it difficult for residents to access necessary services and resources. They also considered low-to-no cost programs, services, and benefits, such as Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP), which serve low-income residents who are experiencing poverty and have limited means to purchase healthy foods and afford the care that they need. Moreover, during Taskforce meetings, partners discussed both the role that the lack of transportation plays for many Okeechobee County residents, given the rural landscape and limited provider availability, as well as the role that lack of access to affordable and healthy food plays among low-income communities of color.

Throughout the implementation phase, the Okeechobee County Health Equity Taskforce and Okeechobee Health Equity Team will meet at least quarterly to monitor community project progress. The Minority Health Liaison will work to collect and track process measure data (i.e., Heartland Rides data, food pantry outreach data), in addition to collecting and reporting back on the secondary objective data (i.e., proportion of adults who had a medical checkup in the past year, proportion of adults who are obese, proportion of students who are obese). The Minority Health Liaison will also report on progress to the Health Equity Regional Coordinators and the Office of Minority Health and Health Equity on a consistent basis as needed, but at least quarterly, via email communication, on scheduled calls, and submission of the quarterly implementation plan updates.

B. Barrier Identification

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

SDOH	Barriers and Themes	Collaborative Strategies
Neighborhood and Lived Environment	Health Equity Taskforce members discussed the transportation barriers that their clients face with seeking health and social services, traveling to and from work, and attending scheduled appointments.	Health Equity Taskforce members will partner with and refer clients to Heartland Rides for the provision of low-cost ride share services to residents in need. Services can include cross-county travel for as low as \$2 each way. The Health Equity Taskforce, in partnership with the Okeechobee County Public Library, is currently assisting with registering residents to receive these services.
Education Access and Quality	Health Equity Taskforce members discussed language related barriers that their clients face with learning about social and health care services available to them, particularly residents who speak Haitian Creole as their primary language.	Health Equity Taskforce members discussed the need to ensure that educational material and resource lists are available in English, Spanish, and Haitian Creole. Several partners have begun to translate their program pamphlets in all three languages. There is also an opportunity to implement a Community Health Worker model to serve specific communities that face language barriers.
Economic Stability	Health Equity Taskforce members discussed the financial instability that their clients who have lower incomes face when it comes to purchasing healthy foods, accessing transportation, and affording their housing.	Health Equity Taskforce members discussed the need to increase awareness on low and no-cost services available to all residents. They also spoke about the need to provide social service support, including rental and utility assistance, transportation assistance, and ways to increase access to healthy foods with this Health Equity Plan.

<p>Health Care Access and Quality</p>	<p>Health Equity Taskforce members discussed the barriers that their uninsured and underinsured clients face with accessing quality health care services, receiving important screening services, and maintaining their health.</p>	<p>Health Equity Taskforce members discussed the need to increase awareness on low to no cost health care services available to residents. Least of These Health Services discussed that they provide care to residents regardless of health insurance coverage and inability to pay. Other partners, including the DOH-Okeechobee, provide essential health care services on a sliding scale.</p>
---------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

C. Community Projects

As previously mentioned, the Okeechobee County Health Equity Taskforce utilized the Mobilizing for Action through Planning and Partnerships Framework to assess data, identify strategic issues, and formulate goals and strategies. To start, once **visioning** was complete, data from various sources related to obesity and SDOH were presented to the Taskforce for review and discussion to highlight disparities and **strategic priorities**. Upon reviewing and vetting the data, the Taskforce decided on transportation and access to healthy food as the two strategic issues to address with the Health Equity Plan. This decision was made based on sound methodology, including: 1) assessment of the data, demonstrating how each of these social determinants impact the prevalence of obesity among Hispanic and Latino residents; 2) discussion around the consequences of not addressing these issues; 3) alignment with existing efforts; and 4) the feasibility of addressing them at this time with the community resources available.

The Taskforce also researched **evidence-based strategies** to overcome the identified barriers (i.e., limited access to healthy and affordable food and limited transportation access) and improve the SDOH that impact the prevalence of obesity in Okeechobee County. For instance, rideshare programs are proven to work as effective strategies that increase mobility, improve quality of life, and reduce traffic, emissions, and miles traveled.¹³⁶ During one meeting, Heartland Rides, a community partner and rideshare service agency presented on the availability of low-to-no cost transportation services available to communities in need, and the Taskforce decided to implement this as a community project aimed at addressing transportation-related barriers. Moreover, food hubs are also determined to be an

¹³⁶ Robert Wood Johnson Foundation. County Health Rankings. (2022). Carpool and rideshare programs. Retrieved from: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/carpool-rideshare-programs>

effective strategy to increase access to healthy food and strengthen local food systems.¹³⁷ During another meeting, the Taskforce discussed how expanding outreach onsite at the Treasure Coast Food Bank could further increase access to healthy and affordable foods, improve food distribution, and serve as an opportunity to provide nutritional counseling and education to communities in need.

The Okeechobee County Health Equity Taskforce used this information to collaboratively design community projects to address access to healthy foods and transportation. During project design, the Health Equity Taskforce considered the policies, systems and environments that lead to inequities. Projects include short, medium, and long-term goals with measurable objectives. The Minority Health Liaison shared the community projects with the Okeechobee County Health Equity Coalition for their **review**, feedback, and approval to ensure **feasibility**, adequate documentation, and alignment with the Health Equity Plan's objective. The Minority Health Liaison presented the Health Equity Plan to the Coalition for feedback and shared the latest plan via email for review and approval. The Okeechobee County Health Equity Coalition reviewed the plan throughout the week of June 6 and, ultimately, approved. Coalition members responded with approval of the Plan. Moreover, a Coalition meeting will take place on June 28, 2022, to review the final version of the Health Equity Plan for feasibility in a formal setting.

As previously mentioned, throughout the implementation phase, the Okeechobee County Health Equity Taskforce and Okeechobee Health Equity Team will meet at least quarterly to monitor community project progress. The Minority Health Liaison will work to collect and track process measure data (i.e., Heartland Rides data, food pantry outreach data), in addition to collecting and reporting back on the secondary objective data (i.e., proportion of adults who had a medical checkup in the past year, proportion of adults who are obese, proportion of students who are obese). The Minority Health Liaison will also report on progress to the Health Equity Regional Coordinators and the Office of Minority Health and Health Equity on a consistent basis as needed, but at least quarterly, via email communication, on scheduled calls, and submission of the quarterly implementation plan updates.

¹³⁷ Robert Wood Johnson Foundation. County Health Rankings. (2022). Food hubs. Retrieved from: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/food-hubs>

IX. HEALTH EQUITY PLAN OBJECTIVES

A. Obesity in Okeechobee County

The Okeechobee County Health Equity Taskforce landed on the overarching Health Equity Plan objective to reduce the proportion of Hispanic adults, Hispanic children, and Black or African American children in Okeechobee County who are obese. The baseline value is based on the latest available data from 2019, pulled from the Florida Behavioral Risk Factor Surveillance System Survey. The target values were determined using the Centers for Disease Control and Prevention **Trend Analysis Tool**, that was used to determine the Healthy People 2030 targets. The Okeechobee County Health Equity Taskforce is adamant about not only selecting realistic targets, but also ensuring that our community projects are actually having an impact. Thus, ambitious targets were selected to determine if, with our specific interventions, we are moving the needle on the Health Equity Plan's overarching objective and each objective within each of the community projects below. See Trend Analysis Tool Snapshot in Addendum 4.

The Okeechobee County Health Equity Plan objective as follows:

- **Health Disparity Objective: Obesity**

By June 2025, reduce the proportion of obesity among

- **Adults in Okeechobee County from 35.8% in 2019 to 33.9%**
- **Hispanic adults in Okeechobee County from 36.4% in 2019 to 35.0%**
- **Hispanic students in Okeechobee County from 19.4% in 2020 to 17.7%**
- **Black students in Okeechobee County from 21.9% in 2020 to 18.6%**

Source: Florida Behavioral Risk Factor Surveillance System, 2019

- **Improving Transportation to Increase Health Care Access in Okeechobee County**

The lack of transportation has a huge impact on diet and the prevalence of obesity. Evidence shows that transportation-related interventions could significantly reduce obesity, due to increased ability to access necessary medical care and ability to access healthy foods among families with no supermarket within a few miles of their home.¹³⁸ The Okeechobee County Health Equity Taskforce had several discussions about the transportation barriers that the communities they serve experience with seeking



health and social services, traveling to and from work, attending scheduled appointments, and accessing healthy and affordable food sources. Upon review of the data included in the report, the Taskforce quickly determined that this was a vital opportunity to intervene and improve the quality of life for Okeechobee County residents who experience obesity-related disparities. Hispanic residents, in particular, were much less likely to drive alone or carpool and much more likely to use public transportation to get to work than their White non-Hispanic counterparts. This is particularly concerning, given the low workplace location efficiency throughout the county, meaning that workplaces are generally in less walkable areas with limited transit options and collocated services.



Based on this review, the Taskforce conducted research on evidence-based strategies that are proven to be successful in addressing limited transportation access and came across the use of rideshare programs. Rideshare programs are proven to work as effective strategies that increase mobility, improve quality of life, and reduce traffic, emissions, and miles traveled.¹³⁹ Thus, the Minority Health Liaison invited Heartland Rides, a community partner and rideshare service agency, to present on the availability of low-to-no cost transportation services available to communities in need. Heartland Rides

provides \$2 one-way trips to Okeechobee County residents who are either under the age of 18 or over the age of 80, have a documented disability, or have income at or less than 150% of Federal Poverty Guidelines. In addition, they have the ability to provide mobility workshops and travel training to teach staff and clients how to access and use existing transportation options.

¹³⁸ Morland, K., Wing, S. & Diez Roux, A. (2002). The contextual effect of the local food environment on residents' diets: the atherosclerosis risk in communities study. *American Journal of Public Health*. 92(11) 1761-1767.

¹³⁹ Robert Wood Johnson Foundation. County Health Rankings. (2022). Carpool and rideshare programs. Retrieved from: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/carpool-rideshare-programs>

Based on this presentation and the alignment with the identified strategic priority to improve transportation access, the Taskforce decided to implement Improving Transportation to Increase Health Care Access in Okeechobee County as a community project aimed at addressing transportation-related barriers. The Okeechobee County Health Equity Taskforce will meet at least quarterly to track process measures and discuss community project progress towards meeting the objectives. This community project has no cost, as the promotional materials are provided directly by Heartland Rides, who has agreed to provide as many as needed, as often as needed. All Okeechobee County Health Equity Taskforce and Coalition members are promoting and participating in this long-term project, as the funding for the ride sharing service is available for five years for the Okeechobee County community.

Moreover, the Okeechobee County Health Equity Taskforce and Okeechobee County Health Equity Team will meet at least quarterly to monitor progress with respect to the process measures and objectives. The Minority Health Liaison will work to collect data from Heartland Rides to track process measures and activities (i.e., number of Heartland Rides informational material distributed, number of submitted Rider Registration forms, and number of rides per client), in addition to collecting and reporting back on the secondary objective data (i.e., proportion of adults who had a medical checkup in the past year). The Minority Health Liaison will also report on progress to the Health Equity Regional Coordinators and the Office of Minority Health and Health Equity on a consistent basis as needed, but at least quarterly.

As previously mentioned, the target values for each of the objectives listed in the community project plan were determined using the Centers for Disease Control and Prevention **Trend Analysis Tool**, that was used to determine the Healthy People 2030 targets. The Okeechobee County Health Equity Taskforce is adamant about not only selecting realistic targets, but also ensuring that our community projects are actually having an impact. Thus, ambitious targets were selected to determine if, with our specific interventions, we are moving the needle on the Health Equity Plan’s overarching objective and each objective within each of the community projects below. See Trend Analysis Tool Snapshot in Addendum 4.

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
Long-Term SDOH Goal: Improve Health Care Access and Quality by increasing transportation access for residents to access health care, by providing community members in need (i.e., those under 18 or over 60, those who have a documented disability, and those who have an income at or less than 150% of Federal Poverty Guidelines) with Heartland Rides navigation assistance.						
Objective: By 2030, improve transportation access to increase the proportion of all residents who had a medical checkup in the past year from 73.3% in 2019 to	Heartland Rides	Sonia Nunez	Florida Behavioral Risk Factor Surveillance Survey	73.3% all residents attended a medical checkup 63.5% of Hispanic residents attended a	88.6% all residents attended a medical checkup 95.1% of Hispanic residents attended a	Community Health Improvement Plan Goal 3.3

<p>88.6%, with efforts specifically geared towards reaching Black and Hispanic residents.</p> <p>By 2030, improve transportation access to increase the proportion of Hispanic residents who had a medical checkup in the past year from 63.5% in 2019 to 95.1%.</p>				<p>medical checkup</p>	<p>medical checkup</p>	
<p>Key Activities</p>			<p>Key Partners</p>		<p>Process Measures</p>	
<ul style="list-style-type: none"> Assist clients with scheduling rides to health care appointments and to affordable and healthy food sources 2-14 days in advance for trips If appropriate, assist clients with \$2 one-way trips (for both initial and return trips) 			<p>Florida Department of Health in Okeechobee County</p> <p>Heartland Rides</p>		<p>Number of rides per client scheduled to health care appointments</p> <p>Number of rides per client scheduled to affordable and healthy food sources</p> <p>Number of clients assisted with payment</p>	
<p>Medium-Term SDOH Goal: Improve Health Care Access and Quality by increasing transportation access for residents to access health care, by referring community members in need (i.e., those under 18 or over 60, those who have a documented disability, and those who have an income at or less than 150% of Federal Poverty Guidelines) to Heartland Rides.</p>						
<p>Objective: By 2025, improve transportation access to increase the proportion of all residents who had a medical checkup in the past year from 73.3% in 2019 to 83.7%, with efforts</p>	<p>Heartland Rides</p>	<p>Sonia Nunez</p>	<p>Florida Behavioral Risk Factor Surveillance Survey</p>	<p>73.3% all residents attended a medical checkup</p> <p>63.5% of Hispanic residents attended a</p>	<p>83.7% all residents attended a medical checkup</p> <p>82.9% of Hispanic residents attended a</p>	<p>Community Health Improvement Plan Goal 3.3</p>

<p>specifically geared towards reaching Black and Hispanic residents.</p> <p>By 2025, improve transportation access to increase the proportion of Hispanic residents who had a medical checkup in the past year from 63.5% in 2019 to 82.9%.</p>				medical checkup	medical checkup	
Key Activities			Key Partners		Process Measures	
<ul style="list-style-type: none"> Assist eligible and interested clients with completing a Heartland Rides Rider Registration Form Connect clients directly to a Heartland Rides Community Transportation Coordinator 			<p>Florida Department of Health in Okeechobee County</p> <p>Heartland Rides</p>		<p>Number of completed Rider Registration forms</p> <p>Number of linkages to Community Transportation Coordinators</p>	
<p>Short-Term SDOH Goal: Improve Health Care Access and Quality by increasing transportation access for residents to access health care, by increasing awareness of Heartland Ride transportation rides among eligible community members (i.e., those under 18 or over 60, those who have a documented disability, and those who have an income at or less than 150% of Federal Poverty Guidelines).</p>						
<p>Objective: By 2024, improve transportation access to increase the proportion of all residents who had a medical checkup in the past year from 73.3% in 2019 to 76.3%, with efforts specifically geared towards reaching</p>	Heartland Rides	Sonia Nunez	Florida Behavioral Risk Factor Surveillance Survey	<p>73.3% all residents attended a medical checkup</p> <p>63.5% of Hispanic residents attended a medical checkup</p>	<p>76.3% all residents attended a medical checkup</p> <p>70.1% of Hispanic residents attended a medical checkup</p>	<p>Strategic Plan Goal 2.1.</p> <p>Community Health Improvement Plan Goal 3.3</p>

<p>Black and Hispanic residents.</p> <p>By 2024, improve transportation access to increase the proportion of Hispanic residents who had a medical checkup in the past year from 63.5% in 2019 to 70.1%.</p>					
<p>Key Activities</p>		<p>Key Partners</p>		<p>Process Measures</p>	
<ul style="list-style-type: none"> • Distribute informational material and share digital resources with staff and clients to build awareness of Heartland Rides transportation access • Distribute informational material and share digital resources with countywide partners who can share the information with their staff and clients 		<p>Florida Department of Health in Okeechobee County</p> <p>Heartland Rides</p>		<p>Number of Heartland Rides informational materials distributed to staff</p> <p>Number of Heartland Rides informational materials distributed to clients</p> <p>Number of Heartland Rides informational materials distributed to partners</p>	

- **Promote Healthiest Weight Through Partnerships**

Access to affordable, healthy foods is essential to ensure residents can maintain healthy diets, to reduce the likelihood of overweight status and obesity, and to prevent the onset of chronic disease. Findings from a study conducted in the southern region of the United States demonstrate that the prevalence of obesity is lower in neighborhoods with convenient access to healthy food sources, while the inverse is true in neighborhoods with more fast-food restaurants.¹⁴⁰ In 2019, only 7% of Okeechobee County residents lived within ½ mile of a healthy food source, with low access across the majority of census tracts in the county. In addition, the food insecurity rate in the county has steadily increased from 13.6% in 2017 to 14.7% in 2019 and has likely continued to climb during the pandemic. The Okeechobee County Health Equity Taskforce had several discussions on the barriers that low-income residents, foreign-born residents, and communities of color face with purchasing healthy foods, especially for those who live farther from healthy food sources.



Based on this review, the Taskforce conducted research on evidence-based strategies that are proven to be successful in improving access to affordable, healthy foods and came across food hubs and pantries. Food hubs are determined to be an effective strategy to increase access to healthy food and strengthen local food systems.¹⁴¹ As such, during a Taskforce meeting, partners discussed implementing the Promote Healthiest Weight through Partnerships Community Project, expanding outreach provided onsite at the Treasure Coast Food Bank to further increase access to healthy and affordable foods, improve food distribution, improve access to public services that impact health and hunger, such as SNAP, WIC, and health screenings, and serve as an opportunity to provide nutritional counseling and education to communities in need. The Okeechobee County Health Equity Taskforce will meet at least quarterly to track process measures and discuss community project progress towards meeting the objectives. The only cost associated with this community project is promotional flyers and staff travel. The necessary funding for this is available annually through grants already secured. All the Okeechobee County Health Equity Taskforce and Coalition members are participating in promoting this community project. Moreover, the project leverages volunteers, so there are no other expenses.

¹⁴⁰ Morland, K. B. & Evenson, K.R. (2009). Obesity prevalence and the local food environment. *Health & Place*. 15(2): 491-495.

¹⁴¹ Robert Wood Johnson Foundation. County Health Rankings. (2022). Food hubs. Retrieved from:

<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/food-hubs>

Furthermore, the Okeechobee County Health Equity Taskforce and Okeechobee County Health Equity Team will meet at least quarterly to monitor progress with respect to the process measures and objectives. The Minority Health Liaison will work to track activities and process measures (i.e., number of outreach events, number of community members engaged, number of information material distributed, number of clients provided information on low-to-no cost services and income benefits, number of newly identified healthy food sources), in addition to collecting and reporting back on the secondary objective data (i.e., proportion of adults who are obese, proportion of students who are obese). The Minority Health Liaison will also report on progress to the Health Equity Regional Coordinators and the Office of Minority Health and Health Equity on a consistent basis as needed, but at least quarterly.

As previously mentioned, the target values for each of the objectives listed in the community project plan were determined using the Centers for Disease Control and Prevention **Trend Analysis Tool**, that was used to determine the Healthy People 2030 targets. The Okeechobee County Health Equity Taskforce is adamant about not only selecting realistic targets, but also ensuring that our community projects are actually having an impact. Thus, ambitious targets were selected to determine if, with our specific interventions, we are moving the needle on the Health Equity Plan’s overarching objective and each objective within each of the community projects below. See Trend Analysis Tool Snapshot in Addendum 2.

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
<p>Long-Term SDOH Goal: Improve the Neighborhood and Lived Environment by increasing access to affordable healthy and nutritious foods by expanding the number of healthy food sources in the county, such as farmers markets, community gardens, food pantries, farm shares, and food distribution sites.</p>						
<p>Objective: By 2030, improve access to affordable and healthy food and SNAP benefits to reduce obesity among all adult residents from 35.8% in 2019 to 24.4%.</p> <p>By 2030, improve access to affordable and healthy food and SNAP benefits to reduce obesity among Hispanic adult residents from</p>	<p>Florida Department of Health in Okeechobee County Healthiest Weight</p>	<p>Sonia Nunez</p>	<p>Florida Behavioral Risk Surveillance Survey</p>	<p>35.8% all adult residents are obese</p> <p>36.4% Hispanic residents are obese</p> <p>21.9% Black students are obese</p> <p>19.4% of Hispanic students are obese</p>	<p>24.4% all adult residents are obese</p> <p>23.0% Hispanic residents are obese</p> <p>17.6% Black students are obese</p> <p>16.8% of Hispanic students are obese</p>	<p>Strategic Plan Goal 2.1.</p> <p>Community Health Improvement Plan Goal 3.3</p>

<p>36.4% in 2019 to 23.0%.</p> <p>By 2030, improve access to affordable and healthy food and SNAP benefits to reduce obesity among non-Hispanic Black students from 21.9% in 2020 to 17.6%.</p> <p>By 2030, improve access to affordable and healthy food and SNAP benefits to reduce obesity among Hispanic students from 19.4% to 16.8%.</p>					
<p>Key Activities</p>			<p>Key Partners</p>		<p>Process Measures</p>
<ul style="list-style-type: none"> • Identify opportunities to expand healthy food sources throughout the county, including community gardens, food pantries, and other food outlets • Initiate partnerships throughout the county to expand healthy food sources • Promote newly established healthy food sources to low-income and food insecure residents 			<p>Florida Department of Health in Okeechobee County</p> <p>Treasure Coast Food Bank</p>		<p>Number of healthy food sources newly available in the county</p> <p>Number of established partnerships with healthy food outlets</p> <p>Number of low-income and food insecure residents provided with information on healthy food sources</p>
<p>Medium-Term SDOH Goal: Improve the Neighborhood and Lived Environment by increasing access to affordable healthy and nutritious foods and promote healthier body weight by connecting families to public services that impact health and hunger, like free DOH-Okeechobee health screenings and SNAP benefits enrollment.</p>					

<p>By 2025, improve access to affordable and healthy food and SNAP benefits to reduce obesity among all adult residents from 35.8% in 2019 to 33.9%.</p> <p>By 2025, improve access to affordable and healthy food and SNAP benefits to reduce obesity among Hispanic adult residents from 36.4% in 2019 to 35.0%.</p> <p>By 2025, improve access to affordable and healthy food to reduce obesity among non-Hispanic Black students from 21.9% in 2020 to 18.6%.</p> <p>By 2025, improve access to affordable and healthy food and SNAP benefits to reduce obesity among Hispanic students from 19.4% to 17.7%.</p>	<p>Florida Department of Health in Okeechobee County Healthiest Weight</p>	<p>Sonia Nunez</p>	<p>Florida Behavioral Risk Surveillance Survey</p>	<p>35.8% all adult residents are obese 36.4% Hispanic residents are obese 21.9% Black students are obese 19.4% of Hispanic students are obese</p>	<p>33.9% all adult residents are obese 25% Hispanic residents are obese 18.6% Black students are obese 17.7% of Hispanic students are obese</p>	<p>Strategic Plan Goal 2.1. Community Health Improvement Plan Goal 3.3</p>
<p>Key Activities</p>			<p>Key Partners</p>		<p>Process Measures</p>	
<ul style="list-style-type: none"> Provide outreach at the Treasure Coast Food Bank to increase awareness of low-to-no cost health care and social 			<p>Florida Department of Health in Okeechobee County</p>		<p>Number of clients provided with information</p>	

<p>services among low-income and food insecure residents</p> <ul style="list-style-type: none"> • Provide outreach at the Treasure Coast Food Bank to increase awareness of SNAP benefits, WIC, and other benefits available to low-income and food insecure residents 	<p>Treasure Coast Food Bank</p>	<p>on low-to-no cost health care and social services</p> <p>Number of clients provided information on SNAP benefits, WIC, and other available benefits</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

Short-Term SDOH Goal: Improve the Neighborhood and Lived Environment by increasing access to affordable healthy and nutritious foods by facilitating physical access to affordable, nutritious and culturally appropriate produce and proteins through the expansion of the Treasure Coast Food Bank food distribution events and collocated bilingual nutrition education and outreach.

<p>By 2024, improve access to affordable and healthy food to reduce obesity among all adult residents from 35.8% in 2019 to 33.7%.</p> <p>By 2024, improve access to affordable and healthy food to reduce obesity among Hispanic adult residents from 36.4% in 2019 to 35.6%.</p> <p>By 2024, improve access to affordable and healthy food to reduce obesity among non-Hispanic Black students from 21.9% in 2020 to 18.8%.</p> <p>By 2024, improve access to affordable and healthy food to reduce obesity</p>	<p>Florida Department of Health in Okeechobee County Healthiest Weight</p>	<p>Sonia Nunez</p>	<p>Florida Behavioral Risk Surveillance Survey</p>	<p>35.8% all adult residents are obese</p> <p>36.4% Hispanic residents are obese</p> <p>21.9% Black students are obese</p> <p>19.4% of Hispanic students are obese</p>	<p>33.7% all adult residents are obese</p> <p>35.6% Hispanic residents are obese</p> <p>18.8% Black students are obese</p> <p>18.5% of Hispanic students are obese</p>	<p>Strategic Plan Goal 2.1.</p> <p>Community Health Improvement Plan Goal 3.3</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------	--------------------	----------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

among Hispanic students from 19.4% to 18.5%.						
Key Activities		Key Partners		Process Measures		
<ul style="list-style-type: none"> Expand Treasure Coast Food Bank food distribution reach to more communities in need through increased outreach. Conduct in-person outreach at the Treasure Coast Food Bank twice a month to promote healthier food choices. Provide outreach and nutritional information in both English and Spanish. 		<p>Florida Department of Health in Okeechobee County</p> <p>Treasure Coast Food Bank</p>		<p>Number of outreach events conducted</p> <p>Number of community member engagements</p> <p>Number of nutrition informational material distributed in English</p> <p>Number of nutrition informational material distributed in Spanish</p>		

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.

The Minority Health Liaison serves as the point of contact in their county for sharing progress updates, implementation barriers, and practices associated with the Health Equity Plan. The Minority Health Liaison is responsible for gathering data and monitoring and reporting progress achieved on the goals and objectives of the Health Equity Plan. At least quarterly, the Minority Health Liaison meets with the Health Equity Taskforce to discuss progress and barriers. The Minority Health Liaison tracks and submits indicator values to the OMHHE within 15 days of the quarter end.

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

XI. REVISIONS

The Okeechobee Health Equity Taskforce will meet at least annually, if not quarterly, to review 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

ADDENDUMS

Addendum 1: Health Equity Team Meeting Agendas and Sign-in Sheets



Internal Health Equity Task Force Team AGENDA

1/20/2022

10:00am – 11:00am

Attendees:

Sonia Nunez, Amy Cormier, Lindsey E. Eklund, Patricia A. Pelayo,
Jaqueline Garcia Soto, Priscilla Helton, Melissa L. Sombric

10:00 – 10:30

Introduction

Health Equity (What is it?)

<https://www.youtube.com/watch?v=3KoTi3LRBXI>

10:30 – 10:45

Item #1

All Staff Meeting scheduled for -theme will be
“April Health Equity National awareness”

10:45 – 10:55

Item #2

Next Activity for Health Equity is the Training for “Achieving
Health Equity” ID 1100159 in Train Required

10:55 - 11:00

Item #3

Next meeting- Feb.24,2022 at 10am

**Florida Department of Health in Okeechobee County
Employee Internal Health Equity Task Force
Meeting Location: Administration Conference Area
January 20, 2022 10 am – 11 am
Sign – In Sheet**



Purpose: The Health Equity Team prioritizes a health disparity to work in local plans/projects review and assign action items, and recognize practices improved performance to Health Equity Plan.

Name	Department	Signature
Sonia Nunez	Health Education	<i>[Handwritten Signature]</i>
Amy Cormier	Health Education	<i>Amy Cormier</i>
Lindsey E Eklund	School Health Program	<i>[Handwritten Signature]</i>
Patricia A Pelayo	Clinic	<i>Patricia Pelayo</i>
Jaqueline Garcia Soto	WIC	<i>[Handwritten Signature]</i>
Priscilla Helton	Administration	<i>[Handwritten Signature]</i>
Melissa L Sombric	Environmental Health	

Mission: To protect, promote & improve the health of all people in Florida through interated state, county, & community efforts.

VISION: To be the Healthiest State in the Nation

VALUES (ICARE):

- I**nnovation: We search for creative solutions and manage resources wisely.
- C**ollaboration: We use teamwork to achieve common goals & solve problems.
- A**ccountability: We perform with integrity & respect.
- R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- E**xcellence: We promote quality outcomes through learning & continuous performance improvement.



Internal Health Equity Task Force Team AGENDA

2/25/2022

10:00am – 11:00am

Attendees:

Sonia Nunez, Amy Cormier, Lindsey E. Eklund, Patricia A. Pelayo,
Jaqueline Garcia Soto, Priscilla Helton, Melissa L. Sombric

10:00 – 10:05

Introduction

Turn in completed training Certificate from train ID 1100159

10:05 – 10:55

Item #1

All Staff Meeting scheduled for -theme will be
"April Health Equity National"

Project entails crafting new design

10:55 - 11:00

Item #3

Next Meeting – March 4, 2022, at 10:00 am

|

Florida Department of Health in Okeechobee County
Employee Internal Health Equity Task Force
Meeting Location: Administration Conference Area
February 24, 2022
Sign – In Sheet



Purpose: The Health Equity Team prioritizes a health disparity to work in local plans/projects review and assign action items, and recognize practices improved performance to Health Equity Plan.

Name	Department	Signature
Sonia Nunez	Health Education	<i>[Handwritten Signature]</i>
Amy Cormier	Health Education	
Lindsey E Eklund	School Health Program	<i>[Handwritten Signature]</i>
Patricia A Pelayo	Clinic	<i>[Handwritten Signature]</i>
Jaqueline Garcia Soto	WIC	<i>[Handwritten Signature]</i>
Priscilla Helton	Administration	<i>[Handwritten Signature]</i>
Melissa L Sombric	Environmental Health	<i>[Handwritten Signature]</i>

Mission: To protect, promote & improve the health of all people in Florida through interated state, county, & community efforts.

VISION: To be the Healthiest State in the Nation

VALUES (ICARE):

- I**nnovation: We search for creative solutions and manage resources wisely.
- C**ollaboration: We use teamwork to achieve common goals & solve problems.
- A**ccountability: We perform with integrity & respect.
- R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- E**xcellence: We promote quality outcomes through learning & continuous performance improvement.



Internal Health Equity Team

Agenda

3/4/2022

10:00am – 11:00am

Attendees:

Sonia Nunez, Amy Cormier, Lindsey E. Eklund, Patricia A. Pelayo, Jaqueline Garcia Soto, Priscilla Helton, Melissa L. Sombric

10:00 – 10:20 Item #1

Presented my presentation for the CHIPP to the team

10:20 – 10:55 Item #2

Worked on the project and getting the lens within Health Equity

10:55 – 11:00 Item #3

Next Meeting – March 11, 2022, at 10:00 am

**Florida Department of Health in Okeechobee County
Employee Internal Health Equity Task Force
Meeting Location: Administration Conference Area
March 4, 2022
Sign – In Sheet**



Purpose: The Health Equity Team prioritizes a health disparity to work in local plans/projects review and assign action items, and recognize practices improved performance to Health Equity Plan.

Name	Department	Signature
Sonia Nunez	Health Education	<i>Sonia Nunez</i>
Amy Cormier	Health Education	<i>Amy Cormier</i>
Lindsey E Eklund	School Health Program	<i>Lindsey Eklund</i>
Patricia A Pelayo	Clinic	<i>Patricia Pelayo</i>
Jaqueline Garcia Soto	WIC	<i>Jaqueline Garcia Soto</i>
Priscilla Helton	Administration	<i>Priscilla Helton</i>
Melissa L Sombric	Environmental Health	

Mission: To protect, promote & improve the health of all people in Florida through interated state, county, & community efforts.

VISION: To be the Healthiest State in the Nation

VALUES (ICARE):

- I**nnovation: We search for creative solutions and manage resources wisely.
- C**ollaboration: We use teamwork to achieve common goals & solve problems.
- A**ccountability: We perform with integrity & respect.
- R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- E**xcellence: We promote quality outcomes through learning & continuous performance improvement.



Internal Health Equity Team Agenda

3/10/2022

10:00am – 11:00 am

Attendees:

Sonia Nunez, Amy Cormier, Lindsey E. Eklund, Patricia A. Pelayo, Jaqueline Garcia Soto, Priscilla Helton, Melissa L. Sombric

10:00 – 10:55 Item #1

Bring all the information, pictures everyone has gathered in the health equity lens

10:55 - 11:00 Item #2

Next Meeting – March 17, 2022, at 10:00 am

Florida Department of Health in Okeechobee County
Employee Internal Health Equity Task Force
Meeting Location: Administration Conference Area
March 10, 2022
Sign – In Sheet



Purpose: The Health Equity Team prioritizes a health disparity to work in local plans/projects review and assign action items, and recognize practices improved performance to Health Equity Plan.

Name	Department	Signature
Sonia Nunez	Health Education	<i>[Signature]</i>
Amy Cormier	Health Education	<i>[Signature]</i>
Lindsey E Eklund	School Health Program	<i>[Signature]</i>
Patricia A Pelayo	Clinic	<i>[Signature]</i>
Jaqueline Garcia Soto	WIC	<i>[Signature]</i>
Priscilla Helton	Administration	<i>[Signature]</i>
Melissa L Sombric	Environmental Health	<i>[Signature]</i>

Mission: To protect, promote & improve the health of all people in Florida through interated state, county, & community efforts.

VISION: To be the Healthiest State in the Nation

VALUES (ICARE):

- I**nnovation: We search for creative solutions and manage resources wisely.
- C**ollaboration: We use teamwork to achieve common goals & solve problems.
- A**ccountability: We perform with integrity & respect.
- R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- E**xcellence: We promote quality outcomes through learning & continuous performance improvement.



Internal Health Equity Team

Agenda

3/17/2022

10:00am – 11:00 am

Attendees: Sonia Nunez, Amy Cormier, Lindsey E. Eklund, Patricia A. Pelayo, Jaqueline Garcia Soto, Priscilla Helton, Melissa L. Sombric

10:00 am – 10:05 am Item #1

Bring ideas in how coordinate everyone part together within the Health Equity lens

10:10 – 10:55 am Item #2

Continue working on the project

10:55 am – 11:00 am Item #3

Next Meeting – March 24, 2022, at 10:00 am

Florida Department of Health in Okeechobee County
Employee Internal Health Equity Team
Meeting Location: Administration Conference Area
March 17, 2022
Sign – In Sheet



Purpose: The Health Equity Team prioritizes a health disparity to work in local plans/projects review and assign action items, and recognize practices improved performance to Health Equity Plan.

Name	Department	Signature
Sonia Nunez	Health Education	<i>[Handwritten Signature]</i>
Amy Cormier	Health Education	<i>[Handwritten Signature]</i>
Lindsey E Eklund	School Health Program	<i>[Handwritten Signature]</i>
Patricia A Pelayo	Clinic	<i>[Handwritten Signature]</i> Patricia Pelayo
Jaqueline Garcia Soto	WIC	<i>[Handwritten Signature]</i>
Priscilla Helton	Administration	<i>[Handwritten Signature]</i>
Melissa L Sombric	Environmental Health	<i>[Handwritten Signature]</i>
Kim Williams	Administration	
Vickie Elkins	Clinic	<i>[Handwritten Signature]</i>

Mission: To protect, promote & improve the health of all people in Florida through interated state, county, & community efforts.

VISION: To be the Healthiest State in the Nation

VALUES (ICARE):

- I**nnovation: We search for creative solutions and manage resources wisely.
- C**ollaboration: We use teamwork to achieve common goals & solve problems.
- A**ccountability: We perform with integrity & respect.
- R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- E**xcellence: We promote quality outcomes through learning & continuous performance improvement.



Internal Health Equity Team

Agenda

3/24/2022

10:00am – 11:00 am

Attendees: Sonia Nunez, Amy Cormier, Lindsey E. Eklund, Patricia A. Pelayo, Jaqueline Garcia Soto, Priscilla Helton, Melissa L. Sombric

10:00am – 10:10 am **Item #1**

Recap and making sure you bring everything we've updated

10:10 am – 10:55 am **Item #2**

Continue working on the project

10:55 am – 11:00 am **Item #3**

To be determined

Florida Department of Health in Okeechobee County
Employee Internal Health Equity Team
Meeting Location: Administration Conference Area
March 24, 2022
Sign – In Sheet



Purpose: The Health Equity Team prioritizes a health disparity to work in local plans/projects review and assign action items, and recognize practices improved performance to Health Equity Plan.

Name	Department	Signature
Sonia Nunez	Health Education	<i>[Handwritten Signature]</i>
Amy Cormier	Health Education	<i>Amy Cormier</i>
Lindsey E Eklund	School Health Program	<i>Lindsey Eklund</i>
Patricia A Pelayo	Clinic	<i>Patricia Pelayo</i>
Jaqueline Garcia Soto	WIC	<i>Jaqueline Garcia Soto</i>
Priscilla Helton	Administration	<i>Priscilla Helton</i>
Melissa L Sombric	Environmental Health	<i>Melissa Sombric</i>
Kim Williams	Administration	
Vickie Elkins	Clinic	

Mission: To protect, promote & improve the health of all people in Florida through interated state, county, & community efforts.

VISION: To be the Healthiest State in the Nation

VALUES (ICARE):

- I**nnovation: We search for creative solutions and manage resources wisely.
- C**ollaboration: We use teamwork to achieve common goals & solve problems.
- A**ccountability: We perform with integrity & respect.
- R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- E**xcellence: We promote quality outcomes through learning & continuous performance improvement.



Internal Health Equity Team

Agenda

3/24/2022

10:00am – 11:00 am

Attendees: Sonia Nunez, Amy Cormier, Lindsey E. Eklund, Patricia A. Pelayo, Jaqueline Garcia Soto, Priscilla Helton, Melissa L. Sombric

10:00am – 10:10 am **Item #1**

Recap and making sure you bring everything we've updated

10:10 am – 10:55 am **Item #2**

Continue working on the project

10:55 am – 11:00 am **Item #3**

To be determined

Florida Department of Health in Okeechobee County
Employee Internal Health Equity Team
Meeting Location: Administration Conference Area
March 24, 2022
Sign – In Sheet



Purpose: The Health Equity Team prioritizes a health disparity to work in local plans/projects review and assign action items, and recognize practices improved performance to Health Equity Plan.

Name	Department	Signature
Sonia Nunez	Health Education	<i>[Handwritten Signature]</i>
Amy Cormier	Health Education	<i>Amy Cormier</i>
Lindsey E Eklund	School Health Program	<i>Lindsey Eklund</i>
Patricia A Pelayo	Clinic	<i>Patricia Pelayo</i>
Jaqueline Garcia Soto	WIC	<i>Jaqueline Garcia Soto</i>
Priscilla Helton	Administration	<i>Priscilla Helton</i>
Melissa L Sombric	Environmental Health	<i>Melissa Sombric</i>
Kim Williams	Administration	
Vickie Elkins	Clinic	

Mission: To protect, promote & improve the health of all people in Florida through interated state, county, & community efforts.

VISION: To be the Healthiest State in the Nation

VALUES (ICARE):

- I**nnovation: We search for creative solutions and manage resources wisely.
- C**ollaboration: We use teamwork to achieve common goals & solve problems.
- A**ccountability: We perform with integrity & respect.
- R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- E**xcellence: We promote quality outcomes through learning & continuous performance improvement.



Internal Health Equity Team

Agenda

4/7/2022

10:30 am – 11:30 am

Attendees: Sonia Nunez, Amy Cormier, Patricia A. Pelayo, Jaqueline Garcia Soto, Priscilla Helton, Melissa L. Sombric, Morgan D. Hord, Frank Diaz

10:30 am – 10:40 am Item #1

Please bring your Health equity plan to use as references

10:40 am – 11:20 am Item #2

We will start to work on our Priority Populations for obesity, please bring a pen to take notes

11:20 am – 11:30 am Item #3

To be determined

Florida Department of Health in Okeechobee County
Employee Internal Health Equity Team
Meeting Location: Administration Conference Area
April 7, 2022
Sign – In Sheet



Purpose: The Health Equity Team prioritizes a health disparity to work in local plans/projects review and assign action items, and recognize practices improved performance to Health Equity Plan.

Name	Department	Signature
Sonia Nunez	Health Education	<i>[Signature]</i>
Amy Cormier	Health Education	<i>[Signature]</i>
Morgan D Hord	School Health Program	<i>[Signature]</i>
Patricia A Pelayo	Clinic	<i>Patricia Pelayo</i>
Jaqueline Garcia Soto	WIC	<i>[Signature]</i>
Priscilla Helton	Administration	<i>[Signature]</i>
Melissa L Sombric	Environmental Health	<i>Melissa Sombric</i>
Bret Smith	Officer	
Kim Williams	Administration	
Vickie Elkins	Clinic	<i>Vickie L. Elkins</i>
Frank Diaz	Regional Health Equity	<i>[Signature]</i>

Mission: To protect, promote & improve the health of all people in Florida through interated state, county, & community efforts.

VISION: To be the Healthiest State in the Nation

VALUES (ICARE):

- I**nnovation: We search for creative solutions and manage resources wisely.
- C**ollaboration: We use teamwork to achieve common goals & solve problems.
- A**ccountability: We perform with integrity & respect.
- R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- E**xcellence: We promote quality outcomes through learning & continuous performance improvement.

FLORIDA DEPARTMENT OF HEALTH IN OKEECHOBEE COUNTY

ALL STAFF MEETING AGENDA

April 22,2022

8:00 AM – Noon

8:00 a.m. Administrator Welcome – Bret Smith

Welcome New Employees:

- Dr. Marie Anglin
- Anita Epps
- Jillian Schoonmaker
- Amy Power
- Clare Hamilton
- Jennifer Kinard

Recognize Supervisors-Stand up and Introduce Themselves

- Vickie Elkins (Nursing Director)
- Rachel Markel (Administration Business)
- Lison Philor-Jonassaint (Senior Public Health Nutritionist-WIC)
- Morgan Hord (School Health) Senior Community Health
- Patricia Pelayo (Clinic) Senior Community Health

Service Awards:

- Tod Hardacre - 5 Years on 4/28/22
- Rachel Markel - 5 Years on 5/1/22

Both have selected their award gifts for service
Please present

Department Update and Future Plans:

- Clinic - Dr. Marie Anglin & Patricia Pelayo
- WIC - Clare Hamilton
- School Health - Morgan Hord
- Dental - Jamie Wander
- Health Services - Anita Epps
- Health Educator - Sonia Nunez
- Administration - Jennifer Kinard
- Environmental Health - Bret Smith

Customer Satisfaction Forms and Complaint Forms

All Departments- Please continue to keep getting the forms filled out as our DOH is graded on this. Bret will award the department with the highest completed forms at the end of each quarter, with their choice of pizza, wings, or subs.

**With that said our department winners for our 3rd quarter are Health Education and Family Planning (Amy C., Sonia, Patricia, Danielle, Verenise and Dr. Anglin).

Dress Code Policy has been revised

An updated copy of the dress code will be emailed to all staff and updated in our policies book.

Emergency Management Presentation given by:

- Mitch Smekyl
- Nicholas Martini

Special Needs Shelter given by:

- Tod Hardacre
- Vickie Elkins

Any other questions/discussions/concerns?

Quick Break so we can get set up for Team Building

10:30 a.m. Team Building "Let's Make It Right"

Noon Wrap Up/Clean Up – All Staff

Next All Staff Meeting: TBD

ALL STAFF MEETING

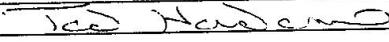
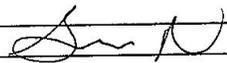
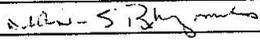
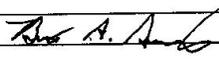
SIGN-IN SHEET

4/22/22

Signature	Name	Class Title
<i>Anderson</i>	ANDERSON, LACEYANN	OPS BIOLOGICAL SCIENTIST III
<i>Marie Anglin</i>	ANGLIN, MARIE M	OPS ADVANCED PRACTICE REGISTERED NURSE PRACVTIONER
<i>Verenise Cardoso</i>	CARDOSO, VERENISE	SENIOR CLERK
DO NOT ATTEND	CASTANEDA, MARIBEL	OPS HEALTH SUPPORT WORKER
<i>Amy Cormier</i>	CORMIER, AMY L	HEALTH EDUCATOR CONSULTANT
<i>Vickie Elkins</i>	ELKINS, VICKIE	COMMUNITY HEALTH NURSING DIRECTOR - SES
<i>Anita Epps</i>	EPPS, ANITA	OPS HEALTH SERVICES REPRESENTATIVE
<i>Shonda Flores</i>	FLORES, SHONDA N	INTERVIEWING CLERK
<i>Jaqueline Garcia</i>	GARCIA SOTO, JAQUELINE	HEALTH SUPPORT TECHNICIAN
<i>Amanda Gomez</i>	GOMEZ, AMANDA	SENIOR CLERK
<i>Clare Hamilton</i>	HAMILTON, CLARE	NUTRITION EDUCATOR
<i>Please see attached on other sign-in sheet</i>	HARDACRE, TOD B	GOVERNMENT OPERATIONS CONSULTANT II
<i>Priscilla Helton</i>	HELTON, PRISCILLA L	ACCOUNTANT I
<i>Morgan Hord</i>	HORD, MORGAN D	SENIOR COMMUNITY HEALTH NURSING SUPERVISOR
<i>Jennifer Kinard</i>	KINARD, JENNIFER	RECORDS TECHNICIAN
<i>Rachael Laskey</i>	LASKEY, RACHAEL R	REGISTERED NURSE
<i>Heather Leon</i>	LEON, HEATHER J	ACCOUNTANT II
<i>Rachel Markel</i>	MARKEL, RACHEL L	BUSINESS MANAGER I - SES

<i>D. m. v.</i>	MCCOY, DOUGLAS L	ENVIRONMENTAL SPECIALIST II
<i>S. D.</i>	NUNEZ, SONIA	OPS HEALTH EDUCATOR CONSULTANT
<i>Patricia Plano</i>	PELAYO, PATRICIA A	SENIOR COMMUNITY HEALTH NURSING SUPERVIS
<i>Please see attached mother sign in sheet</i>	PHILOR-JONASSAINT, LISON A	PUBLIC HEALTH NUTRITION PROGRAM DIRECTOR
<i>A. m. t.</i>	POWER, AMY	OPS SENIOR CLERICAL SPECIALIST
<i>Did NOT ATTEND</i>	REINHOLD, TODD A	ENVIRONMENTAL SPECIALIST II
<i>Please see attached mother sign in sheet</i>	RHYMES, DIANE S	DIETETIC TECHNICIAN
<i>[Signature]</i>	RODRIGUEZ MARTINEZ, JUANA I	HEALTH INFORMATION SPECIALIST
<i>[Signature]</i>	SCHOONMAKER, JILLIAN N	REGISTERED NURSE
<i>Kathy Shorter</i>	SHORTER, KATHY L	ENVIRONMENTAL SPECIALIST II
<i>Please see attached on other sign in sheet</i>	SMITH, BRET A	COUNTY HLTH DEPARTMNT ADMINISTRATOR-HLTH
<i>Melissa Sombric</i>	SOMBRIC, MELISSA	ENVIRONMENTAL SPECIALIST I
	STAKE, KATHRYN S	OPS ADMINISTRATIVE ASSITANT II
<i>[Signature]</i>	STEVENS, DANIELLE L	SENIOR LICENSED PRACTICAL NURSE
<i>Jamie Wander</i>	WANDER, JAMIE M	OPS DENTAL HYGIENISTS
<i>Kimberly Williams</i>	WILLIAMS, KIMBERLY	ADMINISTRATIVE ASSISTANT II

All Staff Meeting
April 22, 2022

Position Number	Name	Signature
853202	ANDERSON, LACEYANN	
911219	ANGLIN, MARIE M	
043827	CARDOSO, VERENISE	
947044	CASTANEDA, MARIBEL	
006987	CORMIER, AMY L	
001087	ELKINS, VICKIE	
947076	EPPS, ANITA	
069230	FLORES, SHONDA N	
043574	GARCIA SOTO, JAQUELINE	
063144	GOMEZ, AMANDA	
054115	HAMILTON, CLARE	
049814	HARDACRE, TOD B	
060671	HELTON, PRISCILLA L	
061734	HORD, MORGAN D	
059032	KINARD, JENNIFER	
084274	LASKEY, RACHAEL R	
001764	LEON, HEATHER J	
045767	MARKEL, RACHEL L	
002024	MCCOY, DOUGLAS L	
947075	NUNEZ, SONIA	
084001	PELAYO, PATRICIA A	
000817	PHILOR-JONASSAINT, LISON A	
947077	POWER, AMY	
003861	REINHOLD, TODD A	
069229	RHYMES, DIANE S	
003632	RODRIGUEZ MARTINEZ, JUANA I	
001927	SCHOONMAKER, JILLIAN N	
063674	SHORTER, KATHY L	
051297	SMITH, BRET A	
059031	SOMBRIC, MELISSA	
947070	STAKE, KATHRYN S	
086389	STEVENS, DANIELLE L	
947067	WANDER, JAMIE M	
045479	WILLIAMS, KIMBERLY	
000981	VACANT - 000981	
029570	VACANT - 029570	
062553	VACANT - 062553	
085841	VACANT - 085841	
086558	VACANT - 086558	
947055	VACANT - 947055	
947078	VACANT - 947078	

Addendum 2: Health Equity Taskforce Meeting Agendas and Sign-in Sheets

Do take insurance

Mental/Physical

Pop Up Clinic

Our Village

5-6 days a week

3:35-5-6pm



Tobacco Free Partnership of Okeechobee County

TOBACCO FREE PARTNERSHIP OF OKEECHOBEE
GENERAL MEETING AGENDA: 02/02/2022
11:00am - 12:00pm

Transportation - for students? after school

11:00-11:15 am Welcome, Introductions & Review of Minutes

11:15-11:30 am Tobacco Free Partnership Updates

11:30-11:45 am SWAT Updates and Events

11:45-12:00 pm Items from the floor

Next meeting date: May 3, 2022, 11am
Brown Cow and Zoom option available

4pm
Fri.
\$25 per person

MISSION OF THE TOBACCO FREE PARTNERSHIP OF OKEECHOBEE COUNTY:

The mission of the Tobacco-Free Partnership of Okeechobee is to mobilize community partners to establish long-lasting system and policy changes that promote tobacco-free social norms in order to prevent usage of tobacco products by youth/young adults, encourage and support tobacco cessation, eliminate health hazards of secondhand smoke and decrease the number of deaths due to tobacco products.

SWAT Team? - POS Store Surveys/Audits

Training the end of next month - k-12 program -

Rachel A. Donation
11a - 2p

Event
Feb. 25 Villages Page



3/9/2022 Meeting

	Name	Phone	Email
1	Vicki Frantz	863 462 5820	vfrantz@hca.org
2	Pam Duenas	863-462-5877	pduenas@okeehealthystart.org
3	Cassidy Bond	863 462 5877	program@okeehealthystart.org
4	Miguel Nevarez	(772) 260-0053	Miguel.Nevarez@fdacs.gov
5	Marisol Miller	863-6343125	mmiller@fchinc.org
6	Casey Rogers	863-634-5925	casey@riteliveservices.org
7	Maggie Louis	561-693-8695	mail@lothhealthservices.org
8	Jeff Howard	772-464-5300	jeff.howard@uwslo.org
9	Courtney Mayett	863.801.8277	cmayett@autocor.com
10	Senica Nunez	863	Senica.Nunez@hca.org
11			
12			
13			
14			
15			



3/9/2022 Meeting

	Name	Phone	Email
1	Cecilia Escobore	(954) 805-4041	Cescobore@fchinc.org cescobore@fche.
2	Annic Arguella	(888) 332-1444	aarguelle @cfrpc.org
3	Edna Malagon	(863) 763-2893	emalagon Cmailto:brishhouse.org
4	Monica Taylor	(863) 763-2893	mtaylor@marthas house.org
5	Dalei Dillon	561 984 5885	Area Agency on Aging
6	Mareen McCarthy	561-664-5885 MHCCARTH@AAA PSTC.org	Area Agency on Aging
7	Mary Vang	863 763 1951	mvang@fchinc.org
8	Kindsey Eklund	863-462-5773	on file
9	Debbie Carr	863-610-1738	dlackee@gmail.com
10	Jess Chay	863-801-5315	on file
11	Debra Austin	863-462-5180	daustine@co.okeechobee.fl.us
12	Douglas Watters	863-610-2332	douglas.watters@malibeford.com
13	Patrice Schneider	561 383-1149	Patrice @ 211pbtc.org
14	Jonathan Bean	863 763 2893	jbean@marthashouse.org
15	Denise Whitehead	763-6950	

March 29, 2022

10:00 AM

Okeechobee County School District

Board Room

Agenda

- I. Call to Order
- II. Committee Updates
 - a. Affordable/Available Housing
 - b. Health Equity
 - c. Parental Support/Resources
 - d. Qualified Mental Health/Psych Providers
 - e. Teacher Support
- III. Discussion Items & Announcements
- IV. Adjournment

Next meeting – April 26th at 10 AM

Name - Print	Agency	Phone Number	Email Address
C. Lister	HPS	on file	Clister@hpsfl.org
Greg Smith	Mustard Seed	772-465-6021	Gsmith@mustardseedslc.org
Christine Pelaez-Pena	Epilepsy Florida Health Insurance Navigation	772-485-6577	cpena@epilepsyfl.org
Jennifer Arnold	IRSC FCPD	772-742-4492	jarnold@irsc.edu
Lupe Sanchez	IRSC FCPD	863-824-6015	gsanchez@irsc.edu
Josh Padgett	IRSC	867-824-6009	jpadgett@irsc.edu
Heather Parker	GAL	772-801-9077	heather.parker@gal.fl.gov
Pat Hickman	ELCFMO	863-357-1154	phickman@ekirmo.org
Shonda Hunter	DIVISION Vocational Rehab	772-873-6550	Shonda.Hunter@vr.fl.gov
Susan Evans	IRSC Nursing	772-462-7460	sevans@irsc.edu
Siobhan McGearty	SAAP	772-462-7033	smcgeort@irsc.edu
Wendy Coker	OCSB	863-462-5000 x1058	cokerw@okee.k12.fl.us
Terry Ann Burke	CILO	772-302-9401	Tburke@ciio.org
Rose Sangabrier	OCSB	863-634-7469	rose.sangabrier@okee.k12.fl.us
Belen Reyna	OCPP	863-801-2740	
Gina Ortiz	HPS Healthy Fam.	772-985-1645	gortiz@hpsfl.org
Mary Smith	Career Source Heartland	863-610-6000	msmith@CareerSourceHeartland.com
Holly Nixon	BFFF/QuitDoc	863-532-1778	hnixon@quitdoc.com



Health Equity Task Force Team AGENDA

4/26/2022

11:00am – 12:00 pm

Attendant:

Sonia Nunez, Tod B. Hardacre, Holly Mixon, Josh Padgett, Anna Harper,
Christine Pelaez-Pena

11:00 – 11:30

Introduction

Health Equity (what is it?)

Present the Health Equity Plan to the Task Force Team

Give information in reference to the deliverables

11:30- 11:45

Item # 1

Questions and Answers

11:45- 12:00

Item # 2

Plan next meeting

Florida Department of Health in Okeechobee County
Health Equity Task Force Team
Meeting Location: Community Collaborative Council
April 26, 2022
Sign – In Sheet



Purpose: The Health Equity Team prioritizes a health disparity to work in local plans/projects review and assign action items, and recognize practices improved performance to Health Equity Plan.

Name	Organization	Signature
Sonia Nunez	Department of Health	<i>[Signature]</i>
Tod B. Hardacre	Department of Health	<i>[Signature]</i>
Holly Mixon	QuitDoc	<i>Holly Mixon</i>
Josh Padgett	IRSC	<i>[Signature]</i>
Anna Harper	Sunshine Health	<i>Anna Harper</i>
Christine Pelaez-Pena	Epilepsy Florida	<i>CP</i>

Mission: To protect, promote & improve the health of all people in Florida through interated state, county, & community efforts.

VISION: To be the Healthiest State in the Nation

VALUES (ICARE):

- I**nnovation: We search for creative solutions and manage resources wisely.
- C**ollaboration: We use teamwork to achieve common goals & solve problems.
- A**ccountability: We perform with integrity & respect.
- R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- E**xcellence: We promote quality outcomes through learning & continuous performance improvement.



Tobacco Free Partnership of Okeechobee County

TOBACCO FREE PARTNERSHIP OF OKEECHOBEE

GENERAL MEETING AGENDA: 05/03/2022

11:00am – 12:00pm

11:00-11:15 am Welcome, Introductions & Review of Minutes

11:15-11:30 am Tobacco Free Partnership Updates

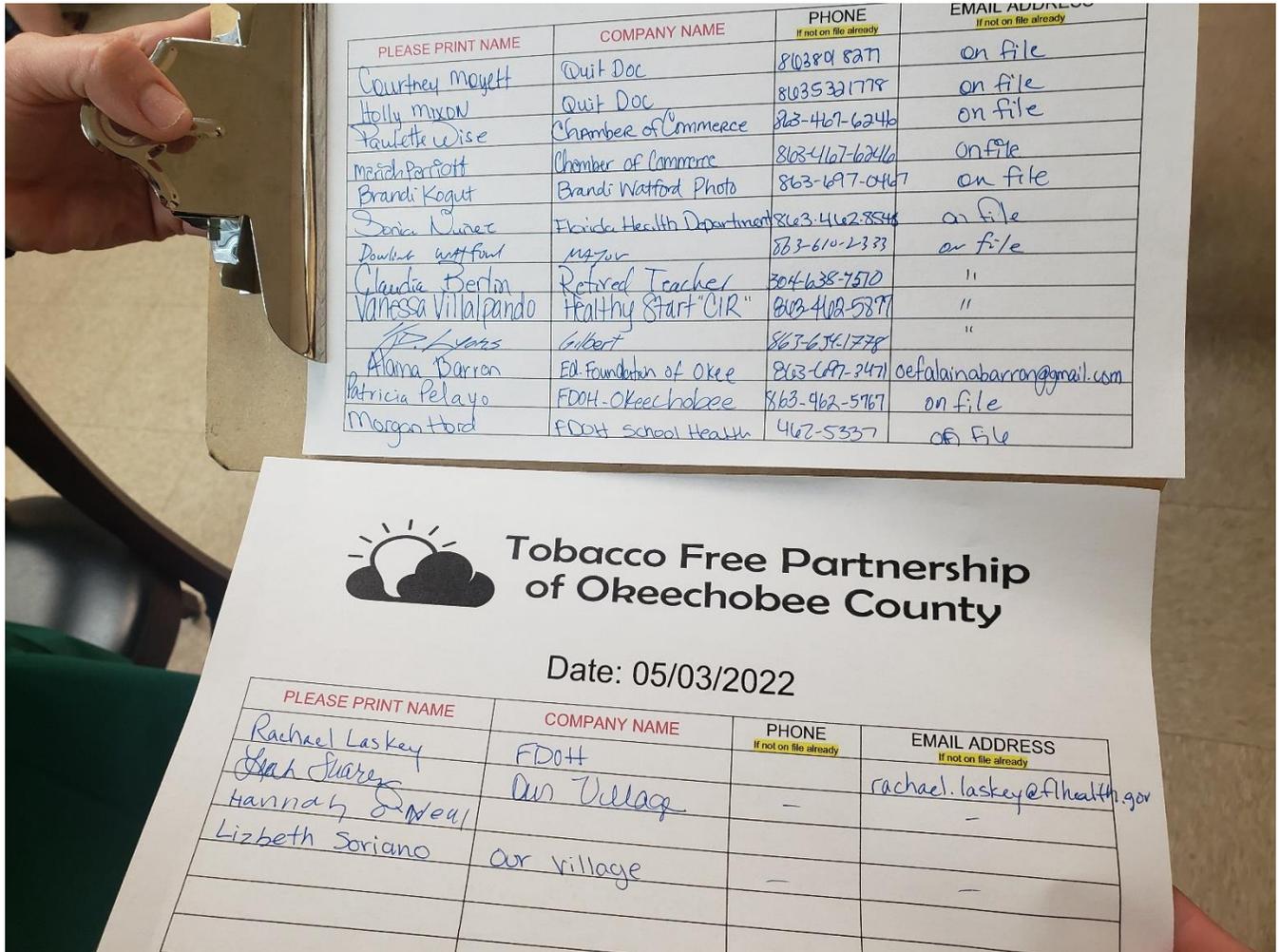
11:30-11:45 am SWAT Updates and Events

11:45-12:00 pm Items from the floor

Next meeting date: July 27th, 2022, 11am

MISSION OF THE TOBACCO FREE PARTNERSHIP OF OKEECHOBEE COUNTY:

The mission of the Tobacco-Free Partnership of Okeechobee is to mobilize community partners to establish long-lasting system and policy changes that promote tobacco-free social norms in order to prevent usage of tobacco products by youth/young adults, encourage and support tobacco cessation, eliminate health hazards of secondhand smoke and decrease the number of deaths due to tobacco products.



Addendum 3: Okeechobee County Health Equity Coalition Members

Organization Name	Name of Contact(s)	Title
Christ Fellowship Church	Matt Bowen	Pastor
RiteLife	Barbara Holcolm Casey Rogers	CEO Manager
Tobacco Free Partnership of Okeechobee County	Courtney Moyett Holly Mixon Pamela Duenas Cassidy Bond	Project Director Tobacco Prevention Specialist Social Worker Contract Manager
Okeechobee Healthy Start Coalition	Andrea Medelin Venessa Villalpando Jess Olney	Executive Director Connect Program N/A
Our Village Heartland Regional Transportation Planning Organization	Leah D. Suarez Marybeth Soderstrom	Executive Director Transportation Director
Martha's House	211 Karen Bailey Patrice Schoeder Jonathan Bean Edan Malagon Monica Taylor	Community Relations Specialist Executive Director Director of Advocacy Services Economic Advocate
Area Agency on Aging	Dwight D. Chenette Dalia Dillon Jaime M. Wander Jaqueline Garcia Soto Priscilla Helton Melissa L. Sombric Lison Philor-Jonassaint Patricia Pelayo Tod Hardacre Vickie Elkins Morgan D Hord	CEO Manager OPS Dental Hygienist Health Support Technician Accountant I Environmental Specialist I Senior Public Health Nutritionist Supervisor Operations Consultant II Community Health Nursing Director School Nurse Supervisor
Florida Health Department of Health in Okeechobee County		Academic Support Manager Case Manager-Farmworker Education Senior Esrow Officer Master Instructor
IRSC	Josh Padgett Guadalupe Sanchez Jennifer Arnold Gertrude Baptiste- Walcott	

DOH-Okeechobee

Health Equity Plan

Director of Community Services and Public information	Denise Whitehead	Service Director
Okeechobee County Sheriff Office	Jack Nash	Public Information officer
Sunshine Health	Anna Harper	Community Relations Representative
Health Council of Southeast Florida	Tiffany Parrish	Program Manager
Dr. Fred Brown Children's Health Center	Tom Jones	
Raulerson Hospital	Moore Erin Brian Melear	Public Relations and Communications Chief Executive Officer
Okeechobee County School District	Ken Kenworthy	Superintendent
Okeechobee Senior Services	Debra Austin	Program Manager
Okeechobee Animal Control	Amy Fisher	Department administrator
Health Council Of Southeast Florida	Andrea Stephenson	CEO
Wildfire Mitigation Specialist	Miguel Nevarez	Public Information officer
The sign Guy, Inc	Gary Fowler	President

L.O.T. Health Services	Maggie Rodrigues-Louis	Executive Director
City of Okeechobee	Dowling R. Watford, Jr.	Council Member
Chamber of Commerce	Paulette Wise	Executive Director

RE: CCC meeting on June 28



Nunez, Sonia

To Christine Pelaez Pena; Holly Mixon; Anna Harper; Josh Padgett



Good afternoon everyone,

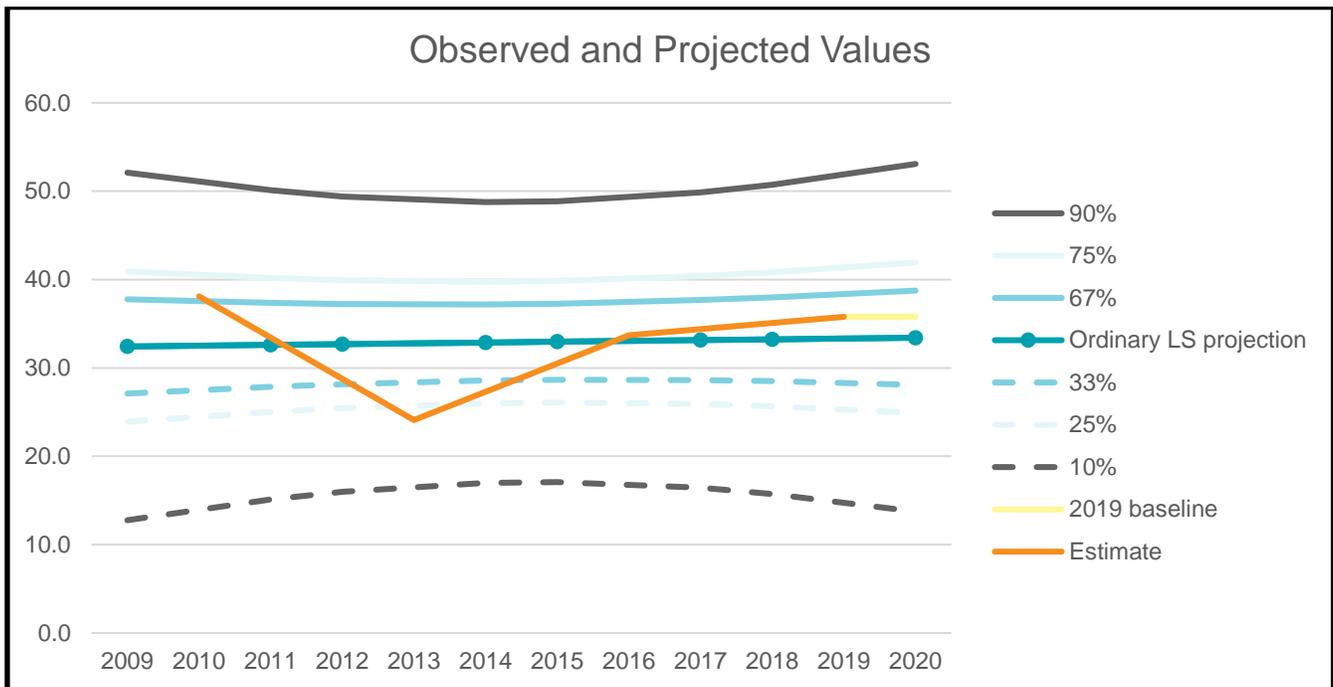
I do have an update in reference to the Health Equity Plan.
With your input and support we have accomplished a lot and a lot more has been added.
This is the completed plan for the moment.
If everyone approves it we will able to continue working forward and wait on the response from Tallahassee.

Sonia Nunez,
Minority Health and Health Equity OPS
Health Educator Consultant
Florida Department of Health
Okeechobee County
1728 NW 9th Ave
Okeechobee, FL 34972
Phone: (863) 824-4387



- Addendum 4: Trend Analysis Tool Snapshot for Objectives**

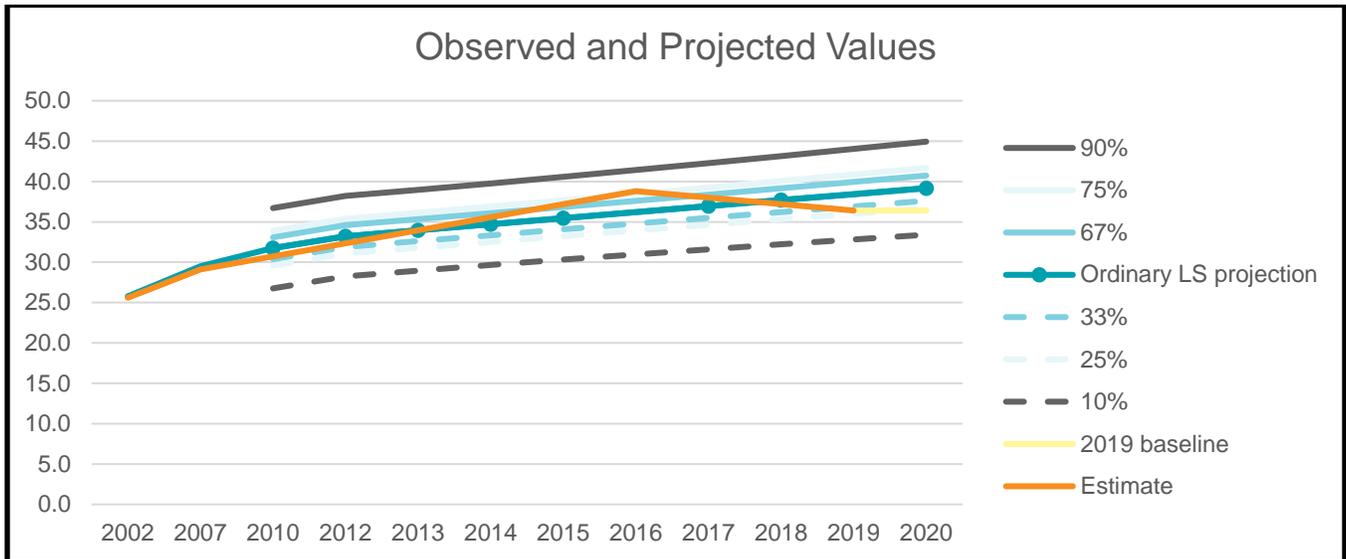
Obesity among adults in Okeechobee County



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

- ...there is a 90% chance that 2025 value will meet or exceed: 61.2**
- ...there is a 75% chance that 2025 value will meet or exceed: 45.7**
- ...there is a 67% chance that 2025 value will meet or exceed: 41.3**
- ...there is a 50% chance that 2025 value will meet or exceed: 33.9**
- ...there is a 33% chance that 2025 value will meet or exceed: 26.5**
- ...there is a 25% chance that 2025 value will meet or exceed: 22.1**
- ...there is a 10% chance that 2025 value will meet or exceed: 6.6**

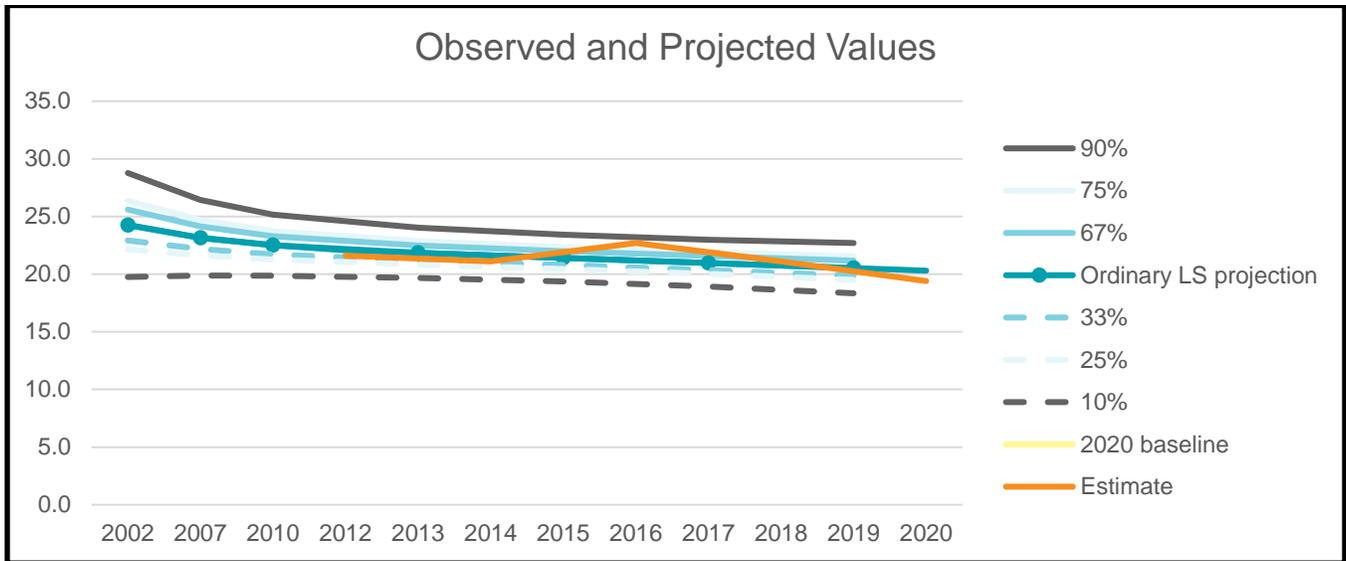
Obesity among Hispanic adults in Okeechobee County



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

- ...there is a 90% chance that 2025 value will meet or exceed: **49.6**
- ...there is a 75% chance that 2025 value will meet or exceed: **45.8**
- ...there is a 67% chance that 2025 value will meet or exceed: **44.7**
- ...there is a 50% chance that 2025 value will meet or exceed: **42.9**
- ...there is a 33% chance that 2025 value will meet or exceed: **41.1**
- ...there is a 25% chance that 2025 value will meet or exceed: **40.0**
- ...there is a 10% chance that 2025 value will meet or exceed: **36.2**

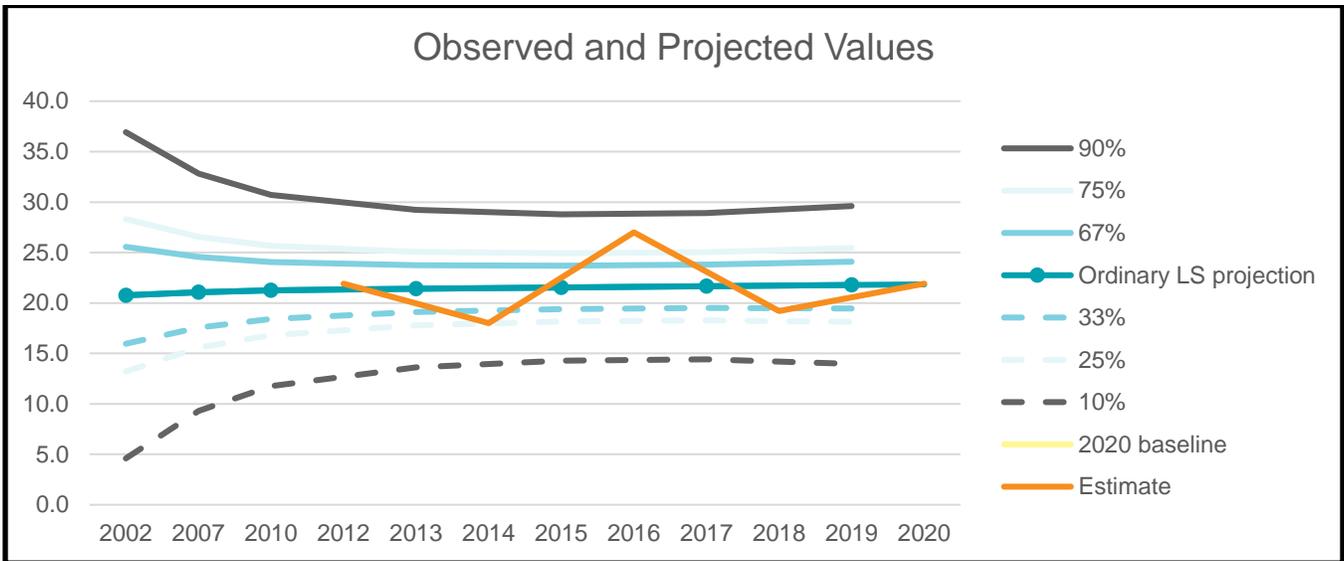
Obesity among Hispanic students in Okeechobee County



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

- ...there is a 90% chance that 2025 value will meet or exceed: **22.5**
- ...there is a 75% chance that 2025 value will meet or exceed: **20.7**
- ...there is a 67% chance that 2025 value will meet or exceed: **20.2**
- ...there is a 50% chance that 2025 value will meet or exceed: **19.2**
- ...there is a 33% chance that 2025 value will meet or exceed: **18.2**
- ...there is a 25% chance that 2025 value will meet or exceed: **17.7**
- ...there is a 10% chance that 2025 value will meet or exceed: **15.9**

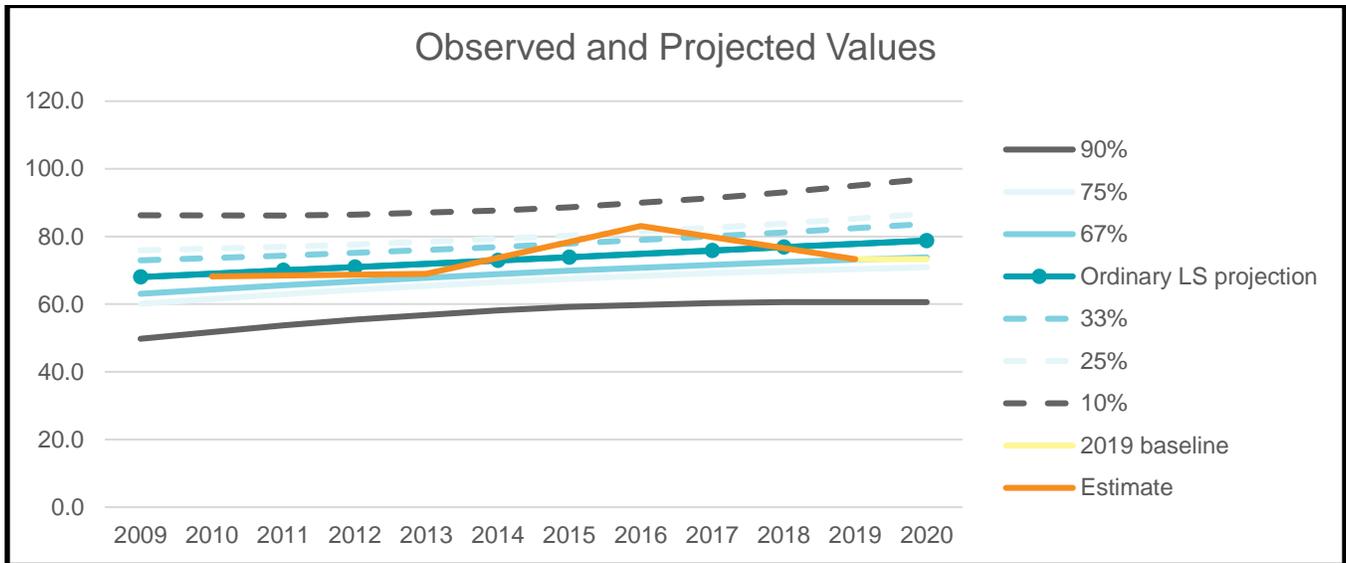
Obesity among non-Hispanic Black students in Okeechobee County



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

- ...there is a 90% chance that 2025 value will meet or exceed: **33.9**
- ...there is a 75% chance that 2025 value will meet or exceed: **27.6**
- ...there is a 67% chance that 2025 value will meet or exceed: **25.6**
- ...there is a 50% chance that 2025 value will meet or exceed: **22.1**
- ...there is a 33% chance that 2025 value will meet or exceed: **18.6**
- ...there is a 25% chance that 2025 value will meet or exceed: **16.7**
- ...there is a 10% chance that 2025 value will meet or exceed: **10.4**

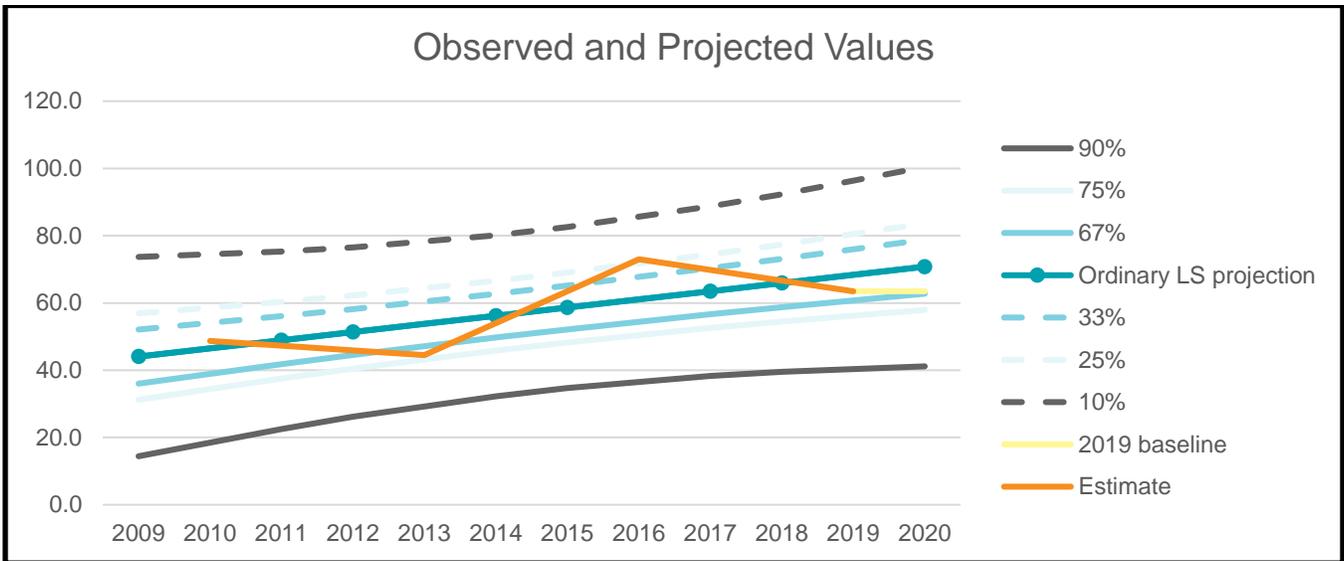
Adults who had a medical checkup in the past year



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

- ...there is a 90% chance that 2025 value will meet or exceed: **58.4**
- ...there is a 75% chance that 2025 value will meet or exceed: **72.7**
- ...there is a 67% chance that 2025 value will meet or exceed: **76.8**
- ...there is a 50% chance that 2025 value will meet or exceed: **83.7**
- ...there is a 33% chance that 2025 value will meet or exceed: **90.5**
- ...there is a 25% chance that 2025 value will meet or exceed: **94.6**
- ...there is a 10% chance that 2025 value will meet or exceed: **109.0**

Hispanic adults who had a medical checkup in the past year



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

- ...there is a 90% chance that 2025 value will meet or exceed: **41.8**
- ...there is a 75% chance that 2025 value will meet or exceed: **65.1**
- ...there is a 67% chance that 2025 value will meet or exceed: **71.8**
- ...there is a 50% chance that 2025 value will meet or exceed: **82.9**
- ...there is a 33% chance that 2025 value will meet or exceed: **94.1**
- ...there is a 25% chance that 2025 value will meet or exceed: **100.7**
- ...there is a 10% chance that 2025 value will meet or exceed: **124.1**