

UNION COUNTY HEALTH EQUITY PLAN

July 2022 – December 2027



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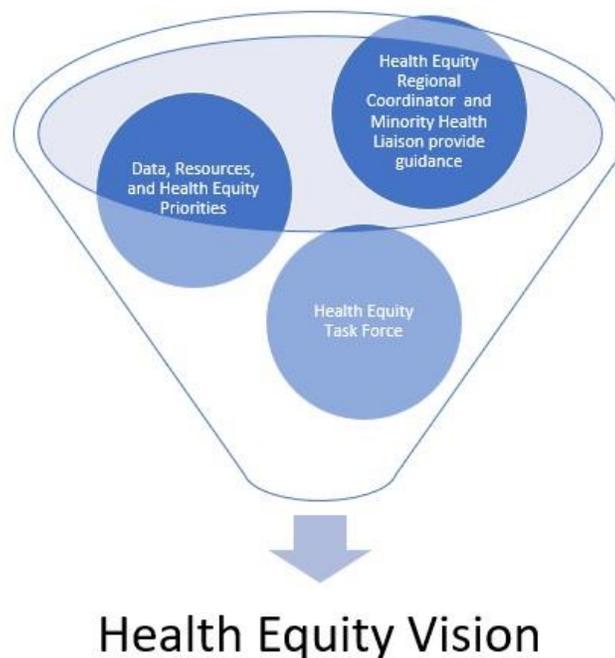
DOH-Union County

Health Equity Plan

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I. VISION

The vision of the Union County Health Equity plan is to advance the residents of Union County towards an equitable, sustainable, and healthy future. Our health equity plan aims to address the inequities in our communities and to provide solutions to resolve these disparities. The vision for this health equity plan was created by the Union County Health Equity Taskforce, composed of various community members and leaders from organizations in the county. The Health Equity Taskforce used a voting method to achieve a consensus on a clear vision for the county. The following is the vision for the Union County Health Equity Plan:



To create an equitable community where all members have access to the necessary resources to achieve their highest level of health.

II. PURPOSE OF THE HEALTH EQUITY PLAN

Health Equity is achieved when everyone can attain optimal health.

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

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

The purpose of the Health Equity Plan is to increase health equity within Union County. To develop this plan, Union 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 Union 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.

IV. PARTICIPATION

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



Every year the only elementary school in Union County, Lake Butler Elementary School puts on a grade level field day. All members of the community are welcome to attend this event. This collaboration between the schoolboard, community organizations and parents are an example of cross-sector collaboration In Union County. This type of collaboration has resulted in positive community involvement and efforts to provide safe and fun activities for the children of Union County.

A. Minority Health Liaison

The Minority Health Liaison supports the Office of Minority Health and Health Equity in advancing health equity and improving health outcomes of racial and ethnic minorities and other vulnerable populations through partnership engagement, health equity planning, and implementation of health equity projects to improve social determinants of health. The Minority Health Liaison facilitates health equity discussions, initiatives, and collaborations related to elevating the shared efforts of the county.

Minority Health Liaison: John “Dan” Mann-Operations & Management Manager

Minority Health Liaison Backup: N/A

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 Union 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
James Lyons	Government Operations Consultant II	Operations
Tracy Toms	Human Services Program Specialist	FL Healthiest Weight & Chronic Disease Prevention
Shelby Parmenter	Dental Program Manager	Dental
Michael Johnson	Mental Health Counselor	Mental Health
Sandra Crawford	School Health Coordinator	School Health
Debbie Williams	Human Services Program Specialist	Heart Health Plus
John Mann	Operations & Management Manager	Operations

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

Meeting Date	Topic/Purpose
03/16/2022	<ul style="list-style-type: none"> • An Introduction to health equity and health disparities • Discuss existing Health Advisory group members and potential members for the taskforce

C. Health Equity Taskforce

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

Name	Title	Organization	Social Determinant of Health
James Lyons	Government Operations Consultant	Florida Department of Health	Health Care Access and Quality
Tracy Toms	FL Healthiest Weight & Chronic Disease Prevention	Florida Department of Health	Health Care Access and Quality
Shelby Parmenter	Registered Dental Hygienist	Florida Department of Health	Health Care Access and Quality
Michael Johnson	Mental Health Counselor	Florida Department of Health	Health Care Access and Quality, Social and Community Context
Sandra Crawford	School Health Coordinator	Florida Department of Health	Education Access and Quality
Debbie Williams	Heart Health Plus	Florida Department of Health	Health Care Access and Quality
Pretina Hutchinson	Mobile Response Team Program Manager	Meridian Behavioral Healthcare Inc.	Social/Community Context, Access to Health and Quality Health Care
Chelsea McBride	Prevention Specialist	Hanley Foundation	Social/Community Context, Health Care Access and Quality
Iana Patterson	Director/ Minority Health Liaison	Bradford County Faith Community Center	Social/Community Context
Shrishti Singh	Tobacco Treatment Specialist	Suwannee River Area Health Education	Social/Community Context, Access to Health and Quality Health Care

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Terricena Kittles	Health Service Manager	Episcopal Children's Services	Social/Community Context
Maricelis Wood	Healthy Start	Florida Department of Health	Health Care Access and Quality
Monique Bessette	Tobacco Treatment Coordinator	Suwannee River Area Health Education	Social/Community Context, Access to Health and Quality Health Care
Valeria Gorden	Counselor	Meridian Behavioral Healthcare Inc.	Social and Community Context, Healthcare Access and Quality.
Kimberly Henderson	Elder Abuse Project Coordinator	Elder Options	Social and Community Context, Healthcare Access and Quality

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

Meeting Date	Organizations	Topic/Purpose
05/16/2022	Florida Department of Health-Union County, Hanley Foundation, Episcopal Children's Services, School Board, Meridian Behavioral Healthcare	SDOH and Health Equity Presentation, Health Disparity and SDOH data shared by HE Team, Goals & Objectives; Project Proposals
06/06/2022	Episcopal Children's Services, SRAHEC, Bradford County Faith Communication Center, Hanley Foundation, Meridian Behavioral Healthcare Inc, New River Health, Elder Options	Determining Projects, Lead Members, Objectives, and Goals

D. Coalition

The Coalition discussed strategies to improve the health of the community. The strategies focused on the social determinants of health: education access and quality, health care access and quality, economic stability, social and community context, and neighborhood and built environment. Membership includes community leaders working to address each SDOH, as well as any relevant sub-SDOHs. The Coalition assisted the Health Equity Taskforce by reviewing their Health Equity Plan for feasibility. See [\(addendum\)](#) for a list of Coalition members.

E. Regional Health Equity Coordinators

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

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

V. HEALTH EQUITY ASSESSMENT, TRAINING, AND PROMOTION

A. 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.

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

Date	Topics	Organization(s) receiving trainings
05/16/2022	SDOH Training, Health Equity Vs. Health Equality, Health Disparities, Defining Health Equity	Episcopal Children’s Services, SRAHEC, Hanley Foundation, Meridian Behavioral Healthcare Inc.

B. County Health Department Health Equity Training

The Florida Department of Health in Union 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-Union 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 Union County Health Department has established a plan to conduct a County Health Department Health Equity Training by August 2022. The Health Equity plan will be updated accordingly to reflect this training.

C. Minority Health Liaison Training

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

Date	Topics
02/22/2022- 02/25/2022	Khaleedah Ruise - Onboarding Training, TOPS Training in Tallahassee
03/14/2022	ClearPoint Training
03/21/2022	Regional Health Coordinator met with Minority Health Liaison (Kevin Bradley) to discuss Health Equity Planning Process, Reporting Requirements, and a review on addressing chosen health disparity, Mental Health, and the Social Determinants of Health

D. National Minority Health Month Promotion “Family Fun Day”

The “Family Fun Day” is an annual event that takes place for Union County Housing Authority which serves 122 families. This event took place on April 9, 2021, from 11:00 am to 2:00 pm at the Union County Housing Authority Community Building in Lake Butler. This event is a fun filled day for children and parents who reside in Low Income Public Housing. Family Fun Day focuses on spotlighting resources in the community for residents who may not have previously known about them. Food was provided to the participants of Family Fun Day including hot dogs, chips, and drinks. Activities included face painting, a water balloon toss, bounce house, and a three-legged race. The Union County Minority Health and Health Equity Team participated at this event and provided a focused attention on minority health in the community.

VI. PRIORITIZING A HEALTH DISPARITY

The Health Equity Team identified and reviewed health disparities data in Union County. Data was pulled from multiple sources including Florida Health CHARTS, Florida Environmental Public Health Tracking, Florida Agency for Health Care Administration (ACHA), AARP Livability Index, the UF Health Shand's Needs Assessment Platform, and the U.S. Census Bureau.

After a data review by the Health Equity Team, mental health is the identified health disparity in Union County. As defined by the Center for Disease Control and Prevention (CDC), mental health encompasses our emotional, psychological, and social well-being. Mental health can affect how we make healthy choices, affecting our overall health. Those who seek help are often faced with the stigma associated with mental health conditions like depression, anxiety, and addiction. This may make it harder for individuals to receive the necessary resources to overcome poor mental health.

Poor mental health affects individuals in every aspect of their lives. The social determinants of health play a role in affecting mental health. Individuals who are unemployed tend to have limited income, and limited availability to healthy foods. These are all stressors that contribute to poor mental health. Stress, anxiety, and depression may be brought on by the circumstances individuals face in their daily lives.

Relative to other fields, data in mental health has been limited. The onset of the COVID-19 pandemic brought a more focused attention to mental health as the pandemic caused many households and individuals to up-end their lives. While some of the data is limited, the Union County Taskforce has identified our priority populations to be disabled individuals, Black and African Americans, and White residents.

While data is lacking for LGBTQ+ individuals in Union County, the Health Equity Taskforce will work to gather the data for this population group by collaborating with the Office of Minority Health and Health Equity. The Health Equity Taskforce will continue to update data as these metrics are reported to continue to focus efforts on priority populations within the county.

Data in Union County shows Union County Mental Health Hospitalization Rates per 1,000 population have been lower than state of Florida rates. Despite being lower than the state, it is worth noting these rates have been consistently increasing since 2015. Of more importance, suicide rates in Union County have been higher than state rates for the past three years, with a rate of 36.6 in the year 2020, compared to 13.1 in the state. Emergency Room visits for mental health reasons exceeded state rates throughout 2015-2019. Based on this data, the Union County Health Equity Team determined mental health is an issue that needs to be addressed. Data concerning Mental Health is below:

Mental Health Hospitalization Rates, per 1,000 Population

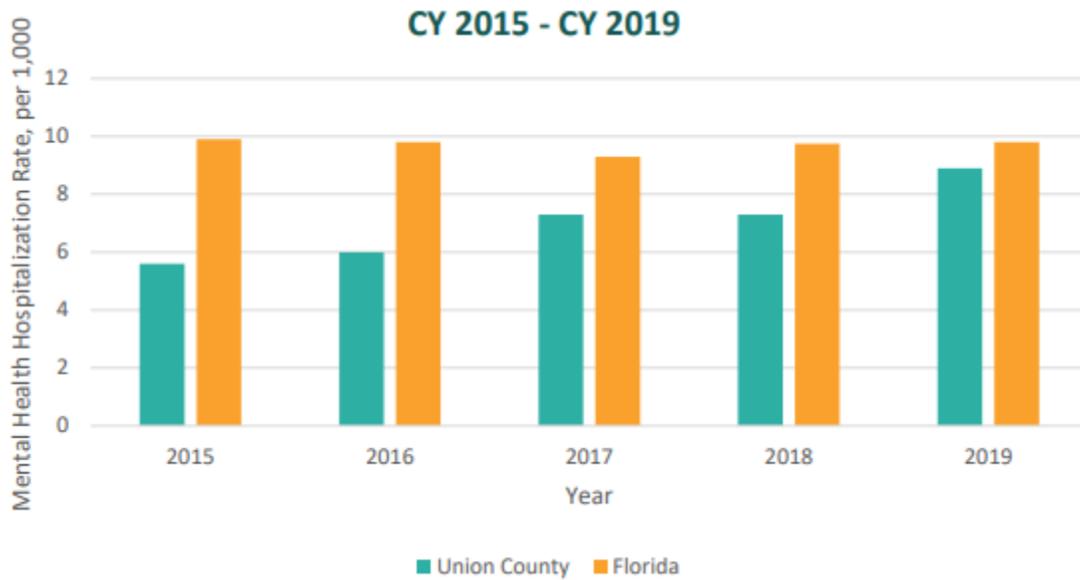


Figure 1: Union County Mental Health Hospitalization Rates per 1,000 Population, prepared by WellFlorida Council, 2020

Mental Health ED Visits per 1,000 Population

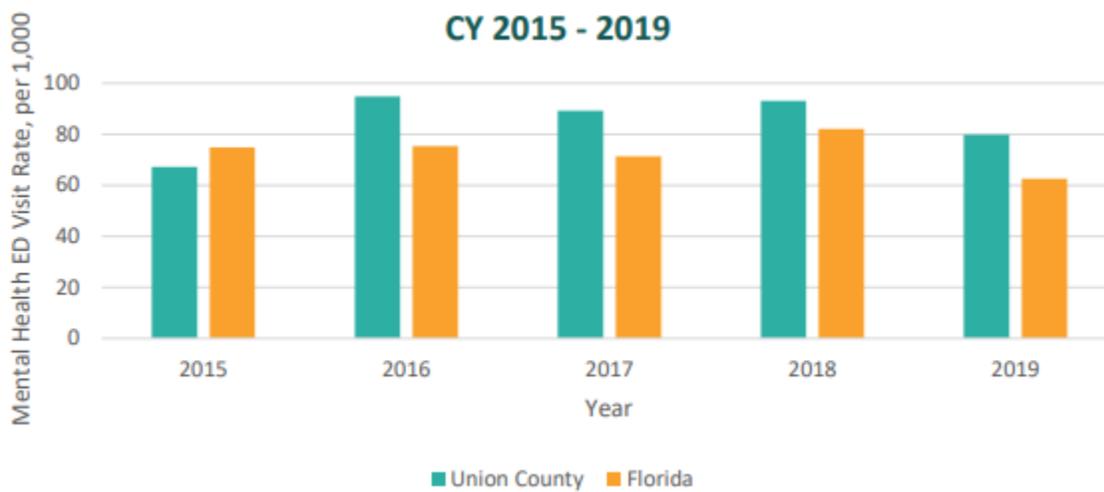


Figure 2 Union County Mental Health ED Visits per 1,000 Population, prepared by WellFlorida Council, 2020.

A. Union County Death from Suicide

Age-Adjusted Deaths from Suicide, Single Year, Overall

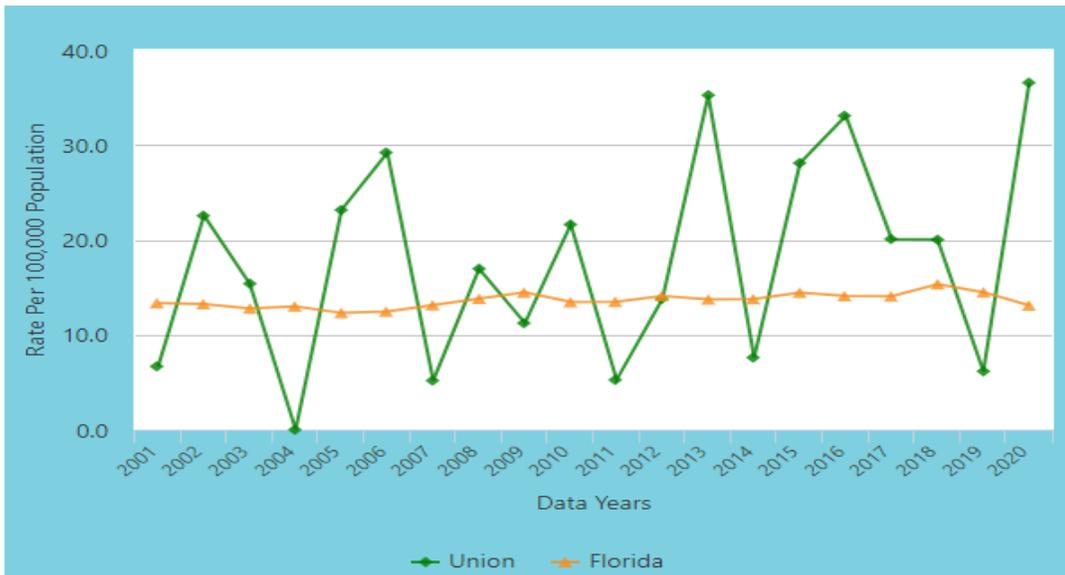


Figure 3: Source: FLHealthCharts

The rate of suicide in Union County has consistently been higher than State of Florida rates. In the year 2020, the rate of suicide in Union County was 36.6 compared to the Florida rate of 13.1.

Age-Adjusted Deaths from Suicide, Single Year, White/Black

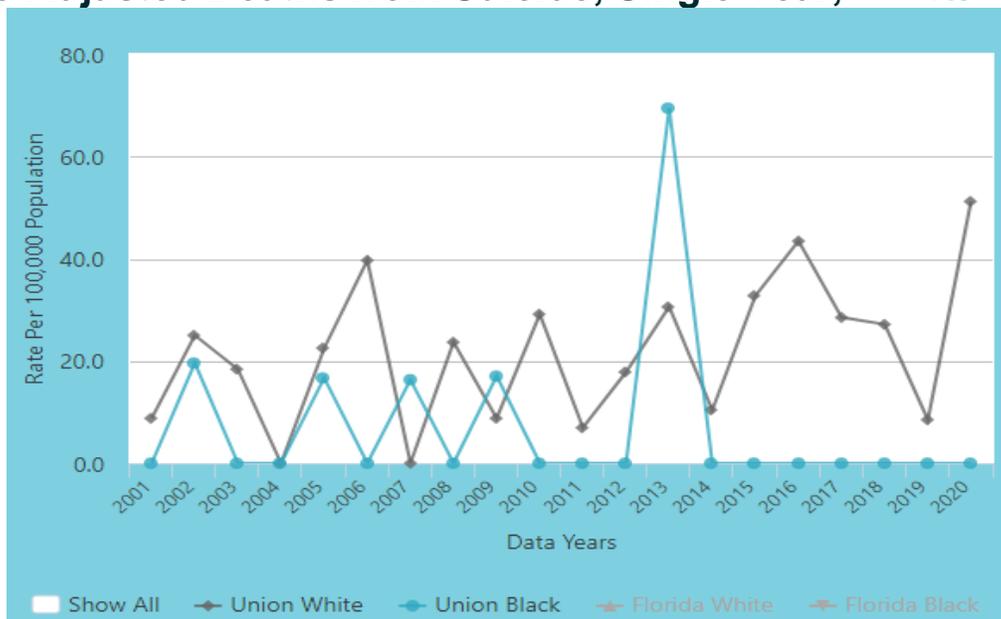


Figure 4: Source: FLHealthCharts

Age-Adjusted Deaths from Suicide, Single Year, Ethnicity



Figure 5: FLHealthCharts

Deaths from Suicide, Age 65 and Older



Figure 6: FLHealthCharts

Deaths from Suicide, Age 18-44



Figure 7: FLHealthCharts

Deaths from Suicide, Veterans

The rate of death from suicide in Union County is 69.16 per 100,000 veterans for the 2015-2020 timeframe. Veterans in Union County make up 13.07% of the community with a total population of 1,928, according to The Fire Watch (<https://www.thefirewatch.org/the-data>). During deployment, veterans experience several traumatic events. This increases the rates of poor mental health, PTSD, depression, and substance abuse.

Deaths from Suicide, LGBTQ

According to The Trevor Project’s 2022 National Survey on LGBTQ Youth Mental Health, 45% of LGBTQ youth seriously considered attempting suicide in the past year, with 14% of LGBTQ youth attempting suicide in 2021. The rates of youth who attempted suicide were greatest in Native/Indigenous youth with 21% attempting suicide. This was followed by 20% attempting suicide in Middle Eastern/Northern African and 19% in Black youth. These groups were the most at risk for attempting suicide at a national level.

Data specific to Union County for the LGBTQ+ community is insufficient for county analysis. The Health Equity Taskforce will work with the Office of Minority Health and Health Equity to acquire this data. Upon receiving this data, the

Health Equity Taskforce will modify the Union County Health Equity Plan and adjust our project accordingly.

B. Poor Mental Health Days Union County

Adults who had poor Mental health on 14 or more of the past 30 days, Overall

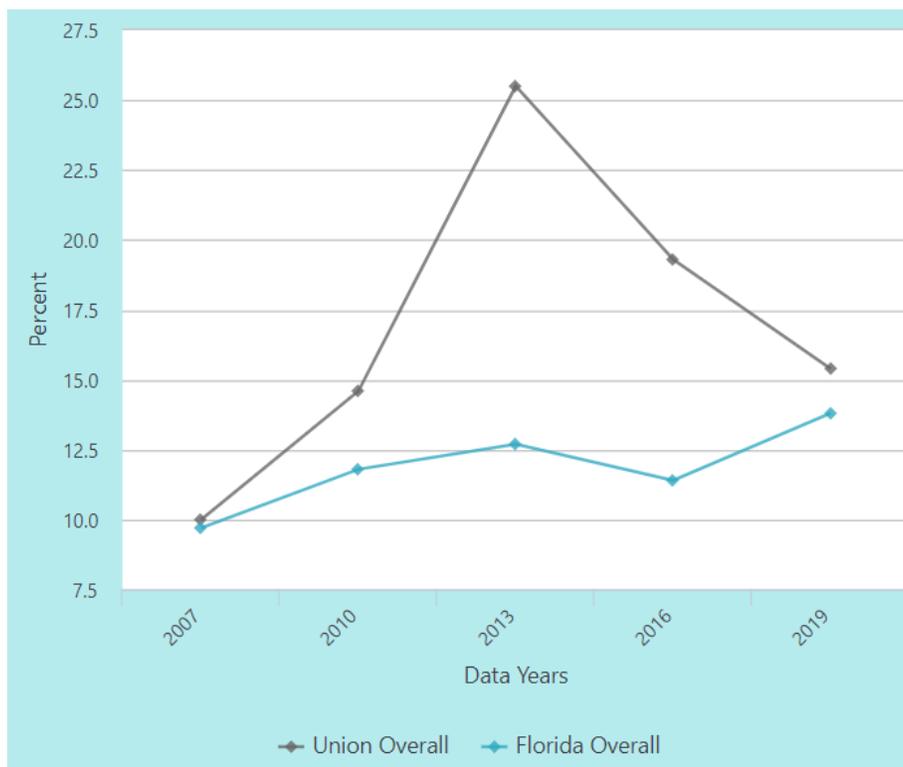


Figure 8: Adults who had poor mental health on 14 or more of the past 30 days, Overall, Union County. Source: Florida Department of Health, Division of Public Health Statistics and Performance Management

Figure 3 shows an overall Union County rate of 15.4 compared to the state of Florida rate of 13.8 in 2019. Poor mental health days are self-reported and are a measure of the quality of life for individuals in the county.

Adults who had poor mental health on 14 or more of the past 30 days, by Race

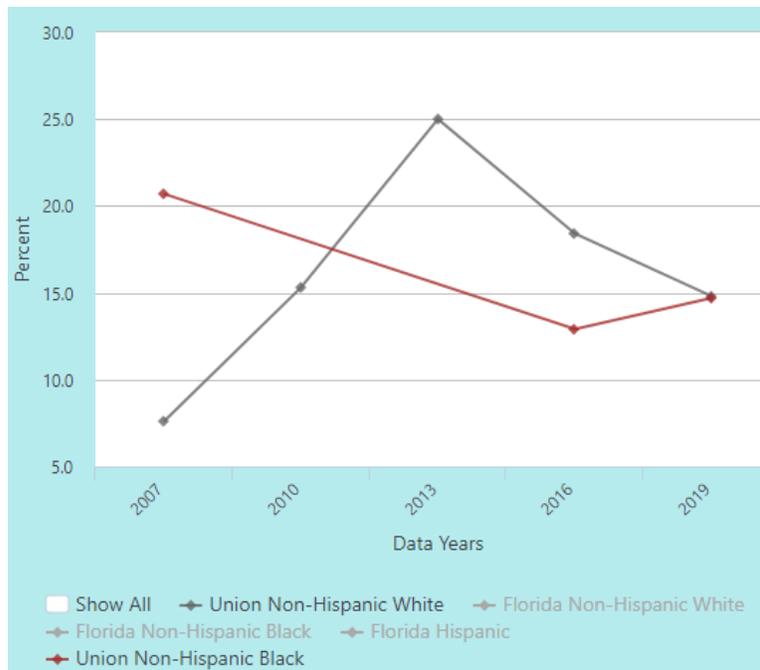


Figure 9: FLHealthCharts

Adults who had poor mental health on 14 or more of the past 30 days, Ages 65+

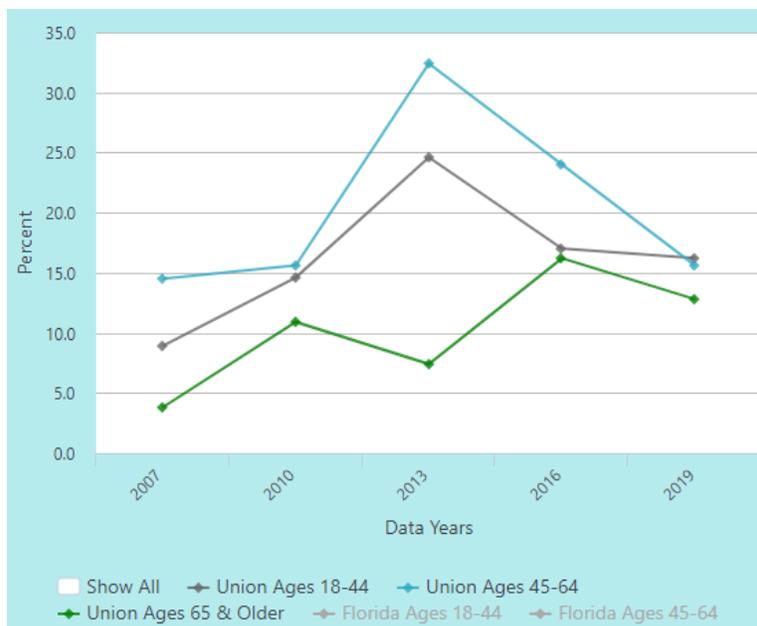


Figure 10: FLHealthCharts

Adults who had poor mental health on 14 or more of the past 30 days, **Income**



Figure 11: FLHealthCharts

According to the Anxiety and Depression Association of America, “On a family level, poverty causes stressors such as insecurity in food, housing, income, and more. These stressors can also cause an increased risk of mental health problems and substance abuse in the parents. ([Low-Income Communities | Anxiety and Depression Association of America, ADAA](#)) The above figure shows the rate of adults with an income below \$25,000 had poor physical or mental health days that kept them from doing usual activities on 14 or more of the past 30 days. This figure shows a clear linkage between low income and poor mental health in Union County. In Union County, Black residents had a lower median household income than white residents, with Black residents earning an average of \$43,889 in the year 2020 compared to an average income of \$56,080 for White residents in the year 2020. In the year 2018, Hispanics earned an average of \$85,332 compared to an average of \$43,735 for non-Hispanics, according to FLHealthCharts. The clear linkage between poor mental health and low-income allows us to conclude, Black and African American residents in Union County are at a high risk of poor mental health outcomes.

Individuals with Disabilities with Poor Physical and Mental Health

According to the CDC, “adults with disabilities report experiencing frequent mental distress almost 5 times as often as adults without disabilities ([The Mental Health of People with Disabilities | CDC](#)). In Union County, individuals with disabilities in the 18–65-year age range reported an average rate of 5.73 poor physical and mental health days compared to a rate of .21 of poor mental health days for non-disabled individuals. (Knowli Data Science and the FSU Claude Pepper Center Faculty, 2022). The rate of respondents with a disability who have ever been told they had a depressive disorder is .49 compared to the rate of non-disabled individuals of 0.07. The rate of frequent mental distress for individuals with a disability is much higher than non-disabled individuals.

VII. SDOH DATA

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

Social Determinants of Health



A. Education Access and Quality



According to the Bureau of Labor Statistics, the median usual weekly earnings for adults aged 25 and over that lack a high school diploma is \$493, compared to \$678, for workers who have a diploma. That's an **annual difference of \$9,620**. Earnings are higher for those with a high school diploma. Median weekly earnings for workers with a high school diploma but no college was \$781. That works out to \$40, 612 per year. The unemployment rate for those with a high school diploma is 7.1%. (<http://www.smartasset.com>). As evidenced by the Health Disparities Report from www.AmericasHealthRankings.org, “Educational attainment is a strong predictor of health. Americans with higher levels of education have better job opportunities, earnings, and resources to live longer, healthier lives than those with less education. Lower educational attainment is associated with greater prevalence of many chronic conditions, mental and behavioral health challenges, and premature death.” The article goes on to prove that adults between the ages of 18-44 without a high school diploma are more affected. This population has a higher rate of unemployment. Unemployment rates decrease with each increase in educational attainment. Education, or the lack thereof, is linked to mental health and health disparities in employment. Different skill levels and educational background can create inequalities in wages, opportunities for promotions and job security.

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

High School Graduation Rate, Overall

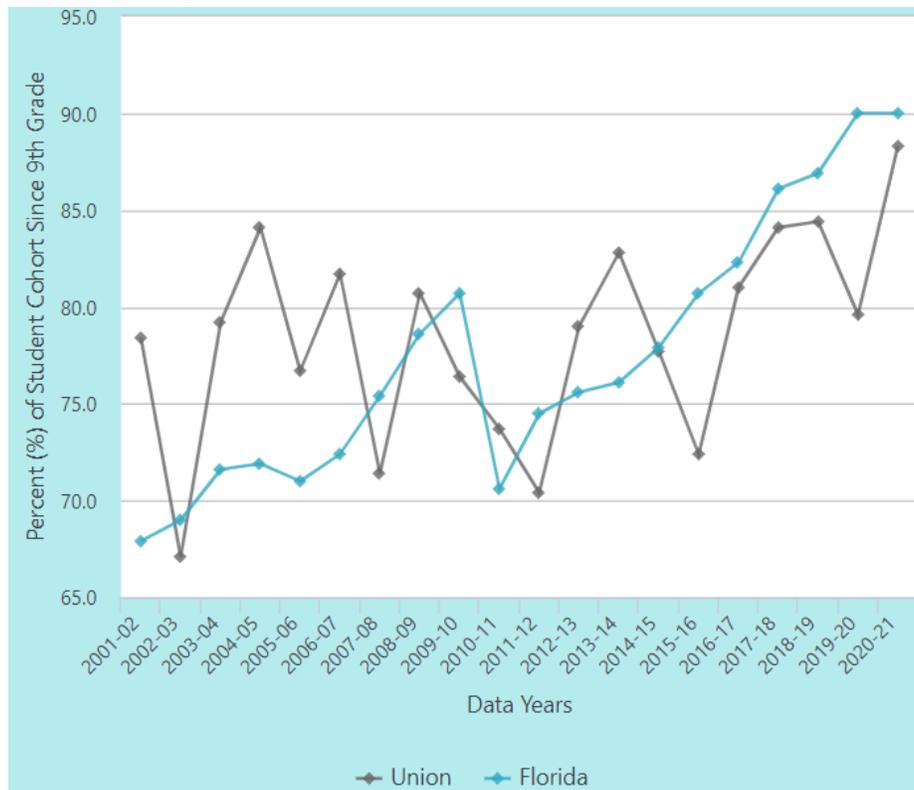


Figure 12: High School Graduation Rate, Single Year, Overall Union County. Source: Florida Department of Health, Division of Public Health Statistics and Performance Management.

Figure 12 shows a rate of 88.3 of high school graduation rate for Union County overall in 2021. It’s important to note a drop in 2020 to 79.6, which is comparatively lower than the state of Florida rate of 90.0 in the same year. This data may have been affected by the COVID-19 pandemic as many factors could have had a detrimental effect on student graduation rate. Some possible factors include reliable internet service, lack of social/peer support, and food insecurity.

Educational Attainment by Race in Union County

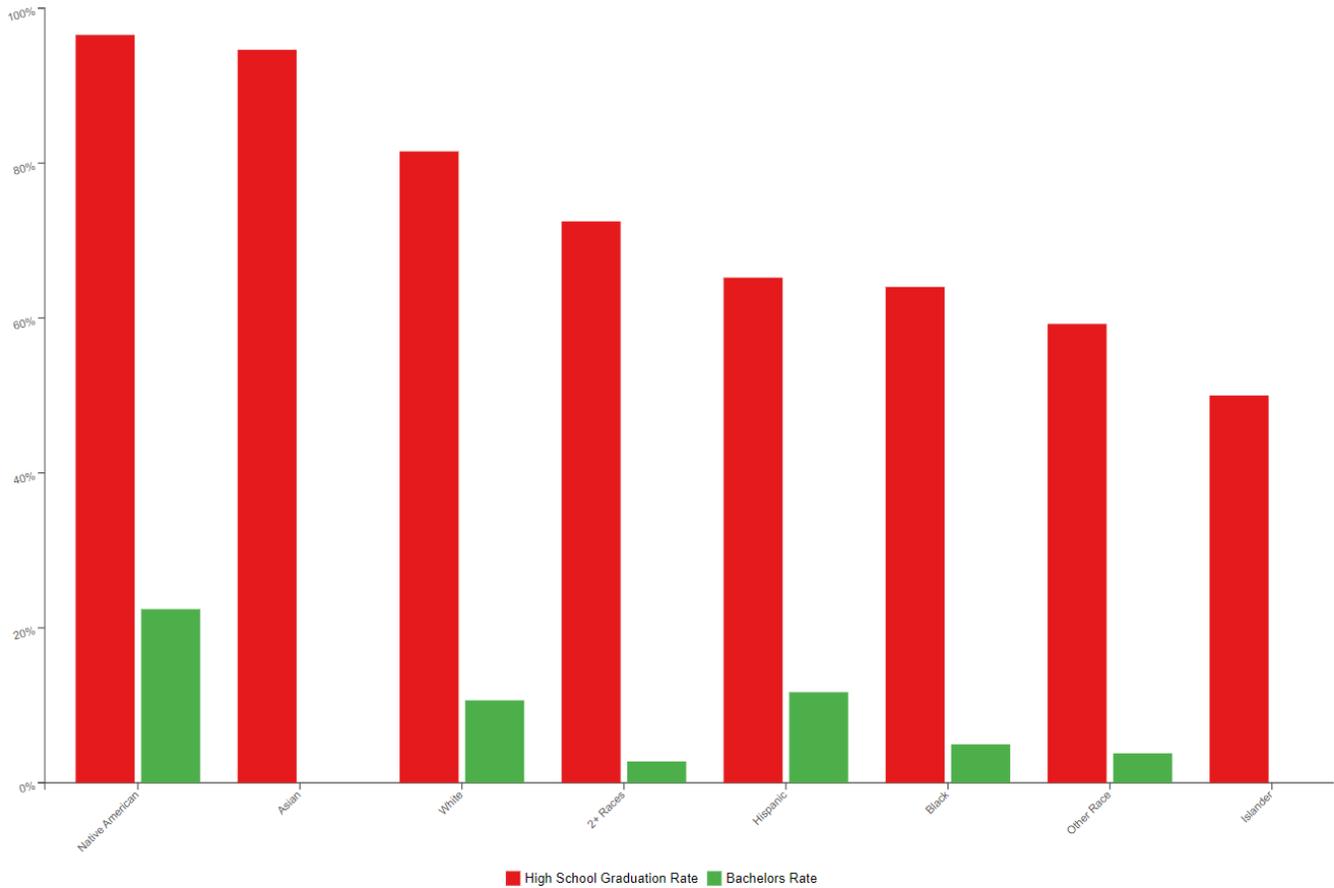


Figure 13: Union County, Florida Educational Attainment by Race. Source: US Census 2019 AC S 5-Year Survey (Table S1501). <https://worldpopulationreview.com/us-counties/fl/union-county-population>

Race	Total	High School	Bachelors
White	7,583	6,181	807
Black	2,701	1,729	134
Hispanic	641	418	75
Other Race	184	109	7
Native American	116	112	26
2+ Races	109	79	3
Asian	93	88	
Islander	10	5	

Table 1: Union County, Florida Educational Attainment by Race. Source: US Census 2019 AC S 5-Year Survey (Table S1501). <https://worldpopulationreview.com/us-counties/fl/union-county-population>

Table 1 gives a count of Union County educational attainment by race. Native American individuals had a higher graduation rate than any other priority population with a rate of 96.55%. Black individuals had a high school graduation rate of 64.01% and a bachelor’s degree graduation rate of 4.96%. Hispanics had a high school graduation rate of 65.21%. Native Hawaiians and Pacific Islander Americans made up a very small count of the population and had a high school graduation rate of 50.0%. Comparatively, Black individuals are the largest minority group and had one of the lowest high school graduation rates.

High School Graduation Rate, Disabled/Non-Disabled



Figure 14: FLHealthCharts

The above graph shows rising number of individuals with a disability acquiring a high school diploma. While this recent data points to improvement in this social determinant of health for this priority population, it is important to note, historically, individuals with a disability have faced discrimination and stigma that may make it more difficult to achieve a high school graduation.

Individuals with No High School Diploma (Aged 25 Years and Older), Single Year, Overall

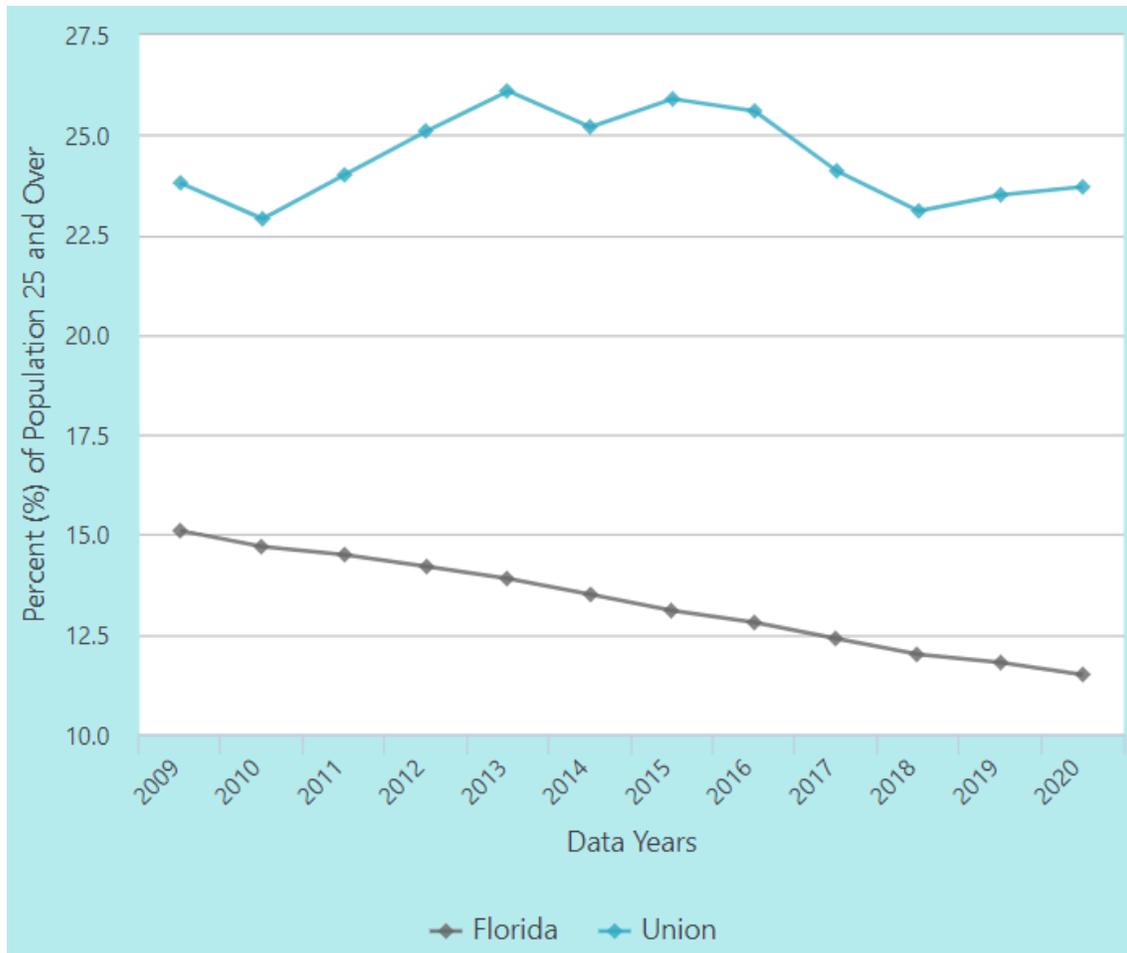


Figure 15: Individuals with No High School Diploma (Aged 25 Years and Older), Single Year. Source: Florida Department of Health, Division of Public Health Statistics and Performance Management.

The rate of Union County individuals with no high school diploma (aged 25 Years and Older) in the year 2020 was 23.7, substantially greater than the state of Florida rate of 11.5 in the same year.

Individuals with No High School Diploma (Aged 25 Years and Older), Race

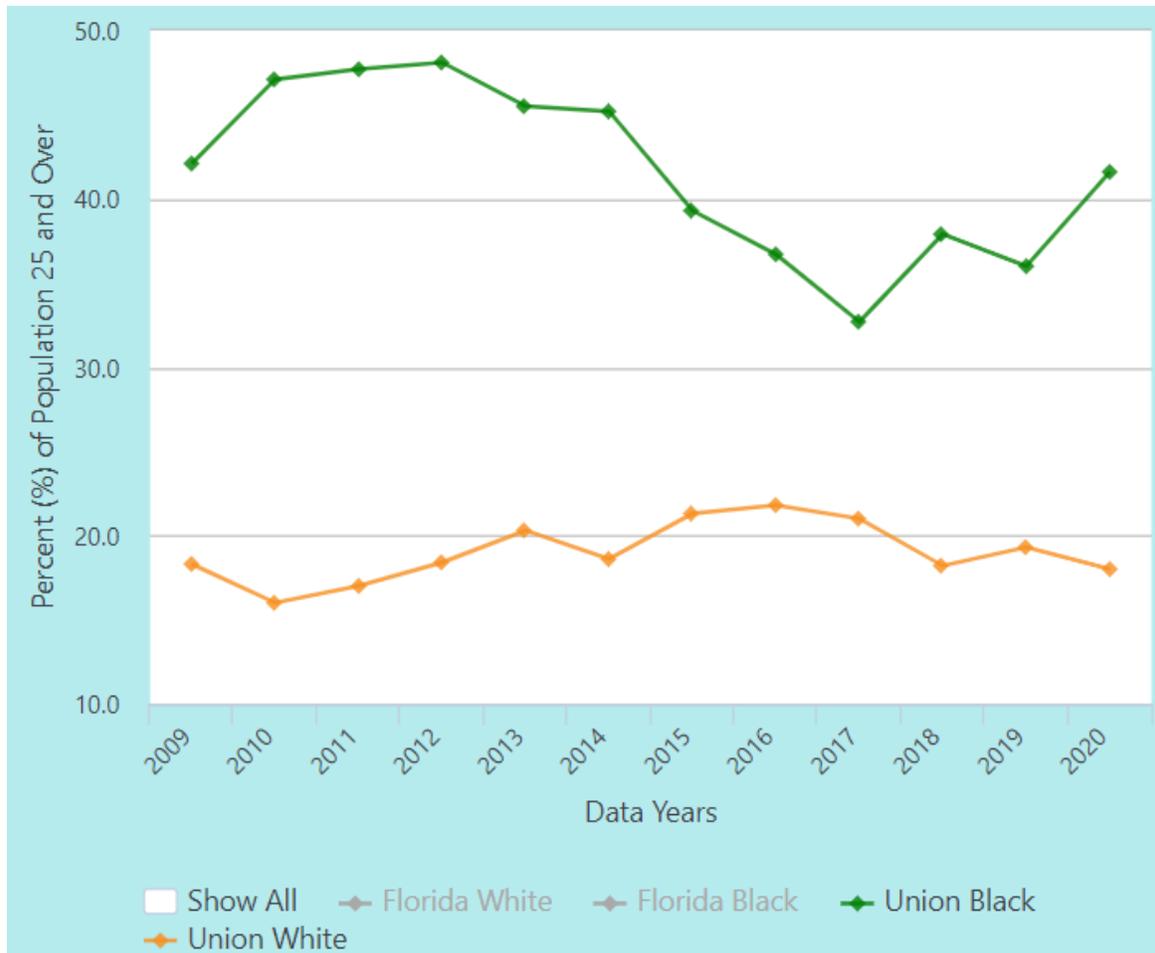


Figure 16: Individuals with No High School Diploma (Aged 25 Years and Older), Single Year, Union County Race/Ethnicity Comparison. Source: Florida Department of Health, Division of Public Health Statistics and Performance Management.

Figure 16 gives a comparison of Union County White individuals and Black individuals. The above figure demonstrates 41.6% of Black individuals aged 27 years and older did not have a high school diploma. This rate was lower for White individuals at 18.0% in the same year.

Education Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Mental Health
High School Graduation	Black and African American, Disabled individuals	Receiving a high school diploma allows individuals to have a higher earning potential. Individuals who receive a high school diploma are more likely to have a higher income, thereby having access to greater resources such as quality food, healthcare, health insurance, and reliable transportation. Receiving a high school diploma leads to better health outcomes in these individuals.

B. Economic Stability

Employment serves as a major anchor of the SDOH, Economic Stability. It is highly documented that unemployment can lead to negative health consequences and those who are unemployed suffer from various stress-related illnesses. Individuals tend to have experiences such as perceived job insecurity or underemployment that have detrimental implications on mental health long-term.

According to an article in the Gallup, “one in five Americans who have been unemployed for a year or more say they currently have or are being treated for depression—almost double the rate among those who have been unemployed for five weeks or less”, ([In U.S., Depression Rates Higher for Long-Term Unemployed \(gallup.com\)](https://www.gallup.com)). Another finding reported by Gallup found unemployed Americans are more than twice as likely as those with full-time jobs to say they currently have or are being treated for depression. The overall implication of these findings is economic stability, particularly employment impacts mental health. These findings suggest economic stability is of particular importance for the residents of Union County, as it is tied to poor mental health outcomes. Persons who are in poverty are exposed to greater stressors because of limited income. The inability to put food on the table, pay for housing, utilities or transportation has serious implications for poor mental health outcomes. When considering improving mental health in Union County, economic stability is crucial.

The impact of economic stability on mental health in Union County.

Individuals Below Poverty, Single Year, Overall



Figure 17: Individuals Below Poverty Level, Single Year, Union County, overall. Source: Florida Department of Health, Division of Public Health Statistics and Performance Management.

The above figure shows in 2020, Union County had a rate of 16.4% of individuals below poverty level. This rate is higher than the State of Florida rate of 13.3% in the same year.

Individuals Below Poverty, Single Year, Race



Figure 18: Individuals Below Poverty Level, Single Year, Union County, Race (White/Black). Source: Department of Public Health, Division of Public Health Statistics and Performance Management.

Figure 18 is a comparison of the largest minority group, Black and African American individuals, and White individuals in Union County. The above graph shows a higher rate of individuals living below poverty among the Black and African American individuals. The rate for Black and African American individuals living below poverty was 27.7 compared to a rate of 16.0 in White individuals in Union County.

Individuals Below Poverty, Single Year, Disabled/Non-Disabled

People with at least one disability reported having an income less than \$10,000 at a higher rate than individuals without a disability. This rate was 0.18 for individuals with a disability, compared to a rate of 0.04 for individuals without a disability. According to the US. Census Bureau, “as a group, full time, year-round workers with a disability earn 87 cents for every dollar earned by those with no disability” ([census.gov](https://www.census.gov)). Historically, individuals with a disability earn less than those without a disability.

Economic Stability		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Mental Health
Income	Black and African American, People living with a disability	Income inequality and disparities in Union County are very pronounced for two of our priority population groups, Black and African American and people living with a disability. Income directly impacts mental health as individuals with low-income face greater stressors. These individuals many times are working to provide basic and necessary essentials, such as housing and food for their families. Ultimately, low income is a risk factor for poor mental health in Union County.

C. Neighborhood and Built Environment



- Neighborhood and built environment data for Union County

Population Living within ½ Mile of a Park



Figure 19: FLHealthCharts

Figure 19 shows that in 2019, 3.0% of the population in Union County lived within ½ a mile of a park compared to 40.1% of the Florida population. Walkability and access to safe community spaces can improve overall community health by supporting physical activity. Exposure to nature and natural environments can have a positive impact on health. Having access to public parks encourages

individuals to walk or bike there, thereby increasing physical activity and decreasing chronic disease rates. According to the National Recreation and Park Association, “more time spent in parks and green spaces have help individuals fight against mental health issues like depression, anxiety and stress” ([Parks and Improved Mental Health and Quality of Life | Fact Sheets | Parks and Health | National Recreation and Park Association \(nrpa.org\)](#)). Union County’s limited availability to parks and recreational spaces can negatively impact mental health in the community.

Population Living within ½ of a Healthy Food Source

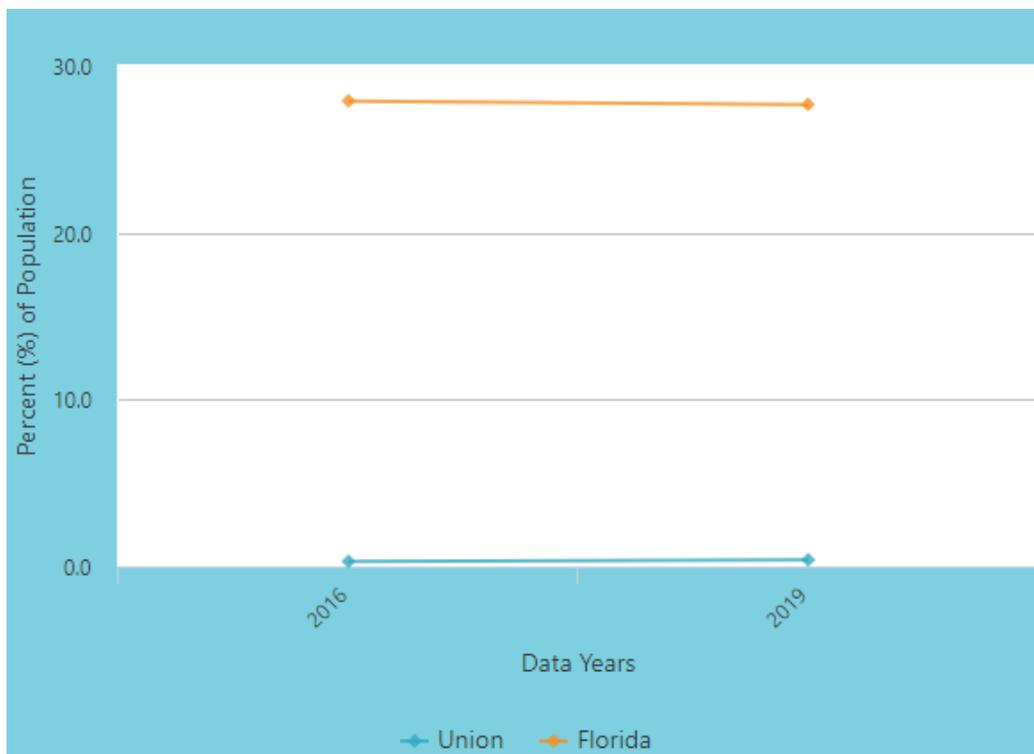


Figure 120: FLHealthCharts

In an article published by the National Library of Medicine, a possible link was found between consuming nutritious foods and improved mental health. This research “supports the idea that creating environments and developing measures that promote healthy, nutritious diets, while decreasing the consumption of highly processed and refined “junk” foods may provide benefits even beyond the well-known effects on physical health, including improved psychological wellbeing” ([Food for Thought 2020: Food and mood: how do diet and nutrition affect mental wellbeing? - PMC \(nih.gov\)](#)). The rate of individuals living within ½ a mile of a healthy food source is very low at 0.4% in the year 2019, compared to the Florida rate of 27.7. Residents of Union County have limited access to grocery stores.

This puts the residents of Union County at a high disadvantage as they are not able to access healthy foods without having to go out of their way. This is not always feasible, especially for the low-income population of Union County. It’s important to acknowledge that the population who is affected by this the most are families and individuals who have limited transportation to reach grocery stores.

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

Neighborhood and Built Environment		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Mental Health
Parks	All Union County Residents	Access to parks and outdoor recreational activities can provide increased opportunities for Union County residents to participate in physical activity. Exercise and recreational activities have been shown to improve mental health and overall physical health. By providing increased access to public parks, residents will benefit both physically and mentally as exercise is an important factor to decreasing rates of chronic diseases and improving mental health.
Access to nutritional food	All Union County Residents	Access to nutritional foods impacts all Union County residents as healthy foods are often not attainable at proximity. Lack of nutritional foods can further increase the risk of poor mental health as recent research suggests a connection between your gut microbiome and poor mental health. Per, a research article published by NIH, “an unhealthy gut microbiome can result from a poor diet low in fiber and high in saturated fats. Including nutritional foods in your diet can have anti-inflammatory properties” (Food for Thought 2020: Food and mood: how do diet and nutrition affect mental wellbeing? - PMC (nih.gov)). This research provides support for the role of nutritional foods in improving mood and overall mental health.

D. Social and Community Context



Social and community context are the interactions we have with our family, friends, co-workers, and community members. These relationships have an impact on our health and overall well-being. Poor support systems and low community engagement can lead to feelings of loneliness, depression, and anxiety. The Union County Health Equity Taskforce raised concerns about poor social and community support within the county. The geography of Union County does not always lend to high community support as many residents are isolated.

During the COVID-19 pandemic, broadband became a crucial service. This service allowed the community to stay connected virtually during a time where physical interaction and participation was not possible. Maintaining and building connections with other community members enabled residents to keep in touch and avoid complete isolation. According to the Pew Research Center, seven-in-ten Americans say they ever use any kind of social media site ([Social Media Use in 2021 | Pew Research Center](#)). This measure shows social media has become an increasingly used tool among communities. While there are age gaps in social media use, it has become a way for residents to stay connected.

Not only was broadband connection important for social connectivity, but it is an important tool that was used by teachers to stay connected with their students. For some, the inability to connect to reliable internet services posed as a barrier to receiving lessons and continue their studies. Not only is reliable internet service used in the educational realm, but many providers are transitioning to telehealth services. Telehealth services enable providers to reach additional members of the community including home-bound individuals.

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

Engagement in Union County

Union County engagement was observed by the AARP livability index with Union County scoring 41 out of a 1-100 index. This score was measured based off five different metrics including broadband cost and speed, opportunity for civic involvement, voting rate, social involvement index, and cultural, arts, and entertainment institutions. Union County scored 0.89 on a 0 to 2.5 on the Social Involvement Index based on the AARP livability score. This index measures the extent to which residents belong to groups, organizations, or associations, see, or hear from friends and family, do favors for neighbors, or do something positive for their community. Overall scores for these measures in Union County are low.

Broadband in Union County

The AARP offers data on the percentage of residents who have access to high-speed, competitively priced services. This data is a percentage of residents who have access to three or more wireline internet service providers, and two or more providers that offer maximum download speeds of 50 megabits per second. In Union County, the overall percentage is 67.5%.

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

Social and Community Context		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Mental Health
Broadband Services	All Union County Residents	In the age of technology, internet service provides an opportunity to engage with your community at a distance. Safe use of this technology can increase meaningful connections in communities. Access to internet services has recently allowed for community members to receive healthcare via telehealth. These services have expanded as a result of the COVID-19 pandemic. Lack of internet service in rural communities has made it difficult to expand this service in these areas. The goal of telehealth is to make healthcare more accessible, but the lack of broadband services

		in Union County have made this increasingly difficult to achieve.
Community Engagement	All Union County Residents	Community involvement creates an atmosphere of support. Participation in community events, or in organizations within the community can provide individuals with a sense of belonging that can lead to improved mental health among residents of Union County.

E. Health Care Access and Quality



According to HealthyPeople2020, “Limited availability of health care resources is another barrier that may reduce access to health services and increase the risk of poor health outcomes. For example, physician shortages may mean that patients experience longer wait times and delayed care.”, [Access to Health Services | Healthy People 2020](#)). Access to quality healthcare services is essential to maintain good health. Union County has limited providers and practitioners. Mental health counselors are also limited in Union County. Limited availability of these resources impacts the mental health of Union County individuals. Due to limited availability of providers, Union County residents may be at increased risk of poor mental health.

- [Health care access and quality data for Union County](#)

Union County Percent of the Population Insured, **Race**

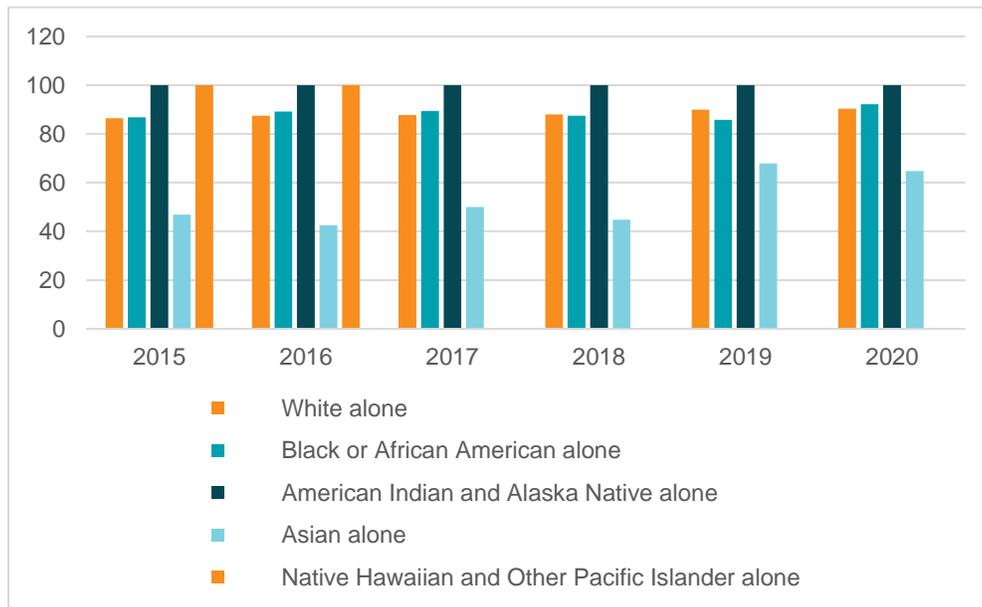


Figure 21: Data Source: US Census Bureau

Union County Percent of the Population Insured, **Ethnicity**

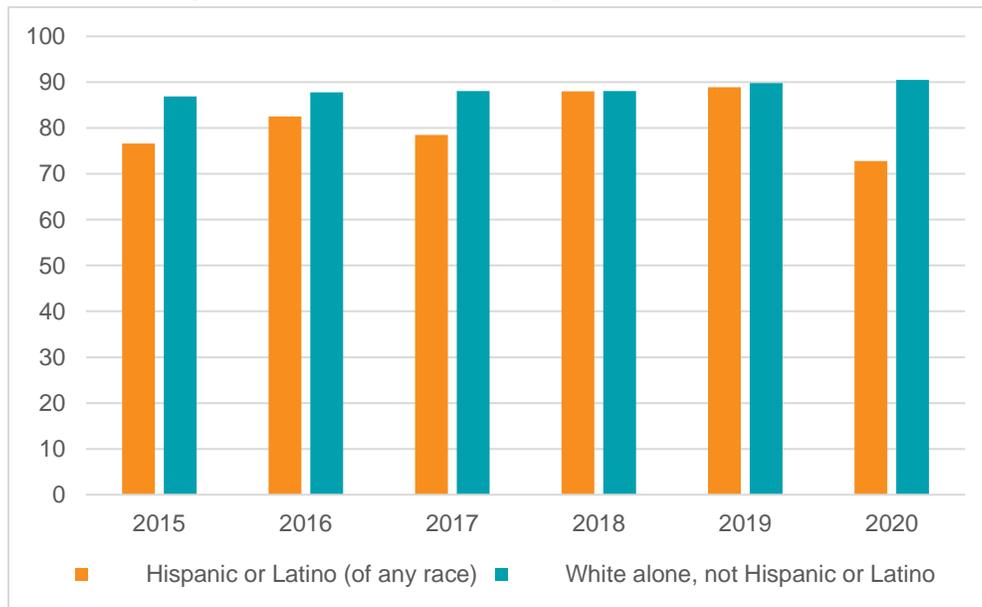


Figure 22: Source: US Census Bureau

Licensed Mental Health Counselors, Single Year

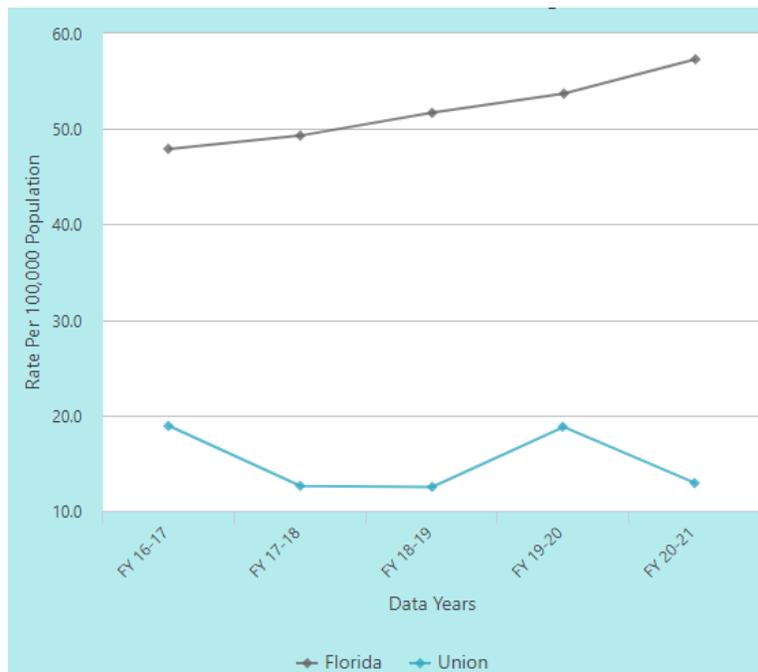


Figure 23: FLHealthCharts

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

Mental health counselors play an important part in treating individuals with poor mental health. They can identify symptoms of depression, anxiety, stress, and other conditions. Mental health counselors are an integral part of treating and alleviating the symptoms of poor mental health. Low counselor availability can dramatically impact the ability for residents of Union County to seek treatment.

Health Care Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Mental Health
Health Coverage	Black and African Americans, White Residents, Asian Residents, Hispanics	Health care coverage impacts availability to mental health resources as many mental health counselors often do not take Medicaid. Cost of services is a barrier for individuals who do not have insurance.
Provider Availability-Licensed Mental Health Counselors	All Union County Residents	Greater availability of licensed mental health professionals is essential to providing necessary treatment and prevention for individuals to achieve their greatest level of health. Without these providers, residents lack professional medical care that can have detrimental effects on their overall physical and mental health.

VIII. SDOH PROJECTS

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

A. Data Review

The Health Equity Taskforce reviewed data, including health disparities and SDOHs provided by the Health Equity Team. The Health Equity Taskforce also researched evidence-based and promising approaches to improve the identified SDOHs. The Health Equity Taskforce considered the policies, systems and environments that lead to inequities.

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.

Partners	SDOH	Partner Barriers	Theme	Collaborative Strategies
Florida Department of Health-Union	Health Care Access and Quality	Provider Availability, (Primary Care and Mental Health Counselors), Parent participation and input, Community members have a difficult time trusting providers, services etc.	Building trust in the community, Provider Availability	Working collaboratively with organizations on the taskforce to provide a Community Resource Hub for residents to seek resources, and an overall sense of community to build lasting relationships.

<p>Meridian Behavioral Healthcare Inc.</p>	<p>Social/Community Context, Access to Health and Quality Health Care</p>	<p>Provider Availability, Expansion of Telehealth services for individuals without broadband, Community members have a difficult time trusting providers and services.</p>	<p>Building trust in the community, Provider Availability</p>	<p>Working collaboratively with organizations on the taskforce to provide a Community Resource Hub for residents to seek resources, and an overall sense of community to build lasting relationships.</p>
<p>Episcopal Children’s Services</p>	<p>Social/Community Context</p>	<p>Parental participation and input in child’s education, Relationship building with parents is difficult and makes it harder to provide services, Low literacy, and education of parents</p>	<p>Building Trust with the community</p>	<p>Working collaboratively with organizations on the taskforce to provide a Community Resource Hub for residents to seek resources, and an overall sense of community to build lasting relationships.</p>

C. Community Projects

The Health Equity Taskforce researched evidence-based strategies to overcome the identified barriers and improve the SDOH that impact the prioritized health disparity. The Health Equity Taskforce used this information to collaboratively design community projects to address the SDOHs. During project design, the Health Equity Taskforce considered the policies, systems and environments that lead to inequities. Projects included short, medium, and long-term goals with measurable objectives. These projects have not yet been reviewed, edited, and approved by the Coalition to ensure feasibility.

TEAM: HEALTH EQUITY TASKFORCE

Community Resource Hub

Background

Union County residents are faced with poor economic stability and low educational attainment. Union County overall saw a lower rate of high school graduation and higher rates of individuals below poverty compared to the State of Florida. The populations most affected by these issues are White Residents, Black residents and people living with a disability. Addressing these issues can improve the overall mental health of individuals in Union County.

Some barriers to these issues include limited availability for primary care and mental health counseling. Lack of providers and mental health counselors can exacerbate poor mental health in the county. The Health Equity Taskforce identified mistrust of organizations in the community as a barrier to reaching our priority populations. Historically, our priority populations have been targeted by policies and systems that have fairly so, created mistrust of many organizations within the county. Building relationships and trust among our priority populations is essential to bridge the gap in resources for these individuals. The following is data that has prompted the Health Equity Taskforce to develop this project:

High School Graduation Rate, Overall

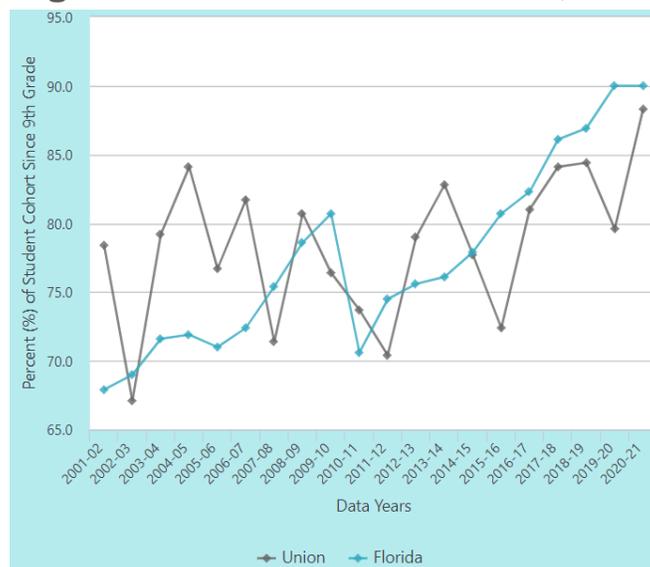


Figure 24: FLHealthCharts

Individuals Below Poverty, Single Year, Overall



Figure 25: FLHealthCharts

Description and Deliverables

The Health Equity Taskforce will establish a community resource Hub in priority cities in Union County. These cities have not yet been identified by the Health Equity taskforce. The Health Equity Taskforce identified mistrust in the community as a barrier to seeking services in Union County. The intent of the community resource hub is to establish a space where residents can seek resources and services with the goal of creating a lasting relationship between community organizations, and the residents of Union County. Some of the services that will be provided at the hub include GED and tutoring services available to both parents and students, and mental health counseling services to address limited provider availability. The community resource hub will be an opportunity for residents to establish a sense of community and belonging. All members of the Health Equity Taskforce will be active partners in this effort.

The Health Equity Coalition has not yet reviewed the project for feasibility. The recruitment of staff and volunteers for this project is still in progress. The timeline for this project has not yet been established but will be discussed at the next Health Equity Taskforce Meeting.

Progress

This project has not yet begun. All progress will be reported on a quarterly basis.

IX. HEALTH EQUITY PLAN OBJECTIVES

A. Mental Health

- **Health Disparity Objective:** By 2027 decrease overall suicide rates in Union County from 36.6 to 31.1 [FLHealthCharts].

- **Community Resource Hubs Table**

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
Long-Term SDOH Goal: Economic Stability: The goal of Union County is to improve employment opportunities and increase resources to all residents with the aspiration to decrease poverty in the county.						
Objective: By June 2027 decrease the rate of residents living below poverty line from 16.4 to 15.0	Union County DOH	To be determined	FLHealth Charts	16.4	15.0	
Long Term SDOH Goal: Education Access and Quality: To improve the educational attainment of all residents of Union County by providing tutors and resources for GED completion at the Union County Community Resource Hub.						
Objective: By June 2027 improve high school graduation rates from 88.3% to 90.0% for all Union Students.	Union County DOH	To be determined	FLHealth Charts	88.3%	90.0%	
Medium-Term SDOH Goal: Improve Social and Community Context: To provide a resource hub where residents of Union County can create lasting relationships with members of the community and organizations.						
Objective: By December 2025 increase the number of	Meridian Behavioral Center	To be determined	Meridian Behavioral Center	TBD	TBD	

community members receiving mental health counseling from TBD to TBD						
<p>Short-Term SDOH Goal: Improve <i>Neighborhood and Built Environment</i>: To establish a community resource hub and improve the proximity of available resources to Union County residents.</p>						
Objective: By December 2023 establish the locations of the community resource hubs from 0 to 3.	Union County DOH	To be determined	Union County Health Equity Taskforce	0	3	

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

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

Revision	Revised By	Revision Date	Rationale for Revision

HEALTH EQUITY COALITION (ADDENDUM)

The Health Equity Coalition has not yet been formed for Union County. Members will be added to the Union County Health Equity Plan once established.