DEPARTMENT OF HEALTH IN VOLUSIA COUNTY

HEALTH EQUITY PLAN

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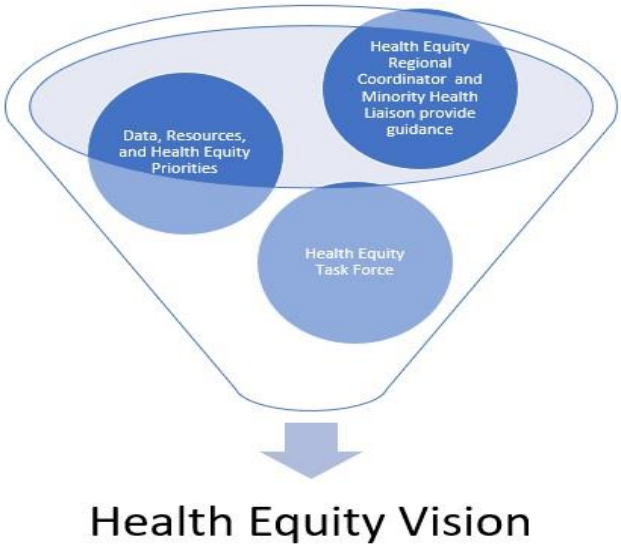
I. VISION

Health Equity is achieved when everyone can attain optimal health. Many factors contribute to the health and wellbeing of a community. These include the zip codes where people live, access health care, social and economic status, and individual behaviors. It is important to identify and measure all these factors to improve community health outcomes and understand the inequities preventing some people from living long, happy, and healthy lives. The health equity taskforce is a multisector collaboration of partners dedicated to addressing health disparities and advancing health equity in Volusia County. Members of the taskforce and health equity team are also engaged in the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes which prioritizes social and economic barriers. It is important to note that multiple workgroups will be developed to achieve this expansive work. Defining health equity was an important visioning activity for the group. Furthermore, the group thought it was important for community leaders to understand the definition of health equity and to provide context when communicating with their constituency. Members offered language from their organizations' vision and mission statements. It was suggested to describe what success looks like as the definition is being developed. Key phrases discussed were- fewer avoidable health differences, prosperity for all, equitable health care access for everyone and eliminating barriers that keep people from obtaining optimal health. The health equity definition will be used as directional for the development CHIP goals and objectives. The group came to a mutual consensus with CDC, RWJ and WHO's definitions in mind. Health equity is achieved when everyone in Volusia County can attain optimal health.



II. PURPOSE OF THE HEALTH EQUITY PLAN

Health Equity is achieved when everyone in Volusia County 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.

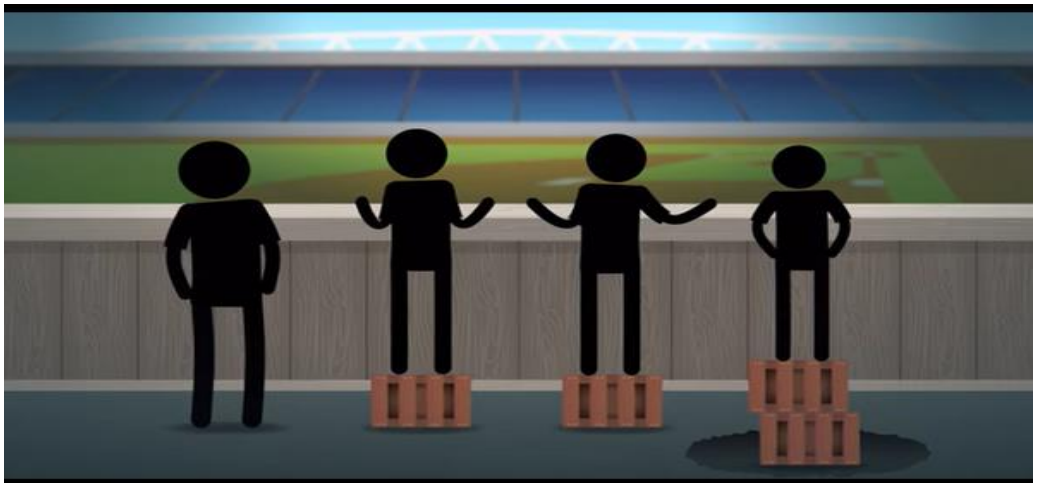
The Health Equity Plan should guide counties in their efforts to create and improve systems and opportunities to achieve optimal health for all residents, especially vulnerable populations. County organizations have a critical role in addressing the social determinants of health (SDOH) by fostering multi-sector 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 Volusia County. To develop this plan, the Health Department in Volusia County (DOH- Volusia) 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 Volusia County. The 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. DEFINITION

Equality

Equity



Health equity is achieved when everyone can attain optimal health

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

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

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

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

IV. PARTICIPATION

Cross-sector collaborations and partnerships are essential components of improving the health of communities. 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 advance health equity and play a vital role in community health planning. The Volusia County health equity plan will rely on existing workgroups and resources to support this effort. Community partners were identified for the development, execution, and sustainability of community and health equity planning. It is important to note that the health equity plan was developed simultaneously to the collaborative community health needs assessment process. The health equity plan will align with the community health improvement plan priority areas which demonstrate a commitment to addressing the social determinants of health and improve health outcomes among priority groups.

Partner engagement and participation was attained through our taskforce comprised of health equity champions. Their role was to discuss and review primary and secondary data to inform community health planning that centers on health equity. Additionally, they plan and implement improvement activities to advance healthy equity and address priority health issues. Health equity champions represented multi-racial and other marginalized communities to ensure the planning process was culturally appropriate and diverse populations were engaged. Recruitment of the champions included outreach to individuals from the SDOH sector who could help inform discussions within various priority communities such as Black, Hispanic, people living with disabilities, veterans, and people experiencing homelessness. The Champions identified communities of interest, informed tools used to engage communities and interpreted the data collected in the process. Noteworthy information about the community's strengths, barriers to health equity, and prospective action steps to initiative SDOH projects were discussed and will inform the health equity plan.

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: Akisia Hicks-German
Minority Health Liaison Backup: Ethan Johnson

B. Health Equity Team

The health equity team includes individuals that 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 team also relays information and data concerning key health disparities and SDOH in Volusia 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
Akisia German	Health Equity Coordinator	Community Health Services
Ethan Johnson	Assistant Director	Administration
Ida Wright	HE Regional Coordinator	Community Health Services
Danyell Wilson-Howard	Health Disparity Coordinator	Community Health Services
Lynn Kennedy	Program Coordinator	Performance Assessment Improvement
Regina Harris	Program Director	Performance Assessment Improvement
Tarayn Korkus	Program Manager	Community Health Services
Kathy Owen	Office Automation Specialist	Information Technology
Jill Taufer	PH Nutritionist	Healthiest Weight Florida, SNAP Ed
Helena Girouard	MCH Coordinator	Maternal Child Health/OD2A
Denise Diaz	EH Program Consultant	PACE EH
Marisol Bahena	Health Data Analyst	Performance Assessment Improvement
Wendi Jackson	Communications Specialist	Communications

The health equity team met on the below dates during the health equity planning process. Since the health equity plan has been in development, the team has met at least quarterly to track progress.

Meeting Date	Topic/Purpose
February 23, 2022	Introduce health equity plan expectations to team. Discuss the selection of a potential health disparity to address social determinants of health. (Other community health leadership updates)
March 23, 2022	Finalize health disparity, take inventory of active and/or potential SDOH projects. (Other community health leadership updates)
April 12, 2022	Provide updates on data review of existing CHNA data relating to heart disease and priority populations and SDOH
May 6, 2022	Discuss the potential for the PACE EH food insecurity project as a method to address heart disease in priority areas/groups
May 25, 2022	Review and include preliminary data for the 2022 CHNA into the health equity plan as provided by the taskforce
June 22, 2022	Provide updates on health equity planning and discuss stronger alignment with HDG21 work plan

C. Health Equity Taskforce

The health equity taskforce includes CHD staff and representatives from various organizations that provide services to address various social determinants of health in Volusia County. Taskforce members are leaders of our community health assessment (CHA) process and health equity champions identified to provide essential context to data assessment. This team identified key needs and issues through systematic, comprehensive data review in the CHA process and will play a critical role in future health equity and community health improvement planning. Much of the data referenced in the plan was largely contributed by the taskforce members who participated in prioritization meetings, one on one interviews and focus groups. Health Equity Taskforce members are listed below. See addendum for an expansive list of partners.

Name	Title	Organization	Social Determinant of Health
Leadership Extended List Attached			
Mamie Otis	Community Director	Food Brings Hope	Access, quality food
Ida Babazzadeh	Program manager	AdventHealth	Health care access, quality
Debbie McNabb	Director	AdventHealth	
Danyell Wilson-Howard	Pandemic Win Director	Bethune-Cookman University	Access, quality education
Laura	Aza Health	Aza Health	Health care access quality
Nicole Sharbono	Clinical Services	SMA Healthcare	Health care access quality
DJ Lebo	CEO	Early Learning Coalition of FV	Access, quality education
Jill Taufer	PH Nutritionist	DOH-Volusia	Access, quality food
Ethan Johnson	Assistant Director CHD	DOH-Volusia	
Lynn Kennedy	Program coordinator	DOH-Volusia	
Ida wright	Regional Coordinator	DOH-Volusia	

The health equity taskforce met on the below dates during the health equity planning process. Since the health equity plan has been in development, the health equity taskforce has met at least quarterly. Other workgroup meeting are scheduled as needed.

Meeting Date	Organizations	Topic/Purpose
February 17	DOH-Volusia Aza Health CareerSource Flagler Volusia Civic Communications Early Learning Coalition Health Start Coalition SMA Healthcare	CHIP annual progress report, 2022 CHNA status, Health Equity plan intro, defining Health Equity and vision.
April 8	DOH-Volusia Aza Health CareerSource Flagler Volusia Civic Communications Bethune-Cookman Univ Early Learning Coalition Health Start Coalition SMA Healthcare	CHNA prioritization of health priorities, review secondary data to identify disparities in support of specific populations.
May 2	DOH-Volusia United Way of Volusia Flagler Second Harvest Food Pantry Providers	CHIP and HE Plan alignment, ensure selected priority areas are reflected. (SDOH Workgroup)
May 5	DOH-Volusia United Way of Volusia Flagler Second Harvest Food Pantry Providers	Final confirmation of CHNA prioritization, review data in support if priority components, organize health priority components. (SDOH Workgroup)
May 6	DOH-Volusia United Way of Volusia Flagler Second Harvest Food Pantry Providers	SDOH project planning, design and outline PACE EH assessment. (SDOH Workgroup)
June 14	DOH-Volusia United Way of Volusia Flagler Second Harvest Food Pantry Providers	PACE EH Project implementation discussion, ensuring SMARTIE objectives are included. (SDOH Workgroup)

D. Coalition

The health equity team is engaged with the Healthy Volusia Coalition, a public private partnership whose primary role is to bring together the community to improve the health of Volusia County residents through planning and collaboration. The group operated has multiple functions a community resource sharing body and informs community plans like the CHIP. Members consist of several health

and human service agencies, community-based organizations, and hospital representatives. Healthy Volusia members are mostly representative of the social determinants of health sector. The coalition was provided the health equity planning overview, including health disparity, priority populations and SDOH: food insecurity project idea. The coalition was asked for input and tasked with sharing additional data in any of the priority populations provided or others they deem necessary. The health equity plan was presented in a virtual meeting and email follow up.

The Volusia County Health Department is also engaged with the One Voice for Volusia Coalition which connects non-profit, governmental, and community-based organizations to promote system and community improvements for the benefit of all in Volusia County. The SDOH: food insecurity project was presented as part of a community panel discussion with time on the agenda for attendees' Q&A and additional input. The health equity team will continue to engage both community coalitions in the implementation phase to ensure feasibility and strength partnerships. 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	Expertise
Carrie Rickman	Emerald Coast	Nursing
Quincy Wimberly	Capitol	Inclusive Strategies in Public Health and Technical Assistance
Diane Padilla	North Central	Non-Profit Engagement
Ida Wright	Northeast	Community Engagement, Project Management
Rafik Brooks	West	Health Care Leadership
Lesli Ahonkhai	Central	Faith-Based Engagement, Public Health Leadership, and PH Workforce Capacity Building and Mentoring
Frank Diaz	Southwest	Health Insurance
Natasha McCoy	Southeast	Public Health Practice, Grant writing, and Partnerships

V. HEALTH EQUITY ASSESSMENT, TRAINING, & PROMOTION

A. Health Equity Assessments & County Health Equity Training

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

In 2017, Volusia County conducted an internal and external health equity assessment to examine the knowledge and capacity to advance health equity and address social determinants of health. The BARHII assessment tool was distributed to department of health staff and community partners. Areas of strengths and opportunities for improvement were identified through staff and partner surveys, focus groups, interviews, and internal document review. Based on key findings and recommendations, improvement activities were established and aligned with our workforce development and strategic plans. Although this process was disrupted during covid, the improvement plan and some activities are still in progress. Upon receipt and review of the PH WINS survey results we will have more current data to inform future training needs for our staff. We recognize that the PH WINS survey results plays a critical role in advocating for public health infrastructure and will assist us in planning for future workforce research, training, and development needs.

B. County Health Department Health Equity Training

The Florida Department of Health in Volusia 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- Volusia 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. Below are training and activities topics:

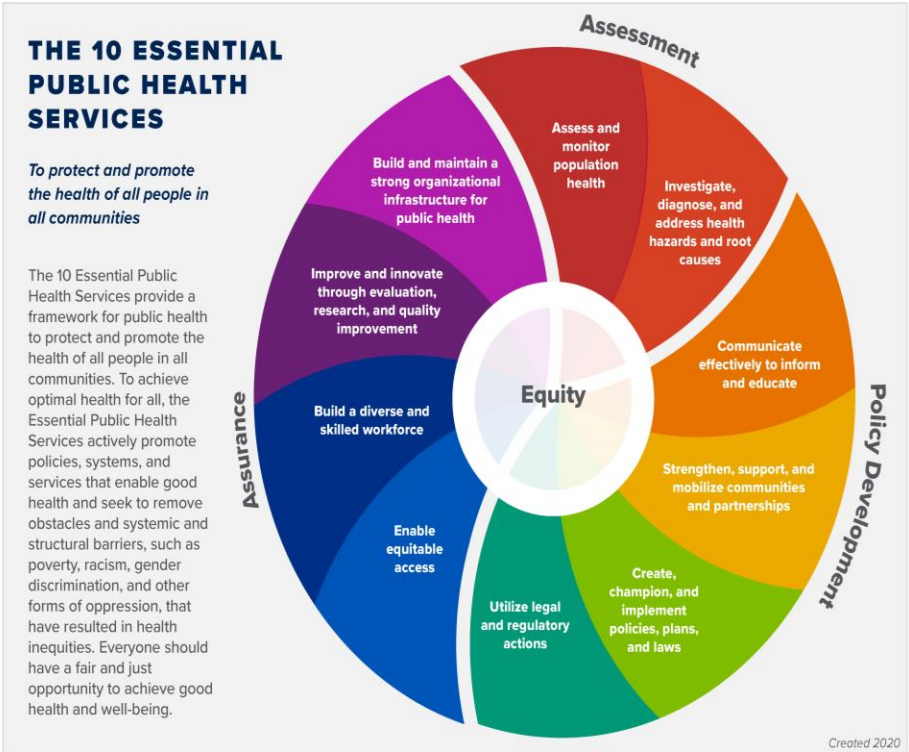
Date	Topics	Number of Staff in Attendance
Ongoing	Introduction to Cultural Competency and Addressing Health Equity: A Public Health Essential training	227
1-19-2022	SWOT Analysis and PMQI Focus Group	15
1-20-2022	SWOT Analysis and PMQI Focus Group	10
1-25-2022	SWOT Analysis and PMQI Focus Group	10
1-26-2022	SWOT Analysis and PMQI Focus Group	8
2-2-2022	SWOT Analysis and PMQI Focus Group	12
4-4 to 4-8-2022	National Public Health Week Series	227
7-29-2022	Employee Awards & Recognition- Pending	TBD

For DOH-Volusia to improve the health of the population most effectively and efficiently, it is important to monitor the performance of public health processes, programs, interventions, and other activities. Quality Improvement in public health is the use of a deliberate and defined improvement processes which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve

measurable improvements in efficiency, effectiveness, performance, accountability, and outcomes. Quality improvement also prioritizes indicators of quality in service and processes that achieve equity and improve the health of the community. In order to improve quality and achieve equity internally, the health equity team and PMQI department collaborated to conducted SWOT analysis and focus group. Staff at all levels participated in the PMQI Focus Groups which collected information on root causes of low staff interest in participating in QI Projects that have the capacity to advance health equity.

The 10 Essential Public Health Services (EPHS) provide a framework for public health to protect and promote the health of *all people in all communities*. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being. DOH-Volusia demonstrated a commitment to the EPHS which leads our quality and equity planning.

The 10 Essential Public Health Services, 2020



source: Center for State, Tribal, Local, and Territorial Support

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. It is important to note that as health equity trainings become available community partner groups will be offered the opportunity to participate. Additionally, the minority health liaison and health equity team members will work to gage community partners training needs and interest by personal request and quarterly meeting polls.

Date	**Topics**
11-4-2021	Seeking Health Equity: Understanding and Taking Actions on the Root Causes of Health Disparities
1-25-2022	Cultural Competency and Health Equity Training
2-11-2022	The Realization of Race-Based Traumatic Stress: Embry Riddle University, Daytona State College
3-18-2022	Clearpoint
3-29-2022 – 3-30-2022	OMHHE Onboarding Training/Meeting
4-27-2022 – 4-28-2022	Technology of Participation (ToP) Facilitation Training*
5-10-2022 – 6-14-2022	Spring 2022 Grant Writing Training

D. National Minority Health Month Promotion

The Department of Health in Volusia County Health will observe National Minority Health Month to highlight the importance of improving the health of racial and ethnic minorities. The Family Fun Day event will be hosted in collaboration with the County of Volusia's Strive Thrive: Partnering for Prosperity Initiative. The event will offer an expo of community partner services, Know Your Numbers Campaign, grocery giveaway, music, games and more. Child Abuse Prevention and National Public Health Week will also be promoted in April in conjunction with the Minority Health Month recognition.

The Department of Health in Volusia County recognizes disparate health outcomes exist between different communities. In Volusia County, one of our recent strategic goals was to increase the number of clients receiving services in underserved zip codes in Daytona Beach. In 2019, DOH-Volusia opened a new clinic site in a priority area, but because of COVID-19, the department never held a formal grand opening event. Staying to course of the objective and in celebration of Minority Health Month, staff decided it was now time to host an event and remind the neighborhood that they had access to important health services right in their own community. The clinic shares a parking lot with a public library, pediatric care center and daycare. We believe providing access to co-located services in communities with the greatest need will lend itself to reducing disparities in Volusia County.

On April 25, our minority health celebration—Family Fun Day finally happened. The event encouraged families to receive or learn about important health screenings. Many of DOH-Volusia's programs were represented including WIC, postpartum and breastfeeding services, family planning, nutrition and healthy eating, immunizations, dental services and more. Community partners provided blood glucose and blood pressure checks, scheduled mammogram appointments and provided pulse Ox devices to participants. Families benefited from a grocery, clothes and shoe giveaway made available by community partners.

In the Kid's Zone, children could compete in sports games, Hula hoop, build with giant blocks, paint rocks, and more. Families were given a "Wellness Passport" and collected checks on their passport by visiting each booth. Families who completed their passport were entered in a drawing. Two lucky children won scooters and one a tablet!

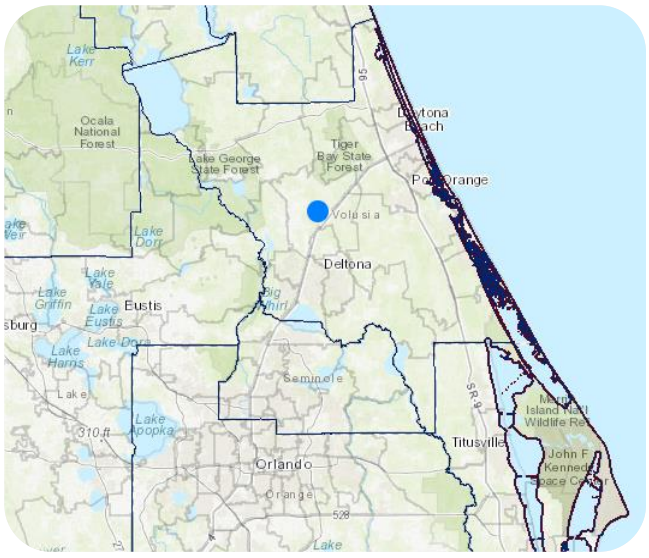
The success of our Family Fun Day was made possible by all the community partners who came out and provided services to the community. Our County's Animal Services division provided tips on responsible pet ownership with information on low-cost pet services. Volusia County Library Services provided mobile hotspots and other giveaways and Volusia County Community Assistance provided information on utility and housing assistance, summer programs for children and more.

Over 200 families attended our event. We believe we were successful at raising the community's awareness of our location and services provided at DOH-Volusia. We are confident our new clinic location, named by the community the "Southside Health Zone," will see an uptick in clients and those seeking other services from community partners.

VI. PRIORITIZING A HEALTH DISPARITY

The health equity team is comprised of staff from multiple areas who lead or are significantly involved in community health planning and programs. The health equity team prioritized health disparities by using the CHA/CHIP Decision Tree and existing data. The team conducted a thorough review of the 2019 community health assessment and current community health improvement plan which meets the Florida Department of Health standards. Key players on the health equity Team identified health disparities data provided by the health equity taskforce group. The data was pulled from multiple sources including United States Census, Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, Agency for Health Care Administration (AHCA) and Healthy People 20230. The following health disparities were identified in Volusia County: behavioral health, diabetes, cardiovascular disease, infant mortality. Using these data cardiovascular disease often referred to as heart disease was prioritized as a focus for the health equity plan. The priority populations considered include Hispanic/Latino, Black and African American, American Indian and Alaskan Native, Asian, Native Hawaiian and Other Pacific Islander, Elders (65+), Infants and Toddlers (0-5yrs), People Living with Disabilities, Veterans, and LGBTQ+.

Population Demographic Overview

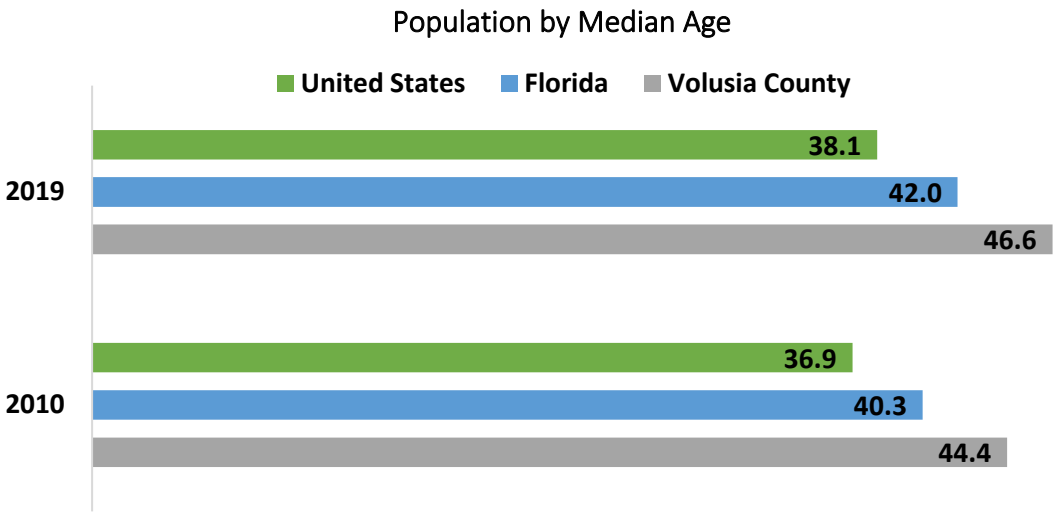


Volusia County is in the northeast region of Florida stretching between the St. Johns River and the Atlantic Ocean. Volusia County has 16 cities, the city of Deltona on the west is the largest in population size and Daytona Beach located on the east ranks second. Volusia is home to the Daytona International Speedway and the World's Most Famous Beach. Volusia County has an estimated 546,107 residents[1]. In 2020, the Volusia County population was 70.1% White, 14% Hispanic, 10% Black, and 5.9% other or multi-racial. According to the U.S. Census Bureau, the Volusia County median income was $52,407 and 13.2% persons are living below the poverty line.[2] The median age of a Florida resident is about four years older compared to

[1] U.S. Census Bureau (2020). *American Community Survey 5-year estimates.* Retrieved from *Census Reporter Profile page for Volusia County, FL* http://censusreporter.org/profiles/05000US12127-volusia-county-fl/

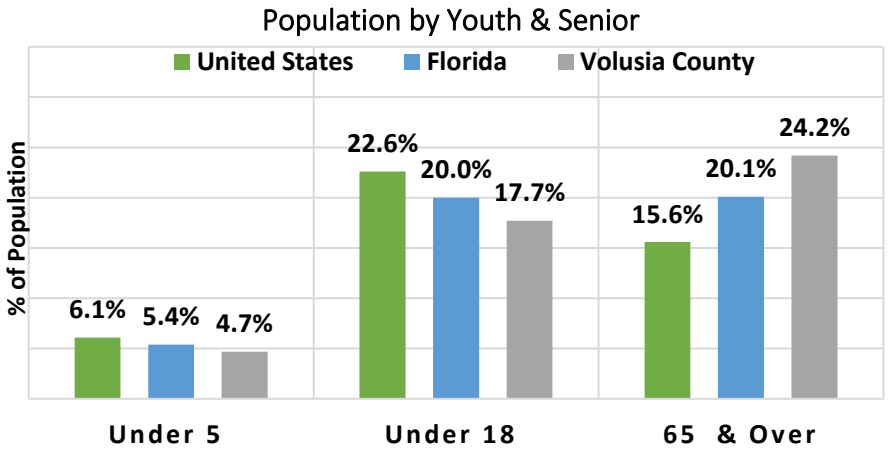
[2] U.S. Census Bureau (2020). *American Community Survey 5-year estimates.* Retrieved from *Census Reporter Profile page for Volusia County, FL* http://censusreporter.org/profiles/05000US12127-volusia-county-fl/ Source: photo UDS Mapper

the median age of all Americans, residents of Volusia County make up an even older population than the state over the last decade[3]. The age trend in Volusia County mirrors the State, shifting toward an older population. In Volusia County, people aged 65 and older has increased from 20.6% to 24.2%. This trend implicates a greater impact on many factors especially health care services and cost associated with a growing, aging population.[4]



	United States	Florida	Volusia County
2019	38.1	42.0	46.6
2010	36.9	40.3	44.4

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019



Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

[3] U.S Census Bureau. Counties Can Have The Same Median Age But Very Different Population Distributions, 2019.
[4] Peterman-KFF Health System Tracker.

Florida is primarily comprised of residents who identify as White (75.1%), Black / African American (16.1%), and Hispanic or Latino (25.6%). Volusia County has a higher proportion of residents identifying as White and much fewer identifying as Black/African American than Florida and nationally.

Population by Race

	United States	Florida	Volusia County
White	72.5%	75.1%	81.4%
Black / African American	12.7%	16.1%	10.9%
American Indian & Alaska Native	0.8%	0.3%	0.3%
Asian	5.5%	2.7%	1.8%
Native Hawaiian & Other Pacific Islander	0.2%	0.1%	0.0%
Some other race	4.9%	3.0%	3.4%
Two or more races	3.3%	2.7%	2.1%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

In Florida, the total population living with disability is about 13% slightly higher compared to the national average, 12.6%. The total population living with a disability in Volusia County is significantly higher, approximately 18% of Volusia's residents are living with a disability.[5] Nearly half of people aged 75 or older are living with some form of disability, 49.6. People 75 and older are twice as likely to be living with a disability than those in the 65- to 74-year-old age bracket.

Population Living with a Disability by Age Group

	United States	Florida	Volusia County
Under 5	0.7%	0.7%	0.7%
5 to 17	5.5%	5.8%	6.4%
18 to 34	6.3%	6.0%	7.6%
35 to 64	12.6%	12.2%	16.8%
65 to 74	24.8%	22.6%	26.4%
75 +	48.4%	45.6%	49.6%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

After reviewing demographic information, leading causes death and other health data the team selected cardiovascular disease often referred to as "heart disease" among the African American population as a focal area for the health equity plan. Chronic diseases and conditions such as heart disease, stroke, cancer, and diabetes are among the most common, costly, and preventable health problems in the U.S.[6] . Heart disease is the number one leading cause of death in Florida and accounts for approximately two out of 10 deaths in the State. Heart disease and cancer of all types were the leading causes of death between 2017 and 2019,

[5] Centers for Disease Control & Prevention. Health Equity for People with Disabilities, 2021.
[6] Benjamin EJ, Virani SS, Callaway CW, et al. heart disease and stroke statistics—2018 update: a report from the American Heart Association. *Circulation*. 2018;137: e67–e492.

followed by unintentional injuries in Volusia County. Overall, Volusia County has higher death rates related to the top three causes compared to statewide rates[7].

Leading Causes of Death, 2017-2019

Age-Adjusted Mortality Rate	Florida	Volusia County
Heart Disease	146.5	184.2
Cancer	146.0	169.4
Unintentional Injury	55.1	73.4
Stroke	40.7	49.4
Chronic Lower Respiratory Disease	38.1	56.5
Diabetes	20.3	26.6
Alzheimer's Disease	19.9	29.4
Suicide	14.6	21.3

Source: Florida Department of Health. Bureau of Vital Statistics, 2017-2019

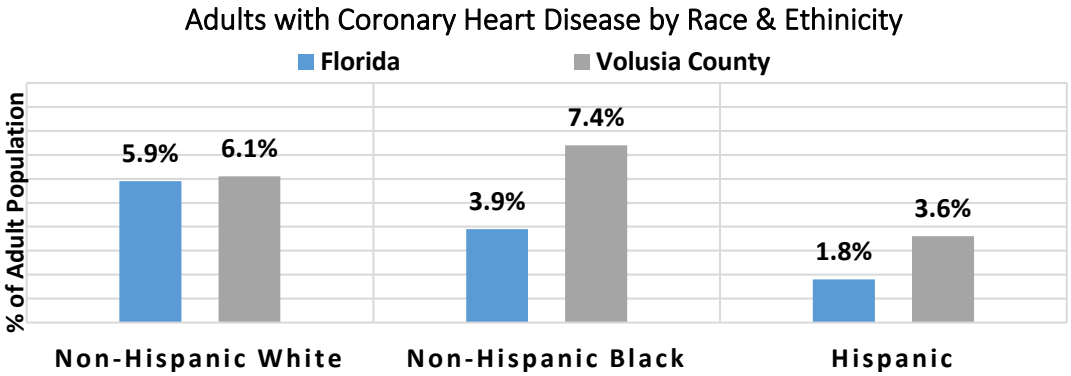
The Florida Behavioral Risk Factor surveillance system surveyed respondents who were asked if they had ever been told they had angina or coronary heart disease. Volusia County's total adults with heart disease is higher that the State. In Volusia County, 5.7% of adults who have ever been told they had coronary heart disease can be compared to 4.7% statewide in 2019. Furthermore Men, people age 65+ and people with annual income less than $25,000 are more likely to have heart disease.

2019 Adults with Heart Disease Summary	Florida	Volusia County
Total Adults with Heart Disease	4.7%	5.7%
Gender		
Men	5.8%	8.2%
Women	3.6%	3.4%
Age		
18 - 44	0.4%	0.2%
45 - 64	4.4%	4.8%
65 +	11.0%	13.5%
Annual Income		
<$25,000	6.2%	5.5%
$25,000 - $49,999	4.5%	5.4%
$50,000 +	3.5%	5.0%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

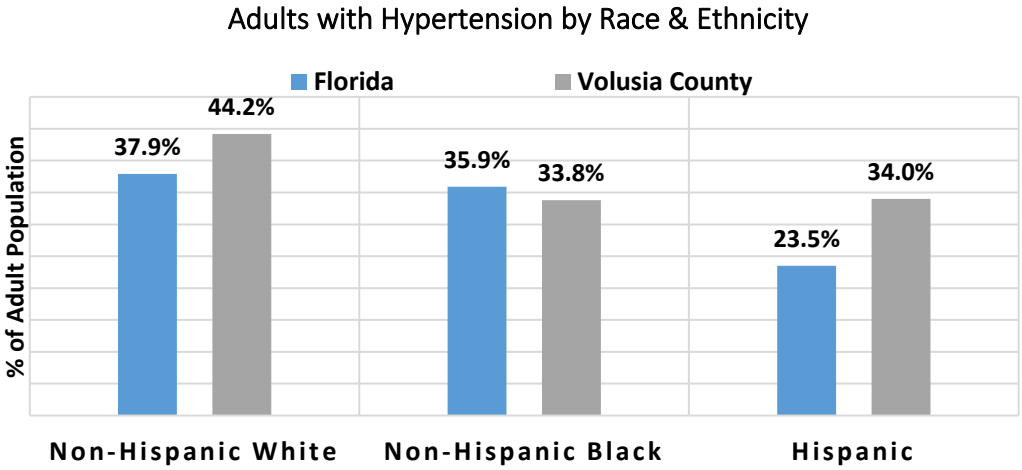
[7] Deputy Director for Public Health Science & Surveillance. Center for Surveillance, Epidemiology & Laboratory Services, Division Of Scientific Education & Professional Development. Florida Department of Health (FDOH), Division of Public Health Statistics and Performance Management, Bureau of Community Health Assessment, Leading causes of death – 2018.

According to the World Health Organization cardiovascular diseases are a group of disorders of the heart and blood vessels and include coronary heart disease and other conditions[8]. Healthy People 2030 focuses on preventing and treating heart disease and stroke and improving overall cardiovascular health. Racial differences can be seen in the incidence of heart disease Statewide. In Florida, those who identify as White are more likely to have heart diseases compared to those who identify as Hispanic[9]. This trend is also seen in Volusia County however, the highest rates of adult heart disease in Volusia are among the Black or African American population which is not seen in Florida[10]. This population is about 10% to 25% more likely to indicate that they have heart disease than other ethnic groups.



Source: Florida Behavioral Risk Factor Surveillance System, 2019

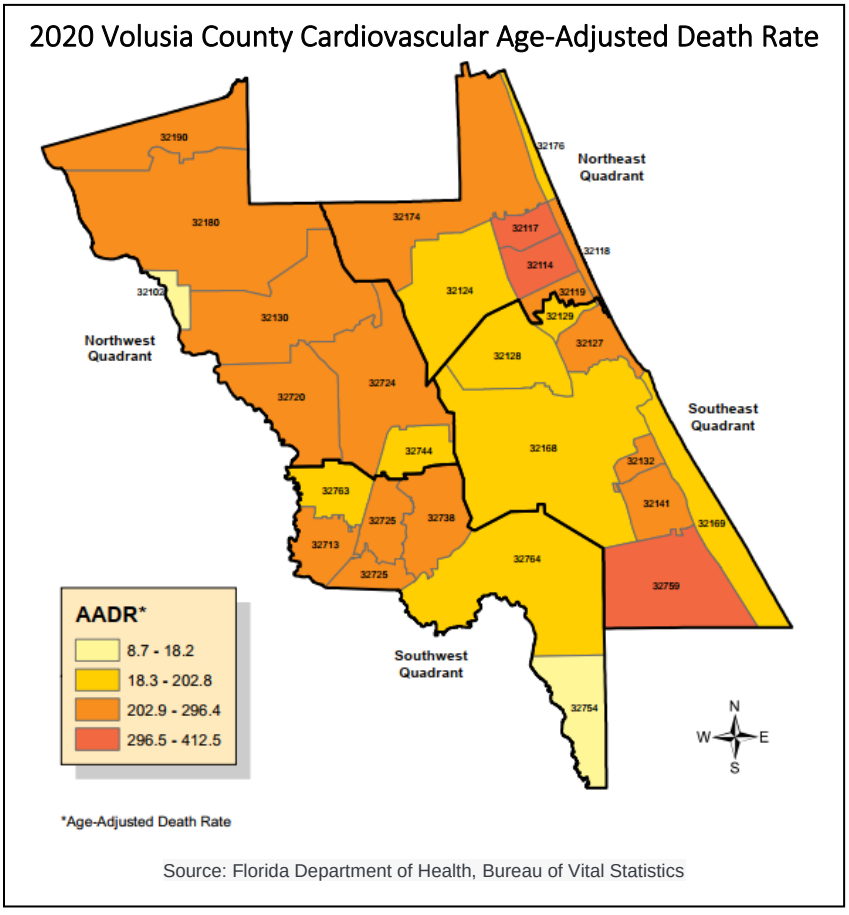
Moreover, racial disparities are seen in hypertension rates among Hispanics in Volusia which is significantly higher than the State. Although Volusia County hypertension rate among White and Black residents' trend lower than the State it is important to note that hypertension is closely associated with increased risk of heart disease and stroke[11].



Source: Florida Behavioral Risk Factors Surveillance System, 2019

[8] Cardiovascular diseases (who.int)
[9] Behavioral Risk Factor Surveillance System (BRFSS) Survey
[10] Florida Department Of Health, Heart Disease.
[11] Center for Chronic Disease Prevention & Health Promotion , Division for Heart Disease & Stroke.

The following data from this section was sourced from the Florida Behavioral Risk Factor Surveillance System. The indicators of concern align with the identified health disparity and are Volusia County's age-adjusted rate per 100,000 population. Congestive heart failure can be caused by high blood pressure, obesity, diabetes, and other coronary artery diseases. In 2020, 19.4 deaths from heart failure occurred in Volusia County compared to Florida at 12.5. The Volusia County hospitalization rate for congestive heart failure is 1406.8, also higher than Florida's rate of 1191.7. The hospitalization rate of 2,418.7 for Black individuals is significantly higher when compared to the White rate, 1,246.9. Stroke is one of the leading causes of death in the Volusia County. Heart disease related mortality rates reflect the health and well-being of the population as well as the quality of the health care available[12]. In 2020, the Volusia death rate for stroke is 49.8, slightly high than Florida. The Black age-adjusted rate per 100,000 for stroke deaths in 2020 was 69.5, also slightly higher than White (48.5). In 2020, the Volusia hospitalization rate for stroke was 287.6, higher than Florida's rate 221.6. This trend continues for stroke hospitalizations, however Volusia's Black population rate was much higher439.6 compared to the White population (257.1) in 2020. In 2020, 242.4 deaths from cardiovascular disease occurred in Volusia County compared to Florida, 205.0. In 2020, the Black age-adjusted death rate from cardiovascular disease in Volusia County was 296.2, significantly greater than the White rate, 240.1. A significant difference can be seen in various areas in the map, the deepest orange color represents zip codes where majority of Volusia's Black African American population live, this is also where most cardiovascular related deaths and hospitalizations occur.



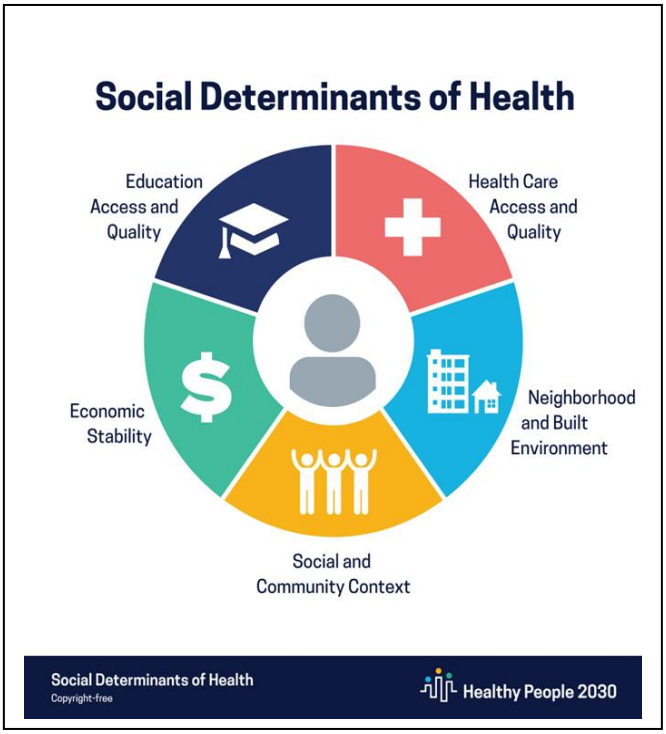
[12] National Center for Chronic Disease Prevention and Health Promotion , Division for Heart Disease and Stroke Prevention

VII. SOCIAL DETERMINANTS OF HEALTH DATA

Social Determinants of Health (SDOHs) are conditions in the places where people live, learn, work, play and pray 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 & Quality
- Health Care Access & Quality
- Neighborhood & Built Environment
- Social & Community Context
- Economic Stability

The Health Equity Team identified multiple social determinants of health that impact cardiovascular or heart disease. They are discussed below.

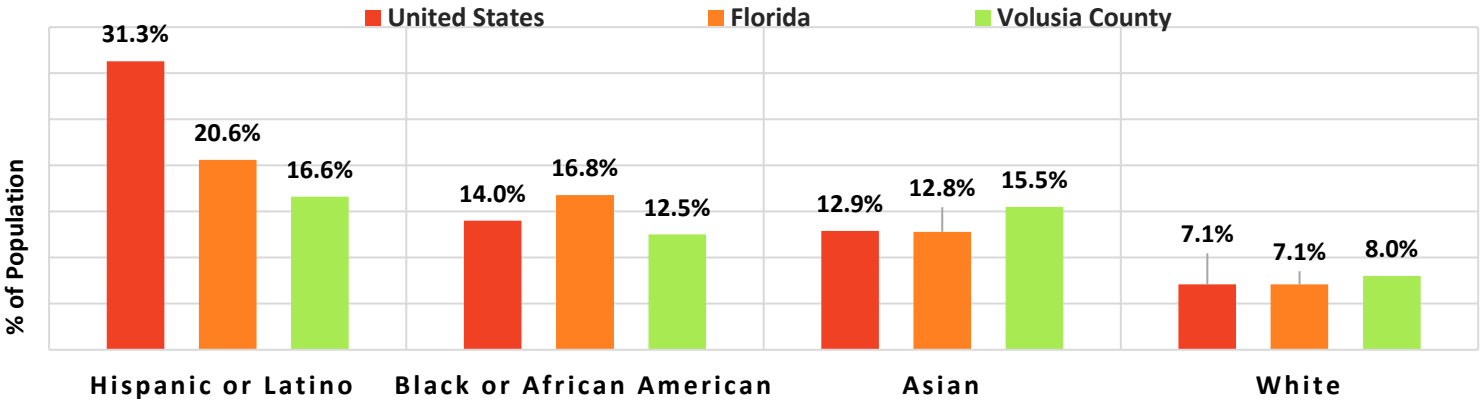


A. Education Access and Quality

Education Access and Quality Data for Volusia County

People with higher levels of education are more likely to be healthier and live longer. Healthy People 2030 focuses on providing high-quality educational opportunities for children and adolescents, helping them do well in school[13]. Individuals with more education likely earn more income that provide access to health-promoting benefits such as health insurance, paid leave, and retirement[14]. Conversely, people with less education are more likely to work in occupations with fewer benefits which has the potential to impact access to necessities like affordable housing, healthier foods, and health care services which contribute to health outcomes. In 2019, the percent of Volusia County residents who did not have a high school diploma was 6.8% compared to Florida at 7.0%[15]. There are notable differences in educational attainment by race and ethnicity in Volusia County when compared Florida. The percentage of Black or African American (12.5%) and Hispanic (16.16%) residents with no high school diploma is consistently higher than those who identify as White (7.1%). Similarly, there are more Asian (15.15%) and White (8.0) residents with no High School diploma in Volusia than Statewide. See the chart below for more information.

Population with No High School diploma by Race & Ethnicity



Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Inequalities in cardiovascular disease (CVD), are due in part to differences in socioeconomic status such as education, job status, and income. Educational inequality is one of the most prominent socioeconomic factors contributing to CVD.[16] More education tends to be associated with healthier behaviors and better access to health care. Education is typically

[13] Education Access and Quality - Healthy People 2030 | health.gov
[14] Hahn RA, Knopf JA, Wilson SJ, Truman BI, Milstein B, Johnson RL, et al. Programs to increase high school completion: a community guide systematic health equity review. American Journal of Preventive Medicine, 2015;48(5):599–608. doi: 10.1016/j.amepre.2014.12.005
[15] United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019
[16] Mackenbach JP, Cavelaars AE, Kunst AE, Groenhof F. Socioeconomic inequalities in cardiovascular disease mortality; an international study. *Eur Heart J*. 2000;21(14):1141-1151.

achieved by young adulthood suggesting that educational inequality may affect risk of CVD earlier in life and increase the chance of premature death. High school graduation rates and higher levels of education are known to impact life expectancy. The average life expectancy for Volusia County residents is 80 years, consistent with the State median[17]. Life expectancy looks different for some racial and ethnic groups, compared to Non-Hispanic, Hispanic residents have the highest life expectancy. White residents also tend to have longer life expectancies and live nearly three years longer than Black/ African American residents on average.

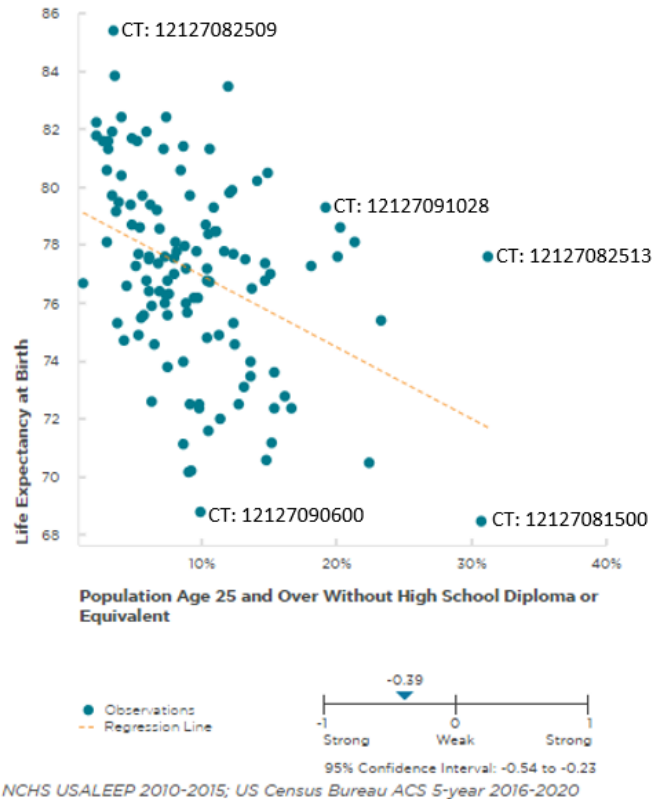
Median Life Expectancy

Volusia County	White	Black / African American	Hispanic	Non-Hispanic
80.0	80.2	78.4	82.8	79.3

Source: Florida Bureau of Vital Statistics. UMass Donahue Institute, Florida Legislature Office of Economic & Demographic Research. Three-Year estimates, 2018 2020

Life expectancy can also be different based on zip code. Some areas of Volusia County have higher average life expectancies than others. For instance, residents of Ponce Inlet have a much higher average life expectancy of 85.4 years compared to the lowest life expectancies in Daytona Beach and DeLand. Both cities have an average life expectancy of 68 years. The graph below demonstrates the relationship between education and life expectancy for adults without a high school diploma in Volusia County. Each dot represents a neighborhood in our community, areas with a high proportion of adults without high school diplomas are more likely to have shorter a life expectancy. As the population age 25 and over without High School diploma increases, life expectancy tends to decrease. A notable relationship can be seen

Life Expectancy & Adults Without a High School Diploma



Sources: CDC NCHS USALEEP 2010-2015; US Census Bureau ACS 5-year 2016-2020

[17] Florida Bureau of Vital Statistics. UMass Donahue Institute, Florida Legislature Office of Economic & Demographic Research. Three-Year estimates, 2018-2020

between the two variables in census tract 12127081500 (Daytona Beach) where 31% of the population 25 years and older have no high school diploma (the highest in the County) also have the lowest life expectancy of about 68 years. Access to quality education provide opportunities for people to obtain optimal health. To promote and improve cardiovascular health, Volusia County is addressing the social determinants of health that lead to disparities in education access and quality.

The Impact of Education on Cardiovascular Disease

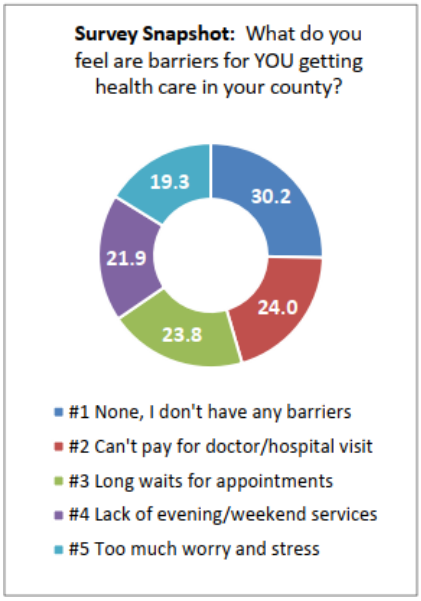
Education Access and Quality		
SDOH	**Vulnerable Populations Impacted**	**How the SDOH Impacts cardiovascular disease**
Educational Attainment	Black, Hispanic	Low educational attainment or access decrease ability to afford health insurance and access care, increasing risk of untreated diseases and death[18]
Literacy	Low income	Inequalities in cardiovascular disease are closely associated with socioeconomic status including education level, occupation, and income[19]

[18] Robert Wood Johnson Foundation. (2021). Education and Health. Retrieved from https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.htm

[19] Woolf SH, Braveman P. Where health disparities begin: the role of social and economic determinants—and why current policies may make matters worse. *Health Aff (Millwood)*. 2011;30(10):1852-1859.

B. Economic Stability

Economic Stability Data for Volusia County



In the United States, 1 in 10 people live in poverty and many people can't afford things like healthy foods, health care, and housing. Healthy People 2030 focuses on helping more people achieve economic stability.[20] Moreover, poverty can be both a cause and a consequence of poor health. Poverty increases the chances of poor health and my result in communities getting stuck in the poverty cycle. The cost of doctors' fees, prescriptions, and transportation to access health care can be devastating for families living in poverty. Similarly, families with higher income can more easily purchase healthy foods and pay for healthcare, rent and mortgages. A snapshot from the 2019 community health needs assessment indicates that survey respondents experience a barrier related to affording doctor and hospital visits. The second most reported answer when asked about barriers to getting health care was because of inability to pay for care. People living in poverty are also more likely to die from preventable diseases.[21] Research suggests that low-income is associated with adverse health outcomes, risk of high blood pressure and heart disease.[22] The US Census American Community Survey reports the population living 100% below the Federal Poverty Level (FPL) in Volusia County as 14.3%, about the same as Florida. Approximately 16% of Florida's population identify as Black or African American, over a quarter are considered to be living in poverty. In Volusia County, 40% Black or African American are living in poverty, about three times higher than for White residents.

Population Living 100% Below the Federal Poverty Level (FPL) by Race

	Florida	Volusia County
White (Total Population)	75.1%	81.4%
White (In Poverty)	13.7%	13.1%
Black / African American (Total Population)	16.1%	10.9%
Black / African American (In Poverty)	28.6%	37.7%
Asian (Total Population)	2.7%	1.8%
Asian (In Poverty)	13.2%	12.8%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

[20] Economic Stability - Healthy People 2030 | health.gov
[21] Social Determinants Of Health, Economic Stability.
[22] American Academy Of Family Physicians, Poverty & Health. The Family Medicine Perspective, April 2021.

Medicaid is also a common predictor of social economic status and poverty. In 2019 birth rate was calculated by the total number of live births per 1,000 women. Births covered by Medicaid and births to obese Mothers was higher in Volusia County compared to Florida. In Volusia County, 54% of births were covered by Medicaid and over half of births were to unwed Mothers demonstrating some of the potential burden related to income single-parent families face.[23]

Maternal Characteristics

2019	Florida	Volusia County
Births to Unwed Mothers	52.8%	52.8%
Repeat Births to Mothers Ages 15-17	6.3%	5.2%
Births to Mothers 19 & Older without High School Education	10.9%	11.2%
Births to Obese Mothers At Time Pregnancy Occurred	27.1%	28.2%
Births to Mothers with 1st Trimester Prenatal Care	75.9%	78.8%
Covered by Medicaid	46.7%	54.3%
Self-Pay for Delivery Payment Source	6.2%	3.8%

Source: Florida Department of Health. Bureau of Vital Statistics, 2019

Housing is an important social determinant of health that highlights the link between where people live and their health. Household composition and housing-related finances are also important factors. People with low incomes and minority communities tend to reside in places with more health risk and housing cost burdens that encourage housing instability, which can complicate the ability to meet their health and other needs.[24] In Volusia County, about 34% of homeowners and over 55% of renters experience housing cost burdens or are paying more than 30% of their household income for housing.

Monthly Owner Cost as a Percent of Household Income

% Of Household Income	United States	Florida	Volusia County
Less than 20.0%	45.9%	40.7%	40.5%
20.0 to 24.9%	15.7%	15.3%	15.1%
25.0 to 29.9%	10.5%	10.7%	11.0%
30.0 to 34.9%	6.9%	7.5%	7.8%
More than 35.0%	20.9%	25.8%	25.5%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

[23] Vartanian T.P., McNamara J.M. The Welfare Myth: Disentangling the Long-Term Effects of Poverty and Welfare Receipt for Young Single Mothers. *J. Sociol. Soc. Welf.* 2004;**31**:105–140.
[24] Centers for Disease Control & Prevention, Social Determinants Of Health.

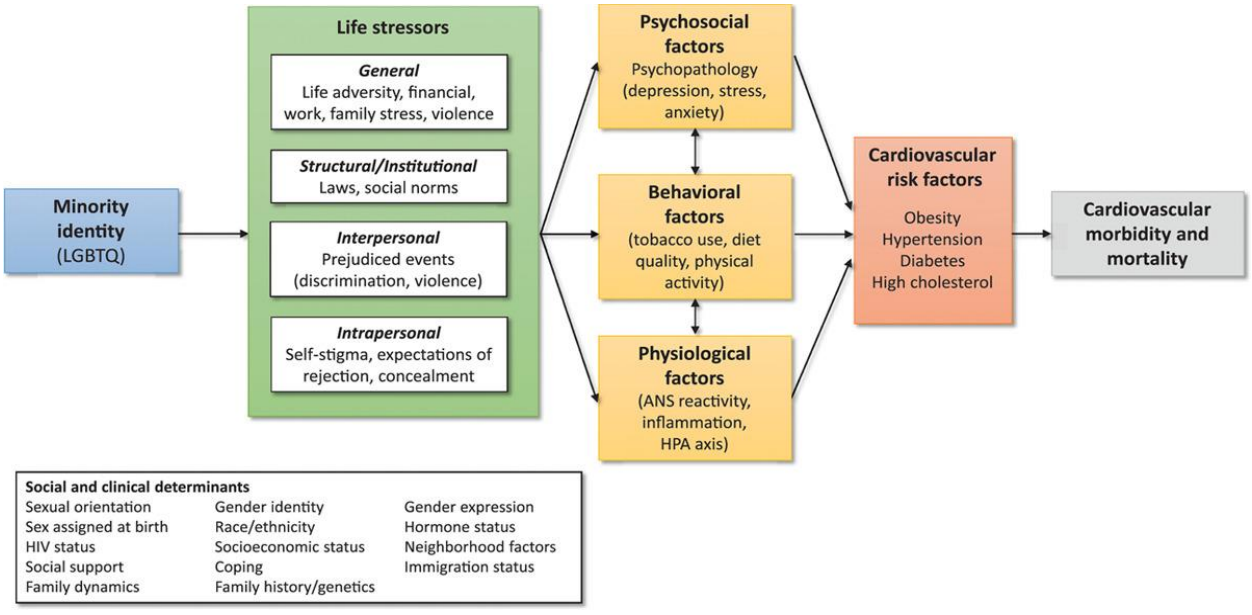
Gross Rent as a Percent of Household Income

% Of Household Income	United States	Florida	Volusia County
Less than 15.0%	13.1%	8.9%	8.9%
15.0 to 19.9%	12.9%	10.7%	12.0%
20.0 to 24.9%	12.9%	12.4%	11.4%
25.0 to 29.9%	11.6%	11.7%	11.1%
30.0 to 34.9%	9.1%	9.6%	8.2%
More than 35.0%	40.5%	46.7%	48.4%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

Cost burden housing, low social economic status and poverty seem to be well known risk factors that increase probability of experiencing chronic disease like heart disease, stroke, high blood pressure and mental health[25]. However, a less mentioned factor that shape health outcomes is sexual orientation. LGBTQ+ people experience income and other cardiovascular related disparities. According to the American Heart Association scientific statement. LGBTQ adults experience worse cardiovascular health when compared to their cisgender or heterosexual peers.[i] [ii]. An estimated 27% of LGBTQ+ individuals earn less than $24000 annually compared to 21% of the general population in Florida.[iii]

The conceptual model is intended to guide cardiovascular research with LGBTQ adults. The conceptual model was informed by existing frameworks used to study LGBTQ health like the minority stress.[ivv] and social ecological models.[vi] The diagram demonstrates various way that LGBTQ adults experience poor cardiovascular health.



Source: Billy A. Caceres. Circulation. Assessing and Addressing Cardiovascular Health in LGBTQ Adults: A Scientific Statement From the American Heart Association, Volume: 142, Issue: 19, Pages: e321-e332, DOI: (10.1161/CIR.0000000000000914

[25] Centers for Disease Control and Prevention. (2020). Heart Disease and Mental Health Disorders. Retrieved from https://www.cdc.gov/heartdisease/mentalhealth.htm

Furthermore, people living with disabilities in Florida earn a median income of about $3,000 less annually than people without a disability. People living with a disability are also more likely to be unemployed and living in poverty than those without a disability.[2627] It is estimated that households with an adult living with a disability; that limits their ability to gain employment requires approximately 28% more income annually (about $17,690) to obtain the same standard of living as similar households without a family member with a disability.[28]

Data from the Behavioral Risk Factor Survey, 2017-2019 identified other disparities among people living with disabilities. There were statistically significant differences for social determinants of health measures. Of the population surveyed, people living with disabilities ages 18-65 are twice as likely to be financially insecure and food insure due to lack of money than people without disabilities. There were also significant findings for cardiovascular health measures among people living with disabilities. For the population surveyed, ages 18-65, people living with disabilities were found to have high blood pressure two times the rate of people without a disability.

Economic stability provides opportunities for people to obtain optimal health. To promote and improve cardiovascular health, Volusia County is addressing the social determinants of health that lead to social and economic disparities.

The Impact of Economic Stability on Cardiovascular Disease

Economic Stability		
SDOH	**Vulnerable Populations Impacted**	**How the SDOH Impacts cardiovascular disease**
Income	Black/Hispanic single parent households	Low SES and chronic stress are a risk factors that increases rates of obesity, heart disease, stroke, and high blood pressure[29]
Poverty	Racial, ethnic minorities People with disabilities, LGBTQ+	Financially insecure household and food insecure households are linked to poor health outcomes.[vii]

[26] Cornell University. (2018). 2018 Disability Status Report – Florida. Retrieved from https://www.disabilitystatistics.org/StatusReports/2018-PDF/2018-StatusReport_FL.pdf
[27] U.S. Department of Health and Human Services. (2022). Programs that Use the Poverty Guidelines as a Part of Eligibility Determination. Retrieved from https://www.hhs.gov/answers/hhs-administrative/whatprograms-use-the-poverty-guidelines/index.html
[28] National Disability Institute. The Extra Costs Of Living with A Disability In The United States Resetting, 2020.
[29] American Academy Of Family Physicians, Poverty & Health. The Family Medicine Perspective, April 2021.

E. Neighborhood and Built Environment

Neighborhood and built environment data for Volusia County

The neighborhoods where people live have a major impact on their health and well-being.[30] Healthy People 2030 focuses on improving health and safety in the places where people live, work, learn, and play. The Social Vulnerability Index (SVI) uses secondary data to analyze communities identify vulnerable populations. The measures used to assess populations are socioeconomic status, household composition and disability, minority status and language, and housing and transportation.[31] The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies live the COVID-19 pandemic. The Social Vulnerability Index shows Volusia County aligned with Florida statewide averages on metrics such as poverty and unemployment rates, but there were notable disparities in other relevant measures. See chart below for more detailed information about the social determinants of health.

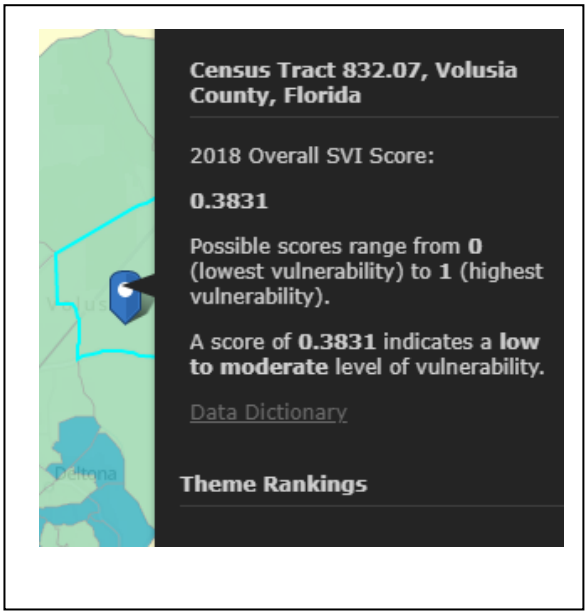
Volusia County Social Vulnerability Index

	Florida	Volusia County
Volusia County Population	20,901,636↑	536,487
Below Poverty	12.7%↓	14.3%
Unemployed	5.1%↓	4.9%↓
Median Income	$55,660↑	$49,494↑
Median Age	42.0	46.6
Age 65 +	20.1%↑	24.2%↑
Age 17 or Younger	20.0%	17.7%
Households Living with a Disability	13.7%	11.6%
Single-Parent Households	30.2%	23.1%↓
Ethnic Minority	46.1%↑	28.3%↑
Do not Speak English	11.9%	13.9%
Multi-Unit Housing Structures	30.5%	22.4%
Mobile Homes	8.9%	8.8%
No Vehicle	6.3%	6.0%

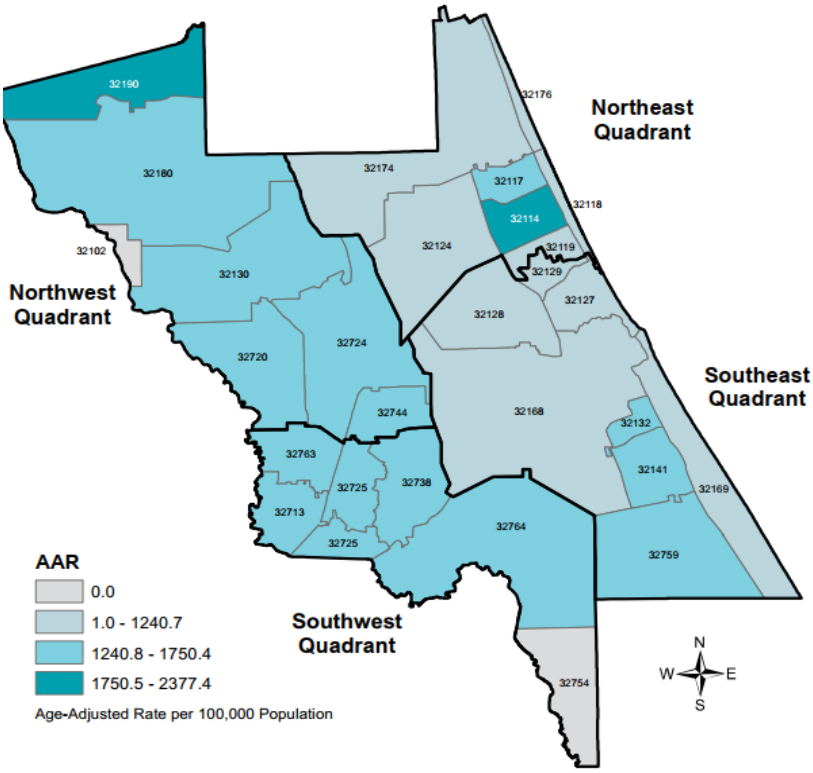
Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

[30] Centers for Disease Control and Prevention. (2018). Social Determinants of Health: Know What Affects Health. Retrieved from https://www.cdc.gov/socialdeterminants/index.htm
[31] The Social Vulnerability Index (SVI): Interactive Map | CDC

Social Vulnerability Indexes are scored using a scale from 0 (lowest vulnerability) to 1 (highest vulnerability). In 2018, Volusia County's overall SVI was 0.3831, a low to moderate score. However, in certain areas of the County were more vulnerable. For example, a high SVI of 0.8786 was reported in Daytona Beach (32114), a Northeast zip code where more than 36% of Volusia's Black residents live. This area is also where the second highest percentage of cardiovascular disease hospitalizations occur. Additionally, in West Volusia the City of Deland had a high level of vulnerability, 0.9179. This is the same area of DeLand (32724) where a small neighborhood known as Spring Hill is located, also predominately Black or African American. Both areas of the County are where many of the cardiovascular hospitalizations and deaths are reported. It appears the higher the social vulnerability indexes the greater prevalence of cardiovascular disease linking social determinants of health and adverse health outcomes. In the map below you will see the greatest cardiovascular disease related hospitalizations and death among zip codes in majority Black and Hispanic populations.



2020 Volusia County Cardiovascular Age-Adjusted Hositalization Rate

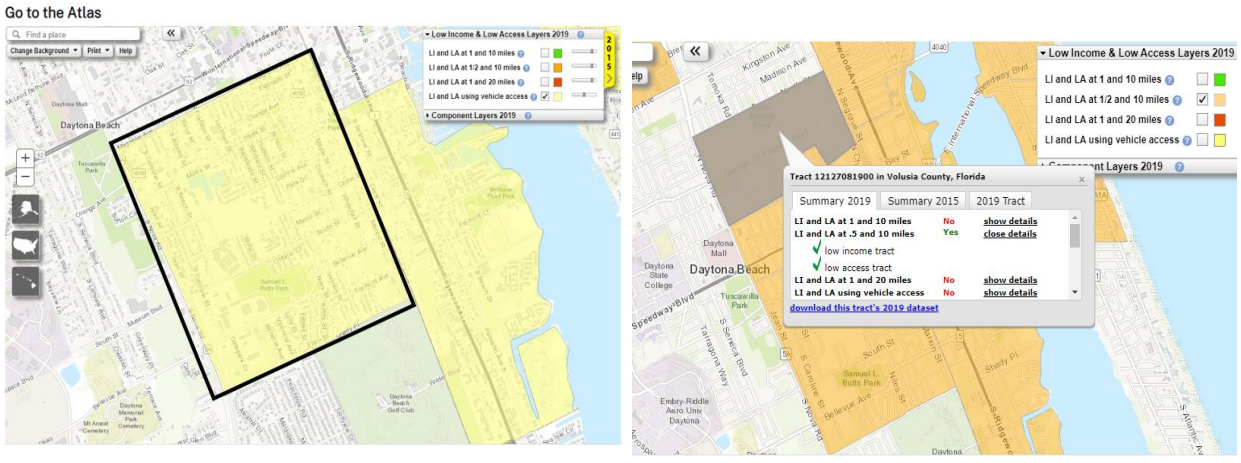


Source: Florida Department of Health, Bureau of Vital Statistics

Access to food is an important predictor of health. Food insecurity refers to USDA's measure of lack of access, limited or uncertain availability of nutritionally adequate food to live an active, healthy life for all household members. In 2019, food insecurity impacted a greater percentage of the population in Volusia County compared to the State. About 13% of Volusia's total population was food insecure. It is important to note that the COVID-19 pandemic impacted access to nutritious foods for vulnerable populations and communities that had not experienced food insecurity prior to 2020. Moreover, research indicates that the pandemic ended years of declining rates of food insecurity or the lack of access to sufficient food because of limited financial resources.[33]

2019[32]	Florida	Volusia County
Total Food Insecure Population	2,567,300	71,190
Percent of Total Population	12.0%	13.3%
Food Insecure Children	723,540	17,820
Percent of Child Population	17.1%	18.7%

According to the 2022 County Health Rankings, 11% of residents have limited access to healthy foods compared to an average of 8% Statewide [34] this percentage of the population are low income and do not live close to a grocery store. The closer in proximity residents live to fresh produce markets the easier it is to access and choose healthier options. Healthy eating can help lower the risk for chronic disease, research shows that poor nutrition and an unhealthy diet are risk factors for heart disease, high blood pressure and diabetes.[viiiix] In Daytona Beach approximately 497 housing units do not have a vehicle and are more than a ½ mile away from a grocery (pictured in the black boarders). 514 residents, about 21.44% live more than .5 mile from the nearest supermarket and are also low income as seen in the dark gray section below.

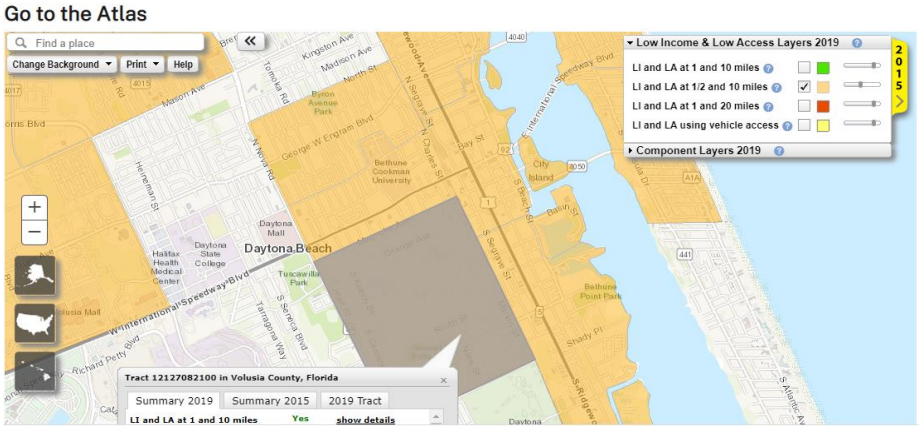


Source: USDA ERS - Go to the Atlas

[32] USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019
[33] Feeding America. The Impact Of The Coronavirus On Food Insecurity In 2020 & 2021, March 2021.

[34] Limited Access to Healthy Foods in Florida | County Health Rankings & Roadmaps

Additionally, lack of access to transportation can be an indicator for low-income households. Limited or no access to transportation can affect access to health care services and may result in missed or delayed care. In Midtown, a low income and low access area of Volusia, 3,370 of its residents or 73.75% live more than .5 mile from the nearest supermarket and are considered low income as seen in the gray area below. 51.65% of these households are recipients of the Supplemental Assistance Nutrition Program (SNAP) and 29.96% of households have no vehicle access[35]



USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

According to the United States Interagency Council on Homelessness there are approximately 27,487 homeless people in Florida.[36] Florida's Council on Homelessness reports that majority of the State's homeless population are men, 64.4%, about 34% are Female, 0.2% identify as Transgender, and 0.1% identify as Gender Nonconforming [37] and over 75% of homeless residents are age 24 or older. In 2021 Volusia County conducted the Point-in-Time (PIT) Count, a "one-day snapshot" of people experiencing homelessness on a given night. An estimated 657 people were homeless, although this count is not a measure of the number of people who experience homelessness over a year, counts were significantly impacted by the COVID-19 pandemic.

Point in time Count

	Florida	Volusia County
2021	21,141	657
2020	27,679	839
2019	28,590	745
2018	29,717	621
2017	32,109	678

Source: Florida's Council on Homelessness. (2020). 2020 Annual Report

[35] USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019
[36] Homeless in Florida Statistics 2019. Homeless Estimation by State | US Interagency Council on Homelessness (usich.gov)

[37] Florida's Council on Homelessness. (2020). 2020 Annual Report. Retrieved from https://www.myflfamilies.com/serviceprograms/homelessness/docs/2020CouncilReport.pdf

Access to quality, safe and adequate food, transportation and housing provide opportunities for people to obtain optimal health. To promote and improve cardiovascular health, Volusia County is addressing the social determinants of health that lead to environmental disparities.

The Impact of Neighborhood and Built Environment on Cardiovascular Disease

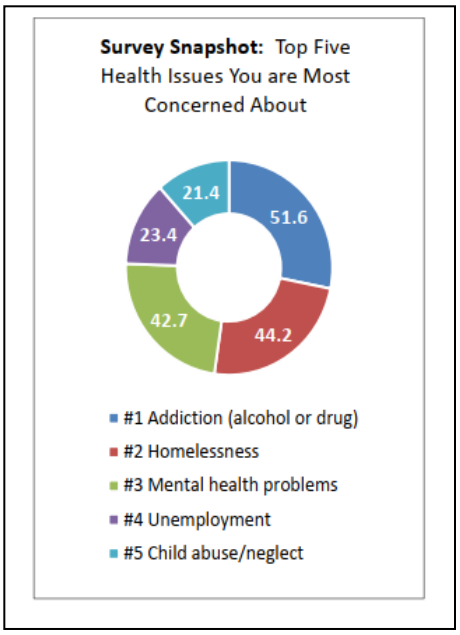
Neighborhood and Built Environment		
SDOH	**Vulnerable Populations Impacted**	**How the SDOH Impacts Cardiovascular disease**
Transportation	Racial ethnic minorities, low income	Limited mass transit negatively impacts access to food and health care resources[38]
Homelessness	Veterans, LGBTQ+	Poverty and financially burden households experience poorer health outcome[39]
Food Access	Children, Racial ethnic minorities, low income	No vehicle: living greater than ½ mile from grocery store increase risk for food insecure households, linked to poor health outcomes in children and adults[40]

[38] Limited Access to Healthy Foods in Florida | County Health Rankings & Roadmaps
[39] Centers for Disease Control and Prevention. (2020). Heart Disease and Mental Health Disorders. Retrieved from https://www.cdc.gov/heartdisease/mentalhealth.htm

[40] USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

F. Social and Community Context

Social and Community Context Data for Volusia County



People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. Healthy People 2030 focuses on helping people get the social support they need in the places where they live, work, learn, and play. Behavioral health is a term that covers the full range of mental and emotional well-being from coping with daily life challenges to the complex treatment of mental illnesses and substance use disorders. Now more than ever, health experts across all fields are recognizing the important link between good behavioral health and overall health. According to Volusia's 2019 community needs assessment when respondents were asked about health issues of concern, over 90% reported addiction and mental health problem were of concern. In 2020, there were approximately 928.4 hospitalizations per 100,000 people caused by mental and behavioral health disorders in Florida. Mood and depressive disorders were the most common primary diagnosis upon admission across all age groups. Young adults between the ages of 18 and 21 represent the highest rate of hospitalization due to mood and depressive disorders, 742.0 per 100,000. People ages 45 to 64 represent the highest rate of hospitalizations caused by a drug or alcohol-induced mental disorder.

Hospitalization for Mental & Behavioral Health, Florida

Per 100,000	Drug & Alcohol-Induced Mental Disorders	Mood & Depressive Disorders	Schizophrenic Disorders	Eating Disorders	Hospitalizations Attributable to Mental Disorders
Total Hospitalizations	166.9	430.3	235.7	11.5	928.4
Under 18	5.9	446.2	18.1	18.1	599.9
18 - 21	85.0	742.0	269.9	30.4	1,262.3
22- 24	131.4	594.0	386.3	19.4	1,230.9
25- 44	263.0	497.3	415.3	11.8	1,256.7
45 - 64	275.4	460.0	300.6	6.5	1,093.9
65 - 74	134.1	252.9	140.6	4.6	593.7
75 +	39.0	139.9	75.1	6.8	413.0

Source: Florida Agency for Health Care Administration, 2020

The earlier youth start using substances, the greater their chances of continuing to use substances and developing substance use problems later in life. Tobacco and other substance use can contribute to the development of health problems in adulthood such as heart disease, high blood pressure, and sleep disorders.[41] The Florida Youth Tobacco Survey reports the percentage of middle and high schoolers who have ever tried or currently use tobacco products including smokeless, hookah and vape devices. In 2020, 34% of Volusia's youth surveyed had tried tobacco products and approximately 20% were currently using tobacco products. Lifestyle behaviors like tobacco and an unhealthy diet can increase the chance of developing some type of heart disease.[42] In Volusia County, there are 184.2 heart disease and cancer related deaths per 100,00 people.[43]

Volusia Youth (Ages 11-17): 2014 - 2020

	2014		2016		2018		2020	
PERCENTAGE OF YOUTH WHO HAVE	**County**	**State**	**County**	**State**	**County**	**State**	**County**	**State**
Ever tried cigarettes	19.7%	17.5%	13.7%	13.7%	13.6%	11.4%	8.6%	10.3%
Ever tried cigars	14.2%	12.8%	9.6%	9.0%	9.7%	8.0%	7.4%	6.7%
Ever tried smokeless tobacco	6.1%	6.1%	5.2%	5.0%	6.3%	4.4%	5.9%	3.7%
Ever tried hookah	10.6%	14.1%	13.1%	15.4%	7.3%	9.3%	5.3%	6.0%
Ever tried electronic vaping	18.5%	14.3%	23.6%	24.5%	29.5%	26.3%	29.6%	26.4%
Ever tried cigarettes, cigars, or smokeless tobacco	25.7%	23.4%	18.8%	18.5%	21.4%	16.6%	14.9%	15.1%
Ever tried cigarettes, cigars, smokeless, hookah, or electronic vaping	32.0%	30.7%	31.7%	32.8%	37.2%	33.1%	34.8%	32.5%
PERCENTAGE OF YOUTH WHO								
Currently use cigarettes	4.2%	4.3%	3.5%	3.0%	3.0%	2.2%	1.5%	1.5%
Currently use cigars	5.3%	5.1%	3.5%	3.4%	2.8%	3.0%	2.1%	2.5%
Currently use smokeless tobacco	2.4%	3.0%	2.9%	2.2%	2.7%	1.7%	3.0%	1.3%
Currently use hookah	5.0%	7.1%	3.9%	4.8%	1.1%	3.0%	1.7%	2.3%
Currently use electronic vaping	10.4%	7.2%	12.4%	11.6%	18.5%	15.7%	16.5%	14.5%
Currently use cigarettes, cigars, or smokeless tobacco	9.3%	9.0%	7.2%	6.3%	7.3%	5.2%	4.8%	4.1%
Currently use cigarettes, cigars, smokeless, hookah, or electronic vaping	16.4%	15.3%	17.2%	16.3%	23.4%	19.1%	19.7%	17.1%

Source: Volusia2020.pdf (floridahealth.gov)

Mental and behavioral health is an important part of overall health and health outcomes and influences how people feel, act, and make choices. [44] Stress is a well-known risk factor in the development of addiction and can contribute to health outcomes[45] Preliminary data from the 2022 Community Health Needs Assessment indicate survey respondents either disagreed or strongly disagreed with the statement "people don't feel stressed or worried." When ranking community needs, stress and worry were consistently reported among the top five needs in the

[41] National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention

[42] Florida Department Of Health. Risk Factors Of Heart Disease.

[43] Florida Department of Health. Bureau of Vital Statistics, 2017-2019

[44] Know Your Risk for Heart Disease | cdc.gov,

[45] Chronic Stress, Drug Use, and Vulnerability to Addiction - PMC (nih.gov)

community in each quadrant of Volusia County. For instance, approximately 50% of survey respondents in each of these areas ranked stress and worry in the top five as a community need-related need. It's important to note that priority needs were similar among African American and White however African American respondents did disagree/strongly disagree to "The criminal justice system in our community is fair" which may infer that this group potentially experiences more stress. See the snapshot for responses.

Issue	Black/African American Percent who "Disagree" or "Strongly disagree"	Rank	White Percent who "Disagree" or "Strongly disagree"	Rank
Housing is available and not too expensive	52.8%	**1**	58.8%	**1**
People are not addicted to street drugs (like heroin and meth)	50.3%	**2**	53.3%	**2**
The criminal justice system in our community is fair	48.7%	**3**	25.5%	**24**
People don't feel stressed or worried all the time	48.2%	**4**	48.8%	**4**

Strong social and community supports provide opportunities for people to obtain optimal health. To promote cardiovascular health, Volusia County is addressing the social determinants of health that may hinder community connectedness.

The Impact of Social and Community Context on Cardiovascular Disease

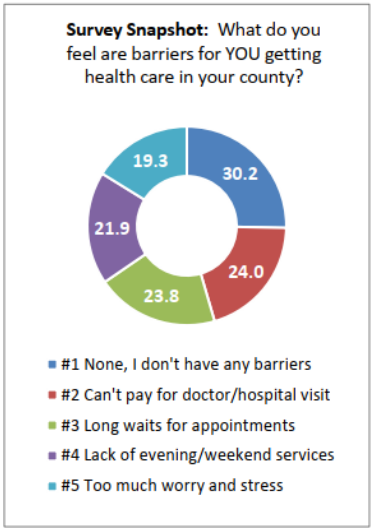
Social and Community Context		
SDOH	**Vulnerable Populations Impacted**	**How the SDOH Impacts cardiovascular disease**
Behavioral	Racial ethnic minorities, Youth, low SES	Tobacco use and other risky behaviors can lead to poor health outcomes, smoking is directly related to heart disease[46]
Discrimination	Racial and ethnic minorities	chronic stress, worry and epigenetics have been associated with increased risk of cardiovascular and other heart relates disease[47]
Stress	Black/African American, LGBTQ+	chronic stress, worry and epigenetics have been associated with increased risk of cardiovascular and other heart relates disease[48]

[46] Florida Youth Substance Abuse Survey, 2020
[47] Know Your Risk for Heart Disease | cdc.gov,
[48] Stress and anxiety: structural plasticity and epigenetic regulation as a consequence of stress - PubMed (nih.gov)

G. Health Care Access and Quality

Health Care Access and Quality Data for Volusia County

Access to comprehensive quality health care services is important for the attainment of health equity and supports a better quality of life for everyone. Healthy People 2030 focuses on improving health by helping people get timely, high-quality health care services.[49] In Volusia County, there are barriers to accessing health care for some sub-groups of the population like individuals living in poverty and certain racial and ethnic groups. It is important to listen to the voices of priority populations who are at greater risk of heart disease and other chronic illnesses. Although barriers related to inability to pay for doctor visits was not found among the top five survey responses in the community health needs assessment qualitative data revealed similar issues of concern like lack of specialty doctors, and health care cost. Inadequate health insurance coverage is a major barrier to accessing healthcare and the unequal distribution of coverage contributes to disparities in health. Fortunately, most Volusia County residents have health insurance coverage (88.5%), with the lowest rates (81.6%) among those identifying as a race other than White or Black. The consequences of not having health insurance seem to be worse among specific ethnic groups.[50] Research indicates that people who speak another language besides English are less likely to receive recommendations for preventative health screenings and immunizations. This factor, in addition to a lack of health insurance, only worsens health outcomes over time.[x] In Volusia, Non-Hispanic Black residents are 10% more likely to not visit a doctor due to cost in the past year compared to Non-Hispanic White residents. Hispanic residents also were deterred by cost more often than White residents. Hispanic residents report getting a medical checkup in the past year at a lower rate than Non-Hispanic Black residents, who report lower rates than Non-Hispanic White resident. Non-Hispanic Black residents report fewer visits to a dentist than those identifying as Non-Hispanic White or Hispanic. Immunization rates are lowest among Non-Hispanic Black residents with pneumonia vaccine rates only half of the county average. Immunization rates among Hispanic residents also lag the county averages. See chart below for more health care utilization information.



Population with Health Insurance

Volusia County	White	Black / African American	Other Race	Hispanic	Non-Hispanic
88.5%	89.0%	87.2%	81.6%	84.3%	89.6%

Source: United States Census Bureau. American Community Survey 1-year Estimates for 2019

[49] Health Care Access and Quality - Healthy People 2030 | health.gov
[50] Healthy People 2030, Access to Primary Care.

Utilization of Healthcare Services by Adults

2019	Volusia County	Non-Hispanic White	Non-Hispanic Black	Hispanic
Could not see a doctor at least once in the past year due to cost	17.6%	15.8%	25.9%	22.0%
Have a personal doctor	76.3%	78.8%	69.5%	67.9%
Said their overall health was good to excellent	78.2%	79.5%	85.3%	66.7%
Had a medical checkup in the past year	75.8%	78.5%	71.3%	67.3%
Visited a dentist or a dental clinic in the past year (2016)	59.3%	60.6%	47.0%	59.3%
Immunizations				
Received a flu shot in the past year	36.7%	39.7%	23.1%	30.8%
Have ever received a pneumonia vaccination	39.3%	43.9%	19.2%	25.3%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

In the U.S, cardiovascular disease is the leading cause of disability.[xi] Healthcare utilization is more apparent for people with a disability who may encounter a range of challenges to accessing healthcare like financial and physical barriers. Research indicates that in comparison to those living without a disability, people with disabilities have less access to healthcare, experience more depression and anxiety, and engage more often in unhealthy behaviors such as smoking.[xii]

In Florida, the most common type of disability is ambulatory difficulty, each type of disability comes with unique set of challenges. Ambulatory difficulty is defined by the U.S Census as having serious difficulty walking or climbing stairs; independent living difficulty indicates that a physical, mental, or emotional problem increases difficulty doing errands alone.[xiii] The rates of ambulatory, cognitive, and independent living difficulties are higher in Volusia County than Florida. People who experience ambulatory and independent living difficulties face high costs of home modifications and other services. Furthermore, the number of people living with a disability, especially those in "high healthcare utilization" age groups, experience healthcare challenges. In every category, people between the ages of 65 and 74 in Volusia County have higher rates of people living with a disability compared to Florida. This is also true for people who are age 75 years and older. See the table below for more detailed information.

Ages 65 to 74 Living with a Disability by Type	United States	Florida	Volusia County
Population 65 to 74	24.8%	22.6%	26.4%
Hearing Difficulty	9.0%	7.8%	10.5%
Vision Difficulty	4.2%	3.8%	4.8%
Cognitive Difficulty	5.2%	4.8%	4.4%
Ambulatory Difficulty	15.1%	13.5%	15.7%
Self-Care Difficulty	4.2%	3.5%	3.5%
Independent Living Difficulty	7.4%	6.2%	6.2%

Source: United States Census Bureau. American Community Survey Five-Year Estimates, 2015-2019

According to the Florida Department of Veterans' Affairs Florida has the third largest veteran population in the nation, with approximately 1,492,000 veterans in total. There are 1,328,000 male veterans and 164,000 female veterans.[51] About 50% of Florida's veteran are age 65 and older, 7% live below the federal poverty level and 30% have a disability.[52] In Volusia County, there are a total of 49,644 veterans, 11.9% are under age 65 and are living with a disability, and 11.6% are in poverty. [53] The U.S Census reported 16.6% Of veterans in Volusia County were without insurance . When comparing cardiovascular related hospitalization by payer type and race and ethnicity, utilization seemed to be moderate in Volusia County. This trend can be attributed to challenges in navigating our healthcare system.

Cardiovascular Disease Hospitalization, 2020

Ethnicity and Race	Payer Type			Total
	Tricare or Other Fed Govt	VA	Non-Payment	
Non-Hispanic. Black	**<5**	**33**	**16**	**51**
Non-Hispanic. White	**32**	**239**	**51**	**322**
Hispanic	**<5**	**18**	**<5**	**26**

Data Source: Florida Agency for Health Care Administration (AHCA)

Further qualitative analysis from the 2022 Community Health Needs Assessment provided some insight of the current community health landscape from the perspective of community members. One prominent theme highlighted was, "navigating the complex healthcare system is challenging for most residents". Many community members acknowledged the availability and accessibility of high-quality care in the community but specified the complex process to get care can be challenging. Delayed, missed or limited access to healthcare can be detrimental to someone with heart disease or cardiovascular complications. Access to quality, affordable health care is a vital part of cardiovascular health because those who cannot access care are at a greater risk of experiencing life-altering, adverse health outcomes.[54]

[51] Florida Department of Veterans' Affairs | Connecting veterans to federal and state benefits they have earned. (floridavets.org)
[52] State_Summaries_Florida.pdf (va.gov)
[53] U.S. Census Bureau QuickFacts: Volusia County, Florida
[54] Access to Health Services - Healthy People 2030 | health.gov

Access to quality health care provide opportunities for people to obtain optimal health. To promote and improve cardiovascular health, Volusia County is addressing the social determinants of health that lead to disparities in health care access and quality.

The Impact of Health Care Access and Quality on Cardiovascular Disease

Health Care Access and Quality		
SDOH	**Vulnerable Populations Impacted**	**How the SDOH Impacts cardiovascular disease**
Health Coverage & Cost	Racial ethnic minorities, Veterans, people living with disabilities	Cost of visit can be a deterrent from seeking preventative and/or timely care increasing risk of chronic illness detection and treatment [55]
Provider Linguistic and Cultural Competency	Racial ethnic minorities	Lack of linguistic, culturally competent providers presents barriers to communication and developing trust, delaying detection and treatment[56]

[55] Primary language and receipt of recommended health care among Hispanics in the United States - PubMed (nih.gov)
[56] Primary language and receipt of recommended health care among Hispanics in the United States - PubMed (nih.gov)

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 Team and Taskforce reviewed data, including health disparities and SDOHs provided by the Health Equity Team. The Health Equity Taskforce also researched evidence-based approaches to improve the identified SDOHs, heavily exploring the FLHealthCharts, the Volusia Mysidewalk data dashboard and guidance from Healthy People 2030 objectives indicators and evidence-based resources. The Health Equity Taskforce considered the policies, systems and environments that lead to inequities. Additionally, workgroups were established to review data, and strategize ideas for new project development and identify opportunities to expand upon existing ones. At this time, the PACE-EH framework has been identified to address food insecurity, unsafe food practices and healthy eating. The project is an interagency, community-based collaboration including the Environmental Health and Public Health Nutrition departments, Second Harvest Food Bank, and Food Pantry providers. Other best practice models have been explored and will be a considered when designing projects to address food insecurity and heart disease in Volusia County.

B. Barrier Identification

Members of the Health Equity team and coalition worked collaboratively to identify barriers to fully addressing the SDOHs relevant to their organization's mission. Common themes were explored as well as collaborative strategies to overcome barriers. A general consensus to address common barriers related to the following themes was discussed: limited access to healthy food options, limited health and food literacy, limited access to volunteers and limited financial resources. The group has collectively decided to continually recruit community partners from various sectors who may have a vested interested in advancing health equity, addressing food insecurity, and promoting heart health. A strategy to sustain this project has been to establish a food insecurity coalition to house this project and provide support for volunteers. Grant opportunities and other resources will need to be sought in the future.

Partners	SDOH	Barriers	Potential Strategies
FDOH Volusia	Health Care Access & Quality	• Limited staff • Staff turn over	• Focus on interagency collaborations • Explore opportunities for interns
Pantry Providers	Built Environment	• Limited Volunteers • Limited resources, financial and physical • Limited health literacy	• Explore volunteer-sharing • Partner with local universities/ colleges
Daytona Beach Collaborative	Social & Community Context	• New location • Limited staff and volunteers • Lack of resources, financial • Redevelopment, structure of board- community engagement	• Recruitment and partnership building • Establish food pantry and policy, prototype
Pandemic WIN, WIN Health	Education Access & Quality	• Limited time	• Leverage existing funding and community partners • Explore internships at pantries

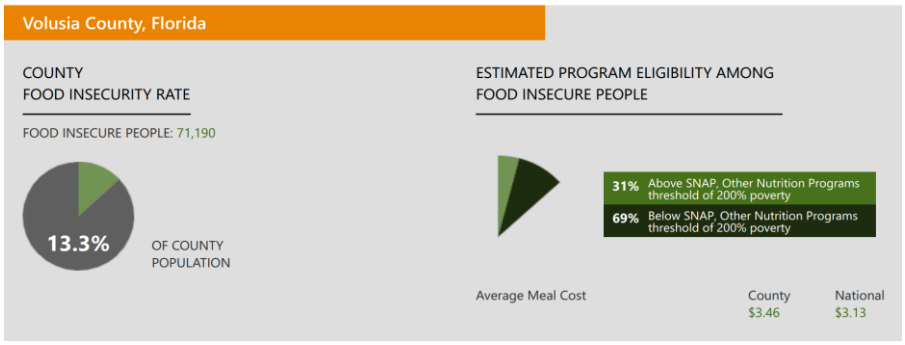
C. Community Projects

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 also researched evidence-based approaches to improve the identified SDOHs. The Health Equity Taskforce considered the policies, systems and environments that lead to inequities. Early in process, the team discussed conducting community-based participatory research (CPBR) as a recommended method to address SDOHs. CBPR research joins together community representatives as equal partners in all phases of the process, which makes it an appealing, transparent model for research with priority populations. The Place-based approach was also explored as a potential strategy. Place-based methods aim to examine a specific circumstance of a place and engage the community and a broad range of local organizations from different sectors as active participants in their development and implementation. Although neither of these interventions were selected for implementation of the SDOH project, they may be considered for future project development. The Health Equity Taskforce used this information to collaboratively design community projects to address the SDOHs. During project planning, the Health Equity Taskforce considered the policies, systems and environments that lead to inequities and ensured projects included short, medium, and long-term goals with

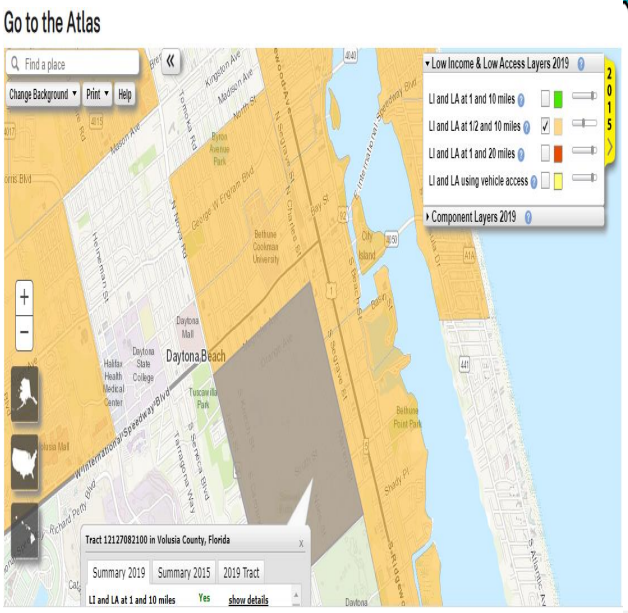
measurable objectives. These projects were presented with opportunity for discussion by the Coalition and community groups to ensure feasibility.

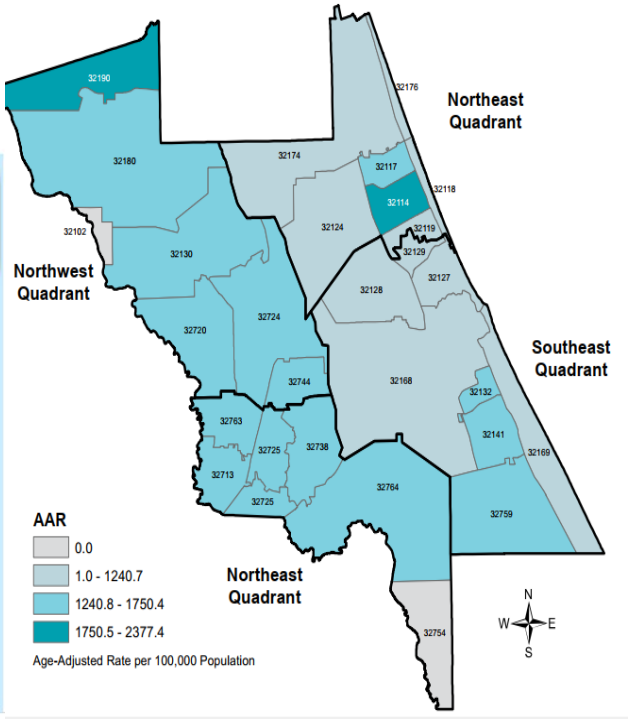
Background

Volusia County residents who are unable to access resources and services based on where they live, learn, work, play and pray has the potential to adversely impact their health and wellbeing. Residents in Daytona Beach, Midtown live in a federally designated food desert. In Midtown, 3,370 residents or 73.75% are low income (below FPL) and live more than .5 mile from the nearest supermarket. About 52% of households receive SNAP benefits and approximately 30% of households have no vehicle access. (2019 USDA Food Atlas) Residents in this area also have the highest age-adjusted heart disease hospitalizations and death.



Source: https://www.feedingamerica.org/





USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

Source: Florida Department of Health, Bureau of Vital Statistics

Access to foods that support healthy eating patterns contribute to an individual's health throughout his or her life. Healthy eating habits include controlling calories; eating a variety of foods and limiting intake of saturated fats, added sugars, and sodium. Healthy eating can help lower the risk for chronic disease. Poor nutrition and an unhealthy diet are risk factors for high blood pressure, diabetes, and other heart diseases (World Health Organization. Fruit, vegetables and NCD disease prevention [Internet]. Geneva: WHO; 2003 Sep [cited 2018 Feb 16]. 2 p). Furthermore, priority populations are at risk for being uninsured and underinsured; minority groups and people with lower incomes often experience other health care coverage challenges. Lack of healthcare coverage may negatively impact health. Uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease. (Brown ER, Ojeda VD, Wyn R, Levan R. Racial and ethnic disparities in access to health insurance and health care. Los Angeles: UCLA Center for Health Policy Research; 2000. 82 p.).

Project Description

Healthy Food Pantries Volusia will use the Protocol for Assessing Community Excellence in Environmental Health also known as PACE-EH methodology, which is a collaborative community-based approach to developing solutions to address environmental health concerns in the community. The project implementation will also include guidance form the Wisconsin Safe and Healthy Food Pantries Toolkit. Project implementation will take place in the Midtown area of Daytona Beach, FL where the priority population was identified. The goal of the project is to improve access and availability of safe, nutritious food and heart health resources through systems change and policy development approach. The project is meant to be community lead and should empower pantry providers with the opportunity to learn about the latest research, assess current practices, review strategies, and develop action steps to improve the nutrition and safety of food provided to families. Healthy Food Pantries Volusia is intending to provide heart health support through blood pressure monitoring stations and other resources. Food pantry patrons should be able to make easy, healthier choices with heart health in mind while gaining access to blood pressure monitoring. The project is designed to address food insecurity and heart disease by improving access to safe, healthier food options and preventative health tools to help reduce heart related hospitalizations.

IX. HEALTH EQUITY PLAN OBJECTIVES

A. Cardiovascular Disease

Health Disparity Objective: Reduce the Black age-adjusted cardiovascular disease death rate per 100,000 from 296.2 (2020) to 240.1 by June 30, 2027. (FLDOH, Bureau of Vital Statistics)

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
Long-Term SDOH Goal: Improve access and availability of safe, nutritious food and blood pressure monitoring stations at local food pantries.						
Objective: By June 30, 2026, reduce the Black age-adjusted cardiovascular disease death rate per 100,000 from 296.2 (2020) to 240.1.	DOH WIN PH	Akisia Danyell	Fl Charts	296.2	240.1	Healthiest Weight FL CHIP: Economic and Social Barriers HDG21 Workplan
Medium-Term SDOH Goal: Implement safe, healthy food pantry policy (includes distribution of safe, nutritious food, BP monitor stations, resources)						
Objective: By June 30, 2025, reduce the Black age-adjusted hospitalizations from hypertension rate per 100,000 from 695.4 (2020) to 625.9	DOH	Akisia	FL Charts	695.4	625.9	Healthiest Weight FL CHIP: Economic and Social Barriers HDG21 Workplan
Short-Term SDOH Goal: Identify stakeholders and team to administer PACE- EH assessment tool						
Objective: By January 31, 2024, increase the number of healthy food pantry providers distributing safe, nutritious foods in 32114 from 1 (2022) to 32.	EH Second Harvest Foodbank United way	Denise Jill	EH inspection data base Second Harvest Pantry provider data base	1	32	Healthiest Weight FL CHIP: Economic and Social Barriers HDG21 Workplan

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

XII. APPENDIX

A. Taskforce Members

Name	Organization/Affiliation
Deborah	AdventHealth
Ed	AdventHealth
Laura	Aza Health
Robin	CareerSource Flagler Volusia
John*	Civic Communications
Tara	Crescendo Consulting Group
Scott	Crescendo Consulting Group
DJ	Early Learning Coalition of Flagler & Volusia
Charles	Florida Department of Children and Families, Circuit 7
Akisia	Florida Department of Health in Volusia County
Regina	Florida Department of Health in Volusia County
Ethan	Florida Department of Health in Volusia County
Lynn	Florida Department of Health in Volusia County
Aaron	Florida Department of Health in Volusia County
Gabrielle	Health Start Coalition of Flagler & Volusia
Rhonda	SMA Healthcare
Nicole	SMA Healthcare
Heather	Team Volusia Economic Development Corporation
Steven	Volusia Disabilities Coalition
Kelly	Volusia County Schools
Jeff	Volusia/Flagler Counties Coalition for the Homeless

B. Coalition

First Name	Last Name	Organization	Email
1. Ida	Babazadeh	AdventHealth	Ida.Babazadeh@AdventHealth.com
2. Miguel	Garcia Santiago	Anthem	miguel.garciasantiago@anthem.com
3. Deanna	Baldwin	Avenues 12	
4. Tangela	Brown	Boys & Girls Clubs of Volusia and Flagler Counties	tbrown@bgcvfc.org
5. Cary	Quinones	Health Planning Council	cary_quinones@hpcnef.org
6. Christy	Gillis	Children's Home Society	christina.gillis@myflfamilies.com
7. Lauren	Possinger	County of Volusia	Lpossinger@volusia.org
8. Miguel	Rodriguez	Derbyshire Place	derbyshireplace@gmail.com
9. Allison	Miller	Early Learning Coalition of Flagler & Volusia Counties	amiller@elcfv.org
10. Jancy	Long	Early Learning Coalition of Flager and Volusia Counties	jlong@elcfv.org
11. Brittany	Candidate	Easter Seals - Early Steps	Bcandidate@easterseals.org
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