



Hillsborough County  
**HEALTH EQUITY PLAN**

July 1, 2022 – June 30, 2027



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# I. DEFINITIONS

**Downstream interventions and strategies** focus on providing individuals access to quality care and services to mitigate the negative impacts on health.

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

**Equity** is the absence of unfair, avoidable, or remediable differences among groups of people, whether those groups of people are defined socially, economically, demographically, geographically, or by other dimensions of inequality (sex, gender, ethnicity, disability, or sexual orientation).

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

**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.

**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.

**Upstream interventions and strategies** focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve optimal health.



## II. VISION

The Hillsborough County Health Equity Task Force envisions a county in which all residents can achieve their highest health potential by addressing key social determinants of health inequity.

Achieving health equity requires recognition and elimination of barriers that produce disparities. 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.

The overarching goals of Hillsborough County's health equity initiative integrate policy, collaboration, awareness, and implementation to reduce health disparities, as outlined below:

- **Policy.** Policy reform that moves toward eliminating health disparities.
- **Collaboration.** Strengthened and broadened collaborations to address health disparities.

- **Awareness.** Increased awareness of significant health inequities, their impact in Hillsborough County, and the actions necessary to improve health outcomes for marginalized populations.
- **Implementation.** Capacity building and implementation of solutions that reduce health disparities and improve health equity.

To ensure a shared community aspiration and vision, a group of health equity experts led the Hillsborough County Health Equity Task Force through a robust collaborative visioning process. The facilitators were University of South Florida College of Public Health researcher and expert in health disparity interventions in underserved communities, Dr. Alicia Best, and the Hillsborough County's Minority Health Liaison, Allison Nguyen.

Health Equity is achieved  
when **everyone** can attain  
optimal health.

# Visioning Process

The initial step in developing the vision was eliciting input from the Task Force members through a facilitated discussion. The Task Force members discussed the following questions:

1. How do we conceptualize health equity?
2. What are the fundamental or root causes of health inequity?
3. How can this task force uniquely contribute to achieving health equity in Hillsborough County?

## How do we conceptualize health equity?

The Robert Wood Johnson Foundation definition of health equity is “everyone has a fair opportunity to be as healthy as possible...;” as the words “fair” and “accessible” are subjective, the group consensus was that our definition of health equity should go beyond a “fair opportunity to be healthy” to a “state in which everyone is actualizing their health.” Thus, our vision is that all Hillsborough County residents can achieve their highest health potential, rather than just having a “fair opportunity to do so.”

## What are the fundamental or root causes of health inequity?

According to the National Academies of Science, Engineering report, *Communities in Action: Pathways to Health Equity*, health inequity arises from social, economic, and built environment disparities that contribute to intergroup differences in health outcomes. This report identified two main “clusters” of root causes of health inequity:

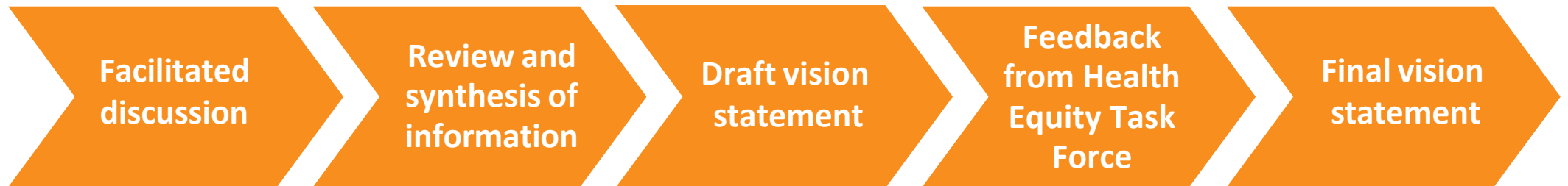
1. Intrapersonal, interpersonal, institutional, and [other] mechanisms that organize the distribution of...resources differentially across lines of [dimensions of individual and group identity].
2. The unequal allocation of...resources—including goods, services, and societal attention—which manifest in unequal social, economic, and environmental conditions, also called the social determinants of health. (NASEM, 2017)

Task Force members considered the role social determinants of health plays in shaping health inequities in Hillsborough County. The social determinants of health (SDOH) may also be defined as conditions and/or circumstances in which people are born, grow, learn, work, live, worship, and age that affect a wide range of health and quality-of-life risks and outcomes. The Task force members identified some root causes of health inequities of focus in Hillsborough County, including bias towards groups based on the dimensions of their identity and other factors, and developed actions to address these inequities, focusing on education, the healthcare system, and policy in the Health Equity Plan.

## How can this Task Force uniquely contribute to achieving health equity in Hillsborough County?

The Task Force's contribution to achieving health equity is rooted in Community, which includes a commitment to developing community representation and engagement on the Task Force and a focus on community-based and grassroots efforts. Task Force members represent advocates and leaders in the community with the capacity to influence change to address upstream factors contributing to disparities in health risks and outcomes, as well as the commitment to developing and executing plans and initiatives that address health inequities experienced within Hillsborough County.

The visioning process included synthesis and evaluation of the facilitated discussion feedback, data, resources, health equity priorities, along with guidance from the Minority Health Liaison, resulting in a draft vision statement. After feedback from the Health Equity Task Force, the vision statement was finalized.



### III. PURPOSE

The purpose of the Health Equity Plan is to increase health equity within Hillsborough County. In response to Chapter 2021-1700 of the Florida Statutes, effective July 1, 2021, each county health department (CHD) was provided resources to create a Health Equity Plan to address health disparities in their communities.

The Health Equity Plan will guide Hillsborough County in improving systems and opportunities to achieve optimal health for all residents, especially priority populations, or groups historically marginalized, such as racial and ethnic minorities, LGBTQ communities, people with disabilities, immigrants, and others. County organizations have a critical role in addressing the social determinants of health (SDOH) by fostering multi-sector and multi-level partnerships, conducting surveillance, integrating data from multiple sources, and leading approaches to develop upstream policies and solutions. This plan acknowledges that collaborative initiatives to address the SDOHs are the most effective at reducing health disparities.

To develop this plan, the Florida Department of Health in Hillsborough County (DOH-Hillsborough) followed the Florida Department of Health's approach of multi-sector engagement to analyze data, scientific literature, resources, coordinate existing efforts, and establish collaborative initiatives. This plan addresses SDOH affecting health disparities within Hillsborough County. This Health Equity Plan is not a county health department plan; it is a county-wide plan through which the Health Equity Task Force, including a variety of government, nonprofit, and other community organizations, align to address the SDOH impact on health and well-being in the county.

The Health Equity Plan will guide Hillsborough County in improving systems and opportunities to achieve optimal health for all residents.

# IV. PARTICIPATION

Cross-sector collaborations and partnerships can provide insight into the range of factors influencing the health and well-being of populations, as well as the expertise necessary to develop and implement the Health Equity Plan.

## Recruitment

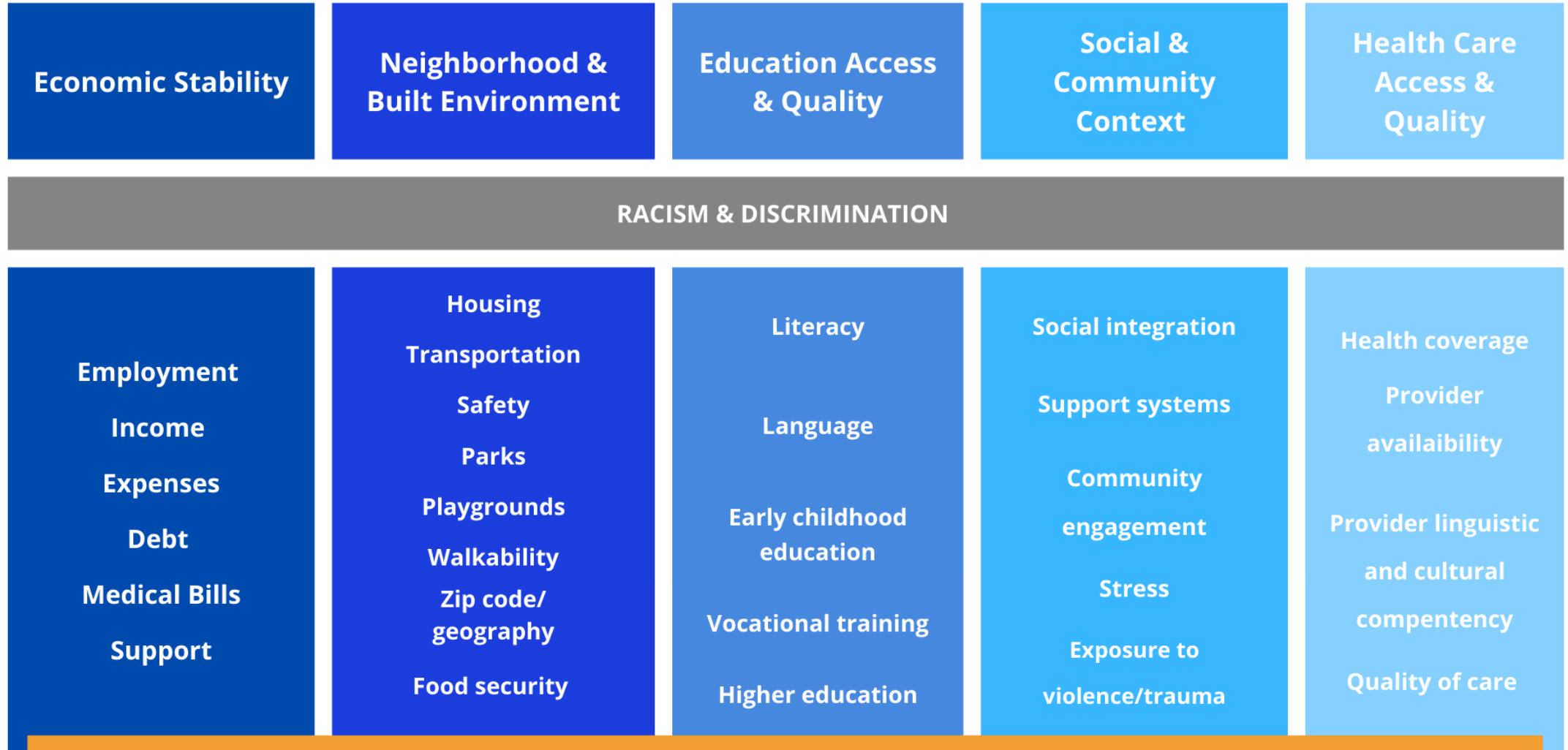
Several subject matter experts in the field of community health and health equity were identified and invited to join either the Health Equity Coalition or Task Force, and to participate in Task Force meetings. As a result, the Task Force and Coalition members represent multi-disciplinary sectors relevant to the SDOH domains of Economic Stability, Neighborhood and Built Environment, Education Access and Quality, Social and Community Context, and Health Care Access and Quality.

Sectors represented across both groups include transportation, housing, education, healthcare, social services, faith communities, and urban/rural planning. Potential Coalition and Task Force members were emailed letters describing Hillsborough County's health equity initiative and inviting them to join either group.





# SOCIAL & ECONOMIC FACTORS DRIVE HEALTH OUTCOMES



**Health Outcomes:** Mortality, Morbidity, Life Expectancy, Health Care Expenditure, Health Status, Functional Limitations

This graphic is a modified version of the figure, "Social and Economic Factors Drive Health Outcomes" developed by Henry J. Kaiser Family Foundation (Artiga, 2020).

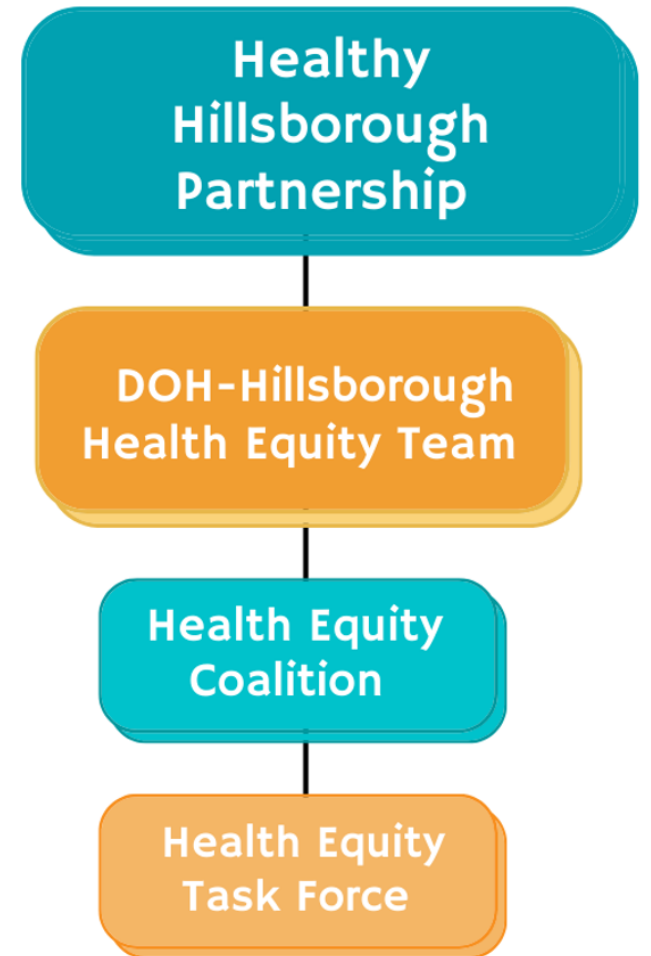
## Organizational Structure

**Healthy Hillsborough** is a community partnership of over 285 members collaborating with the DOH-Hillsborough Office of Health Equity. The partnership, established in 2015, brings together representatives from multiple sectors who are focused on making Hillsborough a healthier community. Members of Healthy Hillsborough collaborate as needed on community health goals and assist with amplifying outreach and messaging related to health equity, including the Health Equity Plan.

**DOH-Hillsborough Health Equity Team** consists of DOH-Hillsborough staff committed to improving the agency's capacity to address health inequity through training and health disparity data analysis. The team prioritized health disparities to address in the Health Equity Plan and compiled data identifying the SDOH that impact the health disparities.

**Health Equity Coalition** is a coalition of community leaders who represent organizations that work to improve the SDOH. The coalition provides guidance and feedback regarding the development of the HE Plan and the design and implementation of HE projects.

**Health Equity Task Force** is a group representing community organizations and government agencies tasked with creating the Health Equity Plan to address the SDOH that impact the prioritized health disparities. The Task Force engages community organizations, members, and key stakeholders who can influence policy making, leverage resources, provide expertise, and participate in projects.



## Engagement

During the development phase of this plan, Task Force members were engaged in monthly meetings and Coalition members in periodic meetings. Quarterly email updates were also provided to Coalition members. Task Force and Coalition members participated in the visioning conversation and root cause analyses of health equity priorities. Coalition members reviewed and provided strategic input on the work of the Task Force. Community input and support are will be critical to the development of a feasible Health Equity Plan and its successful implementation.

### A. Minority Health Liaison


The Minority Health Liaison supports the OMHHE 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:**

Allison Nguyen

**Minority Health Liaison Backup Team:**

Chedeline Apollon, Dr. Leslene E. Gordon, Naazneen Pal, and Olga Tomasello



Community input and support will be critical to the development of a feasible Health Equity Plan and its successful implementation.

## B. Health Equity Team

The Health Equity Team includes individuals that each represent different programs within DOH-Hillsborough. 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 programs and strategize ways to improve it. The Health Equity Team also relays information and data concerning key health disparities and SDOH in Hillsborough to the Health Equity Task Force. The Minority Health Liaison guides these discussions and the implementation of initiatives.



The inaugural membership of the Health Equity Team is listed below.

Name	Title	Program
<b>Chedeline Apollon, MPH, CPH</b>	Senior Human Services Program Specialist	Office of Health Equity, Community Health Assessment
<b>Kristine Aviles, DVM, MPH</b>	Supervisor	Epidemiology
<b>Rachel Chase, MPH</b>	Supervisor	Office of Health Equity, Dental, Family Planning, Compass
<b>Leslene Gordon, PhD, RD, LD/N</b>	Director, Community Health	Community Health

Name	Title	Program
Carlos Mercado, MBA	Director, Disease Control Division	Disease Control
Brian Miller, RS	Environmental Administrator	Environmental Health
Allison Nguyen, MPH, MCHES	Program Manager & Minority Health Liaison	Office of Health Equity
Naazneen Pal, MPH	Health Equity Consultant	Office of Health Equity
Stephanie Ross, RDN, LDN, CLC	Senior Public Health Nutritionist	WIC/Nutrition
Nicole Sutton, MPH, CPH, CHES	Health Educator Consultant	Office of Health Equity, Health in All Policies
Olga Tomasello, MPH	Health Educator Consultant	Office of Health Equity, Compass and Accreditation
Jennifer Waskovich, MS, RDN/LDN, CLC	Program Manager	Health Education & Promotion
Michael Wiese, MPH, CPH	Program Manager	Epidemiology

The Health Equity Team met in January to initiate the health equity planning process. Members of the Team were engaged throughout the process to provide subject matter expertise for Task Force root cause analysis exercises, feedback on the health equity vision, and feedback on the development of the Health Equity Plan components. Members of the team conversed on a frequent basis via email correspondence to ensure completion of plan deliverables.

Meeting Date	Topic/Purpose
January 21, 2022	To introduce the Health Equity initiative and to initiate prioritization for the Health Equity Plan.
May 25, 2022	Recap of barriers identified for each health priority, and discussion of potential intervention strategies to address identified barriers.

## C. Health Equity Task Force

The inaugural members of the Health Equity Task Force include DOH-Hillsborough staff and representatives from various organizations that provide services to address various SDOH. Members of this Task Force brought their knowledge about community needs and SDOH. Collaboration within this group is focused on addressing upstream factors to achieve health equity. The Health Equity Task Force was involved in writing the Hillsborough County Health Equity Plan and will be continually involved in the design and implementation of projects. Task Force membership will be expanded to meet the needs of the health equity projects outlined in the Health Equity Plan.

Health Equity Task Force members are listed below.

Name	Title	Organization	Social Determinant of Health
<b>Antionette Davis</b>	Director of Justice Ministry	Bible-Based Fellowship Church	Social and community context
<b>Debra Harris, MPH</b>	Director of 2-1-1 and Crisis Hotline	Crisis Center of Tampa Bay	Healthcare access and quality
<b>Mahmooda Khaliq Pasha, PhD, MHS, CPH</b>	Assistant Professor; Associate Director of the WHO Collaborating Centre on Social Marketing and Social Change	University of South Florida College of Public Health	Social and community context
<b>Jane Murphy, MPA</b>	Executive Director (Retired)	Healthy Start Coalition of Hillsborough County	Healthcare access and quality
<b>Marisa Mowat, MPH</b>	Executive Director	Healthy Start Coalition of Hillsborough County	Healthcare access and quality
<b>Tamika Powe, MPH, MCHES, CDP</b>	Community Benefit & Health Education Program Manager	Tampa General Hospital	Healthcare access and quality

Name	Title	Organization	Social Determinant of Health
Katie Roders Turner, MPH	Executive Director	Family Healthcare Foundation	Healthcare access and quality
Roneé Wilson, PhD	Assistant Professor	University of South Florida College of Public Health	Social and community context





The Health Equity Task Force met monthly on the dates below during the health equity planning process. The Health Equity Task Force will continue meeting regularly to track Health Equity Plan performance and progress.

Meeting Date	Topic/Purpose
January 31, 2022	Introduction of the goals of the health equity initiative, the partners involved—including introduction of the DOH-Hillsborough Minority Health Liaison, Team, Task Force and Coalition members—and the structure of the health equity plan; members representing the Health Equity Coalition and Task Force were active participants at this meeting; debriefing among internal HE team and Dr. Best directly following the Task Force/Coalition meeting.
February 22, 2022	Overview of the DOH-Hillsborough’s Office of Health Equity and the foundation it will provide to the health equity initiative; discussion of important context on state legislation supporting health equity in county health departments, including implementation of Health Equity Liaisons and Health Equity Task Forces/Coalitions (Dr. Kyaien Conner, University of South Florida); debriefing among internal HE team and Dr. Best directly following the Task Force meeting.
March 28, 2022	The subject matter experts who attended this meeting were Dr. Kionna Pitts, Women’s Health Nurse Practitioner, REACHUP, Inc., Dr. Robert Yelverton, retired Obstetrician/Gynecologist and Dr. Leisa Stanley, Associate Executive Director, Healthy Start Coalition of Hillsborough County. Root cause assessment for severe maternal morbidity (facilitated by Todd Brushwood, DOH-Hillsborough, Performance Management and Quality Improvement manager); debriefing among internal HE team and Dr. Best directly following the Task Force meeting.
April 26, 2022	The subject matter experts who attended this meeting were Carlos Mercado, MBA, Disease Control Director, DOH-Hillsborough, Sonia Almonte, BS, STD Program Manager, DOH-Hillsborough, and Kerri Bevard, RN supporting PrEP counseling, DOH-Hillsborough. Root cause assessment for low PrEP initiation among priority populations (facilitated by Todd Brushwood, DOH-Hillsborough, PMQI manager); debriefing among internal HE team and Dr. Best directly following the Task Force meeting.
May 25, 2022	Recap of barriers identified for each health priority, and discussion of potential intervention strategies to address identified barriers; members representing the Health Equity Team, Coalition, and Task Force were active participants at this meeting. Debriefing among internal HE team and Dr. Best directly following the Task Force meeting.

## D. Coalition

The Coalition discussed strategies to improve the health of the community. The strategies focused on the SDOH: education access and quality, healthcare access and quality, economic stability, social and community context, and neighborhood and built environment. Membership includes community leaders working within these areas of the SDOH. The Coalition assisted the Health Equity Task Force by reviewing the Health Equity Plan for feasibility. Coalition members are listed below. The Coalition met January 31, 2022, and May 25, 2022, in partnership with the Task Force as described above.

Name	Title	Organization	Social Determinant of Health
<b>Joshua Barber, AICP</b>	Community Planner II	Transportation Planning Organization-Hillsborough County	Neighborhood and the Built Environment
<b>Ernest M. Coney, Jr.</b>	President and Chief Executive Officer	Corporation to Develop Communities of Tampa, Inc.	Neighborhood and the Built Environment, Economic Stability
<b>Gordon L. Gillette</b>	Chief Executive Officer	Early Learning Coalition of Hillsborough County	Education Access and Quality
<b>Cheryl Howell, MS</b>	Director	Hillsborough County Board of County Commissioners	Neighborhood and the Built Environment, Economic Stability
<b>Michelle Hogan, MS</b>	Senior Program Coordinator, Affordable Housing	Hillsborough County	Neighborhood and the Built Environment, Economic Stability
<b>Jessica Muroff, MA</b>	Chief Executive Officer	United Way Suncoast	Economic Stability, Education Access and Quality
<b>Maria Russ, ARNP, CPNP, PhD</b>	Supervisor of Health Services	Hillsborough County Public Schools	Education Access and Quality
<b>Genet Stewart, MS</b>	Director of Strategic Initiatives	Children’s Board of Hillsborough County	Social and Community Context
<b>Kimberly Williams, MPH, MS</b>	Director of Community Benefit	Advent Health	Healthcare Access and Quality

## 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 Task Force with technical assistance, training, and project coordination.

**Rafik Brooks** is the Regional Health Equity Coordinator for DOH-Hillsborough.



Name	Region
Carrie Rickman	Emerald Coast
Quincy Wimberly	Capitol
Ida Wright	North Central
Diane Padilla	Northeast
Rafik Brooks*	West
Lesli Ahonkhai	Central
Frank Diaz	Southwest
Natasha McCoy	Southeast

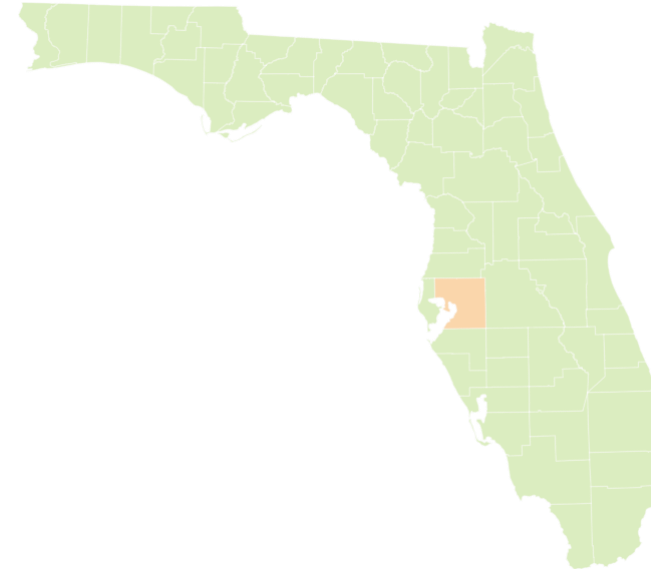
# V. HEALTH EQUITY ASSESSMENTS, TRAINING, AND PROMOTION

## A. Health Equity Assessments

To improve health outcomes in Florida, it is critical to assess the knowledge, skills, organizational practices, and infrastructure available to address health inequities. Health equity assessments will enable us 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 Year 1 of implementation of the Health Equity Plan, a series of assessments will be conducted. These assessments will help identify strengths and gaps in Hillsborough County’s overall capacity to address root causes of health inequity. The purpose of these assessments is to examine relevant expertise, resources, and data among the Health Equity Task Force and Coalition; and to examine understanding, perceptions, capacity related to health disparities and social determinants of health among DOH-Hillsborough staff and as an agency. Validated tools designed to assess knowledge of and capacity to address health disparities and SDOH are being reviewed by the Health Equity Team.



## B. Hillsborough County Health Equity Training

Findings from the internal health equity assessment described above will help to identify gaps in Hillsborough County's knowledge and capacity to address health equity and SDOH in Hillsborough County. Accordingly, the Minority Health Liaison will create training plans for the Health Equity Task Force, the Coalition, and other county partners to address identified gaps. DOH-Hillsborough staff will continually seek training opportunities for both external partners involved in the planning process, as well as for community members interested in expanding their knowledge regarding health equity.

## C. County Health Department Health Equity Staff Training

DOH-Hillsborough recognizes that ongoing employee training in health equity and cultural competency are critical for creating a sustainable health equity focus at DOH-Hillsborough. At a minimum, all DOH-Hillsborough staff will receive the *Cultural Awareness: Introduction to Cultural Competency and Addressing Health Equity: A Public Health Essential* training. In addition, findings from the internal health equity assessment described previously will help identify gaps in DOH-Hillsborough's knowledge and capacity to address health equity and SDOH. Accordingly, the Health Equity Team will provide regular and ongoing trainings to staff and other learning opportunities to address identified gaps in health equity, SDOH, and cultural competency.

## D. Minority Health Liaison Training

The OMHHE 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 trainings that were provided during the development of the Health Equity Plan are recorded below.

Date	Topics
January 25, 2022	<b>Cultural Competency Training</b>
March 23, 2022	<b>ClearPoint Software Training</b>
May-June 2022	<b>Grant Writing Workshop</b>



## E. National Minority Health Month Promotion

Booker T. Washington established National Negro Health Week in 1915, which evolved into National Minority Health Month (NMHM) celebrated each April. As NMHM serves to highlight populations who are often marginalized and minoritized, it also provides an opportunity to celebrate these populations for their strength and resilience in the face of tremendous adversity.

In the U.S., populations categorized as racial/ethnic minorities are often inaccurately portrayed. Negative socio-culturally constructed beliefs are embedded within American society and are counterproductive to achieving health equity. Specifically, the use of negative frames and language to describe health disparities reinforces racial stereotypes; misdirects funding, research, and practice efforts towards individual behavior rather than social and organizational barriers; and further marginalizes populations burdened by health and social inequity (Fletcher, Jiang, & Best, 2021).

Members of the Health Equity Team collaborated with the University of South Florida (USF) to host a series of activities during NMHM, including the following:

- Social media tribute to Black mothers in Hillsborough County
- Virtual Lunch and Learn
- Dissemination of a health equity resource guide

The overarching theme for Hillsborough County's NMHM activities was titled, *From Marginalized to Resilient: Re-Framing Racial & Ethnic Health Inequity*.

Activities began on April 11, 2022, in honor of the 5<sup>th</sup> anniversary of Black Maternal Health Week, founded by Black Mamas Matter Alliance, with the publication and promotion of a commentary by Health Equity Team member, Dr. Alicia Best. The commentary focused on the importance of amplifying the voices of Black women and was published in a national online magazine (Best, 2022).

This “kick-off” activity aligns with a key goal of Hillsborough County's health equity initiative – to increase awareness of significant health inequities impacting the county. As such, dissemination of relevant information to non-academic audiences through a variety of channels is an important part of a strategy to achieve health equity. Additionally, this commentary highlighted the strength and resilience of Black women, which is an important step toward achieving health equity.

## Black Moms Matter Social Media Post

The Health Equity Team worked with the USF College of Public Health to highlight Black mothers throughout Hillsborough County by developing and disseminating a video compilation featuring Black women from our communities describing their favorite things about being a mom. The video was shared via TikTok and other USF social media platforms on Thursday, April 14, 2022.

## Virtual Lunch and Learn

The Health Equity Team partnered with USF to host a culminating Lunch and Learn in alignment with the month's theme. Specifically, the Lunch and Learn focused on re-framing language around racial/ethnic inequities and populations disproportionately burdened by health inequities.

In addition to Health Equity Team members, Ms. Natalia Cales, Executive Officer for the U.S. Department of Health and Human Services (HHS), Office of the Regional Director for Region IV, provided an introduction and overview of HHS initiatives related to maternal and child health. Dr. Rueben Warren, Director of the National Center for Bioethics in Research and Healthcare at Tuskegee University, served as the keynote speaker. Dr. Warren's presentation, titled "My Cup is Half Full," underscored the importance of re-framing health equity language from an emphasis on marginalization to highlighting resilience, particularly in the context of public health ethics.

Invitations to the Lunch and Learn were shared both internally at DOH-Hillsborough, the University of South Florida, and with external partners via the Healthy Hillsborough Partnership. A total of 90 participants across a variety of disciplines and sectors attended the Lunch and Learn.



## Health Equity Resource Guide

The Health Equity Team developed and disseminated a post-webinar resource guide consisting of materials related to the NMHM theme of reframing language and empowering populations affected by health inequities. Participants who registered for the Lunch and Learn received a resource list that included publications addressing institutional mistrust within the Black community during the COVID-19 response and health equity materials from the Office of Health Equity, to include the Hillsborough County Health Equity Profiles and Health Equity Video.

Additionally, participants were invited to continue engaging with the Office of Health Equity through the Healthy Hillsborough Partnership. This already established Partnership regularly receives communications from the Community Health division and the Office of Health Equity related to relevant community health data, updates to the Health Equity Plan and other related information.

The following supporting materials are included in the appendices:

1. NMHM Lunch and Learn Flyer; and
2. NMHM Resource Guide.

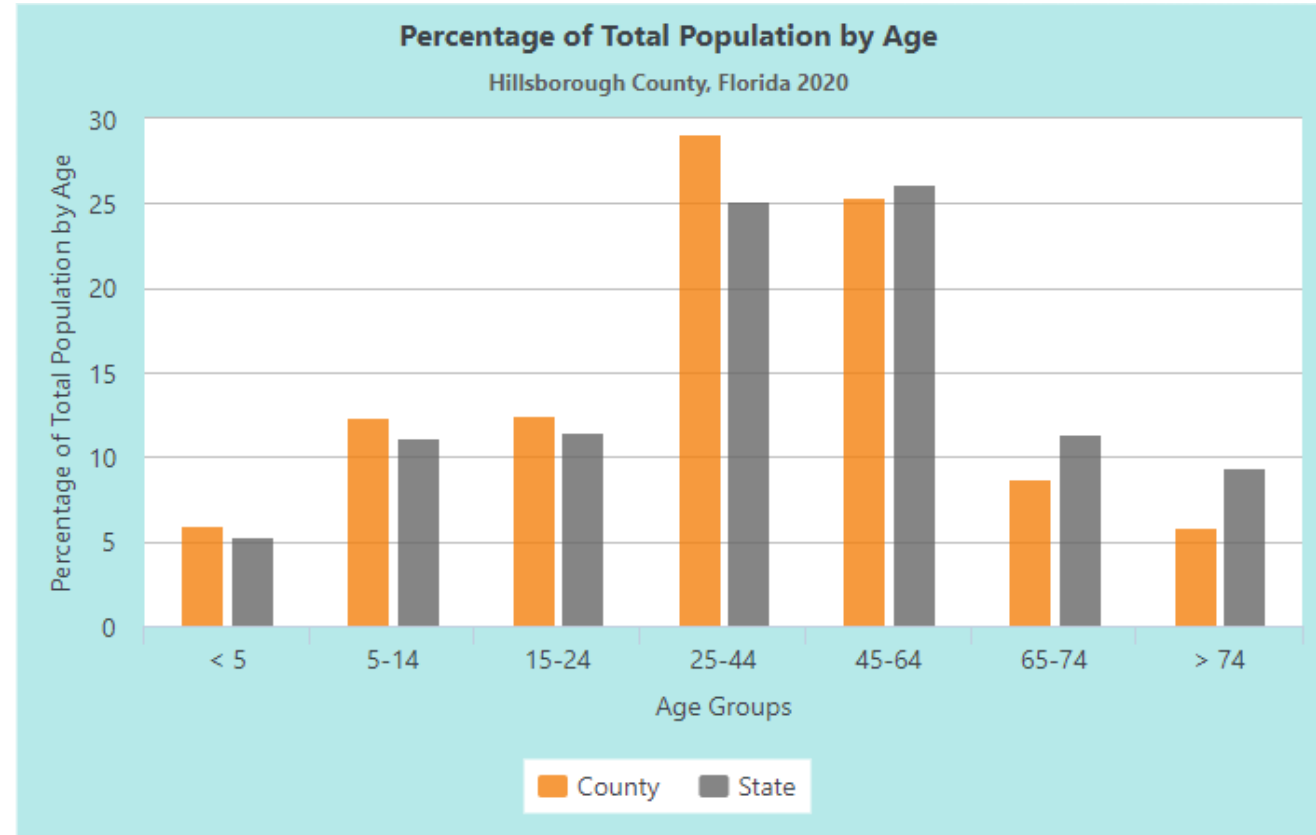


## VI. PRIORITIZING A HEALTH DISPARITY

### A. Hillsborough County Demographics

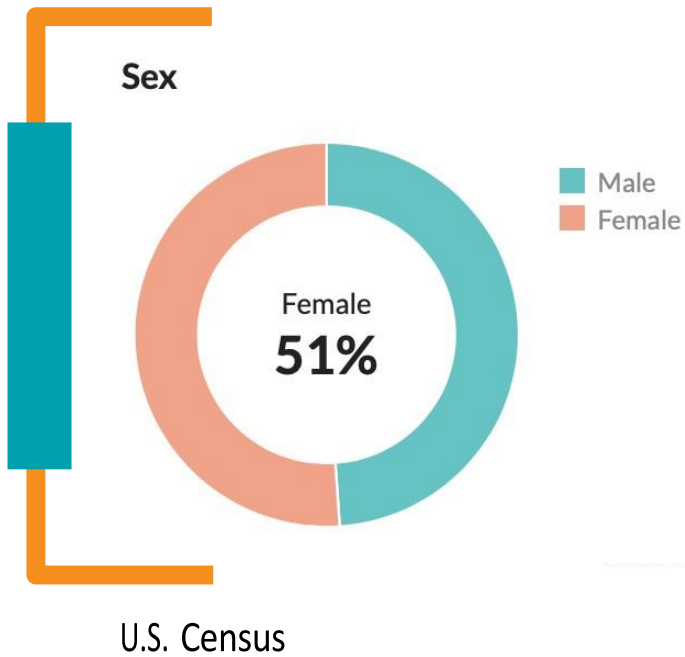
Data from the United States Census estimates that 1.48 million people live in Hillsborough County, making it the fourth most populous county in Florida (United States Census Bureau, 2021). The figure to the right shows the age distribution of Hillsborough County compared to the state of Florida.

Hillsborough County has a somewhat higher concentration of people ages 15 to 44 years (41.6%) when compared to the entire state of Florida (36.7%) and a smaller percentage of people age 45 and older (40%) compared to Florida overall (46.9%) (FLCHARTS, 2020).

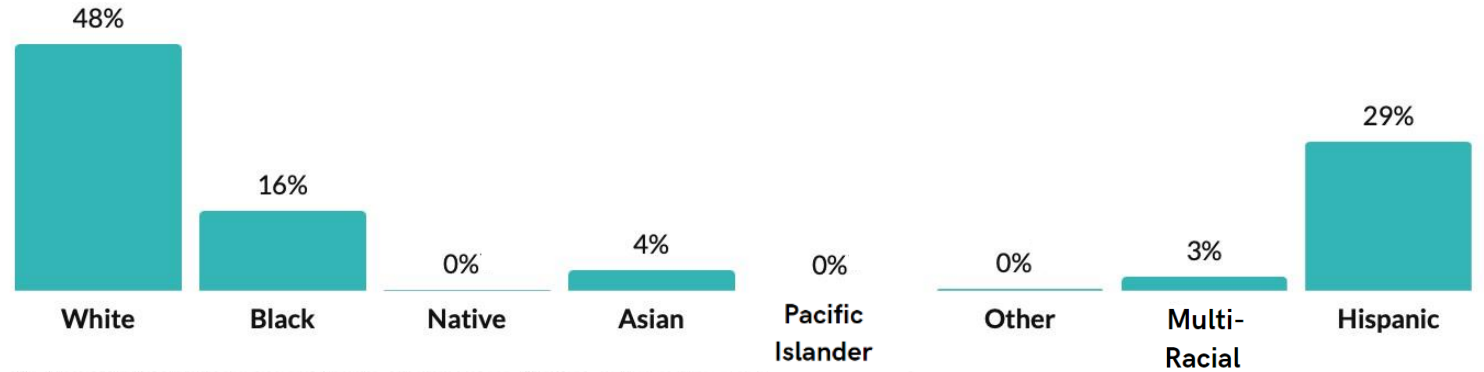


Source: FLCHARTS, 2020

Hillsborough County, like the state of Florida, boasts a diverse mix of races and ethnicities. Its population is 74.1% White, 18% Black, 29.7% Hispanic, and 8% other races (FLCHARTS, 2020). Approximately 51% of Hillsborough residents are female (U.S. Census Bureau, 2021).



### Race & Ethnicity




\* Hispanic includes respondents of any race. Other categories are non-Hispanic.

## B. Health Disparity Prioritization

The Health Equity Team is comprised of CHD program leads committed to improving the health of Hillsborough County residents through their areas of focus, including (but not limited to) environmental health, infectious disease prevention, maternal and child health, and health communications. All Health Equity Team members were invited to propose a health disparity to address in the Health Equity Plan. Health Equity Team members who proposed a health disparity provided data as rationale for supporting the disparity as a priority area in the plan. Following the review of the presented data by the Health Equity Team members, two health disparities in Hillsborough County were selected as priorities through a consensus building process. The selected health priorities for the current Hillsborough County Health Equity Plan are severe maternal morbidity and pre-exposure prophylaxis (PrEP) initiation.

Data were extracted and reviewed from multiple sources, including Florida Health CHARTS (FLCHARTS), the DOH-Hillsborough Health Equity Profile, the HHS Action Plan to Improve Maternal Health in America, the Florida Pregnancy-Associated Mortality Review, the Centers for Disease Control and Prevention (CDC) National HIV Surveillance System, Johns Hopkins PrEP policy proposal (Killelea, Johnson & Dangerfield, 2022), and additional Florida Department of Health data. Specific data illustrating disparities in severe maternal morbidity (SMM) and PrEP initiation are described below.



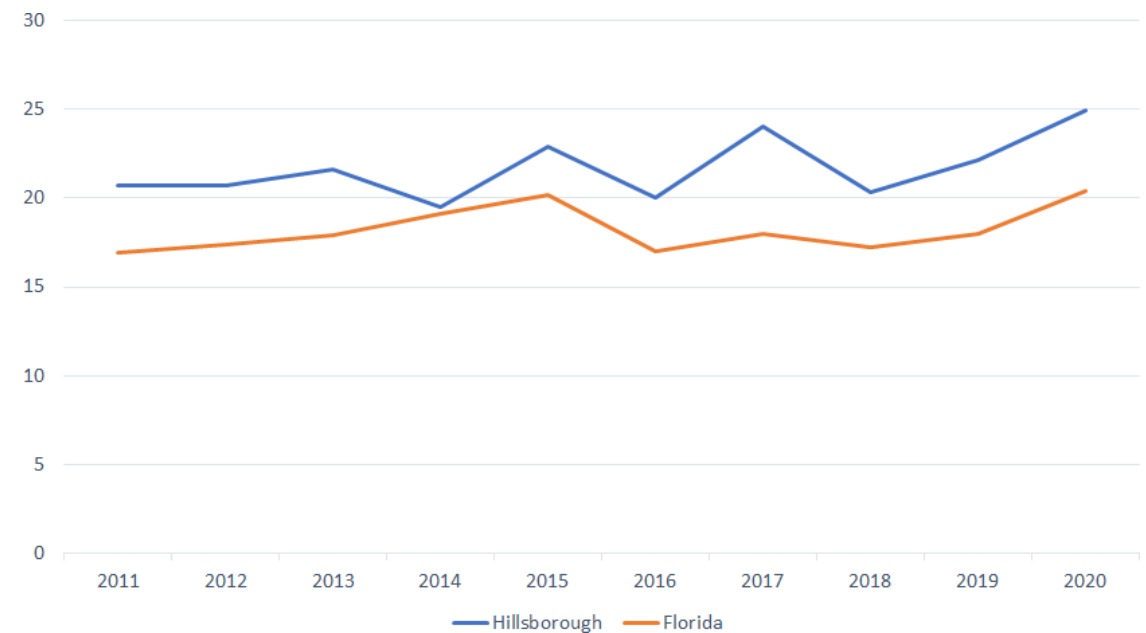
Selected health priorities for the current Hillsborough County Health Equity Plan are severe maternal morbidity (SMM) and pre-exposure prophylaxis (PrEP) initiation.

## C. Severe Maternal Morbidity

The CDC outlines SMM as “unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health” (CDC, n.d.c). This can include new and pre-existing chronic conditions, as well as “serious bleeding, eclampsia convulsions, heart attacks, emergency hysterectomies and other potentially fatal crises in women around the time of delivery” (Penn Medicine, 2022).

Hillsborough County’s rate of SMM is higher than the state average. In 2020, the rate of SMM per 1,000 delivery hospitalization was 24.4 in Hillsborough County, which is higher than the rate in Florida (20.4) (FLCHARTS, 2020).

**Severe Maternal Morbidity, Rate Per 1,000 Delivery Hospitalizations, Single Year**



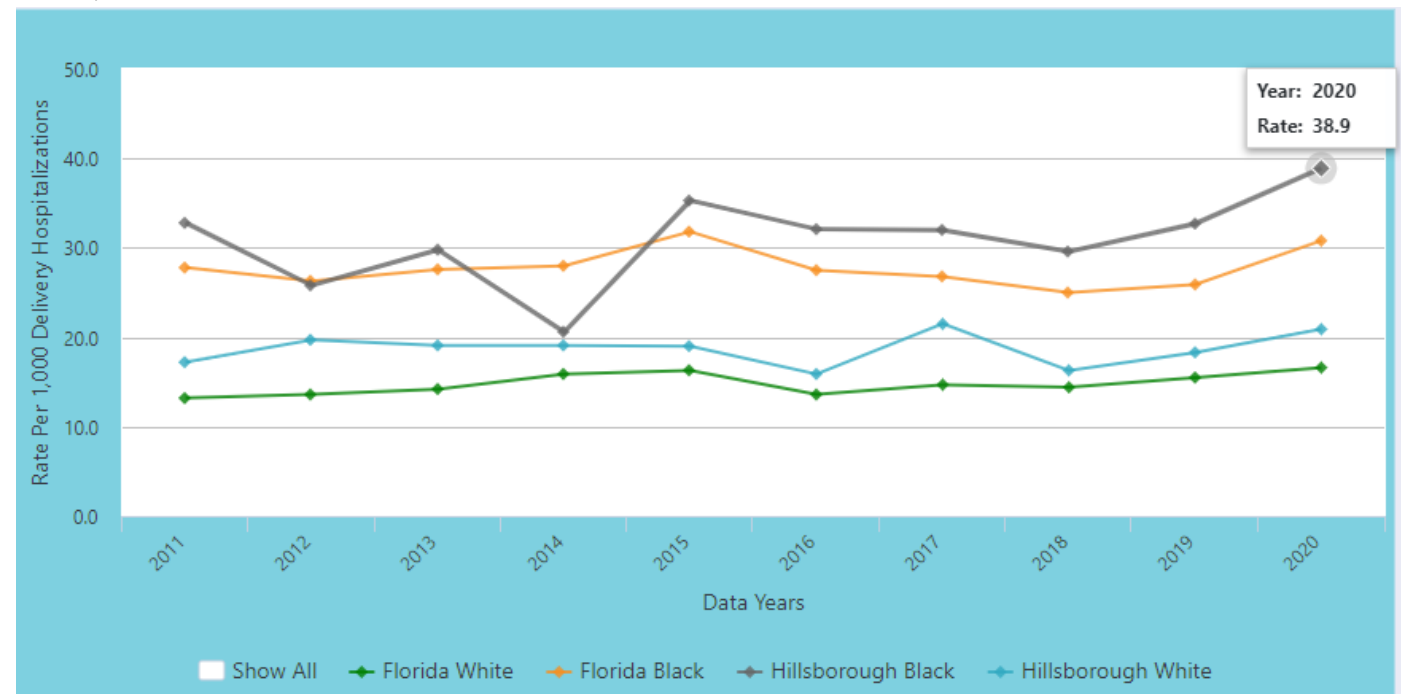
Source: FLCHARTS, 2020

Significant racial disparities exist in SMM in Hillsborough County. The SMM rate among Black women in Hillsborough County was 38.9 in 2020, higher than that of White and Hispanic women in Hillsborough (20.9 and 21.1, respectively). Among Black women, the SMM is also higher in Hillsborough County than in Florida overall (30.8) (FLCHARTS, 2020).

Individual-level factors can increase the risk of maternal morbidity, including preexisting chronic medical conditions, such as obesity, cardiovascular disease, asthma, or having a compromised immune system, among other health factors (HHS & NIH, 2020). Reproductive-aged women (ages 15-44) with disabilities, such as visual, hearing, cognitive, mobility and/or physical impairment are also more likely to have risks to healthy pregnancies, compared to women without disabilities (HHS, 2020). These risks include high blood pressure, cardiovascular conditions, diabetes, weight concerns, and mental health concerns (HHS, 2020).

In Hillsborough County in 2020, 28% of births among women of reproductive age were considered high risk (4,676 out of 16,538), where high risk is described as the following: “the mother had a history of gestational or pre-pregnancy diabetes, chronic or gestational hypertension, previous preterm delivery or other previous poor birth outcome” (FLCHARTS, 2020) The rate of high risk pregnancy births among Black women of reproductive age, 10.8, was higher than that of White women, 6.7 (FLCHARTS, 2020).

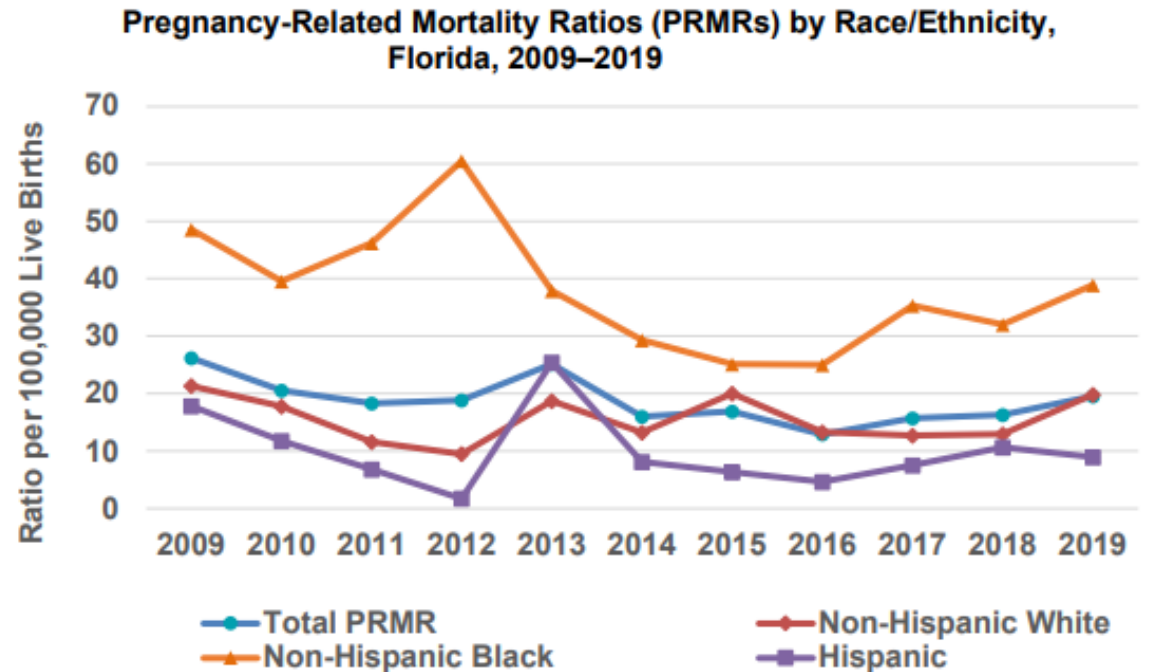
## Severe Maternal Morbidity, 2011-2020



Source: FLCHARTS, 2020

The CDC reports that Black women have significantly more pregnancy-related deaths than women of other races/ethnicities, experiencing a rate of 41 deaths per 100,000 live births, compared to a rate of 30 among American Indian/Alaska Native women, and 13 among White women (Petersen et al., 2019).

In 2019 compared to 2009-2018, there was an 18.6% increase in pregnancy-related death due to hypertensive disorder and a 20.8% increase in pregnancy-related deaths due to cardiovascular issues (Hernandez & Thompson, 2021). Pregnancy-related death ratios from 2009-2019 by race and ethnicity in Florida are depicted on the right. In 2019, the pregnancy-related mortality ratios per 100,000 live births was 38.9 for non-Hispanic Black women, 19.9 per non-Hispanic White women, and 8.9 for Hispanic women (Hernandez & Thompson, 2021)



Source: Hernandez & Thompson, 2021

## D. Pre-Exposure Prophylaxis (PrEP) Initiation

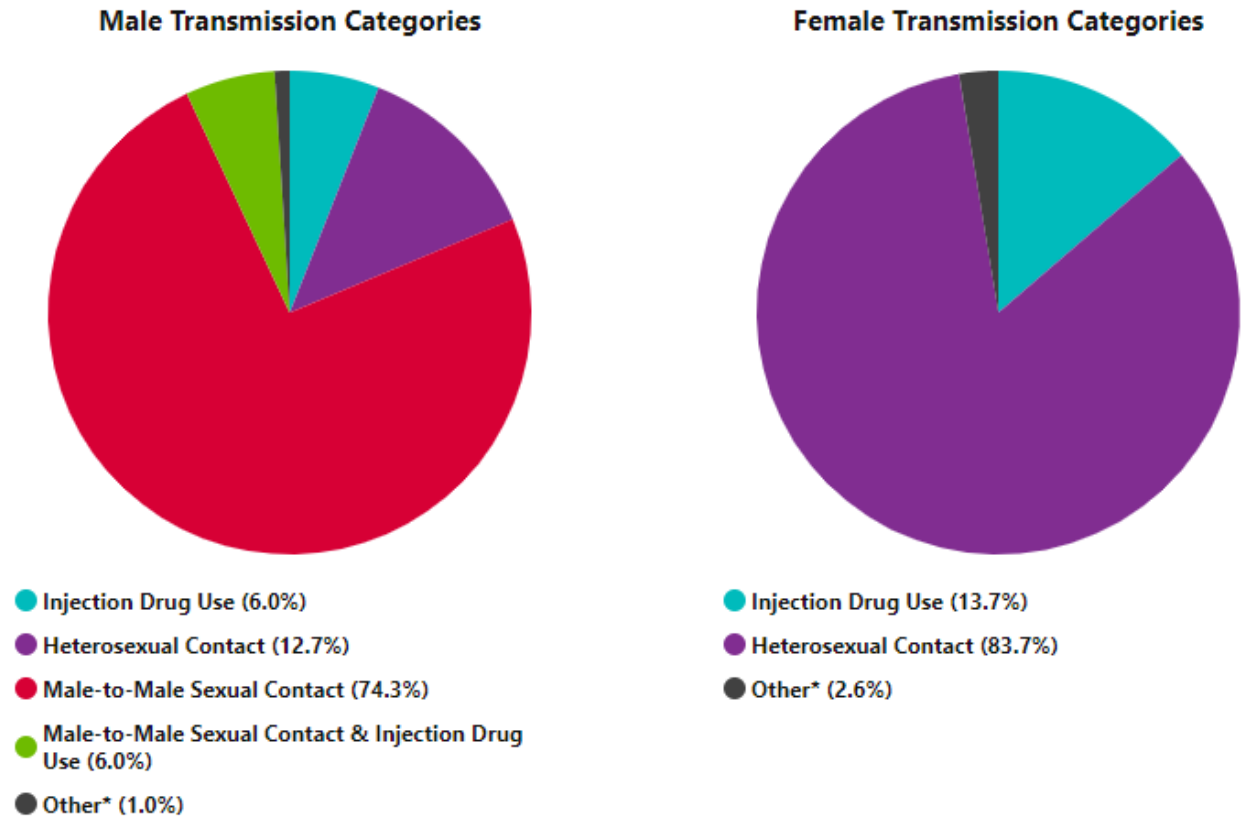
In Hillsborough County, 7,518 people are living with Human Immunodeficiency Virus (HIV) (FLCHARTS, 2020). HIV disproportionately affects Black Hillsborough residents compared to White residents, given their percentage of the population. The rate of HIV per 100,000 people in Hillsborough County is 321 among Whites, 1,417 among Blacks, and 385 among Hispanic/Latinx populations (FLCHARTS, 2020).

In 2020, the rate of new HIV diagnoses in Hillsborough County was higher among Black and Hispanic/Latinx residents, with 52 cases per 100,000 population among Blacks, 16 among Hispanic/Latinx, and 8 among Whites (FLCHARTS, 2020).

In 2019 in Hillsborough County, 82% the percent of people newly diagnosed with HIV were male and 18% were female (AIDSvu, 2019). Data is not available on HIV diagnoses by gender identity, where gender identity can be understood as “a person’s deeply felt, internal, and individual experience of gender, which may or may not correspond to the person’s physiology or designated sex at birth” (WHO,2022).

HIV is most often transmitted through anal or vaginal sex, or sharing needles, syringes, or other drug injection equipment (CDC, n.d.b). The primary modes of transmission by sex in Hillsborough County is represented in the charts to the right.

Percent of People Living with HIV, by Transmission Category, 2019

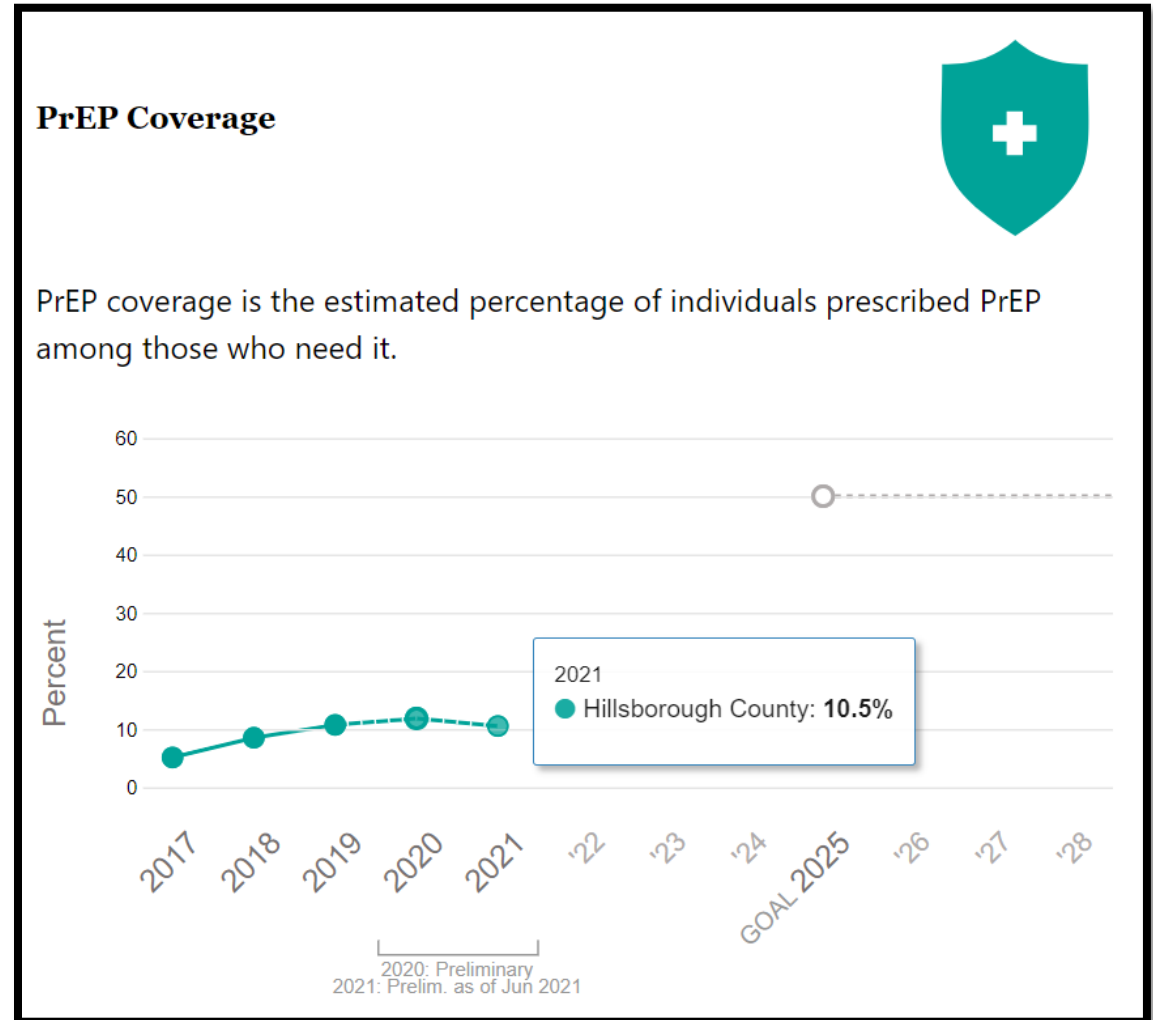


\*Includes risk factor not reported or identified, along with hemophilia, blood transfusion, perinatal exposure, or missing/suppressed data.

## HIV Prevention

Despite advances in HIV care and prevention, HIV is still a public health concern. The HHS *Ending the HIV Epidemic in the U.S.* (EHE) initiative was established to accelerate HIV prevention progress and reduce the number of new HIV infection by 75% by 2025, and by 90% by 2030 (EHE, 2021). In the first phase of the initiative, the EHE will focus on 48 counties across the US where more than half of all new HIV diagnoses occurred in 2016 and 2017, which includes Hillsborough County.

One key strategy of the EHE initiative is the prevention of new HIV transmission using proven technologies, including PrEP. PrEP is an antiretroviral medication used to prevent HIV infection. In Hillsborough County in 2021, only 10.5% of persons with PrEP indications – in other words, at high risk for HIV infection – are prescribed PrEP (AHEAD, 2020). Current data do not provide a breakdown of PrEP prescriptions among persons with PrEP indications by race/ethnic group or by gender. DOH-Hillsborough staff used extrapolation to estimate the percentage of people with PrEP indications who were prescribed PrEP by race. The results suggest that racial disparities exist in PrEP prescriptions. Among White individuals with PrEP indications, 74% were prescribed PrEP. Among Black and Hispanic/Latinx individuals with PrEP indications, 11% were prescribed PrEP, respectively.



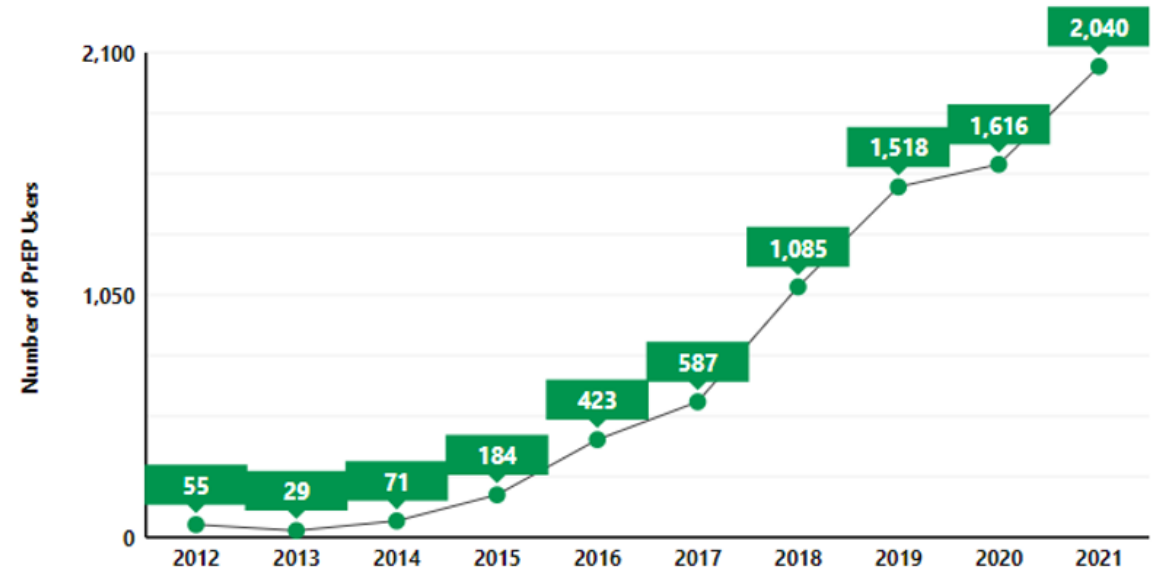
Source: America's HIV Epidemic Analysis Dashboard (AHEAD), 2020



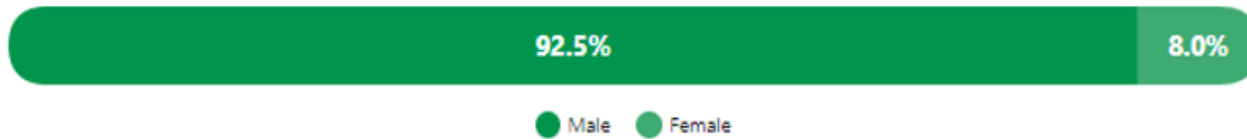
AIDSVU has developed a Hillsborough County profile with local HIV/AIDS statistics. The figure on the right displays PrEP use by sex, age, and count. According to AIDSVu, 2,040 individuals used PrEP in 2021, a rate of 167 per 100,000 population.

A majority of PrEP users were male (92.5%) and between 24-34 years old, followed by those 35-44 years old. The number of PrEP users has increased since 2012, with a 26% increase in PrEP users between 2020 to 2021.

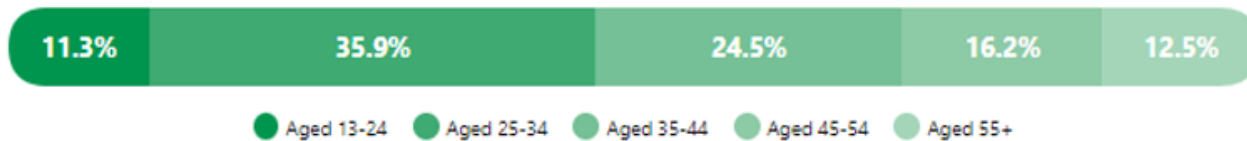
Number of PrEP Users, 2012-2021



Percent of PrEP users, by Sex, 2021



Percent of PrEP users, by Age, 2021



Source: AIDSVu, 2021

## VII. SOCIAL DETERMINANTS OF HEALTH DATA

Social Determinants of Health (SDOH) are conditions and/or circumstances in which people are born, grow, learn, work, live, worship, and age that affect a wide range of health and quality-of-life risks and outcomes. The SDOHs can be broken into the following broad categories:

- Education access and quality
- Healthcare access and quality
- Neighborhood and built environment
- Social and community context
- Economic stability

The social ecological model (SEM) is an important public health framework to help identify and organize social determinants of health along a continuum, from factors directly impacting health, to more upstream factors indirectly impacting health (Baral, Logie, Grosso, Wirtz, & Beyrer, 2013). Upstream determinants, which include barriers such as economics, policy, and community infrastructure, often act as root causes of health inequity.

### Social Determinants of Health



Source: Social Determinants of Health - Healthy People 2030

## Root Cause Assessment

Using a root cause analysis approach, the Health Equity Task Force worked collaboratively to identify several distal factors that influence inequities in Hillsborough County's specified health priorities – SMM and PrEP initiation to prevent HIV infection. After barrier identification, the Health Equity Team prioritized barriers based on alignment with one or more SDOH domain(s) and evidence-based intervention strategy(ies). The composition of the Health Equity Team helped ensure interdisciplinary and multi-sector perspectives were considered during the barrier identification process.

Todd Brushwood, DOH-Hillsborough Performance & Quality Improvement Manager, led the Task Force in root cause exercises on each of the selected health priorities. The input from the exercises was illustrated in a fishbone diagram for further analysis. The fishbone analysis is useful in early stages of research as it provides a wide range of results and is helpful for identifying and classifying multiple causes (Sivaraman, Arun, & Tauseef, 2021). This approach is fitting for identifying collaborative solutions to community-wide challenges. The fishbone analysis has also, been used in public health settings as a framing tool to identify challenges (Drehobl, Stover & Koo, 2014).



## Identified Barriers

The Health Equity Task Force identified seven barriers that contribute to inequities in SMM, and an additional five barriers to PrEP initiation among Hillsborough County residents. Each identified barrier was further examined to ensure alignment with the scientific literature (e.g., assessment of systematic reviews), and then mapped to one or more domain(s) of the SDOH framework.

Barriers Contributing to SMM	
SDOH Domain	Barriers
SDOH Education Access and Quality	<ul style="list-style-type: none"> <li>● Health education and literacy</li> </ul>
Economic Stability	<ul style="list-style-type: none"> <li>● Health insurance status and type</li> <li>● Income/wealth inequity</li> </ul>
Neighborhood and the Built Environment	<ul style="list-style-type: none"> <li>● Food/nutrition insecurity</li> </ul>
Social and Community Context	<ul style="list-style-type: none"> <li>● Social/cultural beliefs and norms</li> </ul>
Healthcare Access and Quality	<ul style="list-style-type: none"> <li>● Continuity of healthcare across the pregnancy continuum</li> <li>● Cultural and linguistic competency/humility</li> </ul>

Barriers Contributing to PrEP Initiation	
SDOH Domain	Barriers
Education Access and Quality	<ul style="list-style-type: none"> <li>● Provider and patient health literacy</li> </ul>
Neighborhood and the Built Environment	<ul style="list-style-type: none"> <li>● Lack of community awareness</li> </ul>
Social and Community Context	<ul style="list-style-type: none"> <li>● Social/cultural beliefs and norms (e.g., HIV/AIDS-related stigma)</li> </ul>
Healthcare Access and Quality	<ul style="list-style-type: none"> <li>● Provider bias (e.g., risk perception)</li> <li>● Healthcare policies and practices (e.g., screening inconsistency)</li> </ul>

## A. Education Access and Quality

- **Education access and quality data for Hillsborough County**

“Education is an important factor in overall health and quality of life. When people receive quality education, they have access to better jobs, higher earnings and more resources for health.” (Hillsborough County Health Equity Profile, 2021)

According to the 2020 U.S. Census, 88.9% of Hillsborough County residents 25 years and over had a high school diploma or higher and 34.5% had a bachelor’s degree or higher.



### Educational attainment

**88.9%**

High school grad or higher

about the same as the rate in Florida: 88.5%

about the same as the rate in United States: 88.5%

**34.5%**

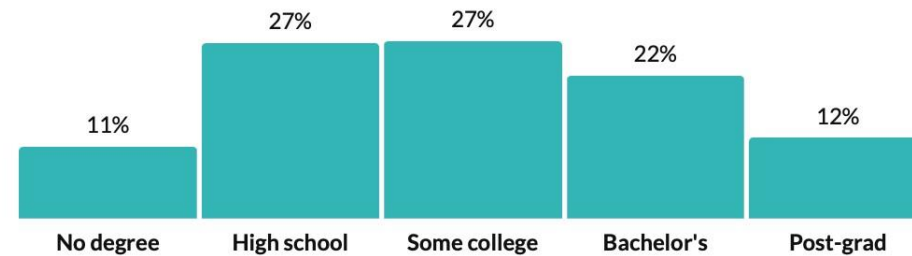
Bachelor's degree or higher

about 10 percent higher than the rate in Florida: 30.6%

a little higher than the rate in United States: 32.9%

Source: U.S. Census

### Population by highest level of education



\* Universe: Population 25 years and over

- ***The impact of education access and quality on severe maternal morbidity and PrEP initiation***

While health education efforts primarily focus on patients' understanding of health information, health literacy encompasses an individual or community's knowledge, motivation, and abilities to access, understand, appraise, and apply a variety of information to make decisions that impact health (Sorensen et al., 2012). As such, there is a growing body of evidence supporting the need to assess and enhance provider competencies in health literacy in addition to efforts supporting patients.

Importantly, medical education has traditionally neglected to incorporate education on individual and interpersonal bias, as well as education on historical, social, and policy-level factors that disadvantage groups by dimensions of their identity, as key determinants of health outcomes, potentially contributing to physicians' attitudes and perceptions about health inequity. For example, studies have documented the belief among some U.S. healthcare providers that health disparities arise from an individual or community's willful non-adherence (e.g., due to cultural norms or lack of knowledge) rather than factors such as low health literacy and/or language barriers (Sequist, Ayanian, Marshall, Fitzmaurice, & Safran, 2008). Such embedded biases – potentially due, in part, to problematic medical education systems – contribute to inequitable health outcomes.

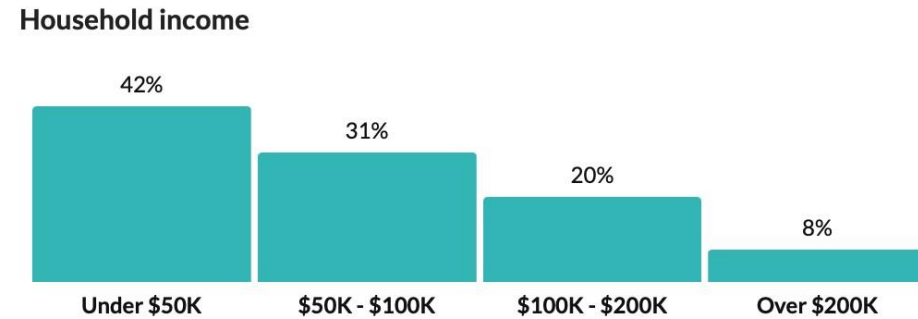
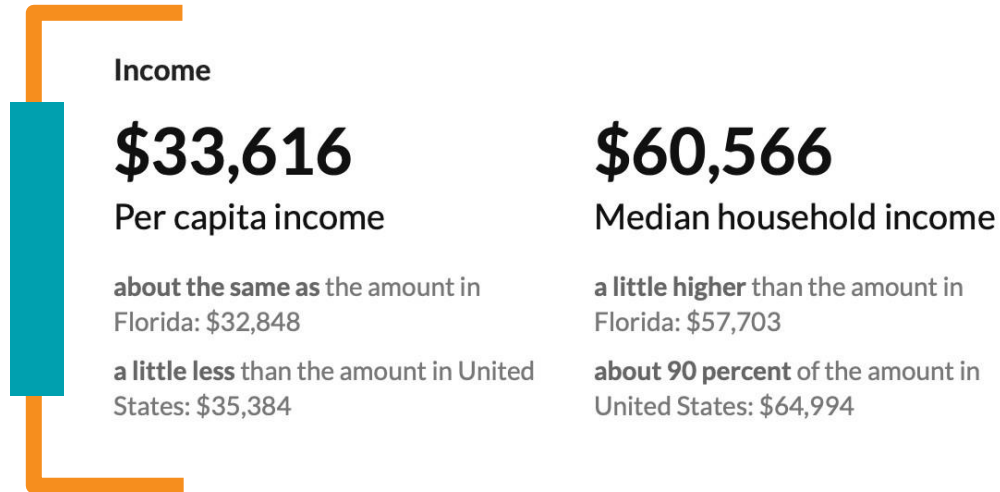
Additionally, research indicates gaps in provider knowledge and/or practice behaviors related to pregnancy guidelines (e.g., guidelines for exercise and oral healthcare during pregnancy), contributing to disparities in SMM and other negative pregnancy outcomes (Bauer, Broman, & Pivarnik, 2010; Wilder, Robinson, Jared, Lieff, & Boggess, 2007). Provider knowledge and/or biases are also relevant when examining disparities in PrEP initiation as these factors can influence HIV screening practices and provider recommendations of PrEP (Hull, Tessema, Thuku, & Scott, 2021).

Some ways in which patient health literacy has been shown to influence pregnancy outcomes include affecting nutritional and/or vaccination status of the child (Johri et al., 2015; Johri et al., 2016); impacting the mother's ability to manage chronic conditions (Edwards, Wood, Davies, & Edwards, 2015); and affecting the mother's overall ability to navigate the healthcare system (MacLean, 2020).

## B. Economic Stability

- **Economic stability data for Hillsborough County**

*“Income is necessary for meeting our basic needs as individuals, families, and communities. When people have enough income to consume healthy food, access transportation, obtain an education, and receive healthcare, as well as save for emergencies, they are more likely to achieve good health” (Hillsborough County Health Equity Profile, 2021).*



Source: U.S. Census

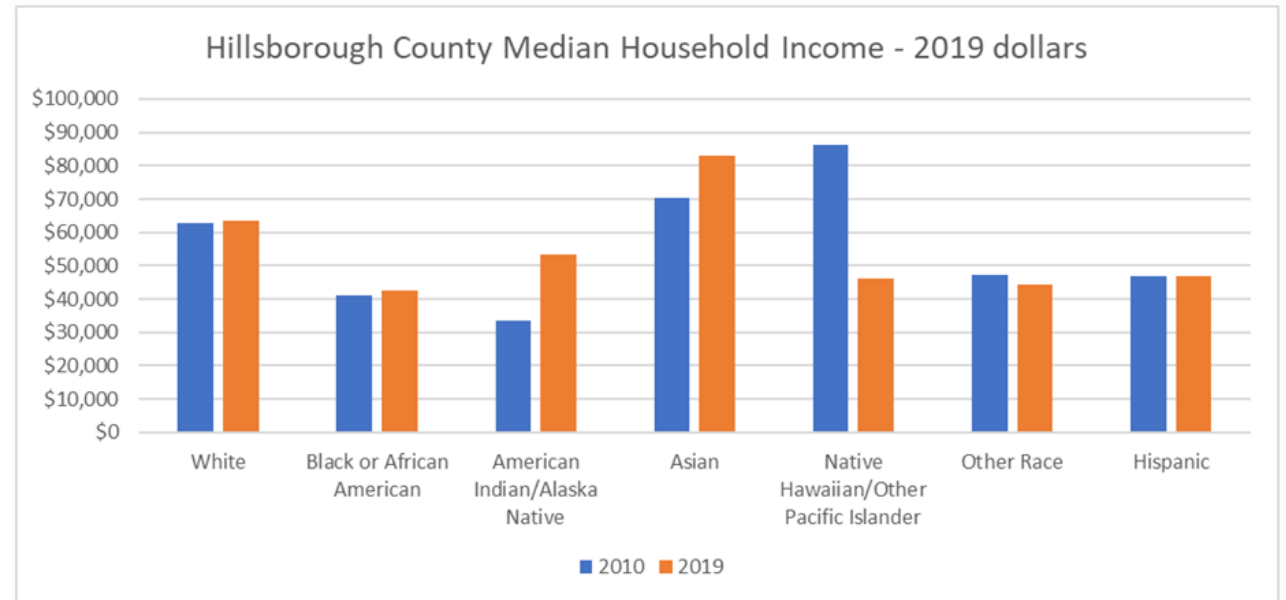
The average median household annual income in Hillsborough County is \$60,566. This is slightly more than the Florida average, but less than the U.S. average. Forty-two percent of Hillsborough County households' income is under \$50,000 per year.

Median household income in Hillsborough County differs by race and ethnicity. In 2019, the median household income among White households was 52% higher than Black households and 33% higher than Hispanic households (Plan Hillsborough, 2021)

Black households also experienced the lowest median household income in 2019 and in 2010, as depicted in the figure to the right (Plan Hillsborough, 2021). Please note, median household income data among other racial groups (e.g., Native Hawaiian/Other Pacific Islander) depicted in the figure are less reliable, due to small sample size (Plan Hillsborough, 2021).

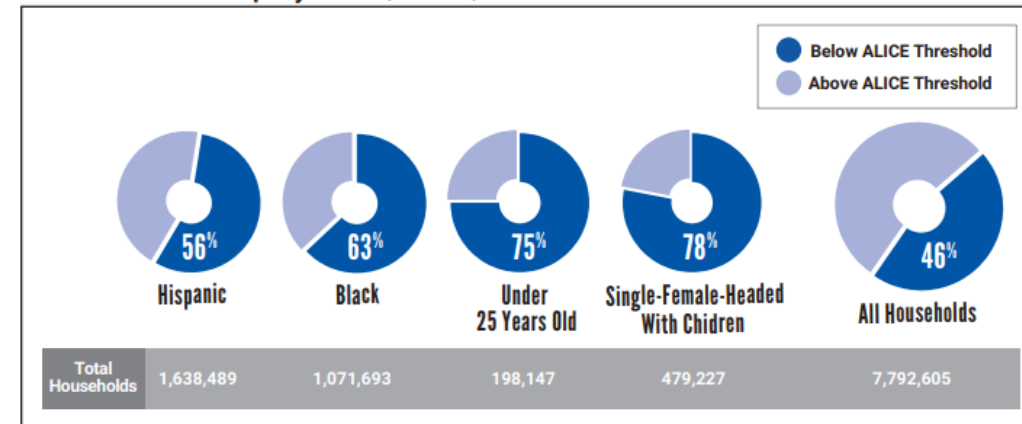
Available ALICE data provides a point-in-time representation of economic conditions in Florida. The ALICE Threshold describes households with income above the Federal Poverty Level but below a basic survival threshold, or “households [that] earn too much to qualify as “poor” but are still unable to make ends meet” (United for Alice, 2020).

The figure on the right shows groups with disproportionately high percentage of families below the ALICE Threshold, representing race, ethnicity, age, and sex/marital status. In Florida, 56% of Hispanic households, 63% of Black households, 75% of households under 25 years old, and 78% of households single-female headed with children are living below the ALICE Threshold (United for Alice, 2020).



Source: Plan Hillsborough, 2021

Select Household Groups by Income, Florida, 2018



Source: United for Alice, 2020



- ***The impact of economic stability on SMM and PrEP initiation***

Poverty affects where individuals live, housing quality and stability, access to and quality of healthcare, and other important social conditions. As such, poverty is at the root of many health inequities. In fact, research consistently confirms that income and wealth accumulation are among the most influential determinants of health, including maternal and child health outcomes (CDC, n.d.a). Thus, economic inequity must be addressed in order to eliminate disparities in SMM and other health inequities observed in Hillsborough County. Literature indicates that poverty and income inequity significantly affect health behaviors among pregnant mothers (Edwards et al., 2015). Additionally, insurance status and type are shown to affect healthcare access, quality, and risk for severe maternal morbidity (Howell et al., 2020). The Health Equity Task Force did not focus on economic stability as a key barrier to PrEP initiation in the root cause analysis.

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Poverty is at  
the root of  
many health  
inequities.

## C. Neighborhood and Built Environment

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

*“The spaces where people live, work, and play have a tremendous impact on health... Research shows that a person’s zip code is a more significant predictor of life expectancy than their own genetic code” (Hillsborough County Health Equity Profile, 2021).*

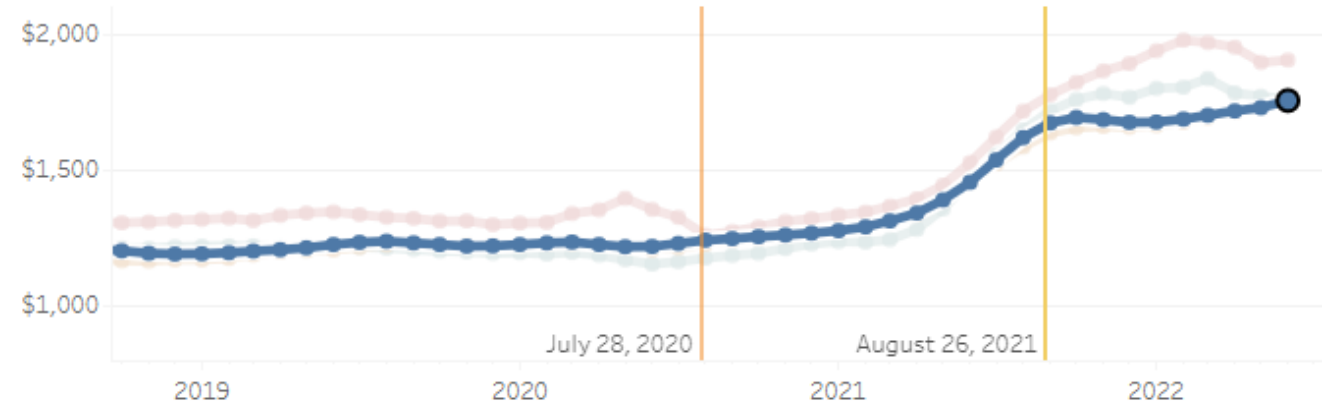


United Way Suncoast’s State of the Housing Crisis Dashboard provides information on the housing affordability crisis in Hillsborough County. In 2022, the average cost of rent in Hillsborough County is \$1,754 a month, an increase of 24% in the last year alone.

In Hillsborough and the surrounding counties of Manatee, Pinellas, and Sarasota, one in two families are rent-cost burdened, meaning that 30% or more of the household income goes to paying rent per month (United Way Suncoast, 2022). As of January 2022, in Hillsborough County, a household making approximately \$38,000 a year (two earners at \$10/hour) is classified as Severely-Rent Cost Burdened, and a household making approximately \$57,000 a year (two earners at \$15/hour) is classified as rent-cost burdened in Hillsborough, as of January 2022 (United Way Suncoast, 2022).

Since 2021, rent has increased by 24%, with higher burden experienced among people of color and women.

### Average 2-Bedroom Rent



Source: United Way Suncoast, 2022

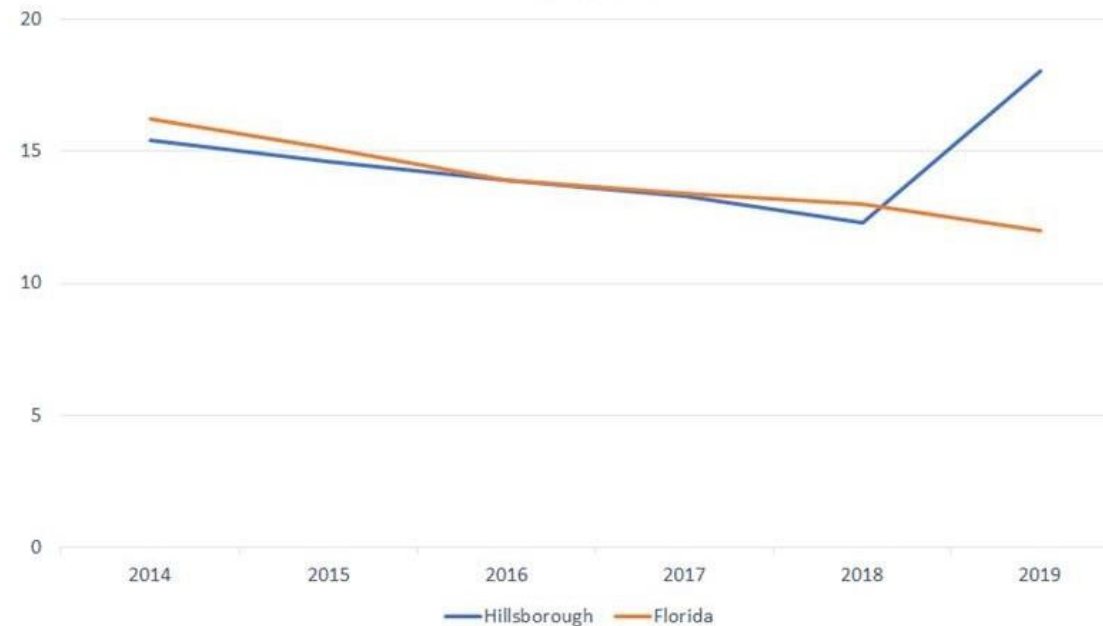
The blue line above depicts the average 2-bedroom rent in Hillsborough County between 2019 to 2022, compared to the surrounding counties of Manatee, Pinellas, and Sarasota (depicted by the faint lines).

Food insecurity refers to limitations in access to food or reductions in the quality, variety, or desirability of food because of lack of money and/or other resources. The Hillsborough County food insecurity rate in 2019 was 18%, compared to the statewide rate of 12% (FLCHARTS, 2019).

DOH-Hillsborough conducts a Community Health Assessment to evaluate the overall health needs of county residents every five years. The results of the 2019 Hillsborough County Community Health Assessment found that one in four community survey respondents ran out of food at least once during the past 12 months (DOH-Hillsborough, 2019). Differences in food insecurity were reported by race/ethnicity, with 34% of Black/Non-Hispanic residents, 38% of Hispanic residents, and 15% of White/Non-Hispanic residents identifying as food insecure (DOH-Hillsborough, 2019).

Housing affordability, food insecurity, access to transportation, and segregated neighborhoods are some of the issues affecting Hillsborough County residents. The Hillsborough County Health Equity Profile reports that low-income communities are less likely to have safe conditions for walking and their residents feel less safe in their neighborhoods.

**Food Insecurity Rate, Percentage of Population, Single Year**



Source: FLCHARTS, 2019

- ***The impact of neighborhood and built environment on SMM and PrEP initiation***

Historical and ongoing residential segregation by race/ethnicity and socioeconomic (SES) position is one of the most obvious and enduring legacies of racial discrimination across the U.S. The current racialized structuring of U.S. neighborhoods is due, in part, to inequitable housing practices and policies (Owens, 2020). Similarly, racial and other forms of discrimination also adversely affect community investment made by private and government institutions. As such, low SES communities consistently experience less access to healthy food and quality facilities to engage in physical activity compared to more affluent neighborhoods. Limited access to healthy food and recreation spaces is compounded by targeted marketing of unhealthy food and beverages in predominately racial/ethnic minority and low SES communities.

Limited access to healthy food, constrained opportunities to engage in physical activity, and disproportionate marketing of unhealthy foods and beverages have significant negative implications for severe maternal morbidity (Meeker, Canelón, Bai, Levine, & Boland, 2021). Literature also suggests that culturally relevant strategies to promote and market PrEP within marginalized communities are lacking and could enhance PrEP initiation among racial/ethnic minority populations (Schexnayder et al., 2022).



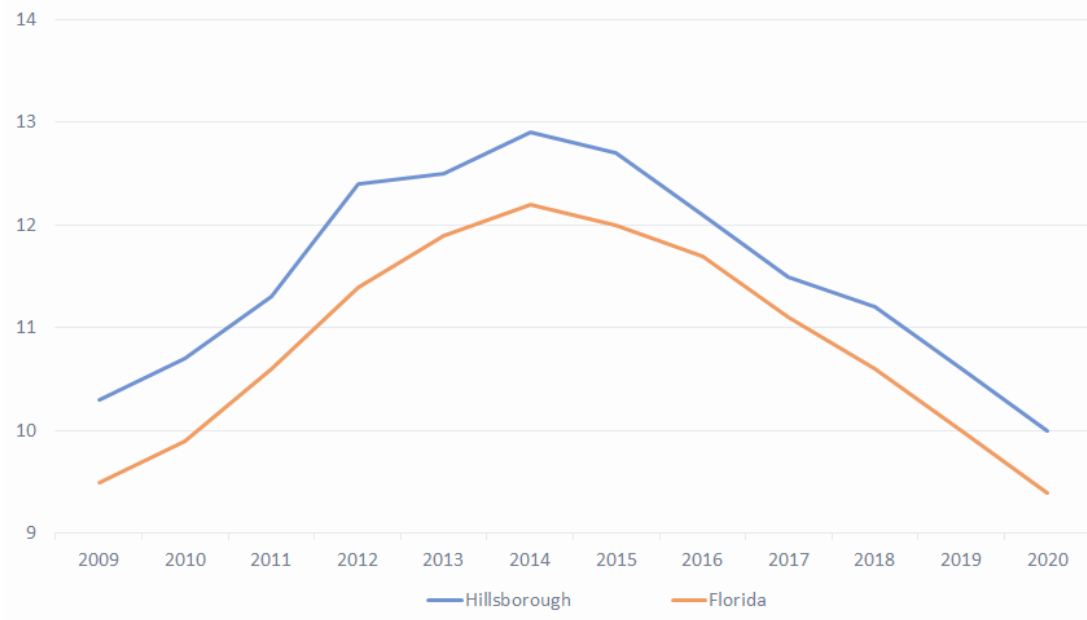
Source: National Partnership for Women & Families and National Birth Equity Collaborative, 2021

## D. Social and Community Context

Hillsborough County families are living in poverty at a higher rate than families across the state of Florida.



Families Below Poverty Level, Percentage of Families, Single Year



Source: FLCHARTS, 2020

### ***The impact of social and community context on severe maternal morbidity and PrEP initiation***

Although social and cultural norms such as dietary preferences and perceptions about prenatal care can influence risk for severe maternal morbidity, literature indicates that upstream factors are more salient drivers of these inequities (Siddiqui, Azria, Egorova, Deneux-Tharoux & Howell, 2021). Specifically, social determinants such as education, insurance, income, and neighborhood poverty have been shown to significantly influence risk for SMM (Creanga, Bateman, Kuklina & Callaghan, 2014). Social and cultural norms can also influence decisions about PrEP initiation. For example, some research has found that stigma related to seeking care at community health departments can negatively influence PrEP initiation (Schexnayder et al., 2022).

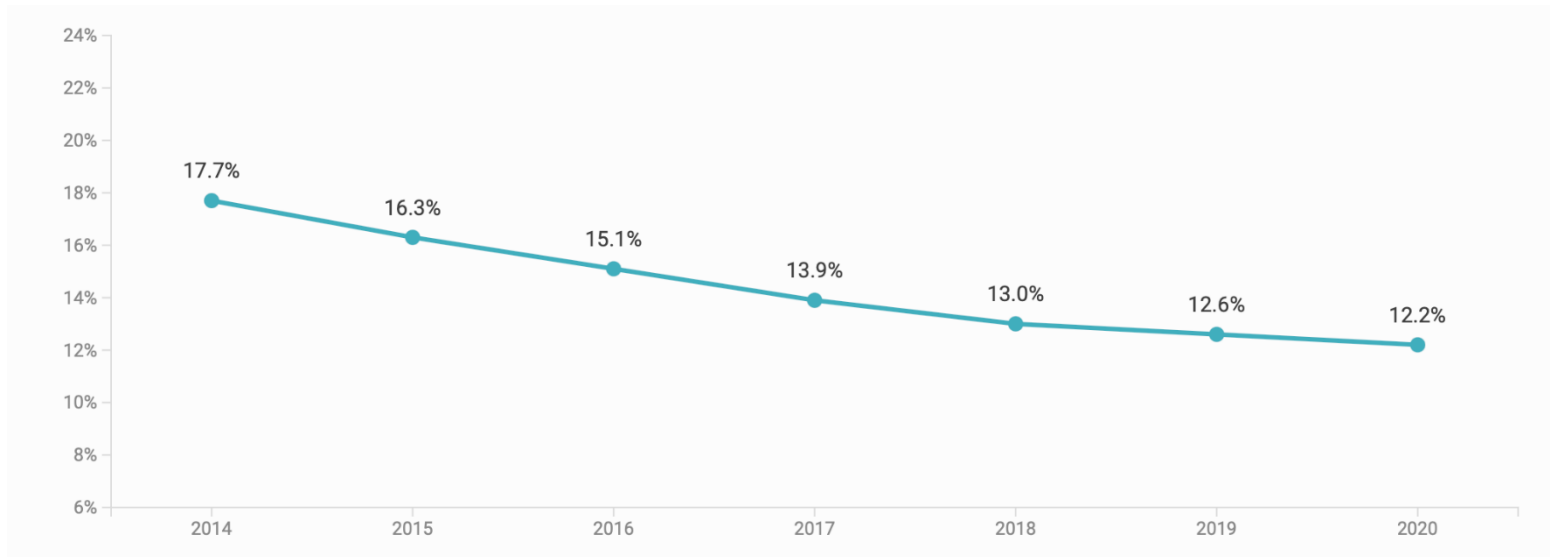
## E. Healthcare Access and Quality

- **Healthcare access and quality data for Hillsborough County**

*“Most people without health insurance cannot afford quality, comprehensive healthcare. [Those without health insurance] are likely to experience premature death and disease and are unlikely to be able to afford medical bills”*  
Hillsborough County Health Equity Profile (2021). According to the 2020 U.S. Census, 12.2% of Hillsborough County residents were uninsured.



### Population Without Health Insurance Coverage in Hillsborough County, Florida



Source: U.S. Census, 2020

- ***The impact of healthcare access and quality on severe maternal morbidity and PrEP initiation***

Many Hillsborough County residents from lower SES backgrounds have disproportionately limited access to high-quality healthcare and often receive treatment in under-resourced settings such as community health centers and safety net hospitals.

Related to healthcare quality, researchers have documented racial discrimination and unequal treatment in a wide range of healthcare settings and/or specialties, including obstetrics, neonatology, and lactation consulting (Bridges, 2011; Davis, 2020). Additionally, literature suggests that SES-related factors such as health insurance status and type also influence the continuity of healthcare women receive across the pregnancy continuum (Howell et al., 2020).

Studies have shown that provider knowledge and/or biases can influence healthcare practices such as consistency in HIV screening referral and prescribing PrEP (Calabrese, Earnshaw, Underhill, Hansen & Dovidio, 2014).





## VIII. SOCIAL DETERMINANTS OF HEALTH 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 Task Force. The Minority Health Liaison took into consideration the prioritized health disparity and the impactful SDOH identified by the Health Equity Team during recruitment.

### A. Barrier Identification

Literature was reviewed to provide support for the intervention strategies suggested by the Health Equity Task Force and Coalition, as well as to identify additional strategies for consideration in the Health Equity Plan. A summary of identified barriers and proposed intervention strategies is included in the tables on the following pages.





## Barriers and Intervention Strategies – SMM

Identified Barrier	SDOH Domain	Intervention Strategy
<b>Severe Maternal Morbidity</b>		
Health education and literacy	Education Access and Quality	Health promotion/social marketing
Health insurance status and type	Economic Stability	Policy/advocacy
Income/wealth inequity	Economic Stability	Policy/advocacy
Food/nutrition insecurity	Neighborhood and the Built Environment	Policy/advocacy
Social/cultural beliefs and norms	Social and Community Context	Health promotion/social marketing
Continuity of healthcare across the pregnancy continuum	Healthcare Access and Quality	Community health navigation
Cultural and linguistic competency/humility	Healthcare Access and Quality	Healthcare provider and staff training

## Barriers and Intervention Strategies – PrEP Initiation

Identified Barrier	SDOH Domain	Intervention Strategy
<b>PrEP Initiation</b>		
Provider and patient health literacy	Education Access and Quality	Policy/advocacy (e.g., Florida medical training requirements); healthcare provider and staff training
Community awareness	Neighborhood and the Built Environment	Health promotion/social marketing
Social/cultural beliefs and norms	Social and Community Context	Health promotion/social marketing
Provider bias	Healthcare Access and Quality	Healthcare provider and staff training
Healthcare policies and practices	Healthcare Access and Quality	Policy/advocacy; healthcare provider and staff training

## C. Community Projects/Interventions

The Health Equity Task Force will ultimately use this Health Equity Plan to guide them in collaboratively designing systems-level interventions to address the SDOH. As such, the Health Equity Team researched and reviewed evidence-based and promising strategies to overcome the identified barriers and improve the SDOH that impact the prioritized health disparity. Policies, systems, and other structural approaches were considered as key actions to address health inequity. The following intervention strategies and projects align with short, medium, and long-term goals of Hillsborough County’s overall health equity initiative and were reviewed, edited, and approved by the Task Force and Coalition to ensure feasibility.

### Intervention Strategies and Aims

Intervention Strategy	Aim
Policy	<b>Aim #1:</b> Move toward eliminating health disparities through policy reform.
Collaboration	<b>Aim #2:</b> Strengthen/broaden collaborations to address health disparities.
Awareness	<b>Aim #3:</b> Increase awareness of significant health inequities, their impact in Hillsborough County, and the actions necessary to improve health outcomes for marginalized populations.
Implementation	<b>Aim #4:</b> Building the capacity to implement solutions that reduce health disparities and improve health equity.

In addition to activities proposed in the Health Equity Plan, there are multiple initiatives in various stages of development or implementation throughout Hillsborough County and across the State of Florida to reduce the rates of maternal morbidity and mortality. The Health Equity Task Force will leverage and align efforts with local partners working towards achieving health equity, particularly as it relates to the selected health priorities. As such, the following sections will describe new activities emerging from the Health Equity Plan, as well as alignment with current partner initiatives as appropriate.

## Policy

Members of the Task Force will stay informed of local, regional, and national policies that impact the SDOH for Hillsborough County residents and determine gaps in relevant policy areas.

## Collaboration

The Health Equity Team will lead the Health Equity Task Force and Coalition in conducting a series of assessments to identify strengths and gaps in Hillsborough County's overall capacity to address health inequity and SDOH. The purpose of these assessments is to examine relevant expertise, resources, and data among the Health Equity Task Force, Coalition, and Hillsborough County Health Department staff. Validated tools designed to assess knowledge of and capacity to address health disparities and SDOH are being reviewed by the Health Equity Team.

The Health Equity Task Force will leverage and align efforts with local partners working towards achieving health equity, particularly as it relates to the selected health priorities.

## Awareness

The Health Equity Task Force will work with the Florida Prevention Research Center at USF (particularly, Drs. Claudia Parvanta and Mahmooda Pasha) to develop a comprehensive social marketing plan to address the prioritized health inequities in Hillsborough County. Development of a social marketing plan involves community engagement and formative research to identify individual, interpersonal, community, institutional, and societal-level factors driving health outcomes. The resulting social marketing plan will help facilitate development and/or adaptation of evidence-based strategies to address Hillsborough County's prioritized health inequities. Parallel to the development of the social marketing plan, the Task Force will also leverage Hillsborough County's robust partner initiatives to raise awareness about and address maternal and child health inequities. A brief description of some of these partner initiatives is included below:

- The DOH-Hillsborough Maternal and Child Health Block Grant activities for FY21-22 include development of maternal mental health campaign materials and completing a focused report on maternal health disparities.
- The Black Infant and Maternal Mortality Task Force (BIMM) is working on initiatives that align with proposed strategies around community engagement and raising awareness as it relates to severe maternal morbidity. BIMM is a collaborative effort led by REACHUP, Inc. and the Healthy Start Coalition of Hillsborough County (the local Title V agency). BIMM is a 16-member task force committed to addressing Black infant and maternal morbidity and mortality disparities in Hillsborough County through the implementation of an intentional and systemic community action plan. Through BIMM, they are able to leverage established relationships with social services, medical providers, media, and local and state representatives to raise awareness and pursue solutions to improve Black maternal health and reduce Black infant death in Hillsborough County. To this aim, BIMM has recently completed in-depth interviews and small group conversations with 50 Black women in Hillsborough County to discuss pregnancy, birth, and infant loss. The recent lived experiences of these women were critical in shaping the current BIMM Community Action Plan, which was also informed by an ecological approach to understanding Black-White disparities in perinatal mortality as well as the experience and trajectory of more than 20 years of success in racial equity work in Hillsborough County.

- The *Power of Mom* campaign is a Florida-specific outreach campaign launching late 2022 that works to promote maternal health and end maternal mortality. The campaign was created by the Florida Department of Health and focuses on empowering pregnant and postpartum moms to use their voice to advocate for their health and the health of their babies. The campaign arms moms with critical information that can mitigate the chances of mortality, such as physical and mental health warning signs, C-section risks, and ways to navigate their pregnancy and postpartum journey. The campaign also encourages healthcare providers and a mother's support team (friends and family) to actively listen to her health concerns and provide the support or treatment she needs.

The *Power of Mom* implementation plan will include print materials being disbursed across the state through partners at maternal healthcare contact points, public service announcements, a website that will provide access to the materials in pdf format to allow for printing, as well as serve as a 'one stop shop' for statewide resources that serve our maternal population, not only with helping them to receive the healthcare they deserve but assist with finding financial assistance, child care, and breastfeeding support. The website will also be a place for their support team members. This will help their family and friends to 'get in the know' of how to have conversations regarding how to better support moms during pregnancy and beyond. There will also be a healthcare provider page. This will inform them of the campaign, why it is important and how they can better serve their patients. Also, there will be links to training materials and the Florida Maternal Mortality Review Committee reports.

### Implementation.

- The Task Force identified strategies related to provider education and community health navigation. Using data from the policy and partner assessments, along with formative research findings from the social marketing plan, the Health Equity Task Force will implement socio-culturally and environmentally relevant interventions to address the prioritized health inequities outlined in this plan.



## IX. HEALTH EQUITY PLAN PROJECTS

In alignment with the goals and intervention strategies described in the previous section, the following pages outline the proposed projects for the inaugural Hillsborough County Health Equity Plan, along with key data sources and partners involved with each objective. Understanding the need for collaboration and community engagement, the Task Force aims to develop workgroups to further expand on the development and implementation plans for the projects.

Workgroups will engage subject matter experts for each health disparity to ensure that an evidence-based perspectives and approaches are included in the projects. More importantly, the Task Force is seeking to engage and amplify the voices of community members with lived experience, including activists committed to addressing the SDOH outlined in the plan. Amplifying the voices of the marginalized through inclusion in this plan will help propel this work toward actionable change and DOH-Hillsborough looks forward toward this progress.



## Provider & Community Awareness for PrEP Initiation

**Project Leads:** Katie Roders Turner (Family Healthcare Foundation) & Jorge Masson (Family Healthcare Foundation)

**Team Members:** Subject matter experts for PrEP, health care access, social marketing; members of the Health Equity Task Force & Coalition

**Background:** In Hillsborough County, 7,518 people are living with HIV (FL Health CHARTS, 2020): White: 321 per 100k, Black: 1,417 per 100k and Hispanic: 385 per 100k.

- Rates of new HIV infections are 6.5 times greater among Black residents (52 per 100k) than White residents (8 per 100k). New infections among Hispanic residents are 2 times greater (16 per 100k) compared to White residents.
- In 2020, only 1 in 4 Americans recommended for PrEP were prescribed it (CDC, 2021). In Hillsborough, only 10.7% of persons recommended for PrEP were prescribed it (1,379 out of 12,910 persons). There is no national data set with local-level data of the racial/ethnic breakdown of PrEP indications. However, extrapolating the data, we would estimate that there are racial/ethnic disparities in PrEP prescriptions:
  - 74% of Whites who had PrEP indications were prescribed PrEP
  - 11% of Blacks who had PrEP indications were prescribed PrEP (248 of 2,318)
  - 11% of Hispanic/Latinx who had PrEP indications were prescribed PrEP (410 of 3,834)

### *What's working in our favor?*

- There is a national initiative to impact HIV, specifically Ending the HIV Epidemic in the U.S. (EHE). Through this initiative, preventing new HIV infections through PrEP is part of the science-based prevention strategy (CDC, 2022).

### *What are some barriers?*

The Task Force and subject matter expert identified the following barriers in our 5-Why's root cause analysis exercise:

- Many people aren't aware that PrEP is an affordable medication, although there are in fact many affordable options. This is a concern as medication affordability affects medication compliance, as has been seen with other health conditions.
- There is not a clear understanding of where people can get/be prescribed PrEP – any primary care doctor? Only at certain practices?
- Provider bias & inconsistent screening practices – Providers (primary care, OBGYNs, etc.) may not be screening all patients for HIV risk, and therefore missing patients who could be prescribed PrEP.

### *Why is it important to address this issue?*

- PrEP initiation is a key strategy in preventing HIV transmission.





## Provider & Community Awareness for PrEP Initiation

**Feasibility:** The capacity for this project at its inception is staff time from the project lead and partner agencies, as well as from subject matter experts and their respective organizations. The project team would seek to apply for grant resources under the leadership of the Project Lead.

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**Health Disparity:** PrEP Initiation, as related to the health objective: *By June 30, 2027, increase the percentage of individuals with PrEP indications (who are prescribed PrEP) from 10.5% (2021) to 50%.*

**SDOH:** Health Care Access and Quality

**Priority Population:** Individuals with PrEP indications

**Geographic Location:** Hillsborough County

**Project Period:** October 1, 2022, to June 30, 2027

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### How will the project impact PrEP Initiation?

Increased provider awareness around risk factors / PrEP indications, PrEP affordability and PrEP accessibility will help to increase access for community members at risk of HIV. Increasing awareness of and access to PrEP has the potential to increase PrEP indications/utilization.

### Proposed Action Steps:

- Conduct a “partner assessment” to identify and include any stakeholders missing from the task force - e.g., SMEs who provide PrEP, SMEs in social marketing (Year 1)
- Develop a social marketing plan to enhance understanding about PrEP and SDOH among Hillsborough County community and professional audiences (Years 1-5)
- Make recommendations to the FDOH Office of Minority Health and Health Equity on the need for state and local level data, including PrEP indication by race and ethnicity, sex and gender; HIV rates by gender in addition to sex assigned at birth; rates among other racial ethnic groups beyond Black/White/Hispanic (Years 1-5)

### Sources:

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## Provider Awareness and Patient Relationships for Reducing Severe Maternal Morbidity

**Project Lead:** Marisa Mowat, Sarah Brickleyer & Jonna Johnson (Healthy Start Coalition of Hillsborough County)

**Team Members:** Subject matter experts for SMM, health care access, social marketing; members of the Health Equity Task Force & Coalition

**Background:** “Many health conditions that are present prior to pregnancy may worsen or cause complications during pregnancy. These conditions can potentially lead to death or other adverse outcomes for the mother and/or baby. High blood pressure (hypertension), diabetes, unhealthy weight, and infectious diseases, warrant special attention in the context of pregnancy” (HHS, 2020).

Racial and ethnic disparities persist, as some groups of women experience these conditions at higher rates than others. Nationally, for example, “Black women ages 20-44 years have a prevalence of hypertension more than twice that of other racial and ethnic groups.” For Hillsborough County in 2019, 14.6% of adults ages 18-44 have hypertension, compared to a state rate of 12.4%. Across all ages in 2019, non-Hispanic Black women experience hypertension at a rate of 44.5%, compared to non-Hispanic White women, who experience hypertension at a rate of 33.4% (FL Health CHARTS).

The differences in these health disparities among different racial and ethnic groups and among women with disabilities are important to address, as the overall rate of severe maternal morbidity (SMM) for hospital deliveries has been increasing in Hillsborough County since 2011, when it was 20.7, up to 24.9 in 2020. In examining the racial disparity that exists, in 2020, the rate of SMM for Black women was 38.9, compared to 20.9 among White women (FL Health CHARTS).

### ***What’s working in our favor:***

In early 2022, the state of Florida expanded Pregnancy Medicaid coverage from 60-days postpartum to one-year postpartum (HHS, 2022). In 2020, Medicaid covered 46.7% of births in Hillsborough County, on par with the state of Florida (46.8%; FL Health CHARTS), and slightly above the national rate (42%; HHS, 2022). It is projected that this expansion may help reduce severe maternal morbidity rates and racial disparities (HHS, 2021).

### ***Why is it important to address this issue:***

Severe maternal morbidity-conditions can impact health outcomes during pregnancy and beyond. A recent study pointed to the onset of hypertension in pregnancy having the potential to cause preeclampsia (a severe maternal morbidity-condition, which can sometimes result in a maternal death), as well as increased risk for conditions such as a heart attack or stroke (NIH, 2022). This project aligns with the work of the Black Infant and Maternal Mortality taskforce, a group formed by Healthy Start Coalition of Hillsborough County and REACHUP, Inc., to address racial disparities in infant and maternal mortality. Along these lines, preventing cases of severe maternal morbidity has the potential to impact maternal mortality rates and long-term health outcomes for women.

## Provider Awareness and Patient Relationships for Reducing Severe Maternal Morbidity

### **Other considerations:**

Topics discussed by the group for cultural competency also include bias associated with race and ethnicity, income status/insurance type, maternal mental health, treating transgender patients and women's perceptions about their relationships with their providers. The Health Equity Task Force discussed utilizing information from the Black Infant Maternal Mortality Task Force, as well as the potential to build upon resources such as healthcare provider bias training offered by the March of Dimes and Florida Blue.

**Feasibility:** The capacity for this project at its inception is staff time from the project lead and partner agencies, as well as from subject matter experts and their respective organizations. The project team would seek to apply for grant resources under the leadership of the Project Lead.

**Health Disparity:** Severe Maternal Morbidity, related to the objective: *By June 30, 2027, decrease the Severe Maternal Morbidity rate (per 1,000 delivery hospitalizations) among Black women in Hillsborough County from 38.9 (2020) to 36.9.*

**How will the project impact Severe Maternal Morbidity:** Addressing provider awareness and patient relationships will help to reduce the severe maternal morbidity, by putting into practice key strategies for action from the US Surgeon General's Call to Improve Maternal Health:

### **Women can:**

- "focus on improving overall health" before and during pregnancy
- "communicate with healthcare professionals" including symptoms and past health issues

### **Healthcare Professionals can:**

- "address disparities such as racial, socioeconomic, geographic, and age, and provide culturally appropriate care in clinical practices"
- "help patients to manage chronic conditions"
- "communicate with women and their families about pregnancy"

### **Health Systems, Hospitals, and Birthing Facilities can:**

- "address disparities and provide culturally appropriate care in healthcare settings"

## Provider Awareness and Patient Relationships for Reducing Severe Maternal Morbidity

**SDOH:** Health Care Access and Quality

**Priority Population:** Black women of reproductive age (preconception, pregnancy and postpartum)

**Geographic Location:** Hillsborough County

**Project Period:** October 1, 2022, to June 30, 2027

### Proposed Action Steps:

- Conduct a “partner assessment” to identify and include any stakeholders (subject matter experts and other organizations) missing from the project team (Year 1)
- Compile a list/database of local-level health equity-focused and/or SDOH data from the task force partners (Year 1)
- Develop a social marketing plan to enhance understanding about Severe Maternal Morbidity and SDOH among Hillsborough County community and professional audiences (Years 1-5)
- Adapt/enhance and implement healthcare provider and staff training initiatives to address issues related to cultural competency, humility, bias, and knowledge, including as it relates to Severe Maternal Morbidity (Years 2-5)
- Make recommendations to the FDOH Office of Minority Health and Health Equity on the need for state and local level data, including data collections on all birthing persons, not only cisgender women, as well as further racial/ethnic breakdown beyond Black/White/Hispanic, and health issues by race/ethnicity and age group (e.g. women of x race in y age group ever-told they have hypertension), and by disability status (Years 1-5)

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## X. PERFORMANCE TRACKING AND REPORTING



As this Health Equity Plan highlights, the SDOH play a significant role in creating and perpetuating health inequity. However, surveillance systems and other public health performance tracking measures do not routinely collect and report robust data on SDOH (Aral, Adimora, & Fenton, 2008; Dean & Fenton, 2010). As such, an objective of this Health Equity Plan is to compile a database of health equity-focused and SDOH data available to the Health Equity Team and their partners (Short-Term Objective 2b). In addition to facilitating the assessment of health inequities in Hillsborough County, this database will also help identify strengths and gaps in the collection, monitoring, and reporting of health equity data.

Ongoing communication is critical to the achievement of health equity goals and the institutionalization of a health equity focus. As such, the Health Equity Task Force provided input and were continuously engaged throughout the process of developing Hillsborough County's Health Equity Plan. These partners will be similarly engaged to track progress and performance on implementation of the Health Equity Plan. The successes of Health Equity Plan projects are shared with OMHHE, partners, other community health departments, DOH-Hillsborough staff, and the Florida Department of Health 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 Liaison is responsible for gathering data, monitoring, and reporting progress achieved on the goals and objectives of the Health Equity Plan. The Minority Health Liaison meets with the Health Equity Task Force to discuss progress and barriers and 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 Task Force 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 Task Force 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. References

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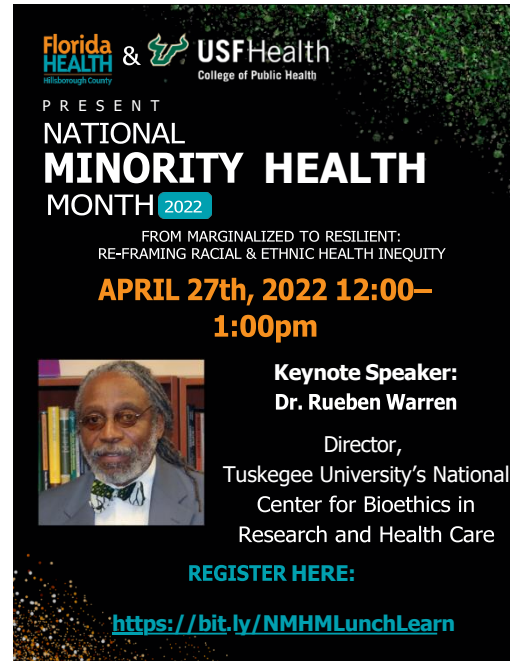
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# XIII. Appendices

1. NMHM Lunch and Learn Flyer
2. NMHM Resource Guide




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PRESENT  
**NATIONAL MINORITY HEALTH MONTH 2022**

FROM MARGINALIZED TO RESILIENT:  
 RE-FRAMING RACIAL & ETHNIC HEALTH INEQUITY

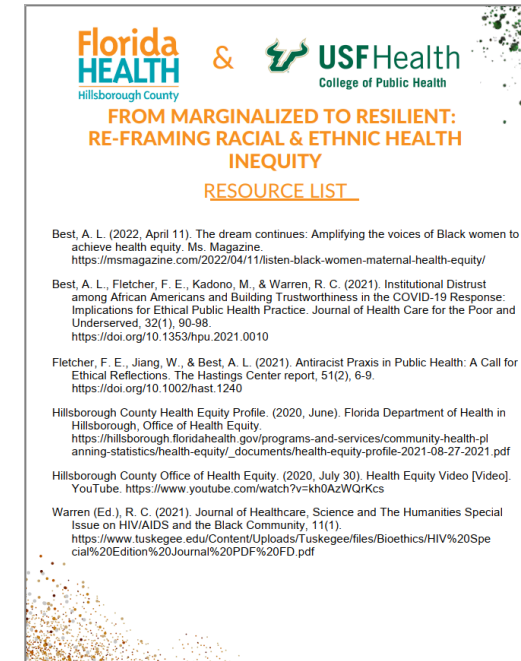
**APRIL 27th, 2022 12:00–1:00pm**





**Keynote Speaker:  
 Dr. Rueben Warren**

Director,  
 Tuskegee University's National  
 Center for Bioethics in  
 Research and Health Care

**REGISTER HERE:**  
<https://bit.ly/NMHMLunchLearn>



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**FROM MARGINALIZED TO RESILIENT:  
 RE-FRAMING RACIAL & ETHNIC HEALTH INEQUITY  
 RESOURCE LIST**

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