



DOH-HILLSBOROUGH

HEALTH EQUITY PLAN

July 2022 - June 2027

Updated July 2023



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I. EXECUTIVE SUMMARY

Health Equity is achieved when everyone can attain optimal health.

The Hillsborough County Health Equity Plan (Plan) serves as a guide and resource for improving systems and opportunities to achieve optimal health for all residents. This Plan is not a county health department plan; it is a county-wide plan through which the Health Equity Task Force and Coalition were established. These groups include representatives from a variety of government, nonprofit, and local community organizations. Through a collaboration with the University of South Florida (USF) College of Public Health, the Task Force developed a visioning process to conceptualize a Health Equity Plan. 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. The Plan outlines specific activities to address social determinants of health (SDOH), or the conditions in which we are born, live, work, play, age, and worship, to improve health outcomes of racial/ethnic minorities and other vulnerable populations.

The early stages of the initiative led to the development of the plan, and related activities in April 2022 highlighting the National Minority Health Month. Based on a review of data, available resources, and existing capacities, the Health Equity Plan identified Severe Maternal Morbidity (SMM) rates, and Pre-Exposure Prophylaxis (PrEP) usage for HIV prevention, as the health disparities to address. Healthcare quality and access was found to be a root cause of these health disparities.

Moving forward, the Plan serves as a guide, outlining specific projects that will pave the way toward improving health care quality and access for populations experiencing these health disparities. Stakeholders, subject matter experts, and community members will develop and implement the projects, which will involve social marketing to raise awareness for addressing barriers to health care quality and access.

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Health Equity Plan

The DOH-Hillsborough will provide funding, assessments, and training for the project implementation to occur. The SMM project is led the Healthy Start Coalition of Hillsborough County, and the PrEP project is led by Metro Inclusive Health and USF Health/Ybor Youth Clinic. USF College of Public Health will also be engaged for the social marketing efforts. Along with guidance from the Health Equity team at DOH-Hillsborough, project teams will develop and implement their projects utilizing the approaches described above. To ensure that the Health Equity Plan is both community-focused & community-centered, community members with lived experience will be invited to participate as subject matter experts for both projects and for the overarching plan.

The Health Equity Plan will span a total period of five years, from July 2022 to June 2027. Additionally, there will be set deliverables to include goals, objectives, and specific activities as they pertain to each health disparity. As projects are implemented, these activities may evolve and be updated over time based on new data, feedback and the community's needs and plan goals. We will conduct ongoing evaluation and annual reports assessing progress towards reaching goals and objectives and identify achievements, obstacles and necessary revisions to the Plan. These revisions will outline strengths, opportunities for improvement, and lessons learned.

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:

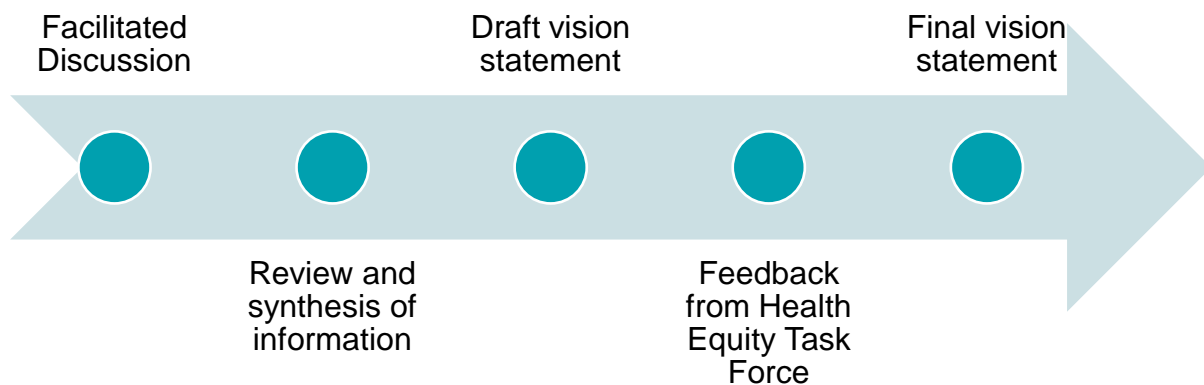
- II. Intrapersonal, interpersonal, institutional, and [other] mechanisms that organize the distribution of...resources differentially across lines of [dimensions of individual and group identity].
- III. The unequal allocation of...resources—including goods, services, and societal attention—which manifest 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 that addresses 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, refugee populations, immigrants, migrants, 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 multisector 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.

IV. 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 to decrease barriers and improve support systems that allow people to achieve optimal health.

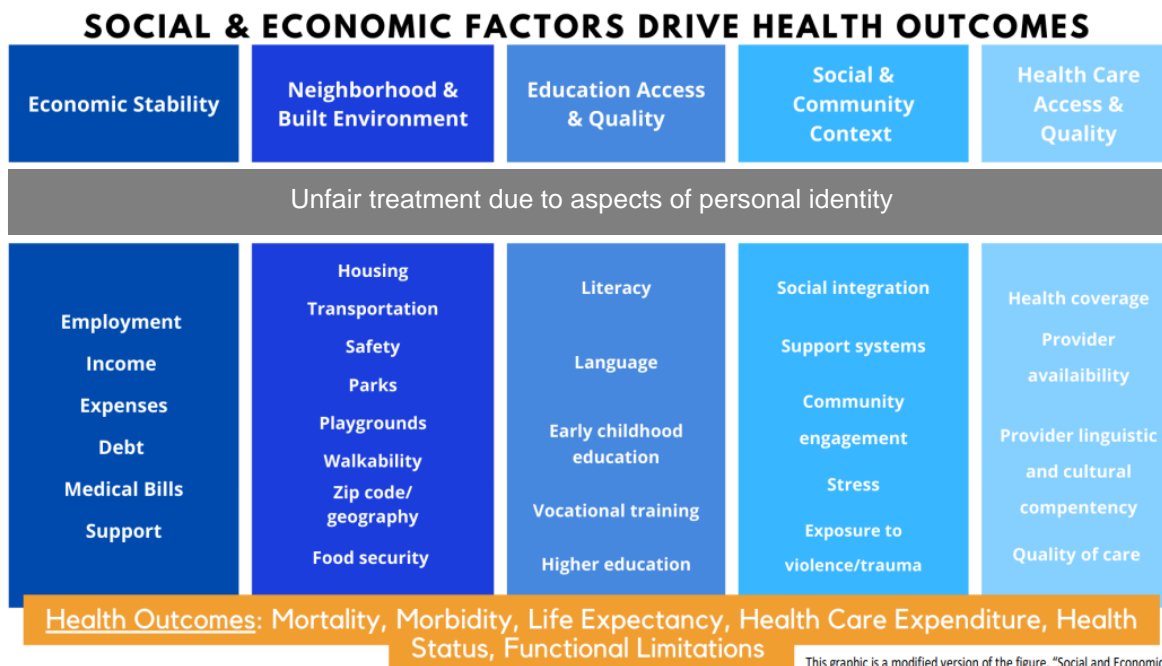
V. PARTICIPATION

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



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.

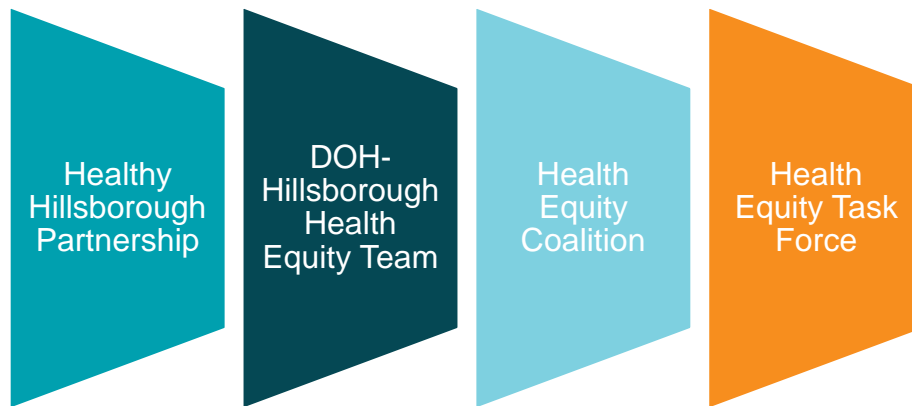


This graphic is a modified version of the figure, "Social and Economic Factors Drive Health Outcomes" developed by Henry J. Kaiser Family Foundation (Artiga, 2020).

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.

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

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 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 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: **Allison Nguyen**
- Minority Health Liaison Support Team: Noliyanda James and Naazneen Pal



B. Health Equity Team

The Health Equity Team includes individuals that each represent a different program within the CHD. The Health Equity Team explores opportunities to improve health equity efforts within the county health department. Members of the Health Equity Team assess the current understanding of health equity within their program and strategize ways to improve it. The Health Equity Team also relays information and data concerning key health disparities and SDOH in Hillsborough County to the Health Equity Task Force. 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
Kristine Aviles, DVM, MPH	Program Manager	Epidemiology
Rachel Chase, MPH	Supervisor	Office of Health Equity, Dental, Family Planning, Compass
Noliyanda James, MPH	Health Educator Consultant	Office of Health Equity, Compass and Accreditation
Carlos Mercado, MBA	Director, Disease Control Division	Disease Control
Brian Miller, RS	Environmental Administrator	Environmental Health
Allison Nguyen, MPH, MCHES	Program Manager and 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
Jennifer Waskovich, MS, RDN/LDN, CLC	Director, Community Health	Community Health

Former members include Sonia Almonte (Disease Control), Chedeline Apollon (Office of Health Equity), Dr. Leslene Gordon (Community Health), Natalie Morcorte (WIC/Nutrition), Olga Tomasello (Office of Health Equity), and Michael Wiese (Epidemiology).

The Health Equity Team met throughout the health equity planning process. Since the Health Equity Plan was completed, the Health Equity Team has met at least quarterly to track progress. Meeting activities are summarized in Appendix A.

C. Health Equity Task Force

The Health Equity Task Force includes CHD staff and representatives from various organizations that provide services to address various SDOH. Members of this task force contribute their knowledge about community needs and SDOH. Collaboration within this group addresses upstream factors to achieve health equity. The Health Equity Task Force wrote the Hillsborough Health Equity Plan and oversaw the design and implementation of its projects. (See Part X for more information about the Health Equity Plan Projects.) Health Equity Task Force members are listed below.

Name	Title	Organization	Social Determinant of Health
Sarah Bricklemyer	Community Outreach Coordinator	Healthy Start Coalition of Hillsborough County	Healthcare access and quality
Antionette Davis	Director of Justice Ministry	Bible-Based Fellowship Church	Social and community context
Natalie Erasme, MPH, CPH	Deputy Director	USF College of Public Health, Florida Prevention Research Center	Social and community context
Debra Harris, MPH	Director of 2-1-1 and Crisis hotline	Crisis center of Tampa Bay	Healthcare access and quality
Jonna Johnson, MA	Communications Manager	Healthy Start Coalition of Hillsborough County	Healthcare access and quality
Mahmooda Khaliq Pasha, PhD, MHS, CPH	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
Jane Murphy, MPA	Executive Director (retired)	Healthy Start Coalition of Hillsborough County	Healthcare access and quality
Marisa Mowat, MPH	Executive Director	Healthy Start Coalition of Hillsborough County	Healthcare access and quality

Tamika Powe, MPH, MCHES, CDP	Community Benefit & Health Education Program Manager	Tampa General Hospital	Healthcare access and quality
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

Former members include: Sabrina Arancibia (Empath EPIC), Dr. Leslene Gordon (DOH-Hillsborough)

The Health Equity Task Force met regularly during the health equity planning process. Since the Health Equity Plan was completed, the Health Equity Task Force has continued to meet at least quarterly to track progress. The Task Force’s project teams for Severe Maternal Morbidity and PrEP Initiation also meet regularly. Summaries of Task Force and project meetings are listed in Appendix B.

D. Health Equity Coalition

The Coalition discussed strategies to improve the health of the community. The strategies focused on the social determinants of health: education access and quality, health care access and quality, economic stability, social and community context, and neighborhood and built environment. Membership includes community leaders working to address each SDOH, as well as any relevant sub-SDOHs. The Coalition assisted the Health Equity Task Force by reviewing their Health Equity Plan for feasibility. Coalition members are listed below.

Name	Title	Organization	Social Determinant of Health
Ernest M. Coney, Jr.	President and Chief Executive Officer	Corporation to Develop Communities of Tampa, Inc.	Neighborhood and the Built Environment, Economic Stability
Willette Hollinger	Supervisor, Affordable Housing	Hillsborough County Government	Neighborhood and the Built Environment, Economic Stability
Cheryl Howell, MS	Assistant County Administrator	Hillsborough County Government	Neighborhood and the Built Environment, Economic Stability
Abigail Hughes	Student	USF Maternal and Child Health	Social and community context

		Student Organization	
Bernice McCoy, PhD, MPH	Associate Director of Social Medicine	Tampa General Hospital	Healthcare Access and Quality
Connor MacDonald	Planner I	Transportation Planning Organization – Hillsborough County	Neighborhood and the Built Environment
Jessica Muroff, MA	Chief Executive Officer	United Way Suncoast	Economic Stability, Education Access and Quality
Cateri Palmieri, MCJ	n/a	Bay Area Youth Services, Inc.	Social and community context
LeAndra Padgett, MSW	Program Director of Learning	Health Leads	Social and community context
Abigail Perez	Director, Impact and Community Relations	Early Learning Coalition of Hillsborough County	Education Access and Quality
Maria Russ, ARNP, CPNP, PhD	Supervisor of Health Services	Hillsborough County Public Schools	Education Access and Quality
Alyssa Smith, MPH, CPH	Community Health Program Manager	Advent Health	Healthcare Access and Quality
Genet Stewart, MS	Director of Strategic Initiatives	Children’s Board of Hillsborough County	Social and Community Context
Rosalma Torres	Case Aide	Bay Area Youth Services, Inc.	Social and community context
Alayne Unterburger, PhD	Executive Director	Florida Institute for Community Studies	Social and Community Context
Kimberly Williams, MPH, MS	Director of Community Benefit	Advent Health	Healthcare Access and Quality
Coalition members also include all members of the Health Equity Team, Health Equity Task Force and its associated projects for SMM and PrEP initiation.			

Former members include: Joshua Barber (Transportation Planning Organization – Hillsborough County), Gordon L. Gillette (Early Learning Coalition of Hillsborough County), and Natalie Morcote (DOH-Hillsborough).

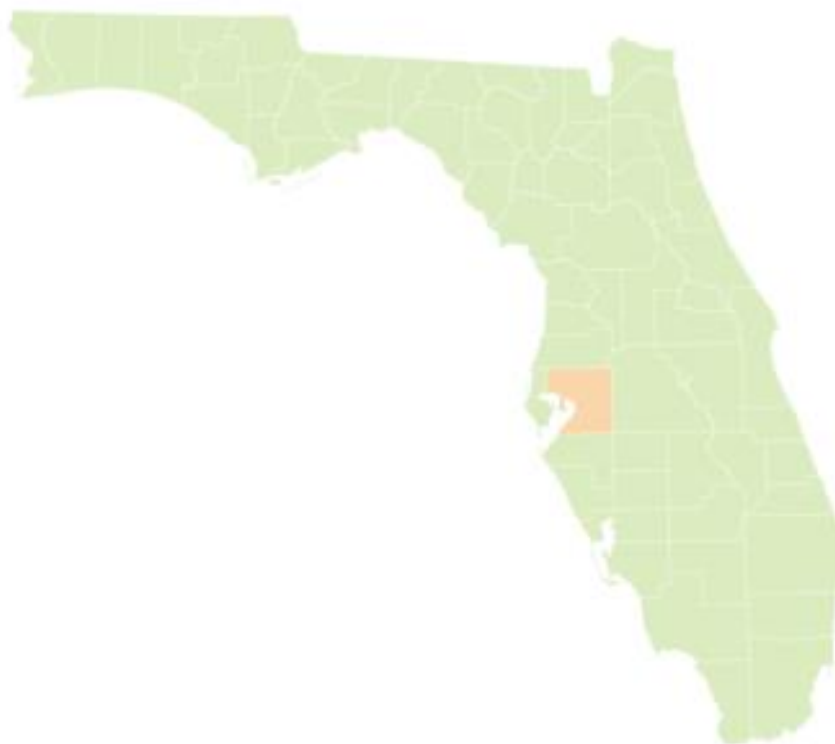
The Coalition continues to meet on a quarterly basis. The meetings are held in partnership with the Task Force and are also summarized in Appendix B.

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.

Mia Fournier is the Regional Health Equity Coordinator for DOH-Hillsborough.

Name	Region
Carrie Rickman	Emerald Coast
Quincy Wimberly	Capitol
Ida Wright	Northeast
Diane Padilla	North Central
Mia Fournier*	West Central
Lesli Ahonkhai	Central
Frank Diaz	Southwest
Alecia Kipping	Southeast



VI. 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.

Date	Assessment Name	Organizations Assessed
March 2023	Health Equity Survey	DOH-Hillsborough

B. 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 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 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.

Date	Topics	Number of Staff in Attendance
October 24, 2022	Health Equity Plan Overview (General Staff Day)	300
December 14, 2022	PrEP Overview (Community Health Divisional Staff Day)	63
February 15, 2023	LGBTQ Health 101 (Health Literacy Power Hour Webinar Series)	19

DOH-Hillsborough staff were sent an optional survey to gauge their knowledge of health equity in March 2023. Though the overall number of survey responses was low, most of the staff who responded demonstrated some understanding of health equity. The Health Equity team will continue to provide health equity resources to staff and consider additional ways to evaluate staff knowledge.



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 and implementation of the Health Equity Plan are recorded below.

Date	Topics
January 25, 2022	Cultural Competency Training
March 23, 2022	Clear Point Software Training
May-June 2022	Grant Writing Workshop
January 2023	Health Equity for Health Care Providers Training
March 21, 2023	Technical Assistance: Overview of HMS, Budget Management, Purchasing, & STMS

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. NMHM serves to highlight health disparities affecting 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 and biases

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).

Since 2022, members of the Health Equity Team have collaborated with community partners to plan and host NMHM events that highlight health issues relevant to Hillsborough County residents.

2023

Members of the Health Equity Team and Health Equity Task Force collaborated with the University of South Florida (USF) and Empath EPIC to host a virtual Lunch and Learn webinar.

The webinar highlighted maternal health disparities and focused on disparities in severe maternal morbidity, HIV, and PrEP use in women. Dr. Ronee Wilson, Associate Professor of Epidemiology at USF, presented about severe maternal morbidity, and Sabrina Arancibia, a prevention outreach specialist at Empath EPIC, presented about HIV and PrEP in women. Both presentations included information about on local groups working to address these disparities, including the Black Infant Maternal Mortality (BIMM) taskforce and the Health Equity Task Force's project teams for severe maternal morbidity and PrEP.

Invitations to the Lunch and Learn were sent to DOH-Hillsborough staff and with members of the Healthy Hillsborough Partnership. A total of 57 participants across a variety of disciplines and sectors attended the Lunch and Learn.

2022

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 5th 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.

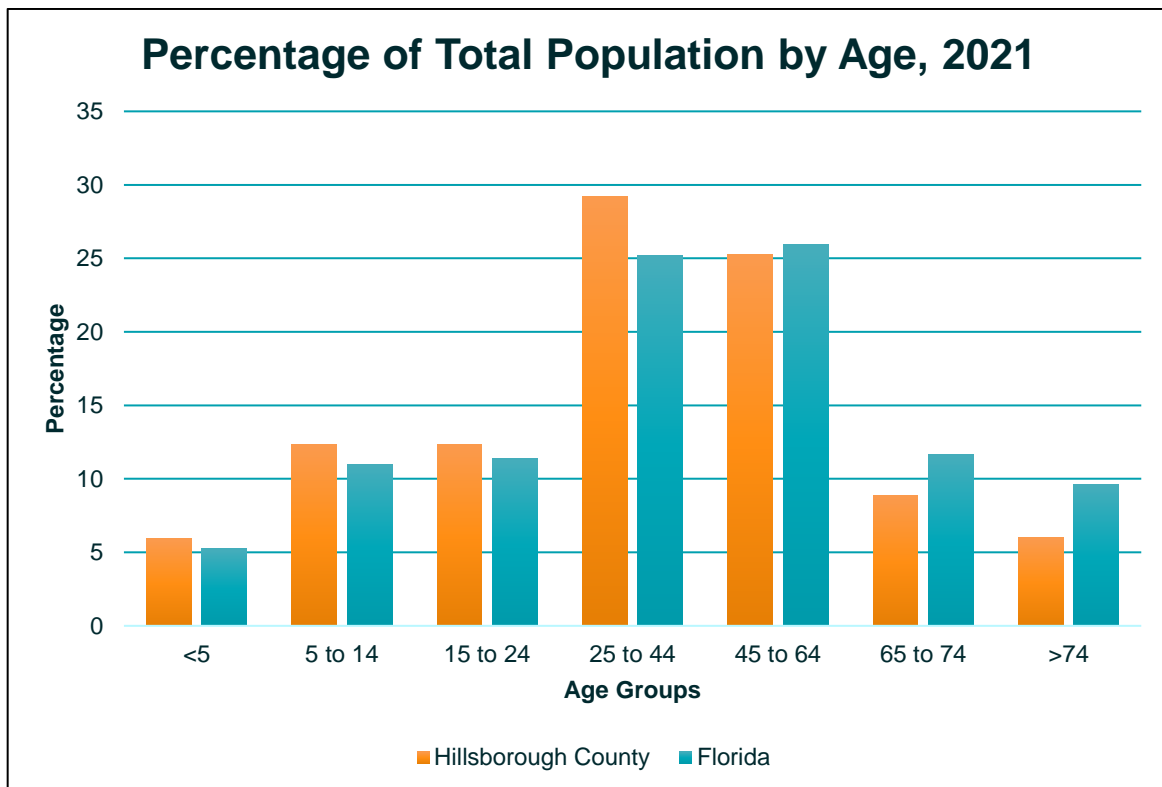
The following supporting materials are included in Appendices C and D:

1. 2023 NMHM Lunch and Learn Flyer
2. 2022 NMHM Lunch and Learn Flyers
3. 2022 NMHM Resource Guide

VII. PRIORITIZING A HEALTH DISPARITY

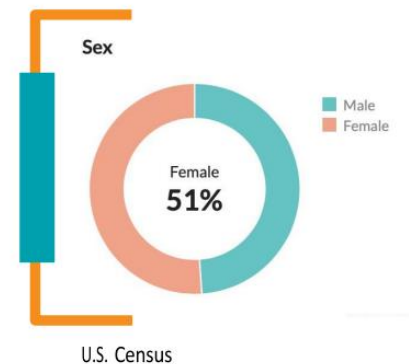
A. Hillsborough County Demographics

Data from the United States Census estimates that 1.51 million people live in Hillsborough County, making it the fourth most populous county in Florida (United States Census Bureau, 2022). The figure below 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 (36.6%) and a smaller percentage of people ages 45 and older (40.1%) compared to Florida overall (47.2%) (FLCHARTS, 2021c).



Source: FLCHARTS, 2021c

Hillsborough County, like the state of Florida, boasts a diverse mix of races and ethnicities. Its population is 73.6% White, 18.3% Black, 29.9% Hispanic, and 8.2% other races (FLCHARTS, 2021c). Approximately 51% of Hillsborough residents are female (U.S. Census Bureau, 2022).



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 reducing **severe maternal morbidity** and increasing **pre-exposure prophylaxis (PrEP) initiation**.

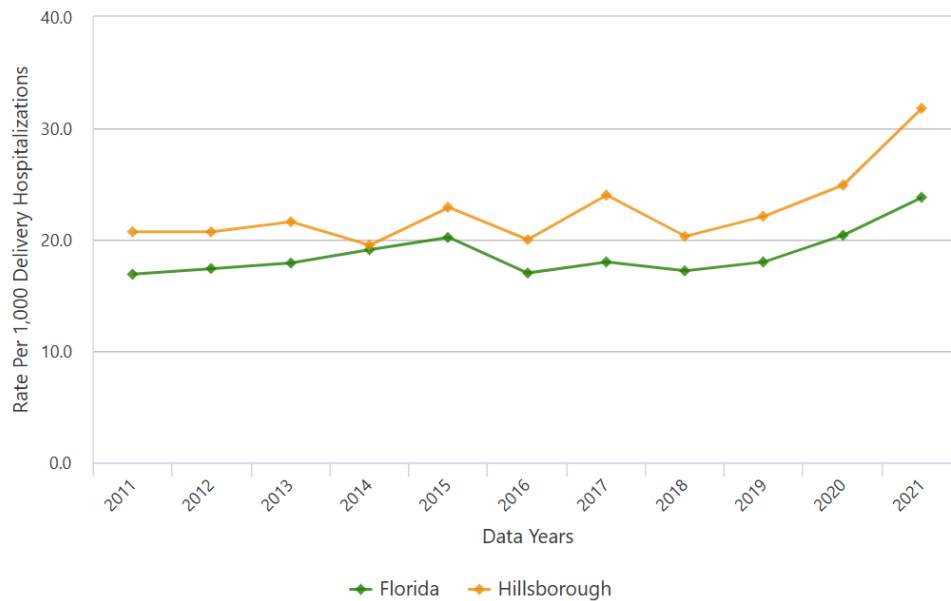
Data were extracted and reviewed from multiple sources, including Florida Health CHARTS (FLCHARTS), the DOH-Hillsborough Health Equity Profile, the HHS Action Plan to Improve Maternal Health in America, the Florida Pregnancy-Associated Mortality Review, the Centers for Disease Control and Prevention (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.

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 2021, the rate of SMM per 1,000 delivery hospitalization was 31.8 in Hillsborough County, which is higher than the rate in Florida (23.8) (FLCHARTS, 2021d).

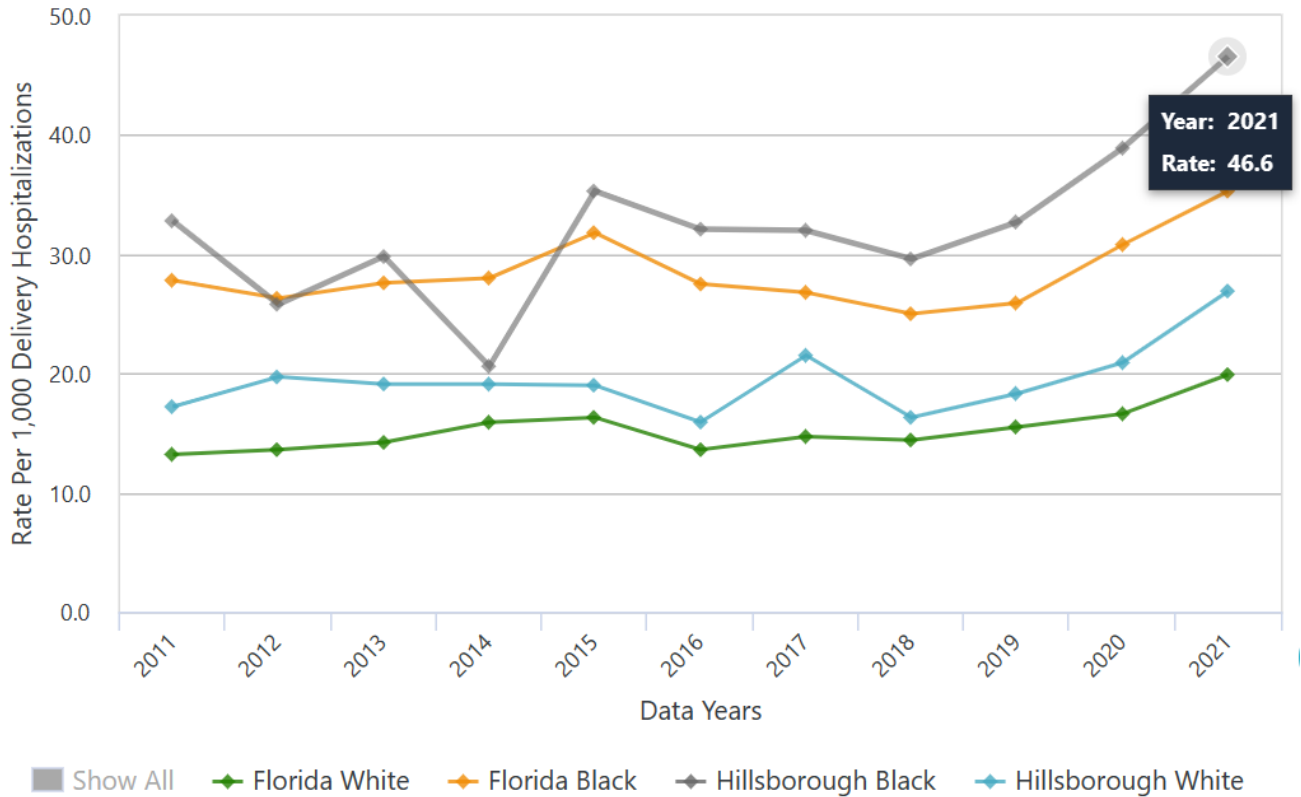
Severe Maternal Morbidity, Single Year



Source: FLCHARTS, 2021d

Significant racial disparities exist in SMM in Hillsborough County. The SMM rate among Black women in Hillsborough County was 46.6 in 2021, higher than that of White and Hispanic women in Hillsborough (26.9 and 29.9, respectively). Among Black women, the SMM is also higher in Hillsborough County than in Florida overall (35.3) (FLCHARTS, 2021d).

Severe Maternal Morbidity, 2011-2021



Source: FLCHARTS, 2021d

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).

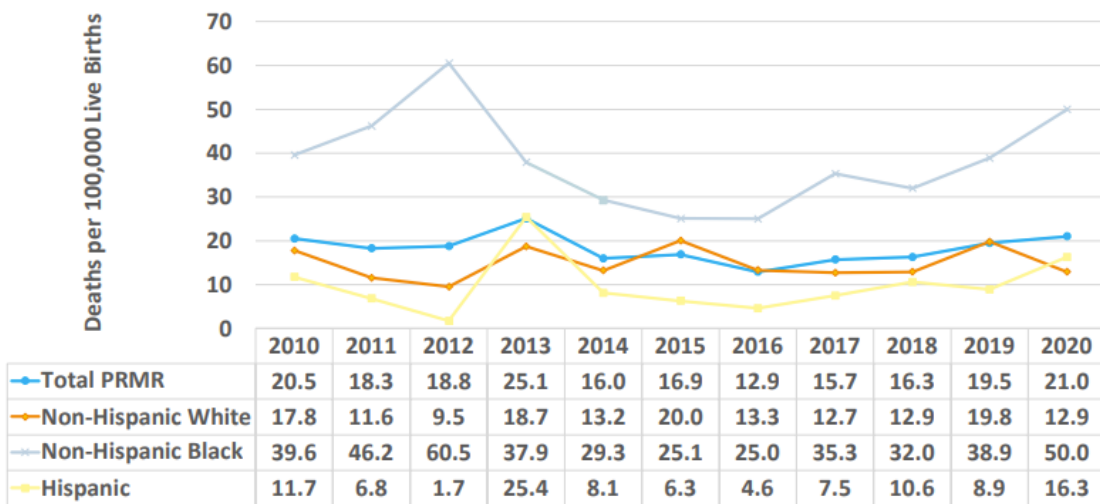
In Hillsborough County in 2020, 28% of births among women of reproductive age were considered high risk (4,676 out of 16,538), where high risk is described as the following: “the mother had a history of gestational or pre-pregnancy diabetes, chronic or gestational hypertension, previous preterm delivery 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).

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 2020 compared to 2010-2019, there was an increase in the percentage of pregnancy-related deaths due to hypertensive disorder, cerebrovascular accident, depression, and unknown underlying causes. (Robertson, Beloshitzkaya, & Thompson, 2022). Pregnancy-related death ratios from 2010-2020 by race and ethnicity in Florida are depicted below. In 2020, the pregnancy-related mortality ratios per 100,000 live births was 50.0 for non-Hispanic Black women, 12.9 per non-Hispanic White women, and 16.3 for Hispanic women (Robertson, Beloshitzkaya, & Thompson, 2022).

PREGNANCY-RELATED MORTALITY RATIOS (PRMRS) BY RACE/ETHNICITY, FLORIDA, 2010-2020



Source: Robertson, Beloshitzkaya, & Thompson, 2022

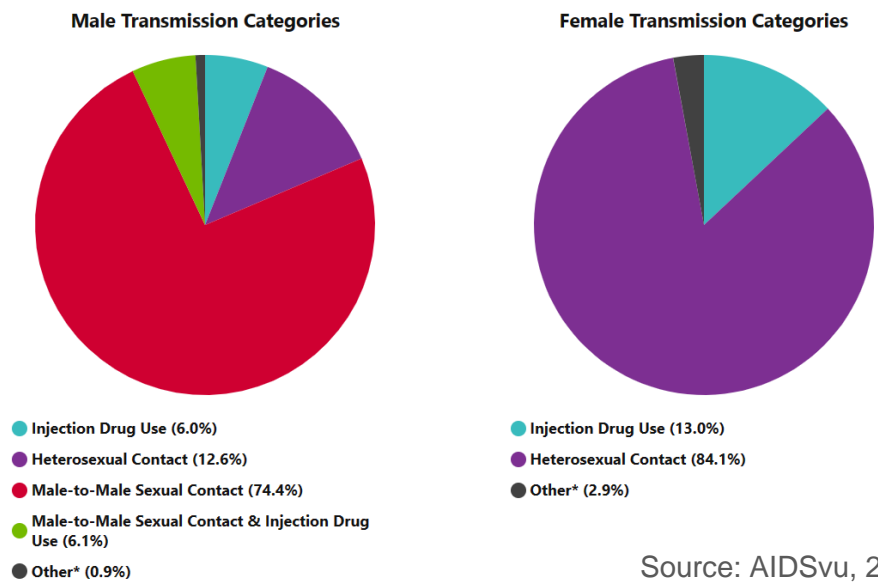
D. Pre-Exposure Prophylaxis (PrEP) Initiation

In Hillsborough County, 7,742 people are living with Human Immunodeficiency Virus (HIV) (FLCHARTS, 2021a). HIV disproportionately affects Black Hillsborough residents compared to White residents, given their significantly lower percentage of the population. The rate of HIV per 100,000 people in Hillsborough County is 206 among Whites, 1,245 among Blacks, and 400 among Hispanic/Latinx populations (FLCHARTS, 2021a).

In 2021, the rate of new HIV diagnoses in Hillsborough County was higher among Black and Hispanic/Latinx residents, with 48.8 cases per 100,000 population among Blacks, 24.2 among Hispanic/Latinx, and 6.6 among Whites (FLCHARTS, 2021a). In 2020 in Hillsborough County, 78.5% the percent of people newly diagnosed with HIV were male and 21.5% were female (AIDSvu, 2020). 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 drug injection equipment like needles or syringes (CDC, n.d.b). The primary modes of transmission by sex in Hillsborough County are represented in the charts to the right.

Percent of People Living with HIV, by Transmission Category, 2020



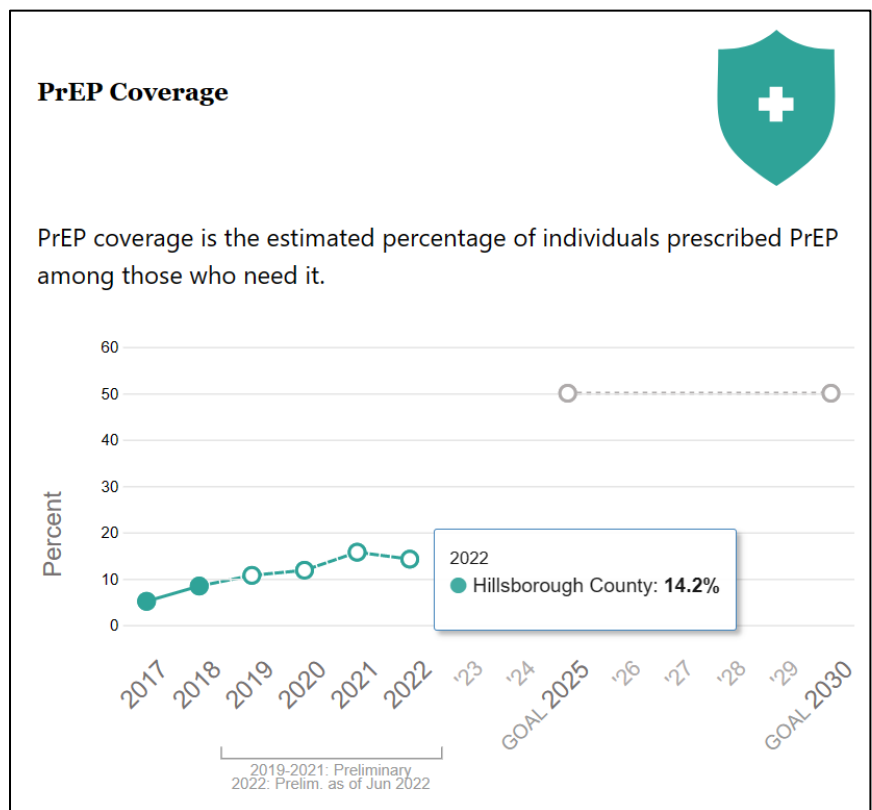
Source: AIDSvu, 2020

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

HIV Prevention

HIV prevention is a national public health priority. 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.

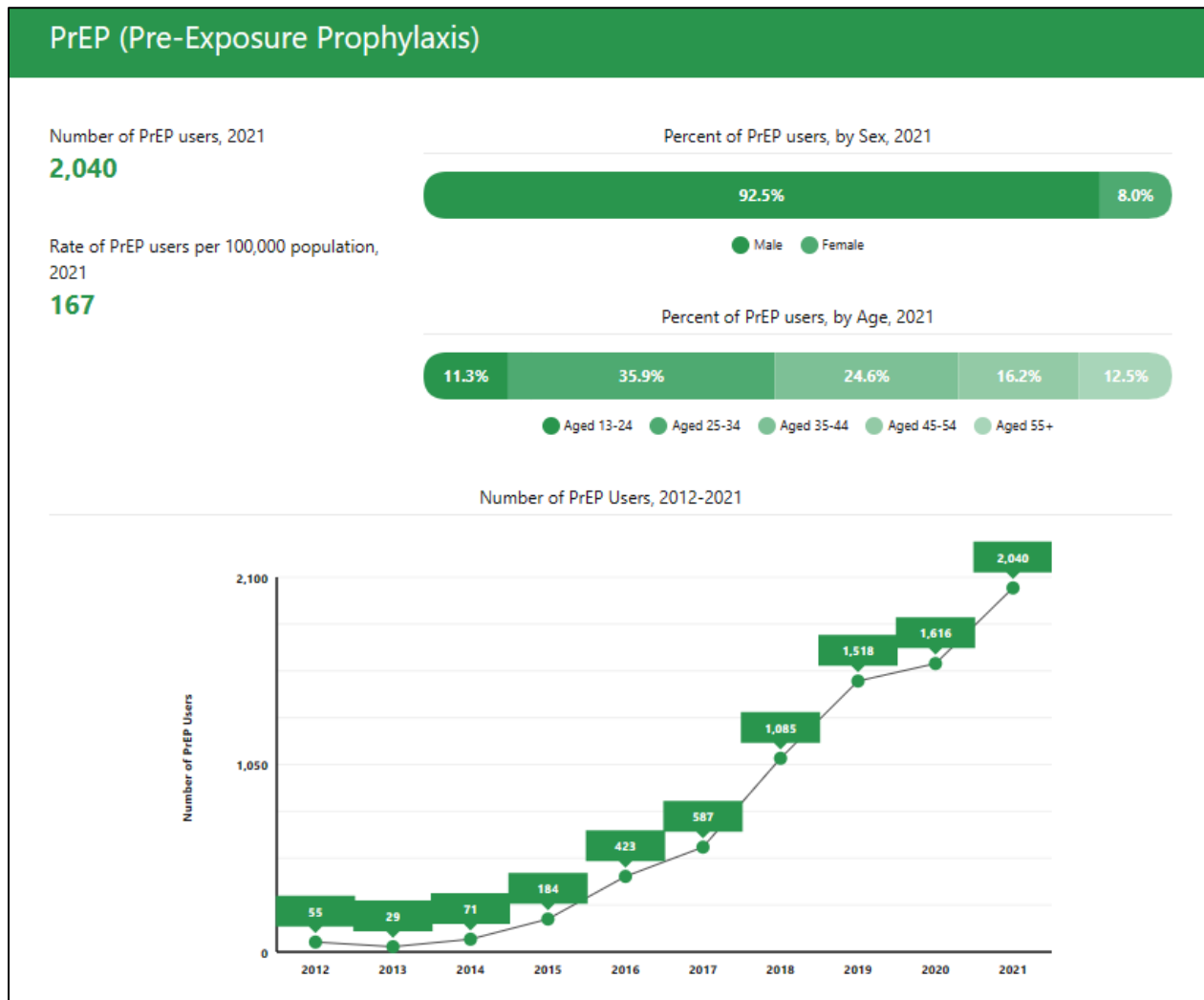
One key strategy of the EHE initiative is the prevention of new HIV transmission using proven technologies, including PrEP. PrEP is an antiretroviral medication used to prevent HIV infection. In Hillsborough County in 2022, only 14.2% of persons with PrEP indications – in other words, at high risk for HIV infection – are prescribed PrEP (AHEAD, 2022).



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.

AIDSVu has developed a Hillsborough County profile with local HIV/AIDS statistics. The figure below 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.



VIII. SDOH 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



Social Determinants of Health
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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 (see Appendix E). 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
Education Access and Quality	<ul style="list-style-type: none"> • Health education and literacy
Economic Stability	<ul style="list-style-type: none"> • Health insurance status and type • Income/wealth inequity
Neighborhood & Built Environment	<ul style="list-style-type: none"> • Food/nutrition insecurity
Social and Community Context	<ul style="list-style-type: none"> • Social/cultural beliefs and norms
Healthcare Access and Quality	<ul style="list-style-type: none"> • Continuity of healthcare across the pregnancy continuum • Cultural and linguistic competency/humility

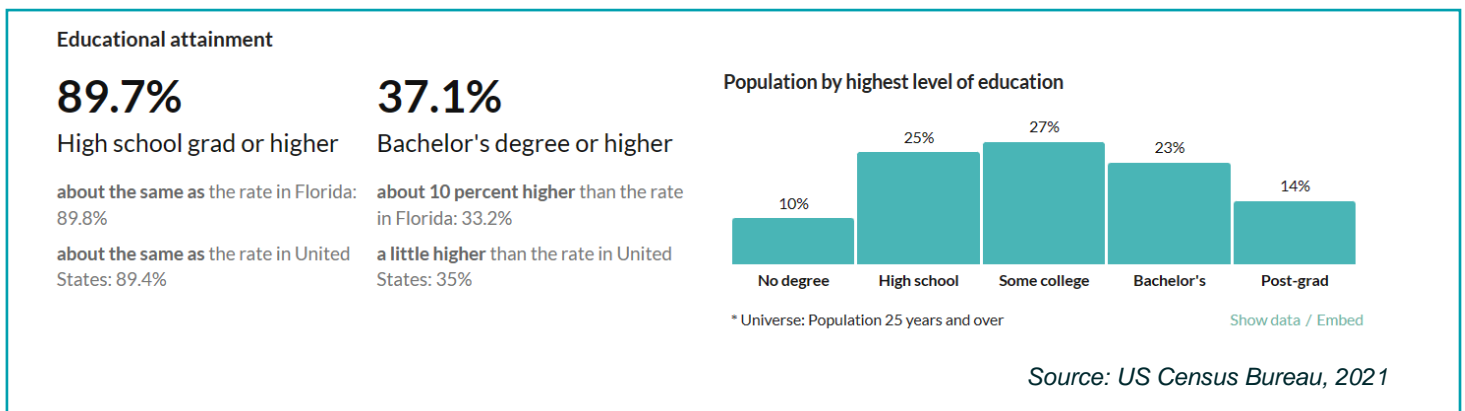
Barriers Contributing to PrEP Initiation	
SDOH Domain	Barriers
Education Access and Quality	<ul style="list-style-type: none"> • Provider and patient health literacy
Neighborhood & Built Environment	<ul style="list-style-type: none"> • Lack of community awareness
Social and Community Context	<ul style="list-style-type: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

A. Education Access and Quality

“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)

Education access and quality data for Hillsborough County

In 2021, 89.7% of Hillsborough County residents 25 years and over had a high school diploma or higher and 37.1% had a bachelor’s degree or higher (U.S. Census Bureau, 2021).



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 nonadherence (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

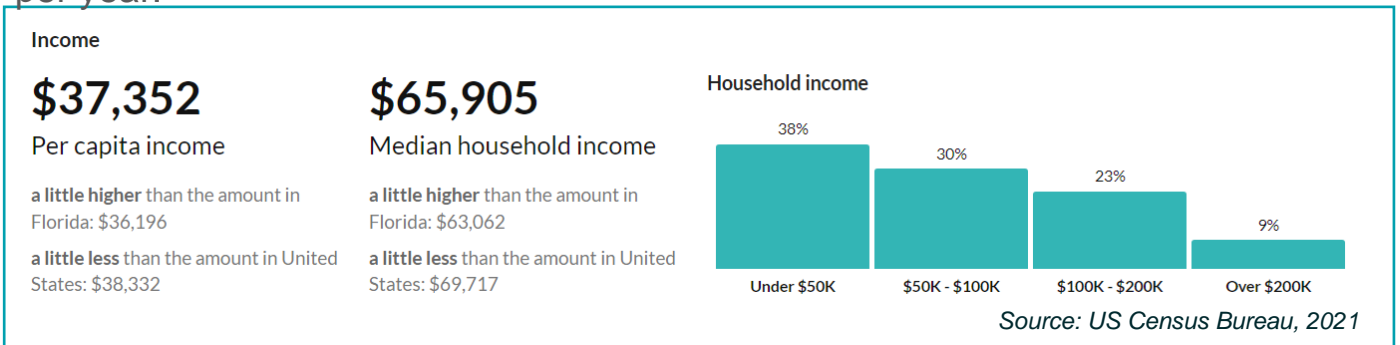
conditions (Edwards, Wood, Davies, & Edwards, 2015); and affecting the mother’s overall ability to navigate the healthcare system (MacLean, 2020).

B. Economic Stability

“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).

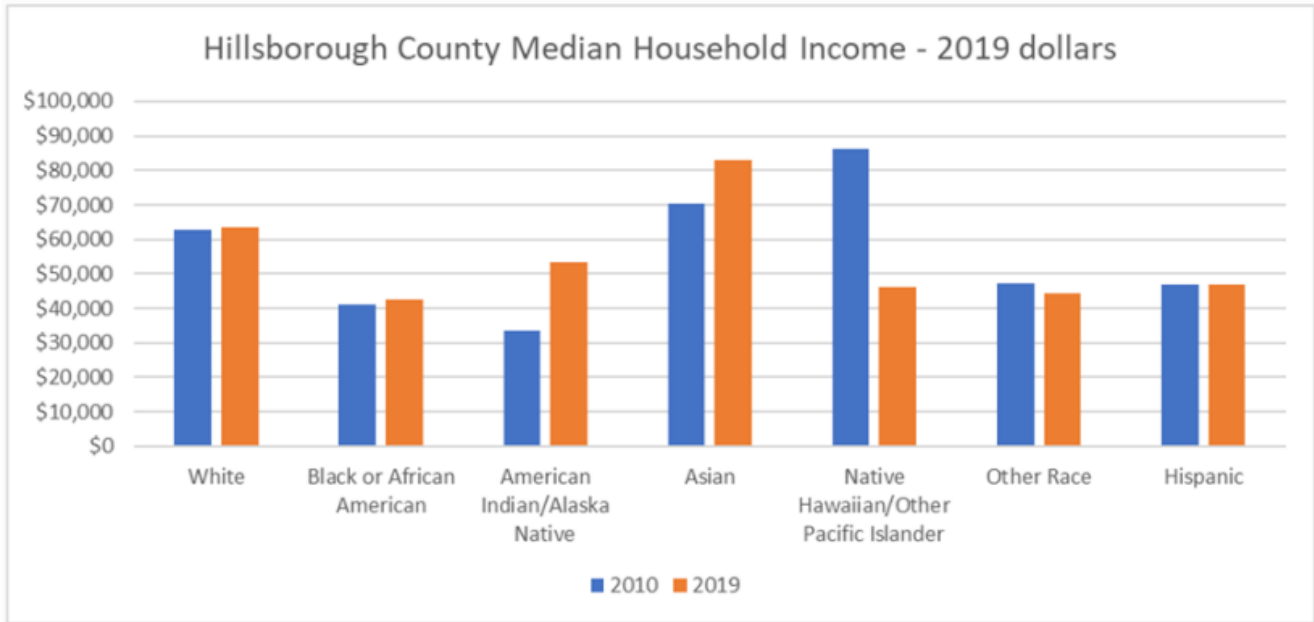
Economic stability data for Hillsborough County

The average median household annual income in Hillsborough County is \$65,905. This is slightly more than the Florida average, but less than the U.S. average. Thirty-eight 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 below (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).

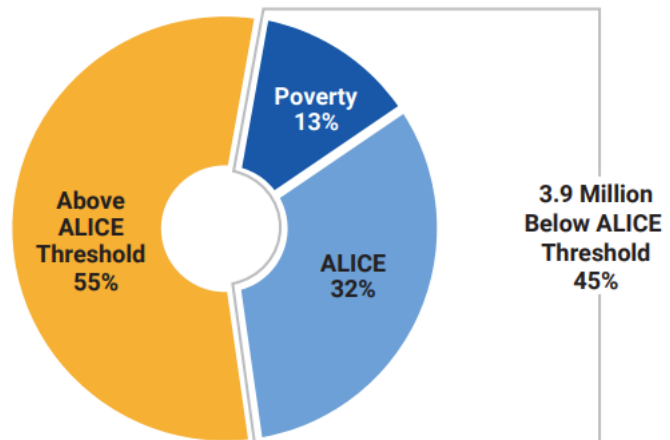


Source: Plan Hillsborough, 2021

The ALICE (Asset Limited, Income Constrained, Employed) Threshold describes households that “earn above the Federal Poverty Level but cannot afford the basic cost of living in their county” and “despite struggling to make ends meet...often do not qualify for public assistance” (United for ALICE, 2023). Available ALICE data provides a point-in-time representation of economic conditions in Florida.

In 2021, 54% of Hispanic households, 61% of Black households, 73% of households under 25 years old, and 80% of households single-female headed with children in Hillsborough County, were living below the ALICE Threshold (United for ALICE, 2023).

ALICE Status of Florida Households, 2021



Source: United for ALICE, 2023

The impact of economic stability on severe maternal morbidity and PrEP initiation



Poverty affects where individuals live, housing quality and stability, access to and quality of healthcare, nutrition security, 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.

C. Neighborhood and Built Environment

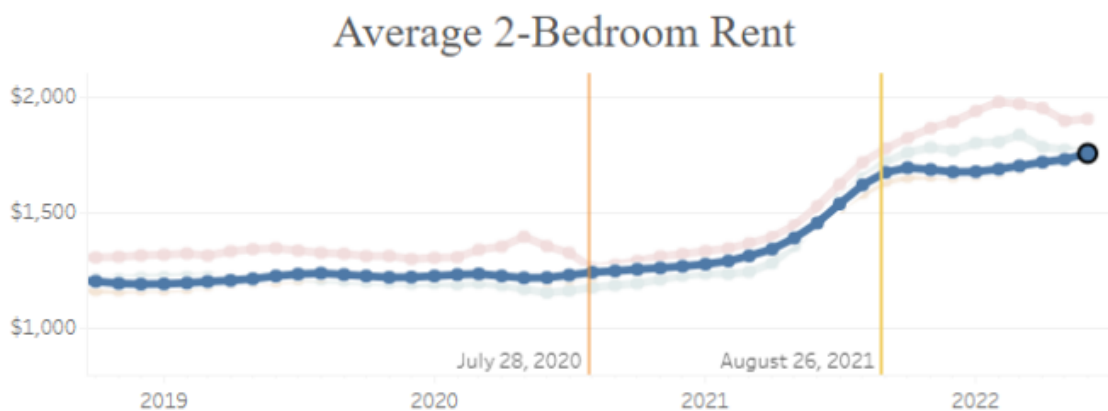
“The spaces where people live, work, and play have a tremendous impact on health... Research shows that a person’s zip code is a more significant predictor of life expectancy than their own genetic code” (Hillsborough County Health Equity Profile, 2021)

Neighborhood and built environment data for Hillsborough County

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 (United Way Suncoast, 2022). Since 2021, rent has increased by 24%, with higher burden experienced among people of color and women. In the figure below, the solid blue line 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).

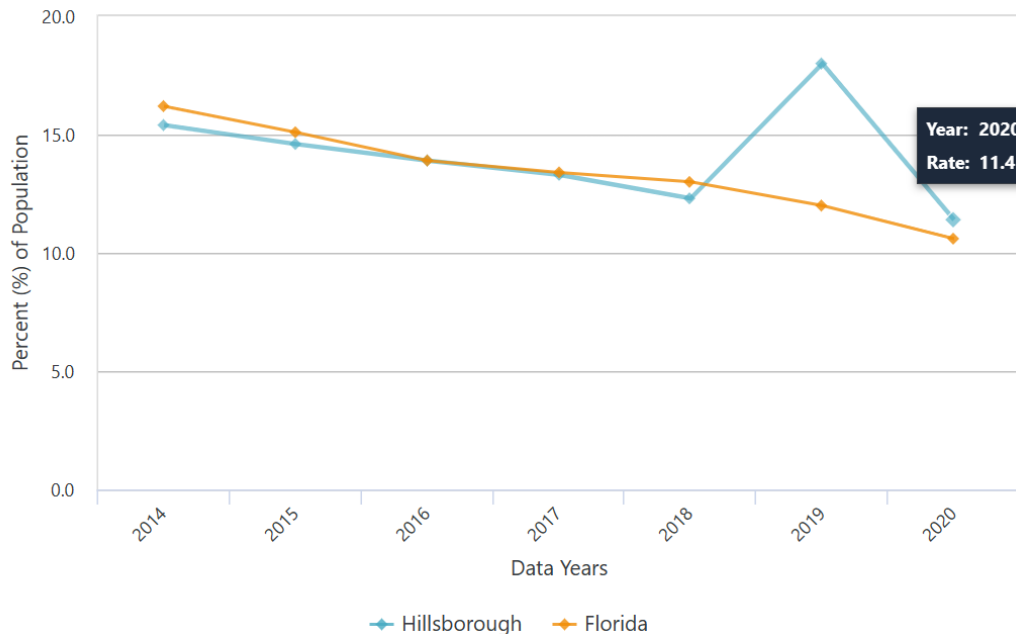


Source: United Way Suncoast, 2022

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 2020 was 11.4%, compared to the statewide rate of 10.6% (FLCHARTS, 2020).

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% if Hispanic residents, and 15% of White/Non-Hispanic residents identifying as food insecure (DOH-Hillsborough, 2019).

Food Insecurity Rate, Single Year



Source: FLCharts, 2020

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.

The impact of neighborhood and built environment on severe maternal morbidity 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).



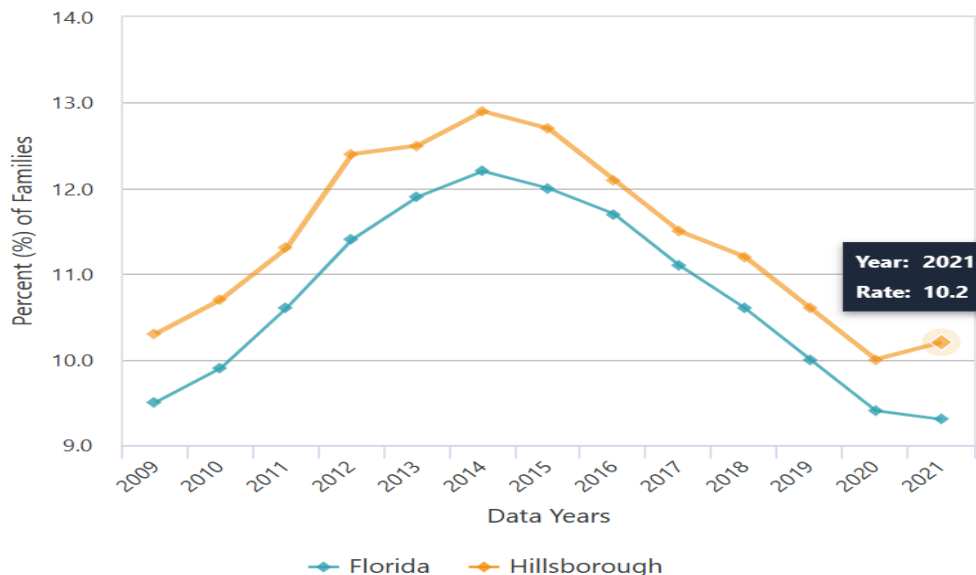
Source: National Partnership for Women & Families and National Birth Equity Collaborative, 2021

D. Social and Community Context

Social and community context data for Hillsborough County

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

Families Below Poverty Level, Single Year



Source: FLCharts, 2021b

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



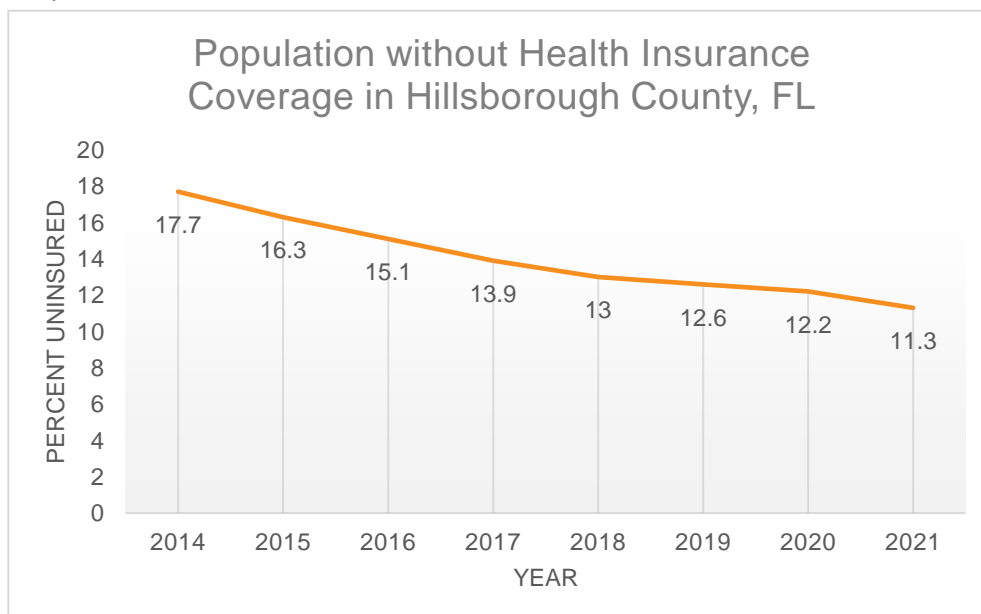
Although social and cultural norms such as dietary preferences and perceptions about prenatal care can influence risk for severe maternal morbidity, literature indicates that upstream factors are more salient drivers of these inequities (Siddiqui, Azria, Egorova, Deneux-Tharoux & Howell, 2021). Specifically, 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

“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).

Healthcare access and quality data for Hillsborough County

In 2021, 11.3% of Hillsborough County residents were uninsured (U.S. Census Bureau, 2021).



Source: US
Census
Bureau, 2021

The impact of health care 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).



IX. 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 Task Force. The Minority Health Liaison took into consideration the prioritized health disparity and the impactful SDOHs identified by the Health Equity Team during recruitment.



A. Barrier Identification

The Health Equity Task Force reviewed data, including health disparities and SDOHs, provided by the Health Equity Team. The Health Equity Task Force also researched evidence-based and promising approaches to improve the identified SDOHs. 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 page.

Barriers and Intervention Strategies – SMM

Identified Barrier	SDOH Domain	Intervention Strategy
Severe Maternal Morbidity		
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 security	Neighborhood & 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
PrEP Initiation		
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 & 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	Health promotion/social marketing
Healthcare policies and practices	Healthcare Access and Quality	Policy/advocacy; healthcare provider and staff training

B. 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	Aim #1: Move toward eliminating health disparities through policy reform.
Collaboration	Aim #2: Strengthen/broaden collaborations to address health disparities
Awareness	Aim #3: Increase awareness of significant health inequities, their impact in Hillsborough County, and the actions necessary to improve health outcomes for marginalized populations.
Implementation	Aim #4: 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 Khaliq 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.

X. 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 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 to this progress.

A. Provider Awareness and Patient Relationships for Reducing SMM

Overview

- **SMM Task Force Lead:** Marisa Mowat, Sarah Bricklemyer, & Jonna Johnson (Healthy Start Coalition of Hillsborough County)
- **SMM Task Force Members:**

Name	Organization
Delaenam Akahoho	USF Maternal Child Health Student Organization
Deborah Austin, PhD	REACHUP, Inc.
Nicola Bailey, MS	REACHUP, Inc.
Sarah Bakhet	USF College of Public Health (student)
Estrellita "Lo" Berry, MA	REACHUP, Inc. (retired)
Sarah Bricklemyer	Healthy Start Coalition of Hillsborough County
Margie Mueller Boyer, MS, RNC	Florida Perinatal Quality Collaborative
Alyssa Brown, MD	USF Health
Justine Brown	University of South Florida (student)
Velvet Burris	Hillsborough County Government
Rachel Chase, MPH	DOH-Hillsborough
Shelby Davenport	USF Maternal Child Health Student Organization

Lourbiane Duverseau	USF Maternal Child Health Student Organization
Natalie Erasme, MPH, CPH	USF College of Public Health
Michelle Hogan, MS	Community Member
Noliyanda James, MPH	DOH-Hillsborough
Rachel Logan, PhD	The Equity Experience, LLC
Jonna Johnson, MA	Healthy Start Coalition of Hillsborough County
Medinah Nabadduka	Drug Free America Foundation, Inc.
Dan O'Neill	USF Maternal Child Health Student Organization
Ashley McPhie, MD	Tampa Family Health Centers
Marisa Mowat, MPH	Healthy Start Coalition of Hillsborough County
Jane Murphy, MPA	Healthy Start Coalition of Hillsborough County (retired)
Allison Nguyen, MPH, MCHES	DOH-Hillsborough
Naazneen Pal, MPH	DOH-Hillsborough
Charetha Parnell	Tampa Housing Authority
Mahmooda Khaliq Pasha, PhD, MHA, CPH	USF College of Public Health
Ankita Patel, MPH	REACHUP, Inc.
Tamika Powe, MPH, MCHES, CDP	Tampa General Hospital
Kionna Pitts, DNP, MSN, APRN	REACHUP, Inc.
Stephanie Ross, RDN, LDN, CLC	DOH-Hillsborough
Carmen Rodrigues Soares	USF Maternal Child Health Student Organization
Genet Stewart, MS	Children's Board of Hillsborough County
Leisa Stanley, PhD	Healthy Start Coalition of Hillsborough County
Tara Walker	Success 4 Kids and Families
Deanna Wathington, MD, MPH	REACHUP, Inc.
Ronee Wilson, PhD	USF College of Public Health
Cheri Wright-Jones	Healthy Start Coalition of Hillsborough County; Black Infant & Maternal Mortality Task Force

- **SDOH Focus:** Healthcare Access and Quality
- **Priority Population:** Black women of reproductive age (preconception, pregnancy and postpartum)
- **Project Objectives:**

Short Term Objective	Medium Term Objective	Long Term Objective
By June 30, 2023, increase the number of partner organizations engaged in the Severe Maternal Morbidity project from 9 organizations (2022) to 12 organizations.	By June 30, 2027, increase completion of the Community Based Prevention Marketing (CBPM) Process steps from 2 steps (2022) to 8 steps.	By June 30, 2032, decrease the Severe Maternal Morbidity rate (per 1,000 delivery hospitalizations) among Black women in Hillsborough County from 38.9 (2020) to 36.9.

- **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)

How will the project impact SMM?

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”

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).

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.

Other Considerations

Topics discussed by the project team 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.

A summary of SMM Task Force meetings is listed in Appendix B.

B. Provider & Community Awareness for PrEP Initiation

Overview

- **PrEP Task Force Leads:** Christian Kilmas (Metro Inclusive Health) & Dr. Lisa Sanders (USF Health/Ybor Youth Clinic)
- **PrEP Task Force Members:** Subject matter experts for PrEP, healthcare access, and social marketing; members of the Health Equity Task Force & Coalition

Name	Organization
Jessica Arroyo	CAN Community Health
Cassandra Blaylock	Hillsborough County Health Services
Yatrid Jara Coello, RN	Tampa Family Health Centers
Philip Conti, MSW	Hillsborough County Health Services
Brianna Culler	CAN Community Health
Shannon DiPalmo, MSW	CAN Community Health
Hunter Drake	University of South Florida (student)
Natalie Erasme, MPH, CPH	USF College of Public Health
Vicky Fortugno-Oliver	Empath EPIC
Johnathan George	DOH-Hillsborough
Noliyanda James, MPH	DOH-Hillsborough
Kimberly Johnson	USF Health / Ybor Youth Clinic
Christian Kilmas	Metro Inclusive Health
Darius Lightsey	CAN Community Health
Jeffrey Lluberes	Empath EPIC
Carlos Mercado, MBA	DOH-Hillsborough
Bernice McCoy, PhD, MPH	Tampa General Hospital
E.S. Myles	Metro Inclusive Health
Allison Nguyen, MPH, MCHES	DOH-Hillsborough
Qiana Norman	Children’s Board of Hillsborough County; ONEHillsborough
Naazneen Pal, MPH	DOH-Hillsborough
Mahmooda Khaliq Pasha, PhD, MHA, CPH	USF College of Public Health
Tamika Powe MPH, MCHES, CDP	Tampa General Hospital
Lisa Sanders, MD	USF Health / Ybor Youth Clinic
Genet Stewart, MS	Children’s Board of Hillsborough County
DeAnne Turner, PhD	USF College of Nursing
Katie Roders Turner, MPH	Family Healthcare Foundation
Prescshard Williams	Metro Inclusive Health

**Previous Members: Sabrina Arancibia (Empath EPIC), Chedeline Appolon (DOH-Hillsborough)*

- **SDOH Focus:** Healthcare Access and Quality
- **Priority Population:** Individuals with PrEP indications
- **Project Objectives:**

Short Term Objective	Medium Term Objective	Long Term Objective
By June 30, 2023, increase the number of partner organizations engaged in the PrEP project from 13 organizations (2022) to 15 organizations.	By June 30, 2027, increase completion of the Community Based Prevention Marketing (CBPM) Process steps from 1 step (2022) to 8 steps.	By June 30, 2027, increase the percentage of individuals with PrEP indications (who are prescribed PrEP) from 10.5% (2021) to 50%.

- **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)

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.

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 are not 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 and/or 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.

A summary of PrEP Task Force meetings is listed in Appendix B.

XI. 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.

XII. 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 Date	Description of Change(s)	Rationale for Revision	Revised By
5/15/2023	<ul style="list-style-type: none"> • Added Executive Summary • Updated members of Health Equity Team, Task Force, & Coalition. • Updated list of Regional Health Equity Coordinators • Updated lists Health Equity assessments and Minority Health Liaison trainings • Added 2023 NMHM activities • Updated Section VIII. SDOH Data with recent data, when available. • Updated references list • Added appendices for Health Equity Team, Task Force, & Coalition meetings • Added appendix for Root Cause Analyses 	Annual Update	DOH-Hillsborough Office of Health Equity staff & Health Equity Coalition

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XIV. APPENDICES

Appendix A. Health Equity Team Meetings

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 that identified for each health priority, and discussion of potential intervention strategies to address identified barriers.
July 5, 2022	To discuss work plans for 22-23.
July 19, 2022	To discuss plan review items, upcoming task force meeting and reporting needs.
July 27, 2022	To discuss Health Equity plan revisions.
August 15, 2022	To prepare for August Task Force meeting and discuss status of SDOH projects.
September 6, 2022	To continue working on Health Equity plan implementation-related activities.
September 20, 2022	To de-brief task force meeting and prepare for project team meetings.
October 4, 2022	Discussed SDOH Project updates, HE Plan dissemination to staff and partners, and health disparities marketing. Next steps were to finalize a key message for marketing and reach out to other liaisons in the Tampa Bay area for regional marketing opportunities.
October 11, 2022	Discussed OHE website, HE assessment, marketing, upcoming level 2 health equity training. Next steps to register for training opportunities and prepare slides for staff day overview.
October 18, 2022	Reviewed project scope of work again, discussed opportunities for strategic plan alignment. Next steps to finalize 10/24 Staff Day slides and decide upon if/how to align with strategic plan objectives.
October 24, 2022	Recap SMM meeting and planned for next PrEP meeting. Reviewed NIH funding opportunity and as a next step will discuss with project leads to gauge their interest.
November 2, 2022	Discussed decision to not overlap with Strategic Plan. Outlined plans for upcoming internal meetings, with next steps to finalize agendas.
November 8, 2022	Discussed marketing plans further and narrowed focus. Discussed make up of coalition and task force. Next steps to work on an external communication plan.
November 16, 2022	Discussed marketing plans, finalized agenda for next internal meeting and recapped agendas for PrEP and SMM meetings taking place later in the week.
November 29, 2022	Discussed regional call notes and planning for nest project team meetings, as well as contract execution with USF. Next steps to follow up on project management software.
December 5, 2022	Discussed ways to incorporate disability awareness into health equity training and had further discussion on marketing objective. Next steps to update

DOH-Hillsborough

Health Equity Plan

	reporting and continue communication about the health equity plan internally and externally.
December 7, 2022	Developed Task Force agenda and next steps for Health Equity plan communication. Discussed upcoming training opportunities on Health Literacy Best Practices for Social Marketing for She PrEP and Recognizing Urgent Maternal Warning Signs in the Postpartum Period.
December 16, 2022	Discussed plans for a national minority health month event. Next steps to invite community partners from the project teams into planning.
December 20, 2022	Discussed next steps for SDOH project teams, upcoming reporting needs and SMART objective finalization.
January 30, 2023	Discussed updates concerning the SDOH projects, including NIH grant opportunity for SMM project. Discussed upcoming staff health equity survey and training, COVID health disparities marketing plan, and health equity plan dissemination.
February 27, 2023	Discussed SDOH project updates and planning for National Minority Health Month event. Discussed common language updates from central office. Discussed next steps for staff health equity survey/training, media marketing outreach, and updating the health equity plan. Shared upcoming health equity trainings and workshops.
March 27, 2023	Joint meeting with Health Equity Coalition. Discussed SDOH project updates and work towards identifying evidence-based interventions to promote. Shared finalized plan for National Minority Health Month event: a maternal health disparities lunch and learn webinar.

Appendix B. Health Equity Task Force Meetings

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.
July 25, 2022	To continue the work of the Health Equity Task Force, with a focus on the SDOH projects.
August 23, 2022	To continue the work of the Health Equity Task Force, with a focus on the SDOH projects.

September 19, 2022	Combined meeting of the Health Equity Task Force and the Health Equity Coalition, with a focus on the SDOH projects.
October 2022 - present	Task force Project Teams start holding separate meetings. See meeting summaries below
December 16, 2022	Combined Taskforce and Coalition meeting to discuss project updates.
March 27, 2023	Combined Coalition TF meeting.
May 22, 2023	Combined Coalition TF meeting.

Severe Maternal Morbidity Task Force Meetings

Meeting Date	Topic/Purpose
October 20, 2022	Shared overview of HE Plan and SMM project.
November 17, 2022	Began the asset inventory process to identify any missing partners/individuals, as well as shared information needs for evidence-based interventions list
December 15, 2022	reviewed asset inventory to identify any additional individuals and organizations to invite, continued planning for the evidence-based interventions list.
February 2, 2023	Completed CBPM Step 2 - prioritized top 5 evidence-based interventions for further review.
February 24, 2023	Guest presentation by Florida Perinatal Quality Collaborative about their Postpartum Access & Continuity of Care (PACC) Initiative.
April 3, 2023	Completed CBPM step 3 - chose Pregnancy Medical Homes as the final EBI for implementation.
May 11, 2023	Research Committee was established. Planning for CBPM Step 4 began.

PrEP Initiation Task Force Meetings

Meeting Date	Topic/Purpose
October 13	Meeting of the PrEP Project Team to share HE Plan and project with community partners.
November 18	discussed objectives for the implementation plan.
December 19	focused on Social Marketing overview and completing CBPM Step 1 asset inventory as well as preparing to develop the Evidence-Based Interventions list.
January 27, 2023	Reviewed additions to the asset inventory and finalized list of evidence-based interactions. Started CBPM Step 2.
March 10, 2023	Completed CBPM Step 2 and prioritized top 3 evidence-based interventions for further review.
May 16, 2023	Completed CBPM step 3 - chose STYLE as the final EBI for implementation.
June 6, 2023	Research Committee was established. Planning for CBPM Step 4 began.

Appendix C. 2023 NMHM Flyer

USF Health
College of Public Health

Florida HEALTH
Hillsborough County

Empath EPIC

You are Invited to the
Maternal Health Disparities
Lunch and Learn
In celebration of National Minority Health Month

DATE: APRIL 20TH, 2023
TIME: 12PM-1PM
WHERE: VIRUTAL

Severe Maternal Morbidity by Dr. Roneé Wilson



Assistant Professor of Epidemiology, University of South Florida

HIV in Women and PrEP for Women by Sabrina Arancibia



Prevention and Outreach Specialist, Empath – EPIC

Register For the Event
Here: <http://bit.ly/3lYTf5M>

For more information, contact us at
MHHE.Hillsborough@flhealth.gov

Appendix D. 2022 NMHM Flyers and Resource Guide

Florida HEALTH Hillsborough County & **USF Health** College of Public Health

P R E S E N T

NATIONAL MINORITY HEALTH MONTH

APRIL 11-27 FROM MARGINALIZED TO RESILIENT: RE-FRAMING RACIAL & ETHNIC HEALTH INEQUITY

EVENTS

APRIL 11-15 | Black Maternal Health Week Social Media Storm

APRIL 18-22 | National Minority Health Month Social Media Storm

APRIL 27, 12:00-1:30pm | Virtual Lunch & Learn featuring Dr. Rueben Warren, Director of Tuskegee University's National Center for Bioethics in Research and Health Care

 @USFCOPH @DOHHillsborough  @USFCOPH  @USFCOPH



USF Health
College of Public Health

P R E S E N T

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>



&



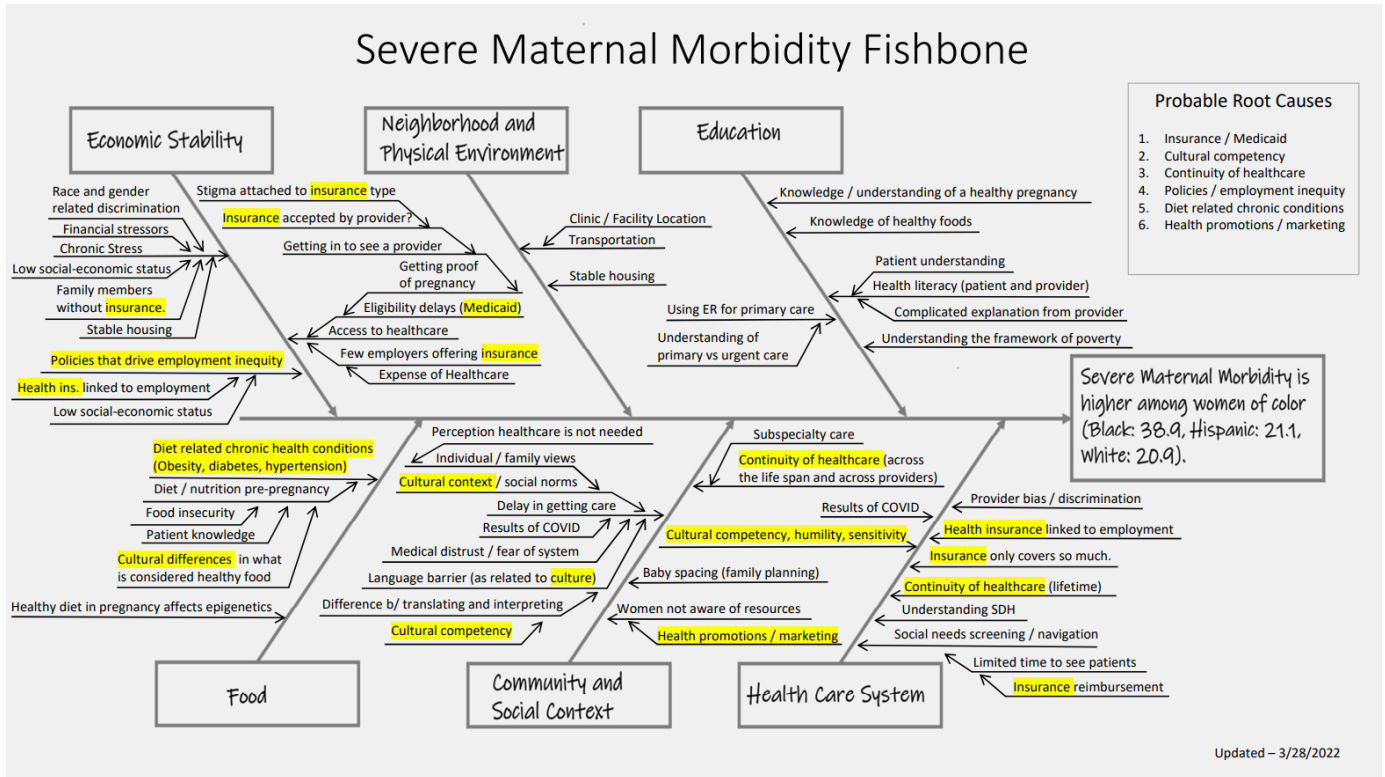
USF Health
College of Public Health

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

RESOURCE LIST

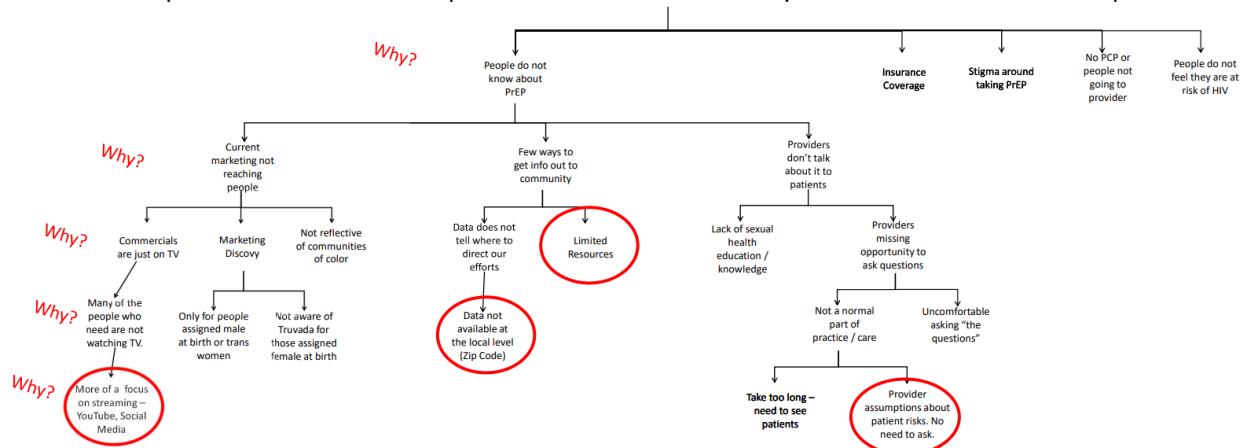
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Appendix E. Root Cause Analyses



PrEP Initiation 5-Why Exercise – 4/26/22

Hispanic and African American patients are 4 to 8 times less likely to initiate PrEP than Caucasian patients.



PrEP Initiation – Fishbone Conversion

