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I. VISION

On April 28, 2022, the FDOH – Polk Health Equity Team held their inaugural team meeting. This Team consisted of 17 representatives from all CHD programs. During this initial meeting, the team embarked on the Visioning process as suggested by the National Association of County and City Health Officials (NACCHO). The Health Equity Team discussed the importance of defining a singular vision and then brainstormed answers to the following questions:

- What does health equity mean to you?
- What are the important characteristics demonstrated in agencies that are focused on equity?
- How do you envision the culture of public health in the next 5-10 years?

The Team's individual responses were then grouped together by common themes. The Health Equity Team determined, by consensus, that the Vision statement should address the following broad categories:

- Respect
- Justice
- Meeting people where they are at
- Diversity
- Access regardless of identity and socioeconomic status
- Giving people what they need
- Fair healthcare for all
- Valuing everyone

A Vision statement was then crafted by the Health Equity Team.

Vision: To guide Polk County in eliminating health disparities and increasing health equity for all.

Once a Vision statement was created, the Health Equity Team defined the Values of the Health Equity Program. The Team discussed the answers to the following questions:

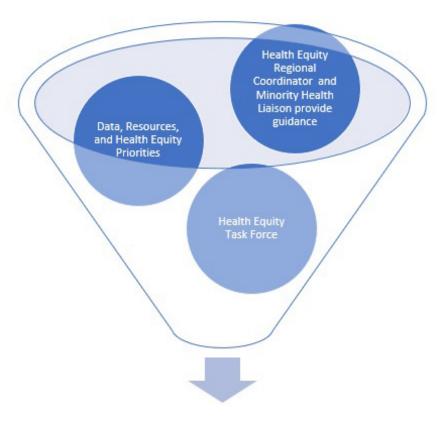
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- Taking into consideration our Vision, what are key behaviors that will be requires of the public health systems, our agency, our partners, the community, and other in the next 5-10 years to achieve the Vision?
- What type of working environment or climate is necessary to support participants in achieving health equity?

The Team's individual responses were then grouped together by common themes. The Health Equity Team determined, by consensus, that the following *Values* embodied throughout the Health Equity Plan:

- Respect
- Integrity
- Fairness & Justice
- Inclusion
- Accountability



Health Equity Vision

II. PURPOSE OF THE HEALTH EQUITY PLAN

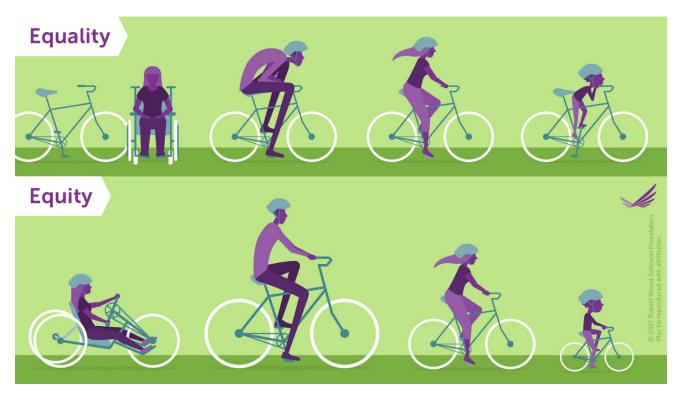
Health Equity is achieved when everyone can attain optimal health.

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

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

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

III. DEFINITIONS



Health equity is achieved when everyone can attain optimal health

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

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

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

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

IV. PARTICIPATION

Cross-sector 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.





A. Health Equity 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 Health Equity Liaison facilitates health equity discussions, initiatives, and collaborations related to elevating the shared efforts of the county.

Health Equity Liaison: Chantale Jones, Health Equity Liaison **Health Equity Liaison Backup**: Taylor Freeman, Public Health Planning Manager

Health Equity Liaison Division Director: Jenna Levine, Director of Public Health Planning

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 Polk County to the Health Equity Task Force. The Health Equity Liaison guides these discussions and the implementation of initiatives. The Health Equity Team Charter was created and reviewed with the team; this charter is reviewed on an annual basis. See Appendix A for the Health Equity Team Charter. The membership of the Health Equity Team is listed below.

Name	Title	Program
Chantale Jones	Health Equity Liaison	Public Health Planning
Taylor Freeman	Public Health Planning Manager	Public Health Planning
Jenna Levine	Director of Public Health Planning	Public Health Planning

Jessica Napoleon	Public Health Planning Manager	Public Health Planning
Fatema Elqreish	QI Champion	Public Health Planning
Pamela Acosta-Torres	Public Information Officer	Administration
Shannon Goodwin	Dental Program Manager	Clinics - Dental
Jennifer Balderas	Biological Scientist	Environmental Health/Epi
Frances Benton	Human Services Program Specialist	HIV
Tiffany Strickland	School Health Nurse	School Health
Sofia Villanueva	Senior Clerk	WIC
Yadiris Romero	Care Coordinator	Healthy Start
Karen Stoudemire	Operations and Management Consultant	Clinical Services
Lauren Hinton	Financial Administrator	Finance
Royal Depuy	Community Health Nursing Supervisor	Immunizations
Sherri Bagnall	Operations Analyst II	Human Resources
Brenda Register	School Health Nursing Supervisor	School Health

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

Meeting Date	Topic/Purpose	
April 28, 2022	Initial Meeting – Review charter; craft Team Vision and	
	Values; introduce purpose of team	
May 12, 2022	Infant Mortality Disparity Data Review; SDOH (Education	
	Access and Quality and Economic Stability) Barrier	
	Identification	
June 9, 2022	SDOH (Neighborhood and Built Environment and	
	Healthcare Access and Quality) Barrier Identification;	
	Initial Plan Submission Review	
July 14, 2022	Monthly meeting	
August 11, 2022	Monthly meeting	

September 8, 2022	Monthly meeting
October 13, 2022	Monthly meeting
November 10, 2022	Monthly meeting
December 8, 2022	Monthly meeting

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. Recruitment was facilitated using promotional flyers requesting participation from a broad spectrum of partners. The Health Equity Task Force promotional flyer is included in Appendix B. Members of this Task Force brought their knowledge about community needs and SDOH. Collaboration within this group addresses upstream factors to achieve health equity. The Health Equity Task Force Charter was created and reviewed with the team; this charter is reviewed on an annual basis. See Appendix C for the Health Equity Task Force Charter. The Health Equity Task Force wrote the Polk Health Equity Plan and oversaw the design and implementation of projects. Health Equity Taskforce members are listed below.

Name	Title	Organization	Social Determinant of Health
Chantale Jones	Health Equity Liaison	FDOH-Polk	Health
Taylor Freeman	Public Health Planning Manager	FDOH-Polk	Health
Jenna Levine	Director of Public Health Planning	FDOH-Polk	Health
Paula Mims	LWVPolk Healthcare Action Team Chair	League of Women Voters of Polk County	Social Cohesion
Dr. Lynn Marshall	President	Melanin Families Matter	Social Cohesion
Tonya Akwetey	Community Outreach Manager	Healthy Start Coalition of Polk, Hardee, and Highlands Counties	Maternal Child Health
Ana Rivera	President	Puerto Rican Hispanic Chamber of Commerce	Business

Lauren Springfield	Community Health Program Manager	Lakeland Regional Health	Health
Kathleen Wright	Curriculum Development Specialist	Florida Virtual School	Education
Julia Davis	Senior Transportation Planner	Polk County TPO	Transportation
Gregory Scott	Senior Transportation Planner	Polk County TPO	Transportation
Amy Wiggins	President & CEO	Lakeland Chamber of Commerce	Business
Allison Bates	Team Coordinator	Age Friendly Lakeland	Social Cohesion
Tara Watson	Team Coordinator	Polk Vision	Social Cohesion
Kim Long	Executive Director	Polk Vision	Social Cohesion
Hailee Cornett	Tobacco Policy Manager	CivCom, Tobacco Free Polk	Substance Misuse
Heather Earl	Safety Manager	Disney	Social Cohesion
Eva Villas-Boas	Polk County Program Coordinator	Family Healthcare Foundation	Access to Services
Holly Vida	Director of Marketing and Community Relations	Central Florida Health Care	Health
Kristen Smith	Polk County Community Outreach Coordinator	BayCare Health Systems	Health
Sarah Hawkins	Community Health Program Manager	AdventHealth	Health
Joy Johnson	Health and Human Services Relations Administrator	Polk County BOCC Health and Human Services	Health
Brenda Luna	Healthcare Navigator	Family Healthcare Foundation	Access to Services
Londa Brown	Director of Patient Services	LVIM	Health
Darling St. Jean	Administrator	Total Life Health Center	Health

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

Meeting Date	Topic/Purpose
May 31, 2022	Initial Meeting – Create charter; introduce purpose of
	team, Vision, and Values; review infant mortality data
June 27 th , 2022	Monthly meeting
July 26 th , 2022	Monthly meeting
August 23 rd , 2022	Monthly meeting
September 29 th , 2022	Monthly meeting
October 27 th , 2022	Monthly meeting
November 28 th , 2022	Monthly meeting
December 27 th , 2022	Monthly meeting

D. Coalition

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

E. Regional Health Equity Coordinators

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

Name	Region	Expertise
Carrie Rickman	Emerald Coast	
Quincy Wimberly	Capitol	

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Ida Wright	North Central	
TBA	Northeast	
Rafik Brooks	West	
Lesli Ahonkhai	Central	Faith-Based Engagement
TBA	Southwest	
TBA	Southeast	

V. HEALTH EQUITY ASSESSMENT, TRAINING, AND PROMOTION

A. Health Equity Assessments

This segment of the plan will be completed once the Health Equity Assessment is approved by Central Office.

To improve health outcomes in Florida, it is critical to assess the knowledge, skills, organizational practices, and infrastructure necessary to health inequities. Health equity assessments are needed to achieve the following:

- Establish a baseline measure of capacity, skills, and areas for improvement to support health equity-focused activities
- Meet <u>Public Health Administration Board (PHAB) Standards and Measures</u>
 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

Polk County conducted a health equity assessment to examine the capacity and knowledge of FDOH - Polk staff and county partners to address social determinants of health. Below are the dates assessments were distributed and the partners who participated.

Date Assessment Name	Organizations Assessed
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Findings from assessment shall be defined in this chart once process is	
begun	

B. County Health Equity Training

This segment of the plan will be completed once the Health Equity Assessment is approved by Central Office and facilitated for Polk by FDOH – Polk's Health Equity Team.

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

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

Date	Topics	Organization(s) receiving trainings
	Trainings will be defined in this chart after the completion of the Health Equity Assessment	

C. County Health Department Health Equity Training

This segment of the plan will be completed once the Health Equity Assessment is approved by Central Office and facilitated for Polk by FDOH – Polk's Health Equity Team.

The Florida Department of Health in Polk County (DOH-Polk) recognizes that ongoing training in health equity and cultural competency are critical for creating a sustainable health equity focus. At a minimum, all DOH-Polk staff receive the

Cultural Awareness: Introduction to Cultural Competency and Addressing Health Equity: A Public Health Essential training. In addition, the Health Equity Team provides regular training to staff on health equity and cultural competency. The training is recorded below.

Date	Topics	Number of Staff in Attendance
	Trainings will be defined in this chart after the completion of the Health Equity Assessment and the completion of the Polk Workforce Development Plan	

D. Health Equity Liaison Training

The Office of Minority Health and Health Equity and the Health Equity Regional Coordinator provide training and technical support to the Health Equity 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 Health Equity Liaison training is recorded below.

Date	Topics
1/25/2022	Cultural Competency and Health Equity Training; Facilitator: Venise White • Taylor Freeman and Jenna Levine
3/18/2022	Clearpoint Training; Facilitator Robert Messineo • Taylor Freeman

E. National Minority Health Month Promotion



On Thursday, April 28th, 2022, Polk Vision hosted their annual State of the County event at Polk State College's Center for Public Safety. This event is a multi-faceted update on the unprecedented circumstances facing Polk County and our communities. The State of the County 2022 event featured speakers from Polk County Board of County Commissioners, Polk County's County Manager, Polk County Public Schools School Board, the Superintendent of Polk County Public Schools, and the Director of the Florida Department of Health in Polk County. There were 255 individuals representing a diverse cross-sector of agencies, including government representatives, business partners, representatives from the school system, social service agencies, and representatives of Polk's hospital and healthcare systems. See Appendix E for a 2022 State of the County participant list. Two electronic billboard promotions were advertised in Lakeland/Highland City and Winter Haven to increase community participation and engagement. Dr. Jackson, Director of DOH – Polk, presented on population growth, social determinants of health, and leading causes of death, all through a health equity lens. Participation and

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membership in the Polk County Health Equity Task Force was promoted throughout the event and through email channels following the event. Although the event was held live, Polk Government Television (PGTV) was present and filmed the entire event. The event was livestreamed on PGTV's social media and is also archived on their YouTube channel so that partners can continue to share the recording of the event.

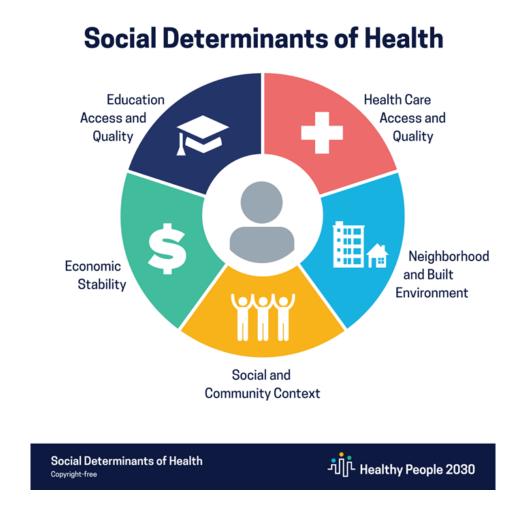
VI. PRIORITIZING A HEALTH DISPARITY

The Health Equity Team identified and reviewed health disparities data in Polk County. Data was pulled from multiple sources including FLHealth CHARTS, Bureau of Vital Statistics, US Bureau of the Census, HealthyPeople 2030, etc.

The following health priorities were identified in Polk County in 2020: Behavioral Health, Access to Care, Exercise, Nutrition and Weight, and Infant Mortality. Analyzing the results of the consensus-based prioritization workshop utilized during the 2020 Community Health Assessment, the Health Equity Team decided to work on infant mortality in the Health Equity Plan. Data concerning infant mortality is below.

VII. SDOH DATA

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

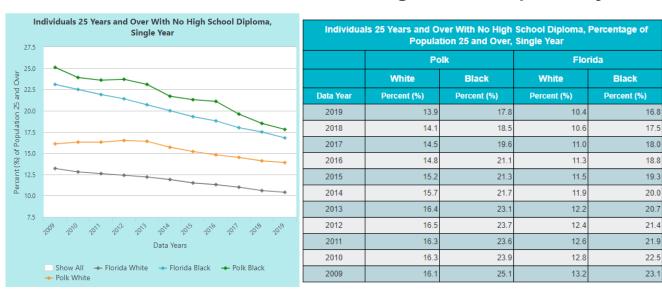


A. Education Access and Quality



Education Access and Quality data for Polk County

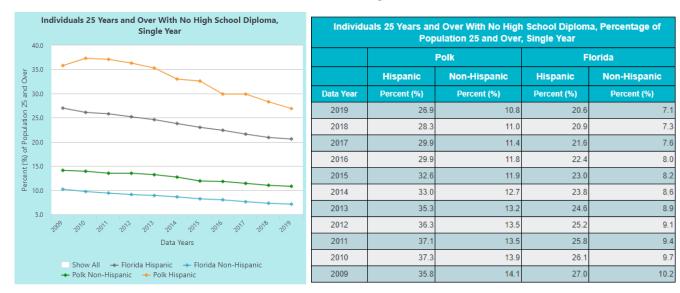
Individuals 25 Years and over with No High School Diploma by Race



Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2019, the percentage of individuals 25 years and over with no high school diploma in Polk County was 15.0% compared to Florida at 11.8%. The percentage of Black individuals 25 years and over in Polk County with no high school diploma was 17.8% compared to white individuals at 13.9%. The line graph that the percentage of the population without a high school diploma or equivalent is decreasing for all populations despite the disparities present. Lack of a high school diploma impacts infant mortality greatly. According to Healthy People 2030, studies have shown that infants born to mothers without a high school diploma are twice as likely to die before their first birthday when compared to infants born to mothers with a college degree. To improve infant mortality, Polk County is addressing racial disparities related to achieving a high school diploma.

Individuals 25 Years and over with No High School Diploma by Ethnicity



Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2019, the percentage of individuals 25 years and over with no high school diploma in Polk County was 15.0% compared to Florida at 11.8%. The percentage of Hispanic individuals 25 years and over in Polk County with no high school diploma was 26.9% compared to non-Hispanic individuals at 10.8%. The line graph that the percentage of the population without a high school diploma or equivalent is decreasing for all populations despite the disparities present. Lack of a high school diploma impacts infant mortality greatly. According to Healthy People 2030, studies have shown that infants born to mothers without a high school diploma are twice as likely to die before their first birthday when compared to infants born to mothers with a college degree. To improve infant mortality, Polk County is addressing ethnic disparities related to achieving a high school diploma.

The impact of education access and quality on infant mortality

Education Access and Quality			
SDOH	SDOH Vulnerable How the SDOH Impacts Infant Mortality Populations Impacted		
Literacy	Populations with lower	Lower educational attainment is associated with lower health literacy. Low health literacy is related to late or no entry into prenatal care.	

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	educational attainment	
Language	Non-English speakers	Related to late or no entry of women into prenatal care.
Early Childhood Development	Infants Racial and ethnic minorities	Infants born to women with less than a high school diploma have roughly twice the probability of dying in the first year of life when compared to infants born to a woman with a college degree. Women with higher levels of education have decreased risk of preterm birth, low birth weight, and respiratory distress/

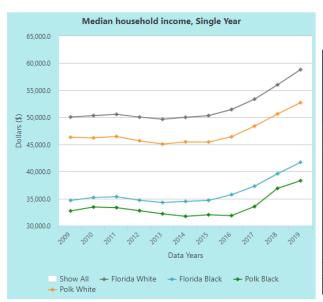
Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources

B. Economic Stability



Economic stability data for Polk County

Median Household Income by Race

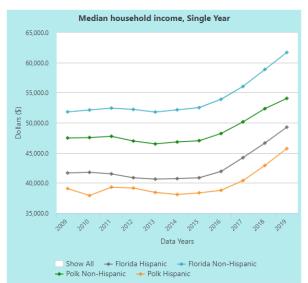


Median nousenoid income, Single Year					
	Polk		Flo	rida	
	White	Black	White	Black	
Data Year	Dollars (\$)	Dollars (\$)	Dollars (\$)	Dollars (\$)	
2019	\$52,709.00	\$38,295.00	\$58,809.00	\$41,702.00	
2018	\$50,628.00	\$36,883.00	\$56,008.00	\$39,586.00	
2017	\$48,371.00	\$33,526.00	\$53,357.00	\$37,280.00	
2016	\$46,408.00	\$31,855.00	\$51,444.00	\$35,722.00	
2015	\$45,438.00	\$31,997.00	\$50,308.00	\$34,664.00	
2014	\$45,457.00	\$31,715.00	\$50,002.00	\$34,467.00	
2013	\$45,079.00	\$32,183.00	\$49,641.00	\$34,282.00	
2012	\$45,665.00	\$32,762.00	\$50,042.00	\$34,690.00	
2011	\$46,453.00	\$33,324.00	\$50,554.00	\$35,334.00	
2010	\$46,209.00	\$33,431.00	\$50,316.00	\$35,197.00	
2009	\$46,320.00	\$32,708.00	\$50,062.00	\$34,650.00	

Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2019, the median household income in Polk County was \$50,584.00 compared to Florida at \$55,660.00. The median household income among the Black population in Polk County was \$38,295.00 compared to the white population at \$52,709.00. The line graph shows change over time. According to Healthy People 2030, studies have shown that families living with less than sufficient household incomes are associate with an increased risk of preterm birth and an increased percentage of women who receive late/no prenatal care. To improve infant mortality, Polk County is addressing racial disparities related to household income.

Median Household Income by Ethnicity

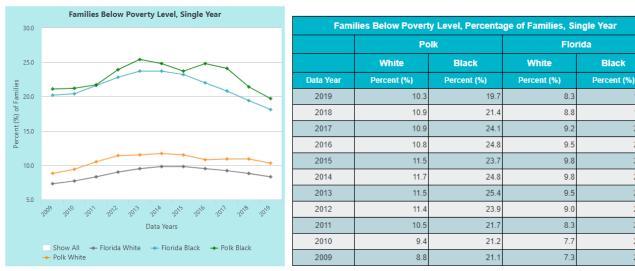


Median household income, Single Year				
	Polk		olk Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Data Year	Dollars (\$)	Dollars (\$)	Dollars (\$)	Dollars (\$)
2019	\$45,703.00	\$54,046.00	\$49,266.00	\$61,682.00
2018	\$42,898.00	\$52,346.00	\$46,627.00	\$58,853.00
2017	\$40,393.00	\$50,143.00	\$44,196.00	\$56,032.00
2016	\$38,770.00	\$48,208.00	\$41,909.00	\$53,904.00
2015	\$38,347.00	\$47,017.00	\$40,851.00	\$52,510.00
2014	\$38,079.00	\$46,808.00	\$40,712.00	\$52,147.00
2013	\$38,417.00	\$46,481.00	\$40,629.00	\$51,783.00
2012	\$39,139.00	\$46,959.00	\$40,860.00	\$52,212.00
2011	\$39,291.00	\$47,750.00	\$41,498.00	\$52,433.00
2010	\$37,903.00	\$47,539.00	\$41,758.00	\$52,121.00
2009	\$39,057.00	\$47,465.00	\$41,646.00	\$51,808.00

Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2019, the median household income in Polk County was \$50,584.00 compared to Florida at \$55,660.00. The median household income among the Hispanic population in Polk County was \$45,703.00 compared to the non-Hispanic population at \$54,046.00. The line graph shows change over time. According to Healthy People 2030, studies have shown that families living with less than sufficient household incomes are associate with an increased risk of preterm birth and an increased percentage of women who receive late/no prenatal care. To improve infant mortality, Polk County is addressing ethnic disparities related to household income.

Families Below Poverty Level by Race



Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2019, the percentage of families below the poverty level in Polk County was 11.7% compared to Florida at 10.0%. The percentage of Black families below the poverty level was 19.7% compared to white families at 10.3%. The line graph shows change over time. According to Healthy People 2030, studies have shown that families living with less than sufficient household incomes are associate with an increased risk of preterm birth and an increased percentage of women who receive late/no prenatal care. To improve infant mortality, Polk County is addressing racial disparities related to household income.

Black

18.1

19.4

20.8

22.0

23.2

23.7

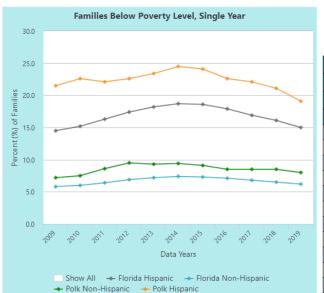
23.7

22.8

21.6

20.4

20.2



Families Below Poverty Level by Ethnicity

Families Below Poverty Level, Percentage of Families, Single Year				
		Polk	F	lorida
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Data Year	Percent (%)	Percent (%)	Percent (%)	Percent (%)
2019	19.1	8.0	15.0	6.2
2018	21.1	8.5	16.1	6.5
2017	22.1	8.5	16.9	6.8
2016	22.6	8.5	17.9	7.1
2015	24.1	9.1	18.6	7.3
2014	24.5	9.4	18.7	7.4
2013	23.4	9.3	18.2	7.2
2012	22.6	9.5	17.4	6.9
2011	22.1	8.6	16.3	6.4
2010	22.6	7.5	15.2	6.0
2009	21.5	7.2	14.5	5.8

Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2019, the percentage of families below the poverty level in Polk County was 11.7% compared to Florida at 10.0%. The percentage of Hispanic families below the poverty level was 19.1% compared to non-Hispanic families at 8.0%. The line graph shows change over time. According to Healthy People 2030, studies have shown that families living with less than sufficient household incomes are associate with an increased risk of preterm birth and an increased percentage of women who receive late/no prenatal care. To improve infant mortality, Polk County is addressing ethnic disparities related to household income.

The impact of economic stability on infant mortality

	Economic Stability				
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Infant Mortality			
Employment	Families living in poverty R/E Minorities	Unemployment is associated with a significantly increased risk of death, in general. Unemployment is also associated with a higher risk of poor birth outcomes, such as preterm birth or babies born at a Low Birth Weight.			
Income	Families living in poverty R/E Minorities	Families living with less than sufficient household incomes are associated with poorer overall health and higher household admission rates to the hospital/ER.			

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Expenses	Families living in	Families living with less than sufficient household
	poverty	incomes are associated with poorer overall health and
	R/E Minorities	higher household admission rates to the hospital/ER.
Debt	Families living in	Families living with less than sufficient household
	poverty	incomes are associated with poorer overall health and
	R/E Minorities	higher household admission rates to the hospital/ER.
Medical Bills	Families living in	Families living with less than sufficient household
	poverty	incomes are associated with poorer overall health and
	R/E Minorities	higher household admission rates to the hospital/ER.
Hunger	Families living in	Households with greater food insecurity have a higher
	poverty	risk of poor health outcomes, infant mortality, and young
	R/E Minorities	child mortality.
	Rural	
	Communities	

Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources

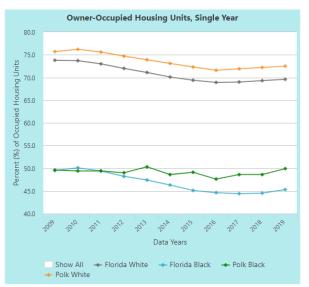
C. Neighborhood and Built Environment



Neighborhood and built environment data for Polk County

The percentage of owner-occupied housing units is the percentage of housing united that are being lived in by their owners. A housing unit is considered "owner-occupied" if the owner of co-owner lives in the unit, even if this housing unit is mortgaged or not fully paid for. A housing unit may be a house, apartment, mobile home, group of rooms, or a single room. Owner-occupied housing is a measure of well-being and neighborhood stability.

Owner-Occupied Housing Units by Race

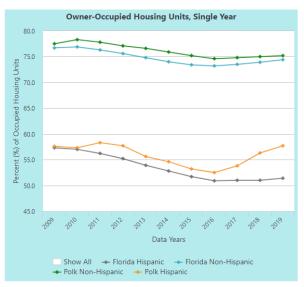


Owner-Occupied Housing Units, Percentage of Occupied Housing Units, Single Year				
	Polk		Flo	rida
	White	Black	White	Black
Data Year	Percent (%)	Percent (%)	Percent (%)	Percent (%)
2019	72.5	49.9	69.6	45.3
2018	72.2	48.6	69.3	44.5
2017	71.9	48.6	69.0	44.4
2016	71.6	47.6	68.9	44.6
2015	72.3	49.1	69.4	45.1
2014	73.1	48.6	70.1	46.3
2013	73.9	50.3	71.1	47.4
2012	74.7	49.0	72.0	48.2
2011	75.6	49.4	73.0	49.4
2010	76.2	49.4	73.7	50.1
2009	75.7	49.6	73.8	49.5

Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2019, the percentage of owner-occupied housing units in Polk County was 68.9% compared to Florida at 65.4%. The percentage of owner-occupied housing units among the Black population in Polk County is 49.9% compared to 72.5% of the White population. The line graph shows change over time. According to Healthy People 2030, studies have shown moving multiple times in one year is associated with a reduced likelihood to seek out primary care and is also associated with negative health outcomes. Furthermore, mothers who struggle with housing instability are more likely to give birth to preterm and low birthweight babies. To improve infant mortality, Polk County is addressing racial disparities related to housing.

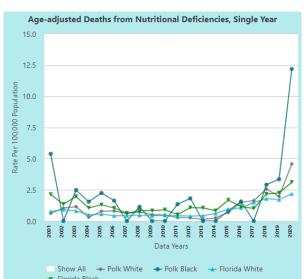
Owner-Occupied Housing Units by Ethnicity



Owner-Oc	Owner-Occupied Housing Units, Percentage of Occupied Housing Units, Single Year			
		Polk	F	lorida
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Data Year	Percent (%)	Percent (%)	Percent (%)	Percent (%)
2019	57.7	75.2	51.4	74.4
2018	56.3	75.0	51.0	73.9
2017	53.8	74.8	51.0	73.5
2016	52.5	74.6	50.9	73.2
2015	53.2	75.2	51.7	73.4
2014	54.6	75.9	52.8	74.0
2013	55.6	76.6	53.9	74.8
2012	57.7	77.1	55.2	75.6
2011	58.3	77.8	56.2	76.3
2010	57.3	78.3	57.0	76.9
2009	57.6	77.5	57.3	76.7

Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2019, the percentage of owner-occupied housing units in Polk County was 68.9% compared to Florida at 65.4%. The percentage of owner-occupied housing units among the Hispanic population in Polk County is 57.7% compared to 75.2% of the Non-Hispanic population. The line graph shows change over time. According to Healthy People 2030, studies have shown moving multiple times in one year is associated with a reduced likelihood to seek out primary care and is also associated with negative health outcomes. Furthermore, mothers who struggle with housing instability are more likely to give birth to preterm and low birthweight babies. To improve infant mortality, Polk County is addressing ethnic disparities related to housing.

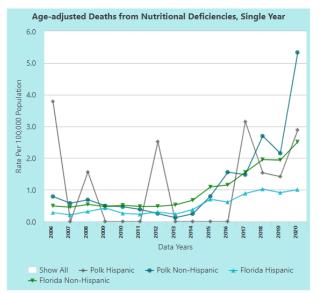


Age-Adjusted Deaths from Nutritional Deficiencies by Race

Age-adjusted Deaths from Nutritional Deficiencies, Rate Per 100,000 Population, Single Year								
	Polk				Florida			
	White		Black		White		Black	
Data Year	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2020	42	4.6	11	12.2	681	2.2	91	3.1
2019	18	2.0	3	3.3	520	1.7	65	2.3
2018	23	2.6	3	2.9	533	1.8	60	2.2
2017	14	1.6	0	0.0	432	1.5	28	1.0
2016	12	1.5	1	1.6	298	1.1	29	1.1
2015	6	0.7	1	0.8	265	0.9	41	1.3
2014	2	0.2	0	0.0	161	0.6	20	0.8
2013	1	0.1	0	0.0	106	0.4	23	1.0
2012	2	0.2	1	1.8	94	0.4	24	1.1
2011	2	0.3	1	1.4	100	0.4	11	0.5
2010	3	0.5	0	0.0	105	0.4	17	0.9
2009	3	0.5	0	0.0	104	0.4	18	0.8

Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2020, the age-adjusted death rate per 100,000 of the population of Deaths from Nutritional Deficiencies was 5.1 compared to Florida at 2.3. The rate of Deaths from Nutritional Deficiencies among the Black population was 12.2 compared to a rate of 4.6 among the White population. The line graph shows change over time. This data indicates that there is a portion of Polk County's population that is food insecure. According to Healthy People 2030, studies have shown that adults who are food insecure are at a higher risk for a variety of negative health outcomes such as obesity and other chronic illnesses. Furthermore, mothers who struggle with food insecurity are more likely to give birth to preterm and low birthweight babies. Inadequate nutrition can also increase the risk of birth defects. To improve infant mortality, Polk County is addressing racial disparities related to food insecurity.



Age-Adjusted Deaths from Nutritional Deficiencies by Ethnicity

Age-adjusted Deaths from Nutritional Deficiencies, Rate Per 100,000 Population Single Year									
		Polk				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic		
Data Year	Count	Rate	Count	Rate	Count	Rate	Count	Rate	
2020	3	2.9	50	5.3	57	1.0	733	2	
2019	1	1.4	20	2.1	49	0.9	550	1	
2018	1	1.5	25	2.7	54	1.0	541	2	
2017	2	3.1	13	1.5	43	0.9	427	1	
2016	0	0.0	13	1.6	27	0.6	306	1	
2015	0	0.0	7	0.8	30	0.7	285	1	
2014	0	0.0	2	0.2	15	0.4	169	C	
2013	0	0.0	1	0.1	9	0.2	124	0	
2012	1	2.5	2	0.2	11	0.3	106	0	
2011	0	0.0	3	0.4	8	0.2	104	0	
2010	0	0.0	3	0.5	9	0.3	114	0	
2009	0	0.0	3	0.5	14	0.4	110	C	

Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2020, the age-adjusted death rate per 100,000 of the population of Deaths from Nutritional Deficiencies was 5.1 compared to Florida at 2.3. The rate of Deaths from Nutritional Deficiencies among the Hispanic population was 2.9 compared to a rate of 5.3 among the Non-Hispanic population. The line graph shows change over time. This data indicates that there is a portion of Polk County's population that is food insecure. According to Healthy People 2030, studies have shown that adults who are food insecure are at a higher risk for a variety of negative health outcomes such as obesity and other chronic illnesses. Furthermore, mothers who struggle with food insecurity are more likely to give birth to preterm and low birthweight babies. Inadequate nutrition can also increase the risk of birth defects. To improve infant mortality, Polk County is addressing ethnic disparities related to food insecurity.

The impact of neighborhood and built environment on infant mortality

Neighborhood and Built Environment					
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Infant Mortality			
Housing	Families living in poverty R/E Minorities Rural Communities	Moving 3 or more times in 1 year is associated with negative health outcomes. Children who move more frequently are more likely to have chronic conditions and poor physical health. Women are less likely to enter into prenatal care if they are housing insecure.			
Transportation	Families living in poverty	Lack of access to public transportation options makes it difficult for expectant mothers and families to attend			

	R/E Minorities Rural Communities	doctors appointments, pick up medications at the pharmacy, and get preventative care in a timely manner.
Safety	Families living in poverty R/E Minorities Rural Communities	Children and adolescents repeatedly exposed to crime and violence are at greater risk for poor physical and behavioral health outcomes. Women exposed to intimate partner violence have an increased of physical and behavioral health issues.
Access to nutritional food	Families living in poverty R/E Minorities Rural Communities	Lack of affordable housing options often places families in areas that are further away from affordable food options, sometimes even located within a food desert. Access to healthy foods has a great impact on the quality of a woman's health during pregnancy and the development of a child when in utero.
Childcare Cost	Families living in poverty R/E Minorities	Childcare costs are high and take a significant portion of a family's income. This income could be used to improve housing, neighborhoods, and support the family in a multitude of ways. Availability of childcare vouchers and assistance is low because the thresholds are difficult to meet for families.

Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources

D. Social and Community Context



Social and community context data for Polk County

Information regarding this indicator will be updated within the plan as data from reliable sources becomes available.

• The impact of social and community context on infant mortality

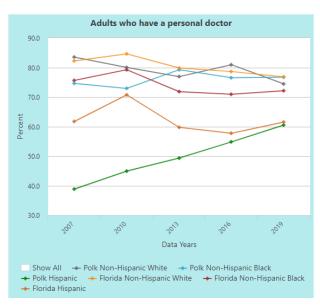
Social and Community Context					
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Infant Mortality			
Support Systems	Families living in poverty R/E Minorities Rural Communities	High levels of social support can help to positively influence health outcomes, i.e. sticking to a healthy diet or reducing emotional stress.			
Community Engagement	Families living in poverty R/E Minorities Rural Communities	Involvement in one's community is associated with better emotional health, lower rates of neighborhood violence, and increased access to health-enhancing resources.			
Discrimination	R/E Minorities	Dealing with discrimination may lead to chronic stress which can prompt negative health outcomes for a woman and her children. In a Polk County survey facilitated by Melanin Families Matter, it was found that the majority of women surveyed had experienced racism in a healthcare setting which delayed the onset of care.			
Stress	Families living in poverty R/E Minorities Rural Communities	Maternal stress has been associated with poor birth outcomes, including preterm birth and low birthweight.			

E. Health Care Access and Quality



Health care access and quality data for Polk County

Adults with a Personal Doctor by Race & Ethnicity

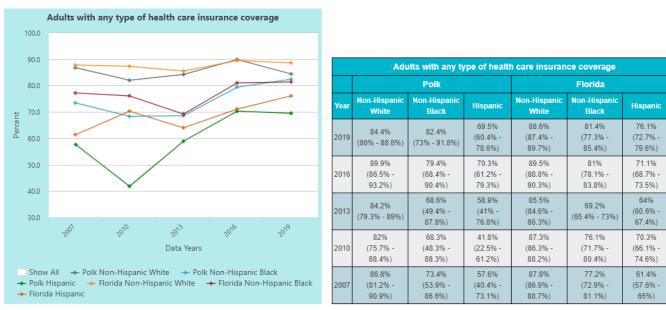


	Adults who have a personal doctor										
		Polk		Florida							
Year	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic					
2019	74.4% (69.5% - 79.4%)	76.7% (66.4% - 87%)	60.5% (50.7% - 70.3%)	76.8% (75.3% - 78.3%)	72.1% (67.6% - 76.6%)	61.5% (57.4% - 65.5%)					
2016	80.9% (76.6% - 85.2%)	76.5% (65% - 88.1%)	54.8% (45% - 64.6%)	78.6% (77.5% - 79.6%)	70.9% (67.7% - 74.1%)	57.7% (55.1% - 60.3%)					
2013	76.9% (70.7% - 83.1%)	79.2% (65.1% - 93.3%)	49.3% (31.9% - 66.8%)	79.8% (78.7% - 80.8%)	71.8% (68.2% - 75.4%)	59.7% (56.2% - 63.2%)					
2010	80% (73.9% - 86.1%)	72.9% (53.1% - 92.6%)	44.9% (25.4% - 64.4%)	84.6% (83.6% - 85.6%)	79.2% (75.1% - 83.3%)	70.7% (66.4% - 75%)					
2007	83.5% (77.8% - 88%)	74.6% (54.3% - 87.9%)	38.8% (24.5% - 55.3%)	82.2% (81.1% - 83.2%)	75.6% (71.4% - 79.4%)	61.7% (58% - 65.2%)					

Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2019, the percentage of adults who have a personal doctor in Polk County was 72.2% compared to Florida at 72%. The percentage of Black adults who have a personal doctor was 76.7%, compared to white adults at 74.4%, and Hispanic adults at 60.5%. The line graph shows change over time. According to Healthy People 2030, studies have shown that adults who have a personal doctor are more likely to receive medical care from their physician and less likely to access the hospital or ER for medical care. Additionally, women who have a personal doctor are more likely to enter into prenatal care earlier in their pregnancy, reducing risk factors related to infant mortality. To improve infant mortality, Polk County is addressing racial and ethnic disparities related to healthcare access and quality.

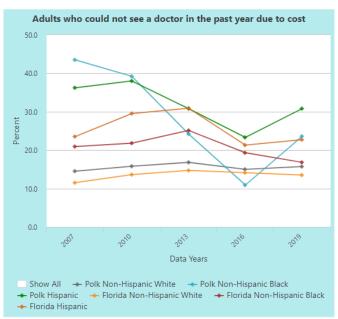
Adults with Health Insurance by Race & Ethnicity



Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2019, the percentage of adults with health insurance in Polk County was 81.7% compared to Florida at 84.2%. The percentage of Black adults with health insurance was 82.4%, compared to white adults at 84.4%, and Hispanic adults at 69.5%. The line graph shows change over time. According to Healthy People 2030, studies have shown that adults who have a with health insurance are more likely to receive medical care from their physician and less likely to access the hospital or ER for medical care. Additionally, women who have a personal doctor are more likely to enter into prenatal care earlier in their pregnancy, reducing risk factors related to infant mortality. To improve infant mortality, Polk County is addressing racial and ethnic disparities related to healthcare access and quality.

Adults who could not see a doctor in the past year due to cost by Race & Ethnicity



	Adults who could not see a doctor in the past year due to cost										
		Polk		Florida							
Year	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic					
2019	15.7% (11.8% - 19.6%)	23.6% (9.1% - 38%)	30.8% (20.3% - 41.4%)	13.5% (12.3% - 14.7%)	16.8% (13% - 20.7%)	22.7% (19% - 26.3%)					
2016	15% (10.8% - 19.1%)	10.9% (3% - 18.8%)	23.3% (15.1% - 31.5%)	14.1% (13.2% - 14.9%)	19.3% (16.3% - 22.2%)	21.3% (19.1% - 23.4%)					
2013	16.8% (11.7% - 21.9%)	24.2% (9.8% - 38.7%)	30.8% (13.8% - 47.8%)	14.7% (13.8% - 15.5%)	25.1% (21.6% - 28.6%)	30.9% (27.6% - 34.2%)					
2010	15.8% (10.6% - 21.1%)	39.2% (16% - 62.3%)	38% (18.5% - 57.6%)	13.6% (12.7% - 14.5%)	21.8% (17.8% - 25.8%)	29.5% (25.3% - 33.7%)					
2007	14.5% (10.6% - 19.6%)	43.5% (26.8% - 61.8%)	36.2% (21.7% - 53.8%)	11.5% (10.8% - 12.4%)	20.9% (17.8% - 24.4%)	23.5% (20.6% - 26.8%)					

Data Source: US Bureau of the Census, American Community Survey, accessed via FLHealth CHARTS

In 2019, the percentage of adults who could not see a doctor in the past year due to cost in Polk County was 19.8% compared to Florida at 16%. The percentage of Black adults who could not see a doctor in the past year due to cost in Polk County was 23.6%, compared to white adults at 15.7%, and Hispanic adults at 30.8%. The line graph shows change over time. According to Healthy People 2030, studies have shown that adults who have a personal doctor are more likely to receive medical care from their physician and less likely to access the hospital or ER for medical care. Additionally, women who have a personal doctor are more likely to enter into prenatal care earlier in their pregnancy, reducing risk factors related to infant mortality. To improve infant mortality, Polk County is addressing racial and ethnic disparities related to healthcare access and quality.

The impact of health care access and quality on infant mortality

	Health Care Access and Quality								
SDOH	SDOH Populations How the SDOH Impacts Infant Mortality Impacted								
Health Coverage	Uninsured Families living in poverty R/E Minorities	Uninsured adults are less likely to receive preventative services for chronic conditions. Out of pocket medical costs often have individuals forgo							

DOH - Polk

Health Equity Plan

		care. Women who do not have health coverage are less likely to enter into prenatal care.
Provider Linguistic and Cultural Competency	Uninsured Families living in poverty R/E Minorities Families with English as a second language	Families who do not feel like their provider understand their language or culture are less likely to engage in preventative or prenatal services.
Provider Availability	Uninsured Families living in poverty R/E Minorities	Limited provider availability increases long wait times and lack of appointment availability. Polk County is a provider shortage area for primary, dental, and Behavioral Health providers.
Quality of Care	Uninsured Families living in poverty R/E Minorities	Many health care resources are more prevalent in communities where residents have health coverage of some sort. Many doctors do not accept Medicaid patients which limits that provider choices available to women enrolled in Medicaid.

 ${\color{red} \textbf{Source:}} \ \underline{\textbf{https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources}$

VIII. SDOH PROJECTS

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

A. Data Review

The Health Equity 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. The Health Equity Task Force considered the policies, systems and environments that lead to inequities.

B. Barrier Identification

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

This activity will be completed with the Health Equity Task Force during the meeting on June 27, 2022.

Partners	SDOH	Partner Barriers	Theme	Collaborative Strategies
		Barriers will be identified during the Health Equity Task Force June 2022 meeting		Collaborative strategies will be identified during the Health Equity Task Force June 2022 meeting

C. Community Projects

The Health Equity Task Force researched evidence-based strategies to overcome the identified barriers and improve the SDOH that impact the prioritized health disparity. The Health Equity Task Force used this information to collaboratively design community projects to address the SDOHs. During project design, the Health Equity Task Force considered the policies, systems and environments that lead to inequities. Projects included short, medium, and long-term goals with measurable objectives. These projects were reviewed, edited, and approved by the Coalition to ensure feasibility.

Health Care Access and Quality Projects

One project the Polk County Health Equity Task Force was able to initiate is called Moms with Monitors. The Project has been coordinated and aligned with the efforts of the League of Women Voters of Polk County (LWVP Polk). This program is designed to provide blood pressure monitors to women who are at risk of pre-term births and maternal mortality. DOH – Polk providers will provide these prenatal patients with monitor cuffs if they are struggling with obesity, chronic hypertension, diabetes, etc., while pregnant and educate patients on how to regularly check their blood pressure. Educational literature and materials will also be provided for the patient to take home with them. The practicing physician will advise the patient to take their blood pressure twice a day and report the readings to the provider each Friday, allowing the physician to collect data and to determine the appropriate action for each patient. Appropriate actions include: bed rest, medical intervention, and no intervention. An objective was crafted to guide the initial implementation of this project: By June 30, 2023, distribute 100 blood pressure monitors to DOH - Polk prenatal patients (baseline: 0 blood pressure monitors distributed). The implementation plan for this project can be found in Appendix F.

IX. HEALTH EQUITY PLAN OBJECTIVES

A. Infant Mortality

- Infant Mortality: By December 31, 2025, reduce the three-year rolling average of the Black infant mortality rate from 13.1 (2017-2019) to 10.0 per 1,000 live births (FLHealth CHARTS).
- Promote safe sleep practices.

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment					
Long-Term SDOI	Long-Term SDOH Goal: Improve access to health services										
Objective: By December 31, 2025, reduce the number of sleep- related infant deaths from 11 (2019) to less than 10 sleep-related deaths.	Polk County Safe Sleep Task Force	Tonya Akwetey	FIMR death certificate review	11	9	2021 – 2025 Polk County CHIP – Objective 2.1.1; 2019 – 2022 Polk Strategic Plan – Objective 1.1.1					
Medium-Term SE	Medium-Term SDOH Goal: Improve access to health services										
Objective: By September 30, 2022, reduce the	Polk County	Tonya Akwetey	FIMR death	11	9	2021 – 2025					

Safe		certificate			Polk
Sleep		review			County
Task					CHIP -
Force					Objective
					2.1.1;
					2019 –
					2022
					Polk
					Strategic
					Plan –
					Objective
					1.1.1
	Sleep Task	Sleep Task	Sleep Task review	Sleep Task review	Sleep Task review

Promote breastfeeding initiation

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment				
Long-Term SDOI	Long-Term SDOH Goal: Improve access to health services									
Objective: Objective: By December 31, 2025, increase the percentage of mothers who initiate breastfeeding from 83.3% (2019) to 85.0%.	WIC	Christine Smith	FLHealth CHARTS	83.3%	85.0%	2021 – 2025 Polk County CHIP – Objective 2.1.2; 2019 – 2022 Polk Strategic Plan –				

						Objective 1.1.1					
Medium-Term SE	Medium-Term SDOH Goal: Improve access to health services										
Objective: By September 30, 2022, increase the percentage of mothers who initiate breastfeeding from 83.3% (2019) to 85.0%.	WIC	Christine Smith	FLHealth CHARTS	83.3%	85.0%	2021 – 2025 Polk County CHIP – Objective 2.1.2; 2019 – 2022 Polk Strategic Plan – Objective 1.1.1					

Promote community advocacy and cohesion

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
Long-Term SDOI	H Goal: Im	prove socia	al and comn	nunity conte	xt	
Objective: Objective: By December 31, 2025, attend and participate in 80% of community	Melanin Families Matter	Lynn Marshall , EdD	Meeting minutes and sign in sheets	100%	80%	2021 – 2025 Polk County CHIP –

advocacy meetings (2021 baseline: 100% of meetings attended).						Objective 2.1.3; 2019 – 2022 Polk Strategic Plan – Objective 1.1.1
Medium-Term SI	OOH Goal:	Improve so	ocial and co	mmunity co	ntext	
Objective: By September 30, 2022, attend and participate in 80% of community advocacy meetings (2021 baseline: 100% of meetings attended).	Melanin Families Matter	Lynn Marshall , EdD	Meeting minutes and sign in sheets	100%	80%	2021 – 2025 Polk County CHIP – Objective 2.1.3; 2019 – 2022 Polk Strategic Plan – Objective 1.1.1

Promote access to health services

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
Long-Term SDO	H Goal: Pr	omote mate	ernal health			

Objective: By December 31, 2025, reduce maternal mortality in Polk from 25.0 per 100,000 (2018-2020) to 20.0 per 100,000 through implementation of moms with monitors.	DOH- Polk	Dr. Bazley	FL Health CHARTS	25.0 per 100,000	20.0 per 100,000	2021 – 2025 Polk County CHIP; 2019 – 2022 Polk Strategic Plan – Objective 1.1.1
Medium-Term SI	OOH Goal:	Improve s	ocial and co	mmunity co	ntext	
Objective: By December 31, 2023, reduce maternal mortality in Polk from 25.0 per 100,000 (2018-2020) to 23.0 per 100,000 through implementation of moms with monitors.	DOH- Polk	Dr. Bazley	FL Health CHARTS	25.0 per 100,000	23.0 per 100,000	2021 – 2025 Polk County CHIP; 2019 – 2022 Polk Strategic Plan – Objective 1.1.1

X. PERFORMANCE TRACKING AND REPORTING

Ongoing communication is critical to the achievement of health equity goals and the institutionalization of a health equity focus. The successes of Health Equity Plan projects are shared with OMHHE, partners, other CHDs, CHD staff, and the Central Office through systematic information-sharing, networking, collecting, and reporting on knowledge gained, so that lessons learned can be replicated in other counties and programs. Regional Health Equity Coordinators facilitate systematic communication within their region.

The Health Equity 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 Health Equity Liaison is responsible for gathering data and monitoring and reporting progress achieved on the goals and objectives of the Health Equity Plan, who will then submit any new activities or objectives onto ClearPoint once access is given by the State. At least quarterly, the Health Equity Liaison meets with the Health Equity Task Force to discuss progress and barriers. The Health Equity Liaison tracks and submits indicator values to the OMHHE within 15 days of the quarter end.

Annually, the Health Equity 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 Health Equity Liaison and the Health Equity Task Force from these annual reports. The Health Equity Liaison then submits the completed report to OMHHE by June 15th annually.

XI. REVISIONS

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

Revision	Revised By	Revision Date	Rationale for Revision

XII. APPENDICES

Appendicespg -	48 – 75
Appendix A: DOH – Polk Health Equity Team Charter	
Appendix B: Health Equity Task Force Promotional Flyer	
Appendix C: Health Equity Task Force Charter	
Appendix D: Health Equity Coalition Partnership List	
Appendix E: 2022 State of the County Participant List	
Appendix F: Moms With Monitors Project Implementation Plan	

APPENDIX A:

DOH – Polk Health Equity Team Charter

Adopted: 5/6/22

Health Equity Team Charter

Overview

In response to Chapter 2021-1700 of the Florida Statute, all counties have been provided resources to create a Health Equity Plan to address health inequities in their communities.

The Health Equity Plan is intended to guide counties in their efforts to create and improve systems, thus ensuring everyone has a fair and just opportunity to attain optimal health. This plan acknowledges that collaborative initiatives to address the social determinants of health (SDOH) are the most effective at reducing health disparities. SDOH include economic stability, neighborhood and physical environment, education, food, health care systems and community and social context.

Contributing Groups

Different groups will contribute to the creation of the Health Equity Plan. The **Minority Health Liaison** in DOH-Polk will facilitate group discussions and activities, as well as ensure that all grant requirements are met. The contributing groups are as follows:

- The Health Equity Team members are CHD staff who are committed
 to improving the capacity of the CHD to address health inequity through training
 and health disparity data analysis. The Health Equity Team will prioritize a health
 disparity to be addressed in the Health Equity Plan and compile data identifying
 the SDOH that impact the prioritized health disparity.
- A Health Equity Plan Taskforce is a group of individuals representing community organizations, clinicians, subject matter experts, and government agencies tasked with creating a Health Equity Plan to address the SDOH that impact the prioritized health disparity.
- The Health Equity Coalition consists of community leaders who represent organizations that work to improve the SDOH. The Coalition provides guidance and feedback regarding Health Equity Plan projects.

Community partners can choose to be involved in the Health Equity Coalition and Health Equity Taskforce if they wish to help guide health equity community projects.

Vision and Values

Vision: Guide our agency in eliminating health disparities and increasing health equity for all

Core Values: Respect. Integrity. Fairness & Justice. Inclusion. Accountability.

Goals of the Health Equity Taskforce

Adopted: 5/6/22

The Health Equity Taskforce has the following goals:

- Move toward eliminating health disparities through policy reform and strengthening and broadening collaboration for addressing health disparities.
- Increase awareness of the significant health inequities, their impact on Polk County and the actions necessary to improve health outcomes for marginalized populations.
- Build the capacity to implement solutions that reduce health disparities and improve health equity.

Responsibilities of the Health Equity Team

The Health Equity Team members will have the following responsibilities:

- Conduct and analyze a health equity assessment of DOH-Polk to assess the knowledge, skills, organizational practices, and infrastructure necessary to address health equity.
- From the findings of the health equity assessment, develop training plans for the DOH-Polk staff to increase the capacity to address health equity.
- Review data to identify top health disparities in Polk County. Data from the Community Health Assessment, Strategic Plan Environmental Scan, FLHealth Charts, CDC, new emerging data, and other relevant data sources should be considered.
- Prioritize a health disparity for the county to work on in the Health Equity Plan.
- Research data to identify how the prioritized health disparity is impacted by SDOH.
- Recommend organizations, gatekeepers, institutions, subject matter experts, researchers, etc., that address the key SDOH to be members of the Health Equity Taskforce.
- At least one member of the Health Equity Team should be on the Health Equity
 Taskforce. CHD staff should not make up more than 25% of the voting members
 of the Health Equity Taskforce. Additional CHD staff may participate on the
 Health Equity Taskforce in roles that are uncommon in partner agencies, such as
 epidemiologists, evaluators, data analysis, etc.

Health Equity Team Meeting Schedule

- May 12th, 2022 from 1:00 2:30 pm
- June 9th, 2022 from 1:00 2:30 pm
- July 14th, 2022 from 1:00 2:30 pm
- August 11th, 2022 from 1:00 2:30 pm
- September 8th, 2022 from 1:00 2:30 pm
- October 13th, 2022 from 1:00 2:30 pm
- November 10th, 2022 from 1:00 2:30 pm
- December 8th, 2022 from 1:00 2:30 pm

APPENDIX B:

Health Equity Task Force Promotional Flyer
English and Spanish versions



Polk County Health Equity Taskforce

The Florida Department of Health in Polk County is looking to form a Polk County Health Equity Taskforce. The Taskforce will be made up of individuals representing community organizations, clinicians, subject matter experts, and government agencies tasked with addressing the Social Determinants of Health that impact disparate populations within Polk. Members of the Health Equity Team will assess the current equity initiatives taking place within the county, raise awareness of significant health disparities, provide input for the creation of the Polk County Health Equity Plan, assist in implementing solutions to reduce health disparities, and help guide health equity community projects.

If you would like to participate in the Polk County
Health Equity Taskforce or would like to recommend
someone for membership, please reach out to
Chantale Jones at Chantale.Jones@flhealth.gov



Health Equity Plan Strategies

- Use a Health in All Policies approach to advance Health Equity.
- Use evidence-based models and best practices related to collaboration building community engagement and partnership.
- Use data driven analysis to identify geographic areas to prioritize interventions and policy implementation.
- Include a communication plan to support impact of the Polk County Health Equity Plan.

Please Contact Chantale Jones

1290 Golfview Avenue Bartow, FL 33830

Telephone Office: 863-578-2184 Cell: 863-270-5423 Email:

Chantale.Jones@flhealth.gov

Igualdad





Equipo de Equidad en Salud de Polk

El Departamento de Salud de Florida en Polk está formando un Equipo de Equidad en Salud. Este grupo incluirá individuos que representan a organizaciones comunitarias, médicos, expertos en la materia y agencias del gobierno encargadas de abordar los determinantes sociales de salud que afectan a poblaciones con disparidades. Los miembros del Equipo de Equidad en Salud evaluarán las iniciativas actuales de equidad en el condado, informaran sobre las disparidades de salud significativas, aportaran para la creación de el Plan de Equidad en Salud, ayudarán a implementar soluciones para reducir las disparidades de salud y ayudarán a guiar los proyectos comunitarios de equidad en salud.

Si desea participar en el Equipo de Equidad en Salud de Polk o desea recomendar a alguien para membresía, comuníquese con Chantale Jones en Chantale.Jones@flhealth.gov



Estrategias para el Plan de Equidad en Salud

- Utilizar un enfoque de Salud en Todas Pólizas para avanzar Equidad en Salud.
- Utilizar modelos basados en evidencia y mejores prácticas relacionadas con colaboración para influir compromiso y alianzas en la comunidad.
- Enfocarse en datos para identificar áreas geográficas donde podemos priorizar la intervención y la implementación de pólizas.
- Incluir un plan de comunicación para apoyar el impacto del Plan de Equidad en Salud de Polk.

Por favor Contacte Chantale Jones

1290 Golfview Avenue Bartow, FL 33830

Teléfono Oficina: 863-578-2184 Celular: 863-270-5423 Email:

Chantale.Jones@flhealth.gov

APPENDIX C:

Health Equity Task Force Charter

Adopted: 6/10/2022

Health Equity Task Force Charter

Overview

In response to Chapter 2021-1700 of the Florida Statute, all counties have been provided resources to create a Health Equity Plan to address health inequities in their communities.

The Health Equity Plan is intended to guide counties in their efforts to create and improve systems, thus ensuring everyone has a fair and just opportunity to attain optimal health. This plan acknowledges that collaborative initiatives to address the social determinants of health (SDOH) are the most effective at reducing health disparities. SDOH include economic stability, neighborhood and physical environment, education, food, health care systems and community and social context.

Contributing Groups

Different groups will contribute to the creation of the Health Equity Plan. The **Minority Health Liaison** in DOH-Polk will facilitate group discussions and activities, as well as ensure that all grant requirements are met. The contributing groups are as follows:

- The Health Equity Team members are CHD staff who are committed
 to improving the capacity of the CHD to address health inequity through training
 and health disparity data analysis. The Health Equity Team will prioritize a health
 disparity to be addressed in the Health Equity Plan and compile data identifying
 the SDOH that impact the prioritized health disparity.
- A Health Equity Plan Task Force is a group of individuals representing community organizations, clinicians, subject matter experts, and government agencies tasked with creating a Health Equity Plan to address the SDOH that impact the prioritized health disparity.
- The Health Equity Coalition consists of community leaders who represent organizations that work to improve the SDOH. The Coalition provides guidance and feedback regarding Health Equity Plan projects.

Community partners can choose to be involved in the Health Equity Task Force and Health Equity Coalition if they wish to help guide health equity community projects.

Mission and Vision

Vision: Guide our agency in eliminating health disparities and increasing health equity for all

Core Values: Respect. Integrity. Fairness & Justice. Inclusion. Accountability.

Adopted: 6/10/2022

Goals of the Health Equity Task Force

The Health Equity Task Force has the following goals:

- Move toward eliminating health disparities through policy reform and strengthening and broadening collaboration for addressing health disparities.
- Increase awareness of the significant health inequities, their impact on Polk County and the actions necessary to improve health outcomes for marginalized populations.
- Build the capacity to implement solutions that reduce health disparities and improve health equity.

Responsibilities of the Health Equity Task Force

To create a data-driven and effective Health Equity Plan, the Health Equity Task Force members will have the following responsibilities:

- Serve on a voluntary basis and receive no monetary compensation for their services
- Build relationships with organizations and community partners that can influence policy making, leverage resources, provide expertise or participate in projects.
- Collaborate with the Minority Health Liaison in preserving order, <u>decorum</u> and productivity during Task Force meetings.
- Review data about health disparities and SDOH provided by the Health Equity Team.
- Solicit and review additional data, as needed, from the Health Equity Coalition and their own organizations.
- Identify top priorities, community concerns, opportunities for action, and resources.
- Research evidence-based and promising approaches to improve the SDOHs that impact the prioritized health disparity.
- Meet expectations of participation, partner recruitment, displaying respect towards members, etc.
- Provide expertise in your field to assist in the creation of the Health Equity Plan.
- Design, implement, and track collaborative health equity projects that address the key SDOH identified.

Health Equity Task Force Meeting Schedule

- June 27th, 2022 from 2:00 3:30pm
- July 26th, 2022 from 2:00 3:30pm
- August 23rd, 2022 from 2:00 3:30pm
- September 29th, 2022 from 2:00 3:30pm
- October 27th, 2022 from 2:00 3:30pm
- November 28th, 2022 from 2:00 3:30pm
- December 27th, 2022 from 2:00 3:30pm

APPENDIX D:

Health Equity Coalition Partnership List

Polk County Health Equity Coalition Partners

Name	Agency						
Ben Abbott	Multiply Christian Church						
David Acevedo	Children's Home Society/Children's Advocacy Center						
Pamela Acosta-Torres	Florida Department of Health in Polk County						
Tonya Akwetey	Health Start Coalition of Hardee, Highlands, and Polk Counties, Inc.						
Aisha Alayande	Heartland Core Wellness and Aisha Alayande, Inc.						
Lieutenant Anthony Allaire	Polk County Sheriff's Office						
Chief Mike Allen	Polk County Sheriff's Office						
Bennie Allred	Peace River Center						
Marcia Andresen	Polk County BOCC – Health & Human Services						
Christy Apisa	United Way of Central Florida						
Donnie Arbeau	Heartland Regional TPO						
Stephanie Arguello	AdventHealth						
Chuck Barmby	City of Lakeland						
Marisa Barmby	Central Florida Regional Planning Council						
Denise Barnes	CARD-USF						
Bernice Bass	Florida Department of Health in Polk County – Director of WIC						
Allison Bates	Age Friendly Lakeland						
Bill Beasley	Polk County Board of County Commissioners						
Lisa Bell	BayCare Health Systems						
Steve Bissonnette	Volunteers in Service to the Elderly (VISTE)						
Naomi Boyer	NOME, Inc.						
Gwinnell Brant	Polk County Sheriff's Office						
Celena Brown	Lakeland Midwifery Care						
Millie Brown	Florida Department of Transportation						
Charlie Burdette	Senior Connection Center						
Stacy Butterfield	Polk County Clerk of Courts						
Chirsty Caley	Lake Wales Care Center						
Breanna Campion	Polk County Fire Rescue						
Deborah Cantero, DNP	Florida Southern College						
Jillian Capper	Polk State College						
Carly Carden	Peace River Center						
Kylia Carswell	Polk County Public Schools						
Sarah Case	Office of Greenways and Trails						
Yazmin Castellano	CARD-USF						
Ermelinda Centeno	Central Florida Health Care						
Ashley Cerjan	Polk Vision						
Sairah Chachad, MD	Lakeside Pediatrics						
Deborah Chesna	Florida Department of Transportation						
Natalya Clemens	Heartland for Children						
Betsy Cleveland	Polk County Public Schools						
Andrea Clontz	Polk County BOCC – Health & Human Services						
LaTasha Cohen	Central Florida Behavioral Health Network, Inc.						
Reba Coil	Polk County Public Schools						
Linda Comer, PhD	Florida Southern College						
Melissa Conrad-Marrow	Celebrate Birth						

Hailee Cornett	CivCom, Tobacco Free Polk
Christina Criser Jackson	United Way of Central Florida
Jeannette Crowley	Polk County Public Schools
Rod Crowley	United Way of Central Florida
Brad Dantzler	City of Winter Haven
Julia Davis	Polk County Transportation Planning Organization
Leslyn Diaz	Polk County BOCC Health and Human Services
Donna Dinkins	Helping Hands Nursing Services
Kathy Dobson	Planned Parenthood of Southwest and Central Florida
Danille Drummond	Lakeland Regional Health
Tammy Durden	Florida Department of Health in Polk County – Director of Community
rammy barden	Health
Heather Earl	Disney
Charlene Edwards	Healthy Start Coalition of Hardee, Highlands, and Polk Counties, Inc.
Angie Ellison	InnerAct Alliance
Angela Falconetti, PhD	Polk State College
Julie Fife	City of Auburndale
Brenda Francis	Life Midwifery Services
Taylor Freeman	Florida Department of Health in Polk County
Tiffani Fritzsche	Peace River Center
Gene Fultz	Parkview Christian Life Center
Georgiana Goodson	Senior Helpers
Alison Grooms	AdventHealth
Daniel Haight, MD	Lakeland Regional Health
Eddie Hall	Polk County Council PTA
Hannah Hardin	Parker Street Ministries
Minnie Hassele	Neighborhood Association for Inwood Community
Luke Hauser	City of Bartow
Sarah Hawkins	AdventHealth
Bettie Harrel-Jones	Inwood Community Member
Frederick Heid	Polk County Public Schools
Sandra Hernandez	Healthy Families
Lakeisha Hood	US Department of Agriculture
Rebekah Hurd	AdventHealth
Jane Ierardi, MD	Nemours Children's Health System
Joy Jackson, MD	Florida Department of Health in Polk County – Health Officer
Jeanne Jenkins, PhD	Florida Southern College
Joy Johnson	Polk County BOCC Health and Human Services
Chantale Jones	Florida Department of Health in Polk County
Audrey Kelley-Fritz	Polk County Public Schools
Teresa Kelly	Health Council of West Central Florida
Alison Kennedy	Florida Presbyterian Homes
Ileana Kniss	Peace River Center
Ryan Kordek	Polk County Transportation Planning Organization
Alice Koehler	LVIM
Jennifer Kovac	Polk County Library Cooperative
Rosa LaLonde	Polk County Fire Rescue
Nick Le	City of Lakeland Parks and Recreation

Susan LeFrancois	Florida Polytechnic University					
Jenna Levine	Florida Department of Health in Polk County – Director of Public Health					
	Planning					
Greg Littleton	Citizens Bank & Trust					
Monica Livingstone	CivCom, Tobacco Free Polk					
Laura Lockwood-Herrscher	Patel, Greene, and Associates, LLC					
Kim Long	Polk Vision					
Sean Malott	Central Florida Development Council					
Erin Martinez	Talbot House Ministries					
Lori Martini	GiveWell Community Foundation					
Brenda Luna	Family Healthcare Foundation					
Nelson Marquez, EdD	Webber International University					
Renisa Martinez	Florida Suncoast Safe Kids led by Johns Hopkins All Children's Hospital					
Teresa Martinez	Institute of Spanish Communication					
Lynn Marshall, EdD	Melanin Families Matter					
Sam McCain	StandUP Polk and UthMoact					
Melanie Michael, DNP	Florida Southern College					
Jodi Miller	United Way of Central Florida					
Paula Mims	League of Women Voters of Polk County					
Tim Mitchell	Parker Street Ministries					
Doris Moore Bailey	The Bailey Group					
Karen Moore	Peace River Center					
Jessica Napoleon	Florida Department of Health in Polk County					
Alex Nikdel	CNP					
Andrea Nikolai	UF/IFAS Extension Polk County					
Orathai Northern	Polk State College					
Alice Nuttall	Lakeland Regional Health					
Nancy Nuzzo	Florida Southern College					
Desiraé Ofori	Community Volunteer					
Christy Olson	Polk County Public Schools					
Andy Palmer	City of Winter Haven					
Kadian Parchment	Heartland for Children					
Sean Parker	Boswell & Dunlap LLP					
Craig Pickos	Polk for Recovery					
Nick Plott	TECO Energy					
Antionette Pollard	Pieces to Peace Counseling					
Rob Quam	Lake Wales Care Center					
Bob Rihn.	Tri County Human Services					
Luis Rivas	Central Florida Behavioral Health Network, Inc.					
Ana Rivera	Puerto Rican & Hispanic Chamber of Commerce					
Katie Roders-Turner	Family Healthcare Foundation					
Amy Royal	kidsPACK.					
Ben Ruch	Polk County Public Schools – HEARTH					
Tasha Saca	Florida Presbyterian Homes					
	City of Winter Haven					
Christine Samuel						
Martha Santiago, EdD	Polk County Board of County Commissioners					
Teri Saunders	Heartland for Children					
Stephen Savarimuthu	Lake Wales Care Center					

Gregory Scott	Polk County Transportation Planning Organization				
Clairedine Senat	Senior Connection Center				
Cindy Sharp	Lakeland Police Department				
Shawn Sherrouse	City of Lakeland				
Carina Shrestha	Senior Connection Center				
Courtney Simmons	Lakeland Regional Health				
Christie Sitek	Frostproof Care Center				
Bill Skelton	Polk County Roads & Drainage Division				
Christine Smith	Florida Department of Health in Polk County - WIC				
Dorothy Smith	Polk County Fire Rescue				
Kristen Smith	BayCare Health Systems				
Lauren Springfield	Lakeland Regional Health				
Darling St. Jean	Total Life Health Center				
Timothy Starnes	Florida Department of Children and Families				
Chad Tagtow	Citizens Bank & Trust				
Elaine Thompson, PhD	YMCA West Central Florida				
Todd Vargo	City of Lakeland				
Holly Vida	Central Florida Health Care				
Eva Villas-Boas	Family Healthcare Foundation				
Nicole Walker	UF/IFAS Extension Polk County				
Jon Michael Wampler	Polk Vision				
Jeff Ware	BayCare				
Steve Warner, EdD	Polk County Public Schools				
Tara Watson	Polk Vision				
Nat West	Winter Haven PEP				
Amy Wiggins	Lakeland Chamber of Commerce				
Bobby Williams	The Freedom Tour				
Kimberly Williams	AdventHealth				
Larry Williams	Peace River Center				
Amanda Wilson	Florida Department of Children and Families				
Kathleen Wright	Florida Virtual School				
Sara Beth Wyatt	Polk County School Board				
Marc Zimmerman	Polk County Tourism & Sports Marketing				

APPENDIX E:

2022 State of the County Participant List

Thursday, April 28, 2022 from 8:00 AM to 10:30 AM (EDT)
Polk State College - Center for Public Safety - 1251 Jim Keene Boulevard - Winter Haven, FL 33880

Last Name	First Name	Qty	Ticket Type	Payment Status
Acosta-Torres	Pamela	1	General Admission	Free Order Order 244612942897-3298232329
Addison	Tommy	1	General Admission	Free Order Order 244612942897-2985712029
Agrawal	Parag	1	General Admission	Free Order Order 244612942897-2954008619
Akwetey	Tonya	1	Live Stream	Free Order Order 244612942897-3324808599
Alexander	Julie	1	General Admission	Free Order Order 244612942897-2954884479
Allen	Cassandra	1	Live Stream	Free Order Order 244612942897-2965450049
Allen	Shaneal	1	General Admission	Free Order Order 244612942897-3442127939
Allen	William	1	General Admission	Free Order Order 244612942897-3443872389
Allenfort	Angie	1	Live Stream	Free Order Order 244612942897-3361927689
Andresen	Marcia	1	General Admission	Free Order Order 244612942897-2953692399
Andresen	Marcia	1	General Admission	Free Order Order 244612942897-3298540479
Antaya	Liz	1	General Admission	Free Order Order 244612942897-3275401839
Bagnall	Jan	2	General Admission	Free Order Order 244612942897-2960480759
Bailey	Amee	1	General Admission	Free Order Order 244612942897-2954735399
Bailey	Amee	1	Live Stream	Free Order Order 244612942897-2954735399
Baldwin	Jeff	1	Live Stream	Free Order Order 244612942897-2960558789
Barber	Karissa	1	Live Stream	Free Order Order 244612942897-3237977209
Barmby	Marisa	1	Live Stream	Free Order Order 244612942897-3309092229
Bass	Bernice	1	Live Stream	Free Order Order 244612942897-3398181769
Beascoechea	Amy	1	General Admission	Free Order Order 244612942897-3306142239
Beatty	Brad	1	Live Stream	Free Order Order 244612942897-3009257999
Beatty	Brad	1	General Admission	Free Order Order 244612942897-3276240649
Beatty	Brad	1	Live Stream	Free Order Order 244612942897-3276240649
Beeman	Allison	1	Live Stream	Free Order Order 244612942897-3275763649
Bennett	Chanda	1	Live Stream	Free Order Order 244612942897-3325459009
Bernard	Rick	1	General Admission	Free Order Order 244612942897-2952707889
			Page 1	

		State	e of the County 2022	
Last Name	First Name	Qty	Ticket Type	Payment Status
Bicknell	Gregory	1	General Admission	Free Order Order 244612942897-3023606779
Bishop	Lois	2	General Admission	Free Order Order 244612942897-3184086869
Bobb	Jacquelyn	1	General Admission	Free Order Order 244612942897-2952540029
Bohde	John	1	General Admission	Free Order Order 244612942897-3417433789
Bohde	Denise	1	General Admission	Free Order Order 244612942897-3435791889
Bond	Todd	1	General Admission	Free Order Order 244612942897-3398508089
Bowman	Diane	1	General Admission	Free Order Order 244612942897-2987777949
Boyett	Jen	1	Live Stream	Free Order Order 244612942897-3275763509
Brant	Gwinnell	1	General Admission	Free Order Order 244612942897-2963195369
Brant	Gwinnell	1	General Admission	Free Order Order 244612942897-3275553209
Braswell	Bill	1	General Admission	Free Order Order 244612942897-3238546859
Brown	Melanie	1	General Admission	Free Order Order 244612942897-2985164849
Brown	Sheryl	1	General Admission	Free Order Order 244612942897-3276346229
Brown	Fannessa	1	Live Stream	Free Order Order 244612942897-3419405919
Broxterman	Evelyn	1	Live Stream	Free Order Order 244612942897-3276391069
Burdett	Debbie	3	General Admission	Free Order Order 244612942897-2953424479
Butterfield	Stacy	1	General Admission	Free Order Order 244612942897-3047317589
Butterfield	Stacy	1	General Admission	Free Order Order 244612942897-3353280649
Cage	Barb	1	Live Stream	Free Order Order 244612942897-3275250599
Campbell Borges Diaz	Leslyn	1	Live Stream	Free Order Order 244612942897-2953595209
Carson	Taylor	1	Live Stream	Free Order Order 244612942897-3275559199
Carswell	Kylia	1	General Admission	Free Order Order 244612942897-3297597699
Centeno	Ermelinda	1	Live Stream	Free Order Order 244612942897-2952540719
Childress	Dennis	1	General Admission	Free Order Order 244612942897-2953018659
Clark	Mary	1	General Admission	Free Order Order 244612942897-2959051619
Claussen	Ann	4	General Admission	Free Order Order 244612942897-3278383379
Cleveland	Betsy	1	General Admission	Free Order Order 244612942897-3325612639
Clontz	Andrea	1	Live Stream	Free Order Order 244612942897-3275358769
Cochran	Steven	1	General Admission	Free Order Order 244612942897-3299992569
			Page 2	
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		State	of the County 2022	
Last Name	First Name	Qty	Ticket Type	Payment Status
Codo-Salisbury	Jennifer	1	General Admission	Free Order Order 244612942897-3045433459
Coil	Reba	1	General Admission	Free Order Order 244612942897-3172978549
Collins	Craig	1	General Admission	Free Order Order 244612942897-2984530009
Copeland	Susan	1	Live Stream	Free Order Order 244612942897-3328466359
Cox	Cedric	1	General Admission	Free Order Order 244612942897-3278130139
Crews-Downs	Annette	1	General Admission	Free Order Order 244612942897-3327766669
Crews-Downs	Annette	1	Live Stream	Free Order Order 244612942897-3327766669
Crowley	Rod	1	General Admission	Free Order Order 244612942897-2964092729
Crowley	Jeanette	1	General Admission	Free Order Order 244612942897-3275280929
Daley	Nancy	1	General Admission	Free Order Order 244612942897-3367461539
Daniels	Kim	1	General Admission	Free Order Order 244612942897-2953143089
Davis	Renee	1	General Admission	Free Order Order 244612942897-2960247199
Davis	Julia	1	General Admission	Free Order Order 244612942897-3309633419
Dinkins	Donna Kay	1	General Admission	Free Order Order 244612942897-2952803199
Dinkins	Donna Kay	1	Live Stream	Free Order Order 244612942897-2952803199
Dobson	Kathy	1	General Admission	Free Order Order 244612942897-3275513859
Dobson	Kathy	1	Live Stream	Free Order Order 244612942897-3275513859
Druding	Jason	1	General Admission	Free Order Order 244612942897-3276321369
Drumgo	Alis	2	General Admission	Free Order Order 244612942897-3296837879
Dumville	Elizabeth	2	General Admission	Free Order Order 244612942897-2956669039
Durden	Tammy	1	Live Stream	Free Order Order 244612942897-3443112779
Earls	Lee	1	General Admission	Free Order Order 244612942897-2953329529
Edwards	Lori	1	General Admission	Free Order Order 244612942897-2953019499
Elsberry	Shanna	2	General Admission	Free Order Order 244612942897-3276306729
Elsberry	Shanna	2	Live Stream	Free Order Order 244612942897-3276306729
Engleman	Bridget	1	General Admission	Free Order Order 244612942897-2961059019
Engleman	Bridget	1	General Admission	Free Order Order 244612942897-3310002899
English	Bob	1	General Admission	Free Order Order 244612942897-3326112429
Enueme	Ashley	1	General Admission	Free Order Order 244612942897-3049837589
			Page 3	
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		State	of the County 2022		
Last Name	First Name	Qty	Ticket Type	Payment Status	
Even	Teresa	1	General Admission	Free Order Order 244612942897-2952528159	
FARTHING	Joanne	1	Live Stream	Free Order Order 244612942897-2952849669	
Faux	Marsha	1	General Admission	Free Order Order 244612942897-2982675349	
Fortney	Sarah	1	General Admission	Free Order Order 244612942897-2952696789	
Fortney	Sarah	1	General Admission	Free Order Order 244612942897-3087346849	
Franklin	Kenneth	1	General Admission	Free Order Order 244612942897-2952629729	
Frazier	Beneshea	1	Live Stream	Free Order Order 244612942897-3421240549	
Frazier	Beneshea	1	General Admission	Free Order Order 244612942897-3428658059	
Freeman	Taylor	1	General Admission	Free Order Order 244612942897-3276121929	
Giarratano	Elena	1	Live Stream	Free Order Order 244612942897-3278907069	
Glenn	Steve	1	General Admission	Free Order Order 244612942897-3281887749	
Gonzalez	Amarilys	1	Live Stream	Free Order Order 244612942897-3419484309	
Greenhow	Eric	1	General Admission	Free Order Order 244612942897-3443764329	
Grullon	Jeannette	1	General Admission	Free Order Order 244612942897-3173015139	
Grullon	Jeannette	1	Live Stream	Free Order Order 244612942897-3173015139	
Hall	Jennifer	2	General Admission	Free Order Order 244612942897-2952841769	
Hall	Chandra	1	General Admission	Free Order Order 244612942897-3028000829	
Hall	Chandra	1	Live Stream	Free Order Order 244612942897-3028000829	
Hallett	Sara	1	Live Stream	Free Order Order 244612942897-3417379869	
Harrell Jones	Bettie	1	Live Stream	Free Order Order 244612942897-3333633529	
Harris	Rachel	1	General Admission	Free Order Order 244612942897-2953037329	
Hein	Kirsten	1	Live Stream	Free Order Order 244612942897-2983597699	
Henderson	Josh	2	General Admission	Free Order Order 244612942897-2988044079	
Hernandez Nieves	Angel	1	General Admission	Free Order Order 244612942897-3294936649	
Higgins	Kris	1	General Admission	Free Order Order 244612942897-3308932859	
Hilligoss	Jack	1	General Admission	Free Order Order 244612942897-3275840109	
Hoskins	Stacey	1	Live Stream	Free Order Order 244612942897-3049439209	
Hurd	Rebekah	1	General Admission	Free Order Order 244612942897-3301104709	
Irby	Nicole	1	General Admission	Free Order Order 244612942897-2963022999	
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		State	e of the County 2022	
		Qty	Ticket Type	Payment Status
Irvine	Sara	1	General Admission	Free Order Order 244612942897-3087755079
Irvine	Sara	1	General Admission	Free Order Order 244612942897-3420511219
Jackson	Nelda	1	General Admission	Free Order Order 244612942897-3275248179
Jaffer	Kelsey	1	General Admission	Free Order Order 244612942897-3354432859
Johnson	Joy	1	General Admission	Free Order Order 244612942897-3325729419
Jones	Chantale	1	General Admission	Free Order Order 244612942897-3432512669
Kelly	Cheryl	1	General Admission	Free Order Order 244612942897-2955889189
Kelly	Teresa	1	Live Stream	Free Order Order 244612942897-3432059239
Killebrew	Representative	2	General Admission	Free Order Order 244612942897-3297255989
Koch	Stephen	1	General Admission	Free Order Order 244612942897-2954157589
Kochanowski	Sharon	1	General Admission	Free Order Order 244612942897-3042496609
Koos	Kelly	1	General Admission	Free Order Order 244612942897-3275532049
Kushmer	Danny	1	General Admission	Free Order Order 244612942897-2952579559
Kushmer	Danny	1	General Admission	Free Order Order 244612942897-3270683039
Lake	Eddie	4	Live Stream	Free Order Order 244612942897-2962150799
Lampp	Beverly	2	Live Stream	Free Order Order 244612942897-3293268049
Leavengood	Ryan	1	General Admission	Free Order Order 244612942897-3442941799
Lehoczky	Maria	1	General Admission	Free Order Order 244612942897-3325480429
Levine	Jenna	1	General Admission	Free Order Order 244612942897-3276117209
Lindsey	George	1	General Admission	Free Order Order 244612942897-2953178449
Littleton	Greg	1	General Admission	Free Order Order 244612942897-3047527299
Lora	Maya	1	General Admission	Free Order Order 244612942897-3354104729
Luce	Pam	1	General Admission	Free Order Order 244612942897-3446069549
Martin	Michael	1	Live Stream	Free Order Order 244612942897-3439135899
Martin	Michael	1	Live Stream	Free Order Order 244612942897-3449589009
Martinez	Johnna	1	Live Stream	Free Order Order 244612942897-2953127999
Martinez	Teresa	1	General Admission	Free Order Order 244612942897-3028501289
Mayid	Patricia	1	General Admission	Free Order Order 244612942897-3439510019
Mayid	Patricia	1	Live Stream	Free Order Order 244612942897-3439510019
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		State	e of the County 2022	
Last Name	First Name	Qty	Ticket Type	Payment Status
Mayid	Patricia	1	Live Stream	Free Order Order 244612942897-3450003159
McCarty	Sarah	1	Live Stream	Free Order Order 244612942897-2952808709
McCarty	Sarah	1	General Admission	Free Order Order 244612942897-2952842499
McDowell	Nicole	1	Live Stream	Free Order Order 244612942897-2952673429
McMillon	Mildred S	2	General Admission	Free Order Order 244612942897-2953859909
McMillon	Mildred S	2	Live Stream	Free Order Order 244612942897-2953859909
McMillon	Mildred S	2	General Admission	Free Order Order 244612942897-3275305559
McMillon	Mildred S	2	Live Stream	Free Order Order 244612942897-3275305559
Miller	Lisa	1	General Admission	Free Order Order 244612942897-3084728009
Miller	Jodi	1	General Admission	Free Order Order 244612942897-3276643599
Miller	Maggie	1	General Admission	Free Order Order 244612942897-3307845179
Mink	Randy	1	General Admission	Free Order Order 244612942897-3326453149
Moore	LaTrice	1	General Admission	Free Order Order 244612942897-3422243619
Moorman	Gioria	2	General Admission	Free Order Order 244612942897-3296725059
Mouton	Rusty	1	General Admission	Free Order Order 244612942897-2953406169
Mulvaney	Thomas	1	Live Stream	Free Order Order 244612942897-3439365969
Mulvaney	Thomas	1	Live Stream	Free Order Order 244612942897-3449177569
Mutz	Bill	1	General Admission	Free Order Order 244612942897-3431592099
Napoleon	Jessica	1	General Admission	Free Order Order 244612942897-3276125009
Nelson	Julie	1	Live Stream	Free Order Order 244612942897-3047701599
Nichols	Morica	1	General Admission	Free Order Order 244612942897-3279720679
Nicholson	Amanda-Jo	6	General Admission	Free Order Order 244612942897-3376454619
Northern	Orathai	1	General Admission	Free Order Order 244612942897-2955365609
Odum	Morgan	1	General Admission	Free Order Order 244612942897-3315082479
Odum	Morgan	1	Live Stream	Free Order Order 244612942897-3445720539
Olson	Christy	2	General Admission	Free Order Order 244612942897-2954014689
Ortiz	Emilisse	7	General Admission	Free Order Order 244612942897-3298616009
Palmer	David	1	General Admission	Free Order Order 244612942897-3276366709
Palmer	David	1	Live Stream	Free Order Order 244612942897-3276366709
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	Last Name	First Name	Qty	Ticket Type	Payment Status
	Pattison		2		
느	Pattison	Angie	2	General Admission	Free Order Order 244612942897-2953002309
	Pfeiffer	Trish	1	General Admission	Free Order Order 244612942897-2953402419
	Phillips	Tom	1	General Admission	Free Order Order 244612942897-2952650969
	Presson	Scott	1	General Admission	Free Order Order 244612942897-3173372469
	Presson	Scott	1	Live Stream	Free Order Order 244612942897-3173372469
	Price	Catherine	1	Live Stream	Free Order Order 244612942897-2954108779
	Quam	Rob	1	General Admission	Free Order Order 244612942897-3001188409
	Quary	Dell	1	General Admission	Free Order Order 244612942897-3359460149
	Quary	Dell	1	Live Stream	Free Order Order 244612942897-3359460149
	Rapp	Allison	1	Live Stream	Free Order Order 244612942897-2964525829
	Raub	Kaley	2	General Admission	Free Order Order 244612942897-2952794489
	Ray	Susie	1	Live Stream	Free Order Order 244612942897-3382571829
	Reed	Jean	2	General Admission	Free Order Order 244612942897-2954624179
	Rewis	Brian	1	General Admission	Free Order Order 244612942897-2952643589
	Rice	Claire	1	General Admission	Free Order Order 244612942897-3028618149
	Riddell	Dana	1	General Admission	Free Order Order 244612942897-3306551079
	Riddell	Dana	1	Live Stream	Free Order Order 244612942897-3430509219
	Rihn	Robert	2	General Admission	Free Order Order 244612942897-2952621889
	Ring	James	1	General Admission	Free Order Order 244612942897-3324789189
	Roberson	Marcia	1	General Admission	Free Order Order 244612942897-3325463949
	Roberts-McCarley	Sara	1	General Admission	Free Order Order 244612942897-3431616499
	Robinson	April M.	1	General Admission	Free Order Order 244612942897-3283580229
	Robinson	April M.	1	Live Stream	Free Order Order 244612942897-3283580229
	Robison	Jay	1	General Admission	Free Order Order 244612942897-3297129009
	Rodriguez	Cindy	1	General Admission	Free Order Order 244612942897-2952870609
	Roll	William	1	General Admission	Free Order Order 244612942897-3277584089
	Rowan	Jamie	1	General Admission	Free Order Order 244612942897-3275247109
	Rowan	Jamie	1	Live Stream	Free Order Order 244612942897-3275247109
	Rowan	Jamie	1	Live Stream	Free Order Order 244612942897-3448909459
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		State	of the County 2022	
Last Name	First Name	Qty	Ticket Type	Payment Status
Royal	Amy	2	General Admission	Free Order Order 244612942897-3275259059
Ruz	Ivon	1	General Admission	Free Order Order 244612942897-3027625739
Saenz	Kimberly	1	General Admission	Free Order Order 244612942897-3017966059
Sakagawa	Tamara	1	General Admission	Free Order Order 244612942897-2954443519
Sands	Julia	1	General Admission	Free Order Order 244612942897-3297090559
Santiago	Martha	1	General Admission	Free Order Order 244612942897-3300248359
Schmucker	Jeff	1	General Admission	Free Order Order 244612942897-3378979509
Scott	Sherry	1	General Admission	Free Order Order 244612942897-3156108249
Senn	Stephen	1	General Admission	Free Order Order 244612942897-3092181619
Sessions	Captain Robert	1	General Admission	Free Order Order 244612942897-3419873329
Sharp	Cindy	1	General Admission	Free Order Order 244612942897-3326028169
Sharp	Cindy	1	Live Stream	Free Order Order 244612942897-3326028169
Sharpe	Gaye	1	Live Stream	Free Order Order 244612942897-2954386649
Sheehan	Donna	1	General Admission	Free Order Order 244612942897-2954193319
Sheehan	Donna	1	Live Stream	Free Order Order 244612942897-2954193319
Shiver	Michelle	1	General Admission	Free Order Order 244612942897-2952531629
Shoemaker	Ed	1	General Admission	Free Order Order 244612942897-3275700849
Simon	David	1	General Admission	Free Order Order 244612942897-3160937199
Sjoblom	Scott	1	General Admission	Free Order Order 244612942897-2953028459
Skaggs	Deidre	1	General Admission	Free Order Order 244612942897-2952785639
Smith	Breanna	1	General Admission	Free Order Order 244612942897-3174171509
Smith	Breanna	1	Live Stream	Free Order Order 244612942897-3174171509
Smith	Kristen	1	General Admission	Free Order Order 244612942897-3275545359
Spake	Michael	1	General Admission	Free Order Order 244612942897-3275383419
Spencer	Lisa	1	Live Stream	Free Order Order 244612942897-3186886749
Springfield	Lauren	1	General Admission	Free Order Order 244612942897-2983741959
Springfield	Lauren	1	General Admission	Free Order Order 244612942897-3306561439
Stack	Bob	1	Live Stream	Free Order Order 244612942897-2952885099
Stripling	Lana	1	General Admission	Free Order Order 244612942897-2961318519
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Last Name	First Name	Qty	Ticket Type	Payment Status	
Sweeten	Tina	1	General Admission	Free Order Order 244612942897-2952581639	
Taguri	Abdu	1	Live Stream	Free Order Order 244612942897-2953089659	
Taylor	Ryan	1	General Admission	Free Order Order 244612942897-2960924729	
Taylor	Aubum	1	General Admission	Free Order Order 244612942897-3443394389	
TILLMAN	JEFFREY	2	General Admission	Free Order Order 244612942897-3060369569	
Twyford	Eddy	1	General Admission	Free Order Order 244612942897-2952857619	
Vida	Holly	1	General Admission	Free Order Order 244612942897-2952531059	
Vida	Holly	1	Live Stream	Free Order Order 244612942897-3448834499	
Wallace	Cynthia	1	Live Stream	Free Order Order 244612942897-3324494729	
Walter	Dorene	1	Live Stream	Free Order Order 244612942897-3005082179	
Ward	Daryl	2	General Admission	Free Order Order 244612942897-3324726129	
Ware	Jeff	1	General Admission	Free Order Order 244612942897-3027585299	
Ware	Deena	1	General Admission	Free Order Order 244612942897-3246454439	
Ware	Jeff	1	General Admission	Free Order Order 244612942897-3275357199	
Warner	Steve	1	General Admission	Free Order Order 244612942897-2952679999	
Williams	Linda	1	General Admission	Free Order Order 244612942897-3299247539	
Williams	Linda	1	Live Stream	Free Order Order 244612942897-3299247539	
Williams	Bobby	2	General Admission	Free Order Order 244612942897-3368722219	
Wood	Ana	1	General Admission	Free Order Order 244612942897-3431970639	
Worthington Decker	Katie	1	General Admission	Free Order Order 244612942897-2952632099	
Yates	Brian	1	General Admission	Free Order Order 244612942897-3248828589	
Young	Myrtice	1	General Admission	Free Order Order 244612942897-3334581339	
zenkner	kyle	1	General Admission	Free Order Order 244612942897-2952570569	
zenkner	kyle	1	Live Stream	Free Order Order 244612942897-2952570569	
Zimmerman	Debbie	1	Live Stream	Free Order Order 244612942897-2952938539	
zimmerman	marc	1	General Admission	Free Order Order 244612942897-3275259339	
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APPENDIX F:

Moms With Monitors Project Implementation Plan

DOH - Polk

Health Equity Plan

Moms with Monitors						
Activity	Person Responsible	<u>Date</u>	Comments			
Meet with League of Women Voters	Jenna/Taylor/Paula	October 2021	Complete			
of Polk County (LWVP) to discuss						
Moms with Monitors Proposal						
Speak with Dr. Bazley and Shelly	Jenna, Taylor, Chantale	January 2022	Complete			
Benson regarding monitors/proposal						
Speak with DOH Finance Dept and	Jenna, Chantale, Taylor,	After July 1st	Must wait until new fiscal year to complete task			
LWVP to purchase cuffs	Dr. Jackson, Paula, Lauren					
Purchasing process and cuff approval	Theresa, Jenna	TBA				
Distribute cuffs to Dr. Bazley's office	Jenna, Chantale, Taylor	TBA				
Track Dr. Bazley's distribution of	Chantale, Taylor, Jenna	TBA				
cuffs and report to LWVP						