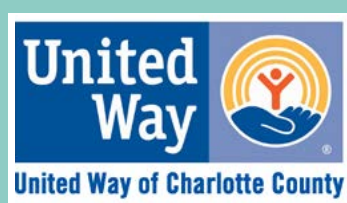


2020

Community Health and Needs Assessment Report



Acknowledgements

The work required to produce this report could have only been accomplished with the help of community partners and a dedicated group of the following key leaders and supporters:

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Partners:

American Foundation for Suicide Prevention	Englewood Community Coalition
Area Agency for Aging of Southwest Florida	Family Health Centers of Southwest Florida
Aspen University	Fawcett Memorial Hospital
Bayfront Health Port Charlotte	Florida South Western State College
Bayfront Health Punta Gorda	Golisano Children's Hospital of Southwest Florida
Boys and Girls Club of Charlotte County	Goodwill of Southwest Florida
Big Brothers Big Sisters	Green D.O.T.
CAB	Grove City Manor
Center for Abuse and Rape Emergencies (C.A.R.E.)	Gulf Coast Partnership
Center for Progress and Excellence	Gulfcoast South Area Health Education Center
CareerSource Southwest Florida	Habitat for Humanity
Charlotte 2-1-1	Harbour Heights Community
Charlotte Behavioral Health Care	Health Planning Council of Southwest Florida
Charlotte Community Foundation	Healthy Lee
Charlotte County Board of County Commissioners	Healthy Start
Charlotte County Community Services	JFCS of the Suncoast
Charlotte County Fire & EMS	Kids Thrive Collaborative
Charlotte County Friendship Centers	Lifelong Learning Institute
Charlotte County Government	Military Officers Association of America
Charlotte County Healthy Start Coalition	Millenium Physicians Group
Charlotte County Homeless Coalition	Peace River Elementary
Charlotte County Human Services	Pregnancy Careline
Charlotte County Medical Society	Pregnancy Solutions
Charlotte County Public Libraries	Punta Gorda Housing Authority
Charlotte County Public Schools	Sharespot
Charlotte County Sheriff's Office	Sky YMCA
Charlotte Sun News	Southwest Florida Counseling Center
Charlotte County Transit	TEAM Punta Gorda
Charlotte County Veterans Services	The Cultural Center
Children's Network of Southwest Florida	The Verandas
City of Punta Gorda	Tobacco Free Florida
Coastal Behavioral Healthcare	Trabue Woods Community
Drug Free Charlotte County	United Way of Charlotte County
Drug Free Punta Gorda	Veterans Affairs
Englewood Community Care Clinic	Virginia B. Andes Volunteer Clinic
Early Learning Coalition of Florida's Heartland, Inc.	WellCare

To meet Public Health Accreditation Board (PHAB) Domain 1, Standard 1.1. The Health Department must provide documentation of the collaborative process to identify and collect data and information, identify health issues, and identify existing assets and resources to address health issues. The model utilized for this assessment is the Mobilizing for Action through Planning and Partnerships (MAPP).

To comply with the federal Community Service Block Grant (CSBG) Act, Public Law 105-285, 42 U.S.C. 9908 (a) (11), Charlotte County Human Services (a CSBG eligible entity) is required to complete a Community Needs Assessment every 3 years as a condition of funding. This Community Health and Needs Assessment meets that requirement and will inform the work of the Human Services Department and its Community Action Agency Advisory Board (CAAAB) to ensure the most effective alignment of CSBG and other local, state and federal resources.

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“Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous.”

-Vision

As part of the Community Health and Needs Assessment, Charlotte County conducted a Community Health and Needs Survey. Thanks to the hard work of our community partners, an unprecedented total of 1,367 surveys were collected! The survey results will help our community prioritize public health and well-being issues, identify resources to address them, and take action to improve conditions that support healthy living. Thank you to all those who participated and helped spread the word about the survey!

“Community health matters to Charlotte County!”

Letter to the Community

Community Health and Needs Assessment 2020

The Florida Department of Health in Charlotte County (DOH-Charlotte) is pleased to present the 2019-2020 Charlotte County Community Health and Needs Assessment (CHNA) Report. The communities included in this analysis are Punta Gorda, Port Charlotte, and Englewood, Florida. This report is the result of a 5-agency partnership between the Department of Health (DOH-Charlotte), Charlotte County Human Services (CCHS), Charlotte Behavioral Health Care (CBHC), United Way of Charlotte County (UWCC), and the Health Planning Council of Southwest Florida (HPCSWFL).

Every 5 years, DOH-Charlotte completes a Community Health Assessment (CHA), which is then used to produce and inform a 3-5-year Community Health Improvement Plan (CHIP). The purpose of the community health assessment includes the thorough review and analysis of relevant data to provide invaluable information on the overall health and well-being of our local community. To produce the 2019-2020 CHA, however, the group of partners endeavored to compose a much more robust analysis which considered the economic, social, environmental, behavioral, and educational factors, which invariably impact individual and population level health outcomes. United by a singular vision, each partner agency provided a distinct perspective through which to analyze Charlotte County's overall health and well-being status and help create this report's central narrative. As such, this report is a Community Health and Needs Assessment (CHNA).

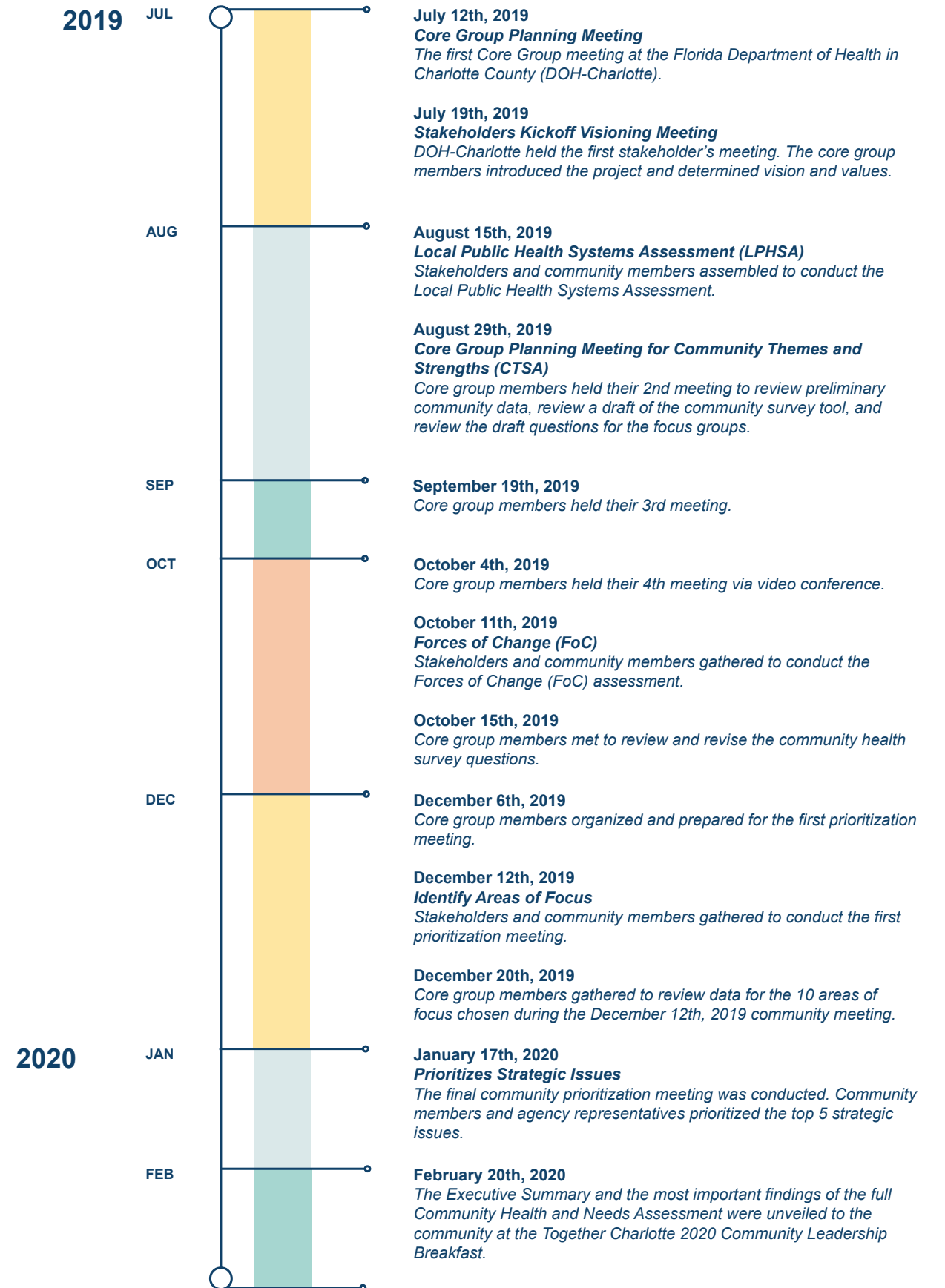
That said, the quality of health and health resources available to a community should be evaluated regularly to apply or maintain effective health equity practices. As a result, the five aforementioned partners collaborated in hopes of facilitating a process by which residents could identify and prioritize the major areas of need for their community and ultimately, produce the most comprehensive CHNA report for our county, to date. Consequently, this report provides a thorough assessment of the overall health and well-being status of Charlotte County, FL, including evaluations of local public health systems, community assets, and Charlotte County resident feedback on quality of life.

Finally, although the Community Health and Needs Assessment was spearheaded by the Florida Department of Health in Charlotte County and facilitated by the Health Planning Council of SWFL and partners, the CHNA process was a community-wide undertaking, involving feedback from local public health systems, faith-based organizations, local businesses, social service agencies, education agencies, and community residents. The information in this report should be used as a resource and support tool for local policymakers, local public health system directors and all the agencies that serve Charlotte County; it should enable them to better plan and deliver targeted services and inform local policy decisions, while guaranteeing the development of effective interventions and the equitable distribution of community resources, to all those in need.

In Public Service,

The Florida Department of Health in Charlotte County,
Charlotte County Human Services,
Charlotte Behavioral Health Care,
United Way of Charlotte County,
Health Planning Council of Southwest Florida.

Timeline



Introduction

The 2019-2020 Community Health and Needs Assessment (CHNA) was conducted in partnership with Charlotte County Human Services (CCHS), Charlotte Behavioral Health Care (CBHC), and United Way of Charlotte County (UWCC). The 7-month CHNA process was facilitated by the Health Planning Council of Southwest Florida (HPCSWFL) from July 2019-December 2019 and by DOH-Charlotte from December 2019-January 2020.

For the purposes of accreditation by the Public Health Accreditation Board (PHAB), we used the Mobilizing for Action through Planning and Partnerships (MAPP) model produced by the National Association of County and City Health Officials (NACCHO) with funding in part from the Centers for Disease Control and Prevention (CDC).

The MAPP Model

The MAPP model is a strategic planning process that provides a framework by which local health departments can conduct a health assessment to improve a community’s health and overall well-being. Through its six phases, MAPP emphasizes local resident participation and identifies community resources and asset capacities to empower local systems to address their community’s most pressing health needs. Following the MAPP model, we completed four phases and four assessments including: a Community Health Status Assessment (CHSA), a Community Themes and Strengths Assessment (CTSA), a Local Public Health System Assessment (LPHSA), and a Forces of Change (FOC) Assessment. The final two phases of the MAPP process will be the development and implementation of the 2021-2026 Charlotte County Community Health Improvement Plan (CHIP).

Phase 1: Organize for Success/Partnership Development

Phase one consisted of 4 processes: Developing community coalitions; Planning public health partnership activities; Planning a community strategic planning process; and Engaging community members around improving public health. These initial activities are essential in that they lay the foundation for assessing the community’s themes and strengths and they also set the tone for the overall CHNA process.

As the coordinating MAPP organization, DOH-Charlotte met with representatives from CCHS, CBHC, and UWCC in early 2019 to build a partnership that would help steer and manage each phase of the community health needs assessment process. This partnership and its members became known as “The MAPP Core Group.” Creating the core group partnership not only ensured the successful planning and implementation of the CHNA process, but also allowed for the creation of one major Community Health and Needs Assessment that would satisfy the reporting requirements of each core group member agency.

In early July 2019, the core group held their first planning process meeting to review the MAPP process, develop a program schedule, form initial contacts for the steering committee, and determine branding.

Phase 2: Visioning

By mid-July 2019, the first Stakeholder’s meeting took place to introduce the project to the community and build a vision to provide focus of the CHNA process. Using a word cloud, those present formed the following vision:

“Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous” (Appendix A).

Members also identified additional partner agencies and community contacts for the subsequent phases.

Phase 3: Four MAPP Assessments

During phase 3, the core group directed the collection of both quantitative and qualitative data through four assessments (Figure 1). Each assessment evaluates separate components of a community’s health infrastructure and includes often overlooked elements such as, transportation and affordable housing.

These assessments were facilitated by the Health Planning Council of Southwest Florida. Their final reports are included in the appendices of this document.

a. Community Health Status Assessment (CHSA)

The CHSA conducted in August 2019 helped build a community health profile of Charlotte County, Florida by answering the questions: “How healthy are our residents?” and “What does the health status of our community look like?”

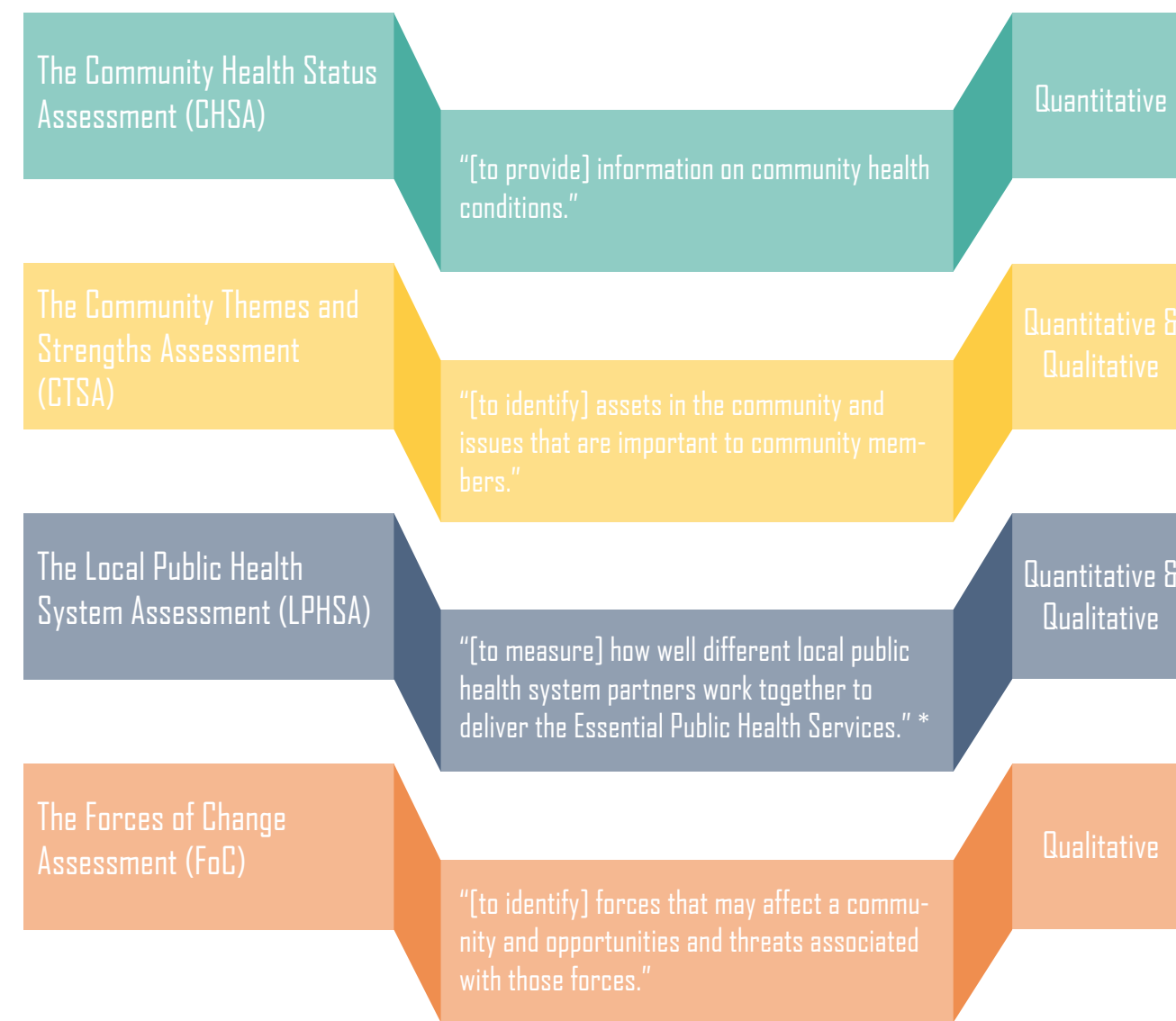
Initial data were gathered by HPC between August 2019 and December 2019. Following the 11 broad-based categories presented in the MAPP CHSA process as our core indicators, data was collected and analyzed for Charlotte County on demographics, socioeconomic, quality of life, behavioral risk factors, environmental health, and health resources availability, among others (Appendix B). For this CHNA, data were grouped under 8 main categories: Demographics; Behavioral, Social, and Emotional Health; Economics; Education and Youth; Environment; Health; Healthcare, and Transportation. Data analysis in these categories

helped determine Charlotte County’s health status relative to neighboring counties and the state.

b. Community Themes and Strengths Assessment (CTSA)

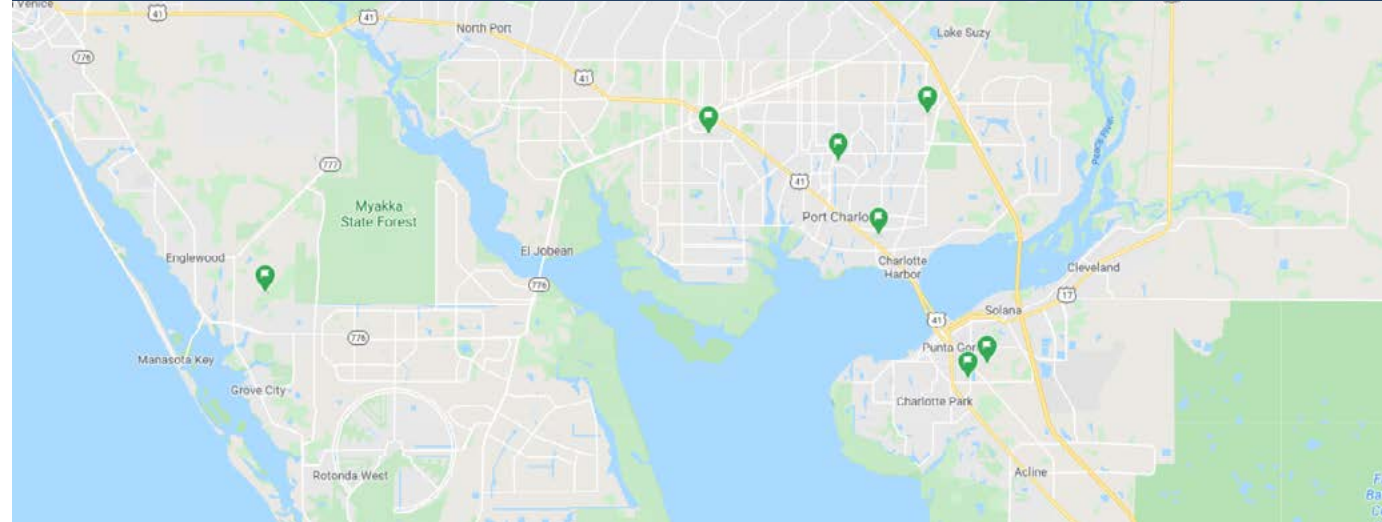
For the CTSA, we conducted 7 focus groups and designed a community health and needs survey to supplement secondary data analysis gathered for the CHSA. More specifically, it gave the residents of Charlotte County a platform to express their needs and concerns about services, resources, and other contributing factors to their health and well-being.

Figure 1: The Four MAPP Assessments



*Established in 1994 by the Core Public Health Functions Steering Committee of the United States Department of Health and Human Services, the Essential Public Health Services is a list of 10 functions and activities, which should be provided by all local public health systems. For more information, visit: <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>.

Figure 2: Community Health and Needs Assessment Focus Group Distribution within Charlotte County, FL



Focus Groups

Between September 2019 and November 2019, the HPC completed 7 focus groups in Charlotte County. Because focus groups allow individuals to express organic emotions and perspectives in areas where data cannot speak, their feedback helped to provide context to the CHSA. The focus group questions were designed by HPC in collaboration with the Core Group. The questions consisted of the following concepts:

- Thoughts on health and well-being
- Improvements
- Awareness of existing community agencies and resources
- Barriers to maintain good health and well-being
- Discussion of the Charlotte County vision
- What they would like to change

A visual aid was created to help the focus group participants think about outside factors that impact overall health and well-being (Appendix C). Site champions were identified through the Core Group and community partners. These champions were asked to promote the focus group at their respective locations through word of mouth and flyers. Each flyer contained a call for participation, location, date, time, organizer contact information, the vision statement, and a notification about the incentive (Appendix D). There were no flyers produced for the Community Action Agency Advisory Board (CAB) group or the Kids Thrive! Collaborative focus group.

Before the start of each meeting, anonymous

demographic forms were collected from each participant (Appendix E). These forms were also designed by the HPC. Table 1 presents the demographic makeup of the participants. For the initial three focus groups, all participants received \$10 VISA gifts cards provided by HPC and CBHC. Due to an overwhelming amount of participation, all of the gift cards allotted for the focus groups were used by October 28, 2020. The participants for the remaining four focus groups were notified and did not receive gift cards for their participation.

There was a total of 71 participants covering diverse demographic and socioeconomic characteristics. The seven focus groups were conducted in community-based locations throughout Punta Gorda, Port Charlotte, and Englewood, as shown in Figure 2 and listed in Table 2. The top 5 topics identified by the focus groups are listed in Figure 3.

Community Survey

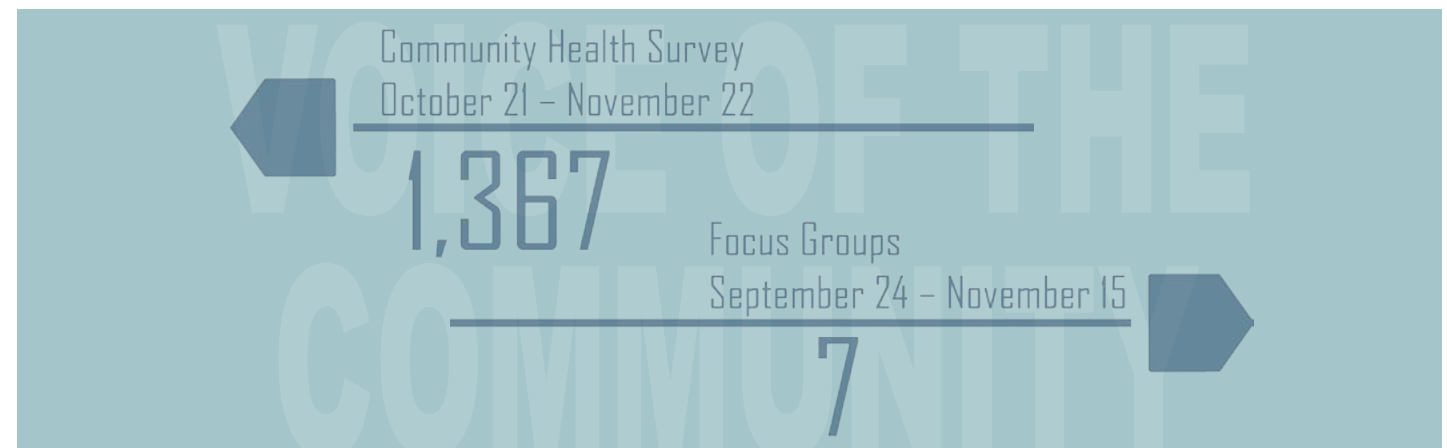
In collaboration with the core group of partners, the Health Planning Council of Southwest Florida developed the Community Health and Needs Assessment survey

Figure 3: Focus Group Top 5 Topics of Concern

- Better Transportation
- More low cost activities/entertainment
- More affordable housing
- Increase awareness of resources/programs
- Good paying jobs

Table 1: Demographic Comparisons

Community Make-Up	Community Survey Participants	Focus Group Participants
<ul style="list-style-type: none"> • 46.9% of the population is 60 years old or over. • 32.6% of the Charlotte County population are between 35-59 years of age. • 51.2% of Charlotte County residents are female. • 90.1% of Charlotte County residents are White; • 5.7% are Black or African American. • 41.7% of Charlotte County residents are in the workforce. • 22% of Charlotte County residents have a bachelor's degree. • 97% of Charlotte County residents speak English as their primary language. • 23.3% of Charlotte County households have a child/children 18 or under. • 11.5% of Charlotte County residents have an income of \$15,000 or less. • The median household income in Charlotte County is \$49,225. • 47.7% of Charlotte County households have an income between \$35,000 and \$100,000. • 83% of residents have an overall favorable view of the quality of life in Charlotte County. 	<ul style="list-style-type: none"> • 33.3% of survey respondents were 60 years old or over. • 51.5% of survey respondents were between 35-59 years of age. • 73% of survey respondents were female. • 84.1% of survey respondents were White; • 8.3% were Black or African American; • 67.57% were employed and 21% were retired. • 22.2% of survey respondents have a bachelor's degree. • 96.4% of survey respondents' primary language was English and 2.11% of surveys respondents' primary language was Spanish. • 66.2% of survey respondents had children 18 years or under in their households. • 17.3% of survey respondents had a household income of \$15,000 or less. • 33% of survey respondents had a household income between \$15,000 and \$45,000. • 31% of survey respondents had a household income between \$45,001 and \$90,000. • 54.46% of survey respondents were "slightly" or "fully satisfied" with the quality of life in Charlotte County. 35.77% were "somewhat satisfied." 	<ul style="list-style-type: none"> • 27% of focus group participants were 60 years old or over. • 42% of focus group participants were between 35-59 years of age. • 66% of focus group participants were female. • 89% of focus groups participants were White; • 4% were Black or African-American; • 52% of focus group participants were employed & 22% were retired. • No data collected. • 97% of focus group participants' primary language was English and 3% of participants' primary language was Spanish. • 38% of focus group participants had children 18 years or under in their households. • 41% of focus group participants had a household income of \$15,000 or less. • 39% of focus group participants had a household income between \$15,000 and \$45,000. • 15% of focus group participants had a household income between \$45,001 and \$90,000. • No data collected.
Military Veterans		
<ul style="list-style-type: none"> • 14.9% of the Charlotte County adult population are military veterans. • 72% of military Veterans are 65 or older. • 94.4% of military Veterans are male and 5.65% are female. 	<ul style="list-style-type: none"> • 15% of military Veterans in Charlotte County disabled. • 64% of Veterans are in the workforce. • 2.2% of Veterans are black or African-American. 	<ul style="list-style-type: none"> • 1.3% of Veterans are Hispanic



FOCUS GROUPS

SURVEY

Table 2: Focus Groups: October 15, 2019 – November 15, 2019

	Population:	Address:	Date/Time:	Facilitators:	Status:
The Verandas	Seniors	24500 Airport Rd Punta Gorda, FL 33950	9/24/2019	HPC	COMPLETED
CAB Group	Working Professionals	1050 Loveland Blvd Port Charlotte, FL 33980	9/26/2019	HPC	COMPLETED
Share Spot	Adults with disabilities/ Special needs	1700 Education Avenue, Building B, Punta Gorda, FL	10/28/2019 11:00-12:00PM	HPC	COMPLETED
Peace River Elementary	Staff	22400 Hancock Ave Port Charlotte, FL 33952	11/6/2019 9:30AM	HPC	COMPLETED
Boys & Girls Club	Parents	21450 Gibraltar Dr, Suite 10 Port Charlotte, FL 33952	11/7/2019 5:30PM	HPC	COMPLETED
Sky YMCA	Parents	701 Medical Blvd Englewood, 34223	11/14/2019 3:00PM	HPC	COMPLETED
Kids Thrive	Families/Moms	1445 Education Way, Port Charlotte, FL 33948	10/28/2019	Kids Thrive	COMPLETED

for the 2019-2020 CHNA. The survey was designed to assess Charlotte County resident perceptions of the community’s most pressing health and needs concerns. To achieve the core group’s vision of producing a comprehensive CHNA, all four member agencies contributed questions that addressed different aspects of health and well-being such as mental health, housing, economic wellness, and substance abuse. There was a total of six pages with 40 questions. Questions 1-6 were multiple choice, 7-23 were Likert scale quality of life questions, and 25-40 collected demographic information (Appendix G). The sixth page was an entry drawing form for a \$100 VISA gift card provided by Charlotte Behavioral Health Care.

The core group partners set a goal of collecting surveys from 1% or ≈ 1,700 residents of Charlotte County. The survey was made available online through the web-based survey platform SurveyMonkey and on paper in both English and Spanish. Links to the online version of the survey were distributed through social media, email, online promotional materials, and postcards in English and in Spanish (Appendix H). Paper copies of the survey were placed in public waiting areas, lobbies, community events, and at each core group agency location. The survey was accessible online from October 21, 2019 to November 22, 2019. The HPC accepted faxed, mailed,

“We required 384 completed surveys, we received 1,367 surveys.”

and hand delivered paper copies of the survey between October 21, 2019 and November 22, 2019.

With a population size of a little over 173,000 and a margin of error of 5%, statistically, we required 384 completed surveys to obtain a representative sample of the Charlotte County population. By the close of the survey on November 22nd, 2019, we had received 1,367 surveys. Although this was 333 surveys shy of our 1,700 goal, it was more than triple the necessary survey sample size of 384 for our population. As a result of the amount of surveys collected, the margin of error was greatly reduced, and the weight and reliability of our findings strengthened. The full results from the Community Health Survey can be found in Appendix I.

c. Local Public Health System Assessment (LPHSA)

The LPHSA for Charlotte County was completed on August 15, 2019 by steering committee members using the National Public Health Performance Standard’s (NPHPS) local instrument. The assessment focuses on standards designed around the 10 Essential Public Health Services (Figure 4) and identifies the activities and capacities of local public health systems to determine strengths and areas for improvement. The NPHPS state, local, and governance instruments offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships or other community-wide strategic planning efforts.

AGING

“Isolation of the elderly is an area of concern.”

Charlotte was ranked 3.8 out of 5 as a good place to grow old.

ECONOMIC WELLNESS

80% of focus group participants have a household income of \$45,000 or less.

48% of survey respondents do not feel economically secure nor do they have enough money for their future.

AFFORDABLE HOUSING

37% of focus group participants are housing burdened.

55% of survey respondents chose “affordable housing” as essential to a healthy lifestyle.

TRANSPORTATION

“Transportation is difficult because it is not accessible.”

32% (2nd highest choice overall) of survey respondents chose “Lack of Transportation” as the main reason that keeps people in Charlotte County from seeking medical treatment.

HEALTHCARE

Charlotte County is losing doctor’s because they are retiring and there are not enough doctors to replace them.

30% of survey respondents chose “Lack of providers who accept your insurance” as one of the reasons that keeps people in Charlotte County from seeking medical treatment.

ENVIRONMENT

“Charlotte County needs more sidewalks.”

36% of survey respondents do not believe Environmental Factors affect their health.

CAN* & WELL-BEING

“The schools need more counselors and social workers.”

82% of survey respondents believe that Charlotte County is a “good place to raise children.”

TRAUMA

“Stigma has kept people from seeking services.”

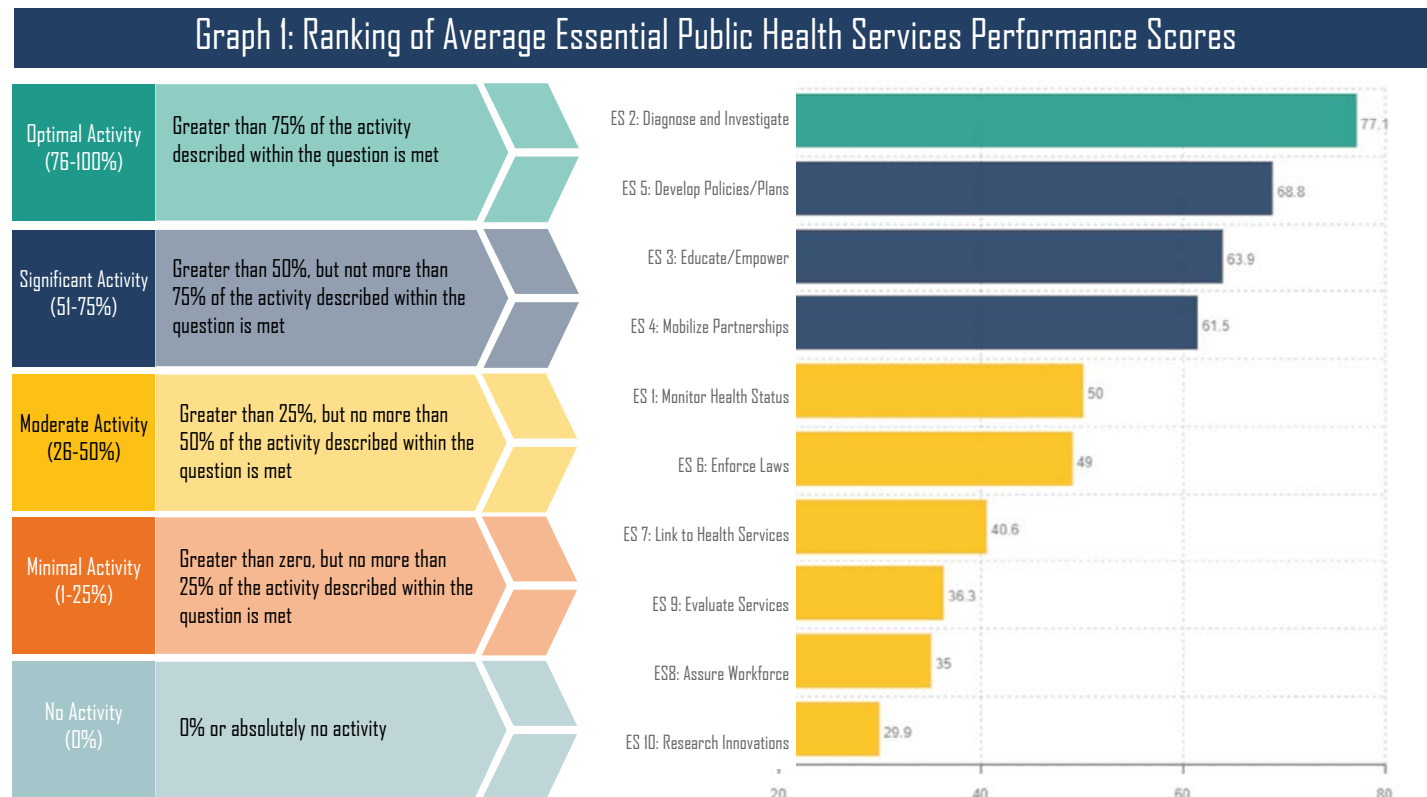
41% of survey respondents report they had some degree of traumatic childhood experiences that affect their health and well-being as an adult.

BEHAVIORAL

“Charlotte County residents want more timely access to mental health services.”

52% of survey respondents chose “Mental Health Problems” as the top health and wellness concern in Charlotte County.

* Child Abuse & Neglect



Hosted at DOH-Charlotte, HPC guided 36 participants through the exercise by using TurningPoint Technologies to score how each essential public health service is delivered by the current local public health systems in Charlotte County. The performance score and final rank of each essential service (ES) for the county is shown in Graph 1.

The 10 Essential Services provide the framework for the assessment, therefore, there are 10 sections — one for each ES.

Each Essential Service contains two to four Model Standards, so participants were given a brief overview of the ES and its Model Standards. Participants were asked about any local activities related to that standard. Model Standards contain two to six Performance Measures (questions). These were each scored by using the TurningPoint Technology clickers. The answer choices were “no activity”, “minimal”, “moderate”, “significant”, “optimal”, or “n/a”. Participants were given approximately 60 seconds to provide their thoughts on each the activity level of the LPHS.

After scoring the 2-4 model standards related to each Essential Service, there was a brief ten-minute discussion on that specific service. The discussion included four questions:

Were you aware of these services?

- Were you aware of these services?
- What are the strengths in the county related to the services?
- What are weaknesses in the county related to these services?
- What are some opportunities related to these services?

Figure 4: The 10 Essential Public Health Services



When answering these questions, the participants were asked to focus on the overall local public health system, rather than a single organization. The system includes all public, private, and voluntary entities that contribute to public health activities and to the health and well-being of the community in some way. Taking a systems perspective with this assessment ensured that the contributions of all entities were recognized in assessing the local delivery of the Essential Services. Members of the session did note that at times, they scored more negatively than they would if they were only focusing on the agencies represented in the room. The Performance Standards describe an optimal level of performance rather than provide minimum expectations. This ensured that the Performance Standards were used for continuous quality improvement. The highest scoring essential public health service was ES2: Diagnose and Investigate. The lowest scoring essential public health service was ES10: Research/Innovations. Six ES ranked within “Moderate Activity” (25%-50%). There were none which ranked in “Minimal Activity” or “No Activity.” The full Local Public Health Systems Assessment Report can be found in Appendix J.

Moving forward, we will conduct a yearly survey to measure our county’s LPHS’s progress towards improving in each of the Essential Service areas where we had the lowest ranking: “Moderate Activity” (25%-50%).

d. Forces of Change (FoC)

The FoC assessment is a brainstorming session where participants consider which trends, events, or factors in the present or future will pose a threat to Charlotte County or create opportunities from which the community can benefit. These trends, events, or factors are referred to as “forces of change.” Whether they stem from

circumstances outside or within a community’s sphere of control, their potential impact on the local public health system and /or community needs to be assessed so agencies and residents can be fully equipped for the anticipated change(s). On October 11, 2019, the HPC hosted the Forces of Change assessment for Charlotte County, FL. Twenty individuals representing 17 local agencies were in attendance. Participants were divided into small working groups for the “Brainstorming” and “Threats and Opportunities” exercises. The key forces for the session were:

- Social/Cultural
- Technological/Scientific
- Economic
- Environmental
- Health
- Ethical
- Political/Legal

The Forces of Change Assessment considered trends in the aforementioned areas to answer the following two questions:

1. What is occurring, or might occur, that affects the health and well-being of our community or the local public health system?
2. What specific threats or opportunities are generated by these forces?

Results from the FoC meeting are presented in Table 3. The full FoC report can be found in Appendix K.

Phase 4: Identify Strategic Issues

After analysis of collected data to address health issues among each population group, the Health Planning Council facilitated the first step to phase 4 on December 12th, 2019. HPC presented data summaries on the 8

Table 3: Forces of Change (Threats & Opportunities)





using focus group commentary, community health survey results, and secondary data (Appendix L). Four days before the final prioritization meeting, the datasheet packet was sent to community stakeholders, steering committee members, and agency representatives by email. The packet served as foundational sources of information for each topic, therefore, community members were encouraged to supplement the sheets with their own research; this helped to ensure that each member's vote was an informed decision.

The final prioritization meeting was facilitated by DOH-Charlotte on January 17th, 2020. The 9 areas of focus were presented to the community by the core group members. As subject matter experts, they provided the most pertinent findings of the CHNA for each of their assigned topic areas. Participants completed an exercise using TurningPoint Technologies' PowerPoint Ranking Wizard to rank each of the 9 areas of focus by *feasibility*, *impact*, and *assets*. Figure 6 presents the results matrix slide of the exercise.

Each bubble represents one of the 9 areas of focus. *Impact* was recorded along the x-axis, *feasibility* was charted along the y-axis, and *assets* were represented as the bubble size. Table 5 lists each area of focus in the order in which they were voted and includes the mean score of each criterion by focus area. Table 6 is the final rank for each criterion from highest to lowest mean score.

After voting, participants discussed the areas of focus to select the ones for which Charlotte County had the

main categories (Demographics; Behavioral, Social, and Emotional Health; Economics; Education and Youth; Environment; Health; Healthcare, and Transportation) to the community and participants were given the opportunity to add or modify topics under each category.

Using Mentimeter, an electronic platform for real-time voting, the community identified 10 areas of focus (Figure 5).

To eliminate redundancies and streamline voting for the second and final prioritization meeting, the core group of partners consolidated categories from the initial 10 to a final 9 areas of focus (Table 4).

Datasheets were created for each of the 9 areas of focus

Table 4: Final 9 Areas of Focus Presented for Prioritization*

- 1) Aging
- 2) Economic Wellness
- 3) Affordable Housing
- 4) Transportation
- 5) Healthcare (Access, Costs, & Workforce)
- 6) Environment (Built & Environmental Health)
- 7) Behavioral, Social, and Emotional Health
- 8) Trauma
- 9) Child Abuse, Neglect & Well-Being

Table 5: Prioritization Results by Mean Score

	Feasibility	Impact	Assets
Aging	3.03	2.76	2.63
Economic Wellness	2.75	2.61	2.54
Affordable Housing	2.8	2.95	2.46
Transportation	2.18	2.22	1.59
Healthcare	3.02	3.22	3.05
Environment	3.17	3.07	2.85
Behavioral, Social & Emotional Health	3.95	4.05	3.24
Trauma	3.88	3.95	3.24
Child Abuse, Neglect & Well-Being	4.13	4.22	3.44

Figure 6: TurningPoint Technologies Prioritization Results

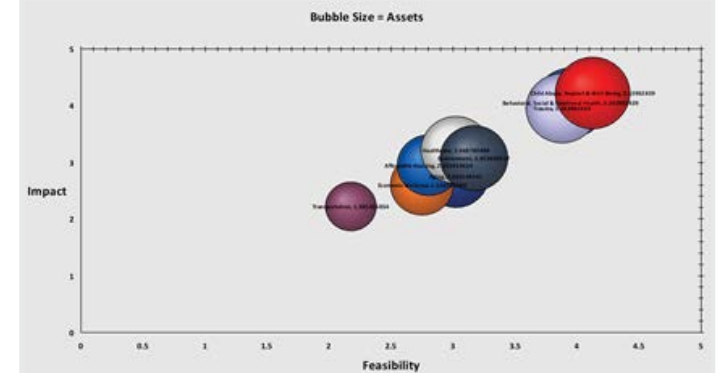


Table 6: Prioritization Ranking Results by Criteria

Feasibility	Impact	Assets
1. Child Abuse, Neglect & Well-Being	1. Child Abuse, Neglect & Well-Being	1. Child Abuse, Neglect & Well-Being
2. Behavioral, Social & Emotional Health	2. Behavioral, Social & Emotional Health	2. Behavioral, Social & Emotional Health
3. Trauma	3. Trauma	3. Trauma
4. Environment	4. Healthcare	4. Healthcare
5. Aging	5. Environment	5. Environment
6. Healthcare	6. Affordable Housing	6. Aging
7. Affordable Housing	7. Aging	7. Economic Wellness
8. Economic Wellness	8. Economic Wellness	8. Affordable Housing
9. Transportation	9. Transportation	9. Transportation

feasibility, impact, and assets to address through their local community collaborative Healthy Charlotte. Community members decided that the remaining topics should be addressed through advocacy. Members also agreed that "Trauma" is closely related to Behavioral, Social, and Emotional Health, therefore, the topics were merged to become Behavioral, Social, Emotional Health & Trauma.

Table 7 lists the initial 10 areas of focus identified during the December 12th meeting. Table 8 presents the top 5 in the order in which they were ranked during the final prioritization meeting.

A Healthy Community is a Balanced Community

According to the World Health Organization, health is "...the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹ This definition indicates that an individual's health includes their social condition and not only their physical state of being; health is not just healthcare. Additionally, it is well-established that individual and community health is also greatly impacted by the Social Determinants of Health (SDOH)², which include factors such as: social norms and attitudes, quality schools, transportation options, residential segregation, job opportunities, living wages, and healthy food options, among many others. Considering the SDOHs during a CHNA or program planning process allows for a robust interpretation of health and community needs because such an evaluation weighs the elements that impact individual health within a larger social and economic context.

Figure 5: Mentimeter Exercise

How would you prioritize these areas of interest?

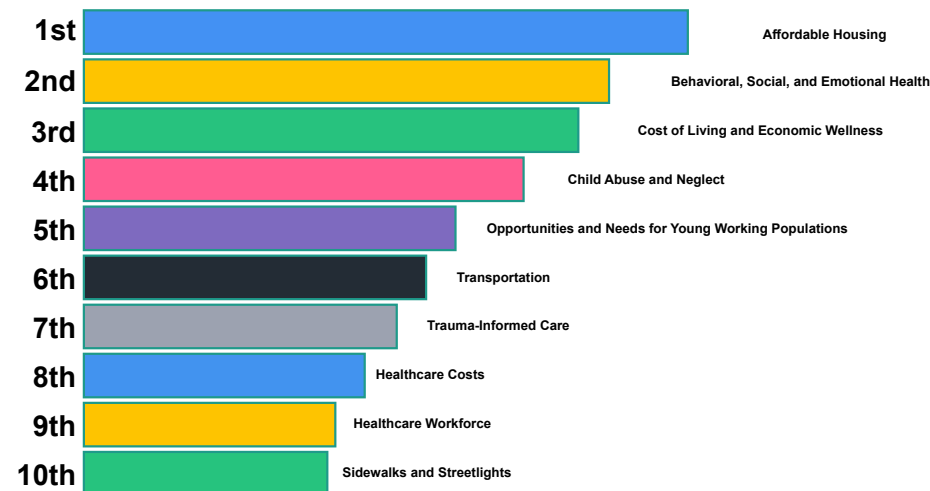


Table 7: Initial 10 Areas of Focus

- December 12, 2019
1. Affordable Housing
 2. Behavioral, Social, & Emotional Health
 3. Cost of Living & Economic Wellness
 4. Child Abuse & Neglect
 5. Opportunities & Needs for Young Working Population
 6. Transportation
 7. Trauma-Informed Care
 8. Healthcare Costs
 9. Healthcare Workforce
 10. Sidewalks & Streetlights

*The core group of partners consolidated these two categories into one under Healthcare to obtain a final 9 areas of focus.

Table 8: Top 5 Health and Wellness Areas

- January 17, 2020
1. Child Abuse, Neglect & Well-Being
 2. Behavioral, Social, & Emotional Health*
 3. Trauma*
 4. Healthcare
 5. Environment
 6. Aging

*During the meeting, participants agreed that "Trauma" should fall under "Behavioral, Social & Emotional Health." Therefore, the topics were merged to become one.

Health Equity

Outlined as a cornerstone to health in the World Health Organization's constitution is the *right* to health defined as the right to "the enjoyment of the highest attainable standard of health..."¹ Because health is deemed a human right and not simply a luxury, the resources necessary to obtain health for every individual must be treated as essentials, not commodities available only to a privileged few. Health equity is the attainment of the highest standard of health in a community; where all individuals have unobstructed access to the resources necessary for them to achieve health and well-being. The Robert Wood Johnson Foundation (RWJF) offers the following definition:

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."³

During this CHNA process, health inequity was an important aspect to the community health and needs assessment. We evaluated each topic from a health equity lens to accurately establish need in Charlotte County. Having resources and assets in a community are vital, however, if those resources and assets are not equitably distributed and made accessible to those in need, their mere presence will not curb health disparities and improve quality of life. The largest health disparities and health inequities often exist among those who have low-income and low educational attainment, who live in underserved communities, minority populations, women, the elderly, and children.⁴ In Charlotte County, FL, significant health disparities were identified among the elderly, single parent households, those with a high school diploma or less, those earning an income of \$15,000 or less, among minority populations, and even by census tract.

The commitment to address health inequities in a community begins with inviting vulnerable populations and communities of concern (COC) to the planning process and decision-making sessions. Providing a platform from which they can express their concerns and lived experiences ensures that their needs are heard

The Vitalyst Health Foundation created the Elements of a Healthy Community wheel (Figure 7) in 2017.^a The wheel serves as a framework to understanding the elements of a healthy community; one where there is balance through equity^b and social-ecological resilience.^c To achieve this balance, health equity should be at the core of how a community directs resources and programs, guided by a firm understanding of how the SDOH are reflected in the community makeup. During this CHNA process, we analyzed the data gathered for Charlotte County in light of health equity and the SDOH. The Elements of a Healthy Community wheel provides a "gold standard" for gauging whether we have a balanced and thus, healthy community.

^a The Elements of a Healthy Community wheel was designed and produced by Vitalyst Health Foundation in collaboration with community partners. The elements are inspired by the work of the World Health Organization and the Centers for Disease Control and Prevention.

^b "Health equity is achieved when everyone, regardless of race, neighborhood, sexual orientation or financial status, has the opportunity for health – physical, mental, economic, and social well-being." - https://www.policylink.org/focus-areas/health-equity-and-place/about-the-center#What_is_Health_Equity

^c "Ability to bounce back from adverse events (i.e. social and/or environmental trauma). We seek social-ecological resilience to crisis or extreme events caused by climate change, such as drought, heat, and flood. We define indicators of social-ecological resilience in a variety of ways, including:

- Social coherence and other coping, anticipation, preparation, adaptation and response mechanisms
- Water and food security" – Vitalyst Health Foundation

Figure 7: Elements of a Healthy Community Wheel



Source: Vitalyst Health Foundation. The Elements of a Healthy Community wheel was designed and produced by Vitalyst Health Foundation in collaboration with community partners. The elements are inspired by the work of the World Health Organization and the Centers for Disease Control and Prevention.

and are effectively met. The community health and needs survey and focus groups were able to capture responses from a variety of Charlotte County residents, including low and high-income households, single parent headed households, young families, and the elderly. Our analysis in the subsequent pages includes their feedback and provides an opportunity for local policy makers to effect considerable change for our county's most vulnerable residents.

Socio-ecological Resilience

At the core of the Elements of a Healthy Community wheel is resiliency, which is defined as the "Ability to bounce back from adverse events."⁵ Likewise, in their efforts to build a national Culture of Health, the Robert Wood Johnson Foundation (RWJF) believes that resiliency is a part of health equity owing to how "adverse events disproportionately affect vulnerable communities." To them, resiliency is defined as "the capacity of a dynamic system, such as a community, to anticipate and adapt successfully to challenges."⁶ This

echoes the CDC’s Social Vulnerability Index (SoVI) definition which measures a community’s resilience by its social vulnerability:

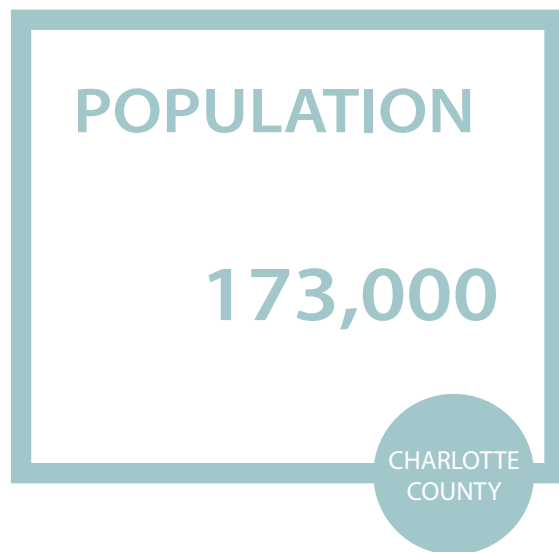
“...a community’s capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human caused threats, such as toxic chemical spills.”⁷

Ideally, a community with high resilience or low social vulnerability should be able to experience any hazardous event with limited losses and rapid recovery. The strength and high resilience of its physical infrastructures and social stability allow it to sustain devastating changes but maintain the capacity to withstand and improve internal and external system operations. According to Oxfam America and the Hazards and Vulnerability Research Institute, communities where social vulnerability are high have age extremes, a high percentage of special needs populations, inadequate housing, significant racial and ethnic disparities, and a high percentage of individuals in vulnerable occupations (i.e. low-paying jobs).^{8,9,10} Additionally, when social vulnerability overlaps with a high risk of climate hazards, communities become even more vulnerable.

Due to its location, exposure to the coast, and limited social diversity, Charlotte County, FL ranks “high” along with 11 other counties for social vulnerability and climate hazards and ranks within the top 20% of counties in the nation for social vulnerability to environmental hazards.^{9,10} The county is highly susceptible to natural and man-made disasters, the impact of which, are most devastating to the elderly, low-income households, and single parent homes.

Enhancing Charlotte County’s infrastructure, promoting social cohesion, and improving inter-agency collaboration can help increase the county’s resilience to man-made and natural disasters. Disaster preparedness should be a priority for every governing agency to ensure effective response and rapid recovery in all county systems and services. In so doing, the county will be in the most competent position to help its residents and the most vulnerable population groups it serves.

Community Profile
WHO ARE WE



47% 47% of Charlotte County’s population is 60 or over.

2018 ALICE REPORT



Community Profile

Charlotte County, FL is comprised of the city of Punta Gorda, Port Charlotte CDP^d and Englewood CDP. The total population is estimated to be at 173,236.¹¹ The largest racial demographic group in the county is Whites who represent 90.1% of the population; 5.7% are Black or African American. Compare this to the state where 76% are White and 16% are Black or African American.¹¹ Forty-seven percent of Charlotte County’s population is 60 years of age or over, 51% are female, and 97% speak English as a primary language.¹¹ The population is also steadily aging with a median age of 58.1, up from 55 in 2010. As of 2019, the Charlotte County high school graduation rate was 86.4%, just below the state rate of 86.9%.¹² Of the approximately 173,000 persons in the county, 22% have a bachelor’s degree and 42% are in the workforce.

Punta Gorda, FL:

Demographics

As the only municipality in Charlotte County, FL, Punta Gorda has a population of 20,057, representing roughly 12% of the overall county population; Veterans represent ≈ 20% of the city’s population at 3,408. The most recent U.S. Census Bureau estimates report that as of 2018, the city is 95.3% White, 2.4% Black or African American, and 6.1% Hispanic or Latino. Well over half of the city’s population (56.1%) are persons 65 years and over and females are the majority gender at 53.1%. Roughly, 9% speak a language other than English at home and 8% of the population are foreign born.¹³

The percent of persons with a bachelor’s degree or higher is the highest of all three Charlotte County regions at 38.9%, while 94.5% have a high school diploma or higher.^e The city has a 30.9% workforce participation rate^f, which is the lowest in Charlotte County, FL.

Households

Between 2014 and 2018, Punta Gorda had 9,825 households with an average size of 1.93. Eighty-one percent of housing units were owner-occupied with a median value of \$313,200. Median monthly owner costs

were \$740^g while the median gross rent was \$998. Punta Gorda also has a higher median household income and a higher per capita income than Charlotte County and the nation at \$61,598 and \$45,839, respectively. As a result, their percent of persons in poverty is also the lowest in the region and below the national rate at 9.2%.¹³

Englewood, FL :

Demographics

The most recent U.S. Census Bureau population estimate for Englewood, FL is from the 2010 Census. Of the two CDPs in the county, Englewood has the lowest population size at 14,863, of which, 15% are Veterans. Fifty-one percent of its population are 65 or over. Similar to Punta Gorda, 95.4% of the population are White, however, 4.3% are Hispanic or Latino, 2.2% are Asian, 1.5% are two or more races, and 0.2% are Black or African American. Females make up 50.1% of the population and males, 49.9%. Of the number of persons 5 years and over, 8.7% speak a language other than English at home.¹³

Twenty-four percent of the Englewood population have a bachelor’s degree or higher and 93.3% have a high school diploma or higher with an area workforce participation rate of 34%.^{h 13}

Households

Between 2014 and 2018, 79.9% of housing units were owner-occupied with a median value of \$162,300 and a median monthly owner cost of \$404.ⁱ There were also 7,547 households with an average of 2.01 persons per household. The median household income and the median per capita income is significantly lower than Punta Gorda at \$48,793 and \$32,847, respectively. The area’s poverty rate is, therefore, higher than Punta Gorda’s at 11.1%.¹³

Port Charlotte, FL :

Demographics

Similar to Englewood, FL, the 2010 Census is the most recent population estimate for Port Charlotte, FL, which estimates its population at 54,392; 12% are Veterans, the lowest percent proportionally of all three

^d Census-Designated Place

^e Persons age 25 years or over.

^f Persons age 16 and over.

^g Median monthly owner costs – without a mortgage.

^h Persons age 16 and over.

ⁱ Median monthly owner costs – without a mortgage.

areas. As the most populous of the three regions within Charlotte County, Port Charlotte has a slightly more diverse population by race and ethnicity and the largest percentage of individuals in the county population who are foreign born at 13.5%. Racially, 84% are White, 10.1% are Black or African American, 9.5% are Hispanic or Latino, 3.3% are two or more races, and 1.4% are Asian. Additionally, 12.1% of persons age 5 years and over speak a language other than English at home.¹³

Of all the three areas, Port Charlotte was the least educated, with only 18.9% of persons age 25 years or over having a bachelor's degree or higher and 89.5% of persons 25 years or over having a high school diploma or higher.¹³

Households

Between 2014 and 2018, the percent of owner-occupied housing units was 75.6% with a median home value of \$150,200, the lowest in the county. Median monthly owner costs were \$402.^j Port Charlotte has the highest number of households and the highest number of persons per household at 24,578 and 2.47, respectively.¹³

Table 9 presents a comparison of the Community Health Survey respondents and the Focus Group participants (Community Themes and Strengths Assessment) to the overall demographic makeup of Charlotte County.

9 Areas of Focus

In addition to having year-round warm weather and an overall tranquil style of life, Charlotte County will soon boast the largest resort in Southwest Florida and according to experts, the economic climate is shifting; the potential for growth and change is extraordinary. These qualities explain why Charlotte County is frequently selected as a top retirement destination and the region consistently ranks among the leading tourist hubs. Though, this county has many qualities for which it is to be celebrated and even envied, it is important to establish that this assessment's intention is to demonstrate the health and well-being *needs* of the Charlotte County, FL community. Consequently, the analysis may at times seem disparaging; however, despite

^jMedian monthly owner costs – without a mortgage.

the tone, one must remember that our community is a prime destination nationwide and to maintain this valuable component of our social identity and economic viability, we must continue to identify and improve our most pressing areas of need.

Demographics

Demographically, Charlotte County, FL has not significantly changed since the 2010 U.S. Census nor since the previous CHNA conducted by the Department of Health in 2015. Population age percentages corroborate the fact that Charlotte is the 2nd oldest in the State of Florida. The CHNA data, as well as community feedback also confirm that Charlotte County has a limited amount of diversity in both age and race. Full county demographics are presented in Table 1.

Aging

The fastest growing segment of the Charlotte County population is over the age of 65. Projections show that this age group will increase by 46% by 2035. In 2010, the US Census reported that the median age in the county was 55 years old. As we concluded the Community Health Status Assessment (CHSA) in 2019, the median age is 58.1 and steadily rising. Of the 67 Florida counties, Charlotte ranks 2nd behind Sumter as the oldest county in the state (Figure 6). Many factors contribute to the aging population; however, one of the primary reasons is that Charlotte County is a retirement community; 49% of the population are 60 or over. Only 11% of Charlotte County residents ages 65 and over are employed and 44.7% of their households have an income greater than or equal to \$50,000.¹¹ Furthermore, 64.8% of owner-occupied housing units are owned by individuals 65 or over, though they may be cost burdened and on fixed income.

With an aging population come several challenges but also many opportunities. Naturally, the health and well-being needs of seniors place a greater demand on Charlotte's healthcare and social services systems. Long-term care services also makeup a significant portion of senior care in the county as trends show that life expectancy continues to rise but the onset of chronic disease begins earlier.

During the community focus groups, seniors were mentioned as one of the populations in need of additional services or assistance. Local agency partners

have also specifically noted that isolation and loneliness among seniors is a growing area of concern because those suffering often go undetected and their needs unmet. As individuals age, their social networks, daily routines, and health also change. Seniors and retirees in particular, are susceptible to experience the most devastating life changes in a short period of time with few community resources to help alleviate these sudden changes. The death of a spouse, retirement, a reduction in or change to fixed income can happen at any time and leave a senior in dire circumstances. With no family or financial cushion, these seniors become highly vulnerable to isolation, loneliness, and overall poor health. Nationally, roughly 17% of older Americans are isolated. In Charlotte County, FL, approximately 14% of seniors are isolated. Because women on average outlive men, 68% of the isolated seniors are female, while 32% are male, 34.2% participate in either SNAP or Food Stamps. Overall, 15,596 seniors are considered medically underserved.¹⁴

Assets:

Although, the community continues to attract seniors and retirees from all over the world, Charlotte County still lacks the resources necessary to meet the needs of its aging population. According to the Florida Department of Elder Affairs, Charlotte County has 19 assisted living facilities, 19 home health agencies, 4 adult day care facilities, and 13 homemaker & companion service companies to serve 81,859 seniors.¹⁴ As a result, many Florida elders receive care directly from their family.

Family caregivers are critical in that they provide services which healthcare systems, no matter how robust, cannot provide. Their presence helps stave off loneliness and there are countless health benefits to living in multi-generational homes. Conversely, family caregivers are faced with a larger household size and increased responsibilities, but no financial compensation to contribute to household necessities. It is imperative that Charlotte County provide adequate support and resources to these caregivers so that they can effectively care for a population which will outpace all other age groups within the current decade.

Retirees and seniors have a multitude of skills, wisdom, and time to offer in numerous areas of this community. Their population group is easily the greatest untapped resource in the county and should be incorporated into

local agency planning processes. In the 2017 Senior Needs Assessment, 26% of seniors chose "Transportation" as the most beneficial improvement in Charlotte County that could improve their health in the next 5-10 years and focus group participants expressed that Charlotte is not necessarily the best place to live for elder health.¹⁵ Nonetheless, the Florida elder population is an important aspect of the state and local economy and they are central to the county's social structure. Seniors and retirees bring with them a breadth of knowledge and skills that can be extremely beneficial to every sector of Charlotte County if the proper strategies and resources are sourced in their direction.

Moving forward, the county should seek to balance their investments into progressive changes to attract younger working families, but also toward elder services to promote intergenerational connections. This will engage all age sectors of Charlotte County's population and yield social, economic, and health benefits unattainable through conventional stratagem.

Economic Well-Being and Affordable Housing^k

Since its establishment in 1923, Charlotte County, FL has consistently been a tourist destination and retirement preference for a large number of retirees from across the nation. As such, much of its infrastructure, community resources, and general design are tailored to accommodate a reticent yet affable form of living. Unfortunately, that has also produced a homogenous community lacking "social & cultural cohesion" and economic opportunity. A service-based seasonal economy, no effective fixed-route transportation system, and a need for affordable housing, among other factors, hamper the county's ability to grow economically.

Twenty-three percent of households^l in the county have a child or children 18 or under, 11.5% of households have an income of \$15,000 or less, and 48% have a household income between \$35,000 and \$100,000.¹¹ The median household income in the county is \$44,865, while the average annual salary is \$38,13.¹⁶ The Federal Poverty Level (FPL) for a single adult is \$12,490 and \$25,750 for a family of four.¹⁷

^kFor this report, Economic Well-Being and Affordable Housing are presented together, however, the community prioritized these areas of focus, separately.

^lHouseholds as defined by the U.S. Census Bureau: <https://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html#household>

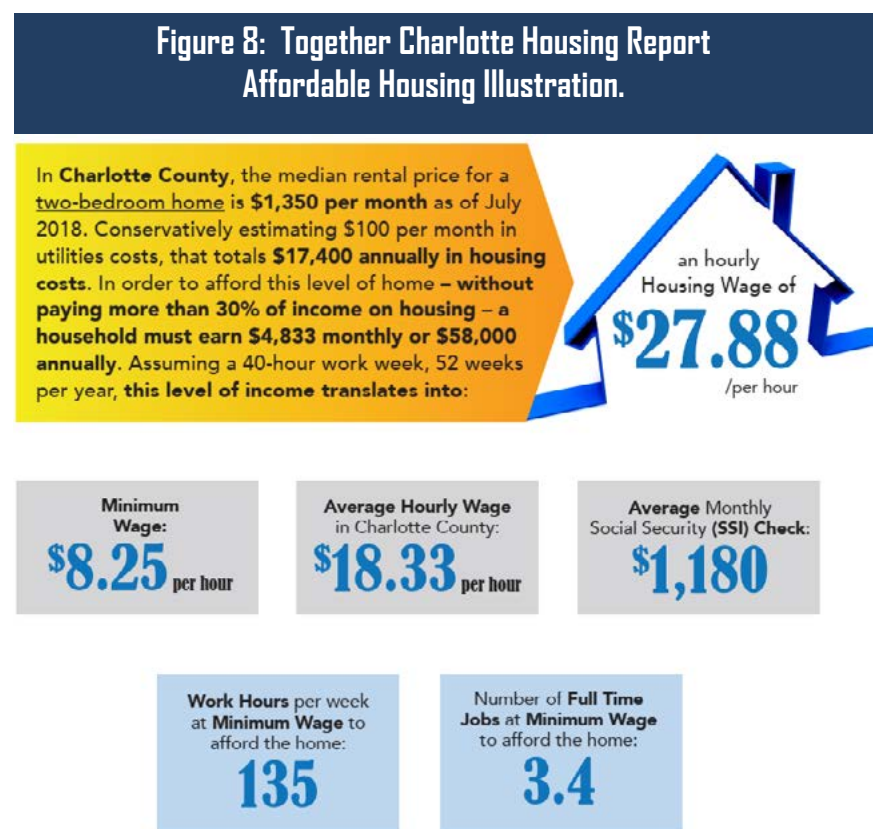
Although the median household income in Charlotte County is significantly higher, according to the 2018 ALICE report, 45% of Charlotte County households in poverty or are ALICE^m, which is not far from the state level of 46%.¹⁸ A closer look also reveals that there are certain subgroups more impacted than others. For example, of the total number of Charlotte County households, 81% of female-headed households are in poverty or are ALICE (42% and 39%, respectively), and 73% of male-headed households are in poverty or are ALICE (24% and 49%, respectively).¹⁸

The United States Department of Housing and Urban Development (USDHUD) describes “families who pay more than 30 percent of their income on housing...” as those in need of affordable housing.¹⁹ The 2018 Together Charlotte Housing Report found that the median rental price for a two-bedroom home in Charlotte County is \$1,350 per month. Using a conservative estimate, the report allotted \$100 per month in utility costs to equal \$17,400 in annual cost of housing. For an individual or family to be able to afford this home and not pay more than 30% of their monthly income on housing, the household must earn \$27.88 per hour or \$4,833 per month or \$58,000, annually (Figure 8).¹⁶

Based on the HUD definition of affordable housing, 52% of Florida households are cost burdened. In Charlotte County, 57.9% of renter-occupied households and 25.5% of owner-occupied households are cost burdened²⁰ and therefore, a vulnerable population. The effect of lack of affordable housing on long-term individual health and community stability cannot be overstated. Low-income and economically insecure households (such as those who are in poverty or ALICE) struggle to meet their daily needs such as medical care, food,

transportation, and childcare and education.¹⁸ The consequences for these families who are cost burdened are clear; they must make sacrifices in other areas, often times forgoing healthier food options and not building a financial safety net. As a result, one major medical episode, accident, or natural disaster can lead these families into foreclosure and eventually, homelessness; not to mention the stress, higher risk for early onset of chronic diseases, and increased risk for adopting behavioral health risk factors.

Charlotte county provides jobs but limited career positions, which in turn fails to attract a robust workforce, such as younger populations seeking long-term career opportunities and affordable housing options. Retail trade, health care and social assistance, and accommodation and food service jobs make up



Source: Together Charlotte Housing Report, 2018

49.4% of the county’s job sectors, where the average annual salaries range from \$18,908 to \$50,388;¹⁶ none of which meet the necessary ALICE Survival Budget to live and work in the county as a single adult or as a family of four (Table 9).

The Center for Housing Policy has conducted several reviews on the relationship between housing and health. Their research findings support the “critical

link” between affordable housing and positive health outcomes. Specifically, they have found that :

1. Affordable housing can improve health outcomes by freeing up family resources for nutritious food and health care expenditures,
2. By providing families with greater residential stability, affordable housing can reduce stress and related adverse health outcomes,
3. Affordable homeownership may positively impact mental health; however, unsustainable forms of homeownership may negatively impact health,
4. Well-constructed, well-maintained affordable housing can reduce health problems associated with poor-quality housing,
5. Stable, affordable housing may improve health outcomes for individuals with chronic illnesses by providing an efficient platform for health care delivery
6. Access to neighborhoods of opportunity can reduce stress, increase access to amenities, and lead to important health benefits,
7. By alleviating crowding, affordable housing can reduce exposure to stressors and infectious disease
8. Access to affordable housing allows survivors of domestic violence to escape abusive homes,

which can improve mental health and physical safety,

9. Green building strategies and location-efficient housing reduce environmental pollutants, lower monthly energy costs, and improve home comfort and indoor environmental quality,
10. Affordable and accessible housing linked to supportive services enables older adults and others with mobility limitations to remain in their homes.²¹

Even so, experts do believe that the current economic climate in Charlotte County is prime for significant growth and development because Florida offers many incentives not found in other states. The state has zero personal income tax and ranks 4th in the nation for having the best tax climate. Additionally, in 2018 Charlotte County obtained two major job growth grants from the Florida state government. The first, an \$800,000 grant helped finalize funding needed for the Piper Road Extension Project and is expected to generate up to 1,400 jobs. The second was a \$1.7 million Workforce Training Grant, matched by donations from Charlotte Technical College (CTC) and the county to “provide training for certifications in Aviation Airframe and Powerplant Mechanics (A&P).”²² In early 2019, construction began on the new Sunseeker resort in Charlotte Harbor. The half-a-billion-dollar project is expected to be the largest resort in Southwest Florida and provide 800 jobs.

Assets:

The number of available housing units in Charlotte County, FL rose by 20,874 in 10 years from 79,758 in 2000 to 100,632 in 2010.²² Of the approximately 100,632 housing units in 2010, 58,475 were owner-occupied and 14,895 were renter-occupied; 27,262 were vacant.²² The Shimberg Center for Affordable Housing has forecasted the need vs. required affordable housing for Charlotte County between 2015-2040, which is shown below in Figure 9.

In the Charlotte County, FL Strategic Plan for FY 2019-2020, the County Commissioners have made affordable housing a “BOLD goal.”²⁴ The county’s strategic plan has 4 focus areas: Public Services, Economic & Community Development, Infrastructure, and Efficient & Effective Government. Strategies labeled as bold goals within the plan are “big ideas that are difficult to achieve, but worth the effort. Bold goals require Charlotte County to

	Single Adult	2 Adults, 1 infant, 1 preschooler
Monthly Costs		
Housing	\$606	\$848
Child Care	\$--	\$1,180
Food	\$164	\$542
Transportation	\$322	\$644
Health Care	\$196	\$726
Technology	\$55	\$75
Miscellaneous	\$155	\$438
Taxes	\$206	\$636
Monthly Total	\$1,704	\$4,816
Annual Total	\$20,448	\$57,792
Hourly Wage	\$10.22	\$28.90

Source: 2018 ALICE Housing Report by County

^m Asset Limited, Income Constrained, Employed. ALICE households have incomes above the federal Poverty Level (FPL), but still struggle to afford basic household necessities. From the United Way ALICE Report: “Employed” is the critical word. ALICE represents those who work hard, but due to high costs and factors often beyond their control must live paycheck to paycheck. For many of them, a small emergency can quickly become a major financial crisis. Car repairs and health care emergencies, to name just a few, can plunge these working families over the edge into financial chaos.” <https://www.unitedwayccfl.org/alice>.

encourage fresh ideas, identify ripe opportunities and forge new partnerships.”²⁴ For the 2019-2020 strategic plan, the BOLD goal for the strategic focus area of Economic & Community Development is to add 3,650 new affordable housing units to Charlotte County by 2024. This BOLD goal will be accomplished through two strategic initiatives: Policies and processes and Potential projects and partnerships.

- Policies and processes:** enacting policies that will incentivize companies to construct affordable housing.
- Potential projects and partnerships:** Engaging representatives from local departments and agencies that influence housing policies.

Since housing is fundamental to health and economic and social stability, in making this bold move, the County Commission will not only help expand and strengthen Charlotte County’s economy and workforce, but will also directly impact the health and well-being of every Charlotte County resident for years to come.

Healthcare
Access and Coverage

Access to adequate healthcare continues to be a challenge for residents of the county in terms of insurance, costs and specialty care physicians. While 84% of residents have health insurance coverage, 82% of survey respondents chose “Lack of Insurance/Unable to Pay” as the main reason that keeps people in Charlotte County from seeking medical treatment, indicating that having insurance, though essential, does not necessarily make health care affordable for all.

Eighty-seven percent of Charlotte County residents have health insurance coverage. Of that, 52.5% have public coverage versus the state, where 36.5% of residents have public health insurance coverage. Of the 42% of

individuals ages 19-64 years old in the county who are in the workforce, 77.4% have health insurance coverage; 8.3% of those have public health coverage. Eighty-two percent of individuals not in the workforce still have private and public health insurance coverage (53% and 38%, respectively).¹¹

As a majority senior community, the high rates of insurance coverage are largely due to individuals with Medicare and Medicaid coverage. The issue of access and coverage is complex and requires multilevel efforts to ensure affordable health coverage for all Charlotte County residents.

Workforce

Charlotte lags behind the state in the amount of available licensed physicians who serve the population. The county currently has 404 total licensed physicians for a population of over 173,000. It also continues to lag behind the state in the number of total licensed mental health counselors/providers and psychologists. This is particularly challenging considering the county’s growing mental and behavioral health concerns. As a community, Charlotte County needs to actively engage in physician recruitment through job sector and economic growth strategies.

Chronic Disease

Cancer is the leading cause of death for Whites in Charlotte County, while stroke and diabetes are the leading cause of death for Blacks or African Americans.^{25, 26} In 2018, there were over 51 unintentional fatal injuries among individuals 65 and over, compared to 41 unintentional fatal injuries combined among those 0-64 years old.²⁵ Secondary data reveals that Charlotte County’s death rate from heart disease, chronic lower respiratory disease, and all cancer incidence rates fall below state averages; however, incidence rates for melanoma, lung cancer, and deaths from Alzheimer’s disease are well above the state rates.^{25, 26, 27}

The overall percentage of adults in the county who have diabetes fell to 12.4% in 2016 from 16% in 2013. Conversely, the overall percentage of adults who are

Figure 9: Forecasted Demand and Need for Permanent Housing in Charlotte County, FL 2015-2040.

Projected Households in Charlotte County						
Year	2015	2020	2025	2030	2035	2040
	76,618	81,452	85,094	88,773	91,124	93,469
Projected Housing Demand in Charlotte County						
Year	2015	2020	2025	2030	2035	2040
	83,726	89,009	92,989	97,009	99,578	102,142
Number of New Housing Units Required to Meet Projected Demand						
Year	2015-2020	2020-2025	2025-2030	2030-2035	2035-2040	Vacancy
	5,283	3,980	4,021	2,569	2,563	9.3%

Source: The Shmberg Center for Affordable Housing at the University of Florida

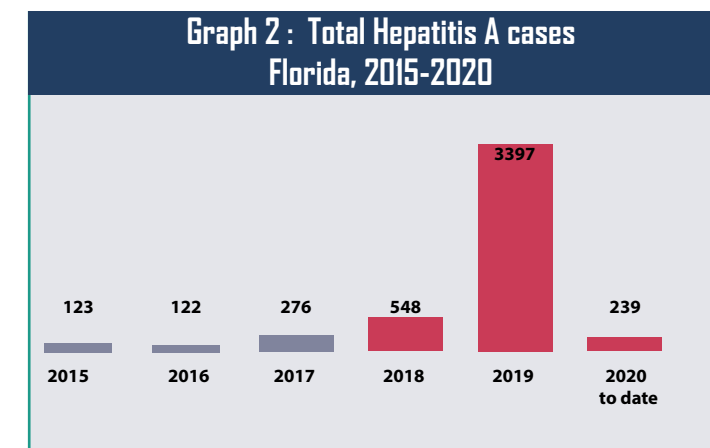
pre-diabetic rose 2.9 percentage points from 6.8 in 2013 to 9.7 in 2016.²⁸

The CDC attributes the higher rate of death from Alzheimer’s disease in our county and nation-wide, to a combination of an aging population and an increase in the number of physicians and health professionals trained to list Alzheimer’s disease as a cause of death. Additionally, though Charlotte County’s overall cancer incidence rate has seen a one-point increase from 2013-2016, it remains well below the state average. Chronic disease rates observed in our analysis and from community feedback did not uncover considerable changes within the population as overall rates remain consistently below state averages. Furthermore, community members did not bring these issues to the forefront as major areas of concern and as the second oldest county in the nation, it will unsurprisingly result in higher incidence and death rates for diseases that often accompany an aging population. The efforts of the previous CHIP’s subcommittee on chronic diseases have been effective in helping lower chronic disease rates, namely diabetes, and the county should continue these strategies to the benefit of the community.

Infectious Disease

Since April 2018, the state of Florida has experienced increased numbers of Hepatitis A cases across all 67 counties. Between January 2018 to February 2020, there were 4,184 reported cases of hepatitis A, which, according to the Florida Department of Health, was above the previous 5-year average. Charlotte County also experienced a significant number of cases jumping from 2 in 2018 to 48 in 2019. As of February 2020, Charlotte County had 9 cases of hepatitis A.²⁹ (Graph 2)

Infectious disease outbreaks such as Hepatitis A are particularly taxing for Charlotte because of the high-risk populations in the county susceptible to transmission such as the elderly and drug users. According to the Florida Department of Health (FLDOH), risk factors for Hep A include, any drug use, homelessness, men who have sex with men, those with already compromised immune systems, and the elderly and children. These risk factors overlap as risk factors for other communicable diseases. As such, agencies in Charlotte County remain alert, vigilant, and prepared before an outbreak begins in order to lessen its potential impact.



Source: Florida Department of Health, Hepatitis A in Florida, 2020

Assets

Charlotte County, FL has four for profit hospitals to serve its population: Bayfront Health Port Charlotte, Bayfront Health Punta Gorda, Fawcett Memorial Hospital, and Englewood Community Hospital. As a full-service hospital, Bayfront Health is the only hospital which provides maternity services for all three regions of the county.

Though there are no not-for-profit hospitals in the county, the Florida Department of Health in Charlotte County along with clinics such as the Virginia B. Andes Volunteer Clinic, the Englewood Community Care Clinic, and Family Health Centers (a federally qualified health center) provide health care services to the uninsured and the underinsured in the region.

In addition, there are many collaborative partnerships and agreements in place with neighboring counties such as Sarasota, DeSoto and Lee to provide workforce support and assist in the provision of services and treatments to community members for infections disease and other health related needs.

Transportation

In both the community health survey and focus group meetings, transportation was cited as an important need for the community, particularly, the lack of a local fixed-route public transit system that could connect Charlotte County residents to neighboring counties. Despite 85% of survey respondents reporting to have “some degree of reliable transportation for work and their health needs,” 32% of them also chose “Lack of Transportation” as the main reason that keeps people in Charlotte County from seeking medical treatment” (2nd highest choice overall), while 35% of respondents chose “Transportation Options” as a necessity for a healthy

Figure 10: Charlotte County Transit Vehicle Inventory

Vehicle Type	Total Vehicles	Model Year Manufactured	Seating Capacity	ADA Accessible?	Useful Life (Years)	Useful Life Remaining (Years)
Automobile	1	2006	4	No	8	-3
Cutaway	3	2008	16	Yes	7	-2
Cutaway	4	2009	16	Yes	7	-1
Cutaway	5	2010	20	Yes	7	0
Cutaway	3	2010	16	Yes	7	0
Van	2	2010	9	Yes	5	-2
Cutaway	1	2011	20	Yes	7	1
Cutaway	2	2011	16	Yes	7	1
Cutaway	3	2011	14	Yes	7	1
Cutaway	1	2011	24	Yes	7	1
Cutaway	2	2012	19	Yes	5	0
Minivan	2	2012	7	Yes	6	1
Van	2	2013	9	Yes	5	1
Cutaway	2	2013	13	Yes	7	3
Van	1	2013	10	No	5	1
Cutaway	4	2014	16	No	5	2

Source: Charlotte County Transit

lifestyle. In Charlotte, 14.74% of county residents live within a ½ mile of a healthy food source, compared to the state where 31% of residents live within ½ mile of a healthy food source. By contrast, 16.76% of county residents live within ½ of a fast food source vs. the state at 32.25%; and 44% of Charlotte County residents live within a ten-minute walk to a park.³⁰

Unlike other regions where a fixed-route transit system is supplemented by a paratransit bus service, Charlotte is the only county that has a paratransit model as its sole public transit system. As a “shared ride curb-to-curb transit” service system,³¹ it has many benefits, including the fact that residents can request curb-side transportation; however, it is very limiting in that reservations must be scheduled days in advance, offering little to no time flexibility or time alternatives for less rigid schedules.

Assets

Charlotte County Transit (CCT) maintains a total fleet of 38 vehicles (Figure 10) and has a service area which covers all of Charlotte County (Figure 11).

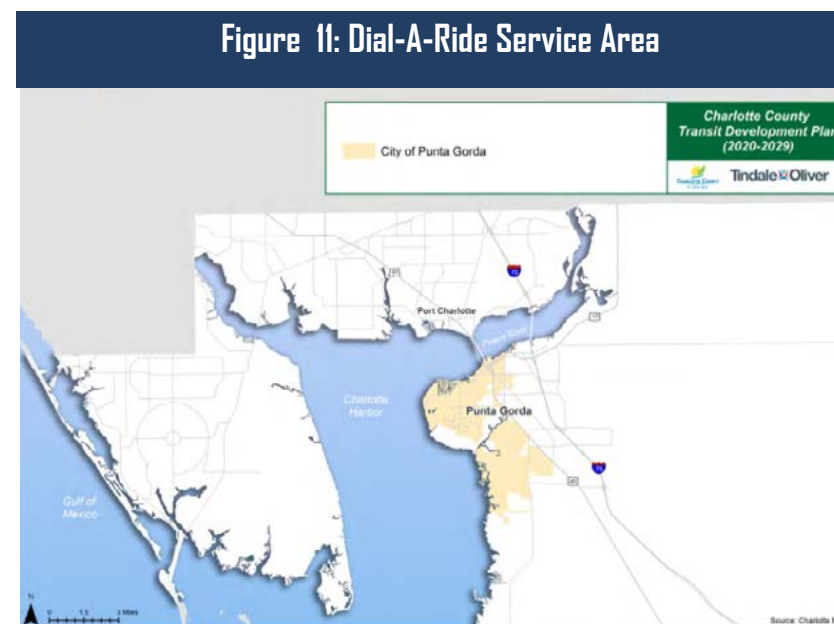
Despite the obvious need, expanding the capacity and scope of the Charlotte County transportation system requires substantial financial investments and improved community design, among other factors. Charlotte County has the 8th largest amount of road infrastructure in Florida. Because of the overall community layout and road distribution, the county does not lend itself for mass transit investments. Without further urban planning and design improvements, developing the county’s transportation system will remain problematic.

Transportation options are crucial to health equity. Unfortunately, when an individual or family is transportation disadvantaged, it often serves as a catalyst to further disadvantages, primarily in health, economic opportunity, and diversity.^{4, 16, 32} These households may also combat an inability to get to doctor appointments, especially when specialty care is needed and offices are only available in affluent communities or other counties; accessing healthy food options can also become a burden, not only because of affordability, but also because larger grocery stores or farmers markets are often times not within walking distance from communities with a higher concentration of low-income, zero-car, or minority populations.³² To ensure the health and well-being of every resident, Charlotte County should consider significant improvements to the community design to better accommodate a mass transit system. Additional sidewalks and streetlights will provide opportunities for every member of society to improve their health and participate in more physical activity at low to no cost. Additionally, it should be understood that providing an affordable and effective mass transit system is an investment likely to remain unprofitable to the county monetarily, but one that would yield long-term health and well-being and economic benefits for decades to come.

Charlotte County-Punta Gorda Metropolitan Planning Organization

In 2015, the Charlotte County-Punta Gorda (CC-PG) Metropolitan Planning Organization (MPO) launched their 2040 Long Range Transportation Plan (LRTP). The CC-PG MPO, created in 1992, falls under the federally mandated and federally funded Metropolitan

Figure 11: Dial-A-Ride Service Area



Organization (MPO) formed by the Federal-Aid Highway Act of 1962. Under the auspices of the MPO, the CC-PG MPO has developed the 25-year Long Range Transportation Plan (LRTP) to meet Charlotte County’s transportation needs. The plan will address “all types of travel” such as “biking, walking, public transportation, and freight movement” and even touch the southwest corner of DeSoto County, as well.³³ It will also update every 5 years to ensure it maintains relevance as the county’s demographic and economic landscapes change.

The 2019 report “Integrating Equity into MPO Project Prioritization” by the University of South Florida (USF) Center for Urban Transportation Research, on behalf of the Center for Transportation, Equity, Decisions, and Dollars (CTEDD), outlines the work of certain Florida and non-Florida MPOs throughout the United States. Specifically, the report reviews how each MPO considered equity in their project prioritization process by proactively seeking out representatives from communities of concern (COC) for engagement or by using assessment tools that map environmental justice (EJ) areas based on distinctive population characteristics.³³ For Charlotte County, the CC-PG MPO considered equity by “[identifying] and [mapping] EJ areas as places with the highest minority and low-income populations.” Unfortunately, areas where there was no overlap of these two factors were not considered underserved in the prioritization process. Nonetheless, the LRTP is a major step in the right direction for the county and by 2045, it is expected that the 25-year plan will “expand transportation choices for everyone,”

“preserve natural spaces while promoting a healthy community;” and “promote vibrant centers and the local economy.”³⁴

Environment

During community focus groups, the environment was cited as an important aspect to health and well-being. Specifically, a limited number of sidewalks and streetlights as well as algae blooms, drinking water quality, and air quality were all noted as topics of concern. Therefore, the core group of partners addressed the community’s environmental concerns in two main areas of focus: the built environment and environmental health.

Built Environment

Charlotte County, FL has the 8th largest amount of road infrastructure in Florida. Because of how parks,

Built Environment

There are several different definitions and explanations of what the built environment is and of what it consists. For this report, we understand the built environment to be defined as:

“The built environment includes our homes, schools, workplaces, parks/recreation areas, business areas and roads. It extends overhead in the form of electric transmission lines, underground in the form of waste disposal sites and subway trains, and across the country in the form of highways. The built environment encompasses all buildings, spaces and products that are created or modified by people. It impacts indoor and outdoor physical environments (e.g., weather conditions and indoor/outdoor air quality), as well as social environments (e.g., civic participation, community capacity and investment) and subsequently our health and quality of life.”³⁵

roads, and businesses are spread throughout the county, Charlotte is a heavily car-dependent community. The unequal distribution of infrastructure has led to the further disadvantage of already vulnerable population groups and even communities of concern (COC). For example, the lack of sidewalks means that individuals are unable to adopt healthier daily routines, such as walking, which countless research has shown to play an important role in decreasing the risk of chronic diseases like diabetes. Significant variations in population density, availability of community-level resources, and severe discrepancies in community safety have placed a disproportionate health burden on the socioeconomically disadvantaged in the county with little to no recourse from alternative options.

Changes to the built environment through an updated community design must include significant enhancements to road infrastructure and improved transportation options. Disadvantaged neighborhoods do not have the means to invest in themselves. To achieve health equity through built environment, policy makers must consider the needs of underserved populations in the county and intentionally seek the inclusion and feedback of often excluded communities. County-level investments to enhance low socioeconomic neighborhoods, such as the construction of parks, sidewalks, streetlights, or walking trails along with a continued commitment to increase affordable housing options in Charlotte County will have a profound effect on community health, social interaction, and quality of life for all of Charlotte County's residents.

Environmental Health

Charlotte County, FL boasts countless public beaches. Situated on the Southwest coast of Florida along the Gulf of Mexico, the county has had to manage harmful algae bloom (HAB) outbreaks, as well as Red Tide, which can cause upper respiratory infections and irritations, if inhaled. HABs, Red Tide, drinking water quality, and air quality were expressed as areas of concern during community focus group sessions, however, HABs and Red Tide are temporary phenomena that do not affect our community's drinking water. In fact, according to the county's most recent Water Quality Report in 2018, Charlotte County's drinking water meets all federal and state water quality standards set by the Environmental Protection Agency (EPA).³⁶ Additionally, the Charlotte County Commissioners have made improving the

county's water quality a BOLD goal for their 2019-2020 strategic plan.²⁴

Behavioral, Social, Emotional Health and Trauma

Behavioral, social, and emotional health begin in infancy and are shaped within the first few years of life. Children who are raised in physically and emotionally safe environments and stable families thrive mentally, physically, academically, and are much more likely to become healthy adults in later life. Part of the foundation for building behaviorally, socially, and emotionally healthy children and adults is directly rooted in the SDOH. The SDOH help to shape early life experiences and are stronger determinants of health outcomes than medical care itself.⁴

Trauma threatens behavioral, social, and emotional health; specifically, persistent and unchecked trauma. Though, no official universal definition exists, the Substance Abuse and Mental Health Services Administration describes trauma as "...an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." Continued exposure to traumatic life events and circumstances are detrimental to both child and adult health in all phases. In fact, a myriad of research studies including the landmark Adverse Childhood Experiences (ACEs) study by Dr's Felitti and Anda,³⁷ have established that experiencing chronic traumatic events will predictably result in a higher risk of disease in adulthood and shortened life expectancy compared to those with lesser traumatic childhood experiences or to those with adequate family buffering.³⁷

For Charlotte County, FL, behavioral, social, and emotional health is a significant issue and trauma is prevalent in our community as in the nation. From the community health survey, 42% of respondents reported having had some degree of traumatic childhood experience which they believe affects their health and well-being as an adult. When asked which issues they believe to be the top health and wellness concerns in Charlotte County, 52% (#1 choice, overall) of survey respondents chose "Mental Health Problems;" 33% of survey respondents expressed that "Mental & Behavioral Health Care" services are difficult to access

in the county, and 52% of respondents reported that they would not know where to get services or treatment if they or someone in their household was experiencing anxiety, depression or other emotional issues. Furthermore, although the 2019-2020 community health survey results indicate that stigma is decreasing, stigma continues to affect residents seeking mental health services as 34% of respondents reported that they would not feel comfortable if others knew they had to seek mental health services compared to 58% in 2015. Regrettably, 64% of adult suicide attempts and 80% of child/adolescent suicide attempts are attributable to untreated ACEs.

The stressors that individuals and families experience are directly connected to household economic well-being, affordable housing, and social discrimination, among other factors. Mental health care providers in the county have noted that multi-generational trauma is on the rise and overall mental health problems are becoming much more complex and multifaceted in nature.

Despite the results of the community survey and the county-level data reports, many local agencies and community organizations are on the frontlines providing exceptional care and services to our residents. Moving forward, national and state level funding and resources need to be directed towards addressing the rising mental health challenges in the county, which include senior isolation and loneliness, adult drug & substance abuse, sexual violence, and economic instability.

Child Abuse, Neglect & Well-Being

Even though state laws define what they believe to constitute Child Abuse and Neglect (CAN), the federal government enacted the Child Abuse Prevention and Treatment Act (CAPTA) in 1974 to serve as the primary federal legislation for CAN and to help govern and guide the states in "prevention, assessment, investigation, prosecution, and treatment activities." Currently, the state of Florida recognizes five forms of child maltreatment: Physical abuse, neglect, sexual abuse/exploitation, emotional abuse, and abandonment. Although Charlotte is the 2nd oldest county in Florida, its' rate for children ages 5-11 experiencing child abuse is 2x the state rate, ranking 3rd overall out of 67 counties.³⁸ Graver still, one of the primary reasons why children are removed from their homes is because of

parental drug or substance abuse.

As of March 2019, there were 310 children in foster care in Charlotte County (7th in the state overall). Approximately, 1,300 grandparents in the county are responsible for their grandchildren who are under 18 years old and many are providing kinship care without adequate resources. The rate of children with emotional and behavioral disabilities is 3 times higher than the state rate (1.5 vs. 0.5, respectively)³⁸ and in 2019, 51% of children screened were below the benchmark for kindergarten readiness. As of January 2020, it is projected that for 2019, 48% of Charlotte County students tested "ready for Kindergarten." This represents a 5-point decrease from 2018 and a 6.91-point decrease from 2017 (Table 10). The Suncoast region (consisting of 11 counties in Southwest Florida) ranks 1st in the number of reported human trafficking cases of all Florida regions, while the State of Florida ranks 3rd in the nation for human trafficking reports.⁴⁰ As a result of our areas current challenges in child abuse and neglect, the Suncoast region has the highest child protective investigator turnover rate of all Florida regions at 69.64%, which further negatively affects our area's ability to provide consistent, qualified health care to our most vulnerable population group. Unfortunately, these numbers are reflective of a significant child abuse and neglect problem that is placing a considerable burden on the school system and local agency partners. This growing challenge affects all members of the community and requires a multifaceted approach to bring about effective change.

Though no study yet exists that can point to the direct cause of Charlotte County's high child abuse and neglect rate, national data from the Fourth National Incidence Study on Child Abuse and Neglect (4-NISCAN) demonstrate a strong correlation between household socioeconomic status and child maltreatment. The study specifically found that "Children in low socioeconomic households [had] significantly higher rates of maltreatment in all categories and across all definitional standards." Children living in homes where one or both parents or caregivers were unemployed, had less than a high school diploma, or received some form of social assistance, consistently experienced some form of abuse or neglect at more than 5 times the rate of children who were living under different circumstances. These children were also "3 times as likely to be abused

HOW DO WE COMPARE?

CHILD ABUSE



SUBSTANCE ABUSE



2017 as part of the Community Health Improvement Plan (CHIP) taskforce on Maternal and Child Health. The group consists of physicians, nurses, community partners such as DOH, Healthy Start, Healthy Families, and representatives from the local medicated assisted treatment program, PAR.

In January 2017, Bayfront Hospital in Port Charlotte, FL (the only hospital in the county that offers maternal services) began tracking the number of substance exposed newborns admitted to the Neonatal Intensive Care Unit (NICU). Numbers showed that 22% of newborns admitted to the NICU from January 2017 – December 2019 were substance exposed. (Table 11)

The national average length of stay for SEN babies is 19 days; in 2017, the Bayfront average length of stay was 27 days. As a result, the group mobilized their knowledge, influence, and expertise to enact procedural level changes within the only local hospital that offers maternal services. Their goals included reducing the number of days SEN babies stayed in the hospital following births and ultimately increasing positive health outcomes for both mom and baby during and after pregnancies involving women with opioid use disorder. In the taskforce’s almost 3-year existence, they have been able to reduce SEN hospital stays from 27 to 14 days through the implementation of alternative holistic methods such as educating staff and parents and by promoting breastfeeding and skin-to-skin contact. In addition to reducing the length of hospital stays for SEN babies to below the national average, 10 babies have avoided admission to the NICU altogether, by implementing nonpharmacological methods.

The taskforce will continue their work through efforts to educate the community and reduce the stigma of people with opioid use disorder by increasing understanding of ACEs, opioid use disorder, and the evidence-based treatments used to treat the condition.

As established in each area of focus, all of Charlotte County’s health and well-being needs are interrelated and directly connected to equity and the SDOH. All solutions must incorporate the full support of various local agencies and must respond to the county’s underlying mental health problems with a sufficient healthcare workforce to meet the growing behavioral, social, and emotional health needs of both adults and children. Through a concerted effort, progress such as

that seen through the SEN taskforce, can be achieved at a greater community-wide level.

Conclusion

Overall, Charlotte County, FL, remains a highly preferred retirement choice and continues to experience a tourist-dependent economy. However, lack of affordable housing, inadequate public transportation, a seasonal-based economy, and an outdated community design produce an overall low-income, under-educated population, with little to no social and cultural diversity. As a community striving to fulfill its vision that “Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous,” there are challenges ahead.

Vibrance can only be obtained through diversity and social cohesion; resilience through economic opportunity. To advance the goal of creating a healthy community, the need for equity in our social dynamics and health care systems cannot be overstated. The ability of our community to offer careers and not simply jobs, improve our community design and how it facilitates healthy living habits, as well as our overall sense of social justice and community safety must be reformed through local public policy and individual commitments.

Community members and agency representatives have prioritized: 1) Child Abuse, Neglect & Well-Being, 2) Behavioral, Social, Emotional Health and Trauma, 3) Healthcare, 4) Environment, and 5) Aging as the top 5 health and wellness concerns for our community. In

partnership with our community collaborative Healthy Charlotte, the Florida Department of Health in Charlotte County along with the core group of partners have committed themselves and their agencies to addressing Child Abuse, Neglect & Well-Being by continuing our Adverse Childhood Experiences (ACEs) initiative into 2026. Together Charlotte, a coalition of community partnerships, will address the growing Aging needs and concerns of our community in addition to their continued work on affordable housing. Though, healthcare (costs, workforce, and access) and the environment are equally important to this community, residents decided that these issues are outside of Healthy Charlotte’s ability and capacity to incite considerable change. However, they remain committed to continue their involvement and lend their support to the multiple community efforts addressing these issues. If you are an agency that serves Charlotte County, our hope is that you find the results of this report illuminating and instructive in how you can better serve the residents of our county by making yourself and your agency available to each initiative. As a community member, we hope that this report helps you understand the needs of our county and that it inspires you to participate and contribute to the improvement of the health and well-being of your fellow residents.

Table 10: Florida Kindergarten Readiness Screener (FLKRS) District Results, 2017-2019

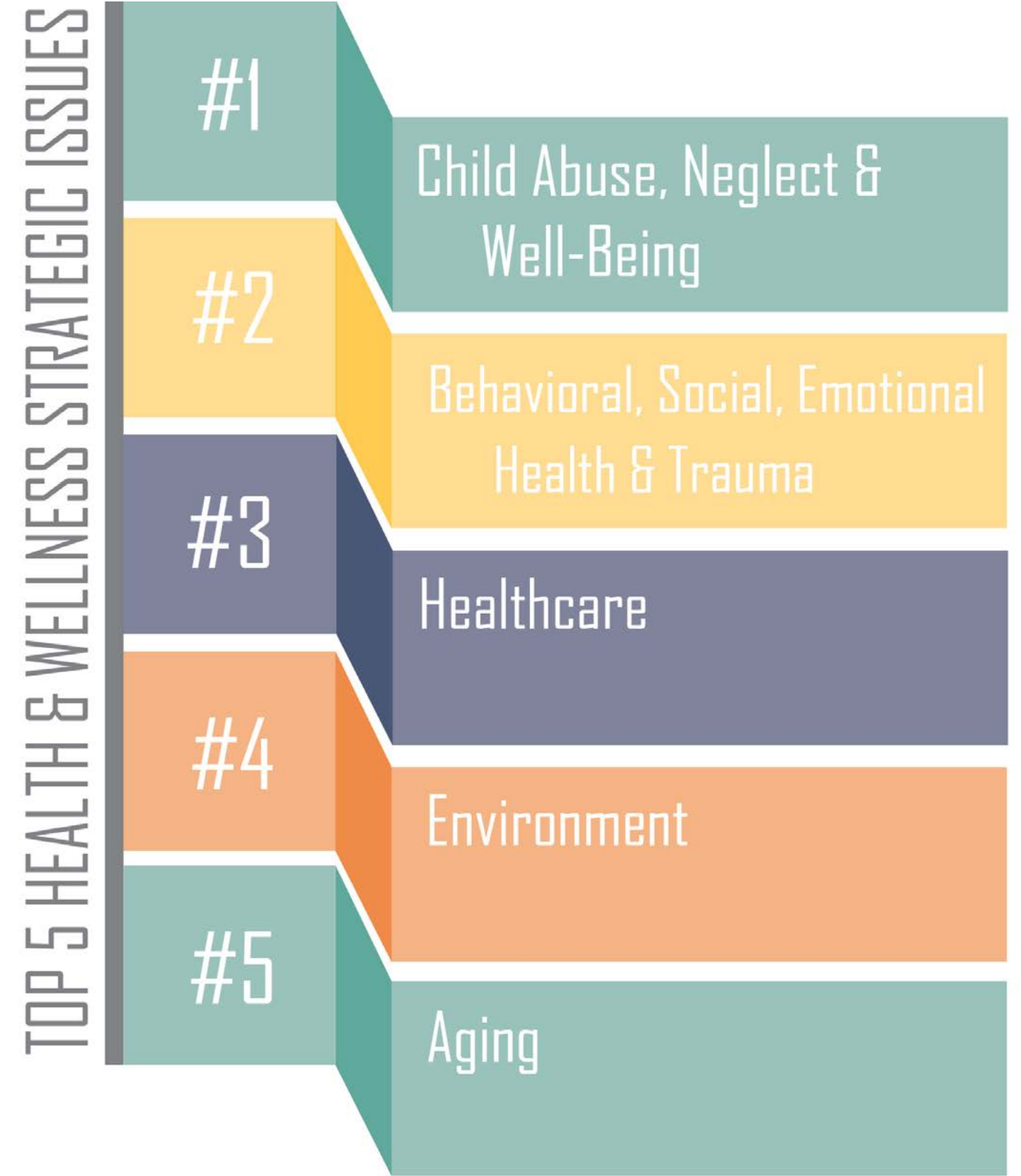
Note: *Per Rule 6M-8.601, F.A.C., adopted by the State Board of Education on May 16, 2018, a score of 500 or higher on the Star Early Literacy assessment administered to kindergarten students during the first 30 days of the school year indicates a student is “ready for kindergarten.” Results are based on the first assessment administered to each student.

Year	Charlotte Number of Test Takers	Charlotte Number “Ready for Kindergarten” (Scoring 500+ on Star Early Literacy Assessment)*	Charlotte Percentage “Ready for Kindergarten” (Scoring 500+ on Star Early Literacy Assessment)*	State of Florida Percentage “Ready for Kindergarten” (Scoring 500+ on Star Early Literacy Assessment)*
2017	1,029	565	54.91%	53.95%
2018	975	518	53%	53%
Proj 2019*	1,041	501	48%	TBA

*Projection based on Charlotte County FLKRS Data from EDIS on 1/9/20.

Table 11: Bayfront Health Port Charlotte Statistics For Substance Exposed Newborns (SEN) 2019

	2	8	3	5	1	1	2	3	0	2	2	1
NICU SEN Admits												
Benzos	0	0	0	1	0	0	1	0	0	0	0	0
Cocaine	0	1	0	1	1	0	1	1	0	0	0	1
Amphetamines	2	1	0	2	1	0	2	0	0	1	1	0
Opiates	0	0	0	1	1	0	0	2	0	1	0	0
Barbituates	0	2	0	0	0	0	0	0	0	0	0	0
THC	0	0	1	2	0	1	0	1	0	0	0	1
Subutex	0	1	1	2	0	0	1	1	1	1	0	0
Oxy												
Methadone	0	1	1	3	1	0	1	1	0	0	2	0
Methamphetamine												
Polydrug Use	0	1	1	3	1	0	1	3	0	1	1	1
Total NICU Admits	4	13	8	15	10	14	12	13	12	12	11	12
Total % of SEN	50%	61%	37.00%	40.00%	10.00%	1.00%	16.00%	23.00%	0.00%	16.60%	18%	8%



Child Abuse, Neglect & Well-Being

#1 #2 #3 #4 #5

Charlotte ranks 3rd in the state for 5-11-year olds experiencing abuse. This is further exacerbated by the fact that Charlotte county experiences 3x the state rate of children in school grades K-12 with emotional and behavioral disabilities.

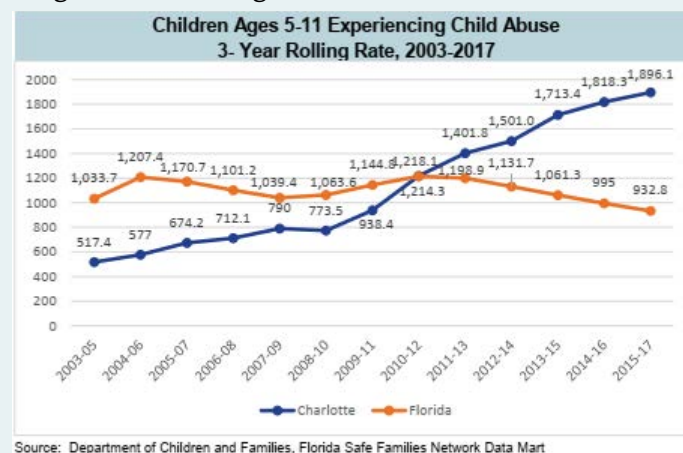
As a low-income community, these conditions place a large burden on our families and local schools. Charlotte county students undoubtedly have needs that go beyond educational lessons, however, our current social and economic system is insufficiently resourced to alleviate the weight of the burden.

Because “public health is what we, as a society, do collectively to assure the conditions in which all people can be healthy,” eradicating child abuse and neglect involves a multi-faceted approach that combines the collective power and influence of community agencies and builds local partnerships to achieve the well-being of every child in Charlotte County, FL.

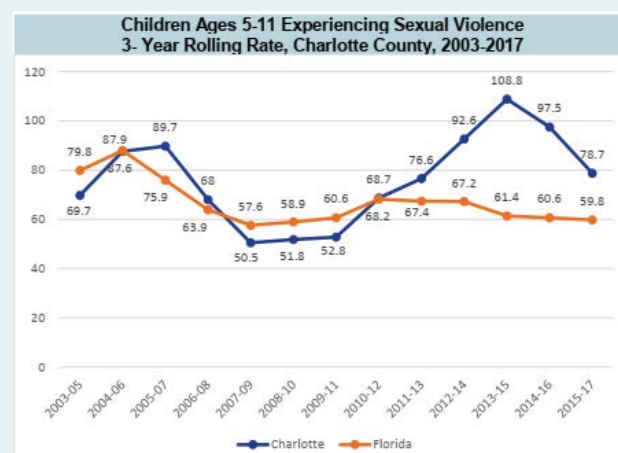
Healthy Equity plays an inescapable role in understanding the root causes of Child Abuse and Neglect. According to the Fourth National Incidence

Study on Child Abuse and Neglect, “Children in low socioeconomic households have significantly higher rates of maltreatment in all categories and across all definitional standards.” Children living in homes where one or both parents/caregivers were unemployed, had less than a high school diploma, or received some form of social assistance, consistently experienced some form of abuse or neglect at more than 5 times the rate of children who were living under different circumstances. These children were also “3 times as likely to be abused and about 7 times as likely to be neglected.”

Charlotte County, FL has prioritized Child Abuse, Neglect, and Well-Being as the top area of focus for our community into 2026. This aligns with the current work being done through Healthy Charlotte on Adverse Childhood Experiences (ACEs), which includes abuse, neglect, and household dysfunction. Healthy Charlotte and DOH-Charlotte and all agency partners have committed to continuing the county’s health focus on ACEs as the way to best address Child Abuse, Neglect, and Well-Being.



Source: Department of Children and Families, Florida Safe Families Network Data Mart



Source: Department of Children and Families, Florida Safe Families Network Data Mart

¹Institute of Medicine. The Future of Public Health, 1988 & 1997.
²Fourth National Incidence Study of Child Abuse and Neglect

Behavioral, Social, Emotional Health & Trauma

#2 #1 #3 #4 #5

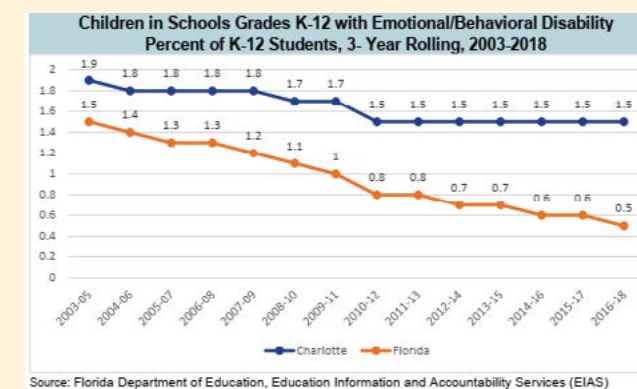
Health is not limited to healthcare. The behavioral, social, and emotional health of a community’s members should be seen as a strong indicator of overall health, especially as it pertains to the social constructs in place that influence well-being. The human body does not distinguish between its physical, emotional, and mental health; its stress response to trauma, whether inflicted physically or emotionally, is the same. If left untreated or with no strong social buffering, traumatic events lead to developmental delays in early life and mental health challenges and risky health behaviors in adulthood.

For Charlotte County, FL, the state of the growing behavioral, social, and emotional health and trauma issue is clearly seen in the ongoing theme of “Families in Chaos” with parental substance abuse being a primary reason for children removed from homes, a large number of grandparents raising their grandchildren or providing kinship care without adequate resources, and the rate of youth suicides which is 4 times the state rate. Forty-one percent of respondents of the community health survey reported having had some

degree of traumatic childhood experience that affects their health and well-being as an adult, while 52% of survey respondents chose “Mental Health Problems” as the #1 top health and wellness concern in our county.

The stressors that individuals and families experience are directly connected to household economic well-being, affordable housing, and social discrimination. Mental health care providers in the county have noted that multi-generational trauma is on the rise and overall mental health problems are becoming much more complex and multifaceted in nature.

Charlotte County, FL prioritized Behavioral, Social, Emotional Health & Trauma as the 2nd area of focus for our community into 2026. Trauma was ranked 3rd, however, meeting participants agreed to merge it with Behavioral, Social, and Emotional Health. Since both of these topics are strongly interrelated with child abuse, neglect, and well-being, as we address the later through Adverse Childhood Experiences (ACEs), our efforts will impact the behavioral, social, and emotional health of both the adults and children in our county.



Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

Age Group	2014 Suicide rate Per 100,000 Charlotte	2014 Suicide rate Per 100,000 State Average	2017 Suicide rate Per 100,000 Charlotte	2017 Suicide rate Per 100,000 State Average
All Ages	17	15.1	17.8	15.5
Youth	5.9	1.5	6.1	1.8
Older Adults	13.1	20.3	19.2 (reflects 46% growth)	20.1

IMPACT, Building Resilience in Young Children: Experiences Promoting Protective Factors in Six Pediatric Practices, 2019.

Healthcare

#3 #1 #2 #4 #5

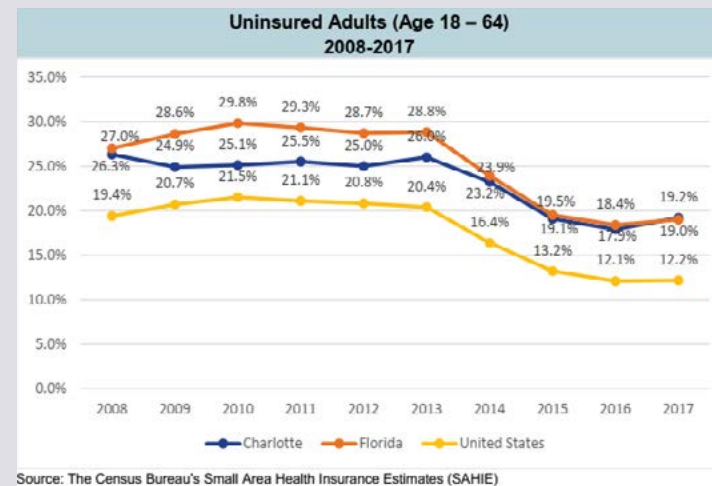
Access to adequate healthcare continues to be a challenge for residents of Charlotte County, FL in terms of insurance, costs, and specialty care physicians. The county lags behind the state in the rate of medical providers available to its population. Furthermore, Charlotte County has a higher rate of uninsured children 19 years old and under than the state rate at 13% vs. 8.5%, leaving this portion of the population highly vulnerable. Responses from the community health survey revealed that 82% of respondents believe that the main reason why individuals in the county do not seek medical treatment is because of their lack of insurance or inability to pay; 30% chose “Lack of Providers Who Accept Your Insurance”. Although, subjective, these responses help provide perspective to troubling trends such as the rate of births to mothers who have not received prenatal care rising from 2017 to 2018. Likewise, during community focus groups, members expressed that insurance and overall healthcare coverage was expensive and it was felt that those with no insurance were subjected to unfair hospital costs.

Socioeconomic factors such as income, employment status, housing, and education are deeply connected to access to care and health equity in any community. Results from the 2016 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report indicate significant health disparities in healthcare access and

coverage for Charlotte County, FL. Consistently, the highest percentage of adults (18+) with “any type of health care insurance coverage”, “who have a personal doctor,” and “who had a medical checkup in the past year” were among those who had higher than a high school diploma, had an annual income above the Federal Poverty Threshold (FPL) and were married; these results were evident on a socioeconomic gradient. Conversely, the percentage of adults “who could not see a doctor in the past year due to cost” was highest among those with a high school diploma, who had an income of \$25,000 or less, and who were not married.

Charlotte County, FL prioritized Healthcare as the 3rd area of focus for our community into 2026. Healthcare costs and healthcare workforce were separately identified as two of the 10 areas of focus; however, after discussion and to simplify the prioritization process, the core group decided to retain the final all-encompassing category of healthcare to include workforce, access, and costs. Nonetheless, the breadth of the topic was considered too extensive for any sole community collaborative to address for the following 5 years. Healthcare access and coverage are complex and require multifaceted interventions to affect the most considerable change. Community agencies should continue to advocate for social and economic justice as well as prioritize policies that invest in the active recruitment of a robust healthcare workforce.

Providers	County (rate per 100,000)	Florida	% Difference (Charlotte workforce compared to State)
Licensed Psychologists	6.3	22.5	28%
Licensed Mental Health Counselors	31.6	52.7	60%
Licensed Marriage & Family Therapists	2.9	9.6	30%
Licensed Clinical Social Workers	32.2	46.6	69%



¹ US Census Bureau DP03 Selected Economic Characteristics.
² 2016 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Environment

#4 #1 #2 #3 #5

During the community focus groups and based off of responses from the community health survey, Charlotte County residents are concerned about water quality and air quality. When asked if any of the following environmental factors are affecting your health, 36% of the community health survey respondents chose “None.” Community health data made it clear that Charlotte County’s drinking water is safe; water turbidity, levels of copper and lead, as well as disinfectant by-products were all well-below the maximum contaminant levels (MCL) and maximum contaminant goals (MCLG).

Built Environment

A significant aspect of community health is community design; how well built is the community to promote and allow all of its members to enjoy a health lifestyle. Twenty-nine percent of the community health survey respondents chose “Lack of Sidewalks” as an environmental factor affecting their health, while 23% chose “Well-Maintained Sidewalks.” Although, 36% report not having any environmental factors affecting their health, a significant portion do feel that the county’s limited number of sidewalks would bring them additional health and safety benefits. This is further reflected in the overwhelming community feedback on our ineffective transportation system, for which 32% of the survey respondents believe is the

main reason that keeps people in Charlotte County from seeking medical treatment.

A well-built community and clean air and drinking water are essential to health and well-being. Socioeconomic factors such as income, age, education level, or race should not dictate whether an individual has access to healthy food sources, are more heavily exposed to toxins, or can access parks and playgrounds for their children.

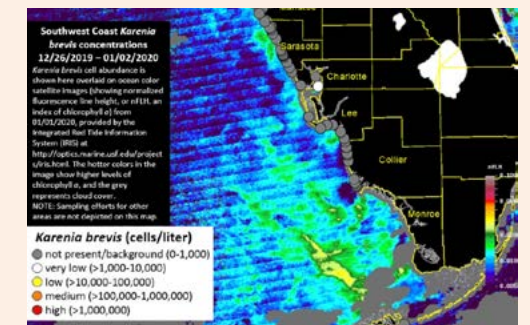
Charlotte County, FL prioritized Environment as the 4th area of focus for the community into 2026. The Environmental Health division of the Florida Department of Health in Charlotte County and Charlotte County utilities continue to be proactive and valuable sources in maintaining the quality of our estuaries and drinking water.

The Port Charlotte-Punta Gorda Metropolitan Organization (MPO) has begun a 25-year plan to expand and improve the community’s transportation needs, which will inevitably increase household access to healthy food options, increase bike lanes and sidewalks, and ensure a stronger economy.

Contaminant and Unit of Measurement	Dates of sampling (mo./yr.)	AL Exceedance Y/N	90th Percentile Results	No. of sampling sites exceeding the AL	MCLG	AL (Action Level)	Likely Source of Contamination
Copper (tap water) (ppm)	6/17	N	0.289	0	1.3	1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives.
Lead (tap water) (ppb)	6/17	N	2.0	0	0	15	Corrosion of household plumbing systems; erosion of natural deposits.

	Charlotte County	Error Margin	Top U.S. Performers	Florida
Air pollution – particulate matter Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	7.7		6.1	8.2
Drinking water Indicator of the presence of health-related drinking water violations. Yes indicates the presence of a violation, No indicates no violation	No			

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute.



Aging

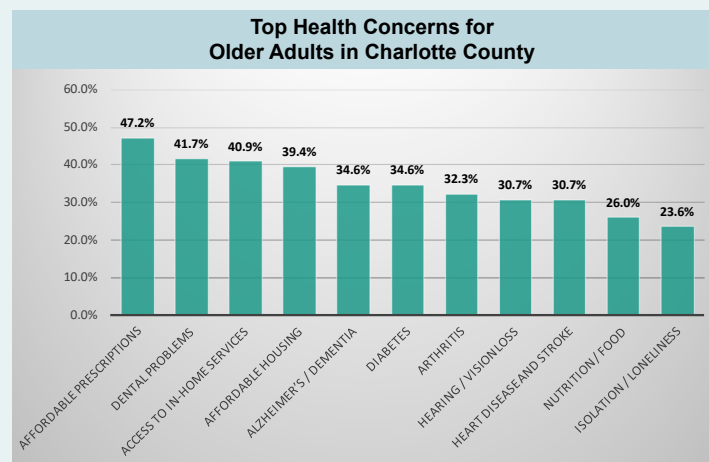
#5 #2 #3 #4 #1

Individuals age 60 years and over represent 47% of Charlotte County’s population and the county median age is 58.1 and rising. With an aging population come several challenges but also many opportunities. Naturally, the health and well-being needs of seniors place a greater demand on Charlotte’s healthcare and social services systems. Long-term care services also makeup a significant portion of senior care in the county as trends show that life expectancy continues to rise but the onset of chronic disease begins earlier.

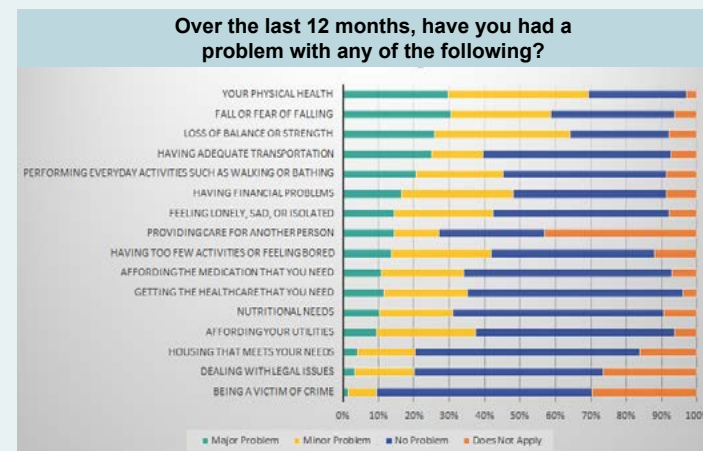
During the community focus groups, seniors were mentioned as one of the populations in need of additional services or assistance. Local agency partners have also specifically noted that isolation and loneliness among seniors is a growing area of concern because those suffering often go undetected and their needs unmet. Seniors and retirees in particular, are susceptible to experience the most devastating life changes in a short period of time with few community resources to help alleviate these sudden changes. Nationally, roughly 17% of older Americans are isolated. In Charlotte County, FL, approximately 14% of seniors are isolated.

Because women on average outlive men, 68% of the isolated seniors are female, while 32% are male and 34.2% participate in either SNAP or Food Stamps. Overall, 15,596 seniors are considered medically underserved

Charlotte County, FL has prioritized Aging as the 5th strategic issue for our community into 2026. The local community group Positive Aging, which was born of the 2015 CHIP Positive Aging subcommittee, as well as Together Charlotte continue to address the needs of the county’s seniors through advocacy and local programs to improve how seniors and retirees live and age in this community.



Source: 2017 Charlotte County Senior Health Assessment



Source: 2017 Charlotte County Senior Health Assessment



Data sources

Quantitative Data:

Quantitative data was collected from local, state, and national sources including but not limited to: Charlotte County, FL government website, Charlotte County Economic Development, FL Charts, and the U.S. Census Bureau.

Qualitative Data:

Qualitative data for this assessment was gathered through 7 community focus groups and 1,367 community health surveys.

Additional sources of information include local agency reports including but not limited to:

- Early Learning Coalition of Florida’s Heartland – Community Needs Assessment
- Human Trafficking 2019 Annual Report
- Child Protective Investigator and Child Protective Investigator Supervisor Educational Qualifications, Turnover, and Working Conditions Status Report
- Charlotte County Utilities 2018 Water Quality Report
- Charlotte County Sheriff’s Office Bureau of Detention 2018 Annual Report
- Together Charlotte 2018 Housing Report
- United Way 2018 ALICE Report

Limitations

Information from both the community health survey and the focus groups should be received and interpreted with caution. Self-reported data carries inherent biases which can stem from recruiting strategies and the sample size. Although, total collected community health surveys were three and half times the necessary population size requirement, the results cannot be interpreted as a generalized all-encompassing description of the beliefs and experiences of all Charlotte County, FL residents.

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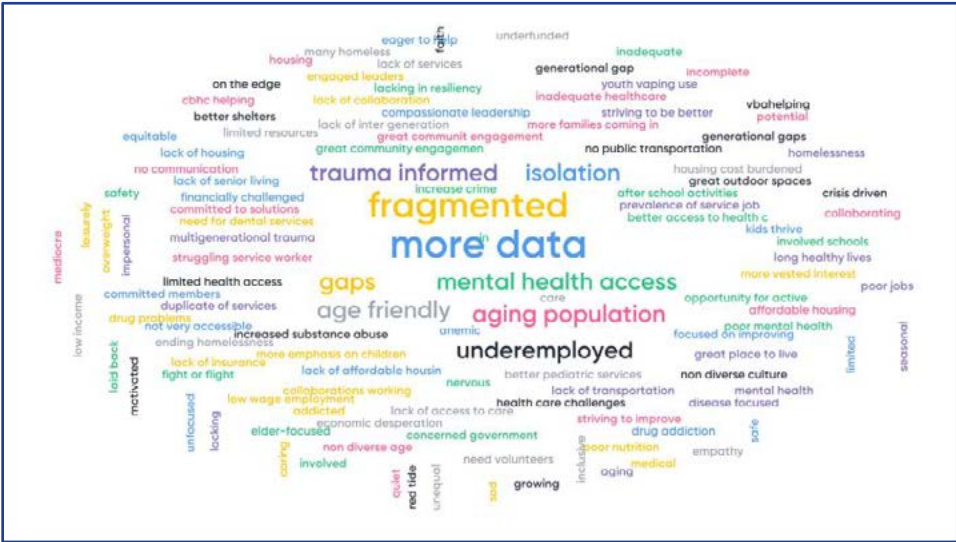
Appendix A: Visioning Word Clouds

The Health Planning Council of Southwest Florida led the steering committee through the visioning and values activity. Mentimeter, an internet and phone-based presentation tool, was used to actively engage the steering group during this activity. The participants used their cell phones to help generate a word cloud using words or phrases that would answer three questions posed to the group:

"How would you describe a healthy community?"



"How would you describe the current health of Charlotte County?"



“What are the values of Healthy Charlotte and the community it serves?”



The Core Group used the words and/or phrases from the word clouds to create the following vision statement:

“Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous.”









Appendix B: Community Health Status Assessment Data



Community Health Status Assessment (CHSA)

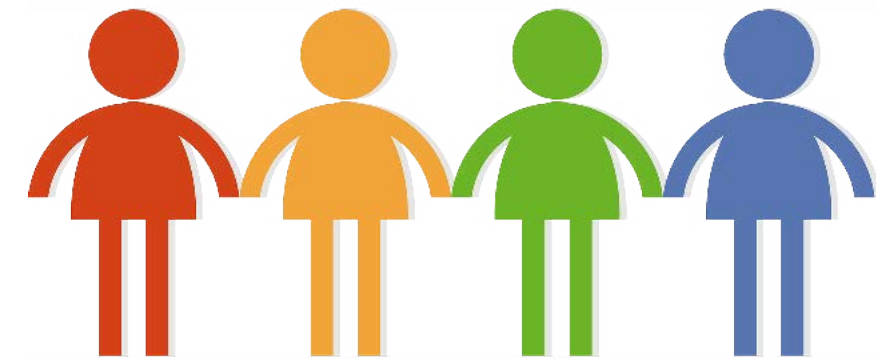
The 2019 Charlotte County Community Health Status Assessment collected and analyzed quantitative information on health status, quality of life, and risk factors of the population. Eight categories of data were studied and each category included select indicators significant to the community. For the secondary data analysis, data was derived from Florida Health Charts, County Health Rankings, U.S. Census, the Florida Office of Economic & Demographic Research, United Way, Together Charlotte, U.S. Department of Housing and Urban Development, Florida Department of Children and Families, and other local data.

Data Categories:

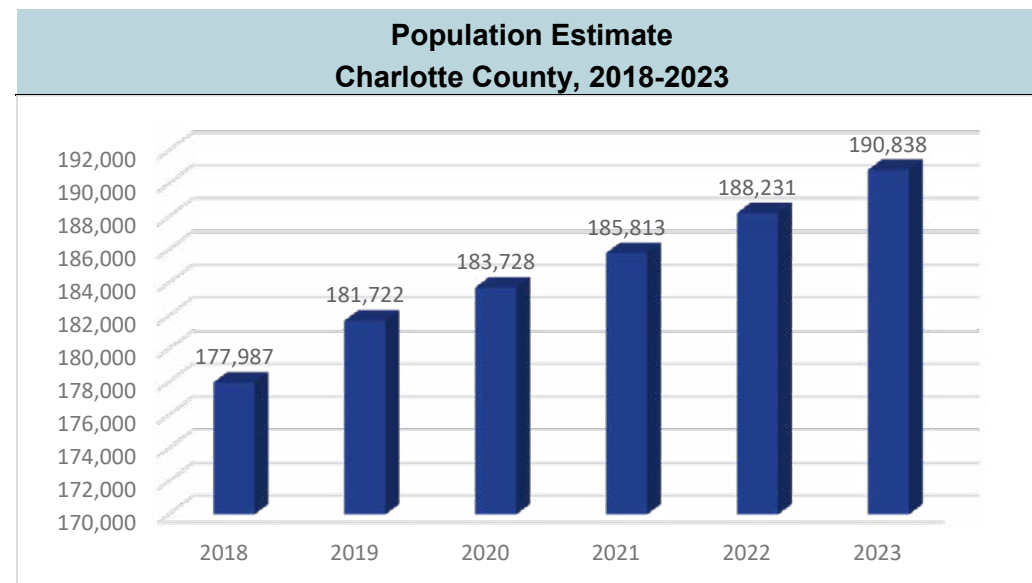
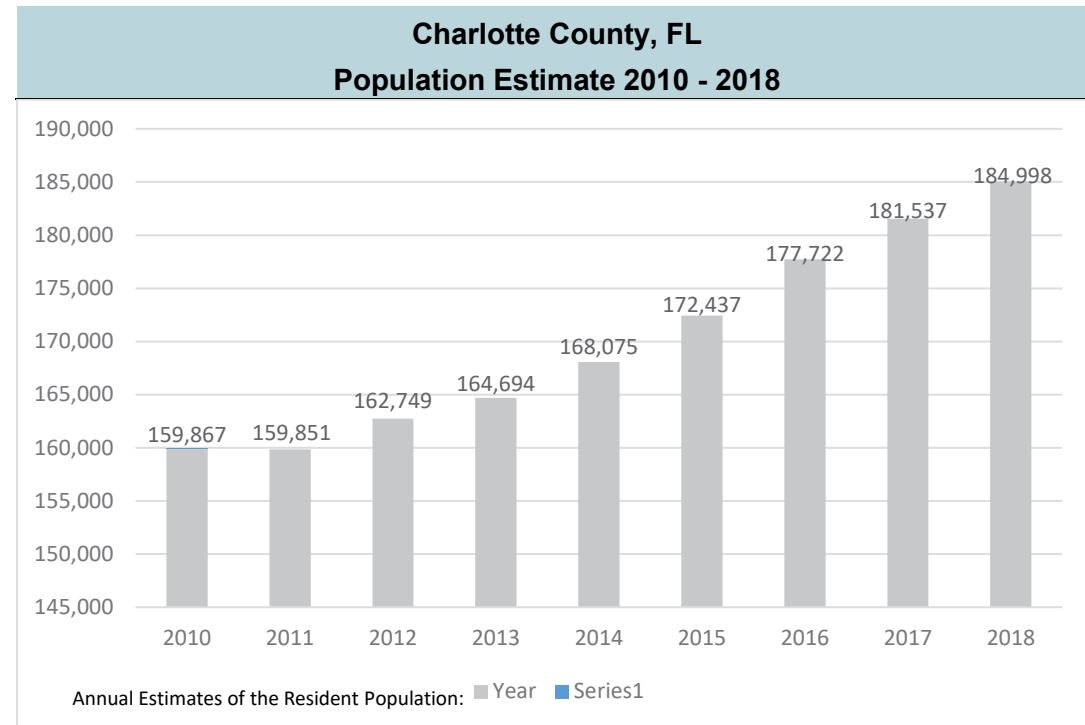
-  Demographics
-  Behavioral, Social, and Mental Health
-  Economics
-  Education & Youth
-  Environment
-  Health
-  Healthcare
-  Transportation



Demographics

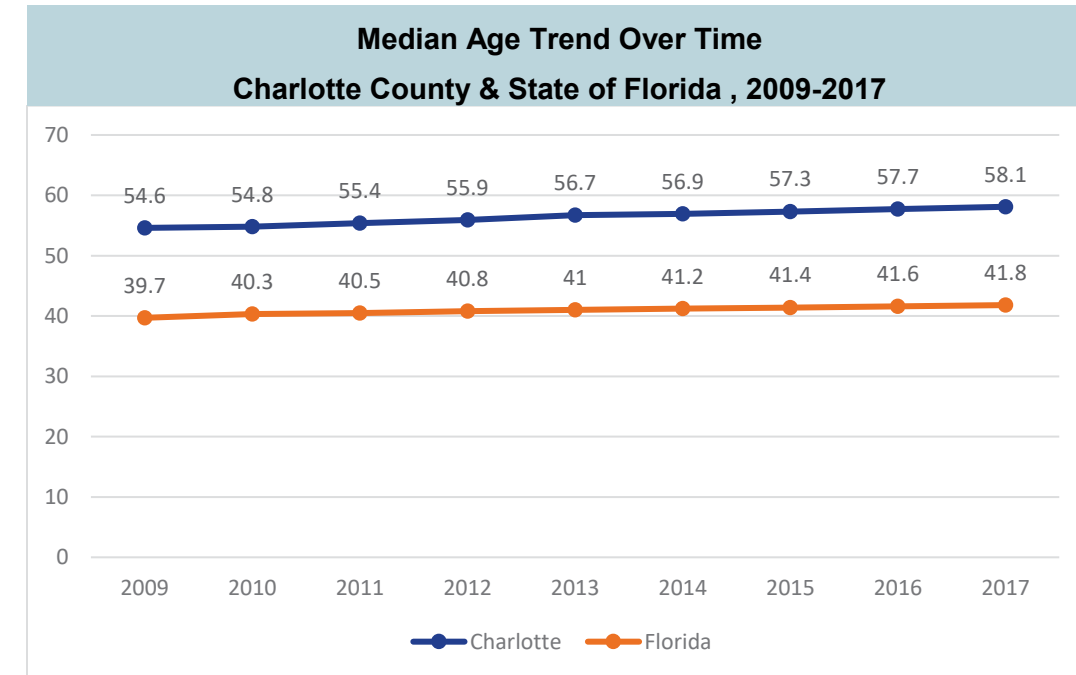


Demographics

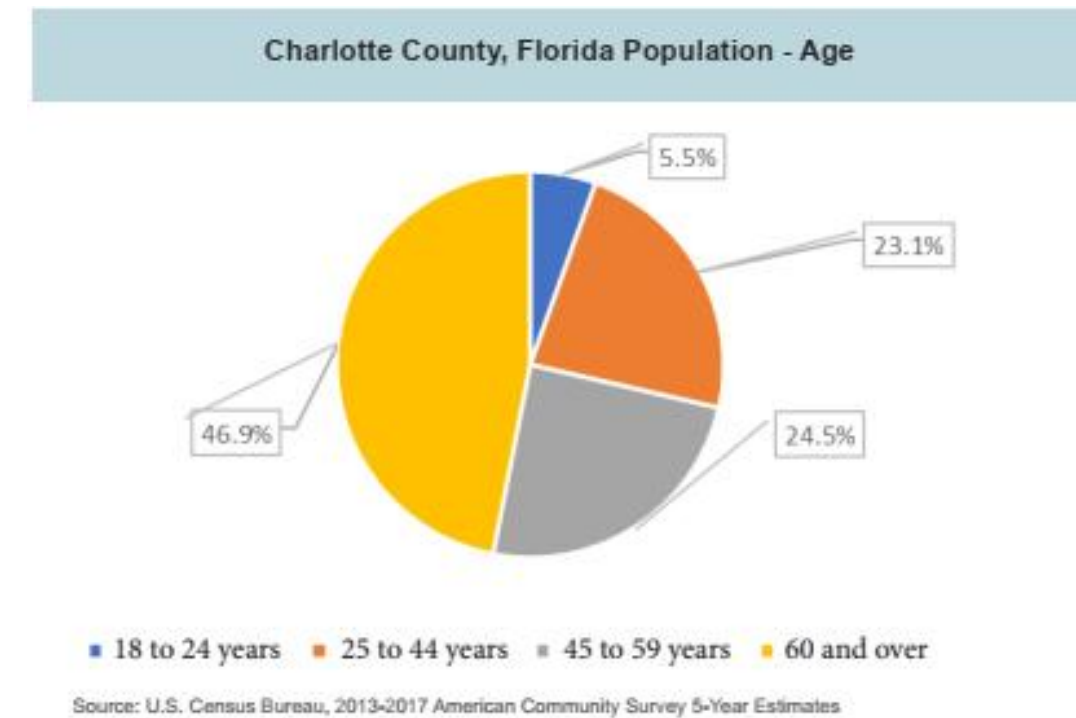


Source: The Florida Legislature, Office of Economic and Demographic Research

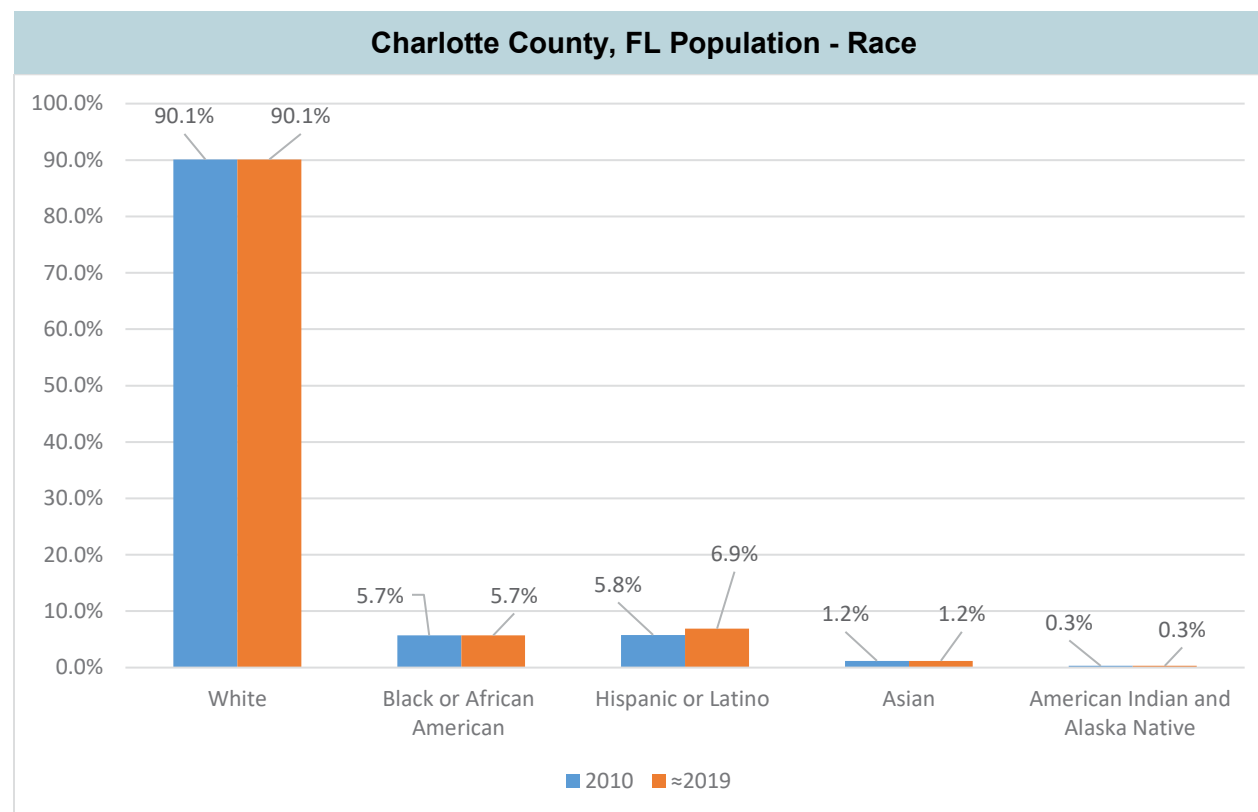
Demographics



Source: US Census Bureau



Demographics



	Charlotte	State
Civilian noninstitutionalized population with a disability (%)	21.5%	13.4%
Under 18 years with a disability (%)	8.0%	4.3%
18 to 64 years with a disability (%)	16.4%	10.1%
65 years and over with a disability (%)	32.5%	33.4%

Source: US Census Bureau DP 02 Selected Social Characteristics in the United States

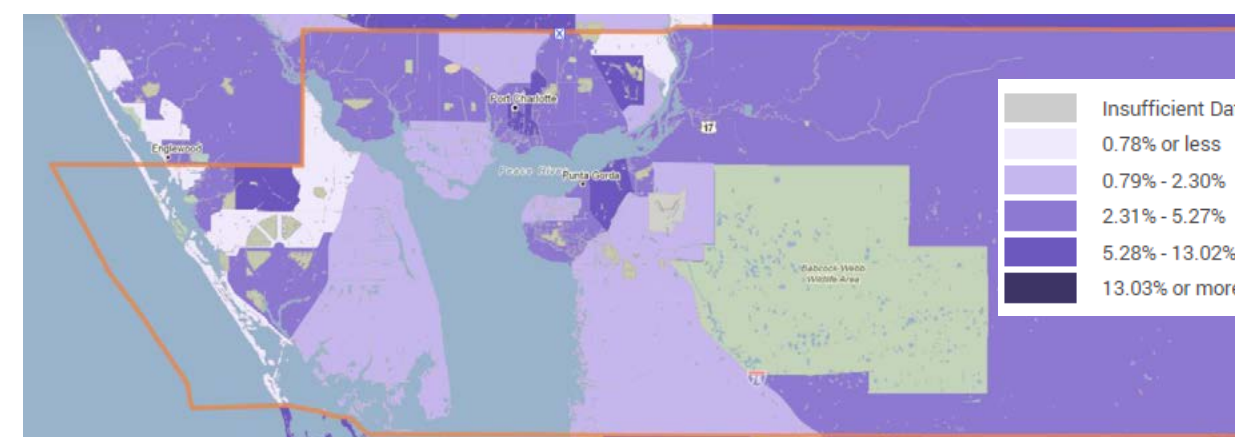
Demographics

	Charlotte	State
Race/Ethnicity		
White (Non-Hispanic)	-1.3%	-1.5%
African American (Non-Hispanic)	+0.1%	+0.4%
Hispanic or Latino	+0.9%	+0.6%
Asian (Non-Hispanic)	+1.2%	+2.6%
Native Hawaiian/Pacific Islander (Non-Hispanic)	0.0%	+0.1%
American Indian/Alaska Native (Non-Hispanic)	+0.3%	+0.2%
Age		
Under 15	-1.1%	-0.7%
15-64	-2.7%	-1.0%
65+	+3.8%	+1.8%
Educational Attainment		
At least High School Diploma (25+)	+1.6%	+2.4%
Bachelor's Degree or more (25+)	+1.3%	+2.1%
Disability Status		
% Residents with a disability (18-64)	+2.6pp	+0.5pp
Median Household Income		
	+\$1,915	+\$2,613
Poverty Rate		
	+0.1pp	+0.6pp
Unemployment Rate		
	-4.8pp	-1.3pp

Data Source: U.S. Census Bureau, American Community Survey 5-year Estimates

Note: Sociodemographic and economic data are provided to show composition of the total population. Disability Status is the percentage of civilian non-institutionalized population ages 18-64 with a disability

Percent of Non-English Speaking Population, Charlotte County, 2013-2017 by Census Tract

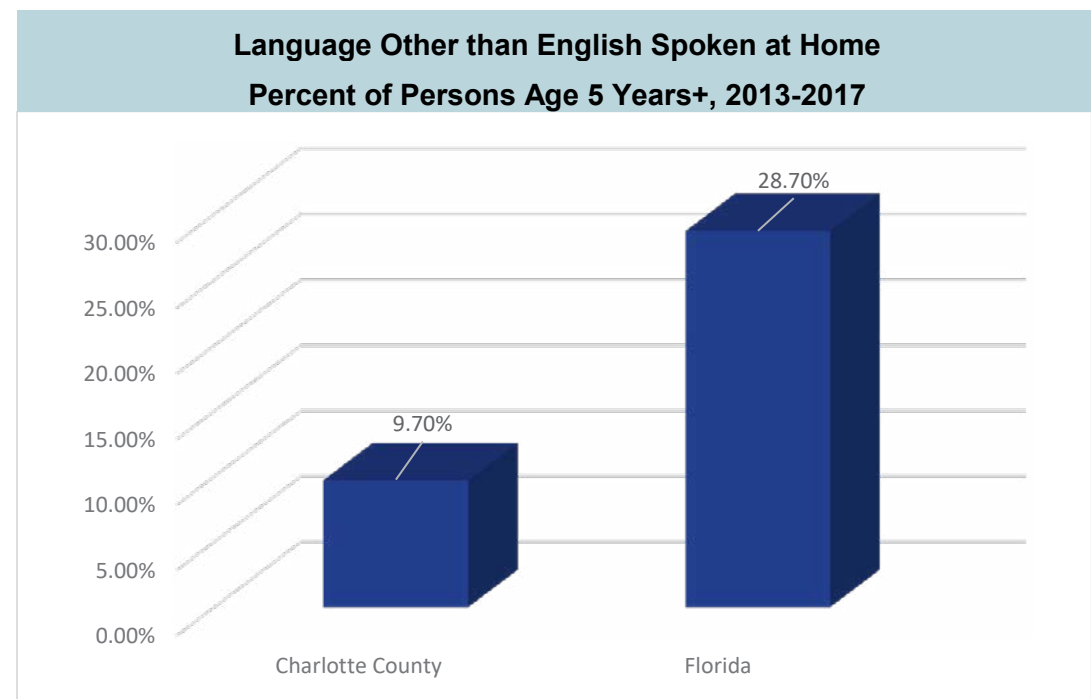


Source: US Census

Demographics

Population Percentage Educational Attainment Persons aged 25 and older, Charlotte County and State, 2018		
	Charlotte	State
Less than 9 th grade	2.8%	5.1%
9 th to 12 th grade, no diploma	7.1%	7.3%
High School graduate with no college	43.3%	38.7%
Some college, no degree	24.3%	20.4%
Bachelor's degree or higher	22.4%	28.5%

Source: The Florida Legislature, Office of Economic and Demographic Research

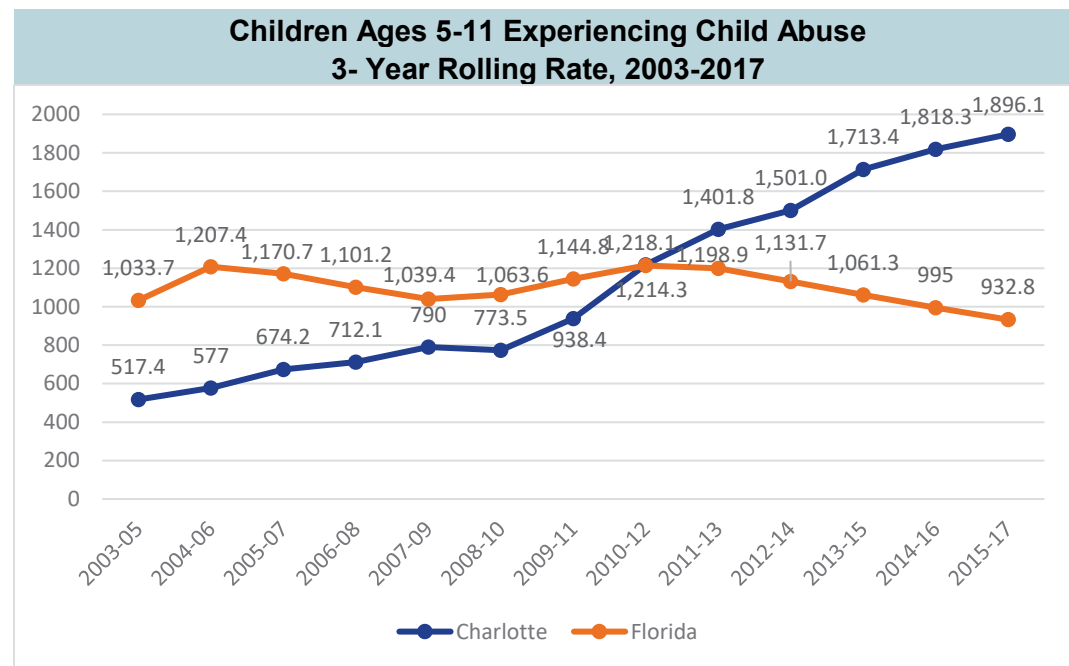


Source: US Census

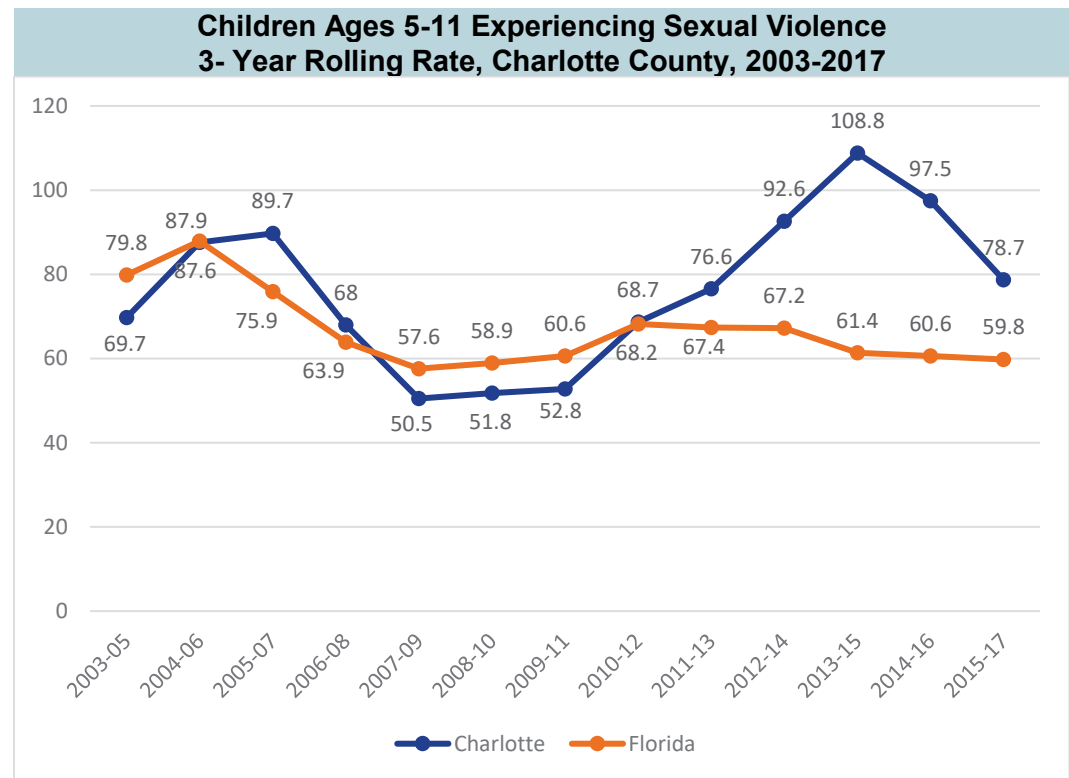
Behavioral, Social, and Emotional Health



Child Abuse

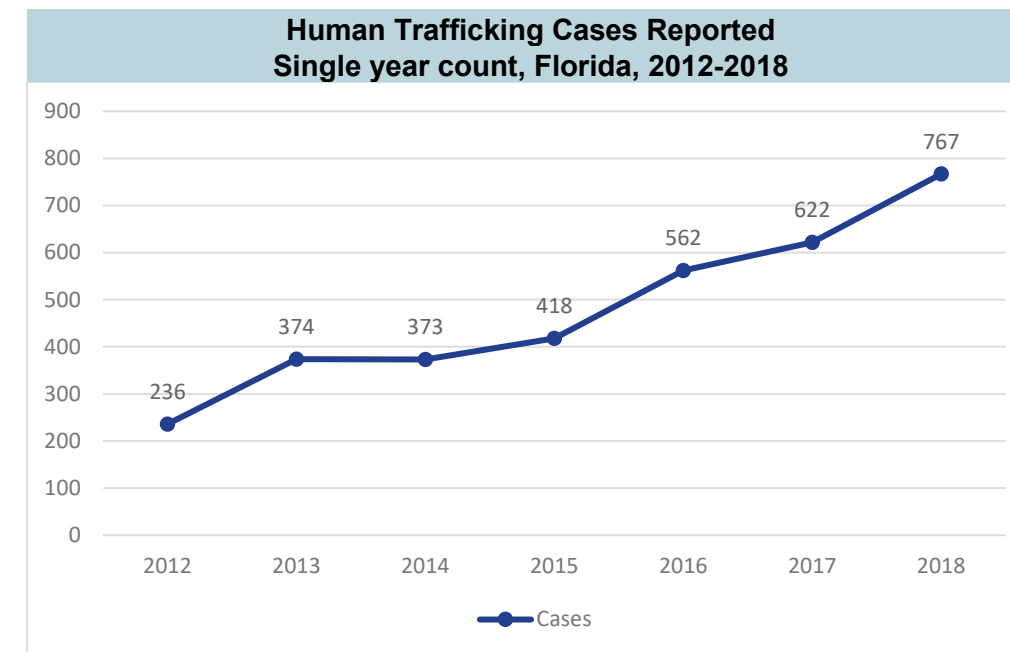


Source: Department of Children and Families, Florida Safe Families Network Data Mart

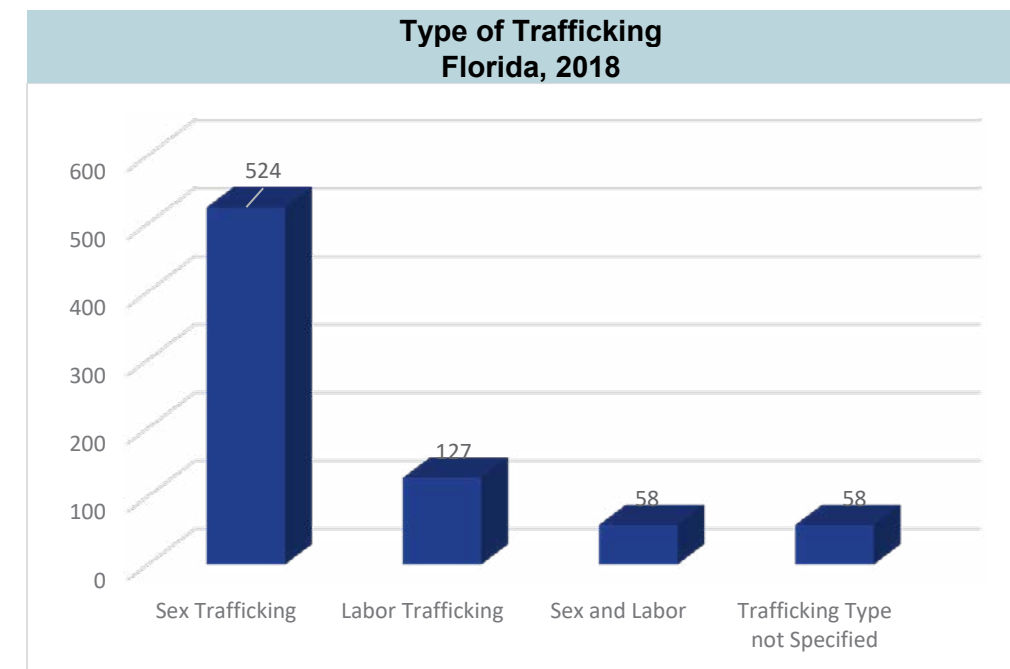


Source: Department of Children and Families, Florida Safe Families Network Data Mart

Human Trafficking

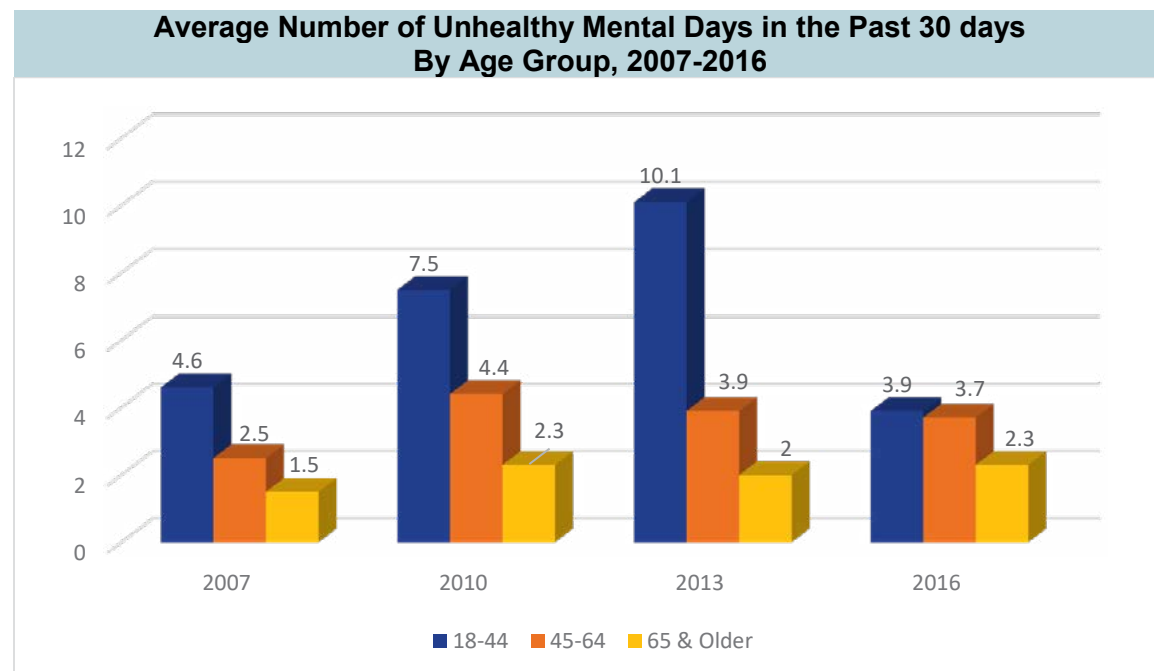


Source: Human Trafficking Hotline

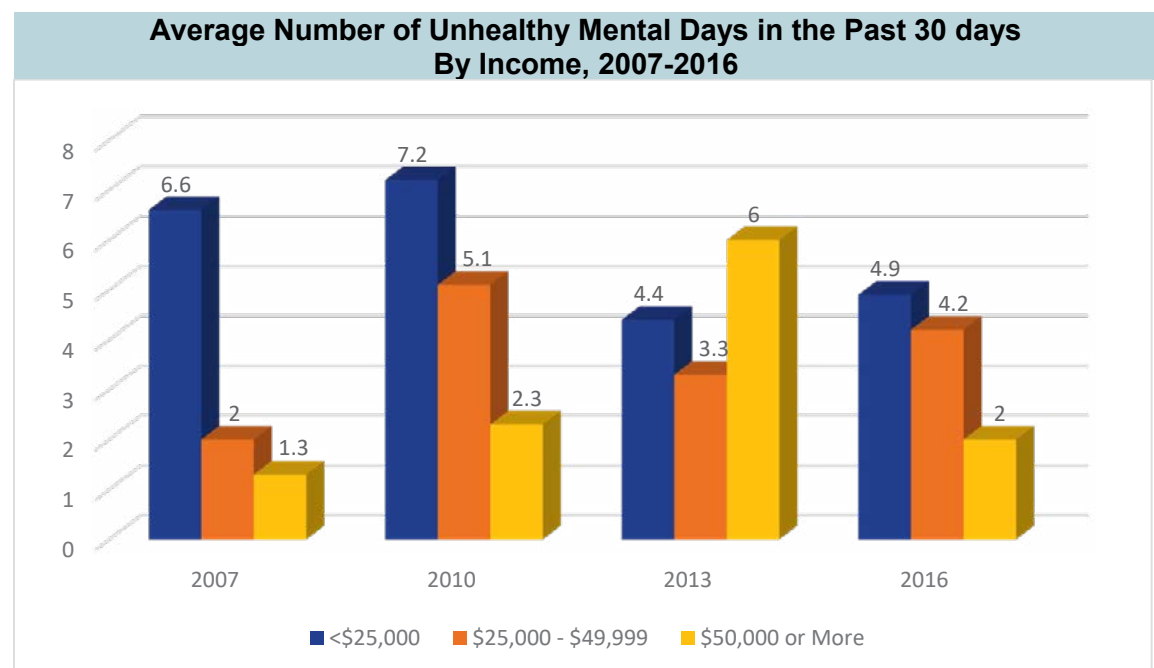


Source: Human Trafficking Hotline

Mental Health

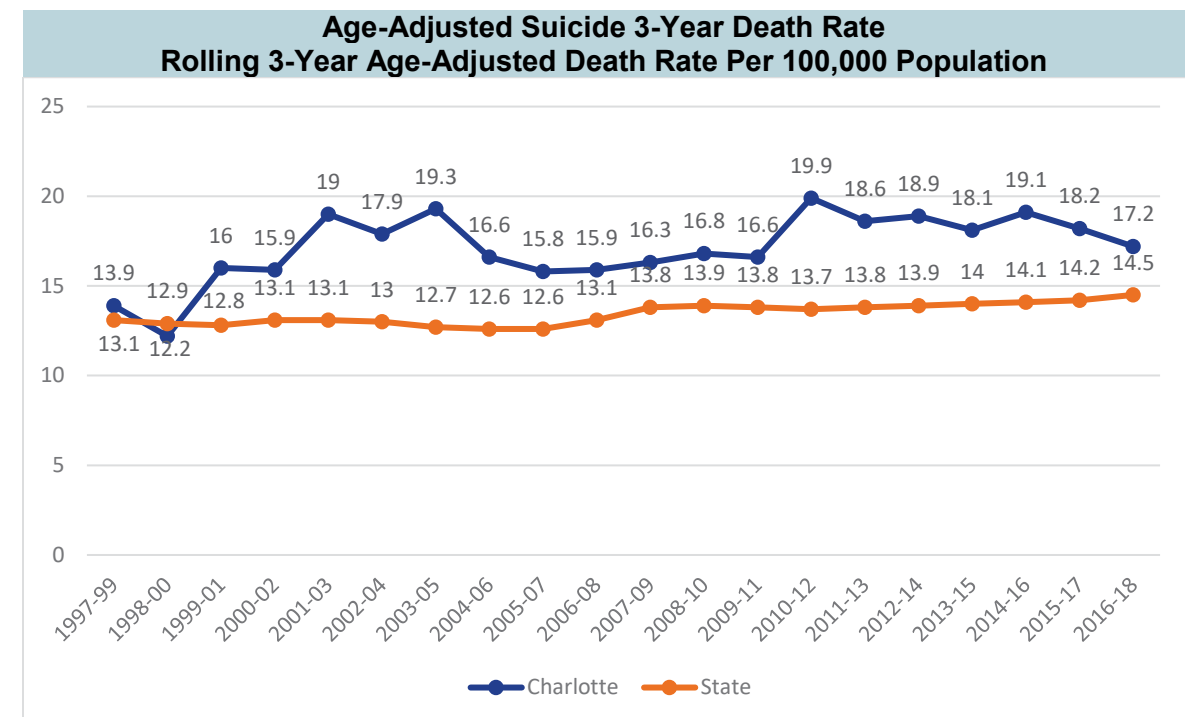


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

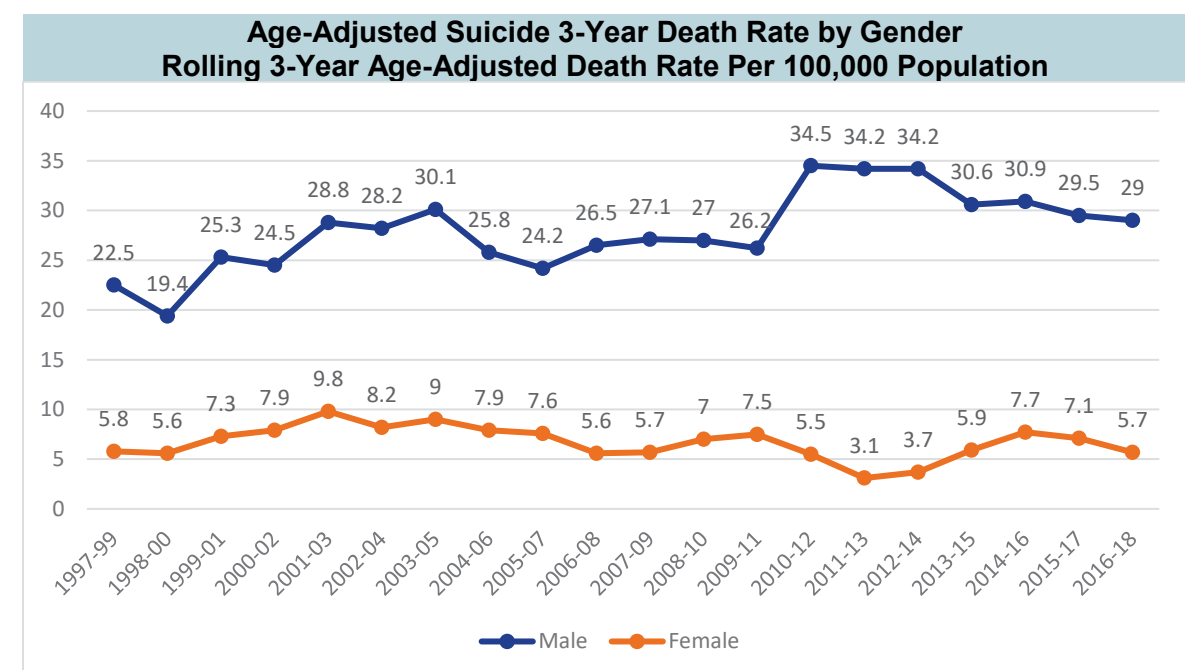


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Mental Health

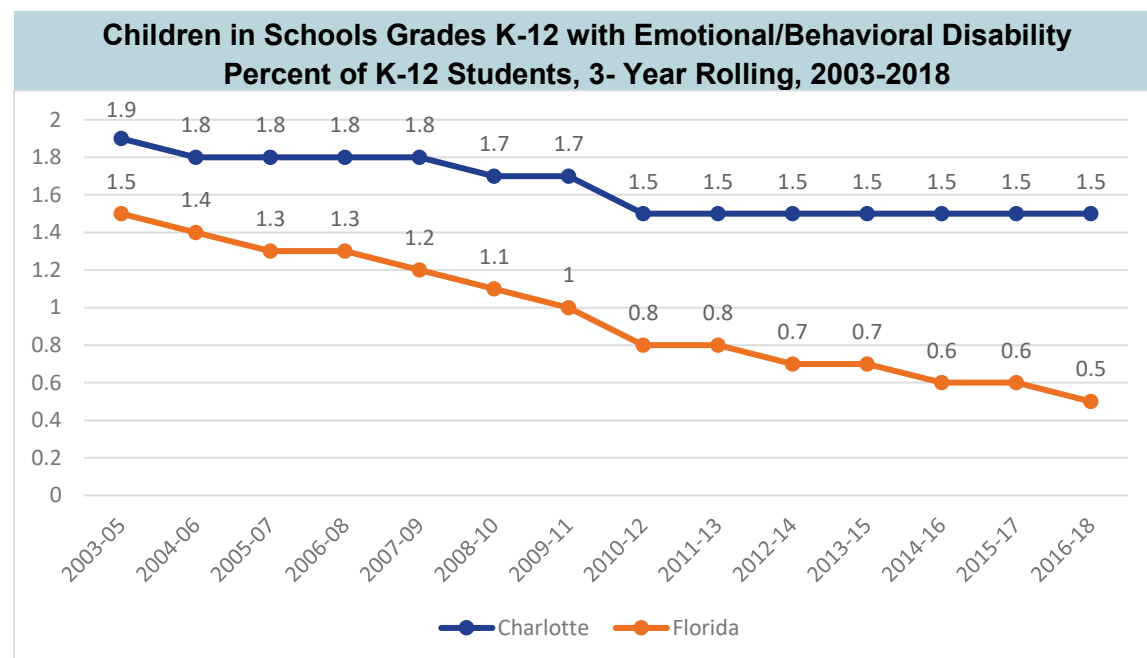


Source: Florida Department of Health, Bureau of Vital Statistics



Source: Florida Department of Health, Bureau of Vital Statistics

Mental Health



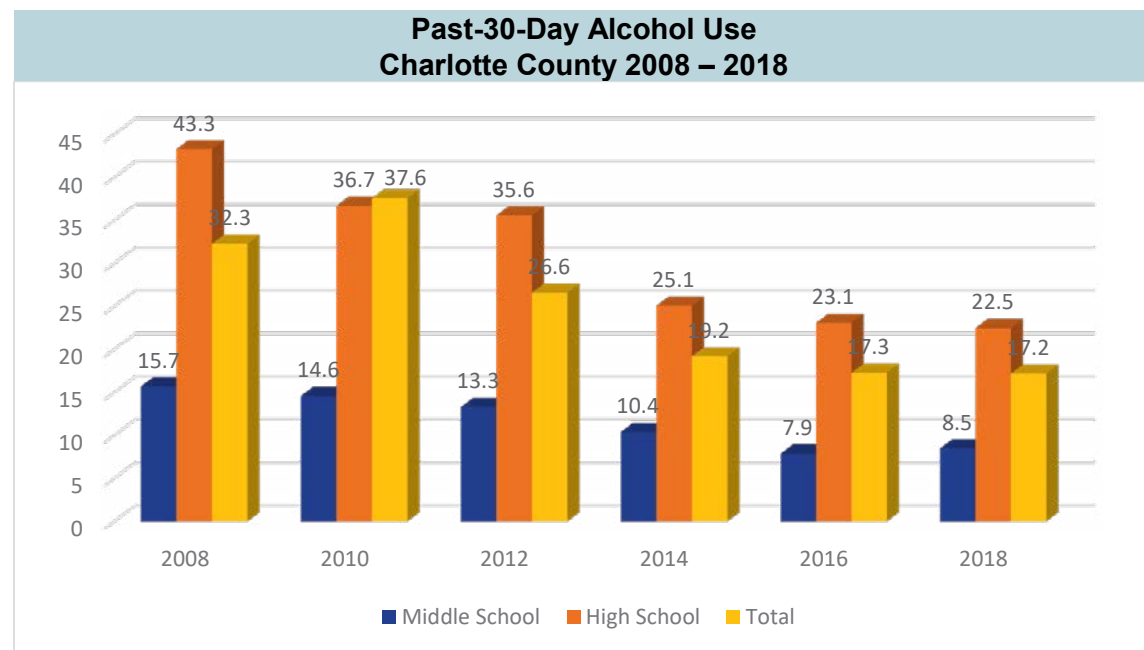
Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

Mental Health

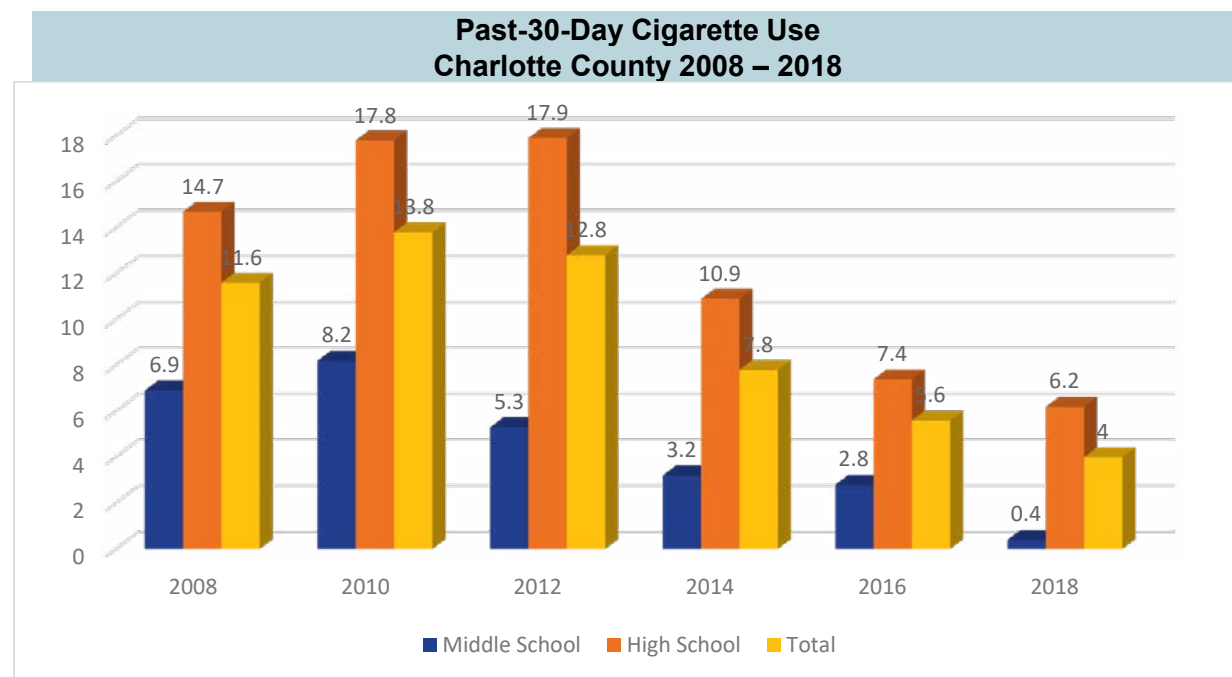
Involuntary Examinations* 2007 to 2018, Charlotte County and State of Florida						
Fiscal Year	All Ages		Charlotte County, Children (<18)	Charlotte County, Older Adults (65+)	Florida, Children (<18)	Florida, Older Adults (65+)
	Exams	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
2017-2018	1,905	1,103	2,688	316	1,186	381
2016-2017	1,622	952	2,033	328	1,092	372
2015-2016	1,523	911	2,055	299	1,097	370
2014-2015	1,433	871	1,971	398	1,102	381
2013-2014	1,326	810	1,395	418	1,030	390
2012-2013	1,148	703	1,070	361	914	368
2011-2012	1,016	633	933	237	848	351
2010-2011	942	589	1,010	256	743	332
2009-2010	834	504	695	277	102	312
2008-2009	889	536	894	263	664	292

Source: 2017/2018 Florida Mental Health Act (The Baker Act) Reports, Baker Act Reporting Center
*Involuntary examination forms for people who never reach a receiving facility are not received by the Baker Act Reporting Center, so are not included in the data.

Substance Abuse

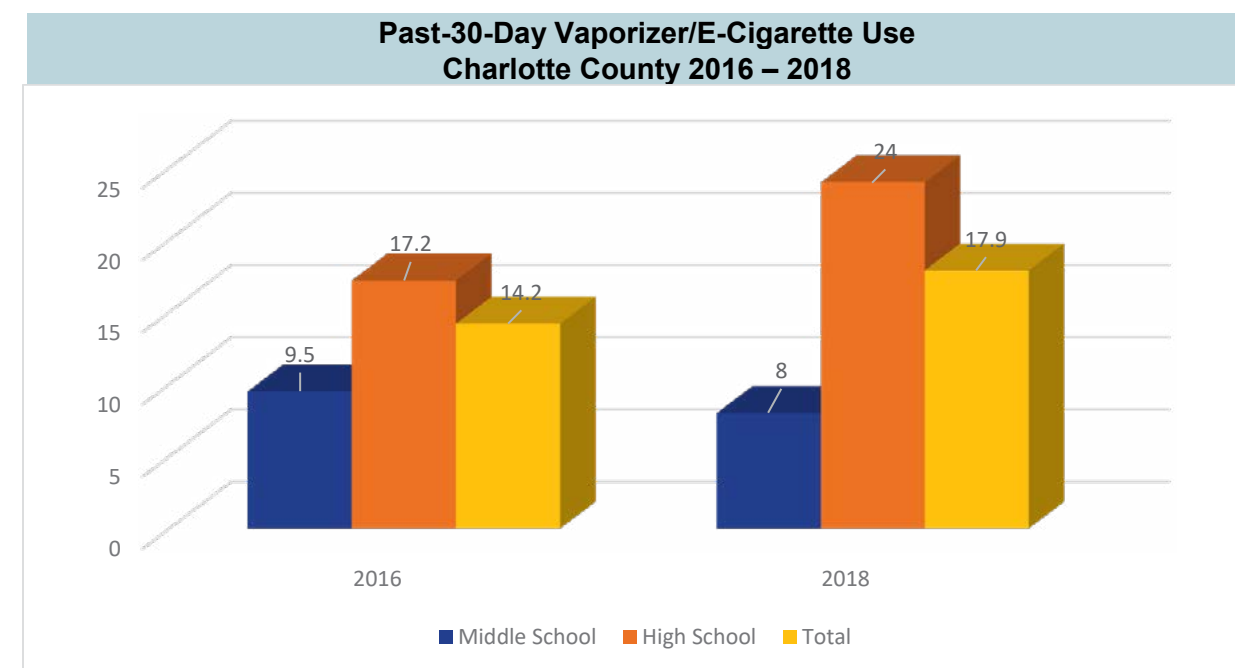


Source: Florida Youth Substance Abuse Survey (2018), Florida Department of Children and Families

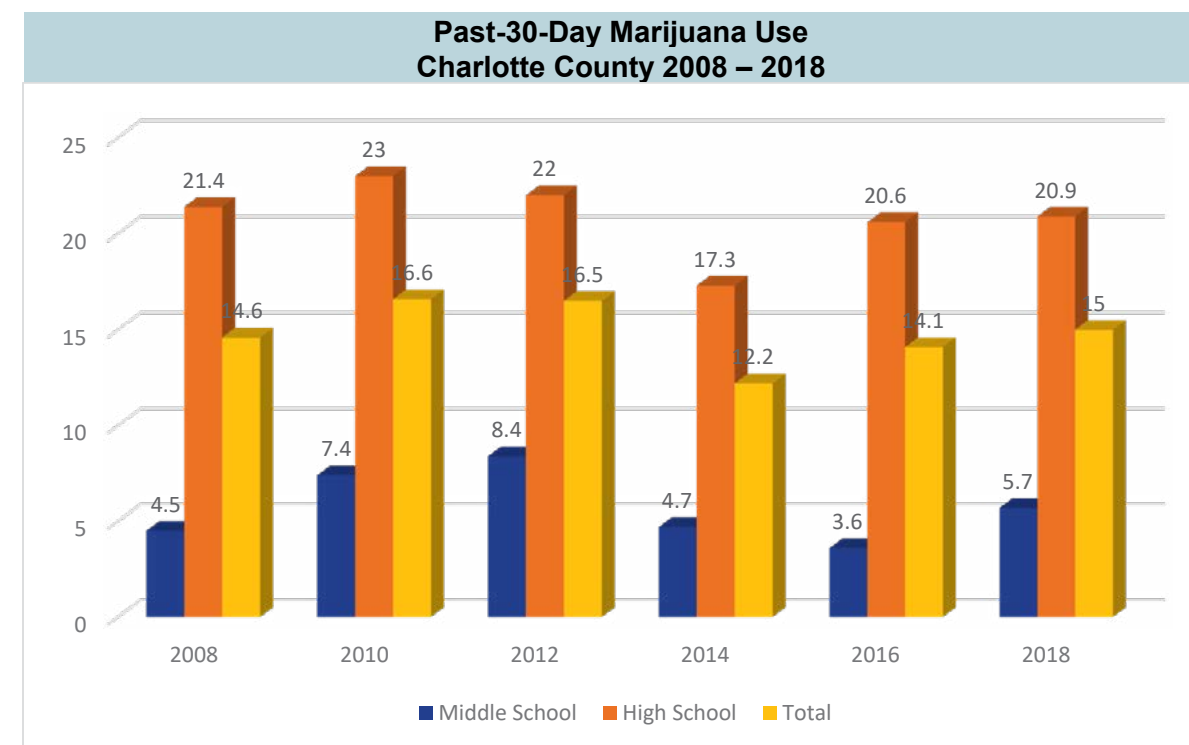


Source: Florida Youth Substance Abuse Survey (2018), Florida Department of Children and Families

Substance Abuse

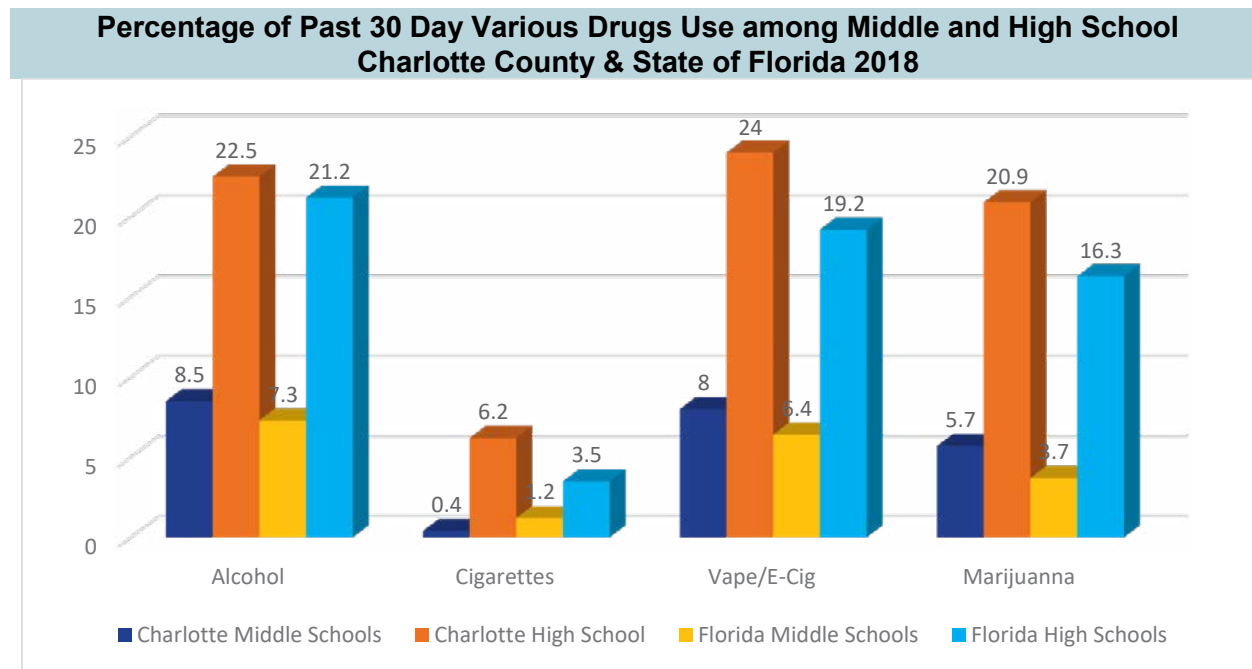


Source: Florida Youth Substance Abuse Survey (2019), Florida Department of Children and Families



Source: Florida Youth Substance Abuse Survey (2018), Florida Department of Children and Families

Substance Abuse

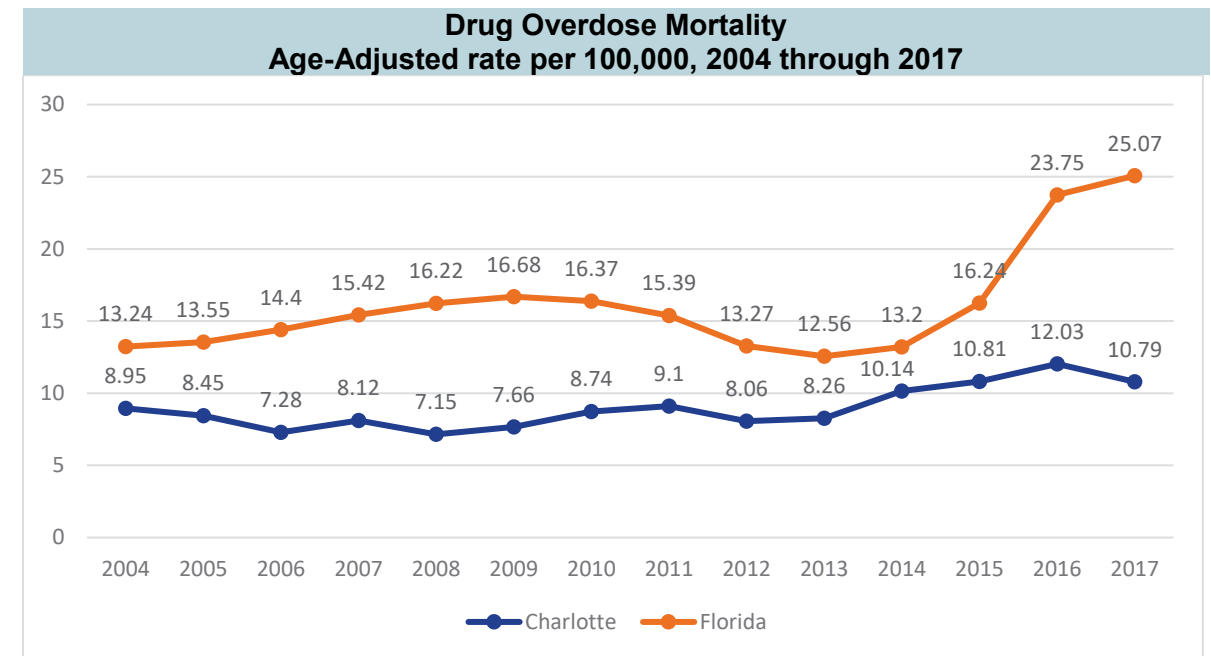


Source: Florida Youth Substance Abuse Survey (2018), Florida Department of Children and Families

Substance Use Charlotte County, Florida, and US, 2019				
	Charlotte County	Error Margin	Top U.S. Performers	Florida
Excessive drinking <i>Percentage of adults reporting binge or heavy drinking</i>	17%	16-17%	13%	18%
Drug overdose deaths <i>Number of drug poisoning deaths per 100,000 population</i>	8	6-11	10	21

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute

Substance Abuse



Source: Centers for Disease Control and Prevention, National Vital Statistics System.

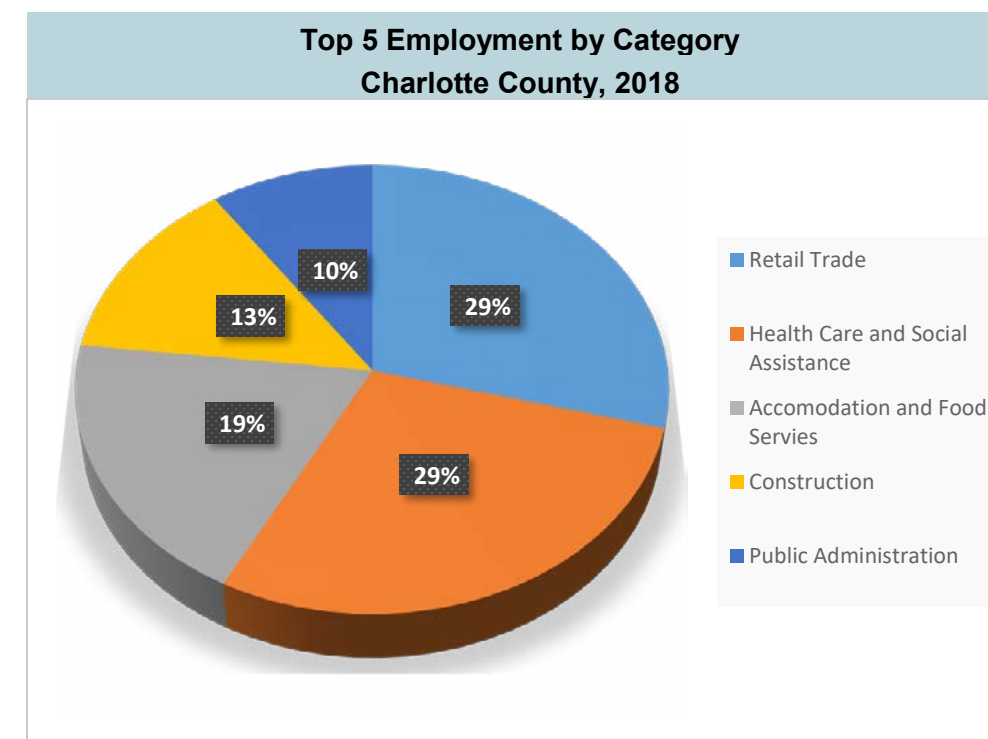
Economics



Workforce

Employment Status Charlotte County and State, 2013-2017		
	Charlotte	State
Civilian labor force	64,786	9,717,687
Civilian labor force which is unemployed	8.9%	7.2%
Worked outside county of residence	29.3%	17.6%

Source: US Census Bureau, American Community Survey 5-year estimates
Florida Legislature, Office of Economic and Demographic Research

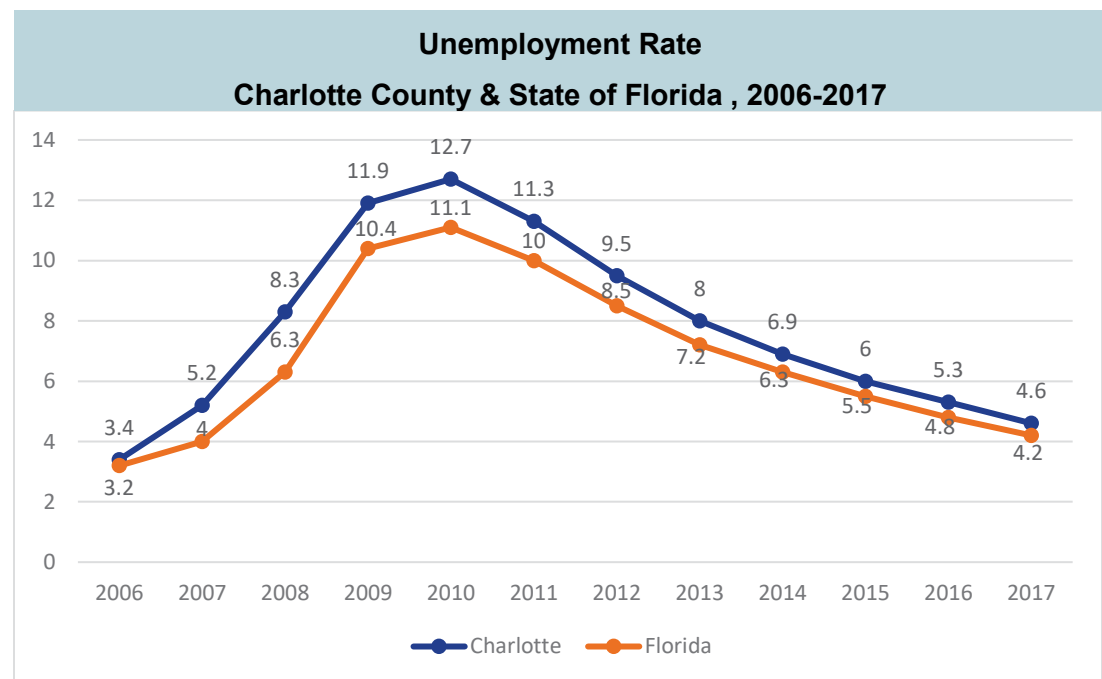


Source: Via 2018 Together Charlotte Housing Report, JobsEQ®, Data as of 2018Q1

Workforce

Top Ten Ranked Employers in Charlotte County 2019	
Company Name	Employment
Bayfront Health	3,060
Charlotte County School District	2,553
Charlotte County Local Government*	2,464
Walmart	1,395
Publix Super Market	1,021
Home Depot	600
Palm Automall	415
Winn-Dixie	414
Gettel Automotive	406
McDonald's	404

Source: Southwest Florida Economic Development Alliance, Regional Research Institute
 *Data as recent as 2018 Q3



Source: US Department of Labor, Bureau of Labor Statistics

Poverty

Poverty Charlotte County and State, 2013-2017		
	Charlotte	State
Families under 100% of poverty (%)	8.3%	11.1%
With children under 18 years (%)	18.4%	18.2%
With children under 5 years (%)	23.2%	17.0%
Families with female householder (%)	26.4%	26.8%
With children under 18 years (%)	36.2%	36.5%
With children under 5 years (%)	40.2%	39.1%
People whose poverty status is known	169,323	19,858,469
People under 100% of poverty (%)	12.0%	15.5%
People under 185% of poverty (%)	30.7%	33.4%
Under 18 years (%)	19.6%	22.3%
18 years and over (%)	10.8%	13.7%
18 to 64 years (%)	14.0%	14.8%
65 years and over (%)	6.9%	10.3%
Grandparents living with grandchildren under 18 years	2,899	488,941
Who are responsible for grandchildren under 18 years (%)	45.3%	31.0%

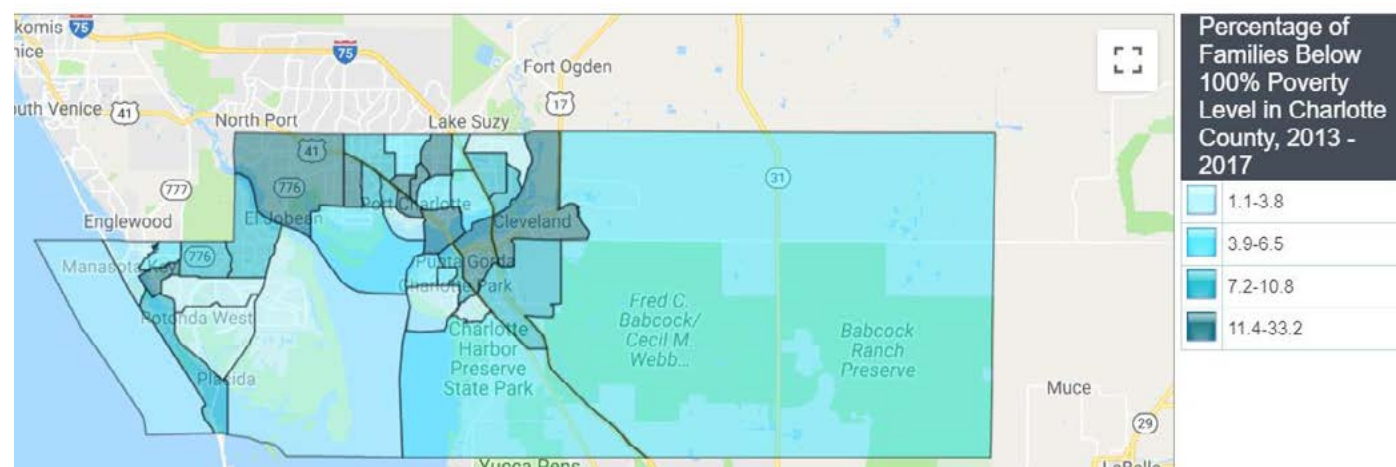
Source: US Census Bureau, American Community Survey 5-year estimates

Poverty

Poverty Charlotte County and the State, 2013-2017		
	Charlotte County	State
55-64, Below 125% of Poverty	17.3%	17.1%
55-64, Below 75% of Poverty	8.6%	9.0%
65+, Below 125% of Poverty	11.2%	15.3%
65+, Below 75% of Poverty	4.8%	6.0%
Median Household Income for 65+	\$45,889	\$40,975
Households with cost burden above 30% and Income at or below 50% Area Median Income 65+*	17.0%	19.7%
Households receiving food stamps/SNAP that have 1 or more persons 60+	3.1%	5.4%

Source: US Census of the Bureau of the Census, American Community Survey, Table B17024; US Bureau of the Census, American Community Survey, Table B19049; Shimberg Center for Housing Studies, University of Florida, "Households with Householder Age 65 and Older, Cost Burden by Tenure and Income"; US Bureau of the Census, American Community Survey, Table S2201. *2017 data

Percentage of Families below 100% of Poverty, Charlotte, 2013-2017 by Census Tract



Data Source: FLHealthCHARTS, Data is provided by the Florida Department of Health Bureau of Vital Statistics and the 2015 American Community Survey 5-year estimates (tables B02001, B03002, S0101, S1501, S1701, S1903, S2301, S2506, S2701)

Poverty

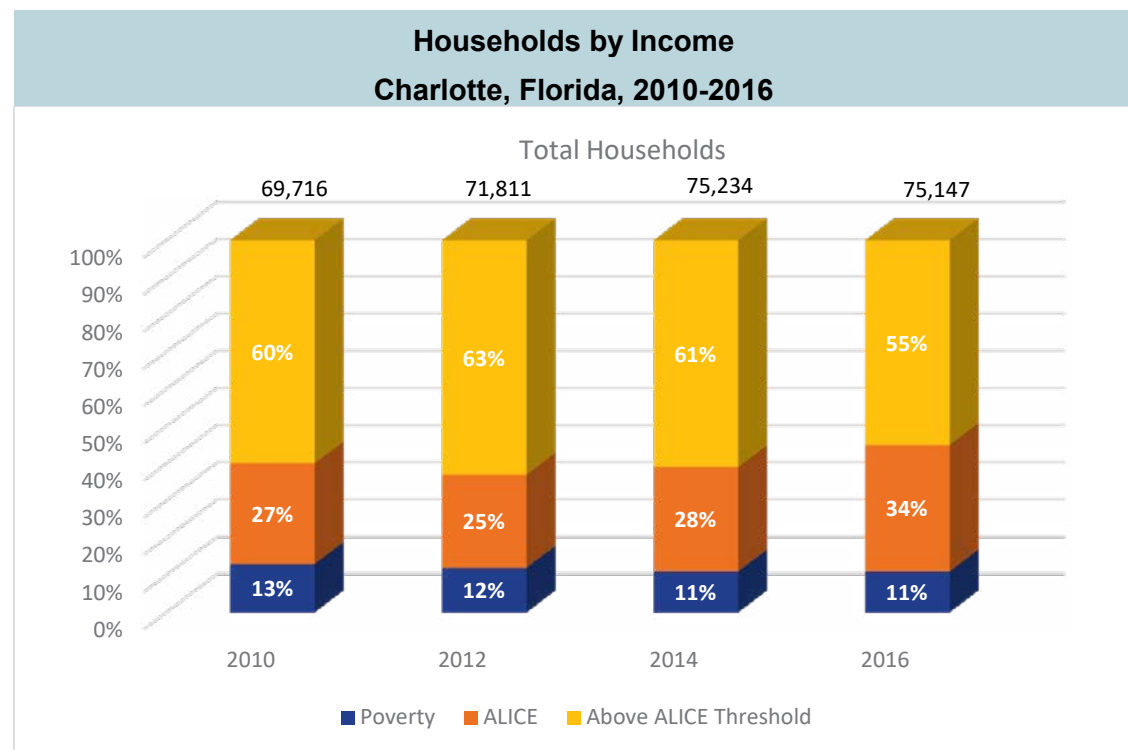
ALICE, which stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mloyed, was developed by United Way in 2009. ALICE better approximates the number of people living in poverty in the United States. They believe that despite the Federal Poverty Level's (FPL) benefit of providing a nationally recognized income threshold for determining who is poor, its shortcomings are well documented. The FPL measure is not based on the current cost of basic household necessities, and except for Alaska and Hawaii, it is not adjusted to reflect cost of living differences across the U.S. Thus, the ALICE research team of the United Way, developed new measures to identify and assess financial hardship at a local level and to enhance existing local, state, and national poverty measures.

ALICE represents households with income above the FPL but still struggle to afford the daily costs of living. The household survival budget was developed to provide the most conservative estimates for the basic necessities in a county or state. The annual total indicates the annual cost of living based on the itemized estimates and the hourly wage represents the minimum income needed in order to afford the estimated survival budget. Because the household survival budget is region specific, it serves as a better indicator of individuals who, although employed, are still barely making ends meet.

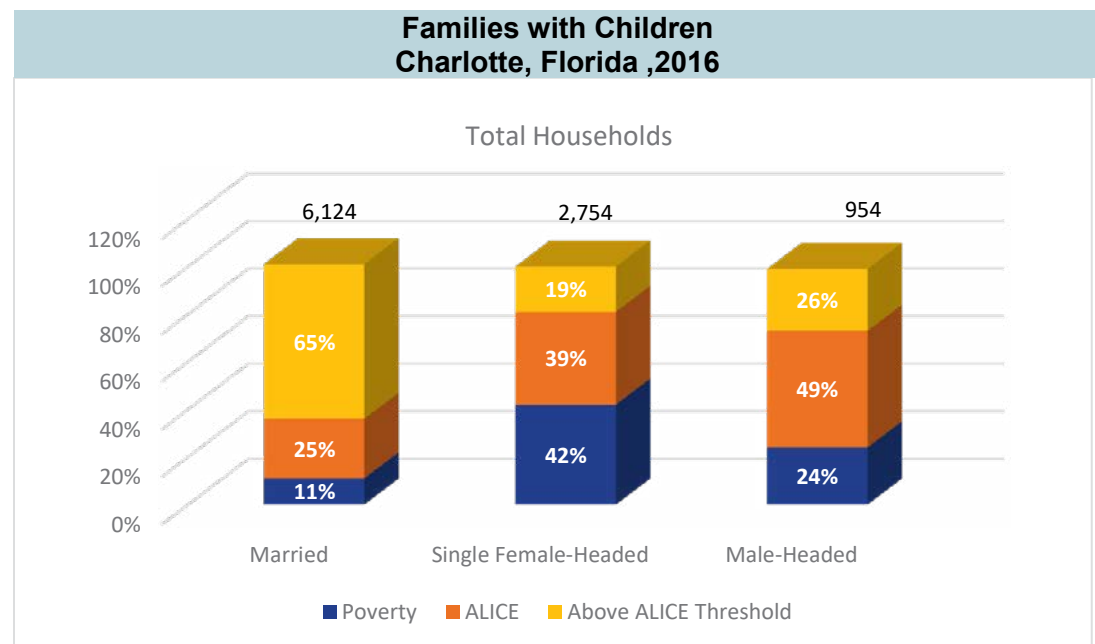
Household Survival Budget Charlotte County, 2016		
	Single Adult	2 Adults, 1 Infant, 1 Preschooler
Housing	\$606	\$848
Child Care	\$0	\$1,180
Food	\$164	\$542
Transportation	\$322	\$644
Health Care	\$196	\$726
Technology	\$55	\$75
Miscellaneous	\$155	\$438
Taxes	\$206	\$363
Monthly Total	\$1,704	\$4,816
Annual Total	\$20,448	\$57,792
Hourly Wage	\$10.22	\$28.90

Source: US Department of Housing and Urban Development, US Department of Agriculture; Bureau of Labor Statistics; Internal Revenue Service; Tax Foundation; and Office of Early Learning

Poverty

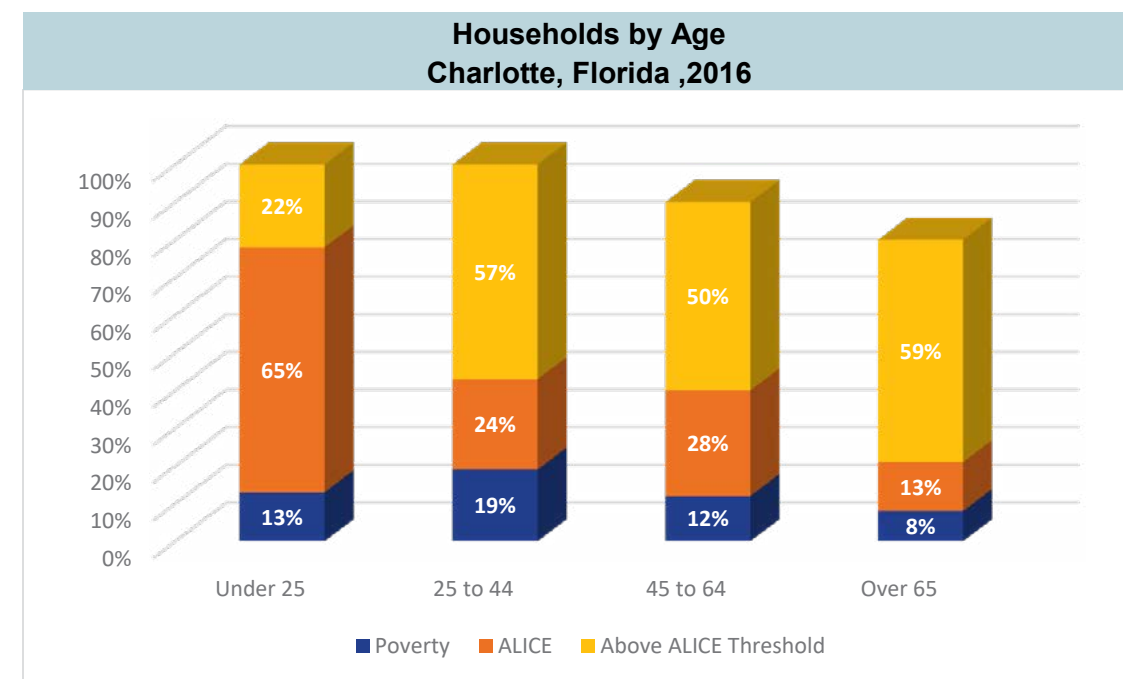


Source: American Community Survey, 2016; the ALICE Threshold, 2016

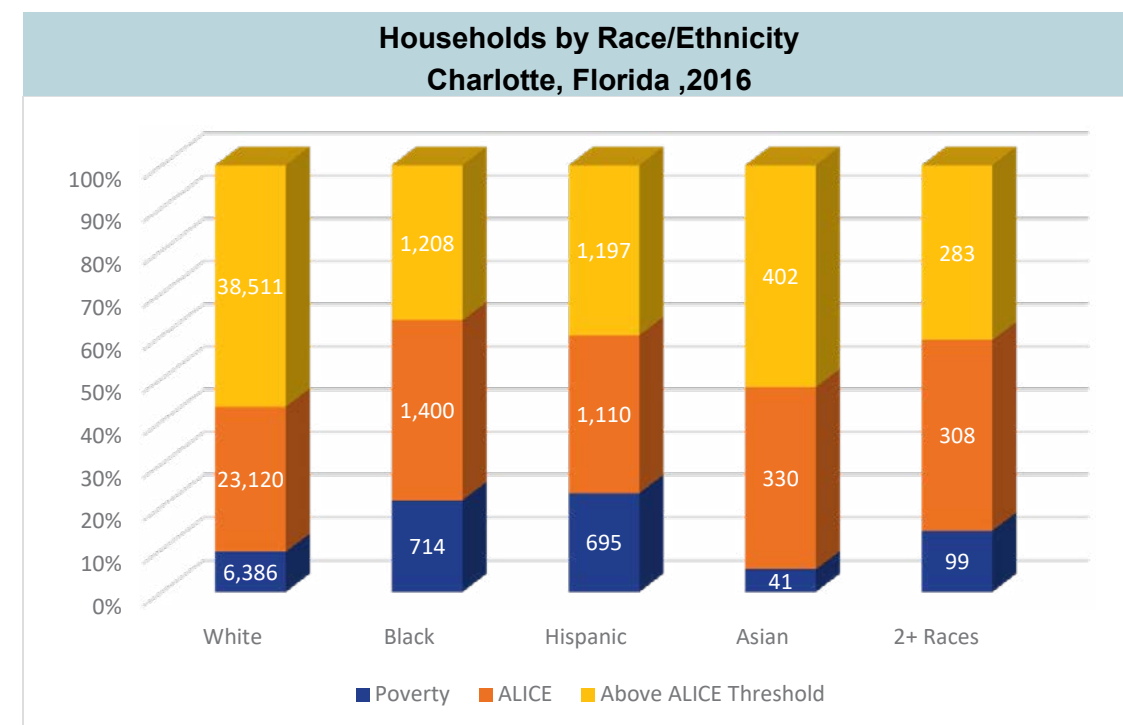


Source: American Community Survey, 2016; the ALICE Threshold, 2016

Poverty



Source: American Community Survey, 2016; the ALICE Threshold, 2016

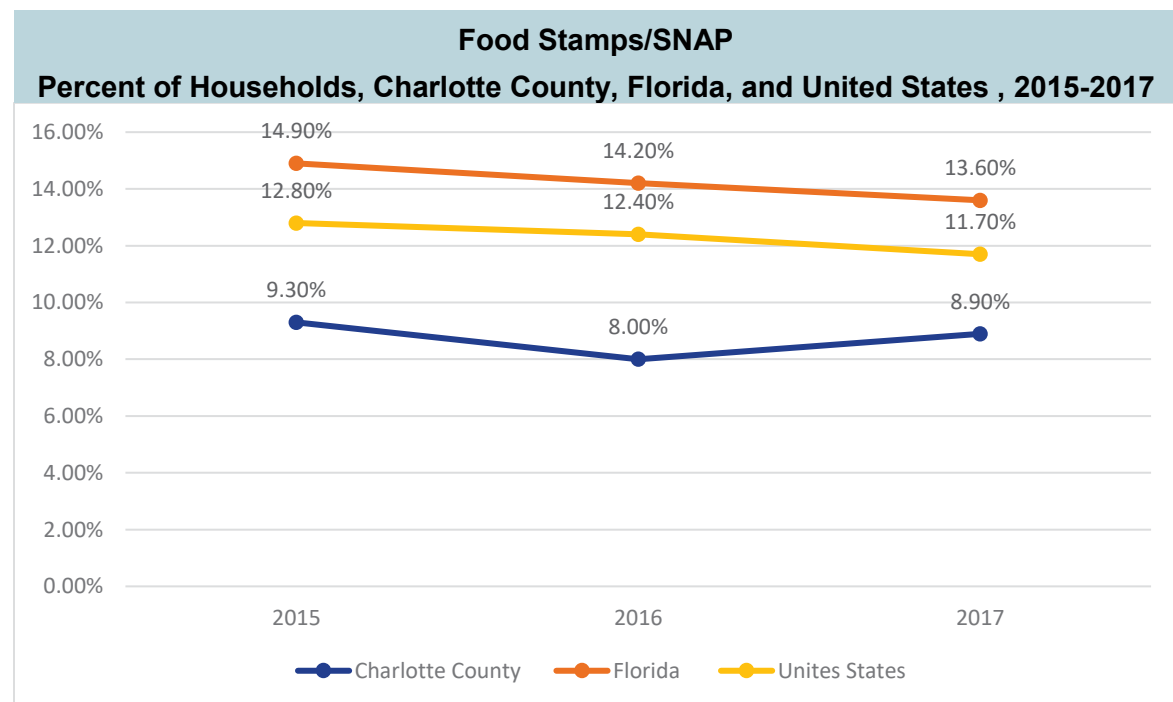


Source: American Community Survey, 2016; the ALICE Threshold, 2016

Poverty

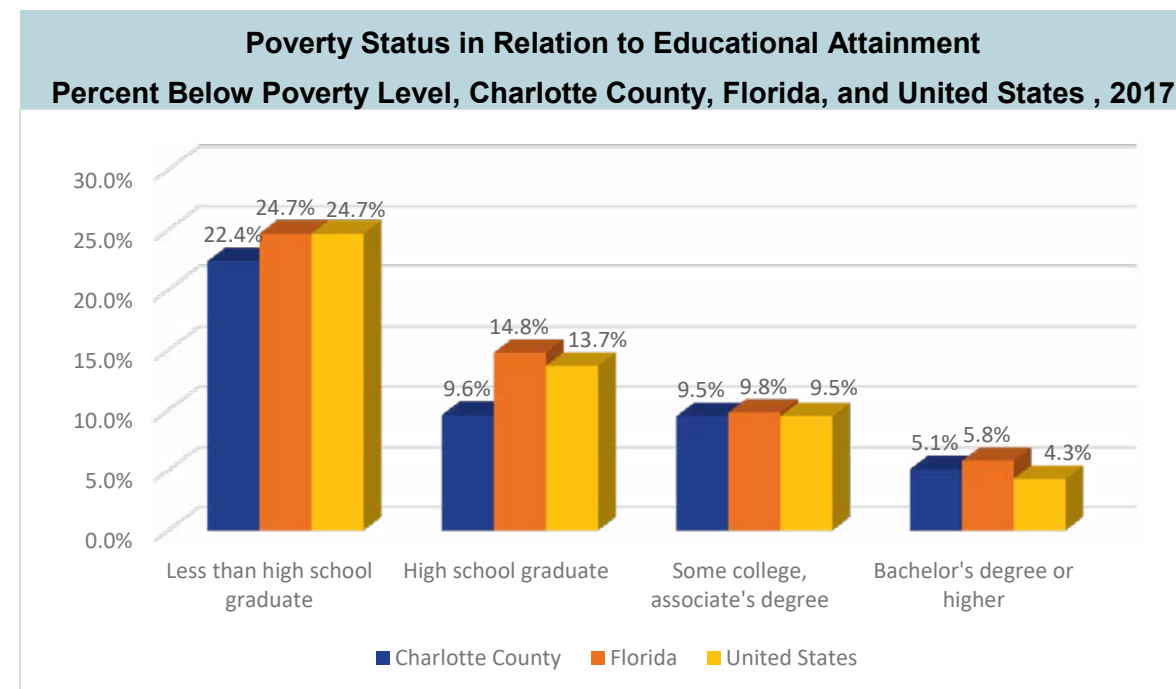
Alice Data by Place Charlotte County, 2016				
	Household	Poverty Household	Alice Household	Above Alice Household
Charlotte Harbor	1,787	12.7%	41.0%	46.3%
Charlotte Park	1,165	8.7%	38.4%	53.0%
Cleveland	1,255	18.1%	42.0%	39.9%
Grove City	985	27.1%	24.2%	48.7%
Harbour Heights	1,292	14.1%	32.0%	53.9%
Manasota Key	590	8.6%	18.6%	72.7%
Port Charlotte	23,985	13.8%	40.8%	45.4%
Punta Gorda	9,142	9.7%	23.8%	66.5%
Rotonda	4,027	8.3%	31.7%	59.9%
Solana	245	11.8%	23.3%	64.9%

Source: US Census Bureau, American Community Survey; and ALICE Threshold

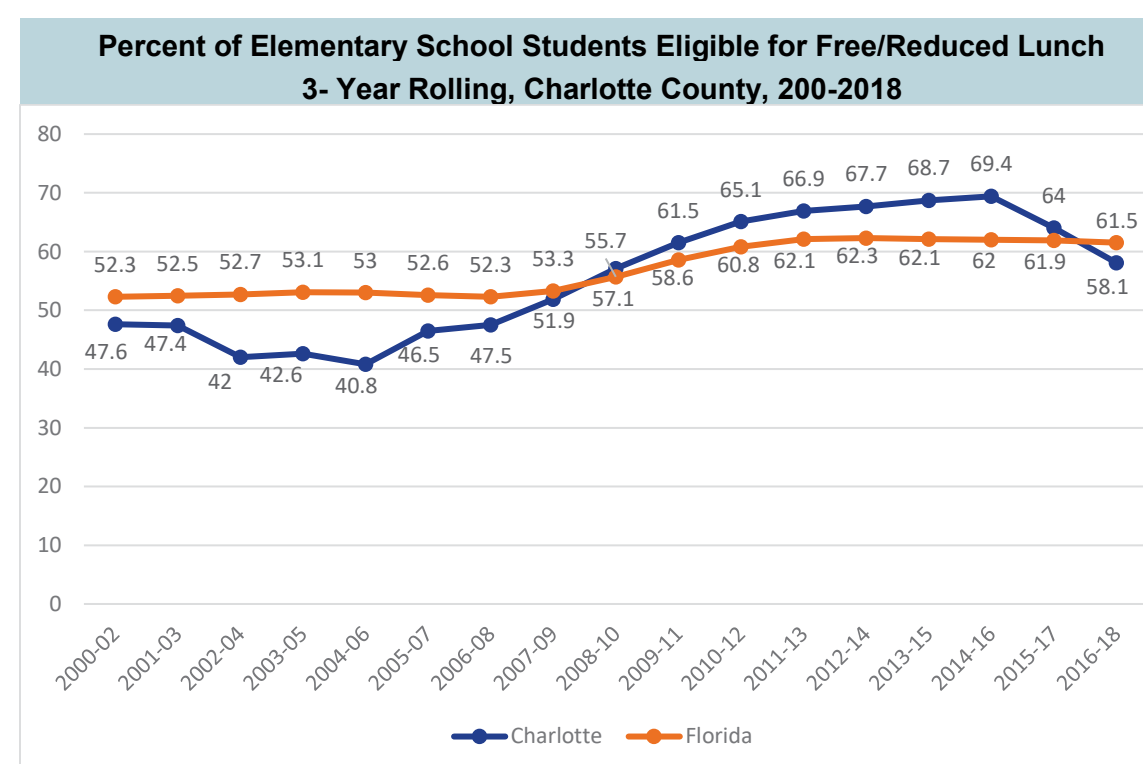


Source: U.S. Census Bureau, American Community Survey 1-year Estimates, Table S2201

Poverty

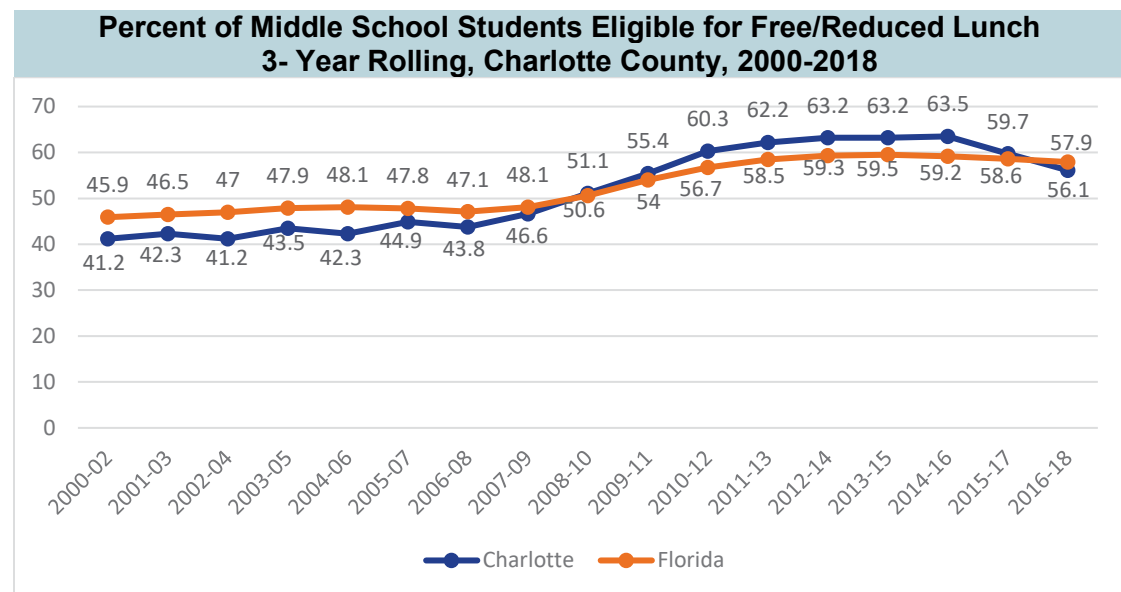


Source: U.S. Census Bureau, American Community Survey 1-year Estimates, Table S1701



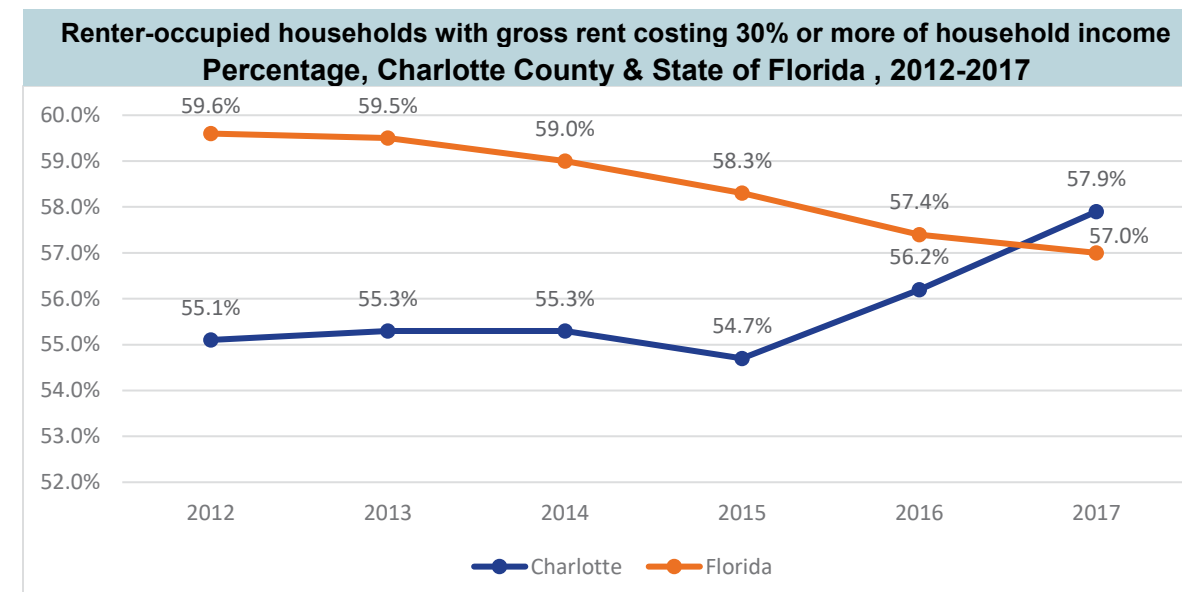
Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

Poverty

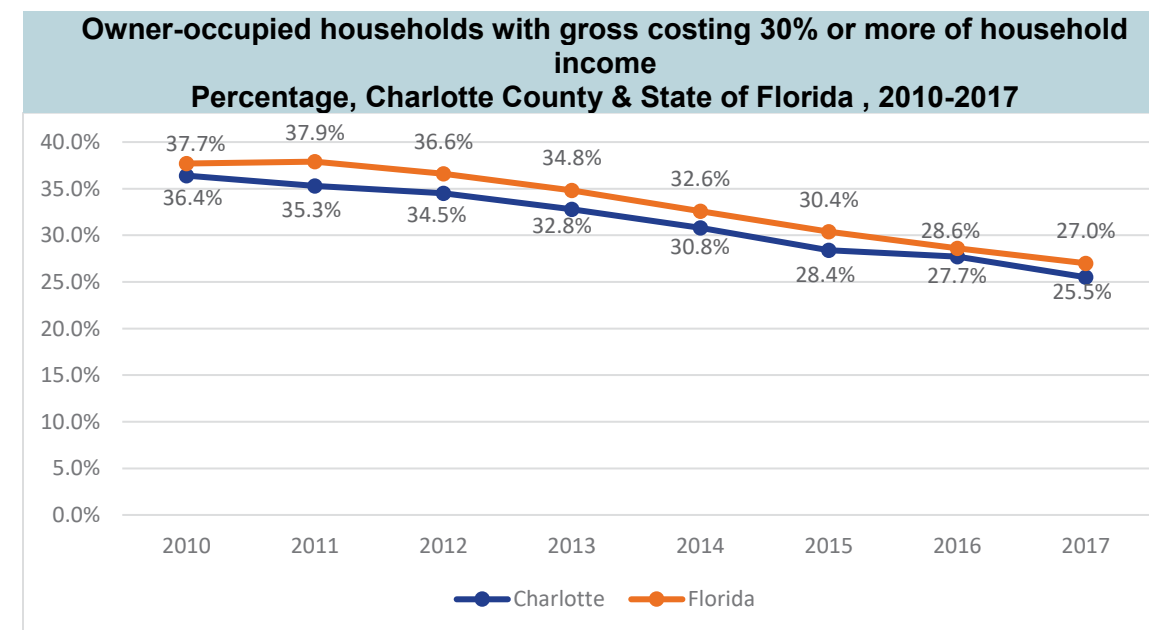


Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

Housing

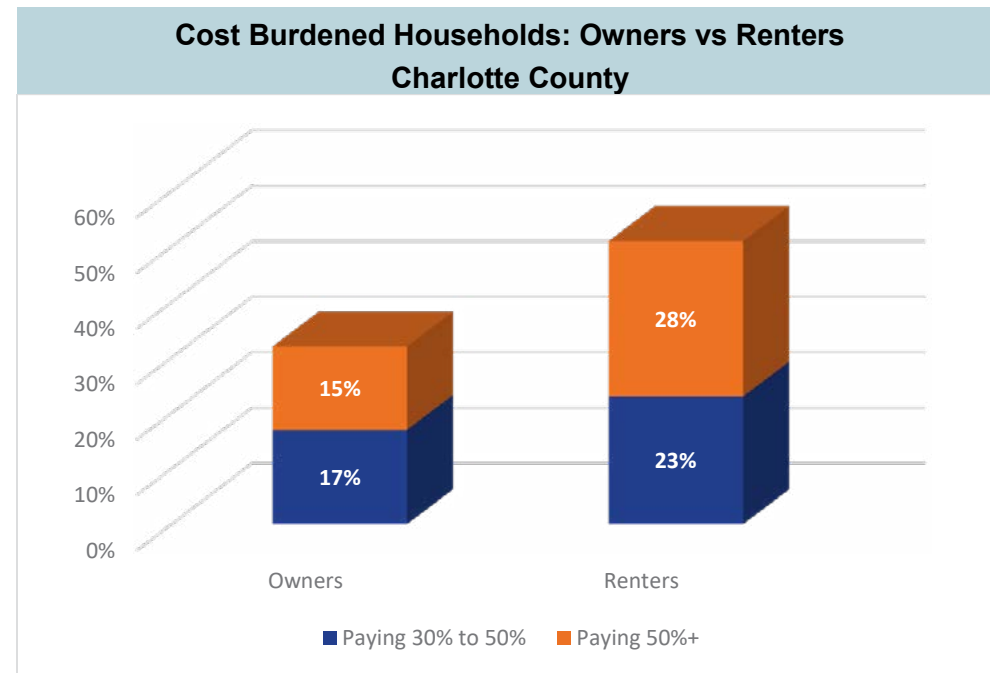


Source: US Bureau of Census, American Community Survey, Table DP04

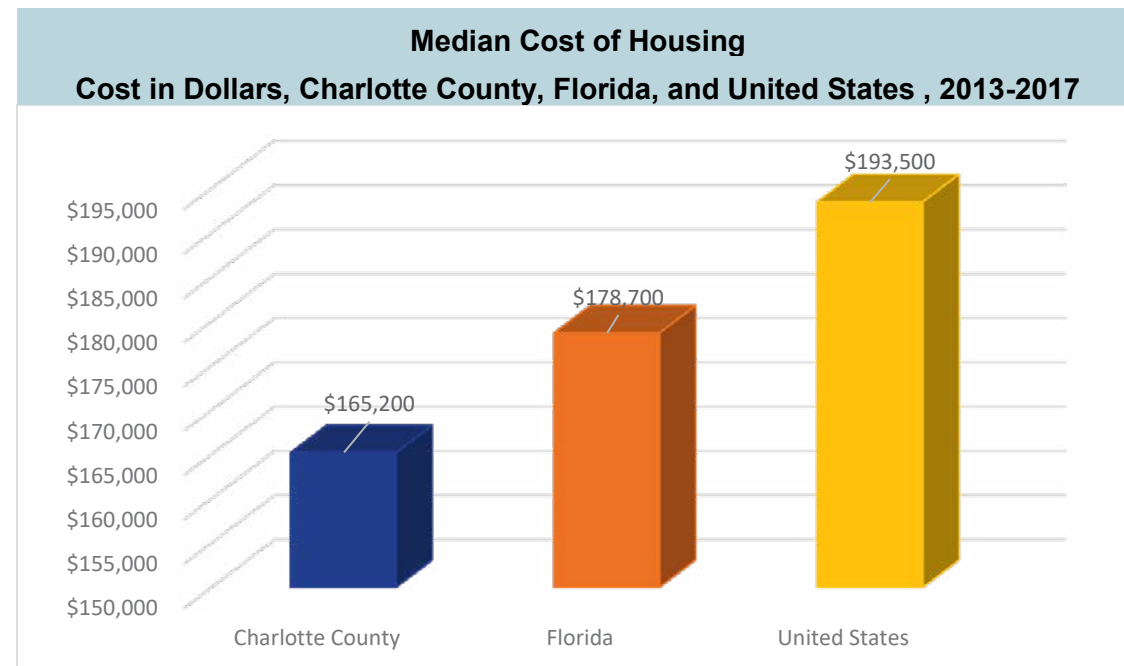


Source: US Bureau of the Census, American Community Survey, Table S2703

Housing

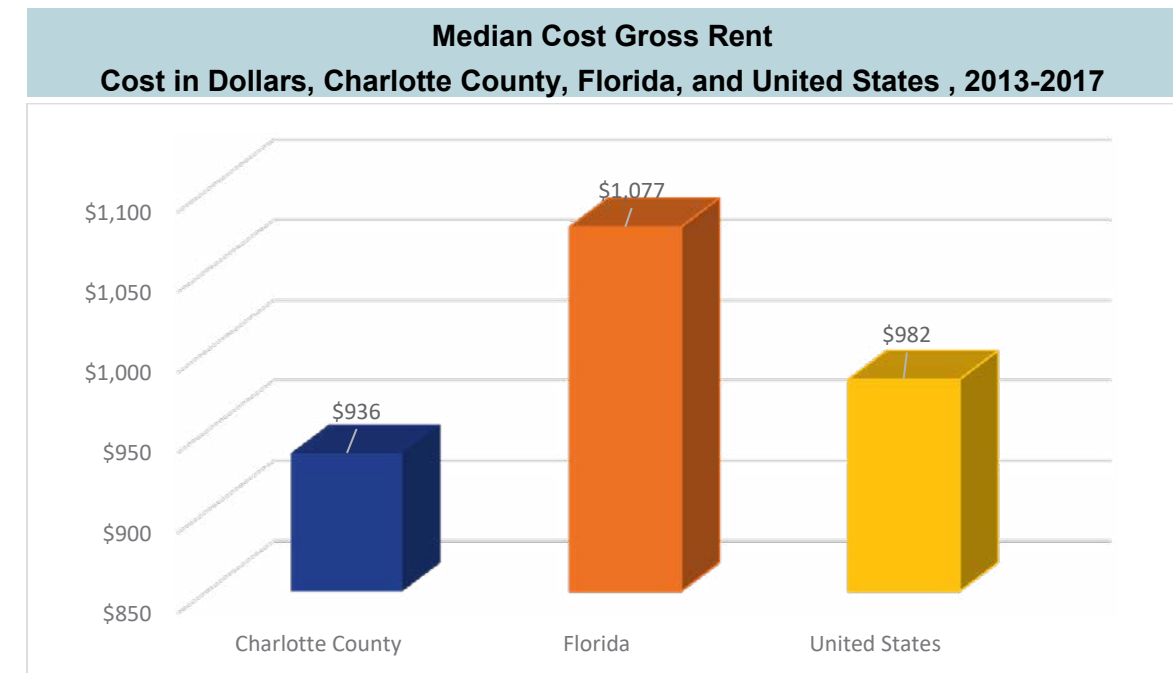


Source: Via 2018 Together Charlotte Housing Report, Shimberg Center for Housing Studies



Source: US Census Bureau, American Community Survey, 5-Year Estimates, Table DP04

Housing



Source: US Census Bureau, American Community Survey, 5-Year Estimates, Table DP04

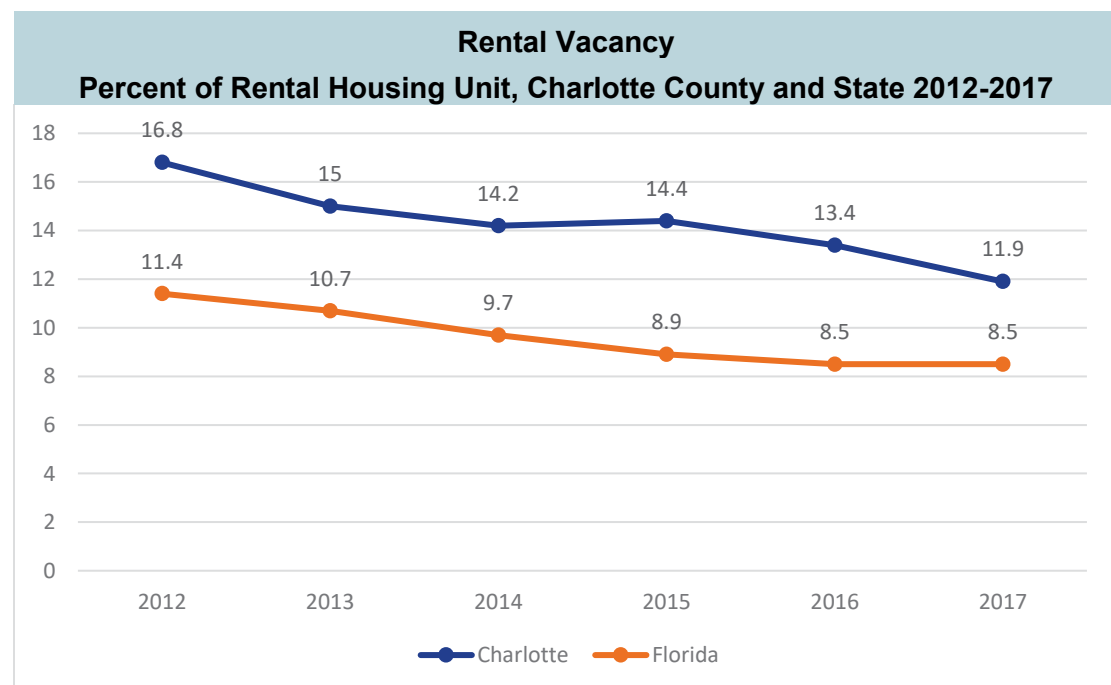
	Charlotte County	State
Individuals Living Alone 65+	21.9%	24.6%
Individuals Living with Spouse 65+	62.6%	52.6%
Individuals Living with Unmarried Partner 65+	3.4%	2.5%

Source: US Bureau of the Census, American Community Survey Table B09021

Housing

Housing Occupancy Charlotte County and State, 2013-2017		
	Charlotte	State
Occupied housing units (%)	72.9%	81.1%
Owner-occupied (%)	78.2%	64.8%
Renter-occupied (%)	21.8%	35.2%
Household size owner-occupied unit	2.19	2.62
Household size renter-occupied unit	2.54	2.69
Vacant housing units (%)	27.1%	18.9%
Homeowner vacancy (%)	3.1%	2.4%
Rental vacancy (%)	11.9%	8.5%
Occupying mobile home (%)	11.0%	9.1%
Occupying boat, RV, van, etc. (%)	0.2%	0.1%
Median value of owner-occupied units (dollars)	\$165,200	\$178,700

Source: US Census Bureau DP04 Selected Housing Characteristics



Source: US Bureau of the Census, American Community Survey, Table DP04.

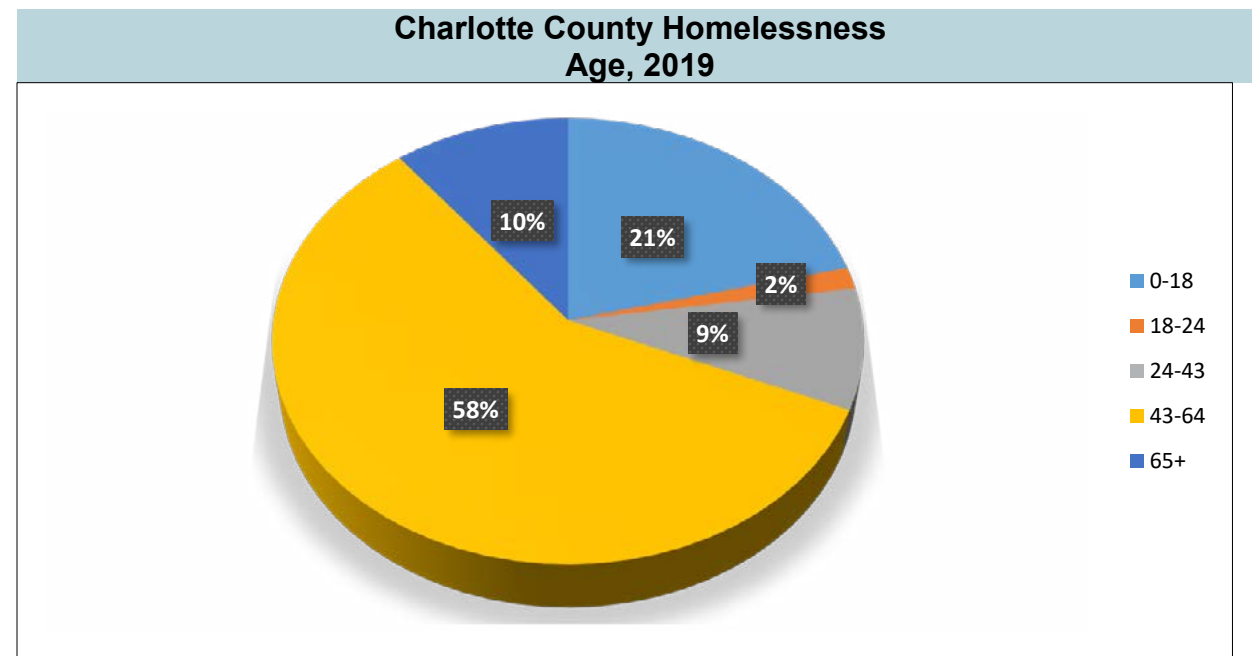
Housing

Residential Segregation Charlotte County, Florida, and US 2019				
	Charlotte County	Error Margin	Top U.S. Performers	Florida
Residential segregation – Black/White <i>Index of dissimilarity* where higher values indicate greater residential segregation between black and white county residents</i>	47		23	54
Residential segregation – non-white/white <i>Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents</i>	37		15	44

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute

*Index of dissimilarity ranges from 0 (complete integration) to 100 (complete segregation) and can be interpreted as a percentage of either races required to move in order to produce an equal distribution.

Homelessness

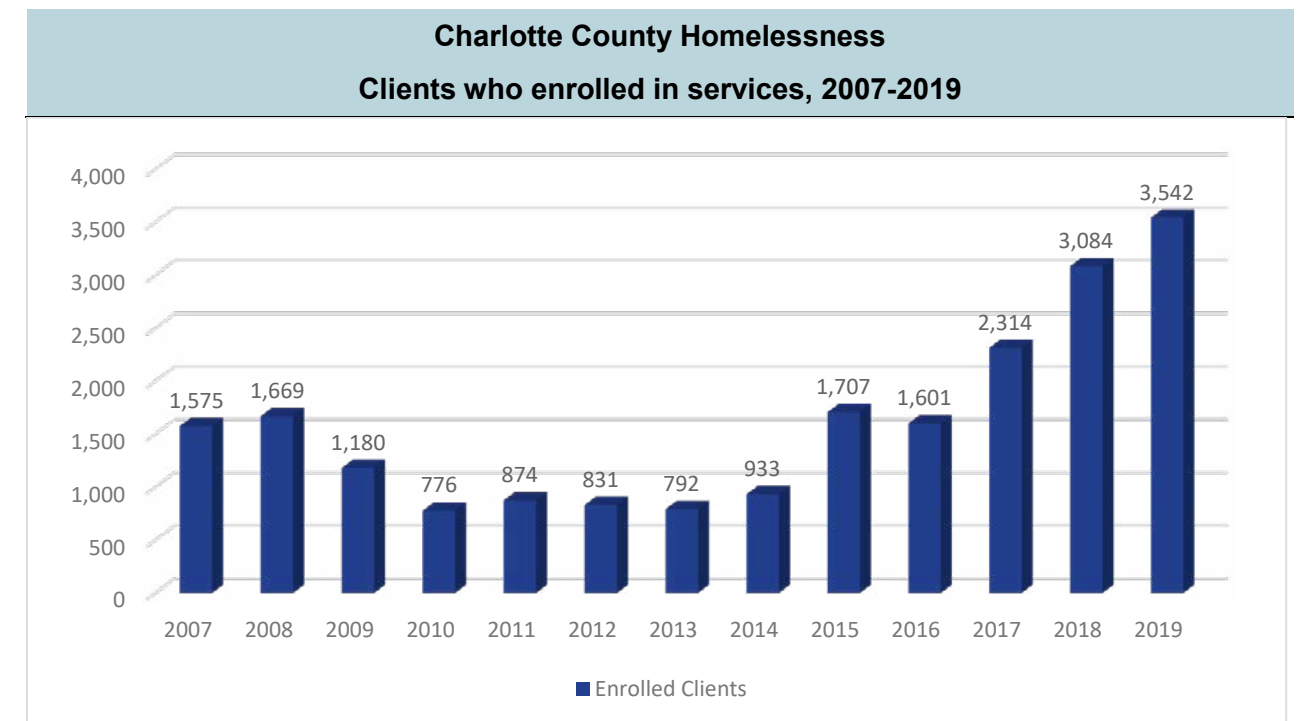


Source: Gulf Coast Partnership, 2019

Veteran	8%
Non-Veteran	92%
Disability	23%
No Disability	77%

Source: Gulf Coast Partnership, 2019

Homelessness



Source: Gulf Coast Partnership, 2019

	Emergency Shelter	Transitional Housing	Unsheltered
Black or African American	12	1	4
White	42	18	77
Asian	0	0	0
American Indian or Alaska Native	0	0	4
Native Hawaiian or Other Pacific Islander	0	0	0
Multiple Races	5	0	1
Hispanic/Latino	1	0	2

Source: US Department of Housing and Urban Development, Continuum of Care Homeless Populations and Subpopulations Report

Homelessness

Point In-Time Count by Gender Charlotte County 2018			
	Emergency Shelter	Transitional Housing	Unsheltered
Female	21	2	30
Male	38	17	55
Transgender	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	1

Source: US Department of Housing and Urban Development, Continuum of Care Homeless Populations and Subpopulations Report

Homelessness

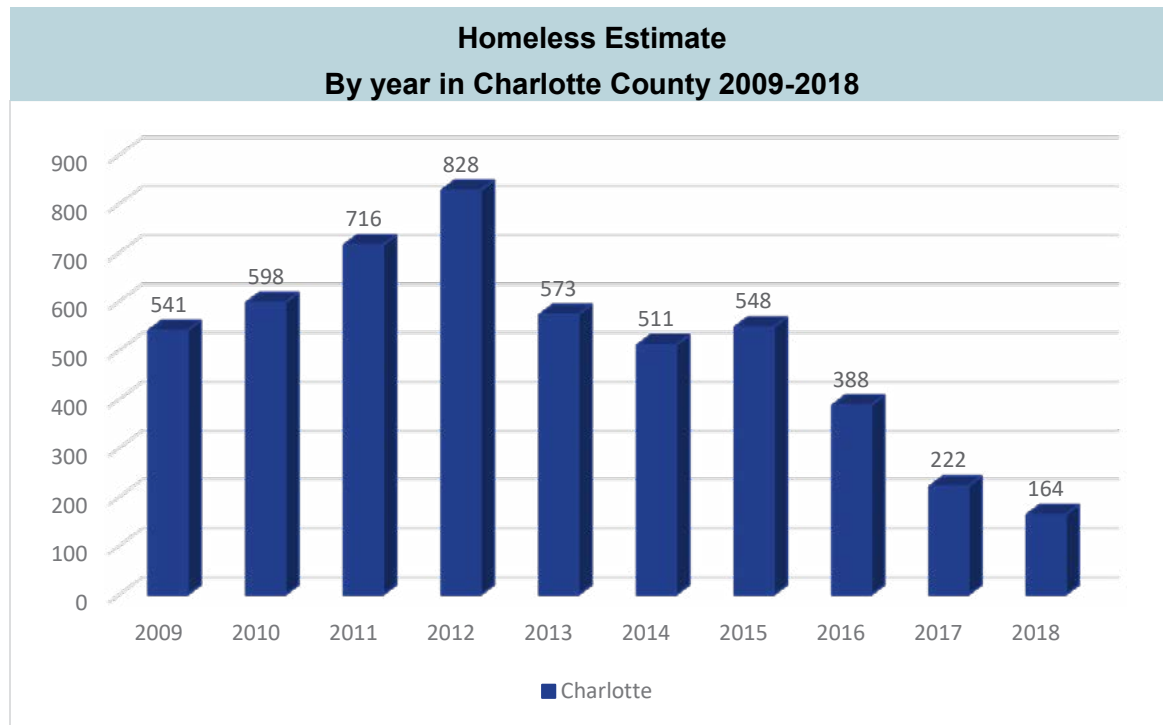
Point In-Time Count, Summary of Persons in each Household Type Charlotte County 2018			
	Emergency Shelter	Transitional Housing	Unsheltered
Persons in households without children			
Persons age 18 to 24	0	0	5
Persons over age 24	35	19	71
Person in households with at least one adult and one child			
Children under age 18	15	0	8
Persons age 18 to 24	0	0	0
Persons over age 24	9	0	2

Source: US Department of Housing and Urban Development, Continuum of Care Homeless Populations and Subpopulations Report

Point In-Time Count, Summary of all Other Populations Reported Charlotte County 2018			
	Emergency Shelter	Transitional Housing	Unsheltered
Severely mentally ill	14	2	37
Chronic substance abuse	4	1	40
Veterans	20	19	1
HIV/AIDS	0	0	0
Victims of domestic violence	1	0	1
Unaccompanied youth			
Unaccompanied youth under 18	0	0	0
Unaccompanied youth 18-24	0	0	5
Parenting youth			
Parenting youth under 18	0	0	0
Parenting youth 18-24	0	0	0
Children of parenting youth	0	0	0

Source: US Department of Housing and Urban Development, Continuum of Care Homeless Populations and Subpopulations Report

Homelessness



Source: Florida Department of Children and Families, Office of Homelessness, Council on Homelessness Annual Report, Point-in-Time Count of Homeless People

Education

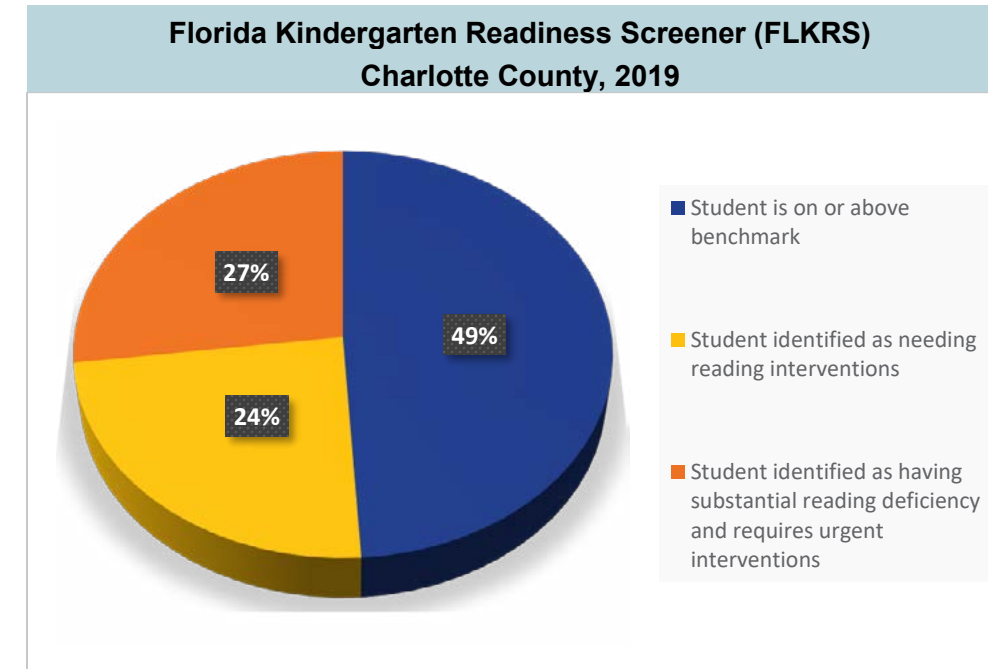


Early Education

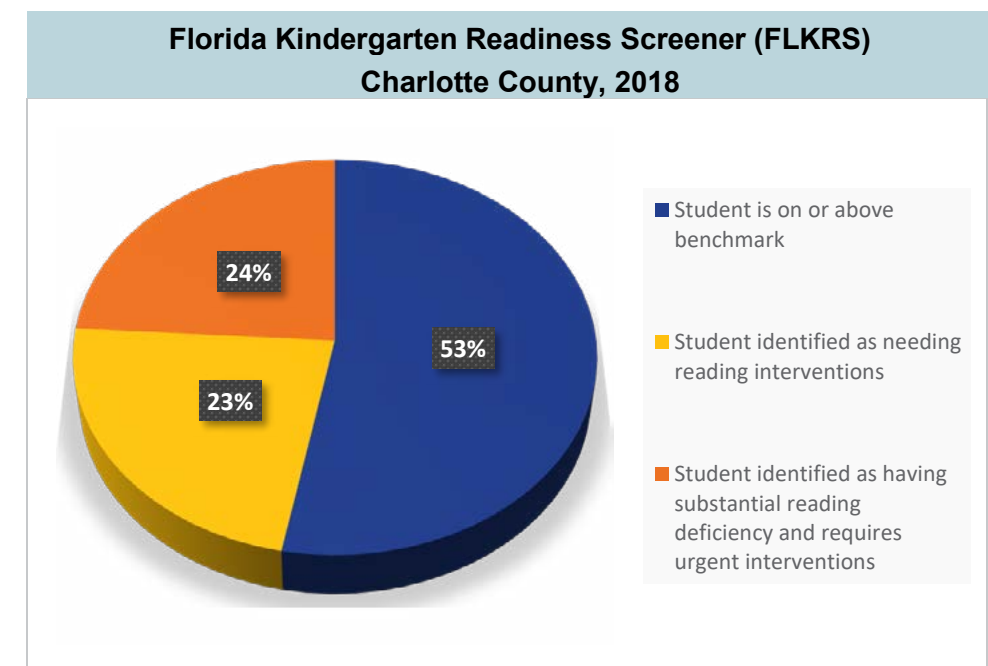
Charlotte County Public Schools Pre-K 2019-2020 Enrollment	
Pre-Kindergarten	Total Enrolled
Baker Pre-K Center	202
Charlotte Harbor Center	4
Deep Creek Elementary	20
East Elementary	21
Kingsway Elementary	17
Liberty Elementary	36
Meadow Park Elementary	31
Myakka River Elementary	19
Neil Armstrong	38
Peace River Elementary	37
Sallie Jones Elementary	4
The Academy	54
Vineland Elementary	39
Total Pre-K Enrollment	522

Source: Charlotte County Public Schools

Early Education



Source: Charlotte County Public Schools



Source: Charlotte County Public Schools

Early Education

Kindergarten Readiness 2018-2019, FLKRS						
School Name	% of Students that are Kindergarten Ready					
	On or above benchmark 2019	On or above benchmark 2018	Needing reading interventions 2019	Needing reading interventions 2018	Requires urgent interventions 2019	Requires urgent interventions 2018
Babcock Neighborhood School	68%	70%	18%	20%	14%	10%
Deep Creek Elementary	56%	60%	27%	20%	17%	20%
East Elementary	71%	56%	18%	22%	11%	22%
Kingsway Elementary	37%	56%	23%	23%	40%	21%
Liberty Elementary	33%	43%	32%	24%	35%	33%
Meadow Park Elementary	39%	48%	24%	23%	37%	29%
Myakka River Elementary	40%	57%	33%	26%	27%	17%
Neil Armstrong Elementary	43%	38%	23.5%	21%	33.5%	41%
Peace River Elementary	51%	51%	24%	24%	25%	25%
Sally Jones Elementary	55%	60%	22%	26%	23%	14%
Vineland Elementary	53%	61%	20%	20%	27%	19%

Source: Charlotte County Public Schools

K-12 Education

Student Population of Charlotte County Public Schools (PK-12)	
White	70.7%
Black	10.3%
Hispanic	12.4%
Other	6.6%
English Language Learners (ELL)	592
Home School Students	419
Homeless Students	120
Students Qualifying for Free/Reduced Meals	61.9%

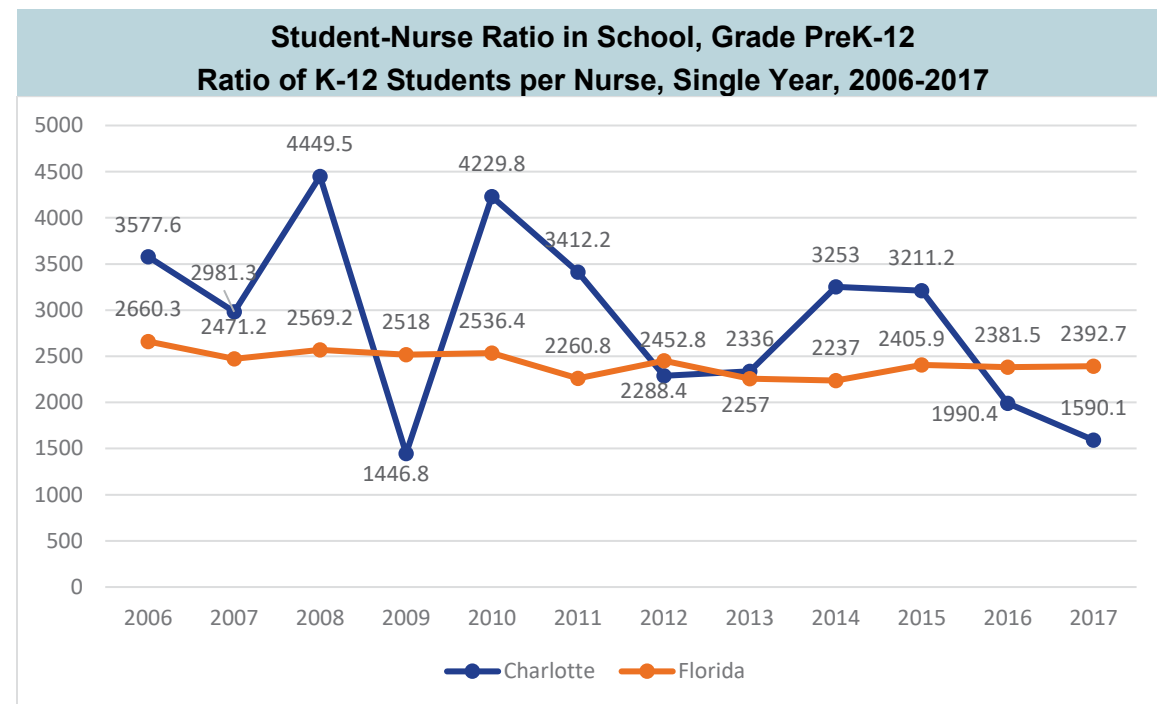
Source: Charlotte County Public Schools

Charlotte County Public Schools Enrollment by Grade*	
Grade	Number of Students
PK	522
Kinder	1,138
1 st	1,131
2 nd	1,114
3 rd	1,042
4 th	1,024
5 th	1,117
6 th	1,274
7 th	1,194
8 th	1,260
9 th	1,309
10 th	1,339
11 th	1,374
12 th	1,372
Adult Education/CTC	330
Total Enrollment	16,540

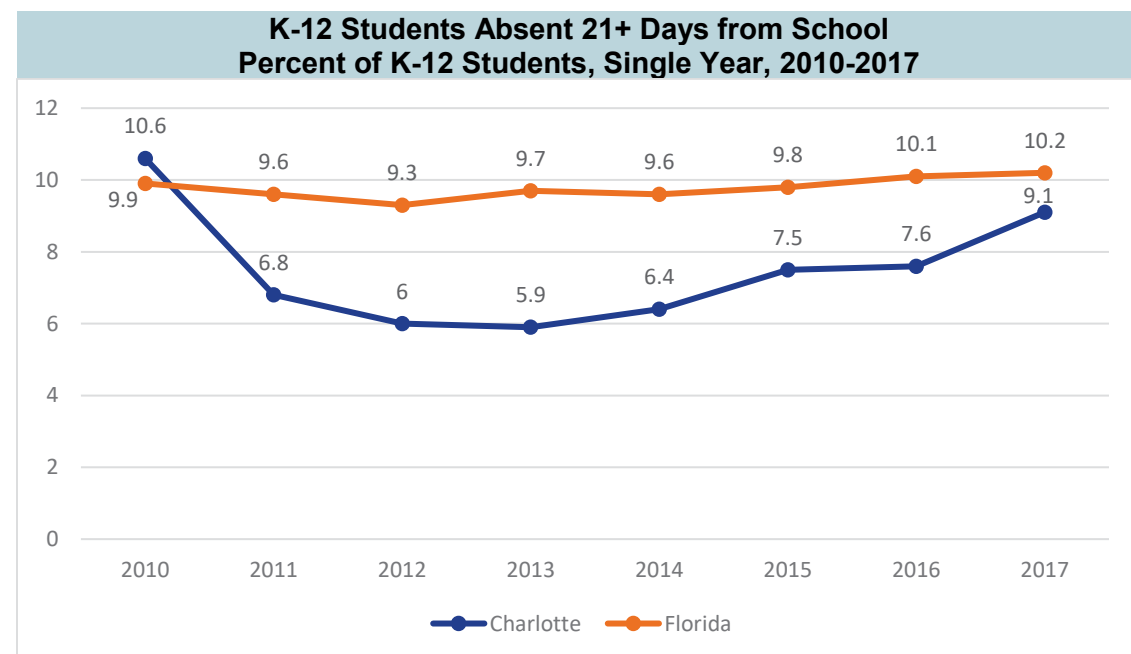
Source: Charlotte County Public Schools

*Enrollment as of 10/7/2019

K-12 Education

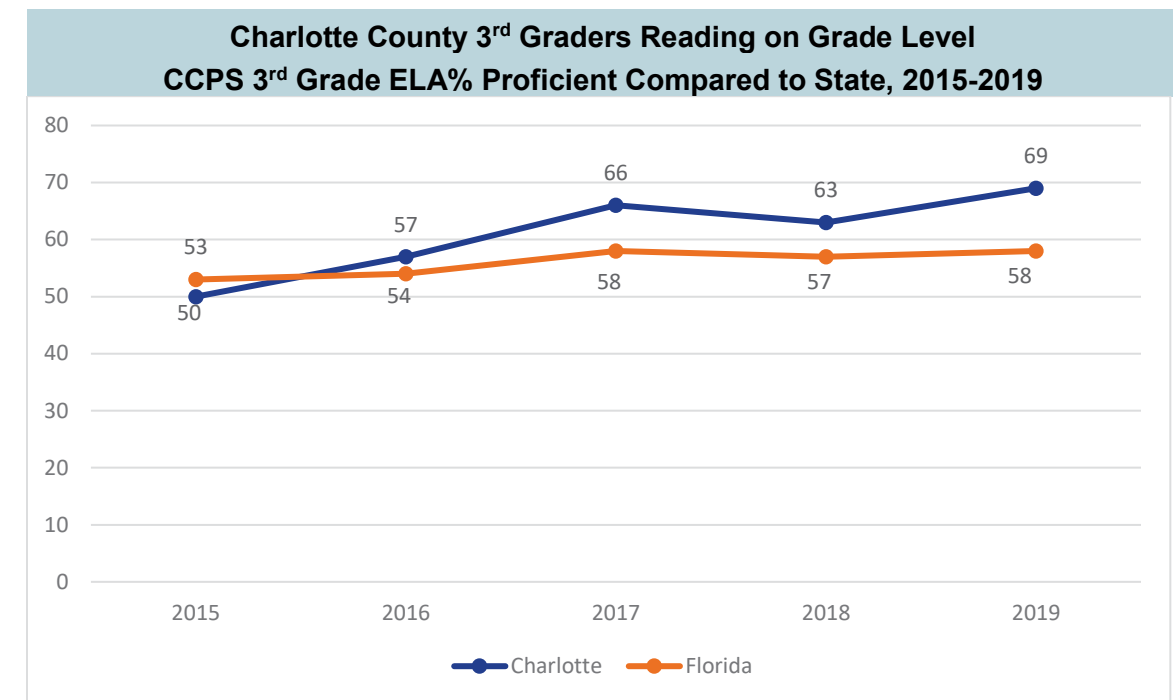


Source: Florida Department of Health, School Health Services Program

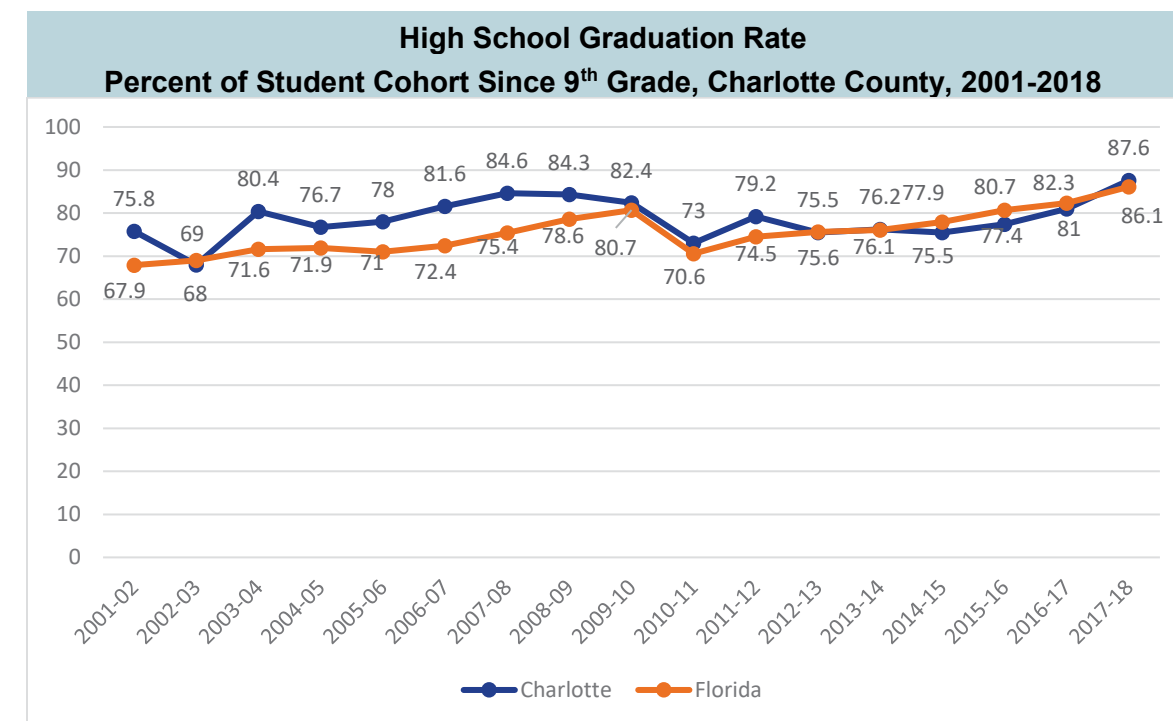


Source: Florida Department of Education, Survey 5 Prior School/Student Attendance Data

K-12 Education



Source: Florida Department of Education, Education Information and Accountability Services (EIAS)



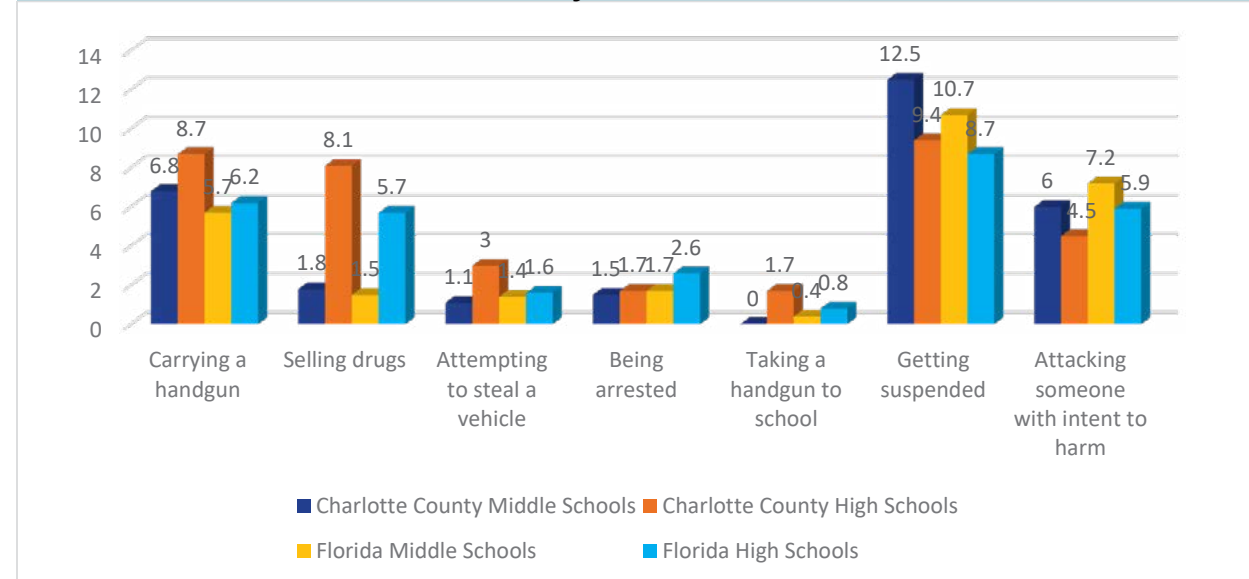
Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

K-12 Education

Disconnected Youth Charlotte County, Florida, and US, 2019				
	Charlotte County	Error Margin	Top U.S. Performers	Florida
Disconnected youth <i>Percentage of teens and young adults ages 16-19 who are neither working nor in school</i>	9%	5-14%	4%	8%

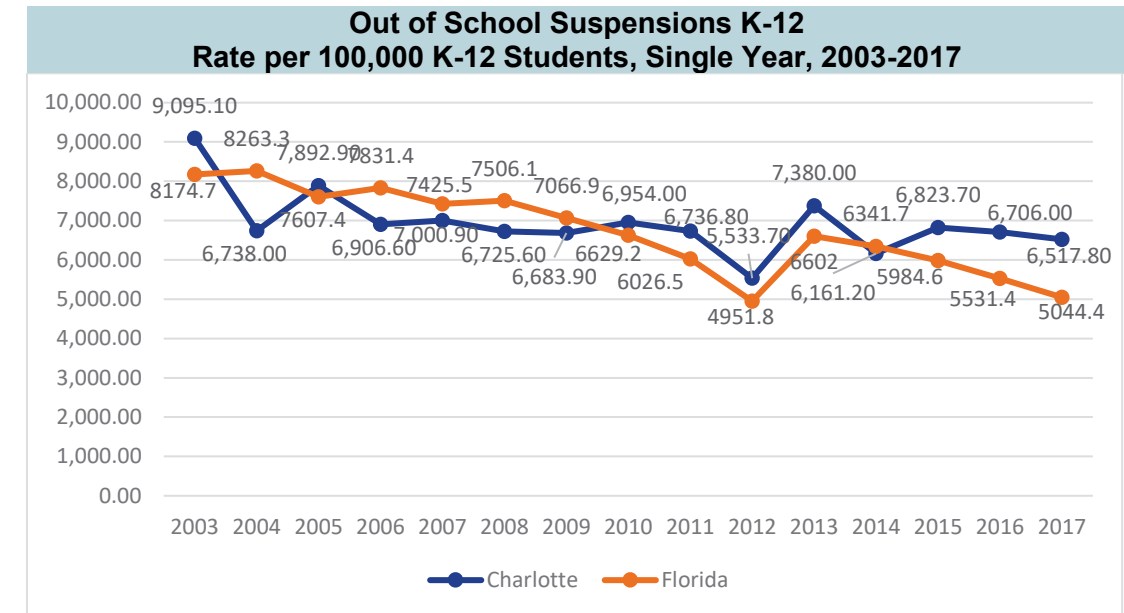
Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute

**Percentage of 12 month Youth Delinquent Behavior by Middle and High School Students
Charlotte County & State of Florida, 2018**



Source: Florida Youth Substance Abuse Survey (2018), Florida Department of Children and Families

K-12 Education



Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

Environment



Built Environment

Built Environment Percent of county residents, Charlotte County and State 2016		
	Charlotte	State
Population that live within a ½ mile of healthy food source	14.6%	30.9%
Population that live within a ½ mile of a fast food restaurant	17.0%	33.9%
Population that live within a ten minute walk (1/2 mile) of an off-street trail system	30.0%	18.2%

Source: Florida Environmental Public Health Tracking

Built Environment Charlotte County, Florida, and US, 2019				
	Charlotte County	Error Margin	Top U.S. Performers	Florida
Food environment index <i>Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)</i>	7.0		8.7	6.9
Access to exercise opportunities <i>Percentage of population with adequate access to locations for physical activity</i>	83%		91%	88%
Food Insecurity <i>Percentage of population who lack adequate access to food</i>	14%		9%	14%
Limited access to health foods <i>Percentage of population who are low-income and do not live close to a grocery store</i>	14%		2%	7%

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute

Environmental Health

Environmental Health Charlotte County, Florida, and US, 2019				
	Charlotte County	Error Margin	Top U.S. Performers	Florida
Air pollution – particulate matter <i>Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)</i>	7.7		6.1	8.2
Drinking water <i>Indicator of the presence of health-related drinking water violations. Yes indicates the presence of a violation, No indicates no violation</i>	No			

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute

Health



Health

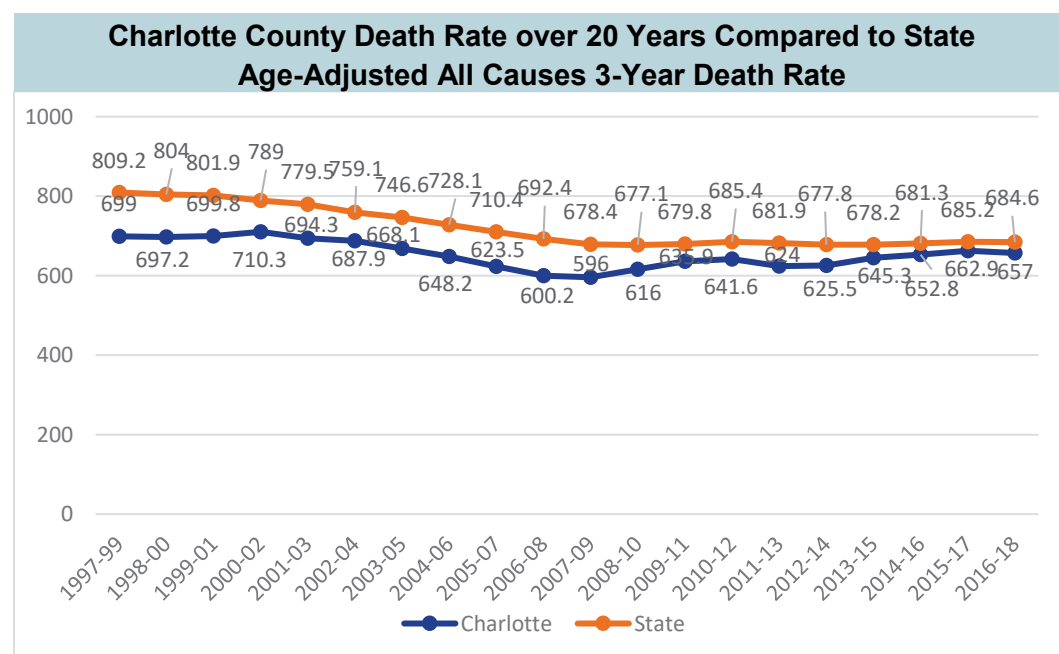
Charlotte County Social Health Indicators 3-Year Rate per 100,000, 2016-2018			
Crime and Domestic Violence	County	State	Quartile*
Larceny	1,081.9	1,906.0	2
Total Domestic Violence Offenses	326.6	514.3	3
Burglary	207.1	422.2	1
Aggravated Assault	183.1	280.4	1
Motor Vehicle Theft	67.8	205.8	1
Forcible Sex Offenses	27.7	54.4	1
Robbery	12.9	90.0	1
Murder	1.5	5.3	1
Alcohol-suspected Motor Vehicle Crashes			
Alcohol-suspected Motor Vehicle Crashes**	74.2	77.4	2
Alcohol-suspected Motor Vehicle Crash Injuries**	19.0	21.7	1
Alcohol-suspected Motor Vehicle Crash Deaths**	5.3	4.1	2

Sources: Florida Department of Law Enforcement, Florida Department of Highway Safety and Motor Vehicles
 *County compared to other Florida counties.
 ** 2015-2017 data
 The lowest quartile equals the lowest number.

Health

Selected Causes of Death and Race, Charlotte County and State 3-Year Age-Adjusted Death Rates by Cause, 2016-2018								
	County				State			
	White	Black	Other	All Races	White	Black	Other	All Races
Cancer	148.7	79.5	110.2	145.9	149.4	153.9	116.9	149.0
Heart Disease	131.3	123.5	76.9	129.8	146.5	169.7	123.7	148.9
Chronic Lower Respiratory Disease	38.4	14.7	29.8	37.1	41.2	25.7	23.2	39.2
Stroke	27.3	44.9	26.3	27.9	37.5	57.0	38.8	39.7
Cirrhosis	20.8	1.5	7.2	19.9	13.2	6.1	8.2	11.9
Motor Vehicle Crashes	19.0	7.2	11.1	17.9	15.1	15.7	12.8	15.0
Diabetes	17.3	32.9	30.3	17.8	18.2	38.8	19.0	20.4
Pneumonia/Influenza	13.2	14.7	11.7	13.6	9.5	11.7	8.2	9.7
HIV/AIDS	0.5	2.3	2.7	0.5	1.6	13.0	2.0	3.3

Source: Florida Department of Health, Bureau of Vital Statistics



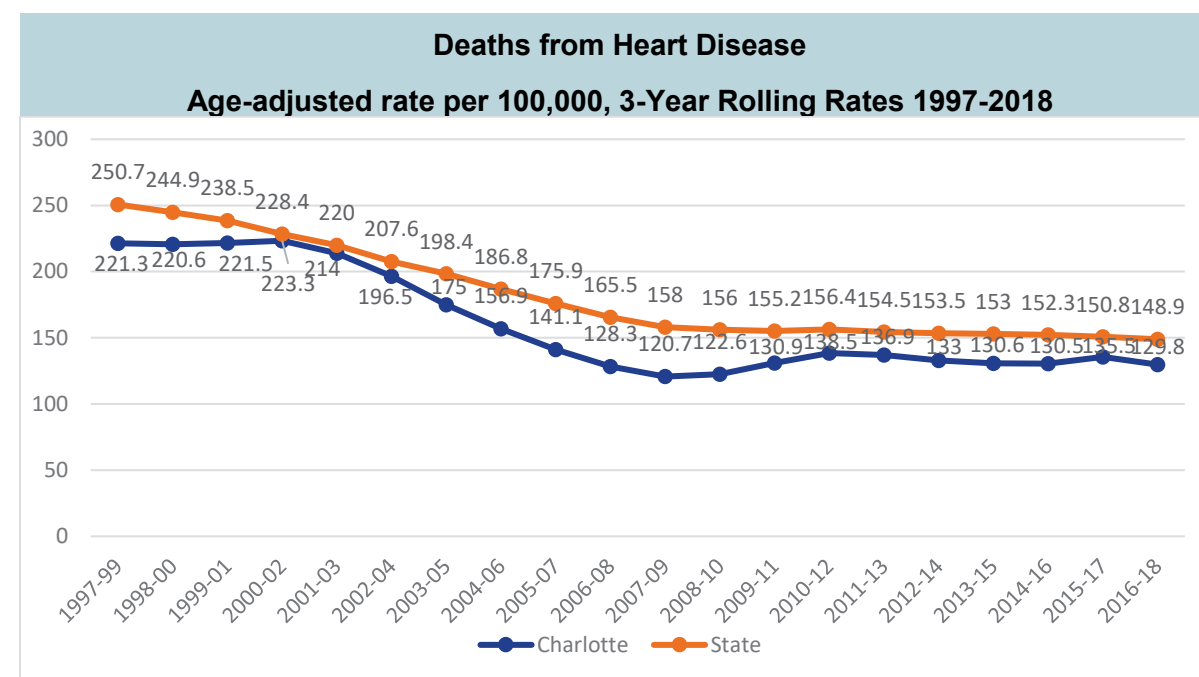
Source: Florida Department of Health, Bureau of Vital Statistics

Health

Health Behaviors Charlotte County, Florida, and US, 2019				
	Charlotte County	Error Margin	Top U.S. Performers	Florida
Adult smoking <i>Percentage of adults who are current smokers</i>	16%	16-17%	14%	15%
Adult Obesity <i>Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2</i>	27%	24-30%	26%	27%
Physical inactivity <i>Percentage of adults age 20 and over reporting no leisure-time physical activity</i>	27%	24-30%	19%	25%
Insufficient sleep <i>Percentage of adults who report fewer than 7 hours of sleep on average</i>	32%	31-32%	27%	34%
Mammography screening <i>Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening</i>	54%		49%	42%
Flu vaccinations <i>Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination</i>	48%		52%	41%

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute

Chronic Diseases

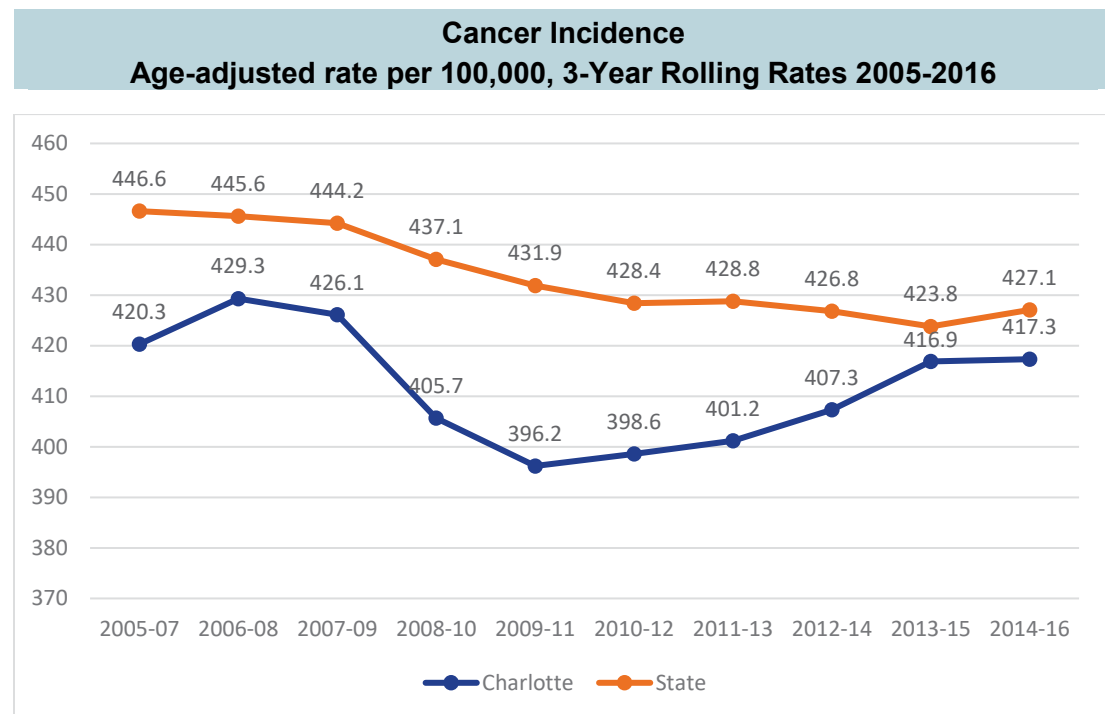


Source: Florida Department of Health, Bureau of Vital Statistics

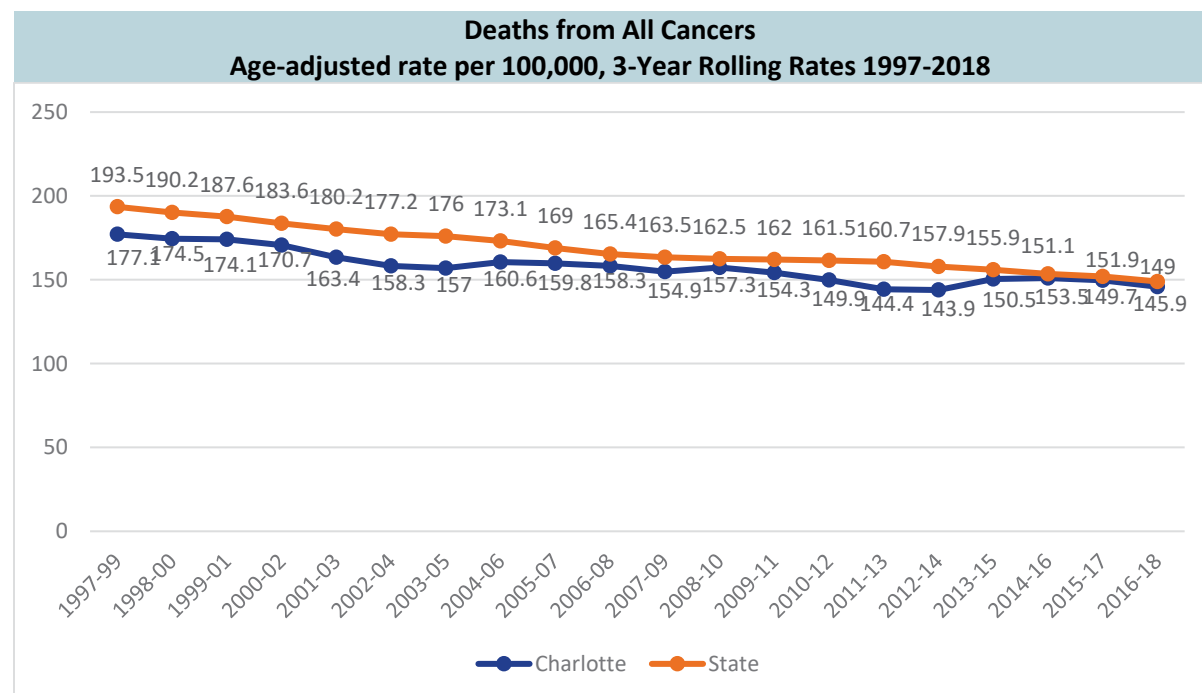
Common Types of Cancer Death Rate and Incidence, Charlotte County		
	3 yr. Age Adjusted Death Rate, 2016-2018	Avg. Annual Number of Events (Incidence), 2014-2016
Lung Cancer	37.1	754
Breast Cancer	36.6	536
Colorectal Cancer	13.2	390
Prostate Cancer	17.1	454
Oral Cancer	2.4	136
Cervical Cancer	1.3	19
Skin Cancer	2.5	390

Source: Deaths - Florida Department of Health, Office of Vital Statistics; Incidence - University of Miami (FL) Medical School, Florida Cancer Data System

Chronic Diseases

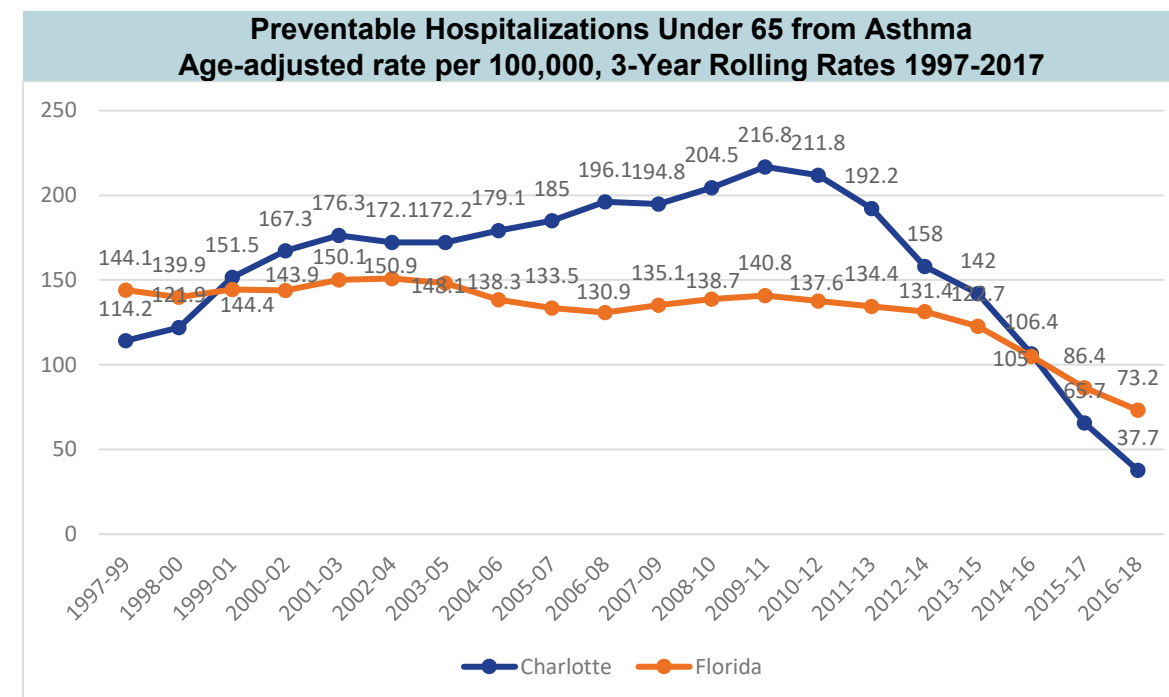


Source: Florida Department of Health, Bureau of Vital Statistics

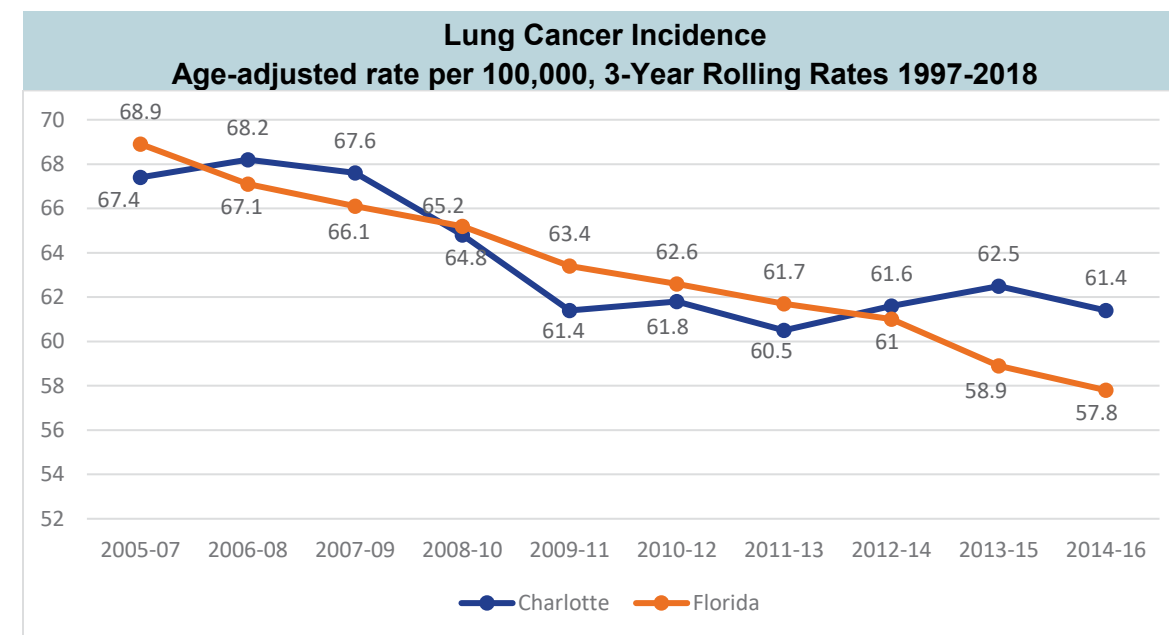


Source: Florida Department of Health, Bureau of Vital Statistics

Chronic Diseases

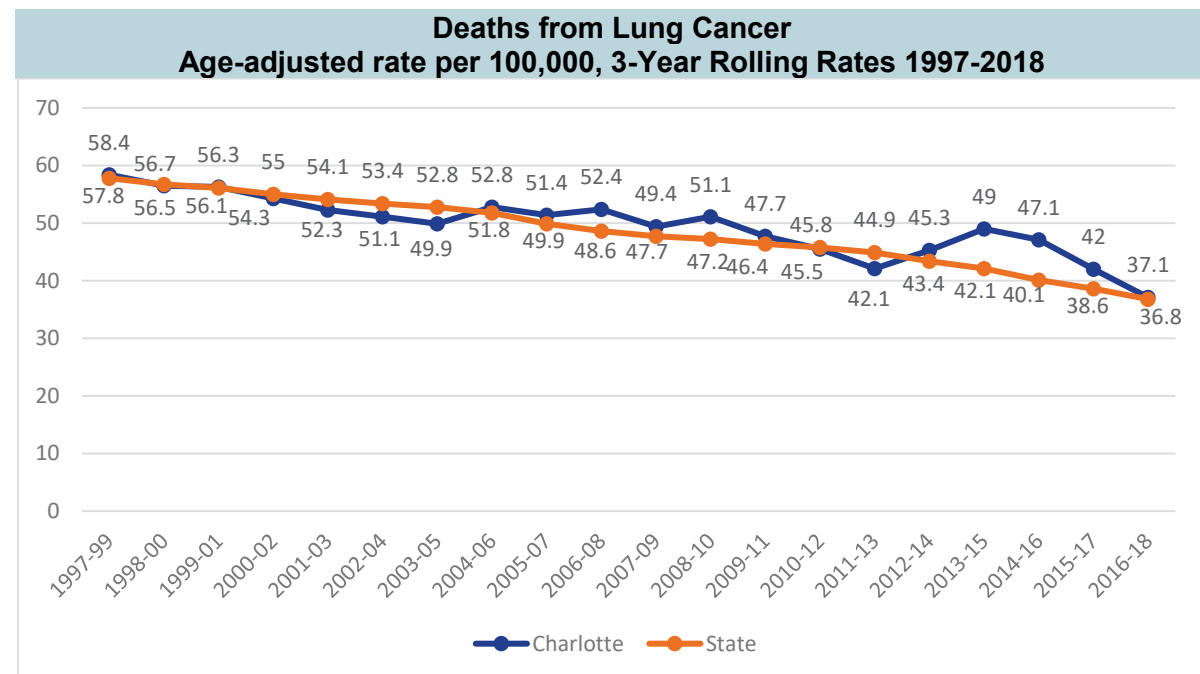


Source: Florida Agency for Health Care Administration (AHCA)



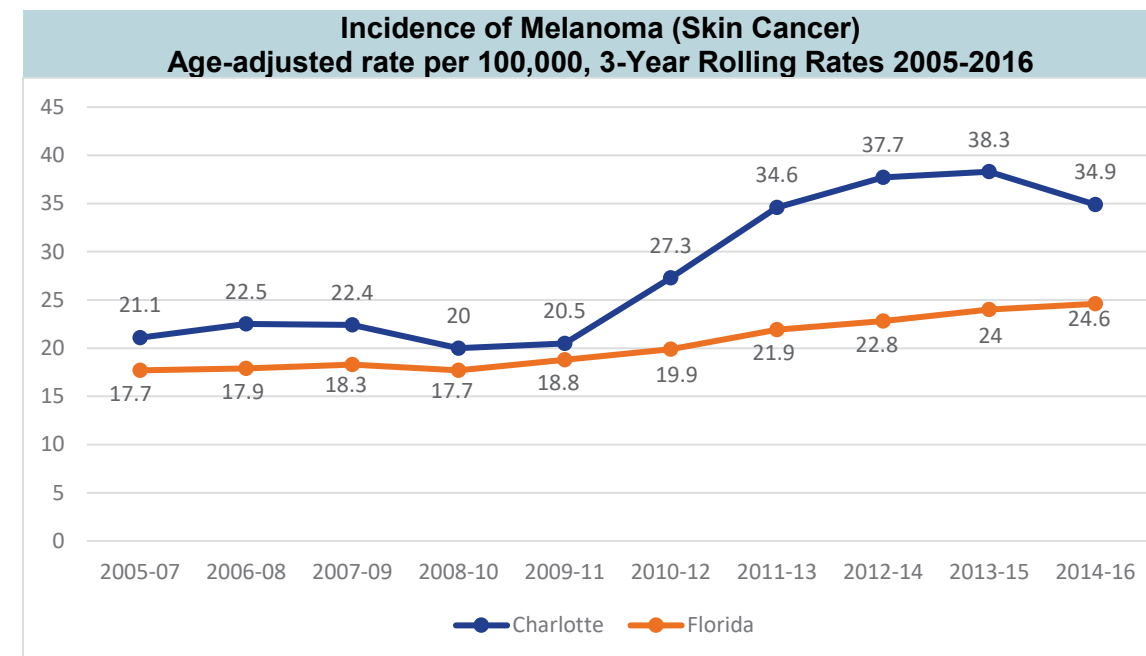
Source: University of Miami (FL) Medical School, Florida Cancer Data System

Chronic Diseases

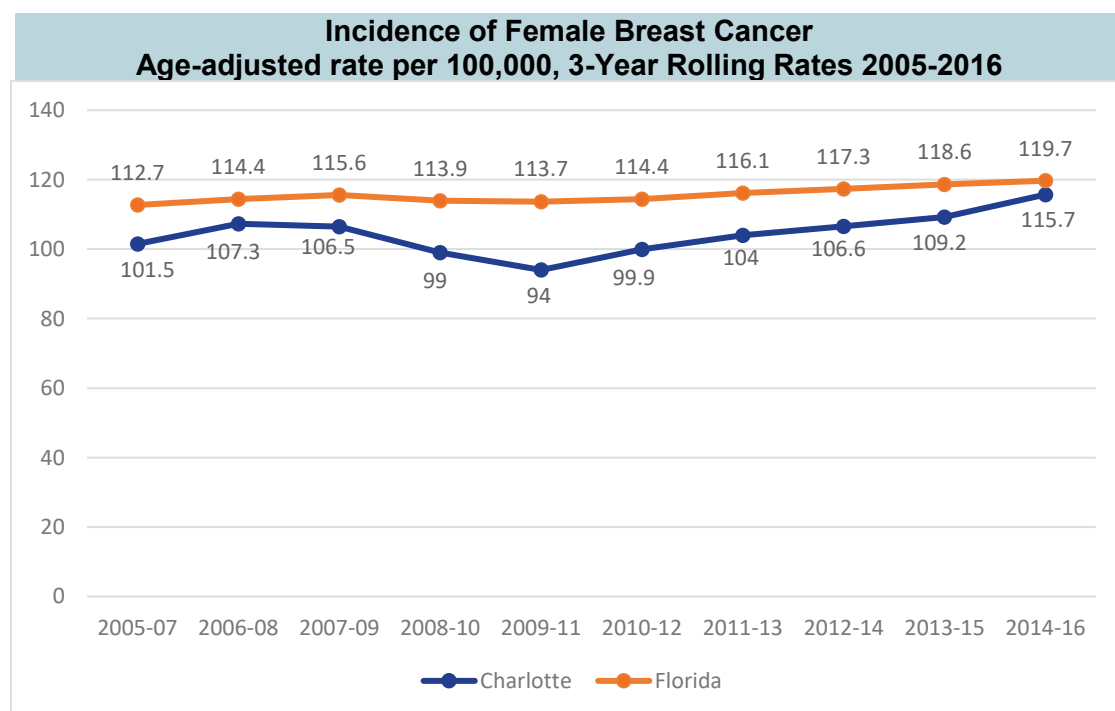


Source: Florida Department of Health, Bureau of Vital Statistics

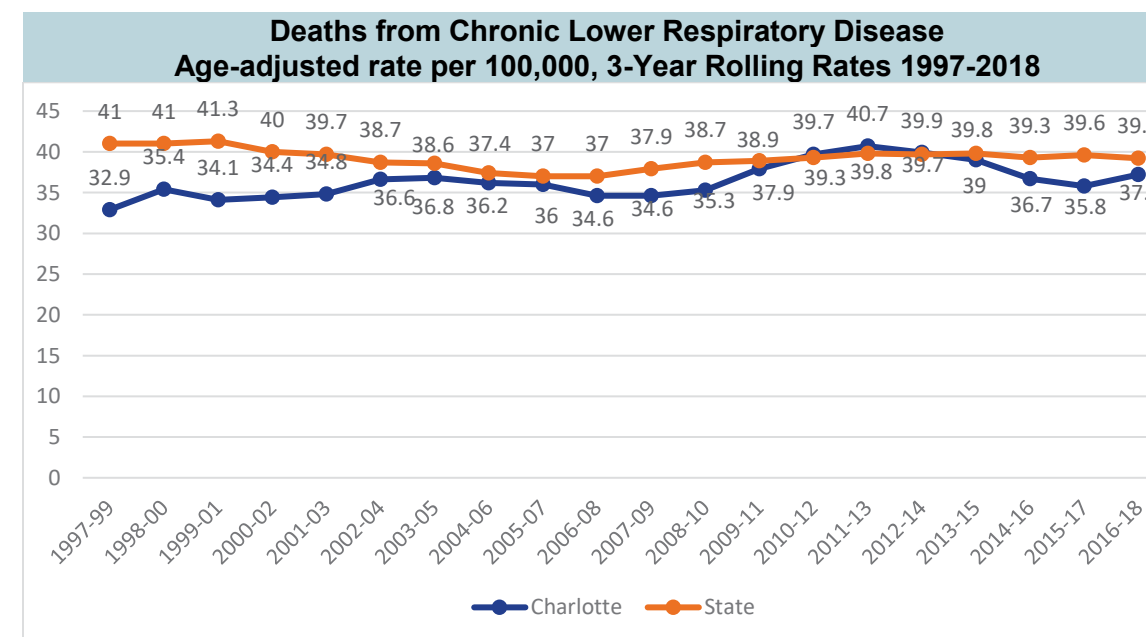
Chronic Diseases



Source: University of Miami (FL) Medical School, Florida Cancer Data System

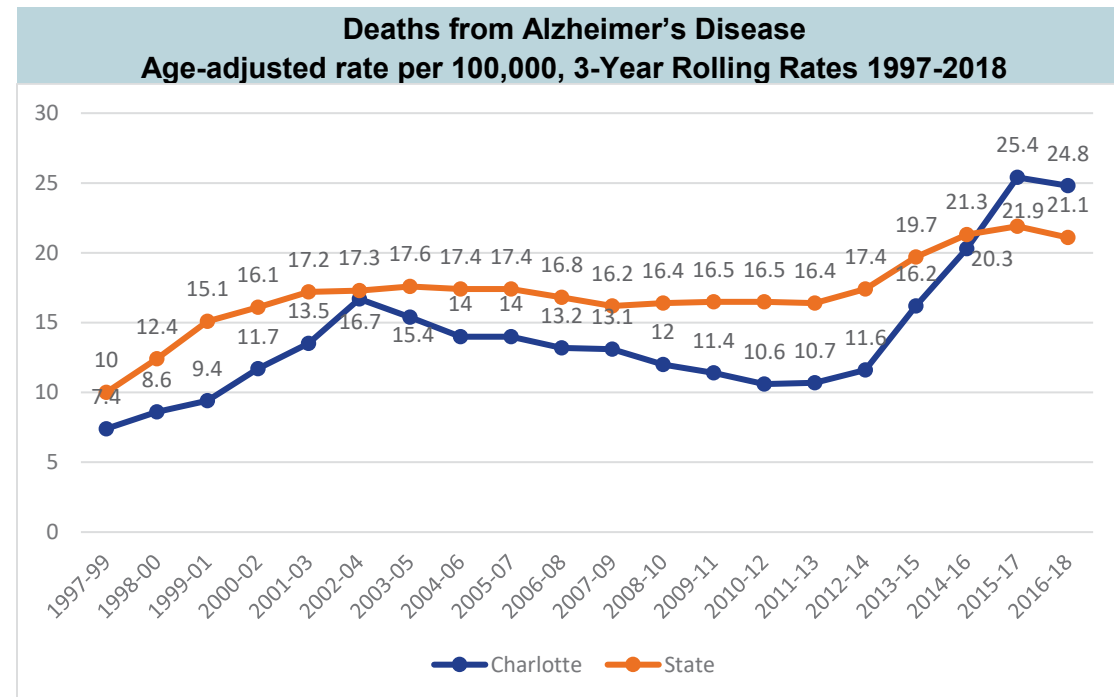


Source: University of Miami (FL) Medical School, Florida Cancer Data System



Source: Florida Department of Health, Bureau of Vital Statistics

Chronic Diseases



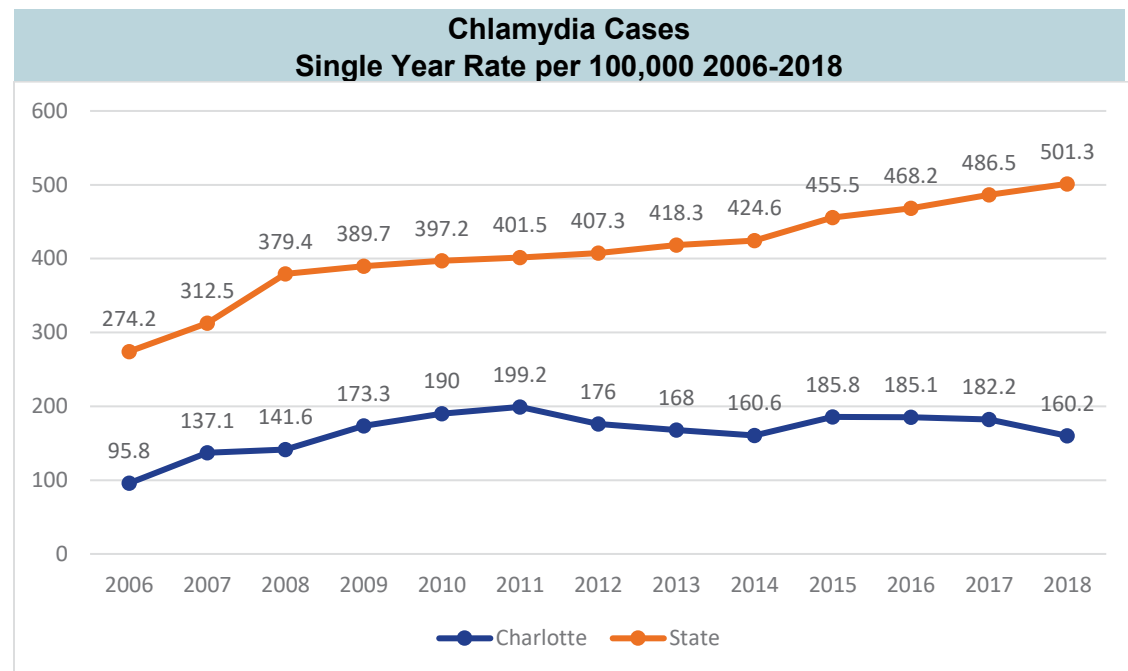
Source: Florida Department of Health, Bureau of Vital Statistics

Communicable Diseases

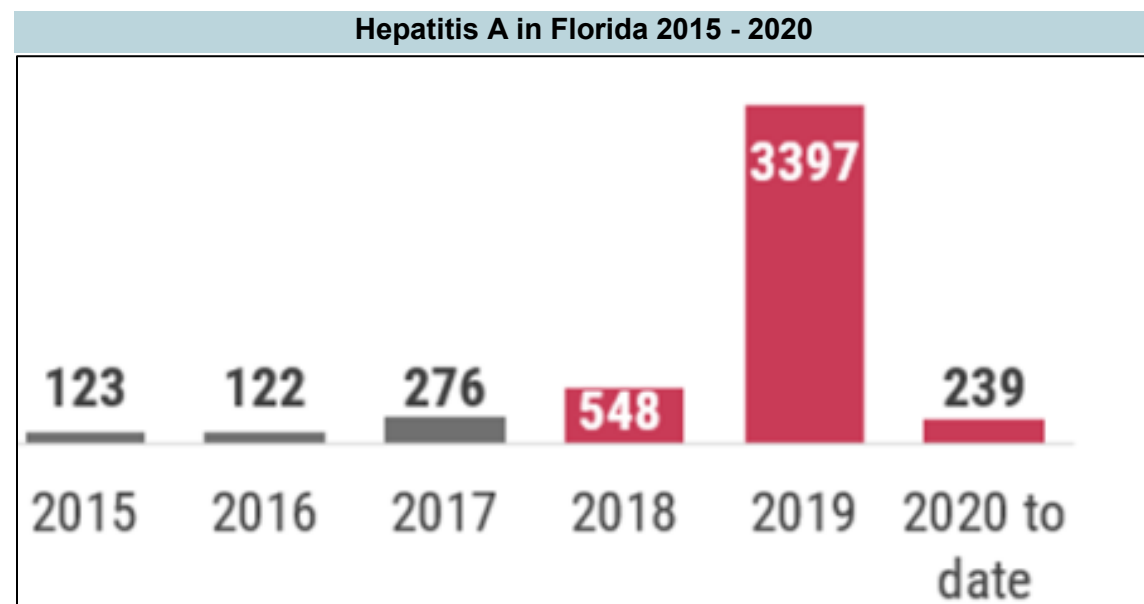
Communicable Diseases Charlotte County and State 2016-2018			
Disease	County		State
	County # of Cases Annual Avg.	3 yr. Rate per 100,000	3 yr. Rate per 100,000
Sexually Transmitted Diseases (STD)			
Early Syphilis	6.3	3.6	28.0
Infectious Syphilis	2.3	1.3	12.4
Gonorrhea	64.3	37.1	149.9
Chlamydia	305	175.8	485.5
Vaccine Preventable Diseases			
Measles*	0		
Mumps*	0		
Rubella*	0		
Pertussis*	1	0.6	1.7
Tetanus*	0		
Varicella (Chickenpox)*	5.7	3.3	3.5
AIDS and Other Diseases			
AIDS	4.7	2.7	9.8
Tuberculosis	3	1.7	2.9

Source: Florida Department of Health, Bureau of Communicable Diseases
*2015-2017 data

Communicable Diseases

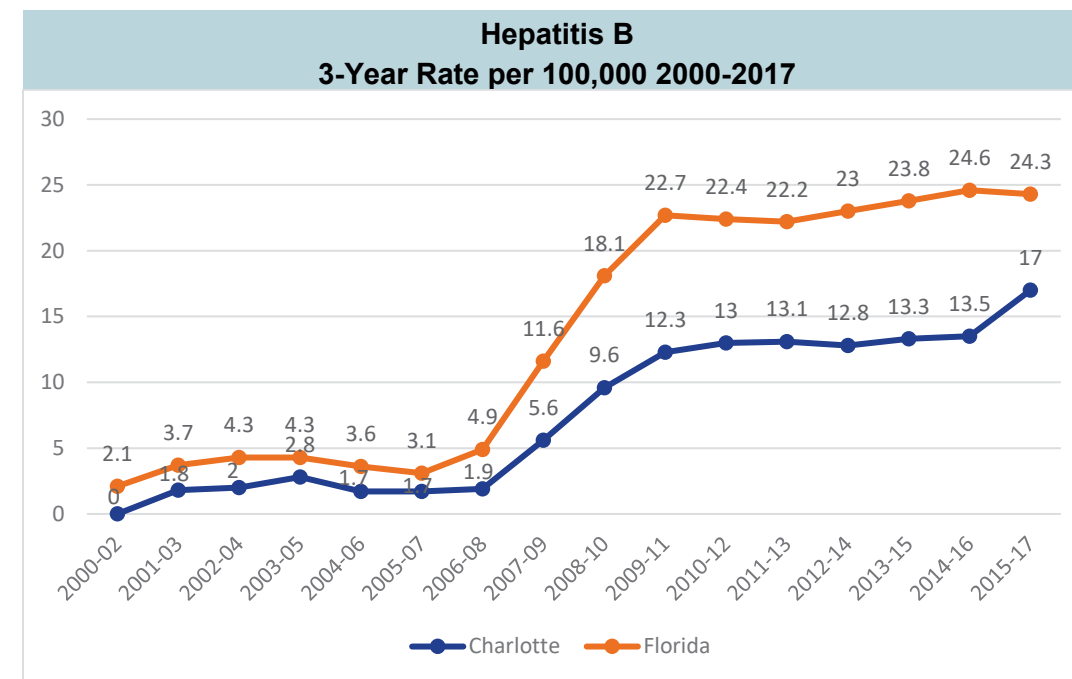


Source: Florida Department of Health, Bureau of Communicable Disease

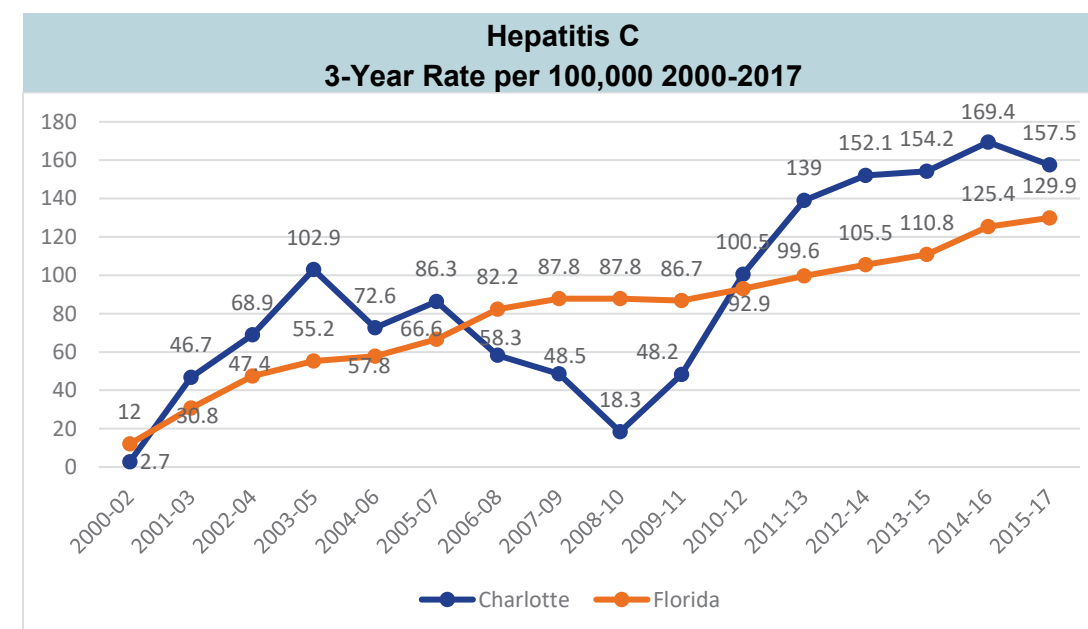


Source: Florida Department of Health, Hepatitis A in Florida, 2020

Communicable Diseases



Source: Data presented here are from Merlin, Florida's web-based reportable disease surveillance system



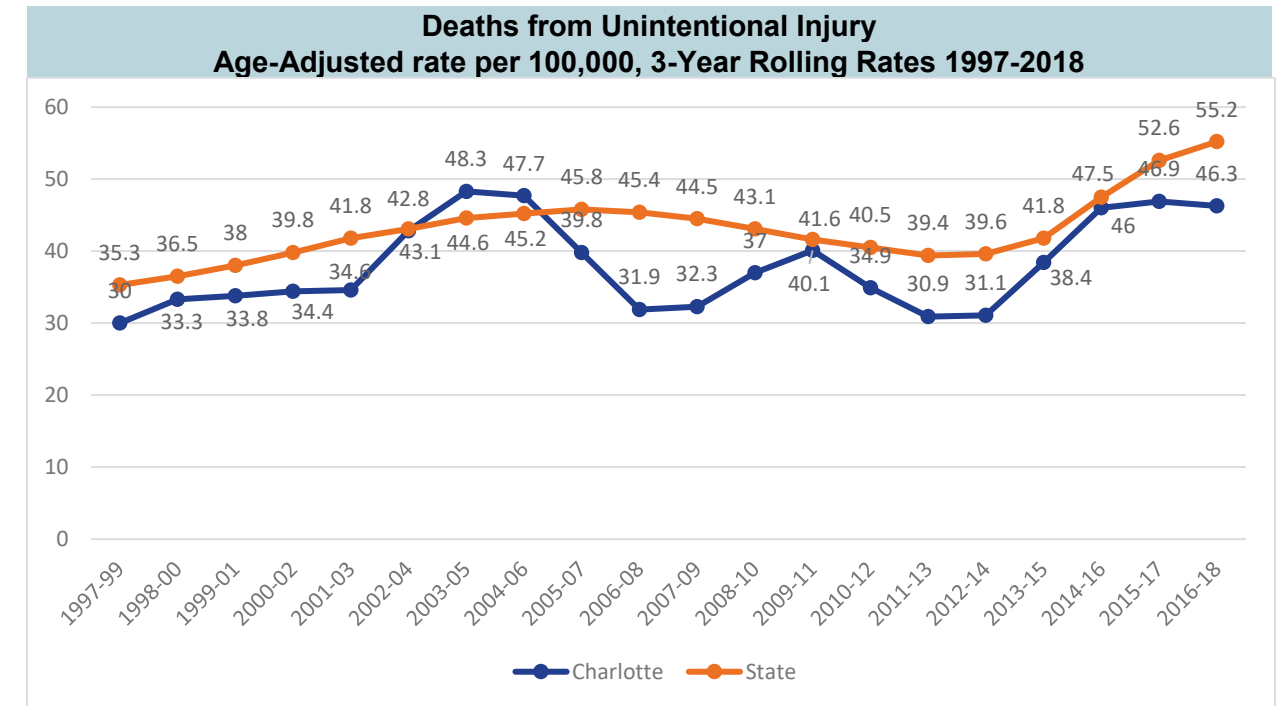
Source: Data presented here are from Merlin, Florida's web-based reportable disease surveillance system

Communicable Diseases

HIV Prevalence Charlotte County, Florida, and US, 2019				
	Charlotte County	Error Margin	Top U.S. Performers	Florida
HIV prevalence <i>Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population</i>	200		49	615

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute

Unintentional Injury



Source: Florida Department of Health, Bureau of Vital Statistics

Deaths from Unintentional Injury All Races, All Sexes, All Ethnicities, All Ages Age-Adjusted Death Rate, Charlotte County 2009-2018										
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Poisoning – Drugs & Biological Substance	6.5	5.7	9.3	3.2	3.7	7.2	7.2	14.2	5.8	11.4
Motorcyclist not Collided with Train	1.9	4.8	6.3	1.8	2.4	7.2	7.6	3.3	4	2.1
Drowning & Submersion	5.3	9.4	0.2	1.5	3.1	1.4	6	3.9	3.1	6.4

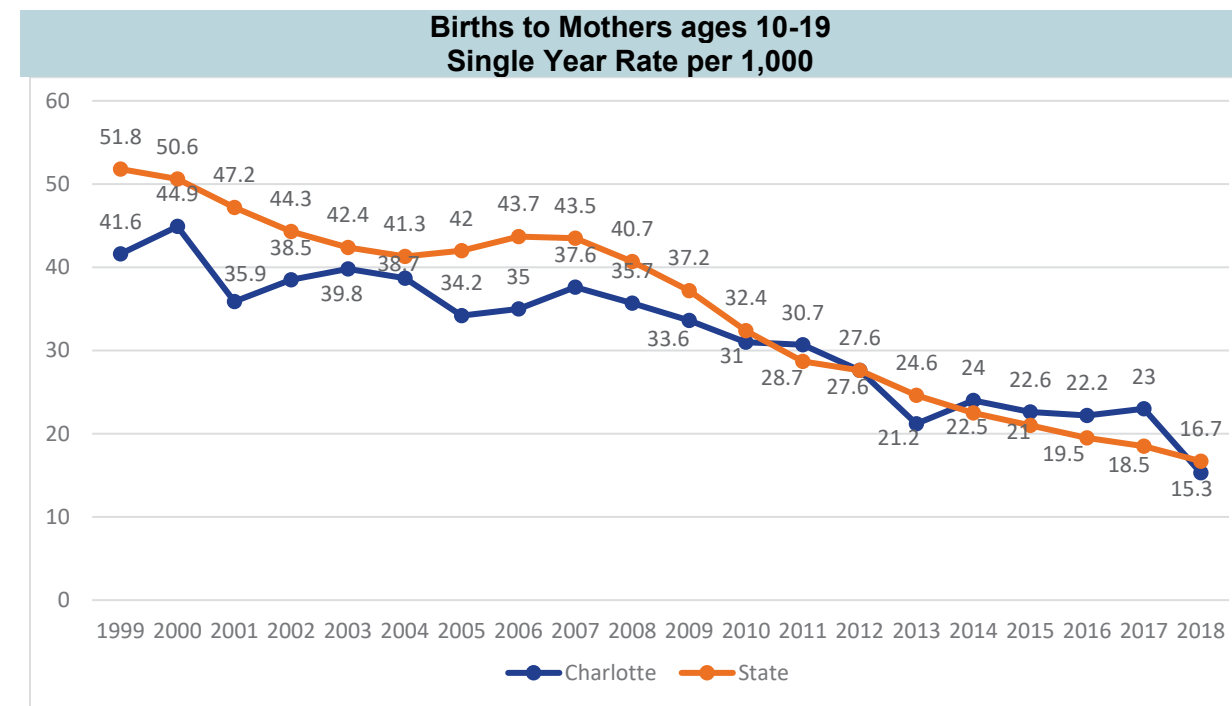
Source: Florida Department of Health, Bureau of Vital Statistics

Maternal and Infant Health

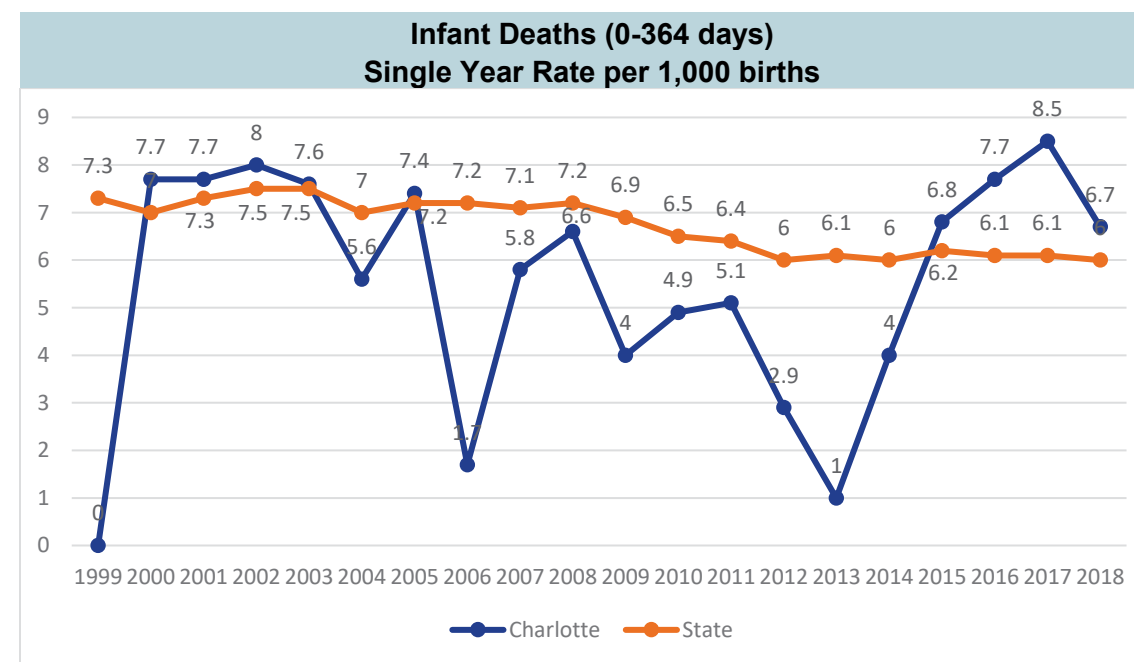
Maternal & Child Health Indicators, Charlotte County and State 3-Year Figures, 2016-2018				
Birth Family Characteristics	County	State	Trend	Quartile*
Births to Teen Mothers ages 15-19, per 1,000	20.1	18.2	Positive	2
Repeat Births to Teen Mothers ages 15-19 (%)	13.2%	15.4%	Positive	2
Births to Mothers >35, per 1,000	1.5	5.0	Steady	1
Births among unwed mothers age 15-44 (%)	24.1%	46.7%	Negative	3
Births to Mothers 19 and over without high School Education (%)	9.8%	10.7%	Negative	2
Infants				
Total Births, per 1,000 (2018)	1,040	221,508	Steady	1
White Births, per 1,000 (2018)	902	157,793		
Black Births, per 1,000 (2018)	66	48,567		
Other Nonwhite Births, per 1,000 (2018)	66	14,392		
Hispanic Births, per 1,000 (2018)	127	66,129		
Non-Hispanic Births, per 1,000 (2018)	889	152,241		
Infant Deaths				
Neonatal Deaths (<28 days), per 1,000	5.7	4.1	Negative	4
Post-Neonatal Deaths (28-364 days), per 1,000	1.9	2.0	Positive	2
Infant Deaths (0-364 days), per 1,000	7.7	6.1	Negative	3
White Infant Deaths, per 1,000	8.1	4.3	Negative	4
Black Infant Deaths, per 1,000	4.2	11.2	Positive	1
Hispanic Infant Deaths, per 1,000	11.6	5.3	Positive	
Non-Hispanic Infant Deaths, per 1,000	7.2	6.3	Inconsistent	3
Deaths from SUID (Sudden Unexpected Infant Death), per 1,000	1.0	1.0	Steady	2
Low Birth Weight				
Births < 1500 grams (very low birth weight) %	1.5%	1.6%	Inconsistent	2
Births <2500 grams (low birth weight) %	9.0%	8.7%	Negative	3
Prenatal Care				
Births with 1st Trimester Prenatal Care (%)	69.9%	77.4%	Negative	4
Births with Late or No Prenatal Care (%)	8.5%	6.7%	Positive	3
Births with Adequate Prenatal Care (Kotelchuck Index) %	66.7%	70.5%	Inconsistent	3

Source: Florida Department of Health, Bureau of Vital Statistics
Quartiles: 1 best to 4 lowest

Maternal and Infant Health

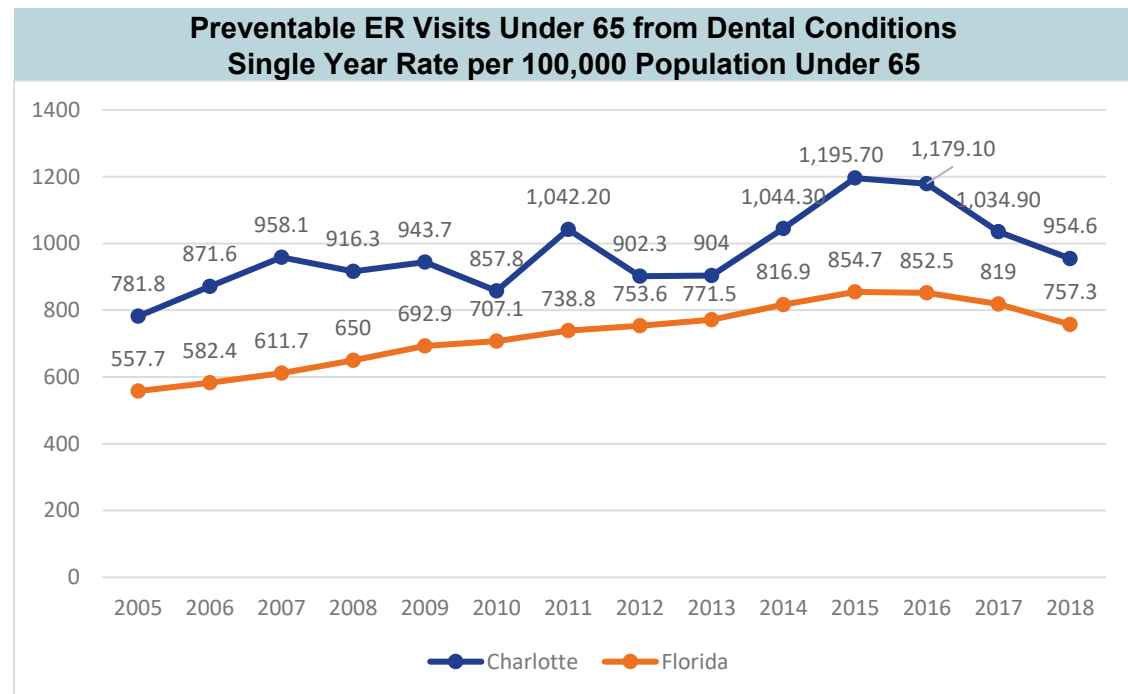


Source: Florida Department of Health, Bureau of Vital Statistics

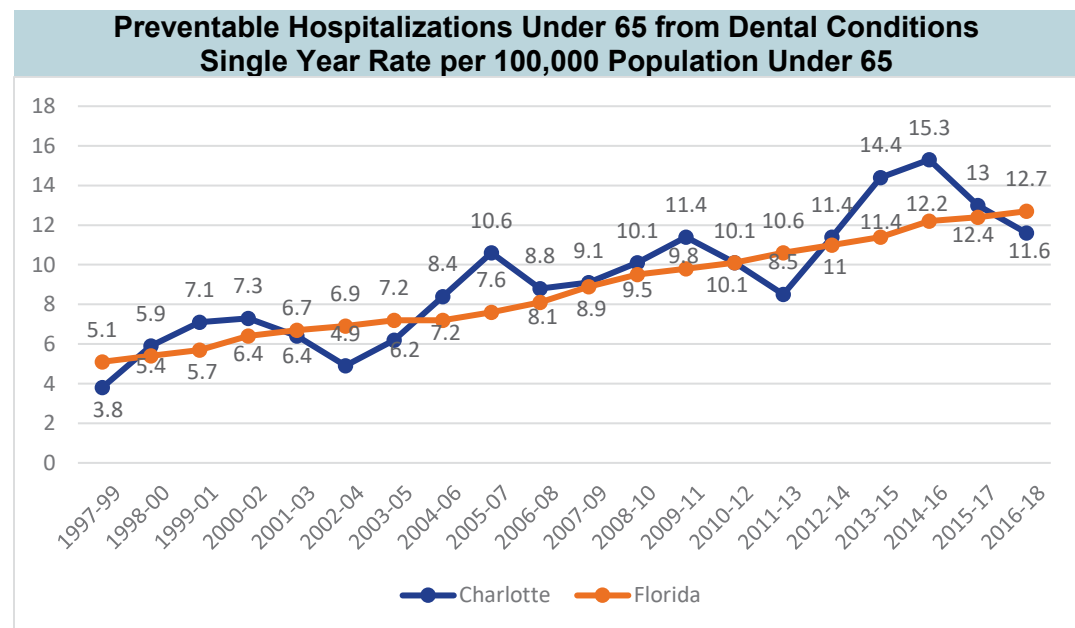


Source: Florida Department of Health, Bureau of Vital Statistics

Oral Health

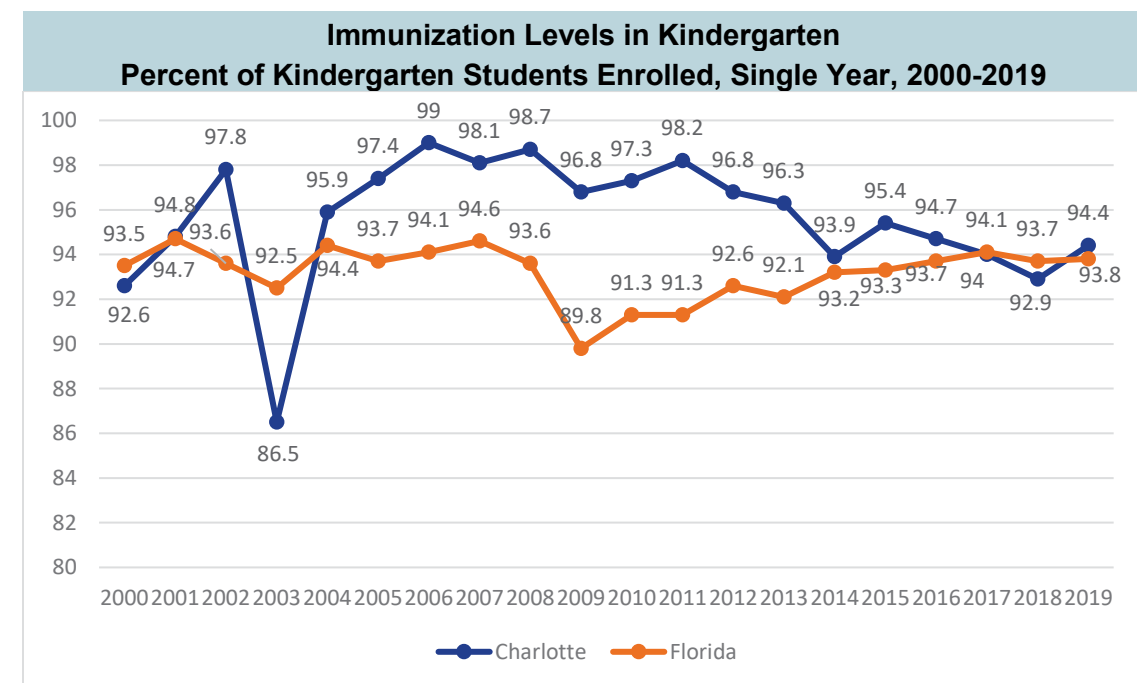


Source: Florida Department of Health, Bureau of Vital Statistics

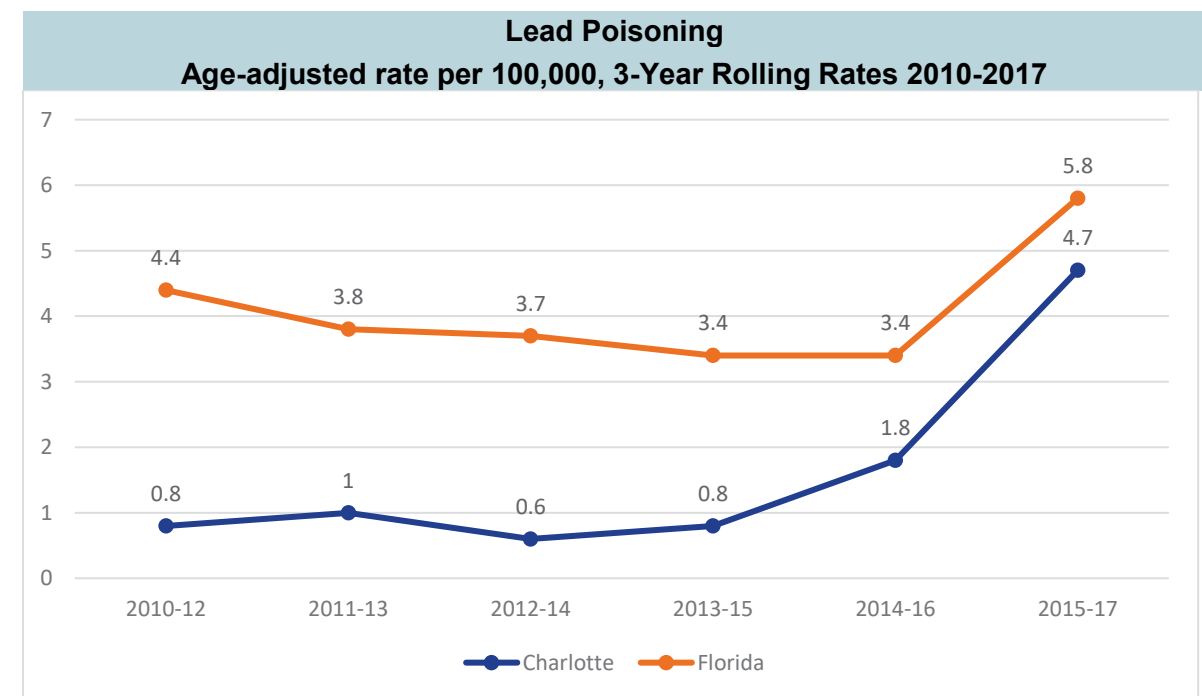


Source: Florida Department of Health, Bureau of Vital Statistics

Child Health



Source: Florida Department of Health, Bureau of Immunization



Source: Data presented here are from Merlin, Florida's web-based reportable disease surveillance system

Healthcare

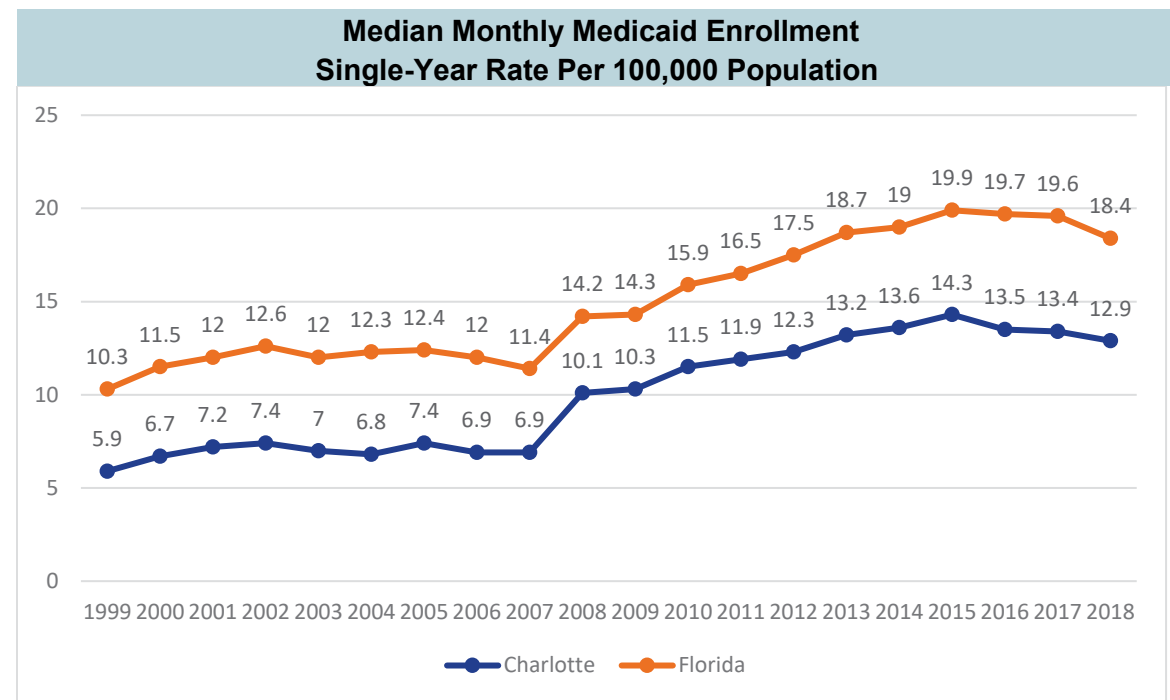


Access to Care

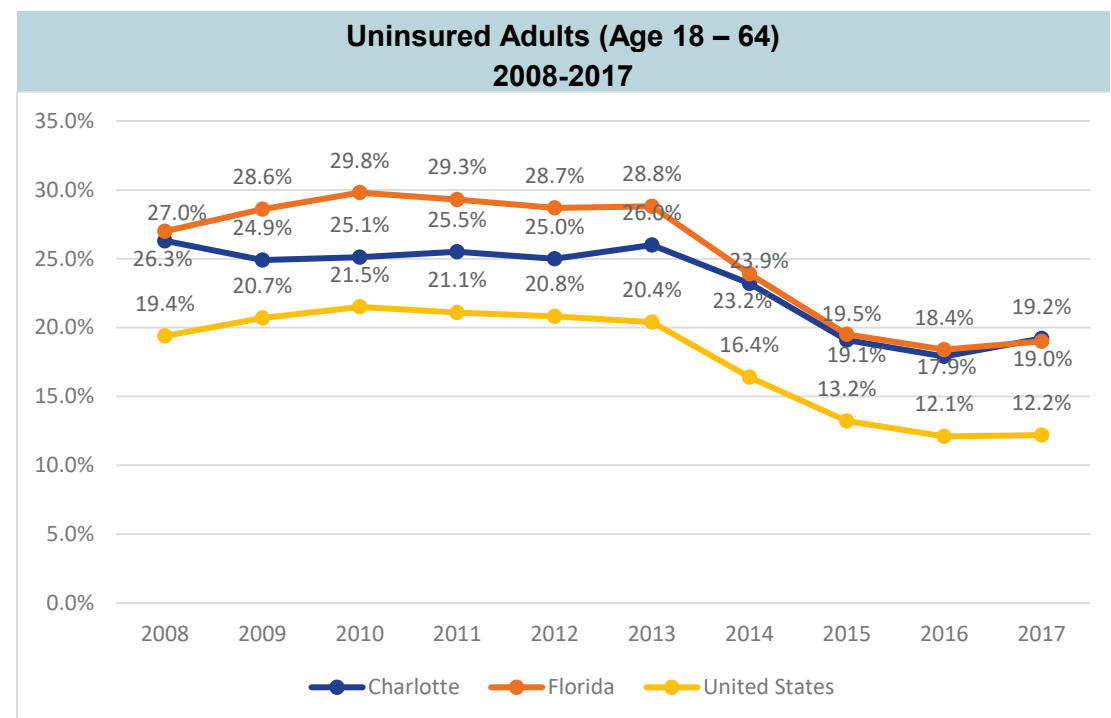
Health Insurance Coverage		
Percentage of the population, Charlotte County and State, 2013-2017		
	Charlotte	State
Civilian noninstitutionalized population		
With health insurance coverage	87.3%	85.1%
With private health insurance	61.7%	60.8%
With public coverage	52.5%	36.5%
No health insurance coverage	12.7%	14.9%
Under 19 years		
No health insurance coverage	13.0%	8.5%
Employed 19 to 64 years		
With health insurance coverage	77.4%	80.5%
With private health insurance	71.5%	75.4%
With public coverage	8.3%	7.4%
No health insurance coverage	22.6%	19.5%
Not in labor force		
With health insurance coverage	82.2%	76.8%
With private health insurance	53.3%	48.4%
With public coverage	38.1%	35.0%
No health insurance coverage	17.8%	23.2%

Source: US Census Bureau DP03 Selected Economic Characteristics

Access to Care

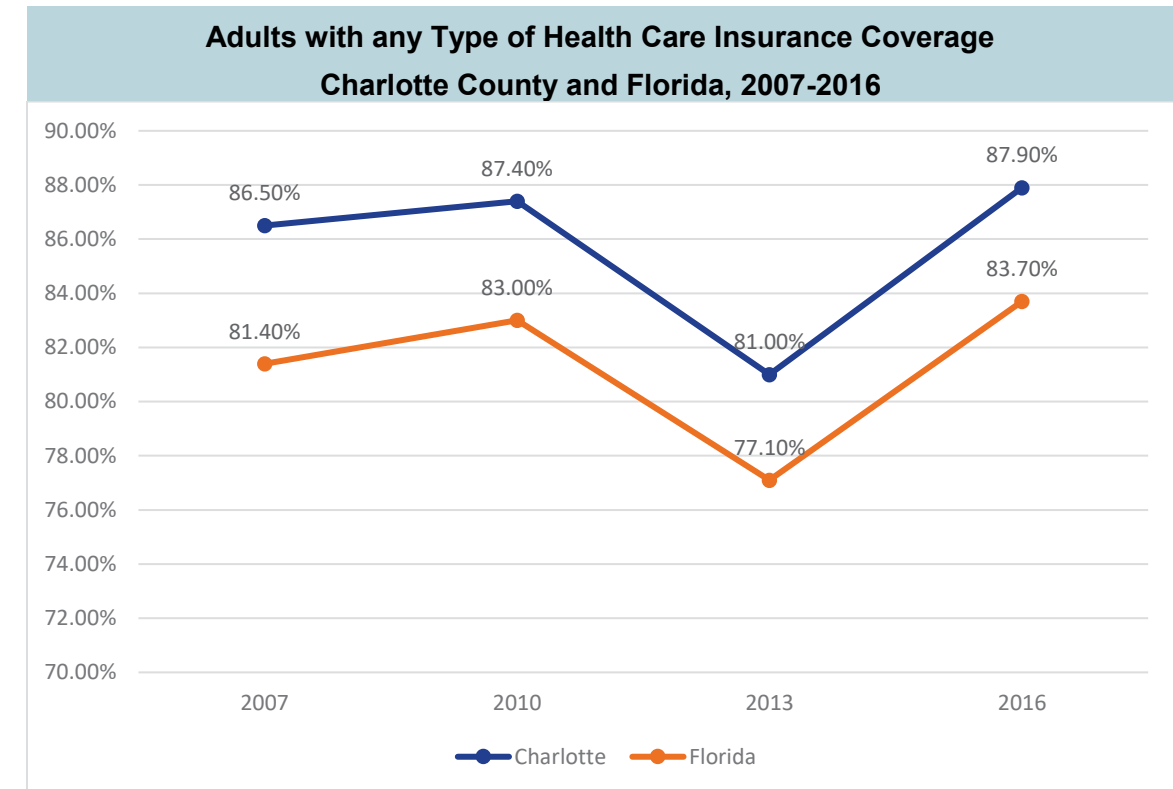


Source: Agency for Health Care Administration



Source: The Census Bureau's Small Area Health Insurance Estimates (SAHIE)

Access to Care



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

Healthcare Workforce

Health Resources Availability Charlotte County & State 2018				
	County			State
	Number	Rate per 100,000	Quartile**	Rate per 100,000
Providers*†				
Total Licensed Dentists	67	38.5	2	55.8
Total Licensed Florida Dental Hygienists	100	57.5	2	59.0
Total Licensed Physicians	404	232.2	2	310.6
Total Licensed Family Practice Physicians	20	11.5	2	19.2
Total Licensed Internists	75	43.1	3	47.8
Total Licensed OB/GYN	11	6.3		9.5
Total Licensed Pediatricians	17	9.8	2	22.3
Facilities				
Total Hospital Beds	699	398.5	4	308.2
Total Acute Care Beds	620	353.5	1	248.9
Total Specialty Beds	79	45.0		59.2
Total Adult Psychiatric Beds	52	29.6		20.9
Total Rehabilitation Beds	20	11.4		12.8
Total Nursing Home Beds	1,240	712.8	3	407.6
County Health Department~				
County Health Department Full-Time Employees	65	37.8	1	47.0
County Health Department Expenditures	4,648,786	\$26.7	1	\$36.0

Source: Florida Department of Health, Division of Medical Quality Assurance, Florida Agency for Health Care Administration (AHCA), Florida Department of Health

*Data for Providers are for a fiscal year, not a calendar year.

†Number of licensed providers does not necessarily equal the number of practicing providers. These numbers may include providers who work in another county, only work part time, or are retired.

**County compared to other Florida counties. The lowest quartiles equal the lowest number. For resource availability the lowest number is generally considered the worst ranking.

~Data for County Health Department 2017 data

\$ Dollars Expended per person

Quartiles are calculated when data is available for at least 51 counties.

Healthcare Workforce

Health Resources Availability Charlotte County & State 2018				
	County			State
	Number	Rate per 100,000	Quartile**	Rate per 100,000
Providers*†				
Total Licensed Psychologists	11	6.3	1	22.5
Total Licensed Mental Health Counselors	55	31.6	1	52.7
Total Licensed Marriage and Family Therapists	5	2.9	1	9.6
Total Licensed Clinical Social Workers	56	32.2	2	46.6

Source: Florida Department of Health, Division of Medical Quality Assurance, Florida Agency for Health Care Administration (AHCA), Florida Department of Health

*Data for Providers are for a fiscal year, not a calendar year.

†Number of licensed providers does not necessarily equal the number of practicing providers. These numbers may include providers who work in another county, only work part time, or are retired.

**County compared to other Florida counties. The lowest quartiles equal the lowest number. For resource availability the lowest number is generally considered the worst ranking.

Quartiles are calculated when data is available for at least 51 counties.

Transportation



Transportation

Commuting to Work Workers 16 years and over, Charlotte County and State 2013-2017		
	Charlotte	State
Car, truck or van – drove alone (%)	79.0%	79.5%
Car, truck, or van – carpoolled (%)	8.8%	9.2%
Public transportation, excluding taxicab (%)	0.2%	2.0%
Walked (%)	1.0%	1.5%
Other means (%)	3.2%	2.2%
Worked at home (%)	7.7%	5.6%
Mean travel time to work (minutes)	24.7	27.0

Source: US Census Bureau DP03 Selected Economic Characteristics

Cars per Household Charlotte County and State, 2013-2017		
	Charlotte County	State
Households with no vehicles available (%)	1.6%	1.9%
Households with 1 vehicle available (%)	45.1%	40.6%
Households with 2 vehicles available (%)	38.8%	38.2%
Households with 3 or more vehicles available (%)	11.5%	14.5%

Source: US Census Bureau DP04 Selected Housing Characteristics

Transportation

2018 Transportation Disadvantaged Data Trips by Type of Passenger		
	Charlotte County	Florida
Elderly	25,785	8,152,196
Children	9,786	3,135,654
Low Income	2,761	3,732,619
Disabled	5,450	2,925,455
Low Income/Disabled	1,183	1,893,305
Other	26,463	2,675,624

Source: Florida Commission for the Transportation Disadvantaged

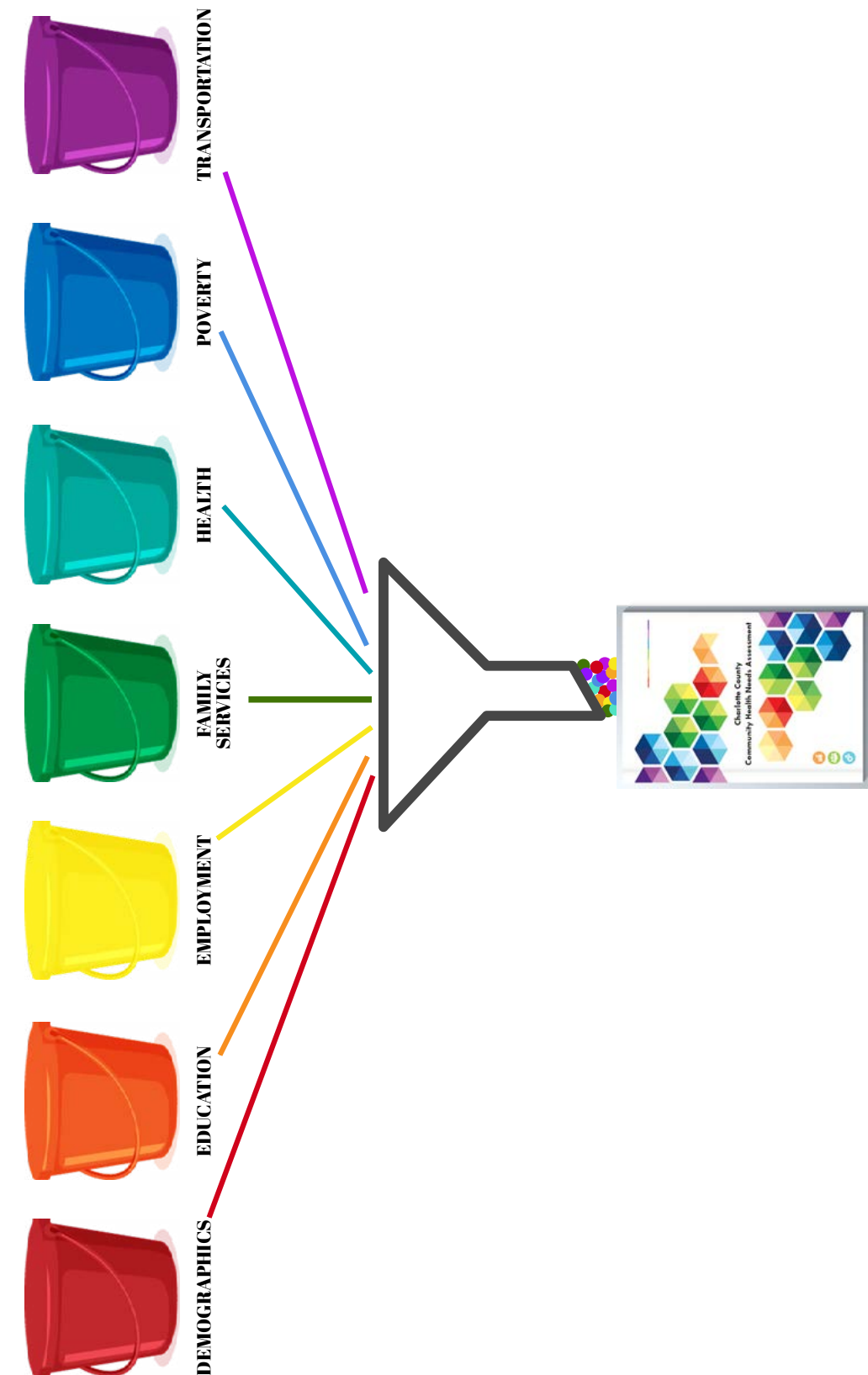
2018 Transportation Disadvantaged Data Trips by Purpose		
	Charlotte County	Florida
Medical	14,443	4,744,140
Employment	18,354	3,752,285
Education/Training	14,682	2,805,745
Nutritional	11,596	3,925,897
Life-Sustaining/Other	12,353	7,286,786








Source: Florida Commission for the Transportation Disadvantaged

2018 Transportation Disadvantaged Data Trips by Trip Type		
	Charlotte County	Florida
Daily Tickets	0	1,170,760
Weekly Pass	0	346,522
Monthly Passes	0	9,633,316
Deviated Fixed Route	0	701,241
Ambulatory	61,738	8,964,908
Non-Ambulatory	9,690	1,651,336
Stretcher	0	1,092
School Board	0	45,678

Source: Florida Commission for the Transportation Disadvantaged

Appendix C: Focus Group Visual Aid



	TRANSPORTATION	<ul style="list-style-type: none"> * Cars per household * Means of transportation to work * Commute time * Number of rides provided by public transportation (percentage of these that are transportation disadvantaged, number of unmet medical/unmet employment trips?)
	POVERTY	<ul style="list-style-type: none"> * Poverty rates * ALICE data * Median household income * Sources of household income (i.e. how many are living on Social Security or food stamps?) * Housing (median cost of housing, housing as a percentage of income, other pertinent data points from Together Charlotte 20/20 Housing Report) * Homelessness * Public School students who are Economically Needy (eligible for free or reduced-price lunches) * Affordable child care
	HEALTH	<ul style="list-style-type: none"> * Communicable Diseases * Immunization Rates * Leading Causes of Death * Chronic Diseases * Mental Health * Unintentional Injuries * Maternal and Infant Health * Access to care (insured/uninsured, Medicaid eligible, Medicare enrollment, etc.) * Oral Health * Health Behaviors
	FAMILY SERVICES	<ul style="list-style-type: none"> * Make up of families (how many have children, how many have one or more person over the age of 60, number of single parent families, etc.) * Family violence (child abuse, domestic violence, children in foster care, number of C.A.R.E. shelter clients, etc.) * Public Safety (e.g. juvenile offenses, overall arrests, criminal activity) * Drug and Alcohol Use (Youth and Adults) * Participation in extra curricular activities * Senior Services (households, poverty rate, disabilities, senior-focused medical facilities)
	EMPLOYMENT	<ul style="list-style-type: none"> * Unemployment rate / ratio of unemployed individuals to number of job openings * Percent of job seekers w/ education beyond a high school diploma * Leading workforce industries * Fastest growing occupations in our region
	EDUCATION	<ul style="list-style-type: none"> * Head Start / Early Head Start enrollment (including % of eligible served) * VPK enrollments * Kindergarten readiness * Students with disabilities * Student absences * Homeless students * High school drop out rates / Graduation rates * Post-secondary education * FAFSA completion (eligibility?)
	DEMOGRAPHICS	<ul style="list-style-type: none"> * Population Estimates * Race and Ethnicity * Educational Attainment * Socioeconomic Status * Veterans * Vulnerable Populations(e.g. under age 5, over age 65, persons with disability, persons with very low educational attainment, very low income persons living within 150% of poverty, limited English proficiency)

Appendix D: Focus Group Flyers

Join Our Focus Group!

Share your thoughts on the health of your community.

A focus group is being hosted in your community – join us for a discussion on health and healthcare in Charlotte County.

Date: Tuesday, September 24th

Time: 1:30 pm – 2:30 pm

Location: The Verandas

This focus group is part of a community-wide study of the healthcare resources and needs in Charlotte County, and we need **YOUR** valuable input. The final report will be used to plan services and make needed improvements in the community.

Participants get a
\$10
gift card

Space is limited. If you are interested, please contact Julia Cooper at the Health Planning Council of Southwest Florida at 239-433-6700 or JuliaCooper@hpcswf.com by September 20th.



Share Your Thoughts on the Health & Well-being of Charlotte County

Healthy Charlotte and the Health Planning Council of Southwest Florida are hosting a focus group discussion in your neighborhood on the health and well-being of Charlotte County. We need YOUR valuable input! This community-wide study will be used to plan services and make needed improvements in the community.

JOIN OUR FOCUS GROUP!

**MONDAY, OCTOBER 28TH,
11:00AM-12:00PM**

S.H.A.R.E Spot, 1700 Education Ave, Building B, Punta Gorda

IF INTERESTED, PLEASE CONTACT JULIA COOPER AT 239-433-6700 OR SURVEY@HPCSWF.COM

"Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous "



Share Your Thoughts on the Health & Well-being of Charlotte County

Healthy Charlotte and the Health Planning Council of Southwest Florida are hosting a focus group discussion in your neighborhood on the health and well-being of Charlotte County. We need YOUR valuable input! This community-wide study will be used to plan services and make needed improvements in the community.

JOIN OUR FOCUS GROUP!

**WEDNESDAY, NOVEMBER 6TH,
9:30AM-10:30AM**

Peace River Elementary School, 4070 Beaver Lane, Port Charlotte

Participants get a \$10 Gift Card

IF INTERESTED, PLEASE CONTACT JULIA COOPER AT 239-433-6700 OR SURVEY@HPCSWF.COM

"Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous "



Share Your Thoughts on the Health & Well-being of Charlotte County

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JOIN OUR FOCUS GROUP!

JOIN OUR FOCUS GROUP!

**THURSDAY NOVEMBER 7TH,
5:30PM-6:30PM**

**Participants get a \$10
Gift Card**

**THURSDAY, OCTOBER 25TH,
3:00PM-4:00PM**

**Participants get a \$10
Gift Card**

Boys and Girls Club
21450 Gibraltar Dr.
Suite 10, Port Charlotte

Sky YMCA, 701 Medical
Blvd, Englewood

IF INTERESTED, PLEASE
CONTACT JULIA COOPER AT
239-433-6700 OR
SURVEY@HPCSWF.COM

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"Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous "

"Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous "



Appendix E: Focus Group Tools

Charlotte County Health and Needs Assessment Focus Group Questionnaire

- What is your Zip Code? _____
- Are you a permanent, seasonal, or temporary resident of Charlotte County? _____
- Age (Please circle one): 18-34 35-59 60 and over
- What is your gender? Male Female Other
- What is your race?
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Mixed Other
- What is your ethnicity? Hispanic or Latino Not Hispanic or Latino
- What is your primary language? English Spanish Creole Other _____
- Do you have any children under 18 in your household? Yes No
- What type of insurance do you have? Private Insurance Medicare/Medicaid
 No Insurance Other _____
- Are you employed? Full Time Part Time Self-Employed Unemployed Retired
- Do you: Own a Home Rent a Home Live with Others Other: _____
- Income range: Please circle the appropriate income range for your household.
 A. Less than \$15,000 B. \$15,000 to \$45,000 C. \$45,001 to \$90,000
 D. \$90,001 to \$150,000 E. Over \$150,000
- How many people are in your household? _____
- Do you consider yourself housing burdened (meaning more than 30% of income is spent on housing costs): Yes No Not Sure
- Do you have a primary/family doctor? Yes No Not Sure
- Where do you go to get your healthcare?

Charlotte County Health and Needs Assessment

Focus Group Moderators Guide

Hello and welcome to our focus group. A focus group is a discussion among people who have something in common. Each of you is here today as a resident of Charlotte County and have unique perspectives on the health and wellbeing of your community. I'd like to thank you for agreeing to join our discussion today.

My name is _____ and assisting me in this discussion is _____. We are both from _____. On behalf of Healthy Charlotte, the ____ (your organization) is conducting a county-wide health and needs assessment. The goal of this assessment is to identify the things that make it easier or harder for people in Charlotte County to be as healthy and well as possible. We want to help the local policy makers and agencies focus on what is needed to improve the health and wellbeing of the community. Many things contribute to the health and wellbeing of a community. For this project, we have identified demographics, economics, education, transportation, the environment, health and healthcare, mental and behavioral health and the needs of special populations as some of the factors that impact health and wellbeing. You have a handout to help remind you of those topics and define some of the terms. You may also help to identify other factors for us to consider.

Your input is extremely important.

To help manage our discussion, I am going to briefly review some guidelines:

- I will be asking you all some questions over the next hour or so. I encourage each of you to share as much as you feel comfortable. All of your opinions are important to us and this project. Feel free to say whatever you like; there are not right or wrong answers to our questions.
- We ask you to respect what other people in the group say and for you avoid negative comments about other peoples' thoughts or opinions.
- We ask that only one person talk at a time, we do not want to miss anything that anyone says, so it is important we do not talk over one another or break into separate conversations. If you think you might forget your ideas, please write them down. Then you can share them at the next opportunity in our conversation.
- Most importantly, what you say in here today will remain between us. We will not be using your name when we report the results of this study. We also ask that you not share what we talk about today in the group with others outside the group. It is important that we trust each other and that you are comfortable sharing your thoughts.
- As you walked in we handed you a brief questionnaire. This will be used to help describe the discussion group. If you have not yet, please take a minute and complete these questions before we start. We will not be using this information to identify you in anyway.
- If you have a cell phone, please turn them off or put them on vibrate. If you must answer the phone, please do so outside and return as quickly as you can.
- You will be receiving your incentive for participating at the end of the session.

Are there any questions about what we're doing today? If there are no additional questions, we'll begin.

QUESTIONS

As a way of getting started and getting to know each other, I would like to go around the room one at a time. Please tell us your name and how long you have lived and/or worked in Charlotte County.

Now that we have heard from each of you, I would like to ask some questions for anyone to answer.

(Prompts are used only if people have no answers or after they give one answer but are pausing before giving more info. When possible ask follow-ups asking for more details.)

1. Considering your own experiences and those of your friends and family, what are your general thoughts on health and wellbeing in Charlotte County? **(Prompt: think about the different factors on the sheet in front of them)**
2. What are some things in Charlotte County that have helped you or your family improve or maintain their health and wellbeing? **(Prompt: programs, agencies)**
3. What agencies are in the area providing support to people in the community? Do you or people you know use them? **(Prompt: healthcare, social services, mental health agencies)**
4. What are some problems or barriers for you or your friends/ families in maintaining good health and wellbeing? **(Prompt: think about the different factors on the sheet in front of them)**
5. Are there groups of people who need additional services or assistance in improving their health and wellbeing? **(Prompt: Give examples, children, seniors, persons with disabilities, veterans etc.)**
6. *(Use flip chart to list answers)* The group that is working on this assessment has developed a vision where Charlotte County will be a vibrant, resilient community where all can be safe, active and prosperous. What do you think is needed in the community to help bring about this vision?
7. *(Go around the circle and ask for an answer from each person.)* Of the different things we named which do you think is most important? If you were put in charge of Charlotte County which would you address first? If each of you will tell us what you think is most important, we will put a check mark by it.
8. Do you have any additional comments you would like to share about health and wellbeing in Charlotte County?

Now, if there are no further comments, we would like to thank you all for your participation in this project, and please remember to keep anything personal that you may have heard today inside this room and among us.








We are now going to come around the room and distribute your incentive for participation. Again, thank you for participating in this discussion with us. We really appreciate your thoughts and comments. They will be helpful in guiding the feedback to community leaders.

Appendix F: Focus Group Results

Introduction

The Community Themes and Strengths assessment (CTSA) is one of the four Mobilizing for Action through Planning and Partnerships (MAPP) assessments conducted in this process. This assessment provides a deep understanding of the issues that residents feel are important. Feedback from residents can be gathered in several different ways. For this assessment, feedback was primarily gathered through focus groups and a community health and well-being survey. Between September and November 2019, seven focus groups were completed in Charlotte County. The information we gathered from the focus groups provided further insights into the health and well-being of Charlotte County residents.

Focus group locations were chosen to ensure the broadest coverage of the entire county and included diverse demographic and socioeconomic characteristic. Communities throughout Charlotte County were represented and included Punta Gorda, Port Charlotte, and Englewood. Focus group locations were

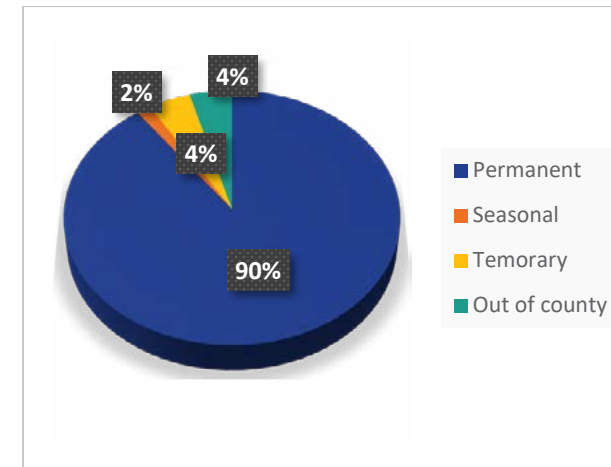
-  The Verandas, a low-income housing facility for seniors
-  Charlotte County Human Services, during a group of community leaders
-  Charlotte Behavioral Health, as a part of a mental health drop-in support group
-  Peace River Elementary School including faculty and staff
-  Boys & Girls Club of Port Charlotte, consisting of parents and volunteers
-  Sky YMCA in Englewood, a mixed group of attendees
-  Drug Free Charlotte County Kids Thrive! Collaborative, which works with pregnant women in medication assisted treatment to improve their health and wellness and that of their children

A total of 71 participants attended the focus groups. A demographics form was completed by participants at the start of each focus group. Participants were allowed to skip questions they wished to not provide an answer to. The responses to the demographic questions are shown below.

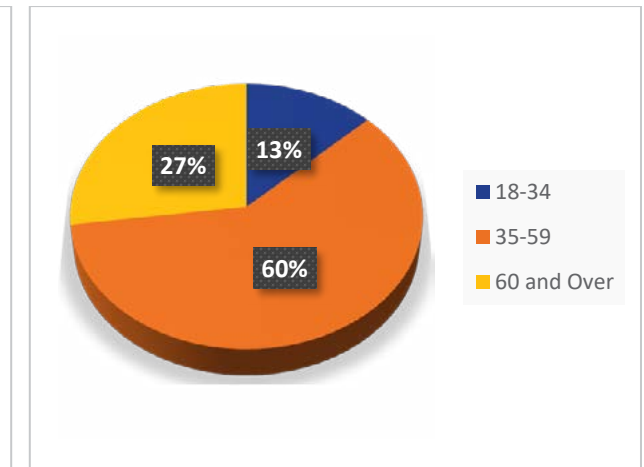
1.

Zip Code	
Zip Code	Number of focus group participants
33952	15
33980	12
33950	7
33983	6
34224	4
33947	3
33981	2
33982	2
33948	1
33953	1
33954	1
33955	1
33991	1
34220	1
34223	1
34266	1
34287	1
34288	1
34292	1

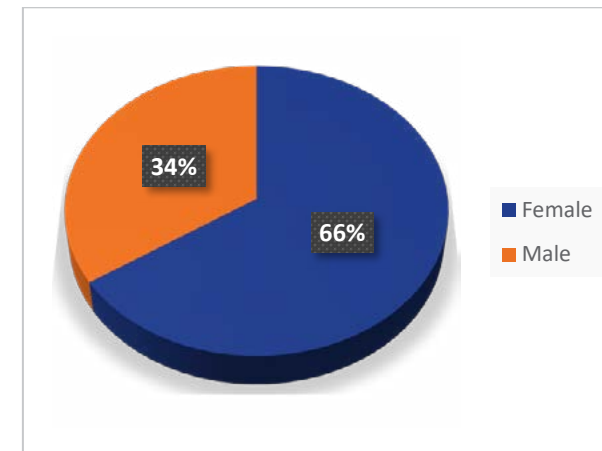
2. Are you a permanent, seasonal, or temporary resident of Charlotte County?



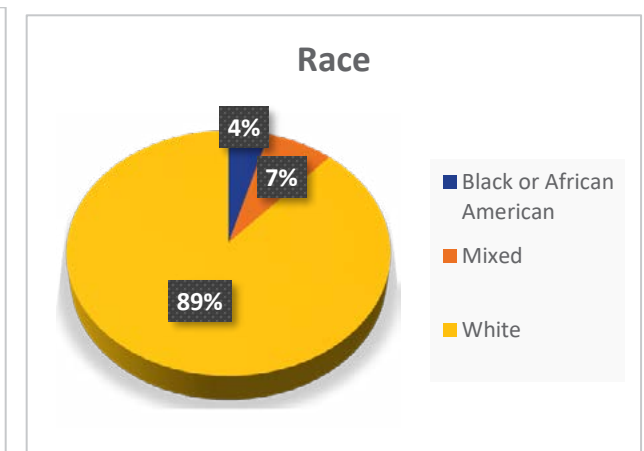
3. Age (please circle one)



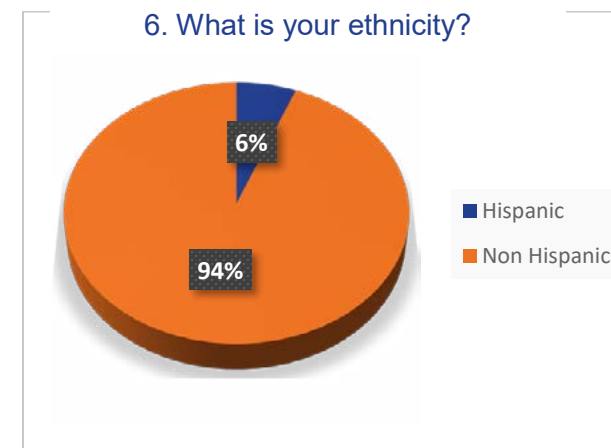
4. What is your gender?



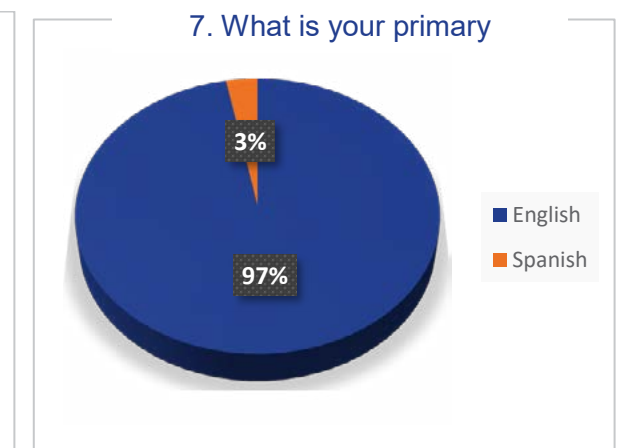
5. What is your race?



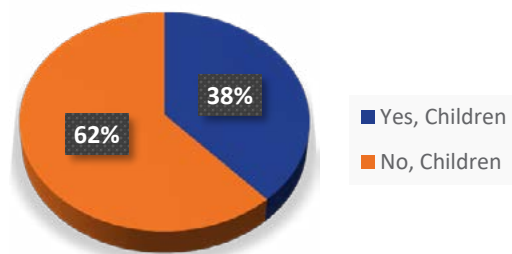
6. What is your ethnicity?



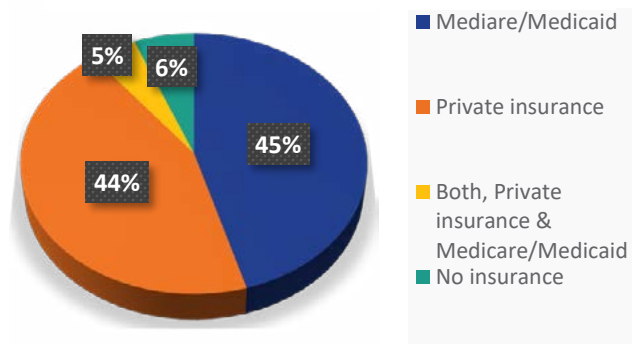
7. What is your primary language?



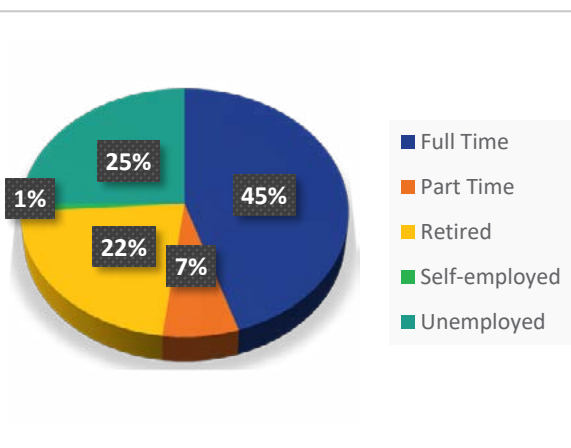
8. Do you have any children under 18 in your household?



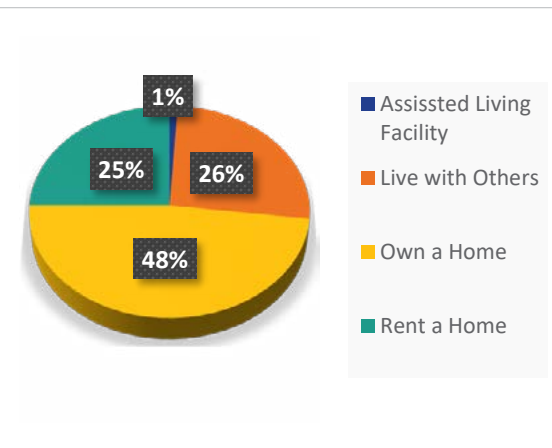
9. What type of insurance do you have?



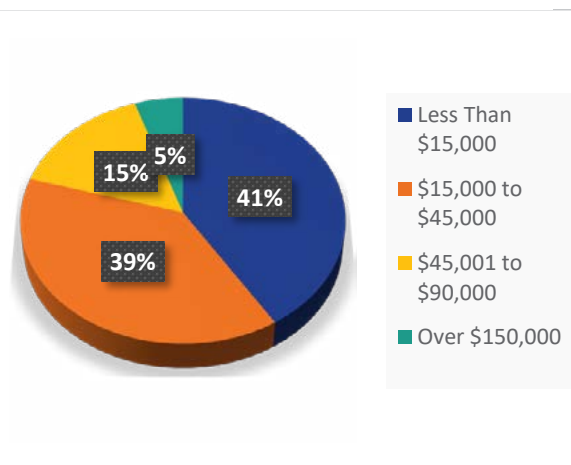
10. Are you employed?



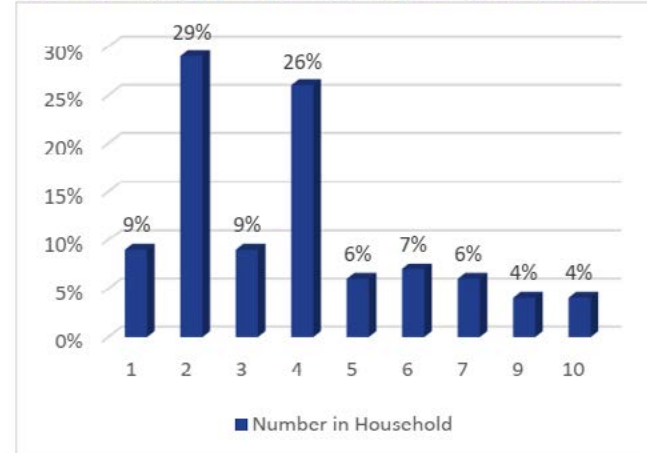
11. Do you:



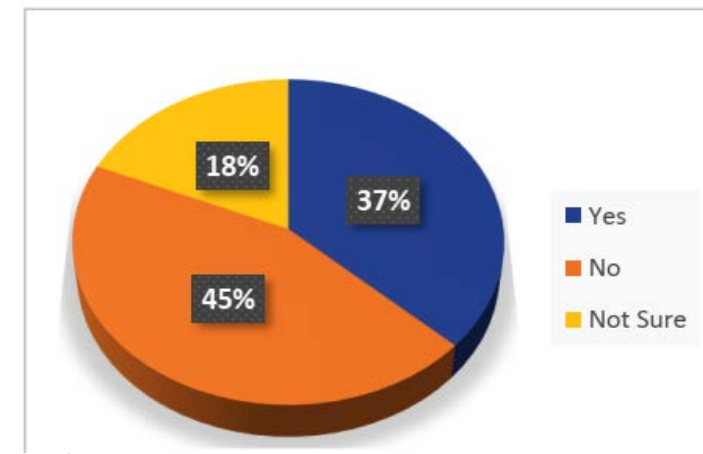
12. Income range: please circle the appropriate income range for your household.



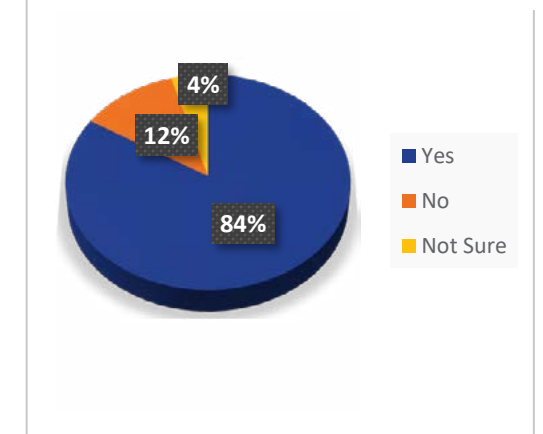
13. How many people are in your household?



14. Do you consider yourself housing burdened (meaning more than 30% of income is spent on housing costs):



15. Do you have a primary/family doctor?



Methodology

Focus group questions were designed by the Health Planning Council of Southwest Florida (HPC) and were reviewed by the Core Group which consisted of: The Department of Health in Charlotte County, United Way of Charlotte County, Charlotte Human Services, and Charlotte Behavioral Care. The questions included thoughts on health and well-being, improvements, awareness of agencies, barriers to maintaining good health and well-being, a discussion of the vision for the community determined by the Steering Committee, and potential changes for the community. A visual aid was created to help focus group participants think about other outside factors that could impact an individual's overall health and well-being.

Site champions were identified through the Core Group and community partners. Champions were asked to promote the focus group at their perspective location through word of mouth and flyers. The flyers contained a call for participation, location, time, date, contact information, the vision statement and a notification about the incentive. Each participant was offered a \$10 gift card.

Each focus groups session had a facilitator and a recorder. Prior to the start of each focus group, participants completed the demographic questionnaire and were given the visual aid. For consistency, a script was read aloud to each group describing the purpose of the focus group, ground rules and instructions on the process.



Focus Group

Each focus group started with an icebreaker. The facilitator asked each participant to state their name and how long they've lived and/or worked in Charlotte County. After that initial question, participants were encouraged to contribute whenever they chose to the conversation. Anything bolded was spoken about at multiple focus groups. The opinions of the participants are presented without validation.

Considering your own experiences and those of your friends and family, what are your general thoughts on health and well-being in Charlotte County?

Transportation in Charlotte County is a challenge. We have Dial a Ride, but you have to make a reservation way in advance.	Transportation is difficult.	Insurance and healthcare are expensive.
The wealthy don't have problems, poor people have problems.	Housing is a major issue; not a lot of resources for the homeless.	Renters are more housing burden.
Charlotte County is an elderly community.	Port Charlotte is majority elderly; doesn't service those under 50 and families	The wealthier you are the better you are.

Some people have to work more than 2 jobs just to make ends meet	Increase in drug use	Lack of affordable housing
Grandparents raising kids; lack of resources for those grandparents	Lack of mental health services	Number of children in foster care has increased in the last couple of years
Lack of access to healthcare	Language barrier	Homelessness
Childcare expenses	Charlotte Behavioral has been instrumental with those getting the care they need.	Charlotte County is more liberal when it comes to mental health compared to other counties.
Hard time getting dental care with Medicaid	Englewood Hospital is good	People with no insurance are subjected to unfair hospital costs
Problems with doctors not having hospital privileges, including pediatric doctors	Charlotte County needs better mental health services	Need job training
Support for single parents	Need more help for Hepatitis C treatment	

What are some things in Charlotte County that have helped you or your family improve or maintain their health and well-being?

The Homeless Coalition and St. Vincent de Paul provide great services to the homeless population.	Food banks , like Harry Chapin	The Boys and Girls club has programs that single parents can afford
Ebenezer food pantry; people can get fresh fruit, vegetables, and meat	Too busy working to figure out what other resources are in Charlotte County	Residents can feel safe in Charlotte County
Different charitable organizations and community partners	Health fairs for seniors in downtown Punta Gorda	Health department comes to the schools to do health screenings for the kids
People are aware of the services, but don't take advantage of them.	Clothes closet at the schools	Mass communications, like texts
Charlotte Behavioral	Englewood Hospital offers evening mammograms. This is great for working adults.	Wellness checks
The YMCA has great health programming. Also, able to build a community.	Circle of Parents, no judgement	Medicaid for pregnant women
Kids Thrive	Methadone Clinic PAR	Healthy Start
WIC	Growing Strong Families	

What agencies are in the area providing support to people in the community? Do you or people you know use them?

Virginia B. Andes	Charlotte Behavioral offers great services.	Homeless Coalition
Charlotte transit/Dial a Ride	Food banks	Stigma has kept people from using services
Churches, help with utilities and rent	Within the public schools system, school counselors and social workers work with Charlotte Behavioral to increase access to mental health services to students	Need an agency to provide translation services
When programming is offered residents don't take advantage of them.	Culture center	United Way
2-1-1; not enough awareness and it is not marketed	The library	Elder Affairs
Kids Thrive	Circle of Parents	WIC
Methadone Clinic PAR	Medicaid	Healthy Start
Habitat for Humanity	Twigg for children's clothing	

What are some problems or barriers for you or your friends/families in maintaining good health and well-being?

Housing is an issue in this area.	Mental Health	Have difficulty finding a doctor in Punta Gorda.
Transportation not accessible	Have to go outside the county receive basic care.	Community members aren't aware of a lot of resources available due to agencies not advertising them.
Water quality is bad	Physicians not taking Medicaid. They also treat those with Medicaid differently than those with other insurances.	Red Tide
Tend to go to an emergency room, because	The cost of healthcare is expensive, especially if you don't have insurance	"Do we care for people or for their insurance?"

primary/preventative care is too expensive		
Substance use	Lots of hospitals and care here, but can't afford to go	Dental care without insurance is very expensive
There are long waitlists to get into subsidized housing.	No sidewalks	Must have a car to get around Charlotte County.
Housing is too expensive.	"It is depressing around here because there is nothing for us due to no jobs, activities and nothing for kids."	Kids are experiencing racism in the classroom
It seems that a majority of health services are centered in Port Charlotte.	Language barrier	County website is not user friendly
No internet access at home	Immigration status; afraid to use resources	Employment
No good hospitals	"Will move once it's time to receive elderly care. Care is not good here"	Snowbirds clog up care centers.
Stigma and confidentiality when it comes to mental health	Having difficulty getting to services	Finding a good pharmacy
Culturally competent doctors	Charlotte County can become more bicycle friendly	More buses with bike racks
Not a lot of streetlights	Money	Lots of hoops to jump through to receive services. Also, very little follow-up from agencies
Not knowing about 211 and other resources	"Services are located in populous areas, but not where the need is (west side of the county)"	Releasing of the water from Lake Okeechobee
Money first, infrastructure second	No programs or activities for adult autistic population	Large drug abuse issue
"How hard it is and delay getting into mental health services; don't want to wait weeks for an issue I am having today"	Long wait time to see an Endocrinologist	Location of Medicaid doctors.

Are there groups of people who need additional services or assistance in improving their health and well-being?

Those with mental health issues	Grandparents that are raising kids	Homeless population is underserved
Need more family friendly activities	Seniors	Veterans
School-aged children	Everyone	Elderly
Working adults	Teachers	Special needs students
Single parents	The youth	Those with disabilities
Young moms	Low-income families	Those with low paying jobs

The group that is working on this assessment has developed a vision where Charlotte County will be a vibrant, resilient community where all can be safe, active, and prosperous. What do you think is needed in the community to help bring about this vision?

Jobs that will pay a living wage/good paying jobs	Family friendly activities/community	Better transportation
Increase in affordable housing	Continuing education opportunities	Change in societal and cultural views
Residents would like to see cross county transit system to link Charlotte County to Lee and Sarasota Counties.	Different types of jobs, less seasonal jobs	Residents in Punta Gorda feel safe due to its small-town feel.
More sidewalks	Focus on the youth	Access to satellite DOH offices
Parks	Fixed bus route	Low cost activities
Increase in behavioral health services	Increase awareness of services and 211. Information sharing	Better mental health services for people without insurance
Medical, dental, and vision help when you don't have insurance		






If you were put in charge of Charlotte County for a day what would you address first?

Transportation	Increase in affordable housing	Add more family friendly activities
Raise minimum wage	Low cost entertainment	Increase awareness of resources and information sharing
Start using empty buildings instead of building new ones	Earlier interventions; receive help before hitting rock bottom	Better grocery stores

Reduce/open up the eligibility requirements	Make programs and resources more accessible	Mental health with a focus on youth
Drugs	Increase in family medical services	Support for grandparents raising grandkids
Recognize that Charlotte County is a low-income community	Job skills/training opportunity	Increase entertainment for the elderly, to increase socialization
Offer more services throughout the community, not in one central location	211, not a lot of people have heard of it	Focus on the kids, build up the younger generation
Improve water quality	Increase in mental health services.	Increase access for health dental and vision for those who can't qualify for Medicaid

With this question, participants were asked to raise their hands for what they thought was the most important. The top five topics that were mentioned the most often are listed below in order of frequency:

Top Five Topics

-  **Better transportation**
-  **More low cost activities/entertainment**
-  **Increase awareness of resources/programs**
-  **More affordable housing**
-  **Good paying jobs**

Conclusion

Focus groups are a valuable approach for establishing and reinforcing communication and various linkages within a community. With a heightened focus on becoming a more family friendly community, continuing to excel in our strengths, we will also focus on our areas in need of improvement.

Appendix G: Community Health Survey

Charlotte County Health and Well-being Survey

Thank you for taking the time to complete this survey. By completing this survey, you are participating in a county-wide study that will be used to plan services and make needed improvements to the community.

After you have completed this survey, you can choose to be entered into a drawing for a \$100 Visa Gift Card. The drawing will take place December 6, 2019.

"Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous"

IF INTERESTED, PLEASE
CONTACT JULIA COOPER AT
239-433-6700 OR
SURVEY@HPCSWF.COM



Charlotte County Health and Well-being Survey

1. Which of the following do you feel are the five most important **health and wellness concerns** in Charlotte County? (select up to five)

- | | |
|--|---|
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Elder Abuse/Neglect |
| <input type="checkbox"/> Chronic Disease (Asthma, Cancer, Diabetes, Heart Disease) | <input type="checkbox"/> Mental Health Problems |
| <input type="checkbox"/> Loneliness/Isolation | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Crime | <input type="checkbox"/> Rape/Sexual Assault |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Aging Problems |
| <input type="checkbox"/> Cost of Housing | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Drug/Alcohol | <input type="checkbox"/> Quality Nutrition |
| <input type="checkbox"/> People not Getting Vaccinations/Immunizations | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Sedentary Lifestyle (Not Enough Exercise) | <input type="checkbox"/> Access to Specialty Care |
| <input type="checkbox"/> Smoking/Vaping, Tobacco Use | <input type="checkbox"/> Lack of Food |
| <input type="checkbox"/> Firearm-Related Injuries | <input type="checkbox"/> Cultural Concerns |
| <input type="checkbox"/> Gun Violence | <input type="checkbox"/> Access to Primary Care |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Teenage Pregnancy |
| | <input type="checkbox"/> Dementia/Alzheimer |
| <input type="checkbox"/> Other _____ | |

2. Are any of these environmental factors affecting your health?

- | | |
|---|--|
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Lack of Parks/Recreational Facilities |
| <input type="checkbox"/> Lack of Grocery Stores | <input type="checkbox"/> Lack of Bike Paths |
| <input type="checkbox"/> Lack of Access to Healthy Food Options | <input type="checkbox"/> Air Quality |
| <input type="checkbox"/> Lack of Sidewalks | <input type="checkbox"/> Water Pollution |
| <input type="checkbox"/> Lack of Streetlights | <input type="checkbox"/> Road Conditions |
| <input type="checkbox"/> Mold or Mildew | <input type="checkbox"/> None |
| <input type="checkbox"/> Lack of Clean Drinking Water | |
| <input type="checkbox"/> Other _____ | |

3. What does Charlotte County need to allow you, your family, friends, and neighbors to have a healthier lifestyle? (Select up to five)

- | | |
|--|---|
| <input type="checkbox"/> Healthier Menu Choices at Restaurants | <input type="checkbox"/> Adequate After-School Programs |
| <input type="checkbox"/> Free or Low Cost Sports Equipment | <input type="checkbox"/> A Diversity-Tolerant Population |
| <input type="checkbox"/> Access to Trails and Parks | <input type="checkbox"/> Affordable Housing |
| <input type="checkbox"/> Counseling & Support | <input type="checkbox"/> High Quality Jobs |
| <input type="checkbox"/> Well-Maintained Sidewalks | <input type="checkbox"/> Arts and Cultural Events |
| <input type="checkbox"/> Health Education/Wellness Programs | <input type="checkbox"/> Clean Environment |
| <input type="checkbox"/> Affordable Sports and Recreation Activities | <input type="checkbox"/> Transportation Options |
| <input type="checkbox"/> Farmers or Grocers Markets | <input type="checkbox"/> Low Crime/Safe Neighborhoods |
| <input type="checkbox"/> Community Gardens | <input type="checkbox"/> Religious and Spiritual Values |
| <input type="checkbox"/> Smoke-Free Environment | <input type="checkbox"/> Churches |
| <input type="checkbox"/> Mental Health Support Programs | <input type="checkbox"/> Quality Education (Good Schools) |

Please mail or fax completed surveys to: Health Planning Council of Southwest Florida, Inc.
ATTN: Julia Cooper
8961 Daniels Center Drive, Suite 401 || Fort Myers, Florida 33912
Email: Survey@hpcswf.com | Fax: (239) 433-6705

Charlotte County Health and Well-being Survey

Other (please explain): _____

4. Where do you go to get healthcare?

- | | |
|---|--|
| <input type="checkbox"/> Family Doctor | <input type="checkbox"/> Hospital/Emergency Room |
| <input type="checkbox"/> Clinic (Family Health Centers of SW Florida) | <input type="checkbox"/> Veteran's Administration (VA) |
| <input type="checkbox"/> Free Clinic (Virginia B. Andes/Englewood) | <input type="checkbox"/> Out of County |
| <input type="checkbox"/> Walk-In Clinic | <input type="checkbox"/> Health Department |
| | <input type="checkbox"/> I Don't Know |

Other _____

5. Are there services that individuals in Charlotte County have difficulty accessing?

- No
 Yes

If **yes**, which of the following services are difficult to access in Charlotte County? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Legal Counsel |
| <input type="checkbox"/> Emergency Care | <input type="checkbox"/> Food Pantries/Meals |
| <input type="checkbox"/> Dental Care (for Adults) | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Dental Care (for Children) | <input type="checkbox"/> Utilities Assistance |
| <input type="checkbox"/> Hospital Care | <input type="checkbox"/> Rental/Housing Assistance |
| <input type="checkbox"/> Pediatric Care | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Specialty Care (Specify Under Other) | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Pharmacy/Medication | <input type="checkbox"/> Pre-Natal or Maternity Care |
| <input type="checkbox"/> Mental & Behavioral Health Care | <input type="checkbox"/> Substance Abuse Treatment |

Other _____

6. What do you think is the main reason that keeps people in Charlotte County from seeking medical treatment? (Select up to three)

- | | |
|--|--|
| <input type="checkbox"/> Cultural/Religious Beliefs | <input type="checkbox"/> No Appointments Available at Doctor When Needed |
| <input type="checkbox"/> Fear (Not Ready to Face Health Problem) | <input type="checkbox"/> Have to Wait Too Long at Doctor's Visit |
| <input type="checkbox"/> Fear (Immigration or Legal Status) | <input type="checkbox"/> Lack of Transportation |
| <input type="checkbox"/> Focused on Other Issues | <input type="checkbox"/> Lack of Quality Services |
| <input type="checkbox"/> Health Services Are Too Far Away | <input type="checkbox"/> Too Busy/Can't Get Off Work |
| <input type="checkbox"/> Lack of Insurance/Unable to Pay | <input type="checkbox"/> Lack of Providers Who Accept your Insurance |
| <input type="checkbox"/> Lack of Knowledge/Understanding of Need | <input type="checkbox"/> None/No Barriers |

Other _____

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Charlotte County Health and Well-being Survey

Quality of Life Questions	(1 to 5, with 5 being most positive)				
7. Are you satisfied with the quality of life in our community?	1 No	2	3 Somewhat	4	5 Yes
8. Is this a healthy community?	1 No	2	3 Somewhat	4	5 Yes
9. Are you satisfied with the health care system in the community?	1 No	2	3 Somewhat	4	5 Yes
10. Is this community a good place to raise children?	1 No	2	3 Somewhat	4	5 Yes
11. Is this community a good place to build a career?	1 No	2	3 Somewhat	4	5 Yes
12. Is this community a good place to grow old?	1 No	2	3 Somewhat	4	5 Yes
13. Do you feel economically secure and have enough money for your future?	1 No	2	3 Somewhat	4	5 Yes
14. Do you have reliable transportation for work and health needs?	1 No	2	3 Somewhat	4	5 Yes
15. In the past year, were there times when you were unable to pay your rent/mortgage or utilities?	1 No	2	3 Somewhat	4	5 Yes
16. In the past year, did you experience stress due to a lack of money?	1 No	2	3 Somewhat	4	5 Yes
17. In the past 12 months, have you had trouble completing your day-to-day activities because you felt sad, anxious or depressed?	1 No	2	3 Somewhat	4	5 Yes
18. If you or someone in your household is experiencing anxiety, depression or other emotional issues, would you know where to get services or treatment?	1 No	2	3 Somewhat	4	5 Yes
19. If you had to seek mental health treatment, would you feel comfortable if others knew about it?	1 No	2	3 Somewhat	4	5 Yes
20. Does anyone in your household have an alcohol or drug use problem?	1 No	2	3 Somewhat	4	5 Yes
21. Did you have traumatic childhood experiences that affect your health and well-being as an adult?	1 No	2	3 Somewhat	4	5 Yes
22. Are you familiar with Charlotte 211, a 24-hour toll free health and human services information and referral hotline?	1 No	2	3 Somewhat	4	5 Yes

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Charlotte County Health and Well-being Survey

23. Have you ever called 211 or visited the 211 website?	1 No	2	3 Somewhat	4	5 Yes
--	---------	---	---------------	---	----------

24. Please share any comments you have to improve the health and well-being of Charlotte County residents.

25. What is your Zip Code? _____

26. Are you a permanent, seasonal, or temporary resident of Charlotte County?

- Permanent Seasonal Temporary

27. Age:

- 18-34 35-59 60 and over

28. Gender:

- Male Female Other

29. Race:

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Mixed
 Other

30. Ethnicity:

- Hispanic or Latino Not Hispanic or Latino

31. What is your primary language?

- English Spanish Creole Other _____

32. What type of insurance do you have?

- Private insurance Medicare/Medicaid
 No Insurance Other _____

33. Do you have children under 18 in your household?

- Yes No

34. Are you employed?

- Full Time Part Time Self-Employed Unemployed Retired

35. Do you:

- Own a Home Rent a Home Live with Others Other: _____

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 Email: Survey@hpcswf.com | Fax: (239) 433-6705

Charlotte County Health and Well-being Survey

36. Income range: Please select the appropriate income range for your household.

- Less than \$15,000 \$15,000 to \$45,000 \$45,001 to \$90,000
 \$90,000 to \$150,000 Over \$150,000

37. How many people are in your household? _____

38. Do you consider yourself housing burdened (meaning more than 30% of income is spent on housing costs)?

- Yes No Not Sure

39. Marital Status:

- Single Married Divorced Widowed

40. What is your highest level of education?

- Some High School or Less High School Diploma/GED Some College
 Associate's Degree Bachelor's Degree Advanced Degree (Masters or Doctorate)

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Charlotte County Health and Well-being Survey

Thank you for your input!

If you are interested in entering to win a \$100 Visa Gift Card, please enter your information below. The drawing will take place on December 6, 2019.

Name: _____

Phone Number: _____

Email: _____

Please mail or fax completed surveys to: Health Planning Council of Southwest Florida, Inc.
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8961 Daniels Center Drive, Suite 401 || Fort Myers, Florida 33912
Email: Survey@hpcswf.com | Fax: (239) 433-6705

Appendix H: Survey Graphics

Postcards



Vision: Charlotte County will be a vibrant, resilient community where all can be safe, active and prosperous.

\$100 Visa Gift Card Enter to Win

#1700 #Goals #ForOurCommunity #02202020
LET YOUR VOICE BE HEARD

This county-wide study will be used to plan services and make needed improvements in the community.

Complete the survey at the link or use the QR Code.
 Enter to win a \$100 Visa Gift Card.

<https://www.surveymonkey.com/r/CharlotteCountyCHNASurvey>

For questions please contact Rebecca Francois (941) 624-7200 ext. 7326

Drawing held 12.6.2019




Visión: El condado de Charlotte será una comunidad dinámica y fuerte, donde cada persona puede estar segura, activa, y puede prosperar.

\$100 Visa Gift Card Participa para ganar

#1700 #Goals #ForOurCommunity #02202020
¡HAS QUE TU VOZ SE ESCUCHE!

Esta encuesta por todo el condado será utilizado para planificar y mejorar los servicios en la comunidad.

Completa la encuesta con el enlace
<https://www.surveymonkey.com/r/CharlotteCountyCHNASurvey>
 o utiliza el código de QR. Participa para ganar una tarjeta de regalo Visa \$100.

Para preguntas contacta: Rebecca Francois (941) 624-7200 x 7326

La rifa: 12.6.2019



Facebook Graphics



Vision: Charlotte County will be a vibrant, resilient community where all can be safe, active and prosperous.

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LET YOUR VOICE BE HEARD
 Community-wide study used to plan services and make needed improvements in the community.

Drawing held 12.6.2019




Visión: El condado de Charlotte será una comunidad dinámica y fuerte, donde cada persona puede estar segura, activa, y puede prosperar.

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La rifa: 12.6.2019

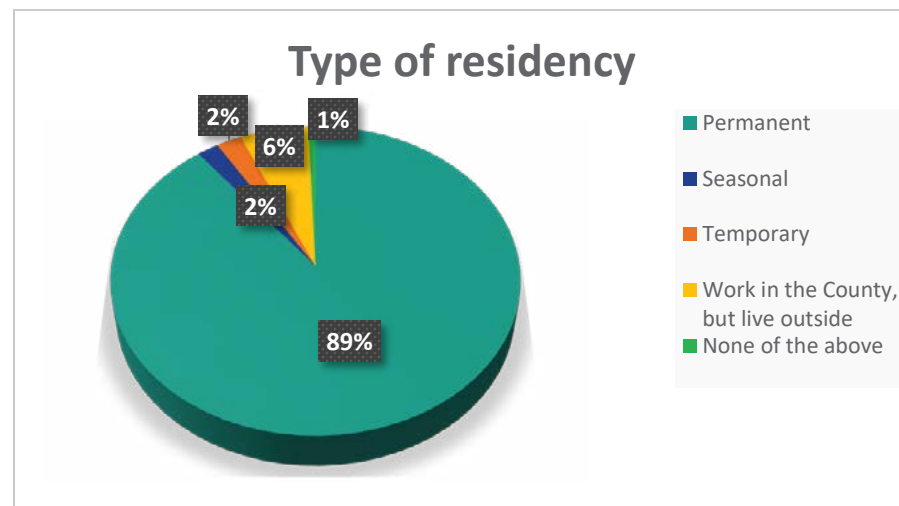


Appendix I: Community Health Survey Results

Charlotte County Community Health and Well-being Survey

The Health Planning Council of Southwest Florida, with feedback from the Core Group (Florida Department of Health in Charlotte County, United Way of Charlotte County, Charlotte County Human Services, and Charlotte Behavioral Health Care), developed a survey to assess Charlotte County residents' perceptions of health and well-being in the county. The survey was available online and on paper, in both English and Spanish. Links to the online version of the survey were distributed through social media, email, promotional materials, community events, and paper surveys. 1,367 surveys were completed on paper and online over a 1-month period in the fall of 2019.

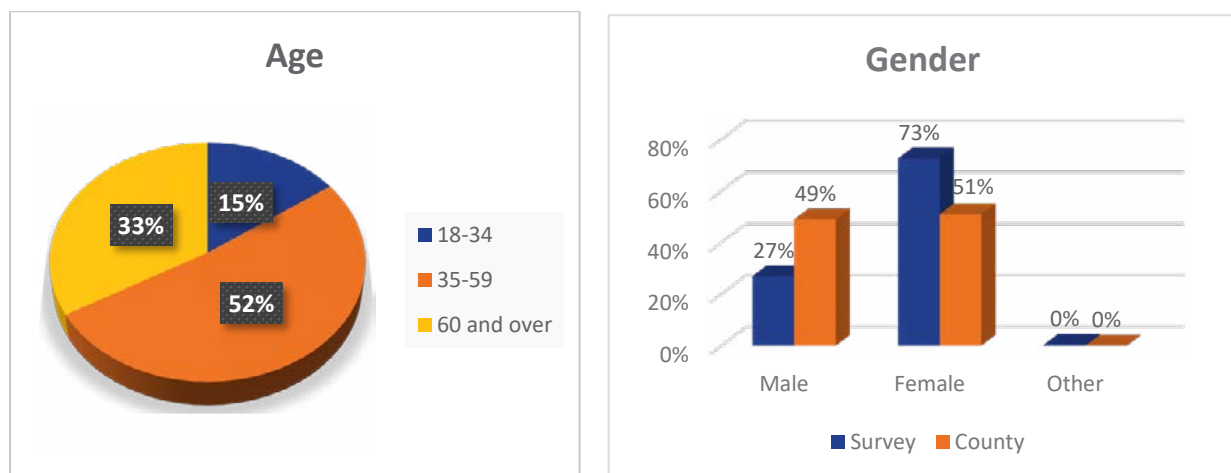
Of the survey takers, 89% said they were permanent residents of Charlotte County followed by 6% who work in the county but live outside of the county; other responses included temporary and seasonal residency. Respondents were asked to write their zip code. 89% of survey takers resided in Charlotte County compared to the 11% who took the survey but primarily resided outside the county. The top three zip codes with the most survey respondents were 33952, 33948, and 33950.



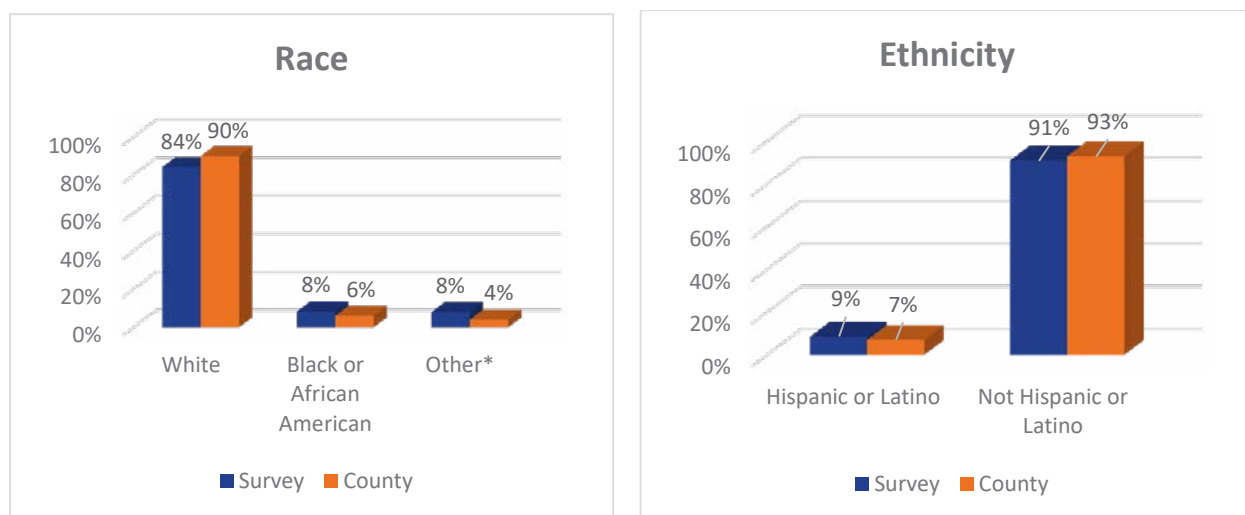
Zip Code	
Zip Code	Number of survey takers
33952	264
33948	165
33950	158
33983	105
33954	80
33980	80
33982	46
34224	41
33981	41
33955	35
33953	23
33947	22
34223	11
33946	1
33949	1
33951	1
33984	1
33988	1
Other*	129

*Other zip codes that are outside of Charlotte County: 22983, 33252, 33291, 33452, 33482, 33498, 33592, 33615, 33711, 33780, 33848, 33876, 33880, 33905, 33913, 33916, 33917, 33919, 33936, 33957, 33960, 33967, 33971, 33972, 33990, 33991, 33993, 34231, 34232, 34235, 34239, 34266, 34269, 34275, 34285, 34286, 34287, 34288, 34289, 34291, 34293, 34950, 38980, 53950, 69420

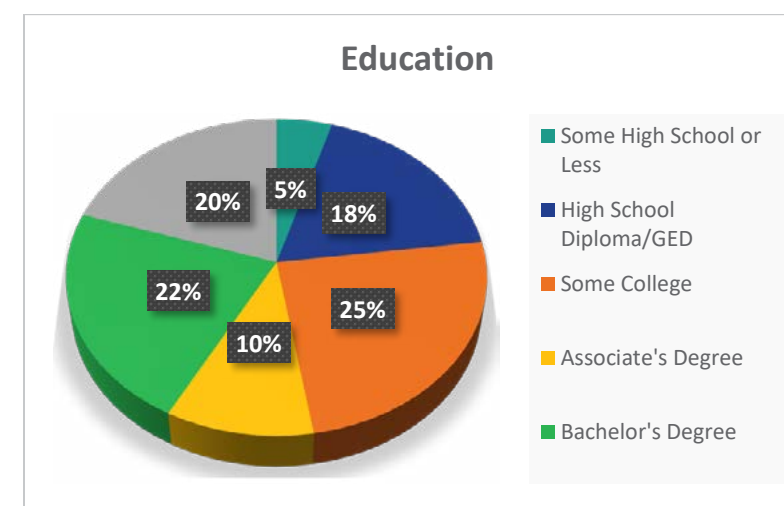
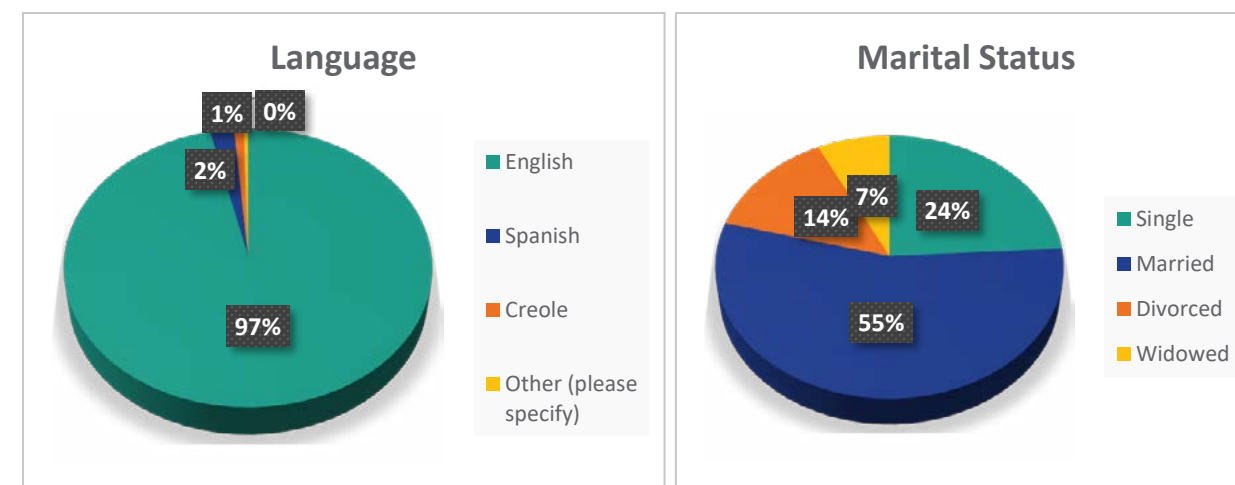
Respondents were asked their age. Over half of the respondents (52%) stated they were between 35-59 years of age, followed by 33% of those 60 and over and 15% of those 18-34 years of age. There were more females (73%) who responded to the survey than males (27%). This is typical of health-related surveys.



Race was evenly distributed, with 84% of survey respondents being white (90% in the overall population in Charlotte County), 8% of respondents were black or African American (6% in the overall population), and 8% were considered other (4% in the overall population). In order to compare the survey respondents to county data, several racial groups were grouped into the "other" category, which included Asian, native Hawaiian or other Pacific islander, American Indian Alaska native, mixed, and other. The surveys were completed by a higher proportion of Non-Hispanic residents (91% of the survey respondents identified as Non-Hispanic which can be compared to 93% in the overall population in Charlotte County).



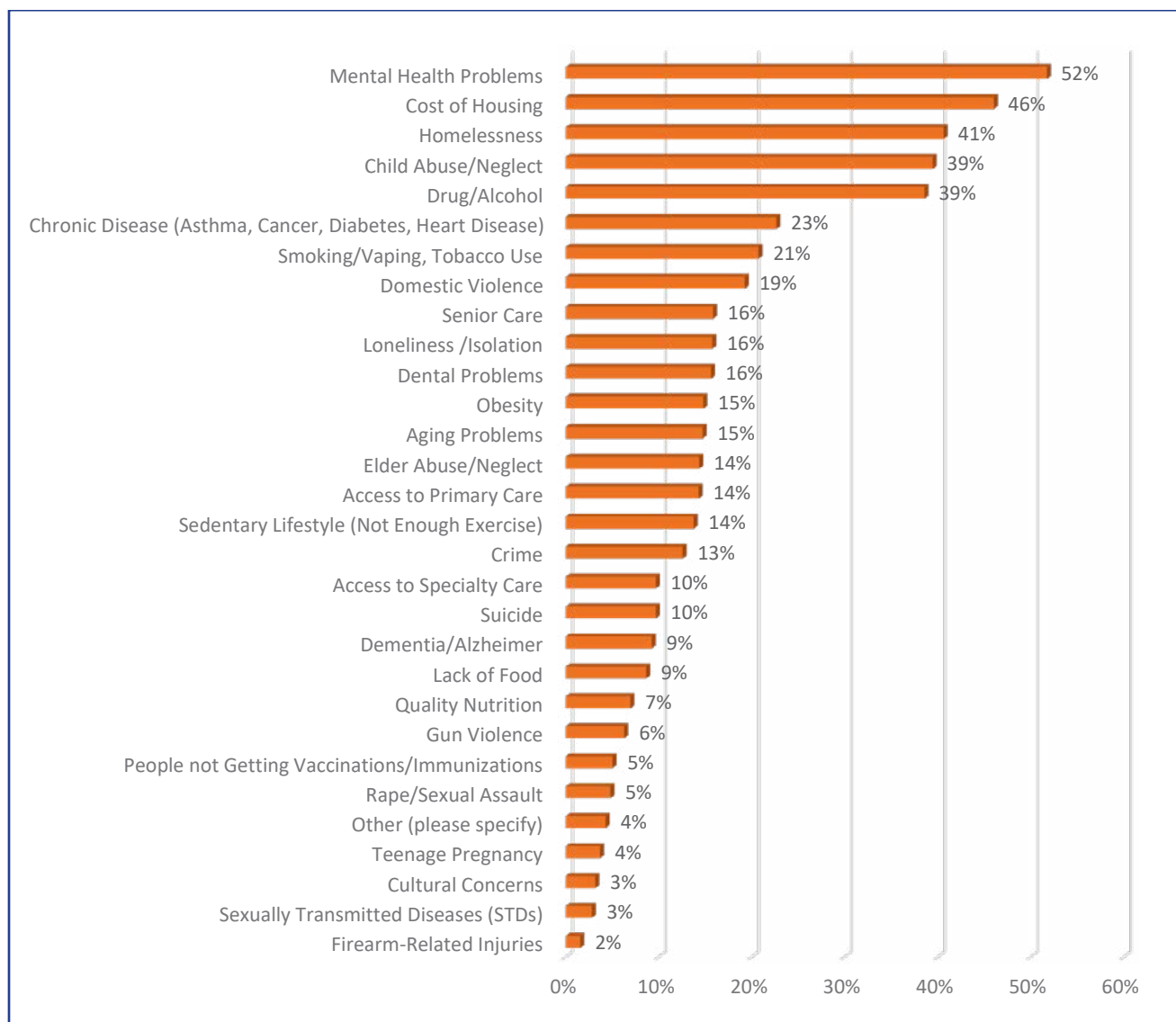
Of those who responded to the survey, the majority (97%) reported English as their primary language, followed by 2% for Spanish, 1% for Creole, and less than 1% speaking other languages as their primary language such as: Italian, Portuguese, German, and Vietnamese). 55% of respondents reported being married, 24% were single, 14% were divorced, and 7% were widowed. Of those who took the survey, 25% said they had some college followed by 22% of respondents who had a bachelor's degree, 20% who had an advanced degree, 18% had an high school diploma/GED, and 5% had some high school or less.



The findings of the surveys were compiled by the Health Planning Council of Southwest Florida, Inc., and are listed below. Please note that "other" was listed as an option on most survey questions. Respondents filled in individual responses to specify what they meant by "other." The views expressed in these responses are those of the comment writers alone. They do not represent the views or opinions of the Health Planning Council of Southwest Florida, nor do they represent the views or opinions of the Core Group agencies. Respondents were allowed to select multiple answers for the majority of the questions asked.

Respondents were asked to select what they felt were the five most important health and wellness concerns for residents of Charlotte County. “Mental Health Problems” topped the list with 52%. Second highest was “Cost of Housing” at 46% followed by “Homelessness” at 41% and “Child Abuse/Neglect” and “Drug/Alcohol” at 39% each.

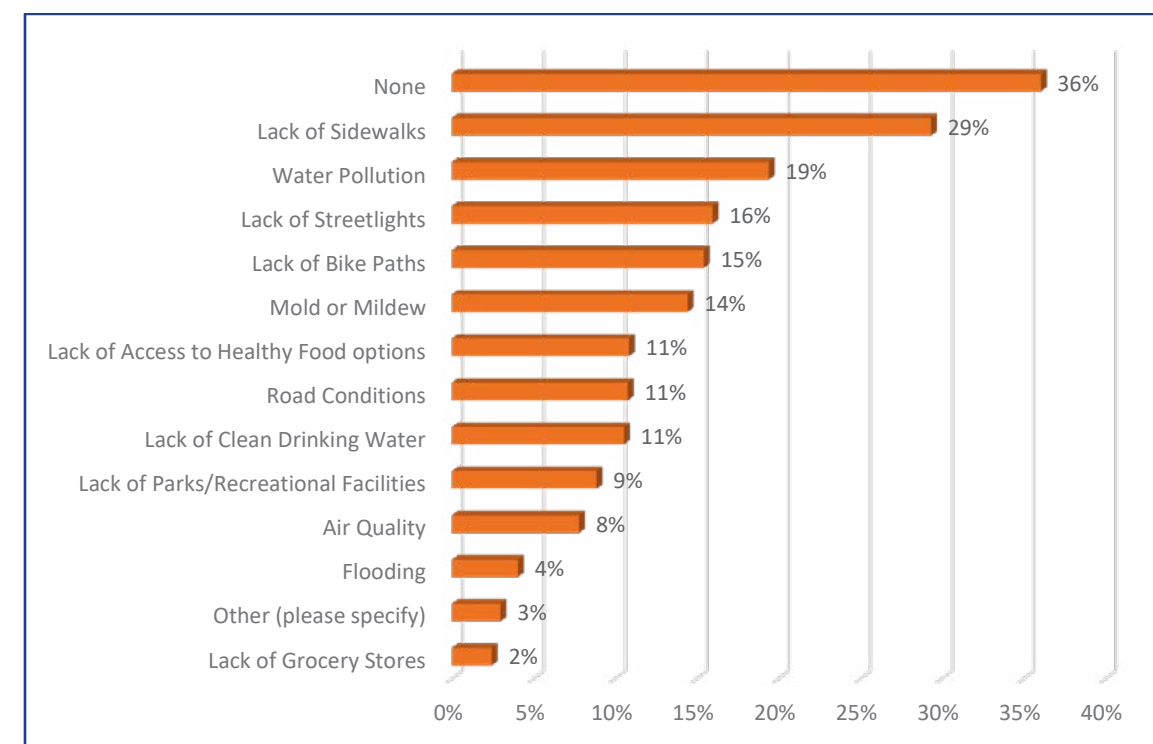
1. Which of the following do you feel are the five most important health and wellness concerns in the area (select up to five)?



**Other: Transportation, environmental issues, need for healthcare and dental, income inequality, employment, lack of child care, lack of disability services, registered sex offenders, lack of youth activities, need more safe recreational areas, affordable medical marijuana, sober living facilities, having more services located throughout the county*

Respondents were asked if there were any environmental factors that affected their health. Thirty-six percent of respondents stated that there were no environmental factors affecting their health. For those that listed an environmental factor, the top three were “Lack of Sidewalks,” “Water Pollution,” and “Lack of Streetlights.”

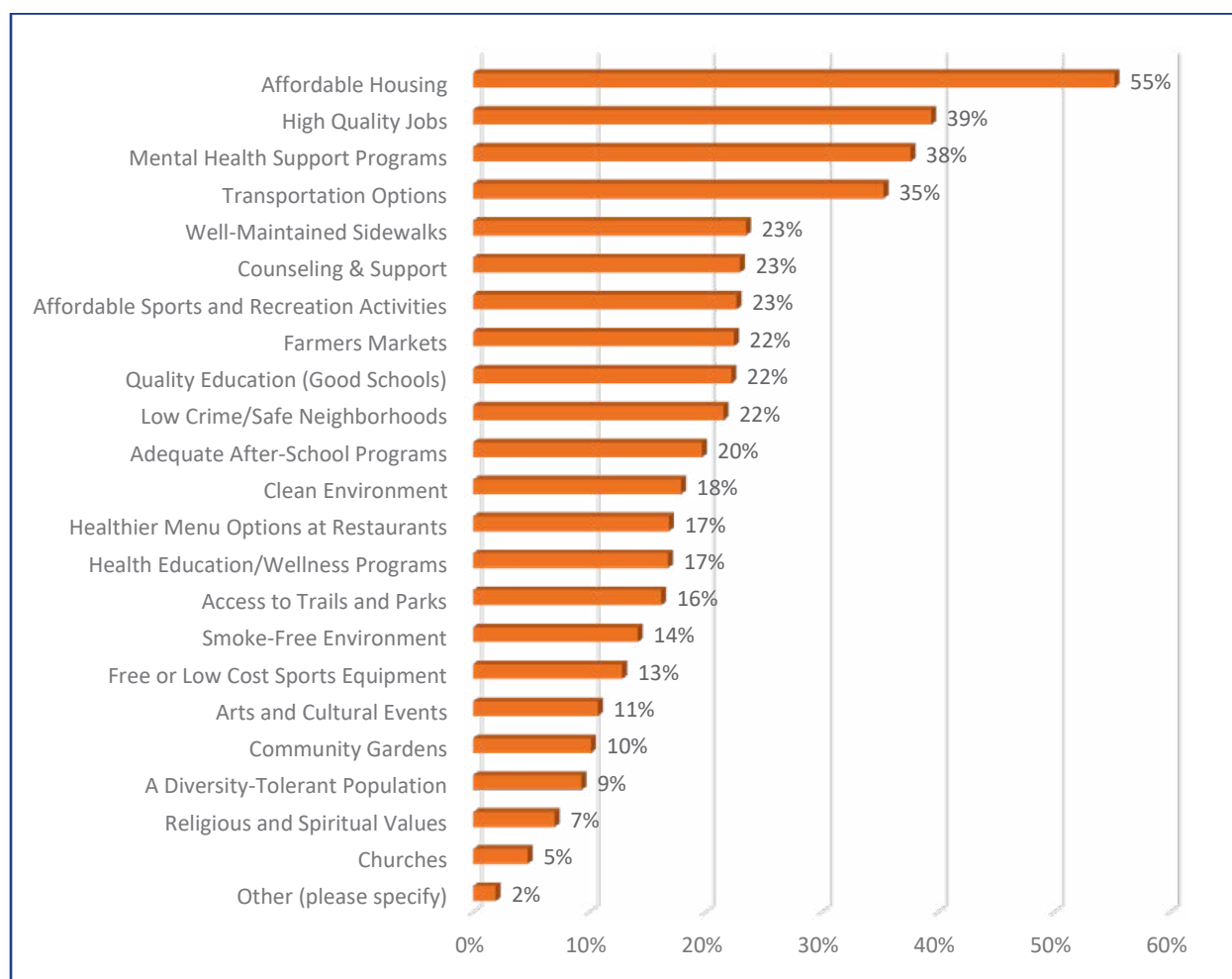
2. Are any of these environmental factors affecting your health?



**Other: Transportation, housing, Red Tide, water quality, bed bugs, stress, need for more dog friendly parks/nature trails/beaches, children activities, boat/trailer parking at ramps, wheelchair accessibility, pollution and litter, traffic, global warming*

Respondents were asked what they needed to allow themselves, family, friends, and neighbors to have a healthier lifestyle. The top five responses were “Affordable Housing,” “High Quality Jobs,” “Mental Health Support Programs,” “Transportation Options,” and “Well-Maintained Sidewalks.”

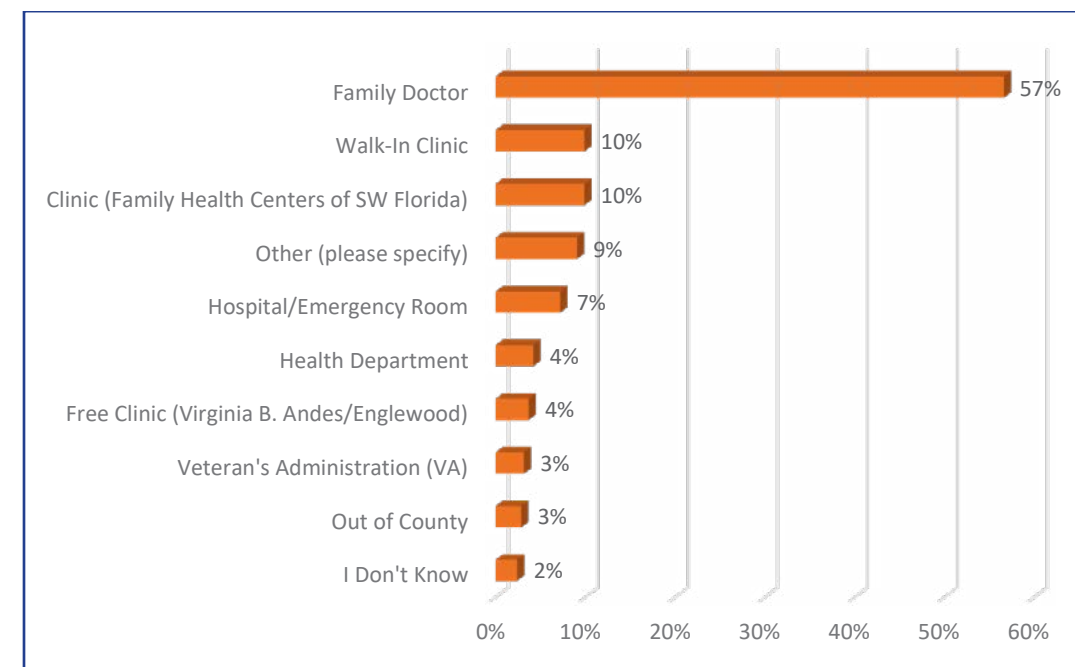
3. What does Charlotte County need to allow you, your family, friends, and neighbors to have a healthier lifestyle? (Select up to five)



**Other: affordable healthcare, higher paying jobs, better doctors, affordable child care, more access to places for dogs, more family/teenage friendly activities, programs for adults with mental disabilities that includes housing, more affordable/better selection of places to shop for healthy foods, better emergency management community, peer mentoring*

The survey asked survey-takers where they go to get healthcare. Over 50% of respondents receive care at a family doctor. The next highest responses were the walk-in clinic and clinic.

4. Where do you go to get healthcare?

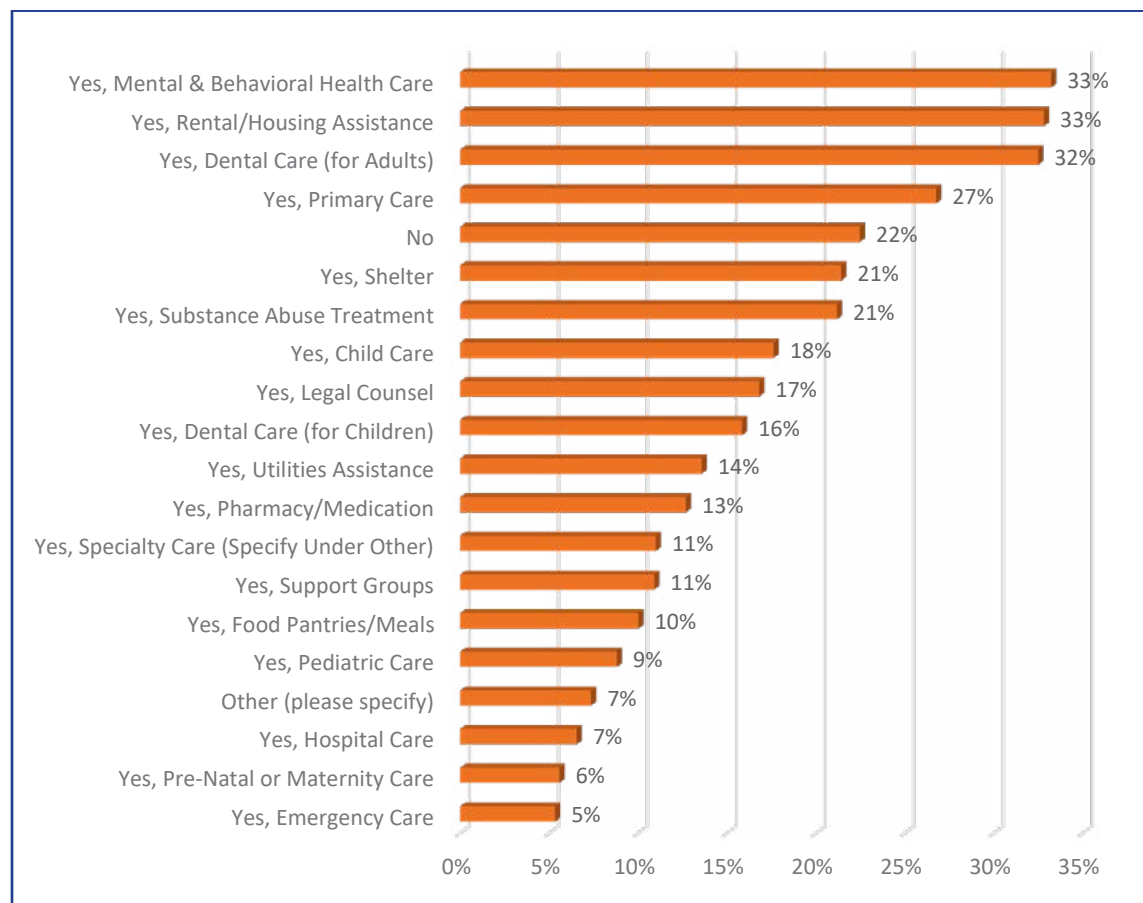


**Other: Florida Cancer Center, employee clinics, no insurance, too expensive can't afford to go, chiropractor/acupuncture/meditation, telemedicine, pediatric therapies, YMCA Gym*

Those who took the paper version of the survey selected more than one response versus those survey takers who took the online version and were only allowed to choose one response.

The survey asked if there were any services that individuals had difficulty accessing. 22% of respondents chose, “no”, there are no services that individuals in Charlotte County have difficulty accessing. Of those who felt there were services that were difficult to access, mental & behavioral health care and rental/housing assistance were tied for number one, with 33% each. Next highest on the list were dental care for adults (32%), primary care (27%), and shelter (21%). Respondents were asked if they select specialty care to please specify under other. Those responses are listed under the graph.

5. Are there services that individuals in Charlotte County have difficulty accessing? If yes, which of the following services are difficult to access in Charlotte County (select all that apply)

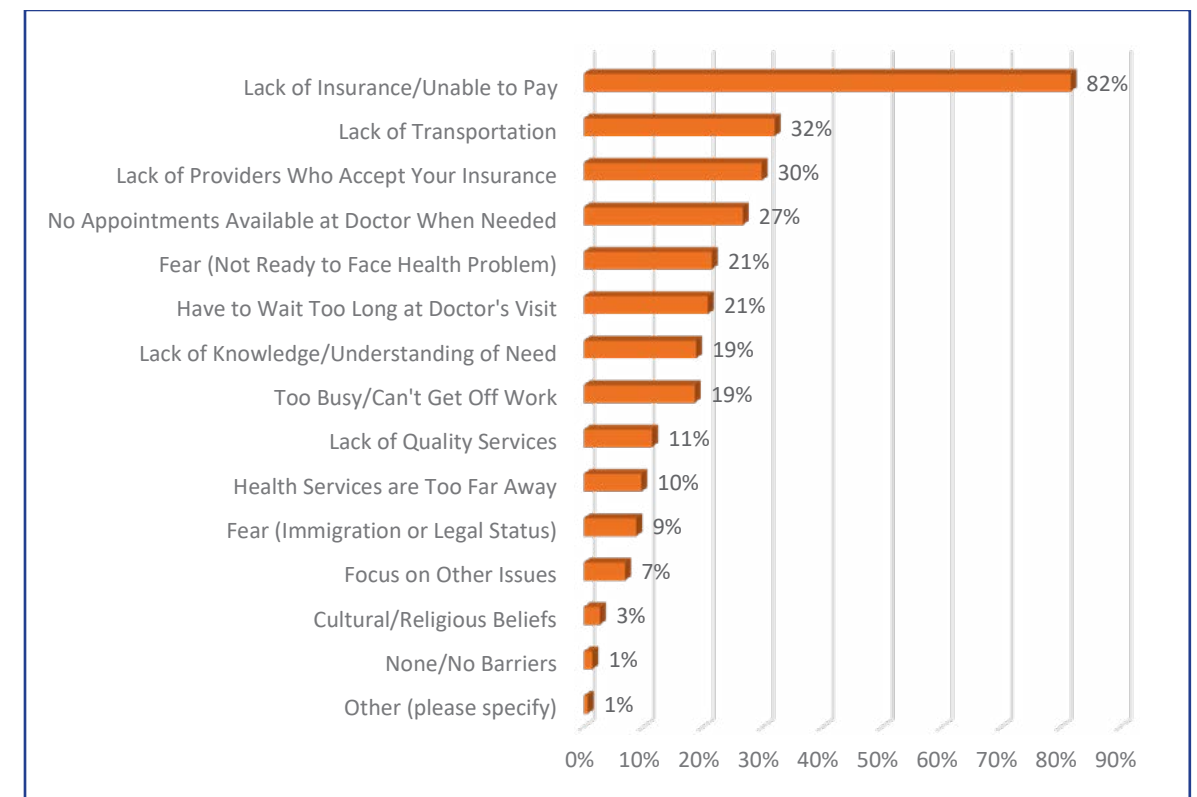


Specialty care: Neurology, reproductive endocrinology, rheumatology, Asperger and Autism specialists, gastrointestinal, physical therapy, oral surgeon, pain management, dermatologist, endocrinologist, holistic care, infectious disease, ABA therapy, ear nose and throat doctor, cancer, dementia

**Other: youth & senior neighborhood programs, not great care in jails, lack of information, culturally-diverse pool of medical providers, affordable medical marijuana, affordable healthcare, good quality doctors, more doctors that will take Medicaid, public transportation*

The survey asked “what are the main reasons that are keeping residents of Charlotte County from seeking medical treatment”. The majority of respondents (82%) chose “lack of insurance/unable to pay” as the main reason people in Charlotte County may not be seeking medical treatment. The second highest choice was lack of transportation (32%) followed by lack of providers who accept your insurance (30%).

6. What do you think is the main reason that keeps people in Charlotte County from seeking medical treatment? (Select up to three)



**Other: drugs, culturally-diverse pool of medical providers, no primary care services at the health department, lack of doctors willing take patients without insurance, better providers in the jail*

The survey included a number of quality of life questions that asked respondents to select an answer on a scale of 1 to 5, with 1 meaning “no” and 5 meaning “yes”.

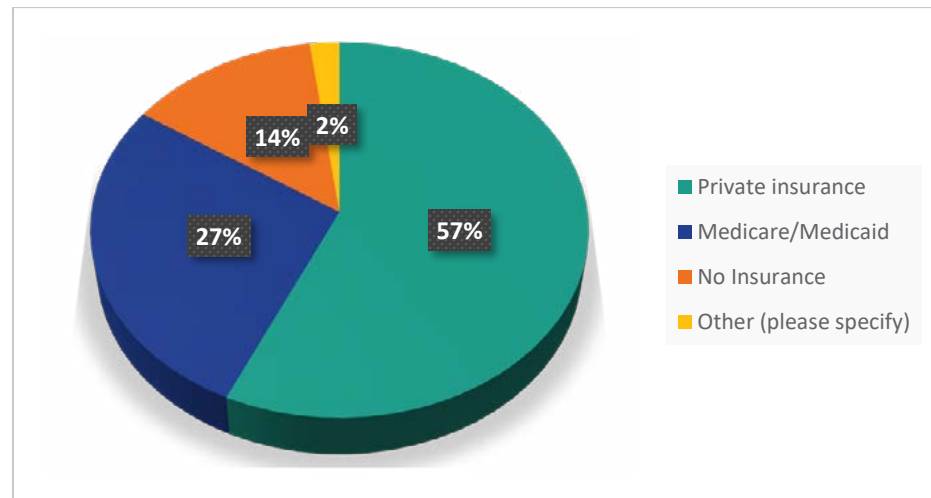
Included are the percentages of respondents that chose each answer between 1 and 5. The most common responses are bolded and colored orange.

	Quality of Life Questions	1 No	2	3 Somewhat	4	5 Yes
7.	Are you satisfied with the quality of life in our community?	5%	5%	36%	34%	21%
8.	Is this a healthy community?	6%	8%	49%	26%	11%
9.	Are you satisfied with the health care system in the community?	14%	16%	41%	18%	11%
10.	Is this community a good place to raise children?	7%	11%	38%	25%	18%
11.	Is this community a good place to build a career?	21%	24%	33%	15%	7%
12.	Is this community a good place to grow old?	5%	6%	27%	30%	32%
13.	Do you feel economically secure and have enough money for your future?	32%	17%	22%	16%	14%
14.	Do you have reliable transportation for work and health needs?	9%	5%	13%	16%	56%
15.	In the past year, were there times when you were unable to pay your rent/mortgage or utilities?	56%	5%	10%	6%	23%
16.	In the past year, did you experience stress due to lack of money?	29%	10%	15%	8%	38%
17.	In the past 12 months, have you had trouble completing your day-to-day activities because you felt sad, anxious or depressed?	41%	11%	19%	10%	19%
	Quality of Life Questions	1 No	2	3 Somewhat	4	5 Yes
18.	If you or someone in your household is experiencing anxiety, depression or other emotional issues, would you know where to get services or treatment?	22%	6%	24%	13%	35%
19.	If you had to seek mental health treatment, would you feel comfortable if others knew about it?	34%	12%	27%	8%	19%
20.	Does anyone in your household have an alcohol or drug use problem?	80%	3%	5%	3%	9%

21.	Did you have traumatic childhood experiences that affect your health and well-being as an adult?	60%	9%	13%	5%	14%
22.	Are you familiar with Charlotte 211, a 24-hour toll free health and human services information and referral hotline?	38%	3%	11%	5%	43%
23.	Have you ever called 211 or visited the 211 website?	71%	2%	3%	2%	22%

Respondents were asked what type of insurance they had. The majority (57%) had private insurance followed by 27% of respondents who had Medicare/Medicaid. 14% of survey takers stated they did not have health insurance.

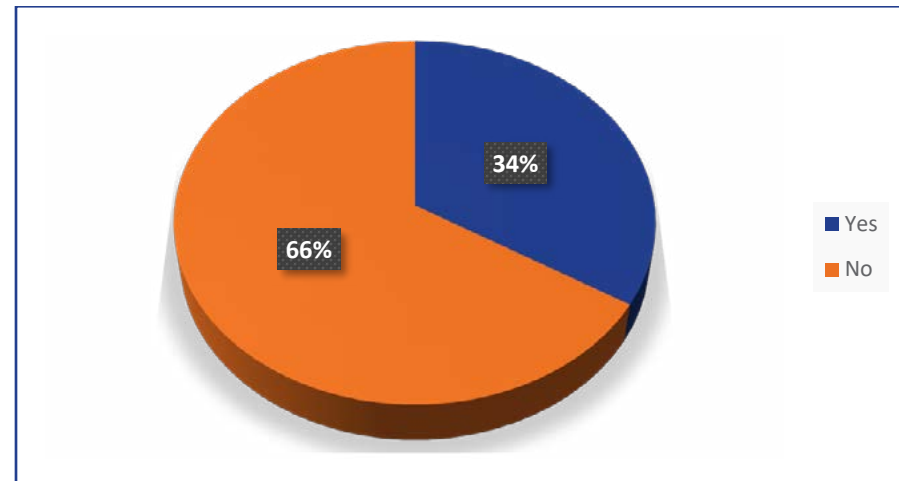
What insurance do you have?



Other: private insurance and Medicare, VA insurance, flexible spending account, emergency insurance only, SGLI, Medicare and supplement, Tricare

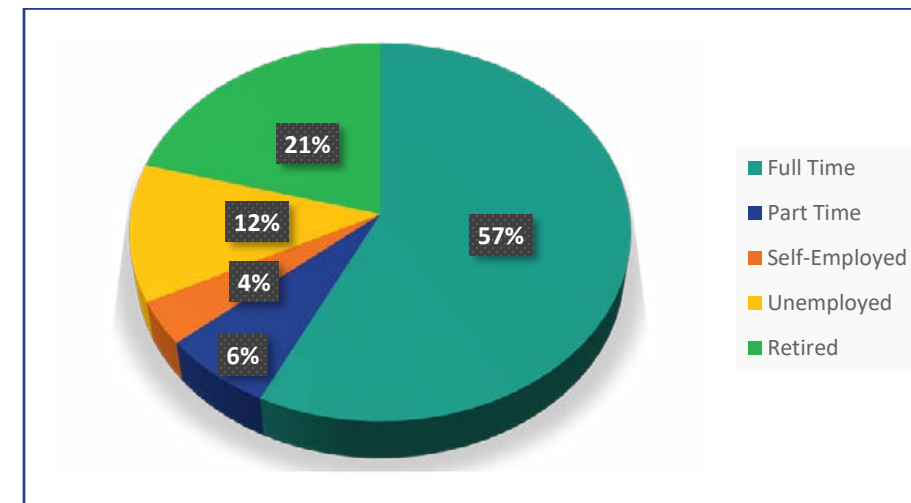
Survey takers were asked if they have any children under 18 in their household. The majority of respondents, 66% stated they did not have anyone under 18 in their household compared to the 34% of those who do have children under 18 living with them.

Do you have children under 18 in your household?



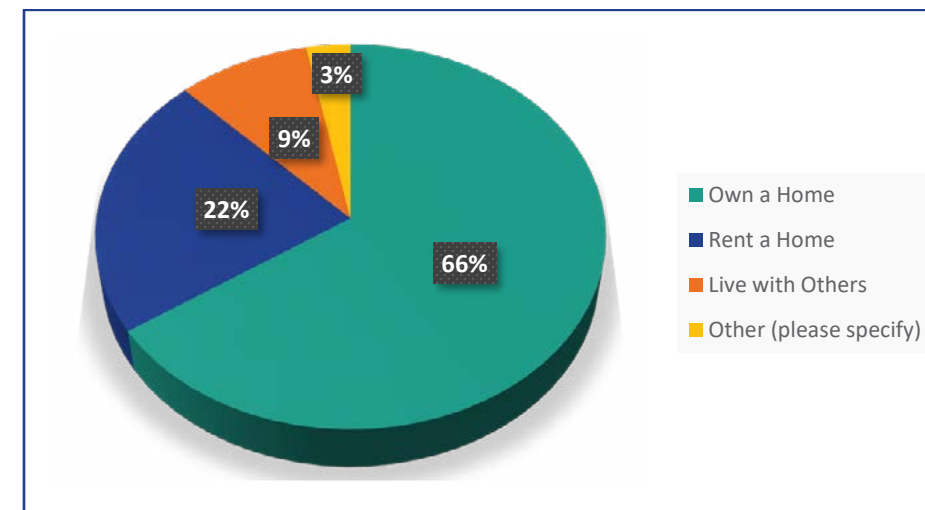
Respondents were asked if they were employed. Over half, 57%, stated they were employed full time followed by 21% of survey takers who stated they were retired.

Are you employed?



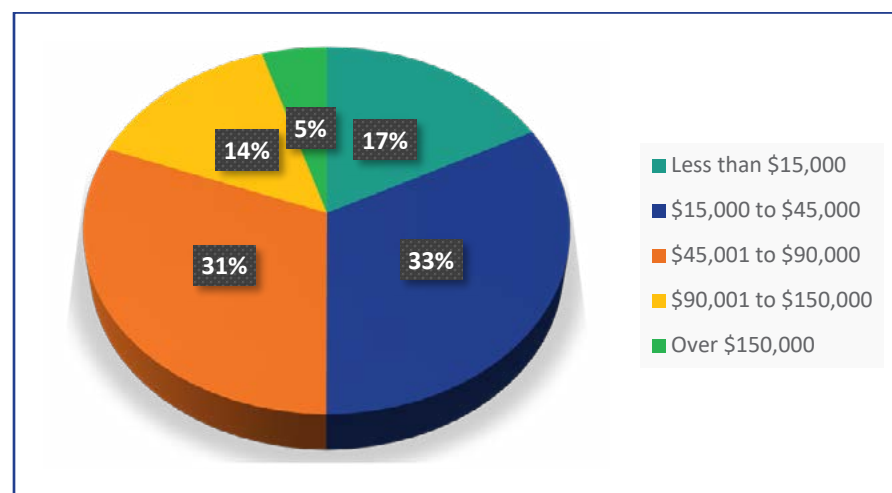
Respondents were asked to describe their current living situation. 66% of survey takers stated they own a home and 22% stated they were currently renting a home/apartment. Out of the 39 respondents that chose other, 34 stated they were currently homeless.

Do you:



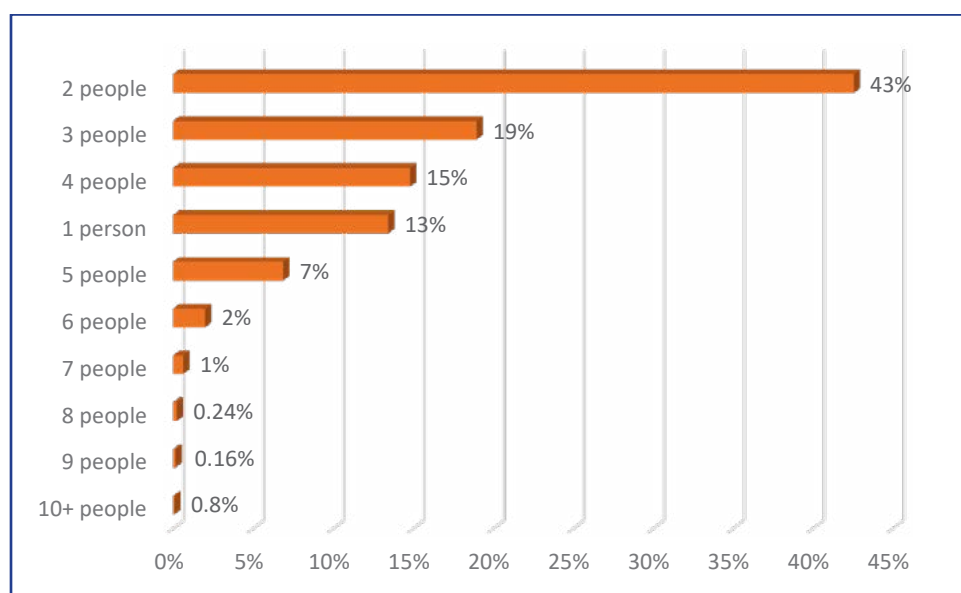
Survey takers were asked what their income range was. 33% of respondents had an income range of \$15,000 - \$45,000 followed by 31% with an income range of \$45,001 to \$90,000 a year.

Income range: Please select the appropriate income range for your household.



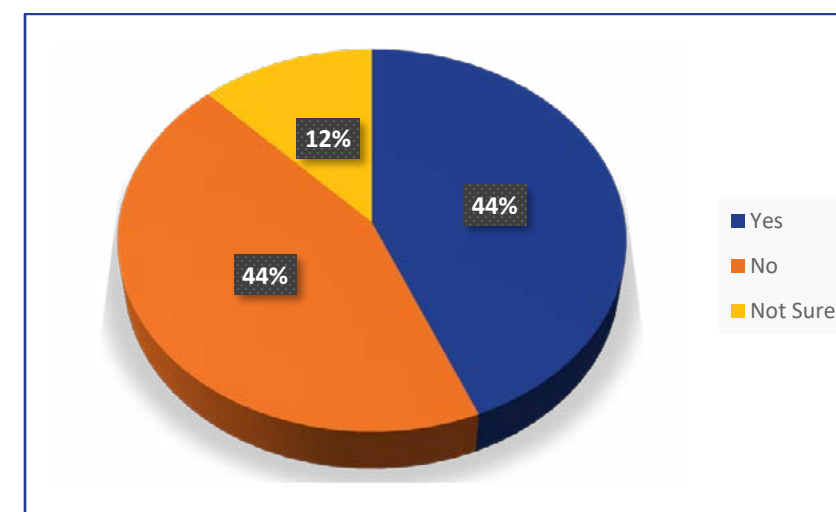
Respondents were asked how many people were in their household. The majority of respondents only had two people living together. Responses ranged from two people to over ten people.

How many people are in your household?



Respondents were asked if they consider themselves housing burdened. The survey explained that someone is considered housing burdened when more than 30% of their income is spent on housing costs, which include rent/mortgage and utilities. There was a less than 1% difference between respondents who did not consider themselves housing burdened compared to those who do consider themselves housing burdened.

Do you consider yourself housing burdened (meaning more than 30% of income is spent on housing costs)?



Additional comments, in no particular order, from survey respondents about the health and well-being in Charlotte County included:

- 🌍 Create a fixed bus route system for Charlotte County and have cross-county transit system.
- 🌍 Better mental health availability.
- 🌍 Better access to healthcare which includes: more doctors that will take state insurance and marketplace insurances, better hospitals, access to dental care, and make it more affordable
- 🌍 More opportunities/activities for the youth
- 🌍 Increase awareness about community events and resources
- 🌍 More sidewalks, not just in the areas where there is more money
- 🌍 Help the homeless
- 🌍 More affordable housing
- 🌍 Increase in resources for special needs students and adults with disabilities
- 🌍 Increase community awareness of 211
- 🌍 More activities for all ages (from children to the elderly)
- 🌍 Better water quality
- 🌍 Better paying jobs
- 🌍 Increase access to mental health resources in the schools

Appendix J: Local Public Health Systems Assessment (LPHSA)

Acknowledgments

The Florida Department of Health in Charlotte County, in collaboration with the Health Planning Council of Southwest Florida, met with members of the steering committee to conduct the Local Public Health System Assessment (LPHSA). Member agencies of the Steering Committee that participated in the LPHSA meeting included:

- | | |
|---|---|
|  Drug Free Punta Gorda |  United Way of Charlotte County |
|  Friendship Centers |  Charlotte County Government |
|  Charlotte County Healthy Start |  Drug Free Charlotte County |
|  Charlotte County Public Schools |  Career Source of Southwest Florida |
|  Charlotte County Homeless Coalition |  C.A.R.E. |
|  Charlotte Behavioral Health Care |  Englewood Community Coalition |
|  Charlotte County Human Services |  Charlotte County Sheriff's Office |
|  Gulfcoast Partnership |  Pregnancy Careline Center |
|  Habitat for Humanity |  Children's Network of Southwest Florida |
|  Military Officers Association of America – Charlotte Harbor Chapter | |

Background

On August 15, 2019, the Core Group of the Charlotte County Health and Needs Assessment (CHNA), in collaboration with the Health Planning Council of Southwest Florida, met with members of the Healthy Charlotte Steering Committee to conduct the Charlotte County Local Public Health System Assessment (LPHSA).

The 10 Essential Services provide the framework for the assessment. The assessment includes 10 sections — one for each Essential Service. Participants were given a brief overview of the Essential Service. Each Essential Service contains two to four Model Standards. Each Model Standard was then briefly discussed. Participants were asked about any local activities related to that standard. Model Standards contain two to six Performance Measures (questions). These were each scored by using the TurningPoint Clickers. The answer choices were “no activity,” “minimal,” “moderate,” “significant,” “optimal,” or “n/a.” Participants were given approximately 60 seconds to provide their thoughts on the activity level of the LPHS.

After the 2-4 model standards related to that Essential Service there was a brief ten-minute discussion on that service. The discussion included four questions:

Were you aware of these services?

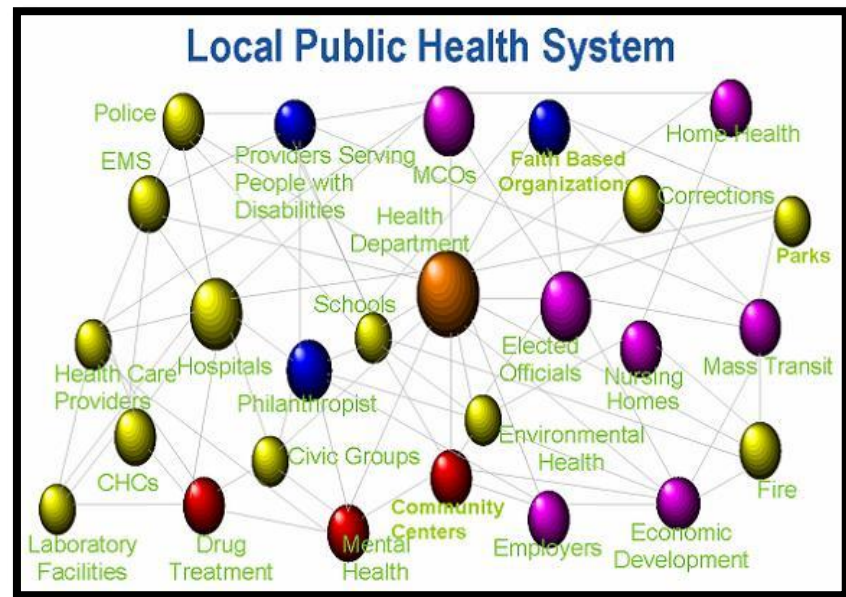
What are the strengths in the county related to the services?

What are weaknesses in the county related to these services?

What are some opportunities related to these services?

Overview

The National Public Health Performance Standards (NPHPS) Local Public Health System Assessment (LPHSA) Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the NPHPS and to progressively move toward refining and improving outcomes for performance across the public health system. The NPHPS state, local, and governance instruments also offer opportunities and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts.



The LPHSA is a valuable tool for identifying areas for system improvement, strengthening local partnerships, and assuring that a strong system is in place for effective delivery of day-to-day public health services and response to public health emergencies. Communities that have completed it report that it accomplished the following:

- 🌐 Improved organizational and community communication and collaboration by bringing a broad spectrum of partners to the same table.
- 🌐 Educated participants about public health and how activities are interconnected.
- 🌐 Strengthened the diverse network of partners within state and LPHSs.
- 🌐 Identified strengths and weaknesses to be addressed in quality improvement efforts.

Identifying system strengths and weaknesses may then be used to improve and better coordinate public health activities at the community level. In addition, the results provide a better understanding of the LPHS's performance. Most importantly, the results may inform policy and resource decisions leading to an improved LPHS.

When answering these questions, the participants were asked to focus on the overall local public health system, rather than a single organization. The system includes all public, private, and voluntary entities that contribute to public health activities within the county. All of the entities within the system contribute to the health and well-being of the community in some way. Taking a systems perspective with this assessment ensures that the contributions of all entities are recognized in assessing the local delivery of the Essential Services. Members of the session did note that at times, they scored more negatively than they would if they were only focusing on the agencies represented in the room.

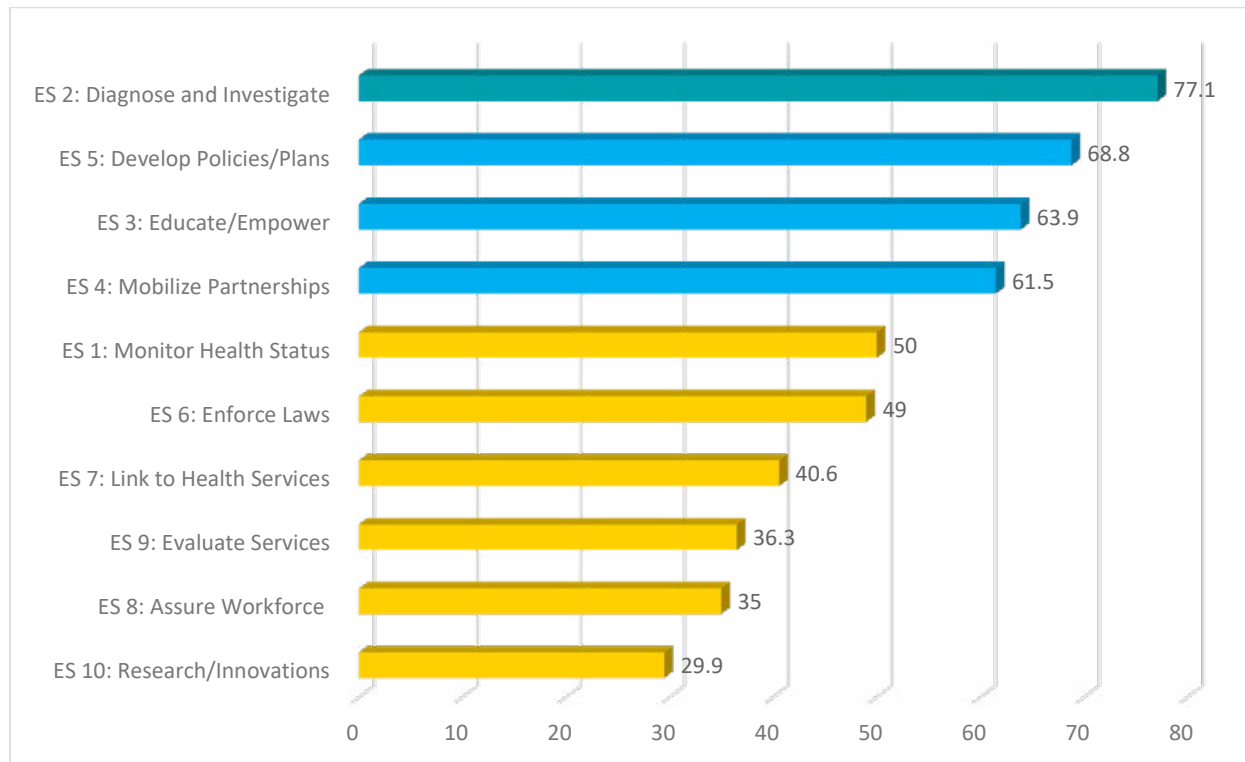
The Performance Standards describe an optimal level of performance rather than provide minimum expectations. This ensures that the Performance Standards may be used for continuous quality improvement.

Summary of Assessment Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met
No Activity (0%)	0% or absolutely no activity

Results

Ranking of Average Essential Public Health Services Performance Scores






Essential Service 1
Monitor Health Status to Identify Community Health Problems

What is going on in our community? Do we know how healthy we are?

Essential Service 1 Monitor Health Status to Identify Community Health Problems ranked as having Moderate Activity

Model Standards:

-  1.1 Population-Based Community Health Assessment
-  1.2 Current Technology to Manage and Communicate Population Health Data
-  1.3 Maintaining Population Health Registries

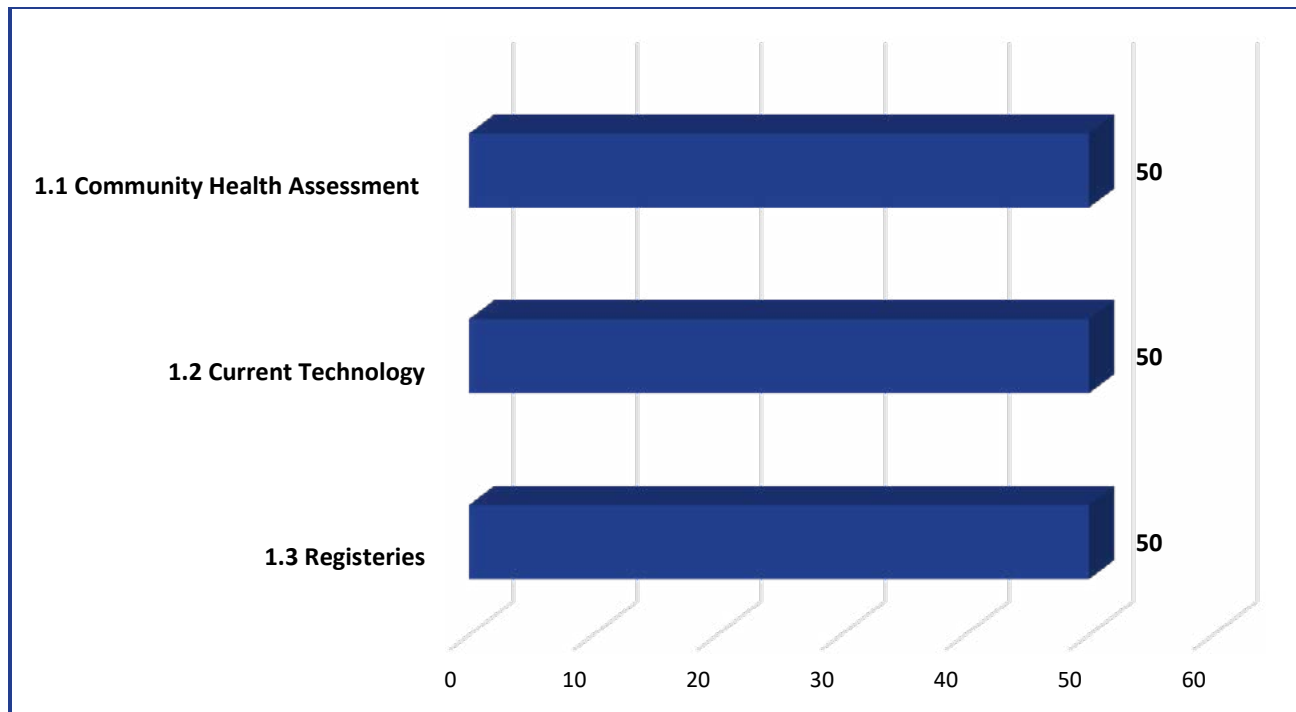


Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **50%**, which represents **Moderate Activity**.

Data Overview

Model Standards represent the major components or practice areas of the Essential Service.






Essential Service 2

Diagnose and Investigate Health Problems and Health Hazards

Are we ready to respond to health problems or health hazards in our county? How quickly do we find out about problems? How effective is our response?

Essential Service 2 Diagnose and Investigate Health Problems and Health Hazards was ranked having Optimal Activity

Model Standards

-  2.1 Identifying and Monitoring Health Threats
-  2.2 Investigate and Response to Public Health Threats and Emergencies
-  2.3 Laboratory Support for Investigating Health Threats



Performance Score



This score can be interpreted as the overall degree to which the local public health system meets the performance standard. The overall performance ranking score for this Essential Service is **77.1%**, which represents **Optimal Activity**.

Data Overview

Model Standards represent the major components or practice areas of the Essential Service.








Perceived System Strengths

-  The local public health system has access to tons of data.
-  The Department of Health takes the lead on collecting county specific data.





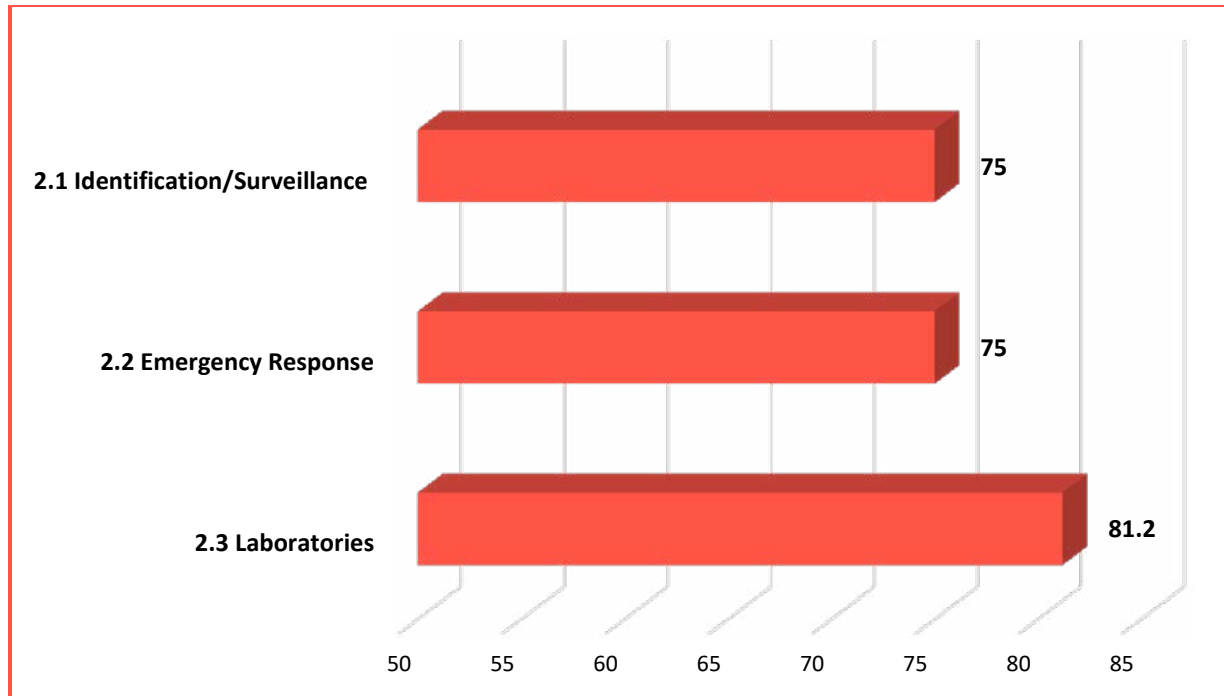
Perceived System Weaknesses

-  Lack of communication between agencies.
-  Not using the Community Health Assessment to create strategies.
-  There is a lag with the data, usually two years old, which doesn't show the current status of the community.
-  There isn't an easily accessible way to display the data.
-  It can be difficult to look for specific data.



Perceived System Opportunities

-  More agencies willing to partner with the Department of Health to collect data.
-  Increase vaccination rates.



Essential Service 3

Inform, Educate, and Empower People about Health Issues

How well do we keep all segments of our community informed about health issues?

Essential Service 3 Inform, Educate, and Empower People about Health Issues was ranked as Significant Activity

Model Standards

- 3.1 Health Education and Promotion
- 3.2 Health Communication
- 3.3 Risk Communication



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **63.9%**, which represents **Significant Activity**.

Data Overview

Model Standards represent the major components or practice areas of the Essential Service.



Perceived System Strengths

- All emergency functions are exercised quarterly. The Suncoast Disaster Healthcare Coalition conducts local and regional exercises yearly.
- Strong coordination.



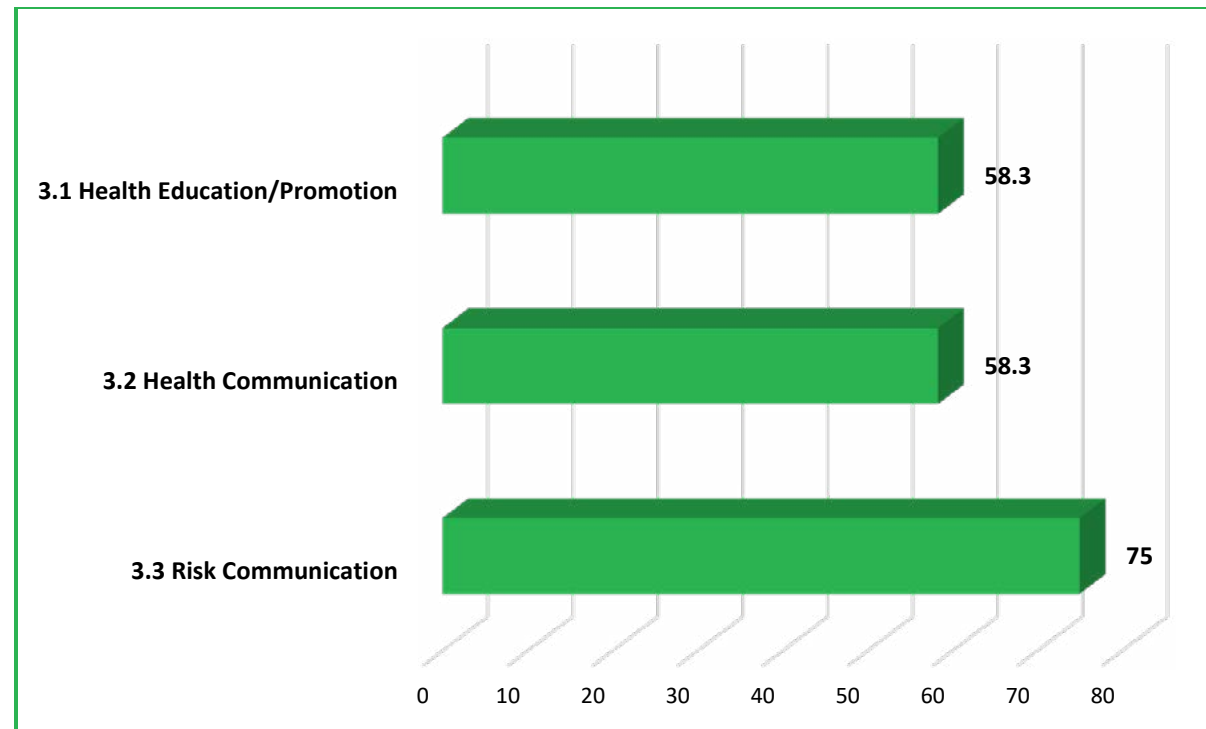
Perceived System Weaknesses

- A challenge is the lack of education among agencies outside of Department of Health, especially for partnering.



Perceived System Opportunities

- Reviewing/modifying protocols.
- Community education on how Department of Health, Emergency Operations Center, and other agencies that focus on disaster preparedness work together. What can be done with special populations during a disaster?



Essential Service 4

Mobilize Community Partnerships to Identify and Solve Health Problems

How well do we truly engage people in local health issues?

Essential Service 4 Mobilize Community Partnerships to Identify and Solve Health problems ranked as having Significant Activity

Model Standards

- 4.1 Constituency Development
- 4.2 Community Partnerships



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **60.7%** which represents **Significant Activity**.

Data Overview

Model Standards represent the major components or practice areas of the Essential Service.



Perceived System Strengths

- The Public Information Officer (PIO) has a great relationship with media outlets.



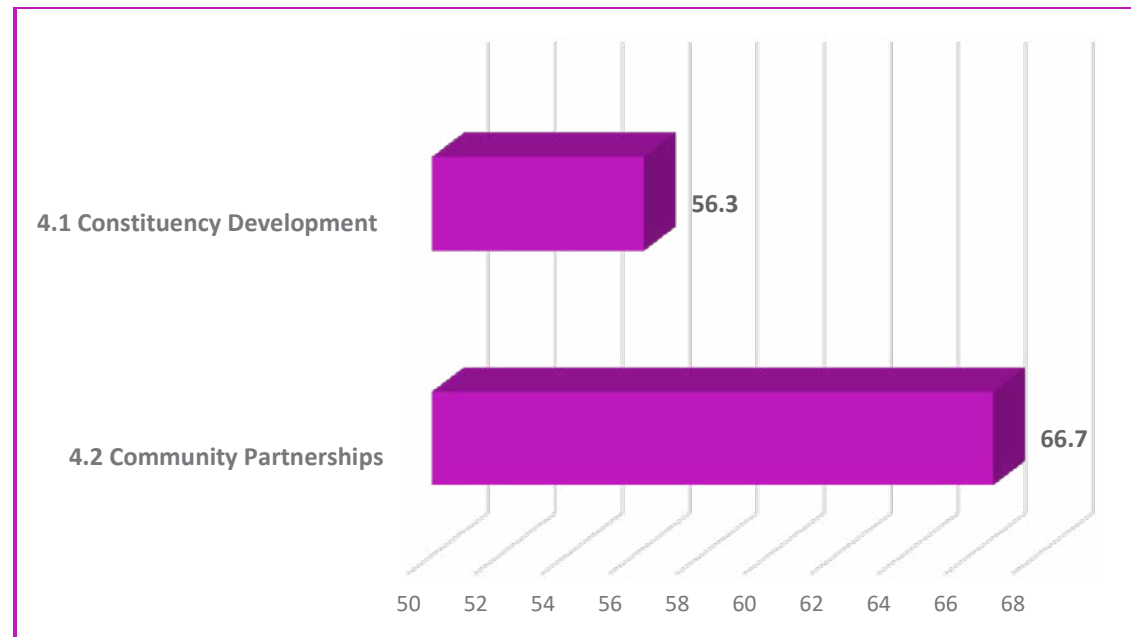
Perceived System Weaknesses

- Media communication is often reactive instead of being proactive.
- Community member attendance is not always at the level it should be.
- Need volunteers to coordinate activities post-disaster.
- Consumers don't know where to look for information, depending on the issue not all agencies are providing the information.
- Turnover of the agencies.



Perceived System Opportunities

- Public Service Announcement (PSA) for preparedness via television to reach hard to reach populations.
- Increase marketing of Charlotte 211 throughout the community.



Essential Service 5

Develop Policies and Plans that Support Individual and Community Health Efforts

What local policies in both the government and private sector promote health in my community? How well are we setting healthy local policies?

Essential Service 5 Develop Policies and Plans that Support Individual and Community Health Efforts ranked as having Significant Activity

Model Standards

- 🌐 5.1 Governmental Presence at the Local Level
- 🌐 5.2 Public Health Policy Development
- 🌐 5.3 Community Health Improvement Process and Strategic Planning
- 🌐 5.4 Planning for Public Health Emergencies



Performance Score

The score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **68.8%** which represents **Moderate** Activity.

Data Overview

Model Standards represent the major components or practice areas of the Essential Service.



Perceived System Strengths

- 🌐 Community issues were tackled via the Healthy Charlotte group.
- 🌐 Mental health and suicide prevention, the development of the purple packet.
- 🌐 The local public health system consists of passionate members.
- 🌐 Strong communication.



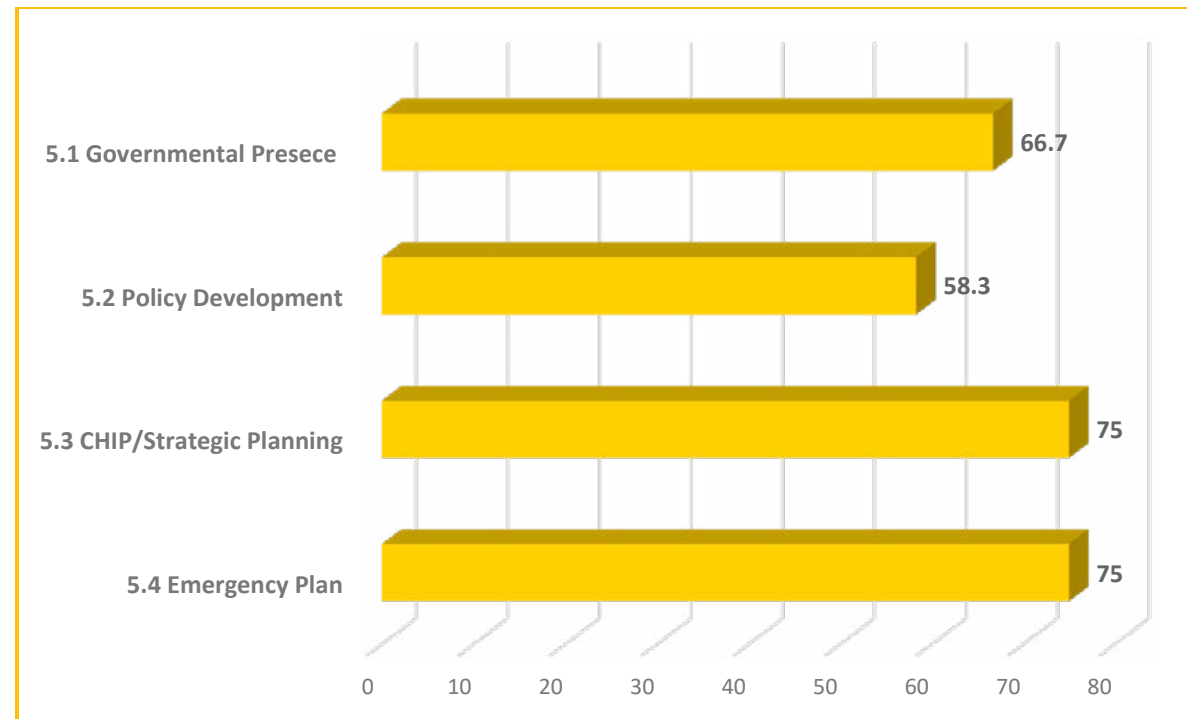
Perceived System Weaknesses

- 🌐 Lack of participation in Healthy Charlotte, not consistent. Certain agencies/departments are not very well represented at community meetings.
- 🌐 Big challenge with working with children is the lack of participation of parents/guardians.
- 🌐 “Agencies are working more with less” staff is spread thin.
- 🌐 Same ideas and challenges continue to be raised.
- 🌐 When working with different populations, agencies can’t use the same tactics to reach them.



Perceived System Opportunities

- 🌐 Increase participation with adults, parents, and guardians when working with children.
- 🌐 Try creative ways to reach hard to reach populations.
- 🌐 Using media to reach different populations within Charlotte County.



Perceived System Strengths



- Agencies within the local public health system are working hard to connect the correct pieces.
- Agencies coordinate with each other.

Perceived System Weaknesses



- Protocols and policies are created but not always followed up.
- Concern about marijuana use and how it will impact the environment/economy.

Essential Service 6

Enforce Laws and Regulations that Protect Health and Ensure Safety

When we enforce health regulations are we technically competent, fair, and effective?

Essential Service 6 Enforce Laws and Regulations that Protect Health and Ensure Safety ranked as having Moderate Activity

Model Standards

- 6.1 Reviewing and Evaluating Laws, Regulations, and Ordinances
- 6.2 Involvement in Improving Laws, Regulations, and Ordinances
- 6.3 Enforcing Laws, Regulations, and Ordinances

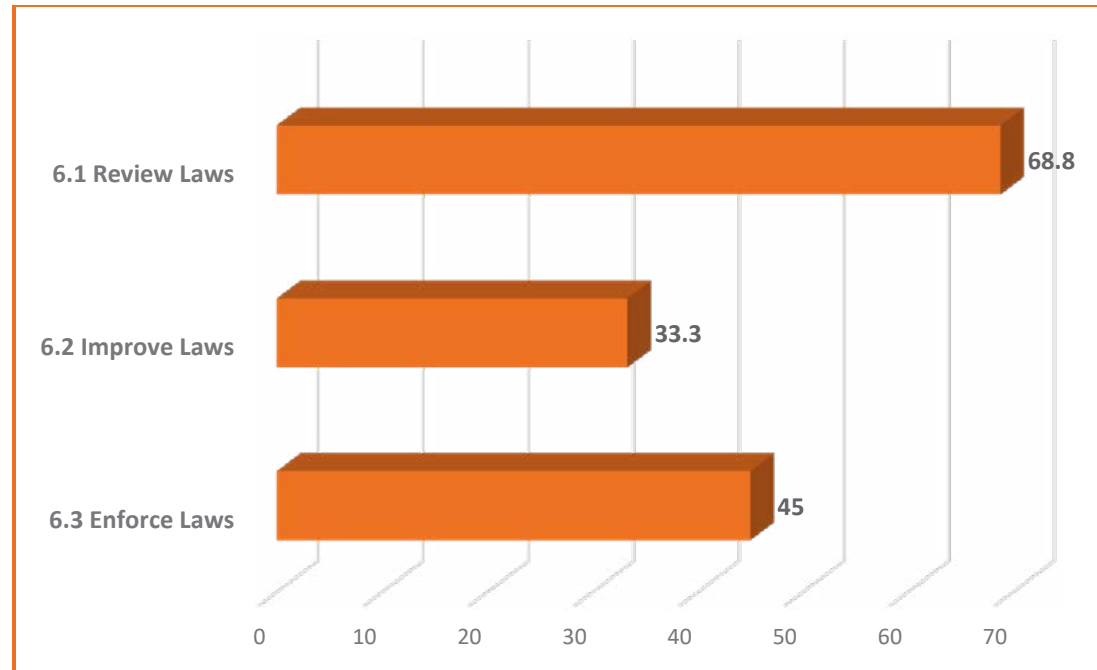


Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **49%**, which represents **Moderate** Activity.

Data Overview

Model Standards represent the major components or practice areas of the Essential Service.



Essential Service 7

Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

Are people in my community receiving the health services they need?

Essential Service 7 Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable ranked as having Moderate Activity

Model Standards

- Identifying Personal Health Service Needs of Populations
- Ensuring People are Linked to Personal Health Services



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **40.6%**, which represents **Moderate** Activity.

Data Overview

Model Standards represent the major components or practice areas of the Essential Service.



Perceived System Strengths

- Law enforcement provides Wellness Checks.



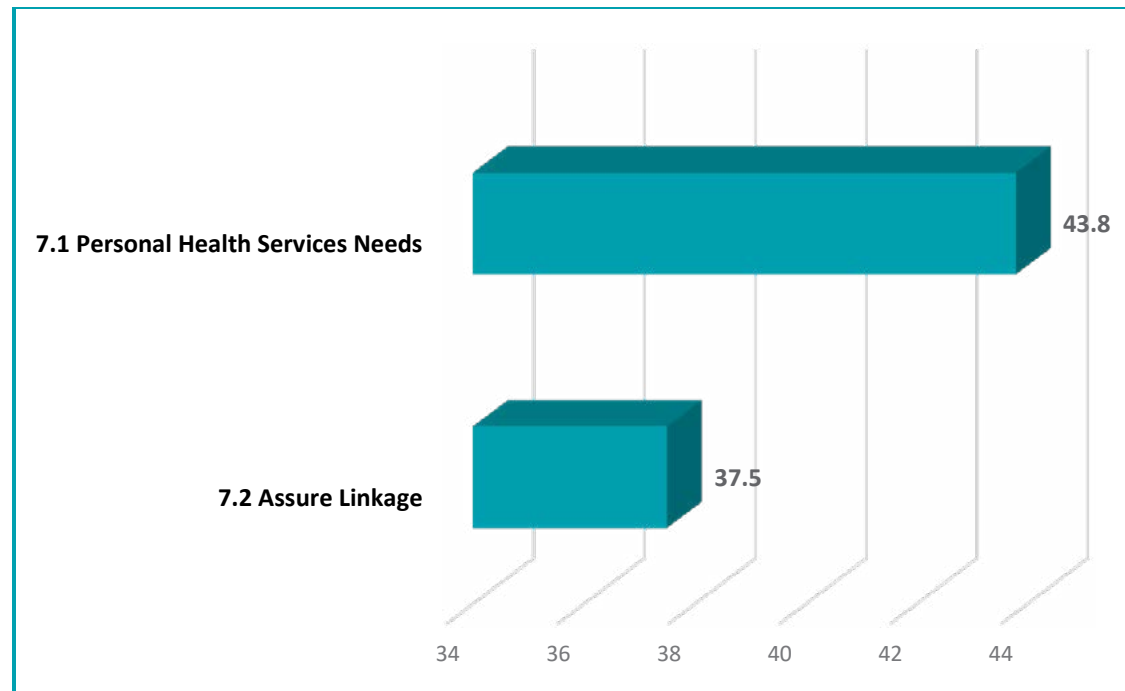
Perceived System Weaknesses

- Agencies working alone instead of collaborating.
- There is a need for an increase in education.
- There is a need to increase partnership with child and elder abuse departments.
- Clarification needed as to how to enforce certain policies and issues.



Perceived System Opportunities

- Work collaboratively.
- Include public safety.
- Empower the community to speak up.



Essential Service 8

Assure a Competent Public Health and Personal Healthcare Workforce

Do we have competent public health staff? Do we have competent healthcare staff? How can we be sure that our staff stays current?

Essential Service 8 Assure a Competent Public Health and Personal Healthcare Workforce ranked as having Moderate Activity

Model Standards

- 8.1 Workforce Assessment, Planning, and Development
- 8.2 Public Health Workforce Standards
- 8.3 Life-Long Learning through Continuing Education, Training, and Mentoring
- 8.4 Public Health Leadership Development



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **35%**, which represents **Moderate** Activity.

Data Overview

Model Standards represent the major components or practice areas of the Essential Service.



Perceived System Strengths

- Agencies are great at linking clients to services, but struggle to link when they are not sure what agencies are still providing services.
- Great capacity of services offered in the community.
- Very engaged community, passionate people who work in the community.



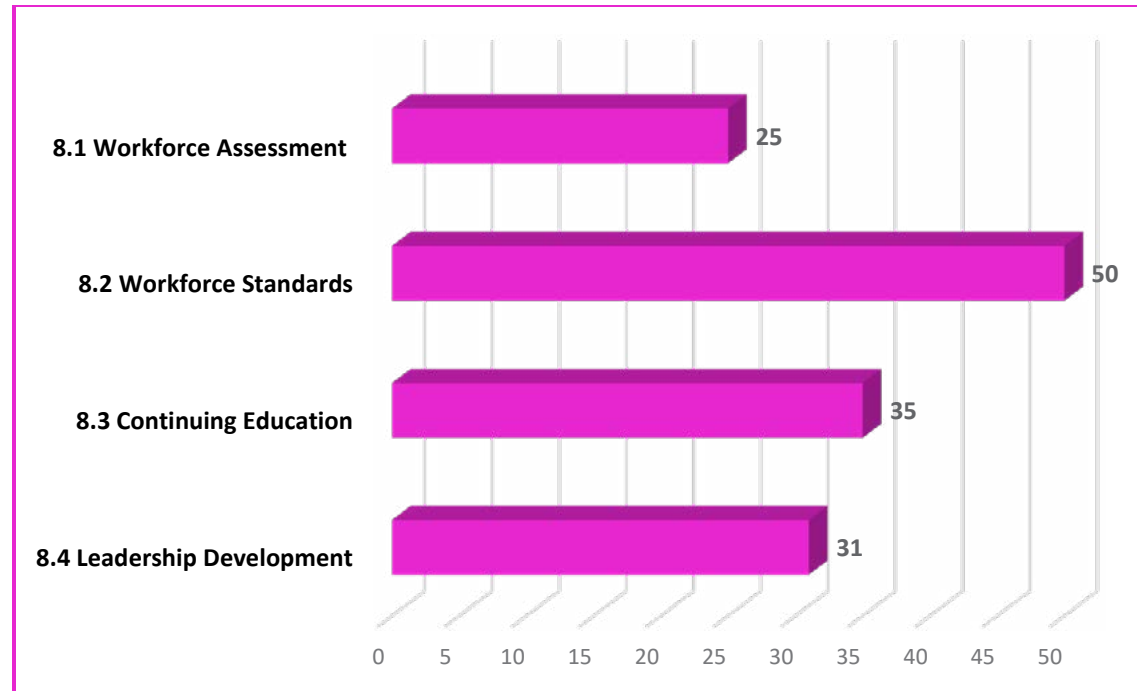
Perceived System Weaknesses

- Agencies that close that leave a major shortage of services.
- Lack of funding.
- Lack of capacity to offer much needed services.
- Not all agencies are equipped with dealing with mental health, substance abuse, and inmate release.
- Lack of transportation.
- Community members aren't aware of the capacity of county officials and legislative play in the role of supporting the community.



Perceived System Opportunities

- Reaching out to hard to reach communities.



Essential Service 9

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Are we meeting the needs of the population we serve? Are we doing things right? Are we doing the right things?

Essential Service 9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services ranked as having Moderate Activity



Perceived System Weaknesses

- Lack of time to complete requirements for licensure.



Perceived System Opportunities

- Continuing education opportunities.
- Junior League.
- Mentorship.
- Attract more college/universities and tech schools to Charlotte County.
- Attract potential employees who are in higher education with great incentives.

Model Standards

- 9.1 Evaluating Population-Based Health Services
- 9.2 Evaluating Personal Health Services
- 9.3 Evaluating the Local Public Health System

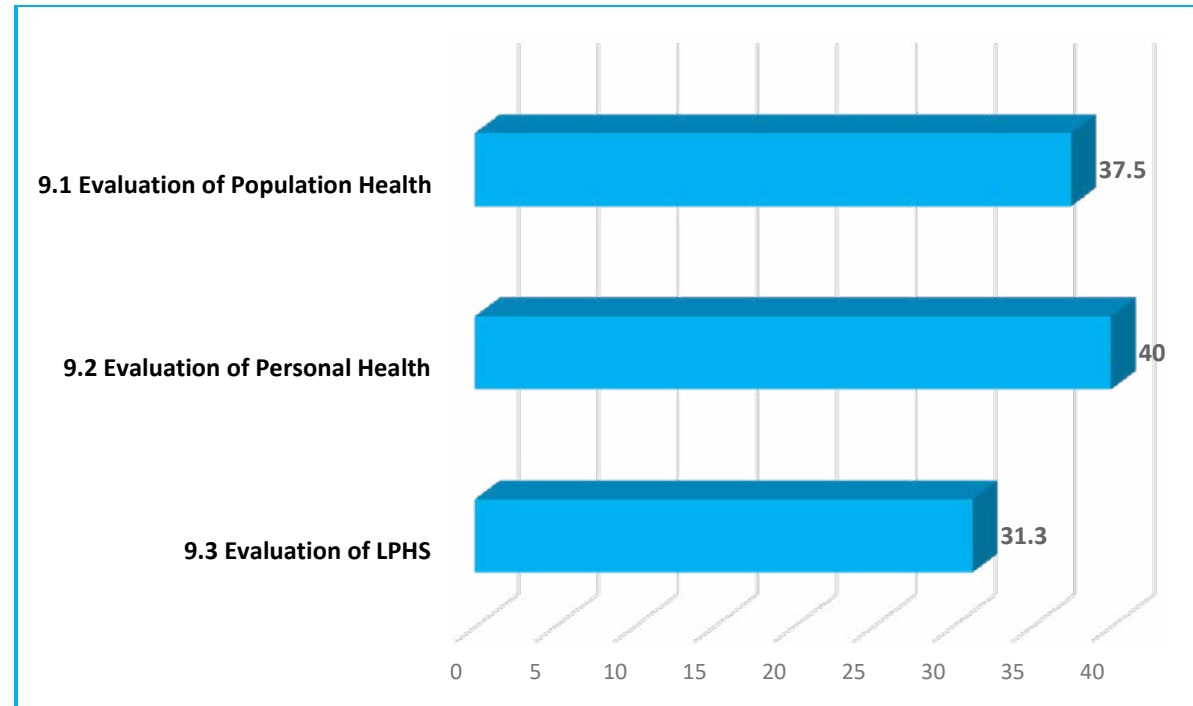


Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for the Essential Service is **36.3%**, which represents **Moderate** Activity.

Data Overview

Model Standards represent the major components or practice areas of the Essential Service.



Essential Service 10

Research for New Insight and Innovative Solutions to Health Problems

Are we discovering and using new ways to get the job done?

Essential Service 10 Research for New Insight and Innovative Solutions to Health Problems ranked as having Moderate Activity

Model Standards

- 10.1 Fostering Innovation
- 10.2 Linking with Institutions of Higher Learning and/or Research
- 10.3 Capacity to Initiate or Participate in Research



Performance Score

This score can be interpreted as the overall degree to which the local public health system meets the performance standards. The overall performance ranking score for this Essential Service is **29.9%**, which represents **Moderate** Activity.

Data Overview

Model Standards represent the major components or practice areas of the Essential Service.

Perceived System Strengths



- Department of Health does a great job at evaluation.

Perceived System Weaknesses



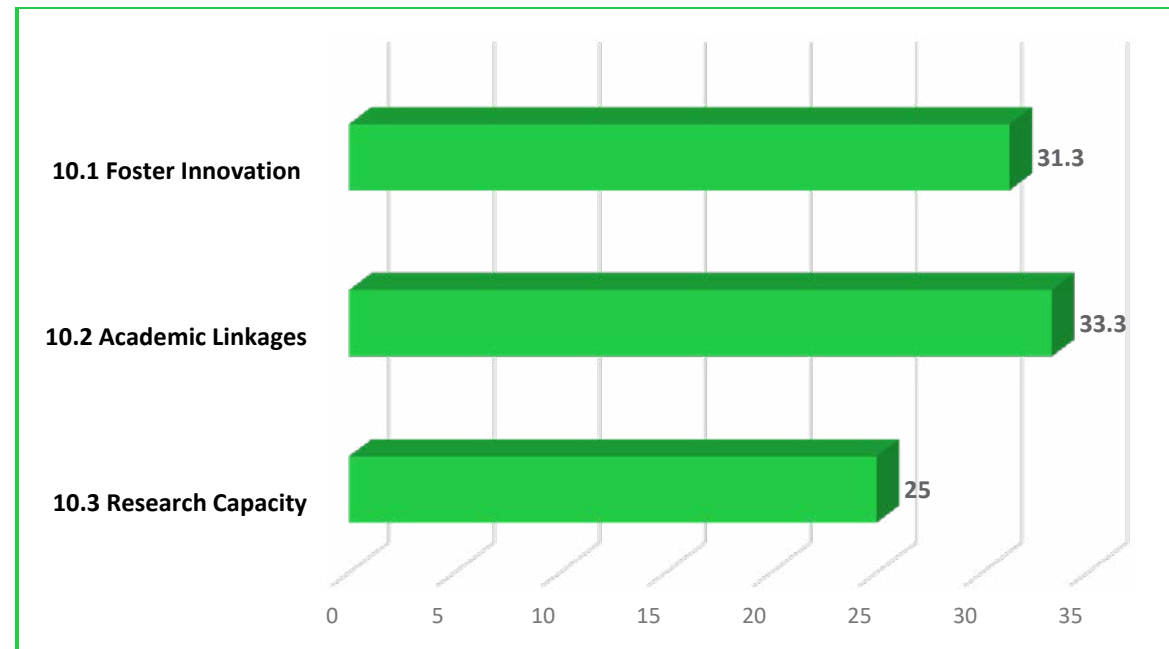
- There is a need to get those involved who don't normally come to the table.
- Work phenomenal as individual agencies but are not working well as a whole system.

Perceived System Opportunities



- Agencies can make it a priority to be present at community meetings.
- The system needs to have a checks and balance system for licensure.

Individual Questions and Responses
Performance Scores



ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Assessment (CHA) <i>At what level does the local public health system:</i>	
1.1.1	Conduct regular community health assessments?	75
1.1.2	Continuously update the community health assessment with current information?	50
1.1.3	Promote the use of the community health assessment among community members and partners?	25
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data <i>At what level does the local public health system:</i>	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	50
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	50
1.3	Model Standard: Maintenance of Population Health Registries <i>At what level does the local public health system:</i>	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	50

Perceived System Weaknesses



- Some agencies fear liability when it comes to research.
- Not enough capacity to do research.
- Ability to attract subject matter experts.

1.3.2	Use information from population health registries in community health assessments or other analyses?	50
ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats <i>At what level does the local public health system:</i>	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	75
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	75
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies <i>At what level does the local public health system:</i>	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	50
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	75
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	75
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75

2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	Model Standard: Laboratory Support for Investigation of Health Threats <i>At what level does the local public health system:</i>	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	75
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	75
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	75
ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	Model Standard: Health Education and Promotion <i>At what level does the local public health system:</i>	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	50
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	75
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50

3.2	Model Standard: Health Communication <i>At what level does the local public health system:</i>	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	75
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	50
3.2.3	Identify and train spokespersons on public health issues?	50
3.3	Model Standard: Risk Communication <i>At what level does the local public health system:</i>	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	75
ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	Model Standard: Constituency Development <i>At what level does the local public health system:</i>	
4.1.1	Maintain a complete and current directory of community organizations?	50
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50

4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	50
4.2	Model Standard: Community Partnerships <i>At what level does the local public health system:</i>	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	75
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	50
ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	Model Standard: Governmental Presence at the Local Level <i>At what level does the local public health system:</i>	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	75
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	50
5.2	Model Standard: Public Health Policy Development <i>At what level does the local public health system:</i>	

5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	50
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	50
5.2.3	Review existing policies at least every three to five years?	75
5.3	Model Standard: Community Health Improvement Process and Strategic Planning <i>At what level does the local public health system:</i>	
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	75
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	Model Standard: Plan for Public Health Emergencies <i>At what level does the local public health system:</i>	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	75
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	75
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	75

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	50
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	75
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	25
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	25
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	50
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	75

6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	50
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	25
6.3.5	Evaluate how well local organizations comply with public health laws?	25
ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	Model Standard: Identification of Personal Health Service Needs of Populations <i>At what level does the local public health system:</i>	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	25
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	50
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services <i>At what level does the local public health system:</i>	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	75
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	25

7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	25
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	25
ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	Model Standard: Workforce Assessment, Planning, and Development <i>At what level does the local public health system:</i>	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	25
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	25
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25
8.2	Model Standard: Public Health Workforce Standards <i>At what level does the local public health system:</i>	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	50
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	50
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	50
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring <i>At what level does the local public health system:</i>	

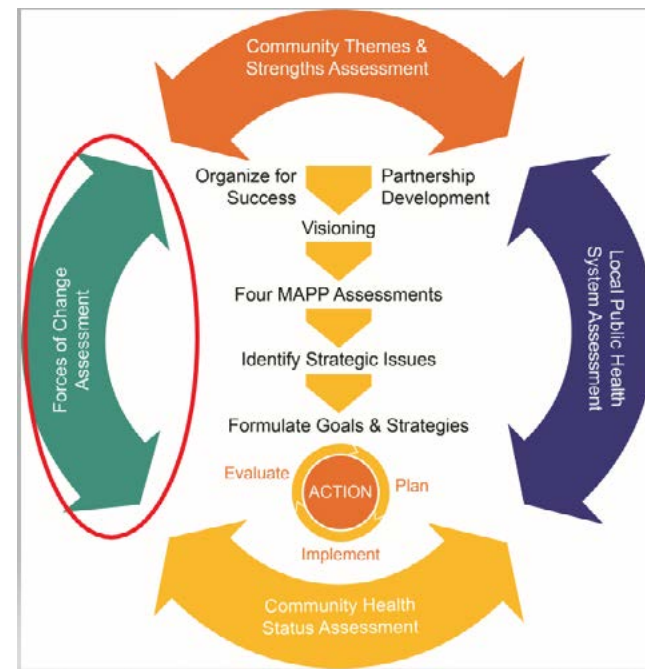
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	50
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	25
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	25
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	25
8.4	Model Standard: Public Health Leadership Development <i>At what level does the local public health system:</i>	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	25
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	50
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	25
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	25
ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		

9.1	Model Standard: Evaluation of Population-Based Health Services <i>At what level does the local public health system:</i>	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	25
9.1.3	Identify gaps in the provision of population-based health services?	25
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	Model Standard: Evaluation of Personal Health Services <i>At what level does the local public health system:</i>	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	25
9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	50
9.2.5	Use evaluation findings to improve services and program delivery?	25
9.3	Model Standard: Evaluation of the Local Public Health System <i>At what level does the local public health system:</i>	

9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	25
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	50
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	25
9.3.4	Use results from the evaluation process to improve the LPHS?	25
ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	Model Standard: Fostering Innovation <i>At what level does the local public health system:</i>	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	25
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	50
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	25
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research <i>At what level does the local public health system:</i>	

10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	50
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	25
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	25
10.3	Model Standard: Capacity to Initiate or Participate in Research <i>At what level does the local public health system:</i>	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	25
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	25
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

Appendix K: Forces of Change (FoC) Report



Forces of Change assessment is one of the four Mobilizing for Action through Planning and Partnerships (MAPP) assessments conducted in this process. This assessment focuses on identifying the trend, events, and factors that may affect the quality of life and/or impact the local public health system. The key forces that were focused on for this session were:

- Social & Cultural
- Economic
- Health
- Political & Legal
- Technological & Scientific
- Environmental
- Ethical

The Forces of Change Assessment sought to answer the following two questions:

1. What is occurring, or might occur, that affects the health and well-being of our community or the local public health system?
2. What specific threats or opportunities are generated by these forces?

On October 11, 2019, the Health Planning Council of Southwest Florida (HPC) hosted the Forces of Change assessment at the Florida Department of Health in Charlotte County. There were 20 people who attended representing 17 agencies from the local public health system. At the meeting, there was great representation from the various sectors of the local public health system in attendance. Participants were placed in small working groups for the brainstorming activity and threats and opportunities activity.

Brainstorming Activity

Within those working groups, participants brainstormed to develop a comprehensive list of trends, events, and factors that affected the health and well-being of the community and local public health system. While brainstorming, groups were asked to consider the following questions:

- What are some changes you have noticed recently that may impact the health or well-being of the community?
- What may occur in the future?
- Are there any trends that may have an impact?
- What forces are happening locally, regionally, nationally, globally?
- What are some key characteristics of the community/community members?
- What characteristics of our area or state may pose an opportunity or threat?
- What may occur or has occurred that may pose a barrier to achieving the share vision?



Words and/or phrases in orange were repeated by several groups.

Factors	Trends, Events, & Factors
Social/Cultural	<ul style="list-style-type: none"> 🌐 Sunseeker development 🌐 Isolation, elderly 🌐 Increase in homeless 🌐 Increase in abuse 🌐 Veterans, increase in population 🌐 <i>Lack of affordable housing</i> 🌐 Substance abuse 🌐 Demographics composition 🌐 Older population 🌐 Families getting lost with focus on seniors 🌐 Perception trend, misinformation
Economic	<ul style="list-style-type: none"> 🌐 Low income 🌐 <i>Lack of public transit</i> 🌐 Sunseeker 🌐 <i>Low Wages</i> 🌐 <i>Affordable housing</i> 🌐 Unbalanced community/economic situations 🌐 Less full-time work for younger population 🌐 More people working past retirement age 🌐 Change of workforce demographics, age 🌐 More women working
Health	<ul style="list-style-type: none"> 🌐 Lack of services for seniors 🌐 Pediatrics, not enough services 🌐 Increase of tele-health 🌐 <i>Opioid crisis</i> 🌐 Cost of care 🌐 Mental health issues 🌐 CBD dispensaries 🌐 Substance abuse 🌐 Transportation 🌐 Shortage of health care professionals 🌐 Vaping 🌐 Generational needs 🌐 Access and affordability of care
Political/Legal	<ul style="list-style-type: none"> 🌐 Civility 🌐 Physician legal worries, fear of being sued

	<ul style="list-style-type: none"> 🌐 Need for collaboration 🌐 2050 long range planning for the community 🌐 Potential sales tax 🌐 Geographical challenges 🌐 Funding of care 🌐 Political will of making Charlotte County family friendly 🌐 Community for ALL ages 🌐 Drug related crime 🌐 Impact of 2020 elections
Technological/Scientific	<ul style="list-style-type: none"> 🌐 Isolation due to social media use 🌐 <i>Increase better connection to resources</i> 🌐 <i>211</i> 🌐 Lack of technical in basic life skills 🌐 <i>Tele-health</i> 🌐 Technology of Hepatitis C clinic 🌐 Communication, lack of access 🌐 Parity and access to technology
Environmental	<ul style="list-style-type: none"> 🌐 Natural disaster 🌐 Climate change 🌐 <i>Red tide</i> 🌐 <i>Bacteria in water</i> 🌐 <i>Tourism impact</i> 🌐 <i>Water quality</i> 🌐 Sunseeker, increase in transportation challenges 🌐 Lack of <i>sidewalks</i> in some neighborhoods 🌐 Development around the community, need for infrastructure 🌐 Road safety
Ethical	<ul style="list-style-type: none"> 🌐 End of life issues 🌐 Funding of services 🌐 Access to behavioral health, different treatments 🌐 Conservative values 🌐 Medical marijuana, how the workplace will deal with it

Identifying Threats and Opportunities

After the brainstorming activity was completed, the small groups were asked to pick a force from each category and think about the threats it posed to the community and the opportunities it may create.

Force	Threats Posed	Opportunities Created
Social		
Sunseeker	<ul style="list-style-type: none"> No water access Potential increase in human trafficking 	<ul style="list-style-type: none"> Locals will frequent the shops, potential use of amenities (restaurants) Could be a game changer for the economy
Affordable housing	<ul style="list-style-type: none"> Won't attract workforce Lack of preventative care 	<ul style="list-style-type: none"> Change in Public Housing Policy Public/private partnership
Demographic Composition	<ul style="list-style-type: none"> Seniors voting Attitude that community will take care of them, seniors Other populations don't have a strong voice 	<ul style="list-style-type: none"> We can pull on their knowledge, seniors Use them to mobilize different community movement
Perception/misinformation	<ul style="list-style-type: none"> False reality can be created Perception creates reality 	<ul style="list-style-type: none"> Educational campaigns Speakers bureau Print, media, social media, and word of mouth
Economic		
Attainable housing	<ul style="list-style-type: none"> Developers cannot purchase land Unstable communities People cannot afford to live in the community 	<ul style="list-style-type: none"> Look at the issue with the lens for a community of all ages Look at long-term plans to change
Sunseeker	<ul style="list-style-type: none"> Increased traffic Can it be sustained with a good workforce Will this cause other places to close down 	<ul style="list-style-type: none"> Forces community to build better infrastructure to accommodate
Lack of affordable housing	<ul style="list-style-type: none"> Too many people are housing burdened Threat of homelessness 	<ul style="list-style-type: none"> Change mindset and value intergenerational relationships Developing private/public partnerships to build affordable housing
Low wages	<ul style="list-style-type: none"> Won't attract workforce Mom and pops are not able to keep up Business do not see incentives 	<ul style="list-style-type: none"> Education Industry Educate people how to manage their budget to maximize their income

		<ul style="list-style-type: none"> Business tax and economic incentives to mom and pops to boost the economy
Health		
Opioid crisis	<ul style="list-style-type: none"> Creating a crisis for foster care children removed from families 	<ul style="list-style-type: none"> Youth advocating against drug use Youth influence policy, Drug Free Port Charlotte and Punta Gorda
Shortage of healthcare professionals	<ul style="list-style-type: none"> Access Cost 	<ul style="list-style-type: none"> Increase in education opportunity Increased wages for workforce Create activities for young people
Lack of insurance	<ul style="list-style-type: none"> No access Sicker society People don't get care 	
Medical Marijuana	<ul style="list-style-type: none"> Workplace impact CBD – unregulated 	<ul style="list-style-type: none"> Education
Lack of services	<ul style="list-style-type: none"> Limitations for those with no insurance Few choices other than large physicians groups Decrease in pediatric services 	<ul style="list-style-type: none"> Create a community that can afford to support providers
Political/Legal		
Community for ALL ages	<ul style="list-style-type: none"> Legislation being biased toward retirees Lack of representation of young people that attend community meetings Political involvement 	<ul style="list-style-type: none"> Educate younger population to gain representation Offer community meetings at different times Use technology to increase involvement
Imbalance of generational representation	<ul style="list-style-type: none"> Lack of voting power of the younger generations with young families Not enough power to push important legislation 	<ul style="list-style-type: none"> Educate seniors Educate families to be informed and fight
Family Friendly	<ul style="list-style-type: none"> Workforce impact 	<ul style="list-style-type: none"> Create activities for young people
Need for collaboration	<ul style="list-style-type: none"> Divisive politicians Youth not voting Political apathy from millennials due to a broken system 	<ul style="list-style-type: none"> Awareness and collaboration among community groups More united as a community to approach challenges as a whole Millennials to change due to political dynamics

Technological/Scientific		
Lack of technical basic life skills	<ul style="list-style-type: none"> Reliance on technology to do everything Technology taking over 	<ul style="list-style-type: none"> Use digital (social media marketing) to educate in life skills Opportunity to connect with others to mentor
Communication	<ul style="list-style-type: none"> Parity to access 	<ul style="list-style-type: none"> Create apps Have an incubator
Isolation because of technology		<ul style="list-style-type: none"> Find new ways to reduce isolation through technology
211	<ul style="list-style-type: none"> Outdated information People are not aware of 211 	<ul style="list-style-type: none"> Use social media Use newspaper to reach older crowd Knowledge of utilization of resources
Environmental		
Roads & Sidewalks	<ul style="list-style-type: none"> Safety for walkers/bikers Safety for evacuation Wear and tear on vehicles Lack of sidewalks 	<ul style="list-style-type: none"> Sidewalk requirements in development Families will come and stay More people would feel more comfortable
Sunseekers	<ul style="list-style-type: none"> Increase in pollution and waste Accidents 	<ul style="list-style-type: none"> Forces improvement on infrastructure More bike lanes Better public transportation Aesthetically pleasing Creation of jobs Change the composition of the community
Impact on workforce	<ul style="list-style-type: none"> Low wages Reduced workforce 	<ul style="list-style-type: none"> Marine biology epicenter
Ethical		
Medical marijuana	<ul style="list-style-type: none"> Hard to monitor and regulate Misuse of THC content CBD unregulated Not FDA approved Dispensing to pregnant women Lack of education Lack of research Conservative population won't want education 	<ul style="list-style-type: none"> It can help alleviate pain Good for palliative care Should be dealt with same as any other prescriptions
Behavioral health	<ul style="list-style-type: none"> Mass shootings Workforce reduced 	<ul style="list-style-type: none"> Funding De-stigmatize

Conclusion

There were several common themes that arose throughout the assessment. The list below show the most frequent themes for the forces, threats, and opportunities identified.

Frequently Cited Forces of Change

- The new Sunseekers Resort
- Family friendly community
- Medical marijuana
- Workforce

Frequently Cited Threats

- Large elderly population
- Workforce impact
- Limited access
- Not empowering young people and families

Frequently Cited Opportunities

- Increase in infrastructure
- Increase in community capacity
- Increase in education

Appendix L: Data Sheets



**COMMUNITY HEALTH NEEDS ASSESSMENT
PRIORITIZATION MEETING**

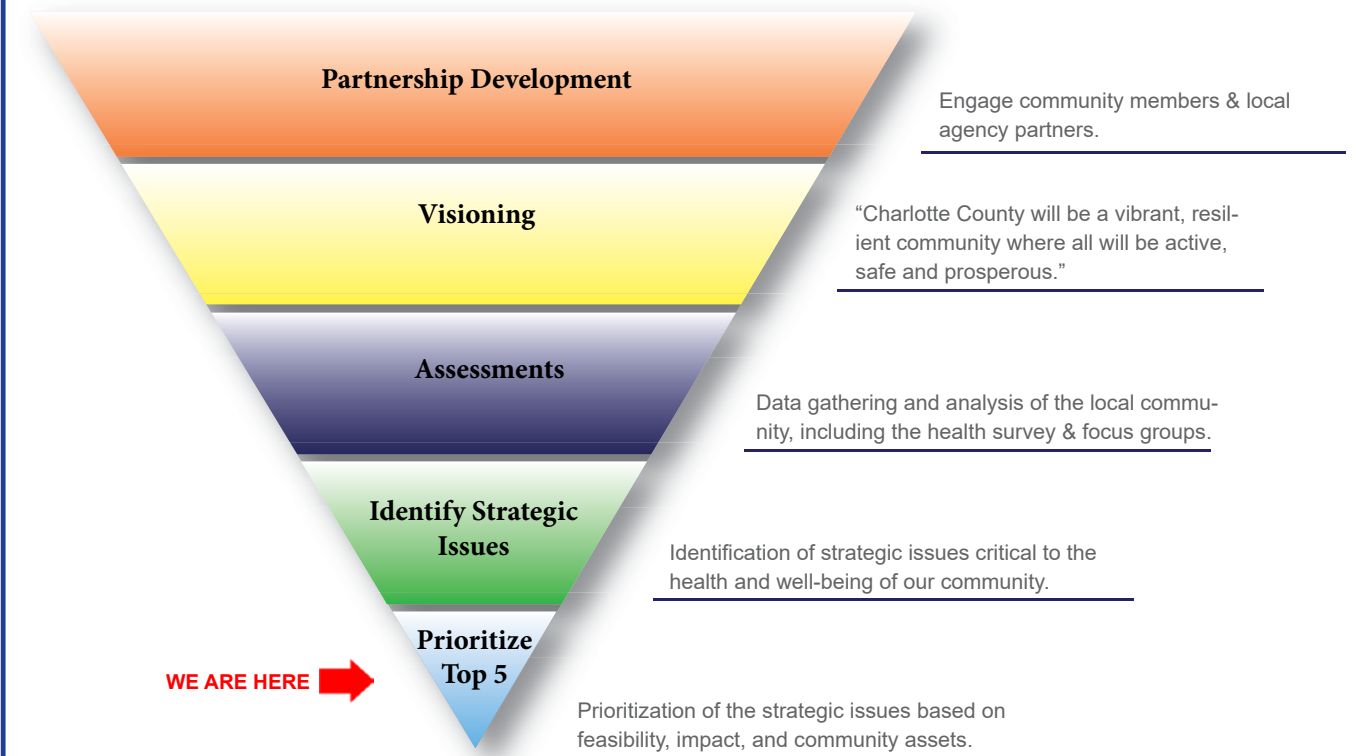
January 17, 2020

“Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous.”

January 17, 2020



The Community Health Needs Process



The Charlotte County 2020 Community Health Needs Assessment (CHNA) evaluated data through the lens of Health Equity with emphasis on the Social Determinants of Health (SDOH).

As defined by the Centers for Disease Control and Prevention (CDC), “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Social Determinants of Health (SDOH) are “conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes”

For this report, community health and wellness data was examined for disparities based on stratifications such as:

- Geographical Variations by Census Tract
- Age
- Gender
- Educational Attainment
- Race and Ethnicity
- Poverty Level

January 17, 2020



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SHINE A SPOTLIGHT ON THINGS

"Stigma continues to affect residents seeking mental health.
"We need more low-cost recreational activities."
"An aging population can lead to transportation challenges."
"Our region has the highest child protective investigator turnover rate."
"We are significantly older than the average county."
"Our county lags behind state rates of medical providers."

Community Make-Up	Community Survey Participants	Focus Group Participants
<ul style="list-style-type: none"> 46.9% of the population is 60 years old or over. 32.6% of the Charlotte County population are between 35-59 years of age. 51.2% of Charlotte County residents are female. 90.1% of Charlotte County residents are White; 5.7% are Black or African American. 41.7% of Charlotte County residents are in the workforce. 22% of Charlotte County residents have a bachelor's degree. 97% of Charlotte County residents speak English as their primary language. 23.3% of Charlotte County households have a child/children 18 or under. 11.5% of Charlotte County residents have an income of \$15,000 or less. The median household income in Charlotte County is \$49,225. 47.7% of Charlotte County households have an income between \$35,000 and \$100,000. 83% of residents have an overall favorable view of the quality of life in Charlotte County. 	<ul style="list-style-type: none"> 33.3% of survey respondents were 60 years old or over. 51.5% of survey respondents were between 35-59 years of age. 73% of survey respondents were female. 84.1% of survey respondents were White; 8.3% were Black or African American; 67.57% were employed and 21% were retired. 22.2% of survey respondents have a bachelor's degree. 96.4% of survey respondents' primary language was English and 2.11% of surveys respondents' primary language was Spanish. 66.2% of survey respondents had children 18 years or under in their households. 17.3% of survey respondents had a household income of \$15,000 or less. 33% of survey respondents had a household income between \$15,000 and \$45,000. 31% of survey respondents had a household income between \$45,001 and \$90,000. 54.46% of survey respondents were "slightly" or "fully satisfied" with the quality of life in Charlotte County. 35.77% were "somewhat satisfied." 	<ul style="list-style-type: none"> 27% of focus group participants were 60 years old or over. 42% of focus group participants were between 35-59 years of age. 66% of focus group participants were female. 89% of focus groups participants were White; 4% were Black or African-American; 52% of focus group participants were employed & 22% were retired. No data collected. 97% of focus group participants' primary language was English and 3% of participants' primary language was Spanish. 38% of focus group participants had children 18 years or under in their households. 41% of focus group participants had a household income of \$15,000 or less. 39% of focus group participants had a household income between \$15,000 and \$45,000. 15% of focus group participants had a household income between \$45,001 and \$90,000. No data collected.
Military Veterans		
<ul style="list-style-type: none"> 14.9% of the Charlotte County adult population are military veterans. 72% of military Veterans are 65 or older. 94.4% of military Veterans are male and 5.65% are female. 	<ul style="list-style-type: none"> 15% of military Veterans in Charlotte County disabled. 64% of Veterans are in the workforce. 2.2% of Veterans are black or African-American. 	<ul style="list-style-type: none"> 1.3% of Veterans are Hispanic

January 17, 2020



DEMOGRAPHICS



46.9% of the population is over 60 versus the state at 25.7%.

Charlotte County, Florida Population - Age

The median age in Charlotte County is 58.1. In the 2010 Census, the median age was 55.9. The State of Florida median age is 41.9.

Charlotte County is 90.1% White and 5.7% Black or African-American and 1.2% Asian.

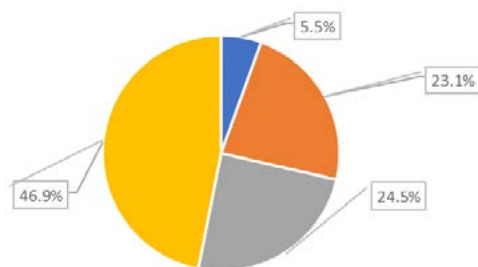
22% of Charlotte County residents have a bachelor's degree compared to the state at 28.5% and the nation at 29.6%.

45% of Charlotte County households are in poverty or are ALICE (financially unstable).

41.7% of Charlotte County residents are in the workforce.

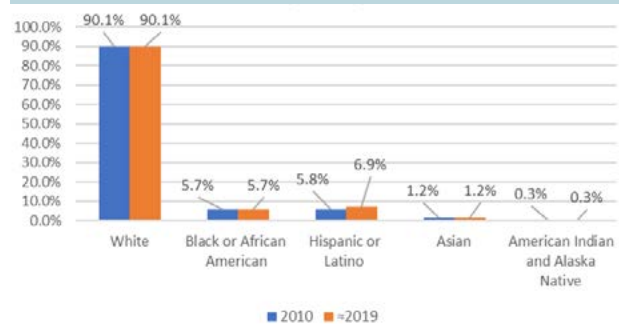
21.5% of the Charlotte County population have a disability compared to the state average of 13.4%.

14.9% of the Charlotte county adult population are military Veterans. Of that 72% are 65 or older. 94.4% are male and 5.65% are female.



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Charlotte County, Florida Population - Race



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

SPOTLIGHT

Charlotte County has a limited amount of diversity in both age and race. The racial makeup of Charlotte County has not changed in approximately 10 years across all racial populations, although, the median age continues to rise.

Charlotte County is significantly older than the average county and the median age is rising. It is currently at 58.1, up from 55.9 in 2010.

Due to the average age of residents, Charlotte County has a small workforce. The workforce is also largely undereducated. These combine to make it challenging to recruit employers who offer high quality jobs.

Attention must be paid to the growing group of persons with disabilities who make up 21.5% of the population.

January 17, 2020



AGING

Focus Groups

There is a perception that Charlotte County focuses primarily on the elderly rather than on children and families.

“An aging population can lead to additional transportation challenges.”

During the Forces of Change assessment it was identified that isolation of the elderly was an area of concern.

“There are many grandparents raising their grandchildren who need additional resources.”

Community Survey

Charlotte was ranked 3.8 out of 5 as a good place to grow old.



Data

Charlotte is significantly older than the state average and the median age is rising (58.1 vs. 41.8 FL)

The fastest growing segment of the Charlotte County population are over the age of 65 and projections show a 46% increase by 2035.

In 2016, approximately 1 million grandparents age 60 and over were responsible for the basic needs of one or more grandchildren under age 18 who were living with them.

The number of seniors in Charlotte County who died due to Alzheimer's more than doubled from 63 deaths in 2014 to 134 deaths in 2016, compared to the state rate at 6,980.

SPOTLIGHT

Charlotte county is significantly older than the average county and the median age is rising.

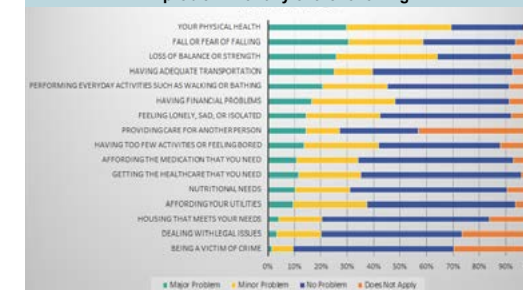
As the elderly continue to make up the majority of the Charlotte County population and the number of seniors will outnumber youth, nationally by 2030, community resources must rise to meet the growing needs of the senior population.

In the 2017 Senior Needs Assessment, respondents identified “Transportation” as the primary area that Charlotte County needs, to improve the health of older adults.

Grandparents are providing kinship care without adequate resources.

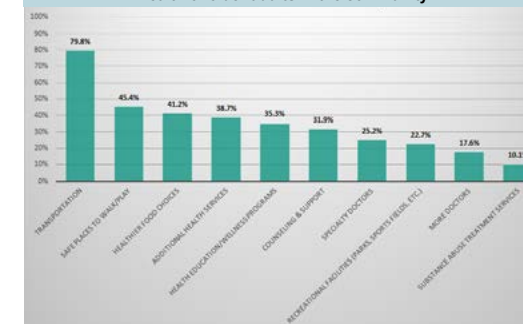
Isolation amongst the elderly is a growing challenge since Charlotte county's median age is rising. The county does not have the capacity in resources to meet the unique challenges of this population group.

Over the last 12 months, have you had a problem with any of the following?



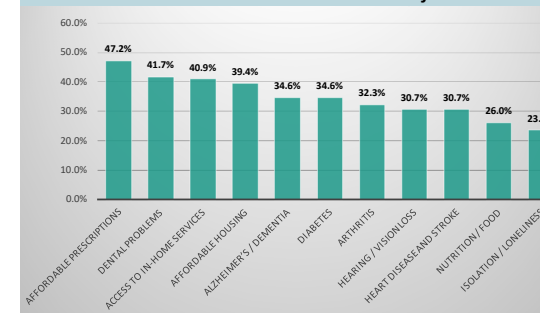
Source: 2017 Charlotte County Senior Health Assessment

What does Charlotte County need to improve the health of older adults in the community?



Source: 2017 Charlotte County Senior Health Assessment

Top Health Concerns for Older Adults in Charlotte County



Source: 2017 Charlotte County Senior Health Assessment



ECONOMIC WELLNESS

Focus Groups

"Housing is a major issue, and there needs to be more resources for the homeless and more affordable housing."

"There are many grandparents and foster parents raising children who need additional resources."

37% of focus group participants are housing burdened.

ALICE is an acronym for Asset Limited, Income Constrained, and Employed. ALICE households have incomes above the Federal Poverty Level (FPL), but still struggle to afford basic household necessities. In Charlotte County, 34% of households fall into the category of ALICE, while another 11% of Charlotte County households live at or below FPL. Combined that means that nearly half of Charlotte County households (45%) are struggling to meet basic needs.

Data

Retail Trade, Health Care and Social Assistance, and Accommodation and Food Services make up 49.4% of Charlotte County's workforce.

The unemployment rate in Charlotte county for November 2019 was 3.2%. This represents a 0.6% decline from November 2018.

The federal poverty threshold for an individual is \$12,784; for a family of four, it is \$25,701.

The Charlotte County Household Survival Budget for a single adult is \$20,448 and for a family of four, it is \$57,792.

The average household size for Charlotte County is 2.28.

The median household income in Charlotte County is \$44,865 compared to the state at \$47,381 and the U.S. at \$54,968.

81% of single female-headed households are ALICE or in poverty, while 73% of male-headed households are ALICE or in poverty.

The average annual salary in Charlotte County is \$38,131 compared to the state at \$48,900 and the U.S. at \$55,322.

Charlotte County has a 42% workforce participation rate.

45% of overall Charlotte County, Florida households are in poverty or are ALICE.

SPOTLIGHT

Charlotte County has a service-based seasonal economy which affects its ability to provide livable wages. The county provides jobs but limited career positions, which in turn hinders retention of younger populations seeking long-term career opportunities and affordable housing.

A recent study in the Journal of Epidemiology and Community Health found that a \$1 increase in minimum wage between 1990-2015 could have prevented 27,550 suicide deaths among individuals with a high school diploma or less who were ages 18-64.

Attention must be paid to Charlotte County's susceptibility to natural and man-made disasters.

Charlotte is 1 of 11 Florida counties that "ranks 'high' for both social vulnerability and for climate hazards" due to age extremes, having a large special needs population, having a population with vulnerable occupations, and quality of housing and large racial/ethnic disparities.

Charlotte also ranks among 8 Florida counties, which are in the top 20% in the nation for "social vulnerability to environmental hazards."

Community Survey

82% of survey respondents chose "Lack of insurance/Unable to Pay" as the primary reason that keeps individuals in Charlotte County from seeking medical treatment.

48% of survey respondents do not feel economically secure nor do they have enough money for their future.

39% of survey respondents report that, in the past year, there were times when they were unable to pay their rent/mortgage or utilities; 61.2% of respondents report being able to pay their rent/mortgage or utilities for the same time period.

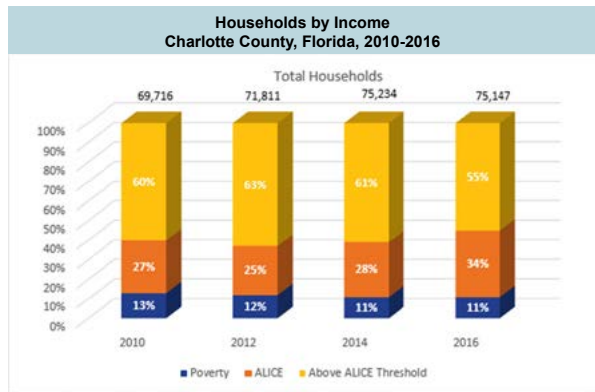
44% of survey respondents consider themselves housing burdened (more than 30% of income is spent on housing costs).

62% of survey respondents report having experienced stress within the past year due to lack of money.

85% of survey respondents have some degree of reliable transportation for work and their health needs.

Largest Job Sectors in Charlotte County				
Industry/Job Sector	Number of Workers	Percent of Total Workforce	Average Annual Wages	12 month Growth Projections
Retail Trade	9,593	18.7%	\$28,122	+82 jobs
Health Care and Social Assistance	9,474	18.4%	\$50,388	+206 jobs
Accommodation and Food Services	6,339	12.3%	\$18,908	+71 jobs

<http://www.chmuraecon.com/jobseq>



Source: American Community Survey, 2016, the ALICE Threshold, 2016



AFFORDABLE HOUSING

Focus Groups

"Housing is a major issue, and there needs to be more resources for the homeless and more affordable housing."

37% of focus group participants are housing burdened.

Data

In 2016, Charlotte County had 75,147 households. The Census Bureau estimates 76,150 for 2018.

Median rental price for a home in Charlotte County is \$1,350 per month.

57.9% of renter-occupied households are cost-burdened in Charlotte County compared to the state at 57%.

25.5% of owner-occupied households are cost-burdened in Charlotte County compared to the state at 27%.

To keep pace with demand, Charlotte County will need an additional 10,918 housing units by 2025; 5,553 of those units must be for those earning 80% below the area median income (AMI).

As of 2018, there are 105,172 housing units in Charlotte County; 78.2% are owner-occupied; 21.8% are renter-occupied.

In Charlotte County, the median rental price for a two-bedroom home is \$1,350 per month as of July 2018. Conservatively estimating \$100 per month in utilities costs, that totals \$17,400 annually in housing costs. In order to afford this level of home - without paying more than 30% of income on housing - a household must earn \$4,833 monthly or \$58,000 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into:

an hourly Housing Wage of **\$27.88** /per hour

Minimum Wage: **\$8.25** per hour

Average Hourly Wage in Charlotte County: **\$18.33** per hour

Average Monthly Social Security (SS) Check: **\$1,180**

Work Hours per week at Minimum Wage to afford the home: **135**

Number of Full Time Jobs at Minimum Wage to afford the home: **3.4**

Source: Together Charlotte Housing Report, 2018

SPOTLIGHT

Although, the federal poverty threshold for a family of four is \$25,701, the bare-minimum budget to "survive" in Charlotte County for a family of four is \$57,792. This value is the most conservative estimate for the cost of living in Charlotte County and does not allow for cell phone costs, clothing, car maintenance and repairs, or setting money aside for savings.

36% of families with a married couple are ALICE or in poverty.

For a family NOT to be cost-burdened in Charlotte County, their household income must be a minimum of \$27/hr. Although, the current average hourly wage for Charlotte County is significantly below the minimum necessary to survive at \$18.33/hr.

Community Survey

46% of survey respondents chose "Cost of Housing" as the 2nd top health and wellness concern in Charlotte County.

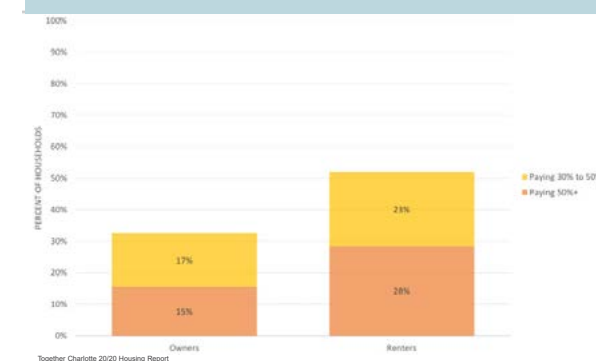
55% of survey respondents chose "Affordable Housing" as essential to a healthy lifestyle.

33% of survey respondents view "Rental/Housing Assistance" as services that individuals in Charlotte County have difficulty accessing.

44% of survey respondents consider themselves housing burdened.

66% of survey respondents own their homes, while 22% are renters.

Cost Burdened Charlotte County Households: Owners vs Renters



Household Survival Budget Charlotte County, 2016

	Single Adult	2 Adults, 1 Infant, 1 Preschooler
Housing	\$606	\$848
Child Care	\$0	\$1,180
Food	\$164	\$542
Transportation	\$322	\$644
Health Care	\$196	\$726
Technology	\$55	\$75
Miscellaneous	\$155	\$438
Taxes	\$206	\$363
Monthly Total	\$1,704	\$4,816
Annual Total	\$20,448	\$57,792
Hourly Wage	\$10.22	\$28.90

Source: US Department of Housing and Urban Development, US Department of Agriculture, Bureau of Labor Statistics, Internal Revenue Service, Tax Foundation, and Office of Early Learning



TRANSPORTATION

Focus Groups

"Transportation in Charlotte County is a challenge. Charlotte Rides helps, but the need for reservations can be a challenge."

"Transportation is difficult because it is not accessible."

"Transportation is not accessible and is not teenager friendly."

"Transportation that crosses counties would be beneficial."

"After school activities are limited by availability and cost of transportation."

Community Survey

35% of survey respondents chose "Transportation Options" as a necessity to allow them, their families, friends, and neighbors to have a healthy lifestyle.

32% (2nd highest choice overall) of survey respondents chose "Lack of Transportation" as the main reason that keeps people in Charlotte County from seeking medical treatment.

56% of survey respondents have reliable transportation for work and health needs.

85% of survey respondents have some degree of reliable transportation for work and their health needs.

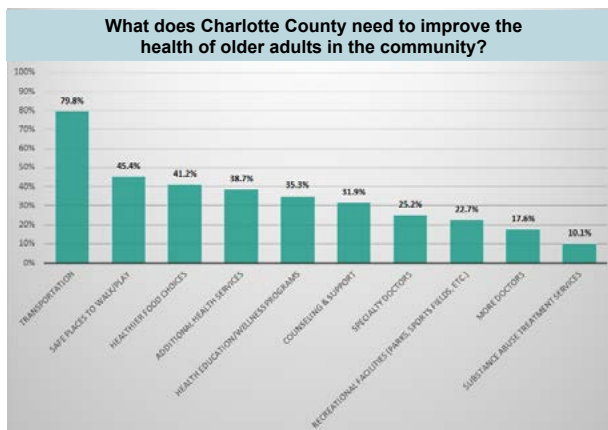
Data

0.2% of Charlotte County residents use public transportation to travel to work.

The elderly make up 15% of the total users of public transportation in Charlotte County.

45.1% of Charlotte County households have 1 vehicle available.

38.8% of Charlotte County households have 2 vehicles available.



Source: 2017 Charlotte County Senior Health Assessment



SPOTLIGHT

Charlotte County does not have a fixed-route public transportation system. This is a consistent request from the community and limits the economic, educational, and affordable housing development for the County.

Cost and scheduling are both common challenges cited for current transportation options.

An aging population can lead to additional transportation challenges.

Charlotte county has the 8th largest amount of road infrastructure in Florida. The overall layout of the county does not lend itself to being prime realty for mass transit investments.



HEALTHCARE

Focus Groups

"It is difficult to find a doctor who will take Medicaid."

Many individuals have dental problems that they neglect due to lack of ability to pay for services.

45% of Focus Group participants had Medicare/Medicaid, 44% had private insurance, and 6% of had no insurance.

Charlotte County is losing doctor's because they are retiring and there are not enough doctors to replace them.

Community Survey

82% of survey respondents chose the number one reason why they think people in Charlotte County do not seek medical treatment is their "lack of insurance/inability to pay."

30% chose "Lack of providers who accept your insurance" as one of the reasons that keeps people in Charlotte County from seeking medical treatment.

32% of survey respondents selected "Access to dental care is a service that individuals in Charlotte County have difficulty accessing."

14% of survey respondents had no insurance.

14% and 10% of survey respondents chose "Access to Primary Care" and "Access to Specialty Care," respectively, as necessities to allow them, their families, friends, and neighbors to have healthier lifestyles.

57% of survey respondents get healthcare from a Family Doctor, 10% from a walk-in clinic, 9% from other means, 7% from a hospital/Emergency Department, and 4% from the Health Department.

Data

At 148.7 per 100,000, cancer is the leading cause of death for Whites in Charlotte County, although at the state level, the rate is higher for Blacks at 153.9.

The rate of strokes and diabetes are highest among the Black population in Charlotte County compared to the White population (44.9 vs 27.3 and 32.9 vs 17.3, respectively).

There were 51 Hepatitis A cases in 2019.

From 2017-2018, births from mothers ages 10-19 dropped significantly from 23 to 15.3 per 1000 putting us 1.4 points below the state rate.

Fewer individuals in Charlotte County are uninsured (12.7%) compared to the state average (14.9%). A significantly higher percentage have public coverage due to the high percentage of Charlotte County residents who have Medicare.

The rate of children under 19 who do not have insurance is higher in Charlotte County than in the state at 13.0% vs. 8.5%.

Charlotte County has 404 total licensed Physicians.

There are 20 licensed Family Practice Physicians in Charlotte County.

In 2018 there were over 51 unintentional fatal injuries among individuals 65 and over, compared to 41 unintentional fatal injuries among those 0-64.

In 2019 there were 110 vaping lung injuries with 2 deaths in the state of Florida.

In 2014-2015, Head Start basic screenings estimates there were 20.8% untreated dental decays. This percentage rose to 24% for 2017-2018.

SPOTLIGHT

There have been no significant or alarming changes in the state of chronic or communicable diseases in Charlotte County.

Insurance rates do not demonstrate full costs of care and that leads to lack of utilization of services.

The high rate of uninsured children in Charlotte County leaves that portion of the population vulnerable.

Health risk behaviors, such as, adult smoking, obesity, or physical inactivity match state levels and are not far from "Top U.S. performers".

Health Insurance Coverage
Percentage of the population, Charlotte County and State, 2013-2017

	Charlotte	State
Civilian noninstitutionalized population		
With health insurance coverage	87.3%	85.1%
With private health insurance	61.7%	60.8%
With public coverage	52.5%	36.5%
No health insurance coverage	12.7%	14.9%
Under 19 years		
No health insurance coverage	13.0%	8.5%
Employed 19 to 64 years		
With health insurance coverage	77.4%	80.5%
With private health insurance	71.5%	75.4%
With public coverage	8.3%	7.4%
No health insurance coverage	22.6%	19.5%
Not in labor force		
With health insurance coverage	82.2%	76.8%
With private health insurance	53.3%	48.4%
With public coverage	38.1%	35.0%
No health insurance coverage	17.8%	23.2%

Source: US Census Bureau DP03 Selected Economic Characteristics

Health Behaviors
Charlotte County, Florida, and US, 2019

	Charlotte County	Error Margin	Top U.S. Performers	Florida
Adult smoking Percentage of adults who are current smokers	16%	16-17%	14%	15%
Adult Obesity Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ²	27%	24-30%	26%	27%
Physical inactivity Percentage of adults age 20 and over reporting no leisure-time physical activity	27%	24-30%	19%	25%
Insufficient sleep Percentage of adults who report fewer than 7 hours of sleep on average	32%	31-32%	27%	34%

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute



HEALTHCARE

Health Resources Availability Charlotte and State 2018

	County			State
	Number	Rate per 100,000	Quartile**	Rate per 100,000
Providers*†				
Total Licensed Psychologists	11	6.3	1	22.5
Total Licensed Mental Health Counselors	55	31.6	1	52.7
Total Licensed Marriage and Family Therapists	5	2.9	1	9.6
Total Licensed Clinical Social Workers	56	32.2	2	46.6

Source: Florida Department of Health, Division of Medical Quality Assurance, Florida Agency for Health Care Administration (AHCA), Florida Department of Health
 *Data for Providers are for a fiscal year, not a calendar year.
 †Number of licensed providers does not necessarily equal the number of practicing providers. These numbers may include providers who work in another county, only work part time, or are retired.
 **County compared to other Florida counties. The lowest quartiles equal the lowest number. For resource availability the lowest number is generally considered the worst ranking.
 Quartiles are calculated when data is available for at least 51 counties.

Health Resources Availability Charlotte County & State 2018

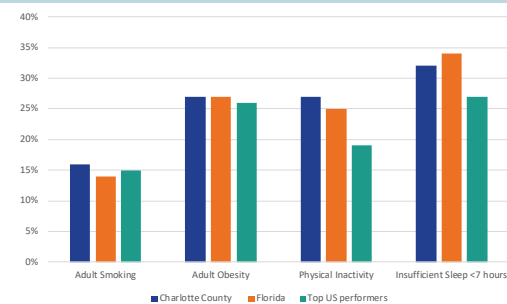
Providers*†	County			State
	Number	Rate per 100,000	Quartile**	Rate per 100,000
Total Licensed Dentists	67	38.5	2	55.8
Total Licensed Florida Dental Hygienists	100	57.5	2	59.0
Total Licensed Physicians	404	232.2	2	310.6
Total Licensed Family Practice Physicians	20	11.5	2	19.2
Total Licensed Internists	75	43.1	3	47.8
Total Licensed OB/GYN	11	6.3		9.5
Total Licensed Pediatricians	17	9.8	2	22.3

Selected Causes of Death and Race, Charlotte County and State 3-Year Age-Adjusted Death Rates by Cause, 2016-2018

	County				State			
	White	Black	Other	All Races	White	Black	Other	All Races
Cancer	148.7	79.5	110.2	145.9	149.4	153.9	116.9	149.0
Heart Disease	131.3	123.5	76.9	129.8	146.5	169.7	123.7	148.9
Chronic Lower Respiratory Disease	38.4	14.7	29.8	37.1	41.2	25.7	23.2	39.2
Stroke	27.3	44.9	26.3	27.9	37.5	57.0	38.8	39.7
Cirrhosis	20.8	1.5	7.2	19.9	13.2	6.1	8.2	11.9
Motor Vehicle Crashes	19.0	7.2	11.1	17.9	15.1	15.7	12.8	15.0
Diabetes	17.3	32.9	30.3	17.8	18.2	38.8	19.0	20.4
Pneumonia/Influenza	13.2	14.7	11.7	13.6	9.5	11.7	8.2	9.7
HIV/AIDS	0.5	2.3	2.7	0.5	1.6	13.0	2.0	3.3

Source: Florida Department of Health, Bureau of Vital Statistics

Health Behaviors Charlotte County, Florida vs. United States, 2019



Preventable ER Visits Under 65 from Dental Conditions Single Year Rate per 100,000 Population Under 65



Source: Florida Department of Health, Bureau of Vital Statistics

SPOTLIGHT

Charlotte County lags behind state rates of medical providers, i.e. total licensed physicians 232.2 Charlotte County vs 310.6 for the state.

Births to teen mother's 10-19 have significantly decreased while births to mothers who have not received prenatal care rose from 2017 to 2018. This may suggest that access is a challenge for this population group.



BUILT ENVIRONMENT

Focus Groups

"Charlotte County needs more sidewalks."

"There are not a lot of streetlights."

Define Built Environment:

Man-made structures, features, and facilities viewed collectively as an environment in which people live and work.

Data

14.6% of the Charlotte County population live within a 1/2 mile of a healthy food source.

Charlotte County has double the percentage of individuals who are low income and do not live near a grocery store compared to the state average.

Charlotte County has fewer individuals with access to exercise opportunities than the state average at 83% vs. 88% for the state.

The Charlotte County Metropolitan Organization (MPO) is currently implementing the Bicycle and Pedestrian Master Plan to "create a connected network in Charlotte County and facilitate biking and walking for transportation and recreation." The plan is set in three tiers starting in 2019 with an expected completion date in 2040. (<https://ccmpo.com/wp/bike-ped-plan/>)

Charlotte County has no town center.

Charlotte County is a car dependent community.

SPOTLIGHT

We have limited access to safe trails, sidewalks and parks.

Additional sidewalks would bring health and safety benefits.

Additional bike lanes have the potential to ease transportation challenges.

There is a consistent request for additional low-cost recreational activities.

The construction of the Sunseeker Resort has the potential to force a change in the built-environment by the addition of more sidewalks and streetlights to cater to the expected growth in the tourist population.

Community Survey

The top five environmental factors survey respondents chose, which are affecting their health are:

1. 36% said "none"
2. 29% said "Lack of sidewalks"

23%, 18%, 16%, and 14%, and 10% of survey respondents listed "Well-Maintained Sidewalks," "Clean Environment," "Access to Trails and Parks," "Smoke-Free Environment," and "Community Gardens," respectively, as necessary options to allow them, their family, their friends, and neighbors to have a healthier lifestyle.

Built Environment Percent of county residents, Charlotte County and State 2016

	Charlotte	State
Population that live within a 1/2 mile of healthy food source	14.6%	30.9%
Population that live within a 1/2 mile of a fast food restaurant	17.0%	33.9%
Population that live within a ten minute walk (1/2 mile) of an off-street trail system	30.0%	18.2%

Source: Florida Environmental Public Health Tracking

Built Environment Charlotte County, Florida, and US, 2019

	Charlotte County	Error Margin	Top U.S. Performers	Florida
Food environment index Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.0		8.7	6.9
Access to exercise opportunities Percentage of population with adequate access to locations for physical activity	83%		91%	88%
Food Insecurity Percentage of population who lack adequate access to food	14%		9%	14%
Limited access to health foods Percentage of population who are low-income and do not live close to a grocery store	14%		2%	7%

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute





ENVIRONMENTAL HEALTH

Focus Groups

"Water quality is bad."
 "Red-tide/Water quality are problems for me to maintain good health."

Data

Water turbidity (clarity of water) is .13 NTU which is significantly lower than the maximum contaminant level (MCL).

The level of copper in Charlotte County Utility water is .289 parts per million (PPM) which is lower than the maximum contaminant level goal (MCLG) acceptable levels of 1.3. 1.3 is the action level.

The lead levels in Charlotte County Utility drinking water is 2.0 which is above the MCLG but significantly lower than the action level.

Harmful Algae Blooms (HABs) are "temporary and happen in late summer or early fall."

In 2016 and 2018, the Florida Department of Health completed testing for HABs. Both testing results reported "very low" and "non-hazardous levels" of HABs.

The most recent NOAA satellite imagery from 12/24/2019 for Lake Okeechobee showed "10% coverage of low to moderate bloom potential."

As of January 2, 2020 testing for Red Tide in Charlotte County only produced, either "not present" or "very low" presence of Red Tide bacteria.

Charlotte county's current Air Quality Index (AQI) falls between 30 and 36, which is "good" and within the acceptable range.

There are 48,350 sewer connections and 62,000 water systems in Charlotte County. There are 6,500 managed systems and 2,900 systems with on-site treatment.

Community Survey

19% of survey respondents chose "Water Pollution" and 11% of survey respondents chose "Lack of Clean Drinking Water" as environmental factors affecting their health.

8% of survey respondents chose "Air Quality" as an environmental factor affecting their health.

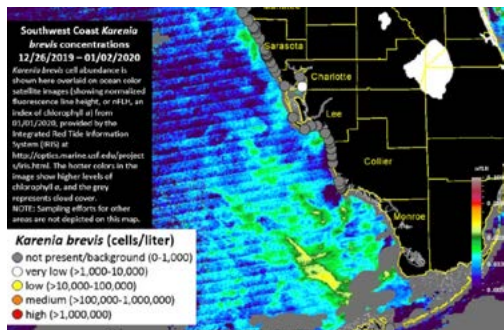
18% and 14% of survey respondents chose "Clean Environment" and "Smoke-Free Environment", respectively, as essential to a healthy lifestyle.

Environmental Health
 Charlotte County, Florida, and US, 2019

	Charlotte County	Error Margin	Top U.S. Performers	Florida
Air pollution – particulate matter Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	7.7		6.1	8.2
Drinking water Indicator of the presence of health-related drinking water violations. Yes indicates the presence of a violation. No indicates no violation	No			

Lead and Copper (Tap Water) - Charlotte County Utilities

Contaminant and Unit of Measurement	Dates of sampling (no. yr.)	AL Exceedance Y/N	90th Percentile Results	No. of sampling sites exceeding the AL	MCLG	AL (Action Level)	Likely Source of Contamination
Copper (tap water) (ppm)	6/17	N	0.289	0	1.3	1.3	Corrosion of household plumbing systems, erosion of natural deposits, leaching from wood preservatives.
Lead (tap water) (ppb)	6/17	N	2.0	0	0	15	Corrosion of household plumbing systems, erosion of natural deposits.



WATER QUALITY		
Grade Criteria	Percent Unimpaired	GPA/Qualifier
Spatial Impairment	46%	2.00
Severity of Impairment	85%	3.67
Combined GPA		2.66
Percent Impervious Surface	2.8%	Plus
Hydrology (Descriptive)		Plus
Overall Grade		C+

Greater Charlotte Harbor's water quality is mid-range, with 54% of the watershed impaired for at least one parameter category. The hydrology of the watershed has been altered in many areas but, there are a number of completed, ongoing, and planned restoration projects. The impervious surface cover in the watershed is 2.8%; therefore, the Greater Charlotte Harbor Water Quality Grade is C+.

SPOTLIGHT

Water quality reports for Charlotte County do not indicate highly contaminated or dangerous drinking water.

Although red-tide and HABs algae bloom were expressed as areas of concern from the community during Focus Groups and in the Community Survey, these environmental phenomena do not affect the drinking water, however, they can cause upper respiratory problems or irritations if inhaled.

It is a common perception that algae blooms are caused by septic run off but in truth it is caused from multiple bacterial sources.



CHILD ABUSE, NEGLECT & WELL-BEING

Focus Groups

"School-aged children need additional services in our county."
 "Charlotte County needs more adult learning opportunities."
 "There is racism and bullying in the schools."
 "The schools need more counseling and social workers."

Data

From 2016-2018, Charlotte County had the 4th highest rate of children 5-11 experiencing child abuse in Florida.

The percentage of children in grades K-12 with emotional or behavioral disabilities is higher than the state average at 1.5% vs. 0.5% for Florida.

The Suncoast region Child Protective Investigator turnover rate was 75.45% for SFY 17-18 and decreased to 69.64% for SFY 18-19.

As of March 31, 2019, there were 310 children in foster care in Charlotte county, FL, as compared to the state with 58 per 10,000. We rank 7th out of 67 counties with children in foster care.

81% of single female-headed households are ALICE or in poverty, while 73% of male-headed households are ALICE or in poverty.

1,300 grandparents in Charlotte county are responsible for their grandchildren under 18 years old.

The Suncoast region ranks third for total Human trafficking reports received, of which, 523 (23.8%) were closed as verified cases.

The Charlotte county high school graduation rate is 87.6, which is slightly higher than the state average of 86.1.

In 2019, 51% of children screened were below the benchmark for kindergarten readiness.

The percentage of 3rd graders in Charlotte County who are reading at grade level is above the state of Florida average at 69% vs. 58%.

SPOTLIGHT

The high rate of children with disabilities along with a high child abuse/neglect rate places a large burden on local schools.

Low income and homeless youths have many needs above and beyond educational lessons such as counseling, nutrition, and emotional support.

The Suncoast region has the highest child protective investigator turnover rate of all Florida regions at 69.64%, which affects their ability to adequately address Child Abuse & Neglect.

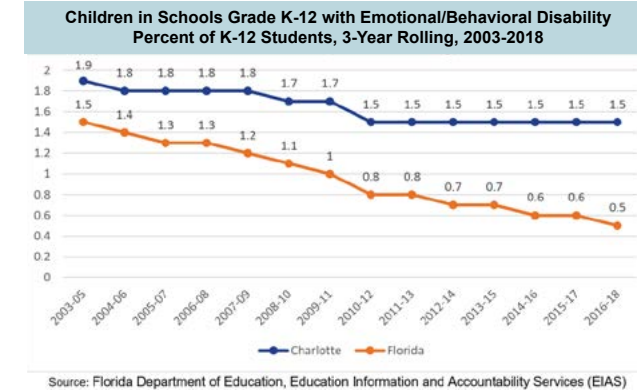
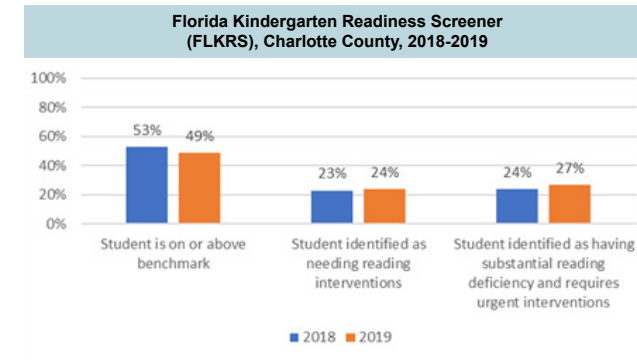
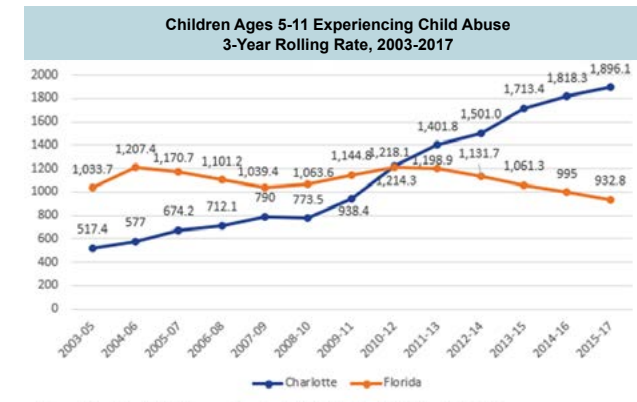
Charlotte county lags behind the state rate of total licensed pediatricians (9.8 vs. 22.3).

Community Survey

39% of survey respondents chose "Child Abuse and Neglect" as the 4th top health and wellness concern in Charlotte County.

22% and 20% of survey respondents chose "Quality Education (Good schools)" and "Adequate After-School Programs," respectively, as essential to a healthy lifestyle.

82% of survey respondents believe that Charlotte County is a "good place to raise children."





BEHAVIORAL, SOCIAL & EMOTIONAL HEALTH

Focus Groups

"There is a lack of mental health services, including services for youth and special populations such as those with Autism."

"Charlotte residents want more timely access to mental health services."

"Stigma has kept people from seeking services."

Community Survey

52% of survey respondents chose "Mental Health Problems" as the top health and wellness concern in Charlotte County.

38% of survey respondents chose "Mental Health Support Programs" as a necessity to allow them, their families, friends, and neighbors to have a healthy lifestyle.

48% of survey respondents would know where to get services or treatment if they or someone in their household was experiencing anxiety, depression, or other emotional issues.

72.1% of respondents have some degree of knowledge of where to get services if someone in their household was experiencing anxiety, depression or other emotional issues.

46% of respondents would not feel comfortable if others knew they had to seek mental health treatment as compared to 58.2% of respondents from the 2015 survey.

Data

Between 2017-2018, 2,688 children (<18) and 316 older adults (65+) were subjected to involuntary mental health examinations including Baker Acts.

In 2016, individuals ages 18-44 reported an average of 3.9 unhealthy mental days within the past 30 days.

Charlotte County has 55 total Licensed Mental Health Counselors which translates to 31.6 per 100,000 compared to the state rate of 52.7 per 100,000.

As of 2018, Charlotte county's incarceration rate is 3.7 (per 1,000 county population), which represents 1.18% of Florida's detention facility average daily population.

For 2018, Charlotte County's crime rate was 1,378.8 (per 100,000) with a violent crime rate of 361 per 100,000. The average daily population for the Bureau of Detention is 691 with an average length of stay of 38.5.

The percentage of children in grades K-12 with emotional/behavioral disabilities is higher than the state average with 1.5% in Charlotte compared to 0.5% FL.

The drug overdose death rate per 100,000 is 10.79 compared to the state rate of 25.07.

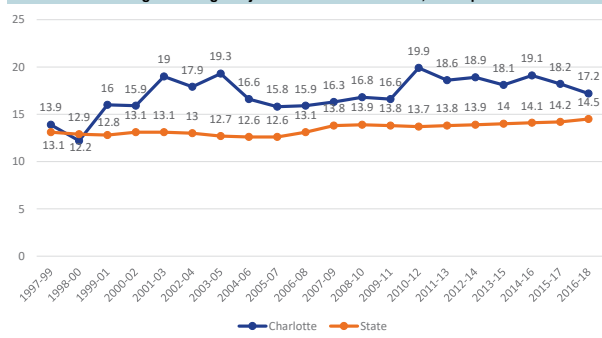
In 2018, 27 adults in Charlotte County were admitted under the Marchman Act vs 126 adults in 2019.

SPOTLIGHT

While survey results indicate improvement, stigma continues to affect residents seeking mental health services (58% in 2015 survey vs 46% in 2019).

Families continue to experience severe stressors that affect their overall mental health and level of functioning. Such stressors include economics, parental substance abuse, grandparents raising grandchildren, and lack of affordable housing.

Age-Adjusted Suicide 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida Department of Health, Bureau of Vital Statistics

Health Resources Availability
Charlotte County and State 2018

	County			State
	Number	Rate per 100,000	Quartile**	Rate per 100,000
Providers*†				
Total Licensed Psychologists	11	6.3	1	22.5
Total Licensed Mental Health Counselors	55	31.6	1	52.7
Total Licensed Marriage and Family Therapists	5	2.9	1	9.6
Total Licensed Clinical Social Workers	56	32.2	2	46.6

Source: Florida Department of Health, Division of Medical Quality Assurance, Florida Agency for Health Care Administration (AHCA), Florida Department of Health
*Data for Providers are for a fiscal year, not a calendar year.
†Number of licensed providers does not necessarily equal the number of practicing providers. These numbers may include providers who work in another county, only work part time, or are retired.
**County compared to other Florida counties. The lowest quartiles equal the lowest number. For resource availability the lowest number is generally considered the worst ranking.
Quartiles are calculated when data is available for at least 51 counties.

Children in Schools Grade K-12 with Emotional/Behavioral Disability
Percent of K-12 Students, 3-Year Rolling, 2003-05 to 2016-18

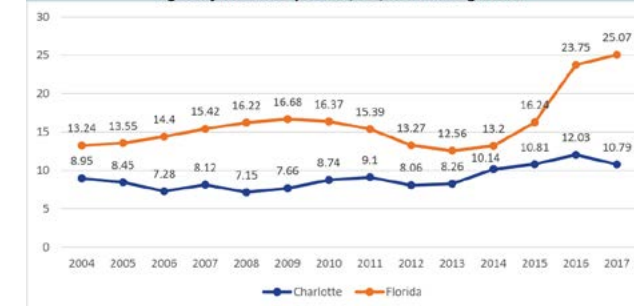


BEHAVIORAL, SOCIAL & EMOTIONAL HEALTH

Marchman Act Data for Charlotte County, 2018 and 2019 Comparison

	Adults	Children
2018 (unlocked detox)	27	0
2019 (as of Nov 30, locked ARF)	126	3

Chart 6: Drug Overdose Mortality
Age-Adjusted rate per 100,000, 2004 through 2017



Source: Centers for Disease Control and Prevention, National Vital Statistics System.

Involuntary Examination*
2007 to 2018, Charlotte County and State of Florida

Fiscal Year	All Ages	Charlotte County, Children (<18)	Charlotte County, Older Adults (65+)	Florida, Children (<18)	Florida, Older Adults (65+)
	Exams	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
2017-2018	1,905	1,103	2,688	316	1,186
2016-2017	1,622	952	2,033	328	1,092
2015-2016	1,523	911	2,055	299	1,097
2014-2015	1,433	871	1,971	398	1,102

Suicide Rates (2014 & 2017)

Age Group	2014 Suicide Rate Per 100,000 Charlotte	2014 Suicide rate Per 100,000 State Average	2017 Suicide rate Per 100,000 Charlotte	2017 Suicide rate Per 100,000 State Average
All Ages	17	15.1	17.8 (*reflects 4% growth)	15.5
Youth	5.9	1.5	6.1	1.8
Older Adults	13.1	20.3	19.2 (reflects 46% growth)	20.1

SPOTLIGHT

Although our area faces substantial issues with substance abuse, more adult substance abuse data is needed. Youth substance use/abuse data shows some areas of concern, and some areas of promise (Alcohol use down, Marijuana slightly up, Vaping up).

We need a qualified, committed workforce to address these substantial challenges.

New government funds are directed towards crises and deeper end services. Dollars spent towards earlier intervention and social/emotional health have not increased, nor kept up with population growth.

TRAUMA

Community Survey

What is trauma-informed care?

Trauma-informed care is an approach to administering services in care and prevention that acknowledges that traumas may have occurred or may be active in clients' lives, and that those traumas can manifest physically, mentally, and/or behaviorally.

Source: NASTAD: A Health Systems Approach to Trauma-Informed Care.

Data

1 in 6 men have experienced emotional trauma.

66% of people in substance abuse treatment report childhood abuse or neglect.

90% of women with alcoholism were sexually abused or suffered severe violence from parents.

64% of adult suicide attempts and 80% of child/adolescent suicide attempts are attributable to Adverse Childhood Experiences.

92% of incarcerated girls report sexual, physical, or severe emotional abuse.

Boys who experience or witness violence are 1,000 times more likely to commit violence than those who do not.

The Rate of Children 5-11 years old experiencing child abuse in Charlotte County is 2x the state rate.

In 2019 136 babies were admitted to the NICU. 22% of them were SEN babies. 8 babies that were exposed were not admitted; no medication was necessary. Non-pharmacological support from their families.

*Source: All data from the National Council for Behavioral Health Mental Health First Aid.

60% of survey respondents say they did not have a traumatic childhood experience that affects their health and well-being as an adult.

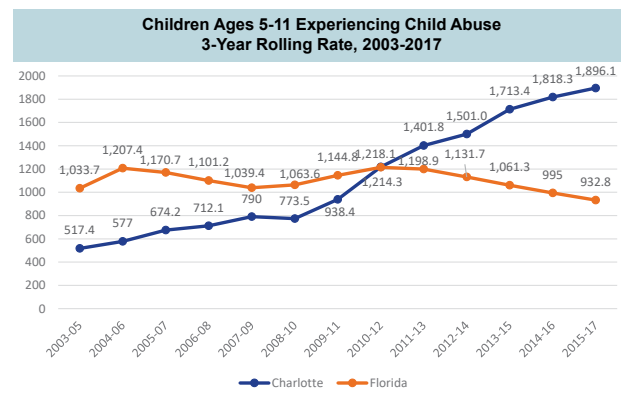
52% of survey respondents chose "Mental Health Problems" as the top health and wellness concern in Charlotte County.

38% of survey respondents chose "Mental Health Support Programs" as essential to a healthy lifestyle.

23% of survey respondents chose "Counseling & Support" as essential to a healthy lifestyle.

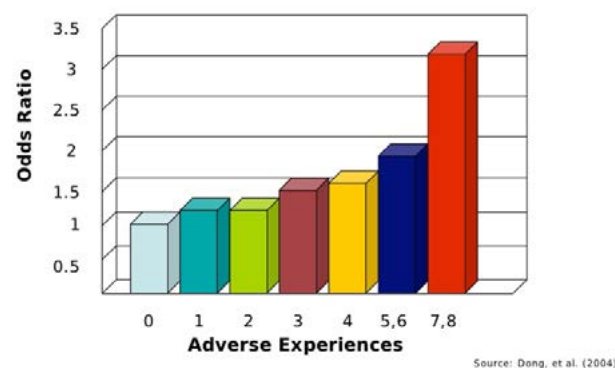
33% of survey respondents expressed that "Mental & Behavioral Health Care" services are difficult to access in Charlotte County.

41% of survey respondents report they had some degree of traumatic childhood experiences that affect their health and well being as an adult.



Source: Department of Children and Families, Florida Safe Families Network Data Mart

Risk Factors for Adult Heart Disease are Embedded in Adverse Childhood Experiences



Source: Dong, et al. (2004)
Similarly, adult reports of cumulative, adverse experiences in early childhood correlate to a range of lifelong problems in physical and mental health - in this case, heart disease.

ADDITIONAL INFORMATION

Demographics:

- 1: All data sourced from US Census Bureau, American Community Survey 5-year estimates, 2013-2017.
 - 2: Total received surveys = 1367. Percentages were calculated from sample sizes lower than the final 1,367 collected surveys as response rates varied by question.
 - 3: Total number of focus groups participants = 71. Percentages were calculated from sample sizes lower than the final 71 as response rates varied by question.
- "According to Census definitions, a household includes all of the people who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living quarters. A family includes a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. Census counts may be corrected for Census Count Question Resolution (CQR)."

Child Abuse:

Additional Resources:
<https://www.myflfamilies.com/service-programs/child-welfare/lmr.shtml>
<https://www.myflfamilies.com/service-programs/child-welfare/docs/2019LMRs/Human%20Trafficking%20Annual%20Report%202019.pdf>
<https://www.myflfamilies.com/service-programs/child-welfare/docs/2019LMRs/CIRRT%20Advisory%20Committee%20Q2%202019.pdf>

Affordable Housing:

Together Charlotte Housing Report, 2018.
 Oxfam America and the Hazards and Vulnerability Research Institute.
 United Way ALICE Report – Florida, pg. 27

Images by Pixabay

