

# 2010

## Charlotte County Florida Health Assessment



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# Introduction

In an effort to improve the health of the residents of Charlotte County, a collaborative partnership was formed between the Charlotte County Health Department and the Health Planning Council of Southwest Florida, Inc. for the purpose of conducting a needs assessment for the use by the Charlotte County Health Department and other community partners. This needs assessment consists of demographic, socioeconomic and health status information that will be used to identify areas where targeted interventions and policy changes may have the greatest impact. Once community needs are identified through quantitative data analysis of demographic, socioeconomic and health status information, and qualitative interviews, the strategic planning process can begin.

## Demographic and Socioeconomic Characteristics

The demographic, social and economic characteristics of a community can strongly influence the community’s health status and related service needs. These indicators should be a primary consideration when designing and developing any system of care within the region. This section provides a brief overview of some of the characteristics and trends that make Charlotte County unique in comparison to the state of Florida.

### Population Demographics

Clearly, the sheer number of people in a community is the leading determinant of the demand for healthcare services. Charlotte County, which has a population of more than 165,000, is located in southwest Florida (Fig. 1). The county also shares borders with the following counties: Sarasota and DeSoto to the north; Highlands in the northeast corners; Glades to the east; Hendry in the southeast corner; and Lee to the south. As seen in Figure 2, Charlotte is one of seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). Punta Gorda, which is the county seat, is the largest incorporated municipality in the county. Punta Gorda’s population is more than 16,000. Charlotte County is Florida’s 28<sup>th</sup> most populous county and contains 0.9% of Florida’s population.

Figure 1:

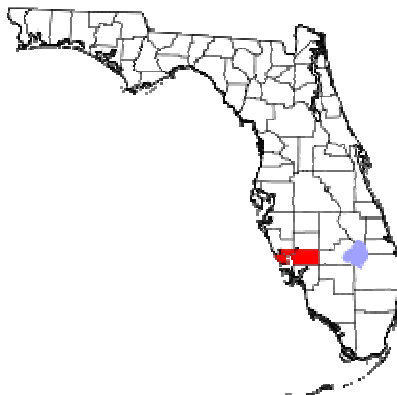
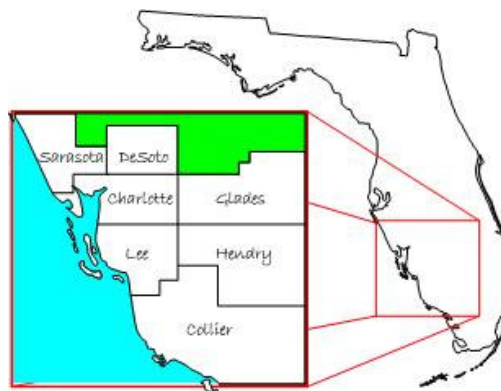
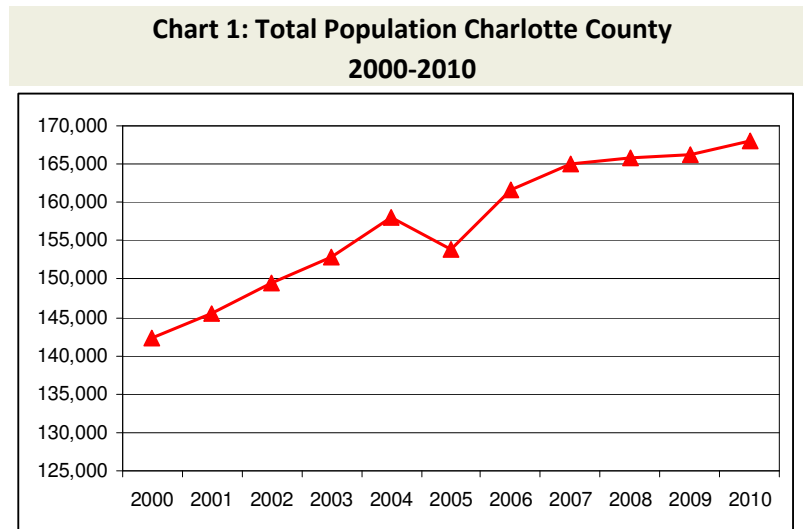


Figure 2:



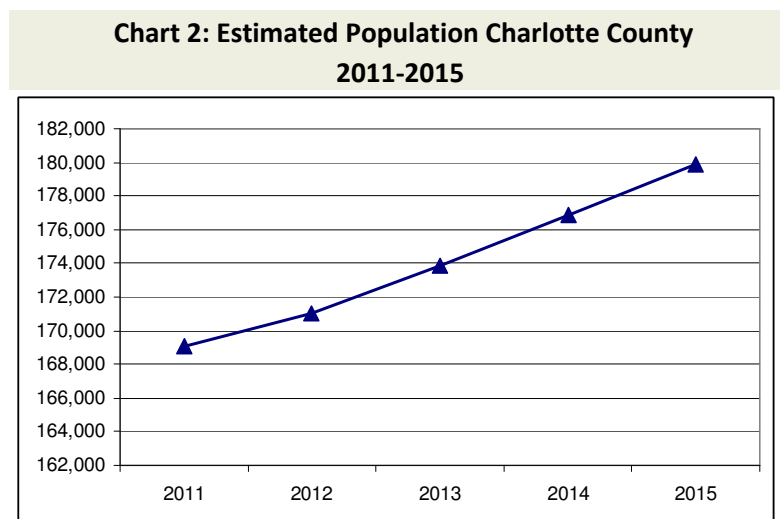
## Population Growth

The illustration below (Chart 1) represents the total population of Charlotte County from 2000-2010. The estimate for 2008 places the population of Charlotte County as 165,827 as of 2010, the population is expected to be 167,929. This represents a nearly 17% increase between 2000 and 2008 and an additional 1% increase by 2010. The population dip in 2005 is largely due to the impact of hurricane Charley which caused massive damage to the county in 2004.



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

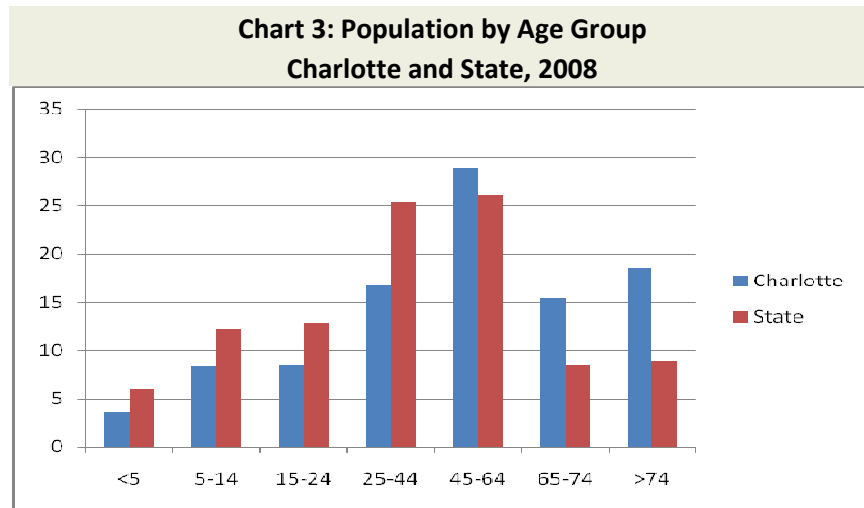
Population growth in a community is the result of natural increase (more births than deaths) and also the migration of people moving into the area at a higher rate than those who are leaving. The population of Charlotte County is expected to continue to grow in the coming years. In 2015, it is estimated that the population of Charlotte County will be 179,882; that is an increase of seven percent from the projected number for 2010.



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

## Age

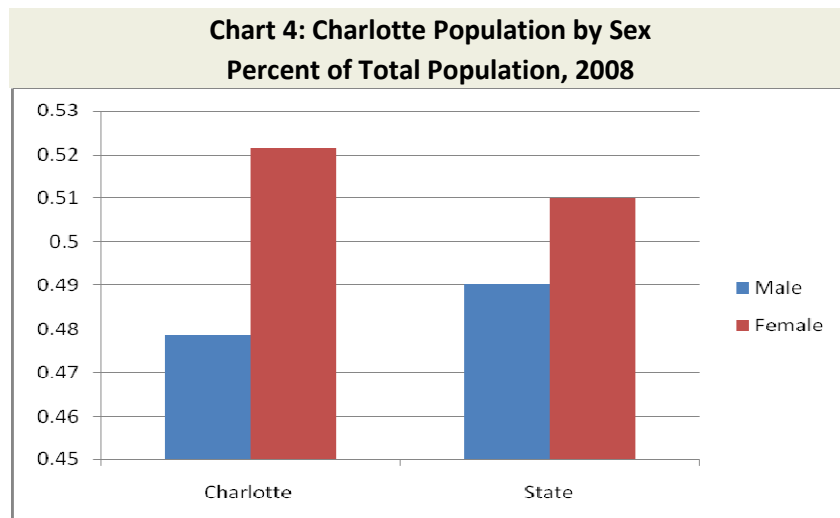
The population of Charlotte County is significantly older than the state as a whole; with a median age of 54 years within the county compared to a median age of 39 years statewide. The largest proportion of the population of the county is between the ages of 45 and 64. However, if everyone over 65 was combined into one group it would be the largest group and comprise more than one-third of the total population of the county.



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

## Gender

There are more women than men in Charlotte County. This is not surprising since women make up a larger proportion of the United States population as a whole and tend to live longer than men. 52.2 percent of the residents of Charlotte County are female while 47.8 percent are men; statewide the percentages are 51 percent and 49 percent.

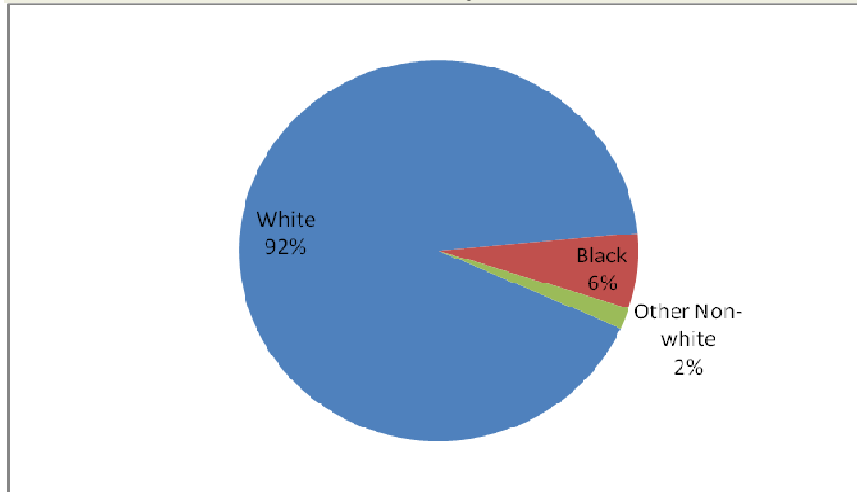


Source: The Florida Legislature, Office of Economic and Demographic Research

## Race and Ethnicity

Only eight percent of the population of Charlotte County is non-white; compared to a statewide population comprised of nineteen percent non-whites. Approximately two percent of the population is listed as “Other non-white”; that category includes American Indian, Alaskan Native, Asian, Native Hawaiian and other Pacific Islanders and those of mixed race who chose not to select white or black.

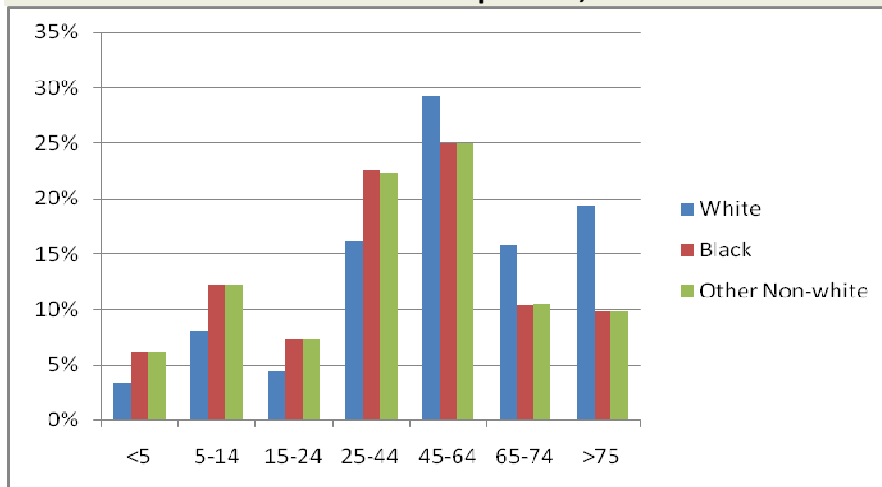
**Chart 5: Charlotte Population by Race  
Percent of Total Population, 2008**



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

As seen in Chart 6, blacks and other non-whites in Charlotte County tend to be significantly younger than the white population.

**Chart 6: Age of Charlotte Population by Race  
Percent of Total Population, 2008**



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

Ethnicity in Florida is broken out separately than race. For ethnicity, a person must designate themselves as Hispanic or Non-Hispanic; people in both of those groups can identify as white, black or other non-white. About 5 percent of the residents of Charlotte County identify as Hispanic; of those 90 percent are identified as white.

<b>Table 1: Race and Ethnicity</b>			
<b>Charlotte County, 2008</b>			
<b>Race</b>	<b>Hispanic</b>	<b>Non-Hispanic</b>	<b>All Ethnicity</b>
White	7,344	145,045	152,389
Black	645	9,857	10,502
Other Nonwhite	134	2,802	2,936
All Race	8,123	157,704	165,827

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

The health of a community is strongly influenced by its culture. The United States, Florida and Charlotte County all benefit from vast mixture of ethnic and cultural traits, practice, and beliefs that must be considered prior to planning and implementing any community-wide health program. A one-sized-fits-all approach to healthcare is rarely the best way generate effective and successful programs.

## Socioeconomic Indicators

The figures shown below summarize some of the primary indicators of economic health for the county and state. The average annual income of the residents of Charlotte County rose 35 percent; however that income still lags behind the average for the state. As could be expected from an older population, the labor force as a percent of the total adults is significantly lower than the state average. The economic downturn has hit Charlotte County hard. The unemployment rate jumped from 3.7 percent in 2000 to 11.8 percent in 2009; it is also higher than the state rate of 10.5 percent. The bankruptcy filing rate also increased from 3.79 people out of every 1000 in 2000 to 5.74 per 1000 in 2009. In more positive news, the percent of people living below the poverty level in Charlotte County is three percent lower than the state rate.

**Table 2: Socioeconomic Indicators  
Charlotte County and State**

	County 2000	County 2009	State 2009
Labor Force as a % of Pop. Aged 18+	45.90%	48.7%	62.7%
Personal Bankruptcy Filing Rate per 1000	3.79	5.74	4.97
Unemployment Rate	3.7%	11.8%	10.5%
Average Annual Wage (2008)		\$32,935	\$40,579
Per Capita Personal Income (2008)	\$26,126	\$35,337	\$39,064
% Living Below Poverty (2008)		10.3%	13.3%

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

More residents of Charlotte County have received a high school diploma than the state average. However, a higher percentage of people at the state level who are aged 25 and older have received a Bachelor's degree than the percentage of residents of Charlotte County who have done the same.

**Table 3: Educational Attainment  
Persons aged 25 and older, Charlotte and State**

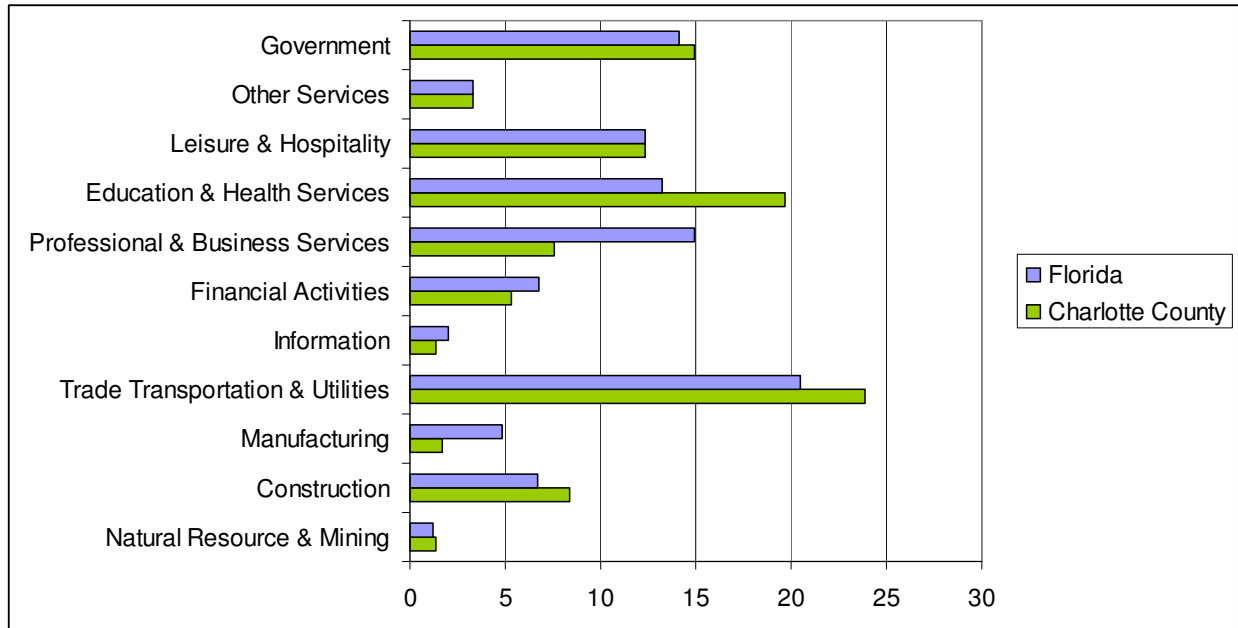
	Charlotte	State
% HS graduate or higher	82.1%	79.9%
% Bachelor's degree or higher	17.6%	22.3%

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



As seen in Chart 7, among working adults in Charlotte County the most common sectors of employment are: trade, transportation and utilities; education and health services; and government. Fewer people in Charlotte County work in professional and business services or manufacturing than average Floridians.

**Chart 7: Average Employment by Category  
Charlotte and State, 2008**



Source: Florida Legislature, Office of Economic and Demographic Research

# Health Status

## Leading Causes of Death

Mortality rates can be key indicators of the state of health of a community. A significant number of Charlotte County's deaths are premature and preventable. Behavior modification and risk reduction can reduce the mortality rates of many of the leading causes of death, especially those attributed to heart disease, stroke, diabetes, lung cancer and motor vehicle accidents. Individuals may improve both the length and the quality of their lives by simply following a healthy lifestyle and receiving regular medical care.

Table 4 gives a lot of information on the leading causes of death for residents of Charlotte County in 2008. The deaths column is a simple count of the number of people who died by the listed cause during 2008. Percent of total deaths lets you know what percent of the people who died in 2008 died from that cause. Crude rate per 100,000 gives a sense of how likely a person is to die of that cause in any given year. For example, out of every 100,000 in Charlotte County, 63.9 of them died of a stroke in 2008; that equals 0.0639%. The next column lists the Age-adjusted death rate per 100,000. Age-adjusting a rate is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. The same distortion can happen when we compare races, genders, or time periods. Age adjustment can make the different groups more comparable. The 3-year age-adjusted death rate per 100,000 gives an average of the three years ending in 2008 (2006, 2007 and 2008). A small increase or decrease in the number of deaths in a given year can make a big difference in the rate so averages are used to flatten out large fluctuations. The last column is years of potential life lost. This is an estimate of the number of years a person would have lived had they not died prematurely. In this case that number is given for all people who died under the age of 75 assuming that they would have lived to the age of 75. When the numbers are particularly low, such as they are for Alzheimer's disease, it is generally because that cause of death largely impacts the elderly.

The most frequent causes of death for people in Charlotte County are cancer and heart disease. Together they accounted for nearly half of the deaths in 2008. However, Table 4, which compares the three-year age-adjusted rates for Charlotte County with those for all of Florida, shows that the death rates for cancer and heart disease in Charlotte County are lower than the comparable rates for all of Florida. This is also true for the overall death rate and the death rates for most diseases. The only major causes of death that have a higher rate in Charlotte County than the state average are pneumonia/influenza and suicide (note: these numbers are from 2006-2008 – before the largest H1N1 outbreaks). The death rate for chronic liver disease and cirrhosis in Charlotte County is slightly higher than the state average but close enough to be considered in the margin of error. The death rate for HIV/AIDS in Charlotte County has the largest deviation from the state average; it is more than three times lower. The death rates for stroke and unintentional injuries are also significantly better than the state average.

**Table 4: Major Causes of Death For 2008  
Charlotte County**

<b>Cause of Death</b>	<b>Deaths</b>	<b>Percent of Total Deaths</b>	<b>Crude Rate Per 100,000</b>	<b>Age-Adjusted Death Rate Per 100,000</b>	<b>3-Year Age-Adjusted Death Rate Per 100,000</b>	<b>YPLL &lt; 75 Per 100,000 Under 75</b>
ALL CAUSES	2,116	100	1,276.00	562.9	579.9	7,825.40
CANCER	578	27.3	348.6	154.5	152.9	2,231.90
HEART DISEASE	474	22.4	285.8	108.2	123.7	973.5
CHRONIC LOWER RESPIRATORY DISEASE	141	6.7	85	32	33.4	270.2
STROKE	106	5	63.9	23.5	21.3	169.5
DIABETES MELLITUS	77	3.6	46.4	21.4	18.2	323.5
ALZHEIMER'S DISEASE	61	2.9	36.8	11.3	12.6	3
UNINTENTIONAL INJURIES	54	2.6	32.6	27.5	31.1	735.1
PNEUMONIA/INFLUENZA	38	1.8	22.9	8.1	9.8	52.6
SUICIDE	29	1.4	17.5	17.7	15.5	473
CHRONIC LIVER DISEASE AND CIRRHOSIS	22	1	13.3	9.6	10.6	248.7
HOMICIDE	4	0.2	2.4	1.9	5.3	62.2
PERINATAL CONDITIONS	4	0.2	2.4	0	0	0
AIDS/HIV	3	0.1	1.8	2.4	2.3	77

Source: Florida Department of Health, Office of Health Statistics and Assessment, 850-245-4009

Age-adjusted death rates are computed using the year 2000 standard population.

YPLL = Years of Potential Life Lost

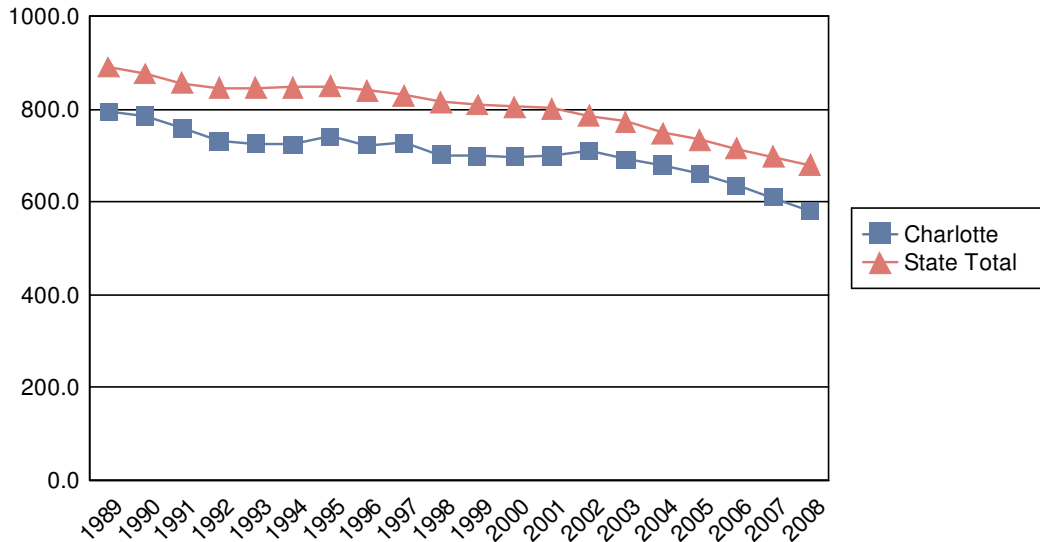
**Table 5: Major Causes of Death For 2008****Charlotte and State****County 2006-2008  
Age Adjusted  
Rate/100,000****Florida 2006-2008  
Age Adjusted  
Rate/100,000**

<b>Cause of Death</b>		
ALL CAUSES	579.9	679.8
CANCER	152.9	162.3
HEART DISEASE	123.7	162.2
CHRONIC LOWER RESPIRATORY DISEASE	33.4	36.2
STROKE	21.3	33.0
DIABETES MELLITUS	18.2	20.6
ALZHEIMER'S DISEASE	12.6	16.5
UNINTENTIONAL INJURIES	31.1	44.8
PNEUMONIA/INFLUENZA	9.8	8.8
SUICIDE	15.5	13.0
CHRONIC LIVER DISEASE AND CIRRHOSIS	10.6	10.1
HOMICIDE	5.3	7.2
PERINATAL CONDITIONS	0.0	0.0
AIDS/HIV	2.3	8.4

Source: Florida Department of Health, Office of Health Statistics and Assessment  
Age-adjusted death rates are computed using the year 2000 standard population.

Across the last twenty years the death rate for Charlotte County has always been lower than the state average (Chart 8). After a flat death rate for six years from 1997-2002, the death rate for Charlotte County has fallen at a fairly steady rate for the past six years (2003-2008). This mirrors a fall in the death rate that has been seen at the state level.

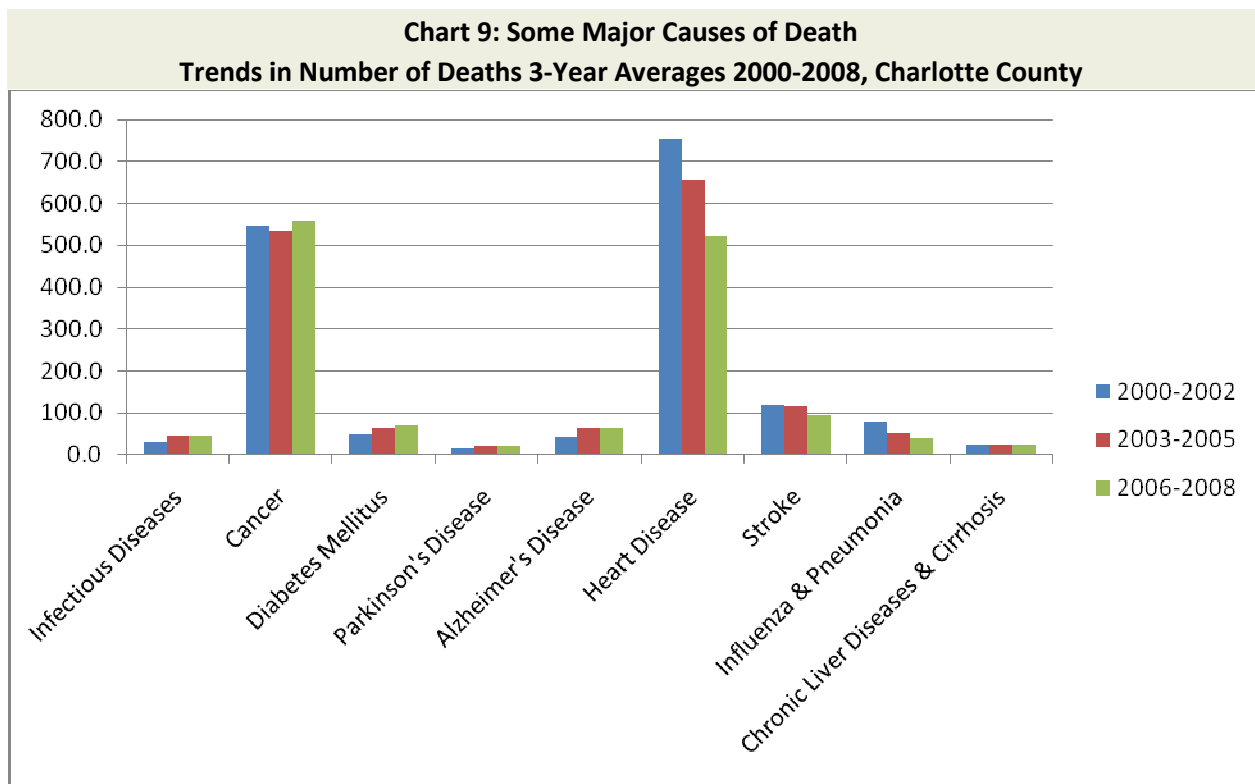
**Chart 8: Charlotte Death Rate over 20 Years Compared to State  
Age-Adjusted All Causes 3-Year Death Rate**



Source: Florida Department of Health, Office of Vital Statistics  
 Data for 1999 and subsequent years are not fully comparable to data from 1998 and prior years, due to changes in coding of causes of deaths resulting from the switch from the ninth revision of the International Classification of Diseases (ICD9) to the tenth revision (ICD10).  
 Age-adjusted death rates are computed using the year 2000 standard population.

Chart 9 shows the trends in the number of deaths in due to some of the major causes of causes of death between 2000 and 2008. The greatest decline in the death rate has been in heart disease. For the years 2000-2002 an average of 756 people died per year from heart disease; it was the number one cause of death in Charlotte County. For the years 2006-2008, the average number of deaths fell to 523. Cancer is now the number one cause of death.

Diabetes and Alzheimer’s disease are the only two causes of death that have had an increase in the number of deaths that is larger than can be explained by an increase in the number of residents living in the county.



Source: Florida Department of Health, Office of Vital Statistics

Table 7 lists the cause of death noted for all deaths in Charlotte County from 1999-2008. The number of deaths has remained fairly consistent during these years; however the death rate has fallen because the population of Charlotte County has increased by about 17% during this period.

**Table 7: Deaths From All Causes  
All Races, All Sexes, All Ethnicities, All Ages  
Charlotte County 2008**

Cause of Death	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>All Causes</b>	<b>2,073</b>	<b>2,177</b>	<b>2,112</b>	<b>2,285</b>	<b>2,157</b>	<b>2,313</b>	<b>2,155</b>	<b>2,122</b>	<b>2,149</b>	<b>2,116</b>
Infectious Diseases	27	37	27	32	47	50	44	47	43	43
...Salmonella Infections	0	0	0	0	0	0	0	1	0	0
...Certain Other Intestinal Infections	0	2	2	3	2	5	8	6	11	7
...Tuberculosis	1	0	0	0	0	0	1	0	0	0
.....Respiratory Tuberculosis	1	0	0	0	0	0	0	0	0	0
.....Other Tuberculosis	0	0	0	0	0	0	1	0	0	0
...Septicemia	18	17	12	19	23	30	22	25	17	22
...Viral Hepatitis	0	4	3	4	9	6	8	8	7	7
...Human Immunodeficiency Virus	3	6	5	2	9	5	2	5	3	3
...Other & Unspecified Infectious/Parasitic Disease & Sequelae	5	8	5	4	4	4	3	2	5	4
Malignant Neoplasms	557	542	533	568	527	533	548	563	540	578
...Lip, Oral Cavity, Pharynx Cancer	3	7	8	4	3	7	5	6	7	6
...Esophagus Cancer	5	10	10	14	13	11	16	14	7	18
...Stomach Cancer	14	13	7	14	13	13	14	14	13	10
...Colon, Rectum & Anus Cancer	64	49	62	53	47	47	49	43	40	42
...Liver & Intrahepatic Bile Ducts Cancer	12	12	14	16	14	7	20	11	20	12
...Pancreatic Cancer	35	40	23	28	31	29	35	38	27	34
...Larynx Cancer	2	1	1	3	5	1	6	5	6	2
...Trachea, Bronchus & Lung Cancer	185	169	183	189	166	179	172	195	184	192
...Skin Cancer	6	6	9	8	5	9	6	8	4	5
...Breast Cancer	25	32	33	24	36	22	34	39	36	37
...Cervical Cancer	2	4	3	3	5	3	0	6	1	2
...Corpus Uteri & Uterus, Part Unspec Cancer	5	2	8	8	4	2	2	4	4	4
...Ovarian Cancer	5	8	10	10	9	15	13	14	12	8
...Prostate Cancer	31	33	26	39	30	42	23	24	37	31
...Kidney & Renal Pelvis Cancer	8	11	12	13	9	14	18	18	12	12
...Bladder Cancer	20	19	13	18	19	20	21	12	26	21

...Meninges, Brain, & Other Part Cen Nerv Sys Cancer	11	7	10	11	5	6	6	11	12	11
...Lymphoid, Hematopoietic and Related Tissue	48	65	56	57	42	57	57	54	51	54
.....Hodgkin's Disease	1	0	1	0	0	0	2	0	0	0
.....Non-Hodgkin's Lymphoma	16	26	23	22	21	29	20	18	22	22
.....Leukemia	19	29	23	31	18	20	24	30	19	16
.....Multiple Myeloma & Immunoprolifera Neoplas	12	10	9	4	3	8	11	6	10	16
All Other & Unspecified	76	54	45	56	71	49	51	47	41	77
In Situ, Benign, Uncert/Unk Behavior Neoplasms	7	17	12	12	18	16	10	18	15	11
Anemias	2	5	2	2	1	3	6	4	6	3
Diabetes Mellitus	63	52	48	49	45	72	77	60	74	77
Nutritional Deficiencies	2	1	1	4	1	2	3	0	3	2
...Malnutrition	2	0	1	3	1	1	3	0	3	1
...Other Malnutritional Deficiencies	0	1	0	1	0	1	0	0	0	1
Meningitis	0	0	0	1	1	1	0	0	0	0
Parkinson's Disease	19	9	18	19	19	21	21	19	21	26
Alzheimer's Disease	40	36	24	68	59	71	63	55	78	61
Major Cardiovascular Diseases	845	937	922	924	886	855	749	738	714	645
...Heart Diseases	682	759	755	753	718	692	558	561	535	474
.....Acute Rheum Fever & Chronic Rheum Heart Dis	8	3	7	5	3	1	2	4	4	0
.....Hypertensive Heart Disease	15	19	18	16	16	13	17	17	14	19
.....Hypertensive Heart & Renal Disease	1	0	1	2	3	0	0	2	2	2
.....Ischemic Heart Diseases	557	608	597	585	536	532	418	427	389	341
.....Acute Myocardial Infarction	187	181	202	220	185	180	107	96	77	79
.....Other Acute Ischemic Heart Disease	0	1	0	0	0	1	2	0	1	1
.....Other Forms of Chronic Ischemic Heart Dis	370	426	395	365	351	351	309	331	311	261
.....Atherosclerotic Cardiovascular Disease	75	87	75	80	70	69	41	58	50	41
.....All Other Chronic Ischemic Heart Dis	295	339	320	285	281	282	268	273	261	220
.....Other Heart Diseases	101	129	132	145	160	146	121	111	126	112
.....Acute & Subacute Endocarditis	1	0	2	2	1	2	1	0	0	0



.....Pericardium Diseases & Acute Myocarditis	1	1	1	0	0	0	1	2	1	1
.....Heart Failure	15	24	25	23	29	32	29	27	33	23
.....Other Forms Heart Dis	84	104	104	120	130	112	90	82	92	88
...Essen Hypertension & Hypertensive Renal Dis	12	19	14	23	21	22	25	32	33	26
...Cerebrovascular Diseases	117	116	130	113	111	114	122	101	78	106
...Atherosclerosis	7	4	6	7	9	8	11	30	39	24
...Other Disease of Circulatory System	27	39	17	28	27	19	33	14	29	15
.....Aortic Aneurysm & Dissection	21	27	10	19	20	13	21	9	20	11
.....Other Arteries, Arterioles, Capillaries Dis	6	12	7	9	7	6	12	5	9	4
Other Circulatory System Disorders	2	3	3	6	2	6	3	6	2	6
Influenza & Pneumonia	78	71	78	87	49	65	43	38	46	38
...Influenza	0	0	0	0	0	2	0	1	0	0
...Pneumonia	78	71	78	87	49	63	43	37	46	38
Other Acute Lower Respiratory Infections	1	0	0	0	1	0	0	0	2	0
...Acute Bronchitis & Bronchiolitis	1	0	0	0	1	0	0	0	1	0
...Unspec Acute Lower Respiratory Infection	0	0	0	0	0	0	0	0	1	0
Chronic Lower Respiratory Diseases	123	127	100	132	140	133	152	139	134	141
...Bronchitis, Chronic & Unspecified	2	2	2	1	1	0	0	2	3	3
...Emphysema	8	24	14	19	13	10	12	10	10	17
...Asthma	5	3	1	3	2	2	5	1	2	3
...Other Chronic Lower Respiratory Diseases	108	98	83	109	124	121	135	126	119	118
Pneumoconiosis & Chemical Effects	0	0	0	1	0	2	0	0	1	0
Pneumonitis Due To Solids & Liquids	15	14	17	25	12	21	16	19	9	8
Other Respiratory System Dis	34	24	31	18	40	37	19	27	37	33
Peptic Ulcer	4	6	8	6	5	5	3	2	0	4
Appendix Diseases	0	0	0	0	0	2	1	0	1	1
Hernia	1	0	0	1	0	0	0	3	1	2
Chronic Liver Diseases & Cirrhosis	30	21	20	28	27	17	30	35	20	22
...Alcoholic Liver Disease	15	9	7	11	11	7	12	17	11	10
...Other Chronic Liver Disease & Cirrhosis	15	12	13	17	16	10	18	18	9	12

Cholelithiasis & Other Gallbladder Disorders	0	3	2	2	3	4	2	3	5	5
Nephritis, Nephrotic Syndrome & Nephrosis	16	30	20	26	27	27	28	24	38	38
...Glomeruloneph, Nephri/Nephro, Renal Sclerosis	0	0	0	0	0	0	0	0	2	1
...Renal Failure	16	30	20	26	27	27	28	24	36	37
Kidney Infections	0	0	0	0	0	0	0	1	1	1
Hyperplasia Of Prostate	1	0	1	0	0	0	0	0	0	0
Pregnancy, Childbirth and the Puerperium	0	0	0	0	0	0	1	0	1	0
...Pregnancy, Childbirth, Puerperium Complications	0	0	0	0	0	0	1	0	1	0
Perinatal Period Conditions	1	2	4	4	4	3	5	1	2	4
Congenital & Chromosomal Anomalies	0	3	5	9	3	2	4	1	3	4
Symptoms, Signs, Abnormal Clinical/Lab Findings	6	16	23	31	32	39	42	27	39	47
All Injuries	78	86	79	80	95	129	114	94	94	89
...Unintentional Injury	46	61	42	54	60	89	80	65	54	54
.....Transport Accident	28	39	13	32	31	32	38	31	25	24
.....Motor Vehicle Crashes	19	33	12	30	29	29	37	30	21	23
.....Other Land Transport Accidents	9	3	1	0	0	0	0	0	1	1
.....Water/Air/Space/Oth-Unsp Transport & Seq	0	3	0	2	2	3	1	1	3	0
.....Non-Transport Accident	18	22	29	22	29	57	42	34	29	30
.....Falls	10	9	10	11	12	23	18	10	8	14
.....Firearms Discharge	0	0	1	0	0	0	0	0	0	0
.....Drowning & Submersion	1	2	4	4	2	5	3	8	6	5
.....Smoke, Fire, Flames Exposure	1	0	5	0	0	1	2	1	0	2
.....Poisoning & Noxious Substance Exposure	0	4	4	5	8	17	12	8	9	5
.....Other & Unspec. Nontrnspt & Seq.	6	7	5	2	7	11	7	7	6	4
...Suicide	24	17	31	21	29	31	29	24	26	29
.....Suicide by Firearms Discharge	12	12	18	17	15	19	16	15	18	19
.....Suicide by Other & Unspec. Means & Seq.	12	5	13	4	14	12	13	9	8	10
...Homicide	3	3	5	3	4	6	4	3	12	4
.....Homicide by Firearms Discharge	0	3	0	1	0	3	3	1	7	2

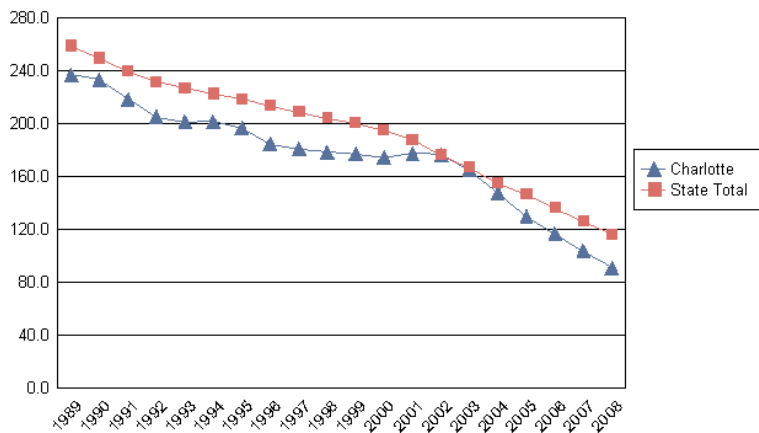
.....Homicide by Other & Unspec. Means & Seq.	3	0	5	2	4	3	1	2	5	2
...Legal Intervention	0	0	0	0	0	0	0	1	0	0
...Undetermined Injury	3	3	0	0	1	1	0	0	0	1
.....Firearms Discharge	0	1	0	0	0	0	0	0	0	0
.....Other & Unspecified Event & Sequelae	3	2	0	0	1	1	0	0	0	1
...Medical & Surgical Care Complications	2	2	1	2	1	2	1	1	2	1
All Other Diseases	121	135	134	150	113	197	171	198	219	227

Source: Florida Department of Health, Office of Vital Statistics

## Chronic Diseases

Chart 10 gives a more detailed look at the decline in deaths from coronary heart disease across the last twenty years. Charlotte County has seen a fairly steady reduction in the number of deaths from heart disease across throughout this period. This has mirrored a reduction at the state level.

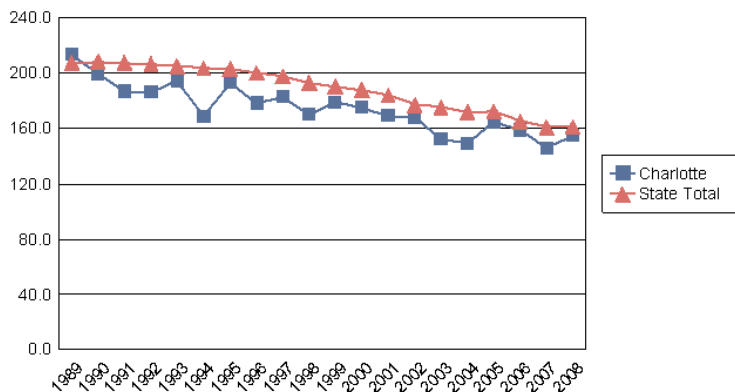
**Chart 10: Deaths from Coronary Heart Disease**  
Age-adjusted rate per 100,000, 1989-2008



Source: Florida Department of Health, Bureau of Vital Statistics

Cancer is the leading cause of death in Charlotte County. As seen in Chart 11, age-adjusted death rates from cancer showed a small decrease between 1989 and 2008. Rates for Charlotte County are similar to the rate for the state as a whole.

**Chart 11: Deaths from All Cancers**  
Age-adjusted rate per 100,000, 1989-2008



Source: Florida Department of Health, Bureau of Vital Statistics

Among types of cancer, lung cancer causes the highest number of deaths in Charlotte County. The incidence of prostate cancer is much higher than lung cancer, but it is not as deadly.

**Table 6: Common Types of Cancer  
Death Rate and Incidence, Charlotte County**

	<b>3 yr. Age Adjusted Death Rate, 2006-2008</b>	<b>Avg. Incidence Rate, 2004-2006</b>
Lung Cancer	50.5	61.5
Breast Cancer	21.8	90.1
Prostate Cancer	15.2	114.1
Colorectal Cancer	11.5	32.1
Cervical Cancer	2.9	N/A

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

The death rate for blacks in Charlotte County is lower than that of whites. For the state of Florida, the death rate for blacks is significantly higher than the rate for whites. It should be noted that the black population is younger than the white population in Charlotte County; 35% of whites are over 65, but only 20% of blacks are over 65. Diabetes is the only major cause of death that is higher in blacks in Charlotte County than in whites. While cancer and heart disease were the top two causes for both races, diabetes is the third highest cause of death for blacks and fifth for whites. The largest variation in death rates is in cirrhosis; white people are more than four times more likely to die of cirrhosis.

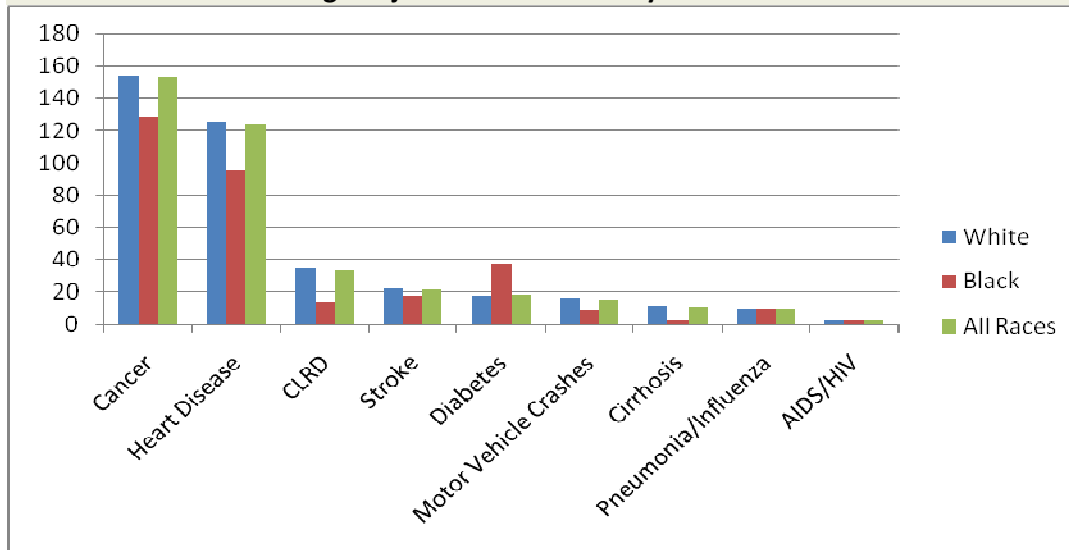
**Table 8: Major Causes of Death and Race, Charlotte County and State  
3-Year Age Adjusted Death Rates by Cause, 2006-2008**

	County			State		
	White	Black	All Races	White	Black	All Races
Total Deaths	588.4	496.0	579.9	661.5	822.4	679.8
Cancer	154.2	128.8	152.9	161.2	174.1	162.3
Heart Disease	125.6	95.1	123.7	158.0	196.6	162.2
CLRD*	34.7	13.0	33.4	37.5	23.2	36.2
Stroke	21.8	17.8	21.3	30.4	57.6	33.0
Diabetes	17.6	37.4	18.2	18.2	43.6	20.6
Motor Vehicle Crashes	16.5	8.8	15.8	17.9	15.1	17.3
Cirrhosis	11.3	2.6	10.6	10.9	5.5	10.1
Pneumonia/Influenza	9.8	9.6	9.8	8.5	11.3	8.8
AIDS/HIV	2.3	2.1	2.3	3.8	33.8	8.4

Source: Florida Department of Health, Office of Vital Statistics

\*Chronic Lower Respiratory Disease

**Chart 12: Major Causes of Death and Race, Charlotte County  
3-Year Age Adjusted Death Rates by Cause 2006-2008**



Source: Florida Department of Health, Office of Vital Statistics

## Communicable Diseases

Charlotte County ranks well below the state average rate for all sexually transmitted diseases and most vaccine preventable diseases. Chlamydia is the most prevalent sexually transmitted disease in Charlotte County with an average of almost 200 cases per year between 2006 and 2008. That works out to a rate per 100,000 of 120.4. The Chlamydia rate for Charlotte County is only about 37% of the state rate of 316.9 per 100,000.

The overall rate of infection from vaccine preventable diseases is very low. For most of these diseases there is an average of one or fewer cases per year. Pertussis (commonly known as whooping cough) is the most prevalent vaccine preventable disease in Charlotte County. Between 2006 and 2008 an average of 2.3 people per year were infected with Pertussis. The rate per 100,000 for Charlotte County is slightly higher than the rate for the state of Florida.

An average of 12.7 people per year were diagnosed with AIDS in Charlotte County between 2006 and 2008. That number is higher than it needs to be, but it is significantly lower than the state average. The rate per 100,000 in Charlotte County is 7.7. The rate for the state of Florida as a whole is 23.7. The largest number of those cases come from urban areas.

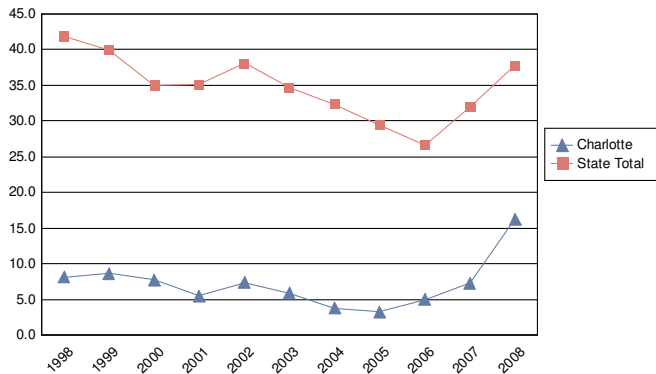
**Table 9: Communicable Diseases  
Charlotte County and State 2006-2008**

Disease	# of Cases Annual Avg.	County 3 yr. Rate per 100,000	State 3 yr. Rate per 100,000
<b>Sexually Transmitted Diseases</b>			
Infectious Syphilis Cases	1.6	0.8	4.8
Gonorrhea Cases	68.3	41.6	126.0
Chlamydia	197.7	120.4	316.9
<b>Vaccine Preventable Diseases</b>			
Hepatitis B Cases	0.7	0.4	2.0
Measles	0.0	0.0	0.0
Mumps	0.3	0.2	0.1
Rubella	0.0	0.0	0.0
Pertussis	2.3	1.4	1.2
Tetanus	0.0	0.0	0.0
<b>AIDS and Other Diseases</b>			
AIDS Cases	12.7	7.7	23.7
Meningococcal Meningitis	0.0	0.0	0.0
Hepatitis A Cases	0.0	0.0	1.0
Tuberculosis Cases	3.7	2.2	5.3

Source: Division of Disease Control, Florida Department of Health

The following charts show the trends in sexually transmitted diseases in Charlotte County across the past twenty years. Chart 13 shows the number of new HIV cases reported each year. There was a spike in new HIV cases in 2007, but it is believed that much of that increase was caused by a change in the definition of which cases were required to be reported. It will take a few years to determine if there is a legitimate increase in the number of cases or if there is only a change in the way they are reported.

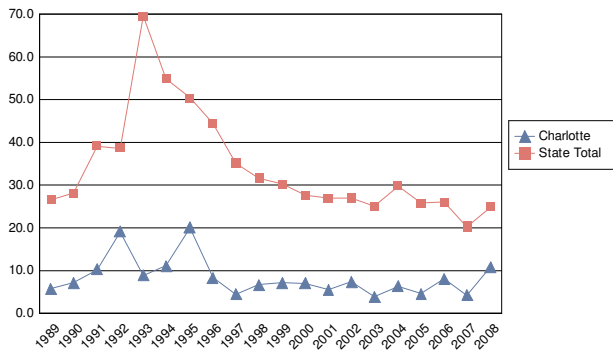
**Chart 13: HIV Cases, Charlotte County and State  
Single Year Rate per 100,000 1998-2008**



Source: Florida Department of Health, Bureau of HIV/AIDS

Chart 14 shows the single year rate per 100,000 for AIDS cases in Charlotte County and the state. Many 2007 cases were not reported until 2008 because of the change from paper to electronic lab reporting (ELR). This results in an artificially low count of AIDS cases in 2007 and a higher rate for 2008.

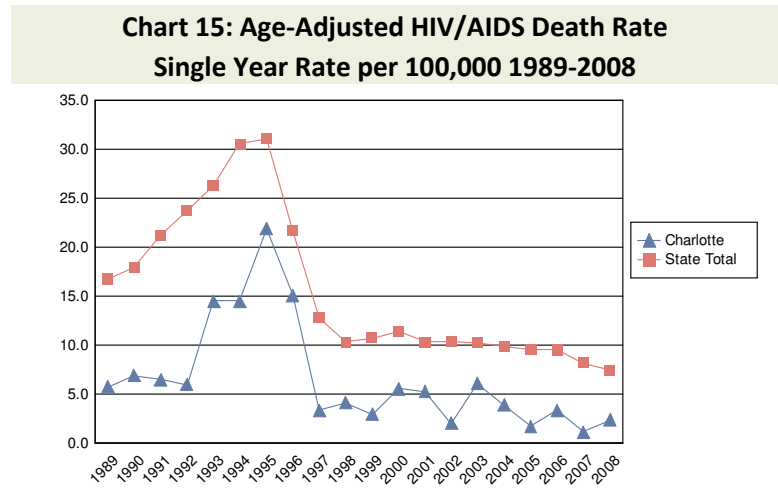
**Chart 14: AIDS Cases, County and State  
Single Year Rate per 100,000 1989-2008**



Source: Florida Department of Health, Bureau of HIV/AIDS

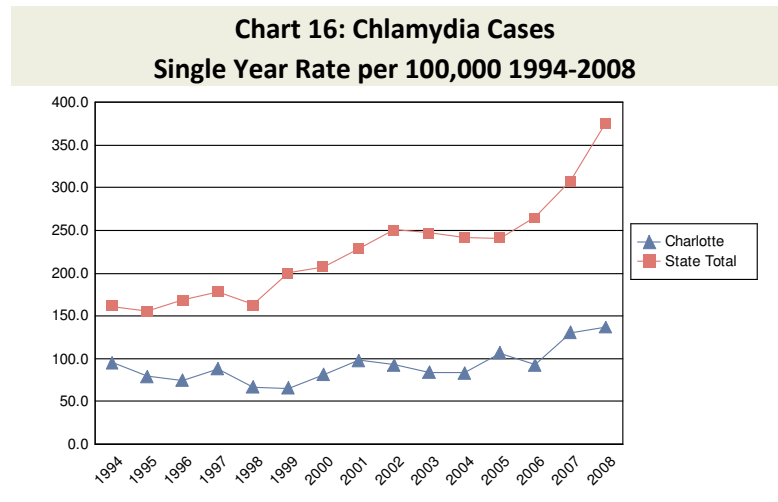


Chart 15 shows that the age-adjusted HIV/AIDS death rate for Charlotte County was at a peak in the mid-1990s, but has since decreased quite a bit. The rate remains well below the rate for the state of Florida.



Source: Florida Department of Health, Bureau of Vital Statistics

The infection rate for Chlamydia across the state of Florida has been on the rise for the last fifteen years. The rates have increased especially quickly in the past four years. The rates in Charlotte County are also on the rise, but they are significantly lower than the state rates and the rate of increase is much lower.



Source: Florida Department of Health, Bureau of STD Prevention & Control

## Maternal and Child Health

On average, 1205.7 babies were born per year in Charlotte County between 2006 and 2008. The health of the babies, the care they received before birth and the age of the mothers are important factors in determining the state of maternal and child health which in turn is a large factor in the overall health of the county.

Babies born to young mothers under the age of 19 are more likely to experience poor birth outcome than those born to adult mothers and are more at risk for developmental complications later in life. There are fewer babies born to mothers between the ages of 15 and 19 in Charlotte County than the Florida average. There is however slightly more babies born to unwed mothers in Charlotte County than the Florida average.

Infant mortality rates are considered the primary indicator of the health of a community. These rates document the deaths of babies between birth and 364 days of life. The leading causes of infant deaths in Florida are perinatal conditions, congenital anomalies, low birth weight and sleep-related deaths. There has been a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics released its recommendation in 1992 that infants be placed down for sleep in a nonprone position. Infant mortality rates in Charlotte County are well below the average for the state of Florida. The percent of infants born with a low birth weight is also lower than the state average. However, more babies are born in Charlotte County without receiving care in the first trimester. There are also a higher percentage of babies born in Charlotte County who only received late care or no prenatal care at all.

<b>Table 10: Maternal &amp; Child Health Indicators, Charlotte County &amp; State</b>			
<b>3-Year Figures, 2006-2008</b>			
<b>Births</b>	<b>County</b>	<b>State</b>	<b>Quartile*</b>
Total Births (3-yr annual avg.)	1205.7		
Births to Mothers ages 15-44 per 1000	58.1	66.2	1
Births to Mothers ages 10-14 per 1000	0.4	0.6	2
Births to Mothers ages 15-19 per 1000	34.7	42.5	1
Percent of Births to Unwed Mothers	46.4	45.8	2
<b>Infant Deaths</b>			
Infant Deaths (0-364 days) per 1000 Births	4.7	7.2	1
Neonatal Deaths (0-27 Days) per 1000 Births	2.5	4.6	1
<b>Low Birth Weight</b>			
Percent of Births < 1500 Grams	1.2	1.6	1
Percent of Births < 2500 Grams	7.7	8.7	2
<b>Prenatal Care</b>			
Percent of Births with 1st Trimester Care	72.2	76.5	2
Percent of Births with Late or No Care	6.7	5.8	3

Source: Florida Department of Health

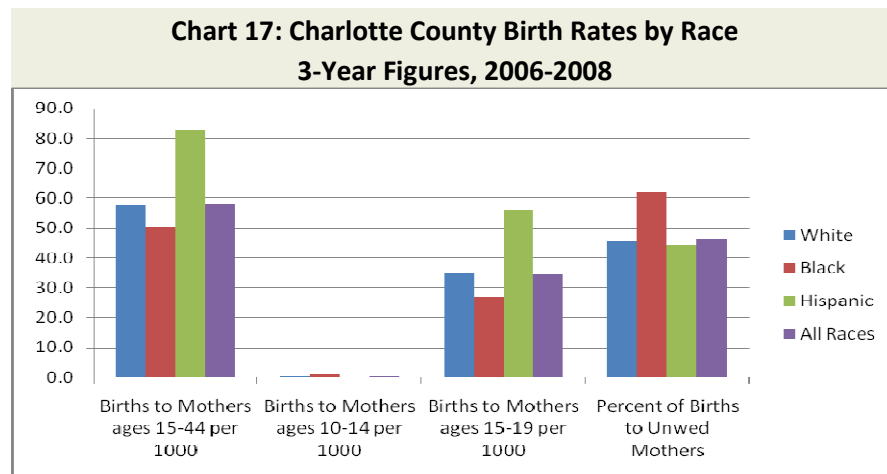
\*County compared to other Florida Counties. The lowest Quartile equals the lowest number. That is not always the most desirable rate. For instance, it would be desirable to have a quartile of 4 for percent of births with 1<sup>st</sup> trimester care; however it would be desirable to have a quartile of 1 for infant deaths.

Following the trends of the population as a whole, the vast majority of babies born in Charlotte County are white. As seen in Table 10 and illustrated in the charts on the following page, there are some serious racial disparities seen in Charlotte County. Hispanics have a higher birth rate than black or whites. Hispanic women are also most likely to give birth between the ages of 15 and 19.

Black women are most likely to be unwed mothers. Black women have the lowest birth rate among the races, but they have by far the highest rate of infant deaths and the highest rate of infants born with a low birth weight. Black infants are least likely to receive care in the first trimester and most likely to be born with late or no prenatal care. Unfortunately this trend is seen throughout Florida.

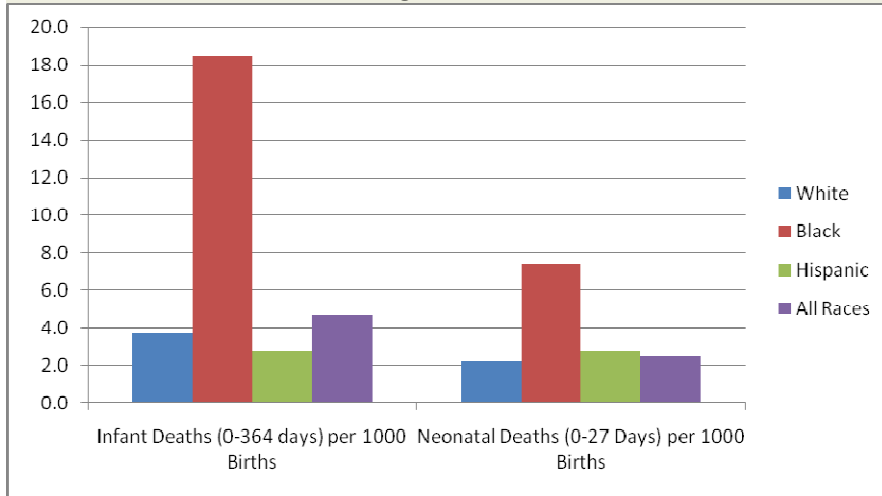
<b>Table 10: Maternal &amp; Child Health Indicators by Race</b>				
<b>3-Year Figures, 2006-2008, Charlotte County</b>				
<b>Births</b>	<b>White</b>	<b>Black</b>	<b>Hispanic</b>	<b>All Races</b>
Total Births (3-yr annual avg.)	1,068.3	90.0	120.7	1,205.7
Births to Mothers ages 15-44 per 1000	57.9	50.3	83.0	58.1
Births to Mothers ages 10-14 per 1000	0.3	1.0	0.0	0.4
Births to Mothers ages 15-19 per 1000	35.2	27.0	56.0	34.7
Percent of Births to Unwed Mothers	45.6	61.9	44.5	46.4
<b>Infant Deaths</b>				
Infant Deaths (0-364 days) per 1000 Births	3.7	18.5	2.8	4.7
Neonatal Deaths (0-27 Days) per 1000 Births	2.2	7.4	2.8	2.5
<b>Low Birth Weight</b>				
Percent of Births < 1500 Grams	1.1	3.3	0.8	1.2
Percent of Births < 2500 Grams	7.3	14.1	5.2	7.7
<b>Prenatal Care</b>				
Percent of Births with 1st Trimester Care	72.7	64.2	66.3	72.2
Percent of Births with Late or No Care	6.4	10.8	6.9	6.7

Source: Florida Department of Health



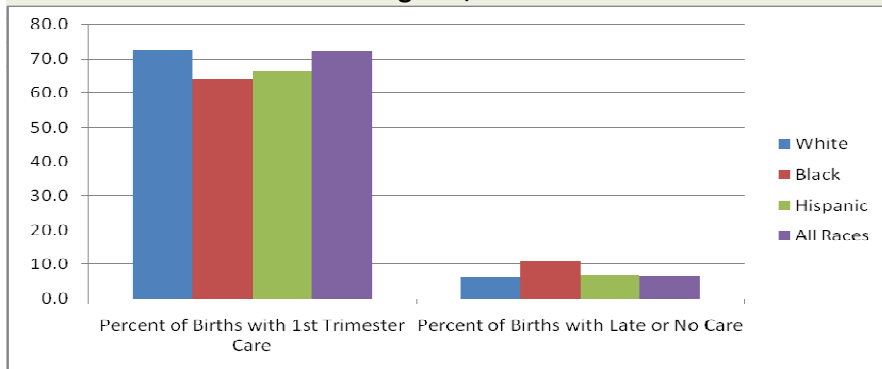
Source: Florida Department of Health

**Chart 18: Charlotte County Infant Deaths by Race  
3-Year Figures, 2006-2008**



Source: Florida Department of Health

**Chart 19: Charlotte County Prenatal Care by Race  
3-Year Figures, 2006-2008**



Source: Florida Department of Health

## Hospitalizations

The Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care-sensitive conditions." These are conditions for which good outpatient or preventative care can potentially eliminate the need for hospitalization or for which early intervention can prevent complications or more severe disease. Even though these indicators are based on hospital inpatient data, they provide insight into the community health care system or services outside the hospital setting. For instance, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management. Full definitions for each of the PQIs are available in Appendix D. The rates of hospitalization in Charlotte County are on the rise for diabetes, hypertension and adult asthma. The rates are falling for congestive heart failure although heart failure remains the highest rate.

**Table 11: Prevention Quality Indicators  
Annual Rate per 100,000 2004-2008, Charlotte County**

PQI	2004	2005	2006	2007	2008
01-Diabetes/short-term	31.8	32.4	39.3	32.6	41.2
03-Diabetes/long-term	102.1	94.3	100.0	107.8	112.8
05-Chronic obstructive PD	367.0	288.1	297.3	269.9	358.0
07-Hypertension	46.2	58.2	48.6	73.1	89.0
08-Congestive HF	763.4	675.0	688.1	636.1	653.0
10-Dehydration	109.0	95.1	97.2	132.4	136.0
11-Bacterial pneumonia	473.6	476.1	416.6	408.1	291.4
12-Urinary infections	184.6	193.1	211.5	267.7	263.2
13-Angina w/o procedure	37.8	25.8	40.0	32.6	23.9
14-Uncontrolled diabetes	21.9	11.8	18.6	28.2	29.7
15-Adult asthma	246.7	257.9	249.4	277.1	337.7
16-Diabetes/LE amputations	22.7	19.2	20.0	15.9	21.7

Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System  
Includes hospitalizations of Charlotte County residents in any hospital in Florida

The Chronic Condition Indicator tool is another method to look at the health of a community through hospitalizations. This tool stratifies chronic diseases based on ICD-9-CM diagnosis codes. A chronic condition is a condition lasting 12 months or longer and meeting one or both of the following tests: (a) the condition places limitations on self-care, independent living and social interactions; (b) the condition results in the need for ongoing intervention with medical products, services and special equipment. The identification of chronic conditions is based on all five-digit ICD-9-CM diagnosis codes, excluding external cause of injury codes (E codes). The data from this tool tells a similar story as the PQI data. Hypertension is the number one cause of hospitalization for a chronic condition and the rates of are rising. The hospitalization rates for diabetes and asthma are also on the rise.

**Table 12: Hospitalizations for Chronic Conditions  
Annual Figures, 2004-2008, Charlotte County Residents**

<b>Disease</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Diabetes	3,813	3,730	4,854	5,456	5,715
Asthma	1,591	1,670	1,854	2,094	2,038
Congestive Heart Failure	3,968	3,660	4,130	4,029	4,020
Hypertension	8,845	8,556	10,724	11,300	11,719
AIDS	49	65	55	46	57

Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System  
Includes hospitalizations of Charlotte County residents in any hospital in Florida

## Emergency Room Visits by Charlotte County Residents

Charlotte County Residents made 47,359 visits to hospitals in 2008 that did not result in an inpatient admission. There are three hospitals in Charlotte County: Peace River Regional Medical Center; Fawcett Memorial Hospital and Charlotte Regional Medical Center. Those three hospitals represent 73.4 percent of the visits. Englewood Community Hospital is in Sarasota County, but is designed to serve a region that includes Charlotte County; it represented an additional 12.4 percent of the visits. There were 6625 visits to hospitals outside of the area; that equals about 14 percent of the total visits. There are a number of reasons why a resident of Charlotte County may choose to visit a hospital outside the area. Many visits may have occurred while the resident was visiting another county for business or pleasure. However, there are also people who leave the county because the services that they need are not accessible in Charlotte County.

**Table 13: Emergency Room Visits by Charlotte County Residents  
2008**

<b>Hospital</b>	<b>Number of Visits</b>
PEACE RIVER REGIONAL MEDICAL CENTER	14,594
FAWCETT MEMORIAL HOSPITAL	10,909
CHARLOTTE REGIONAL MEDICAL CENTER	9,357
ENGLEWOOD COMMUNITY HOSPITAL	5,874
VENICE REGIONAL MEDICAL CENTER	706
SARASOTA MEMORIAL HOSPITAL	375
LEE MEMORIAL HOSPITAL	253
DESOTO MEMORIAL HOSPITAL	181
CAPE CORAL HOSPITAL	158
HEALTHPARK MEDICAL CENTER	104
DOCTORS HOSPITAL OF SARASOTA	96
ALL CHILDREN'S HOSPITAL INC	74
SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER	63
MANATEE MEMORIAL HOSPITAL	48
GULF COAST HOSPITAL	47
BAYFRONT MEDICAL CENTER INC	29
LAKWOOD RANCH MEDICAL CENTER	29
LEHIGH REGIONAL MEDICAL CENTER	28
UNIVERSITY COMMUNITY HOSPITAL	25
<b>Grand Total</b>	<b>43,759</b>

Source: AHCA via Broward Regional Health Planning Council Hospital Inpatient and Emergency Department Analytical System

The AHCA ED data contains records for all ED visits for which the severity of the visit did not result in an inpatient admission. Includes visits by Charlotte County residents to the ED of any hospital in Florida. Only hospitals with at least 25 visits are included in the chart above. There are an additional 809 visits divided amongst 151 hospitals that have not been included in the chart.

## Hospital Admissions

There are a total of 665 hospital beds in Charlotte County. The three hospitals in Charlotte County all had a relatively similar number of inpatient admissions in 2009; Fawcett Memorial had the largest number of admissions with 10,388. Average occupancy rates for the hospitals ranged from 54.6 percent to 63 percent for the year. There was some variation throughout the year; Charlotte Regional Hospital had an occupancy rate of 80.4% for February of 2009. Between 20 and 30 percent of the people who visited the emergency room were admitted into the hospitals.

<b>Table 14: Charlotte County Hospitals 2009</b>				
<b>Hospital</b>	<b>Beds</b>	<b>Total Inpatient Admits</b>	<b>Average Occupancy Rate</b>	<b>% of ER Visits Admitted</b>
Charlotte Regional Medical Center	208	9,841	63.0%	25.8%
Fawcett Memorial Hospital	238	10,388	56.9%	28.7%
Peace River Regional Medical Center	219	9,722	54.6%	19.8%

Source: Health Planning Council of SW Florida, Inc.



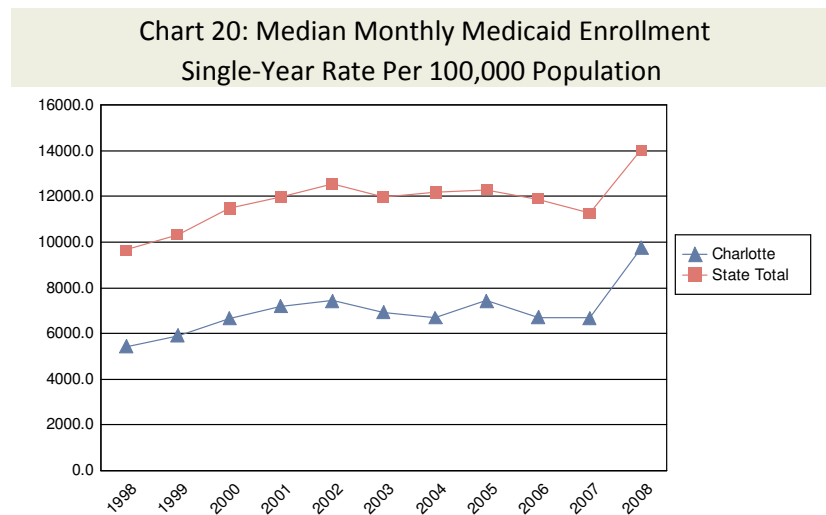
## Health Resources

Access to health care is the key to achieving a health community and is a primary goal of health policy in Florida. This section will review health coverage of Charlotte County residents including the rate of uninsured residents, licensed providers and facilities, and federal health professional shortage designations.

### Medicaid

Medicaid provides medical coverage to low income individuals and families. The state and federal government share the costs of the Medicaid program. Medicaid services in Florida are administered by the Agency for Health Care Administration (AHCA). About half of the recipients are children or adolescents under the age of 21. While children are the bulk of the beneficiaries, most of the costs arise from providing services to seniors, especially nursing home care, and people with disabilities who have significant medical costs.

There are four categories of Medicaid eligibility for adults in Florida, which include low income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria. As of 2008, approximately 10,000 out of every 100,000 people in Charlotte County were enrolled in Medicaid; the state rate is approximately 14,000 per 100,000. At both the state and the county level, there was a sharp increase in the number of people enrolled in Medicaid between 2007 and 2008.



Source: Florida Department of Health, Office of Planning, Evaluation & Data Analysis

## Uninsured

Lack of health insurance coverage is a significant barrier to accessing needed health care. The rate of uninsured adults represents the estimated percent of the adult population under age 65 that has no health insurance coverage. People over the age of 65 are eligible for Medicare from the federal government. The Small Area Health Insurance Estimates from the U.S. Census Bureau provide annual estimates of the population without health insurance coverage for all U.S. states and their counties. The most recent year for which reliable county-level estimates are available is 2005. Charlotte County was estimated as having 25 percent of adults without health insurance; this compares to a rate of 24 percent for Florida as a whole.

The economic downturn of the last few years has likely caused this rate to increase significantly since 2005. Kaiser Family Foundation research found that for every 100 people who lose their jobs the number of uninsured grows by 85. Between 2005 and 2009, the unemployment rate in Charlotte County increased by 6.8 percent. This suggests that the uninsured rate could have increased by as much as 5.8 percent. That would place the estimated rate for uninsured adults under the age of 65 in Charlotte County in 2009 as high as 30.8 percent.

## Physicians and Facilities

As of 2008, there were 324 total licensed physicians in Charlotte County. That works out to about 195 doctors for every 100,000 residents; that is a much lower rate than the state average of about 299 doctors for every 100,000 residents. The county has a lower rate per 100,000 than the state for every major category of physician although the rate is similar for internists. The most significant difference is in the number of pediatricians in the county, but that is not surprising because the population of the county is much older than the population of the state.

Charlotte County has more hospital beds available than the Florida average. There are 401 for every 100,000 people as compared to a state average of 316.9 per 100,000. However, the county has fewer specialty beds than the state average. The number of nursing home beds for every 100,000 people in the county is significantly higher than the state average.

The number of Charlotte County Health Department employees per every 100,000 residents is slightly lower than the state average but quite similar. The Charlotte County Health Department spent \$6,824,793 dollars in 2008; that places the rate of expenditure per 100,000 residents slightly lower but quite similar to the state rate.

**Table 15: Health Resources Availability  
Charlotte County & State 2008**

Providers**	County			State
	Number	Rate per 100,000	Quartile*	Rate per 100,000
Total Licensed Dentists	72	43.4	3	62.6
Total Licensed Physicians	324	195.4	3	298.6
Total Licensed Family Private Practice Physicians	17	10.3	1	20.1
Total Licensed Internists	84	50.7	4	51.8
Total Licensed OB/GYN	8	4.8	2	10.5
Total Licensed Pediatricians	10	6.0	2	20.0
<b>Facilities</b>				
Total Hospital Beds	665	401.0	4	316.9
Total Acute Care Beds	586	353.4	4	263.3
Total Specialty Beds	79	47.6	3	53.6
Total Nursing Home Beds	1228	740.5	4	437.6
<b>County Health Department</b>				
County Health Department Full-Time Employees	103	62.1	1	63.8
County Health Department Expenditures	6,824,793	4,115,610.5	1	4,434,587.6

Source: Division of Medical Quality Assurance and Office of Planning, Evaluation and Data Analysis, Florida Department of Health; Florida Agency for Health Care Administration

\*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 Providers are for a fiscal year, not a calendar year

## Federal Health Professional Shortage Designations

There are two types of health professional shortage designations: Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas or Populations (MUAs/MUPs). Both designations consider primary care physician-to-population ratios, other high-need indicators (poverty levels, percent of the population that is elderly, infant death rate and rate of low birth weight), and barriers to access care. Designations are required for placement of health professionals under the National Health Service Corps and waiver programs for foreign physicians. Designations are also necessary for the location of community and migrant health centers and rural health clinics, programs that provide health care to underserved populations.

Medically Underserved Areas or Populations (MUAs/MUPs) are a measure of medical under service as defined by the U.S. Department of Health and Human Services. These designations determine the Index of Medical Under -service (IMU) using the following variables: (1) percent of the population below 100 percent of the Federal Poverty Level, (2) percent of the population over age 65, (3) infant mortality rate (5 year average) and (4) population-to-physician ratio.

The low-income population of Charlotte County has been designated as a Medically Underserved Population (MUP). Any population with a score of 65 or lower on the Index of Medical Under-service is considered medically underserved. The low-income population of Charlotte County scored a 47.50.

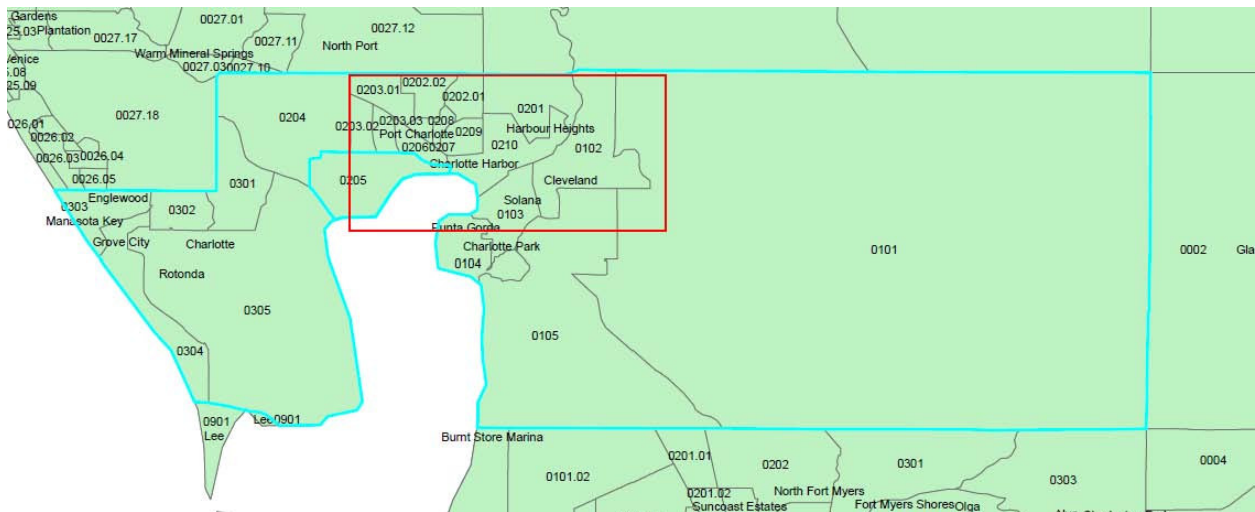
Health Professional Shortage Areas (HPSAs) are defined in Section 332 of the Public Health Service Act, 42 U.S.C. 254e to include: (1) urban and rural geographic areas, (2) population groups, and (3) facilities with shortages of health professionals. Federal designation as a HPSA documents a shortage of health care providers (primary care, dental or mental health) as well as the existence of barriers to accessing care including lack of public transportation, travel time and distance to the next source of undesignated care and high poverty. To be eligible for designation, a geographic area or a population group (a low income or migrant population) must have a population-to-physician ratio greater than 3,000 to one.

### What a Designation Means

- A geographic designation for the whole county means there is a shortage of providers (primary care physicians, dentists, mental health professionals) for everyone living in the county, regardless of ability to pay for services through insurance or other means.
- A geographic area within the county means there is a shortage of health care providers for everyone living in that area of the county.
- A special population designation for the whole county (or parts of counties) means there is a shortage of providers to meet the needs of low income, migrant or other special populations because the existing providers do not serve these patients.

Seven census tracts in Charlotte County have been designated as Health Professional Shortage Areas (HPSAs) for the low-income population for primary medical care and for dental care. They can be seen in the red box in Figure 3 (please note that there are also census tracts in the red box that are not designated as HPSAs). The census tracts that have received the HPSA designation for primary medical care and dental care are: 0102, 0103, 0203.01, 0203.02, 0203.03, 0206, 0207, 0208, 0209 and 0210. These census tracts include Charlotte Harbor, Cleveland, Solana and parts of Port Charlotte and Punta Gorda. It was determined that these census tracts should have five primary care doctors serving the low-income population; there is currently a shortage of one doctor. HRSA calculated that the area requires four dentists serving the low-income population; there were no dentists fitting that criterion at the time of designation. No census tracts in Charlotte County are currently designated as HPSAs for mental health care.

Figure 3:

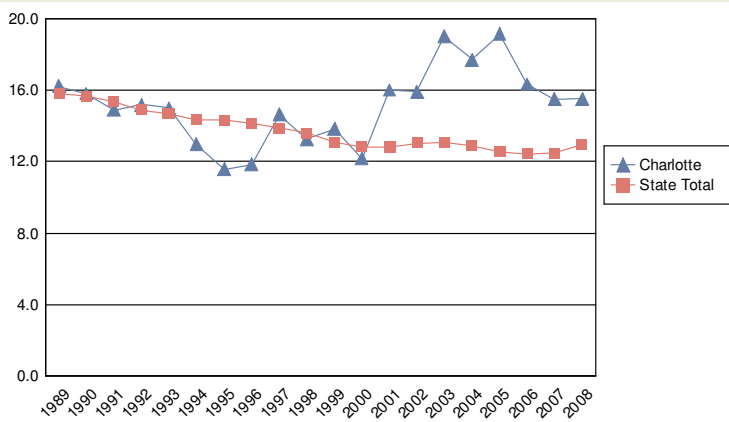


# Social and Mental Health

## Suicides

Suicides can be considered as a strong indicator of the overall mental health of a community. The most common underlying causes of suicide are depression, anxiety, damaged relationships and loss of employment. Suicide is a major, preventable public health problem. Since 1999, Charlotte County has had a higher suicide rate than the state average. The rate for the county fell from a peak in 2005 to 15.5 deaths by suicide per 100,000 residents for 2008.

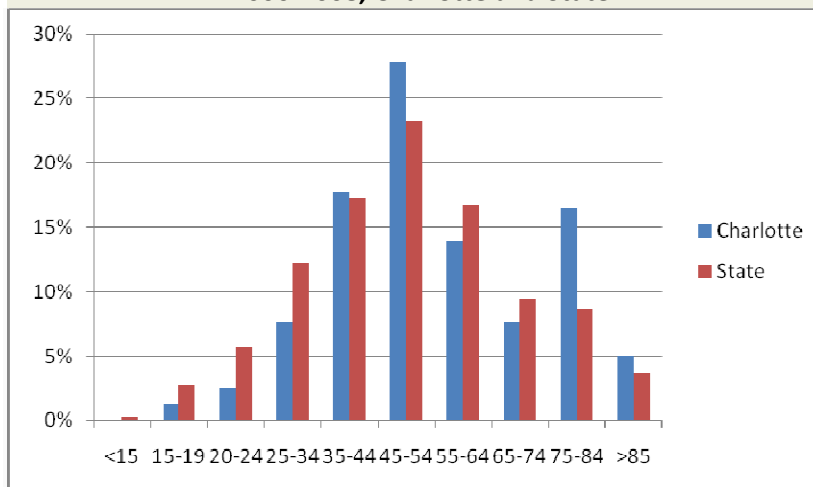
**Chart 21: Age-Adjusted Suicide 3-Year Death Rate**  
**Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population**



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

In both Charlotte County and Florida as a whole, people between the ages of 45 and 54 are most likely to die by suicide; in Charlotte County 28% of the people who died from suicide between 2006 and 2008 were in that age range.

**Distribution of Deaths by Suicide by Age**  
**2006-2008, Charlotte and State**



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

## Crime and Domestic Violence

In general, Charlotte County is much safer than the state of Florida as a whole. Charlotte County did better than the state average nearly every category of crime and domestic. Residents in Charlotte County are almost half as likely to be the victim of a domestic violence offense as the average resident of Florida. The rates for the county are also significantly lower than the state average for motor vehicle theft, robbery, forcible sex offenses and murder. The county does not fare quite as well when compared to the state on alcohol-related motor vehicle crashes. Although the county has a lower rate of alcohol-related motor vehicle crashes than the state, the rate of injuries is very similar and the county has a slightly higher rate of deaths resulting from the crashes.

**Table 16: Charlotte County Social & Mental Health Indicators  
3-Year Rate per 100,000, 2006-2008**

<b>Crime and Domestic Violence</b>	<b>County</b>	<b>State</b>	<b>Quartile*</b>
Larceny	2,156.8	2,625.0	3
Burglary	764.5	965.4	2
Total Domestic Violence Offenses	325.4	613.5	1
Aggravated Assault	319.3	431.9	2
Motor Vehicle Theft	170.9	381.2	2
Robbery	34.1	129.0	1
Forcible Sex Offenses	15.0	60.0	1
Murder	3.0	6.2	2
<b>Alcohol-related Motor Vehicle Crashes</b>			
Alcohol-related Motor Vehicle Crashes	110.0	121.4	1
Alcohol-related Motor Vehicle Crash Injuries	86.1	86.2	2
Alcohol-related Motor Vehicle Crash Deaths	6.5	6.3	2

Sources: FDLE Uniform Crime Report, DHSMV "Traffic Crash Facts", Florida Office of Vital Statistics

\*County compared to other Florida Counties. The lowest Quartile equals the lowest number.

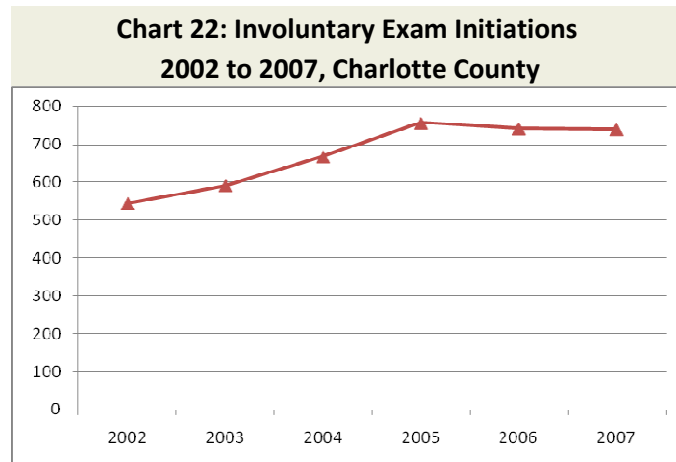
## Baker Act

The Florida Mental Health Act of 1971 (commonly known as the "Baker Act") is a statute allowing for involuntary examination of an individual. It was originally enacted, at least in part, because of widespread instances of elder abuse in which one or more family members would have another family member committed in order to gain control over their estate prior to their death. Once committed, it was difficult for many of the patients to obtain representation, and they became warehoused until their death. The Baker Act allows for involuntary examination (what some call emergency or involuntary commitment). It can be initiated by judges, law enforcement officials, physicians or mental health professionals. There must be evidence that the person has a mental illness (as defined in the Baker Act) and is a harm to self, harm to others, or self neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and occur in over 100 facilities statewide.

There are many possible outcomes following examination of the patient. This includes the release of the individual to the community (or other community placement), a petition for involuntary inpatient

placement (what some call civil commitment), involuntary outpatient placement (what some call outpatient commitment or assisted treatment orders), or voluntary treatment (if the person is competent to consent to voluntary treatment and consents to voluntary treatment).

There were 740 involuntary exam initiations in Charlotte County in 2007. This number has remained fairly steady across the previous three years, but has increased since 2002. The rate per 100,000 for Charlotte County is 3.69; that is lower than the state rate of 4.46. In Charlotte County 74 percent of the exams were initiated by mental health professionals, law enforcement initiated 22 percent of the exams and the remaining four percent came from judges.



Source: 2007 Florida Mental Health Act (The Baker Act) Report



# Behavioral Risk Factor Surveillance Survey

## Survey Results

The Centers for Disease Control and Prevention began the Behavior Risk Factor Surveillance Survey (BRFSS) in the early 1980s in a handful of states. Today, all states participate in the survey. The 2007 Florida BRFSS provides individual counties and the state with a rich data source to estimate the prevalence of personal health behaviors that contribute to mortality and morbidity among adults.

Over 39,000 interviews were completed in the 2007 calendar year, with a target sample size of 500 completed surveys in each county. The 2007 county-level BRFSS was the first since the initial county-level effort in 2002. The 2007 county-level survey was developed in collaboration with state and local representatives. At least 497 Charlotte County residents completed the survey in 2007. A sampling of significant findings is included in this section along with a comparison with 2002 data and state-level data. Additional data can be found in Appendix F.

### Alcohol Use

The percent of adults who reported that they engage in heavy or binge drinking decreased from 18.4 in 2002 to 14.9 in 2007. It is now below the state average of 16.2. The rate is higher for men than for women. The highest rate is among people 18-44 (19.6) and lowest among those over 65 (9.8). Persons with higher education and income levels reported drinking at slightly higher rates than their less education counterparts, and singles were more likely to drink than persons who are married.

### Cancer Screenings

Women over 18 years of age in Charlotte County were less likely than women across the state as a whole were less likely to report that they had received a pap test in the last year (59.6% Charlotte vs. 64.8% State). Residents of Charlotte County over the age of 50 also indicated that they are less likely to have received a blood stool test than their counterparts across the state; these rates have actually decreased since 2002. There has however been an increase in the number of adults 50 years or older who have received a colonoscopy and that rate is above the state average.

### Dental Care

A similar number of adults in Charlotte County reported that they could not see a dentist in the past year as the number who said the same for the state (19% Charlotte, 19.2% State). When you factor in age, Charlotte County starts to compare unfavorably to the state average; 33.9 percent of adults 18-44 were unable to attend a dentist due to cost compared to 23.6 percent for persons of the same age statewide. More women than men reported being unable to attend the dentist. Unfortunately this question was not asked in 2002.

### Health Care Access & Coverage

13.3 percent of adults in Charlotte County reported that they were unable to see a doctor at least once in the previous year due to cost. This is better than the state average of 15.2 percent. 86.5 percent of adults in Charlotte County stated that they have some type of health insurance coverage; in 2002 the

response was 83.9 percent. The state average is 81.4 percent. More women than men reported that they have some type of health insurance. Virtually all people above the age of 65 indicated that they have insurance; however only 74.8 percent of persons between the ages of 18 and 44 answered the same way. 81.2 percent of people between the ages of 45 and 64 stated that they did not have insurance. As would be expected, there were definite correlations between education and income in relation to whether respondents reported having insurance. For example, 93 percent of persons with an income of \$50,000 or more are insured compared to 82.6 percent of those making less than \$25,000 per year. It should be noted that this survey was completed before the county felt the largest impact of the economic downturn.

### **General Health and Quality of Life**

Overall, 83.2 percent of Charlotte County residents reported feeling in good or excellent health; which was very similar to the state's rate of 83.4 percent. Age and income level seem to be the largest factors in the perception of personal wellness. 88.6 percent of people between the ages of 18 and 44 reported that they were in good or excellent health while only 79.9 percent of people over the age of 65 reported the same. 93 percent of people who earn \$50,000 or more per year reported feeling well compared to 70.9 percent of those who make less than \$25,000 per year.

Similarly the persons reporting to be "satisfied" or "very satisfied" with their lives closely mirrored the state rate, with 93.4 percent in Charlotte County and 94.2 percent for the state. Again income level seemed to be a significant factor in this measure. There was not as much of a discrepancy in the responses based on age though; at least 90 percent of people of all ages reported satisfaction with their lives.

### **Overweight and Obesity**

Sixty percent of Charlotte County residents are overweight or obese. This is similar to but slightly better than the state rate of 62 percent. Excess weight is considered to be a strong factor and precursor to serious health problems such as diabetes, hypertension and heart disease. 24 percent of the people in Charlotte County reported that they are obese in 2007; in 2002 that number was 19 percent. Men in Charlotte County are more likely to be overweight or obese than women (68.2% men, 51.4% women). There were no strong correlations found between age or education level in regards to overweight and obesity. Those at higher income levels were slightly less likely to report they were overweight or obese.

There seems to be quite a bit of fluctuation in the weight of residents of Charlotte County. 27 percent that they had lost at least five pounds in the past year and 20.6 percent reported that they had gained five or more pounds in the past year. These rates are similar to those at the state level. Younger people tended to have more changes in their weight than older people.

Exercise and nutrition are two important aspects of maintaining a healthy weight. 22.5 percent of Charlotte County residents reported that they have a sedentary lifestyle; this is better than the state rate of 25.4 percent and is a slight improvement from 2002. People in the lowest income brackets were most likely to be sedentary. Fewer people in Charlotte County report that they eat five servings a day of fruit and vegetables than the state average (24.1% Charlotte, 26.2% State); however more report that they receive at least moderate physical activity recommendations (38.4% Charlotte, 34.6% State).

## **Tobacco Use**

Charlotte County has a higher percentage of current smokers than the average for the state of Florida as a whole; 22.9 percent of Charlotte County residents reported that they smoke compared to 19.3% for the state. In addition, 16.4 percent of Charlotte County residents who are non-smokers stated that they were exposed to secondhand smoke within the previous week; the rate for the state was 14.9%. More men smoke than women. The rate is similar for people between the ages of 18-44 and 45-65 (30.7% & 30.1%) but much lower (12.1%) for those over the age of 65. Lower income residents are more likely to smoke than higher income residents. Unfortunately, 4.6 percent more people stated that they are current smokers in 2007 than had stated the same in 2002.

# Community Input

## Interviews with Community Leaders

### Introduction

The Health Planning Council of Southwest Florida (HPC) conducted fifteen key informant interviews between November 2009 and March 2010 with the cooperation of the Charlotte County Health Department. The purpose of conducting the interviews was to better understand the perspectives of key community leaders on the health and healthcare needs of Charlotte County residents. These interviews were intended to ascertain opinions among key individuals likely to be knowledgeable about the community and who are influential over the opinions of others about health concerns in the county. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in Charlotte County. A summary of community leaders' opinions is reported without judging the veracity of their comments.

### Methodology

The Charlotte County Health Department compiled a list of possible interview subjects and made initial contact with the interviewees. The list included governmental representatives, healthcare providers, and representative of local businesses and community organizations. Additional names were added to the list based on the suggestion of the some of the community leaders with agreement from the Charlotte County Health Department.

HPC staff conducted the interviews in person. The average interview lasted approximately thirty minutes. Seventeen key community leaders were interviewed in fifteen sessions at the place of their employment or another location of their choosing in Charlotte County between November of 2009 and March of 2010 (two of the sessions involved two participants from the same organization). The interviewees were told that none of their comments would be directly attributed to them but that a list of all participants would be included in this report. That list is included in Appendix B.

All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix A. Community leaders were asked to provide comments on the following issues:

- Overall perspective of healthcare in Charlotte County;
- Perception of essential components of the county's healthcare system;
- Opinions of important health issues that affect county residents and the types of services needed to address these issues;
- Impressions of specific health services available in the county;
- Thoughts on helpful services that may be missing from the county; and
- Opinions on the parties responsible for initiating and addressing health issues for the county.

## **Interview Analysis**

The leaders interviewed were asked whether they serve on any boards or have any affiliations with healthcare providers in the community that deliver healthcare services that may have helped form their opinions. These affiliations included among others The Health Care Advisory Board, The Children's Services Committee, Peace River Medical Center, Fawcett Memorial Hospital, Healthy Families Advisory Board, Community Action Advisory Board, Board of Virginia B. Andes Health Clinic, Indigent Healthcare Board, Value Options Florida Mental Health Board and the Christian Health Ministries.

The length of time that the community leaders have lived and/or worked in Charlotte County ranges from three-and-a-half years to thirty-seven years. The average number of years that an interviewee has lived or worked in Charlotte County is seventeen years. The majority of the leaders reside in Charlotte County. All of the interviewees stated that they work or volunteer in Charlotte County.

The interview questions for each community leader are identical. The questions have been grouped into six major categories. A summary of the leaders' responses by each of the categories follows. There is some duplication of subject matter and feedback between the categories. Paraphrases are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with statements. This section of the report summarizes what the community leaders said without assessing credibility of their comments.

## **General Perceptions**

When asked to share their impressions about health and healthcare in Charlotte County, community leaders spoke at length about the assets and deficiencies of the system. A large number of respondents stated that there are good and qualified doctors in Charlotte County and six community leaders mentioned that there are very good hospitals. Four leaders stated that the county health department provides necessary services to the uninsured and one stated that the health department has expanded greatly in the last twenty-four months. Multiple interviewees also mentioned that the Virginia B. Andes clinic is a fairly new and valuable asset for the community. Many respondents mentioned that healthcare in the county for a person with insurance is satisfactory and often excellent. There are many who are pleased overall with the status of healthcare in Charlotte County and particularly with the progress that has been made in recent months. While there is much to laud about the Charlotte County health care system the nature of the interviews lead the leaders to spend the majority of their time focusing on what may be lacking in the system.

Several community leaders perceived problem areas for the community. The two issues that were most commonly mentioned were poor dental services for the community especially for children and the need for additional primary care providers who will accept Medicaid or a sliding scale fee. Many interviewees mentioned that there is a growing uninsured population in the county. Others stated that there is a growing obesity problem and a lack of wellness and lifestyle programs. Other concerns were chronic disease management for the elderly, specialty care for the indigent and long delays processing Medicaid applications.

The need for quality health information is always a need for communities. The number one source for health information in the county cited by the interviewees was the Charlotte County Health Department. The next most often mentioned were the internet including WebMD, doctors and hospitals. Also cited were the 211 telephone line, friends and family, the newspaper, the cultural center and the radio.

### **Pressing Healthcare Needs**

The community leaders were asked to identify the most pressing healthcare needs in Charlotte County. The number one response mentioned by over half the respondents was access to care for the uninsured. Charlotte County has a growing uninsured population that need healthcare. Interviewees stated that the county needs more providers who will accept Medicaid or a sliding fee. Seven leaders mentioned that there is a lack of available care for children especially specialty care. A large number of respondents also stated that there is a lack of mental health services available in the county. Charlotte Behavioral Care was praised but the perception is that funds are limited and access to the existing programs can be difficult. The need more for mental health services was identified.

The lack of dental services particularly for the uninsured and for children was also listed as a pressing healthcare need. This issue is discussed in more depth later in the report. Another issue that was raised repeatedly was the need for transportation to services. According to the interviewees, there are no fixed bus routes and few taxis. The taxis that are available often are too costly. The dial-a-ride program can be inconvenient and is considered insufficient. Other needs mentioned include: a poor lifestyle for a majority of the population that leads to obesity, diabetes and other chronic diseases; the need to expand services and hours of operation for the County Health Department and the Virginia B Andes clinic; the lack of access to affordable diagnostics; the lack of access to specialty care for the uninsured; the need for coordinated care for senior citizens including adult day care; the need for assistance for residents applying for Medicaid; the need for OB care for the uninsured and the general need for assistance completing healthcare-related paperwork.

### **Issues Affecting Specific Groups**

Community leaders were asked to give their opinion on issues impacting particular groups of Charlotte County residents. Those groups included children, teen/adolescents, adults, the elderly and the uninsured.

The lack of available primary and specialty care doctors particularly for uninsured patients was the number one concern mentioned for children in Charlotte County. There is a lack of pediatric doctors who accept Medicaid or provide services to children without insurance. According to the leaders there are no specialty care doctors of any kind available for children within Charlotte County; children must leave the county for specialty care. The need for more pediatric dentists especially those who accept Medicaid or a sliding fee was also a major concern. There needs to be a way for children who do not have dental insurance to access preventative and emergency dental services. The lack of exercise among children and the associated obesity and related health problems was noted as an issue. It was suggested that parents need more education on what their children need (ex. vaccines). School-based programs were suggested as being the most effective method. Some leaders also believe that the schools should do more to ensure that children are receiving primary care and vaccines. There is a lack of pediatricians who accept Medicaid. Also listed was the need for additional mental health services for children and additional information for parents on what services may be available in the county.

Teens and adolescents present a different list of health care needs. Six leaders stated that there is too much tobacco, alcohol and drug use and abuse among teens in Charlotte County. It was also noted that there is a need for more mental health programs for teens. There is a perception that the only health education being given to teens involves family planning. Some leaders would like to see more general health education including more lessons on proper nutrition. There is also a concern that there is a lack of sexual education for teens and that there is a need to foster communication between parents and teens. It is also believed that some teens are not getting the preventative care that they need.

When it comes to adults, access to primary and specialty care for the uninsured is the most pressing concern. Growing unemployment rates are leading to an increase in the number of uninsured and too many of them are going without care. Leaders believe that there is a lack of affordable health insurance and that the working poor are too often falling through the crack in the system. In addition, there is a lack of education on which services are available to the uninsured and some residents are unable to access services due to the lack of public transportation. The Englewood area was specifically mentioned as being an area where it is difficult for residents to access services. There is a perception in Englewood that the health department does not provide medical care or will not provide assistance with small problems such as cysts or boils. Residents do not know of a good alternative. The need for substance abuse counseling was also mentioned as was therapy and support groups for those who are depressed including those who have been impacted by the economic downturn. Leaders believe that many citizens also have an increasing need for obesity-related care.

Similar answers were given when interviewees were asked about the needs of the uninsured in particular. It was stated that there is limited access to primary care and very limited access to specialty care. It is understood that most Charlotte County doctors will not accept Medicaid or patients without insurance or the funds available for upfront payment. The growing loss of jobs leads to an increase in the number of people without insurance. COBRA is widely considered too expensive for those who are unemployed. It was mentioned that there are programs available (such as inexpensive pharmaceuticals at Wal-Mart) but uninsured residents need to be educated about these programs. Several leaders mentioned that the community would benefit from a comprehensive program to provide services to the uninsured. The uninsured generally receive care at the County Health Department, the Virginia B Andes clinic or the hospital emergency departments. These venues are considered high quality but not adequate to meet the needs of the growing number of uninsured residents in the county.

There is a general belief that the elderly are in a better situation than other residents are Charlotte County because they are eligible for Medicare which allows them to receive consistent primary and preventative care. Several leaders stated that there is a lack of services addressing the mental health needs of the elderly including depression; the present programs should be expanded to better serve the need. There is a perception that too many elderly have a poor lifestyle and suffer from some or all of the following: poor nutrition; isolation; depression; substance abuse; lack of exercise. Some believe that prescription drugs are too expensive for the elderly. One interviewee mentioned that there is a need for adult day care in Charlotte County. Other concerns included: the need for more education about preventative services; a rising rate of skin cancer; the need for dental care; a need for greater treatment compliance; the need for transportation to services; and the need for education for those who are frightened to lose their independence.

## **Types of Residents with Difficulty Accessing Health Care**

The two types of residents that the interviewees most often mentioned as having difficulty access health care in Charlotte County were children and the uninsured. These concerns have been addressed in the sections above. The type of resident that was next most often cited as having difficulty receiving needed services were non-English speaking residents. It can be difficult for them to get adequate education and information on available services. It was stated that the disabled have a particularly difficult time getting transportation to services. Other types of residents who were listed as having trouble accessing services include people with Medicaid, non-pregnant women between the ages of 18 and 64, substance abusers, illegal immigrants, and the homeless especially those with psychological needs. One respondent also mentioned that health care services for Veterans in Charlotte County are limited.

## **Impressions Regarding Services**

The leaders were asked to give their impressions about the availability of different types of health care services and any obstacles that residents encounter when attempting to receive those types of services. The interviewees had largely positive feedback about most of the types of services available in Charlotte County. The largest numbers of concerns were raised in reference to dental care, specialty care and mental health care. The respondents by large felt that the care that is available is high quality but that there are too many residents who are unable to access those types of care.

All of the interviewees stated that there is excellent primary care available in Charlotte County for residents who have health insurance. Three leaders believe that the county needs additional family practice and internal medicine doctors to meet the demand. It was also mentioned that there are not enough primary care physicians who accept Medicaid. There was a concern raised that many people who do not have insurance are only getting episodic care and would benefit greatly from an increase in the continuity of their care.

The lack of affordable dental care in Charlotte County was almost universally bemoaned. Dental service in the county is generally considered inadequate for the uninsured and for children. Some leaders did mention that the health department is planning to open a new dental facility which should go a long way to help meet the service shortage, but concerns were raised that it will not be enough to meet the sizable demand. It was suggested that the Dental Society could do more to encourage dentists to volunteer some of their services to those in need. It was also mentioned that the schools are a logical place to do dental screenings for children and that those screens may already be happening in some locations. There was also a concern raised that because there is no affordable dental care available for uninsured residents, the emergency rooms have nowhere to send patients who come in complaining of dental pain. This is an issue because some of those patients are using dental pain as a way to receive pharmaceuticals and it can be difficult for non-dentists to determine which cases are legitimate.

Most leaders felt that specialty health care services are not available in the county for uninsured residents. Multiple interviewees stated that pediatric specialty services including orthopedic services, neurology and cardiology are a particular gap in the county's services. Children needing these services are forced to travel outside the county. It was suggested that the county would benefit from a program designed to provide volunteer specialty care for those in need. It was also stated that it would be useful to have more obstetric care available in the county.



Mental health care services were another area of concern. The services at Charlotte Behavioral Care were generally considered excellent when they are available but the program is widely considered overextended and underfunded; the need for services far exceeds the availability. It was stated that it can take months for people who are elected admissions to be admitted. Some leaders also declared that there is a need for additional detoxification and substance abuse treatment programs (both inpatient and outpatient). Mental health services are often considered out of reach for many residents without life-threatening problems.

Most of the interviewed leaders believe that the county has enough hospitals and that in general they are of high quality. A couple of respondents stated that the county would benefit from the addition of another birthing center; they do not believe that one is enough. Two interviewees also were concerned that all of the hospitals in the county are for-profit. One leader suggested that the hospitals could donate more of their services. It was also stated that the hospitals are often running near capacity and more beds could be helpful particularly when there is an outbreak of a disease like the H1N1 virus.

Other services that were listed by interviewees are difficult to access for some residents include long-term facilities for the elderly and adult daycare and home help for the elderly. Transportation to health care services was again raised as an issue in the county. Some declared that additional counseling is needed in the county for those with addictions, depression or identity issues. It is believed that the current economic situation is leading to a rise in the number of people who are suffering from these types of issues.

As discussed earlier, the services that most often require citizens to be referred outside the county are mainly specialty services. The leaders identified the following services as some that require residents to leave the county: pediatric specialties including care for autism and Down's syndrome; obstetric care including high-risk prenatal care; specialty cancer treatment; trauma care. Leaders stated that residents are most often sent to Lee, Sarasota and Hillsborough Counties (Tampa) for needed care.

### **Most Important Health Issue and How to Address It**

When asked to name the single most important health issue for residents of Charlotte County the majority of community leaders named access to care for the uninsured. In a similar vein, interviewees think that there is a lack of affordable health insurance and that there is a need for additional preventative care for the uninsured. The second most often cited issue was the insufficient dental services in the county for the uninsured and for children. Three respondents believe that the most important issue right now is the need for additional mental health and substance abuse services particularly in the current economic climate.

The leaders were asked what actions should be taken to address the issue they consider to be the most pressing and who should be responsible for taking those actions. There were a wide range of responses to these questions. Multiple interviewees stated that the new Charlotte County Health Department facility in Loveland will help with the lack of access to care for the uninsured and the lack of affordable dental services. One suggested that the new facility should look more like a private doctor's office rather than an indigent care clinic. Others advised that transportation to health department facilities is essential particularly for the elderly, the disabled and residents living in Englewood. Four leaders declared that the county would benefit from greater collaboration between the hospital, the medical society and the health department. It was suggested that extended hours including weekends for the health department and the Virginia B Andes clinic would be helpful. One person would like to see active

efforts made to recruit more dentists to the area who are willing to accept Medicaid. One mentioned that the hospitals could do more to fund clinics in the county. It was suggested that better education for residents on what is available and where to go to receive services would be beneficial. It was stated that a Federally Qualified Health Center in Charlotte County would go a long way to help residents. Respondents also stated that free or sliding fee scale clinics in South Punta Gorda and Englewood would be useful.

Additionally, it was commented that community members need to step up and do more to improve the health of all residents and that more grassroots organizations are needed. Someone stated that people need to take more personal responsibility for their own health and that health professionals need to provide more health education to better prepare residents to take that responsibility. It was said that the county needs community programs to educate and help people create a better lifestyle with educational, exercise and other physical activity programs.

A number of leaders stated that the Charlotte County Health Department has been proactive and their efforts have been commendable. An interviewee said that the Health Department has been innovative and creative. One respondent would like to see greater collaboration between the Health Department and Charlotte Behavioral. Another leader believes that the system for scheduling appointments at the Health Department could be improved; residents are not able to schedule several days ahead and cannot schedule appointments for the same day. Several leaders mentioned that there have been great improvements in the health care available in Charlotte County in recent years and that the county is doing a good job trying to address the needs of the residents of the county.

# Community Focus Groups

## Introduction

The purpose of a focus group is to listen and gather information. It is a way to better understand how people feel or think about an issue, product or service. Participants are selected because they have certain characteristics in common that relate to the topic of the focus group. As a part of the Charlotte County Health Assessment, the Charlotte County Health Department suggested locations for focus groups that would allow access to the focus groups to a variety of residents of Charlotte County. The Health Planning Council of Southwest Florida recruited the individuals to attend the focus group. Unfortunately, overall participation in the focus groups was significantly lower than expected with only eight participants in total. The individuals who did attend the focus groups though were gave a lot of insight into their impressions of healthcare in Charlotte County. Their responses are summarized below and presented without judgment toward the veracity of the statements.

## Methodology

A trained focus group facilitator and a note taker conducted three focus groups during the month of March 2010. The focus groups were held at three different locations in Charlotte County. Focus group protocols and questions were compiled by the Health Planning Council of Southwest Florida and approved by the Charlotte County Health Department.

Participants for these groups were recruited by: internet postings to Charlotte County community groups; postings at online classified advertisements; recruitment fliers posted at the health department, at health clinics and at each of the meeting locations; and by word of mouth. A \$10.00 gift card from a local business was offered as a participation incentive and was issued to participants at the conclusion of each meeting. Participant recruitment began approximately three weeks prior to the first group meeting.

Participant registration was made via telephone or e-mail. All qualified individuals scheduled for a focus group received a reminder call before their scheduled meeting time. Approximately fifty percent of the individuals who registered for a focus group attended a session.

The focus groups were held at the Christian New Day Church in Port Charlotte, the Charlotte County Family Services Center in Port Charlotte, and the Gulf Breeze housing community. Each session lasted approximately one hour. Thee facilitator acted as discussion moderator and was assisted by a note taker. The meetings were audio recorded with the permission of all participants.

Focus group participants filled out a brief survey covering some basic demographic information. Four of the participants came from the 33952 zip code; two participants live in the 33950 zip code and one participant was from each of the 33948 and 33954 zip codes. Six of the participants were between the ages of 35 and 65 and two were over 65. Six of the participants were female and two were male. Five of the participants have Medicaid or Medicare. Three of the participants have private insurance. Four of the participants were retired; two are not working because they are disabled; one worked full-time and one worked part time. Two of the participants have children under eighteen in their household.

After an introduction and explanation of the meeting format, twelve questions were sequentially presented to participants for discussion. The same format and questions were used at all three sessions. The Moderator's Guide for the focus groups including the introduction and all of the questions is available in Appendix C. The answers to some questions were duplicative of answers from other questions.

### **Focus Group Question and Answer Summaries**

As an icebreaker question, the participants were asked to give their first name and state how long they have lived in Charlotte County. Answers ranged from eighteen months to fifty-two years. The average answer was twenty-one years.

**Question 1:** Let's suppose I am new to the community and I need some health information, where would you suggest I go?

#### **Brief Summary of Responses:**

The most popular answer was friends, family members or neighbors. Other answers included: the cultural center especially for seniors; the newspaper; local health fairs; 211 cards; the Family Health Center and the Health Department.

**Question 2:** Where would you suggest that I not go?

#### **Brief Summary of Responses:**

There were no sources of information identified as an answer to this question.

**Question 3:** What is your general perspective on healthcare in Charlotte County?

#### **Brief Summary of Responses:**

- It is okay for the size of the county. There are an adequate number of hospitals.
- Transportation is an issue (mentioned at multiple sessions)
- I am happy with the care provided by my doctors.
- People can find care if they know where to go.
- Many doctors don't take Medicaid or Medicare.
- The Health Department gives some services but is lacking in specialists.
- It can be hard for the middle class to get insurance and hard for those without insurance to get healthcare.
- It can also be hard for people with Medicaid to get necessary care.

**Question 4:** What are some things that have helped to improve or maintain the health of you or your family?

#### **Brief Summary of Responses:**

Answers included churches, food programs, the homeless coalition, the Low Income Home Energy Subsidy and support groups. Hospitals were mentioned as having helpful programs but transportation can make those programs inaccessible. At two of the focus groups, it was stated that there is not enough information on what services are available. Participants stated that it is hard to find someone to guide them through the process of finding a doctor and requesting assorted programs and assistance. It can be hard to know which doctors take which insurance. There is no single information source that gives a good overview of services available in the county.

**Question 5:** What are some barriers you see in maintaining or improving you or your family's health?

**Brief Summary of Responses:**

- Managed care organizations have come into the community and offered services that are not covered by Medicare. This can be a disservice to the people listening to these organizations. It looks like a good deal but people end up not getting all the facts.
- There is a need for a source of unbiased information.
- It can be hard for working people who are above the poverty lines to get needed services.

**Question 5a:** We often hear that transportation is an issue that impacts accessing needed health care. Is this something that impacts you?

**Brief Summary of Responses:**

- Must depend on children or other family members for rides.
- Dial-a-ride has glitches. People have to build their lives around their times.
- People don't know that they can call dial-a-ride without doctor approval.
- It is inconvenient to have to call dial-a-ride 24 hours in advance and then to have to wait for a long time to be picked up after the appointment. If your appointment runs late they will leave you.
- Transportation can be a problem for seniors.
- Many people don't know that dial-a-ride is available.
- Bus service is very limited.

**Question 6:** Do you or members of your family go outside of the county to receive healthcare?

**Brief Summary of Responses:**

- Many doctors in the county do not accept Medicaid so patients must go out of town.
- People go to Sarasota for cancer treatments and Fort Myers for a Rheumatologist.
- Someone went to Cape Coral Hospital for eye treatment.
- People choose to leave the county to see doctors who have the reputation as the "doctor to see" such as a doctor for a knee replacement.

**Question 7:** In order to improve your family's health, what do you need?

**Brief Summary of Responses:**

- More doctors that accept Medicaid and Medicare.
- The health department should provide immunizations for people who are traveling outside the USA.

**Question 8:** What do you think are the most pressing or most serious healthcare needs in Charlotte County? (Participants were prompted for feedback on primary care, specialists, dental care, mental care and hospital care). **Question 9:** What can be done to address these healthcare needs? (The answers to these two questions tended to blend together).

**Brief Summary of Responses:**

- Dependable transportation is most important (this was the number one answer at two focus groups).
- Most doctors participating in Medicaid/Medicare.
- It can be difficult to qualify for mental health services and medications.
- Case managers who could walk you through the process of getting care would be most helpful.
- Dental care can be tough to get especially for those without insurance. It is expensive even for people who do have insurance.
- The county needs more specialists.
- There are support groups but it can be hard to get to the ones at night.
- There are enough hospitals but there can be long waits.
- The hospitals are overpriced, and understaffed. The staff is overworked.
- The walk-in clinics don't have enough evening hours.
- Schools could improve counseling and support for those with problems (depression).
- The aging population creates a burden on the healthcare system.
- There is a need for more long-term healthcare and rehab facilities.
- Most health fairs with information would be useful.
- There should be more care for the homeless.

**Question 10:** What is your perspective on how the community members feel about the Charlotte County Health Department?

**Brief Summary of Responses:**

- They take good care of diabetics.
- They accept Medicaid which is great.
- They have necessary services and you can receive the medications that you need.
- People don't always know what services are available at the health department.
- They did a good job with the H1N1. There was lots of information available.
- The pediatrician is good with children.
- Parents sometimes don't feel listened to.
- People with insurance have no experience with the health department.

**Question 11:** What is your perspective on the role of community members in improving the overall health of Charlotte County?

**Brief Summary of Responses:**

- They are the main source of information.
- There is too much apathy in the community.
- People should take it upon themselves to do more – volunteer.
- Most of the population doesn't know what is available even though it is publicized. People are in "information overload". People can't remember information until they search out the information that is relevant to them.

**Question 12:** Do you have any additional comments that you would like to share about healthcare in Charlotte County?

**Brief Summary of Responses:**

- The county needs more pediatric specialists.
- It seems like you have to leave the county for any type of specialty care.
- The county could use an infectious disease doctor.
- The demographics of the county are changing to more families and young people. Not sure if the services are changing at the same rate.
- It would be great to have a way to sort through all the information available when trying to find a doctor.
- Healthcare in Charlotte County is much better than it was thirty-years ago.

# Appendix A

## Charlotte County Health Assessment

### Key Informant Interview Guide

On behalf of The Charlotte County Health Department, the Health Planning Council of SW Florida is conducting a county-wide health assessment. The goal of this assessment is to identify the most pressing health needs of residents of Charlotte County including issues like access to health care, barriers to receiving healthcare and the most pressing health issues of residents. As a part of this study, we are conducting a series of interviews with key individuals throughout the county who have knowledge of the health needs of individuals in Charlotte County. You have been identified by the project team as a key informant based on your knowledge of the health-related issues for Charlotte County residents. This interview will take approximately 30 minutes.

If it is okay with you, I will be recording this interview. The tape will only be used by the project team and then will be destroyed. In the final report, the information you give will not be attributed to you by name. You will however be listed as a participant in the study. Some of the questions will be duplicative of material we have already discussed in earlier questions but they may prompt you to think of additional issues. Are you ready to get started?

1. Could you briefly describe your position and how long you have lived and/or worked in Charlotte County?
2. It is important that we understand any affiliations you have with healthcare providers in the community that may have helped form your opinions about these issues. Do you serve on any boards or participate in any organization that delivers healthcare services?
3. Please comment on your overall perspective on healthcare in Charlotte County including the services available to meet healthcare needs and the general health of Charlotte County residents.
4. Where do you think the residents of Charlotte County go to get needed health information?
5. What do you think are the most pressing healthcare needs in Charlotte County?
6. Now I am going to name some specific populations in Charlotte County and I would like you to comment about what you think are the most important health issues affecting them:
  - a. Children
  - b. Teens/adolescents
  - c. Adults
  - d. Elderly
  - e. Uninsured
7. What types of residents of Charlotte County have more difficulty with healthcare than others? What are these difficulties? Why do you believe these folks have more difficulties with healthcare? What actions are necessary to address this issue?



8. What do you think are the essential components of a quality healthcare system for a community like Charlotte County? Are these components currently in Charlotte County?
9. I am going to name some specific types of services and ask you to share any impressions you have about them, particularly anything you know about how these services are available to all persons in Charlotte County and whether there are any obstacles to receiving these types of services:
  - a. Primary care
  - b. Dental care
  - c. Specialty care
  - d. Mental Health care
  - e. Hospital care
10. Are there other types of services that individuals in Charlotte County have difficulty accessing?
11. Are there services that individuals in Charlotte County must go outside of the county to receive?
12. Of all the issues and services we have discussed, which do you think is the most important health care issue?
13. What actions are necessary to address this issue? Who do you think should take responsibility for addressing this issue?
14. Do you have any additional comments you would like to share about health care needs in Charlotte County?

## Appendix B

### Community Leaders Interviewed

Roger Baltz  
Administrator, Charlotte County Government

Nancy Kraus & Ruth Adams  
Healthy Start of Charlotte County

Vikki Carpenter  
Director, Human Services Department

Dr. Ebenezer Kuma  
Medical Doctor

Tricia Duffy  
County Commissioner, Charlotte Co. Gov't

Julie Mathis  
ED, Charlotte County Chamber of Commerce

Dr. Lucy Garner  
Social Worker, Charlotte Co. Public Schools

Steven Mitnick  
Administrator, Charlotte Co. Health Dept.

Cecy Glenn & Lynette Herbert  
United Way of Charlotte County

Tom Rice  
CEO, Fawcett Memorial Hospital

Jay Glynn  
CEO, Charlotte Behavioral Health Care

Pastor Jamie Snyder  
New Day Christian Church

Dr. Raymond James  
Emergency Room Physician

M. Jeanne Wyman  
Advanced Registered Nurse Practitioner

Dr. David Klein  
Ophthalmologist, Private Practice

# Appendix C

## Charlotte County Health 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 of your community. I'd like to thank you for agreeing to join our discussion group today where we will be talking about the health needs of individuals in our community.

My name is \_\_\_\_\_ and assisting me in this discussion is \_\_\_\_\_. We are both from the Health Planning Council of Southwest Florida. On behalf of The Charlotte County Health Department, the Health Planning Council is conducting a county-wide health assessment. The goal of this assessment is to identify the most pressing health needs of residents of Charlotte County including issues like access to health care, barriers to receiving healthcare and the most pressing health issues of residents. We want to help the local policy makers and health care providers focus on the health needs that you feel are important.

We are conducting three focus groups in Charlotte County. 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.
- We are taping today's meeting. The tape will only be used by our staff to make sure that our written reports are accurate. We do not want to miss any of your comments. Once those reports are complete, we will destroy the tapes.
- 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 around the room one at a time.

Please tell us your name and how long you have lived in Charlotte County?

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

Please, I ask you to remember to talk one at a time because each one of you has important things to say and we want to make sure that we hear what you have to say. There are not right or wrong answers; we only want to get your input.

1. Let's suppose I am new to the community, and I need some health information, where would you suggest I go?

2. Where would you suggest I not go?

3. Considering your own experiences, what is your general perspective on healthcare in Charlotte County? (**Prompt:** *thoughts on the services available and the health of the residents of the county.*)

4. Considering your own experiences, what are some things that have helped improve or maintain the health of you or your family? (**Prompt:** *types of programs*)

5. What are problems or barriers you see in maintaining or improving you or your family's health?

(**Prompt:** *barriers to care including insurance, cost, access to care primary care/mental health/dental*)

a. We often hear that transportation is an issue that impacts accessing needed health care.

Is this something that impacts you? (**Prompt:** *How do you get to and from your appointments?*)

6. Do you or members of your family go outside of the county to receive healthcare? (**Prompt:**

*Where do you go to receive care? What type of care do you receive?)*

7. In order to improve your family's health, what do you need? (**Prompt:** *Identification of services and resources that could help to improve health.*)

8. What do you think are the most pressing or most serious healthcare needs in Charlotte County?

Overall, what would you say is the most important health need we have just come up with? If each of you will tell what you think is most important, we will put a check mark by it.

9. What do you think can be done to address these healthcare needs? (**Prompt:** *What community groups can work together?)*

10. What is your perspective on how the community members feel about the Charlotte County Health Department? (**Prompt:** *What do people use their services for? Do community members use the HD services available? Do they know what types of services exist? Why?*)

11. What is your perspective on the role of community members, like yourselves, what role do you play in improving the overall health of Charlotte County?

12. Do you have any additional comments you would like to share about health care in Charlotte County?

Our discussion today was to help us understand how the community feels on the health needs in Charlotte County. Have we missed anything?

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 everything you 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.

## Appendix D

### Definitions of Prevention Quality Indicators

**PQI-1 (Diabetes short-term complication):** All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma)

**PQI-3 (Diabetes long-term complication):** Discharges age 18 years and older with ICD-9-CM principal diagnosis code for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified)

**PQI-5 (Chronic obstructive pulmonary disease):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for COPD.

**PQI-7 (Hypertension):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypertension.

**PQI-8 (Congestive heart failure):** All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for CHF.

**PQI-10 (Dehydration):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypovolemia.

**PQI-11 (Bacterial pneumonia):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for bacterial pneumonia.

**PQI-12 (Urinary tract infection):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of urinary tract infection.

**PQI-13 (Angina admission without procedure):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for angina.

**PQI-14 (Uncontrolled diabetes):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication.

**PQI-15 (Adult asthma):** All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of asthma.

**PQI-16 (Rate of lower-extremity amputation among patients with diabetes):** All non-maternal discharges of age 18 years and older with ICD-9-CM procedure code for lower-extremity amputation in any field and diagnosis code of diabetes in any field.

# Appendix E

## Detailed Survey Results

### Behavioral Risk Factor Surveillance Survey

<b>Behavioral Risk Factors</b>	<b>Charlotte 2007</b>	<b>Quartile</b>	<b>State 2007</b>	<b>Charlotte 2002</b>
<b>Air Quality</b>				
Adults who reduced or changed outdoor activity because the air quality was bad	23.7		19.2	
<b>Alcohol Consumption</b>				
Adults who engage in heavy or binge drinking	14.9	2	16.2	18.4
<b>Arthritis</b>				
Adults who are limited in any way in any usual activities because of arthritis or chronic joint symptoms	14.6	3	12.5	
Adults who have been told they have some form of arthritis	32.7	4	24.3	
<b>Asthma</b>				
Adults who currently have asthma	6.3	2	6.2	6.5
<b>Cancer Screening</b>				
Adults 50 years of age and older who received a blood stool test in the past year	18.1	3	21.2	23.6
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	55.6	2	53.7	49.5
Adults ages 50 years and older who have ever had a blood stool test	43.2	3	45.6	49.8
Adults ages 50 years and older who have ever had a sigmoidoscopy or colonoscopy	65.8	2	63.1	60.4
Men ages 50 years and older who have ever had a digital rectal exam	86.2		83.6	
Men ages 50 years and older who have ever had a PSA test	85.7		81.0	
Women 18 years of age and older who received a Pap test in the past year	59.6	4	64.8	62.3
Women 40 years of age and older who received a mammogram in the past year	64.1	2	64.9	64.9
Women ages 40 years and older who had a clinical breast exam in the past year	63.6	3	66.1	
<b>Cardiovascular Disease</b>				
Adults who have ever had a heart attack, angina, or coronary heart disease	13.4	4	9.3	
Adults who have ever had a stroke	3.9	3	3.1	
<b>Cholesterol Awareness</b>				
Adults who had their cholesterol checked in the past five years	81.8	1	78.5	85.7
Adults who had their cholesterol checked in the past two years	78.5	1	73.3	84.0
Adults who have diagnosed high blood cholesterol	46.2	4	37.1	46.5

<b>Dental Care</b>				
Adults who could not see a dentist in the past year because of cost	19.0	2	19.2	
<b>Diabetes</b>				
Adults with diabetes who ever had diabetes self-management education	64.0	1	51.4	
Adults with diabetes who had an annual eye exam	83.6	1	77.4	
Adults with diabetes who had an annual foot exam	72.0	3	75.6	
Adults with diabetes who had two A1C tests in the past year	69.2	3	71.2	
Adults with diagnosed diabetes	12.4	4	8.7	8.4
<b>Disability</b>				
Adults who are limited in any way in any activities because of physical, mental, or emotional problems	21.4	3	17.8	
Adults who use special equipment because of a health problem	7.7	2	7.1	
<b>Health Care Access &amp; Coverage</b>				
Adults who could not see a doctor at least once in the past year due to cost	13.3	1	15.1	
Adults who had a medical checkup in the past year	75.1	2	74.6	
Adults who have a personal doctor	84.4	1	77.1	79.3
Adults with any type of health care insurance coverage	86.5	1	81.4	83.9
<b>Health Status &amp; Quality of Life</b>				
Adults who always or usually receive the social and emotional support they need	77.5	3	77.9	
Adults who had poor mental health on 14 or more of the past 30 days	8.8	1	9.7	
Adults who had poor physical health on 14 or more of the past 30 days	12.4	3	11.2	
Adults who said their overall health was "fair" or "poor"	16.8	2	16.6	17.2
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days	15.7	2	14.2	
Adults with good mental health	91.2	2	90.3	
Adults with good physical health	87.6	3	88.8	
Adults with good to excellent overall health	83.2	2	83.4	82.8
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	5.0	2	4.5	
<b>HIV/AIDS</b>				
Adults less than 65 years of age who had an HIV test in the past 12 months	10.6	4	21.0	9.6
Adults less than 65 years of age who have ever been tested for HIV	48.9	2	49.1	40.2
<b>Hypertension Awareness &amp; Control</b>				
Adults with diagnosed hypertension	34.4	4	28.2	38.2
Adults with hypertension who currently take high blood pressure medicine	86.4	1	82.1	81.2



Adults with hypertension who engage in blood pressure control measures	98.4	1	96.4	
<b>Immunization</b>				
Adults age 65 and older who have ever received a pneumonia vaccination	66.7	3	63.0	56.9
Adults age 65 and older who received a flu shot in the past year	70.1	2	64.6	54.2
Adults who did not receive a flu shot in the past year because of cost or availability issues	8.0	1	11.1	
Adults who have ever received a pneumonia vaccination	36.0	1	25.9	31.7
Adults who received a flu shot in the past year	45.2	1	32.7	34.3
Adults who were at risk and who have received a hepatitis B vaccination	0.0		43.8	
<b>Overweight &amp; Obesity</b>				
Adults who are obese	24.0	2	24.1	19.1
Adults who are overweight	35.6	2	38.0	37.2
Adults who are overweight or obese	59.6	1	62.1	56.3
Adults who have a healthy weight (BMI from 18.5 to 24.9)	36.9	1	35.6	42.9
Adults whose body weight decreased by five pounds or more in the past year	27.1	1	23.0	
Adults whose body weight increased by five pounds or more in the past year	20.6	2	22.4	
<b>Physical Activity &amp; Nutrition</b>				
Adults who are inactive at work	55.6	2	64.5	59.6
Adults who are sedentary	22.5	1	25.4	23.3
Adults who consume at least five servings of fruits and vegetables a day	24.1	3	26.2	28.8
Adults who consumed three or more servings of vegetables per day	28.4	3	29.1	30.5
Adults who consumed two or more servings of fruit per day	34.0	2	36.2	38.2
Adults who meet moderate physical activity recommendations	38.4	2	34.6	45.0
Adults who meet vigorous physical activity recommendations	24.6	3	26.0	21.0
<b>Sexual Violence</b>				
Adults who had an unwanted sexual experience in the past 12 months	4.3	1	6.7	
<b>Tobacco Use &amp; Exposure</b>				
Adult current smokers who tried to quit smoking at least once in the past year	51.2	3	53.2	47.8
Adults who are current smokers	22.9	3	19.3	18.3
Adults who are former smokers	31.3	1	26.2	43.1
Adults who have never smoked	45.8	4	54.5	38.6
Non-smoking adults who were exposed to secondhand smoke in the past seven days	16.4	3	14.9	

Source: Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology. Approximately 500 adults were surveyed in each county in the years 2002 and 2007.

Blanks in the quartile column indicate that not enough data was available to compute a quartile. Not all indicators have data for both 2002 and 2007.

# Appendix F

## Charlotte County Guide to Health Services

### Emergency Numbers

Police/Fire/Ambulance.....911

### Non-Emergency Numbers

Punta Gorda Police.....639-4111

Charlotte County Sheriff's Department.....639-0013

Punta Gorda Fire.....575-5529

Charlotte County Fire & EMS .....833-5600

### Other Emergency Numbers

National Poison Control Center.....1-800-222-1222

Florida Emergency Information Line (active during Florida Disasters).....1-800-342-3557

Animal Control.....833-5690

Health and Human Services Information.....211

### Charlotte County Health Care Services

#### Hospitals

Charlotte Regional Medical Center.....639-3131

809 E. Marion Ave., Punta Gorda, FL 33950

Emergency Department: Yes

Emergency Services : Allergy , Anesthesia , Burns , Cardiology , Cardiovascular Surgery, Colon & Rectal Surgery, Dermatology , Emergency Medicine, Endocrinology , Family Medicine , Gastroenterology, General Surgery , Geriatrics , Gynecology , Hematology , Hyperbaric Medicine, Immunology , Infectious Disease, Internal Medicine, Nephrology , Neurology , Neurosurgery , Oncology , Ophthalmology , Oral/Maxillo-facial Surgery, Orthopedics , Otolaryngology ,

Pediatrics , Plastic Surgery , Podiatry , Psychiatry , Pulmonary Medicine,  
Radiology , Thoracic Surgery, Urology , Vascular Surgery

Programs : Level 2 Adult Cardiovascular Services, Primary Stroke Center

Special Services : Adult Open Heart Surgery

Fawcett Memorial Hospital.....629-1181

21298 Olean Blvd., Port Charlotte, FL 33952

Emergency Department: Yes

Emergency Services : Allergy , Anesthesia , Cardiology , Colon & Rectal Surgery,  
Dermatology , Emergency Medicine, Endocrinology , Family Medicine ,  
Gastroenterology, General Surgery , Geriatrics , Gynecology , Hematology ,  
Immunology , Infectious Disease, Internal Medicine, Nephrology , Neurology ,  
Neurosurgery , Oncology , Ophthalmology , Oral/Maxillo-facial Surgery,  
Orthopedics , Otolaryngology , Pediatrics , Plastic Surgery , Podiatry , Pulmonary  
Medicine, Radiology , Thoracic Surgery, Urology , Vascular Surgery

Programs : Level 1 Adult Cardiovascular Services, Primary Stroke Center

Peace River Regional Medical Center..... 766-4122

2500 Harbour Blvd, Port Charlotte, FL 33952

Emergency Department: Yes

Emergency Services : Allergy , Anesthesia , Cardiology , Cardiovascular Surgery,  
Colon & Rectal Surgery, Emergency Medicine, Endocrinology , Family Medicine ,  
Gastroenterology, General Surgery , Geriatrics , Gynecology , Hematology ,  
Immunology , Infectious Disease, Internal Medicine, Nephrology , Neurology ,  
Neurosurgery , Obstetrics , Oncology , Ophthalmology , Oral/Maxillo-facial  
Surgery, Orthopedics , Otolaryngology , Pediatrics , Plastic Surgery , Podiatry ,  
Psychiatry , Pulmonary Medicine, Radiology , Thoracic Surgery, Urology ,  
Vascular Surgery

Programs : Primary Stroke Center

Special Services : Adult Open Heart Surgery

Health Department

Punta Gorda.....639-1181

514 East Grace Street, Punta Gorda, FL 33950

Services: Clinic

Englewood.....681-3750

6868 San Casa Drive, Englewood, FL 34224

Services: Clinic

Environmental Health.....743-1266

18500 Murdock Circle, Port Charlotte, FL 33948

Services:

Loveland.....624-7200

1100 Loveland Blvd., Port Charlotte, FL 33980

Services: Coming Soon

Volunteer Community Clinic

Virginia B. Andes Clinic.....766-9570

21450 Gibraltar Drive, Port Charlotte, FL 33952

Services: Health Clinic, Pharmacy

## Appendix G

### Selected Data Sources

The Florida Department of Health has a large selection of data available on the internet as a part of their Community Health Assessment Resource Tool Set (CHARTS). That is a good starting point for locating health data for Florida or any of its counties: <http://www.floridacharts.com/charts/chart.aspx>

The Florida Office of Vital Statistics releases an annual report with detailed information on population, births and deaths: <http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx>

The Behavioral Risk Factor Surveillance Reports are available at this site along with special reports on many health-related topics: [http://www.doh.state.fl.us/Disease\\_ctrl/epi/brfss/reports.htm](http://www.doh.state.fl.us/Disease_ctrl/epi/brfss/reports.htm)

The Florida Legislature, Office of Economic and Demographic Research: <http://edr.state.fl.us/>

The Agency for Health Care Administration (AHCA) publishes reports on hospitals, nursing homes and Medicaid: <http://ahca.myflorida.com/publications/Publications.shtml>

The 2007 Florida Mental Health Act (Baker Act) report is available on the internet: [http://www.floridasupremecourt.org/pub\\_info/documents/11-14-2007\\_Mental\\_Health\\_Report.pdf](http://www.floridasupremecourt.org/pub_info/documents/11-14-2007_Mental_Health_Report.pdf)

The Department of Health provides information on individual doctors including their license status at this site: <http://ww2.doh.state.fl.us/IRM00profiling/searchform.asp>

Florida Health Finder has helpful information on healthcare facilities and providers: <http://www.floridahealthfinder.gov/>

Charlotte County Department of Health: <http://www.doh.state.fl.us/chdCharlotte/index.html>

Health Planning Council of Southwest Florida, Inc.: <http://hpcswf.com/Home.asp>