



Healthy

CHARLOTTE

***Community Health and Needs Assessment
Executive Summary***

2020



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

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

Acknowledgements

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

Core Group:

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Partners:

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

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

-Vision

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

“Community health matters to Charlotte County!”

Letter to the Community

Community Health and Needs Assessment 2020

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

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

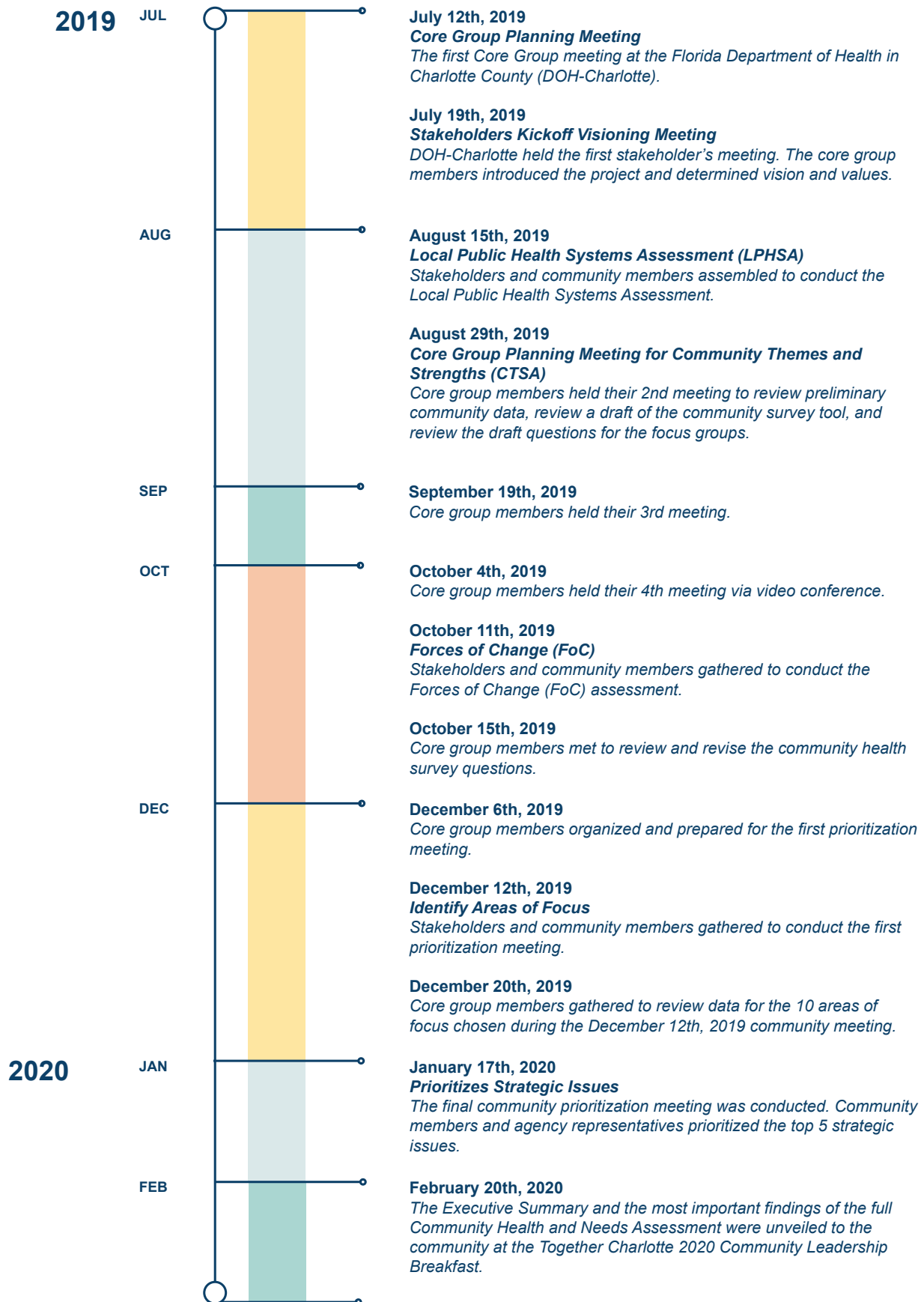
That said, the quality of health and health resources available to a community should be evaluated regularly to apply or maintain effective health equity practices. As a result, the five aforementioned partners collaborated in hopes of facilitating a process by which residents could identify and prioritize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

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

In Public Service,

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

Timeline



TOP 5 HEALTH & WELLNESS STRATEGIC ISSUES

1. Child Abuse, Neglect &
Well-Being

2. Behavioral, Social, Emotional
Health & Trauma

3. Healthcare

4. Environment

5. Aging

Using a word cloud, those present formed the following vision:

“Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous” (Figure 1). Members also identified additional partner agencies and community contacts for the subsequent phases.

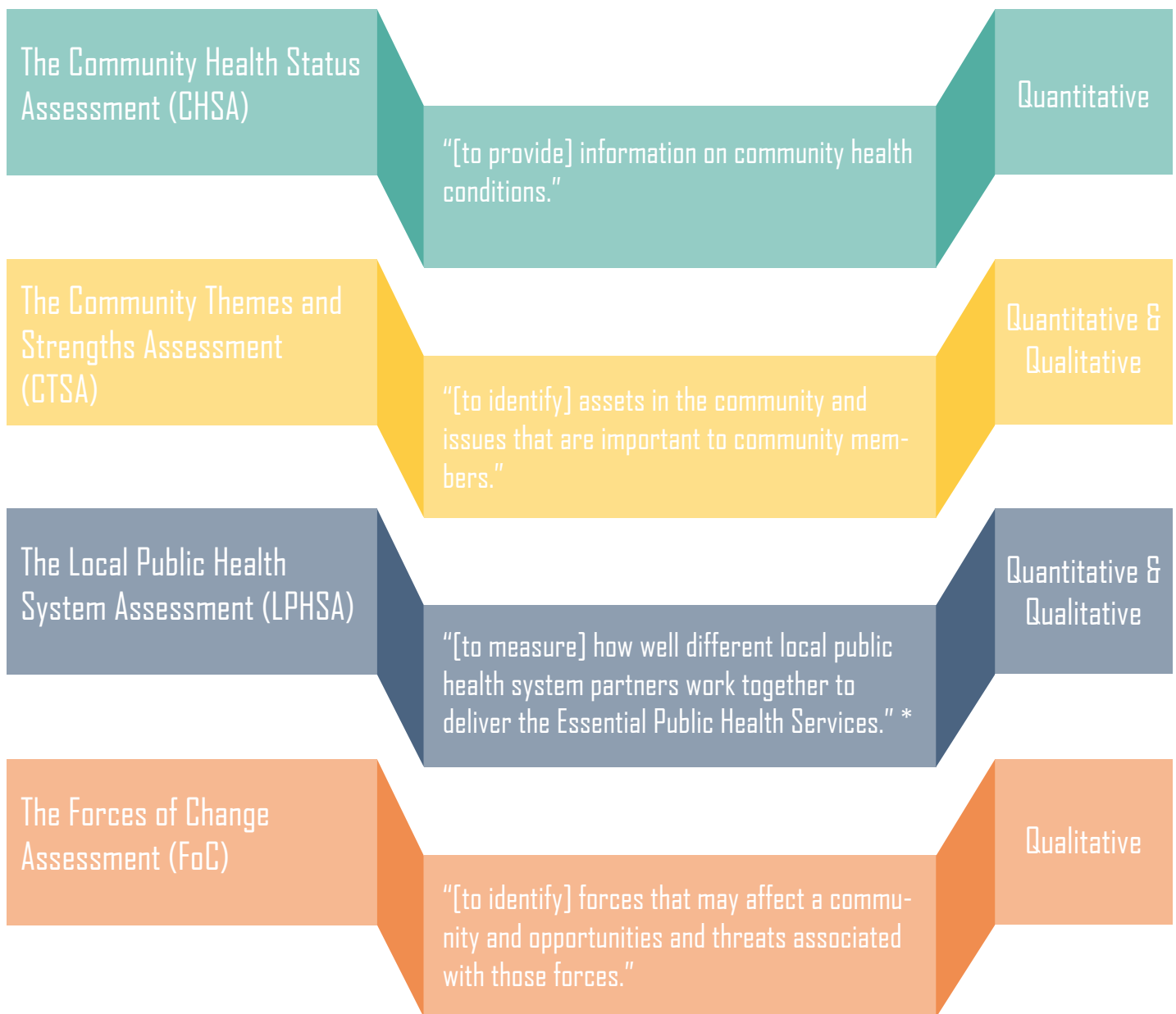


Phase 3: Four MAPP Assessments

During phase 3 of the MAPP process, the core group directed the collection of both quantitative and qualitative data through four assessments (Figure 2). Each assessment evaluates separate components of a community’s health infrastructure and includes often overlooked elements such as, transportation infrastructure and affordable housing.

These assessments were facilitated by the Health Planning Council of Southwest Florida. The full report

Figure 2: The Four MAPP Assessments



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

Community Health Survey

October 21 – November 22

1,367

Focus Groups

September 24 – November 15

7

of each assessment is included in the appendix of the 2019-2020 CHNA report.

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

Following the 11 broad-based categories presented in the MAPP CHSA process as our core indicators, data was collected and analyzed for Charlotte County on demographics, socioeconomic, quality of life, behavioral risk factors, environmental health, and health resource availability, among others. These categories framed the overall narrative of how we determined Charlotte County’s current health status relative to neighboring counties and the state.

b. Community Themes and Strengths Assessment (CTSA)

For the CTSA, we conducted 7 focus groups and designed a Community Health and Needs survey, which was live from October 21, 2019 to November 22, 2019. The survey was made available online through the web based survey platform SurveyMonkey and on paper in both English & Spanish.

With a population size of a little over 173,000 and a margin of error of 5%, statistically, we required 384 completed surveys to obtain a representative sample of the Charlotte County population. By the close of the survey on November 22, 2019, we had received

1,367 surveys. Although this was 333 surveys shy of our 1,700 goal, it was more than triple the necessary survey sample size of 384 for our population. As a result of the amount of surveys collected, the margin of error was greatly reduced, and the weight and reliability of our findings strengthened.

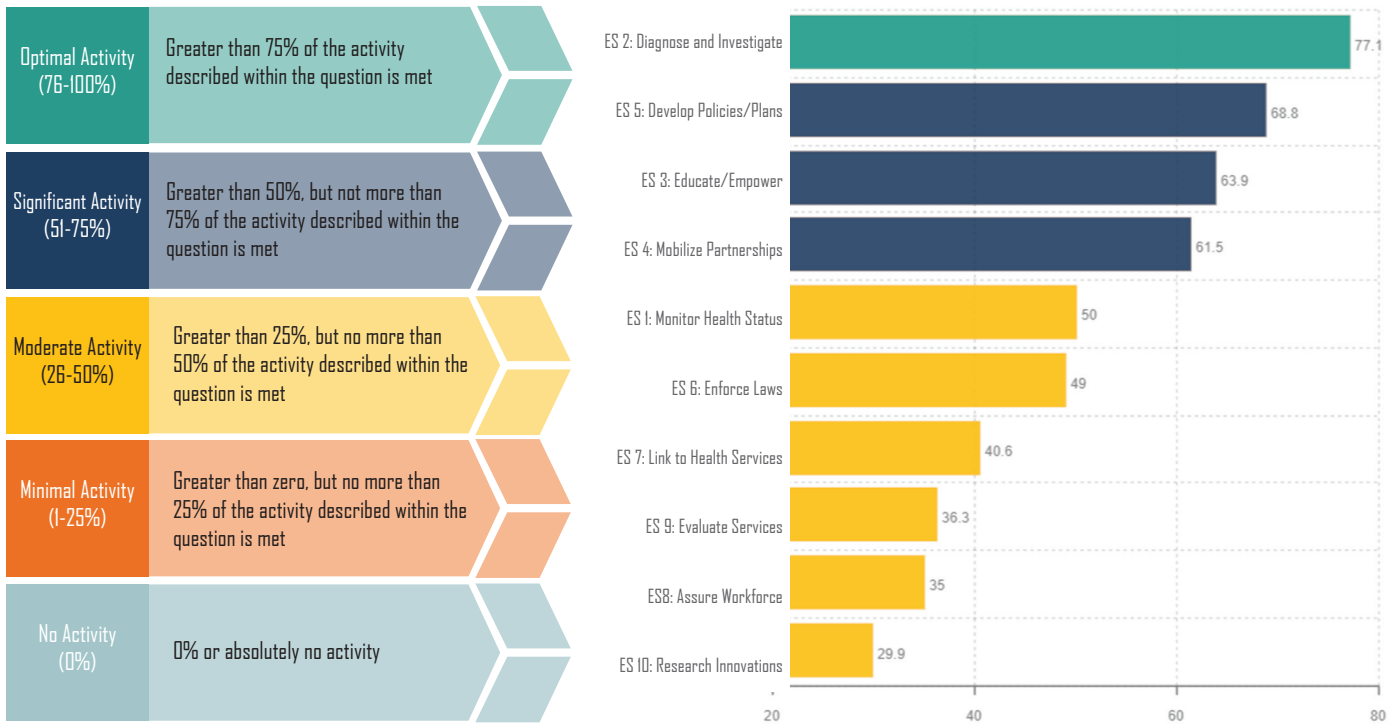
c. Local Public Health System Assessment (LPHSA)

The LPHSA for Charlotte County was completed on August 15th, 2019 by steering committee members using the National Public Health Performance Standards (NPHPS) local instrument. Because this assessment measures the ability of local public health systems to deliver the 10 Essential Public Health Services, local public health system representatives completed a questionnaire using TurningPoint Technologies. A performance score for each essential public health service was generated based off of their responses. The performance score and final rank of each essential service for Charlotte County’s local public health system is shown in Graph 1.

d. Forces of Change Assessment (FoC)

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

Graph I: Ranking of Average Essential Public Health Services Performance Scores



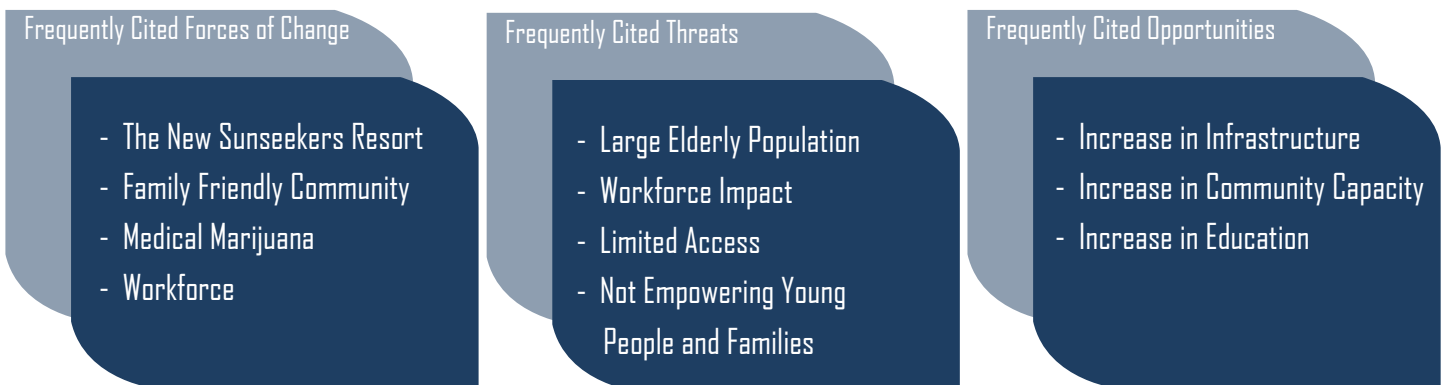
on the local public health system and/or community, needs to be assessed, so agencies and residents can be fully equipped for the anticipated change(s). On October 11, 2019, the HPC hosted the Forces of Change assessment for Charlotte County, FL. Twenty individuals representing 17 local agencies were in attendance. Participants were divided into small working groups for the “Brainstorming” and “Threats and Opportunities” exercises. Results from the FoC meeting are presented in Table 1.

Phase 4: Identify Strategic Issues

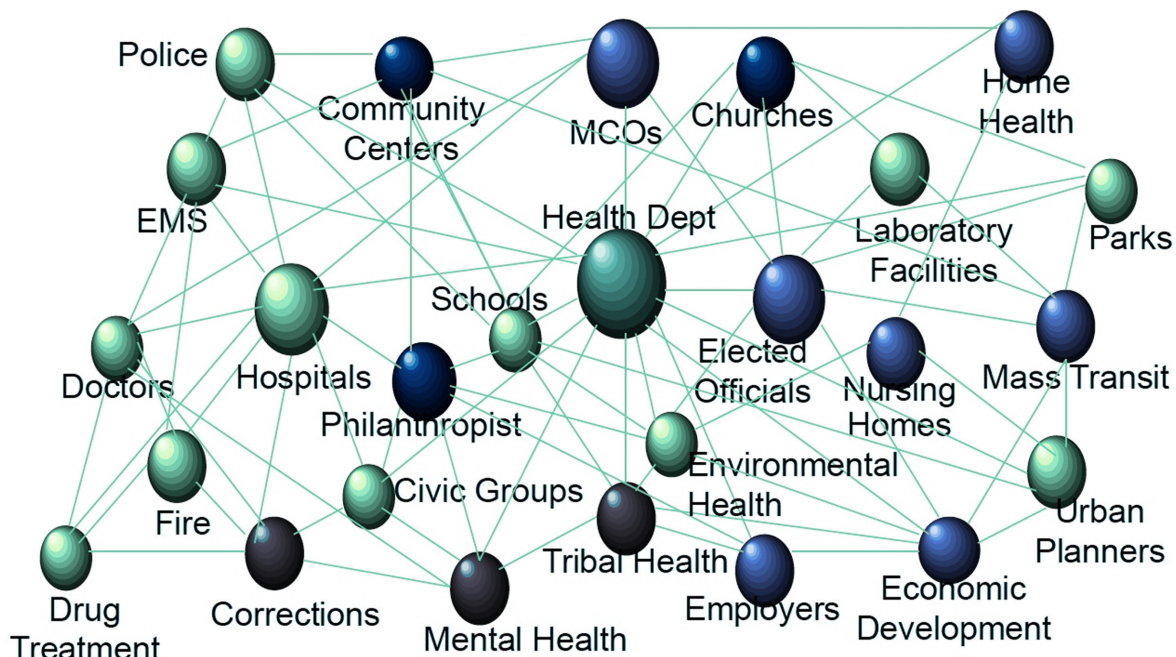
Using preliminary information gathered from each assessment, the Health Planning Council facilitated the first phase of the prioritization process where the community identified 10 areas of focus on December 12th, 2019.

To eliminate redundancies and streamline voting for the second and final prioritization meeting, the core group of partners consolidated categories from the initial 10 to a final 9 areas of focus. Datasheets were then created for each topic using focus group commentary, community health survey participant responses, and secondary data to build a more in-depth analysis of the 9 focus

Table 1: Forces of Change (Threats & Opportunities)



Local Public Health System



areas. Before the final prioritization meeting, the datasheet packet was sent to community stakeholders, steering committee members, and agency representatives.

The datasheets served as foundational sources of information for each topic, therefore, community members were encouraged to supplement the sheets with their own research; this helped ensure that each member made an informed decision.

The final prioritization meeting was facilitated by DOH-Charlotte on January 17th, 2020. During the meeting, participants completed an exercise using TurningPoint Technologies in which they ranked each of the areas of focus by *feasibility*, *impact*, and *assets*. Table 2 lists the initial 10 areas of focus identified during the December 12th meeting. Table 3 presents the top 5 in the order in which they were ranked during the final prioritization meeting.

Table 2: Initial 10 Areas of Focus

December 12, 2019

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

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

Table 3: Top 5 Health and Wellness Areas

January 17, 2020

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

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

A Healthy Community is a Balanced Community

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

"Health is not just healthcare."

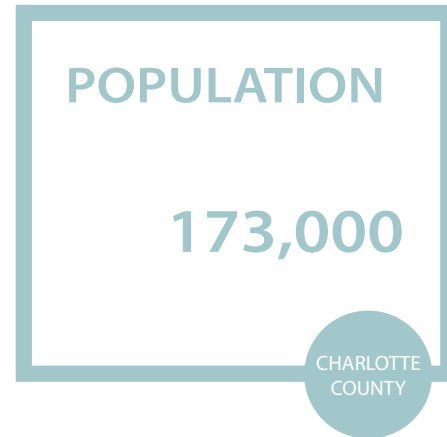
The Vitalyst Health Foundation created the Elements of a Healthy Community wheel (Figure 3) in 2017. The wheel serves as a framework to present the elements of a healthy community; one where there is balance through equity² and social-ecological resilience.³

To achieve this balance, health equity should be at the core of how a community directs resources and programs, guided by a firm understanding of how the SDOH are reflected in the community makeup. During this CHNA analysis, we analyzed the data gathered for Charlotte County in light of health equity and the SDOHs. The Elements of a Healthy Community wheel provides a "gold standard" for gauging whether we have a balanced and thus, healthy community.

Community Profile

The Charlotte County population is estimated to be at 173,236. The largest racial demographic group in the county is Whites who represent 90.1% of the

Community Profile WHO ARE WE



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

2018 ALICE REPORT

45%

POPULATION IN POVERTY OR ALICE

population; 5.7% are Black or African American. Compare this to the state where 76% are White and 16% are Black or African American.⁴ Forty-seven percent of Charlotte County's population is 60 years of age or over, 51% are female, and 97% speak English as a primary language. The population is also steadily aging with a median age of 58.1, up from 55 in 2010.⁴ Table 4 presents a comparison of the Community Health Survey respondents and the Focus Group participants to the overall demographic makeup of Charlotte County.

As of 2019, the Charlotte County high school graduation rate was 86.4%, just below the state rate of 86.9%.⁵ Of

the approximately 173,000 persons in the county, 22% have a bachelor's degree and 42% are in the workforce.⁴ Twenty-three percent of households⁶ in the county have a child or children 18 or under, 11.5% of households have an income of \$15,000 or less, and 48% have a household income between \$35,000 and \$100,000.⁴ The median household income in Charlotte County is \$44,865, while the average annual salary is \$38,131.⁷

The Federal Poverty Level (FPL) for a single adult is \$12,490 and \$25,750 for a family of four.⁸ Although, the median household income in Charlotte County

is significantly higher, according to the 2018 ALICE report, 45% of Charlotte County households are in poverty or are ALICE, which is not far from the state level of 46%.

A closer look also reveals that there are certain subgroups more burdened than others. For example, of the total Charlotte County households, 81% of female-headed households are in poverty or are ALICE (42% and 39%, respectively), and 73% of male-headed households are in poverty or are ALICE (24% and 49%, respectively).⁹

Figure 3: Elements of a Healthy Community Wheel



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

Eighty-seven percent of Charlotte County residents have health insurance coverage. Of that, 52.5% have public coverage versus the state, where 36.5% of residents have public health insurance coverage. Of the 42% of individuals ages 19-64 years old in the county who are in the workforce, 77.4% have health insurance coverage; 8.3% of those have public health coverage. Eighty-two percent of individuals not in the workforce still have private and public health insurance coverage (53% and 38%, respectively).⁴

Cancer is the leading cause of death for Whites in Charlotte County, while stroke and diabetes are the leading cause of death for Blacks or African Americans.¹⁰ In 2018, there were over 51 unintentional fatal injuries among individuals 65 and over, compared to 41 unintentional fatal injuries combined among those 0-64 years old.¹⁰

Table 4: Demographic Comparisons

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

Discussion

Besides having year-round warm weather and an overall tranquil style of life, Charlotte County will soon boast the largest resort in Southwest Florida and according to experts, the economic climate is shifting; the potential for growth and change is extraordinary. These qualities explain why Charlotte County is frequently selected as a top retirement destination and our region consistently ranks among the leading tourist hubs.

Though, this county has many qualities for which it is to be celebrated and even envied, it is important to establish that this assessment’s intention is to demonstrate the health and well-being needs of our community. Consequently, our analysis may at times seem disparaging; however, despite the tone, we must remember that our community is a prime destination nationwide and to maintain this valuable component of our social identity and economic viability, we must continue to identify and improve our most pressing areas of need.

Demographically, Charlotte County, FL has not significantly changed since the 2010 U.S. Census nor since the previous CHNA conducted by the Department of Health in 2015. Furthermore, population age percentages corroborate the fact that Charlotte is the 3rd oldest county in the nation and 2nd oldest in the State of Florida, behind Sumter County, FL.

Since its establishment in 1923, Charlotte County, FL has consistently been a tourist destination and retirement preference for a large number of retirees from across the nation. As such, much of its infrastructure, community resources, and general design are tailored to accommodate a reticent yet affable form of living. Unfortunately, that has also produced a homogenous community lacking “social & cultural cohesion” and economic opportunity. The CHNA data, as well as community feedback confirm that Charlotte County has a limited amount of diversity in both age and race. This, coupled with a service-based seasonal economy, no

effective fixed-route transportation system, and a need for affordable housing, among other factors, hampers the county’s ability to grow economically. The county provides jobs but limited career positions, which in turn fails to attract a robust workforce, such as younger populations seeking long-term career opportunities and affordable housing options. Retail trade, health care and social assistance, and accommodation and food service jobs make up 49.4% of Charlotte County’s job sectors, where the average annual salaries range from \$18,908 to \$50,388;¹¹ none of which meet the Charlotte County ALICE Survival Budget minimum salary requirements to live and work in the county as a single adult or as a family of four (Table 5).

Nonetheless, experts believe that the current economic climate in Charlotte County is prime for significant growth and development because Florida offers many incentives not found in other states. The state has zero personal income tax and ranks 4th in the nation for having the best tax climate. Additionally, in 2018 Charlotte County obtained two major job growth grants from the Florida state government. The first, an \$800,000 grant helped finalize funding needed for

“eighty-two percent of survey respondents chose “Lack of Insurance/Unable to Pay”

Table 5: Household Survival Budget, Charlotte County

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

Source: 2018 ALICE Housing Report by County

the Piper Road Extension Project and is expected to generate up to 1,400 jobs. The second was a \$1.7 million Workforce Training Grant, matched by donations from Charlotte Technical College (CTC) and the county to “provide training for certifications in Aviation Airframe and Powerplant Mechanics (A&P).”¹¹ In early 2019, construction began on the new Sunseeker resort in Charlotte Harbor. The half-a-billion-dollar project is expected to be the largest resort in Southwest Florida and provide 800 jobs.

Access to adequate healthcare continues to be a challenge for residents of the county in terms of insurance, cost and specialty care physicians. While 84% of residents have health insurance coverage, 82% of survey respondents chose “Lack of Insurance/Unable to Pay” as the main reason that keeps people in Charlotte County from seeking medical treatment, indicating that having insurance, though essential, does not necessarily make health care affordable for all.¹²

Secondary data reveals that Charlotte County’s death rate from heart disease, chronic lower respiratory disease, and all cancer incidence rates fall below state

MOVING FORWARD

A strong and collective local governmental strategy is needed to address Charlotte County’s healthcare workforce challenges. These efforts should include strategic participation from health care leaders and local government for workforce planning and development. As a rapidly growing and vibrant county, it is important that we ensure our professional community is also expanding to meet the new healthcare demands of our population.

averages; however, incidence rates for melanoma, lung cancer, and deaths from Alzheimer’s disease are well above the state rates. The overall percentage of adults in the county who have diabetes fell to 12.4% in 2016 from 16% in 2013. Conversely, the overall percentage of adults who are pre-diabetic rose 2.9 percentage points from 6.8 in 2013 to 9.7 in 2016.

The CDC attributes the higher rate of death from Alzheimer’s disease in our county, and nation-wide, to a combination of an aging population and an increase in the number of physicians and health professionals trained to list Alzheimer’s disease as a cause of death. Additionally, though Charlotte County’s overall cancer

HOW DO WE COMPARE?

CHILD ABUSE



2X

THE STATE RATE

SUBSTANCE ABUSE

1st HIGHEST REASON CHILDREN ARE REMOVED FROM HOMES

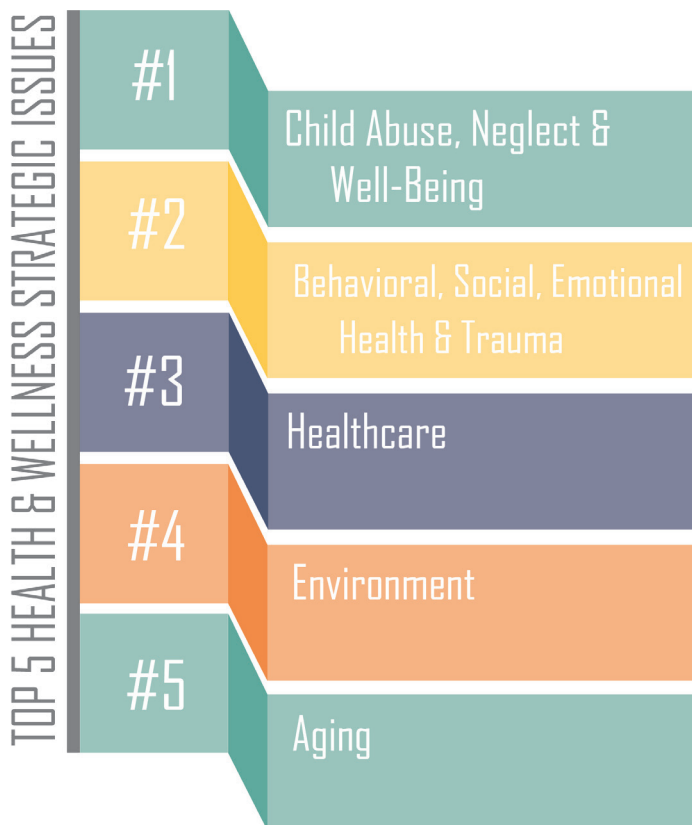
MOVING FORWARD

counties. Despite 85% of survey respondents reporting having “some degree of reliable transportation for work and their health needs,” 32% of them also chose “Lack of Transportation” as the main reason that keeps people in Charlotte County from seeking medical treatment” (2nd highest choice overall), while 35% of respondents chose “Transportation Options” as a necessity for a healthy lifestyle.

Unlike other regions where their fixed-route transit system is supplemented by a paratransit bus service, Charlotte is the only county that has a paratransit model as its sole public transit system. As a “shared ride curb-to-curb transit” service system,¹⁸ it has many benefits, including the fact that residents can request curb-side transportation; however, it is very limiting in that reservations must be scheduled days in advance offering little to no time flexibility or time alternatives for less rigid schedules. Despite the obvious need, expanding the capacity and scope of the transportation system requires substantial financial investments and improved community design among other factors. Charlotte County has the 8th largest amount of road infrastructure in Florida. Because of the overall community layout and road distribution, the county does not lend itself for mass transit investments. Without further urban planning and design improvements, developing the

Due to Charlotte County’s median age, high percentage of retirees, and population projections, serving the unique needs of our aging population is critical. More attention must be paid to demographic forecasts and how they will inform our community’s senior programming. An economic recession could impact a sizeable portion of residents over 60 and Charlotte County’s capacity to meet the needs of this vulnerable group are limited, at best. Natural disasters are of particular concern due to the vulnerabilities of these residents. As the second oldest county in the nation, we should lead the way in finding effective, respectful, collaborative programming that promotes well-being and health with our senior citizens. Government and non-profits should work together to create a comprehensive strategy to address senior isolation, nutrition, transportation, health and financial stability.

county’s transportation system will remain problematic. Nonetheless, the Charlotte County-Punta Gorda Metropolitan Planning Organization (MPO) has launched their 2040 Long Range Transportation Plan (LRTP) which will “expand transportation choices for everyone,” “preserve natural spaces while promoting a healthy community,” and “promote vibrant centers and the local economy.”¹⁹



Situated on the Southwest coast of Florida along the Gulf of Mexico, Charlotte County, FL boasts countless public beaches and has had to manage harmful algae bloom (HAB) outbreaks, as well as Red Tide, which can cause upper respiratory infections and irritations, if inhaled. These same topics were expressed as areas of concern for our water quality during community focus group sessions, however, HABs and Red Tide are temporary phenomena that do not affect our community’s drinking water. In fact, according to the county’s most recent Water Quality Report in 2018, Charlotte County’s drinking water meets all federal and state water quality standards set by the Environmental Protection Agency (EPA).²⁰

Conclusion

Overall, Charlotte County, FL, remains a highly preferred retirement choice and continues to experience a tourist-dependent economy. However, lack of affordable housing, inadequate public transportation, a seasonal-based economy, and an

outdated community design produce an overall low-income, under-educated population, with little to no social and cultural diversity. As a community striving to fulfill its vision that “Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous,” there are challenges ahead.

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

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

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

MOVING FORWARD

While not all areas of focus rose to be among the top 5 health and wellness needs, they remain a significant part of the health and well-being of the community as a whole.

TRANSPORTATION

Transportation is limited in Charlotte County due to cost, population size, and infrastructure. Charlotte County should explore creative alternatives including public private partnerships to address our unique needs.

ECONOMIC WELLNESS

Charlotte County’s economy is seasonal and service-based. Further, workforce participation is small due in part to a substantial number of retirees. Studies have shown that higher wages and financial security are critical components of health and well-being. 45% of Charlotte County residents are considered financially unstable; this number is alarming and must be addressed. Community leaders, elected officials, and community economic partnerships should continue to champion growth, economic development and diversity, as they are essential to quality of life for all.

AFFORDABLE HOUSING

Charlotte County is not unique in its growing need for affordable housing. Together Charlotte, a local collaboration made up of health and human services leaders, created a comprehensive report in 2018 that addressed the urgent need for 5,553 affordable housing units to be added to the community’s existing housing stock. The Board of County Commissioners have identified affordable housing as a strategic goal in 2020. In fact, the bold goal is to add 3,650 affordable housing units to the community by 2024. The affordable housing task force is made up of county staff and the “Affordable Housing Advisory Committee” (AHAC) is composed of community volunteers; together these groups are creating potential programming and funding options to present to the County Commission to address this growing concern.

VOICES FROM THE COMMUNITY

FOCUS GROUPS

SURVEY

"Isolation of the elderly is an area of concern."

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

37% of focus group participants are housing burdened.

"Transportation is difficult because it is not accessible."

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

"Charlotte County needs more sidewalks."

"The schools need more counselors and social workers."

"Stigma has kept people from seeking services."

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

AGING

ECONOMIC WELLNESS

AFFORDABLE HOUSING

TRANSPORTATION

HEALTHCARE

ENVIRONMENT

CAN* & WELL-BEING

TRAUMA

BEHAVIORAL

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

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

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

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

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

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

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

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

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

* Child Abuse & Neglect

Data sources

Quantitative Data:

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

Qualitative Data:

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

Limitations

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

References

1. Robert Wood Johnson Foundation: “Although medical care is critically important, things like the quality of our schools, affordability and stability our housing, access to good jobs with fair pay, and the safety of our neighborhoods can keep us healthy in the first place.”
2. “Health equity is achieved when everyone, regardless of race, neighborhood, sexual orientation or financial status, has the opportunity for health – physical, mental, economic, and social well-being.” - https://www.policylink.org/focus-areas/health-equity-and-place/about-the-center#What_is_Health_Equity
3. “Ability to bounce back from adverse events (i.e. social and/or environmental trauma). We seek social-ecological resilience to crisis or extreme events caused by climate change, such as drought, heat, and flood. We define indicators of social-ecological resilience in a variety of ways, including:
 - Social coherence and other coping, anticipation, preparation, adaptation and response mechanisms
 - Water and food security” – Vitalyst Health Foundation
4. Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.
5. Florida Department of Education, Florida’s High School Cohort, 2018-19 Graduation Rate: December 2019
6. Households as defined by the U.S. Census Bureau: <https://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html#household>
7. Together Charlotte, 2018 Housing Report.
8. U.S. Census Bureau, Poverty Thresholds 2019
9. Asset Limited, Income Constrained, Employed. ALICE households have incomes above the federal Poverty Level (FPL), but still struggle to afford basic household necessities. From the United Way ALICE Report: “Employed” is the critical word. ALICE represents those who work hard, but due to high costs and factors often beyond their control must live paycheck to paycheck. For many of them, a small emergency can quickly become a major financial crisis. <https://www.unitedwayccfl.org/alice>
Car repairs and health care emergencies, to name just a few, can plunge these working families over the edge into financial chaos.”
10. Florida Department of Health, Division of Medical Quality Assurance; Florida Agency for Health Care Administration (AHCA)
11. Charlotte County Economic Development Office. <https://cleared4takeoff.com/files/misc/2018-19CharlotteCo-AnnualRpt10.pdf>
12. Robert Wood Johnson, County Health Rankings and Roadmaps.
13. Florida Department of Health, Division of Medical Quality Assurance; Florida Agency for Health Care Administration (AHCA)
14. Florida Department of Health, Division of Public Health Statistics & Performance Management
15. Fostercareimprovement.org
16. Florida Department of Education: Florida Kindergarten Readiness Screener
17. Florida Department of Children and Families.
18. Charlotte County Transit. <https://www.charlottecountyfl.gov/services/transportation/Pages/default.aspx>.
19. Charlotte County-Punta Gorda Metropolitan Planning Organization (MPO) 2040 LRTP Goals and Objectives. <https://ccmpo.com/wp/2040-long-range-transportation-plan-lrtp-update/2040-goals-and-objectives/>.
20. Water Quality Reports. <https://www.charlottecountyfl.gov/dept/utilities/Pages/Reports.aspx>



