Community *Health* Assessment 2015

Department of Health in Charlotte County, FL

Florida HEALTH

OUR COMMUNITY. OUR COMMITMENT

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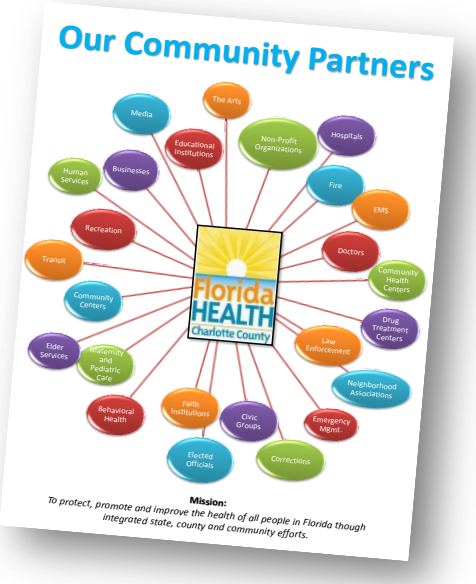
Healthy CHARLOTTE

OUR COMMUNITY. OUR COMMITMENT.

Acknowledgements

We would like to acknowledge the following individuals and groups for their participation throughout the assessment process. Their valuable input and expertise provided not only representative voices from the community, but also credibility to a foundation from which our leaders and the community can continue to collaborate in addressing health care needs in Charlotte County.



Partners

Our gratitude goes to our multiple community partners, local residents, non-profit organizations, health care professionals, school representatives, and many other community members who have relentlessly lent their support to this assessment and created a community's health Vision:

"A dynamic and diverse population with different needs working together to improve all aspects of community health".

Our partners help make recommendations, develop and implement community projects, and policies that improve health outcomes and create environments that contribute to a healthy community.

Area Agency for Aging of South West Florida
Board of County Commissioners
Bayfront Health Port Charlotte
Bayfront Health Punta Gorda
Center for Abuse and Rape Emergencies (CARE)
Charlotte 2-1-1
Charlotte Behavioral Health Care
Charlotte Community Foundation
Charlotte County Community Services
Charlotte County Fire/EMS Department
Charlotte County Friendship Centers
Charlotte County Healthy Start Coalition
Charlotte County Homeless Coalition
Charlotte County Human Services Department
Charlotte County Medical Society
Charlotte County Public Libraries
Charlotte County Public Schools
Charlotte County Transit Department
Charlotte Sun Herald - Feeling Fit
Charlotte Towers (Sr. Housing)
City of Punta Gorda
Coastal Behavioral Healthcare
Englewood Community Care Clinic
Fawcett Memorial Hospital
Family Health Centers of Southwest Florida
Florida Department of Health in Charlotte County
Florida South Western State College
Golisano Children's Hospital
Grove City Manor
Gulfcoast South Area Health Education Center
Harbour Heights Community
Health Planning Council of Southwest Florida
Family Promise (Just Neighbors Program)
Lung Cancer Research Council
SOLVE Maternity Home
Southwest Florida Medical Reserve Corps
TEAM Punta Gorda
The Cultural Center
Trabue Woods Community
Tobacco Free Florida
United Way of Charlotte County
Virginia B. Andes Volunteer Clinic
YMCA of Southwest Florida

The Team

The Community Health Status Assessment was designed and written by the Department of Health staff team.

Our Community, Our commitment…

The DOH CHA Team - from left: Abbey Ellner; Deborah Liberatoscioli; Ana Scuteri; Samantha Berkley; Glama Carter; Amira Shriteh; Allyson Sison. Not in picture: Julie Collins; Nathalie Moise and Dianne Nugent.

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Key Terms

Age-Adjusted Rate (AAR) & Age-Adjusted Death Rate (AADR)
A rate of morbidity or mortality in a population that is statistically modified to eliminate the effect of age differences in a population.

Behavioral Risk Factor Surveillance System (BRFSS)
A telephone (landline and cellphone) survey that collects data on health-related risk behaviors, chronic health conditions, and use of preventive services from U.S. residents 18 years of age and older.

Built Environment
Human-made surroundings in which people live, work, and play.

Communicable Diseases
Diseases that spread from one person to another or from an animal to a person. The spread often happens by airborne virus or bacteria, but also through blood or other bodily fluid.

Incidence
The number of newly diagnosed cases of a disease.

Incidence Rate
An estimate of the number of new cases of disease in a population.

Morbidity
A term used to refer to an illness or illnesses in a population.

Mortality
A term used to refer to death or deaths in a population.

Mortality Rate (Death Rate)
A measure of the frequency of death in a defined population during a specified interval of time.

Per Capita
For each person

Percent
A ratio "out of 100." Example: 75% means 75 out of 100.

Preterm
A birth occurring before 37 weeks of pregnancy.

Prevalence
The total proportion of disease within a population.

Rate
Occurrence of a disease within a population in a given time period expressed as a ratio. Example: 5.0 per 100,000 means 5 cases for every 100,000 people.

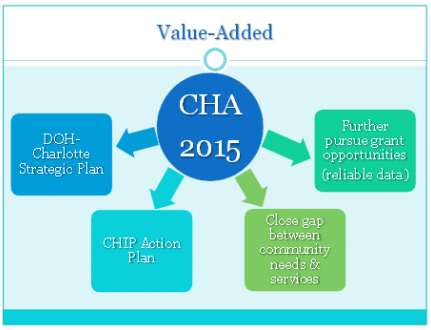
Risk Factor
Any characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

Socioeconomic Status
Social standing or class of an individual or group often measured as a combination of education, income, and occupation.

Trimester
A full-term pregnancy is 40 weeks. Pregnancy is divided into three trimesters: first trimester (0 to 13 weeks), second trimester (14 to 26 weeks), and third trimester (27 to 40 weeks).

Weighting
A correction technique applied to survey results (i.e. BRFSS) that assigns an adjustment weight to each respondent. This weight corrects for under-representation or over-representation of a population subgroup so that reliable conclusions can be made from the data.

Summary



The National Public Health Accreditation standards require that the Florida Department of Health (FDOH) together with all local health departments complete a Community Health Assessment (CHA) every five years. Regular assessments allow community partners to look for health trends in the community, to set goals and define plans to meet the needs of the community and special populations.

For this effort two teams were formed: The CHA core team (technical and operational) comprised of Department of Health (DOH) staff members; and the CHA steering committee (strategic) formed by community stakeholders. A multi-phase plan began on November 2014. The assessment included collection and review of demographic, socioeconomic, built environment and health data; a community survey that solicited information and opinions from the general public; focus groups conducted in multiple communities; stakeholder interviews; data synthesis and analysis; and a period of documented discussions among partnership members. The final phase of the CHA includes identification of strategic issues that will guide the Community Health Improvement Partnership Plan (CHIP Plan) and will address health related matters identified in multiple areas.

PROCESS & METHOD

In 2014, the project kicked off with a community partners' organization meeting in which project expectations, timelines and methodology were discussed and established. Mobilizing for Action through Planning and Partnerships (MAPP) was the method selected to complete the CHA update process. The office of Performance Management and Quality Improvement was assigned to take the lead on the CHA update process.

COMMUNITY INPUT

Throughout the assessment process members of the CHA steering committee, provided input in their field of expertise. The steering committee learned about the MAPP process, evaluated data from various assessments and discussed many other topics relevant to understanding the population health needs and trends in the community.

MARKETING AND PUBLIC RELATIONS

Development of a marketing strategy began early in the process in partnership with area hospitals, health care agencies, schools and other non-profit organizations. While this process sought everyone's input, the goal was to motivate young people, active citizens and advocates of health to participate. The following elements served as the blueprint:

- **Branding:** Selecting a logo, motto and materials. Easy to remember both visually and verbally.
- **Social media:** Creating a Facebook page and website allowed finding "new customers" and expanding our audience; sharing information easier and faster; creating "lasting" relationships and increasing awareness with a limited budget.
- **Technology:** Developing a 100% automated survey utilizing electronic tablets and smart phone technology. It allowed collecting data at a reduced cost (i.e. printing, postage, and mailing) and improved quality control by lessening the margin of error caused by manually inputting data.
- **Outreach:** A *"we will come to you"* philosophy was established from inception. Determined to reach populations who might not otherwise have access to the survey, the CHA team created "survey oasis". The oases were places where groups of people would gather to take the survey and be assisted by CHA core team members. Libraries, community centers, hospital lobbies, retirement communities, food banks and churches were some of the places visited in order to reach those in need and with limited resources. In very few instances hard copy surveys were made available.

FINAL REPORT AVAILABILITY AND DISTRIBUTION

A summary of this report will be made available in print and on-line. The comprehensive CHA report will be made available on-line at the following website: DOH- Charlotte http://charlotte.floridahealth.gov/

SOURCES OF INFORMATION AND DATA

The 2015 CHA is the collaboration between community members and partners. The report provides a snapshot of Charlotte County residents' health status, demographics, built environment and quality of life.

DOH-Charlotte will use the data to engage stakeholders in the development and implementation of the CHIP plan.

The data presented in this CHA comes from multiple sources such as the Community Themes and Strengths Assessment, Local Public Health System Assessment, Forces of Change, Community Health Survey, Behavioral Risk Factor Surveillance System (BRFSS), U.S. Census Bureau, Florida CHARTS, Healthy People 2020, and many other partner agencies' assessments listed below:

- School Board Head Start and Early Start Assessment
- Charlotte County Teen Youth Substance Abuse Assessment
- United Way Needs Assessment
- 10-Year Homeless Coalition Plan
- Protocol for Assessing Community Health Excellence in Environmental Health (P.A.C.E.) - Trabue Woods Community & Harbour Heights Community
- Community Health Status Indicators (Center for Disease Control and Prevention- CDC)
- Agency for Health Care Administration (AHCA)
- 2010 Census Bureau Statistics
- County Health Rankings
- Florida Bureau of Vital Statistics
- 211- Charlotte

FINDINGS:

The findings from all four assessments were summarized in the diagram below. Five strategic issues emerged as community priorities: ***Economic Diversity; Access to Care /Transportation; Social & Behavioral Health; Resource Availability; Family Life & Prevention.***

Later in this report Phase 4 provides a list of potential strategies that could be implemented for each of the five strategic issues presented. In addition, it suggests potential groupings under categories, i.e. Economic Diversity and Resource Availability under *Built Environment*.

This Community Health Assessment report has been completed taking a holistic approach on determinants of health. Given that 40% of our health is influenced by Social & Economic factors, and 30% is influenced by Health Behaviors, we have placed great emphasis in analyzing these areas.

Forces of Change

Economic diversification & growth to provide employment opportunities

Affordable housing

Access to Care

Parenting, Maternal and Child Care

Social and Behavioral Health/Mental Health Support

Alternative Modes of Transportation

Resource Availability/Master Plan

Risk Factors (Lifestyle Choices, Quality of Life and Chronic Diseases)

Demographics/Sr. Services

Community & Town Cultural Center

Themes and Strengths Assessment

Economic diversification & growth to provide employment opportunities

Affordable housing

Access to Care

Parenting, Maternal and Child Care

Social and Behavioral Health/Mental Health Support

Alternative Modes of Transportation

Resource Availability/Master Plan

Risk Factors (Lifestyle Choices, Quality of Life and Chronic Diseases)

Community & Town Cultural Center

STRATEGIC ISSUES

Economic Diversity
Access to Care /Transportation
Social & Behavioral Health
Resource Availability
Family Life & Prevention

Local Public Health System:

Economic diversification & growth to provide employment opportunities

Affordable housing

Access to Care

Alternative Modes of Transportation

Resource Availability/Master Plan

Risk Factors (Lifestyle Choices, Quality of Life and Chronic Diseases)

Demographics/Sr. Services

Community Health Status

Economic diversification & growth to provide employment opportunities

Access to Care

Parenting, Maternal and Child Care

Social and Behavioral Health/Mental Health Support

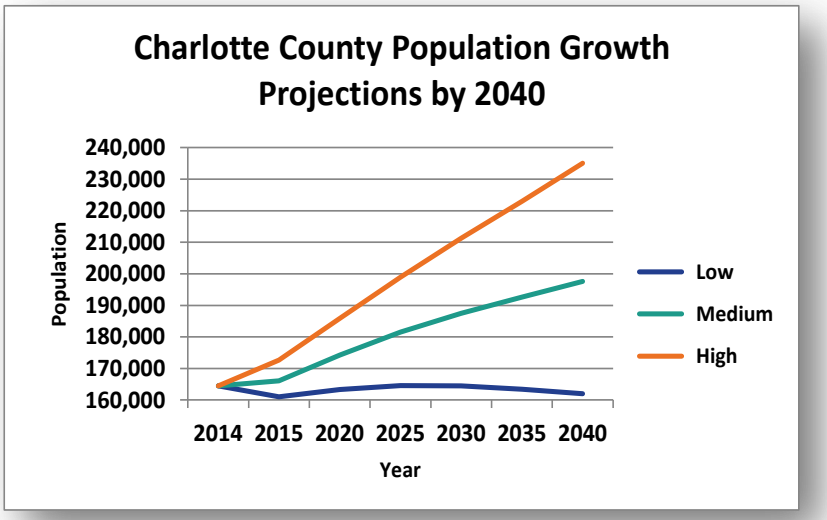
Alternative Modes of Transportation

Risk Factors (Lifestyle Choices, Quality of Life and Chronic Diseases)

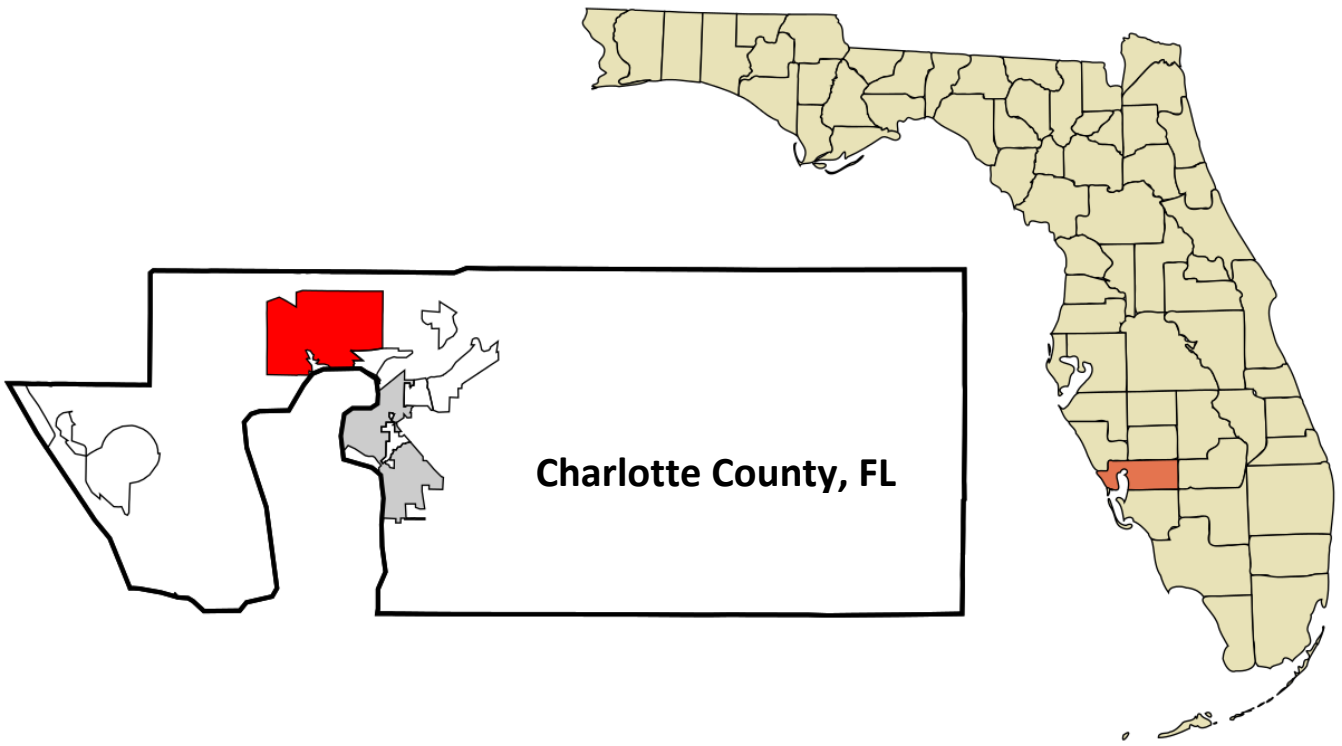
COMMUNITY OVERVIEW

Charlotte County is located in Southwest Florida's Gulf Coast and borders Sarasota and DeSoto Counties to the north, Glades County to the east, and Lee County to the south. Punta Gorda is the only incorporated city in the county. The County's land area in square miles is 680.28.

During the 1990s, the county grew by 27.62% and an additional 12.96% during the 2000s, bringing its 2010 population to 159,978 people. Growth is expected to continue over the next decade.



Source: Bureau of Economic and Business Research

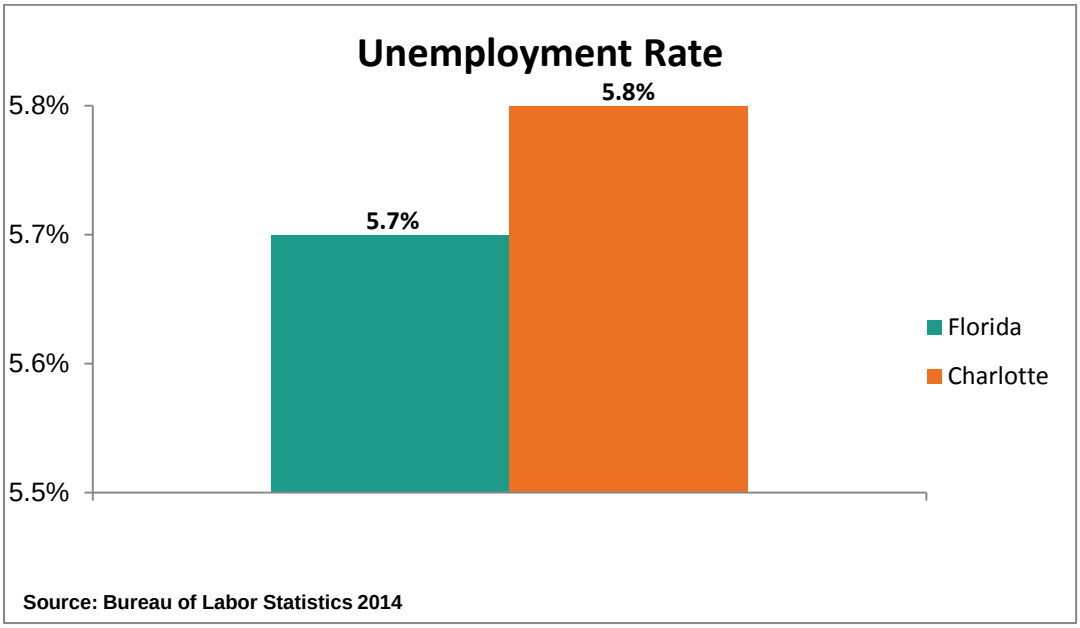


Charlotte County has historically been, and continues to be a predominantly white community, however as the overall population has grown, the percentage of its minority populations has also increased, though at a much slower pace. In 2000 the white population made up 92.58% of the total population as compared to 90.7% in 2013.

The county's population is 6.1% black, 1.3% Asian, and 0.3% Native American. The Hispanic population has grown from 3.30% to 6.6% in the last ten years. The median household income in Charlotte County 2009-2013 was $44,378 with 12% below poverty level.*

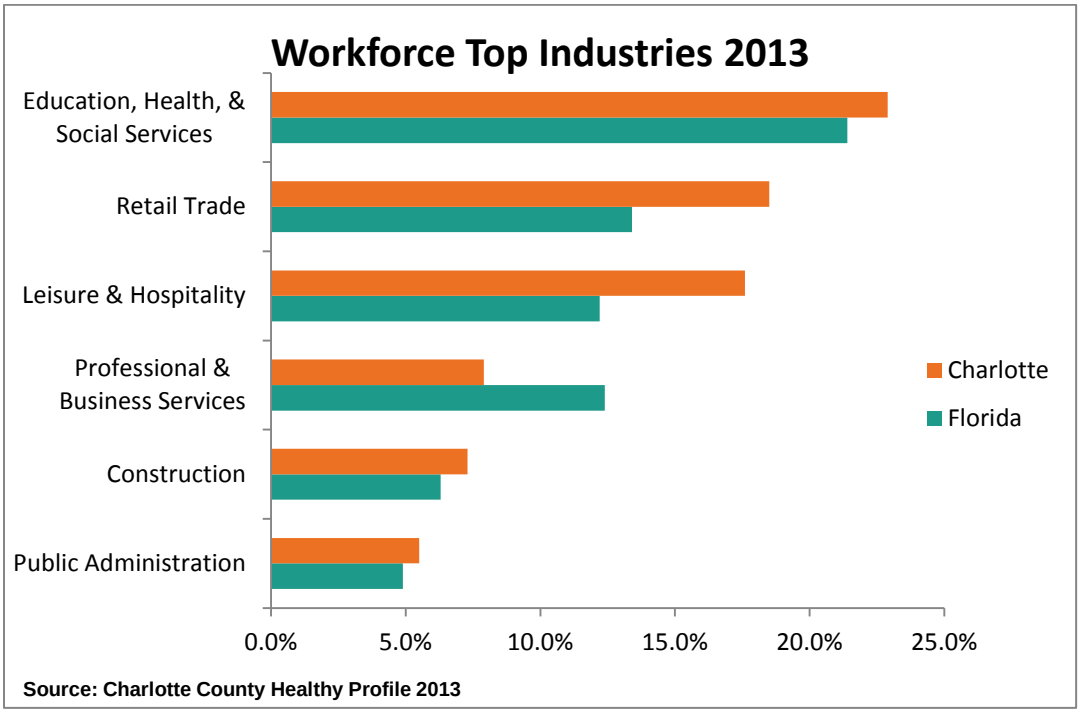
The county continues to be predominantly a retirement community with the nation's second largest population over the age of 65, of which 51.4% are female.*

*Source U.S. Census Bureau: State and County QuickFacts. Last Revised: Wednesday, 22-Apr-2015 08:53:48 EDT



Source: Bureau of Labor Statistics 2014

The unemployment rate is slightly higher in Charlotte County than Florida.



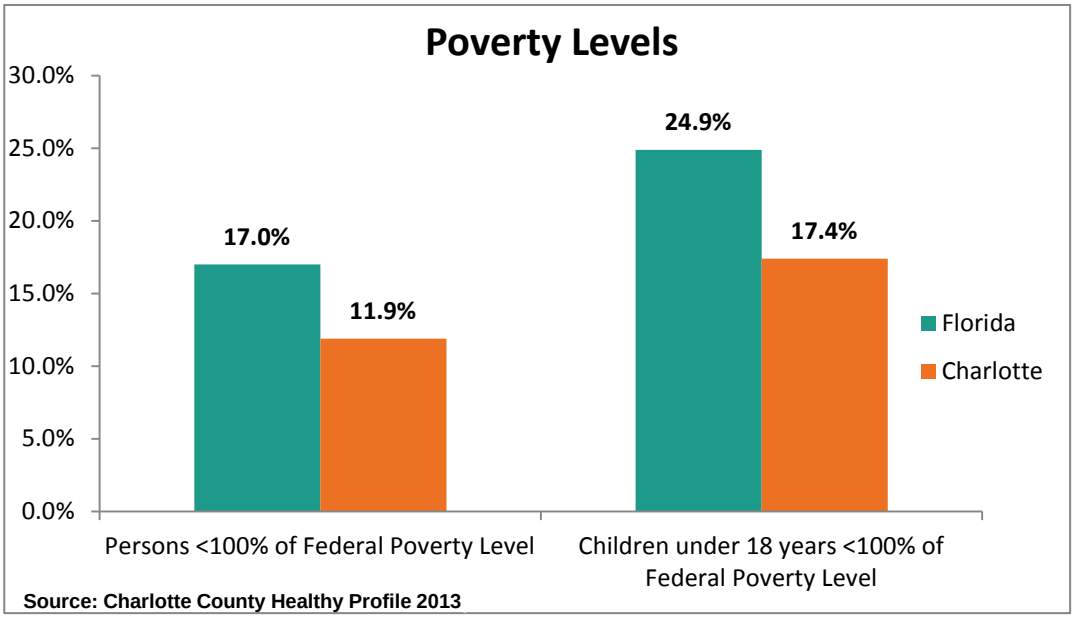
Source: Charlotte County Healthy Profile 2013

The majority of the **workforce in Charlotte County** (59.0 %) works in one of three industries:

- Education, Health, & Social Services
- Retail trade
- Leisure & Hospitality

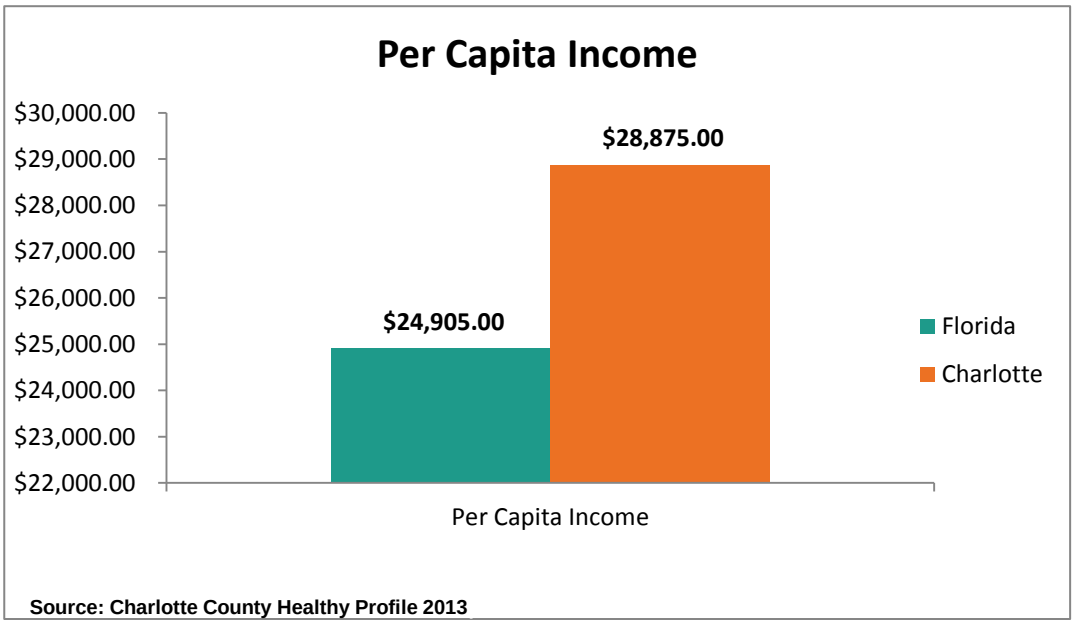
Comparatively, the majority of the **workforce in Florida** (59.4 %) works in one of four industries:

- Education, Health & Social Services
- Retail trade
- Leisure & Hospitality
- Professional & Business Services.



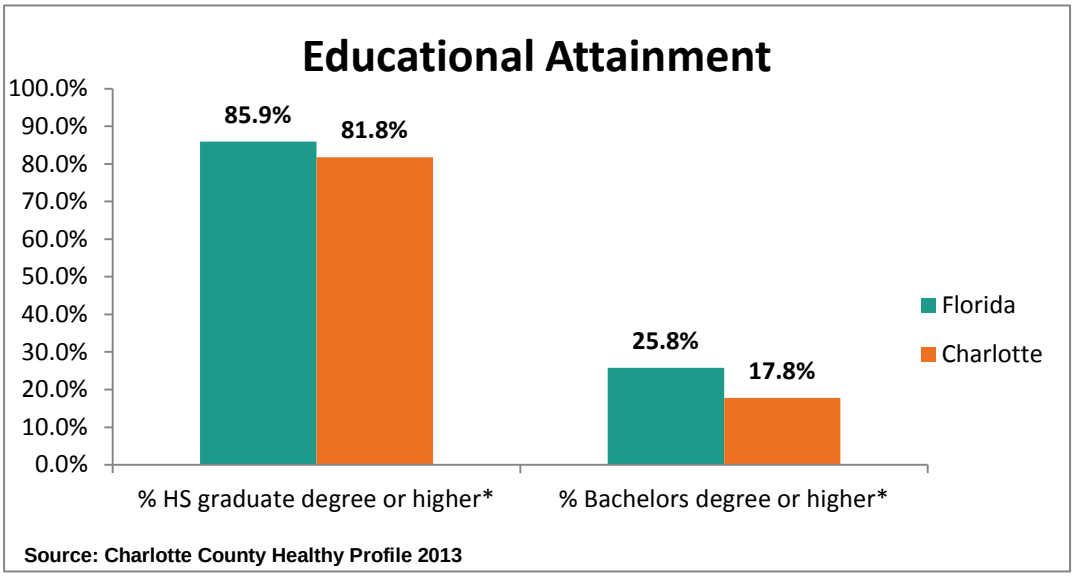
Source: Charlotte County Healthy Profile 2013

While Charlotte County experienced a high percent of poverty level, it remains lower than the poverty levels in Florida.



Source: Charlotte County Healthy Profile 2013

When compared to the State of Florida, Charlotte County's per capita income is higher by almost 16%.

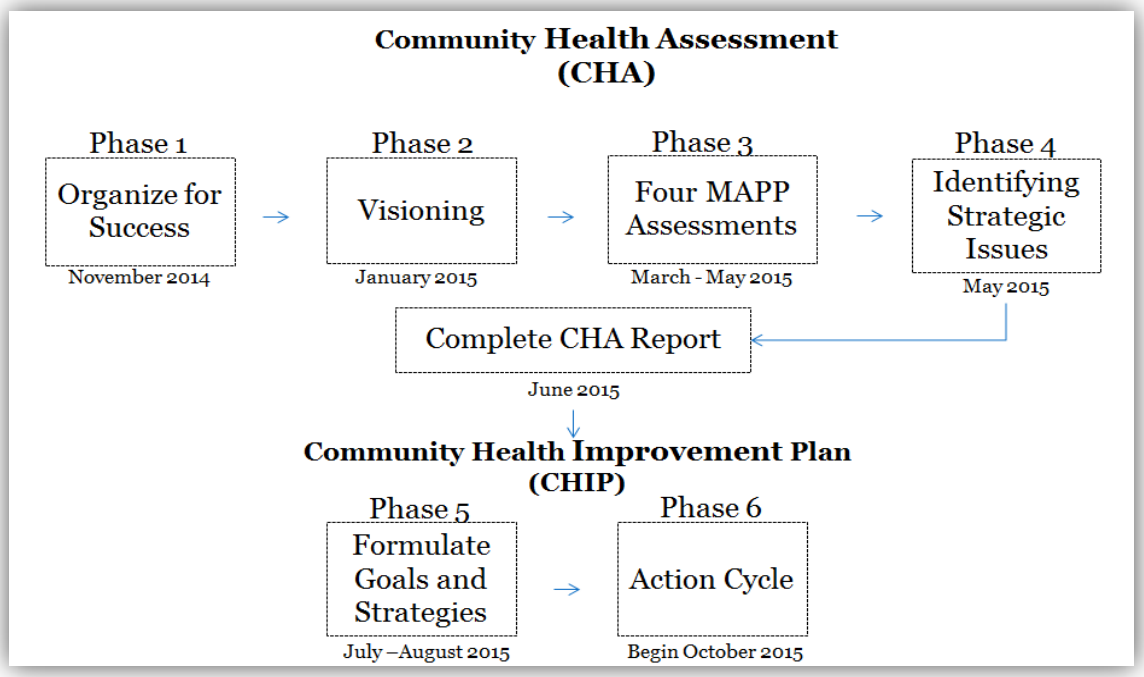


Source: Charlotte County Healthy Profile 2013

Mobilizing for Action through Planning and Partnership (MAPP)

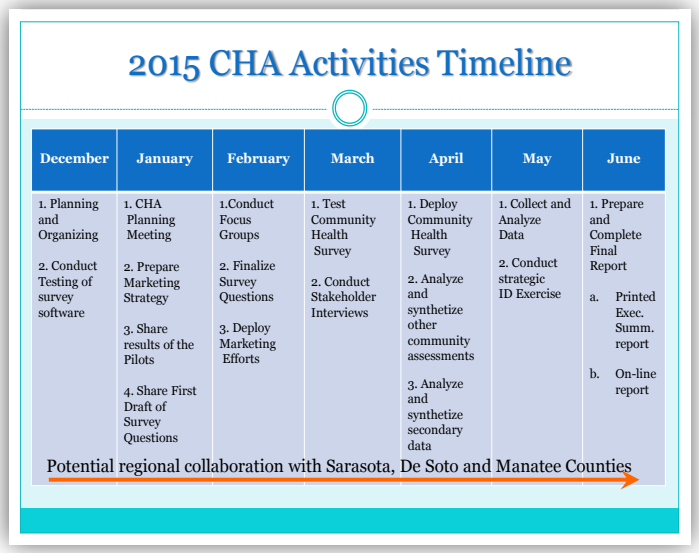
To complete the CHA, staff followed the Mobilizing for Action through Planning and Partnerships (MAPP) method developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). The Department of Health and its partners collaborated on an assessment process that met the requirements of the National Public Health Accreditation and laid a solid foundation for the development of a Community Health Improvement Partnership Plan.

The concept of health through the MAPP model is that health is not simply a matter of medical treatment or the absence of disease, but must be viewed from a community perspective. The MAPP process requires broad participation from the community, six phases, and four formal assessments briefly described on the following pages and illustrated below.



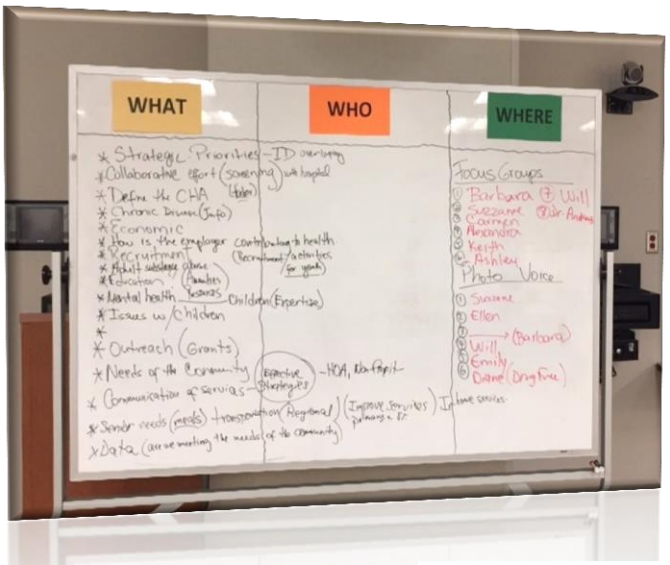
Phase 1: Organize for Success & Partnership Development

It began in November 2014 with a meeting among staff from DOH-Charlotte to form the Community Health Assessment (CHA) core team. Afterwards, the CHA Steering Committee was formed by multiple representatives from our community including small businesses, local government agencies, non-profit organizations, civic associations, faith institutions, community advocates, public school system and local colleges.



Phase 2: Developing the Vision Statement

Visioning occurred by defining "a healthy community."



"A dynamic and diverse population with different needs working together to improve all aspects of community health".

– CHA 2015 Community Health Vision

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Phase 3: Four MAPP Assessments

During this phase qualitative and quantitative data were gathered to provide a comprehensive picture of health in the community. The Themes and Strengths, Community Health Status, Local Public Health System, and Forces of Change assessments provided the information for a community health "snap shot". The following matrix identifies the information gathering method utilized on each of the assessments.

	Information Gathering Method					
Four MAPP Assessments	**Focus Group**	**Stakeholder Interviews**	**Community Survey**	**Internal Analysis**	**Secondary Data-Local**	**Secondary Data-State and National**
Themes and Strengths	X	X		X	X	X
Community Health Status		X	X	X	X	X
Local Public Health System		X		X	X	X
Forces of Change	X	X		X	X	

FIRST ASSESSMENT

COMMUNITY HEALTH STATUS ASSESSMENT (CHSA)

This assessment provides quantitative and qualitative information on community health conditions. The information comes from multiple sources:

- Primary data collected via health survey and;
- Secondary data analysis gathered from multiple existing sources of information

The electronic health survey was developed and disseminated throughout the community. The total number of survey responses received was 745, of which 538 responded to all 50 questions. **Appendix 1** contains the entire community survey report.

With the goal of generating enthusiasm and survey participation, our partner Tom Cappiello, Board President of the Not-For-Profit Lung Cancer Research Council donated an IPad to the CHIP. The winner received the IPad from DOH staff on behalf of the Lung Cancer Research Council.

Left to right: Dianne Nugent, CHIP Chairwoman; Abbey Ellner, Health Educator; Ms. Rutherford; Amira Shriteh, Survey Coordinator

The secondary data report was created by DOH-Charlotte Epidemiology Department staff utilizing multiple sources of data and information such as the Centers for Disease Control and Prevention (CDC); Agency for Health Care Administration (AHCA); Florida Bureau of Vital Statistics and multiple others cited on page 6 of this report.

COMPOSITION OF THE COMMUNITY HEALTH SURVEY RESPONDENTS

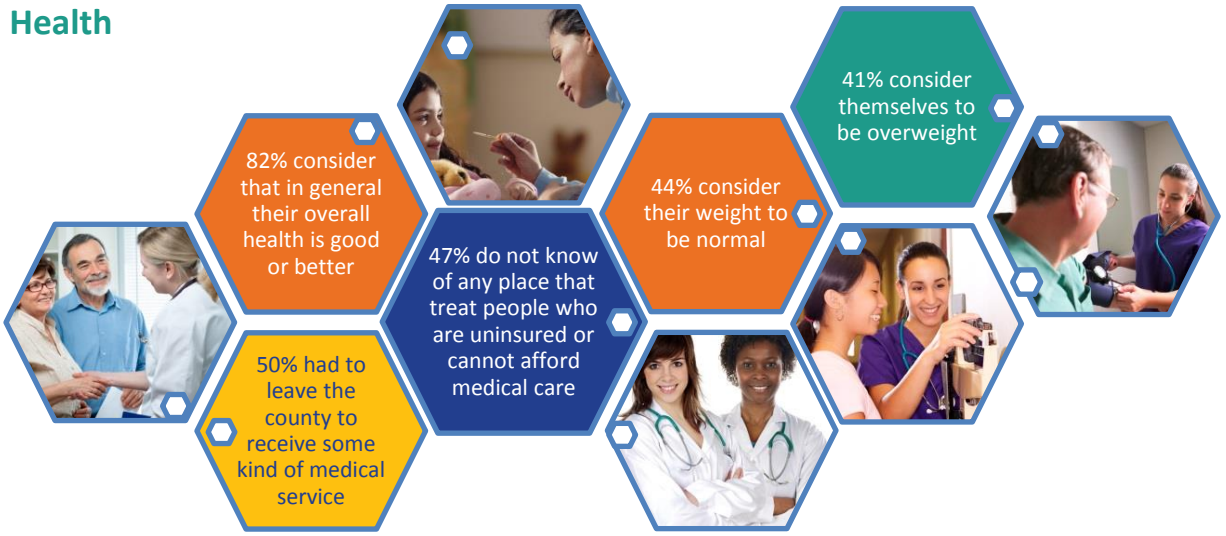
- 52% of respondents were between the ages of 18- 54 years
  - 24% of the respondents were between the ages of 55-64 years
    - 77% of the respondents were Female
    - 45% of the respondents have an education level of Bachelor's or Master's degree
  - 82% categorize their race/ethnicity as White or Caucasian
- 5% categorize their race/ethnicity as Black or African American
- 9% categorize their race/ethnicity as Hispanic or Latino

Some limitations of the survey: The first limitation of any survey is the make-up of the sample. The total number of survey responses received was 745, of which 538 responded to all 50 questions. An enormous amount of effort went into obtaining representation from all zip codes including the low socio economic and minority population in Charlotte County. However, the numbers were small. We did not receive responses from the following zip codes 33927 (El Jobean), 33938 (Murdock), 33949 (Port Charlotte) & 33951 (Punta Gorda).

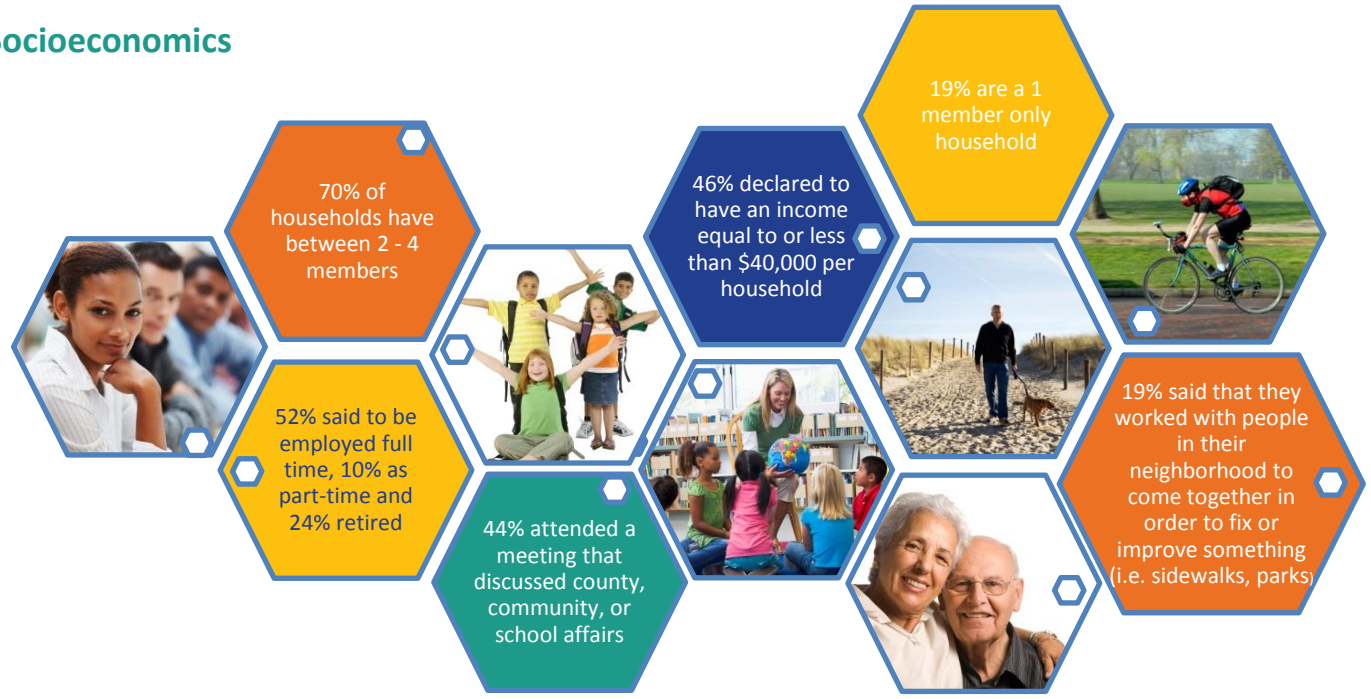
The survey asked for people's perception of issues and services. Their responses may or may not reflect reality. The survey was distributed only in Charlotte County.

PRIMARY DATA - SURVEY RESULTS

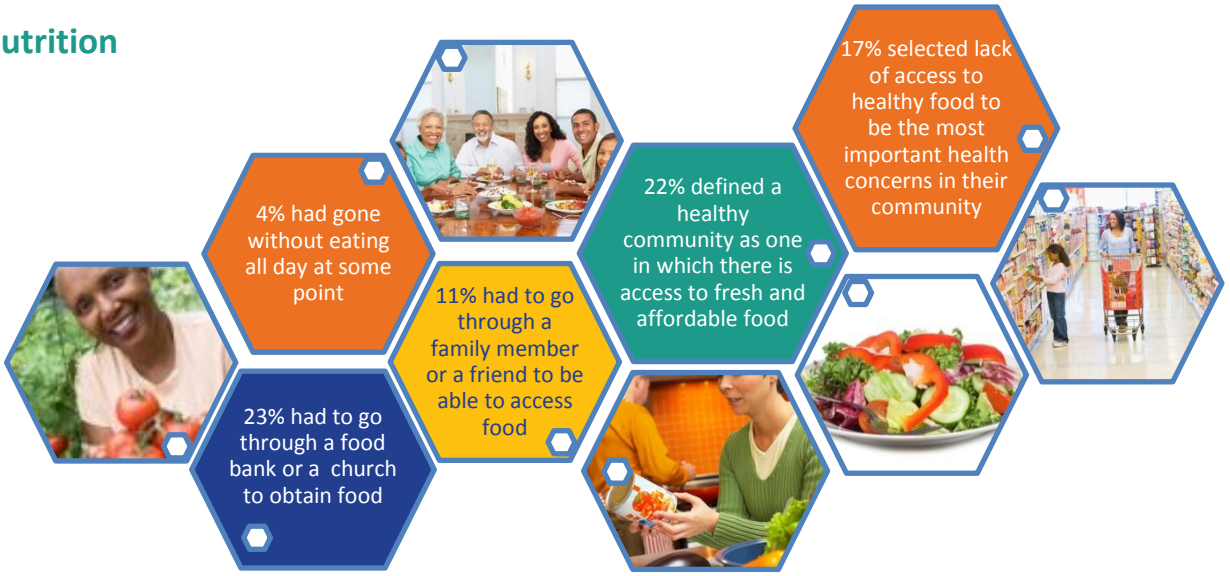
Health



Socioeconomics



Nutrition



Health Concerns

Behavioral Health

10% do not have anyone to depend on or feel very close to

29% feel that most of the time they can talk about their deepest problems to some of their family members, friends, or church members

13% feel that they can RARELY talk about their deepest problems

42% wouldn't have a problem if others knew about their mental health treatment

44% have three or less people that they can depend on or feel very close to

46% said to have four or more people that they can depend on or feel very close to.

8% feel that they can NEVER talk about their deepest problems to some of their family members, friends, or church members

74% have not had any problems completing their day-to-day activities because of feeling depressed, sad, or anxious

61% said no one in their household has a mental or emotional problem

If they had to seek mental health treatment 58% would not feel comfortable if others knew about it.

93% said that in the past 12 months, no one in their household went to the hospital due to a mental or emotional health problem

71% said to know what to do when someone they know has suicidal thoughts, 29% did not know

Resources Availability

23% of respondents traveled to Sarasota County for health services, 14% went to Lee County and 5% went to Hillsborough County

People had to go outside of the county to receive the following medical services: Surgery: 16% Dental Care: 12% Gynecology/ OBGYN: 12%

20% categorized not having adequate transportation as a problem

When respondents were asked if they knew where to go to receive the right help or treatment if someone they knew was experiencing anxiety or any emotional issue, 36% said they would most likely search the internet, 30% would ask their physician, and 6% would call 2-1-1.

While 50% use the telephone to stay in touch with the rest of the world, 45% use social media, and 34% use face to face visits.

SECONDARY DATA - ANALYSIS

The Robert Wood Johnson Foundation County Health ranking in Florida is an annual county by county comparison in the state.

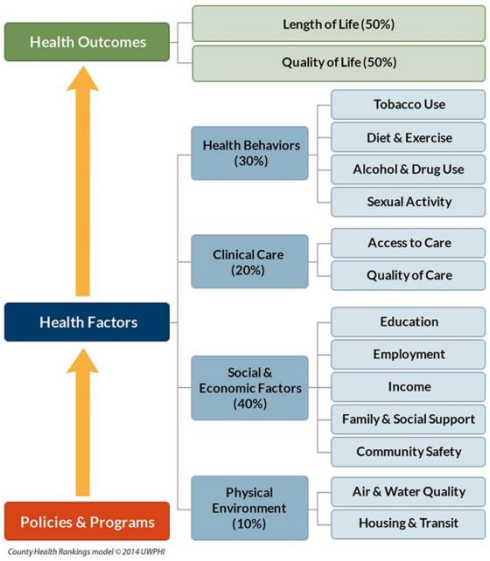
Out of the 67 counties, Charlotte had a ranking of 37 in Health Outcomes in 2015. Health Outcomes is weighted equally for mortality and morbidity. Charlotte ranked 35 in mortality which includes premature death indicators. Charlotte County ranked 34 in morbidity which includes indicators for poor or fair health, poor physical health days, poor mental health days, and low birth weight. Charlotte County ranked 13 out of the 67 counties in Health Factors in 2015, comprised of indicators for health behaviors, clinical care, social and economic factors, and physical environment. Charlotte County's highest ranking was physical environment (7) which means only 6 counties in Florida rank better than the county in this category. Charlotte County ranked 8 in clinical care (weighted 20%), 19 in health behaviors (weighted 30%), and 15 in social and economic factors (weighted 40%).

The county's score went down 10 rankings in Health Outcomes from 2014 to 2015. Charlotte County has a very high ranking in Health Factors (13th) and this indicates that future years and generations will see more favorable Health Outcomes as long as these factors remain strong.

Table 1: 2013 - 2015 Charlotte County Health Rankings

	2013	2014	2015
Health Outcomes	28	27	37
Morbidity	29	28	34
Mortality	28	28	35
Health Factors	18	17	13
Health Behaviors	20	21	19
Clinical Care	7	8	8
Social and Economic Factors	22	19	15
Physical Environment	26	9	7

*There are 67 Florida counties — Source: County Health Rankings



Among Florida's 67 counties, Charlotte ranked as follows in 2015:

⇒ 37 in Health Outcomes
⇒ 13 in Health Factors

The County Health Rankings model uses selected indicators to rank how healthy a County is compared to other counties within the states it resides. These rankings may also predict how healthy a County may be in the future. Selected indicators are investigated through a model that explores health policies and programs and health outcomes.

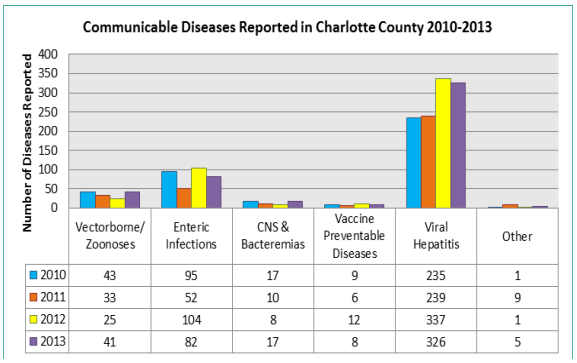
The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

Communicable Diseases

The overall rate of infection from vaccine preventable diseases is low in Charlotte County. For most of these diseases there is an average of 3 cases per year. Hepatitis B acute and Varicella are the most prevalent vaccine preventable diseases reported in Charlotte County. Between 2011 and 2013 the average rate for Hepatitis B acute infection was higher in Charlotte County at 2.04 as compared to 1.57 for the state. During the same time period the average rate for Varicella was 3.50 a little lower than the average rate of 4.08.

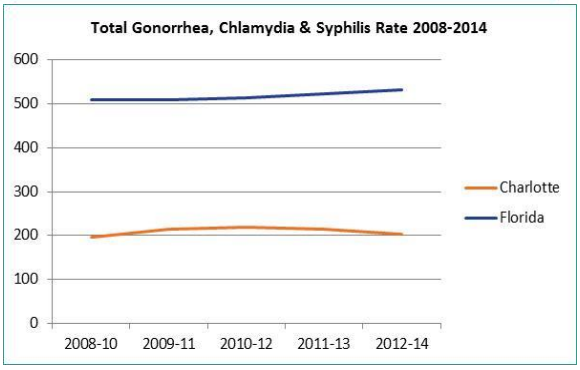
Enteric infections and viral hepatitis comprise the majority of communicable disease cases reported to the Florida Department of Health in Charlotte County in 2013. The enteric infections reported in 2013 include the following: campylobacteriosis, giardiasis, salmonellosis, and shigellosis. Enteric illnesses accounted for 17% of all reportable disease cases in the County (82/479 cases). The County's sexually transmitted disease rates are well below the state's rate.

Figure: 1



Data Source: Florida Department of Health, Merlin Disease Surveillance System

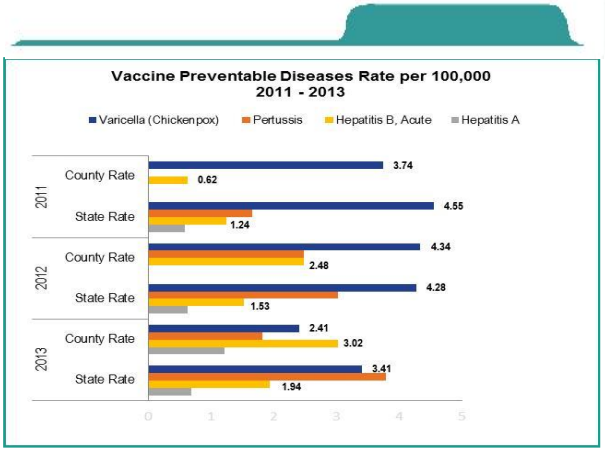
Figure: 2



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

Viral hepatitis infections accounted for 68% of all reportable disease cases in the County (326/479 cases). The County's rate for Hepatitis A and B are significantly higher than the state's (See table 4.0 below).

The Central Nervous System (CNS) diseases and bacteremias reported include: Creutzfeldt-Jakob Disease (CJD), *Haemophilus influenzae* (invasive disease), meningitis (bacterial, cryptococcal, and mycotic), *Strep pneumoniae* invasive disease drug-resistant and *Strep pneumoniae* invasive disease drug susceptible. The vectorborne diseases and zoonoses reported include those attributed to animal bites to humans requiring rabies post exposure prophylaxis and also positive animal rabies cases.



Data Source: Florida Department of Health, Division of Public Health Statistics & Performance Management

Table 2: : The County 's Hepatitis B rate have increased **5** times higher over the past three years and nearly **doubled** the state's

Vacinne Preventable Diseases - Rate	2013		2012		2011	
	State Rate	County Rate	State Rate	County Rate	State Rate	County Rate
Hepatitis A	0.69	1.21	0.62	0	0.58	0
Hepatitis B, Acute	1.94	3.02	1.53	2.48	1.24	0.62
Pertussis	3.79	1.81	3.02	2.48	1.65	0
Varicella (Chickenpox)	3.41	2.41	4.28	4.34	4.55	3.74
Total	**9.83**	**8.45**	**9.45**	**9.31**	**8.02**	**4.36**

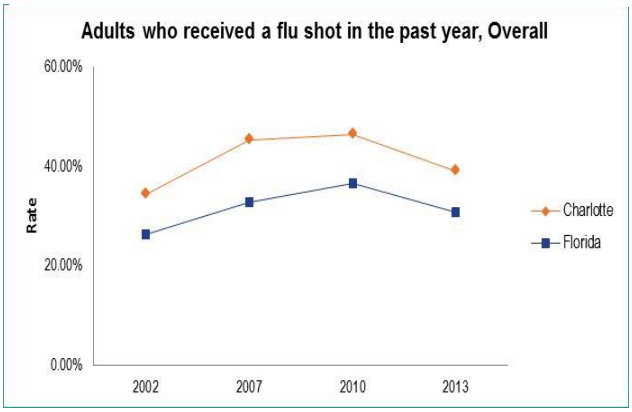
Disease prevention is the key to public health. It is always better to prevent a disease than to treat it. Vaccines prevent disease in the people who receive them and protect those who come into contact with unvaccinated individuals. Vaccines help prevent infectious diseases and save lives. Immunizations are one of the most successful public health achievements of the 20th century and have been long considered core public health by the Florida Department of Health as well as health departments throughout the nation.

Having proper documentation for each student's immunization status is essential to ensure an accurate reflection of Florida's school coverage rates. Charlotte County's Immunization levels in Kindergarten have been above state average during the past 3 years.

Table 3: Immunization Levels in Kindergarten, Single Year Rates		
Year	Charlotte	Florida
2011	96.8	92.6
2012	96.3	92.1
2013	93.9	93.2
Rate per 100,000		

People who are 65 years and older are at greater risk of serious complications from the flu compared to young and healthy adults. During most seasons, it's estimated that 90 percent of seasonal flu-related deaths and between 50 and 60 percent of seasonal flu-related hospitalizations in the United States occur in people 65 years and older. When considering the population of senior citizens in Charlotte County, it was found that an overwhelming 54.58% of the seniors on Medicare in this community have been vaccinated for influenza during the 2013-2014 flu season. In addition, 42.6% of adults (ages 18-64) in Charlotte County reported receiving a flu shot during 2010-2013.

Figure: 4



Data Source: BRFSS 2013

Relevant goals of the U. S Department of Health and Human Services, Healthy People 2020 Objectives:

⇒ Increase the percentage of children and adults who are vaccinated annually against seasonal flu (Objective# IID-12)
⇒ Increase routine vaccination coverage levels for adolescents (Objective# IID-11)
⇒ Maintain vaccination coverage levels for children in kindergarten (Objective# IID10)

Chronic Diseases

Table 4: Major Causes of Death by Race and Ethnicity

CAUSE OF DEATH	CHARLOTTE County				FLORIDA			
	ALL	BLACK	WHITE	HISPANIC	ALL	BLACK	WHITE	HISPANIC
ALL CAUSES	626.6				679.3			
CANCER	144.4	128.4	147.4	48.0	158.7	157.9	159.9	118.5
HEART DISEASE	134.3	-	-	-	153.4	-	-	-
CHRONIC LOWER RESPIR-ATORY DISEASE	40.5	22.5	42.0	-	41.0	24.5	43.1	24.4
UNINTENTIONAL INJU-RIES	31.8	-	35.8	10.6	38.8	26.5	41.7	24.0
STROKE	25.9	40.4	25.5	9.1	31.3	46.0	29.4	27.0
CHRONIC LIVER DISEASE AND CIRRHOSIS	16.7	-	18.2	-	10.8	4.7	12.0	7.6
DIABETES MELLITUS	14.0	25.4	13.6	9.1	19.6	40.6	17.2	17.6
SUICIDE	14.6	6.1	14.9	-	13.8	4.9	15.7	6.9
ALZHEIMER'S DISEASE	13.0	10.7	13.1	29.1	17.5	14.4	17.8	18.6
PNEUMONIA/INFLUENZA	12.3	19.8	12.3	-	9.7	12.7	9.1	7.5

The table above illustrates the top 10 leading causes of death in Charlotte County by race. While looking at the County's profile is an invaluable asset to assessing the County's health, analyzing variances in race, gender and income and other determinants of health is essential to identifying diseases that disproportionately affect certain populations. Compared to the state, the County's mortality rates are higher for chronic liver disease, suicide and pneumonia/influenza.

The County's mortality rate among African American for strokes, diabetes and pneumonia/influenza are significantly higher than Whites. Mortality due to strokes in African American are 63 percent higher than the death rate among Whites. Death rates of diabetes among African American are higher than the death rate among Whites and Hispanics combined.

Mortality is noticeably higher among Whites for unintentional injuries, suicide, and chronic liver disease. Suicides death rates among Whites (14.9) are more than double the suicide rate in African American (6.1).

Although cancer rates (all cancers) are lower among the County's residents than the state, the County scored very low in cervical cancer screening, a proportion of (39.40) with a Confidence Interval (CI) of (28.5-50.3) in 2012 compared to the state (51.40) with a CI (49.3-53.3). The County also ranked in the least favorable quartile on mortality rate for cervical cancer.

Table 5: Charlotte County Scored "Least Favorable" and "Average" when compared to the state in Cervical Cancer and Lung Cancer.

Charlotte County, Florida

Charlotte County, Florida Chronic Disease Profile

Indicator	Year(s)	Avg. Annual Number of Events	Age-Adjusted Rate*	Quartile**	State Age-Adjusted Rate	U.S. Healthy People 2020 Goal***
Lung Cancer						
Deaths	2011-13	163	42.5	1	44.5	45.5
Incidence	2009-11	223	61.4	2	63.4	
Adults who are current smokers	2013		21.30%	3	16.80%	12%

Indicator	Year(s)	Avg. Annual Number of Events	Age-Adjusted Rate*	Quartile**
Cervical Cancer				
Deaths	2011-13	4	3.8	4
Incidence	2009-11	6	7.8	2
Women 18 years of age and older who received a Pap test in the past year	2013		39.40%	4

*Trends not aviailable for BRFSS data. Age-adjusted cancer incidence rates are not displayed for fewer than 10 cases.

**Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.

Most favorable situation	Average	Least favorable situation
1 (25% of counties)	2 or 3 (50% of counties)	4 (25% of counties)

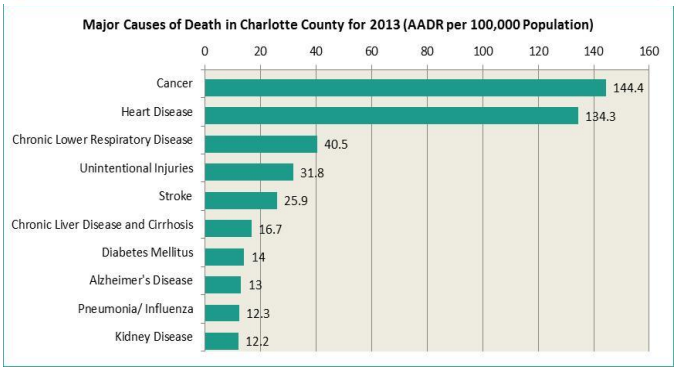
***Healthy People 2020 goals are single-year rates per 100,000 population (or percentages) at the national level. Goals are not available for all indicators.

Although cancer occurs more frequently with advanced age, it is the leading cause of death in Charlotte County. The National Cancer Institute reports that up to 75 percent of most cancers are attributed to the following behaviors: Tobacco use, lack of exercise and poor diet.

Death rate due to lung cancer surpassed the state's death rate in 2008 and 2010 and was slightly higher than the state's in 2013.

Tobacco use is strongly correlated with increase mortality and incidence of chronic diseases. Adult smokers in Charlotte County account for 21.3% compared to the state 16.8%; that is 4.5% higher.

Figure: 5



The county reports its highest death rate for cancer in 2009-2011. Cervical cancer mortality is currently at its lowest in the county among all types of cancers; however the cervical cancer mortality rate remained significantly higher when compared to the state's rate.

Although death from cervical cancer has decreased in the past three years, the percentage of screening tests has also decreased. Charlotte County recorded a 37% decrease from 2002 to 2013 for Pap tests.

Table 7:

Women 18 years of age and older who received a Pap test in the past year, Overall		
Year	Charlotte	Florida
2002	62.30% (53.8 - 70.1)	70.70% (68.8 - 72.4)
2007	59.60% (50.9 - 67.7)	64.80% (63.0 - 66.5)
2010	52.60% (41.7 - 63.5)	57.10% (55.2 - 59.0)
2013	39.40% (28.5 - 50.3)	51.40% (49.3 - 53.5)

Understanding Breast Cancer Mortality in Charlotte Co:

Among 27 women who died of breast cancer in 2014, 1 was African American and 26 were White. Despite breast cancer screening, mortality of breast cancer continues to peak.

Data Source: Florida Department of Health, Division of Public Health Statistics & Performance

Figure: 6

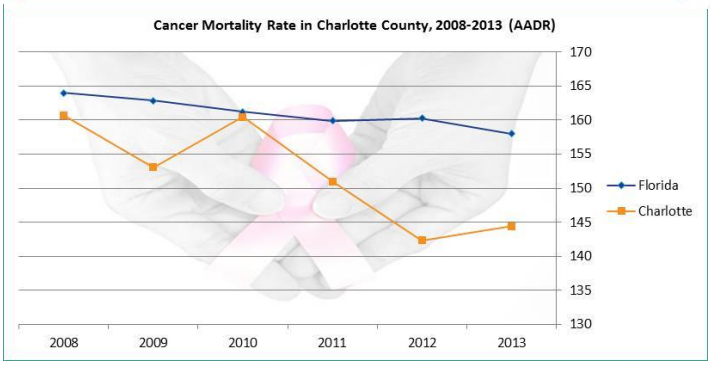
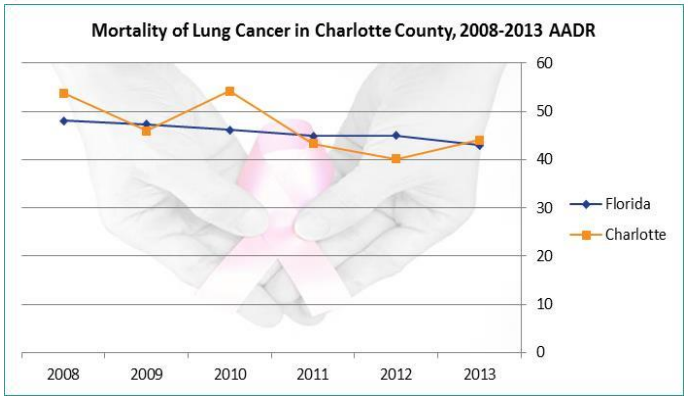


Figure: 7



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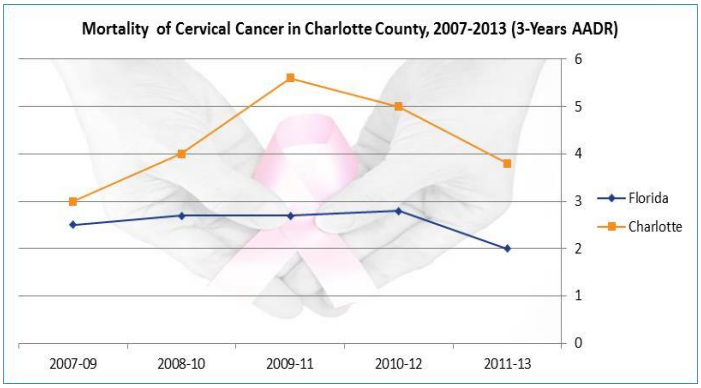

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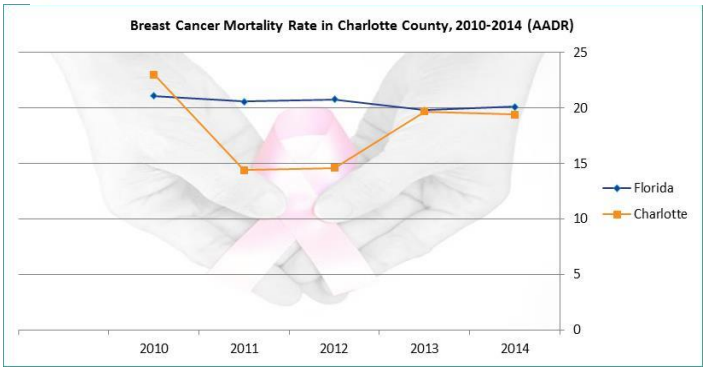
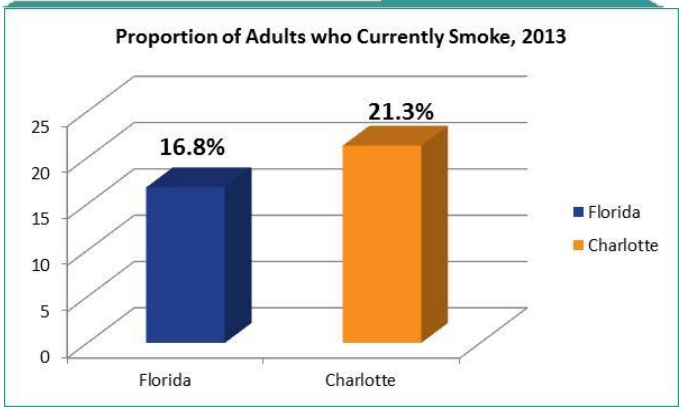


Heart disease has been the second leading cause of death in Charlotte County for decades. The mortality of heart disease only captures a portion of the health burden imposed by this disease; in 2011 alone, 990 residents were hospitalized due to strokes.

Strokes hospitalization has continued to increase in Charlotte County despite the steady decrease rate in the state. Hypertension is the major risk factor for stoke and the only one consistently found to be related to all type of strokes. Cigarette smoking, physical inactivity and alcohol consumption are controllable factors that may be directly or indirectly associated with strokes.

Figure: 10

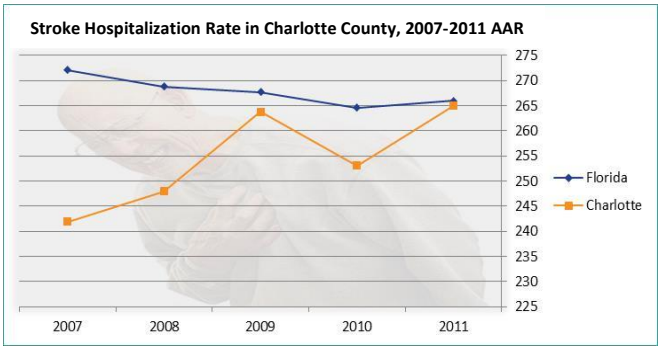


Geographic Distribution of Smoking

The Center for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) reveals:

- 65% of adults in the county who are current smokers have tried to quit smoking at least once in the past year (CI 51.7-78.0%).
- 34% of adults who are former smokers quit in 2013 (CI 28.4-39.6%).
- Nearly 17% of non-smoking adults were exposed to secondary smoke within the past seven years.

Figure: 11



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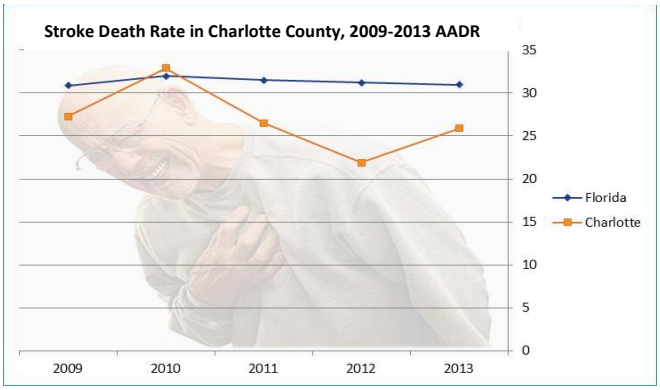


From 2010 to 2013, the proportion of adult residents in the County who participate in heavy or binge drinking has increase by 46 percent. Hence the county's proportion of heavy or binge drinkers is higher than the state.

Table 9: Adults who engage in heavy drinking

Adults who engage in heavy or binge drinking, Overall		
Year	Charlotte	Florida
2002	18.40% (14.5 - 23.0)	16.30% (15.4 - 17.3)
2007	14.90% (11.3 - 19.3)	16.20% (15.3 - 17.2)
2010	12.30% (8.0 - 16.7)	15.00% (14.0 - 16.0)
2013	18.00% (12.4 - 23.5)	17.60% (16.6 - 18.6)

Table 8: 17% decrease over the past five years in the proportion of adults who are active in Charlotte County in 2007.

Adults who meet moderate physical activity recommendations, Overall		
Year	Charlotte	Florida
2002	45.00% (39.8 - 50.3)	34.70% (33.5 - 36.0)
2007	38.40% (32.9 - 44.2)	34.60% (33.5 - 35.8)

Data Source: Behavioral Risk Factor Surveillance System ; Florida Department of Health, Division of Public Health Statistics & Performance

Table 10: Charlotte County rank "Least Favorable" in 2 categories in built environment: Contributing Factors to the County's Obesity Epidemic

Charlotte County, Florida

2013 Healthiest Weight Profile

Indicator	Year(s)	Rate Type	County Count	County Rate	County Quartile (1=most favorable, 4=least favorable)	State Count	State Rate
Built Environment							
Population that live within a 1/2 mile of healthy food source*	2013	Percent		13.40%	3		31.80%
Population that live within a 1/2 mile of a fast food restaurant*	2013	Percent		15.30%	3		33.50%
Population that live within a ten minute walk (1/2 mile) of an off-street trail system**	2013	Percent		2.80%	4		10.60%
Workers who drive alone to work***	2012 5-yr est	Percent		80.40%	2		79.50%
Workers who ride a bicycle to work***	2012 5-yr est	Percent		0.40%	3		0.60%
Workers who walk to work***	2012 5-yr est	Percent		0.80%	4		1.60%

*The Florida Department of Agriculture and Consumer Services, U.S. Census Bureau, Florida Department of Health, Environmental Public Health Tracking

**The Florida Geographic Data Library, U.S. Census Bureau, Florida Department of Health, Environmental Public Health Tracking

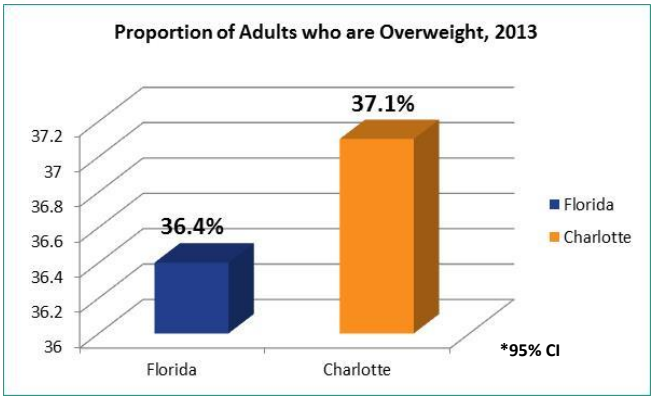
***U.S. Census Bureau, American Community Survey

Obesity, a major public health concern, increases the risk of heart disease, stroke and diabetes and a number of other health conditions. These diseases are also listed as the top 10 major causes of death in Charlotte County.

The county's health profile table above compares the County to the state in numerous categories. In the built environment category, it illustrates that the county scored 2.80 % "least favorable" when it comes to the county's residents who live 1/2 mile from an off-street trail system. The proportion of the county resident workers who walk to work is less than 1%.

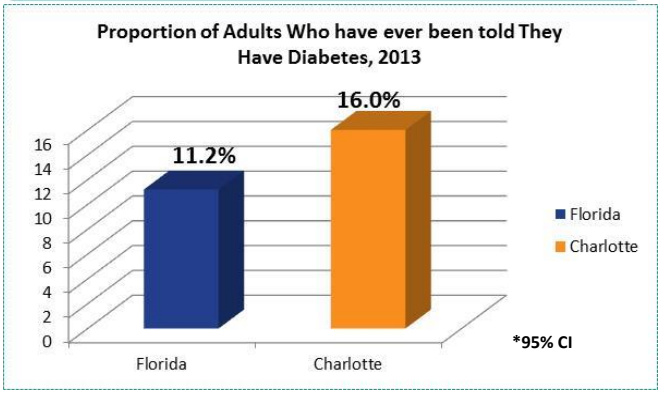
In addition, 37.1% of adults in Charlotte County were considered overweight in 2013. The proportion of adults in Charlotte County who have ever been told they have diabetes in 2013 is 16%. Meanwhile, the state proportion of people who have been told they have diabetes is 11.2%. Subsequently, preventable hospitalization from diabetes for residents under the age of 65 continued to increase in the past 5 years.

Figure: 14



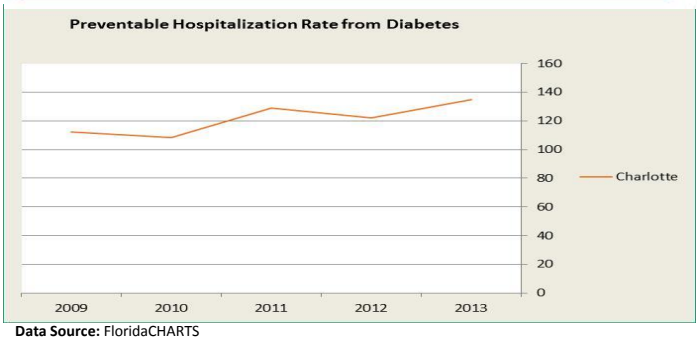
Data Source: Behavioral Risk Factor Surveillance System

Figure: 15



Data Source: Behavioral Risk Factor Surveillance System

Figure: 13



Data Source: FloridaCHARTS

Relevant Goals of the U. S Department of Health and Human Services, Healthy People 2020 Objectives:

⇒ Reduce the proportion of adults who are obese to 30.5 percent (Age adjusted to the year 200 standard population (Objective # NWS-9)

⇒ Increase the proportion of adults who are at a healthy weight to 33.9 percent (Objective # NWS-8)

⇒ Reduce the annual number of new cases of diagnosed diabetes in the population to 7.2 /100,000 population new cases

Table 11: The proportion of adults between the ages 18-44 in Charlotte County who reported having depressive disorder **doubled** the state's proportion.

Florida Charts BRFSS Indicators- 2013													
			Gender		Race/Ethnicity			Age			Income		
		All	Males	Females	White	Black	Hispanic	Age 18-44	Age 45-64	Age 65 & Older	<$25,000/year	$25,000-49,999/year	$50,000+/year
Adults who have ever been told they have a depressive disorder	Florida	16.8%	12.10%	21.2%	18.6%	14.0%	13.8%	15.8%	19.6%	14.6%	23.8%	16.5%	11.3%
	Charlotte	18.7%	15.3%	21.9%	20.0%	(-)	(-)	32.2%	18.5%	11.5%	16.5%	16.6%	19.2%

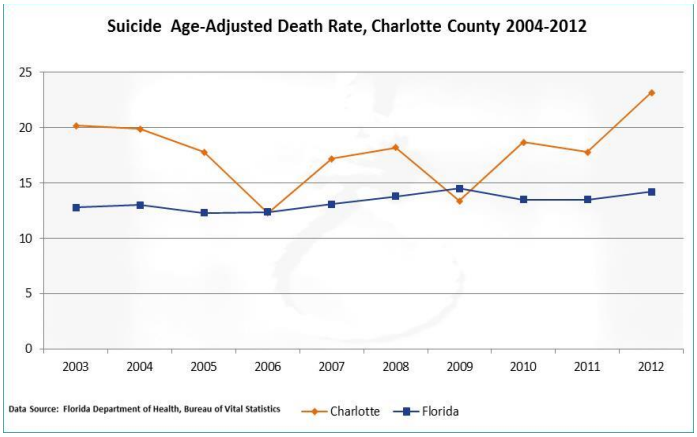
Geographic Distribution of Mental Illness

The Center for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) shows:

- Depressive disorders are reported to be 3% higher among residents in Charlotte County reporting an annual income of 50,000 dollars or higher .
- Nearly 7% more females than males in Charlotte County reported being told they have a depressive disorder.

Mental health is essential to a person's well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life[2].

Figure: 16

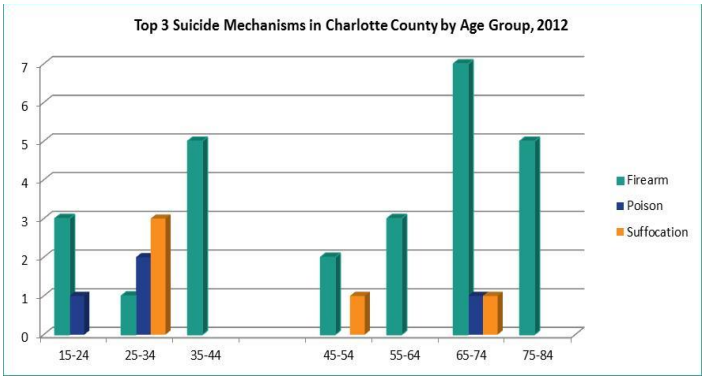


Mental illness is a serious burden in the United States and in this County. In 2012, Charlotte County recorded the highest rate of suicide for the past decade with firearm being number one, followed by poison and suffocation respectively. People who are 65-74 years of age account for the majority of suicide by firearm.

Poisoning is the second leading method for suicide in the County. Residents between the ages 25-34 years represent the most cases of suicide by this mechanism.

The suicide rate among Whites in Charlotte County is higher than the rate of suicide in Florida among all races combined.

Figure: 17



Relevant Goals of the U. S Department of Health and Human Services, Healthy People 2020 Objectives:

⇒ Reduce firearm related deaths by 9.3 deaths per 100,000 population (Objective # IVP-30)

⇒ Prevent an increase in poisoning death among all persons (target 13.2 per 100,000 population) (Objective # IVP-9)

⇒ Reduce the suicide rate to 10.2 suicides per 100,000 population (Objective # MHMD-1)

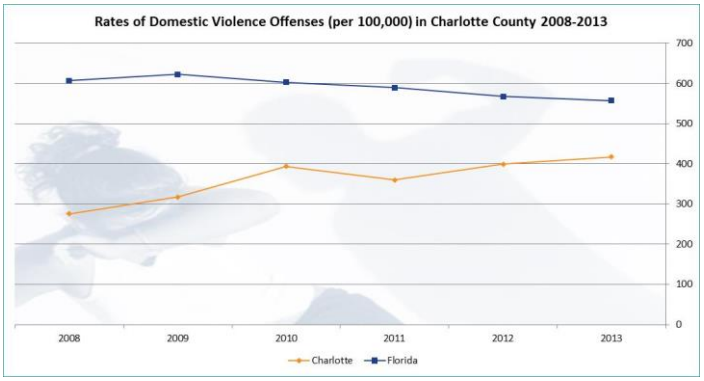
Data Source: Behavioral Risk Factor Surveillance System; Florida Department of Health, Division of Public Health Statistics & Performance. Healthy people 2020

Injuries are the leading cause of death for Americans ages 1 to 44 and the leading cause of disability for all ages, regardless of sex, race and ethnicity, or socioeconomic status.

Unintentional injuries are the fourth leading cause of death in the county. Mortality from unintentional injuries however, only captures a fraction of the problem. More than 1,300 residents in Charlotte County were hospitalized for unintentional injuries in 2012. In addition, the County reported 9,260 Emergency Department visits (ED visits) due to unintentional injuries. The county's hospitalization rate from unintentional injuries significantly surpasses the state of Florida hospitalization rate.

Accidental falls (53%) account for more than half of all unintentional Emergency Department visits, followed by injuries from individuals who were struck by or against an object and overexertion injuries respectively.

Figure: 18



Intimate partner violence (IPV) includes physical violence, sexual violence, stalking and psychological aggression by a current or former intimate partner. IPV is a serious preventable public health concern that affects millions of Americans. The rate of intimate partner violence in Charlotte County continues to increase and closing the gap between the state rates. In 2013, the county reported their highest rate for domestic violence for the past 5 years, a percent increase of 51% from 2008 to 2013.

Figure: 19

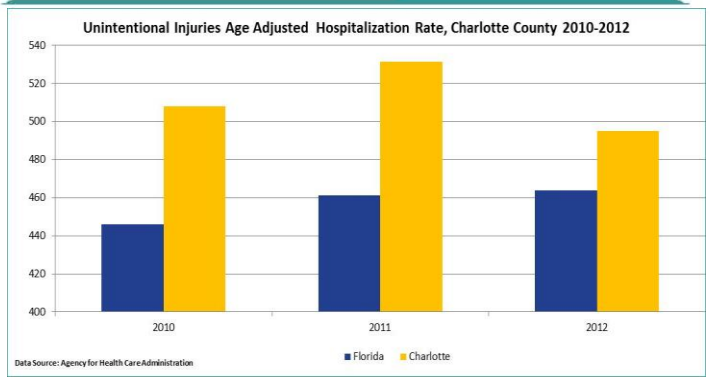


Figure: 20

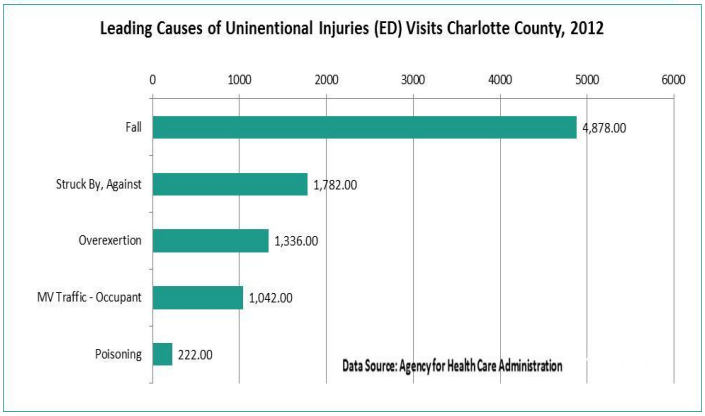
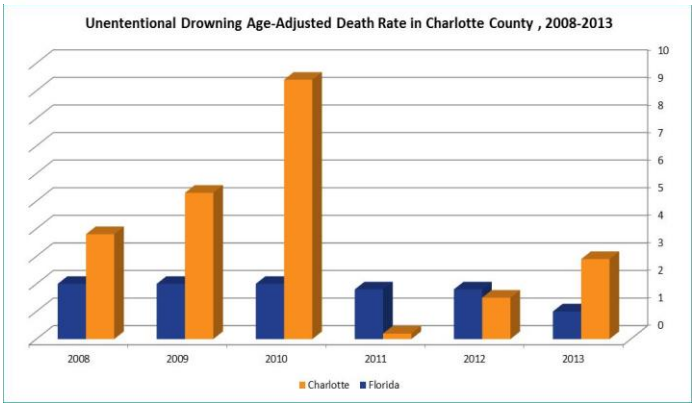


Figure: 21



Relevant Goals of the U. S Department of Health and Human Services, Healthy People 2020 Objectives:

⇒ Reduce unintentional injury deaths to 36.4 per 100,00 population (Objective# IVP-11)

⇒ Reduce Drowning Death to 1.1 deaths per 100,000 (Objective# IVP-25)

⇒ Prevent an increase in fall related deaths among all persons to 7.2 death per 100,00 population (Objective# IVP-230.1)

⇒ Reduce physical violence by current or former partners (developmental, no identified target) (Objective# IVP-39)

Table 12: The County ranked "least favorable" when compared to the state rate hospital/ER treated for non-fatal injury fall among children < 1 year old.

Charlotte County, Florida Pregnancy and Young Child Profile						
Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number (Average)	County Rate	State Comparison
Health and Safety						
Health and Safety: Injuries and Injury-related Deaths						
Hospitalizations for all non-fatal unintentional injuries < 1	Per 100,000 population < 1	2010-12	2	2	230.1	285.1
Hospital/ER treated non-fatal unintentional falls < 1*	Per 100,000 population < 1	2010-12	4	54	5292.6	3948.6
Hospitalizations for non-fatal traumatic brain injuries < 1	Per 100,000 population < 1	2010-12	4	3	263	185.1
Child passengers < 1 injured or killed in motor vehicle crashes	Per 100,000 population < 1	2008-10	3	4	374.9	351.9
Health and Safety: Other Deaths						

The rate of Hospital and ER treated non-fatal unintentional falls in children less than 1 year of age in Charlotte County (5292.6) is significantly higher when compared to the state's rate (3948.6) thus the county ranks "least favorable" under health and safety for this indicator. The county also scored poorly when compared to the state for the rate of hospitalization for non-fatal traumatic brain injuries among children under one year of age. Charlotte has a rate of 263 hospitalizations per 100,000 population whereas the state's hospitalization rate is 185.1 per 100,000 population.

The rate of child passengers <1 year of age who are injured or killed in motor vehicle accidents in the county is slightly higher than the state's rate thus the county ranked average for this indicator when compared to the state.

Figure: 22

Child passengers < 1 injured or killed in motor vehicle crashes, 3-Year Rolling Rates				
	Charlotte		Florida	
Year	Count	Rate	Count	Rate
2002-04	9	289.8	2,233	350.7
2003-05	17	527.3	2,373	360.4
2004-06	17	503.7	2,456	359.2
2005-07	21	600.3	2,503	357.6
2006-08	17	473.9	2,489	353.3
2007-09	16	474.6	2,448	355.8
2008-10	12	374.9	2,375	351.9

Figure: 23

Hospital/ER treated non-fatal unintentional falls < 1, Single Year Rates				
	Charlotte		Florida	
Year	Count	Rate	Count	Rate
2005	38	3445.1	6,417	2837.2
2006	46	3823.8	6,944	2935.2
2007	39	3271.8	7,418	3127.4
2008	51	4278.5	7,874	3413.7
2009	55	5572.4	9,020	4095.7
2010	43	4207.4	7,589	3386.5
2011	52	5247.2	9,002	4032.7
2012	66	6414	9,326	4461.5

Highlights

- In 2012, the County recorded its highest hospitalization rate and ER treated nonfatal fall injuries over the past 8 years.
- The County nearly doubled the number of ER visits and hospitalization due to unintentional falls from 2005 to 2012.
- Although the rate of child passengers less than a year old who are injured or killed in motor vehicle crashes in the County is higher than the state's rate, the County's rate has significantly decreased since 2007.

Relevant Goals of the U. S Department of Health and Human Services, Healthy People 2020 Objectives:

⇒ Reduce motor vehicle crashes-related deaths to 12.4 per 100,00 population (Objective# IVP-13.1)
⇒ Reduce nonfatal motor vehicle crash-related injuries to 694.3 nonfatal injuries per 100,00 population (Objective# IVP-14)
⇒ Reduce hospitalizations for nonfatal injuries to 558.8 per 100,000 population (Objective# IVP-1.2)
⇒ Reduce ED visits for nonfatal traumatic brain injuries to 365.2 Ed visits per 100,000 population (Objective# IVP-2.3)

- While the state's live birth rate continues plateauing over the past 4 years, the number of live births in the county fluctuates from year to year but remains slightly below the state's rate. The number of births from mothers without prenatal care in the County has dramatically increased over the past 5 years.
- The county's rate of mothers without prenatal care has doubled from 2008-2013. A sharp increase of 64 percent from 2012 to 2013 currently put the County at its record high rate for mothers without prenatal care and well above the state' rate.
- When compared to the state, the county scored least favorable in numerous categories for poor birth outcomes (see table 13).

Figure: 24

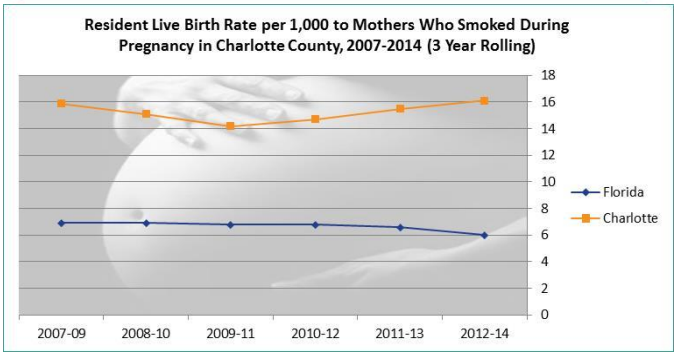
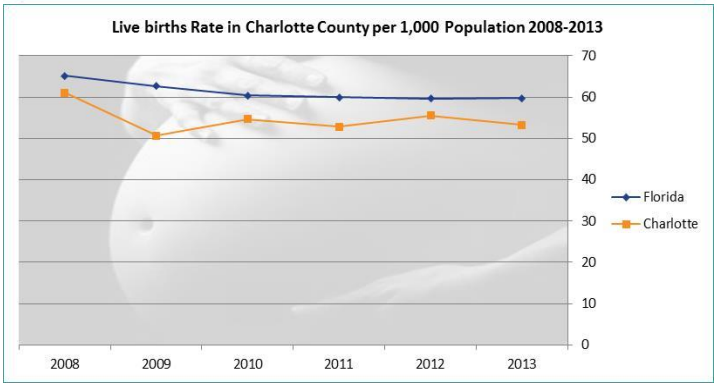


Figure: 25



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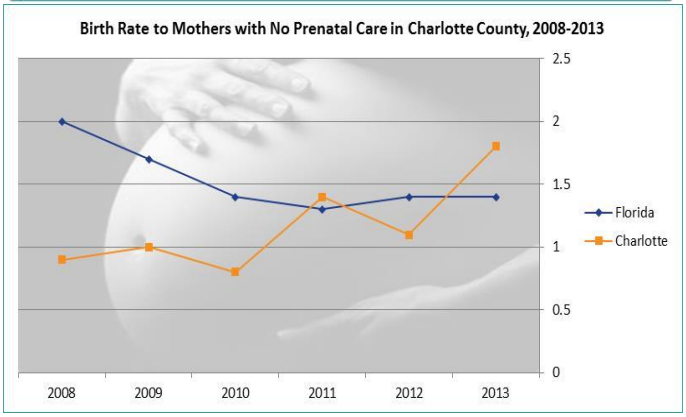

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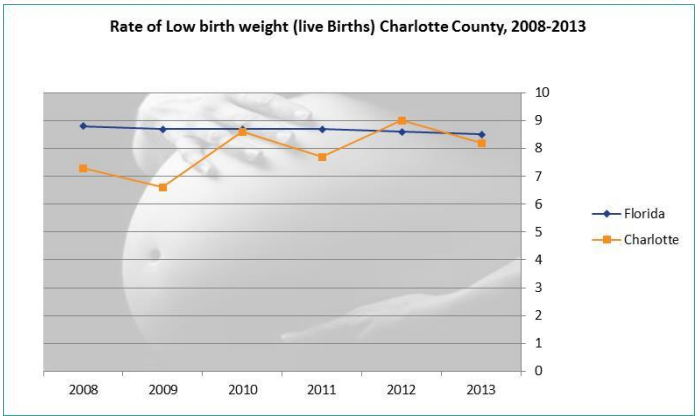


Identifying Disparities in Maternal and Child Health

- The prevalence of live birth to mothers who smoked during pregnancy in the county is currently at its highest peak in recent years.
- Residents live birth rate to mothers who smoked during pregnancy is substantially higher than the state' rate. From 2012-2014 the rate of mothers who smoked while pregnant was 2.3 times higher than the state's rate.
- The rate of white mothers (17.2) who smoked during pregnancy in Charlotte county is disproportionate to black mothers (7.6) in the years 2012-14.

Table 13: Charlotte Co. graded "least favorable" in multiple indicators for poor birth outcomes when compared to FL

Charlotte County, Florida

Pregnancy and Young Child Profile

Measure	Rate Type	Year(s)	County Quartile (1=most favorable, 4=least favorable)	County Number (Average)	County Rate	State Comparison
Social-emotional Development						
Infants in foster care	Per 1,000 population < 1	2010-12	4	29	28.3	18.3
Poor Birth Outcomes						
Births < 1500 grams (very low birth weight)	Percent of births	2011-13	2	14	1.30%	1.60%
Births < 2500 grams (low birth weight)	Percent of births	2011-13	3	84	8.30%	8.60%
Births < 37 weeks gestation (preterm)	Percent of births	2011-13	3	132	13.00%	13.90%
Birth defects (structural and genetic) ratio to total births	Per 10,000 births	2006-08	4	31	259.9	228.6
Congential heart defects	Per 10,000 births	2006-08	4	11	91.2	73
Chromosomal abnormalities (Trisomy 13, 18, & 21)	Per 10,000 births	2006-08	4	3	22.1	15.2
Multiple births (twins, triplets, or more)	Percent of births	2011-13	2	30	3.00%	3.30%

SECOND ASSESSMENT:

COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA)

Assets and issues that are important to the community are identified during this process. Multiple focus groups were conducted throughout the county in order to obtain information and representation from all segments of our community. This brainstorming exercise was centered on answering the following three questions:

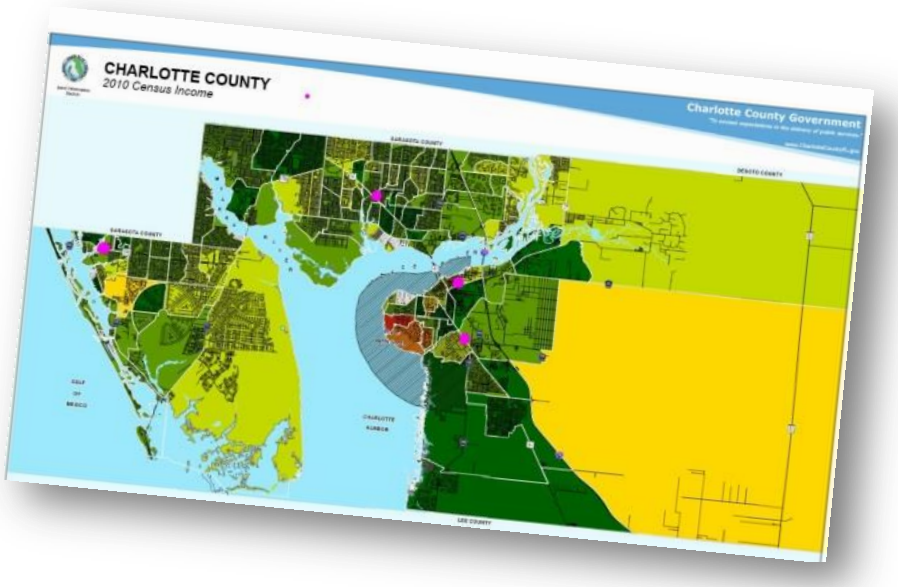
- What is important to the community?
- How is quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?

Multiple efforts were deployed to engage the community and gather their feedback.

News releases, posters, flyers, Facebook, a dedicated webpage…

Method

Pilot sessions for the focus groups were held before they were taken out to the community. Each focus group had a facilitator, note taker, and observer present. A total of five focus groups were conducted and their location was strategically located throughout the county.



1. Charlotte County Homeless Coalition
2. Cooper Street Recreation Center
3. Englewood (St. David's)
4. Florida SouthWestern State College
5. The Cultural Center

Participants of the focus groups were asked the following questions for the following purposes:

1. **What do you like about living in your community?**
   a. Purpose – To answer the question, "What is important to our community?
2. **What do you dislike about living in your community?**
   a. Purpose – To answer the questions, "What is important to our community?" and "What assets can be used to improve community health?"
3. **What makes being healthy easy for you?**
   a. Purpose – To assess the quality of life of the community as well as the community's health status

4. **What makes being healthy difficult for you?**
    a. Purpose – To assess our local public health system and answer the question, "What assets can be used to improve community health?"
5. **In general, how would you describe the health of your community?**
    a. Purpose – To assess the community's local public health system.
6. **Suppose I am new to the community, where should I go for health information or needs?**
    a. Purpose – To assess the community's local public health system.
7. **What things outside of your control affect your health?**
    a. Purpose – To assess the forces of change that contribute to the community's health.
8. **What would a healthy community look like to you?**
    a. Purpose – To assess the community's health status and local public health system.
9. **What are the hopes for the future of your community and your health?**
    a. Purpose – To assess the community's vision of health and assess the local public health system.
10. **Is there anything else you would like to share?**

Results

An analysis and coding of themes and strengths was compiled after all focus groups were completed in the community. The focus groups identified the following 10 topics to be priorities for our community.

1. Infrastructure
2. Transportation
3. Arts and Entertainment
4. Family Life
5. Social and Behavioral Health
6. Economic Diversity
7. Access to Care
8. Resource Availability
9. Demographic Disparity
10. Death, Illness, and Injury

Healthy CHARLOTTE
OUR COMMUNITY. OUR COMMITMENT.

THIRD ASSESSMENT:

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA)

The Local Public Health System Assessment (LPHSA) is one of four MAPP assessments that inform the development of Charlotte County's Community Health Improvement Plan. The purpose of this assessment is to identify the activities and capacities of our local public health system and identify areas for strengthening the system's ability to respond to day-to-day public health issues and to public health emergencies. The LPHSA uses the National Public Health Performance Standards (NPHPS) instrument, which Charlotte County adopted to meet the community needs assessment. The assessment focuses on the core public health standards, designed around the Ten Essential Public Health Services (Figure A), by which local public health system performance can be determined.

Method

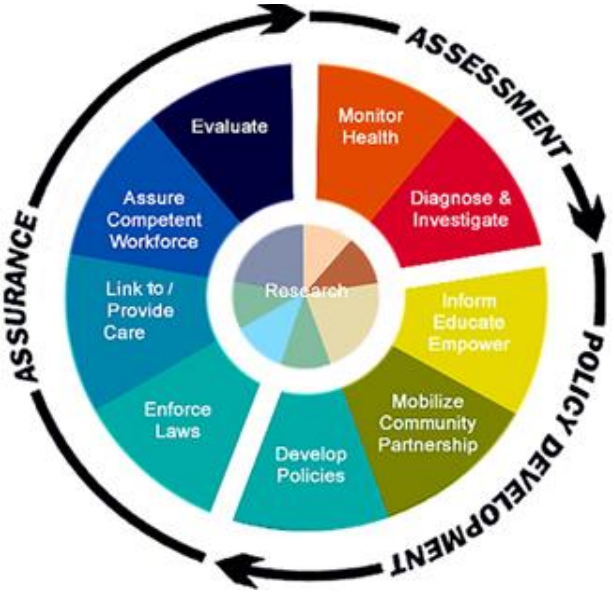
Stakeholders were identified to be interviewed. Each stakeholder responded to a series of questions. For each stakeholder interview there is one interviewer, one recorder, and the selected stakeholder. After convening, the interviewer and recorder discussed and scored the results of each essential public health service according to the National Association of City and County Health Officials (NACCHO) scoring standards.

Results

The scores are compiled into graphs which are further broken down by NACCHO standards. The following are the results from the LPHSA.

Figure A

10 essential public health services



Interviewed Stakeholders:

Gail Buck
Charlotte County Public Schools

Vikki Carpenter
Health and Human Services

Jennifer Cox-McKimmey
Charlotte County Public Schools

Vikki D'Agostino
Charlotte Behavioral Health Center

Commissioner Ken Doherty
Board of County Commissions

Beth Harrison
Englewood Community Care Clinic

Bill Hawley
Fawcett Memorial

Karl Henry
DOH-Charlotte

Carrie Hussey-Blackwell
United Way Charlotte County

Nancy Johnson
Team Punta Gorda

Dr. Henry Kurban
DOH-Charlotte

Dianne Nugent
DOH-Charlotte

Gayle O'Brien
Bayfront Health Care

Dr. Dan O'Leary
Bayfront Health Care

Michael Overway
Charlotte County Homeless Coalition

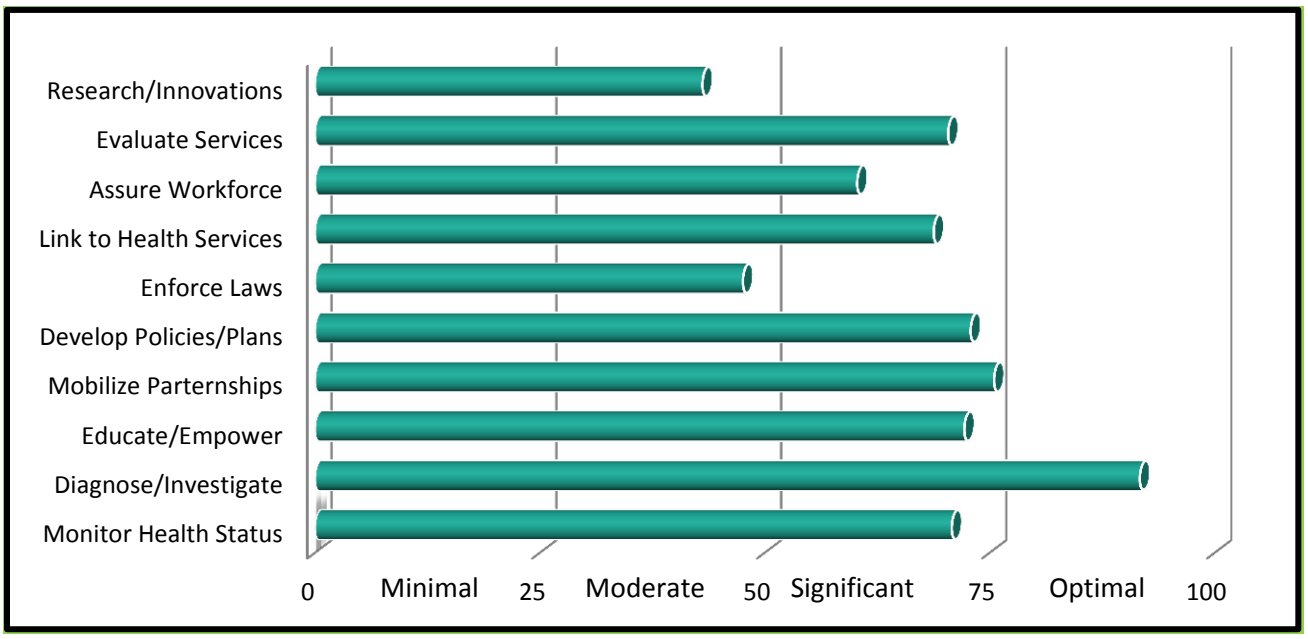
April Prestipino
Charlotte County Public Schools

Thomas Rice
Fawcett Memorial

Ana Scuteri
DOH-Charlotte

Chief Marianne Taylor
Charlotte County EMS

Summary of all essential public health services



Findings:

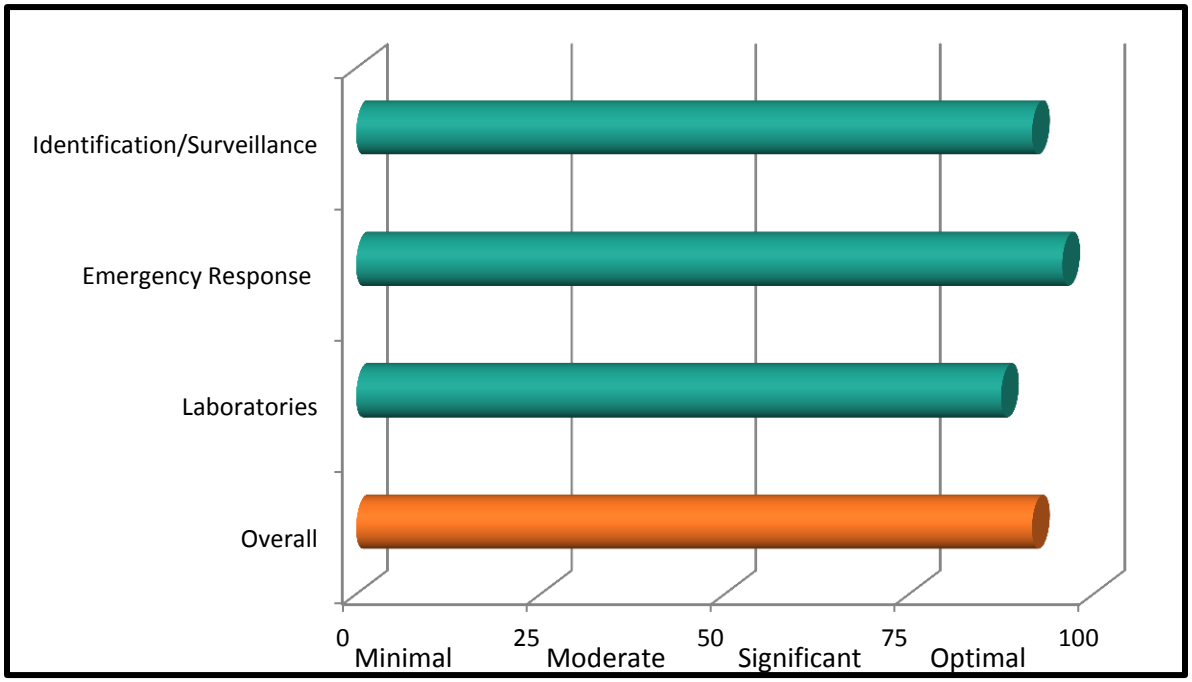
- The **top three** essential public health services ranking from optimal to significant were:
    1. Diagnose/Investigate
    2. Mobilize partnerships
    3. Monitor health status

- The **next three** essential public health services were ranked from moderate to significant:
    1. Research for new insights and innovative solutions to health problems
    2. Enforce laws and regulations that protect health and ensure safety
    3. Assure a competent public and personal health care workforce

These areas are where our local public health system can maximize and improve services.

Top three ranking essential public services:

1. Diagnose and investigate health problems and health hazards in the community

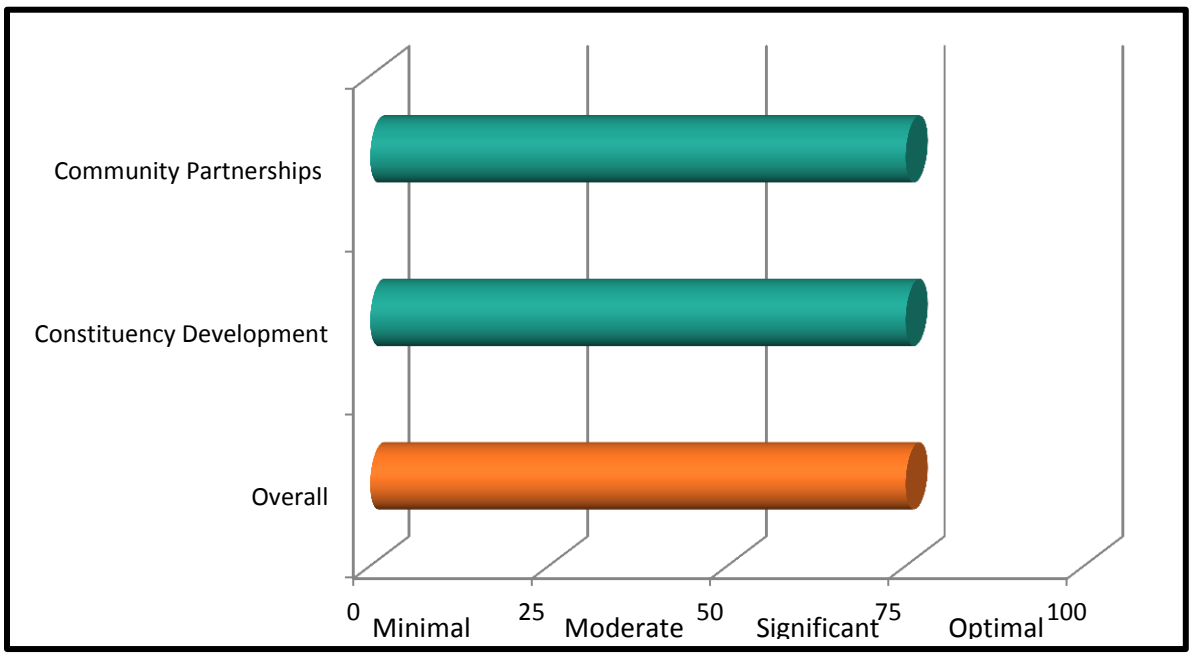


Key Questions: *Does our local public health system conduct surveillance to identify health threats? How well do we investigate and respond to public health threats and emergencies? Is there access to laboratory support for investigation of health threats?*

Findings:

- This essential public health service was identified as the highest scoring service.
- Stakeholders indicated that many protocols for public health emergencies are standardized at the State level and are followed by local agencies.
- Standard operating procedures for this essential service mandate a high level of inter-agency communication. Public health emergency stakeholders noted that they meet on a regular basis at DOH-Charlotte to review/revise protocols and to discuss potential threats.

2. Mobilize community partnerships to identify and solve health problems

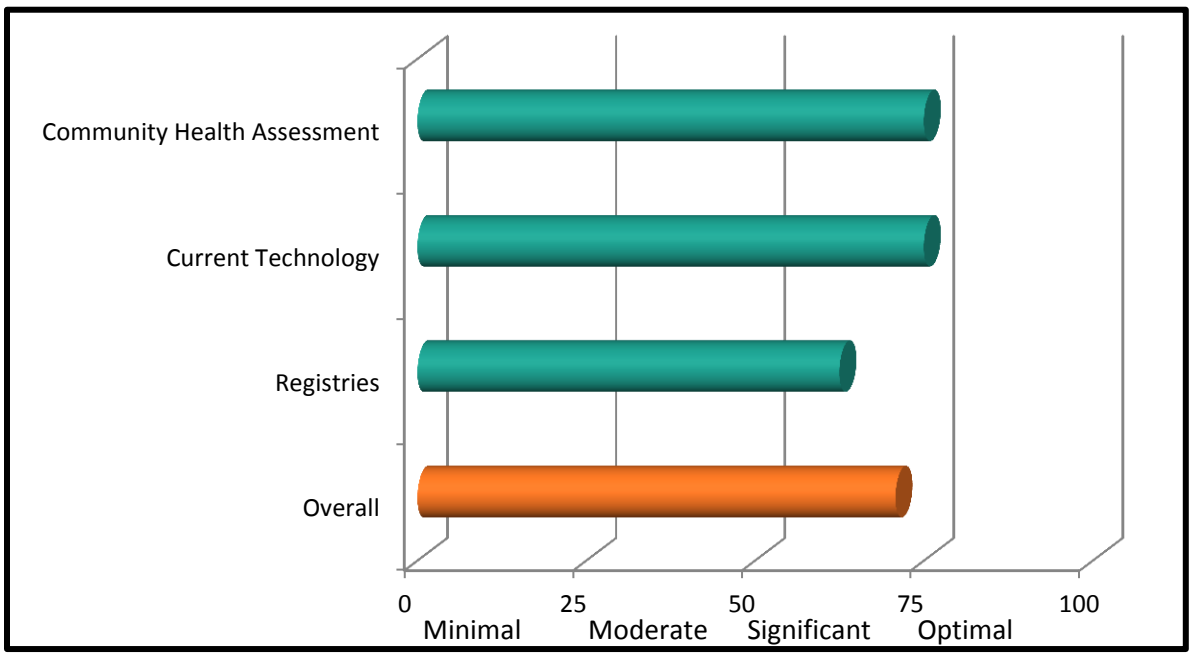


Key Questions: *Is there a process in place to develop collaborative relationships between current and potential constituents in the local public health system? Is there a broad-based community partnership to assure a comprehensive approach to improving health?*

Findings:

- Performance in this essential service was scored amongst the highest of all essential public health services.
- Stakeholders reported significant activity in the efforts to create and maintain community partnerships for community health initiatives.
- Improvement in communication was mentioned as an area of opportunity for improvement, as there is duplication of efforts among some community organizations.
- The Community Health Improvement Partnership (CHIP) plays a large role in the partnership development, within the four subcommittees there are more than 20 participating agencies/organizations. CHIP assists in the application of evidence based planning, implementation, and evaluation strategies.

3. Monitor health status to identify community health problems



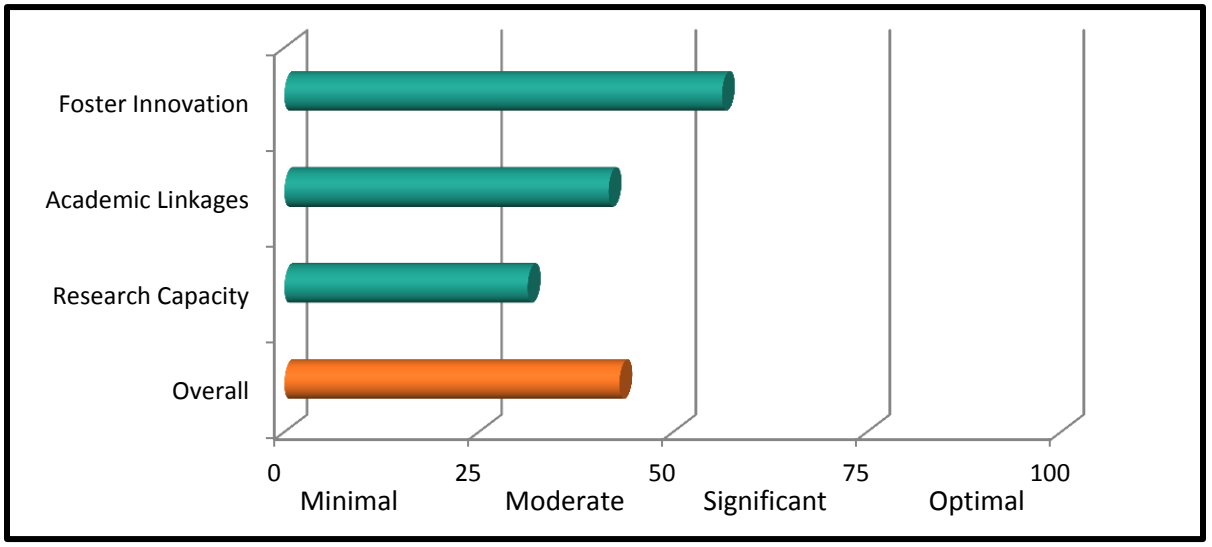
Key Questions: *Does our local public health system conduct community-wide health assessments to create a community health profile on a regular basis? Is technology used to interpret and communicate the assessment data? Is there collaboration in our local public health system to use population health registries?*

Findings:

- A significant amount of activity was identified in Charlotte County's ability to monitor public health status.
- Aside from the comprehensive Community Health Assessment facilitated every five years, other community organizations regularly conduct health assessments targeting varying special populations.
- It was recorded that the LPHS uses technology frequently to disseminate information and communicate with other agencies. In addition, technology is used for research and data recording/analysis. DOH has the ability to look up and display health information by geographical areas using technology such as Geographic Information Systems (GIS).

Three essential public services with areas of opportunity for improvement:

1. **Research** for new insights and innovative solutions to health problems.

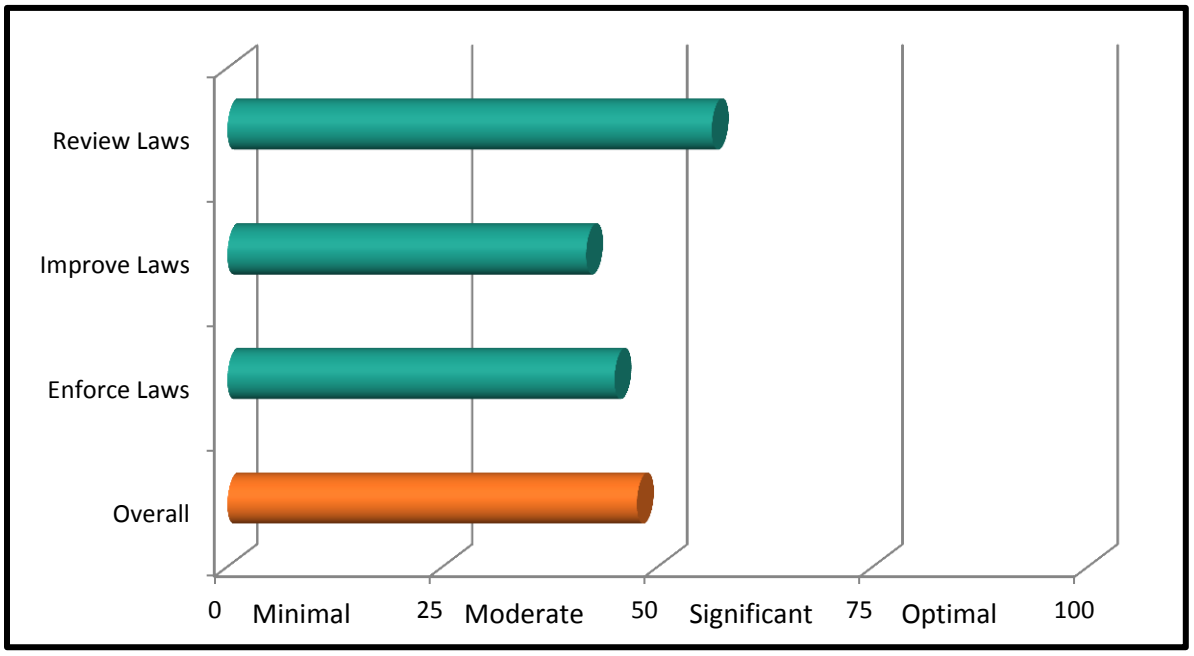


Key Questions: *Do organizations within the local public health system foster innovation to strengthen public health practice? Are there linkages with institutions of higher learning and research within the public health system? Is there capacity in our community to initiate or participate in public health research?*

Findings:

- This essential service was ranked in the moderate to significant category. Capacity to participate in research studies conducted by institutions of higher learning is limited due to our geographical location. Charlotte County is about two hours away from the University of South Florida in Tampa, yet too far to have the desired level of access to their resources and a close relationship. DOH-Charlotte works with the local state college, Florida Southwestern, in order to collaborate in health initiatives.
- Many stakeholders discussed location and lack of infrastructure as the main reason research projects are not often supported in Charlotte County.
- Several stakeholders stated that Charlotte County does a modest job at supporting research with the limited resources available.
- This essential service has the possibility of being improved through grant funding, research infrastructure support, and program development.

2. Enforce laws and regulations that protect health and ensure safety

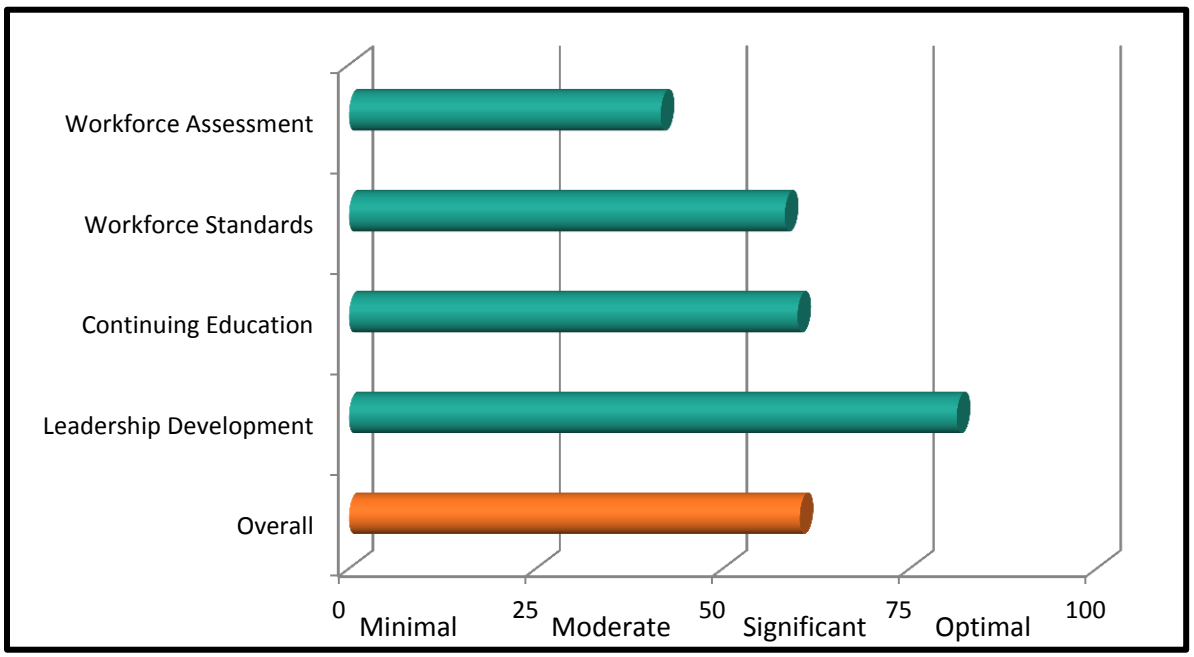


Key Questions: *Are health and safety laws, regulations and ordinances reviewed, and are they revised or improved to align with best practices? Are there appropriate enforcement activities in our local public health system to assure compliance with health and safety laws and regulations?*

Findings:

- The enforcement of laws and regulations that protect health and ensure safety ranked in the moderate category.
- Review of existing public health related laws and regulations are conducted on a regular basis among government agencies and are implemented through community organizations when new policies apply to their agencies.
- Consensus is that the ability to effectively enforce laws that protect health and ensure safety are essential in public health emergencies, however the communication flow of these offers opportunity for improvement.

3. Assure a competent public health and personal health care workforce



Key Questions: *Is an assessment of workers within the local public health system conducted, are gaps addressed, and are assessment results distributed? Does the local public health system develop and maintain standards for its workforce? Do life-long continuing education opportunities exist for the public health workforce? Are there leadership development opportunities in the local public health system?*

Findings:

- Workforce assessments have been conducted by individual agencies; however stakeholders were not aware of any specific comprehensive health care workforce assessment.
- Continuing education and leadership development in the public health arena is of significant importance in Florida. Many agencies in our local public health system provide continuing education and leadership opportunities to their workforce; therefore collaboration among agencies to hire, retain and develop local talent is essential.

FOURTH ASSESSMENT

FORCES OF CHANGE ASSESSMENT (FoC)

The Forces of Change Assessment is aimed at identifying items – such as trends, factors, or events – that are or will be influencing the health and quality of life of the community and the work of the local public health system.

All FoC participants were acquainted to the process and its components prior to commencing the assessment process. The group conducted a brainstorming session from which the results were identified, discussed and categorized.

Method

The Forces of Change Assessment was conducted by following the next four steps:

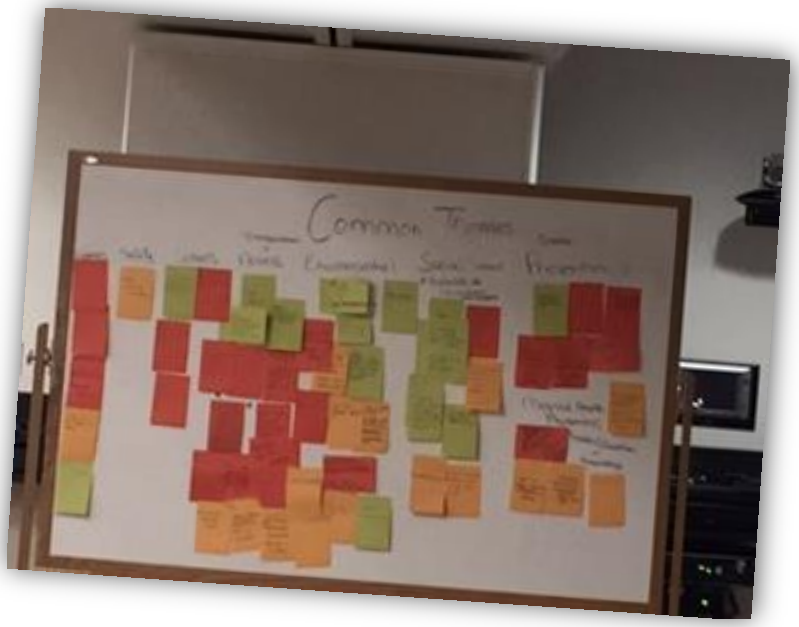
Step 1 – Planning (select the venue, facilitators and materials to be used)

Step 2 – Brainstorming

Step 3 – Identification of threats and opportunities

Step 4 – Summary of key findings

Special thanks to our partners Carrie Hussey-Blackwell, Executive Director of United Way Charlotte County and to Vikki Carpenter, Director of Human Services in Charlotte County for facilitating this exercise.



Certificates of Appreciation were given to all community members who participated

Results

After a very engaged process, the following five (5) *forces* were identified as prevalent during the assessment; they are **not** listed in order of priority.

- Lack of public transportation
- Shortage of health care providers for low income, uninsured and underinsured
- Lack of infrastructure (sidewalks, bike paths, centers for arts and cultural events, affordable housing)
- Need for comprehensive plan for addressing strategic health and human services issues
- Aging population and need for senior services

The following are all the forces identified during the brainstorming exercise.

Environmental:	**Infrastructure:**	**Technological:**
• Growth coalitions focus on health in the built environment and are working to promote environmental changes to impact the health of our community (i.e. Blue Water concept) • Lack of fluoride in water • Strong community environmental protection desire and support	• Lack of public transportation system • Lack of infrastructure (sidewalks, bike paths and connectivity) • Redevelopment opportunity as the economy grows • Need for cultural and town center • Lack of affordable housing	• Cyber security vulnerability • Social media has a strong influence and offers both opportunities and threats • Supportive local media (TV and Newspaper) • Health care providers and systems are moving towards electronic medical records
Civic:	**Economic:**	**Political:**
• Need for community group/partnership and collaboration working to identify and address the needs of the elderly population • Supportive local economy for charities • Need for engagement of the retirement Community • Virginia B. Andes clinic and the Englewood clinic provide services for the uninsured and underinsured	• Persons with private insurance can more easily access primary care as opposed to those without insurance or those on Medicaid. • Growing low income population with children who have limited access to care. • Decreased tax base which limits available service funds. • Limited employment opportunities to attract and retain "young professionals". • Shortage of health care providers for low income, uninsured and underinsured	• Increased fragmentation and specialization of the health care system. • U.S. trend in increasing health insurance premiums and declining health insurance coverage. • Lack of a comprehensive plan for addressing strategic health and human services issues. Not having one creates redundancy in use of resources and gaps. Such a plan would serve as a guide for decision makers to address priorities and allocate financial resources. • Approachable government • Preemption ordinances and laws

Educational:	Lifestyle:	Population & Demographics:
• Emphasis in the school district has shifted toward academic accountability at the expense of physical activity • Movement towards serving healthier meals at schools • There is a lack of institutions of higher education and major Universities in the county • Low performing school district	• Scarcity of places to find healthy food at a reasonable price. • Influx of "snow birds" during the winter months occupying the few health care providers in the area • Prescription drugs are easily available and unprotected in parents and grandparent's cabinets	• Continued growth of elderly population in the area and upcoming retirement of the baby boomers • Aging population and need for senior services, long-term care needs are increasing as people live longer • Chronic diseases and associated risk factors (lack of physical activity) are on the rise. • Intergenerational disconnect
Social: • Lack of diversity in population • Low crime • Institutionalized, systemic intolerance • Social apathy • High Suicide rates		**Ethical:** • Diminishing core values, ethics and respect

Built Environment, Technology, Population Health, Transportation, Affordable Housing, Demographics, Education, Nutrition…

Phase 4: Identifying Community Strategic Issues

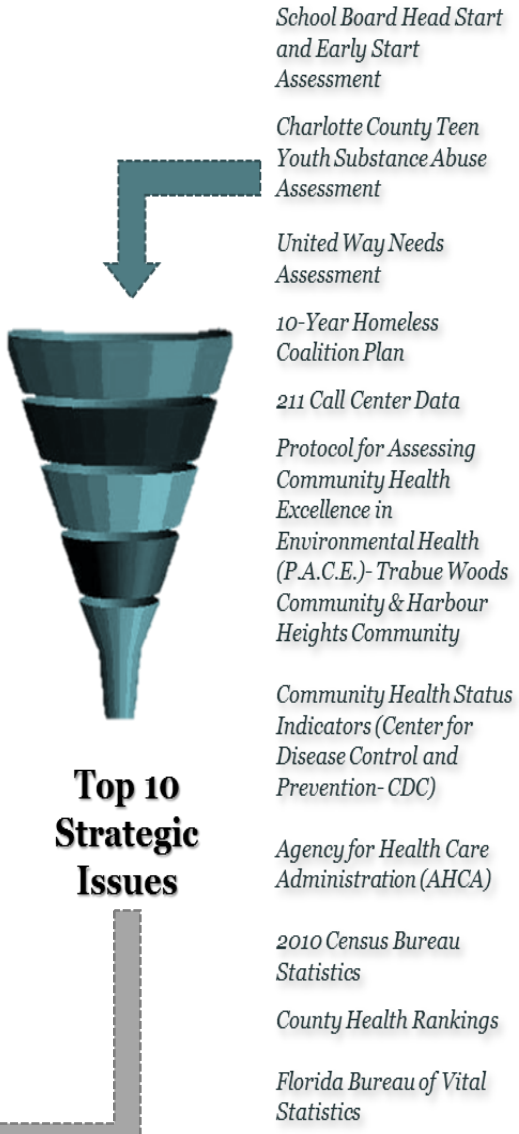
This pivotal phase reveals what is truly important from the vast amount of information gathered through phases 1, 2 and 3 of the MAPP. The strategic issues were identified by utilizing the "funneling process". Thru several levels of "distillation" the preliminary findings were compiled.

The preliminary findings were disseminated to the community to gather additional feedback. Once the feedback was received, it was analyzed and incorporated to a top 10 list. **(Figure 2)**

The top 10 issues identified were:

- Death, Illness, and Injury
- Demographic Disparity
- Resource Availability
- Access to Care
- Economic Diversity
- Social and Behavioral Health
- Family Life
- Arts and Entertainment
- Transportation
- Infrastructure

The top 10 list was further "distilled" and became the top 5. These had the greatest feasibility and impact **(Figures 3 & 4),** based on available resources, the potential for change, and alignment with the community's vision. The product was a mix of strategic issues that demand attention and will serve as foundation to the Community Health Improvement Plan (CHIP).



"Distilled" 5 strategic issues:

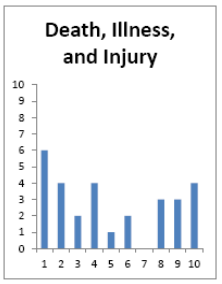
★ Resource Availability
★ Economic Diversity
★ Social and Behavioral Health
★ Access to Care/Transportation
★ Family Life/Death, Illness and Injury

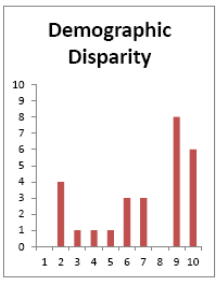
Above and Beyond:

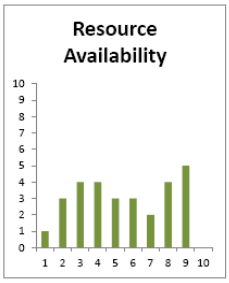
Multiple partner agencies collect great data thru their day-to-day operations; others have completed their agencies' strategic plans and assessments. With the goal to analyze trends and identify common threads, DOH staff read and evaluated several partners' reports. The findings were categorized and presented to the community during the Phase 4 "Funneling Process" exercise.

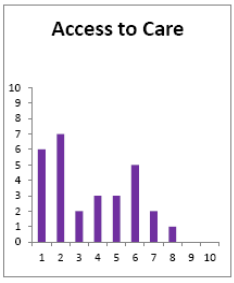
Figure 2 (Prioritization of top 10 strategic items)

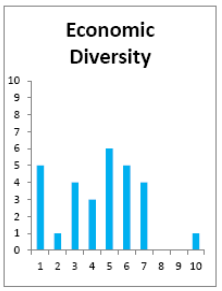
Preliminary Findings of the
Strategic Items Prioritization Exercise
MAPP Phase # 4
CHA 2015

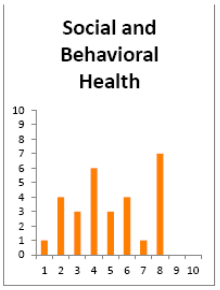


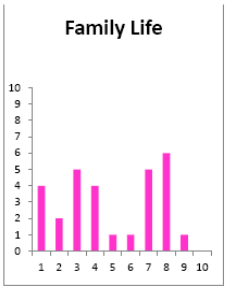


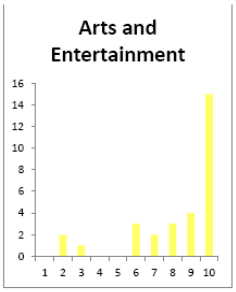


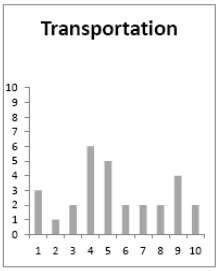


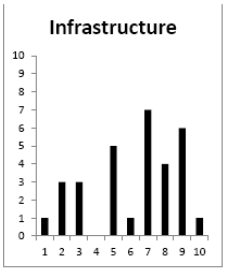












Strategic Issues	Tally of participants standing under priority numbers									
	1	2	3	4	5	6	7	8	9	10
Death, Illness, and Injury	6	4	2	4	1	2	0	3	3	4
Demographic Disparity	0	4	1	1	1	3	3	0	8	6
Resource Availability	1	3	4	4	3	3	2	4	5	0
Access to Care	6	7	2	3	3	5	2	1	0	0
Economic Diversity	5	1	4	3	6	5	4	0	0	1
Social and Behavioral Health	1	4	3	6	3	4	1	7	0	0
Family Life	4	2	5	4	1	1	5	6	1	0
Arts and Entertainment	0	2	1	0	0	3	2	3	4	15
Transportation	3	1	2	6	5	2	2	2	4	2
Infrastructure	1	3	3	0	5	1	7	4	6	1

Figure 3 (Scattered Plot of Feasibility and Impact of top 10 strategic items)

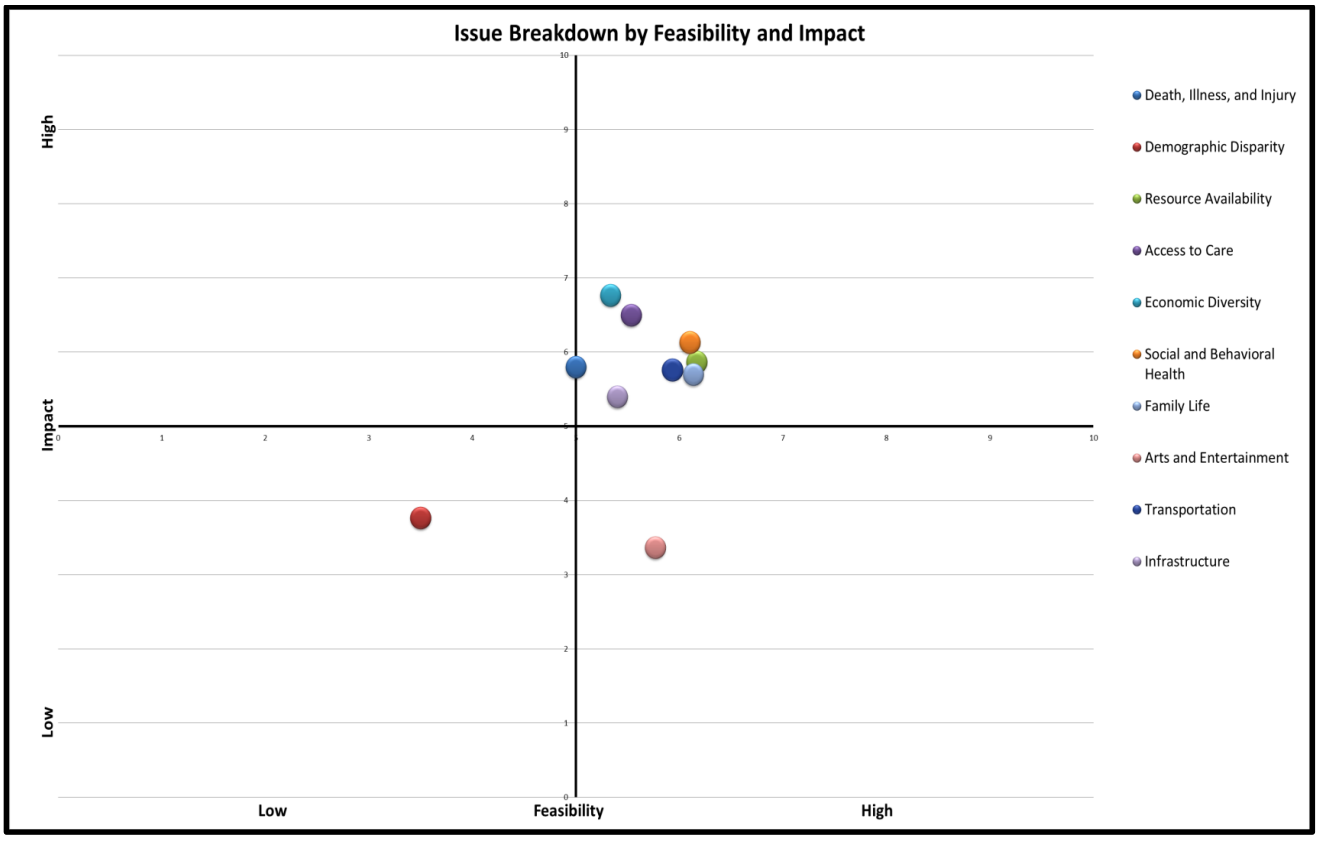


Figure 4 (Scores assigned to each of the top 10 items)

Topics	Feasibility	Impact	Average
Social and Behavioral Health	6.1	6.1	6.1
Economic Diversity	5.3	6.8	6.1
Resource Availability	6.2	5.9	6.0
Access to Care	5.5	6.5	6.0
Family Life	6.1	5.7	5.9
Transportation	5.9	5.8	5.9
Death, Illness, and Injury	5.0	5.8	5.4
Infrastructure	5.4	5.4	5.4
Arts and Entertainment	5.8	3.4	4.6
Demographic Disparity	3.5	3.8	3.6

Both the CHA core team and the CHA Steering Committee reviewed and discussed the results presented throughout this document. This process increased the group's understanding of what issues need attention and what items are identified as assets in our community **(Figure 5)**.

Figure 5 (Needs and Assets for each of the Top 5 Strategic Issues)

	Could be grouped under:	Could be addressed by:	Needs	Assets
Resource Availability	Built Environment	No existing CHIP-subcommittee (DOH currently hiring a PACE program position to address environmental health initiatives in the community)	• Comprehensive plan for addressing strategic health and human services issues • Places to find healthy food at a reasonable price • Infrastructure that encourages healthy behaviors (sidewalks, bike paths, centers for arts and cultural events) • Healthy communities design • Fluoride in drinking water • Affordable housing • Employment opportunities to attract and retain "young professionals"	• Strong community environmental protection desire and support • Growth coalitions are focused on health in the built environment and are working to promote environmental changes to impact the health of our community (i.e. Blue Water concept) • Successful WIC Program • Upcoming redevelopment opportunities such as Bayfront CRA • Supportive local economy for charities • DOH hiring of a new PACE program position to address environmental health initiatives in the community
Economic Diversity				
Social and Behavioral Health	Population and Behavioral Health	Mental Health (existing CHIP subcommittee)	• Solution to Homelessness • Address high suicide rates • Community groups collaboration to address the needs of the elderly population • Address the continued growth of elderly population in the area and upcoming retirement of the baby boomers • Senior services and long-term care	• CHIP sub-committees actively participating in multiple initiatives • Strong collaboration among partners
Access to Care/Transportation	Access to Care/Mobility	Access to Care (existing CHIP subcommittee)	• Public transportation • Address growing low income population with children who have limited access to care. • Address shortage of health care providers for low income, uninsured and underinsured (Medicaid)	• CHIP sub-committees actively participating in multiple initiatives • Strong collaboration among partners • Virginia B. Andes and FQHC are providing services to uninsured and underinsured and will soon provide pharmacy services • Englewood Free Clinic
Family Life/Death, Illness and Injury	Family life & Prevention	Maternal and Child & Chronic Illness Prevention (existing CHIP subcommittees)	• Emphasis in the school district towards physical activity • Institutions of higher education and major Universities in the county • Address low performing school district • Address prescription drugs easily available and unprotected in parents and grandparent's cabinets • Increase prenatal care impacting birth outcomes/infant mortality. • Reduce chronic diseases and associated risk factors	• Movement towards serving healthier meals at schools • CHIP sub-committees actively participating in multiple initiatives • Strong collaboration among partners

End of MAPP

Phases 1 thru 4

Phase 1: Organize for Success ☑

Phase 2: Visioning ☑

Phase 3: The Four MAPP Assessments ☑

Phase 4: Identify Strategic Issues ☑

The last two phases of the MAPP process, Phase 5 & Phase 6, will be completed by the CHIP and its sub-committees utilizing the information in this report.

NEXT STEPS…

Phase 5: Goals and Strategies ☐

Completing phase five answers the following questions:

1. What are the long term results associated with the identified strategic issues?
2. What strategies can the community take to reach the goals?

With this information, the CHIP Plan will be created with goals and strategies. Currently the CHIP has four sub-committees addressing the following initiatives: **Appendix 2** contains data from the sub-committees' initiatives.

- Access to Care
- Chronic Disease prevention
- Maternal and Child Health
- Mental Health

Phase 6: Action Cycle ☐

At the end of phase six the following questions would have been answered:

1. What will be done to realize the community's Vision?
2. Who will do it?
3. How will it be done?
4. How will we know we have made improvements?
5. How can we continually improve?

The Action Cycle links three activities—Planning, Implementation, and Evaluation. Each of these activities builds upon the other in a continuous and interactive manner. While the Action Cycle is the final phase of MAPP, it is by no means the "end" of the process. During this phase, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing priority goals and objectives.

To achieve our vision of a healthy community is a call to action for participation and measure. It will require implementing evidenced-based programs that target at-risk populations and uniting forces with multiple partners to maximize resources. It will require engaging our citizens to be active participants in their own health. Finally, it will be necessary to measure performance to make sure we are making progress toward better population health.

The ultimate goal of the Community Health Assessment (CHA) process is to share and utilize information, thereby influencing strategic planning across the community. The Department of Health in Charlotte County will continue to communicate information learned during this process with county agencies, partners, and the community at large. By Fall of 2015 the CHA will be presented to the CHIP and the Charlotte County community.

Call to Action

Before us lies the challenge to keep mobilizing community members to further the efforts of creating a healthier Charlotte County. We owe it to ourselves and to the future generations to develop a strong and dynamic community strategy that will offer solutions, provide valuable information/data, preserve assets, build healthy environments, and maximize partnerships.

The Community Health Improvement Partnership (CHIP) has taken the lead role implementing "the Plan" which is the result of community health advocates coming together with a common goal:

Working Together to Make Charlotte County a Healthier and Safer Place to Live

CHIP consists of local residents, non-profit organizations, health care professionals, school representatives, and many other community members who work on programs and plans to benefit all residents of Charlotte County. They make recommendations, develop plans, and implement community projects that improve health outcomes and create environments that support healthy living.

Presently four sub-committees lead the following areas:

Access to Care

Chronic Disease Prevention

Maternal and Child Health

Mental Health

Having an updated Community Health Assessment allows the opportunity to identify current strategic health issues that need attention. Implementing an action plan to address such issues require collective unison action and efforts. Get involved!!!

"We will make the path by walking it together."

APPENDIX 1

Community Health Survey 2015

1. What is your zip code?

Response	Chart	Percentage	Count
33946		0.6%	3
33947		2.4%	13
33948		11.0%	59
33950		15.2%	82
33952		19.5%	105
33953		2.6%	14
33954		8.0%	43
33955		3.3%	18
33980		6.3%	34
33981		4.1%	22
33982		4.6%	25
33983		8.0%	43
34224		7.6%	41
None of the above		6.7%	36
		Total Responses	**538**

2. What is your age?

Response	Chart	Percentage	Count
18- 34		16.7%	90
35- 44		14.7%	79
45- 54		20.3%	109
55- 64		24.2%	130
65- 74		15.8%	85
75- 84		5.8%	31
85 +		2.6%	14
		Total Responses	**538**

3. What is your gender?

Response	Chart	Percentage	Count
Female		76.8%	413
Male		22.9%	123
Other:		0.4%	2
		Total Responses	**538**

4. What is the highest grade or year of school you completed?

Response	Chart	Percentage	Count
Never attended school		0.2%	1
5th grade or lower		0.7%	4
11th grade or lower		5.2%	28
12th grade or GED (high school graduate)		25.8%	139
Associate's degree or technical school		22.3%	120
Bachelor's degree		25.7%	138
Master's degree or higher		19.7%	106
Don't know		0.4%	2
		Total Responses	**538**

5. What is your marital status?

Response	Chart	Percentage	Count
Single		17.5%	94
Married		57.8%	311
Divorced		12.3%	66
Widowed		9.9%	53
Separated		1.9%	10
Other:		0.7%	4
		Total Responses	**538**

6. Which one of these groups would you say best represents your race/ethnicity? (Check only one)

Response	Chart	Percentage	Count
American Indian or Alaskan Native		0.9%	5
Asian		1.9%	10
Black or African American		5.4%	29
Hispanic or Latino		8.8%	47
Native Hawaiian or Other Pacific Islander		0.0%	0
White or Caucasian		81.5%	437
Other:		1.5%	8
		Total Responses	**536**

7. Which best describes your employment status?

Response	Chart	Percentage	Count
Employed full-time		51.9%	279
Employed part-time		10.4%	56
Unable to work due to disability		4.5%	24
I am not employed at this time		7.4%	40
Retired		24.0%	129
Other:		1.9%	10
		Total Responses	**538**

8. What is your annual household income?

Response	Chart	Percentage	Count
Less than $12,000		11.9%	64
$12,000-$19,999		8.2%	44
$20,000-$40,999		25.5%	137
$41,000-$64,999		18.4%	99
$65,000-$84,999		13.6%	73
$85,000-$149,999		17.5%	94
$150,000 or above		5.0%	27
		Total Responses	**538**

9. How many people live in your household? (Include yourself)

Response	Chart	Percentage	Count
1		19.1%	103
2- 4		69.9%	376
5- 7		9.5%	51
8 or above		1.5%	8
		Total Responses	**538**

10.What does a Healthy Community mean to you? (Check the top THREE)

Response	Chart	Percentage	Count
Diverse and tolerant people		16.2%	87
Attractive environment		12.3%	66
Access to fresh, affordable food		21.7%	117
Safe roads and side walks		17.7%	95
Social support and programs to improve physical or mental health		13.0%	70
Access to healthcare & other services		26.2%	141
Affordable housing		14.3%	77
Arts and cultural events		5.4%	29
Clean environment		17.1%	92
Community involvement		3.9%	21
Good schools		22.5%	121
Good jobs and healthy economy		33.5%	180
Good transportation options		9.5%	51
Healthy behaviors and lifestyles		19.9%	107
Low crimes/ safe neighborhoods		31.8%	171
Low death and disease rates		3.5%	19
Parks and recreation		6.1%	33
Religious or spiritual values		9.5%	51
Strong family life		8.0%	43
Other:		0.6%	3
		Total Responses	**538**

11.How would you rate your community as a Healthy Community to be living in?

Response	Chart	Percentage	Count
Very healthy		5.3%	27
Healthy		34.4%	175
Somewhat healthy		47.9%	244
Unhealthy		10.4%	53
Very unhealthy		2.0%	10
		Total Responses	**509**

12. What do you believe are the most important health concerns in your community? (Select up to FIVE)

Response	Chart	Percentage	Count
Child abuse/neglect		24.9%	134
Elderly abuse/ neglect		21.4%	115
Chronic diseases (cancer, heart disease, diabetes, etc.)		40.1%	216
Domestic violence		17.3%	93
Lack of access to healthy food		16.9%	91
Drug/ alcohol abuse		44.2%	238
Firearm-related injuries		3.3%	18
Homelessness		47.2%	254
Homicide		0.9%	5
Infectious diseases (Hepatitis, TB, etc.)		4.3%	23
Social isolation		20.1%	108
Lack of access to health care		35.3%	190
Motor vehicle crashes		12.8%	69
Degenerative diseases (Alzheimer's, arthritis, dementia, etc.)		27.1%	146
Poor diet		24.5%	132
Lack of physical activity		31.6%	170
Rape/ sexual assault		2.6%	14
Sexually transmitted diseases (HIV, chlamydia)		4.1%	22
Suicide		5.9%	32
Teenage pregnancy		13.6%	73
Tobacco use		20.1%	108
Other:		2.6%	14
		Total Responses	**538**

13. In your opinion, who do you think needs more community health services and programs? (Select up to TWO)

Response	Chart	Percentage	Count
Children		29.7%	160
The Elderly		33.5%	180
Families		31.2%	168
The Homeless		19.9%	107
Infants		3.0%	16
The Poor		27.7%	149
Teenagers		13.6%	73
Veterans		12.8%	69
Young mothers		7.6%	41
None of the above		2.4%	13
		Total Responses	**538**

14. Would you say that in general your health is:

Response	Chart	Percentage	Count
Excellent		10.0%	50
Very good		32.5%	162
Good		39.2%	195
Fair		13.5%	67
Poor		3.8%	19
Very poor		1.0%	5
		Total Responses	**498**

15. Over the last 12 months, have you had a problem with any of the following? If so, how would you describe the problem?

	Major Problem	Minor Problem	No Problem	Does Not Apply	Total Responses
Your physical health	63 (11.9%)	216 (40.8%)	219 (41.3%)	32 (6.0%)	530
Housing that meets your needs	35 (6.7%)	53 (10.1%)	370 (70.6%)	66 (12.6%)	524
Fall or fear of falling	22 (4.2%)	52 (9.9%)	355 (67.9%)	94 (18.0%)	523
Getting the healthcare that you need	68 (13.0%)	82 (15.7%)	324 (62.1%)	48 (9.2%)	522
Having adequate transportation	53 (10.0%)	55 (10.4%)	359 (68.0%)	61 (11.6%)	528
Feeling lonely, sad or isolated	32 (6.1%)	93 (17.7%)	339 (64.6%)	61 (11.6%)	525
Affording your utilities	45 (8.6%)	78 (15.0%)	344 (66.0%)	54 (10.4%)	521
Nutritional needs	37 (7.1%)	81 (15.5%)	354 (67.7%)	51 (9.8%)	523
Affording the medication you need	53 (10.1%)	87 (16.5%)	323 (61.4%)	63 (12.0%)	526
Having financial problems	77 (14.6%)	147 (27.9%)	254 (48.3%)	48 (9.1%)	526
Being a victim of crime	11 (2.1%)	21 (4.0%)	378 (72.6%)	111 (21.3%)	521
Dealing with legal issues	19 (3.6%)	49 (9.3%)	354 (67.4%)	103 (19.6%)	525
Performing everyday activities such as walking or bathing	15 (2.9%)	39 (7.5%)	395 (75.7%)	73 (14.0%)	522
Loss of balance or strength	19 (3.7%)	74 (14.3%)	352 (68.0%)	73 (14.1%)	518
Having too few activities or feeling bored	48 (9.2%)	94 (17.9%)	325 (62.0%)	57 (10.9%)	524
Providing care for another person	32 (6.1%)	61 (11.7%)	303 (58.0%)	126 (24.1%)	522

16.How would you describe your weight?

Response	Chart	Percentage	Count
Underweight		3.5%	19
Normal		44.4%	239
Overweight		41.3%	222
Obese		9.3%	50
I don't know / I choose not to answer		1.5%	8
		Total Responses	**538**

17.Where do you go for health information? (check all that apply)

Response	Chart	Percentage	Count
Internet		59.3%	319
2-1-1		5.0%	27
Television or newspaper		9.5%	51
Books or magazines		16.0%	86
Friend or family		21.0%	113
Community programs (Schools, Health Department, YMCA, etc.)		13.4%	72
Health professional		76.6%	412
Other:		1.5%	8
		Total Responses	**538**

18.How often do you eat fruits and/or vegetables?

Response	Chart	Percentage	Count
Never		1.1%	6
Once per week		11.5%	62
Once per day		32.3%	174
2- 4 times per day		43.5%	234
5 or more times per day		9.7%	52
I don't know		1.9%	10
		Total Responses	**538**

19.What would you say is the main reason that prevents you from eating healthy foods?

Response	Chart	Percentage	Count
I do eat healthy foods		51.9%	279
I'm not sure what foods are considered healthy		1.7%	9
I usually eat at restaurants that don't offer healthy options		3.0%	16
Healthy food is not available in my neighborhood		3.0%	16
Healthy food is too expensive		25.8%	139
Healthy food does not taste good		3.7%	20
I don't have the time		8.0%	43
Other:		3.0%	16
		Total Responses	**538**

20. If there was a time when you could not provide food for yourself or your family, where did you go?

Response	Chart	Percentage	Count
This question does not apply to me		61.0%	328
Food bank or church		23.2%	125
Family or friend		11.3%	61
Did not eat that day		3.7%	20
Other:		0.7%	4
		Total Responses	**538**

21. In the past 30 days, have you been exposed to cigarette smoke?

Response	Chart	Percentage	Count
Yes		47.0%	253
No		53.0%	285
		Total Responses	**538**

22. In what place(s) were you exposed to cigarette smoke?

Response	Chart	Percentage	Count
Outdoor dining		26.5%	67
Home (yours or someone else's)		36.8%	93
Car (yours or someone else's)		16.6%	42
Park or beach		19.0%	48
In front of a store or restaurant		39.1%	99
Outdoor event		31.6%	80
Bar or Lounge		19.0%	48
Other:		11.1%	28
		Total Responses	**253**

23. On average, how much physical activity do you get each week?

Response	Chart	Percentage	Count
None at all		8.7%	47
30 minutes to 1 hour		28.3%	152
1 hour to 2 hours		26.2%	141
2 1/2 hours or more		36.8%	198
		Total Responses	**538**

24. During the past 30 days, other than at your regular job, did you participate in any physical activities such as running, biking, swimming, golf, gardening, or walking for exercise?

Response	Chart	Percentage	Count
Yes		77.1%	415
No		22.9%	123
		Total Responses	**538**

25. What would you say is the main reason that prevents you from being physically active?

Response	Chart	Percentage	Count
No facilities/parks nearby		2.4%	3
Do not belong to a gym		5.6%	7
No street lights in my neighborhood		2.4%	3
Don't feel safe exercising outdoors		2.4%	3
Too tired		30.6%	38
Too hot		9.7%	12
No sidewalks, trails, or paths		3.2%	4
Don't enjoy physical activity		14.5%	18
I am physically unable		15.3%	19
Other:		13.7%	17
		Total Responses	**124**

26. Please select the top THREE things that would be most helpful for you to have a healthier lifestyle:

Response	Chart	Percentage	Count
Sidewalks that are available and well-maintained		47.8%	257
Access to trails and parks		34.8%	187
Grocers or farmers markets that offer affordable fresh fruits and vegetables		45.9%	247
Healthier menu choices at local restaurants and fast food venues		31.0%	167
Affordable sports or other community programs		31.0%	167
Smoke free environments		19.0%	102
Community or neighborhood gardens		14.9%	80
Free or low cost sports equipment		18.6%	100
Other:		6.3%	34
		Total Responses	**538**

27. Do you have one doctor or clinic you think as of your primary medical care provider?

Response	Chart	Percentage	Count
Yes		87.2%	469
No		12.8%	69
		Total Responses	**538**

28.Where would you normally go if you needed medical care?

Response	Chart	Percentage	Count
A doctor's office		70.6%	380
Walk- in clinic		11.2%	60
Hospital emergency room (ER)		6.9%	37
Community clinic		5.0%	27
Don't know		2.6%	14
Other:		3.7%	20
		Total Responses	**538**

29.If you have ever had to leave the county for health services, where did you go?

Response	Chart	Percentage	Count
Does not apply		50.0%	269
Collier County		0.7%	4
Desoto County		0.9%	5
Hillsborough County		4.8%	26
Lee County		14.3%	77
Manatee County		0.6%	3
Sarasota County		22.7%	122
Other:		5.9%	32
		Total Responses	**538**

30. If you have ever had to leave the county for health services, what type of services did you need? (Check all that apply)

Response	Chart	Percentage	Count
Does not apply		50.4%	271
Dental Care		12.1%	65
Gynecology/OBGYN		11.9%	64
Mental or Behavioral Health		4.6%	25
Pediatrics		8.2%	44
Primary Care/ Family Medicine		9.9%	53
Rehabilitate Services		2.4%	13
Surgery		16.0%	86
Vision or Eye Care		9.9%	53
Other:		8.6%	46
		Total Responses	**538**

31. If you are currently employed, does your current employer offer health insurance?

Response	Chart	Percentage	Count
Does not apply		37.7%	203
Yes		50.7%	273
No		11.5%	62
		Total Responses	**538**

32. If you or any household members are uninsured, what is the main reason for not having health insurance?

Response	Chart	Percentage	Count
Does not apply. I have private insurance, Medicare, or Medicaid.		76.2%	410
Too expensive		17.8%	96
I don't think I need insurance		0.9%	5
Employer doesn't offer insurance		1.7%	9
Waiting for coverage (e.g., less than 90 days on the job)		0.9%	5
Other:		2.4%	13
		Total Responses	**538**

33. Do you know of any place that treats people who are uninsured or cannot afford medical care?

Response	Chart	Percentage	Count
Yes		53.2%	286
No		46.8%	252
		Total Responses	**538**

34. Have you or a member of the household used an Emergency Room (ER) in the past year?

Response	Chart	Percentage	Count
Yes		43.1%	232
No		56.9%	306
		Total Responses	**538**

35. What is the main reason why you or a household member used the ER? (check only one)

Response	Chart	Percentage	Count
I felt my illness was very serious		37.7%	89
I always go to the ER for care		2.5%	6
I do not have a primary care doctor		4.2%	10
I do not have health insurance		4.7%	11
The ER was open at a time convenient for me		6.8%	16
I was told to go by another doctor or nurse		15.7%	37
I was told to go by a family member or friend		1.3%	3
My doctor's office was closed		19.9%	47
The location was easy for me to access		0.4%	1
I do not know where else to go for care		0.4%	1
I needed medication		1.3%	3
Don't know		1.3%	3
Other:		3.8%	9
		Total Responses	**236**

36. In the past 12 months, have you attended a meeting that discussed county, community, or school affairs?

Response	Chart	Percentage	Count
Yes		44.1%	237
No		55.9%	301
		Total Responses	**538**

37. In the past 12 months, have you worked with people in your neighborhood to come together in order to fix or improve something (better lighting, fix sidewalk, etc.)?

Response	Chart	Percentage	Count
Yes		18.8%	101
No		81.2%	437
		Total Responses	**538**

38. How many people within one hour's travel from your home do you feel that you can depend on or feel very close to?

Response	Chart	Percentage	Count
1 person		11.7%	63
2 people		20.4%	110
3 people		11.9%	64
4 or more people		45.9%	247
None		10.0%	54
		Total Responses	**538**

39. How often can you talk about your deepest problems with at least some of your family, friends or church members?

Response	Chart	Percentage	Count
Never		8.0%	43
Rarely		12.8%	69
Some of the time		23.0%	124
Most of the time		29.4%	158
All of the time		26.8%	144
		Total Responses	**538**

40. If you or someone in your household is experiencing anxiety, depression, or other emotional issues, would you know where to get services or treatment?

Response	Chart	Percentage	Count
Yes		72.7%	391
No		27.3%	147
		Total Responses	**538**

41. How would you determine where to go? (select your most likely choice)

Response	Chart	Percentage	Count
Internet Search/Social Media		35.8%	53
Physician		29.7%	44
Family/ Friend		26.4%	39
2-1-1		6.1%	9
Work or School		2.0%	3
		Total Responses	**148**

42. In the past 12 months, have you had trouble completing your day-to-day activities because you felt sad, down, depressed, or anxious?

Response	Chart	Percentage	Count
Yes		21.9%	118
No		73.8%	397
Prefer not to answer		4.3%	23
		Total Responses	**538**

43. Did you seek services or treatment for this problem?

Response	Chart	Percentage	Count
Yes		37.0%	44
No		55.5%	66
Prefer not to answer		7.6%	9
		Total Responses	**119**

44. IF you had to seek mental health treatment, would you feel comfortable if others knew about it?

Response	Chart	Percentage	Count
Yes		41.8%	225
No		58.2%	313
		Total Responses	**538**

45. Does anyone in your household have a mental or emotional health problem?

Response	Chart	Percentage	Count
Yes		28.8%	155
No		61.3%	330
Don't Know		6.5%	35
Prefer not to answer		3.3%	18
		Total Responses	**538**

46. Does anyone in your household have an alcohol or drug use problem?

Response	Chart	Percentage	Count
Yes, someone has an alcohol problem		6.1%	33
Yes, someone has a drug use problem		2.0%	11
Yes, someone has both an alcohol and drug use problem		3.9%	21
Someone may have a problem but I'm not sure		4.6%	25
No, no one does		80.1%	431
Prefer not to anwer		3.2%	17
		Total Responses	**538**

47. Was there a time in the past 12 months when someone in your household went to the hospital due to a mental health or emotional issue?

Response	Chart	Percentage	Count
Yes		5.2%	28
No		92.6%	498
Prefer not to anwer		2.2%	12
		Total Responses	**538**

48. Would you know what to do if you or someone you know had suicidal thoughts?

Response	Chart	Percentage	Count
Yes		70.8%	381
No		29.2%	157
		Total Responses	**538**

49. Has stress caused you any kind of health problem in the past 12 months?

Response	Chart	Percentage	Count
Yes		37.5%	202
No		53.5%	288
Don't know		8.9%	48
		Total Responses	**538**

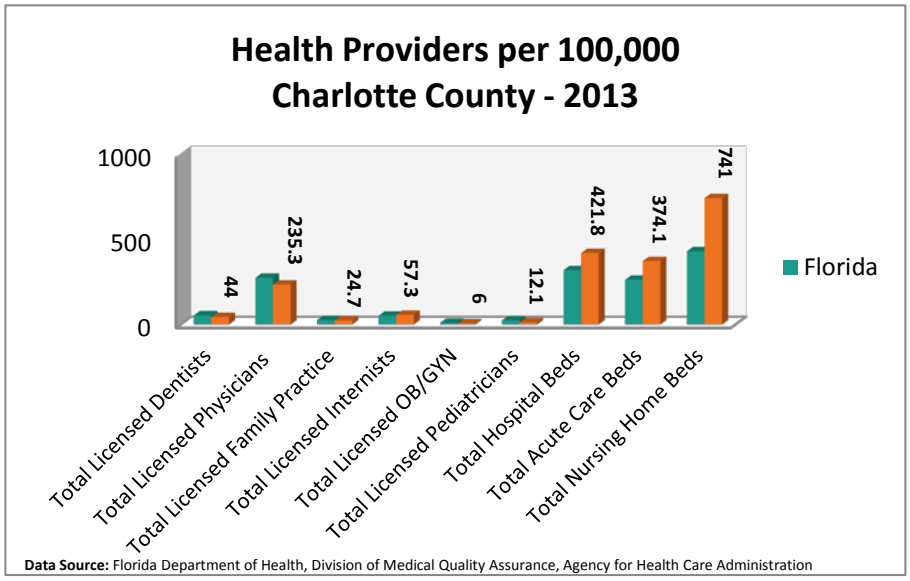
50. What is the main way you keep in touch with the rest of the world? (Select up to TWO)

Response	Chart	Percentage	Count
Telephone		50.4%	271
Social Media (Facebook, Twitter, etc.)		45.4%	244
Face-to-face visits		33.8%	182
Television or newspapers		26.4%	142
Texting		27.1%	146
Magazines or books		2.8%	15
None of the above		1.3%	7
		Total Responses	**538**

APPENDIX 2

CHIP Sub-committees Initiatives Data

Access to Care Data



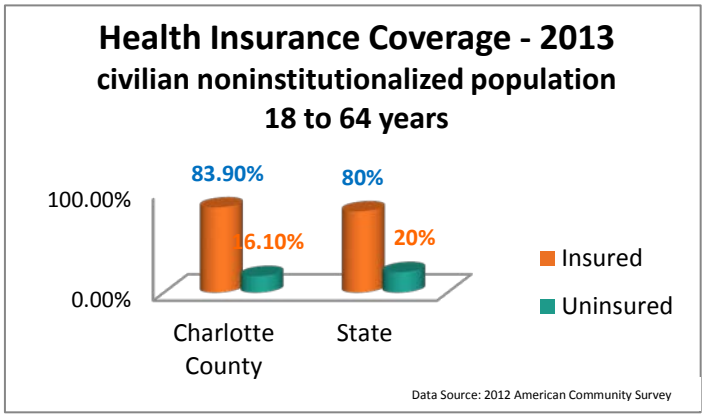
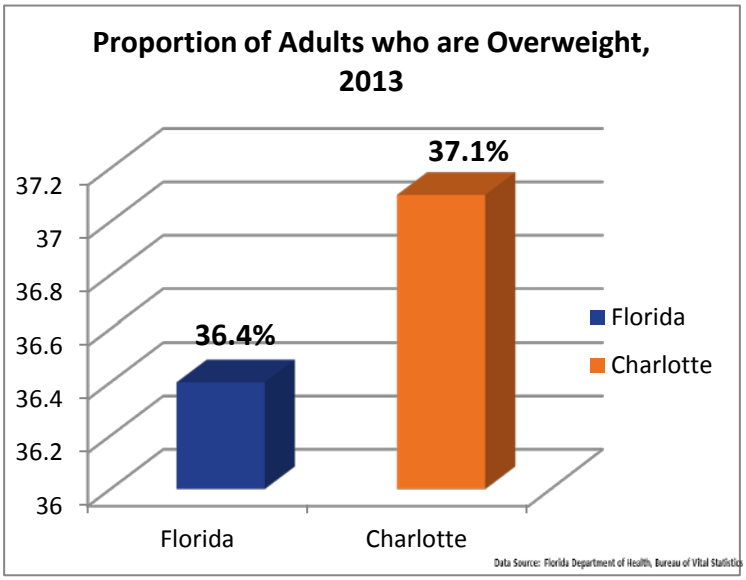
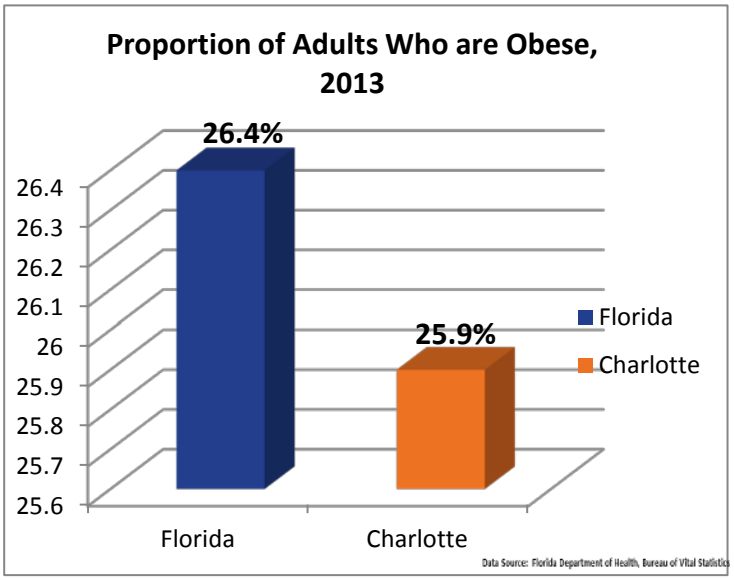
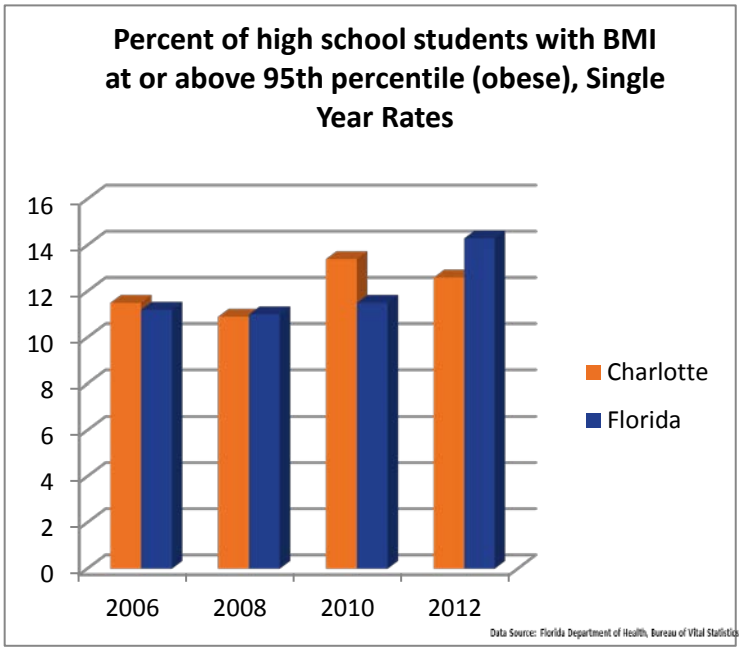


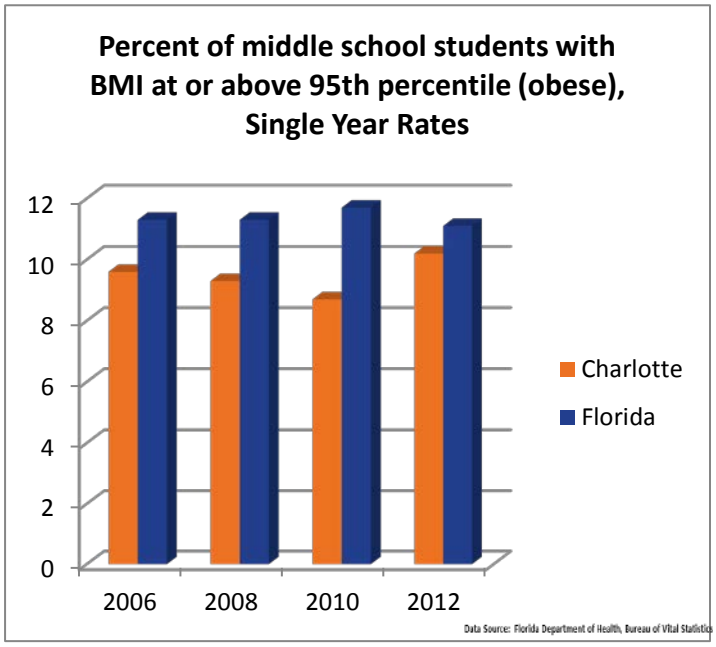
Table 3: Uninsured Population in Charlotte County by Age Group		
Age Group	Percent Population	Percent Uninsured
Under 18 years	14.20%	15.9%
Under 6 years	4.20%	3.50%
6 to 17 years	10.00%	12.30%
18 to 64 years	50.50%	82.70%
18 to 24 years	5.60%	11.90%
25 to 34 years	6.60%	16.30%
35 to 44 years	8.40%	17.50%
45 to 54 years	12.80%	20.40%
55 to 64 years	17.10%	16.60%
65 years and older	35.30%	1.40%
65 to 74 years	18.90%	1.20%
75 years and older	16.40%	0.20%

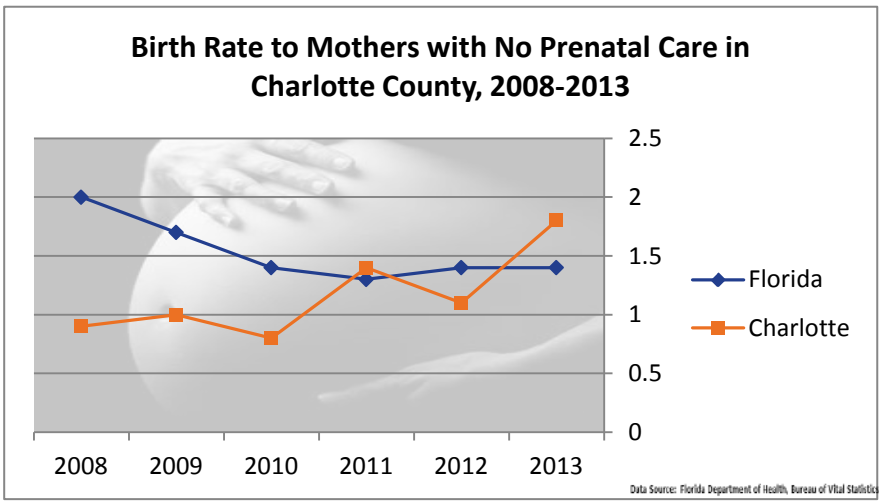
Data Source: 2012 American Community Survey

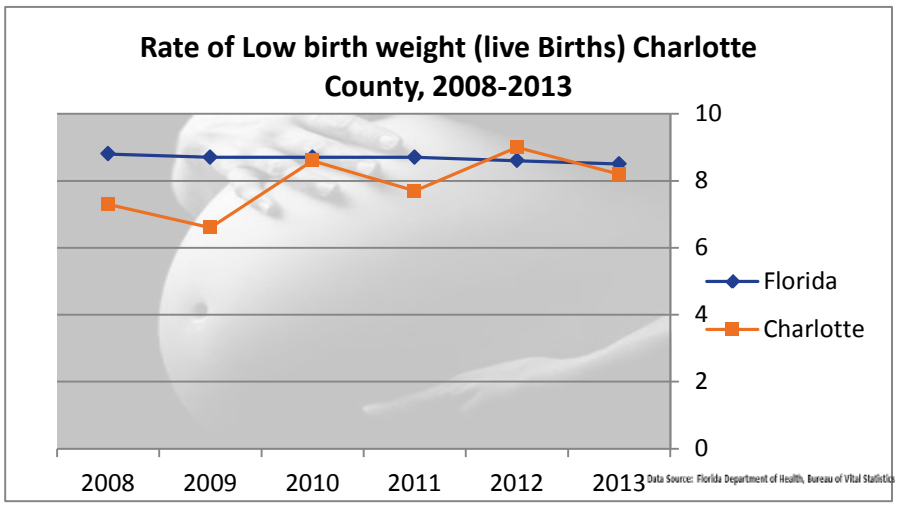

Proportion of Adults who are Overweight, 2013
37.2
37
36.8
36.6
36.4
36.2
36
36.4%
37.1%
Florida
Charlotte
Florida
Charlotte
Data Source: Florida Department of Health, Bureau of Vital Statistics

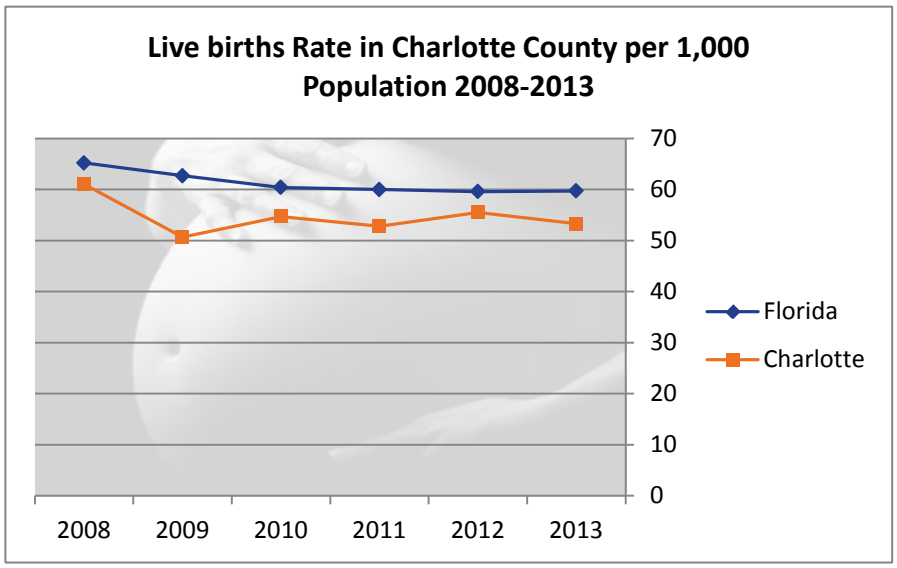

Proportion of Adults Who are Obese, 2013
26.4
26.3
26.2
26.1
26
25.9
25.8
25.7
25.6
26.4%
25.9%
Florida
Charlotte
Florida
Charlotte
Data Source: Florida Department of Health, Bureau of Vital Statistics


Percent of high school students with BMI at or above 95th percentile (obese), Single Year Rates
16
14
12
10
8
6
4
2
0
2006
2008
2010
2012
Charlotte
Florida
Data Source: Florida Department of Health, Bureau of Vital Statistics

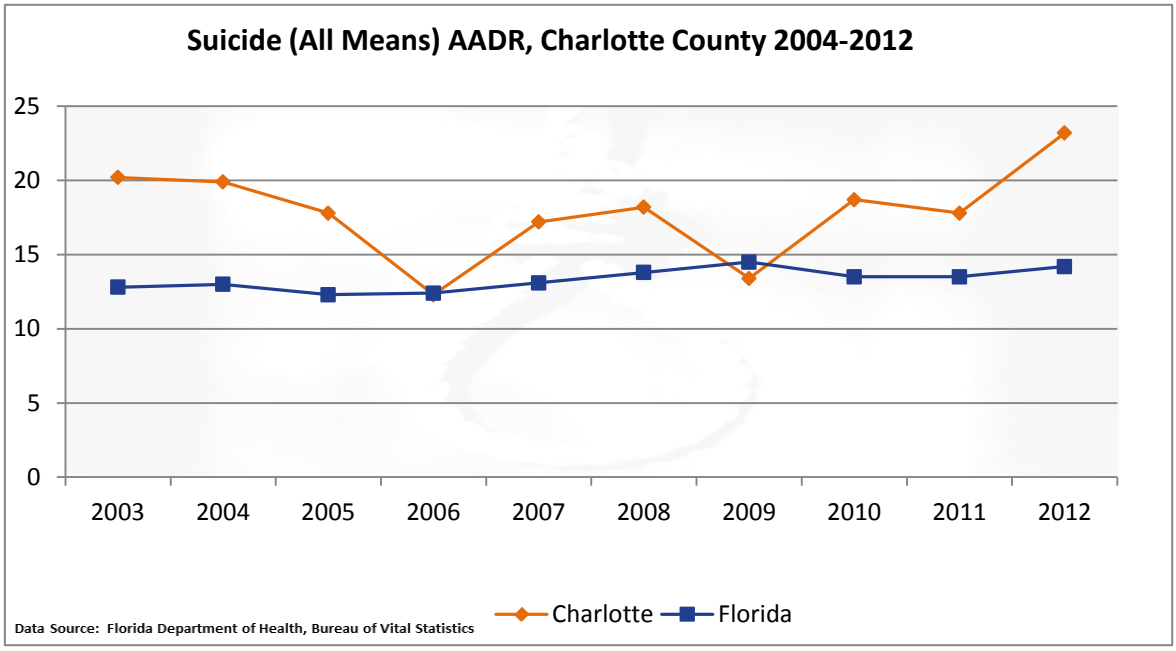

Percent of middle school students with BMI at or above 95th percentile (obese), Single Year Rates
12
10
8
6
4
2
0
2006
2008
2010
2012
Charlotte
Florida
Data Source: Florida Department of Health, Bureau of Vital Statistics

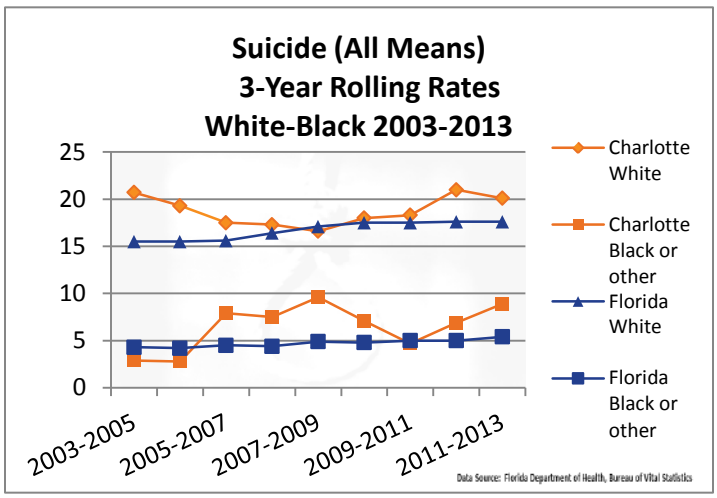


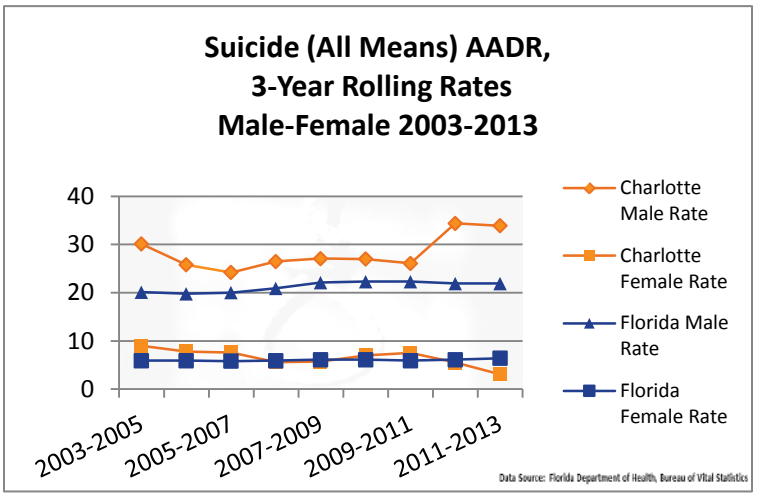


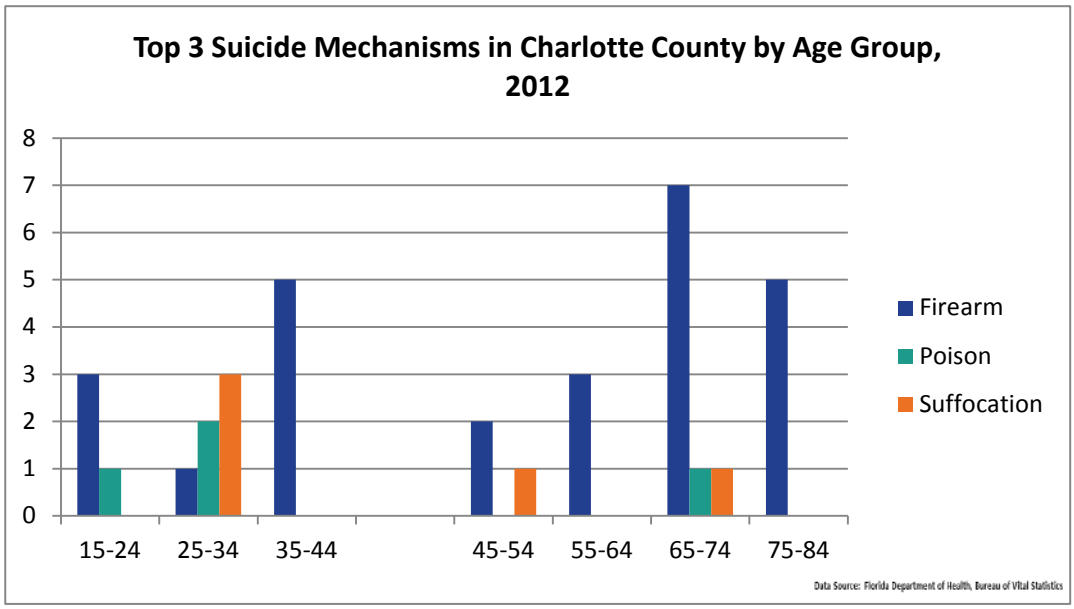


Data Source: Florida Department of Health, Bureau of Vital Statistics


Suicide (All Means) AADR, Charlotte County 2004-2012
25
20
15
10
5
0
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
Charlotte
Florida
Data Source: Florida Department of Health, Bureau of Vital Statistics


Suicide (All Means)
3-Year Rolling Rates
White-Black 2003-2013
25
20
15
10
5
0
2003-2005
2005-2007
2007-2009
2009-2011
2011-2013
Charlotte White
Charlotte Black or other
Florida White
Florida Black or other
Data Source: Florida Department of Health, Bureau of Vital Statistics


Suicide (All Means) AADR,
3-Year Rolling Rates
Male-Female 2003-2013
40
30
20
10
0
2003-2005
2005-2007
2007-2009
2009-2011
2011-2013
Charlotte Male Rate
Charlotte Female Rate
Florida Male Rate
Florida Female Rate
Data Source: Florida Department of Health, Bureau of Vital Statistics


Top 3 Suicide Mechanisms in Charlotte County by Age Group, 2012
8
7
6
5
4
3
2
1
0
15-24
25-34
35-44
45-54
55-64
65-74
75-84
Firearm
Poison
Suffocation
Data Source: Florida Department of Health, Bureau of Vital Statistics