





Florida Department of Health in Charlotte County  
1100 Loveland Boulevard  
Port Charlotte, Florida 33980  
<http://charlotte.floridahealth.gov>

February 2017

## Our Mission

To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

## Our Vision

To be the Healthiest State in the Nation

## Our Values

**I**nnovation: We search for creative solutions and manage resources wisely.

**C**ollaboration: We use teamwork to achieve common goals & solve problems.

**A**ccountability: We perform with integrity & respect.

**R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.

**E**xcellence: We promote quality outcomes through learning & continuous performance improvement.

### 10 Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

# Table of Contents

- Health Officer’s Message ..... 5
- 2016-2018 Strategic Plan ..... 6
- Quality Improvement ..... 8
- Administrative Services ..... 9
- Clinical and Community Health ..... 11
- Disease Control Prevention and Preparedness ..... 16
- Environmental Health ..... 23
- Community Health Improvement Partnership..... 25
- Together Charlotte ..... 29

# Health Officer's Message

I am honored to be writing this letter to you as your new Florida Department of Health in Charlotte County Health Officer. In just a few short months I have come to realize what you most likely already know about your local Department of Health, that we are highly aware of, and receptive to, the needs of the county. From opening a dental clinic, to obesity reduction education in the public schools, our programs and special projects are all in response to the needs of Charlotte County.



As you read through our annual report, you will see the unique function we have in ensuring the health of the community. The Department of Health works collaboratively with schools, businesses, non-profit organizations, and individuals to promote health and control disease. Many of these functions are done behind the scenes, and our true success is the absence of disease.

We are a performance- and results-based organization. As a newly accredited public health department, focused on quality improvement, increasing efficiency and showing results played a large role in our culture of continual improvement in 2016. This report touches briefly on some of the many quality improvement projects that were implemented to ensure the best outputs from the agency.

It is a great privilege to have joined this great team, but also this amazing community. The efforts of the Department of Health are not done in a vacuum. Nothing we do could be successful without the collaboration and partnerships established throughout Charlotte County. This report notes the efforts of Healthy Charlotte County, the Community Health Improvement Partnership, as well as the newly formed Together Charlotte, which is focused on creating a Health and Human Services Masterplan to better align health and human service resources to the betterment of the community.

A handwritten signature in black ink, reading "Frank Louis Lepore". The signature is fluid and cursive.

Dr. Frank Louis Lepore, DPM, MBA, FACHE  
Health Officer

# 2016 - 2018 Strategic Plan

The Florida Department of Health in Charlotte County (DOH-Charlotte) initiated a new strategic planning process beginning in August, 2015. The process involved numerous internal partners including senior leadership, program managers, supervisors, front line staff, and a dedicated Strategic Planning Committee. External partners were also engaged in the planning process through multiple channels.

The process resulted in the identification of five priority issue areas. These strategic priorities represent the synthesis and integration of information, data, opinions, perceptions, and issues that were examined by the DOH-Charlotte leadership team. These priorities guided development of goals, objectives, and measures, and will help to shape decisions about resources and actions over the next several years.

## Priority Issue 1: Healthy Moms and Babies

Goal: Improve the community's health through integrated, evidence-based prevention, protection, and promotion initiatives

Strategies:

1. To maintain the percent of 2 year old fully immunized
2. To increase the percent of WIC infants ever breastfed
3. To increase the number of pregnant women receiving a flu vaccine
4. To maintain or increase the percentage of teen family planning clients who adopt an effective or higher method of birth control
5. To sustain the Growing Strong Families program\*

## Priority Issue 2: Long, Healthy Life

Goal: Promote healthy lifestyles, reduce chronic disease risk, and improve quality of life

Strategies:

1. To increase knowledge and change behavior of elementary school children in the areas of nutrition and physical activity
2. To reduce HPV-related cancers
3. To reduce fall related injuries
4. To sustain dental services\*
5. To sustain the 5210 program\*
6. To sustain the injury prevention program\*

# 2016-2018 Strategic Plan

## Priority Issue 3: Readiness for Emerging Health Threats

Goal: Prevent the spread of communicable diseases and demonstrate readiness to protect the public from emergency disasters and health threats

Strategies:

1. To maximize readiness for emerging disease threats
2. To maximize readiness for emerging natural or manmade disasters
3. To maximize protection from environmental health hazards

## Priority Issue 4: Effective Agency Processes

Goal: Achieve operational efficiencies through sound Financial, Process Improvement and Business Practices.

Strategies:

1. To ensure a balanced operational budget
2. To maintain standards for information security and privacy
3. To improve processes
4. To meet and exceed customer satisfaction

## Priority Issue 5: Workforce Development

Goal: Foster a healthy work environment to ensure a highly competent, knowledgeable workforce with opportunities for professional growth and development.

Strategies:

1. To build “bench strength” by cross training staff members
2. To foster a communications driven environment
3. To ensure recognition of employee achievements by department
4. To sustain FY 2016/2017 staffing levels\*

Items marked with \* are strategies that were added to the original version of the plan to be implemented for FY 2017-2018.

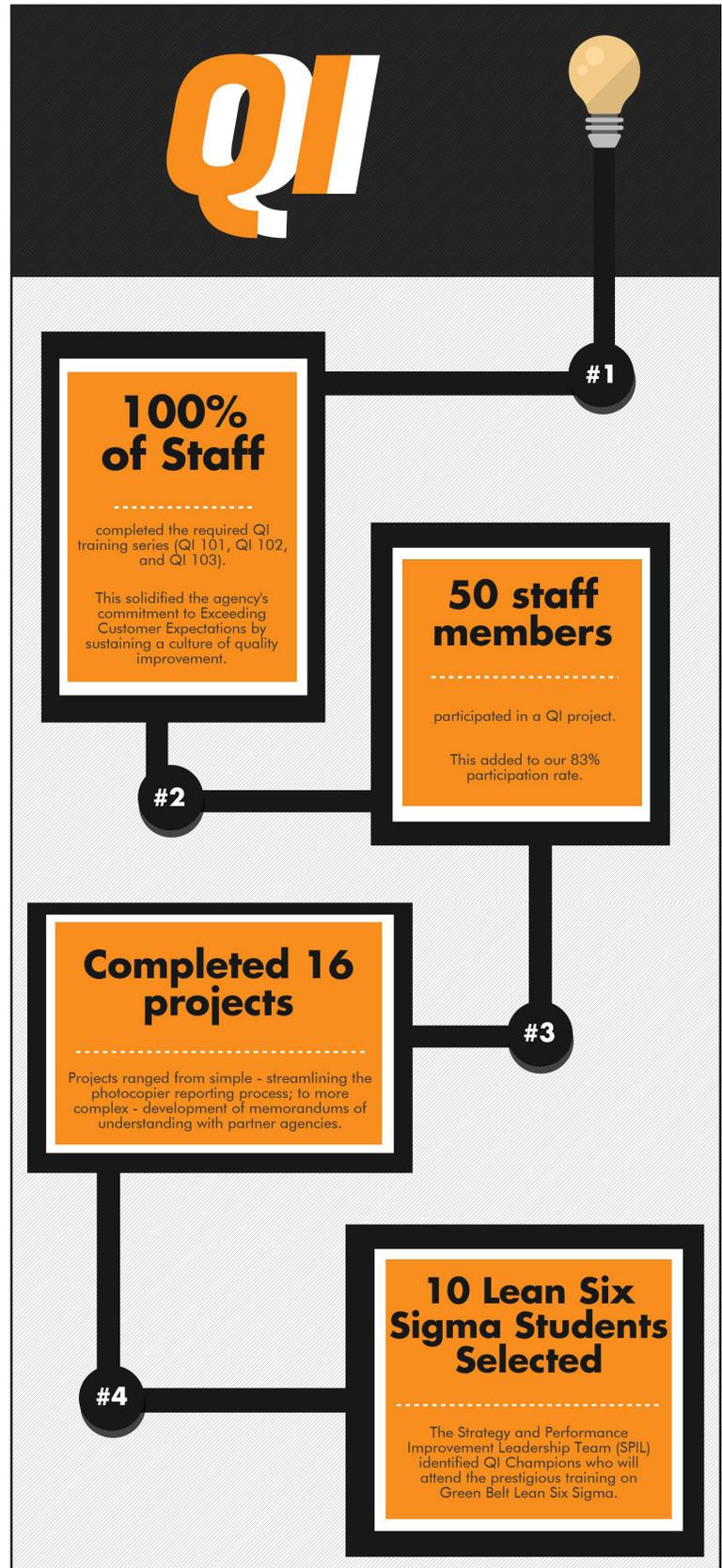
# Quality Improvement

Quality Improvement (QI) in public health is the use of a deliberate and defined improvement process like Plan-Do-Study-Act (or PDSA), which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

DOH-Charlotte places strong emphasis on its culture of quality improvement. A culture of quality improvement does not just happen; it is cultivated over time. During 2016, the Office of Performance and Quality Improvement worked to ensure that staff had a full grasp of QI and its importance at DOH-Charlotte. Notably, 100% of DOH-Charlotte staff completed the required QI training series, 50 staff members participated in a QI project, of which 16 were completed.

The Strategy and Performance Improvement Leadership Team (SPIL) identified 10 staff members as QI Champions, and selected those individuals to attend the prestigious training on Green Belt Lean Six Sigma in 2017. The Lean Six Sigma Green Belt training is an integral part in educating the staff on key elements of process improvement. Upon completion of the Six Sigma training, these new Green Belts will help to foster a continued culture of quality at DOH-Charlotte.

Employing QI methodologies, such as PDSA and Six Sigma, will facilitate process improvement, as well as efficient delivery of services to our customers, resulting in high levels of customer satisfaction.



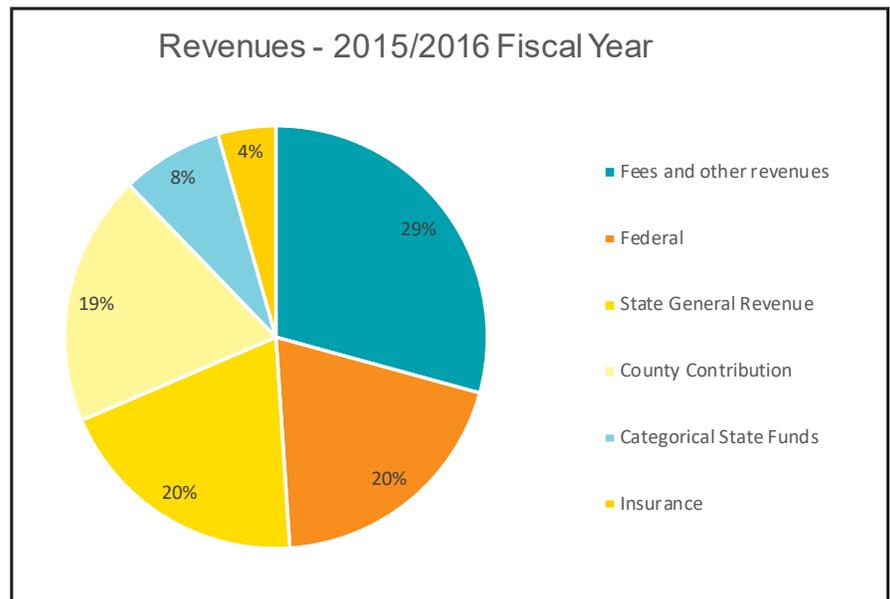
# Administrative Services

## Fiscal

### Revenues

The annual budget for DOH-Charlotte for fiscal year 2015/2016 totaled \$4,322,200. Funding to cover these expenditures is comprised of multiple revenue streams that include:

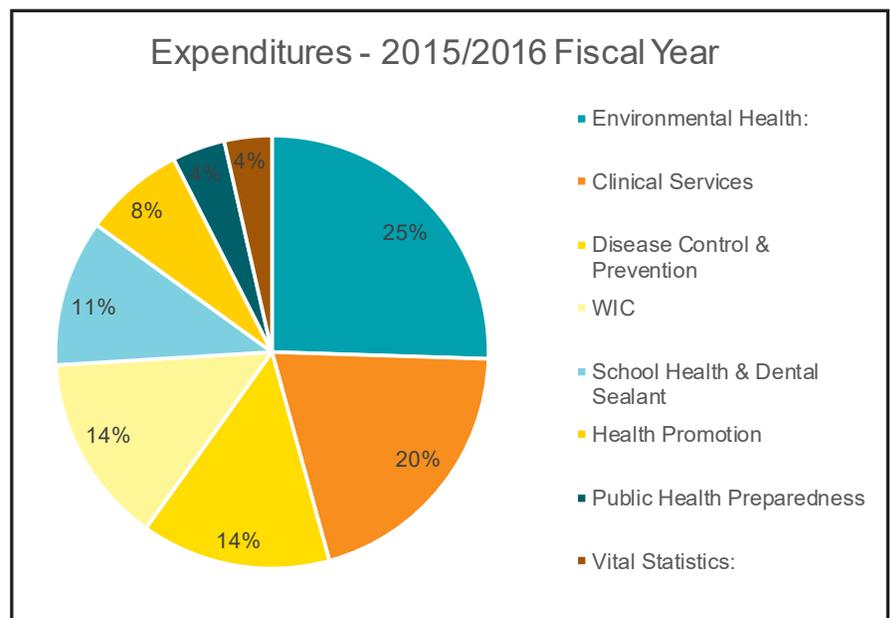
- Federal
- State General Revenue
- Categorical State funds
- County
- Fees and other revenues
- Insurance (Medicaid, Medicare, and third-party insurance)



### Expenditures

Expenditures for the fiscal year are summarized in the chart to the right for the programs that were eligible for funding. Nearly half of all expenditures were for environmental health and clinical services. While these programs create a substantial expense for DOH-Charlotte, they also bring in revenue to offset these expenses.

The operating budget supported 55 full time staff and 15 part time staff.



# Administrative Services

## *Front Office Operations*



The front office staff serves as the face of the agency and support all DOH-Charlotte programs. In addition to scheduling and processing nearly 6,000 client appointments over the course of the year, the front office staff process medical records requests, complete financial eligibility determinations, assist in the completion of applications for temporary Medicaid assistance for pregnant women (PEPW), and provide customer service to all clients and community partners.

The front office provided the following services in 2016:

- Scheduled and processed 5,892 total appointments
- Processed 238 medical records requests
- Completed 1,178 financial eligibility determinations
- Processed 161 PEPW applications
- Processed 70 family planning waiver applications

The vital statistics office issues birth and death certificates for the State of Florida and processes prenatal and postnatal Healthy Start screenings, used for determining eligibility for relevant services.

In 2016, the vital statistics office:

- Issued 2,910 birth certificates
- Issued 18,262 death certificates
- Processed 1,345 Healthy Start prenatal screenings
- Processed 1,037 Healthy Start postnatal screenings

## *Management Information Systems (MIS)*

Management Information Systems (MIS) improves productivity through technology by making information easy to access and use. In 2016, the MIS department integrated additional Cloud Based technologies to promote collaboration and improve access to Public Health Information.

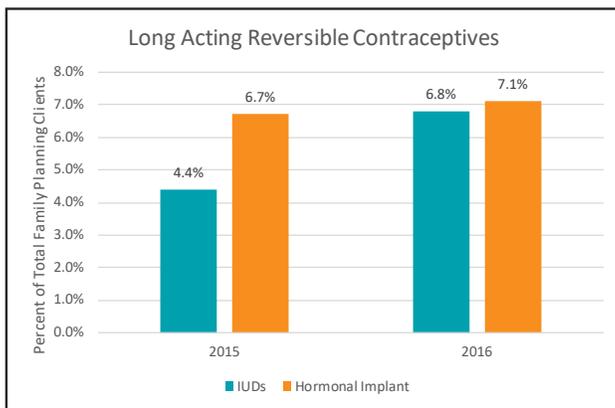
MIS staff continually offers technical training to the agency in order to improve efficiency in the use of resources. All DOH-Charlotte staff received training from the MIS department on the Microsoft Windows 10 operating system, Office 365, and SharePoint. These trainings coincided with computer upgrades throughout the agency.



# Clinical and Community Health

## Family Planning

The Family Planning program at DOH-Charlotte provides individuals with information related to their choices of family planning methods in order to assist in spacing of children. The program offers counseling, education, promotion of vaccines, screenings, referrals, and access to long-acting reversible contraceptives (LARC), and other effective methods of birth control. There are also limited funds to support irreversible birth control methods such as male (vasectomy) and female (tubal ligation) surgical sterilizations through contractual relationships with community partners.



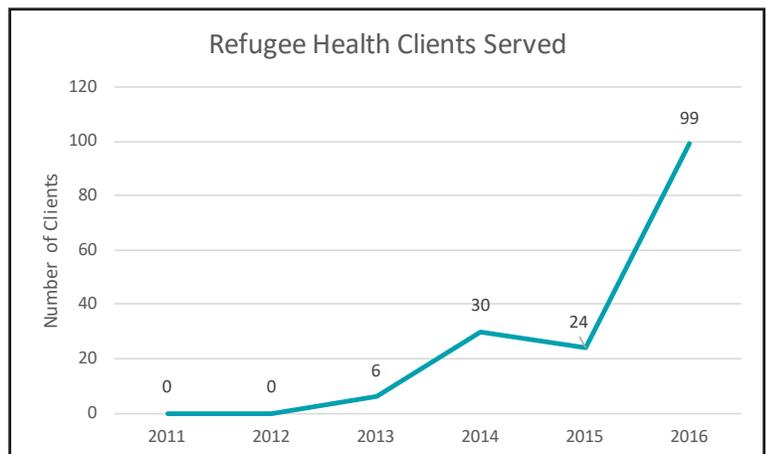
In 2016, 750 clients were served by the Family Planning program, for a total of 1,344 visits. LARCs were provided to 104 clients: 51 IUDs and 53 hormonal implants. The percent of total clients receiving both types of contraceptives increased from 2015.

Family Planning staff work closely with the front desk staff in ensuring that uninsured women who test positive for pregnancy are offered an application for PEPW (presumptive eligibility for pregnant women, also known as temporary Medicaid for pregnant women). Additionally,

staff follow up with these women one week after their initial positive test to ensure that they have been able to access prenatal care.

## Refugee Health

The Refugee Health program offers eligible newly arriving refugees the opportunity to receive a health assessment as part of the resettlement process within the first 90 days of entrance in the United States. This health assessment is more thorough than assessments conducted before entering the country, and includes immunizations and health education in addition to a variety of health screenings. If any health problems are found during the assessment, clients are informed how to get appropriate medical attention.



The program has grown substantially in recent years, due in part to improved relationships with community partners as well as the unique skillset offered by DOH-Charlotte's multilingual staff. In 2016 in particular, a large number of clients were Eastern European and Cuban.

# Clinical and Community Health

## *School Health*

The School Health program coordinates and performs routine state-mandated screenings for public and private school students in Kindergarten, 1st, 3rd, and 6th grades. These screenings evaluate physical development and include checks of height, weight, Body Mass Index, vision, hearing, and a scoliosis screening for 6th grade students.

In addition to these health screenings, the School Health program offered flu vaccinations for students at six elementary schools with a total of 467 vaccinations provided.

School Health Screenings Completed School Year 2016-2017 (as of December 31, 2016)	
Vision	3,858
Hearing	2,772
BMI	2,923
Scoliosis	922

The program partnered with Charlotte Technical College to provide clinical training to LPN students, teaching them skills related to vaccine administration along with entering this information into Florida Shots.

The School Health program holds Tdap (tetanus, diphtheria, and pertussis combination vaccine) vaccination clinics annually at area middle schools to ensure that 7th grade students who were out of compliance were not excluded from returning to school. Thirty students received Tdap vaccinations at these clinics.

### **iChoose - Sexual Risk Avoidance**

The iChoose program is an abstinence-based program that serves middle and high school students. Health educators teach abstinence as the building block to risk avoidance from not only sexually transmitted diseases and teen pregnancies, but also drugs and alcohol. The program helps students develop healthier long-term relationships.

The program was first brought to DOH-Charlotte in the fall of 2015, and was able to reach 600 students over the 2015-2016 school year at Port Charlotte Middle School, Punta Gorda Middle School, and Charlotte Technical College. During the 2016-2017 school year, the program has expanded to include all of the local public high schools and the Boys and Girls Club.

One unique feature of iChoose is the parent prep component. Since its inception, the program has reached eighty parents in Charlotte County. The presentation provides parents with insight into what today's youth are dealing with related to sexual risks.



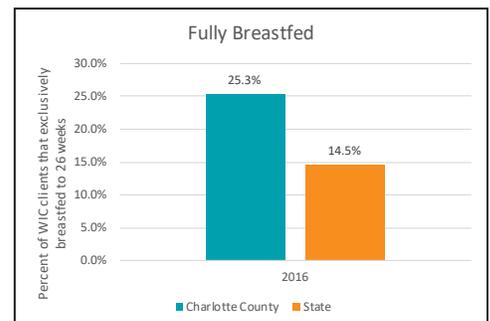
# Clinical and Community Health

## WIC (*Women, Infants, and Children*)

The Special Supplement Nutrition Program for Women, Infants, and Children (WIC) is a federally-funded program that serves low- to moderate-income women who are pregnant, breastfeeding, or postpartum; infants; and children under 5 years of age.

WIC worked on multiple quality improvement initiatives to increase breastfeeding rates using the PDSA method. Through one initiative, the WIC program obtained a Memorandum of Agreement with Bayfront Health Port Charlotte to allow WIC peer counselors to meet with new WIC mothers to encourage and support breastfeeding their newborn children. Another initiative involved retraining health support specialists to question and reinforce the breastfeeding message to all clients.

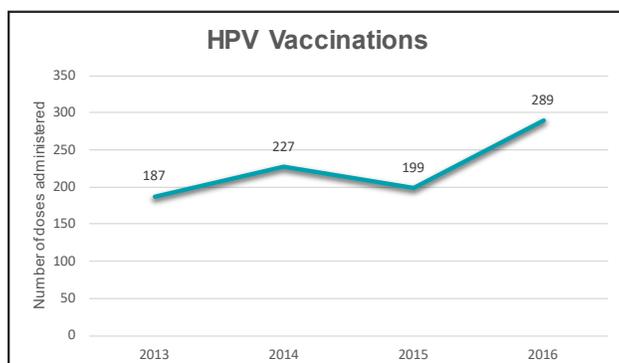
Improvements were made in breastfeeding rates. DOH-Charlotte WIC clients had a rate in 2015 of 78.9% that had ever breastfed (compared to the State rate of 78.8%). In 2016, that rate increased to 80.4% of WIC clients that initiated breastfeeding, which mirrored the State rate for the same year. Even more impressive are the percent of WIC clients who exclusively breastfed their babies for the first 26 weeks (fully breastfed). DOH-Charlotte WIC clients surpassed the State rate in 2016 (Charlotte 25.3% vs. State 14.5%).



Improved breastfeeding rates benefits the children in a number of ways, including reducing the risk of being overweight and/or obese. In WIC clients between the ages of 2 and 5, obesity rates were noticeably lower than the State average in 2016 (Charlotte 10.0% vs. State 12.3%).

## Immunizations

Immunization is a vital public health tool and one of the most cost-effective means of public health promotion and disease prevention. Vaccines prevent disease, disability, and death in children and adults. Over 2016, 4,076 doses of vaccinations were administered by DOH-Charlotte staff.



Of the vaccinations administered in 2016, 289 doses were for the HPV vaccine, which protects against cancers caused by the human papillomavirus (HPV). DOH-Charlotte staff utilized the PDSA quality improvement method to promote this valuable vaccination in 2016. This initiative resulted in a 45% increase in doses administered from the previous calendar year. The promotion of the HPV vaccine aligns with DOH-Charlotte's strategic goals, specifically Priority Issue #2: Long, Healthy Life, whose second strategy is to reduce HPV-related cancers.

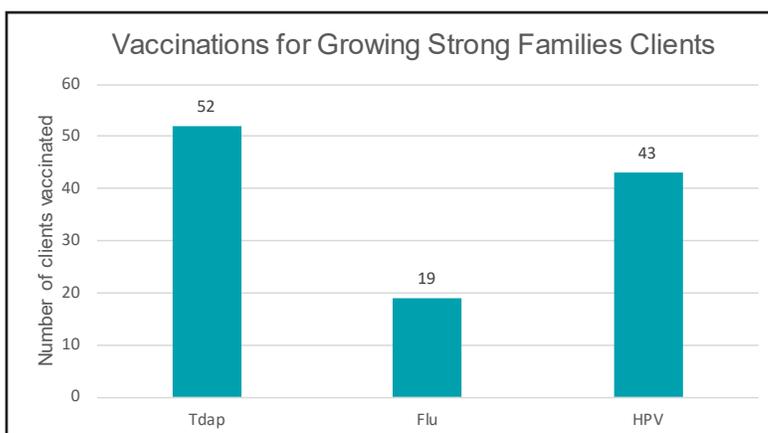
# Clinical and Community Health

## *Growing Strong Families*

The goal of Growing Strong Families (GSF) is to promote optimal physical, cognitive, communicative and psychosocial development in high risk pregnant women and their children through a system of effective prevention and early intervention services. The program aligns with DOH-Charlotte's strategic goals, specifically Priority Issue #1: Healthy Moms and Babies, and puts heavy emphasis on the social determinants of health.

GSF provides services to women and their families in the prenatal period and to families with children from birth until the child's transition to school. A total of 78 clients were served in their homes with a total of 463 visits. The program boasts the following accomplishments for 2016:

- 6 clients diverted from avoidable Emergency Department visit
- 6 clients prevented from becoming homeless
- 72 instances of childhood delays that were averted
- 8 clients assisted with obtaining employment
- 5 clients assisted with advancing their education
- 58.3% of clients received some form of birth control
- 100% of clients who entered GSF while pregnant initiated breastfeeding
- 61% of clients exclusively breastfed
- 60% of smoking clients reduced from one pack/day to 5 or fewer cigarettes/day
- 20% reduced from greater than one pack/day to less than one pack per day or quit smoking entirely



Clients in the program are encouraged to obtain recommended vaccinations. In 2016, 66% of Growing Strong Families clients received the Tetanus/Diphtheria/Petrussis (Tdap) vaccine, 55% received the HPV vaccine, and 24% received a flu vaccination.

The program also boasts a strong partnership with the WIC program, which has been a source of many client referrals.

# Clinical and Community Health

## *Dental and Dental Sealant*

The school-based dental sealant program served 2,590 Charlotte County Public School students in 2016, providing over 13,000 services. Sealants are a preventive measure to decrease the risk of decay specifically in molars, which is where eighty percent of cavities start. The sealant provides a barrier to keep the grooves protected.

In the spirit of quality improvement, staff improved efficiency in the sealant program by changing the delivery system used in applying the sealants. This change decreased the application time from 15 minutes to 10 minutes, thereby reducing out of class time for students.

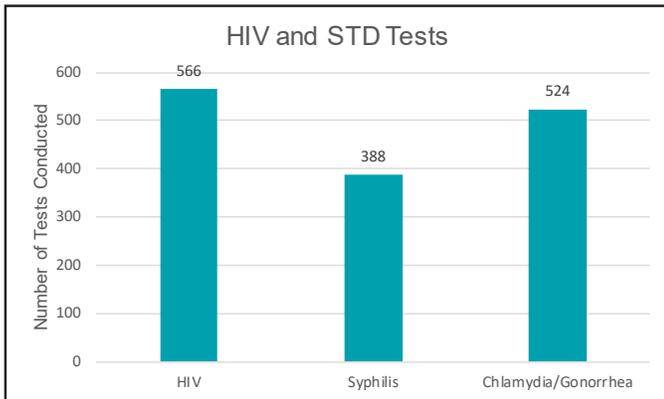
Dental Client Visits and Services Summary			
	# of Clients	# of Visits	# of Services
School-Based Dental Sealant Program	2,590	2,890	13,030
Dental Clinic	602	1,091	4,703

The dental clinic was opened in June, 2016 to offer dental services to Charlotte County residents. In just six months of operation, the clinic saw 602 clients and offered a total of 4,703 dental services. The DOH-Charlotte dental clinic has proven to be so valuable in the community, that leadership added sustainment of dental services in the 2016-2018 Strategic Plan for Priority Issue #2, Long, Healthy Life.



# Disease Control Prevention, Preparedness and Health Promotion

## *HIV and Sexually Transmitted Diseases*



DOH-Charlotte regularly conducts screenings for HIV and other sexually transmitted diseases (STDs) at multiple locations in the community. When a positive STD test is identified, staff provide treatment for the client. In 2016, 4 early syphilis cases were identified through testing, as well as 5 latent syphilis cases.

HIV testing identified 6 positives. All six cases began anti-retroviral therapy (ART) and were educated, interviewed, and linked to care and partner referral services.

Staff conducted outreach and screening events throughout the county in connection with Hepatitis Testing Day, National HIV Testing Day, National HIV/AIDS & Aging Awareness Day, and World AIDS Day. These outreach events provide opportunities for staff to educate members of the community and raise awareness about these diseases.

A total of 41,000 condoms were distributed for free to over 50 locations in the county, including community-based organizations and businesses to help reduce the spread of HIV and STDs.



Staff also promoted the use of female condoms on Global Female Condom Day, September 16, 2016.

In addition to working directly with clients, DOH-Charlotte staff coordinate and provide educational opportunities for clinicians in the region. In 2016, trainings were provided for Charlotte Surgery Center nurses (HIV, Hepatitis, and STDs), Charlotte Behavioral Health Care nurses and case managers (HIV, Hepatitis, and STDs), as well as an HIV/AIDS 501 Class.

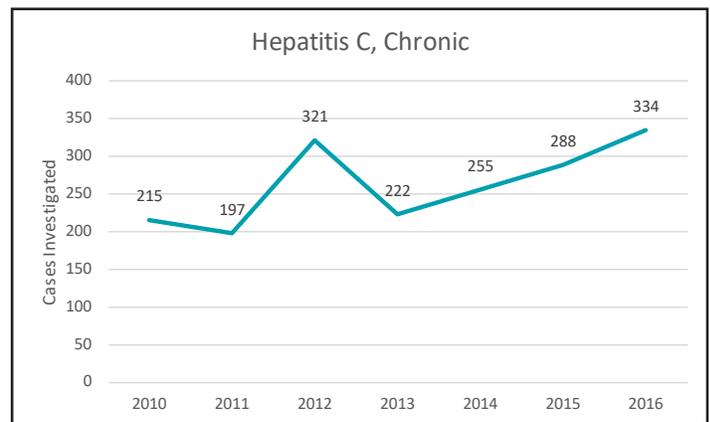
In February, 2016, Disease Intervention Specialist (DIS) Cheryl Adams was selected as one of the two Statewide Sexually Transmitted Infection DIS Trainers. This allowed DOH-Charlotte to host the Passport for Partner Services (STD Disease Intervention Specialist) training twice annually, which was taught by Adams.

# Disease Control Prevention, Preparedness and Health Promotion

## *Epidemiology*

Epidemiology is the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems. DOH-Charlotte uses various methods to carry out epidemiological investigations: monitoring and surveillance, descriptive studies to study distribution; and analytical studies are used to study determinants.

In 2016, DOH-Charlotte investigated over 500 confirmed, probable, and suspect cases of multiple diseases. Sixty-nine percent of all cases investigated were for Hepatitis. Of these, the vast majority were cases of chronic Hepatitis C, a long-term, contagious liver disease which is spread primarily through contact with the blood of an infected person, often through sharing needles or other equipment to inject drugs. Hepatitis C virus infection can last a lifetime and lead to serious liver problems.



Cases Investigated	
Enteric Diseases	125
Vaccine Preventable Diseases	8
Lead Poisoning	7
Carbon Monoxide Poisoning	4
Zika Virus Disease	2
Other Infectious Diseases	24

Other cases investigated included enteric diseases, vaccine preventable diseases (such as chicken pox and whooping cough), lead poisoning, carbon monoxide poisoning, and other infectious diseases.

Prevention efforts included educating assisted living facilities and skilled nursing facilities in the community on how to prevent the flu, how to control outbreaks, as well as reporting guidelines for when

outbreaks occur. Staff also provided infection control education to nurses and child care providers that included prevention and mitigation strategies for the vulnerable populations they serve.

Staff investigated 26 food-borne illness complaints that were reported by private citizens who became ill after eating at a local restaurant. These investigations are coordinated with the Environmental Health department and the Department of Business and Professional Regulations.

The Epidemiology program played an integral part in investigating cases of Zika Virus Disease in Charlotte County, which is discussed further in the Public Health Preparedness section of this report. These efforts align with DOH-Charlotte's strategic goals, specifically Priority Issue #3: Readiness for Emerging Health Threats.

# Disease Control Prevention, Preparedness and Health Promotion

## *Public Health Preparedness*

### **Zika Virus**

February 3, 2016 Governor Rick Scott directed the State Surgeon General to issue a Declaration of Public Health Emergency in four counties in Florida that had identified nine travel-associated cases of Zika. On July 1, this list had been expanded to twenty-five counties, including Charlotte, who just confirmed the first case in the county. Charlotte County's second case was confirmed in October, 2016. Both cases were travel-associated.

DOH-Charlotte worked closely with Charlotte County Mosquito Control, other community partners, and the public to maintain a constant flow of accurate information and prevention messaging. The Public Health Preparedness program also hosted and conducted a Zika tabletop exercise in June.

Staff from DOH-Charlotte conducted multiple presentations to the community and community partners on the Zika virus. DOH-Charlotte also hosted two community meetings about Zika in August in partnership with Mosquito Control, Dr. Mark Asperilla, Dr. Dan O'Leary, and Dr. David Klein.



### **Preparedness Exercises and Trainings**

DOH-Charlotte hosted a flu pandemic virtual tabletop exercise, conducted a mass fatality tabletop exercise, and conducted a special needs shelter (SpNs) functional exercise. Staff participated in the Suncoast Disaster Healthcare Coalition, and assisted the Coalition in the coordination of a regional Active Shooter Exercise. Trainings brought to Charlotte County by DOH-Charlotte staff included Field Investigator Training Series (IFIRST1 and IFIRST2) and Responder Health and First Aid Trainings.

### **Special Needs Shelter Trainings**

Upon completion of the SpNs exercise, and in light of response efforts across the state during Hurricane Matthew, DOH-Charlotte expanded training for all staff designated to respond in the event of the opening of the special needs shelter. The areas of focus for the training plan include the following:

- New staff orientation to special needs shelter
- Enhanced client process flow
- Increased knowledge of forms
- Increased knowledge of available resources
- Increased understanding of Incident Command Structure

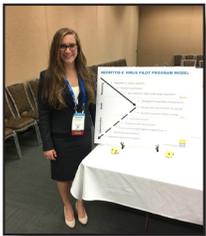
These efforts align with DOH-Charlotte's strategic goals, specifically Priority Issue #3: Readiness for Emerging Health Threats.

# Disease Control Prevention, Preparedness and Health Promotion

## *Public Health Associate Program (PHAP)*

The Public Health Associate Program (PHAP) is designed to train early-career public health professionals. This program is funded and coordinated by the Centers for Disease Control and Prevention. Throughout the two-year training program, public health associates work alongside other professionals at a host site, such as a state or local health department, where they gain knowledge of core public health concepts and hands-on experience that will serve as a foundation for their public health careers. Associate program areas are selected by the host site and focus on the nation's most pressing prevention and treatment priorities. DOH-Charlotte has been fortunate to have hosted several PHAP associates since 2013.

### Meet Our PHAP Associates



#### **Samantha Berkley - Chronic Disease**

Samantha Berkley developed and facilitated a mass fatality tabletop exercise as part of a healthcare facilities workshop. She also was a key coordinator and instructor for a five-day Zombie Preparedness class for eighth graders. Berkley was invited to present at the Council of State and Territorial Epidemiologists Annual Conference in Alaska on DOH-Charlotte's Hepatitis C Virus Pilot Program (HCVPP).

#### **Melia Haile - Epidemiology/Preparedness**

Melia Haile investigated infectious disease cases, creating Zika educational materials and an emergency operation plan, and collaborating on a training plan for the special needs shelter. Haile also provided her expertise at outreach events for the public on viral hepatitis and disaster preparedness, and to healthcare professionals and child care centers on infection prevention.



#### **Gregory Holder - Quality Improvement/Chronic Disease**

Gregory Holder coordinated and facilitated the teen tobacco citation classes and analyzed prenatal smoking rates to support a community health improvement initiative. Holder assisted in teaching 5-2-1-0 to second-grade students, and was trained in child passenger safety to teach caregivers and expectant parents and help them install their car seats. Holder was instrumental in redesigning the DOH-Charlotte telephone system.

#### **Rosa Stegall - HIV/STDs**

Rosa Stegall performed testing in the STD-HIV-Hepatitis-Intervention-Program Clinic, and provided STD and HIV testing in the Charlotte County Jail, at Charlotte Behavioral Health Care, and at community outreach events. In addition, Stegall conducted educational outreach on STDs and HIV at a local farmers' market.



# Disease Control Prevention, Preparedness and Health Promotion

## *Health Promotion*

The Health Promotion Department, formerly known as Healthy Lifestyles, is responsible for promoting health and preventing illness in Charlotte County. Health Educators in this department plan and coordinate the use of educational resources in the community to motivate and assist individuals and groups to adopt and maintain healthful practices and lifestyles. The team worked diligently in 2016 to protect, promote, and improve the health of Charlotte County residents across a variety of programs.

### **Healthiest Weight Florida**

Healthiest Weight Florida is a public-private collaboration bringing together state agencies, not-for-profit organizations, businesses, and entire communities to help Florida's children and adults make consistent, informed choices about healthy eating and active living.

- Collaborated with Charlotte County Human Services on a Healthy Food Drive at the Charlotte Academy
- Coordinated and participated in a Harold Park Summer Clean-Up Event, providing staff with the opportunity for physical activity while giving back to the community.
- Organized the 2nd Annual World Heart Day 5K Walk/Run at Laishley Park, which had over fifty participants



### **Florida Healthy Babies**

The Florida Healthy Babies Initiative is a state-wide effort to address high rates of infant mortality at the county-level, designed to positively influence social determinants of health and reduce racial disparities.

- Partnered with Bayfront Health Port Charlotte to achieve Two Stars in the Florida Quest for Quality Maternity Care Program towards Baby Friendly status
- Coordinated two educational lunch and learn programs for the community on the topics of infant mortality and opioid-addicted babies

# Disease Control Prevention, Preparedness and Health Promotion

## Health Promotion

### 5-2-1-0 Let's Go!

5-2-1-0 Let's Go! is a nationally recognized childhood obesity prevention program. DOH-Charlotte offers this program through the Community Health Improvement Partnership in partnership with schools, childcare and out-of-school programs to change environments where children and families live, learn, work, and play.

- Coordinated and taught the 5-2-1-0 program to all Kindergarten through 2nd grade students at the South County and Harold Avenue Recreation Summer Camps
- Coordinated and taught the 5-2-1-0 program to 8 out of 10 elementary schools in Charlotte County during the 2016-2017 school year, totalling 728 students. The remaining two elementary schools will receive this same program early in 2017.



- Provided parent education at three public school family centers on 5-2-1-0 and healthy eating
- Created the 5-2-1-0 Challenge Program for Early Childhood Education Centers to encourage the adoption of best practices to make the healthy choice the easier choice. This program will begin its pilot project in 2017.

### Volunteer Coordination

- Recruited volunteers to assist at community outreach events, including Safe Kids Day and World Heart Day
- Hosted public health orientation for twenty-four Florida SouthWestern State College first semester nursing student interns

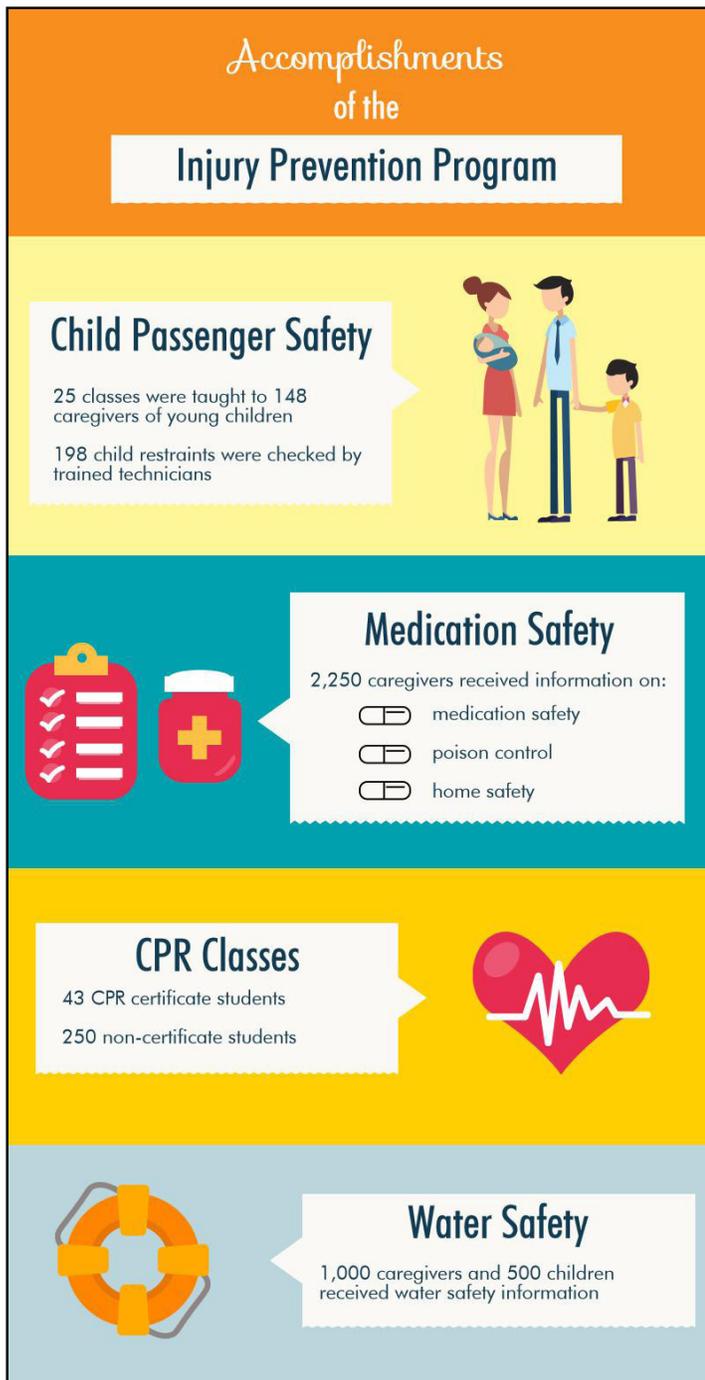
Outreach Events Attended by Health Educators	
Community Education Events	37
Summer Camps	7
Back-to-School Events	6
Halloween Events	4

### Community Outreach

- Offered health education to community members at a variety of events throughout Charlotte County

# Disease Control Prevention, Preparedness and Health Promotion

## Health Promotion



### Injury Prevention

2016 saw the development of the Injury Prevention Program at DOH-Charlotte.

Through a partnership with Safe Kids Worldwide, Charlotte County Healthy Start, and Bayfront Health Port Charlotte, DOH-Charlotte began offering child passenger safety classes for caregivers and expectant parents in 2016. Twenty-five classes were held during the program's initial year. Staff also participated in National Child Passenger Safety Week, hosting three events in the Charlotte County, as well as participating in car seat checks in Lee, Hendry, and Glades counties.

The Injury Prevention Program was also able to obtain funding through a Safe Kids Worldwide medication safety grant to provide pill pods and cabinet locks to caregivers, in addition to offering safety education at a variety of community events.

The program offered CPR training, water and pool safety, heat exhaustion/hyperthermia prevention, fire, burn, and scald prevention, and bicycle and pedestrian safety. The program partnered with local motorcycle organizations to provide road safety education at multiple events.

In 2016, DOH-Charlotte began coordinating and hosting coalition meetings for the Charlotte County branch of South Kids Southwest Florida, which boasts a broad membership of community partners across the county. 2016 also saw the initial Charlotte County Safe Kids Day event, held in April.

# Environmental Health

The Environmental Health department is responsible for safety, sanitation, and enforcement of public health laws in the community. The services provided by Environmental Health staff are focused on preventing disease outbreaks and protecting the public.

## Facilities

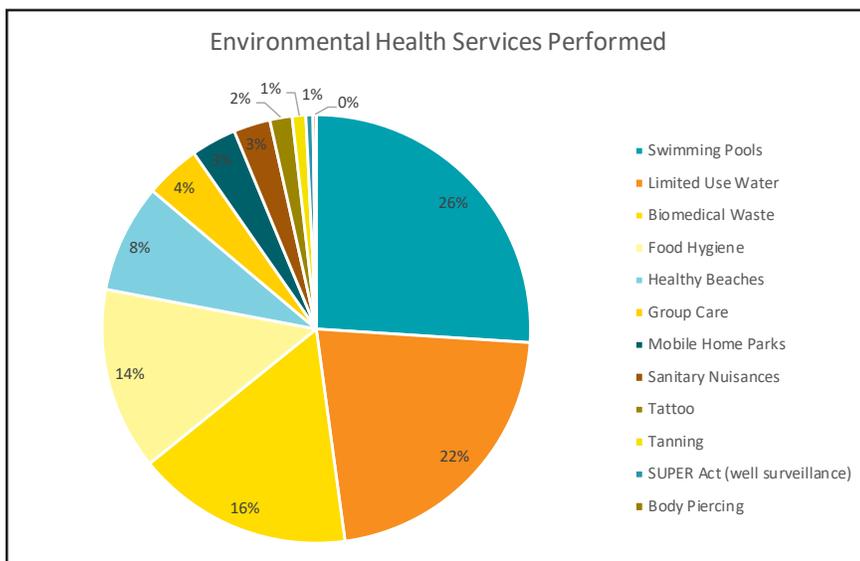
In 2016, the program provided 3,214 facilities services. These services include inspections, reinspections, complaint investigations, and more.

Public swimming pool services claim a large portion of Environmental Health staff's time. Early in 2016, Environmental Specialist Adis Music received recognition as a Certified Pool/Spa Operator (CPO) from the National Swimming Pool Foundation to join two other certified staff members, increasing the program's capacity to fulfill the demand for pool inspections, sample collections, complaint investigations, plan review, and construction site evaluations. There are approximately 330 pools in the county that are to be inspected twice annually.



A recent addition to DOH-Charlotte's Environment Health department is the biomedical waste program, which accounts for approximately 16% of the services that the Facilities program offers. The Department of Health has primary authority and responsibility for facilities that generate, transport, store, or treat biomedical waste through processes other than incineration. If not for the work of the Environmental Health staff, this waste could place healthcare workers, sanitation workers, and the general public at risk for contracting dangerous diseases.

The staff who are tasked with food hygiene work to ensure that facilities serve food, beverages, and snacks in a safe manner. The facilities that are under the purview of the Department of Health include institutional settings, such as assisted living facilities, schools, transitional living facilities, civic and fraternal organizations, mobile food units, and bars and lounges. While DOH-Charlotte does not regulate restaurants, child care centers, or hospitals, the Environmental Health department works closely with the Epidemiology department to investigate reports of outbreaks related to food-borne illnesses.



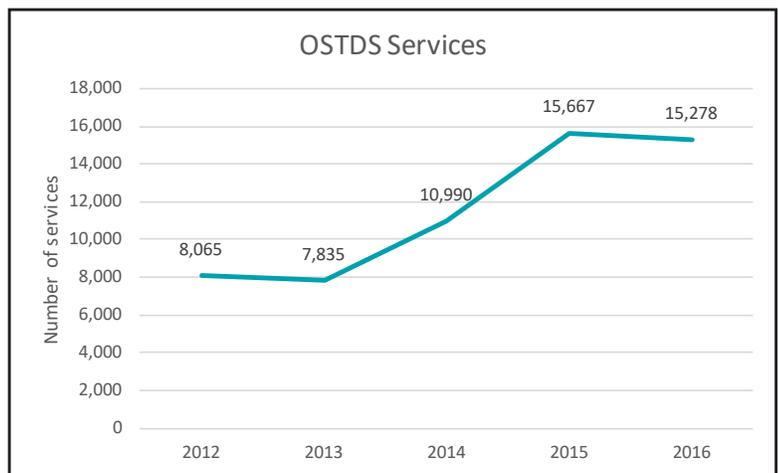
The facilities that are under the purview of the Department of Health include institutional settings, such as assisted living facilities, schools, transitional living facilities, civic and fraternal organizations, mobile food units, and bars and lounges. While DOH-Charlotte does not regulate restaurants, child care centers, or hospitals, the Environmental Health department works closely with the Epidemiology department to investigate reports of outbreaks related to food-borne illnesses.

# Environmental Health

Environmental Health also participates in the Florida Healthy Beaches Program. Beach water samples are collected every other week at nine locations in Charlotte County and one in Lee County to identify levels of fecal coliform (such as e. coli) and enterococci bacteria. The presence of these bacteria can indicate fecal pollution, which may come from stormwater runoff, pets and wildlife, and human sewage. If they are present in high concentrations in recreational waters and are ingested or enter the skin through a cut or sore, they may cause human disease, infections or rashes. By monitoring the levels of these bacteria in the local waters, DOH-Charlotte can advise residents and visitors when it is unsafe to venture into the water, and can help investigate the causes of any high bacteria levels.

## OSTDS

The largest component of Environmental Health is Onsite Sewage Treatment and Disposal Services (OSTDS). This septic program includes inspections related to applications for new septic systems, complaint investigations, and site evaluations. Charlotte County has approximately 40,000 septic systems, approximately 2,500 aerobic treatment units (ATUs) which need to be inspected annually. Cross-training staff has allowed for an increase in capacity to provide septic services in the county in recent years. The OSTDS program also assisted in 2016 with the managed septic program primarily for zip codes 33948 and 33952, as well as septic systems within 150 feet of any surface water. The program is aimed at assisting home owners in managing their septic systems more efficiently while protecting our vulnerable wetlands and drinking water supplies.



## PACE-EH

The Environmental Health department initiated PACE-EH (Protocol for Assessing Community Excellence in Environmental Health) in 2014. This program is designed to help communities systematically conduct environmental health assessments and then act on the results. DOH-Charlotte's PACE-EH program partnered with the University of Florida/IFAS Extension to bring nutrition education and resources to Charlotte County residents in 2016. At various outreach events, the Family Nutrition Program was offered to community members to encourage them to make healthier food choices, learn how to cook affordable healthy meals, as well as learn how to create a garden at their church or in their own homes to encourage not only healthy eating, but also increased physical activity.

# Community Health Improvement Partnership (CHIP)

The Charlotte County Community Health Improvement Partnership is the result of a multi-year collaborative effort that includes local residents, healthcare professionals, and organizations vested in making Charlotte County a healthy community. As of 2016 there were five strategic issue areas, each with their own subcommittee: Access to Healthcare, Chronic Disease Prevention, Maternal and Child Health, Mental Health, and Positive Aging. The 2010 and 2015 Community Health Assessments were instrumental in providing data used for the identification of strategic issue areas.

While our community partners are familiar with the acronym “CHIP”, the community as a whole is not as familiar with it. Therefore, the CHIP Steering Committee voted in 2016 to begin officially using the Healthy Charlotte County name and logo to brand CHIP better in the community.



## Access to Healthcare

The goals of the Access to Healthcare subcommittee for 2016 included:

- Increasing ridership on public transit through marketing Try Transit Day, and
- Increasing the number of children enrolled in health insurance plans through providing education to parents on health insurance options available through the Affordable Care Act Navigator.

The goals were identified as a result of primary data indicating 20% of Charlotte County residents surveyed did not have adequate transportation, and secondary data through the American Community Survey that indicates that Charlotte County had a higher percentage of residents under age 18 that are uninsured than the State of Florida as a whole as of 2014 (Charlotte 13.0% vs. 9.3% Florida).



In order to increase access to an Affordable Care Act Navigator as well as to healthcare services, the Community Health Improvement Partnership added the goal of increasing ridership on public transit in the 2015 CHIP Plan, and continued this initiative in 2016. The second annual Try Transit Day was used to promote Charlotte County Transit in April 2016.

Reducing the percentage of uninsured children was added as a goal mid-year in 2016. CHIP partners collaborated with the Affordable Care Act Navigator in outreach and referrals. With their combined efforts, a total of 9 health insurance applications were completed in the second half of 2016, covering 16 children who had been previously uninsured.

# Community Health Improvement Partnership (CHIP)

## *Chronic Disease Prevention*

The goals of the Chronic Disease Prevention subcommittee included:

- Increasing physical activity through teaching 5-2-1-0, expanding the Points of Decision Prompt posters, and implementing the Screen-Free Charlotte Challenge, and
- Reducing the impact of smoking through promoting lung cancer awareness and encouraging screenings for those at high risk of developing lung cancer.

The goals were identified as a result of the high percent of residents that identify as overweight or obese and the percent of adults who currently smoke. The subcommittee focused on early prevention in children using 5-2-1-0 Let's Go! and the Screen-Free Charlotte Challenge (launched in May, 2016 with Screen-Free Week) which offers families alternatives to digital entertainment that encourage physical activity. Multiple businesses and community partners participated in Screen-Free Week by offering fun, family events for Charlotte County residents to enjoy. DOH-Charlotte staff hosted a Family Fitness Fair for kids and their families to have screen-free fitness fun!



The Points of Decision Prompt posters that encourage taking the stairs instead of the elevator were added to the CHIP website ([www.healthycharlottecounty.org](http://www.healthycharlottecounty.org)) with contact information for businesses that are interested in ordering copies for their multi-level buildings.

The group also worked to promote lung cancer awareness through a cancer survivors' event and a lung cancer 5K, and to encourage those at high risk for developing lung cancer to get screened.

## *Maternal and Child Health*

The goals of the Maternal and Child Health subcommittee included:

- Increasing first trimester entry into care through promotion of PEPW, and
- Reducing smoking rates among pregnant women through a radio campaign.

The goals were identified as a result of secondary data compiled in the 2015 Community Health Assessment, indicating that the percent of births to mothers in Charlotte County with no prenatal care has been on the rise in recent years. DOH-Charlotte initiated the use of consistent messaging with family planning clients who are newly pregnant to encourage them to enter into care immediately. Additionally, a family planning nurse now makes follow-up calls to each client to identify if there are any

# Community Health Improvement Partnership (CHIP)

## Maternal and Child Health

specific barriers to entering into prenatal care during the first trimester. The subcommittee designed posters offering information on PEPW (temporary Medicaid for pregnant women) and strategically placed them throughout the community to increase awareness about PEPW and reduce health insurance as a potential barrier to care.



Additionally, the Community Health Assessment data indicated that the percent of live births that were under 2,500 grams (low birth weight) has risen in recent years. Smoking during pregnancy is one of the leading causes of adverse outcomes for babies, and is often a factor in low birth weights. Reduction of smoking rates among pregnant women was added as a goal in 2016. CHIP worked closely with DOH-Charlotte to craft radio Public Service Announcements (PSAs) to encourage women who are pregnant or thinking about becoming pregnant to quit smoking. PSAs were aired on local radio

stations. Area OB/GYNs were also encouraged to refer patients to Healthy Start for smoking cessation classes.

## Mental Health

The goals of the Mental Health subcommittee included:

- Decreasing the suicide rate in Charlotte County through offering the Signs of Suicide program in 7th and 8th grade, and by creating Purple Packets for suicide survivors, and
- Positively impacting families in chaos through increasing the number of individuals who work with children in Charlotte County that have been trained in trauma-informed care.

The goals were identified as a result of primary data survey results indicating 39% of Charlotte County residents surveyed stated that someone in their household has a mental or emotional problem; 29% did not know what to do when someone they know has suicidal thoughts. Additionally, the rate of deaths by suicide have been on the rise in Charlotte County in recent years. As of 2012 data, Charlotte County had a rate per 100,000 deaths of 23.2, whereas the rate for the State of Florida as a whole was 14.2. Charlotte County's death rate for suicide in 2012 was the 7th highest of the 67 counties in Florida.

# Community Health Improvement Partnership (CHIP)

## *Mental Health*

To date, the objective tied to implementing the evidence-based Signs of Suicide program in area middle schools has shown preliminary success. Students have taken advantage of the opportunity to discuss with counselors immediately after the class some of the issues that they face.

The Purple Packet initiative, mirrored off a similar concept in Georgia, began in 2016 as a way to reach families that are impacted by the recent loss of a loved one due to suicide. The packets include information and resources for the grieving family members to assist them during their time of loss, in effort to reduce the trauma they are experiencing and therefore reducing their risk of suicide. Local first responders, chaplains, funeral homes, and others attended one of three trainings held in Charlotte County on Purple Packets and suicide post-vention.



CHIP identified SEDNET (Multi-agency Service Network for Severely Emotionally Disturbed Children and Youth) as the regional provider of trauma-informed care trainings. CHIP connected SEDNET with the Baker Center in order to ensure at-risk children are being cared for by trauma-informed providers.

## *Positive Aging*

Positive aging was identified as the newest strategic issue. This subcommittee held its first meeting in January 2016. The strategic issue was identified as a result of population estimates that indicate that nearly 60% of Charlotte County residents are age 50 and older. The group reviewed data and went through a prioritization exercise to identify what issue their first initiative should attempt to tackle.

The goal of the Positive Aging subcommittee for 2016 included:

- Decreasing isolation in the aging population through enhancing the Friendship at Home program offered by Friendship Centers.

Late in 2016, the Positive Aging subcommittee identified two volunteers to assist as Volunteer Coordinators for the program, to screen, train, and manage the Home Visitors. The group aims to reach 50 homebound seniors with Friendship at Home's services by mid-year 2017.

# Together Charlotte

In 2016, representatives from Charlotte County Government, United Way of Charlotte County, Community Foundation of Charlotte County, Florida Department of Health in Charlotte County, Charlotte Behavioral Health Care as well as community volunteers began meeting. The group examined previous efforts and plans, and discussed strategies for employing a unified community effort to address the gaps and challenges in meeting the health and human services' needs of Charlotte County. The result of this work was the formation of Together Charlotte, which aims to promote collaboration and alignment of health in human services to improve the community.



Over 50 community stakeholders and leaders participated in a series of planning sessions to create a community plan. In addition to these stakeholder sessions, there were five community conversations conducted throughout the county to gain input from the public on their aspirations for the community, challenges and concerns, and opportunities for improvement. The information gathered at these community sessions was shared with the stakeholders to use in their planning sessions.

DOH-Charlotte staff were proud to not only host and actively participate in the planning sessions, but also take a leading role in Together Charlotte by filling two of the Steering Committee seats.

These planning sessions and community conversations were only the first steps in what will become a better standard for uniting the community around efforts to improve health and human services in the county. Areas of opportunity were identified in the planning sessions, that became the building blocks for the framework for action to be implemented beginning in 2017.

## Framework for Action Chart

WHY	WHAT	HOW	WHEN	WHO
<b>Shared Vision</b> We envision a safe, healthy, educated and vibrant community where individuals, families and organizations are encouraged, engaged, and empowered to actively participate in achieving financial stability and in creating a sustainable quality of life for all.	<b>Mission</b> Together Charlotte is a collaborative coalition that empowers and encourages our community to champion high quality health and human services.	<b>Roles</b> <ul style="list-style-type: none"> <li>• Advisor</li> <li>• Advocate</li> <li>• Catalyst</li> <li>• Collaborator</li> <li>• Convener</li> <li>• Educator</li> <li>• Evaluator</li> <li>• Planner</li> </ul>	Short: < 1 yr. Med: 1-2 yrs. Long > 2 yrs.	Together Charlotte
<b>BUILDING BLOCKS</b>				
<b>1</b> Organize: There is no entity or structure within the community that bears responsibility for addressing the critical issues facing health and human services delivery system improvements and facilitating strategies to improve.	Create a Together Charlotte collaborative.	<ul style="list-style-type: none"> <li>• Review best practices</li> <li>• Determine leadership</li> <li>• Identify structure</li> <li>• Determine necessary start up resources</li> <li>• Define membership</li> </ul>	Short	Steering Committee
<b>2</b> Planning: There are a multitude of plans and strategies that address health and human services that are not aligned or well coordinated.	Establish a community process that aligns existing plans and assessments to community aspirations and expectations.  Identify opportunities for collaboration among TC members and others.	<ul style="list-style-type: none"> <li>• Identify existing plans and assessments</li> <li>• Review plans/assessments, determine opportunities for coordination and collaboration</li> <li>• Convene discussions to identify potential short and medium term opportunities</li> <li>• Identify opportunities for alignment of plans with community aspirations and expectations.</li> </ul>	Short-Medium	Plans Committee
<b>3</b> Awareness: The public at large, users of the health and human services delivery system, and providers may not be aware of the services and resources available to them, aware of the contributions these services make to the vibrancy of the community or aware of the shortcomings and deficiencies within the system.	Develop and implement a communications plan to better inform the public, users of services, and providers, government, and businesses.	<ul style="list-style-type: none"> <li>• Review existing data, results of community conversations, focus groups.</li> <li>• Conduct additional community conversations to align to current community aspirations and concerns</li> <li>• Determine communication methods, priority messages and audience.</li> <li>• Determine communication mediums (PSAs, speakers' bureau, newspapers, social media, Websites, studies)</li> <li>• Meet with elected officials and community leaders regularly</li> </ul>	Short	Communications and Education Committee
<b>4</b> Information: Data and data analysis are not consistent, known or readily accessible to support effective decision making.	Establish a data repository	<ul style="list-style-type: none"> <li>• Identify plans and assessments</li> <li>• Establish mechanism for making plans/assessments available.</li> <li>• Create an agreement to share no-proprietary data</li> <li>• Publish a comprehensive list of available resources</li> <li>• Establish resourcing approach to support/share data analysts.</li> </ul>	Medium	Data Committee
<b>5</b> Trust/Engagement: There is a level of distrust among some segments of the community and as well as a lack of community willingness to engage in addressing critical issues.	Develop an approach to inform, learn from and engage/involve disaffected members of the community.	<ul style="list-style-type: none"> <li>• Openly share and disseminate information</li> <li>• Identify disaffected groups/individuals and create opportunities for interaction (community conversations, presentations, one-on-one, etc.)</li> </ul>	Short-Medium	All Committees: Steering Plans Communications & Education Data



# Florida Department of Health in Charlotte County

The mission of the Florida Department of Health is to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

**Administrative/Main Office**  
1100 Loveland Blvd.  
Port Charlotte, Florida 33980

**Environmental Health**  
18500 Murdock Circle  
Port Charlotte, Florida 33948

**WIC (Englewood)**  
6868 San Casa Road  
Englewood, Florida 34224

**941-624-7200**

<http://charlotte.floridahealth.gov/>