

Charlotte County, Florida
Community Health Improvement Plan



**Mobilizing for Action through
Planning and Partnerships**



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Executive Summary

The Charlotte County Health Improvement Plan is the result of a multi-year collaborative effort involving local residents, health care professionals, and organizations vested in making Charlotte County a healthy community.

This report brings together information from a wide range of sources regarding health in our community. Not only does it present objective data on the health status of Charlotte County citizens, but it also offers valuable insights and opinions on how residents view the quality of life here. The goal of this project was to create a strategic plan that prioritized public health issues and identified resources for addressing them.

Improving the health of a community is a shared responsibility. We are grateful to have had strong support from local public officials, collaborative partners, and members of the community throughout this process. Coalition members followed a community health improvement planning model adapted from the National Association of County and City Health Officials and the Centers for Disease Control and Prevention, called Mobilizing for Action through Planning and Partnerships (MAPP). It involves several phases to encourage community participation, as well as quantitative and qualitative health assessments.

There are six phases in the MAPP process:

1. **Organizing and Partnership Development:** This phase sets the stage for the implementation of MAPP in the community by reaching out to key stakeholders.
2. **Visioning:** This phase gathers a team of community partners to reach a shared vision for the health of the community.
3. **The Four MAPP assessments:**
 - The Community Themes and Strengths Assessment provides a deep understanding of the issues residents feel are important.
 - The Local Public Health System Assessment focuses on all of the organizations and entities that contribute to the delivery of public health services within a community.
 - The Community Health Status Assessment identifies priority community health and quality of life issues.
 - The Forces of Change Assessment identifies trends in legislation, technology, family structure, and economic forces that affect the community and public health system.
4. **Identify Strategic Issues:** This phase involves discussing the major challenges that arose from the MAPP assessments. Community members and organizations were solicited for ideas, policies, and processes to address these challenges. From the community feedback, these cross-cutting strategic issues were identified and prioritized:

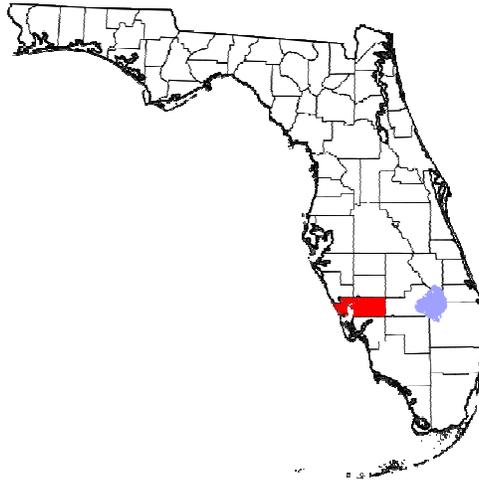
- How can we reduce the high risk behaviors that contribute to chronic disease in our community?
 - How can we implement effective strategies to identify mental health problems in our community and mitigate their effects?
 - How can we ensure timely access to health services among all populations within our community?
5. Formulate Goals and Strategies: Community members and a facilitator identified possible strategies based upon their feasibility and ability to create lasting change.
 6. Action Cycle: Workgroups will be formed focusing on each strategic issue and the selected priority strategies to address these issues. As this phase has not yet begun, the details regarding its implementation are not included in this report.

Our community has much to be proud of. We have many valuable resources that contribute to a better quality of life. Overall, Charlotte County is a safe and healthy place where residents can live and thrive. Although we scored well on several measures of health outcomes and factors, there is still opportunity for growth. The following plan outlines a framework for achieving improved health in Charlotte County.

Charlotte County, Florida – Community Profile

Demographics

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. Nowhere is this observation more pronounced than in the average age of our population. We have the distinction of being the county with the highest percentage of people over 65 in the United States. In Charlotte County, 35% of the residents are age 65 and older. The median age in Charlotte County is 56.4 years, compared with 38.7 for the state of Florida. New data from the Bureau of Economic and Business Research shows Charlotte County is number two in the state for the percentage of residents 85 or older.



According to the U.S. Census Bureau, the most recent population estimate for Charlotte County is 160,511. As part of a needs assessment conducted by the Health Planning Council of Southwest Florida, a comprehensive analysis of the county demographics was performed in 2010. Portions of the following data are excerpted from that report.

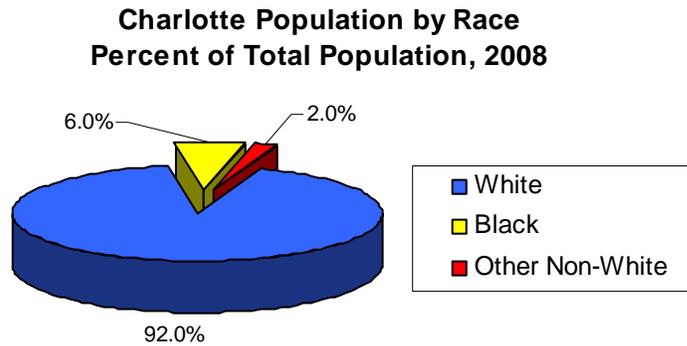
Charlotte is one of seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). Punta Gorda, which is the county seat, is the largest incorporated municipality in the county. Charlotte County is Florida's 28th most populous county and contains 0.9% of Florida's population. Growth is anticipated at 7% over the next five years.

Environment

As evidenced by Hurricane Charley, Charlotte County is vulnerable to both hurricanes and the resulting storm surges. 98% of our residents live in coastal areas. There are 43 mobile home parks in our county with 9,300 manufactured homes. In a worst case scenario, the potential exists for a 28-foot storm surge on the banks of the Peace River. Emergency preparedness is one of our community's top public health priorities.

Race and Ethnicity

Only 8% of the population of Charlotte County is non-white, compared to a statewide average of 19%. In this count, ethnicity is broken out separately than race. For ethnicity, a person must designate themselves as Hispanic or Non-Hispanic; people in both of those groups can identify as white, black, or other non-white. About 5% of the residents of Charlotte County identify as Hispanic; of those, 90% are identified as white.



Socioeconomic Indicators

The economic downturn has hit Charlotte County hard. The unemployment rate jumped from 3.7% in 2000 to an all-time high of 12.4% in 2010. Coupled with a lower than state average annual income, the bankruptcy filing rates increased from 3.79 people out of every 100,000 in 2000 to 5.7 per 100,000 in 2009.

The table below summarizes one of the primary indicators of economic health for the county and state – education. More residents of Charlotte County have received a high school diploma than the state average; however, a greater percentage of people at the state level have attained a higher level of post-secondary education.

Educational Attainment for Persons 25 and older

	County	State
% HS Graduate or Higher	82.1%	79.9%
% Bachelor's Degree or Higher	17.6%	22.3%

Among working adults in Charlotte County, the most common sectors of employment are trade, transportation and utilities, education and health services, and government. Fewer people in Charlotte County work in professional and business services or manufacturing than average Floridians. As can be expected from an older population, the labor force as a percent of the total adults is significantly lower than the state average.

Community Health Resources

Physicians and Facilities

As of 2010, there were 361 total licensed physicians in Charlotte County. That works out to be 217.4 doctors for every 100,000 residents, lower than the state average of about 336 doctors for every 100,000 Floridians. The county has significantly more hospital beds and nursing home beds than the state, which is due in large part to our elderly population. In contrast, the total number of pediatricians per 100,000 is only 9; the state average is 25. This represents an area of need given that 14.76% of the population – or 24,499 children – under the age of 18 reside in Charlotte County. The following summary is based upon a 2010 Charlotte County population of 166,023 and state population of 18,788,795 as provided by the Florida Legislature's Office of Economic and Demographic Research (EDR).

Health Resources Availability - 2010

Licensed Providers	Charlotte County		State
	Number	Rate per 100,000	Rate per 100,000
Total Physicians	361	217.4	336.3
Total Dentists	73	44.0	63.6
Total Family Private Practice	37	22.3	28.9
Total Internists	86	51.8	58.7
Total OB/GYN	11	6.6	11.9
Total Pediatricians	15	9.0	25.3
Facilities			
Total Hospital Beds	665	400.5	320.6
Total Acute Care Beds	586	353	265.5
Total NICU Level II Beds	7	4.2	5
Total Specialty Beds	79	47.6	55.4
Total Nursing Home Beds	1228	739.7	458.3
Total Adult Psychiatric Beds	42	25.3	18.4
Total Adult Substance Abuse Beds	10	6.0	2.1

Source: Florida CHARTS

The Charlotte Behavioral Health Care Recovery Center opened its doors in November, 2008 to provide inpatient detox and residential chemical and alcohol addiction treatment. It has been an extremely valuable resource in our community; however, we currently lack any child or adolescent inpatient treatment centers in Charlotte County. Another community asset since 2008 has been the Neonatal Intensive Care (NICU) Level II unit at Peace River Regional Medical Center. The closest level III center for newborns requiring more critical care is at Tampa General Hospital.

Dental Care

There is a tremendous need in our community for dental services. Charlotte County Health Department is helping to meet this challenge through its state-of-the-art clinic, which opened in March 2011. There are approximately 10,000 children on Medicaid that are eligible for our dental services. We are currently working on establishing fee schedules so that we may expand our adult services, as well. Charlotte County is far below the state average of dentists per capita. Of the number of licensed providers, very few accept Medicaid or uninsured patients. Lack of early preventive care places an unnecessary burden on emergency room services. The following table demonstrates the compelling need for increased dental care access.

Access to Dental Care by Low Income Persons Rolling 2-Year Rates for All Races All Sexes						
	Average Number of Persons w/ Dental Access		Average Number of Population Below Poverty		Rate Percent	
County	2006-08	2008-10	2006-08	2008-10	2006-08	2008-10
State Total	612,180	740,099	2,335,014	2,353,191	26.2	31.5
Charlotte	2,364	3,441	13,513	13,665	17.5	25.2

Community Partners

In addition to the four hospitals serving Charlotte County (Charlotte Regional Medical Center, Englewood Community Hospital, Fawcett Memorial Hospital, and Peace River Regional Medical Center), the Charlotte County Health Department also provides comprehensive health care services at our three local area clinics. To further public health efforts, we have formed a cooperative partnership with the Virginia B. Andes Volunteer Community Clinic (VBA). This organization fills a much-needed void through their no-cost prescription medication and other patient assistance programs.

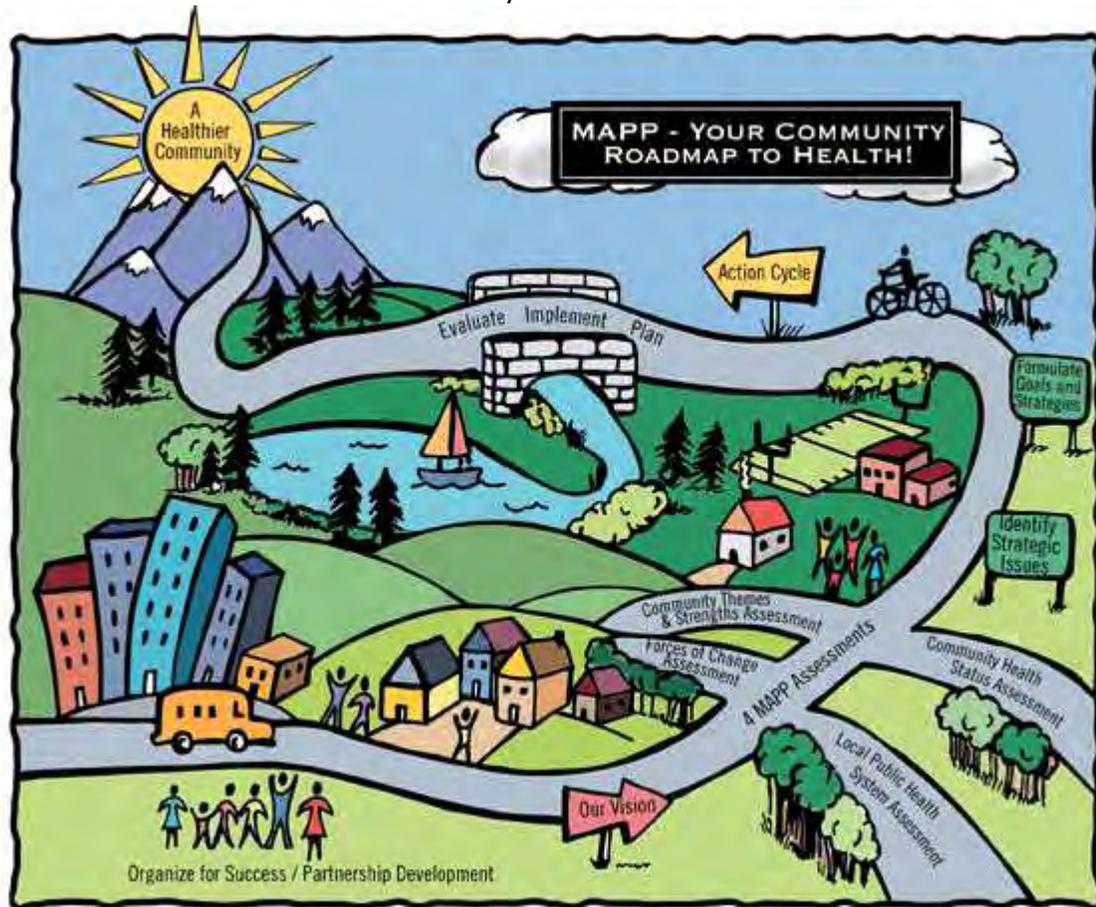
The Englewood Community Care Clinic opened its doors in 2011 to provide no-cost, episodic medical services to the uninsured and working poor of the Englewood area. This includes residents of both Charlotte and Sarasota counties who are 18-64 years old, without health insurance or Medicaid, and whose income falls at or below 200 percent of the federal poverty level. Both the Englewood Clinic and VBA have extended evening hours to accommodate working patients.

Our community is fortunate to have a broad array of coalitions, volunteers, and numerous non-profit organizations to fill in some of the service delivery gaps. To help residents navigate the network of community resources, Charlotte County maintains a 2-1-1 database to link residents with over 880 health and human service providers.

MAPP Overview

Mobilizing for Action Through Planning and Partnership (MAPP) is a strategic approach to community health improvement. At the core of this tool is a community-driven process that leads to capacity building and sustainable solutions.

MAPP was developed in collaboration between The Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO) to help communities prioritize public health issues and identify resources for addressing them. The community's strengths, needs, and desires are what drive the MAPP process towards the ultimate outcome of a healthier community.



In the Community Roadmap, the MAPP process is shown moving along a road that leads to a healthier community.

The strength of MAPP lies in its scalability and flexibility. Understanding every community is different, the MAPP framework allows individuals and organizations the opportunity to express their ideas on health concerns specific to their own. In addition to providing a community the opportunity to address its unique needs, the MAPP process also encourages community ownership of the resulting health improvement plan.

As depicted in the model below, MAPP is an interactive process consisting of six key phases:

1. Organize for Success/Partnership Development
2. Visioning
3. The Four MAPP Assessments
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. The Action Cycle

The MAPP Phases and Assessments



The arrows surrounding the phases are the four MAPP Assessments. They yield a wealth of valuable information such as important health issues to the community, public health service delivery, health status, factors, and impending changes affecting us all. Because the assessments inform much of the decision-making process, they serve as the foundation upon which future strategies are developed.

To initiate the MAPP process, Charlotte County Health Department referred to its roster of community leaders and invited members to learn about and participate in this new project. After a shared vision and common values were developed, assessments were conducted to fully ascertain challenges and opportunities throughout the community. A vital part of the MAPP process was exceeding the scope of typical community planning and participation to include over 1,000 citizens of Charlotte County. This underscores the fact that the health of a community is a shared responsibility of all of its members. As was conceptualized by the project developers, ideas and input for creating a healthier community came from a broad consortium of stakeholders. This is the very essence of the Mobilizing for Action Through Planning and Partnership framework.

MAPP Phase 1: Organize for Success / Partnership Development

The organization for this project initially began in the summer of 2007. The original Charlotte County CHIP Leadership Council consisted of 17 health, educational, business, and governmental leaders brought together to study and solve local health issues.

The roster for the Charlotte County Health Leadership Council is included as Appendix A.

Over the past several years, community health efforts have expanded greatly. Through collaborative partnerships with Sarasota County and The Health Planning Council of Southwest Florida, community health surveys and assessments were able to provide valuable insight into the current and future status of our community's health. Reports from the National Public Health Performance Standards Program (NPHPSP) and the Robert Wood Johnson Foundation presented county health rankings and graded the performance of our local public health system. Through this entire process, we have had the unfailing support of our community members and leaders. Community response to mail and telephone surveys was excellent, as was participation in key committees and the Charlotte County Health Action Team (CHAT).

Since the CHIP initiative began several years ago, we felt it prudent to reassess our initial findings to ensure relevancy today. Part of this process involved reconvening original committee members for the purpose of updating their opinions and perceptions of community health. It is a testament to the high level of commitment of our community leaders that nearly every original member interviewed responded to our updated survey and interview requests. Charlotte County is fortunate to have sustained such long-standing partnerships as we continue to cultivate new ones. In the past several years, we have experienced significant changes in our community. Natural disasters, changes in leadership, and economic upheaval have brought new challenges and new opportunities. But one thing remains constant: we have a community dedicated to improving the quality of life for all residents of Charlotte County. We capitalized on these strong cooperative partnerships to leverage the resources we needed to organize for success and move into the next phase of the MAPP planning process.

***Local citizens, agencies, and communities working together
to make Charlotte County a healthier and safer place to live.***

MAPP Phase 2: Visioning

One of the first steps in developing this Community Health Improvement Plan was to bring people together to develop a vision statement for Charlotte County. Our vision for a healthy Charlotte County is a safe, equitable and vibrant community in which people feel empowered to seek and obtain opportunities and services to achieve and maintain a high quality of life.

Along with this vision, our value statements provide the key mechanisms that drive successful health improvement initiatives. Activities during the visioning phase of the MAPP process included discussions and brainstorming sessions with selected committees and subcommittees answering the following questions:

1. What does a healthy Charlotte County look like to you?
2. What are important characteristics of a healthy community for all who live, work, and play here?
3. What kinds of resources are needed to create a healthy neighborhood?

This process resulted in a shared vision that reflected an ideal picture of health in Charlotte County. The resulting vision and value statements were adopted as broad concepts to facilitate the flow of the MAPP process in identifying strategic issues based on our own unique challenges and opportunities.

Although our committee members were a diverse group of individuals made up of various backgrounds and socioeconomic statuses, they were all able to find common ground in a core set of values that accurately reflect our vision for a healthy community. These “guideposts” help support the overarching goal of MAPP.

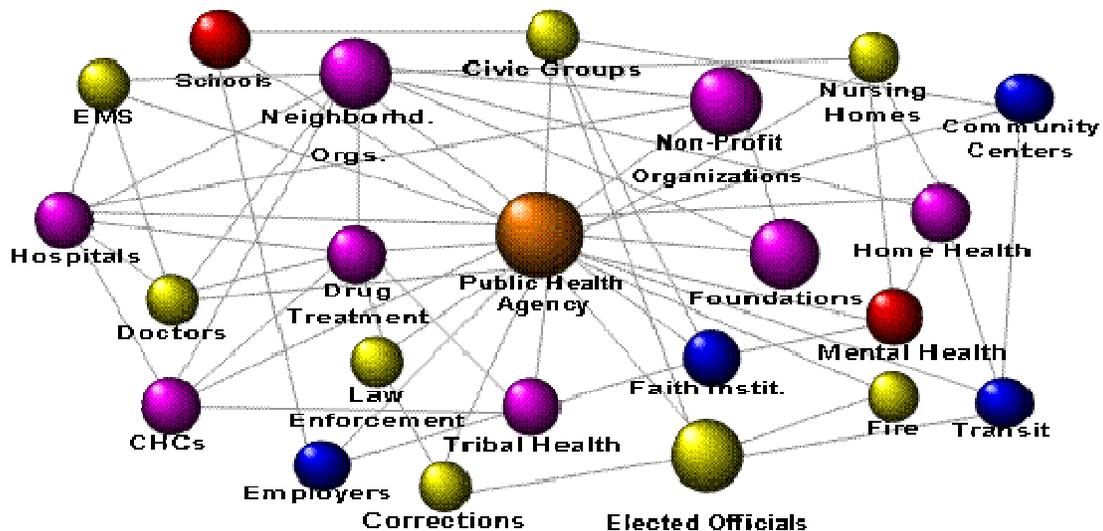
Charlotte County Community Health Action Team (CHAT) Values:

- Respect – We value the diversity and uniqueness of every individual and continually strive to ensure equal treatment and opportunity for all.
- Integrity – We work in the best interest of the public we serve by adhering to the highest standards of truth and fairness in all we do.
- Visibility – We maintain a strong presence within the community, and serve as reliable sources of health information and access to resources.
- Sustainability – We create lasting change through collaborative teamwork, capacity building, and empowerment.



Charlotte County is committed to fostering an environment that supports and encourages healthy living choices with sustainable partnerships and collaborations throughout the community. These “dynamic nodes” are integral components that collectively contribute to the vast network of our public health system.

The Public Health System



The above diagram from the CDC illustrates the fact that there is not one organization responsible for community health, but many. The local public health system includes all private, public, and voluntary entities that contribute to the delivery of the 10 Essential Services. Collaboration, a vision statement, and common values help unite diverse interests and allow the MAPP process to provide a framework for effectively conducting public health activities.

The Ten Essential Public Health Services (Essential Services):

1. Monitor health status to identify 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 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 health 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.

MAPP Phase 3: The Four Assessments

Community Themes and Strengths

The Community Themes and Strengths Assessment paints a clear picture of community issues and concerns and helps gain a thorough understanding of community perceptions about health and quality of life. This assessment answers the questions, “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”

Surveys, focus groups and key informant interviews were used to gather insight into issues of concern. The following is a summary of findings from each process. The complete reports are listed in Appendix B as “Support Documents.”

Survey

METHODOLOGY

The 2010 *Charlotte County Community Health Survey* was conducted to assess the level of satisfaction and perceived quality of life held by individuals in and around Charlotte County. A 73-question survey was mailed to 1,998 households in Charlotte County, Florida in the spring/summer of 2010. Completed surveys were returned by 1,078 households, or 54 percent of households receiving the survey.

SAMPLE DEMOGRAPHICS

		%	# Responding
Gender of Respondent	Female	62.4	432
	Male	37.6	260
Age Category	18-34	4.2	29
	35-49	15.9	109
	50-64	37.1	255
	65-79	31.3	215
	80 and above	11.5	79
Marital Status	Married	62.9	434
	Divorced	14.2	98
	Widowed	14.5	100
	Separated	1.9	13
	Never Married	5.9	41
	Other	0.6	4
Race / Ethnicity	White / Caucasian	93.8	636
	African American / Black	2.8	19
	Hispanic / Latino	2.8	20
	Asian	1.3	9
	Amer. Indian / Pacific Islander	0.7	5
	Other	1.3	9

SAMPLE DEMOGRAPHICS, CONTINUED

		%	# Responding
Employment	Employed Full-time	26.5	173
	Employed Part-time	9.7	63
	Self-employed	7.0	46
	Out of Work	5.5	36
	Retired	42.7	279
	Unable to Work	4.4	29
	Other	4.1	27
Education	11 th Grade or Less	5.4	37
	High School Grad	40.8	282
	Associate Degree / Tech School	27.4	189
	Bachelor Degree	15.2	105
	Graduate Degree	11.0	76
Household Income	Less than \$9,999	8.1	41
	\$10,000-\$19,999	5.8	29
	\$20,000-\$29,000	4.0	20
	\$30,000-\$39,000	20.0	101
	\$40,000-\$54,999	18.5	93
	\$55,000-\$74,999	14.9	75
	\$75,000-\$99,999	8.9	45
	\$100,000-\$149,999	11.9	60
	\$150,000-\$199,999	5.2	26
	\$200,000 or above	2.8	14

RESULTS

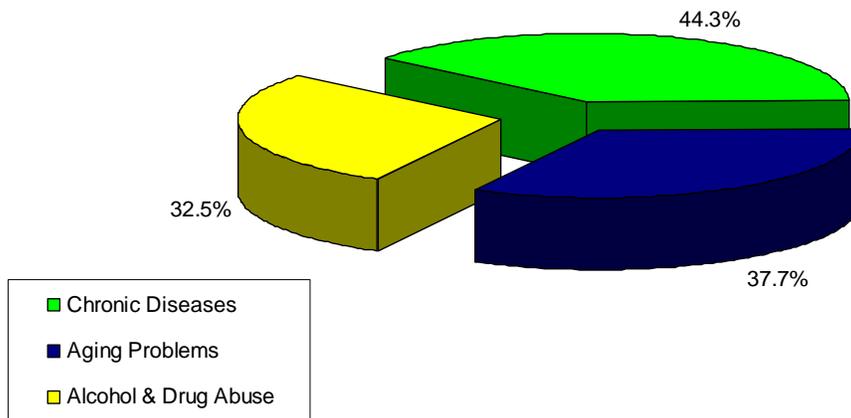
Overall, the survey respondents rated their own general health as good or very good (33.7% and 36%, respectively). The top three health problems relayed were high blood pressure, arthritis, and high cholesterol. Although an overwhelming majority (72.7%) did participate in some physical activity in the past 30 days, most did not exercise regularly or have the recommended daily amounts of fruits and vegetables in their diet. As such, 61.3% of the survey respondents reported being overweight or obese using the Body Mass Index calculation. 22.9% were current smokers versus the state average of 19.3%.

In the area of social support, Charlotte County residents ranked very high. Much of this support came from a small network of friends and family, as there was relatively low involvement with faith-based, civic, and similar larger organizations. However, respondents did have a high level of trust in their elected officials and felt they had the chance to be heard. They were generally satisfied with their access to care, as well. Most individuals sampled were able to obtain necessary medical care in the past year, although they did express concern about the rising costs of health care and their ability to afford insurance in the future.

PRIORITIES AND PERSPECTIVES

It is interesting to note that although the individuals polled came from diverse backgrounds, education, and socioeconomic statuses, they were in strong agreement on many key issues involving community health. 57% rated Charlotte County as a healthy or very healthy community to live in. When asked, “What three items do you believe are the most important health concerns in your community?” the following were given:

Top 3 Community Health Concerns



Chronic diseases encompass a wide spectrum of illnesses such as cancer, heart disease, and diabetes. Aging problems include both cognitive and physical conditions such as Alzheimer’s and arthritis.

There are many factors that contribute to a healthy community. The following responses reflect what community members felt were the most important.

Factor	Percentage	# Responding
Access to Health Care and Other Services	58.7 %	390
Good Jobs and Healthy Economy	47.5%	315
Low Crime / Safe Neighborhoods	29.3%	189
Strong Family Life	28.3%	184
Affordable Housing	27.2%	176
Healthy Behaviors and Lifestyles	24.8%	162
Good Schools	22.2%	144
Clean Environment	17.7%	113

Focus Groups

METHODOLOGY

This was considered a useful medium for gathering narrative rather than quantitative information on how people felt about the health issues relevant to Charlotte County. Participants for the focus groups were recruited by internet postings, newspaper, fliers, and word of mouth. A trained focus group facilitator conducted three focus groups at three different locations during the month of March 2010. These locations were selected to allow access to a variety of residents throughout Charlotte County. The focus groups were held at the Christian New Day Church in Port Charlotte, the Charlotte County Family Services in Port Charlotte, and the Gulf Breeze housing community in Punta Gorda.

RESULTS

When asked about their general perspective on health care in Charlotte County, respondents stated that although they felt it was adequate, transportation was a significant issue. This was especially true for Medicare and Medicaid patients who already had a difficult time finding providers. Many respondents cited the inconvenience and limited service of Dial-A-Ride, leaving them to rely on family members and neighbors in order to obtain health care.

Another major theme of the focus groups was the lack of guidance in obtaining needed services. They felt more health fairs, support groups, and case managers would be very helpful in directing them to the information they need in order to navigate our somewhat complex and dispersed system. Dental care, mental health, and care for the homeless were listed as specific areas of need among Charlotte County residents.

Key Informant Interviews

METHODOLOGY

A key group of individuals who has in-depth knowledge of local health services was convened to better understand the perspectives of community leaders on the health status of Charlotte County. The interview subjects included governmental representatives, healthcare providers, and representatives of local businesses and community organizations. The 30-minute interviews were conducted in person by the Health Planning Council of Southwest Florida. The list of community leaders interviewed is included in the full report, *2010 Charlotte County Florida Health Assessment*.

RESULTS

When asked to identify the most pressing health care needs in Charlotte County, the number one response was access to care for the uninsured. Specifically, a lack of dental services, primary care providers accepting Medicaid, and specialists were among the main deficiencies cited. An overarching barrier to care that was repeatedly mentioned was a lack of transportation services.

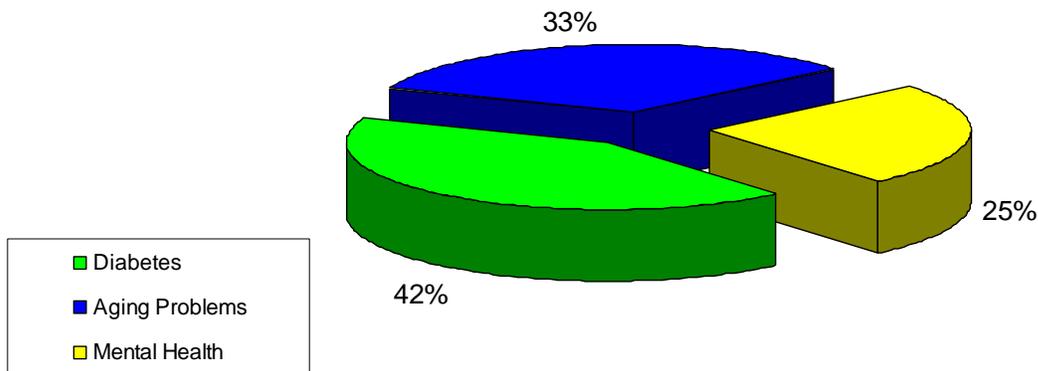
The coordination and delivery of mental health services was also at the forefront of discussions. Respondents pointed out the lack of counseling available for those facing problems of isolation,

depression, and substance abuse. Mental health services were considered out of reach for many residents without life-threatening issues.

Another critical issue centered on chronic disease prevention. Many interviewees stated that there is a great need for more programs focusing on healthy lifestyles. They recognize the impact obesity has had on the health of our community and would like to see more general nutritional and physical activity initiatives undertaken by the health department. The adoption of more wellness programs should also focus on the unique needs of the elderly and children. Overall, it was felt that health education and prevention information should be expanded upon.

As a follow-up to the interviews, all participants were re-contacted in June 2012 and asked to complete a brief survey to assess their current opinions on health care issues they had commented on in the past. The overwhelming majority still feel that access to health care is the most important factor for a healthy community. Furthermore, when asked, “What do you think are the three most important “Health Problems” in our community?” the following answers were given:

3 Most Important Health Problems



It is interesting to note that these responses closely mirror those of the community-at-large during the 2010 survey. It not only reflects mutual agreement on health issues in the community, but also demonstrates that those in leadership positions are accurately assessing the needs and wants of our citizenship.

MAPP Phase 3: The Four Assessments

Local Public Health System

The purpose of the Local Public Health System Assessment (LPHSA) is to evaluate the efficacy of the public health delivery system. Under the guidance of the CDC, The National Public Health Performance Standards (NPHPS) tool was used to identify strengths and areas for improvement within the Charlotte County public health system. This was achieved by rating the delivery of the “10 Essential Public Health Services.” Assessment results represent the collective performance of all entities in the local public health system and not any one organization.



To improve the quality of public health practice and the performance of public health systems we must ask ourselves, “Are we doing things right?” and “Are we doing the right things?”

There are numerous benefits to NPHPS, including:

- Improving organizational and community communication
- Providing a benchmark for public health practice improvements
- Identifying strengths and weaknesses for quality improvement efforts

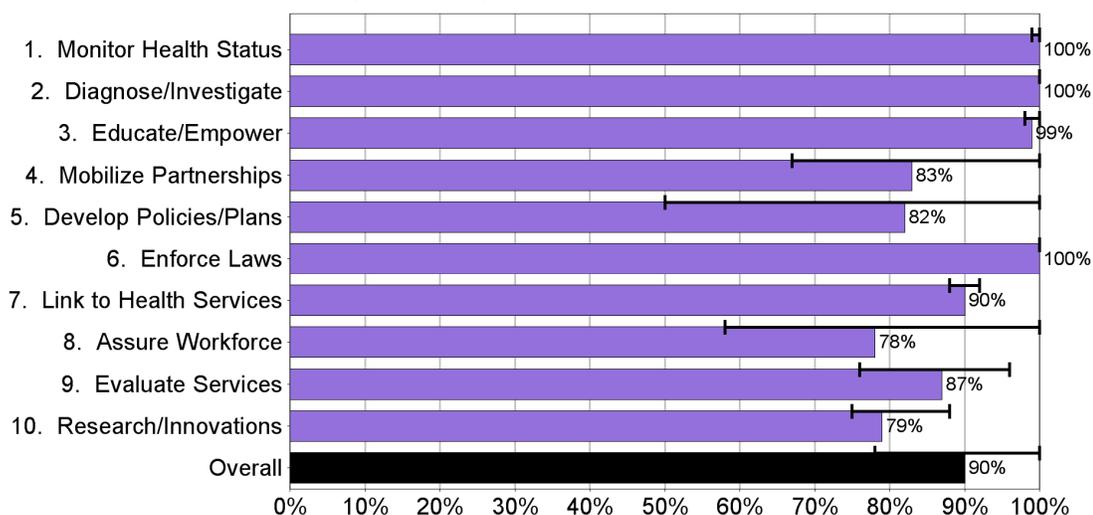
The NPHPS assessment results provide a framework for guiding an overall public health infrastructure and a performance improvement process for the public health system.

Each Essential Public Health Service (EPHS) score is a composite value determined by the level of activity devoted to the performance of each Essential Service. These scores are based upon the following parameters:

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met

The following graph provides a quick overview of how well the Charlotte County public health infrastructure performed according to the LPHSA.

Summary of EPHS performance scores and overall score



Although all areas scored extremely high, there is opportunity for improvement in the areas of mobilizing community partnerships to identify and solve health problems, as well as developing policies and plans that support individual and community health efforts. The weakest areas of our public health delivery system appear to be in assuring a competent public and personal health care workforce and researching for new insights and innovative solutions to health problems.

MAPP Phase 3: The Four Assessments

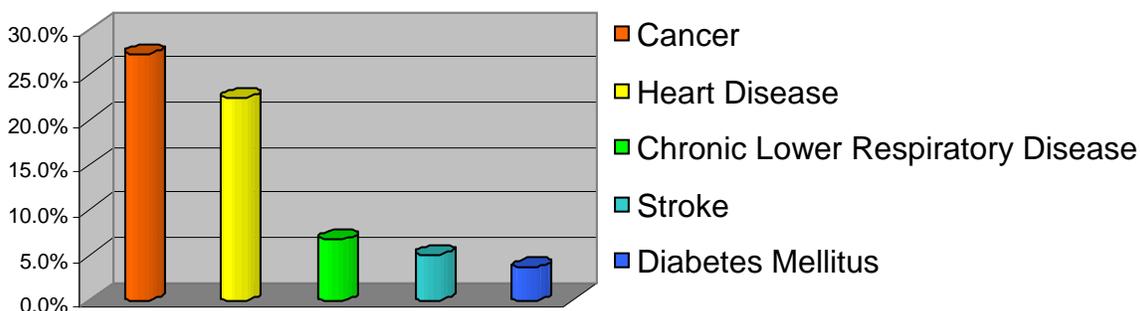
Community Health Status

The purpose of the community health status assessment is to identify priority issues and resources related to community health and quality of life. A rich compilation of data was extrapolated from the *2012 County Health Rankings* report, Florida CHARTS, the *2010 Charlotte County Florida Health Assessment*, and the *Behavioral Risk Factor Surveillance System (BRFSS) Data Report* to provide a snapshot of our community's health risks, factors, and outcomes.

Leading Causes of Death

The most frequent causes of death for people of Charlotte County are cancer and heart disease. Together they accounted for nearly half the deaths in 2008. Although the overall deaths from cancer and heart disease are below the state average, the death rate for lung cancer and the hospitalization rate for heart disease is much higher.

Charlotte County Major Causes of Death - 2008



Communicable Disease

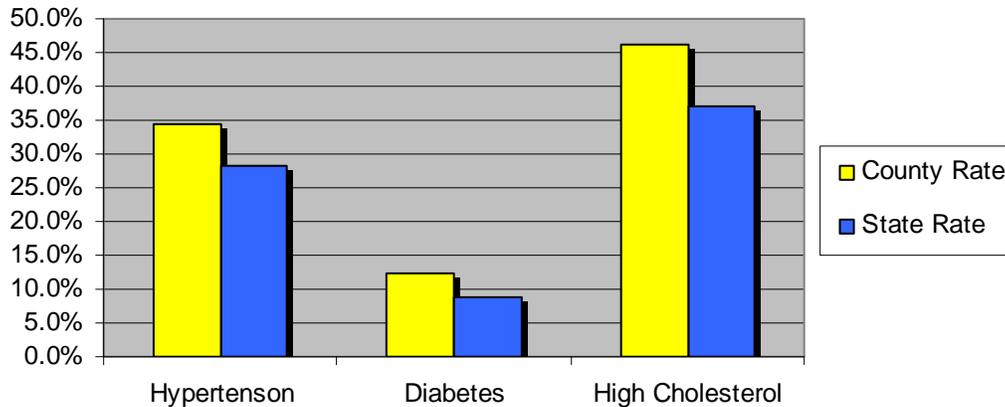
Charlotte County ranked well below the state average rate for all sexually transmitted diseases and most vaccine-preventable diseases. The notable exception was pertussis (commonly known as whooping cough). The county incident rate was slightly higher than that of the state. However, the death rate for HIV/AIDS in Charlotte County was more than three times lower than the state average.

Chronic Disease

In addition to being the major cause of premature death, chronic diseases also contribute to the highest health care costs nationwide. The Florida Community Health Assessment Resource Tool Set (CHARTS) contains several health indicators worth noting. Sixty percent of Charlotte County residents are overweight or obese and 22.5% have a sedentary lifestyle. Excess weight is considered to be a strong factor and precursor to serious health problems such as diabetes, hypertension, and heart disease. Furthermore, the prevalence of adults in Charlotte County with diagnosed diabetes, hypertension, and high cholesterol are significantly higher than the Florida average.

A comparison summary of the county and state is given in the following graph:

Prevalence of Major Chronic Diseases 2007-2009



The rate of hospitalizations for Charlotte County residents with diabetes and hypertension is also on the rise. The melanoma age-adjusted incident rate is another area in which the county rate exceeds that of the state. This data supports the need for further disease prevention efforts and the reduction of behavioral risk factors. A more comprehensive analysis is contained in the 2010 Florida BRFSS.

Maternal and Child Health

The infant mortality rate is an important factor in determining the overall health of a community. The infant mortality rate for Charlotte County is well below the average for the state of Florida, as is the percent of infants born with a low birth weight. There are also fewer babies born to mothers between the ages of 15 and 19 in the county versus the state. However, more babies are born in Charlotte County without receiving care in the first trimester. The latest county health assessment determined that there were a higher percentage of babies born in Charlotte County who only received late care or no prenatal care at all.

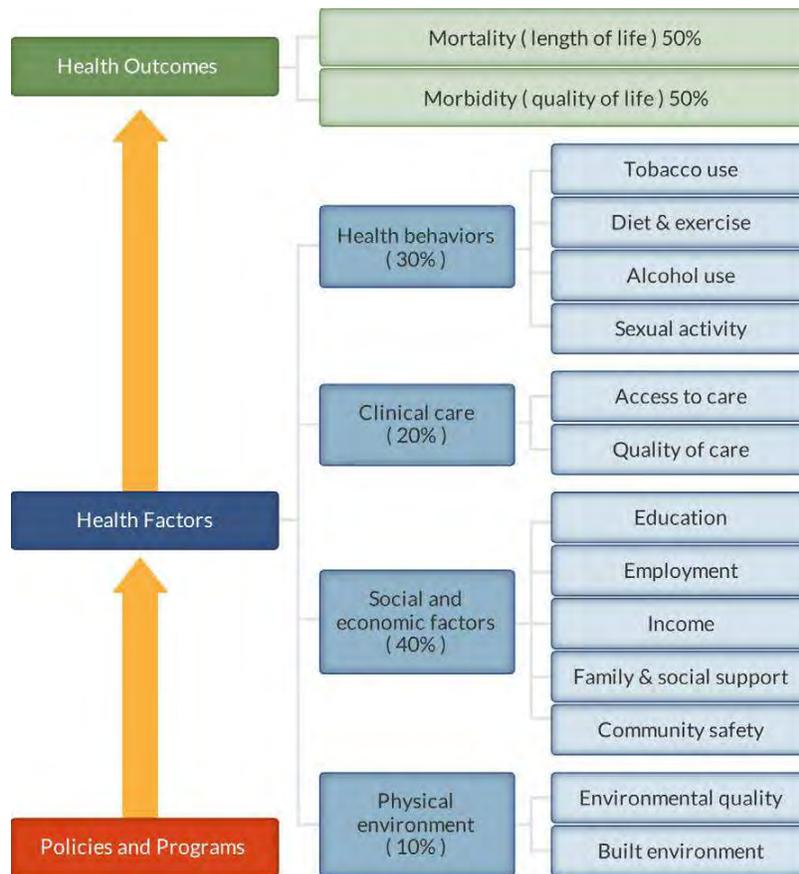
Social and Mental Health

The percentage of adults in Charlotte County who reported that they engaged in heavy or binge drinking in the Florida BRFSS decreased from 18.4 in 2002 to 14.9 in 2007. According to the 2012 *County Health Rankings*, however, that number has climbed back up to 16%. The 2010 *Charlotte County Community Health Survey* revealed a very low incidence of self-reported substance abuse. Survey respondents indicated high levels of social support and low occurrence of personal or family mental health problems. In contrast to these attestations is the age-adjusted suicide rate. Since 1999, Charlotte County has had a consistently higher rate than the state average. The underlying causes are believed to be depression, anxiety, poor relationships, and loss of employment. Incidentally, the unemployment rate in Charlotte County is higher than both the state and national average. The January 2011 Point-in-Time Count revealed that approximately 53% of the 1,017 homeless persons in Charlotte County were homeless for the first time. The largest group of new homeless is single parents with children. Statistically, this

group of children will experience worse health outcomes and lower academic performance than their more affluent peers.

County Health Rankings

The 2012 *County Health Rankings* report ranks Florida counties according to their summary measures of health outcomes and health factors. The health outcomes rankings are based on an equal weighting of mortality and morbidity measures. The health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs. The figure below depicts the structure of the Rankings model; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”



County Health Rankings model ©2012 UWPHI

Health outcomes represent how healthy a county is, while health factors represent what influences the health of the county. Of the 67 counties in Florida, Charlotte County ranked 25th and 21st in health outcomes and health factors, respectively.

MAPP Phase 3: The Four Assessments

Forces of Change

The Forces of Change Assessment focuses on the identification of forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operates. This answers the questions, “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

The framework for this assessment began several years ago with the first Charlotte County Health Leadership Council. Since then, additional feedback has been solicited at community outreach events, community coalition meetings, and through follow-up surveys with community leaders. This process has allowed for the inclusion of changes over time and the disappearance or emergence of new forces. The contributing organizations and individuals for this assessment are listed in Appendix C.

FORCES OF CHANGE ASSESSMENT FOR CHARLOTTE COUNTY		
FORCE	THREATS POSED	OPPORTUNITIES CREATED
Political		
Health Care Reform	<ul style="list-style-type: none"> - Uncertain impact on affordable health care programs, public resistance, and political opposition. - Expansion of public programs can create a greater burden on already scarce public health resources. 	<ul style="list-style-type: none"> - Health insurance mandates, expansion of Medicaid eligibility, and federal premium subsidies could mean more individuals will have access to care. - Strategies to rein in health care costs could result in more efficient use of resources.
Economic		
Recession	<ul style="list-style-type: none"> - Economic instability prevents individuals from having their basic needs such as shelter, food, and healthcare met, and increases the likelihood of homelessness. - Research indicates that 	<ul style="list-style-type: none"> - With limited income, individuals may cut back on alcohol consumption and the purchase of cigarettes. - In an effort to conserve gas, people are more likely to walk or ride their bikes. - CDC data indicates that

	<p>poverty and unemployment lead to higher rates of obesity and more cases of several types of chronic disease.</p> <ul style="list-style-type: none"> - Anger, anxiety, and depression during an economic crisis exacerbate mental health problems. 	<p>three of the risk factors linked to heart disease – smoking, obesity and a sedentary lifestyle – drop during recessions.</p>
Rising Health Care Costs	<ul style="list-style-type: none"> - For many, access to affordable health insurance is only obtainable through the workplace. - Employers are passing higher costs on to employees in the form of higher premiums and fees. - Many Americans must forgo medications and preventive care. - Lack of primary care puts greater strain on emergency services and causes more avoidable hospital admissions. 	<ul style="list-style-type: none"> - To avoid costly medical care, individuals may be more motivated to engage in healthy lifestyles and behaviors. - In an effort to keep insurance premiums down, employers are implementing more workplace wellness programs. - Health-care providers have greater incentive to focus on early detection and cost-effective treatments.
Social / Cultural		
Adult and Childhood Obesity	<ul style="list-style-type: none"> - Surveys reveal more Americans are becoming overweight or obese, are exercising less, and eating more unhealthy foods. - Black Americans, the middle-aged, and those with low incomes remain the most likely to be obese. - Budget cuts are eliminating many school physical activity programs. - Greater demands are being placed on our health care system for obesity-related illnesses. - Many American suffer from “information overload” when it comes to diet and exercise. 	<ul style="list-style-type: none"> - Widespread public awareness of an epidemic often generates more research and funding. - Good climate exists for innovative solutions and new interventions. - Under public and political pressure, restaurants are offering healthier food and beverage alternatives. - Community health departments are in good position to promote healthy lifestyles and generate excitement over healthy eating and exercise. - Opportunities exist to increase health literacy.

Homeless Families and Children	<ul style="list-style-type: none"> - Housing crisis and high unemployment have increased the number of families with children being evicted from their homes. - Homeless individuals are at higher risk for infectious disease and chronic health problems. - Homeless children are more likely to perform poor in school and be held back a grade. - Government funding for emergency shelters and transitional homes has decreased. - Families who are homeless face greater challenges obtaining social support services and access to health care. - There is considerable overlap with homelessness, mental health problems, and drug or alcohol abuse. 	<ul style="list-style-type: none"> - Threats to homelessness such as illness, poverty, and hunger are more manageable with early intervention. - The shelter system can employ case workers and counselors to assist large groups of individuals in gaining Medicaid or other social service. - Services such as supportive housing, drug and alcohol treatment, parenting support, after-school programs, and nutritional support can mitigate the effects of homelessness. - Mental health care programs that are effective at treating the homeless can help transition them into sustainable housing.
Technological		
Electronic Health Records (EHR)	<ul style="list-style-type: none"> - Cost of implementation and training is usually high. - Some individuals and organizations are resistant to change. - Concerns exist over compromised security and privacy issues. 	<ul style="list-style-type: none"> - A centralized system of medical records reduces the chance of errors and duplication of efforts. - EHRs can create improved coordination of care and services.
Evolving Communication Technologies	<ul style="list-style-type: none"> - Electronic gaming devices and computers continue to contribute to a sedentary lifestyle. - Rapidly changing technology quickly renders many applications and programs obsolete before they can be fully utilized. 	<ul style="list-style-type: none"> - Multi-media outlets allow us to deliver health messages to a broader audience. - Web-based programs and interactive tools allow people to become more involved in making decisions about their own health.

	<ul style="list-style-type: none"> - Many individuals seek medical advice and diagnoses through websites rather than consulting a licensed health care provider. 	<ul style="list-style-type: none"> - Social media provides a support network for those who would otherwise be isolated.
Educational		
Chronic Disease Prevention	<ul style="list-style-type: none"> - Rates of hospitalizations in Charlotte County for diabetes, hypertension, and adult asthma continue to rise. - Funding for healthy lifestyles programs at the state and local level has been greatly reduced. - Motivation is sometimes lacking. 	<ul style="list-style-type: none"> - Improving quality of life and preventing disease has become a focal point for many health care organizations. - There is a growing need for more health educators to provide information and support with healthy lifestyles.
Demographic		
Continued Growth of Senior Population	<ul style="list-style-type: none"> - Home health care and senior day care costs remain prohibitively expensive. - Longer life spans correlate with an increase in the prevalence of chronic disease and disability. - The majority of health care costs occur during the later stages of life. - Social isolation and depression remain top priorities in improving health outcomes for the elderly. 	<ul style="list-style-type: none"> - Increased demand for more services can create more jobs and economic opportunities for the community. - Many baby boomers are becoming proactive with their health, and are seeking ways to remain active and independent. - Senior citizens have a strong political voice in the community. - Seniors provide a large pool of volunteers.
Influx of Young Families	<ul style="list-style-type: none"> - Lack of pediatricians accepting Medicaid increases likelihood of parents taking children to an emergency room for primary care services. - Many parents have to choose between work and child care. - Children offer unique health challenges in the form of 	<ul style="list-style-type: none"> - Free or low-cost child care would allow parents to seek work, thereby minimizing the financial hardship of unemployment. - New people entering the workforce contribute to the economic viability of a community. - More children entering the school system provide the

	physical, emotional, developmental, and behavioral conditions.	opportunity for larger-scale health promotion and disease prevention programs and initiatives.
Environmental		
Natural environment	<ul style="list-style-type: none"> - Annual hurricane season can divert attention and resources from other public health needs. - Climate change / global warming may lead to more severe weather conditions in the future. 	<ul style="list-style-type: none"> - Emergency preparedness helps develop cooperative community partnerships. - Enhanced plans for protection of vulnerable populations are generated. - Increased awareness of safety occurs.
Built environment	<ul style="list-style-type: none"> - Lack of public transportation system is a major barrier to receiving timely primary healthcare services. - Fresh produce is not readily accessible in many neighborhoods. 	<ul style="list-style-type: none"> - Expansion of mobile services could bring health information, education, and other resources to neighborhood sectors. - Acceptance for the concept of community gardens is very high.

MAPP Phase 4: Identify Strategic Issues

A strategic issue is a fundamental policy choice or significant challenge that must be addressed for a community to achieve its vision. It represents the most critical issues identified from the four assessments, as well as those with the potential for greatest impact. The Charlotte County Health Department began phase four, “Identifying Strategic Issues”, in June 2012 and completed it in August 2012. This process utilized a facilitator and subcommittee of stakeholders to review the following inputs:

- Analysis of statistical health data
- Consideration of community views
- Feedback from collaborative partnerships
- A list of challenges and opportunities generated from the four assessments

Throughout this phase, we used our vision statement to inform our selection of community health priorities and strategic issues as they essentially define what the public health system wants to achieve:

“Our vision for a healthy Charlotte County is a safe, equitable and vibrant community in which people feel empowered to seek and obtain opportunities and services to achieve and maintain a high quality of life.”

We merged our vision with the collective findings from the prior MAPP phases to identify the following focus areas for community health improvement:

- » Chronic Disease
- » Mental Health
- » Access to Healthcare

Following the MAPP format, the following three Strategic Issues were then developed:

- » How can we reduce the high-risk behaviors that contribute to chronic disease in our community?
- » How can we implement effective strategies to identify mental health problems in our community and mitigate their effects?
- » How can we ensure timely access to health services among all populations within our community?

The Hanlon Method is a data-driven statistical tool that was used to support the selection of these three strategic issues based upon the following criteria:

- Size of the problem
- Seriousness of the problem
- Effectiveness of intervention

MAPP Phase 5: Formulate Goals and Strategies

Strategic Issue 1

How can we reduce the high-risk behaviors that contribute to chronic disease in our community?

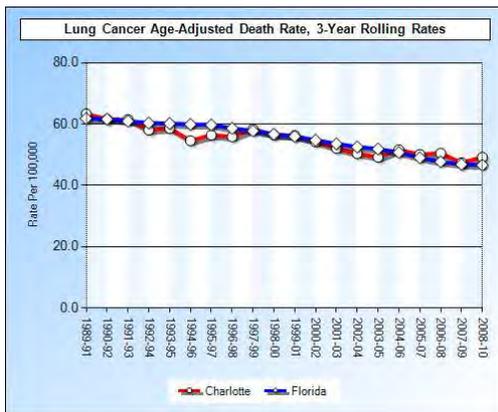
Key Indicators

Chronic diseases are among the most common and costly of all health problems in the United States, but they also are among the most preventable. Lack of physical activity and poor nutrition—two modifiable risk factors for obesity—and tobacco use are responsible for much of the illness, suffering, and death related to chronic diseases.^[1]

1. Centers for Disease Control and Prevention. The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives 2004. Atlanta: U.S. Department of Health and Human Services; 2004.

Smoking

Cancers of the lung, trachea, and bronchus have claimed 118,639 lives in Charlotte County between 2001 and 2010. Most of these can be directly attributed to cigarette smoking. For the last year data is available (2007) Charlotte County had 268.2 smoking-attributable deaths for adults over age 35, ranking it the 48th worst in the state.



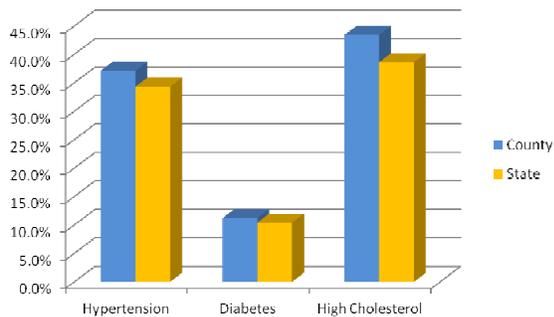
The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 people. Charlotte County's most recent rate is approximately 49.2 deaths per 100,000.

- A 2008 Florida Youth Tobacco Survey indicates Charlotte County student exposure to second-hand smoke is among the highest in the state with 63% of middle school students and 70% of high school students reporting being exposed on a weekly basis. These figures are 10% higher than the state average.
- Research from the CDC suggests that 70% of current U.S. adult smokers would like to quit smoking.
- According to the 2012 County Health Rankings, Charlotte County has 24% current adult smokers. This is 5% higher than the state average.

Obesity – Nutrition and Physical Activity

Good nutrition, physical activity, and a healthy body weight are essential parts of a person’s overall health and well-being. Together, these can help decrease a person’s risk of developing serious health conditions such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and some cancers.

Prevalence of Leading Obesity-related Chronic Diseases



Source: 2010 Florida BRFSS



The Healthy People 2020 goal of adults who have diagnosed high blood cholesterol is 13.5%. The rate in Charlotte County is currently 43.4%.

In the *2010 Community Health Survey*, residents were asked, “Have you ever had, or do you have any weight problems?” Only 20.8% answered affirmatively, yet the same survey sample revealed 61.3% of the respondents were overweight or obese. This would suggest a disconnect between body weight and health risk among many in our community. Furthermore, most adults did not eat the recommended amount of vegetables each day although they reported they “usually eat healthy foods.” The percentage of adults in Charlotte County who meet vigorous physical activity recommendations is 24.6%, ranking it 34th in the state.

Our overarching goal is to encourage residents to eat a healthful diet, participate in regular physical activity, and achieve and maintain a healthy body weight. The Nutrition and Weight Status objectives for Healthy People 2020 emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities.

It is imperative that we identify special populations and research evidence-based interventions appropriate for them. For instance, older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.^[2] Our large elderly population is of particular concern, as the rate of chronic disease due to poor diet and lack of exercise are projected to grow exponentially in the coming years.

2. Belza B, Walwick J, Shiu-Thornton S, et al. Older adult perspectives on physical activity and exercise: Voices from multiple cultures. *Prev Chronic Dis.* 2004 Oct;1(4):A09.

Chronic Disease

Goal: Decrease chronic disease rates related to poor lifestyle choices
<p>Long-Term Outcomes:</p> <ol style="list-style-type: none"> 1. Sufficient knowledge and skills to make healthier choices 2. Decrease in obesity and smoking-related diseases 3. Improved quality of life and increased productivity for all citizens
Strategies:
Increase awareness of Tobacco Free Florida’s online presence by promoting all 3 resources: Web Coach®, the Florida Quitline and the Florida Area Health Education Centers (AHEC) Network
Advocate for ordinances and resolutions to make local beaches, parks, and playgrounds smoke-free
Encourage policies that promote physical activity at worksites, in communities, and in schools
Engage community interest in nutrient-dense foods through interactive demonstrations and cooking classes
Provide USDA Dietary Guidelines in a variety of culturally and linguistically appropriate formats
Ensure healthier food options are available and affordable to all residents
Gain a better understanding of how to prevent unhealthy weight gain through exploring new and innovative multi-level interventions
Develop surveillance tools to track community progress and identify which programs are most effective
Deliver counseling or education related to nutrition and weight in multiple settings
Leverage community partnerships to encourage and motivate residents to prioritize health through lifestyle choices
Establish local farmer’s market licensed to accept Supplemental Nutrition Assistance Program (SNAP) benefits
Create free or low-cost exercise programs for low income families
Provide better bike/walking paths to encourage physical activity

MAPP Phase 5: Formulate Goals and Strategies

Strategic Issue 2

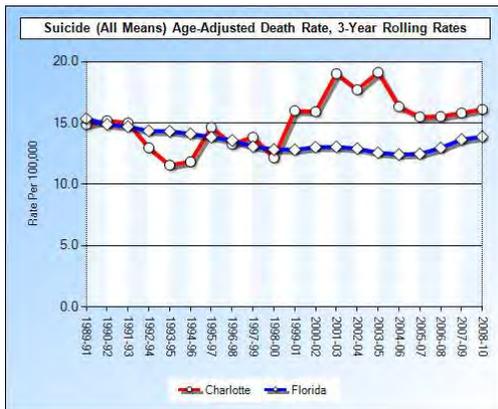
How can we implement effective strategies to identify mental health problems in our community and mitigate their effects?

Key Indicators

Despite being the fourth most populated state, Florida's per capita funding for mental health and substance abuse services is ranked 49th and 37th, respectively, in the nation. Florida's foreclosure rate is the second highest in the nation; our unemployment rate is over 11 percent, and food stamp applications have tripled within the last year. Florida's economic downturn affects us all and hits hardest for those with disabilities, including individuals with substance abuse and/or mental health disorders. [3]

3. Florida Department of Children and Families. Substance Abuse and Mental Health Overview. Retrieved from <http://www.dcf.state.fl.us/samh/>

As noted in the previous health assessments, Charlotte County has had a consistently higher rate of suicide than the state average since 1999. The underlying causes are believed to be depression, anxiety, poor relationships, and loss of employment.



The Healthy People 2020 national health target is to reduce the suicide rate to 10.2 deaths per 100,000 population. Charlotte County's most recent rate is approximately 16.1 per 100,000.

Parity, as it relates to mental health and substance abuse, requires insurers to provide the same level of benefits for mental illness or substance abuse as for other physical disorders and diseases. Florida law sets minimum requirements for mental health benefits, but does not require parity; as a result, insurers typically offer less coverage of those illnesses.

Charlotte County has a limited amount of mental health treatment facilities. A strong concern about mental health was a major theme throughout the MAPP assessments. Many citizens felt they had no available counseling resources to help them cope with everyday stress, anxiety and depression. Unless their condition was life-threatening, mental health services were considered out of reach.

Mental Health

Goal: Enhance the continuum of quality mental health services available to all residents
<p>Long-Term Outcomes:</p> <ol style="list-style-type: none"> 1. Reduced rates of suicide and depression 2. Decrease in self-reported poor mental health days 3. Improved quality of life and social engagement
Strategies:
Educate the public regarding how to access mental health services, including the 24-hour crisis hotline through Charlotte Behavioral Health Care
Establish mobile outreach opportunities such as “Teletherapy”
Leverage resources for grant opportunities and program development
Reduce stigma of people accessing mental health care
Enhance training programs for caretakers and staff at assisted living facilities
Utilize best-practices to create programs that foster resiliency and self-efficacy in children and adolescents
Enhance current program for seniors to identify mental health issues within the senior community
Facilitate and enhance cross-training opportunities for staff working within and amongst mental health services
Provide linkage to appropriate community resources, information, and counseling
Advocate for Florida Mental Health Parity Law
Encourage a sense of community involvement amongst all residents
Help develop peer-to-peer support groups
Collaborate with non-profits and volunteer services to reduce social isolation

MAPP Phase 5: Formulate Goals and Strategies

Strategic Issue 3

How can we ensure timely access to health services among all populations within our community?

Key Indicators

Each MAPP assessment confirmed that access to health care was an issue of top concern. Although the majority of individuals surveyed were satisfied with general health care services in Charlotte County, there were some key gaps identified from both community focus groups and through analysis of health outcomes.

Women and Children's Health



Charlotte County's rate of "Mother Beginning Early Prenatal Care" is unfavorably lower than the state average. The Healthy People 2020 national health target is to increase the proportion of pregnant women who receive prenatal care in the first trimester to 77.9%. The table below illustrates the work that lies ahead of us as we strive to reduce the disparities in race and ethnicity for receiving early prenatal care in Charlotte County.

Percent of Mothers Beginning Prenatal Care During 1st Trimester By Race - Charlotte County 3-Year Rolling Rates			
	2006-08	2007-09	2008-10
White	72.7%	74.6%	75.7%
Black	64.2%	65.4%	63.5%
Hispanic	66.3%	68.6%	68.4%
County Total All Races	72.2%	73.7%	74.4%
State Total All Races	76.5%	77.0%	78.1%



The percentage of Charlotte County women 18 years of age and older who received a Pap test in the past year was 52.6%. This is lower than the state average of 57.1% and far below the Healthy People 2020 goal of 93%.

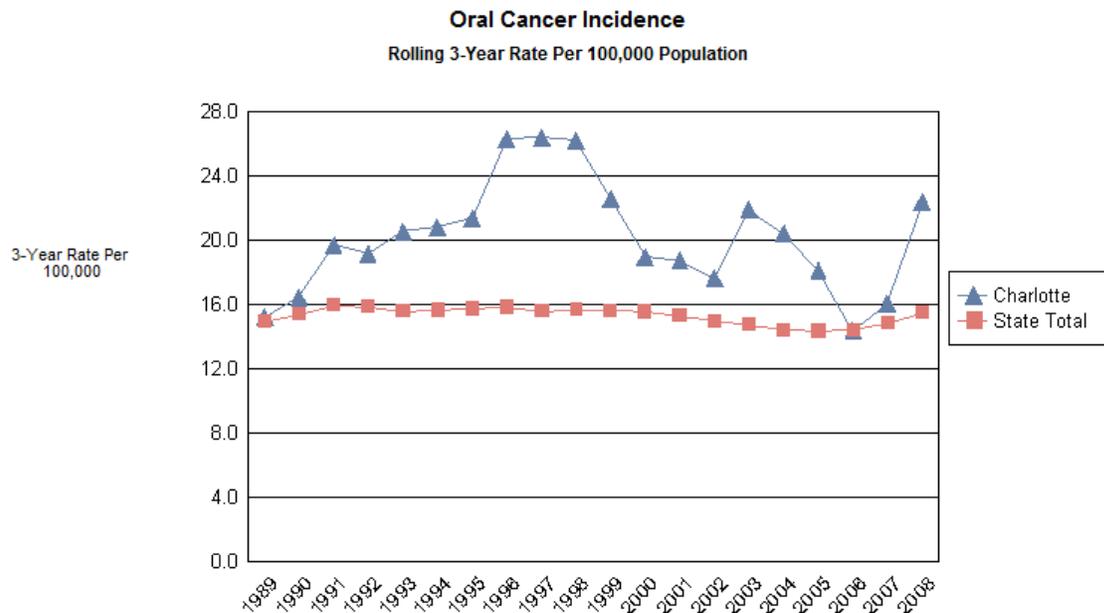
We have recently seen a demographic shift as more families with children are moving into Charlotte County. There is a great need for pediatric services in Charlotte County, especially for those providers accepting Medicaid. Our current rate of 9 pediatricians per 100,000 is far below the state average of 25.3 per 100,000.

Dental Care

Oral health is essential to overall health. The Charlotte County Health Department Dental Clinic has made great strides in reducing dental caries and improving dental outcomes among children and adolescents. However, the demand for dental services requires additional providers in our community. We have a modest staff to serve the 10,000 children currently eligible for our dental program.

There is an overwhelming need to provide adult dental services in our community. The percentage of adults who had a permanent tooth removed because of tooth decay or gum disease in 2010 was 61.2%, placing us 54th in the state.

Oral health care goes far beyond cosmetic considerations. There is a strong link between periodontal disease and heart disease. There is also increased risk of death and disability from oral cancers without routine dental examinations. This is of considerable concern given the relatively high prevalence of oral cancers in Charlotte County.



Transportation

Of all the various barriers to health care discussed, transportation was cited as the most common reason people were unable to visit a health care provider. There is no public transportation system in Charlotte County. The Dial-A-Ride program was deemed inconvenient and insufficient. As residents are often forced to go outside the county for covered specialty services, taxis are considered prohibitively expensive. Most individuals surveyed said they had to rely on friends and family to visit a health care provider.

Access to Care

Goal: Ensure that all Charlotte County residents have access to quality healthcare.

Long-Term Outcomes:

1. A health care and public health system that is responsive to the cultural and demographic needs of the population
2. A health care and public health system that integrates prevention and care
3. A health care and public health system that is universally available and affordable

Strategies:

Develop culturally sensitive interventions to increase minority prenatal care

Actively recruit more OB/GYN physicians accepting sliding scale fees and Medicaid participants

Establish adult fee schedule and expand insurance carriers for dental clinic

Increase awareness of the importance of oral health to overall health and well-being

Use public health and the health care system to promote community health priorities

Promote existing services available to low-income and uninsured residents such as VBA and the Englewood Community Clinic

Convene partners to address issues related to transportation

Secure adequate funding for public health infrastructure to ensure effective prevention and health promotion programming is available to all residents

Strengthen the linkage and referral system between agencies that offer free health care and other social service and health care agencies

Increase awareness of free or reduced-cost prescription drug programs

Increase awareness of proper use of preventive health care services

Promote health literacy as a means to increasing access to care

Appendix A

CHIP Charlotte Leadership Council

Thomas Moore - Charlotte County Board of County Commissioners

Cecy Glenn – CEO, United Way of Charlotte County

Robert Hebert - Director of Community Initiatives, Charlotte County Administration

Victoria Carpenter - Director, Department of Human Services

Emily Lewis - Manager, Family Service Center

Deedra Travis - Senior Services, Department of Human Services

Joann Lawson - Director Charlotte County Parks and Recreation

Dr. David Klein - Community Physician

Paul Ringenberger - Executive Director, St. Vincent De Paul Community Pharmacy

John Davenport - Sheriff, Charlotte County Sheriff's Office

Tom Rice - CEO, Fawcett Hospital

Brad Nurkin - CEO, Charlotte County Regional Medical Center

J. David McCormick - CEO, Peace River Medical Center

Jay Glynn - CEO, Charlotte Behavioral Health

Donna Widmeyer - Assistant Superintendent, Charlotte County School District

Dr. Pat Land - President, Edison College

Eric Stockley - Charlotte County Health Department

Appendix B

Support Documents

2010 Behavioral Risk Factor Surveillance System (BRFSS) Data Report

This is a state-based system of health surveys from the CDC that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

2010 Charlotte County Community Health Survey

This survey was administered as a project of the Community Health Improvement Partnership and was funded by the Gulf Coast Community Foundation of Venice, with additional support from the Charlotte County United Way and the Sarasota County Health Department.

2010 Charlotte County Florida Health Assessment

This report was prepared by the Health Planning Council of Southwest Florida, Inc. for the purpose of conducting a needs assessment for the Charlotte County Health Department and other community partners.

2011 Local Public Health System Assessment

This report is a product of the National Public Health Performance Standards Program. NPHPSP is a National Partnership initiative from the CDC that has developed system assessment tools for state and local public health systems and for public health governing bodies.

2012 County Health Rankings

This report is a project of The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. It ranks Florida counties according to their summary measures of health outcomes and health factors.

Florida CHARTS

The Florida Community Health Assessment Resource Tool Set is a website that provides Florida public health statistics such as births, deaths and communicable and chronic diseases.

Appendix C

Forces of Change Meetings and Interviews

July 13, 2012 – Emergency Access Clearing House (E.A.C.H.)
Edgewater Church, Port Charlotte, Florida

July 19, 2012 – Parkside Project Community Meeting
Cultural Center, Port Charlotte, Florida

July 19, 2012 – Homeless Coalition of Charlotte County
Port Charlotte, Florida

July 19, 2012 – The Haven Drop-In Center
Port Charlotte, Florida

July 19, 2012 – Charlotte HIV/AIDS People Support, Inc. (CHAPS)
Port Charlotte, Florida

July 28, 2012 – Back to School Event
Cultural Center, Port Charlotte, Florida

