Healthy CHARLOTTE

Community Health Improvement Plan

2019-2020

Florida HEALTH Charlotte County

Effective: January 3, 2019

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

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Healthy Charlotte Members & Community Partners

The development of the 2019-2020 Community Health Improvement Plan is the work of not only the Florida Department of Health, but also our many community partners. We would like to acknowledge the hard work of those community partners who attended our planning meetings in 2018 and were vital in making this plan possible.

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Mission, Vision, and Purpose

MISSION

To identify community health assets and issues in Charlotte County, set actionable strategies for priority health objectives, and monitor progress toward those objectives.

VISION

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.

PURPOSE

To improve quality of life for all Charlotte County residents.

Executive Summary

The development of this Community Health Improvement Plan (CHIP) for Charlotte County serves as a reminder of how collaboration between government officials, community leaders, public health professionals, and community advocates, as well as many other participants, can build public health infrastructure, aid and guide health planning, and in turn, positively influence public health in our community.

> "Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy."
>
> ✻ Institute of Medicine

By working together, we can move the needle further, faster. A multidisciplinary and multisectoral group of community leaders and local residents came together to develop this comprehensive action plan that takes into account the fact that social and environmental factors (social determinants) play a role in the health of a population.

> Social Determinants of Health: The conditions and circumstances in which people are born, grow, live, work, and age. These circumstances are shaped by a set of forces beyond the control of the individual: economics and the distribution of money, power, social policies, and politics at the global, national, state, and local levels.
>
> ✻ World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) (adapted)

For those Charlotte County residents whose social and environmental situation is less than ideal, achieving positive health outcomes will take more than simple lifestyle modification.

Most individuals know that eating healthy foods and getting regular exercise are important components to maintaining a healthy lifestyle. However, if these folks live in a food dessert or a neighborhood with no safe places to walk, jog, or play, they are unable to make use of that knowledge. Under these circumstances an inequity exists.

Executive Summary

> "Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."
>
> Robert Wood Johnson Foundation

Using the lens of health equity (as well as the social determinants of health) as a guide, the Florida Department of Health in Charlotte County (DOH-Charlotte) initiated a new community health improvement planning process with our many community partners in 2018, as the existing plan was due to be completed by the end of the year.

Using the 2015 Community Health Assessment, as well as updated secondary data, the Steering Committee of Healthy Charlotte came together to identify the most pressing health issues for Charlotte County Residents. Members of the Steering Committee reviewed an extensive set of health indicators, including trend data and comparison to State and National data and priorities. After review and much discussion, the group selected the following as the five most pressing health issues in Charlotte County, Florida:

- **Diabetes**
- **Alcohol and Substance Abuse (adults)**
- **Child Abuse**
- **Suicide**
- **Adverse Childhood Experiences (ACEs)**

The data was further refined and then combined with a listing of existing and potential initiatives to combat these health issues, which was reviewed by the Healthy Charlotte Stakeholders group. When presented to the Stakeholders, the obvious decision was to focus on Adverse Childhood Experiences (ACEs). By doing so, members agreed that child abuse would inherently be addressed (as both physical, emotional, and sexual abuse all fall under ACEs; see listing of all ten ACEs on next page), and positive health outcomes related to diabetes, alcohol and substance abuse, and suicide should naturally follow.

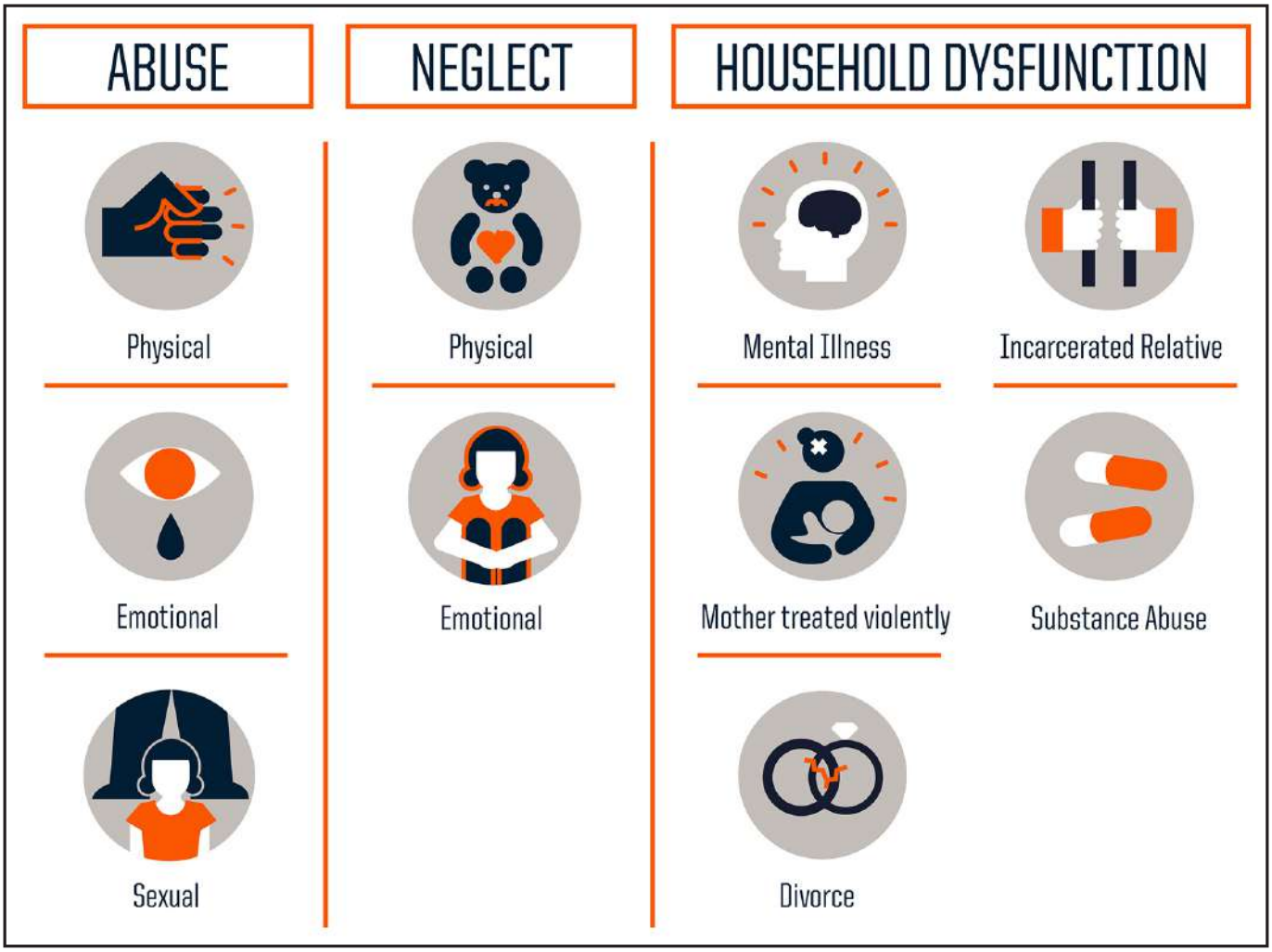
While the research behind how childhood adversity can impact the individual long into adulthood isn't new, its full impact and the prevention opportunities available to a community have only recently begun to be accepted. The initial research came about

Executive Summary

from a CDC study conducted from 1995 to 1997 with over 17,000 participants. That research, and other studies since then, have identified a strong correlation between ACEs and poor health outcomes, as well as social and behavioral problems.

For example, multiple studies that examined the severity and frequency of ACEs identified a, “greater risk for diabetes” (Huffhines, Noser, & Patton, 2016). Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) notes that ACEs, “are associated with a higher risk of developing a substance use disorder,” and, “increased the risk of attempted suicide” (Adverse Childhood Experiences, n.d.).

Three Types of ACE



Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

Executive Summary

Healthy Charlotte members agreed to approach ACEs in Charlotte County through outreach and education, as well as a push towards building a peaceful, more resilient community, much like similar work that has been successful in Tarpon Springs, Florida. By fostering collaboration among all the key players in Charlotte County, and developing community champions throughout individual neighborhoods, a healthier and more resilient community can be built. This work will truly take a village, as every system or organization that touches an aspect of a child's life and family can contribute to the development of community resilience.

While this type of preventive approach requires a long-term vision and commitment from Healthy Charlotte, this CHIP is designed to facilitate just the first two years of foundational work. Upon the conclusion of the ACEs Action Plan described in this document, Healthy Charlotte will come together once again to review updated health data and community trends to better identify next steps.

* Dr. Robert Block, the former President of the American Academy of Pediatrics

References

Adverse Childhood Experiences. (n.d.). Retrieved from https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences

Huffhines, L., Noser, A., & Patton, S. R. (2016). The Link Between Adverse Childhood Experiences and Diabetes. Current diabetes reports, 16(6), 54.

Planning Process / Methodology

The CHA Advisory Team created the 2015 Community Health Assessment using the Mobilizing for Action through Planning and Partnerships (MAPP) process, developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). MAPP is a community-driven, participatory process intended to bring together not only health care providers, but also mental health and social service agencies, public safety agencies, education and youth development organizations, recreation agencies, local governments, neighborhood associations, and civic groups to improve community health.

The MAPP Process

The Department of Health and its partners collaborated on an assessment process that met the requirements of the National Public Health Accreditation Board (PHAB) and laid a solid foundation for the development of the 2016-2018 Community Health Improvement Plan.

The MAPP process consists of four major assessments:

1. The **Forces of Change Assessment** identifies forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.

2. The **Local Public Health System Assessment** focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the question, "What are the components, activities, competencies, and capacities of our local public health system?"

3. The **Community Themes and Strengths Assessment** provides an understanding of the health issues that residents feel are important, including quality of life.

4. The **Community Health Status Assessment** identifies priority community health and quality of life issues. Questions answered here include, "How healthy are our residents?" and "What does the health status of our community look like?"

Planning Process / Methodology

It began in November 2014 with a meeting among staff from DOH-Charlotte to form the Community Health Assessment (CHA) core team. This core team coordinated and facilitated all of the parts of the MAPP process, including the four assessments.

Afterwards, the CHA Steering Committee was formed. Multiple individuals from our community joined this Steering Committee, including representatives from small businesses, local government agencies, non-profit organizations, civic associations, faith-based organizations, community advocates, our local public school system and local colleges.

The timeline ran through mid-2015 and included all phases of the MAPP process. (Full details can be found in the 2015 Charlotte County Community Health Assessment, available at http://charlotte.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/community-health-status/).

The findings from the CHA were reviewed, analyzed, and synthesized to inform the development of Charlotte County's Community Health Improvement Plan (CHIP). Strategic health issue areas were identified through a facilitated process that examined crosscutting strategic issue areas that emerged in the CHA, including:

- **Access to Healthcare**
- **Chronic Disease Prevention**
- **Maternal and Child Health**
- **Mental Health**
- **Positive Aging**

Goals and objectives to collaboratively address each of these areas were laid out over a three-year timeline. (2016-2018 Community Health Improvement Plan is available at http://charlotte.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/community-health-status/)

Subcommittees were developed for each of the five strategic issue areas, and the identified initiatives were tackled over that three-year timeline, including increasing knowledge of the Affordable Care Act, promoting temporary Medicaid for pregnant

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women, implementing the Signs of Suicide program in the public schools, and conducting a Community Health Assessment on the large senior population in Charlotte County. The Subcommittees met monthly basis throughout that time, working their way through each initiative.

DOH-Charlotte conducts its full Community Health Assessment every five years, with annual updates in between, making the next full CHA due for completion in 2020. An update is provided annually to the community at a Healthy Charlotte meeting. At this presentation, community members look at the most relevant health indicators for Charlotte County and the current local health improvement priorities.

As the established initiatives for the CHIP were concluded in 2018 by the five Subcommittees, well in advance of the development of the 2020 CHA, the need for a new plan arose. To avoid having a gap between plans, Healthy Charlotte members agreed to develop a 2019-2020 CHIP to address current health issues, and to use the 2020 CHA to develop the plan that will begin in 2021.

To facilitate the process of creating a new CHIP, DOH-Charlotte developed an abbreviated version of the Community Health Status Assessment in 2018 as the 2016-2018 CHIP projects were winding down. This Community Health Status Assessment included updates to secondary health indicators as well as preliminary information on emerging trends.

This local health data, which included comparisons to State data as well as National priorities, was presented to community partners and members of the community in September 2018 at a Healthy Charlotte Steering Committee Meeting held at the Department of Health.

Upon a thorough review of the health indicators and emerging trends (available in Appendix A), the Healthy Charlotte Steering Committee members narrowed the health issues identified down to the five most pressing in Charlotte County (minutes for this meeting are available in Appendix B):

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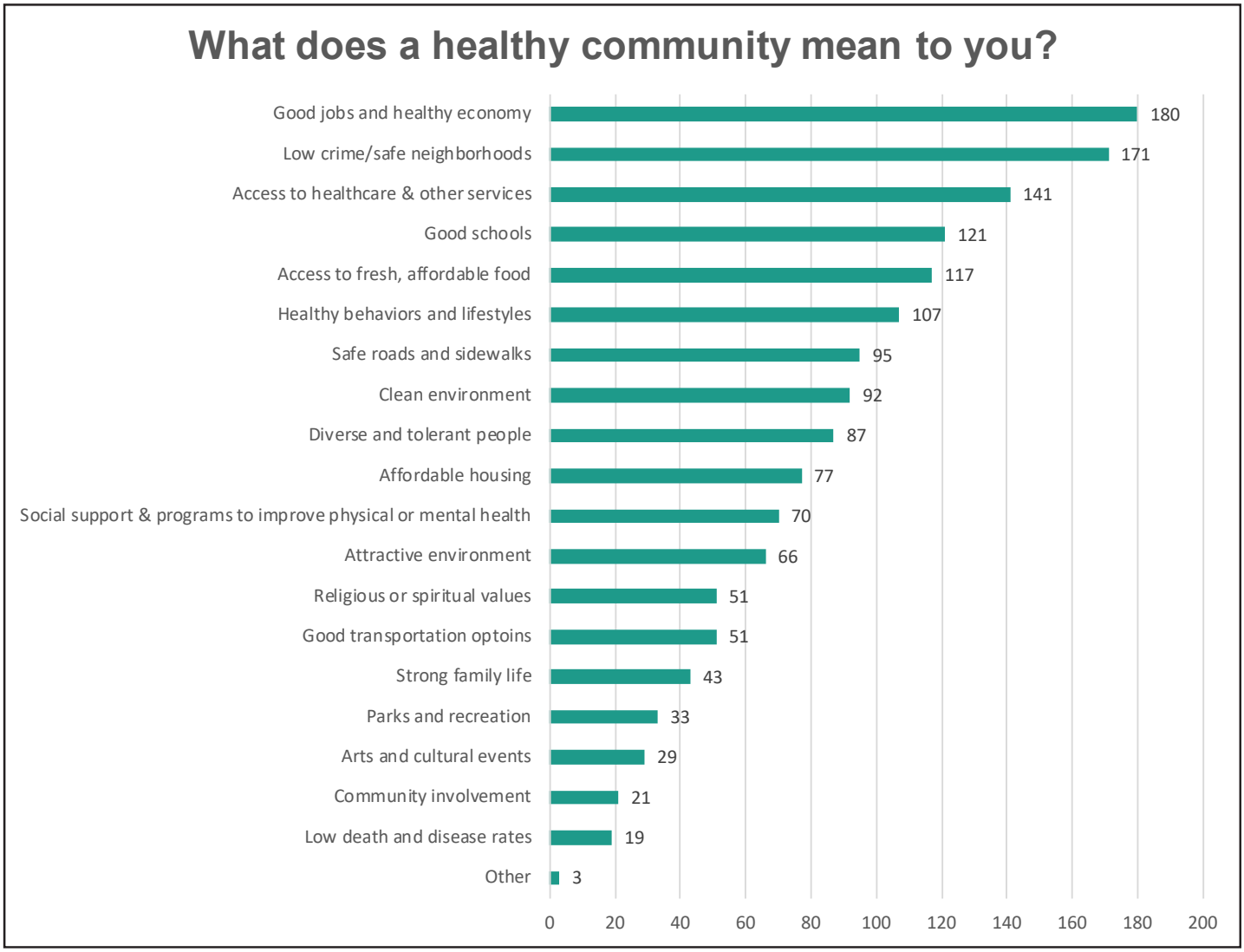
- **Diabetes**
- **Alcohol and Substance Abuse (adults)**
- **Child Abuse**
- **Suicide**
- **Adverse Childhood Experiences (ACEs)**

Definition of a Healthy Community

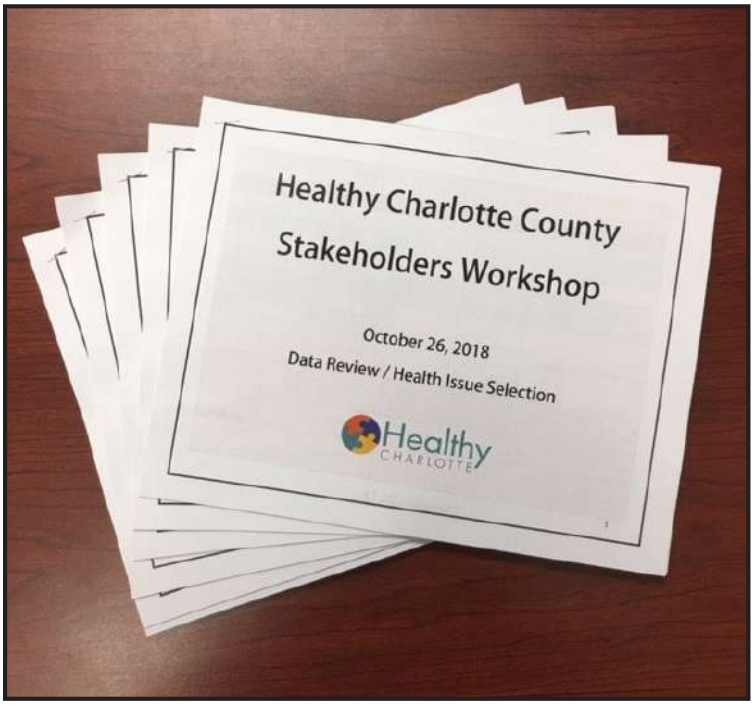
An electronic survey was developed and disseminated throughout the community in 2015 as part of the Community Health Status Assessment to identify quantitative and qualitative information on community health conditions. When asked to identify the top three elements of a healthy community, 538 individuals responded with employment, safety, and access to healthcare as the most prominent.



2015 Charlotte County Community Health Assessment

Planning Process / Methodology

Additionally, during the Visioning Phase of the MAPP process, community members defined their vision for “health” for Charlotte County in the following statement, “A dynamic and diverse population with different needs working together to improve all aspects of community health.”



Using these social determinants of health, this definition and vision for “health”, and a lens of health equity to frame the conversation for the development of the 2019-2020 CHIP, Healthy Charlotte members asked themselves how they could collaborate to make our community healthier.

From there, DOH-Charlotte staff delved deeper into the data for those key indicators. Data was pulled from a variety of sources, including Florida Agency for Health Care Administration (AHCA), Florida Department of Children and Families (DCF), Florida Department of Health (DOH), Bureau of Vital Statistics, Florida Department of Juvenile Justice (DJJ), and many more (available in Appendix C).

Additionally, a listing of existing programs in Charlotte County to address these health issues was compiled, as well as potential programs that would be feasible to implement in Charlotte County (available in Appendix C). The data and program listings for the five most pressing health issues were presented at a meeting of the full Healthy Charlotte Stakeholders group in October 2018.

Each health issue was reviewed in detail and community members offered their thoughts and feedback on the possibility of developing initiatives to address these issues. As the group reviewed the available data related to ACEs, they discussed childhood adversity’s obvious correlation to all of the other four health issues that had been identified by the Steering Committee.

It was noted that growing up in a home where a parent abuses alcohol or other substances is one of the 10 ACEs, as is child abuse. The group agreed that the risk

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of future health issues such as attempting suicide or developing Type 2 diabetes were increased for children who had experienced ACEs. In addition, initiatives to reduce ACEs would align with State health improvement priorities (listed below).

> **According to the CDC, experiencing even one ACE increased the risk of attempted suicide up to five times.**

The group agreed that focusing their collaborative work directly on reducing ACEs in Charlotte County would also positively impact the remaining four identified health issues and so much more (minutes available in Appendix D). Healthy Charlotte Stakeholders viewed a video from Tarpon Springs, Florida on their efforts to become the first trauma-informed community in the nation in order to increase their resiliency. It was noted that many organizations in Charlotte County were already implementing trauma-informed and violence-reduction practices in their organizations, which would fit in perfectly with the move towards increasing resiliency in the community.

Alignment with State Health Improvement Plan (2017 - 2021)

State Health Improvement Plan Priority #4 - Injury, Safety & Violence
ISV 1.5 Use Green Dot Bystander Intervention training as a tool to change social norms related to violence.

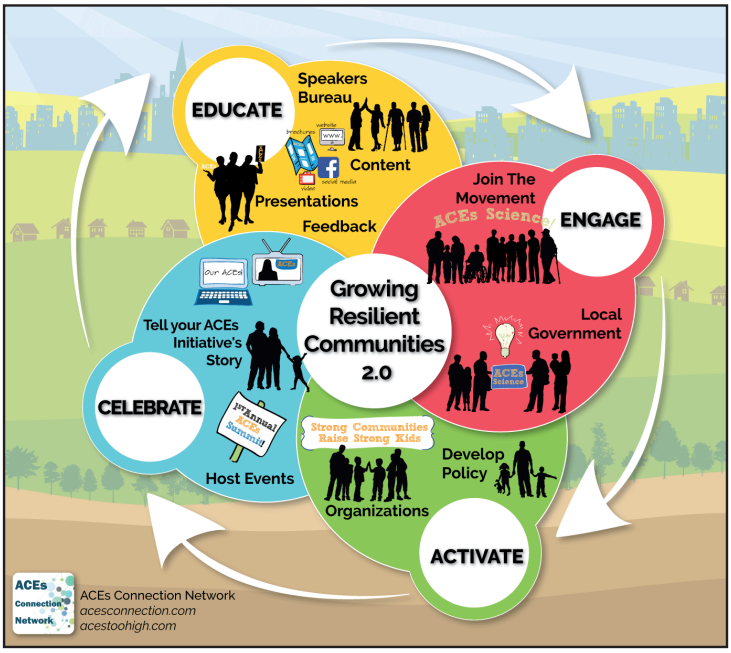
State Health Improvement Plan Priority #6 - Behavioral Health
BH 1.1 Increase the number of child welfare-involved families with access to behavioral health services.

BH 1.2 Increase the number of people trained in mental health first aid to identify, understand and respond to signs of mental illness and substance use disorders in the community.

BH 4.1 Provide training on the prevention of suicide and related behaviors to community and clinical service providers.

BH 4.2 Increase suicide prevention efforts for high-risk populations.

Planning Process / Methodology



DOH-Charlotte staff drafted an action plan for 2019-2020 to lay the foundation for the development of a resilient community in Charlotte County. This action plan was developed utilizing the basic framework of **Growing Resilient Communities 2.0**, that is recommended by the social network ACEs Connection (which is funded in part by the Robert Wood Johnson Foundation to accelerate the global ACEs science movement). The framework includes the following steps: Educate, Engage, Activate, and Celebrate.

The draft action plan was reviewed by Healthy Charlotte Stakeholders at their November 2018 meeting, and was approved for implementation beginning January 2019, with only minor changes suggested.

The four basic activities of GROWING a local ACEs initiative are:

1. Educate....everybody and every organization about ACEs science, and how people are integrating trauma-informed and resilience-building practices based on ACEs science.

2. Engage....people and organizations to join the local ACEs initiative to become involved. A little bit or a lot...any involvement is good.

3. Activate....organizations to commit to integrating trauma-informed and resilience-building practices. This results in systems change.

4. Celebrate....any accomplishment by posting to their community on ACEs Connection and other social media, and by holding events to highlight progress.

Source: Growing Resilient Communities 2.0 (https://www.acesconnection.com/blog/growing-resilient-communities-2-0)

Monitoring Progress & Plan Revisions

Per the Healthy Charlotte Charter (available in Appendix E), Steering Committee members will meet quarterly to monitor progress on the CHIP Action Plan. Stakeholders will meet twice annually to monitor progress and suggest any needed revisions. DOH-Charlotte staff will utilize these meetings to inform the CHIP Annual Progress Report.

Regional Community Assets & Resources

Organizations from across the region came together on November 9, 2018 to participate in the Kids Thrive! Collaborative workshop **Trauma-Informed Care: Putting It Into Practice**. The above listed organizations identified themselves at this event as community assets interested in incorporating trauma-informed practices into their work. Some specific assets identified included the life skills training program offered by Drug Free Charlotte County, youth mentoring offered by Wharton-Smith, Inc., suicide prevention offered by Holly's Hope, and parenting classes offered by Joyful Noise. While the overarching set of assets hasbeen identified, relevant assets for each strategy of the plan will be sought as we move forward.

ACEs Action Plan

Members of Healthy Charlotte reviewed and approved the ACEs Action Plan, paving the way for improved safety, resilience, and HEALTH in Charlotte County. The overall goal for the 2019-2020 CHIP is to reduce Adverse Childhood Experiences (ACEs) and their long-term health effects through the development of a peaceful, resilient, and connected community.

The work of the Plan is to be conducted in segments, with strategies that span 2019 and 2020. As new areas of the Plan are ready to be addressed, a new Task Force will be developed to implement those strategies.

The first ACEs Task Force will begin work on the Action Plan in January 2019. Membership for this Task Force includes participation from:

- Health Planning Council of Southwest Florida (Early Steps program)
- Center for Abuse and Rape Emergencies
- Charlotte County Public Schools
- Charlotte Behavioral Health Care
- Drug Free Charlotte County
- The Florida Center for Early Childhood (Healthy Families program)
- Florida Department of Health in Charlotte County
- Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET)

In order to activate local organizations that are willing to commit to integrating trauma-informed and resilience-building practices, one of the Objectives of the Action Plan (available in Appendix F) includes developing a Letter of Commitment (or Memorandum of Understanding) and obtaining commitments from at least 20 partner organizations. By signing a Letter of Commitment, these organizations will be accepting responsibility for implementing strategies of the Action Plan.

GOAL

Reduce Adverse Childhood Experiences (ACEs) and their long-term health effects through the development of a peaceful, resilient, and connected community.

ACEs Action Plan

As referenced in the timeline above, the first Strategy involves developing a shared message and bringing that message to Charlotte County.

The objectives associated with this Strategy include:

- Developing an inventory of organizations that are already providing and receiving ACEs science education
- Assembling a Speakers Bureau
- Developing shared messaging that describes Healthy Charlotte's vision for a trauma-informed, trauma-sensitive, and resilient community
- Providing ACEs science presentations to sectors of the community (both organizations and residents) that have not previously received this education

Strategy 1: Educate 1,740 individuals in Charlotte County about ACEs science, creating the beginnings of a shared understanding of childhood and community adversity, by October 31, 2020.

The first three objectives of this Strategy will begin in the first quarter of 2019 (January through March) by our first ACEs Task Force, and will set the stage for the education piece. The ACEs presentations will span the remainder of the timeline, to reach a documented audience of at least 1% of the Charlotte County population (approximately 1,740 newly educated individuals). Members of Healthy Charlotte have agreed to start with this target, but they will assess annually to determine if a more aggresive target is feasible.

ACEs Action Plan

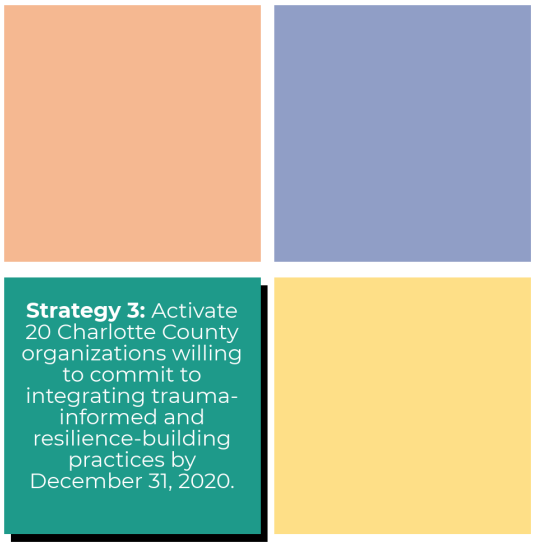
Strategy 2 will begin in the second quarter of 2019 with a new Task Force. This group will be tasked with garnering support from the residents of Charlotte County. Community involvement will be crucial in achieving success as a trauma-informed and resilience-building community.

The objectives associated with this Strategy include:

- Seeking out Community Champions to become members of Community Connection Task Force (e.g. recruit Community Champions by providing presentations with call-to-action to local moms' groups, faith-based organizations, or other public forums)
- Working with local government to provide official recognition
- Coordinating a community-wide event to celebrate the identified recognition through the Community Connection Task Force

Strategy 3 will also begin in the second quarter of 2019. This Strategy deals with agency support throughout Charlotte County.

A multitude of organizations in the community are already doing great work related to ACEs and trauma-informed care. Additionally, many members of Healthy Charlotte have already expressed interest in committing to integrating trauma-informed and resilience-building practices in their organizations. This step will get that commitment in writing, whether through formal policy changes that indicate trauma-informed training as a requirement for all staff or through informal internal processes and procedures.



The objectives associated with this Strategy include:

- Developing a Letter of Commitment or Memorandum of Understanding (MOU) that can be shared with Charlotte County businesses (to include private, faith-based, government and non-profit organizations)
- Obtaining Letter of Commitment or MOU from at least 20 Charlotte County organizations

ACEs Action Plan

Once the initial messaging has been established, publicity all along the way will be necessary to maintain momentum and increase awareness. Strategy 4 covers this fun and exciting part of the Plan.

Strategy 4 will begin the second quarter of 2019, and will be measured annually. The majority of this part of the Plan will be delegated to the CHIP Coordinator / Health Planner at DOH-Charlotte.

The objectives associated with this Strategy include:

- Maintaining the Healthy Charlotte Facebook page to include posting about presentations, new partner agencies, and community successes as they occur
- Developing press releases at least quarterly to maintain community awareness of the ACEs initiative

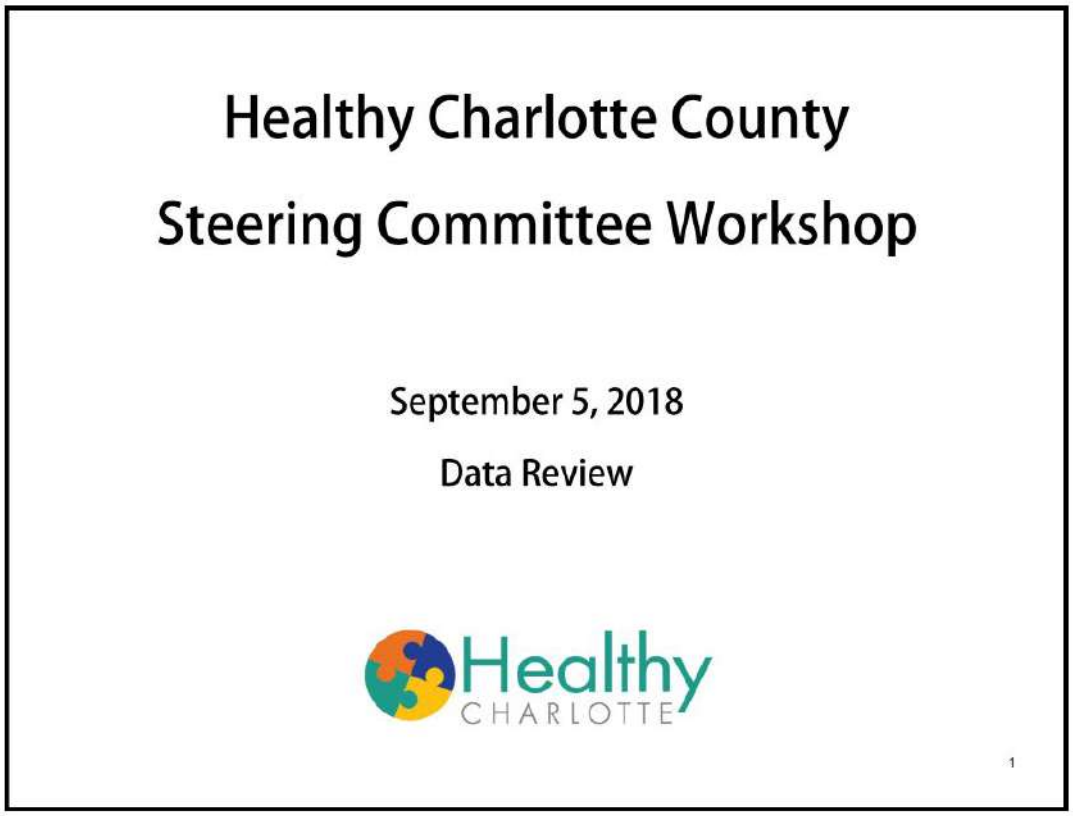
Healthy Charlotte will hold itself accountable through regular monitoring of the plan. Steering Committee members will meet on a quarterly basis to monitor the progress on the strategies for each objective. Responsible organizations will be identified for each new task force that is developed along the way.

The beauty of ACEs science is that by understanding it, we can begin to break the multi-generational cycle of ACEs. Adults can begin to heal from the adversity they experienced as a child, and they, in turn, can raise children who suffer from fewer adversities as a result. Families and neighbors can come together with less judgment and more compassion. Strategies for resilience can begin to permeate throughout our schools and our homes and our relationships.

This is a community approach, with the ability to transform the lives of every resident in Charlotte County.

Appendices

Appendix A: Steering Committee Data Packet



	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Tobacco, Alcohol & Substance Abuse				
Reduce cigarette smoking by adults	12.0%		17.6% of adults were smokers	15.3% (2016)
Cigarette smoking by high school students			6.9% of high school students were smokers	9.3% (2016) This rate has seen a steady decrease since 2008.
Marijuana use by adults			7.4% of adults reported using marijuana during the past 30 days	8.1% (2016) Charlotte County is 13th highest out of 67 counties; ranking 4th in our region.
Reduce the proportion of adolescents reporting use of marijuana during the past 30 days	6.0%		21.5% of high school students reported using marijuana during the past 30 days	20.6% (2016) This rate fluctuates, but is currently higher than last reported in 2014 (17.3%).
Adult Heavy Drinking			Age 18-44 23.1% (2016)	Age 18-44 16.7% (2016)
			Age 45-64 17.2% (2016)	Age 45-64 24.5% (2016) This rate is trending upward.
			Age 65 & Older 10.6% (2016)	Age 65 & Older 8.7% (2016)
Alcohol use by high school students			33% of high school students reported having at least one drink of alcohol in the past 30 days	23.1% (2016)

2

Reduce cirrhosis deaths	8.2 deaths per 100,000 population (age-adjusted)		11.4 deaths per 100,000 population (age-adjusted) (2017)	19.4 deaths per 100,000 population (age-adjusted) (2017) (This rate is trending upward.)
Alcoholic liver disease deaths			6.3 per 100,000 (2017)	15.0 per 100,000 (2017) (This rate is trending upward.)
Neonatal Abstinence Syndrome (NAS)			1,480 (2016) 65.77 per 10,000 live births (2016)	5 (2016) 48.22 per 10,000 live births (2016)
Drug poisoning (overdose) deaths			4,908 deaths (2017) 23.9 per 100,000 crude rate	11 deaths (2017) 6.3 per 100,000 crude rate

	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Maternal Health and Birth Outcomes				
Births to Obese Mothers at time Pregnancy Occurred			25.0% (2017)	29.7% (2017) This rate is trending upwards.
Increase the proportion of infants who are breastfed exclusively through 3 months			86.0% Mothers who initiate breastfeeding (2017)	82.4% Mothers who initiate breastfeeding (2017) This rate has seen a slight upward trend in recent years.
	46.2%		52% new mothers breastfed their baby for at least 3 months	33.5% WIC mothers
Reduce live births to mothers age 15-19		2 per 1,000 females ages 15-1	18.5 per 1,000 females ages 15-19	23.0 per 1,000 females ages 15-19 (This rate has seen an overall downward trend in the past 20 years.) (The above rate represents the following: 15 y/o mother - 1 birth 16 y/o mother - 7 births 17 y/o mother - 9 births 18 y/o mother 15 births 19 y/o mother - 39 births)
Infant deaths	6.0 per 1,000 live births	5.5 per 1,000 live births	6.1 per 1,000 live births (2017)	8.5 per 1,000 live births (2017) (count - 9) This rate is trending upwards.

Black Infant deaths		11.0 per 1,000 black births	10.8 per 1,000 black births (2017)	0.0 per 1,000 black births (2017) (This rate fluctuates, as there are typically fewer than 100 black infants born each year, making even one death affect the rate tremendously.)
The proportion of pregnant women who receive early and adequate prenatal care	77.6%		77.3% Births to Mothers with 1st Trimester Prenatal Care (2017) Births with adequate prenatal care 69.3%	71.2% Births to Mothers with 1st Trimester Prenatal Care (2017) (This rate has remained steady.) Births with adequate prenatal care 70.8% (This rate has seen a very slight downward trend in recent years.)
Increase abstinence from cigarette smoking among pregnant women	98.6%	Reduce percent of births to mothers who smoked during pregnancy to 4.0% by 2021.	4.8% smoked during pregnancy (2017) (i.e. 95.2% abstained)	13.9% smoked during pregnancy (2017) (i.e. 86.1% abstained) This rate has seen a slight downward trend.
Substance exposed newborns				Approximately 13% of births in Charlotte County were to a mother who expressed use of a substance (e.g. THC, polydrug use, cigarettes, methadone).
Reduce total preterm births (<37 weeks gestation)	9.4%		10.2% (2017)	9.8% (2017)
Reduce low birth weight (LBW)	7.8%		8.8% Live Births Under 2500 grams (LBW) (2017)	8.5% Live Births Under 2500 grams (LBW) (2017)
Reduce the proportion of pregnancies conceived within 18 months of a previous birth	29.8%	Reduce percent of births with an inter-pregnancy interval less than 18 months to 30.0% by 2021.	34.8% (2017)	39.8% (2017)

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	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Cancer				
Reduce the cancer death rate	161.4 deaths per 100,000 population		149.4 per 100,000 (2017)	144.9 per 100,000 (2017)
Reduce the lung cancer death rate	45.5 deaths per 100,000 population		37.0 per 100,000 (2017)	37.2 per 100,000 (2017) Count = 170 (2017)
Reduce the death rate of prostate cancer	21.8 deaths per 100,000 males		17.3 per 100,000 (2017)	19.5 per 100,000 (2017) Count = 46 (2017)
Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines	93.0% of females aged 21 to 65		78.8% in past 3 years (2016)	78.3% in past 3 years (2016) This has remained roughly the same since last reported in 2013.
Cervical Cancer death rate			2.8 per 100,000 (age-adjusted) (2017)	1.6 per 100,000 (age-adjusted) (2017) Count = 4
Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines	70.5% of adults aged 50 to 75 years		69.2% of adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy (2016)	77.0% of adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy (2016)
Reduce the colorectal cancer death rate	14.5 deaths per 100,000 population		13.6 per 100,000 (2017)	12.7 per 100,000 (2017)
Increase the proportion of women who receive a breast cancer screening (mammogram) based on the most recent guidelines	81.1% of females aged 50 to 74 years who had a mammogram in the past 2 years		81.7% (2016)	84.9% (2016)
Reduce the female breast cancer death rate	20.7 deaths per 100,000 females		19.0 per 100,000 (2017)	17.3 per 100,000 (2017)

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	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Chronic Disease				
Reduce stroke deaths	34.8 deaths per 100,000 population		39.6 per 100,000 (2017)	30.6 per 100,000 (2017)
Reduce coronary heart disease deaths	103.4 deaths per 100,000 population		92.9 per 100,000 (2017)	88.6 per 100,000 (2017)
Reduce the proportion of adults with hypertension	26.9%		34.6% (2013)	46.2% (2013) This rate is trending up.
Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years	82.1%		79.5% (2013)	86.4% (2013)
Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure	69.5%		79.4% (2013)	85.0% (2013)
Reduce the diabetes death rate	66.6 deaths per 100,000 population		20.7 per 100,000 (2017)	18.6 per 100,000 (2017)
Increase the proportion of adults with diabetes who have at least an annual foot examination	74.8%		67.6% (2013)	64.8% (2013) This rate is trending down.
Increase the proportion of adults with diabetes who have at least an annual foot examination (age 65 and older)			73.2% (2013)	58.9% (2013) This rate is trending down.
Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily	70.4%		61.8% (2013)	50.8% (2013) This rate is trending down.
Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily (age 65 and older)			62.6% (2013)	52.2% (2013) This rate is trending down.
Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education	62.5%		49.6% (2013)	47.6% (2013) This rate is trending down.
Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education (age 65 and older)			46.7% (2013)	44.8% (2013) This rate is trending down.

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	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Elder Issues				
Grandparents responsible for own grandchildren			1.4% (75,186)	0.9% (706)
SNAP or Food Stamps			575,116 Participants 846,352 Potentially Eligible 68.0% Participation Rate	3,158 Participants 8,613 Potentially Eligible 36.7% Participation Rate
Increase the proportion of adults with diabetes who have at least an annual foot examination (age 65 and older)			73.2% (2013)	58.9% (2013) This rate is trending down.
Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily (age 65 and older)			62.6% (2013)	52.2% (2013) This rate is trending down.
Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education (age 65 and older)			46.7% (2013)	44.8% (2013) This rate is trending down.
Healthy Weight (age 65 and older)			32.4% (2016)	37.1% (2016)
The proportion of adults who are obese (age 65 and older)			25.8% (2016)	20.0% (2016)
The proportion of adults who are overweight or obese (age 65 and older)			65.5% (2016)	61.7% (2016)
Percentage of adults 65 years of age and older who have ever received a pneumonia vaccination			65.6% (2016)	75.1% (2016)
Prevent an increase in fall-related deaths among adults aged 65 years and older	47.0 deaths per 100,000 population		69.2 per 100,000 population (crude rate - 2017)	31.1 per 100,000 population (crude rate - 2017)
Reduce the suicide rate (age 65 and older)			20.1 suicides per 100,000 population (crude rate 2017)	19.2 suicides per 100,000 population (crude rate 2017) 13 count (2017)
Reduce asthma deaths among adults aged 65 years and older	21.5 deaths per million		count: 80 (2017)	count: 0 (2015-2017)
Reduce hospitalizations for asthma among adults aged 65 years and older	20.1 hospitalizations per 10,000		5.8 per 10,000	4.0 per 10,000

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	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Healthy Weight				
Healthy Weight (Adults)	33.9%	37.2%	34.5%	34.9%
Healthy Weight (age 65 and older)			32.4% (2016)	37.1% (2016)
The proportion of adults who are obese	30.5%		27.4% (2016)	26.6% (2016)
The proportion of adults who are obese (age 65 and older)			25.8% (2016)	20.0% (2016)
The proportion of adults who are overweight or obese			63.2% (2016)	64.3% (2016) This rate is trending upward.
The proportion of adults who are overweight or obese (age 65 and older)			65.5% (2016)	61.7% (2016)
Healthy Weight (High School students)			67.1%	67.3% This rate has gone down since it was reported in 2014.

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	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Immunization				
Percent of 2-year-olds fully immunized		90.0%	86.1% (2017)	100% of DOH-Charlotte clients
Immunization Levels in Kindergarten			93.7% (school year 17-18)	92.9% (school year 17-18) (This rate has seen a slight downward trend since 2015)
Vaccine Preventable Diseases: Pertussis			1.7 per 100,000 (2016) 1.7 per 100,000 (2015)	0.0 per 100,000 (2016) 1.8 per 100,000 (2015) (3 cases)
Vaccine Preventable Diseases: Varicella (Chicken Pox)			3.6 per 100,000 (2016) 3.7 per 100,000 (2015)	4.1 per 100,000 (2016) (7 cases) 6.0 per 100,000 (2015) (10 cases) This rate has remained fairly steady in recent years. Had an extreme high of 44 cases in 2008, but nothing higher than 10 since then.
Immunization Levels in 7th Grade			96.2% (school year 17-18)	97.7% (school year 17-18)
Percentage of adults 65 years of age and older who have ever received a pneumonia vaccination			65.6% (2016)	75.1% (2016)

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	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Injury & Violence Prevention				
Reduce drowning deaths	1.1 deaths per 100,000 population		2.0 per 100,000 (2017)	3.1 per 100, 000 (2017) (count - 7) This rate has seen a slight uptick in recent years.
Reduce homicides	5.5 homicides per 100,000 population		6.5 rate, 1250 count (2017)	3.7 rate, 4 count (2017)
Reduce physical assaults	19.2 physical assaults per 1,000 population		28.21 per 1,000, 57,984 count (2017)	18.05 per 1,000, 314 count (2017)
Children experiencing child abuse ages 5-11			857.9 per 100,000 (2017)	1,770.9 per 100,000 (2017) (Count of 148 children - this is trending upward.)
Prevent an increase in poisoning deaths among all persons	13.2 deaths per 100,000 population		23.5 per 100,000 (2017 - Unintentional Poisoning Deaths)	7.0 per 100,000 (2017 - Unintentional Poisoning Deaths)
Prevent an increase in poisoning deaths among persons aged 35 to 54 years	25.6 deaths per 100,000 population		41.6 per 100,000 (2017 - Unintentional Poisoning Deaths - Crude Rate, Ages 35 - 54)	12.4 per 100,000 (2017 - Unintentional Poisoning Deaths - Crude Rate, Ages 35 - 54)
Reduce unintentional injury deaths	36.4 deaths per 100,000 population		56.0 per 100,000 (age-adjusted 2017)	41.1 per 100,000 (age-adjusted 2017)
Deaths from Unintentional Injury (ages 0-19)		6.5 per 100,000	13.0 per 100,000	4.1 per 100,000 (2017)
Reduce motor vehicle crash-related deaths per 100,000 population	12.4 deaths per 100,000 population		14.9 per 100,000	20.7 per 100,000 (2017) This rate has seen a slight uptick in recent years.

Reduce the number of injuries to child passengers involved in crashes.		Decrease the rate of child passenger hospitalizations to 10.0 per 100,000 by 2021.	480.8 per 100,000 (2016) Child passengers < 1 injured or killed in motor vehicle crashes	785.1 per 100,000 (count=8, 2016) Child passengers < 1 injured or killed in motor vehicle crashes This rate has seen an increase.
			442.3 per 100,000 (2016) Child passengers ages 1-5 injured or killed in motor vehicle crashes	452.2 per 100,000 (count=25, 2016) Child passengers ages 1-5 injured or killed in motor vehicle crashes This rate has remained steady.
		Decrease the rate of child passenger emergency department visits to 435.6 per 100,000.	447.4 per 100,000 (2016) Child passengers injured or killed in motor vehicle accidents ages 5-11	517.9 per 100,000 (count=44, 2016) Child passengers injured or killed in motor vehicle accidents ages 5-11 This rate has remained steady.
			655.8 per 100,000 (2016) Child passengers injured or killed in motor vehicle accidents ages 12-18	779.1 per 100,000 (count=73, 2016) Child passengers injured or killed in motor vehicle accidents ages 12-18 This rate has seen a very slight increase in recent years, but overall has trended downward over the past 20 years.
Prevent an increase in fall-related deaths among all persons	7.2 deaths per 100,000 population		10.1 deaths per 100,000 population (2017)	5.9 deaths per 100,000 population (2017)
Prevent an increase in fall-related deaths among adults aged 65 years and older	47.0 deaths per 100,000 population	Decrease the rate of falls-related hospitalizations for those ages 65 and older to 1,294.7 per 100,000 by 2021	69.2 deaths per 100,000 population (crude rate - 2017)	31.1 deaths per 100,000 population (crude rate - 2017)
		Decrease the rate of falls-related emergency department visits for those ages 65 and older to 4,037.7 by 2021.		

	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Mental / Behavioral Health				
Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)	7.5%		estimated 191,546 emotionally disturbed youth 9-17 (2018) (approximately 9% of youth in this age range)	estimated 1,083 emotionally disturbed youth 9-17 (2018) (approximately 9% of youth in this age range) This rate has seen a slight downward trend.
			11% of children who experienced a major depressive episode - - 30% received treatment or counseling	
			estimated 600,569 seriously mentally ill adults (2018) (approximately 3.7% of adults)	estimated 5,547 seriously mentally ill adults (2018) (approximately 3.6% of adults)
Hospitalizations for mental disorders, except drug and alcohol-induced mental disorders			812.6 per 100,000 (2017)	821.2 per 100,000 (2017) This rate has seen a steady increase in recent years.
Hospitalizations for mood and depressive disorders			494.2 per 100,000 (2017)	525.6 per 100,000 (2017) This rate has seen a steady increase in recent years.
Hospitalizations for schizophrenic disorders			251.2 per 100,000 (2017)	252.1 per 100,000 (2017)
Reduce the suicide rate	10.2 suicides per 100,000 population		14.1 suicides per 100,000 population (age-adjusted 2017)	15.9 suicides per 100,000 population (age-adjusted 2017) This rate has seen an increase in recent years.
Reduce the suicide rate (age 65 and older)			20.1 suicides per 100,000 population (crude rate 2017)	19.2 suicides per 100,000 population (crude rate 2017) - 13 count (2017)
Baker Act exams for individuals under 25 years old				Rank third highest in state (1,771 per 100,000 population)
Arrests, All Offenses, Youth Ages 10-17			3,762.9 per 100,000 (2016)	4,527.7 per 100,000 (2016) (count= 488 - 2016) This rate is on the decline.

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	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Oral Health				
Access to dental care by low income persons			24.9% (2012)	14.0% (2012) This rate has seen a decrease since 2009.
Adults who could not see a dentist in the past year because of cost			19.2% (2007)	19.0% (2007)
Adults who had their teeth cleaned in the past year			60.9% (2010)	63.0% (2010)
Adults who had a permanent tooth removed because of tooth decay or gum disease			47.3% (2016)	55.5% (2016) This rate has seen a decrease since last reported in 2010 (61.2%)
Adults who had a permanent tooth removed because of tooth decay or gum disease (age 65 and older)			70.2% (2016)	61.4% (2016)
Percentage of adults who have seen a dentist in the past year (age 65 and older)			68.4%	77.5%
Preventable hospitalizations under 65 from dental conditions			12.0 per 100,000 (2017)	11.3 per 100,000 (2017)

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	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Respiratory Diseases				
Reduce asthma deaths among adults aged 35 to 64 years old	4.9 deaths per million		count: 74 (2017)	count: 1 (2017)
Reduce asthma deaths among adults aged 65 years and older	21.5 deaths per million		count: 80 (2017)	count: 0 (2015-2017)
Reduce hospitalizations for asthma among children under age 5 years	18.2 hospitalizations per 10,000		23.9 per 10,000 (2016)	16.8 per 10,000 (2016)
Reduce hospitalizations for asthma among children and adults aged 5 to 64 years	8.7 hospitalizations per 10,000		6.2 per 10,000	2.5 per 10,000
Reduce hospitalizations for asthma among adults aged 65 years and older	20.1 hospitalizations per 10,000		5.8 per 10,000	4.0 per 10,000
Reduce emergency department (ED) visits for asthma among children under age 5 years	95.7 ED visits per 10,000		47.7 per 10,000 (2017)	25.5 per 10,000 (2017)
Reduce emergency department (ED) visits for asthma among children and adults aged 5 to 64 years	49.6 ED visits per 10,000			
Reduce emergency department (ED) visits for asthma among adults aged 65 years and older	13.7 ED visits per 10,000			

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	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Sexually Transmitted Diseases				
Reduce the number of new HIV diagnoses	32,855 new cases of HIV	4,086 new cases of HIV	4,949 new cases of HIV (2017)	9 new cases of HIV (2017)
Reduce the rate of new HIV diagnoses		Reduce rate per 100,000 new HIV infections to 20.9	24.1 per 100,000 (2017)	5.2 per 100,000 (2017)
Racial disparity in HIV and AIDS cases			42% HIV cases 51% AIDS cases - black population	Fewer than 25% HIV cases & Fewer than 25% AIDS cases - black population
AIDS cases		10.2 per 100,000	9.9 per 100,000 (2017)	3.4 per 100,000 (2017)
Reduce early syphilis cases		Reduce the number of early syphilis cases to 17.9 per 100,000	26.4 per 100,000 (2017)	3.4 per 100,000 (2017)
Reduce Congenital Syphilis Cases	9.6 per 100,000 live births	24 cases (2022-2023)	60 cases	0 cases
Reduce infectious syphilis among males	6.7 per 100,000		20.6 per 100,000 (2017)	0 cases (2017)
Reduce infectious syphilis among females	1.3 per 100,000		3.1 per 100,000 (2017)	1.1 per 100,000 (2017)
Reduce gonorrhea rates among females aged 15 to 44 years	251.9 new cases per 100,000 population		325.5 per 100,000 (2017)	189.3 per 100,000 (2017)
Reduce gonorrhea rates among males aged 15 to 44 years	194.8 new cases per 100,000 population		432.2 per 100,000 (2017)	199.1 per 100,000 (2017)

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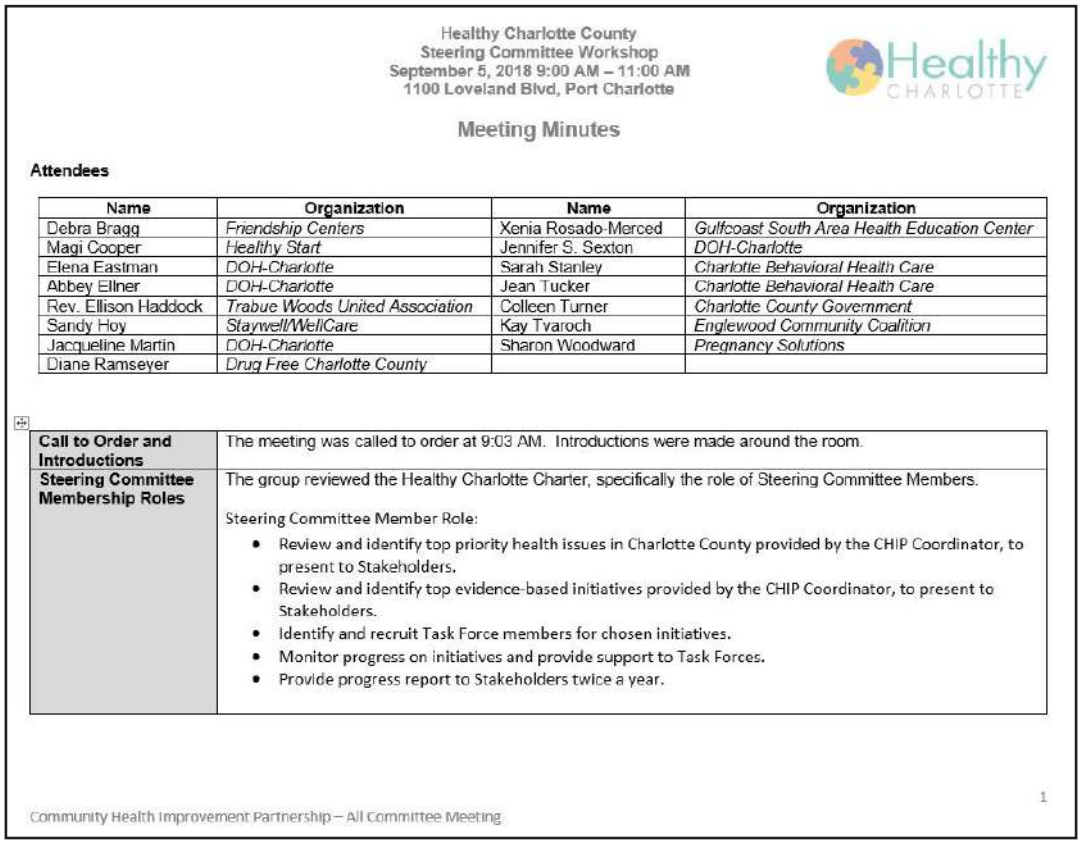
	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Emerging Trends				
Adverse Childhood Experiences / Trauma				
Human Trafficking			604 cases reported (2017) 402 - sex trafficking 137 - labor trafficking 33 - both 32 - unspecified 1,601 calls to Human Trafficking Hotline	
Undiagnosed Diabetes			An estimated 947,900+ Floridians have diabetes but don't know it.	
Shortage of Trained Healthcare Personnel			An estimated LPN FTE shortage of 10,300 by 2030	

Appendix B: Steering Committee Minutes



Healthy Charlotte County
Steering Committee Workshop
September 5, 2018 9:00 AM – 11:00 AM
1100 Loveland Blvd, Port Charlotte

Meeting Minutes

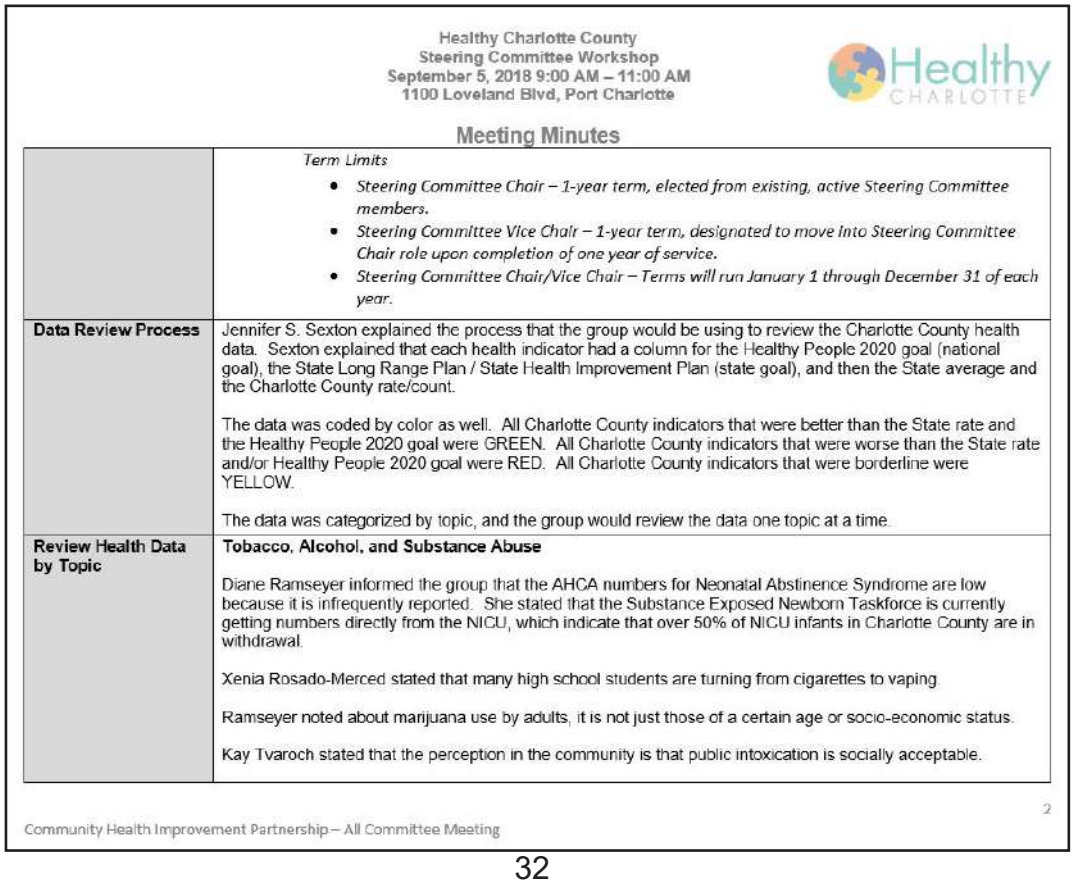
Attendees

Name	Organization	Name	Organization
Debra Bragg	*Friendship Centers*	Xenia Rosado-Merced	*Gulfcoast South Area Health Education Center*
Magi Cooper	*Healthy Start*	Jennifer S. Sexton	*DOH-Charlotte*
Elena Eastman	*DOH-Charlotte*	Sarah Stanley	*Charlotte Behavioral Health Care*
Abbey Ellner	*DOH-Charlotte*	Jean Tucker	*Charlotte Behavioral Health Care*
Rev. Ellison Haddock	*Trabue Woods United Association*	Colleen Turner	*Charlotte County Government*
Sandy Hoy	*Staywell/WellCare*	Kay Tvaroch	*Englewood Community Coalition*
Jacqueline Martin	*DOH-Charlotte*	Sharon Woodward	*Pregnancy Solutions*
Diane Ramseyer	*Drug Free Charlotte County*		

Call to Order and Introductions	The meeting was called to order at 9:03 AM. Introductions were made around the room.
Steering Committee Membership Roles	The group reviewed the Healthy Charlotte Charter, specifically the role of Steering Committee Members. Steering Committee Member Role: • Review and identify top priority health issues in Charlotte County provided by the CHIP Coordinator, to present to Stakeholders. • Review and identify top evidence-based initiatives provided by the CHIP Coordinator, to present to Stakeholders. • Identify and recruit Task Force members for chosen initiatives. • Monitor progress on initiatives and provide support to Task Forces. • Provide progress report to Stakeholders twice a year.

1

Community Health Improvement Partnership – All Committee Meeting



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	Term Limits • *Steering Committee Chair – 1-year term, elected from existing, active Steering Committee members.* • *Steering Committee Vice Chair – 1-year term, designated to move into Steering Committee Chair role upon completion of one year of service.* • *Steering Committee Chair/Vice Chair – Terms will run January 1 through December 31 of each year.*
Data Review Process	Jennifer S. Sexton explained the process that the group would be using to review the Charlotte County health data. Sexton explained that each health indicator had a column for the Healthy People 2020 goal (national goal), the State Long Range Plan / State Health Improvement Plan (state goal), and then the State average and the Charlotte County rate/count. The data was coded by color as well. All Charlotte County indicators that were better than the State rate and the Healthy People 2020 goal were GREEN. All Charlotte County indicators that were worse than the State rate and/or Healthy People 2020 goal were RED. All Charlotte County indicators that were borderline were YELLOW. The data was categorized by topic, and the group would review the data one topic at a time.
Review Health Data by Topic	**Tobacco, Alcohol, and Substance Abuse** Diane Ramseyer informed the group that the AHCA numbers for Neonatal Abstinence Syndrome are low because it is infrequently reported. She stated that the Substance Exposed Newborn Taskforce is currently getting numbers directly from the NICU, which indicate that over 50% of NICU infants in Charlotte County are in withdrawal. Xenia Rosado-Merced stated that many high school students are turning from cigarettes to vaping. Ramseyer noted about marijuana use by adults, it is not just those of a certain age or socio-economic status. Kay Tvaroch stated that the perception in the community is that public intoxication is socially acceptable.

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Community Health Improvement Partnership – All Committee Meeting

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Maternal Health and Birth Outcomes

Magi Cooper reminded that group that maternal and child health indicators in Charlotte County often appear worse on paper than they truly are, due to the low rate of births in the county. Cooper stated that first trimester prenatal care is still an issue, but it is often due to physicians who are unwilling to accept temporary Medicaid. Smoking in pregnant women was also identified as an area of concern in the county, including both cigarettes and marijuana.

Cancer

Sharon Woodward asked for clarification about the data on cervical cancer screening. Jennifer S. Sexton explained that the Healthy People 2020 goal is to have 93.0% of females aged 21 to 65 screened, while Charlotte County had 78.3% in that same age group. Woodward asked if that age range was reasonable for this measure. Elena Eastman informed the group that there are newer guidelines which will affect this number.

Chronic Disease

Debra Bragg stated that seniors with diabetes is something she sees in her work. Bragg stated that sometimes finances are an issue, and sometimes residents are provided with new medical equipment from their physician but are not educated on how to use the equipment.

Jennifer S. Sexton stated that Suzanne Roberts had expressed concern with the high rate of hypertension that she has seen in clients at Virginia B. Andes.

Elder Issues

Colleen Turner pointed out that grandparents raising children is an issue for the 55+ age group, and there is a program for this. The data suggests that it isn't quite a problem in the 65+ age group. Sexton stated that the SNAP participation rate for seniors is just over half of the state participation rate, which is alarming. Rev. Ellison Haddock asked if there is data available that breaks out the different types of diabetes. Sexton stated that she did not find diabetes data broken out when researching for this meeting, but would look further to see what data is available.

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Healthy Weight

The group agreed that the "goal" for healthy weight is disheartening. (33.9% of adults at a healthy weight is the national goal.)

Immunization

It was noted that the rate of vaccinated children in Charlotte County has seen a slight downward decline in recent years.

Injury & Violence Prevention

Woodward noted that the rate of children experiencing child abuse in Charlotte County is double the state rate. Jean Tucker noted that cases that Charlotte Behavioral have had referred from Child Services has more than doubled in the last two years. Magi Cooper stated that she has heard similar anecdotes in the field.

Mental / Behavioral Health

The group questioned the term "seriously mentally ill". Tucker explained that these are mostly schizophrenia. Tucker stated that there are possible interventions to improve quality of life for those individuals. Turner stated that the Civil Citation Program has doubled in the last year (aka "diversion"). Turner stated that many of these kids are getting fairly intensive services, which should reduce the number of youth arrests over time. Tucker reminded the group that the overall suicide rate for Charlotte County is a major issue.

Kay Tvaroch added that the elder population has potential access to medications that they could use to intentionally overdose.

Oral Health

Debra Bragg informed that group that she receives a lot of calls from the elder population regarding dental services. Sharon Woodward stated that many pregnant women use Medicaid while they are pregnant to catch up on dental care they need.

Meeting Minutes

	Respiratory Diseases Xenia Rosado-Merced noted that COPD rates were not included in the data. Sexton pulled up data from Florida Charts (AHCA data) for hospitalizations for COPD as first-listed diagnosis. The rate for Charlotte County has seen a steady increase since 2007. This rate was noticeably higher in Charlotte County than the state rate the past two years. **Sexually Transmitted Diseases** The group reviewed the data for sexually transmitted diseases, including pulling up data specific to various age groups. Across the board, rates in Charlotte County were significantly lower than the state average, for all age groups. **Emerging Trends** The group reviewed and discussed data on the following emerging health issues: • Adverse childhood experiences (ACES) / trauma • Human trafficking • Undiagnosed diabetes • Shortage of trained healthcare personnel Sarah Stanley informed the group the 20-year ACEs research shows how the higher score on ACEs relate to physical health. The primary researcher strongly encourages screenings. Magi Cooper stated that training on Trauma Informed Care will be held at Murdock Church in November with a speaker from FSU. Sexton explained that upon researching healthcare personnel shortages for the state of Florida, the most recent data revealed that there no longer is an expectation of an RN shortage, but that there is expected to be a shortage of LPNs throughout the state.

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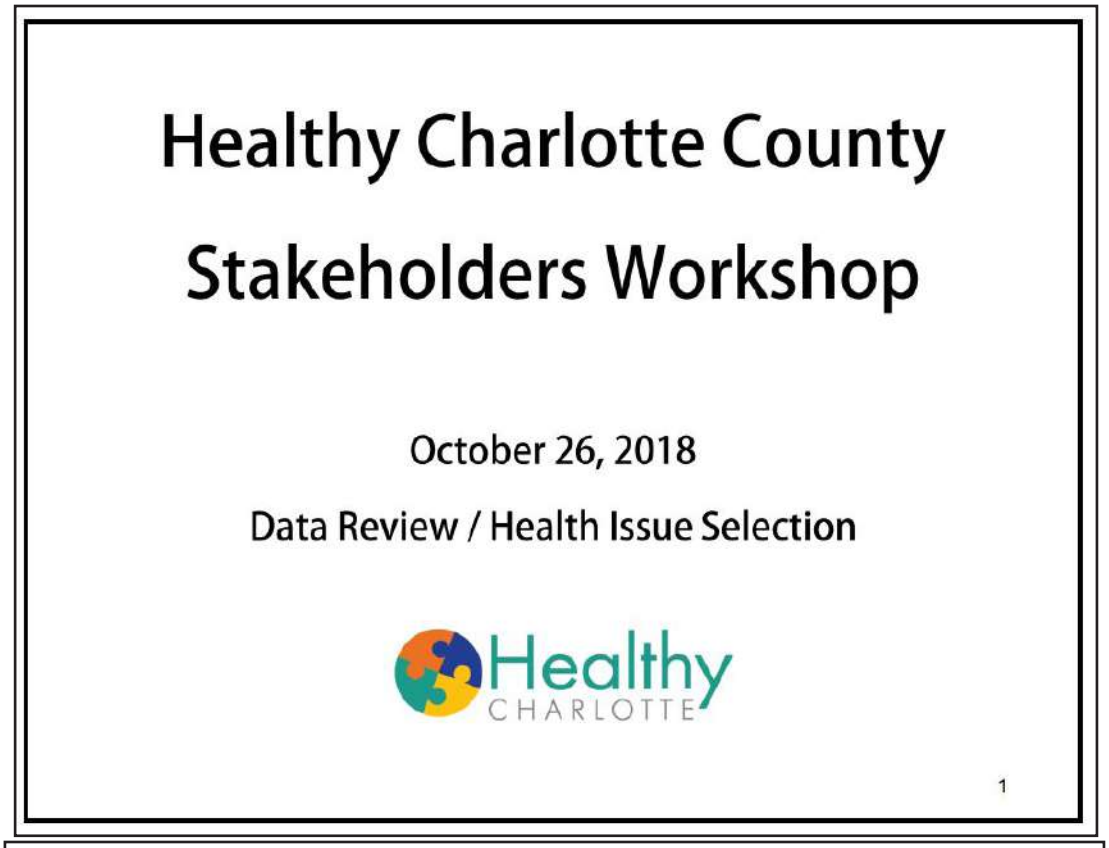
Identify Top Health Issues	As the group reviewed the data, areas of concern were noted. At the conclusion of the data review, each Steering Committee member was asked to select the top three areas of concern. Once the selections were tallied, the group had identified the following five health issues for the Healthy Charlotte Stakeholders group to choose from: • Diabetes (including undiagnosed diabetes) • Adult drug use (including alcohol use) • Child abuse • ACEs (trauma) • Suicide
Steering Committee Sign-Up	Jennifer S. Sexton requested that anyone interested in committing to be a member of the Healthy Charlotte Steering Committee to sign up at the conclusion of the meeting.
Other Business	Xenia Rosado-Merced informed the group of an e-cigarette presentation in Sarasota on October 18th. Jean Tucker stated that the annual Recovery Event will be held September 28th at 7:00 PM at Laishley Park. Kay Tvaroch informed the group that Joe Pepe will be delivering a presentation on ACEs on September 27th. Debra Bragg stated that beginning on September 28th, there will be a monthly caregiver series at the Friendship Center at Harbor Heights. Jacqueline Martin reminded the group about the Positive Aging Symposium that will be held September 13th at the Cultural Center. Martin added that she is offering free yoga in collaboration with Charlotte County Government on the 4th Wednesday of each month at the Port Charlotte Beach Complex at 6:30 PM.
Adjournment	The meeting was adjourned at 11:17 AM.
Next Meeting (of the Stakeholders)	**(TBD) October 2018, at the Florida Department of Health in Charlotte County, 1100 Loveland Boulevard, Port Charlotte**

Items of Action	**Person Responsible**	**Target Completion Date**
Research best practices and evidence-based strategies to tackle identified issues	Jennifer S. Sexton	10/15/2018

Appendix C: Stakeholder Data Packet



	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Diabetes				
Average age at which diabetes was diagnosed			48.2 years	54.9 years
Reduce the diabetes death rate	66.6 deaths per 100,000 population (age adjusted rate)		20.7 per 100,000 (2017 - age adjusted rate)	18.6 per 100,000 (2017 - age adjusted rate)
			29.9 per 100,000 (2017 - crude rate)	44.8 per 100,000 (2017 - crude rate)
Emergency room visits due to diabetes			250.4 per 100,000 (2017 - crude rate)	221.9 per 100,000 (2017 - crude rate) This rate is trending up.
Hospitalizations From or With Diabetes			2,341.0 per 100,000 (2017 - age adjusted rate)	1,949.9 per 100,000 (2017 - age adjusted rate) This rate is trending up.
			3,159.2 per 100,000 (2017 - crude rate)	3,957.4 per 100,000 (2017 - crude rate) This rate is trending up.
Preventable hospitalizations under 65 from diabetes			167.4 per 100,000 (2017)	168.3 per 100,000 population (2017) This rate is trending up.
Increase the proportion of adults with diabetes who have at least an annual foot examination	74.8%		67.6% (2013)	64.8% (2013) This rate is trending down.
Increase the proportion of adults with diabetes who have at least an annual foot examination (age 65 and older)			73.2% (2013)	58.9% (2013) This rate is trending down.

Diabetes- DATA

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Adults with diabetes who had an annual eye exam			69.7% (2013)	58.0% (2013) This rate is trending down.
Adults with diabetes who had an annual eye exam (age 65 and older)			80.9% (2013)	73.0% (2013) This rate is trending down.
Adults with diabetes who had two A1C tests in the past year			69.3% (2013)	77.1% (2013) This rate is trending up.
Adults with diabetes who had two A1C tests in the past year (age 65 and older)			75.7% (2013)	76.3% (2013) This rate is trending down.
Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily	70.4%		61.8% (2013)	50.8% (2013) This rate is trending down.
Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily (age 65 and older)			62.6% (2013)	52.2% (2013) This rate is trending down.
Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education	62.5%		49.6% (2013)	47.6% (2013) This rate is trending down.
Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education (age 65 and older)			46.7% (2013)	44.8% (2013) This rate is trending down.

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Diabetes- DATA

	Existing Program	Description	Lead Agency/Agencies
Diabetes			
(prevention)	National Diabetes Prevention Program	Current Class running 9/2018-8/2019	**Florida Department of Health in Charlotte County**
(prevention)	Diabetes Prevention Program	Class currently offered in Englewood (Sarasota County). Year-long program that costs $35.75/month (includes a Y membership for the first 16 weeks of the program). (When there was grant and scholarship funding, this program classes maxed out at 15 participants and had a waitlist. Since funding dissolved, classes are smaller as people have to pay full cost out of pocket.)	**SKY Family YMCA**
(treatment)	Diabetes Education	Chronic Disease Management Team meet with diabetic patients to provide education on healthier nutritional habits and physical activity to try to help them better manage and control their disease.	**Family Health Centers of Southwest Florida**
(treatment)	Diabetes Centers	Website: http://www.diabetes.org	**Charlotte Harbor Diabetes Center**
(treatment)	Diabetes Education	Living Smart with Diabetes is a 3-part class which runs the 1st, 2nd, and 4th Monday of every month. The cost is covered by Medicare and most insurance. http://www.englewoodhospital.com/ms_diabetes_home.asp	**Englewood Community Hospital**
(treatment)	Nutritional Services	Registered Dietitians offer counseling on diabetes.	**Bayfront Health**
(treatment)	Living Smart Diabetes Self-Management Program	Classes offered: Individual Diabetes Assessment, Diabetes Basics, Nutrition and Basic Carb Counting, Carbohydrate Counting, Diabetes Annual Refresher Workshop, Intensive Insulin Management, Insulin Pump Introduction, Diabetes Prevention Program. Costs are covered by Medicare and most insurances.	**Hanson Diabetes Center**
(treatment)	Millennium Diabetes Education Program	Provides a comprehensive program designed to help you achieve the delicate balance needed to control your diabetes with proper nutrition, medication, exercise, and stress control.	**Millennium Physicians Group**

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Diabetes- Existing Programs

	Potential Program	Description	Possible Partner Agencies
Diabetes			
(prevention)	The Morning Mile	The Morning Mile™ is a before-school walking/running program that gives children the chance to start each day in an active way while enjoying fun, music and friends. That's EVERY CHILD, EVERY DAY. It's also supported by a wonderful system of rewards, which keeps students highly motivated and frequently congratulated. Providing children the opportunity to exercise each morning not only works to fight childhood obesity, it allows students to expend youthful energy on the field leaving them more likely to excel in academics once the school day begins. Teachers praise their student's new ability to sit still, focus and learn while parents rave about their child's sense of pride, accomplishment and dedication to a healthy lifestyle. The kids love how exercise makes them feel, their reward necklaces and socializing with friends. The Morning Mile™ provides an opportunity for 100% of each school's student body to participate each day of the school year. It is not a "club". It is not exclusive. The American Diabetes Association has launched a collaborative partnership with the organization behind this program to broaden the reach while adding a nutrition and education component.	**Charlotte County Public Schools** **local businesses** **parents and caregivers**
(prevention and treatment)	Step Into Cuba (model)	Creating or enhancing access to places for physical activity - Step Into Cuba is a community program to reduce chronic disease and improve the health of residents by increasing physical activity through access to natural environments. Residents of the Village of Cuba, New Mexico, worked together to promote physical activity by constructing and improving walking trails in their community. A total of 20 miles of walking trails were created in Cuba. More than 100 community volunteers, including the local mayor, constructed or improved about 9.5 miles of those trails. All of the trails were enhanced with landscaping, including shade trees, benches, parking areas, and signage. https://www.thecommunityguide.org/stories/it-takes-village-rural-residents-help-make-their-community-healthier	**Department of Health** **Charlotte County Government** **Charlotte County Public Schools** **public land managers** **nonprofit groups** **health care providers** **Lowe's / Home Depot** **master gardeners**

Diabetes- Potential Programs

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	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Alcohol & Substance Abuse				
Marijuana use by adults			7.4% of adults reported using marijuana during the past 30 days	8.1% (2016) Charlotte County is 13th highest out of 67 counties; ranking 4th in our region.
Adult Heavy Drinking			Age 18-44 23.1% (2016)	Age 18-44 16.7% (2016)
			Age 45-64 17.2% (2016)	Age 45-64 24.5% (2016) This rate is trending upward.
			Age 65 & Older 10.6% (2016)	Age 65 & Older 8.7% (2016)
Reduce cirrhosis deaths	8.2 deaths per 100,000 population (age-adjusted)		11.4 deaths per 100,000 population (age-adjusted) (2017)	19.4 deaths per 100,000 population (age-adjusted) (2017) (This rate is trending upward.)
Alcoholic liver disease deaths			6.3 per 100,000 (2017)	15.0 per 100,000 (2017) (This rate is trending upward.)
Neonatal Abstinence Syndrome (NAS)			1,480 (2016) 65.77 per 10,000 live births (2016)	5 (2016) 48.22 per 10,000 live births (2016)
Drug poisoning (overdose) deaths			4,908 deaths (2017) 23.9 per 100,000 crude rate	11 deaths (2017) 6.3 per 100,000 crude rate

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Alcohol & Substance Abuse- DATA

	Existing Program	Description	Lead Agency/Agencies
Alcohol & Substance Abuse			
	Kids Thrive	Kids Thrive! Collaborative is working on creating a trauma informed system of care - the collaborative's main focus is on prenatal through early childhood as a "target system of care." Included in the program is a Kids Thrive Navigator Advocate (NavAd) who connects families with resources and support groups, as appropriate.	**Drug Free Charlotte County** **Early Learning Coalition of Florida's Heartland** **Charlotte County Healthy Start Coalition** **Healthy Families of Charlotte County**
	Drug Free Communities Social Norming	Social norming is a behavioral theory describing how students hold misperceptions about the actual attitudes and behaviors of their peers, and how they may gravitate to their "perceived norms" of behavior. Correcting these misperceptions is an important part of ensuring that inaccurate perceptions about the environment are not negatively influencing student behavior.	**Drug Free Charlotte County** **Drug Free Punta Gorda** **Englewood Community Coalition** **Charlotte County Public Schools**
	adult drug and alcohol treatment	Provided under Federal, state, and local contracts. An integrated Crisis Stabilization Unit and Addictions Receiving Facility, and will be receiving Marchman Acts beginning in November. Addiction recovery initiative.	**Charlotte Behavioral Health Care**
	community education and awareness	presentation on adult recovery options and also prenatal options	**Englewood Community Coalition**
			SEN Taskforce

Alcohol & Substance Abuse- Existing Programs

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	Potential Program	Description	Possible Partner Agencies
Alcohol & Substance Abuse			
	Sobriety checkpoints	Sobriety checkpoints have demonstrated promise in reducing the incidence of drunk driving. At sobriety checkpoints, law enforcement officers systematically stop drivers to assess their degree of impairment. In the US, the officer must have reason to suspect that the driver may be impaired. Once stopped at a checkpoint, drivers are administered a breath test to gauge their alcohol levels. Deterrence theory underlies the use of sobriety checkpoints and the primary goal of these interventions is to reduce driving after drinking by increasing the perceived risk of arrest. Studies have consistently reported an approximate 20% reduction in alcohol-related car crashes as a result of sobriety checkpoints and data further suggest that the effectiveness of these interventions does not diminish over time.	**Charlotte County Sheriff's Office** **Punta Gorda Police Department** **Drug Free Charlotte County** **Drug Free Punta Gorda** **Englewood Community Coalition**
	Workplace interventions	Studies of alcohol education programs conducted in the work site are often associated with health promotion programs or Employee Assistance Programs (EAPs). Early studies indicated significant changes in alcohol attitudes following enrollment in these programs; however, follow-up evaluations did not reveal sustained change. Subsequent studies have demonstrated improved outcomes as evidenced by reduced alcohol consumption, fewer occurrences of alcohol-related negative work performance, and increased motivation to reduce alcohol use. Another area in which to expand research is relapse prevention. An early study indicated that EAPs reduced the relapse rates of those enrolled compared to those without a relapse support program.	**Local businesses** **Drug Free Charlotte County** **Drug Free Punta Gorda** **Englewood Community Coalition**
	Saving Lives Project	The specific local community programs include a variety of activities such as media campaigns, business information programs, speeding and drunk driving awareness days, police training, high school student peer-led educational programs, as well as college prevention programs and the development of new Students Against Drunk Driving (SADD) chapters. The results indicate that during the 5 years of the program there was a 33% reduction in fatal car crashes and that this decline was 42% greater than that observed in the rest of the state.	**Drug Free Charlotte County** **Drug Free Punta Gorda** **Englewood Community Coalition** **Charlotte County Public Schools** **Private Schools** **Charlotte County Sheriff's Office** **Punta Gorda Police Department** **Local businesses**

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Alcohol & Substance Abuse- Potential Programs

	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Child Abuse				
Children experiencing child abuse ages 5-11			857.9 per 100,000 (2017)	1,770.9 per 100,000 (2017) (Count of 148 children - this is trending upward, with a peak of 194 cases in 2015. 2017 Charlotte County had the 4th highest rate in the State of Florida.)
Children experiencing sexual violence ages 5-11			59.6 per 100,000 (2017)	35.9 per 100,000 (2013) This has seen a slight downward trend in recent years, after a high of 140.1 per 100,000 in 2015)
Children living in licensed foster homes			~10,000	Over 500 in SWFL

Child Abuse- DATA

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	Existing Program	Description	Lead Agency/Agencies
Child Abuse			
	Healthy Families	Healthy Families is a free, voluntary home visiting program that gives families useful information on parenting and child development. The program equips parents with the knowledge and skills they need to create stable home environments so their children can grow up healthy, safe, nurtured and ready to succeed in school and in life. It can cost Florida's taxpayers over $72,709 a year to care for an abused child. Healthy Families prevents child abuse and neglect for $2,000 a year per child, saving taxpayers millions of dollars. Services are offered to families prenatally or at the birth of the baby and are available until the child turns five.	**The Florida Center for Early Childhood**
	community education and awareness	presentation on alternatives to foster care	**Englewood Community Coalition**
	Nurturing Parenting Group	These 12-week evening classes are offered free of charge in a group format for anyone wanting to improve their parenting skills.	**Charlotte Behavioral Health Care**
	Green Dot	Bystander education approach that aims to prevent violence with the help of bystanders. It is built on the premise that violence can be measurably and systematically reduced within a community. Bystander intervention as a way of violence prevention programs are becoming popular within society. Its mission is to reduce power based-violence by being a proactive bystander and a reactive bystander.	**The Center for Abuse & Rape Emergencies**

Child Abuse- Existing Programs

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	Potential Program	Description	Possible Partner Agencies
Child Abuse			
	Parents as Teachers Plus (PAT+)	The Parents as Teachers Evidence-Based Model is the comprehensive home-visiting, parent education model used by Parents as Teachers Affiliates. The model provides services to families with children from prenatal through kindergarten. Affiliates follow the essential requirements of the model, which provide minimum expectations for program design, infrastructure, and service delivery. Parents as Teachers provides support for affiliates to meet those requirements as well as further quality standards that represent best practices in the field. PAT+ is an adaption of this model, specifically designed to provide education and support to new and expectant families impacted by trauma and substance use.	**Charlotte County Healthy Start Coalition** **The Florida Center for Early Childhood** **Operation PAR** **The Florida Department of Health in Charlotte County (Growing Strong Families)**
	Effective Black Parenting Program (EBPP)	EBPP is a parenting skill-building program created specifically for parents of African-American children. It was originally designed as a 15-session program to be used with small groups of parents. A one-day seminar version of the program for large numbers of parents has been created. The goals of the Effective Black Parenting Program (EBPP) are: •Prevent and treat child abuse •Prevent and treat child behavior disorders •Promote cultural pride •Reduce parental stress •Prevent and treat child and parent substance abuse •Improve child school behavior and performance •Strengthen family cohesion •Cope better with racism and prejudice •Avoid cultural self-disparagement •Teach tolerance http://www.cebc4cw.org/program/effective-black-parenting-program/	**Department of Health** **The Florida Center for Early Childhood** **Department of Children and Families** **Charlotte County Public Schools**

Child Abuse- Potential Programs

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	Triple P Positive Parenting Program	The Triple P Positive Parenting Program is a multilevel system of family intervention that aims to prevent severe emotional and behavioral disturbances in children by promoting positive and nurturing relationships between parent and child. The program has five intervention levels of increasing intensity: •Level 1: The first level consists of a universal media information campaign that targets all parents in a community and involves social marketing and health promotion. •Level 2: The second level involves primary care providers offering advice and discussion to parents on children's developmental and behavioral issues. •Level 3: Also a brief health care intervention conducted in primary care, Level 3 targets children with mild to moderate behavior difficulties and includes active skills training for parents. Moderate behavior difficulties include such problems as tantrums, whining, and fighting with siblings. •Level 4: The fourth level is an intensive 10-session individual or 8-session group parent training program for children with more severe behavioral difficulties and learning difficulties. •Level 5: This level includes behavioral interventions for eligible parents, home-based skills training, and training in other coping skills. This four-session intervention is available to families who are identified as at-risk for child maltreatment.	**Department of Health** **primary care providers** **The Florida Center for Early Childhood** **Charlotte Behavioral Health Care**
	Family Foundations	Family Foundations (FF) is composed of eight pre- and post-natal classes designed for expectant couples who are living together (cohabitating or married). FF classes are interactive and skills-based, focusing on enhancing the "coparenting" relationship. The goal of FF is to support parents as they adjust to the stress that new parenthood can put on the parental relationship through increased conflict, changes in the division of labor, and reduced couple companionship and sex. FF does this by enhancing positive support and coordination in the coparenting relationship. At the 36-month follow-up study, FF parents exhibited significantly lower levels of physical punishment than parents in the comparison group. http://www.promisingpractices.net/program.asp?programid=294	**Healthy Start** **Healthy Families** **Department of Health** **Bayfront Health Port Charlotte**

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Child Abuse- Potential Programs

	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
Suicide				
Suicide rate	10.2 suicides per 100,000 population		14.1 suicides per 100,000 population (age-adjusted 2017)	15.9 suicides per 100,000 population (age-adjusted 2017) (count: 31) This rate has seen an increase in recent years. The majority are in residents ages 50 and older - 21 in 2017.
Suicide rate (19 and younger)			2.7 per 100,000 population (crude rate 2017)	4.1 per 100,000 population (crude rate 2017) (count: 1)
Suicide rate (age 65 and older)			20.1 suicides per 100,000 population (crude rate 2017)	19.2 suicides per 100,000 population (crude rate 2017) - (count: 13)
Suicide rate (by means)				In 2017 - 21 were by firearms discharge; 10 were by "other and unspecified means" (2 of these were drug poisoning)
Suicide rate (by race)				In 2017 - 28 were White; 3 were Black/Other
Suicide rate (by ethnicity)				In 2017 - 29 were Non-Hispanic; 2 were Hispanic
Suicide rate (by sex)				In 2017 - 25 were Male; 6 were Female

Suicide- DATA

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	Existing Program	Description	Lead Agency/Agencies
Suicide			
	Mobile Crisis Team	Responders are specifically trained to respond to mental health crisis situations.	**Charlotte County Sheriff's Office** **Charlotte Behavioral Health Care**
	Zero Suicide Class	Class taught at Charlotte County Public Schools to educate youth on the signs of suicide, as well as provide them guidance on what to do if they or someone they know is feeling depressed and/or suicidal.	**Charlotte County Public Schools** **Charlotte Behavioral Health Care**
	Mental Health First Aid	Taught with either a focus on adults or youth. This national program teaches the skills to respond to the signs of mental illness and substance abuse. The 8-hour course introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact and provides an overview of common treatments. Through role-playing and simulations, it demonstrates how to assess a mental health crisis; select interventions; provide initial help; and connect people to professional, peer and social supports as well as self-help resources.	**Charlotte County Public Schools** **Charlotte Behavioral Health Care**

Suicide- Existing Programs

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	Potential Program	Description	Possible Partner Agencies
Suicide			
	In Harm's Way	This Law Enforcement Suicide Prevention Toolkit was designed to help present suicide prevention training within law enforcement departments across the state of Florida to reduce the stigma associated with seeking help.	**Charlotte County Sheriff's Office** **Punta Gorda Police Department**
	Gun Shop Project	The Gun Shop Project creates and distributes materials to help firearms retailers and firing range owners prevent suicide among their customers. These materials include guidelines on how to avoid selling a firearm to someone who may be at risk for suicide and suicide prevention information tailored to their customers.	**local gun shops** **local firing ranges**

Suicide- Potential Programs

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	Healthy People 2020	State LRPP (by 2022-2023) / SHIP (2017-2021)	State Data / SHA Key Findings	Charlotte Data
ACEs (trauma)				
Children experiencing child abuse ages 5-11			857.9 per 100,000 (2017)	1,770.9 per 100,000 (2017) (Count of 148 children - this is trending upward, with a peak of 194 cases in 2015. 2017 Charlotte County had the 4th highest rate in the State of Florida.)
Children experiencing sexual violence ages 5-11			59.6 per 100,000 (2017)	35.9 per 100,000 (2013) This has seen a slight downward trend in recent years, after a high of 140.1 per 100,000 in 2015)
Foricible Sex Offenses			54.4 per 100,000 (2017)	27.6 per 100,000 (2017) This rate has seen a slight increase in the past decade.
Domestic Violence Offenses			520.4 per 100,000 (2017)	355.8 per 100,000 (2017) This rate has remained fairly steady in recent years, with a slight uptick in 2013.
Inmate Admissions			190.5 per 100,000 (2017)	185.8 per 100,000 (2017) This rate has remained fairly steady in recent years.

ACEs- DATA

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Prevalence of ACEs by Category for Participants Completing the ACE Module on the 2010 BRFSS			
ACE Category	Women	Men	Total
	Percent (N =32,539)	Percent (N =21,245)	Percent (N =53,784)
ABUSE			
Emotional Abuse	34.10%	35.90%	35.00%
Physical Abuse	15.80%	15.90%	15.90%
Sexual Abuse	15.20%	6.40%	10.90%
HOUSEHOLD CHALLENGES			
Intimate Partner Violence	15.60%	14.20%	14.90%
Household Substance Abuse	27.20%	22.90%	25.10%
Household Mental Illness	19.30%	13.30%	16.30%
Parental Separation or Divorce	23.10%	22.50%	22.80%
Incarcerated Household Member	5.20%	6.20%	5.70%

The prevalence estimates reported below are from Washington, DC and ten states (HI, ME, NE, NV, OH, PA, UT, VT, WA, and WI) who included the ACE module on the 2010 BRFSS (n=53,784).

ACE Score Prevalence for Participants Completing the ACE Module on the 2010 BRFSS			
Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
	Percent (N =32,539)	Percent (N =21,245)	Percent (N =53,784)
0	40.00%	41.40%	40.70%
1	22.40%	24.90%	23.60%
2	13.40%	13.20%	13.30%
3	8.00%	8.10%	8.10%
4 or more	16.20%	12.40%	14.30%

ACEs- DATA

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	Existing Program	Description	Lead Agency/Agencies
ACEs (trauma)			
	Kids Thrive	Kids Thrive! Collaborative is working on creating a trauma informed system of care - the collaborative's main focus is on prenatal through early childhood as a "target system of care." Included in the program is a Kids Thrive Navigator Advocate (NavAd) who connects families with resources and support groups, as appropriate.	**Drug Free Charlotte County** **Early Learning Coalition of Florida's Heartland** **Charlotte County Healthy Start Coalition** **Healthy Families of Charlotte County**
	Growing Strong Families	Voluntary home visiting program that helps families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development. (Similar to Nurse-Family Partnership)	**Florida Department of Health in Charlotte County**
	Green Dot	Bystander education approach that aims to prevent violence with the help of bystanders. It is built on the premise that violence can be measurably and systematically reduced within a community. Bystander intervention as a way of violence prevention programs are becoming popular within society. Its mission is to reduce power based-violence by being a proactive bystander and a reactive bystander.	**C.A.R.E.**
	Trauma-Informed Care Trainings	Training to build awareness of trauma-informed care and promote the implementation of trauma-informed practices in programs and services. Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma is any intense event that threatens or causes harm to a child's or adolescent's emotional and/or physical well-being.	**SEDNET** **Charlotte County Public Schools**

ACEs- Existing Programs

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	B.R.A.G. (Building Relationships and Achieving Goals)	B.R.A.G. is a group therapy program for children, adolescents, and parents. The B.R.A.G. Program is designed to support children and parents in learning coping techniques to manage behaviors and improve family dynamics. B.R.A.G provides family treatment through child and parenting groups. It has been found to reduce delinquency and problem behaviors and to improve school performance and social competencies.	**Charlotte Behavioral Health Care**
	ACEs	Use the ACEs in assessments and treatment. All therapeutic staff are trained in the Cognitive Behavioral Treatment for trauma.	**Charlotte Behavioral Health Care**
	Strengthening Families	The Strengthening Families Program is an evidenced based, 10-week program that teaches skills to parents and children which help strengthen bonds, build resiliency and support healthy parenting and family development.	**Drug Free Charlotte County**
	community education and awareness	ACEs presentation by Joe Pepe	**Englewood Community Coalition**
	Healthy Families	Healthy Families is a free, voluntary home visiting program that gives families useful information on parenting and child development. The program equips parents with the knowledge and skills they need to create stable home environments so their children can grow up healthy, safe, nurtured and ready to succeed in school and in life. It can cost Florida's taxpayers over $72,709 a year to care for an abused child. Healthy Families prevents child abuse and neglect for $2,000 a year per child, saving taxpayers millions of dollars. Services are offered to families prenatally or at the birth of the baby and are available until the child turns five.	**The Florida Center for Early Childhood**

ACEs- Existing Programs

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	Potential Program	Description	Possible Partner Agencies
ACEs (Trauma)			
	Parents as Teachers Plus (PAT+)	The Parents as Teachers Evidence-Based Model is a comprehensive home-visiting, parent education model. The model provides services to families with children from prenatal through kindergarten. The program equips parents with knowledge and resources to prepare their children, from prenatal through kindergarten, for a stronger start in life and greater success in school. There are four components to the model: Personal Visits, Group Connections, Resource Network, Child Screening Together, these components form a package of services with four primary goals: 1. Increase parent knowledge of early childhood development and improve parent practices 2. Provide early detection of developmental delays and health issues 3. Prevent child abuse and neglect 4. Increase children's school readiness and success PAT+ is an adaption of this model, specifically designed to provide education and support to new and expectant families impacted by trauma and substance use.	**Charlotte County Healthy Start Coalition** **The Florida Center for Early Childhood** **Operation PAR** **The Florida Department of Health in Charlotte County (Growing Strong Families)**
	HealthySteps	HealthySteps is a pediatric primary care program committed to healthy early childhood development and effective parenting so that all children are ready for kindergarten and success in life. HealthySteps is an evidence-based, interdisciplinary pediatric primary care program that promotes nurturing parenting and health development for babies and toddlers. A child development professional, known as a HealthySteps Specialist, connects with families during well-child visits as part of the primary care team. The HealthySteps Specialist offers screening and support for common and complex concerns that physicians often lack time to address, including feeding, behavior, sleep, attachment, depression, social determinants of health, and adapting to life with a baby or young child. Specialists are trained to provide families with parenting guidance, support between visits, referrals, and care coordination, all specific to their needs. https://www.healthysteps.org/the-model	**local pediatric and family practice offices** **???**

ACEs- Potential Programs

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	Child First	Child First is a national, evidence-based, two-generation model that works with very vulnerable young children and families, providing intensive, home-based services. When young children grow up in environments where there is violence, neglect, mental illness, or substance abuse, the stress can be toxic to their developing brains. But, we can intervene to prevent this damage. Scientific research demonstrates that we can make a difference if we: • Work to connect families to needed community-based services to decrease the stress, and • Build strong, loving, parent-child relationships that protect and heal the brain from trauma and stress. Our goal is a young brain focused on learning rather than a brain focused on survival. http://www.childfirst.org/about-us/model-structure	**Charlotte Behavioral Health Care** **Charlotte County Healthy Start** **The Florida Center for Early Childhood** **The Florida Department of Health in Charlotte County (Growing Strong Families, WIC)** **Early Steps** **Charlotte County Public Schools** **C.A.R.E.** **Department of Children and Families**
	Triple P Positive Parenting Program	The Triple P Positive Parenting Program is a multilevel system of family intervention that aims to prevent severe emotional and behavioral disturbances in children by promoting positive and nurturing relationships between parent and child. The program has five intervention levels of increasing intensity: •Level 1: The first level consists of a universal media information campaign that targets all parents in a community and involves social marketing and health promotion. •Level 2: The second level involves primary care providers offering advice and discussion to parents on children's developmental and behavioral issues. •Level 3: Also a brief health care intervention conducted in primary care, Level 3 targets children with mild to moderate behavior difficulties and includes active skills training for parents. Moderate behavior difficulties include such problems as tantrums, whining, and fighting with siblings. •Level 4: The fourth level is an intensive 10-session individual or 8-session group parent training program for children with more severe behavioral difficulties and learning difficulties. •Level 5: This level includes behavioral interventions for eligible parents, home-based skills training, and training in other coping skills. This four-session intervention is available to families who are identified as at-risk for child maltreatment.	**Department of Health** **primary care providers** **The Florida Center for Early Childhood** **Charlotte Behavioral Health Care**

ACEs- Potential Programs

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	The Incredible Years	The Incredible Years is a series of interlocking, evidence-based programs for parents, children, and teachers, supported by over 30 years of research. The goal is to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence. The programs are designed to work jointly to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children. The programs are used worldwide in schools and mental health centers, and have been shown to work across cultures and socioeconomic groups. Program Components: Child Program (Classroom and Small Group Treatment), Parent Program, and Teacher Program (Classroom Management)	**Charlotte Behavioral Health Care** **Charlotte County Public Schools** **Early Learning Coalition**
	Self-Healing Communities Model	The Self-Healing Communities Model (SHCM) builds the capacity of communities to intentionally generate new cultural norms and thereby improve health, safety and productivity for current and future generations. This model aims to strengthen culture and community capacity by empowering communities to recognize their own ability to make change, and provide a sense of hope that what they do will make a difference. The idea is to reduce ACEs in the current generation, and in turn, fewer ACEs will get passed on to the next generation. This Self-Healing Community Model is focused on four phases: **1. Leadership expansion**: Expanding the circle of people who are actively engaged in leading community improvement efforts makes them more likely to succeed. **2. Focus**: Generating a shared understanding of the values and priorities that make up the local culture helps residents generate solutions everyone wants to support. **3. Cycles of learning**: Interactive and reflective processes support the learning of community members and lead to continuous transformation. **4. Results**: Local participation in research and reporting of outcomes motivates communities to improve their strategies and activities based on the gap between current outcomes and their aspirations for community and family life.	**All of Us!**

ACEs- Potential Programs

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Appendix D: Stakeholder Minutes

Healthy Charlotte County
Stakeholder Meeting
October 26, 2018 9:00 AM – 11:00 AM
1100 Loveland Blvd, Port Charlotte

Meeting Minutes

Attendees

Name	Organization	Name	Organization
Nicole Allen	*Children's Network of SWFL*	Joseph Pepe	*DOH-Charlotte*
Kristen Anderson	*Bayfront Health*	Stephanee Phillips	*Charlotte County Government*
Glamarier Carter	*DOH-Charlotte*	Jennifer S. Sexton	*DOH-Charlotte*
Elena Eastman	*DOH-Charlotte*	Wendy Silva	*C.A.R.E.*
Abbey Ellner	*DOH-Charlotte*	Sarah Stanley	*Charlotte Behavioral Health Care*
Sandy Hoy	*Staywell/WellCare*	Kay Tvaroch	*Englewood Community Coalition*
Carrie Hussey	*Charlotte County Government*	Vicki Vertich	*Bayfront Health*
Angela Kearley	*Family Health Centers of SWFL*	Arlene Williams	*Florida SouthWestern State College*
Angie Matthiessen	*United Way of Charlotte County*		

Call to Order and Introductions	The meeting was called to order at 9:06 AM. Introductions were made around the room.
Data Review Process	Jennifer S. Sexton explained the process that the group would be using to review the Charlotte County health data. Sexton explained that each health indicator had a column for the Healthy People 2020 goal (national goal), the State Long Range Plan / State Health Improvement Plan (state goal), and then the State average and the Charlotte County rate/count. The data was coded by color as well. All Charlotte County indicators that were better than the State rate and the Healthy People 2020 goal were GREEN. All Charlotte County indicators that were worse than the State rate and/or Healthy People 2020 goal were RED. All Charlotte County indicators that were borderline were YELLOW. The data was categorized by topic, and the group would review the data one topic at a time, in addition to examining the existing and potential program options to address each topic.

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Review Health Data by Topic / Identify Top Health Issue & Potential Initiatives	**Diabetes** Abbey Ellner explained the program for diabetes prevention that is currently being offered by the Department of Health. Ellner stated that 8 people are currently attending on a regular basis. Angela Kearley informed the group that Family Health Centers of Southwest Florida offers a diabetes management program for those clients who are diagnosed with diabetes. Jennifer S. Sexton stated that the YMCA offers a diabetes prevention program at their Englewood location, and would be interested in opening this up in other locations if there was interest in the community. **Alcohol and Substance Abuse** Vicki Vertich stated that a lot of babies in the NICU are going through withdrawals. She explained that through a United Way collaborative grant, a Navigator is helping mothers to have a successful pregnancy. These mothers can go through a tour prior to giving birth where they are also educated on what will happen to their babies after they are born. **Child Abuse** Nicole Allen informed the group that there aren't enough foster homes for all of the children that are in need. Wendy Silva explained that C.A.R.E. helps educate the families that they work with about more gentle parenting methods, but these families have already been affected by trauma. **Suicide** Sexton noted that 21 of the 31 suicides in 2017 were to residents ages 50 and older. Also, that same number were done with a firearm. The group reviewed suicide prevention options related to law enforcement and gun shop owners. **ACEs (Adverse Childhood Experiences)**

Healthy Charlotte County
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Meeting Minutes

	The group reviewed the data related to adverse childhood experiences, and discussed their correlation to all of the other four health issues previously discussed. The group agreed that focusing work on ACEs and trauma-sensitivity would positively impact these issues and more in Charlotte County. Sexton shared some examples of communities that are working towards being more trauma-informed and self-healing. The group watched a video clip about Peace4Tarpon, which was the first trauma-informed community in the nation. The group agreed to move towards a similar model that would address the unique needs and population of Charlotte County. Glamarier Carter suggested that the first step would be to take inventory of what is currently being done related to education, mentorship, etc. Carrie Hussey suggested caution with the messaging to ensure that we do not create a generation divide by labeling the up-and-coming generation as "traumatized". Vertich reiterated this by stating that "trauma" might not be the best key word to use in messaging. Joe Pepe suggested that after an inventory has been completed, that the group identify and eliminate any duplication, and then create a community dash-board. Sexton stated that she will develop a framework plan, and will present that to the group in November.
Other Business	Carrie Hussey reminded the group that Together Charlotte will hold its Stakeholders meeting on December 7th at Port Charlotte Beach. The group will be reviewing the past year's work, as well as selecting a new topic for 2019.
Adjournment	The meeting was adjourned at 10:50 AM.
Next Meeting (of the Stakeholders)	**November 16, 2018, at the Florida Department of Health in Charlotte County, 1100 Loveland Boulevard, Port Charlotte**

Items of Action	Person Responsible	Target Completion Date
Develop Community Health Improvement Plan based on input from Stakeholders	Jennifer S. Sexton	11/15/18
Develop and send out a tool to begin an inventory	Jennifer S. Sexton	12/21/18

Appendix E: Healthy Charlotte Charter

Healthy Charlotte
Charter

Mission: To identify community health assets and issues in Charlotte County, set actionable strategies for priority health objectives, and monitor progress toward those objectives.

Purpose: To improve quality of life for all Charlotte County residents.

Vision: 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.

Membership/Roles:
Healthy Charlotte is comprised of representatives from agencies throughout Charlotte County, Florida, as well as private citizens.

Community Health Improvement Plan Coordinator (*primary Department of Health representative*) Role:

- Lead meetings
- Identify evidence-based initiatives and/or best practices for identified priorities
- Track next steps and action items
- Develop progress reports
- Provide administrative support, to include: agendas, minutes, and scheduling meetings

Steering Committee Member Role:

- Review and identify top priority health issues in Charlotte County provided by the CHIP Coordinator, to present to Stakeholders.
- Review and identify top evidence-based initiatives provided by the CHIP Coordinator, to present to Stakeholders.
- Identify and recruit Task Force members for chosen initiatives.
- Monitor progress on initiatives and provide support to Task Forces.
- Provide progress report to Stakeholders twice a year.

Term Limits

- *Steering Committee Chair – 1-year term, elected from existing, active Steering Committee members.*
- *Steering Committee Vice Chair – 1-year term, designated to move into Steering Committee Chair role upon completion of one year of service.*
- *Steering Committee Chair/Vice Chair – Terms will run January 1 through December 31 of each year.*

Stakeholder Member Role:

- Determine priority health issue from Steering Committee recommendations.
- Determine initiative(s) from Steering Committee recommendations.
- Establish and participate in Task Force(s).
- Provide feedback to Steering Committee and Task Force(s) based on progress reports.

Developed August 2018

Task Force Member Role:

- Develop action plan and timeline for identified initiative.
- Implement action plan.
- Monitor for and identify barriers to success; report back to Steering Committee.
- Monitor for and identify factors of success; report back to Steering Committee.

Meeting Schedule and Process:

1) Frequency of Steering Committee meetings: minimum of quarterly
2) Frequency of Stakeholder meetings: minimum of twice a year

Measures of Success:

1) Action items completed
2) Initiatives completed (as demonstrated by completion of a Plan Do Check Act [PDCA] cycle and decision to Adopt, Adapt, or Abandon)
3) Statistically significant outcomes documented (did we noticeably move the needle?)
4) Accomplishments communicated to community

Developed August 2018

Appendix F: Action Plan

Goal: Reduce Adverse Childhood Experiences (ACEs) and their long-term health effects through the development of a peaceful, resilient, and connected community.

Strategy 1: Educate 1,740 individuals in Charlotte County about ACEs science, creating the beginnings of a shared understanding of childhood and community adversity, by October 31, 2020.

Objectives	Responsible Parties	Measure	Baseline	Target (include Target Completion Date)
Develop an inventory of organizations who are using the ACEs questionnaire and/or are trauma-informed.	Early Steps, C.A.R.E., Charlotte County Public Schools, Charlotte Behavioral Health Care, Drug Free Charlotte County, Healthy Families, DOH-Charlotte, SEDNET	# of inventories	N/A (new initiative)	(1) Inventory by March 31, 2019
Assemble a Speakers Bureau.	Early Steps, C.A.R.E., Charlotte County Public Schools, Charlotte Behavioral Health Care, Drug Free Charlotte County, Healthy Families, DOH-Charlotte, SEDNET	# of speakers	N/A (new initiative)	(5) or more individuals educated on ACEs science that are willing and available to present to variety of audiences by March 31, 2019
Develop shared messaging that describes Healthy Charlotte's vision for a trauma-informed, trauma-sensitive, and resilient community.	Early Steps, C.A.R.E., Charlotte County Public Schools, Charlotte Behavioral Health Care, Drug Free Charlotte County, Healthy Families, DOH-Charlotte, SEDNET	# of elevator speeches	N/A (new initiative)	(1) "elevator speech" by February 28, 2019 (1) business-card sized template that includes elevator speech and call to action by March 31, 2019
Provide ACEs science presentations to sectors of the community (both organizations and residents) that have not previously received this education (including potentially screening the documentaries Paper Tigers, Resilience, and/or Caregivers).	Task Force	# of newly educated individuals	N/A (new initiative)	(1,740) newly educated individuals by October 31, 2020

Strategy 2: Engage 10 Charlotte County residents to join the local ACEs initiative, to aid in spreading the message within their local communities, by December 31, 2019.				
Objectives	**Responsible Parties**	**Measure**	**Baseline**	**Target**
Seek out Community Champions to become members of Community Connection Task Force (e.g. recruit Champions by providing presentations with call-to-action to local moms' groups, faith-based organizations, etc.)	Task Force	# of Community Champions	N/A (new initiative)	(10) Community Champions associated with Community Connection Task Force by December 31, 2019
Work with local government to provide official recognition (e.g. ACEs Awareness & Action Day/Trauma-Informed Care Day).	Task Force	# of proclamations	N/A (new initiative)	(1) proclamation by September 30, 2020
Coordinate community-wide event to celebrate identified recognition (e.g. ACEs Awareness & Action Day; Trauma-Informed Care Day) through Community Connection Task Force	Task Force	# of community-wide events	N/A (new initiative)	(1) community-wide event by September 30, 2020

Strategy 3: Activate 20 Charlotte County organizations willing to commit to integrating trauma-informed and resilience-building practices by December 31, 2020.				
Objectives	**Responsible Parties**	**Measure**	**Baseline**	**Target**
Develop a Letter of Commitment or Memorandum of Understanding (MOU) that can be shared with Charlotte County businesses.	Task Force	# of Letters of Commitment or MOUs	N/A (new initiative)	(1) Letter of Commitment or Memorandum of Understanding by June 30, 2019
Obtain Letter of Commitment or MOU from at least 20 Charlotte County organizations.	Task Force	# of organizations	N/A (new initiative)	(20) organizations that have signed Letter of Commitment/MOU by September 30, 2020

Strategy 4: Celebrate accomplishments and publicized events through social media, developing press releases, and holding events to highlight progress.				
Objectives	**Responsible Parties**	**Measure**	**Baseline**	**Target**
Maintain Healthy Charlotte Facebook page to include posting about presentations, new partner agencies, and community successes	DOH-Charlotte	# of Posts and/or "Shares"	N/A (new initiative)	(24) Posts and/or "Shares" from partner organizations' pages annually
Develop press releases at least quarterly to maintain community awareness of initiative	DOH-Charlotte	# of published press releases	N/A (new initiative)	(4) press releases published annually

This Community Health Improvement Plan is the work of not only the Florida Department of Health, but also our many community partners. We would like to acknowledge the hard work of those community partners who were vital in making this plan possible.

For more information on this Community Health Improvement Plan, please contact the Florida Department of Health in Charlotte County at 941-624-7200, or by mail at 1100 Loveland Boulevard, Port Charlotte, FL 33980.

http://charlotte.floridahealth.gov

www.healthycharlottecounty.org