



Community Health Improvement Plan Annual Progress Report 2016

*Florida Department of Health in Charlotte
County*

February 2017

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Introduction

This annual review report summarizes the work, progress, and accomplishments of the 2016-2018 Charlotte County Community Health Improvement Plan. This document will serve as a progress review of the strategies that were developed, activities that have been implemented, and collaborations that were established and maintained through the Community Health Improvement Partnership (CHIP). The CHIP community partners are committed to improving the health and wellness of their community and have contributed their valuable time, skills, and resources to improving the quality of life in Charlotte County. The CHIP is a community driven and collectively owned partnership that is committed to continuous assessment and evaluation of the health improvement plan. The Florida Department of Health in Charlotte County provides administrative support, tracking, collection of data, and development and publication of an annual review report.

Overview of the Community Health Improvement Plan

In 2012, the Community Health Improvement Partnership (CHIP) was formed in Charlotte County. The first plan spanned 2012 through 2015, prompting the need for an updated plan in 2016. Through analyzing data from the 2015 Community Health Assessment, each CHIP subcommittee was able to strategically identify goals for the upcoming years (see table below).

Through funding from the Lung Cancer Research Council, a CHIP website was launched in 2014 to inform the community of our work and serve as a resource center for information on all aspects of community health. Additional funding was provided in 2016 by Gulfcoast South Area Health Education Center to maintain hosting services: www.healthycharlottecounty.org

On June 14, 2016, an all Committee CHIP meeting was held to discuss the new upcoming CHIP plan. Current strategic priorities, goals and objectives and initiatives were reviewed.

Strategic Focus	Goal	Objective
ACCESS TO HEALTHCARE To enhance the provision of health services for the uninsured and under-insured members of our community.	To reduce barriers associated with accessing needed healthcare in Charlotte County.	Increase Charlotte County Transit ridership.
		Increase number of children enrolled in health insurance through the Health Insurance Navigator from 0 to 50 between July 1, 2016 and June 30, 2017.
CHRONIC DISEASE PREVENTION To implement strategies to reduce modifiable risk factors for chronic disease.	To decrease lung cancer deaths in Charlotte County.	Screen 250 eligible persons for lung cancer through low-dose CT between July 1, 2016 and June 30, 2017.
	To decrease the number of Charlotte County youth who are overweight or obese.	Decrease percent of middle school students reporting BMI at or above 95th percentile from 26.8% to 24.5%.
MATERNAL AND CHILD HEALTH To improve the overall health of pregnant women and children in Charlotte County.	To improve birth outcomes in Charlotte County.	To increase the percentage of Charlotte County pregnant women entering prenatal care in the first trimester by 2% from the 2014 baseline of 72.2%
		To decrease the percentage of Charlotte County pregnant women who smoke during their pregnancy to less than 10.0%.
MENTAL HEALTH To identify and address pressing needs in Charlotte County related to mental health, behavioral health, and substance abuse.	To decrease the suicide rate in Charlotte County.	Decrease the number of deaths due to suicide by Charlotte County youth (ages 0-19) from 3 (2012-2014) to 2 or fewer.
	To positively impact families in chaos.	Increase the number of individuals who work with children who attend trauma-informed-care training.
		Expand the existing Strengthening Families program to increase attendance.
POSITIVE AGING To improve the health of Charlotte County residents as they age.	To be determined	To be determined
	To be determined	To be determined

Summary of CHIP Annual Review Meeting

In June, 2016, all members of the Community Health Improvement Partnership were invited to review the initiatives in the 2016-2018 CHIP Plan including updates from each subcommittee regarding progress to date.

Strategic Issue Area #1: Access to Healthcare

Limited access to health care services has negative consequences on an entire community. Poor health outcomes and higher health care costs create an economic burden on society and drive down the quality of life. The changing face of the Health Insurance Marketplace has left gaps in coverage for many Charlotte County residents.

Goal: To reduce barriers associated with accessing needed healthcare in Charlotte County.

Strategy 1. Increase community's exposure to available local transportation services through marketing.

Strategy 2. Educate community on available local transportation options through outreach.

Strategy 3: Identify and engage families of uninsured children in the Florida KidCare and Marketplace application process.

Key Partners:

20th Circuit APD
Area Agency on Aging
Charlotte 2-1-1
Charlotte Behavioral Health Care
Charlotte County Government - Transit
Charlotte County Human Services
Charlotte County Justice Center
Florida Department of Health in Charlotte County
Health Planning Council of Southwest Florida
Healthy Start
Metropolitan Planning Organization
Pretrial Services
Virginia B. Andes Volunteer Clinic

Why this is important to our community:

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

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Increase Charlotte County Transit ridership 5% from previous year.	Number of medical trips of non-sponsored ADA and non-sponsored Transportation Disadvantaged as compiled in the Florida Commission for the Transportation Disadvantaged Annual Performance Report	15,128 (2015-2016 data)	15,885		All 2016 initiatives were completed related to transportation. This objective will continue into next cycle.
Increase number of children enrolled in health insurance through the Health Insurance Navigator from 0 to 50 between July 1, 2016 and June 30, 2017	Number of children enrolled in health insurance through the Health Insurance Navigator as compiled by the Health Planning Council of Southwest Florida	16 children	50 children		This objective was identified in 2016, and began mid-year. Initiative will continue into next cycle.

* Status indicators are as follows:

-  = Little to no movement towards objective target
-  = some progress towards meeting the objective target
-  = reached or surpassed objective target

Strategic Issue Area #2: Chronic Disease Prevention

Chronic diseases are the most common and costly of all health problems, but they are also the most preventable. We are tackling the main contributors to chronic disease: tobacco use and unhealthy weight through evidence-based strategies that improve high-risk behaviors and environmental factors.

Goal #1: Decrease the rate of deaths due to lung cancer.

Strategy 1: Promote lung cancer screenings through annual cancer survivors' event.

Strategy 2: Promote lung cancer screenings through annual 5K.

Strategy 3: Promote lung cancer screenings through mass mailing.

Goal #2: Decrease the number of Charlotte County children who are overweight or obese.

Strategy 1: 1. Provide 5-2-1-0 Let's Go! Educational program to students.

Strategy 2: Coordinate and promote Screen Free Week as part of 5-2-1-0 Let's Go!

Key Partners:

Bayfront Health
Charlotte County Government
Charlotte County Schools
Drug Free Charlotte County
Drug Free Punta Gorda
Florida Department of Health in Charlotte County
Florida SouthWestern State College
Charlotte County Human Services
Lung Cancer Research Council

Why this is important to our community:

The goals were identified because of the high percent of area residents that identify as overweight or obese and the percent of adults who currently smoke. Data from the 2013 Behavioral Risk Factor Surveillance System survey indicates 37.1% of Charlotte County residents considered themselves to be overweight, and 25.9% considered themselves to be obese. Primary survey data from the 2015 Community Health Assessment indicates 41% of Charlotte County residents considered themselves to be overweight.

Additionally, the prevalence of smoking in Charlotte County and the high mortality rate associated with lung cancer prompted Healthy Charlotte County to promote lung cancer awareness and to encourage those at high risk for developing lung cancer to get screened. Charlotte County’s age-adjusted rate per 100,000 of deaths from lung cancer have remained steady in recent years. However, lung cancer is a concern as it has one of the highest death rates of any cancer. For example, in 2013 the age-adjusted death rate per 100,000 Charlotte County residents for lung cancer was 44.0, for breast cancer 19.7, colorectal cancer 11.9, and prostate cancer 10.6. This certainly brings lung cancer to the forefront of chronic disease prevention issues in Charlotte County.

Objective	Indicator	Current Level	Target	Status	Explanation of Status
Screen 250 eligible persons for lung cancer through low-dose CT between July 1, 2016 and June 30, 2017	Number of individuals to obtain lung cancer screenings through Millennium.	0	250		This objective will unfold in two parts – first an educational campaign, which was in effect in 2016, and then second collaborating with Millennium Physician Group to track screenings.
Decrease percent of middle school students reporting BMI at or above 95th percentile from 26.8% to 24.5%.	Percent of middle school students reporting BMI at or above 95th percentile as reported on Florida Charts.	23.3%	24.5%		Exceeded target.

* Status indicators are as follows:

-  = Little to no movement towards objective target
-  = some progress towards meeting the objective target
-  = reached or surpassed objective target

Strategic Issue Area #3: Maternal and Child Health

Maternal and child health was determined to be an issue as well, as the percent of total births in Charlotte County that were of low birth weight have risen slightly in recent years. Additionally, the percent of births to mothers with no prenatal care has also been on the rise.

Goal: To improve birth outcomes in Charlotte County.

Strategy 1: Promote PEPW insurance option for uninsured pregnant women through in-store tear-off information.

Strategy 2: Promote PEPW insurance option for uninsured pregnant women through posters.

Strategy 3: Initiate standard messaging for Family Planning clients (to create a sense of urgency for entering prenatal care), and include follow-up.

Strategy 4: Encourage OB/GYNs to refer patients to Healthy Start even if score is under 6.

Strategy 5: Coordinate radio and print messages to encourage women of childbearing age to quit smoking prior to becoming pregnant.

Strategy 6: Encourage local physicians to support smoking cessation during pregnancy and beyond.

Key Partners:

Bayfront Health Port Charlotte
Center for Abuse & Rape Emergencies (C.A.R.E)
Charlotte Behavioral Health Care
Charlotte County Healthy Start
Drug Free Charlotte County
Florida Department of Health in Charlotte County
Staywell
The Florida Center for Early Childhood Inc.

Why this is important to our community:					
13.6% of Charlotte County adults reported poor mental health on 14 or more of the past 30 days, compared to 11.8% for the state. Also, the age adjusted suicide rate for Charlotte County in 2012 was 22.72 compared to the state age adjusted suicide rate of 13.62. The goals were identified as a result of secondary data compiled in the 2015 Community Health Assessment, indicating that the percent of births to mothers in Charlotte County with no prenatal care has been on the rise in recent years. Additionally, the Community Health Assessment data indicated that the percent of live births that were under 2,500 grams (low birth weight) has risen in recent years. Smoking during pregnancy is one of the leading causes of adverse outcomes for babies, and is often a factor in low birth weights.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
To increase the percentage of Charlotte County pregnant women entering prenatal care in the first trimester.	Percentage of Charlotte County pregnant women who indicate they entered prenatal care in the first trimester using the Healthy Start Risk Screen.	74.56%	74.2%		Exceeded target.
To decrease the percentage of Charlotte County pregnant women who smoke during their pregnancy to less than 10.0%.	Percentage of Charlotte County pregnant women who indicate they smoked during pregnancy using the Healthy Start Risk Screen.	13.9% (2015 data)	<10%		A mass media campaign was initiated in 2016, as well as educational presentations to local physicians. Further work with physicians is needed to ensure all pregnant women are being referred to smoking cessation programs for pregnant women.

* Status indicators are as follows:

-  = Little to no movement towards objective target
-  = some progress towards meeting the objective target
-  = reached or surpassed objective target

Strategic Issue Area #4: Mental Health

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel and cope with everyday life. It also helps determine how we handle stress, relate to others and make choices that affect us physically. Simply put, mental health is essential to overall health.

Goal #1: Decrease the suicide rate in Charlotte County.

Strategy 1: Coordinate and implement Signs of Suicide program in middle schools.

Strategy 2: Create Purple Packets and distribute to first responders.

Goal #2: Positively impact families in chaos.

Strategy 1: Connect SEDNET with Head Start and Early Head start staff.

Strategy 2: Identify other agencies that could benefit from trauma-informed-care training; coordinate connection to SEDNET.

Strategy 3: Promote Strengthening Families program.

Key Partners:

Charlotte County 2-1-1
Charlotte Behavioral Health Care
Charlotte County Public Schools
Drug Free Charlotte County
Englewood Community Coalition
Faith Lutheran Church
Florida Department of Health in Charlotte County
Kays-Ponger & Uselton Funeral Homes
Riverside Behavioral Center
The Other West Coast Films
Tidewell Hospice

Why this is important to our community:					
The goal was identified because of primary data survey results indicating 39% of Charlotte County residents surveyed stated that someone in their household has a mental or emotional problem; 29% did not know what to do when someone they know has suicidal thoughts. Additionally, the rate of deaths by suicide have been on the rise in Charlotte County in recent years. As of 2012 data, Charlotte County had a rate per 100,000 deaths of 23.2, whereas the rate for the State of Florida as a whole was 14.2. Charlotte County's death rate for suicide in 2012 was the 7th highest of the 67 counties in Florida.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
Decrease the number of deaths due to suicide by Charlotte County youth (ages 0-19) from 3 (2012-2014) to 2 or fewer.	Number of deaths due to suicide for youth (ages 0-19) as indicated on Florida Charts.	2 (2013-2015 data)	2		Signs of Suicide classes taught in all 7 th and 8 th grade public school classrooms. "Purple Packets" for suicide survivors created and distributed to first responders.
Increase the number of individuals who work with children who attend trauma-informed-care training.	Number of participants attending trauma-informed-care training.				Baseline has not yet been established.
Expand the existing Strengthening Families program to increase attendance.	Number of participants attending Strengthening Families program.				Baseline has not yet been established.

* Status indicators are as follows:

-  = Little to no movement towards objective target
-  = some progress towards meeting the objective target
-  = reached or surpassed objective target

Strategic Issue Area #5: Positive Aging

Positive aging was identified as the newest strategic issue. This subcommittee held its first meeting in January, 2016. The strategic issue was identified because of population estimates that indicate that nearly 60% of Charlotte County residents are age 50 and older. The elderly are known to have unique health issues, and our community partners felt it necessary to focus on this group separately.

Goals and objectives for this subcommittee were not clearly defined as of the Annual Review meeting in 2016.

Key Partners:

AARP
Alzheimer's Association
Area Agency on Aging of SWFL
Bayfront Health
Charlotte County Human Services Senior Division
Charlotte County Transit
Florida Department of Health in Charlotte County
Florida SouthWestern State College
Friendship Centers
Lifelong Learning Institute
Riverside Behavioral Center
TEAM Parkside

Revisions

At the All Committee meeting held on June 14, 2016 (see appendix A) the Annual Report and subcommittee initiatives were reviewed. There was consensus that all initiatives were on track for meeting the identified goals.

One new objective was identified for the Positive Aging subcommittee, which identified senior isolation as a pressing issue in the community. Through a partnership between The Cultural Center and Friendship Centers, the existing Friendship at Home program is going to be enhance and promoted directly to homebound seniors.

Strategic Issue Area #5: Positive Aging

Goal #1: Decrease isolation in the aging population.

Strategy 1: Enhance Friendship at Home program to connect homebound seniors with volunteers.

Goal #2: Address gaps in availability and capacity in senior services.

Strategy 1: Conduct gap analysis related to senior services.

Strategy 2: Reinvigorate programs that successfully connected seniors to needed resources.

Why this is important to our community:					
Charlotte County's large elderly population drove the creation of this new subcommittee. As more seniors age-in-place, the need for addressing isolation and gaps in services in Charlotte County.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
Increase the number of homebound seniors 60 years and older that have a Friendship at Home visitor by 50 persons by June 30, 2017.	Number of individuals enrolled in Friendship at Home program.	0	50		
Identify and address specific gaps in senior services.	To Be Determined				

Accomplishments

The 2016 – 2018 Community Health Improvement Plan has already yielded some positive health results in Charlotte County. Three of the five subcommittees have seen notable progress along the way, including Access to Healthcare, Maternal and Child Health, and Mental Health.

The specific accomplishments are detailed in the table below.

Goal	Objective	Accomplishment
To reduce barriers associated with accessing needed healthcare in Charlotte County.	Increase Charlotte County Transit ridership 5% from previous year.	By promoting Try Transit Day in partnership with Charlotte County Transit two years in a row, the community is becoming more aware of transportation options available to them for medical, and non-medical trips.
How it's important for our community: By increasing the number of people using public transportation, more residents are able to access needed healthcare.		
To improve birth outcomes in Charlotte County.	To increase the percentage of Charlotte County pregnant women entering prenatal care in the first trimester.	Through promoting temporary Medicaid for pregnant women in strategic locations throughout the community, fewer women have lack of health insurance as a barrier to accessing prenatal care early in their pregnancy.
How it's important for our community: Early entry into prenatal care is crucial for identifying pregnancy issues early on, which can impact the health of both mom and baby.		
Decrease the suicide rate in Charlotte County.	Decrease the number of deaths due to suicide by Charlotte County youth (ages 0-19) from 3 (2012-2014) to 2 or fewer.	Through education to students, their parents, and first responders in the community, Charlotte County has come together to identify that suicide is not the answer. Our community is more educated on the signs that an individual might have a mental health issue, and are more aware of where resources exist to get that individual help.
How it's important for our community: By educating youth and adults, we are reducing the stigma associated with mental illness for generations to come. We are also getting the community more informed on mental health resources available to them. First responders who arrive on the scene of a suicide are now armed with Purple Packets to direct those surviving family members to get help before they become a suicide victim themselves.		

Conclusion

The Community Health Improvement Plan serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. CHIP will evaluate progress on an ongoing basis through quarterly CHIP reports. CHIP also holds bi-annual updates to all CHIP subcommittee members. Annual reviews and revisions will be based on input from partners after which an annual report will be created. A Community Health Improvement Plan will be updated every three years. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Charlotte County.

Appendices

Appendix A



All Committee Meeting Agenda

Date: Tuesday, June 14, 2016

Time of Meeting: 9:00 – 10:30

Meeting Location: 1100 Loveland Blvd, Auditorium A

Participants:

All CHIP subcommittee members

Time	Item	
9:00 – 9:05	Welcome	Dianne Nugent
9:05 – 9:20	Zika Presentation and Q&A	Melia Haile
9:20 – 9:50	Subcommittee Breakout – Annual Review	Dianne Nugent
9:50 – 10:20	Discussion: Identify needs and opportunities	Dianne Nugent
10:20 – 10:30	Community Engagement Survey	
	Adjournment	Dianne Nugent

“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”

Appendix B

Community Health Improvement Partnership (CHIP)
 All Committee Meeting
 June 14, 2016, 9:00 AM – 10:30 AM
 1100 Loveland Blvd, Port Charlotte



Meeting Minutes

Attendees

Name	Organization	Name	Organization
Faezeh Andrews	Charlotte 2-1-1	Albert Bsales	Dept. of Blind Services/Dept. of Education
Heather Boyd	DOH-Charlotte	Jeannine Byrnes	Pregnancy Careline Center
Maqi Cooper	Healthy Start	Vikki Carpenter	Charlotte County Human Services
Jennifer Cox-McKimmey	Charlotte County Public Schools	Sandi Currier	Charlotte County Schools
Abbey Ellner	DOH-Charlotte	Laura Etheridge	Bayfront Health
Karl Henry	DOH-Charlotte	Marilyn Gregory	Health Planning Council of Southwest Florida
Marianne Lorini	Area Agency on Aging for SWFL	Donald Ketterhagen	Community-At-Large
Will McWhirter	Charlotte County Public Schools	Barbara Kilbride	Florida SouthWestern State College
Cynthia King	Drug Free Charlotte County	Beth Kovach	Charlotte County Mosquito Control
Dianne Nugent	DOH-Charlotte	Linda Newman	Healthy Families
Diane Ramseyer	Drug Free Charlotte County	Chantal Phillips	Families First
Stephane Phillips	Charlotte County Government	Jennifer Reed	Charlotte Behavioral Health Care
Vickie Scanlon	Charlotte Behavioral Health Care	Tom Rice	Community-At-Large
Ana Scuteri	DOH-Charlotte	Suzanne Roberts	Virginia B. Andes Volunteer Clinic
Jennifer S. Sexton	DOH-Charlotte	Scott Schermerhorn	Charlotte County Mosquito Control
Rachel Struebing	Drug Free Charlotte County	Carla Swett	Bayfront Health Port Charlotte
Jean Tucker	Charlotte Behavioral Health Care	Alicia Tyner	DOH-Charlotte

Meeting Called By:	Dianne Nugent
Call to Order	The meeting was called to order at 9:03 AM.
Zika Presentation	Melia Haile was introduced as a CDC Associate who works with the Florida Department of Health in Charlotte County's Epidemiology team. Haile presented on the Zika virus – it's history, symptoms, link to microcephaly, and diagnosis. Haile stated that according to Executive Order #16-29 the Florida Department of Health is designated as lead agency for emergency response related to Zika.



Meeting Minutes

	Following the presentation, the group asked questions of Haile and Ana Scuteri, Epidemiologist, related to Zika. Scuteri informed that group that only a specific type of mosquito spreads Zika, not all types, and that there has been a travel-acquired case as close as Lee County.										
Subcommittee Breakout – Annual Review	Dianne Nugent separated the individuals into four breakout groups. Each group participant was asked to provide an update on the initiatives that their subcommittee is currently working on from the CHIP Plan. Following the updates, each group provided feedback, including commonalities and challenges.										
Discussion	Dianne Nugent led the full group in a discussion regarding what their individual groups had determined to be commonalities and challenges. <table border="1" data-bbox="451 552 1347 829"> <thead> <tr> <th>Initiatives</th> <th>Commonalities</th> <th>Challenges</th> </tr> </thead> <tbody> <tr> <td> Access to Healthcare <ul style="list-style-type: none"> transportation health insurance (adults, children) </td> <td rowspan="5"> <ul style="list-style-type: none"> Research-based initiatives Utilizing the media as a strategy engaging relevant outside partners </td> <td rowspan="5"> <ul style="list-style-type: none"> Information-gathering and disseminating (Need communication strategy both internally and externally – could tap into local public access channel) Issues upon issues Keeping CHIP website (www.HealthyCharlotteCounty.org) updated </td> </tr> <tr> <td> Chronic Disease Prevention <ul style="list-style-type: none"> smoking prevention/reduction 5210 lung cancer screenings </td> </tr> <tr> <td> Maternal and Child Health <ul style="list-style-type: none"> smoking prevention/reduction (PSAs) </td> </tr> <tr> <td> Mental Health <ul style="list-style-type: none"> suicide prevention/youth </td> </tr> <tr> <td> Positive Aging (newly formed) </td> </tr> </tbody> </table>	Initiatives	Commonalities	Challenges	Access to Healthcare <ul style="list-style-type: none"> transportation health insurance (adults, children) 	<ul style="list-style-type: none"> Research-based initiatives Utilizing the media as a strategy engaging relevant outside partners 	<ul style="list-style-type: none"> Information-gathering and disseminating (Need communication strategy both internally and externally – could tap into local public access channel) Issues upon issues Keeping CHIP website (www.HealthyCharlotteCounty.org) updated 	Chronic Disease Prevention <ul style="list-style-type: none"> smoking prevention/reduction 5210 lung cancer screenings 	Maternal and Child Health <ul style="list-style-type: none"> smoking prevention/reduction (PSAs) 	Mental Health <ul style="list-style-type: none"> suicide prevention/youth 	Positive Aging (newly formed)
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Mental Health <ul style="list-style-type: none"> suicide prevention/youth 											
Positive Aging (newly formed)											
Other Business	<p>Dianne Nugent thanked the Fred Lang Foundation and Girls' Night Out for funding year one of Signs of Suicide for area 8th grade students, at a cost of approximately \$8,000. Vickie Scanlon stated that they have committed to funding 7th and 8th grade next year as well.</p> <p>Nugent also thanked Gulfcoast South AHEC for hosting the CHIP website for twelve months. Jennifer S. Sexton stated that the website is currently being revamped. Sexton stated that she welcomes suggestions for the website, and hopes to make it an interactive tool for the community and CHIP members.</p>										



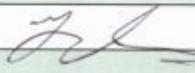
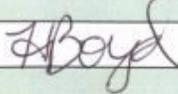
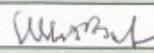
Meeting Minutes

	<p>Chantal Phillips suggested that all CHIP subcommittee members could benefit from a list of all upcoming meetings as well as contact information for each of the subcommittee chairs. Sexton offered to put this together and send it to the group.</p> <p>Tom Rice suggested that Communication Strategies should be a standing agenda item on all subcommittee agendas. Rice described to the group that the Positive Aging subcommittee is looking into tapping into the local public access channel to reach out to homebound seniors, and that CHIP as a whole might be able to make use of this resource as well. Stephanie Phillips stated that a Weekly Happenings is already being promoted on the Access Channel, and that she is willing to work with the subcommittee chairs to develop content for the channel. Diane Ramsayer suggested that each CHIP subcommittee could create two (2) half-hour segments over the course of a year. Vikki Carpenter added the Board of County Commissioners are setting goals and focus areas; one of these being access to healthcare.</p>
Next Meeting	TBD – January/February 2017
Adjournment	The meeting was adjourned at 10:32 AM.

Appendix C



**CHIP All Committee
Tuesday, June 14, 2016**

Last Name	First Name	Organization	Email	Signature
Adair	Mary	TEAM Punta Gorda	adairmwa@embarqmail.com	
Adams	Ruth	Community-at-Large	Ruthadams@centurylink.net	
Amador	Karen	OCEAN / Brookdale	karen.amador@brookdaleliving.com	
Andrews	Faezeh	Charlotte 2-1-1	faezeh.andrews@charlottecountyfl.gov	
Arb	Breeze	Tidewell Hospice	barb@tidewell.org	
Ashley	Teri	Riverside Behavioral Center	teri.ashley@bayfronthhealth.com	
Austin	Mitchell	City of Punta Gorda	maustin@pgorda.us	
Barger	Kim	Health Planning Council of Southwest Florida / Early Steps	kimbarger@hpcswf.com	
Boston	Thaddeus	Human Services	thaddeus.boston@charlottecountyfl.gov	
Boyd	Heather	Florida Department of Health in Charlotte County	heather.boyd@flhealth.gov	
Brokaw	Sommer	SUN Newspapers	sbrokaw@sun-herald.com	
Brooks	Sammie	Ministerial Association	sam@einet.us	
Brunson	Ashley	Florida Covering Kids and Families	alawlor@health.usf.edu	
Bsales	Albert	Dept. of Education/Div. of Blind Services	albert.bsales@dbs.fdoe.org	
Burns	Mary Kay	Florida Department of Health	mary.burns@flhealth.gov	



**CHIP All Committee
Tuesday, June 14, 2016**

Last Name	First Name	Organization	Email	Signature
Canja	Tess	TEAM Parkside / AARP	tcanja@aol.com	
Cappiello	Thomas	Lung Cancer Research Council	thomas.cappiello@mssb.com	
Carpenter	Vikki	Charlotte County Human Services	vikki.carpenter@charlottecountyfl.gov	<i>Kids</i>
Carter	Glama	Florida Department of Health in Charlotte County	glamarier.carter@flhealth.gov	
Carter	Stephen	The Cultural Center	director@theculturalcenter.com	
Chervinski	Noreen	Virginia B. Andes Volunteer Clinic	pgifolks@yahoo.com	
Connell	Ian	Department of Children and Family Services	ian_connell@dcf.state.fl.us	
Cooper	Magi	Healthy Start	mcooper@charlottecountyhealthystart.com	<i>Magi Cooper</i>
Cox-McKimmey	Jennifer	Charlotte County Public Schools	jennifer.cox-mckimmey@yourcharlotteschools.net	<i>Jennifer Cox-McKimmey</i>
Craig	Susan	Regions Bank	susan.craig@regions.com	
Cummings	Adam	Lifelong Learning Institute	adam.cummings@edwardjones.com	
Currier	Sandi	Charlotte County Schools	sandi.currier@yourcharlotteschools.net	<i>Sandi Currier</i>
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Dowling	Deedra	Charlotte County Human Services Senior Division	deedra.dowling@charlottecountyfl.gov	

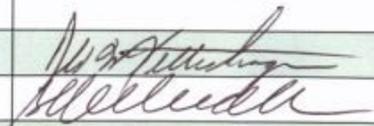
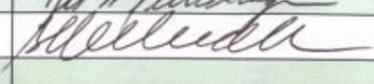


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Tuesday, June 14, 2016**

Last Name	First Name	Organization	Email	Signature
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Newman	Linda	The Florida Center for Early Childhood Inc.	linda.newman@thefloridacenter.org	<i>Linda Newman</i>
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Last Name	First Name	Organization	Email	Signature
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SPhillips



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Sparks <i>Byrnes</i>	Jeannine	Pregnancy Careline Center	director@pregnancycareline.org	<i>Jeannine Byrnes</i>
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Schwartz CCMO Scott, Schunk & Smith FL.gov *CS*



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Tuesday, June 14, 2016**

Last Name	First Name	Organization	Email	Signature
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Last Name	First Name	Organization	Email	Signature
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Kwacz	Beth	Charlotte Co Mosq Control	beth.carey-kwacz@charlottecountyfl.gov	Beth Kwacz

Appendix D

Comprehensive List of All Community Partners

- 20th Circuit APD
- AARP
- Alzheimer's Association
- Area Agency on Aging of SWFL
- Bayfront Health
- Center for Abuse & Rape Emergencies (C.A.R.E)
- Charlotte Behavioral Health Care
- Charlotte County 2-1-1
- Charlotte County Government
- Charlotte County Government - Transit
- Charlotte County Healthy Start
- Charlotte County Human Services
- Charlotte County Human Services Senior Division
- Charlotte County Justice Center
- Charlotte County Public Schools
- Drug Free Charlotte County
- Drug Free Punta Gorda
- Englewood Community Coalition
- Faith Lutheran Church
- Florida Department of Health in Charlotte County
- Florida SouthWestern State College
- Friendship Centers
- Health Planning Council of Southwest Florida
- Healthy Start
- Kays-Ponger & Uselton Funeral Homes
- Lifelong Learning Institute
- Lung Cancer Research Council
- Metropolitan Planning Organization
- Pretrial Services
- Riverside Behavioral Center
- Staywell
- TEAM Parkside
- The Florida Center for Early Childhood Inc.
- The Other West Coast Films
- Tidewell Hospice
- Virginia B. Andes Volunteer Clinic