



HEALTH EQUITY MATTERS!

United Towards Better Health for All

CHARLOTTE

**HEALTH
EQUITY PLAN**

July 2022 – December 2025

Ron DeSantis
Governor

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State Surgeon General

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Updated 07/27/2022

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II. PURPOSE OF THE HEALTH EQUITY PLAN

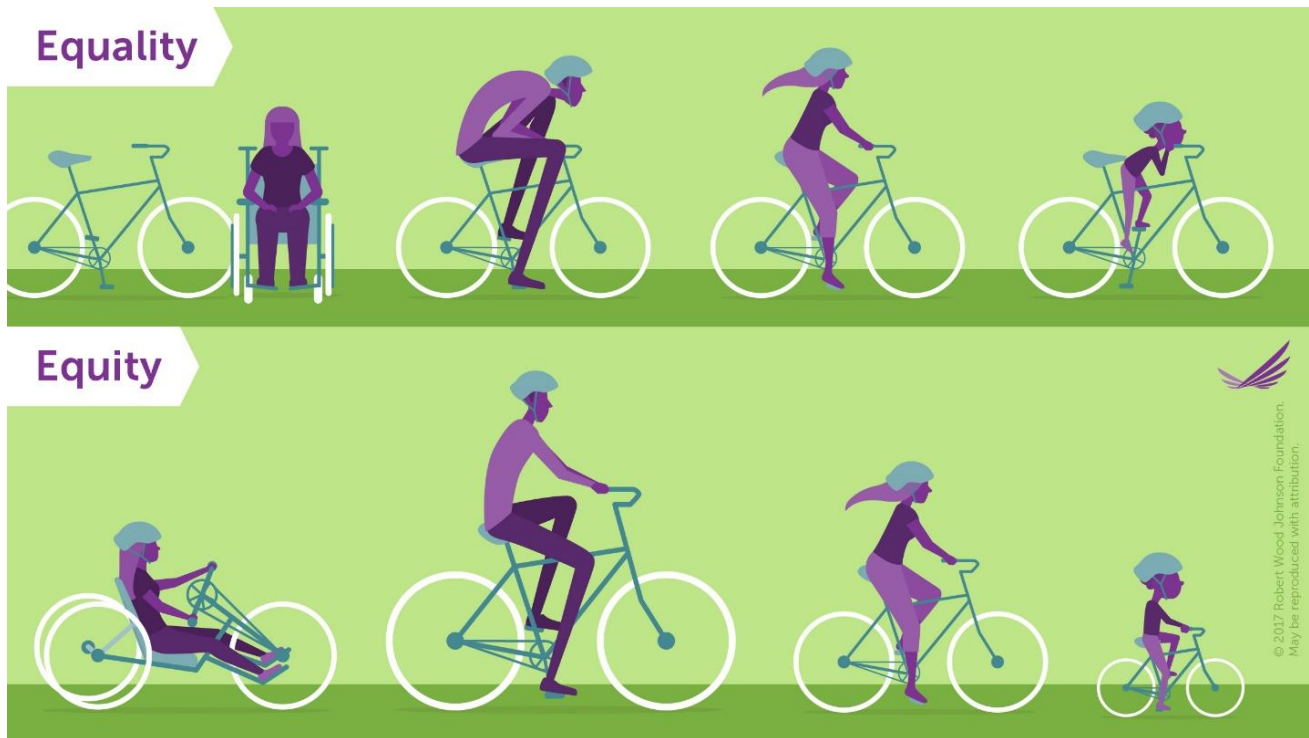
Health Equity is achieved when everyone can attain optimal health.

The Florida Department of Health's Office of Minority Health and Health Equity (OMHHE) works with government agencies and community organizations to address the barriers inhibiting populations from reaching optimal health. A focus on health equity means recognizing and eliminating the systemic barriers that have produced disparities in achieving wellness. In response to Chapter 2021-117 of the Florida Statute, effective July 1, 2021, each county health department (CHD) has been provided resources to create a Health Equity Plan to address health disparities in their communities.

The Health Equity Plan should guide counties in their efforts to create and improve systems and opportunities to achieve optimal health for all residents, especially priority populations. County organizations have a critical role in addressing the social determinants of health (SDOHs) by fostering multi-sector and multi-level partnerships, conducting surveillance, integrating data from multiple sources, and leading approaches to develop upstream policies and solutions. This plan acknowledges that collaborative initiatives to address the SDOHs are the most effective at reducing health disparities.

The purpose of the Health Equity Plan is to increase health equity within Charlotte County. To develop this plan, Charlotte County health department followed the Florida Department of Health's approach of multi-sector engagement to analyze data and resources, coordinate existing efforts, and establish collaborative initiatives. This plan addresses key SDOH indicators affecting health disparities within Charlotte County. This Health Equity Plan is not a county health department plan; it is a county-wide Health Equity Plan through which the Health Equity Taskforce, including a variety of government, non-profit, and other community organizations, align to address the SDOH impact health and well-being in the county.

III. DEFINITIONS



Health equity is achieved when everyone can attain optimal health.

Health inequities are systematic differences in the opportunities groups have to achieve optimal health, leading to avoidable differences in health outcomes.

Health disparities are the quantifiable differences, when comparing two groups, on a particular measure of health. Health disparities are typically reported as rate, proportion, mean, or some other measure.

Equality means each individual or group of people is given the same resources or opportunities.

Social determinants of health are the conditions in which people are born, grow, learn, work, live, worship, and age that influence the health of people and communities.

IV. PARTICIPATION

Cross-sector collaborations and partnerships are essential components of improving health and well-being. Cross-sector collaboration uncovers the impact of education, health care access and quality, economic stability, social and community context, neighborhood and built environment and other factors influencing the well-being of populations. Cross-sector partners provide the range of expertise necessary to develop and implement the Health Equity Plan.

Healthy Charlotte is comprised of a broad and diverse representation of sectors, organizations, and partners, including Florida Department of Health in Charlotte County (DOH-Charlotte). This community group works to improve the quality of life for all Charlotte County residents by identifying community health issues and setting strategies to improve these health concerns. Through a collaborative assessment process and using a health equity lens, Healthy Charlotte was recruited in 2020 to conduct the CHNA. This community collaboration and partnership continued during the CHIP process in 2021 and Health Equity Plan process in 2022.



A. Minority Health Liaison

The Minority Health Liaison supports the Office of Minority Health and Health Equity in advancing health equity and improving health outcomes of racial and ethnic minorities and other vulnerable populations through partnership engagement, health equity planning, and implementation of health equity projects to improve social determinants of health. The Minority Health Liaison facilitates health equity discussions, initiatives, and collaborations related to elevating the shared efforts of the county.

Minority Health Liaison: Meranda Pitt

Minority Health Liaison Backup: Glamari Carter

B. Health Equity Team

The Health Equity Team includes individuals that each represent a different program within the CHD. The Health Equity Team explores opportunities to improve health equity efforts within the county health department. Members of the Health Equity Team assess the current understanding of health equity within their program and strategize ways to improve it. The Health Equity Team also relays information and data concerning key health disparities and SDOH in Charlotte to the Health Equity Taskforce. The Minority Health Liaison guides these discussions and the implementation of initiatives. The membership of the Health Equity Team is listed below.

Name	Title	Program
Glamari Carter	Director of Strategic Planning & Communications	Office of Strategic Planning & Communications
Meranda Pitt	Public Information Officer	Office of Strategic Planning & Communications
James Hemingway	Health Educator Consultant	Community Health Promotions
Kaci Brooks-Lynch	Health Educator Program Consultant	Community Health Promotions
Grace Hernandez	Health Educator Consultant	Community Health Promotions
Hunter Scott	Community Planner	Office of Strategic Planning & Communications
Abbey Ellner	Former Program Administrator	Community Health Promotions
Rebecca Francois	Former Community Planner	Office of Strategic Planning & Communications
Ann Monville	Former Sr. Community Health Nurse	Growing Strong Families

The Health Equity Team met on the below dates during the health equity planning process. The Health Equity Team will meet at least quarterly to track progress.

Meeting Date	Topic/Purpose
9/28/2021	Started discussion on available data and sources
10/22/2021	Discussion on existing DOH programs related to health equity and needs expressed by community members.
1/19/2022	Reviewed data from CHA and looked for more recent updates to this information.
2/1/2022	Discussion on data to present to CHIP partners and partner engagement.
3/18/2022	Discussion on Minority Health Month activities and materials.

5/2/2022	Discussion on logistics of CHIP objectives with HE objectives focused on HE SDOH and facilitation of the group.
6/7/2022	Discussion on HE Plan objectives and alignment with existing community efforts and initiatives.
8/18/2022	Due to staffing changes, discussed the plan and projects.
10/21/2022	Discussed upcoming projects & planned implementation.

C. Health Equity Taskforce

The Healthy Charlotte Steering Committee will act as the Health Equity Taskforce. The Taskforce includes CHD staff and representatives from various organizations that provide services to address various SDOH. Members of this Taskforce brought their knowledge about community needs and SDOH. Collaboration within this group addresses upstream factors to achieve health equity. Health Equity Taskforce members are listed below.

Name	Organization	Social Determinant of Health
Angie Matthiessen	United Way	All
Angela Hogan	Gulf Coast Partnership	Economic Stability Neighborhood and Built Environment
Brian Hemmert	Health Planning Council of SWFL	All
Chantal Phillips	Charlotte County Public Schools	Education Access and Quality Social and Community Context
Colleen Turner	Charlotte County Government	Economic Stability Neighborhood and Built Environment Social and Community Context
Erika Schlabach	Pregnancy Solutions	Economic Stability Education Access and Quality Health Care Access and Quality Social and Community Context
Glamarier Carter	Office of Strategic Planning & Communications	Education Access and Quality Social and Community Context
Hunter Scott	Office of Strategic Planning & Communications	Education Access and Quality Social and Community Context
Kay Tvaroch	Englewood Community Coalition	Education Access and Quality Social and Community Context
Lynn Dorler	Boys and Girls Club	Education Access and Quality Economic Stability Social and Community Context
Margaret Cooper	Healthy Start Coalition Inc.	All
Meranda Pitt	Office of Strategic Planning & Communications	Education Access and Quality Social and Community Context
Mike Mansfield	Charlotte County Habitat for Humanity	All
Monica Babcock	Drug Free Punta Gorda	Economic Stability Education Access and Quality Neighborhood and Built Environment
Melissa King	Gulfcoast South Area Health Education Center	Education Access and Quality Health Care Access and Quality

Diane Ramseyer	Drug Free Charlotte County	Economic Stability Education Access and Quality Neighborhood and Built Environment
Sue Sorensen	Kids Thrive Collaborative	Education Access and Quality Social and Community Context
Victoria Scanlon	Charlotte Behavioral Health Care	Education Access and Quality Health Care Access and Quality Social and Community Context

The Health Equity Taskforce met on the below dates during the health equity planning process. The Health Equity Taskforce will meet at least quarterly to track progress.

Meeting Date	Organizations	Topic/Purpose
10/22/2021	United Way, Charlotte County Public Schools, Charlotte County Government, Pregnancy Solutions, Englewood Community Coalition, Habitat for Humanity, Boys and Girls Club, Drug Free Punta Gorda, Gulfcoast South Area Health Education Center	Presented on the Minority Health and Health Equity initiative each CHD is working on and how the CHIP Steering Committee and community partners can be involved. Data will be reviewed in the future to assess disparities and impactful determinants.
1/28/2022	United Way, Charlotte County Public Schools, Charlotte County Government, Pregnancy Solutions, Englewood Community Coalition, Habitat for Humanity, Boys and Girls Club, Drug Free Punta Gorda, Gulfcoast South Area Health Education Center	Reviewed and discussed updated CHA data. Community partners shared their organizations' concerns and barriers to addressing their populations. Task force narrowed focus to mental well-being, substance abuse prevention, and housing as top areas given the data.
2/11/2022	United Way, Charlotte County Public Schools, Charlotte County Government, Englewood Community Coalition, Habitat for Humanity, Drug Free Punta Gorda, Gulfcoast South Area Health Education Center, Healthy Start, Charlotte Behavioral Health Care	Final discussion and consensus to tackle mental well-being and housing as two defined focus areas.
5/25/2022	Chair of Healthy Charlotte Steering Committee, FL DOH-Charlotte Community Planner and Director of the Office of Strategic Planning and Communications	An extension of the CHIP was decided upon to expand DOH-Charlotte and the county's initiatives regarding ACEs, but also to incorporate the Minority Health and Health Equity Plan's goals and objectives that include efforts on housing and mental wellbeing.
7/24/2022	United Way, Charlotte County Public Schools, Charlotte County Government, Englewood Community Coalition, Habitat for	Reviewed Projects

9/20/2022	United Way, Charlotte County Public Schools, Charlotte County Government, Englewood Community Coalition, Habitat for Humanity, Drug Free Punta Gorda, Gulfcoast South Area Health Education Center, Healthy Start, Charlotte Behavioral Health Care	Reviewed projects. Updated objective to align with Health Improvement Plan objectives.
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D. Coalition

The Coalition discussed strategies to improve the health of the community. The strategies focused on the social determinants of health: education access and quality, health care access and quality, economic stability, social and community context, and neighborhood and built environment. Membership includes community leaders working to address each SDOH, as well as any relevant sub-SDOHs. The Coalition assisted the Health Equity Taskforce by reviewing their Health Equity Plan for feasibility. See Addendum XII. A. “Health Equity Coalition Members” for a list of Coalition members.

E. Regional Health Equity Coordinators

There are eight Regional Health Equity Coordinators. These coordinators provide the Minority Health Liaison, Health Equity Team, and Health Equity Taskforce with technical assistance, training, and project coordination.

Name	Region
Carrie Rickman	Emerald Coast
Quincy Wimberly	Capitol
Ida Wright	Northeast
Diane Padilla	North Central
Rafik Brooks	West
Lesli Ahonkhai	Central
Frank Diaz-Gines	Southwest
Kimberly Watts	Southeast

V. HEALTH EQUITY ASSESSMENT, TRAINING, AND PROMOTION

A. County Health Equity Training

Below are the dates, SDOH training topics, and organizations who attended training.

Date	Topics	Organization(s) receiving trainings
10/22/21	Presented the State Minority Health, Health Equity Initiative and overall goals, brief explanation of health equity, disparities and social determinants of health (SDOH), and formation of a task force.	United Way, Charlotte County Public Schools, Charlotte County Government, Pregnancy Solutions, Englewood Community Coalition, Habitat for Humanity, Boys and Girls Club, Drug Free Punta Gorda, Gulfcoast South Area Health Education Center, Healthy Start, Charlotte Behavioral Health Care
12/3/21	Health Inequities and Access to Transportation in Charlotte County virtual presentation by FGCU.	Exact attendees not known. Multiple CHIP partners were in attendance.
1/28/22	Conducted focus activity including a review of data and discussion of disparities. Narrowed disparities and SDOH selection.	United Way, Charlotte County Public Schools, Charlotte County Government, Pregnancy Solutions, Gulf Coast Partnership, Englewood Community Coalition, Habitat for Humanity, Boys and Girls Club, Drug Free Punta Gorda, Gulfcoast South Area Health Education Center, Healthy Start, Charlotte Behavioral Health Care

B. County Health Department Health Equity Training

The Florida Department of Health in Charlotte recognizes that ongoing training in health equity and cultural competency are critical for creating a sustainable health equity focus. At a minimum, all DOH-Charlotte staff receive the Cultural Awareness: Introduction to Cultural Competency and Addressing Health Equity: A Public Health Essential training. In addition, the Health Equity Team provides regular training to staff on health equity and cultural competency. The training is recorded below.

Date	Topics	Number of Staff in Attendance
3/24/2022	Frank Diaz presented on Health Equity to Performance Management Council	10
4/29/2022	Health Planning Council presented on Health Equity at all-staff meeting	71

C. Minority Health Liaison Training

The Office of Minority Health and Health Equity and the Health Equity Regional Coordinator provide training and technical support to the Minority Health Liaison on topics such as: the health equity planning process and goals, facilitation and prioritization techniques, reporting requirements, and taking a systems approach to address health disparities. The Minority Health Liaison training is recorded below.

Date	Topics
8/19/2021	Roles, responsibilities, and expectations, scope of work and funding, resources and technical assistance (Abbey Ellner)
10/21/2021	Health Equity Project Management Tool, Social-Ecological Model, Health Disparities Workplan (Abbey Ellner)
11/18/2021	Health Equity Plan, Health Equity Assessments, Health Equity Partnerships (Abbey Ellner)
1/20/2022	Health Equity Plan Alignment and Handbook, Resource Library, Budget Guidance (Abbey Ellner)
1/25/2022	Cultural Competency and Health Equity Training (Abbey Ellner)
3/17/2022	ClearPoint and Minority Health Month Events (Abbey Ellner)
3/22/2022	ClearPoint Training (Abbey Ellner)
4/22/2022	22-23 Budget Guidance (Abbey Ellner)
5/19/2022	FL Health Charts Presentation (Watched recording on 5/23/22) (Abbey Ellner)
7/13/2022	ClearPoint Training (Meranda Pitt)
7/25/2022	Minority Health Liaison Onboarding Training (Meranda Pitt)

D. National Minority Health Month Promotion



In preparation for April's National Minority Health Month and the DOH-Charlotte All Staff meeting and Health Equity training, a series of activities were planned to encourage staff participation and education.

Contest/Marketing Campaign

- A t-shirt design contest was held which required a component of health equity. Staff were encouraged to research and learn about health equity and what it means to the community and how it plays a part in each individual's role at DOH-Charlotte. Staff were also encouraged to involve neighbors, family members, and friends to join the contest.
- Throughout the duration of the t-shirt design contest, examples of health equity were sporadically sent out to all staff to enable learning through real-life scenarios.
- All staff were invited to vote for the winning design.
- T-shirts were printed using the winning design for all staff participating in the Health Equity training & presentation. Staff are encouraged to wear the shirts for future outreach events. Additional t-shirts were printed for upcoming community outreach and training events.
- Using the winning design, a full marketing campaign was launched to be used for community outreach events including water bottles, placemats, flyers, posters, hanging and retractable banners.

Training/Presentation

The DOH-Charlotte staff meeting on April 29, 2022, was an event to promote National Minority Health Month and educate the importance of health equity. DOH-Charlotte's Health Equity Liaison and the Health Equity Coalition partner, Health Planning Council of Southwest Florida, provided multiple interactive presentations to educate staff.

- An update of the progress and direction of the plan was provided to staff by the Health Equity Liaison. The talking points included:
 - Health Equity vs. Health Equality
 - A definition of Health Disparities
 - The Social Determinates of Health (SDOH) and the impact they have on individual health outcomes
 - Local statistics including:
 - The rate of children removed to foster care in Charlotte County is 55.6 per 10,000
 - Inadequate housing is one of the top 5 reasons for removals
 - In 2020, 31.2% of middle and high school students who felt sad or hopeless for two or more weeks in a row and stopped doing usual activities in the past year
 - The rate of children ages 1-5 receiving mental health treatment services in Charlotte County was 5.8 per 1,000
 - State of Florida – 2.8 per 1,000
 - Housing Impact – The impact of poor living conditions:
 - Lays the foundation for children's mental health
 - Creates stress for parents and may limit healthy family activities
 - Can prevent children from engaging in playful and social activities which are beneficial to their cognitive, social, and emotional well-being
 - Children who have lived in temporary homes for more than a year are 3 times more likely to experience depression, anxiety, and other mental health problems
- The Health Planning Council of Southwest Florida's presentation included two interactive sessions to educate staff.
 - One of the presentation pieces was the iPad activity "Spent" which challenges players to live on just \$1,000 per month. The game presents choices residents must make in order to get through to the next payday. Staff often had to make life-impacting decisions such as where to live, health insurance coverage, employment, what bills to pay, what food to buy. Many were put in a hard position when situations in life arose, like what to do when a child is sick, or a car breaks down. These choices can be very difficult when one situation can be the difference between going to the dentist or putting food on the table. Players get an understanding about how low-wage jobs affect individuals and families through real-life scenarios.
 - A second presentation piece was a SDOH in action exercise, "Privilege Walk". Staff were asked to line up. Everyone starts out the same. Next, a series of statements were called out in which staff would either take a step forward, a step backward, or remain in place. The goal of the exercise was for staff to have a better understanding of themselves and to see how they can better relate to others.

T-Shirt Contest Design Flyer



T-SHIRT CONTEST

CONTEST DEADLINE
FEBRUARY 28, 2022

WINNER ANNOUNCED
MARCH 15, 2022

DESIGN CONTEST
DESIGN OUR DOH-CHARLOTTE T-SHIRT. ALL IDEAS WILL BE VETTED THROUGH SLT. THE TOP 5 DESIGNS WILL BE VOTED ON BY ALL STAFF.



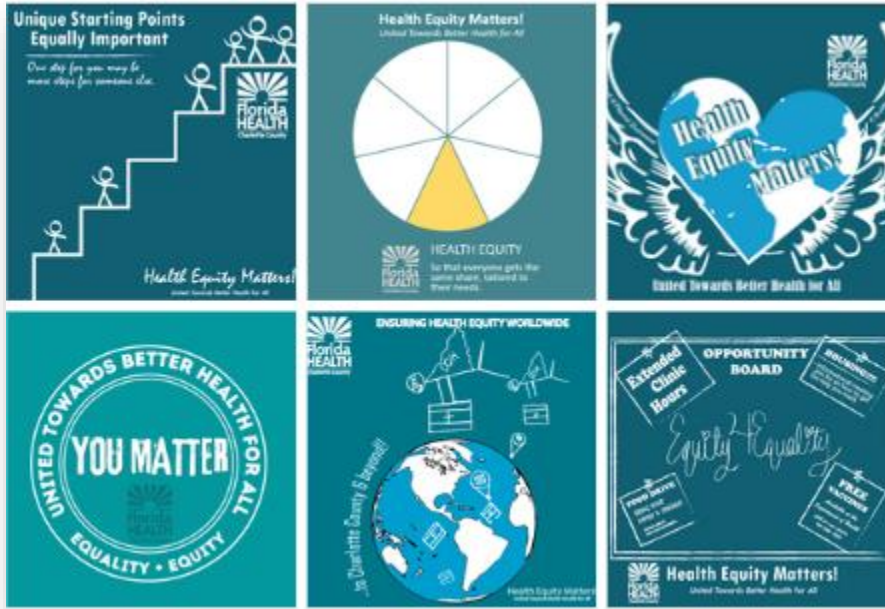
RULES:

- No more than two ink colors.
- Front of shirt only.
- Must contain DOH one color logo.
- Must contain a component that in some way addresses health equity.
- Must follow DOH Branding Guidelines & use the DOH color palette.
 - (See link in email.)
- Shirts will be Charcoal or Sport Gray.
- Deadline is February 28, 2022.
- Submit entries to:
meranda.pitt@flhealth.gov

*Pending final approval from Central Office Purchasing.



T-Shirt Contest Entries



T-Shirt Contest Vote/Winner

Final vote due by 3pm Tuesday, April 5.

A special thank you for all of those who submitted a design! Your time, effort, and thought are truly appreciated.

As you vote, remember each design will be on a teal colored t-shirt. The colors here do not necessarily reflect the final print. Please vote on the design itself rather than the colors.

Working with the artist, the final designs may be revised slightly to align with the overarching goal of the Health Equity Campaign and with the printers needs.

One vote per employee. Please encourage your co-workers to get their vote in!!

Congrats **Kaci Brooks-lynch** for submitting the winning design!!

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Health Equity Campaign Material

Promotional Card

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Social Determinants of Health

Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Health disparities are preventable differences in the impact of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Health Equity means everyone has an equal opportunity to be as healthy as possible. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health care disparities.

Housing Has a Large Impact on Community Health

Unfavorable living conditions can lead to environmental hazard exposures, limited access to health care, increased risk of infectious and other diseases, and the development of mental health problems.

Poster

HEALTH EQUITY MATTERS!
United Towards Better Health for All

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Programs designed to reduce health disparities

Retractable Banner

HEALTH EQUITY MATTERS!
United Towards Better Health for All

HEALTH EQUITY MATTERS!
United Towards Better Health for All

Health equity means everyone has an equal opportunity to be as healthy as possible.

Health equity recognizes that different individuals need different resources to support them and improve their health. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and current injustices, and the elimination of health care disparities.

Placemat

Health equity is equal treatment and availability of health care services to all people. The goal of equity is to provide fairness, but it does not mean if everyone starts from the same place and needs the same things.

Health equity is the availability of health care while taking into account the other factors that influence health: social, employment, housing, transportation, education, socioeconomic status, food access, etc.

Health disparities are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Equity does not mean **Equality**

Write a sentence using the words from the word search.

How Health Equity Has Previously Been Addressed in Charlotte County and Across Our State/Nation:

- Champs Café: provide meals for students on school/summer break
- Disability Act: make all places and services accessible to disabled individuals
- Affordable Care Act: make health insurance affordable to more individuals
- Income-Based Housing: ensure lower-income individuals have safe housing options

Housing Has a Large Impact on Community Health:

Unfavorable living conditions can lead to environmental hazard exposures, limited access to health care, increased risk of infectious and other diseases, and the development of mental health problems.

Housing quality, stability and affordability lay the foundation for children's mental health and children who have lived in temporary homes for more than a year are three times more likely to suffer depression, anxiety and other mental health problems.

Unfavorable housing environments may create stress for parents, increase their own mental health problems and decrease their ability to provide family stability. This can impact children's access to playful and social activities, which are beneficial to their social and emotional well-being and self-confidence.

What is Health Equity?

Health equity means everyone has an equal opportunity to be as healthy as possible.

Factors like housing, income, education, race, and access to health care all impact health.

Health equity recognizes that different individuals need different resources to support them and improve their health.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and current injustices, and the elimination of health care disparities.

Table Tent

HEALTH EQUITY MATTERS!
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Florida Department of Health in Charlotte County
1301 Central Blvd., Tallahassee, FL 32309-4206
Charlotte.Charlotte@doh.state.fl.us

Rack Card

Florida Department of Health in Charlotte County
1301 Central Blvd., Tallahassee, FL 32309-4206
Charlotte.Charlotte@doh.state.fl.us



Example of Health Equity Examples sent out to staff via Teams

2/16 1:14 PM



Don't forget about the t-shirt design contest! The deadline is just around the corner. We've had a few entries. Can't wait to see more coming in. Still need more info or a better understanding of Health Equity? Here's one example of DOH-Charlotte addressing Health Equity in Charlotte County.

Health Equality is offering the COVID-19 vaccine 9am-5pm at 1100 Loveland Blvd. to all eligible residents regardless of race, sex, color, religion, disability, national origin, or age. Every single resident has the same opportunity to get the vaccine if they choose to.

Health Equity is understanding that some residents have trouble getting to that location 9-5 due to disabilities, transportation, work hours, etc. Expanding operating hours, offering the COVID-19 vaccine at various locations throughout the county, and going directly to homebound residents are ways we addressed a health inequity in our county.

Health Equity Liaison Presentation



Local Efforts

2020 rate of **children removed to foster care**:

- ❑ **Charlotte County – 55.6 per 10,000**
- ❑ State of Florida – 31 per 10,000

Inadequate housing is one of the top 5 reasons for removals.

In 2020, percent of middle and high school students who **felt sad or hopeless** for two or more weeks in a row and stopped doing usual activities in the past year:

- ❑ **Charlotte County – 31.2%**
- ❑ State of Florida – 30%

In 2018, rate of children **ages 1-5 receiving mental health treatment services**:

- ❑ **Charlotte County – 5.8 per 1,000**
- ❑ State of Florida – 2.8 per 1,000

The “Spent” activity



Staff Participating in the “Privilege Walk” activity



Community Outreach Events



Partnering with Sonshine Baptist Church, the Safe Kids Day/Easter Egg Hunt event had 429 community members and 13 community partners in attendance. The event allowed DOH-Charlotte to provide educational outreach for services such as bicycle helmet fittings, injury prevention information, and WIC and clinical service while also encouraging connections toward health equity.

The Florida Department of Health participated in the annual Mental Health Walk sponsored by Charlotte Behavioral Health Care. As the County’s chosen disparity is mental health, it provided to be an opportunity to share information with participants and engage community partners.

VI. PRIORITIZING A HEALTH DISPARITY

The Health Equity Team identified and reviewed health disparities data in Charlotte County identifying mental health as an issue effecting the vulnerable and marginalized populations. Throughout multiple community meetings, mental health has consistently been brought to the forefront for concern for the community.

Data was pulled from multiple sources including: US Census Bureau, Florida Health Charts, Florida Department of Education – Education Information and Accountability Services, US Department of Housing and Urban Development, 2018 United ALICE Report and 2020 ALICE in Florida: A Financial Hardship Survey, Southwest Florida Economic Development Alliance, Florida Behavioral Risk Factor Surveillance System Survey, Charlotte County Public Schools, Florida Department of Children and Families, Florida Department of Health – Bureau of Vital Statistics, Bureau of Labor Statistics, American Community Survey, Gulf Coast Partnership, Florida Department of Elder Affairs, Together Charlotte 2018 Housing Report, and Florida Youth Substance Abuse Survey.

Using data on these health disparities, through community partners' input as well as feasibility, impact, and assets rankings, mental health was prioritized in the Health Equity Plan. After careful review of the data, it has been further identified that youth and veteran mental health issues, while being addressed through other means, have remaining concerns that need to be prioritized.

Community Health and Needs (CHNA) Prioritization & Community Health Improvement Planning (CHIP)

The CHNA followed the Mobilizing for Action through Planning and Partnerships (MAPP) process, which provided a framework to maximize community collaboration and ensure equitable outcomes for every population group. During the CHNA process, health inequity was an important aspect to the community health and needs assessment. Each topic was evaluated from a health equity lens to accurately establish needs in Charlotte County. Having resources and assets in a community are vital, however, if those resources and assets are not equitably distributed and made accessible to those in need, their mere presence will not curb health disparities and improve quality of life. The largest health disparities and health inequities often exist among those who have low-income and low educational attainment, who live in underserved communities, minority populations, women, the elderly, and children. In Charlotte County, significant health disparities were identified among the elderly, single parent households, those with a high school diploma or less, those earning an income of \$15,000 or less, among minority populations, and even by census tract.

The core group of partners tasked with leading the overall development process for the community health assessment met to consolidate the strategic areas and create datasheets to help inform the community's decisions during the final prioritization process. The strategic issues were prioritized by using three criteria: impact, feasibility, and assets. Through that process, community members and agency representatives prioritized: Child Abuse, Neglect & Well-Being, Behavioral, Social, Emotional Health and Trauma, Healthcare, Environment, and Aging as the top 5 health and wellness concerns for the community.

In partnership with the community collaborative Healthy Charlotte, the Florida Department of Health in Charlotte County along with the core group of partners have committed themselves and their agencies to addressing Child Abuse, Neglect & Well-Being, including mental health, by continuing the Adverse Childhood Experiences (ACEs) initiative into 2026.

Forty-one percent of respondents of the community health survey reported having had some degree of traumatic childhood experience that affects their health and well-being as an adult, while 52% of survey respondents chose “Mental Health Problems” as the #1 health and wellness concern in the county.

The stressors that individuals and families experience are directly connected to household economic wellbeing, affordable housing, and social discrimination. Mental health care providers in the county have noted that multi-generational trauma is on the rise and overall mental health problems are becoming much more complex and multifaceted in nature. Charlotte County, prioritized Behavioral, Social, Emotional Health & Trauma as the 2nd area of focus. Charlotte ranks 3rd in the state for 5-11-year-olds experiencing abuse. This is further exacerbated by the fact that Charlotte County experiences 3x the state rate of children in school grades K-12 with emotional and behavioral disabilities.

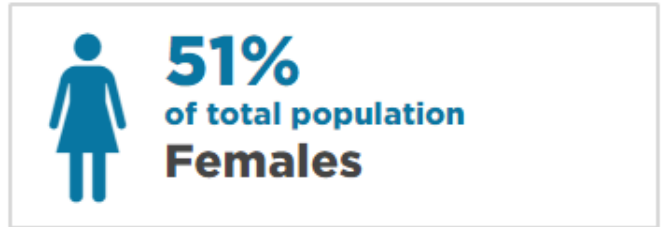
Health Equity plays an inescapable role in understanding the root causes of Child Abuse and Neglect. According to the 2010 Fourth National Incidence Study on Child Abuse and Neglect, “Children in low socioeconomic households have significantly higher rates of maltreatment in all categories and across all definitional standards.” Children living in homes where one or both parents/caregivers were unemployed, had less than a high school diploma, or received some form of social assistance, consistently experienced some form of abuse or neglect at more than 5 times the rate of children who were living under different circumstances. These children were also “3 times as likely to be abused and about 7 times as likely to be neglected.”

Using the data from the CHNA/CHIP processes, thoroughly reviewing the areas of concern, and narrowing down the priorities to look specifically at the mental health concerns for vulnerable populations in Charlotte County, a few major trends stood out within the Hispanic and veteran populations.

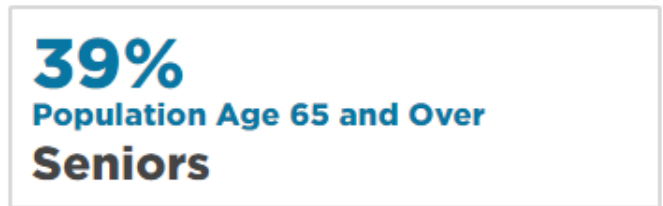
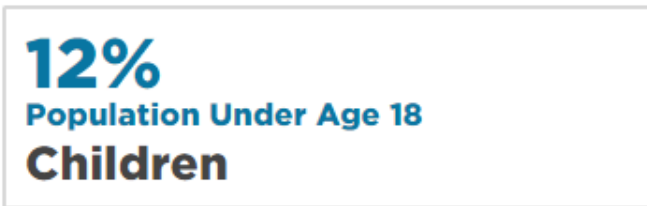
Charlotte County Demographics

Charlotte County, FL is comprised of the City of Punta Gorda, Port Charlotte CDP and Englewood CDP. According to 2021 Census Bureau data, the county has a population of 194,843. The largest racial demographic group in the county is whites who represent 90.3% of the population; 8.2% Hispanic or Latino; and 6.0% Black or African American (compared to the state where 76% are White and 16% are Black or African American).

Forty percent of Charlotte County’s population is 65 years of age or over, 51% are female, and 97% speak English as a primary language. The population is also steadily aging with a median age of 59, an increase from 55 in 2010. As of 2020, the Charlotte County’s high school graduation rate was 86.4%, just below the state rate of 86.9%. Approximately 22% have a bachelor’s degree and 42% are in the workforce.

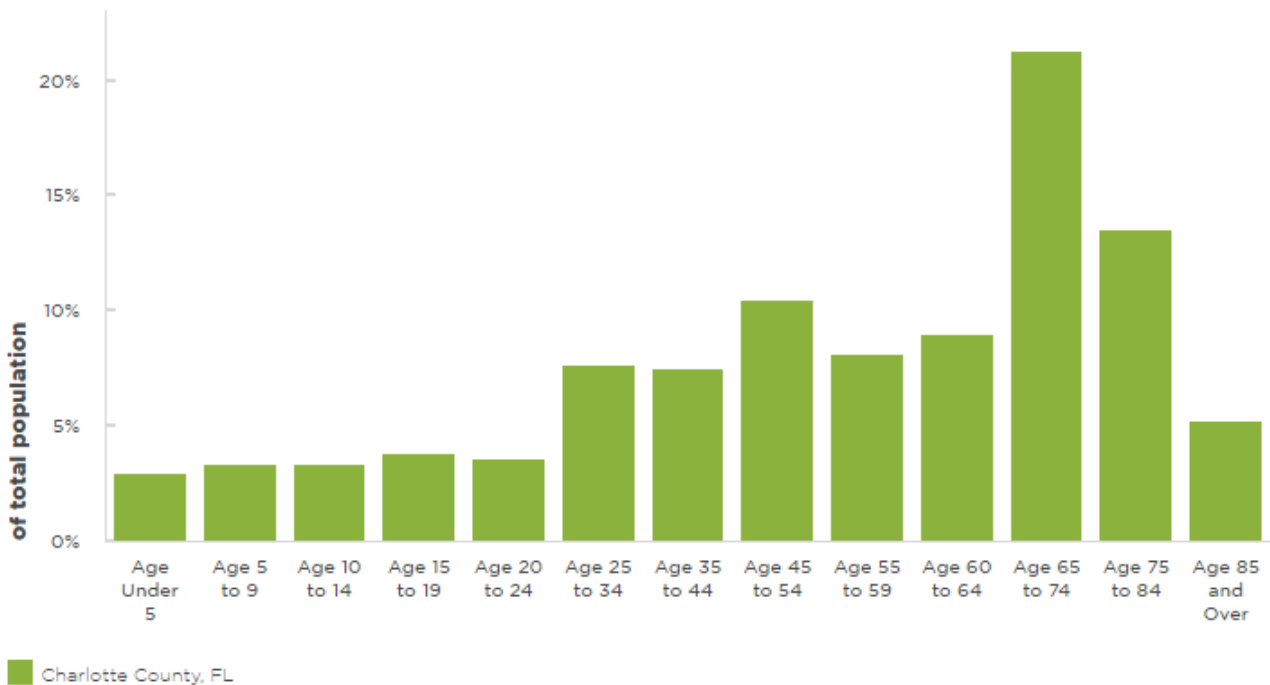


Sources: US Census Bureau ACS 5-year 2016-2020



Sources: US Census Bureau ACS 5-year 2016-2020

Age Demographics



Sources: US Census Bureau ACS 5-year 2016-2020

Overall, Charlotte County, FL, remains a highly preferred retirement choice and continues to experience a tourist-dependent economy. However, lack of affordable housing, inadequate public

transportation, a seasonal-based economy, and an outdated community design produce an overall low-income, under-educated population, with little to no social and cultural diversity.

As a community striving to fulfill its vision that “Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous,” there are challenges ahead.

Population Estimates, July 1 2021, (V2021)	194,843
PEOPLE	
Population	
Population Estimates, July 1 2021, (V2021)	194,843
Population estimates base, April 1, 2020, (V2021)	186,847
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	4.3%
Population, Census, April 1, 2020	186,847
Population, Census, April 1, 2010	159,978
Age and Sex	
Persons under 5 years, percent	2.8%
Persons under 18 years, percent	11.8%
Persons 65 years and over, percent	40.5%
Female persons, percent	50.9%
Race and Hispanic Origin	
White alone, percent	90.3%
Black or African American alone, percent (a)	6.0%
American Indian and Alaska Native alone, percent (a)	0.4%
Asian alone, percent (a)	1.5%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.1%
Two or More Races, percent	1.8%
Hispanic or Latino, percent (b)	8.2%
White alone, not Hispanic or Latino, percent	83.1%
Population Characteristics	
Veterans, 2016-2020	21,986
Foreign born persons, percent, 2016-2020	10.0%

U.S. Census Bureau QuickFacts: Charlotte County, Florida

Low Income

Poverty is both a cause and a consequence of poor health. Poverty increases the chances of poor health. Poor health, in turn, traps communities in poverty. The cost of doctors’ fees, prescriptions, and transportation to reach a health provider can be devastating for families living in poverty. Eleven percent (11%) of Charlotte County households are in poverty and 35% are cost-burdened. State-wide, communities experienced record low unemployment rates until March 2020, which marked the beginning of the economic downturn caused by the 2019 COVID-19 pandemic. Unemployment rates experienced a dramatic increase, the highest being 13.8% in April 2020. As of September 2020, unemployment in our region has seen a steady decline. Each of these economic factors contribute to higher health risks, poor health outcomes, and exacerbate health inequities already prevalent in

vulnerable populations. In 2019, the Charlotte County Board of County Commissioners set affordable housing as one of the county's goals. Specifically, the county has made the commitment to add 3,650 affordable housing units to the community by 2024. This bold new policy in the county's strategic plan will ensure accessibility to safe and stable housing while reducing health inequity within the community.

Persons Living with Disabilities

Disabilities can range from physical to genetic and may not necessarily be a condition others can see. This makes them no less significant in how they affect an individual's health and present their own inherent challenges due to the multifaceted ways they intertwine with the SDOH for those with disabilities.

Roughly, 40,000 individuals live with a disability in Charlotte County with zip codes 33952 and 33980 having the highest percentages. Charlotte County individuals living with at least one disability have higher attributed risk than those with no disability in the following areas: more days of poor physical and mental health, depression, smoking, asthma, not being able to pay their bills, not enough money for food and balanced meals, not enough money for their medications, struggling with transportation to medical care, and experiencing stress. (Knowli Data Science and the FSU Claude Pepper Center Facility, 2022) For those with disabilities in Charlotte County, the rate for four years of college or more is 17% compared to those with no disabilities at a rate of 30%, showing that people with disabilities are less likely to graduate from college.

According to the United States Census Bureau, Charlotte County overall has a higher percent of civilian non-institutionalized population with a disability (22.9%) compared to the state (13.6%). Additionally, those under 18 years of age who have a disability in Charlotte County is twice that of the state percent (9.4% vs. 4.7%, respectively). Although the number of days of poor physical and mental health for disabled Charlotte County citizens was 4.78 days per month versus 0.68 days for nondisabled Charlotte County citizens, the state rate for disabled was 12 times the county rate. The Charlotte County rate of ever depressive disorder diagnosis for disabled residents was 2.3 times that of nondisabled, but the state rate was 4.5 times the county rate.



Sources: US Census Bureau ACS 5-year 2016-2020

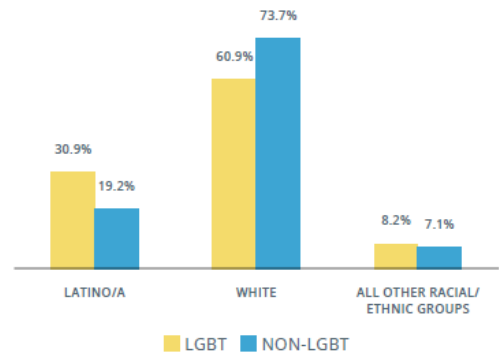
LGBTQ+ Population

Of the population, 3% are LGBT based on an estimate from the UCLA School of Law’s A Portrait of LGBT Adults in Southwest Florida.

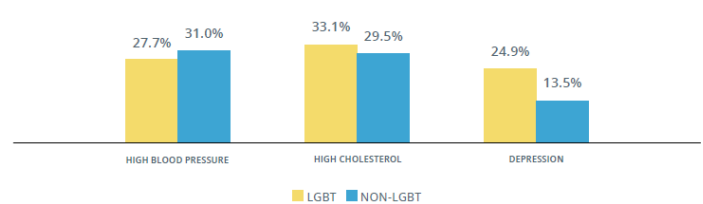
Of those individuals who were unable to pay mortgage, rent, or utility bills during the last 12 months, the LGBTQIA+ population had a higher percentage of individuals who were unable to pay than Charlotte’s straight/cisgender population (26.1% compared to 7.5%). (BFRSS County Level LGBTQ Comparison, 2017-2019)

In comparison, 24.9% of the LGBT community have been told they have depression compared to 13.5% of non-LGBT residents.

Race-ethnicity of Southwest Florida adults by LGBT identity



Chronic conditions among Southwest Florida adults by LGBT identity



A Portrait of LGBT Adults in Southwest Florida

Aging Adults

During community focus groups, seniors were mentioned as one of the populations in need of additional services or assistance. Partners have also specifically noted that isolation and loneliness among seniors is a growing area of concern because those suffering often go undetected and their needs unmet. Seniors and retirees in particular, are susceptible to experience the most devastating life changes in a short period of time with few community resources to help alleviate these sudden changes. Nationally, roughly 17% of older Americans are isolated. According to the 2017 Charlotte County Senior Health Assessment, approximately 14% of Charlotte County seniors are isolated.

An overall review of the demographics shows the fastest growing segment of the Charlotte County population is over the age of 65. Projections show that this age group will increase by 46% by 2035. In 2010, the US Census reported that the median age in the county was 55 years old. As of 2020, the median age is 59 and steadily rising. Of the 67 Florida counties, Charlotte ranks 2nd behind Sumter as the oldest county in the state.



40%
of People
Seniors Age 65+
Charlotte County, FL



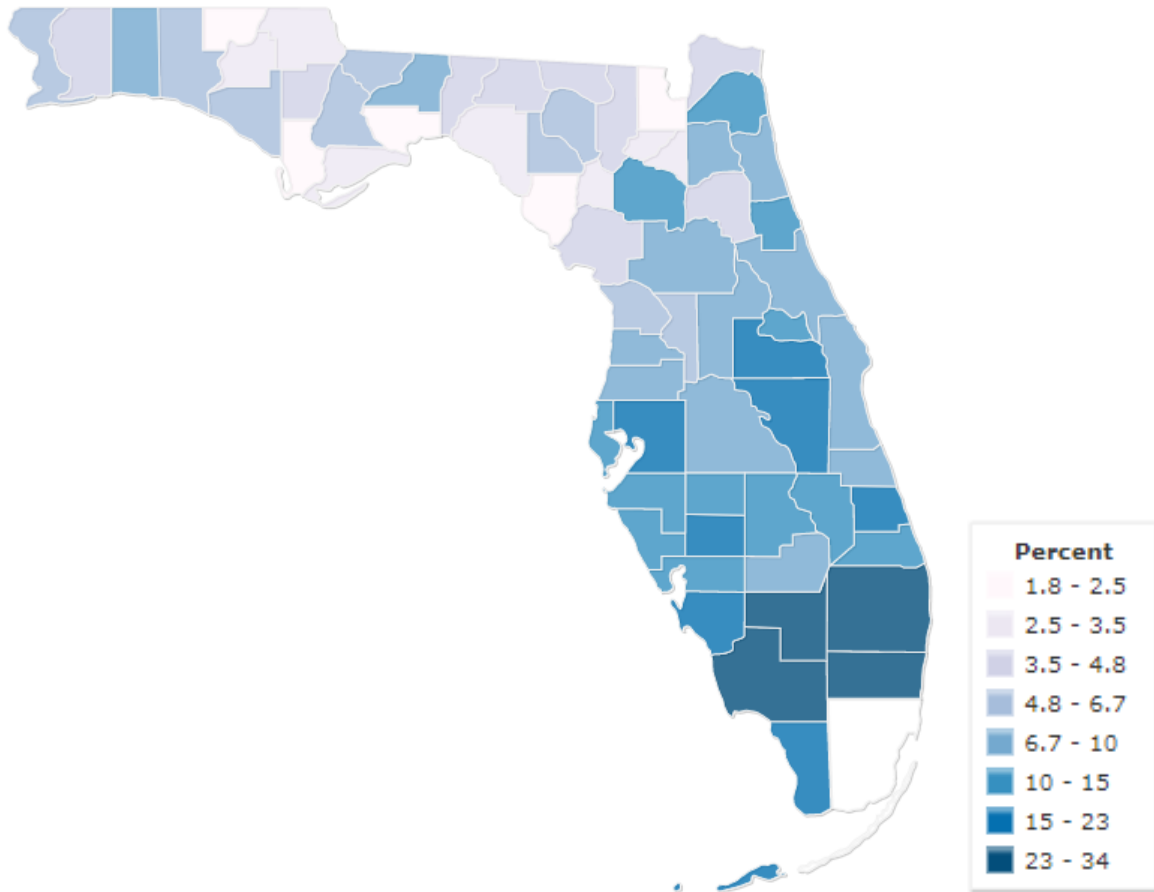
74,548
People
Seniors
Charlotte County, FL

Sources: US Census Bureau ACS 5-year 2016-2020

Foreign-Born Population

Roughly 10% of Charlotte County’s population is foreign born. Immigrants play an important role in Charlotte’s community and represent one in five Florida residents. For Florida, immigrants make up a vital portion of the state’s labor force in a variety of industries. According to New American Economy Research, one in five mental health care workers are immigrants in Florida. Research has identified that immigrant individuals experience social, health, and economic inequalities like discrimination, poor access to transportation, unequal cost of health care, and poor health outcomes, like mental health concerns. Research also suggests a higher correlation between younger age immigrants and an increased risk of mental health disorders. Additionally, a longer duration that immigrants reside within the United States is also attributed with a higher risk of mental health concerns.

FLORIDA FOREIGN-BORN POPULATION PERCENTAGE BY COUNTY

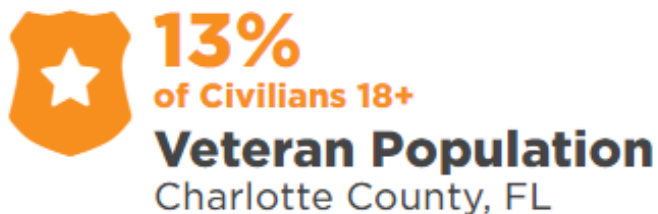


Source: Index Mundi

Veterans

Veterans represent 13% of the Charlotte County population and have unique physical, mental, and social needs. Veterans often face high rates of homelessness, mental illness, and unemployment.

There is an alarming trend among the veteran population. According to the CDC, suicide rates are higher among veterans, a rate that is 52.3% higher than non-veterans nationally. For Charlotte County, that trend is alarming with 60.4 per 100,000 of 85 and older age group.



Sources: US Census Bureau ACS 5-year 2016-2020

Minorities

There is no universal definition that defines the term "minority" as it relates to human populations, however, it is generally understood that minorities vary by nations, regions, and communities and are often classified by ethnic, racial, or religious characteristics.

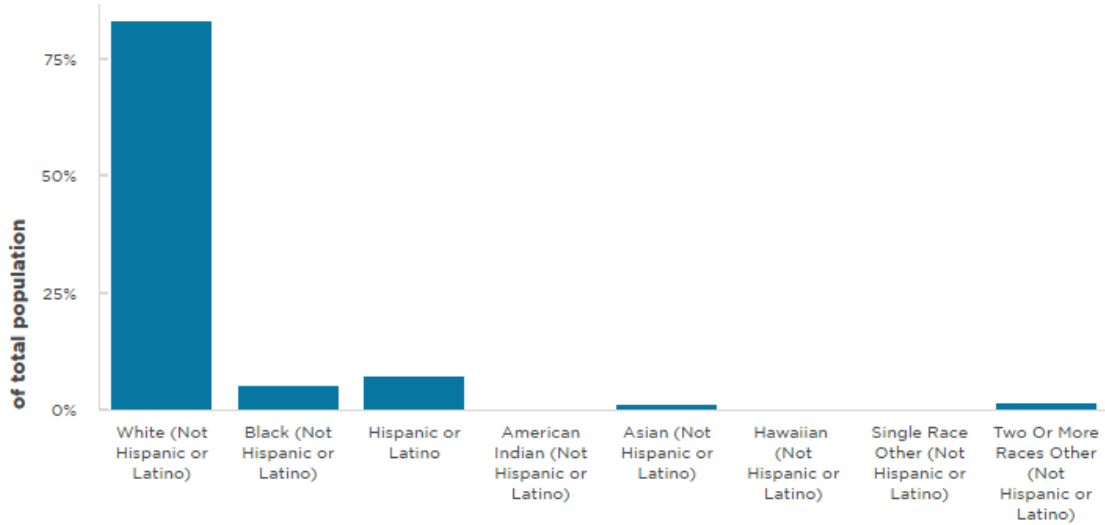
In Charlotte County, 16% of the county population includes individuals of "color." Historically, minorities of any group whether ethnic, racial, or religious have remained marginalized and at a disadvantage because community resources are largely tailored to accommodate the majority populations.

Of the 16%, 8% are Hispanic or Latino, 5% are Black, and 2% are two or more races. The Asian/Pacific Islander and American Indian populations makes up less than 1% of the county total. Limited data can be found for these populations.



Sources: US Census Bureau ACS 5-year 2016-2020

Race/Ethnicity Totals



English is the official language of the United States, command of the English language is vital for individuals to navigate all social aspects of the country, including its health care system, housing, education, and community programs. Individuals who speak English less than "very well" are left vulnerable and face a unique set of challenges because of the language barrier they must overcome.



Speak English Less Than 'Very Well'

3%
of People Age 5+
Charlotte County, FL

12%
of People Age 5+
Florida



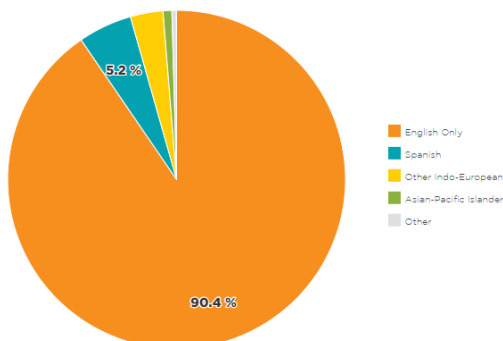
Speak English Less Than 'Very Well'

6,083
People Age 5+
Charlotte County, FL

2,370,626
People Age 5+
Florida

Sources: US Census Bureau ACS 5-year 2016-2020

Language Spoken at Home



Children

Good health isn't just about living longer. Good health is about having a high quality of life, free from sickness or ill-health and free from abuse and neglect regardless of age. When children have a positive start in life through nurturing, stable, and healthy relationships that are maintained throughout life, they become adults and seniors who can have optimal health and health outcomes in all areas. Health outcomes are influenced by the health care environment, social context, and behaviors.

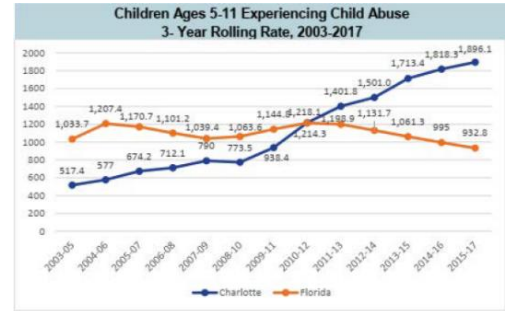
Child Abuse

Children have a right to grow and learn in a safe and stable environment. Abuse and neglect threaten this possibility and create what can often times become lifelong obstacles to their success and health. Charlotte ranks 3rd in the state for 5-11-year-olds experiencing abuse. This is further exacerbated by the fact that Charlotte County experiences 3x the state rate of children in school grades K-12 with emotional and behavioral disabilities. As a low-income community, these conditions place a large burden on families and local schools. Charlotte County students undoubtedly have needs that go beyond educational lessons, however, the current social and economic system is insufficiently resourced to alleviate the weight of the burden.

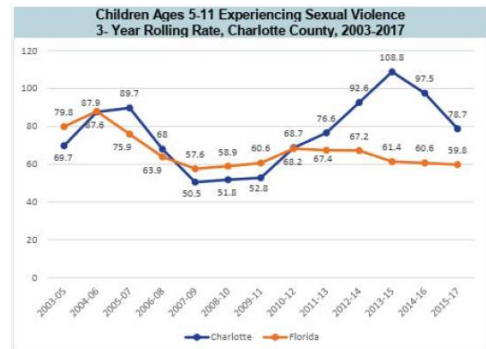
Health Equity plays an inescapable role in understanding the root causes of Child Abuse and Neglect. According to the 2010 Fourth National Incidence Study on Child Abuse and Neglect, "Children in low socioeconomic households have significantly higher rates of maltreatment in all categories and across all definitional standards." Children living in homes where one or both parents/caregivers were unemployed, had less than a high school diploma, or received some form of social assistance, consistently experienced some form of abuse or neglect at more than 5 times the rate of children who were living under different circumstances. These children were also "3 times as likely to be abused and about 7 times as likely to be neglected."

Child Wellbeing

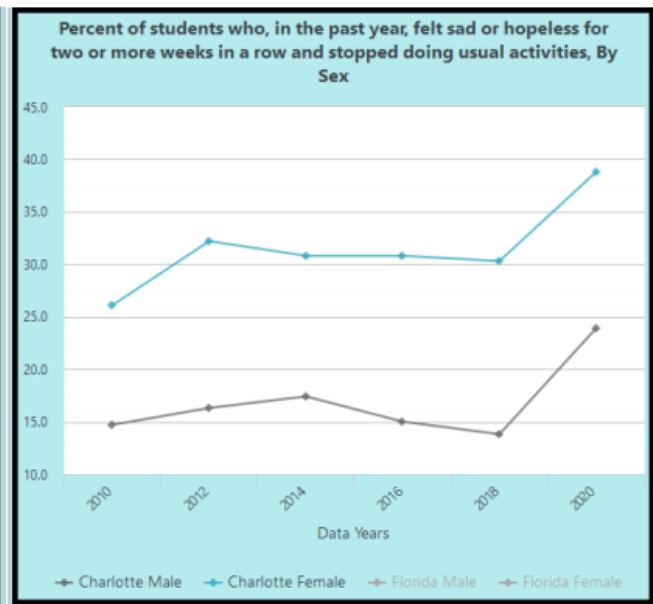
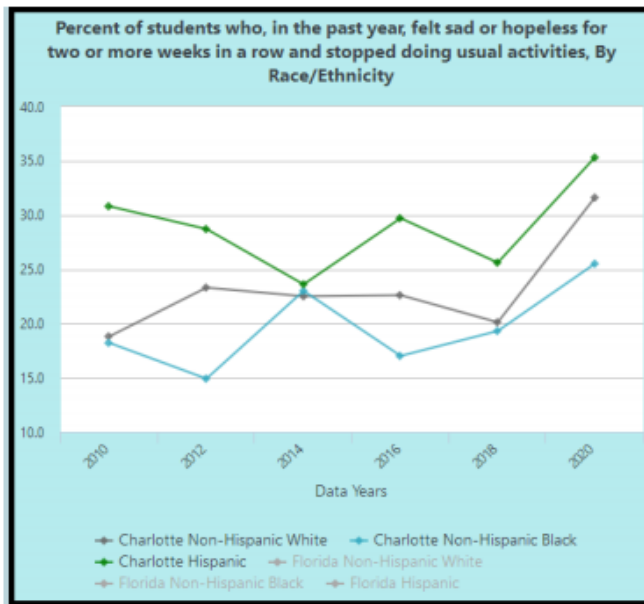
Reviewing the data provided from the Florida Youth Tobacco Survey, revealed the percentage of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities was concerning. While, overall, that trend is concerning, honing in on the data for the survey question revealed an even more alarming response from the Hispanic youth, at 35.5%.



Source: Department of Children and Families, Florida Safe Families Network Data Mart



Source: Department of Children and Families, Florida Safe Families Network Data Mart



Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey
 Charlotte Non-Hispanic White: 31.6
 Charlotte Non-Hispanic Black: 25.5
 Charlotte Hispanic: 35.5
 Charlotte Male: 23.9
 Charlotte Female: 38.8

The mental health status and complications was highest for students, ages 11-17, who in the past year, felt sad or hopeless for two weeks or more weeks in a row and stopped doing usual activities, at 31.2%.

Percent of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities, and live in an apartment or condo.

Year	Charlotte	Florida
2020	50.7% (33.1% - 68.2%)	31.8% (29.9% - 33.7%)
2018	15.8% (5.4% - 26.2%)	26.1% (24.5% - 27.8%)
2016	22.8% (11.1% - 34.4%)	23.6% (22.2% - 25.1%)
2014	16.8% (3.9% - 29.8%)	27.7% (25.9% - 29.5%)
2012	20.1% (8.5% - 31.6%)	24.1% (22.5% - 25.7%)
2010		

Percent of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities, and live a stand-alone, single-family home.

Year	Charlotte	Florida
2020	28.4% (24.6% - 32.3%)	29.4% (28.7% - 30%)
2018	22.9% (18.6% - 27.2%)	24.5% (23.9% - 25.2%)
2016	22.6% (19% - 26.2%)	21.1% (20.5% - 21.6%)
2014	23.6% (20.2% - 26.9%)	24.1% (23.4% - 24.7%)
2012	24.3% (20.8% - 27.9%)	20.8% (20.3% - 21.4%)
2010		

Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)

Homelessness

Charlotte County has an estimated 130 unaccompanied youth experiencing homelessness based on the HUD Threshold Requirement according to counts from Gulf Coast Partnership and Charlotte County Public Schools. Homeless Prevention Enrollments estimate there are 40 at-risk of

homelessness unaccompanied youth. In addition, there are an estimated 4 pregnant or parenting youth experiencing homelessness and 6 at-risk pregnant or parenting youth.

Affordable and stable housing plays a major role in mental wellness, especially for the most vulnerable populations.

- Housing costs have an adverse effect on mental health
- Housing quality, stability and affordability lay the foundation for children’s mental health
- Poor-quality housing may create stress for parents, increase their own mental health problems and limit their ability to engage in regular family activities
- Children who have lived in temporary homes for more than a year are three times as likely to experience depression, anxiety, and other mental health problems

Renter-Occupied Housing Units with Gross Rent Costing 30% or More of Household Income, Percentage of Renter-occupied households, Single Year		
	Charlotte	Florida
Date Year	Percent (%)	Percent (%)
2020	58.9	56.4
2019	58.2	56.3
2018	58.7	56.7
2017	57.9	57.0
2016	56.2	57.4
2015	54.7	58.3
2014	55.3	59.0
2013	55.3	59.5
2012	55.1	59.6

US Bureau of the Census, American Community Survey, Table DP04

Nationwide, suicide rates linked to stress doubled between 2005 and 2010 when the U.S. experienced historically high rates of foreclosures, including foreclosures on rental properties.

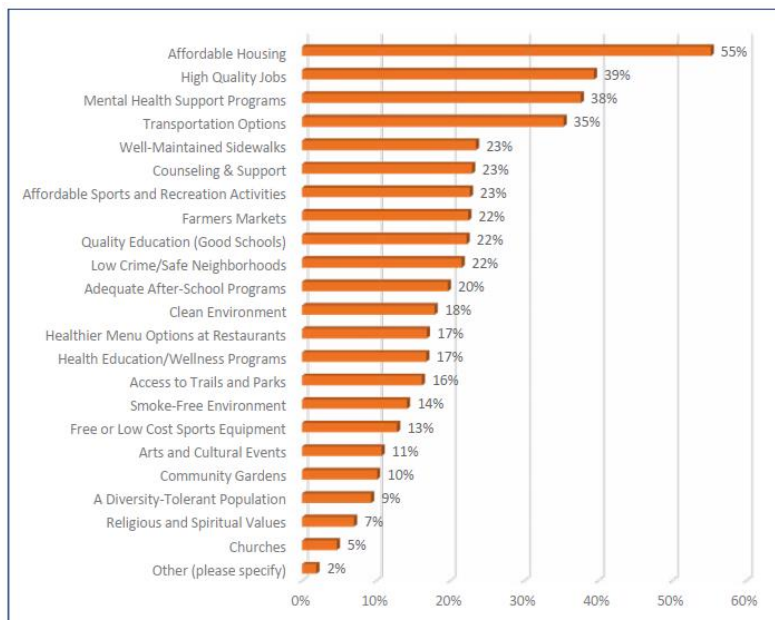
Charlotte County has been tackling homelessness and mental health issues for several years, but more recently there has been greater movement by community partners and organizations to focus specifically on youth housing and mental health issues. At least five committees exist in Charlotte County that work on housing concerns. In the 2019-2020 Charlotte County, FL Strategic Plan, the County Commissioners made affordable housing a “BOLD goal” with the focus area to add 3,650 new affordable housing units by 2024 through policies and processes and potential projects and partnerships. This bold new goal will ensure accessibility to safe and stable housing while reducing health inequity within the community. The Charlotte County Coordinated Community Plan to End Youth Homelessness is a collaborative by the team at the Gulf Coast Partnership and supported by stakeholders around Charlotte County, the Youth Action Board, and various technical assistance providers.

According to the National League of Cities, access to safe, quality, affordable housing is one of the most basic and powerful social determinants of health.

Research published by the Brookings Institute found an infrastructure is needed to support intentional alignment and coordination and integration between sectors or organizations that serve the same or similar populations in a community. Infrastructure includes an information exchange system, shared language, and intangible elements of trust and shared goals to move towards a community-wide approach. A suggestion toward this integration is to facilitate a joint data system that enables cross-sector collaboration to drive goals and achieve impact measurement.

Mental Health

Behavioral health affects physical and overall health and includes mental health, substance abuse, and suicide risk. Behavioral health issues are symptoms of real, physical conditions occurring in the brain and can be addressed through mental health programs, suicide prevention, and substance abuse interventions. Behavioral health plays a vital role in our well-being. With access to mental health providers, residents can address their emotional, psychological, and social well-being. Improving mental health has positive effects for both the individual and the community. In Charlotte County, residents continuously face the challenges of limited providers and lack of transportation to get to out of county providers.

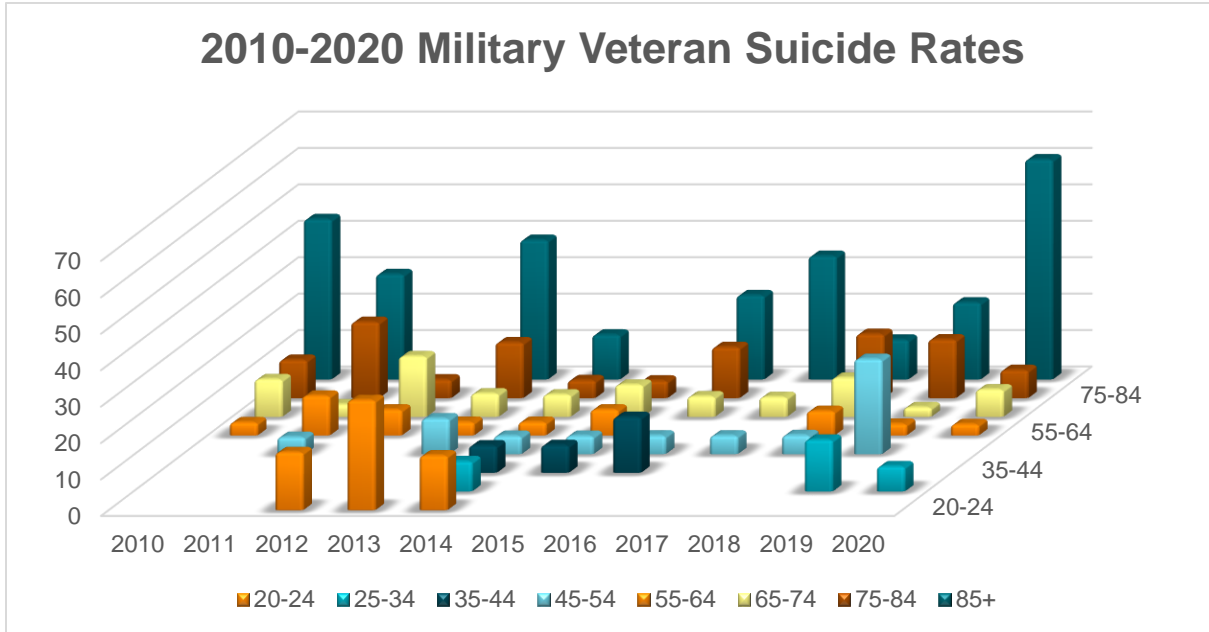


**Other: affordable healthcare, higher paying jobs, better doctors, affordable child care, more access to places for dogs, more family/teenage friendly activities, programs for adults with mental disabilities that includes housing, more affordable/better selection of places to shop for healthy foods, better emergency management community, peer mentoring*

Suicide

Suicide is a critical public health problem in the United States. Suicide rates vary by race/ethnicity, age, and other factors. With proper resources, suicide is preventable. For Charlotte County, the highest rates of suicide in 2020 were among 20–24-year-olds at 60.6 per 100,000.

Another notable trend is among veterans with an alarming rate of 60.4 suicides per 100,000 in the 85 and older age group alone.

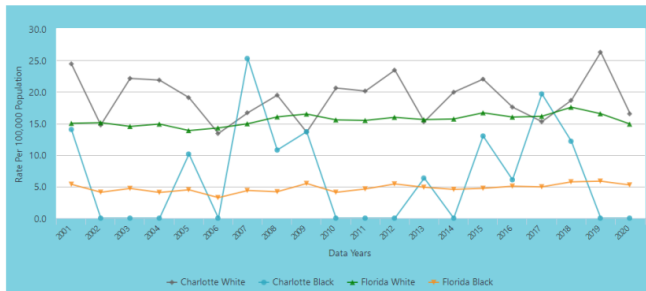


Data Source: Florida Charts - Resident Crude Death Rate by Residence County by Leading Causes of Death by Age Groups by Year by Military Veteran. Rate per 100,000.

Suicide Deaths, Charlotte County															
Indicator	Year	Firearm		Drug Poisoning		Suffocation		Cut/Pierce		Non-Drug Poisoning		Other Mechanisms		Total	
		Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate		
Suicide Deaths by Age															
10-14	2020	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
15-19	2020	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
20-24	2020	2	30.3	1	15.2	1	15.2	0	0.0	0	0.0	0	0.0	4	60.6
25-34	2020	0	0.0	0	0.0	3	20.8	0	0.0	0	0.0	0	0.0	4	27.8
35-44	2020	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
45-54	2020	2	10.6	0	0.0	2	10.6	0	0.0	0	0.0	0	0.0	4	21.3
55-64	2020	3	9.4	0	0.0	1	3.1	1	3.1	1	3.1	1	3.1	6	18.8
65-74	2020	8	20.1	0	0.0	1	2.5	0	0.0	0	0.0	0	0.0	9	22.6
75 or older	2020	9	25.2	0	0.0	0	0.0	0	0.0	1	2.8	0	0.0	10	28.0
Total	2020	24	13.8	1	0.6	8	4.6	1	0.6	2	1.2	1	0.6	37	21.3

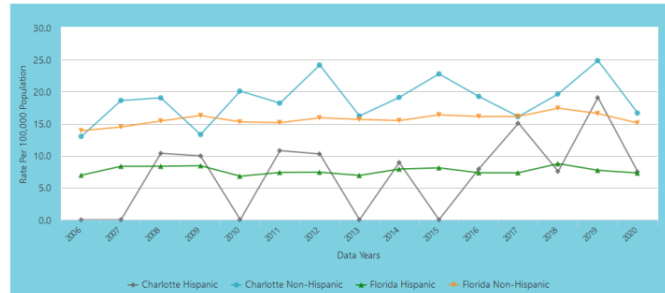
Florida Department of Health, Bureau of Vital Statistics & Florida Agency for Health Care Administration

Age-adjusted Deaths From Suicide, Single Year



Charlotte White: 16.5
Charlotte Black: 0.0
Florida White: 14.9
Florida Black: 5.2

Age-adjusted Deaths From Suicide, Single Year



Charlotte Hispanic: 7.5
Charlotte Non-Hispanic: 16.6
Florida Hispanic: 7.3
Florida Non-Hispanic: 15.1

Florida Department of Health, Bureau of Vital Statistics (rate)

Self-Harm

In Charlotte County, the rate of non-fatal intentional self-harm injuries in 2020 was greatest among the 18-21 age group. Rates were highest among black population with 62.2 per 100,000 compared to Charlotte Non-Hispanic 45.6, American Indian/Alaskan Native state rate of 29.5, and Asian or Pacific Islander with a state rate 8.9. The number of emergency room visits was greatest among those 22-24 years old.

The rate of Emergency Department visits due to intentional self-harm was highest for ages 22-24 at 151.5.

Non-Fatal Intentional Self-Harm Injuries, Charlotte County - 2020															
Indicator	Year	Firearm		Drug Poisoning		Suffocation		Cut/Pierce		Non-Drug Poisoning		Other Mechanisms		Total	
		Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Hospitalizations by Age															
Under age 18	2020	0	0.0	8	36.2	0	0.0	0	0.0	0	0.0	0	0.0	8	36.2
18-21	2020	0	0.0	<5		0	0.0	0	0.0	0	0.0	<5		6	122.4
22-24	2020													0	0.0
25-44	2020	0	0.0	16	57.0	<5		<5		<5		<5		25	89.1
45-64	2020	0	0.0	25	49.3	0	0.0	<5		<5		<5		32	63.1
65-74	2020	0	0.0	9	22.6	0	0.0	0	0.0	<5		0	0.0	10	25.1
75 or older	2020	0	0.0	5	14.0	0	0.0	<5		0	0.0	0	0.0	6	16.8
Total	2020	0	0.0	67	36.1	<5		7	3.8	<5		7	3.8	87	46.9
Emergency Department (ED) Visits by Age															
Under age 18	2020	0	0.0	14	63.4	0	0.0	5	22.7	<5		<5		23	104.2
18-21	2020	0	0.0	<5		0	0.0	<5		0	0.0	<5		5	102.0
22-24	2020	0	0.0	<5		0	0.0	<5		0	0.0	<5		6	151.5
25-44	2020	0	0.0	8	28.5	0	0.0	12	42.8	<5		6	21.4	27	96.2
45-64	2020	0	0.0	7	13.8	<5		6	11.8	0	0.0	<5		17	33.5
65-74	2020	<5		<5		0	0.0	<5		<5		0	0.0	<5	
75 or older	2020	0	0.0	<5		0	0.0	0	0.0	0	0.0	0	0.0	<5	
Total	2020	<5		35	18.9	<5		27	14.6	<5		16	8.6	83	44.8

Data Sources:
Florida Department of Health, Bureau of Vital Statistics
Florida Agency for Health Care Administration

Mental Health Status and Complications

In 2020, it was estimated 6,369 adults were suffering from serious mental illness and 18.8% of adults had been told they had a depressive disorder. Additionally, 22.9% of all adults were kept from doing usual activities for a total of two weeks or more within a given month due to poor physical or mental health.

In students 11-17 years old, 31.2% had felt sad or hopeless for two or more weeks in a row and stopped doing usual activities.

Mental Health Status and Complications, Charlotte County					
Indicator	Rate Type	Year	Count	Percent	Confidence Interval
Age 18 and Older					
Estimated Seriously Mentally Ill Adults	Counts	2020	6,369		
Adults who are limited in any way in any activities because of physical, mental, or emotional problems	Percent	2016		23.4	(18 - 28.7)
Adults who had poor mental health on 14 or more of the past 30 days	Percent	2019		13.4	(10.6 - 16.1)
Adults who have ever been told they had a depressive disorder	Percent	2019		18.8	(15.8 - 21.7)
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	Percent	2019		22.9	(18.1 - 27.6)
Adults with good mental health	Percent	2019		86.6	(83.9 - 89.4)
Average number of unhealthy mental days in the past 30 days	Days	2019		4.0	(3.3 - 4.7)
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	Days	2019		6.7	(5.6 - 7.9)
Age Less Than 18					
Children in Schools Grades K-12 With Emotional/Behavioral Disability	Percent of K-12 Students	2020	241	1.6	
Estimated Seriously Emotionally Disturbed Youth Ages 9-17	Counts	2020	1,072		
Percent of students, ages 11-17, who in the past year, did something to purposely hurt themselves without wanting to die	Percent	2020		12.9	(10.5 - 15.3)
Percent of students, ages 11-17, who in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities	Percent	2020		31.2	(27.6 - 34.7)
Percent of students, ages 11-17, who did not go to school because they felt they would be unsafe at school or on their way to school in the past 30 days	Percent	2020		8.7	(6.5 - 10.8)

Substance Abuse and Mental Health Services Administration; Behavioral Health Barometer: Florida, Volume 4. HHS Publication No. SMA-17-Baro-16-States-FL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017; Behavioral Risk Factor Surveillance System; Florida Department of Education; Department of Health and Human Services report Mental Health, United States, 1996; Florida Youth Tobacco Survey.

Access to Mental Health Care

The rate of Behavioral/Mental Health Providers to population for Charlotte County is statistically significantly lower than that of the state. For accessing mental health services, the rate for children ages 1-5 in Charlotte County is 2.5 times that of the state. This is only those children who are able to access a provider. Given the provider rate by population, it can be inferred that many children did not get mental health treatment.

Access and Services, Charlotte County					
Indicator	Year	County		State	
		Count	Rate per 100,000 Population	Count	Rate per 100,000 Population
Licensed Mental Health Counselors	2020	68	36.7	12,397	57.3
Licensed Psychologists	2020	13	7.0	5,056	23.4
Licensed Clinical Social Workers	2020	63	34.0	10,762	49.7
Total Behavioral/Mental Health Professionals	2020	137	73.9	25,340	117.1
Adult Psychiatric Beds	2020	52	28.0	4,467	20.6
Child and Adolescent Psychiatric Beds	2020	0	0.0	658	3.0
Children Ages 1-5 Receiving Mental Health Treatment Services	2020	50	899.7	4,126	349.7

Florida Department of Health, Division of Medical Quality Assurance; Agency for Health Care Administration; Department of Children and Families

Behavioral/Mental Health Professionals, Rate Per 100,000 Population, Single Year								
Data Year	Charlotte				Florida			
	Count	Denom	Rate	MOV	Count	Denom	Rate	MOV
FY 20-21	137	185,392	73.9*	12.4	25,340	21,640,766	117.1	1.4
FY 19-20	135	182,298	74.1*	12.5	23,403	21,268,553	110.0	1.4
FY 18-19	116	175,413	66.1*	12.0	22,387	20,957,705	106.8	1.4
FY 17-18	113	173,954	65.0*	12.0	20,877	20,555,728	101.6	1.4
FY 16-17	106	171,219	61.9*	11.8	20,036	20,231,092	99.0	1.4

Florida Department of Health, Division of Medical Quality Assurance

Conclusion

DOH-Charlotte’s Health Equity Team recognizes the challenges obtaining robust and descriptive data about the chosen health disparity among priority populations. It should be noted that this challenge did impede the examination necessary to define and identify mental health disparities within these priority populations. However, DOH-Charlotte with collaboration of community partners and resources is working to improve the data gap for populations like veterans, LGBTQ+, immigrants, persons living with disabilities, and all racial groups.

Despite these challenges, mental health issues concerning some of Charlotte’s most vulnerable populations and the barriers residents face will be a priority included in the Health Equity Plan. A concerted effort will be made to address the mental health needs of veterans and Hispanic youth.

VII. SDOH DATA

Social Determinants of Health (SDOHs) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. The SDOHs can be broken into the following categories: education access and quality, health care access and quality, neighborhood and built environment, social and community context, and economic stability. The Health Equity Team identified multiple barriers that impact mental health.

Social Determinants of Health



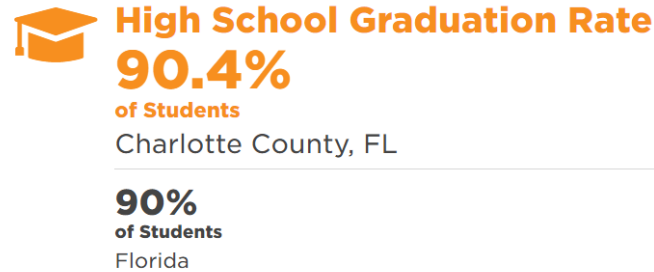


A. Education Access and Quality

- **Education Access and Quality Data for Charlotte County**

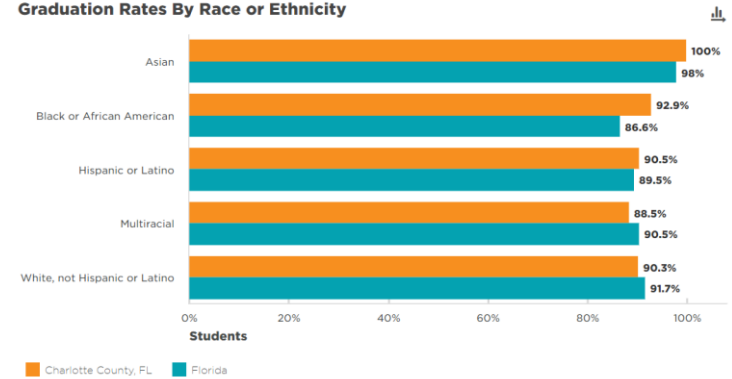
Residents with more education are more likely to have jobs that provide health-promoting benefits such as health insurance, paid leave, and retirement. Conversely, people with less education are more likely to work in occupations with few benefits. Low-income residents who are struggling to access necessities, such as food and shelter, are unable to prioritize their education and long-term goals and are often stuck in a generational cycle of poverty.

In 2020, the percent of pre-kindergarten children demonstrating school readiness in Charlotte County was 50.4% compared to the state percent of 56.9%. The county high school graduation rate in the 2019-2020 for black students was higher than the county average while White, Multiracial, Hispanic, especially Hispanic males, were lower.

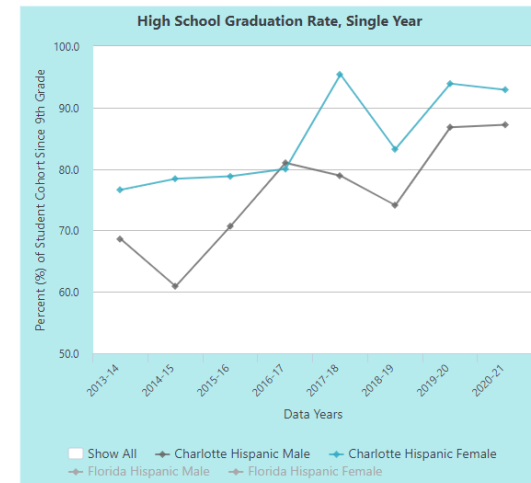


Source: Florida Department of Education, 2019-2020

Graduation Rates By Race or Ethnicity



Source: Florida Department of Education, 2019-2020





- **The Impact of Education Access and Quality on Mental Health**

Literacy - School readiness is lower than the state rate which could have a long-term impact on the trajectory of success for child as they enter adulthood, their graduation rate, and their likelihood to go to college. Low literacy could also cause children to be victims of school bullying, which could contribute to the high rate of students with emotional/behavioral disability with the county.

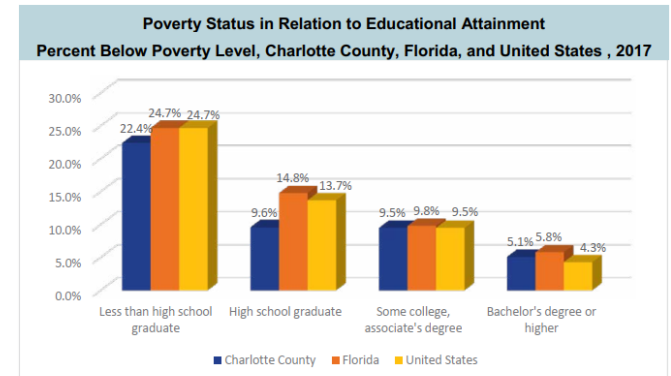
Low-income, Hispanic males, and the disabled have a lower rate of high school graduation. Low literacy levels and a lack of a high school diploma impacts mental health through socioeconomic stress.

Language - can be a major barrier for education. By increasing English proficiency, fewer language barriers could exist; these improvements could consist of better communication and understanding. Overall, by improving language and communication, individuals are less likely to have poor impacts on their mental health.

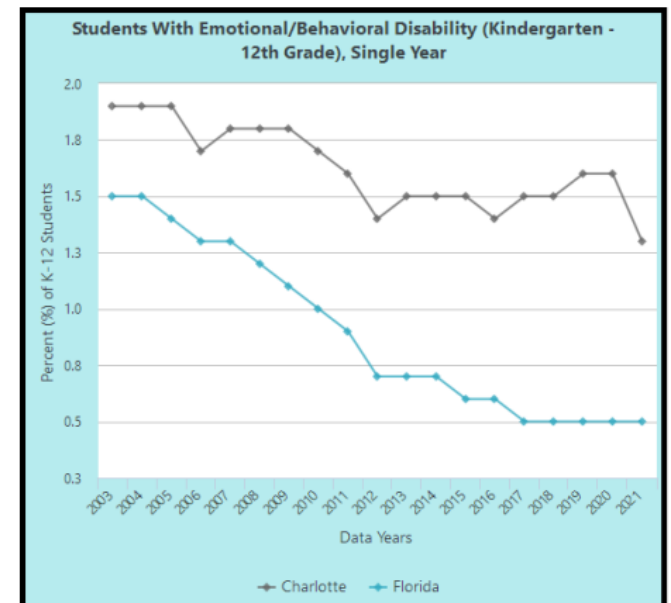
Early Childhood Development - Pre-K enrollment is much higher in Charlotte County, but Early Childhood Development is still important to a child's overall education. Ensuring that all children have an opportunity to begin and improve their literacy is critical to early childhood development and minimizing the development of potential mental health concerns.

Vocational Training and Higher Education – Lower graduation rates limit obtaining future skills through vocational training or higher education. Low income, low literacy rates, and the stress and anxiety those entail, all contribute to lower graduation rates.

Pursuing an employable skill requires a basic education and a means to navigate the financial/school systems. Unable to take the next steps toward further education, there are fewer opportunities to gain higher level jobs with a pay increase within the county. These limitations negatively impact individuals' mental health due to the stress attributed to low wages with long working hours, lack of opportunity for promotion to improve financial stability, and a lack of health insurance provided by employers to seek mental health care.



Source: U.S. Census Bureau, American Community Survey 1-year Estimates, Table S1701





B. Economic Stability

- **Economic Stability Data for Charlotte County**

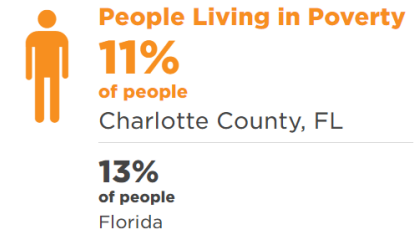
Housing should represent a place of safety, stability, and shelter and not a place of stress, strain, or insecurity. When residents struggle to afford a place to live, that financial strain makes it harder to make other healthy choices, like eating a healthy diet or seeing a doctor when sick. Moreover, disruptive events, like suddenly losing your home, can become the trigger for a snowball of negative impacts on health, such as losing a job or health insurance, dropping out of school, or triggering mental health challenges.

The average household income in Charlotte County is less than that of the state and the nation. The Together Charlotte 2018 Housing Report and the ALICE in Florida: A Financial Hardship Study 2020 Report demonstrates the burden of low wages and high housing costs in the state and the county. It shows that 75% of households under 25 years old and 78% of single-female-headed households with children in the state are below the ALICE Threshold.

According to the 2016-2020 US Census Bureau only 9% of White residents were living in poverty while 20% of Hispanic and 29% of Native Americans were in living in poverty. On a national level, veterans' median income was nearly 40% higher than nonveterans' in 2017.



Sources: US Census Bureau ACS 5-year 2016-2020



People Living in Poverty by Race/Ethnicity

Charlotte County, FL

Race/Ethnicity	Percentage
Asian	4% of Asian Population
Black or African American	19% of Black or African American Population
Hawaiian or Pacific Islander	15% of Hawaiian or Pacific Islander Population
Hispanic or Latino	20% of Hispanic or Latino Population
Multiracial	10% of Multiracial Population
Native American	29% of Native American Population
Some Other Race	12% of Some Other Race Population
White, not Hispanic or Latino	9% of White, not Hispanic or Latino Population

Sources: US Census Bureau ACS 5-year 2016-2020



• **The Impact of Economic Stability on Mental Health**

Employment and Income - The white, non-Hispanic populations have the highest rate of civilian labor force unemployed. The largest job sectors in Charlotte County are retail trade, healthcare, social assistance and accommodation, and food services with roughly 49.4% of the population accounting for these employment sectors. These sectors are often attributed to lower income, insinuating more financial strain for individuals. The livable wage of Charlotte County is almost \$10 dollars over the minimum wage which accounts to the high numbers of those living in poverty. In addition, those who rent and are ineligible for HUD housing are impacted by uncontrolled rent increases within Charlotte County. With rent prices on the rise within the county and Charlotte's low average household income, individuals and families are burdened with economic instability.

Expenses - The higher cost of living for lower-income families and families with set monthly incomes, such as the elderly and veterans, added to the increase of gas and food prices, and no access to public transportation, vehicle operation and ownership contributes to the economic/financial burden. Renters are far more likely to be cost burdened than owners, and unstable housing conditions can contribute to mental health issues and illness. Those with disabilities in Charlotte County have more financial burdens than those with no disabilities.

Debt and Medical Bills - Charlotte County has a higher median debt in collections and higher median medical debt in collection than Florida or the nation. When income does not meet the cost-of-living needs debt and economic strain are inevitable.

Support - Lower-income, elderly individuals deal with financial burdens in Charlotte County. A lack of financial and familial support/stability can contribute to economic troubles and lead to mental health concerns. Additionally, those elder individuals who experience mental health issues may be isolated from financial and familial supports, worsening their circumstances.

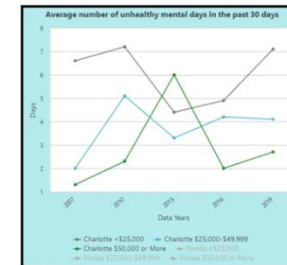
Hunger - Food insecurity, and especially child food insecurity, are higher in Charlotte County than the state. This trend has occurred within Charlotte over the past 4 and 6 years, respectively.

These economic burdens contribute to poor mental health and an increased risk of mental health illnesses, especially for the most vulnerable populations. These barriers contribute to poor mental health concerns like stress, hopelessness, and suicidal risk. On average, earners with lower wages report far greater numbers of unhealthy mental days compared to higher earners.

Largest job sectors in Charlotte County are:

Industry/ Job Sector	Number of Workers	Percent of Total Workforce	Average Annual Wages	12 month Growth Projections
Retail Trade	9,593	18.7%	\$28,122	+82 jobs
Health Care and Social Assistance	9,474	18.4%	\$50,388	+206 jobs
Accommodation and Food Services	6,339	12.3%	\$18,908	+71 jobs

<http://www.chmuraecon.com/jobseq>



Date Year	Charlotte Percent (%)	Florida Percent (%)
2020	58.9	56.4
2019	58.2	56.3
2018	58.7	56.7
2017	57.9	57.0
2016	56.2	57.4
2015	54.7	58.3
2014	55.3	59.0
2013	55.3	59.5
2012	55.1	59.6

Affordable Rent or Mortgage Payment for Retail Trade Employees in Charlotte County Annual Average Wages \$28,122:

\$703
per month (including utilities)

Affordable Rent or Mortgage Payment for Food Services Employees in Charlotte County Annual Average Wages \$18,908:

\$472
per month (including utilities)

Affordable Rent or Mortgage Payment for Health Care and Social Assistance Employees in Charlotte County Annual Average Wages \$50,388:

\$1,259
per month (including utilities)

According to HUD 2018, Fair Market Rent Prices, meaning “the prices that would be required to be paid in the particular housing market area in order to obtain privately owned, decent safe, and sanitary rental housing of a modest (non-luxury) nature with suitable amenities.”

In the county, in 2018, there were no homes available at the fair market rent that would allow renters to stay within the 30% of income threshold for housing costs. Since then, the economic changes over the past several years may only exacerbate these challenges for many.



C. Neighborhood and Built Environment

- **Neighborhood and Built Environment Data for Charlotte County**

People's health and wellbeing are significantly impacted by the neighborhoods in which they reside. People's health may be impacted by living in areas with high levels of violence, unclean air or water, limited access to wholesome foods, and other health and safety issues. Minority populations and those with low incomes are more likely to reside in areas where these dangers are present.

Charlotte County has very low violent crime and homicide rates by population compared to the state. However, the county rate of children experiencing child abuse is more than two times that of the state.

The county's lack of a fixed-route transportation system poses a substantial challenge for achieving health equity in many populations.

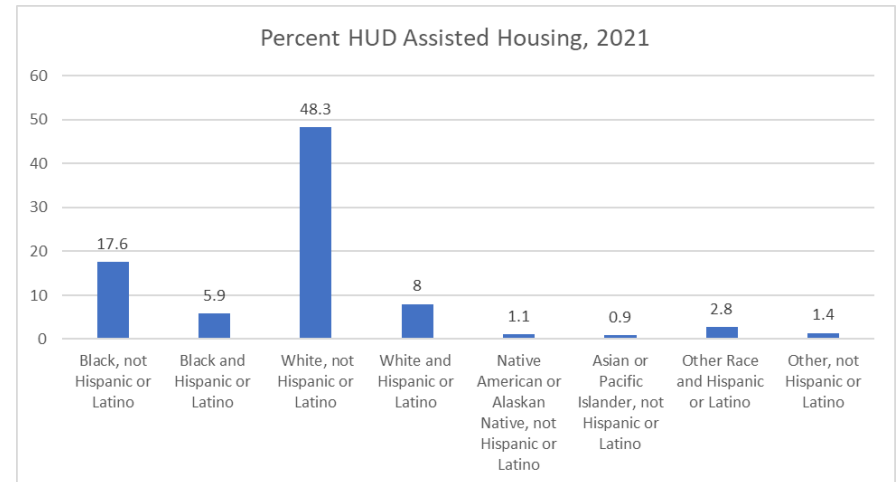
In Charlotte County, 41.9% of residents live within ½ mile of a park compared to the state at 40.1% even though there are 25 parks distributed over 11 zip codes. The percent of the population that lives within ½ mile of a healthy food source is 12.9% compared to the state at 27.7%.

Although not as high as the state, for renter-occupied housing units, Hispanics are the highest percent of renters at 36.5%, followed by Blacks at 29.5%, and whites at 17.6%. Interestingly, given the high renter-occupied rate and the fact that 20% of Hispanics are living in poverty, only a small percentage received HUD assisted housing in 2021 compared to white, not Hispanic or Latino.

Data Year	Charlotte		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
	Percent (%)	Percent (%)	Percent (%)	Percent (%)
2020	36.5	16.6	47.3	24.8
2019	41.4	18.7	48.6	25.6
2018	39.9	18.9	49.0	26.1
2017	42.4	20.0	49.0	26.5
2016	42.4	20.2	49.1	26.8
2015	41.9	20.3	48.3	26.6
2014	39.3	19.7	47.2	26.0
2013	35.9	19.7	46.1	25.2
2012	31.2	19.3	44.8	24.4
2011	30.7	18.5	43.8	23.7
2010	26.3	18.0	43.0	23.1
2009	21.6	16.5	42.7	23.3

Data Year	Charlotte		Florida	
	White	Black	White	Black
	Percent (%)	Percent (%)	Percent (%)	Percent (%)
2020	17.6	29.5	29.1	53.6
2019	19.6	31.0	30.4	54.7
2018	19.8	28.8	30.7	55.5
2017	20.9	31.1	31.0	55.6
2016	21.0	30.4	31.1	55.4
2015	21.1	36.9	30.6	54.9
2014	20.4	36.3	29.9	53.7
2013	20.2	33.8	28.9	52.6
2012	19.7	35.3	28.0	51.8
2011	18.9	34.3	27.0	50.6
2010	18.2	30.8	26.3	49.9
2009	16.7	28.4	26.2	50.5

US Bureau of the Census, American Community Survey





- **The Impact of Neighborhood and Built Environment on Mental Health**

Housing - The rate of renter-occupied homes is higher for Blacks and Hispanics. Lower-income individuals, elderly, Hispanics/Latinos, and Blacks or African Americans face greater challenges for affordable housing and sustaining safe housing in Charlotte County. Renters in Charlotte County will experience the most unpredictable housing costs.

Transportation - The lack of public transportation, fixed route transportation, limited safe sidewalk space, sprawling transportation layout, and increasing vehicle maintenance and gasoline costs having contributed to isolation, specifically in Charlotte County's elderly population, including veterans.

Safety - Currently, Charlotte County ranks 2nd in Florida for the highest rate of children experiencing abuse. Additionally, Charlotte ranks 3rd in the state for children experiencing neglect. Southwest Florida ranks 1st in the state for reported cases of sex trafficking. The county has seen a 105% increase in the verified cases of child maltreatment from 2009 to 2019. All these concerns, in addition to many others, contribute to an unsafe environment, especially for children, in Charlotte's community.

Parks - In Charlotte County, 41.9% of residents live within a half of a mile from a park compared to the state at 40.1%. Long distances from parks, in addition to transportation barriers, can contribute to and perpetuate poor health outcomes. Time spent in parks can help reduce anxiety, depression, and stress and have a positive effect not only physical well-being but mental well-being as well.

Walkability - For Charlotte County, the most populated areas of Port Charlotte and Punta Gorda have a large

2018 Transportation Disadvantaged Data		
Trips by Purpose		
	Charlotte County	Florida
Medical	14,443	4,744,140
Employment	18,354	3,752,285
Education/Training	14,682	2,805,745
Nutritional	11,596	3,925,897
Life-Sustaining/Other	12,353	7,286,786

Source: Florida Commission for the Transportation Disadvantaged

discrepancy in their walkability scores (60 and 14 respectively). This score translates to 1 being the worst and 100 being the best. 0 to 24 means almost all errands need a car, 25 to 49 means most errands need a car, 50 to 69 means you can walk to some amenities, 70 to 89 shows you can do most things by walking, and 90 to 100 indicates you don't need a car. Per zip code, this discrepancy may be even more dramatic. Residents who lack transportation or the ability to afford transportation have limited resources to improve individual health. When resources are harder to obtain, many individuals may not seek the care they need.

Access to nutritional food - Food access and food insecurity is an important factor in Charlotte County. According to 24,510 or 14% of individuals were food insecure. Food security means there is consistent access to enough food for a healthy life. According to the 2022 County Health Rankings, 14% of residents are low-income and do not live close to a grocery store. Living near a healthy food source makes it easier to access healthy food options instead of unhealthy choices. Charlotte County government agencies and community partners have witnessed recent increases in the number of residents utilizing food pantries to supplement family's food sources.

Food insecurity and/or the lack of nutritional food sources, lack of transportation, isolation, unstable housing conditions, the concerns of unsafe environment, neglect, domestic violence, maltreatment, and sex trafficking all contribute to poor health outcomes that include increasing mental health concerns for children, minorities and other vulnerable individuals within Charlotte County. In addition, isolation issues are partially attributed to a decrease in community engagement, which perpetuates mental health concerns in vulnerable populations, especially for veterans and the elderly.



D. Social and Community Context

• Social and Community Context Data for Charlotte County

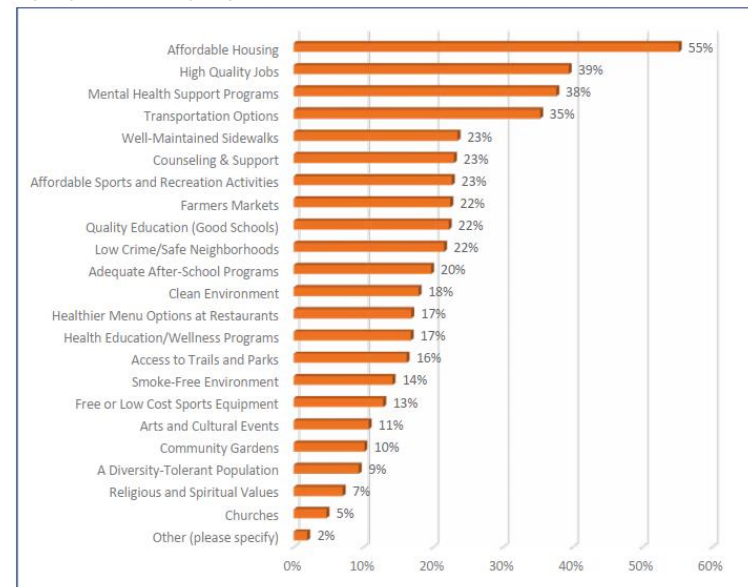
The relationships and interactions people have with their loved ones, friends, coworkers, and neighbors can have a significant effect on their health and well-being. Many people deal with difficulties and risks that they cannot control, such as hazardous surroundings, discrimination, or difficulty affording necessities. Lifelong health and safety may suffer as a result of this. Positive interpersonal relationships can lessen these detrimental effects at home, at work, and in the community. According to the 2017 Charlotte County Senior Health Assessment, approximately 14% of Charlotte County seniors are isolated.

The 2020 Community Health and Needs Assessment revealed a need for activities and events that engage young adults and young families. Those that do exist are less accessible due to a lack of public transportation. Social isolation can exacerbate feelings of loneliness and hopelessness.

In addition, the seasonal demographics contribute to an environment that caters to engaging activities from November to April, and most activities are designed to attract retired, wealthier seniors, often being offered during weekdays in the late morning or early afternoon when low-income and middle-income families are generally unable to participate.

Interventions to help people get the social and community support they need are critical for improving mental health in the community.

“What does Charlotte County need to allow you, your family, friends, and neighbors to have a healthier lifestyle? (Select up to five)”



*Other: affordable healthcare, higher paying jobs, better doctors, affordable child care, more access to places for dogs, more family/teenage friendly activities, programs for adults with mental disabilities that includes housing, more affordable/better selection of places to shop for healthy foods, better emergency management community, peer mentoring



- **The Impact of Social and Community Context on Mental Health**

Social Isolation - Due to lack of fixed route transportation and lack of activities for lower income, families, and youth in the community, social isolation is an issue. Social isolation negatively impacts and contributes to mental health issues by putting up barriers to interact with other people and potential for an outlet for frustrations and emotions. Increased rates of isolation among elderly veterans may greatly impact the suicide rates for this population.

Support Systems - There is a lack of adequate mental health support and access to counseling. The very low ratio of mental health providers to population in Charlotte County means that someone who seeks help may have to wait several weeks to months to get an appointment to talk to someone or may have to travel out of county for services. Due to lack of transportation, a vehicle is needed to get to the supports that are available. Anyone without transportation or with limited transportation means like veterans, elderly, low-income, may not have access to get the care they need. Due to the long wait times, smaller issues may turn into a crisis event before the person is able to access help.

Supportive, cohesive communities protect people against risk, foster trust, and ultimately promote community health. Studies show that residents who feel supported by their community experience improved family health, safety, and overall well-being while decreasing stress, poverty, and even racism. Conversely, those without community support experience challenges in childhood development, higher rates of chronic disease, and increased rates of mental health.

Community Engagement - Income and mobility determine how engaged one can be in the community. Communication of upcoming events and activities could be enhanced, in addition to adding more events and activities for all ages to get youth more engaged in the community. The nature of a seasonal population adds to limited community activities as they tend to be scheduled during the in-season time. Low-income families, veterans, and minorities lack community engagement and connectedness which can exacerbate mental health issues by contributing to feelings of isolation.

Discrimination - Mental health can be severely impacted by prejudice, discrimination, and mistreatment based on who we are, where we come from, how we behave, or who we love. It makes mental illnesses, substance abuse, and suicide more likely. Although there are many other ways that discrimination in housing can occur, the United States has a very high rate of racial discrimination based on disabilities.

Stress - Financial burdens coupled with social isolation and lack of adequate mental health supports contributes tremendously to stress levels for the low-income, the elderly and veterans, those who are renting, those with no transportation means, and young adults. Many studies show that financial stressors can cause and/or contribute to mental health issues.

Limited community engagement and support systems, the higher risk of discrimination, stress, and isolation have an even greater impact on communities with few resources.



Member Associations

6.2

Associations per 10,000 residents

Charlotte County, FL

7.1

Associations per 10,000 residents

Florida

Source: County Business Patterns, 2017



E. Health Care Access and Quality

• Health Care Access and Quality Data for Charlotte County

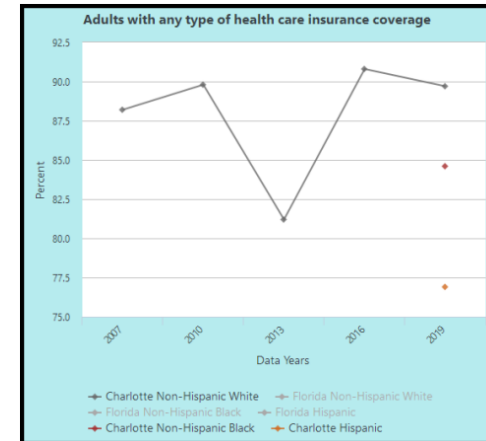
Many Americans do not receive basic health care services. People without insurance may not be able to pay for medical care and prescriptions and are less likely to have a primary care physician. Because they lack a primary care physician, some people do not receive recommended healthcare services like preventative care. Other times, the healthcare professionals who offer services are too far away from where they live.

Charlotte County is in the 3rd quartile for rate of licensed family practice physicians per population and the rate of mental health professionals to population in the county is 63% that of the state. That is a significant challenge.

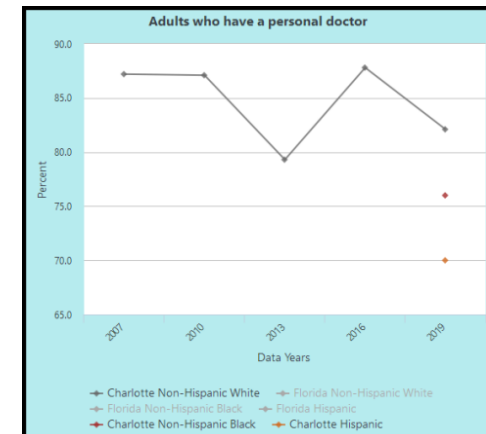
Among all populations, the percent of people that have a personal doctor is lower than the percent that have health care insurance. The middle-income population was less likely to have health care insurance coverage and to have a personal doctor than the lower or higher income populations. The ALICE Report identifies a barrier for hourly-wage earners who are eligible for health insurance from their employers but are unable to afford the high cost. Lower-income populations may qualify for Medicaid and the upper-income population may have insurance through their employers and the ability to pay for it.

There is a gap between age 18-44 who have insurance versus that same age population that have a personal doctor (67.9% vs. 52.1%, respectively).

The Hispanic population of Charlotte County is less likely to have health insurance coverage.



Florida Behavioral Risk Factor Surveillance System
 Charlotte Non-Hispanic White: 89.7
 Charlotte Non-Hispanic Black: 84.6
 Charlotte Non-Hispanic White: 82.1



Florida Behavioral Risk Factor Surveillance System
 Charlotte Non-Hispanic Black: 76.0
 Charlotte Hispanic: 76.9
 Charlotte Hispanic: 70.0



• **The Impact of Health Care Access and Quality on Mental Health**

Many Charlotte County residents have disproportionately limited access to high-quality healthcare and often receive treatment in under-resourced settings such as community health centers and have limited access to mental health services.

Health Coverage - Not being insured makes accessing mental health services a burden, especially for those with higher rates of non-coverage, like the Hispanic and middle-class populations. Additional barriers are the limited rate of providers and lack of fixed route transportation.

Provider Availability and Accessibility - The ratio of mental health providers to population for Charlotte County is approximately 25% that of the state's ratio. This makes it incredibly hard for those seeking care and can have a tremendous impact on the overall mental well-being of the community.

Those who are already combatting mental health issues must face even greater barriers such as limited in-county resources and transportation limitations, as they attempt to get the help they need.

Health Resource Availability, Charlotte County, Florida					
Indicators	Data Year	County Quartile 1=most favorable 4=least favorable	County		State
			County Number	Rate Per 100,000	Rate Per 100,000
Providers*					
Total Licensed Dentists (Fiscal Year)	2020	2	70	37.8	56.7
Total Licensed Physicians (Fiscal Year)	2020	2	420	226.5	314.0
Total Licensed Family Practice Physicians (Fiscal Year)	2020	3	21	11.3	19.2
Total Licensed Internists (Fiscal Year)	2020	2	73	39.4	47.3
Total Licensed OB/GYN (Fiscal Year)	2020	2	10	5.4	9.2
Total Licensed Pediatricians (Fiscal Year)	2020	2	19	10.2	21.9
Facilities					
Total Hospital Beds	2020	1	715	385.7	307.6
Total Acute Care Beds	2020	1	636	343.1	248.9
Total Specialty Beds	2020	2	79	42.6	58.6
Total Nursing Home Beds	2020	2	1,096	591.2	386.5
County Health Department FTEs					
County Public Health Department Full-Time Employees	2020	4	61	33.3	40.9
County Public Health Department Expenditures					
County Public Health Department Expenditures	2020	4	\$4,787,761	\$25.80	\$33.40

Data Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration.

Behavioral/Mental Health Professionals, Rate Per 100,000 Population, Single Year								
Data Year	Charlotte				Florida			
	Count	Denom	Rate	MOV	Count	Denom	Rate	MOV
FY 20-21	137	185,392	73.9*	12.4	25,340	21,640,766	117.1	1.4
FY 19-20	135	182,298	74.1*	12.5	23,403	21,268,553	110.0	1.4
FY 18-19	116	175,413	66.1*	12.0	22,387	20,957,705	106.8	1.4
FY 17-18	113	173,954	65.0*	12.0	20,877	20,555,728	101.6	1.4
FY 16-17	106	171,219	61.9*	11.8	20,036	20,231,092	99.0	1.4

Florida Department of Health, Division of Medical Quality Assurance

VIII. SDOH PROJECTS

The Minority Health Liaison recruited and engaged members across the county, including government agencies, nonprofits, private businesses, and community organizations, to join the Health Equity Taskforce. The Minority Health Liaison took into consideration the prioritized health disparity and the impactful SDOHs identified by the Health Equity Team during recruitment.

A. Data Review

The Health Equity Taskforce reviewed data, including health disparities and SDOHs provided by the Health Equity Team. The Health Equity Taskforce also researched evidence-based and promising approaches to improve the identified SDOHs. The Health Equity Taskforce considered the policies, systems and environments that lead to inequities.

B. Barrier Identification

Members of the Health Equity Taskforce worked collaboratively to identify their organizations' barriers to fully addressing the SDOHs relevant to their organization's mission. Common themes were explored as well as collaborative strategies to overcome barriers.

For Charlotte County, the highest rates of suicide in 2020 were among 20–24-year-olds while high school students who, in the past year felt sad or hopeless for two or more weeks in a row and stopped doing usual activities in the Hispanic Population was the highest rate at 35.3%. By fostering connections and identifying solutions to housing instability issues, an upstream strategy to combating sadness, hopelessness, and depression in high school students is thought to have an impact not only on their mental health but also on the suicide rates of these young adults in the future.

Using that same upstream logic means involving veterans earlier in life to reduce the rates of suicide in the 85 and older age group. The rates of suicide among veterans in that age group was an alarming 60.4 suicides per 100,000 in 2020. Veterans, especially in that age range, are often isolated and alone. In addition, veterans face barriers accessing mental health care as providers are limited, transportation is limited, and social supports for this vulnerable population are limited. Veterans' mental health in the future and the suicide rates among this community can both be significantly improved by empowering them, building connections, and giving them a purpose.



Barriers shared by multiple partners:

	Economic Stability	Health Care Access & Quality	Neighborhood and Built Environment	Social & Community Context						
	Low wages	Affordable Housing Options	Not attractive to businesses	Workforce can't afford to live in community	Senior- majority of voters	ALICE Population	Threat of homelessness	Lack of adequate mental health providers	Lack of representation of young people in community meetings	Workforce impact on families
Organization	9	14	5	6	7	9	10	9	7	9
Charlotte County Human Services	x	x	x	x		x		x		x
United Way		x	x			x			x	
C.A.R.E.	x	x		x				x		x
FL DOH-Charlotte		x	x	x			x			x
Charlotte County Public Schools	x	x	x		x		x	x	x	x
Drug Free Charlotte		x			x	x	x	x	x	
Pregnancy Solutions	x	x		x	x		x			x
Englewood Community Coalition		x			x	x	x	x	x	
Healthy Start	x	x		x	x		x			x
Drug Free Punta Gorda		x			x	x	x	x	x	
AHEC	x	x				x		x		
Charlotte Behavioral Health	x	x				x	x	x	x	x
Habitat for Humanity	x	x	x	x		x	x			x
Boys and Girls Club	x	x			x	x	x	x	x	x

C. Community Projects

The Health Equity Taskforce researched evidence-based strategies to overcome the identified barriers and improve the SDOH that impact the prioritized health disparity. The Health Equity Taskforce used this information to collaboratively design community projects to address the SDOHs. During project design, the Health Equity Taskforce considered the policies, systems and environments that lead to inequities. Projects included short, medium, and long-term goals with measurable objectives. These projects were discussed with the Coalition and will be again reviewed with the finalization of the Health Equity plan.

Youth/Veteran Mentorship Project

The veterans of Charlotte County made an infinite commitment to serve this great nation. Often these military men and women are driven by serving. Many served as dedicated leaders, have made sacrifices most have never imagined, and most importantly, led lives with purpose. Losing purpose in life and living in isolation can have a dramatic impact on mental health like anxiety, depression, and thoughts of suicide.

What greater purpose can one find in life than impacting the lives of the youth?

Many of the youth today, especially those who are faced with the harsh realities of life through poverty or a lack of stability at home, suffer mental health issues which can carry over into adulthood. Creating connections can have a positive on the lives of both, mentee and mentor and lead to improved mental health and well-being for each. Engaging, as a team, in structured activities can foster meaningful relationships. The youth have an opportunity to learn, grow, and thrive, while veterans are empowered through sharing their knowledge, strength, and leadership to empower and motivate today's at-risk youth.

A strong mentor in a child's life builds resilience. Proper influence, guidance, and support can have a dramatic impact on behavior, self-worth, and the strength to stand up for oneself.

While it is not a new concept, as it has been done in various ways around the nation, this is a new initiative for Charlotte County. This multifaceted program addresses many of the social determinants of health and can limit barriers and disparities faced by vulnerable populations.

The Health Equity Taskforce and/or a future developed Advisory Team, in collaboration with other community partners and citizens will establish a community tailored mentorship program for youth and veterans.

The program will establish a specific curriculum for the participants which will include activities that facilitate learning life skills such as relationship building, healthy choices, accessing community resources such as mental health, housing resources, etc., and more. The team will strategize recruiting and participant incentives, create a system to identify at-risk youth and veteran participants, and the vetting & eligibility process for enrollment into the Youth/Veteran Mentorship Program.

Finding meaning and hope together.



Housing Stability Initiative

Having basic needs met plays an important role on mental well-being. Without a stable home, access to healthy foods, social connections, and an environment to thrive in, mental health suffers, especially for the youth. While the youth have little control over their circumstances, they suffer from stress and anxiety when their needs are not being met.

Although there are many resources available in Charlotte County, data is lacking. To best address the needs of the youth in the community, those needs must first be identified. Often, to solve problems, organizations target only a specific issue rather than identifying the root cause. To have the greatest impact, the root cause must first be determined.

DOH-Charlotte and the Health Equity Taskforce will support partners to identify youth housing data and the barriers that exist. Through coordinated efforts, root cause analysis, targeted outreach, and working directly with those impacted, there can be a greater impact on the community.

To begin, DOH-Charlotte and the Health Equity Taskforce will develop and sustain relationships through the Youth Coordinated Community. To further the goals of partners, the Health Equity Taskforce will collect data, design, and disseminate marketing materials and provide outreach for at-risk youth in Charlotte County based on the needs of the community and partners. In order to advance the initiatives, the Health Equity Taskforce will compile data collected to create a robust source of data of youth homelessness or at-risk youth.



IX. HEALTH EQUITY PLAN OBJECTIVES

A. Mental Health

Health Disparity Objectives:

By December 31, 2025, decrease the number of suicides for veteran residents 85+ years of age from the suicide crude rate 60.4 per 100,000 people in 2020 to less than <40.0 per 100,000 in 2025. **Data Source: Florida Charts*

By December 31, 2024, decrease percent of high school students who, in the past year felt sad or hopeless for two or more weeks in a row and stopped doing usual activities in the Hispanic Population from 35.3% in 2020 to 32%. **Data Source: Florida Youth Tobacco Survey (FYTS)*





Youth/Veteran Mentorship Project Objectives:

	Lead Entity	SDOH Addressed	Data Source	Baseline Value	Target Value	Plan Alignment
Long-Term SDOH Goal: Establish a community tailored mentoring program for youth and veterans.						
Objective: By December 31, 2025, establish a community tailored mentorship program for youth and veterans from 0 in 2022 to 1 in 2025.	The Florida Department of Health in Charlotte County Meranda Pitt	Education, Social/Community Context	Program Curriculum	0	1	FL DOH-Charlotte Strategic Plan
Medium-Term SDOH Goal: Establishing a targeted curriculum to enhance relationship building and life skills.						
Objective: By December 31, 2023, establish a program curriculum for the youth/veteran mentorship program from 0 curriculum in 2022 to 1 in 2023.	The Florida Department of Health in Charlotte County Meranda Pitt	Education, Social/Community Context	Sign-in sheets and/or minutes	7.6%	100%	FL DOH-Charlotte Strategic Plan; Youth Coordinated Community Plan
Short-Term SDOH Goal: Recruit partners to identify youth and veteran participants						
Objective: By July 30, 2023, develop and sustain a system to identify youth and veteran participants for the mentorship program from 0 in 2022 to 1 in 2023.	The Florida Department of Health in Charlotte County Meranda Pitt	Education, Social/Community Context	Sign-in sheets and/or minutes	0	1	Youth Coordinated Community Plan; Healthy People 2030: SDOH-04

Youth/Veteran Mentorship Project steps:

Due Date	Steps	Cross-collaboration	Status
6/30/2023	Establish meetings with the Health Equity Taskforce and other community partners to identify candidates for the Youth/Veteran Mentorship Program, strategize recruiting and participant incentives.	Gulf Coast Partnership (GCP), Youth Action Board (YAB), FL DOH-Charlotte, Continuum of Care (CoC), Youth Homelessness Demonstration Program (YHDP), Faither Leaders Workgroup (FLW), Veterans Administration (VA), Affordable Housing Advisory Committee (AHAC), Community Action Agency Advisory Board (CAAAB), Charlotte County Human Services (CCHS)	On Track
6/30/2023	Create a system to identify at-risk youth and veteran participants recruiting participants facilitated by DOH-Charlotte and community partners, including but not limited to GCP, YAB, CAAAB, AHAC, FLW, and VA.	GCP, YAB, DOH-Charlotte, CoC, YHDP, FLW, VA, AHAC, CAAAB, CCHS	
9/30/2023	The Health Equity Taskforce will create a vetting & eligibility process for participants to be accepted and enrolled into the Youth/Veteran Mentorship Program.	GCP, YAB, DOH-Charlotte, CoC, YHDP, FLW, VA, AHAC, CAAAB, CCHS	
12/31/2023	The Health Equity Taskforce will establish a program curriculum for the Youth/Veteran Mentorship Program. Curriculum to consist of educational lessons including financial basics, relationship building, and community resources such as mental health, housing resources, etc.	GCP, YAB, DOH-Charlotte, CoC, YHDP, FLW, VA, AHAC, CAAAB, CCHS	
03/31/2024	The Health Equity Taskforce will create and distribute marketing materials and host events for the Youth/Veteran Mentorship Program.	GCP, YAB, DOH-Charlotte, CoC, YHDP, FLW, VA, AHAC, CAAAB, CCHS	
09/31/2024	The Health Equity Taskforce will establish the implementation strategy for the Youth/Veteran Mentorship Program based on the program curriculum.	GCP, YAB, DOH-Charlotte, CoC, YHDP, FLW, VA, AHAC, CAAAB, CCHS	
12/31/2025	The Health Equity Taskforce will implement a community tailored Youth/Veteran Mentorship Program.	GCP, YAB, DOH-Charlotte, CoC, YHDP, FLW, VA, AHAC, CAAAB, CCHS	

Housing Stability Initiative Objectives:

	Lead Entity	SDOH Addressed	Data Source	Baseline Value	Target Value	Plan Alignment
Long-Term SDOH Goal: Providing a robust data source for housing and mental health data.						
Objective: By September 30, 2024, create a robust source of data of youth homelessness or at-risk youth using the mySidewalk platform from 0 in 2022 to 1 in 2024.	The Florida Department of Health in Charlotte County Hunter Scott	Social & Community Context, Economic, Built Environment	MySidewalk	0	1	Youth Coordinated Community Plan; Healthy People 2030: SDOH-04
Medium-Term SDOH Goal: Provide outreach material to the Charlotte County community to facilitate the goals of community partners.						
Objective: By September 30, 2023, design and distribute marketing materials for at-risk youth in Charlotte County from 0 materials in 2022 to 5 in 2023	The Florida Department of Health in Charlotte County James Hemingway	Social & Community Context, Economic, Built Environment	Insight Vision/ Clear Point	0	1	FL DOH-Charlotte Strategic Plan; Youth Coordinated Community Plan
Short-Term SDOH Goal: Develop and sustain collaborative relationships to facilitate the accomplishment of the Coordinated Community Plan to End Youth Homelessness Goals.						
Objective: By June 30, 2023, develop and sustain collaboration of information sharing between community partners & the Florida Department of Health in Charlotte County by increasing participation of community activities and initiatives that address Social Determinates of Health and health inequities, such as food access, education, housing, etc. from 0 activities/initiatives in 2022 to 12 per year in 2023 and annually thereafter.	The Florida Department of Health in Charlotte County Meranda Pitt	Social & Community Context, Economic, Built Environment	Sign-in sheets and/or minutes from each meeting	0	12/year	Youth Coordinated Community Plan; Healthy People 2030: SDOH-04

Housing Stability Initiative Steps:

Due Date	Steps	Cross-collaboration	Status
6/30/2023	Establish consistent meetings with between Youth Coordinated Community Plan partners to share and discuss youth housing data, barriers, and health issues FL DOH-Charlotte can help overcome through the lens of health equity.	Gulf Coast Partnership (GCP), Youth Action Board (YAB), FL DOH-Charlotte, Continuum of Care (CoC), Youth Homelessness Demonstration Program (YHDP), Affordable Housing Advisory Committee (AHAC), Community Action Agency Advisory Board (CAAAB), Charlotte County Human Services (CCHS)	<p>On Track Q1</p> <p><u>July</u></p> <ul style="list-style-type: none"> - Gulf Coast Partnership Stakeholders Council Meeting - UWCC: Health & Well-being Strategy Session Meeting - At-Risk Youth Integration Committee Meeting - AHAC Meeting <p><u>August</u></p> <ul style="list-style-type: none"> - Gulf Coast Partnership Stakeholders Council - AHAC Meeting - FSC Communications Committee Meeting

DOH- Charlotte

Health Equity Plan

6/30/2023	Collaborate with community partners to collect data for marketing materials aimed at-risk youth.	GCP, YAB, FL DOH-Charlotte, CoC, YHDP, AHAC, CAAAB, CCHS	On Track
9/30/2023	Collaborate with community partners to disseminate marketing material to at-risk youth	GCP, YAB, FL DOH-Charlotte, CoC, YHDP, Child Welfare, Juvenile Justice, Mental Health, LGBTQ+ serving organizations, Early Child Education, Head Start, Kids Thrive Collaborative, Healthy Start, Healthy Families, WIC, Hospitals, Pediatricians, Public Safety, Faith-Based Organizations, CCHS	
9/30/2024	Align data gathered by partners on the youth homeless or at-risk population, specific to youth experiencing or at risk of homelessness using the mySidewalk platform.	Gulf Coast Partnership (GCP), Youth Action Board (YAB), FL DOH-Charlotte, Continuum of Care (CoC), Youth Homelessness Demonstration Program (YHDP), Affordable Housing Advisory Committee (AHAC), Community Action Agency Advisory Board (CAAAB), Charlotte County Human Services (CCHS)	

X. PERFORMANCE TRACKING AND REPORTING

Ongoing communication is critical to the achievement of health equity goals and the institutionalization of a health equity focus. The successes of Health Equity Plan projects are shared with OMMHE, partners, other CHDs, CHD staff, and the Central Office through systematic information-sharing, networking, collecting, and reporting on knowledge gained, so that lessons learned can be replicated in other counties and programs. Regional Health Equity Coordinators facilitate systematic communication within their region.

The Minority Health Liaison serves as the point of contact in their county for sharing progress updates, implementation barriers, and practices associated with the Health Equity Plan. The Minority Health Liaison is responsible for gathering data, monitoring and reporting progress achieved on the goals and objectives of the Health Equity Plan. The Minority Health Liaison meets with the Health Equity Taskforce to discuss progress and barriers. The Minority Health Liaison tracks and submits indicator values to the OMMHE within 15 days of the quarter end.

Annually, the Minority Health Liaison submits a Health Equity Plan Annual Report assessing progress toward reaching goals, objectives, achievements, obstacles, and revisions to the Regional Health Equity Coordinator and Coalition. The Regional Health Equity Coordinator and Coalition leaders provide feedback to the Minority Health Liaison and the Health Equity Taskforce from these annual reports. The Minority Health Liaison then submits the completed report to OMMHE by July 15th annually.

Communication, Monitoring and Reporting:

At the County Health Department level, the status of the plan will be shared during the quarterly Performance Management Council meetings and during all-staff meetings.

At the partner level, the plan will be reviewed during the Healthy Charlotte meetings. The plan will be shared during the housing-focused community partner meetings, as appropriate, and will be presented to community leaders.

The plan will be updated quarterly in ClearPoint for the Office of Minority Health and Health Equity and updates will be provided during the regional minority health liaison meetings.

Data Collection:

The Minority Health Liaison will be responsible for tracking activities and collecting data monthly, including coordinating with other sectors to build the data infrastructure. The liaison will also perform regular scans of data for new and updated information. Health Equity Plan objectives will be tracked as part of the Community Health Improvement Plan as well.

XI. REVISIONS

Annually, the Health Equity Taskforce reviews the Health Equity Plan to identify strengths, opportunities for improvement, and lessons learned. This information is then used to revise the plan as needed.

Revision	Revised By	Revision Date	Rationale for Revision
Updated short term SDOH objective	Meranda Pitt	September 20 th ,2022	Based on decision by Task Force.

XII. ADDENDUM

A. Health Equity Coalition Members

Name	Organization
Colleen Turner	Charlotte County Human Services
Angie Matthiessen	United Way of Charlotte County
Brian Hemmert	Health Planning Council of SWFL
Amy Huddleston	C.A.R.E.
Glama Carter	FL DOH-Charlotte
Chantal Phillips	Charlotte County Public Schools
Diane Ramseyer	Drug Free Charlotte County
Elena Tomlins	FL DOH-Charlotte
Ellen Pinder	Charlotte County Government
Erika Schlabach	Pregnancy Solutions
Kay Tvaroch	Englewood Community Coalition
Magi Cooper	Healthy Start
Stephane Phillips	Charlotte County Government
Terri Whitacre	Charlotte County Public Schools
Joseph Pepe	FL DOH-Charlotte
Hunter Scott	FL DOH-Charlotte
Monica Babcock	Drug Free Punta Gorda
Meranda Pitt	FL DOH-Charlotte
Chris Lolley	Ounce of Prevention
Melissa King	AHEC
Vickie Scanlon	Charlotte Behavioral Health Care



Where we work,
play, & live matters!

