Healthy CHARLOTTE

# 2021-2023
# Community Health Improvement Plan

**Effective: January 1, 2021** to **December 31, 2023**

Florida HEALTH
Charlotte County

**Acknowledgements**

This Community Health Improvement Plan (CHIP) was developed by the Florida Department of Health in Charlotte County, FL (DOH-Charlotte) as part of the department's full community health assessment process. The CHIP was informed by the 2020 Charlotte County Community Health and Needs Assessment (CHNA) as well as insight drawn from community focus groups and community surveys.

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Bayfront Health Punta Gorda
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Big Brothers Big Sisters
CAB
Center for Abuse and Rape Emergencies (C.A.R.E.)
Center for Progress and Excellence
CareerSource Southwest Florida
Charlotte 2-1-1
Charlotte Behavioral Health Care
Charlotte Community Foundation
Charlotte County Board of County Commissioners
Charlotte County Community Services
Charlotte County Fire & EMS
Charlotte County Friendship Centers
Charlotte County Government
Charlotte County Healthy Start Coalition
Charlotte County Homeless Coalition
Charlotte County Human Services
Charlotte County Medical Society
Charlotte County Public Libraries
Charlotte County Public Schools
Charlotte County Sheriff's Office
Charlotte Sun News
Charlotte County Transit
Charlotte County Veterans Services
Children's Network of Southwest Florida
City of Punta Gorda
Coastal Behavioral Healthcare
Drug Free Charlotte County
Drug Free Punta Gorda
Englewood Community Care Clinic
Early Learning Coalition of Florida's Heartland, Inc
Englewood Community Coalition
Family Health Centers of Southwest Florida
Fawcett Memorial Hospital
Florida SouthWestern State College
Golisano Children's Hospital of Southwest Florida
Goodwill of Southwest Florida
Green D.O.T.
Grove City Manor
Gulf Coast Partnership
Gulfcoast South Area Health Education Center
Habitat for Humanity
Harbour Heights Community
Health Planning Council of Southwest Florida
Healthy Lee
Healthy Start
JFCS of the Suncoast
Kids Thrive Collaborative
Lifelong Learning Institute
Military Officers Association of America
Millennium Physicians Group
Peace River Elementary
Pregnancy Careline
Pregnancy Solutions
Punta Gorda Housing Authority
Sharespot
Sky YMCA
Southwest Florida Counseling Center
TEAM Punta Gorda
The Cultural Center
The Verandas
Tobacco Free Florida
Trabue Woods Community
United Way of Charlotte County
Veterans Affairs
Virginia B. Andes Volunteer Clinic
Sunshine Health

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Healthy CHARLOTTE

OUR COMMUNITY. OUR COMMITMENT.

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# Executive Summary

As part of the Florida Department of Health in Charlotte County's commitment to the continued assessment and development of community-based interventions to improve the health and well-being of all residents, DOH-Charlotte presents the following 2021-2023 Community Health Improvement Plan (CHIP) for Charlotte County, Florida. This plan was developed based on the 2020 Charlotte County Health and Needs Assessment (CHNA) completed in February 2020, in which, Charlotte County residents identified 9 strategic areas of concern within the community. These 9 strategic areas were prioritized and yielded the following top 5 focus areas:

1. Child Abuse, Neglect, and Well-Being
2. Behavioral, Social, and Emotional Health and Trauma
3. Healthcare
4. Environment
5. Aging

From these, the community chose Adverse Childhood Experiences (ACEs) as the priority area for Charlotte County from 2021-2023.

In 2010, 49.7% of Florida adults who responded to the Behavioral Risk Factors Surveillance System's (BRFSS) Adverse Childhood Experiences module reported having experienced at least one or more ACE before the age of 18. In the same year, Charlotte County was among 47 Florida counties with over 21% of their residents reporting having experienced 2 or more ACEs in childhood.

As defined by the Public Health Accreditation Board (PHAB), this CHIP plan serves as a "long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process;" it provides goals, strategies, and objectives that help guide the community in their efforts to impact ACEs and maintain accountability in achieving those goals. Most importantly, the strategies and objectives outlined in the Action Plan represent the dedicated work of Charlotte County agencies and their efforts to reduce ACEs among our youth and adults. Each agency objective aligns with national and/or state goals and addresses the challenge of health equity to improve early childhood and overall health outcomes for Charlotte County's residents.

In addition to the priority area of ACEs, the Charlotte County Department of Health is committed to the continued surveillance and assessment of all aspects of the county's health including chronic and infectious diseases, physical and mental health, and access to care, among others.

To become involved in the work of Healthy Charlotte or to provide feedback on this report, please contact the Florida Department of Health in Charlotte County at HealthyCharlotte@flhealth.gov.

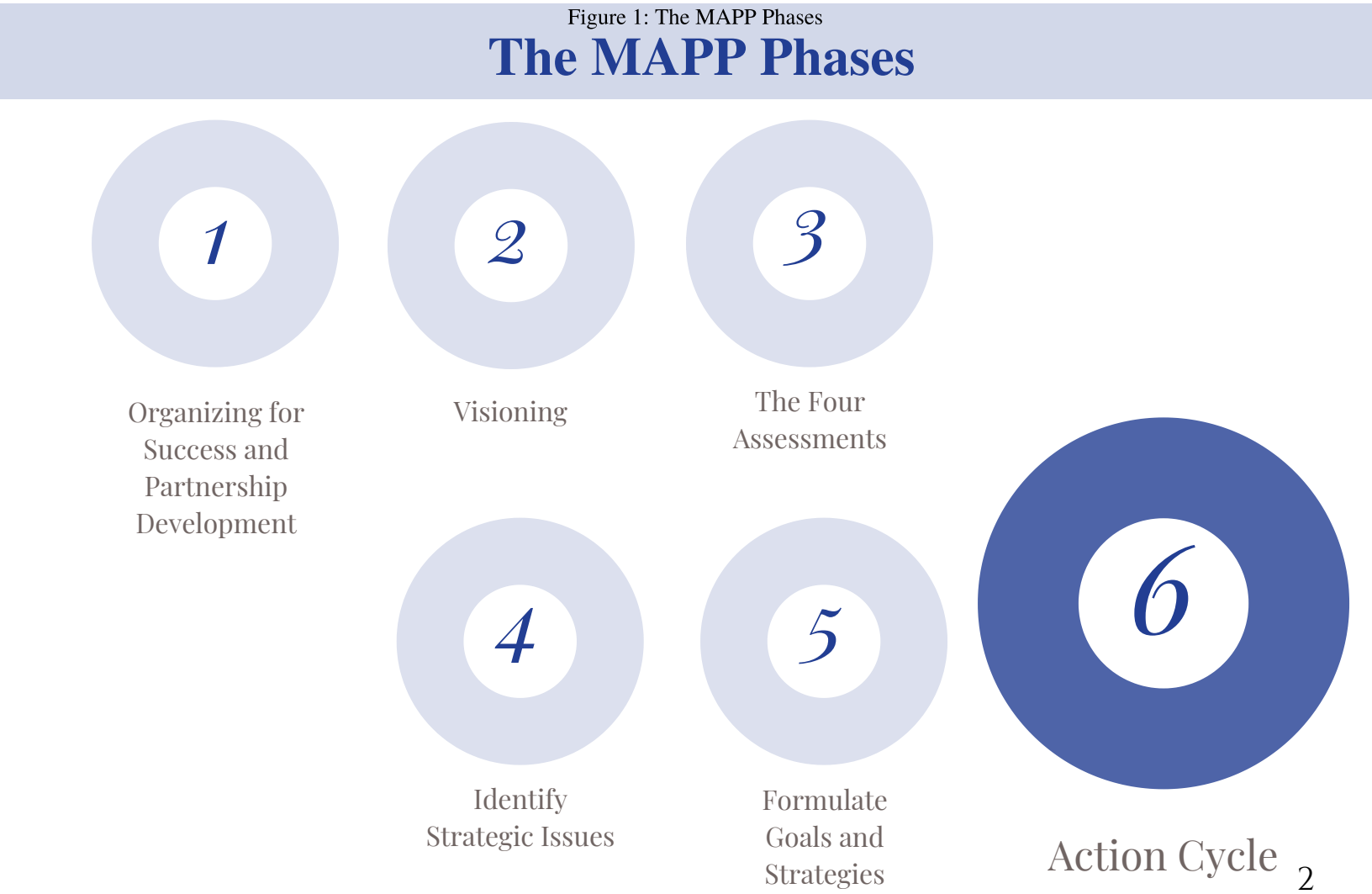
# What is a Community Health Improvement Plan?

A Community Health Improvement Plan (CHIP) is the final phase in the overall Community Health Assessment (CHA) process. Though several strategic planning methods exists, the Florida Department of Health in Charlotte County was guided by the Mobilizing for Action through Planning and Partnerships (MAPP) method, which emphasizes community-wide engagement and health equity in each of its six phases.

Following the completion of a community health assessment, community health improvement plans establish accountable and intentional goals, strategies, and objectives that ensure the most meaningful intervention(s) to improve the public health focus identified during the CHA. Above all, CHIPs enable multisector collaborations to improve health and social outcomes for all members of a community including the marginalized and communities of concern (COC). In the MAPP process, the CHIP is phase 6: Action Cycle, where all action steps are both proactive and comprehensive in nature and provide for a continuous improvement process with shared community ownership.

The process to implement the strategies and objectives outlined within this plan is ongoing, and therefore, renders this a living document. Appendix C presents the scorecard used to track our progress in implementing each outlined strategy and its respective objective, while Appendix D will be used for revisions and modifications, made along the way. The full 2021-2023 Community Health Improvement Action Plan for Charlotte County, FL can be found in Appendix A, at the end of this report.

Figure 1: The MAPP Phases



# 2019-2020 Community Health and Needs Assessment

The Florida Department of Health in Charlotte County (DOH-Charlotte) conducted the 2020 Community Health and Needs Assessment (CHNA) between June 2019-March 2020 in partnership with Charlotte County Human Services (CCHS), Charlotte Behavioral Health Care (CBHC), United Way of Charlotte County (UWCC), and the Health Planning Council of Southwest Florida (HPCSWFL). 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. Throughout the 10-month process, Charlotte County residents and local agency and business representatives met to complete each phase of the MAPP process including 4 assessments, visioning, and the prioritization of strategic issues.

The complete 2020 Charlotte County Community Health and Needs Assessment Report can be accessed on the Florida Department of Health in Charlotte County website and remains in effect July 1, 2020 through June 30, 2023 with annual updates to follow, accordingly. Additionally, the CHNA report has been used to inform the development of this Community Health Improvement Plan and will also provide valuable insight to local agencies in their decision-making processes in the community for years to come.

For more information on the 2020 Charlotte County Health and Needs Assessment or to obtain a copy please visit charlotte.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/community-health-status/ or www.HealthyCharlotteCounty.org.

# Our Vision

One of the initial steps during the CHNA process in July 2019, included forming a vision. Residents established a vision for what they envisage as health and well-being in Charlotte County. Using a word cloud, members developed the following vision:

Figure 2: **"How would you describe a healthy community?"**

***"Charlotte County will be a vibrant, resilient community where all will be active, safe, and prosperous."***

# Prioritization Process

In early December 2019, community members met to identify the most pressing health and needs concerns within Charlotte County, FL. There were an initial 10 strategic areas:

1. Affordable Housing
2. Behavioral, Social, and Emotional Health
3. Cost of Living & Economic Wellness
4. Child Abuse and Neglect
5. Opportunities and Needs for Young Working Population
6. Transportation
7. Trauma-Informed Care
8. Healthcare Costs
9. Healthcare Workforce
10. Sidewalks and Streetlights

The core group of partners tasked with leading the overall development process for the community health assessment met to consolidate the aforementioned strategic areas and create datasheets to help inform the community's decisions during the final prioritization process. The strategic issues were prioritized by community members using three criteria: impact, feasibility, and assets. The final top five priority areas were:

1. Child Abuse, Neglect & Well-Being
2. Behavioral, Social & Emotional Health
3. Trauma
4. Healthcare
5. Environment
6. Aging

1 OCT.-NOV. 2019
Focus Groups

2 OCT.-NOV. 2019
Community Health survey goes live

3 DEC. 2019
Core group meeting workshop

4 DEC. 2019
Initial prioritization meeting

5 JAN. 2020
final prioritization of strategic issues

6 FEB. 2020
stakeholder breakfast to unveil main findings of the report

7 MAR. 2020
Full CHNA report published

# County Description

Figure 3: Florida Map

Charlotte County, FL totals 680.9 square miles and is situated on the Southwest coast of the State of Florida with Sarasota County to its immediate north, Lee County to its south, and Desoto County to the east. The Charlotte County consists of one municipality, Punta Gorda, and two Census-Designated Places (CDPs), Port Charlotte and Englewood.

The county has an estimated population of 184,998*, of which, 74,321 are persons 65 years or over representing 40% of the overall county population. The county's median age is 59.8, up from 58.1 in 2019. The American Community Survey (ACS) reports that 92.0% of the population are White, 6.6% are Black or African American, and 1.7% are Asian.

The civilian labor force is made up of approximately 41.7% of county residents, with retail trade, health care, social assistance and accommodation, and food services jobs accounting for 49.4% of the county's employment sector.

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*United States Census Bureau, 2018: ACS 1-yYear Estimates.

# Income Profile

Economic well-being is essential to physical, emotional, and mental health. The consequences of insufficient income for a household may vary in degrees, but ultimately, it affects family and community stability and health.

The median household income for Charlotte County is $49,225* and the per capita income is $30,528*^.

ALICE, which stands for ***A**sset, **L**imited, **I**ncome **C**onstrained, **E**mployed*, represents households that earn income above the Federal Poverty Level (FPL) but still less than the minimum income necessary to live in their region. As a result, ALICE provides a much more accurate understanding of economic well-being than does the FPL, which does not take into account regional variations in cost of living, taxes, and salaries. In Charlotte County, FL, 11% of households are in poverty and 34% are considered ALICE. This means that 34% of Charlotte County households are "barely making it;" they struggle to afford the everyday necessities, most likely have no savings, and are one emergency or accident away from poverty or even homelessness.

Table 1: Charlotte County, FL Income Snapshot

| Charlotte County Income Snapshot | Charlotte | Florida |
|---|---|---|
| | | |
| Labor force | 40.9% | 63.0% |
| Umemployment rates** | 4.1% | 3.7% |
| Median household income (in 2019 dollars) | $51,499 | $62,843 |
| Per capita income - past 12 months (in 2019 dollars) | $32,144 | $34,103 |
| Persons in poverty | 11.40% | 10.50% |
| Income inequality index | 0.5 | |

---

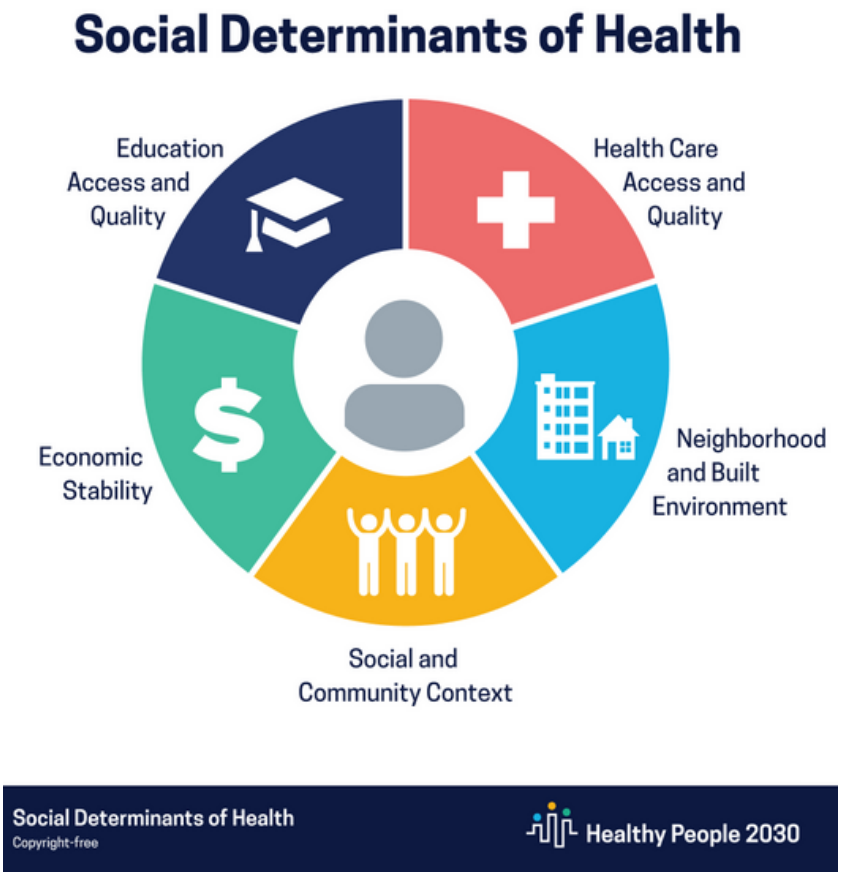
*United States Census Bureau, ACS 1-year estimate.
**2018 Annual Unemployment Rate
^Past 12 months in 2018 dollars.

# The Social Determinants of Health in Charlotte County, Florida

The Social Determinants of Health (SDOH) are social indicators traditionally placed within five main domains, each representative of the environments in which people "live, work, and play." The SDOH impact human health in more significant ways than traditional health measures. Therefore, they are now known to be a major contributor to overall health and life outcomes for individuals, while speaking to the wide-ranging health disparities and inequities experienced by vulnerable populations around the world.

Because the SDOH are the societal and environmental factors that determine health, they are interlinked with early childhood adversity and life opportunity. Understanding their impact will improve childhood outcomes and ensure a targeted and robust response to mitigating early childhood health disparities.

Figure 4: The Social Determinants of Health



## Economic Stability

The foundation for health and well-being starts with stable employment and housing security. The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) reports national trends in all categories and severities of child Harm Standard Maltreatment. The report also explores the differences in incidence rates of child maltreatment in relation to family and household characteristics.

Parent employment status, household socio-economic status (SES), as well as family structure were all related to the incidence of child maltreatment; specifically, in all cases of child maltreatment, "children with no parent in the labor force and those with an unemployed parent were at significantly higher risk of Harm Standard maltreatment" when compared to children whose parents were in the labor force or who were employed. Additionally, in all categories of neglect, children with employed parents had consistently less incidence rates of physical, emotional, and educational neglect as compared to those with unemployed parents.

Furthermore, children in families with low socio-economic status are at a significantly greater risk for all forms of maltreatment, overall, then children who are from higher levels of socio-economic status. These findings from the NIS-4 not only provide national child abuse and neglect definitional standards, but also reflect trends at the local levels, which serve as the source for all NIS-4 reported data. As a result, the relationship between household characteristics and socio-economic status and child abuse and neglect detailed in the NIS-4 study holds true for local communities such as Charlotte County, FL households and families with child maltreatment cases.

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 Corona Virus 2019 pandemic. Unemployment rates experienced a dramatic increase, the highest being April 2020 at 13.8%. As of September 2020, unemployment in our region has seen a steady decline and remains above 5%. 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 BOLD 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.

## Education Access and Quality

Charlotte county's graduation rate is 86.4% and 90.3% of current residents have a high school diploma or higher. Of the 20 schools in the county, two are charter, twelve are Title I, and 16 have 50% or more students who are considered economically disadvantaged, while for seven schools, that measure represents 100% of their students.

Access to high quality education helps lay the foundation for healthier and longer lives while also countering the effects of generational trauma and poverty. Through education, children and adults alike, are equipped with life skills and community connections that increase their capacity to thrive through a stable social environment. In Charlotte County, FL, schools also function as a bridge to various community initiatives including after school programs that provide additional support and mentorship to all youth including those from low SES households and at-risk youth.

## Healthcare Access and Quality

Most recent numbers show that Charlotte County has improved on several indicators which assess overall access to care in a community. From 2013 to 2016, the percentage of adults who could not see a physician in the past year due to cost decreased from 16.5% to 11.3% and has remained below the state percentage. Similarly, in the same years, the percentage of adults who had a personal doctor increased from 78.8% to 84.4%. Since 2012, the percentage of the population with health insurance has continued to steadily increase and is 89% as of 2018. Access to adequate and specialized healthcare through insurance and affordable costs is essential to health and well-being as they promote preventative care and alleviate the financial burden of care in later life.

## Neighborhood and Built Environment

The environment in which we live can either promote health and safety or contribute to poor health and become a breeding ground for violence and toxic stress. Health inequity is often times more clearly seen and understood through differences in neighborhoods and built environments because of the inconsistency in the distribution of community resources, such as, schools, farmer's markets, clinics, restaurants, and bike/walk pathways.

Charlotte County's built environment remains a major challenge for its residents. With no robust public transportation system and limited pathways to access community resources by bike or on foot, the county is considered car-dependent which leaves zero-car and low-income households at a severe disadvantage.

The Charlotte County-Punta Gorda Metropolitan Planning organization (MPO) has created the Charlotte Transportation Plan (CTP), which is the Long Range Transportation Plan for Charlotte County (LRTP) through 2040 with the goal of "identifying [the community's] future transportation needs [to] prioritize projects that meet those needs in a cost effective way."

## Social and Community Context

Not only are healthy social and community relationships one of the five domains of the social determinants of health, but they are also one of the five protective factors for preventing child abuse and neglect. The appropriate social support in times of need are vital to maintaining health and well-being and can oftentimes offset the negative impacts and consequences caused by deficits in the other four domains of the SDOH. The primary way to build resilience in children is through the presence of one consistent, stable, and caring adult. Positive role models, family supports, and community relationships foster resilience and serve as a buffer when situations of toxic stress arise in anyone's life. Healthy social connections challenge traumatic experiences and allow individuals to resist and recover, negating the long-term physiological effects of adverse experiences.

# Charlotte County Health Rankings

## Health Outcomes

28

Overall health outcomes are measured by length of life (through YPLL) and quality of life as reported by self-

## Health Factors

11

The overall health factors ranking represents a county's combined score for health behaviors, clinical care, social and economic factors, and physical environment.

## Health Behaviors*

12

- Adult Smoking
- Adult Obesity
- Food Environment Index
- Physical Inactivity
- Access to Exercise Opportunities
- Excessive Drinking

## Clinical Care**

11

- Uninsured
- Primary Care Physicians
- Dentists
- Mental Health Providers
- Preventable Hospital Stays
- Mammography Screening
- Flu Vaccinations

## Social & economic factors***

21

- High School Graduation
- Some College
- Unemployment
- Children in Poverty
- Income Inequality
- Violent Crime

## Physical environment

7

- Air Pollution - particulate matter
- Drinking Water Violations
- Severe Housing Problems
- Driving Alone to Work
- Long Commute- driving alone

Length of Life*

28

Overall Quality of Life

21

^All rankings represent county standing out of 67.
*3-year average trend data (2004-2016) indicate that Charlotte County is getting worse in rates of adult obesity.
**Trend data (2008-2017) indicate that Charlotte County is improving in percent uninsured and for population to Dentist ratio (2010-2018). Trend data (2010-2017) indicate that Charlotte County is improving for Population to Primary Care Physician ratio.
***Trend data (2002-2018) indicate that Charlotte County is getting worse for percent children in poverty.

# Priority 1: Adverse Childhood Experiences

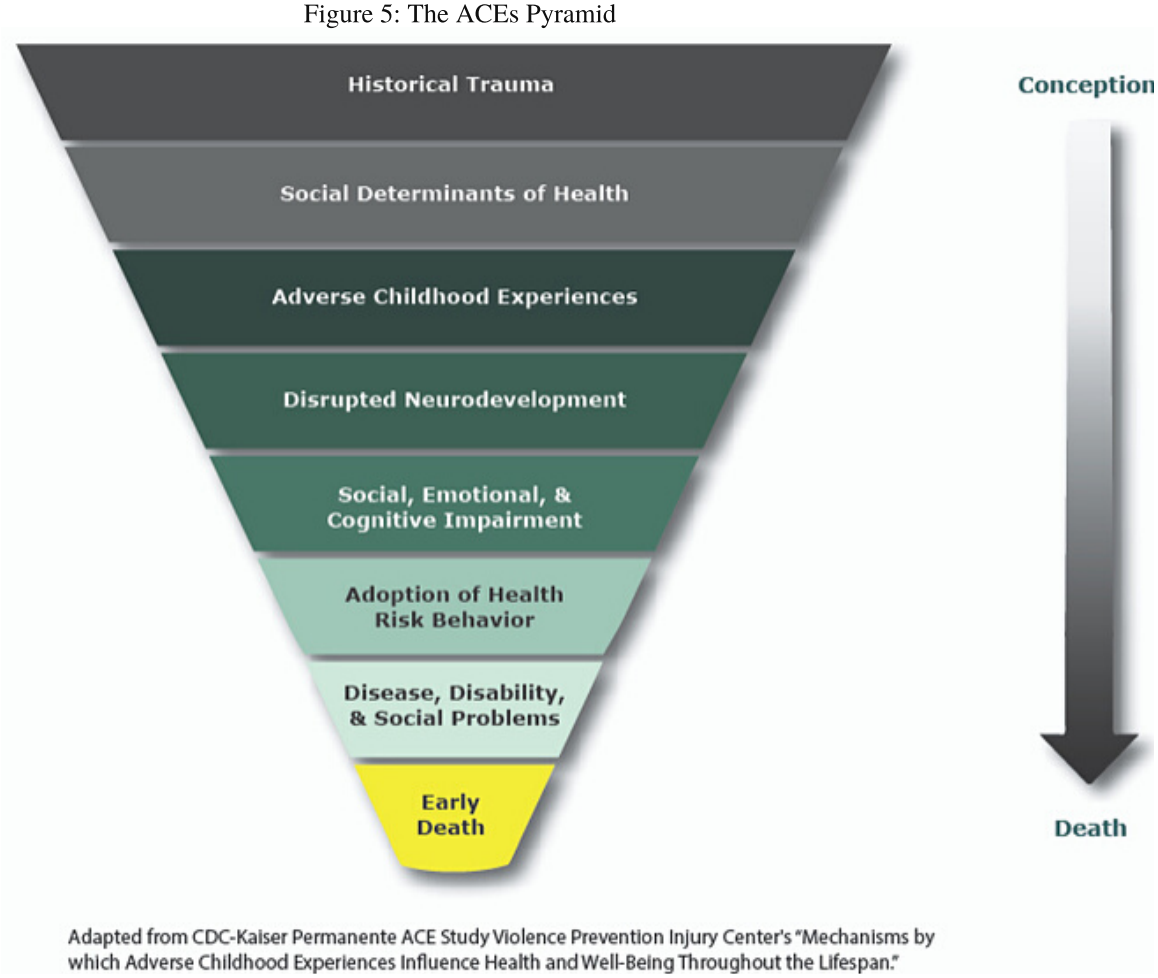
# Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are traumatic events that a person experiences before the age of 18. The term '*adverse childhood experience*' was coined by Dr. Robert Anda and Dr. Vincent Felitti in their 1998 article entitled "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study."
Referred to as the "original" ACE study, their paper established the relationship between childhood exposure to toxic stress through traumatic experiences and the development of multiple health risk factors that lead to morbidity and early death in adulthood. Since then, countless studies have been published which continue to support, through deeper insights, what Drs. Anda and Felitti's research discovered, including the multilayered depth of ACEs science.

ACEs vary in scope and impact, however, their effect on the human body during its most important stages of development is consistent and now clear. Unaddressed trauma and toxic stress lead to developmental delays for children, disability, chronic illness, early death, and astronomical economic loss to communities; therefore, the importance of a community-wide effort to challenge one of the most under recognized public health crises of our lifetime cannot be overstated.

Traditionally, ACEs are placed into three categories: abuse, neglect, and household dysfunction. Subcategories for each ACE include but are not limited to emotional, physical neglect and abuse as well as sexual abuse; parental divorce or death, household substance abuse, domestic violence, and incarcerated relative.

Figure 5: The ACEs Pyramid





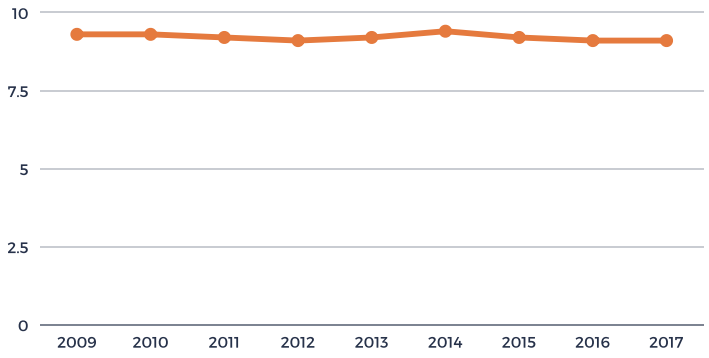

Graphic Source: CDC-Kaiser Permanente ACE Study Violence Prevention Injury Center

# Abuse

## NATIONAL

Nationally, child abuse and neglect rates continue to remain steady with little change since 2009. As of 2017, the national rate of CAN is 9.1.

Figure 6: **National Child Abuse and Neglect (CAN) Rates, 2009-2017**



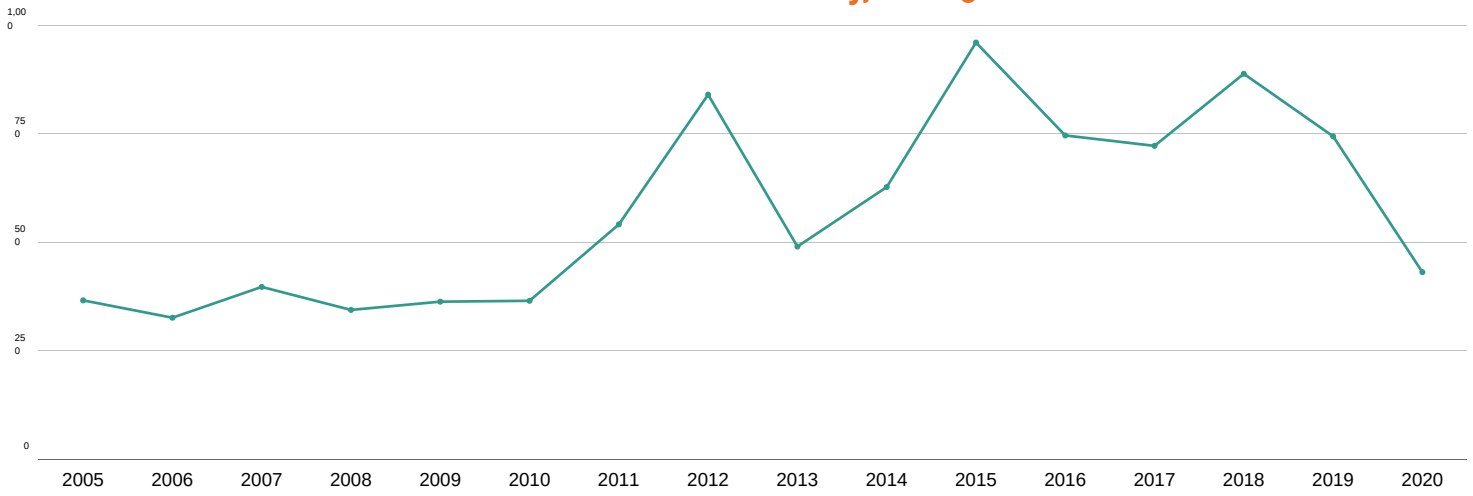

## FLORIDA

In 2009, Florida had 72,949 verified child maltreatment cases. In 2019, the state reported 50,638 verified cases of child maltreatment, representing a 31% decrease over a decade.

## CHARLOTTE COUNTY

In 2009, Charlotte County reported 363 verified cases of child maltreatment. In 2019, the county had 744 verified cases of child maltreatment, representing a 105% increase.

Figure 7: **Verified Cases of Child maltreatment Charlotte County, FL 2005-2020**




**3RD**

oldest county in the United States.

**105%**

increase in verified child maltreatment cases from 2009 to 2019.

**2ND**

ranked county out of 67 for children experiencing child abuse.

---

Data Sources:
Florida Department of Health, Division of Public Health Statistics & Performance Management (FL Charts)
Fostering Court Improvement, Florida Child Welfare Measures, Statistics for Charlotte County.

# Neglect

**<1**

children under one have the highest rate of overall child maltreatment, including abuse and neglect.*

**3/5**

nationally, over 60% of child maltreatment victims suffered neglect only.*

**8.1**

per 10,000 children in Charlotte County are victims of neglect compared to the state rate of 3.0 per 10,000 children.^

## NATIONAL

The Child Abuse Prevention and Treatment Act (CAPTA) defines neglect as: *"Any recent...failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or failure to act which presents an imminent risk of serious harm."**

Nationally, child neglect is the highest reported and substantiated form of child maltreatment. In 2018, neglect represented 61% of total unique victim maltreatment.

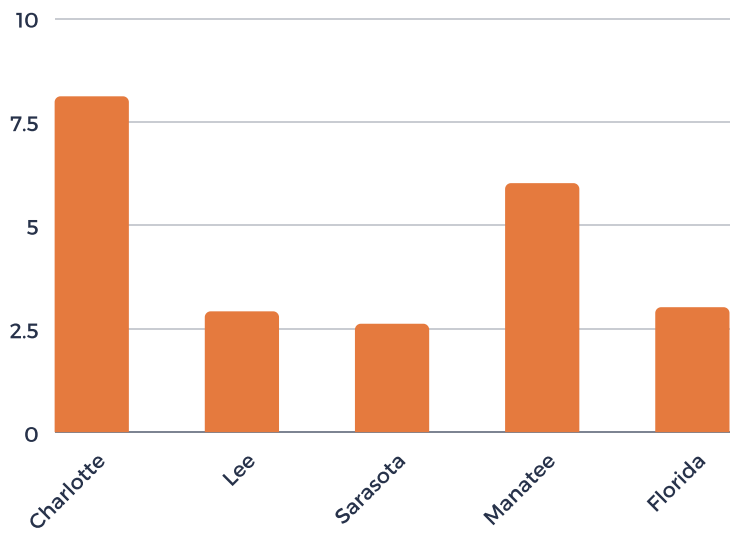
## FLORIDA

The state rate for victim reports of neglect is 3.0 per 10,000 children compared to Charlotte County at 8.1 per 10,000 children.

## CHARLOTTE COUNTY

Charlotte County, FL ranks 3rd for the rate of child victims of neglect in the state. Though Charlotte is the 2nd oldest county, it still has higher rates of child neglect than its neighboring counties.

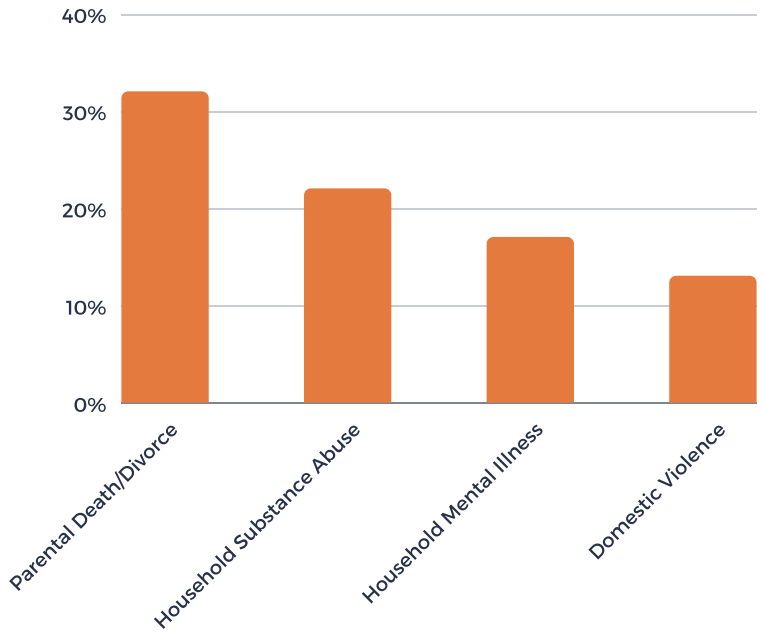
Figure 8: Rates of child neglect by county vs. Florida




*U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). Child Maltreatment 2018. Available from https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment.
**The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294)
^Data from October 2018 through September 2019.

# Household Dysfunction

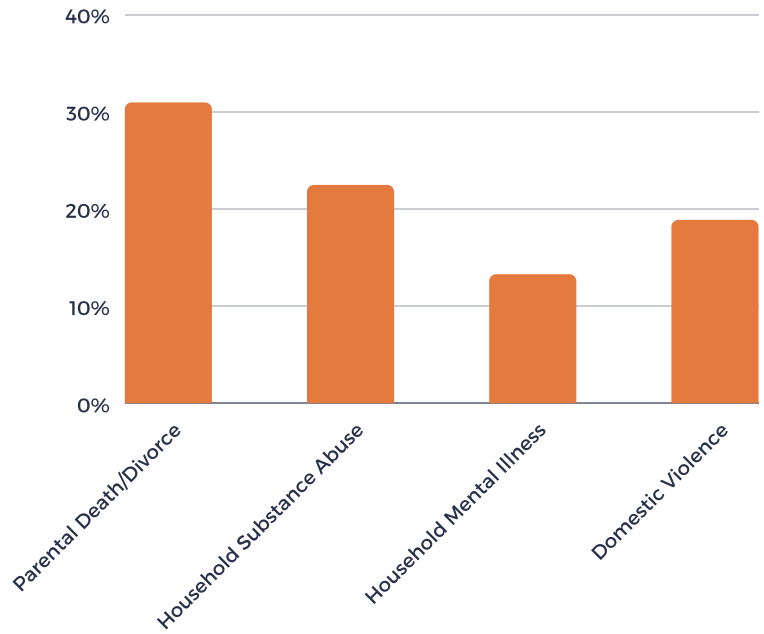
Figure 9: Rates of Household Dysfunction, Charlotte County, 2010*




## OVER THE PAST DECADE

According to results from the Behavioral Factors Surveillance System (BRFSS) 2010 Report, **parental death or divorce** was the most prevalent household challenge faced by Charlotte County residents, at **32%.**

Figure 10: Rates of Household Dysfunction, Florida, 2010*




## FLORIDA

Roughly 0.5% of K-12 students in the State of Florida have an emotional/behavioral disability, compared to 1.6% of Charlotte County K-12 students.**

## CHARLOTTE COUNTY

Measures of household dysfunction indicate that Charlotte County adults have experienced household challenges at a higher percentage than adults in the state, overall.*

**32%**

**of Charlotte County residents have experienced parental death or divorce.**

**22%**

**of Charlotte County residents were brought up in a home where they were exposed to substance abuse.**

**13%**

**of Charlotte County adults witnessed or were victims of domestic violence while growing up.**

*2010 Florida Behavioral Risk Factors Surveillance System Report, State-Added Module: Adverse Childhood Experiences/CMS

**Florida Department of Health Division of Public Health Statistics &Performance Management's Community Health Assessment ResourceTool Set (FLHealthCHARTS).

# Health-Related Behaviors

# Alcoholism

Research does not delineate the precise pathways between ACEs and various chronic diseases; however, countless research studies indicate a strong association between ACEs and the increased risk for adopting known chronic disease risk factors which may lead to the development of various maladies in later life.

For example, though ACEs do not directly cause liver disease, the most common causes of liver disease are Hepatitis C infection and long-term alcohol abuse. Alcohol abuse is often adopted as an unhealthy coping mechanism from toxic stress or as a behavior demonstrated to them in childhood. As a result, long-term alcohol abuse often times leads to Cirrhosis (chronic liver disease) if the underlying conditions causing the abuse are not treated.

**CHRONIC**
**ALCOHOL**
**ABUSE**

**is a common cause of liver disease and liver failure.**

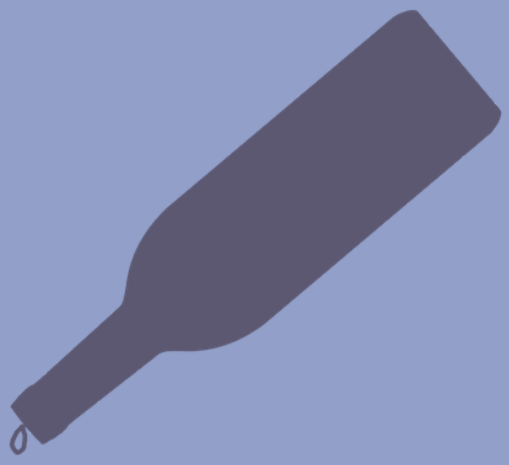


Figure11: Adults who engage in heavy or binge drinking
**Charlotte** vs. **Florida**

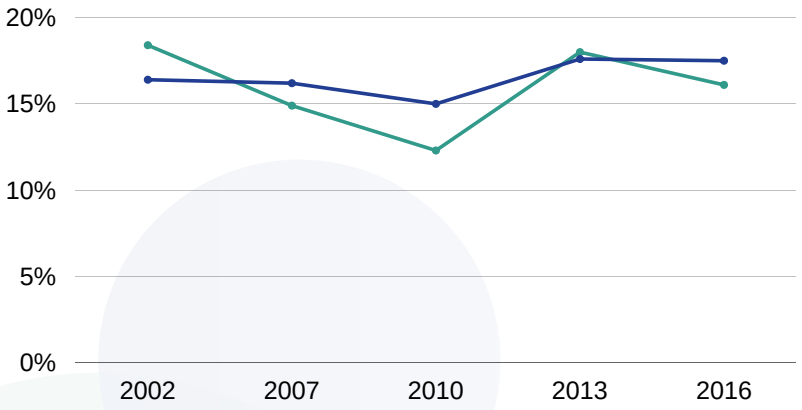



Figure 12: Chronic Liver Disease and Cirrhosis Age-Adjusted Death Rate,
Single Year Rates
**Charlotte** vs. **Florida**

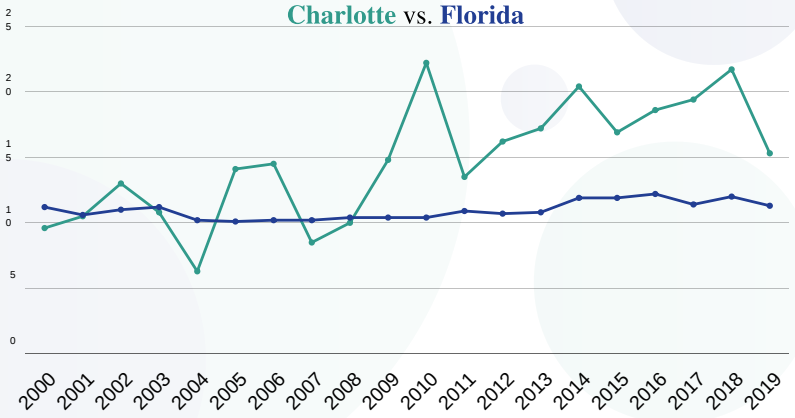
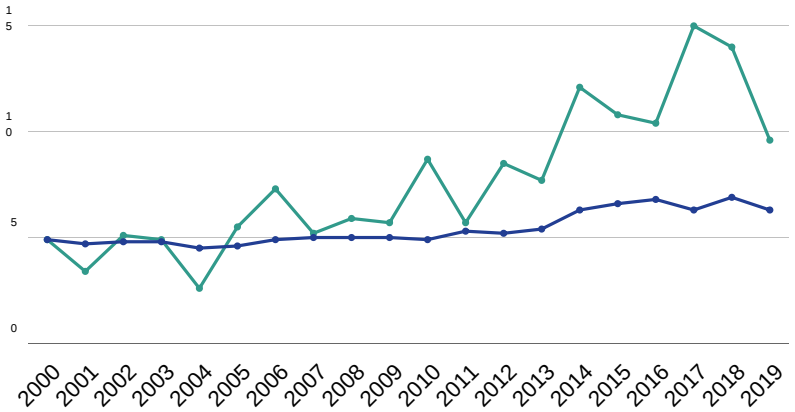



Figure 13: Alcoholic Liver Disease Deaths
**Charlotte** vs. **Florida**

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*Per 100,000 population

^Anda, Robert & Whitfield, Charles & Felitti, Vincent & Chapman, Daniel & Edwards, Valerie & Dube, Shanta & Williamson, David. (2002). Adverse Childhood Experiences, Alcoholic Parents, and Later Risk of Alcoholism and Depression. Psychiatric services (Washington, D.C.). 53. 1001-9. 10.1176/appi.ps.53.8.1001.

## ALCOHOL

# #1

**most used substance by Charlotte County teens.**

The percentage of adults who report that they engage in heavy or binge drinking has fluctuated above and below the state rate since 2002, and as of 2016, is below the state rate at 16.1% vs. 17.5%. Unfortunately, Charlotte County's alcoholic liver disease deaths rate and chronic liver disease and cirrhosis age-adjusted death rate have both remained consistently above the state rate since 2008 and 2009, respectively. Between 2017 and 2019, alcoholic liver disease deaths in Charlotte County experienced a 22% decrease from a rate of 15* in 2017 to 9.6* in 2019.

Anda et al., found that children who are raised in a home where there is alcohol abuse are more likely to report having experienced adverse childhood events. Their study also found that "the prevalence of alcoholism was higher among persons who reported parental alcohol abuse."^

In line with the adult rates, the percentage of middle and high school students who report binge drinking and who have used alcohol in the past 30 days continues to decline in Charlotte County. According to the Drug Free Charlotte County Community Assessment, "alcohol is the number one most used substance by Charlotte County teens" and remains the first substance to which students in the county are introduced.^ Fortunately, the 2018 Teens Norms Survey (TeeNS) reported that the age of onset of alcohol use for Charlotte County teens fell slightly from 11.3 to 11.2.

Figure 14: Middle school students who have used alcohol in past 30 days
**Charlotte*** vs. **Florida**

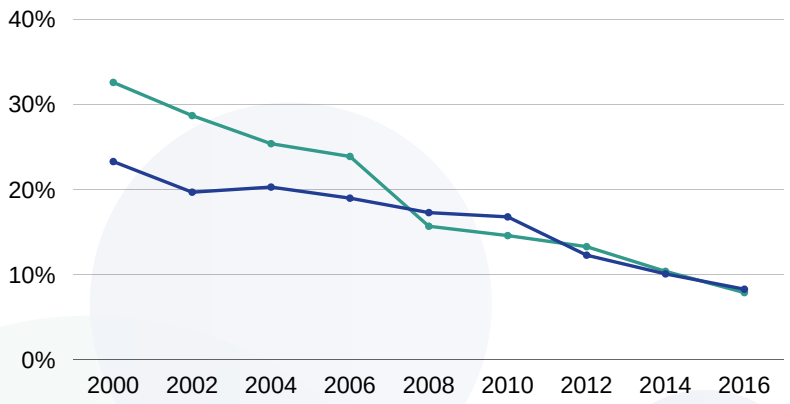
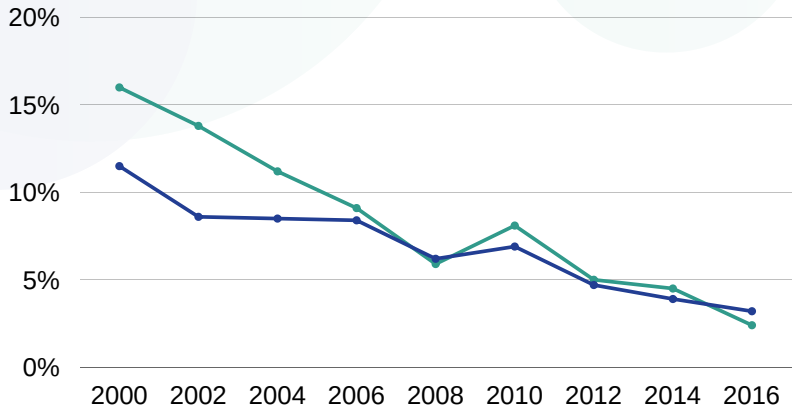



Figure 15: Middle school students reporting binge drinking
**Charlotte*** vs. **Florida**




*County percentages are not available for odd years.
^Drug Free Charlotte County Community Assessment, 2020.

Unfortunately, parents are the number one source for Charlotte County middle and high schoolers who obtain alcohol, representing roughly 34% and 28% of all sources, respectively.

As with many health risk behaviors, alcohol is adopted as a coping mechanism. The current downward trends in Charlotte County teen usage of alcohol are encouraging and must continue to ensure a safe, drug free, and resilient community.

**PARENTS**

**#1**

**are the number one source through which Charlotte County teens obtain alcohol.**

Figure 16: High school students who have used alcohol in past 30 days
**Charlotte**** vs. **Florida**

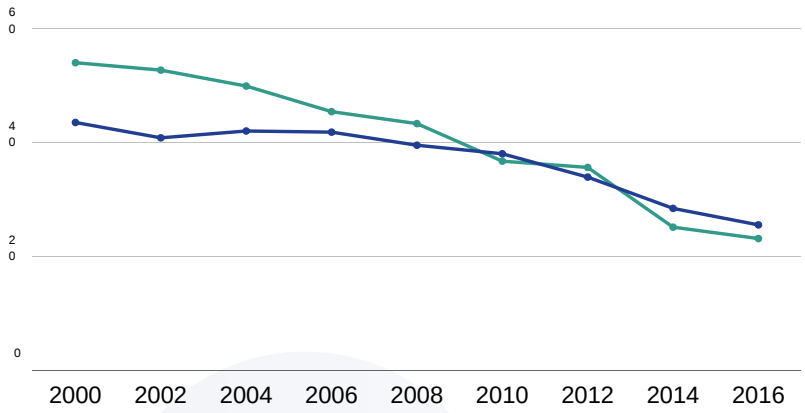
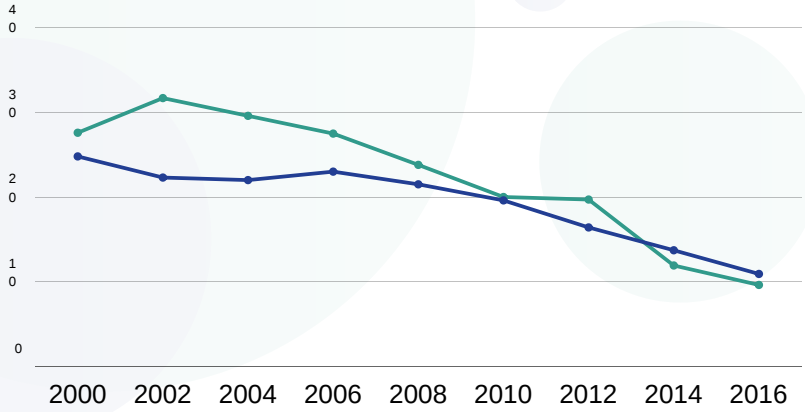



Figure 17: High school students reporting binge drinking*
**Charlotte**** vs. **Florida**




*Data points are reported as percents.
**County percents are not available for odd years.

# Tobacco Use and Exposure

Figure 18: Adults who are current smokers*
**Charlotte** vs. **Florida**

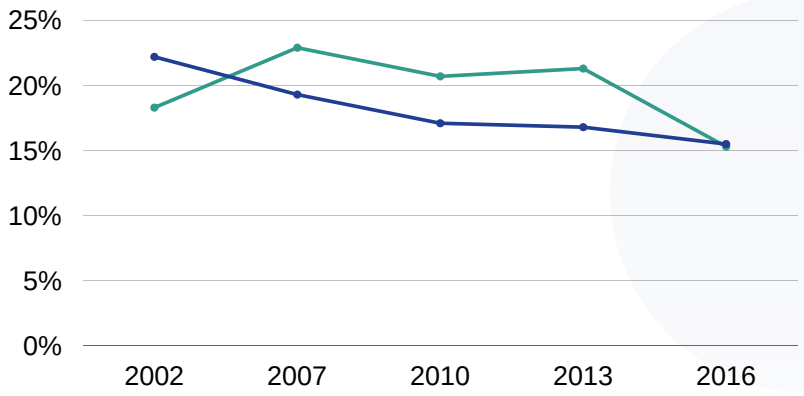
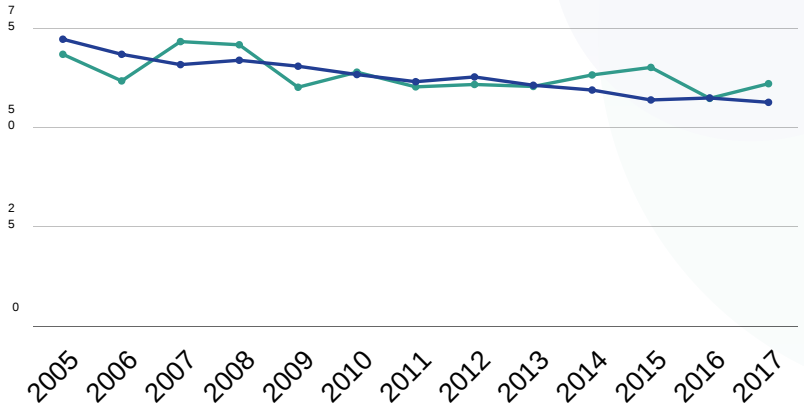
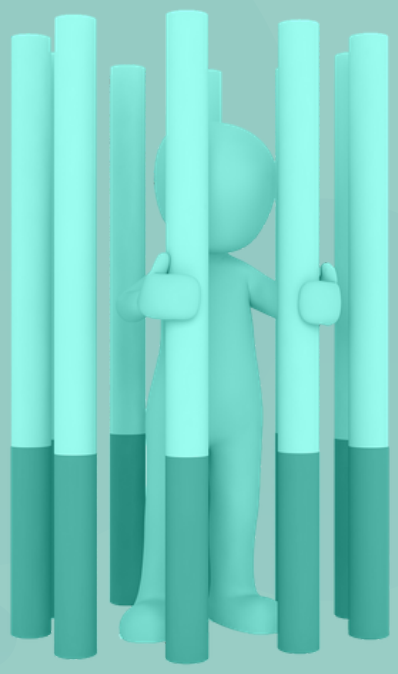



Figure 19: Lung Cancer Incidence
**Charlotte** vs. **Florida**




Health behaviors in early childhood and adolescence are an essential link for determining positive or negative health outcomes and overall quality of life into adulthood. Accordingly, early childhood experiences, including socioeconomic status, as well as social, and physical environment contribute to the life habits that children and adolescents adopt to either cope or thrive in their communities.

Tobacco use and exposure undermine health and the ability to maintain healthy lifestyles. From 2013 to 2016, the number of adults smokers in Charlotte County decreased from 21.3% to 15.3%, while lung cancer incidence experienced an increase in the same time period.



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*Florida Department of Health Division of Public Health Statistics &Performance Management's Community Health Assessment ResourceTool Set (FLHealthCHARTS).

Figure 20: Percent of students who have ever used an electronic vapor product
Middle and High School Students
**Charlotte** vs. **Florida**

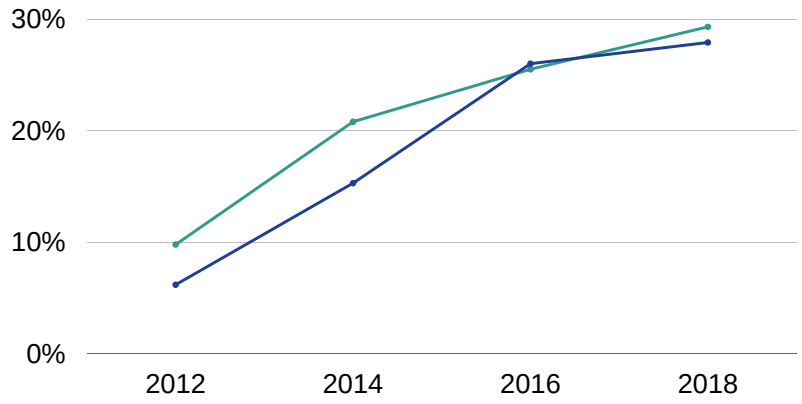



Figure 21: Percent of students who are current cigarette smokers (smoked in the past 30 days)
**Charlotte vs Florida**

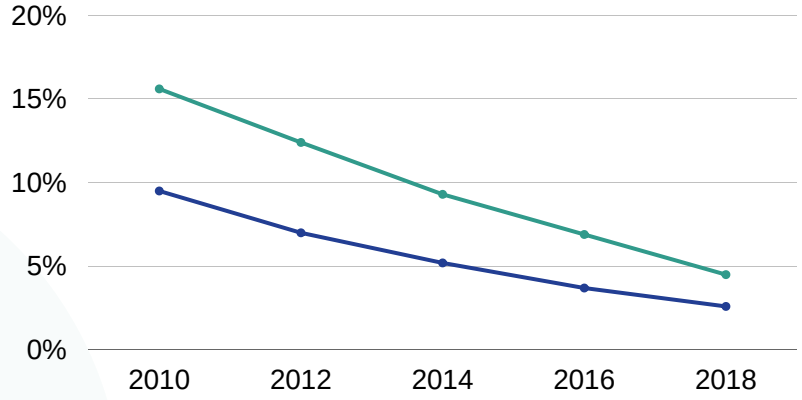
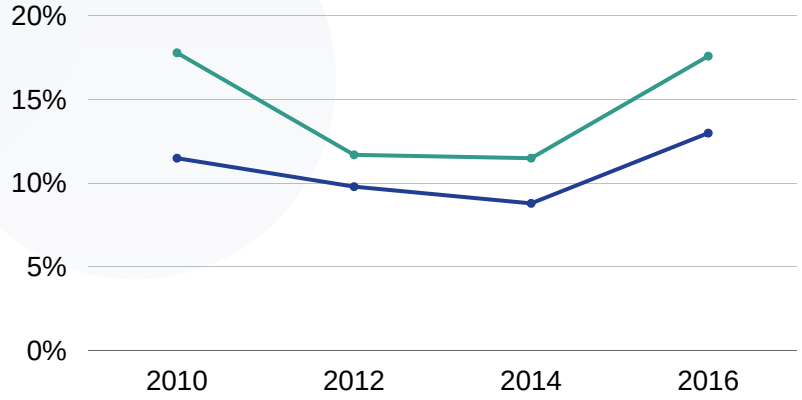



Figure 22: Percent of students who live in a home that allows tobacco use
Middle and High School Students
**Charlotte vs Florida**




**198%**

**increase in Charlotte County students using electronic vapor products.**

**29%**

**of Charlotte County middle and high schoolers have ever used an electronic vapor product.**

Though the percent of students who are current cigarette smokers and the percent of students who began using cigarettes before the age of 13 have continued to steadily decrease in the county, the percent of students who have ever used an electronic vapor product in both the state and Charlotte County has seen a dramatic increase over the past seven years (2012-2018). From 2012 to 2014, alone, the State of Florida and Charlotte County both saw a 147% and 112% increase in the reported number of students who have ever used a vapor product, respectively. As of 2018, 29.3% of Charlotte County students and 27.9% of Florida students, overall, have ever used a vapor product.

**71%**

**decrease in Charlotte County students who are smokers from 2010 to 2018.**

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*Florida Department of Health Division of Public Health Statistics &Performance Management's Community Health Assessment ResourceTool Set (FLHealthCHARTS).

Figure 23: Drug Overdose Deaths*^
Charlotte County, FL, 2015-2019

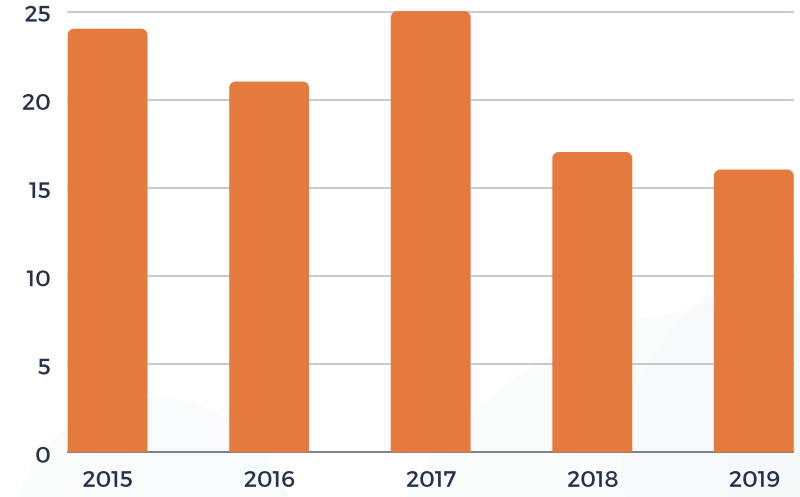
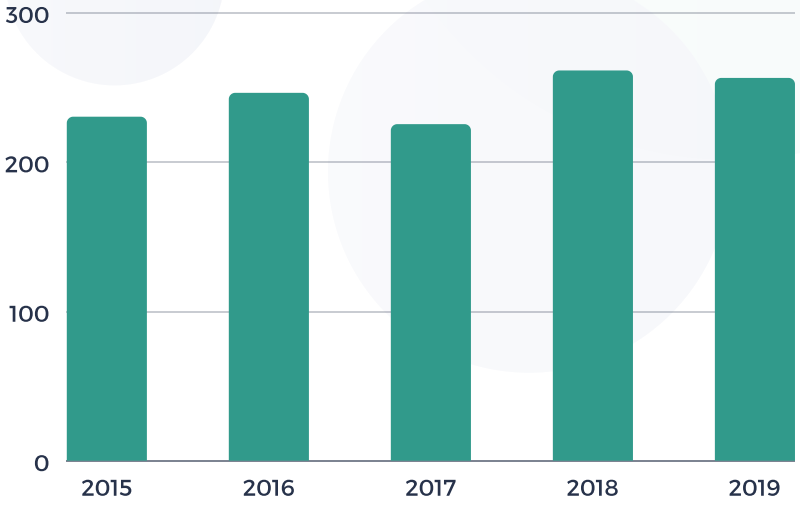



Figure 24: All drug non-fatal overdose hospitalizations
Charlotte County, FL, 2015-2019



In 2015, Charlotte County reported 24 drug overdose deaths, including opioids. This number decreased by three the following year; however, in 2017, the county reported 25 drug overdose deaths. For 2018, 17 total drug overdose deaths were reported, with provisional data showing 16 drug overdose deaths for the first 6 months of 2019, alone.

**17**

**drug overdose deaths in Charlotte County in 2018.**

**16**

**drug overdose deaths in Charlotte County for the first 6 months of 2019,**

---

*Includes opioid deaths
^2019 counts are for Jan-Jun 2019.

# Physical Activity & Nutrition

**50.6%**

**of Charlotte County adults are inactive or insufficiently active.**

Unlike alcohol and tobacco use, physical activity is a positive health behavior for individuals to adopt and is known to reduce the negative impacts of toxic stress. Conversely, limited or no physical activity allow the effects of ACEs and toxic stress to have a greater detrimental impact on individual health. Between 2007 and 216, the percentage of Charlotte County adults who were sedentary increased 14%. Troubling still, 50.6% of Charlotte County adults report being inactive or insufficiently active with men more so than woman at 53.4% vs. 48.8% for females.

Similarly, proper nutrition mitigates the negative effects of ACEs and toxic stress while poor eating habits and nutritional deficiencies exacerbate their impact, particularly during vital brain and body developmental periods in adolescence.

Promoting healthy eating habits while encouraging children and adults, alike, to increase their physical activities will provide an additional approach to combatting ACEs in our community.

Figure 25: Adults with good physical health, Overalls*
**Charlotte** vs. **Florida**

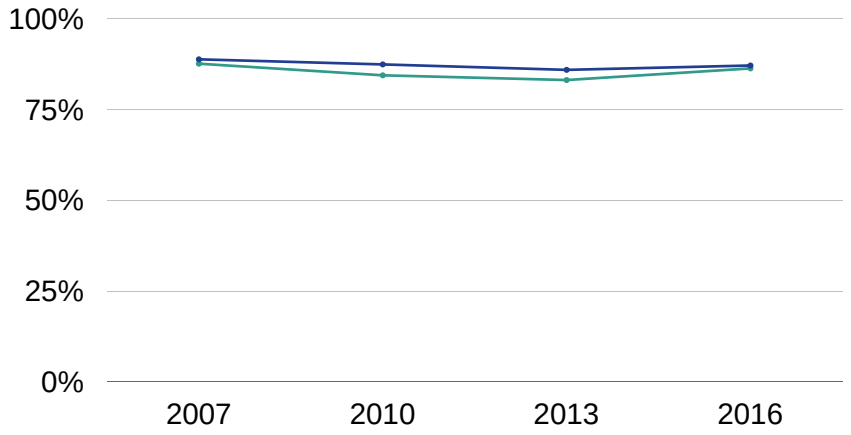
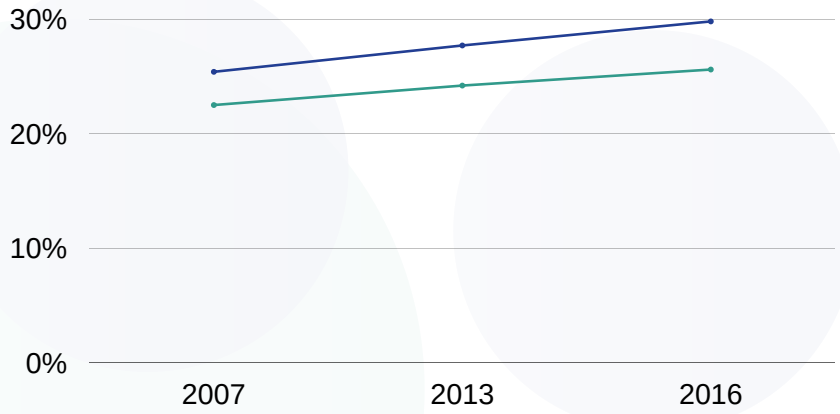



Figure 26: Adults who are sedentary, Overall*
**Charlotte** vs. **Florida**




*Florida Department of Health Division of Public Health Statistics & Performance Management's Community Health Assessment ResourceTool Set (FLHealthCHARTS).

# **Appendix A:** Action Plan

The following action plan has been adapted from the Centers for Disease Control and Prevention (CDC), Division of Violence Prevention's 2019 report, *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence.*

This action plan represents the collective response of Healthy Charlotte partner agencies to addressing Adverse Childhood Experiences in Charlotte County, FL.

Recent data on child abuse and neglect, opioid/substance abuse, and socioeconomic measures, demonstrate the need for our community's targeted efforts to implement system-level change across all sectors of community services. Healthy Charlotte partner agencies have committed themselves to structural change at both the individual and agency-level to ensure that ACEs and their long-term effects are not left unchallenged in any segment of our community.

For more information on any of the programs or agencies highlighted in the this appendix, please contact: HealthyCharlotte@flhealth.gov.

**Preventing ACEs**

| Strategy | Approach |
|---|---|
| **Strengthen economic supports to families** | • Strengthening household financial security<br>• Family-friendly work policies |
| **Promote social norms that protect against violence and adversity** | • Public education campaigns<br>• Legislative approaches to reduce corporal punishment<br>• Bystander approaches<br>• Men and boys as allies in prevention |
| **Ensure a strong start for children** | • Early childhood home visitation<br>• High-quality child care<br>• Preschool enrichment with family engagement |
| **Teach skills** | • Social-emotional learning<br>• Safe dating and healthy relationship skill programs<br>• Parenting skills and family relationship approaches |
| **Connect youth to caring adults and activities** | • Mentoring programs<br>• After-school programs |
| **Intervene to lessen immediate and long-term harms** | • Enhanced primary care<br>• Victim-centered services<br>• Treatment to lessen the harms of ACEs<br>• Treatment to prevent problem behavior and future involvement in violence<br>• Family-centered treatment for substance use disorders |

Source: Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

**2021-2023 Charlotte County Community Health Improvement Plan**

# Action Plan

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

**Strategy 1:** Strengthen economic supports for families by strengthening household financial security and establishing family friendly work policies to reduce ACEs.

| Objective | Baseline | Target Value | Target Completion Date | Responsible Party(ies) | Alignment |
|---|---|---|---|---|---|
| By December 31, 2023, **Charlotte Behavioral Health Care (CBHC)** will conduct annual focus groups with participants of their Family Intensive Training (FIT) group from 0 focus groups in 2020 to ≥3 by December 31, 2023. | 0 | ≥ 3 | 12/31/2023 | Charlotte Behavioral Health Care | |
| By December 31, 2021, **Charlotte County Human Services (CCHS)** and partners, will create one Integrated Client Services Model (ICSM) that serves youth and their families to improve adverse conditions in the home. | 0 | 1 | 12/31/2021 | Charlotte County Human Services | **State**: Priority 1: Goal HE3; Strategy HE3.3, HE3.5 |
| By December 31, 2023, the **Charlotte County Family Services Center (FSC)** will develop one Integrated Client Services Model (ICSM) to streamline access to community services from 0 ICSMs in 2020 to 1 full ICSM by 2023. | 0 | 1 | 12/31/2023 | Family Services Center | **State**: Priority 1: Goal HE3; Strategy HE3.3, HE3.5 |
| By June 30, 2021, **Charlotte County Human Services (CCHS)**, will increase awareness of the Grandparents Raising Grandchildren program through staff education and community outreach at ≥ 2 community meetings from 0 in 2020. | 0 | ≥ 2 | 06/30/2021 | Charlotte County Human Services | **State**: Priority 1: Goal HE2; Strategy HE2.2; Goal HE3; Strategy HE3.1 |
| By December 31, 2021, **Charlotte County Human Services (CCHS)**, will increase participation in the Grandparents Raising Grandchildren program by 100% from 3 in 2020 to 6 in 2021. | 3 | ≥ 6 | 12/31/2021 | Charlotte County Human Services | **State**: Priority 1: Goal HE3; Strategy HE3.1, HE3.3, HE3.5 |

**Strategy 2:** Promote social norms that protect against violence and adversity to reduce ACEs and CAN.

| Objective | Baseline | Target Value | Target Completion Date | Responsible Party(ies) | Alignment | |
|---|---|---|---|---|---|---|
| By September 30, 2023, the **Florida Department of Health in Charlotte County** will increase the number of community programs that use the ACE tools from 0 in 2020 to ≥ 5 by 2023. | 0 | ≥ 5 | 09/30/2023 | Healthy Charlotte<br><br>Florida Department of Health in Charlotte County | **Nat'l**: HP 2030: EMC-D07 | **Strategic Plan Alignment:** Priority 1: Health Equity |
| By December 31, 2022, **Englewood Community Coalition, Inc.** will increase the number of persons in West Charlotte County who have received ACES/Trauma Informed Community training from 16 in 2019 to 64 persons by December 2022. | 16 | ≥ 64 | 12/31/2022 | Englewood Community Coalition | **Nat'l**: HP 2030; HC/HIT-R01<br>**State**: Priority 8: Goal CD1; Strategy CD1.3 | |
| By December 31, 2022, **Englewood Community Coalition, Inc.** will report an overall 2% increase of Middle School age youth in West Charlotte County's perception of the risks of alcohol use, based on an annual CORE survey from 90% in 2019 at L.A. Anger Middle School to 92% by 2022. | 90% | ≥ 92% | 12/31/2022 | Englewood Community Coalition | **Nat'l**: HP 2030: SU-R01<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 | |
| By December 31, 2022, **Englewood Community Coalition, Inc.** will report an overall 2% increase of High School age youth in West Charlotte County's perception of the risks of alcohol use, based on an annual CORE survey from 86% in 2019 at Lemon Bay High School to 88% by 2022. | 86% | ≥ 88% | 12/31/2022 | Englewood Community Coalition | **Nat'l**: HP 2030: SU-R01<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 | |
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will reduce past 30-day cigarette use among Punta Gorda high school students (grades 9-12) by 1% from 9% in 2020 to 8% in 2021, and by 1% annually, thereafter. | 9% | ≤ 8% | 09/30/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030: SU-05<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 | |
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will reduce past 30-day alcohol use among Punta Gorda high school students (grades 9-12) by 2% from 25% in 2020 to 23% in 2021, and by 2% annually, thereafter. | 25% | ≤ 23% | 09/30/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030: SU-04;05<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 | |
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will reduce past 30-day marijuana use among Punta Gorda high school students (grades 9-12) by 2% from 20% in 2020 to 18% in 2021, and by 2% annually, thereafter. | 20% | ≤ 18% | 09/30/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030: SU-06;05<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 | |

| Objective | Baseline | Target Value | Target Completion Date | Responsible Party(ies) | Alignment |
|---|---|---|---|---|---|
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will reduce past 30-day prescription drug abuse among Punta Gorda high school students (grades 9-12) by 1% from 10% in 2020 to 9% in 2021, and by 1% annually, thereafter. | 10% | 9% | 09/30/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030: SU-05<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 |
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will reduce past 30-day e-cigarette or other vapor device use among Punta Gorda high school students (grades 9-12) by 2% from 22% in 2020 to 20% in 2021, and by 2% annually, thereafter. | 22% | 20% | 09/30/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030: SU-05<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 |
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will reduce past 30-day cigarette use among Punta Gorda middle school students (grades 6-8) by 1% from 7% in 2020 to 6% in 2021, and by 1% annually, thereafter. | 7% | 6% | 09/30/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030: SU-05<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 |
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will reduce past 30-day alcohol use among Punta Gorda middle school students (grades 6-8) by 2% from 12% in 2020 to 10% in 2021, and by 2% annually, thereafter. | 12% | 10% | 09/30/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030: SU-04;05<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 |
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will reduce past 30-day marijuana use among Punta Gorda middle school students (grades 6-8) by 2% from 11% in 2020 to 9% in 2021, and by 2% annually, thereafter. | 11% | 9% | 09/30/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030: SU-05;06<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 |
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will reduce past 30-day prescription drug abuse among Punta Gorda middle school students (grades 6-8) by 1% from 9% in 2020 to 8% in 2021, and by 1% annually, thereafter. | 9% | 8% | 09/30/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030: SU-05<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 |
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will reduce past 30-day e-cigarette or other vapor device use among Punta Gorda middle school students (grades 6-8) by 2% from 14% in 2020 to 12% in 2021, and by 2% annually, thereafter. | 14% | 12% | 09/30/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030: SU-05<br>**State**: Priority 4: Goal ISV4; Strategy ISV1.5 Priority 8: Goal CD1; Strategy CD1.3 |

**Strategy 3:** Ensure a strong start for children to reduce ACEs and CAN.

| Objective | Baseline | Target Value | Target Completion Date | Responsible Party(ies) | Alignment |
|---|---|---|---|---|---|
| By September 30, 2022, **Charlotte County Healthy Start Coalition, Inc**, will increase the percent of individuals referred to CONNECT who are reached and who complete the intake and assessment forms from 50% in 2020 to > 50% in 2022. | 50% | > 50% | 09/30/2022 | Charlotte County Healthy Start Coalition | **State**: Priority 2: Goal MCH2; Strategy MCH2.2 |
| By September 30, 2021, **Kids Thrive Collaborative** will increase the percentage of children who are part of the Kids Thrive Collaborative who score within the age-based developmental schedule from 75% in 2019 to > 75% in 2021. | 75% | > 75% | 09/30/2021 | Kids Thrive Collaborative | **State**: Priority 2: Goal MCH2; Strategy MCH1.2; 2.2 |
| By September 30, 2021, **Kids Thrive Collaborative** will increase the percentage of clients attending the Circle of Parents peer support group who show positive movement along at least 5 of the 8 categories of self-sufficiency assessed using the self-sufficiency matrix from 75% in 2019 to > 75% in 2021. | 75% | > 75% | 09/30/2021 | Kids Thrive Collaborative | **State**: Priority 2: Goal MCH2; Strategy MCH1.2 Priority 8: Goal CD1; Strategy CD1.3 |

**Strategy 4:** Provide opportunities to youth and adults that teach skills to build resilience and social emotional learning.

| Objective | Baseline | Target Value | Target Completion Date | Responsible Party(ies) | Alignment | |
|---|---|---|---|---|---|---|
| By July 1, 2021, the **Florida Department of Health in Charlotte County (DOH-Charlotte)** will implement one Community Conversation, from 0 in 2020 to ≥1 in 2021, and biannually, thereafter. | 0 | ≥ 1 | 07/01/2021 | Florida Department of Health in Charlotte County | **Nat'l**: HP 2030: HC/HIT-R01 | **Strategic Plan Alignment:** Priority 1: Health Equity |
| By December 31, 2023, the **Florida Department of Health in Charlotte County (DOH-Charlotte)** will increase the number of Charlotte County residents educated on ACEs science each year from 344 in 2020 to ≥ 644 by 2023. | 344 | ≥ 644 | 12/31/2023 | Florida Department of Health in Charlotte County | **Nat'l**: HP 2030: HC/HIT-R01 **State**: Priority 8: Goal CD1; Strategy CD1.3 | **Strategic Plan Alignment:** Priority 1: Health Equity |
| By June 30, 2023, **Charlotte County Public Schools (CCPS)** will increase the percentage of staff trained on teen mental health and coping strategies from 0% of staff in 2020 to 100% of staff by June 2023. | 0% | 100% | 06/30/2023 | Charlotte County Public Schools | **Nat'l**: HP 2030; HC/HIT-R01 **State**: Priority 6: Goal BH1; Strategy BH1.2 | |
| By July 31, 2021 and annually thereafter, K-8 students of the **Boys & Girls Club of Port Charlotte** will continue to demonstrate knowledge increase on the emotional-social wellness component of the Smart Moves curriculum from 75% in 2020 to ≥85% in 2021. | 75% | ≥ 85% | 07/31/2021 | Boys & Girls Clubs of Port Charlotte | **Nat'l**: HP 2030; EMC-D07 **State**: Priority 8: Goal CD1; Strategy CD1.3 | |
| By June 30, 2021, **Charlotte County Human Services (CCHS)**, will increase the percentage of staff educated on ACEs science from 0% of staff in 2020 to 100% of staff by 2021. | 0% | 100% | 06/30/2021 | Charlotte County Human Services | **State**: Priority 8: Goal CD1; Strategy CD1.3 | |
| By July 31, 2021 and annually thereafter, **Boys & Girls Club of Port Charlotte** students in the Teen Outreach Program will continue to demonstrate knowledge increase on the service-learning component of the Smart Moves curriculum from 75% in 2020 to ≥85% in 2021. | 75% | ≥ 85% | 07/31/2021 | Boys & Girls Clubs of Port Charlotte | **Nat'l**: HP 2030; EMC-D07 | |
| By December 31, 2021, **Charlotte County Family Services Center (FSC)**, will increase the percentage of FSC partners educated on ACEs science from 0% in 2020 to 100% of partners educated on ACEs in 2021. | 0% | 100% | 12/31/2021 | Family Services Center | **State**: Priority 8: Goal CD1; Strategy CD1.3 | |

| Objective | Baseline | Target Value | Target Completion Date | Responsible Party(ies) | Alignment | |
|---|---|---|---|---|---|---|
| By December 31, 2021, the **Florida Department of Health in Charlotte County (DOH-Charlotte)** will increase the number of Trauma-Informed Care trainings offered to staff and community partners from 0 in 2020 to ≥ 1 in 2021 and annually, thereafter. | 0 | ≥ 1 | 12/31/2021 | Florida Department of Health in Charlotte County | **Nat'l**: HP 2030: HC/HIT-R01 | **Strategic Plan Alignment:** Priority 1: Health Equity |
| By September 30, 2022, **Drug Free Charlotte County (DFCC)**, will increase the percentage of teens who complete the LifeSkills Training who demonstrate an improvement in overall knowledge in goal setting, communication, and coping skills from 70% in 2020 to > 70% by 2022. | 70% | > 70% | 09/30/2022 | Drug Free Charlotte County | **Nat'l**: HP 2030; EMC-01; D07 | |
| By December 31, 2021, the **Health Planning Council of Southwest Florida (HPCSWF)**, will increase the percent of staff who are ACEs science educated from < 10% in 2020 to ≥ 100% in 2022. | < 10% | ≥ 100% | 12/31/2022 | Health Planning Council of Southwest Florida | **Nat'l**: HP 2030; HC/HIT-R01<br>**State**: Priority 8: Goal CD1; Strategy CD1.3 | |
| By December 31, 2023, the **Florida Department of Health in Charlotte County (DOH-Charlotte)** will increase the number of public and/or private screenings of ACEs related films in Charlotte County from 4 in 2020 to ≥ 9 by 2023. | 4 | ≥ 9 | 12/31/2023 | Florida Department of Health in Charlotte County | **Nat'l**: HP 2030: HC/HIT-R01 | **Strategic Plan Alignment:** Priority 1: Health Equity |
| By December 21, 2023, **Charlotte County Family Services Center (FSC)**, will increase the percentage of FSC partners who are trauma informed from 0% in 2020 to 100% of partners trauma informed by 2023. | 0% | 100% | 12/31/2023 | Family Services Center | **State**: Priority 8: Goal CD1; Strategy CD1.3 | |
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will increase the Student Impact Team (S.I.T.) middle school participants by 100%, from 5 students in 2020 to 10 in 2021. | 5 | 10 | 09/30/2021 | Drug Free Punta Gorda | | |
| By September 30, 2021, **Drug Free Punta Gorda (DFPG)** will realize 10 middle school and/or high school students recruited, drug-tested and remaining drug-free from 0 in 2020 to 10 in 2021. | 0 | 10 | 09/30/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030: SU-05 | |

**Strategy 5:** Foster the social and emotional competence of Charlotte County residents by connecting youth to caring adults and activities through mentoring and after school programs to reduce ACEs and CAN.

| Objective | Baseline | Target Value | Target Completion Date | Responsible Party(ies) | Alignment |
|---|---|---|---|---|---|
| By July 31, 2021 and annually thereafter, **Boys & Girls Club of Port Charlotte** Girls on the Run student participants will demonstrate curriculum improvement from 75% in 2020 to ≥85% in 2021. | 75% | ≥ 85% | 07/31/2021 | Boys & Girls Clubs of Port Charlotte | **Nat'l**: HP 2030; EMC-D07 |
| By June 30, 2023, **Charlotte County Public Schools (CCPS)** will increase the number of staff trained to assist students effected by trauma from 0 staff members in 2020 to ≥200 trained support staff by June 2023. | 0 | ≥ 200 | 06/30/2023 | Charlotte County Public Schools | **State**: Priority 8: Goal CD1; Strategy CD1.3 |
| By September 29, 2021, **Drug Free Punta Gorda (DFPG)** will increase community collaboration in the coalition by 5% from 47 active members in 2020 to 50 active members by September 29, 2021. | 47 | 50 | 09/29/2021 | Drug Free Punta Gorda | **Nat'l**: HP 2030; SU-R01 |
| By July 31, 2021 and annually thereafter, **Boys & Girls Club of Port Charlotte** Passport to Manhood student participants will demonstrate curriculum improvement from 75% in 2020 to ≥85% in 2021. | 75% | ≥ 85% | 07/31/2021 | Boys & Girls Clubs of Port Charlotte | **Nat'l**: HP 2030; EMC-D07 |

**Strategy 6:** Implement and structure program services that will reduce the immediate and long-term harm of ACEs and CAN.

| Objective | Baseline | Target Value | Target Completion Date | Responsible Party(ies) | Alignment |
|---|---|---|---|---|---|
| By June 30, 2023, **Charlotte County Public Schools (CCPS)** will increase the number of teachers trained on "Creating a Trauma Sensitive Classroom" from 0 teachers trained in 2020 to ≥ 200 teachers trained by June 2023. | 0 | ≥ 200 | 06/30/2023 | Charlotte County Public Schools | **Nat'l**: HP 2030; HC/HIT-R01 |
| By June 30, 2021, **Charlotte County Human Services (CCHS)**, will cross train all members of the case management team on proper assessment and delivery of self-sufficiency and housing stability programs from 0% trained in 2019 to 100% trained by June 2021. | 0% | 100% | 06/30/2021 | Charlotte County Human Services | |
| By December 31, 2021, **Charlotte County Human Services (CCHS)**, will expand the Coordinated Entry program from 0 homelessness prevention service in 2020 to 1 in 2021. | 0 | 1 | 12/31/2021 | Charlotte County Human Services | |
| By December 31, 2021, **Charlotte County Human Services (CCHS)**, will increase the percentage of staff who are trauma sensitive and responsive from 0% of staff in 2020 to 100% of staff by 2021. | 0% | 100% | 12/31/2021 | Charlotte County Human Services | |
| By December 31, 2023, **Charlotte County Human Services (CCHS)**, will become a trauma-informed agency. | 0 | 1 | 12/31/2023 | Charlotte County Human Services | |

**Appendix B:** Healthy Charlotte: Our Community. Our Commitment.

## ACE EDUCATION

1. By December 31, 2025, the **Department of Health in Charlotte County** will increase the number of Charlotte County residents educated on ACEs science by 0.3% each year from 324 in 2020 to 1,200 by 2025.

2. By December 31, 2025, the **Department of Health in Charlotte County** will increase the number of public and/or private screenings of ACEs related films in Charlotte County from 4 in 2020 to 4 in 2021 and 6 screenings each year, thereafter.

3. By July 1, 2021, the **Department of Health in Charlotte County** will implement "Community Conversations" focused on ACEs-related and trauma informed care topics.

4. By December 31, 2022, **Healthy Charlotte** will increase the number of ACEs campaign tools from 2 in 2020 to 5 in 2022.

## WELLNESS CAMPAIGN

5. By October 31, 2022, the **Department of Health in Charlotte County** will initiate wellness campaign activities for trauma service providers from 0 wellness campaigns in 2020 to ≥1 by 2022.

## FAMILY SERVICES CENTER

1. By December 31, 2023, the Charlotte County Family Services Center (FSC) will develop one Integrated Client Services Model (ICSM) to streamline access to community services from 0 ICSMs in 2020 to 1 full ICSM by 2023.

2. By December 31, 2021, Charlotte County Family Services Center (FSC), will increase the percentage of FSC partners educated on ACEs science from 0% in 2020 to 100% of partners educated on ACEs in 2021.

3. By December 21, 2023, Charlotte County Family Services Center (FSC), will increase the percentage of FSC partners who are trauma informed from 0% in 2020 to 100% of partners trauma informed by 2023.

## TEEN MENTAL HEALTH

1.By June 30, 2023, **Charlotte County Public Schools (CCPS)** will increase the percentage of staff trained on teen mental health and coping strategies from 0% of staff in 2020 to 100% of staff by June 2023.

## STAFF TRAUMA TRAINING

2. By June 30, 2023, **Charlotte County Public Schools (CCPS)** will increase the number of staff trained to assist students effected by trauma from 0 staff members in 2020 to ≥200 trained support staff by June 2023.

## TRAUMA SENSITIVE CLASSROOMS

3. By June 30, 2023, **Charlotte County Public Schools (CCPS)** will increase the number of teachers trained on "Creating a Trauma Sensitive Classroom" from 0 staff trained in 2020 to ≥200 teachers trained by June 2023.

## ACE EDUCATION

1. By June 30, 2021, Charlotte County Human Services (CCHS), will increase the percentage of staff educated on ACEs science from 0% of staff in 2020 to 100% of staff by 2021.

## TRAUMA INFORMED CARE

2. By December 31, 2021, Charlotte County Human Services (CCHS), will increase the percentage of staff who are trauma sensitive and responsive from 0% of staff in 2020 to 100% of staff by 2021.

3. By December 31, 2023, Charlotte County Human Services (CCHS), will become a trauma-informed agency.

4. By June 30, 2021, Charlotte County Human Services (CCHS), will cross train all members of the case management team on proper assessment and delivery of self-sufficiency and housing stability programs from 0% trained in 2019 to 100% trained by June 2021.

5. By December 31, 2021, Charlotte County Human Services (CCHS), will expand the Coordinated Entry program from 0 homelessness prevention service in 2020 to 1 in 2021.

## INTEGRATED CLIENT SERVICES MODEL

6. By December 31, 2021, Charlotte County Human Services (CCHS) and partners, will create one Integrated Client Services Model (ICSM) that serves youth and their families to improve adverse conditions in the home.

## GRANDPARENTS RAISING GRANDCHILDREN

7. By June 30, 2021, Charlotte County Human Services (CCHS), will increase awareness of the Grandparents Raising Grandchildren program through staff education and community outreach at ≥ 2 community meetings from 0 in 2020.

8. By December 31, 2021, Charlotte County Human Services (CCHS), will increase participation in the Grandparents Raising Grandchildren program by 100% from 3 in 2020 to 6 in 2021.

9. By December 21, 2023, Charlotte County Family Services Center (FSC), will increase the percentage of FSC partners who are trauma informed from 0% in 2020 to 100% of partners trauma informed by 2023.

BOYS & GIRLS CLUBS
OF CHARLOTTE COUNTY

## SMART MOVES

1. By July 31, 2021 and annually thereafter, K-8 students of the **Boys & Girls Club of Port Charlotte** will continue to demonstrate knowledge increase on the emotional-social wellness component of the Smart Moves curriculum from 75% in 2020 to ≥85% in 2021.

## TEEN OUTREACH PROGRAM

2. By July 31, 2021 and annually thereafter, **Boys & Girls Club of Port Charlotte** students in the *Teen Outreach Program* will continue to demonstrate knowledge increase on the service-learning component of the Smart Moves curriculum from 75% in 2020 to ≥85% in 2021.

## GIRLS ON THE RUN

3. By July 31, 2021 and annually thereafter, **Boys & Girls Club of Port Charlotte** *Girls on the Run* student participants will demonstrate curriculum improvement from 75% in 2020 to ≥85% in 2021.

## PASSPORT TO MANHOOD

4. By July 31, 2021 and annually thereafter, **Boys & Girls Club of Port Charlotte** *Passport to Manhood* student participants will demonstrate curriculum improvement from 75% in 2020 to ≥85% in 2021.

# FIT FOCUS GROUPS

1. By December 31, 2023, **Charlotte Behavioral Health Care (CBHC)** will conduct annual focus groups with participants of their Family Intensive Training (FIT) group from 0 focus groups in 2020 to ≥3 by December 31, 2023.

# LIFESKILLS TRAINING

1. By September 30, 2022, **Drug Free Charlotte County (DFCC)**, will increase the percentage of teens who complete the LifeSkills Training who demonstrate an improvement in overall knowledge in goal setting, communication, and coping skills from 70% in 2020 to ≥70% by 2022.

## COMMUNITY COLLABORATION

1.By September 29, 2021, Drug Free Punta Gorda (DFPG) will increase community collaboration in the coalition by 5% from 47 active members in 2020 to 50 active members in 2021.

## STUDENT IMPACT TEAMS

2. By September 30, 2021, Drug Free Punta Gorda (DFPG) will increase the Student Impact Team (S.I.T.) middle school participants by 100%, from five (5) students to ten (10) participants.

## DRUG FREE YOUTH

3.By September 30, 2021, Drug Free Punta Gorda (DFPG) will realize 10 middle school and/or high school students recruited, drug-tested and remaining drug-free from 0 in 2020 to 10 in 2021.

## YOUTH SUBSTANCE USE

### Middle School:

4. By September 30, 2021, Drug Free Punta Gorda (DFPG) will reduce past 30-day cigarette use among Punta Gorda middle school students (grades 6-8) by 1% from 7% in 2020 to 6% in 2021, and by 1% annually, thereafter.

5. By September 30, 2021, Drug Free Punta Gorda (DFPG) will reduce past 30-day alcohol use among Punta Gorda middle school students (grades 6-8) by 2% from 12% in 2020 to 10% in 2021, and by 2% annually, thereafter.

6. By September 30, 2021, Drug Free Punta Gorda (DFPG) will reduce past 30-day marijuana use among Punta Gorda middle school students (grades 6-8) by 2% from 11% in 2020 to 9% in 2021, and by 2% annually, thereafter.

7. By September 30, 2021, Drug Free Punta Gorda (DFPG) will reduce past 30-day prescription drug abuse among Punta Gorda middle school students (grades 6-8) by 1% from 9% in 2020 to 8% in 2021, and by 1% annually, thereafter.

8. By September 30, 2021, Drug Free Punta Gorda (DFPG) will reduce past 30-day e-cigarette or other vapor device use among Punta Gorda middle school students (grades 6-8) by 2% from 14% in 2020 to 12% in 2021, and by 2% annually, thereafter.

## YOUTH SUBSTANCE USE

### High School:

9. By September 30, 2021, Drug Free Punta Gorda (DFPG) will reduce past 30-day cigarette use among Punta Gorda high school students (grades 9-12) by 1% from 9% in 2020 to 8% in 2021, and by 1% annually, thereafter.

10. By September 30, 2021, Drug Free Punta Gorda (DFPG) will reduce past 30-day alcohol use among Punta Gorda high school students (grades 9-12) by 2% from 25% in 2020 to 23% in 2021, and by 2% annually, thereafter.

11. By September 30, 2021, Drug Free Punta Gorda (DFPG) will reduce past 30-day marijuana use among Punta Gorda high school students (grades 9-12) by 2% from 20% in 2020 to 18% in 2021, and by 2% annually, thereafter.

12. By September 30, 2021, Drug Free Punta Gorda (DFPG) will reduce past 30-day prescription drug abuse among Punta Gorda high school students (grades 9-12) by 1% from 10% in 2020 to 9% in 2021, and by 1% annually, thereafter.

13. By September 30, 2021, Drug Free Punta Gorda (DFPG) will reduce past 30-day e-cigarette or other vapor device use among Punta Gorda high school students (grades 9-12) by 2% from 22% in 2020 to 20% in 2021, and by 2% annually, thereafter.

ENGLEWOOD COMMUNITY COALITION

## ACES/TRAUMA INFORMED COMMUNITY TRAINING

1. By December 31, 2022, Englewood Community Coalition, Inc. will increase the number of persons in West Charlotte County who have received ACES/Trauma Informed Community training from 16 in 2019 to 64 persons by December 2022.

## CORE SURVEY

2. By December 31, 2022, Englewood Community Coalition, Inc. will report an overall 2% increase of Middle School age youth in West Charlotte County's perception of the risks of alcohol use, based on an annual CORE survey from 90% in 2019 at L.A. Anger Middle School to 92% by 2022.

3. By December 31, 2022, Englewood Community Coalition, Inc. will report an overall 2% increase of High School age youth in West Charlotte County's perception of the risks of alcohol use, based on an annual CORE survey from 86% in 2019 at Lemon Bay High School to 88% by 2022.

Charlotte County

HEALTHY START

## CONNECT

1. By September 30, 2022, Charlotte County Healthy Start Coalition, Inc, will increase the percent of individuals referred to CONNECT who are reached and who complete the intake and assessment forms from 50% in 2020 to > 50% in 2022.

# AGE-BASED DEVELOPMENTAL SCREENINGS

1. By September 30, 2021, Kids Thrive Collaborative will increase the percentage of children who are part of the Kids Thrive Collaborative who score within the age-based developmental schedule from 75% in 2019 to > 75% in 2021.

2. By September 30, 2021, Kids Thrive Collaborative will increase the percentage of clients attending the Circle of Parents peer support group who show positive movement along at least 5 of the 8 categories of self-sufficiency assessed using the self-sufficiency matrix from 75% in 2019 to > 75% in 2021.

# Appendix C: Scorecard

## Charlotte County CHIP Scorecard

Healthy CHARLOTTE
OUR COMMUNITY. OUR COMMITMENT.

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

Indicator

| Strategy | Objective | Target | Target Completion | 2021 1QTR | 2QTR | 3QTR | 4QTR |
|---|---|---|---|---|---|---|---|
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# Appendix D: CHIP Revisions

*The following table and subsequent legend are taken from the *CHIP Annual Progress Report Template* produced and made available by the Florida Department of Health, Division of Public Health Statistics & Performance Management through Florida Health Performs.

| 2021 Performance | | | | | | | |
|---|---|---|---|---|---|---|---|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend[1] | Status[1] |
| Objective number | Objective language | Objective baseline | Objective performance in 2019 | Objective target value | Objective target date | Data trend symbol | Objective status |
| **2021 Revisions** | | | | | | | |
| Revised objective number | Revised objective language | Revised objective baseline | | Revised objective target value | Revised objective target date | | |
| **Rationale** | | | | | | | |
| Rationale for revisions or deletions | | | | | | | |

# Trend and Status Descriptions

***Trend Descriptions**:

- ▲ = Data trend is upward and in the desired direction for progress
- ▼ = Data trend is downward and in the desired direction for progress
- ▲ = Data trend is upward and in the undesired direction for progress
- ▼ = Data trend is downward and in the undesired direction for progress

| In the Trend and Status columns, please copy and paste the following symbols: | Trend Descriptions: | Status Descriptions: |
|---|---|---|
| | ▲ | On Track |
| | ▼ | Not on Track |
| | ▲ | Decision Required |
| | ▼ | Completed |
| | | Not Completed |

****Status Descriptions**:

- **On Track** = Objective progress is exceeding expectations or is performing as expected at this point in time
- **Not on Track** = Objective progress is below expectations at this point in time
- **Decision Required** = Objective is at risk of not completing/meeting goal. Management decision is required on mitigation/next steps.
- **Completed** = Objective has been completed or has been met and the target date has passed
- **Not Completed** = Objective has not been completed or has not been met and the target date has passed