

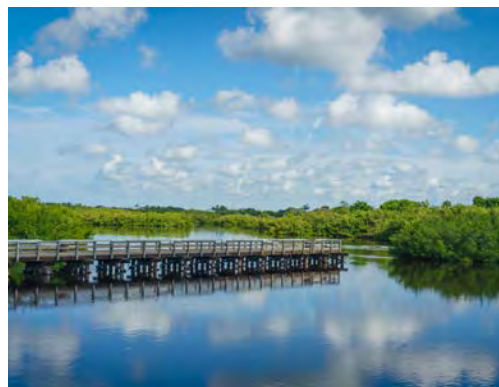
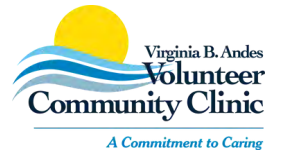


COMMUNITY HEALTH AND NEEDS ASSESSMENT

July 2025 – June 2029



Thank you to our steering committee:





6	Acknowledgements
7	Letter to the Community
8	Timeline
10	Vision
11	Introduction
11	A Healthy Community
12	A Collaborative Community
13	Overview of MAPP 2.0 Framework
13	Phase 1: Build the Community Health Improvement Foundation
13	Phase 2: Tell the Community Story through the Assessments
14	Phase 3: Continuously Improve the Community
15	The Three Assessments
15	Community Partner Assessment
17	Community Status Assessment
17	Community Context Assessment
27	Data Analysis
27	Prioritization
31	Community Profile
31	Demographics
32	Economic Challenges
32	Employment and Workforce
32	Housing and Food Insecurity
32	Education and School System
33	Aging
33	Chronic Diseases and Conditions
34	Health Care
35	Injury, Safety, and Violence
36	Behavioral, Social and Emotional Health/Trauma
37	Child Abuse
37	Housing and Homelessness
37	Transmissible and Emerging Diseases
38	Environment
39	Transportation
39	Conclusion
41	Data Sheets

The work required to produce this report could have only been accomplished with the help of community partners and a dedicated group of the following key leaders and supporters:

CORE GROUP

- Joseph D. Pepe, Ed. D., MSA, Health Officer, Florida Department of Health in Charlotte County
- Meranda Pitt, Director of Community Health Planning, Promotion, and Communication, Florida Department of Health in Charlotte County
- Gabriel Fuster, Community Planner, Florida Department of Health in Charlotte County
- Mjay Saunders, Community Planner, Florida Department of Health in Charlotte County
- Carrie Walsh, Director, Charlotte County Human Services Department
- Colleen Turner, Senior Manager, Charlotte County Human Services Department
- Sarah Gualco, Director of Programs and Planning, Area Agency for Aging of Southwest Florida
- Stephanie Kerns, Charlotte Behavioral Health Care
- Mike Norton, Charlotte County Community Services
- Laurie Kimball, Grants Analyst, Charlotte County Human Services Department
- William Thompson, Aging and Adult Services Manager, Charlotte County Human Services Department
- Tara Blackson, Family Stability Supervisor, Charlotte County Human Services Department
- Diane Ramseyer, Executive Director, Drug Free Charlotte County
- Kay Tvaroch, Executive Director, Englewood Community Coalition
- Elena Tomlins, Community Health Nursing Director, Florida Department of Health in Charlotte County
- Angela Hogan, CEO, Gulf Coast Partnership
- Brian Hemmert, CEO, Health Planning Council of Southwest Florida
- Molly Toure, Executive Director, Charlotte County Healthy Start Coalition
- Angie Matthiessen, CEO, United Way Charlotte County
- Suzanne Roberts, CEO, Virginia B. Andes Volunteer Community Clinic

To meet Public Health Accreditation Board (PHAB) Domain 1, Standard 1.1, the Health Department must provide documentation of the collaborative process to identify and collect data and information, identify health issues, and identify existing assets and resources to address health issues. The model utilized for this assessment is the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0, NACCHO's framework for community health improvement.

To comply with the federal Community Service Block Grant (CSBG) Act, Public Law 105-285, 42 U.S.C. 9908 (a) (11), Charlotte County Human Services (a CSBG eligible entity) is required to complete a Community Needs Assessment every three years as a condition of funding. This Community Health and Needs Assessment meets that requirement and will inform the work of the Human Services Department and its Community Action Agency Advisory Board (CAAAB) to ensure the most effective alignment of the CSBG and other local, state, and federal resources.

Dear Community Members,

We are proud to present the Charlotte County 2025 Community Health and Needs Assessment (CHNA). This analysis covers the communities of Punta Gorda, Port Charlotte, and Englewood, Florida, and is the result of a multi-agency collaboration dedicated to improving the health and well-being of our community, known as Healthy Charlotte.

Every five years, we conduct a CHNA, which serves as the foundation for developing a three to five year Community Health Improvement Plan (CHIP). The purpose of this assessment is to provide a thorough analysis of data related to the health, economic, social, environmental, behavioral, and educational factors that impact the well-being of our community. For the 2025 CHNA, Healthy Charlotte partners have worked together to create a more robust and comprehensive report that better reflects the needs and challenges facing our community today.

Since the 2020 CHNA, Charlotte County has faced significant hardships, but these events have shown the resilience of our community. Together, we have supported one another, rebuilt homes, restored businesses, and found strength in the face of adversity. This spirit of unity and determination has been essential in overcoming these challenges, and it continues to guide our efforts as we move forward.

The resources available to a community should be regularly evaluated to ensure that they are meeting the changing needs of its members. This report provides a detailed assessment of the health, needs, and well-being of Charlotte County, including community assets and feedback from residents on quality of life. The process was a community-wide effort, involving input from government agencies, community organizations, businesses, and residents. We are grateful for all who played a part to provide data, participate in focus groups and surveys, attend meetings, and review the final product.

The information within this report is designed to serve as a valuable resource for local policymakers, public health leaders, and organizations serving Charlotte County. It will help guide decision-making, shape targeted interventions, and ensure the proper distribution of community resources.

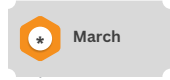
Thank You

2024



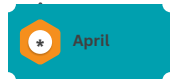
February 22, 2024 Healthy Charlotte Core Group Planning Meeting

The first Core Group meeting at the Family Services Center in Charlotte County. Topics included a redefined vision and the creation of subcommittees such as the data taskforce. Distributed the community partners assessment.



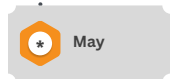
Stakeholder Engagement

Engage Healthy Charlotte stakeholders for subcommittee group participation (e.g. faith leaders).



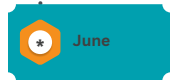
Core Group Planning and Preparation

Gather steering committee data for review. Discuss upcoming community survey questions. Conducted mentimeter word clouds for redefined vision statement.



May 27, 2024 Healthy Charlotte Chair/DOH- Charlotte Facilitators planning meeting

Analyzed Community Partners Assessment Data. Executive decision was made to resend survey for additional responses and request for steering committee survey and vision statement input.



June 4, 2024 Healthy Charlotte Core Group Ad Hoc Meeting

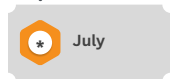
Review and revise the community survey question. Finalized draft vision statement.

June 27, 2024 Healthy Charlotte Core Group Meeting

Reviewed vision statement, community survey questions, outside data/reports. Presented finalized community survey flyer and focus group flyer for approval.

June 27, 2024 Healthy Charlotte Stakeholders Meeting

Presented final vision statement, survey questions, marketing material, and timeline for the assessment process.



July 10, 2024 Launch Community Survey and Focus Group Schedule

Launched the community survey which was marketed through a variety of social media platforms, news media, and within the community at local recreational centers, laundromats, food pantries, and events. Began establishing, marketing, recruitment, and presentation of focus groups.



August 15, 2025 Ad Hoc Core Group Meeting

An ad hoc core group meeting was held in person at the Family Services Center and via Microsoft Teams. A decision was made to extend the community survey through the end of September due to low participation. Additional marketing strategies were discussed.



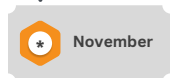
September 26, 2024 Ad Hoc Steering Committee Meeting

An Ad Hoc Core Group meeting had been scheduled to review current status and identify top priorities. This meeting was rescheduled due to hurricanes Helene and Milton. Due to low participation, the community survey had been extended through October 4.



October 17, 2024 Data Taskforce Meeting

Review data from the partner assessment, community survey, focus groups, and data from relevant community reports. Create data sheets for Healthy Charlotte Prioritization meeting.



November 21, 2024 Healthy Charlotte Prioritization Meeting

The final community prioritization meeting was conducted. Community members and agency representatives prioritized the top five strategic issues.



Finalizing Documents

Begin creation of the CHNA and Executive Summary

2025



January 23, 2025 Community Action Agency Advisory Board

Presented final executive summary to the Community Action Agency Advisory Board partners. Discussed finalizing the assessment and reviewed the timeline for the Health Improvement Plan.



January 24, 2025 Healthy Charlotte Steering Committee/Stakeholders Meeting

Presented final executive summary to the Stakeholders. Discussed finalizing the assessment and reviewed the timeline for the health improvement plan.

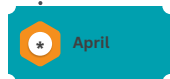


February 11, 2025 Community Champions Leadership Breakfast

The Executive Summary and the most important findings of the full CHNA were unveiled to the community at the Community Champions Leadership Breakfast.

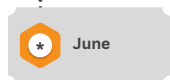
March 20, 2025 Healthy Charlotte Steering Committee Meeting

The Healthy Charlotte Steering Committee will meet March 20, 2025, to establish a schedule for future steering committee meetings, review the CHNA Final Document Draft and continue our discussion on the new CHIP.



Planning/schedule for CHIP

The Healthy Charlotte Steering Committee will discuss the upcoming CHIP, establish a taskforce, and create a schedule for meetings and tasks.



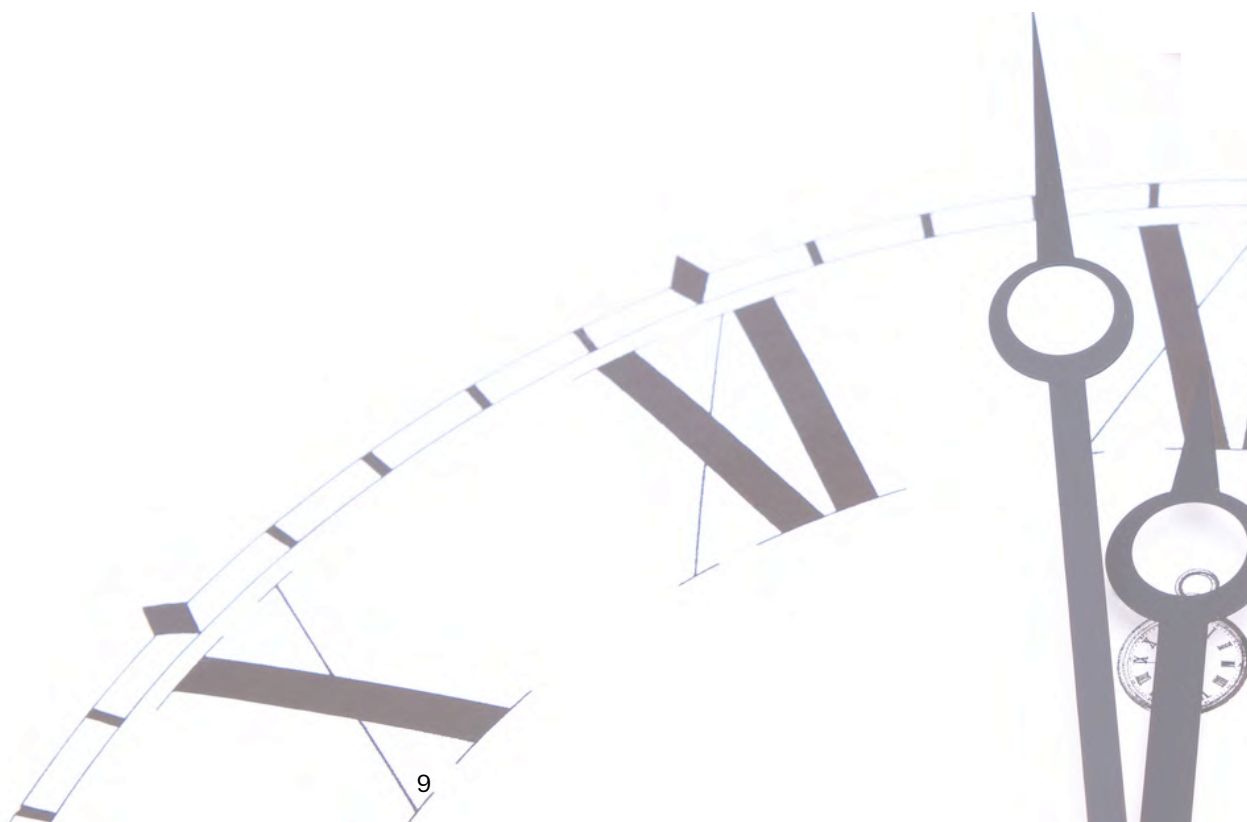
Distribution of Printed CHNA

The finalized CHNA document will be printed and distributed to participating partners. A digital version of the document will be provided to all Healthy Charlotte partners and Family Services Center partners, presented on the DOH-Charlotte website, and made available to all partners and the community.



Healthy Charlotte Steering Committee/Stakeholders Meeting

During this meeting on July 9, 2025, we will highlight key findings from the 2025 CHNA, discuss the successful close-out of the 2020 CHIP, and outline our next steps as we begin work on the new 2025 CHIP.



VISION

Through collaboration
and integrated services,
**Charlotte County will be
an active and thriving
community** prioritizing
compassion and
resilience.



Introduction

The 2025 Community Health Needs Assessment (CHNA) marks a significant milestone in our collective effort to improve the health and well-being of Charlotte County. This assessment was conducted as part of Healthy Charlotte, a collaborative initiative that brings together various organizations, agencies, and stakeholders, all working toward a common goal: fostering a healthier, stronger community. For this assessment, we adopted the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework, a community-driven strategic planning process that helps communities assess public health needs, prioritize health issues, and develop strategies to improve health outcomes.

“At the heart of this effort is a commitment to public health. Charles-Edward Amory Winslow, a pioneer in the field, defined public health as “the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.”

Public health involves the prevention of disease, the promotion of health, and the creation of environments that support healthy living. Assessing the health of a community is vital because it provides a clear picture of the health challenges faced, as well as the strengths and resources that can be built upon. This assessment allows us to identify the needs of the population, prioritize health issues, and develop strategies that will have a lasting positive impact on the community.

Healthy Community

A healthy community is critical not only for the well-being of its individuals but also for the broader economic prosperity of the region. Healthy individuals are more productive, contribute to a stronger workforce, and reduce the burden on health care systems. The economic benefits of fostering a healthier community are clear: reduced health care costs, increased productivity, and a better quality of life for all residents.

A healthy community is more than just the absence of illness; it represents a dynamic state of well-being where individuals, families, and neighborhoods thrive.

Health is not only shaped by individual behaviors but also by the environments in which people live, work, and play. Building a healthy community involves addressing these factors, ensuring that the physical, social, and economic conditions support the well-being of its residents.

In a healthy community, there is a strong focus on prevention, education, and accessible resources that empower individuals to make informed decisions about their health. Public health programs play a central role in promoting healthy behaviors, encouraging regular health screenings, and providing education on topics such as nutrition, exercise, mental health, and substance use.

Equally important is the creation of environments that support healthy living. This includes ensuring access to safe places for physical activity, clean air and water, affordable housing, and health care services that are accessible to all members of the community.

Additionally, a healthy community encourages mental and emotional well-being by offering support networks, community engagement, and services that promote social connection. When people feel supported and connected, they are more likely to maintain healthy behaviors and contribute to the well-being of others.

In terms of economic impact, a healthy community is linked to lower health care costs and greater productivity. Healthy individuals are able to work more effectively, contribute to a thriving economy, and require fewer health care interventions. This creates a cycle of positive outcomes where a healthier population leads to a stronger workforce, reduced absenteeism, and lower health care expenditures. When we invest in the health of individuals, we are investing in the long-term success and sustainability of the community.

By reducing risk factors, such as smoking, poor diet, and lack of exercise, the community becomes better equipped to prevent chronic diseases and improve overall quality of life.



Collaborative Community

This CHNA is the result of ongoing collaboration among a variety of organizations within Charlotte County, all working together to address the health and needs of the community. In line with our commitment to enhancing collaboration, Healthy Charlotte is proud to highlight the progress made since the 2020 CHNA.

One of the most significant developments is the creation of the Family Services Center (FSC) — a single location where multiple community organizations now have offices, making it easier for residents to access a wide range of services. FSC is a collaboration among government and non-profit agencies working together to provide an integrated client service delivery system. Agencies at the center offer health and human services to Charlotte County individuals and families. This centralized hub represents a new model of collaboration, enhancing effectiveness and accessibility in helping people live healthier lives.

One of the members of Healthy Charlotte and Core Group, Charlotte County Human Services, is also required to perform a needs assessment periodically. Their assessment was originally due every three years; however, Human Services and DOH-Charlotte have synchronized their assessments every five years. The findings of this CHNA also serve as the foundation for Human Services' own needs assessment, aligning both agencies' goals and objectives to further improve the community's health.

It's important to recognize that this CHNA is a living document, one that will evolve as the community grows and its health needs change. The insights gained from this assessment will guide the development of a comprehensive Community Health Improvement Plan (CHIP), aimed at creating a healthier community for all. By continuing to monitor and update this document, our strategies remain relevant and responsive to the needs of every resident.

Together, through partnership and collaboration, significant steps are being taken toward achieving better health outcomes for Charlotte County. The 2025 CHNA is a testament to the power of working together for the greater good, and a crucial tool in the journey to a healthier future.

OVERVIEW OF MAPP 2.0 FRAMEWORK

MAPP 2.0, updated by the National Association of County and City Health Officials (NACCHO), streamlines the original MAPP framework into three distinct phases. This updated model places a greater emphasis on community engagement, data-driven assessments, and addressing broader social factors that influence health, ensuring that improvement efforts are effective and sustainable.

For the 2025 CHNA, the three phases of MAPP 2.0 process were utilized:

Phase 1: Build the Community Health Improvement (CHI) Foundation

The first phase of the MAPP process sets the foundation for CHI by focusing on building strategic relationships and aligning partners. It involves conducting a stakeholder analysis to identify key players and understand their influence, ensuring that all relevant voices are included. This phase works to cultivate a shared mission and vision for the initiative, creating a common understanding of how MAPP can be used to improve quality of life and drive collective action for CHI.

Phase 2: Tell the Community Story

This phase results in a comprehensive, accurate, and timely community assessment of health and wellbeing based upon findings from three assessment tools. It maintains the need for data and information from several perspectives, including qualitative and quantitative, with a greater emphasis on understanding the elements that impact health. The Forces of Change assessment from MAPP 1.0 has been integrated across all three MAPP 2.0 assessments

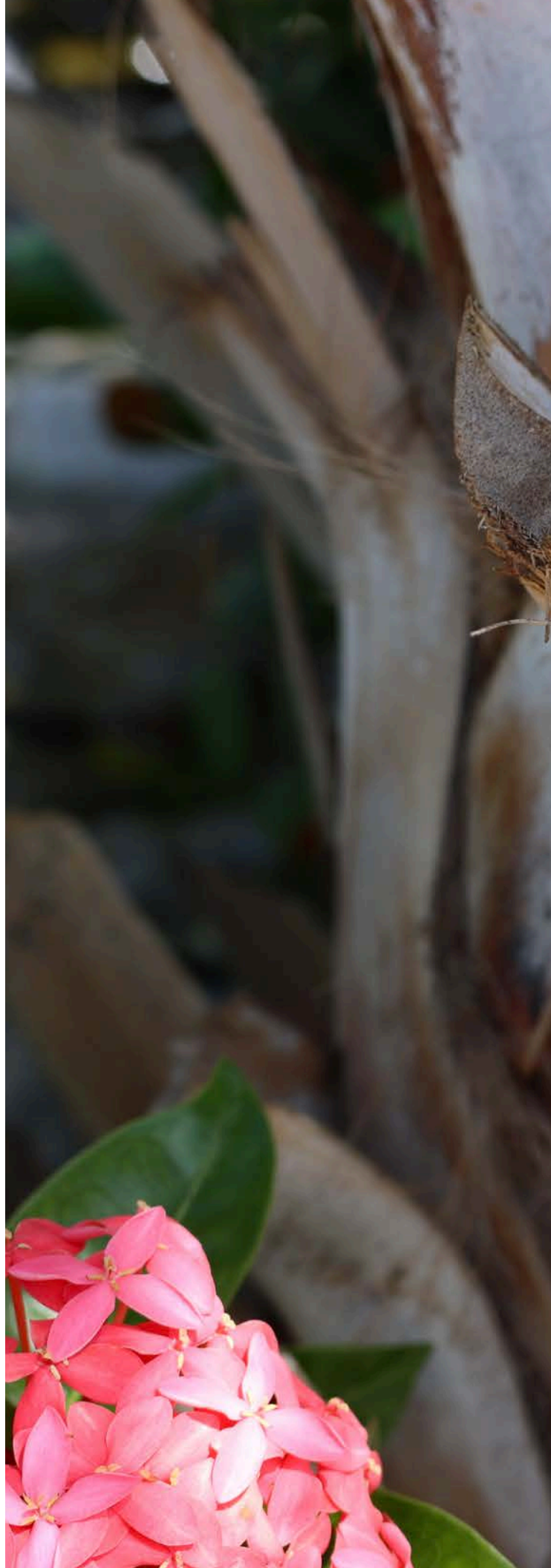
Throughout this phase, a comprehensive community assessment was conducted using three key tools:

Community Partners Assessment (CPA)

An assessment process that allows all the community partners involved in MAPP to critically look at their own individual systems, processes, and capacities, and their collective capacity as a network/across all partners to address health and wellness in the community.

Community Status Assessment (CSA)

A quantitative analysis that assessed the current state of community health, this tool helped to understand not only health behaviors and outcomes but also the social factors that impact these outcomes.



Community Context Assessment (CCA)

A qualitative tool that gathered insights from individuals and communities most impacted by social systems. This assessment highlighted the challenges within those systems and identified opportunities for improvement.

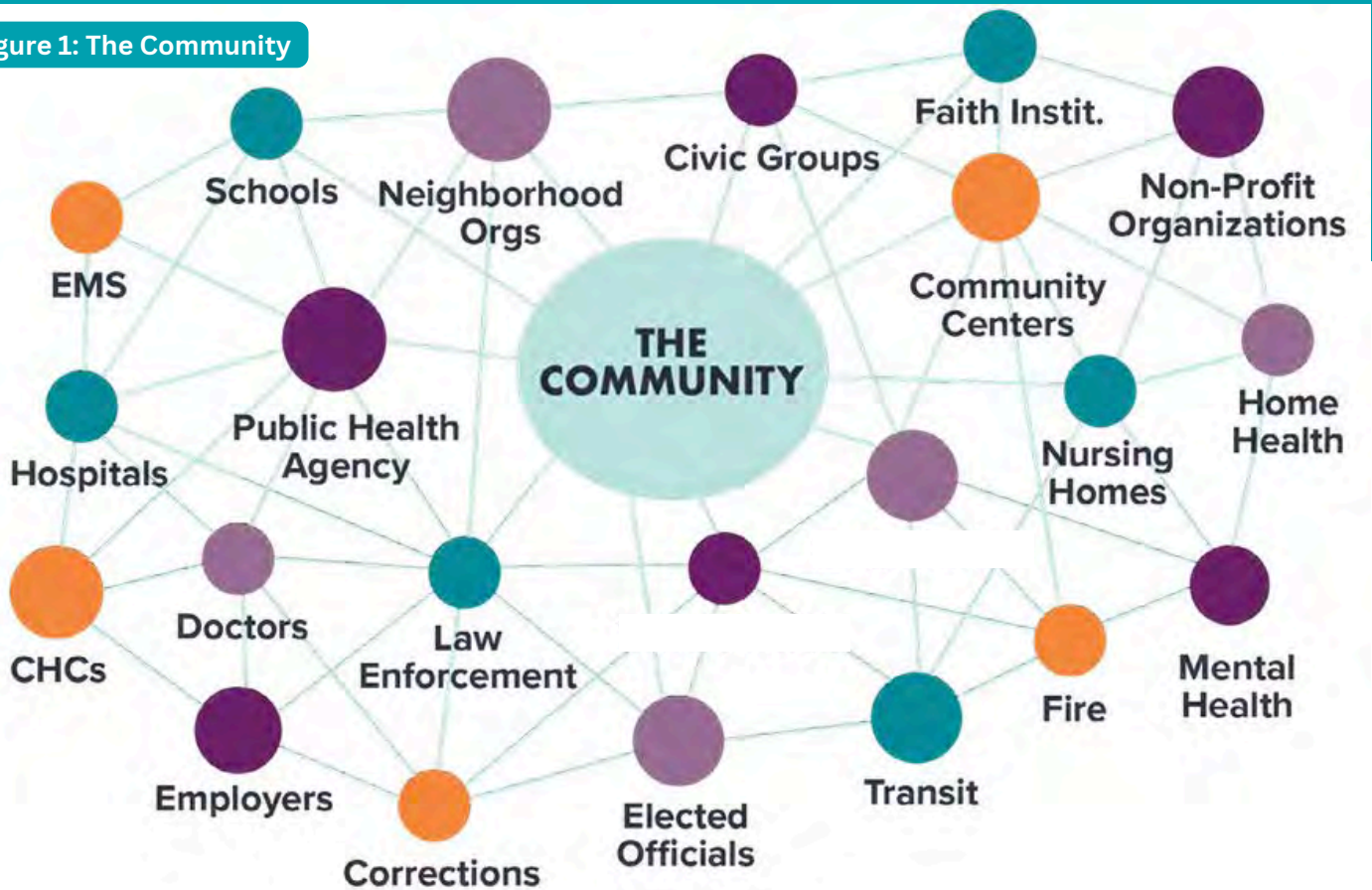
Phase 3: Continuously Improve the Community

This phase includes steps to address the social and economic barriers affecting health through transformational strategies. It encourages strategic partnerships for sustained action, through partner profiles that best position partners to address health and wellness concerns as they relate to each CHIP goal. This phase also employs methods of continuous quality improvement and rapid cycle improvement to promote sustained, data-driven action which allows for building an evidence base through small-scale improvements on existing strategies and small-scale testing on new, innovative strategies for health improvement efforts.

This phase will begin with the development of the 2025 CHIP. In Phase 3, the focus will be on implementing strategies that address the broader social factors affecting health and improve outcomes for residents. Through strategic partnerships and continuous quality improvement, efforts will be refined to ensure long-term, meaningful progress in addressing the community's health needs.

Through the MAPP 2.0 process, a deeper understanding of the health needs and challenges in Charlotte County was gained. Moving forward into Phase three with the CHIP, Healthy Charlotte will be committed to working with community partners to make meaningful changes that will enhance the well-being of all residents.

Figure 1: The Community



THREE ASSESSMENTS

As part of Phase 2 of the MAPP 2.0 process, three key assessments were conducted to help gather comprehensive, primary data: the CPA, CSA, and CCA. These assessments have provided both quantitative and qualitative insights, allowing the development of a clear picture of the current health and well-being of Charlotte County and the factors that influence it.

Community Partners Assessment

Thanks to the strong foundation laid by the collaborative efforts of Healthy Charlotte during the 2020 CHNA, the coalition was able to build upon an established network of partners and stakeholders who had already been actively engaged in working towards the 2020 CHIP objectives. This ongoing involvement fostered a sense of continuity and commitment, as these partners were eager to begin the process for the new CHNA in 2024. In light of this, the 2024 CHNA process began by bringing partners together to conduct the CPA.

The CPA officially launched in February 2024 during the Healthy Charlotte Core Group planning meeting, setting the stage for another year of impactful collaboration and data-driven health improvements.

The CPA involved evaluating the strengths and capacities of local organizations and community partners that play a role in addressing public health needs. Through this assessment, we gained valuable insights into how well the various community systems and organizations are working together to improve health outcomes and what additional resources or collaborations may be needed.

In the CPA, the capacity of both individual systems, and the collective capacity of the partnerships formed through Healthy Charlotte to meet the health needs identified by the CSA and CCA was evaluated. This assessment has provided a clearer picture of the resources available within the community, including local health providers, social services, and support organizations.



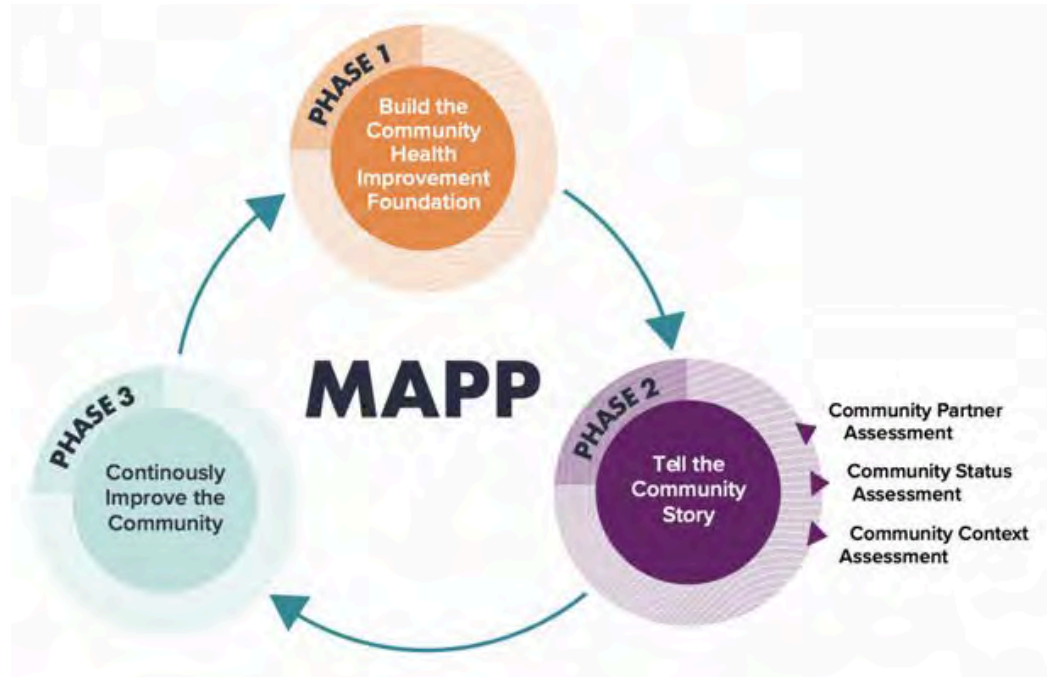
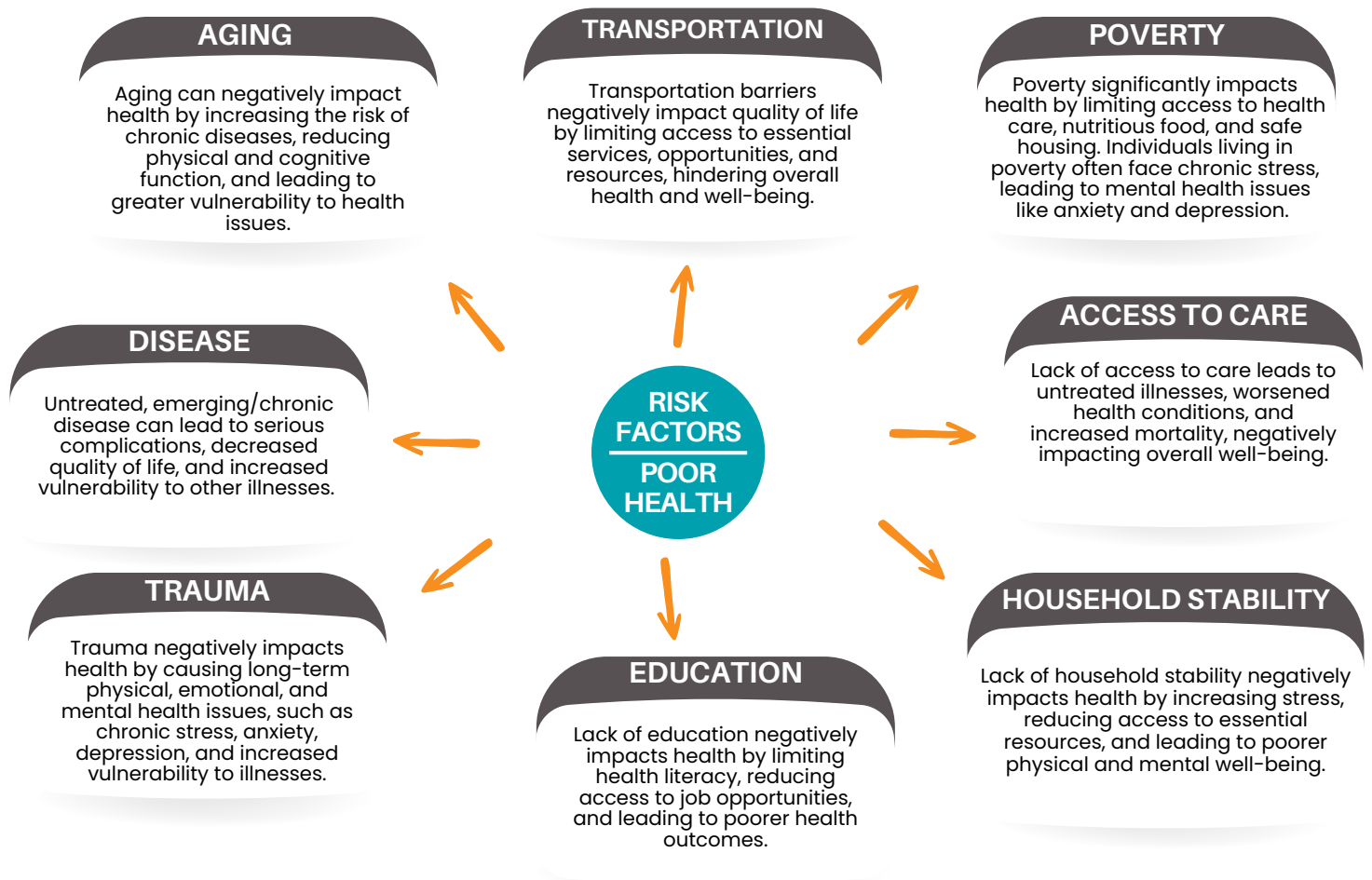


Figure 3: Risk Factors - Poor Health



The CPA also gave insight into the strengths and challenges of Healthy Charlotte's partnerships, helping understand where collaboration could be enhanced and where gaps in services might exist. The information gathered from this assessment will help guide efforts in phase 3, where we will continue to build on these partnerships to improve the health and well-being of Charlotte County.

Healthy Charlotte continuously expanded their network by reaching out to additional community leaders, organizations, and individuals committed to improving health in Charlotte County. They shared their goals for the 2025 CHNA, emphasizing that this work would not only assess the current state of community health but also provide a roadmap for improving the health of Charlotte County residents. As more community leaders and organizations recognized the potential impact of the work done by Healthy Charlotte, they chose to join the initiative, contributing their expertise and resources to help shape the vision for a healthier Charlotte County.

Community Status Assessment

The CSA is a quantitative assessment designed to evaluate the overall health status of the community, including health behaviors, outcomes, and social/economic barriers.

For this assessment, data was gathered from 1,248 respondents, representing a wide range of demographics and backgrounds within Charlotte County.

To ensure broad participation and different perspectives, the CSA survey was distributed digitally. The survey was translated from English into Spanish, Haitian Creole, and Russian, to ensure accessibility to the majority of county residents. In addition, paper copies of the survey were provided, which were distributed throughout the community and collected back from participants in various locations. This hybrid approach allowed the capture of insights from both online survey takers and those who prefer more traditional forms of communication.

For continuity and comparison purposes, a similar survey to the one conducted during the previous CHNA in 2020 was used, enabling the analysis and comparison of results from five years ago. The 2024 CHNA Community Survey consisted of 44 questions and was launched on July 10, 2024, running through early October 2024.

To encourage participation, community partners played a crucial role in distributing the surveys by sharing them with their networks both in person and via email. Various churches and apartment complexes also assisted by distributing the surveys, and each focus group participant from the CCA was provided a survey before beginning the conversation.

In addition to these efforts, the team did an outstanding job bringing the survey to various community events, meetings, food pantries, public libraries, and other public locations. While hurricanes Helene and Milton caused some delays in survey collection for a few weeks, the community remained resilient, and a total of 1,248 responses were collected. The survey gathered data on a wide array of topics, including access to health care, health behaviors, chronic conditions, and other factors that impact health outcomes. The responses gave a clear understanding of community needs, challenges, and strengths, providing the necessary information to inform the development of strategies for the upcoming CHIP.

Community Context Assessment

For the 2025 CHNA, 10 focus groups across Charlotte County were conducted, engaging 87 total participants to ensure multiple perspectives. These sessions ran from July through September and were designed to capture a wide range of voices from various community members.

Two focus groups were held in Punta Gorda, two in Englewood, and the remaining sessions in Port Charlotte. This geographic distribution helped ensure that a representative sample of the county was reached. Participants came from varying backgrounds, including seniors, veterans, professionals, church members, and more.

Each of the focus groups centered around three key topics: community strengths and assets, built environment, and forces of change. The sessions allowed for open, free-flowing conversation, where participants could discuss their health needs in depth. Prior to the discussions, participants completed a community survey to help orient them to the topics and gather demographic information.

Participants were given three visual aids to explain and provide examples on each topic. The discussions were guided but open, encouraging participants to share their thoughts on their health and the health needs of their communities. They expressed their unique experiences related to health care access, local resources, social support systems, and community programs, offering valuable insights into the social factors influencing health in the area.

Throughout the sessions, responses were written on an easel for visual tracking and later transcribed into digital form for thorough analysis. Flyers were created to market each community session. Community partners boosted outreach by disseminating information and offering to host focus groups at pre-planned events. The insights collected from these discussions were instrumental in identifying key community assets, barriers to accessing care, and areas where services could be improved or expanded. Listening to the voices of residents enabled the development of a deeper understanding of the county's health needs, making the focus groups an essential part of creating a comprehensive and inclusive assessment of the health challenges and needs facing Charlotte County today.

Community Strengths & Assets



SKILLS



EDUCATION



JOB EXPERIENCE



ARTS



CELEBRATIONS



FELLOWSHIP

What do you enjoy or are proud of that may be an asset or strength for your community?

What are some examples of ways these can be used to improve community health?

Built Environment



HOUSING



SCHOOLS



BUSINESSES



SIDEWALKS



BIKE LANES



TRANSPORTATION

What are important resources or assets in your community?

How can these resources improve health in your community?



HOSPITALS

Forces of Change

Think how current and historic forces impact the health of the community.



SOCIAL



ECONOMIC



Aging Population



ENVIRONMENTAL



TECHNOLOGICAL



LEGAL

Are there certain communities that are impacted more? Who may benefit from these conditions?

How have we, the Department of Health or other organizations, helped in addressing forces that negatively impacted your community?

Focus Group

Charlotte County Health and Needs Assessment

Get involved in a county-wide initiative to gather insights for future services and make improvements to the community.

We are looking for residents of Charlotte County who are passionate about community health to join our focus groups and have a discussion with their fellow community members.



COMMUNITY ASSETS AND STRENGTHS

Focus group participants in Charlotte County highlighted a variety of community assets and strengths that contribute to the area's quality of life. The library system was frequently praised as an “amazing resource” for residents, offering valuable educational and recreational opportunities. Public spaces like the Punta Gorda Harbor Walk, Laishley Park, and music events at Gilchrist Park were also listed as valuable assets. Other strengths included reliable transportation, a responsive police department, and efficient fire/EMS services. Behavioral health support through Charlotte Behavioral’s Mobile Medical Clinic, events like candlelight vigils, and services for the homeless were also appreciated. Recreational amenities like boat ramps and state parks were also favored by the community.

- Library system (amazing resources)
- Laishley Park
- Music at Gilchrist Park
- Churches fundraising for a good cause (medical procedures)
- State offers a lot of jobs
- Hospitals give out food
- Community events
- Transportation
- Police department has quick response time
- Fire/EMS quick response time
- Charlotte Behavioral
- Candlelight vigil
- Homeless services
- Boat ramps
- State parks
- Mobile Medical Clinic

Built Environment

Discussions about Charlotte County’s built environment revealed some concerns alongside a few positives. Participants repeatedly pointed to a lack of sidewalks and poor walkability, making it difficult to navigate the city safely on foot.

Public transportation, while present, was seen as needing improvement. The absence of shade, particularly at bus stops, was a common complaint. Affordable housing shortages and a need for low-income options were pressing issues, compounded by inadequate infrastructure struggling to keep pace with growth. Residents noted that recovery from recent hurricanes has been slow, with debris still littering roads and missing street signs adding to it. Road maintenance and streetlights were also flagged as an area of concern. Some focus group participants felt that Englewood was often overlooked in terms of community resources and most of the focus in Charlotte County is on Port Charlotte and Punta Gorda.

On the positive side, the library stood out as a well-regarded asset, and the area boasts a wide variety of businesses and numerous senior living facilities. Participants expressed the need for better bike lanes, improved schools (though they appreciated homeschooling and school choice), higher quality hospitals, enhanced mental health services, greater access to specialty care providers, and increased promotion of support for veterans. The underutilized mall and a need for senior care improvements further highlighted gaps in the built environment.

- Better public transportation
- Affordable housing
- Better schools
- More shade (esp. bus stops)
- Unwalkable city
- Missing streetlights and street signs
- Still recovering from hurricane
- Lack of infrastructure (cannot keep up with growth)
- Lack of sidewalks
- Library is good
- Road maintenance is bad
- Needs better senior care
- Mall is not used
- Many senior living facilities
- Wide variety of businesses
- Need better bike lanes
- Poor quality hospitals
- Need more mental health services
- Need U.S. Department of Veteran Affairs (VA) promotion and support



FORCES OF CHANGE

Focus group participants also reflected on the forces of change shaping their community.

Many pointed to the rising cost of living, with high home insurance rates and an increased cost of goods putting pressure on residents. The aging population has led to a disconnect with technology among elders and a sense that younger people are not prioritized. Seniors are concerned with snowbirds taking the majority of doctor's appointments.

Recent years have brought more traffic and an increasing homeless population, alongside a surge in unexpected incidents and stories talked about throughout the community. The closure of the cultural center and a lack of third spaces have left gaps in social opportunities for both elders and young people.

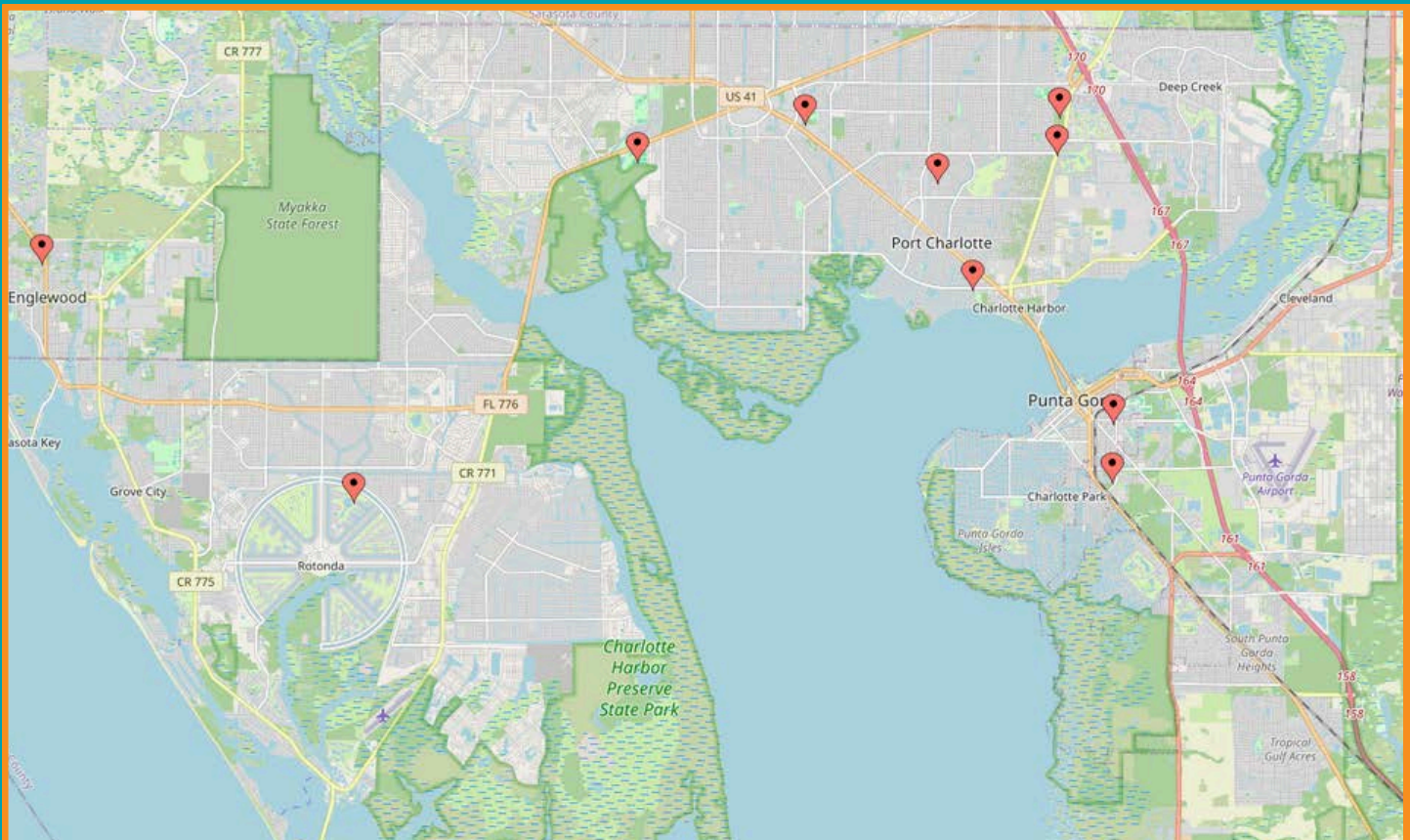
Englewood residents feel their community is underserved and with more hurricanes, along with a growing population adding strain, participants noted the community's challenges.

- High insurance (home)
- Pretty safe community
- More unusual and unexpected events occurring
- Younger people not prioritized here in the community due to high elderly population
- Elders need more activities
- Cultural center closed down
- Lack of places to decompress
- Englewood is underserved
- Bad geographical location
- More traffic
- Increased population
- Elderly have a disconnect with technology
- Increasing homeless population
- Hurricanes
- Cost of goods has increased
- Aging population
- Seasonal residents make it harder to find available doctor appointments

Table 1: Focus Group Responses by Location: Consolidated Themed Topics

FOCUS GROUP DATA BY REGION		
Community	Built Environment	Forces of Change
Englewood		
Parks and recreation facilities	Low crime	Safe community
Community activities	Hurricanes/recovery & insurance	Growing and changing population
Lack of jobs	Lack of transportation	Cost of goods/food
Low wages	Lack of healthcare access/specialty care	Few activities for younger population
Punta Gorda		
Parks and recreation facilities	Great schools	Need more affordable housing
Lack of senior treatment/care	Community has a good reputation	Hurricanes/recovery
Low wages, with no education or workforce	Lack of transportation	Access to services
	Lack of affordable housing	
	Lack of healthcare access/specialty care	
Port Charlotte		
Good parks and recreation facilities	Lack of transportation	Lack community activities
Good community events	Street signs, lights, sidewalks	Growing and changing population
Lack of senior events	Lack of affordable housing	More services for seniors
Lack of transportation	Lack of quality care	Technology disconnect with seniors
Homelessness	Need more mental health programs	Good veteran support
	Lack of healthcare access/specialty care	Hurricanes/recovery

Figure 4: Map of Focus Group Locations in Charlotte County





Healthy Charlotte Prioritization Meeting, January 2025

The information collected during these focus groups helped gain a deeper understanding of the social factors that influence health in Charlotte County. By listening to the voices of residents, we were able to identify key community assets, barriers to accessing care, and areas where services could be improved or expanded.

These qualitative insights were crucial for shaping the overall understanding of the county's health needs and for informing the development of actionable strategies in the CHIP.



“By listening to the voices of residents, we were able to identify key community assets, barriers to accessing care, and areas where services could be improved or expanded.”



Charlotte County Community Photos, March 2, 2021

Your VOICE Matters...

Don't be afraid to
make it heard.

#CHARLOTTECOUNTY

#2025CHNA





What unmet needs or challenges exist in Charlotte County that could be improved?

"Skills to navigate in the digital world."

"Broader access to public transportation. Programs to combat social isolation."

"Environmental awareness. How to prepare, maintain, and recover."

"Crisis intervention for individuals with autism."

"Collaboration within the system of care for early learning, infant/early childhood mental health, and developmental therapy services to ensure children reach Kindergarten with a strong foundation."

"Transportation and increased access to physical/mental activity opportunities."

"Senior services capacity growth, affordable housing, financial stability."

-Partner Survey Responses



What unmet needs or challenges exist in Charlotte County that could be improved?

"Increasing property taxes and ridiculous county fees"

"Poor medical and mental health care."

"Lack activities for healthy, active, kids, and teens."

"More services for those who fall between the cracks, as in not qualifying for health care or food stamps."

"Access to and cost of childcare services"

"Drug and alcohol treatment options."

"A senior center for "free" or \$1 fee exercise programs and free lunch to promote healthy social interaction."

-Community Survey Responses



What unmet needs or challenges exist in Charlotte County that could be improved?

"Sometimes I feel like we [seniors] get treated poorly, as if we are children."

"The cost of housing has increased while housing availability has decreased."

"Younger people are not prioritized in the community due to the high elderly population."

"We need tech courses for seniors."

"We only have service and factory jobs available."

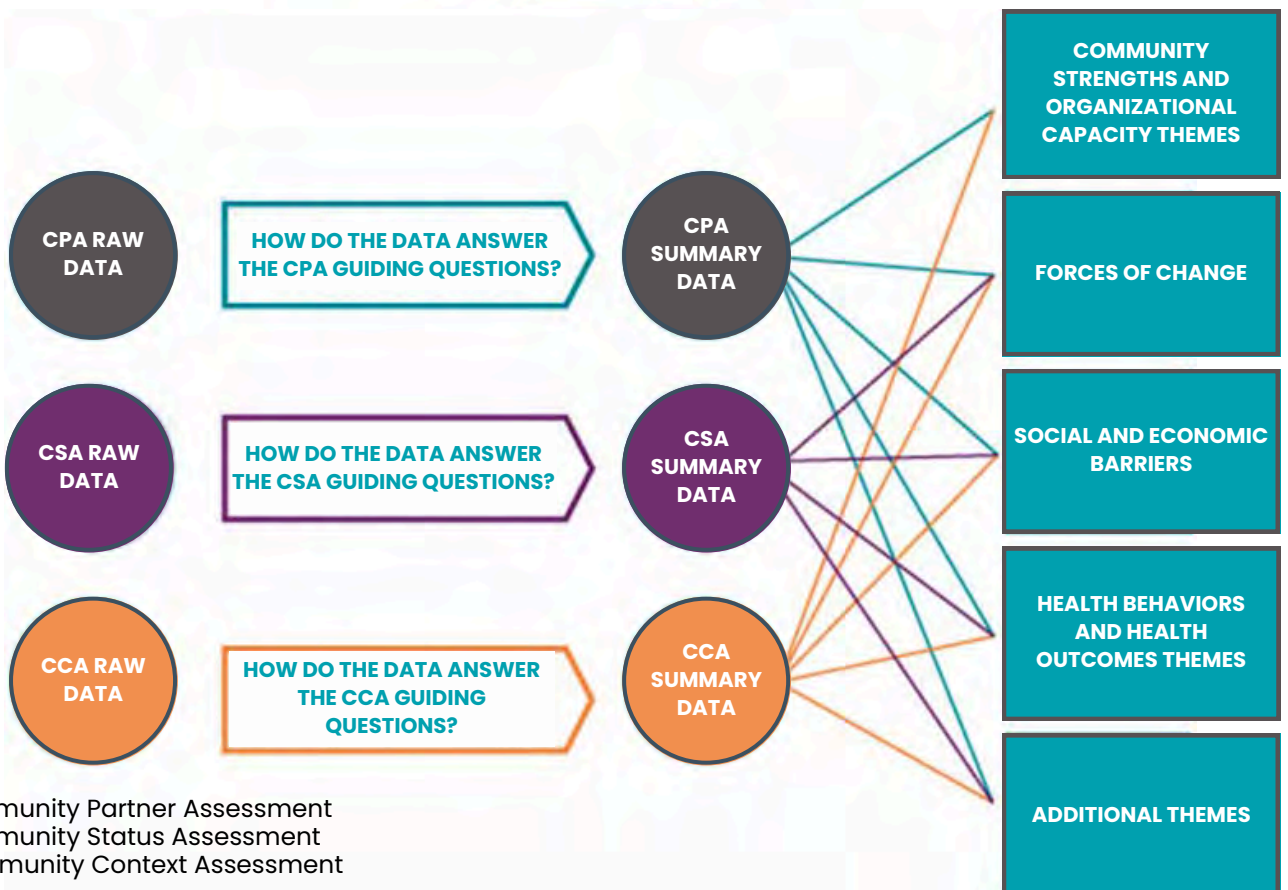
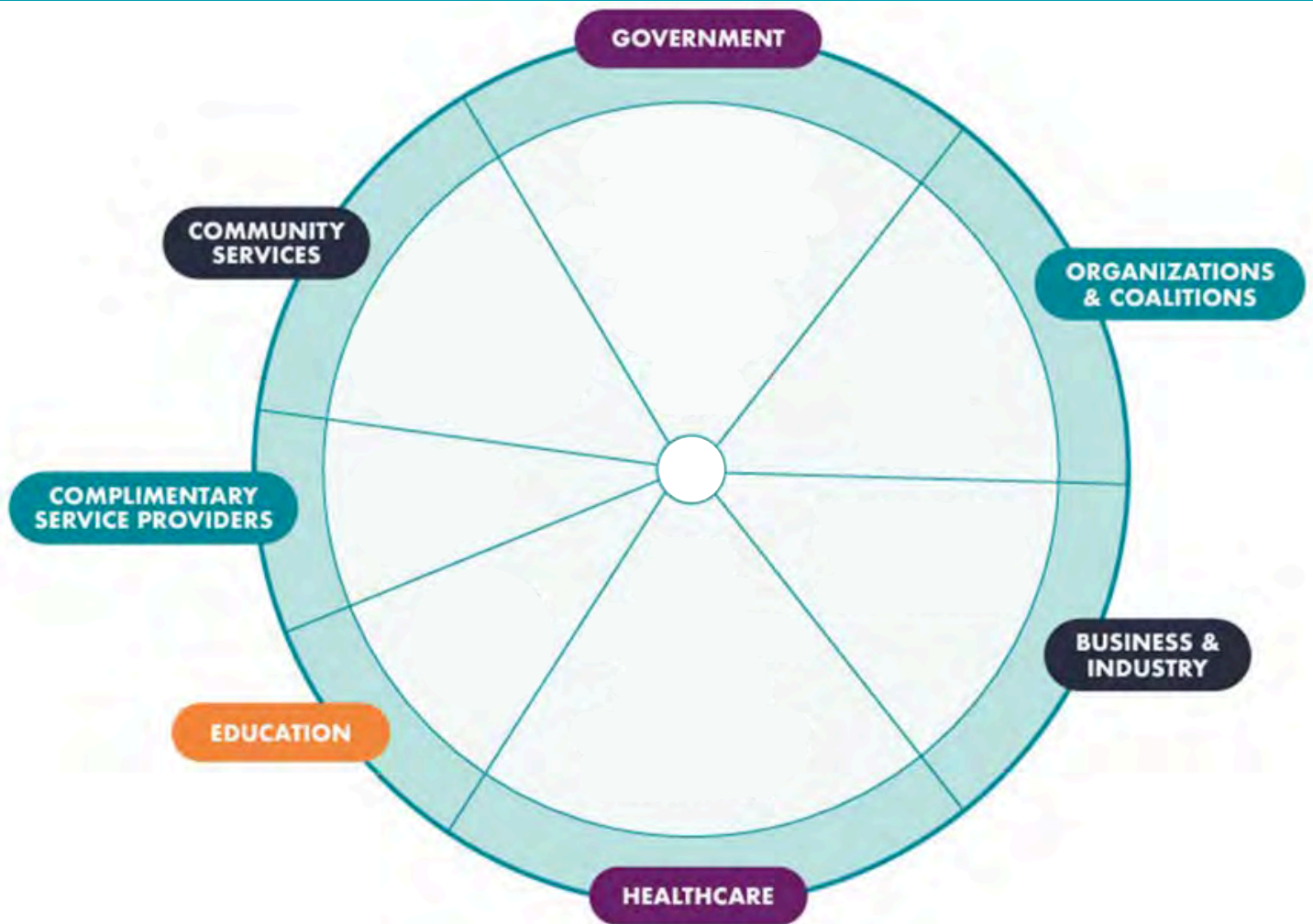
"There is a lack of specialty care in the county."

"I have to go all the way to Sarasota to see a cardiologist. My doctor told me if I have an episode, I will not survive being transported."

"Criminal activity is increasing, and we need more police presence to feel safe."

-Focus Group Responses





CPA: Community Partner Assessment
 CSA: Community Status Assessment
 CCA: Community Context Assessment

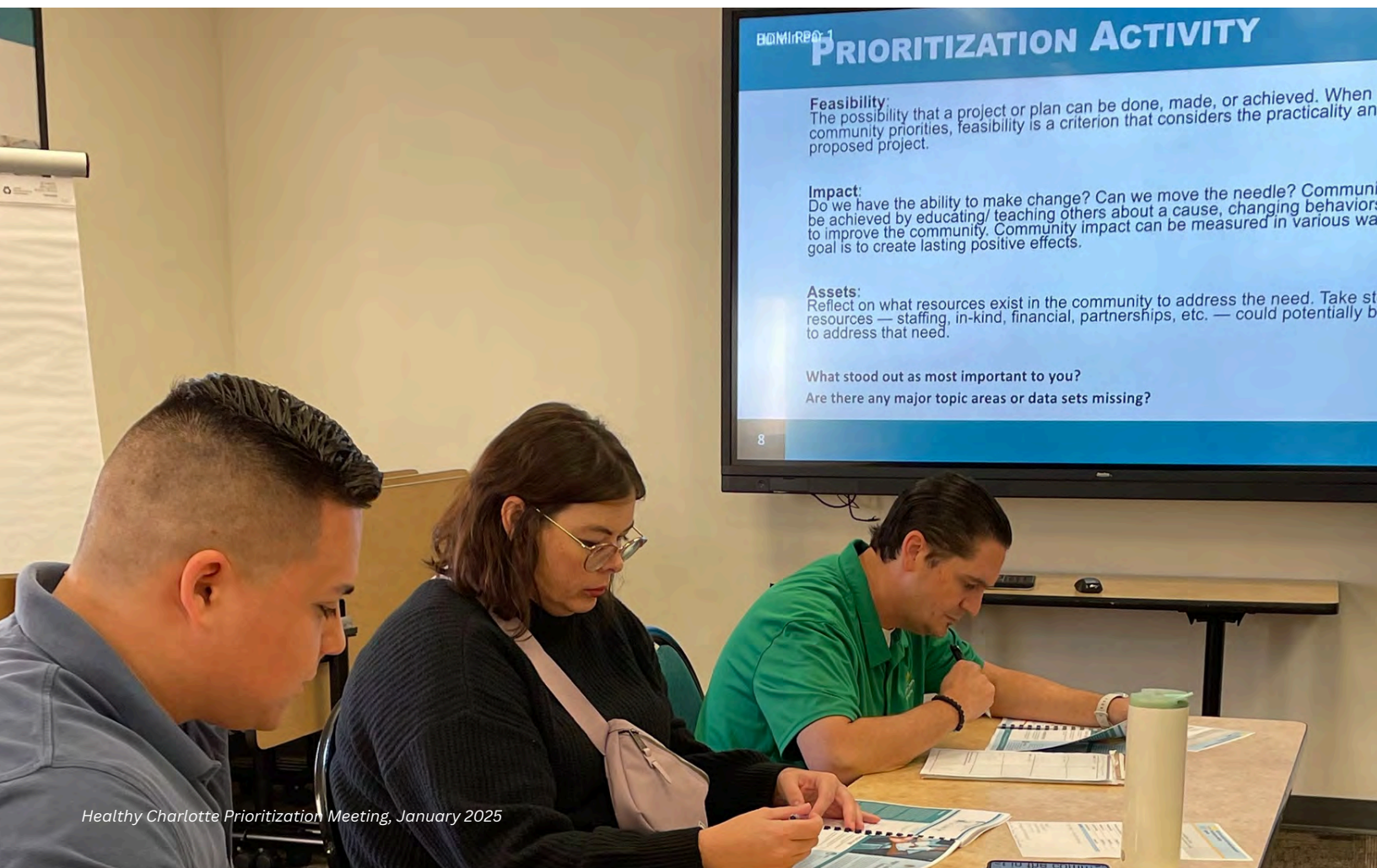
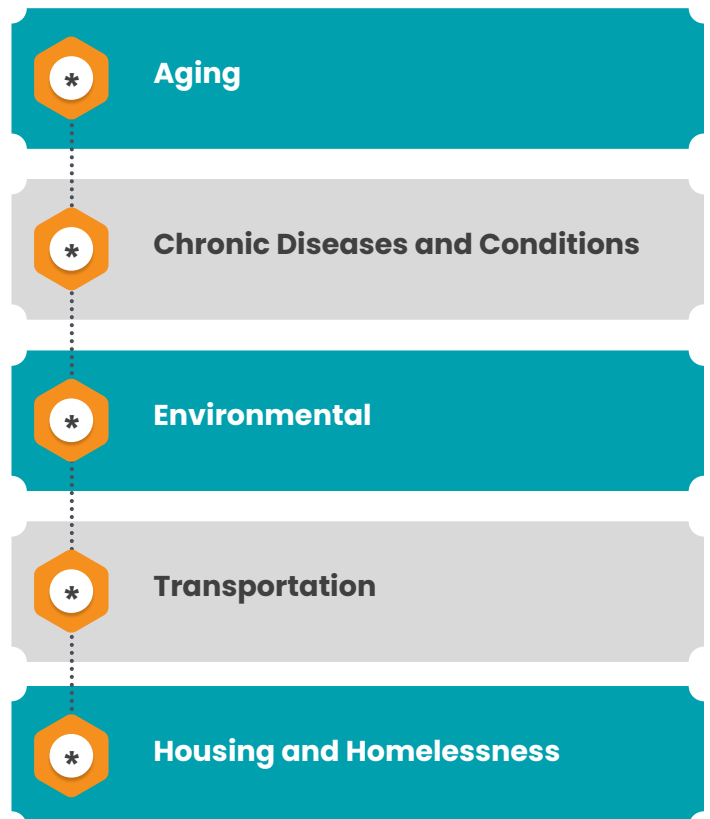
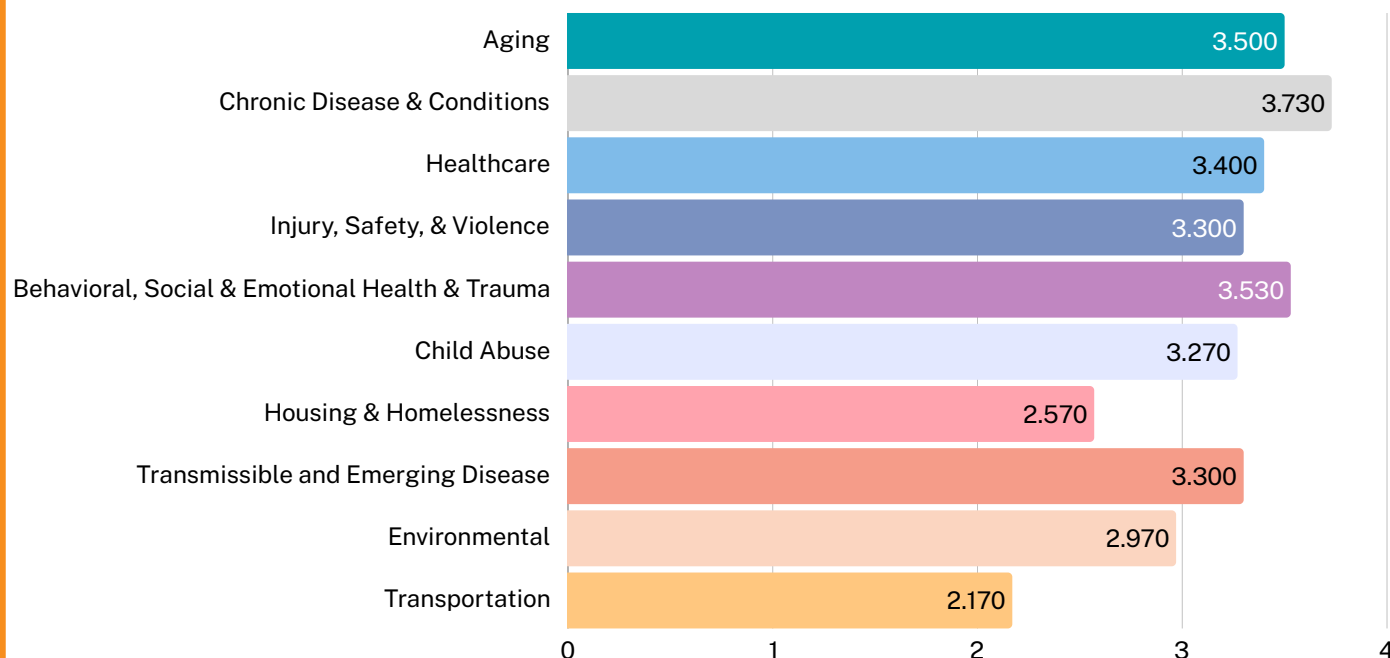


Table 2: Rankings Based on Average Performance Across Feasibility, Impact, and Assets



Data Analysis

To ensure a thorough analysis of the data collected from the CSA, CCA, and secondary data collected from various partner and government sources, Healthy Charlotte formed a Data Analysis Task Force. Their role was to compile, organize, and present the data in a way that would allow the steering committee to properly prioritize the ten areas of focus.

The task force worked diligently to organize the data into comprehensive data sheets, concentrating on ten areas of focus that represent the main health and well-being challenges faced by the community. These topics were carefully selected based on the survey results, feedback from focus groups, and the already established 2020 CHNA and most recent State Health Assessment (SHA).

The data analysis task force compiled this information and ensured that all relevant data was captured and organized for the steering committee's review.

Prioritization

Once the task force had completed the data sheets, a meeting was held with the steering committee. The committee was responsible for the next step: the prioritization process. To facilitate this, meeting organizers conducted an activity in which they split into small groups of three or four members.

During the activity, each group evaluated their assigned focus areas by considering three factors:

- **Feasibility:** How realistic is it to address the issue with the resources and infrastructure currently available?
- **Impact:** What kind of impact could addressing this issue have on the community?
- **Assets:** What community resources, partnerships, or assets can be used to address the issue?

After each group completed their analysis, they presented their findings to the rest of the participants. The presentations allowed the committee to understand the strengths, challenges, and opportunities for each area of focus.

Feasibility Feasibility is the possibility that a project or plan can be done, made, or achieved.	Impact Community impact can be achieved by educating/ teaching others about a cause, changing behaviors/ taking action to improve the community.
Assets Reflect on what resources exist in the community to address the need.	
What stood out as most important to you? Are there any major topic areas or data sets missing?	

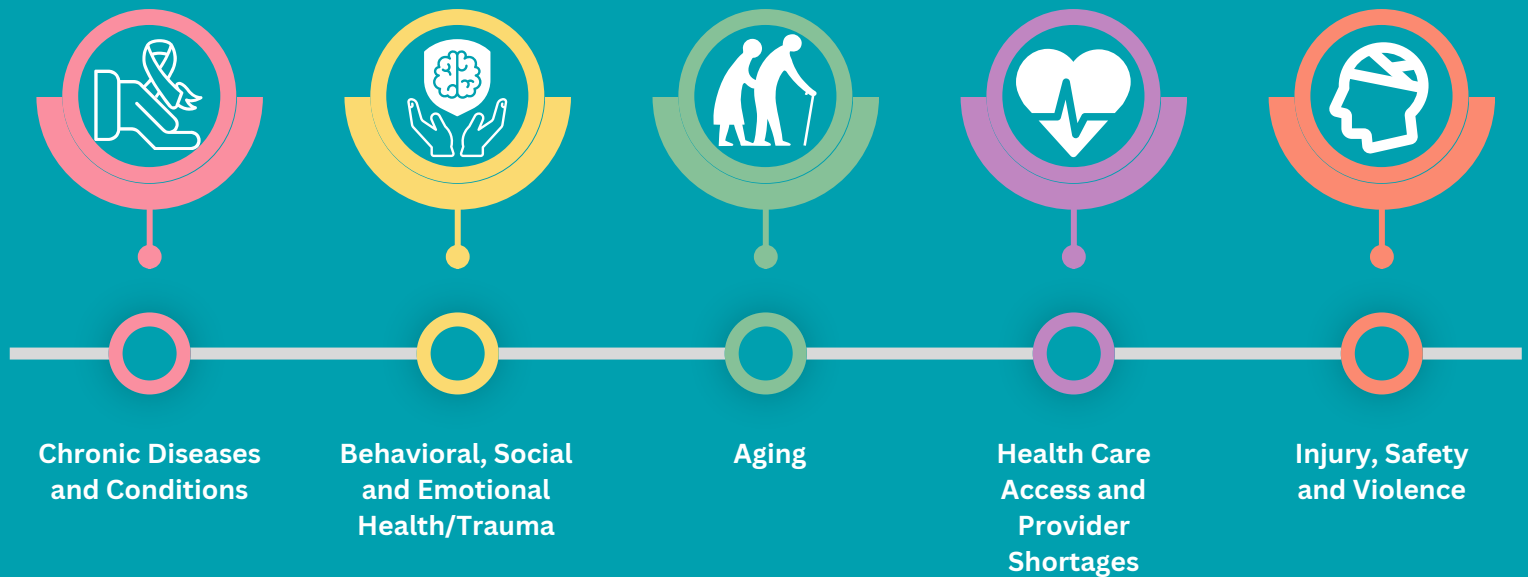
Each group was assigned two or three areas of focus to analyze in terms of feasibility, impact, and existing community assets to ensure an unbiased prioritization process, the steering committee then voted anonymously. Members ranked each area of focus on a scale from one to five in each of the three categories: feasibility, impact, and assets. The results of these votes were then compiled, and the areas of focus were ranked based on how they performed across all three criteria using their score averages.

This process allowed the steering committee to prioritize the most pressing health issues in Charlotte County and focus efforts on the areas with the highest potential for impact. The rankings from this process will guide the development of the CHIP, ensuring that the county's efforts address the most critical needs in the most effective way possible.

Figure 7: Top 5 Health and Wellness Strategic Issues

Top 5 Health and Wellness Strategic Issues

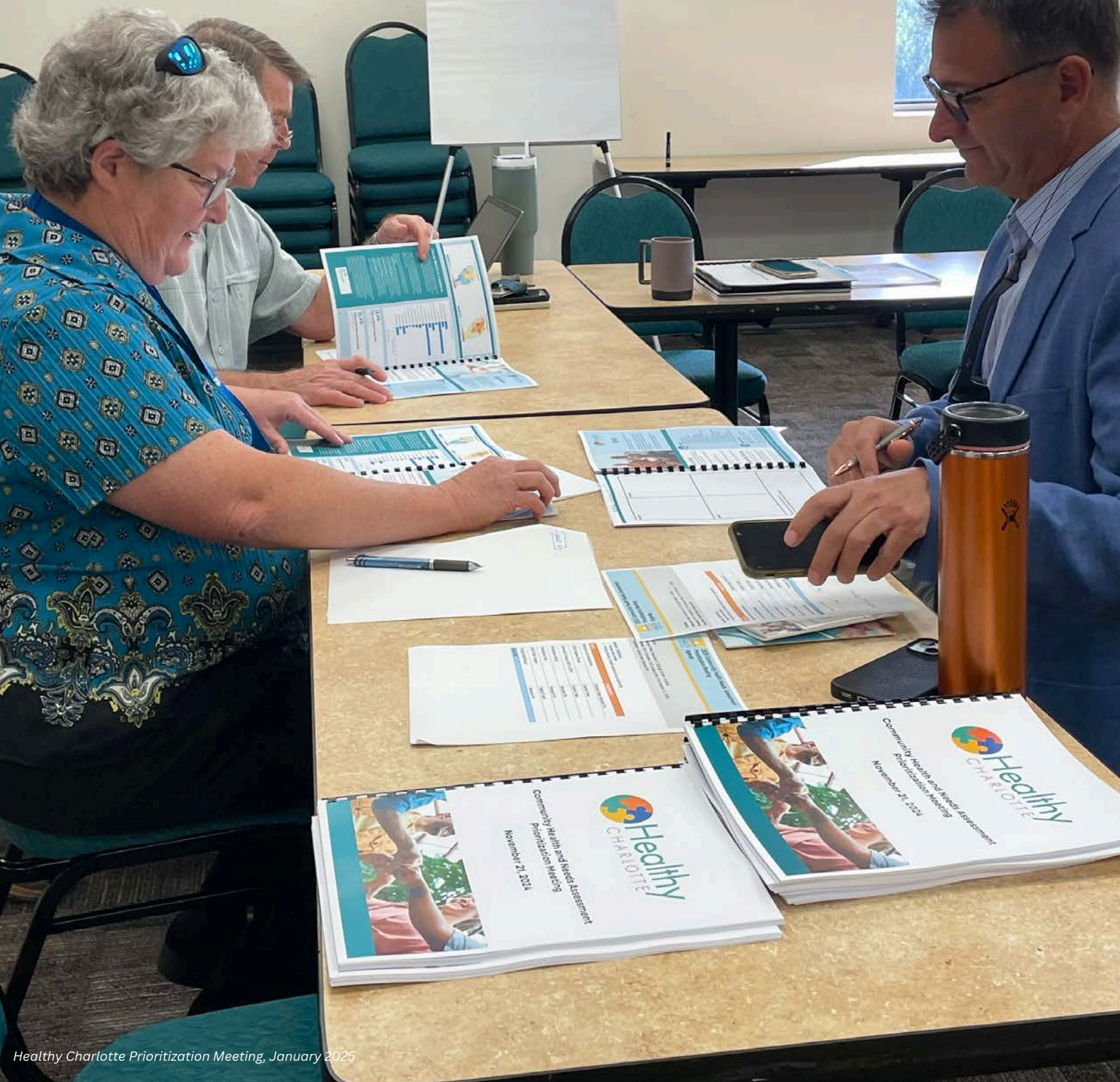
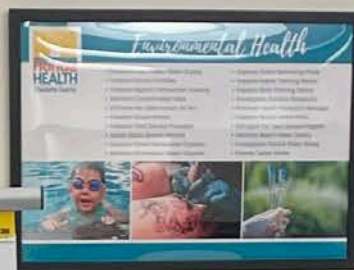
November 2024



Healthy Charlotte Prioritization Meeting, January 2025

Figure 8: Partner Prioritization Data

	Feasibility	Impact	Assets
Chronic Diseases and Conditions	3.90	4.00	3.60
Aging	3.60	3.70	3.40
Injury, Safety and Violence	3.60	3.70	3.40
Behavioral, Social and Emotional Health/Trauma	3.50	3.50	3.40
Child Abuse	3.40	3.40	3.10
Transmissible and Emerging Disease	3.40	3.30	3.00
Healthcare	3.20	3.10	2.90
Environmental	2.90	3.10	2.90
Housing and Homelessness	2.20	2.90	2.60
Transportation	2.10	2.60	1.80



Healthy Charlotte Prioritization Meeting, January 2025

Community Profile

Charlotte County, Florida, is composed of three primary communities: Punta Gorda, Port Charlotte, and Englewood. The county has an estimated population of around 200,000 residents. The county has a significant proportion of retirees, which is reflected in its median age of about 60 years, well above the state and national averages.

The racial composition is predominantly White (around 86%), with Hispanic or Latino residents making up approximately 10%, 5% Black, and smaller percentages of Asian and other racial groups. Some of the languages spoken in the community are English, Spanish, Haitian Creole, and Russian. The county has experienced steady population growth in recent years, driven largely by migration from other states, particularly from the Northeast and Midwest, seeking a more affordable lifestyle and favorable climate.

Punta Gorda

Punta Gorda, the only municipality in Charlotte County, has a population of 20,227 according to the U.S. Census Bureau, 2023. The city has a notably older demographic, with a median age of 65.1 years, and over half of its residents (53.5%) are aged 65 or older. The racial composition of Punta Gorda is predominantly White at 89.2%, with 3.7% Black, and 2.8% Hispanic or Latino.

The city boasts a high educational attainment rate, with 40.5% of its residents holding a bachelor's degree or higher. Punta Gorda's holds about 10,000 households, with an average size of 1.97 persons per household. The median household income in Punta Gorda (\$79,291) is higher than the county average.

Englewood

Englewood, with an estimated population of 20,000 according to the U.S. Census Bureau, 2020, is the smallest of the three main communities. The racial makeup is similar to Punta Gorda, with 95.2% White and 1.8% Hispanic or Latino. Over half of Englewood's population (59.4%) is aged 65 or older.

Education levels are slightly lower in Englewood, with 33.3% of residents holding a bachelor's degree or higher. The city also has a lower median household income compared to Punta Gorda, with a higher percentage of residents living below the poverty line. Englewood's housing is primarily owner-occupied, and the average household size is 1.89 persons.

Port Charlotte

Port Charlotte, the largest of the three communities with a population of 60,625 according to the 2020 Census. Its racial composition is 77.8% White, 8.1% Black, 1.7% Asian, and 9.1% identifying as two or more races. Hispanic or Latino individuals make up 11.7% of the population.

Port Charlotte has a lower educational attainment rate compared to Punta Gorda and Englewood, with 19.6% of residents holding a bachelor's degree or higher. The community also has a significant aging population, with many residents aged 65 and over. Housing in Port Charlotte is a mix of owner-occupied and rental properties, with an average household size of 2.34 persons.

It is important to note that while these three communities are the largest in the county, there are also smaller ones such as Placida, Rotonda West, Babcock Ranch, Burnt Store Marina, and others that utilize the same resources as the big three. While each of these communities has its own unique demographics, they share a common trend of an aging population. This is especially evident in Punta Gorda and Englewood, where the influx of retirees has contributed to the county's overall population growth. As more retirees are drawn to the area's warm climate, affordable living, and laid-back lifestyle, the region has experienced a shift toward an older demographic, shaping the area's services, housing, and overall community planning.



Charlotte County Community Photos, March 2, 2021

Economic Challenges

Despite Charlotte County's relatively lower cost of living compared to the state average, economic challenges persist. In 2022, the median household income in the county was \$62,164, slightly lower than the Florida median of \$67,917 and far from the national median of \$80,610. High housing costs, increased tax rates, and elevated insurance rates—exacerbated by hurricanes such as Ian in 2022 and Helene and Milton in 2024, remain primary concerns for residents. Housing affordability is important, with 11.91% of households in the community survey spending more than 30% of their income on housing, and homelessness becoming a growing problem. The community survey represented this having 26.1% of respondents viewing homelessness as a major health and wellness concern, ranking it fifth out of 32 in priorities.

Employment and Workforce

Charlotte County's workforce, consisting of 44% of the population, is primarily employed in service-related industries, including Arts, Food, and Entertainment (22%), Retail Trade (17%), and Education and Health Care (11%). The county's unemployment rate is 4.2%, near the state average, but underemployment and the prevalence of low-wage jobs continue to be major challenges. A majority of residents earn between \$50,000 and \$74,999 annually, but many struggle with low-wage, service-sector jobs. There is a strong need for better-paying, high-quality job opportunities, with 24.1% of survey participants emphasizing the need for such jobs for a healthier lifestyle.

The aging workforce, combined with a lack of skilled labor, further complicates the employment landscape. The county's educational attainment levels reflect this, with 58% of residents having attended some college, but only 27.7% holding a bachelor's degree, compared to the rest of the state, 34.9%. Also, the limited availability of advanced training and higher education opportunities in the county further hinders workforce development.

Housing and Food Insecurity

Housing and food insecurity are ongoing issues in Charlotte County. Approximately 12% of residents experience food insecurity, slightly above the Florida's average of 11%. The cost of housing continues to rise, putting a strain on low and moderate-income families. In addition, 9.6% of individuals lie below the poverty level, compared to Florida's 12.6%.

Education and School System

Charlotte County has a mix of opinions regarding its educational system. While some residents praise the quality of local schools, others express concerns about the need for greater outreach to younger residents and the availability of programs that meet the needs of the community. There is a notable lack of higher education institutions within the county and focus group participants voiced the need for tech courses for seniors and more career-building programs for younger residents. There is a large percentage of absenteeism (17.7%) among public school students, but the number is still lower than Florida's average (19.4%).



Aging

Charlotte County, has a significant and growing aging population, with 78,873 individuals aged 65 and older. The county's senior community is especially prominent in the 65-74 age group (42,210) and the 75-84 group (28,058), while those aged 85 and over number is 8,605. This demographic trend aligns Charlotte County's reputation as a desirable retirement destination, highlighting the need for age-focused services and infrastructure.

Survey data reveals that 23.8% of participants view aging issues as a top health concern, while 17.3% note senior care as a key priority. Focus groups further emphasized challenges faced by seniors, including a disconnect from technology, a need for more senior activities, and insufficient dental care. Seniors also expressed concerns about feeling marginalized, with one participant noting, "Sometimes I feel like we [seniors] get treated poorly, as if we are children."

The county's senior residents face various health challenges, including high rates of disability (32%), heart disease, diabetes, and stroke. Falls are a leading cause of injury, with 18% of emergency department visits attributed to fall-related incidents. Many seniors live in multi-generational households, with 55,586 living with family and 16,788 living alone. Adding to that, 9.38% of seniors live below 200% of the federal poverty level, and 81.1% live more than a mile from a supermarket, indicating a need for better access to services.

Charlotte County's senior population is also well-educated, with 23.4% of seniors holding a bachelor's degree or higher. Charlotte County needs health care centers that meet their specific needs, better community programs, and improved infrastructure to support older adults and help them live a better life.

Chronic Diseases and Conditions

Charlotte County faces significant challenges related to chronic diseases, with rates exceeding state averages. Heart disease is the leading cause of death, with a rate of 340 deaths per 100,000 residents, nearly double the state average. Other prevalent conditions include cancer (338 deaths), stroke (83 deaths), respiratory diseases (83 deaths), Alzheimer's disease (56 deaths), and diabetes (46 deaths). Obesity is also a major concern, with 33.2% of adults classified as obese and 66.9% either overweight or obese. Additionally, 15.3% have diabetes, and 12.3% suffer from heart disease.

Community survey data shows that chronic disease ranks as the eighth most important health concern, while participants rated Charlotte County's overall health as 3.3 out of 5. Focus group participants shared these concerns, noting that the aging population is particularly affected by chronic conditions and emphasized the lack of local hospitals and specialty care. One participant shared, "I have heart problems and getting my condition treated is difficult because there are not enough doctors here."

The high rates of chronic disease in Charlotte County are impacted by lifestyle factors such as poor diet, lack of physical activity, smoking, and excessive alcohol consumption. Limited health care access and the aging population, with an increased prevalence of conditions like Alzheimer's and cancer, further strain the health care system. Addressing these issues will require robust health care strategies, preventive care, lifestyle interventions, and improved access to specialized treatment, all of which are essential for improving health outcomes and reducing mortality in the community.



Obesity

30%
of Adults
Charlotte County, FL
28.3%
of Adults
Florida

Source: Behavioral Risk Factor Surveillance System 2021 via RWJF County Health Rankings and Roadmaps 2024



21%
of People

People with a Disability

Charlotte County, FL

Source: US Census Bureau ACS 5-year 2019-2023



Diabetes Among Adults

9%
of Adults
Charlotte County, FL
10%
of Adults
Florida

Source: Behavioral Risk Factor Surveillance System 2021 via RWJF County Health Rankings and Roadmaps 2024



Heart Disease Deaths

344
Deaths per 100,000 people
Charlotte County, FL
224
Deaths per 100,000 people
Florida

Source: CDC WONDER Cause of Death 2022

Health Care

Health care access in Charlotte County remains a critical issue, particularly with the county's aging population. Data from the community survey and focus groups highlight key concerns about the availability and quality of health care services.

From the community survey, participants rated their satisfaction with the health care system at 3.25 out of 5.

- 32.5% identified access to primary care
- 31.7% identified access to specialty care
- 51.7% of survey participants reported relying on a primary care doctor for their health care needs.

Over half (52.6%) noted that lack of insurance is a major barrier to accessing medical treatment. Dental care and mental health services were identified as the most difficult to access, with specialty care providers also highlighted as a challenge in focus group discussions.

Participants in the focus groups echoed the community survey results, voicing concerns that Charlotte County has inadequate hospitals and a significant need for more primary and specialty care physicians. One participant shared a concerning experience of traveling to Sarasota for cardiology care, emphasizing the lack of local specialists.

"I have to go all the way up to Sarasota to see a cardiologist. He was shocked when I told him where I lived and told me that if I have an episode, I will not survive being transported up there [Sarasota]."

The available data reinforces these concerns. 18,129 Charlotte County residents under 65 are uninsured, which is comparable to the state average. While almost 90% of all residents have insurance, many still face challenges due to a shortage of health care providers. The county has significantly fewer physicians (149.3 per 100,000 residents) and family practice physicians (6.4 per 100,000) compared to the state averages of 261.2 and 13.3 per 100,000, respectively. This disparity, along with limited access to mental health professionals and dental providers, exacerbates the county's health care access issues.

The county's health care infrastructure, which includes Fawcett Memorial and Advent Health (formerly Shorepoint) hospitals, faces strain, particularly with its lower-than-average physician-to-population ratio. With a large percentage of residents over 65 managing chronic conditions, health care demands are high, making it crucial to address provider shortages and insurance gaps. Strategies such as expanding telehealth and mobile medical services, improving transportation for older adults, and enhancing dental care access are vital to ensuring that all residents can receive timely and effective care.

Charlotte County faces challenges in health care access, particularly in primary care, specialty services, and dental care, both community surveys and standard data underscore the need for expanded coverage, improved access to providers, and strategic health care planning to support the growing population.



Injury, Safety, and Violence

Charlotte County faces a mix of safety concerns related to injury, violence, and crime, as highlighted by both community survey responses and focus group discussions, alongside official data.

In the community survey, nearly 30% of participants listed personal safety or security as a key factor in considering relocation out of Charlotte County, with 9.6% ranking crime among their top health and wellness concerns. Focus group participants echoed these worries, expressing concerns about increasing criminal activity and a lack of communication regarding crime statistics. One participant noted, “Criminal activity is increasing and we need more police presence to feel safe,” while another pointed to the rise in troubling incidents, despite generally perceiving the community as safe.

The county's crime statistics offer a mixed picture of safety. Charlotte County reported a violent crime rate of 14.8 per 100,000 residents in 2022, which is lower than the U.S. average of 22.7. Property crimes, however, were notably higher, with 472 larcenies and 66 burglaries per 100,000 people. Violent crimes such as aggravated assault (65 per 100,000) and sexual violence were less frequent than in urban areas, but residents feel crime is on the rise. Focus group participants expressed concerns about the need for increased police presence and better communication about crime levels.

Standard data confirms a range of safety concerns in the county. In 2022, Charlotte County reported 38 motor vehicle crash fatalities, seven pedestrian deaths, and five cyclist fatalities due to crashes. Accidental injuries remain a significant issue, with 83 deaths attributed to such causes in the same year. Among the 35–44 age group, there were 492 injury-related deaths between 2018 and 2022. Additionally, falls are a leading cause of injury-related deaths, particularly among adults aged 65 and older, who are also the most frequent users of emergency medical services (EMS) in the county due to fall-related injuries.

In response to these concerns, there is a clear call for increased law enforcement engagement and community policing efforts, alongside public education on violence and injury prevention. Addressing the safety and injury challenges in Charlotte County will require a coordinated approach from local authorities, health care providers, and community organizations to reduce crime, prevent accidents, and create a safer environment for residents.



Emergency Department Visits from Falls, Aged 65 and Older

5,400.4

Falls, Aged 65 and Older, Rate Per 100,000 Population
Charlotte County, FL

4,843.7

Falls, Aged 65 and Older, Rate Per 100,000 Population
Florida

Source: Florida Charts Aging in Florida Dashboard, 2023- FL Agency for Health Care Administration





Behavioral, Social and Emotional Health/Trauma

Charlotte County faces significant challenges related to behavioral, social, and emotional health, as well as trauma, with both community survey results and focus group discussions highlighting urgent concerns in mental health care and support services.

From the community survey, 30.6% of respondents ranked mental health problems as one of the most important health and wellness concerns, placing it as the fourth highest priority. Furthermore, 30% of participants indicated that mental health support programs are essential for a healthier lifestyle, ranking these services second in priority. Some respondents also reported feeling hindered in their daily activities due to sadness, anxiety, or depression, with an average rating of 2.7 out of 5. However, 3.4 out of 5 participants felt they knew where to seek mental health treatment, suggesting some level of awareness about available services.

Focus group participants emphasized the need for increased access to grief counseling, trauma-informed care, and additional training for mental health professionals. They expressed concerns that many

mental health issues remain unaddressed in the community, and there is a strong call for more focused mental health support.

Community data reflects the county’s struggles in this area, particularly the shortage of mental health providers, with one provider available for every 837 residents, far exceeding the Florida average of one per 486 residents. This shortage is even more pronounced for youth, with only 4.2 psychiatric providers per 100,000 children, compared to the state’s rate of 15.5. Additionally, the county’s suicide rate of 22.1 deaths per 100,000 residents (compared to 13.6 statewide) highlights a pressing need for targeted mental health resources, particularly for vulnerable populations such as veterans and those aged 25 to 34, who have the highest suicide rates.

The county also faces a high rate of drug use and related issues. The 44.1 drug poisoning deaths per 100,000 residents surpass the Florida average, and adult binge drinking is notably high at 19.5%. While juvenile drug arrests have decreased in recent years, Charlotte County still has a significantly higher rate of 282.9 per 100,000 compared to the state rate of 166.5. This, combined with the rate of child abuse (1074.3 per 100,000), emphasizes the need for comprehensive behavioral health and trauma services, particularly for children and families.

Efforts to improve mental health outcomes in Charlotte County must address the provider shortage, especially for youth, and expand access to services for individuals coping with substance abuse, trauma, and emotional distress. Strategies should also focus on suicide prevention, grief counseling, and supporting vulnerable populations such as veterans and high-risk age groups. Addressing these concerns will require coordinated efforts between local mental health professionals, health care providers, law enforcement, and community organizations to enhance behavioral health resources and support for those affected by trauma in the county.



Child Abuse

Charlotte County has historically faced challenges related to child abuse and neglect over the past few years. This area of focus was listed as a priority in the 2020 CHNA. In this year's community survey, 14% of participants identified child abuse and neglect as a major health concern, though it ranked 12th in priority. The county received a rating of 3.4 out of 5 for being a good place to raise children, indicating general satisfaction, though awareness of abuse issues remains important. Focus group participants recognized the community's strength in providing youth programs like the Boys and Girls Club, which offer positive activities and support for children, especially during the summer.

Charlotte County ranks 9th in Florida for the highest rate of children (ages 5-11) experiencing abuse, with 76 cases per 10,000 children reported between 2021-2022. Neglect, especially physical and emotional, is the most common form of abuse, accounting for about 70% of reported cases. The top causes of child maltreatment include parental drug abuse, inadequate supervision, and domestic violence. Additionally, many high school students report experiencing adverse childhood experiences (ACEs), with 26.2% of students experiencing four or more ACEs. These issues are compounded by a shortage of mental health resources, which severely affects at-risk children.

Efforts to prevent and address child abuse in Charlotte County must continue to focus on strengthening socioeconomic support for families, improving mental health services for children, and addressing the root causes of neglect and abuse. Community programs that engage youth and provide support to families remain crucial in fostering a safer environment for children.

Housing and Homelessness

Charlotte County faces challenges regarding housing, with both survey responses and focus group discussions mentioning the issue of affordability. In the community survey, 42.5% of participants ranked the cost of housing as the most important health concern, and 40.2% cited affordable housing as crucial for a healthier lifestyle. A majority (62.6%) reported being "housing cost burdened," spending more than 30% of their income on housing. Focus group participants echoed this concern, with many highlighting the high cost of housing and the impact of increasing tax rates and rising insurance rates.

County data shows that 7.6% of adults in Charlotte County experience housing insecurity, and the county has about 427 homeless individuals, with 234 unsheltered. The lack of affordable housing is further exacerbated by the rising costs of building materials and a shortage of affordable rental units. In particular, 36% of low-income renters are cost-burdened.

Efforts to address housing and homelessness in Charlotte County must focus on increasing affordable housing availability, improving support for homeless populations, and enhancing services for those at risk of housing instability. Without these measures, the strain on residents, particularly low-income and vulnerable populations, will continue to impact their health and quality of life.

Transmissible and Emerging Disease

In Charlotte County, concerns about transmissible diseases are present but not overwhelmingly widespread. According to the community survey, 3% of participants identified sexually transmitted infections (STIs) as one of the most important health concerns. Focus group discussions also highlighted the isolation of the elderly as a key vulnerability.

Standard data shows a relatively lower HIV prevalence rate in Charlotte County, with 302 cases per 100,000 males and 92 per 100,000 females. The highest rate of HIV prevalence is seen in the 45-54 age group, with 421 cases per 100,000. The county's rate of new HIV diagnoses is 12 per 100,000, indicating effective



prevention measures, including the use of Pre-Exposure Prophylaxis (PrEP) at a rate of 117 per 100,000 in 2023. Additionally, the county reported 214 cases of chronic Hepatitis C and 47 possible rabies exposures in 2022-2023, with no new cases of Hepatitis A reported in recent years.

Efforts to reduce the spread of transmissible diseases in Charlotte County include ongoing preventive measures, with a particular emphasis on HIV and Hepatitis C to ensure prevention and timely diagnosis and treatment. Continued focus on vulnerable populations, like the elderly, and strengthening public health interventions are essential for managing the impact of emerging infectious diseases in the community.

Environmental

Charlotte County faces a range of environmental health challenges, with concerns raised by both focus group participants and community survey respondents. Focus group members highlighted the impact of hurricanes and flooding, the need for more crosswalks, and concerns about food access. Participants also noted problems with debris after hurricanes and the limited affordable food options in the area.

Survey results reflect these concerns, with 23.3% of respondents identifying water quality and 16.8% noting mold/mildew as environmental health issues. Hurricanes were cited as the top environmental factor affecting health, followed by water pollution, lack of healthy food options, and clean drinking water. Participants rated their community's preparedness for future hurricanes at 3.2 out of 5, indicating room for improvement.

Preparing communities and individuals for emergencies, and equipping them to respond effectively afterward, is a vital priority. To achieve this, community partners collaborate to ensure partners and residents have the tools and information needed.

The Community Organizations Active in Disaster (COAD) is a group of Charlotte County community organizations working together during and after a disaster to provide coordination of services especially for the community's most vulnerable populations. Through this organization, a long-term recovery plan was created to build resiliency and sustainability and enhance communication and education.

In addition, local organizational resources ensure that residents have access to essential support services, from disaster preparedness to mental health care. Data further illustrates environmental challenges in the county, including food insecurity affecting 12% of residents, with many living far from healthy food sources. About 14% of residents report inadequate access to parks. The county also faces issues with infrastructure, including limited public transportation, and concerns about insurance and evacuation routes.

Apart from these concerns, the built environment in Charlotte County is shaped by an array of community assets that enhance the quality of life for its residents. Parks like Laishley Park, Gilchrist Park, Punta Gorda Harbor Walk, Harbour Heights Park, and Port Charlotte Beach Park, alongside boat ramps such as the El Jobean Boat Ramp, provide outdoor spaces for recreation, relaxation, and water-based activities. These facilities foster a sense of community and promote healthy lifestyles.

Together, these assets create a well-rounded and accessible environment that supports both physical well-being and social connectedness.



Charlotte County Community Photos, March 2, 2021

Transportation

Transportation is a big concern in Charlotte County. Focus group participants expressed a strong need for better public transportation, noting difficulties in accessing health care, social activities, and essential services due to limited options. An aging population further exacerbates these challenges, and the lack of sidewalks makes the county less walkable.

Survey respondents also shared these concerns, with 26% citing distance to services and 20% mentioning lack of transportation as barriers to seeking medical treatment. However, residents rated their access to reliable transportation for work and health needs at four out of 5, reflecting some satisfaction with existing options.

Data highlights a heavy reliance on personal vehicles, with 49,548 people commuting alone between 2018 and 2022, and 8,410 residents experiencing commutes of 45 minutes or more. Public transit usage remains low, with only .2% utilizing it to commute to work compared to 1.2% in Florida.

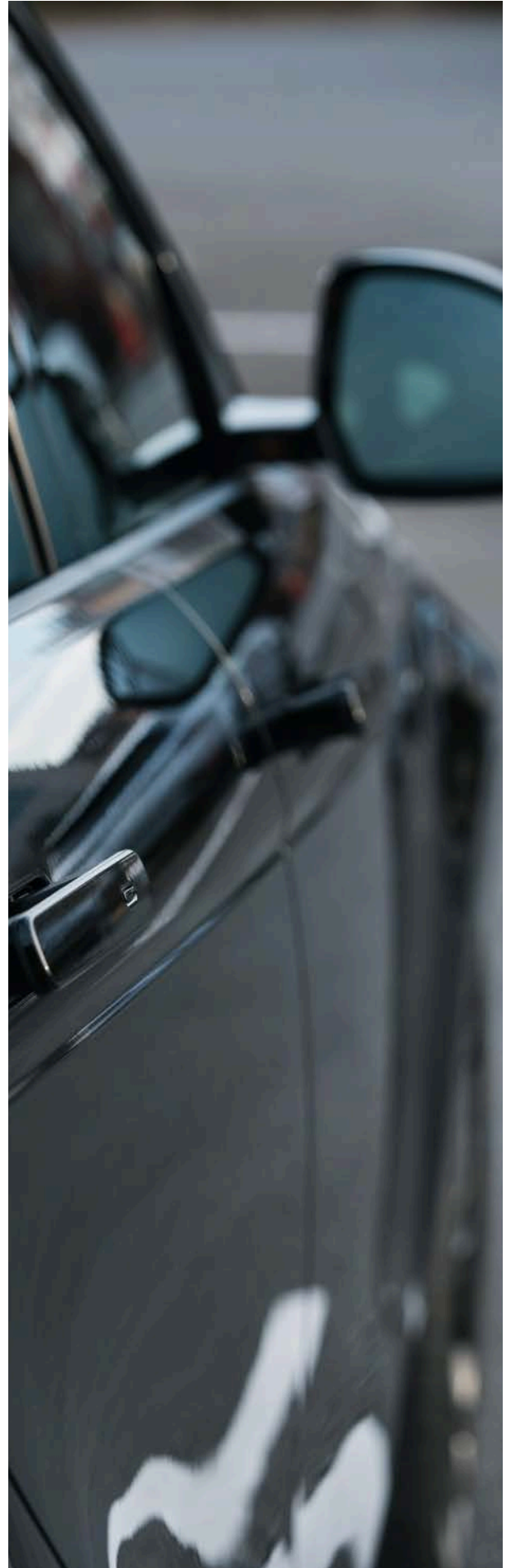
Charlotte County also recently introduced a transportation app to improve ride accessibility, but infrastructure gaps, such as the lack of sidewalks and long commutes, still persist. Improving public transit and infrastructure will be crucial to addressing transportation challenges in the county.

Conclusion

Overall, Charlotte County continues to solidify its status as a sought-after retirement destination with a tourist-driven economy. Yet, challenges such as limited affordable housing, a strained health care system, and an aging infrastructure contribute to a community grappling with rising chronic disease rates, mental health concerns, and socioeconomic pressures.

Guided by our vision that through collaboration and integrated services, Charlotte County will be an active and thriving community prioritizing compassion and resilience, we recognize both the opportunities and obstacles on the path ahead.

An active and thriving community requires accessible health care, robust mental health support, and environments that promote safety and well-being. Compassion calls for addressing the needs of the growing senior population and vulnerable residents, while resilience demands solutions to housing shortages, transportation barriers, and the impacts of environmental challenges like hurricanes.



Achieving this vision requires strengthening health care access, encouraging healthy living, and fostering a deeper sense of safety and connection. The power of collaboration among residents, organizations, and local leaders, paired with a shared commitment to integrated services will allow Charlotte County to become a healthier community.

Through the MAPP 2.0 framework and the dedicated work of Healthy Charlotte, community members and agency representatives have identified: chronic diseases and conditions, behavioral, social and emotional health, aging, health care access and provider shortages, and injury, safety and violence as the top five health and wellness concerns.

These areas were selected not because other issues such as housing, child abuse, or environmental health, are less significant, but because they represent the most pressing needs where immediate, impactful action is feasible given current resources and partnerships.

In partnership with Healthy Charlotte, the Florida Department of Health in Charlotte County and the core group of collaborators are committed to addressing these issues through targeted prevention and lifestyle interventions, while continuing to support the aging population's needs through expanded services.

Since the 2020 CHNA, Charlotte County has made notable strides that have reshaped the health and wellness priorities for 2025. Progress in collaborative efforts and targeted interventions has led to

measurable improvements, such as the child abuse prevalence ranking going from 3rd in the state to 9th, reflecting a stronger support system for families and vulnerable children. These successes have allowed Healthy Charlotte and its partners to pivot toward emerging challenges like the ones currently prioritized. This shift underscores the community's ability to adapt and build on past achievements, setting the stage for the next phase, the CHIP.

Though health care costs, workforce shortages, and environmental resilience remain vital concerns, residents and partners acknowledge that these challenges extend beyond Healthy Charlotte's current capacity to fully resolve. However, Healthy Charlotte remains dedicated to supporting broader community efforts addressing these issues.

If you represent an agency serving Charlotte County, we hope this report illuminates the county's needs and guides your involvement in these initiatives. As a community member, we trust that this assessment deepens your understanding of our shared challenges and inspires you to contribute to the health and well-being of your neighbors.

Over the coming years, the CHIP will translate these priorities into actionable strategies, guiding a future where collaboration and integrated services make Charlotte County an active, thriving, compassionate, and resilient community for all.



Data Sheets

2024





Fort Myers Beach 2024

Demographics

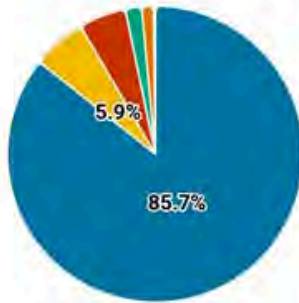
Charlotte County, Florida, has a population with an estimated 2023 population of around 200,000 residents. The county has a significant proportion of retirees, which is reflected in its median age of about 60 years, well above the state and national averages.

The racial composition is predominantly White (around 86%), with Hispanic or Latino residents making up approximately 10%, 5% Black, and smaller percentages of Asian, and other racial groups. The county has experienced steady population growth in recent years, driven largely by migration from other states, particularly from the Northeast and Midwest, seeking a more affordable lifestyle and favorable climate.

Charlotte County	Survey Participants	Focus Group Participants
60.4% of Charlotte County residents are female	73% of survey respondents were female	71.2% of focus group participants were female
84.3% of residents are White	69.8% of survey respondents were White	90.1% of focus groups participants were White
5.0% are Black	8.0% were Black	4.2% were Black
41.7% of Charlotte County residents are employed and 21.1% were retired	75.3% of survey respondents were employed and 21.1% were retired	54.8% of focus group participants were employed and 42.5% were retired
11.8% of residents are under 18 years old	52.5% of survey respondents had children 18 years or under in their households	16.4% of focus group participants had children 18 years or under in their households
3.2% of Charlotte County residents have a household income of \$15,000 or less	5.3% of survey respondents had a household income of \$15,000 or less	17.4% of focus group participants had a household income of \$15,000 or less
20.6% of residents have a household income between \$15,000 and \$50,000	24.0% of survey respondents had a household income between \$15,000 and \$45,000	26.9% of focus group participants had a household income between \$15,000 and \$45,000
34.5% of residents have a household income between \$50,001 and \$100,000.	43.5% of survey respondents had a household income between \$45,001 and \$90,000	30.2% of focus group participants had a household income between \$45,001 and \$90,000
Low-income individuals spend, on average about 36.8% of their income on housing	68.7% of survey respondents considered themselves housing burdened. With 47.6% of those spending half their income or more on housing costs	55.6% of focus group participants considered themselves housing burdened. With 37.1% of those spending half their income or more on housing costs

Demographics

US Census Bureau ACS 5-year 2018-2022

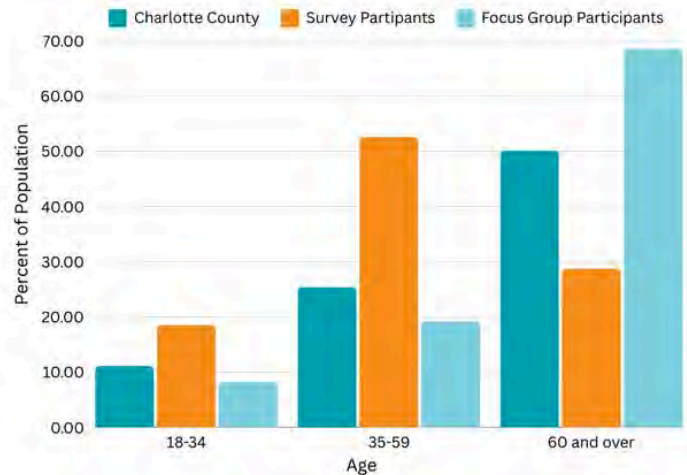


- Race White Population
- Two or More Races Population
- Race Black or African American Population
- Some Other Race Population
- Race Asian Population
- Race American Indian and Alaska Native Population
- Race Native Hawaiian and Other Pacific Islander Population

59.9
Years Old
Median Age

Sources: US Census Bureau ACS 5-year 2018-2022

Age Demographics of Charlotte County



Life Expectancy at Birth

78

Years

Charlotte County, FL

78.8

Years

Florida

Sources: CDC NCHS USALEAP 2010-2015



12%
of Civilians 18+

Veteran Population
Charlotte County, FL



20,039
People

Veteran Population
Charlotte County, FL

Sources: US Census Bureau ACS 5-year 2018-2022



22%
of People

People with a Disability
Charlotte County, FL



40,348
People

People with a Disability
Charlotte County, FL

Sources: US Census Bureau ACS 5-year 2018-2022

Married

58%

People age 15+

Charlotte County, FL

49%

People age 15+

Florida

Divorced

12%

People age 15+

Charlotte County, FL

13%

People age 15+

Florida

Never Married

20%

People age 15+

Charlotte County, FL

32%

People age 15+

Florida

Widowed

10%

People age 15+

Charlotte County, FL

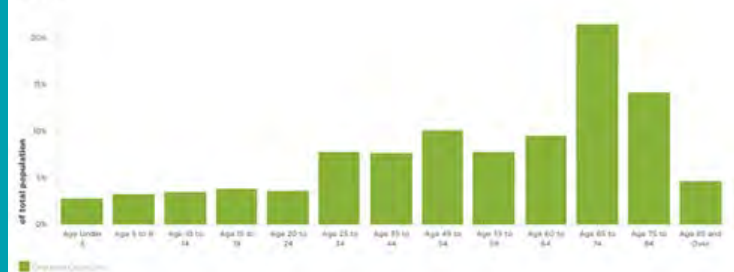
7%

People age 15+

Florida

Sources: US Census Bureau ACS 5-year 2018-2022

Age Totals



Sources: US Census Bureau ACS 5-year 2018-2022



Economic Wellness/Poverty

Charlotte County is challenged by the problem of economic wellness and poverty. This impacts the overall health and stability of the community. As rising costs of living, unemployment, and underemployment strain household budgets, many residents face barriers to accessing necessities, such as health care and housing.

Addressing economic wellness requires a collaborative effort to break the cycle of poverty and create opportunities for sustainable economic growth and stability for all residents.

Focus Group

“There are many economic factors that affect the people here, there is no industry, and low wages.”

“Homelessness is a big problem, there are too many homeless here.”

The cost of housing has increased while housing availability has decreased.

“There is a lack of affordable housing.”

Community Survey

Charlotte County was rated three out of five as a good place to build a career in the community survey.

26.1% of survey participants listed homelessness as one of the most important health and wellness concern as it was ranked 5th out of 32 in priority.

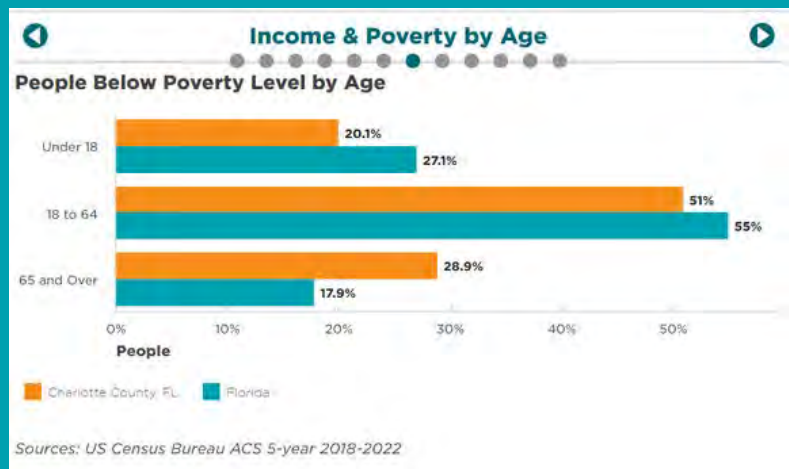
24.1% of survey participants listed high-quality jobs as something Charlotte County needs for a healthier lifestyle and it was ranked 3rd in priority.

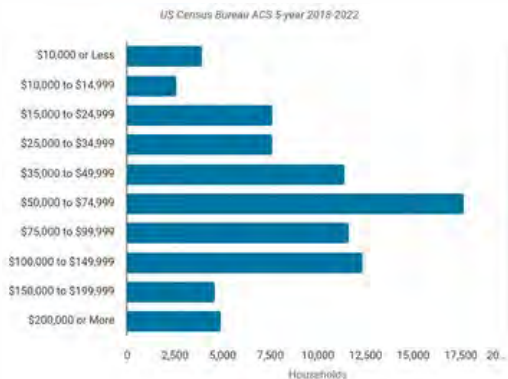
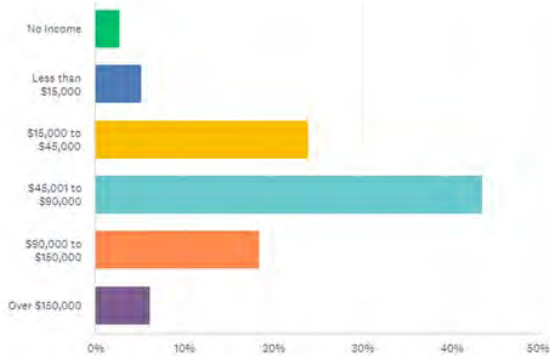
11.91% of community survey participants responded that they feel housing-cost burdened with more than 30% of income is spent on housing.



DATA

- 12% affected by food insecurity
- 51% ages 18-64 below poverty level (55% FL)
- 28.9% 65+ below poverty level (17.9% FL)
- Majority of households make \$50,000-\$74,999, per year
- 20% Hispanic and 15% Black populations are below poverty
- Arts/food/entertainment and retail trade make up a majority of the workforce





Economic Wellness

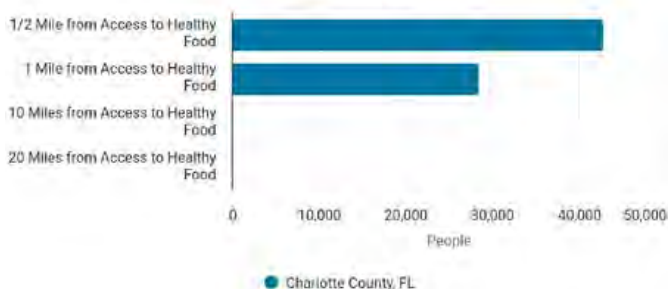
Charlotte County, Florida, faces economic challenges impacting residents' wellness. The median household income is around \$62,164. Despite the cost of living being somewhat lower than the state average, high housing costs remain a concern, exacerbated by events like Hurricane Ian in 2022 and hurricanes Helene and Milton in 2024, which caused significant damage to infrastructure and homes.

Unemployment in Charlotte County hovers around 4.2%, close to Florida's rate. However, the challenge of finding higher-paying jobs persists alongside underemployment. The aging population, many of whom depend on fixed incomes, heightens sensitivity to economic changes and instability.

Food insecurity remains a significant concern, affecting about 12% of families compared to the state average of 11% in Florida.

Addressing these economic challenges is crucial for improving the health and well-being of Charlotte County residents. Prioritizing the creation of better job opportunities, affordable housing, and enhanced access to essential services that support economic stability is vital for the community.

Low Income People
USDA ERS 2019



Unemployment Rate

BLS LAUS August 2024



4.2%

Unemployment Rate
Charlotte County, FL

BLS LAUS August 2024

People Living in Poverty by Race/Ethnicity

Charlotte County, FL

Asian	8% of Asian Population
Black or African American	15% of Black or African American Population
Hawaiian or Pacific Islander	16% of Hawaiian or Pacific Islander Population
Hispanic or Latino	20% of Hispanic or Latino Population
Multiracial	7% of Multiracial Population
Native American	21% of Native American Population
Some Other Race	23% of Some Other Race Population
White, not Hispanic or Latino	10% of White, not Hispanic or Latino Population

Sources: US Census Bureau ACS 5-year 2018-2022



Median Household Income

\$62,164

USD

Charlotte County, FL

\$67,917

USD

Florida

Sources: US Census Bureau ACS 5-year 2018-2022



People Living in Poverty

10%

of people

Charlotte County, FL

13%
of people

Florida



Workforce and Education

Higher education levels and workforce opportunities contribute to economic stability and employment benefits which reduce the financial barriers to receiving health care. Well-educated individuals often have better access to resources and opportunities that promote health. A highly-skilled workforce attracts businesses and industries, fostering economic growth and improving the overall quality of life in the community. This, in turn, can lead to better public health infrastructure and services.

By prioritizing education and workforce development, communities can create a more prosperous environment which directly impacts overall health and well-being.

Focus Group

- While some felt Charlotte County had a great school system, others felt there needed to be some changes to improve it
- Younger people are not prioritized in the community due to high elderly population
- Not enough places for younger people to hang out
- Need teachers
- Need resource officers in schools
- Common theme -Need tech courses for seniors
- Lacking education such as colleges
- Common theme - Low wages in Florida
- No educated/skilled workforce
- Mostly service jobs available

Community Survey

Survey taker highest level of education responses:

- 10% high school diploma/GED
- 23.9% some college
- 22.9% associate's degree
- 24.7% bachelor's degree
- 15.3% graduate/doctorate degree



Workforce

- 67,997 total people employed
- 4,087 total people unemployed
- \$62,164 median income (\$67,917 FL)
- 4.2% unemployment rate
- Majority of households make \$50,000-\$74,999, per year
- Majority of workforce is in the service industry
- Majority of employers have 1-4 employees
- 22% Employed - Arts, Food, Entertainment
- 17% (approx.) workers aged 25-44
- 13% (approx.) workers aged 45-54
- 5% (approx.) workers are over 65



Education

- 34% have obtained a high school diploma
- 58% have obtained at least some college
- 32.3% of Florida students were absent for 10% or more of the academic year (2021-2022)



Workforce

Employment distribution by industry for 2018-2022:

- Arts, Food, and Entertainment: 13,696 people
- Education and Health Care: 7,557 people
- Retail Trade: 10,627 people
- Public Administration: 7,889 people
- Construction: 7,199 people
- Other Services: 3,110 people
- Scientific and Professional: 4,496 people
- Finance and Insurance: 4,496 people
- Manufacturing: 3,227 people

From these numbers, arts, food, and entertainment emerges as the largest employment sector, followed by retail trade, education, and health care.

Workers by age in Charlotte County:

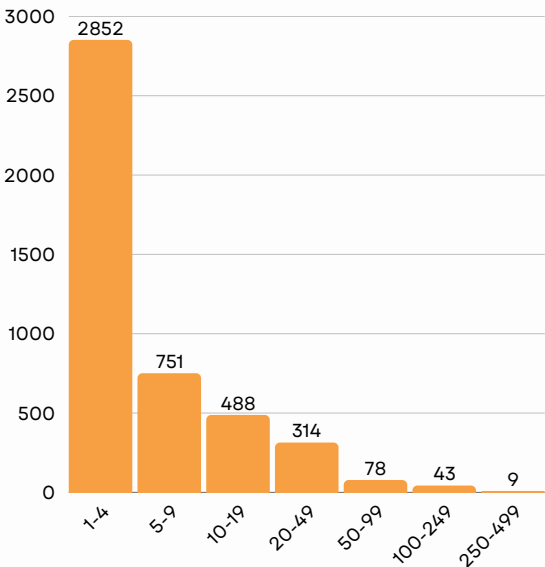
- Age 16 to 19: 2,097 workers
- Age 20 to 24: 4,595 workers
- Age 25 to 44: 21,573 workers
- Age 45 to 54: 13,432 workers
- Age 55 to 59: 8,768 workers
- Age 60 to 64: 7,748 workers
- Age 65 and Over: 8,109 workers

Commute to work:

- Motorcycle: 203
- Taxicab: 334
- Bicycle: 342
- Work From Home: 9,163
- Other Transit: 1,013
- Walk: 705
- Public Transit: 165
- Drive Carpool: 4,849
- Drive Alone: 49,548

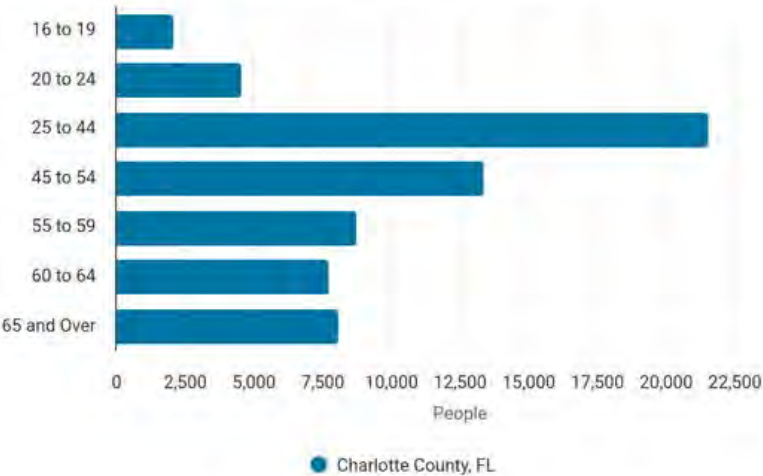
Unemployment in Charlotte County hovers around 4.2%, close to Florida's rate. However, the challenge of finding higher-paying jobs persists alongside underemployment. The aging population, many of whom depend on fixed incomes, heightens sensitivity to economic changes and instability.

Charlotte County Employers - Number of Employees



Workers Age

US Census Bureau ACS 5-year 2018-2022





Education

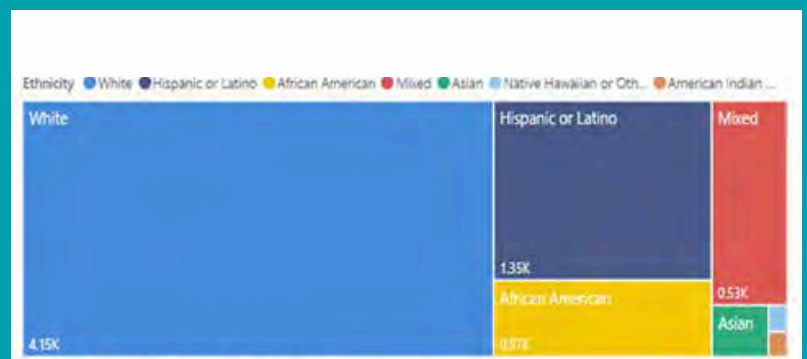
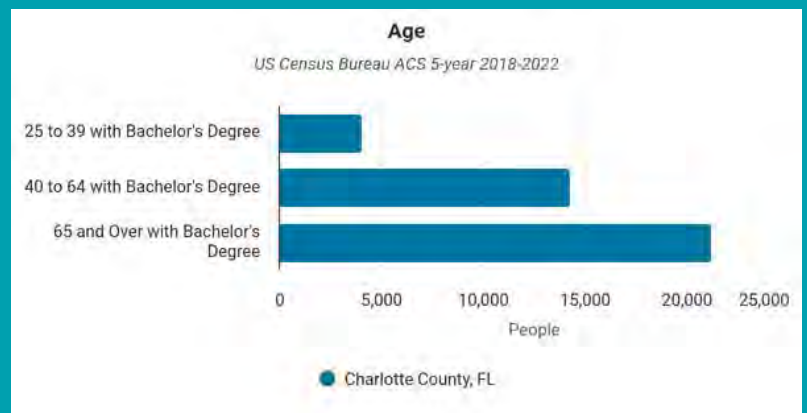
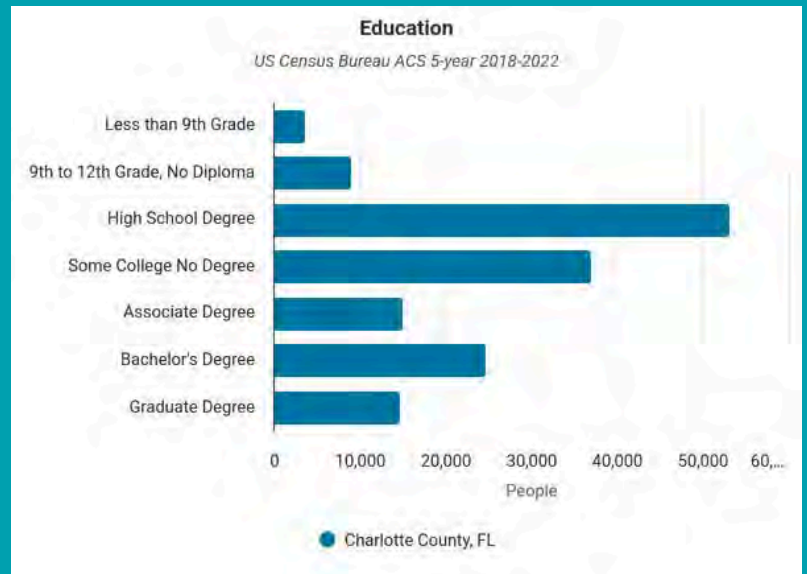
From 2018 to 2022, educational attainment in Charlotte County, Florida, shows a staggered spread. A segment of 3,663 individuals completed less than 9th grade, and 9,049 individuals pursued education up to 12th grade without obtaining a diploma. The majority, 53,154 people, hold a high school degree.

Furthermore, 37,145 individuals attended some college without earning a degree, while 15,077 achieved an associate degree. Bachelor's degrees were attained by 24,826 residents, and 14,814 went on to earn graduate degrees.

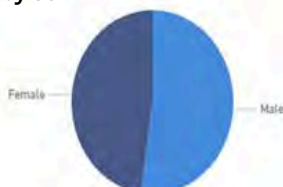
Data from the Florida Department of Education revealed that 20.9% of public school students, including those in adult education courses, missed 21 or more days during the 2021-2022 academic year.

The department measures attendance by tracking students who miss 21 or more days and those absent for 10% or more of the year. The 2021-2022 data indicated that 32.3% of students, over one million, were absent for 10% or more of the academic year.

In Charlotte County, these challenges exist. It's essential to engage students in attending school regularly and ensure parents support consistent school attendance all day, every day.



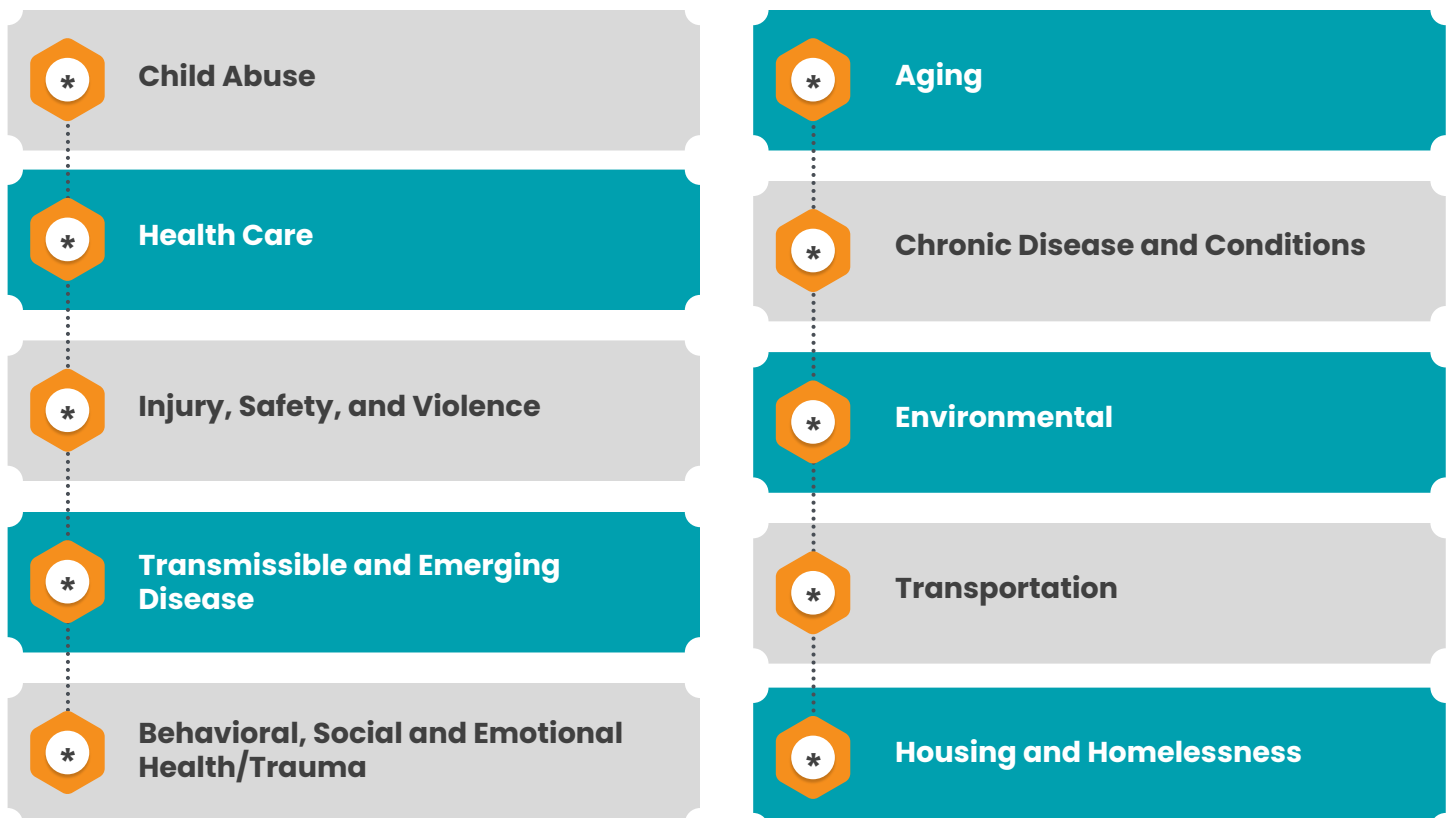
Charlotte County Elementary School Enrollment Demographics by Sex





Charlotte County Community Photos, March 2, 2021

10 Areas of Focus



Aging

Charlotte County is significantly older than the average county and the median age is rising.

As the elderly continue to make up the majority of the Charlotte County population and the number of seniors will outnumber youth, nationally by 2030, community resources must rise to meet the growing needs of the senior population.

Isolation amongst the elderly is a growing challenge since Charlotte County's median age is rising.



Focus Group

People noted that seniors have a disconnect when it comes to technology, and they would benefit greatly from computer/technology classes.

Participants expressed a need for more activities for seniors.

Participants reported a lack of dental care specifically for seniors.

"Sometimes I feel like we [seniors] get treat poorly, as if we are children."

"There are many grandparents raising grandchildren."

Community Survey

Charlotte County was rated 3.6 out of five as a good place to grow old in the community survey

23.8% of survey participants listed aging problems as one of the most important health and wellness concerns and it was ranked 6th out of 32 in priority.

17.3% of survey participants listed senior care as one of the most important health and wellness concerns and it was ranked 9th in priority out of 32.



Data

- Median age 60 years
- Of those 65 and over:
 - 53,595 live with family
 - 4,762 live with non-family
 - 16,610 live alone
 - 7.5% below 100% of poverty
 - 15.2% below 150% of poverty
 - 24.1% below 200% of poverty
 - 73.8% live over one mile from supermarket
 - 26.5% are sedentary
 - 25.9% are obese
 - 17.4% 65-84 are Veterans
 - 16.1% diagnosed with depressive disorder
 - 28% have had heart issues or stroke
 - 24.4% diagnosed with Diabetes
 - 32% with any disability
 - 11.6% probable Alzheimer's disease
 - 18% ED visits due to falls - 3972
- 1,424 grandparents caring for grandchildren

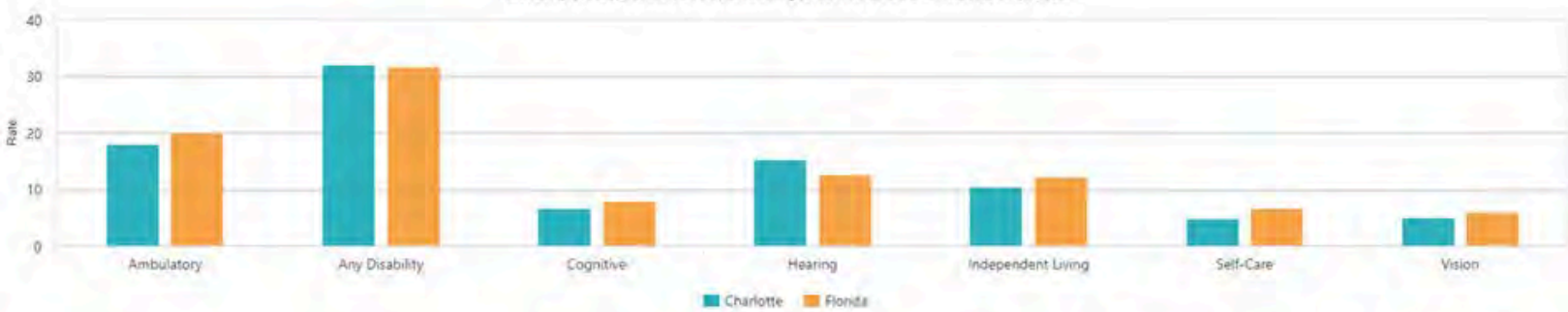


Spotlight

11.91% of community survey participants responded they feel housing-cost burdened (30% or more of income).

Seniors are the most frequent callers to EMS due to unintentional falls. Falls are a leading cause of injury-related death among seniors.

Disability Status, Percent Of Population Aged 65 And Over, Charlotte County, 2022



United States Bureau of the Census, American Community Survey, 5-year estimates

Aging

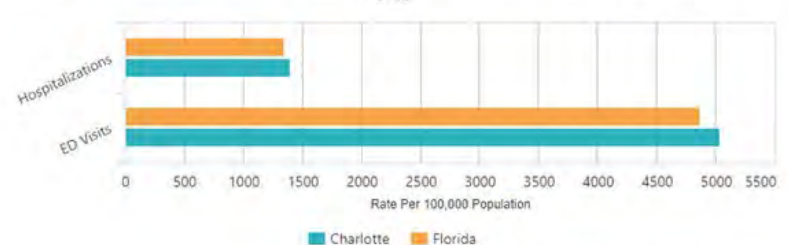
Charlotte County, Florida, presents a fascinating demographic profile, marked by its significant aging population. As of the 2018-2022 period, the county boasts 15,728 individuals aged 25 and over, with considerable representation in the senior age brackets. Notably, the group aged 65 to 74 years is prominent, numbering 40,709, reflecting Charlotte County's reputation as a desirable retirement destination.

The county's senior community extends to those between 75 to 84 years, tallying 26,976, and those aged 85 and over, with a population of 8,929. This demographic trend underscores the importance of age-focused health services and amenities to cater to older residents.

Households with people aged 65 and over form a substantial segment, indicating a blend of independent and assisted living preferences among the senior citizens. The population aged 55 to 64 is robust as well, contributing 49,718 people to the county's demographics. A significant portion of the population holds higher educational qualifications, with 21,251 residents in the age group 65 and over possessing a bachelor's degree or higher, reflecting a well-educated senior community.

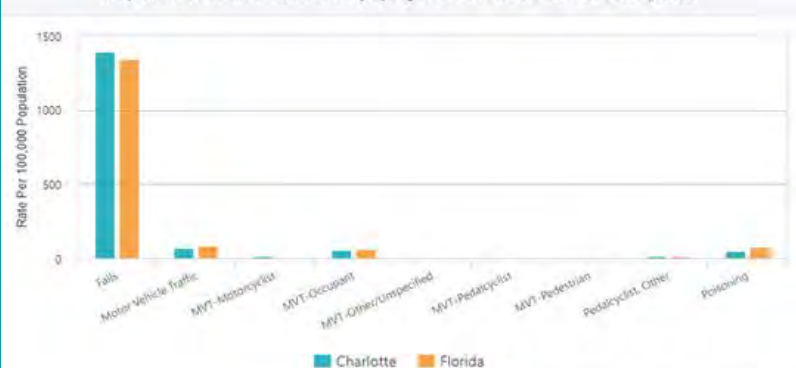
This demographic outline emphasizes the need for tailored health care facilities, community programs, and infrastructure to support the aging populace in Charlotte County, ensuring a vibrant and enriched living experience for its senior residents.

Emergency Department Visits And Hospitalizations From Falls, Aged 65 And Older, Charlotte County, 2022



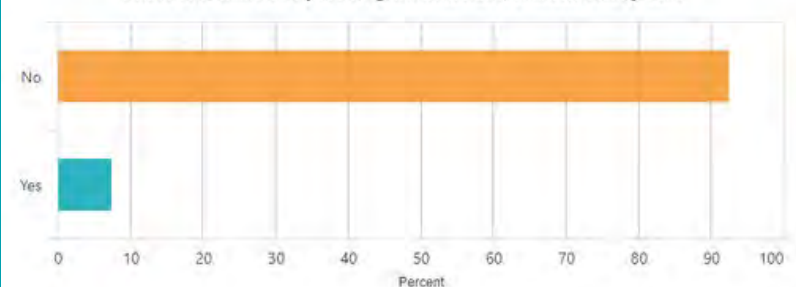
Florida Agency for Health Care Administration

Hospital Visits From Unintentional Injury, Aged 65 and Older, Charlotte County, 2022



Florida Agency for Health Care Administration

Income Less Than Poverty Level, Aged 65 And Older, Charlotte County, 2022



United States Bureau of the Census, American Community Survey

60
Years
Median Age
Charlotte County, FL
US Census Bureau ACS 5-year 2018-2022

42
Years
Median Age
Florida
US Census Bureau ACS 5-year 2018-2022

22%
of People
People with a Disability
Charlotte County, FL

40,348
People
People with a Disability
Charlotte County, FL

Sources: US Census Bureau ACS 5-year 2018-2022



Chronic Diseases and Conditions

Charlotte County is facing a growing challenge with chronic diseases and conditions, which are significantly affecting the long-term health and quality of life for its adult population. Conditions such as heart disease, diabetes, and respiratory illnesses are increasingly prevalent, placing a strain on both individuals and the health care system. As lifestyle factors, aging, and limited access to health care services continue to contribute to the rise in chronic conditions, it's vital that community resources and prevention efforts expand to address these issues effectively.

Focus Group

Participants stated that with an aging population comes chronic disease.

Participants noted a lack of hospitals and specialty care in Charlotte County, which make it difficult to treat these conditions.

"I have heart problems and getting my condition treated is difficult because there are not enough doctors here."

Community Survey

Chronic disease was ranked number eight out of 32 by survey participants when asked about their most important wellness concern.

Participants rated Charlotte County 3.3 out of 5 on how healthy the community is.



Data

Chronic disease rates substantially exceed Florida's rates. Deaths per 100,000:

- 340 deaths due to heart disease
 - 338 deaths due to cancer
 - 83 deaths due to stroke
 - 83 deaths due to respiratory disease
 - 56 deaths due to Alzheimer's disease
 - 46 deaths due to diabetes
-
- 12% adults affected by COPD
 - 15.3% adults diagnosed with diabetes
 - 12.3% adults with heart disease
 - 66.4% over 65 are either overweight or obese
 - 33.2% obesity among all adults
 - 27% no leisure-time physical activity-adult



Spotlight

Heart disease is the leading cause of death in Charlotte County. The rate of Alzheimer's disease has been trending up.

Fig. 31: Female obesity, 2011

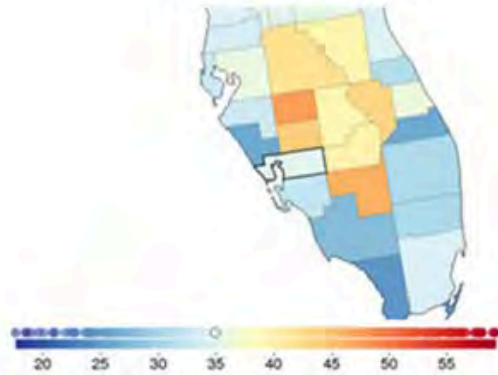
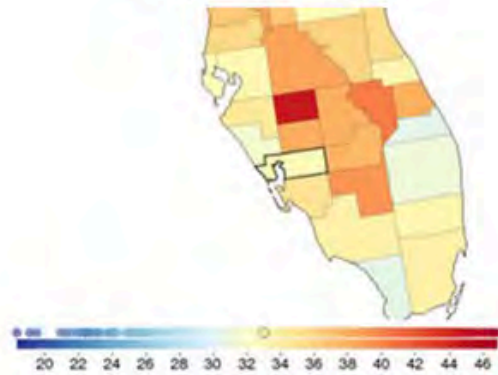


Fig. 32: Male obesity, 2011



Chronic Diseases and Conditions

Charlotte County, Florida, grapples with significant challenges posed by chronic diseases. In 2022, heart disease was the leading cause of death, with a rate of 340 per 100,000, exceeding the state's rate of 210, reflecting pervasive cardiovascular issues.

Cancer, chronic obstructive pulmonary disease (COPD), stroke, and diabetes follow, indicating a critical area for health care intervention. Death rates affect various demographics and can strain health resources.

The root causes of chronic disease and related mortality are complex and multifactorial. They often include:

Lifestyle Factors

Poor diet, lack of exercise, smoking, and excessive alcohol consumption.

Genetic Predisposition

Family history can increase the risk of certain chronic diseases. Environmental Factors: Pollution, exposure to toxins, and access to health care.

Socioeconomic Status

Limited access to health care, education, and healthy foods.

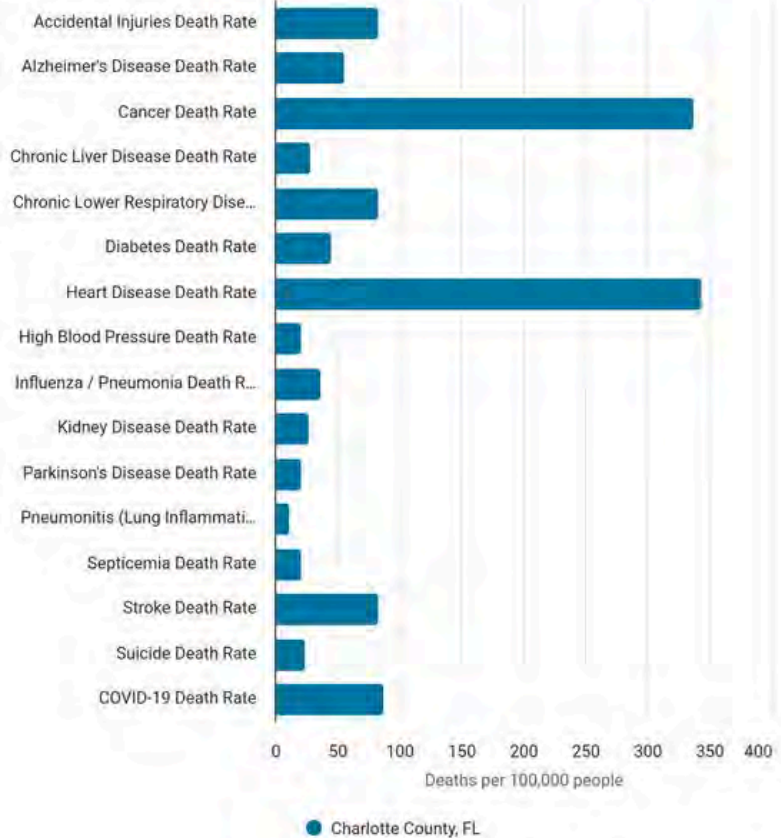
Aging Population

Increased prevalence of diseases like cancer and Alzheimer's among older demographics.

Addressing chronic conditions necessitates robust health care strategies, emphasizing preventive care, lifestyle interventions, and accessible treatment options. Enhancing community health education and leveraging state resources can mitigate these challenges, fostering improved health outcomes and reduce mortality rates in Charlotte County.

33.2%
People
Obesity Among Adults
Charlotte County, FL
CDC BRFSS PLACES 2022

CDC WONDER Cause of Death 2022



15.3%

People
Diagnosed Diabetes Among Adults
Charlotte County, FL
CDC BRFSS PLACES 2022

12.3%

People
Coronary Heart Disease Among Adults
Charlotte County, FL
CDC BRFSS PLACES 2022



Health Care

Charlotte County faces a critical challenge in ensuring access to health care, a vital factor in the overall health and well-being of its residents. With limited access to primary care and specialized treatments, many individuals struggle to receive the care they need.

As the population grows, so does the problem. It is essential that local resources, health systems, and community-based initiatives work together. Achieving better health outcomes requires a unified effort to strengthen health care infrastructure.

Focus Group

Participants stated Charlotte County had poor quality hospitals.

Participants also expressed a pressing need for more primary and specialty care doctors.

"I have to go all the way up to Sarasota to see a cardiologist. He was shocked when I told him where I lived and told me that if I have an episode I will not survive being transported up there [Sarasota]."

Community Survey

Survey participants rated their satisfaction with the health care system in the community 3.25 out of 5.

32.5% and 31.7% of survey participants ranked access to primary and specialty care as the second and third top health concerns out of 32.

51.7% of survey participants go to a primary doctor to get health care.

52.6% of survey takers cited lack of insurance as the main barrier to seeking medical treatment.



Data

- 88% of residents are insured
- 10% of residents have no health insurance
- 1% under 19 have no health insurance

2022-23 Resource availability rate per 100,000:

- 33.1 Licensed Dentists (61.5 FL)
- 63.3 Dental Hygienist (66.0 FL)
- 149.3 Physicians (261.2 FL)
- 6.4 Family Practice Physicians (13.3 FL)
- 6.9 Pediatricians (16.5 FL)
- 8.4 Psychologists (23.9 FL)
- 50.4 Mental Health Counselors (65.4 FL)
- 23.3 Marriage and Family Therapist (11.3 FL)
- 38.1 Clinical Social Workers (56.4 FL)
- 353.6 Hospital Beds (316.3 FL)
- 314.5 Acute Care Beds (245.2 FL)
- 39.1 Specialty Care Beds (71.1 FL)

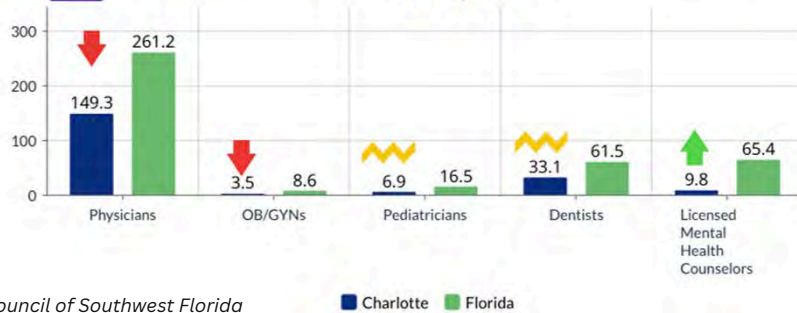


Spotlight

Survey respondents identified dental care and mental health services as the most difficult health care services to access, while focus group respondents noted specialty care providers.



Licensed Health Professionals*, 2023, rate per 100,000⁴



Health Care

Health care access in Charlotte County, Florida, remains a pressing concern, particularly given the county's significant aging population. As of the latest data, approximately 12% of Charlotte County residents under the age of 65 are uninsured, closely aligning with the state average of around 15%.

Lack of insurance hinders access to timely medical and preventive services. The county also lacks health care providers, particularly specialists, necessitating trips to neighboring areas for comprehensive medical care.

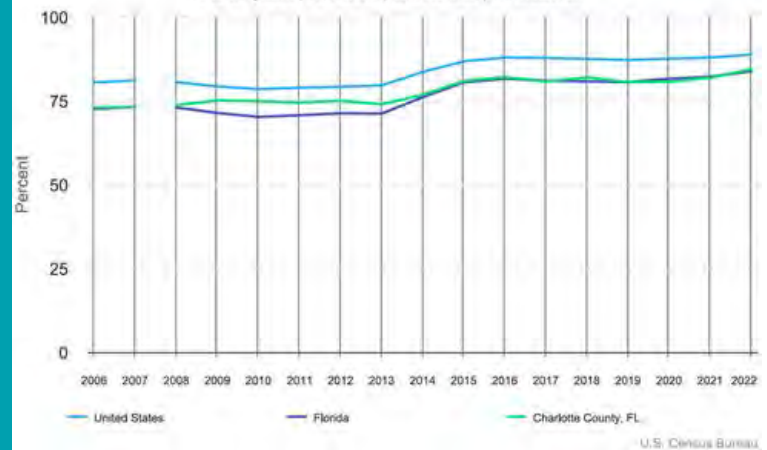
The county's health care infrastructure includes several hospitals: Fawcett Memorial and Shorepoint Health locations in Port Charlotte and Punta Gorda. However, the ratio of primary care physicians is about 1.8 per 1,000 residents, below the state average of 2.5. This highlights ongoing challenges in meeting health care demands.

An often-overlooked aspect is dental care, which is crucial for overall health. Charlotte County faces a shortage of dental providers, especially those who accept public insurance like Medicaid. This shortage limits access for low-income and elderly residents who are more susceptible to dental issues such as periodontal disease, which can impact overall health by exacerbating conditions like heart disease and diabetes.

With roughly 33% of the population aged 65 and older managing chronic conditions furthers the strain on health care resources. Efforts to expand health care access include bolstering insurance coverage and addressing professional shortages. Complementary strategies like improving transportation for older adults, enhancing telehealth services, and expanding dental services are essential for ensuring comprehensive health care solutions for Charlotte County residents.

Insured (2006 - 2022)

18 to 64 years | All Races | Both Sexes | All Incomes



Primary Care Provider Ratio

1,610

People per 1 Primary Care Provider
Charlotte County, FL

1,370

People per 1 Primary Care Provider
Florida

Sources: Area Health Resource File/American Medical Association 2021 via RWJF County Health Rankings & Roadmaps 2024



People Without Health Insurance

10%

of people
Charlotte County, FL

12%

of people
Florida



People without Health Insurance

19,082

People
Charlotte County, FL

2,620,725

People
Florida

Sources: US Census Bureau ACS 5-year 2018-2022

Age of People Without Health Insurance



Sources: US Census Bureau ACS 5-year 2018-2022

Injury, Safety, and Violence

Charlotte County faces a significant challenge with injury, safety, and violence, issues that directly impact the health and security of its residents. Whether due to accidents, domestic violence, or community violence, these events result in physical and emotional harm that can have long-lasting effects.

As risk factors like substance abuse, mental health concerns, and socioeconomic stressors persist, it's essential that local resources and safety measures grow to effectively address and prevent injury and violence.

Focus Group

"Criminal activity is increasing and we need more police presence to feel safe."

"We live in a pretty safe community, but more crazy stories have been happening recently."

"There is a lack of communication to the public about the amount of crime."

Community Survey

29.7% of survey respondents listed personal safety or security reasons as an important factor if they were to consider moving out of Charlotte County.

9.6% of survey participants listed crime as one of the most important health and wellness concerns.



Data

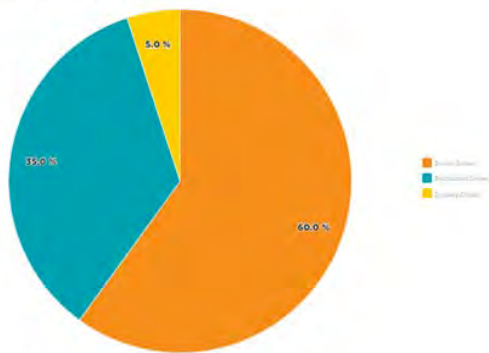
- 7 pedestrian and five cyclist fatalities from motor vehicle crashes (2022)
- 38 motor vehicle crash fatalities (2022)
- 83 deaths from accidental injuries (2022)
- Crime rates per 100,000 are as follows:
 - 14.8 violent crime rate (22.7 US)
 - 65 aggravated assault
 - 3 arson
 - 2 robbery
 - 472 larceny
 - 47 vehicle theft
 - 1 murder
 - 6 rape
 - 66 burglary
- 14 unintentional drowning deaths (2020-22)
- 14 people per pool in FL (2nd highest in U.S.)
- 492 injury deaths ages 35-44 (2018-22)
- 2,800 non-fatal unintentional falls per 100K
- 51 fatal overdoses (2022)
- 413 EMS overdose responses (2022)



Spotlight

Individuals 65 years and older are the most frequent callers to EMS, widely due to unintentional falls due to a variety of causes. Falls are a leading cause of injury-related death among adults aged 65 and older and is increasing.

Motor Vehicle Fatal Crash - Selected Factors



Charlotte County, FL
Sources: NHTSA FARS 2021

Motor Vehicle Crash Non-Occupant Fatalities



Sources: NHTSA FARS 2021

Motor Vehicle Crash Fatalities

30
People
Charlotte County, FL

3,738
People
Florida

Sources: NHTSA FARS 2021

Injury, Safety, and Violence

Charlotte County underscores various challenges related to injury, safety, and violence. From 2018 to 2022, accidental injuries accounted for 492 deaths among residents aged 35-44, a significant concern reflecting safety issues within the community. Comparatively, state data for Florida shows a variety of causes of death, though specific comparable numbers differ due to statewide trends and larger population samples.

Unintentional falls are a leading cause of injury-related death among adults aged 65 and older and is increasing.

In 2022, Charlotte County reported a murder rate of one and a rape rate of six per 100,000. While these figures provide a snapshot of violent crime, they indicate lower rates than heavily urbanized regions in the state. Aggravated assault occurred at a rate of 65 per 100,000, suggesting significant interpersonal violence incidents. Property crime rates exhibited 66 burglaries and 472 larcenies per 100,000, reflecting moderate levels compared to more densely populated counties.

Efforts to enhance community safety, including increased law enforcement engagement and community policing initiatives, can mitigate these issues. Additionally, promoting public awareness and educational programs focused on violence and injury prevention are crucial for improving safety and reducing injury within the county. Addressing these challenges requires coordinated action involving local authorities, health care providers, and community organizations aiming for a safer Charlotte County.

2,643

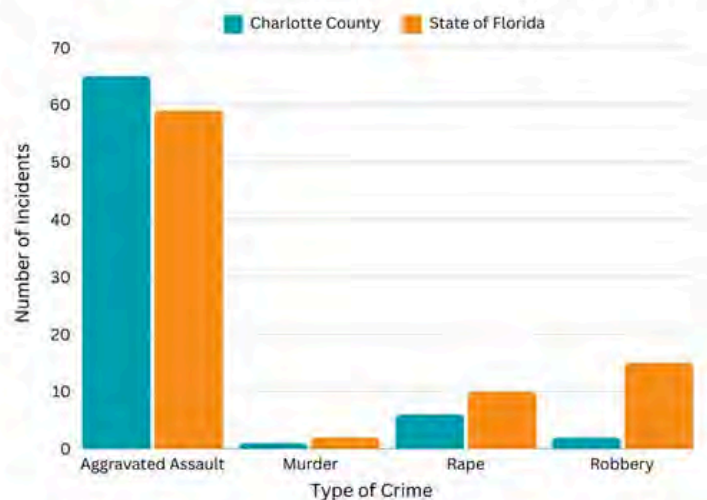
per 100,000 Medicare enrollees

Medicare Preventable Hospital Stays

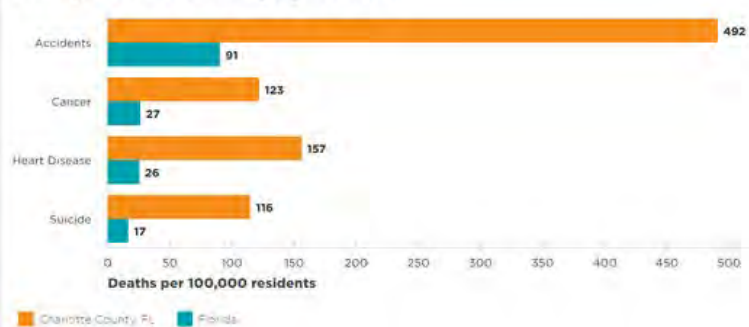
Charlotte County, FL

CMS MMD 2022

Violent Crime in Charlotte County vs Florida

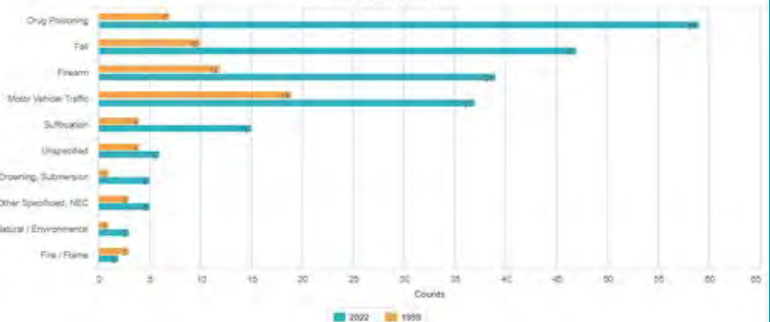


Leading Causes of Death by Age 35 to 44



Sources: CDC WONDER Cause of Death 2018-2022

Leading Causes Of Fatal Injury
1999 vs. 2022, Charlotte County, Florida





Behavioral, Social and Emotional Health, and Trauma

Positive behaviors (regular exercise) improve health, while negative behaviors (substance abuse) can lead to health issues. Strong social connections and support networks can boost psychological health, while social isolation may lead to problems like depression. Good emotional health aids stress management and resilience, reducing the risk of mental health disorders. Past traumatic experiences can have lasting effects, influencing mental and physical health. Together, these elements interact and influence one's overall health, demonstrating the importance of a holistic approach to health care and wellness.

Focus Group

Focus group participants expressed the need for more grief counseling and trauma-informed care.

Participants also felt there needed to be more training for mental health.

“A lot of mental health issues are not being addressed.”

Community Survey

30.6% of survey participants listed mental health problems as one of the most important health and wellness concerns and it was ranked 4th in priority.

30% of survey takers listed mental health support programs as something Charlotte County needs for them to have a healthier lifestyle, it was ranked 2nd in priority.

Survey respondents rated themselves 2.7 out of five when asked if they've had trouble completing their day-to-day activities due to feeling sad, anxious or depressed.

Survey respondents rated themselves 3.4 out of five when asked if they knew where to get mental health treatment.



Data

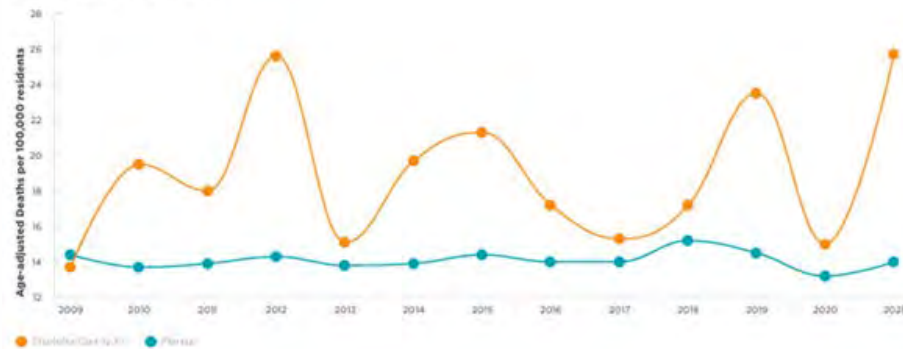
- 837 people per mental health provider (486 FL)
- 3.9% high school students use tobacco (2.8% FL)
- 6.4% tobacco use during pregnancy
- 19.7% of adults smoke (15.5% FL)
- 959 adult drug arrests (2023)
- 19.5% of adults binge drinking
- 4.2 psychiatric providers per 100K children
- 44.1 drug poisoning deaths (FL 34.9) (2022)
- 22.1 rate suicide deaths (13.6 FL) (2018-22)
- 806.6 hospitalizations for mental disorders (2022)
- 282.9 rate juvenile drug arrests (166.5 FL) (2022)
- 1.2 rate K-12 students with emotional/behavioral disability (.4 FL) (2024)
- 1,074.3 rate of child abuse, ages 5-11 (431.5 FL) (2024)
- 110.6 rate hospitalizations due to non-fatal self-harm, ages 12-18 (69.2 FL) (2023)
- 8.91 per 1,000 baker act involuntary examinations (Suncoast Region 2023-2024)
- 18.8% adult survey takers had been told they had a depressive disorder



Spotlight

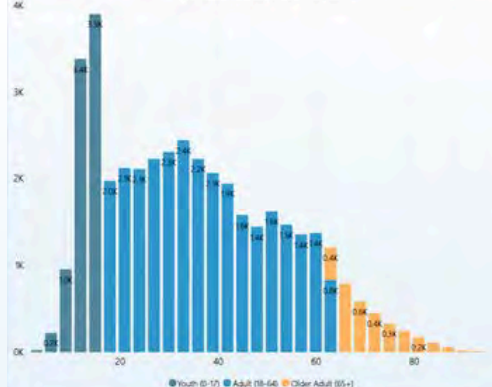
Charlotte County's data underscores a critical shortage of psychiatric providers for the younger demographic compared to both state and national levels. This highlights urgent needs for improvements within the county.

Suicide Deaths Over Time



Sources: CDC WONDER Cause of Death

Age at Involuntary Examination



Behavioral, Social and Emotional Health/Trauma

The shortage of mental health providers and increased rates of suicide and other behavioral issues creates significant challenges for Charlotte County.

Suicide rates show particular subsets of the population are more affected. The 2023 data reveal suicide as a recurring cause of death across multiple age groups. Notably, those aged 45-54 (84.3), and 55 to 64 (78.9), experience higher mortality from suicide, with crude rates totaling 163.2 deaths per 100,000 (FL Charts Mortality Dashboard).

Veteran status data shows a potential gap in mental health resources, despite existing treatment facilities, which could address needs specific to their service-related experiences and socioeconomic challenges. This multifaceted narrative highlights the interconnected role of age, income, and veteran status, urging a comprehensive community response to tackle mental health and suicide prevention with tailored strategies.

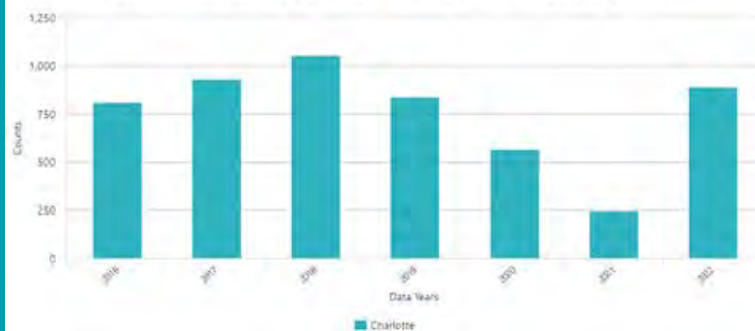
Additionally, higher drug use rates and unhealthy mental health days among adults could potentially exacerbate the number of child abuse/neglect cases.

Over the past several years, the rates of juvenile drug arrests have been steadily trending down (282.9 in 2022 per 100,000 from 1,239.7 in 2014), however, it is important to note that the county rates are still much higher than the state rate.

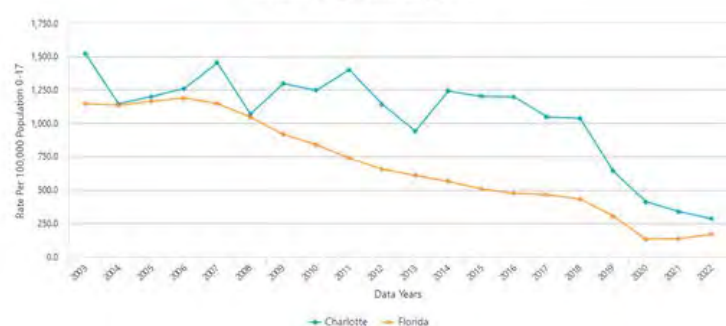
Age-adjusted Deaths From Drug Poisoning, Single Year



Adult Substance Abuse Program Enrollees (Aged 18 Years and Older), Single Year



Juvenile Drug Arrests, Single Year



Suicide Deaths

22.1

Age-adjusted deaths per 100,000 residents

Charlotte County, FL

13.6

Age-adjusted deaths per 100,000 residents

Florida

Sources: Florida Charts

Binge Drinking

19.5%

of Adults

Charlotte County, FL

17.2%

of Adults

Florida

Sources: Behavioral Risk Factor Surveillance System 2020 via RWJF County Health Rankings & Roadmaps 2024



Child Abuse

Charlotte County faces a pressing challenge with the prevalence of child abuse, a hidden yet critical issue impacting the well-being of its youngest residents.

As families grapple with financial stress, mental health challenges, and other social issues, it's crucial that community resources and support systems grow to effectively address and prevent child abuse.

Ensuring a safe environment for children requires a community effort.

Focus Group

Focus group participants most came to an agreement that Charlotte County had sufficient clubs and programs for children.

"One thing we do well here is that we have great programs for our youth such as Boys and Girls Club and others that feed them over the summer when school is not in session."

"We have events such as Cops and Goblins and Back to School Bashes for the children"

Community Survey

Charlotte County was rated 3.4 out of five as a good place to raise children in the community survey.

14% of survey participants listed child abuse and neglect as one of the most important health and wellness concerns and it was ranked 12th in priority.



Data

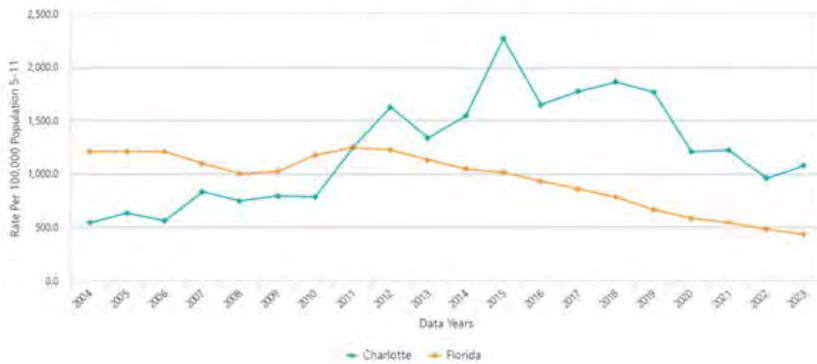
- 9th in the state for the highest rate of child abuse, ages 5-11
- 76 per 10,000 reported cases (2021-22)
- Top five child removal reasons:
 - Drug Abuse of parent
 - Inadequate supervision
 - Inadequate housing
 - Caregiver inability to cope
 - Domestic violence
- 26.2% high school students experienced four or more adverse childhood experiences (2022)
- 32.7% high school students experienced emotional neglect (2022)
- 43.4% high school students experienced mental illness in their household (2022)



Spotlight

Neglect remains the most common form of child abuse in Charlotte County, accounting for about 70% of reported cases. Since the 2020 CHNA, Charlotte County has moved from ranking 3rd to 9th, but there is still work to do.

Children Experiencing Child Abuse (Aged 5-11 Years), Single Year



7.6 vs. 15.9
cases of child maltreatment per 1,000 when parent is
Employed vs. Unemployed
United States

Source: Fourth National Incidence Study of Child Abuse and Neglect (NIS-4).

Child Abuse

Charlotte County, like much of Florida, faces challenges related to child maltreatment, including physical abuse, neglect, and emotional abuse.

From October 2021 through September 2022, Charlotte County reported approximately 2,123 cases of child abuse or neglect, this is a rate of 76 per 10,000 according to Florida Department of Children and Families (DCF) data. Florida as a whole reported a rate of 51.1 per 10,000 in the same timeframe.

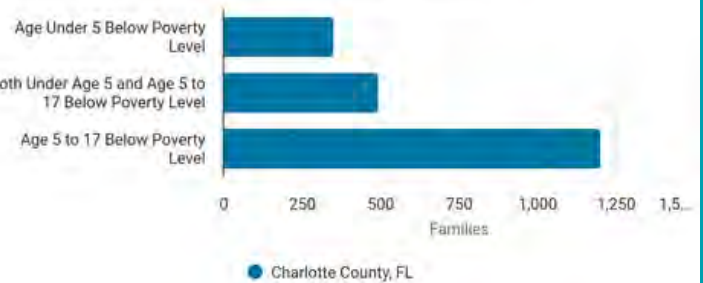
The situation is compounded by the high incidence of neglect, which continues to be the most reported form of maltreatment. Neglect can take many forms, including physical neglect (failure to provide adequate food, shelter, or supervision) and emotional neglect (failure to provide appropriate emotional care or affection). The number one cause of child maltreatment is drug abuse by the parent. This along with limited access to mental health services for children can lead to negative outcomes for the youth.

Countless studies and evidence have shown a strong link between low-income, low educational attainment, poor neighborhoods, and high crime rates, among others, to poor child development, unfavorable health outcomes, and higher risk of abuse and neglect. That is why the primary methods and strategies to preventing child abuse and neglect is to focus on socioeconomic factors in families and communities.

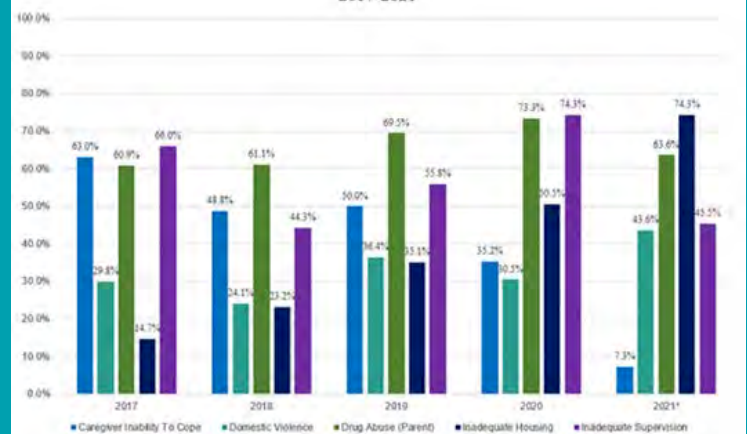
Addressing these issues in Charlotte County requires concerted efforts to expand mental health care access, enhance protective services, and implement preventive measures. By promoting and advocating for these services, Charlotte County can ensure better support and protection for children, fostering healthier development and resilience against abuse and neglect.

Family with Children

US Census Bureau ACS 5-year 2018-2022



Top 5 Removal Reasons Charlotte 2017-2021



22%
Factor in Emotional Abuse
Alcohol Use
United States

17%
Factor in Emotional Abuse
Drug Use
United States

17%
Factor in Emotional Abuse
Mental Illness
United States

Housing and Homelessness

Charlotte County is facing a critical challenge with housing instability and homelessness, a growing issue that affects the health and security of its residents. As the cost of living rises and affordable housing options remain limited, many individuals and families are at risk of losing stable shelter.

With factors such as unemployment, increasing rent, disability, mental health struggles, and substance use contributing to housing insecurity, it is essential that community resources expand to address the needs of those affected.

Focus Group

Focus group participants believe the cost of housing is the most important concern for their well-being.

"We need more affordable housing, many people can't afford homes."

"Hurricanes are causing higher insurance rates."

Community Survey

Survey respondents cited "lower cost of living" and "cost of staying in current home" as the top reasons for considering a move out of Charlotte County.

60.5% own a home, 24.4% rent, and 12.9% live with others.

62.6% considered themselves as "housing cost burdened" (more than 30% of income is spent on housing costs).

42.5% listed cost of housing as one of the most important health and wellness concerns and it was ranked 1st in priority.

40.2% listed affordable housing as something Charlotte County needs to allow them to have a healthier lifestyle and it was ranked 1st in priority.



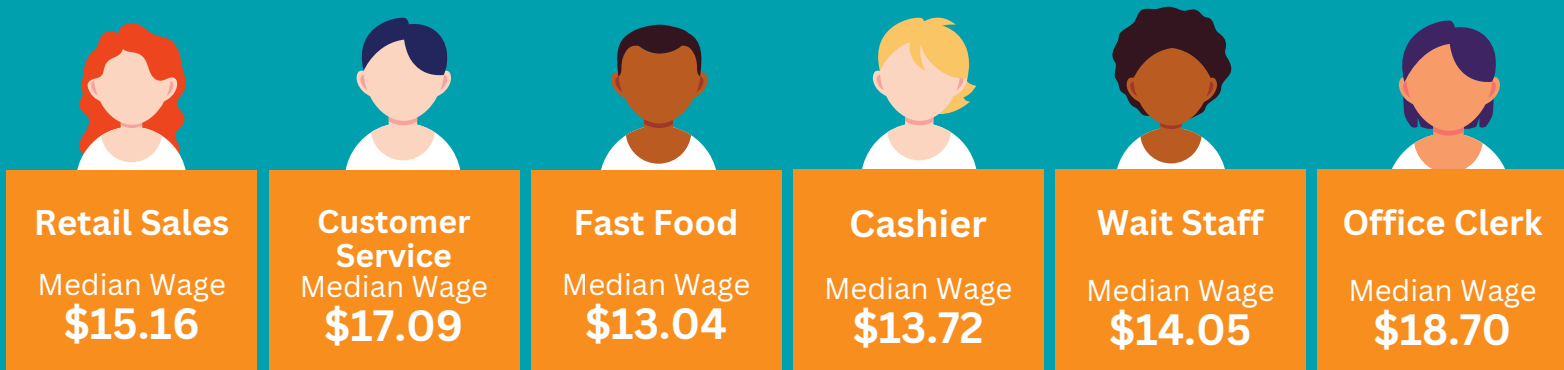
Data

- 14,581 low-income households are considered cost-burdened
- 427 homeless:
 - 193 sheltered
 - 234 unsheltered homeless
- Most common occupations don't pay enough for a 2-bedroom rental at fair market rate, and few of the fastest growing jobs afford a median single-family home
- 7.6% adults experience housing insecurity
- 111,330 housing units
- 16,604 total residents are renters (2022)
 - 5,930 renters are low-income ($\leq 60\%$ AMI) cost burdened ($>40\%$)
 - 36% of renters are low-income/cost burdened
- 19.9% or 3,864 youth and young adults ages 10-24 are living in poverty
- In the 2020-21 school year, schools identified 396 homeless children and 69 unaccompanied youth, living in places not meant for human habitation
- 8% increased cost of building materials (2022)



Spotlight

To meet future demand, about 13,330 homes need to be added throughout the Southwest Region annually to the housing stock over the next 10 years.



Florida Occupational Employment and Wages, Punta Gorda 2023

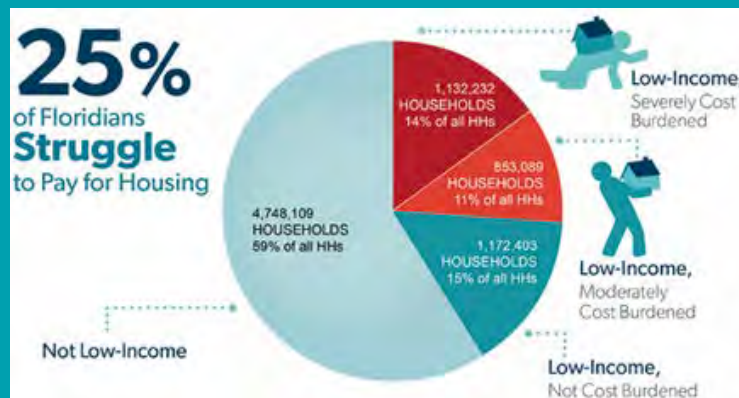
Housing and Homelessness

Charlotte County, Florida, faces unique challenges in addressing housing and homelessness. As of 2022, around 7.6% of the adult population experiences housing insecurity, indicating a portion of residents struggle with stable and affordable housing. In 2023, there were 193 sheltered homeless individuals and 234 unsheltered, underscoring the impact of limited housing resources. This contrasts with state data, where sheltered homeless counts are significantly higher in more populous areas like Illinois, which reports 10,328 individuals in shelters, highlighting the difference in resource allocation and demographic pressures.

The shortage of affordable housing units further complicates the issue in Charlotte County, leading to increased housing insecurity. Many residents face financial burdens from high rent costs. These pressures are exacerbated for those on fixed incomes or working in low-wage jobs. While housing programs and initiatives are in place to assist those in need, the demand for affordable housing surpasses availability, resulting in persistent housing instability.

Efforts to improve conditions include increasing funding for affordable housing projects and support services tailored to homeless populations. Addressing these issues is crucial for enhancing the quality of life and health outcomes for residents in Charlotte County, providing a stable foundation for broader economic and community development.

Veterans in Charlotte County add another layer to this complex issue. The population includes both sheltered and unsheltered homeless veterans (HUD AHAR), and their mental health is of concern. Veteran status data shows a potential gap in mental health resources, despite existing treatment facilities (SAMHSA), which could address needs specific to their service-related experiences and socioeconomic challenges.



838

Housing Units

HUD Subsidized Housing Units

Charlotte County, FL

HUD Picture Subsidized HH 2023

Share

1,481

Units

Low Income Units in LIHTC Properties

Charlotte County, FL

HUD LIHTC 2024

Share

36.8%

Percent of Income Spent on Housing - Low Income Individuals

Charlotte County, FL

US HUD & DOT LAI V3.0 2016

Share



Transmissible and Emerging Disease

Charlotte County faces a pressing challenge with transmissible and emerging diseases, a growing concern that threatens the health of its residents. As new infectious diseases emerge and existing ones continue to spread, the risk to public health intensifies, particularly for vulnerable populations such as the elderly, children, and those with pre-existing conditions.

There is an ongoing need for robust health care systems and public health infrastructure to prevent, control, and respond to these threats.

Focus Group

During the forces of change assessment, it was identified that isolation of the elderly was an area of concern.

Community Survey

3% of survey participants listed sexually transmitted infections as one of the most important health and wellness concern.



Data

- 302 male HIV prevalence per 100,000
- 92 female HIV prevalence per 100,000
- 12 new HIV diagnoses rate per 100,000
- 421 cases per 100,000 aged 45-54 - highest age group prevalence
- 117 per 100,000 HIV rate pre-exposure prophylaxis (2023)
- 177.9 chlamydia rate per 100,000
- 2 per 100,000 rate early non-primary non-secondary syphilis
- 0 hepatitis A cases (2021, 22, 23) compared to 2019 rate of 26.9, and 2020 rate of 10.2
- Hepatitis C
 - 214 reported cases of chronic hepatitis C, including perinatal (2022-23)
 - 4.5 rate per 100,000 hepatitis C, acute (4.5 FL)
- 47 reported cases of possible rabies exposure (2022-23)



Spotlight

- 12 HIV new diagnoses rate per 100,000
- Age group with the highest HIV prevalence is 45 to 54 with 421 cases per 100,000 people



Communicable Diseases, 3-year rate per 100,000, 2020-2022

	Charlotte County	Trend	Florida	County Quartile
Infectious Syphilis cases ²	4.4	↓	19.1	1
Gonorrhea cases ²	48.4	—	196.5	1
Chlamydia ²	177.9	—	470.9	1
HIV diagnoses ²	8.2	↓	17.8	2
Tuberculosis cases, 2021-2023 ³	0.7	⚡	2.5	1

Transmissible and Emerging Disease

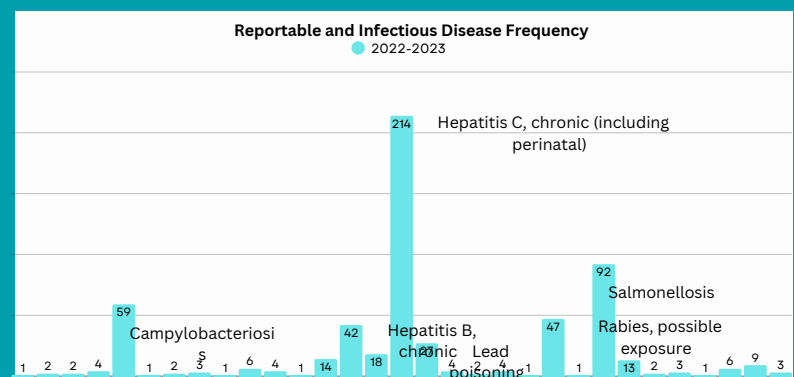
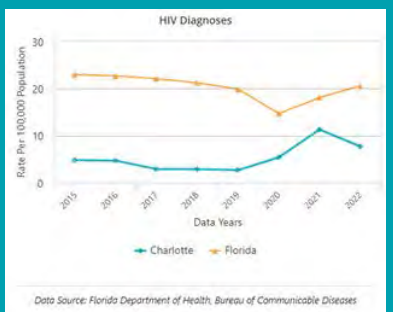
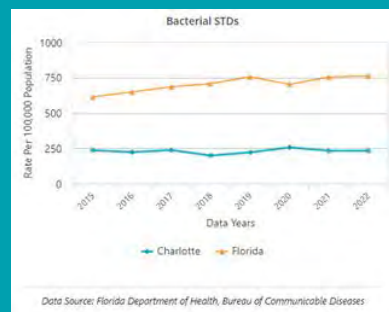
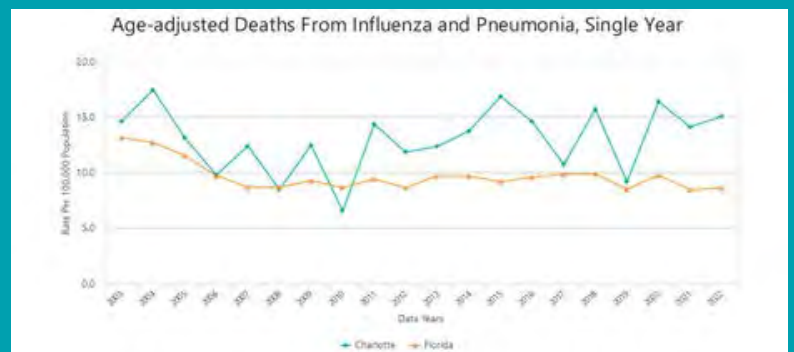
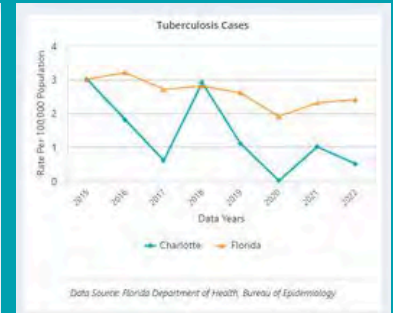
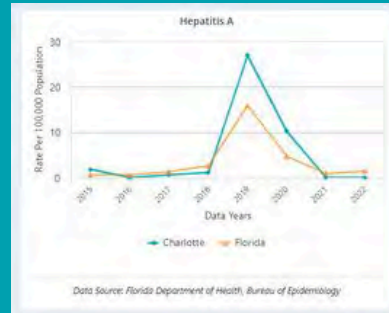
Charlotte County, Florida, faces several challenges concerning transmissible and emerging diseases.

The HIV prevalence rate in the county was 194 per 100,000 people as of 2021, lower than Florida's state average of 333 per 100,000. This indicates effective health interventions compared to more affected areas. In combating HIV, the HIV pre-exposure prophylaxis (PrEP) rate in Charlotte was 117 per 100,000 in 2023, showcasing ongoing preventive efforts.

Transmissible diseases like influenza and pneumonia continue to affect the county, with annual mortality statistics highlighting their threat. Continued vigilance and prevention education remain crucial in managing these diseases' impact.

Addressing transmissible and emerging diseases requires comprehensive strategies leveraging health education and improved access to health care services.

Coordination with local partners can help enhance response capabilities, ensuring that Charlotte County is better prepared to tackle both ongoing and new health challenges effectively.





Environmental

Charlotte County faces significant challenges related to its environmental health, built environment, and food access, all of which impact the overall well-being of its residents. With limited access to sidewalks, shade, streetlights, and nutritious food options, many struggle to maintain healthy lifestyles.

As the county grows and urbanizes, it's crucial that community planning and resources prioritize accessible, sustainable environments that support physical activity, mental health, and good nutrition.

Focus Group

Participants expressed concern over bad weather due to hurricanes and flooding.

"There are problems with debris on the streets after hurricanes"

"There are not many affordable food options and we have a high need for food access."

Need more crosswalks: *"We don't have enough time to cross the street"*

Community Survey

Survey respondents rated themselves 3.8 out of five when asked if their household has fully recovered from Hurricane Ian's physical effects and 3.4 out of five for its mental/emotional effects.

Survey participants rated their household 3.8 out of five and their community 3.2 out of five when asked about being prepared for future hurricanes.

23.3% of survey participants said water quality was an environmental factor affecting their health.

16.8% of survey participants said mold/mildew was an environmental factor affecting their health.



Data

- Approximately 20,000 children and 42,000 low-income individuals live half a mile away or more from healthy food sources
- 12% residents face food insecurity (11% FL)
- 95,947 people live one mile from healthy food
- 574 people live 10 miles from healthy food
- 70 public parks in Charlotte County
- 14% report inadequate access to park and recreational areas within a half mile of their home (18% FL)
- Limited public transportation options
- Issues identified from the 2023 COAD survey:
 - Difficulties with Insurance
 - Need to fix/improve infrastructure
 - Increase affordable housing availability
 - Shelters/Evacuation routes
 - Expanded road infrastructure
 - Communication infrastructure



Spotlight

Survey participants listed hurricanes as the number one environmental factor affecting their health. Followed by lack of sidewalks, water pollution, lack of access to healthy food options and lack of clean drinking water.

People with Low Access to Food



Source: USDA ERS 2019

Sources: US Census Bureau ACS 5-year 2019-2022 USDA ERS 2019

Environmental

Environmental health in Charlotte County, Florida, is significantly influenced by food access, natural disasters, and built environment. Food insecurity affects approximately 12% of the county's population, aligning closely with the state's average of about 11%. Rural and low-income areas, in particular, are most affected.

Charlotte County boasts a substantial number of parks and outdoor facilities, with over 70 public parks. While these offer critical recreational opportunities, the distribution and upkeep can vary, especially in lower-income regions. In comparison, around 18% of Florida residents report inadequate access to park and recreational areas within a half-mile of their home, whereas Charlotte County fares slightly better at 14%. The built environment's infrastructure, including sidewalks and bike lanes, notably impacts community health.

In addition to these challenges, Charlotte County has faced significant environmental impacts from hurricanes in recent years, most notably Hurricane Ian in 2022, and hurricanes Helene and Milton in 2024. The county's vulnerability to severe weather events has intensified concerns about hurricane recovery and preparedness. These storms have caused widespread damage to homes, infrastructure, and natural resources, causing health risks such as air and water quality issues, displaced populations, and mental health stress. Recovery efforts are ongoing, but the frequency and intensity of such storms highlight the need for environmental planning to safeguard both human health and the county's ecosystems.

Addressing these environmental health challenges involves enhancing infrastructure and resource allocation, as well as improving disaster preparedness. By doing so, Charlotte County can improve the overall wellness and quality of life for its residents, even in the face of increasing environmental threats

42,879

People

Low Income People 1/2 Mile from Access to Healthy Food
Charlotte County, FL

28,528

People

Low Income People 1 Mile from Access to Healthy Food
Charlotte County, FL

160

People

Low Income People 10 Miles from Access to Healthy Food
Charlotte County, FL

0

People

Low Income People 20 Miles from Access to Healthy Food
Charlotte County, FL

OVERALL INFRASTRUCTURE SCORE

60



96.3%

Internet Access

National Average: 83.1%



7.2

Walkability Index Score

National Average: 6.5



8.5%

Workers Commuting 60 Minutes or More

National Average: 8.3%

Air and Water

SCORE

56

METRIC

COUNTY

U.S.

PEER GROUP

STATE

Airborne Cancer Risk ⓘ

22.95

21.67

24.62

25.01

Air Quality Hazard ⓘ

0.27

0.25

0.29

0.32

Drinking Water Violation Rate /1k ⓘ

10.43

5.76

4.35

0.37

Natural Hazards

SCORE

< 5

METRIC

COUNTY

U.S.

PEER GROUP

STATE

Extreme Heat Days per Year

20.7

11.2

10.4

14.8

FEMA National Risk Index Score ⓘ

96.6

50.0

58.0

97.3

Population in Flood Hazard Zone

30.8%

4.6%

4.5%

6.4%

Transportation

Charlotte County faces a pressing challenge with transportation access, a critical issue that impacts the mobility, independence, and overall health of its residents. As the population grows and the demand for reliable, affordable transportation increases, many individuals, particularly seniors, low-income families, and those in rural areas, struggle with limited options.

Without consistent access to transportation, people face barriers to essential services such as health care, employment, and education.

Focus Group

Focus group participants expressed a huge need for better public transportation, especially those in more rural areas. Many expressed concerns about not being able to make doctor's appointments or go out for social gatherings due to lack of transportation.

An aging population can lead to additional transportation challenges.

"We live in an unwalkable city due to the lack of sidewalks."

"Many people can't get health care because they don't have the necessary transportation."

"The only option left is Uber, but many people can't afford a \$40 car ride."

Community Survey

26% of survey participants listed distance to services being too far as one of the main reasons that keeps people in Charlotte County from seeking medical treatment, 20% said lack of transportation.

Charlotte county residents rated their access to reliable transportation for work and health needs four out of five.



Data

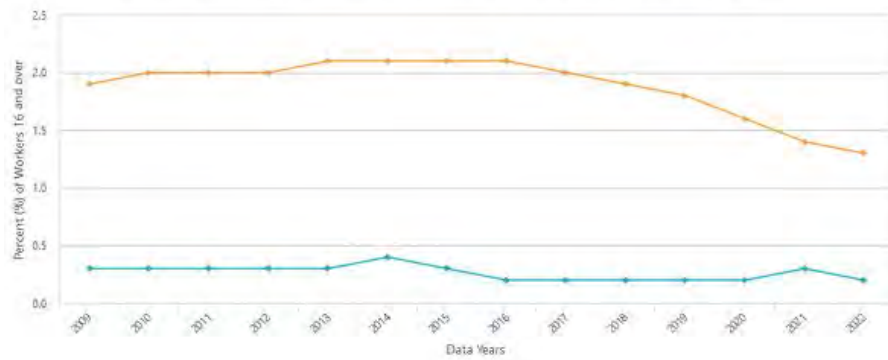
- 7.2 walkability index (10.5 FL)
- 49,548 commuted driving alone (2018-22)
- 4,849 carpool, 2nd most utilized mode
- 165 residents used public transit
- 8,410 commute 45 minutes or more when driving alone
- 8.5% of commuters travel 60 minutes or more
- Transit service recently released a transportation app allowing residents to schedule rides on their phones



Spotlight

33% of workers in Charlotte County drive a long commute alone compared to 43% in Florida

Workers Who Used Public Transportation to Get to Work (Census ACS), Single Year



Transportation

In Charlotte County, Florida, transportation is a crucial aspect affecting daily life and health outcomes. Between 2018 and 2022, the majority of the workforce, approximately 49,548 people, commuted by driving alone, a common trend reflecting the limited public transportation options. Carpooling is the second most utilized mode, with 4,849 individuals. In contrast, only 165 residents used public transit, highlighting the need for improved public transportation infrastructure.

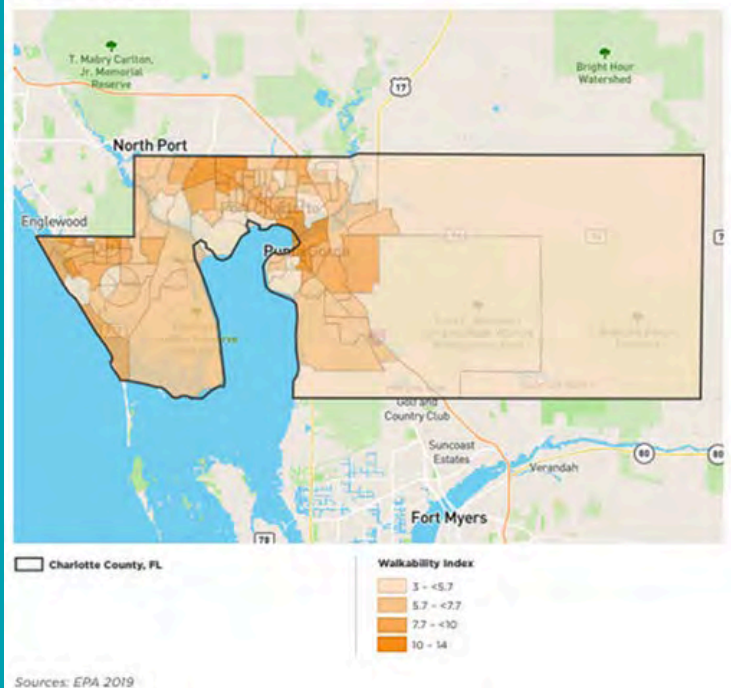
Long commutes present additional challenges, with 8,410 individuals experiencing commutes of 45 minutes or more when driving alone. Carpoolers face long commutes as well, though they do not exceed 649 people, indicating a lesser but significant impact.

Walking and biking remain underutilized due to infrastructure limitations, with only 342 and 705 commuters, respectively, utilizing these modes.

In comparison to broader state data, Florida has higher public transit usage and more extensive commuting infrastructure in urbanized regions.

Improving transportation in Charlotte County involves expanding public transit and investing in infrastructure that encourages cycling and walking. Access to efficient transportation options is essential for better health outcomes and community coactivity, reducing reliance on personal automobiles and mitigating the health impacts associated with long commutes.

Walkability Index



Drive a Long Commute Alone

33%

of Workers

Charlotte County, FL

43%

of Workers

Florida

Motor Vehicle Crash Fatalities

30

People

Charlotte County, FL

3,738

People

Florida

26

Minutes

Commute Mean Travel Time

Charlotte County, FL

US Census Bureau ACS 5-year 2018-2022

Workers Who Used a Taxicab, Motorcycle, Bicycle or Other Means to Get to Work (Census ACS), Single Year



7.2

Walkability Index Score

National Average: 6.5

8.5%

Workers Commuting 60 Minutes or More

National Average: 8.3%

Data Sources

Quantitative Data

Quantitative data was collected from local, state, and national sources including but not limited to: Charlotte County, FL government website, Charlotte County Economic Development, FL Charts, and the U.S. Census Bureau.

Qualitative Data

Qualitative data for this assessment was gathered through 10 community focus groups and 1,248 community health surveys.

Additional sources of information include local agency reports including but not limited to: Charlotte County Community Health and Needs Assessment 2020, Charlotte County Recovery Survey, 2022 COAD Survey, Florida State Plan on Aging 2022-2025, Florida Health. State Health Improvement Plan, Child Protective Investigator and Child Protective Investigator Supervisor Educational Qualifications, 2022 Rental Market Study, FHC SWFL Regional Housing Action Plan, GCP Five Year Community Action Plan to Prevent and End Homelessness: 2022, 2024 ALICE Report

Limitations

Information from both the community health survey and the focus groups should be received and interpreted with caution. Self-reported data carries inherent biases which can stem from recruiting strategies and the sample size. Although, total collected community health surveys were more than the necessary population size requirement, the results cannot be interpreted as a generalized all-encompassing description of the beliefs and experiences of all Charlotte County, Florida residents.

