

# AdventHealth Port Charlotte 2025 Community Health Needs Assessment

Extending the Healing Ministry of Christ



  
**AdventHealth**

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## Letter from Leadership

At AdventHealth Port Charlotte, our mission is clear: to Extend the Healing Ministry of Christ by delivering whole-person care—body, mind, and spirit—to every neighbor we serve. Every three years, we take a deliberate step back to listen, to learn, and to act through our Community Health Needs Assessment (CHNA).

This process is an opportunity to ground ourselves in what our community tells us matters most. The CHNA helps us identify where health gaps persist and guides us in forging partnerships to create sustainable change. No single organization can solve these challenges alone, but together we can write a healthier story for our community.

As your local AdventHealth CEO, I am committed to turning what we learn into clear action. We will use the information from this process in setting measurable goals, celebrating progress, while remaining candid about the work still to do.

I am grateful to every community member, team member, and partner who invests time in this process. Thank you for helping us ensure that AdventHealth Port Charlotte remains not just a hospital, but a trusted partner for whole-person health in our community.

In His Service,

Adam Johnson

President & CEO

AdventHealth Port Charlotte



**The CHNA helps us  
identify where health gaps  
persist and guides us in  
forging partnerships to  
create sustainable change.**

# Executive Summary

AdventHealth Port Charlotte, Inc. dba AdventHealth Port Charlotte will be referred to in this document as AdventHealth Port Charlotte or “The Hospital.” AdventHealth Port Charlotte in Port Charlotte, Florida conducted a community health needs assessment from April to August 2025. The goals of the assessment were to:

- Engage public health and community stakeholders, including low-income, minority and other underserved populations.
- Assess and understand the community’s health issues and needs.
- Understand the health behaviors, risk factors and social determinants that impact health.
- Identify community resources and collaborate with community partners.
- Publish the Community Health Needs Assessment.
- Use the assessment findings to develop and implement a 2026–2028 Community Health Plan based on the needs prioritized in the assessment process.

## Community Health Needs Assessment Committee

To ensure broad community input, AdventHealth Port Charlotte created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met once in 2025. They reviewed primary and secondary data and helped to identify the top priority needs in the community.

*See Prioritization Process for a list of CHNAC members.*



## Data

AdventHealth Port Charlotte in collaboration with the AdventHealth Corporate team collected both primary and secondary data. The primary data included community surveys, community partner surveys, and community focus groups, which were collected by the Florida Department of Health in Charlotte County for their 2025 community health needs assessment. Secondary data included publicly available data from state and nationally recognized sources. Primary and secondary data was compiled and analyzed to identify the top five needs.

*See Process, Methods and Findings for data sources.*

## Community Asset Inventory

The next step was to create a community asset inventory. This inventory was designed to help the CHNAC understand the existing community efforts being used to address the five needs identified from the aggregate primary and secondary data. This inventory was also designed to prevent duplication of efforts.

*See Available Community Resources for more.*

## Selection Criteria

The CHNAC participated in a prioritization process after a data review and facilitated discussion session. The identified needs were then ranked based on clearly defined criteria.

See *Prioritization Process* for more.

### **The following criteria were considered during the prioritization process:**

#### **A. Magnitude**

What is the size of the problem?

#### **B. Severity**

What are the implications if this issue is not addressed?

#### **C. Feasibility**

How likely can the Hospital address this problem?

## Priorities to Be Addressed

**The priorities to be addressed are:**

- Chronic Diseases
  - Diabetes
  - Heart Disease and Stroke
  - Overweight and Obesity
- Mental Health
- Health Care Access and Quality

See *Priorities Addressed* for more.

## Approval

On December 29, 2025, the AdventHealth Port Charlotte board approved the Community Health Needs Assessment findings, priority needs and final report. A link to the 2025 Community Health Needs Assessment was posted on the Hospital's website prior to December 31, 2025.

## Next Steps

AdventHealth Port Charlotte will work with the Community Health Needs Assessment Committee (CHNAC) to develop a measurable implementation strategy called the 2026 – 2028 Community Health Plan to address the priority needs. The plan will be completed and posted on the Hospital's website prior to May 15, 2026.



# About AdventHealth

AdventHealth Port Charlotte is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 100,000 talented and compassionate team members serve over 8 million patients annually. From physician practices, hospitals and outpatient clinics to skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, whole-person care at more than 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in new technologies, research and the brightest minds to redefine wellness, advance medicine and create healthier communities.



In a 2020 study by Stanford University, physicians and researchers from AdventHealth were featured in the ranking of the world's top 2% of scientists. These critical thinkers are shaping the future of health care.

Amwell, a national telehealth leader, named AdventHealth the winner of its Innovation Integration Award. This telemedicine accreditation recognizes organizations that have identified connection points within digital health care to improve clinical outcomes and user experiences. AdventHealth was recognized for its innovative digital front door strategy, which is making it possible for patients to seamlessly navigate their health care journey. From checking health documentation and paying bills to conducting a virtual urgent care visit with a provider, we're making health care easier—creating pathways to wholistic care no matter where your health journey starts.

AdventHealth is also an award-winning workplace aiming to promote personal, professional and spiritual growth with its team culture. Recognized by Becker's Hospital Review on its "150 Top Places to Work in Healthcare" several years in a row, this recognition is given annually to health care organizations that promote workplace diversity, employee engagement and professional growth. In 2024, the organization was named by Newsweek as one of the Greatest Workplaces for Diversity and a Most Trustworthy Company in America.

## AdventHealth Port Charlotte

AdventHealth Port Charlotte, formerly Shorepoint Health Port Charlotte, is a 247-bed, Joint Commission-accredited, full-service hospital that offers a broad range of care and programs including heart and vascular care, stroke care, orthopedics, 24-7 emergency care for adults and pediatrics, and robotic-assisted surgical options. AdventHealth Port Charlotte is the only hospital in Charlotte County offering licensed obstetrical care.

**AdventHealth Port Charlotte is a 247-bed, Joint Commission-accredited, full-service hospital that offers a broad range of care and programs in Charlotte County.**





# Community Overview

## Community Description

Located in Charlotte County, Florida, AdventHealth Port Charlotte defines its community as Charlotte County.

Demographic and community profile data in this report are from publicly available data sources such as the U.S. Census Bureau and the Center for Disease Control and Prevention (CDC), unless indicated otherwise. Data are reported for the county, unless listed differently. Data are also provided to show how the community compares locally, in the state, and at a national level for some indicators.

## Community Profile

### Age and Sex

The median age in the Hospital's community is 60.1, higher than that of state which is 42.8 and the US, 39.2.<sup>1</sup>

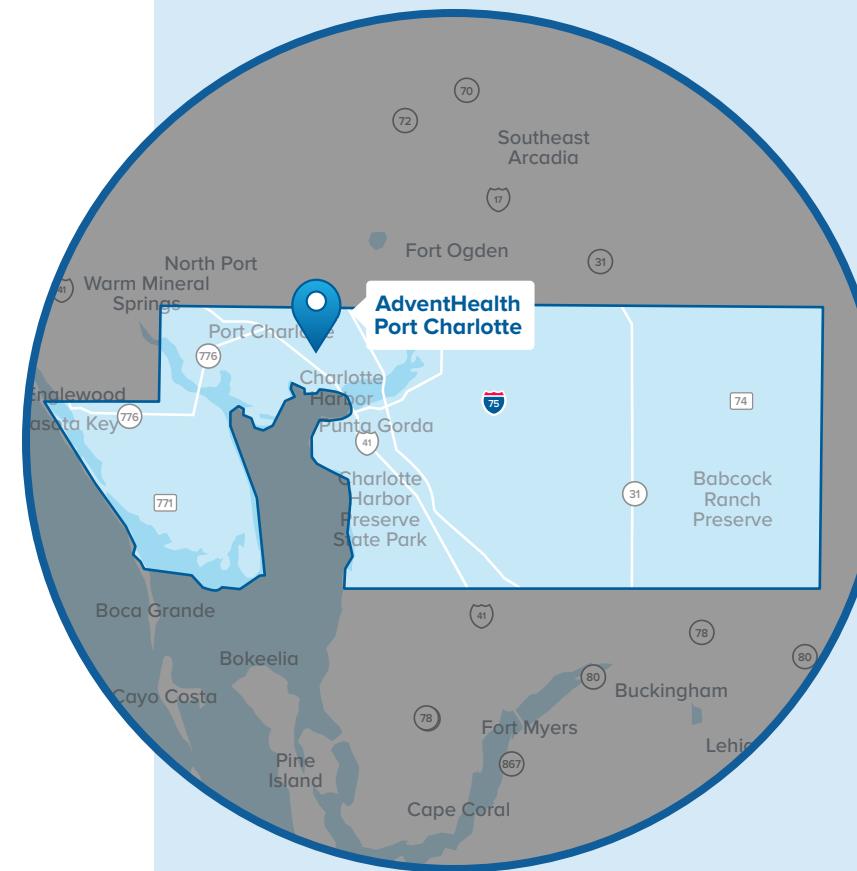
Females are the majority, representing 50.84% of the population. Adults, ages 18–64, are the largest demographic in the community at 47.2%.<sup>2</sup>

Children make up 9.1% of the total population in the community. Infants, those zero to five, are 2.7% of that number. The community birth rate is 20.8 births per 1,000 women.<sup>3</sup> This is lower than the U.S. average of 51.5, and lower than that of the state, 50.8. In the Hospital's community, 12.9% of children aged 0–4 and 8.5% of children ages 5–17 are living in poverty.

1 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau

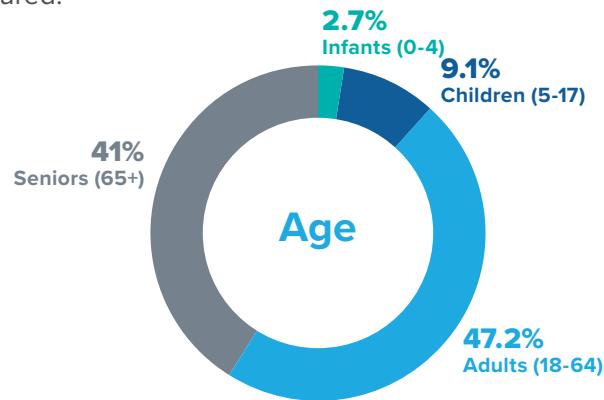
2 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau

3 2023 Resident Live Births | FL Health Charts



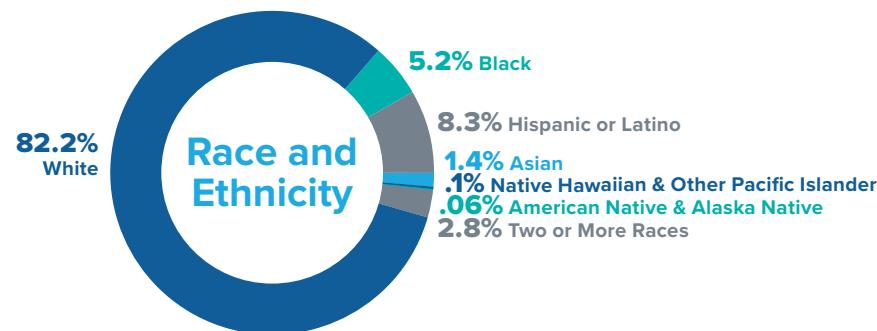
**Located in Charlotte County, Florida, AdventHealth Port Charlotte defines its community as Charlotte County.**

Seniors, those 65 and older, represent 41% of the total population in the community. In Charlotte County, 0.41% of seniors 65 and older are uninsured.



## Race and Ethnicity

In the Hospital's community, 82.2% of the residents are non-Hispanic White, 5.2% are non-Hispanic Black and 8.3% are Hispanic or Latino. Residents who are of Asian represent 1.4%, and residents who are of Native Hawaiian or Pacific Islander descent represent 0.1% of the total population, while 0.06% are Native American and 2.8% are two or more races.<sup>4</sup>



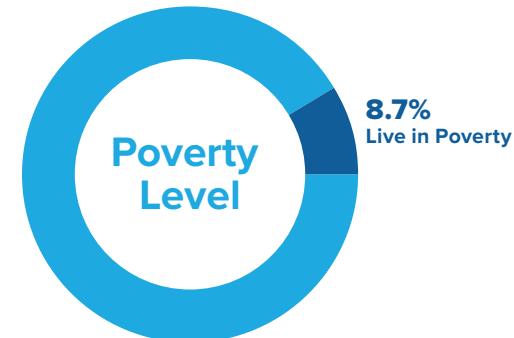
## Economic Stability

### Income

The median household income in the Hospital's community is \$71,806. This is below the median for both the state and the US. In

<sup>4</sup> American Community Survey 2019-2023 Five-year Estimates | US Census Bureau

Charlotte County, 8.7% of residents live in poverty, the majority of whom are between the ages of 18 to 64 years.



## Housing Stability

Increasingly, evidence is showing a connection between stable and affordable housing and health.<sup>5</sup> When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Having less access can result in more negative health outcomes. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more than 50%.

In 2022, over 34% of households in Charlotte County were considered ALICE Households, consistent with the state average. ALICE stands for Asset Limited, Income Constrained, Employed, meaning that they have income above the Federal Poverty Level but still don't make enough to afford the basics.



<sup>5</sup> Severe housing cost burden\* | County Health Rankings & Roadmaps



## Education Access and Quality

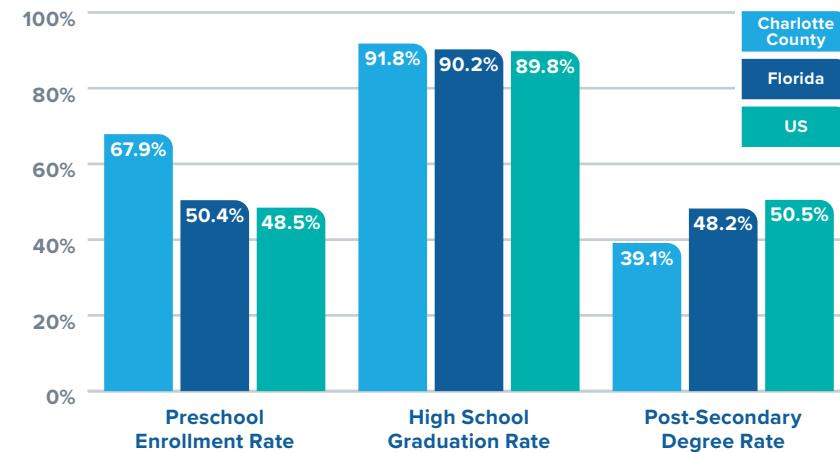
Research shows that education can be a predictor of health outcomes, as well a path to address inequality in communities.<sup>6</sup> Better education can lead to people having an increased understanding of their personal health and health needs. Higher education can also lead to better jobs, which can result in increased wages and access to health insurance.

In the Hospital's community, there is a 91.8% high school graduation rate, which is higher than both the state, (90.3%) and national average (89.8%). The rate of people with a post-secondary degree is lower (39.1%) in Charlotte County than in both the state (48.2%) and nation (50.5%).

Early childhood education is uniquely important and can improve children's cognitive and social development. It helps provide the foundation for long-term academic success, as well as improved health outcomes. Research on early childhood education programs shows that long-term benefits include improved health outcomes, savings in health care costs and increased lifetime earnings.<sup>7</sup>

In the Hospital's community, 67.9% of four-year olds were enrolled in preschool. Although higher than the state (50.4%) average, there is still a large percentage of children in the community who may not be receiving these early foundational learnings.

**Educational Attainment**



<sup>6</sup> The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015 | Archives of Public Health | Full Text (biomedcentral.com)

<sup>7</sup> Early Childhood Education | US Department of Health and Human Services

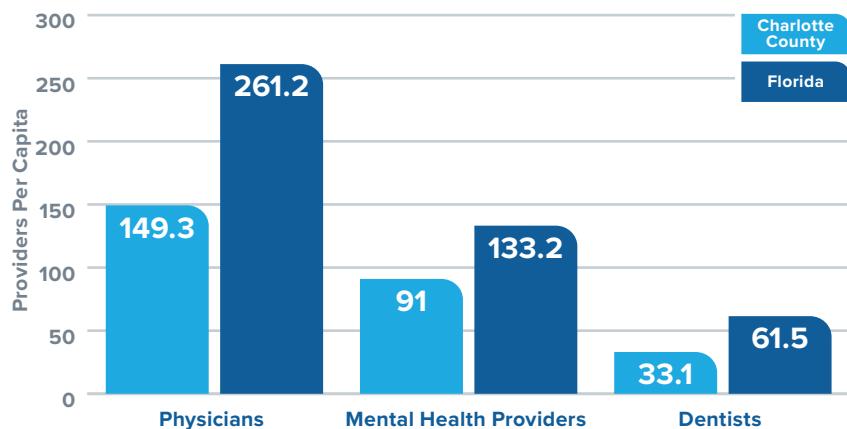
## Health Care Access and Quality

In 2023, 23.2% of community members aged 19–64 were found to lack health insurance.<sup>8</sup> Without access to health insurance, these individuals may experience delayed care, resulting in more serious health conditions and increased treatment costs. Although health insurance coverage levels can be a strong indicator of a person's ability to access care, there are other potential barriers that can delay care for many people.<sup>9</sup>

Accessing health care requires more than just insurance. There must also be health care professionals available to provide care. When more providers are available in a community access can be easier, particularly for those experiencing transportation challenges. Charlotte County has 149.3 primary care providers per 100,000 people, lower than the state average of 261.2 per 100,000 people.

Routine checkups can provide an opportunity to identify potential health issues and when needed develop care plans. In the Hospital's community, 75.4% of people reported having a routine visit or medical checkup in the past year.<sup>10</sup>

### Available Health Care Providers



8 American Community Survey 2019-2023 Five-year Estimates | US Census Bureau

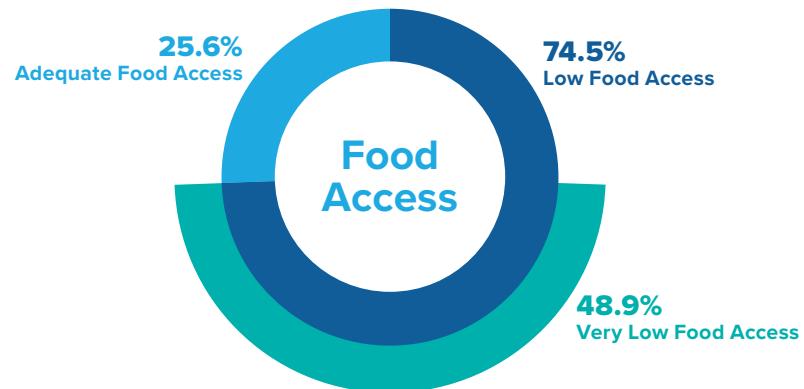
9 Health Insurance and Access to Care | CDC

10 PLACES 2022 | CDC

## Neighborhood and Built Environment

Increasingly, a community's neighborhoods and built environment are shown to impact health outcomes. If a neighborhood is considered to have low food access, which is defined as being more than  $\frac{1}{2}$  mile from the nearest supermarket in an urban area or ten miles in a rural area, it may make it harder for people to have a healthy diet. A very low food access area is defined as being more than one mile from your nearest supermarket in an urban area or 20 miles in a rural area.

A person's diet can have a significant impact on health, so access to healthy food is important. For example, the largest contributors to cardiovascular disease are obesity and type 2 diabetes, both of which can be impacted by diet.<sup>11</sup> In the Hospital's community, 74.5% of the community lives in a low food access area, while 25.6% live in an adequate food access area.



People who are food insecure, who have reduced quality or food intake, may be at an increased risk of negative health outcomes. Studies have shown an increased risk of obesity and chronic disease in adults who are food insecure. Children who are food insecure have been found to have an increased risk of obesity and developmental problems compared to children who are not.<sup>12</sup> Feeding America estimates for 2023,<sup>13</sup> showed the food insecurity rate in the Hospital's community as 14.0%. Approximately 78.8% of households living below the poverty line in Charlotte County are not receiving food stamps (SNAP).

11 Heart Disease Risk Factors | CDC

12 Facts About Child Hunger | Feeding America

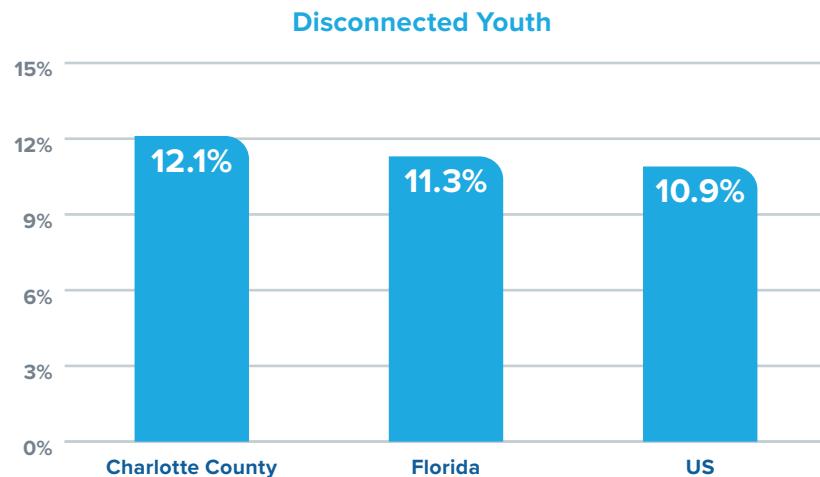
13 Map the Meal Gap 2022 | Feeding America

Access to public transportation is also an important part of a built environment. For people who do not have cars, reliable public transportation can be essential to access health care, healthy food and steady employment. In the community, 3.3% of households do not have an available vehicle. The walkability index of Charlotte County is 7.2, lower than the state average of 10.5.

## Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being.<sup>14</sup> When faced with challenges outside of their control, positive relationships with others can help reduce negative impacts. People can connect through work, community clubs or others to build their own relationships and social supports. There can be challenges to building these relationships when people don't have connections to create them or there are barriers, like language.

In the community, 12.1% of youth aged 16–19 were reported as disconnected, meaning they were neither enrolled in school nor working at the time.<sup>15</sup> Also, in the community 16,610 seniors (age 65 and older) report living alone and 3.2% of residents report having limited English proficiency. All these factors can create barriers to feeling connected in the community.



<sup>14</sup> Social and Community Context - Healthy People 2030 | U.S. Department of Health and Human Services  
<sup>15</sup> American Community Survey 2018-2022 Five-year Estimates | US Census Bureau

## Social Determinants of Health

According to the CDC, social determinants of health (SDOH) are the conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. Social determinants of health are increasingly seen as the largest contributing factor to health outcomes in communities throughout the country.

The Hospital categorized and analyzed SDOH data following the Healthy People 2030 model. This approach was chosen so the Hospital could align its work with national efforts when addressing social determinants of health when possible. For the purposes of the CHNA, the Hospital will follow this model for reporting any related data.

**The Healthy People 2030 place-based framework outlines five areas of SDOH:**

### Economic Stability

Includes areas such as income, cost of living and housing stability.

### Education Access and Quality

This framework focuses on topics such as high school graduation rates, enrollment in higher education, literacy and early childhood education and development.

### Health Care Access and Quality

Covers topics such as access to health care, access to primary care and health insurance coverage.

### Neighborhood and Built Environment

Includes quality of housing, access to transportation, food security, and neighborhood crime and violence.

### Social and Community Context

Focuses on topics such as community cohesion, civic participation, discrimination and incarceration.



# Process, Methods and Findings

## Process and Methods

### The Process

The health of people living in the same community can be very different, because there are so many influencing factors. To understand and assess the most important health needs of its unique community and the people in it, the Hospital in partnership with the Florida Department of Health in Charlotte County solicited input directly from the community and from individuals who represent the broad interests of the community. A real effort was made to reach out to all members of the community to obtain perspectives across age, race and ethnicity, gender, profession, household income, education level and geographic location. The Hospital also collected publicly available data for review.

### Community Input

Input was collected by the Florida Department of Health in Charlotte County through three different methods: the community health surveys, the community partner surveys, and the community focus groups.



**A real effort was made to reach out to all members of the community to obtain perspectives across age, race and ethnicity, gender, profession, household income, education level and geographic location.**



## Community Health Survey

- To ensure broad participation and diverse perspectives, the community survey was distributed digitally and in print. Paper copies were disseminated and collected at various community locations including churches, food pantries, apartment complexes, and business networks. This hybrid approach enabled input from both online respondents and those preferring traditional methods.
- It was translated into Spanish, Haitian Creole, and Russian to enhance accessibility.
- In total, 1,248 survey responses were collected.

## Community Partner Surveys

- The community partner surveys assessed the strengths and capacities of local organizations addressing public health needs. It provided insights into how effectively these systems collaborate to improve health outcomes and identified areas needing additional resources or partnerships.
- Twenty-five representatives from local organizations participated in this survey.

## Community Focus Groups

- Ten focus groups were conducted across Charlotte County, engaging 87 participants. Sessions were held in Punta Gorda (2), Englewood (2), and Port Charlotte (6), ensuring geographic representation. To capture diverse perspectives, participants included seniors, veterans, professionals, and faith community members.
- Each session focused on three core topics: community strengths and assets, the built environment, and forces of change. Discussions were open-ended, allowing participants to explore health needs in depth. Prior to each session, participants completed a community survey to provide demographic context and introduce key themes.



## Public and Community Health Experts Consulted

A total of 26 stakeholders provided their expertise and knowledge regarding their communities, including:

Name	Organization	Services Provided	Populations Served
<b>Tara Blackson,</b> Family Stability Supervisor	Charlotte County Human Services Department	Community Health Navigation, Financial Assistance Programs	Veterans, Low-Income, Low-Access, Under And Uninsured, Older Adults
<b>Gabriel Fuster,</b> Community Planner	Florida Department of Health in Charlotte County	Public Health	Charlotte County
<b>Sarah Gualco,</b> Director of Programs and Planning	Area Agency on Aging for Southwest Florida	Community Health Navigation and Referrals	Older Adults
<b>Angela Hogan,</b> CEO	Gulf Coast Partnership	Housing Assistance	Low-Income, Unhoused
<b>Brian Hemmert,</b> CEO	Health Planning Council of Southwest Florida	Community Health Navigation, Financial Assistance Programs	Veterans, Low-Income, Low-Access, Under And Uninsured, Older Adults
<b>Stephanie Kerns</b>	Charlotte Behavioral Health Care	Mental Health Services	Behavioral Health Needs
<b>Laurie Kimball,</b> Grants Analyst	Charlotte County Human Services Department	Community Health Navigation, Financial Assistance Programs	Veterans, Low-Income, Low-Access, Under And Uninsured, Older Adults
<b>Angie Matthiessen,</b> CEO	United Way of Charlotte County	Community Health Navigation, Financial Assistance Programs	Older Adults, Low-Income, Low-Access, Children and Families
<b>Mike Norton</b>	Charlotte County Community Services	Parks and Recreation	Charlotte County
<b>Joseph D. Pepe, EdD, MSA,</b> Health Officer	Florida Department of Health in Charlotte County	Public Health	Charlotte County
<b>Meranda Pitt,</b> Director of Community Planning, Promotion, and Communication	Florida Department of Health in Charlotte County	Public Health	Charlotte County
<b>Diane Ramseyer,</b> Executive Director	Drug Free Charlotte County	Drug and Alcohol Misuse Education and Awareness Initiatives	General Community
<b>Suzanne Roberts,</b> CEO	Virginia B. Andes Volunteer Community Clinic	Medical Services, Education	Low-Income, Low-Access, Uninsured
<b>Mjay Saunders,</b> Community Planner	Florida Department of Health in Charlotte County	Public Health	Charlotte County

Name	Organization	Services Provided	Populations Served
<b>William Thompson,</b> Aging and Adult Services Manager	Charlotte County Human Services Department	Community Health Navigation, Financial Assistance Programs	Older Adults
<b>Elena Tomlins,</b> Community Health Nursing Director	Florida Department of Health in Charlotte County	Public Health, Medical Services	Charlotte County
<b>Molly Toure,</b> Executive Director	Charlotte County Healthy Start Coalition	Maternal Care, Education, Fatherhood Education	Children and Families, Low-Income, Low-Access
<b>Kay Tvaroch,</b> Executive Director	Englewood Community Coalition	Drug and Alcohol Misuse Education and Awareness Initiatives	General Community
<b>Carrie Walsh,</b> Director	Charlotte County Human Services Department	Community Health Navigation, Financial Assistance Programs	Veterans, Low-Income, Low-Access, Under And Uninsured, Older Adults
<b>Anonymous</b>	New Season	Opioid Treatment and Recovery	Addiction Recovery
<b>Anonymous</b>	Punta Gorda Housing Authority	Affordable Housing Assistance	Low-Income, Unhoused
<b>Anonymous</b>	Healthy Lee, Lee Health	Education and Awareness	General Community
<b>Anonymous</b>	Senior Friendship Center	Food Assistance, Social Activities, Healthcare Referrals	Older Adults
<b>Anonymous</b>	USF College of Public Health	Education	Students
<b>Anonymous</b>	Harry Chapin Food Bank	Food Assistance	Low-Income, Low-Access
<b>Anonymous</b>	Charlotte County Public Schools	Education	Children and Families

## Secondary Data

To inform the assessment process, the Hospital collected existing health-related and demographic data about the community from public sources. This included data on health conditions, social determinants of health and health behaviors.

**The most current publicly available data for the assessment was compiled and sourced from government and public health organizations including:**

- US Census Bureau
- Centers for Disease Control and Prevention
- Feeding America
- County Health Rankings
- The State Health Department

# The Findings

To identify the top needs, the CHNAC analyzed the data collected across all sources. At the conclusion of the data analysis, there were five needs that rose to the top. These needs were identified as being the most prevalent in the community and frequently mentioned among community members and stakeholders.

**The significant needs identified in the assessment process included:**



## Chronic Diseases

Chronic diseases—lasting a year or more and requiring ongoing care or limiting daily activities—are the leading causes of death, disability, and healthcare costs in the U.S. Conditions such as heart disease, cancer, and diabetes affect 60% of Americans, with 40% having two or more. Most are preventable and linked to behaviors like smoking, poor diet, inactivity, and excessive alcohol use. While genetics play a role, social determinants such as access to nutritious food, healthcare, and transportation significantly influence chronic disease outcomes. Other risk factors include substance misuse, stress, poor diet, and lack of physical activity.

**The following needs fall under Chronic Diseases:**

- Cancer
- Diabetes
- Heart Disease and Stroke
- Overweight and Obesity



## Mental Health

Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.



## Injury Prevention

In the U.S., unintentional injuries are the leading cause of death among individuals under 45, primarily due to motor vehicle crashes and falls. Intentional injuries, including gun violence and physical assaults, are also prevalent. Drug overdoses—mostly opioid-related—now represent the leading cause of injury-related deaths. Adolescents face heightened risks of violence, and many Americans experience physical assaults, sexual violence, and firearm-related injuries. Effective violence prevention strategies are essential to ensure safety in homes, schools, workplaces, and communities. Children exposed to violence are at increased risk for long-term physical, behavioral, and mental health issues.



## Older Adults

Older adults are at higher risk for chronic health problems like diabetes, osteoporosis, and Alzheimer's disease. Additionally, 1 in 4 older adults fall each year, a leading cause of injury for this age group. Older adults are also more likely to go to the hospital for some infectious diseases — including pneumonia, which is a leading cause of death for this age group. Ensuring older adults get preventive care, including vaccines to protect against the flu and pneumonia, can help them stay healthy. Older adults may often be on fixed incomes, have difficulty with mobility and transportation, face housing insecurity and social isolation—all socioeconomic factors that may affect access to care and health outcomes.



## Health Care Access and Quality

Many people face barriers that prevent or limit access to the health care services needed, which may increase the risk of poor health outcomes and health disparities. Access to health care is the timely use of personal health services to achieve the best possible health outcomes.





# Priorities Selection

The CHNAC, through data review and discussion, prioritized the health needs of the community to a list of three. Community partners on the CHNAC represented the broad range of interests and needs, from public health to the economic, of underserved, low-income and minority people in the community. During the summer of 2025, the CHNAC met to review and discuss the collected data and select the top community needs.

## Members of the CHNAC included:

### AdventHealth Team Members

- Adam Johnson, President and CEO, AdventHealth Port Charlotte
- Amberhope Montero, Community Health Coordinator, AdventHealth West Florida Division
- Ashley Reed, Director of Quality Operations, AdventHealth Port Charlotte
- Cynthia Foley, Physician Relations Specialist, AdventHealth Port Charlotte
- Douglas Ross, CMO, AdventHealth Port Charlotte
- Elliot Nolan, Director of Project Management, AdventHealth Port Charlotte
- Janna Netterfield, Director of Community Engagement and Benefit, AdventHealth West Florida Division
- John Wright, Director of Marketing, AdventHealth Port Charlotte
- Kelly Eastman, Director of Emergency Services, AdventHealth Port Charlotte
- Lisa Cefalo, Executive Director of Nursing, AdventHealth Port Charlotte
- Vidyartie Ganesh, Director of Care Management, AdventHealth Port Charlotte

### Public Health Experts and Community Members:

- Gabriel Fuster, Community Planner, Florida Department of Health in Charlotte County
- Meranda Pitt, Director of Community Health Planning, Promotion, and Communication, Florida Department of Health in Charlotte County



**Community partners on the CHNAC represented the broad range of interests and needs, from public health to the economic, of underserved, low-income and minority people in the community.**

# Prioritization Process

To identify the top needs the CHNAC participated in a prioritization session. During the session, the data behind each need was reviewed, followed by a discussion of the need, the impact it had on the community and the resources available to address it. CHNAC members then ranked the needs via an online survey.

The CHNAC were asked to select the three needs they thought the Hospital should address in the community.

## The following criteria were considered during the prioritization process:

### A. Magnitude

What is the size of the problem?

### B. Severity

What are the implications if this issue is not addressed?

### C. Feasibility

How likely can the Hospital address this problem?

The results were tabulated using a modified Hanlon method, (A+2B)C, and ranked based on the highest score. The following needs rose to the top during the CHNAC's discussion and prioritization session. The needs that received the highest score were considered the highest priority.

Top Identified Needs	Score	Rank
Older Adults	9,185	1
Chronic Diseases	7,850	2
Health Care Access and Quality	7,038	3
Mental Health	5,168	4
Injury Prevention	2,975	5

Following discussion, the CHNAC agreed to prioritize Mental Health over Older Adults, noting that although Mental Health scored lower in feasibility, the needs of Older Adults are sufficiently addressed under Health Care Access and Quality and Chronic Diseases.

# Available Community Resources

As part of the assessment process, a list of resources or organizations addressing the top needs in the community was created. Although not a complete list, it helped to show where there were gaps in support and opportunities for partnership in the community when the CHNAC chose which priorities to address.

Top Needs	Current Community Programs	Current Hospital Programs
Chronic Diseases	<ul style="list-style-type: none"><li>Florida Department of Health in Charlotte County —Breast and Cervical Cancer Early Detection Program, Matter of Balance Classes</li><li>Gulf Coast South Area Health Education Center (AHEC)—Smoking cessation programs</li></ul> <ul style="list-style-type: none"><li>Lee Trauma Services—Fall Prevention Course for Ages 65+</li><li>Senior Friendship Centers</li><li>Virginia B. Andes Volunteer Community Clinic—Diabetes wellness program, smoking cessation</li></ul>	<ul style="list-style-type: none"><li>Referrals to Tobacco Cessation programs at Gulf Coast South AHEC</li><li>Tobacco Cessation classes hosted in the hospital conference room with Gulf Coast South AHEC</li></ul>

Top Needs	Current Community Programs	Current Hospital Programs
Mental Health	<ul style="list-style-type: none"> <li>Alcoholics Anonymous</li> <li>Center for Abuse and Rape Emergencies—provides victims with shelter, hospital and legal advocacy, safety planning, counseling, and more</li> <li>Charlotte Behavioral Health Care: <ul style="list-style-type: none"> <li>Alcohol and Drug Addiction Services</li> <li>Mental Health First Aid Trainings</li> <li>S.H.A.R.E drop-in center</li> </ul> </li> <li>Children's Advocacy Center of Southwest Florida—free individual and group counseling to children and adults who have experienced or witnessed abuse or violence</li> </ul>	<ul style="list-style-type: none"> <li>Crisis Prevention &amp; Empowerment—Free mental health case management, 24/7 mental health hotline, mobile crisis response team</li> <li>National Alliance on Mental Illness Southwest Florida—Educational programs and support groups for adults and veterans, free counseling</li> <li>New Season Treatment Center—Opioid Recovery</li> <li>Mothers Against Drunk Driving—Support groups for victims and survivors of crashes</li> <li>Valerie's House—Grief support for children and families experiencing loss</li> </ul>
Injury Prevention	<ul style="list-style-type: none"> <li>Charlotte County Sharps Disposal Program</li> <li>Drug Free Charlotte County—substance use prevention and education for parents and youth, Responding to Addiction training for employers</li> <li>Drug Free Punta Gorda—education for students and youth on substance youth, underage drinking, and driving under the influence</li> </ul>	<ul style="list-style-type: none"> <li>Lee Health Trauma Services: Youth Violence Prevention, Gang Awareness Education, Injury Prevention, and Safe Drivers Education</li> <li>Matter of Balance classes, Florida Department of Health in Charlotte County</li> </ul>
Older Adults	<ul style="list-style-type: none"> <li>Area Agency on Aging for Southwest Florida—Elder Helpline, state and federally funded long-term care services, Medicare counseling, wellness workshops, and more</li> <li>Charlotte County Human Services—Support programs for veterans and older adults</li> <li>Hope PACE—Assistance with primary care enrollment, medications, equipment, and all medical services</li> </ul>	<ul style="list-style-type: none"> <li>Jewish Family and Children's Services—Veterans support, housing, healthcare and financial assistance, legal services, and more</li> <li>Meals on Wheels of Charlotte County—Healthy delivered meals to elderly residents of Charlotte County</li> <li>Senior Friendship Centers—free meals and social activities</li> <li>United Way of Charlotte County—Ageless United program</li> </ul>
Health Care Access and Quality	<ul style="list-style-type: none"> <li>Englewood Community Clinic, Inc—Free medical clinic for 18-64-year-old walk-ins with no health insurance</li> <li>Florida Department of Health in Charlotte County—Dental services for youth under the age of 21, immunizations, Breast and Cervical Cancer Early Detection Program, STI and HIV testing, Tuberculosis testing</li> </ul>	<ul style="list-style-type: none"> <li>Health Planning Council of Southwest Florida, Inc—Free community healthcare navigation</li> <li>Virginia B. Andes Volunteer Community Clinic—Mobile Medical Bus</li> </ul>



By focusing on heart disease, diabetes, and overweight and obesity, the Hospital will align local efforts and resources to create targeted strategies to improve education, awareness, and health outcomes of chronic diseases for Charlotte County residents.



# Priorities Addressed

The priorities to be addressed include:



## Chronic Diseases

Chronic diseases can be impacted or caused by factors such as genetics and environment, and lifestyle factors such as stress, poor diet, lack of physical activity, smoking, and excessive alcohol consumption. Charlotte County residents have higher rates of binge drinking (20.4%) and smoking (19.7%) than the state averages, both significant contributors to chronic disease risk. In Charlotte County, heart disease is the leading cause of death with a rate of 344 per 100,000 residents, nearly double the state average. Other prevalent chronic disease conditions in Charlotte County include cancer (338 deaths), stroke (83 deaths), respiratory disease (83 deaths), Alzheimer's disease (56 deaths), and diabetes (46 deaths). Overweight and obesity is another concern, considering that over 33% of Charlotte County residents have been classified as having obesity, and 66.9% either with overweight or obesity. Additionally, 15.3% of Charlotte County residents have diabetes, 12.3% have heart disease, and 12% have COPD. Roughly 33% of all Charlotte County's older adults are managing a chronic disease, heart disease being the highest.

By focusing on chronic diseases, specifically, heart disease, diabetes, and overweight and obesity, the Hospital will align local efforts and resources to create targeted strategies to improve education, awareness, and health outcomes of chronic diseases for Charlotte County residents.



## Mental Health

Mental health was identified as top health needs from the secondary data, community survey, and focus groups. In the survey, 30% of respondents ranked mental health as the most pressing health issue. Over 21% of Charlotte County residents reported being diagnosed with depression. Focus group participants cited a need for increased affordable mental health programming and services, particularly for veterans and children. The rate of mental health providers in Charlotte County is 91 per 100,000 people, nearly twice as low as the state average. Adverse Childhood Experiences (ACEs) are potentially traumatic events occurring before the age of 18 that may include topics such as violence, abuse, substance use in the home, or safety issues in the home. According to the CDC, people with higher ACE scores have significantly increased risk for mental health issues, physical health, and decreases in life opportunities such as education and career. Secondary data showed 43.4% Charlotte County high-school students reported mental illness being present among residents in their household, and 26.2% of Charlotte County high-school students had four or more ACEs. Veterans comprise 12% of Charlotte County's population, with 17% of older adults identifying as veterans. Given the persistently high rates of suicide and PTSD among this group, focus group participants emphasized the need to expand services for veterans, who often face socioeconomic challenges such as housing instability and social isolation. Charlotte County also faces high rates of drug overdose (44.1 per 100,000), alcohol-related (26.7 per 100,000) and suicide deaths (22.1 per 100,000), all higher than state averages.

By including mental health as a priority, the Hospital can align with local, state, and national efforts for resource collaboration to create better outcome opportunities over the next three years.



## Health Care Access and Quality

Access to quality health care was ranked number three in the prioritization session amongst the other identified health needs affecting Charlotte County. An important factor in access to care involves having an adequate number of providers in a community. The rate of primary care providers per 100,000 people (per capita) in Charlotte County is 149.3 per capita which is worse than that of the state 261.2. Charlotte County has a rate of dental providers of 33.1 per capita compared to Florida at 61.5 per capita, performing worse than the state. Similarly, the ratio for people to mental health providers in Charlotte County is 91 per capita compared to the Florida at 133.2. Inadequate health insurance coverage is one of the largest barriers to health care access and the unequal distribution of coverage contributes to disparities in health. The percentage of adults ages 19-64 that do not have health insurance coverage in Charlotte County is 12.5%, slightly lower than the state of Florida at 17.35%. Survey respondents listed the top barriers to accessing health care in Charlotte County as lack of health insurance, lack of specialty care, lack of primary care, inability to pay for care, and inability to secure transportation.

By focusing on access to care, the Hospital will align local efforts and resources to create targeted strategies to improve access for Charlotte County residents.

## Priorities Not Addressed

**The priorities not to be addressed include:**



### Chronic Diseases—Cancer

Though cancer is the second leading cause of death, and the death rate in Charlotte County due to cancer is over twice as high than that of the state, (338 versus 135.8 per 100,000 population respectively),

the CHNAC did not select it as a top issue to address. Other priorities were voted as more important and feasible for the Hospital to make impact through collaborations and partnership programming. Cancer prevention may be addressed indirectly through programmatic efforts in the Chronic Disease priority area.



### Injury Prevention

In Charlotte County, the violent crime rate (14.5 per 100,000 people) is lower than the state average (22.7), with the highest crime rate being interpersonal violence (65 per 100,000), which is slightly higher than the state average (59). Adult and juvenile drug arrests, and drug overdose rates are higher than the state averages. However, only 9.8% of community survey respondents listed crime among their top health and wellness concerns. However, injury rates are elevated in Charlotte County, especially among older adults. Over 5,400 (per 100,000 people) Emergency Room visits in Charlotte County were due to fall-related injuries among older adults aged 65 and older. The CHNAC did not find injury and violence prevention feasible to address, nor rank it high in severity to be prioritized as an area of need. Some elements of injury and violence prevention, such as falls among older adults and substance misuse, may be addressed through the other top areas of need.



### Older Adults

Older adults make up 41% of the Charlotte County population. Over 18% of emergency room visits in Charlotte County are due to fall injuries of adults over the age of 65 years. Nearly 74% of seniors have low access to food and over 24% are living below the poverty line. Roughly 33% of Charlotte County's older adults are managing a chronic disease; primarily obesity, heart disease, and diabetes. Following discussion, the CHNAC agreed to prioritize mental health over older adults, noting that although mental health scored lower in feasibility, the needs of older adults can be sufficiently addressed under healthcare access and quality and chronic diseases.



## Next Steps

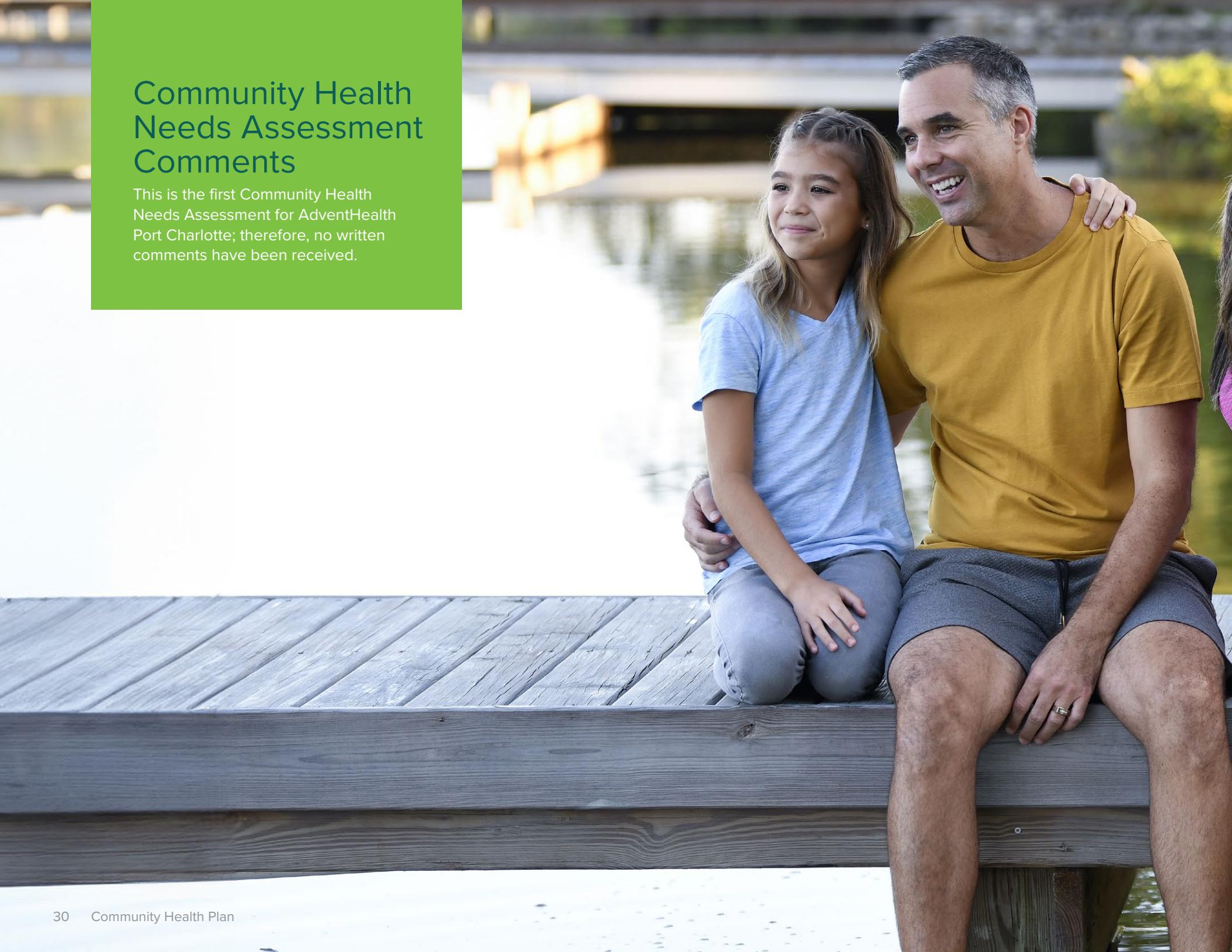
The CHNAC will work with the Hospital and other community partners to develop a measurable Community Health Plan for 2026 – 2028 to address the priority needs. For each priority, specific goals will be developed, including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence-based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly, with an annual assessment of progress. A presentation of progress on the plan will also be presented annually to the Hospital board.

A link to the Community Health Plan will be posted on [AdventHealth.com](https://AdventHealth.com) prior to May 15, 2026.

## Community Health Needs Assessment Comments

This is the first Community Health Needs Assessment for AdventHealth Port Charlotte; therefore, no written comments have been received.







**AdventHealth Port Charlotte, Inc. dba AdventHealth Port Charlotte**

CHNA Approved by the Hospital board on: December 29, 2025

For questions or comments, please contact  
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