Collier County, Florida
Community Health Assessment
2020 Update

August 2020

Shared vision for a healthy community:
The healthiest county in the nation to live, learn, work, and play.

Revised: August 31, 2020
Appendix E: Community Health Assessment Update 2020

The purpose of the annual update is to show how additional data is used to provide a deeper understanding of the community health issue and population groups that were identified in the original Community Health Assessment (CHA).

The community health improvement process involves an ongoing collaborative community-wide effort to identify, analyze, and address health problems. This cannot be accomplished without a cohesive local public health system working together on corresponding initiatives. The Healthy Collier Coalition is comprised of an executive committee and 4 health priority workgroups. The Coalition has made engaging existing community partners and developing new partners in the community a priority in the health improvement process.

Following the release of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), four workgroups were formed to focus on the identified priority health areas. The committees are composed of various community partners representing diverse sectors including local hospitals and healthcare organizations, local government, community-based organizations, faith-based organizations, social service organizations, and educational institutions. While each workgroup is composed of partners across multiple organizations, a facilitator from The Florida Department of Health in Collier County (DOH-Collier), ensures that workgroups stay on track and that information is documented and available to inform workgroup members and the public.

As our workgroups moved from the planning to implementation phases, data was reviewed at the county level to identify specific areas within Collier County experiencing poor health outcomes regarding the specific health priority. A comprehensive review of both primary and secondary data sources was conducted to obtain the most reliable and current information. Primary data was also compiled and analyzed to inform health improvement efforts through community engagement surveys, and focus groups. The secondary data sources that were used during this process include, but are not limited to, the Florida Department of Health Florida Charts (FLCHARTS), AARP Livability Index, Behavior Risk Factor Survey and Surveillance (BRFSS), and the Centers for Disease Control and Prevention (CDC).

The following portion of this report is comprised of data that was compiled and reviewed after the initial release of the CHA to inform the selection of sectors for targeted health improvement efforts. The data reviewed was for various indicators related to health and well-being, including the social determinants of health, behavioral risk factors, environmental factors, policies, and unique characteristics of the community. Data is monitored and updated on a regular basis and used to inform improvement efforts.
Mental Health and Substance Abuse

Mental health is essential to a person’s overall health and well-being, healthy interpersonal relationships, and the ability to live a full and productive life. Poor mental health, and substance abuse significantly contribute to physical, social, and public health issues for individuals, families, and communities. The ability to access mental health and substance abuse care can have a large impact on reducing poor mental health, suicide, and drug overdose.

The Mental Health and Substance Abuse workgroup has chosen to focus on the goal of improving the identification and treatment of mental health and substance use disorders in Collier County. To do so, the workgroup will concentrate on increasing the number of primary care provider offices and urgent care facilities in Collier County that are using the collaboration/integration care model, and increase the number of individuals trained in youth and adult Mental Health First Aid.

The following are population health indicators from the most recent years that the Mental Health and Substance Abuse workgroup will be working to improve and reduce rates of occurrence in.

- Suicide death rate per 100,000 population (2019)
  - crude rate, single year
  - 11.9

- All drug non-fatal overdose emergency department visits (2018)
  - 367

- Hospitalizations for mental disorders, rate per 100,000 population (2018)
  - crude rate, single year
  - 687.4

- Percent of students who, in the past year, did something to purposefully hurt themselves without wanting to die (2016)
  - 10%
Collier County ranked second healthiest county in Florida in the 2019 County Health Rankings and Roadmaps released by the University of Wisconsin and the Robert Wood Johnson Foundation. These ranking exist as a snapshot of the health of counties across Florida. St. Johns County, Martin County, and Seminole County ranked first, third, and fourth, respectively. Therefore, the mentioned counties were chosen to compare mental health and drug use in Collier County and Florida.

**Mental Health**

In 2013 and 2016, Collier County was below Florida and peer counties for adults who have ever been told they have depressive disorder (Figure 1). Collier County experienced a 15 percent decrease from 2013 to 2016. In 2013, St. Johns County had the highest percentage of adults who have ever been told they have depressive disorder, followed by Seminole County and Martin County. In 2016, Martin County had the highest percentage of adults who have ever been told they have depressive disorder. St. Johns County and Seminole County had the same percentage that year.

![Figure 1. Adults Who Have Ever Been Told They Have Depressive Disorder, 2013 and 2016](image-url)

*Data Source: Florida Behavioral Risk Factor Surveillance System*
In 2013 and 2016, Collier County was below the state’s percentage of adults who had poor mental health on 14 or more of the past 30 days (Figure 5). When compared to peer counties, Collier County was below St. Johns and Seminole County’s percentages in 2013; however, was higher than both counties in 2016.

Collier County had an average of 2.8 unhealthy mental days in the past 30 days in 2016 and 2.7 unhealthy mental days in the past 30 days in 2013, demonstrating a 3.6 percent increase from 2013 to 2016 (Figure 10). Collier County is below the state’s average. Overall, Collier County had fewer unhealthy mental days in the past 30 days in 2016 when compared to Martin County and Seminole County; however, Collier County was above St. Johns average in 2016 by 14.3 percent.
Collier County was below Florida's rate of age-adjusted hospitalizations for mental disorders from 2014-2018 (Figure 14). In 2018, Collier County had a lower rate of hospitalizations for mental disorders than other peer counties (Figure 15). Collier County non-Hispanics had a higher rate of hospitalizations for mental disorders than Hispanics in 2018, which is a similar trend for peer counties and Florida (Figure 16). In 2018, Whites in Collier County had a higher rate of hospitalization for mental disorders than Blacks (Figure 17).
Figure 16. Rate of Age-Adjusted Hospitalization for Mental Disorders per 100,000, by Ethnicity, 2018

Data Source: Florida Agency for Health Care Administration (AHCA)

Figure 17. Rate of Age-Adjusted Hospitalization for Mental Disorders per 100,000, by Race, 2018

Data Source: Florida Agency for Health Care Administration (AHCA)
Substance Abuse

In 2018, 57 deaths or 19.3 deaths per 100,000 population were due to drug poisonings. These deaths include accidental exposure, assaults, suicides, and any type of exposure to drugs, and includes different types of drugs, medications, and biological substances. Of all these drug poisoning deaths, 3 deaths or 0.8 per 100,000 population were caused by self-inflicted harm or suicide. The crude rate of suicides by drug poisoning in Collier County decreased 78 percent from 2009 to 2018. In the past six years, Collier County suicide rates have been lower than Florida and peer counties. In fact, Collier County has only been above Florida and peer counties for two years, 2009 and 2012 in the past ten years (Figure 18).

The following graph shows drug overdose death rates in our state, county, and peer counties. Unfortunately, most data found for drug overdose mortality or incidence cannot be broken down by race, ethnicity, age, and/or other demographic or social indicators. In 2017, 51 deaths were attributed to drug overdoses in Collier County, 38 deaths of the 51 were opioid-related. Figure 19 shows a steady and, at times, drastic increasing trend in most select counties. The exception to the previous statement is Collier County with a minimal increase from 2016 to 2017, and St. Johns County with a slight decline.
Figure 22 displays the crude rates of suspected non-fatal drug overdose in Florida and other selected counties for the years of 2015 to 2018. Counts of suspected non-fatal drug overdoses comes from the number of patients with an identified non-fatal drug overdose during an emergency medical service transport. Collier County has the lowest crude rates of suspected non-fatal drug overdoses compared to the State and the other selected counties; whereas Martin County showed greater rates compared to all locations, especially in 2016. Florida, Collier County, and St. Johns County have increasing trends of non-fatal overdose rates compared to Martin County and Seminole County, which have decreasing rates from 2015 to 2018. The suspected non-fatal opioid-involved overdose crude rates in the State, Collier, and select counties from 2015 to 2018 can be observed in figure 23. As evident in the graph, Collier County and St. Johns County had the lowest rates; however, Collier County showed a consistently increasing trend for the four-year period. Florida experienced a 26 percent decrease from 2017 to 2018.
Figure 22. Suspected Non-fatal All Drug Overdose, by Location, 2015–2018

Data Source: Florida Prehospital EMS Tracking and Reporting System (EMSTARS)

Figure 23. Suspected Non-fatal Opioid-involved Overdose, by Location, 2015–2018

Data Source: Florida Prehospital EMS Tracking and Reporting System (EMSTARS)
Health of Older Adults

Within 10 years, all of the nation’s 74 million baby boomers will be 65 or older. Here in Collier County there are more than 129,000 residents over the age of 60. It is predicted that in 10 years the population of those over 60 will increase by 30,000, and in the next decade you can add an additional 30,000 bringing the 60 and up population to just under 200,000 residents in 2040.

Lack of affordable long-term care facilities, ageism, isolation, and obesity, are issues older adults are currently facing and with an increase in population those issues will be exacerbated. Therefore it is extremely important to develop and implement strategies to improve upon the community goal of healthy aging.

The focus for the Health of Older Adult workgroup is to apply for Collier County to become a member of the AARP Age-Friendly network. Once apart of the network the workgroup will be working on an extensive checklist to accomplish initiatives spanning across the 8 Domains of a Livable Community. Those domains are community support and health system, housing, transportation, communication and information, respect and social inclusion, civic participation and employment, social participation, and outdoor spaces and buildings (Figure A). Community partners are committed to active aging by optimizing opportunities for health, participation, and security in order to enhance quality of life as people age.

On June 14, 2020, The Board of County Commissioners of Collier County passed Resolution 2020–117, to support membership into the World Health Organization and the AARP Network of Age-Friendly Cities and Communities Initiative. The Board of County Commissioners of Collier County will work with community partners to help ensure everyone has the ability to live a long, healthy and full life.

Figure A. 8 Domains of a Livable Community
**AARP Older Adult Survey**

DOH-Collier worked with students from Florida Gulf Coast University's Nursing Program to conduct focus groups with older adults in the community. The focus groups are one of the requirements needed to apply to the AARP Age-Friendly Initiative. Primary data was collected via the AARP Age-Friendly Community Survey, and it gave the participants the opportunity to explain the various positive and negative ways the community is impacting their health. In March 2020, focus groups were held at Naples Senior Center and Golden Gate Senior Center and twenty-two survey responses were collected. COVID-19 has restricted the continuation of focus groups and limited participant turnout. The Health of Older Adult Workgroup will plan ways to continue to collect responses from the older adult population to gain a more accurate representation of the community.

Below are charts representing the highest and lowest scoring answers in the AARP Age-Friendly Community Survey.
AARP Older Adult Survey

Below are charts representing the lowest and highest scoring answers in the AARP Age Friendly Community Survey. Participants had the option to answer "not sure", therefore, those responses were removed from the score.

### Highest Scoring Answers
Participants scored each question from poor to good as to how they currently rate each topic in their community:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Score</th>
<th>Answered</th>
<th>Answered Not Sure</th>
<th>Skipped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to information about services and opportunities</td>
<td>2.7</td>
<td>16</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>A sense that older adults are welcomed and valued in all settings</td>
<td>2.8</td>
<td>15</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Quality healthcare and community based wellness and supportive services</td>
<td>2.8</td>
<td>16</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

### Lowest Scoring Answers
Participants rated each question from poor to good as to how they currently rate each topic in their community:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Score</th>
<th>Answered</th>
<th>Answered Not Sure</th>
<th>Skipped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunities to get involved in your local government and advocate for issues you care about</td>
<td>2.3</td>
<td>15</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>A wide range of employment and entrepreneurship opportunities</td>
<td>2.4</td>
<td>17</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Housing that is affordable, accessible, and adapted to your needs</td>
<td>2.4</td>
<td>16</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

AARP Livability Index

The AARP Livability Index rates the overall livability of a selected neighborhood, city, county, or state on a scale from 0 to 100. It is based on the average score of seven livability categories—housing, neighborhood, transportation, environment, health, engagement, and opportunity—which also range from 0 to 100. In 2018, Collier County scored a 51 on the AARP Total Livability Index, and a 58 on the AARP Livability Index Health Category. The goal of the workgroup is to improve both scores over the next five years of the Age-Friendly cycle.
COVID-19

DOH-Collier is the lead agency regarding the COVID-19 response. Highlighted below are some key response activities to date.

**DOH-Collier COVID-19 Response and Case Monitoring**

- Operating a local phone bank available 9am – 5pm, 7 days a week
- Providing drive up COVID-19 testing, by appointment only
- Planning and staffing COVID-19 testing events in the community
- Conducting surveillance, investigations, and contact tracing
- Monitoring long-term care facilities
- Operating ESF-8 Health and Medical desk, 7 days a week
- Monitoring hospital bed and ventilator status
- Participating in Collier County stakeholder calls
- Leading and coordinating the Collier County COVID-19 media response
- Delivering public health COVID-19 messaging
- Educating businesses and residents in the community
- Hiring extra staff for COVID-19 response
COVID-19

Immokalee Promatora Model

DOH-Collier collaborated with Partners in Health to develop a promatora COVID-19 curriculum to provide COVID-19 health outreach education in residential communities. Using the promotora model, DOH-Collier is leveraging the skills of caring neighbors-turned-staff to deliver accessible health messaging to slow the spread of COVID-19. Learning about COVID-19 and how to prevent the spread of the virus from familiar faces at home, in a preferred language, is one of the many ways DOH-Collier is working to promote health education, and stop the spread of COVID-19 in our community.

In the chart below shows the cumulative Immokalee Promatora outreach efforts as of August 13, 2020.

<table>
<thead>
<tr>
<th>Community Health Promoter Campaign</th>
<th>Total (#)</th>
<th>Total (%), when applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households Visited</td>
<td>2807</td>
<td></td>
</tr>
<tr>
<td>Average Households Visited/Day</td>
<td>76.1</td>
<td></td>
</tr>
<tr>
<td>Houses Answered</td>
<td>1443</td>
<td>51.4%</td>
</tr>
<tr>
<td>Average Households Answered/Day</td>
<td>38.23</td>
<td></td>
</tr>
<tr>
<td>Educational Materials Distributed</td>
<td>4568</td>
<td></td>
</tr>
<tr>
<td>Mask Packs Given (5 masks in a pack)</td>
<td>1608</td>
<td></td>
</tr>
<tr>
<td>People Reached (determined by reported # of people in home)</td>
<td>3474</td>
<td></td>
</tr>
<tr>
<td>Home Visits Conducted in English</td>
<td>574</td>
<td>40%</td>
</tr>
<tr>
<td>Home Visits Conducted in Creole</td>
<td>266</td>
<td>18%</td>
</tr>
<tr>
<td>Home Visits Conducted in Spanish</td>
<td>602</td>
<td>42%</td>
</tr>
</tbody>
</table>

Data Source: COVID-19 Immokalee Promatora Excel Workbook
COVID-19

Community Health Business Education

A team of DOH-Collier Health Educators are providing COVID-19 education to businesses throughout the most impacted communities. As of July 31, 2020, the team visited 415 businesses, distributed 2,110 educational materials, and distributed 633 packs of masks to businesses.

### Golden Gate

<table>
<thead>
<tr>
<th>Businesses Visited</th>
<th>196</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Materials</td>
<td>996</td>
</tr>
<tr>
<td>Mask Packs Given (5 masks in a pack)</td>
<td>230</td>
</tr>
</tbody>
</table>

**Data Source:** COVID-19 Business Outreach Excel Workbook

### Immokalee

<table>
<thead>
<tr>
<th>Businesses Visited</th>
<th>186</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Materials</td>
<td>957</td>
</tr>
<tr>
<td>Mask Packs (5 masks in a pack)</td>
<td>355</td>
</tr>
</tbody>
</table>

**Data Source:** COVID-19 Business Outreach Excel Workbook

### Other Areas in Collier County

<table>
<thead>
<tr>
<th>Businesses Visited</th>
<th>33</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Materials</td>
<td>157</td>
</tr>
<tr>
<td>Mask Packs Given (5 masks in a pack)</td>
<td>48</td>
</tr>
</tbody>
</table>

**Data Source:** COVID-19 Business Outreach Excel Workbook

### All of Collier County

<table>
<thead>
<tr>
<th>Businesses Visited</th>
<th>415</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Materials</td>
<td>2110</td>
</tr>
<tr>
<td>Mask Packs Given (5 masks in a pack)</td>
<td>633</td>
</tr>
</tbody>
</table>

**Data Source:** COVID-19 Business Outreach Excel Workbook
COVID-19

DOH-Collier COVID-19 Testing

DOH-Collier has planned and staffed community testing locations and events throughout the county. DOH-Collier has several permanent testing locations such as the DOH-Collier Naples and Immokalee locations, and Sun-N-Fun Lagoon. Past testing events have been at Golden Gate Community Center, Fellowship Church in Immokalee, North Collier Regional Park, and South Regional Library.

The chart below includes persons with laboratory results that the Florida Department of Health in Collier County collected electronically or by mail/fax for Collier County residents as of August 30, 2020 verified as of August 31, 2020 at 09:25 am.

<table>
<thead>
<tr>
<th>COVID-19: All Collier Residents with Test Results Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awaiting Testing</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>28</td>
</tr>
</tbody>
</table>
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