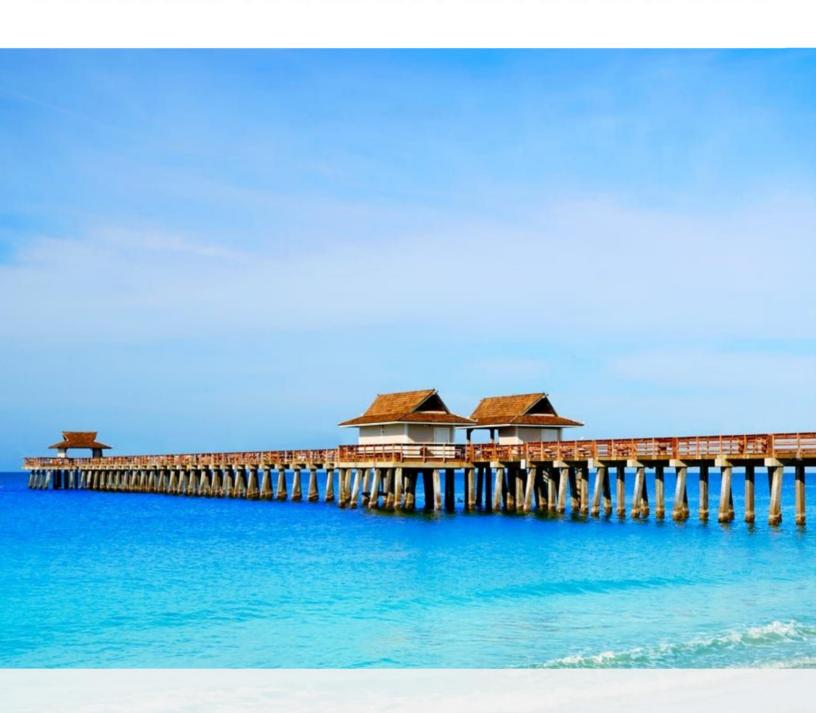
2023 Collier County Florida Health Assessment



Prepared by:
The Health Planning
Council of Southwest
Florida, Inc.





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Introduction

To improve the health of the residents of Collier County, the Healthcare Network (HCN) and the Health Planning Council of Southwest Florida, Inc. (HPC) collaborated to conduct a community health needs assessment that focuses on the geographic area served by HCN (Collier County) for use by HCN and other community partners.

HPC reviewed numerous data sources and received feedback from HCN as well as from members of the community through surveys and interviews. The assessment group reviewed the preliminary data collected and provided feedback to the Health Planning Council.

This needs assessment consists of demographic, socioeconomic, and health status information that will be used to identify areas where targeted interventions and policy changes may have the most significant impact. Once community needs are identified through quantitative data analysis of demographic, socioeconomic, health status information, community survey, and qualitative interviews; the strategic process can begin.





Health Center Program Uniform Data System (UDS) Data

In parts of the assessment, data from Health Resources & Services Administration (HRSA) is used to compare Healthcare Network to six regional benchmarks. The benchmark data is from five Federally Qualified Health Centers (FQHCs) that serve nearby geographic regions in Florida and one FQHC Lookalike, which serves Lee County, Florida.

The centers used in compiling the regional averages are abbreviated throughout the document as follows:

- ★ Centerplace Health, Inc. SAR
- Collier Health Services (Healthcare Network) HCN
- Family Health Centers of Southwest Florida, Inc. FHC
- Florida Community Health Center Palm Beach
- Manatee County Rural Health Services MCR
- K Lee Memorial Health System, Look-alike Lee

The information provided in this section is a snapshot of how HCN clinics are meeting the HRSA benchmarks for FQHCs, how HCNs clinics compare to regional benchmarks and State of Florida averages, and how data is changing over time. In addition, the section depicts HCN successes and identifies those benchmarks for which the implementation of practice changes could provide additional benefits to the health of HCN patients.





Clinic Locations and Unmet Needs

The map below shows the six HCN locations within Collier County with 13 locations. There are three locations in Immokalee and eight in the Naples area. Healthcare Network offers primary care services including family, senior care, children's care, women's care, dental care, behavioral health, pharmacy, x-ray, and lab. HCN also utilizes two mobile units, the Health & Smiles Mobile unit, and the Ronald McDonald Care Mobile.

The yellow dots are HCN has locations in Collier County.



Exhibit 1: Map of FQHC locations in Collier County, Florida



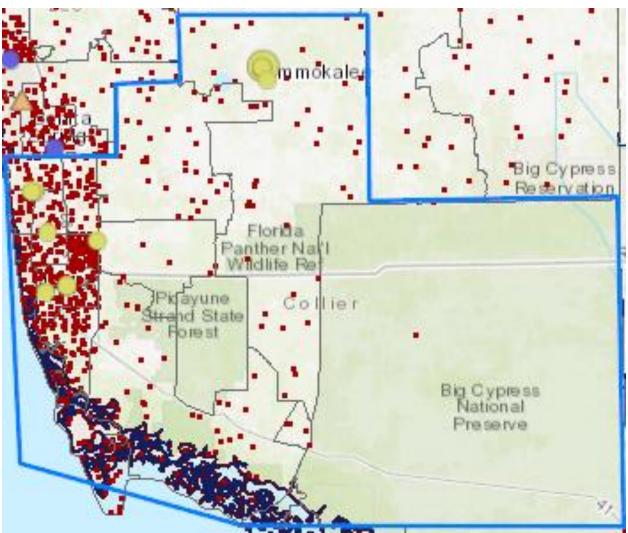




As a Federally Qualified Health Center (FQHC), Healthcare Network aims to provide healthcare services to all persons regardless of their ability to pay or health insurance status. While many area residents are served by the facilities available, many low-income residents in HCN's service are still not currently being served by any of the local health centers.

The dot density map shown below displays the estimated number of low-income residents (those who are at or below 200% of the Federal Poverty Level) in the given ZIP Code Tabulation Area (ZCTA) who are not served by any health centers (1 red dot = 100 people randomly placed in the ZCTA). The yellow dots represent HCN's locations.

Exhibit 2: Dot Density Map of Low-Income Residents Not Served by a Health Center in Collier County,
Florida and Healthcare Network locations



Source: UDS Mapper. Available http://www.udsmapper.org. Accessed August 12, 2022





Patients Origin by Zip Code

The largest number of Healthcare Network patients live in the 34142 zip code (Immokalee). HCN serves over 12,000 people in Immokalee. The zip code 34116, or Golden Gate, has the second largest population of Collier County residents receiving their care at HCN. The zip codes with the largest number of clients served but no clinic located in that zip code are 34120 and 34113.

Exhibit 3: Patients Origin by Zip Code, 2021

ZCTA	Post Office Name	HCN Site	HCN Total Patients (#) 2021
34142	Immokalee	Marion E. Fether Medical Center, CHS-FSU, Family Care I-Tech	12,392
34116	Naples	Nichols Community Health Center	6,168
34120	Naples		3,915
34104	Naples	Children's Care East	2,623
34113	Naples		2,353
34112	Naples	Friendship Health Center, Dental Care East	2,185
34117	Naples		1,873
34109	Naples	Nichols Pediatric Health Center, Total Women's Care	1,329
34114	Naples		1,447
34119	Naples		1,398





ZCTA	Post Office Name	HCN Site	HCN Total Patients (#) 2021
34110	Naples		536
34105	Naples		753
34103	Naples		452
34108	Naples	Family Care North, Children's Care North	425
34102	Naples		403
34145	Marco Island		359
34101	Naples		37
34139	Everglades City		55
34137	Copeland		25
34140	Goodland		14
34141	Ochopee		-
Summary			42,234





Patient Age, Race, and Ethnicity

Client Demographics Key Findings*

- The largest number of Healthcare Network patients live in the 34142 zip code (Immokalee). HCN serves over 12,000 people in Immokalee. The zip code 34116, or Golden Gate, has the second largest population of Collier County residents receiving their care at HCN.
- The zip codes with the largest number of clients served but no clinic located in that zip code are 34120 and 34113.
- About 63 percent of the patients served by HCN are children under 18 years of age. HCN serves a higher percentage of children when compared to all the regional benchmarks and Florida.
- Eighty-three percent of the patients served by HCN identify as members of racial and/or ethnic minority groups, and this is higher than all the regional benchmarks and Florida. In addition, since 2018, there has been an increase in the percentage of racial and/or ethnic minorities served by HCN.
- Approximately 66 percent of HCN patients identify as Hispanic/Latino; this is significantly higher than the state average. Furthermore, this percentage has increased over time.
- About 46 percent of HCN patients are best served in a language other than English. This is a significantly higher percentage compared to the regional benchmarks and Florida. This has been increasing since 2018.
- ** Nearly 94 percent of HCN patients are at or below 200 percent of the federal poverty guideline. This is well above the state average.
- Fourteen percent of the patients served by HCN are uninsured. This is significantly lower than the state's average. The percentage of uninsured patients had been fairly steady until 2020 when there was a decrease.
- Approximately 61 percent of patients served by HCN received Medicaid or CHIP. There's been a significant increase in the percentage of Medicaid/CHIP patients over the past four years (45.98%, 2018 vs. 60.78%, 2021).
- Of the patients served by HCN, 15 percent identified as agricultural workers or dependents. HCN has the second largest percentage of patients who identify as agricultural workers or dependent compared to all the other regional benchmarks and is significantly higher than the state average. The percentage has fallen over the past five years.

*All sources and further details for the key findings can be found in the relevant section of the Collier County CHA

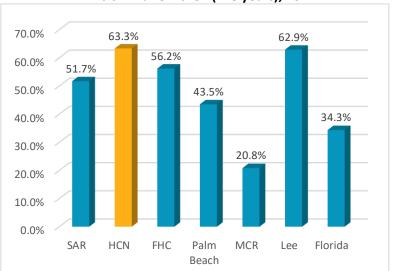
Patients by Age

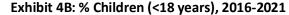
About 63 percent of the patients served by HCN are children under 18 years of age. HCN serves a higher percentage of children when compared to all of the regional benchmarks and Florida. This percentage has remained relatively consistent from 2017 to 2020 with an increase in 2021.

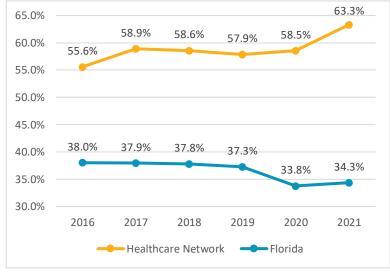












Approximately 31 percent of HCN's clients are adults 18 to 64. There was an overall decrease in the percentage of adult patients. This is the lowest when compared to all the regional benchmarks and Florida.

Exhibit 5A: % Adults (18-64 years), 2021

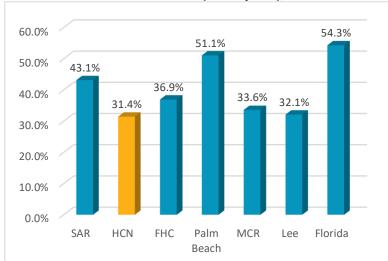
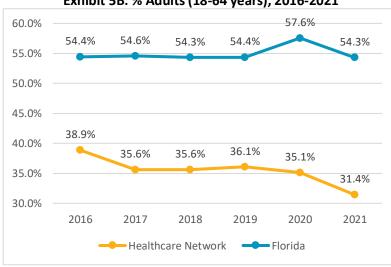


Exhibit 5B: % Adults (18-64 years), 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Five percent of HCN patients were 65 or older. Since 2017, the percentage of older adult clients has increased, but in 2021 there was a decrease.





Exhibit 6A: % Older Adults (age 65+), 2021

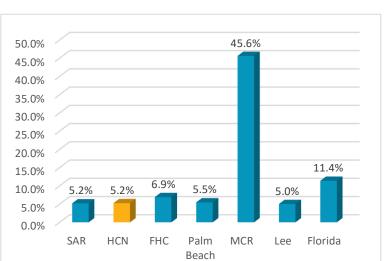
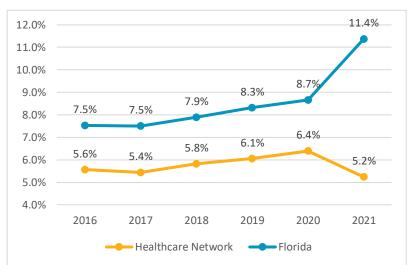


Exhibit 6B: % Older Adults (age 65+), 2016-2021



Patients by Race & Ethnicity

Of the patients served by HCN, almost 19 percent are white non-Hispanic. This is the lowest when compared to all of the regional benchmarks and Florida. Since 2018, this percentage has decreased.

Exhibit 7A: % White Non-Hispanic, 2021

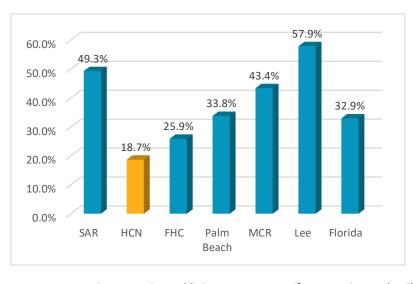
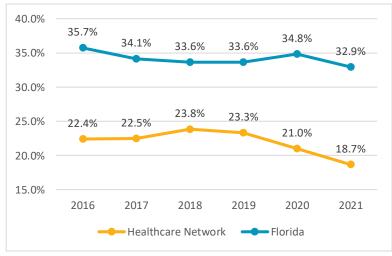


Exhibit 7B: % White Non-Hispanic, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Eighty-three percent of the patients served by HCN identify as members of racial and/or ethnic minority groups, and this is higher than all the regional benchmarks and Florida. In addition, since 2018, there has been an increase in the percentage of racial and/or ethnic minorities served by HCN.





Exhibit 8A: % Racial and/or Ethnic Minorities, 2021

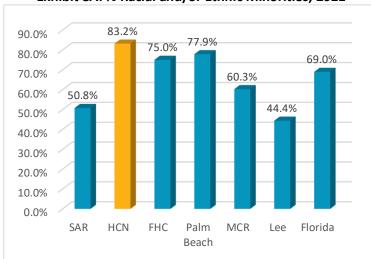
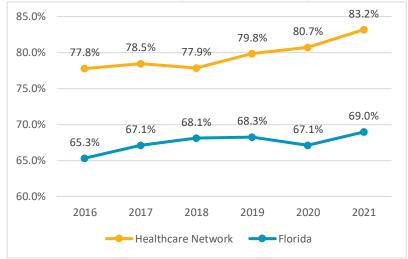


Exhibit 8B: % Racial and/or Ethnic Minorities, 2016-2021



Approximately 66 percent of HCN patients identify as Hispanic/Latino; this is significantly higher than the state average. Furthermore, this percentage has increased over time.

Exhibit 9A: % Hispanic/Latinos, 2021

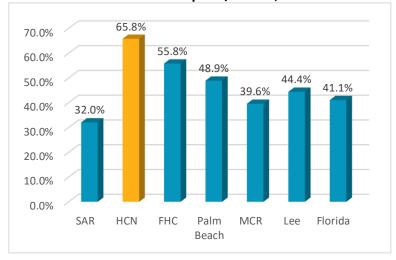
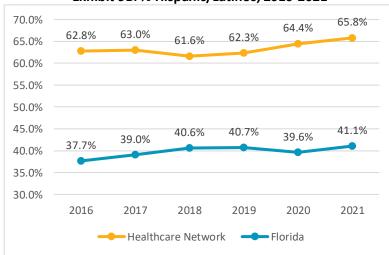


Exhibit 9B: % Hispanic/Latinos, 2016-2021







Of the patients served by HCN, approximately 17 percent are black/African American. This is lower than the state average. The percentage has increased over the past six years.



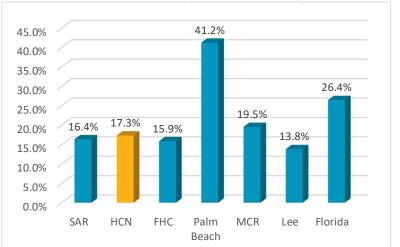
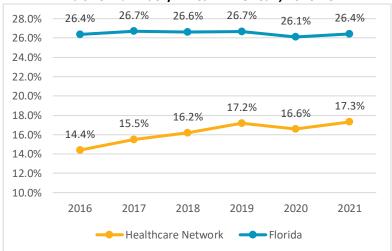


Exhibit 10B: % Black/African American, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

In addition to the races already discussed, HCN serves clients who identify as having more than one race, Asian, Native Hawaiian/other Pacific Islander, or American Indian/Alaska Native. Combined, they make up 4.9 percent of HCN's patient profile. More than one race is the largest group (3.0%).





10.0% 9.0% 8.0% 7.0% 6.0% 5.0% 4.0% 3.0% 2.0% 1.0% 0.0% SAR HCN FHC Palm Beach MCR Lee Florida ■ More than One Race Asian ■ Native Hawaiian/Other Pacific Islander ■ American Indian/Alaska Native

Exhibit 11: Percentage of Patients' Race, 2021

Race	SAR	HCN	FHC	Palm Beach	MCR	Lee	Florida
More than one race	0.3%	3.0%	8.0%	0.2%	1.7%	1.1%	4.2%
Asian	2.1%	0.9%	1.3%	1.2%	1.8%	0.8%	1.4%
Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.3%	0.4%	0.5%	0.3%	0.4%
American Indian/Alaska Native	0.2%	0.9%	0.3%	0.5%	1.0%	0.2%	0.7%

Language

About 46 percent of HCN patients are best served in a language other than English. This is a significantly higher percentage compared to the regional benchmarks and Florida. This has been increasing since 2018.





Exhibit 12A: % Best Served in a Language other than English, 2021

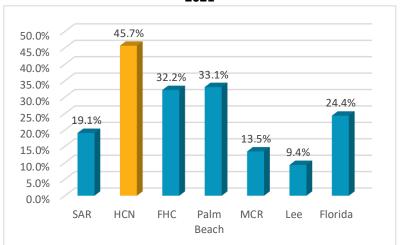
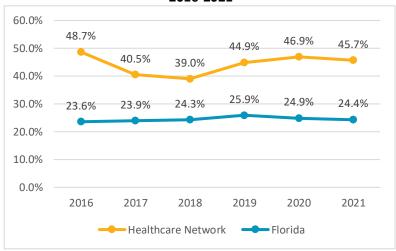


Exhibit 12B: % Best Served in a Language other than English, 2016-2021



Patient Characteristics

Income Status

Nearly 94 percent of HCN patients are at or below 200 percent of the federal poverty guideline. This is well above the state average.

Exhibit 13A: % Patients at or Below 200% of FPG*, 2021

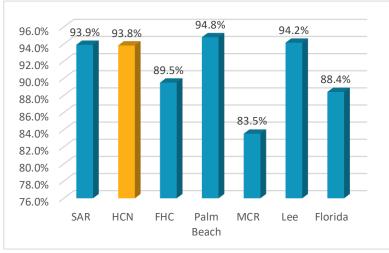
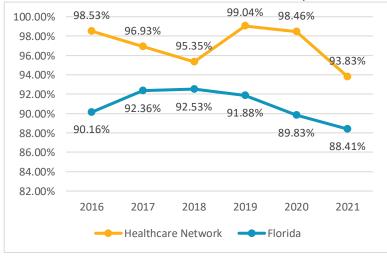


Exhibit 13B: % Patients at or 200% Below FPG*, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021 *FPG – Federal Poverty Guideline





Of the patients served by HCN, 64 percent are at or below 100 percent of the federal poverty guideline. Over the past six years, the percentage of patients below this guideline has been declining. It should be noted that, in the past, HCN assumed patient income based on Florida Medicaid status and no longer assume that per the updated UDS manual.

Exhibit 14A: % Patients at or Below 100% of FPG*, 2021

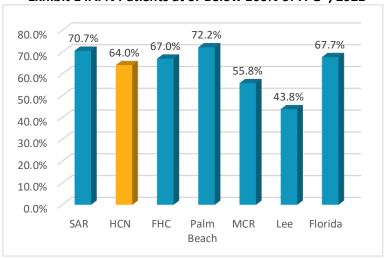
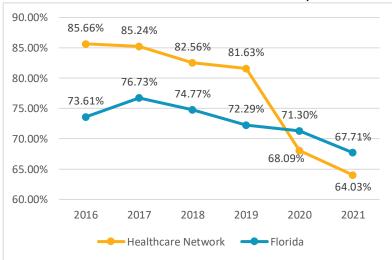


Exhibit 14B: % Patients at or 100% Below FPG*, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Insurance Status

Fourteen percent of the patients served by HCN are uninsured. This is significantly lower than the state's average. The percentage of uninsured patients had been fairly steady until 2020 when there was a decrease.

Exhibit 15A: % None/Uninsured Patients, 2021

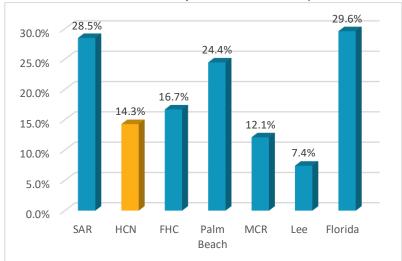
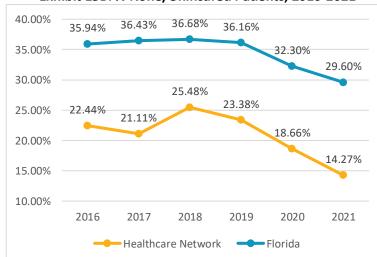


Exhibit 15B: % None/Uninsured Patients, 2016-2021







^{*}FPG - Federal Poverty Guideline

Almost 8 percent of children served by HCN are uninsured. This percentage is significantly less than the state average (7.5% vs. 21.2%). From 2019 to 2020 there was a decrease in the percentage of uninsured children being served by HCN, it slightly increased in 2021.

Exhibit 16A: % None/Uninsured Children (<18 years), 2021

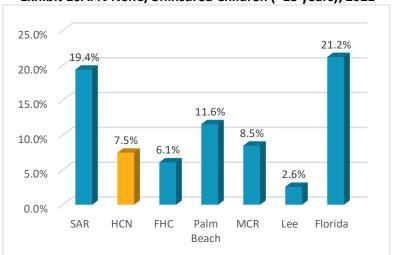
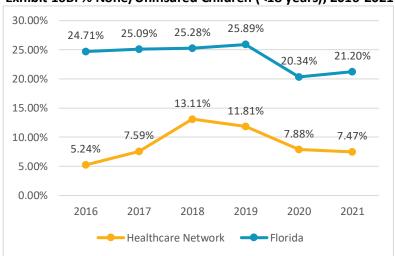


Exhibit 16B: % None/Uninsured Children (<18 years), 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Approximately 61 percent of patients served by HCN received Medicaid or CHIP. There's been a significant increase in the percentage of Medicaid/CHIP patients over the past four years (45.98%, 2018 vs. 60.78%, 2021).

Exhibit 17A: % Medicaid/CHIP, 2021

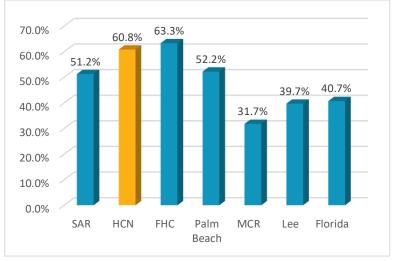
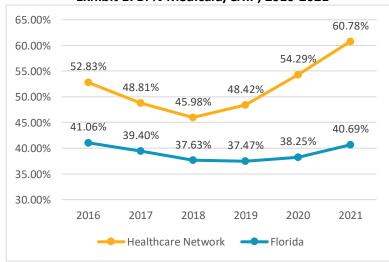


Exhibit 17B: % Medicaid/CHIP, 2016-2021

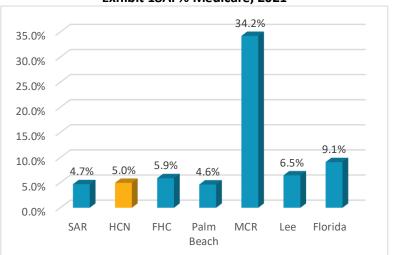


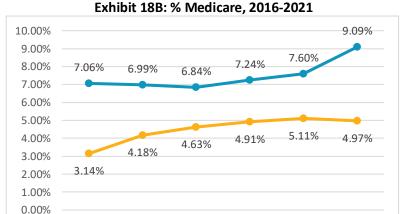




Five percent of patients served by HCN have Medicare. From 2016 to 2020 the percentage of Medicare patients increased but slightly decreased slightly in 2021.

Exhibit 18A: % Medicare, 2021





2018

Healthcare Network

2019

---- Florida

2020

2021

Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Almost 3 percent of the patients served by HCN are dually eligible for Medicare and Medicaid. Over the past four years, the percentage of HCN patients that are dually eligible has been fairly steady

2016

2017

Exhibit 19A: % Dually Eligible (Medicare and Medicaid), 2021

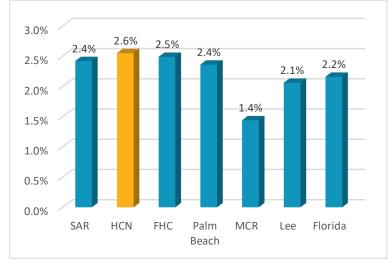
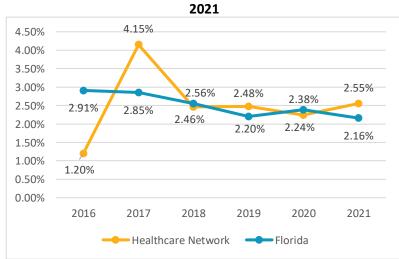


Exhibit 19B: % Dually Eligible (Medicare and Medicaid), 2016-







Other third-party payer sources include private insurance. Twenty percent of patients used other third-party payer sources. Since 2018, there's been a decline in the percentage of patients using other third-party payer sources. In 2021, HCN had a lower percentage of patients with other third-party payer sources compared to the state average (19.98% vs. 20.61%).

Exhibit 20A: % Other Third-Party, 2021

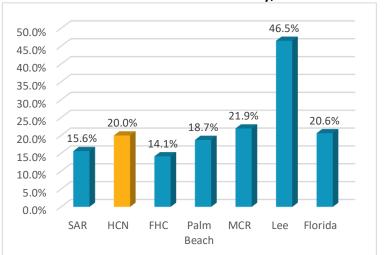
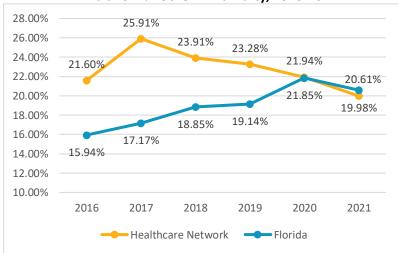


Exhibit 20B: % Other Third-Party, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Special Populations

One percent of patients served by HCN identified as homeless. This is a significantly lower percentage than the state average. The percentage of homeless patients has fallen over the past three years, with a slight increase in 2021.

Exhibit 21A: % Homeless Patients, 2021

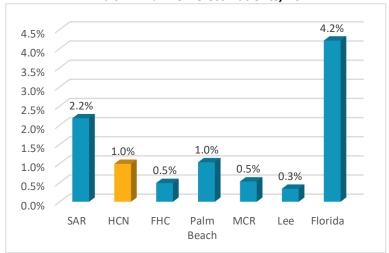
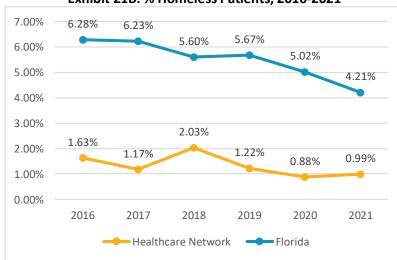


Exhibit 21B: % Homeless Patients, 2016-2021







Of the patients served by HCN, almost 17 percent identified as agricultural workers or dependents has the second largest percentage of patients who identify as agricultural workers or dependents compared to all the other regional benchmarks and is significantly higher than the state average. The percentage has fallen over the past five years but increase in 2021.

Exhibit 22A: % Agricultural Workers or Dependents, 2021

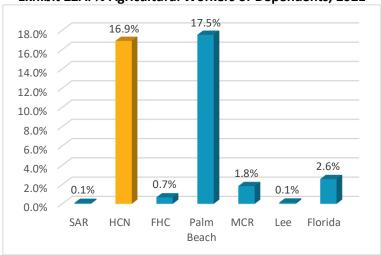
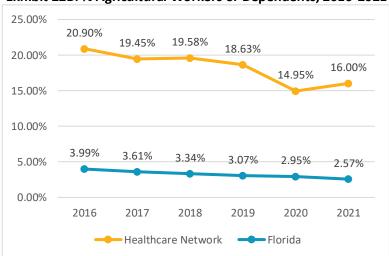


Exhibit 22B: % Agricultural Workers or Dependents, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

In 2021, HCN 72 percent of its patients who access its services live in public housing. It is to be noted, that it is up to the organization to determine what is the appropriate definition of close-to-public housing. In the past, HCN defined this as having access to public transportation but redefined this in 2020 patients within 5 miles of walking distance per UDS manual.

Exhibit 23A: % Public Housing Patients, 2021

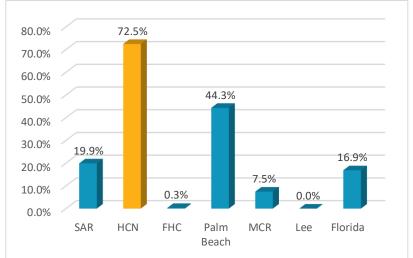
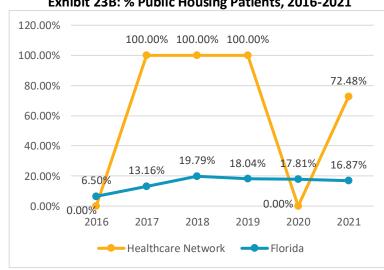


Exhibit 23B: % Public Housing Patients, 2016-2021

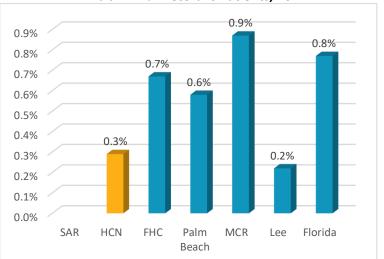




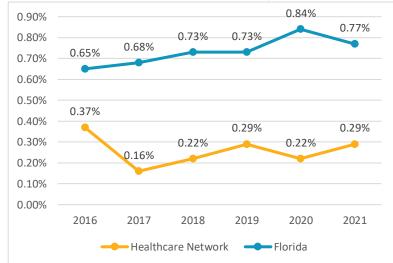


Less than one percent of patients served by HCN identified as veterans, consistent with the regional benchmarks except for MCR Health. The percentage statewide is also less than one percent.

Exhibit 24A: % Veterans Patients, 2021







Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Services

Services and Cost Key Findings*

- HCN has the second-highest percentage of medical patients (96.1%) compared to the regional benchmarks and the state average. Since 2017, the percentage of medical patients has increased significantly.
- ** Nearly 17 percent of HCN patients receive dental services at the FQHC. The percentage of dental patients has decreased over the past five years.
- Nearly eight percent of HCN patients receive mental health services through the FQHC. HCN's patient percentage is slightly higher than the state average and is the second-highest compared to regional benchmarks. Over the past four years, the percentage of patients accessing mental health services has declined.
- For 2020, HCN expended \$8,312,317 in funding from HRSA. This was 3.5 percent of the total funding expended for Florida.
- Wover the past five years, there's been a decrease, except in 2018, in funding from HRSA to HCN.
- ** HCN's total cost accrued in 2020 was \$44,501,468. This was 3.3 percent of the total accrued costs for Florida.
- HCN's total accrued cost per patient in 2020 was \$1,073. This is higher than the state average and the regional benchmarks. Between 2016 and 2020, the total accrued cost per patient increased by \$161.98; the state average increased by \$155.99. It is to be noted that, Healthcare Network offers a broad range of uncompensated services that are necessary to care for their unique patient population.

*All Sources and further details for the key findings can be found in the relevant section of the Collier County CHA

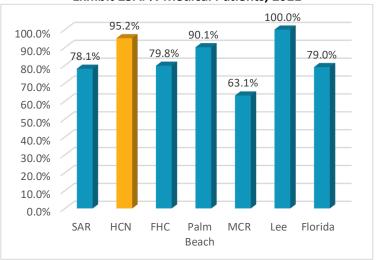


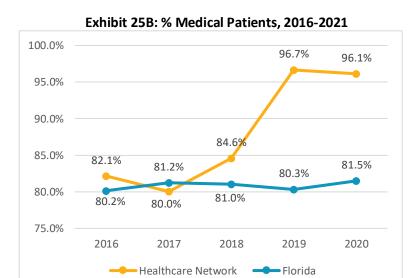


Services (% of patients)

HCN has the second-highest percentage of medical patients (95.2%) compared to the regional benchmarks and the state average. Since 2017, the percentage of medical patients has increased significantly.

Exhibit 25A: % Medical Patients, 2021





Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Twenty-two percent of HCN patients receive dental services at the FQHC. The percentage of dental patients has decreased over the past six years.

Exhibit 26A: % Dental Patients, 2021

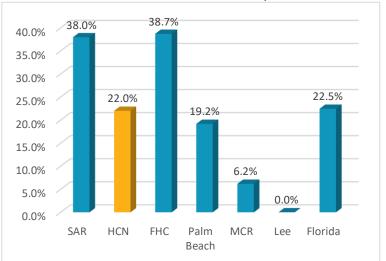
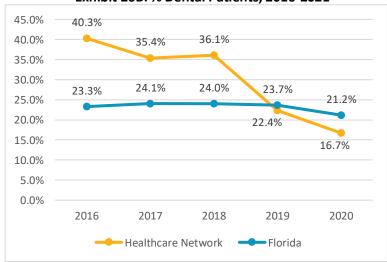


Exhibit 26B: % Dental Patients, 2016-2021







A little over 13 percent of HCN patients receive mental health services through the FQHC. HCN's patient percentage is slightly higher than the state average and is the second-highest compared to regional benchmarks. Over the past four years, the percentage of patients accessing mental health services has declined.

Exhibit 27A: % Mental Health Patients, 2021

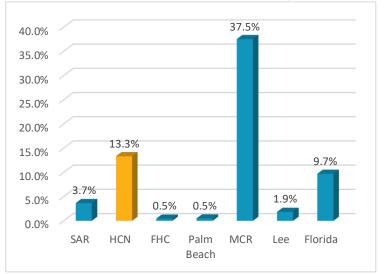
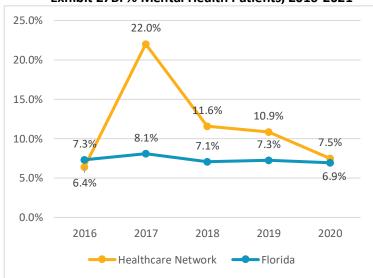


Exhibit 27B: % Mental Health Patients, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Enabling services at FQHCs are defined as "non-clinical services that aim to increase access to healthcare and improve health outcomes." In this definition community health workers (CHWs) are not included. Almost 4 percent of patients served by HCN received enabling services. Over the past couple of years, there's been a decrease in patients accessing this service.

Exhibit 28A: % Enabling Services Patients, 2021

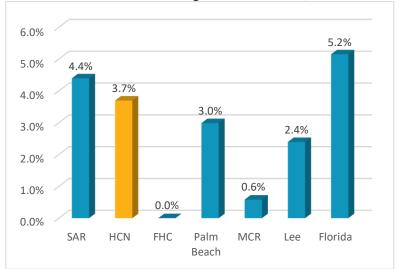
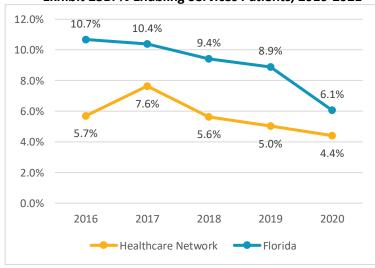


Exhibit 28B: % Enabling Services Patients, 2016-2021







Cost Data

For 2021, HCN expended \$9,581,250 in funding from HRSA. This was 3.8 percent of the total funding expended for Florida.

Exhibit 29: Total Health Center Cluster, 2021			
Name of Health Center	Costs		
Centerplace Health, Inc.	\$3,470,725		
Collier Health Services (Healthcare Network)	\$9,581,250		
Family Health Centers of Southwest Florida, Inc.	\$10,305,637		
Florida Community Health Center, Inc.	\$9,207,419		
MCR Health, Inc.	\$9,570,629		
Lee Memorial Health System, Look-alike			
Florida	\$249,107,404		

Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

From 2016 to 2020 there's been a decrease in funding, except in 2018, from HRSA to HCN. In 2021, HCN received a \$1,268,933 increase from HRSA.

	Exhibit 30: Total Health Center Cluster 2016-2021				
Years	Healthcare Network	Percent Change	Florida	Percent Change	
2016	\$8,539,833	-	\$217,618,726	-	
2017	\$8,535,686	-0.5%	\$230,797,818	6.1%	
2018	\$9,367,217	9.7%	\$233,036,848	1.0%	
2019	\$8,699,002	-7.1%	\$245,507,015	5.4%	
2020	\$8,312,317	-4.5%	\$235,412,269	-4.9%	
2021	\$9,581,250	15.2%	\$249,107,404	5.8%	

Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

HCN's total cost accrued in 2021 was \$46,207,449. This was 3.0 percent of the total accrued costs for Florida.

Exhibit 31: Total Cost 2021				
Name of Health Center	Costs			
Centerplace Health, Inc.	\$16,298,024			
Collier Health Services (Healthcare Network)	\$46,207,449			
Family Health Centers of Southwest Florida, Inc.	\$72,458,438			
Florida Community Health Center, Inc.	\$39,740,316			
MCR Health, Inc.	\$140,648,409			
Lee Memorial Health System, Look-alike	\$33,893,814			
Florida	\$1,526,521,042			





From 2019 to 2020 the total costs for HCN have decreased but have since increased.

Exhibit 32: Total Cost, 2016-2021				
Years	Healthcare Network	Percent Change	Florida	Percent Change
2016	\$45,452,731	-	\$1,004,527,133	-
2017	\$47,628,091	4.8%	\$1,080,135,782	7.5%
2018	\$49,663,643	4.3%	\$1,145,106,684	6.0%
2019	\$47,430,506	-4.5%	\$1,259,373,942	10.0%
2020	\$44,501,468	-6.2%	\$1,360,108,805	8.0%
2021	\$46,207,449	3.8%	\$1,526,521,042	12.2%

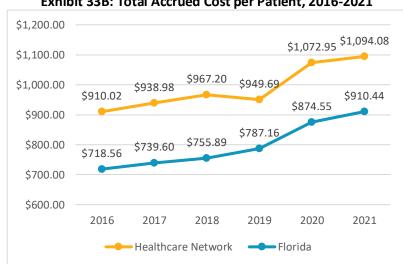
Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

HCN's total accrued cost per patient in 2021 was \$1,094. This is higher than the state average and the regional benchmarks. Between 2016 and 2021, the total accrued cost per patient increased by \$184.06; the state average increased by \$191.48. It is to be noted that, Healthcare Network offers a broad range of uncompensated services that are necessary to care for their unique patient population.

Exhibit 33A: Total Accrued Cost per Patient, 2021



Exhibit 33B: Total Accrued Cost per Patient, 2016-2021







Healthcare Network's Performance vs. State Average on HRSA Benchmarks from BPR

Exhibit 34: Clinical Data Trends, 2022

The shade of the arrow designates performance vs average, the direction of the arrow indicates the 3 year trend .

Indicator	HCN 2021	FL 2021	Performance/ Trend
Diabetes: Hemoglobin A1c Poor Control	32.1%	32.9%	~~
Controlling High Blood Pressure	60.4%	61.9%	~~
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	83.8%	74.2%	•
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	77.4%	76.2%	•
Cervical Cancer Screening	71.5%	57.1%	~~
Colorectal Cancer Screening	47.6%	39.0%	~~
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	80.6%	83.5%	
Body Mass Index (BMI) Screening and Follow- Up Plan	51.3%	77.3%	•
Tobacco Use: Screening and Cessation	80.9%	86.7%	•
Depression Screening and Follow-Up Plan	65.6%	72.7%	~
Childhood Immunization Status	43.4%	36.5%	~
Dental Sealants for Children between 6-9 Years	60.4%	66.7%	~~
Early Entry into Prenatal Care	61.8%	62.5%	•
Low and Very Low Birth Weight	6.7%	9.4%	~





Clinical Data

Asthma

Of the patients receiving medical care at HCN, about five percent of patients identified as having asthma. This is slightly lower than the state average. The percentage of patients with asthma has decreased over the past several years.

Exhibit 35A: % of Patients with Asthma, 2021

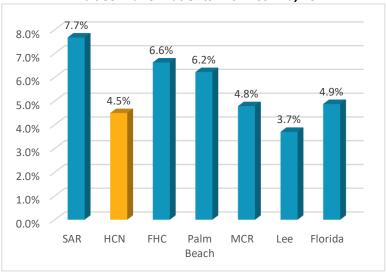
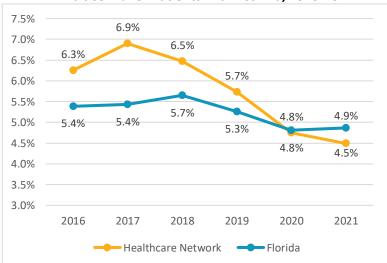


Exhibit 35B: % of Patients with Asthma, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Diabetes

HCN has the highest percentage (18.8%) of patients identified as having diabetes compared to regional benchmarks and the state average. The percentage of HCN patients with Diabetes has increased in the past three years

Exhibit 36A: % of Patients with Diabetes, 2021

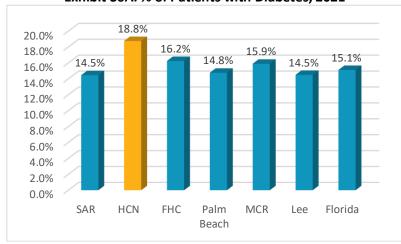
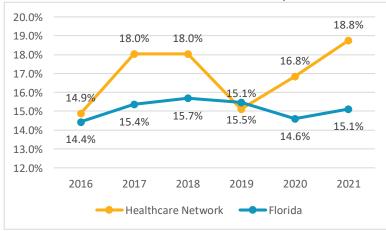


Exhibit 36B: % of Patients with Diabetes, 2016-2021







Of the diabetic patients receiving care at HCN, 32 percent of patients have poorly controlled hemoglobin A1c (HbA1c>9%) or were not tested during the year. This is slightly lower than the state average. In 2020, HCN saw its highest percentage in the past five years.

Exhibit 37A: % Diabetes: Hemoglobin A1c Poor Control, 2021

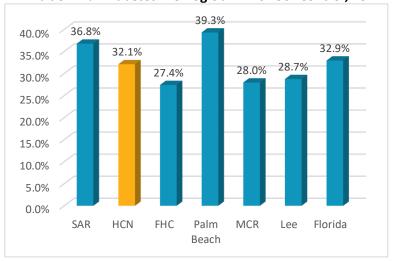
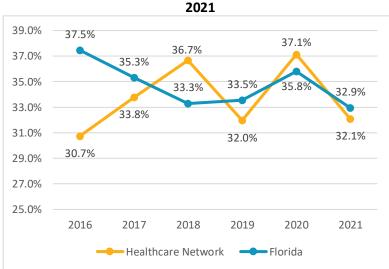


Exhibit 37B: % Diabetes: Hemoglobin A1c Poor Control, 2016-



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Heart Disease

Of the patients served by HCN, about 32 percent of patients identified as having hypertension. This is slightly less than the Florida average. This percentage has been increasing over the past six years.

Exhibit 38A: % Hypertension Patients, 2021

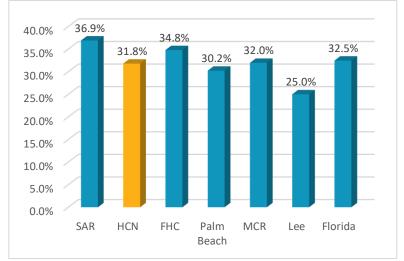
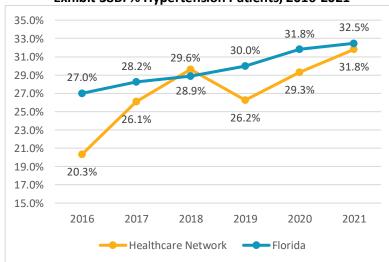


Exhibit 38B: % Hypertension Patients, 2016-2021







HCN has the second-lowest average percentage of patients whose blood pressure was controlled (<140/90 mmHg) when compared to the regional benchmarks. There's been an overall decrease in the percentage over the past from 2016 to 2020 but has significantly increased in 2021.

Exhibit 39A: % Controlling High Blood Pressure, 2021

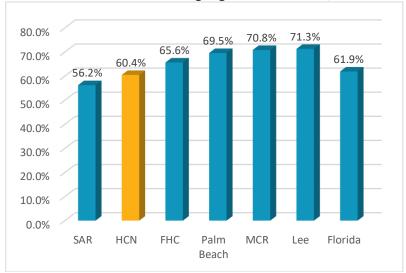
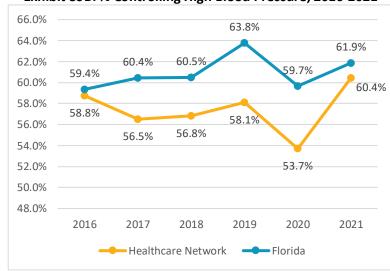


Exhibit 39B: % Controlling High Blood Pressure, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

HCN has the second highest percentage of adult patients aged 21 and older at high risk of cardiovascular events who were prescribed or were on statin therapy for the prevention and treatment of cardiovascular disease. From 2019 and 2021, there was a 4 percent increase in the percentage of patients on statin therapy.

Exhibit 40A: % Statin Therapy for Prevention and Treatment of Cardiovascular Disease, 2021

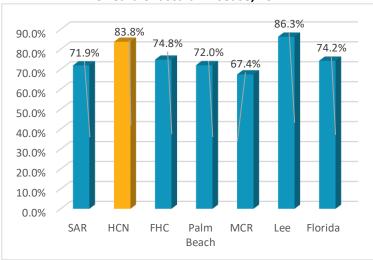
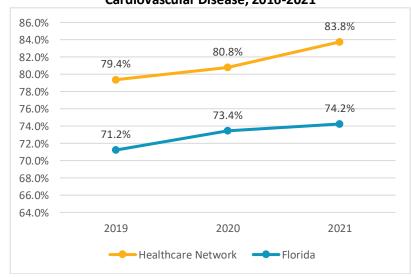


Exhibit 40B: % Statin Therapy for Prevention and Treatment of Cardiovascular Disease, 2016-2021



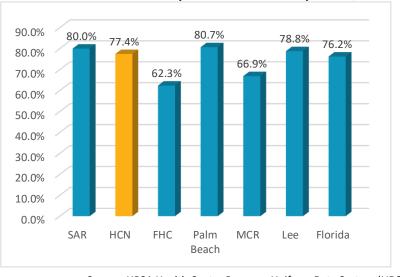


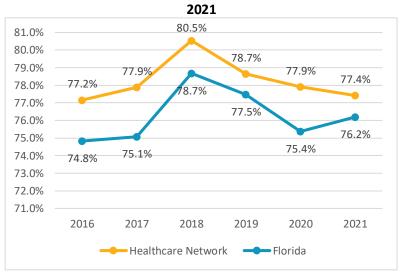


Of the patients served by HCN, 77 percent of patients aged 18 and older are diagnosed with Ischemic Vascular Disease (IVD): use of aspirin or another antithrombotic. This is slightly higher than the state average. Over the past four years, there's been a decrease.

Exhibit 41A: % IVD: Use of Aspirin or Another Antiplatelet, 2021 Exh







Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

HIV

HCN had the second highest percentage of patients with HIV when compared to regional benchmarks. This percentage has remained consistent have the past six years.

Exhibit 42A: % of Patients with HIV, 2021

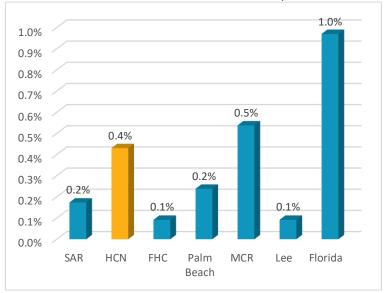
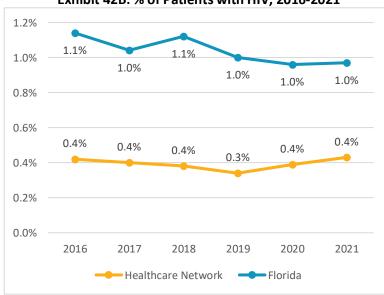


Exhibit 42B: % of Patients with HIV, 2016-2021







Prevention Health Screening & Services

HCN has the highest percentage of patients screened for cervical cancer compared to the regional benchmarks. The percentage is significantly higher than the Florida average for the past three years.

Exhibit 43A: % Cervical Cancer Screening, 2021

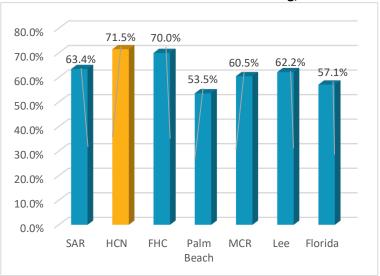
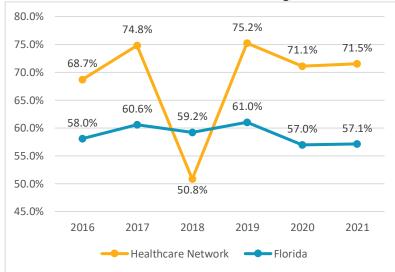


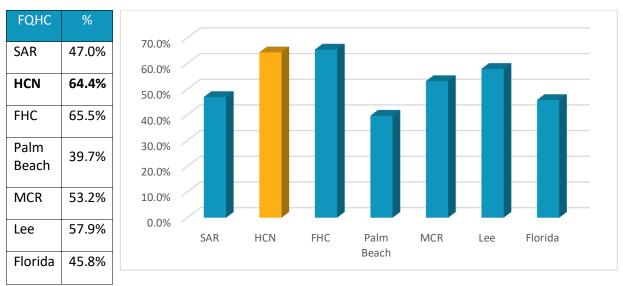
Exhibit 43B: % Cervical Cancer Screening, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

HCN has the second highest percentage of female patients aged 51 through 73 who received a mammogram to screen for breast cancer compared to regional benchmarks. The percentage is significantly higher than the state average. The percentage of breast cancer screenings increase among HCN patients from 2020 to 2021 (59.5% 2020 vs. 64.4% 2021).

Exhibit 44: Percentage of Breast Cancer Screening, 2021







Of the patients served by HCN, about 48 percent of its patients were screened for colorectal cancer. This percentage is significantly higher than the state average.

Exhibit 45A: % Colorectal Cancer Screening, 2021

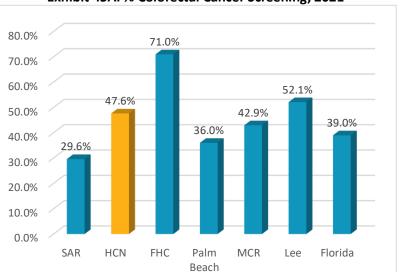
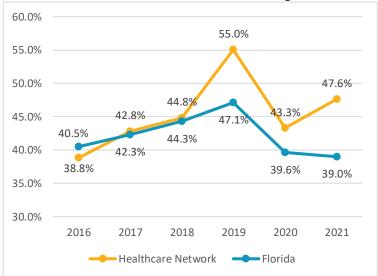


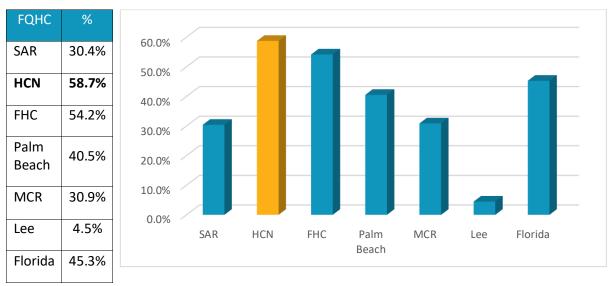
Exhibit 45B: % Colorectal Cancer Screening, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

HCN has a higher-than-average percentage of patients ages 15 through 65 tested for HIV. The percentage is significantly higher than the Florida average. The percentage of patients receiving an HIV test increased among HCN patients from 2020 to 2021 (48.6% 2020 vs. 58.8% 2021).

Exhibit 46: Percentage of HIV Screening, 2021







HCN has a slightly lower than average percentage of children aged 3-16 receiving weight assessment and counseling for nutrition and physical activity compared to the state average. Over the past six years, there's been an overall increase in the percentage of children that received this screening.

Exhibit 47A: % Adolescent Weight Screening, 2021

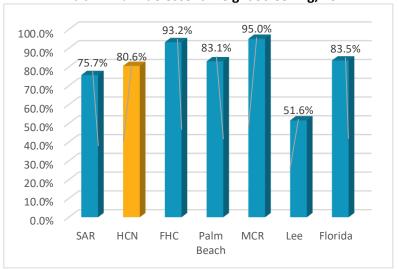
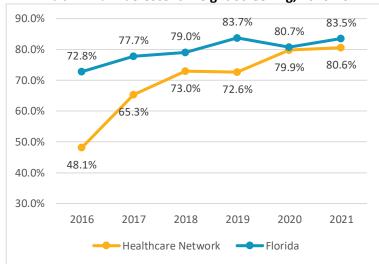


Exhibit 47B: % Adolescent Weight Screening, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Fifty-one percent of adult medical patients aged 18 at HCN and older received a body mass index (BMI) screening and follow-up. From 2016 to 2020, there was a 24 percent increase in adults that received the screening, but there was a drastic decrease from 2020 to 2021.

Exhibit 48A: % Adult Weight Screening, 2021

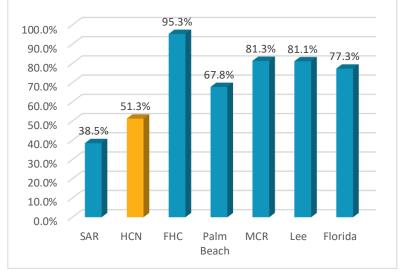
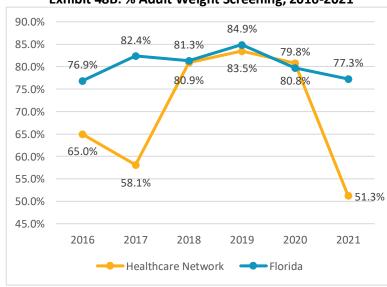


Exhibit 48B: % Adult Weight Screening, 2016-2021

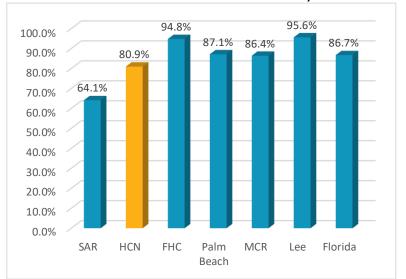


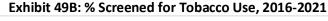


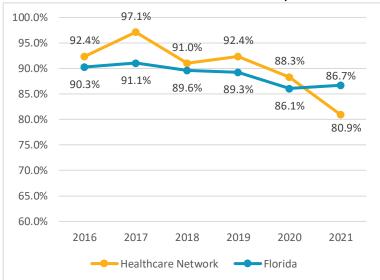


Of the patients served by HCN, 81 percent of adult medical patients aged 18 and older were screened for tobacco use and received cessation counseling. The percentage is lower than the state average. From 2016 to 2020 HCN had a higher-than-average percentage of adults being screened for tobacco use when compared to the state.

Exhibit 49A: % Screened for Tobacco Use, 2021







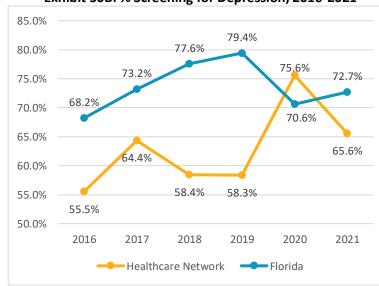
Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

HCN has a lower-than-average percentage of patients screened for clinical depression compared to regional benchmarks. The percentage is lower than the state average. The percentage of patients screened for depression has dramatically increased from 2019 to 2020 but has since decreased in 2021. Patients have a follow-up plan created during the screening if there is a positive result.

Exhibit 50A: % Screening for Depression, 2021



Exhibit 50B: % Screening for Depression, 2016-2021







Forty-three percent of children under the age of three received appropriate childhood immunizations. The percentage is higher than the state average. From 2017 to 2020 the percentage has significantly increased.

Exhibit 51A: % Childhood Immunization Status, 2021

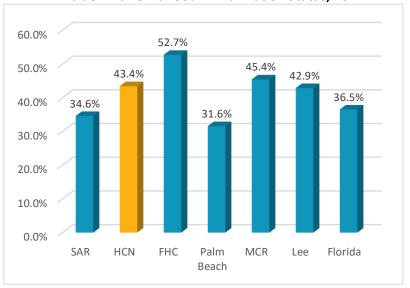
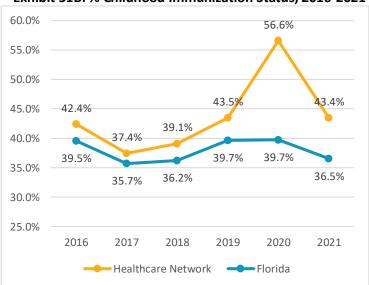


Exhibit 51B: % Childhood Immunization Status, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

HCN has a lower-than-average percentage of children aged 6-9 who received dental sealants compared to regional benchmarks. The percentage is lower than the state average. It should be noted that, in the past HCN included dental sealants done by their hygienist on their mobile unit done at the schools.

Exhibit 52A: % Dental Sealants for Children, 2021

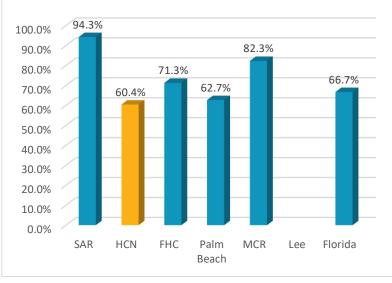
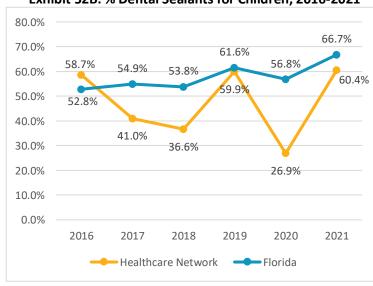


Exhibit 52B: % Dental Sealants for Children, 2016-2021







Prenatal and Perinatal Health

HCN served a little over 1,700 prenatal patients in 2021; approximately 5.0 percent of the prenatal patients served in Florida. In 2021, about 64 percent of HCN's prenatal care patients who delivered this is significantly higher than the state average (50.3%).

Exhibit 53A: Number of Prenatal Care Patients,
2021

Facilities	Number of Patients
Centerplace Health, Inc.	1,116
Collier Health Services (Healthcare Network)	1,772
Family Health Centers of Southwest Florida, Inc.	2,339
Florida Community Health Center, Inc.	2,629
MCR Health, Inc.	2,731
Lee Memorial Health System, Look-alike	2,679
Florida	35,512

Exhibit 53B: Number of Prenatal Care Patients Who Delivered, 2021

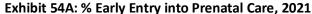
Facilities	Number of Patients	Percent of Prenatal Patients who Delivered
Centerplace Health, Inc.	576	51.6%
Collier Health Services (Healthcare Network)	1,126	63.5%
Family Health Centers of Southwest Florida, Inc.	1,525	65.2%
Florida Community Health Center, Inc.	1,441	54.8%
MCR Health, Inc.	1,601	58.6%
Lee Memorial Health System, Look-alike	1,699	63.4%
Florida System (UDS) Data 2021	17,845	50.3%

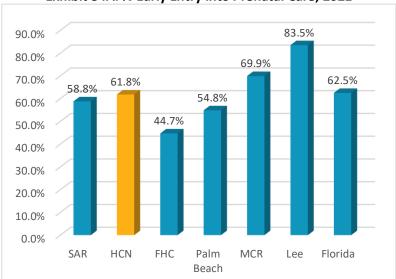
Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

Approximately 62 percent of the women accessing prenatal care from HCN did so within the 1st trimester. The percentage is slightly lower than the state average. Over the past four years, there's been a decrease in the percentage.

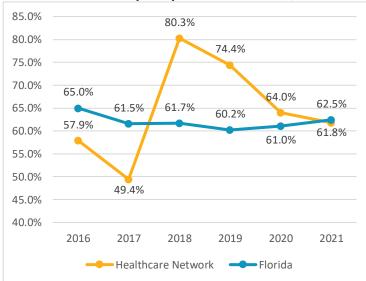












Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021

At HCN, about seven percent of newborns were born with a low and very low birth weight; this is the second-lowest percentage compared to the regional benchmarks. The percentage is significantly lower than the state average and has decreased from 2017 to 2020; it increased slightly from 2020 to 2021.

Exhibit 55A: % Low and Very Low Birth Weight, 2021

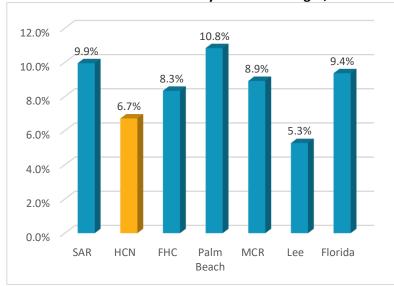
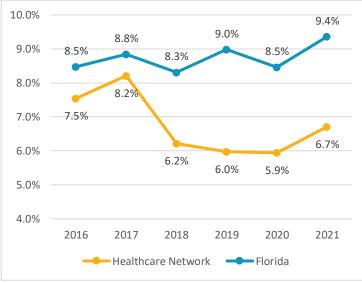


Exhibit 55B: % Low and Very Low Birth Weight, 2016-2021



Source: HRSA Health Center Program Uniform Data System (UDS) Data, 2021





Population

Population Key Findings*

- Between 2000 and 2020, the resident population of Collier County grew at a swift pace. In terms of actual numbers, Collier County's population increased by 131,907, from 254,571 in 2000 to 386,748 by 2020.
- The median age increased in Collier County by 5.6 years between 2009 and 2019 (45.2 to 50.8).
- ★ Between 2000 and 2020, the Black population in Collier County increased by 101 percent from 14,024 to 28,263, respectively.
- It should be noted that race and ethnicity are tracked separately in the State of Florida. While Hispanics constituted less than 24 percent of the population in Collier in 2005, by 2020 the proportion increased to about 28 percent.
- The largest group of people in Collier County who identify as Hispanic, or Latino are of Mexican origin (34%). The next most common origins are Cuba (27%), South America (18%), and Central America (10%).
- ★ Between 2010 and 2019, the number of foreign-born residents increased by 41.3 percent to account for about 26 percent of the total Collier County population in 2019.
- ** Collier County consistently has a higher percentage of the population that speak English less than very well compared to Florida (2019, 14.9% vs. 11.9%).

*All sources and further details for the key findings can be found in the relevant section of the Collier County CHA

The sheer number of people in a community is the leading determinant of the demand for healthcare services. Collier County, which has a population of a little over 386,000 (2020), is in southwest Florida (Exhibit P1). The county also shares borders with the following counties: Hendry to the north, Broward to the east, Miami-Dade to the southeast, Monroe to the south, and Lee to the northwest. As seen in Exhibit P2, Collier is one of seven counties in southwest Florida that comprise the Local Health Planning District 8 as designated by the Florida Agency for Health Care Administration (AHCA). Naples is the county seat and largest city. Collier County is 2,304.93 square miles in area; about 12 percent of that area is covered by water. It is the second-largest county in Florida, after Palm Beach County. According to the Florida Office of Economic and Demographic Research, in 2020, the county had a population density of about 188 persons per square mile compared to a state average of 401 persons per square mile.





Exhibit P1: Exhibit P2:



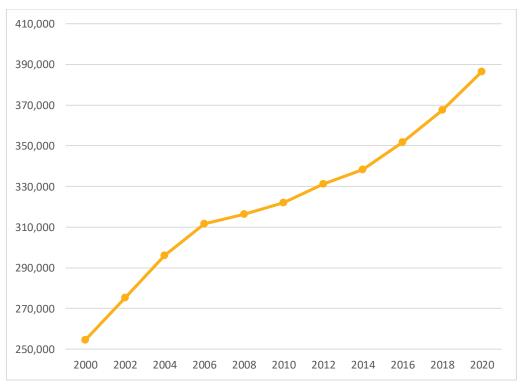


Population Growth, Age Distribution, and Gender

Between 2000 and 2020, the resident population of Collier County grew at a swift pace. In terms of actual numbers, Collier County's population increased by 131,907, from 254,571 in 2000 to 386,748 by 2020.

Exhibit P3: Resident Population in Collier County, 2000-2020

Years	Population
2000	254,571
2002	275,271
2004	296,073
2006	311,578
2008	316,437
2010	322,052
2012	331,136
2014	338,270
2016	351,768
2018	367,471
2020	386,478



Source: Florida Legislature's Office of Economic and Demographic Research (EDR)

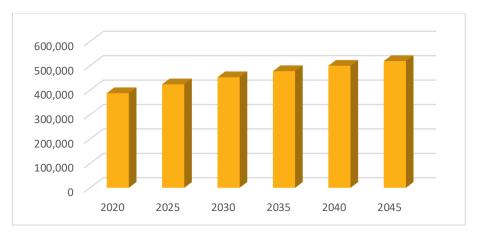




The resident population of Collier County is projected to increase by 141,256 by 2045, resulting in a significantly slower growth rate of 1.4 percent per year from 2020 to 2045.

Exhibit P4: Estimated Population in Collier County, 2020 - 2045

Years	Population
2020	387,450
2025	432,564
2030	452,806
2035	477,771
2040	499,729
2045	518,956



Source: Florida Legislature's Office of Economic and Demographic Research

It is projected that the three most prominent communities, by population, will be North Naples, Urban Estates, and Rural Estates. All communities in Collier County are expected to see exponential growth over the next 20 years.

Exhibit P5: Permanent Population Estimates and Projections by Collier County Communities, 2010, 2020, 2030

Collier Community	2010	2020	2030
North Naples	55,105	59,638	63,395
South Naples	28,859	35,311	38,355
Central Naples	18,856	19,763	20,313
East Naples	22,322	24,022	26,017
Golden Gate	44,963	45,823	46,425
Urban Estates	38,744	49,159	58,893
Rural Estates	34,760	43,457	58,229
Marco	1,221	2,532	3,968
Royal Fakapalm	12,001	21,208	31,732
Corkscrew	4,962	17,035	27,576





Collier Community	2010	2020	2030
Immokalee	24,303	25,934	27,800
Big Cypress	233	246	254

Source: Collier County Comprehensive Planning Section, June 14, 2018

In Collier County, as in all counties in the United States, mortality rates are higher for males than for females of all ages. This variance in death rates results in life expectancy at birth being, on average, five years greater for females than males. This ultimately results in a greater female population beginning around 45-49 years of age and increasing over males for every age group thereafter.

As can be visualized in these graphical presentations of the age and gender distribution, between 2000 and 2020, while the total population of Collier County increased by 51 percent over the 20 years, dramatic shifts in the age distribution occurred reflecting the ongoing demographic transition in the State of Florida and the United States.

This demographic change produced by the "baby boomer" cohort is a consequence of this generation entering and spanning middle age to their retirement years. This highly visible demographic shift will significantly impact healthcare access and provision and socio-economic dynamics for Collier County and Florida during the 21st century.

Exhibits P6, P7, and P8 display the population by age and gender for 2000, 2010, and 2020 for Collier County.

80-84 269,117 70-74 340,724 60-64 94,041 50-54 621,113 40-44 30-34 539,370 548,844 492.371 20-24 -458,239 480,860 -496,881 525,838 10-14 517,694 544,264 503,247 465,480 489.193 800000 600000 400000 200000 0 200000 400000 600000 800000 ■ Female Population ■ Male Population

Exhibit P6: Population by Age Distribution and Gender, Collier County, 2000

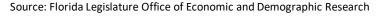
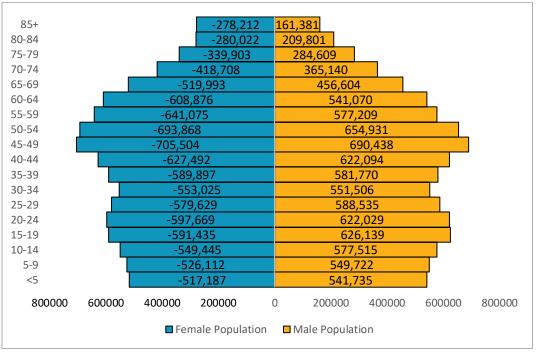




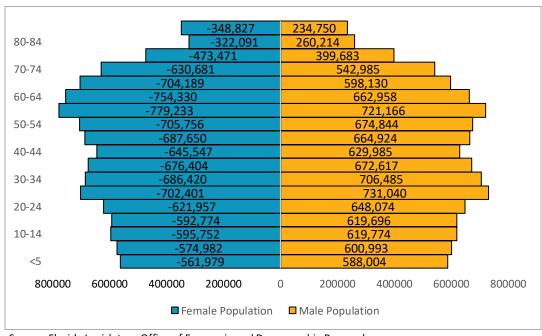


Exhibit P7: Population by Age Distribution and Gender, Collier County, 2010



Source: Florida Legislature Office of Economic and Demographic Research

Exhibit P8: Population by Age Distribution and Gender, Collier County, 2020



Source: Florida Legislature Office of Economic and Demographic Research





The median age increased in Collier County by 5.6 years between 2009 and 2019 (45.2 to 50.8). This is a direct consequence of the aging of Collier's population, as visually described by the three population charts above (Exhibits P6, P7, and P8).

Years Age 51 50 49 2009 45.2 48 47 46 2014 48 45 44 43 42 2019 50.8 2009 2014 2019

Exhibit P9: Collier County Median Age, 2009, 2014, 2019

Source: US Bureau of the Census, American Community Survey, Table B01002

Race and Ethnicity

Between 2000 and 2020, the Black population in Collier County increased by 101 percent from 14,024 to 28,263, respectively.

Exhibit P10: Collier County Population by Race, 2000, 2010, 2020

	2000	Percent	2010	Percent	2020	Percent
White	237,489	93.3%	291,322	90.5%	345,306	89.4%
Black	14,024	5.5%	21,762	6.8%	28,263	7.3%
Other	3,058	1.2%	8,968	2.8%	12,909	3.3%

Source: Florida Legislature Office of Economic and Demographic Research

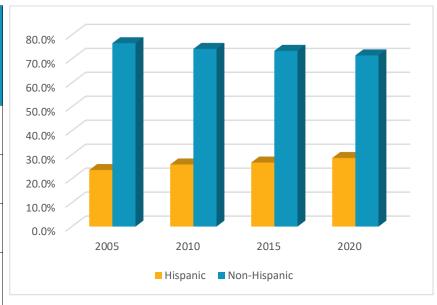
It should be noted that race and ethnicity are tracked separately in the State of Florida. While Hispanics constituted less than 24 percent of the population in Collier in 2005, by 2020 the proportion increased to about 28 percent.





Exhibit P11: Collier County Population by Ethnicity



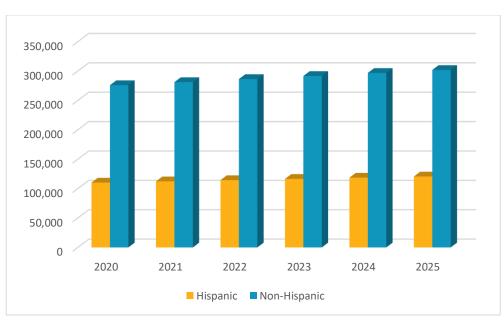


Source: Florida Legislature Office of Economic and Demographic Research

The upward trend of the Hispanic population growth is expected to increase at an annual rate of approximately 15.2 percent between 2020 and 2025. In 2025 the Hispanic population in Collier County is projected to surpass 120,000.

Exhibit P12: Population Projection by Ethnicity in Collier County, 2021-2025

Year	Hispanic	Non- Hispanic
2020	110,381	276,097
2021	112,462	281,331
2022	114,563	286,545
2023	116,645	291,778
2024	118,745	296,993
2025	120,748	301,998



Source: Florida Legislature Office of Economic and Demographic Research





The largest group of people in Collier County who identify as Hispanic, or Latino are of Mexican origin (34%). The next most common origins are Cuba (27%), South America (18%), and Central America (10%).

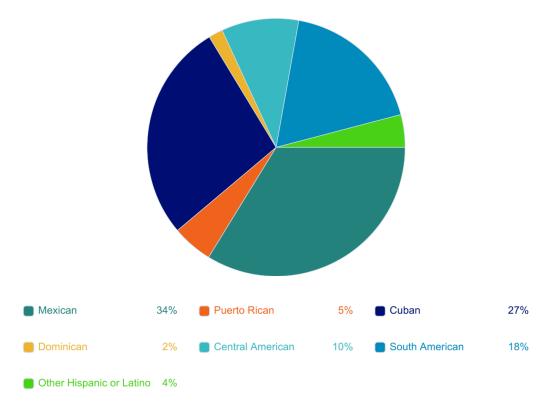


Exhibit P13: Hispanic or Latino Origin, Collier County, 2019

Source: US Bureau of the Census, American Community Survey, Table B03001

Between 2010 and 2019, the number of foreign-born residents increased by 41.3 percent to account for about 26 percent of the total Collier County population in 2019. However, during the same period, the US US-born population in Collier County decreased from 76 percent of the total county population in 2010 to just below 72 percent of the total number of residents in 2019, a decrease of 4 percent.

Exhibit P14: Collier County Population by Place of Birth

Place of Birth	2010	Percent	2019	Percent
Born in Florida	72,196	22.4%	87,604	22.8%
Born in Other State in the United States	172,569	53.5%	188,647	49.0%
Born Outside of United States*	5,529	1.7%	7,157	1.9%
Foreign Born+	72,178	22.4%	101,494	26.4%

Source: US Census of the Bureau, American Community Survey, Table B05002

⁺ Foreign born refer to persons who were not US citizens or residents when born outside of the country



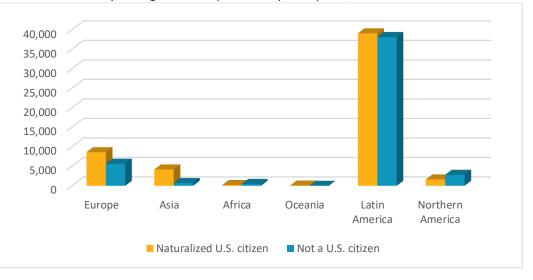


^{*}Persons born outside of the United States are residents or citizens born abroad.

When analyzing the data by region of the world, approximately 76 percent of the foreign-born residential population of Collier County in 2019 originated from Latin America.

Exhibit P15: Collier County Foreign-Born Population by Birthplace, 2019

		LAITIO
Country	Citizen	Non- Citizen
Europe	8,613	5,642
Asia	4,186	711
Africa	194	469
Oceania	67	0
Latin America	39,055	38,120
Northern America	1,627	2,810

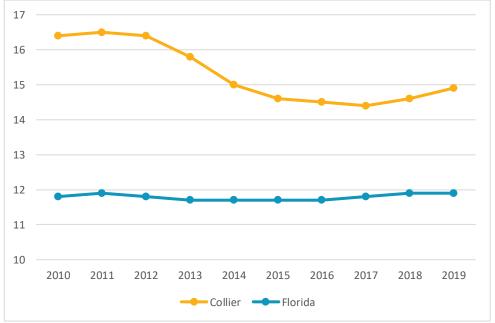


Source: US Census of the Bureau, American Community Survey, Table B05002

The demographic transitions are having an impact on socio-cultural influences throughout the county within households as well as in the educational system. Collier County consistently has a higher percentage of population that speak English less than very well compared to Florida (2019, 14.9% vs. 11.9%).

Exhibit P16: Population 5+ that Speak English Less Than Very Well, Collier County and Florida, 2009-2019

LAIIIK	<i>/</i> 10.1	opulation
Year	Collier	Florida
2009	15.7	11.6
2010	16.4	11.8
2011	16.5	11.9
2012	16.4	11.8
2013	15.8	11.7
2014	15	11.7
2015	14.6	11.7
2016	14.5	11.7
2017	14.4	11.8
2018	14.6	11.9
2019	14.9	11.9



Source: US Bureau of the Census, American Community Survey, Table B06007

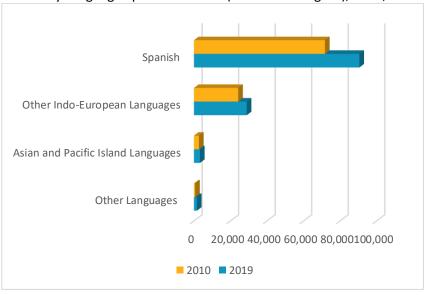




In 2019, of households that speak languages other than English, 73 percent spoke Spanish.

Exhibit P17: Collier County Population by Language Spoken at Home (Other than English), 2010, 2019

Language	2010	2019
Spanish	71,716	90,571
Other Indo- European	24,226	28,894
Asian and Pacific Island	2,752	3,285
Other	660	1,617



Source: US Census of the Bureau, American Community Survey, Table S1601

Seasonal Population in Collier County

Like many Florida counties, Collier County draws a relatively large number of seasonal residents and visitors during peak season and year-round. The largest proportion of seasonal residents tend to be those 65 years and older. In 2020, the projected seasonal population in Collier County was 459,799, an increase from the previous year.

Exhibit P18: Collier County Peak Season Population, Estimates and Projections, 2000, 2010 and 2020

Geographical Area	2000	Percent	2010	Percent	2020	Percent
Greater Collier County	265,366	85.7%	343,593	88.7%	420,945	91.5%
Countywide Total	309,511		387,183		459,799	

Source: Collier County Comprehensive Planning Section, June 14, 2018

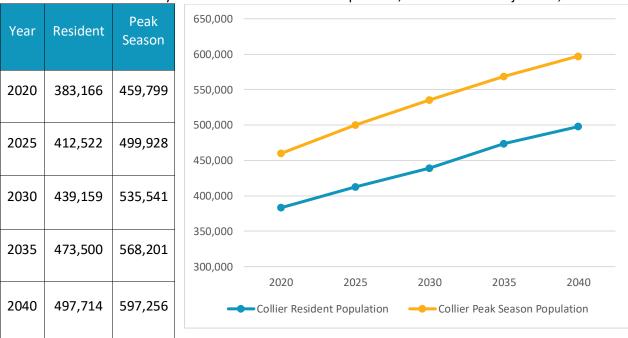




^{*}Population 5 years and over

Between 2020 and 2040, the peak season population for Collier County is expected to grow by 30 percent, from 459,799 to 597,256. As evidenced in Exhibit P19, the peak season and the resident population in Collier County have been growing and are projected to continue to increase at a constant and parallel rate between 2020 and 2040.

Exhibit P19: Collier County Resident and Peak Season Population, Estimates and Projections, 2020-2040



Source: Collier County Comprehensive Planning Section, June 14, 2018





Social Determinants of Health

Social Determinants of Health Key Findings*

- Both Collier County and Florida have seen a continuous increase in median household incomes since 2013. The median household income in Collier County is significantly higher when compared to the Florida average (\$69,653 vs \$55,600).
- In 2019, 4.1 percent of Collier County households had a combined income of less than \$14,999; this compares to 5.3 percent across Florida and 4.4 percent in the United States. 9.6 percent of Collier County households had an income of \$100,000 or greater during 2019; this is a higher proportion than the State of Florida's average of 8 percent, but 1 percent less than the United States. Most Collier County residents earned between \$25,000 and \$49,999; this is on par with the state of Florida and the United States.
- Between 2010 and 2019 the percent of the population in Collier County over the age of 25 who did not have at least a high school diploma and/or GED declined from 14.4 percent to 11.0 percent, in Florida the percent decreased from 14.5 to 11.6 percent.
- In 2021, the unemployment rate for Collier County was lower than the average rate for Florida. A lower percent of Collier County residents works outside the county compared to the Florida average. Collier has a significantly higher per capita personal income compared to the state of Florida (\$103,865 vs \$55,675); this is due to the unusually large percentage of people with an annual wage \$100,000 and more.
- Collier County employment follows a consistent seasonal pattern with many more people employed in the winter than in the summer. The typical pattern in employment in Collier County is that the highest employment occurs in December, and the lowest employment month is in August. The average difference in the number of people employed between December and August across the past ten years is 7.29 percent.
- Compared to the Florida and United States average, Collier County has a lower percentage of people living in poverty but higher percentages of children living in poverty. In 2019, Collier County had 19.5 percent of children living in poverty.
- Collier County has a higher percentage of homeowners compared to the state (73.3% vs. 65.4%).
- From 2014 to 2019, the median housing value increased from \$258,400 to \$360,800 in Collier County.
- Consistently a lower percentage of renters in Collier County are housing cost-burdened than average in Florida. However, when comparing the housing cost burden between those who own a house versus those renting in Collier County, renters have a considerably higher percentage of being considerable housing cost-burdened (in 2019, 56% vs 25.3%).
- 1 In 2020, it was estimated that 603 people in Collier County were considered homeless.
- 11.5 percent of the general public in Collier County have a disability; this is lower than the Florida average of 13.4 percent. In addition, the percentage of Collier County adults 65 years and over with a disability is also lower than the Florida average (24.8% vs 32.8%).

*All sources and further details for the key findings can be found in the relevant section of the Collier County CHA





According to the U.S. Department of Health and Human Services, Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Healthy People, 2030). Social determinants account for 40 percent of a person's health (County Health Rankings Model, 2014). There are various ways in which these determinants can have an impact. For example, "children born to parents who have not completed high school are more likely to live in an environment that poses barriers to health such as lack of safety, exposed garbage, and substandard housing. They are also less likely to have access to sidewalks, parks or playgrounds, recreation centers, or a library" (Kaiser Family Foundation).

Income

Both Collier County and Florida have seen a continuous increase in median household incomes since 2013. The median household income in Collier County is significantly higher when compared to the Florida average (\$69,653 vs \$55,600).

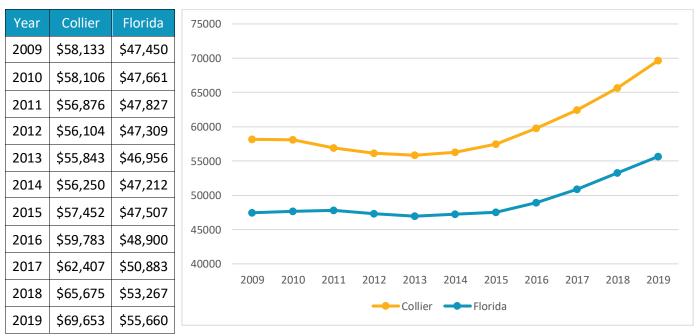


Exhibit S1: Median Household Income, Collier County and Florida, 2009-2019

Source: US Bureau of the Census, American Community Survey, Table B1901

Exhibits S2 provides the distribution of household income for Collier County and Florida for the periods 2010, 2015, and 2019. Exhibits S3 and S4 look at income distribution by gender and educational attainment.

In 2019, 4.1 percent of Collier County households had a combined income of less than \$14,999; this compares to 5.3 percent across Florida and 4.4 percent in the United States. 9.6 percent of Collier County households had an income of \$100,000 or greater during 2019; this is a higher proportion than the State of Florida's average of 8 percent, but 1 percent less than the United States. Most Collier County residents earned between \$25,000 and \$49,999; this is on par with the state of Florida and the United States.





Exhibit S2: Earnings in the Past 12 Months Collier County, Florida, and United States

	2010			2015			2019		
Income Distribution	Collier	Florida	US	Collier	Florida	US	Collier	Florida	US
\$1 to \$9,999 or less	2.4%	2.5%	2.2%	2.9%	1.8%	1.8%	1.4%	1.7%	1.7%
\$10,000 to \$14,999	8.4%	5.5%	4.5%	5.7%	4.5%	3.7%	2.7%	3.6%	2.7%
\$15,000 to \$24,999	23.3%	19.0%	15.5%	18.1%	18.2%	14.2%	14.5%	15.1%	10.8%
\$25,000 to \$34,999	20.1%	19.4%	17.1%	17.5%	19.3%	16.1%	20.4%	19.0%	15.2%
\$35,000 to \$49,999	17.0%	21.0%	20.8%	18.4%	21.1%	20.0%	23.9%	20.8%	19.7%
\$50,000 to \$64,999	8.9%	13.1%	14.7%	12.7%	13.2%	14.9%	11.8%	13.8%	15.5%
\$65,000 to \$74,999	3.9%	4.7%	5.9%	4.5%	5.0%	6.3%	5.5%	5.7%	6.9%
\$75,000 to \$99,999	6.4%	6.8%	8.8%	7.7%	7.2%	9.8%	6.5%	8.4%	11.0%
\$100,000 or more	9.6%	8.0%	10.5%	12.5%	9.8%	13.3%	13.4%	11.9%	16.5%

Source: US Bureau of the Census, American Community Survey, Table S2001

Median or average incomes only tell part of a county's story of disparate income levels. A quintile equates to one-fifth of the households in Collier County; thus, in this chart 20% of the population have a household income of \$31,453 or less, while 20% of the population has a household income above \$151,893. The top 5 percent of households in Collier County have an income of more than \$250,000 (the highest threshold broken out by the US Bureau of the Census).

Exhibit S3: Household Income Quintile Upper Limits, Collier County and Florida, 2019

	Collier County	Florida
Lowest Quintile	\$31,453	\$25,868
Second Quintile	\$57,781	\$47,112
Third Quintile	\$94,413	\$73,205
Fourth Quintile	\$151,893	\$117,017
Lower Limit of Top 5 Percent	\$250,000+	\$226,319

Source: US Bureau of the Census, American Community Survey, Table B19080

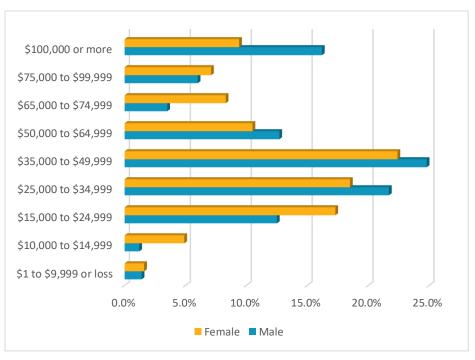
In Collier County a higher percentage of men than women earn between \$25,000 and \$65,000. A higher percentage of women earned \$65,000 to \$99,999 when compared to men in 2019.





Exhibit S4: Earnings in the Past 12 Months by Gender, Collier County, 2019

Earnings	Female	Male
\$9,999 or less	1.6%	1.4%
\$10,000 to \$14,999	4.9%	1.2%
\$15,000 to \$24,999	17.3%	12.5%
\$25,000 to \$34,999	18.5%	21.7%
\$35,000 to \$49,999	22.4%	24.8%
\$50,000 to \$64,999	10.5%	12.7%
\$65,000 to \$74,999	8.3%	3.5%
\$75,000 to \$99,999	7.1%	6.0%
\$100,000 or more	9.4%	16.2%

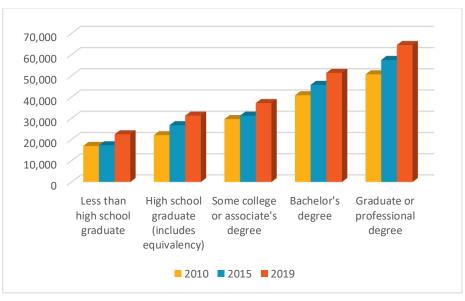


Source: US Bureau of the Census, American Community Survey, Table S2001

On average, individuals in Collier County who have a graduate or professional degree earn \$42,000 more annually than individuals with less than a high school education. The median income has continued to rise from 2010 and 2019, regardless of educational attainment.

Exhibit S5: Median Earnings by Educational Attainment, Collier County, 2010, 2015, 2019

Education Level	2010	2015	2019
Less than high school graduate	\$16,987	\$17,294	\$22,483
High school graduate/GED	\$22,061	\$26,760	\$31,255
Some college or associate's degree	\$29,637	\$31,274	\$37,184
Bachelor's degree	\$40,874	\$45,769	\$51,407
Graduate or professional degree	\$50,730	\$57,505	\$64,551



Source: US Bureau of the Census, American Community Survey, Table S2001





Education

The relationship between health outcomes and educational attainment is well known in the United States and globally. The reasons for this are multi-faceted, including that a higher level of education usually results in higher incomes. In addition, educational level is linked to access to healthcare as health insurance is usually linked to jobs requiring a specific level of educational attainment. The labor market and its distribution also contribute to health outcomes. For example, unemployment rates in the U.S. are higher for individuals without a high school diploma compared to those who are college graduates.

Exhibit S5 shows the educational attainment in the population 25 years of age and over for Collier County and Florida for 2010, 2014, and 2019. Between 2010 and 2019 the percentage of the population in Collier County over the age of 25 who did not have at least a high school diploma and/or GED declined from 14.4 percent to 11.0 percent, in Florida the percentage decreased from 14.5 to 11.6 percent. During the same 9-year period, the percentage of individuals with graduate degrees increased by over two percentage points in Collier County and Florida.

Exhibit S6: Educational Attainment of the Population 25 Years and Over, Collier County and Florida, 2010, 2014, and 2019

	Collier County			Florida		
	2010	2014	2019	2010	2014	2019
Less than 9 th grade	6.5%	8.1%	5.7%	5.7%	5.2%	4.6%
9 th to 12 th , no diploma	7.8%	7.1%	5.3%	8.8%	7.6%	7.0%
High school graduate and/or GED	27.4%	25.3%	27.1%	29.9%	29.6%	28.4%
Some college, no degree	20.7%	18.2%	17.3%	21.2%	20.7%	19.4%
Associate degree	6.6%	6.5%	8.7%	8.6%	9.7%	9.9%
Bachelor's degree	19.1%	21.2%	20.8%	16.6%	17.4%	19.3%
Graduate or professional degree	12.0%	13.6%	14.9%	9.2%	9.8%	11.4%

Source: US Bureau of the Census, American Community Survey, Table DP02

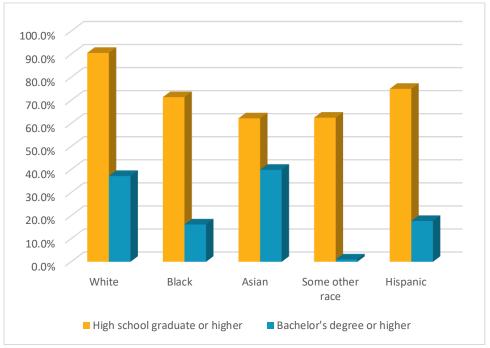
Those who identified as Asian have a higher percentage of those with a bachelor's degree or higher when compared to other races/ethnicities. Individuals that identified as white had a higher percentage of those with a high school graduate or higher.





Exhibit S7: Educational Attainment by Race and Ethnicity, Collier County and Florida, 2019

Race/Ethnicity	High school graduate or higher	Bachelor's degree or higher
White	90.6%	37.2%
Black	71.4%	16.2%
Asian	62.2%	39.9%
Some other race	62.5%	1.0%
Hispanic	75.0%	17.7%



Source: US Bureau of the Census, American Community Survey, Table S1501

Workforce

In 2021, the unemployment rate for Collier County was lower than the average rate for Florida. A lower percent of Collier County residents works outside the county compared to the Florida average. Collier has a significantly higher per capita personal income compared to the state of Florida (\$103,865 vs \$55,675); this is due to the unusually large percentage of people with an annual wage \$100,000 and more (Exhibit S2). The workers 16+ working outside the county is much lower because Collier County has a high percentage of workers who commute from Lee and Hendry Counties. Low-wage workers cannot afford to live in Collier County; therefore, the per capita income in Collier County is higher than the Florida average because higher-wage workers live here.

Exhibit S8: Workforce Data, Collier County and Florida, 2021

	Collier County	Florida
Labor force as a % of population age 18+	55.7%	59.0%
Unemployment rate (%)	3.7%	4.6%
Average annual wage, all industries*	\$54,787	\$55,840
Per capita personal income*	\$103,865	\$55,675
Workers 16+ working outside county of residence	8.6%	18.1%

Source: The Florida Legislature, Office of Economic and Demographic Research

*2020





Exhibit S9 shows the unemployment rates for Collier County and the State of Florida from 2001 to 2021. In Collier County the unemployment rate ranged from a low of 2.2 in 2006 to a high of 11.6 in 2010. During this same period the state rate ranged from a low of 3.7 in 2006 to a high of 11.4 in 2010. As can be seen in the graph, the unemployment rates for Collier County have been highly correlated with those of the State of Florida over the two decades. However, beginning in 2006 the rates for Collier County and the State rose sharply, hovering around 11 in 2010, and has continued to decrease.



Exhibit S9: Unemployment Rate, Collier County and Florida, 2001-2021*

Source: US Department of Labor, Bureau of Labor Statistics

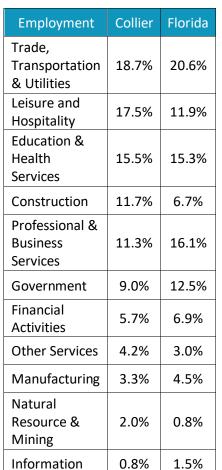
*Data reflects the rate for January of each year

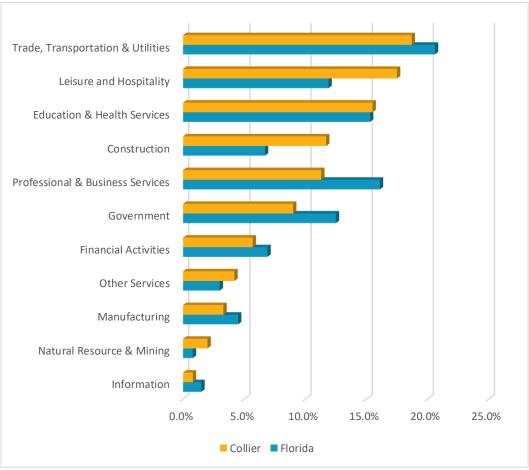
The top three employment categories in Collier County for 2020 are trade, transportation & utilities, leisure and hospitality, and education & health services. Trade, transportation & utilities, and education & health services are in the top three for both Collier County and Florida. The average annual wages for the top employment categories are as follows: trade - \$48,629, leisure - \$33,379, and education - \$62,558.





Exhibit S10: Average Annual Employment by Category, Collier County and Florida, 2020





Source: Source: US Department of Labor, Bureau of Labor Statistics

Seasonal Economy

Collier County employment follows a consistent seasonal pattern with many more people employed in the winter than in the summer. The typical pattern in employment in Collier County is that the highest employment occurs in December, and the lowest employment month is in August. The average difference in the number of people employed between December and August across the past ten years is 7.29 percent. This pattern is consistent throughout the years 2011 through 2021. However, two incidences that caused a drop in employment numbers. In 2017, Hurricane Irma disrupted employment in Collier County. In 2020, there was an apparent dip in employment numbers due to the COVID-19 pandemic. Therefore, the latest data point on this chart is for August 2021.





190000 180000 170000 160000 150000 140000 130000 120000 110000 Jan Jan Jan Jan Jan Jan Aug Jan Jan Jan Jan Jan 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021202 1

Exhibit S11: Collier County Labor Force by Month, January 2011 to August 2021

Source: United State Department of Labor, U.S. Bureau of Labor Statistics

Poverty and Food Assistance

Compared to Florida and the United States, Collier County has consistently had a lower percentage of people living in poverty. In 2019, 9.4 percent of Collier County residents were living in poverty.

Exhibit S12: Percent of All Ages in Poverty, Collier County, Florida, and United States

	Collier County	Florida	United States
2019	9.4%	12.7%	12.3%
2014	14.3%	16.6%	15.5%
2009	12.6%	15.0%	14.3%

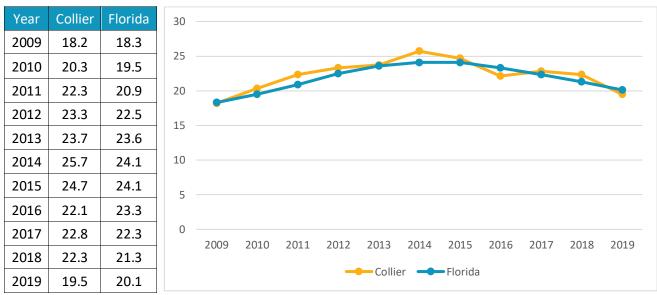
Source: U.S. Census, Small Area Income and Poverty Estimates

Compared to the Florida and United States average, Collier County has a lower percentage of people living in poverty but higher percentages of children living in poverty. This shows that young families are struggling the most. Between 2009 and 2019, Collier County had a slightly higher percentage of individuals under 18 living in poverty compared to Florida, except for 2016 and 2019. In 2019, Collier County had 19.5 percent of children living in poverty.





Exhibit S13: Individuals Under 18 Below Poverty Level, Percentage of Population Under 18, Collier County and Florida, 2009-2019



Source: US Bureau of the Census, American Community Survey, Table DP03

Significant disparities are seen in the percentage of children living in poverty between various racial/ethnic groups. Race and ethnicity are tracked separately in Florida. Children that identify as black have seen the largest decrease in poverty. In 2009 49.8 percent of black children were living in poverty, and in 2019, 20.3 percent were living in poverty. Hispanic children had a higher percentage with 28 percent of children living in poverty compared to the other races/ethnicities.

Black Hispanic Non-Hispanic

Exhibit S14: Percentage of Children Living in Poverty, Collier County, 2019

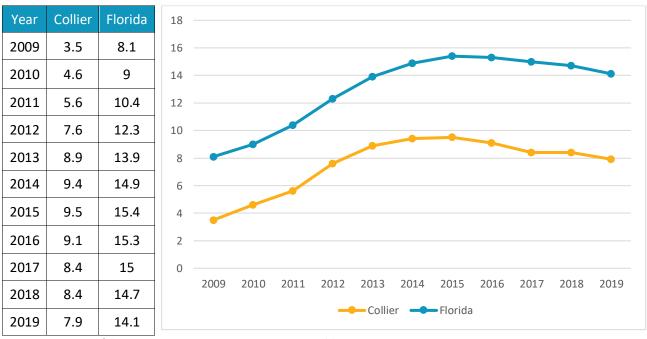
Source: County Health Rankings & Roadmaps 2021, Small Area Income and Poverty Estimates, American Community Survey five-year estimates





The Supplemental Nutrition Assistance Program (SNAP) of the U.S. Department of Agriculture provides benefits to purchase food at grocery stores, convenience stores, and some farmer's markets and co-op food programs. Current requirements for eligibility are a household monthly net income of less than 100 percent of the federal poverty guideline. Collier County consistently has had a lower percentage of households receiving assistance compared to Florida. In 2019, Florida had almost double the percentage of households receiving assistance than Collier County (14.1% vs. 7.9%).

Exhibit S15: Households Receiving Cash Public Assistance or Food Stamps, Percentage of Households



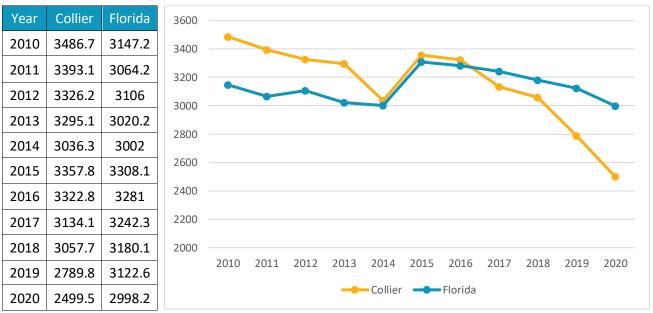
Source: US Bureau of the Census, American Community Survey, Table B19058

The Women, Infants and Children Nutrition Program (WIC) of the U.S. Department of Agriculture provides food and nutritional assistance to pregnant and new mothers and children less than five years of age. Exhibits S15 and S16 provide information about WIC in Collier County and Florida. Between 2015 and 2020, the number of WIC eligibles in Collier County decreased from 3,357.8 to 2,499.5.





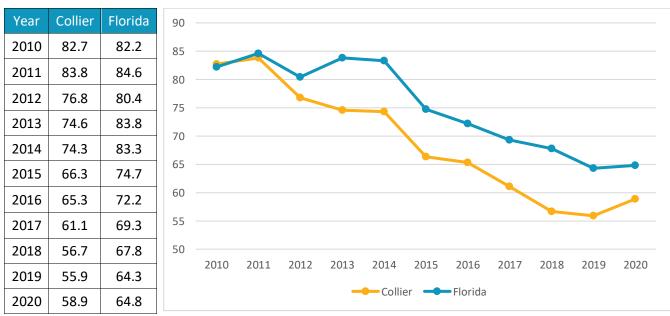
Exhibit S16: WIC Eligibles, Rate per 100,000 Population, Collier County, Florida, 2010-2020



Source: Florida Department of Health, WIC & Nutrition Services, FLWiSE

Compared to Florida, Collier County has served a lower percentage of those eligible for WIC since 2011. WIC eligibles include pregnant and post-partum women and children ages 0-4. Knowing the proportion of those in need who are served supports promoting healthful diets and healthy weight to optimize health status and quality of life. The percent of WIC eligibles served is the number served divided by the estimated number in need, expressed as a percentage. Both Collier County and the State of Florida experienced a decrease in service between 2014 and 2019.

Exhibit S17: WIC Eligibles Served, Percentage of WIC Eligibles, Collier County and Florida



Source: Florida Department of Health, WIC & Nutrition Services, FLWiSE





ALICE

The United Way has developed a methodology called ALICE (Asset Limited, Income Constrained, Employed) to better approximate the number of people living in poverty in the United States. They believe that despite the Federal Poverty Level's benefit of providing a nationally recognized income threshold for determining who is poor, its shortcomings are well documented. The measure is not based on the current cost of basic household necessities, and except for Alaska and Hawaii, it is not adjusted to reflect the cost-of-living differences across the U.S. Thus, the ALICE research team of the United Way, developed new measures to identify and assess financial hardship at a local level and to enhance existing local, state, and national poverty measures.

The first method is the Household Survival Budget. This is an estimate of the total cost of household essentials: – housing, childcare, food, transportation, technology, and health care, plus taxes and a 10 percent miscellaneous contingency fund. It does not include any savings, leaving households without a cushion for unexpected expenses and unable to invest in the future.

For the average family of four, two adults and two children, the annual household survival budget in Collier County is \$65,568. For an adult to make this much a year, the hourly wage would be \$32.78. A single adult's household survival budget's annual total is \$26,496 with an hourly wage of \$13.25. Currently, the Florida minimum wage is set at \$8.65; this is \$4.60 less than what is needed for a single adult needs to survive.

Exhibit S18: ALICE Household Survival Budget, Collier County, 2018

	Single Adult	One Adult, One Child	One Adult, One in Childcare	Two Adults	Two Adult, Two Children	Two Adults, Two in Childcare	Single Senior	Two Seniors
Housing	\$778	\$996	\$996	\$996	\$1,220	\$1,220	\$778	\$996
Child Care	\$0	\$211	\$578	\$0	\$422	\$1,141	\$0	\$0
Food	\$316	\$545	\$456	\$656	\$1,095	\$956	\$269	\$559
Transportation	\$375	\$532	\$532	\$546	\$843	\$843	\$329	\$455
Health Care	\$200	\$507	\$507	\$507	\$803	\$803	\$459	\$919
Technology	\$55	\$55	\$55	\$75	\$75	\$75	\$55	\$75
Miscellaneous	\$201	\$318	\$353	\$323	\$497	\$570	\$217	\$345
Taxes	\$283	\$334	\$406	\$448	\$509	\$659	\$283	\$448
Monthly Total	\$2,208	\$3,498	\$3,883	\$3,551	\$5,464	\$6,267	\$2,390	\$3,797
Annual Total	\$26,496	\$41,976	\$46,596	\$42,612	\$65,568	\$75,204	\$28,680	\$45,564
Hourly Wage	\$13.25	\$20.99	\$23.30	\$21.31	\$32.78	\$37.60	\$14.34	\$22.78

Source: United Way ALICE, 2018

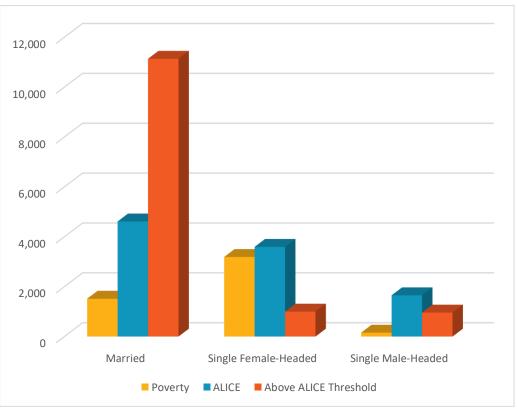




The second measure created is the ALICE Threshold. The ALICE Threshold represents the minimum income level necessary based on the Household Survival Budget. ALICE is an acronym for Asset Limited, Income Constrained, and Employed. ALICE households have incomes above the Federal Poverty Level (FPL), but struggle to afford basic household necessities. Children add significant expense to a family budget, so it is unsurprising that many families with children live below the ALICE Threshold. About 59 percent of single male-headed households fall within the ALICE threshold. In single female-headed households' 87 percent of those households live below the ALICE threshold.

Exhibit S19: Families with Children, Collier County, 2018

Married	Total Households
Poverty	1,517
ALICE	4,615
Above ALICE Threshold	11,138
Single Female- Headed	Total Households
Poverty	3,191
ALICE	3,596
Above ALICE Threshold	1,002
Single Male-	Total
Headed	Households
Poverty	157
ALICE	1,655
Above ALICE Threshold	962



Source: ALICE Threshold, 2007-2018; American Community Survey, 2007-2018

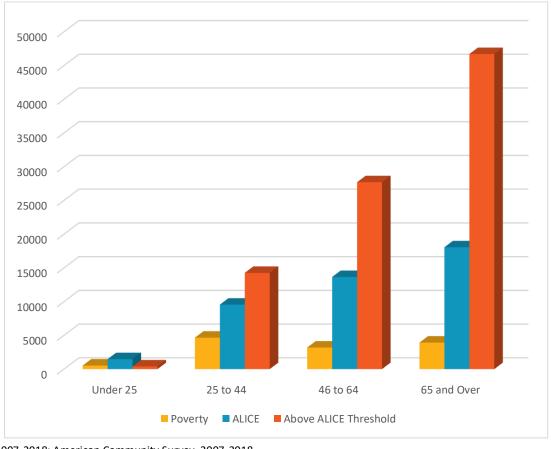
Those under 25 years of age are the most likely to fall into the ALICE threshold making them likely to struggle to afford basic necessities; 61.3 percent of those under 25 fit this criterion. Those 65 and older are the next most likely to struggle financially, with 32 percent below the ALICE threshold.





Exhibit S20: Households by Age, Collier County, 2018

Under 25	Total Households
Poverty	533
ALICE	1,479
Above ALICE Threshold	400
25 to 44	Total Households
Poverty	4,661
ALICE	9,557
Above ALICE Threshold	14,268
111	
45 to 64	Total Households
	Total Households 3,200
45 to 64	Households
45 to 64 Poverty	Households 3,200
45 to 64 Poverty ALICE Above ALICE	3,200 13,658
45 to 64 Poverty ALICE Above ALICE Threshold	Households 3,200 13,658 27,711 Total
45 to 64 Poverty ALICE Above ALICE Threshold 65 and Over	Households 3,200 13,658 27,711 Total Households



Source: ALICE Threshold, 2007-2018; American Community Survey, 2007-2018

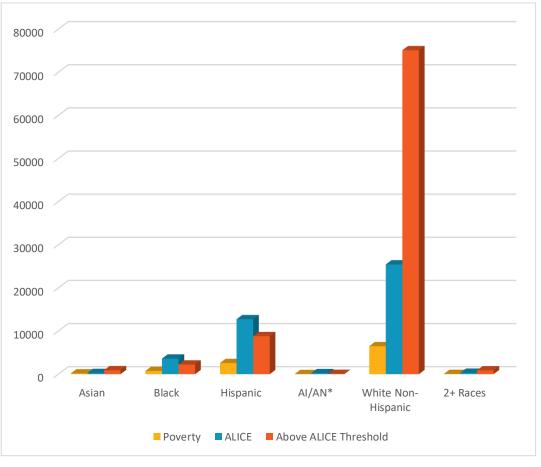
American Indian/Alaskan Native and Black households are the most likely to be struggling financially; they had the highest percentage of households calculated to be within the ALICE threshold (72.4% and 54.8%).





Exhibit S21: Households by Race/Ethnicity, Collier County, 2018

Asian	Total Households
Poverty	177
ALICE	272
Above ALICE	907
Black	Total Households
Poverty	745
ALICE	3,610
Above ALICE	2,238
Hispanic	Total Households
Poverty	2,583
ALICE	12,743
Above ALICE	8,815
A 1 / A A 1 %	
AI/AN*	Total Households
AI/AN* Poverty	Total Households 16
•	
Poverty	16
Poverty ALICE	16 223
Poverty ALICE Above ALICE White Non-	16 223 69
Poverty ALICE Above ALICE White Non- Hispanic	16 223 69 Total Households
Poverty ALICE Above ALICE White Non- Hispanic Poverty	16 223 69 Total Households 6,479
Poverty ALICE Above ALICE White Non- Hispanic Poverty ALICE	16 223 69 Total Households 6,479 25,440
Poverty ALICE Above ALICE White Non- Hispanic Poverty ALICE Above ALICE	16 223 69 Total Households 6,479 25,440 75,096
Poverty ALICE Above ALICE White Non- Hispanic Poverty ALICE Above ALICE 2+ Races	16 223 69 Total Households 6,479 25,440 75,096 Total Households



Source: ALICE Threshold, 2018; American Community Survey, 2018

Affordable Housing/Housing Burden

Collier County has a higher percentage of homeowners compared to the state (73.3% vs. 65.4%). Thirty-three percent of homes in Collier County are vacant; this may be due to the seasonal population. The median value of housing is significantly higher than the state average (\$360,800 vs. \$215,300).





^{*}AI/AN – American Indian/Alaska Native

Exhibit S22: Housing Occupancy, Collier County, Florida, 2015-2019

	Collier County	Florida
Occupied Housing Units (%)	66.7%	81.9%
Owner-occupied (%)	73.3%	65.4%
Renter-occupied (%)	26.7%	34.6%
Household Size Owner-Occupied Unit (people)	2.45	2.63
Household Size Renter-Occupied Unit (people)	2.91	2.67
Vacant Housing (%)	33.3%	18.1%
Homeowner vacancy (%)	3.3%	2.3%
Rental vacancy (%)	8.8%	8.4%
Occupying Mobile Home (%)	5.2%	8.9%
Occupying Boat, RV, Van, etc. (%)	0.1%	0.1%
Median Value of Owner-Occupied Units (dollars)	\$360,800	\$215,300

Source: US Bureau of the Census, DP04 Selected Housing Characteristics

From 2014 to 2019, the median housing value increased from \$258,400 to \$360,800 in Collier County. As a result, the houses in Collier County have consistently had a higher median housing value than the Florida average.

Exhibit S23: Median Owner-Occupied Housing Unit Value, Collier County, Florida, 2009-2019

Year	Collier	Florida	\$400,000.00		
Tear	Comer	Tioriua	3400,000.00		
2009	\$374,200	\$211,300	\$350,000.00	_	
2010	\$357,400	\$205,600	\$300,000.00		
2011	\$317,200	\$188,600	\$250,000.00		
2012	\$280,700	\$170,800		_	
2013	\$261,300	\$160,200	\$200,000.00		
2014	\$258,400	\$156,200	\$150,000.00		
2015	\$272,800	\$159,000	\$100,000.00		
2016	\$291,900	\$166,800	\$50,000.00		
2017	\$316,200	\$178,700	\$0.00		
2018	\$340,100	\$196,800	2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2	2019	
2019	\$360,800	\$215,300			

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

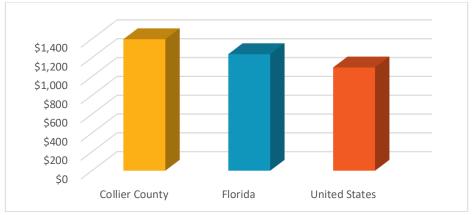




Rental costs can be a barrier for people who want to live in a particular area. Collier County has a higher median gross rent when compared to Florida and the United States in 2019.

Exhibit S24: Median Cost Gross Rent, Collier County, Florida, United States, 2019

Location	Rent (\$)	
Collier County	\$1,397	
Florida	\$1,238	
United States	\$1,097	

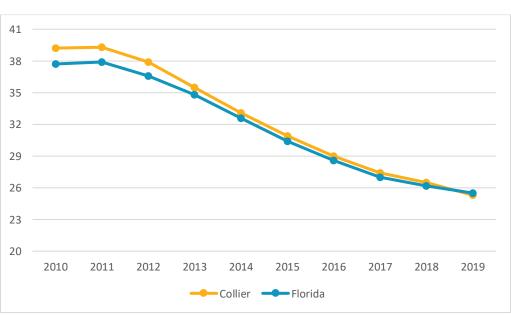


Source: US Census of the Bureau, American Community Survey, Table DP04

Housing cost burdened households, as defined by the U.S. Department of Housing and Urban Development, "are those who pay more than 30 percent of their income for housing". Housing includes a mortgage/rent, utilities, and basic necessities to live. Since 2012 the percentage of own-occupied households who are considered, housing burdened has been declining from 37.9 percent to 25.3 percent.

Exhibit S25: Owner-Occupied Households with Monthly Housing Costs of 30% or More of Household Income, Percentage of Owner-Occupied Households, Collier County and Florida, 2010-2019

Year	Collier	Florida	
2010	39.2%	37.7%	
2011	39.3%	37.9%	
2012	37.9%	36.6%	
2013	35.5%	34.8%	
2014	33.1% 32.6%		
2015	30.9%	30.4%	
2016	29%	28.6%	
2017	27.4%	27%	
2018	26.5%	26.2%	
2019	25.3%	25.5%	



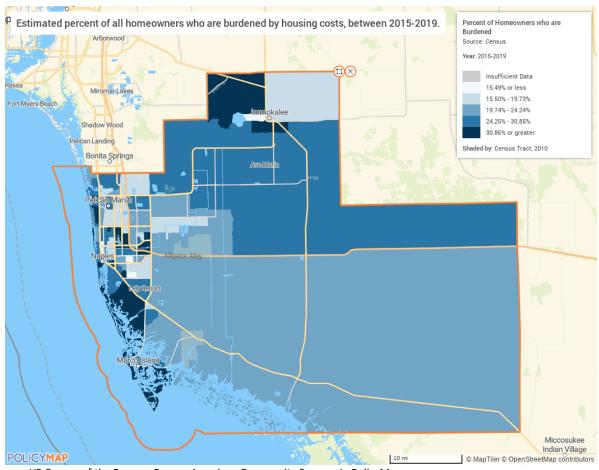
Source: US Census of the Bureau, American Community Survey, Table DP04





Below is a Census Tract map of Collier County the showing percentage of homeowners with housing burdens. The areas in dark purple represent the highest percentage, about 31 percent or greater, of household's experiencing a housing burden.

Exhibit S26: Estimated Percent of All Homeowners who are Burdened by Housing Costs, Between 2015-2019, Collier County



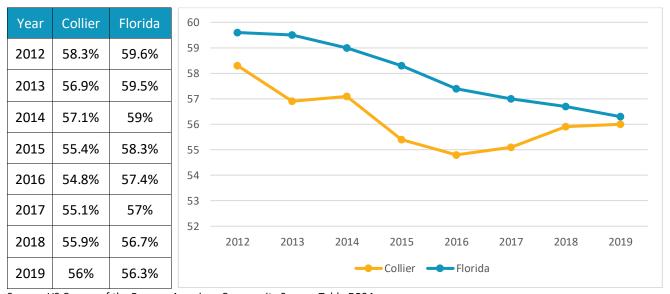
Source: US Census of the Bureau, 5 -year American Community Survey via PolicyMap





Exhibit S26 shows the percentage of households who rent and are considered to have a housing cost burden in Collier County and Florida. Consistently a lower percentage of renters in Collier County are housing cost burdened than average in Florida. However, when comparing the housing cost burden between those who own a house versus those renting in Collier County, renters have a considerable higher percentage of being considerable housing cost-burdened (in 2019, 56% vs 25.3%).

Exhibit S27: Renter-Occupied Housing Units with Gross Rent Costing 30% of More of Household Income, Percentage of Renter-Occupied Households, Collier County and Florida, 2012-2019



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

Below is a Census Tract map of Collier County showing the percentage of renters who are housing burden. The areas in dark purple represent the highest percentage, about 56 percent or greater, of household experiencing a housing burden.





Percent of all renters who are cost burdened, between 2015-2019.

Percent of Renters who are Burdened Source: Census

Year: 2015-2019

Insufficient Data
29.86% - 19.82%
99.43% - 47.26%
47.29% - 56.91%
55.82% of greater

Shadow Wood
Pelcan Landing
Bonta Springs

Applicant Landing
Bonta Springs

Ap

Exhibit S28: Estimated Percent of all Renters who are Cost Burdened, Between 2015-2019, Collier County

Source: US Census of the Bureau, 5 -year American Community Survey via PolicyMap

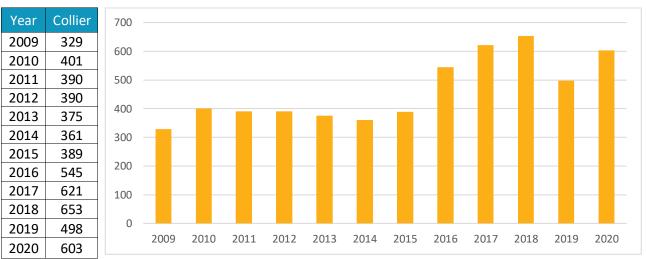
Homelessness

The annual Point-in-time (PIT) count is a count of sheltered and unsheltered people experiencing homelessness on a single day in January. (United States Department of Housing and Urban Development). The PIT is conducted via survey through local efforts to estimate the number of homeless individuals located in the community. For example, the Hunger & Homeless Coalition conducts the PIT annually in Collier County. In 2020, it was estimated that 603 people in Collier County were considered homeless.





Exhibit S29: Homeless Estimate, Collier County, 2009-2020



Source: Florida Department of Children and Families, Office of Homelessness, Council of Homelessness Annual Report, Point-in-Time Count of Homeless People

Of the 603 homeless individuals, 252 identified that they were living in an emergency shelter. The top two subpopulations of those who were homeless were those who suffered from chronic substance abuse and those with a serious mental illness. In addition, there were 128 young people under the age of 18 who identified as homeless during the PIT.

Exhibit S30: Homeless Snapshot, Collier County, 2020

	Totals
Homeless Status	
Literally Homeless Total	603
Emergency Shelter	252
Transitional Housing	183
Unsheltered	168
Subpopulations	
Veterans	29
Seniors (over 62)	47
Chronically Homeless	80
Serious Mental Illness	127
Chronic Substance Abuse	155
HIV/AIDS	2
Victims of Domestic Violence	95
Children & Youth	
Under age 18	128
Children in Families	121
Unaccompanied Youth	7
Homeless Students	
Homeless Children	1,039
Unaccompanied (age 16 or older)	325

Source: Hunger & Homeless Coalition of Collier County, Homeless Point-in-Time County, 2020





Disabilities

11.5 percent of the general public in Collier County have a disability; this is lower than the Florida average of 13.4 percent. In addition, the percentage of Collier County adults 65 years and over with a disability is also lower than the Florida average (24.8% vs 32.8%).

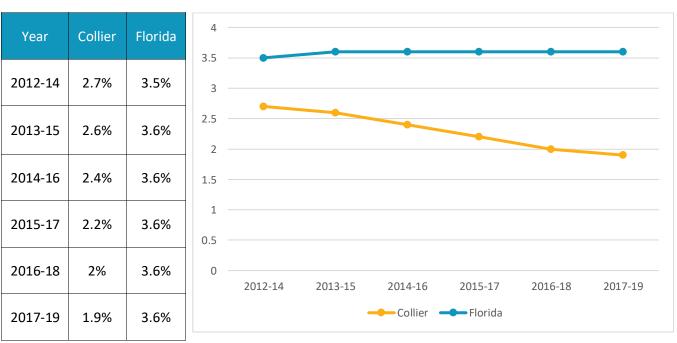
Exhibit S31: Disability Status, Collier County, Florida, 2015-2019

	Collier County	Florida
Civilian noninstitutionalized population with a disability (%)	11.5%	13.4%
Under 18 years with a disability (%)	3.1%	4.4%
18 to 64 years with a disability (%)	6.2%	10.0%
65 years and over with a disability (%)	24.8%	32.8%

Source: US Census Bureau, Table DP02, Selected Social Characteristics in the United **States**

According to the University of Kansas Research & Training Center of Independent Living, someone with an independent living disability is someone with a disability that can make decisions that affect their own lives. The percentage of adults in Collier County with an independent living disability is considerably lower than the state average (1.9% vs. 3.6%) and has decreased since 2012.

Exhibit S32: Population Ages 18-64 with an Independent Living Disability, Percent of Population 18-64, Collier County, Florida, 3-Year Rolling



Source: US Bureau of the Census, American Community Survey, Table B18107





Settings and Systems

Settings and Systems Key Findings*

- ** Collier County has more licensed providers than the state average in every category except for licensed pediatricians. The county has significantly fewer nursing home beds per 100,000 residents compared to the state of Florida (230.8 vs. 386.5). Collier County has a smaller number of full-time employees working at the county health department per 100,000 residents compared to the state average.
- Between 2013 and 2016, Collier County, Florida, and the United States started to see a decline in the percentage of the population who were uninsured. Collier County consistently has had a higher percentage of uninsured people under the age of 65 than state or national average. It is estimated that in 2019 21.3 percent of Collier County residents under the age of 65 were without insurance.
- In 2020, 47 percent of kindergarten students were deemed school ready when they entered kindergarten; this is slightly less than the percentage across Florida (50%). The percentage varies significantly by school with the highest-scoring school in Collier County having 76 percent of children deemed ready and the lowest-scoring school having 14 percent deemed ready.
- ★ Since the 2010 2011 school year, Collier County has consistently had a higher high school graduation rate compared to the state average. Furthermore, the rate has been increasing both in Collier County and across the State of Florida. Collier County's highest graduation rate was in 2020-2021, 92.6 percent.
- In 2019, 37,520 people in Collier County were food insecure. In 2019, it was estimated that 31 percent of food insecure people were above SNAP and other nutrition program's threshold of 200 percent poverty, while 69 percent were below.
- More than 95 percent of households in Collier County have at least one vehicle available. About 14 percent of households have three or more vehicles.
- Collier County has a lower-than-average rate for all crimes and domestic violence compared to the State of Florida. The three most common categories of crimes in Collier County are larceny, domestic violence, and aggravated assault.

*All sources and further details for the key findings can be found in the relevant section of the Collier County CHA

Access to Health Care

Access to health care is the key to achieving a healthy community and is a primary health policy goal in Florida. Collier County has more licensed providers than the state average in every category except for licensed pediatricians. The county has significantly fewer nursing home beds per 100,000 residents compared to the state of Florida (230.8 vs. 386.5). Collier County has a smaller number of full-time employees working at the county health department per 100,000 residents compared to the state average.





Exhibit SS1: Health Resource Availability, Collier County and Florida, Fiscal Year 2020-2021

	Collier County		Florida	
	Number	Rate per 100,000	Quartile**	Rate per 100,000
Providers*				
Total Licensed Dentists	287	74.3	4	56.7
Total Licensed Physicians	1,322	342.1	4	314.0
Total Licensed Family Practice Physicians	75	19.4	3	19.2
Total Licensed Internists	215	55.6	4	47.3
Total Licensed OB/GYN	46	11.9	n/a	9.2
Total Licensed Pediatricians	61	15.8	n/a	21.9
Facilities				
Total Hospital Beds***	1,059	274.0	3	307.6
Total Acute Care Beds***	826	213.7	3	248.9
Total Specialty Beds***	233	60.3	n/a	58.6
Total Nursing Home Beds***	892	230.8	1	386.5
County Health Department***				
County Health Department Full-Time Employees	150	6.2	1	40.9
County Health Department Expenditures	11,199,875	\$29.00	1	\$33.40

Source: Florida Department of Health, Division of Medical Quality Assurance; Florida Agency for Health Care (AHCA); Florida Department of Health, Division of Public Health Statistics and Performance Management

From 2011 to 2020, there was an overall decrease of nursing home beds in Collier County, with a small increase from 2018 to 2019. Over the past decade Collier County had significantly less nursing home beds than the state of Florida.





^{*}Number of licensed providers does not necessarily equal the number of practicing providers. These numbers may include providers working in another county, work only part-time, or retired.

^{**}County Compared to other Florida counties. The lowest quartile equals the lowest number. For resource availability the lowest number is generally considered the worst ranking. Quartile information is provided when at least 51 counties rates greater than zero.

***Data is from the year 2020

Collier ---- Florida

Exhibit SS2: Total Nursing Home Beds, Rate per 100,000 Population, Collier County and Florida, 2011-2020

Source: Florida Agency of Health Care Administration (AHCA)

Health Insurance Coverage

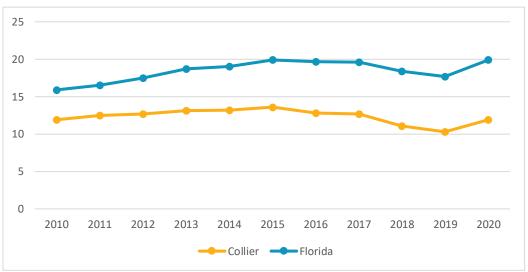
Medicaid provides medical coverage to low-income individuals and families. The state and federal governments share the costs of the Medicaid program. Medicaid services in Florida are administered by the Agency for Health Care Administration (AHCA). About half of the recipients are children or adolescents under the age of 21. While children are the largest category of beneficiaries, most of the costs arise from providing services to seniors, especially nursing home care, and people with disabilities with significant medical costs.

There are four categories of Medicaid eligibility for adults in Florida: low-income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for those programs is based on specific income criteria. Medicaid enrollment rates in Collier County are lower than the state rates.





Exhibit SS3: Monthly Medicaid Enrollment*, Percent of Population, 2020 – 2010, Collier County and Florida



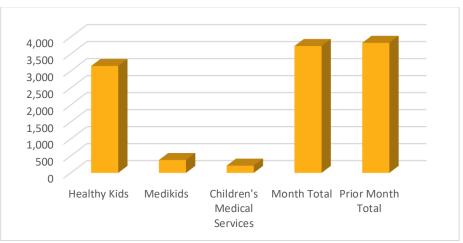
Source: Agency for Health Care Administration (AHCA)

Florida KidCare is the state-funded children's health insurance program uninsured children from birth to age 19 and meets income and eligibility requirements. The Florida Health Kids Corporation and three state agencies work together to form KidCare. The four components of Florida KidCare are:

- Medicaid for children from birth to 19 (see previous section on Medicaid)
- Florida Healthy Kids for children ages 5 to 18 who are ineligible for Medicaid or Children's Medical Services Network (families pay a monthly premium, based on their income)
- Medikids for children ages 1 to 4 (families pay a monthly premium, based on their income)
- Children's Medical Services (CMS) Network for children with special health care needs up to 200% of the Federal Poverty Level

Exhibit SS4: August 2021 Children's Health Insurance Enrollment by Program, Collier County

Program	Number
Healthy Kids	3,145
Medikids	378
Children's Medical Services	212
Month Total	3,732
Prior Month Total	3,827



Source: Florida Healthy Kids Corporation



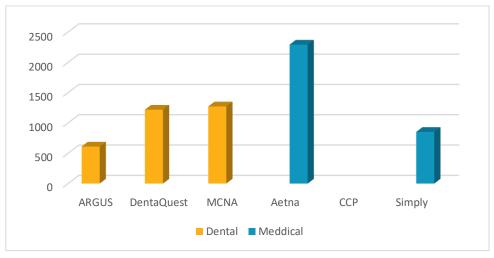


^{*}The number of people who are enrolled in Medicaid in a month, as of September of each year

In Collier County, certain dental and health plans are available through Florida KidCare. The dental plans are Argus Dental Plan, DentaQuest of Florida, Inc., and MCNA Dental. The health plans are Aetna Better Health of Florida and Simply Healthcare Plans. An additional plan that is covered under Florida KidCare but is not available in Collier County is Community Care Plan.

Exhibit SS5: Healthy Kids Enrollment by Plan, August 2021, Collier County

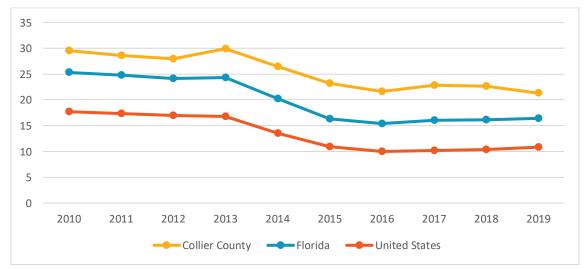
Plan	Number
Dental	
ARGUS	611
DentaQuest	1,219
MCNA	1,273
Medical	
Aetna	2,293
ССР	·
Simply	852



Source: Florida Healthy Kids Corporation

Between 2013 and 2016, Collier County, Florida, and the United States started to see a decline in the percentage of the population who were uninsured. Collier County consistently has had a higher percentage of uninsured people under the age of 65 the state or national average. It is estimated that in 2019 21.3 percent of Collier County residents under the age of 65 were without insurance. The following exhibits break out the uninsured population by age, sex, race and ethnicity, educational attainment, and income.

Exhibit SS6: Percentage of the Population Under 65 Years of Age who are Uninsured, 2010-2019, Collier County, Florida, and United States



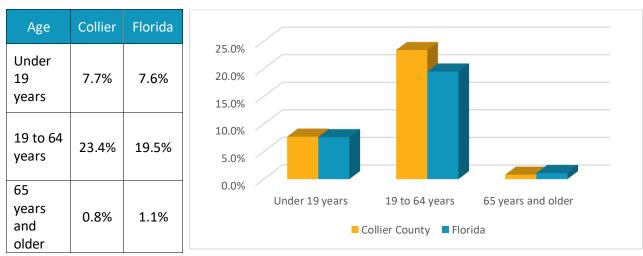
Source: U.S. Census Bureau, Small Area Health Insurance Estimates





In 2019, for the population less than 18 years of age in Collier County, 7.7 percent were uninsured compared with 7.6 percent in Florida. Of the core working population 19-64 years of age, in Collier County, 23.4 percent were without health insurance compared with 19.5 percent Florida, a difference of 3.9 percent. For the population 65 years of age and older in Collier County only 0.8 percent were without health insurance, while in Florida, only 1.1 percent lacked insurance. This very low proportion of the uninsured is due to the "Medicare effect"; currently, those 65 years of age and above are eligible for Medicare.

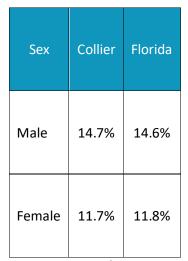
Exhibit SS7: Percentage Uninsured by Age, 2019, Collier County and Florida

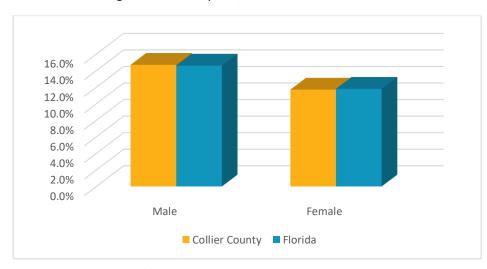


Source: US Bureau of the Census, American Community Survey, Table S2701

Compared to females, Collier County and Florida males have a slightly higher percentage of those who are uninsured people. However, for both males and females, there is only a 0.1 percent difference between Collier County and Florida. Please note that this data includes those over and under the age of 65.

Exhibit SS8: Percentage Uninsured by Sex, 2019





Source: US Bureau of the Census, American Community Survey, Table S2701

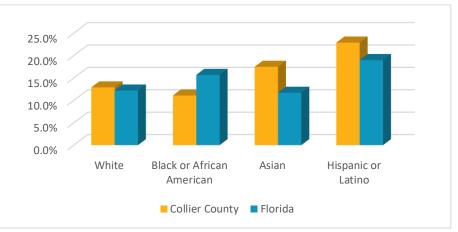




For whites, Asians, and Hispanic/Latinos, the percentage of uninsured in Collier County is greater than the average for the state of Florida. However, 4.6 percent fewer of those who identify as black or African American in Collier County are uninsured than the average for the state of Florida. Hispanic or Latinos had the highest percentage of uninsured people compared to other races and ethnicities.

Exhibit SS9: Percentage Uninsured by Race or Ethnicity, 2019

Race and Ethnicity	Collier	Florida
White	12.9%	12.2%
Black or African American	11.1%	15.7%
Asian	17.5%	11.7%
Hispanic or Latino	22.9%	19.0%

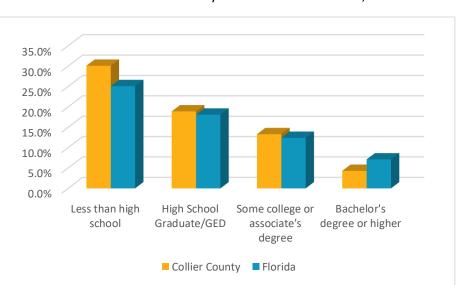


Source: US Bureau of the Census, American Community Survey, Table S2701

As expected for both Collier County and Florida, as the educational level increases, the percentage of the individuals in that group who are uninsured decreases. In Collier County, 30.1 percent of those with less than a high school diploma were uninsured compared to only 4.3 percent of those with a bachelor's degree or higher. The proportion of the population in Collier County uninsured with less than a high school education was 30.1 percent in 2019, while in Florida, it was 25.1 percent. Compared to the other educational levels, those with a bachelor's degree or higher were the only level with a smaller percentage of uninsured individuals compared to the state average.

Exhibit SS10: Percentage of Population 26 Years and Older Uninsured by Educational Attainment, 2019

Educational Attainment	Collier	Florida
Less than high school	30.1%	25.1%
High School Graduate/GED	18.9%	18.1%
Some college or associate's degree	13.3%	12.4%
Bachelor's degree or higher	4.3%	7.1%



Source: US Bureau of the Census, American Community Survey, Table S2701





About 36 percent of the uninsured population in Collier County make less than \$50,000. The percentage of those without insurance decreases for those making over \$75,000 and even more for those making over \$100,000. When comparing Collier County and the state of Florida those making \$25,000 and under, \$25,000 to \$49,999, and \$100,000 and over had similar proportions of those uninsured.

Collier Florida 20.0% 18.0% 18.6% 18.2% 16.0%

Exhibit SS11: Percentage Uninsured by Income, 2019



Source: US Bureau of the Census, American Community Survey, Table S2701

School-aged Children

Income

Under

\$25,000

\$25,000

\$49,999

\$50,000

\$75,000

\$99,999

\$100,000

and over

to

tο \$74,999

to

17.1%

18.2%

13.8%

7.5%

17.3%

15.1%

12.2%

7.5%

The Star Early Literacy assessment is administered to kindergarten students during the first 30 days of the school year. This assessment indicates whether a student is "ready for kindergarten." In 2020, 47 percent of kindergarten students were deemed school ready when they entered kindergarten; this is slightly less than the percentage across Florida (50%). The percentage varies significantly by the school with the highest scoring school in Collier County having 76 percent of children deemed ready and the lowest scoring school having 14 percent deemed ready.

Exhibit SS12: Florida Kindergarten Readiness Screener (FLKRS), Collier County Elementary Schools, Fall 2021

Collier County Schools	Number of Test Takers	Number "Ready for Kindergarten"*	Percentage "Ready for Kindergarten"*
Florida	182,986	91,511	50%
Collier County	2,990	1,410	47%
Laurel Oak Elementary School	173	131	75.7%
Corkscrew Elementary School	106	80	75.5%
Veterans Memorial Elementary School	86	61	70.9%
Mason Classical Academy	104	73	70.2%
Pelican Marsh Elementary School	116	78	67.2%





ollier County Schools Number of Test		Number "Ready for	Percentage "Ready for
Control Schools	Takers	Kindergarten"*	Kindergarten"*
Sea Gate Elementary School	111	74	66.7%
Lake Park Elementary School	88	57	64.8%
Vineyards Elementary School	104	65	62.5%
Ecollier Academy	13	8	61.5%
Tommie Barfield Elementary School	73	44	60.3%
Osceola Elementary School	83	45	54.2%
Poinciana Elementary School	42	21	50.0%
Calusa Park Elementary School	78	39	50.0%
Lely Elementary School	74	36	48.6%
Gulf Coast Charter Academy South	84	40	47.6%
Big Cypress Elementary School	129	61	47.3%
Highlands Elementary School	82	38	46.3%
Estates Elementary School	122	55	45.1%
Sabal Palm Elementary School	79	34	43.0%
Manatee Elementary School	78	32	41.0%
Herbert Cambridge Elementary School	37	14	37.8%
Lavern Gaynor Elementary	48	18	37.5%
Collier Charter Academy	100	37	37.0%
Naples Park Elementary School	63	23	36.5%
Eden Park Elementary School	106	38	35.8%
Palmetto Elementary School	73	26	35.6%
Lake Trafford Elementary School	98	33	33.7%
Rcma Immokalee Community School	38	11	28.9%
Shadowlawn Elementary School	87	24	27.6%
Village Oaks Elementary School	70	18	25.7%
Golden Terrace Elementary School	51	13	25.5%
Parkside Elementary School	97	24	24.7%
Mike Davis Elementary School	71	17	23.9%
Avalon Elementary School	56	13	23.2%
Golden Gate Elementary School	55	12	21.8%
Everglades City School	11	2	18.2%
Pinecrest Elementary School	104	15	14.4%

Source: Florida Department of Education

There has been an increase in the percentage of Collier County Grade 3 students passing the English Language Arts portion of the Florida Standards Assessment (FSA) over the past four years. For the past three years reported, Collier County has had higher rates of students passing the assessment compared to Florida. To pass, students must achieve a passing level of 3 or above on the Florida Standards English Language Arts Assessment. Due to the COVID-19 pandemic the Florida Standards Assessments were canceled for the 2019-2020 school year. These assessments are usually completed during the spring.

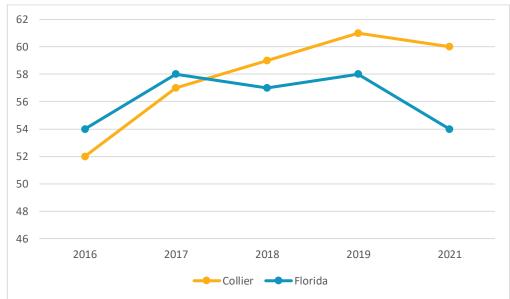




^{*}Scoring 500+ on Star Early Literacy Assessment

Exhibit SS13: Grade 3 Students with Passing Grade on Florida Standards Assessment English Language Arts, Collier County, Florida, School Year 2016-2021

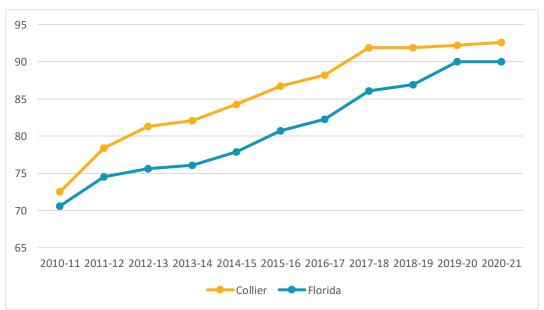




Source: Florida Department of Education, Florida Standards Assessment - Spring

Since the 2010 – 2011 school year, Collier County has consistently had a higher high school graduation rate compared to the state average. Furthermore, the rate has been increasing both in Collier County and across the State of Florida. Collier County's highest graduation rate was in 2020-2021, 92.6 percent.

Exhibit SS14: High School Graduation Rate, Percent of Student Cohort Since 9th Grade, Collier County and Florida, 2011 – 2021 School Years



Source: Florida Department of Education, Education Information and Accountability Services (EIAS)





Food Insecurity

Exhibit SS15 looks at overall food insecurity, while exhibit SS16 focuses strictly on child food insecurity.

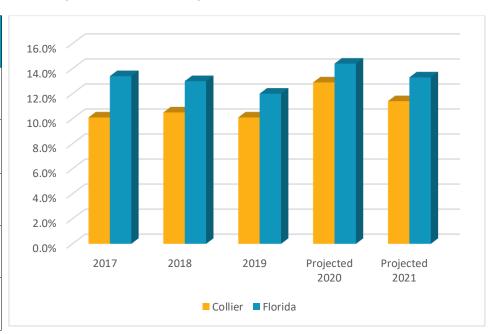
In 2019, 37,520 people in Collier County were food insecure. In 2019, it was estimated that 31 percent of food insecure people were above SNAP and other nutrition program's threshold of 200 percent poverty, while 69 percent were below. The average meal cost in Collier County is \$3.60; this is .32 cents higher than the Florida average, \$3.28. The annual food budget shortfall for the county was \$23,108,000; this is the total annualized additional dollar amount that food insecure individuals report needing, on average, to purchase just enough food to meet their food needs.

Exhibits SS13 and SS14 show the food insecurity rate over time including the projected increase during COVID-19. In response to the COVID-19 pandemic, Feeding America conducted a study to provide projected impacts the pandemic had on local food insecurity for both 2020 and 2021. According to Feeding America, before the COVID-19 pandemic, the United States saw its lowest food insecurity rate in over 20 years. It was projected that in 2020, 12.9 percent of people in Collier County would be food insecure.

For the past three years, 2017-2019, the percentage of food insecure people has remained around 10 percent. However, compared to the state, Collier County has consistently had a slightly lower food insecurity rate (2019, 10.1% Collier County vs. 12.0% Florida).

Exhibit SS15: Food Insecurity Rate in Collier County and Florida, 2017-2019

Year	Collier	Florida
2017	10.1% (36,120)	13.4%
2018	10.5% (38,030)	13.0%
2019	10.1% (37,520)	12.0%
Projected 2020	12.9%	14.4%
Projected 2021	11.4%	13.3%



Source: Feeding America, Map the Meal Gap



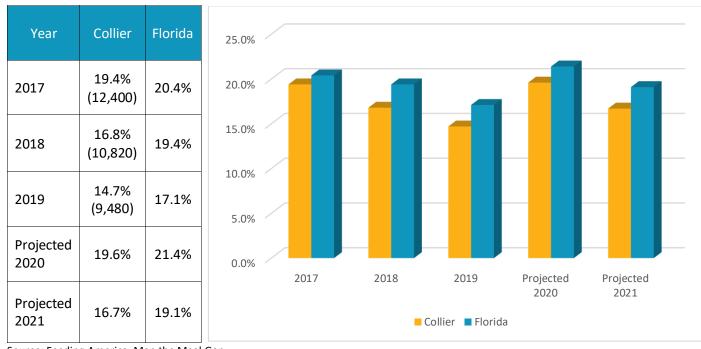


The number of children who are food insecure has been decreasing since 2017. In 2019, it was estimated that 22 percent of food insecure children were likely ineligible for federal nutrition programs (incomes above 185% poverty), while 78 percent were eligible (incomes at or below 185% of poverty).

There was a decrease of almost 5 percent among children who were food insecure between 2017 and 2019. Compared to the state Collier County has consistently had a slightly lower child food insecurity rate (2019, 14.7% Collier County vs. 17.1% Florida).

Among children, the projected rate was higher, with 19.6 percent of children projected to be food insecure. This is a 27 percent increase in overall food insecurity in Collier County. The 2021 projection of food insecurity in Collier County was 11.4 percent overall, while 16.7 percent of children would be food insecure. This further shows the devastating economic impacts caused by the COVID-19 pandemic.

Exhibit SS16: Child Food Insecurity Rate in Collier County and Florida, 2017-2019



Source: Feeding America, Map the Meal Gap

Parks and Trails

Collier County has a wide array of parks, beaches, and trails. There are 42 different type of parks that are available to Collier County residents and visitors; the various parks include: regional parks, community parks, neighborhood parks, aquatic parks, boat parks, and skate & BMX parks. In addition, Collier County has eight different beaches that attract visitors from across the globe. Despite all these resources, compared to the Florida average, Collier County has a smaller percentage of the population living near a park or off-street trail system.





Exhibit SS17: Proximity to Park and Trails, Collier County and Florida, 2019

	Collier	Florida
Percent of the population living within a ten-minute walk (1/2 mile) of a park	20.34%	40.05%
Percent of the population living within a ten-minute walk (1/2 mile) of an off- street trail system	11.30%	18.23%

Source: Florida Environmental Public Health Tracking

Conservation Lands

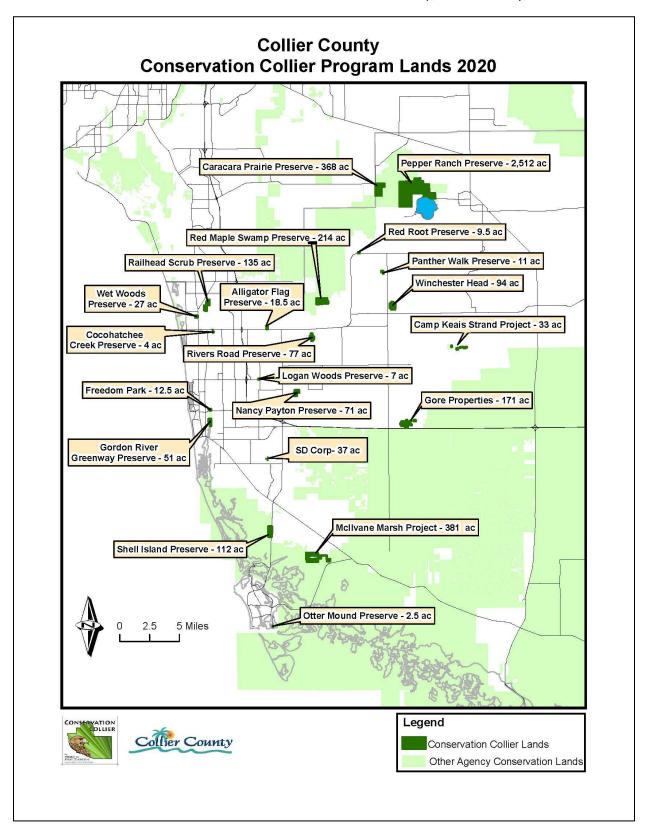
Collier County is unique in that most of its land area, 77 percent, is in conservation. Having a larger land area in conservation affects health outcomes by improving water and air quality and providing access to recreation and environmental education opportunities for residents. It also limits urban/sub-urban development to specific areas of the county, making planning for and locating health care facilities and public health services a little easier.

According to Conservation Collier, funding that was attained from property taxes was used to acquire and manage 4,345 acres of preserved land in 21 different locations throughout Collier County. Below is a map of all Conservation Collier Preserves.





Exhibit SS18: Conservation Collier Preserves Location Map, Collier County, 2020







Transportation

According to the Centers for Disease Control and Prevention (CDC) high commute times can be linked to adverse health outcomes such as obesity, high blood pressure, heart disease, and poor mental health. A higher percentage of Collier County workers carpool to work and work at home compared to the Florida average. Collier County workers, on average, have a lower travel time than the Florida average.

Exhibit SS19: Commuting to Work, Workers 16 years and over, Collier County and Florida, 2015-2019

	Collier	Florida
Car, truck, or van – drove alone (%)	75.1%	79.1%
Car, truck, or van – carpooled (%)	12.4%	9.2%
Public transportation, excluding taxicab (%)	1.6%	1.8%
Walked (%)	1.3%	1.4%
Other means (%)	2.3%	2.3%
Worked at home (%)	7.3%	6.2%
Mean travel to work (minutes)	24.7 minutes	27.8 minutes

Source: U.S. Census Bureau DP03 Selected Economic Characteristics

More than 95 percent of households in Collier County have at least one vehicle available. About 14 percent of households have three or more vehicles.

Exhibit SS20: Cars per Household, Collier County and Florida, 2015-2019

	Collier	Florida
Households with no vehicles available (%)	4.8%	6.3%
Households with 1 vehicle available (%)	40.3%	39.7%
Households with 2 vehicles available (%)	40.6%	38.4%
Households with 3 or more vehicles available (%)	14.3%	15.6%

Source: U.S. Census Bureau DP04 Selected Housing Characteristics

Complete Streets

According to the U.S. Department of Transportation, complete streets are designed and operated to enable safe use and support mobility for all users. Some of the aspects of complete streets include:

- Sidewalks
- Bicycle Lanes
- Bus Lanes
- Public Transportation Stops
- Crossing Opportunities
- Median Islands

- Accessible Pedestrian Signals
- Curb Extensions
- Modified Vehicle Travel Lanes
- Streetscape
- Landscape treatments





As a part of a review of Complete Streets, the U.S. Department of Transportation scored metropolitan statistical areas on a number of data categories. The table below shows scores for each data category. These scores are on a scale of 0 to 100, where a higher value is better.

The State of Florida currently has a complete streets policy in place, but as of the time of review, the Naples-Immokalee-Marco Island metropolitan statistical area (msa), Collier County area, did not have a complete streets policy. The Naples-Immokalee-Marco Island msa scored better than the state of Florida in every category, except for road traffic fatalities — auto where the msa and Florida have the same score. Collier County performed particularly well with a perfect score, of 100, for proximity to major roadways. According to the scores, the biggest area for improvement are road traffic facilities by bicycle and commute mode share — walk.

Exhibit SS21: Scores, Naples-Immokalee-Marco Island Metropolitan Statistical Area and Florida, 2015

	Naples-Immokalee- Marco Island msa	Florida
Commute Mode Share – Auto	80	40
Commute Mode Share – Transit	68	48
Commute Mode Share – Bicycle	74	64
Commute Mode Share – Walk	15	10
Proximity to Major Roadways	100	48

Source: U.S. Department of Transportation, Transportation and Health Indicators

Crime

Collier County has a lower-than-average rate for all crimes and domestic violence compared to the State of Florida. The three most common categories of crimes in Collier County are larceny, domestic violence, and aggravated assault.

Exhibit SS22: Crime in Collier County, 3-Year Rate per 100,000, 2018-2020

	Collier	Florida	Quartile
Aggravated Assault	172.0	268.4	1
Burglary	125.5	292.6	1
Total Domestic Violence Offenses	434.6	495.9	2
Forcible Sex Offenses	45.1	53.7	2
Homicide	2.6	7.0	1
Larceny	885.3	1,600.4	2
Motor Vehicle Theft	79.9	184.9	1
Murder	2.1	5.5	1
Robbery	36.2	72.8	3

Source: Florida Department of Law Enforcement; Florida Department of Health, Bureau of Vital Statistics

^{*}County compared to other Florida Counties. The lowest quarter equals the lowest number





Health Conditions

Health Conditions Key Findings*

- Over the 14-year period Collier County continued to exceed the Florida average for life expectancy. From 2018-2020 there was a 6-year difference between Collier County and Florida. Collier County also had the highest life expectancy out of all 67 counties in Florida. Collier County's life expectancy has continued to increase over time.
- Cancer, heart disease, and stroke are the top three leading causes of death in 2020 for Collier County. Since 2007, cancer and heart disease have been the top two causes of death in Collier County. Unintentional injury, including accidental drug overdoses, and cancer, had the highest years of potential life lost in Collier County, which means these two causes of death have many young dying from these causes in 2019. COVID-19 was the fourth highest cause of death in 2020 in Collier County.
- Since 2012, there's been an increase in new cases of cancer with a decrease in 2015 and 2017. Collier County experienced its highest rate of new cases in 2018 (435.4 per 100,000; 2,921 people). Compared to the Florida average, Collier County has continuously experienced lower incidences of cancer.
- Since 2012, in Collier County, the overall cancer death rate has decreased. Even though more people have been diagnosed with cancer, fewer people are dying from cancer. Collier County's cancer death rate is significantly lower than the Florida average.
- The most common types of cancer in Collier County were breast and prostate cancer. However, lung and colorectal were the deadliest for those diagnosed with cancer.
- In 2018, Collier County saw its highest breast cancer rate of new breast cancer diagnoses, 115.9 per 100,000, over the past 13 years. Collier County's breast cancer incidence rate was consistently lower than the Florida average.
- 2020 was Collier County's deadliest year for breast cancer; the death rate was 10.6 per 100,000. From 2013 to 2017, there was a significant increase in breast cancer deaths. In 2020, Collier County's breast cancer death rate was higher than the Florida average for the first time (10.6 per 100,000 vs. 9.8 per 100,000).
- We over the past ten years, the death rate from heart disease has significantly decreased, with an increase in 2015. Collier County's heart disease death rate was significantly less than the Florida average from 2010-2020.
- 2020 was the deadliest year for stroke deaths in Collier County; this was the highest it's ever been (48.4 per 100,000). Since 2013 there has been a significant increase in stroke deaths in the county. Collier County surpassed the state in the rate of stroke deaths in 2018.
- Chlamydia is the most common sexually transmitted infection (STI) in Collier County. Compared to the Florida average, Collier County's STI rates are considerably lower for chlamydia, gonorrhea, and syphilis.
- Starting in 2010 the rates of HIV diagnoses began to decline in Collier County until 2014 when it started to drastically increase. From 2016 to 2020 the HIV diagnoses rate started to decline again. However, when compared to the state Collier County's HIV Diagnoses rate has remained lower than the state from 2010 to 2020.
- For 2020 and 2010, most of the ten leading causes of death for seniors' years 65 and over are the same except for the number of COVID-19 deaths in 2020 and the unknown cancer types in 2010. The COVID-19 pandemic had a significant impact on the health in Collier County; it was





- the fifth leading cause of death for seniors. In 2020 the top three leading causes of death for seniors was cancer, heart disease, and cerebrovascular diseases.
- In Collier County, Alzheimer's disease was the sixth leading cause of death in the population 65 years of age and older in 2010, and in 2020 it was the eighth leading cause of death. It is predicted that in 2020 that 14 percent of the population 65 years and over in Collier County may be living with Alzheimer's disease, which is higher than the Florida average. Starting in 2017, the Collier County average surpassed the Florida average.

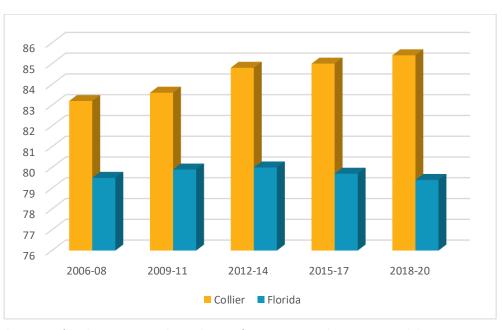
*All sources and further details for the key findings can be found in the relevant section of the Collier County CHA

Life Expectancy

Over the 14-year period, Collier County continued to exceed the Florida average for life expectancy. From 2018-2020 there was a 6-year difference between Collier County and Florida. Collier County also had the highest life expectancy out of all 67 counties in Florida. Collier County's life expectancy has continued to increase over time.

Exhibit HC1: Life Expectancy Over Time, Collier County and Florida, 3-year Estimates, 2006-2020

Years	Collier	Florida
2006- 08	83.2	79.5
2009- 11	83.6	79.9
2012- 14	84.8	80.0
2015- 17	85.0	79.7
2018- 20	85.4	79.4



Source: Death data are from Florida Bureau of Vital Statistics. Population data are from Umass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research

Females in Collier County consistently had a higher life expectancy compared to males. From 2006-2008 there was a 6.1-year life expectancy difference between males and females; this is the largest gap. Compared to the Florida average in 2018-2020, males in Collier County are expected to live 6.4 years longer (82.9 Collier vs. 76.5 Florida) and females are expected to live 5.7 years longer (88.0 Collier vs. 82.3 Florida).





Exhibit HC2: Life Expectancy by Sex, Collier County, 3-year estimates, 2006-2020

Years	Male	Female
2006- 08	80.2	86.3
2009- 11	81.5	85.8
2012- 14	82.5	87.0
2015- 17	82.5	87.6
2018- 20	82.9	88.0

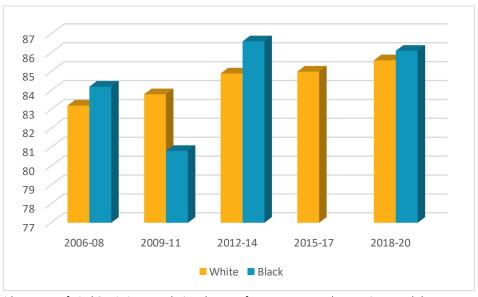


Source: Death data are from Florida Bureau of Vital Statistics. Population data are from Umass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research

Those who identify as black in Collier County had a higher life expectancy over the 14-year period, except in 2009-2011, compared to other races. In 2018-2020, when compared to the State average Black residents had a 9.4-year life expectancy difference (86.1 Collier vs. 76.7 Florida). The data related to the Black population includes larger variation in part because the numbers are small; in fact, they could not be reliably computed for 2015-17.

Exhibit HC3: Life Expectancy by Race, Collier County, 3-year estimates, 2006-2020

Years	White	Black
2006- 08	83.2	84.2
2009- 11	83.8	80.8
2012- 14	84.9	86.6
2015- 17	82.5	NA
2018- 20	85.6	86.1



Source: Death data are from Florida Bureau of Vital Statistics. Population data are from Umass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research

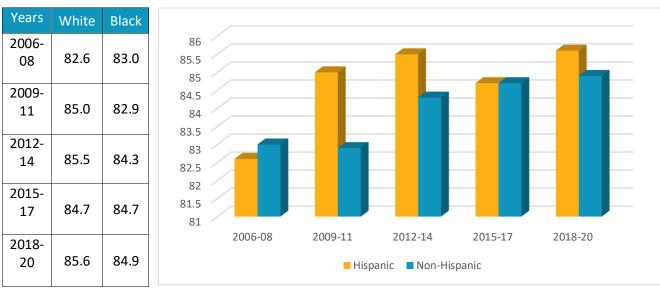




^{*}Black population data was not sufficient for computing a valid estimate of life expectancy. Life Expectancy is computed when there are at least 50 deaths, a population of at least 5,000 and a standard error less than or equal to 2.

From 2009-2014 and 2018-2020, those who identified as Hispanic had the highest life expectancy compared to those who identified as non-Hispanic. In 2018-2020, when compared to the State average Hispanic residents had a 2.6-year life expectancy difference (85.6 Collier vs. 83.0 Florida).

Exhibit HC4: Life Expectancy by Ethnicity, Collier County, 3-year estimates, 2006-2020



Source: Death data are from Florida Bureau of Vital Statistics. Population data are from Umass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research

Years of Potential Life Lost

The top three causes of death that had the highest YPLL among people in Collier County are unintentional injury, cancer, and heart disease. These top three were consistent for the selected years in the table below. There was a significant increase in the YPLL from unintentional injuries, suicides, and diabetes between 2015 and 2020. The COVID-19 pandemic had a significant impact on the health in Collier County; it was the cause of death that led to the fifth highest number of YPLL in 2020.

Exhibit HC5: Years of Potential Life Lost Under 75 Years of Age per 100,000 Population, Top Ten Cause of Death, Collier County, 2020, 2015, 2010

Cause of Death	2020	2015	2010
Unintentional Injury	1,365.5	1,047.9	1,006.3
Cancer	1,240.0	1,275.1	1,220.7
Heart Disease	648.7	642.7	538.9
Suicide	460.8	305.5	354.5
COVID-19	394.3		
Diabetes	253.2	102.7	93.8
Stroke	186.7	118.2	98.0
Chronic Lower Respiratory Disease	93.0	118.2	143.7
Homicide	76.2	60.6	181.2
Congenital Malformations	66.2	172.1	215.3





The top three causes of death that had the highest YPLL among Non-Hispanic white people in Collier County are unintentional injury, cancer, and heart disease. These top three were consistent for the selected years in the table below. The COVID-19 pandemic had a significant impact on the health in Collier County; it was the 7th highest YPLL lost cause of death in 2020.

Exhibit HC6: Years of Potential Life Lost Under 75 Years of Age per 100,000 Population, Top Ten Cause of Death, Non-Hispanic White, Collier County, 2020, 2015, 2010

Cause of Death	2020	2015	2010
Unintentional Injury	1,712.5	1,049.2	1,147.8
Cancer	1,577.4	1,523.2	1,537.8
Heart Disease	849.6	686.9	726.4
Suicide	516.2	351.6	504.2
Chronic Liver Disease and Cirrhosis	292.4	433.3	332.3
Stroke	222.1	111.0	99.4
COVID-19	221.0		
Chronic Lower Respiratory Disease	156.7	163.0	193.6
Diabetes	149.5	73.3	108.5
Influenza and Pneumonia	63.1	40.6	83.7

Source: Florida Department of Health, Bureau of Vital Statistics

The top three causes of death with the highest YPLL among Non-Hispanic Black people in Collier County were inconsistent in the selected years in the table below. In 2020, cancer, heart disease, and COVID-19 were the top three causes of death with the highest YPLL. COVID-19 pandemic had a significant impact on the black population in Collier County. In 2015, cancer, unintentional injury, and heart disease were the top three causes of death with the highest YPLL. In 2010, perinatal period conditions, unintentional injury, and cancer were the top three causes of death with the highest YPLL. In the table below, some data points are 0.0 meaning that either there weren't any deaths for that particular year/cause of death or if there were deaths, they occurred to those above the age of 75.

Exhibit HC7: Years of Potential Life Lost Under 75 Years of Age per 100,000 Population, Top Ten Cause of Death, Non-Hispanic Black, Collier County, 2020, 2015, 2010

Cause of Death	2020	2015	2010
Cancer	1,155.2	1,623.3	985.8
Heart Disease	1,122.3	1,325.7	434.2
COVID-19	460.4		
Suicide	312.4	58.6	0.0
Perinatal Period Conditions	306.3	671.9	1,902.6
Unintentional Injury	304.2	1,515.1	1,537.4
HIV/AIDS	275.4	0.0	158.3
Stroke	271.3	315.6	245.2
Diabetes	230.2	72.1	0.0
Homicide	217.9	211.9	490.3





The top three causes of death with the highest YPLL among Hispanic people in Collier County were inconsistent in the selected years in the table below. In 2020, the top three causes of death with the highest YPLL were unintentional injury, cancer, and COVID-19. The COVID-19 pandemic had a significant impact on the Hispanic population in Collier County. In 2015, cancer, unintentional injury, and heart disease were the top three causes of death with the highest YPLL. In 2010, cancer, congenital malformations, and unintentional injury were the top three causes of health with the highest YPLL in Collier County.

Exhibit HC8: Years of Potential Life Lost Under 75 Years of Age per 100,000 Population, Top Ten Cause of Death, Hispanic, Collier County, 2020, 2015, 2010

Cause of Death	2020	2015	2010
Unintentional Injury	939.5	734.7	353.3
Cancer	661.5	749.2	608.4
COVID-19	648.3		
Suicide	380.7	301.0	146.0
Chronic Liver Disease and Cirrhosis	237.5	109.3	100.6
Heart Disease	199.8	440.4	203.6
Diabetes	128.2	149.4	92.0
Stroke	115.9	93.6	58.9
Congenital Malformations	99.4	234.1	372.3
Nutritional Deficiencies	61.3	0.0	0.0

Source: Florida Department of Health, Bureau of Vital Statistics

Leading Causes of Death

The following table gives detailed information on the leading causes of death for residents of Collier County. The Deaths column is a simple count of the number of people who died by the listed cause during 2020. Percent of Total Deaths lets you know what percent of people died from that cause. Cancer and heart disease are the two most common causes of death in Collier County. Combined, they are responsible for 41.2 percent of all deaths.

The crude Rate per 100,000 indicates how likely a person is to die of that cause in any given year. For example, out of every 100,000 people in Collier County, 131 people died of a stroke in 2020. Using the rate per 100,000 allows comparison between areas with different populations such as comparing a small county to a large county or a county to the state.

The next column lists the Age-Adjusted Death Rate per 100,000. Age-adjusting a rate is a way to make fairer comparisons between groups with different age distributions. For example, a county with a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population merely because the elderly is more likely to die or be hospitalized. The same distortion can happen when comparing races, genders, or time periods. Age adjustment can make the different groups more comparable.

The last column is Years of Potential Life Lost. This is an estimate of the number of years a person would have lived had they not died prematurely. In this case that number is given for all people who died under the age of 75 if they would have lived to the age of 75. When the numbers are particularly low, such as they are for Alzheimer's disease, it is generally because that cause of death largely impacts the





elderly. Conversely, a particularly high number, such as for unintentional injuries, suggests that the average age of the victims was young.

Cancer, heart disease, and stroke are the top three leading causes of death in 2020 for Collier County. Since 2007, cancer and heart disease have been the top two causes of death in Collier County. Unintentional injury, including accidental drug overdoses, and cancer, had the highest years of potential life lost in Collier County, which means these two causes of death have many young dying from these causes in 2019. COVID-19 was the fourth highest cause of death in 2020 in Collier County. The first case of COVID-19 was in March 2020, but it significantly impacted the community and other health conditions and behaviors. The health behaviors section discusses unintentional injuries and suicides in further detail.

Exhibit HC9: Leading Causes of Death, Collier County, 2020

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate per 100,000	Age-Adjusted Death Rate per 100,000	YPLL <75 per 100,000 Under 75
Cancer	894	22.15%	231.3	104.3	1,240.0
Heart Disease	767	19.00%	198.5	80.3	648.7
Stroke	509	12.61%	131.7	48.4	186.7
COVID-19	319	7.90%	82.5	36.3	394.3
Unintentional Injury	244	6.05%	63.1	52.2	1,365.5
Chronic Lower Respiratory Disease	148	3.67%	38.3	14.8	93.0
Alzheimer's Disease	114	2.82%	29.5	10.1	7.8
Diabetes	95	2.35%	24.6	11.3	153.6
Chronic Liver Disease and Cirrhosis	76	1.88%	19.7	13.1	253.2
Parkinson's Disease	66	1.64%	17.1	6.2	18.7
Suicide	60	1.49%	15.5	15.8	460.8
Hypertension	49	1.21%	12.7	5.1	39.3
Nephritis, Nephrotic Syndrome & Nephrosis	48	1.19%	12.4	5.1	40.6
Influenza and Pneumonia	39	0.97%	10.1	4.6	54.0
Septicemia	29	0.72%	7.5	2.9	27.2
Benign Neoplasm	16	0.40%	4.1	1.4	2.8
Aortic Aneurysm & Dissection	14	0.35%	3.6	1.7	18.1
Nutritional Deficiencies	13	0.32%	3.4	1.5	20.6
Pneumonitis	12	0.30%	3.1	1.2	5.9
Cholelithiasis & Other Gallbladder Disorders	9	0.22%	2.3	0.8	0.0
Congenital Malformation	8	0.20%	2.1	1.9	66.2
Homicide	7	0.17	1.8	2.1	76.2
Atherosclerosis	6	0.15	1.6	0.5	1.2
Viral Hepatitis	5	0.12	1.3	0.6	14.7
Anemias	4	0.10	1.0	0.7	18.4
HIV/AIDS	3	0.07	0.8	1.0	25.3
Perinatal Period Conditions	2	0.05	0.5	0.9	46.5
Peptic Ulcer	2	0.05	0.5	0.2	1.2
Medical & Surgical Care Complications	1	0.02	0.3	0.1	0.0





Cancer

From 2008 to 2012 Collier County experienced a decrease in new cases of cancer. Since 2012, there's been an increase in new cases of cancer with a decrease in 2015 and 2017. Collier County experienced its highest rate of new cases in 2018 (435.4 per 100,000; 2,921 people). Compared to the Florida average, Collier County has continuously experienced lower incidences of cancer.

Collier

Exhibit HC10: Cancer Incidence, Age-Adjusted Rate per 100,000, Collier County and Florida, 2008-2018

Source: University of Miami (FL) Medical School, Florida Cancer Data System

Since 2012, in Collier County, the overall cancer death rate has decreased. Even though more people have been diagnosed with cancer, fewer people are dying from cancer. Collier County's cancer death rate is significantly lower than the Florida average.

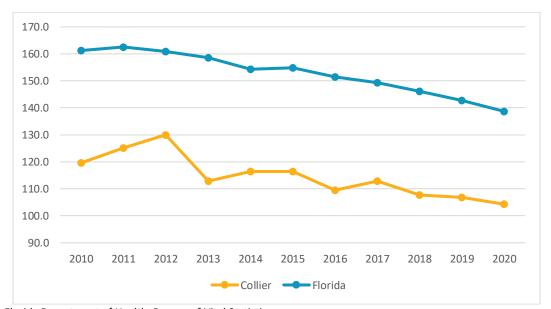


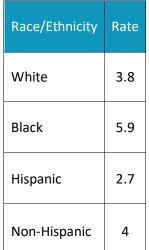
Exhibit HC11: Cancer Deaths, Age-Adjusted Rate per 100,000, Collier County and Florida, 2010-2020

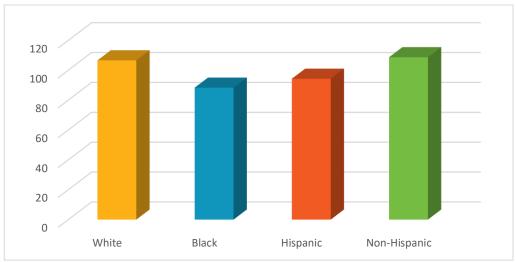




The age-adjusted death rate from cancer is the lowest among the black population in Collier County. The non-Hispanic population had the highest cancer death rate compared to other races and ethnicities.

Exhibit HC12: Cancer Deaths by Race, 3 Year Age-Adjusted Rate and Ethnicity per 100,000, Collier County, 2018-2020



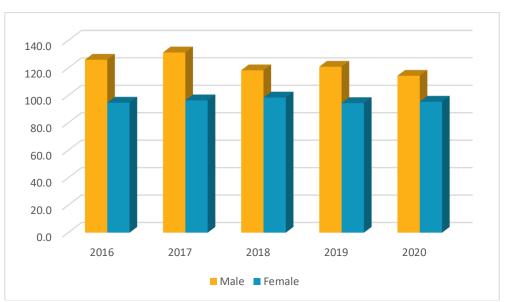


Source: Florida Department of Health, Bureau of Vital Statistics

Males in Collier County consistently had a higher cancer death rate when compared to females. Since 2018 the overall cancer deaths among females have decreased.

Exhibit HC13: Cancer Deaths by Sex, Age-Adjusted Rate per 100,000, Collier County, 2016-2020

Year	Male	Female
2016	126.0	94.7
2017	131.3	96.4
2018	118.3	98.5
2019	120.9	94.4
2020	114.3	95.4







The most common types of cancer in Collier County were breast and prostate cancer. However, lung and colorectal were the deadliest for those diagnosed with cancer.

Exhibit HC14: Common Types of Cancer, 3-year Average Incidence Rate, 3-year Age-Adjusted Death Rate, Collier County, 2016-2018, 2018-2020

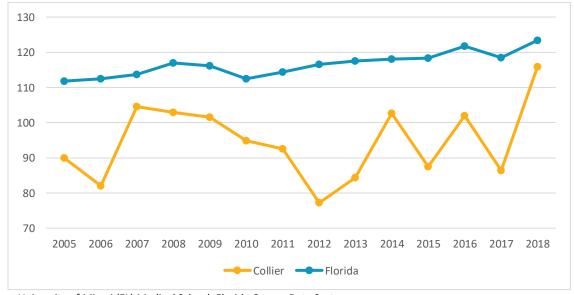
	Average Incidence Rate, 2016-2018	Year Age-Adjusted Death Rate, 2018-2020
Breast Cancer	101.4	8.4
Prostate Cancer	84.0	4.9
Lung Cancer	35.2	20.5
Melanoma, Skin Cancer	35.0	2.5
Colorectal Cancer	24.6	8.5
Oral Cancer	11.0	1.8
Cervical Cancer	7.7	1.3

Source: University of Miami (FL) Medical School, Florida Cancer Data System; Florida Department of Health, Bureau of Vital Statistics

Breast Cancer

In 2018, Collier County saw its highest breast cancer rate of new breast cancer diagnoses, 115.9 per 100,000, over the past 13 years. Collier County's breast cancer incidence rate was consistently lower than the Florida average.

Exhibit HC15: Age-Adjusted Female Breast Cancer Incidence, Rate per 100,000 Female Population, Collier County and Florida, 2005-2018



Source: University of Miami (FL) Medical School, Florida Cancer Data System

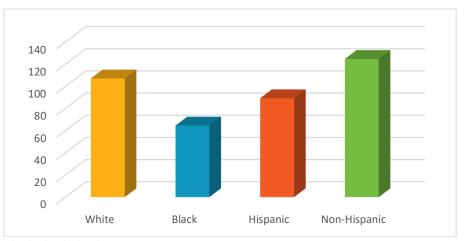




The Non-Hispanic population in Collier County had the highest incidence, while the black population had the lowest incidence of being diagnosed with breast cancer in 2018.

Exhibit HC16: Age-Adjust Female Breast Cancer Incidence by Race and Ethnicity, Rate per 100,000 Female Population, Collier County, 2018

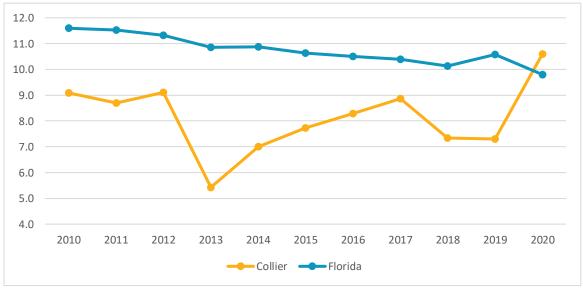
Race/Ethnicity	Rate
White	107.1
Black	64.6
Hispanic	89.3
Non-Hispanic	124.7



Source: University of Miami (FL) Medical School, Florida Cancer Data System

2020 was Collier County's deadliest year for breast cancer; the death rate was 10.6 per 100,000. From 2013 to 2017, there was a significant increase in breast cancer deaths. In 2020, Collier County's breast cancer death rate was higher than the Florida average for the first time (10.6 per 100,000 vs. 9.8 per 100,000).

Exhibit HC17: Age-Adjusted Deaths from Female Breast Cancer, Rate per 100,000 Female Population, Collier County and Florida, 2010-2020



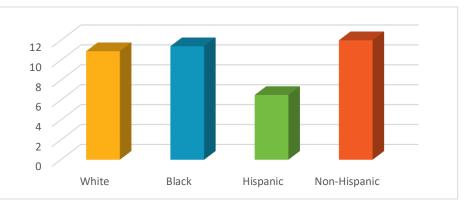




Even though the black death rate is high, the number of black people dying of breast cancer (3 in 2020) is smaller compared to the other races/ethnicities. In 2020, those who identify as Hispanic had the highest rate of deaths from breast cancer compared to the other races and ethnicities.

Exhibit HC18: Age-Adjusted Deaths from Female Breast Cancer by Race and Ethnicity, Rate per 100,000 Female Population, Collier County, 2020

Race/ Ethnicity	Death Rate
White	10.9
Black	11.4
Hispanic	6.5
Non- Hispanic	12.0

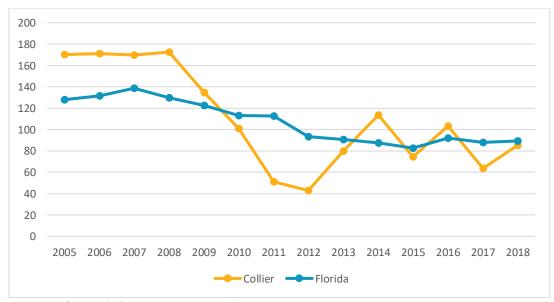


Source: Florida Department of Health, Bureau of Vital Statistics

Prostate Cancer

Prostate cancer is the second most common type of cancer in Collier County. In 2008, Collier County saw its highest rate of new prostate cancer diagnoses, 172.5 per 100,000. From 2008 to 2012 the incidence rate drastically decreased. However, since 2012 the rate of new prostate cancer diagnoses has increased. Collier County experienced higher rates of prostate cancer diagnoses than the state of Florida from 2005 to 2009 and again in 2014 and 2016.

Exhibit HC19: Age-Adjusted Prostate Cancer Incidence, Rate per 100,000 Male Population, Collier County and Florida, 2005-2018



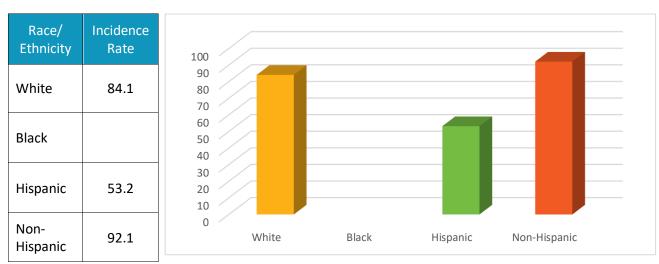
Source: University of Miami (FL) Medical School, Florida Cancer Data System





Non-Hispanics had the highest rate of new prostate cancer diagnosis, and Hispanics had the lowest in Collier County.

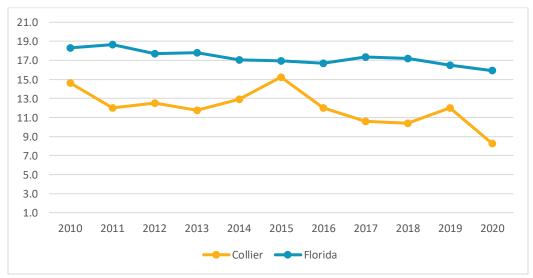
Exhibit HC20: Age-Adjusted Prostate Cancer Incidence by Race and Ethnicity, Rate per 100,000 Male Population, Collier County, 2018



Source: University of Miami (FL) Medical School, Florida Cancer Data System

2015 was the deadliest year for those with prostate cancer in Collier County. From 2015 until 2020, there was a steady decline in deaths, with a small uptick in prostate cancer deaths in 2019. Compared to the Florida average, Collier County's prostate cancer death rate was significantly lower, except in 2015, (2019, Collier County 5.7 per 100,000 vs. Florida 7.2 per 100,000).

Exhibit HC21: Age-Adjusted Prostate Cancer Death, Rate per 100,000 Male Population, Collier County and Florida, 2010-2020



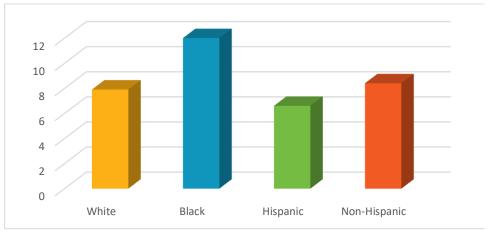




In 2020, black people had the highest death rate from prostate cancer followed by non-Hispanic. Even though the black death rate is high, the number of black people dying of prostate cancer is smaller (2 people in 2020) compared to the other races/ethnicities.

Exhibit HC22: Age-Adjusted Deaths from Prostate Cancer by Race and Ethnicity, Rate per 100,000 Male Population, Collier County, 2020

Race/ Ethnicity	Death Rate
White	7.9
Black	12.0
Hispanic	6.6
Non- Hispanic	8.4

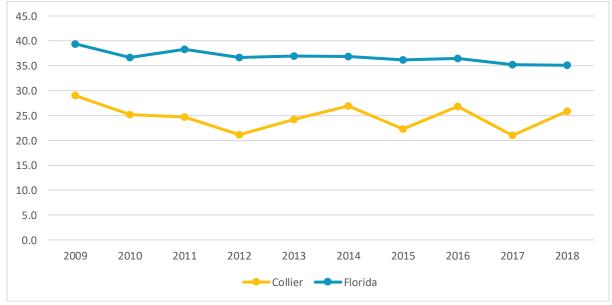


Source: Florida Department of Health, Bureau of Vital Statistics

Colorectal Cancer

Colorectal cancer is cancer that occurs in the colon or rectum. Cancer usually starts as polyps, which is a growth of tissue that should not be growing in that area. It is recommended that regular screenings begin at age 45. The screening for colorectal cancer is called a colonoscopy which is an outpatient service. Over the past ten years, Collier County consistently had a lower incidence rate than the state.

Exhibit HC23: Age-Adjusted Colorectal Cancer Incidence, Rate per 100,000 Population, Collier County and Florida, 2009-2018



Source: University of Miami (FL) Medical School, Florida Cancer Data System

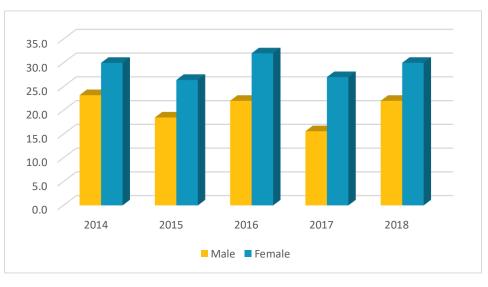




From 2014 to 2018, females in Collier County had a higher rate of a colorectal cancer diagnosis when compared to males.

Exhibit HC24: Age-Adjusted Colorectal Cancer Incidence by Sex, Rate per 100,000 Population, Collier County, 2009-2018

Year	Male	Female
2014	23.2	30.0
2015	18.5	26.4
2016	22.0	32.0
2017	15.6	27.0
2018	22.0	30.0

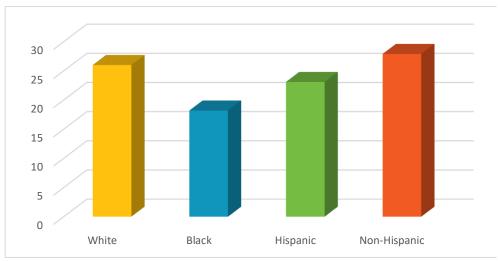


Source: University of Miami (FL) Medical School, Florida Cancer Data System

The non-Hispanic population had the highest diagnosis rate of colorectal cancer, while the black population had the lowest.

Exhibit HC25: Age-Adjusted Colorectal Cancer Incidence by Race and Ethnicity, Rate per 100,000 Population, Collier County, 2018

Race/ Ethnicity	Incidence Rate
White	26.0
Black	18.2
Hispanic	23.1
Non- Hispanic	27.9



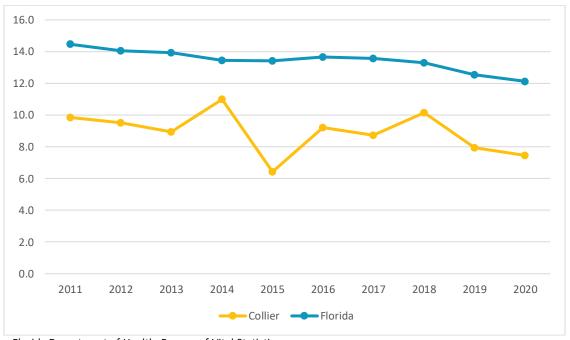
Source: University of Miami (FL) Medical School, Florida Cancer Data System





When compared to Florida, Collier County consistently had a lower death rate from colorectal cancer over the past ten years. From 2018 to 2020 the death rate from colorectal cancer in Collier County has decreased (10.2, 2018 vs. 7.5, 2020).

Exhibit HC26: Age-Adjusted Deaths from Colorectal Cancer, Rate per 100,000 Population, Collier County and Florida, 2011-2020

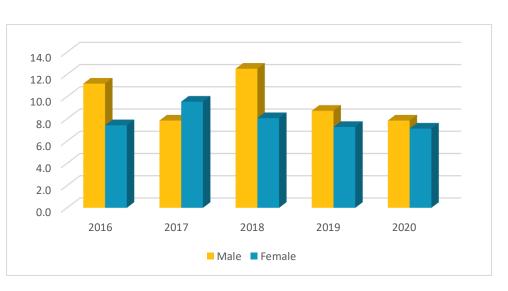


Source: Florida Department of Health, Bureau of Vital Statistics

Over the past five years, males in Collier County were dying from colorectal cancer had a higher rate than females except in 2017. 2018 was the deadliest year for males.

Exhibit HC27: Age-Adjusted Deaths from Colorectal Cancer by Sex, Rate per 100,000 Population, Collier County, 2016-2020

Year	Male	Female
2016	11.2	7.4
2017	7.9	9.6
2018	12.5	8.1
2019	8.7	7.3
2020	7.9	7.1



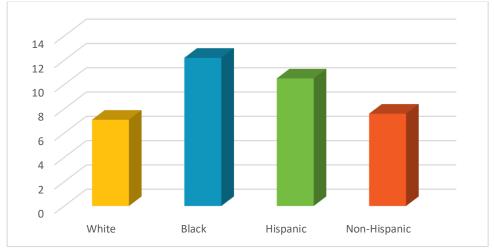




In 2020, black people had the highest death rate from colorectal cancer followed by Hispanic. Even though the black death rate is high, the number of black people dying of colorectal cancer is smaller (4 people in 2020) compared to the other races/ethnicities.

Exhibit HC28: Age-Adjusted Deaths from Colorectal Cancer by Race/Ethnicity, Rate per 100,000 Population, Collier County and Florida, 2020

Race/ Ethnicity	Incidence Rate
White	7.1
Black	12.2
Hispanic	10.5
Non- Hispanic	7.6

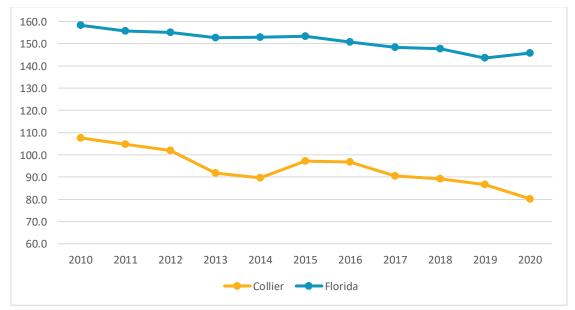


Source: Florida Department of Health, Bureau of Vital Statistics

Heart Disease

Over the past ten years, the death rate from heart disease has significantly decreased, with an increase in 2015. Collier County's heart disease death rate was significantly less than the Florida average from 2010-2020.

Exhibit HC29: Age-Adjusted Deaths from Heart Disease, Rate per 100,000 Population, Collier County and Florida, 2010-2020

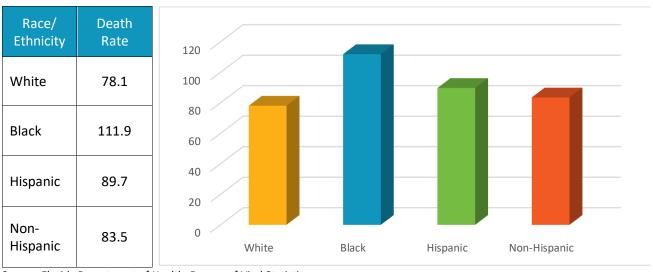






In 2020, black people had the highest prostate cancer death rate, followed by Hispanics. Even though the black death rate is high, the number of black people dying of heart disease is smaller compared to the other races/ethnicities.

Exhibit HC30: Age-adjusted Death from Heart Disease by Race and Ethnicity, Rate per 100,000 Population, Collier County, 2020



Source: Florida Department of Health, Bureau of Vital Statistics

Males die at a higher rate from heart disease compared to females. From 2016 to 2020 the heart disease death rate for both males and females in Collier County has been declining.

Exhibit HC31: Age-adjusted Death from Heart Disease by Sex, Rate per 100,000 Population, 2016-2020

Year	Male	Female	140.0				
2016	122.7	73.7	120.0		1		
2017	118.9	64.6	80.0	1 6			
2018	117.7	63.2	40.0				
2019	108.6	66.6	0.0	2017	2018	2019	2020
2020	108.3	54.7	2010	2017	■ Male ■ Female		2020

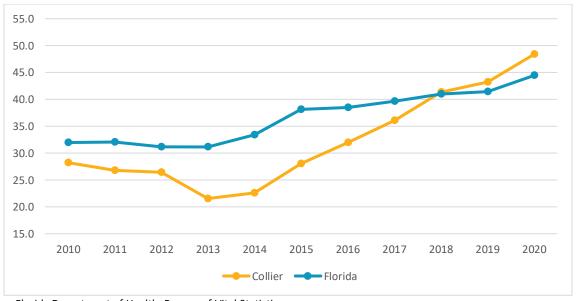




Stroke

2020 was the deadliest year for stroke deaths in Collier County; this was the highest it's ever been (48.4 per 100,000). Since 2013 there has been a significant increase in stroke deaths in the county. Collier County surpassed the state in the rate of stroke deaths in 2018.

Exhibit HC32: Age-Adjusted Deaths from Stroke, Rate per 100,000 Population, Collier County and Florida, 2010-2020



Source: Florida Department of Health, Bureau of Vital Statistics

Blacks and Hispanics have a higher death rate from strokes when compared to other races and ethnicities in Collier County.

Exhibit HC33: Age-Adjusted Deaths from Stroke by Race and Ethnicity, Rate per 100,000 Population, Collier County, 2020

Race/ thnicity	Death Rate	60			
Vhite	48.2	50		-	
Black	58.6	30			
ispanic	57.7	10			
lon- Iispanic	48.0	0 White	Black	Hispanic	Non-Hispanic

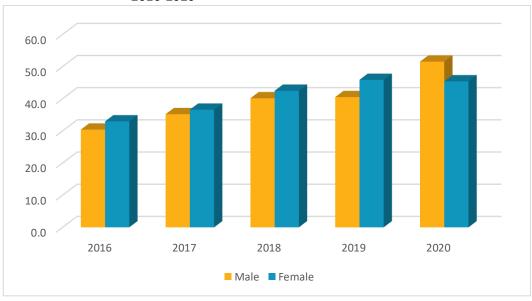




Males and females had an increase in deaths from a stroke from 2016 to 2020, except in 2020, there was a small decrease in female deaths from stroke in Collier County. Females in Collier County died at a higher rate than males from strokes from 2016 to 2019. There was a significant increase in the death rate in males from 2019 to 2020.

Exhibit HC34: Age-Adjusted Deaths from Stroke by Sex, Rate per 100,000 Population, Collier County, 2016-2020





Source: Florida Department of Health, Bureau of Vital Statistics

Tuberculosis

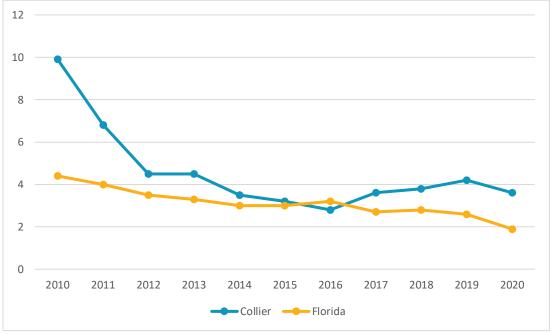
According to the Centers for Disease Control and Prevention, Tuberculosis (TB) is caused by a bacterium called *Mycobacterium Tuberculosis*. TB is an infectious disease that attacks the lungs but can attack any part of the body. TB is an airborne infectious disease, which means the disease spreads in the air when a person infected with TB coughs, speaks, or sings.

In the past ten years, 2010 had the highest rate of Tuberculosis cases in Collier County. From 2010 to 2016 there was a significant decrease in TB cases in Collier County and an increase in cases from 2016 to 2019. Compared to the state of Florida, Collier County has higher rate of TB cases except in 2016.





Exhibit HC35: Tuberculosis Cases, Rate per 100,000 Population, Collier County and Florida, 2010-2020



Source: Florida Department of Health, Division of Disease Control and Health Protection, Tuberculosis Section

Sexually Transmitted Infections/Diseases (STIs/STDs)

Chlamydia is the most common sexually transmitted infection (STI) in Collier County. Compared to the Florida average, Collier County's STI rates are considerably lower for chlamydia, gonorrhea, and syphilis.

Exhibit HC36: Sexually Transmitted Infections, Collier County and Florida, 2018-2020

	# of Cases Annual Average	County 3-Year Rate per 100,000	State 3-Year Rate per 100,000
Chlamydia	1,143	303.0	493.8
Gonorrhea	212.33	56.3	172.5
Syphilis, Total	64	17.0	55.2

Source: Florida Department of Health, Bureau of Communicable Diseases

HIV Infection

Over thirty years have passed since June 5, 1981, when the Centers for Disease Control (CDC) published its first report of cases of Pneumocystis carinii pneumonia (PCP) being diagnosed among previously healthy, young, gay men in Los Angeles. This is the syndrome that would later become known as AIDS. The CDC published its first surveillance case definition for AIDS in September of 1982. Soon after this disease was recognized as a distinct syndrome, Florida began to collect voluntary AIDS surveillance reports. In 1983, the State of Florida Health Officer designated AIDS as a reportable disease, and a formal AIDS surveillance program was instituted in the state. Mandatory reporting of AIDS was incorporated into the Florida Statutes (s.384, F.S.) in 1986, and the Florida Administrative Code (64D, F.A.C.) directed that all AIDS cases, as defined by the CDC, be reported to the local county health





department by physicians who diagnose or treat AIDS. In 1993, the Centers for Disease Control published its first major revision of the AIDS case definition. This change added three new AIDS-indicator diseases and allowed for HIV positive individuals with severely depressed immune systems (those with an absolute CD4 count <200, or <14 percent) to meet the AIDS case definition. This case definition revision went into effect retroactively and substantially increased the number of reported AIDS cases in Florida. The State of Florida passed legislation effective July 1, 1997, which authorized the reporting of newly diagnosed cases of HIV infection by name (i.e., individuals who tested HIV+ but did not meet the AIDS case definition). This legislation, however, did not allow for the retroactive reporting of previously diagnosed HIV+ individuals. The first case of AIDS in Collier County was reported in 1982.

Starting in 2010 the rates of HIV diagnoses began to decline in Collier County until 2014 when it started to drastically increase. From 2016 to 2020 the HIV diagnoses rate started to decline again. However, when compared to the state Collier County's HIV Diagnoses rate has remained lower than the state from 2010 to 2020.

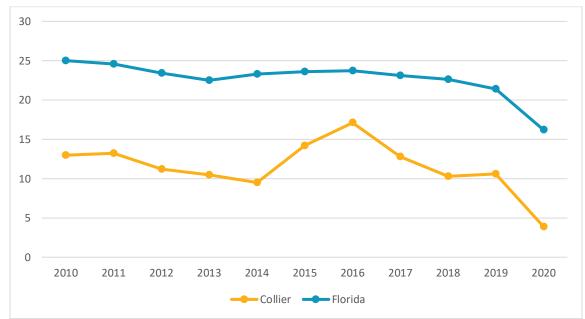


Exhibit HC37: HIV Diagnoses, Rate per 100,000 Population, Collier County and Florida, 2010-2020

Source: Florida Department of Health, Bureau of Communicable Diseases

Male-to-male sexual contact was the mode of exposure with the highest number of reported cases of HIV in Collier County. Male-to-male sexual contact/inject drug use had the lowest number of reported HIV cases.





Exhibit HC38: Reported Cases of HIV Diagnoses, Collier County, 2018-2020

Mode of Exposure	Number of Reported Cases	Percent of Total
Male-to-Male Sexual Contact (MMSC)	55	59.1%
Injection Drug Use (IDU)	4	4.3%
MMSC/IDU	3	3.2%
Heterosexual Contact	31	33.3%

Source: Florida Department of Health, Bureau of Communicable Diseases

In Collier County the 30–39 age-group had the highest number of reported HIV cases, accounting for almost 40 percent of the total reported cases, compared to the other age-groups. There were only two reported cases of HIV for children under the age of 19 in Collier County.

Exhibit HC39: Reported Cases of HIV Diagnoses by Age, 3-Year Rolling, Collier County, 2018-2020

Age (in years) at Initial Florida Report	Number of Reported Cases	Percent of Total
0-12		
13-19	2	2.2%
20-24	9	9.7%
25-29	17	18.3%
30-39	23	24.7%
40-49	19	20.4%
50-59	16	17.2%
60 and over	7	7.5%

Source: Florida Department of Health, Bureau of Communicable Diseases

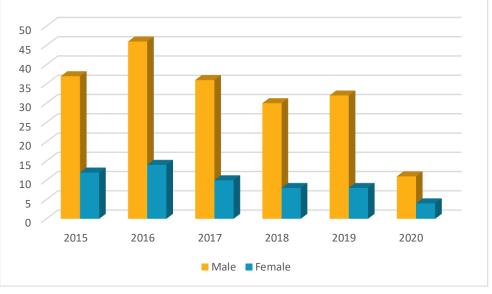
When compared to females more males were being diagnosed with HIV. From 2015 to 2020, Collier County 2016 had the highest number of male and female HIV diagnoses.





Exhibit HC40: HIV Diagnoses by Sex, Count, Collier County, 2015-2020

Year	Male	Female
2015	37	12
2016	46	14
2017	36	10
2018	30	8
2019	32	8
2020	11	4

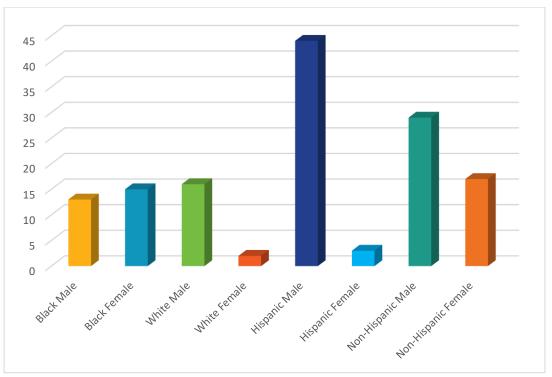


Source: Florida Department of Health, Bureau of Communicable Diseases

In Collier County Hispanic males had the largest percentage, 34 percent, of the HIV diagnoses from 2018 to 2020. Minorities, regardless of sex, consisted of 56 percent of the HIV diagnoses in Collier County.

Exhibit HC41: HIV Diagnoses by Race, Ethnicity, and Sex, Count, 3-Year Rolling, Collier County, 2018-2020

Race, Ethnicity, & Sex	Count
Black Male	13
Black	15
Female	13
White	16
Male	10
White	2
Female	2
Hispanic	44
Male	7-7
Hispanic	3
Female	3
Non-	
Hispanic	29
Male	
Non-	
Hispanic	17
Female	



Source: Florida Department of Health, Bureau of Communicable Diseases





Older Population Health

For 2020 and 2010, most of the ten leading causes of death for seniors' years 65 and over are the same except for the number of COVID-19 deaths in 2020 and the unknown cancer types in 2010. The COVID-19 pandemic had a significant impact on the health in Collier County; it was the fifth leading cause of death for seniors. In 2020 the top three leading causes of death for seniors was cancer, heart disease, and cerebrovascular diseases. In 2010 the top three leading causes of death were heart disease, cancer, and chronic lower respiratory disease.

Exhibit HC42: The 10 Leading Causes of Death, 65 Years and Over, Collier County, 2010 and 2020

2020						
Leading Cause of Death	Number of Deaths	Percentage Distribution				
Cancer	755	24.2%				
Heart Disease	690	22.2%				
Cerebrovascular Diseases (Stroke)	486	15.6%				
COVID-19	269	8.6%				
Chronic Lower Respiratory Disease	137	4.4%				
Unintentional Injury	121	3.9%				
Alzheimer's Disease	113	3.6%				
Diabetes	76	2.4%				
Parkinson's Disease	66	2.1%				

2010						
Leading Cause of Death	Number of Deaths	Percentage Distribution				
Heart Disease	587	27.1				
Cancer	566	26.1				
Chronic Lower Respiratory Disease	174	8.0				
Cerebrovascular Disease (Stroke)	169	7.8				
Alzheimer's Disease	152	7.0				
Unintentional Injury	97	4.5				
Parkinson's Disease	44	2.0				
Diabetes	33	1.5				
In Situ, Benign, Uncertain and Unknown Behavior Neoplasms (Unknown Cancer Type)	33	1.5				

Source: Florida Department of Health, Bureau of Community Health assessment, Division of Public Health Statistics and Performance Management; FLHealthCHARTS – Death County Query System

Alzheimer's disease is the most common cause of dementia and can account for up to 80 percent of all cases. First identified over 100 years ago, research on its symptoms, causes, risk factors and treatment did not gain significant momentum until the last 30 years. Alzheimer's disease is usually diagnosed by a primary care physician utilizing the patient's medical and family history and any psychiatric, cognitive, and behavioral history. Neurological, physical, and cognitive examinations and tests are also conducted as part of the diagnosis process. The definitive cause of Alzheimer's remains unknown at this time, although it is widely accepted that as in other chronic diseases, multiple factors are involved in the development of the disease.

Advanced age is the predominant risk factor and correlates to the development of Alzheimer's; however, the disease is not a normal part of the aging process. The majority of persons with Alzheimer's





^{*}Other Causes of Death includes certain Other Intestinal Infections, Other & Unspecified Infectious/Parasitic Disease & Sequelae, Other Arteries, Arterioles, Capillaries Dis, Other Circulatory System Disorders, Unspec Acute Lower Respiratory Infection, Other Respiratory System Dis, Symptoms, Signs, Abnormal Clinical/Lab Findings, Firearms Discharge, Other & Unspecified Event & Sequelae, All Other Diseases (Residual)

disease are diagnosed at age 65 and above. The prevalence of the disease increases exponentially as age increases beyond 65 years. The number of residents of Collier County diagnosed with Alzheimer's and other dementias will increase yearly as the percentage of the population 65 years and over continues to grow. This number will intensify greatly through 2030 and 2040 as the "Baby Boomer" cohort matures. In Collier County, Alzheimer's disease was the sixth leading cause of death in the population 65 years of age and older in 2010, and in 2020 it was the eighth leading cause of death.

It is hard to know the actual number of people living with Alzheimer's disease, but below is an estimate of people in Collier County with Alzheimer's. It is predicted that in 2020 that 14 percent of the population 65 years and over in Collier County may be living with Alzheimer's disease, which is higher than the Florida average. Starting in 2017, the Collier County average surpassed the Florida average.

 14.5

 13.5

 13

 12.5

 12

 11.5

 10.5

Exhibit HC43: Probable Alzheimer's Cases (65+), Percentage of Population age 65+, Collier County and Florida, 2012-2020

Source: Estimated proportions of persons 65-74, 75-84, and 85+ with Alzheimer's Disease are provided by the Department of Elder Affairs. The proportions are multiplied by population estimates for the same groups from FLHealthCHARTS.com.

2016

Collier Florida

2017

2018

2019

2020

2015

Over the past ten years, the death rate from Alzheimer's disease has drastically declined from 24.1 per 100,000 to 10.1 per 100,000 in Collier County. However, 2013 was the deadliest year for Alzheimer's deaths in Collier County. From 2010 to 2014 and 2016 to 2017, Collier County had a higher Alzheimer's death rate than Florida.



10

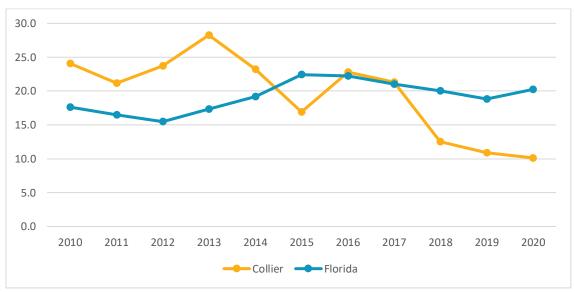
2012

2013

2014



Exhibit HC44: Age-Adjusted Deaths from Alzheimer's Disease, Rate per 100,000 Population, Collier County and Florida, 2010-2020

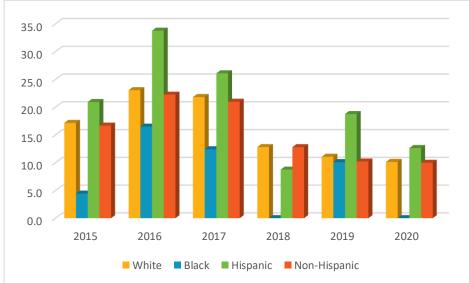


Source: Florida Department of Health, Bureau of Vital Statistics

In Collier County, Hispanics have a higher Alzheimer's death rate when compared to other races and ethnicities in the past five years, except for 2018. In 2018 white and non-Hispanic people had the highest death rate. Black people in Collier County consistently had the lowest Alzheimer's death rate.

Exhibit HC45: Age-Adjusted Deaths from Alzheimer's Disease by Race, Rate per 100,000 Population, Collier County and Florida, 2015-2020

Year	White	Black	Hispanic	Non- Hispanic
2015	17.2	4.4	20.9	16.7
2016	23.0	16.5	33.8	22.2
2017	21.8	12.4	26.1	21.0
2018	12.8	0.0	8.7	12.8
2019	11.1	10.1	18.7	10.2
2020	10.1	0.0	12.6	10.0



Source: Florida Department of Health, Bureau of Vital Statistics

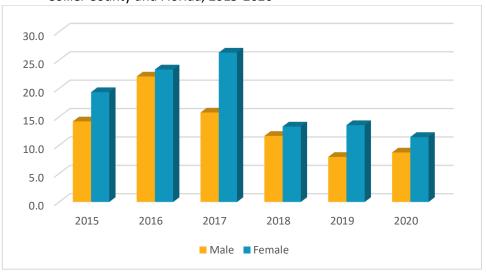




Females in Collier County consistently had a higher Alzheimer's death rate compared to males from 2015 to 2020.

Exhibit HC46: Age-Adjusted Deaths from Alzheimer's Disease by Sex, Rate per 100,000 Population, Collier County and Florida, 2015-2020

Year	Male	Female
2015	14.2	19.3
2016	22.1	23.3
2017	15.8	26.3
2018	11.6	13.3
2019	7.9	13.5
2020	8.7	11.4



Source: Florida Department of Health, Bureau of Vital Statistics





Health Behaviors

Health Behaviors Key Findings*

- ** There has been a significant increase in the percentage of adults in Collier County who reported being overweight between 2013 and 2019. In 2019 about 41 percent of adults were considered overweight, this is higher than the Florida average (41% Collier vs. 38% Florida).
- There has been an increase in the percentage of adults in Collier County who reported being obese between 2013 and 2019. In 2019 about 23 percent of adults were considered obese; this was lower than the Florida average (23% Collier vs. 27% Florida).
- There has been a decrease in the percentage of adults who reported being current smokers between 2013 and 2019. In 2019 about 12 percent of adults who are current smokers was lower than the Florida average (12% Collier vs. 15% Florida).
- In 2019 about 18 percent of adults in Collier County reported that they engaged in heavy or binge drinking; this was the same as the Florida average (18% Collier vs. 18% Florida).
- The percentage of middle and high school students in Collier County who reported consuming alcohol in the past 30 days has decreased significantly over the past ten years (29.2% 2010 to 14.5% 2020). In addition, Collier County high school students saw a continuous decrease in its students' consuming alcohol from 2010 to 2020.
- * From 2012 to 2018 the percentage of middle and high school students in Collier County who reported using marijuana or hashish decreased; however, there was a small increase from 2018 to 2020.
- More people in Collier County died from unintentional injuries than any other types of fatal injuries in 2020. The 85 and older age group had the highest unintentional injury fatalities, followed by the 25 to 34 age group.
- * The top three fatal injury mechanisms for Collier County in 2020 were falls, poisoning, and firearms. Poisoning does include drug overdoses. Poisoning has a significantly higher ageadjusted rate of fatal injuries than falls because it impacts more young people than falls.
- From 2018 to 2020, there was a drastic increase in drug poisoning deaths in Collier County (19.3 2018, 29.5 2020). Starting in 2017, there was a decrease in the rate of deaths from falls. There was an increase in deaths from firearms in Collier County from 2018 to 2020.
- Between 2015-2017 and 2018-2020, Collier County has seen an increase in the rate of women 15-34 with sexually transmitted diseases and the percentage of births to mothers who were overweight at the time pregnancy occurred. There was also an increase in the percentage of mothers in Collier County who initiate breastfeeding.
- ** The birth rate in Collier County has been lower than the Florida average every year from 2011 through 2020. Both the rate in Collier County and the rate in Florida have been declining.
- ** Between 2016 and 2020, the birth rate in Collier County has been higher among the black and Hispanic populations than among the white and non-Hispanic populations. The rate has declined among each of the population groups across this period.
- The rate of births to mothers aged 15-19 significantly declined in both Collier County and Florida between 2011 and 2019. However, there was an increase in Collier County in 2020 while the Florida rate continued to decline.
- The infant mortality rate in Collier County fell between 2017 and 2020; it is lower than the rate for Florida (1.6 Collier vs. 5.8 Florida in 2020).





- From 2016 to 2020, there was a decrease in preventable emergency room visits from dental conditions in Collier County (443.2 2016, 241.5 2020). Collier County in the past decade consistently had fewer people visit the emergency room for dental conditions than the Florida average.
- ★ Between 2013 and 201, there was a significant increase in the percentage of adults in Collier County who reported having poor mental health on 14 or more of the past 30 days. In 2019 about 41 percent of adults reported having poor mental health on 14 or more of the past 30 days; this is higher than the Florida average (41% Collier vs. 38% Florida).
- In Collier County in 2020, most of the hospitalizations for mental and behavioral health disorders were for drug and alcohol-induced mental disorders, while eating disorders had the smallest percentage. When compared to the Florida average, Collier County experienced a significantly higher rate of hospitalizations for drug and alcohol-induced mental disorders in 2020 (372.9 Collier vs. 166.9 Florida) and a significantly lower rate for mood and depressive disorders (233.1 Collier vs. 430.3 Florida) and schizophrenic disorders (80.5 Collier vs. 235.7 Florida). It should be noted that the availability of services can greatly impact the number of hospitalizations.
- We over the past decade there was an increase in suicide deaths in Collier County (9.8 2011 vs. 15.8 2020). 2014 saw the lowest rate of suicide deaths, 9.6 per 100,000, while 2020 had the highest suicide death rate (15.8 per 100,000). Collier County had a higher suicide death rate than Florida in 2012, 2017, and 2020.

*All sources and further details for the selected findings can be found in the relevant section of the Collier County CHA

Overweight and Obese

The table below shows adults in Collier County who reported being overweight in 2013, 2016, and 2019. Overall, during this period there's been a significant increase in the percentage of adults who reported being overweight. In 2019 about 41 percent of adults were considered overweight, this is higher than the Florida average (41% Collier vs. 38% Florida). In addition to the overall snapshot, the data is presented using various demographic cuts: race and ethnicity, sex, age group, marital status, educational level, and annual income.

In 2019, all races/ethnicities in Collier County had a higher percentage of overweight adults compared to the Florida average. When compared to other races/ethnicities in Collier County non-Hispanic blacks had a higher percentage of adults who were overweight. When compared to women, men consistently had a higher percentage of overweight adults in Collier County. In 2019, the 45 to 64 and 65 and older age groups in Collier County had a higher percentage of overweight adults than the Florida average.

The 45 to 64 age group in Collier County consistently had the highest percentage of overweight adults compared to the other age groups in 2019. Slightly over 50 percent of adults in Collier County with a high school/GED education were overweight; this is significantly higher than those with less/more than a high school education in 2019. In Collier County and Florida, in 2019, those making less than \$25,000 a year had a smaller percentage of overweight adults.





Exhibit HB1: Adults Who are Overweight, Collier County and Florida, 2013, 2016, and 2019

			Collier		Florida			
	2013	2016	2019	Trend	2019			
Overall	33.0%	37.2%	40.8%		37.6%			
Race and Ethnicity	Race and Ethnicity							
Non-Hispanic White	36.3%	36.2%	39.0%		37.8%			
Non-Hispanic Black*		43.4%	51.5%		35.1%			
Hispanic	23.8%	38.3%	41.2%		39.1%			
Sex								
Men	44.8%	44.1%	48.8%		42.6%			
Women	20.7%	29.2%	32.5%		32.5%			
Age Group								
Ages 18-44	32.1%	31.8%	33.6%		35.5%			
Ages 45-64	28.4%	41.1%	45.6%		39.2%			
Ages 65 and Older	38.1%	39.4%	41.7%		39.2%			
Marital Status								
Married/Couple	37.5%	34.9%	41.9%		40.2%			
Not Married/Couple	26.0%	39.8%	39.3%		34.7%			
Education Level								
Less Than High School*		34.7%	37.7%		36.7%			
High School/GED	29.7%	35.7%	52.2%		37.1%			
More Than High School	35.1%	38.4%	36.0%		38.25			
Annual Income								
<\$25,000	33.1%	34.3%	34.7%		34.75			
\$25,000 - \$49,999	24.2%	40.9%	41.7%		35.3%			
\$50,000 or More	36.6%	41.1%	40.9%		42.4%			

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.





^{*}For 2013 no data was available, the blank box is intentional

The table below shows adults in Collier County who reported being obese in 2013, 2016, and 2019. Overall, during this period there's been an increase in the percentage of adults who reported being obese. In 2019 about 23 percent of adults were considered obese; this was lower than the Florida average (23% Collier vs. 27% Florida). In addition to the overall snapshot, the data is presented using various demographic cuts: race and ethnicity, sex, age group, marital status, educational level, and annual income.

The non-Hispanic white population of adults in Collier County consistently had a smaller percentage of adults who were obese; this population saw an increase in the percentage of obese adults. Women in Collier County consistently had a smaller percentage of obesity than the Florida average for women in 2019. In 2019 the age group with the largest percentage of adults who were obese in Collier County was those 18 to 44; in Florida, it was those 45 to 64.

From 2013 to 2019 the percentage of adults who were obese in Collier County increased among married/couple. Compared to not married/couple adults in Collier County married/couple adults had a higher percentage of being obese. In both Collier County and Florida from 2013 to 2019 adults making \$50,000 or more annually had a smaller percentage of being obese compared to adults making less than \$25,000 and \$25,000 to \$49,999 a year.





Exhibit HB2: Adults Who are Obese, Collier County and Florida, 2013, 2016, and 2019

	Collier				Florida	
	2013	2016	2019	Trend	2019	
Overall	20.8%	21.3%	23.1%		27.0%	
Race and Ethnicity						
Non-Hispanic White	16.0%	18.2%	20.0%		25.4%	
Non-Hispanic Black*		26.8%	33.1%		35.0%	
Hispanic	34.8%	26.9%	32.0%		28.2%	
Sex						
Men	23.2%	22.4%	26.2%		26.9%	
Women	18.4%	19.9%	19.9%		27.2%	
Age Group						
Ages 18-44	19.5%	23.2%	33.1%		22.1%	
Ages 45-64	21.7%	24.5%	20.4%		32.6%	
Ages 65 and Older	21.4%	14.3%	18.6%		27.6%	
Marital Status						
Married/Couple	21.7%	22.9%	24.6%		26.6%	
Not Married/Couple	19.8%	19.5%	20.9%		27.5%	
Education Level						
Less Than High School*		35.2%	30.1%		28.9%	
High School/GED	27.6%	25.1%	19.6%		30.3%	
More Than High School	15.3%	16.0%	23.7%		25.1%	
Annual Income	Annual Income					
<\$25,000	27.8%	29.0%	26.5%		30.3%	
\$25,000 - \$49,999	28.1%	22.6%	26.5%		29.8%	
\$50,000 or More	17.5%	16.6%	21.0%		25.0%	

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.





^{*}For 2013 no data was available, the blank box is intentional

Tobacco Use

The table below shows adults in Collier County who reported that they currently smoked in 2013, 2016, and 2019. Overall, during this period there's been a decrease in the percentage of adults who reported being current smokers. In 2019 about 12 percent of adults who are current smokers was lower than the Florida average (12% Collier vs. 15% Florida). In addition to the overall snapshot, the data is presented using various demographic cuts: race and ethnicity, sex, age group, marital status, educational level, and annual income.

When compared to other races/ethnicities, non-Hispanic blacks had the smallest percentage of adults who are current smokers in Collier County. From 2013 to 2016, there was a drastic decrease in the percentage of Hispanic adult smokers, going from 21.7 percent to 8.2 percent. In 2019 the non-Hispanic white population had the largest percentage of adults who are current smokers in Collier County. In both Collier County and Florida, men had a higher percentage of adults who are current smokers when compared to women.

In both Collier County and Florida, individuals between the ages of 45 and 64 are most likely to be current smokers. In Collier County, individuals over the age of 65 are the least likely to report that they are current smokers. Adults in Collier County between the ages of 45 and 65 have the highest percentage of current smokers. Between 2013 and 2019 in Collier County, adults not married/in a couple have consistently had a higher percentage of current smokers.

In 2019, adults with less than a high school education or a high school education in Collier County were twice as likely to be current smokers than adults with more than a high school education. In Collier County and Florida, adults who have higher incomes consistently report lower percentages of current smokers than adults with lower incomes. In 2019, more than four times as many adults in Collier County with incomes below \$25,000 reported being current smokers than those with incomes of \$50,000 or more.





Exhibit HB3: Adults Who are Current Smokers, Collier County and Florida, 2013, 2016, and 2019

	Collier			Florida	
	2013	2016	2019	Trend	2019
Overall	13.9%	9.2%	11.7%		14.8%
Race and Ethnicity					
Non-Hispanic White	11.4%	10.1%	12.9%		16.4%
Non-Hispanic Black*		8.0%	6.3%		12.4%
Hispanic	21.7%	8.2%	8.5%		12.6%
Sex					
Men	19.4%	12.2%	12.2%		15.7%
Women	8.7%	6.1%	11.2%		13.9%
Age Group					
Ages 18-44	17.9%	10.1%	13.1%		15.0%
Ages 45-64	22.4%	11.5%	13.5%		19.6%
Ages 65 and Older	2.4%	4.8%	8.8%		9.3%
Marital Status					
Married/Couple	7.2%	8.0%	8.3%		11.3%
Not Married/Couple	23.9%	10.6%	16.4%		18.9%
Education Level					
Less Than High School	32.9%	6.8%	15.0%		23.6%
High School/GED	15.3%	13.9%	18.8%		20.0%
More Than High School	7.6%	7.6%	7.8%		10.2%
Annual Income					
<\$25,000	26.4%	13.5%	20.3%		23.4%
\$25,000 - \$49,999	18.1%	9.5%	14.0%		17.9%
\$50,000 or More	7.5%	7.7%	4.9%		9.9%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.





^{*}For 2013 no data was available, the blank box is intentional

The table below shows adults in Collier County who reported being former smokers in 2013, 2016, and 2019. Overall, during this period there's been a decrease in the percentage of adults who reported being former smokers. In 2019 about 30 percent of adults who are former smokers was significantly higher than the Florida average (30% Collier vs. 26% Florida). In addition to the overall snapshot, the data is presented using various demographic cuts: race and ethnicity, sex, age group, marital status, educational level, and annual income.

In both Collier County and Florida, non-Hispanic white adults have the highest percentage of former smokers, and non-Hispanic black adults have the lowest percentage of former smokers. In Collier County and Florida, a higher percentage of men than women are former smokers. In 2019, the percentage of former smokers among men was similar in Collier County and Florida; the percentage of former smokers among women is higher in Collier County than in Florida (29.6% Collier vs. 23.3% Florida).

Across time in Collier County, the lowest percentages of former smokers are found among those 18-44 and the highest percentages of former smokers are in those aged 65 and older. In Collier County and Florida, a higher percentage of adults who are married/in a couple than those who are not married/in a couple are former smokers. In Collier County, a higher percentage of adults who were married in a couple or not married/in a couple stated that they were former smokers in 2013 than in 2016 or 2019.

From 2013-2019, the highest percentages of former smokers in Collier County were among adults with more than a high school education and the lowest percentages of former smokers were among those with less than a high school education. In Collier County, adults with higher annual income reported being former smokers at higher percentages than those with annual income levels in 2013-2019. In Florida, the percentages were more similar among the various income levels and did not show as clear a pattern.





Exhibit HB4: Adults Who are Former Smokers, Collier County and Florida, 2013, 2016, and 2019

	Collier				Florida
	2013	2016	2019	Trend	2019
Overall	36.3%	25.6%	29.7%		26.3%
Race and Ethnicity					
Non-Hispanic White	43.8%	35.5%	39.7%		33.9%
Non-Hispanic Black*		7.2%	8.4%		14.2%
Hispanic	20.5%	14.3%	9.0%		17.0%
Sex					
Men	44.8%	28.9%	29.8%		29.5%
Women	28.2%	22.1%	29.6%		23.3%
Age Group					
Ages 18-44	19.1%	12.0%	10.4%		14.4%
Ages 45-64	35.7%	26.0%	24.1%		27.7%
Ages 65 and Older	52.6%	45.5%	48.7%		42.8%
Marital Status					
Married/Couple	43.0%	28.2%	35.5%		29.6%
Not Married/Couple	27.4%	22.2%	21.8%		22.4%
Education Level					
Less Than High School	14.1%	11.9%	13.0%		24.2%
High School/GED	38.3%	27.9%	25.6%		27.8%
More Than High School	42.2%	28.9%	35.4%		26.1%
Annual Income					
<\$25,000	22.9%	18.6%	20.4%		24.1%
\$25,000 - \$49,999	30.7%	23.6%	24.1%		29.0%
\$50,000 or More	45.0%	36.3%	35.7%		27.8%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

^{*}For 2013 no data was available, the blank box is intentional





The table below shows adults in Collier County who reported using e-cigarettes in 2013, 2016, and 2019. Overall, during this period there's been an increase in the percentage of adults who reported using e-cigarettes. In 2019 about 3 percent of adults who use e-cigarettes was significantly lower than the Florida average (3% Collier vs. 8% Florida). In addition to the overall snapshot, the data is presented using various demographic cuts: race and ethnicity, sex, age group, marital status, educational level, and annual income. The usage of e-cigarettes was not tracked as a part of the Behavioral Risk Factors Surveillance System (BRFSS) in 2013, so data is only available for 2016 and 2019.

In Collier County in 2019, a higher percentage of non-Hispanic black adults used E-cigarettes than the other race/ethnicity groups; however, the percentage for each group is under five percent. In Florida, non-Hispanic white adults report using e-cigarettes at a higher percentage than the other race/ethnicity groups. The largest increase in e-cigarette use between 2016 and 2019 in Collier County was among non-Hispanic black individuals; the percentage increased from 0.0 percent in 2016 to 4.4 percent in 2019.

In Collier County and Florida, a higher percentage of men than women reported that they currently use e-cigarettes. Men and women in Collier County currently use e-cigarettes at a lower percentage than the Florida average. Women in Collier County showed a higher percentage increase between 2016 and 2019. In Collier County and Florida, adults between the ages of 18 and 44 e-cigarettes at higher rates than older adults. Only 0.1 percent of adults over the age of 65 in Collier County reported using e-cigarettes in 2019.

In Collier County and Florida, a higher percentage of adults who are not married or in a couple use ecigarettes than those who are married or in a couple. In Collier County, there was an increase in the percentage of adults who use e-cigarettes between 2016 and 2019 among those who are married/in a couple or not married/in a couple. In 2019, adults in Collier County with less than a high school education were slightly more likely to use e-cigarettes than those with a high school education and those with more than a high school education, although the differences were less than one percent.

In Collier County, a higher percentage of adults with an annual income of less than \$25,000 currently use e-cigarettes than those with higher incomes. In Florida for 2019, the trend was the opposite; the highest percentage of current users of e-cigarettes are among those with incomes of \$50,000 or more.





Exhibit HB5: Adults Who Currently Use E-Cigarettes, Collier County and Florida 2016, and 2019

		Collier		Florida
	2016	2019	Trend	2019
Overall	2.4%	3.4%		7.5%
Race and Ethnicity				
Non-Hispanic White	3.4%	3.3%		8.6%
Non-Hispanic Black	0.0%	4.4%		4.0%
Hispanic	1.5%	2.4%		6.3%
Sex				
Men	3.3%	3.8%		8.4%
Women	1.5%	3.0%		6.7%
Age Group				
Ages 18-44	3.4%	7.0%		13.2%
Ages 45-64	3.0%	4.0%		5.9%
Ages 65 and Older	0.3%	0.1%		1.7%
Marital Status				
Married/Couple	1.6%	2.5%		6.1%
Not Married/Couple	3.7%	4.4%		9.1%
Education Level				
Less Than High School	0.9%	3.9%		7.0%
High School/GED	2.6%	3.3%		7.5%
More Than High School	2.9%	3.2%		7.6%
Annual Income				
<\$25,000	4.3%	4.1%		5.9%
\$25,000 - \$49,999	1.8%	3.1%		5.9%
\$50,000 or More	2.7%	2.9%		8.6%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.





Alcohol Use

The table below shows adults in Collier County who reported engaging in heavy or binge drinking in 2013, 2016, and 2019. In 2019 about 18 percent of adults who engaged in heavy or binge drinking was the same as the Florida average (18% Collier vs. 18% Florida). In addition to the overall snapshot, the data is presented using various demographic cuts: race and ethnicity, sex, age group, marital status, educational level, and annual income.

In Collier County and Florida, the race/ethnic group with the lowest percentage of adults who engage in heavy or binge drinking is the non-Hispanic black population, and the race/ethnic group with the highest percentage of adults who engage in heavy or binge drinking is the non-Hispanic white population. However, between 2016 and 2019, the percentage of non-Hispanic black and Hispanic adults who engage in heavy or binge drinking increased while the percentage among non-Hispanic white adults decreased slightly.

In Collier County and Florida, a higher percentage of men than women engage in heavy or binge drinking. In the 18-to-44-year age group, Collier County had a smaller percentage of adults who engaged in heavy or binge drinking compared to the Florida average, but those who were 65 and older in Collier County had a higher percentage than Florida. From 2013 to 2019, there was an increase in the percentage of married/coupled adults who engaged in heavy or binge drinking in Collier County.

2019 was the highest year for adults who were married/coupled that engaged in heavy or binge drinking. In 2019, adults in Collier County with a High School education engaged in heavy or binge drinking more than the Florida average while a lower percentage of those with less than a high school education engaged in heavy or binge drinking than the Florida average. Those with less than a high school education have the lowest percentage who engage in heavy or binge drinking. In 2016 and 2019, Collier County had a lower percentage of adults who made \$25,000 to \$49,999 annually who engaged in heavy or binge drinking than the Florida average. For those with higher and lower annual incomes in 2019, the percentage in Collier County was higher than the Florida average.





Exhibit HB6: Adults Who Engage in Heavy or Binge Drinking, Collier County and Florida, 2013, 2016, and 2019

			Collier		Florida
	2013	2016	2019	Trend	2019
Overall	18.1%	16.4%	18.4%		18.0%
Race and Ethnicity					
Non-Hispanic White	15.4%	20.6%	20.2%		19.8%
Non-Hispanic Black*		3.8%	8.3%		14.3%
Hispanic	27.2%	19.6%	16.1%		17.1%
Sex					
Men	22.0%	18.9%	22.1%		21.2%
Women	14.5%	14.0%	15.0%		15.1%
Age Group					
Ages 18-44	24.1%	16.2%	24.2%		24.5%
Ages 45-64	22.0%	17.9%	15.3%		17.9%
Ages 65 and Older	9.8%	14.7%	16.0%		9.1%
Marital Status			l		
Married/Couple	14.6%	16.8%	17.7%		16.3%
Not Married/Couple	23.6%	15.4%	19.3%		20.2%
Education Level					
Less Than High School*		11.2%	8.8%		12.4%
High School/GED	20.0%	16.7%	19.9%		17.3%
More Than High School	15.5%	18.2%	19.9%		19.6%
Annual Income					
<\$25,000	24.0%	11.8%	18.2%		15.7%
\$25,000 - \$49,999	14.4%	17.7%	11.6%		18.1%
\$50,000 or More	17.2%	22.0%	21.6%		22.4%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

^{*}For 2013 no data was available, the blank box is intentional





Florida Youth Substance Abuse Survey (FYSAS)

Florida Youth Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida Departments of Health, the Department of Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is based on the "Communities That Care" survey, which measures the prevalence and frequency of drug use, the prevalence and frequency of other antisocial behaviors, and the degree to which risk and protective factors exist that can predict alcohol, tobacco, and other drug use, delinquency, gang involvement, and other problem behaviors in adolescents.

The FYSAS was administered to students in grades 6 through 12 in the spring of 2020 (prior to schools transferring to at-home learning due to the COVID-19 pandemic). In Collier County, 1,196 students completed the survey (644 middle school students, 552 high school students).

The percentage of middle and high school students in Collier County who reported consuming alcohol in the past 30 days has decreased significantly over the past ten years (29.2% 2010 to 14.5% 2020). In addition, Collier County high school students saw a continuous decrease in its students' consuming alcohol from 2010 to 2020.

45
40
35
30
25
20
15
10
5
0
Middle School
High School
Overall

Collier 2010 Collier 2012 Collier 2014 Collier 2016 Collier 2018 Collier 2020 Florida 2020

Exhibit HB7: Past 30-Day Alcohol Use, Collier County 2010-2020, Florida Statewide 2020

	Collier	Collier	Collier	Collier	Collier	Collier	Florida
	2010	2012	2014	2016	2018	2020	2020
Middle School	13.9%	14.8%	7.3%	7.3%	8.4%	7.9%	8.2%
High School	41.7%	36.4%	29.6%	29.4%	20.5%	19.5%	19.9%
Overall	29.9%	27.2%	20.2%	19.9%	15.2%	14.5%	14.8%

Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families





Among high school and middle school students in Collier County the percentage who reported cigarette use in the past 30 days has significantly decreased in the past decade (8.3% 2010, 0.9% 2020). In 2016 and 2020, less than 0.3 percent of middle school students in Collier County reported cigarette use in the past 30 days.

14
12
10
8
6
4
2
0
Middle School
High School
Overall

Collier 2010 Collier 2012 Collier 2014 Collier 2016 Collier 2018 Collier 2020 Florida 2020

Exhibit HB8: Past 30-Day Cigarette Use, Collier County 2010-2020, Florida Statewide 2020

	Collier	Collier	Collier	Collier	Collier	Collier	Florida
	2010	2012	2014	2016	2018	2020	2020
Middle	2.9%	3.2%	1.1%	0.1%	1.0%	0.2%	1.1%
School	2.976	3.270	1.1/0	0.176	1.076	0.276	1.170
High	12.2%	10.9%	7.3%	4.8%	2.8%	1.5%	2.4%
School	12.270	10.576	7.570	4.070	2.676	1.576	2.470
Overall	8.3%	7.6%	4.7%	2.8%	2.0%	0.9%	1.8%

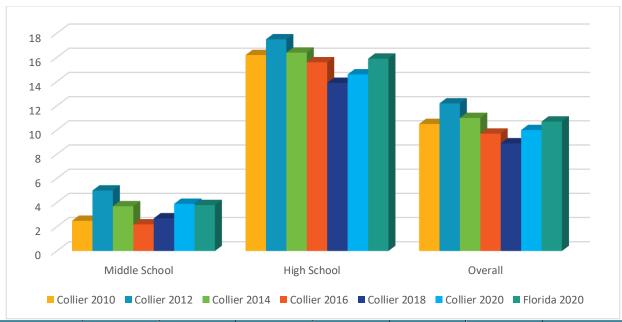
Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

From 2012 to 2018 the percentage of middle and high school students in Collier County who reported using marijuana or hashish decreased; however, there was a small increase from 2018 to 2020.





Exhibit HB9: Past 30-Day Marijuana or Hashish Use, Collier County 2010-2020, Florida Statewide 2020



	Collier	Collier	Collier	Collier	Collier	Collier	Florida
	2010	2012	2014	2016	2018	2020	2020
Middle	2.5%	5.0%	3.7%	2.2%	2.7%	3.9%	3.8%
School	2.570	3.070	3.770	2.270	2.770	3.570	3.070
High	16.2%	17.5%	16.4%	15.6%	13.9%	14.6%	15.9%
School	10.270	17.570	10.470	15.070	13.570	14.070	13.570
Overall	10.5%	12.2%	11.0%	9.7%	8.9%	10.0%	10.7%

Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families

In 2016 the FYSAS started tracking vaporizer (vaping)/e-cigarette use among middle and high school students. In 2020, the vaping category was broken into two, vaping nicotine and vaping marijuana. There is likely is overlap between nicotine and marijuana users. From 2016 to 2018 there was a significant increase in middle and high school students who used a vape/e-cigarette in the past 30 days. In 2020 Collier County students reported using nicotine e-cigarettes less than the Florida average but had slightly higher use of vaping marijuana.





18
16
14
12
10
8
6
4
2
0
Combined Vaping Use Vaping Nicotine Vaping Marijuana

Collier 2016 Collier 2018 Collier 2020 Florida 2020

Exhibit HB10: Past 30-Day Vaping/E-Cigarette Use, Collier County 2010-2020, Florida Statewide 2020

	Collier 2016	Collier 2018	Collier 2020	Florida 2020
Combined Vaping	11.9%	16.3%		
Use	11.970	10.5%		
Vaping Nicotine			9.7%	11.4%
Vaping Marijuana			7.6%	7.3%

Source: Florida Youth Substance Abuse Survey (2020), Florida Department of Children and Families Where there are blanks, there was no data collected in that data category and year

Injury Mortality

Injuries affect the entire population regardless of gender, ethnicity, race, or socioeconomic status. Injuries remain a leading cause of death for residents of all ages in Collier County and Florida. While injuries impose a heavy burden on all communities in terms of mortality and morbidity their impact also creates a large economic burden on society.

The risk of mortality due to an injury will vary by age, gender, and the external cause of the injury. For example, males have significantly higher death rates from injuries than those for females in any age group, while the elderly have the highest injury fatality rates.

All these causes of injuries are theoretically preventable, therefore granting the opportunity and challenge to reduce Years of Potential Life Lost and increase life expectancy at various ages.

More people in Collier County died from unintentional injuries than any other types of fatal injuries in 2020. The 85 and older age group had the highest unintentional injury fatalities, followed by the 25 to 34 age group.





Exhibit HB11: Total Fatal Injuries by Intent and Age Group, Collier County and Florida, 2020

Intent	<4	5-9	10- 14	15- 19	20- 24	25- 34	35- 44	45- 54	55- 64	65- 74	75- 84	85+	County Age Adj Rate	Florida Age Adj Rate
Homicide	0	1	0	0	1	0	2	0	2	1	0	0	2.1	7.7
Suicide	0	0	1	4	2	8	7	14	6	5	7	6	15.76	13.1
Undetermined	0	0	0	0	0	1	0	0	0	0	0	0	0.37	0.64
Unintentional	0	1	1	0	9	37	27	25	23	16	33	72	52.21	67.38

Source: Florida Department of Health, Bureau of Vital Statistics; Profile of Fatal Injuries Rates are per 100,000.

The top three fatal injury mechanisms for Collier County in 2020 were falls, poisoning, and firearms. Poisoning does include drug overdoses. Poisoning has a significantly higher age-adjusted rate of fatal injuries than falls because it impacts more young people than falls.

Exhibit HB12: Total Fatal Injuries by Mechanism, Collier County and Florida, 2020

Mechanism	All Ages	County Age Adj Rate	Florida Age Adj Rate
Fall	96	8.71	11.11
Poisoning	90	29.8	35.96
Firearm	39	10.64	13.72
Suffocation	24	5.61	5.14
Drowning, Submersion (includes water transport)	12	2.98	2.38
Motor Vehicle Traffic - Occupant	12	4.12	7.56
Motor Vehicle Traffic - Motorcyclist	9	2.41	2.77
Transport, Other	7	1.67	0.57
Motor Vehicle Traffic - Other, Unspecified	6	1.91	1.39
Unspecified	5	0.45	1.47
Motor Vehicle Traffic - Pedalcyclist	3	0.37	0.62
Cut, Pierce	2	0.6	0.85
Motor Vehicle Traffic - Pedestrian	2	0.19	2.92
Other Specified & NEC	2	0.25	0.55
Fire, Flame	1	0.38	0.5
Natural, Environmental	1	0.17	0.23
Pedalcyclist, Other	1	0.17	0.15

Source: Florida Department of Health, Bureau of Vital Statistics; Profile of Fatal Injuries Rates are per 100,000

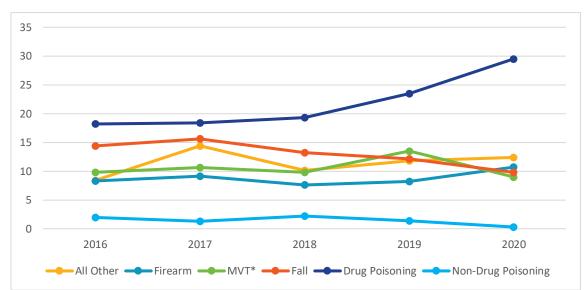
Unspecified refers to injuries for which the underlying or precipitating cause is not adequately documented (i.e., on the death certificate)





In Collier County, drug poisonings were responsible for fatal injuries at a higher age-adjusted rate than the other causes, while non-drug poisoning was responsible for fewer deaths. From 2018 to 2020, there was a drastic increase in drug poisoning deaths in Collier County (19.3 2018, 29.5 2020). Starting in 2017, there was a decrease in the rate of deaths from falls. There was an increase in deaths from firearms in Collier County from 2018 to 2020.

Exhibit HB13: Leading Cause of Fatal Injury by Mechanism, Age-adjusted Death Rate, Rate per 100,00 Population, Collier County, 2016-2020



Year	All Other	Firearm	MVT*	Fall	Drug Poisoning	Non-Drug Poisoning
2016	8.4	8.3	9.8	14.4	18.2	2.0
2017	14.4	9.1	10.6	15.6	18.4	1.3
2018	10.1	7.6	9.8	13.2	19.3	2.2
2019	11.8	8.2	13.5	12.1	23.5	1.4
2020	12.4	10.7	9.0	9.8	29.5	0.3

Source: Florida Department of Health, Bureau of Vital Statistics; Leading Causes of Fatal Injury Profile

Unintentional Injury

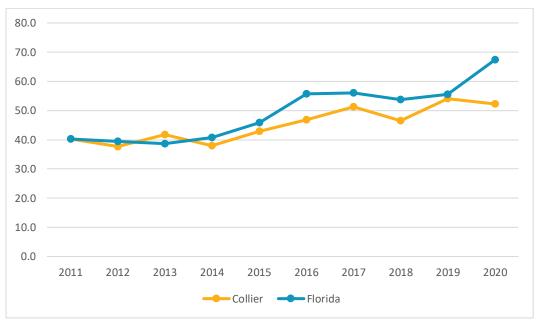
Unintentional injuries are not intended to harm oneself or intentionally cause harm to another person. From 2014 to 2017, there was a decrease in deaths from unintentional injuries, but overall, there was an increase in the death rate from unintentional injuries over the past ten years. In 2013 Collier County's unintentional injury death rate was slightly higher than the Florida average. The unintentional injury death rate in 2020 in Collier County was significantly less than in the state of Florida (52.2 Collier vs. 67.4 Florida).





^{*}Motor Vehicle Traffic

Exhibit HB14: Age-adjusted Deaths from Unintentional Injury, Rate per 100,000 Population, Collier County and Florida, 2011-2020

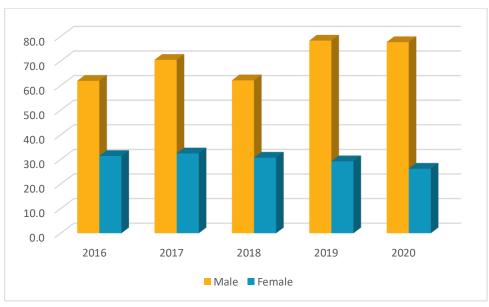


Source: Florida Department of Health, Bureau of Vital Statistics

From 2016 to 2020, males had a higher death rate than females from unintentional injuries. There has been a decrease in the deaths from unintentional injuries over the past five years among Collier County females.

Exhibit HB15: Age-adjust Deaths from Unintentional Injury by Sex, Rate per 100,000 Population, Collier County, 2016-2020

Year	Male	Female
2016	62.0	31.4
2017	70.5	32.4
2018	62.1	30.7
2019	78.3	29.2
2020	77.7	26.2



Source: Florida Department of Health, Bureau of Vital Statistics

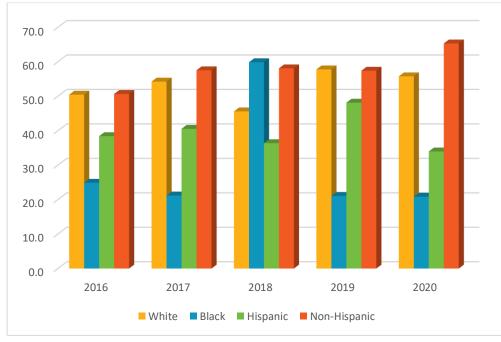




In the table below, whites and non-Hispanics had the highest unintentional injury death rate yearly, except in 2018, when the black population had the highest death rate in Collier County. There was a decrease in unintentional injury deaths in Collier County among the black population from 2018 to 2020.

Exhibit HB16: Age-adjust Deaths from Unintentional Injury by Sex, Rate per 100,000 Population, Collier County, 2016-2020

Year	White	Black	Hispanic	Non- Hispanic
2016	50.5	24.9	38.4	50.7
2017	54.2	21.2	40.5	57.5
2018	45.6	59.9	36.4	58.1
2019	57.8	21.1	48.1	57.4
2020	55.8	20.9	34.0	65.3



Source: Florida Department of Health, Bureau of Vital Statistics

Falls, poisoning, and motor vehicle traffic – occupants were the top three leading causes of unintentional injury deaths in Collier County in 2020. Unintentional fatal injuries from poisoning include overdose deaths, which have a higher impact among those under the age of 40.

Exhibit HB17: Unintentional Fatal Injuries by Mechanism, Collier County and Florida, 2020

Mechanism	All Ages	County Age Adj Rate	Florida Age Adj Rate
Fall	95	8.63	10.81
Poisoning	87	28.94	33.89
Motor Vehicle Traffic - Occupant	12	4.12	7.56
Drowning, Submersion (includes water transport)	11	2.61	2.18
Motor Vehicle Traffic - Motorcyclist	9	2.41	2.77
Suffocation	7	1.14	1.65
Motor Vehicle Traffic - Other, Unspecified	6	1.91	1.39
Transport, Other	6	1.23	0.51
Motor Vehicle Traffic - Pedalcyclist	3	0.37	0.62





Mechanism	All Ages	County Age Adj Rate	Florida Age Adj Rate
Unspecified	3	0.25	0.93
Motor Vehicle Traffic - Pedestrian	2	0.19	2.92
Natural, Environmental	1	0.17	0.23
Other Specified & NEC	1	0.08	0.27
Pedalcyclist, Other	1	0.17	0.15

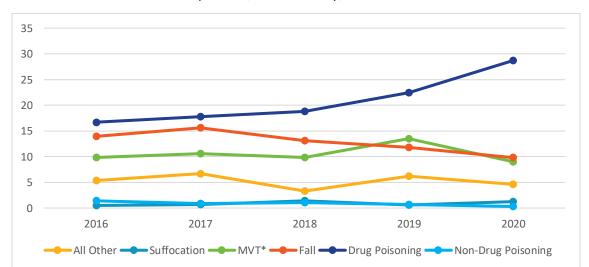
Source: Florida Department of Health, Bureau of Vital Statistics; Profile of Fatal Injuries

Rates are per 100,000

Unspecified refers to injuries for which the underlying or precipitating cause is not adequately documented (i.e., on the death certificate)

Drug poisonings were responsible for the largest percentage of the fatal unintentional injuries in Collier County from 2016 to 2020. Over the past five years the death rate from drug poisonings has increased significantly in Collier County. The death rate from unintentional fall injuries decreased from 2017 to 2020.

Exhibit HB18: Leading Causes of Fatal Unintentional Injury, Age-adjusted Death Rate, Rate per 100,000 Population, Collier County, 2016-2020



Year	All Other	Suffocation	MVT*	Fall	Drug Poisoning	Non-Drug Poisoning
2016	5.4	0.5	9.8	13.9	16.7	1.4
2017	6.7	0.7	10.6	15.6	17.8	0.9
2018	3.3	1.4	9.8	13.1	18.8	1.1
2019	6.2	0.6	13.5	11.8	22.4	0.7
2020	4.6	1.2	9.0	9.8	28.7	0.3

Source: Florida Department of Health, Bureau of Vital Statistics; Leading Causes of Fatal Injury Profile





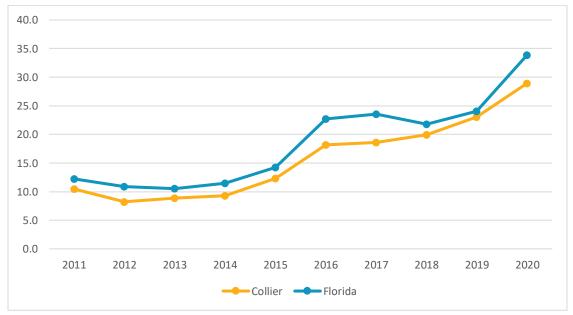
^{*}Motor Vehicle Traffic

Unintentional Poisoning

Unintentional poisoning is defined as poisoning by external causes such as drugs, medications, and/or biological substances. Poisoning occurs when the person consumes the substances, takes too much, and does not mean to cause harm.

The age-adjusted death rate from unintentional poisoning is lower in Collier County than the Florida rate. However, the rate in Collier County, like the rate statewide, has increased dramatically since 2012; In Collier County, the rate in 2020 was more than triple the rate in 2012.

Exhibit HB19: Age-Adjusted Deaths from Unintentional Poisoning, Rate per 100,000 Population, Collier County and Florida, 2011-2020



Source: Florida Department of Health, Bureau of Vital Statistics

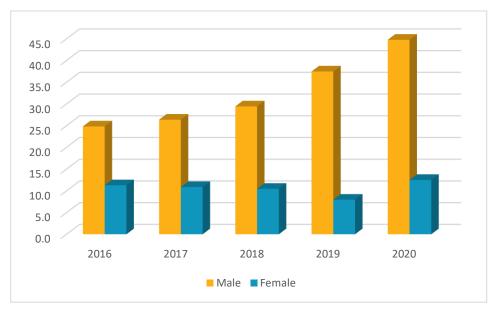
In Collier County, the age-adjusted death rate from unintentional poisoning is significantly higher among men than women (44.8 men vs. 12.5 women in 2020). The rate among men has also been growing much more quickly than among women; the rate among men increased by over 80 percent between 2016 and 2020.





Exhibit HB20: Age-Adjusted Deaths from Unintentional Poisoning by Sex, Rate per 100,000 Population, Collier County and Florida, 2016-2020



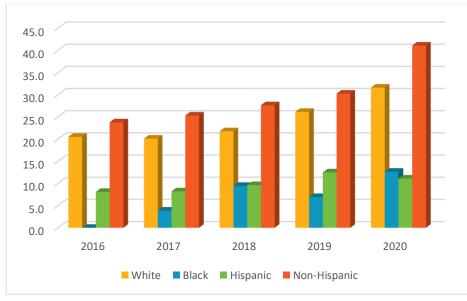


Source: Florida Department of Health, Bureau of Vital Statistics

In Collier County, the age-adjusted death rate from unintentional poisoning is significantly higher among the non-Hispanic population than among the Hispanic population (41.1 Non—Hispanic vs. 11.1 Hispanic in 2019) and among the white population than the black population (31.6 White vs. 12.6 Black in 2019).

Exhibit HB21: Age-Adjusted Deaths from Unintentional Poisoning by Race/Ethnicity, Rate per 100,000 Population, Collier County and Florida, 2016-2020

Year	White	Black	Hispanic	Non- Hispanic
2016	20.5	0.0	8.1	23.8
2017	20.1	3.9	8.2	25.3
2018	21.8	9.4	9.6	27.6
2019	26.1	6.9	12.5	30.2
2020	31.6	12.6	11.1	41.1



Source: Florida Department of Health, Bureau of Vital Statistics

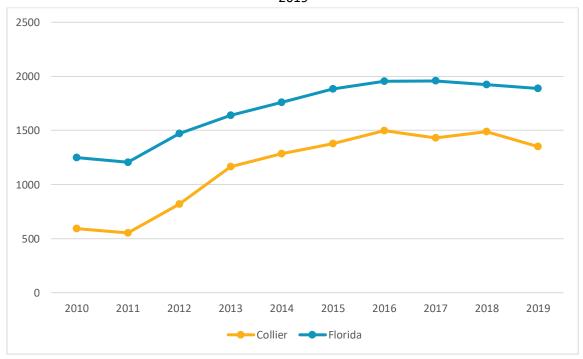




Motor Vehicle Crashes

Collier County consistently has had a lower rate of motor vehicles crashes than the Florida average. For example, 2011 had the lowest rate of motor vehicle crashes, 555.2 per 100,000; that rate greatly increased to the highest rate in 2016, 1,498.8 per 100,000.

Exhibit HB22: Total Motor Vehicle Traffic Crashes, Rate per 100,000, Collier County and Florida, 2010-2019



Source: Florida Department of Highway Safety and Motor Vehicles

Compared to Florida, Collier County has a slightly higher rate of alcohol-confirmed motor vehicle traffic crashes, injuries, and fatalities.

Exhibit HB23: Alcohol Confirmed Motor Vehicle Traffic, 3-year Rate per 100,000, Collier County and Florida, 2017-2019

	Collier	Florida	Quartile
Motor Vehicle Traffic Crashes	25.2	24.2	2
Motor Vehicle Traffic Injuries	16.4	14.5	2
Motor Vehicle Traffic Crash Fatalities	2.2	1.8	2

Source: Florida Department of Highway Safety and Motor Vehicles

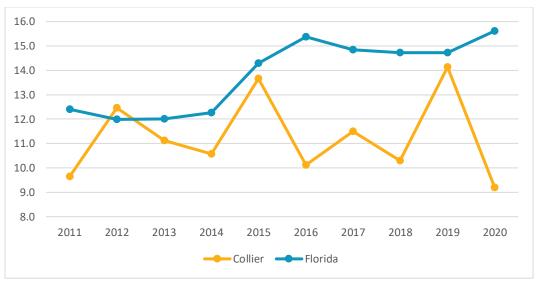




^{*}County compared to other Florida Counties. The lowest quarter equals the lowest number

Except for in 2012, Collier County has had a lower rate of age-adjusted deaths from motor vehicle crashes than the Florida rate for the past ten years. For Collier County, the rate for 2020 was the lowest rate during that ten-year period.

Exhibit HB24: Age-adjusted Deaths from Motor Vehicle Crashes, Rate per 100,000 Population, Collier County and Florida, 2011-2020

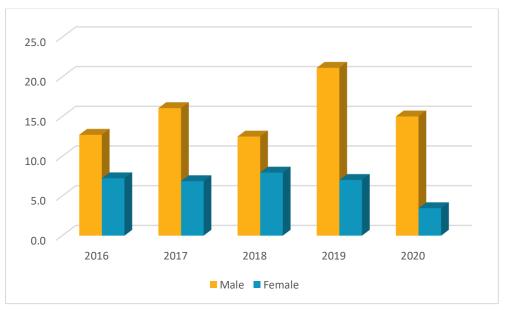


Source: Florida Department of Health, Bureau of Vital Statistics

In Collier County, men have a higher rate of age-adjusted deaths from motor vehicle crashes than women.

Exhibit HB25: Age-Adjusted Deaths from Motor Vehicle Crashes by Sex, Rate per 100,000 Population, Collier County and Florida, 2016-2020

Year	Male	Female
2016	12.7	7.2
2017	16.1	6.9
2018	12.5	7.9
2019	21.1	7.0
2020	15.0	3.5



Source: Florida Department of Health, Bureau of Vital Statistics

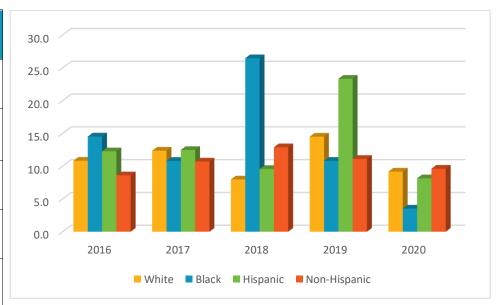




In Collier County, the age-adjusted death rate from motor vehicle crashes does not show a consistent pattern when viewed by race and ethnicity.

Exhibit HB26: Age-Adjusted Deaths from Motor Vehicle Crashes by Race/Ethnicity, Rate per 100,000 Population, Collier County and Florida, 2016-2020

Year	White	Black	Hispanic	Non- Hispanic
2016	10.8	14.5	12.3	8.6
2017	12.4	10.8	12.5	10.7
2018	8.0	26.5	9.6	12.9
2019	14.5	10.8	23.3	11.1
2020	9.2	3.5	8.1	9.6



Source: Florida Department of Health, Bureau of Vital Statistics

Maternal and Infant Health

Compared to other Florida counties for the years 2018-2020, Collier County is not in the worst quartile for any maternal and infant health indicators. The trends for Collier County are all positive, steady, or inconsistent except for births with adequate prenatal care (Kotelchuck index) [%]; for that measure, Collier is also below the state average (68.4% Collier vs. 69.2% Florida).

Exhibit HB27: Maternal & Infant Health Indicators, 3-year Figures, Collier County and Florida, 2018-2020

	County	State	Trend	Quartile*
Birth Family Characteristics				
Total Births (Count, 3-year annual avg.)	3,160	217,054.3		1
Births to Mothers ages 15-44, per 1,000	29.0	27.6		3
Births to Unwed Mothers ages 15-44 (%)	44.2%	46.7%		1
Births to Mothers ages 15-19, per 1,000	17.9	16.0	Steady	2
Births to Mothers 19 and Over without High School Education (%)	14.0%	9.9%	Positive	3





	County	State	Trend	Quartile*
Infant Deaths				
Infant Deaths (0-364 days) per 1,000 Live Births	3.4	6.0	Positive	1
Neonatal Deaths (0-27 days) per 1,000 Live Births	2.5	4.0	Positive	1
Post-Neonatal Deaths (28-364 days) per 1,000 Live Births	0.8	1.9	Inconsistent	1
Low Birth Weight				
Births <1500 Grams (Very Low Birth Weight) %	1.2%	1.6%	Inconsistent	1
Births < 2500 Grams (Low Birth Weight) %	7.1%	8.7%	Steady	1
Prenatal Care				
Births with 1 st Trimester Prenatal Care (%)	74.0%	76.1%	Positive	2
Births with Late or No Prenatal Care (%)	7.3%	7.2%	Inconsistent	2
Births with adequate prenatal care (Kotelchuck index) [%]	68.4%	69.2%	Negative	3

Source: Florida Department of Health, Bureau of Vital Statistics

Between 2015-2017 and 2018-2020, Collier County has seen an increase in the rate of women 15-34 with sexually transmitted diseases and the percent of births to mothers who were overweight at the time pregnancy occurred. There was also an increase in the percentage of mothers in Collier County who initiate breastfeeding.

Exhibit HB28: Reported Pre-conception, Pregnancy, and Mother's Health and Behaviors, 3-Year Figures, Collier County and Florida, 2015-2017, 2018-2020

	2015-2017		2018	-2020
	Collier	Florida	Collier	Florida
Women 15-34 with sexually transmitted diseases, per 100,000 females 15-34 years of age	1,966.0	2,818.4	2,222.8	2,958.9
Births to underweight mothers at time pregnancy occurred, percent of births	3.2%	4.1%	2.5%	3.6%
Births to overweight mothers at time of pregnancy occurred, percent of births	28.5%	26.3%	31.0%	27.5%
Births with inter-pregnancy interval <18 months, percent of births	30.3%	34.7%	31.5%	35.0%
Repeat births to mothers ages 15-19 years of age, percent of births 15-19 years	15.6%	15.7%	11.2%	14.2%
Births to mothers >35 years of age, per 1,000 females >35 years of age	4.3	4.9	4.2	5.1
Births to uninsured women ("self-pay" check on birth certificate), percent of births	17.5%	6.3%	14.1%	5.8%
Births covered by Medicaid, percent of births	42.6%	48.8%	42.1%	47.3%
C-section births, percent of births	39.6%	37.3%	35.1%	36.4%
Mothers who initiate breastfeeding, percent	78.4%	85.7%	79.2%	85.9%

Source: Florida Department of Health, Bureau of Vital Statistics; Florida Department of Health, Bureau of Communicable Diseases





^{*}County compared to other Florida counties. 1 is the best to 4 as the lowest.

The birth rate in Collier County has been lower than the Florida average every year from 2011 through 2020. Both the rate in Collier County and the rate in Florida have been declining.

11.5 11.0 10.5 10.0 9.5 9.0 8.5 8.0 7.5 7.0 2011 2012 2013 2017 2018 2019 2020 2014 2015 2016 Collier — Florida

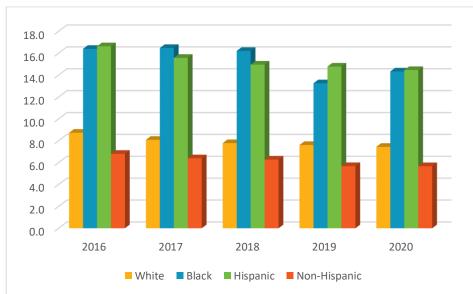
Exhibit HB29: Total Resident Live Births, Rate per 1,000, Collier County and Florida, 2011-2020

Source: Florida Department of Health, Bureau of Vital Statistics

Between 2016 and 2020, the birth rate in Collier County has been higher among the black and Hispanic population than among the white and non-Hispanic population. The rate has declined among each of the population groups across this period.

Exhibit HB30: Total Resident Live Births by Race/Ethnicity, Collier County, 2016-2020

Year	White	Black	Hispanic	Non- Hispanic
2016	8.7	16.4	16.6	6.8
2017	8.1	16.5	15.6	6.4
2018	7.8	16.2	15.0	6.3
2019	7.6	13.3	14.8	5.7
2020	7.4	14.3	14.5	5.7



Source: Florida Department of Health, Bureau of Vital Statistics





Teenage pregnancy has been a priority area within public health for many decades. A birth to a teenager is at higher risk of a low birthweight baby, preterm birth, and infant death compared with babies born to older mothers.

While teenage birth rates have been in a long-term decline in the United States since the 1960s, the U.S. teen birth rate remains one of the highest among all industrialized countries. The rate of births to mothers aged 15-19 significantly declined in both Collier County and Florida between 2011 and 2019. However, there was an increase in Collier County in 2020 while the Florida rate continued to decline.

30.0 28.0 26.0 24.0 22.0 20.0 18.0 16.0 14.0 12.0 10.0 2011 2017

2015

2016

Collier -Florida

2018

2019

2020

Exhibit HB31: Births by Mothers' Age, Age 15-19, Rate per 1,000 Total Population, Collier County and Florida, 2011-2020

Source: Florida Department of Health, Bureau of Vital Statistics

2012

2013

2014

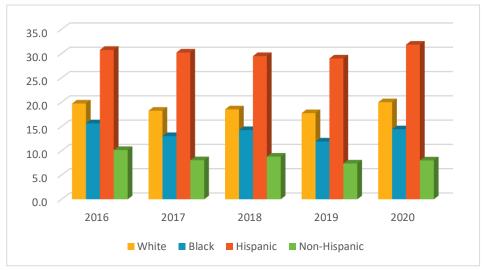
In Collier County, between 2016 and 2020, the rate of births to mothers between the ages of 15 and 19 has been higher among the white population than the black population. The rate has been significantly higher among the Hispanic population than the non-Hispanic population. Each of these racial/ethnic groups showed an increase in the rate between 2019 and 2020.





Exhibit HB32: Births by Mothers' Age, Age 15-19 by Race/Ethnicity, Rate per 1,000 Total Population, Collier County and Florida, 2016-2020

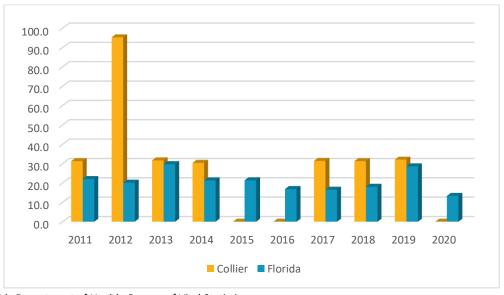
Year	White	Black	Hispanic	Non- Hispanic
2016	19.7	15.6	30.8	10.1
2017	18.2	13.0	30.2	8.0
2018	18.5	14.2	29.5	8.8
2019	17.7	11.9	29.0	7.4
2020	20.0	14.4	31.8	8.0



Source: Florida Department of Health, Bureau of Vital Statistics

In the years where Collier County had maternal deaths reported the county had a higher death rate compared to the Florida average. Collier County did not have any maternal deaths in 2020.

Exhibit HB33: Maternal Deaths, Rate per 100,000 Live Births, Collier County and Florida, 2011-2020



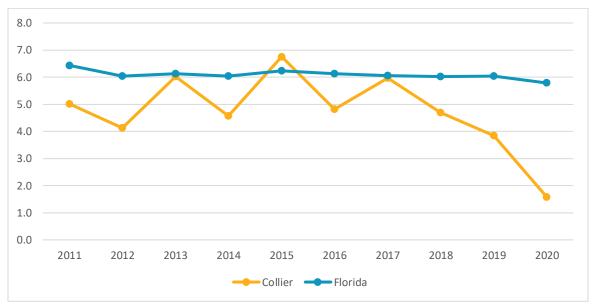
Source: Florida Department of Health, Bureau of Vital Statistics

The infant mortality rate in Collier County fell between 2017 and 2020; it is lower than the rate for Florida (1.6 Collier vs. 5.8 Florida in 2020).





Exhibit HB34: Infant Mortality (0-364 days from birth), Rate per 1,000 Live Births, Collier County and Florida, 2011-2020

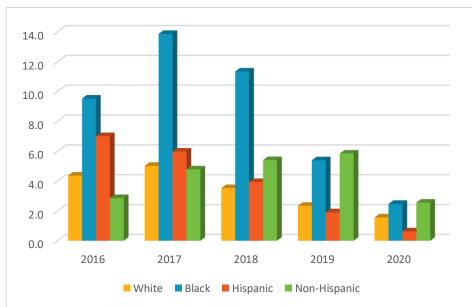


Source: Florida Department of Health, Bureau of Vital Statistics

For the years 2016-2020, the infant mortality rate in 2020 was the lowest for the white, black, Hispanic, and Non-Hispanic populations in Collier County. However, the infant mortality rates for 2016-2020 are higher among the black population than the white population and the non-Hispanic population than among the Hispanic population.

Exhibit HB35: Infant Mortality (0-364 days from birth) by Race/Ethnicity, Rate per 1,000 Live Births, Collier County and Florida, 2011-2020

Year	White	Black	Hispanic	Non- Hispanic
2016	4.4	9.5	7.0	2.9
2017	5.0	13.9	6.0	4.8
2018	3.5	11.3	3.9	5.4
2019	2.3	5.4	1.9	5.8
2020	1.6	2.5	0.6	2.6



Source: Florida Department of Health, Bureau of Vital Statistics

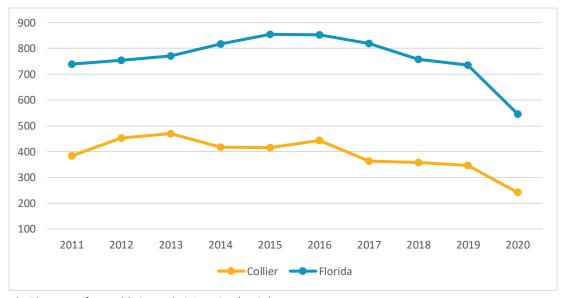




Oral Health

Dental conditions include teeth malformations, gingivitis, and caries. From 2016 to 2020, there was a decrease in preventable emergency room visits from dental conditions in Collier County (443.2 2016, 241.5 2020). Collier County in the past decade consistently had fewer people visit the emergency room for dental conditions than the Florida average.

Exhibit HB36: Preventable ER Visits Under 65 from Dental Conditions, Rate per 100,000 Population Under 65, Collier County and Florida, 2011-2020



Source: Florida Agency for Health Care Administration (AHCA)

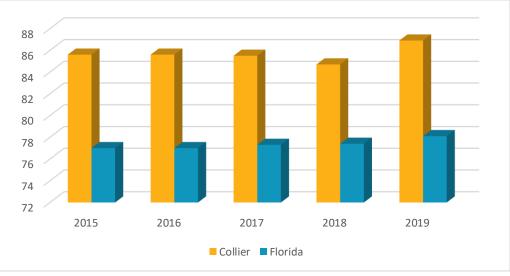
The Centers for Disease Control and Prevention (CDC) recognized community water fluoridation as one of 10 great public health achievements of the 20th century. Community water fluoridation is the adjustment of existing fluoride levels in the drinking water to a level (0.7-1.2 parts per million) recommended by the U.S. Public Health Service. In addition, the American Dental Association endorses community water fluoridation as a safe and effective way of preventing tooth decay. Collier County consistently has a higher percentage of its population receiving fluoridated water compared to the Florida average.





Exhibit HB37: Population Receiving Fluoridated Water, Percentage of Population Served by Community Water System, Collier County and Florida, 2015-2019





Source: Florida Department of Health, Public Health Dental Program (PHDP)

Mental Health

Mental illnesses are those health conditions that change a person's behavior, feelings or thinking and cause distress and difficulty performing daily life functions. Mental health affects how a person feels, thinks, and deals with the daily stresses of life. It is important at every stage of life and includes social, emotional, and psychological well-being. Like other diseases, mental illness can range from mild to severe. People with mild mental illness may not display any visible signs, and despite effective treatments, there can be long delays between the first onset of symptoms and when the person seeks treatment. There are also racial and ethnic disparities in access to mental health services.

The table below shows adults in Collier County who reported poor mental health on 14 or more of the past 30 days in 2013, 2016, and 2019. Overall, during this period there's been a significant increase in the percentage of adults who reported having poor mental health on 14 or more of the past 30 days. In 2019 about 41 percent of adults reported having poor mental health on 14 or more of the past 30 days; this is higher than the Florida average (41% Collier vs. 38% Florida). In addition to the overall snapshot, the data is presented using various demographic cuts: race and ethnicity, sex, age group, marital status, educational level, and annual income.

Regardless of race/ethnicity, Collier County had a smaller percentage of adults experiencing poor mental health in 14 or more of the past 30 days compared to Florida. In Collier County and Florida, a higher percentage of women experienced poor mental health on 14 or more of the past 30 days than men from 2013 to 2019. When compared to the other age groups, a smaller percentage of those 65 and older experienced poor mental health on 14 or more of the past 30 days in Collier County; in 2019, the highest percentage who cited experiencing poor mental health on 14 or more days in the past month were between the ages of 45 and 64.

A smaller percentage of adults in Collier County and Florida who were married/coupled experienced poor mental health on 14 or more of the past 30 days than adults who were not married/coupled. From





2013 to 2019, adults in Collier County with less than a high school education saw an increase in the percentage of those who had poor mental health on 14 or more of the past 30 days, while adults who had more than a high school education had a decrease. In 2013 and 2019, a higher percentage of adults in Collier County and Florida who made \$25,000 or less annually experienced having poor mental health on 14 or more of the past 30 days than those earning \$25,000 - \$49,999 and \$50,000 or more a year.

Exhibit HB38: Percent of Adults Who had Poor Mental Health on 14 or More of the Past 30 Days in Collier County and Florida, 2013, 2016, and 2019

		Florida						
	2013	2016	2019	Trend	2019			
Overall	7.3%	9.0%	7.1%		13.8%			
Race and Ethnicity								
Non-Hispanic White	6.8%	9.4%	6.9%		15.0%			
Non-Hispanic Black*		9.0%	5.7%		12.3%			
Hispanic	6.1%	8.6%	7.0%	=_	12.5%			
Sex								
Men	4.1%	7.0%	5.8%	=	11.4%			
Women	10.3%	11.0%	8.3%		16.1%			
Age Group								
Ages 18-44	8.4%	10.6%	8.4%		15.6%			
Ages 45-64	9.0%	9.6%	9.9%		15.0%			
Ages 65 and Older	5.0%	5.9%	3.2%		9.7%			
Marital Status								
Married/Couple	4.6%	6.8%	6.8%		10.7%			
Not Married/Couple	10.1%	12.3%	7.5%		17.4%			
Education Level								
Less Than High School	3.7%	6.8%	11.1%		19.5%			
High School/GED	9.1%	15.5%	7.7%		14.2%			
More Than High School	7.7%	6.8%	5.8%		12.5%			
Annual Income	Annual Income							
<\$25,000	11.4%	10.0%	12.6%		20.9%			
\$25,000 - \$49,999	8.6%	12.1%	8.2%		13.4%			
\$50,000 or More	4.7%	6.2%	3.9%		9.3%			

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

^{*}For 2013 no data was available, the blank box is intentional





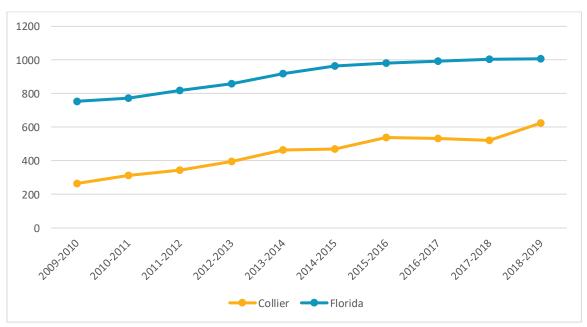
The Florida Mental Health Act of 1971 (commonly known as the "Baker Act") is a statute allowing for involuntary examination of an individual. It was originally enacted, at least, partly because of widespread instances of elder abuse in which one or more family members would have another family member committed to gain control over their estate before their death. Once committed, it was difficult for many other patients to obtain representation, and they became warehoused until their death. The Baker Act allows for involuntary examination (what some call emergency or involuntary commitment). It can be initiated by judges, law enforcement officials, physicians, or mental health professionals. There must be evidence that the person has a mental illness (as defined in the Baker Act) and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and occur in over 100 facilities statewide.

There are many possible outcomes following the examination of the patient. This includes the release of the individual to the community (or other community placement), a petition for involuntary inpatient placement (what some call civil commitment), involuntary outpatient placement (what some call outpatient commitment or assisted treatment orders), or voluntary treatment (if the person is competent to consent to voluntary treatment and consents to voluntary treatment).

According to the Florida Baker Act Annual Report Fiscal Year 2018/2019, Collier County residents who received an involuntary examination were either seen at the David Lawrence Mental Health Center (62.8%) and/or Park Royal Hospital (19.9%).

From 2009 to 2019, there was a significant increase in involuntary examinations in Collier County. Even though there was an increase in Baker Acts among Collier County residents, the county remains significantly lower than the Florida average (625 Collier vs. 1,007 Florida, 2019).

Exhibit HB39: Involuntary Examinations*: Residents of Collier County and Florida of All Ages, Rate per 100,000, by Fiscal Year, 2009-2019



Source: 2018/2019 Florida Mental Health Act (The Baker Act) Reports, Baker Act Center

^{*}Involuntary examination forms for people who never reach a receiving facility are not received by the Baker Act Reporting Center, so are not included in the data





Between 2009 and 2019, there was an increase of 500 children who received involuntary examinations per year in Collier County (175 2009 vs. 680 2020). In the 2018 – 2019 fiscal year, 29 percent of the involuntary examinations were children, while 7 percent were older adults (65 or older).

Exhibit HB40: Involuntary Examinations*: Residents of Collier County for Ten Years, 2009-2019

All Ages		Children % (<18)			Older Adults % (65+)			
Fiscal Year	Fyans	Rate per	Exa	ams	Rate per	Exa	ams	Rate per
	Exams	100,000	#	%	100,00	#	%	100,000
2018-2019	2,295	625	680	29.63%	1,445.06	180	7.84%	155.60
2017-2018	1,861	521	436	23.43%	895.91	140	7.52%	138.68
2016-2017	1,864	532	428	22.96%	890.57	143	7.67%	145.78
2015-2016	1,853	539	459	24.77%	966.46	154	8.31%	161.02
2014-2015	1,585	471	392	24.73%	827.51	136	8.58%	146.63
2013-2014	1,546	463	318	20.57%	672.61	117	7.57%	130.31
2012-2013	1,310	397	265	20.23%	567.61	100	7.635	112.97
2011-2012	1,111	343	185	16.65%	402.02	81	7.29%	94.02
2010-2011	1,008	314	170	16.87%	371.09	62	6.15%	72.98
2009-2010	884	265	175	19.80%	363.66	59	6.67%	73.65

Source: 2018/2019 Florida Mental Health Act (The Baker Act) Reports, Baker Act Center

During the 2018-2019 fiscal year, 60.3 percent of involuntary examinations were initiated by law enforcement, those with a professional certificate initiated 39.4 percent, and 0.4 percent were initiated through an ex parte order. Physicians had a larger percentage, almost 40 percent, of initiating a Baker Act compared to other professionals.

Exhibit HB41: Fiscal Year 2018/2019 Involuntary Examinations* for Collier County Residents by Initiation

Type

Professional Certificate Type	Percentage of Initiation
Physician (non a Psychiatrist)	39.65%
Licensed Mental Health Counselor	20.38%
Licensed Clinical Social Worker	14.62%
Physician (Psychiatrist)	9.19%
Psychiatric Nurse	5.76%
Physician Assistant	5.09%
Clinical Psychologist	1.66%
Not Reported	1.33%
Multiple Professional Types Reported	0.44%
Licensed Marriage and Family Therapist	0.00%

Source: 2018/2019 Florida Mental Health Act (The Baker Act) Reports, Baker Act Center

^{*}Involuntary examination forms for people who never reach a receiving facility are not received by the Baker Act Reporting Center, so are not included in the data

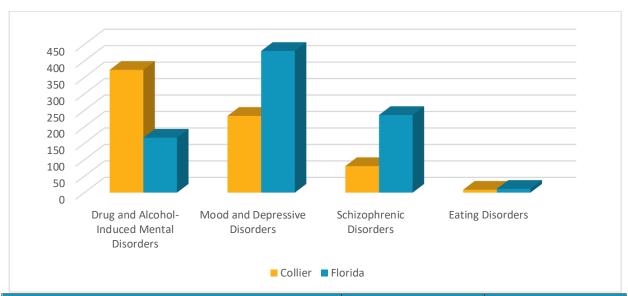




^{*}Involuntary examination forms for people who never reach a receiving facility are not received by the Baker Act Reporting Center, so are not included in the data

In Collier County in 2020, most of the hospitalizations for mental and behavioral health disorders were for drug and alcohol-induced mental disorders, while eating disorders had the smallest percentage. When compared to the Florida average, Collier County experienced a significantly higher rate of hospitalizations for drug and alcohol-induced mental disorders in 2020 (372.9 Collier vs. 166.9 Florida) and a significantly lower rate for mood and depressive disorders (233.1 Collier vs. 430.3 Florida) and schizophrenic disorders (80.5 Collier vs. 235.7 Florida). It should be noted that the availability of services can greatly impact the number of hospitalizations.

Exhibit HB42: Hospitalizations for Mental and Behavioral Health Disorders, All Ages, Rate per 100,000 Population, Collier County and Florida, 2020



Mental and Behavioral Health Disorders	Collier	Florida
Drug and Alcohol-Induced Mental Disorders	372.9	166.9
Mood and Depressive Disorders	233.1	430.3
Schizophrenic Disorders	80.5	235.7
Eating Disorders	8.8	11.5

Source: Florida Agency for Health Care Administration

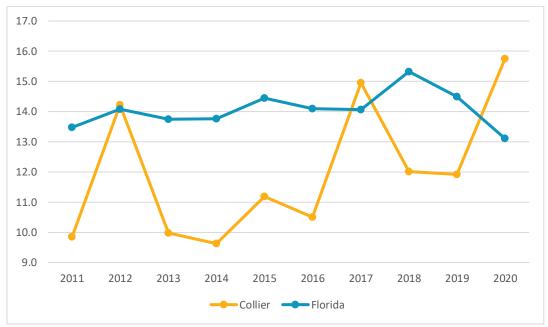
Suicide is a significant preventable public health problem in the United States. Several risk factors, including a history of depression or other mental illnesses, family history of suicide, and previous suicide attempts, can increase the likelihood of someone attempting or dying from suicide.

Over the past decade there was an increase in suicide deaths in Collier County (9.8 2011 vs. 15.8 2020). 2014 saw the lowest rate of suicide deaths, 9.6 per 100,000, while 2020 had the highest suicide death rate. Collier County had a higher suicide death rate than Florida in 2012, 2017, and 2020.





Exhibit HB43: Age-adjusted Suicide Deaths, Rate per 100,000 Population, Collier County and Florida, 2011-2020

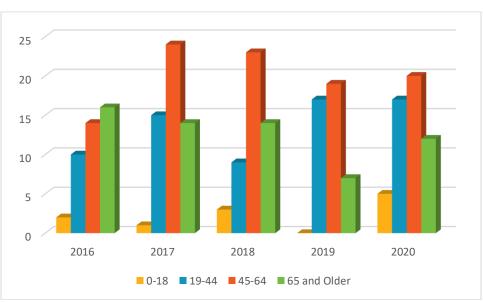


Source: Florida Department of Health, Bureau of Vital Statistics

Since 2017, the largest number of suicide deaths in Collier County have been among those aged 45-65.

Exhibit HB44: Number of Suicide Deaths by Age, Collier County, 2016-2020

Year	0- 18	19- 44	45- 64	65 and Older
2016	2	10	14	16
2017	1	15	24	14
2018	3	9	23	14
2019	0	17	19	7
2020	5	17	20	12



Source: Florida Department of Health, Bureau of Vital Statistics

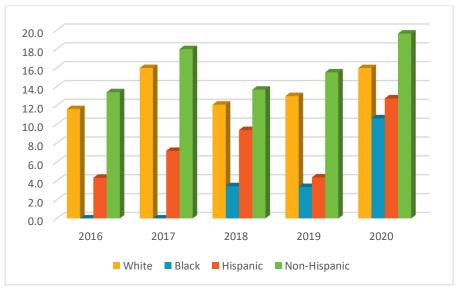




Between 2016 and 2020 in Collier County, Non-Hispanic and white people had a higher suicide death rate when compared to other races/ethnicities.

Exhibit HB45: Age-adjusted Suicide Deaths by Race/Ethnicity, Rate per 100,000 Population, Collier County, 2016-2020

Year	White	Black	Hispanic	Non- Hispanic
2016	11.6	0.0	4.3	13.4
2017	16.0	0.0	7.2	18.0
2018	12.1	3.4	9.4	13.7
2019	13.0	3.3	4.4	15.5
2020	16.0	10.6	12.7	19.6

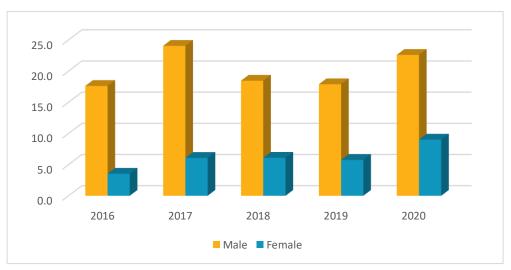


Source: Florida Department of Health, Bureau of Vital Statistics

When compared to females, males have had a significantly higher rate of suicide deaths in Collier County. There has been an overall increase over the past five years in the rate of female suicide deaths.

Exhibit HB46: Age-adjusted Suicide Deaths by Sex, Rate per 100,000 Population, Collier County, 2016-2020

Year	Male	Female
2016	17.6	3.5
2017	24.0	6.1
2018	18.5	6.1
2019	17.9	5.8
2020	22.6	9.0



Source: Florida Department of Health, Bureau of Vital Statistics





Community Input

Survey on Health and Well-being in Collier County

The Health Planning Council of Southwest Florida, with feedback from the Healthcare Network (HCN) Community Health Assessment Group, developed a survey questionnaire to assess Collier County residents' perceptions of healthcare and health issues in the county. The survey was conducted online and on paper in English (146 responses), Spanish (173 responses), and Haitian-Creole (97 responses). Links to the online version of the survey were distributed through email blasts, social media, on the agency (HCN) website, and at outreach events. Below is an example of the promotional image that was used; it was also available in English and Spanish. The English version of the survey is included in **Appendix A.** 416 surveys were completed on paper and online from March through April 2022.



The findings of the surveys were compiled by the Health Planning Council and are as follows: (Please note that other was listed as an option on most survey questions. Respondents filled in individual responses to specify what they meant by other). The views expressed in these responses are those of the comment writers alone. They do not represent the views or opinions of the Health Planning Council of Southwest Florida, nor do they represent the views or opinions of HCN). Respondents could select multiple answers for the majority of the questions asked.

Below is an image with the top eight responses to two questions that provide an overview of what Collier County residents believe are the most important health concerns for the county and what is needed to in order to improve the overall health and well-being of the county.





Most Important Health Concerns

Access to primary care

Diabetes

Access to specialty care

Cancer

Obesity

Mental health problems

Dental problems

Not enough doctors



Needed Improvements

More doctors

Additional health services

Affordable housing

Specialty doctors

Financial assistance for health care

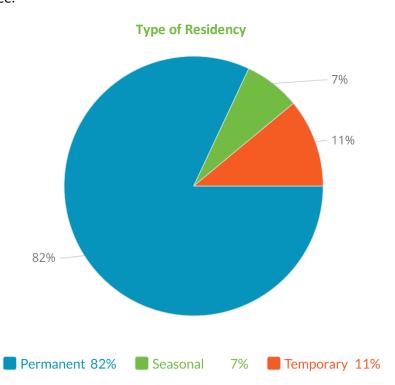
Transportation

Mental/behavioral health service

Dental care

Demographics

Of the survey takers, 82 percent said they were permanent residents of Collier County, followed by 11 percent who were temporary residents. Respondents were asked to write their zip codes. Nearly all the survey takers resided in Collier County. The top zip code with the most survey respondents was 34142, which is in Immokalee.







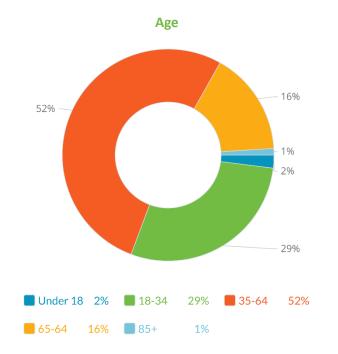
Zip Code				
Zip Code	Number of survey takers			
34142	265			
34116	40			
34120	12			
34119	8			
34102	6			
34112	6			
34117	6			
34114	5			
34103	4			
34105	4			
34110	3			
34109	3			
34108	2			
34113	3			
33935	3			
34104	2			
Other*	13			

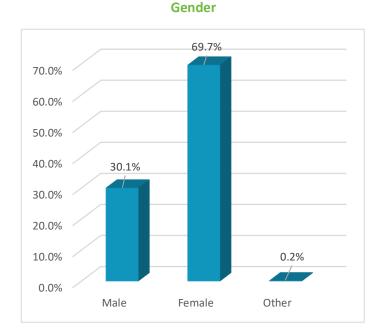
*33935, 33142, 34137, 34145, 33913, 33935, 33967, 33936, 3134, 34124, 34126, 34192

Respondents were asked their age and gender. Over half of the respondents (53%) stated they were between 35-64 years of age, followed by 29 percent of those 18-34 years of age. There were more females (70%) who responded to the survey than males (30%).

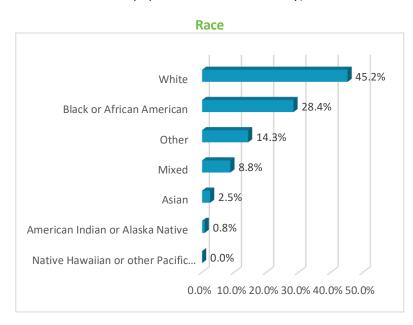


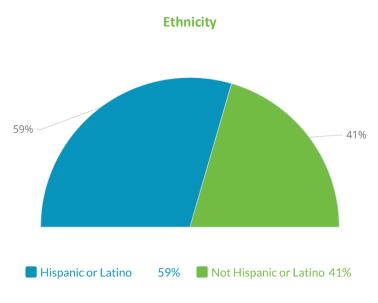






When asked about their race, 45 percent of survey takers stated they were white, and 28 percent of respondents were black or African American. The surveys were completed by a higher proportion of people who identified as Hispanic or Latino residents (59% were Hispanic or Latino vs. 28.6% of the overall population in Collier County).



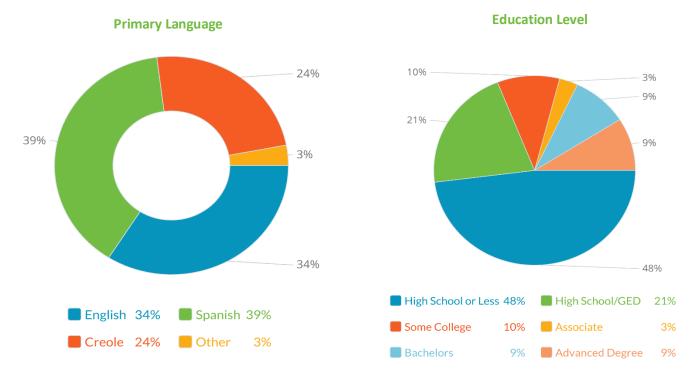


The majority of the survey takers said Spanish is their primary language (39%), followed by 34 percent speaking English, 24 percent speaking Haitian Creole, and three percent speaking other languages (bilingual and dialects such as Panjobal, Hotemi, Nahuatl, Mam, Mixteco) as their primary language in Collier County. Forty-eight percent of survey takers had some high school or less, followed by 21 percent



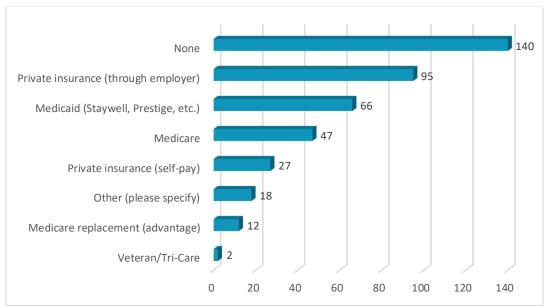


who had a high school diploma/GED, and 18 percent of Collier County residents who had a bachelor's degree and higher.



Survey takers were asked what type of insurance they had. The majority had no insurance (140 respondents), followed by private insurance (through employer) [95 respondents]. Thirty survey takers reported having no health insurance.

What type of insurance do you have?



^{*} Canadian healthcare, Florida Blue, United Healthcare, Molina Health, Blueshield, Health Share, healthcare, insurance from my husband,





Survey Questions

When asked, "How would you rate the general health of Collier County residents?" 17 percent of respondents said excellent, 54 percent said good, 26 percent said fair, and three percent said poor. Compared to the past two surveys (2019 and 2013), the general health of Collier County residents has gotten better over the years: excellent (17% in 2022 compared to 5% in 2019) and poor (3% in 2022 compared to 8% in 2013).

How would you rate the general health of Collier County residents?					
	2022	2019	2013		
Excellent	17%	5%	19%		
Good	54%	70%	51%		
Fair	26%	20%	23%		
Poor	3%	5%	8%		

Survey takers were asked, "How would you rate the quality of healthcare in Collier County?" 24 percent said excellent, 49 percent said good, 22 percent said fair, and five percent said poor. Compared to the previous surveys, the quality of healthcare in Collier County has improved over the years: excellent (24% in 2022 compared to 20% in 2019) and poor (5% in 2022 compared to 6% in 2013).

How would you rate the quality of healthcare in Collier County?						
	2022	2019	2013			
Excellent	24%	20%	25%			
Good	49%	61%	51%			
Fair	22%	14%	19%			
Poor	5%	5%	6%			

When asked, "Where do you think residents of Collier County go to get health information?" many respondents said their family doctor or health provider (195 responses), followed by friends or relatives (193 responses), and google search (88 responses). This was consistent in 2019 and 2013. In 2022, HCN decided to add Google search and official government websites as answer choices.





Where do you think residents of Collier County go to get health information?				
	2022	2019	2013	
Family doctor or health provider	195	48	193	
Friends or relatives	193	42	180	
Google search	88			
Television	83	17	70	
Radio	70	3	39	
Social Media (Facebook, Instagram, Twitter, etc.)	59	22		
Newspaper	35	8	47	
Official government website (CDC)	27			
Other (please specify)	17	(RCMA, Immokalee is different, Marion E. Fether, church, Promotores, clinic, communication/outreach team, health department)		
Magazine	14	5	41	

Survey takers were asked, "Where do you go to get healthcare?" the majority stated a medical clinic (234 responses). Many respondents also indicated they go to the family doctor (144 responses) or a hospital/emergency room (87 responses). The top two choices were the same in 2013. The answer choice urgent care was added to the 2022 survey.

Where do you go to get healthcare?				
	2022	2019	2013	
Medical Clinic	234	16	132	
Family Doctor	144	38	147	
Hospital/emergency room	87	14	34	
Dental Clinic	86	19		
Health Department	77	5	36	
Urgent Care	72			

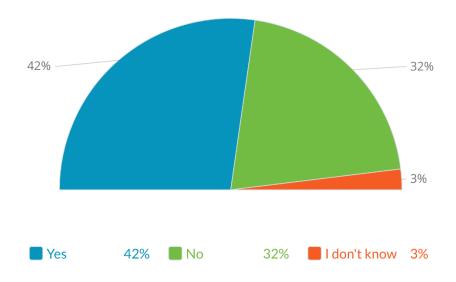




	2022	2019	2013
Don't Know	7	3	5
Other (please specific)	9	(Specialist, chiropractor, alternative medicine, "I am physician", CDC, .gov website, .edu website, Promotores, "I do not have a clinic because I am not legal. But in case I get sick I would go to the hospital"	

Survey takers in Collier County were asked "Do you have a primary care provider?" 42 percent stated that yes, they have a primary care provider, while 32 percent stated no, and three percent stated they do not know. When asked which facility they visit majority said they go to Healthcare Network and/or the Marion E. Fether clinic in Immokalee (38 responses), Millennium Physicians Group (7 responses), and various other facilities and specific physicians.

Do you have a primary care provider (a doctor that you visit for most of your problems)?

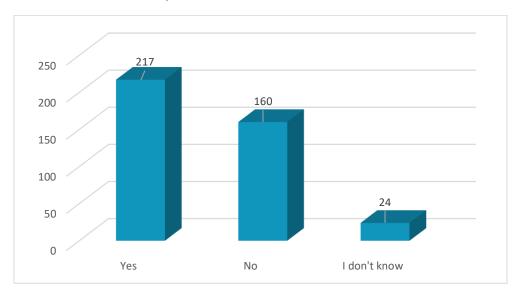


Survey takers were asked if they were a client of Healthcare Network. The majority of the respondents said they are clients of HCN (217 responses), 160 people said no, and 24 said they don't know. When asked which facility they visit, most survey takers identified the Marion E. Fether clinic in Immokalee.



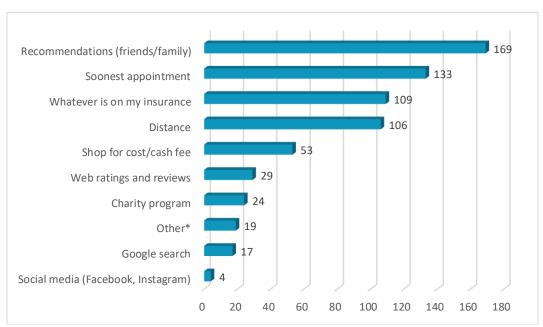


Are you a client of Healthcare Network?



The survey asked survey takers, "How do you choose your healthcare providers?" the most common responses were recommendations from friends/family (169 responses) and soonest appointment (133 responses).

How do you choose your healthcare providers?



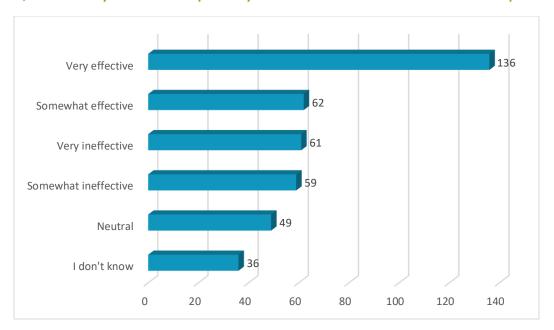
*Professional reputation/recommendation, "I've had the same physician for almost 20 years. I get recommendations from her", from my employer, personal knowledge, my family's doctor, whatever you need, RCMA, "because they give me a lot of information and they have helped me out", "I don't have papers, I am afraid to go to the clinic", "the company where I work takes me to the clinic", "I have had good service for years with this clinic", "Dr. Jose Cuero is the doctor who has always treated me", good service





Healthcare Network was active in the community during the COVID-19 pandemic. Survey takers were asked, "Overall, how would you rate the response by the Healthcare Network to the COVID-19 pandemic?" 136 respondents said HCN was very effective in the community, followed by 62 respondents who said they were somewhat effective. Following this question, survey takers were asked if they had any suggestions or feedback for HCN on its COVID-19 pandemic response. Responses to this question are below the graph.





Do you have any suggestions or feedback for the Healthcare Network on its COVID-19 pandemic response?

- No, but keep doing the good work
- Extended hours and more available appointments.
- More tests.
- Too late.
- I thought the response to the pandemic was excellent.
- Staff your COVID line. No one answers or returns calls.
- Keep up the good work.
- No, they are doing a good job.
- The Healthcare Network in Immokalee was very responsive to the needs of the community. They regularly participated in the health care phone call updates and shared with other participants their healthcare activities. Nothing more could have been asked of them.
- Vaccines should have been made to primary physicians rather than drug stores and supermarkets.
- More testing after 5:00 pm.
- No mask-wearing. They do nothing unless they are KN-95. Let relatives/family go into doctor visits with the patients.





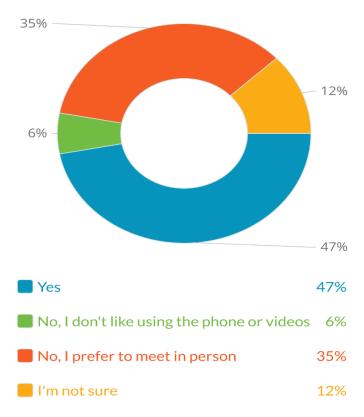
- They should've kept their CAC workers and other health insurance assistants to help their patients apply/renew their Medicaid, Florida Kidcare, and ACA Marketplace insurance.
- Thank you for doing it.
- Do a better job with walk-in appointments. Provide better customer service. Communicate more clearly about policy/schedule changes related to COVID.
- More education on symptoms.
- Make it easier to get the vaccine or booster.
- Excellent work.
- Keep up the great work.
- It would be nice to have a section for the elderly on walkers or canes. There is no place to sit, and it is hard to stand for some elderly and/or disabled folks.
- Open the urgent care facility.
- They have done a great job with the community, but really let down their employees and some departments were completely dismantled. Something that the entire community was shocked to see.
- Do away with masks, we are already vaccinated.
- They already do so much in our communities, but I would like to see more evening hours to accommodate our farmworker population.
- Excellent job!
- Expand services to East Naples and Everglades City.
- They work well, even they could do better.
- Prevention earlier than previous.
- I personally believe that the COVID vaccine is optional and not mandatory
- I would like everyone to follow the directions when they ask us to wear masks. It's for everyone's health.
- They are doing a very good job, it's free.
- Hearts for the little things that they give us in the bag, I did not have a thermometer.
- I suggest that they be more effective for the appointment.
- Does not answer when needed.
- Thanks for your help.
- They are responsible in the work they are doing.
- They took care of me well when I got COVID they were calling me.
- They are perfect. They are very attentive in that. Can attend outreach team events.
- You guys treated me very well, thanks for the help you give.
- The only bad thing is that they no longer take without an appointment.
- They are all very kind, thank you for being for the community (community outreach team)





Due to COVID-19, there has been an increase in the use of telemedicine (medical visits with a provider using video using either the phone or a computer). Survey takers were asked if they would use telemedicine. Forty-seven percent of survey takers said yes, followed by 35 percent who said no, prefer to meet in person, 12 percent said they were unsure, and six percent said no, I don't like using the phone or videos.

If telemedicine (medical visits through the phone or computer with video) were available, would you or your family/friends use those services?

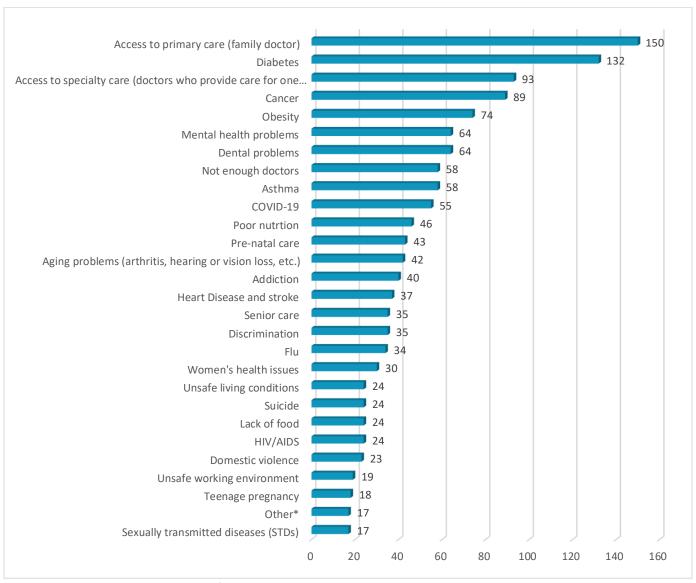


Respondents were asked to select what they felt were the three most important health concerns in Collier County. The top five responses were: access to primary care (150 responses), diabetes (132 responses), access to specialty care (93 responses), cancer (89 responses), and obesity (74 responses). In 2019 survey takers listed access to mental health problems, aging problems, access to primary care, addiction, and access to specialty care as the top five health concerns. Access to primary care and access to specialty care were in the top five in 2019 and 2022.





Which of the following do you feel are the three most important health concerns in Collier County?



*Alcoholism, blood pressure, uninsured/underinsured, transportation, "need for a medical school with teaching hospital affiliation, "abusing prescription meds and dementia", "lack of transportation-limits access to care/housing/job prospects, medications, cholesterol, helping the undocumented, stress, hospital, thyroid

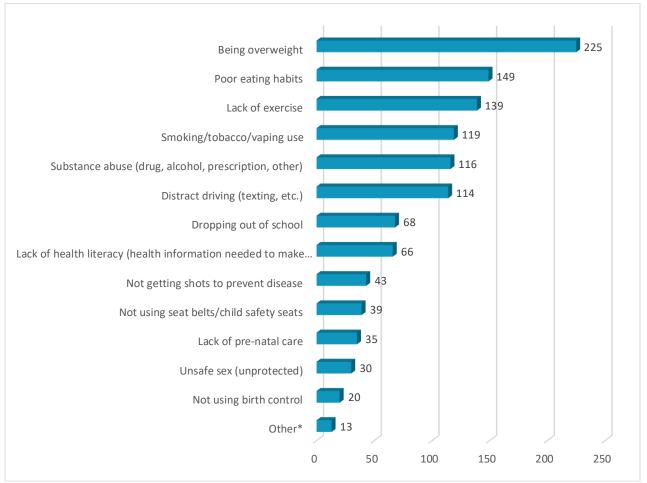
Survey 2022	Survey 2019
Access to primary care	Mental health problems
Diabetes	Aging problems
Access to specialty care	Access to primary care
Cancer	Addiction
Obesity	Access to specialty car





Respondents were then asked to select the three most important risky behaviors in Collier County. Being overweight (225 responses), poor eating habits (149 responses), and lack of exercise (139 responses) were the top three responses. Being overweight was the top answer survey takers chose in 2019.

Which of the following do you feel are the three most important risky behaviors in Collier County?



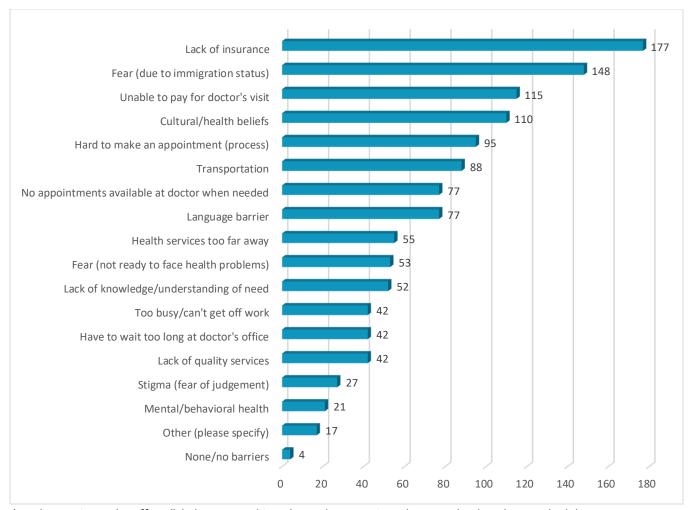
^{* &}quot;Many behaviors listed are an effect of poverty", "not going to the doctor because most are Monday through Friday 8 – 5, "older drivers with reduced reaction time or dementia", "prescription medications and running through red lights at intersections", "lack of access to safe places to walk/exercises. You need transportation to go to safe places to exercise.", not getting help (access) for mental health concerns, not getting good information about pregnancy care/abortion risks, AIDS, "security, when one goes outside they can steal", stress





People sometimes delay receiving treatments for their ailments, leading to further problems and/or higher costs. Respondents were asked to designate the main reasons that keep people in Collier County from seeking medical treatment. Most respondents' lack of insurance was the number one reason (177 responses). The next two most cited reasons were fear (due to immigration status) [148 responses] and being unable to pay for doctor's visits (115 responses).

What do you think is the main reason that keeps people in Collier County from seeking medical treatment?



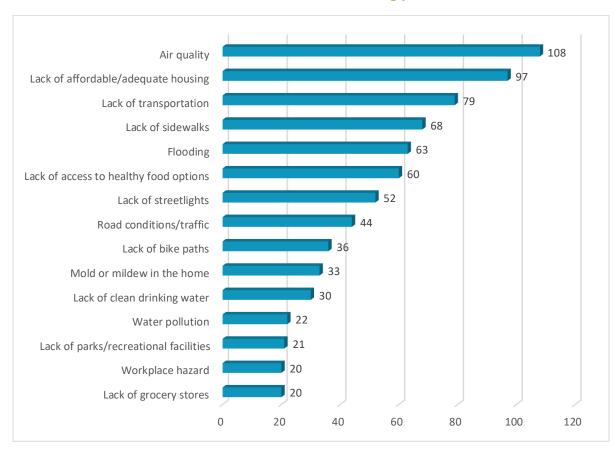
*Negligence in Naples office, "I believe everything above plays a major role as to why they do not schedule appointment.", hours of clinic/care, "lack of health insurance coverage is such a fear!", all concierge, "not willing to pay for a doctor's visit.", "overpopulation of seasonal residents have flooded offices and roadways.", transportation, bad information, not having papers, "they do not attend without appointment", "we put other priorities before our health"





Survey takers were asked if there were any environmental factors that affected their health. The most common response cited air quality (108 responses), followed by lack of affordable/adequate housing (97 responses), and lack of transportation (79 responses).

Are there environmental factors affecting your health?

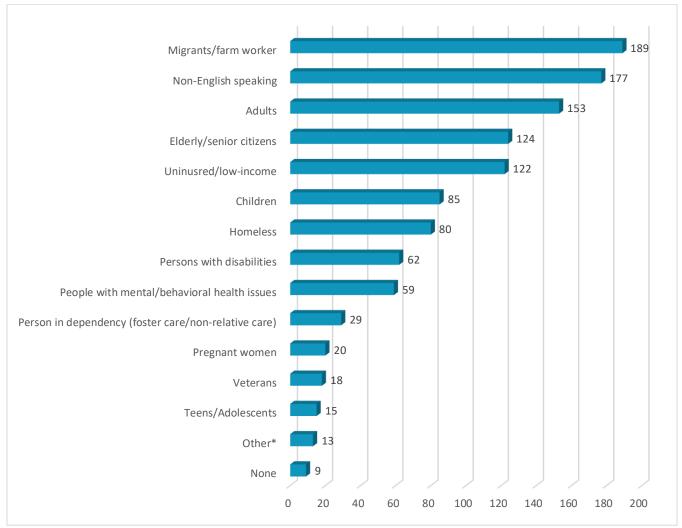






The survey asked respondents to think about the types of residents of Collier County that have more difficulty with healthcare than others. The migrants/farm workers (189 responses) were cited as having the most difficulty. The next highest was the non-English speaking (177 responses), followed by adults (153 responses).

What types of residents of Collier County have more difficulty with healthcare than others?



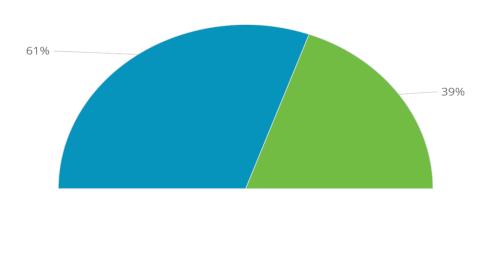
^{* &}quot;People who don't qualify for insurance because they earn too much", all of the above in Immokalee, uninsured not low-income, "the biggest obstacle is the traffic. Most offices are north and west for the wealthier community, which is where all the traffic problems come into play.", young adults as housing costs are too high, "a little of all, we all struggle", people without papers, the hired, all people





Regarding whether there are specific areas of the county where residents are thought to have a challenging time accessing services, majority (61%, 234 responses) said yes. The survey asked the respondents to identify where; their responses are below.

Are there areas/neighborhoods in the county where residents have a particularly difficult time accessing health services?



Immokalee, the projects, "neighborhoods further from bus stops with low care ownership H2A visa workers, Ave Maria, Everglades City, low-income families, government housing, North Naples, Naples Manor, East Naples, Golden Gate City/Estates, eastern Collier County, Tamiami Trail, remote rural areas, Eden Park FWV, "anywhere in Immokalee that is not of walking distance to the clinic, not everyone has a vehicle or access to bus fare to get to their appointments", Chokoloskee, Ochopee, Copeland, "rural areas where there is a lack of everything!", Naples Manor, migrant farms, work camps, Trafford area, Us 41 corridor, 34116, Crestview, 6th st, Oakhaven apt, Deventport, 7th, 9th, 3rd ave, 34114, 34120, Washington ave, downtown Immokalee, 34142

No 39%

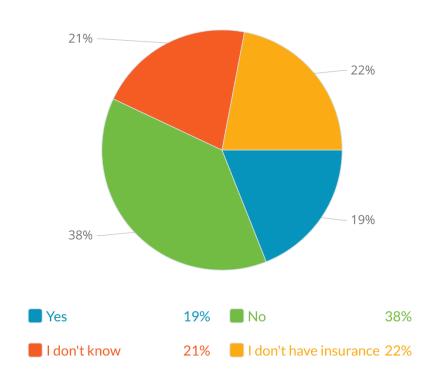
Yes 61%





The survey asked, "Does your insurance provide transportation for medical appointments?" 38 percent of respondents said no, followed by 28 percent who said I don't know, and 15 percent said yes. Nineteen percent of survey takers stated they didn't have insurance.



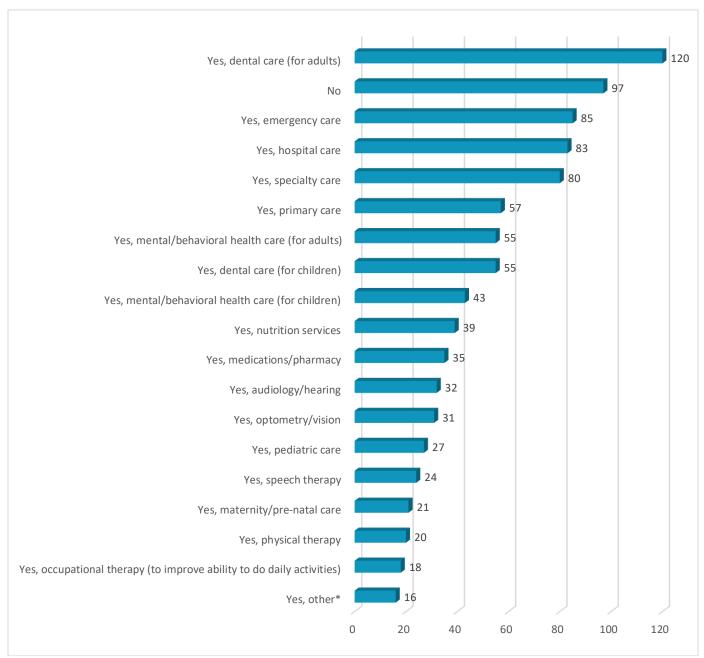


The survey asked if there were any services that individuals had difficulty accessing. Ninety-seven respondents said no, there are no services that people in Collier County had difficulty accessing. Of those who felt some services were difficult to access, dental care (for adults) was the number one response (120 responses). The next highest on the list were emergency care (85 responses) and specialty care (80 responses). Respondents were asked if they select specialty care to please specify under other along with other services people have difficulty accessing. Those responses are listed under the graph.





Are there services that individuals in Collier County have difficulty accessing?



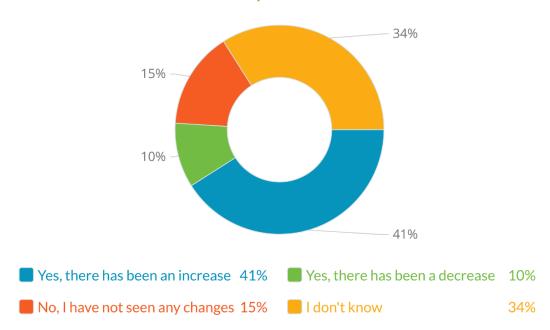
*Everything, "in Immokalee no urgent care and appointment when call in are months away", all above in Immokalee, social work services, everything due to traffic problems, pain management, pediatric allergist, more security on my street, help with immigration, many things are missing here in Immokalee, "we need more help from doctors", "laboratories I do not like how they attend"





A few years ago, behavioral health was described as a critical need for Collier County. The survey asked, "Have you seen any changes in the availability of mental and behavioral health services in the past years?". Forty-one percent of Collier County residents stated yes, there had been an increase in mental and behavioral health services in the past few years. Thirty-four percent said they don't know followed by 15 percent who said no, they had not seen any changes.

Have you seen any changes in the availability of mental and behavioral health services in the past few years?

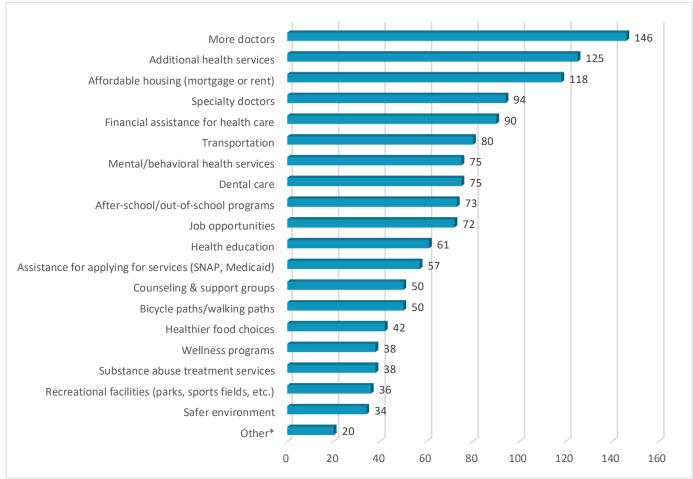


Respondents were asked what they needed to improve the health of their family, friends, and neighbors to have a healthier lifestyle. The top eight responses were more doctors (146 responses), additional health services (125 responses), affordable housing (mortgage or rent) [118 responses], specialty doctors (94 responses), financial assistance for health care (90 responses), transportation (80 responses), mental/behavioral health service (75 responses), and dental care (75 responses). In 2019, mental health services, financial assistance for health care, bicycle paths/walking paths, health education, counseling & support groups, after-school/out-of-school programs, wellness programs, and substance abuse treatment services were the top responses. More doctors and financial assistance for health care were at the top in 2019 and 2022.





What does Collier County need to improve the health of your family, friends, and neighbors?



*Emergency, more research facilities, "raise property taxes on seasonal and vacation rentals to thin the population which keeps during our resources and making it difficult to live here.", publication of available services, school food should be healthier, "that the people who work in the clinic be more patient with some people.", dentist, a little bit of everything, "more orderly, cleaner, everyone is afraid", everything is fine, HCN patient transportation, hospital, clinics, more specialists, "the specialists are far away and there are times when I don't have time", those who don't have insurance need help





Survey 2022

More doctors

Additional health services

Affordable housing

Specialty doctors

Financial assistance for health care

Transportation

Mental/behavioral health service

Dental care



Survey 2019

Mental health services

Financial assistance for health care

Bicycle paths/walking paths

Health education

Counseling & support groups

After-school/out-of-school programs

Wellness programs

Substance abuse treatment service

Additional comments from survey takers about the healthcare needs in Collier County. (Please note that all comments are unedited)

- Too many people, hard to get appointment
- More substance
- Be more thorough in consultations and not misdiagnose patients.
- People need to take more control of their own lives and stop relying on programs/government for support.
- Why is Healthcare Network the ONLY clinic mentioned?
- I think the number of providers that we have been healthcare has been decreasing relative to the population increase. The shortage in primary care and mental health services is particularly acute. The cost of living is so high that it is often difficult to recruit new providers to the area.
- NCH staffing is poor. Patient care is inadequate.
- As a resident of Immokalee with insurance I still have to travel over an hour to obtain health and dental care unless I use telemedicine. Some in the city do not have the ability to do so and wait to get basic health care.
- This survey is too general. Needs differ depending on age, part-time or full-time or temporary residency, and social-economic status.
- We have some great healthcare for those that have access. Our non-profits do an amazing job but can't keep up with the need.
- County needs more options to deal with a rapidly growing community that is outstripping available services. Too long wait times to obtain specialist services. Lack of cutting-edge research. Patients often have to travel a great distance to get quality medical services.
- Senior drivers over 67 need to be retested for their driving privilege on a yearly basis.
- We need Quest and Lab-Core facilities in Immokalee.
- Immokalee is in need of behavioral health for adults, more affordable housing, affordable health, and dental care for illegal immigrants (especially children). Too long of a wait to see a PCP at HCN of Immokalee. This town is in critical need of free, unbiased healthcare navigators that will help them find affordable health coverage and health care.





- Publication of available services.
- Snow birds eat up appointment availability and somehow take priority over full-time residents. It took 8 months to see a dermatologist, 4 months to see a gynecologist, and 3 months to see my endocrinologist who I have to see regularly. Appointments are overbooked and therefore rushed. You end up waiting for as long as 2-3 hours in the waiting room. How do people with job wages or even take off 4-5 hours for a simple doctor's appointment?
- Transportation is key. If there's no improvement in transportation/increase sidewalks, all the wonderful improvements in the community won't matter if Collier residents have no way of getting to them.
- Immokalee needs more healthcare.
- More healthcare for migrant farmworkers and homeless
- More accessibility needs to be offered to the residents of Immokalee. To see any kinds of specialist you have to travel 25+ miles to see a provider and sometimes it is very hard to find a provider that participates in certain insurances.
- More nutrition services
- Immokalee
- The most workers don't be rude to people we don't speak English
- 🔀 All good
- Although if there is help I think that I need more help here in Immokalee
- I feel good about what they are doing
- More dental care and services for children and adults
- It's a place for everything you do is very imputable, I hope you continue make because it matter to people
- That it be more flexible in the payments, because it is very expensive
- To have more doctors so they can treat you later, because they can take so long
- In schools for teenagers
- I do not like the service at MEF
- Eye doctor that accepts Medicaid
- Immigrant access
- We want more doctors who help
- We need help for the undocumented we do not speak English
- The coller lock they were calling me about COVID and they were very attentive, they worried about me
- My wife went and was told that she had to fill out a form on the phone the girl of the department did not help her. My wife said he just yelled at her and she missed her appointment and her work day
- There is a lot of police abuse, there is a lot of bad guys. We need more protection, they are stealing and it is scary to walk especially on weekends
- Dental
- That they will help us get papers to be able to go to our country and return to work
- Need a Walmart





Interview with Community Leaders

Introduction

The Health Planning Council of Southwest Florida (HPC) conducted fourteen key informant interviews in 2022 with the cooperation of the Healthcare Network (HCN). The purpose of the interviews was to better understand the perspectives of key community leaders on the health and healthcare needs of Collier County residents. These interviews intend to ascertain opinions among key individuals likely to be knowledgeable about the community and who are influential over the opinions of others about health concerns in the county. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in Collier County. A summary of community leaders' opinions is reported without judging the veracity of their comments.

The top two health issues identified by most of the interviewed community leaders in Collier County are:

- Access to mental healthcare
- Access to primary care

Methodology

A community committee created by the Healthcare Network (HCN Community Health Assessment Group) compiled a list of possible interview subjects. The list included healthcare providers, healthcare consumers, county government officials, and local businesses and community organizations representatives. HPC staff conducted the interviews over Zoom. HPC staff conducted the interviews between February and March of 2022 via Zoom. The average interview lasted between twenty-five and forty-five minutes. Interviewees were told that their comments would not be directly attributed to them but that a list of all participants would be included in this report. The list is included in Appendix C.

All interviews were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix B. In addition, community leaders were asked to provide comments on the following issues:

- Overall perspective on healthcare in Collier County
- Overall perspective on the general health of Collier County residents
- Perception on residents in the area having a good understanding of health issues, benefits, and services
- Opinions on the most pressing healthcare needs in Collier County
- Opinions of important health issues that affect county residents and the types of services needed to address these issues
- Impressions of specific health services available in the county
- General impression of HCN's response to the COVID-19 pandemic
- Thoughts on areas/neighborhoods where residents have difficulty accessing services
- Opinion on transportation and its impacts to accessing healthcare
- Thoughts on local policies, procedures, and/or taxes
- Opinions on the parties responsible for initiating and addressing health issues for the county





Interview Analysis

The leaders interviewed were asked whether they serve on any boards or have affiliations with healthcare providers in the community that deliver healthcare services that may have helped form their opinions. These affiliations included the Healthcare Network Board, Neighborhood Clinic, Blue Zone Board, Florida Association of Hospice and Palliative Care, and Collier Resource Center Board.

The time that the community leaders have lived and/or worked in Collier County ranges from one year to fifty-eight years. The average number of years an interviewee has lived or worked in Collier County is twenty-two years.

The interview questions asked of each community leader were identical. Some questions were altered to focus specifically on Immokalee instead of Collier County as a whole to accommodate the interviewees that mainly worked in Immokalee. The questions have been grouped into eight major categories. A summary of the leaders' responses to each of the categories follows. There is some duplication of subject matter and feedback between the categories. Paraphrases are included to reflect commonly held opinions, and direct quotes are employed when appropriate. This section of the report summarizes what the community leaders said without assessing the accuracy of their comments.

General Perceptions

When asked to share their impressions about the health and healthcare in Collier County, community leaders spoke at length about the assets and deficiencies of the system. The healthcare system in Collier County has grown significantly due to the growing population. In Collier County, various levels of care are available, from concierge to Medicaid to services for low-income and uninsured residents. Over the past couple of years, there's been an increase in providers turning to concierge service providers, which increases the gap of individuals not having access to quality health care. It can be difficult to access quality healthcare without funds and resources. An interviewee mentioned that HCN has the most comprehensive healthcare services due to HCN offering dental and mental health services and medical care.

Even though the healthcare system has grown, there is still a shortage of services and issues with gaining access to these services, especially in Immokalee. There is limited access to pediatric services, mental health services, dental care, and home health. There is a shortage of doctors willing to take Medicare. Collier County residents still must travel outside of the county to receive specific specialty care. One of the most significant barriers for Collier County residents is a lack of knowledge of services and resources, including assistance services to help pay for care. It was noted that there are instances of discrimination against women of color, with some physicians inferring they cannot afford it or lack understanding.

There has been a growth of comprehensive services offered in Immokalee, which has helped fill some of the gaps. HCN has been identified as a very good partner for providing much-needed services in Immokalee. One of the major gaps in healthcare in Immokalee is the lack of services that operate outside of standard business hours. After 5 o'clock, residents must travel far to receive services and emergency services.

Assessing the overall health of Collier County residents was difficult for many of the interviewees. The difficulty was attributed to the distinctly different types of residents across the county. As one leader stated, "healthcare in Collier County is like a patchwork quilt." Overall, many felt that Collier County residents are healthier on average and live longer. Residents of Collier County have access to a lot of outdoor activities and are generally more active.





Collier County residents of a certain class/income can afford care while other residents go without. The various socioeconomic factors play a role in how much residents focus on their overall health. There are a lot of low-income residents who struggle to access food. Working families can't access many services due to them being offered during normal business hours (9:00 am – 5:00 pm). Depending on where a person lives, they may or may not have access to services. In rural areas, there is a need for more health professionals. Compared to the rest of Collier County, Immokalee is not as healthy. There are cultural and language barriers that exist. Diabetes and mental health are major health issues affecting residents in Immokalee. Some leaders mentioned the need for additional outreach and education to communities to share information on available health services and health issues.

Community leaders were asked if they believe residents in the area have a good understanding of health issues, benefits, and services. Leaders had various answers; some believe they do, but others think they don't. There is a gap in knowledge of elderly services. Residents aren't aware that there are elderly services for those who are alone and/or don't have a family. There are limited resources in Immokalee for people to access. Many Immokalee residents travel to Lee for their healthcare needs. There seems to be a problem with information dissemination. It is believed that if Collier County residents had access to services that had weekend and after hour options, more people would be able to access them. An increase in mobile clinics could fill some gaps as well.

Pressing Healthcare Needs

The community leaders were asked to identify the most pressing healthcare needs in Collier County. The most common responses were mental health (for adults and children) and affordable dental care/services. Other interviewees suggested that access to affordable healthcare, substance abuse services, pediatric services, and affordable housing (for residents and the workforce) were also pressing healthcare needs. Some other needs that were listed were fall prevention, education, food deserts, lack of access to healthy foods, doctors willing to take Medicare/Medicaid, obesity, health equity, specialists, and nutrition.

Issues Affecting Specific Groups

Community leaders were asked to give their opinion on issues impacting particular groups of Collier County residents. Those groups included children, teens/adolescents, adults, elderly, and migrants/seasonal workers.

Majority of the community leaders suggested that mental health, access to pediatric care, and obesity were the most pressing health issues. It was stated by one interviewee that water safety was an issue for both residents and those visiting Collier County. Other issues cited were dental care, childhood immunizations, nutrition, diabetes, cultural and language barriers, school health safety, and vision screenings.

There were some similar healthcare issues listed for Teens and adolescents. All the community leaders cited mental health as the main issue affecting this population. One leader stated that "black female teens in high school had a larger number of suicide attempts when compared to other students." Interviewees identified bullying, anxiety, the pressure of being a teenager, stress, social media, and not having mental health support in the schools as attributing to the mental health crisis amongst teens and adolescents. Other issues mentioned included substance abuse (drugs and alcohol), preventative care, pregnancy prevention, sexually transmitted diseases (STDs), sexual education and testing, and nutrition.

For adults, access to affordable primary care, finding a primary care physician, and mental health were the most often mentioned pressing health concerns. Chronic conditions, such as diabetes and





hypertension, were listed by several interviewees as major health issues as well. Also noted were access to substance abuse, mental health, cultural and language barriers, housing, cancer, health literacy, disease prevention, specialty care doctors, transportation, and nutrition. A couple of the community leaders discussed the difficulty of navigating the healthcare system regardless of insurance status. Also, working adults have a hard time prioritizing their health.

The elderly generally has access to care through Medicare and are typically considered to be in a better situation than many others in the county. Of those who felt that the elderly has pressing health issues, their number one concern was access to affordable senior housing. During the COVID-19 pandemic, seniors experienced more social isolation than normal due to COVID restrictions put in place for their safety. Also mentioned included dementia and Alzheimer's care, fall prevention, transportation issues, food access, knee, and hip replacements, hearing aids, alcohol use, sexually transmitted diseases (STDs), domestic violence, and mental health. In Collier County, a dementia care task force was recently started to address this pressing health issue.

The majority of interviewees agreed that the most pressing issue for migrant/seasonal workers are the barriers to receiving care due to current immigration status. The next pressing concern was not knowing how to access services. Interviewees also identified hospital services too far, infectious diseases, work related injuries, transportation, chronic diseases, adequate housing, and access to healthy food.

Types of Residents with Difficulty Accessing Healthcare

Interviewees were asked about the types of residents who have difficulty accessing care. Multiple community leaders felt that the migrant residents and low-income working residents have difficulty accessing care, often due to a lack of resources and knowledge of services. Other groups specifically mentioned as having difficulty accessing care in Collier County were working families, veterans, the homeless (veterans and seniors), the Haitian population, and seniors.

Impressions Regarding Services and Access

The community leaders were asked to give their impressions about different services particularly related to quality, accessibility, and barriers to receiving those types of services. The services included primary care, dental care, specialty care, mental/behavioral health care, urgent/walk-in care, hospital care, pediatric care, ob/gyn & maternity care, pharmacy services, optometry/vision services, audiology/hearing, and HIV services.

There were mixed feelings regarding the availability of primary care in Collier County. The range in care is from really good to not so good. Multiple leaders cited concerns about the rise in concierge doctors in Collier County, leading to fewer options for primary care physicians. Numerous leaders said that when residents reach out to these doctors, there are long wait times, they are not taking new patients, and/or they don't accept their insurance. If you are wealthy in Collier County, having access to great primary care isn't hard. However, language and cultural barriers exist when accessing primary care. Community leaders recognize that it is tough for people who must work 9-5 jobs to have difficulty accessing care because they cannot get off work.

When asked about dental care in Collier County, community leaders noted that there are a lot of dental offices in the greater Collier County area, but it is not affordable even with dental insurance. Schoolaged children can access dental services and screenings in the schools. Multiple interviewees noted that dental care for seniors is costly, especially for dentures.





Most community leaders stated that residents have options in the county for specialty care, but they are limited to Naples. The closest pediatric hospital is located in Lee County, so residents must travel to receive specialty pediatric care. Specialty care options aren't available in Immokalee. Some leaders noted that cardiac and stroke care is very good. Even though there are some specialists in Collier County, interviewees did not know that many residents travel outside the county to receive specialty care.

Most community leaders felt that mental health care is not readily available in Collier County. David Lawrence was mentioned several times throughout the interviews as a great resource. One other place that was said to provide mental health services was Healthcare Network and NAMI (National Alliance on Mental Illness). Mental health services are expensive regardless of insurance status. Due to the COVID-19 pandemic, telehealth has increased. One leader stated, "there is an extreme issue with wait times when people need help." Stigma is still a significant issue and needs to be addressed so more people may seek the care they need. Another leader stated that "this is Collier County's greatest weakness."

Most felt that substance abuse treatment was not widely available in the county and was limited for those who could not afford to pay. "Opioid abuse is a major problem in Collier County," said one community leader. There were two places that community leaders identified where residents could receive services, St. Matthews and David Lawrence. Unfortunately, there are no inpatient youth substance abuse programs in this area. Access to this service is limited, and there tends to be a waitlist.

Many leaders agreed that there are plenty of urgent/walk-in care locations in Collier County, except for Immokalee, which has none. Also, there aren't any in the Golden Gate area. Urgent/walk-in care clinics are a good alternative to residents going to the emergency room since they are widely accessible. It was stated that many residents use these clinics for their primary care; even though there are lots of urgent/walk-in care clinics, many do not offer services after 5:00 pm.

The level of hospital care in general (non-emergency) in Collier County was thought by most interviewees to be good. The hospitals in Collier County have grown with the community. There are currently two hospital systems with two hospitals each. One leader stated, "a good chunk of the population lives more than 25 miles from a hospital". Several areas throughout Collier County don't have a hospital, for example Immokalee, Ave Maria, and Marco Island. "Accessibility is an issue for rural areas," said one interviewee. The hospital systems get overwhelmed during the season.

The only children's hospital in the area is in Lee County. Many community leaders feel pediatric care is well covered in Collier County. Pediatric care has grown over the years. However, there is still a gap in specialty care for pediatric patients. Many community leaders mentioned that HCN has a place where great pediatric care services are given. However, just like primary care for adults, there is a shortage of pediatricians, and some pediatricians do not accept new patients. Also, ensuring their insurance is accepted at that pediatrician's office is an issue.

Community leaders were asked about their impressions on ob/gyn & maternity care in Collier County. There were mixed feelings about OB/GYN& maternity care. In Immokalee, HCN provides most of the OB/GYN & maternity care. Even though HCN offers these services, women still have to travel to Naples or Lee County to deliver, which is far. "The lower-income neighborhoods could use more women's health care access and affordability," stated one leader.

Throughout Collier County, there is no shortage of pharmacy services. The issue is the affordability of medications regardless of insurance status. Even though there are plenty of pharmacies, there is a lack of 24/7 pharmacies. "If someone is released from a hospital after 8:00 pm, they must wait the next day to fill their prescriptions." HCN provides pharmacy services to their patients.





Optometry/vision services and audiology/hearing are challenging to access for low-income residents, especially low-income seniors. These services are difficult to access in Immokalee. Hearing aids can be expensive for seniors. There are plenty of optometry offices in Naples. Children in school are screened for both vision and hearing. The Lions Club, located in Bonita Springs, was mentioned to provide vision services for low-income individuals. The Resource Center is a great resource to help gain access to refurbished hearing aids. Some community leaders believe that there are good HIV services available in Collier County. The Department of Health in Collier County and HCN mentioned that they provide these services in the area.

Community leaders were asked if there are other services that individuals in Collier County have difficulty accessing. Many leaders mentioned the lack of childcare options and lack of affordable day cares in Collier County. There tends to be a long waiting list to access childcare centers. Other services that were difficult to find in Collier County were transportation, occupational therapy, services for people with disabilities, prosthetics for kids, affordable adult day care, and nutrition education. Some services that individuals in Collier County go outside to receive include services for severe trauma, cancer treatment (special), access to a children's hospital, pediatric specialty services, mental health care, and specialty care.

It is generally believed that the residents of the areas outside of Naples often have greater difficulty accessing health services. The neighborhoods mentioned most frequently as having difficulty accessing services were Immokalee and Golden Gate. Also mentioned were Everglades City, Marco Island, North Naples, Eden Park (Immokalee), the Estates, farm villages, and areas around main street (Immokalee).

Transportation is seen as a major barrier to care for many areas. Transportation was mentioned as lacking in Immokalee, Golden Gate Estates, and Everglades City. Community leaders were asked if they feel transportation impacts the ability to access healthcare in Collier County, and all community leaders said yes. Collier County currently has a local bus system called the CAT. Public transport needs to grow and figure out the best way to move people around the county. "It's an all-day affair to take the bus two hours prior to appointment and have to wait around after the appointment." The Resource Center has bus passes to help seniors get to their appointments.

Leaders were asked about local policies, procedures, or taxes that impact healthcare in Collier County. In Collier County, there is currently a mental health plan and county-operated places for the aging population. A portion of the sales tax initiative goes toward the mental wellness initiative and expanding transitional housing. Therefore, the Penny Tax could have a positive outcome. In addition, there has been an increase in looking at support for workforce housing.

COVID-19 Response

Community leaders were asked about their general impression of the response to the pandemic from HCN. The majority of the leaders stated that HCN did a great job and that they were a great partner. HCN brought out a mobile testing clinic to help increase testing in some areas. HCN also made sure to keep their website up to date if information changed. One leader stated, "HCN played a vital role in testing early on, vaccination, and outreach to migrant workers and vulnerable populations." HCN was visible in Immokalee. HCN even provided services in Everglades City, which tends to be overlooked. They had people providing outreach throughout Immokalee. The farm worker population was left out at the beginning of the pandemic, but RCMA received funding from HCN to help give the farm workers masks. HCN is continuing to educate those not vaccinated on the importance of getting vaccinated. Something that could've been improved was letting local partners know what resources they had on hand and reaching out to community partners and partnering with them. It would help the Immokalee community





if HCN had more hours during the week and weekend hours. "Representation really matters in the community."

Most Important Health Issue and How to Address It

The top two health issues identified by most of the interviewed community leaders in Collier County are access to mental healthcare and access to primary care. One community leader stated, "that services should be available to everyone not, just based on how much money you have." Both mental health and primary care are not a primary concern for many working and low-income residents. Other interviewees also felt that major issues were lack of access to home healthcare, substance abuse, specialists, dental care, access to hearing aids, culturally appropriate care, care navigation, transportation, and information sharing.

A variety of ideas on how to implement change regarding these health issues in Collier County were provided. Some leaders suggested that all agencies are responsible and should work together to bring about change. "Do what's better for the community." They cannot look to the government to help with addressing issues; it's on the non-profits and organizations to address these issues. One leader said that additional transitional housing would help. Locally, one leader suggested looking into why primary doctors are not coming to Collier County; this should be on NCH or Physician's Regional to research. One interviewee would like to see HCN train staff on tailoring healthcare to the right person and aiding transportation. A couple of community leaders suggested that organizations, schools, and hospitals work together to incentivize students to come back and serve their community. An increase in mobile services, increasing hours at doctor's offices, going beyond 5:00 pm and opening on the weekend.

Additional Comments from Community Leaders

- "I think that, unfortunately, I understand the reasoning why there is not a hospital out in Immokalee, but the services need to be brought to Immokalee. We can't expect those living at and below the poverty level to seek out services that they might not be educated on."
- "HCN does a great job with prescriptions. A key piece that they are missing is specialty care. Increase clinics in Marco Island, Everglades City, and other hard to reach areas. Increase dental clinic. We are lucky to have HCN in this area."
- "Even when you are starting to conquer issues. The community is ever changing. Whatever we do, we continue to do it."
- "We are heading in the right direction. we just need more resources. Golden Gate also has the same issues."
- "Lack of palliative care services. Find a way to support people to stay in their homes."
- "Telehealth has been popular due to COVID-19; not sure how utilized it was at DOH. This technology can have issues, especially with the harder to reach areas."
- "Homeless population is growing."
- "Prioritize the LGBTQ's health."
- "Health equity health literacy, communication, looking at certain cultural groups. People with disabilities. Language barriers, various dialects amongst primary speaking language."
- "Really impressed what HCN has done in the county. A large percentage of residents are served by HCN. A new location was opened in Golden Gate to help serve this community. Additional dollars for indigent care and expand dental services for seniors."
- "HCN has head issues and is working to help. Use COVID-19 outreach model to help in the community in additional ways. Partner with community agencies to help expand reach."





Appendix A: Collier County Survey on Health and Healthcare

1.	How would you rate the general health of Collier County residents?						
	☐ Excellent ☐	☐ Good	☐ Fair	☐ Poor			
2.	How would you rate the quality of healthcare in Collier County?						
	☐ Excellent ☐	☐ Good	☐ Fair	☐ Poor			
3.	Where do you think the residents of Collier County primarily go to get health information (select two (2))?						
	□ Newspaper □ Family doctor or □ Friends or relativ □ Google search □ Social Media (Fa Instagram, Twitter, □ Other	cebook,	☐ Televi ☐ Officia	sion al government website (CD0	C)		
4.	Where do you go to get he Medical (Family do Urgent Co Don't kno	Clinic Coctor Care Cow	ect all that apply) Health departm Hospital/emerg Dental Clinic	nent sency room			
5.	Do you have a primary care provider (a doctor that you visit for most of your problems)? No Yes I Don't know If yes, which facility do you visit?						
6.	Are you a client of Healthcare Network? No Yes I Don't know If yes, which facility do you visit?						
7.	How do you choose your healthcare providers?						
	□ Recommendations (Frie □ Soonest Appointment □ Whatever is on my insur □ Web ratings and review □ Google Search	rance	☐ Shop for co ☐ Distance ☐ Charity prop ☐ Social media				
	☐ Other:						





1	pandemic? (For additio	nal information: <u>htt</u>	t <u>ps://healtl</u> re □Neut	ncare Network to the COVID-19 ncareswfl.org/covid-19/) ral Somewhat effective n't know			
	Do you have any suggestions or feedback for the Healthcare Network on its COVID-19 pandemi response?						
-							
	Which of the following d (select three)?	lo you feel are the <u>th</u>	<u>iree</u> most ir	mportant health concerns in Collier County			
☐ Acces	ss to primary care (famil	y doctor)		☐ HIV/AIDS			
☐ Access to specialty care (doctors who provide care for one specific medical issue)				☐ Lack of food			
☐ Aging	g problems (arthritis, hea	aring or vision loss, e	tc.)	☐ Mental health problems			
☐ Asthr				☐ Not enough doctors			
☐ Canc				☐ Obesity			
	atal care			☐ Poor nutrition			
	al problems			☐ Senior care			
☐ Diabetes				☐ Sexually transmitted diseases (STDs)			
Addic				☐ Suicide			
	mination estic violence			☐ Teenage pregnancy☐ Unsafe living conditions			
☐ Flu	estic violence			☐ Unsafe work environment			
	t disease and stroke			☐ Women's health issues			
COVIE				Women's health issues			
	r		_				
	Which of the following d (select three)?	lo you feel are the <u>th</u>	<u>ıree</u> most ir	nportant risky behaviors in Collier County			
☐ Bei	Being overweight			☐ Poor eating habits			
☐ Dis	tracted driving (texting,	etc.)	☐ Smoking/tobacco/vaping use☐ Substance abuse (drug, alcohol, prescription,				
_			other)				
☐ Lac	k of exercise		☐ Not getting shots to prevent disease				
☐ Lac	☐ Lack of pre-natal care			Unsafe sex (unprotected)Lack of Health Literacy (health information needed			
☐ Not	t using birth control			ppropriate health decisions)			
☐ Not	t using seat belts/child sa	afety seats					
□ Oth	ner						





nat keeps people in Collier County from seeking medical			
☐ Lack of insurance☐ Language barrier			
☐ Mental/Behavioral Health			
☐ Have to wait too long at doctor's office			
☐ No appointments available at doctor when needed ☐ Transportation			
☐Too busy/can't get off work			
☐ None/no barriers			
are affecting your health?			
S			





14. What types of residents of Collier County have more difficulty with accessing healthcare than others?							
☐ Adults ☐ Children ☐ Elderly/Senior Citizens ☐ Migrants/farm worker ☐ Non-English speaking	 □ Persons in dependency (foster care/non-relative care) □ Persons with disabilities □ Teens/Adolescents □ Uninsured/low-income □ Veterans 						
☐People with mental/behavioral health							
issues	☐Pregnant women						
□Homeless	☐ None						
☐ Other							
15. Are there areas/neighborhoods in the accessing health services?□ No□ YesIf yes, which areas/neighborhoods	county where residents have a particularly difficult time cods?						
 □Yes □No □I don't know □I don't have insurance 17. If tele-medicine (medical visits through the phone or computer with video) were available, would you or your family/friends use those services? □Yes □No, I don't like using the phone or videos □No, I prefer to meet in person □I'm not sure 							
18. Are there services that individuals in C	ollier County have difficulty accessing?						
☐ Yes, Dental care (for adults) ☐ Yes, Dental care (for children) ☐ Yes, Emergency care ☐ Yes, Hospital care ☐ Yes, Maternity/pre-natal care ☐ Yes, Medications/pharmacy ☐ Yes, Nutrition services ☐ Yes Speech therapy	lyes, Specialty care lyes, Mental/Behavioral health care (for adults) lyes, Mental/Behavioral health care (for children) lyes, Pediatric care lyes, Primary Care lyes, Audiology/hearing lyes, Optometry/vision lyes, Physical therapy lyes, Occupational therapy (to improve ability to do daily						
□ Yes, Other							

19. A few years ago, behavioral health was described as a critical need for Collier County. Have you seen any changes in the availability of mental and behavioral health services in the past few years?





changes	re has been an incr I do not know.	ease u yes, the	ere has been a decrease 🔲 No, I h	ave not seen any		
20. What does Collier County need to improve the health of your family, friends, and neighbors?						
☐ Additional healt	h services		☐ Mental/Behavioral health serv	vices		
☐ After-school/out		ns	☐ More doctors			
☐ Bicycle paths/wa			☐ Recreational facilities (parks, sports fields, etc.)			
☐ Counseling & su	- ,		☐ Safer environment			
☐ Dental Care			☐ Specialty doctors ☐ Substance abuse treatment services			
☐ Financial assista	nce for health care					
☐ Health education	n		☐ Transportation			
☐ Healthier food c	hoices		☐ Wellness programs			
☐ Job opportunitie	es		☐Assistance for applying for services (SNAP, Medicaid			
☐ Affordable hous	ing (mortgage or re	ent)				
☐ Other				_		
21. Please sha What is your Zip Code?			ave about healthcare needs in Co	llier County.		
Are you a permanent, s	oosanal artampar	eary racidant of	Calliar County)			
Permanent	Seasonal	☐ Tempora	•			
Age:						
☐ Under 18	□ 18-34	□ 35-64	□ 65-84	□ 85+		
Gender:						
☐ Male	☐ Female	□Other				
Race:						
☐ American Indian or A☐ Native Hawaiian or C☐		☐ Asian	☐ Black or African American			
☐ Native Hawaiian or Other Pacific Islander		☐ White	☐ Mixed	□Other		





Ethnicity:					
☐ Hispanic or Latino ☐ Not Hispanic or Latino					
What is your primary	y language?				
English	Spanish	Creole	Other		
What type of insurar	nce do you have?				
Private insurance	(through employer)	☐ Private insurance (self-pay)			Veteran/Tri-Care
☐ Medicare		Medicaid (Staywell, Prestige etc.)			■ None
			☐Medicare Rep	olacement	
☐ Other					
What is your hig	ghest level of education	1?			
☐ Some H	ligh School or less	☐ High Schoo	l Diploma/GED	☐ Some College	
□ Associa	to's Degree 🔲 Rad	chalor's Degree	a □ Advano	ed Degree (Master	s or Doctorate)





Appendix B: Key Informant Interview Guide

On behalf of the Healthcare Network, the Health Planning Council of Southwest Florida is conducting a county-wide health assessment. The goal of this assessment is to identify the most pressing health needs of residents of Collier County including issues like access and barriers to health care and the most pressing health issues of residents. As a part of this study, we are conducting a series of interviews with key individuals throughout the county. You have been identified by the project team as a key informant based on your knowledge of the health-related issues for Collier County residents. This interview will take approximately 45 minutes (give or take based on how chatty you are). In the final report, the information you give will not be attributed to you by name. You will however be listed as a participant in the study. Some of the questions will be duplicative of material we have already discussed but they may prompt you to think of additional issues. Feel free to pass any questions you do not have an answer to. We are talking to people with a wide variety of perspectives and do not expect anyone to be familiar with everything. Are you ready to get started?

- 1. Could you briefly describe your position and how long you have lived and/or worked in Collier County? *Do you receive your healthcare in Collier County?*
- 2. It is important that we understand any affiliations you have with healthcare providers in the community that may have helped form your opinions about these issues. Do you serve on any boards or participate in any organization that delivers healthcare services? (*Besides the position you have already described?*)
- 3. Starting very generally, please comment on your overall perspective on healthcare in Collier County?
- 4. Please comment on your overall perspective on the general health of Collier County residents.
- 5. Do you think residents in the area have a good understanding of health issues, benefits and services? (Tell me where there might be difficulties/ What can be done to help make improvements)
- 6. What do you think are the most pressing healthcare needs in Collier County?





- 7. Now I am going to name some specific populations in Collier County and I would like you to comment about what you think are the most important health issues affecting them:
 - a. Children
 - b. Teens/adolescents
 - c. Adults (what about adults without insurance?)
 - d. Elderly
 - e. Migrants/Seasonal Workers
 - f. Any other special populations you would like to highlight?
- 8. What types of residents of Collier County have more difficulty with healthcare than others? What are these difficulties? Why do you believe these folks have more difficulties with healthcare? What actions are necessary to address this issue?
- 9. Do you know where Collier County residents who have difficulty paying go to receive services? Do you think people have a good understanding of the offerings of FQHCs like HCN?
- 10. I am going to name some specific types of services and ask you to share any impressions you have about them, particularly related to quality, accessibility and any barriers to receiving these types of services
 - a. Primary care
 - b. Dental care
 - c. Specialty care
 - d. Mental/behavioral Health care
 - e. Substance Abuse treatment
 - f. Urgent/walk-in care
 - g. Hospital care





- h. Pediatric care
- i. Ob/gyn & maternity care
- j. Pharmacy Services
- k. Optometry/ Vision Services
- Audiology/hearing
- m. HIV Services
- 11. Are there other types of services that individuals in Collier County have difficulty accessing? (child and adult day care, care navigation, hospice/palliative care and advanced care planning services)
- 12. Are there services that individuals in Collier County go outside of the county to receive? Why are they leaving the county to receive those services? Are they available in Collier County?
- 13. In Collier County, the response to the COVID-19 pandemic involved local, state, and federal partners. What is your general impression of the response to the pandemic from the Healthcare Network? What went well? What could've been better? What are suggestions moving forward?
- 14. Are there areas/neighborhoods where residents have a particularly difficult time accessing services?
- 15. Do you feel that transportation impacts the ability to access healthcare in Collier County?
- 16. Are there any local policies, procedures or taxes that have an impact on healthcare (positive or negative) in Collier County?
- 17. Of all the issues and services we have discussed, which do you think is the most important health care issue?





- 18. What actions are necessary to address this issue? Who do you think should take responsibility for addressing this issue?
- 19. Do you have any additional comments you would like to share about health care needs in Collier County?

That was all of our questions, thank you for your time and your insight on the health and well-being of Collier County. We will be conducting several more interviews over the next several weeks. Along with these interviews we are conducting community-wide survey of Collier County residents which is now available. The information we collect from both the surveys and interviews will be used in Healthcare Networks community health assessment which will be completed by June.





Appendix C: Community Leaders Interviewed

Gloria Padilla

Community Relations Manager

RCMA

Dawn Montecalvo

President

Guadalupe Center

Lara Fisher

CEO

Grace Place for Children and Families

Chris Byrne

Director of Emergency Management

City of Marco Island

Bill McDaniel

District 5 County Commissioner

Collier County Commissioner

Lisa Morse

Director of Community Engagement

Collier County Public Schools

Jennifer Gomez

Director of Health Promotion

Florida Department of Health in Collier County

Noemi Perez

President & CEO

The Immokalee Foundation

Dr. Elena Reyes

Professor & Regional Director

FSU College of Medicine

Nina Gray

Community Advocate

Healthcare Network - Development Committee, Collier Resource Center

Eileen Connolly-Keesler

President & CEO

Community Foundation of Collier County

Kerri Ervin

Chief Compliance Officer & SVP of Engagement

AVOW, NCH Board

Kimberly Kossler

Administrator & Health Officer

Florida Department of Health in Collier County

Mark Lempke

Health Center Administration in Immokalee

Florida Department of Health in Collier County





Appendix D: Selected Data Sources

The Florida Department of Health has a large selection of data available on the internet as a part of their Community Health Assessment Resource Tool Set (CHARTS). That is a good starting point for locating health data for Florida or any of its counties: http://www.floridacharts.com/charts/chart.aspx

The Florida Office of Vital Statistics releases an annual report with detailed information on population, births and deaths: http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx

The Behavioral Risk Factor Surveillance Reports are available at this site along with special reports on many health-related topics: http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/reports/ documents/2013county/ documents/Collier.pdf

The Florida Legislature, Office of Economic and Demographic Research: http://edr.state.fl.us/

The Agency for Health Care Administration (AHCA) publishes reports on hospitals, nursing homes and Medicaid: http://ahca.myflorida.com/publications/Publications.shtml

The Florida Mental Health Act (Baker Act) reports are available on the internet: http://bakeract.fmhi.usf.edu/

The Department of Health provides information on individual doctors including their license status at this site: http://ww2.doh.state.fl.us/IRM00profiling/searchform.asp

Florida Health Finder has helpful information on healthcare facilities and providers: http://www.floridahealthfinder.gov/

HRSA Health Center Program UDS Data: https://data.hrsa.gov/tools/data-reporting/program-data?type=AWARDEE&state=FL

County Health Rankings: https://www.countyhealthrankings.org/app/florida/2022/overview

Florida Youth Substance Abuse Survey: https://www.myflfamilies.com/service-programs/samh/prevention/fysas/

Collier County Department of Health: http://collier.floridahealth.gov/index.html

Florida Medicaid: http://mymedicaid-florida.com

Health Planning Council of Southwest Florida, Inc.: http://hpcswf.com/



