SARASOTA COUNTY

2024 COMMUNITY HEALTH ASSESSMENT

December 2024

LETTER TO THE COMMUNITY

I am honored to bring you the Florida Department of Health in Sarasota County (DOH-Sarasota) 2024 Community Health Assessment. This report reflects the hard work and dedication of many individuals and organizations, with invaluable input from community members like you. Every five years, the Department of Health in Sarasota County publishes a Community Health Assessment (CHA), which offers a detailed look at the state of health in Sarasota County.

To be effective in our public health mission and effectively respond to the health needs of our community, we must have a clear understanding of the challenges we face. This assessment brings together data about the current health of our county's residents with stakeholder and resident identified health-related concerns to inform both the community and local public health planning.

Utilizing the CHA data and information, work on a new 2025-2030 Community Health Improvement Plan (CHIP) is scheduled to be completed later this year. The Countywide CHIP will identify plans of action for specific priority areas. This critical community planning is essential and is a required component of the Public Health Accreditation process.

I am very proud of our efforts to help our community make data-driven decisions to improve health and advance the vision of being the healthiest county in Florida. Together, we can build a healthier, stronger community.

With much gratitude,

Chuck Henry,
Health Officer
Florida Department of Health in Sarasota County

Sarasota County among
"Best Places to Live" in U.S.
Money magazine, 2001

Overview

The 2024 Community Health Assessment, completed by the Florida Department of Health in Sarasota County, represents the culmination of a year-long collaborative process aimed at understanding and addressing the health needs of our community. This comprehensive assessment has identified **three leading priority areas** crucial to improving the well-being of Sarasota County residents: **Access to Care, Services, and Programs, Behavioral Health and Well-Being,** and the **Built Environment**. These priorities will guide our efforts to enhance health outcomes and promote a healthier community for all.

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ACRONYMS AND DEFINITIONS

AARP	American Association of Retired Persons
ACE	Adverse Childhood Experience
ACS	American Community Survey
AFFB	All Faiths Food Bank
ALICE	Asset Limited, Income Constrained, Employed
AMI	Area Median Income
ASAP	Addiction Support and Pregnancy
BMI	Body Mass Index
BRFSS	Behavioral Risk Factor Surveillance System
CAD	Coronary Artery Disease
CAP	Critical Area Plan
CCA	Community Context Assessment
CDC	Centers for Disease Control and Prevention
CHA	Community Health Assessment
CHAT	Community Health Action Teams
CHIP	Community Health Improvement Plan
CLC	Community Health Improvement Partnership Leadership Council
CoC	Continuum of Care
CORT	Community Offender Rehabilitative Treatment
CPA	Community Partner Assessment
CSA	Community Status Assessment
DCF	Department of Children and Families
DOH	Department of Health
ESL	English as a Second Language
FDEO	Florida Department of Economic Opportunity
FDEP	Florida Department of Environmental Protection
FDOT	Florida Department of Transportation
FOCA	Forces of Change Assessment
FQHC	Federally Qualified Health Center
HIV	Human Immunodeficiency Virus
HOT	Homeless Outreach Team
HPV	Human Papillomavirus
HUD	US Department of Housing and Urban Development
IFAS	Institute of Food and Agricultural Sciences
LIH	Low-income Housing
LOVN	Laurel, Osprey, Venice, and Nokomis
MAPP	Mobilizing for Action through Planning and Partnership
MAT	Medication Assisted Treatment
MPO	Metropolitan Planning Organization
MRT	Mobile Response Team
NACCHO	National Association of City and County Health Officials
NAMI	National Alliance on Mental Illness
OHCD	Office of Housing and Community Development
P4P	Parents for Parents

PACE-EH	Protocol for Assessing Community Excellence in Environmental Health
PHAB	Public Health Accreditation Board
PMC	Performance Management Council
PNC	Prenatal Care
PrEP	Pre-Exposure Prophylaxis
PWH	Persons with HIV
PMHCH	Perinatal Mental Health Coordination Hub
RESTORE	Rehabilitation, Education, and Support Toward Offender Reintegration
RTTB	Rebuilding Together Tampa Bay
SCC	Safe Children Coalition
SCSO	Sarasota County Sheriff's Office
SES	Socioeconomic status
SHA	Sarasota Housing Authority
SHIP	State Health Improvement Plan
SMM	Severe Maternal Mortality
TD	Transportation Disadvantaged
TIP	Transportation Improvement Plan
UF	University of Florida
UHI	Urban Heat Island
USF	University of South Florida
UTC	Urban Tree Canopy

INTRODUCTION

INTRODUCTION

The Community Health Assessment (CHA) for Sarasota County reflects the dedication, insight, and collaborative spirit of a diverse set of organizations committed to understanding and addressing the health needs of our community. Sarasota County, located on Florida's western coast, includes the cities of Sarasota, Venice, North Port, and the Town of Longboat Key. Home to approximately 434,000 permanent residents, and swelling to over 476,000 during the winter months, Sarasota County encompasses 555 square miles of land with 37 miles of open shoreline along the Gulf of Mexico.

This coastal paradise is renowned for its natural beauty, appealing sub-tropical climate, and arts and culture. The community boasts superior schools, significant medical research and education facilities, high educational attainment, and a regional workforce of more than 350,000.

The Florida Department of Health in Sarasota County (DOH-Sarasota) is part of a state/county partnership known as Sarasota County Health and Human Services which is dedicated to fostering a healthy community. As a health department accredited by the Public Health Accreditation Board (PHAB), DOH-Sarasota completes a community health assessment every five years. This assessment embodies our commitment to collaboration and addressing the health needs of the community.

The CHA process involves the systematic collection, assembly, analysis, and distribution of data on the health status of our community. This process was facilitated by our CHA Steering Committee, comprised of DOH-Sarasota, Sarasota County, nonprofit organizations, health coalitions, and various community stakeholders.

This report includes various factors, such as demographic, socioeconomic, and health behaviors, that influence health outcomes in Sarasota County. A combination of input from community residents, leaders, as well as local and State secondary data have informed this assessment. Included in the analyses were surveys, focus groups, community walking tours, and key informant interviews. This assessment is part of an ongoing and comprehensive strategic approach to community health improvement, allowing for the identification and prioritization of key health indicators.

DOH-Sarasota invites individuals and organizations to use information in this report to work towards reducing morbidity, mortality, and injury to make Sarasota County a healthier place to live, work, and play.

CHA Steering Committee

In July 2023, the CHA Steering Committee convened to begin developing the CHA assessment process. Steering committee members worked to identify community health priorities using both primary and secondary data sources.
CHA Steering Committee Partners were:

- CenterPlace Health
- Community Health Action Teams of Sarasota County
- First 1000 Days Suncoast
- Florida Department of Health in Sarasota County
- The Glasser/Schoenbaum Human Services Center
- Health Planning Council of Southwest Florida
- Sarasota County Human Services
- Sarasota Memorial Healthcare System

EMERGENT THEMES

Three priority areas emerged and were identified through the multiple assessments completed as part of the MAPP 2.0 Community Health Assessment process. The priority areas represent the collective voices and concerns of Sarasota County residents as expressed through surveys, focus groups, interviews, and photos, and supported by a secondary data review.

They include:
  Priority Area 1: Access to Care, Programs, & Services
  Priority Area 2: Behavioral Health & Well-being
  Priority Area 3: Built Environment

Priority Area 1 focuses on improving access to care, programs and services that focuses on preventing chronic diseases such as different types of cancer, heart disease, and diabetes, including risk factors such as obesity. This also encompasses reducing unintentional falls in older adults, improving childhood immunization rates, addressing homelessness through expanding access to services, and increasing accessibility to prenatal care in the first trimester.

Priority Area 2 focuses on improving behavioral health and well-being. This encompasses reducing alcohol, tobacco, and substance use among adults and adolescents, enhancing brain health in older adults, improving community resiliency, reducing/preventing suicide, and supporting youth mental health and reducing exposure to ACEs.

Priority Area 3 focuses on addressing housing affordability and maintaining neighborhood safety, improving food access in low-income census tracts, continuing to improve environmental resiliency (against flooding and extreme heat), and reducing injury related to traffic congestion and distraction.

DOH-Sarasota shares the 2024 CHA results with the Community Health Improvement Partnership Leadership Council (CLC) as it begins work on the future Community Health Improvement Plan (CHIP). Through active collaboration, shared goals and long-term measures are set to address the concerns prioritized by the CHA.

Although three priority areas have been identified, the specific objectives for each will be finalized with input and collaboration from the CLC. Community partners, agencies, and organizations with subject matter expertise will further support these objectives. In partnership with local agencies, organizations, and community foundations, DOH-Sarasota will establish achievable CHIP goals and objectives, with measurable metrics to track progress over time for each priority area and its related sub-topics.

PRIORITIZING STRATEGIC ISSUES

The table below illustrates the cross-cutting issues that were raised on the multiple quantitative and qualitative CHA assessments, surveys, and other data sources. The presence and frequency of recurring topics across assessments lead to the prioritization of community health issues within grouped priority areas.

Priority Area 1: Access to Care, Programs and Services

Topics	Sarasota County Well-being Survey	Age-Friendly Survey	2024 Sarasota Citizen Opinion Survey	First 1000 Days Landscape	FOCA	CHAT Community Walking Tours	KII's and Focus Group	Existing Secondary Data	Mental Health Needs Assessment
Immunizations				•				•	
Homelessness	•	•		•	•	•	•	•	•
Prenatal Care				•				•	
Cancer & Chronic Disease	•	•					•	•	
Unintentional Falls		•						•	

Priority Area 2: Behavioral Health and Well-Being

Topics	Sarasota County Well-being Survey	Age-Friendly Survey	2024 Sarasota Citizen Opinion Survey	First 1000 Days Landscape	FOCA	CHAT Community Walking Tours	KII's and Focus Group	Existing Secondary Data	Mental Health Needs Assessment
Mental Health	•			•			•	•	•
Alcohol & Substance Use	•			•			•	•	•
Brain Health & Alzheimer's		•						•	
Suicide Prevention		•						•	
Community Resiliency	•				•	•	•	•	

Priority Area 3: Built Environment

Topics	Sarasota County Well-being Survey	Age-Friendly Survey	2024 Sarasota Citizen Opinion Survey	First 1000 Days Landscape	FOCA	CHAT Community Walking Tours	KII's and Focus Group	Existing Secondary Data	Mental Health Needs Assessment
Traffic Safety & Public Transportation	•	•	•	•	•	•	•		
Environmental Resiliency	•	•	•			•	•	•	
Crime & Neighborhood Safety	•		•			•	•		
Affordable Housing	•	•		•	•		•	•	•
Food Access	•			•		•	•	•	

*Environmental resiliency encompasses hurricane preparedness and recovery, climate change (temperature and weather extremes), water quality/red tide, overdevelopment, and stormwater/flooding.

In addition to the above topics, there were other themes that emerged through the various assessments that contribute to, and/or impact each priority category and sub-topics, including, increased cost of goods, services and healthcare, local provider shortages, government policy, low/stagnant wages, language and cultural barriers, lack of funding, public trust, mis- and dis-information, and lack of education and knowledge about resources and how to navigate the system.

METHODOLOGY

The 2024 Sarasota County Community Health Assessment (CHA) is a collaborative initiative spearheaded by DOH-Sarasota and guided by the CHA Steering Committee, conducted with input from the Sarasota County Community Health Improvement Partnership Leadership Council (CLC). The CLC helps guide and oversee the CHA process, which occurs every five years and serves as the foundation for the future Community Health Improvement Plan.

The CLC is a body of agency representatives and community stakeholders from across Sarasota County, facilitated by the DOH-Sarasota Community Health Improvement Coordinator. The council meets three times a year to collaborate and facilitate current Community Health Improvement Plan (CHIP) objectives and activities by receiving updates and providing feedback on CHIP progress and objective implementation.
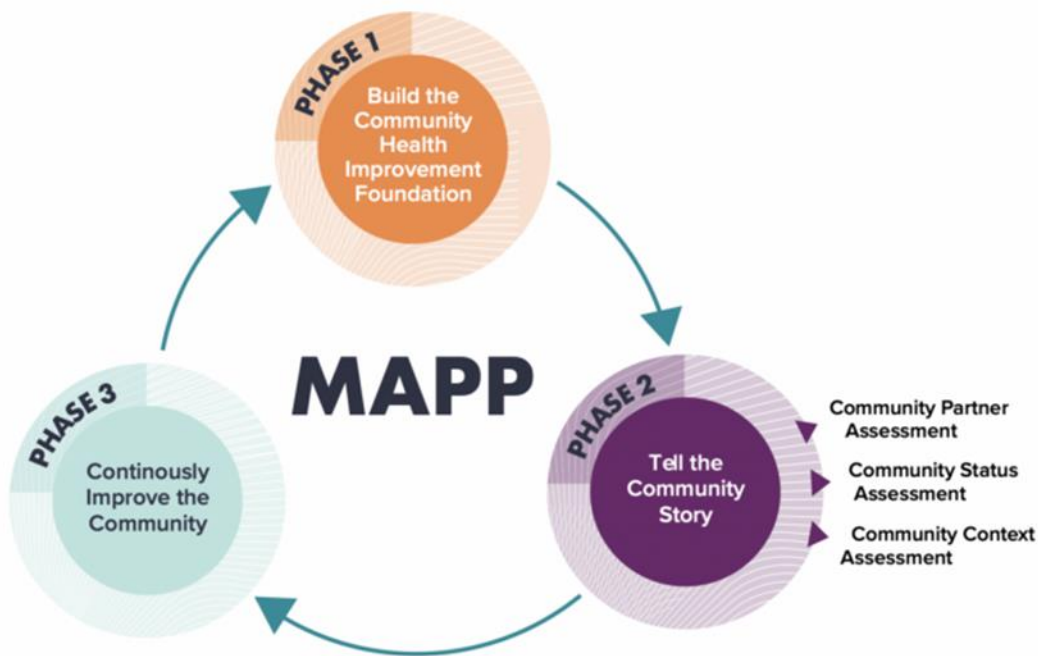
Overview of MAPP 2.0 Components, showing the three phases and their key elements.
VisibleNetworklabs

This CHA assessment cycle utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-driven strategic planning process developed by the National Association of County & City Health Officials (NACCHO) to provide guidance for implementation through each of the three MAPP phases described below:

Phase I: Building the Community Health Improvement Foundation

The goal of Phase I was to prepare and plan for the CHA process by establishing a solid foundation of partnerships and resources. This phase involved assembling a steering committee, generating a timeline for phase completion, engaging and orienting CLC group to the MAPP framework and proposed timeline, and developing a CHA vision and workplan.

Having representation and participation from local partner agencies and community stakeholders in the steering committee was key to ensuring that the CHA process was transparent, equitable, and inclusive.

Phase II: Telling the Community Story

The goal of Phase II was to assess and understand the community's health status and conditions across all sub-populations in Sarasota County. This process looked not only at health outcomes, but also at their root causes. All CHA assessments were designed with input from the CHA Steering Committee and shared with the CLC.

Upon review and comparison of multiple assessment data, common themes began to emerge, helping to inform a secondary data review, conducted by the DOH-Sarasota County Epidemiologist.
In addition to a review of national and State data sets, local secondary data sources and reports were also referenced to further enhance our understanding of hyperlocal conditions and contributing factors. Below is a brief description of each separate assessment conducted as part of the MAPP process. Both quantitative survey and qualitative data were collected through various methods as described below.

Community Partner Assessment (CPA): Quantitative survey conducted to evaluate the organizational capacity of local community partners.

A CPA Survey was shared electronically in both English and Spanish with 250 health and social service agencies across Sarasota County, and 160 were completed. A report summarizing the survey results was created and shared with the CLC and DOH-Sarasota Leadership, and a list of action items based on the results will also be generated with input and guidance from the CLC for inclusion in the future CHIP.

Community Status Assessment (CSA): Quantitative survey used to evaluate the County's current health status and conditions.

The CSA, also known as the Sarasota Well-being Survey, was created by the CHA Steering Committee, shared county-wide (in both electronic and paper format), and made available in English and Spanish. One thousand surveys were mailed to residents in every Sarasota zip code in a randomized fashion. A total of 500 surveys were completed and submitted via either electronically or by mail.

Results from two additional surveys were also reviewed during this process: the 2024 Sarasota County Citizen Opinion Survey [Citizen Opinion Survey | Sarasota County, FL (scgov.net)](#) and the 2023 –2024 Sarasota County Age-Friendly Survey.

The 2024 Sarasota County Citizen Opinion Survey was conducted by Sarasota County, the University of South Florida (USF), and HCP Associates. The survey had 1, 250 respondents from zip codes across the county and the themes centered around issues related to cost, growth, and development. The surveys were conducted by telephone and the survey sample was controlled for age, gender, race, and education levels.

The Age-Friendly survey was developed by the American Association of Retired Persons (AARP) Research and the AARP Livable Communities and shared electronically through the Age-Friendly newsletter, stakeholder groups, and at various outreach events. A total of 179 respondents completed the surveys in English, Spanish, and Russian.

Community Context Assessment (CCA): The CCA was comprised of multiple qualitative assessments facilitated by DOH-Sarasota staff. These assessments included two Forces of Change Assessments (FOCA), one focus group, six key informant interviews, and eight observational community walking tours to explore environmental factors that impact health.

Forces of Change Assessment

Two Forces of Change Assessments (FOCA) were conducted with (1) the DOH-Sarasota Performance Management Council (PMC) and (2) the First 1000 Days Sarasota Navigator Workgroup. The two groups who participated in the FOCA were chosen because of the different roles and unique perspectives they possess as public health professionals. The goal of the FOCA is to better understand how recent factors, trends, and/or events outside of one's control have impacted the delivery of local public health services. A total of 45 individuals participated in the two FOCA's. Survey results were reviewed for common themes and recurring topics of discussion that crosscut more than one category topic, and a summary of the forces, challenges, and opportunities was created.

Community Walking Tours

Community observational walking tours were conducted by members of the four Sarasota Community Health Action Teams or CHAT groups. Community Health Action Teams (CHATs) are citizen-led teams that work in coordination with the Community Health Improvement Partnership to identify and address unique health-related topics in their respective communities. These CHATs are strategically located in four geographically distinct areas of Sarasota County, including North Port, Laurel, Osprey, Venice, Nokomis (LOVN), Englewood, and Newtown.

There were 110 individuals that completed the pair of walking tours held first in the Winter of 2023, and again in the Spring of 2024. Participants completed a survey recording their observations about items such as infrastructure, signage, greenery, noise, and even smells, as they walked a pre-determined route within each of the four communities. Surveys were then collected and reviewed for the most common and/or unique observations made about that community. Participants were also encouraged to take photographs of their observations to further capture their impression of the community. Photovoice is a participatory method that combines the use of images accompanied by words to share perspectives and document a community's needs and resources. Videos using photos from each community tour were created to supplement the survey results in a shareable format.

Focus Group

One focus group was held in the Englewood community at the Elsie Quirk Library, located in south Sarasota County, and was attended by twenty-four unique agencies, comprised of 35 participants, who work with the unhoused population across various sectors, from law enforcement to non-profits. This focus group's primary discussion centered around the challenges and efforts being made to address increasing homelessness in that part of the County post Hurricane Ian. Comments shared during the focus group were both recorded and transcribed by DOH-Sarasota staff in attendance. Transcribed notes were

then reviewed and compiled into topics with a focus on potential solutions and action items including opportunities for future engagement.

Key Informant Interviews

Four key informant interviews were held with community stakeholders related to food access in Census Tract 3. Food access is a key socioeconomic factor that impacts health and chronic disease, in particular diabetes. Reducing prediabetes and improving food access is the focus of the Sarasota County Minority Health Plan, and information gleaned from these key informant interviews will also be used to help guide future health initiatives and activities related to that plan. Additionally, two key informant interviews were conducted about the current state of housing availability in Sarasota County.

The results of all the qualitative assessments were used to supplement and inform existing secondary data and augment data collected from the other quantitative surveys that were utilized.

Phase III: Continuously Improve the Community

The third and final MAPP phase involves identifying and prioritizing strategic issues for the future CHIP in collaboration with community partners and to help develop shared goals and long-term measures to address important public health issues, as identified through the community assessments and secondary data.

The utilization of data during this phase will help align future Sarasota County goals and priorities with both the State of Florida Health Improvement Plan (SHIP) and Healthy People 2030 goals and objectives, ensuring that leading health indicators across the life span are represented together with those upstream socio-economic factors and behaviors that impact health outcomes.

This CHA report reflects the sum of the collective assessments and data, highlighting not only the community's health status, but also issues of concern, areas of progress, and community assets and strengths. This CHA report will also serve as the blueprint and foundation for the future CHIP to help realize a healthier Sarasota for all.

DATA SOURCES AND LIMITATIONS

Secondary data in the Sarasota County CHA offers a comprehensive view of population characteristics, including demographics, health indicators, and socio-economic factors, which provide the foundation for understanding community needs and disparities. These data offer valuable insights into neighborhood patterns, population trends, and health outcomes across Sarasota County.

Secondary Data Sources

Data for this assessment were taken from the 2023 American Community Survey (ACS) conducted by the United States Census Bureau, which provides a broad spectrum of social, economic, demographic, and housing characteristics. The ACS data offers current and stable snapshots of the county's population, particularly for small subgroups requiring statistical reliability. Additional data sources include the County Health Rankings & Roadmaps, which provide county-specific health rankings and comparative insights at the state and national levels, and the Florida Charts County Health Dashboard, with county-level health data available through 2023. Furthermore, the 2024 Citizen Opinion Survey was utilized to gather perspectives from Sarasota County residents on quality of life and key community concerns, enriching the assessment with valuable local insights. When available, local data sources such as nonprofit impact reports, local agency needs assessments, and findings from work groups were also incorporated to provide a comprehensive view of community health needs and priorities.

Sarasota County Citizen Opinion Survey

The 2024 Sarasota County Citizen Opinion Survey, conducted by HCP Associates in partnership with the University of South Florida (USF), serves as a valuable tool for identifying key issues and trends within the community. While not specifically health-focused, the survey captures residents' perspectives on the most pressing challenges facing the county, offering insights that complement the other assessments included in the CHA. By comparing results over time, the survey allows for the observation of shifts in public opinion and emerging trends. The full report is available at Citizen Opinion Survey.

The top concerns identified by Sarasota County residents in the 2024 Citizen Opinion Survey were population growth and new development, crime, quality of waterways, and the economy/jobs. Additional issues of importance included traffic/transportation, affordable housing, and stormwater/drainage/flooding. These concerns are closely tied to public health, as they influence environmental quality, community safety, housing stability, and overall well-being. Addressing these interconnected challenges requires a holistic approach that integrates public health strategies into broader community planning efforts.

Secondary Data Limitations

The secondary data included in this assessment reflects the most recent datasets available at the time of publication; however, certain limitations impact the accuracy, timeliness, and comparability of this data. Staggered reporting timelines, particularly for Behavioral Risk Factor Surveillance System (BRFSS) data, mean that recent county-level estimates in some areas are not available, which may limit the ability to identify current trends and emerging health behavior patterns, especially in the post-pandemic period. Additionally, some datasets rely on self-reported information, which may introduce reporting biases, while others may lack sufficient sample sizes for robust analysis of smaller subgroups within the population. These limitations should be considered when interpreting the findings of this assessment.

COMMUNITY CHARACTERISTICS

COMMUNITY PROFILE

Map and Area

Sarasota County is located on Florida's southwestern coast, bordered by the Gulf of Mexico. The county includes a mix of vibrant cities and serene unincorporated areas, with Sarasota as its largest city. Other incorporated cities include Venice and North Port, as well as the Town of Longboat Key. The region is known for its beautiful beaches, diverse communities, and a blend of urban and suburban landscapes. The county's coastal location offers a unique environment, contributing to its appeal as both a tourist destination and a place of residence.

Graphic 1: Florida Counties
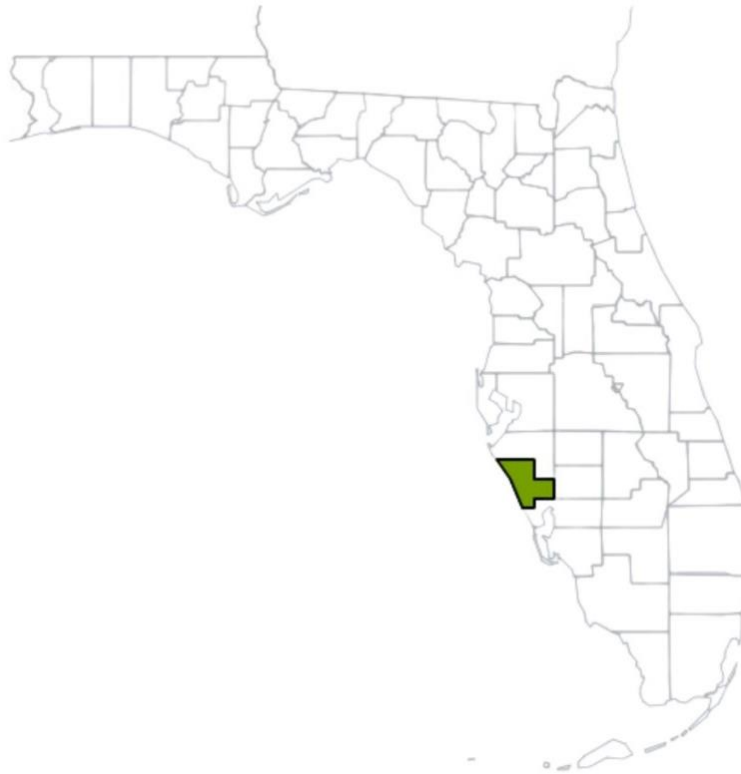
Table 1: Demographic Snapshot

	Sarasota County	Florida
Population	469,013	22,610,726
Population 65+	176,989 (37.7%)	4,917,782 (22%)
Median Age	57.6	42.8
Life Expectancy	80.3	80.1
Median Household Income	**$77,705** ($78,341) *	**$73,311** ($69,303) *
Employment Rate	**47.3%** (44.5%)	**51.9%** (51.9%)
Without Healthcare Coverage	**10.3%** (10.7%)	**12.3%** (12.6%)
Living with a disability	**27%**	**31.8%**

*2023 vs. 2022

Source: US Census Bureau

Population

Sarasota County is the 14th most populous county in Florida, with a steadily growing population. The county is predominantly white, making up 80.6% of residents. The median age is 57.5, indicating a significantly older population, with 37.7% of residents aged 65 and older as shown in Figure 1. The population is nearly evenly split between females (52%) and males (48%).

Figure 1: Population of Sarasota County by Age Range

Population of Sarasota County by Age Range

- 50 to 64 years old 21%
- 65 years old and over 37%
- 30 to 49 years old 18%
- 18 to 29 years old 10%
- Under 18 years old 14%
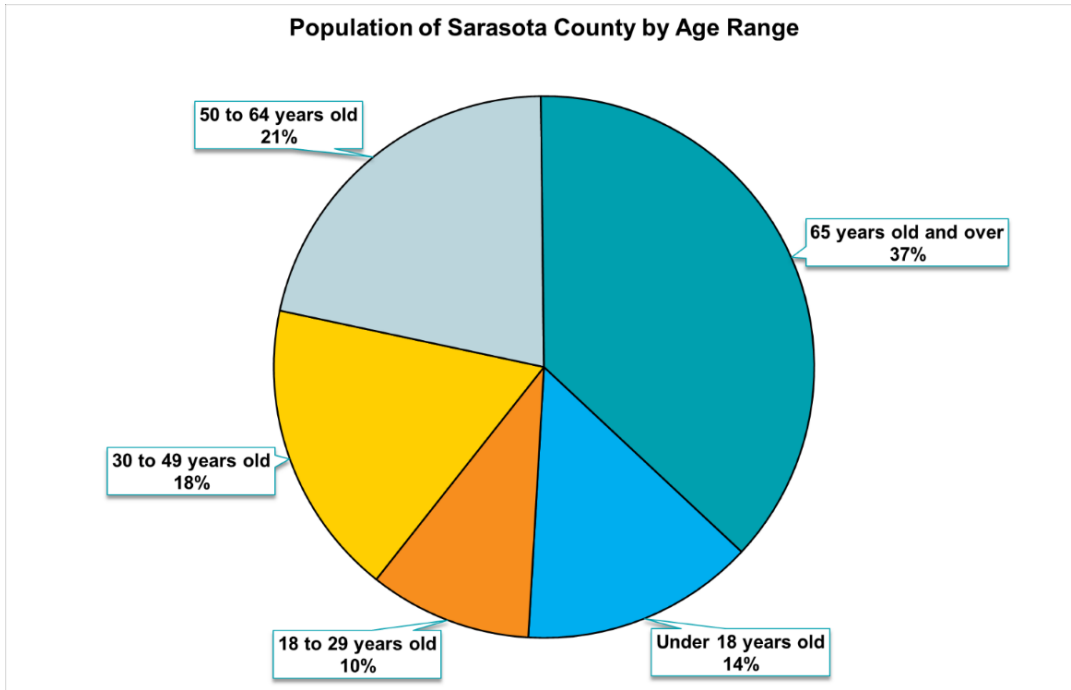
Source: US Census Bureau, American Community Survey, 2022

Figure 2: Population of Sarasota County by Age and Sex

Population by Age and Sex
Sarasota County, 2022

Age Range	Male	Female
85+	4.5	6
80-84	5.4	5.3
75-79	7.8	8.3
70-74	8.9	9.3
65-69	9.1	9.9
60-64	8.1	8.4
55-59	6.9	7.6
50-54	5.8	5.8
45-49	4.9	4.8
40-44	4.5	4.3
35-39	4.3	4
30-34	4.4	3.9
25-29	4.4	3.9
20-24	4.3	3.9
15-19	4.7	4
10-14	5.2	3.7
5-9	3.3	3.6
0-4	3.6	3.1

Percentage
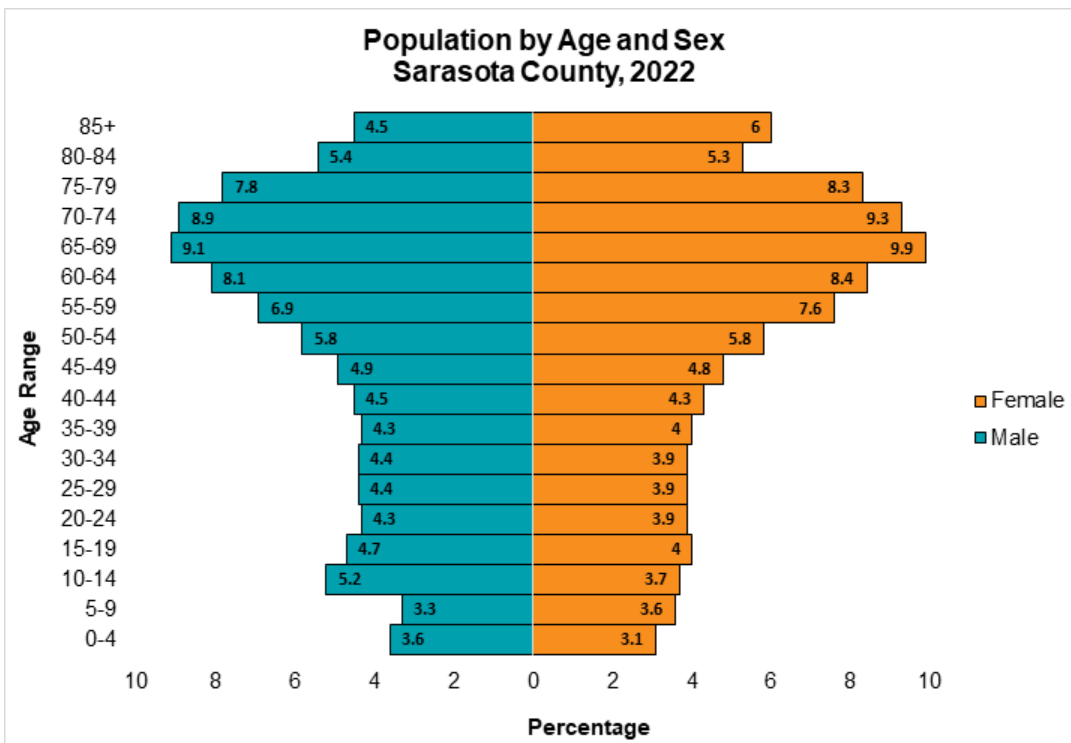
Source: US Census Bureau, American Community Survey, 2022

Population Change

Sarasota County has experienced notable population growth, particularly since the pandemic, which contributed to an influx of new residents. From 2010 to 2020, Sarasota County experienced a 14.4% change in the population according to the US Census Bureau. Figure 3 shows the change in population in Sarasota County from 2017 to 2023. According to the 2023 Citizen Opinion Survey, population growth and new development emerged as the most important issues for residents. Data from the 2022 American Community Survey reveals that 5.4% of Sarasota County residents moved from another state within the last year, a higher rate compared to the Florida state average of 3.4%. This trend underscores the county's growing appeal as a destination for newcomers.

Figure 3: Sarasota County, FL Population, 2017-2023
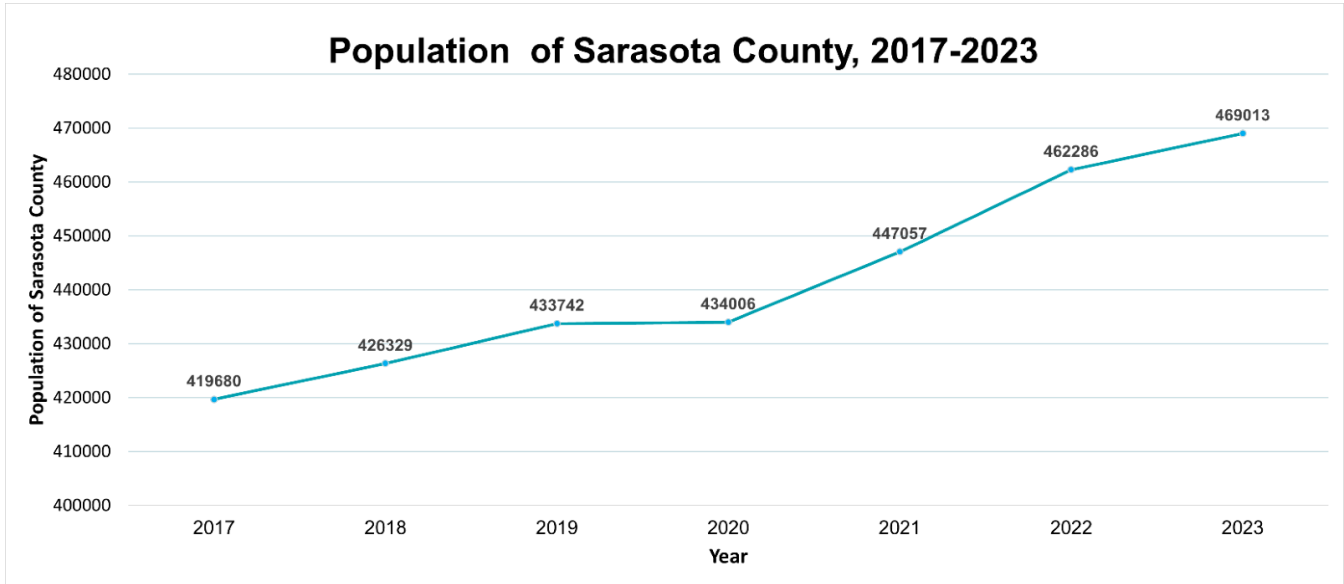
Source: US Census Bureau, American Community Survey, 2022

Figure 4: Percent Change in Population by County Census Division
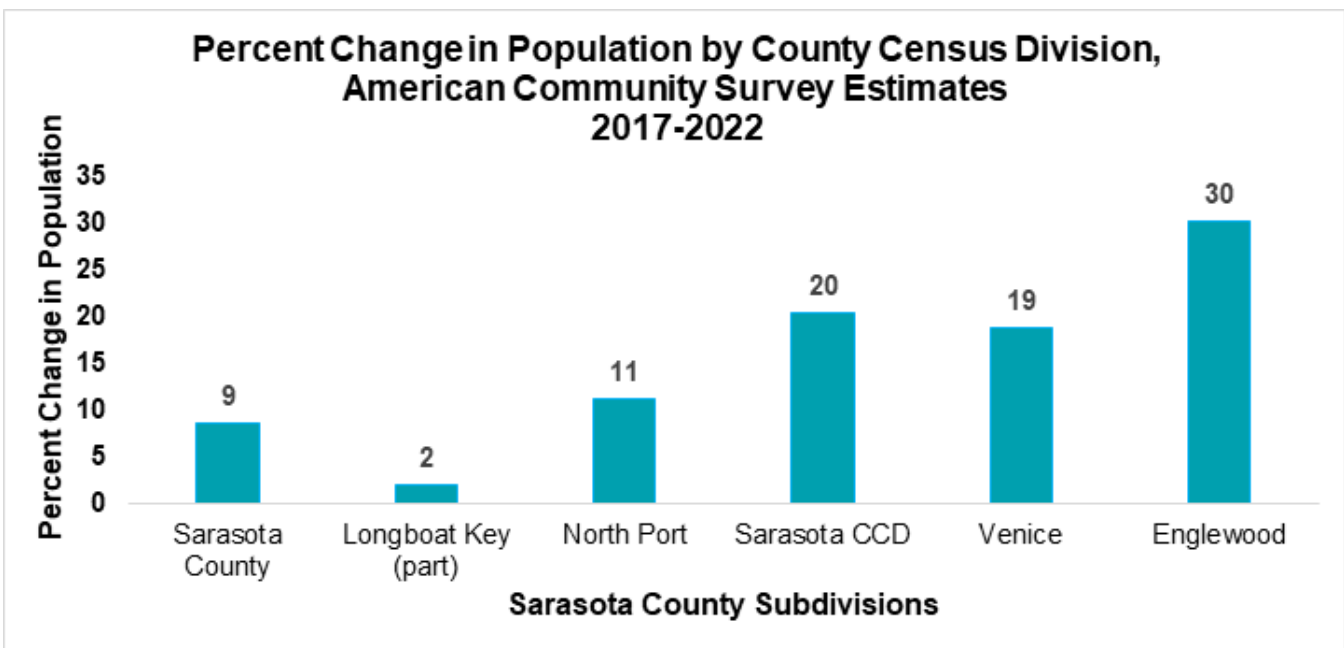
Source: US Census Bureau, American Community Survey, 2022

Figure 5: Projected Population Estimates of Sarasota County 2020-2040
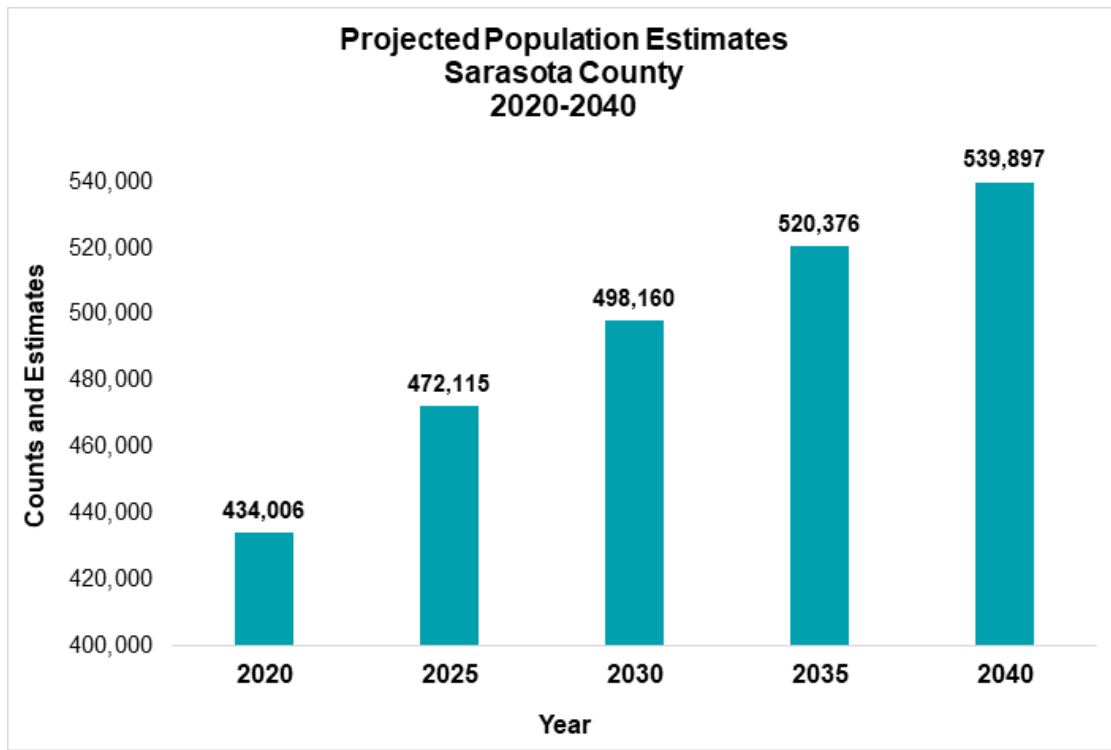
2021

Figure 6: Projected Population Growth of Sarasota County and Neighboring Counties 2020-2030
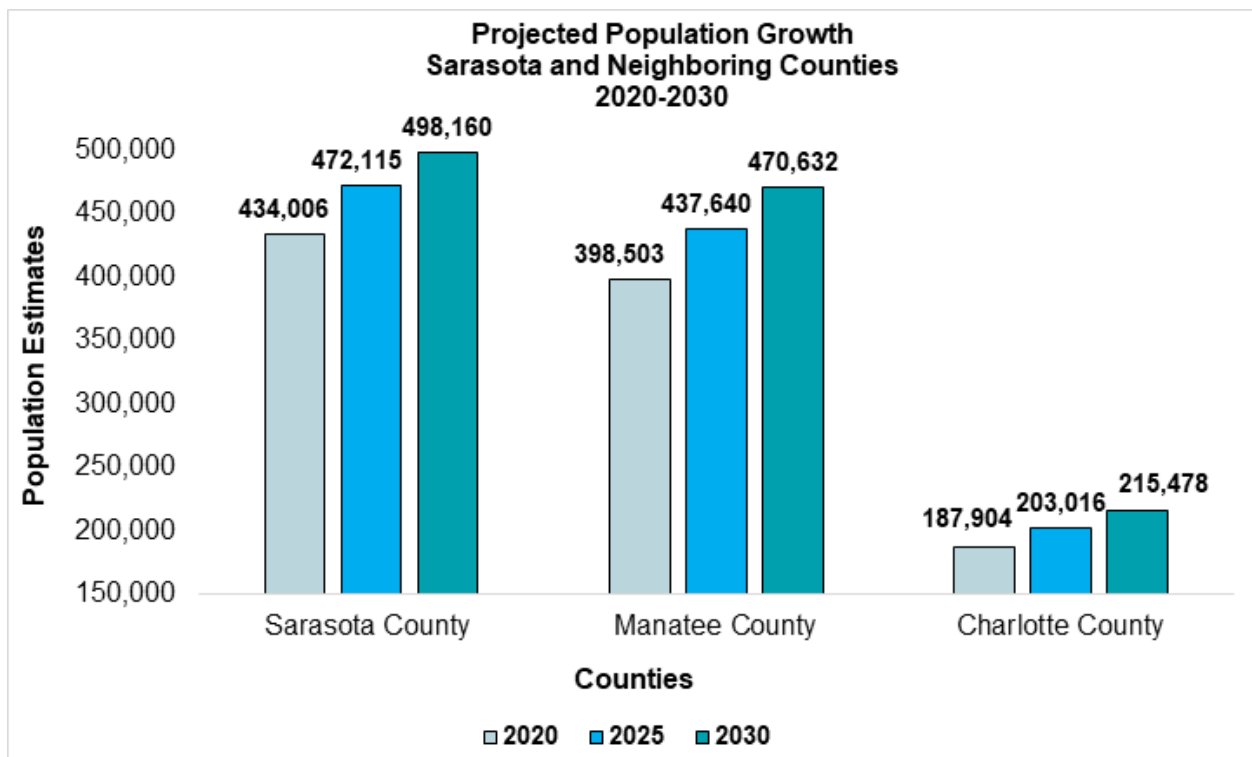
Race and Ethnicity

Sarasota County is predominantly white, with 80.6% of the population identifying as Caucasian, followed by approximately 10% of residents identifying as Hispanic, 4.07% as Black or African American, and 2.37% identifying as two or more races, as displayed in Figure 7. The 2020 Census Diversity Index of Sarasota County, defined as the chance that two people chosen at random will be from different racial or ethnic groups, was 33.8%. Figure 8 compares the racial and ethnic backgrounds in Sarasota County to the rest of the state. Roughly, 14.7% of households in Sarasota County speak a language other than English at home, predominantly Spanish. The county is home to Newtown, a historically Black neighborhood in northern Sarasota, recently added to the National Register of Historic Places in 2024. In Southeast Sarasota County, North Port serves as the hub of the Ukrainian community.

Figure 7: Racial and Ethnic Backgrounds of Sarasota County Residents
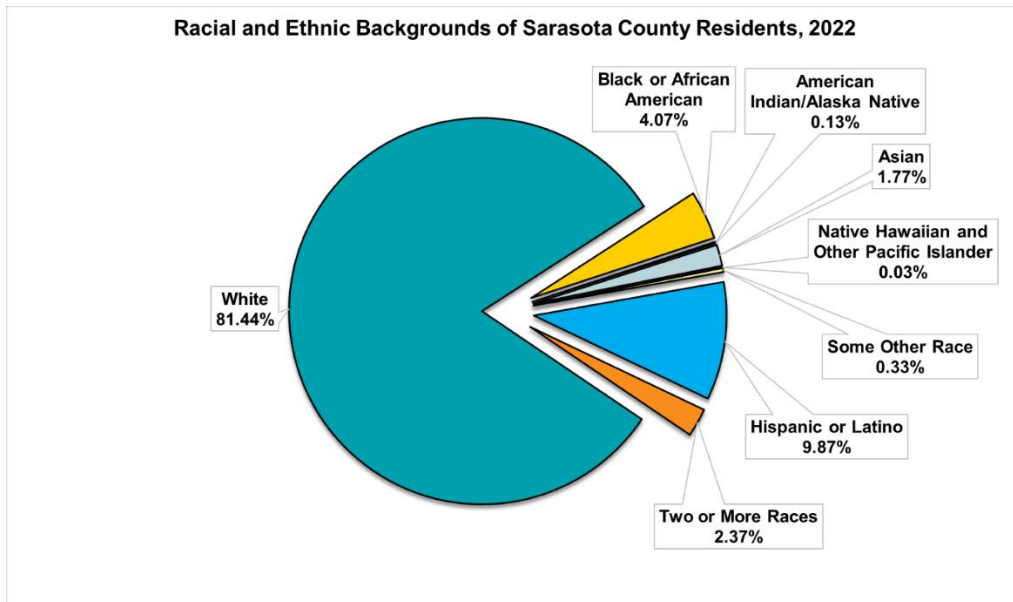
Source: US Census Bureau, American Community Survey, 2022

Figure 8: Racial and Ethnic Background of Sarasota County and Florida Residents
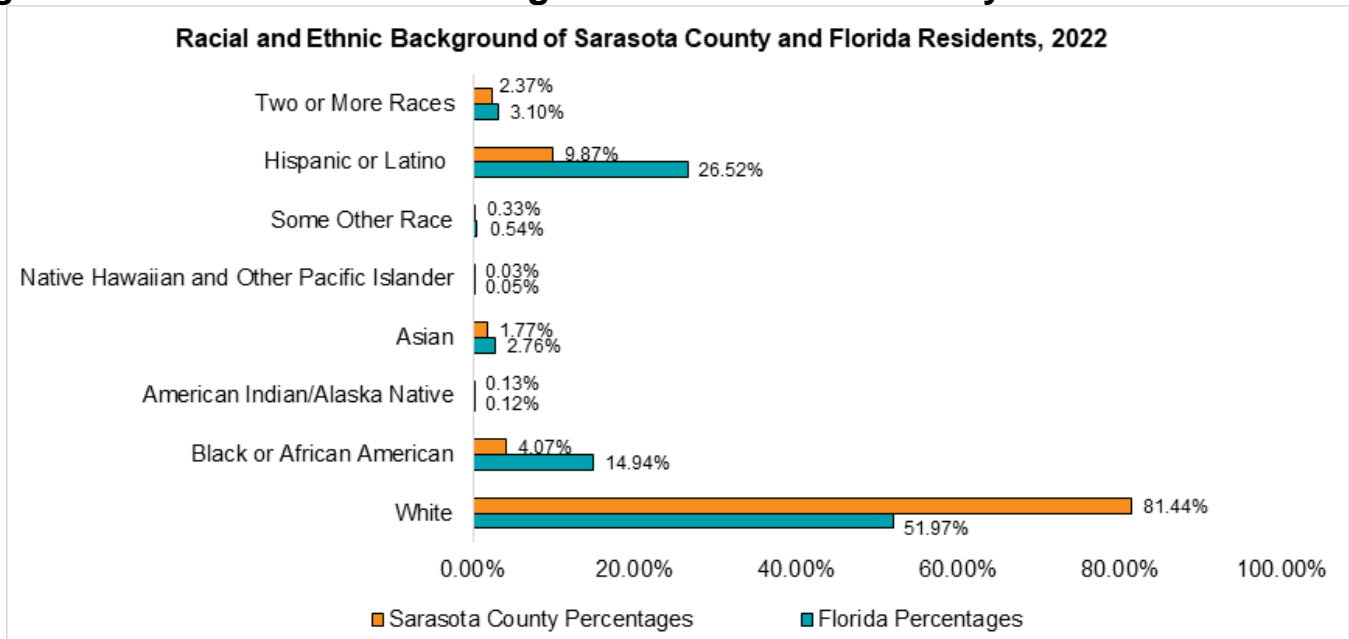
Source: US Census Bureau, American Community Survey, 2022

Median Age

Sarasota County's median age is 57.5 years with a community comprised of a notably older population. With 37.7% of its residents aged 65 and older, Sarasota County has gained status as a popular destination for retirees. Figure 9 shows the counts of Sarasota County population by age. Between 2010 and 2020, the population of residents aged 65 to 84 increased by 41.2%, further solidifying the county's reputation as a haven for older adults and aging in place. The significant growth in this age group highlights Sarasota's appeal not only as a vacation destination, but retirement too, contributing to its unique demographic profile.

Figure 9: Sarasota County Population by Age
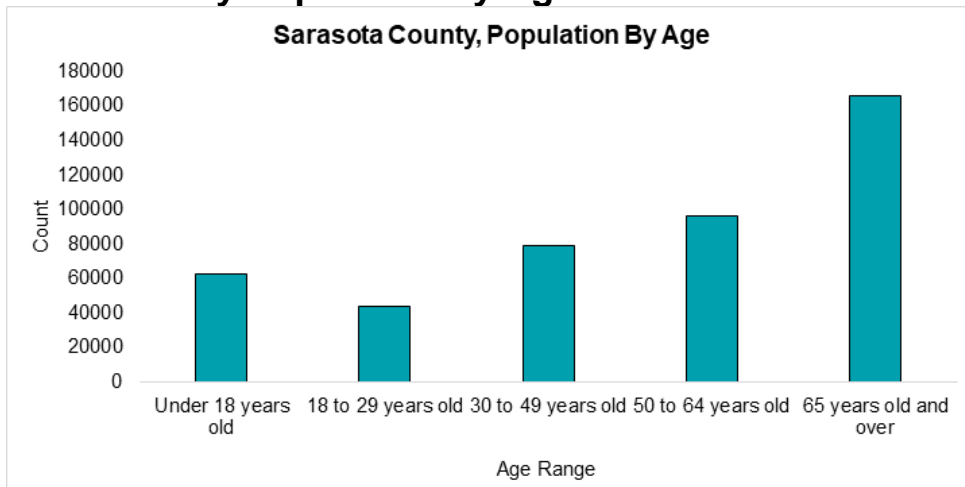
Source: US Census Bureau, American Community Survey, 2022

The old-age dependency ratio is the number of individuals aged 65 and over per 100 people of working age. Those of working age are defined as individuals aged 15-64. As shown in Figure 10, the old-age dependency ratio in Sarasota County has been gradually increasing from 68.9 individuals per 100 people of working age in 2017 to 77.6 individuals per 100 people of working age in 2022; also reflected in the increasing median age of the county. The child dependency ratio is the number of individuals aged 0-14 per 100 people of working-age and has declined from 29.2 in 2017 to 28.2 in 2022.

Figure 10: Old-Age Dependency Ratio, Child Dependency Ratio, and Median Age in Sarasota County
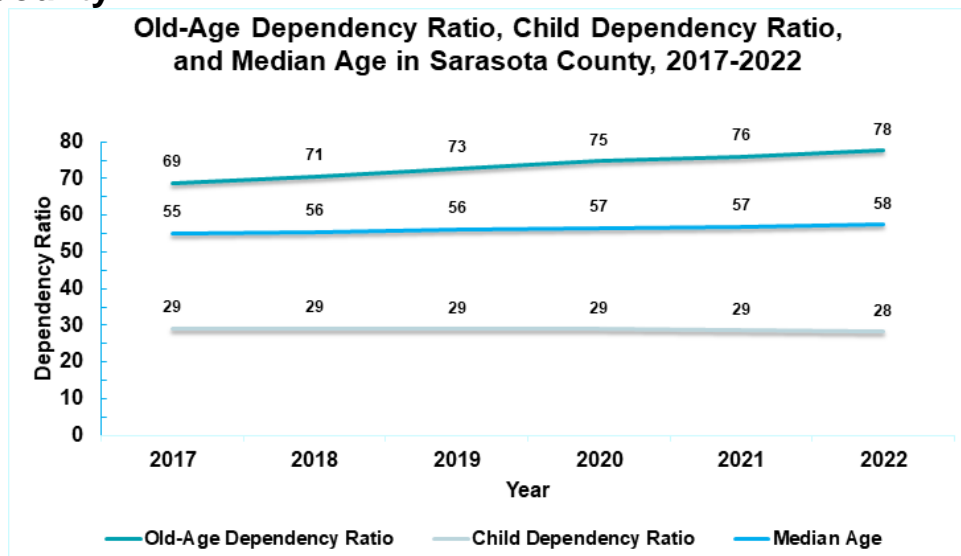
Source: US Census Bureau, American Community Survey, 2022

SOCIO-DEMOGRAPHICS
Poverty

Poverty is a significant health indicator in Sarasota County. According to the 2023 ACS, 10% of individuals in the county lived below the poverty level over the past year, exceeding the Healthy People 2030 target of 8% and mirroring rates in neighboring counties shown in Figure 11. As illustrated in Figure 12, poverty disproportionately affects children under 18, with 14% living below the poverty level- the highest rate among all age groups. Table 2 details the 2024 federal poverty threshold for a family of four, set at $31,200 annually, and highlights the challenges for low-income families with incomes at 125% of the poverty level, or $39,000 per year.

Figure 11: Percent of Residents Living Below Poverty Level in the Past 12 Months, Sarasota and Neighboring Counties
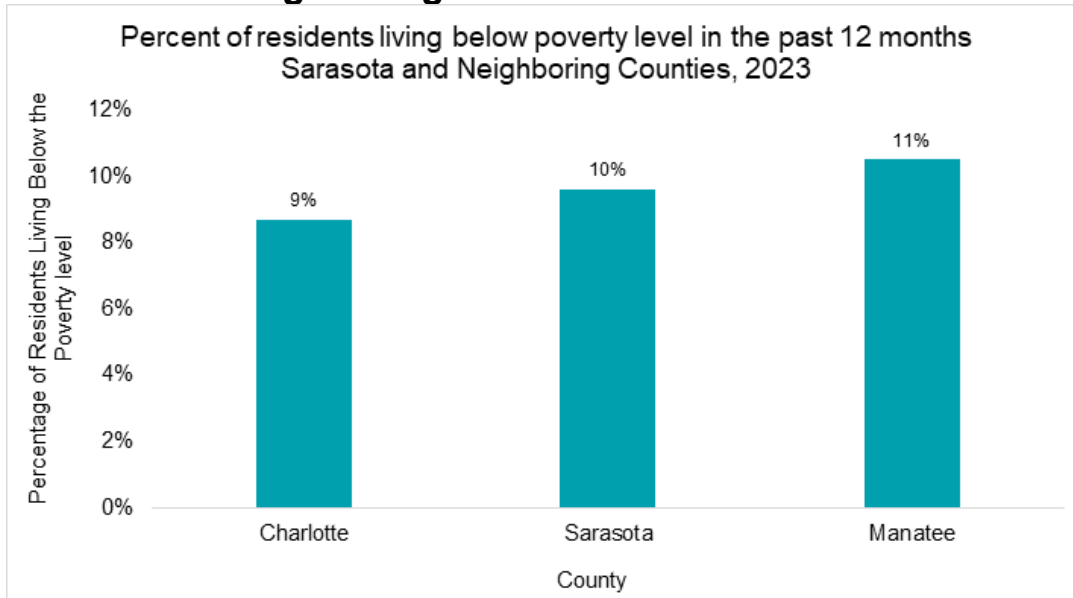
Source: US Census Bureau, American Community Survey, 2023

Figure 12: Percent of Residents Living Below the Poverty Level in the Past 12 Months, Sarasota County
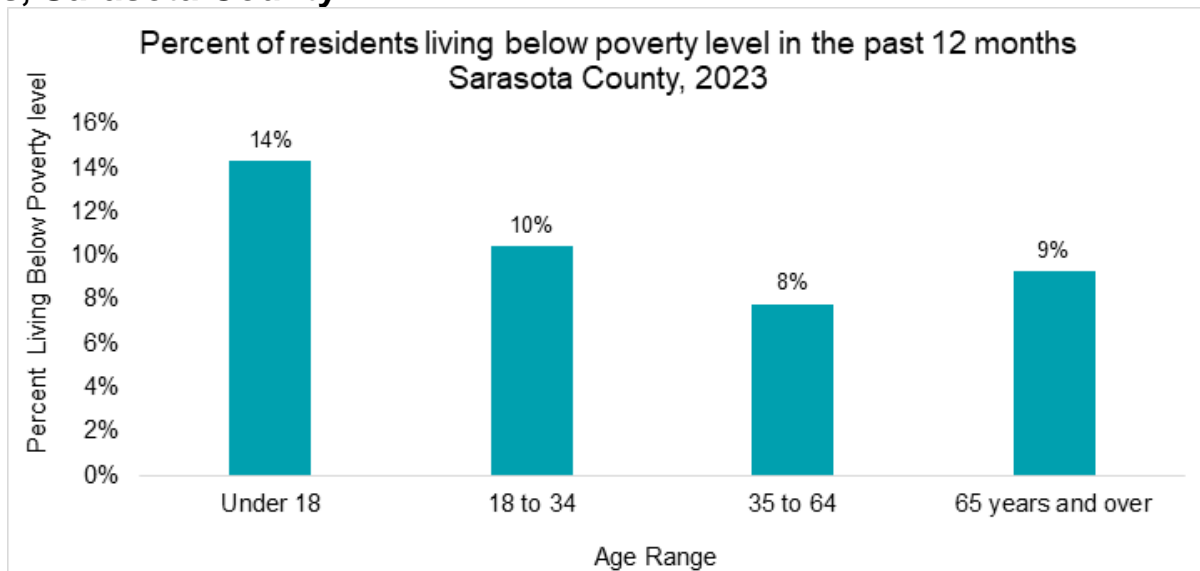
Source: US Census Bureau, American Community Survey, 2023

Table 2: 2024 Health and Human Services Poverty Guidelines

Persons in Family	2024 HHS Poverty Guidelines*		
	Monthly Poverty Guideline	Annual Poverty Guideline	125% of Annual Poverty Guideline
1	$1,255.00	$15,060.00	$18,825.00
2	1,703.33	20,440.00	25,550.00
3	2,151.67	25,820.00	32,275.00
4	2,600.00	31,200.00	39,000.00
5	3,048.33	36,580.00	45,725.00
6	3,496.67	47,340.00	52,450.00
7	3,945.00	47,340.00	59,175.00
8	4,393.33	52,720.00	65,900.00

*For families/households with more than 8 persons, add $5,380 for each additional person.
Source: Department of Health and Human Services Poverty Guidelines, 2024

Education

Education plays a crucial role in health and health outcomes, with higher educational attainment often linked to improved quality of life and longer life expectancy. In Sarasota County, 38.7% of residents aged 25 and older hold a bachelor's degree or higher, reflecting a relatively educated population. Figure 13 compares Sarasota County's educational attainment levels to those of neighboring counties and the state average.

Figure 13: Educational Attainment, Population 25 and Over, Sarasota and Neighboring Counties

Educational Attainment, Population 25 and Over, Sarasota and Neighboring counties

Highest Level of Education	Florida	Manatee County	Charlotte County	Sarasota County
Bachelor's Degree or higher	32.7	33.1	25.5	38.7
Some college or Associate's Degree	29.4	28.7	33.4	29.6
High school graduate (or equivalent)	27.5	29.0	33.5	25.9
Less than high school	10.5	9.2	7.6	5.7
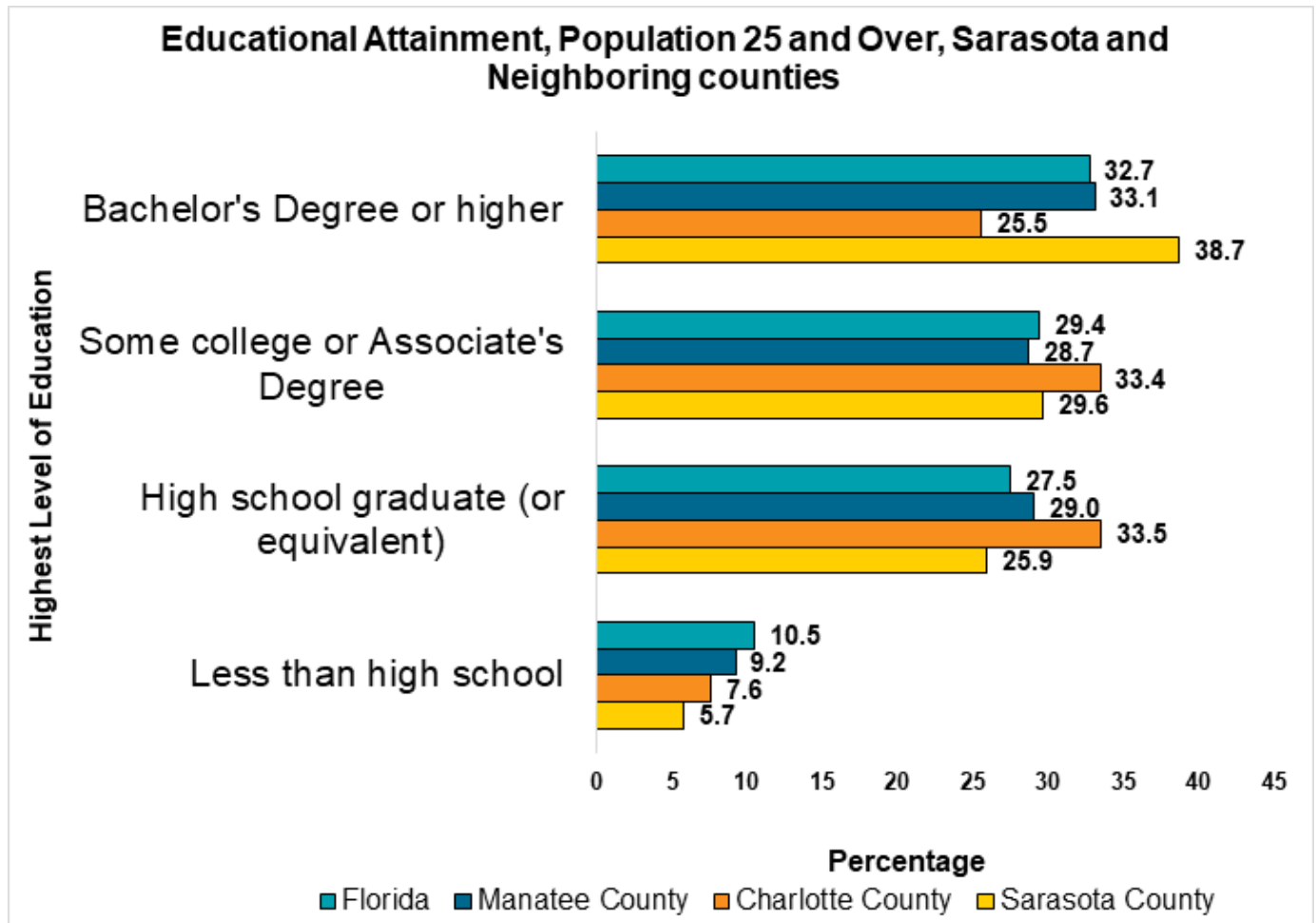
Source: American Community Survey, 2023

Early education also supports long-term health outcomes, and Sarasota County has consistently outperformed the statewide average in school readiness since 2022. In 2024, 57.1% of kindergarteners were school-ready in Sarasota County, a rate comparable to neighboring counties, as shown in Table 3. High school graduation rates also illustrate strong educational outcomes in Sarasota County, with the county surpassing the statewide average each year since the 2019-2020 school year. In the most recent data available, 90.3% of Sarasota County high school students graduated during the 2022-2023 school year, as detailed in Table 4.

Table 3: School Readiness at Kindergarten, Percentage of, Single Year

Year	Sarasota County	Manatee County	Charlotte County	Florida
2024	57.1	51.6	57.0	51.0
2023	53.9	46.4	55.8	49.2
2022	52.7	46.8	46.3	50.0
2021	55.2	53.4	50.4	56.9
2020	54.0	52.1	47.0	53.4
2019	56.1	49.7	53.1	52.7

Source: Florida Department of Education, 2024

Table 4: High School Graduation Rate, Percentage of Student Cohort Since 9th Grade, Single Year

Year	Sarasota County	Manatee County	Charlotte County	Florida
2022-23	90.3	82.3	85.9	88.0
2021-22	88.9	80.3	87.9	87.3
2020-21	91.0	85.1	90.9	90.1
2019-20	92.5	85.8	90.4	90.0

Source: Florida Department of Education, 2024

Employment and Income

In 2023, Sarasota County's median household income was $77,705. As shown in Figure 14, the median income for families in Sarasota County is $96,470, for married-couple families is $104,608, and for non-family households is $50,777. Figure 15 shows that in 2022, 35% of the population of Sarasota County was retired, significantly more than the state average of 21% for Florida. Figure 15 highlights the number of full- and part-time hourly workers, who often face income fluctuations and limited access to health insurance benefits. The 2023 ACS 1-year estimates show the employment rate in Sarasota County is 47.3% and most work full-time hours.

Figure 14: Median Income by Household Type in Sarasota County
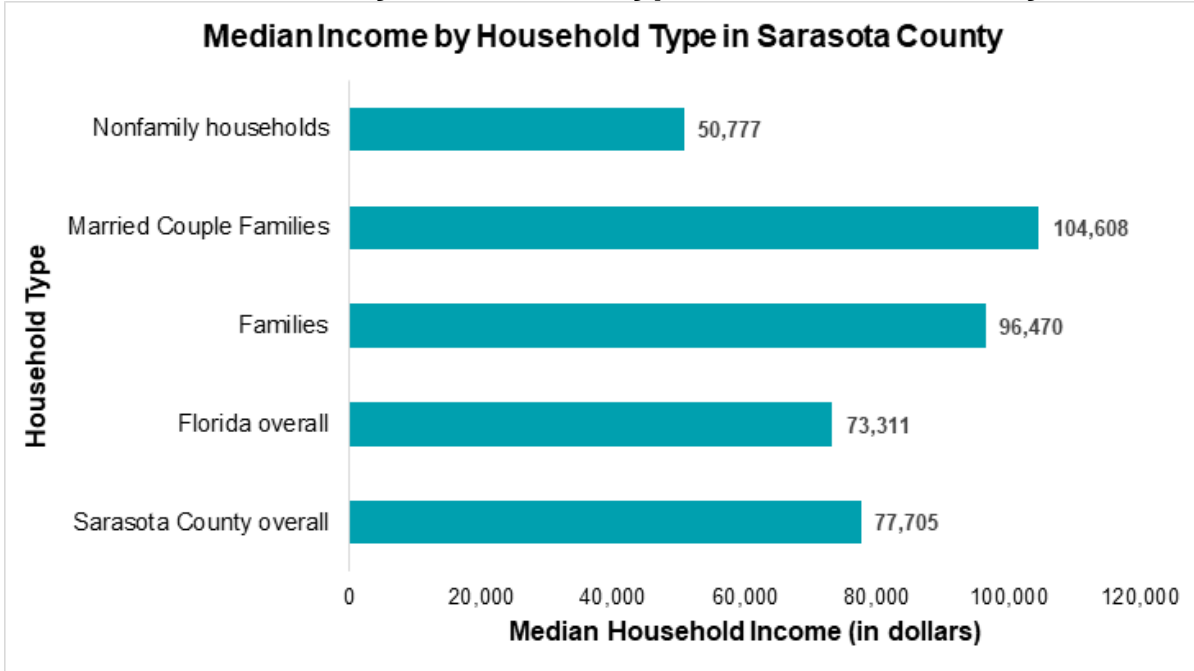
Source: American Community Survey, 2022

Figure 15: Labor Status, Population 16 and Over
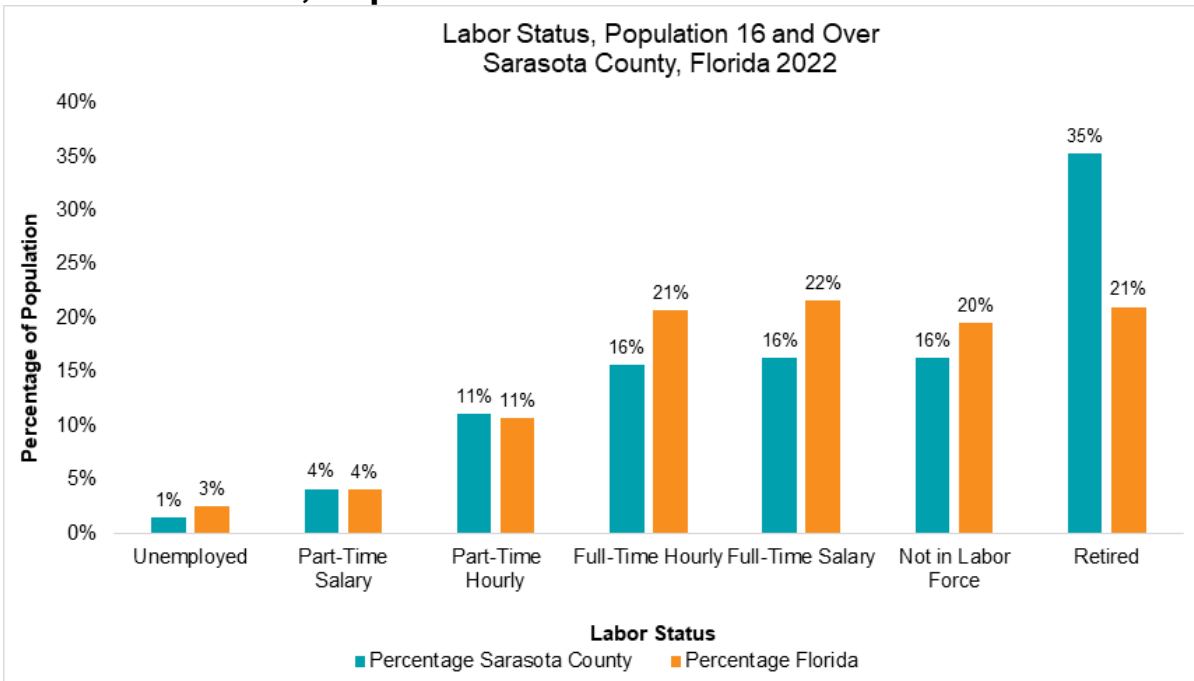
Source: ALICE Report, 2022

ALICE in Sarasota County

Households who are ALICE: Asset Limited, Income Constrained, & Employed, earn more than the Federal Poverty Level, but less than the basic cost of living for the county where they live. While the cost of household essentials continues to rise (housing, childcare, food, transportation, health care, and a basic smartphone plan), wage growth has not kept pace, and more families are finding themselves below the ALICE threshold. These households struggle to make ends meet but often earn too much to qualify for assistance.

As of 2022, 32% of Sarasota County households were ALICE and 9% of households were in poverty, both below the State averages of 33% and 12%, respectively. Additionally, the ALICE Wage Tool identifies counties where a certain hourly wage can support the Household Survival Budget for a selected household type. In 2024, the necessary wage amount for survival in Sarasota County is $17.97 per hour per worker for a family of three. To learn more, visit ALICE Wage Tool.

The number of households below or above the ALICE threshold may change over time. Since the 2019 pandemic, more households in Sarasota find themselves below the ALICE threshold despite unprecedented public assistance and pandemic relief measures. There is a considerable variation in the number of households who live below the ALICE threshold within Sarasota County. Figure 16 shows the percentage of households above and below the ALICE threshold by county subdivision for 2022.

When ALICE is broken down by total number of households by race and ethnicity, Whites comprise the largest ALICE demographic group, followed by Hispanics, then Blacks- 66% of which were single-female-headed households with children. When the labor landscape was examined in 2022, a large portion of adults in Sarasota County were not in the workforce, primarily due to retirement. However, the large number of employed adults, both full and part-time, are paid hourly, and more likely to have fluctuations in income and less likely to receive benefits, both of which contribute to widening disparities.

Figure 16: Percentage of Households Above and Below the ALICE Threshold by County Subdivision
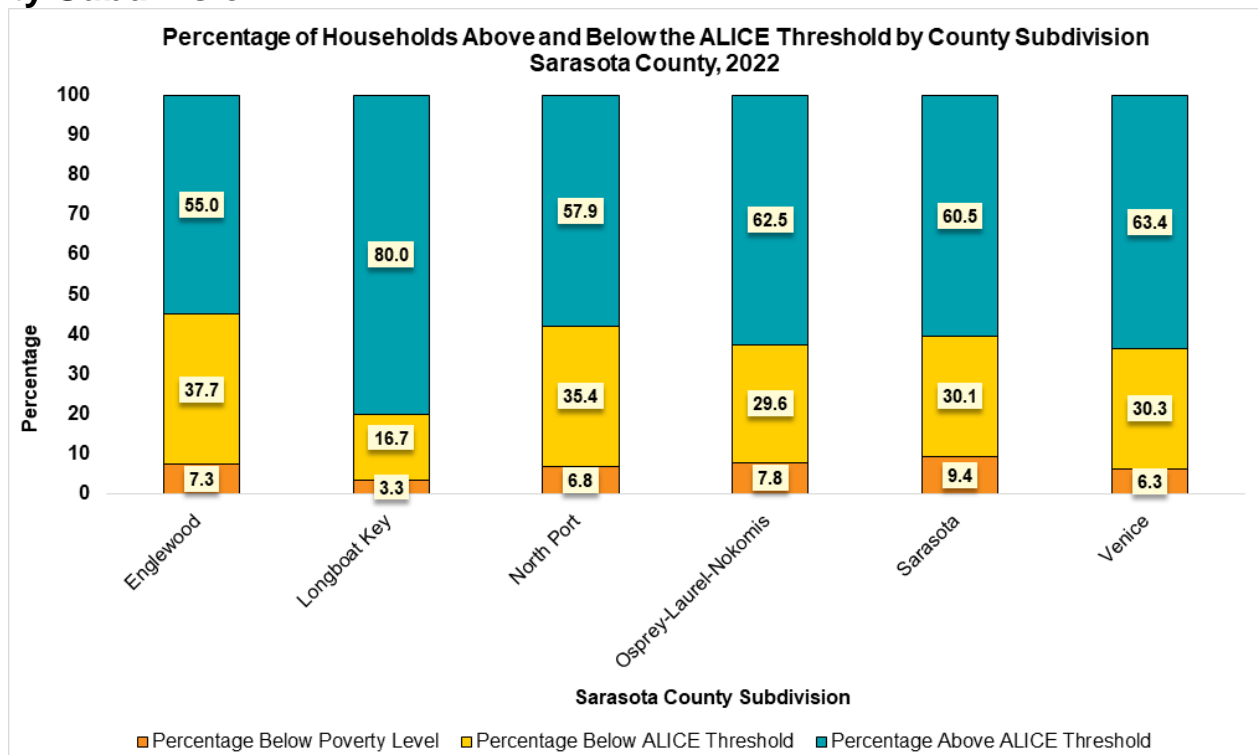
Source: ALICE Report, 2022

HEALTH STATUS AND BEHAVIORS

Health Status

Sarasota County residents enjoy an overall life expectancy of 80.0 years, two years more than the state average and comparable to neighboring Manatee and Charlotte Counties. In Sarasota County, 13% off adults report that they consider themselves in fair or poor health, which is the same as the statewide average for Florida according to the County Health Rankings and Roadmaps reporting for 2024. Additionally, Sarasota County adults reported that their physical health was not good on 3.3 of the last 30 days and that their mental health was not good on 5.2 of the last 30 days. Both poor physical and mental health days in Sarasota County are higher than the Florida average, 3.0 and 4.2 days respectively.

In 2022, the overall population of non-institutionalized civilians with health insurance in Sarasota County was 89.3%, below the Healthy People 2030 target of 92.1%. Approximately 10.6% of children aged 0-18 years in Sarasota County did not have health insurance in 2022, compared to only 7.5% for the state average. According to the County Health Rankings and Roadmaps reporting for 2024, there is one primary care physician in Sarasota County per 1,270 people and one mental health provider for every 490 people, similar to state averages.

Health Behaviors

Health behaviors refer to the action's individuals take that affect their health, such as smoking, physical activity, diet, alcohol use, and sexual health practices. These behaviors are crucial indicators of community health because they directly influence the rates of chronic diseases, the demand for healthcare services, and overall quality-of-life. In Sarasota County, monitoring these behaviors helps to identify trends, assess risk factors, and create targeted interventions to improve community health outcomes.

As shown in Table 5, for Sarasota County in 2024, several key health behaviors provide insight into how the population compares to the rest of Florida. The adult smoking rate stands at 16%, which is aligned with the statewide rate of 16%. This suggests that smoking remains a persistent health challenge in both the county and state, contributing to issues such as respiratory illnesses and cardiovascular disease.

Obesity, another critical health behavior, affects 27% of adults in Sarasota County, which is slightly lower than Florida's average of 28%. Physical inactivity, a contributing factor to obesity, is reported by 21% of Sarasota County residents, notably lower than Florida's average of 26%. Encouragingly, 89% of Sarasota County residents have access to exercise opportunities like parks and recreation facilities, surpassing the statewide average of 87%. This high level of access may be a factor in the county's slightly lower physical inactivity and obesity rates.

However, excessive drinking is more prevalent in Sarasota County, with 22% of adults engaging in this behavior, compared to 17% across Florida. This is a concerning statistic as alcohol-impaired driving deaths in Sarasota County are also higher than the state average, at 29% versus 22%. These patterns highlight the need for continued public health efforts around alcohol use education and prevention.
When examining sexually transmitted infections (STIs), Sarasota County fares better than the state. The rate of new chlamydia cases is 238.4 per 100,000 people, significantly lower than the Florida

average of 479.3 per 100,000. Similarly, the teen birth rate in Sarasota County is also lower than the state average, with 13 births per 1,000 females ages 15-19, compared to Florida's 16 per 1,000.
These health behaviors provide a snapshot of how Sarasota County residents are managing their health and help identify areas where targeted interventions and resources may be needed to support better health outcomes for the community.

Table 5: Health Behaviors

	Sarasota County	Florida
Adult Smoking	16%	16%
Adult Obesity	27%	28%
Physical Inactivity	21%	26%
Access to Exercise Opportunities	89%	87%
Excessive Drinking	22%	17%
Alcohol-Impaired Driving Deaths	29%	22%
Sexually Transmitted Infections	238.4	479.3
Teen Births	13	16

Source: County Health Rankings and Roadmaps, 2024

MORBIDITY AND MORTALITY IN SARASOTA COUNTY

SARASOTA COUNTY
COMMUNITY HEALTH ASSESSMENT

SARASOTA COUNTY HEALTH OUTCOMES

According to the Robert Wood Johnson Foundation, health outcomes indicate how long people live on average within a community (length of life) and the quality of physical and mental health people experience during their lifespan (quality of life). Length of life includes indicators such as premature death, life expectancy, and infant mortality. Quality of life encompasses self-reported physical and mental wellness.

Health outcomes are influenced by various factors, such as clean water, affordable housing, quality medical care, and the availability of good jobs. They are also shaped by programs and policies at local, state, and federal levels. The illustration below shows that Sarasota County is faring similarly to the average county in Florida for health outcomes and better than the average county in the nation.

Quality of life reflects the perceived health, comfort, and happiness experienced by an individual or group in relation to well-being. According to the 2024 Sarasota Citizen Opinion Survey, 56% of respondents rated the overall quality of life in Sarasota County as excellent, while 42% rated it as good. When asked to rate the overall health of the Sarasota community, 58% of respondents to the Sarasota Community Health Survey reported it was somewhat healthy, and 34% rated it as healthy.

In terms of physical health, 13% of adults in Sarasota County reported they consider themselves in fair or poor health, aligning with Florida's rate of 13% and slightly below the national rate of 14%. Sarasota adults reported an average of 3.3 days in the past 30 days when their physical health was not good, compared to 3.0 days in Florida and 3.3 days nationwide. For mental health, Sarasota adults reported an average of 5.2 days of poor mental health in the previous 30 days, higher than Florida's 4.2 days and the national average of 4.8 days.

Low birthweight is another quality of life indicator. In Sarasota County, 8% of babies were born with low birth weights (under 5 pounds, 8 ounces), slightly lower than the state rate of 9% and equal to the national rate of 8%. Disaggregated data show higher rates of low birthweight among non-Hispanic Blacks (13–17%), followed by non-Hispanic individuals of two or more races (4–11%), non-Hispanic Asians (5–10%), Hispanics (8%), and non-Hispanic Whites (7%).

Premature death, measured in years of potential life lost before age 75, is another key health outcome indicator. In Sarasota County, 8,500 years of life were lost per 100,000 people, compared to 8,300 years in Florida and 8,000 years nationally. Leading causes of death before age 75 in Sarasota include malignant neoplasms, heart disease, and unintentional injuries. When disaggregated by racialized groups, non-Hispanic Blacks in Sarasota County experienced the highest crude rates of premature death (12,900 years of life lost), followed by non-Hispanic Whites (8,800 years) and Hispanics (6,100 years).

Table 6: Health Outcomes

Length of Life	Sarasota County	Florida	United States
Premature Death	8,500	8,300	8000
Quality of Life	Sarasota County	Florida	United States
Poor or Fair Health	13%	13%	14%
Poor Physical Health Days	3.3	3.0	3.3
Poor Mental Health Days	5.2	4.2	4.8
Low Birth Weight	8%	9%	8%

Rates per 100,000

Source: County Health Rankings and Roadmaps, 2024

Leading Causes of Death

Examining the leading causes of death provides critical insight into the overall health of a community, highlighting the conditions that most significantly impact mortality and identifying areas where public health efforts can be focused. By understanding these causes, preventable risk factors can be better addressed, and interventions can be more effectively targeted to improve health outcomes for Sarasota County residents.

Figure 17 highlights the age-adjusted death rates of the leading causes of death in Sarasota County and how these rates have shifted since the last CHA in 2019. The leading cause of death in Sarasota County is malignant neoplasm (cancer), followed by heart disease—mirroring national trends where these two causes consistently rank as the top contributors to mortality. Other significant causes of death in the county include unintentional injury, COVID-19, and cerebrovascular diseases. These findings align with broader patterns observed across the country, reflecting the substantial burden of chronic diseases and injuries on population health.

Figure 17: Leading Causes of Death in Sarasota County

Leading Cauases of Death, Age-Adjusted Death Rate Comparison
Sarasota County, 2019 and 2022
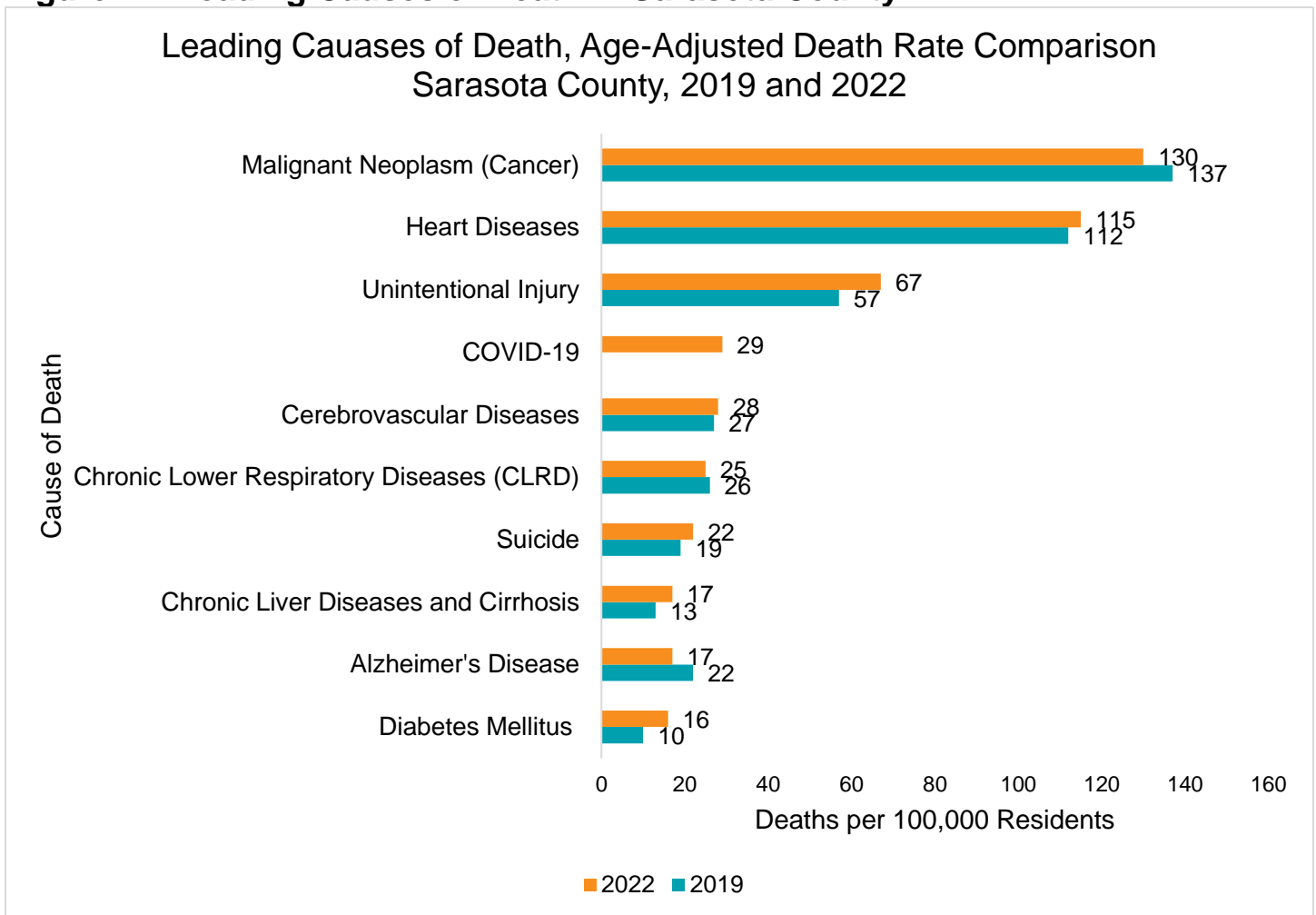
Source: Florida Department of Health, Bureau of Vital Statistics, 2022

Figure 18 provides additional insight into the percentage changes in the leading causes of death in Sarasota County between 2019 and 2022. Notable increases include a 230% rise in deaths attributed to nutritional deficiencies and a 100% increase in deaths from hyperplasia of the prostate. These substantial changes underscore the dynamic nature of health challenges facing the community and the need to monitor emerging trends closely.

Figure 18: Leading Causes of Death, Percent Increase Comparison Sarasota County
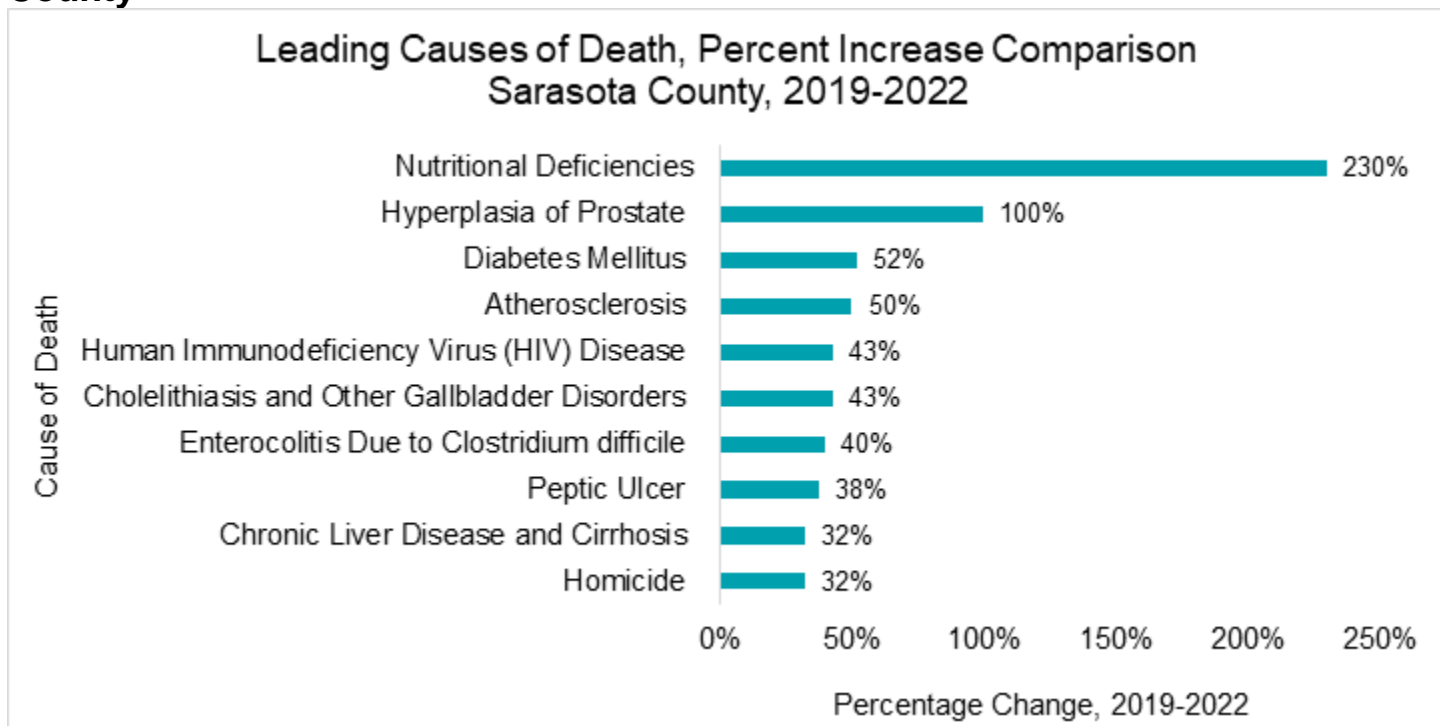
Source: Florida Department of Health, Bureau of Vital Statistics, 2022

Risk Factors and Chronic Disease

Chronic disease is defined as a condition that lasts a year or longer, requiring ongoing medical attention and sometimes limiting daily living activities. Chronic diseases are significant contributors to the leading causes of death and disability both locally and nationally, and many are preventable. According to the CDC, six out of ten U.S. adults have at least one chronic disease, while four in ten adults have more than one. This accounts for 90% of the $4.5 trillion spent annually on health care in the United States. Common risk factors for chronic diseases include poor nutrition, excessive alcohol consumption, lack of physical activity, tobacco use, and being overweight or obese. While these risk factors are often modifiable, external influences disproportionately affect certain groups, creating barriers to making healthier lifestyle choices. Addressing these disparities is crucial to reducing the burden of chronic diseases in the community.

Asthma

Asthma is a chronic inflammatory disorder of the airways, which can cause wheezing attacks, shortness of breath, chest tightness, and coughing. Asthma may be exacerbated by allergens, smoke, allergies, physical exertion, infection, and chemical irritants.

In 2023, there were 8 deaths in Sarasota County due to asthma. While deaths from asthma are relatively uncommon, asthma attacks can be life-threatening, often leading individuals to seek emergency care for immediate treatment. In 2023, the age-adjusted rate per 100,000 of emergency department visits from asthma in Sarasota County was 224, compared to Florida overall at 430, as shown below in Figure 19. Emergency department visits from asthma for Blacks was more than four times that of Whites at 675 versus 102, shown in Figure 20.

Figure 19: Age-Adjusted Rate of Emergency Department Visits due to Asthma, Sarasota County and Florida
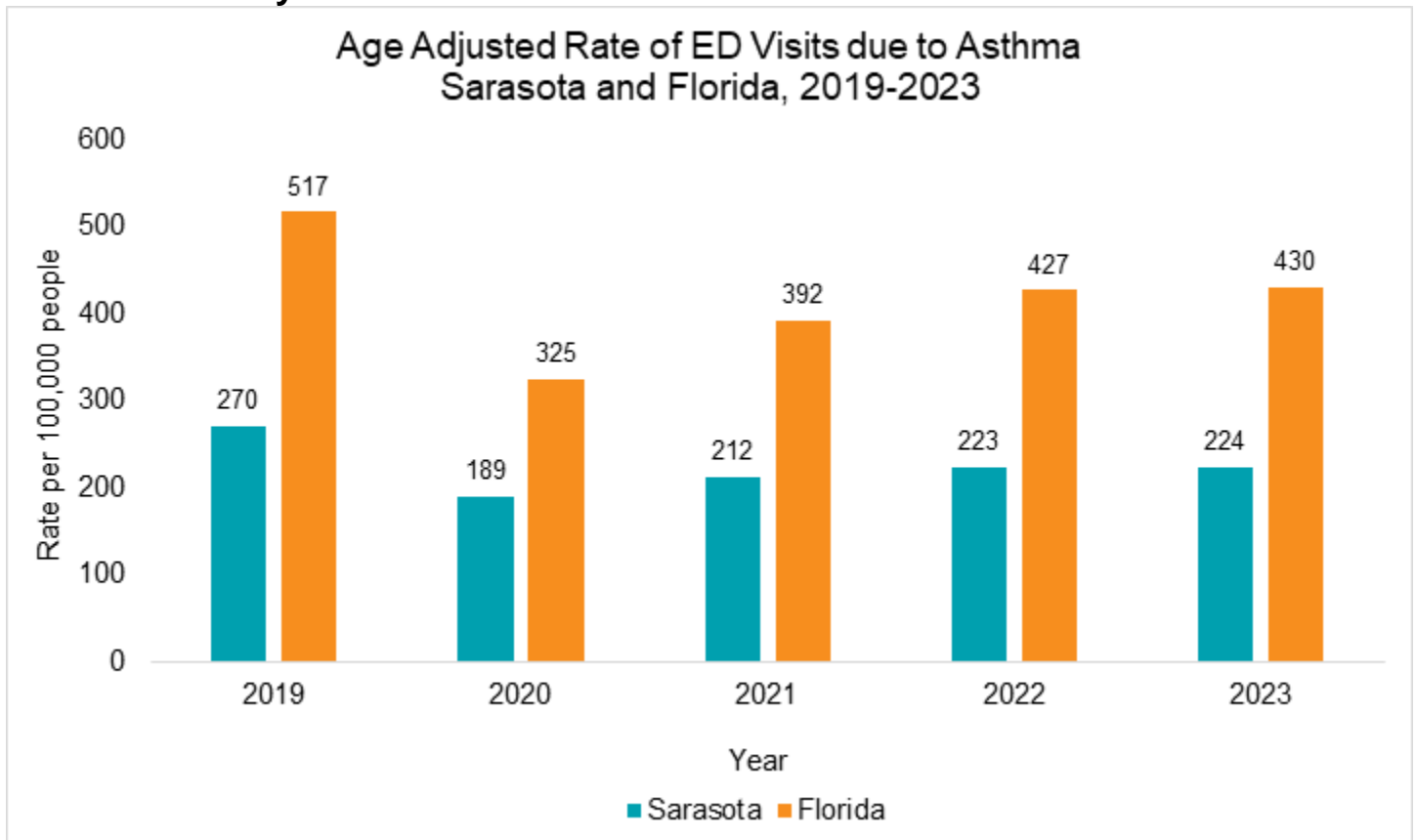
Source: Florida Agency for Healthcare Administration, 2023

Figure 20: Emergency Department Visits due to Asthma by Race/Ethnicity, Sarasota County

ED Visits due to Asthma by Race
Sarasota County, 2019-2023
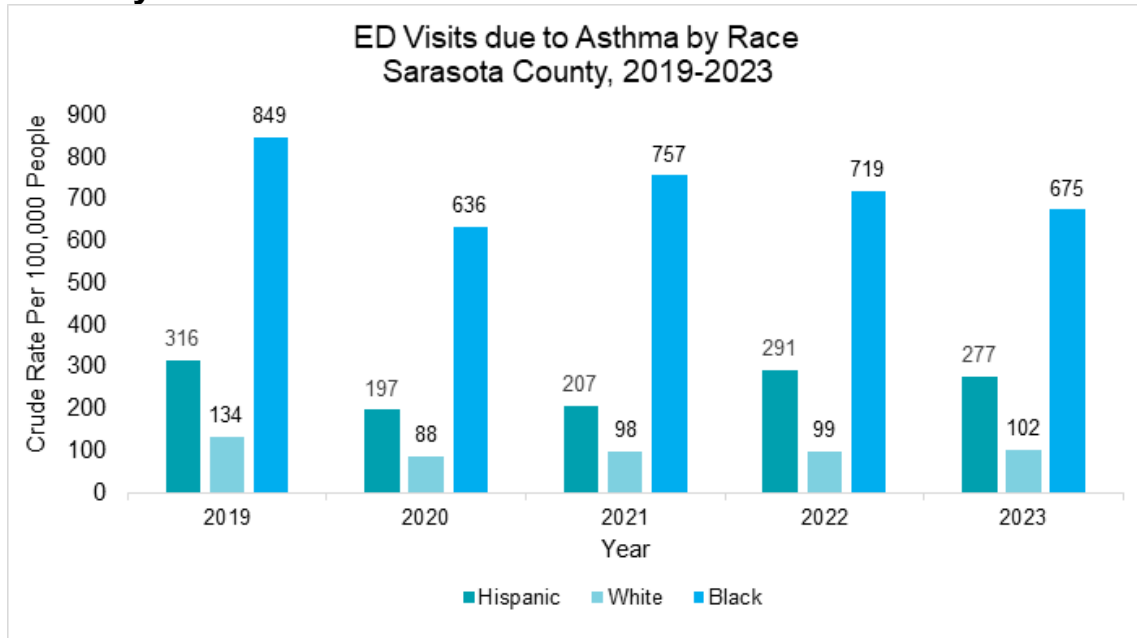
Source: Florida Agency for Healthcare Administration, 2023

The 2023 age-adjusted rate per 100,000 of hospitalizations from asthma in Sarasota was 29 compared to Florida at 48 overall. This represents an increase in hospitalization rates from asthma locally over the past four years. Similar to emergency department visits, the hospitalization rate from asthma in Sarasota County is higher for blacks than whites, with a rate of 75.7 for blacks compared to 19.9 for whites. People living with asthma should pay close attention to and heed to air quality and red tide warnings, both of which can exacerbate the condition.

Figure 21: Age-Adjusted Hospitalizations due to Asthma in Sarasota County and Florida

Age-Adjusted Hospitalizations due to Asthma
Sarasota and Florida, 2019-2023
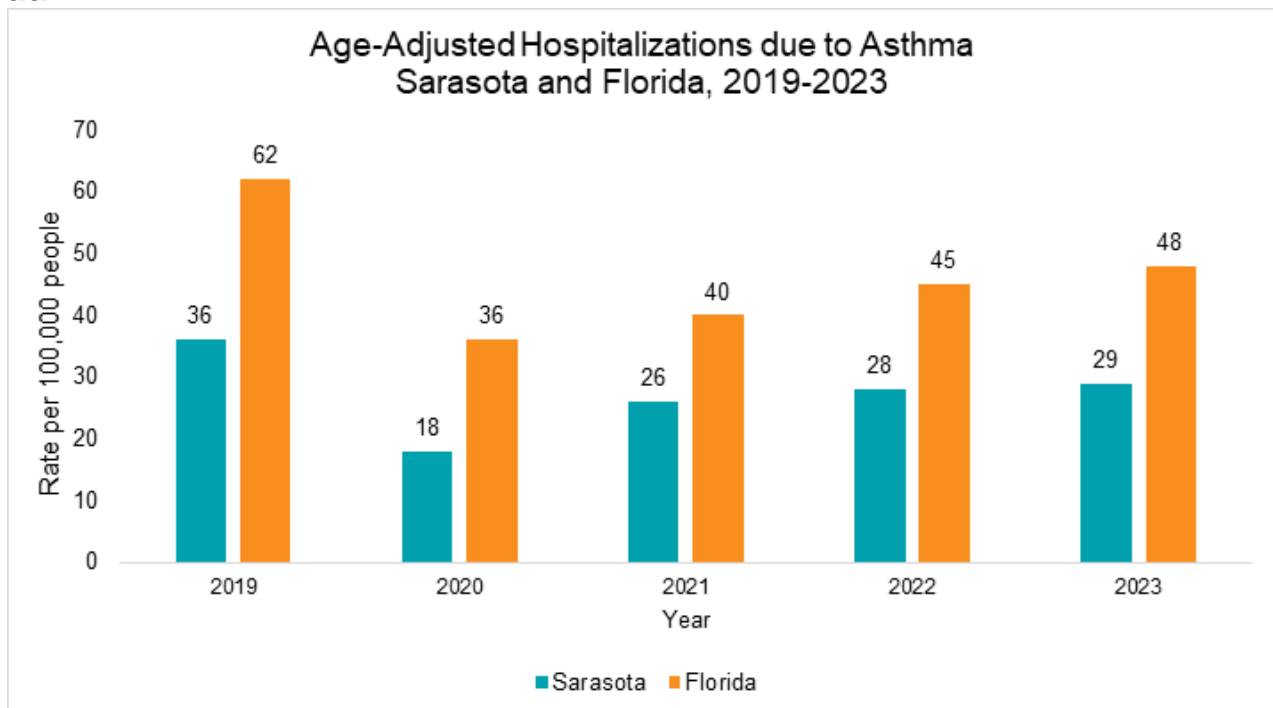
Source: Florida Agency for Healthcare Administration, 2023

Cancer

The 2024 Community Health Survey revealed that cancer is a rising concern among Sarasota County residents and is ranked as the seventh top health concern. In 2022, cancer was the leading cause of death for Sarasota County, accounting for 21% of total deaths. According to the Florida Cancer Data System, Sarasota County's 2021 cancer incidence rate is currently 489, higher than the state of Florida at 471. The cancer incidence rate in Sarasota County is significantly higher for men at 523 versus women at 462, and higher for Blacks and other groups at 588 than for Whites 477. The graph below illustrates the disparity in cancer incidence rates by race in Sarasota County.

Figure 22: Age-Adjust Cancer Incidence in Sarasota County by Race/Ethnicity
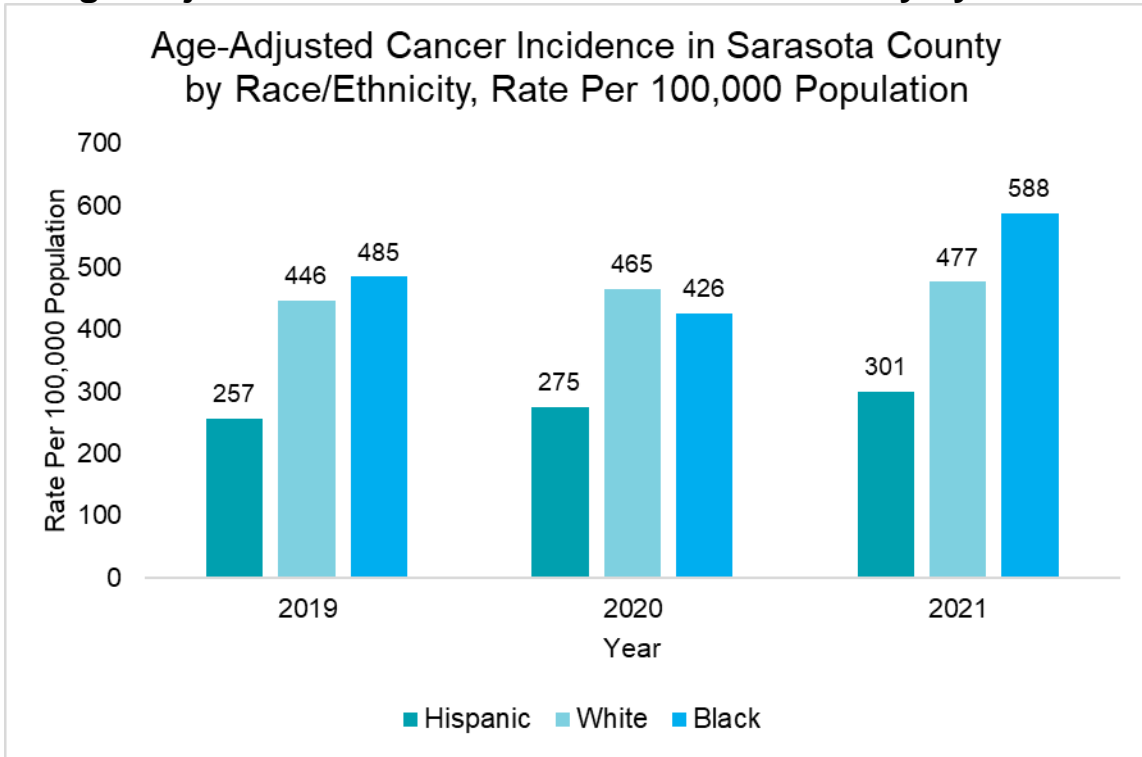
Source: University of Miami (FL) Medical School, Florida Cancer Data System

Breast Cancer

In 2021, the age-adjusted rate per 100,000 of female breast cancer incidence in Sarasota County was 126.6 compared to Florida at 134.4. The rates also trend similarly for different races and by ethnicity. Breast cancer is the most common type of cancer among Florida women, and the second most common cancer and cancer death among women in the United States. It is also the leading cause of cancer death among Hispanic and Black women. Most cases occur in women aged 50 or older, with about 5-10% of cases being hereditary– or passed down in one's family. Women who are diagnosed younger than age 45 are more likely to have a family history of breast cancer. Early detection of breast cancer means it will usually be easier to treat. It is recommended that beginning at age 40, women get mammograms every two years until age 74. In Figure 23 below, the percentage of eligible women aged 50-74 years old in Florida who had a mammogram in the past two years is shown.

Figure 23: Women Who Had a Mammogram in the Past Two Years, Florida, Aged 50-74 Years
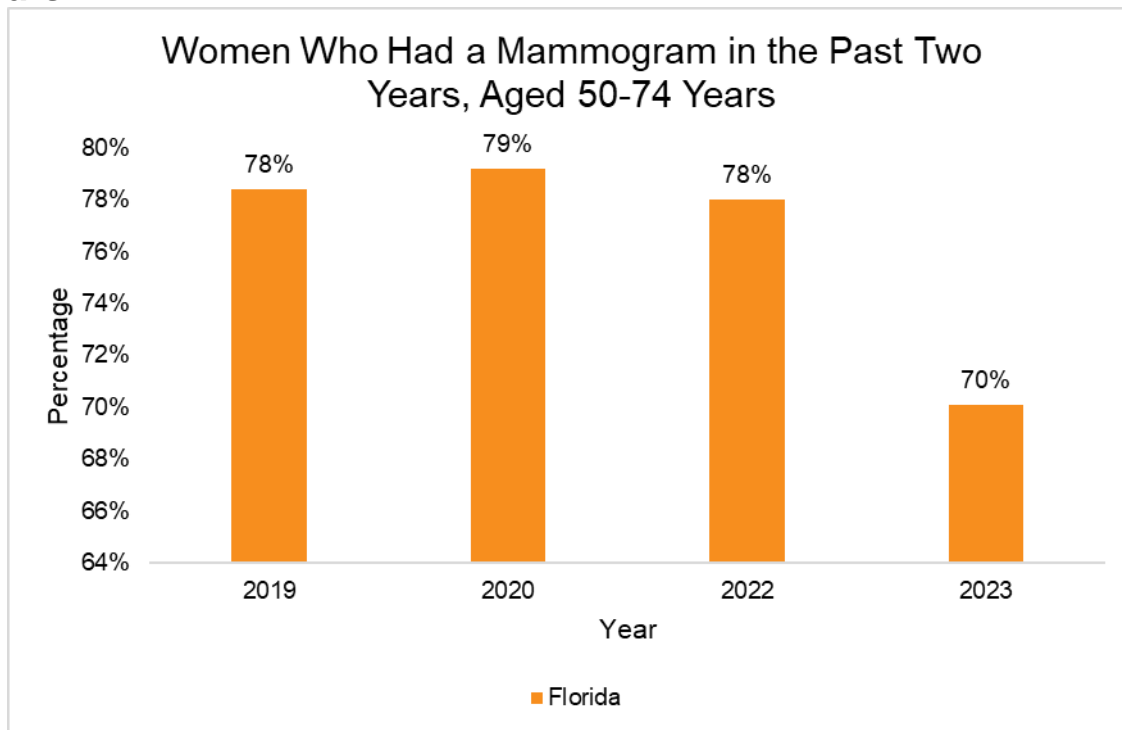
Source: Florida Behavioral Risk Factor Surveillance System, 2023

Cervical Cancer

In 2021, the age-adjusted rate per 100,000 of cervical cancer incidence rate in Sarasota County was 9.5 compared to Florida at 9.0. In Sarasota County, the rate of cervical cancer incidence is higher in non-Hispanics than in Hispanics, and slightly higher in whites than blacks.

Cervical cancer causes and risk factors in women may include human papillomavirus (HPV), smoking, obesity, and oral contraceptive use. Getting routine pap tests and practicing safe sex are the most important steps you can take to help prevent cervical cancer. HPV vaccination is also a safe and effective way to help prevent cervical cancer. Gardasil 9 is the FDA-approved vaccine for females and males aged 9 to 45 in the United States. Gardasil 9 is approved to prevent precancers and cancers caused by seven cancer-causing HPV types. However, the HPV vaccine does not treat an existing HPV infection.

Breast and Cervical Cancer Early Detection Program

The Florida Department of Health Breast and Cervical Cancer Early Detection Program provides breast and cervical cancer screenings (mammograms, Pap smears, and clinical breast exams) once a year to women who qualify. Diagnostic exams as well as public education and outreach are also provided as part of this program. All qualifications must be met, which include being a women aged 50-64 years old, having a household income that is less than or equal to 200% of the poverty level, and having no health insurance to cover the cost of breast exams, mammogram, or a Pap smear. Utilizing this program can help at-risk women detect and treat cancer early on. Eligible women can receive these cancer screenings in Sarasota County as well as other parts of the region including Manatee, DeSoto, Charlotte, Lee, Hendry, Glades, and Collier Counties. Between 2019-2024, 973 free mammogram screenings were provided to eligible clients through the Florida Breast and Cervical Cancer Early Detection Program. The table below shows the number of mammograms completed by FYs 2019-2024.

Table 7: Mammograms Completed by Regional Florida Breast and Cervical Cancer Early Detection Program by Fiscal Year

Fiscal Year	# Patients	# Screenings	# BI-RADS 0	# BI-RADS 1	# BI-RADS 2	# BI-RADS 3	# BI-RADS 4	# BI-RADS 5	Unknown
2019-2020	221	245	78	40	81	1	2	0	43
2020-2021	135	141	48	17	54	1	0	0	21
2021-2022	158	162	57	22	62	1	0	0	20
2022-2023	195	203	72	75	43	0	1	0	12
2023-2024	186	193	35	73	62	13	0	1	9

*BI-RADS Categories: Category 0 - Findings unclear; Category 1 – findings negative; Category 2 – findings benign; Category 3- Probably benign; Category 4 – findings suspect cancer; Category 5 – findings highly suggest cancer
Source: Florida Department of Health, 2024

In addition to breast and cervical cancer screenings, the DOH-Sarasota offers a vaccine to protect against certain strains of human papillomavirus (HPV), the most common type of sexually transmitted disease. In 2022, the percent of population of HPV completion ages 9-17 in Sarasota County was 26.3% compared to Florida at 34.4% for all age groups.

As illustrated in the table below, from July 2019 to June 2024, DOH-Sarasota administered a total of 5,862 HPV vaccines. Vaccinating against HPV protects females against infections that can lead to certain cancers, particularly cervical cancer, as well as abnormal cells that may be precancerous. Vaccinating adolescent-aged children (both boys and girls) ensures they are protected before typically being exposed to these types of infections. The minimum age requirement to begin receiving the HPV vaccine is 9 years old. The vaccination series is completed when children ages 11–12 years receive two doses of HPV vaccine, given 6 to 12 months apart. Those who start the HPV vaccine series at 15 years or older will need three doses, given over the course of 6 months.

Table 8: Florida Department of Health in Sarasota County HPV Vaccine Services

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
HPV Vaccine	2,020	502	1,086	1,055	1,199

Source: Florida Department of Health in Sarasota County, 2024

Prostate Cancer

Prostate cancer is one of the leading causes of death among men in Florida. In 2021, the age-adjusted rate per 100,000 of prostate cancer incidence in Sarasota County was 135.6 compared to Florida at 113.3. The rate of prostate cancer in Sarasota County has risen from 89.1 in 2019. The incidence rates for prostate cancer are much higher for Black males and other races at a rate of 295.9 compared to 128.2 for Whites.

According to the [U.S. Preventive Services Task Force](#), prostate screenings can reduce mortality risk for men between the ages of 55 and 69. Some men at higher risk due to comorbidities and family history may benefit from early detection screening. In 2020, 58.6% of men ages 50 and older in Florida reported having received at least one PSA test, which was down from 61.9% in 2018. Unfortunately, recent county level data was not available for this category.

There are community efforts working to provide access to screenings. Between February 2020 and August 2024, the Sarasota Prostate Initiative reported conducting 549 free prostate-specific antigen (PSA) screenings throughout the county. In addition, one-on-one counseling and mentoring were offered to help guide newly diagnosed individuals on their pathway to good health, along with monthly support group meetings at various locations. In addition to the screenings, 1,376 participants took place in monthly group support meetings and 85 one-on-one-meetings were held across Sarasota, Venice, Newtown, and Lakewood Ranch. Approximately 100 annual events were also held to raise awareness about prostate cancer between 2020-2024.

Lung Cancer

Lung cancer is characterized by uncontrolled cell growth in the tissues of the lung. The primary cause is long-term exposure to tobacco smoke; however, approximately 15% of cases occur in nonsmokers. These cases are often linked to genetic predispositions, as well as environmental exposures such as radon gas, asbestos, air pollution, and secondhand smoke. In 2021, Sarasota County reported an age-adjusted incidence rate of 44.9 lung cancer cases per 100,000 population, lower than the statewide rate of 51.4.

Lung cancer mortality rates in Sarasota County have been declining since 2020, with the death rate reaching 26.8 per 100,000 population. This decline may be attributed to shifting behaviors around smoking and advancements in early detection. Sarasota Memorial Health Care System, through the Brian D. Jellison Cancer Institute, offers a comprehensive Lung Cancer Screening, Early Detection, and Prevention Program. While approximately 74% of lung cancers in unscreened populations are diagnosed at late stages, this program has achieved early-stage diagnoses in 70% of cases, significantly improving the ability to treat cases. Since its inception, the program has steadily increased the number of screenings provided to the Sarasota County population, with a 26% growth in screening volume from 2022 to 2023. In 2023, the program screened 1,342 individuals, emphasizing its critical role in reducing the burden of lung cancer in the community.

Melanoma

Melanoma is a malignant tumor of melanin skin cells, predominantly found in the skin, but can also form in the bowel or eye. In Sarasota, the 2021 age-adjusted rate per 100,000 of melanoma incidence rate was 37 compared to Florida at 26. While melanoma is one of the less common types of skin cancer, it causes most skin cancer related deaths. This trend has continued to rise year over year for Sarasota County. In 2023, the age-adjusted rate per 100,000 of population of deaths from melanoma in Sarasota County was 2.2 compared to Florida at 2.1.

Data from the National Cancer Institute shows that more males (46%) than females (30.8%) have been diagnosed with melanoma, and it's more common in those aged 65 and older (94%), and most common in non-Hispanic Whites (41%).

While some cancers may not be completely preventable and exact causes are unknown for many types, regular doctor visits and screenings may help detect early stages or risk of cancer in the body. DOH-Sarasota offers several cancer screenings free of charge to its clients. Similarly to other chronic diseases, practicing healthy lifestyle habits such as maintaining a healthy diet, not smoking, and limiting sun exposure can greatly reduce one's risk of developing common cancers, along with getting recommended routine cancer screenings. Figure 24 shows cancer incidence in Sarasota County and surrounding counties.

Figure 24: Age-Adjusted Cancer Incidence Rate in Sarasota and Surrounding Counties
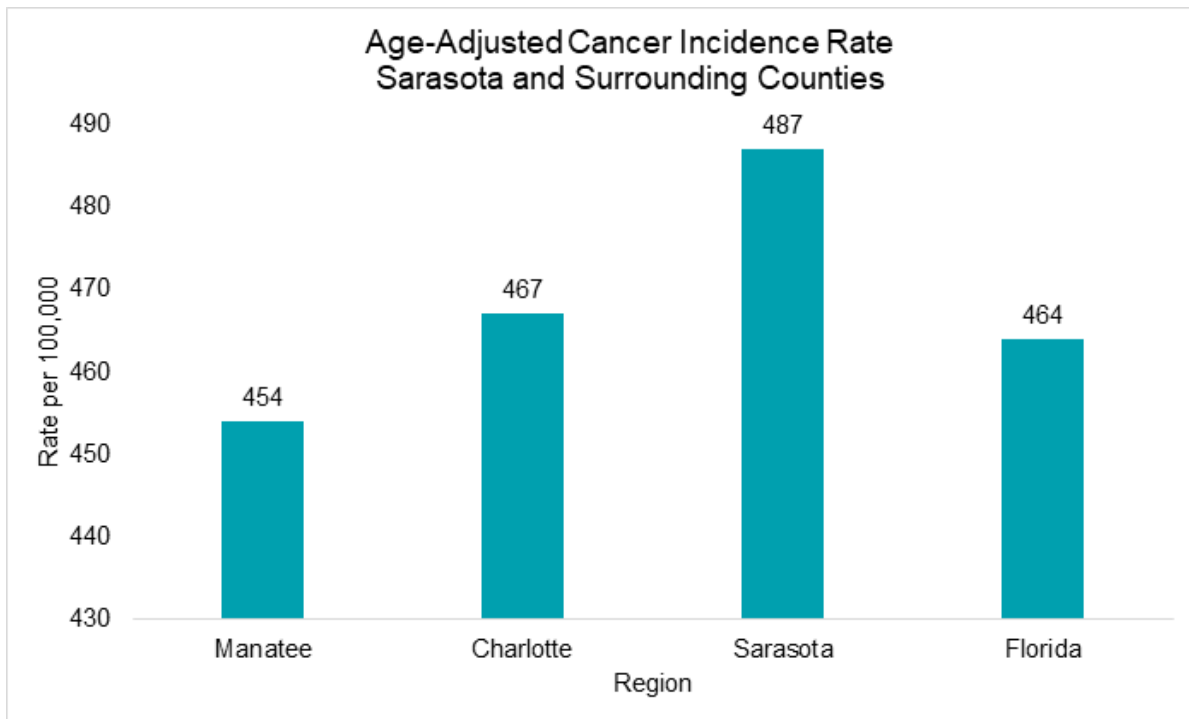
Source: National Cancer Institute, State Cancer Profiles, 2023

Childhood Immunizations

Monitoring immunization levels helps reduce vaccine-preventable diseases by improving vaccination coverage among school-age children. In compliance with state immunization requirements among children enrolled in kindergarten (and 7th grade), in 2023, the percentage of immunization levels in kindergarten in Sarasota County was 85% compared to Florida overall at 91%. Figure 25 below highlights the kindergarten immunization rate trends in Sarasota County compared to the state of Florida overall.

Figure 25: Single Year Immunization Rates in Kindergarten, Sarasota County and Florida, 2019-2023
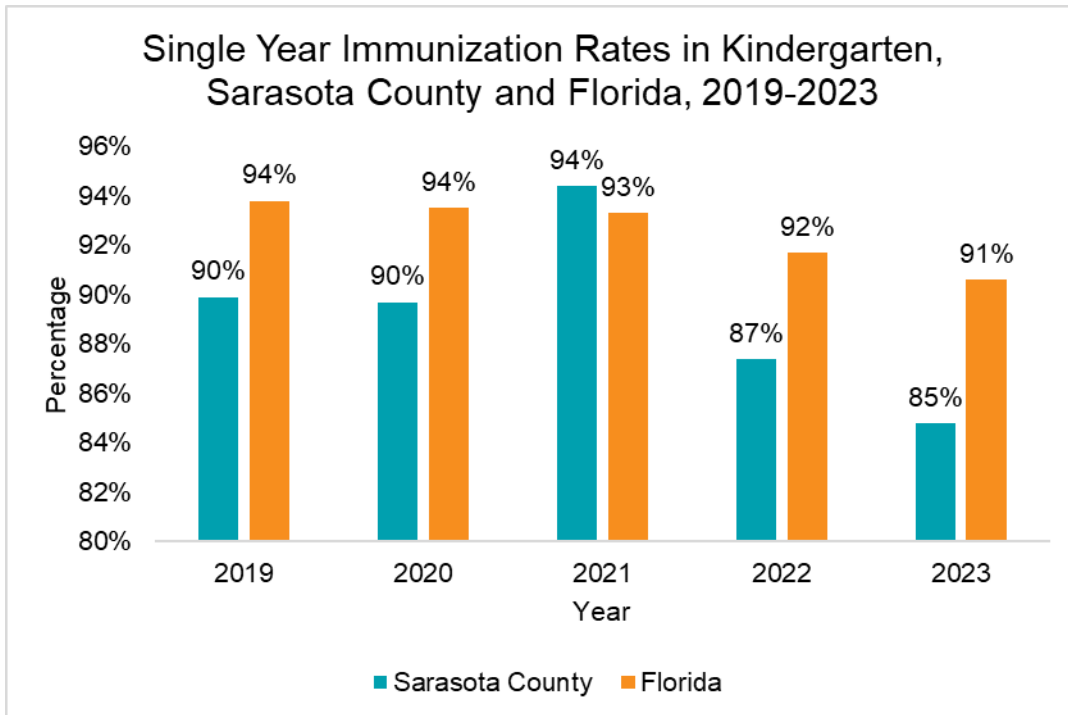
Source: Florida Department of Health, Bureau of Epidemiology, 2024

Children under five are especially susceptible to disease because their immune systems have not built up the necessary defenses to fight infection. By immunizing on time (by age 2), children can gain immunity from disease and protect others at school or daycare. In 2022, the percentage of Children Fully Immunized: Basic Immunization Series (aged 2 years) in Sarasota County was 80% compared overall to Florida at 77%, shown in Figure 26.

Figure 26: Percentage of Children Fully Immunized Aged 2 Years, Sarasota County and Florida, 2019-2022
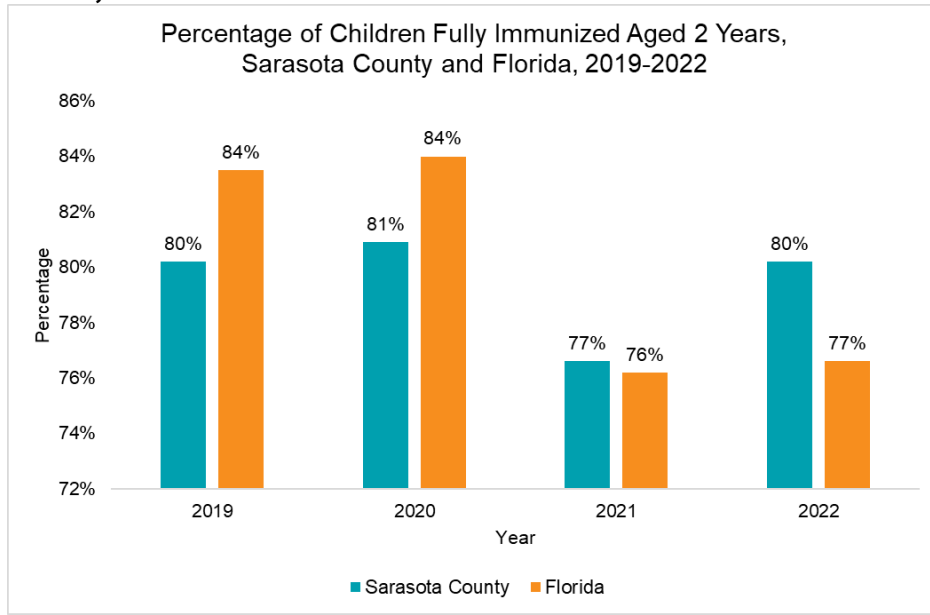
Source: Florida Department of Health, Bureau of Epidemiology, 2024

In 2023, the Immunization Clinic at DOH-Sarasota achieved significant milestones in addressing community vaccine healthcare needs. Through an innovative initiative, the clinic administered 214 homebound immunizations, revolutionizing access to vaccines for those unable to attend traditional healthcare settings. Additionally, three back-to-school immunization clinics held on Saturdays throughout the summer ensured timely vaccination for school-aged children.

In 2023, the percentage of Immunization Levels (7th Grade) in Sarasota County was 92 compared to Florida at 94 shown in Figure 27.

Figure 27: Single Year Immunization Rates in 7th Grade, Sarasota County and Florida, 2019-2023
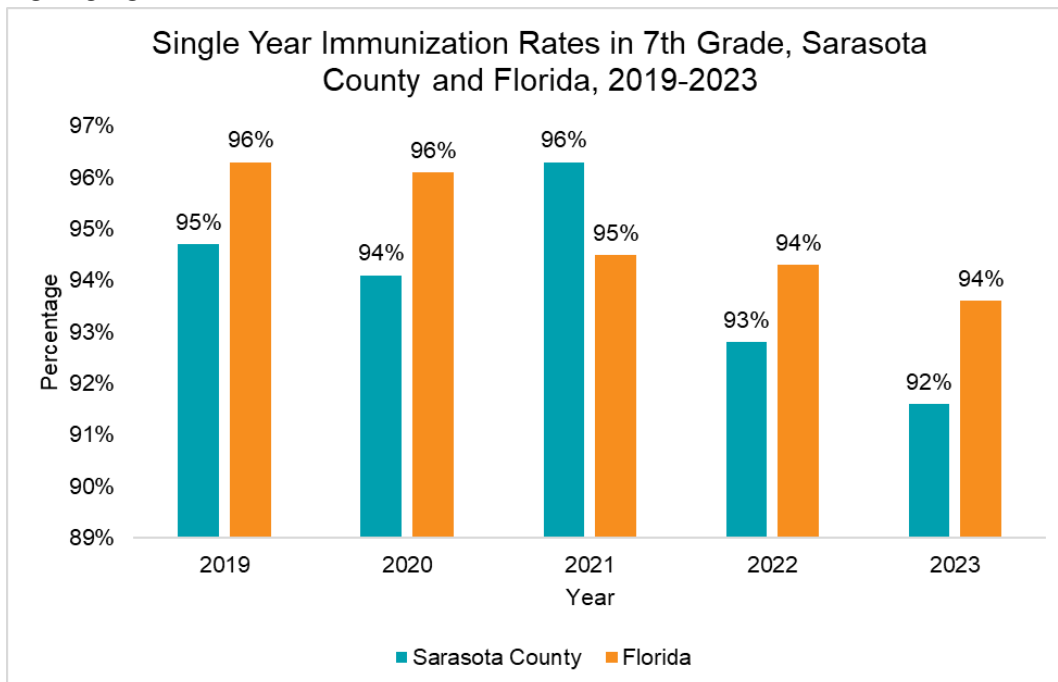
Source: Florida Department of Health, Bureau of Epidemiology, 2024

The table below shows the number of Tdap vaccines administered for (middle school) youth aged 11-13 years by school year by DOH-Sarasota. The data for the current 2024-2025 school year is only through October 2024.

Table 9: Florida Department of Health in Sarasota County Tdap Vaccines for Clients Aged 11-13 by School Year

Age	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
11	364	290	425	255	255	140
12	454	536	715	374	544	439
14	115	135	165	132	186	94
Total	933	961	1,305	761	985	673

Source: Florida Department of Health in Sarasota County, 2024

Diabetes

Diabetes is a disease marked by high sugar levels in the blood. Having diabetes increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness, and amputation of a toe, leg, or foot. According to the CDC, more than 1 in 3 American adults have pre-diabetes, a precursor to type II diabetes, and of those, 84% are unaware of their diagnosis.

In Sarasota County, diabetes is the 8th leading cause of death. In 2023 the age-adjusted rate per 100,000 population of deaths from diabetes in Sarasota County was 10 compared to Florida at 21, shown in Figure 28 below.

Figure 28: Age-Adjusted Deaths from Diabetes in Sarasota County and Florida
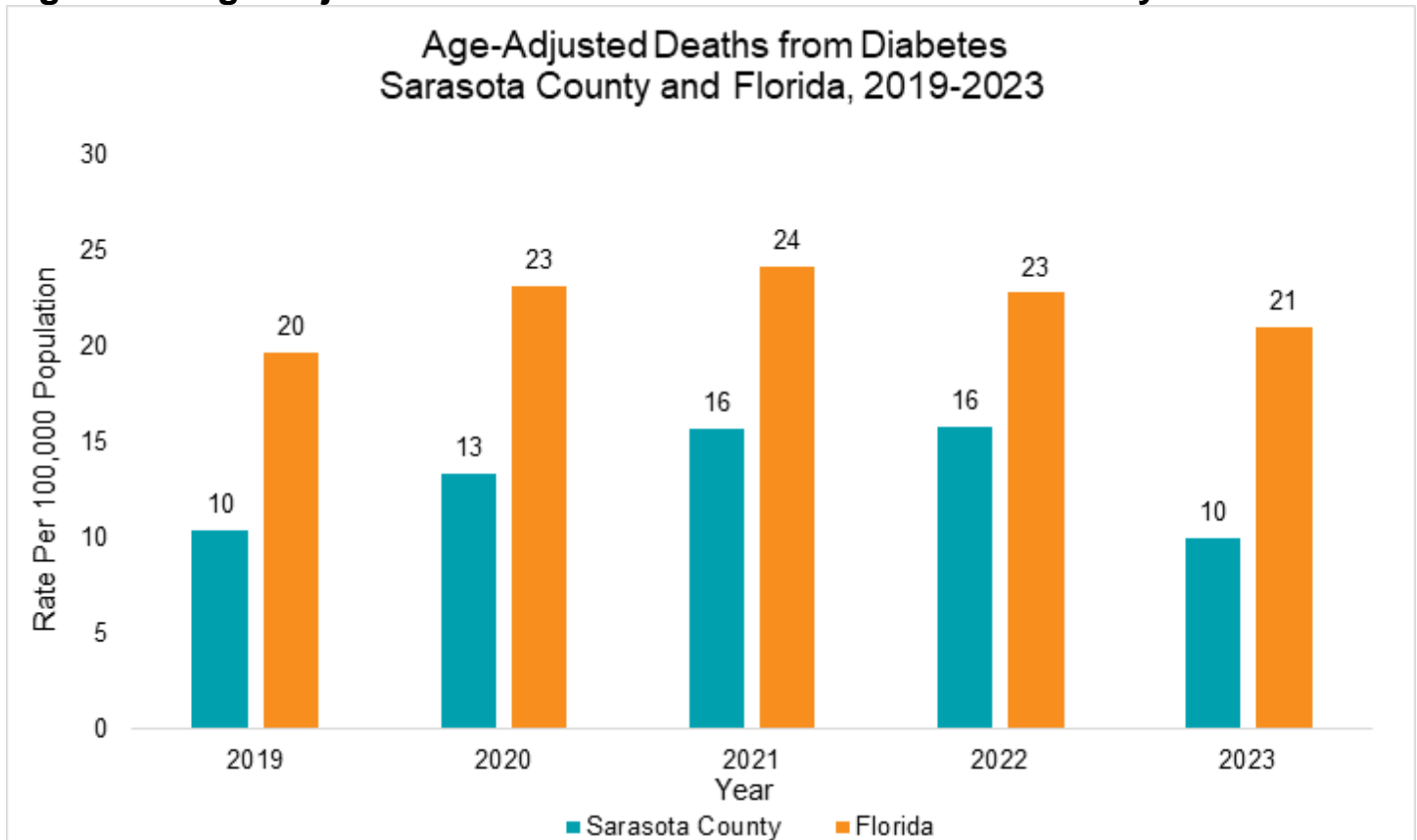
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

The crude death rate per 100,000 from diabetes in Sarasota County is higher in men (34) than women (22), shown in Figure 29. A disparity exists in deaths from diabetes for Blacks in Sarasota County, shown in Figure 30. Furthermore, a much higher rate of death from diabetes exists for Black males, at an age-adjusted rate of 51.3 compared to White males at 12.9. Census Tract 3, a predominantly Black community in North Sarasota County, has a diabetes death rate of 239 per 100,000 people. Addressing this significant disparity requires identifying and mitigating the underlying health and socioeconomic risk factors contributing to the elevated mortality rate in this area.

Figure 29: Death Rate from Diabetes by Sex in Sarasota County

Death Rate from Diabetes by Sex
Sarasota County, 2019-2023

Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Figure 30: Deaths from Diabetes by Race/Ethnicity in Sarasota County

Deaths from Diabetes by Race/Ethnicity
Sarasota County and Florida, 2019-2023

Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Diabetes and the complications associated with it can be difficult and costly to manage, especially depending on the diagnosed type (Type I or II). Unmanaged diabetes can result in high hospital readmission rates and frequent visits to the emergency room for acute exacerbations. Monitoring these rates can provide insight into how well people are managing their diabetes. Access to routine

healthcare, insurance coverage, affordable prescriptions, monitoring equipment, proper nutrition, and chronic disease education are all necessary to help diabetics manage their condition and keep ED visits and hospitalization rates low.

Figure 31: Age-Adjusted Hospitalization Due to Diabetes, Sarasota County and Florida
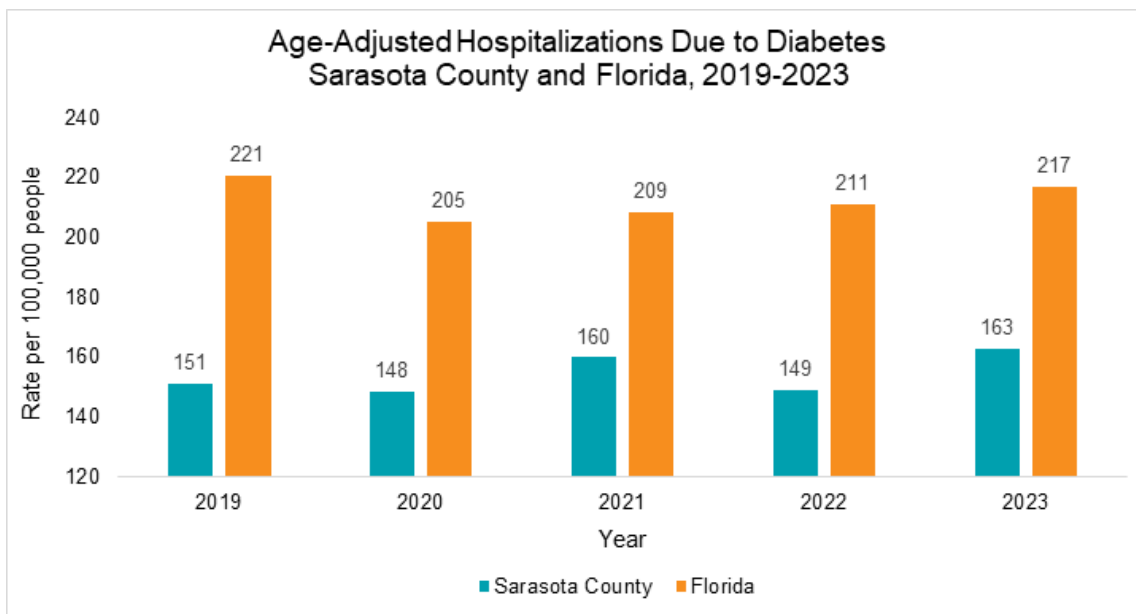
Source: Florida Agency for Healthcare Administration, 2023

Figure 32: Hospitalizations Due to Diabetes by Race/Ethnicity in Sarasota County
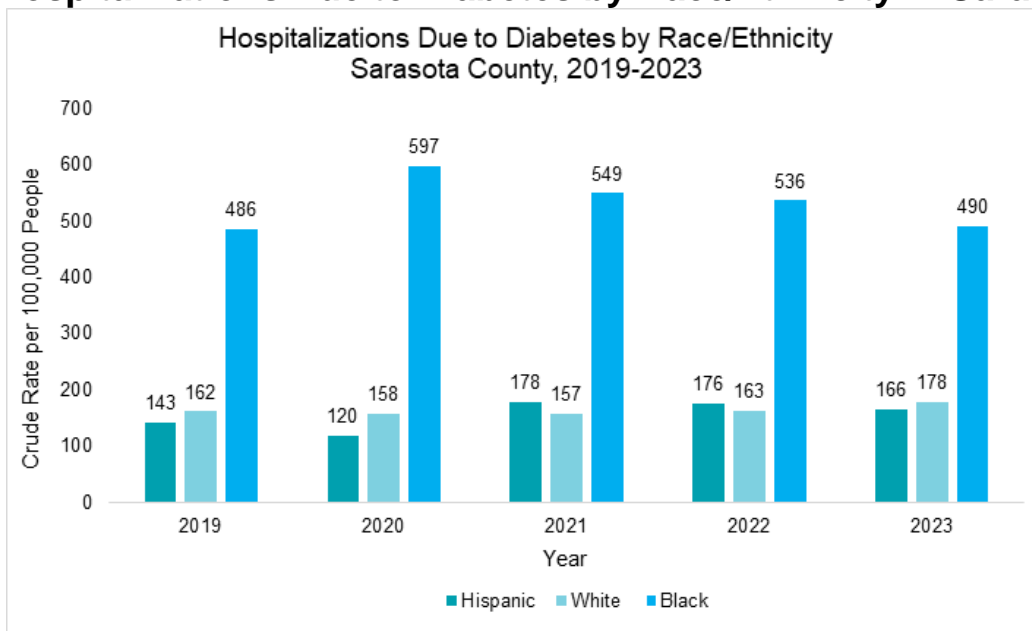
Source: Florida Agency for Healthcare Administration, 2023

In 2023, the age-adjusted rate per 100,000 of hospitalizations in Sarasota County was 163 compared to Florida at 217, shown in Figure 30 above. While lower than the state rate, this is the highest rate of hospitalizations for diabetes in Sarasota County in the past four years. The crude rate of hospitalizations, shown in Figure 32 above, for Whites was 178 and more than triple that for Blacks at 490. Despite this, it was the lowest hospitalization rate for Blacks in past four years, and conversely was the highest for Whites. The Hispanic rate for hospitalization from diabetes in Hispanics is only slightly higher at 158.9 compared to 157.4 for non-Hispanics.

In 2023, the age-adjusted rate of emergency visits from diabetes in Sarasota County was 119 compared to Florida at 226 emergency department visits per 100,000 people. The crude rates for emergency department visits from diabetes, shown in figure, for Blacks is higher than Whites, however, both are trending upward in recent years.

Figure 33: Age-Adjusted Emergency Department Visits Due to Diabetes in Sarasota County

Age-Adjusted ED visits due to Diabetes
Sarasota County, 2019-2023
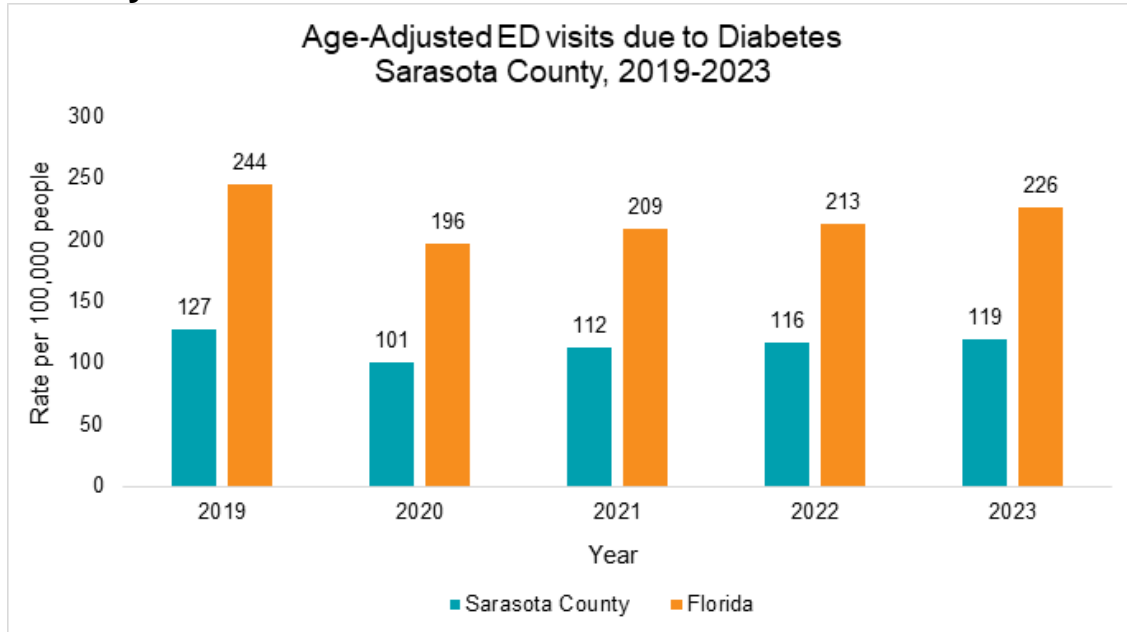
Source: Florida Agency for Healthcare Administration, 2023

Figure 34: Emergency Department Visits Due to Diabetes by Race/Ethnicity in Sarasota County

ED Visits Due to Diabetes by Race/Ethnicity
Sarasota County, 2019-2023
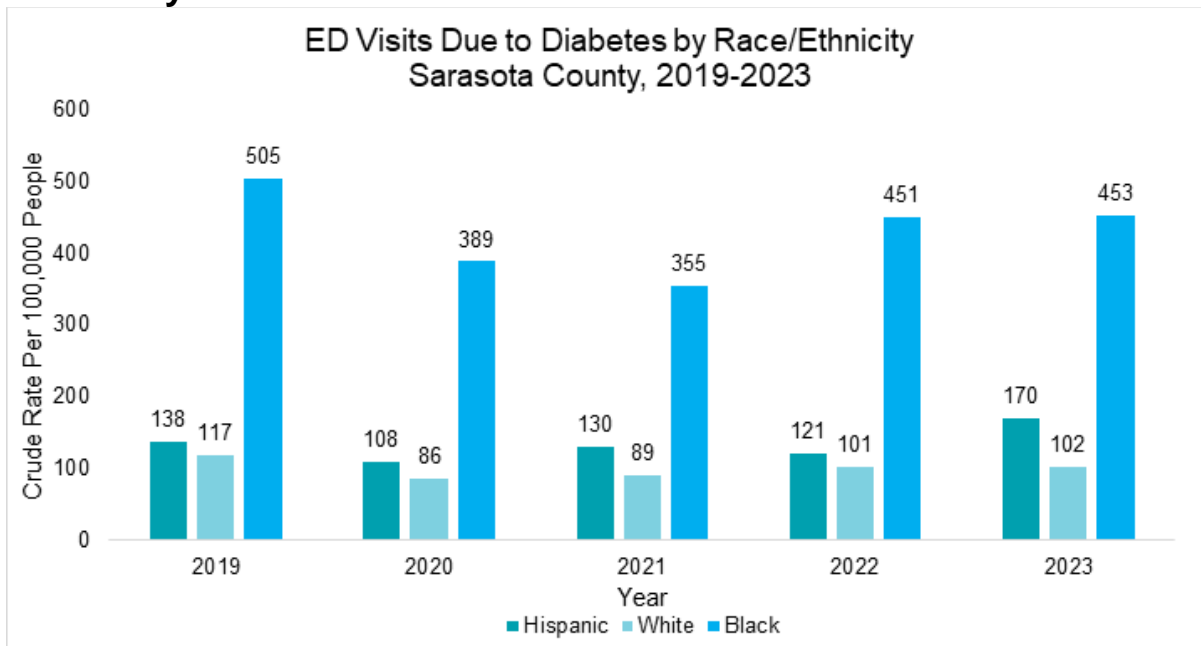
Source: Florida Agency for Healthcare Administration, 2023

Type II diabetes and its complications are preventable. Managing diabetes can prevent premature death, reduce the number of years of potential life lost, prevent disability and loss of productivity, and avoid high medical costs.

Heart and Vascular Diseases

Coronary heart disease has continuously been the leading cause of death throughout the United States. In 2022, heart disease was the second leading causes of death in Sarasota County behind cancer, comprising 20% of all deaths.

Coronary heart disease is a broad term relating to the narrowing or hardening of the small blood vessels that can disrupt the supply blood and oxygen to the heart and contributes to strokes, heart attacks, heart failure, and cardiac dysrhythmias. There are many risk factors for coronary heart disease, most of which are preventable. These include an unhealthy diet, smoking, excessive alcohol intake, and physical inactivity. Common health conditions that may lead to cardiovascular disease include high blood pressure, high cholesterol, and obesity. The good news is these conditions are preventable and manageable with effective treatment and reversible with proper lifestyle changes.

In 2023, the age-adjusted rate per 100,000 population of deaths from coronary heart disease in Sarasota County was 55.0 and lower than the state rate of 79.9. In Sarasota County, death from heart disease is lower than the statewide rate and is more prevalent in men than women, as shown in Figures 35 and 36 respectively. Deaths from heart disease are shown by race and ethnicity in Figure 37.

Atherosclerosis, a specific form of coronary heart disease, happens when plaque builds up inside arteries and limits the flow of oxygen-rich blood to the body. In 2023, the age-adjusted rate per 100,000 population of deaths from atherosclerosis overall in Sarasota County was 0.5 compared to Florida at 0.8; and, like heart disease, occurs more commonly in males (0.8) than females (0.2).
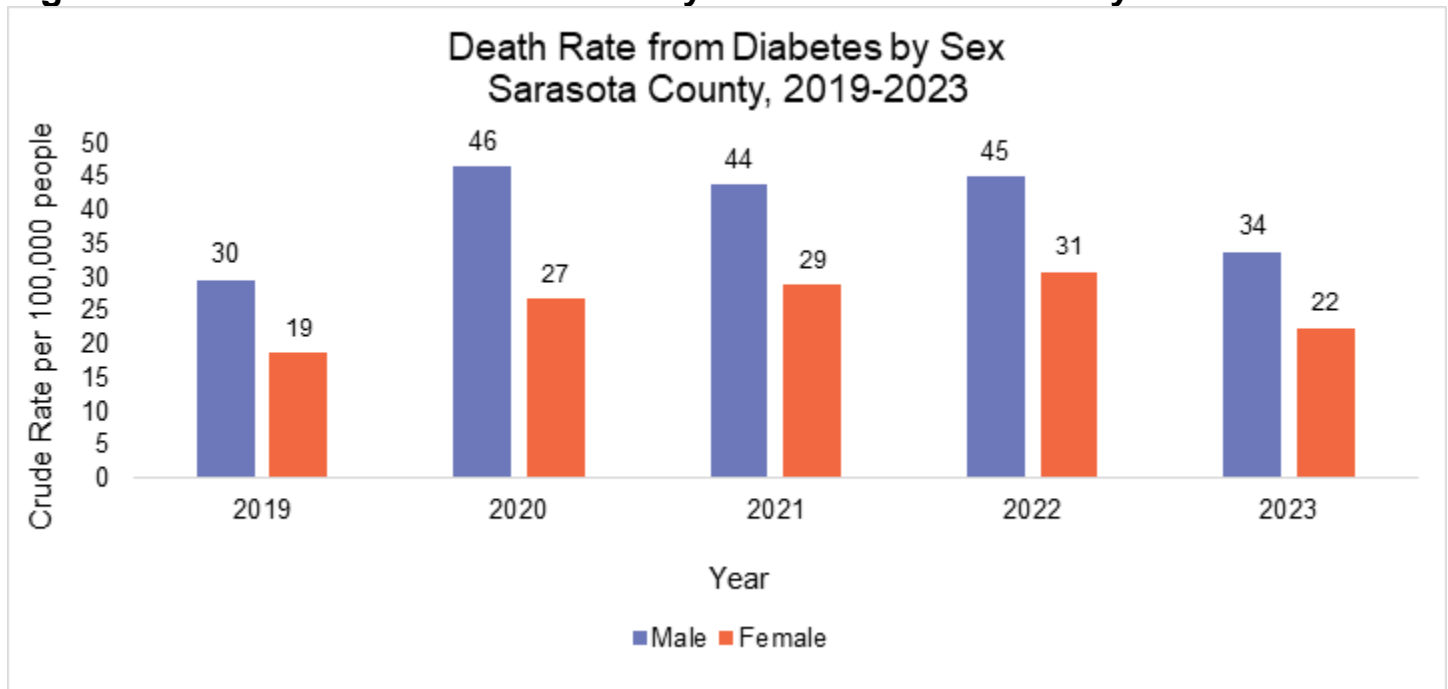
Figure 35: Age-Adjusted Deaths from Heart Disease in Sarasota County
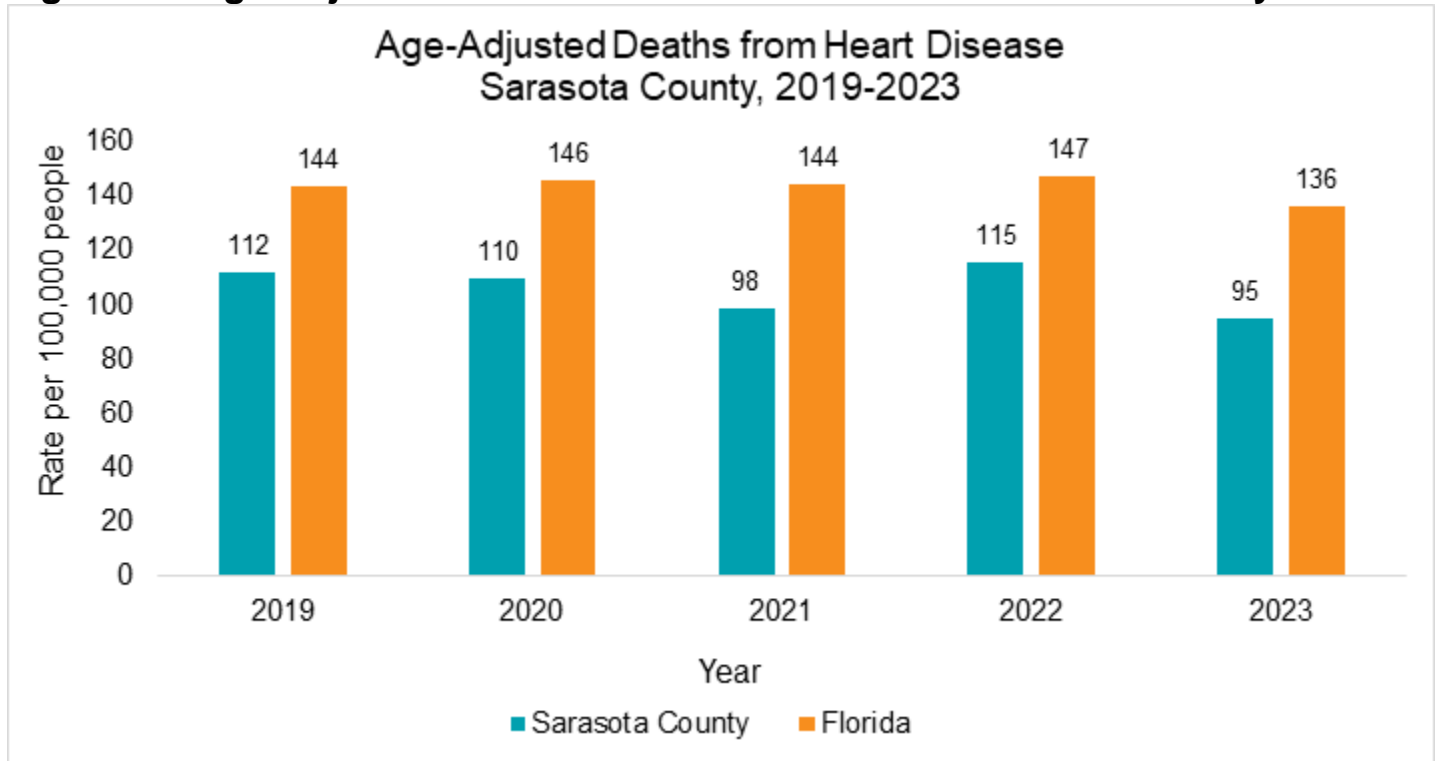
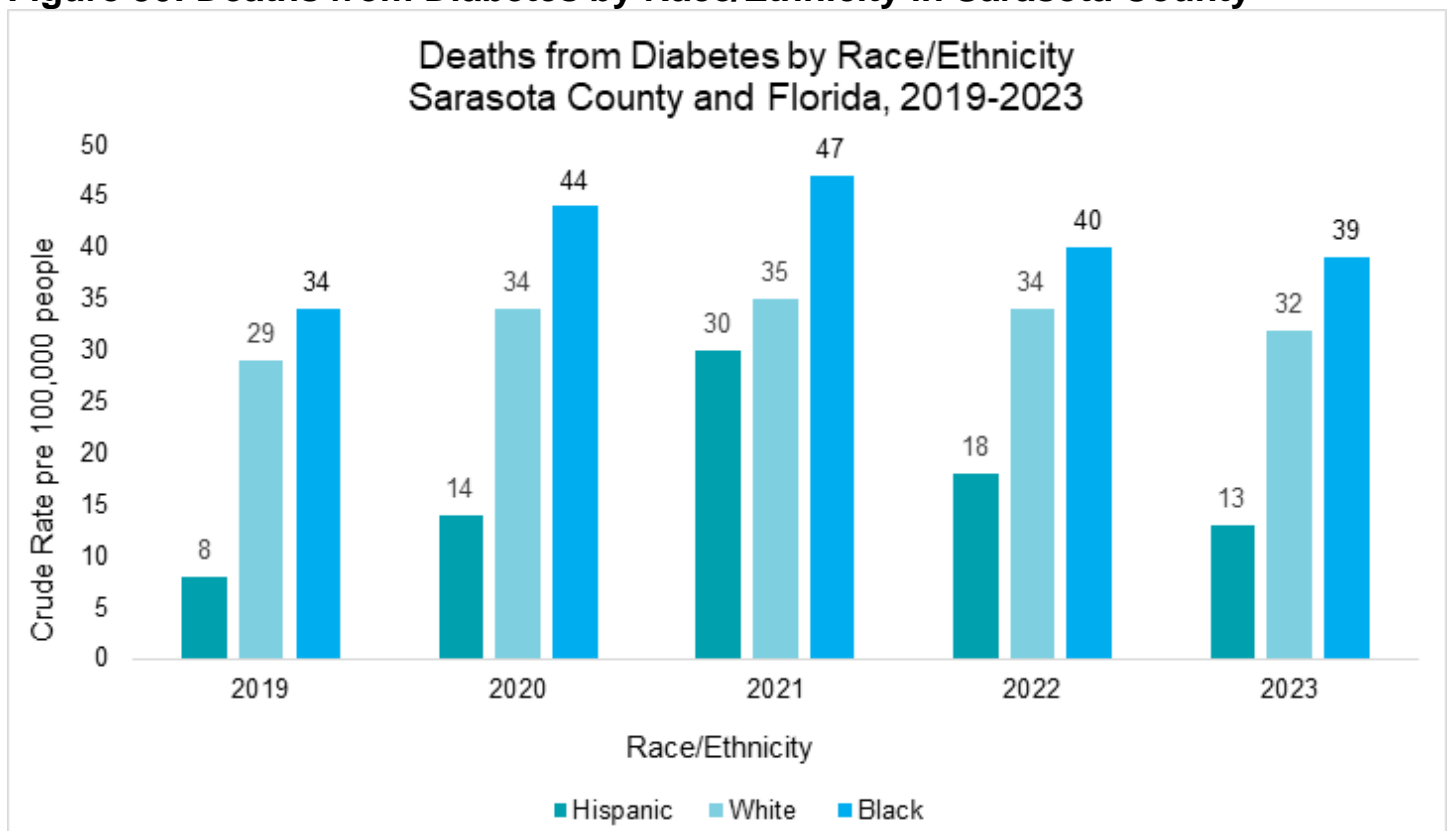Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Figure 36: Deaths from Heart Disease by Sex in Sarasota County

Deaths from Heart Disease by Sex
Sarasota County, 2019-2023

Year	Male	Female
2019	365	236
2020	365	223
2021	325	209
2022	345	253
2023	330	206

Rates per 100,000 people

■ Male ■ Female
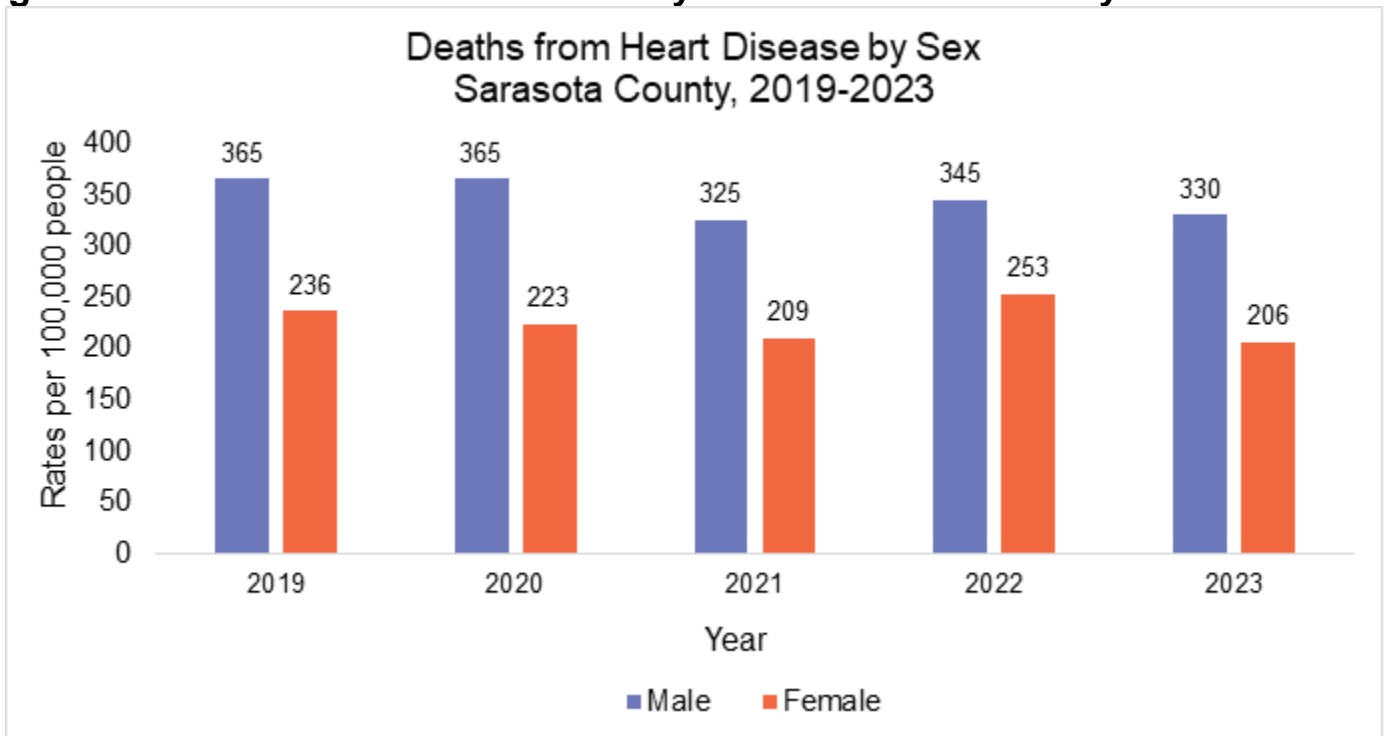
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

## Figure 37: Deaths from Heart Disease by Race/Ethnicity in Sarasota County

Deaths from Heart Disease by Race/Ethnicity
Sarasota County, 2019-2023

Year	Hispanic	White	Black
2019	78	316	113
2020	79	301	253
2021	84	277	156
2022	95	312	183
2023	78	280	143

Rates per100,000 people

■ Hispanic ■ White ■ Black
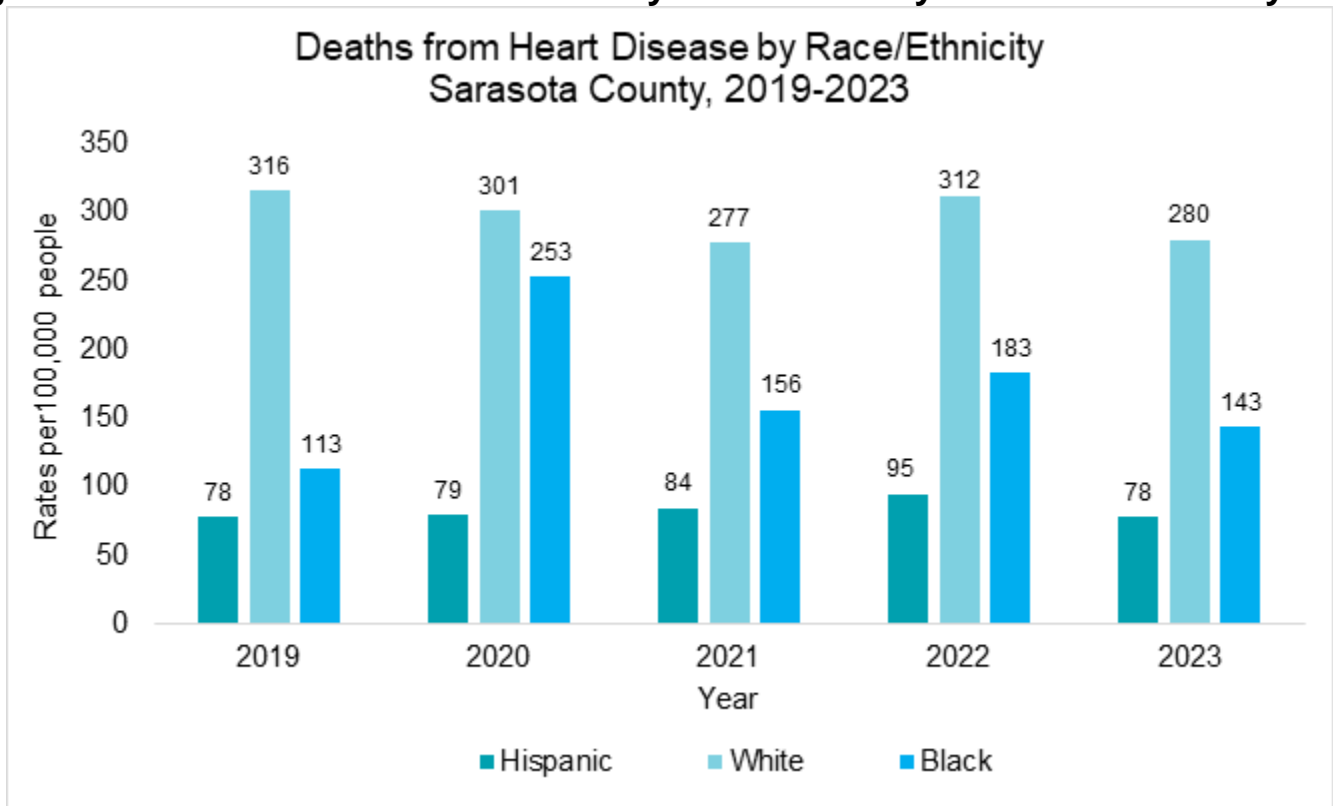
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Heart Attacks

A heart attack, or acute myocardial infection, occurs when a clot in one of the coronary arteries (a vessel that delivers blood and oxygen to the heart muscle) blocks the supply of blood and oxygen to the heart. In 2023, the age-adjusted rate per 100,000 population of deaths from acute myocardial infarction (heart attack) in Sarasota County was 12 compared to Florida at 19, as shown in Figure 38. The rate of death from a heart attack in men overall (46) is more than double that of women (21), shown in Figure 39. The rate of heart attacks in Sarasota County by race and ethnicity shows a higher rate of heart attacks in whites, followed by blacks and then Hispanics, shown in Figure 40.

Figure 38: Age-Adjusted Death Rate due to Acute Myocardial Infarction in Sarasota County and Florida
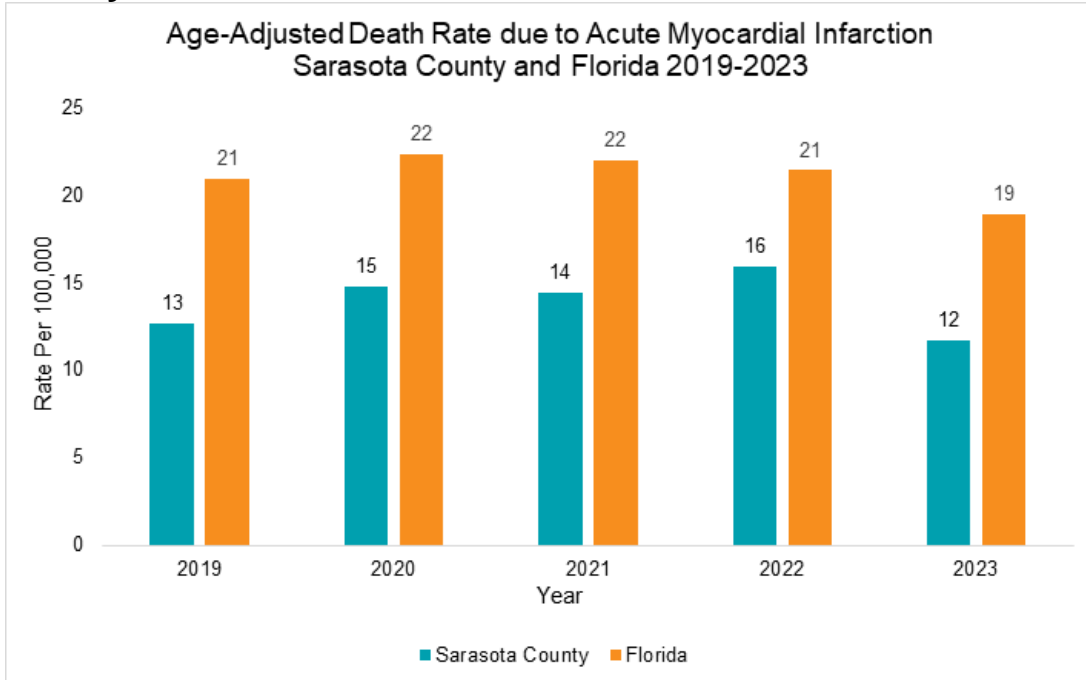
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Figure 39: Death Rate due to Acute Myocardial Infarction by Sex in Sarasota County
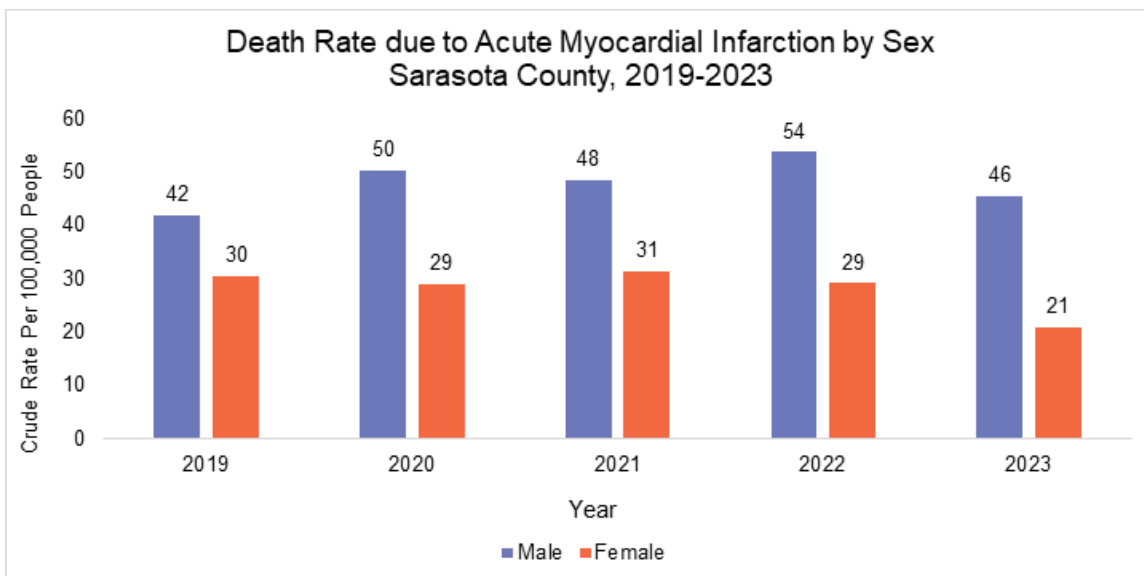
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Figure 40: Death Rate Due to Myocardial Infarction by Race/Ethnicity in Sarasota County
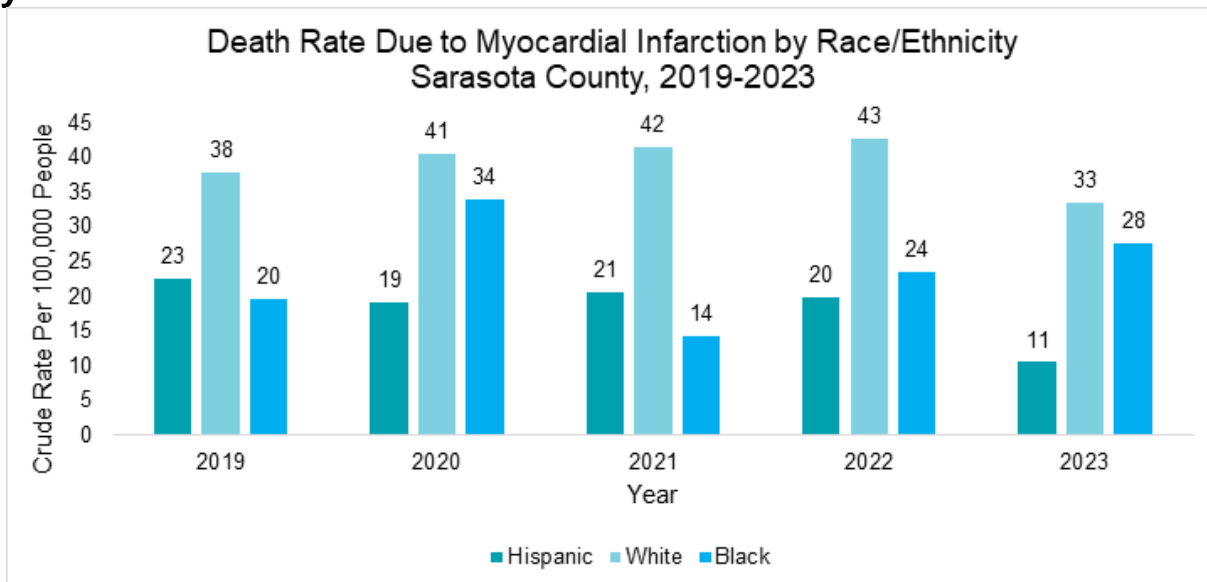
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

When looking at hospitalizations from a heart attack, the age-adjusted rate per 100,000 of hospitalizations from acute myocardial infarction in Sarasota County was 107 compared to Florida overall at 145, as shown in Figure 41. The age-adjusted rate per 100,000 of hospitalizations from acute myocardial infarction in Sarasota County by race and ethnicity, displayed in Figure 42, shows the highest rate of hospitalizations in 2023 for blacks. This disparity in hospitalizations by ethnicity may indicate the hesitancy by some to seek care and/or recognize the warning signs and risk factors associated with a heart attack.

Figure 41: Age-Adjusted Hospitalizations from Acute Myocardial Infarction in Sarasota County and Florida
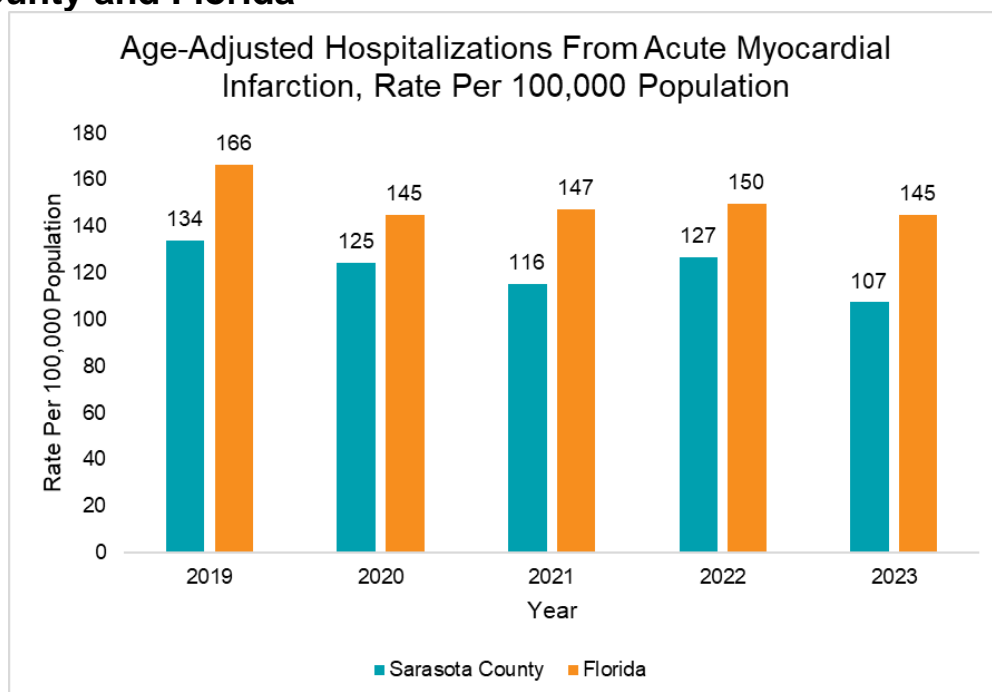
Source: Florida Agency for Healthcare Administration, 2023

Figure 42: Age-Adjusted Hospitalizations from Myocardial Infarction by Race/Ethnicity in Sarasota County

Age-Adjusted Hospitalizations From Myocardial Infarction by Race/Ethnicity, Sarasota County, Rate Per 100,000 Population
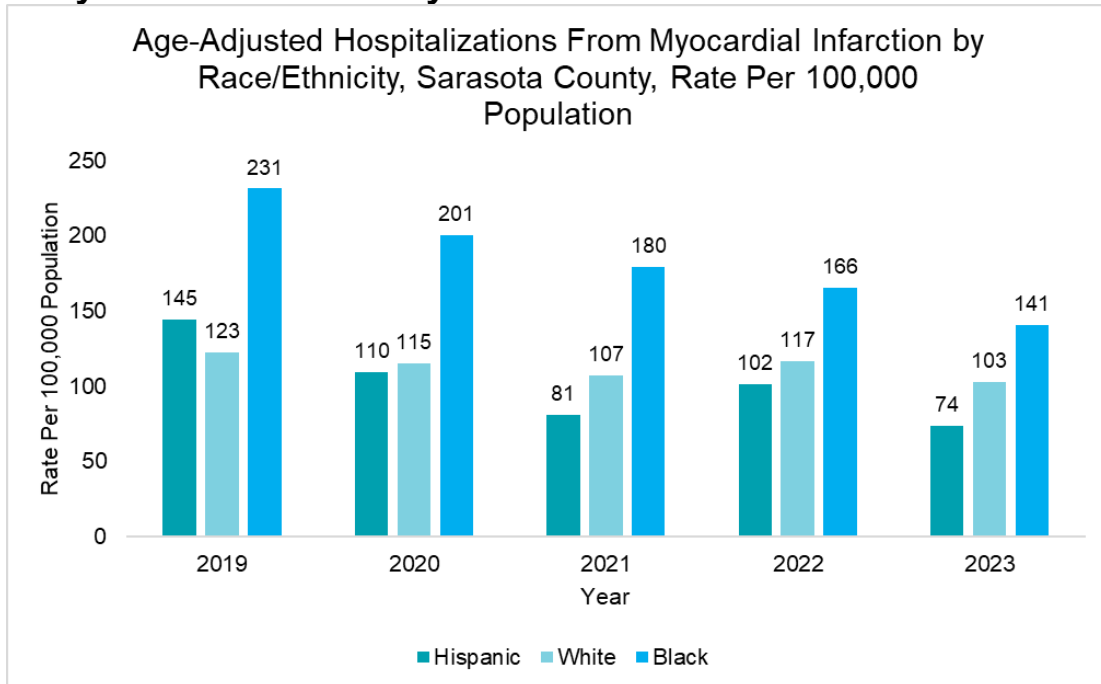
Source: Florida Agency for Healthcare Administration, 2023

Stroke

A stroke, also known as a cerebral vascular attack, is an interruption of the blood supply to any part of the brain, sometimes known as a "brain attack." Stroke is a leading cause of death across the United States and Florida. In 2023, the age-adjusted rate per 100,000 population of deaths from a stroke in Sarasota County was 227, compared to Florida overall at 45, shown in Figure 43. In Sarasota County, the death rate from a stroke is slightly higher in males than females. The death rate from stroke is slightly higher in Hispanics than non-Hispanics. The death age adjusted death rate from stroke is more than twice as high in blacks as it is in whites, shown below in Figure 44.

Figure 43: Age-Adjusted Deaths from Stroke in Sarasota County

Age-Adjusted Deaths from Stroke Sarasota County and Florida, 2019-2023
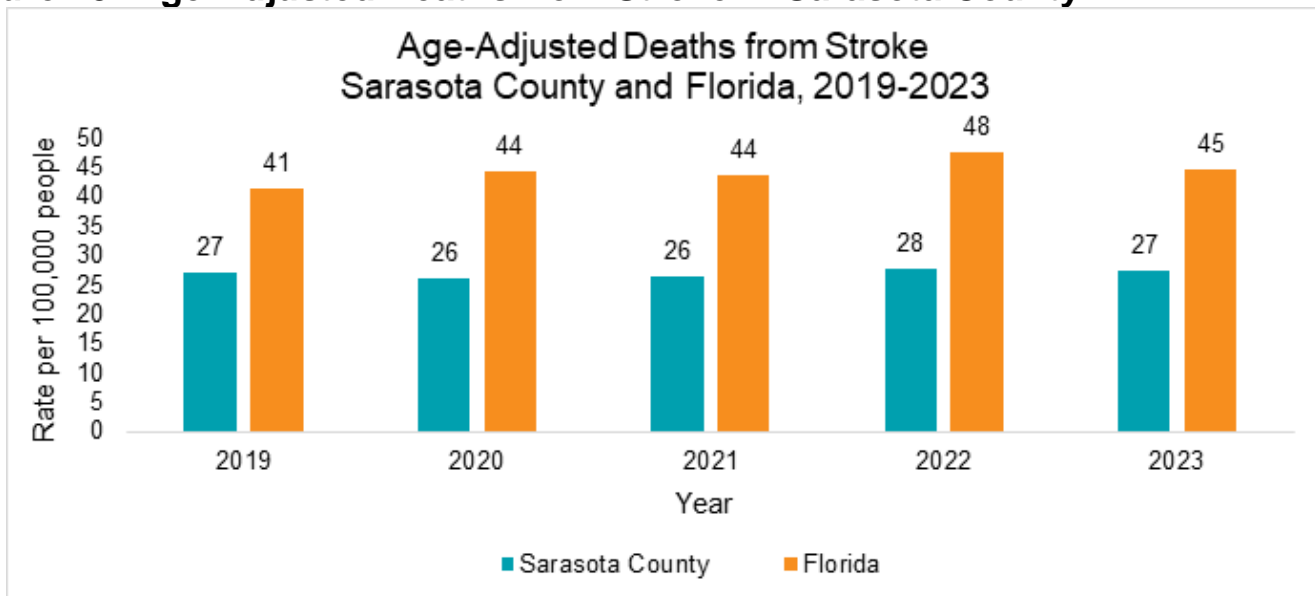
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Figure 44: Age-Adjusted Deaths from Stroke by Race/Ethnicity in Sarasota County
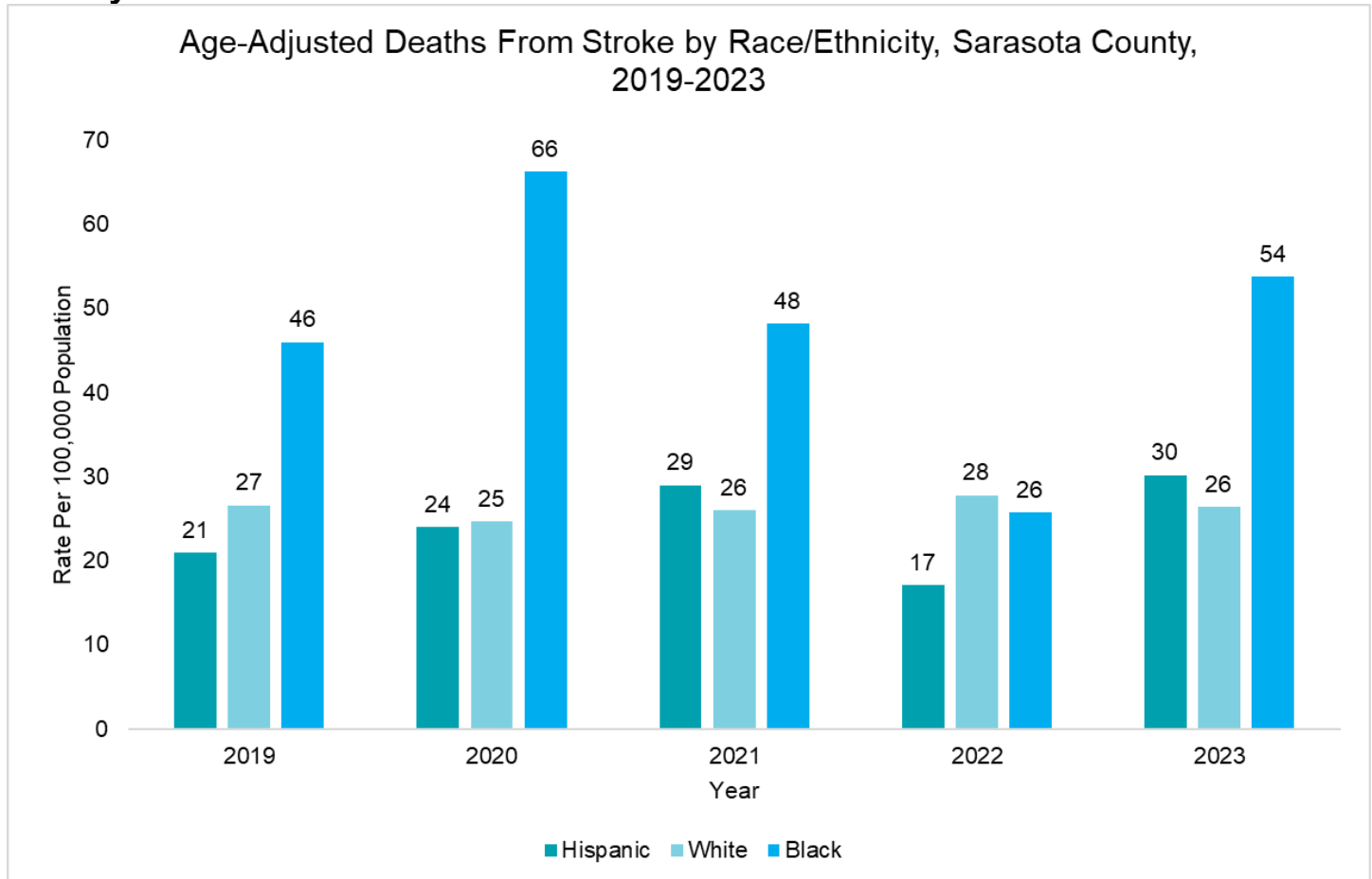
Source: Florida Department of Health Bureau of Vital Statistics, 2023

In 2023, the age-adjusted rate per 100,000 of hospitalizations from stroke in Sarasota County was 179 compared to Florida overall at 242. Hospitalization rates for strokes in Sarasota County are highest among blacks at 315, then whites at 164, and Hispanics at 129 per age-adjusted population of 100,000. High blood pressure, also known as hypertension, is a common condition that affects the body's arteries and increases the risk for heart disease and stroke. For individuals with high blood pressure, the force of the blood pushing against the artery walls is consistently too high, making the heart work harder to pump blood to the body.

In 2023, the age-adjusted rate per 100,000 population of deaths from hypertension in Sarasota County was 7.1 compared to Florida overall at 14.1, as shown in Figure 45. The death rate from hypertensive heart disease is slightly higher in males at 9.8 compared to females at 4.7 per 100,000 population in Sarasota County. In 2023, the age-adjusted death rate for hypertensive heart disease was highest in whites, as shown in Figure 46. However, when further stratified for race and gender, black males in Sarasota County had an age-adjusted death rate for hypertensive heart disease of 38.8 versus white males having a rate of 11.8 based on 2022 data.

Figure 45: Age-Adjusted Deaths from Hypertensive Heart Disease in Sarasota County

Age-Adjusted Deaths From Hypertensive Heart Disease,
Rate Per 100,000 Population, Single Year
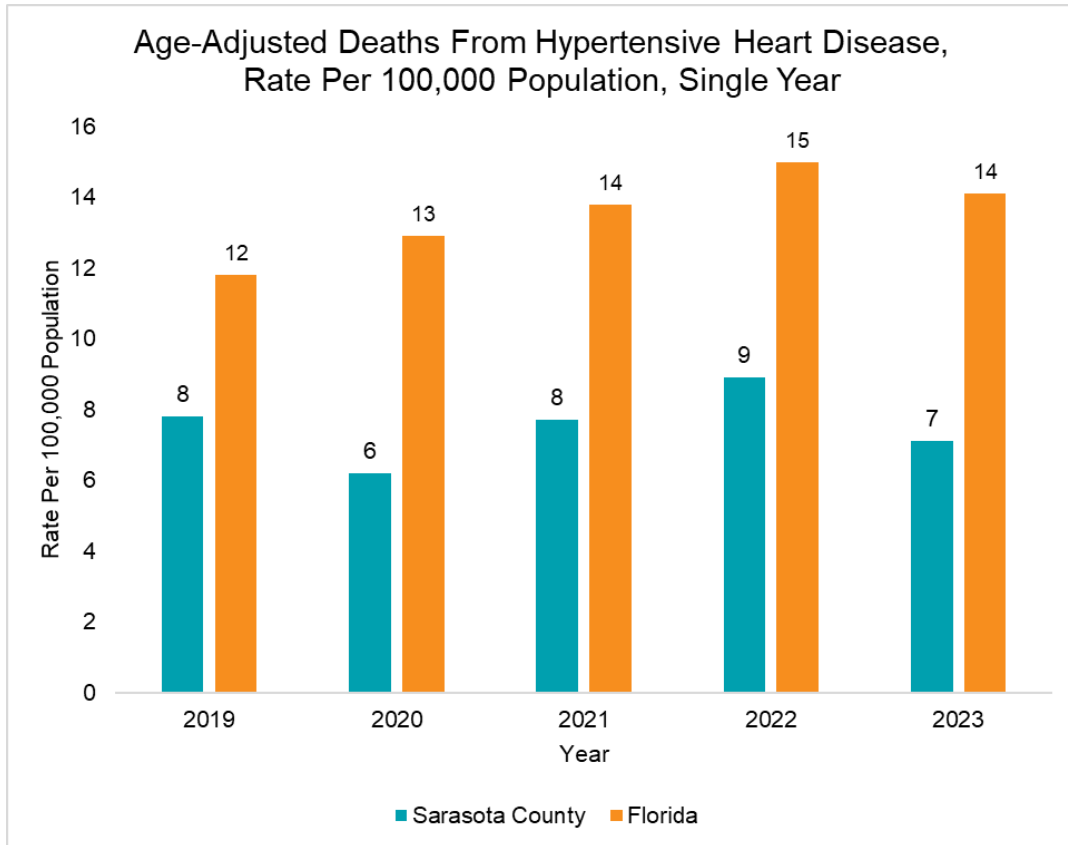
Source: Florida Department of Health, Bureau of Vital Statistics

Figure 46: Age-Adjusted Deaths from Hypertensive Heart Disease by Race/Ethnicity in Sarasota County

Age-Adjusted Deaths From Hypertensive Heart Disease by
Race/Ethnicity, Single Year, 2019-2023
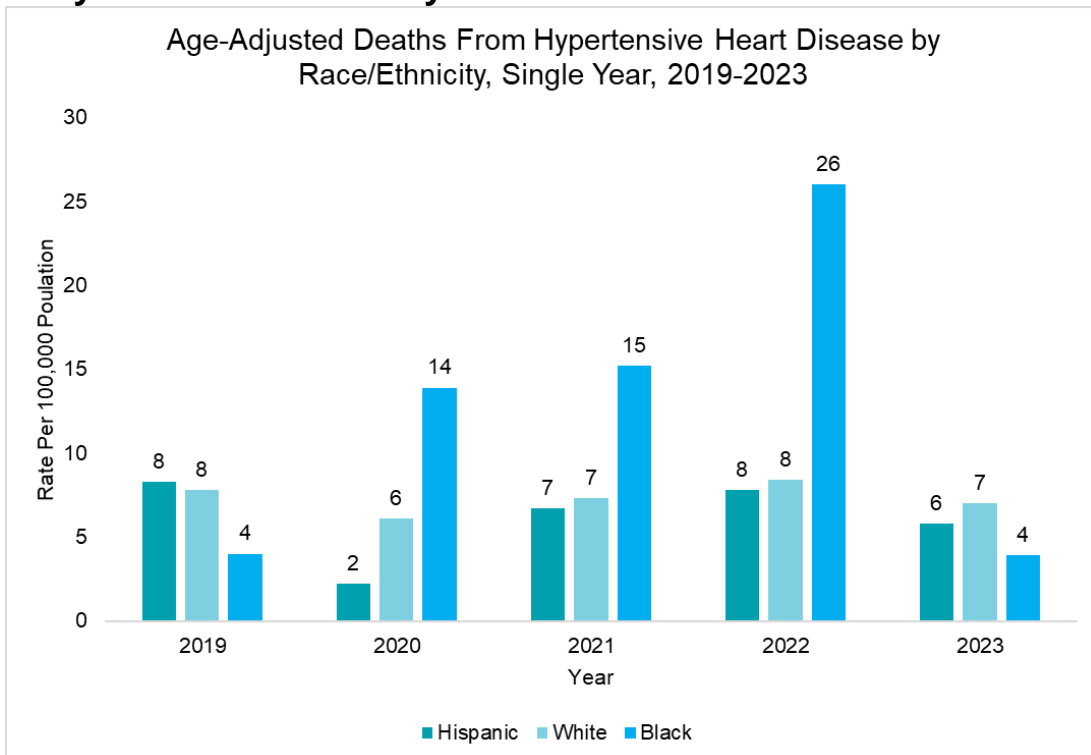
Source: Florida Department of Health, Bureau of Vital Statistics

Emergency department visit and hospitalization rate data can help shed some insight into how well people are managing their high blood pressure or receiving care for their condition. It may also represent a disparity in knowledge about the condition and indicate a much more complex factor such as lack of insurance or inability to pay.

In 2023, the age-adjusted rate per 100,000 of emergency department visits from hypertension in Sarasota County was 356 compared to Florida overall at 459, shown in Figure 47. This represents a continued increasing trend both locally and statewide over the past four years.

Figure 47: Age-Adjusted Emergency Department Visits from Hypertension in Sarasota County and Florida
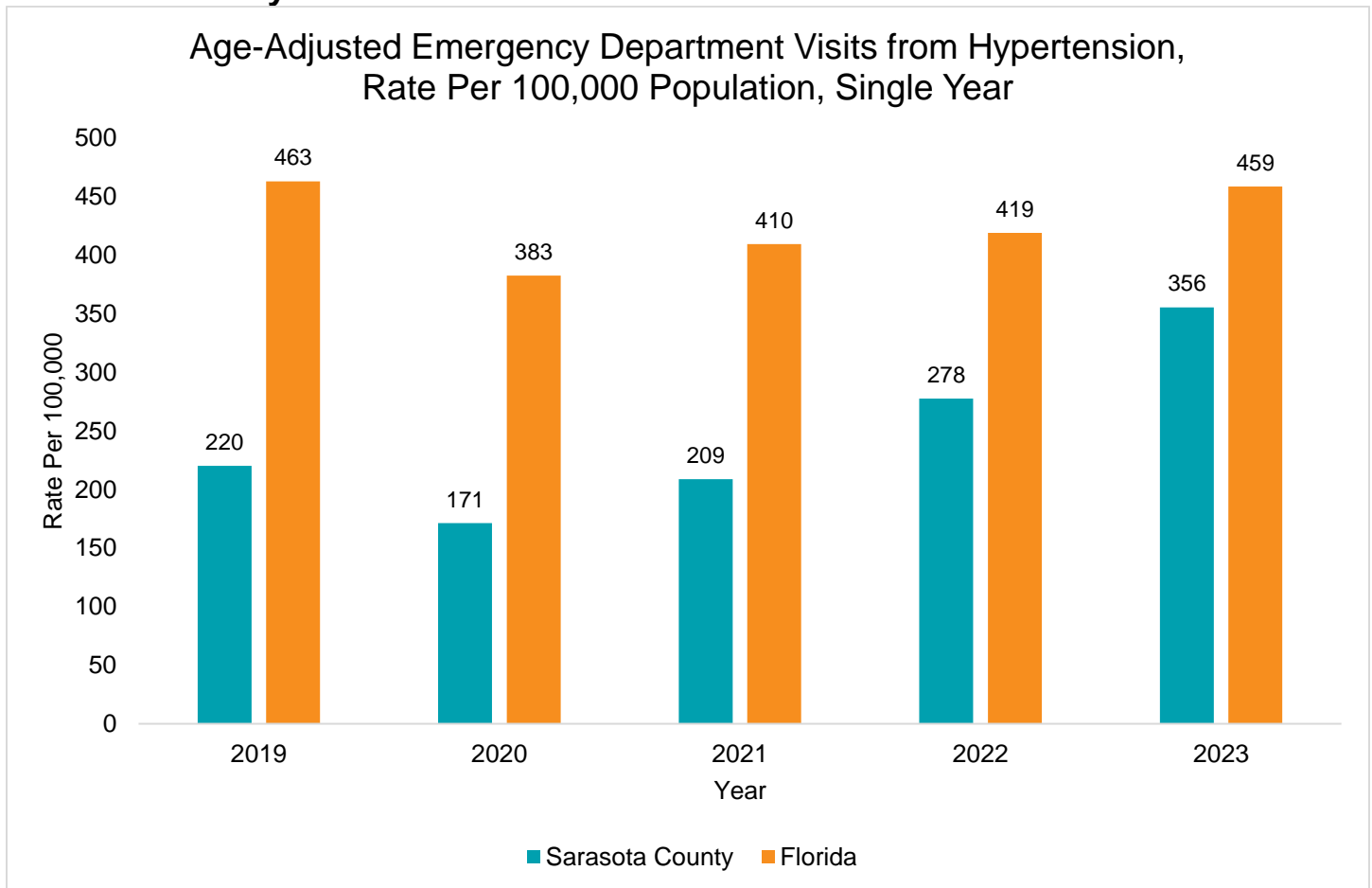
Source: Florida Agency for Health Care Administration, 2023

Human Immunodeficiency Virus (HIV)

In 2023, the rate of Persons with HIV (PWH) in Sarasota County was 256.3 per 100,000 population, significantly lower than Florida's statewide rate of 566.4 per 100,000 population across all modes of exposure and age groups. PWH refers to individuals living with a diagnosed HIV infection (also known as HIV prevalence) in Florida, regardless of where their diagnosis occurred or whether they have subsequently progressed to an AIDS (stage 3) diagnosis. Monitoring HIV prevalence data is crucial for understanding the local burden of disease, guiding the allocation of HIV care resources, and identifying populations in need of targeted interventions. These efforts help reduce disease progression among individuals diagnosed with HIV and prevent further transmission within the community, supporting public health goals to address and ultimately end the HIV epidemic.

In 2023, the age-adjusted rate per 100,000 population of deaths related to HIV in Sarasota County was 1.3 compared to Florida at 2.4, shown in Figure 48 below. The rate of HIV-related death in Sarasota County is highest in black males, shown in Figure 49 where HIV-related deaths are stratified by race/ethnicity.

Figure 48: HIV-Related Death Rate in Sarasota County
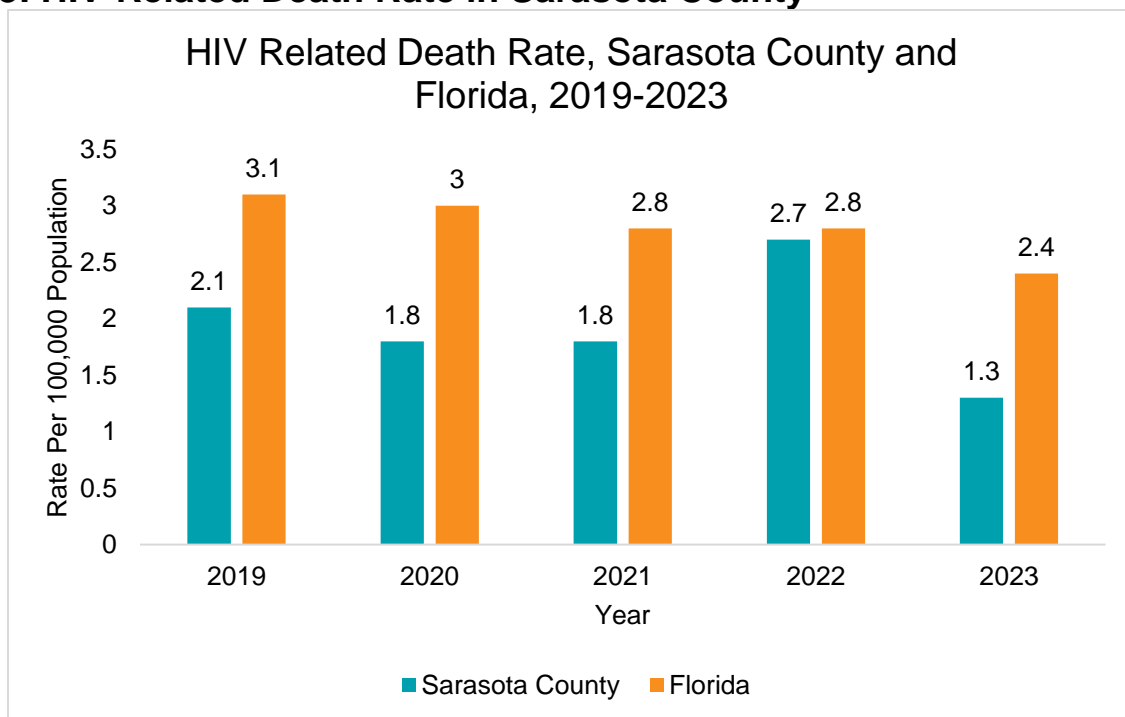
Source: Florida Department of Health, Bureau of Communicable Diseases

Figure 49: HIV-Related Deaths by Race/Ethnicity in Males in Sarasota County
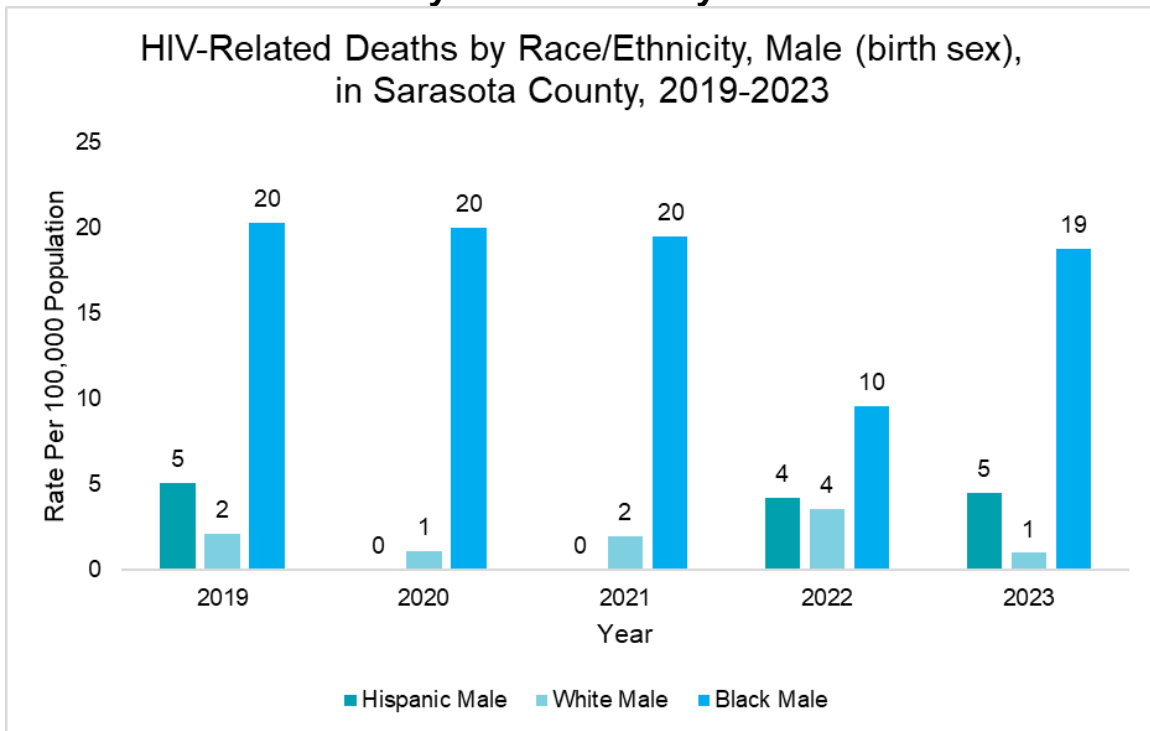
Source: Florida Department of Health, Bureau of Communicable Diseases

Over the past five years, the rate of new HIV diagnoses in Sarasota County has remained stable, with 7 new cases per 100,000 population in 2023, as shown in Figure 50. This rate is significantly lower than the statewide rate of 21 new cases per 100,000 population in Florida. Most new HIV diagnoses in Sarasota County occur in males, with the rate more than double that of females, as illustrated in Figure 51. These gender disparities highlight the importance of targeted prevention and education efforts to address HIV transmission dynamics within the community.

Figure 50: New HIV Diagnoses in Sarasota County
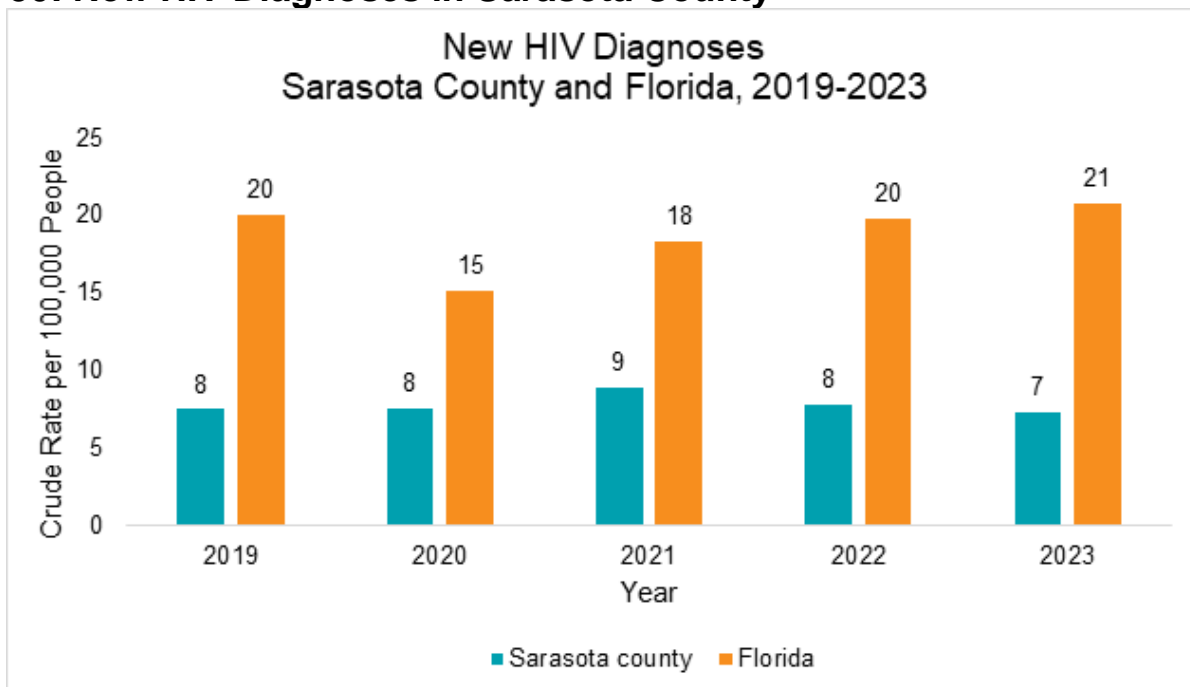
Source: Florida Department of Health, Bureau of Communicable Diseases, 2023

Figure 51: New HIV Diagnoses by Sex in Sarasota County
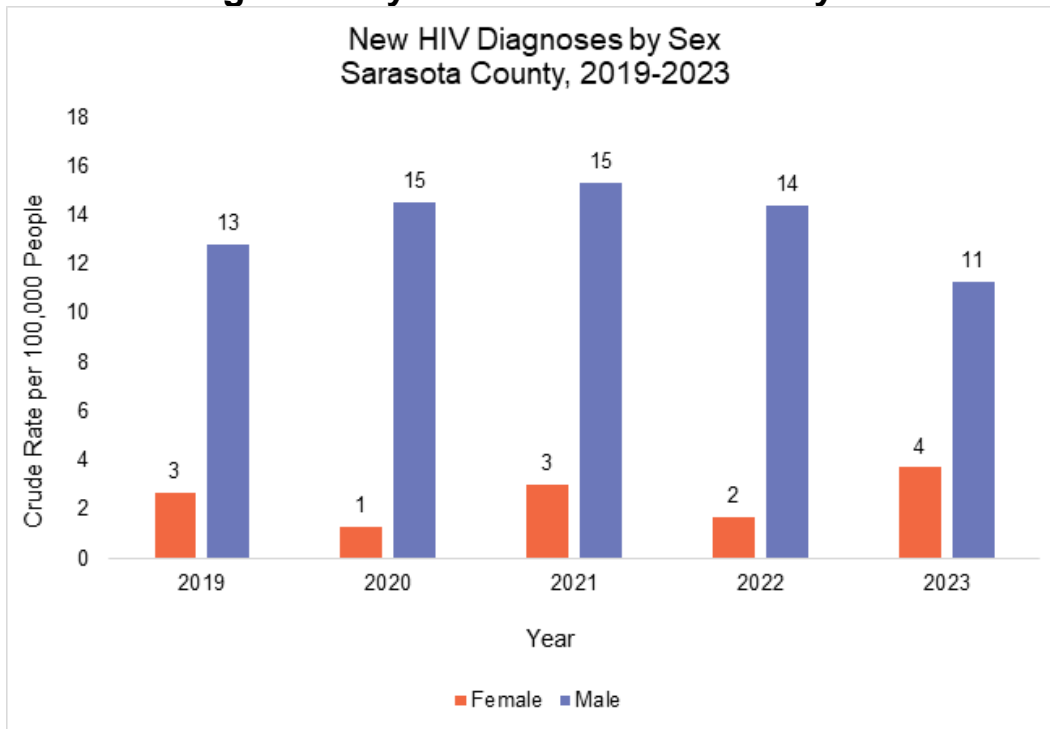
Source: Florida Department of Health, Bureau of Communicable Diseases, 2023

Pre-exposure prophylaxis (PrEP) is a comprehensive HIV prevention strategy that involves the use of antiretroviral medications, either as a daily oral pill or a bi-monthly injection, to significantly reduce the risk of acquiring HIV. PrEP is most effective when combined with other prevention methods, such as condom use, to reduce the risk of other sexually transmitted infections. Sarasota County is home to many providers who offer PrEP services, ensuring accessible prevention options for residents. Table 10 below highlights the PrEP services provided by the Florida Department of Health in Sarasota County over the past five years, demonstrating the commitment to preventing new HIV infections within the community. Data for 2024 is only complete through October 2024.

Table 10: PrEP Initiation Services Provided by DOH-Sarasota

	2019	2020	2021	2022	2023	2024
PrEP Counseling	63	77	11	7	19	18
PrEP Initiation with Rx Given	22	33	25	29	19	19

Source: Florida Department of Health in Sarasota County, 2024

Liver Disease and Cirrhosis

Cirrhosis is the result of chronic liver disease that causes scarring of the liver and liver dysfunction. Causes of cirrhosis vary but may be caused by conditions such as long-term alcohol use, non-alcoholic fatty liver disease, or chronic viral hepatitis. Liver disease has many complications, including accumulation of fluid in the abdomen (ascites), bleeding disorders (coagulopathy), increased pressure in the blood vessels of the liver (portal hypertension), and confusion or a change in the level of consciousness (hepatic encephalopathy).

Figure 52: Age-Adjusted Death Rate from Chronic Liver Disease and Cirrhosis in Sarasota County
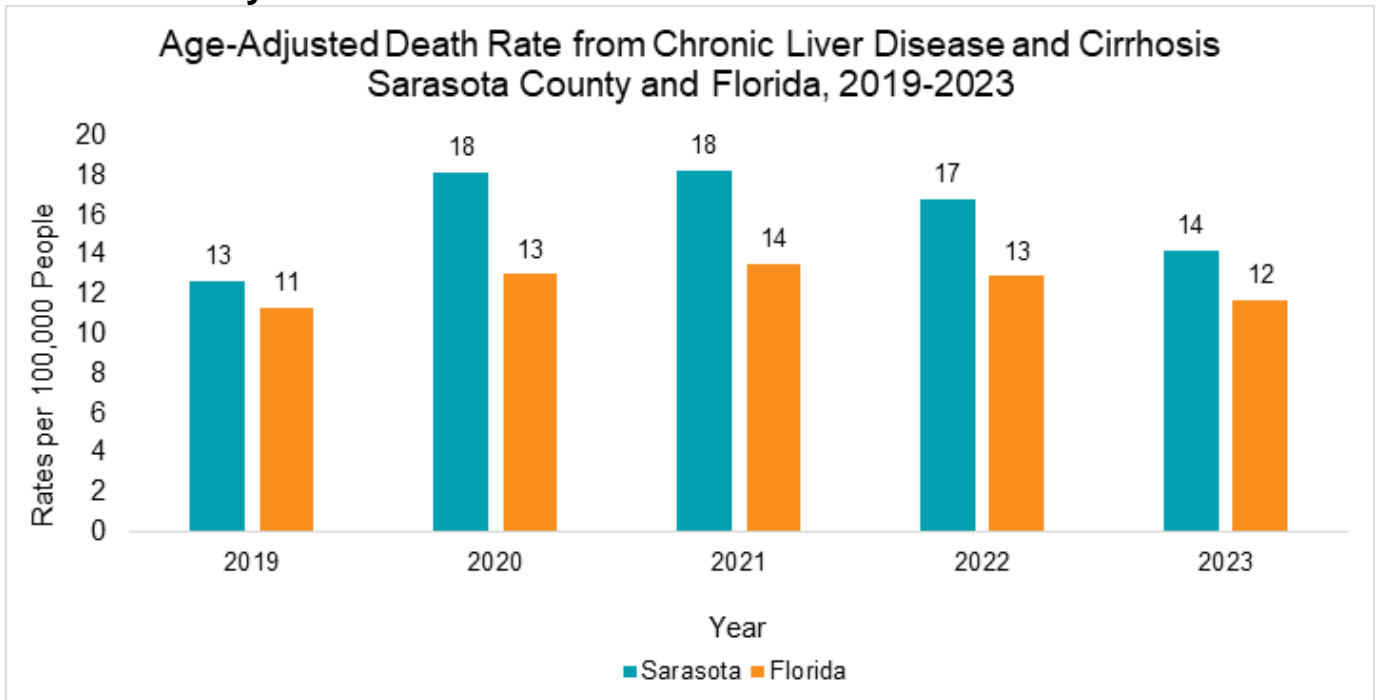
Age-Adjusted Death Rate from Chronic Liver Disease and Cirrhosis
Sarasota County and Florida, 2019-2023

Source: Florida Department of Health, Bureau of Vital Statistics, 2023

In 2023, the age-adjusted rate per 100,000 population of deaths from chronic liver disease and cirrhosis was 14 for Sarasota County compared to 12 for the state of Florida, displayed in Figure 52. In Sarasota County, the age-adjusted death rate from liver disease and cirrhosis is 23 for males compared to 14 for females, shown in Figure 53. Death from liver disease and cirrhosis is most common in Whites, as shown in Figure 54.

Figure 53: Age-Adjusted Death Rate from Chronic Liver Disease and Cirrhosis by Sex in Sarasota County

Age-Adjusted Death Rate from Chronic Liver Disease and Cirrhosis by Sex
Sarasota county, 2019-2023
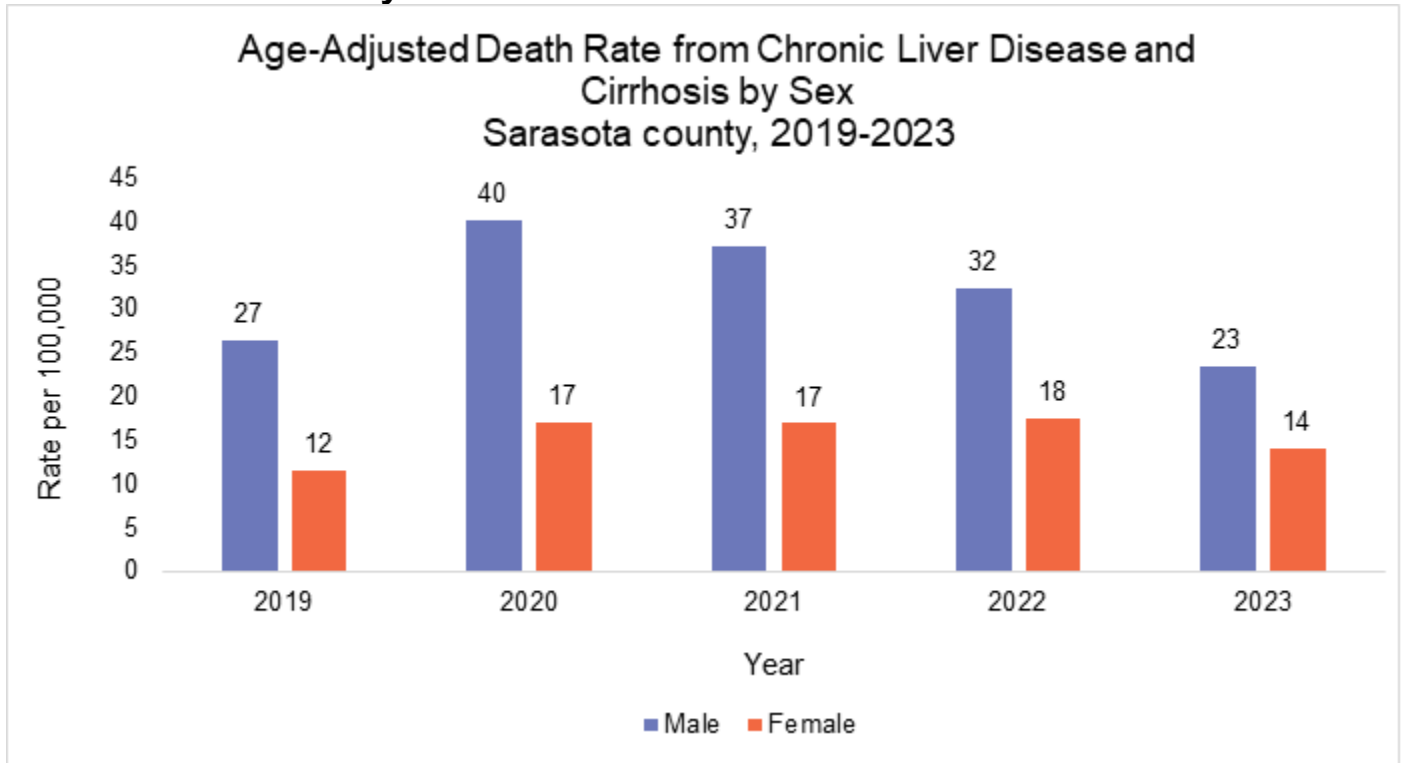
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Figure 54: Age-Adjusted Death Rate from Chronic Liver Disease and Cirrhosis by Race/Ethnicity in Sarasota County

Age-Adjusted Death Rate from Chronic Liver Disease and Cirrhosis by Race/Ethnicity
Sarasota County, 2019-2023
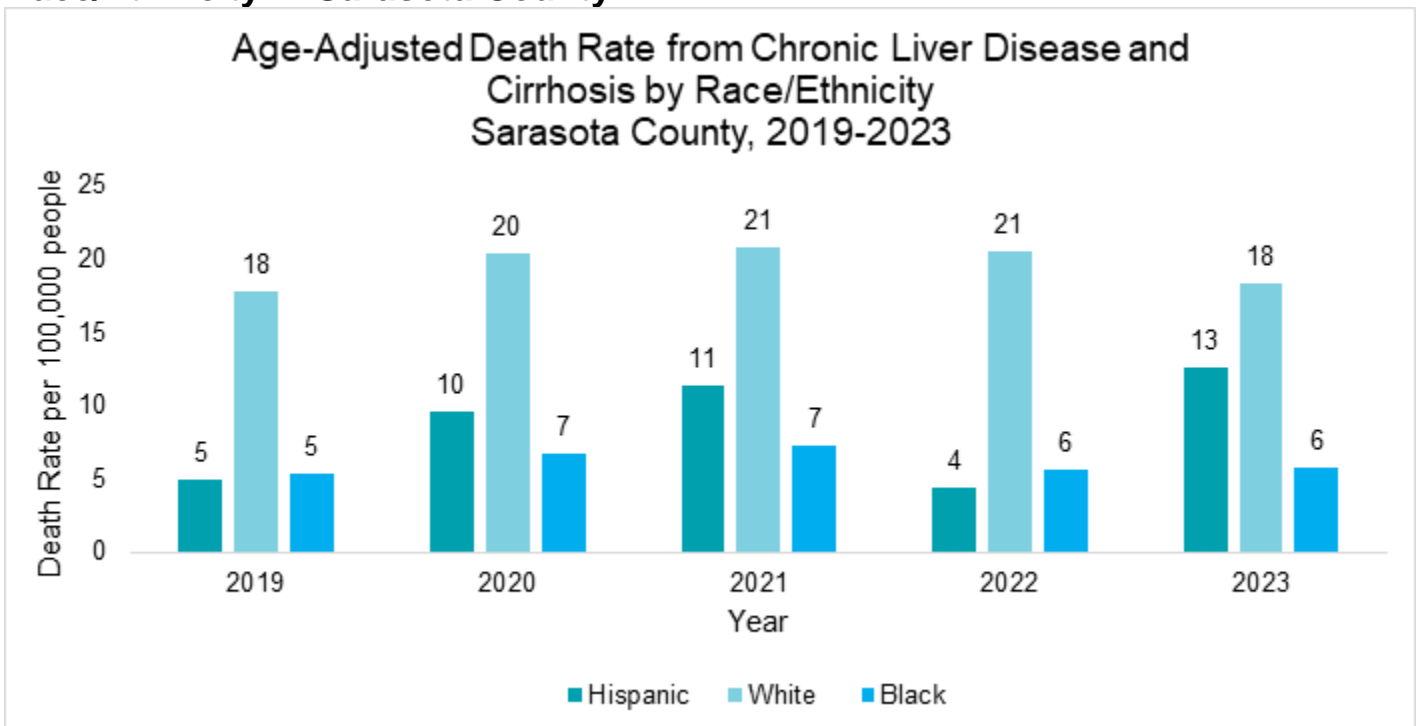
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Alcoholic liver disease involves an acute or chronic inflammation of the liver induced by alcohol abuse after years of excessive drinking. Deaths from alcoholic liver disease in Sarasota County has seen a spike since 2019. In 2023, the age-adjusted rate per 100,000 population of deaths from alcoholic liver disease in Sarasota County was 11.1 (up from 7.6 in 2019) compared to Florida overall at 6.7. The age-adjusted rate of death from alcoholic liver disease in Sarasota County is higher in males at 12.8 compared to females at 9.6.

Hepatitis

Hepatitis is a condition resulting in inflammation of the liver that can result in cirrhosis. The liver is a vital organ that processes nutrients, filters blood, and fights infections. When the liver is inflamed or damaged, its function can be impaired. Hepatitis is often caused by a virus, but can be caused by heavy alcohol use, toxins, and some medications. The most common types of viral hepatitis are hepatitis A, B, and hepatitis C. In 2023, the age-adjusted rate per 100,000 population of deaths from viral hepatitis in Sarasota County was 0.6 compared to Florida overall at 0.7. This represents a downward trend locally the past five years. In Sarasota County, males and females die from hepatitis at similar rates.

Hepatitis B is a liver infection caused by the hepatitis B virus. Hepatitis B is transmitted when blood, semen, or another body fluid from a person infected with the hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact, sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. For some people, hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection. Risk for chronic infection is related to age at infection: approximately 90% of infected infants become chronically infected, compared with 2%–6% of adults. Chronic hepatitis B can lead to serious health issues, like cirrhosis or liver cancer. The best way to prevent hepatitis B is by getting vaccinated and HBV is monitored to prevent and control outbreaks. In 2023, the rate per 100,000 of hepatitis B virus (chronic) in Sarasota County was 15.8 compared to Florida at 25.1 overall, displayed in Figure 55below.

Figure 55: Chronic Hepatitis B in Sarasota County
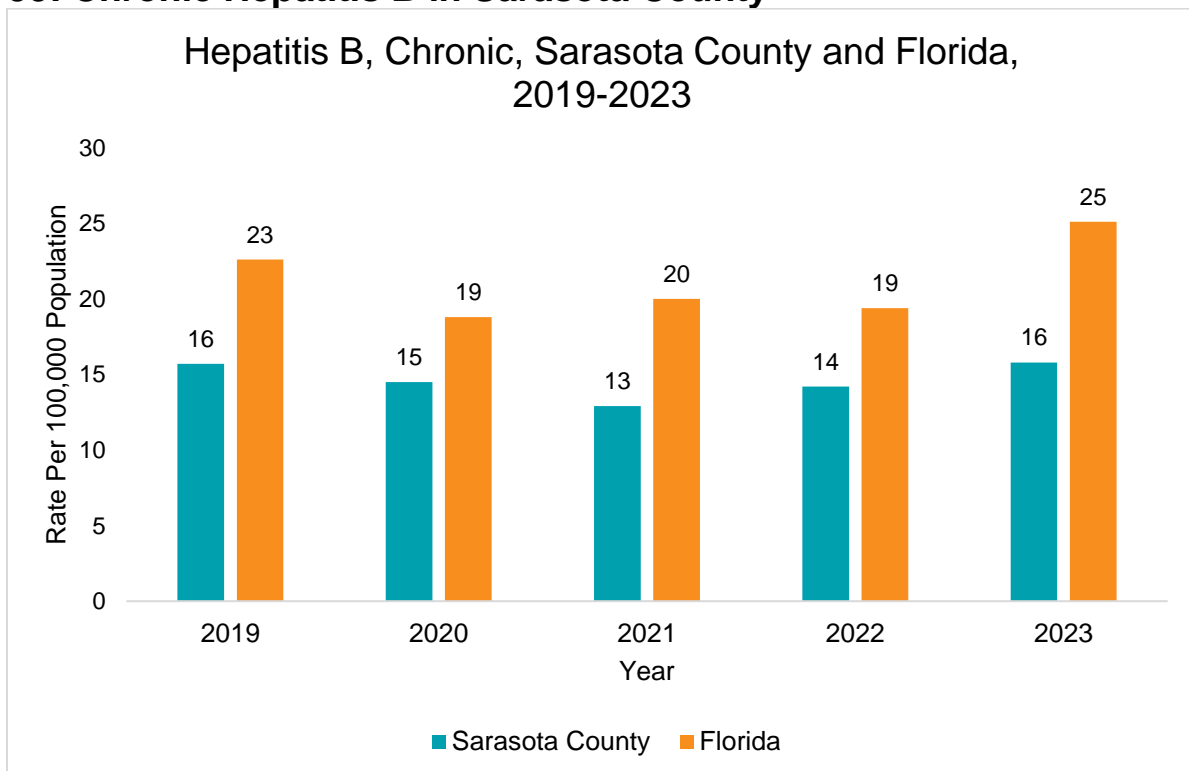
Source: Florida Department of Health, Bureau of Epidemiology

Hepatitis C is a liver infection caused by the hepatitis C virus. This virus is blood-borne, and many people become infected by sharing needles or other equipment to inject drugs. For some people, hepatitis C virus is a short-term illness, but for 70%–85% of people who become infected with hepatitis C virus, it becomes a long-term, chronic infection. Chronic hepatitis C virus can result in long-term health problems, even death, and often an infected person might not be aware of infection because they do not experience any symptoms. There is no vaccine for hepatitis C virus, and the best way to prevent it is by avoiding behaviors that can spread the disease, especially injecting drugs. Like HBV, HCV is monitored to prevent and control outbreaks. In 2023, the rate per 100,000 of hepatitis C virus (chronic including perinatal) in Sarasota County was 51.9 compared to Florida at 54.9, shown in Figure 56 below.

Figure 56: Chronic Hepatitis C, Including Perinatal, in Sarasota County
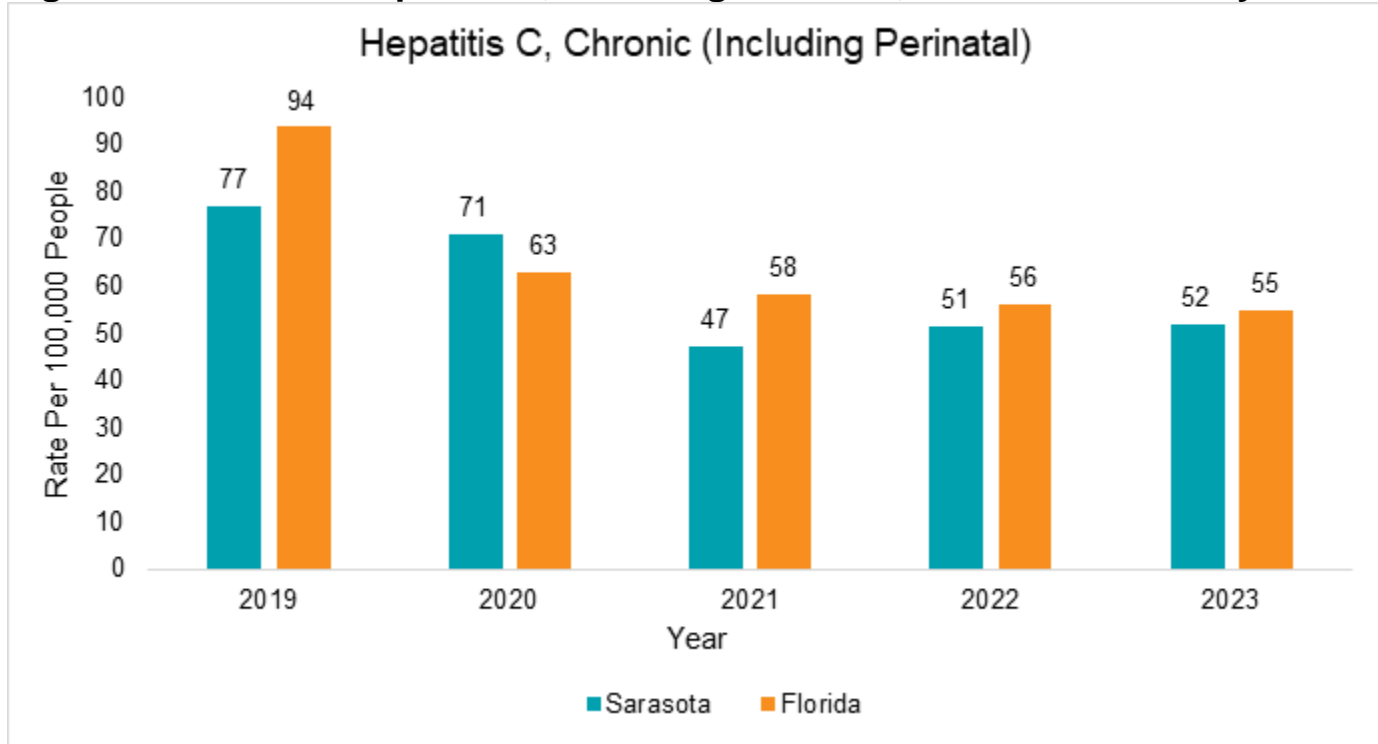
Source: Florida Department of Health, Bureau of Epidemiology

Maternal and Child Health

Maternal and child health is a critical focus area that significantly impacts health outcomes across the lifespan. Access to quality prenatal care, proper maternal health services, and early childhood interventions play a key role in ensuring healthy pregnancies, reducing infant and maternal mortality, and supporting the development of children into healthy, thriving adults. By addressing the needs of mothers, infants, and children, communities can lay the foundation for improved long-term health outcomes, promote health equity, and break cycles of poor health that may persist across generations.

Prenatal Care

Women who see a healthcare provider routinely throughout pregnancy have healthier babies and are less likely to experience pregnancy complications, especially during the first 3 months (first trimester) of pregnancy. The percentage of births to mothers initiating prenatal care in the first trimester is shown in Figure 57, and is similar to the statewide average for 2023, at 71%. Figure 58 shows the births to mothers who initiated prenatal care in the first trimester by race. The percent of births to mothers who received *no* prenatal care is similar in Sarasota County as it in Florida at approximately 3%.

Figure 57: Births to Mothers Initiating Prenatal Care in the First Trimester in Sarasota County

Births to Mothers Initiating Prenatal Care in the First Trimester, Sarasota County and Florida, 2019-2023
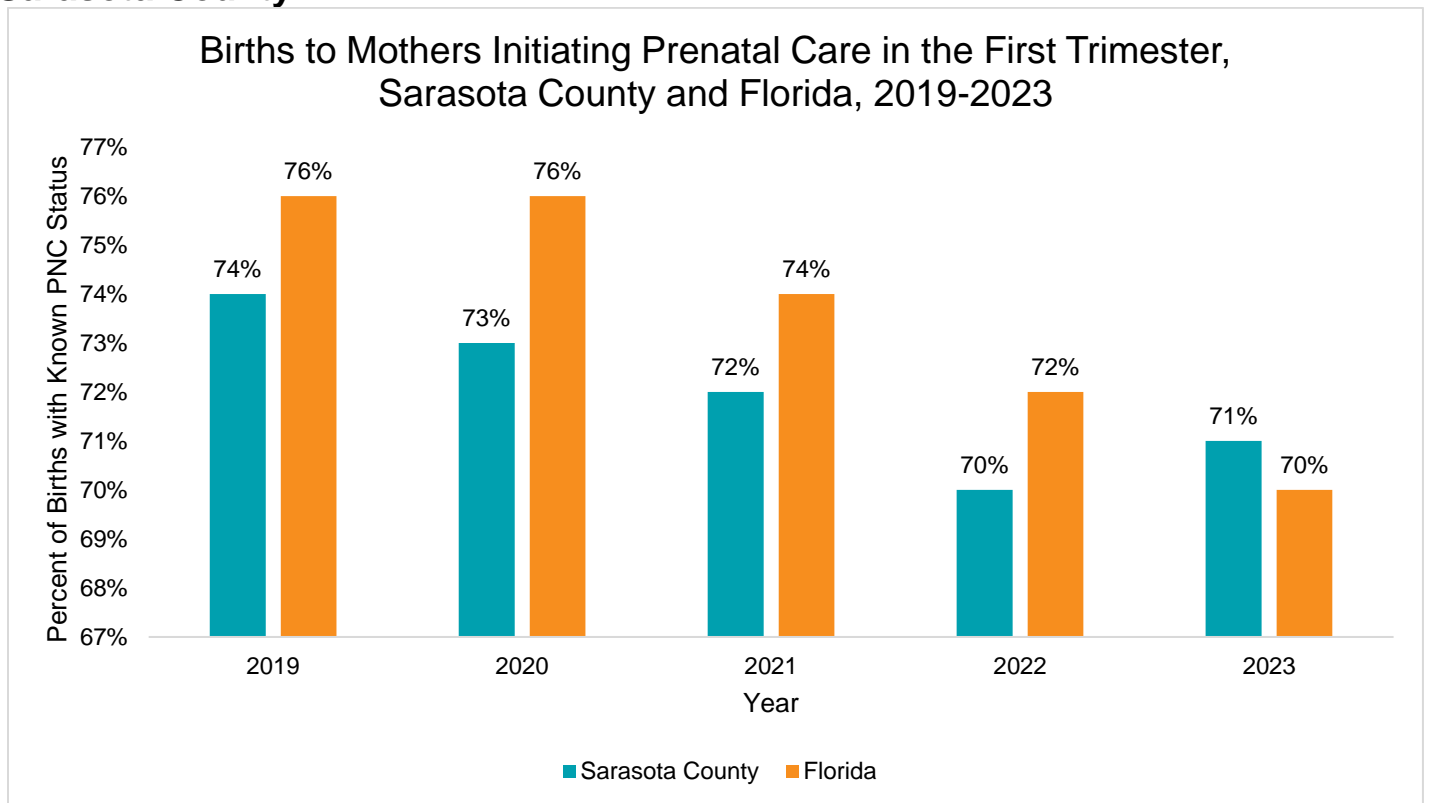
Source: Florida Department of Health, Bureau of Vital Statistics

Figure 58: Births to Mothers Initiating Prenatal Care in the 1st Trimester by Race/Ethnicity in Sarasota County
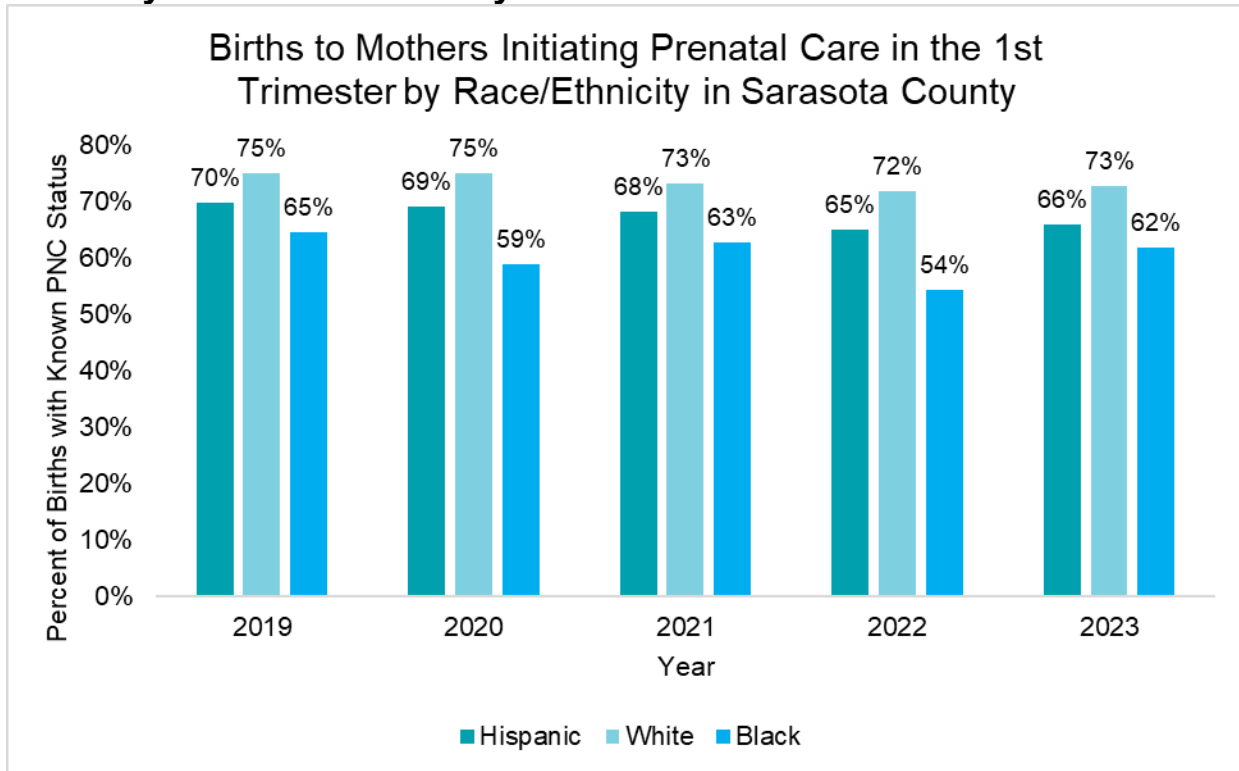
Source: Florida Department of Health, Bureau of Vital Statistics

Two risk factors for infant death, preterm birth (<37 weeks gestation) and low (infant) birth weight are both lower in Sarasota at 5% compared to Florida at 6%. Mothers who are overweight during pregnancy are at increased risk for developing gestational diabetes. The percent of total births to mothers who are overweight at time of pregnancy is lower in Sarasota at 26% compared to 29% for Florida. And, in comparison, the percent of births to mothers at a healthy weight in Sarasota County is 46% compared to Florida overall at 39%.

Compared to Florida, Sarasota County does experiences higher rates of mothers overall who are at a healthy weight at the time of birth, are less overweight or obese, engage in prenatal care throughout pregnancy, and breastfeed. However, fewer mothers in Sarasota are covered by Medicaid as a source of payment during pregnancy at 36% versus Florida at 44%. This disparity may contribute to fewer uninsured mothers seeking prenatal care, which is a risk factor for not detecting and preventing pregnancy related complications or conditions and can be harmful to both mother and baby.

Maternal Morbidity and Mortality

The World Health Organization defines a maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Complications during pregnancy or delivery can lead to negative, unexpected outcomes for both mother and infant. Severe maternal morbidity (SMM) is the presence of a complication during a delivery hospitalization. In 2022, SMM in Sarasota County was 29.2 per 1,000 delivery hospitalizations in a single year, compared to Florida at a rate of 23.8 overall shown in Figure 59. This rate is even higher for Hispanics in Sarasota County at 32.5 compared to non-Hispanics at 28.7, and more than double for Blacks at 48.9 when compared to Whites at 27.3 shown in Figure 60. Disparities in SMM are found not just across racial and ethnic groups, but in age, mode of delivery, type or lack of insurance coverage, access to care, and the presence of comorbidities such as pre-eclampsia, asthma, or sickle cell disease.

Figure 59: Severe Maternal Morbidity Rate in Sarasota County
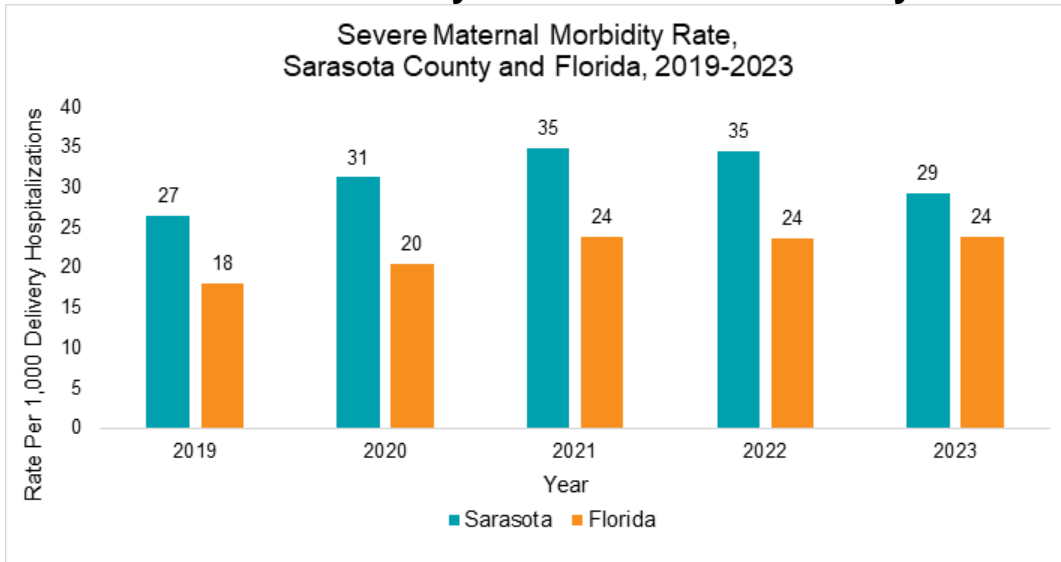
Source: Florida Agency for Healthcare Administration, 2023

Figure 60: Severe Maternal Morbidity Rate by Race/Ethnicity in Sarasota County
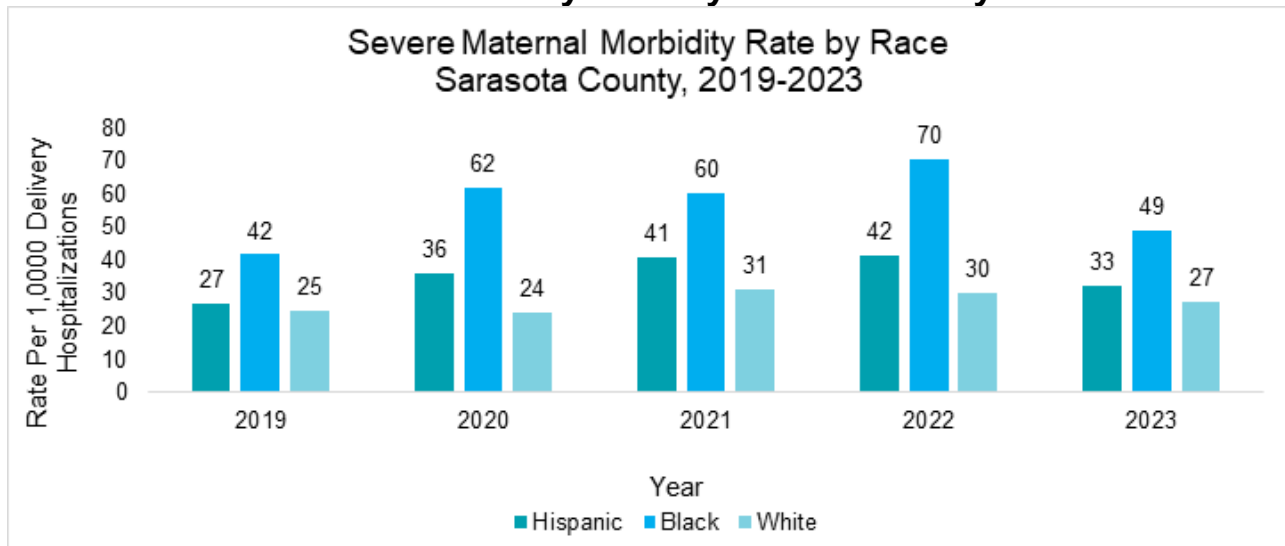
Source: Florida Agency for Healthcare Administration, 2023

First 1000 Days Suncoast

First 1000 Days Suncoast is a tri-county (Desoto, Manatee, and Sarasota Counties) initiative based out of Sarasota Memorial Hospital with a mission to support and connect families with resources during pregnancy and throughout the first 1000 days of a child's life, a critical development period. Utilizing the collective impact model, the initiative harnesses the expertise of over 90 community partners and parent leaders to identify needs and form strategies to address its three key indicators: Prenatal Care, Severe Maternal Morbidity, and Infant Mortality. To learn more about First 1000 Days, visit Impact.

Graphic 2: First 1,000 Days Suncoast Indicators

To gain a deeper understanding of the current landscape and its impact on care, First 1000 Days engaged over 200 community partners and parents through surveys and convenings. These efforts aimed to identify barriers, existing services, and resources related to prenatal care, SMM, and infant mortality, as well as to examine factors contributing to racial and ethnic inequities. Collaboration with community partners remains ongoing to enhance the collective understanding of root causes and develop practical, actionable solutions to address these challenges. The following tables present the outcomes identified for each of the three indicators—prenatal care, SMM, and infant mortality—categorized into barriers, services/solutions, and opportunities, based on insights from the recent community partner landscape webinar. The information below was provided to the CHA Steering Committee by First 1000 Days Suncoast.

Indicator 1: Prenatal Care

Barriers	Services/Solutions
Transportation • Reported unreliable transportation • Limited or unavailable public transportation	• Gas cards, Rideshare service(s) • Other transport assistance • Public transportation
Health Insurance • Difficulty obtaining Medicaid • Long hours navigating system • Medicaid type change process	• Benefit navigation assistance • Pregnancy Medicaid enrollment
Access To Care • OB providers who take Medicaid (types) • Pregnancy needs to be confirmed prior to Medicaid • Long wait times • Uninsured or underinsured challenges to getting MFM • Some programs require individuals to be clients to benefit from services > commitment	• Free/low-cost OB services • OBGYN provider navigation • Pregnancy confirmation, Medicaid application

Awareness • Questions about pregnancy, esp. first/last trimester • Lack of knowledge about risks of late prenatal care • Unaware of providers who accept insurance or provide free/low-cost services • Poor communication	• Prenatal education
Substance Use • Fear of testing • Fear of child being removed • Have other children in home and know DCF will be involved if suspected substance use • Lack of support	• Case management/support • Residential treatment facility • MAT clinics
Undocumented Families • Fear of deportation, avoid prenatal care • Language barrier	• Advocacy and support
Family Planning • Knowledge of where to get free family planning resources	• Resources and education
Mental Health	• Support groups

Prenatal Care Opportunities

• Expand doula programs for families • Community campaign on importance of prenatal care, along with free/low-cost service providers • Spanish-speaking Parent Advisory committee began, can create priority project for this indicator • Facilitate focus groups with families to understand barriers/fears	• Marketing campaign to reduce stigma of substance use, to provide education/resources • Offer/expand telehealth OBGYN services • Increase awareness of free/low-cost OB services to clients • Offer mobile OBGYN assistance • AI assistance
• Make finding an OB that accepts insurance easier, use Unite Us to share insurance types, make referrals • Share a phone number professionals can call if they have issues making appointments in a timely manner • Mental health/need more screening and support for behavioral health services • All healthcare systema have a benefit navigation program to assist incoming patients similar to SMH	• Create more ways for agencies to resource share • Utilize social media more to communicate • More navigators to promote connectivity and assistance • More transportation stipends for families to get to prenatal care • Partnership with insurance/medical companies to understand their local coverage/services

Indicator 2: Severe Maternal Morbidity

Barriers	Services
Transportation • Reported unreliable transportation	• Gas or rideshare cards/service • Other transportation assistance
Education/Awareness • Unaware of warning signs/complications • Ambiguous and widescale risk factors	• OBGYN provider education • Hospital discharge patient instructions
Access To Healthcare • OB providers only take certain Medicaid insurances • Uninsured or underinsured challenges to getting to Maternal Fetal Medicine (MFM) • Lack of healthcare services in some counties	• Coordinate post-partum follow-up visits • Support and education • Healthcare and hospital coordination
Domestic Violence	• Support and emergency services
Mental Health	• Support groups • Counseling
Comorbidities/Risk Factors • Obesity, gestational diabetes, cardiac conditions	• Healthcare management • Patient education
Equipment • Need for free/low-cost medical equipment • Costly medications for chronic illness and/or infection	• Free and/or low-cost blood pressure cuffs and glucometers
Provider Knowledge • Professionals unaware of warning signs • Ambiguous and widescale risk factors • Educate providers on medication management of breastfeeding mothers	• Continuing education and participation in a national perinatal collaborative
Healthy Food • Diet-related co-morbidities	• Diet counseling
Cultural Barriers • Implicit bias, language barriers, distrust	• Trauma informed care and cultural humility trainings • Free English classes
Stress • Stress can have an impact on maternal health outcomes	• Case management support/navigation • Support groups

Severe Maternal Morbidity Opportunities

- Mobile OBGYN service - Social media marketing - UberHealth/gas cards - More navigators to promote connectivity and assistance - Expand bilingual CHW and navigator staff - Offer and/or encourage routine implicit bias and cultural competency trainings - Offer speakers on reducing maternal morbidity topics and offer CEU's - Review and promote uniform education on warning signs to saturate message in community - Funding for maternal fetal medicine visits for under or uninsured - Recruit low-cost pharmacies to join Unite Us platform	- Identify gaps in care in community - Assist with follow-up appointments after delivery - Facilitate parent focus groups with specific populations to address concerns - First 1,000 Days Spanish Parent Advisory Committee - Create a one-pager to share about maternal risk factors - Expand health conditions tracked by NPO's to catch other concerning risk factors - Create marketing campaign on warning signs on when to contact doctor, develop with parents - Ensure hospitals have a protocol to assess for complex pregnancies - Provide free glucometers and/or BP cuffs for pregnant or post-partum patients who meet criteria

Indicator 3: Infant Mortality

Barriers	Services
Safe Sleep - Cultural beliefs - Intergenerational beliefs - Co-sleeping/breastfeeding safety - No access to crib/safe sleep space - Cribs filled with blankets - Safety-related neighborhood fears - Substance use/parental impairment - Poverty/co-habitation	- Safe sleep education - Free cribs/pack n'plays - Safe sleep trained
Drownings - Transient childcare/visitors - Lack of pool gate/safety locks - Caretaker distraction - Caretakers don't know how to swim themselves	- Donated/free swim lessons - Swim safety education
Choking Parent safety knowledge	Free CPR training
Stress/Exhaustion - Lack of social/family support - No spouse/significant other - Infant colic	- Navigation/social support to reduce undue stress - Soothing techniques/support
Illness/Medically Fragile - Birth defects - Congenital anomalies - Unvaccinated babies - Difficulty getting to specialist(s) - Breastfeeding education/access to baby formula	- Vaccines - Low-cost pediatrician that takes uninsured/Medicaid - Breastfeeding education/baby food - Infant dietician appointments if underweight
Car Seat Safety	Education and support

Infant Mortality Opportunities

• Address cultural beliefs in education materials • Education on choosing safe caregivers • Education on shaken baby syndrome • Use parents to help develop campaign messaging/materials	• Create targeted social media campaigns with parents from various cultures on safe sleep, swim, safety, etc. • List crib/pack n' play distribution on Unite Us • Train navigators on safe sleep habits

In addition to the community partner landscape webinar, First 1000 Days also conducted 11 parent focus groups in partnership with 10 community organizations from January 2024 through April 2024 with over 100 parent participants, (65 of them were from Sarasota County).The purpose of these focus groups was to gain an understanding of the dreams held by families and identify barriers that get in the way. These insights will be used to enhance First 1,000 Days' strategies, programs, and outreach campaign. Survey responses were grouped by theme and then stratified by Sarasota County zip codes to provide county-specific information.

The following table is a breakdown of focus group participant demographics:

65 Sarasota participants – all female 20% identified as currently pregnant	
Race/Ethnicity	
White	43%
Hispanic/Latino	38.5%
Black/African American	15.4%
Other	3%
Age Groups	
18 – 24	13.8%
25 - 30	21.5%
31 – 35	27.7%
36 – 40	27.7%
41+	6.2%
Annual Income	
$0 – 15K	38.5%
$15 – 25K	18.5%
$26 – 35K	12.3%
$36 – 45K	9.2%
$46 – 55K	7.7%
$56 – 65K	4.6%
$66 – 75K	3%
$75K+	6.2%
Transportation	
No personal vehicle	32%
One vehicle	49.2%
2 or more vehicles	18.4%

The graphic below highlights the specific challenges expressed by focus group participants.

Graphic 3: Challenges Faced by First 1,000 Days Focus Group Participants

$ 33% FINANCES

17% UNEMPLOYMENT/ LOWPAYING JOB

15% HOUSING

13% CHILDCARE

11% TRANSPORTATION

11% CITIZENSHIP

9% TIME

8% LANGUAGE

7% LACK OF SUPPORT

In addition to sharing challenges, parents were also asked to suggest ways in which they could be better supported. Ideas ranged from policy changes and legal guidance to having more counselors for help with finances, housing, and job assistance. Also frequently mentioned by participants was having a better support system and sense of community. This included offering more parenting groups for both moms and dads, assistance with navigating available resources, increased awareness about community programs, and free community activities and events.

Parent engagement, education, and leadership are key pillars of First 1,000 Days Suncoast, and the agency believes that supporting parents involves fostering leadership opportunities. Understanding what leadership means to parents, how they want to be involved, and the barriers they face, is key for developing a leadership process that helps them achieve their goals. Examples of desired leadership goals shared by parents are illustrated in the graphic below.

Graphic 4: Goals Shared by Parents in the First 1,000 Days Focus Group

GOALS

Get involved in the community

Help other parents going through similar situations

Join the PTA

Be a leader for my children

Some of the challenges parents expressed that prevent them from realizing their desired leadership goals included not having enough time, being too tired, not knowing where to start, having low confidence, being unable to get time off from work, lack of childcare and/or transportation, and language barriers.

To dive deeper and better understand issues faced by families, key Informant Interviews were conducted by partner organizations. The purpose of these interviews was to illuminate barriers during the perinatal period (pregnancy and postpartum), highlight support systems already available in our community, and provide a roadmap of opportunities to improve access to care.

First 1,000 Days leveraged partnerships for the Key Informant Interviews. The Florida Department of Health in Sarasota and Manatee Counties, and Links 2 Success recruited and interviewed a total of thirty-one mothers who were currently pregnant or had a baby within the last year about their recent prenatal and postpartum experiences. First 1,000 Days supplied $25 gift cards to each interviewee. The information from these interviews was scribed by the interviewers and de-identified data was analyzed by First 1,000 Days for themes. Detailed, direct experiences were quoted to give context.

It is key to note that participants all delivered at various healthcare systems in our region and saw numerous providers. For privacy purposes individual providers were not mentioned if named by participants. Out of the 31 total participants, ten were from Desoto County, thirteen from Sarasota County, and eight from Manatee County; seventeen were less than a year postpartum fourteen were currently pregnant; five received prenatal care in the second trimester, two were unknown or did not share, and two had late/third trimester prenatal care. Out of the thirty-one interviewees fourteen were happy about being pregnant, ten were excited, twelve reported feeling nervous and/or scared, and seven were shocked/surprised about the pregnancy.

The following sub-headings reflect questions asked during the Key Informant Interviews. Specific themes that emerged are bolded, along with detailed and/or insightful quotes to provide context and magnitude.

Support Systems and Educational Resources
More than half of the mothers identified their partners as part of their support system (16/31). Other sources of support included their mothers (11/31) and other family members such as sisters, fathers, aunts, and grandparents (11/31).

When asked about trusted organizations in the community, participants mentioned WIC, Healthy Start, pregnancy centers (Pregnancy Solutions, Carenet Manasota, Sarasota Medical Pregnancy Center), churches, schools, law enforcement, doctors, Mothers Helping Mothers, Whole Child Manatee, Links 2 Success, Planned Parenthood, libraries, Parenting Matters, and Step Up Suncoast. Notably, many interviews were conducted by the Department of Health, which houses or works closely with WIC and Healthy Start.

Of the sixteen postpartum participants, the majority (10/16) reported needing the most support at the end of their pregnancy. A few mentioned needing supports postpartum (2/16) or throughout the entire pregnancy (3/16). One participant identified the first trimester as the most critical time for support due to feelings of shock and uncertainty.

For prenatal education, healthcare providers and online resources like Google and social media were the top sources of information. However, participants also mentioned friends, family, and community services such as pregnancy centers, WIC, hospitals, churches, and home-visiting programs.

Barriers Going to First Prenatal Care Visit
Mothers identified significant barriers to accessing early prenatal care, including:
- **Health Insurance and Financial Barriers:** Delays and challenges in securing insurance, inability to qualify for coverage, and unaffordable out-of-pocket costs.
  - "I didn't have health insurance and I couldn't afford a private consultation."

- **Difficulty Finding Providers:** Struggles locating OBs or specialists who accepted their insurance, especially in later trimesters.
  - "Was difficult finding a doctor who would take my insurance. The first doctor wanted me to pay out of pocket after they said they took my insurance. Then I had trouble finding a doctor who would take me in the second trimester…."
  - "I had trouble scheduling a prompt appointment…"
- **Language Barriers:** Non-English speakers experienced challenges scheduling appointments and communicating with providers. Automated phone systems often provided instructions only in English.
  - "… calling…was hard because I don't speak English well. It was difficult to make my appointments…"
- **Transportation:** Lack of transportation and the distance to appointments posed significant hurdles.
  - "Do not have transportation. Had to pay uber every time."
  - "Going to the doctor. It's an hour away. We only have one car."

Biggest Challenges During Pregnancy
The most difficult challenges mothers faced during pregnancy included:
- Navigating available resources and figuring out eligibility requirements
- Obtaining insurance (for themselves or their baby)
- Lack of transportation
- Unanticipated medical symptoms or complications
- Fear and anxiety
- Financial burdens
- Language barriers
- Lack of after-hours appointments at community organizations and healthcare facilities
- Scheduling appointments/ultrasounds
- Accessing childcare
- **Reluctance to Ask Questions at Prenatal Visits**
  - Forty-one percent of mothers felt nervous about asking questions during prenatal visits. Reasons included:
  - Not knowing what to ask
  - Feeling uncomfortable disclosing information
  - Distrust of healthcare
  - Language barriers

Unexpected Pregnancy and Postpartum Challenges
Participants highlighted several unexpected challenges within the following themes:
- **Physical Health:** Pregnancy complications, medical conditions, and postpartum recovery struggles.
  - "I am currently on FMLA and trying to get disability, I have many health issues that I got after birth…"
- **Emotional Struggles:** Stress, mood swings, and isolation, particularly among mothers with limited support.
  - "…cried a lot during pregnancy…. was very stressed…"
- **Self-Care and Isolation:** Parenting added new layers of responsibility, especially for those with multiple children. Some mentioned being alone, away from family, and in a new country
  - "…trying to remember who I am amongst being a mother.
  - "Finding support…being in a new county without family…"

Postpartum Needs
After delivery, mothers expressed the need for:

- **Healing and Physical Support:** Many were unprepared for the difficulty of recovery, particularly following challenging pregnancies or deliveries.
  - "I needed a lot of support after I gave birth. My baby and myself had a rough delivery, my baby almost died, and I was not doing very good, I was in a hospital for a long time, and I had many infections an open wound, I end up having a long-term disability. I am not being able to return to work and I am currently under FMLA disability benefits."
- **Emotional Support:** Fatigue, overwhelming emotions, and difficulty communicating needs were common struggles.
  - "Figuring out why I am crying and what I'm trying to communicate."
  - "Raising child with no experience. Everything worries me and have a lot of emotions…"
- **Parenting Education and Childcare:** Mothers wanted more information on breastfeeding, feeding schedules, safe sleep practices, normal infant behaviors, and self-care. Limited childcare options and lengthy waitlists were also concerns.
  - "Breastfeeding. I got a lot of judgment for doing it in general. My partner wasn't supportive. With the breastfeeding counselor I was lost. It just never felt fully right."
- **Insurance Navigation:** Mothers cited difficulties signing their babies up for Medicaid due to long wait times and complex application processes.
  - "The biggest challenges were getting Medicaid approved for my baby. I struggled so much to get in touch with DCF, resubmitting the income verification, program interview, calling DCF, long wait on the phone. I needed to pay for the pediatrician care because my Medicaid was not approved.
- **Financial Support and Basic Necessities:** Food, formula, baby supplies, and financial assistance were frequently mentioned needs. A few mothers also highlighted local resources that had been helpful.
  - "…helped me a lot. They dropped me because they said they have so many pregnant people in need in Sarasota that they are dropping other counties. They had everything you need. Things you didn't even know you needed. They don't have anything like that here in DeSoto."
- **Transportation:** Lack of access to a nearby bus stop, no personal vehicle, and distant appointments made transportation a persistent issue
  - "My ex-husband took even the cars, so I don't have transportation. I was sharing a car with my nephew but not now, I don't have a car. I was given a bus pass, but I did not accept because I don't have a bus stop nearby."

What Would Make Pregnancy Easier:
Mothers suggested that the following could ease the challenges of pregnancy:
- Greater social support (specifically mother-to-mother peer support)
- Relief from physical symptoms
- Financial assistance
- Easier access to providers
- Better or more accessible insurance

Conclusion & Recommendations
This report illustrates the main challenges faced by pregnant and postpartum mothers, including barriers to accessing prenatal care, unmet needs, and when they needed assistance most during the perinatal period. While most mothers were excited and happy about their pregnancy, almost one-third expressed emotions of shock, fear, and feeling unprepared.

The key informant interviews emphasized gaps in physical and mental health support, underscoring a need for guidance in managing symptoms and navigating complex medical situations. Stress, navigating emotions, lack of self-care, were also discussed. Mothers shared challenges navigating

eligibility for OB providers and scheduling prenatal appointments, ultrasounds, and specialist visits. Limitations in insurance coverage and lack of insurance as well as language barriers made these tasks even more stressful.

Another challenge identified was a need for more social support during pregnancy and postpartum. Mothers who moved away from family or lacked a local support system particularly emphasized this need. Half of the participants identified their significant other as part of their support system, underscoring two critical points: first, the importance of educating partners on pregnancy, postpartum recovery, mental health, and parenting, and second, that many mothers do not have a partner to lean on, which makes community support essential.

Mothers cited the need for parenting education, particularly around baby behaviors, sleep, feeding, childcare resources, and general parenting skills. Social media and the internet were top resources for parenting information, alongside medical providers, and community resources. This finding highlights an opportunity to leverage these platforms to provide easily accessible parenting information.
Other resource needs during pregnancy and postpartum included financial support, better translation support for non-English speakers, transportation assistance, food, and better housing.

All the themes identified in the interviews provide a roadmap of opportunities for our community. These opportunities range from minor changes in practices and increasing awareness of existing services to developing innovative programs and expanding education and outreach campaigns. Below are a few areas identified to explore with parents and professionals collectively to improve perinatal care experiences for families in the community.

Enhance Access to Early Prenatal Care: Improve the availability and scheduling of early prenatal care and ultrasounds, especially for underserved communities, to ensure mothers receive timely and comprehensive medical care. Explore pregnancy and postpartum education support opportunities with other medical providers, such as nurses, who can answer questions and provide more in-depth education to families who need it, perhaps reducing the workload for providers and increasing capacity.

Leverage Parenting Education Opportunities & Expand Outreach Efforts: Home visiting programs are available to support families by addressing individual parenting needs. Encouraging use of these programs could be beneficial for many families. This is another area where social media, online resources, and community partnerships can reach diverse audiences to share about existing programming at many of our partner organizations. Social media has been effective for other First 1,000 campaigns, strong messaging about safe practices and resources may also be helpful. Though the effectiveness of these campaigns is challenging to measure since it is broadcasted information.

Strengthen and Promote Partner and Family Education: Promote the importance of parenting education for significant others and family members on postpartum recovery, infant care, and parenting to strengthen families. Parenting can be challenging; providing more couple-based parenting education and/or family-based education creates a nurturing environment for children where they are safe and loved, while also having strong and confident parents.

Build Postpartum Support Networks: Expand community-based postpartum programs and peer support groups to help build a village for mothers and parents, with a focus on mental health and well-being. There are currently resources available through pregnancy centers, the hospitals, home visiting programs and others; it is important to ensure families know about these networks. It is also essential to explore reasons why families may not be utilizing them.

Expand Translation Services: Determine protocols at existing provider practices for non-English speaking callers and explore needed supports for administrative staff and providers to communicate with families. All practices and non-profit organizations with automated calling selections may want to consider an option to provide instructions in Spanish, as well as other languages.

Pregnancy Prevention and Preparation: With fear and shock being identified in the interviews, it presents a need for more preparation and planning prior to pregnancy, as well as education on prevention strategies. Access to contraceptives and education on safe sex should continue to be a discussion in primary care and OBGYN practices, as well as promotion of free/low-cost options in the community. Social media may be a great way to share about available community resources for families.

Explore Transportation Opportunities & Virtual Options: Understand which Medicaid organizations provide transportation to doctors' visits and work with parents to assist them with the process. Find grant opportunities to support transportation assistance to uninsured pregnant and postpartum mothers to attend critical prenatal appointments. For individuals who are uninsured, determining which agencies provide transportation assistance and if there are limited options then exploring grant opportunities to address this need. The U.S. Surgeon General's report on the Maternal Health crisis cited access to virtual prenatal and postpartum visits as an opportunity to better support families, especially those with barriers. There are some virtual programs already available across the nation that have been implemented, it may be valuable for our community to explore these options.

The CHA Steering Committee expresses their gratitude to First 1000 Days Suncoast for the details of their Landscape Webinar for inclusion in this report.

Mental Health and Substance Abuse

In recent years, mental health has gained significant attention as a critical component of overall health and well-being. The connection between mental health and physical health underscores the importance of addressing mental health needs to improve quality of life and community health outcomes. According to the 2024 Sarasota County Well-being Survey, illicit substance and drug use was identified as the most risky or unhealthy behavior in the community. Additionally, survey respondents ranked mental and behavioral health as the most important health topic facing the community. These findings highlight the urgent need for continued efforts to address mental health and substance abuse challenges through prevention, treatment, and supportive services.

Drug Overdoses & Narcan Usage

In 2022, Sarasota County had 117 fatal drug overdoses, a sharp decline from 166 in 2021. In 2022, Naloxone was administered 51,752 times in Florida. Fentanyl overdose was the number one cause of death in Americans ages 18-45. Non-fatal emergency department visits and hospitalizations from overdoses continue to remain steady or on the decline in Sarasota County in 2023. This may be attributed, in part, to the increased availability of free Narcan kits via the ISAVEFL distribution program that began in Sarasota County in 2021. Based on Narcan distribution data tracked by the Department of Children and Families (DCF) Department of Substance Abuse and Mental Health (SAMH), a combined 4,212 Narcan kits were distributed across Sarasota in 2023, almost double that from 2022.

Currently, free Narcan kits, along with educational and prevention resources are available at no cost to the community via DOH-Sarasota pharmacies at the downtown Sarasota, 17th Street, and North Port locations, as well as via the Health in Motion mobile medical team.

Substance Use Treatment

According to DCF, in 2022, 1,826 adults were enrolled in a substance abuse program in Sarasota County, representing a 156% increase from 712 in 2021; for children, that number climbed from 11 in 2021 to 82 (645% increase) in 2022. This is displayed below in Figure 61.

Medication Assisted Treatment (MAT) is an effective treatment for opioid use disorder and is more effective than either behavioral interventions or medication alone. It significantly reduces illicit opioid use and can help reduce overdose fatalities.

According to Operation PAR in Sarasota, a facility that offers MAT, 648 unique clients were served in 2023, the majority of whom were self-referred. Operation PAR also partners with Sarasota Memorial Hospital in their discharge planning for opioid use disorder clients; as well as the Sarasota County jail - and provides MAT services to inmates identified as having an opioid use disorder.

Operation PAR also distributes State Opioid Response (SOR) dollars to indigent clients within the Central Florida Behavioral Health Network (CFBHN), reaching those who many have not otherwise been able to afford treatment. At the start of 2023, Operation PAR Sarasota had 154 available slots for low-income clients; this increased to 173 by years end. SOR funding also allows Operation PAR to significantly reduce weekly rates from $112.00 to $21.00/week. Medicare and Medicaid are also accepted.

Figure 61: Individuals Enrolled in Substance Abuse Treatment Program in Sarasota County

Individuals Enrolled in Substance Abuse Treatment Program, Sarasota County
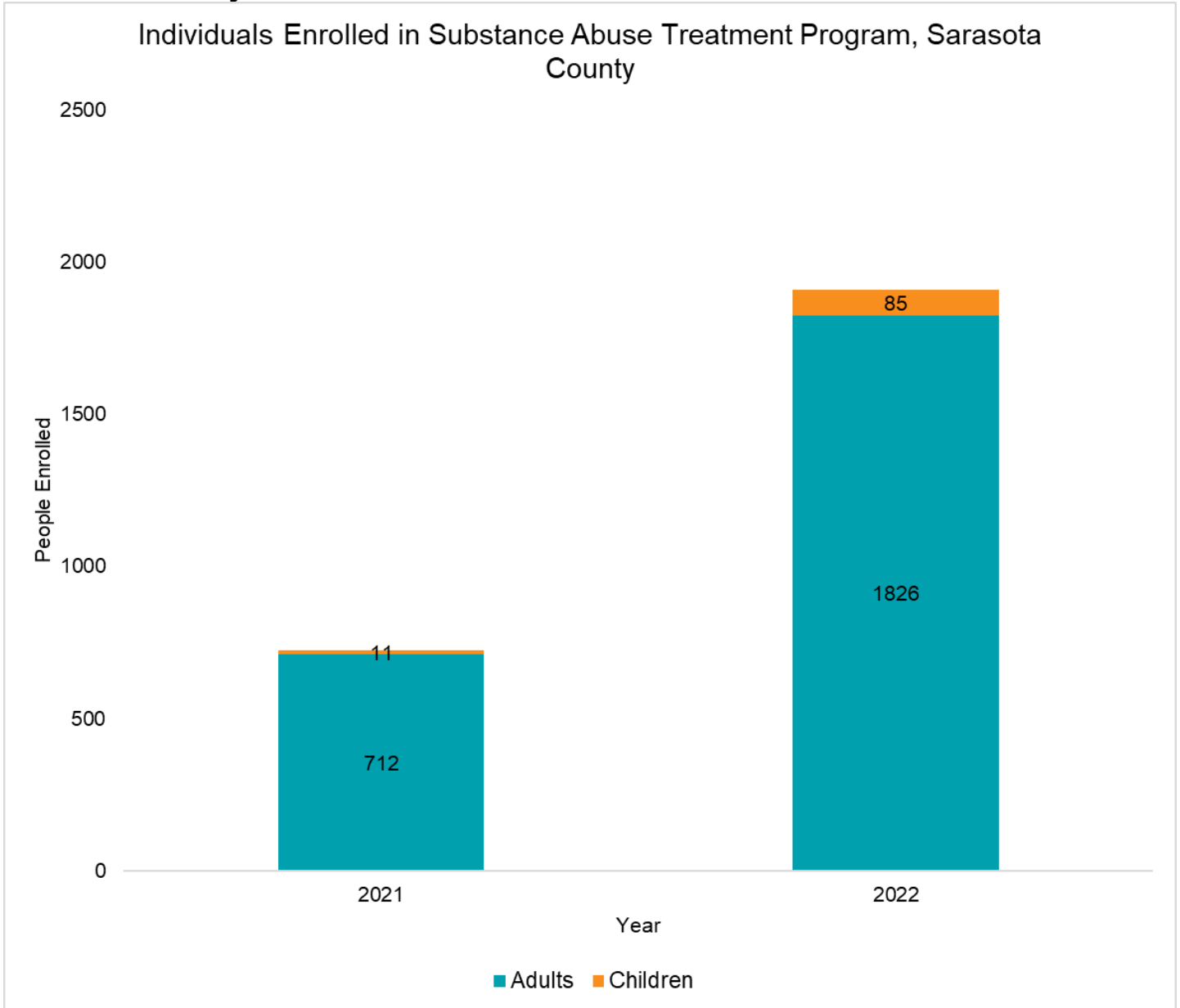
Source: Florida Department of Children and Families, 2022

Opioid Abatement Settlement

The impetus for the Opioid Abatement Settlement is to reduce opioid or polysubstance use, overdoses, and other opioid-related conditions by implementing evidence-based programs and providing access to services to prevent and treat opioid use disorders. In 2021, the State of Florida established the Statewide Council on Opioid Abatement, which was codified into law in 2023, to oversee an approximately $3.8 billion dollar Florida settlement.

Settlement funds earmarked for Sarasota County will be directly distributed through the Central Florida Behavioral Health Network, the Managing Entity for Department of Children and Families for the southwest region, pursuant to the Florida Plan. Between fiscal year 2023 and 2024, the Sarasota County Funds totaled $1,340, 458.23 and for fiscal year 2024, the Sarasota Regional Funds totaled $4,753,341.68. Payments are projected for up to 18 years and will decrease over that span of time.

To determine how and on what programs and services settlement funds would be spent, counties were tasked with proposing plans for implementation and providing relative information to local government for consideration. One such proposal made to the Sarasota County Commission was an enhanced version of the CORT (Community Offender Rehabilitative Treatment) pilot program, recommended by the Sarasota County Sheriff's Office (SCSO). Opioid funding targeted at this population could significantly reduce the jail population and hopefully divert individuals from incarceration. The CORT Program was initially funded as a pilot program through the American Rescue Plan Act for three years. The enhanced version of CORT, now called Rehabilitation, Education, and Support Toward Offender Reintegration (RESTORE) provides 40 beds of secure, residential behavioral health treatment for male offenders who are currently incarcerated in the Sarasota County Jail. The program offers intensive treatment, supervision, and evidenced-based rehabilitation to felony offenders, who present with a history of opioid, substance abuse or co-occurring disorders, which are chronic in nature and warrant a residential structure to promote lifestyle changes and recovery.

Treatment and diversion programs such as these are key to helping the large number of inmates who suffer from addiction. Sarasota County Jail currently has an average daily census of 1,000 individuals, with an operating capacity for 836. In 2023, data showed that of the 9,758 booked in the jail, over 46% reported experiencing a substance use disorder.

The SCSO also recommended an expansion of Medication Assisted Treatment (MAT) services at the jail, which would include medication costs, as well as staff to implement this program. The expectation is to double the number of inmates served by this program, facilitating services, assessments, service planning, and counseling. Additionally, SCSO recommended an expansion of Reentry Services at the jail to include the hiring of another Reentry Navigator, to work with and help connect inmates to services and supports upon exiting the jail. The Reentry Services program began 4 years ago, with funding from the Barancik Foundation, to support individuals being released from jail back into the community, developing plans to help them successfully navigate reintegration.

In 2024, the Sarasota County Commissioners approved these proposed plans utilizing Opioid Abatement Funds. Approximately $2.7 million will be used to fund the enhanced RESTORE program to help reduce the jail population; and $434,000 was approved to expand the Sheriff's MAT program and reentry navigator position. To help monitor and report on the implementation and impact of the selected programs and expanded services, Sarasota County Health and Human Services was approved to fund a position that will work in coordination with the Managing Entity to oversee the expenditure of settlement funds.

ISAVEFL

The DCF Overdose Prevention Program is designed to reduce opioid overdose deaths by providing access to FDA-approved emergency antagonists to organizations (this does not include local Emergency Medical Services) that serve individuals at risk of witnessing or experiencing an opioid overdose. Narcan nasal spray is the emergency opioid antagonist DCF currently purchases and makes available to eligible organizations. The table below is a list of organizations in Sarasota County that participate in the ISAVEFL program and distribute free Narcan, along with the number of units distributed. To request a training or to enroll in DCF's Overdose Prevention Program, contact isafefl@myfamilies.com

Table 11: 2023 Sarasota County Free Narcan Kit Distribution List

Region	Managing Entity	County	Organization	Primary Distribution Type	Secondary Distribution Type	Org Totals, Kits Distributed
Suncoast	CFBHN	Sarasota	CARES Outreach	Community Based	Outreach	366
Suncoast	CFBHN	Sarasota	Community Assisted & Supported Living	Behavioral Health	NSP	37
Suncoast	CFBHN	Sarasota	DOH-Sarasota	State Agency	DOH	351
Suncoast	CFBHN	Sarasota	First Step of Sarasota	Behavioral Health	NSP	2029
Suncoast	CFBHN	Sarasota	Metro New Season Tx Center Sarasota #14	MAT Clinic	Private	1000
Suncoast	CFBHN	Sarasota	On the Spot Aid, Inc.	Recovery Support	SSP	279
Suncoast	CFBHN	Sarasota	Sunshine Peer Network	Recovery Support	Peer Network	61
Suncoast	CFBHN	Sarasota	Sarasota Memorial Health System Network – North Port Campus	Hospital	ED	84
Suncoast	CFBHN	Sarasota	Sarasota Memorial Health System Network – Venice Campus	Hospital	ED	5
					Total	**4,212**

Data Source: Florida Department of Children and Families, Department of Substance Abuse and Mental Health, 2024

The table below shows the total combined number of Narcan kits distributed across Sarasota County for the years 2021-23. The increased number of available free Narcan in the community may be contributing to the overall decline in overdose fatalities in recent years across Sarasota.

Table 12: Narcan Kits Distributed in Sarasota County, 2021-2023

Year	Number of Narcan Kits Distributed in Sarasota County
2021	1,380
2022	2,251
2023	4,212

Data Source: Florida Department of Children and Families, Department of Substance Abuse and Mental Health, 2024

In Figure 62, the total non-fatal overdose emergency department visits are displayed. Figure 63 shows the total non-fatal overdose hospitalizations for Sarasota County.

Figure 62: Total Non-Fatal Overdose Emergency Department Visits in Sarasota County
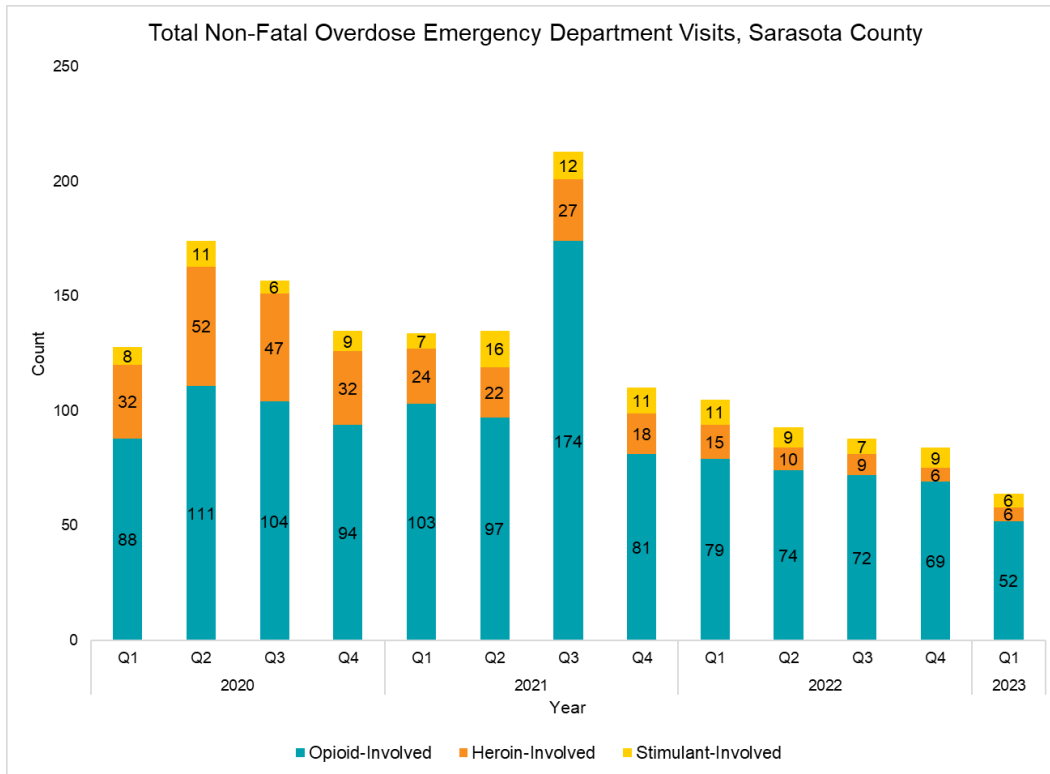
Source: Agency for Healthcare Administration, 2023

Figure 63: Total Non-Fatal Overdose Hospitalizations in Sarasota County
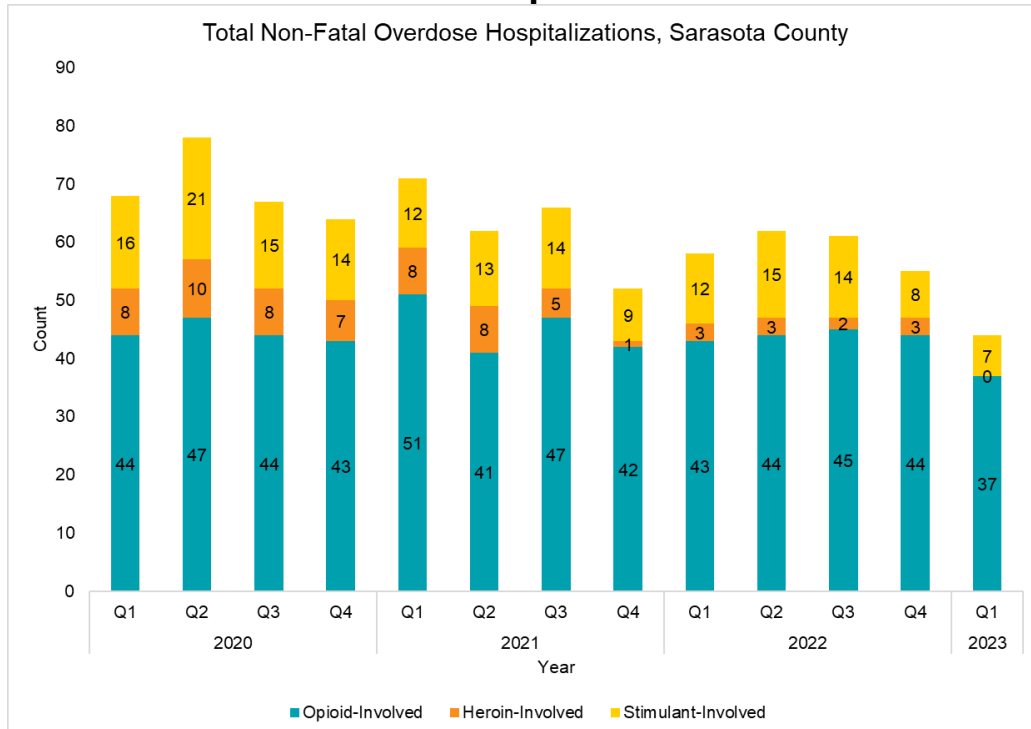
Source: Agency for Healthcare Administration, 2023

Neonatal Abstinence Syndrome

Neonatal Abstinence Syndrome, or NAS, happens when a baby is exposed to prescribed and/or illicit drugs (typically opioids) and addictive substances in the womb before birth, causing withdrawal symptoms requiring medical care after they are born. Risk factors for NAS include lack of prenatal care, regular drug use or taking more than one kind of drug during pregnancy, and intravenous drug use with needles, increasing the risk of contracting HIV and/or AIDS.

In Sarasota County, the rate per 100,000 live births for NAS in 2022 was 100.7, compared to 41.8 for Florida. Figure 64 shows the number of neonatal abstinence syndrome cases in Sarasota County from 2019 to 2022.

Figure 64: Neonatal Abstinence Syndrome in Sarasota County
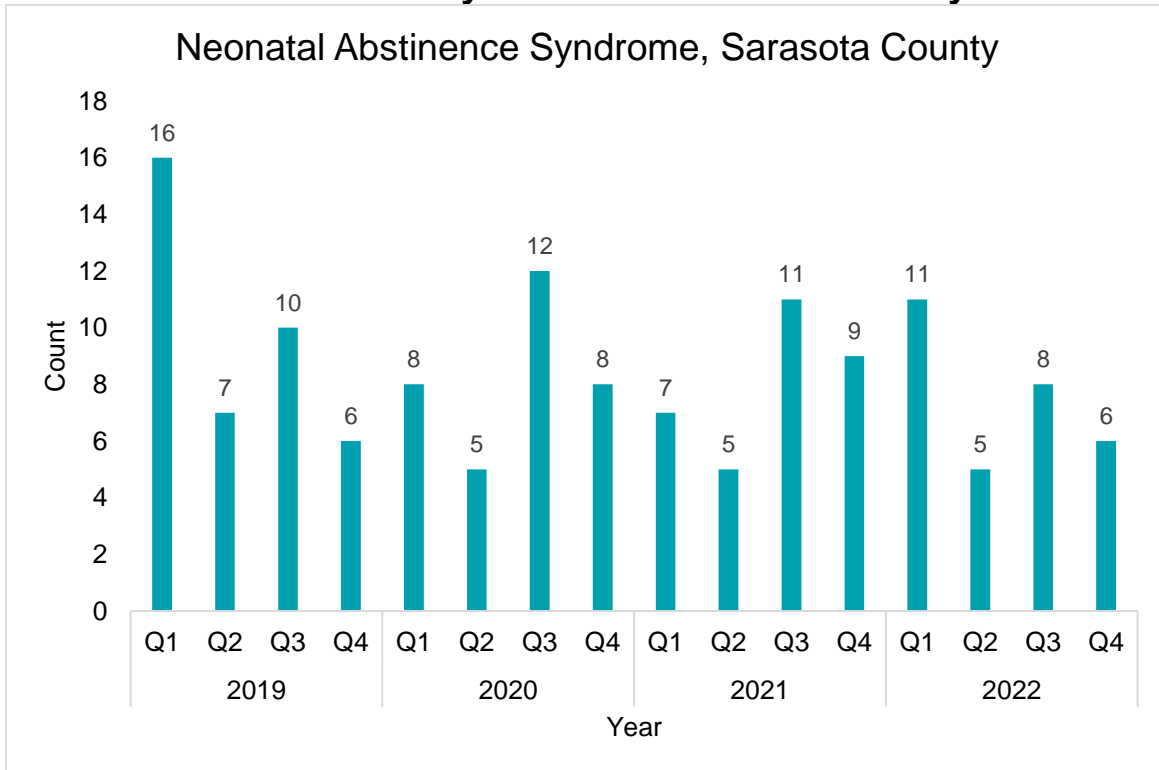
Source: Florida Department of Health, Birth Defects Registry, 2022

Progress has been made in decreasing Neonatal Abstinence Syndrome (NAS) in Sarasota through initiatives and programs such as Addiction Support and Pregnancy (ASAP), Clean Start (Healthy Start Coalition), and the Circuit 12 Plan of Safe Care (POSC) Program, coordinated by the Safe Children Coalition (SCC). Pregnant women are routinely being screened for substance use at Sarasota Memorial Hospital (SMH), referred and connected to substance use services via the Unite Us Platform by SMH's Women and Children Services and First 1000 Days Suncoast initiative. Table 13 shows the number of substance exposed newborns born at Sarasota Memorial Health Care System from October 1, 2023 through September 30, 2024.

Operation PAR in Sarasota, a medication assisted treatment (MAT) facility, reported they provided MAT treatment services to 8 pregnant women in Sarasota in 2023, resulting in six live births with no drugs detected in the newborn. Safe Children Coalition, through their Child Abuse Prevention & Treatment Act (CAPTA) Plan of Safe Care (POSC) program aims to improve the safety and well-being of infants affected by prenatal exposure to harmful substances. In 2023, CAPTA in Sarasota enrolled 131 families

in the POSC program, and 127 families completed a POSC. Of those 127, 21 were pregnant and, while engaged in services, did not get reported or have child welfare involvement while on the program.

Incarcerated mothers have also benefitted from the ASAP program though family and discharge planning. The following table lists the number of substance exposed infants born at SMHS during FY 2024, case disposition, and positive maternal toxicology results by type.

Table 13: Substance Exposed Newborns at Sarasota Memorial Health Care System, FY2024

	Infants Identified as Substance Exposed (n)	Length of Stay (Days)
Total	61	6.9
Observation only	45	5
Medication required to manage symptoms	15	11.2
Disposition (n)		
DCF Involvement	37	
DCF Removal	15	
Adoption	7	
Maternal Toxicology (positive results on urine drug screen)		
Poly-substance	27	
Buprenorphine	30	
Methadone	15	
Oxycodone/hydrocodone	9	
Benzodiazepines	5	
THC	15	
Codeine	2	
Morphine	1	
Hydromorphone	2	
Cocaine	5	
Nicotine	16	

Source: Sarasota Memorial Health Care System, 2024

From May-October 2024, 82 women were admitted and acknowledged using illicit substances while pregnant, including fentanyl, amphetamines, and opiates. Of those, 73 admitted experiencing anxiety, ADHD and/or depression. On average, half of those stated they were being treated, some with THC gummies or marijuana, the rest with medication, resulting in the remaining half of women left untreated for their mental health conditions.

The Addiction Support & Pregnancy (ASAP) program was developed in 2018 to improve care to pregnant mothers struggling with a substance use disorder through education and comprehensive multidisciplinary collaborative care. ASAP offers mothers and their infants a residential treatment program for those facing addiction during pregnancy. The long-term residential program for substance abusing pregnant and post-partum women focuses on recovery as well as teaching parenting, nutrition, and life skills. ASAP is state funded through DCF at no cost to the client, offered in collaboration with the Sarasota County Healthy Start Coalition and Lightshare Behavioral Wellness & Recovery. The program has resulted in increased family planning, attendance and adherence to medication-assisted treatment, the use of long-acting, reversible contraception post-partum, and drug-court interventions meant to prevent incarceration while helping to reduce stigma.

Alcohol Consumption

Heavy or binge drinking, as defined by the National Institute on Alcohol Abuse and Alcoholism, involves consuming five or more drinks within two hours for men or four or more drinks within two hours for women. This behavior poses significant risks to individual health, including liver disease, cardiovascular problems, and increased likelihood of injury or alcohol dependency. At the community level, binge drinking contributes to a range of public health challenges, such as impaired driving incidents, violence, and the strain on healthcare and emergency services.

According to the most recent available data, Sarasota County had an overall rate of 20.9% for adults who engage in heavy or binge drinking, compared to 18.0% statewide. When looking at the Sarasota County data more closely, non-Hispanic white men have the highest rates of binge drinking locally. In Florida, the BRFSS data is collected at the state level each year, and it is collected at the county level every three years (2007, 2010, 2013, 2016 and 2019). At the time of this report, county level data for 2022 is not available. The adults who engage in heavy on binge drinking in Sarasota County and Florida is shown in Figure 65.

Figure 65: Adults Who Engage in Heavy or Binge Drinking in Sarasota County and Florida
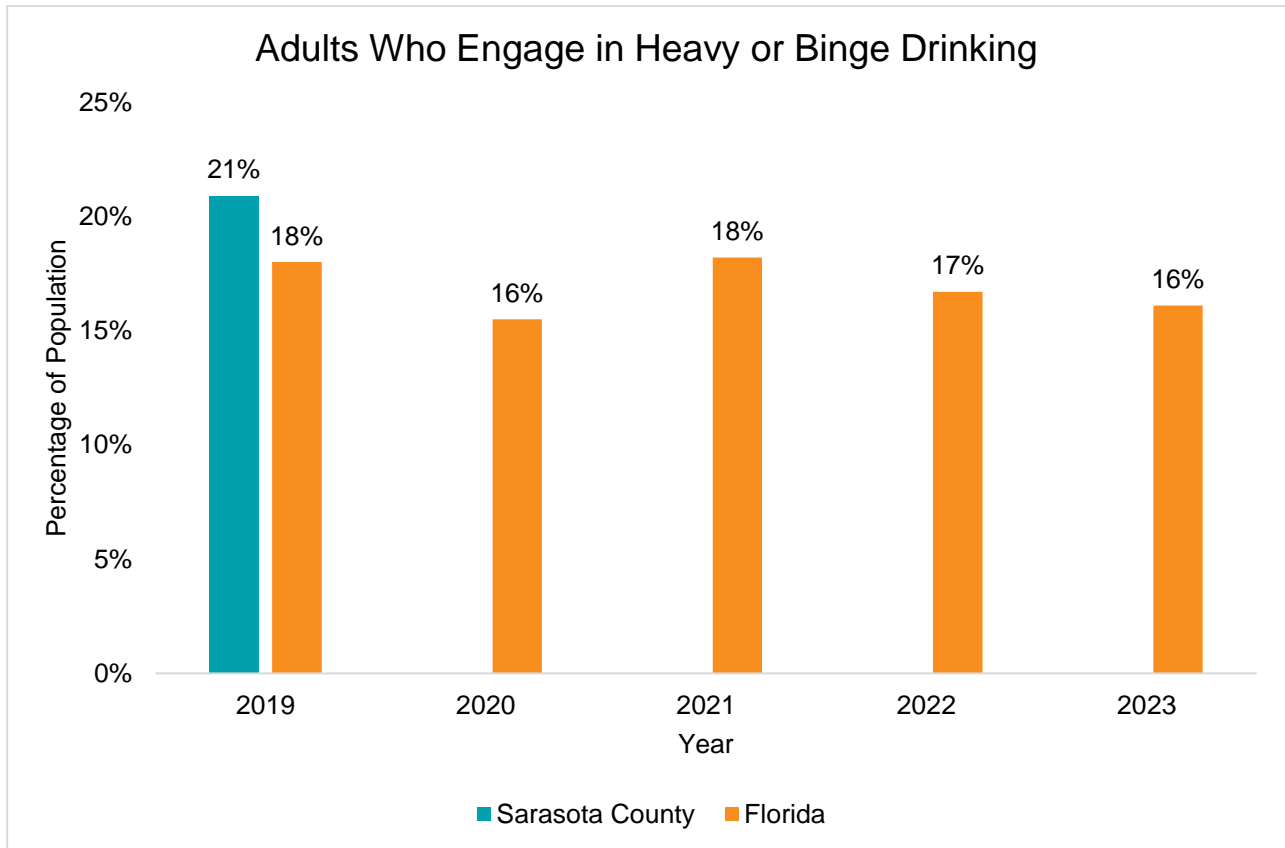
Source: Florida Behavioral Risk Factor Surveillance System, 2023

Sarasota County Mental Health Needs Assessment

A Mental Health Needs Assessment was conducted at the request of the Sarasota County Board of County Commissioners in 2021 as a way of informing the newly formed Mental Health Dependent Special District about the existing behavioral health system in Sarasota County.

A Mental Health Needs Assessment Task Force was appointed to complete the assessment. This work consisted of an extensive data and document analysis, key informant surveys of both providers and consumers, and ranking exercises to identify the top priorities and needs to improve the behavioral health system in Sarasota County. This section is an overview of the findings and recommendations made by the task force. The graphic below illustrates the approach taken and timeline for the 2021 Mental Health Needs Assessment conducted by the Task Force.

Graphic 5: Approach to the Mental Health Needs Assessment
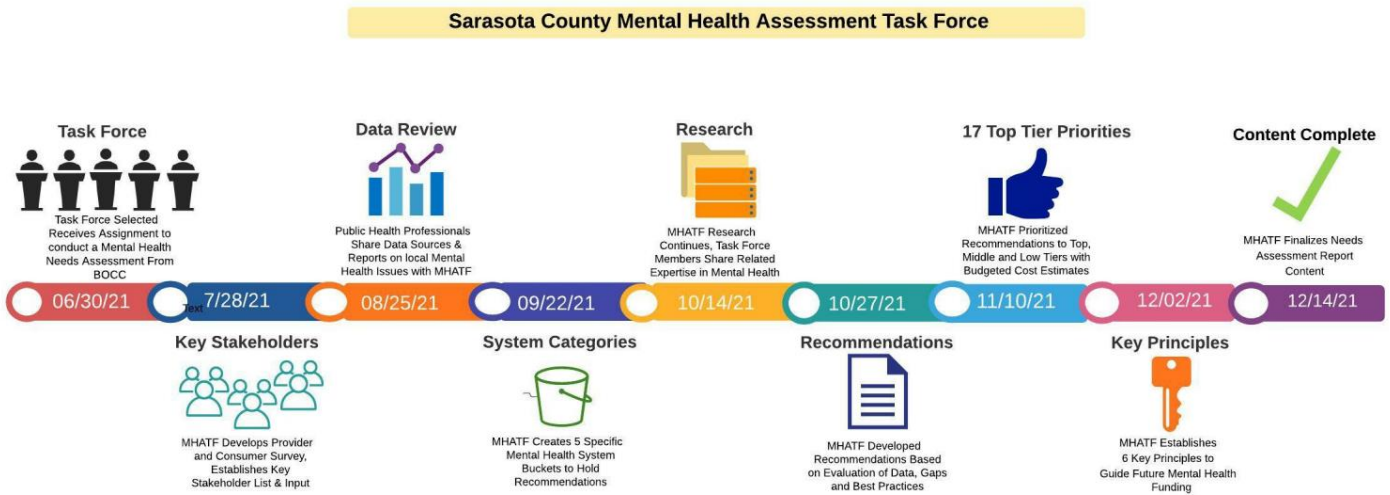
Source: Sarasota County Mental Health Needs Assessment, 2022

The goal of the assessment was to provide a clearer understanding of current needs, identify service gaps in the local behavioral health system, and offer sound recommendations and prioritizations for improvement. Several opportunities were identified by the Task Force to enhance existing programs and services and/or create new ones to meet present needs.

Overall, there were forty-four recommendations identified to help improve the current system. These recommendations were ranked into priority tiers to provide guidance on the priority for implementation. There were seventeen top tier recommendations, twenty middle tier recommendations, and seven lower tier recommendations.

As part of the assessment, the Task Force considered the balance of resources by type of service. This included Crisis Response, Prevention and Early Intervention, Treatment and Counseling, Recovery Support, and Structure and Policy Changes. Also considered was whether the service was in response to an urgent need (like homelessness) or developing condition(s) to support wellness (like availability of affordable, safe housing). The seventeen top tier recommendations included increasing capacity for children's services, increasing behavioral health screening and early intervention, increasing crisis

response services, maintaining a stronger focus on identification and treatment of first episode psychosis for at risk adolescents and young adults, increasing peer support capabilities, increasing affordable housing (as recovery support), and establishing a governance structure for the system.

Sarasota County's behavioral health system is a community collaboration between many providers, agencies, and organizations, each tapping into various sources for funding and multiple support networks. Taking this into consideration, the task force worked to balance resources between the need to expand and strengthen programs and services, create innovative approaches, and invest in developing infrastructure and system planning and leadership. As a result, the Task Force concluded that 87% of the available resources should be invested in programs and services, 8% in innovative approaches, and 5% in infrastructure and planning.

The aim of the Task Force is that the forty-four recommendations made will serve as a road map for community strategies to improve and enhance the current behavioral health system. The ranking order within each category is presented below.

Programs and Services:
1. Respond to young children with emerging emotional and behavioral problems by providing immediate behavioral health consultation upon request from childcare settings where a child in need has been identified. Improve the capacity for both early identification and effective response.
2. Develop or strengthen 24-7 walk-in community crisis assessment and stabilization capacity to provide a safe location for crisis drop-offs as an alternative to Emergency Rooms (ER), with a focus on young adults and youth.
3. Increase ongoing funding for permanent supportive housing and other evidence-based practices to assist adults with significant behavioral health challenges to live in the community.
4. Develop specialized coordinated specialty care services for first-episode psychosis/clinically high-risk adolescents and young adults.
5. Increase availability of all forms of peer supporters (adult, family, youth, substance use, forensic) throughout the system, with an emphasis on improving systems navigation and supporting recovery. Ensure adequate resources are available for training, organizational support, and certification.
6. Develop community crisis/respite beds for youth and a peer-run community crisis/respite house for adults.
7. Increased availability of Crisis Assessment Team (CAT) services.
8. Develop a therapeutic group home to serve older youth/adolescents (regardless of custody status) who need intensive treatment but not inpatient level of care. Work with Department of Juvenile Justice (DJJ), Department of Children and Families (DCF), and Department of Education (DOE) to ensure that all child-serving systems contribute to funding and have access to services.
9. Increase affordable housing that ensures access and availability to individuals with significant behavioral health challenges.

Innovation:
1. Increase access to behavioral health services by expanding the capacity of pediatric/primary care to identify and treat behavioral health conditions.
2. Increase capacity to offer clinical best practices in trauma treatment, especially for older youth and adults, including sensory-somatic interventions and evidence-based treatment models, including Medication Assisted Treatment (MAT).
3. Increase psychiatric and outpatient capacity, particularly child and adolescent psychiatry.

Infrastructure:
1. Develop or identify an effective governance structure, including an executive committee and advisory committee (helps identify concerns, gaps, policy change), including consumers and family members.
    a. Increase number of providers offering behavioral health screening, early identification, and referral to appropriate services, including screening for suicide and trauma.
    b. Develop funding partnerships, planning, and implementing braided funding strategies.
    c. Increased funding to address behavioral health needs of youth in other child serving systems. (Ex. foster care system, Juvenile Justice system).
2. Develop a strategy to address current human resource shortage, recruitment, retention, salary structures, and other factors influencing employment decisions for behavioral health professionals and other workers.

In assessing the behavioral health system, the Task Force also examined the issue of equitable access for all populations residing in Sarasota County. While Sarasota County may appear to be rich in resources, the behavioral health system currently lacks adequate capacity to provide timely access to all those who need services. Robert Wood Johnson County Health Rankings data shows Sarasota County has far fewer mental health providers than other counties nationally, with one provider for every 490 residents compared to 1 to 320 nationally (2023). Sarasota County residents also report a higher number of self-reported poor mental health days per month, 5.2, than the state at 4.2 and other counties nationally at 4.8.

Beyond comparisons with other counties, the Task Force examined specific areas and populations within Sarasota County that show even greater disparities. For example, although Sarasota County overall has a relatively high rate of insured individuals at 90% - of those under age 19, 11% are uninsured, 17% are uninsured of those employed aged 19-64, and the uninsured rate for those unemployed (aged 19 -64) is 35% across the county, with some uninsured rates even higher in certain census tracts. (ACS, 2022).

Service provider survey respondents were asked to respond to whether all populations had access to behavioral health services. The top five groups, in order, that were identified as having "Limited to No Access" were 1) residents of South Sarasota County, 2) Adolescents, 3) Children, 4) Black individuals, and 5) Hispanic individuals. In addition, other barriers to recovery were identified as lack of stable housing, inadequate funding, and discrimination in housing or employment.

Sarasota County Mental Health Services
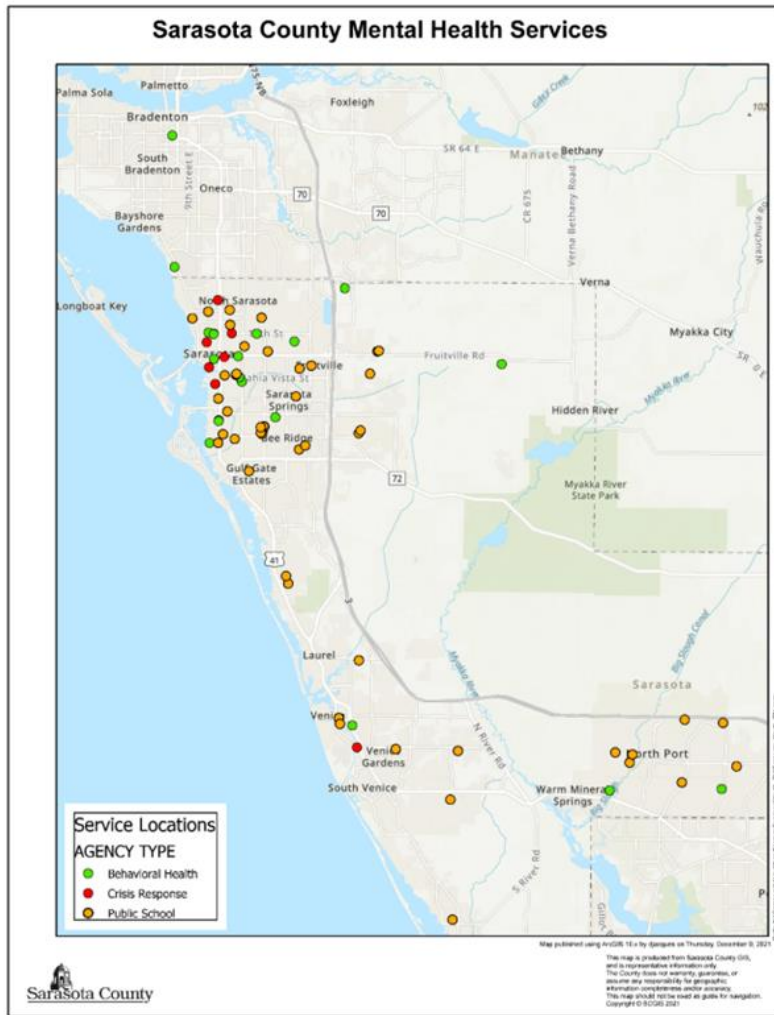
The adjacent map indicates areas of current behavioral health service availability as of 2021 across Sarasota County. Outside of North Sarasota County, services are limited such that schools (yellow dots) are the primary source of access for residents who live south of Clark Road. The behavioral health services that the schools provide are limited to students in depth and breadth of services offered. The City of North Port, with over 70,000 residents and 80% over the age of 18, does not have access to a crisis behavioral health facility, except for Sarasota Memorial Hospital's emergency room, and have very limited behavioral health treatment providers.

These various disparities should also be taken in consideration as changes to the mental health system are implemented. New programs and services should be intentionally designed to reach currently underserved groups, particularly adolescents, residents of South County, children, and Black and Hispanic communities.

The Task Force developed and circulated an online behavioral health survey for both consumers and providers to get input on behavioral health programs and services across key system areas throughout Sarasota County. The survey covered five specific areas – crisis response, prevention and early intervention, structural and policy change, treatment and counseling, and recovery support.

The following tables are a summary of the survey responses with highlights for each area.

Crisis Response

	Strengths		Needs		Barriers	
1	Crisis Stabilization Units	92%	24-7 Clinical Access/Stabilization (Walk-In)	81%	Lack of providers/capacity	42%
2	Mobile Crisis Response	76%	Crisis Respite Beds (Adults & Youth)	50%	Lack of funding	35%
3	Addiction Receiving Facility	58%	911 Call Triage for Behavioral Health Response	39%	Awareness of mobile response team	33%
4	Crisis Intervention Training	56%	Community Education/Where to turn for help	37%	Knowledge of how to access crisis services	32%
5	211 Information & Referral	42%	Co-responding Law Enforcement Teams	33%	Funding barriers	30%

- The number one strength listed was Crisis Stabilization Units with 92 responses, followed Mobile Crisis Response Teams, and the Addiction Receiving Facility ranked third
- The top three needs were reported as 24-7 Clinical Access Stabilization Center Walk-in, Crisis Respite Beds (Adult & Youth), and 911 Call Triage for Behavioral Health Response
- Many supported the use of 988 following its implementation over 911 for behavioral health calls, and diversion with improved and increased appropriate behavioral health care professionals and assessment over immediate Baker Act
- Barriers to behavioral healthcare included 55 lack of providers limiting access to care, lack of funds delaying care
- An overreliance on Law Enforcement for high-risk referrals creates a sense of fear and mistrust which frequently leads to a delay in services

Treatment & Counseling

	Strengths		Needs		Barriers	
1	Community Action Team	34%	Increased program capacity	40%	System capacity-long waiting lists, delayed appointments	67%
2	Access to Inpatient Treatment	33%	Increased access to child & adolescent psychiatrists	38%	Affordable healthcare insurance that covers behavioral health services	56%
3	Medication Assisted Treatment	29%	Care Coordination	31%		34%
4	Quality Programs	26%	Inpatient/residential services	34%	Lack of specialized services (e.g., trauma, informed services, first episode of psychosis, CBT) *CBT – Cognitive Behavioral Therapy*	

- Some respondents struggled with naming strengths and emphasized that the demand outweighs the available slots for service
- Additional needs included holistic and brain-based approaches, access for pregnant patients, access for foster children, and support for evidenced-based practices
- Need for additional behavioral health professionals and better wages for those positions was also included; this theme resonated from respondents throughout the survey
- Poor reimbursement for behavioral health services is believed to create less interest in providers offering mental health services
- The stigma related to a person's mental health situation was identified as creating a sense of fear and doubt to proceed with services
- Lack of services in newly populated areas such as south Sarasota was a widespread theme
- Improved continuity of services and treatment is needed to be able to obtain necessary medications
- Need to close the funding gap for mental health services in the corrections system
- Additional services for persons 60 and up are needed

Prevention & Early Intervention

	Strengths		Needs		Barriers	
1	School-based services/Student Assistance Program	42%	Early identification/response	68%	Funding	64%
2	Mental Health First Aid Trainings	40%	Expanded programming in schools (e.g., social emotional curricula)	53%	Awareness of program options	50%
3	Visiting nurse program/First 1000 Days	31%	Family education and caregiver support	48%	System capacity	43%
4	Youth substance prevention programs	29%	First Episode Psychosis Program	34%	Lack of awareness regarding specific risks faced by residents (e.g., violence, poverty)	37%
5	Youth-at-risk staffing	22%	Expanded after school programming	28%	Lack of community process to select and implement prevention programming	33%
6	Targeted behavioral health response teams	22%	Behavioral Health Wellness Promotions (PSA's)	28%		

- Strengths were identified in the Prevention and Early Intervention system; NAMI and the First 1,000 Days were mentioned numerous times as exemplary programs
- A youth focus should be maintained as Prevention and Early Intervention can be least expensive but most effective if issues are caught early
- More funding for more services, coordinated care and referral systems, greater integration for primary and pediatric care and education for people 60 and up
- The existence of fear of Baker Act and Marchman Act is apparent, as these two programs are viewed as currently ineffective
- Families struggle with competing needs and limited resources; they need more services to choose from and more connections to community supports
- Teachers need more supports with focused and specialized training for mental health, to combat high rates of attempted suicides
- Families need help earlier and with many more options for a quick turnaround to begin receiving support

Recovery Support

	Strengths		Needs		Barriers	
1	Support groups & programs	46%	Affordable housing	70%	Stable housing	59%
2	Faith based supports	41%	Relapse prevention	51%	Funding	52%
3	Case management	36%	Care coordination	34%	System capacity	40%
4	Supportive housing	28%	Case management	25%	Stigma	27%
5	Parenting programs		Protection & advocacy/legal services	22%	Discrimination in housing or employment	24%
6			Supported employment	22%		

- A lack of enough capacity to adequately handle recovery support is a concern
- Support for affordable residential addiction recovery programs was seen as effective
- Lack of culturally sensitive support services, housing discrimination, and lack of funding of certified peer support and family support was reported
- An increase in recovery support after a delivery would aid in early access for pregnant women
- Expand marketing and collaboration for affordable housing especially during a crisis and work to promote the need

Structure/Policy Change

	Strengths		Needs		Barriers	
1	Strong philanthropic foundations	75%	Increase flexible funding	53%	Fragmented systems of care	66%
2	Community investment/willingness to address structural issues	65%	Integrated care model (primary care & behavioral health)	43%	Restrictions on funding	48%
3	System collaboration	51%	Centralized intake process	40%	No centralized intake process	38%
4	Grass root efforts to promote equity & reduce discrimination	48%	Shared data system	32%	Lack of adequate income or other resources	35%
5	Adequate influential advocacy	24%	Draw down federal funding opportunities	30%	Lack of behavioral health parity	30%

- Frequently mentioned strength was the strong philanthropic foundation support system- acknowledging that community investment by these foundations can make funds go farther and be leveraged with other dollars to make a tremendous difference
- Respondents supported a balanced approach to funding due to the heavy need of services
- The local system is fragmented and while various strengths of collaboration were described, so is the fear of restricted funds and no centralized intake system
- Mental health services are too rigid and families that need mental health often do not fit in the box for insurance, or federal funding mandates do not align with the need for early mental health services. Respondents indicated this concern in several areas

- Persons 60 and over are in need but seem to have no priority in the current system, with similar issues for pregnant women
- Consider increasing salaries for behavioral health professionals commensurate with the difficult job they perform was seen as needed

Access To Behavioral Health Services
- Respondents indicated a strong focus to access for pregnant women, homeless persons and families. Equal access for all populations were presented as important
- Homeless families seem to lack access to behavioral health due to multiple challenges. An emphasis on supportive housing in areas that have access would be beneficial

System Investments
As highlighted in Figure 66 below, Prevention and Early Intervention scored slightly ahead of the other four system buckets in terms of where to invest funds for improvement, however, survey respondents suggested an equally balanced approach to addressing behavioral health through Treatment and Counseling and Crisis Response - similarly aligned, ranking second and third respectively.

Survey respondents also shared equal views of where to invest regarding Vital Conditions and Urgent Needs, representing a split between both categories.

Vital conditions are things needed to maintain basic health and safety and include humane housing, meaningful work, lifelong learning, reliable transportation, and a thriving natural environment. Urgent Needs include acute care for illness or injury, addiction treatment, crime response, unemployment and food assistance, homeless services, and environmental clean-up.

Figure 66: System Investment vs. Vital Needs
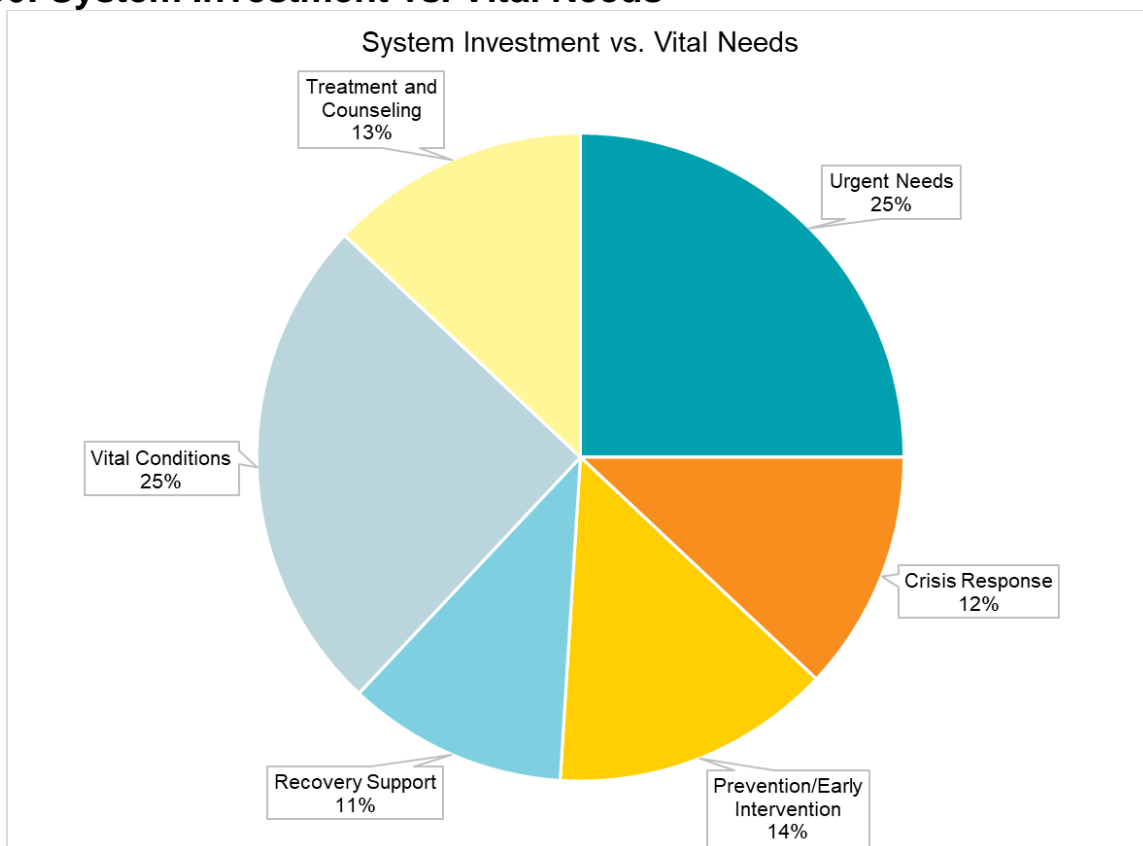
Source: Sarasota County Mental Health Needs Assessment Task Force Report, 2021

Of note, the task force acknowledged that this assessment and report was developed and completed in the wake of the pandemic, with the lingering effects not yet fully realized. Thus, the full impact on persons and organizations struggling during the pandemic and the strain on the behavioral health system as a result provides an additional challenge for consideration.

The task force suggests that success in these proposed endeavors can be measured through 1) improved overall mental health and well-being of the community, (2) successful treatment of individuals, (3) overall reduction in related costs associated with untreated mental illness in a community, and (4) an overall reduction in adverse mental health conditions. To view the full report, visit the Sarasota County Mental Health Needs Assessment Task Force Report.

Mental Health Disorders and Accessibility

Mental disorders, when serious and untreated, can cause significant morbidity, reduced quality of life, numerous hospitalizations, and put a strain on the local health system. Untreated mental illness is linked to not only to worse mental health outcomes, but poor physical health as well. Mood disorders are particularly important contributors to disability-adjusted life years lost and years lived with disability. Mental disorders include mental and behavioral disorders due to psychoactive substance use, schizophrenia, delusional, and other non-mood psychotic disorders such as anxiety, dissociative, stress-related, and other non-psychotic mental disorders. Figure 67 below represents the age-adjusted rate per 100,000 of hospitalizations for mental disorders in Sarasota County at 1,087 compared to Florida overall at 959.

Figure 67: Age-Adjusted Hospitalizations from Mental Disorders
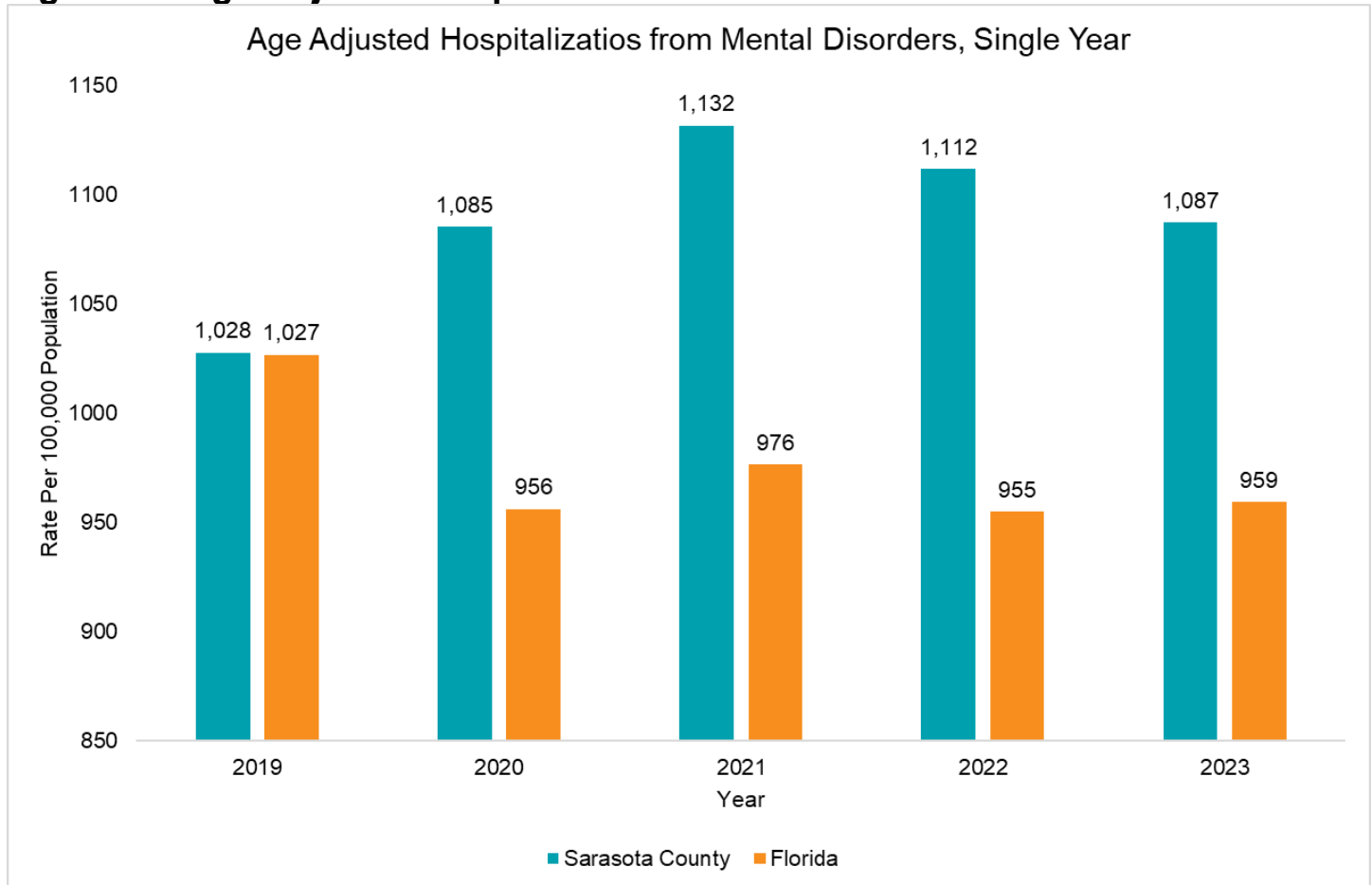
Source: Florida Agency for Healthcare Administration, 2023

In 2023, the age-adjusted rate per 100,000 of hospitalizations from mental disorders, except drug and alcohol-induced mental disorders in Sarasota County was 672 compared to Florida overall at 745. The rate for Blacks remained higher at 1,083 compared to both Whites at 606 and Hispanics at 335.

When people are in psychiatric distress, psychiatric beds are where they are admitted for treatment. The number of beds indicates the number of people who may potentially receive adult (age 18 and over) psychiatric care on an in-patient basis. Examining the number of professionals or facilities within a geographic area helps to focus on the availability of mental health care that community and its quality. In 2023 the rate per 100,000 of adult psychiatric beds in Sarasota County was 16.4 compared to Florida overall at 29.9. This is an upward trend over the past four years, up from 15.2 in 2019 for Sarasota County. When it comes to child and adolescent psychiatric bed availability, the rate per 100,000 in Sarasota County in 2023 was 4.8 compared to Florida at 3.1. However, this is a marked decline over the past four years, down from 8.2 in 2019.

In December 2023, Sarasota County welcomed the opening of the new 95,000 square foot, 3 story, 82 bed, Cornell Behavioral Health Center at Sarasota Memorial Hospital. This facility provides specialized behavioral health care for adolescent, geriatric, adult, and acute patient populations, replacing the outdated Bayside Center for Behavioral Health. The facility also offers both partial hospitalization and intensive outpatient program and houses the new Thrive 55+ Program for adults aged 55 and older. The table below shows the monthly adult inpatient admissions at Cornell for its inaugural year 2024.

Table 14: 2024 Cornell Adult Inpatient Report

Month	Admit Count	# of Baker Acts	Age > 65	Age 55-64	Homeless	Average Length of Stay
January	150	121	31	24	X	6.4
February	155	114	25	23	X	5.5
March	156	128	31	20	17	5.4
April	156	129	36	15	5	5.3
May	180	153	33	30	12	5.4
June	164	131	24	33	10	4.9
July	191	156	31	23	14	4.9
August	201	160	35	22	11	4.8
September	188	160	35	27	13	5.5
October	174	139	19	33	9	5.4
November	172	137	30	24	13	5.9
TOTALS	1887	1528	330	274	104	59.4

Source: Sarasota Memorial Health Care System, 2024

Lightshare Behavioral Wellness & Recovery in Sarasota operates a Behavioral Health Mobile Response Team, known as an MRT, and is a 24/7/365 Immediate Crisis Intervention Unit for youths, adults, and families who are experiencing a mental health or substance-use crisis. The goal of the MRT is to divert people in crisis away from busy emergency departments, to lessen trauma and prevent unnecessary hospitalizations. The MRT can dispatch a clinician to homes, healthcare facilities, doctor's offices, schools, or anywhere in the community where an individual is in immediate need of behavioral health support. To reach out, call 941- RECOVER or go to lightsharewellness.org to learn more.

The key to referring clients to programs and services that address mental health, is proper screening. One of the recommendations from the Mental Health Task Force Assessment and an objective from the 2020 Sarasota County CHIP was to identify the number of local programs/agencies conducting mental health screenings in the community and the type of screening tool(s) utilized by providers. The following table is a list of currently utilized mental health screening tools in use by local providers.

Table 15: Mental Health Screening Tools Utilized by Agencies in Sarasota County

Organization	Screening Tools	Notes
CenterPlace Health (FQHC)	• PHQ-9 • MFQ Parent report on Child (short version) • Generalized Anxiety Disorder (GAD-7)	• Reported a 12.7% increase in the number of clients who had a positive screen for some type of mental health concern from 2022 to 2023
Sarasota Memorial Hospital Cornell Behavioral Health Pavilion	• Columbia screening tool • Edinburgh Depression Tool • Geriatric Depression Scale (GDS)	• ED patients 12 years and older • OB patients • Thrive 55+
Operation PAR	• Global Assessment of Individual Needs (GAIN), Biopsychosocial Assessment tool	• state requirement for all Medication Assisted Treatment (MAT) programs within 15 days of admission
Centerstone	• Screening, Brief Intervention and Referral to Treatment (SBIRT) • PHQ9, DAST, AUDIT	• Mental health, substance use/alcohol, and tobacco screenings
Community Assisted Supported Living (CASL)	• Uprise Behavioral Health Index web-based assessment	• Permanent supportive housing client intake assessment

Source: Sarasota County Community Health Improvement Partnership, 2023

Suicide

Suicide is among the top 10 leading causes of death in the United States, resulting in about one death every 11 minutes. Additionally, suicide attempts result in an even larger number of non-fatal, intentional self-harm injuries. In the US, it is the second leading cause of death for people 10 to 34 years of age, the fourth leading cause among people 35 to 54 years of age, and the eighth leading cause among people 55 to 64 years of age.

In 2023, the age-adjusted rate per 100,000 population of *all* deaths from Suicide in Sarasota County was 19 compared to Florida at 14, displayed in Figure 68. In 2023, the rate per 100,000 population of Deaths from Suicide, ages 12-18 in Sarasota County was 4 compared to Florida at 6, shown in Figure 69. The rate per 100,000 population of deaths from suicide, ages 19-21 in Sarasota County was 9 compared to Florida at 10, shown in Figure 70. The rate was higher in the years 2020-2022.

Figure 68: Age-Adjusted Deaths from Suicide in Sarasota County and Florida
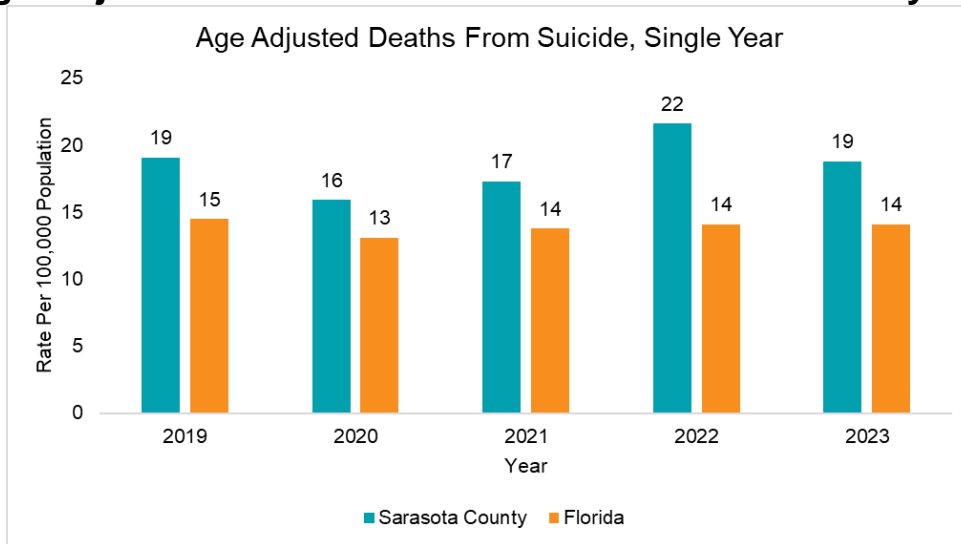
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Figure 69: Deaths from Suicide Ages 12-18 in Sarasota County
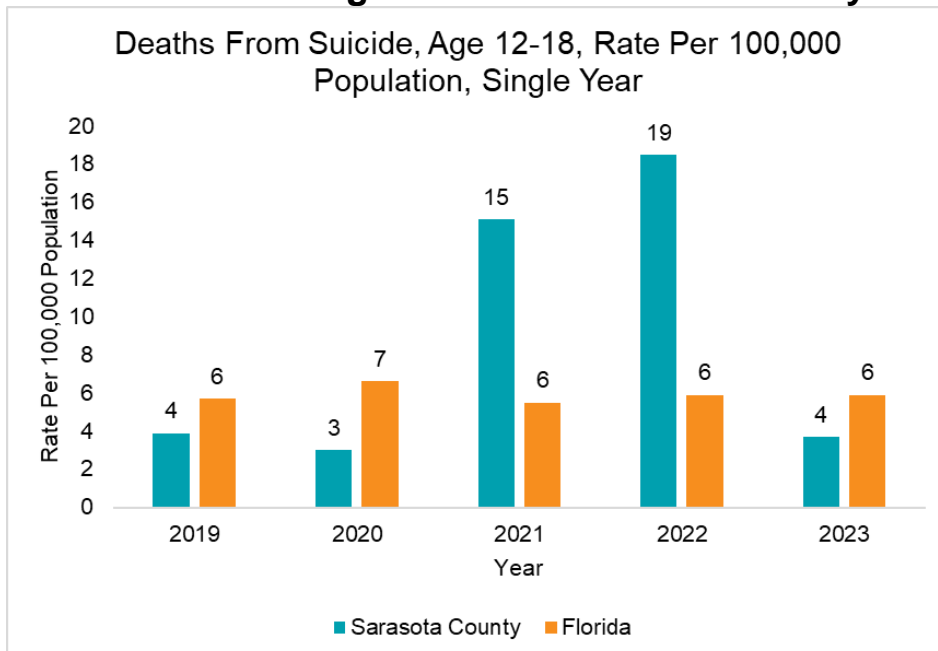
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Figure 70: Deaths from Suicide Ages 19-21 in Sarasota County

Deaths From Suicide, Age 19-21, Rate Per 100,000 Population, Single Year
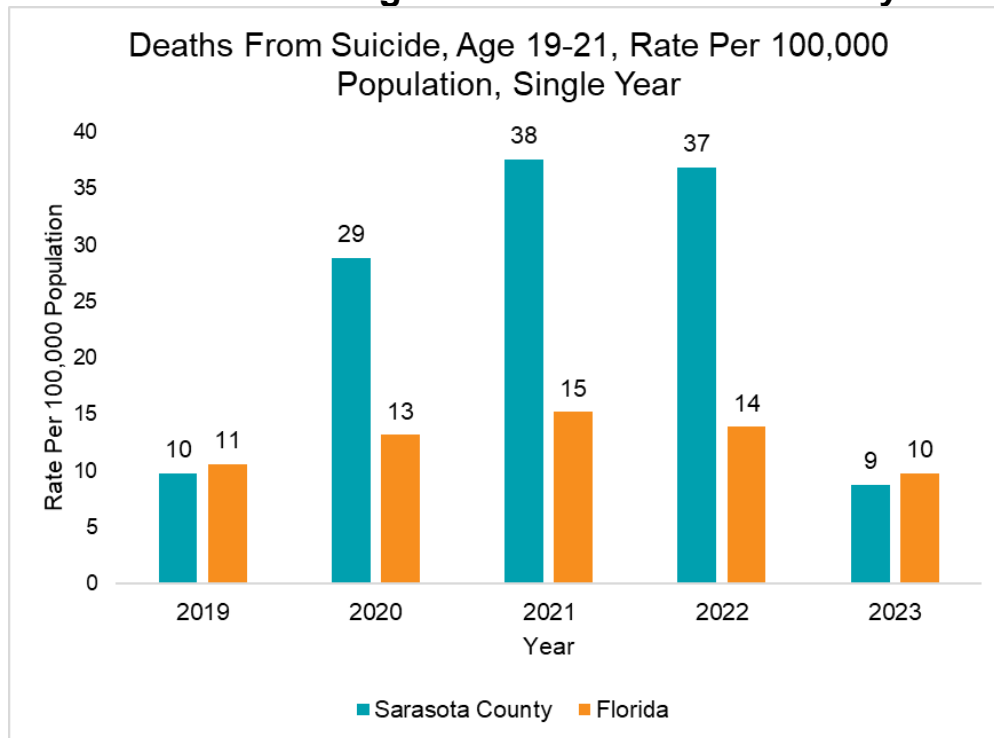
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Suicide among older adults is a growing concern, particularly in Sarasota County, where the suicide rate is 24 per 100,000 population, higher than the Florida state rate of 21 shown in Figure 71. This issue highlights the critical need to address factors like older adult isolation and mental health. When examining older adult suicide by race in Figure 72, Sarasota County shows a rate of 25 per 100,000 population among white residents, underscoring the importance of targeted mental health interventions and community support for this demographic.

Figure 71: Deaths from Suicide in Age 50 and Older in Sarasota County and Florida

Deaths From Suicide, Age 50 and Older, Rate Per 100,000 Population, Single Year
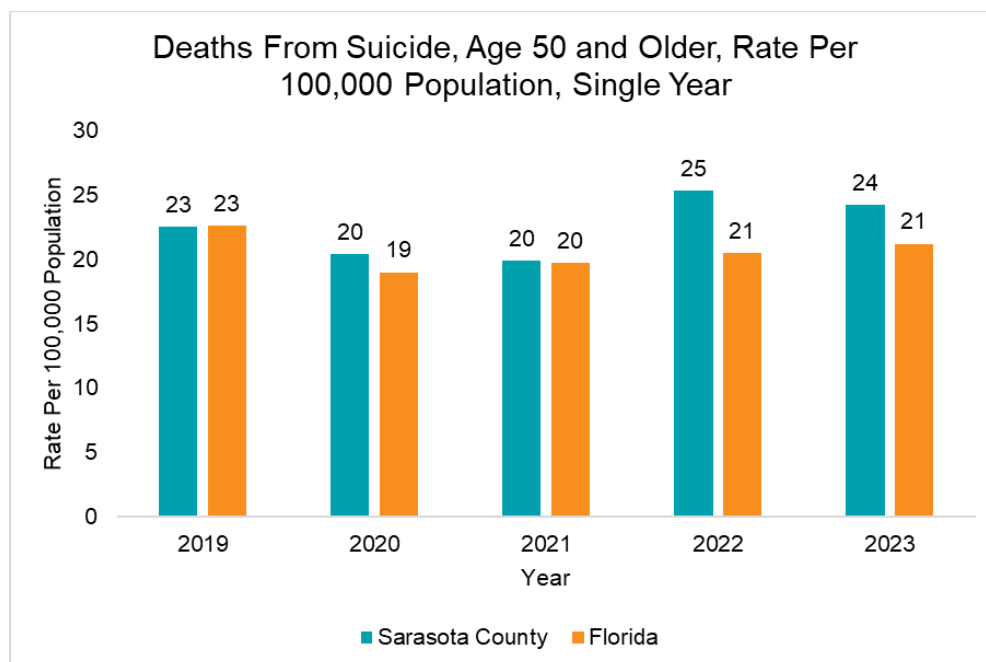
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

Figure 72: Deaths from Suicide Age 50 and Older by Race in Sarasota County

Deaths From Suicide by Race in Sarasota County, Age 50 and Older, Rate Per 100,000 Population, Single Year
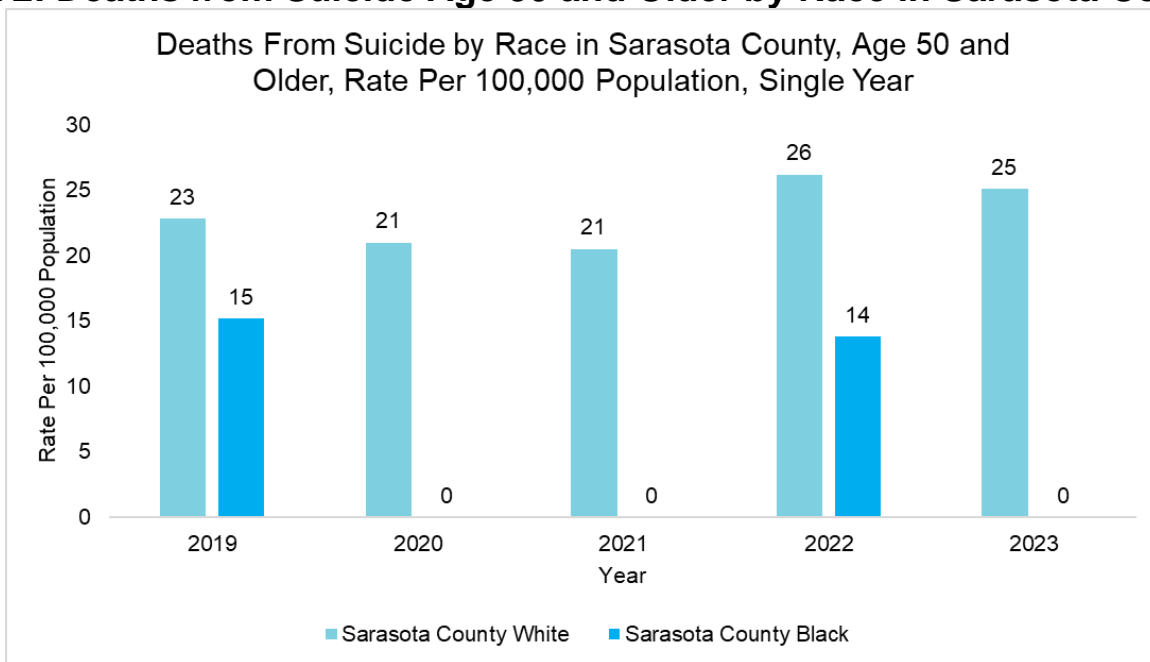
Source: Florida Department of Health, Bureau of Vital Statistics, 2023

In 2020, Congress designated the new 988 dialing code to operate through the existing National Suicide Prevention Lifeline's (1-800-273-8255) network of over 200 locally operated and funded crisis centers across the country. Branded as 988 suicide and crisis lifeline, this new number is much easier to remember when an individual is in crisis. In November 2024, all of the 988 centers across the country were required to take part in Vibrant's new Network Agreement. This agreement was created by Vibrant in an effort to standardize the expectations and performance of all of the 988 centers. When service and delivery are standardized, individuals can expect to receive the same level of service regardless of which center they reach when they contact 988. All standards are created and monitored with clinical best practices in mind.

In July 2022 the new national 988 suicide prevention hotline went into effect statewide and the number of (local) incoming calls to the regional hotline are monitored as implementation continues to unfold statewide. While still in the early stages of accurately routing, sorting, and capturing local call data, 988 continues to provide monthly updates to the Sarasota Behavioral Health Stakeholders Consortium on the most recent progress as the call data collecting and reporting process becomes more refined. Geo routing for 988 local calls began in September 2024 and is a recent example of how inbound 988 calls are received. Geo routing is a principle that relies on (physical) geographic position information. It is mainly utilized for wireless callers and based on the idea that the source sends a message to the (nearest) geographic location (988 call center) instead of using the network address. (if calling from a cell phone utilizing a 941-area code but residing out of state). This makes it easier and more efficient to assist and/or refer clients to the nearest available resources for those answering 988 calls. To learn more about 988 Lifeline, go to Connecting You To Hope & Help | First Contact

The table below provides 988 reporting data for Sarasota County for September – November 2024. Of note is the increase in total number of 988 calls, which highlights the improved ability to route calls more accurately to the nearest 988 call center using geo routing, and the number of persons that received access to emergency assistance during a crisis. Additionally, based on a recommendation from the Behavioral Health Stakeholders Consortium, a new reason for contacting 988 was recently added for our region to capture and enhance assistance if the caller identifies as either pregnant or

post-partum. This is especially important as a component of addressing and improving perinatal and post-partum mental health for women.

Table 16: 988 Lifeline Call Volume for 211 Tampa Bay Region (Sarasota), 2024

	Total 988 Calls Received	Sarasota Area Code 988 Calls	Physically Residing in Sarasota	Thoughts of Suicide	Active Suicide Attempt	Reason Called	Law Enforcement contacted
September	2,293	315	91	10	0	3 – Hurricane Helene	Once - voluntary
October	2,382	N/A	120	63	0	26 – Hurricane Milton	Twice – 1 voluntary; 1 involuntary
November	2,718	N/A	211	83	0	16 – Hurricane Milton	Six contacts – 5 voluntary; 1 involuntary

Source: 988 Florida Lifeline

Sarasota County remains committed to incorporating Healthy Brain Initiative (HBI) strategies across the Age-Friendly continuum to promote brain health for residents (especially for those living with cognitive impairment) and increasing support for caregivers who may also be at increased risk of suicide. In 2022, 63 percent of suicides in Sarasota County were people over age 50. This stage of life can be marked changes and sadness caused by an empty nest, loss of loved ones, mobility, and/or career. In 2023 Sarasota Memorial Hospital launched a new program, Thrive 55+, that offers both inpatient and outpatient services for people aged 55 and older struggling with suicide and other co-occurring mental health disorders. Thrive 55+ also serves caretakers of older adults, regardless of age, and helps clients overcome barriers to care such as lack of access, awareness, and even insurance. To learn more, visit Outpatient Behavioral Health.

FL LEADS is a statewide suicide prevention grant designed to help organizations identify the role they play in suicide prevention All FL LEADS strategies are modeled after the evidenced based, nationwide Zero Suicide initiative, SAMSHA, the Florida Behavioral Health Association, research teams at UCF and USF, and the FL LEADS Community Advisory Board of individuals who have personally experienced a suicidal crisis. FL LEADS offers training at every organizational level (leadership/administrators, direct care staff, layperson, advanced clinician). Courses offered include our Zero Suicide Workshop, Question Persuade Refer (QPR) Suicide Prevention Gatekeeper Training, Safety Planning for Suicide Prevention, LINC Care Coordination for Suicide Prevention, and Dialectical Behavioral Therapy training. To learn more, visit FL LEADS Project.

If you're in crisis there are people who can listen and help. You can chat one-to-one online at Crisis | Foundation 2 Crisis Center | Crisis prevention and intervention or for those with mental illness you can speak with peer operators who understand, contact THE CLEAR WARM LINE at 1-800-945-1355, 4:00 to 10 pm daily. You can also contact the NAMI Helpline at 1-800-950-NAMI (6264); or, in a crisis, text "NAMI" to 741741.

Perinatal Mental Health

The perinatal period is defined as the timeframe from pregnancy through the first year after birth. The perinatal period is a time of increased vulnerability to mental health issues for women, including post-partum depression. The implementation of screenings and referral for treatment is uniquely challenging for this population, as obstetricians (OB's) often do not have access to the resources they need to detect, assess, and/or manage perinatal mood or anxiety disorders.

In 2023, First 1000 Days Suncoast at Sarasota Memorial Hospital (SMH), the Healthy Start Coalition (HSC), and 10 other local non-profits launched the Perinatal Mental Health Coordination Hub (PMHCH) along with a circuit-wide marketing campaign promoting supporting mental health during pregnancy and the post-partum period. As part of this initiative, First 1,000 Days is working with SMH to implement routine mental health screenings for all OB/GYN patients and encouraging the use of the Edinburgh Depression Screening Tool by providers. The innovative project includes a safe space for parents struggling with mental health to reach out for assistance, as well as a mental health campaign to increase awareness about signs and symptoms of depression and anxiety.

In 2023 (the inaugural year) through the PMHCH, 55 individuals were linked to services. 78% reported an increase in social support, 93% had decreased perceived stress, 87% experienced increased concrete support, and the number of unhealthy physical and/or mental health days were reduced from 7.2 (thirty days prior to assistance) down to 1.9 (sixty days after assistance). The number of individuals reached through the public awareness campaign ads on reducing the stigma around mental illness during pregnancy and post-partum totaled over 117,000. And, through their work, First 1000 Days reports a 70% reduction in the odds of postpartum readmissions.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic life events experienced by a child under the age of eighteen that are shown to have a significant impact on a child and their future. These experiences include, but are not limited to, household instability, violence, substance use, mental health challenges, neglect, or abuse. Studies conclude that ACES are common, disparities exist across populations, and the more ACEs someone has, the more likely they will present with negative health and well-being outcomes later in life. Since the introduction of the original 10 ACEs, the concept has expanded with different types of ACEs, as shown in the diagram below.

Graphic 6: Types of ACEs
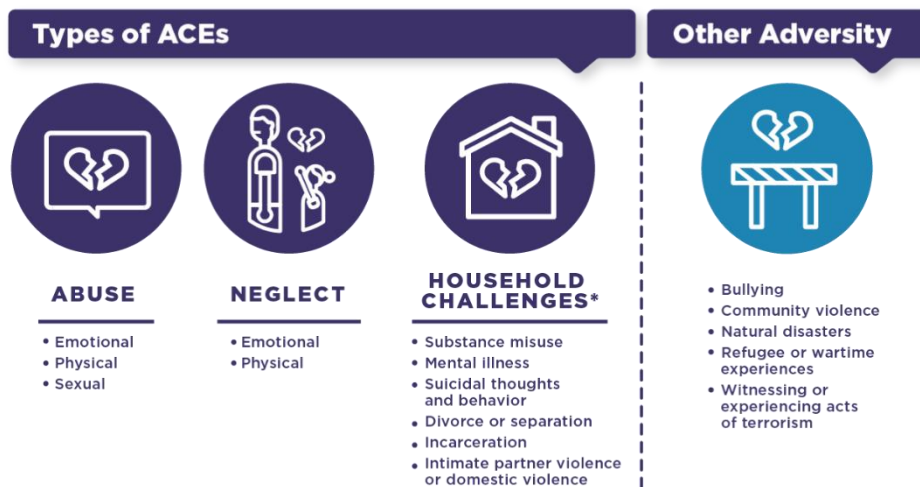
Source: Centers for Disease Control and Prevention, 2021

In the United States, approximately two thirds of adults have experienced at least one ACE, and over 17% have experienced four or more ACEs. In Florida, 68% of adults report having experienced at least one ACE, with 21% experiencing four or more ACEs (BRFSS, 2022). According to the Florida Youth Substance Abuse Survey, Sarasota County high school students reported an average of 2.2 ACES, and 24% reported experiencing four or more ACEs. The two most common ACES experienced by Sarasota High School youth are parents being separated or divorced and mental illness in the household. Furthermore, consistent with ACEs research, high school youth with four or more ACEs had substantially higher substance use rates and poorer emotional and mental health.

Sarasota County Schools is dedicated to the mental health of students. As such, their Mental Health Assistance Plan for the 2024-2025 school year focuses on "a multi-tiered system of support(s) to deliver evidence-based mental health care assessments, diagnosis, intervention, treatment, and recovery services to students with, or at risk of, mental health or substance abuse diagnoses." To view the entire report, visit the 2024-2025 Sarasota County Mental Health Assistance Allocation Plan.

The school district can accomplish this, in part, by implementing evidence-based programs and guidelines that support youth mental health and combat substance use, in partnership with at least twenty community partners who help facilitate this plan. During the 2023-2024 school year, 94% of students referred to community based mental health providers received services with a total of 831 referrals made. Additionally, the district's student services mental health team diverted 94% of students from involuntary examinations and witnessed a 6% reduction in Suicide Risk Assessments.

Child and Family Well-being System

Florida's Child & Family Well-Being System, commonly referred to as the Child Welfare or Foster Care System, exists to keep children safe from abuse and/or neglect. The Department of Children and Families (DCF) is the primary agency responsible for child and family well-being in Florida and subcontracts direct service work to 17 community-based lead agencies across the state. In Sarasota County, the lead agency is Safe Children Coalition (SCC).

When someone suspects that a child is being abused or neglected, it is required that they generate an Abuse Report to DCF, and every person in Florida is a mandated reporter by law. Between July 1, 2023, and June 30, 2024, 323,024 calls were made to the Florida Abuse Hotline; 5,618 of those calls were about Sarasota children. 57%, or 3,204, of those Sarasota calls were accepted for a child protection investigation, less than the statewide acceptance rate of 64%.

DCF services determines whether an abuse report allegation can be verified or not, and if the child(ren) are safe or unsafe. If the child is safe and can remain in the home, the Safe Children Coalition (SCC) is able to offer Prevention and Diversion services. Between July 1, 2023, and June 30, 2024, 2,759 children received prevention or diversion services from SCC.

If a child is found to be unsafe, and the abuse report allegations are verified, the child is removed from the home and placed in out of home care, such as with a relative or in Foster Care. Between July 1, 2023, and June 30, 2024, 101 children were removed from homes in Sarasota County. The removal of a child from their home is a traumatic experience, especially for the child(ren), making it important that children remain in their homes with services if it is safe to do so. As such, between July 1, 2022, and June 30, 2024, SCC has served over 10 times as many children in prevention and diversion than were removed from their homes.

For those children who were removed, the top five reasons for removal were (1) substance misuse, (2) inadequate supervision, (3) physical abuse, (4) alcohol abuse, and (5) domestic violence.

For those children who must enter out of home care to remain safe, 43% of them were placed with relatives, 12% of them were placed with non-relatives (a coach, family friend, teacher, etc.), 19% of them were placed in family foster homes, and 11% of them were placed in residential treatment centers. As of the end of June 2024, 187 Children were in out of home care in Sarasota County. This represents a net decrease of 32% since the end of June 2022. Notably, removals have also decreased consistently over time, with an all-time high in 2015, to a ten year low in 2023.

The ages of children removed from homes is predominantly 0-5 years, with 51% of children removed being within this age bracket. However, even as child removals and the out of home care population is decreasing, there is a significant increase in children 12 years and older being removed, representing 24% of all removals between July 1, 2023, and June 30, 2024.

This trend is driven by youth 12 and older entering out of home care, not because of abuse or neglect, but because of abandonment, namely, their parents or caregivers have determined they can no longer care for the child because of the child's behaviors, most frequently related violence, or mental illness. The increase in this population of youth has resulted in significant strain on system resources and the outcomes for these youth does not improve once they enter out of home care.

Once a child enters out of home care, SCC and DCF are required to achieve permanency for the child in a timely and safe manner. Between July 1, 2023, and June 30, 2024, 37 children were reunified with their parents within 10 months of removal, 18 children entered a permanent guardianship with a relative or non-relative within 14 months of removal, 39 children were adopted with an average length of stay of 35 months, and 7 children turned 18 years old and thus "aged out" of foster care. Overall, 91% of children exited the system to a permanent home.

The primary goal of the Sarasota's Child & Family Well-Being System is to keep children safe, and if possible, keep children in their homes through prevention and diversion services. In summary, more than ten times as many children received prevention and diversion services in Sarasota than were removed from their homes in the past 2 years and removals are currently at a record low in recent history, with the exception being youth 12 years and older who are entering out of home care. The biggest challenge today is preventing older youth from entering foster care due to their behaviors.

In 2021, Sarasota's Community-Based Care (CBC) Lead Agency, the Safe Children Coalition (SCC), indicated that they were seeing a significant rise in children entering out of home care, not due to abuse or neglect, but due to a parent or caregiver's inability to cope or willful abandonment of a child (colloquially referred to as "Lockouts"). These children were almost exclusively adolescents and almost all of them had significant behavioral health challenges, ranging from debilitating mental health to violent and criminal behaviors. From 2015 – 2021, our Circuit averaged approximately 12 "Lockouts" per year; in FY 22-23, that rose to 32 Lockouts (a 250% Increase), and in FY 23-24 to 43 Lockouts (a 350% increase from 2021).

As a result of reported increasing problematic youth behaviors on multiple fronts, The Family Safety Alliance (FSA) hosted community discussions in September and November of 2023. The FSA serves as Circuit 12's Community Alliance as required by Florida Statute 20.19(5). Community Alliances were established as part of the Community-Based Care Initiative for child welfare by Florida Statute in 2000 under Title IV, Chapter 20.19 which governs DCF.

During these discussions, it was apparent that the Child & Family Well-Being System was not the only system being impacted by these rising youth behavioral health issues, but that the issues extended across systems, including the education system, law enforcement, and the behavioral health crisis response system. At its January 2024 meeting, the FSA collectively decided to form two community workgroups to address these ongoing issues, (1) focused on those youth currently in out of home care,

and (2) the other focused on preventing families and youth from escalating to behavioral health crisis in the first place. Both workgroups agreed upon a multi-faceted approach to the work that included elements of Public Health; a Trauma-Informed & Resilience Oriented Approach, that included Wraparound Initiative and System of Care principles to successfully address the needs of high-risk youth and their families by acknowledging the impact of trauma on individuals, promoting healing and empowerment, and fostering safer, more supportive environments for recovery and growth.

The suggested priority strategies for the Prevention Workgroup are shown below:

Suggested Priority Strategies
Prevention Workgroup

"How do we prevent youth and families from escalating to crisis in the first place?"

Strategy 1: Implement High Fidelity Wraparound.
- Specialized High Fidelity Wraparound Team(s).
- Increase Caregiver participation in youth services.
- Build Flexible Funding Capacity.

Strategy 2: Increase availability of peer supporters throughout the system that emphasize building on family strengths, active engagement of parent, youth, and kin, and improved systems navigation. This includes ensuring adequate resources are available for training, organizational support, and certification of peers.
- Increase family support programs to decrease formal system involvement.
- Peers in more front-end capacity (initial hospitalization, initial arrest, etc.).
- Parent Support/Advocacy – Parent as partner (parent voice), advocate engaged before. discharge from CSU/JAC and before YAR staffing (i.e. any point a child touches the BH system).

Strategy 3: Dedicated physical spaces for community respite and care services for youth and caregivers on a planned basis, or in times of crisis or emergency situations.
- Partial Hospitalization Program (PHP)/Day Program.
- Family Resource Center(s)/Drop-in Center(s).
- In-Home Day Support.

Strategy 4: Universal behavioral health screening for children, starting early.
- For Fetal Alcohol Spectrum Disorder (FASD), Developmental Delays, Substance Exposure, etc.
- Training for identification & screenings across systems (i.e. Pediatricians, Early Learning, etc.).
- Education to Community & Providers on importance and impact of early screening.

Strategy 5: No wrong door to access continuum of care including immediate and interim access to services while waiting for additional resources (i.e. wait list) by building capacity, warm referrals and handoffs between providers and organizations, and a universal road map/decision tree to assist with navigating services at varying levels of intensity.
- Once Identified, immediate case management/family navigation, preferrable with capacity for in-home.
- Increase Array and therefore options of services, including Non-Clinical Services.
- Enhancement of Community Action Treatment (CAT) Teams and Youth at Risk (YAR) Staffings.

FSA Workgroups Executive Summary

The suggested priority strategies from the Intervention/Treatment Workgroup are shown below:

Suggested Priority Strategies
Intervention/Treatment Workgroup
"What do we do with and for the youth already in out of home care, their families, and the staff working with them?"

Strategy 1: Implement High Fidelity Wraparound approach specifically for high acuity youth in out of home care. Foster a youth-centric approach to decision-making by incorporating youth voice, choice, and perspective, encouraging strengths-based individualized case discussions, and cultivating natural supports for the youth. This approach includes working with cross-systems community partners to establish points of contact and facilitate communication on co-involved children, meeting routinely to discuss specific cases, and collaboration across disciplines to streamline processes and remove barriers to receiving timely, necessary services and supports for children, youth, and families.
- Include Youth in decision making and in Multi-Disciplinary Team (Nothing About us Without Us).
- Individualized Case Discussions that explore all options, including informal, non-traditional & natural supports; address socio-economic supports.
- Enhance Youth's feeling of belonging with family.

Strategy 2: Expand peer support capacity across diverse age groups and lived experiences, including addressing background check barriers to hiring peers, fostering innovative peer approaches, and facilitating community connections and natural supports.
- Youth/Young Adult Peers.
- Family Peers for permanency families and Out of Home Care peers Foster Parents and Relatives.
- On site Peer Support for staff.

Strategy 3: Create one or multiple dedicated physical spaces for youth to connect and receive compassionate, empathetic support such as community crisis/respite beds and/or a drop-in center/day program for youth.
- Extra-Curricular Connections in Community.
- Location for youth to convene and connect with each other that includes formal/informal peer support and formal/informal services; Extra-Curricular Connections in Community.
- Changing the setting of the healing space (i.e., not institutional).
- Provide opportunity for youth to convene as a group – part advocacy, part support (Leadership or Advocacy "Board").

Strategy 4: Develop a policy and procedure to address physical safety concerns of caregivers that may involve providing security items or training in de-escalation and highly individualized safety planning with caregivers specific to the needs of the family to return children safely to the community, either to their parents or another caregiver.
- Safety Planning with youth & family to safely return youth home.
- Ensuring that the family has adequate training and support around the youth's behaviors.
- Trauma and Resilience focused team approach.

FSA Workgroups Executive Summary

The National Alliance on Mental Illness (NAMI) Parents for Parents (P4P) program is a valuable intervention supporting families in the dependency court system. This program pairs parents navigating the child welfare system with trained parent partners (peers) who have successfully reunited with their children. Parent partners provide ongoing peer support, help families build natural support systems, and teach essential advocacy, resiliency, and recovery skills. They also connect parents with vital community resources, reducing stigma and fostering empowerment. Additionally, the program offers support groups and educational classes such as *Dependency 101*, which guides parents through the child welfare system and case plan requirements.

To learn more about the H.O.P.E. Support Group or connect with a P4P partner, visit Parents for Parents. Table 17 below highlights P4P interventions for 2023 and year-to-date 2024 in Sarasota County.

Table 17: Sarasota County Parents for Parents Program Outcomes 2023-2024

	2023	2024
Sarasota Enrollments	157	114
Dependency 101 Class	90	88
Mentoring Sessions	940	1,334

Source: NAMI Sarasota, 2024

Youth Behavioral Health Trends

Youth mental health is influenced by many factors, including ACEs. Qualitative data responses from a key informant interview about the recent behavioral health trends seen among youth in a local clinical setting include a significant increase in polysubstance abuse. This is commonly reported in youth who've experienced multi-generational substance use disorder at home and is typically compounded by trauma and intergenerational trauma. The interviewee noted that youth increasingly report feeling overwhelmed and lack healthy coping skills, resorting to self-harm and/or suicidal ideation.

Family conflict and poor communication between youth and their guardians contribute to escalating aggression, anger, and violence towards parents, teachers, and siblings, particularly around limit setting, cell phone, and tablet use. Youth report frequent instances of social media bullying, leading to anxiety and school avoidance. Primary guardians (including grandparents) report feeling overwhelmed and sometimes lack effective parenting skills and strategies to deal with this type of mood dysregulation. Providers find it challenging to engage a parent or guardian who is themselves overwhelmed, and often families are not compliant with after care plans for youth due to either lack of time, cost, or transportation.

Common diagnoses in the past year for both outpatient inpatient psychiatric admissions for youth in Sarasota are significant for mood dysregulation, impulse control, major depression, polysubstance, conduct disorder, anxiety, ADHD, family relational problems, bipolar type II, disruptive behavior disorder, & PTSD. And, approximately, 10% of youth admissions at Cornell Behavioral Health have a psychosis disorder. In 2023, SMH's (formerly Bayside) Cornell Behavioral Health's adolescent contacts totaled 803, and year to date January – November 2024, there have been 752 adolescent admissions. Table 18 below shows the number of youth/adolescent contacts for Centerstone's CAT and YARS teams.

Table 18: Centerstone's Children's Community Action Team and Youth at Risk Staffing Team Services

	July 2022 – June 2023	July 2023 – June 2024
Centerstone Community Action Team (CAT)	190 total 113 Sarasota families served	189 total 108 Sarasota families served
	August 2022 – May 2023	August 2023 – May 2024
Youth at Risk (YAR) Staffing Team	46 YAR referrals received	95 YAR referrals received

Source: Centerstone, 2024

Centerstone's Children's Community Action Treatment (CAT) Team serves families with children 11-18, with expanded services to age 21. Youth served may have emotional and/or challenges with alcohol and drugs. The Centerstone CAT Team provides families with support for youth with multiple needs. By utilizing a holistic approach, the CAT Team arranges or provides all services needed such as counseling, medication therapy, psychological testing and respite services. Individual and family therapy meets each family's concerns. The CAT Team is available on-call to families 24/7 and 365 days a year.

Youth Voices in the Community

In the face of so many stressors on youth, having and building resiliency is important to help maintain good mental health. Building resiliency helps improve personal coping tools to deal with frustrations and adversities, manage challenges and achieve goals without burning out, and adapt to change(s). In Spring of 2024 a resiliency skill building workshop was held at Sarasota Boys and Girls Club locations, sponsored by Sunshine from Darkness and presented by Herrera Psychology. Sunshine from Darkness is dedicated to helping community youth improve coping skills and resiliency. In 2023, Sunshine from Darkness announced, "The Blue Door Initiative," a youth pilot program and first pillar of the initiative. The program entailed a five-day workshop that focused on stress management and calming techniques, communication skills, and creative journaling techniques to express and manage feelings.

To view the watch the workshop video, visit SUNSHINE TO DARKNESS Kids Testimonials. To learn more about the Blue Door Initiative, visit The Blue Door | Sunshine from Darkness.

Beginning in Summer 2021, NAMI Sarasota and Manatee Counties opened their peer-led and member driven Wellness Drop-In Centers, YANA Sarasota, in both North and South Sarasota. YANA, an acronym for "You Are Not Alone," aligns with the mission and values of NAMI Sarasota and Manatee Counties. It's a safe space for adults 18 and over who are facing mental health challenges. Individuals can become members of a nurturing, non-judgmental environment where they can find a sense of community. YANA Sarasota emphasizes collaboration among members and peer-staff, working together to tailor program activities that resonates with each participant's unique path to mental wellness and recovery. To learn more about YANA Sarasota and view the calendars, go to YANA (You are Not Alone) Sarasota Wellness Drop-in Centers - NAMI Sarasota and Manatee Counties

Youth Move Suncoast is a youth-driven Sarasota Chapter dedicated to improving services and systems that support positive growth and development by uniting the voices of those who have lived experience in various systems including mental health, juvenile justice, education, and child welfare. Through NAMI Sarasota and Manatee counties, Youth MOVE Suncoast is committed to developing safe space for youth and young adults to connect in a supportive environment which addresses issues they feel are important for community building and leadership. They host events, presentations, youth meet ups at YANA, support groups, and activities. To learn more and view the

monthly newsletter or calendar go to Youth MOVE Suncoast - NAMI Sarasota and Manatee Counties.

In the Spring of 2023, Youth MOVE Suncoast partnered with University of South Florida to create the Photovoice project, where youth and young adults used photography to capture how the community supports or neglects mental health. Photovoice is a method that uses images and photographs to record and reflect a community's strengths and concerns, promoting dialogue and raising knowledge about important issues. The photovoice graphic below highlights the concerns and supports that affect mental health as identified through the USF photovoice project.

Graphic 7: Youth Move Suncoast Photovoice

The initiative resulted in a list of concerns (or barriers) that young adults and youth face, including affordable living, disability accessibility, livable wages and more. They also expressed concerns including, but not limited to stress and burnout, feeling powerless, the stress of school, and substance abuse. They identified the need in the community for more spaces, different transportation options, downtime, respect when discussing different opinions and more. The activity also resulted in a long list of support activities that would help with their mental well-being, including more cost-effective activities, music and art, LBGTQ+ friendly/safe places, games, mentorships, the ability to meet new people, and the ability to help more people understand their needs. The graphics below highlight the outcomes of the Youth Move Suncoast photovoice project.

Realizing the range of issues faced, Youth MOVE Suncoast created Elevating Youth Voices, a workgroup of youth representatives working together to address community issues from their perspective(s) with support from local organizations.

While many organizations directly serve youth in the community, few offer autonomous, youth-ran programs and advisory boards that empower youth to envision a future where they are the leaders, advocates, and designers of healthy, inclusive communities.

Initiatives like Elevating Youth Voices is helping to close the gap between youth support and leadership. Programs and advisory boards run by and for youth and young adults who've personally experienced behavioral health challenges are crucial, because they themselves are knowledgeable and familiar with

the strengths and limitations of existing services and systems. Elevating Youth Voices community representatives have identified three areas where they believe growth is needed. These include (1) increasing education about and conversations around mental health, (2) encouraging young people's engagement and commitment to better the community, and (3) prioritizing the work/life/school balance and well-being of youth and young adults.

Supporting the visions identified by youth through Elevating Youth Voices also serves to builds confidence and self-esteem for young people to engage in more change-making roles and activities. Through these opportunities, young people will learn new organizational skills, communication and group skills, and employment-related skills with the help community partner organizations. For more information about Youth MOVE Suncoast or the Elevating Voices Workgroup, follow the chapter on Instagram @YMSUNCOAST.

Older Adult Health

Older adult health is a critical focus area for Sarasota County, where approximately 37% of the population is aged 65 and older. As the fastest-growing demographic in the nation, older adults have unique health needs that require careful attention in health planning efforts. Addressing issues such as healthy aging, brain health, mental health, social isolation, and access to supportive services is essential to ensuring a high quality of life for this population. Recognizing these needs allows for the development of targeted strategies that promote healthy aging and well-being within the community.

Age-Friendly Sarasota

In 2015, Sarasota County became Florida's first community to join the World Health Organization's (WHO) Global Network of Age-Friendly Cities and Communities and the AARP Network of Age-Friendly Communities. This designation highlights Sarasota's continued commitment to raising awareness and considering age-friendly elements when considering health policy and planning decisions.

Sarasota Memorial Hospital followed suit in 2019 when it was designated as an Age-Friendly Health System, and the Florida Department of Health in Sarasota County was the first local health department in the nation to receive recognition as an Age-Friendly Public Health System by Trust for America's Health.

Each year an AARP Livable Communities Age-Friendly Community Survey is distributed in Sarasota to learn what people aged 50 and older think about where they live. 2023 Sarasota County Age-Friendly survey respondents indicated reported they are concerned about Alzheimer's Disease, Dementia, and Falls. The following sections take a closer look at each topic.

Brain Health

As we age, cognitive changes can interfere with one's perception, thinking, outlook, ability to cope, and function. Leading health indicators such as suicide and binge drinking among older adults can also be influenced by brain health. By addressing brain health across the lifespan, one can improve resiliency, physical activity, social connections, emotional well-being, sleep, cognitive ability, and overall general health, helping to reduce incidents of Alzheimer's and Dementia.

By 2030, the World Health Organization estimates that half of the worldwide economic impact of disability will be due specifically to brain-related disability. Approximately one in ten U.S. adults over the age of 65 has dementia while another 22% have some form of mild cognitive impairment.

Healthy Brain Initiative
In 2021 Sarasota County Health and Human Services (HHS) staff partnered with the Department of Health in Sarasota County on the Healthy Brain Roadmap Strategist program. Sarasota was selected as one of the inaugural cohorts for this initiative supported by the Alzheimer's Association and the National Association of County and City Health Officials (NACCHO). Training and technical assistance was provided to:
- Develop expertise in Alzheimer's and dementia from a life-course perspective.
- Educate local community and health professionals.
- Provide local leadership in prioritizing and coordinating, implementing, and coordinating actions related to the initiative.

Through the work on the Healthy Brain Roadmap Strategist initiative, it was decided to expand the scope of the work to include all sectors of the community. Twenty agency leaders, stakeholders and health providers convened to discuss brain health across the life span. Key themes included:

- A sense of purpose and control is vital to brain health.
- The built environment can have a significant impact.
- Social connections across the lifespan are critical.
- Physical activity should be a focus on any next steps.
- It is never too early or too late to address brain health.
- Brain health can be impacted by adverse childhood experiences and ongoing socio-economic barriers.

Stakeholders and staff convened the Healthy Brain Round Table in May 2022 to focus on issues related to brain health, introduce the Brain Health Initiative, and discuss common threads to promote brain health throughout the lifespan. Utilizing data and information gleaned from the Sarasota County CHIP, Brain Health Initiative, and the Age-Friendly Action Plan, the Healthy Brain Across the Lifespan Guide was created and published for distribution in the community to help improve awareness about the basic fundamentals to promoting good brain health.

Dementia Care & Cure Initiative
The Dementia Care & Cure Initiative (DCCI) was introduced by the Florida Department of Elder Affairs in 2015. The DCCI is a statewide effort for communities to become more dementia friendly through awareness and education which welcomes and supports those diagnosed with Alzheimer's and related dementias, their families, and caregivers.

With approximately 580,000 individuals currently living with Alzheimer's disease, Florida has the second highest incidence of Alzheimer's in the nation and is expected to climb to 720,000 by 2025. This number does not include individuals living with another form of dementia or those who provide (unpaid) care for a loved one with dementia or Alzheimer's.

In collaboration with Florida's Area Agencies on Aging and Memory Disorder Clinics, Sarasota County has one of only 16 DCCI Task Forces in the State of Florida. The Sarasota DCCI Task Force has been working in the community since 2018, with dedicated staff and volunteers who educate community organizations, business, non-profits, and government, on the 3A's of DCCI, which include:

- **Awareness:** Increase awareness of dementia, services and supports through educational events, the media and joint efforts with community leadership and stakeholders including partnering state agencies.
- **Assistance:** Provide assistance to dementia-caring communities supported by the Florida Department of Elder Affairs to produce and implement community-specific action-oriented plans like the State Health Improvement Plan, Age-Friendly Action Plan and the Community Health Improvement Plan.
- **Advocacy:** Supporting programs that care for both those diagnosed with dementia and caregivers, as well as research efforts that work toward finding a cure.

Through the DCCI, 1,053 individuals have been trained at 71 different locations across Sarasota from July 2022 through June 2023. To learn more about the Dementia Care and Cure Initiative, visit Dementia Care & Cure Initiative - DOEA

Brain Health 101 Workshop

As part of promoting brain health in older adults, Brain Health 101 workshops are offered by DOH-Sarasota that dispels myths about the brain and brain function, specifically through the foundational concept of neuroplasticity. Neuroplasticity refers to the ability of the brain to constantly learn, grow, and adapt, throughout the lifespan. This workshop is for older adults who want to learn more about the brain and how to reduce the risk of dementia and/or cognitive decline and describes brain activation alternatives to help stimulate the mind. Workshop participants learn how the nervous system functions, including the anatomy of the brain and the main functions of each part, the different types of fuel necessary for optimized performance, and novel ways to activate areas of the brain responsible for memory.

Alzheimer's Disease & Dementia

Alzheimer's disease is a progressive, neurodegenerative brain disease that affects memory, thinking, and behavior and is the most common cause of dementia. According to the Alzheimer's Association, Sarasota County has rates of probable Alzheimer's cases in those aged 65 and older at 12%, slightly higher than the State average of 11.0%, and is one of six (6) Florida counties with a rate at or above 12%, shown in Figure 73. In 2023, the age-adjusted rate per 1000,00 of emergency department visits from Alzheimer's disease in Sarasota County was 2 compared to Florida overall at 3 and is slightly higher for Blacks and Hispanics compared to Whites. Similarly, the age-adjusted rate per 100,000 of hospitalizations from Alzheimer's in Sarasota County was 4 compared to Florida at 5. Despite this, the rate of probable Alzheimer's cases and deaths from Alzheimer's in Sarasota overall have both been steadily declining since 2018, shown in Figure 74.

Figure 73: Probable Alzheimer's Cases, Aged 65 and Older, in Sarasota County and Florida
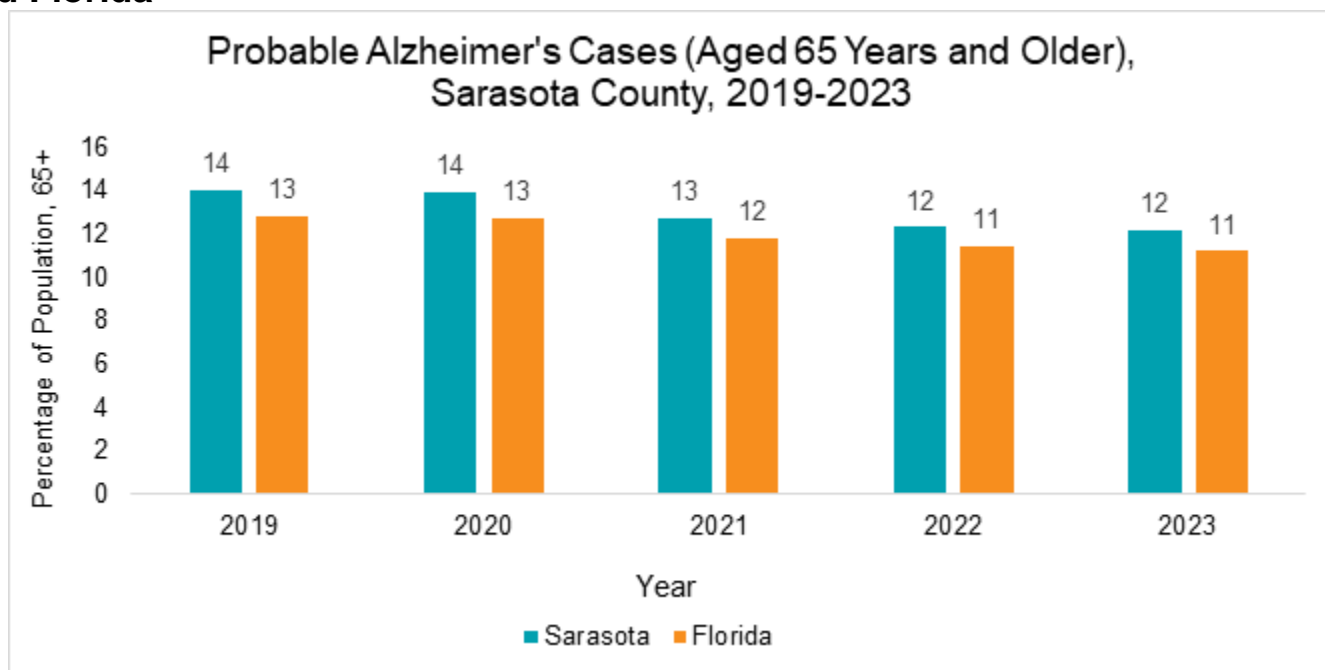
Source: Alzheimer's Association, 2023

Figure 74: Age-Adjusted Deaths Due to Alzheimer's Disease in Sarasota County and Florida
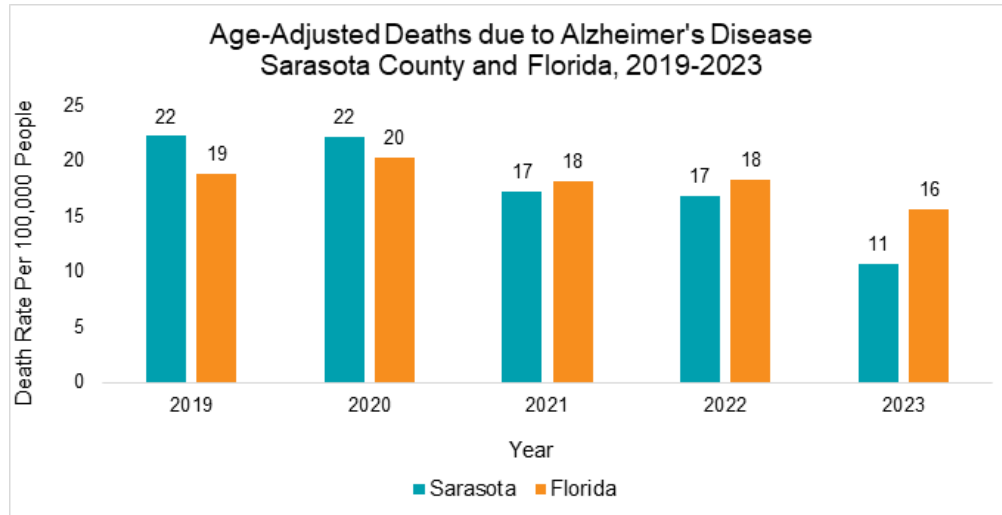
Source: Florida Agency for Healthcare Administration, 2023

The greatest known risk factor for Alzheimer's is increasing age, and most people with Alzheimer's are 65 and older. Higher rates of Alzheimer's in Sarasota County could be attributed to its' ranking as third among Florida counties by percent of population aged 65 and older at 36%. According to the U.S. Census, 38% of the population in Sarasota is comprised of adults aged 65 or older, which outpaces the State of Florida at 22% and the U.S. nationally at 17%.

Dementia is another condition that causes individuals to have difficulty with certain brain functions, including thinking, memory, and reasoning. Organic dementia includes vascular dementia and unspecified dementia but excludes Alzheimer's disease or dementia caused by other diseases or substances. People living with dementia are more likely to be older, have lower levels of education, and are more likely to be black or Hispanic, with both men and women experiencing similar rates of dementia and cognitive impairment. The rate of hospitalizations from Organic Dementia in Sarasota County is 8 compared to Florida at 11 overall.

Figure 75: Age-Adjusted Hospitalizations from Organic Dementia in Sarasota County and Florida
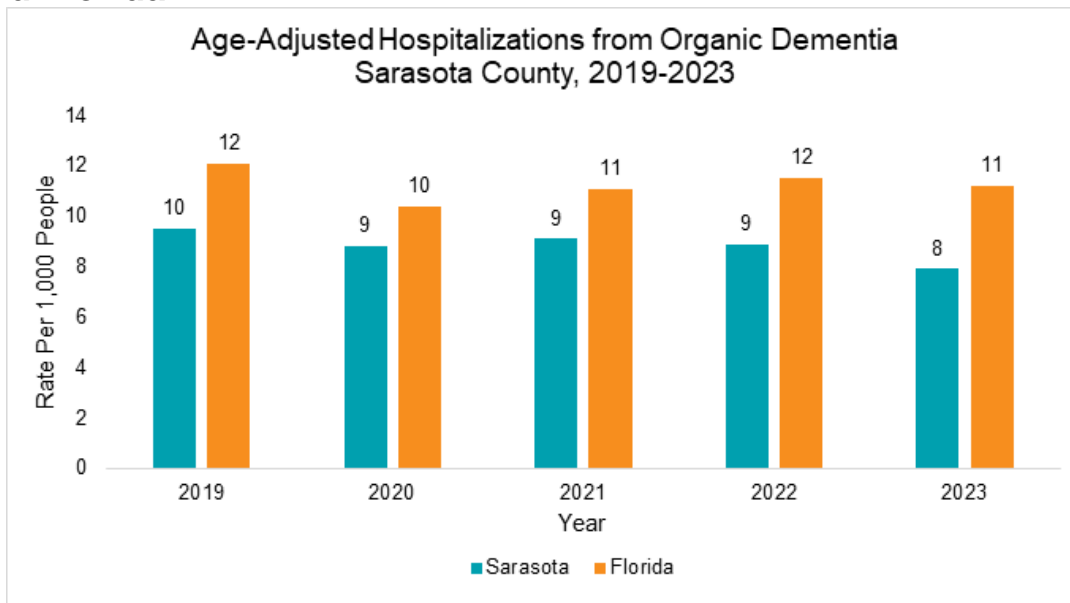
Source: Florida Agency for Healthcare Administration, 2023

Overweight and Obesity

Sarasota County's 2024 Community Health Survey results revealed that obesity was among the top ten health concerns identified by Sarasota County residents. Additionally, citizens felt being overweight was the fifth most unhealthy behavior, led by unhealthy eating habits as the third most reported unhealthy behavior. While not technically a chronic disease, obesity is a risk factor and co-occurs alongside many chronic diseases such as diabetes and heart disease.

Obesity and being overweight are both defined as being at a higher weight and body mass index (BMI) at a given height than what is considered healthy. For adults, a person with a BMI of 25-29.9 is considered overweight, while a person with a BMI over 30 is obese. According to the CDC, in the U.S. more than 2.5 million adults are obese, and obesity-related medical and economic costs exceed 1.4 trillion dollars annually. This is compounded by the fact that adults with obesity often experience other co-occurring chronic health conditions, including type II diabetes and heart disease. Obesity affects some groups more than others, including non-Hispanic Black adults and adults with lower education levels.

Many factors can influence becoming overweight or obese; however, most are preventable. Such factors can include overconsuming daily caloric needs, overconsumption of processed foods and added sugars, underconsumption of fibrous foods such as fruits and vegetables, and lack of daily physical activity. Stress and lack of sleep have also been linked to an obesity risk because these factors can increase levels of the hormone cortisol in the body, which can increase hunger at higher levels.

Obesity is a health issue that affects people across all sociodemographic areas. This may be due in part to ease of access to less healthy, processed foods and many people having jobs or lifestyles that are mostly sedentary and oftentimes busy. Over time, a steady increase in consumption of convenience and processed foods and decreased intake of whole foods along with lack of physical activity have led to a dramatic rise in overweight and obesity rates in recent decades.

While processed foods are often easily accessible and relatively affordable for most, the same may not always be true for unprocessed whole foods. The 2024 Sarasota County Community Health Survey results also revealed that access to low-cost, healthy foods was the second most important factor that residents felt contribute to a healthy community. This is especially a concern for individual's residing in low-income communities less access to fresh and whole foods.

According to the CDC, fewer than one in ten adults and children consume the recommended servings of fruits and vegetables per day. Furthermore, fewer than one in ten adults and children meet the physical activity guidelines of at least 150 minutes of aerobic activity per week. In Florida, 11.3% of high school students reported not eating vegetables on the Florida High School Youth Risk Behaviors Survey. Avoiding these risk factors can not only reduce one's risk of becoming overweight but also the risk of developing many other chronic diseases for which obesity is a known precursor.

Each year, the Florida School Health Programs must provide health screenings to students in grades 1st, 3rd, 6th, and 9th (optional). These required screenings include screening for body mass index. In Table, the BMI rates for Sarasota County school-aged youth are shown. For the 2023-2024 school year, 65% of students are at a healthy weight.

Table 19: BMI Screening Results for Sarasota County Students by School Year

BMI Screening Result	2020-2021	2021-2022	2022-2023	2023-2024
Healthy Weight	4,576	5,642	5,967	5,684
Underweight	260	287	286	428
Overweight	1,351	1,575	1,573	1,273
Obese	1,620	1,789	1,887	1,395
Total	7,807	9,293	9,713	8,780

Source: Florida Department of Health in Sarasota County, 2024

Overweight and obesity rates continue to rise both locally and nationally. The state of Florida's obesity rate has gone from 27% in 2019 to 31.6% in 2022. In Figure 76, the percentage of adults who are overweight is shown with the most recent data available. In Sarasota County, 40% of the population are currently overweight per 2019 In Florida, the BRFSS data is collected at the state level each year, and it is collected at the county level every three years. At the time of this report, county level data for 2022 is not available.

Figure 76: Adults Who Are Overweight in Sarasota County and Florida
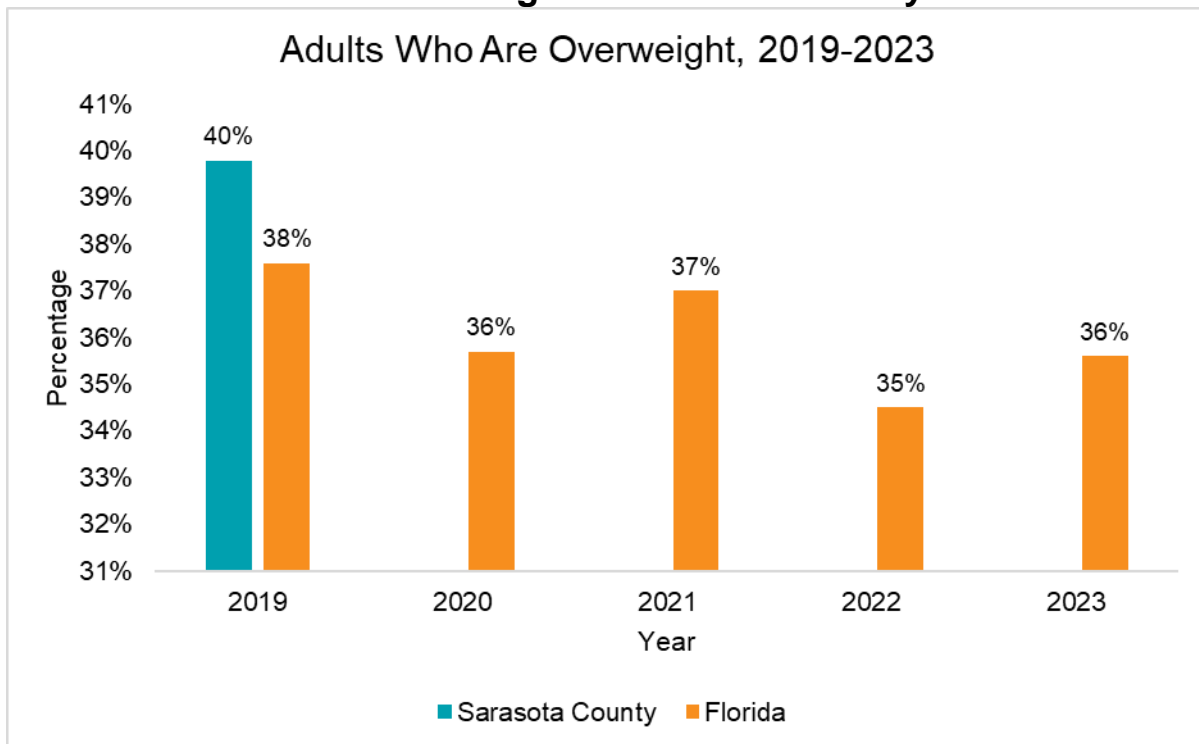
Source: Florida Behavioral Risk Factor Surveillance System, 2023

Unintentional Injuries

Unintentional injury is injury not intended as self-harm or as intentional harm to another person, The 2017 (most current national injury data), Florida age-adjusted injury rate for all injuries was 8% higher than the national average and 13% percent higher than the national average for *unintentional injuries*. Compared with the nation's six most populous states, Florida's injury death rates were highest in the following categories: motor vehicle injuries, falls, drowning, pedestrian, and pedal cyclist.

In 2023, the age-adjusted rate per 100,000 population of deaths from unintentional Injury in Sarasota County was 64.1 compared to Florida at 63.9. The table below lists the 2022 unintentional death rates per 100,000 of the population for each type of specific unintentional injury for Sarasota County compared to Florida.

Table 20: Unintentional Injury Death Rate by Mechanism in Sarasota County and Florida

Unintentional Injury by Mechanism	Sarasota County Rate	Florida Rate
Drowning	1.25	2.12
Falls	8.1	12.2
Firearms	0.0	0.1
MV- Pedal Cyclist	1.18	0.76
MV- Pedestrian	1.95	3.05
MV- Motorcyclist	3.92	3.15
MV- Occupant	6.16	6.40
Poisoning (including overdoses)	37.3	33.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2022

Unintentional Falls

According to the Sarasota County Age-Friendly Survey results, 58% indicated they were very concerned to extremely concerned about falls and 94% responded it was important to be able to remain in their own home as they aged.

Falls in older adults are the leading cause of death and disability from unintentional injury in people over the age of 65. Falls are also the leading cause of traumatic brain injury and hip fractures among older adults. Sarasota County ranks 4th in the state of Florida for the number of Emergency Room visits due to a fall with Venice, Englewood and North Port zip codes experiencing the highest fall rates. As such, Fall Prevention efforts are a top priority to help ensure the health and safety of the older adult population residing in Sarasota. Focusing on fall prevention not only helps reduce morbidity and mortality in older adults, but also helps them lead and maintain more independent lives to age safely in the community and homes they enjoy.

Graphic 8: Falls by Zip Code Ages 65 and Older in Sarasota County

Falls by Zip Code, ≥65
Sarasota County, FL
2017-2023
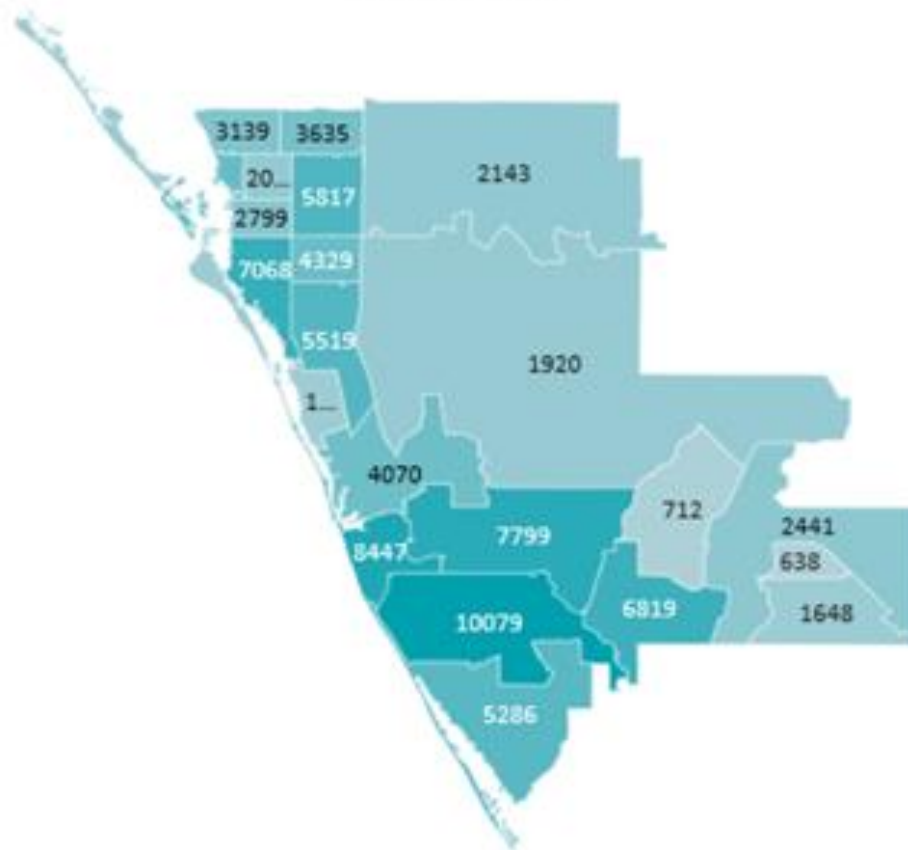
Source: Florida Department of Health in Sarasota County, 2023

In 2023, the-adjusted rate per 100,000 population of deaths from unintentional falls in Sarasota County was 9 compared to Florida overall at 12. Deaths from falls is higher in males than females across Sarasota County. However, when falls are examined by age, those rates increase significantly. In 2022, the rate per 100,000 population of deaths from unintentional falls in those aged 65 and older in Sarasota County was 62 compared to Florida at 81, and for those aged 85 and older, the rate increases to 122 per 100,000.

In comparison to fatalities from unintentional falls, the age-adjusted rate per 100,000 of emergency department visits from non-fatal unintentional falls in Sarasota County in 2023 was 2,123.0 compared to Florida at 2,502.0. Once again, rates are higher for non-Hispanics, and the rate for Blacks is much higher at 2,700.0 per 100,000 compared to Whites at 1,895.0. It is important to note that ED visits from unintentional falls was notably lower during the height of the pandemic in 2020 when fewer people were presenting to the emergency room and were also staying home and being less physically active (perhaps falling less). However, since then, the trend(s) has continued to rebound and even exceed pre-pandemic levels.

In 2023, the age-adjusted rate per 100,000 of hospitalizations from non-fatal unintentional falls in Sarasota County was 235.0 compared to Florida overall at 246.0. The rate once again is higher for

non-Hispanics at 231.0 compared to 167.0 for Hispanics, and, in contrast to ED visit rates, the hospitalization rate is higher for Whites at 228.0 compared to Blacks at 176.0 per 100,000.

It is estimated that over half of all falls can be prevented through education, early detection, and exercise. Utilizing best practices, the Florida Department of Health in Sarasota County and Sarasota County Aging Services have partnered to offer free, targeted, educational workshops and evidence-based fall prevention classes throughout the county with the goal of reducing emergency room visits due to a fall. DOH-Sarasota has a county-wide comprehensive fall prevention program that includes:

Fall Prevention 101: A dynamic, educational workshop that explains the different types of fall risk factors, explores potential solutions to reduce those risks, and offers sample exercises to do at home to increase strength. This workshop is also an introduction to the 8-week evidence-based fall prevention program, Matter of Balance.

Fall Prevention 102: A follow-up to the 101 workshop, Fall Prevention 102 was designed to teach the sensory components of balance and safe walking gait strategies. This workshop includes some more progressively challenging exercises from Stepping On; another evidence-based fall prevention program demonstrated to reduce fall risk by 33%.

Matter of Balance (MOB) Fall Prevention Program: This is an eight-week, evidence-based fall prevention program designed to reduce the fear of falling by building confidence through increased strength and flexibility. This small group class format is led by two trained MOB facilitators and implements different adult learning principles to empower participants to make safer choices, home safety modifications, and begin a regular activity routine at home. A guest speaker demonstrates how to get up from the floor after sustaining a fall.

Fall Prevention Coalition: Realizing the importance of creating a comprehensive approach to reducing falls, the Sarasota County Fall Prevention Coalition was established in 2024 to harness the collective efforts of all components involved in the prevention, treatment, and recovery from a fall. This includes participation by local Emergency Medical Services, hospital, rehabilitation hospital, and aging support services personnel to help develop and implement strategies and best practices for preventing falls.

SOCIAL VULNERABILITY

Social Vulnerability and Community Resilience

Socioeconomic factors impact not only health outcomes, but a community's ability to prepare for and recover from a natural disaster. Assessing two indicators, Social Vulnerability and Community Resilience, are essential not only for emergency planning, but to help guide community-based health initiatives. As it relates to this, 60% of 2024 Sarasota County Community Health Survey respondents reported they did not think there were sufficient networks of support and services for individuals and families during times of stress, need, and/or natural disaster.

Social vulnerability is comprised of demographic and socioeconomic indicators that affect how communities experience external stressors such as natural or man-made disasters and disease outbreaks. Social vulnerability is measured using the CDC's Social Vulnerability Index (SVI), which uses 16 U.S. census-derived variables to identify communities that need support before, during, or after disasters.

Understanding Sarasota County's social vulnerability and risk scores is crucial to identifying areas of greatest need, which in turn helps strengthen our community's resiliency efforts. Resiliency—the ability to anticipate, prepare for, and adapt to changing conditions—can mitigate the negative impacts of disasters and improve health outcomes over time. Using data to inform planning bolsters community efforts to address challenges such as flooding, extreme heat, drought, and other climate-related events.

Below is a graphic that lists the 16-variables grouped into four themes, when combined, provide a single measure of a community's overall social vulnerability.

Graphic 9: Social Vulnerability Index Variables Grouped into Four Themes
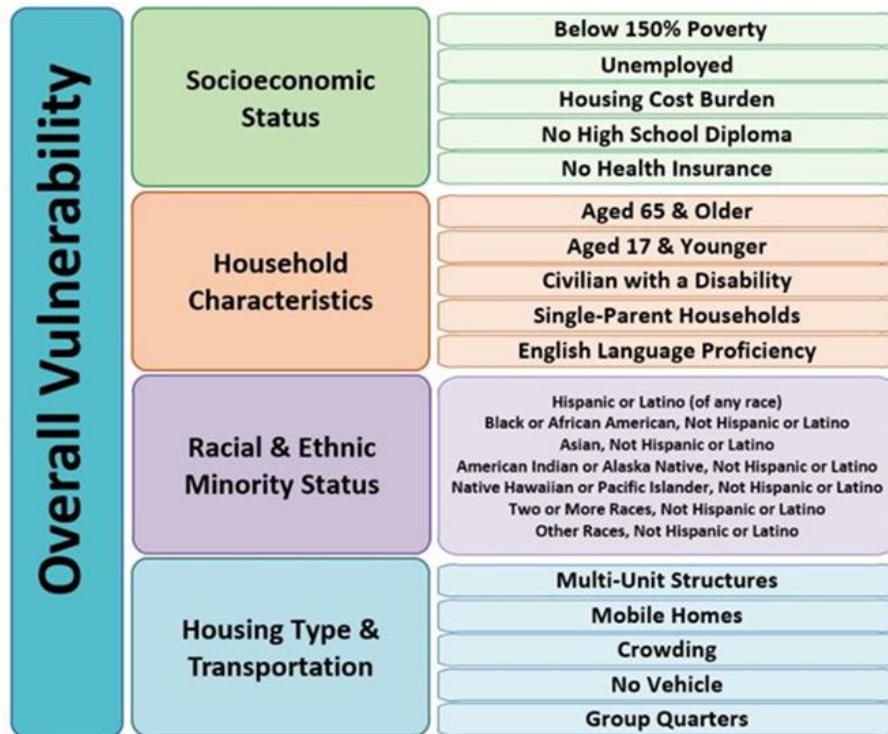
Source: Centers for Disease Control and Prevention

According to the [FEMA National Risk Index](#), Sarasota County has a social vulnerability score of 41.2 out of 100, which is considered relatively moderate susceptibility to the adverse impacts of natural hazards when compared to the rest of the U.S. This means that 41% of U.S. counties have a lower social vulnerability nationally and 12% of counties in Florida have a lower social vulnerability. The map below shows the overall areas of social vulnerability across Sarasota County. The highest levels of vulnerability are represented by the darker colors.

Graphic 10: Overall SVI Sarasota County by Census Tract
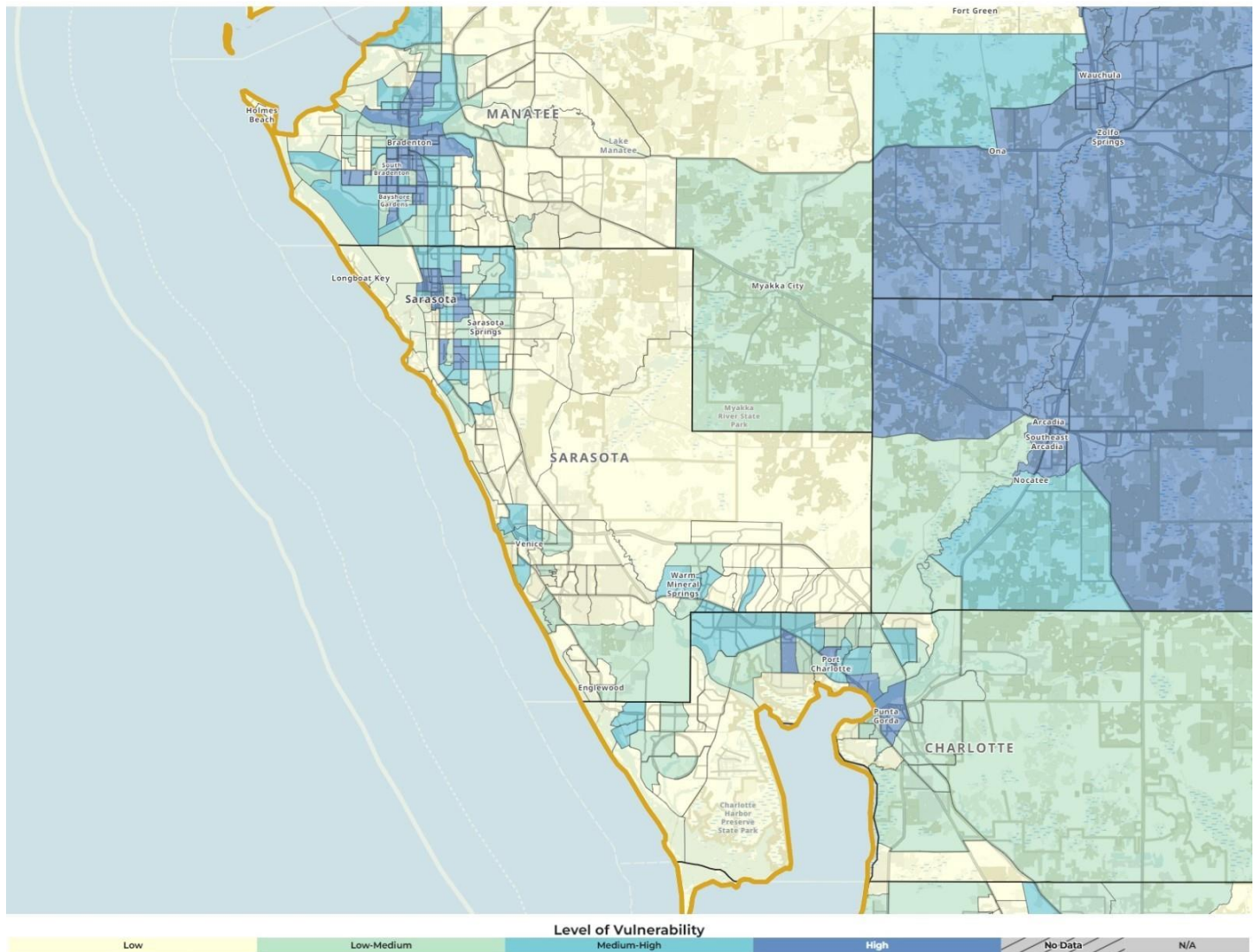
Source: SVI Interactive Map, Centers for Disease Control and Prevention, 2022

There are four themes within the SVI which include socioeconomic status (SES), household characteristics, racial and ethnic minority status, and housing type and transportation. Each map below highlights one of the four factors that contributes to social vulnerability. Concentrations of the highest amounts of vulnerability for each factor are represented by the darker colors.

Graphic 11: Four SVI Themes by Census Tract in Sarasota County
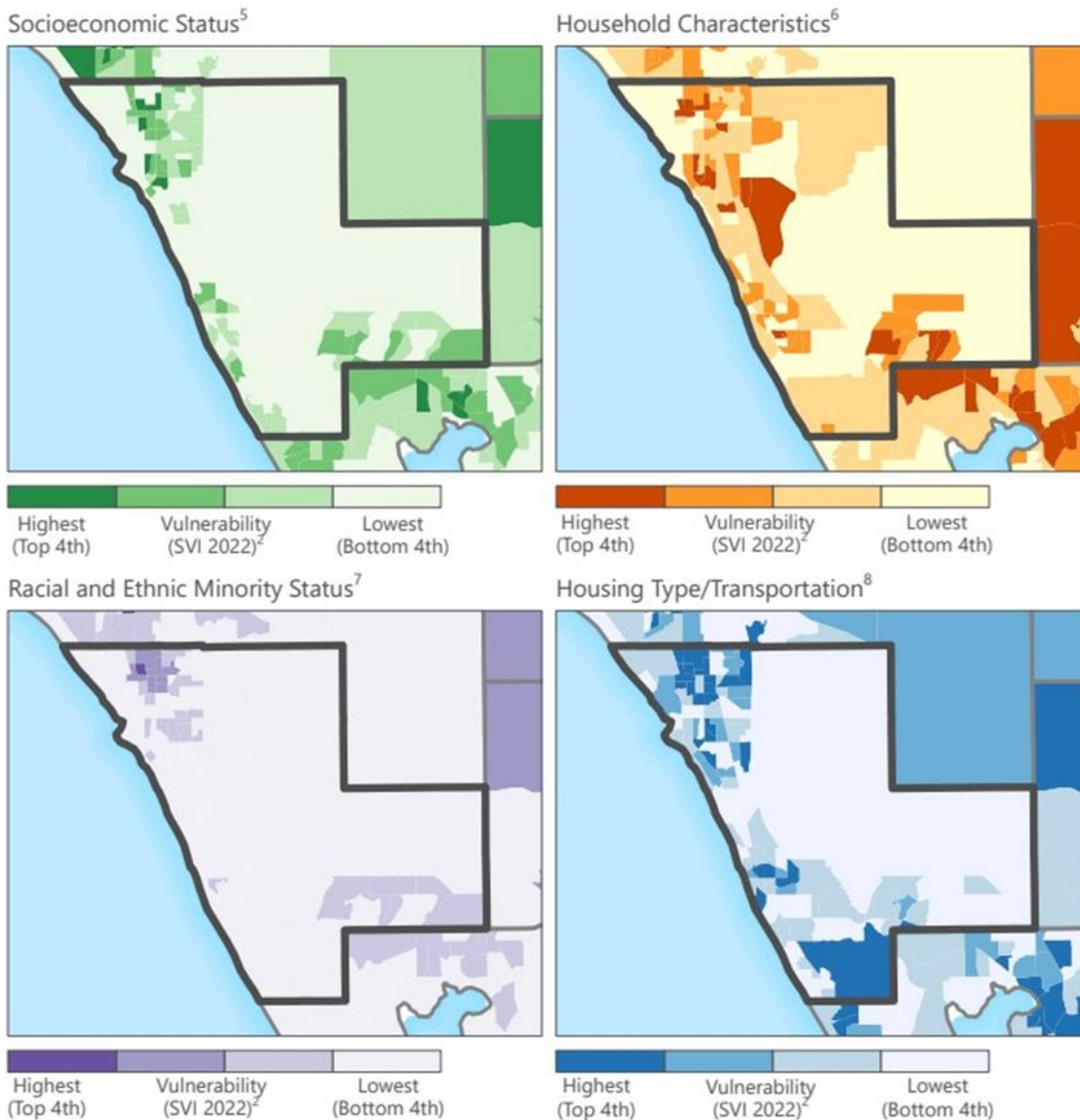
Source: SVI Interactive Map, Centers for Disease Control and Prevention, 2022

Community resilience is the ability of a community to prepare for anticipated natural hazards, adapt to changing conditions, and withstand and recover rapidly from disruptions. According to the FEMA National Risk Index Interactive Map, Sarasota County has a community resilience score of 9.2 out of 100. According to FEMA, this means communities in Sarasota County have a very low ability to prepare for anticipated natural hazards, adapt to changing conditions, and withstand and recover rapidly from disruptions when compared to the rest of the US.

Because there are not nationally available community resilience indices available, the Social Vulnerability and Community Resilience Working Group reviewed multiple indices and chose to recommend the University of South Carolina's Hazards and Vulnerability Research Institute (HVRI) Baseline Resilience Indicators for Communities (HVRI BRIC) index. While there are multiple, well-established ways to define community resilience at the local level, key drivers of resilience vary between locations.

The National Risk Index relies on using broad factors to define resilience at a national level and create a comparative metric to use as a risk factor. In the National Risk Index, community resilience is the consequence reduction risk factor and represents the relative level of community resilience in comparison to all other communities at the same level. A higher community resilience score results in lower risk index values. Because community resilience is unique to a geographic location—specifically, a county—it is a geographic risk factor. The diagram below displays the 2020 County-level BRIC indicators.

Graphic 12: Baseline Indicators for Community Resilience

Baseline Indicators for Community Resilience 2020 (County Level)

Social Resilience

Variable	Calculation	Data Source
Educational attainment	% Population over 25 with college education or more	American Community Survey
Pre-retirement age	% Population between 15 to 65 years of age	American Community Survey
Transportation Access	% Households with at least one vehicle	American Community Survey
Communication capacity	% Households with telephone service available	American Community Survey
English language competency	% Population proficient English speakers	American Community Survey
Non-special needs	% Population without sensory, physical, or mental disability	American Community Survey
Health insurance	% Population under age 65 with health insurance	American Community Survey
Mental health support	Psychosocial support facilities per capita	County Health Ranking
Food provisioning capacity	Food security rate	Map the Meal Gap
Physician access	Physicians per capita	American Community Survey

Economic Resilience

Variable	Calculation	Data Source
Homeownership	% Owner-occupied housing units	American Community Survey
Employment rate	% Labor force employed	American Community Survey
Race/ethnicity income equality	Gini coefficient (*Inverted*)	American Community Survey
Non-dependence on primary/tourism sectors	% Employees not in farming, fishing, forestry, extractive industry, or tourism	American Community Survey
Gender income equality	% Absolute difference between male and female median income divided by annual income (*Inverted*)	American Community Survey
Business size I	Ratio of large to small businesses	County Business Patterns (NAICS)
Business size II	Ratio of employees to establishments	County Business Patterns (NAICS)
Large retail-regional/national geographic distribution	Large retail stores per capita	County Business Patterns (NAICS)
Federal employment	% Labor force employed by federal government	American Community Survey
Energy burden	Average Energy Burden (% income), (*Inverted*)	Low-Income Energy Affordability Data

Community Capital

Variable	Calculation	Data Source
Place attachment-not recent immigrants	% Population not foreign-born persons who came to US within previous 5 years	American Community Survey
Place attachment-native born residents	% Population born in state of current residence	American Community Survey
Political engagement	% Voting age population participating in recent election	Presidential election data
Religious organizations	# Religious organizations per capita	County Business Patterns (NAICS)
Civic organizations	# Civic organizations per capita	County Business Patterns (NAICS)
Disaster volunteerism	# AmeriCorps volunteers per capita	AmeriCorps

Institutional Resilience

Variable	Calculation	Data Source
Mitigation spending	10-year average per capita spending for mitigation projects	FEMA Hazard Mitigation Grant Program
Flood insurance coverage	% Housing units covered by National Flood Insurance Program	FEMA NFIP
Performance regimes-state capital	Distance from county seat to state capital (*Inverted*)	National Atlas
Performance regimes-nearest metro area	Distance from county seat to nearest county seat within a Metropolitan Statistical Area (*Inverted*)	National Atlas
Political & jurisdictional fragmentation	# Governments and special districts per 10,000 persons (*Inverted*)	USA Counties
Disaster aid experience	# Presidential Disaster Declarations divided by # of loss-causing hazard events for 10-year period	FEMA PDD database and SHELDUS
Local disaster training	% Population in communities covered by Citizen Corps programs	FEMA Citizen Corps
Population stability	Population change over previous 5-year period (*Inverted*)	Census
Nuclear plant accident planning	% Population within 10 miles of nuclear power plant	HIFLD Nuclear Power Plants Database; Census
Crop insurance coverage	Crop insurance policies per square mile	Environmental Working Group Farm Subsidies

Housing/Infrastructural Resilience

Variable	Calculation	Data Source
Sturdier housing types	% Housing units not mobile homes	American Community Survey
Temporary housing availability	% Vacant housing units that are for rent	American Community Survey
Medical care capacity	# Hospital beds per capita	Covid Care map
Evacuation routes	Intersection density	National Neighborhood Data Archive
Housing stock construction quality	% Housing units built prior to 1970 or after 2000	American Community Survey
Temporary shelter availability	# Hotels/motels per capita	County Business Patterns (NAICS)
School restoration potential	# Public schools per capita	National Center for Education Statistics
Industrial re-supply potential	Rail miles per square mile	HIFLD
High speed internet infrastructure	% Population with access to broadband internet service	American Community Survey

Environmental Resilience

Variable	Calculation	Data Source
Local food suppliers	Farms marketing products through Community Supported Agriculture per capita	Census of Agriculture
Natural flood buffers	% Land in wetlands	National Land Cover Dataset
Efficient energy use	Megawatt hours per energy consumer (*Inverted*)	City and County Energy Profiles
Pervious surfaces	Average percent perviousness	National Land Cover Dataset
Efficient water use	Water Supply Stress Index (*Inverted*)	Water Risk Atlas

Source: University of South Carolina Hazard and Vulnerability Research Institute, 2020

The FEMA National Risk Index Score for Sarasota County is relatively high at 98.4% out of 100. The National Risk Index scores communities most at risk for 18 different natural hazards. Compared to the rest of the United States, 98% of U.S. counties have a lower Risk Index and 84% of counties in Florida have a lower Risk Index.

Climate Change Hazard Ratings for Sarasota County

In Sarasota County, the Risk Index rating is highest for heat (risk factor for droughts), moderate for hurricanes and precipitation (resulting in storm surge and flooding), lightning (which can cause wildfires), and slight risk for wildfires. Visit Climate Check to search any address for detailed heat, precipitation, fire, flood, and drought risk through 2050.

Flood Risk

Climate change is increasing both inland and coastal flooding risks due to sea level rise and the growing likelihood of extreme precipitation events. Flooding remains the most common and recurring natural disaster in Sarasota County, as well as across the nation. In the spring of 2024, FEMA updated the flood maps for Sarasota County, reflecting changes in flood risk over time. These changes result from factors such as construction, population growth, environmental impacts, the widening or shifting of floodplains, and alterations to local watersheds. The most recent FEMA flood maps for Sarasota County are accessible through FEMA Flood Zone Information.

Sarasota County faces a significant flood risk over the next 30 years, indicating that flooding may increasingly disrupt daily life in the community. Climate change and temperature extremes amplify the potential for heavy rainfall, as warmer air holds greater amounts of water vapor. Flooding can occur throughout the county due to the presence of low-lying areas, bodies of water, and patterns of land runoff. However, some flood-prone areas may not fall within hurricane evacuation zones due to their distance from the coast and other geographic considerations.

An additional section specific to hurricane risk can be found in the Environmental Health portion of this report.

Heat Risk

Sarasota County often experiences extreme heat during the summer months, classified as June through September, with prolonged periods of high temperatures and humidity. Since January 1, 2005, the Sarasota-Bradenton area has seen a significant number of consecutive days where the heat index exceeded its threshold, shown in Table 21. These conditions pose substantial risks to public health, particularly for vulnerable populations, such as older adults, individuals with preexisting health conditions, outdoor workers, and households without access to air conditioning. Extreme heat exacerbates social vulnerability by disproportionately impacting those with limited resources to adapt or mitigate its effects. Prolonged heat exposure increases the likelihood of heat-related illnesses, such as heat stroke and dehydration, placing additional strain on healthcare systems and emergency services.

Table 21: Number of Consecutive Days Heat Index Above Different Thresholds at Sarasota-Bradenton, FL through December 31, 2023

Heat Index Threshold	Most Consecutive Days	Ending Dates
100° F +	63	08/28/2023
101° F +	34	07/31/2023
102° F +	27	08/18/2020 and 07/21/2020
103° F +	22	07/25/2023
104° F +	16	08/19/2023
105° F +	16	08/19/2023
106° F +	9	08/13/2023
107° F +	9	08/13/2023
108° F +	7	08/13/2023
109° F +	7	08/13/2023
110° F +	7	08/13/2023

Source: National Weather Service, 2024

Wildfire Risk

The National Risk Index classifies Sarasota County's wildfire risk as moderate compared to the national average. However, factors such as extreme heat, drought conditions, and climate change have the potential to elevate wildfire risks. Wildfires are further intensified by high winds and prolonged dry weather conditions.

Fire risk is closely tied to proximity to vegetation, with densely developed urban areas generally facing much lower risk compared to regions adjacent to wildland. The Wildland Fire Danger Index (FDI) provides a continuous reference scale to estimate the likelihood of a fire starting and requiring suppression efforts on any given day. For real-time updates on the FDI, access the FDI Interactive Map. Additionally, detailed guidance on wildfire preparedness in Florida can be found in the Ready, Set, Go Action Plan.

Drought Risk

Water stress, defined as the ratio of water demand to supply, is a critical measure influenced by factors such as population growth, climate change, and how water utilities source and adapt their supply systems. Water stress occurs when water demand exceeds available supply or when poor water quality limits its usability. Drought is a significant driver of water stress. Prolonged drought conditions can strain water resources, impacting agriculture, drinking water supplies, and ecosystem health. These challenges are often compounded by social vulnerabilities, as populations with limited access to alternative water sources, lower incomes, or chronic conditions are disproportionately affected.

Drought conditions can exacerbate the threat of natural disasters such as wildfires, increase waterborne illnesses due to stagnant or contaminated water sources, and reduce crop yields, contributing to food insecurity. Additionally, drought's economic and environmental impacts can disrupt community infrastructure and amplify public health threats, particularly for vulnerable populations. To monitor local drought and rainfall conditions, visit the National Weather Service Local Drought Information site. Addressing drought and water stress requires coordinated efforts to improve water conservation, resource management, and community preparedness to build resilience against these interconnected risks.

Expected Annual Loss

In Sarasota County, the expected loss each year due to natural hazards is relatively high when compared to the rest of the United States. Sarasota has a 98.61 annual loss rate compared to Florida overall at 86.6, with hurricanes causing the most loss. According to the National Risk Index, Sarasota County experiences a relatively high expected annual loss rate along with its adjacent coastal counties. Loss types include building value, population, and agriculture, with 14 of the 18 hazard types contributing to the expected annual loss in Sarasota County.

Communities with high National Risk Index scores can take action to reduce risk and decrease loss due to natural hazards by decreasing social vulnerability, thereby increasing community resilience to natural hazards and disasters. To download and view the full National Risk Index Report for Sarasota County, visit Community Report - Sarasota County, Florida | National Risk Index (fema.gov)

Building Resiliency in Sarasota County

American Red Cross Community Adaptation Program

In the aftermath of Hurricane Ian, Sarasota County was selected by the American Red Cross as one of fourteen counties across the U.S. to participate in the Community Adaptation Pilot Program (CAP) because of the high risk for extreme weather and increased level of social vulnerability. The focus of CAP is to increase the capacity of local nonprofits to help improve disaster resilience by partnering with local agencies that serve Sarasota's most vulnerable, at-risk communities and strengthen existing programs in the health, hunger, and housing sectors, or 3 H's. CAP defines the three H's as drivers of displacement and strategies to mitigate displacement include broadening access to health and mental health services, enhancing access to nutritious food, and mitigating the impact of disaster damaged housing.

To read the full Community Adaptation Program Launch Strategy, visit Sarasota Strategy Final.pdf
In June 2024, the American Red Cross in Sarasota hosted a "gray sky" workshop to foster collaboration among local non-profits and created a community coalition to help make connections and strengthen relationships. CAP has partnered with over twenty organizations and provided support in the form of grants, subject matter expertise, data sharing and analysis, volunteer exchanges, training, and equipment to improve resiliency across Sarasota County. Informed by the data analysis, CAP's strategic plan begins by addressing the most vulnerable areas in our county (Zip Codes & Census Tracts), and contains three phases, each of which corresponds to a geographical area of the county:

> Phase I: Northwest County, City of Sarasota – Newtown & Kensington Park
> Phase II: South Central County, cities of Laurel, Osprey, Venice, Nokomis, North Port, and Englewood
> Phase III: East – Central County, Myakka, rural and agricultural zone

Populations most impacted by natural disasters and vulnerable to displacement have been identified as older adults and Veterans, low-income, individuals with disabilities, immigrants, and LGBTQ+. Resiliency can be built by identifying these groups and addressing needs in the areas of health, hunger, and housing, to both prepare and recover faster from climate related disasters.

Sarasota Community Organizations Active in Disaster (COAD)

Sarasota COAD is a collective of social service organizations, government agencies, faith-based organizations, and businesses with disaster planning responsibilities and capabilities. COAD operates during all phases of disaster management, from preparedness to recovery. They also provide human services support in the form of volunteer Disaster Recovery Strike Teams for the unhoused, older adults, those with disabilities, mental health and substance use disorders, and youth and families.

Resilient SRQ

Graphic 13: Resilient SRQ Programs

Sarasota County was a direct recipient of the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant for Disaster Recovery in the wake of Hurricane Ian, which funded the creation of the Resilient SRQ Program. Resilient SRQ allocates funds for programs and projects related to (public) infrastructure, (affordable) housing, and workforce development and training to improve County resiliency. To learn more, go visit Sarasota County Resilient SRQ.

Resilience Incubator Collaborative

In a separate collaborative effort, a Resilience Incubator was launched to address and raise awareness about climate resiliency in Sarasota. The unified approach, comprised of eleven local environmental nonprofits, will focus on protecting our waters, promoting eco-friendly sustainability initiatives, hurricane preparedness and resilience, education and youth development, affordable housing, and mental health services.

Sarasota County Adaptation/Resilience Plan

To enhance the County's climate resilience, UF/IFAS Extension Sarasota County conducted a Vulnerability Assessment and developed an Adaptation/Resilience Plan as part of 2022 Resilient Florida Grant. The assessment focused on potential flood impacts and flood mitigation efforts and priorities and evaluated the risk to critical assets and infrastructure from tidal flooding, storm surge, sea level rise, and rainfall induced flooding. It also looked at natural, cultural, and historic resources, as well as key transportation and evacuation routes.

Six key geographic focus areas for adaptation were identified and recommendations for project prioritization and adaptation strategies were proposed. To view the public workshop that was held on the Sarasota County Vulnerability Assessment and Adaptation Plan and learn about implementation and next steps go to Sarasota County Vulnerability Assessment and Adaptation Plan - Jul 23, 2024, public meeting (youtube.com)

Improving Flood Resiliency

Sarasota County and its municipalities are in southwest Florida with approximately 37 miles of shoreline bordering the Gulf of Mexico. The county is prone to flooding caused by heavy rains and possible storm surge associated with tropical storms and hurricanes. The county contains more than 420 miles of tidally influenced rivers, streams, and canals. In addition, there are 43 named lakes covering 2,091 acres and over 70 square miles of estuaries and bays that support diverse habitats for plants and animals.

Floods are the most common and recurring natural disaster and pose significant risks to human health including disease, injury, and negative mental health outcomes, not to mention loss of property and damage to vital infrastructure. Rising sea levels and weather extremes causing severe weather events are becoming more common, and more people are likely to experience and be displaced by flooding.

Residents living below the poverty line and over the age of 65 may have less adequate resources to prepare and recover from the hazards that accompany flooding. North Sarasota has a high density of low-income population near flood-prone coastal areas. Portions of North Port and Englewood also have areas of poverty that are particularly at risk due to their proximity to the Myakka River which is one of the most vulnerable areas prone to flooding. Those that are over the age of 65 may have limited mobility, less access to transportation, limited incomes, medical care needs, and need for special care facilities. The highest density of populations over the age of 65 are located on Longboat Key and Siesta Key which are highly vulnerable to coastal flooding and storm surge.

According to the National Weather Service, Sarasota receives approximately 50 inches of rain annually. Sarasota County's unique combination of topography, proximity to the Gulf Coast, extensive inland waterways and wetlands, subtropical climate, and susceptibility to seasonal tropical systems places it at an elevated risk for flooding.

To make the community more resilient to flooding events, Sarasota County has been actively participating in the National Flood Insurance Program's Community Rating System since 1992. In 2016, Sarasota County initiated the Program for Public Information (PPI), a Federal Emergency Management Agency planning tool, to coordinate outreach efforts throughout the county.

The county's purpose in developing this plan was to:
- Improve communication and coordination of outreach efforts.
- To provide information about flood hazards.
- To provide outreach on how to protect people and property.
- To provide outreach on how to protect natural floodplain functions to residents.

This plan is part of Sarasota County's overall Floodplain Management Plan, which is an appendix to Sarasota County's Local Mitigation Strategy. The Local Mitigation Strategy is a state-approved multi-jurisdictional, multi-hazard plan that serves not only unincorporated Sarasota County, but also the City of Sarasota, the City of Venice, the City of North Port, and the Town of Longboat Key. The geographic and jurisdictional scope of the Sarasota County PPI includes all these communities within Sarasota County. This unified PPI provides communities within Sarasota County messaging about flood, flood safety, and natural floodplain functions in a coordinated and efficient manner.

The plan is fully updated and readopted every five years and an evaluation report is due annually when the committee reviews the projects outlined in the plan and updates them based on their effectiveness. To learn more, view the 2023 Sarasota County Unified Program for Public Information Annual Evaluation Report.

Flood Risk & Development

In the spring of 2024, FEMA issued new flood maps affecting Sarasota County property owners. Flood insurance rate maps, or FIRMs, can impact insurance requirements and premiums. Flood risk evolves because of factors such as urban development, population growth, environmental changes, the widening or shifting of floodplains, and changes to local watersheds. Sarasota County has assembled resources to assist property and business owners in determining the impact of the updated FIRMs and accessing additional information. The Flood Maps provide insight into how properties within Sarasota County may be affected.

Sarasota Bay Watershed

Sarasota County has five watersheds, named after bays or rivers, and 28 drainage basins, named after creeks. A watershed is an area of land that drains or "sheds" water into a specific waterbody. The Sarasota Bay Watershed Plan is a collaboration of community stakeholders and water engineers working to identify flooding and water quality hotspots in the Sarasota Bay watershed and develop a suite of projects that improve flood protection, water quality, and natural systems in neighborhoods throughout the area.

Currently, there are 98 projects identified at an estimated (2022) cost of $428 million dollars. To view the interactive plan dashboard and learn more about projects by watershed visit Watersheds. Top Watershed project categories include infrastructure repair and replacement, storm water facility maintenance, bank stabilization, stream restoration, and improving CRS/resiliency.

Sarasota County developed the Neighborhood Environmental Stewardship Team or NEST that operates at the neighborhood-level to improve watershed-scale resources. NEST projects focus on both education and hands-on activities like, watershed-friendly landscaping, pond, lake, and bay shoreline restoration, bioswales, rain gardens, pervious pavement and invasive plant removal. To learn more, visit Neighborhood Environmental Stewardship Team.

To learn more about the ambient water quality of the local watersheds, visit the 2023 Sarasota County NPDES Annual Report.

Floodplains are areas that experience flooding from rivers, lakes, ponds, and oceans. They perform many natural functions and provide flood and erosion control. They recharge our aquifers, improve surface water quality, and protect ecologically sensitive areas. Sarasota County enforces specific building regulations to protect people and buildings from flooding while maintaining natural floodplain functions. Visit   or more information and to view the floodplain maps.

Stormwater Management

In 2023, Sarasota County received 35.68 inches of rainfall which was 68% less than the period of record average of 52.8 inches and a 40% decline from the rainfall totals in 2022 (to which a large contribution was due to Hurricane Ian). Stormwater runoff is water which results from rainfall and travels over land to streams and ponds and ultimately reaches bays. As Sarasota County grows, natural ground cover converts to watertight and impervious surfaces, such as buildings and parking lots and this reduces the amount of rainwater that can soak into the ground resulting in increased runoff that can cause serious flooding and water quality problems if not managed.

To help manage this, a Stormwater Environmental Utility was established in 1989 to control and enhance water quantity and quality, as well as effectively manage stormwater. The utility also provides dedicated funding for long range planning and improvements to address existing and future

concerns. The Utility has a development review component that is responsible for reviewing proposed development plans to ensure that the plans meet the county's infrastructure construction standards outlined in the county land development ordinance.

- The county currently requires all new developments to meet the 100-year storm event criteria and ensure that the runoff rate from new developments is less than or equal to the pre-development rate.
- Some areas of the county are known to be problematic during storms and the Development Review section applies more stringent standards to those areas until capital improvement and maintenance projects are completed to rectify those situations.

ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH

According to 2024 Sarasota County Community Health Survey responses, the top five environmental health concerns are as shown in Figure 77. In addition to the top five environmental health concerns identified in the Sarasota County Community Health Survey, the 2024 Sarasota County Citizen Opinion Survey respondents expressed concerns about quality of local waterways in addition to traffic and transportation.

Figure 77: Top Five Environmental Health Concerns
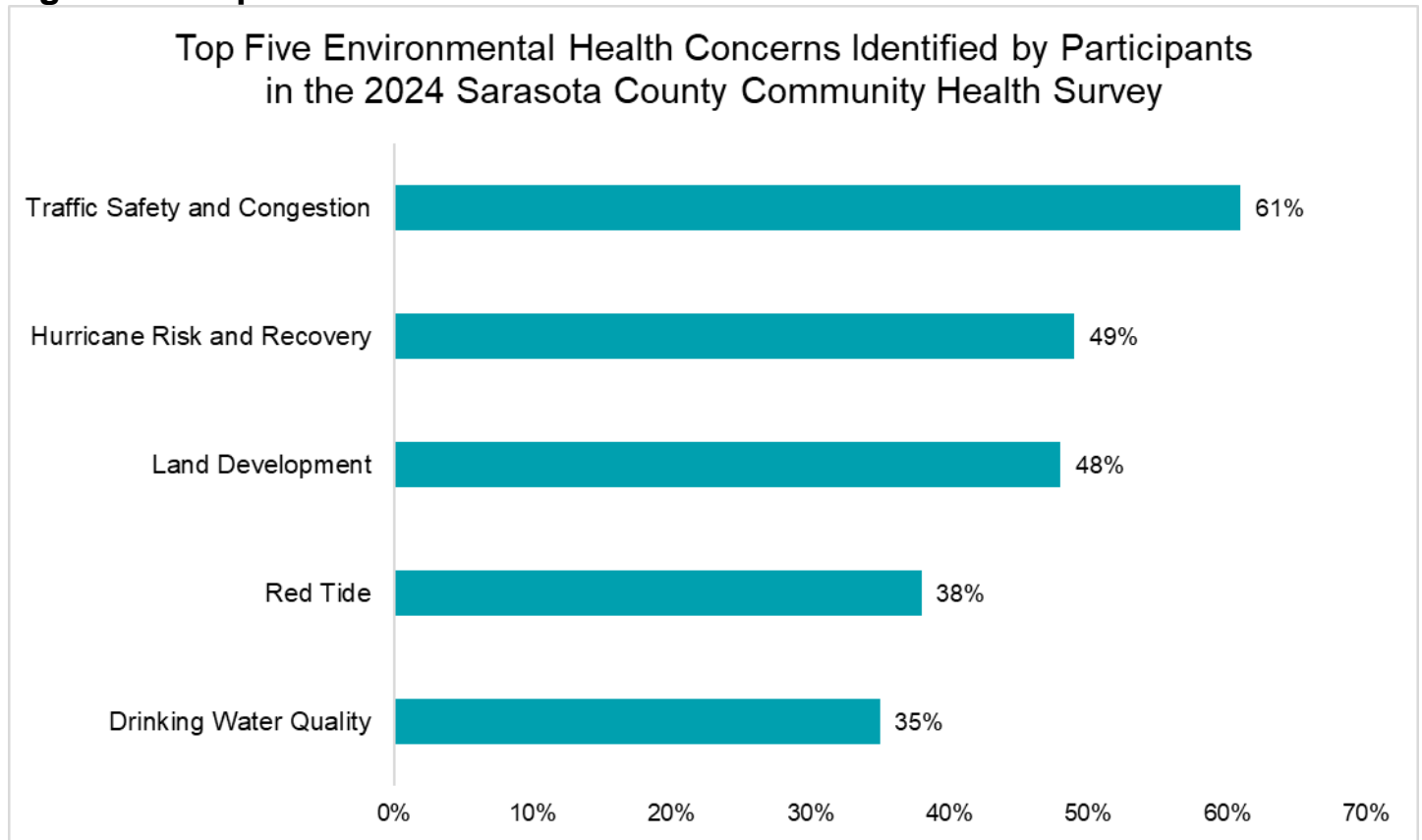
Source: Sarasota County Community Health Survey, 2024

The health of the environment is closely intertwined with the health of individuals in a community, as factors such as air and water quality, safe living spaces, and environmental hazards directly impact overall well-being. In Sarasota County, two government agencies play a vital role in safeguarding environmental health. Sarasota County's Planning and Development Services oversees an Environmental Protection Division that focuses on air and water quality, environmental permitting, and planning. Meanwhile, DOH-Sarasota's Environmental Health team works to monitor and mitigate environmental hazards, conduct inspections and licensing, and promote healthier living spaces. Environmental health also extends to the built environment, involving numerous agencies, organizations, and stakeholders working collaboratively to ensure its safety and sustainability.

Traffic Safety and Congestion

According to the 2024 Sarasota County Community Health Survey, traffic safety and congestion were identified as the top environmental health concerns by 61% of respondents. Similarly, the 2023 Sarasota Citizen Opinion Survey highlighted transportation, road and infrastructure management, and traffic flow as significant priorities, with notable gaps between personal experiences and expectations in these categories.

Population growth and new development, both major contributors to increased traffic congestion and longer commute times, were ranked among the most pressing issues facing Sarasota County today. The 2023 ACS reported that the average travel time to work in Sarasota County is 25.1 minutes, slightly below Florida's state average of 28.5 minutes.

Sarasota County Citizen Opinion Survey respondents also expressed concerned about the rising cost of commuting, with 14% identifying gas prices as the third greatest stressor on household finances. According to AAA, in the Bradenton, Sarasota, and Venice region, the highest recorded average price for a gallon of Regular Unleaded gas was $4.88, recorded in June of 2022. As of August 2024, the average price has decreased by 31%, at $3.35 per gallon.

With increased development east of Interstate 75 and in downtown Sarasota, there is a growing reliance on both personal and public transportation for commuting. The ACS reports that 70% of Sarasota County residents drive alone to work, 10% carpool, and 15% work from home, reflecting the diverse transportation needs of the community shown in Figure 78.

Figure 78: Means of Transportation to Work, Workers 16 and Older, in Sarasota County
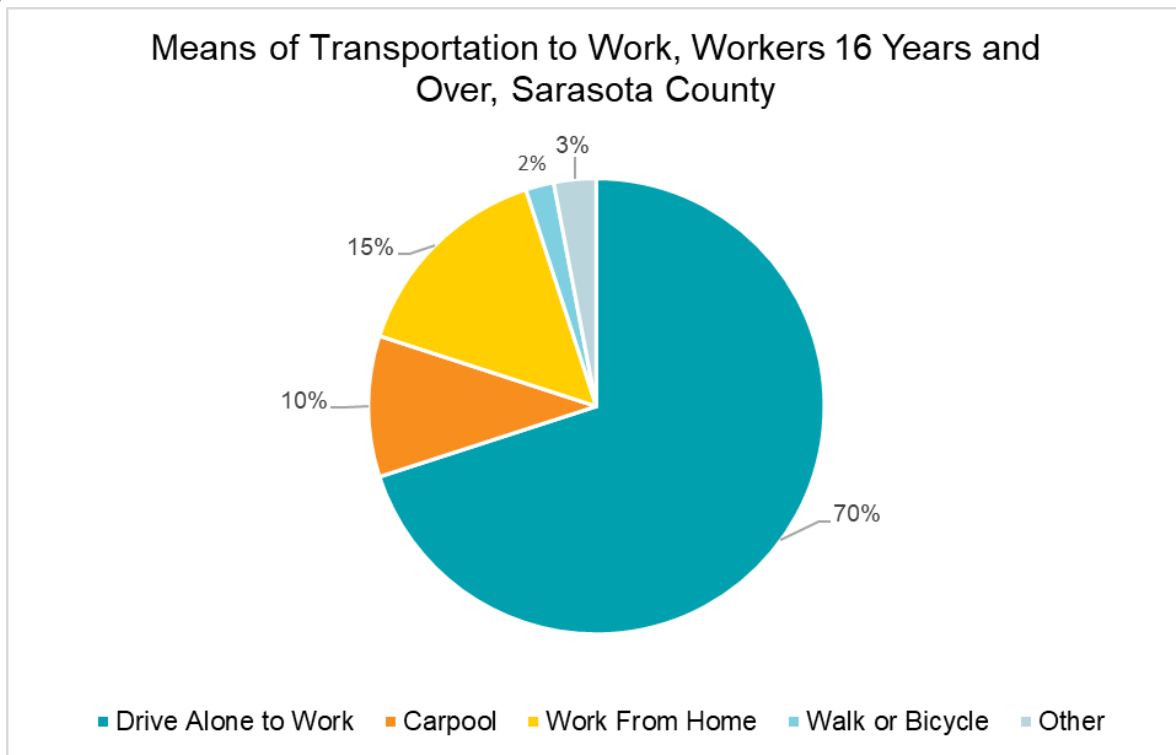
Source: American Community Survey, 2023

Breeze Transit is Sarasota County's public transportation system, and the Breeze Transit network includes bus, trolleys, on-demand rideshare, and paratransit services and, in 2023, provided a total of 2.2 million rides.

Highway safety remains a significant concern in Sarasota County, which ranks among the top 25 Florida counties for car accidents involving pedestrians and cyclists. Distracted driving, a common cause of vehicle accidents, was identified as the second most risky or unhealthy behavior in the community by 34% of respondents to the 2024 Sarasota County Community Health Survey.

Driver age is another contributing factor to vehicle accidents. According to the 2022 Sarasota County Crash Summary Report, 28% of all crashes involved drivers aged 60 and older. The Figure 79 below provides a detailed breakdown of crashes by driver age range.

Figure 79: Sarasota County Motor Vehicle Crashes by Drivers Age

2022 Crashes by Drivers' Age Range

- 90 or Older, 1%
- No Data, 1%
- Less Than 15 Years Old, 3%
- 15 to 20 Years Old, 9%
- 21 to 29 Years Old, 15%
- 30 to 39 Years Old, 16%
- 40 to 49 Years Old, 14%
- 50 to 59 Years Old, 15%
- 60 to 69 Years Old, 13%
- 70 to 79 Years Old, 10%
- 80 to 89 Years Old, 4%
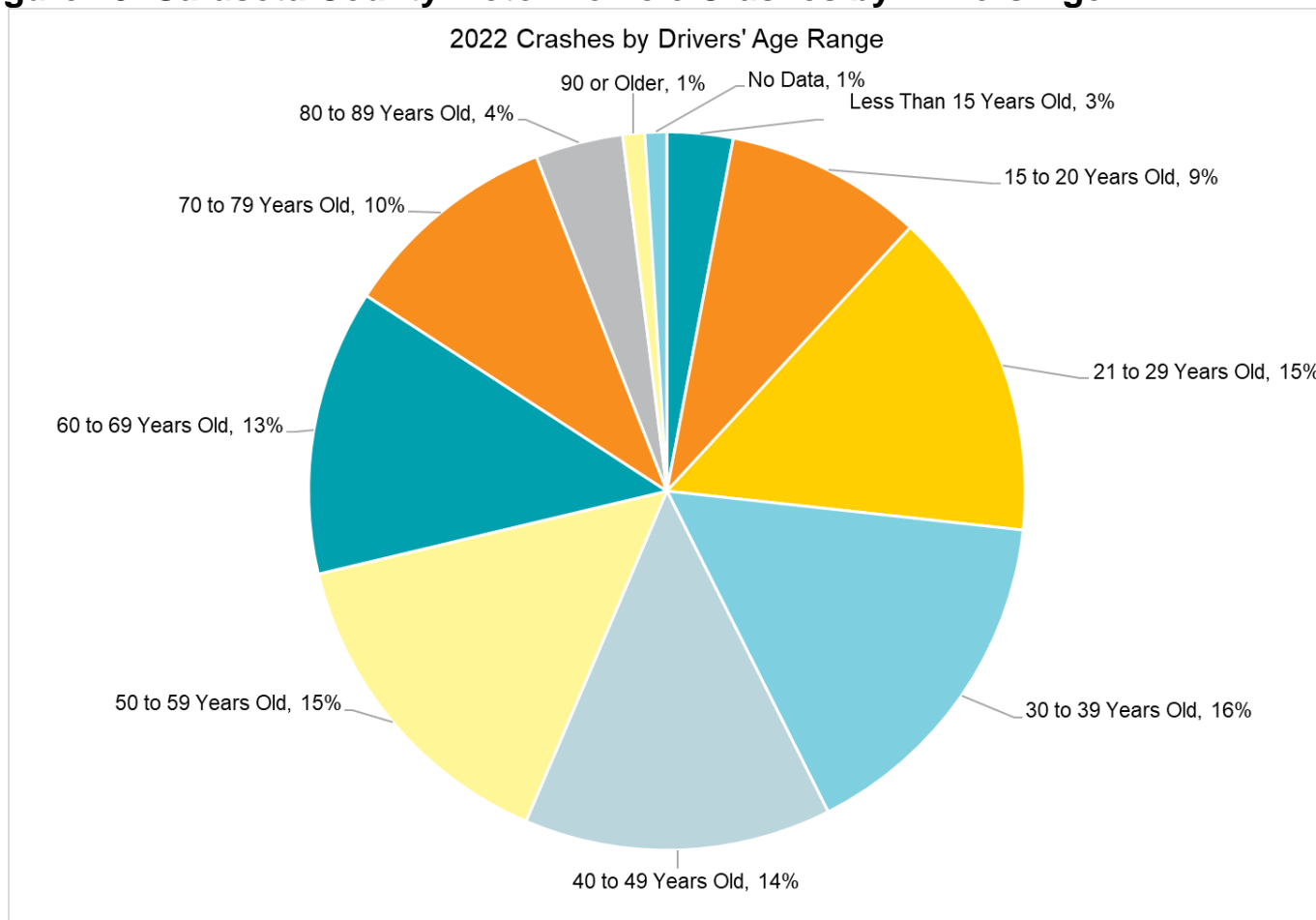
Source: Sarasota County Crash Summary Report, 2022

The Crash Summary Report provides statistical information about the crashes reported to the County for the given calendar year. Sarasota County staff uses a web-based application called Crash Data Management System created and maintained by University of Florida, to aid in the development and analysis of the report.

Using these systems, traffic crash data can be efficiently analyzed, reported, and utilized to assist with road safety audits, traffic studies, and safety project identification and is necessary for effective safety improvements.

Total crashes in 2023 decreased by 2% compared to 2022, including reductions in crash fatalities and serious injuries. The 2022 Sarasota County Traffic Crash Summary reported that driver inattention and distraction were contributing factors in 1,286 crashes. The accompanying table provides a breakdown of these crashes by type of distraction.

Table 22: Sarasota County Crashes from Driver Inattention and Distraction

Driver Inattention and Distraction	Count
Inattentive	850
Driver Distracted by Other Inside the Vehicle	181
Driver Distracted by External Distraction	111
Driver Distracted by Electronic Communication Device	107
Driver Distracted by Other Device	37
Not Distracted	15,257

Source: Sarasota County Crash Summary Report, 2022

The total number of fatalities from distracted driving in Sarasota County increased from 2022 to 2023, but the number of serious injuries decreased by 19% as shown in the table below.

Table 23: Sarasota County Distracted Driving Fatalities and Serious Injuries

Distracted Driving	2021	2022	2023
Fatalities	5	6	9
Serious Injuries	19	75	51

Source: Sarasota County Crash Summary Report, 2022

Local Traffic Congestion, Volume, and Growth

The Sarasota County Traffic Database shows the increase in traffic volume and the steady growth rate over time, however with a noted decrease during 2020 due to the pandemic. To access the interactive map and explore the trends, view Sarasota County Traffic Database.

In addition to distracted driving, traffic congestion and increased volume can contribute to roadway crashes. Crash data from Sarasota County Traffic Engineering and Operations for 2021–2023 shows that the highest number of crashes occurs between October and March, aligning with the annual snowbird season, which brings a significant increase in traffic to local roadways. Fridays experience the most crashes compared to other days of the week, particularly during peak travel hours from 7–9 a.m. and 2–5 p.m., corresponding to typical morning and evening rush hour commutes.

To learn more and view the most recent local traffic trends and arterial roadway performance reports you can go to Traffic Reports Library | Sarasota County, FL (scgov.net).

Transportation Planning
Sarasota County Transportation Planning develops and facilitates implementation of the Transportation Capital Improvement Program, as well as Transportation Management Plans and Transportation Development Reviews. This includes the evaluation or proposed developments that may require a land use change, rezoning, and the Development of Regional Impact approval. It also plays an integral role in funding of transportation projects which allows the county to assess and meet the future transportation needs. In the event there is not adequate transportation capacity, they establish partnership with county developers to complete the necessary infrastructure improvements.

The Sarasota Manatee Metropolitan Planning Organization (MPO) oversees the Transportation Improvement Plan (TIP), which guides all state and federally funded transportation improvements in the bi-county area. It includes a list of prioritized projects, which are then forwarded to the Florida Department of Transportation (FDOT) for inclusion into its Five-Year Work Program. The FDOT then assigns these projects, in priority order, considering production schedules and funding constraints, and are adopted in the MPO's 5 Year TIP. The TIP includes items such as performance measures for safety, bridge and pavement conditions, and transit asset management and safety. To view the most recent Sarasota Manatee TIP adopted in May 2024, go to Transportation Improvement Program (mympo.org) or Public Website (ecointeractive.com) to view the interactive project plan map by county.

To enhance roadway safety for all residents, regardless of their mode of transportation, the Sarasota County Bicycle and Pedestrian Master Plan, Complete Streets Implementation Plan, and the Strategic Safety Action Plan and Metrics collectively outline strategies for developing safe, convenient, and efficient bicycle and pedestrian systems. These plans include programs, recommendations, and initiatives aimed at providing access to major destinations within Sarasota County and its surrounding areas.

Hurricane Risk and Recovery

Among respondents to the 2024 Sarasota County Community Health Survey, hurricane risk and recovery was identified as the second most pressing environmental health concern, with 49% selecting it as a priority. Situated on Florida's Gulf Coast, Sarasota County faces significant vulnerability to hurricanes, which pose a greater threat than other natural disasters in the region. Since the last Community Health Assessment, major hurricanes—including Hurricane Ian in 2022 and Hurricanes Debby, Helene, and Milton in 2024—have profoundly impacted the county, shaping both its physical landscape and disaster preparedness efforts.

In 2022, Hurricane Ian brought devastating impacts to Sarasota County, particularly in its southern areas. The Category 4 storm delivered winds exceeding 100 mph and sustained flooding described by some as a "1,000-year event."

The aftermath of Hurricane Ian underscored the severity of its effects:
- **Debris management:** 3.3 million cubic yards of debris were collected across the county.
- **Housing support:** FEMA provided 107 temporary housing units, sheltered 123 households in hotels during home repairs, and issued $82.2 million to 26,400 homeowners and renters.
- **Emergency response:** In North Port alone, EMS responded to 1,312 emergency calls and conducted "hundreds" of water rescues in the days following the storm.
- **Insurance claims:** A total of 76,552 claims were filed in Sarasota County, with 86.8% resolved, amounting to over $200 million in damages. FEMA's National Flood Insurance Program paid $55.4 million to 1,200 policyholders.
- **Public assistance:** FEMA disbursed $49.6 million in public assistance, and over 57,000 residents applied for aid, with 11,700 verified for losses.
- **Environmental impact:** Myakka State Park experienced record flooding with a peak stage of 12.8 feet.

Hurricane Ian is now considered the third costliest storm in U.S. history and the most expensive in Florida. While Sarasota County did not endure a direct landfall, its effects were profound, overwhelming emergency response systems, causing record rainfall and flooding, damaging neighborhoods in North Port and Englewood, destroying infrastructure, and incurring billions in costs. Two years later, many communities and individuals are still recovering.

The health risks associated with hurricanes are extensive and include dangers from flooding, such as electrocution, drowning, and exposure to bacteria or pollutants. Injuries from unsafe buildings and debris, carbon monoxide poisoning from improper generator use, psychological distress due to displacement or loss, and post-storm hazards like mold, heat, and vector-borne illnesses further underscore the long-term impacts.

In August 2024, Tropical Storm Debby brought unprecedented flooding to Sarasota County, with areas like Phillippi Creek among the hardest hit. A daily record of 12 inches of rainfall was recorded at Sarasota-Bradenton International Airport, leaving many residents stranded in their homes due to rising floodwaters. The following month, hurricanes Helene and Milton struck the region in quick succession. Coastal areas, including the iconic St. Armands Circle, experienced storm surges of 4 to 5 feet, causing significant damage and disruption. In the aftermath of these storms, Sarasota County's debris contractors have been working tirelessly, operating seven days a week from sunrise to sunset since October 13, 2024. By the end of the year, they had removed more than 1.32 million cubic yards of

debris from public rights-of-way, a testament to the county's efforts to recover and restore the community.

Understand The Risk

Storm surge is an abnormal rise of water generated by a storm, exceeding predicted tides. Along the coast, storm surge from hurricanes often poses the greatest threat to life and property. In Sarasota County, storm surge can travel significant distances inland, pushing water across land and up local waterways. Evacuating promptly when under an evacuation order is critical for safety. To explore storm surge flooding vulnerabilities, visit the National Hurricane Center Storm Surge Risk Map at Category 3 | NHC Storm Surge Risk Maps (arcgis.com)

Be Storm Ready

In preparation for hurricane season, Sarasota County Emergency Management offers free presentations to the public on disaster preparedness. These sessions include a disaster supply checklist and guidance on subscribing to weather alerts and notifications. The annual Emergency Preparedness Guide, available in four languages, also provides valuable information and can be accessed at Hurricane Preparedness | Sarasota County, FL (scgov.net).

Know Evacuation Levels and Centers

For residents in low-lying or flood-prone areas, or those with special medical needs, knowing evacuation levels and the locations of evacuation shelters is essential for planning. Evacuation levels can be determined by entering an address at Know Your Evacuation Level. During mandatory evacuation orders, it is advisable to leave the area. Information on the nearest evacuation centers is available at Hurricane Evacuation Centers | Sarasota County, FL (scgov.net).

Graphic 14: Hurricane Evacuation Centers
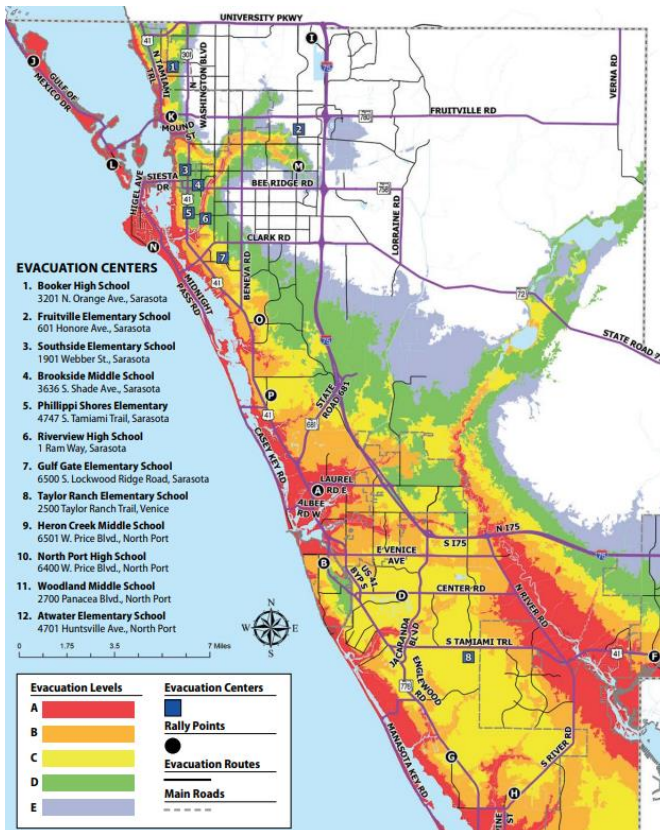
Source: Sarasota County

Medical Needs Program

Sarasota County residents with qualifying medical needs are encouraged to pre-register as medically dependent persons (MDP). Early registration ensures inclusion in the county's registry for transportation and sheltering at medically dependent evacuation centers during disasters, enabling efficient response when time is limited. More information about the program is available at Medical Needs Program | Sarasota County, FL (scgov.net).

Transportation to evacuation centers is available for those in need by completing the Transportation Dependent Registration Form. Relevant forms and information can be found at Transportation Plan (Hurricane Evacuation Centers) | Sarasota County, FL (scgov.net).

After the Storm

In the immediate aftermath of a storm, multiple agencies, including law enforcement, fire services, emergency management, and public works, are actively engaged in assessing damage and assisting the community. While the storm itself may have passed, this period remains hazardous due to widespread debris, downed trees, flooding, and structural damage, all of which pose significant risks and may render areas unsafe for travel or reentry.

To communicate the status of impacted areas, Sarasota County employs a color-coded system that indicates the extent of damage, potential hazards, and the operational status of essential services. This system is prominently used in emergency public communications to provide clear guidance on safety conditions, shown below in Table 24. Monitoring these updates is especially critical for residents who have evacuated and are considering returning to affected areas.

Table 24: County Safety Status: Red, Yellow, and Green Conditions

Color	Level of Danger	Citizen Action
Red	Unsafe. Emergency services may not be available. Extensive damage limiting travel.	Access may not be allowed, or limited, according to authorities having jurisdiction. Travel in this area is unsafe and not recommended.
Yellow	Limiting factors to include lack of power, trees and power lines down in areas. Traffic lights may be out. Potential damage to utilities such as water systems and wastewater.	Safety precautions required. General travel limited to essential needs.
Green	No limiting factors.	

Land Development & Protection

Population growth, coupled with land development, was ranked as the number one most important issue facing Sarasota County today in the 2024 Sarasota Citizen Opinion Survey and also ranked as the third most important environmental health concern on the Sarasota Community Health Survey. According to results from the 2020 Decennial Census,

- Sarasota County grew by over 54,000 new residents (an average of 15 new residents per day)
- The County's decennial growth rate of 14.4% is higher than the nations at 7.4% and nearly the same as Florida's at 14.6%
- More than half the County's growth occurred in the unincorporated area

Sarasota County is 575.55 square miles in size and 35%, or approximately 200 square miles is government owned. The 1985 Growth Management Act required that every local government in Florida adopt a Comprehensive Plan to guide growth and development. Each Comprehensive Plan must have certain chapters or elements that address various concerns such as land use, transportation, recreation and open space, housing, conservation, and capital improvements.

The Comprehensive Plan provides a framework for predictability and sets parameters for land use and zoning decisions that guide growth and development within Sarasota County. The Sarasota County Comprehensive Plan is a blueprint, adopted by the Sarasota County Commission, to guide development of land, economic growth, resource protection, and the provision of public services and facilities in Sarasota County over time. The adopted Comprehensive Plan is the result of input and vision provided by members of the community and prepared by Sarasota County Planning and Development Services. To learn more about the plan(s) and other related information, go to Comprehensive Planning | Sarasota County, FL (scgov.net).

The Sarasota County Comprehensive Plan is the growth management guide for the unincorporated County only. The cities of Sarasota, North Port, Venice, and Longboat Key each have their own adopted comprehensive plans, as is required by Florida Statute.

The Critical Area Plan is one of the planning tools used to help implement the Sarasota County Comprehensive Plan by providing specific recommendations for certain geographic areas, referred to as Critical Areas of Concern. Critical Area Plans serve as a bridge between the Comprehensive Plan and the specific details of the zoning and land development.

Critical Areas of Concern include commercial, town and village centers, blighted, declining or transitional neighborhoods, commercial highway interchanges, other arterial roadways, the barrier islands, major employment centers, large tracts of land under common ownership, and communities within the unincorporated area of the county, such as Englewood, Nokomis, and Osprey. The County as adopted and approved approximately 29 Critical Area Plans.

The Sarasota County Future Land Use Plan is a guide to the physical development of the County. It describes how and where to build, rebuild, or which areas to preserve for the unincorporated area of Sarasota County. By law, all land use regulations and capital improvements must be consistent with the Future Land Use Map. The Future Land Use Map classifies all land within the unincorporated area of the county into general types of land use categories, (i.e., low density residential, medium density residential, commercial center, office, and major employment). The Future Land Use Map is color coded

with each color assigned to a specific category. These categories are called "Future Land Use Designations."

Plan Quick Facts:
- The moderate density residential future land use category is the 3rd largest area within the urban service boundary
- The future land use chapter within the Comprehensive Plan contains provisions to discourage sub-urban sprawl
- The urban service boundary delineates where urban level development should occur in Sarasota County
- There are 17 color-coded Future Land Use Designations on the Future Land Use Map

Unified Development Code

A Unified Development Code (UDC) is a comprehensive set of land-use planning guidelines that establish the standards, regulations, and procedures for review and approval of all proposed development under the jurisdiction of Sarasota County to regulate the orderly and healthy development of the County in an economical and environmentally sound manner. To read the UDC, visit Code of Ordinances of Sarasota County.

Additionally, the UDC requires landscape buffers, including tree planting, to reduce the potential incompatibility of adjacent land uses, conserve natural resources, maintain open space, and protect established residential neighborhoods. The County also has its Trees Code (Ch. 54, Article XVIII of the Code of Ordinances) which seeks to protect trees during the development process and requires replanting for trees that were removed or on lots where there were no trees. Mitigation and penalty fees for tree impacts are applied to replanting. Between Fiscal Years 2022–2024, the County will plant over $275,000 worth of trees throughout the community. Through the development review process, the County encourages planting native trees and selecting the "right tree for the right space."

Sarasota 2050 Resource Management Area (RMA)

The 2050 policy system works with the Future Land Use map and establishes an optional policy framework to enhance the livability of Sarasota County by preserving its natural, cultural, physical, and other resources with incentives for managing growth within the urban service boundary.

There are six Resource Management Areas:
- Agricultural Reserve
- Rural Heritage/Estate
- Greenway
- Village/Open Space
- Economic Development
- Urban/Suburban

Zoning is responsible for overseeing the Code of Ordinances for Sarasota County. This system of land use regulations classifies how land can be used, prescribing standards for its development by:
- Helping to protect public and private interests
- Preserve critical areas
- Promote orderly growth
- Encourage development in keeping with community desires

Land Development is responsible for reviews and inspections for all horizontal construction related to new development in Sarasota County, including:
- Roads
- Sidewalks
- Water and Sewer
- Stormwater Systems

Preserving agricultural lands amidst growth remains a critical concern. According to the 2022 Sarasota County Property Appraiser Report, the proportion of Sarasota County land classified as agricultural has decreased from 26% in 2019 to 21.4% in 2022. The Figure 80 below illustrates the acreage of agricultural land in the county over this period.

Figure 80: Acres Classified as Agricultural Land in Sarasota County
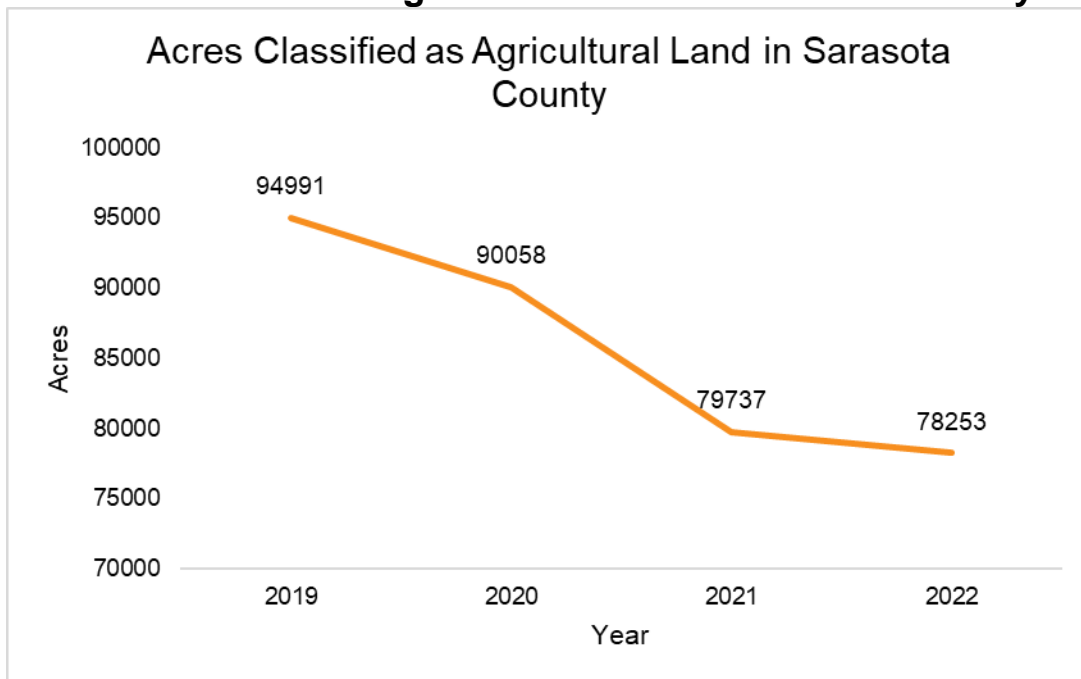
Source: Sarasota County Property Appraiser Annual Report, 2022

Land Conservation

Since 1990, Sarasota County has had a taxpayer-funded protected natural lands and neighborhood parklands acquisition program through the Environmentally Sensitive Lands Protection Program, which is set to expire in 2029. The County also acquires land through other means, including grants, donations, partnerships, and conservation easements.

- Environmentally Sensitive Lands Protection Program lands provide safe habitat for many threatened and native animal species
- There are 32 diverse and environmentally sensitive areas/regions identified throughout the county for possible acquisition through Environmentally Sensitive Lands Protection Program
- 91 properties containing more than 40,000 acres of land have been protected through land purchase and conservation easements as part of Environmentally Sensitive Lands Protection Program
- 24 properties (109 acres) have been acquired through Neighborhood Parkland Acquisition Program, expanding existing parks and connecting people to trails, waterways, and beaches.

Below is a map of the Environmentally Sensitive Lands designated in Sarasota County as of January 2024.

Graphic 15: Environmentally Sensitive Lands in Sarasota County
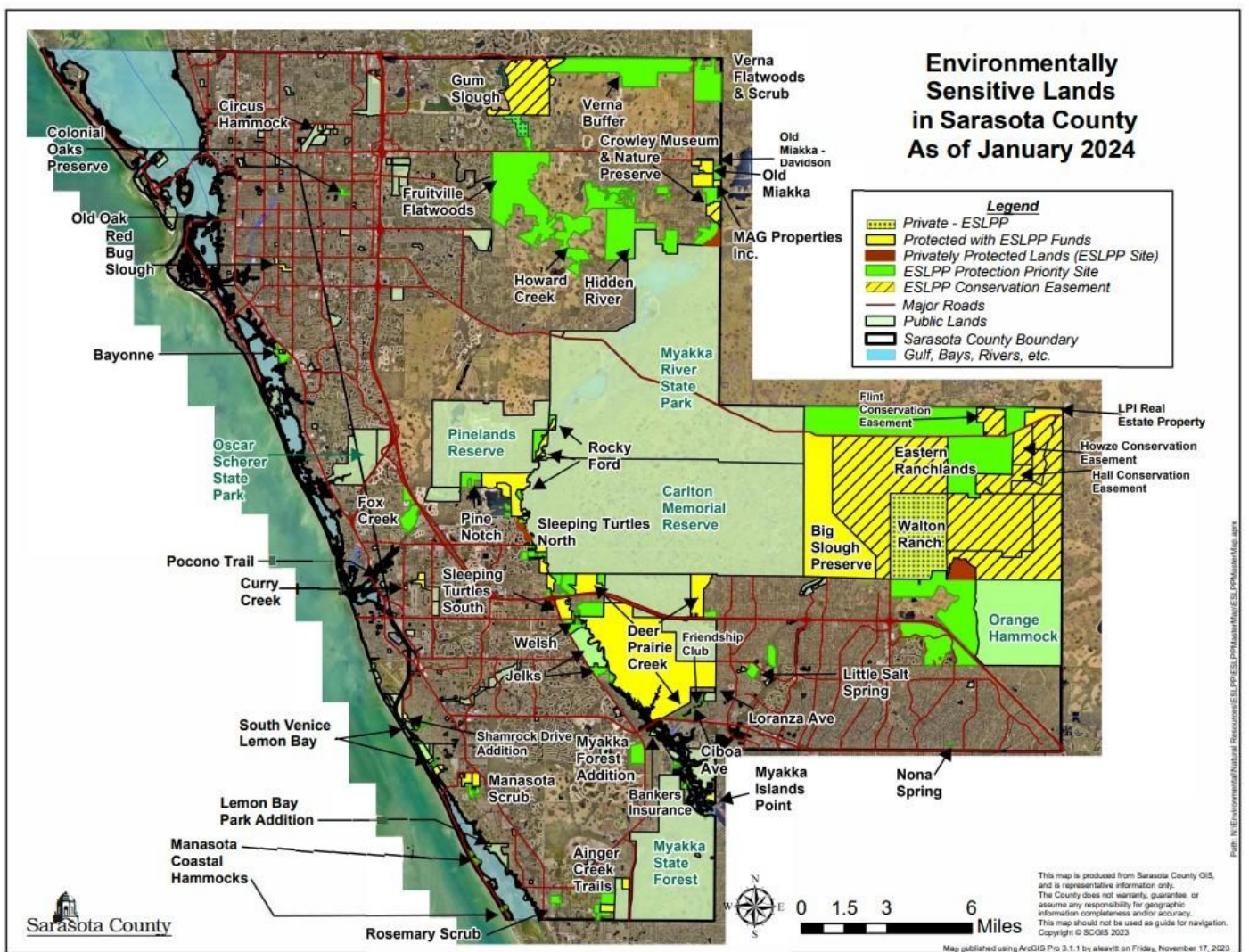
To learn more about Environmentally Sensitive Lands Protection Program, visit Land Acquisition and Management Program | Sarasota County, FL (sarasotacountyparks.com).

Monitoring Water Quality

Water quality encompasses several types of water, including surface water (lakes, rivers, ponds, oceans), groundwater (wells, aquifers), and stormwater, which originates as precipitation. Stormwater runoff often carries pollutants that enter surface and groundwater systems. These water sources are interconnected, impacting ecosystems and human health due to their recreational and personal consumption uses.

Recreational water quality in Sarasota County can be monitored through the University of South Florida Sarasota County Water Atlas, which provides a Sarasota Recreational Water Quality Map. This resource identifies fixed coastal monitoring sites and reports locations where adverse water quality conditions, such as harmful algae blooms, bacteria, or pollution, have been observed. Red tide conditions can also be monitored through the Florida Fish and Wildlife Conservation Commission (FWC) website, which provides updates at Red Tide Current Status and Red Tide Current Status Map. Additional information about red tide effects on Florida Gulf Coast beaches, including reports of dead fish, respiratory irritation, water color, and wind direction, is available through Mote Marine Laboratory's Beach Conditions Report.

Short- and long-term water quality trends, which are essential for evaluating nutrient pollution levels, are accessible via the Water Quality Trends section of the Sarasota County Water Quality Atlas
For more information about Sarasota County's initiatives and projects aimed at protecting and enhancing local water quality, visit Water Quality | Sarasota County, FL (scgov.net)

Red Tide

According to the 2024 Sarasota County Community Health Survey, red tide was identified as the fifth most significant environmental health issue. In Florida, red tide is caused by *Karenia brevis*, a naturally occurring alga found predominantly in the Gulf of Mexico, although it has occasionally been detected along the U.S. East Coast from Florida to North Carolina. The formation of *K. brevis* blooms is not attributed to a single factor but rather to a combination of biological, chemical, and physical interactions. These include the presence of the organism, the availability of nutrients (both natural and man-made), and ocean currents that combine nutrients with light and transport the blooms to coastal areas.

At high concentrations, algal blooms can discolor the water and pose health risks. Exposure may cause skin, eye, nose, and throat irritation and respiratory issues such as coughing and sneezing, particularly in individuals with chronic respiratory conditions.

Sarasota Bay Estuary Program

The Sarasota Bay Estuary Program (SBEP) is a cooperative partnership among communities, researchers, and governments that strives to improve the health of Sarasota Bay. Sarasota Bay Estuary Program 's Comprehensive Conservation and Management Plan focuses on actions to reduce nitrogen inputs to the bay and its tidal creeks.
The 2022 Comprehensive Conservation and Management Plan Update features four Action Plans that center around restoration, resilience, and the road ahead. These Action Plans include:
- Water Quality & Quantity Action Plan – improve water quality and distribution of freshwater flow to the estuary
- Watershed Action Plan – restore shoreline, wetland, and bay habitats and eliminate future losses

- Wildlife Action Plan – protect and enhance fish and wildlife populations in Sarasota Bays and watersheds
- Community Engagement Action Plan – educate, engage, and encourage environmental stewardship of Sarasota Bay and increase community connections to the estuary through low impact recreational use and enjoyment

Protecting Florida Together

Protecting Florida Together is the state's joint effort to provide water quality information through environmental transparency and commitment to action.

In 2019, under the leadership of Governor DeSantis, the Red Tide Task Force, also known as the Harmful Algal Bloom Task Force, was reactivated under the direction of the Florida Fish and Wildlife Conservation Commission. The task force was allocated funding to provide technical expertise and support in studying the causes and impacts of red tide. The Florida Department of Health was also tasked with contributing to the initiative by examining air quality and the human health implications of red tide exposure. In 2021, the task force published a report outlining recommendations for red tide mitigation. [Progress and Recommendations Regarding Red Tide (Karenia brevis) Blooms (myfwc.com)](myfwc.com)

Florida Red Tide Mitigation & Technology Development Initiative

In 2021, Mote Marine, in partnership with Florida Fish & Wildlife Conservation Commission launched The Florida Red Tide Mitigation & Technology Development Initiative and celebrated the opening of Mote's new 29,000 square foot Florida Red Tide Mitigation & Technology Development Facility created to research promising red tide mitigation and detection technologies. In their inaugural year, Mote not only analyzed 2,552 water samples for Florida red tide algae, but also advanced numerous other innovative studies and technologies as illustrated in the graphic below. To learn more about this, read the Mote Marine Annual Report.

Graphic 16: Mote Marine's Innovative Research on Red Tide

Source: Mote Marine Annual Report, 2021

Community Playbook for Healthy Waterways

In 2020, the Gulf Coast Community Foundation launched an environmental initiative to improve water quality in Sarasota County by integrating community-wide activities to develop public **policy,** encourage community engagement, **education**, and apply **science** to effectively manage nutrient pollution in Sarasota County. Activities to identify nutrient sources, implement solutions for reduction or removal, and sustain progress are organized around 3 goals as illustrated in Graphic 17 below.

Graphic 17: Three Goals of the Community Playbook for Healthy Waterways
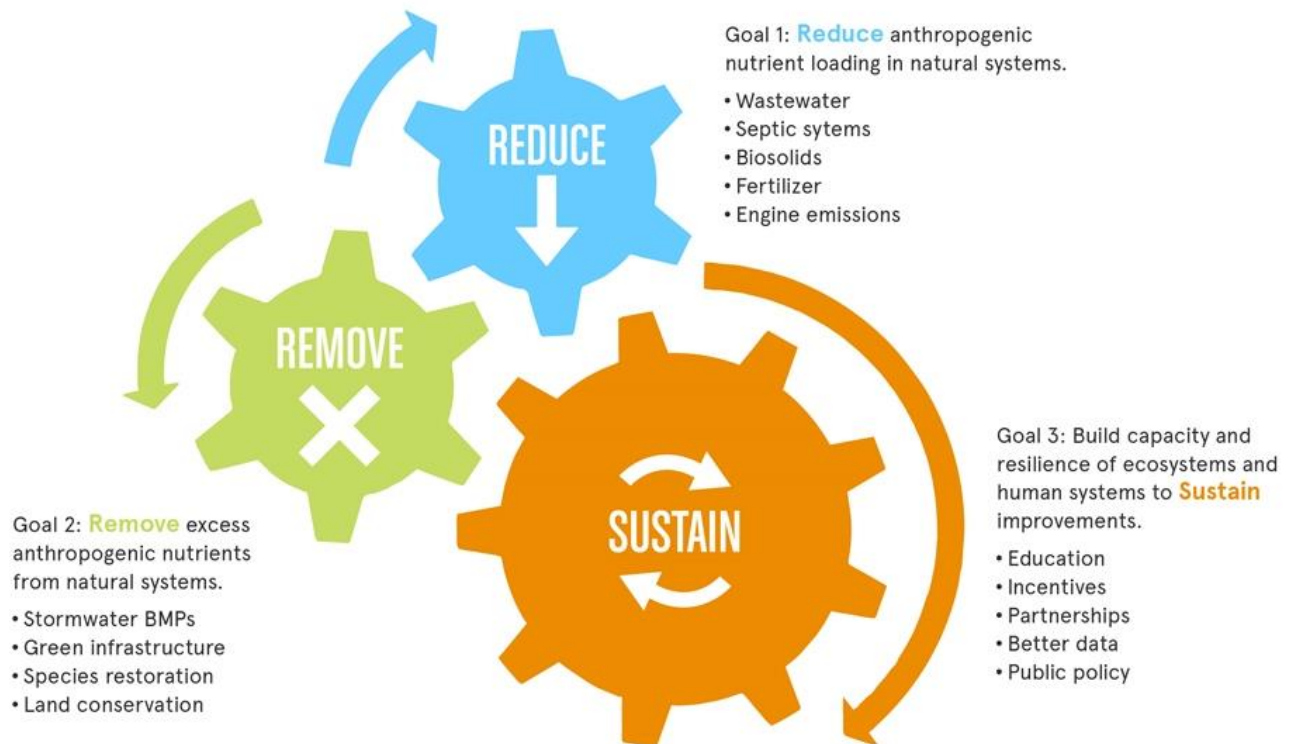
Source: Community Playbook for Healthy Waterways, Gulf Coast Community Foundation, 2021

Several accomplishments towards realizing this initiative have included:
- Sarasota County government ordinance and non-profit educational outreach created to tackle "unflushables"
- Reclaimed water tool developed to reduce overapplication of fertilizer by UF/IFAS Sarasota County Extension
- Sarasota County government investing in wastewater infrastructure
- Sarasota County government upgrading wastewater treatment plants

To learn more about the Community Playbook for Healthy Waterways, visit Home - Playbook for Healthy Waterways – Gulf Coast Community Foundation (waterqualityplaybook.org)

Solutions to Avoid Red Tide Healthy Ponds Initiative

In 2021, Solutions to Avoid Red Tide (START) began a Healthy Pond program to help neighborhoods clean up ponds and enhance the appearance and efficiency of stormwater ponds by providing counseling and funding for aquatic plant stock. In 2022, the newly formed Healthy Pond Collaborative created over 4.3 miles of new pond shoreline in Sarasota County. The collaborative between START, the Sarasota County NEST program, and UF/IFAS Extension Sarasota County has reached over 30

communities with advice and funding to help develop and sustain ongoing maintenance of stormwater ponds. This includes best practices on irrigation and fertilizer, creation of a "No Mow Zone,", and use of aquatic plants to reduce stormwater runoff.

Healthy Beaches Program

The Florida Department of Health in Sarasota County conducts weekly sampling at sixteen beaches along the Sarasota County coast as part of the Healthy Beaches program. When red tide is present, a sign is be posted to inform the public and provide information. Tips for reducing exposure to red tide can be found at Red Tide | Florida Department of Health in Sarasota (floridahealth.gov)

Drinking Water Quality

Concern about drinking water quality was ranked among the top five most important environmental health issues in the 2024 Sarasota County Community Health Survey and placed third in importance in the Sarasota County Citizen Opinion Survey.

Water quality encompasses more than the water consumed; it involves the entire system, including sourcing, treatment, supply, utilization, storage, reclamation, reuse, distribution, and discharge. Factors such as population growth, extreme weather events, flooding from ecosystem and landscape changes, urban development, pollution, and sedimentation can strain and impact drinking water and the broader water supply system. In the graphic below, the Sarasota County water system assets are described.

Graphic 18: Sarasota County Water System Assets
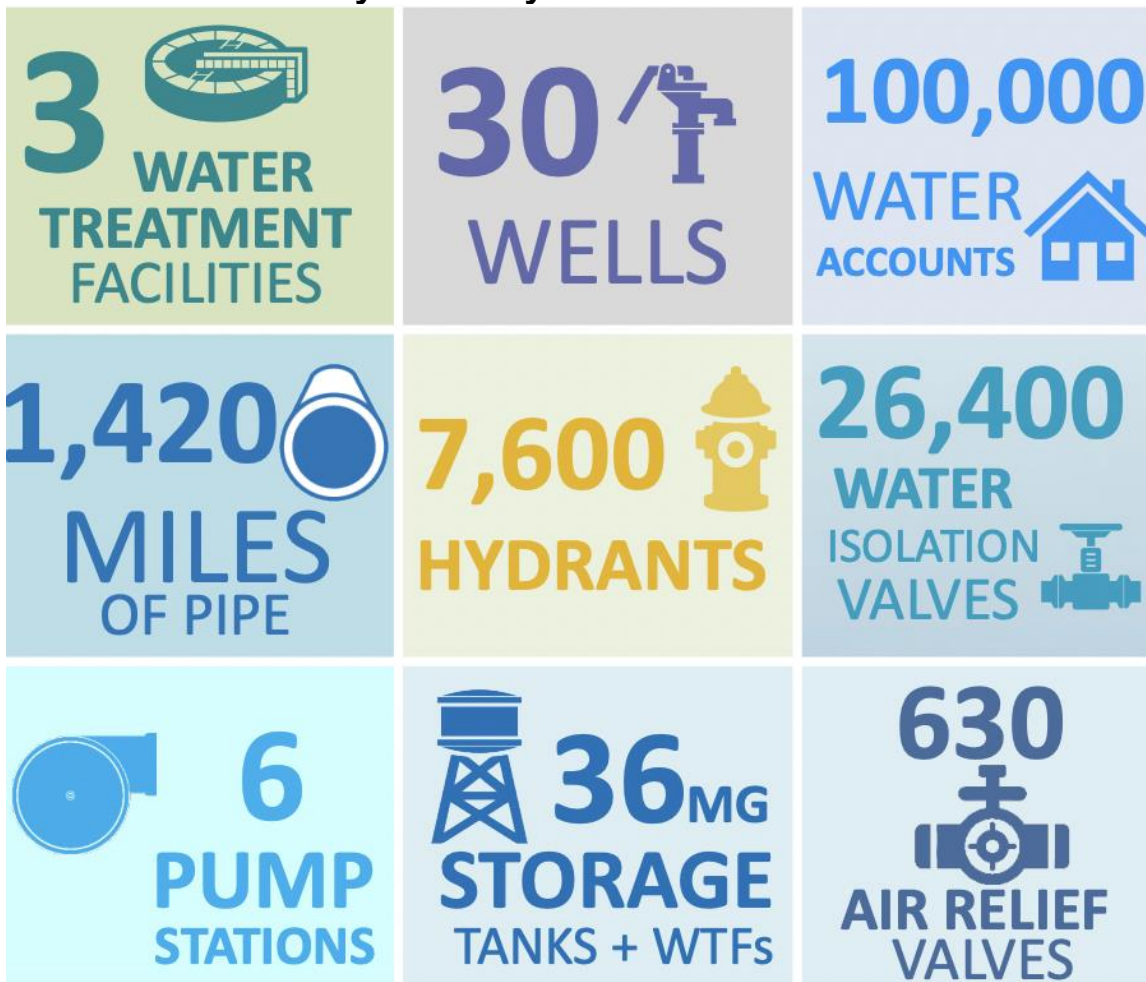
Source: Sarasota County State of the Utility Presentation, 2023

Graphic 19: Sarasota County Wastewater Treatment and Collection Assets

Source: Sarasota County State of the Utility Presentation, 2023

The Sarasota County Consumer Confidence Report (previously named Water Quality Report) is a snapshot of the last year's water quality supplied to Sarasota County Public Utilities customers. It contains information about where Sarasota County's water comes from, what it contains, and how it compares to standards set by the Environmental Protection Agency (EPA). To read the 2023 and previous years reports go to Consumer Confidence Report | Sarasota County, FL (scgov.net)

Sarasota County Water Facts:
- In 2023 close to 9 billion gallons of drinking water was provided to Sarasota County Public Utilities customers
- Sarasota County Public Utilities services 268,000 customers throughout Sarasota County
- In 2020 Sarasota County residents and visitors used approximately 81 gallons of water daily per person
- Sarasota County Public Utilities maintains over 1,420 miles of drinking water pipes throughout the county and operates approximately 100,000 water connections
- Sarasota County Public Utilities performs a water treatment process called Electrodialysis Reversal to demineralize and prepare water for drinking
- Sarasota County obtains its water from three main sources as shown in the figure below

Figure 81: Drinking Water Sources for Sarasota County

Drinking Water Sources for Sarasota County

37%

47%

16%

- Peace River/Manasota Regional Water Supply Authority
- Manatee County
- T. Mabry Carlton, Jr. Memorial Reserve Treatment Plant
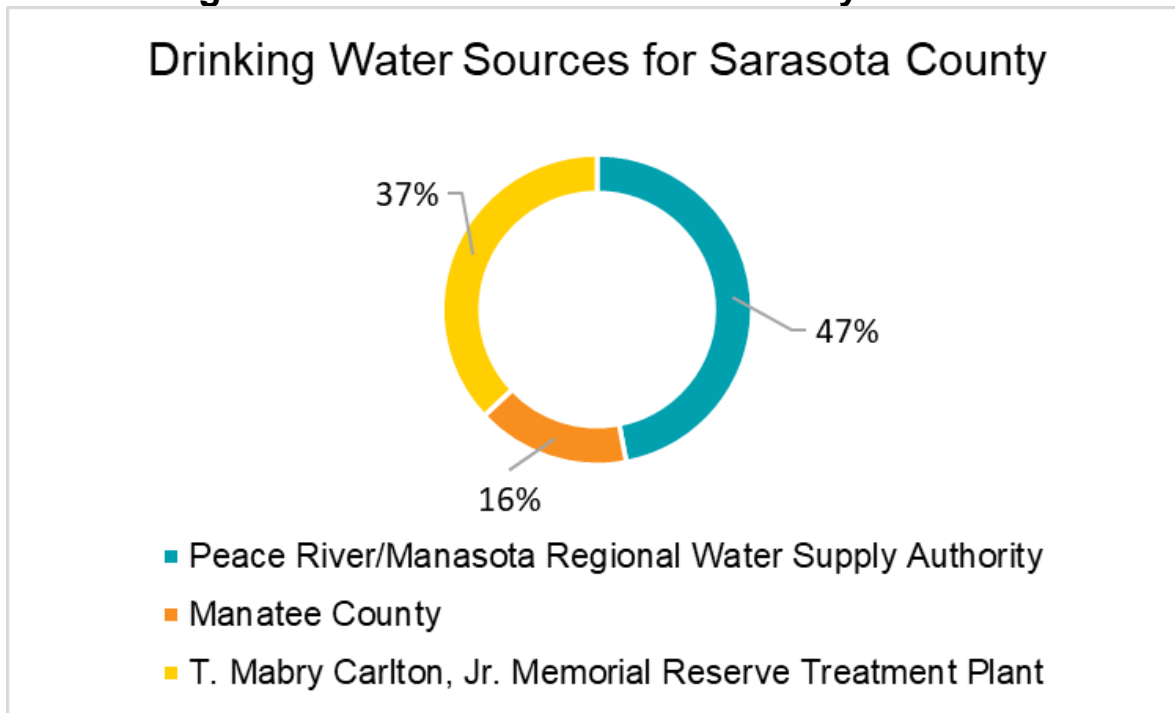
Source: Sarasota County Consumer Confidence Report, 2023

The State of Utility report is shared annually with the Sarasota County Commission and reviews:
- Water and water supply assets, accounts, standards, consumption, sources, treatment, capacity, and demands
- Progress, changes, and improvements on significant infrastructure (projects) or ordinance updates
- Wastewater treatment and collection assets and improvements
- Reclaimed water assets and reuse
- Results of the Fats, Oils, and Grease Program which lessens the potential of grease entering the County's sewer system
- Expenditures and funding

To learn more about the Sarasota County Utilities, view the 2023 State of the Utility presentation. To learn more about Water Quality initiatives in Sarasota County, visit the Sarasota County Water Quality page or the water quality initiatives map. The 2023 Annual Sarasota County Water Quality report is also available for further information.

Heat Vulnerability

On the Sarasota County Community Health Survey, 32% of respondents indicated concern about temperature and weather extremes.

A heat vulnerability assessment, titled *Sarasota Climate: Monitoring Heat and Assessing Heat Vulnerability to Identify Locations for Heat Mitigation Efforts in Sarasota, FL*, was conducted by UF/IFAS Extension and Sustainability Sarasota County in partnership with the NASA DEVELOP National Program. The assessment utilized Earth observation data collected between 2019 and 2023 to identify areas in Sarasota requiring heat mitigation efforts. Sarasota County is described as having a humid subtropical climate that experiences an average of 250 days of sunshine a year comprised of large, urbanized communities vulnerable to urban heat island (UHI) effects. An UHI is created by the replacement of natural landscapes with artificial blacktop surfaces and infrastructure, causing them to retain heat during the day rather than repel it. The graphics below highlights the percentage of impervious surfaces to tree canopy cover across Sarasota County.

Figure 82: (a) Impervious Surface and (b) Tree Canopy Cover Percentages, Aggregated by Census Tract
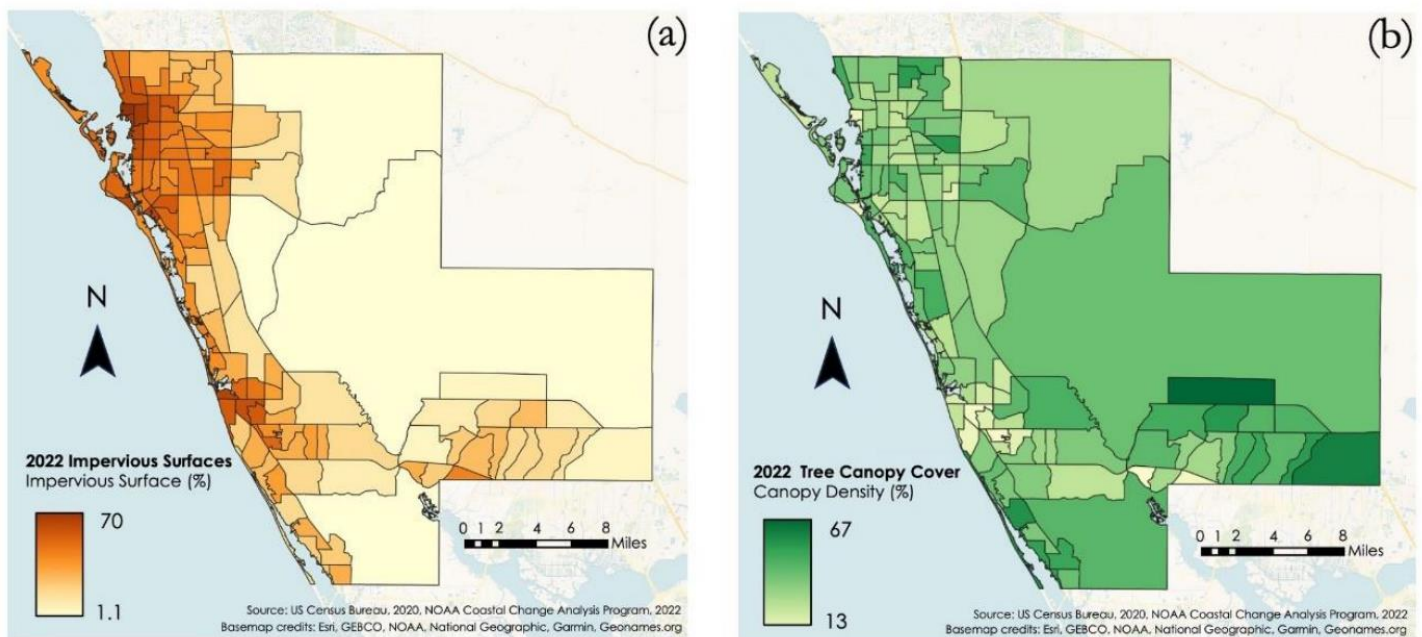
Source: Sarasota Climate: Monitoring Heat and Assessing Heat Vulnerability to Identify Locations for Heat Mitigation Efforts in Sarasota, FL, 2024

Tree canopy cover plays a critical role in mitigating heat vulnerability by providing shade, reducing surface temperatures, and improving urban microclimates, making it an essential factor in addressing heat-related risks. According to the Florida Department of Agriculture and Consumer Services' Statewide Community Tree Canopy Assessment, the Southern Suncoast Region has 30.7% urban tree canopy (UTC) cover. This region encompasses five counties: Manatee, Sarasota, Hardee, Desoto, and Highlands. The City of North Port was the largest city by area in the region and had the greatest UTC area, with nearly half of the regions UTC coming from there. Nokomis and Osprey had the highest UTC percentage in the area at 38%. The City of Sarasota gained 5% UTC from 2013-2021, the largest gain for the region. Sarasota County has a 19% possible planting area, which is essential for furthering additional future tree canopy growth.

The USDA Forest Service's i-Tree Canopy program, is a nationwide program used by various communities to assess urban forests. In 2013 and again in 2022 the County conducted studies to evaluate the land cover in the county using this program. The 2022 study showed a significant reduction in ground and water cover and an increase in trees/shrubs, bare ground and impervious surfaces, both east and west of the Urban Service Boundary as illustrated in the table below.

Table 25: Land Cover in Sarasota County

Study Area	Cover Class	2012 Aerial (2013 Study)	2019 Aerial (2022 Study)
County (within Urban Service Boundary)	Tree/Shrub	31.5%	37.8%
	Groundcover	16.1%	3.1%
	Bare Ground	22.8%	27.6%
	Impervious	17.3%	25.3%
	Water	12.3%	6.2%
County (outside Urban Service Boundary)	Tree/Shrub	33.0%	37.1%
	Groundcover	36.0%	15.5%
	Bare Ground	26.5%	42.8%
	Impervious	1.6%	1.9%
	Water	2.9%	2.5%

Source: Tree Canopy Study, 2022

This study indicates that while developed (impervious) areas grew by 8%, so did tree planting coverage. Tree planting is required associated with new development and may account for converting the ground cover class to areas covered by trees or impervious surfaces.

In addition to reducing the urban heat island effect and saving energy, trees provide significant health benefits including, filtering stormwater runoff, reducing greenhouse gas emissions, cleaning the air, providing wildlife habitat, and slowing storm surge and flooding.

The City of Sarasota has a Neighborhood Canopy Program, an annual incentive program to encourage homeowners to plant and maintain mature canopy trees. To learn more, visit the Neighborhood Canopy Program.

Sarasota has experienced a significant temperature increase starting from 1970, as shown in Figure 83 below, with average daytime temperatures rising by 2.6°F and nighttime temperatures by 5.9°F in summer. The report suggests that the effects of rapidly growing communities in Sarasota, among other factors, are contributing to increasing surface temperatures, placing more residents at risk of heat-related illness like dehydration and heat stroke, stemming from prolong exposure to higher temperatures.

Figure 83: Average Air Temperature Trends in Sarasota County during Summer, Minimum Temperature (left) and Maximum Temperature (right) Measured at the Sarasota-Bradenton Airport and Venice Municipal Airport
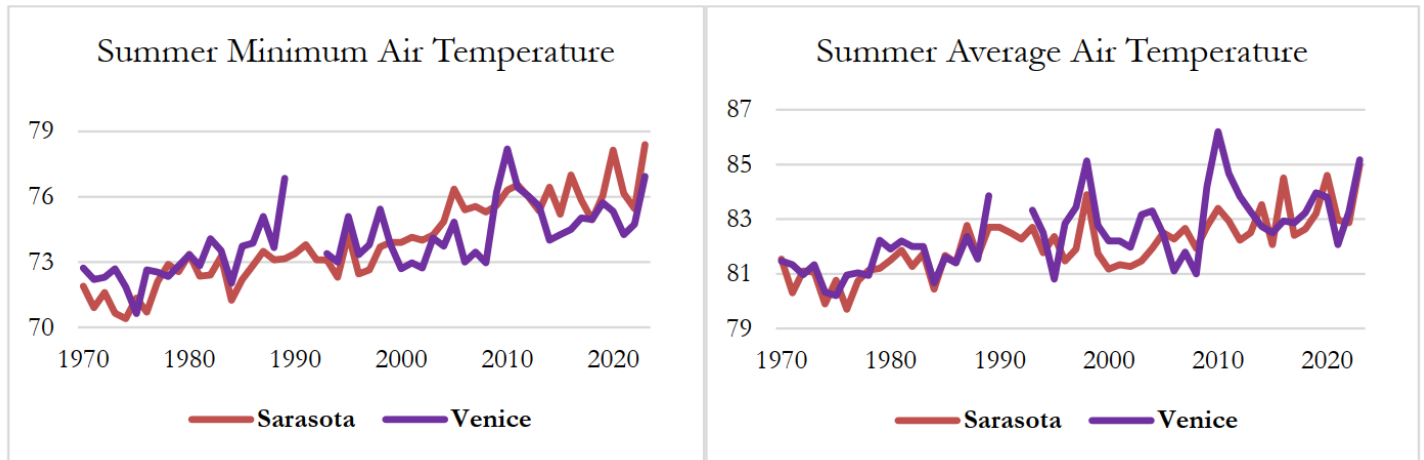
Source: Sarasota Climate: Monitoring Heat and Assessing Heat Vulnerability to Identify Locations for Heat Mitigation Efforts in Sarasota, FL, 2024

The report revealed that heat intensity varies significantly across Sarasota County, with the highest temperatures found in the more developed western portion of the county. In Graphic 21 shown below, the heat vulnerability across Sarasota County is displayed. The report indicated three geographic areas were identified as being at increased risk for heat-related illness in Sarasota County and recommended for consideration for future heat mitigation efforts. These areas were North Sarasota (Newtown), Venice, and North Port.

However, it's not only the zip code that determines an individual's heat vulnerability. Different demographic factors, such as age, race, income, population density, and access to home amenities, such as air conditioning, may predispose certain groups to increased vulnerability from extreme heat. A combination of these variables comprises a census tract-level comparison of the Heat Vulnerability Index. To learn more about local Heat Vulnerability Index data, visit the Disparities Heat Vulnerability Map.

Graphic 20: Heat Vulnerability Across Sarasota County
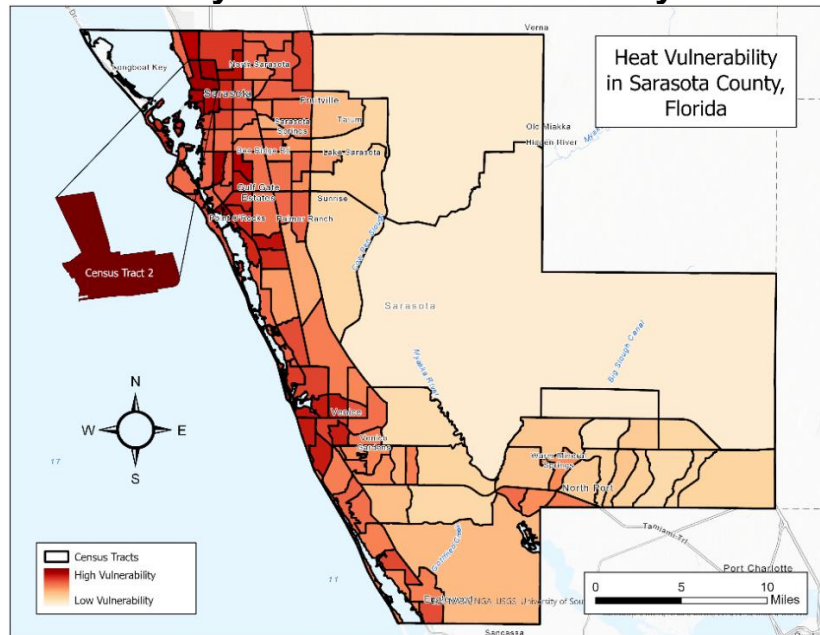
Source: Sarasota Climate: Monitoring Heat and Assessing Heat Vulnerability to Identify Locations for Heat Mitigation Efforts in Sarasota, FL, 2024

Newtown, North Port, and Venice have higher rates of chronic health conditions, contributing socioeconomic factors, and other environmental hazards exacerbating heat vulnerability, signaling a high priority for at-risk groups. The combined chronic illness prevalence for common chronic diseases by census tract is shown below in Graphic 22.

Graphic 21: Combined Chronic Illness Prevalence for Asthma, COPD, CHD, HBP, Stroke, Obesity, and Diabetes Across Sarasota County by Census-designated Place
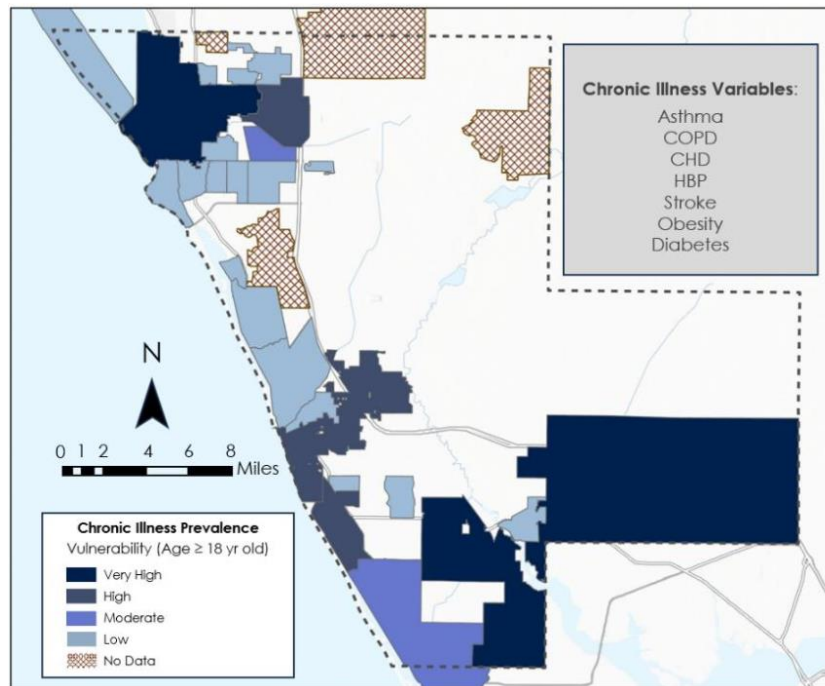
Source: Sarasota Climate: Monitoring Heat and Assessing Heat Vulnerability to Identify Locations for Heat Mitigation Efforts in Sarasota, FL, 2024

The report concludes with several proposed action items to mitigate heat exposure and reduce vulnerability in the three priority communities. These include tree planting in high-risk areas with limited canopy cover, conducting public outreach and providing resources on extreme heat, deploying low-cost temperature sensors to monitor heat conditions in priority areas, establishing cooling centers in high-risk communities, and promoting the installation of light-colored roofs. UF/IFAS Extension Sarasota County plays a key role in heat-related public outreach, collaborating with community organizations and Community Health Action Teams to educate residents and provide resources aimed at addressing heat-related challenges.

To review the full report, visit 2024Spring_GA_SarasotaClimate_TechPaper_FD0610.pdf (nasa.gov)

Crime and Neighborhood Safety

Crime and neighborhood safety are significant concerns for Sarasota County residents. According to the 2024 Sarasota Citizen Opinion Survey, crime was ranked as the third most important issue facing the County, with 9.4% of respondents identifying it as a priority, an increase from 8.9% in 2023. Additionally, neighborhood safety was ranked fifth in the 2024 Sarasota County Community Health Survey, with 35% of respondents indicating it as a critical factor contributing to a healthy community.

Exposure to crime and violence is a recognized by Healthy People 2030 as a social factor, contributing to adverse health outcomes for individuals who experience it directly or indirectly. Types of violence include but are not limited to, child abuse and neglect, firearm violence, intimate partner violence, sexual violence, and elder abuse.

- Sourced from the FBI's Uniform Crime Report, the 2022 Sarasota County crime index was 8.9 out of 10. According to the Florida Department of Corrections, the 2023 Sarasota County incarceration rate was 2.3% compared to Florida at 2.4%.
- The crime rate is the number of crimes committed per 100,000 people and, in 2022, the rate of violent crimes in Sarasota County was 90.9 compared to Florida at 150.6.
- Sarasota County number of inmate admissions at 92.3 compared to Florida at 150.7, however, there has been an uptick in local inmate admissions post-pandemic.
- The City of Sarasota Police Department shared that for the first time since 1967, there was no recorded homicides in the city throughout 2023, and Part-1 crimes decreased by 16.2%, the largest decrease since 1999. Part 1 crimes include homicide, robbery, rape, aggravated assault, burglary, larceny, and vehicle theft.
- As of June 2024, Sarasota County has experienced a 100% increase in homicides (from 2 to 4) since June 2023 and a 6% decrease in property crimes
- In 2023, of the 9,758 people booked in the Sarasota County Jail, 46% experienced a substance use disorder, a 3% increase from the previous year

Domestic Violence

In 2023 the Florida Department of Law Enforcement reported the rate per 100,000 of domestic violence offenses in Sarasota County was 235, down from 245 in 2022, compared to Florida overall at 315 and has been trending upwards in recent years. The trend in domestic violence offenses is shown in Figure 84 below.

Figure 84: Domestic Violence Offenses in Sarasota County and Florida

Domestic Violence Offenses, Rate Per 100,000 Population, Single Year
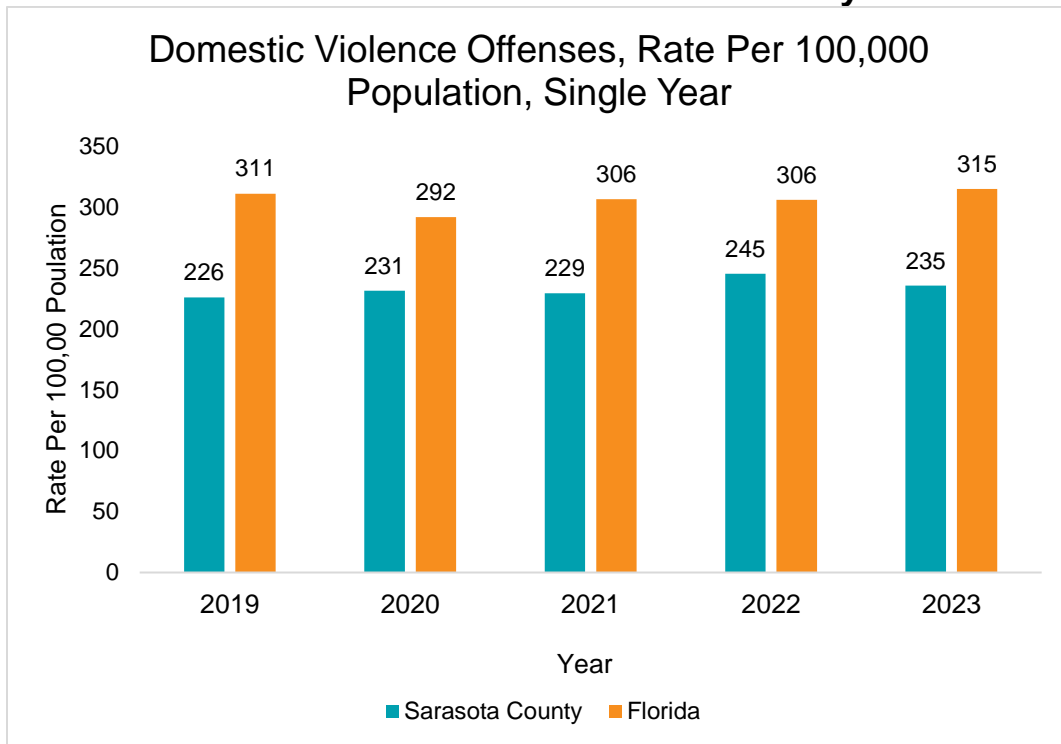
Source: Florida Department of Law Enforcement, 2023

Drug Arrests

The Florida Department of Law Enforcement reports that the rate per 100,000 of Drug Arrests in Sarasota County was up from 358 in 2022 to 388 in 2023, compared to Florida overall at 391. The trend in drug arrests is shown in Figures 85 and 86 below.

Figure 85: Drug Arrests in Sarasota County and Florida

Drug Arrests, Rate Per 100,000 Population, Single Year
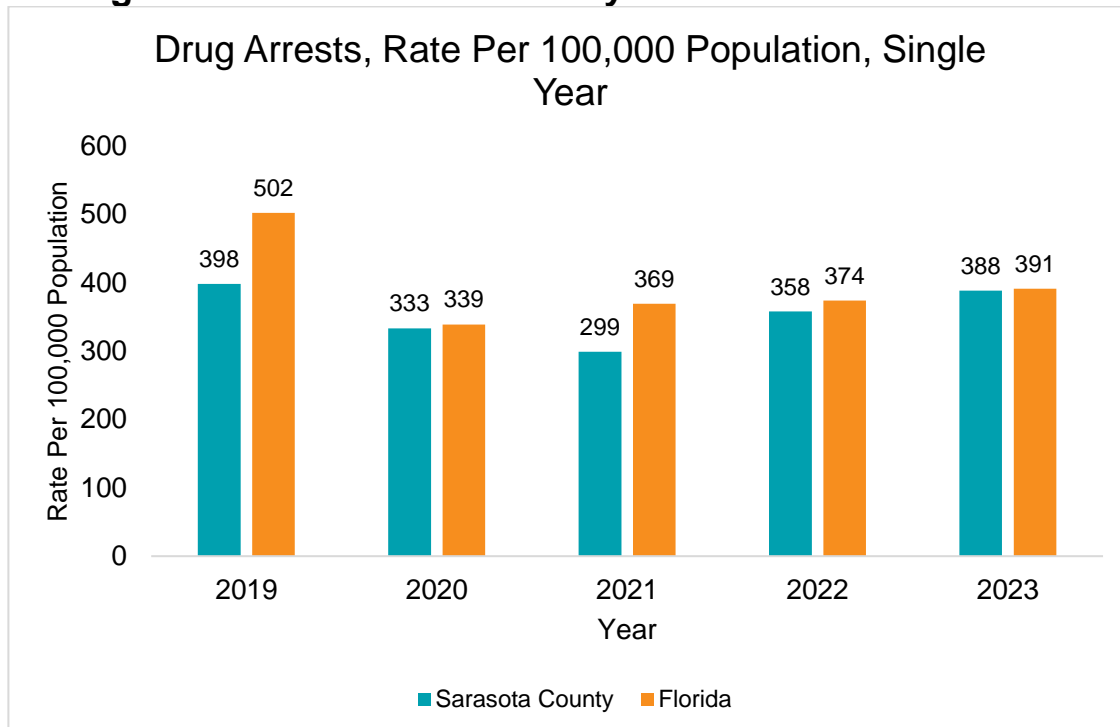
Source: Florida Department of Law Enforcement, 2023

Figure 86: Juvenile Drug Arrests in Sarasota County and Florida
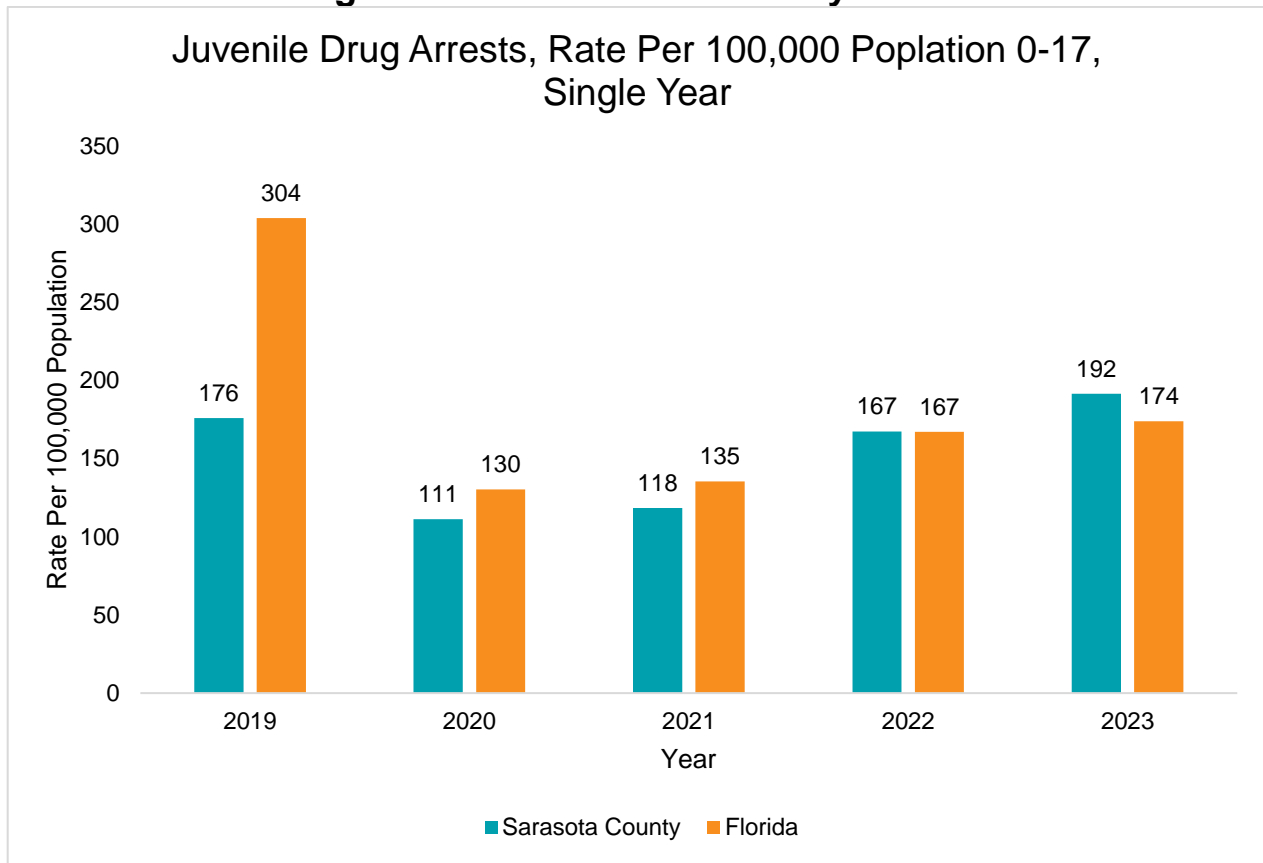
Source: Florida Department of Law Enforcement, 2023

Human Trafficking

Human trafficking has garnered increased attention in recent years as awareness of this critical issue continues to grow. While local data specific to Sarasota County is not readily available, statewide figures provide insight into the scope of the problem. Florida ranks third in the nation for human trafficking, and in 2021 had 781 cases reported to the National Human Trafficking Hotline. This growing concern has spurred the efforts of local organizations like Selah Freedom, which is dedicated to supporting survivors and combating human trafficking in the region. The Table 26 below shows statewide human trafficking data.

Table 26: Florida Human Trafficking Profile

Victims	2019	2020	2021
Total National Human Trafficking Hotline Cases	896	738	781
Human Trafficking Related Hospitalizations	89	100	141
Human Trafficking Related Emergency Department Visits	72	67	71
Risk Factors	2019	2020	2021
Homeless Estimate	28,590	27,679	21,141
Children in Foster Care	21,066	23,517	25,475
Estimated Seriously Mentally Ill Adults	698,167	711,698	725,329
Adults Who Experienced Four or More ACEs	21.1%	18.6%	22.2%

Source: Florida Health Charts Human Trafficking Profile, 2024

Neighborhood Safety

The Sarasota County Sheriff's Office offers a Neighborhood Watch program to help improve neighborhood security, and partnership with the community is a key component to crime prevention. For residents who want to work with others to protect their homes, Neighborhood Watch is a formal process of vigilance and communication. To learn more about volunteer opportunities and download the application go to, [Welcome to Sarasota County Sheriff's, FL (sarasotasheriff.org)](https://www.sarasotasheriff.org) or contact Crime Prevention.

Diversion Program & Reducing Recidivism

According to the Journal of Trauma and Acute Care Surgery, intervention programs that involve screening, intensive case management, and treatment have been shown to be successful and cost-effective interventions in reducing recidivism. Diversion or pretrial intervention programs are designed to help defendants reduce or avoid imprisonment and address the behaviors that led to their arrest and prevent future criminal acts, potentially avoiding criminal conviction(s) and receiving treatment, counseling, and/or vocational training instead.

Four such programs operating in the Sarasota County 12th Judicial Circuit Court include:

Rehabilitation, Education, and Support Toward Offender Reintegration *(RESTORE)*, a program which expanded on the processes learned in the pilot program Community Offender Rehabilitative Treatment (CORT) at Lightshare.

CORTs replacement program, RESTORE, targets male, low-level felons with a history of chronic substance abuse and offers treatments including family and trauma therapies, meditation and stress management classes, and relapse prevention planning.
- 90% of individuals who successfully completed the program demonstrated an improvement in a reduction of criminal thinking patterns
- 87% of clients who successfully completed the program were not rearrested within 12 months of discharge

Comprehensive Treatment Court (CTC)
The Sarasota County Comprehensive Treatment Court was established in 2017 to assist individuals who reside in Sarasota County and have been arrested and charged with either a misdemeanor or felony, are experiencing homelessness and/or mental illness, do not have a violent criminal history, and have a desire to change existing behaviors and a willingness to complete a (no cost) treatment program.
- 86% of program participants had reduced mental health symptomology upon discharge
- 94% reduced recidivism rate among program participants compared to one year prior to program admission

Teen Court of Sarasota Inc.
Teen Court is a peer program for at-risk youth, helping teens improve self-esteem and make healthy choices through meaningful consequences, peer mentorship, and civic engagement. Programs include mental health counseling, life skills and substance use classes, Court sessions (Justice for Youth by Youth) and CAMP X-RAYD, for youth experimenting with drugs, alcohol, and/or fighting in the community or at school. Program referrals are made by local schools, law enforcement agencies, and parents.
- 96% Substance Abuse program success rate, 4% re-offense rate
- 94% overall program success rate, 6% re-offense rate

- 96% of parents of teens enrolled in the program have seen positive changes since participation
- 84% of youth had improved grades since participating in the teen court program
- The Teen Court System has a 6% recidivism rate vs. 42% with Juvenile Court
- Sarasota County taxpayers save 3.5 million dollars annually by diverting youth to Teen Court in lieu of a juvenile arrest

Sarasota Corrections Re-entry Navigator Program

This is a jail reentry services program involving navigators working with inmates while incarcerated, providing counseling and re-entry planning, providing case management after release to ensure the individual can participate in available follow-up services to help them succeed and avoid returning to jail, ultimately keeping the community safer.

SOCIAL AND ECONOMIC FACTORS

SOCIAL AND ECONOMIC FACTORS IMPACTING HEALTH

The health of a community is shaped by a wide range of social and economic factors that extend beyond individual behavior or medical care. The many social and economic factors driving health outcomes are shown below in Graphic 23. Access to essential services, such as healthcare, transportation, housing safety and affordability, and reliable access to nutritious food are critical elements that influence overall well-being. These interconnected factors not only impact individual health outcomes but also play a significant role in the overall health of Sarasota County. Understanding and addressing these influences is vital for fostering a healthier future for all residents.

Graphic 22: Social and Economic Factors Drive Health Outcomes

Social and Economic Factors Drive Health Outcomes

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
		Racism and Discrimination			
Employment	Housing	Literacy	Food security	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Stress	Quality of care
Medical bills	Playgrounds	Higher education		Exposure to violence/trauma	
Support	Walkability				
	Zip code / geography				

Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: Kaiser Family Foundation, 2020

Screening and Referral for Services

Screening for unmet needs in client and clinical settings is a critical strategy for improving individual health outcomes, reducing healthcare readmission rates, and lowering costs. Challenges related to food insecurity, lack of transportation, and housing instability can create significant barriers to accessing care and achieving optimal health. Identifying and addressing these unmet needs provides an opportunity to better understand clients and address the underlying factors that contribute to poorer health outcomes.

Unite Us is a secure, closed-loop electronic referral platform designed to facilitate the screening and referral of clients and patients. It enables healthcare and social service organizations to collaborate effectively, ensuring individuals receive the support they need to lead healthier lives. This section highlights the implementation timeline and the four-year outcomes of utilizing Unite Us at Sarasota Memorial Healthcare System. The adoption of Unite Us by the major healthcare system then permeated to throughout Sarasota County to numerous non-profits and government agencies now utilizing the platform to better serve their clients. A list of organizations in Sarasota County utilizing the Unite Us platform is listed in Appendix I of this report.

Unite Us Timeline

- **August 2020** – Launch of the Unite Us platform in Women & Children's Services.
- **April 2023** – Expanded use of Unite Us platform outside of Women & Children's Services.
- **April 2024** – Further expansion of Unite Us platform use across the health care system. Incorporation of SDOH screening in Nursing workflow for admitted patients and some outpatient areas.

Table 27: Unite Us Patient & Referral Volume, Race/Ethnicity

Year	2020 (launched August 27th)	2021	2022	2023	2024 (through September 30th)
Volume					
# Patients	259	980	1,149	1,808	2,713
# Referrals	440	1,893	2,688	4,111	7,767
Race					
White	61.0%	44%	45.4%	45.8%	43.9%
Black	15.1%	15.4%	13.2%	13.1%	12.1%
Asian	0.4%	0.8%	0.6%	0.6%	0.5%
Undisclosed/Other	23.5%	39.8%	40.8%	40.5%	43.5%
Ethnicity					
Non-Hispanic/Latino	49%	40.6%	39.9%	50.7%	48.6%
Hispanic/Latino	12%	15.6%	18.5%	17.4%	11.5%
Undisclosed	39%	43.8%	41.6%	31.9%	39.8%

Food assistance has consistently been identified as a top priority for Sarasota Memorial patients. The changing priorities in service needs over the past five years may reflect the expanding patient population receiving care coordination through the Unite Us platform. In recent years, food assistance has emerged as the most frequently identified need, followed by individual and family support. To address food insecurity, Sarasota Memorial has collaborated with All Faiths Food Bank to provide food bags to patients identified with this need. Initially, this initiative focused on Women & Children's Services patients, including those at the Venice Hospital's Labor, Delivery, Recovery, and Postpartum units, and has since been expanded to additional hospital service areas.

The comparatively lower rates of the top two service needs in 2023 and 2024 (17% and 15% for food assistance; 18% and 15% for individual and family support) compared to 2020–2022 may indicate a broader range of needs among the hospital's patient population outside of Women & Children's Services. Analyzing patient needs by hospital service line could enable the development of targeted interventions. The table below provides a summary of the top three service needs identified by Sarasota Memorial via the Unite Us platform from 2020 to 2024.

Table 28: Unite Us Top 3 Service Needs

Top Service Needs	2020	2021	2022	2023	2024
1st	Individual & Family Support	Individual & Family Support	Individual & Family Support	Food Assistance	Food Assistance
Rate	41%	34%	26%	17%	18%
2nd	Food Assistance	Food Assistance	Food Assistance	Individual & Family Support	Individual & Family Support
Rate	24%	24%	23%	15%	15%
3rd	Mental/Behavioral Health	Mental/Behavioral Health	Clothing & Household Goods	Benefits Navigation	Housing & Shelter
Rate	16%	11%	12%	14%	14%

Over the last 5 years, increasing numbers of Sarasota Memorial Hospital's patients' socio-economic needs have been identified and connected through the Unite Us platform to community-based organizations that can assist them. 2024 was a strong year of expansion of the platform with the number of patients identified at SMH and served through the Unite Us platform showing a 50% increase over the previous year. The table below highlights the evolution of the SMH Unite Us expansion across the health system between 2020-2024. This expansion has allowed SMH to reach more of its' patient population through screening and referral for services via Unite Us.

Table 29: Unite Us SMH Expansion of the Platform

2020	2021	2022	2023	2024
Women & Children's Services	*Women & Children's Services*	*Women & Children's Services*	*Women & Children's Services* *Sarasota/Venice - Cardiac Services, Cornell Behavioral Health Pavilion Inpatient/Outpatient, Disease Specific Programs, Emergency Care Center, LDRP, Medicine, Neurology, Oncology, Oncology Nurse Navigators, Orthopedics, Patient Assistance Program, Psychiatry, Pulmonology, Rehab Inpatient/Outpatient, Sarasota Memorial Nursing & Rehabilitation Center, Surgery, Transitions of Care, Trauma.*	*Women & Children's Services* *Sarasota/Venice - Cardiac Services, Community Specialty Clinic, Cornell Behavioral Health Pavilion Inpatient/Outpatient, Disease Specific Programs, Emergency Care Center, First Physicians Group OB/GYN, First Physicians Group Pediatrics, First Physicians Group Primary Care, First Physicians Group Specialty Care, Internal Medicine Newtown, LDRP, Medicine, Neurology, Oncology, Oncology Nurse Navigators, Orthopedics, Patient Assistance Program, Psychiatry, Pulmonology, Rehab Inpatient/Outpatient, Sarasota Memorial Nursing & Rehabilitation Center, Surgery, Transitions of Care, Trauma.*

Challenges & Successes

Managing projects in a large health care system such as SMH is challenging due to the complexity of the environment, multiple stakeholders including patients and families, Administration, physicians, nurses, Information Systems, Case Management, and Quality Department. Developing an implementation and sustainability plan across the two hospitals and the varied service lines takes time, careful organization, and a committed team. Commitment to overcome these natural challenges of a large system and have been key to moving the process forward.

SMH has had a longstanding commitment to identifying and addressing health care gaps in the community including the opening of the Community Specialty Clinic over 30 years ago. Free specialty care and referrals services are available for eligible residents in need. The Internal Medicine Practice, launched in in Newtown in 2017, provides access to a wide array of preventative services, primary care, registered dietitians, pharmacists and social workers. Since 2021, SMH Transition of Care Nurses and Oncology Nurse Navigators work to ensure transition to home is safe and patients and families have the resources they need after discharge. SMH functions as the backbone organization for the First 1,000 Days Suncoast, which includes hiring and managing the staff as well as providing HR, Legal, IT, and Marketing support in kind.

Continuing its constancy to the community, SMH executive leadership has allocated time and committed resources for work to address disparities, notably contracting with Unite Us USA in 2020 to continue the support of the platform in the region and integrate it fully across the health system. The expansion of the Unite Us network at SMH and among community-based organizations across the region is indicative of the collective mission and collaborative nature of the region's providers and the platform's ability to bring this work to life through the technology that leverages meaningful outcomes data and analytics to further drive community investment. Furthermore, in 2021 SMH leadership directed the establishment of a system-level Social Determinants of Health Committee to use SDOH

screenings to inform interventions; collect and analyze data to understand the impact of SDOH on patient populations; measure the effectiveness of SDOH programs and initiatives; develop strategies to integrate SDOH initiatives into the broader organizational mission.

To read more about How Social Care Improves Maternal Health Outcomes at Sarasota Memorial Hospital click the link. And to read about the Evaluation of the First 1,000 Days Suncoast Family Navigation program aimed to (1) describe the social needs of families in Southwest Florida and (2) measure the program's impact on client-reported mental health and social support outcomes click Full article: "I Felt Supported, Empowered, and Encouraged": Early Findings from a Community Initiative to Strengthen and Support Families Through the First 1,000 Days of Life

Access to Transportation

Access to reliable transportation and vehicle availability are critical factors influencing food security and access to essential programs and services, all of which are closely tied to health outcomes. In Census Tract 3, located in North Sarasota County, 24.5% of households—approximately one in four—lack access to a vehicle and live more than half a mile from a supermarket offering healthy food options.

Affordable and convenient public transportation plays a vital role in addressing the needs of individuals who are transportation disadvantaged. Improving transportation options can significantly enhance access to food, healthcare, and other critical services. The USDA Economic Research Service (ERS) Food Access Research Atlas highlights the challenges faced by residents in Census Tract 3, where over 100 households lack vehicle access, leaving a substantial number of individuals residing beyond walking distance to the nearest supermarket.

Graphic 23: Breeze Transit Service Comparison 2019 to 2022
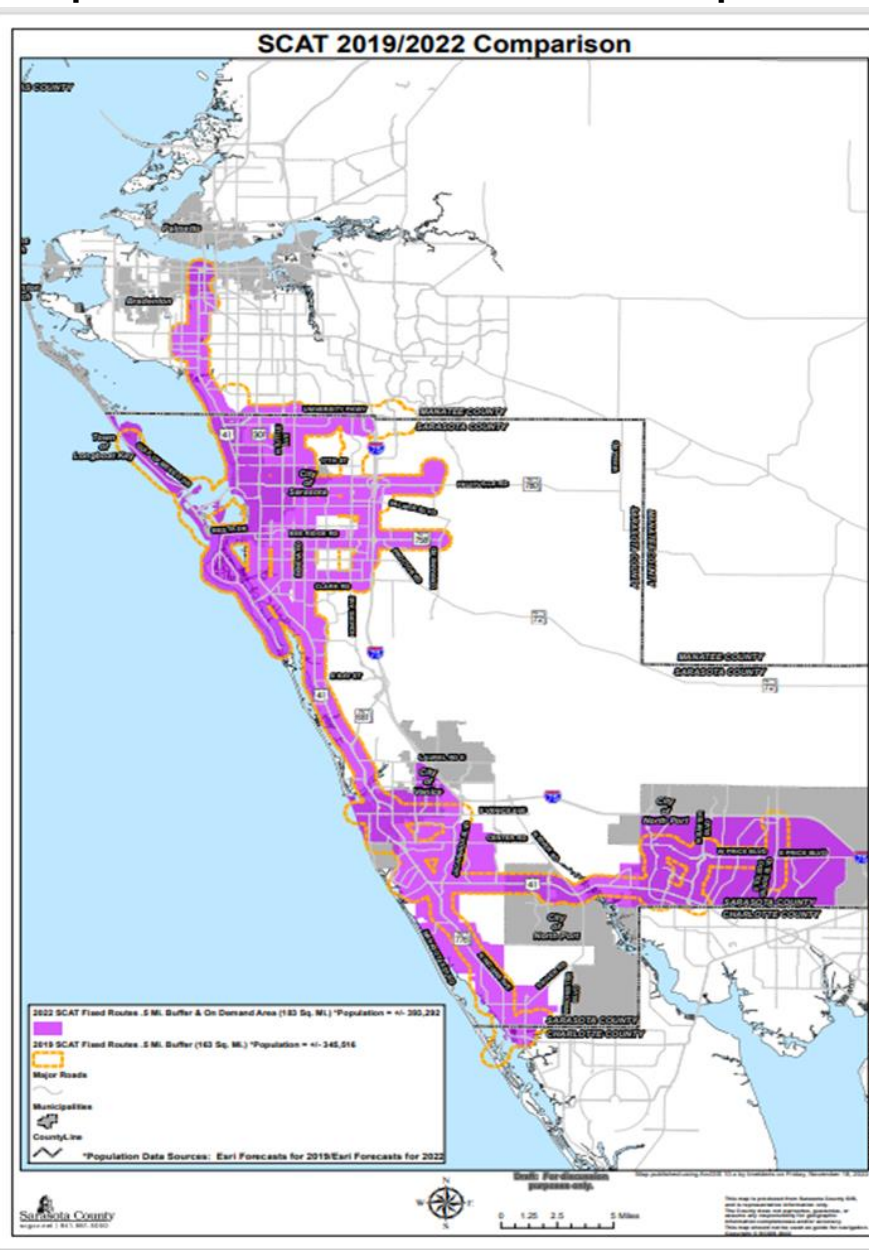
To help expand access to public transportation in other areas of Sarasota County, Breeze Transit, formerly known as Sarasota County Transit or SCAT, launched Breeze OnDemand in July 2021. OnDemand is a curb-to-curb ride share service that operates in four Sarasota County "zones" to include North Port, Venice/Englewood, Siesta Key, and Downtown Sarasota, Lido, and Longboat Key. Current limitations to utilizing the OnDemand rideshare service include the access to only four OnDemand service zones requiring the trip originate and end in the same service zone, or otherwise necessitating a transfer to or from the bus or other transportation if the rider's destination is outside the OnDemand Zone. Despite this, with the implementation of Breeze OnDemand, Sarasota County residents residing in the more remote parts of eastern and south County, in particular, experienced increased access to public transportation services. The diagram adjacent is a map analysis and comparison of how many people lived within a ½ mile of Breeze's fixed route service in 2019, outlined in orange, and the increase in service area with the introduction of Breeze OnDemand service, indicated in

magenta. The overall expansion reached 393, 292 residents in 2022 compared to 345,516 in 2019, a 13% increase.

Breeze Plus offers a transportation disadvantaged (TD) program that operates throughout Sarasota County via traditional bus routes, but a reduced fare for TD riders is available for Breeze OnDemand services in the four zones it services. The majority of BreezePlus TD applicants are females aged 65-80 years old, and the top three reasons for travel include educational, work related, and medical. Reasons for increase in Breeze TD ridership from 2020-23 include increased population growth, an increasing older adult population, more community-oriented leadership and outreach, and increased availability of federal funding.

Figure 87: Breeze Transportation Disadvantaged Program Applications and Approvals
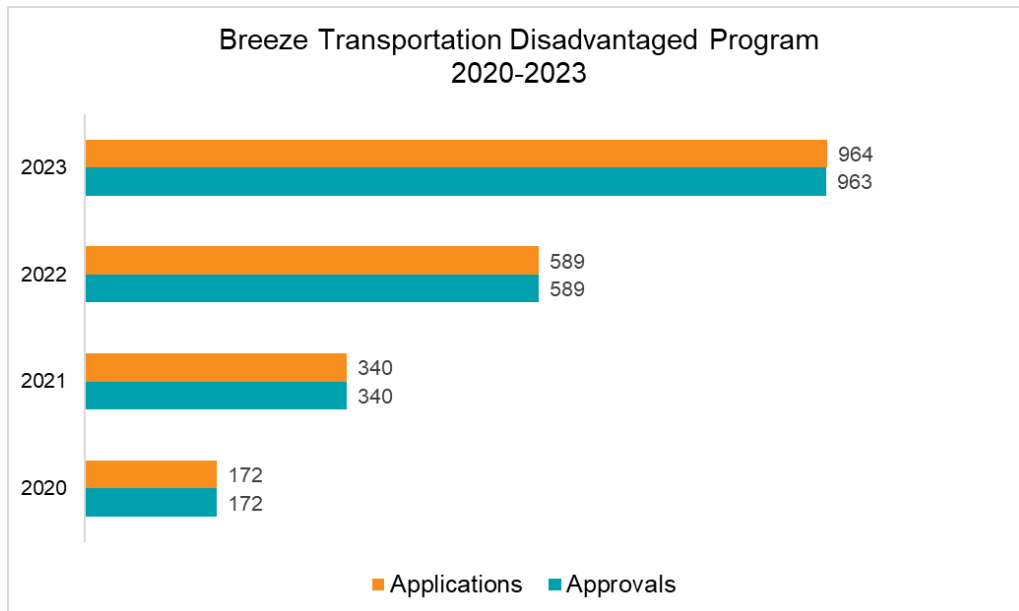
Source: Breeze Transit, 2023

Figure 88: Breeze Transportation Disadvantaged Program Ridership
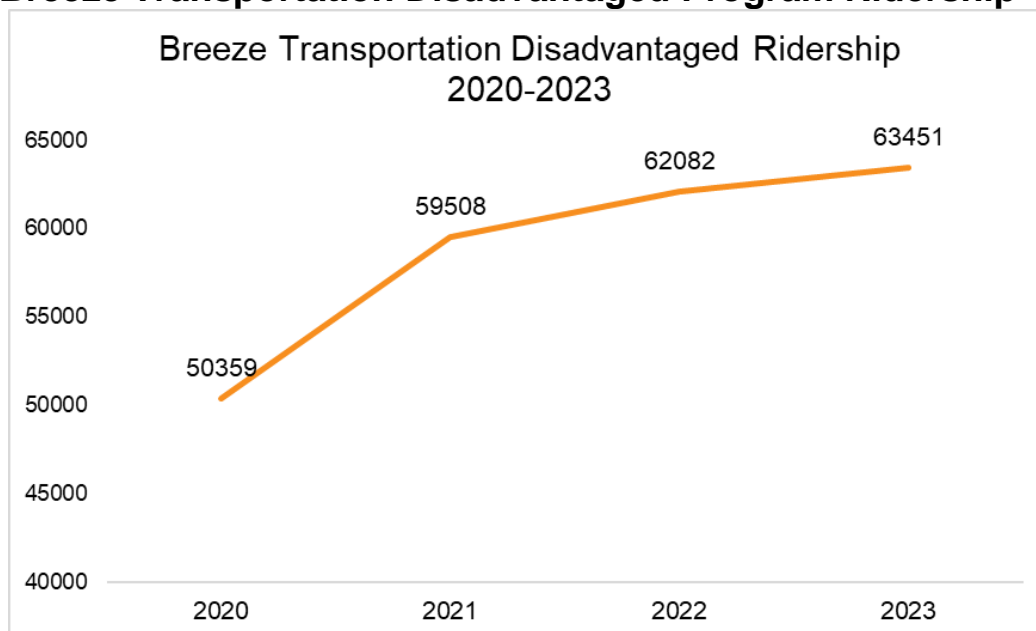
Source: Breeze Transit, 2023

Figure 89: Breeze Transportation Disadvantaged Reasons for Travel, 2020-2023

Breeze Transportation Disadvantaged Reasons for Travel
2020-2023
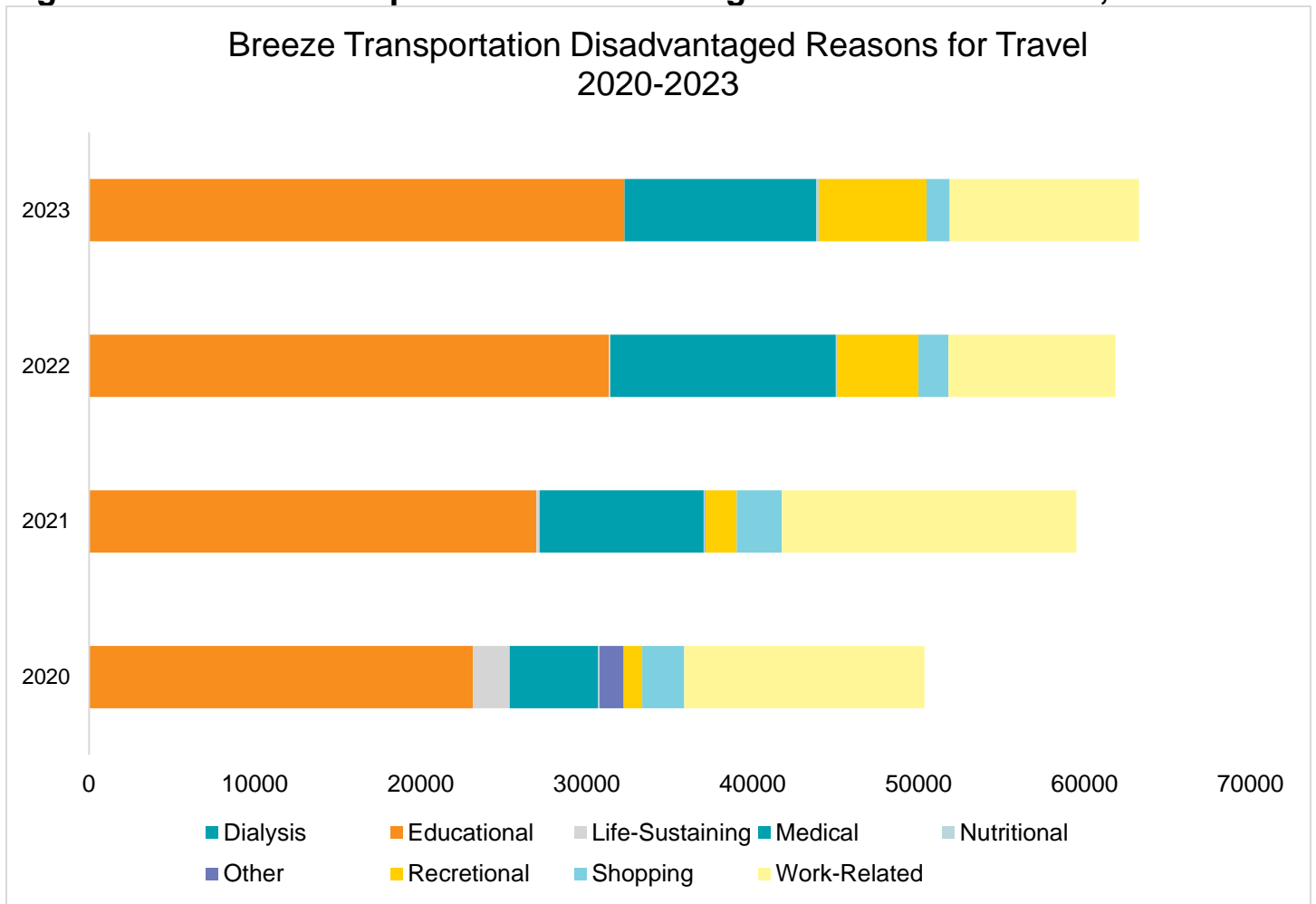
Source: Breeze Transit, 2023

Housing

Affordable housing has been ranked among the top 8 most important issues facing Sarasota County the past four years according to the Sarasota County Citizen Opinion Survey. In the 2024 survey, 5% of respondents, down from 6% in 2023, said it was an important issue facing Sarasota. Housing cost and availability has become particularly significant in recent years with the increased demand from rapid population growth in Sarasota County. Affordable housing continues to be a concern, not only nationally, but statewide as well. According to the 2023 ACS estimates, the median gross rent in Sarasota County is $1940 per month.

Households are considered cost-burdened when they spend more than 30% of their income on rent, mortgage payments, and other housing costs, according to the U.S. Department of Housing and Urban Development (HUD). Households spending more than 50% of their income on housing costs are considered severely cost-burdened. According to data from the Shimberg Center for Housing Studies, 27% of all renters in Sarasota County were considered low-income and cost burdened in 2023. 54% of renters spend more than 30% or more of income on housing and 25% of owners spend more than 30% or more of income on housing. And, in Florida, 40% of low-income, cost burdened renter households are headed by someone aged 55 or older, up from 34% in 2019.

Graphic 24: Housing Cost Burdened

Not Cost Burdened
households that spend less than 30% of their gross income for rent (including utilities) or mortgage costs

Cost Burdened
households that spend more than 30% of their gross income for rent (including utilities) or mortgage costs

Severely Cost Burdened
households that spend more than 50% of their gross income for rent (including utilities) or mortgage costs
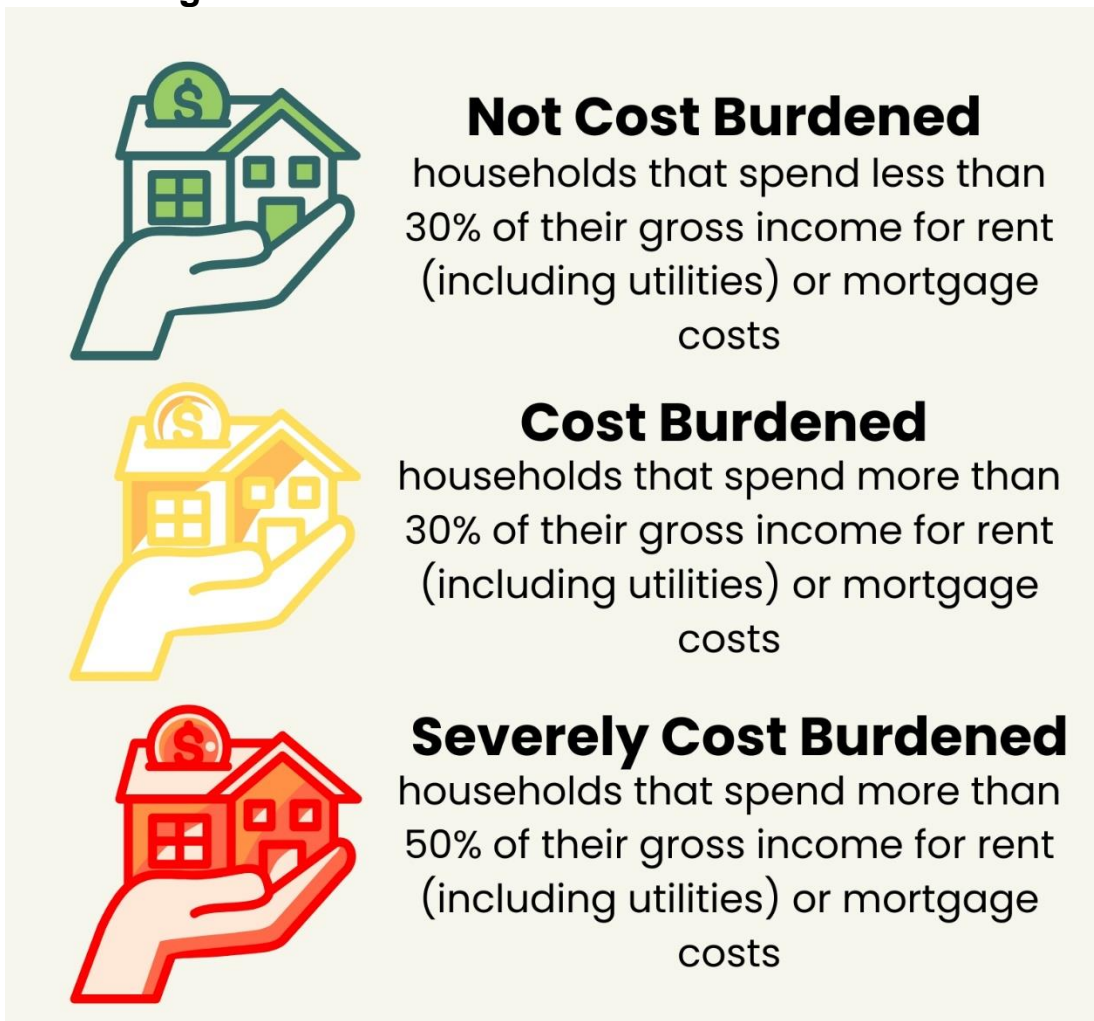
According to the 2024 Sarasota County Community Health Survey, 52% of respondents estimated that at least 30% of their income is allocated to mortgage or rent expenses. Research consistently demonstrates a strong connection between housing and health, with factors such as housing quality, safety, stability, and affordability playing critical roles in overall well-being. In Sarasota County, 16% of households experience inadequate housing conditions, defined by one or more of the following: overcrowding, high housing costs, or the absence of essential kitchen or plumbing facilities.

The significant proportion of income spent on housing is influenced, in part, by rising market values. Market value is determined by various factors, including the price a willing buyer would pay a willing seller, the property's location and condition, and income generated from the property. In Sarasota County, market values for all properties increased by an average of 38% over the prior year, as illustrated in the graph below.

According to the 2022 Sarasota County Property Appraisers Annual Report, there has been a 43% increase in market values for single family homes and a 41.8% increase for condos in Sarasota County from 2021 to 2022 as illustrated in Figure 90 below.

Figure 90: Sarasota County Market (Just) Values
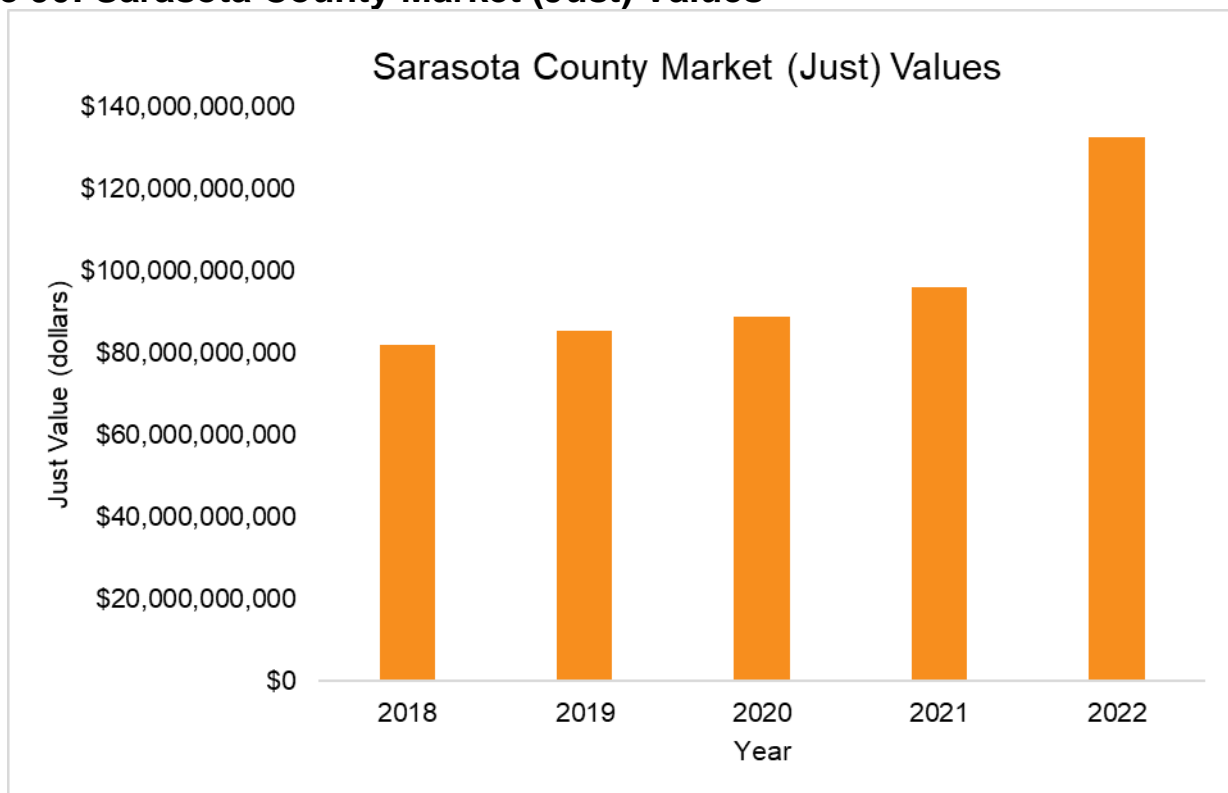
Source: Sarasota County Property Appraiser Annual Report, 2022

Market values in each of Sarasota's four municipalities has also experienced a significant increase in market (just) value. Sarasota County has experienced a 38% increase, City of Sarasota 36% increase, City of Venice, 38% increase, Town of Longboat Key at 42% increase, and City of North Port, a 50% increase. To view the full 2022 report, view Sarasota County Property Appraiser Report.

Housing Funding, Projects, and Policy

In 2022, Sarasota County earmarked $25 million (30%) of its $84.2 million award from the American Rescue Plan Act, State and Local Fiscal Recovery Funds, to support affordable housing acquisition and development. This is the second-highest allocation statewide for this purpose and is the single largest allocation of funds towards these efforts in Sarasota County's history, funding the addition of 700 affordable housing units. These funds will help develop and preserve an array of affordable rental and single-family homes, benefiting a diverse subset of our citizens, including < 30% to < 80% area median income (AMI) households, workforce individuals and families, homeless and at-risk of homelessness individuals and families, intellectually disabled individuals, senior citizens, military veterans, and children aging out of foster care. To learn more about ARPA State & Local Fiscal Recovery Funds go to ARPA State & Local Fiscal Recovery Funds | Sarasota County, FL.

Graphic 25: Sarasota County American Rescue Plan Act

Sarasota County is also a direct recipient of HUD's Community Development Block Grant-Disaster Recovery. The county received $201.5 million dollars in funding to deliver unmet needs assistance to the community and support long term recovery efforts from the impacts of Hurricane Ian. A portion of this grant will fund the newly created Sarasota County Program, Resilient SRQ. The Resilient SRQ Multifamily Affordable Housing program contains $40 million in funding allocated out of the $201.5 million to stabilize housing stock and mitigate housing disruptions in the event of future disruptions while creating additional affordable units for low to moderate-income households. Resilient SRQ launched the application portal for its major programs in early-2024 to include Infrastructure/Mitigation and Multifamily Affordable Housing Programs and hosted information sessions for not-for-profit developers, for-profit developers, public housing authorities, municipalities, and community-based organizations to share program details and answer questions. To learn more about Resilient SRQ go to Resilient SRQ - Sarasota County Government.

In July 2024, the Sarasota County Commission selected projects for the Resilient SRQ Multifamily Affordable Housing Program as illustrated in the table below.

Table 30: Selected Projects from Resilient SRQ Multifamily Affordable Housing Program

Project	Approved Cost	Location	Min. # of Units	Min. # Affordable Units	% Affordable Units	Affordability Period
Approved July 2024						
Nancy's Village, Community Assisted & Supported Living (CASL)	$4,035,115	Sarasota	20	20	100%	40+ years
Cantina Oaks of Venice, Cortina Development of Venice, LLC	$4,010,00	Unincorporated South County (Venice)	80	41	51%	21-29 years
Ekos at Arbor Park II, McDowell Housing Partners	$1,000,000	North Port	66	66	100%	40+
Sarasota Station, One Stop Housing	$15,010,043	City of Sarasota	202	104	51%	40+ years
One Park Apartments, Quincy Real Estate Holdings, LLC (Michael Saunders)	$4,226,750	City of Sarasota	48	25	52%	40+ years
Approved September 2024						
CHT Sarasota Englewood, Community Housing Trust of Sarasota Inc.	$1,010,000	N/A	N/A	N/A	N/A	N/A
Chamberlain Family Apartments, Lincoln Avenue Communities	$9,992,500	N/A	N/A	N/A	N/A	N/A

Source: Sarasota County Resilient SRQ, 2024

To be eligible for the Community Development Block Grant-Disaster Recovery Housing Recovery Program, applicants must meet the following criteria:
1. Own the damaged home
2. Experienced damage to their home from Hurricane Ian
3. Use the damaged home as their primary residence prior to Hurricane Ian
4. Maintain a mortgage in good standing or be on a payment plan in good standing
5. Have a household income at or below 80% of Sarasota County's area median income (AMI).

To learn more about additional strategies being deployed to address affordable housing in Sarasota County go to Affordable Housing | Sarasota County, FL.

In and effort to help determine who is eligible for affordable/attainable housing, a family's average median income (AMI) is essential. AMI is he midpoint of an area's income distribution, where 50% earn less than the median income and 50% earn more than the median. The U.S. Department of Housing and Urban Development (HUD) defines an "area" as a Metropolitan Statistical Area (MSA). In the City of Sarasota, this is the North Port-Sarasota-Bradenton MSA. Attainable housing units are ones that are affordable to households earning from 60 to 120 percent of the area median income in the North Port-Sarasota-Bradenton MSA. The table below shows the 2024 Sarasota AMI subsidy chart by family size.

Table 31: 2024 Sarasota Affordable Rents by Income Level

	Family	Size				
	1	2	3	4	5	6
30% of Median	$21,150	$24,150	$27,150	$31,200	$36,580	$41,960
Maximum Rent	$529	$604	$679	$780	$915	$1,049
50% of Median	$35,200	$40,200	$45,250	$50,250	$54,300	$58,300
Maximum Rent	$880	$1,005	$1131	$1,256	$1,358	$1,458
60% of Median	$42,240	$48,240	$54300	$60,300	$65,160	$69,960
Maximum Rent	$1,056	$1,206	$1358	$1,508	$1629	$1,749
80% of Median	$56,300	$64,350	$72350	$80,400	$86,800	$93,250
Maximum Rent	$1,408	$1,609	$1809	$2,010	$2,170	$2,331
100% of Median	$70,400	$80,400	$90,500	$100,500	$108,600	$116,600
Maximum Rent	$1,760	$2010	$2,263	$2,513	$2,715	$2,915
120% of Median	$84,480	$96,480	$108,600	$120,600	$130,320	$139,920
Maximum Rent	$2,112	$2,412	$2,715	$3,015	$3,258	$3,498

Source: 2024 Sarasota County AMI Maximum, 2024

The City of Sarasota approved a Comprehensive Plan Amendment to increase the opportunity to provide attainable housing along commercial corridors and centers within the downtown area by providing density incentive to developers when attainable housing is provided. This initiative is also consistent with the Sarasota Transportation Master Plan, which promotes transit-oriented development that creates more livable and sustainable communities. To learn more, visit Sarasota Attainable Housing Initiative.

Graphic 26: City of Sarasota Attainable Housing Initiative

CITY OF SARASOTA
ATTAINABLE HOUSING INITIATIVE

The City of Sarasota recognizes housing affordability as a priority and employs various approaches to serve different populations in our community.

The Sarasota City Commission approved a Comprehensive Plan Amendment (22-PA-04) to increase the opportunity to provide attainable housing along commercial corridors and centers and within the downtown by providing a density incentive to developers when attainable housing is provided on-site.

This initiative is consistent with the Sarasota Transportation Master Plan (Sarasota in Motion) and promotes transit-oriented development that creates more vibrant, livable, and sustainable communities. City staff will carry out a public outreach process to implement the Comprehensive Plan Amendment, through a Zoning Text Amendment that will provide public input opportunities for regulations and details for the density bonus incentive and required attainable housing.

Current Attainable Housing Initiative:

➤ Provide an opportunity for a density bonus for development projects in exchange for guaranteed attainable housing provided on-site, for a minimum of 30 years.
➤ Incentivize attainable housing citywide, in the downtown (phase 1) and along major commercial corridors and centers (phase 2).

Scan to learn more!

Tools in our Toolbox for Housing Affordability:

✔ Accessory Dwelling Units (ADUs) allowed citywide (except on barrier islands)
✔ Cottage Court Housing (Flexible lot configurations)
✔ Density incentives for attainable housing (RROD, RMF-6, RMF-7 zone districts)
✔ Reduce parking requirements for attainable housing citywide
✔ Expedited permit review for attainable housing projects

✔ Multimodal Transportation Impact Fees discount/deferral for attainable housing projects
✔ Inventory of locally owned surplus public lands suitable for attainable housing
✔ Implement workforce housing overlay district ("Missing Middle" Overlay District) allowing for compatible multi-unit housing types
✔ Continuous funding for affordable housing as part of the Penny IV surtax renewal

Published 8-21-2023

The city's Downtown Attainable Housing Density Bonus Program requires that a minimum of 15% of bonus units above the base density for a development must be designated as attainable, and provided on-site, to households earning 120% of the Area Median Income (AMI) for the North Port-Sarasota-Bradenton Metropolitan Statistical Area (MSA) for a minimum of 30 years. There is an additional tiering requirement to ensure a mix of incomes by regulating that at least one-third of the designated attainable housing units shall be affordable to households earning 80% AMI or below and no more than one-third shall be affordable to households earning between 100%-120% AMI. Attainable units may be owner-occupied or rental, must be indistinguishable from and functionally equivalent to the market rate units, and are required to be interspersed throughout 50% of the development.

Three new zone districts have been created under the Urban Mixed-Use Future Land Use classification. These three new zone districts are: Urban Mixed-Use 1 (MU-1), Urban Mixed-Use 2 (MU-2), Urban Mixed-Use 3 (MU-3). These zone districts offer the ability to achieve a density bonus of up to three times (3x) the base density of the Future Land Use classification as well as an option to receive a height bonus of one or two stories, depending on the zone district, in exchange for on-site attainable housing through the Commercial Corridors and Commercial Centers Attainable Housing Density Bonus Program.

Below is a map showing future land uses included in the attainable housing density bonus. To learn more about the existing and future maximum densities that may be achieved in each zone district go to Downtown Attainable Housing Density Bonus Program.

Graphic 27: City of Sarasota Downtown Attainable Housing Density Bonus Program
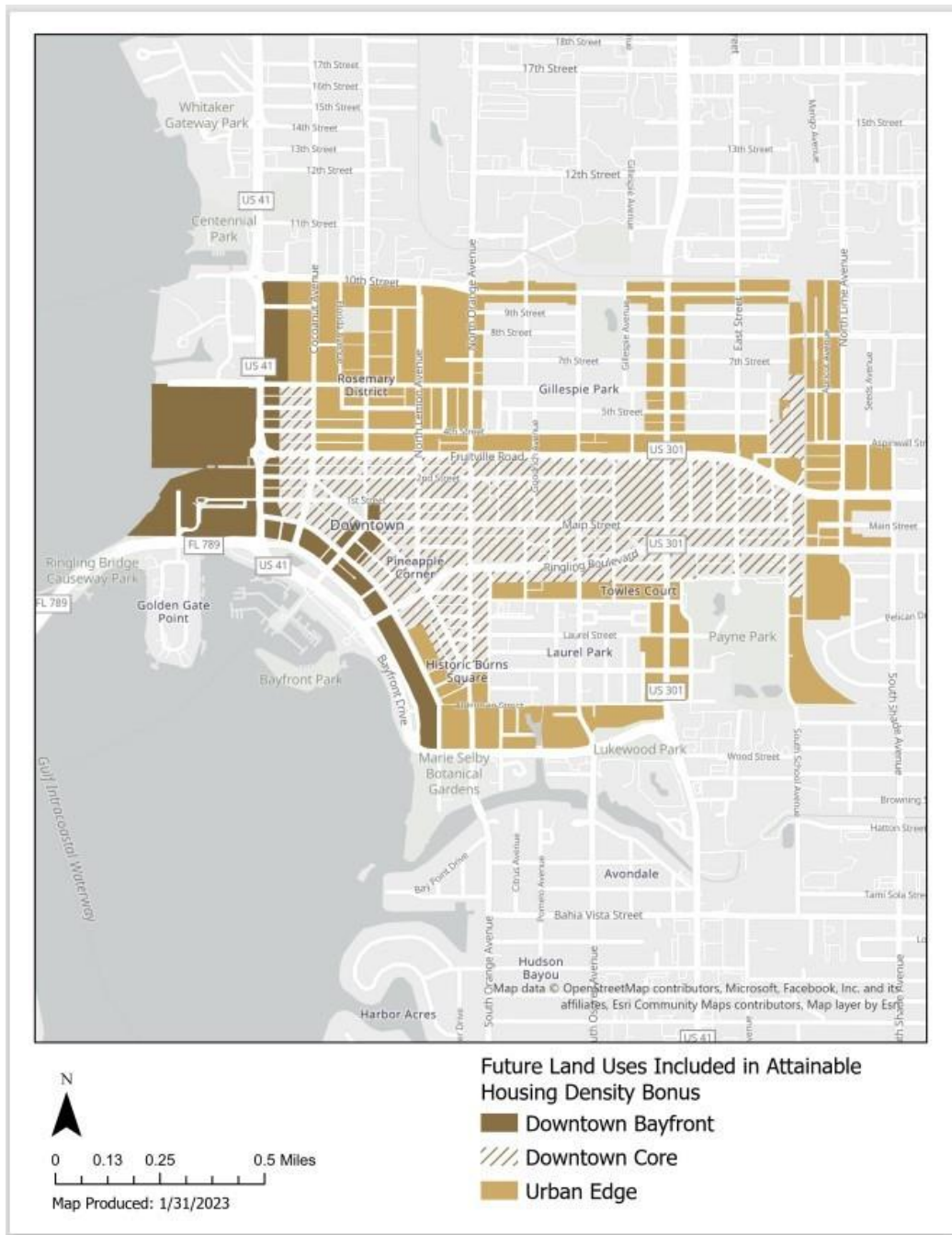
Source: City of Sarasota, 2024

The City of Sarasota Office of Housing & Community Development (OHCD) Consolidated Annual Performance and Evaluation Report (CAPER) for Program Year 2023 Draft, prepared for HUD, is

available for review. The CAPER outlines the City of Sarasota's accomplishments during the Community Development Block Grant (CDBG) and HOME Investment Partnerships Program (HOME) for Program Year (PY) 2023, highlighting progress toward the goals established in the Sarasota Consortium 2021-2025 Five-Year Consolidated Plan. The 2023 draft report can be accessed by visiting the provided report link.

In response to qualified individuals having to turn down jobs in Sarasota because of housing unaffordability, the City of Sarasota approved a plan in April 2024 to purchase two parcels in downtown Sarasota to build two apartment buildings with nearly 200 rentals for workers. The development will offer workforce housing in Downtown Sarasota to teachers, firefighters and hospitality workers, among others, making 80 –120% AMI. This initiative will help increase the attainable housing inventory for individuals who've been priced out.

The proposed development will use the City's new downtown affordable housing density bonus and the State of Florida Live Local Act for the initiative, which will include:
- Two 12-story buildings with a total of ± 192 residential units
- ± 15,100 square feet of ground floor commercial space
- Parking garage with three levels and ± 280 spaces
- 12 surface parking spaces
- ± 7 on-street parking spaces
-

Maximum rent will be established to ensure the attainable workforce housing program is sustainable. Current AMI for an individual in the Sarasota regions for those eligible for workforce housing (established by HUD) examples include:

80% AMI: $51,200
- Examples include medical assistants, paramedics, HVAC technicians, electricians
- Proposed maximum rent for one workforce person: $1,280 with utilities

100% AMI: $64,000
- Examples include firefighters, licensed practical nurses, police and sheriff patrol officers, elementary school teachers
- Proposed maximum rent for one workforce person: $1,600 with utilities

120% AMI: $76,800
- Examples include special education teachers, respiratory therapists, web designers, power line installers/repairers
- Proposed maximum rent for one workforce person: $1,920 with utilities

The Live Local Act (LLA) or Florida SB 102, is a 95-page bill that was signed into law in late March 2023 and took effect July 1, earmarking $811 million for housing and rental programs statewide. It addresses a variety of housing policies including funding, tax credits and incentives, and substantial amendments to the state's housing strategy. A summary of LLA affordable housing policies includes:

- Funding and tax credits
- Tax incentives – Three new property tax incentives and sales tax exemption for specified affordable housing developments.
- Land use tools and role of local government – Facilitating affordable housing in commercial, industrial, and mixed-use areas & more.
- Publicly owned land. Encouraging local governments to adopt best practices.
- State housing strategy. State guidance on affordable housing policy.
- Technical assistance

To view the 2023 Annual Florida Housing Finance Corporation Annual Report with more Information on Live Local and county level data about homeownership and rental programs go to [Florida Housing Finance Corporation | 2023 Annual Report by Florida Housing Finance Corporation - Issuu](#)

Homelessness

The 2023 Sarasota County Citizen Opinion Survey underscores the community's most pressing issues, with population growth/new development, and homelessness ranking among the top ten concerns. Household finances also emerged as a significant source of stress, particularly when considering the 32% of ALICE (Asset Limited, Income Constrained, Employed) households in Sarasota County in 2022. This financial strain is further exacerbated by the 43% increase in market values for single family homes and 41.8% increase for condos from 2021-2022, as highlighted by the 2022 Sarasota County Property Appraiser's Annual Report. These rising property values, coupled with a decrease in available rental units, have deepened housing insecurities and contributed to the growing population of unhoused individuals. As the cost of basic supplies continues to outpace wages for single adults and families of four according to the 2024 ALICE County Report, many residents are finding it increasingly difficult to maintain stable housing.

There is a strong association between housing affordability and homelessness: as affordable housing becomes increasingly out of reach; the risk of homelessness rises. This is reflected in the Point-in-Time (PIT) count, which showed an increase in the number of homeless individuals in Sarasota County, rising from 411 in 2023 to 478, a 16% increase in 2024, according to the 2024 Council on Homelessness Annual Report. Although this represents a modest increase, it is important to note that the PIT count only captures a snapshot of the homeless population, and many organizations working with unhoused individuals believe these numbers are underrepresented. The combination of escalating housing costs, financial pressures on residents, and the growing number of unhoused individuals highlights the urgent need for comprehensive solutions to address both housing affordability and the broader economic challenges facing the community.

Food Access

Respondents to the 2024 Sarasota Community Health Survey identified food security and access as the fifth most significant health issue facing the community. Food insecurity, as defined by the United States Department of Agriculture (USDA), refers to limited or uncertain access to sufficient food for an active and healthy life. This issue often intersects with other socioeconomic challenges such as unaffordable housing, unemployment or underemployment, and low wages. Individuals experiencing food insecurity frequently consume diets lacking essential nutrients, which can increase the risk of chronic conditions, including obesity, heart disease, hypertension, and diabetes.

The 2024 Robert Wood Johnson Foundation Health Rankings report a food environment index score of 8.1 for Sarasota County, compared to Florida's overall score of 7.2. This index, measured on a scale from 0 (worst) to 10 (best), evaluates factors such as access to healthy foods and household income. Despite Sarasota County's relatively strong performance, food insecurity remains a critical concern. Data from 2021 show food insecurity rates were 9.4% locally and 10.6% statewide as displayed in Figure 91. However, the latest Feeding America data indicates that Sarasota County's 2022 food insecurity rate reached 11.8%, compared to the statewide rate of 13.2%.

Figure 91: Food Insecurity Rate, Single Year, Sarasota County and Florida
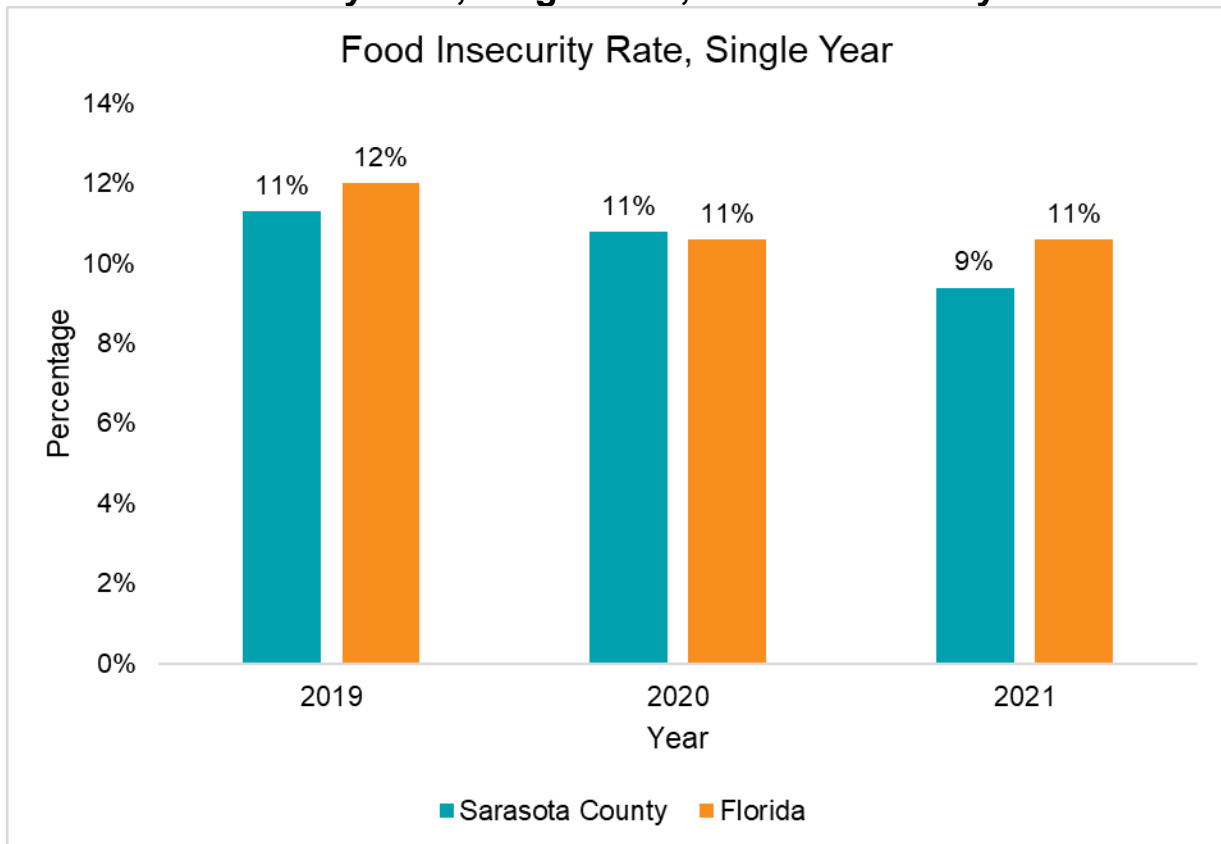
Source: Feeding America, Map the Meal Gap

Living in a food desert significantly increases the risk of food insecurity and contributes to chronic health conditions such as obesity and diabetes. Food deserts are defined as geographic areas where residents have limited access to healthy and affordable foods within a half-mile walking distance. Research strongly links food deserts to higher rates of overweight and obesity, as well as increased risk of premature death. This correlation is attributed to the limited availability of nutritious food options

in small convenience stores and grocery outlets, compared to the healthier selections typically offered by supermarkets.

Preventing and reducing pre-diabetes in Black and Hispanic residents in Census Tract 3, located in North Sarasota County, is the focus of the Sarasota County Quality of Life Plan. Census Tract 3 is a food desert community with a population that is 85.2% Black/African American with a notable life expectancy rate 10 years less than neighboring tracts as illustrated in Graphic 29. The life expectancy in census tract 3.0 is 70.9 years, which is almost twelve years less than someone residing only a few miles away in census tract 12.01, where life expectancy is 82.7 years. Factors such as poverty, food insecurity, and access to healthy, nutritious foods contribute to increased rates of chronic disease, morbidity, and mortality, thereby fueling the life expectancy disparity for individuals living is this census tract. To view the data visualization gallery, visit Life Expectancy Data Viz.

The food insecurity rate among Blacks in Sarasota is double the overall county rate at 24%. This disparity highlights the need to not only address related health conditions, but the upstream factors that impact it such as food access and transportation. While food access has increased across Sarasota County in recent years, census tract 3 continues to remain an isolated food desert community serviced by mostly convenience stores. In Sarasota County, the percentage of the population living within one-half mile of a healthy food source is 26% compared to Florida overall at 30%. For the residents of census tract 3, where 1 in 4 (25%) of households lack access to (personal) transportation.

Graphic 28: Life Expectancy at Birth for Sarasota County by Census Tract

Life Expectancy at birth (Quintiles)
56.9 - 75.1   75.2 - 77.5   77.6 - 79.5   79.6 - 81.6   81.7 - 97.5
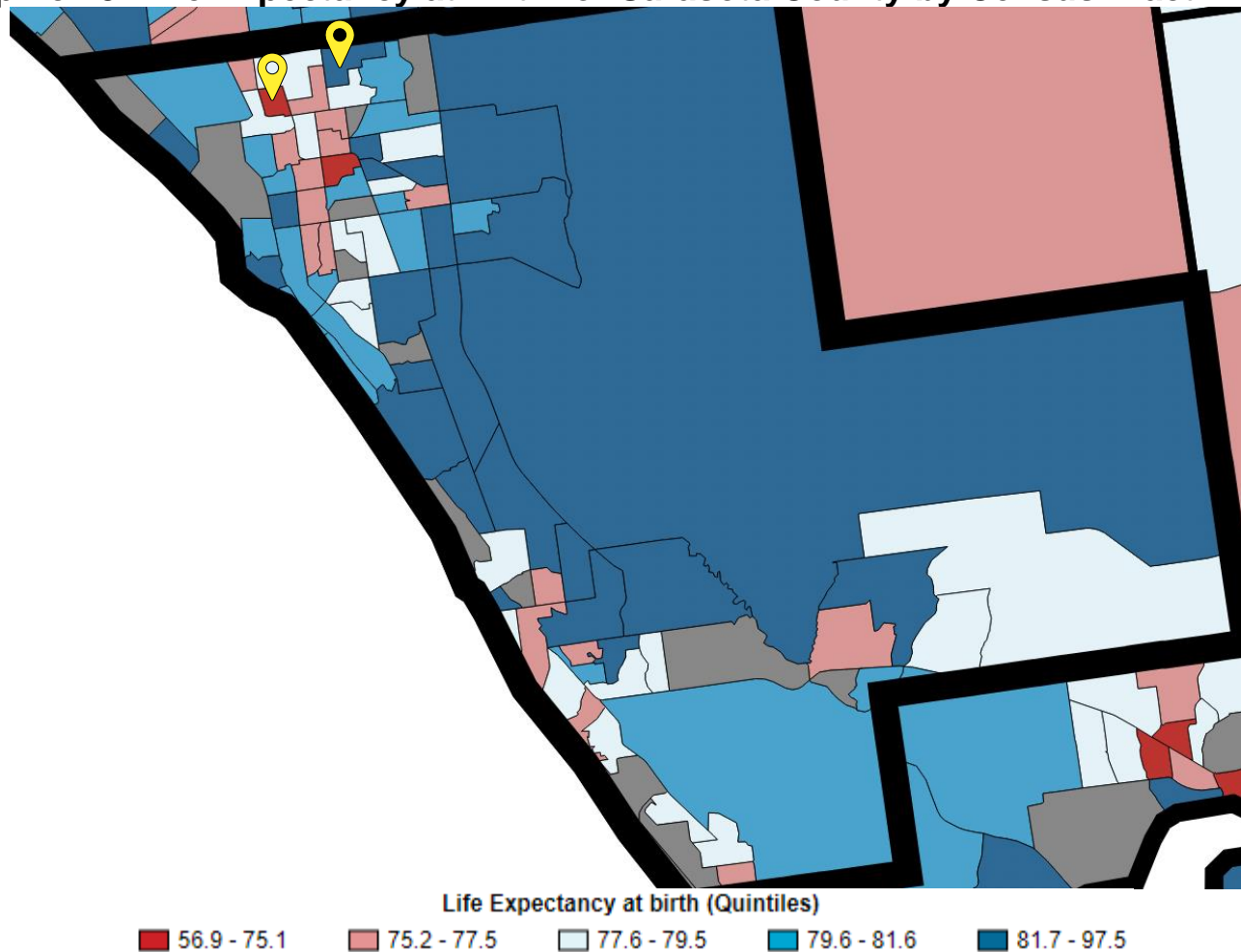
Source: Life Expectancy at Birth for US States and Census Tracts, 2010-2015, National Center for Health Statistics Data Visualization Gallery, 2020

Figure 92: Population Living Within One-Half Mile of a Healthy Food Source

Population Living Within One-Half Mile of a Healthy Food Source, Percentage of Population, Single Year
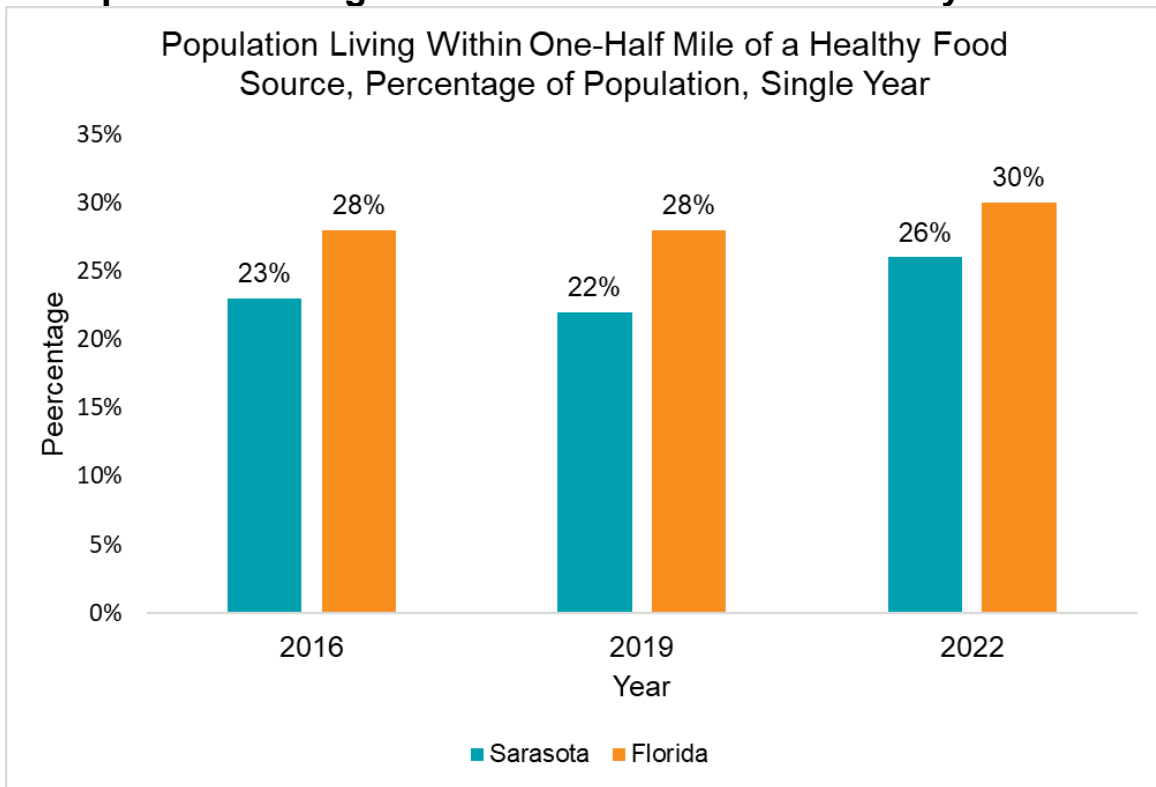
Source: Florida Department of Health, Environmental Public Health Tracking, 2022

Figure 93: Child Food Insecurity Rate, Percentage of Population Under 18, Sarasota County and Florida

Child Food Insecurity Rate, Percentage of Population Under 18, Single Year
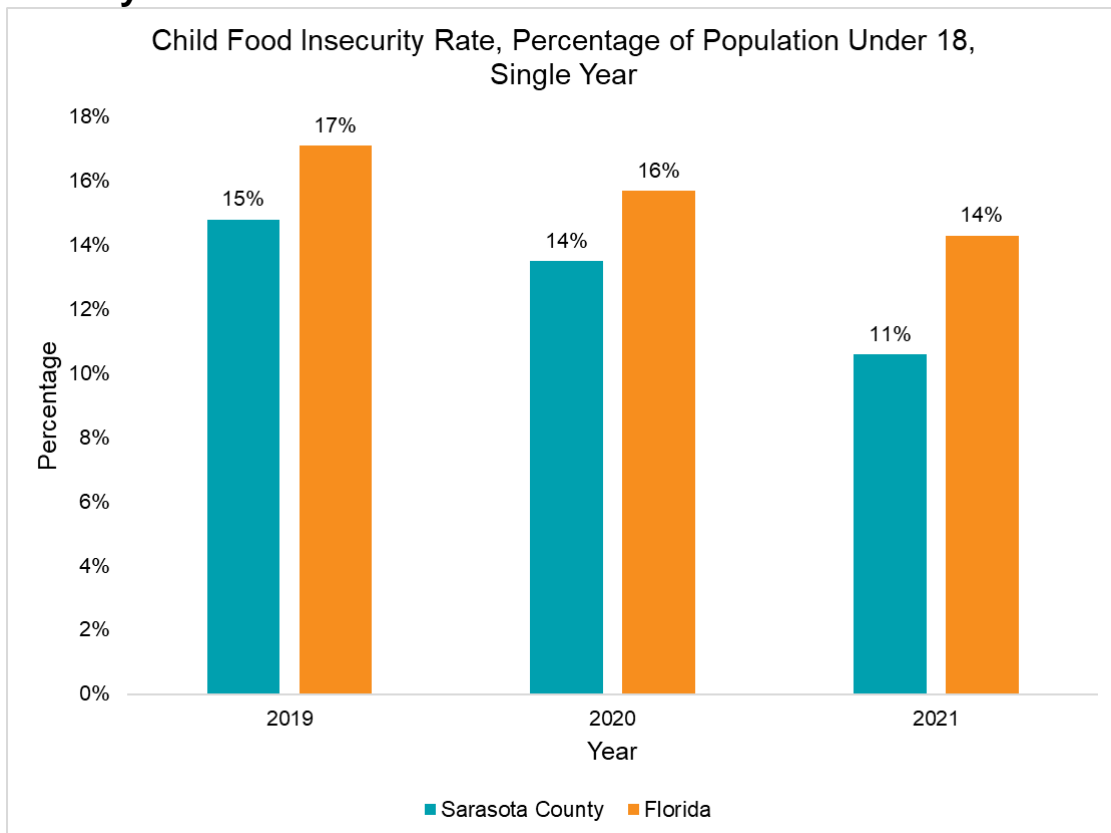
Source: Feeding America, Map the Meal Gap, 2021

The ACS reports 5.3 percent of households in Sarasota County receive Food Stamp/SNAP benefits and 45.4 percent of those households have children under 18 years of age. The median income of households receiving food stamps/SNAP in Sarasota County is $35,671. Conversely, in census tract 3 (Newtown), the food stamp/SNAP benefit rate is more than seven times higher than Sarasota County at 38.6%, and three times greater than the state of Florida at 13.2%.

Poverty is a contributing factor to food insecurity, and in census tract 3, the median family household income is $28, 125, and the non-family median income is $20, 875 - with 17.5% of the residents in census tract 3 living in "deep poverty." Deep poverty is defined as living under 50% of the federal poverty level threshold, which equates to $15,000 annually for a family of four. Also in census tract 3, 2 in 5 families live under 100% of poverty ($30K annually for a household of four), and more than half, 62%, have children under the age of five.

When it comes to food program eligibility among the food insecure population, 53% of Sarasota County residents are estimated to be below the SNAP nutrition program threshold of 200% below the poverty line, significantly less than Florida at 73%. Among the 15.7% of food insecure children across Sarasota County, 58% are income - eligible for nutrition programs. According to the Florida Department of Education, 58.2% of elementary school students are eligible for free/reduced lunch across Sarasota County.

The All-Faith's Food Bank Landscape Survey highlighted free and reduced lunch program utilization in census tract 3 and found that 90.3% of elementary school children receive free or reduced lunch, as do 78.8% of middle school students, and 62.7% of high school students.

To learn more about food insecurity go to [Hunger & Poverty in the United States | Map the Meal Gap](#) or [USDA ERS - Food Security in the U.S..](#) To explore the Food Environment Atlas, visit [USDA ERS - Go to the Atlas](#)

Improving Food Resiliency

All Faiths Food Bank (AFFB), founded in 1989, is the only food bank and largest hunger relief organization in Sarasota and DeSoto counties. In 2023, All Faiths distributed 476,871 pounds of fresh produce through their seven Mobile Farm Market sites, serving 8,032 residents; and hosted 135 Cooking Matters classes for 605 participants, reaching over 15,000 residents with educational materials. All Faiths also promotes information on SNAP program eligibility and provides enrollment and eligibility screening opportunities conducted by case managers. The SNAP economic impact locally in 2023 amounts to $36,38,211.00 dollars, 650,944 meals, and $351,422.00 in VITA tax returns.

All Faiths Food Bank Programs include:
- Backpack Program
- School Pantries
- Summer Hunger Programs
- Mobile Farm Markets
- Mobile Pantries
- Nutrition Education
- Partner Agencies
- Rural Health (DeSoto Food Resource Center (FRC)
- Food Insecurity & Benefits Eligibility

The table below shows the number of total Sarasota County households and neighbors served by AFFB from 2022-2023.

Table 32: Households and Neighbors Served by All Faiths Food Bank

	2022	2023
Total Households Served	27,255	29,113
Total Neighbors Served	61,576	67,857

The table below highlights the number of AFFB community partners agencies, locations, and distributions in 2023. Total monthly distributions by AFFB amount to 682 per month.

Table 33: All Faiths Food Bank Community Partnerships 2023

Partner Agencies	
Number of Partner Agencies	59
Number of Monthly Distributions	590
Mobile Pantries	
Number of Locations	28
Number of Monthly Distributions	35
Mobile Farm Markets	
Number of Locations	7
Number of Monthly Distributions	13
School Pantries	
Number of School Pantries	20
Number of Monthly Distributions	44

The table below highlights All Faith's Food Bank Child & Family Programs Data. The Backpack Program provides pre-packed backpacks filled with child-friendly, nutritious foods for weekly distribution to children for weekends and during holidays/school breaks. The program is targeted toward children who are living in households that are at risk of food insecurity.

Table 34: All Faiths Food Bank Backpack and School Pantries Program Data

Backpack Program	2022	2023
Backpacks Distributed	295,220	320,040
Children Served (excluding summer)	11,109	14,690
Schools	45	45
School Pantries	**2022**	**2023**
Total pounds of food distributed	398,478	534,527
Total Number of Meals	332,065	445,439
Individuals	6,471	8,603
Schools and Family Pantries	13	20

All Faith's Food Bank Benefits Assistance Program Data

All Faith's Food Bank is a Unite Us community network partner and does make client referrals for other services. In addition, they assist clients with benefits eligibility for not only SNAP (Supplemental Nutrition Access Program), Medicaid, rental assistance applications, SOAR applications for SSI/SSDI, and offers free VITA tax preparation.

Table 35: Benefit Eligibility Applications Completed by All Faiths Food Bank Navigators

Benefit Type	2022	2023
SNAP	1,038	1,617
Medicaid	355	891
VITA	174	212
Rental Assistance	204	201
SOAR	7	5

Table 36: All Faiths Food Bank Nutrition Education Program Activities

Program Activities	2023
Number of Classes	141
Number of Events and Activities	23
Total Number of Participants	3,251

The following graph shows the number of positive food insecure screens from 2021 - 2023 in Sarasota County across 11 food insecurity screening partners serving 15 different locations, totaling 3,222 total distributions. In Sarasota County, 37,240 total food insecurity screens have been completed since 2019.

Figure 94: Positive Screenings for Food Insecurity in Sarasota County by All Faiths Food Bank Partners
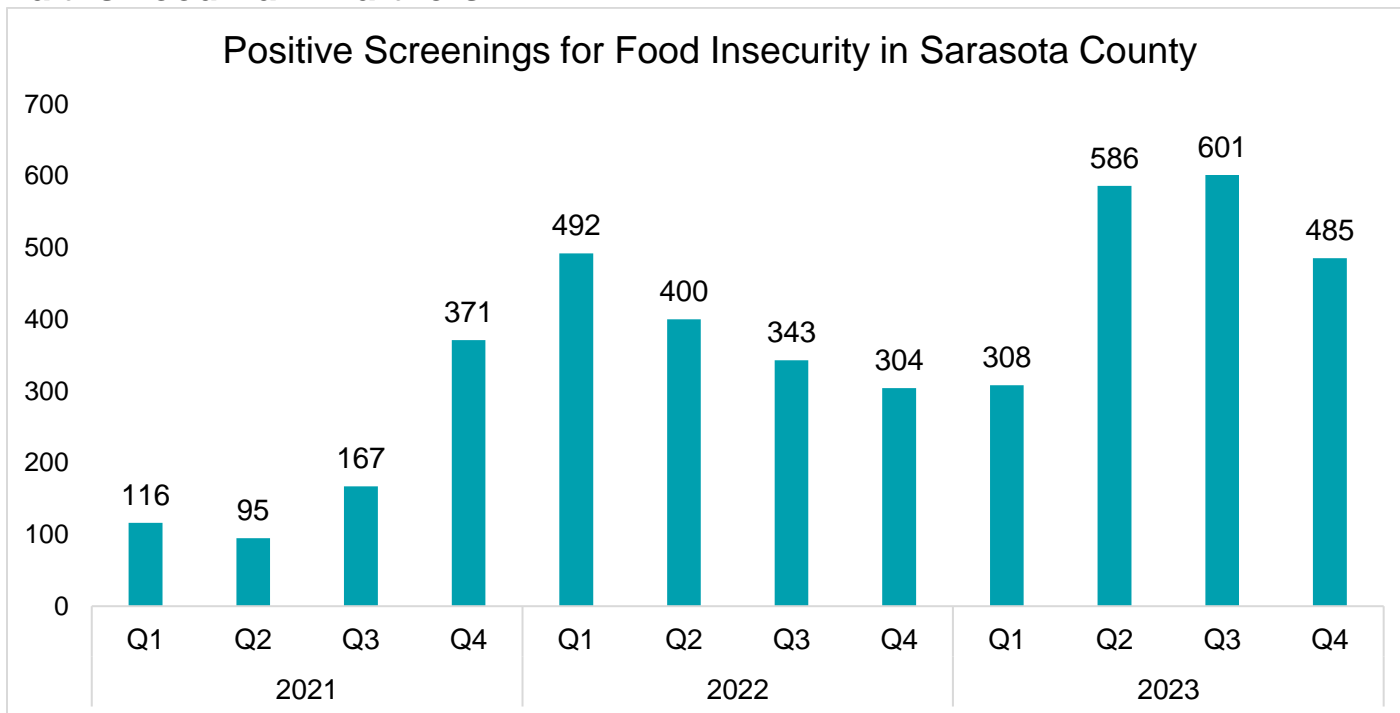
Source: All Faiths Food Bank, 2023

In May 2023, All Faiths Food Bank of Sarasota embarked on a Community Food Landscape Survey, with a focus on census tracts 2 and 3 in Northern Sarasota County, more broadly known as Newtown. The assessment included an in-depth review of the history, geography, and demographics of both tracts to get a better understanding of the socio-economic factors impacting food access in that community.

Feedback shared by community focus groups participants revealed that Newtown views itself as a close-knit, high need, community whose residents often struggle financially, but value strong community relationships. When asked about challenges related to food (pantry) access, traffic was cited as one of the biggest challenges, along with fuel and vehicle maintenance costs, and long commute times – even via public transportation. Newtown is divided by a heavily traveled six-lane Highway (301) and residents commonly report that roadway as a physical barrier that divides the community, not just physically, but also in terms of access and services.

Newtown residents describe experiencing a tight, expensive housing market impacting an already low-income community. A knowledge gap around navigation and maintenance of (food) benefits was reported, along with a need for convenient and consistent benefits assistance. Residents expressed a desire for a co-created food delivery model/solution along with a strong sense of community self-determination.

To help overcome distrust by residents, participants shared that most effectual way would be to pair All Faiths' brand with trusted community agencies and stakeholders with whom they already have strong relationships. As for the quality of food provided by the food bank, focus group participants reported liking it overall, but would prefer to have more staples like drinks, dairy, with healthier options for children.

Food System Needs Assessment & Plan

In 2023, UF/IFAS Extension & Sustainability Sarasota County released their Strategic Plan Action Item: Food System Needs Assessment and Plan. The results from the regional Food System Resiliency Survey and local needs assessment were used to identify food system needs and develop a plan to address them through partnerships, fundraising, infrastructure, and programs. The goals of this project were to identify the gaps and obstacles preventing a greater adoption of local food in Sarasota County and identify the top action items that would make the largest impact.

The Southwest Florida Regional Planning Council, UF/IFAS Extension staff in Collier, Lee, Sarasota, and Manatee counties, and Blue Zones worked on a Florida Department of Economic Opportunity (FDEO) grant that looks at how our local food system can remain resilient during times of disaster. The grant also explored what changes need to be made to foster the growth of a local food system and to strengthen its resiliency and sustainability.

Food System Needs identified through stakeholder interviews and surveys conducted by the Southwest Florida Resiliency Grant are listed in the table below.

Table 37: Infrastructure and Challenges Identified in Food Needs Assessment

Infrastructure
Extra dry and refrigerated space
Extra trucks
Small to medium farms report difficulty with transportation, driving smaller farms to sell their produce to larger distributors
School districts are hindered by red tape from USDA and cannot afford the cost of procuring local products direct from producers
Small/medium producers do not have/use software as part of their sales/tracking systems - aside from some who use Barn2Door
Larger producers/distributors have created their own software to aggregate fees and track products
Several growers report having excess land available (where infrastructure could potentially be built), but no facilities
Extra refrigerator space, but inconsistently available
Challenges
Insurance/financial support, funding, revenue streams
Marketing
Red tape
Differing sales & distribution models
Loss of control
Need for technology infrastructure
Physical location/proximity

UF/IFAS Sarasota County Food System Team Recommendations

Recommendation 1: Create an online food hub that addresses the lack of awareness of real-time local food availability. The online portal will provide awareness of location, quantity, pricing, and selection that can help stimulate local food purchases. This could mean utilizing existing commercial online platforms and providing training on usage.

Recommendation 2: Increasing specialty markets for local food. Work with growers and health providers to create CSA Prescription (Rx) boxes that provide health benefits and can be picked up at clinic sites.

Recommendation 3: Establish systems to support beginning farmers with education, infrastructure, networking, on-the-job training, and linkage to key customers.

Recommendation 4: Identify factors that create barriers to entry for beginning farmers. Explore how these factors can be mitigated. More programming, education, and resources will be offered around transition planning for existing landowners, zoning and land use laws, conservation easement programs, and grant and loan assistance opportunities.

Additionally, it is recommended to ensure sections of the Sarasota County Comprehensive Plan addressing land use continue to coincide with the preservation of agricultural lands, including the

encouragement of new agricultural enterprises. The Sarasota County Food System Team will continue to pursue recommendations and identify partners to help test the recommendations to scale. This includes working with existing organizations like the Manasota Food Action Council to coordinate efforts and avoid duplication of efforts.

Extension initiatives affiliated with meeting the above recommendation include:

- The Small Farm Start-up School (semi-annually) to provide the formal education needed to increase likelihood of success for beginning farmers
- Joint small farm Incubator pilot program with Mote Aquaculture Park to establish a low risk but high learning location for beginning farmers
- Apprenticeship program with local producers and other food system stakeholders to provide job shadowing and on-the-job-training. This will supplement classroom instruction.
- Provide Sarasota County Schools with targeted produce for tasting initiatives in preparation for establishing a system for supplying larger amounts for conventional use in the future.

COMMUNITY STATUS ASSESSMENT

SARASOTA COUNTY
COMMUNITY HEALTH ASSESSMENT

COMMUNITY STATUS ASSESSMENT

The Community Status Assessment (CSA), a MAPP Phase II component, was distributed broadly across Sarasota County under the name Sarasota County Well-Being Survey. The survey, created with input from the Sarasota County CHA Steering Committee, was distributed digitally and in print. The online version was designed in Survey Monkey and both links and QR codes to this version were available. There were also 1,000 paper copies printed and distributed to all Sarasota County zip codes using a mailing list generated by Sarasota County GIS. A total of 500 anonymous surveys were completed and returned.

Among those who completed the Sarasota County Well-being Survey, 85% indicated they reside in Sarasota County. Respondents who answered that they did not reside in Sarasota (14%) were disqualified from answering housing questions only. A breakdown of respondents by zip code, as available, is illustrated in the table below. Zip codes below are representative of 331 survey responses of 500 received.

Zip Code		Zip Code		Zip Code		Zip Code		Zip Code	
34223	11	34235	10	34242	5	34284	0	34291	2
34229	8	34236	25	34249	0	34285	7	34292	6
34230	1	34237	12	34272	1	34286	12	34293	29
34231	27	34238	26	34274	0	34287	7	34295	1
34232	41	34239	13	34275	22	34288	3		
34233	17	34240	12	34276	0	34289	2		
34234	18	34241	12	34277	1	34290	0		

Sarasota County Well-being Survey Summary

Sarasota County Well-being Survey Respondent Demographics	
Average age of respondent	65-74 (34%)
Gender	Female 70%, Male 30%
Language	
English as primary language spoken at home	94%
Speak English as a second language	11%
Race/Ethnicity	
Hispanic or Latino decent	10%
White/Caucasian	88%
Black/African American	5%
Other	6%

Marital Status	
Married	60%
Widowed/Single	31%
Annual Household Income	
Equal to or > $100,000	34%
$50K - $99K	34%
$21K - $49K	24%
Equal to or < $20K	8%
Highest Level of Education Attained	
Master's degree	25%
Bachelor's degree	30%
Associate's degree	9%
Some college, no degree	16%
High school diploma/GED	7%
Employment Status	
Employed full-time	32%
Employed part-time	9%
Retired	38%
Unemployed	6%
Disabled	5%
Student	5%
Veteran, retired Veteran, disabled Veteran, enlisted in National Guard/Reserve, and/or is military spouse, child, or parent	14%
Housing Status	
Own home	78%
Reside in Sarasota County year-round	94%
Average number of years resided in Sarasota County	20
Physically reside in Sarasota County, but work remotely for company outside of Florida	7%
Household Composition	
Single income household	55%
Multi-income household	45%
Average number of people in household	3
Have children under the age of 18 living at home	18%
Have multiple generations living in same home	18%

The following tables are a breakdown and summary of the Sarasota CSA responses by topic.

Housing	
Would you estimate at least 1/3 or 30% of your income is spent on mortgage or rent?	52% (Yes)
Are you worried that, in the next few months, you may not have stable housing due to rising cost(s)?	85% (No)
Was there anytime in the past two years when you were unhoused or at risk of being unhoused?	93% (No)

Food & Transportation	
In the past four years, have you received emergency food assistance from any source?	83% (No)
Do you have access to reliable transportation?	92% (Yes)
Primary mode of transportation?	90% (Car), 9% (Public transportation)

Health Status	
State of the overall health of Sarasota County?	34% Healthy; 57% Somewhat Healthy
State of your individual overall mental health? (including stress, anxiety, and depression)	26% Very Healthy; 46% Healthy
State of your individual overall physical health?	48% Healthy

Healthcare Access in the Past 12 Months	
Unable to see a primary care or family doctor when someone in their household was sick	32%
Unable to get a prescription or medication refill	18%
Unable to see a provider for a preventative check-up, test, or screening	17%
Unable to get an appointment with a specialist	11%
Unable to get an appointment for a dental exam, cleaning, or other concern	23%

Healthcare Access Challenges Why were you unable to receive the medical care or prescriptions you needed?	
Trouble getting a timely appointment	15%
Couldn't afford it	12%
No primary care doctor	3%
No health insurance	3%
No transportation	2%
Couldn't find provider that takes my insurance	5%
N/A	59%
If you visited the emergency department or urgent care in the past twelve months instead of going to a doctor's office, what was the reason?	
Long wait time to see regular doctor	8%
No primary care doctor	4%
Emergency/life threatening situation	5%
After business hours/weekend	12%
Cost	2%
No health insurance	1%
N/A	68%

Healthcare Payment	
How do you pay for your healthcare?	
Private/commercial insurance plan	63%
Medicare	30%
Medicare Advantage Plan	13%
Medicaid	5%
Cash, do not have insurance	8%

Behavioral Health	
Have you engaged in the following activities in the preceding twelve months?	
Using a prescription pain medication without a prescription, or differently/more than how it was prescribed?	98% (No)
Sharing or borrowing someone else's prescription medication or skipping taking prescribed medication due to cost?	97% (No)
Smoking tobacco or using other forms of tobacco and/or THC, vaping nicotine or THC products?	91% (No)
Having thoughts of hurting yourself or thinking you'd be better off dead?	93% (No)

Top 10 most important health topics facing our community?	
Mental/behavioral health, including suicide	61%
Homelessness	48%
Substance use/abuse and overdose	46%
Food insecurity/access	32%
Health literacy	32%
Cancer	27%
Dementia/Alzheimer's	27%
Heart disease, high blood pressure, stroke	27%
Climate change	25%
Child abuse/neglect	23%

Top 5 most important factors that contribute to a healthy community	
Access to quality healthcare/dental services	62%
Affordable housing	62%
Clean/safe environment	49%
Access to low-cost, healthy foods	36%
Safe neighborhoods	35%

Top 3 most risky or unhealthy behaviors in our community	
Illicit substance/drug use	44%
Distracted driving	34%
Alcohol use	32%

Top Environmental Health topics of which you are most concerned	
Traffic safety and congestion	61%
Hurricane risk and recovery	49%
Land development	48%
Red Tide	38%
Drinking water quality	35%
Temperature and weather extremes	32%
Crime	32%

Top 3 health/human services you think we need more of in the community	
Homeless services	60%
Behavioral health and substance use disorder treatment programs	55%
Housing and rental assistance	54%

What top 3 economic opportunities residents need increased access to across Sarasota County?	
Support for working parents to meet childcare costs	60%
More job training programs and access to education and retraining to enhance skills and employability	59%
Jobs with opportunities for career growth	54%

Additional Well-Being Survey Results

One question on the Well-Being Survey asked if there were there are sufficient networks of support and services for individuals and families during times of stress, need, and/or after a natural disaster. This included neighborhood associations, support groups, faith-based community outreach, counseling services, government, support agencies and organizations. Among those who completed the survey, 60% answered no to this question.

Florida ranks third in the nation for sex trafficking behind California and Texas, a question was asked about familiarity with the signs of or resources for victims and/or survivors of human/sex trafficking. Among those who completed the survey, 58% answered yes, that they are familiar with the signs of human trafficking. This question will help inform future DOH-Sarasota prevention efforts, interventions, staff, and community facing education on the subject in collaboration with local partners.

These survey results were used to detect emerging themes in combination with many other assessments and data sources, including the Sarasota County Age-Friendly Survey, the 2024 Sarasota County Citizen Opinion Survey, and the Forces of Change Assessment. These results helped inform a more focused secondary data review using the MAPP CSA matrix as guidance. A copy of the Sarasota County Well-being Survey questions can be found in Appendix B of this report for reference.

Sarasota County Age-Friendly Survey Summary

In 2023, Sarasota County Health and Human Services embarked on the Age-Friendly survey process. The Age-Friendly survey was developed by AARP Research and Livable Communities. The survey takes a comprehensive look at aging in the community and includes 17 demographic questions and 32 questions about home and community. This survey was marketed to older adults, those 65 and older. Survey links and flyers were shared electronically through the Sarasota Age-Friendly newsletter, outreach events, and with various stakeholder groups, both electronically and via paper form. This survey was created and distributed in three languages, English, Spanish, and Ukrainian. A total of 179 total surveys were completed and collected with 43 (24%) being completed in paper form.

The respondents were 74% female and 26% male. Among Age-Friendly Survey respondents, 88% identified as White, 6% African American, and 4% Hispanic/Latino. The average age range of a respondent was between 65 to 74 years old (36%), followed by 75 –84 years (32%). Among Age-Friendly Survey respondents, 43% reported being married, and 19% widowed. From the responses, 90% reported being full-time residents of Sarasota County, and 72% rated Sarasota County as a very good or excellent place to live as they age.

Age-Friendly Survey Respondent Demographic Profile

Marital Status

- Never married 9.9%
- Widowed 19.3%
- Married/living w/ partner 42.9%
- Divorced/seperated 28%

Age

- Age 85 and older 12.3%
- Under age 50 9.7%
- Age 55 to 64 10.4%
- Age 75 to 84 31.8%
- Age 65 to 74 35.7%

Race/Ethnicity

- Black/African American 5.6%
- White 88.8%
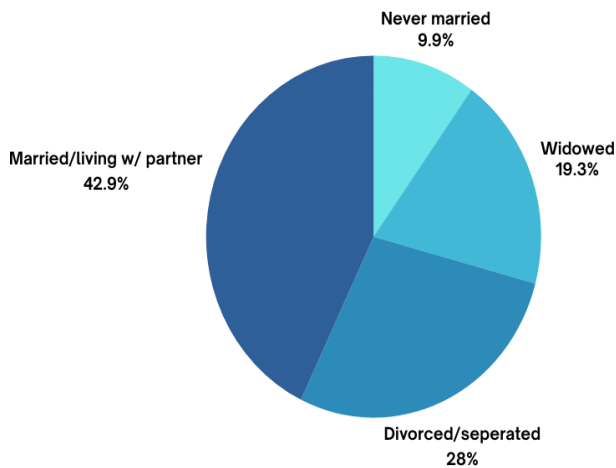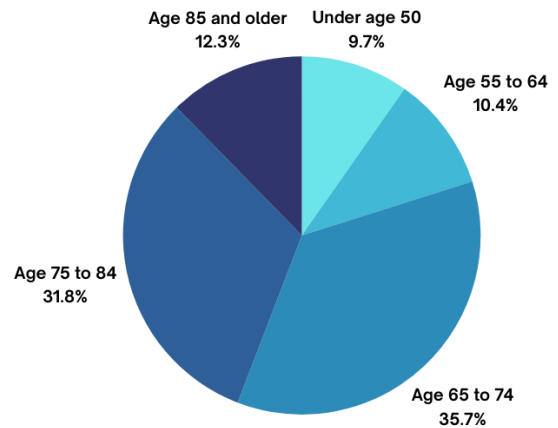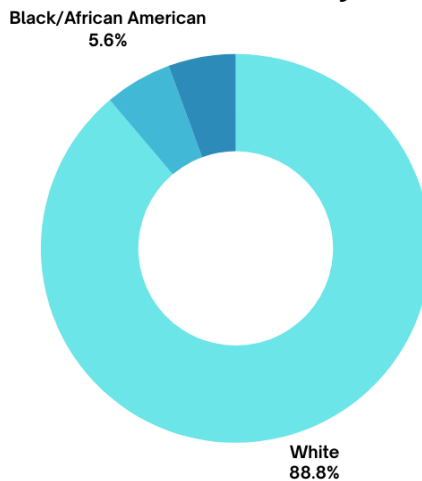
One of the key take-a-ways was the importance for individuals to maintain their independence as they age, with 85% respondents reporting in the affirmative. Among survey respondents, 93% said it was very or extremely important to live independently in their own home as they age, 79% of respondents indicated they planned to remain in their current or primary home as they age, and 85% want to remain living in the community where they currently reside.

Housing is essential to safety and well-being. When asked about the current state of housing, 46% of Age-Friendly Survey respondents reported affordable housing options for adults of varying incomes in Sarasota County is poor. Furthermore, 49% of respondents reported that well-maintained and safe low-income housing is also poor in Sarasota County, with 56% reporting fair to poor innovative options to age in place, which includes things such as safety and universal design features.

Age-Friendly Survey Respondent Housing Results

45.8% ········● Respondents report affordable housing options for adults of varying incomes is poor in Sarasota County.

48.8% ········● Respondents report well-maintained, well-kept and safe low-income housing is poor in Sarasota County.

56.2% ········● Respondents report fair to poor innovative options to age in place in Sarasota County.
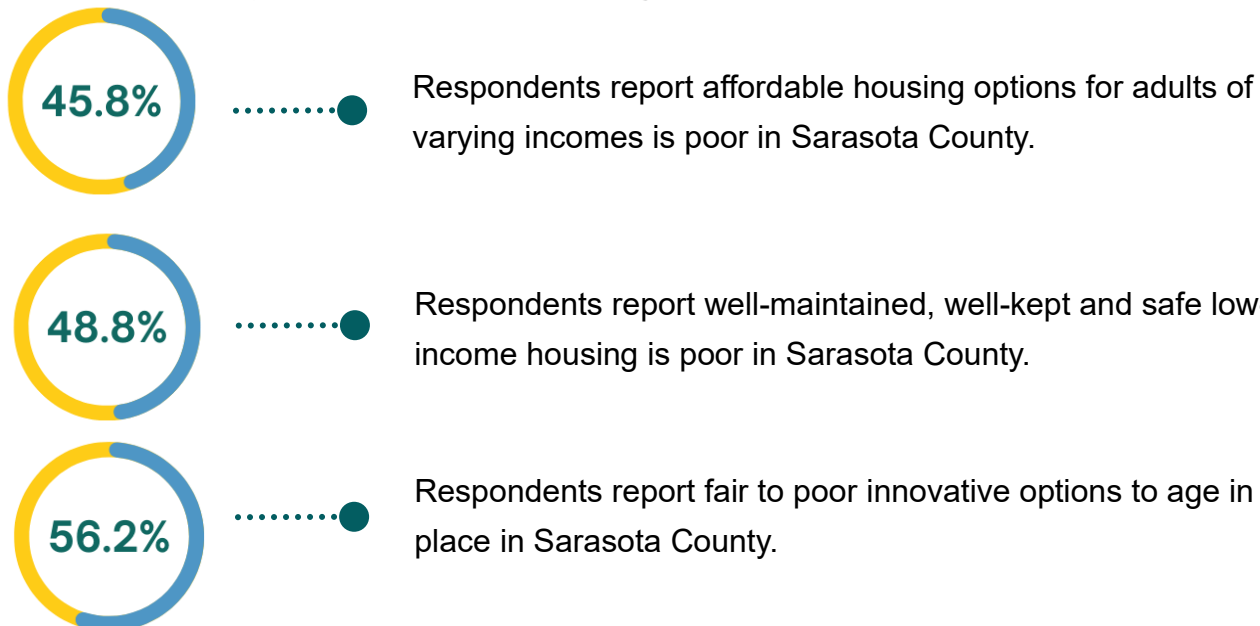
When asked about their health status, 89% rated their physical health as good, very good, or excellent and 96% rated their mental health good, very good, or excellent. When asked about having enough support, 80% reported usually or always having the social and emotional support they need, and 84% reported they had family or friends to reach out to if they were in trouble. Two key areas of concern for respondents were Alzheimer's Disease and emergency room visits from falls.

Age-Friendly Survey Respondent Key Concerns

Alzheimer's Disease & Dementia

Not at all
12.4%

Extremely concerned
17.3%

Slightly
21.6%

Moderately
32.1%

Very
16.7%

Falls & Emergency Room Visits

Not at all
18%

Extremely Concerned
13%

Slightly
23.6%

Moderately
31.1%

Very
14.3%
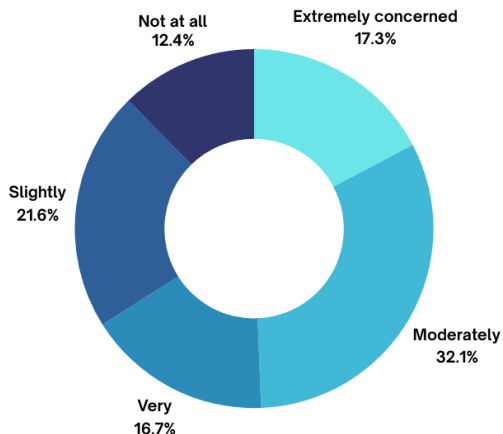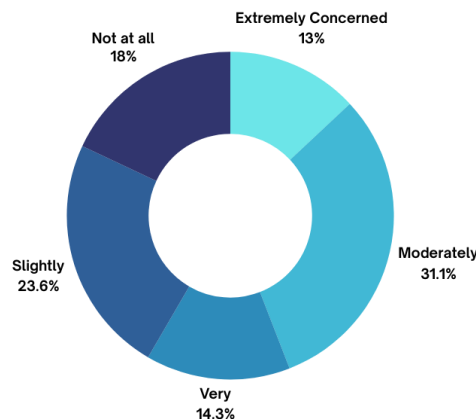
Additional Age-Friendly Survey Results

59.7% rated accessible, safe and affordable public transportation as good, very good or excellent.

89.2% rated their physical health as good, very good or excellent

84.3% reported they had family or friends to reach out to if they were in trouble.

71.9% rated Sarasota as a very good or excellent place for people to live as they age.

70% rated public parks as good, very good or excellent. This includes features such as being well-kept with adequate benches and within walking distance.

96.5% rated their mental health as good, very good or excellent and 80.2% reported usually or always getting the social and emotional support they need.

On average more than 75% reported using technology or internet to access a variety of services during the pandemic.

The Age-Friendly Survey results were used to further review emerging themes in combination with other assessments and data sources, including the Sarasota County Well-Being Survey, the 2024 Sarasota County Citizen Opinion Survey, and the Forces of Change Assessment. These results helped inform a more focused secondary data review using the MAPP CSA matrix as guidance. A copy of the Age-Friendly Survey questions can be found in Appendix of this report for reference.

COMMUNITY CONTEXT ASSESSMENT

Forces of Change Assessment Summary

Forces of Change are recent factors, trends, and events (categories) outside of one's control that impact the delivery of local public health services.

Two separate FOCA were conducted with (1) the DOH-Sarasota Performance Management Council (PMC) and (2) the First 1000 Days Suncoast Sarasota Navigator Workgroup. The two groups that participated in the FOCA were chosen because of the different roles and unique perspectives they possess as public health professionals. The goal of the FOCA is to better understand how recent factors, trends, and events outside of one's control have impacted the delivery of essential local public health services. A total of 45 individuals participated in two separate FOCA sessions. Survey results were reviewed and compared for common themes and recurring topics of discussion that crosscut more than one category topic.

Below is a table summary of the FOCA that includes the top five forces identified by the two groups, in addition to the challenges and opportunities for each.

5 Forces	Challenges	Opportunities
• Economics, inflation, and increased cost of living, goods, and services	• Lack of funding and resources • Low wages, high costs	• Offer more free or low-cost programs
• Shortage of affordable housing	• Shortage of affordable housing • Transportation and long commute times	• Re-imagine creative, affordable living spaces and support workforce housing
• Decreased access to care, navigation, providers, and (healthcare) services	• Provider shortage/lack of affordable housing • Gaps in services and programs • Public transportation	• Increase access to care, services, and resources through increased outreach, screenings, and referrals
• Politics and healthcare policy	• Lack of trust, dis- and mis-information, communication	• Reconnect with people and work with valued community partners to help rebuild trust
• Increased immigration	• Lack of trust, communication barriers	• Provide more culturally competent provider training • Reconnect with people and work with valued community partners to help rebuild trust

A copy of the FOCA survey instrument is available in Appendix D of this report.

Community Health Action Teams (CHAT) Walking Tours

The Community Health Action Team (CHATs) are community-led groups working in coordination with the Community Health Improvement Partnership to improve the health of Sarasota County residents. CHATs are active in four geographically distinct areas of Sarasota County, including North Port, Englewood, Newtown, and Laurel, Osprey, Venice, Nokomis (LOVN). CHATs identify and research health issues facing the community, then take action to address these issues. Each CHAT group has a community member who acts as the CHAT Chair. Their responsibilities include facilitating meetings, tabling at community events, and assisting with any projects and events.

As part of Phase II of the CHA, two-rounds of walking tours were conducted in all four CHAT areas. Walking tours are systematic observations made on foot, and they are used to assess general community needs, allow for clear comparisons among different parts of the community, and help to determine where to focus our community improvement efforts. To maintain survey fidelity, the observational questions remained the same for each walking tour as well as the route for each area. The route was chosen by coordinating with each of the CHAT chairs to identify an area that encompasses a mix of both commercial and business sectors within the community. The CHAT members then voted to determine which route to take. Through initial feedback from the CHA Steering Committee, the CHAT members decided on five focus areas:

- Neighborhood and Housing
- Transportation
- Environmental Quality
- Public Spaces
- Infrastructure

In these five focus areas, the CHA Steering Committee identified keywords that participants could circle if they observed the presence of the keyword during the walking tours. These keywords addressed a wide range of aspects within the focus areas. Finally, four open-ended questions were added at the end asking:

- What are the assets in the community?
- What are the challenges in the community?
- What is striking/unexpected about the community?
- What are the differences among different parts of the community?

There were 101 responses gathered across all of the CHAT walking tours. Thank you to the community members and agency representatives that took the time to attend the group walks and contribute to the walking tours.

North Port CHAT

North Port is a dynamic and rapidly growing community with a deep historical background, celebrating its 65th anniversary this year, having been incorporated on June 18, 1959. Originally spanning just 5.5 square miles, North Port has expanded exponentially over the decades, becoming one of the largest cities by land mass in Sarasota County. This growth is reflected not only in its size but also in its population with an estimated 74,000 residents according to the 2020 US Census. The city has seen significant additions in healthcare services, recreational areas, and other amenities to support its expanding community. The city also features culturally diverse restaurants and traditions and communities due to its large Eastern European population.

Most of North Port is composed of residential areas and planned community developments, with a homeownership rate of approximately 81% according to Casey Family programs Community Opportunity map. This strong residential focus is complemented by modern developments like Wellen Park, a family-friendly area featuring a walking trail, kayak launch, ping pong tables, and crate restaurants, all centered around a lively downtown walking space. This contemporary development contrasts with the historical foundation near the North Port Public Library, where the community's roots are more visibly preserved. North Port continues to grow and evolve, constantly reshaping the landscape of its community while retaining its unique history.

Table 38: North Port Assets and Challenges

Assets	Challenges
Brand new buildings	Need for affordable housing
North Port Public Library	Ongoing construction and traffic
Cultural diversity and a variety of cultural restaurants	Underutilized areas
Numerous new restaurants and shops	Presence of unhoused individuals
Abundant green space	Sidewalks in need of repair

Quotes

"The community is still growing."
"There is a rich history in North Port."
"There is a newness to the Wellen Park area"

Additional Results
To view the North Port CHAT Community Walking Tour video, click here.

Laurel, Osprey, Venice, Nokomis (LOVN) CHAT

The Laurel, Osprey, Venice, Nokomis (LOVN) area is a unique region within Sarasota County, bringing together four distinct communities under one Community Health Action Team (CHAT) group. While each area has its own identity and set of challenges, they share a close proximity to one another, with residents frequently traveling between these communities for services, food, and recreational activities. This fosters a sense of connection among these communities.

Venice is the only incorporated community and has a median household income of approximately $69,000, according to the 2022 American Community Survey. The city's walkable downtown area is a highlight, offering a diverse array of dining and shopping options that attract both locals and visitors alike. Osprey and Nokomis are two of Sarasota County's earliest settlements, with histories that are closely intertwined. Osprey, established in the mid-1800s, attracted pioneer families due to its fertile land and access to waterways, contributing to the region's development through agriculture, fisheries, and other early industries. Nokomis, located adjacent to Osprey, shares a similar history, having developed alongside it with a focus on agriculture, fishing, and community building. Significant landmarks, such as Historic Spanish Point in Osprey and the Nokomis Beach Pavilion, highlight the area's cultural and historical importance, with both communities playing key roles in shaping the broader historical context of the region.

Laurel and Nokomis feature community gardens, proximity to the Legacy Trail, and well-maintained community centers and parks. These assets contribute to the quality of life in these areas, offering residents opportunities for recreation and community engagement. However, these communities also face significant challenges, including limited availability of resources, lack of sidewalks in many residential areas, and the division of the community by US 41, which makes it difficult for residents without cars to access essential services and resources. Despite these obstacles, the communities within LOVN remain vibrant and connected, with a strong sense of place and an ongoing commitment to improving the quality of life for all residents.

Table 39: LOVN Assets and Challenges

Assets	Challenges
Proximity to water & legacy trail	No public transportation within the community, only On-Demand service available
Community center & community gardens	US-41 divides the services and the community
Lots of food, shops, and welcoming public spaces	Homes in need of repair
Quiet neighborhood	Inconsistent sidewalks in parts of the community
Nice green space/park area	Community Park underutilized

Quotes
"Welcoming and touristy with lots of shopping" – Venice
"Quiet neighborhood with access to green space" – Laurel
"Accessible, with lots of antique shops and restaurants" – Nokomis

Additional Results
To view the LOVN CHAT Community Walking Tour video, click here.

Englewood CHAT

Englewood is an unincorporated area where the community is close-knit and deeply invested in the well-being of its residents. With a population of about 16,000 people and a median age of 67.3, according to the 2022 American Community Survey, Englewood exudes a distinct historical character, and many of its residents have lived there for a long time, adding to the area's enduring sense of community.

The Englewood area spans both Sarasota and Charlotte counties, presenting unique challenges, particularly in the continuity of services. Direct services within the community are limited, forcing residents to travel more than 40 minutes to Sarasota for essential resources. This issue is especially problematic for homeless individuals who lack access to a car, as most services for the homeless are located in North Sarasota. The absence of fixed bus routes and reliance on an on-demand transportation program, which does not allow travel between counties or outside the designated Englewood zone, further exacerbates these challenges.

In 2022, Englewood and the broader South County area suffered major flooding and structural damages from Hurricane Ian. In the aftermath, many residents expressed concerns about the recovery process. A mix of long-term recovery programs was initiated in response to the growing unmet need due to the hurricane.

Sarasota Resilient SRQ Community Development Block Grant-Disaster Recovery: Sarasota County was awarded $201.5 million in HUD funding to deliver unmet needs assistance to the community from the impacts from Hurricane Ian. The programs include fixes to infrastructure & public facilities, housing recovery, workforce development & training, multifamily affordable housing & voluntary home buyouts. For more information visit: [Resilient SRQ - Sarasota County Government](#)

Sarasota County Long Term Recovery Group: An initiative launched by the United Way of South Sarasota County aimed at bringing together organizations across all sectors, including representatives from government, faith-based, business, nonprofit, and other organizations to assist individuals and families as they recover from disaster. The goal is to strengthen area-wide disaster coordination through preparation, response, recovery, and mitigation. For more information visit: [United Way of South Sarasota County (uwssc.org)](#)

Despite these obstacles, Englewood is continuing to improve and revitalize its community. The renovated area on Dearborn Street stands as a testament to these efforts, showcasing the town's commitment to preserving its charm while fostering growth. However, the community still grapples with inconsistent sidewalks and several abandoned storefronts and buildings. Local organizations remain crucial in addressing these issues, striving to create a more connected and thriving environments for all residents.

Table 40: Englewood Assets and Challenges

Assets	Challenges
Renovated sidewalks on Dearborn	Lots of abandoned storefronts/buildings
Elsie Quirk Library & Chamber of Commerce	Sidewalks are inconsistent
Sense of community	No fixed bus routes; On-Demand service only
Nice new park	Hurricane damage
Calm & Quiet	Growing homeless population

Quotes

"Englewood community really 'takes care of its own' when there is a need"

"Businesses and community members care about Englewood, want to improve, promote community"

"Split between two counties limits services available"

Additional Results

To view the Englewood CHAT Community Walking Tour video, click [here](#).

Newtown CHAT

The Newtown community is a cornerstone of Sarasota's history, standing as the single largest historic district in the city and the largest Black historic district in the state of Florida. It is a lively and resilient community known for its vibrant events, such as the Juneteenth Festival, MLK Parade, Big Momma's Collard Green Festival, and much more that bring residents together with great food and entertainment. These events showcase the community's spirit and unity. With deep historical roots, Newtown is home to many long-term residents who are committed to preserving its rich heritage while also seeking ways to improve the community for future generations. This close-knit neighborhood is characterized by strong relationships, with neighbors looking out for one another, and it boasts a significant number of churches that play a vital role in community life. However, the community faces economic challenges as well as a lack of affordable and healthy food options, which exacerbates food insecurity in the area.

The food access issue in Newtown is being tackled through a multi-sectored collaborative approach. For example, DOH-Sarasota, All Faiths Food Bank, and the Betty Johnson Library have hosted several free cooking classes to educate the community about cooking healthy foods, with participants receiving a bag of free groceries after each class. Other collaborative initiatives, like the Orange Blossom Community Garden Day, and the have seen the DOH-Sarasota sponsor garden plots for Newtown community members and revitalize the garden with new signs and a refreshed area. This spirit of collaboration is essential for the Newtown community and will be pivotal in addressing ongoing challenges.

Census tract 3, encompassing the Newtown Community, has a median household income of $35,198 and a poverty rate of 34.6%, according to the 2022 American Community Survey. This stands in contrast to Sarasota County's broader median income of $73,311 and a 9.6% poverty rate (2023 ACS). Despite these economic challenges, Newtown is actively engaged in numerous projects and workgroups aimed at fostering economic development through collaborative efforts, addressing disparities, and promoting long-term community growth.

Quality of Life Economic Development Workgroup: A subcommittee created out of the larger Quality of Life Taskforce which seeks to address economic development challenges in the Newtown area, specifically as it relates to food access. The workgroup has been focusing on assessing the gaps and barriers to accessing healthy foods and exploring business models for an affordable grocery store.

Newtown Community Redevelopment Agency Area (CRA): In 2006, the city of Sarasota established the Newtown CRA to collect Tax Increment Funds (TIF) and use those funds for revitalization of the Newtown area. The Newtown CRA has several ongoing programs that seek to address the economic concerns and revitalize the Newtown area including:
- **Title Assistance Grant Program:** A program in collaboration with Legal Aid of Manasota that provides legal services for Newtown CRA Residents to obtain clear title on their inherited homes. For more information visit: Newtown Title Assistance Grant Program | City of Sarasota (sarasotafl.gov)
- **Business Assistance Grant Program:** A program that provides financial assistance for interior and exterior improvements to existing and new businesses. For more information visit: Newtown Business Assistance Grant Program | City of Sarasota (sarasotafl.gov)
- **Non-Profit Matching Mini Grant Program:** A pilot program that launches in September 2024 aimed at supporting non-profits in Newtown that provide direct services to the Newtown community in the categories of business development, crime and safety, cultural arts, education, healthcare, housing, and sustainability. For more information visit: Non-Profit Matching Mini-Grant Program | City of Sarasota (sarasotafl.gov)

Newtown Thriving: The Newtown Business Council, in partnership with the City of Sarasota, is leading the Newtown Thriving initiative as part of the national **Equity Impact Investments** program. Supported by the U.S. Economic Development Administration and led by the New Growth Innovation Network, this initiative fosters collaboration between economic and community organizations to address local challenges, secure diverse funding, and promote inclusive growth. At a recent community meeting, 58 Newtown residents discussed priorities like health and wellness, arts and culture, business growth, youth education, and community safety. Guided by a vision of generational wealth and economic success for all, the Newtown Business Council is building partnerships and resources to create a sustainable, prosperous community.

Table 41: Newtown Assets and Challenges

Assets	Challenges
MLK Park & Betty Johnson Library	Lots of litter and plant overgrowth
Lots of bus stops	Access to healthy foods
Sense of community	Drainage backup
Unique history	Maintenance of homes
Community recreation center	Lack of services and economic development

Quotes
"Lots of potential for growth"
"Neighborhood feeling where everyone knows each other"

Additional Results
To view the Newtown CHAT Community Walking Tour video, click here.

Focus Group on Homelessness in South Sarasota County

Post Hurricane Ian, there have been growing concerns about the noticeable increase in unhoused individuals in South Sarasota County. To better understand the scope of this issue, DOH-Sarasota facilitated a focus group on the topic with a focal point on the South County area. As defined by and for the purposes of this focus group, the area of "South County" are communities south and east of Midnight Pass Road in Sarasota County extending down to the Charlotte County line. This issue is especially challenging due to the proximity of the Englewood and North Port communities to Charlotte County, allowing unhoused individuals to frequently migrate between the two counties, often making it challenging to track both the clients and any services they may have already received.

The focus group, held at the Englewood Library, brought together 35 participants from various organizations, and was facilitated by the DOH-Sarasota CHAT Coordinator and the Sarasota County Homeless & Poverty System Coordinator. A copy of the focus group discussion prompts is available in the appendix of this report. Participants included representatives from law several municipal law enforcement Homeless Outreach Team (HOT) members, homeless agencies from Charlotte & Sarasota County, and local nonprofit organizations who serve the unhoused population. They provided invaluable insights into the current challenges facing the unhoused community and shared their unique perspectives on the scope, barriers, and obstacles they encounter in delivering essential services.
The discussion highlighted several distinct populations within the unhoused community, including an increase in older adults being "priced out" of their homes and individuals living in cars. In Table 42 below is a list of priority populations identified as becoming increasingly homeless locally.

Table 42: Priority Populations Identified as Increasingly Likely to Experience Homelessness

Priority Populations
Older adults getting priced out of homes
Unhoused families or single parent with a child or children
Non-English-speaking children in schools from other countries living with relatives
People living in cars with belongings from out of state
People with disabilities
Young veterans
People who identify as LGBTQ+

One of the more complex issues discussed was the lack of continuity between the two different online case management platforms (HMS and Clarity) that each county utilizes to track unhoused individuals. The crossover between counties complicates tracking clients and referrals for (duplicative) services.

Table 43: Communication Key Findings

Communication
Use of HMS and Clarity online documentation platforms
Charlotte County currently can't see client entries in Clarity
Crossover between counties makes it difficult to track clients and refer for services
Jewish Family Services can view and has access to all platforms

Geography also presents a significant challenge, with no Continuum of Care (CoC) access point in Englewood, making many services for homeless individuals only available and concentrated in the city of Sarasota, resulting in transportation as a major barrier. Additionally, the lack of shelter beds in South County and the fear of law enforcement among homeless individuals with substance use disorder complicate outreach efforts by HOT teams.

Table 44: Geography Key Findings

Geography
No CoC access point in Englewood
Only two HOT team deputies to cover entire south Sarasota County
"They forget about south county"
Geography- having to go to Sarasota for a shelter bed when clients have support network in south county (jobs, church, family/friends)
Residency or showing proof of residency in that county (90 days)
Access to public transit in south county

Participants also highlighted the need for more landlord connections and additional case managers, particularly for older adults. Case management for older adults is more time consuming and resource intensive often due to the presence of complex medical conditions and needs, challenges with system navigation, and utilizing technology among this demographic. Difficulty navigating the system also continues to be compounded by uncontrollable, prolonged, application processing delays by federal agencies.

Table 45: System Navigation Key Findings

System Navigation
CoC case navigators are located downtown and don't travel to south county
Need for more SOAR (SSI/SSDI Outreach, Access, and Recovery) specialists or SOAR certified case managers for people with disabilities- Second Heart Homes staff are all SOAR trained
Agencies that receive PATH (Project for Assistance in Transition from Homelessness) grant funding through CFBHN are unable to meet SOAR application outcome requirements due to the processing delays
Need for more specialized older adult navigators (senior case managers)

The focus group did discuss the current lack of affordable housing county-wide, and the increased need for landlord engagement. Best practices and ideas for funding streams were shared by Charlotte County CoC, in addition to eviction mitigation strategies and permanent supportive housing models as potential preventative options.

Table 46: Affordable Housing Key Findings

Housing, Evictions, and Landlords
Lack of affordable housing
Need for increased landlord engagement in Sarasota County
Gulf Coast Community Foundation has a Challenge Grant for housing
Provide incentives for landlords to provide housing for homeless
"Master Leasing" (third party leasing)
SHIELD (Supportive Housing Initiative and Eviction Lifeline Diversion) Program-Sarasota County Sheriffs Office and United Way to reduce evictions
CASL assists with evictions and partners with Sarasota County Sheriffs office to go into the county jail to conduct assessments for transitional housing

Several local non-profits and other resources were identified in addition to the various types of services currently available to unhoused individuals in south county, especially in the Englewood and North Port communities. Opportunities for ongoing engagement among partner agencies was also shared.

Table 47: Agency Engagement Opportunities

Agencies
Homeless to Home Luncheon quarterly meeting
Suncoast Partnership to End Homelessness, HUD CoC for Sarasota/Manatee Counties, meets every other month and low cost to join
Suncoast Housing Collaborative
Affordable Housing Advisory Council

Barriers and possible solutions were identified and openly discussed. Several proposed solutions included establishing a CoC in Englewood, employing and deploying more mobile, diverse, and specially trained homeless case managers, offering HOT beds in South County, and considering family re-unification as a diversion method when possible.

Table 48: Barriers and Possible Solutions Key Findings

Barriers
Fear of HOT because they are affiliated with police, and many have substance use disorder
No shelters (HOT beds) in south county
Few shelters accept children
No landlord connections in south county
No CoC access point in Englewood
Lack of funding in south county, funding only for nonprofits working in downtown Sarasota

Possible Solutions
Employ more diverse and specialty trained, mobile homeless case managers
Consider family reunification as a diversion method when possible
Creation of HOT beds in South County
Refer clients to EPIC, in Englewood to connect them with HOT team deputies
EPIC will look into becoming a CoC in Englewood
Connect non-profits with Unite Us for client referrals
Produce a shareable video of various outreach initiatives and resources
Creation of a printable resource guidebook/handout
Provide more targeted case management in South County to "meet clients where they are"
Help establish a CoC in South County
Utilize outreach coordinators who are not affiliated with law enforcement, less intimidating
Increase referral services for priority populations
Network with developers and landlords for affordable housing solutions
Increase Permanent Supportive Housing programs

Thank you to all the agencies who participated in this focus group. An executive summary of this focus group results can be found in Appendix H of this document.

Key Informant Interviews

Key informant interviews were conducted to gain deeper insight into two critical topics: housing and food access. These issues are inherently complex and multifaceted, often challenging to fully capture through traditional data collection methods. The perspectives surrounding them vary widely, reflecting the diverse experiences and opinions within our community. Recognizing the need for a nuanced understanding, the CHA Steering Committee identified key informant interviews as a valuable tool to explore these topics in a way that quantitative data alone could not achieve. This approach provides a richer, more detailed narrative of the challenges and opportunities surrounding housing and food access in Sarasota County.

Food Access Key Informant Interviews

To supplement existing data, key informant interviews were conducted with community stakeholders who possess in-depth knowledge about the history and current state of food access in Census Tract 3, which includes the Newtown community. These interviews provided valuable insights into the challenges, opportunities, and lived experiences surrounding food access in this area. The following section highlights key takeaways and recurring themes from the interviews, offering a deeper understanding of the status of food access in Newtown as described by the interviewees.

Table 49: State of Food Access in Newtown

Describe State of Food Access in Newtown (Census Tract 3)	
Limited, lack of diversity, inadequate	Food desert
Not easy	No choice - "given" food, "food comes in a box"
Challenging	Leftover
Not accessible	No name brand(s)
Low quality, don't like it, "sucks"	Poor nutritional value
Unaffordable	Government form of power/control - lack of trust
Inconsistent	Transportation is a barrier
Not having enough of the "right types" of food around	Frustration

Table 50: Challenge Around Accessing Food

Describe Challenges Around Accessing Food
Storing, preparing, or consuming certain types of foods, especially for those individuals with poor dentition, the unhoused, those on specialty or restricted diets, and individuals who "couch surf" and don't have reliable access to a kitchen (appliances) and/or refrigeration
Most people buy unhealthy food(s) from small, locally owned community convenience stores using their SNAP benefits because (1) convenience is a priority, and (2) food is typically purchased daily.
Widely known and accepted that local convenience stores are known to upcharge patrons, causing SNAP benefits to run out more quickly.
Concern about what they perceive as the gentrification of Newtown and the surrounding area and getting "squeezed out" by lack of affordability
Lack of access to transportation was a significant contributing factor to accessing food (and services), and that most people got rides from others, biked, or walked to the nearest (food) convenience store.
Multiple generations living in the same house with limited/no food stamps
There's so much more we could do that has potential, but we don't have the "bandwidth." (Staffing, funding, infrastructure).
There ae people and organizations pushing their own agendas around food
If individuals had (better) transportation, they would seek out lower cost options.
Lack of knowledge, people not getting the support they need.

Table 51: Availability of Food and Food Choice

Availability of Food and Food Choice
Lack of food choice and receiving no name brand, unhealthy, low quality, or "leftover" food was something that angered them
Felt people have food preferences and having a choice was important but conceded that "when your hungry, you're hungry, and food is food."
"Poor people like to eat good too"
Individuals that have specialty diets or dietary requirements can't afford or don't have access to the types of food they need
Most people can't get to the food pantry during the day "because they're at work."
Food for youth, especially during the summer when kids are out of school is a challenge. Having food(s) kids enjoy/like or are healthy (not food backpacks from food bank) is very limited.
People don't like having to rely on others to have their basic needs met, and, when individuals can meet their own needs, they feel better about themselves.
People living here can't think beyond their own immediate needs let alone think at a more community or societal level about food access issues
People are suffering from all the health conditions associated with *too much* access to the wrong types of food
Choice restores dignity. Would prefer to see more emphasis on offering more free or low-cost foods and giving people a CHOICE.

Respondents were asked about the connection people had between food and health, the importance of cultural foods, and the role of (local) community churches providing food.

Table 52: Food and Health, Culture, and Faith

Food and Health, Culture, and Faith
Felt majority of Newtown residents don't make the connection between the food they're eating and (physical and mental) health, especially as it pertains to diabetes, high blood pressure, and obesity
Health literacy among the community is relatively low
People struggle to distinguish between healthy and unhealthy food (knowledge, education)
More health education is needed but are unconvinced people would participate without incentive or return for multiple classes. Despite this, respondents recommended continued persistence and consistency. Believed race of instructors teaching classes was unimportant.
In addition to expanding access to healthy foods, offering cooking classes was mentioned by all interviewees as an important way to help people become more open to trying new foods and learning how to prepare them in a way that tastes appealing but is still healthy.
Advice on how to encourage health education participation around health conditions, food, and cooking included starting out with small group of folks in class and asking them to invite one new person each month.
When asked about the importance of cultural food(s), or soul food, some felt while important when it comes to food choice, most agreed it wasn't a priority, and was primarily more important to "older generations."
Access to cultural foods is a "luxury" for some, but still important and available in the community
Several local churches in Newtown have food pantries, and the sentiment is that the younger generation typically does not access them. Some viewed the practice as a way for a church to attract congregants and believed they would be utilized more by individuals already affiliated with that church.
Some Newtown residents experience poor access to care to treat unmanaged chronic health conditions, and there are high readmission rates for conditions impacted by nutrition/food (Diabetes, Cancer, HIV)

When discussing food spending and buying habits, several themes emerged.

Table 53: Food Habits and Behaviors

Food (Spending and Eating) Habits & Behaviors
Individuals sometimes "work the system" by selling their SNAP benefits in exchange for cash
Some individuals use SNAP to purchase unhealthy foods, depend on food stamps as their sole means of getting food, and/or visit multiple food banks unrestricted, selling the excess food for cash. "System rewards liars."
"The system" is crippling people and contributing to poor food spending and buying behaviors.
People need take more accountability and be more self-sufficient
"People have to do better," and "it's not the governments job to feed people"
"When people pay for their own food, they make better choices and waste less."
More parents should be role-modeling eating and buying healthier foods for their kids when they can.
Parents should prioritize buying food and feeding children over significant other/adults
Frustration with food stamps and insurance cards limiting what foods people can buy – lack of choice
Individual habits around eating (fast food) and not trying different foods
People with certain health conditions often can't eat some of the food distributed by food banks/pantry

Youth are learning about growing food and eating healthier, but parents aren't necessarily reinforcing those habits at home
People don't complain about the lack of healthy food because they believe it doesn't matter, and they won't be heard. They grew up in Newtown and they're "used to it."
Multilayered system of dependence
People have to make a choice between food and bills

Table 54: Taking a More Holistic Approach to Food Access

Taking a More Holistic Approach to Food Access
Individual's living in "survival mode" struggle to make conscious, informed decisions about food when basic needs aren't being met, making their ability to strategize about what kind of food(s) to buy and where to get the food from is much more limited
It's not just about food; it's about the love and caring that's around it. When you pray with someone who comes to you for food, it's an incentive for them to do better and keep going.
Respondents felt in some way, food access is about more than just food, and believe people also need support and to be able to share and make a personal connection.
People just don't need food, they need to be able to talk to someone, because that's how you learn what else they may need.
Other priorities that respondents thought needed to be addressed alongside food access was housing, life skills, mental health services, inspiration (prayer), and assistance with fleeing domestic violence and human/sex trafficking.
Expand food access to food culture that also includes more awareness about the impact of food on our bodies and the aspects of growing and consuming food.

Respondents were asked what they would like to see to help close the food access gap in the Newtown community.

Table 55: Closing the Food Access Gap

On Closing the Food Access Gap	
Lower food cost	Utilizing community fridges to store free pre-packaged foods to improve access
Increase in healthier, quality whole food options/increase choice	Expand the reach of the Orange Blossom Community Garden in Newtown
Decrease distance people have to travel for healthier food choices	Increase access to affordable (public) transportation
Improve program bandwidth and invest in infrastructure	Screen clients for food insecurity and refer for services via Unite Us, case management
Increase resources, access to care, dental	Increase health education to improve health literacy
Consider prepackaged meals for specialty groups (unhoused), those that can't cook or store food	Food/meal delivery for those with limited transportation means
Involve the community in decision making and implementation	A more holistic approach to providing food

Table 56: Preferred Models for Food Access in Newtown

Types of Potential Food Access Models You Would Like to See in Newtown
Community all-in-one food resource center
Mobile market
Community market & commercial kitchen
Food co-op or CSA (Community Supported Agriculture) program
Farmers market

Newtown Nation farmers market, for example, gets produce from Community Harvest SRQ, which uses gleaning to supply produce to the community. Through gleaning, volunteers harvest surplus produce from local farms to curb food waste and benefit the food insecure in the local community. Respondents agreed that, regardless of food model type, it should offer a consistent choice of quality, affordable foods and offer a hybrid payment method- accepting both cash, WIC, and SNAP, and not necessarily be free. Opinions were mixed on expanding food stamps *or* offering more affordable, quality, whole foods as a way to improve food insecurity. The rationale behind expanding food stamps was that if individuals had more to spend on food, their food options/choices would increase.

Respondents were asked about their vision for future of food access in Newtown.

Table 57: The Future of Food Access

Future of Food Access
They would like to see higher quality and more "plentiful" food at an affordable price available in Newtown
Food access in Newtown is "working" but that the community is still learning and hasn't arrived at a perfect model yet and there was "always room for improvement."
Concern expressed about "politics" in the community, and people attacking the community or going "outside the community" for food but were still hopeful that people would come together.
Feel strongly that everyone should know that they have the right and choice to healthy foods.
Access to sustainable funding for food (access) in Newtown
Would like to see more emphasis on growing gardens and planting more fruit trees in the community as a source of food
Partner with key stakeholders to address food access and broader systemic factors with the Newtown Business Council and Newtown Thrive, both of whom are working to expand and include other sectors and entrepreneurs to address community concerns.
Offering budgeting, nutrition, and cooking education to adults and youth

The Sarasota County Quality of Life Plan aims not only to enhance access to healthy food in Census Tract 3 but also to address the broader factors that significantly influence eating behaviors and habits. This multi-faceted approach includes improving health literacy, increasing access to healthcare and screenings, expanding prevention and nutrition education, and teaching essential skills such as budgeting, shopping, and cooking. Insights gathered from these interviews will also guide the Quality of Life Task Force in shaping activities related to implementing an innovative food delivery model in Census Tract 3.

Housing Key Informant Interviews

To gain additional insight into housing affordability in Sarasota County, two anonymous key informant interviews were conducted with professionals working in the local housing sector. Housing remains a multifaceted and increasingly pressing issue within the community, with diverse challenges and perspectives. The following table summarizes the key themes and findings from these interviews.

Table 58: Housing Key Informant Interviews

Question/Topic	Respondent 1	Respondent 2
Current state of affordable housing across Sarasota County?	- Non-competitive local wages - ALICE families paying 30% or more of income on housing "housing/rent burdened" - Residents who used to have not have a need for housing assistance, now needing help affording a home or place to live - Population growth "driving up" housing costs - Retirees and those relocating from out of state have higher incomes than locals and can pay more for housing	- Population growth - Economy (global, national), inflation - Supply chain - Low housing inventory - Urban sprawl (long commutes, infrastructure)
Contributing factors?	Funding shortfall, "unable to meet the gap" with nonprofit funding	"Tight" budgets - Political influence(s), political will - Maintaining re-occurring housing funding - Affordable housing recommendations (AHEC) - High interest rates
Barriers & Challenges		- Locale/beaches "Openness" of living in Florida during and post pandemic - No state income tax - Increase in remote workers making higher salaries relocating from out of state - Increase in "baby boomers"/retirees
Reasons for population growth		- Wage disparity - Increase in renters - Low rental home inventory stock driving up prices for those who can afford to pay - Longer commute times, increased traffic/congestion - Urban sprawl - "denser" communities, less infrastructure

Impact of population growth	• Working families cannot afford to live in communities with good schools/amenities • Communities that refuse to participate in housing voucher program can lead to increased concentration of poverty/low-income households in certain communities • Nimbyism, housing discrimination, and/or racial discrimination • Nimbyism – term used to describe when residents oppose new development or infrastructure in their area	• Overdevelopment • Lack of infrastructure • Environmental impact • Specifically named Newtown and North Port communities • Downside of building affordable housing in certain communities and spreading them out is not integrating them and "creating hubs" where affordable housing is only available in certain parts of town.
Impact to certain neighborhoods/communities	• Many families don't have a personal vehicle and walk and/or bike • Concern over transportation access impacts a family's decision over where to move • Even though public transportation has improved "it could be better" • SHA has case managers that are driving people to look at houses because they don't have a personal vehicle	• Is a concern especially if you have a low paying job or high housing cost(s) • Long commute has "tremendous impact" • More modes of public transportation are "always a good thing" and means "less expense"
Impact of public transportation on housing	Sarasota Housing Authority has a landlord liaison that goes into the community to meet with landlords about housing voucher program	• "Options are few and far between" • LIH really focuses on "low to moderate" income families; households will continue to "get squeezed" as they slip into the low-income category
Low-income housing	Need for more workforce housing for employees (to help address workforce shortage) who cannot afford to live where they work (long commute) and/or rely on public transportation	• Requires a combination of planning and financial incentive • Consider extending tax credit to incentivize developers • One time vs. Recurring funding (HUD funding) • Sarasota County Toolkit to incentivize WFH (lower impact fees, increased density)
Workforce housing	• Yes, but not the projects and services that are available. • Navigating (housing) resources is a challenge for residents • Have to do a "better job getting the word out"	Yes, people know there's a problem, but many not know or understand the reason why there's a problem.
Do people understand	• There's "no end in sight"	• Is "usually a hot topic"

housing resources? Do they know there's a housing shortage?	- Waitlists are closed and if something doesn't change in the future, we're "facing a crisis" - Crisis of families in need, growth of homeless population - Multi-generations are increasingly living together but still can't keep up with rent growth - Will lead to an increase in homeless families	- Has "garnered more attention than it was", it's in the "forefront" - Requires more support politically and financially - Takes "recognizing and acknowledging there's a problem" - Not unique just to Sarasota - Requires (local) political will to make it happen
Future of (affordable) housing in Sarasota?	- Excited- affordable workforce housing venture downtown. "Refreshing" working class people can live downtown - Worried – number of housing applications outweigh current available project funding	- Excited - "Live Local Act." Will be curious to see the impact on regulation and wants to gauge the interest in and flexibility of that law - Worried – about disaster relief funds mean to restore housing (one-time funds) running out. There are movements to make this a more permanent program (esp. In places like Florida that are prone to natural disasters) and stop it from being defunded on the whim of Congress, making it a reliable, dedicated funding source.
What potential changes on the horizon are you both excited and worried about?	Sarasota Housing Authority (SHA) is involved with the public sector, but not private sector. Need to find a way to connect with private sector better/more	
Partnerships/Coll aborations that would be beneficial?		- Turn "government jargon" into information the average person can understand and act on - Create a "one stop shop" for all housing information and resources for people to access - Need to better educate residents "Go where the people are" and not just post Ads in the newspaper like HUD recommends - Remember people are "overwhelmed" with information - Housing information needs to be strategically disseminated, not just "pushed out"

In closing, the interviewees were provided a list of rapid fire, housing related topics and asked to provide their immediate thoughts. The table below lists the rapid-fire topics and the respondents' responses to each.

Table 59: House Key Informant Interview Rapid-Fire Topics and Responses

Topic	Respondent 1	Respondent 2
Housing Funding	"Not enough"	"Not enough"
Housing Prices	"Too high"	"Too high"
Low-income housing	"Not available"	"Not enough/no availability"
Workforce housing	"Not available"	"Not enough"
Population growth	"Overwhelming"	"How do we suppress it?"
Urban sprawl	"Always a problem"	"Good thing"
Housing affordability	"Current prices"	"Unobtainable"
Housing (building) costs	"Cooling"	"High demand"
Housing availability	"Low stock"	"Adequate, but not affordable"
Rental housing	"Limited"	"Great need"
Homelessness	"Complex problem"	"Need to find better way to address it"

COMMUNITY PARTNER ASSESSMENT

**SARASOTA COUNTY
COMMUNITY HEALTH ASSESSMENT**

Community Partner Assessment Summary

The Community Partner Assessment (CPA) comprises Phase II of NACCHO's MAPP CHA framework. The Sarasota CPA was shared virtually in both English and Spanish with 250 community partners across Sarasota County beginning in October 2023 continuing through December 2023. The CPA surveyed the organizational makeup of local agencies, gauged interest in future community health planning activities, and delved into organizational areas of focus and the characteristics of the populations they serve. The CPA also appraised local organizational commitment to quality-of-life indicators, accountability, capacity, data collection capability, and community engagement practices. Assessment results will serve as a roadmap for the CLC to help identify both the assets and limitations of community services, organizations, and resources, and signals where there may be opportunities for future investment, education, engagement, and improvement.

A total of 160 survey responses were received generating a 63% response rate, culminating in a 43% completion rate. Assessment limitations resulting in a lower completion rate may be attributed to the length and detail of the 47 survey questions, uncertainty about the meaning behind some of the terminology used (for example, quality-of-life), and the ability of the survey taker to accurately answer all the questions based on their organizational role. Of the agencies that responded, 69% identified as a non-profit organization and 60% of respondents were a member of organizational leadership, a supervisor, or senior management.

While most of the organizations surveyed are invited to participate in the Sarasota County CLC throughout the year, 54% indicated they were unsure if they had ever participated in a community health improvement process. This data point suggests there is more work to be done around engaging local partners about the meaning and importance of the Community Health Improvement Partnership and utility (purpose, mission) of the CLC.

For organizations that elect to participate in the CLC, the top three reasons given why were - to (1) improve conditions for clients, (2) connect with other organizations, and (3) access community health data. Top reasons provided for joining the Community Health Improvement Partnership included - to (1) create change and identify solutions, (2) develop and leverage networks, deliver programs efficiently, and (3) avoid duplication of efforts. In addition to the above, community involvement in the health planning process also invites diverse perspectives and expertise, enhancing the quality of decision-making and promoting innovative solutions.

Community-led decision making can also lead to more widespread support for initiatives, increasing the likelihood of successful implementation and sustainability, and is essential for enhancing the effectiveness of policies and programs. More than half of survey respondents, 53%, indicated they had participated in or facilitated community led decision making around policies, actions, or programs,
Among those who completed the CPA, 66% of organizations reported that their leadership, management, and frontline staff reflected the demographics of the communities they serve. When leadership reflects community demographics, it can build trust and improve relationships between organizations and the communities they serve, fostering a sense of representation and belonging. These organizations are also better positioned to understand and meet the needs of their clients, leading to more effective programs and services. Reflective leadership also encourages community engagement, and individuals may feel more empowered to participate. The alignment of leadership demographics with community demographics is vital for building inclusivity and enhancing service delivery.

Effective service delivery applies to various sectors and aims to meet the needs and expectations of an organizations target demographic. Among those who completed the CPA, 66% reported working with groups identifiable by gender, socio-economic status (SES), education, religion, insurance, housing status, occupation, age, and even involvement in the criminal justice system. This reflects meeting clients where they are, regardless of race, nationality, or native language, and ensuring accessibility, quality, and responsiveness.

The CPA results suggest the top three languages spoken by organizational staff included English, Spanish/Portuguese, and Haitian Creole; and 64% of agencies reported working with immigrants, refugees, or others who speak English as a second language (ESL). While 58% of agencies provide access to interpretation and/or translation services, only 8% have all publicly available materials translated into other languages. Survey respondents reported that the top three populations served across Sarasota were Caucasian, Black/African American, and Latinx/Hispanic.

The CPA also surveyed organizational community engagement practices, client communication, and areas of focus. The top three categories that organizations reported focusing on included (1) family well-being, (2) human services, and (3) healthcare/service access. More specifically, the top three health topics mentioned were mental/behavioral health, quality-of-life/socio-economic factors, and access to care.

Socioeconomic factors are a complex web of indicators that influence health outcomes, with marginalized communities often facing the greatest disparities. And addressing these disparities is essential for improving health outcomes. When asked how much their organization focused on the five key socio-economic factors the responses were, in order from most to least: (62%) economic stability, (48%) healthcare access and quality, (44%) education access and services, (40%) social and community context, (40%) neighborhood and built environment. As it relates to this, 43% of agencies indicated they have a shared a definition of quality-of-life indicators and how they impact health outcomes.

Quality-of-life indicators are metrics used to assess and monitor disparities and health outcomes among different population groups. More importantly, they help guide and evaluate the effectiveness of (treatment) interventions, allocation of resources, and inform policy and program decisions. These indicators not only include socio-economic factors and demographics, but also include health behaviors, access to and quality of care. To acquire this type of information, some organizations screen clients to assess for the presence or absence of these indicators as part of their (intake) services.

Among those who completed the CPA, less than half, 43%, of organizations reported conducting basic needs assessments, and 70% of organizations collect basic demographics. 36% of organizations surveyed reported that advancing quality-of-life indicators and SES factors was included in all or most staff job requirements, and 38% have at least one person on staff who addresses quality-of-life measures. Having multiple staff trained and capable of measuring or assessing quality-of-life indicators is essential for not only improving health outcomes but to provide a better understanding of a client's overall well-being beyond acute clinical symptoms or immediate needs. It also enhances client-centered care and allows for more timely interventions.

The CPA also explored how organizations communicate and engage with clients, including measuring client satisfaction. 55% of agencies reported using some type of client satisfaction surveys to engage with the community to assess quality of care. To help engage clients, 35% of agencies offer virtual ways to participate in meetings and 85% of agencies communicate or conduct outreach via social media. Digital and virtual outreach helps improve engagement and reach more individuals by being accessible and flexible, making it easier for participants to contribute and collaborate. Sometimes

however, this can also be a barrier for those who may not have access to technology or internet, and/or may lack the skill set to navigate such platforms.

When it comes to intra-agency collaboration, 90% of organizations indicate they have good relationships with other agencies who can help spread or share their information with others in the community. Intra-agency collaboration not only fosters greater efficiency and communication but helps improve the quality-of-service delivery. Intra-agency collaboration is especially useful when trying to reach a particular target demographic (or priority population that another organization may not routinely serve). For example, 34% of agencies indicated they provide services specifically for people with disabilities. Prioritizing services for people with disabilities is essential for promoting inclusion, improving quality of life, and preventing marginalization, improving health outcomes that benefits both individuals and the community as a whole.

Informing the community is a critical engagement practice and transparent type of communication that fosters trust, creating a sense of openness and accountability. This, in turn, encourages participation through informed decision making. As part of community engagement efforts, 33% of organizations responded that the type of engagement practice used most often with clients is by informing them. By keeping the community informed, organizations can elicit valuable feedback, making initiatives more aligned with the community's needs. It also increases awareness about issues, resources, and/or opportunities, helping people engage in and benefit from available services. When people are well-informed, they are not only more likely to support initiatives but comply with and actively participate in activities that affect them.

Lastly, CPA respondents were asked to reflect upon and describe their organizational capacity and data collection/sharing capabilities. When asked about the top three activities organizations engage in most, the top three responses were- (1) community engagement and partnerships, followed by (2) health education and communication, and (3) ensuring equitable health access/care.

Having adequate capacity to meet the needs of clients is crucial to providing quality services. However, 49% of organizations responded that they do not have sufficient capacity (funding, staff, or support) to meet client needs. Having adequate capacity to support the organizational mission not only enhances service quality, but can reduce wait times, enable more personalized support, and even prevent staff burnout. Having the capacity to meet clients' evolving needs helps build trust, satisfaction, and long-term, sustainable relationships, improving overall outcomes for both the organization and its clients.

When asked to rate organizational strengths and core competencies, the top three responses were - (1) community engagement and partnerships, (2) communication and education, and (3) providing access to care. Identifying and understanding organizational strengths are key to maximizing capacity by improving efficiency, leveraging expertise, exploring growth potential, increasing resilience, and fostering innovation, all of which enable an organization to serve clients more effectively.

Having clear organizational strategies is essential for conducting work effectively. Organizations were asked to identify the top organizational strategies used to conduct work. These included (1) providing social and health services, (2) communications, (3) research and policy analysis. Organizational strategies such as these are crucial for setting direction, improving efficiency, fostering coordination, adapting to change, and measuring success, enabling the organization to achieve its mission effectively.

Data sharing and collection improve organizational capacity by supporting informed decision-making, identifying trends, enhancing collaboration, promoting accountability, and driving innovation. CPA

respondents reported that the top three organizational data skills they employed were (1) conducting needs assessments, (2) survey design/analysis, and (3) secondary analysis.

69% of organizations indicated they cannot and/or are unsure if they can share their organizational assessments with the Community Health Improvement Partnership. However, some of secondary data referenced for the 2024 Sarasota CHA was sourced from local foundations and organizations. The data shared across agencies and organizations not only fosters collaboration but ensures that all stakeholders are aligned and working with the same information, improving coordination and outcomes. Part of the value of being a member of the CLC is the opportunity for data sharing, which enhances transparency and accountability, enabling organizations to track performance and measure impact, ultimately improving service delivery and organizational capacity.

The goal of assessing the capabilities of community organizations who provide essential public health services is to evaluate the current systems and community conditions and identify existing barriers that may result in health disparities, ultimately working to achieve optimal health for all.

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LIST OF APPENDICES

Appendix A: Community Asset Inventory

Organization	Contact Information	Type of Services Provided
Alcoholics Anonymous	(850) 224-1818 aa.org	Substance Abuse Services, Mental Health
Academy at Glengary	(941) 921-9930 academysrq.org	Skill development, employment, Mental Health recovery, Wellness
All Faiths Food Bank	(941) 379-6333 allfaithsfoodbank.org	Food Security, Nutrition Education
ALSO Youth	(941) 951-2576 alsoyouth.org	Mental Health, Resource Connection, Youth Services
Alzheimers Association, FL Gulf Coast	(727) 578-2558 alz.org/flgulfcoast	Brain Health, Education
Amaryllis Park Neighborhood Association	amaryllisparkna@yahoo.com facebook.com/amaryllisparkna	Resource Connection
American Red Cross Community Adaptation Program	(941) 379-9300 redcross.org	Mental Health, Disaster Relief/Assistance, Housing, Emergency Services
Bay Pines VA Healthcare System	(727) 398-6661 va.gov/bay-pines-health-care	Healthcare Access, Resource Connection, Veteran Services, Disability Assistance, Mental Health, Emergency Services
Boys & Girls Club of Sarasota and Desoto Counties	(941) 366-3911 bgcsdc.org	Youth Services, School Programs, Education, Resource Connection, Physical Activity
Big Brothers Big Sisters of the Sun Coast	(941) 488-4009 bbbssun.org	Youth Services, Education
Bridge A Life	(941) 306-8628 bridgealife.com	Mental Health, Family Support, Financial Assistance, Food Security, Education
CAN Community Health	(941) 366-0134 cancommunityhealth.org	Healthcare Access, HIV Health Education, Peer Support, Pharmacy Services, Community Awareness, Case Management
CareerSource Suncoast	(941) 358-4200 careersourcesuncoast.com	Veteran Services, Employment Assistance, Disabilities Services, Resource Connection
Community Assisted Supported Living (CASL)	(941) 225-2373 caslinc.org	Housing Assistance, Case Management, Mental Health, Substance Abuse Services

Catholic Charities Diocese of Venice, Inc	(941) 488-5581 catholiccharitiesdov.org	Resource Connection, Health and Human Services, Community Well-Being, Disaster Preparedness and Response, Homeless Services, Spiritual Health
CenterPlace Health	(941) 529-0200 centerplacehealth.org	Behavioral Health, Comprehensive Health Services, Pediatric Health Services, OB Care, Dental Care
Centerstone	(941) 782-4150 centerstone.org	Mental Health, Addiction Services, Crisis Services
Central Florida Behavioral Health Network	(813) 740-4811 cfbhn.org	Mental Health, Substance Abuse Services, Resource Connection
Children First	(941) 953-3877 childrenfirst.net	Youth Services, Mental Health, Education, Special Needs Services
City of North Port Social Services Division	(941) 429-3700 northportfl.gov	Food Security, Financial Assistance, Disaster Relief, Veteran Services, Resource Connection, Crisis Intervention
City of Sarasota Recreation Facilities	(941) 263-6386 letsplaysarasota.com	Community Health, Physical Activity, Resource Connection, Youth Services, Neighborhood & Environment
Cornell Behavioral Health at Sarasota Memorial Hospital	(941) 917-7760 smh.com	Adult, Adolescent Behavioral Health, Inpatient/Outpatient Counseling, Crisis
Department of Children & Family Services (DCF)	(941) 316-8100 myflfamilies.com	Substance Abuse Services, Mental Health, Adoption Services, Safety & Protection, Adult Protective Services, Youth Services, Crisis Intervention
Early Learning Coalition	(941) 954-4830 earlylearningcoalitionsarasota.org	Education Access, Early Learning, Youth Services
Easterseals of SW FL	(941) 355-7637 easterseals-swfl.org	Early Childhood Development, Veteran Services, Special Needs Services, Education Access
EMERGE Sarasota	hello@emergesarasota.org facebook.com/emergesrqfl	Resource Connection, Professional Development
Empath Tidewell Hospice	(855) 843-3935 tidewellhospice.org	Hospice Care, Grief Services, Specialized Care,

		Resource Connection, Veteran Services, Mental Health
Empath Stratum Life	(727) 467-7423 empathhealth.org	Home Health, Hospice Care, Grief Services, Sexual Health, Mental Health, Resource Connection, Elder Care Services, Pharmacy Services
Englewood Community Coalition	(941) 681-0091 ccenglewood.com	Youth Services, Health Education, Community Health
EPIC Community Resource Center	(941) 460-6022 epiccommunitycenter.org	Resource Navigation, Support Groups
Equal SRQ	(941) 444-9736 sarasotarecoverypeers.org	Peer Support, Addiction Recovery
Family Promise of South Sarasota County	(941) 497-9881 familypromisessc.org	Housing Assistance, Financial Assistance, Food Security, Resource Connection
First 1000 Days Suncoast	(941) 917-7421 first1000dayssuncoast.org	Maternal Health, Infant Health, Resource Connection, Community Health, Mental Health
Forty Carrots Family Center	(941) 365-7716 fortycarrots.com	Education Access, Youth Services, Mental Health, Health Education, Resource Connection
Good Samaritan Health Services	(941) 445-5687 goodsamrx.org	Free Walk-in Clinic and Pharmacy, Free Medications, Patient Advocacy
Glasser/Schoenbaum Human Services Center	(941) 365-4545 gs-humanservices.org	Resource Connection, Emergency Services, Financial Assistance, Community Well-Being
Gulf Coast Medical Society	gulfcoastmedicalsociety@gmail.com gulfcoastmedicalsociety.org	Youth Services, Education, Health Services, Health Education, Community Well-Being
Gulfcoast South Area Health Education Center (AHEC)	(941) 361-6602 gsahec.org	Tobacco cessation classes, Health Education

Harvest House	(941) 953-3559 harvesthousecenters.org	Housing Assistance, Food Security, Addiction Services, Family Services
Healthy Start Coalition	(941) 373-7070 healthystartsarasota.org	Maternal Health, Infant Health, Health Services, Health Education, Resource Connection
Jewish Family & Children Services (JFCS) of the Suncoast	(941) 366-2224 jfcs-cares.org	Mental Health, Health Services, Homeless Services, Youth Services, Veteran Services, Financial Assistance, Family Services, Professional Development
Lightshare Behavioral Wellness & Recovery	(941) 732-6837 lightsharewellness.org	Behavioral Health, Crisis, Mobile Response, Substance Use
Laurel Civic Association	(941) 483-3338 laurelcivic.org	Youth Services, Food Security, Emergency Services, Resource Connection, Professional Development, Education
Manatee County Rural Health (MCR)	(941) 776-4000 mcr.health	Health Services, Health Education, Pharmacy Services, Dental Care, Resource Connection
Multicultural Health Institute (MHI)	(941) 225-8198 the-mhi.org	Healthcare Access, Health Services, Health Education, Resource Connection, Mental Health, Chronic Disease, Disaster Relief
National Alliance on Mental Illness (NAMI)	(941) 444-3428 namisarasotamanatee.org	Mental Health, Substance Abuse Services, Youth Services, Health Education
Newtown Entrepreneurs Business Association (NEBA)	(941) 413-5039 nebahtob.org	Professional Development, Resource Connection

Newtown Nation/ Newtown Farmers Market	(941) 822-6518 newtownnation.com	Food Security, Nutrition, Health Education
On the Spot Aid	(941) 800-8945 onthespotaid.com	Mental Health, Substance Abuse Services, Disaster Relief, Emergency Assistance, Resource Connection, Health Services
Operation PAR	(727) 545-7564 operationpar.org	Substance Abuse Services, Mental Health, Health Services
Queens of Domestic Violence	(941) 549-3827 queensofdva.org	Domestic Violence, Crisis, Wellness, Peer Support
Rebuilding Together Tampa Bay	(813) 617-2962 rttb.org	Disaster Readiness, Safe and Healthy Homes, Affordable Housing
Resilient Retreat	(941) 343-0039 resilientretreat.org	Wellness, Trauma Support, Healing, Education
Resurrection House	(941) 365-3759 resurrectionhousesarasota.org	Day Resource Center for Homeless, Counseling, Food, Clothing, Veterans Assistance
Safe Childrens Coalition	(941) 371-4799 sccfl.org	Family Planning, Youth Services, Adoption Services, Emergency Services
Safe Place and Rape Crisis Center (SPARC)	(941) 365-1976 sparcc.net	Emergency Shelter, Crisis Intervention Counseling, Safety Planning, Support Groups
Salvation Army	(941) 954-4673 sarasota.salvationarmyflorida.org	Disaster Relief, Shelter & Food, Education/Job Training, Utility Assistance, Youth Services, Financial Assistance

Sarasota Bay Estuary Program	(941) 955-8085 sarasotabay.org	Environmental Education, Habitat Restoration, Water Quality
Sarasota County Breeze Transit	(941) 861-5000 scgov.net	Public Transportation
Sarasota County Health & Human Services	(941) 861-5000 scgov.net	Resource Connection, Human Services, Veterans Services, Mental Health, Financial Assistance, Emergency Services
Sarasota County Library System	(941) 861-1110 https://www.sarasotacountylibraries.org/	Education, Youth Services, Early Learning
Sarasota County Mosquito Management Services	(941) 861-5000 scgov.net	Public Health Protection
Sarasota County Parks, Recreation, & Natural Resources	(941) 861-5000 sarasotacountyparks.com	Environmental Health, Physical Activity Access, Neighborhood & Environment
Sarasota County Schools	(941) 927-9000 sarasotacountyschools.net	Education, Youth Services, Early Learning, Health Services, Nutrition, Physical Activity Access
Sarasota County Veterans Services	(941) 861-2899 scgov.net	Veterans Services
Sarasota Housing Authority	(941) 361-6210 sarasotahousing.org	Housing Assistance
Sarasota Memorial Health Care System	(941) 917-9000 [smh.com](smh.com)	Health Services, Health Education, Nutrition, Mental Health, Chronic Disease, Emergency Services, Maternal Health, Elder Care Services, Community Well-Being, Research
Sarasota NAACP	(941) 355-2097 sarasotanaacp.org	Resource Connection, Youth Services, Education, Housing Assistance, Financial Assistance, Political Action, Health Education

Sarasota Prostate Initiative	(941) 500-9669 sarasotaprostate.org	Screenings, Support Groups, Peer to Peer Mentoring
Second Chance Last Opportunity	(941) 360-8660 secondchancelastopportunity.org	Food, Counseling, Education, Support, Crisis
SELAH Freedom	(941) 677-8840 selahfreedom.com	Human Trafficking, Youth Services, Human Services, Resource Connection
Senior Friendship Center	(941) 955-2122 friendshipcenters.org	Senior Services, Veteran Services, Mental Health, Health Services, Nutrition, Health Education, Physical Activity, Resource Connection
Southface Sarasota	(404) 872-3549 southface.org/sarasota	Environmental Health, Neighborhood & Environment, Sustainability
SRQ Strong	(941) 626-0974 srqstrong.org	Trauma healing, Education, Wellness, Support
St. Vincent de Paul Cares (SVDP)	(727) 823-2516 svdpsp.org	Shelter, Food, Veterans Services, Behavioral Health
Suncoast Partnership to End Homelessness	(941) 955-8987 suncoastpartnership.org	Homeless Services, Resource Connection, Financial Assistance
SWFL Area Agency on Aging	(239) 652-6900 aaaswfl.org	Senior Services, Health Services, Health Education, Chronic Disease, Fall Prevention, Physical Activity, Nutrition

The Florida Center	(941) 371-8820 thefloridacenter.org	Early Childhood, Healthy Families, Developmental Therapy, Behavioral Health, Pre-K, Healthy Families
Thrive 55+ at Cornell Behavioral Health	(941) 917-2660 smhf.org	Mental Health, Senior Services, Health Education
UF/IFAS Extension Sarasota County	(941) 861-9900 sfyl.ifas.ufl.edu/Sarasota	Nutrition, Health Education, Environmental Health, Community Heath, Neighborhood & Environment, Youth Services, Sustainability, Research
United Way of South Sarasota County	(941) 484-4811 uwssc.org	Health Education, Special Needs Services, Crisis Intervention, Youth Services, Senior Services, Food Security, Financial Assistance
UPLIFT Florida Network	info@upliftflorida.org upliftflorida.org	Resource Connection, Professional Development, Community Well-Being
Women's Resource Center	(941) 355-1700 mywrc.org	Counseling, Resource Advising, Support Groups, Career Closet and Coaching

Appendix B: Community Status Assessment Survey Instrument

Your Voice Matters: Participate in the Sarasota County Community Health Survey

Dear Community Member,

On behalf of the Sarasota County Health and Human Services and our dedicated community partners, we invite you to participate in the 2024 Sarasota Community Well-being Survey.

The information gathered in this survey will be used to make informed decisions and direct efforts to improve the health and well-being of the residents of Sarasota County.

Please take a few minutes to complete the survey and return it via the pre-paid postage envelope, or you may click on the QR link to complete the survey electronically in either English or Spanish. The survey will be open and available to take through June 30th, 2024.

Your voice matters, and your feedback will help us identify and address health-related concerns that are important to you throughout our community. We appreciate your time investing in Sarasota County - where well-being lives!

Yours in Health,

The Sarasota Community Health Improvement Partnership

2024 Sarasota Community Well-Being Survey

Section 1: Community Health

1. From the following list, what do you think are the five (5) most important factors that contribute to a "healthy community?"

- ☐ Access to quality healthcare/dental services
- ☐ Access to low-cost, healthy food(s)
- ☐ Affordable housing
- ☐ Affordable health insurance
- ☐ Arts & cultural events
- ☐ Clean/safe environment
- ☐ Community Inclusiveness
- ☐ Disaster preparedness
- ☐ Emergency Services (Police, Fire/EMS)
- ☐ Good, quality schools
- ☐ Good place to raise children
- ☐ Healthy behaviors & lifestyle
- ☐ Healthy economy
- ☐ Healthy weight
- ☐ Job growth/adequate wages
- ☐ Life expectancy
- ☐ Low adult death/disease rates
- ☐ Low levels of child abuse
- ☐ Low infant death rates (mortality)
- ☐ Parks & recreation, sports
- ☐ Pedestrian/biking safety
- ☐ Public transportation
- ☐ Religious or spiritual values
- ☐ Safe neighborhoods
- ☐ Strong family life
- ☐ Other _____

2. From the following list, what do you think are the five (5) most important health topics facing our community today?

- ☐ Cancer(s)
- ☐ Child abuse/neglect
- ☐ Climate change
- ☐ Dementia/Alzheimer's
- ☐ Dental health
- ☐ Diabetes (high blood sugar)
- ☐ Domestic violence
- ☐ Falls/mobility
- ☐ Firearm related injuries/assaults
- ☐ Food security/access
- ☐ Heart (cardiovascular) disease, high blood pressure, stroke
- ☐ Health literacy (the ability to find, understand, and use health information to make good health decisions)
- ☐ HIV/AIDS
- ☐ Homicides
- ☐ Homelessness
- ☐ Human/sex trafficking
- ☐ Infant death
- ☐ Infectious disease (Hepatitis, TB)
- ☐ Mental/behavioral health, including suicide
- ☐ Obesity/overweight
- ☐ Rape/sexual assault
- ☐ Respiratory/lung illness/disease (COPD, asthma, COVID-19, RSV)
- ☐ Sexually transmitted diseases (STDs/STIs)
- ☐ Substance use/abuse & overdose
- ☐ Teenage pregnancy
- ☐ Tobacco use/vaping

3. From the list below, what do you think are the three (3) most important "risky" or unhealthy behaviors in our community today?

- ☐ Alcohol abuse
- ☐ Being overweight
- ☐ Discrimination/racism
- ☐ Distracted driving
- ☐ Driving under the influence of alcohol/substance
- ☐ Dropping out of school
- ☐ Drug/substance abuse (prescription & illicit)
- ☐ Engaging in unsafe/unprotected sex
- ☐ Gun/firearm safety
- ☐ Lack of exercise
- ☐ Lack of maternity/prenatal care
- ☐ Not getting vaccinated to prevent disease
- ☐ Not wearing a helmet (bike, sports, motorcycle)
- ☐ Not using seatbelts
- ☐ Overdevelopment/urban sprawl
- ☐ Poor eating habits/unhealthy eating
- ☐ Smoking/vaping
- ☐ Stigma

4. How would you rate the overall health of our community?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Very unhealthy

Section 2: Personal Health

1. Thinking about your MENTAL health, which includes stress, depression, and anxiety, how would you rate your overall mental health?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Very unhealthy

2. How would you rate your own overall personal PHYSICAL health?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Very unhealthy

3. In the past twelve (12) months have you:	Yes	No
used a prescription pain medication (Morphine, Codeine, Oxycodone, Hydrocodone, Methadone, or Fentanyl, etc.) without a doctor's prescription or differently/more than how it was prescribed?		
had to share/borrow someone else's prescription medication and/or skip taking them due to cost or being unable to get them refilled by a doctor?		
smoked tobacco cigarettes and/or used chewing tobacco, cigars, pipes, hookahs, and/or THC/Cannabis pre-rolls?		
vaped nicotine, marijuana, or THC?		
ever had thoughts of hurting yourself or think that you'd be better off dead?		

If you would like help with or would like to talk about these issues, please call the National Suicide Prevention Hotline at 988.

Section 3: Access to Care and Services

1. Complete the following sentence by checking all that apply. There were times in the past 12 months when I needed to, but was not able to see a/an:

☐ Primary care/family doctor when I or someone in my house was sick
☐ Doctor to get a prescription medication (refill)
☐ Doctor for a preventative check-up and/or test/screening - such as a mammogram or vaccination
☐ Doctor, psychiatrist, or a counselor/therapist for a mental health check-up or crisis
☐ Provider to seek treatment/medication for a substance use disorder or addiction
☐ OB physician for a pregnancy/prenatal exam or other related concern
☐ Gynecologist (GYN) for a cervical screening, exam, or other related concern
☐ Dentist for an exam, cleaning, or other concern
☐ Specialist Type: _____
☐ I did not need to seek any healthcare service in the past 12 months

2. If you did not receive the medical care or the prescriptions you needed, what was the main reason?

☐ I couldn't afford it
☐ I don't have a (primary care) medical doctor
☐ I had trouble getting a timely appointment
☐ I didn't know where to go
☐ I don't have health insurance
☐ I couldn't find a doctor/provider that takes my insurance
☐ I couldn't find a doctor that takes Medicaid
☐ Transportation issues
☐ I do not have a local doctor, they're out of state
☐ N/A or Other

3. If you used the emergency room or urgent care in the past 12 months for care or medication refills instead of going to a doctor's office or clinic, what was the reason?

☐ After business hours/weekend
☐ Cost
☐ Emergency/life-threatening situation
☐ Long wait for appointment for my regular doctor
☐ I don't have a primary care doctor
☐ I don't have health insurance
☐ I don't have a local doctor, they're out of state
☐ N/A

4. Thinking of your community, what type of social services do we need more of? *Check all that apply.*

☐ Aging (senior) services
☐ Behavioral health/substance use disorder treatment programs
☐ Child welfare (Foster care, adoption)
☐ (Emergency) housing/rental assistance
☐ Employment/job assistance
☐ Family planning
☐ Food Assistance/WIC
☐ Head Start or other early childhood learning programs
☐ Home utility/water bill assistance
☐ Homelessness Services
☐ Immigration/refugee services
☐ Legal services
☐ Maternal, Infant, and Early Childhood home visiting programs
☐ Programs/services for people with Disabilities
☐ Public Assistance programs –SNAP/Medicaid/TANF/CHIP
☐ Veterans Services/Military Family Assistance
☐ Youth/family services

5. How do you pay for your healthcare? *Check all that apply.*

☐ Pay cash (no insurance)
☐ Private/commercial health insurance (HMO, PPO)

☐ Medicaid
☐ Medicare
☐ Medicare Advantage Plan

☐ Indian Health Services
☐ Veteran's benefits/TRICARE
☐ Other _____

6. Are you familiar with the signs of or resources for victims and/or survivors of human/sex trafficking?

☐ Yes	☐ No

To report Human Trafficking to law enforcement in Florida call 1-855-FLA-SAFE. To get help from the National Human Trafficking Hotline call 1-888-373-7888. Text HELP to 233733 (BEFREE) to get help for victims and survivors of human trafficking or to connect with a local service.

7. Are there sufficient networks of support and services for individuals and families during times of stress, need, and/or after a natural disaster? (Consider neighborhood associations, support groups, faith-based community outreach, counseling services, government, support agencies and organizations)

☐ Yes	☐ No

Section 4: Social and Economic Factors that Impact Health

	Yes	No
1. In the past four years, have you received emergency food assistance from a church, food pantry/bank, or ate at a soup kitchen?		
2. Has there been any time in the past two years when you were unhoused? Either living on the street, in a car, "couch surfing," staying with family/friends, or in a shelter for any period?		
3. Are you worried that in the next few months you may not have stable housing that you own, rent, or stay in due to rising housing costs?		
4. Do you have access to reliable transportation?		
5. Do you speak English as a second language?		

6. What type of transportation do you use daily? Check all that apply.

☐ Public transportation (Breeze Transit)/On Demand
☐ Personal vehicle
☐ Paratransit (Door to door service for people with disabilities)

☐ Bike/Scooter
☐ Depend on family/friends for transportation
☐ Taxi or rideshare service (Uber, Lyft)
☐ Other

7. Thinking of your community, what type of economic opportunities do we need more access to in Sarasota County? (Chances for individuals or groups to improve their financial well-being) *Check all that apply.*

☐ Locally owned/operated businesses
☐ Entrepreneurial initiatives for small business growth
☐ Jobs with opportunities for career growth
☐ Job training programs – access to education and retraining to enhance skills and employability
☐ Higher education classes – college degree programs
☐ Employment/Job Assistance
☐ Job creation
☐ Reasonable commute times
☐ Support for working parents to meet childcare cost

Section 5: Housing and Residency   *Zip Code Where You Currently Reside_____*

1. Do you rent or own your residence?		
	☐ Rent	☐ Own
2. Residency Status	☐ Year-round	☐ Seasonal
3. Do you live in a single (income from one person/source) or multi- income (income from more than one person/source) household?	☐ Single	☐ Multi
4. How many people live in your household?		_____
5. How long have you resided or wintered in Sarasota County?		_____

	Yes	No
6. Do you have children under 18 living at home?		
7. Do you have multiple generations living in your household in the same home?		
8. Do you physically reside in Sarasota County but work remotely for a company out of the County/state?		
9. Would you estimate that at least 30% or 1/3 of your income is spent on mortgage or rent?		

Section 6: Environmental Health

Thinking of your community, please check the top <u>five</u> environmental health topics of which you are MOST concerned.

	Access to parks/greenspaces		Home resiliency		Red Tide
	Animal/insect borne diseases (Rabies)		Hurricane risk/recovery		Solid Waste Management/Recycling
	Crime		Indoor air quality		Storm water flooding
	Drinking water quality		Land development		Temperature & weather extremes
	Drought/wildfire risk		Mosquito management		Traffic safety, congestion
	Emergency preparedness		Noise pollution		Walkability
	Food safety/security		Outdoor air quality		Water quality

Section 7: Demographics

1. Age	☐ 18-24 years	☐ 25–34 years	☐ 35-44 years	☐ 45-54 years	☐ 55-64 years	☐ 65-74 years	☐ 75-84 years	☐ 85+ years

2. Are you of Hispanic or Latino descent?	☐ Yes	☐ No
3. Gender you most identify with	☐ Male	☐ Female

4. Marital Status	5. Are you a:	6. Annual Household Income:	7. Race you identify with:
☐ Married/living together ☐ Not married/single ☐ Widowed ☐ Divorced	☐ Veteran ☐ Retired Veteran ☐ Disabled Veteran ☐ Active-duty military ☐ National Guard/Reserve ☐ Military spouse/child/parent ☐ N/A	☐ Less than or equal to $20,999 ☐ $21,000 to $29,999 ☐ $30,000 to $49,999 ☐ $50,000 to $74,999 ☐ $75,000 to $99,999 ☐ greater than or equal to $100,000	☐ African American/Black ☐ Asian/Pacific Islander ☐ Native American ☐ White/Caucasian ☐ Other

8. Language primarily spoken at home:	9. *Check ALL that apply.* Employment status*:*	10. Highest level of education attained:	
☐ English ☐ Vietnamese ☐ Arabic ☐ Other ☐ Chinese ☐ Haitian Creole ☐ French ☐ German ☐ Portuguese ☐ Russian/Ukrainian ☐ Spanish	☐ Unemployed ☐ Disabled ☐ Retired ☐ Employed ☐ Student ☐ Full-time (40 hours/week) ☐ Part-time (< 40 hours/week)	☐ Less than high school ☐ High school diploma or GED ☐ Some college, no degree ☐ Occupational (Vo Tech) ☐ Associate's degree, academic ☐ Bachelor's degree (undergraduate) ☐ Master's degree (graduate) ☐ Professional degree/certification, licensure ☐ Doctoral degree	

Appendix C: Community Partner Assessment Survey Instrument

<div align="right">October 25, 2023</div>

Stephanie Seiffert, MPH
2200 Ringling Blvd
Sarasota, FL 34237

Dear Community Partner,

It is my pleasure to invite you and your organization to join us as an active participant as Florida Department of Health in Sarasota County embarks on its Community Health Assessment process, the very foundation of our Community Health Improvement Plan. Utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) framework, we are gathering information to complete the 2024 Community Health Assessment. The first phase of the Community Health Assessment is the Community Partner Assessment (CPA) Survey.

We would like to invite your organization to participate in the CPA Survey. This survey helps develop a collective assessment of organizations that are working to improve health and well-being in Sarasota County. Participation in the CPA involves completing the roughly 30-minute-long survey. By completing this survey, your organization will also have the option of joining our Community Health Improvement Partnership Leadership Council, which meets three times a year to share important updates on community health improvement objectives and related activities.

Through your input in the CPA, we will be able to create a more meaningful Community Health Assessment. Your organization's feedback is vital to accurately assess our county's current service capacity and resources, and, by sharing your experiences in this survey, we will receive valuable insight into the strengths your organization provides to our community. This is your opportunity to shape the understanding of how your organization's work contributes to the overall health of Sarasota County.

We hope your organization will be interested in completing the CPA. The link to the survey can be found at https://www.research.net/r/CPASarasota23.

If you are looking for additional ways to get involved in the Community Health Assessment, we would be honored to have you join our Steering Committee. Please contact me via email for more information.

Thank you for your time and consideration.

Sincerely,

Stephanie Seiffert

Stephanie Seiffert, MPH
Community Health Improvement Coordinator
Office of Health Planning, Education & Promotion

2024 Sarasota County Community Partner Assessment

Section A: About Your Organization
  1. Are you filling this out on behalf of an agency/organization?
     o Yes
     o No
(If answered no, brings to end of survey)

This section asks about your organization, including type, interest in participating in the Community Health Assessment, populations served, topic or focus areas, organizational capacity, accountability, and community engagement.

Your Organization
  2.What is the full name of your organization?

  3. Which best describes your position or role in your organization?
     o Administrative staff
     o Front line staff
     o Supervisor (not senior management)
     o Senior management level/unit or program lead
     o Leadership team
     o Community member
     o Community leader
     o Other (please specify)

  4. Has your organization ever participated in a community health improvement process?
     o Yes
     o No
     o Unsure

  5. Has your organization ever participated in or facilitated community-led decision-making around policies, actions, or programs?
     o Yes
     o No
     o Unsure

  6. Which of the following best describe(s) your organization?
     o City health department
     o County health department
     o State health department
     o Tribal health department
     o Other city government agency
     o Other county government agency
     o Other state government agency
     o Other Tribal government agency
     o Private hospital
     o Public hospital
     o Private clinic
     o Public clinic
     o Emergency response
     o Schools/education (PK–12)
     o College/university
     o Library
     o Non-profit organization
     o Grassroots community organizing group/organization
     o Tenants' association
     o Social service provider
     o Housing provider
     o Mental health provider
     o Neighborhood association
     o Foundation/philanthropy
     o For-profit organization/private business
     o Faith-based organization
     o Center for Independent Living
     o Other (please specify)

Organizational Interest in Participating in and Supporting the Community Health Assessment

7. What are your organization's top-three reasons for joining a community health improvement partnership:
- o To deliver programs effectively and efficiently and avoid duplicated efforts
- o To pool resources
- o To increase communication among groups
- o To break down stereotypes
- o To build networks and friendships
- o To revitalize low energy of groups who are trying to do too much alone
- o To plan and launch community-wide initiatives
- o To develop and leverage networks to gain services or other benefits for the community

- o To improve line of communication from communities to government decision- makers
- o To improve line of communication from government agency to community/partners
- o To create long-term, permanent changes, identify solutions
- o To obtain or provide services
- o Never participated, but would like to join
- o This is my first time being asked to participate
- o Other (please specify)

8. Why is your organization interested in participating in a community health partnership?
- o Access to data
- o Connections to communities with lived experience
- o Connections to other organizations
- o Connections to decision-makers
- o Connections to potential funders
- o Positive publicity (e.g., our organization supports community health)
- o Helps achieve requirements for public health accreditation

- o Helps achieve requirements for IRS non-profit tax status
- o Helps achieve requirements for Federally Qualified Health Center (FQHC) status
- o Helps achieve other requirements
- o Improving conditions for members/constituents
- o Other (please specify)

9. What are your agency's top three most valuable resources and strongest assets you would like other agencies to know? (i.e., what makes your organization great)?
- 1
- 2
- 3

10. What resources might your organization contribute to support Community Health Assessment activities? (check all that apply) Note: This question does not commit your organization to support; it only identifies ways your organization *might* be able to support.
- o I'm unsure
- o Funding to support assessment activities (e.g., data collection, analysis)
- o Funding to support community engagement (e.g., stipends, gift cards)
- o Food for community meetings
- o Childcare for community meetings
- o Policy/advocacy skills
- o Media connections
- o Social media capacities
- o Physical space to hold meetings
- o Technology to support virtual meetings
- o Coordination with tribal government
- o Staff time to support community engagement and involvement
- o Staff time to support interpretation and translation
- o Lending interpretation equipment for use during meetings
- o Staff time to support relationship-building between Community Health Assessment staff and other organizations (e.g., introductions to government agencies or organizers)
- o Staff time to support focus group facilitation or interviews
- o Staff time to help analyze quantitative data
- o Staff time to help analyze qualitative data
- o Staff time to participate in Community Health Assessment meetings and activities
- o Staff time to help plan Community Health Assessment meetings and activities
- o Staff time to help facilitate Community Health Assessment meetings and activities
- o Staff time to help implement Community Health Assessment priorities
- o Note-taking support during qualitative data collection
- o Staff time to transcribe meeting notes/recordings
- o Other (please specify)

Demographics and Characteristics of Clients/Members Served/Engaged

11. What populations does your organization work with? (check all that apply)
- o Black/African American
- o African
- o Native American/Indigenous/Alaska Native
- o Latin/Hispanic
- o Asian
- o Asian American
- o Pacific Islander/Native Hawaiian
- o Middle Eastern/North African
- o White/European
- o Other (please specify)

12. Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language (ESL)?
- o Yes
- o No
- o Unsure

13. Does your organization offer services specifically for people with disabilities?
- o Yes—we provide services specifically for people with disabilities
- o Somewhat—we are wheelchair accessible and compliant with the American Disabilities Act but are not
- o specifically designed to serve people with disabilities
- o No—our organization is not specifically designed to serve people with disabilities
- o Unsure

14. Does your organization work with other populations or groups who are not addressed in the previous questions? For example, groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system.
- o Yes
- o No
- o Unsure
- o Not applicable

15. Does your organization have access to interpretation and translation services?
- o Yes
- o No
- o Unsure
- o Not applicable

If yes, list what languages are offered:

16. Who are your priority populations that your agency works with/offers services for?

17. What do you do to reach/engage/work with your clientele or community? (check all that apply)
- o We hire staff from specific racial/ethnic groups that mirror our target populations
- o We hire staff/interpreters who speak the language/s of our target populations
- o We support leadership development in our target populations
- o We have leadership who speak the language/s of our target populations
- o Our organization is physically located in neighborhood/s of our target populations
- o We receive many clients from our target populations
- o We receive many referrals from our target populations
- o We work closely with community organizations from our target populations
- o We have done extensive outreach to our target populations
- o Other (please specify)

18. Does the leadership of your organization reflect the demographics of the community you serve?
- o Yes
- o No
- o Unsure
- o Not applicable

19. Does the management of your organization reflect the demographics of the community you serve?
- o Yes
- o No
- o Unsure
- o Not applicable

20. Do the administrative/frontline staff and others in your organization reflect the demographics of the community you serve?
- o Yes
- o No
- o Unsure
- o Not applicable

21. What languages do staff at your organization speak? (check all that apply)
- o English
- o Spanish
- o Chinese (Mandarin, Cantonese, Hokkien, etc.)
- o Tagalog (Filipino)
- o Vietnamese
- o French and French Creole
- o Russian
- o Ukrainian
- o Arabic
- o Sign language
- o Other (please specify)

22. In what language(s) do you hold public meetings? (check all that apply)
- o English
- o Spanish
- o Chinese (Mandarin, Cantonese, Hokkien, etc.)
- o Tagalog (Filipino)
- o Vietnamese
- o French and French Creole
- o Arabic
- o Russian
- o Ukrainian
- o Sign language
- o Not applicable
- o Other (please specify)

Topic Area Focus

23. How much does your organization focus on each of these topics?

	A lot	A little	Not at all	Unsure
Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.				
Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.				
Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.				
Neighborhood and Built Environment: The connection between where a person lives— housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.				
Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.				

24. Which of the following categories does your organization work on/with? (check all that apply)
- Arts and culture
- Businesses and for-profit organizations
- Criminal legal system
- Disability/independent living
- Early childhood development/childcare
- Education
- Community economic development
- Economic security
- Environmental concerns
- Faith communities
- Family well-being
- Financial institutions (e.g., banks, credit unions)
- Food access and affordability (e.g., food bank)
- Food service/restaurants
- Government
- Healthcare access/utilization
- Housing
- Human services
- Immigration/Migrant health
- Jobs/labor conditions/wages and income
- Land use planning/development
- Parks, recreation, and open space
- Public health
- Public safety/violence
- Seniors/elder care
- Transportation
- Utilities
- Veterans' issues
- Violence
- Youth development and leadership
- Other (please specify)

25. Which of the following health topics does your organization work on? (check all that apply)
- Cancer
- Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- Family/maternal health
- Immunizations and screenings
- Infectious disease
- Injury and violence prevention
- HIV/STD prevention
- Healthcare access/utilization
- Quality of Life/Socioeconomic factors
- Health insurance/Medicare/Medicaid
- Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- Physical activity
- Tobacco and substance use and prevention
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps
- None of the above/Not applicable
- Other (please specify)

Organizational Commitment to Quality of Life

For the questions below, quality-of-life refers to social and economic factors impacting health.

26. Does your organization have a shared definition of quality-of-life indicators and how they impact health outcomes?
- Yes
- No
- Unsure

27. Please review the following statements.

	Agree	Disagree	Unsure
We have at least one person in our organization dedicated to addressing quality of life measures internally in our organization.			
We have at least one person in our organization dedicated to addressing quality of life measures externally in our community.			
We have a team dedicated to advancing quality of life measures and addressing them within our organization.			
Advancing quality of life/addressing socioeconomic factors is included in all or most staff job requirements.			

Organizational Accountability

28. Does your organization have an advisory board of community members, stakeholders, youth, or others who are impacted by your organization?
- o Yes
- o No
- o Unsure

If yes, what is that advisory board and what powers do they have?

29. To whom is your organization accountable? By accountable we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. This could be who has power over your organization's decision-making—for example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members. (check all that apply)

- o Mayor, governor, or other elected executive official
- o City council, board of supervisors/commissioners, or other elected legislative officials
- o State government
- o Federal government
- o Tribal government
- o Foundation
- o Community members
- o Members of the organization/association
- o Customers/clients
- o Board of directors/trustees
- o Shareholders
- o Voters
- o Voting members
- o National/parent organization
- o Other government agencies

Section B: Organizational Capacities

One goal of this assessment is to help describe how each partner organization contributes to your local public health system. Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare. Public health is more than healthcare, and health outcomes are shaped by behaviors, ability to access care, living and working conditions, and the institutions, policies, systems, cultural norms, social, and environmental factors that shape our community.
Organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, workforce development, or other conditions have an impact on the public's health. One way to understand, assess, and improve our local public health system is to name how your organizational capacities and activities align with the 10 Essential Public Health Services (EPHS). The 10 statements below describe activities

needed for the public health system (e.g., assessment, communication, community engagement).

30. Please select whether your organization regularly does the following activities. (check all that apply)
    o Assessment: My organization conducts assessments of living and working conditions and community needs and assets.
    o Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.
    o Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.
    o Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.
    o Policies, Plans, Laws: My organization works to support, champion, and apply policies, plans, and laws that impact health and well-being.
    o Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.
    o Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.
    o Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce.
    o Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.
    o Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.
    o Unsure

31. Of the activities and capacities listed above (including any you added), which do you identify as your organization's top 1–3 core competencies or strengths?
    o Assessment
    o Investigation of Hazards
    o Communication and Education
    o Community Engagement and Partnerships
    o Policies, Plans, Laws
    o Legal and Regulatory Authority
    o Access to Care
    o Workforce
    o Evaluation and Research
    o Organizational Infrastructure
    o Unsure
    o Other (please specify)

32. Does your organization have sufficient capacity to meet the needs of your clients/members? For example, do you have enough staff/funding/support to do your work?
    o Yes
    o No
    o Unsure

General Capacities and Strategies

33. Which of the following strategies does your organization use to do your work? (check all that apply)
- o Research and Policy Analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions
- o Social and Health Services: Providing services that reach clients and meet their needs (including clinical and healthcare services)
- o Organizing: Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities
- o Communications: Messaging that resonates with communities, connects them to an issue, or inspires them to act
- o Leadership Development: Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement
- o Litigation: Using legal resources to reach outcomes that further long-term goals
- o Advocacy and Grassroots Efforts: Educating public officials by speaking to them on health-related issues important to the local community
- o Alliance and Coalition-Building: Building collaboration among groups with shared values and interest
- o Arts and Culture: Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences
- o Campaigns: Using organized actions that address a specific purpose, policy, or change
- o Healing: Addressing personal and community trauma and how they connect to larger social and economic challenges
- o Movement-Building: Scaling up from single organizations and issues to long-term initiatives, perspectives, and narratives that seek to change systems
- o Narrative Change: Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values
- o Other (please specify)

Section C: Capacities to Support Community Health Improvement

The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your organization does the following tasks and whether your organization could support the Community Health Assessment by doing that task. Following the set of questions is space for comments or questions.

Data Access and Systems

34. Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?
- o Yes
- o No
- o Unsure

35. Can you share the assessments you described above with the Community Health Assessment collaborative?
- o Yes
- o No
- o Unsure
- o Not applicable—My organization does not conduct assessments.

36. What data does your organization collect? (check all that apply)
    o Demographic information about clients or members
    o Access and utilization data about services provided and to whom
    o Evaluation, performance management, or quality improvement information about services and programs offered
    o Data about health status
    o Data about health behaviors
    o Data about community conditions and socioeconomic factors (e.g., housing, education, or other conditions)
    o We don't collect data
    o Other (please specify)

37. Can you share any of that data with the Community Health Assessment collaborative?
    o Yes, already being shared
    o Yes, can share
    o No
    o Unsure
If no or unsure, please explain.

38. How does your organization collect data? (check all that apply)
    o Surveys
    o Focus groups
    o Interviews
    o Feedback forms
    o Photovoice or other participatory research
    o Notes from community meetings
    o Videos
    o Secondary data sources
    o Electronic health records
    o Data tracking systems
    o Not applicable
    o Other (please specify)

39. What data skills does your organization have? (check all that apply)
    o Survey design and analysis
    o Secondary data analysis
    o Needs assessment
    o Focus group facilitation
    o Interviewing
    o Detailed note-taking or transcription
    o Participatory research
    o Facilitators of community or town hall meetings
    o Asset mapping
    o Mapping/visualization skills
    o Not applicable
    o Other quantitative or qualitative methods (please specify)

40. Does your organization analyze data with socioeconomic factors in mind?
    o Yes
    o No
    o Unsure

Community Engagement Practices

41. What type of community-engagement practices does your organization do most often?
   - Inform: Provide the community with relevant information.
   - Consult: Gather input from the community.
   - Involve: Ensure community needs and assets are integrated into process and inform planning.
   - Collaborate: Ensure community capacity to play a leadership role in implementation of decisions.
   - Defer to: Foster participation and impartiality through community-driven decision-making, bridging the divide between community and governance.
   - Unsure

42. Which of the following methods of community engagement does your organization use most often? (check all that apply):
   - Customer/patient satisfaction surveys
   - Fact sheets
   - Open houses
   - Presentations
   - Billboards
   - Videos
   - Public comment
   - Focus groups
   - Community forums/events
   - Surveys
   - Community organizing
   - Advocacy
   - House meetings
   - Interactive workshops
   - Polling
   - Memorandums of understanding (MOUs) with community-based organizations
   - Citizen advisory committees
   - Community-driven planning
   - Participatory action research
   - Participatory budgeting
   - Social media
   - Other (please specify)

43. When you host community meetings, do you offer: (check all that apply)
   - Stipends or gift cards for participation
   - Interpretation/translation to other languages including sign language
   - Food/snacks
   - Transportation vouchers if needed
   - Childcare if needed
   - Accessible materials for low literacy populations
   - Virtual ways to participate
   - Not applicable
   - Other (please specify)

44. Please review the following statements.

	Agree	Disagree	Strongly Disagree	Unsure
Our organization has a strong presence in local earned media (print/radio/TV).				
Our organization has strong communications infrastructure and capacity.				
Our organization has a clear communications strategy.				
Our organization has good relationships with other organizations who can help share information.				
Our organization has a clear quality of life lens that we use for our external communications and engagement work.				

45. What communications work does your organization do most often? (check all that apply)
- o Internal newsletters to staff
- o External newsletters to members/the public
- o Ongoing and active relationships with local journalists and earned media organizations
- o Media contact list for press advisories/releases
- o Social media outreach (e.g., on Facebook, Twitter, Instagram)
- o Ethnicity-specific outreach in non-English language
- o Press releases/press conferences
- o Data dashboard
- o Meet to discuss narrative and messaging to the public
- o Other (please specify)

46. If your organization has publicly available materials, are they translated into other languages?
- o All publicly available materials are translated into other languages
- o Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)
- o Few publicly available materials are translated into other languages (e.g., only when requested)
- o No publicly available materials are translated into other languages
- o Not applicable (we do not have publicly available materials)

47. Please add any questions, comments, or suggestions about the Community Health Assessment process and our next steps together to improve community health:

2024 Forces of Change Brainstorming Worksheet

**CHIP**
Community Health
Improvement Partnership

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time (positive or negative),** such as changes in population (growth) and/or age of a community.

- **Factors are elements or circumstance(s),** such as a community's ethnic population, location, or proximity to a major body of water or waterway.

- **Events are one-time occurrences,** such as a hospital closure, natural disaster, or passage of new legislation.

What topics or categories are included?

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical
- Emerging life threats
- Demographics
- Cultural trends
- Community partnerships
- Accessibility
- Resiliency

of
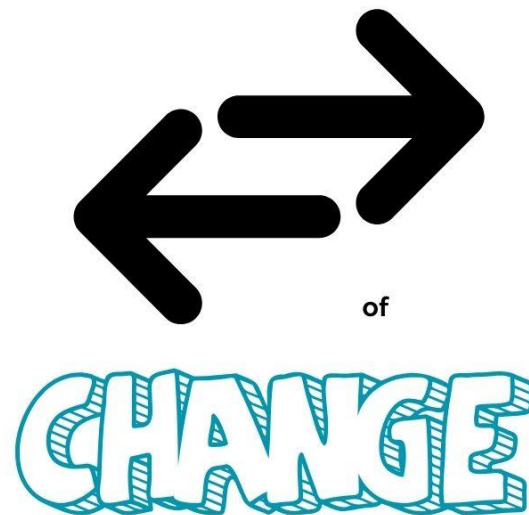
CHANGE

How to identify Forces of Change

Think about forces of change as something outside of your control that impact the local public health system or community where you live and/or work.

Ask yourself:

1. What factors exist or events have happened recently that affect my community?
2. What factors or events may occur in the future?
3. Are there any trends occurring that will or are having an impact on our health system(s) or community?
4. What forces of change are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our region/state may pose an opportunity or threat to our health/community?
6. What events may occur or have occurred that may pose a barrier to achieving optimal health?

Directions:

Using the brainstorming worksheet on the next page, write down _10 topics_ you identify as a force of change impacting our work as a local state health department. It can be a factor, trend, or event. Use the list of categories as a prompt if necessary to help formulate your responses. This sheet will be collected as part of the exercise and all responses will be anonymous.

Forces of Change Brainstorming Worksheet

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

2024 Forces of Change Assessment

Now that your group has identified your top 3 forces of change, please identify at least 3 challenges and opportunities for each one.

FORCE 1: _____

CHALLENGES:

1.   _____

2.   _____

3.   _____

OPPORTUNITIES:

1.   _____

2.   _____

3.   _____

Now that your group has identified your top 3 forces of change, please identify at least 3 challenges and opportunities for each one.

FORCE 2: _____

CHALLENGES:

1. _____

2. _____

3. _____

OPPORTUNITIES:

1. _____

2. _____

3. _____

Now that your group has identified your top 3 forces of change, please identify at least 3 challenges and opportunities for each one.

FORCE 3: _____

CHALLENGES:

1. _____

2. _____

3. _____

OPPORTUNITIES:

1. _____

2. _____

3. _____

Appendix E: Community Health Assessment Steering Committee Activities

The 2024 Sarasota County Community Health Assessment (CHA) process was guided by two key groups: the Community Health Improvement Partnership Leadership Council (CLC) and the CHA Steering Committee. These groups worked collaboratively to ensure that the assessment adhered to the MAPP 2.0 framework, moving through three key phases over the course of one year, from July 2023 to July 2024.

Phase I: Building the Community Health Improvement Foundation (July 2023 – Mid-October 2023)

The CHA process began with Phase I, focused on laying the groundwork for the Community Health Improvement Foundation. During this period, the CLC met on October 19, 2023, where members were encouraged to renew their participation for the upcoming year. We emphasized the importance of partner commitment and familiarized them with the year ahead, previewing the CHA process and outlining expectations for participation. This meeting set the stage for the CHA Steering Committee's work.

The CHA Steering Committee, a subgroup of the CLC, convened its first meeting in October 2023. The agenda covered the goals and expectations for the CHA, provided a brief overview of the MAPP 2.0 framework, and reviewed a tentative implementation timeline. Early CHA progress was highlighted, including ongoing surveys such as the Age-Friendly and Food Access Surveys, and the launch of the Community Partner Assessment (CPA). We also introduced the concept of the CHAT (Community Health Assessment Team) walking tours, which would be used to gather qualitative community insights.

Phase II: Telling the Community Story (Mid-October 2023 – June 2024)

Phase II aimed to assess and understand the community's health status and conditions across all sub-populations in Sarasota County. This phase involved three core assessments: the Community Partner Assessment (CPA), the Community Status Assessment (CSA), and the Community Context Assessment (CCA).

The CHA Steering Committee met on January 24, 2024, to review progress and finalize the CSA. The meeting included discussion of the Age-Friendly Survey, results from the CPA, and the creation of the CSA, also known as the Sarasota Well-Being Survey. The CSA would go on to be distributed countywide in English and Spanish, reaching 1,000 residents through a randomized mailing process and word of mouth advertising, resulting in 500 completed surveys. At this meeting, we also shared the results from the first-round of CHAT walking tours, which provided valuable qualitative insights into environmental factors affecting health.

In February 2024, the CLC met to review the CPA results, discuss the CSA draft, and review progress on the CHAT walking tours, which concluded in December 2023. We also recruited partners for upcoming focus groups and assessments, setting the stage for the spring round of CHAT tours and further qualitative assessments, such as Forces of Change and key informant interviews.

The CHA Steering Committee reconvened on May 2, 2024, to review progress in both Phases II and III. During this meeting, we discussed ongoing efforts, including the Sarasota Well-Being Survey (CSA), which was launched in April 2024 and remained open through June. The Age-Friendly Survey was also progressing, incorporating a partnership with All Faiths Food Bank in Newtown. We finalized

plans for Spring CHAT walking tours and a homeless focus group and reviewed ongoing key informant interviews on food access and housing.

The CLC met again on June 20, 2024, to review Phase II progress, including the near-completion of the CSA, secondary data reviews, and qualitative assessments like the Forces of Change Assessment and key informant interviews. The committee also prepared for the final CHA Steering Committee meeting of Phase II, held on June 27, 2024. During this meeting, we discussed final steps for compiling data, reviewing the CSA survey results, and determining the layout of the final CHA report.

Phase III: Identifying Strategic Issues (July 2024 – December 2024)

Phase III marked the final stage of the CHA process, focused on synthesizing the collected data and identifying strategic public health issues for the upcoming CHIP. This phase included compiling and analyzing data from the various assessments, reviewing common themes, and preparing the CHA report for completion. The CLC met on November 21, 2024, to review preliminary results from the CHA and begin prioritizing strategic issues for the future CHIP.

Appendix F: Community Partners

In addition to the organizations listed throughout, the CHA Steering Committee thanks the following organizations for their contributions and involvement in the 2024 Sarasota County Community Health Assessment.

Alcoholics Anonymous
All Faiths Food Bank
ALSO Youth
Alzheimer's Association, FL Gulf Coast Chapter
American Red Cross Community Adaptation Program
Area Agency on Aging for Southwest Florida
Bay Area Youth Services, Inc.
Big Brothers Big Sisters of the Sun Coast
Boys & Girls Clubs of Sarasota and DeSoto Counties
Bridge a Life
CAN Community Health, Inc.
CareerSource Suncoast
Catholic Charities Diocese of Venice, Inc.
Centerstone
Central Florida Behavioral Health Network
Charles & Margery Barancik Foundation
Children First Inc.
Church of the Palms
City of North Port Social Services Division
Community Assisted & Supported Living
Early Learning Coalition of Sarasota County
Easterseals Southwest Florida
Elite Health, MSO
EMERGE SARASOTA
Empath Health Tidewell Hospice
Englewood Community Coalition, Inc.
EnglewoodCreativeArts.org
EPIC Community Resource Center
Family Promise of South Sarasota County
Florida Department of Children and Families
Florida State University College of Medicine
Forty Carrots Family Center
FSU College of Medicine Sarasota Regional Campus
Greater Sarasota Chamber of Commerce
Guardian ad Litem
Gulf Coast Community Foundation
Gulfcoast South Area Health Education Center
Harvest House
Healthy Start Coalition of Sarasota County
Herrera Psychology/ Telement Therapy
Jewish Family Children Services
JFCS of the Suncoast
JoshProvides Epilepsy Assistance Foundation
Lighthouse Vision Loss Education Center
Lightshare Behavioral Wellness & Recovery
Living in Community Network

Lutheran Services Florida
Manasota Food Action Council
Manatee County Veteran Services
Manatee County Foster & Adoptive Parent Association
MCR Health
Meals on Wheels of Sarasota
Mothers Helping Mothers
Neuro Challenge Foundation for Parkinson's
Newtown Nation
North Port Kiwanis
Operation PAR
Parenting Matters
Project 180 Sarasota
Queens of Domestic Violence Awareness
Rebuilding Together Tampa Bay
Resilient Retreat
Resurrection House
Safe Children Coalition
Safe Place and Rape Crisis Center
Sarasota County Breeze Transit
Sarasota County Fire Department
Sarasota County Government
Sarasota County Schools - School Health
Sarasota County Sheriff's Office HOT team
Sarasota Medical Pregnancy Center
Sarasota Memorial Health Care System
SCORE Manasota
Second Chance Last Opportunity
Selah Freedom
Senior Friendship Centers Inc
Senior Living Selections
Soul to Soul Yoga/All Ages Therapy Services
Suncoast Behavioral Health Center
Suncoast Institute on Chemical Dependency
Suncoast Partnership to End Homelessness
Suncoast Women of Action
Teen Court of Sarasota, Inc.
The Caregiver's Pathway- Church of the Palms
The Twig
Tidewell Hospice/ Empath Health
Town Square Sarasota
UF/IFAS Extension Sarasota
United Way of South Sarasota County
UPLIFT Florida Network
Venice Fire Rescue
Venice Police Department
YMCA of Southwest Florida

Florida HEALTH
Sarasota County

2023 COMMUNITY PARTNER ASSESSMENT (CPA) SURVEY EXECUTIVE SUMMARY

CHIP
Community Health Improvement Partnership

DESCRIPTION

The Community Partner Assessment (CPA) Survey comprises Phase I of NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP) Community Health Assessment (CHA) framework. This survey was shared with 250 community partners across Sarasota County beginning in October 2023. The CPA takes a closer look at the organizational makeup of local agencies, gauges their interest in future community health planning activities, and delves into organizational areas of focus, target demographics, and characteristics of the populations they serve. The CPA survey also assesses local organizational commitment to quality-of-life indicators, organizational accountability, capacity, data collection capability, and community engagement practices.

Feedback received from this assessment serves as a roadmap for the Community Health Improvement Partnership to identify both the assets and limitations of community resources, and indicates where there are opportunities for future investment, education, engagement, and improvement.

Survey Response Rate
63%

Survey Completion Rate
49%

AGENCY PROFILES

66%
of leadership, management, and/or frontline staff reflect the demographics of community they serve

60%
of respondents identified themselves as a member of the agency leadership team, supervisor, or senior management

66%
of agencies work with groups identifiable by gender, socioeconomic factors (SES), education, religion, insurance/housing status, occupation, age, and involvement in the criminal justice system

69%
identified as a non-profit

64%
work with immigrants, refugees, or others who speak English as a second language (ESL)

64%
are accountable to a board of directors

53%
of agencies have participated or facilitated community led decision making around policies, actions, or programs

58%
of agencies provide access to interpretation and/or translation services but only

Hi!
嗨
Hola!

8%
have all publicly available materials translated into other languages

Top 3 languages spoken by organization staff:
- English
- Spanish/Portuguese
- Haitian Creole

TOP 3 REASONS FOR JOINING THE CHIP:
- Create change & identify solutions
- Develop & leverage networks
- Deliver programs efficiently & avoid duplication of efforts

54%
indicated they were unsure or had never participated in a community health improvement process

WHY PARTICIPATE IN THE CHIP?
- Improve conditions for clients
- Connect with other organizations
- Have access to data

AGENCY AREAS OF FOCUS, COMMUNICATION & ENGAGEMENT PRACTICES

How much does your organization focus on the following 5 socio-economic factors?	
Economic Stability	62%
Healthcare Access & Quality	48%
Education Access & Services	44%
Social & Community Context	40%
Neighborhood & Built Environment	40%

70% of agencies collect client demographics

55% of agencies use customer/patient satisfaction surveys to engage with the community

43% of agencies conduct assessments of basic needs

Top 3 populations served:
- Black/African American
- Latinx/Hispanic
- White

Top 3 HEALTH topics your organization focuses on:
- Mental/behavioral health
- Quality-of-life/SES factors
- Healthcare access & utilization

43% of agencies have a shared definition of quality-of-life indicators & how they impact health outcomes

Top 3 categories your organization focuses on:
- Family wellbeing
- Human services
- Healthcare access & utilization

**38%** of agencies have at least one dedicated person addressing quality-of-life measures externally

36% of agencies advance quality-of-life and SES factors and is included in all or most staff job requirements

90% of agencies indicate they have good relationships with other organizations who can help share their information

85% of agencies communicate or conduct outreach via social media

35% of agencies offer virtual ways to participate in meetings

34% of agencies indicated they provide services specifically for people with disabilities
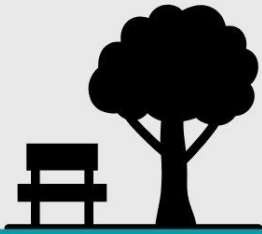
Top 3 organizational activities:
- Community engagement and partnerships
- Health education and communication; factors that influence well-being and how to improve it
- Ensuring equitable health access and effective system of care/services

49%
of organizations indicate they **DO NOT** have sufficient capacity (funding, staff, or support) to meet the needs of their clients
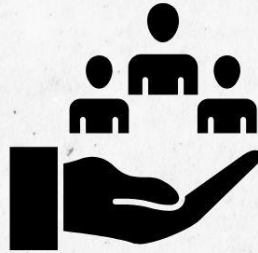
The type of community engagement practiced by organizations MOST often:
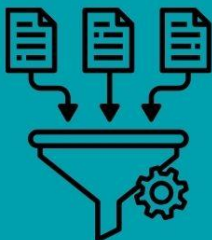
INFORM
33%

69%
of organizations indicate they either cannot and/or are unsure if they can share their organizational assessments with the Community Health Improvement Partnership

61%
of agencies indicate they either *don't know* or are *unsure* if they analyze their organizational data with SES factors in mind

Top 3 organizational data skills:
- Conducting needs assessments
- Survey design/analysis
- Secondary analysis

Top 3 organizational strategies used to conduct work:
- Providing social & health services
- Communications
- Research & policy analysis

Top 3 organizational core competencies or strengths:
- Community engagement & partnerships
- Communication & education
- Providing access to care

FOCUS GROUP

on Homelessness in South County

AS DECIDED UPON BY THIS FOCUS GROUP, THE DEFINTION OF SOUTH COUNTY IS ANY LOCATION SOUTH OF MIDNIGHT PASS RD.

Priority Populations

- Older adults getting priced out of homes
- Unhoused families or single parent w/ a child/children
- Non-English speaking children in schools from other countries living w/ relatives
- Increase in people living in cars w/ their belongings from out-of-state
- Individuals with disabilities
- Young veterans
- LGBTQ+

Communication

- Use of HMS and Clarity online documentation platforms
- Charlotte County currently unable to view client entries in Clarity
- Cross over between Charlotte & Sarasota counties makes it difficult to track clients and referrals for services
- Jewish Family Services can view and has access to all platforms

Housing, Evictions, & Landlords

- Shortage of affordable housing
- Need for increased landlord engagement
- Provide incentive(s) for landlords to provide housing for homeless
- "Master leasing" initiatives were mentioned
- S.H.I.E.L.D. (Supportive Housing Initiative & Eviction Lifeline Diversion) program - Sarasota County Sheriff's Office (SCSO) & United Way to reduce evictions
- CASL assists w/ evictions and partners w/ SCSO to go into the county jail to conduct assessments for traditional housing

System Navigation

- Continuum of Care (CoC) case navigators are located downtown and don't travel to South County
- Need for more SOAR (SSDI/SSI Outreach, Access, & Recovery) specialists or SOAR certified case managers for people with disabilities
- Agencies that receive PATH (Project for Assistance in Transition from Homelessness) grant funding through CFBHN (CASL) are unable to meet SOAR application outcome requirements due to processing delays
- Need for more specialized older adult (senior) case managers

2024

FOCUS GROUP
on Homelessness in South County

Geography

- No CoC access point currently exists in Englewood
- Only 2 HOT (Homeless Resource Officer) team deputies to cover entire South County from SCSO
- "They forget about South County"
- Having to go to Sarasota for a HOT shelter bed when they client may have a support network (job, church,) in South County is unrealistic
- Require residency or showing proof of residency in that County to receive services
- Lack of access to (affordable) public transit from South County to downtown Sarasota

Resources in South County

- EPIC Community Resource Center in Englewood (also have bike ministry)
- St. Davids Jubilee Center provides free bikes to homeless for transportation
- Awaken Food Pantry located in Noth Port provides meals
- North Port Social Services
- North Port and Venice have HOT homeless resource officers
- On the Spot Aid provides medical aid for homeless
- Jesus Loves You Ministry provided portable showers
- Making an Impact - online resource guide

Agency Engagement Opportuniites

- Homeless to Home quarterly luncheon meeting
- Suncoast Partnership to End Homelessness, HUD CoC for Sarasota/Manatee Counties meets every other month, low cost to join
- Suncoast Housing Collaborative
- Affordable Housing Advisory Council

Barriers

- Fear of HOT team deputies b/c of affiliation with law enforcement and many have substance use disorder and fear arrest
- No shelter (HOT) beds in South County
- Few shelters that take children and/or abused women
- No landlord connections in South County
- No CoC access point in Englewood
- Lack of funding or funding for agencies located in downtown Sarasota only

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Potential Solutions

- Employ more diverse and specialty trained, mobile homeless case managers
- Consider family reunification as a diversion method when possible
- Creation of HOT beds in South County
- Refer clients to EPIC, in Englewood to connect them with HOT team deputies
- EPIC will look into becoming a CoC in Englewood
- Connect non-profits with Unite Us for client referrals
- Produce a shareable video of various outreach initiatives and resources
- Creation of a printable resource guidebook/handout
- Provide more targeted case management in South County to "meet clients where they are"
- Help establish a CoC in South County
- Utilize outreach coordinators who are not affiliated with law enforcement, less intimidating
- Increase referral services for priority populations
- Network with developers and landlords for affordable housing solutions
- Increase Permanent Supportive Housing programs

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Participating Agencies

- Gulf Coast Partnership to End Homelessness
- Sarasota County Sheriff's Office HOT Team
- Second Heart Homes
- Resurrection House
- Venice Police Department
- EPIC Community Resource Center
- Jesus Loves You Ministry
- Sarasota County Elsie Quirk Library
- Community for Assisted and Supportive Living (CASL)
- Suncoast Partnership to End Homelessness
- Catholic Charities, Diocese of Venice
- St. David's Jubilee Center
- Safe Children Coalition
- Family Promise, Safe Children Coalition
- North Port Police Department
- Bay Pines VA
- United Way of South Sarasota
- Sarasota County Health & Human Services

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Appendix I: Organizations in Sarasota County Utilizing the Unite Us Platform

This list of organizations on the Unite Us platform is not exhaustive and may evolve based on changes in organizational enrollment, program capacity, and other factors determined by individual agencies.

Advocate Health Advisors
All Faiths Food Bank
All Star Children's Foundation
Alta Vista Elementary
Ashton Elementary
Atwater Elementary
Banyan Pediatric Care Centers
Bay Haven School of Basic Plus
Booker High
Booker Middle
Brentwood Elementary
Bridge a Life
Brookside Middle
CareerSource Suncoast
Catholic Charities Diocese of Venice, Inc
CenterPlace Health, Inc.
Children First Inc.
City of Sarasota Homeless Outreach Team
Community Assisted Supported Living
Community Pregnancy Clinics
Community Specialty Clinic - SMH
Comprehensive Childcare Associates
Cranberry Elementary
Cyesis Teen Parent Program - Riverview High School
Department of Health Sarasota County
Destiny Adoption Services and Consulting
Dreamers Academy
Education Foundation of Sarasota County
Emma E. Booker Elementary
Empowerment Gulfcoast
Englewood Elementary
Family Promise of South Sarasota County
First Physicians Group OBGYN
First Step of Sarasota
Forty Carrots Family Center
FPG OBGYN - SMH
FPG Primary Care - SMH
FPG Specialty Care - SMH
Fruitville Elementary
Garden Elementary
Girls Incorporated of Sarasota County
Glenallen Elementary
Gocio Elementary
Good Samaritan Pharmacy & Health Services

Goodwill Industries-Manasota, Inc.
Gulf Central Early Steps
Gulf Gate Elementary
Gulfcoast South Area Health Education Center
Harvest House
Healthy Start Coalition of Sarasota County
Heart Gallery of Sarasota
Heron Creek Middle
In Your Nest, LLC
Internal Medicine Newtown - SMH
JFCS of the Suncoast
JoshProvides Epilepsy Assistance Foundation
Jubilee Center, St. David's Episcopal Church
Lakeview Elementary
Lamarque Elementary
Legal Aid of Manasota Inc.
LNFVB (Leave No Female Veteran Behind)
ManaSota Christian Community Foundation
McIntosh Middle
Meals On Wheels Sarasota
Mothers Helping Mothers, Inc
Multicultural Health Institute
NAMI Sarasota and Manatee Counties
New Season Treatment Center - Sarasota Metro
North Port High
NPHS Teen Parent Program
Oak Park
Parenting Matters
Phelan McDermid Syndrome Foundation
Phillippi Shores Elementary
Pine View
Plan of Safe Care
Pregnancy Solutions
Resilient Retreat
Resurrection House, Inc
Safe Children Coalition
Safe Place and Rape Crisis Center, Inc.
Samaritan Counseling Services of the Gulf Coast
Sarasota Acceleration Academy
Sarasota Children's Clinic
Sarasota County
Sarasota County Breeze Transit

Sarasota County Libraries and Historical Resources
Sarasota County Sheriff's Office Reentry
Sarasota High
Sarasota Housing Authority
Sarasota Medical Pregnancy Center
Sarasota Middle
Sarasota Strong (SRQ Strong)
Senior Friendship Centers Inc
Soul to Soul Yoga
Southside Elementary
St. Jude Catholic Church - Sarasota
St. Vincent de Paul, St. Michael the Archangel, St. Thomas More Conference
State of Florida Department of Children and Families
Suncoast Polytechnical High
Suncoast Center for Independent Living
Tatum Ridge Elementary
Taylor Ranch Elementary
Teen Court of Sarasota
The Early Learning Coalition of Sarasota County

The Florida Center for Early Childhood
The Glasser/Schoenbaum Human Services Center
The Literacy Council of Sarasota
The Salvation Army of Sarasota
The Twig Cares, Inc
Toledo Blade Elementary
Town Square Sarasota
Tri-County Counseling
Triad Alternative Education
Truly Valued, Inc.
Tuttle Elementary
UnidosNOW
United Way of South Sarasota County
United Way Sarasota
Venice Elementary
Venice High
Venice Middle
Wilkinson Elementary
Women's Resource Center - Sarasota and Manatee
Woodland Middle