



CENTERSTONE

Ft. Myers, FL

COMMUNITY NEEDS ASSESSMENT REPORT SUMMARY

MARCH 2024

This community needs assessment collects information about socioeconomic needs, barriers to healthcare, and poor health outcomes, which allows for development of recommendations to address significant needs. What we learn about access to care and health outcomes is shared to improve staffing and service delivery that meets the community's unique needs.

CONTENTS



HEALTH NEEDS

Overview of key behavioral and physical health challenges and priorities.



SOCIAL DETERMINANTS OF HEALTH

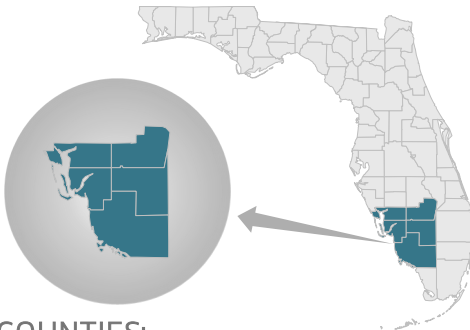
Summary of personal, social, and environmental factors that impact health.



SERVICE NEEDS

Assessment of healthcare service availability and gaps.

OVERVIEW OF FT. MYERS, FLORIDA



COUNTIES:

Charlotte, Collier, Glades, Hendry, Lee



31st

HEALTHIEST STATE

According to the 2023 County Health Rankings, the three major health outcomes in which Florida performed poorly were premature death in Years of Life Lost (7,500 FL vs 7,300 US), low birthweight (9% FL vs 8% US), and poor or fair health (13% FL vs 12% US).

KEY FINDINGS AND RECOMMENDATIONS

- 01 Mental & Behavioral Health Factors Declining**
Mental and behavioral health in Florida has declined notably since 2020, with a 9% rise in frequent mental distress, 8% increase in suicides, and 8% rise in drug-related deaths. The state ranks 19th in overdose mortality, and the catchment area shows the highest hospitalization rates in the state for mood and depressive disorders—underscoring the urgent need for expanded behavioral health services.
- 02 Basic Health Needs Not Met – Social Determinants of Health**
Fundamental health needs of residents are not being met, including high rates of food insecurity, severe housing problems and homelessness, and elevated poverty levels. Additionally, high unemployment rates and low educational attainment have been identified as critical social health challenges requiring attention.
- 03 Barriers to Care and Access Challenges**
Alongside poor health outcomes, clients face major obstacles to accessing care, driven by a severe shortage of providers and high rates of uninsurance. Transportation was the most frequently reported reason for missed appointments, and many clients struggle to remain engaged in services due to these persistent access issues.



HEALTH NEEDS

This section outlines the population's key health challenges, prevalent conditions, and overall health status, emphasizing areas where targeted interventions are most needed.

MENTAL HEALTH

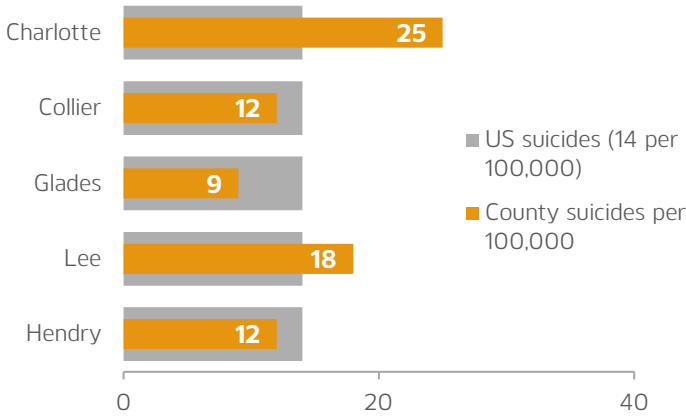


POOR MENTAL HEALTH DAYS

Florida residents report an average of 4.5 poor mental health days, equal to national averages.

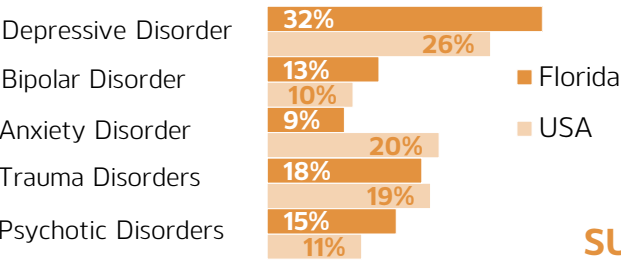
SUICIDE MORTALITY RATE

Charlotte and Lee County surpass national and state suicide mortality rates at 14.5 nationally, 14.1 statewide per 100k individuals.



NATIONAL AND STATE DIAGNOSIS PREVALENCE

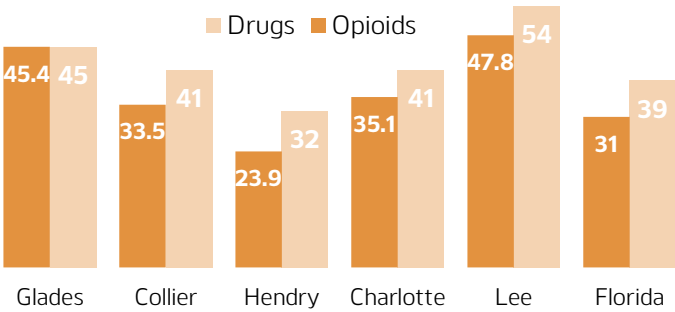
Depressive Disorder is the most common diagnosis within the state of Florida.



SUBSTANCE USE

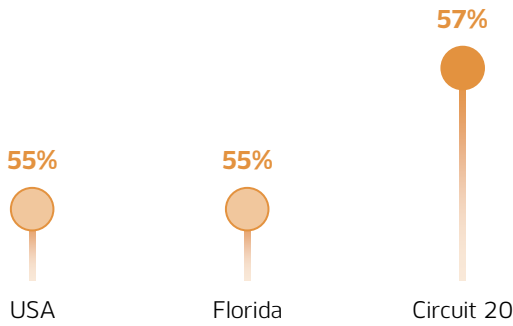
HIGH OVERDOSE MORTALITY

Lee County has the highest drug and opioid-related mortality rates in the catchment area.



CATCHMENT AREA ALCOHOL USE

This catchment area has higher rates of alcohol consumption compared to national and state averages.



PHYSICAL HEALTH

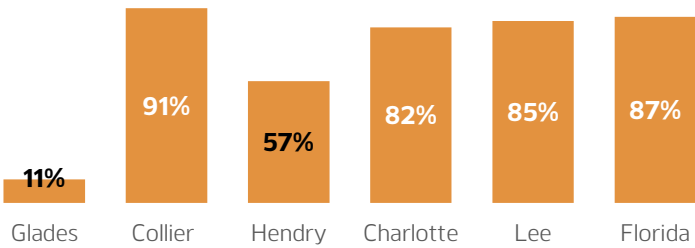


POOR PHYSICAL HEALTH DAYS

Florida residents report an average of 4 days of poor physical health within the past 30 days, consistent with the national average.

DISPARITIES IN ACCESS TO EXERCISE OPPORTUNITIES

Glades and Hendry county residents report significantly lower access to exercise opportunities than other catchment area counties.



40%

Glades County residents have higher rates of obesity at 40% compared to the state (28%) and nation (16%).



SOCIAL DETERMINANTS OF HEALTH

This section explores the social and economic factors, such as income, education, housing, and access to resources, that shape health outcomes and contribute to disparities.

ACCESS TO HEALTH SERVICES

60%

CITE FINANCIAL CONCERNS AS TOP BARRIER TO ACCESSING SERVICES

35 residents also note **distance** to services, **transportation**, and **scheduling** availability as significant barriers to health services.

66%

USE TELEHEALTH OCCASIONALLY OR REGULARLY

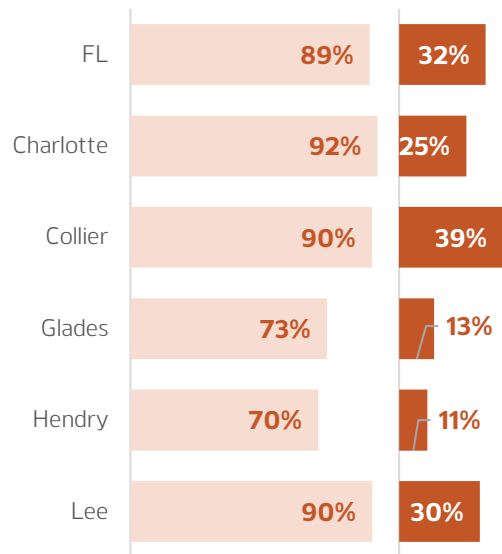
20% of respondents were **not familiar with telehealth**, and a **mistrust** of telehealth was reported.

EDUCATIONAL ATTAINMENT

CATCHMENT AREA EDUCATION

High school graduation rates are notably lower in **Glades and Hendry counties** than state average, where postsecondary advancement is also a challenge.

■ Graduated high school ■ Bachelor's degree or higher



SOCIO-ECONOMIC STATUS



UNEMPLOYMENT

4 out of 5 catchment area counties have **lower unemployment rates than the state average** (4.6%). Hendry county exceeds the state average at 6.1%.



POVERTY

Glades and Hendry counties experience **higher rates of poverty** than the state average (12.7%), at 19.2% and 21.7% respectively.



HOUSEHOLD CHARACTERISTICS

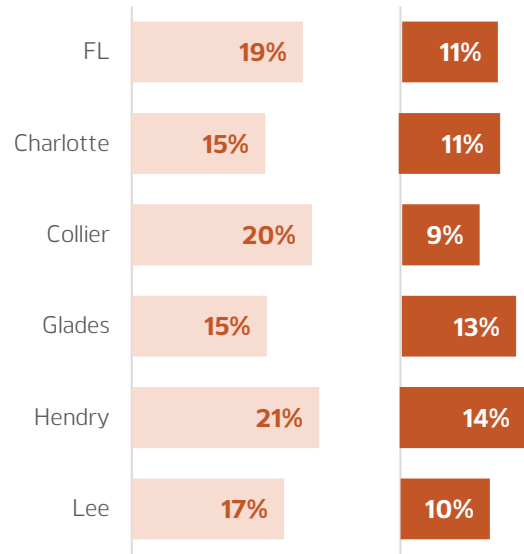
57% (n=35) of catchment area residents report living with an individual with a disability. 14% are caregivers to another adult.

HOUSING & FOOD INSECURITY

HENDRY COUNTY

Experiences the **highest rates of severe housing problems and food insecurity** in the catchment area, with rates exceeding the state average.

■ Severe housing problems ■ Food insecurity



SERVICE NEEDS

This section assesses the adequacy, accessibility, and availability of healthcare services to address identified health priorities and reduce barriers linked to social determinants.



HIGH NEED FOR BEHAVIORAL HEALTHCARE
Mental health, substance use, and general & family services were identified as both **most important** healthcare services and **most difficult to access** in the catchment area.



ENHANCE SERVICES FOR SUBSTANCE USE
Alcohol and opioid use remain the most pressing substance-related challenges. The catchment area faces a **critical shortage of MAT-certified clinicians**, limiting access to effective care and recovery support.



SOCIAL FACTORS HINDER COMPREHENSIVE HEALTH
Unemployment, lack of insurance, and poverty remain major barriers to care and are the most prevalent **risk factors for poor health**, indicating additional need for social support services.



[We should prioritize working] closely with the local CSUs, especially Park Royal to see clients immediately after discharge. So many clients are discharged from a CSU stay without access to much needed medication and services, then they go right back inpatient when there is no follow up.

Centerstone Staff Member



FUTURE DIRECTIONS



WORKFORCE RETENTION
Enhance staffing plan including **increasing staff members and wages to reduce large caseloads, burnout, and turnover rates**, reinforcing quality care priorities and time to attend care improvement trainings.



OUTREACH & EXPAND ACCESS
Increase service awareness and engagement via community outreach efforts. **Explore telehealth services and transportation assistance** options to better serve more rural regions and reduce missed appointments due to transportation issues.



COLLABORATION
Boost organization relationships and partnerships, including designating staff to coordinate with referral agencies and engage prospective clients. Utilize partnerships to **expand access to healthcare services and ease the burden on clients**, reducing the effort and burnout associated with navigating care systems.

Information from internal and external sources (e.g. Enlighten Analytics, SAMHSA, CDC), including feedback from Centerstone staff, clients, and community organizations (Nov 2023–Mar 2024), is shared to enhance care access, health outcomes, and tailored service delivery.

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GET IN TOUCH OR SCAN TO LEARN MORE



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