

CHARLOTTE COUNTY COMMUNITY NEEDS ASSESSMENT 2013

Prepared by
United Way of Charlotte County,
Charlotte County Human Services,
and Charlotte Community Foundation



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ACKNOWLEDGEMENTS

United Way of Charlotte County

The United Way of Charlotte County works to solve the most critical problems facing our community. We take a four-pronged approach to solving these obstacles: Working with hundreds of community partners, we assess the need, develop strategies to address the top priority issues, mobilize partners and resources to implement the plan, and measure our results so that our impact can be reported to the community. United Way advances the common good by creating opportunities for a better life for all. Our focus is on education, resources and health—the building blocks for a good quality of life.



United Way of Charlotte County

Our role in this study has been one of facilitation and support by providing a full time project manager. Allison Tyler, through the AmeriCorps VISTA program, has coordinated this extensive effort for the duration of the project. Allison completed her bachelor's degree in International Relations from Samford University, and her master's degree in International Affairs from the University of Georgia. Upon completion of this project she has accepted a full time position as the Community Needs Director at the United Way.

www.unitedwayccfl.org

Charlotte County Human Services

The mission of Charlotte County Human Services is to identify community needs and services, seek and utilize resources to satisfy unmet needs, and build community partnerships. Also, provide, coordinate and evaluate programs and services. Provide information, education and outreach to the public, and advocate on behalf of those who are most in need and vulnerable. Through its five divisions, Charlotte County Human Services makes family support programs and services readily available to all families, administers funds available for affordable housing initiatives, provides numerous services and programs for senior citizens, operates public transportation and transportation for the disadvantaged and assists veterans in applying for and obtaining benefits and services.



The Charlotte County Board of County Commissioners has established Human Services as one of their focus areas with the goal of providing services to meet community needs. In support of this focus area the staff of the Human Services department provided leadership, content and assistance with the development of this document. Additionally, the department received support from both the Land Information Systems Division of Charlotte County Community Development and the GIS Division of Charlotte County Information Technology in the development of the asset mapping project.

www.charlottecountyfl.gov/dept/humanservices/Pages/default.aspx

ACKNOWLEDGEMENTS *(CONT.)*

Charlotte Community Foundation

Participation in the Charlotte County Needs Assessment is an important way that the Charlotte Community Foundation (CCF) is advancing information and knowledge about needs in the area so unmet needs can be effectively addressed.

It is the mission of the Foundation to enhance the quality of life in Charlotte County and advance the common good by nurturing a giving community and by connecting people who care with causes that matter.

The Foundation's Nonprofit Network's most fundamental purpose is to serve as a catalyst to improve the capacity and effectiveness of local nonprofit organizations in meeting the needs of the area. A key value is to foster collaboration with other organizations to address emerging community needs.

CCF is grateful for the opportunity to effectively collaborate to bring this important information and resource to the community so quality decisions can be made leading to desirable outcomes. The Nonprofit Network's staff has been a partner in the development of the concept and work products of this assessment. CCF funded the production of the needs assessment report.

www.charlottecommunityfoundation.org



EXECUTIVE SUMMARY

Charlotte County Community Needs Assessment 2013

Prepared by United Way of Charlotte County, Charlotte County Human Services and the Charlotte Community Foundation



Photo provided by Charlotte Harbor Visitor & Convention Bureau

In August of 2012, United Way of Charlotte County, Charlotte County Human Services and the Charlotte Community Foundation partnered to conduct a community needs assessment. The partnership was formed after the three agencies noticed an increase in needs, particularly since the economic recession began.

A comprehensive study, such as this one, has not been conducted in more than 10 years. In that time Charlotte County was devastated by, and recovered from Hurricane Charley, and has been affected by the worst economic downturn since the Great Depression. With that comes a loss of jobs in the community, in particular the construction industry, and an increase in those living at or below the poverty line.

The purpose of this study was to help identify the most significant needs within the community and to identify the gaps in services that are currently being offered. At a time when funding cuts are the norm, it is crucial that the resources available are directed towards the community's greatest needs and towards programs that will have the greatest impact on all citizens.

We anticipate the community-at large will benefit from this study because:

Gaps in human services will be more easily addressed.

Potential community partnerships will be more easily identified and developed.

Service agencies will be able to utilize this information when applying for and awarding grants.

Policy makers will be able to utilize this information when requesting federal funding and making local decisions.

Needs in the community will be more easily prioritized.

The community will be more informed.

This summary provides a brief overview of the research methodology, findings and recommendations for moving forward.

ABOUT THE COMMUNITY AND THE RESEARCH

The Charlotte County Community

Charlotte County is located on Southwest Florida's Gulf Coast and borders Sarasota and DeSoto Counties to the north, Glades County to the east, and Lee County to the south. Punta Gorda is the only incorporated city in the county.

Charlotte County has grown significantly over the past twenty years. During the 1990s, the county grew by 27.62% and an additional 12.96% during the 2000s, bringing its 2010 population to 159,978 people. Growth is expected to continue over the next decade. The population remains predominantly white (90.05%), but the black population has grown by 46% and the Hispanic population has grown by 97% over the past decade. The county continues to be predominantly a retirement community with the nation's second largest population over the age of 65.

The county continues to have lower levels of educational attainment than state and national averages. Only 19.3% of the adult population has a bachelor's degree or higher. The recession has left 11.9% of the county's population in poverty.

The Community Needs Assessment

The purpose of this study is designed to identify pressing needs in the community. Its intent is to identify areas that need to be addressed to improve the lives of residents and is in no way meant to detract from the effective programs and services that are being provided. The objective is to strengthen and inform the many organizations that work to advance the standard of living for Charlotte County citizens. To achieve this, the research team utilized a multi-faceted approach that focused on six key human service issue areas: Education, Employment, Family Services, Health, Poverty and Transportation.

The components of the study included statistical data collected from sources including the United States Census Bureau's *Decennial Census* and *American Community Survey*, the United States' Departments of Agriculture, Health and Human Services, Housing and Urban Development, and Bureau of Labor Statistics, Florida's Departments of Children and Families, Economic Opportunity, Education, and Health, as well as other national, state and local resources; a survey of local and regional human service agencies; a survey of the clientele using the services provided by these agencies, and a Community Conversation that was open to the community at-large.



KEY COMMUNITY NEEDS

The opportunities identified in this study are based on several key findings about the needs of the Charlotte County community. The opportunities are grouped by the six key human service issue areas. It became apparent during this study that while the needs identified within each human service issue area are necessary for everyone, they are even more crucial for an individual or family living in poverty, as it can be both a cause and an effect of other human service needs.

Education

- ◆ Support early childhood development and kindergarten readiness initiatives.
- ◆ Support Charlotte County Public Schools initiatives for academic success. High percentages of students receiving free and reduced lunches, low test scores and chronic absenteeism are indicators of students at risk of academic failure.
- ◆ Increase opportunities and reduce barriers at the high school level so that students can continue their education.

Employment

- ◆ Encourage educational attainment beyond high school to meet the growing needs for a high skilled workforce.
- ◆ Diversify the local economy.

Family Services

- ◆ Use the results of the Developmental Assets survey to further support youth development activities in Charlotte County.
- ◆ Increase education and awareness about youth and adult domestic and substance abuse.
- ◆ Increase affordability and decrease barriers of youth extra curricular programs.
- ◆ Increase capacity and availability of quality diversion programs for juvenile offenders.
- ◆ Improve the availability and capacity of services for Charlotte County's large but varied senior population.

Health

- ◆ Attract more physicians to Charlotte County and increase the number of Medicaid and Medicare providers to meet the needs of the population.
- ◆ Increase availability of and support existing efforts to provide affordable health care services.
- ◆ Support services that increase access to prenatal care to promote positive birth outcomes.

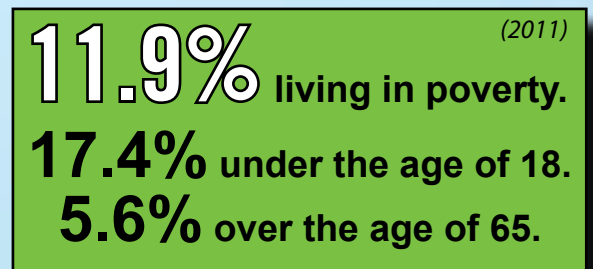
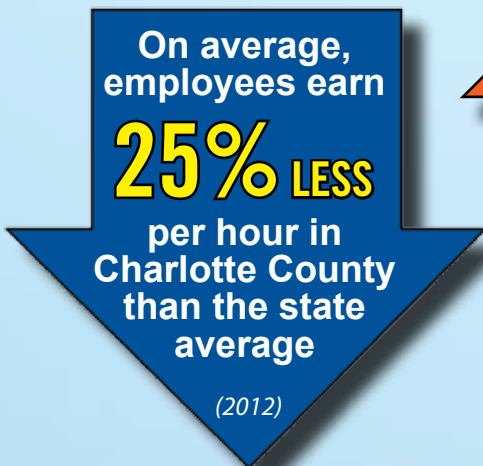
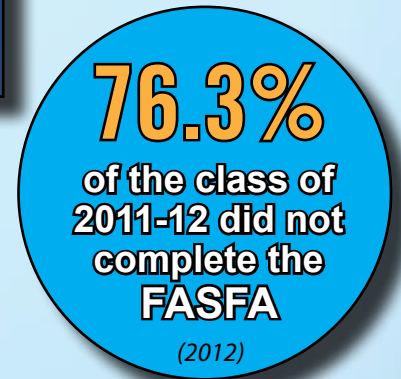
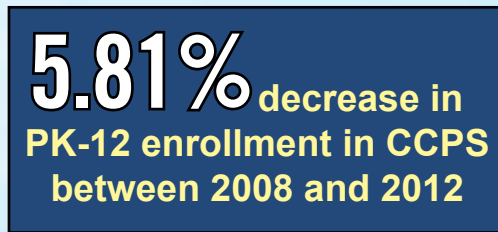
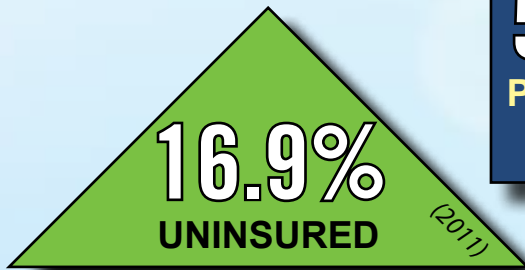
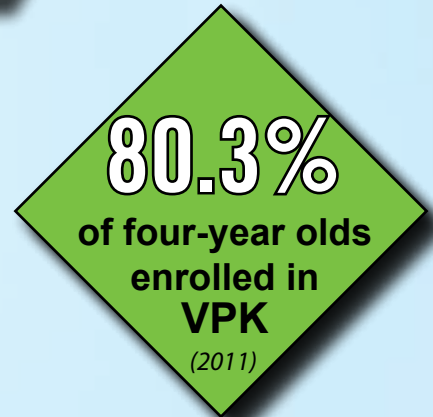
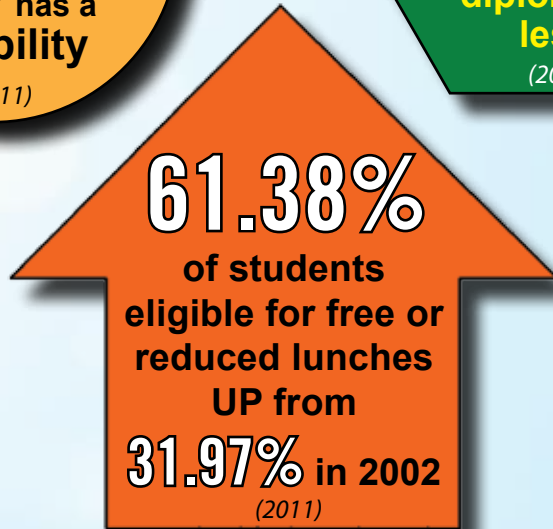
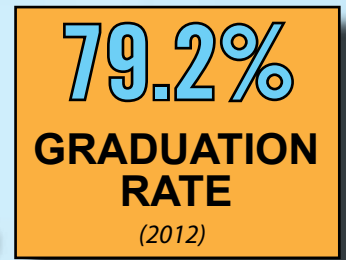
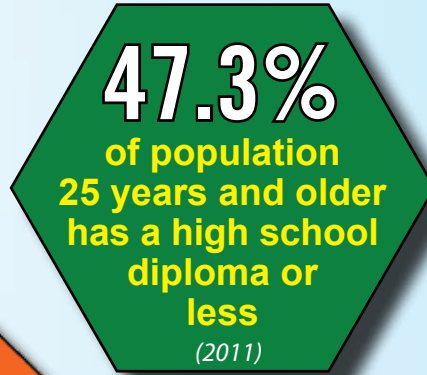
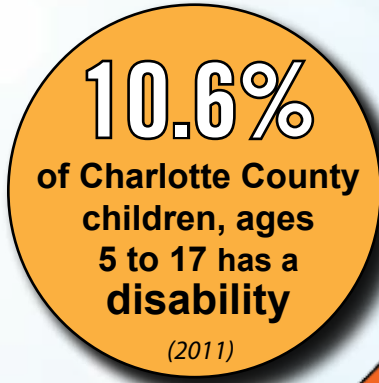
Poverty

- ◆ Explore best practices and innovative solutions for affordable housing in Charlotte County.
- ◆ Increase access to emergency shelter and transitional housing for the homeless population.
- ◆ Increase access to quality affordable childcare services.
- ◆ Increase opportunities for short-term financial assistance and financial self-reliance to help break the cycle of poverty.
- ◆ Support coordinated efforts among local food pantry providers to improve the services between providers addressing food needs.

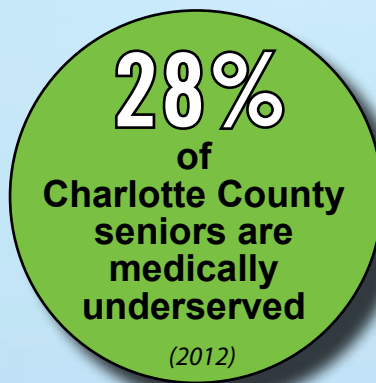
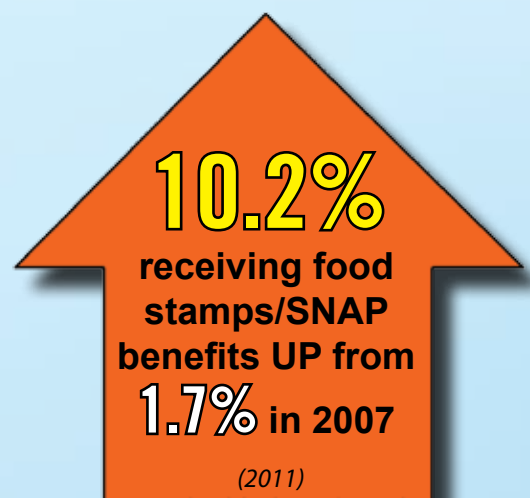
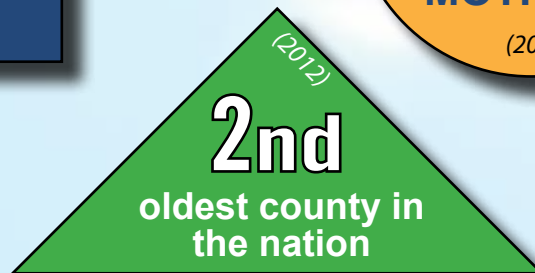
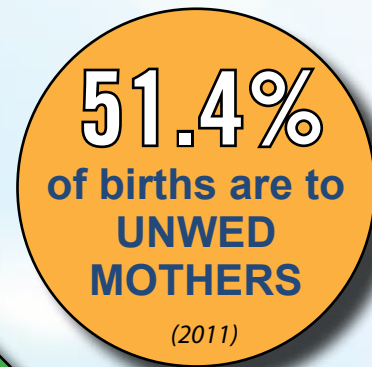
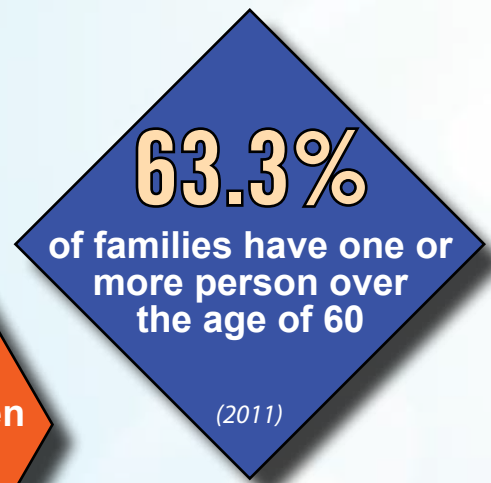
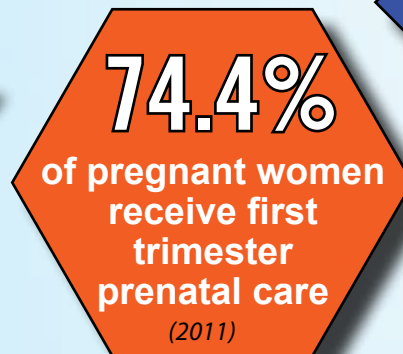
Transportation

- ◆ Embrace the findings of the upcoming 10 Year Transit Development Plan.
- ◆ Consider the options presented in the Transit Latent Demand Study.
- ◆ Form a community consensus on transportation needs.
- ◆ Explore alternative means of transportation.

KEY COMMUNITY NEEDS



KEY COMMUNITY NEEDS



RECOMMENDATIONS

It is apparent from this study that there is no shortage of needs or opportunities in Charlotte County. The number of agencies and individuals dedicated to bringing about change for good is abundant. This study's intent is to help bridge the gap between needs and existing services and bring to light key issues that need to be addressed holistically by the entire community.

Pursue a Theme of Prevention

It became apparent during this study that poverty is both a cause and effect of the other human service area issues. For example, children born into poverty often lack the opportunity to access quality education. Without a quality education, the likelihood of getting a job that earns a sufficient income decreases. Without a sufficient income, it becomes difficult to keep a roof over one's head, food on the table, and to see a doctor when ill. Thus the vicious cycle of poverty becomes nearly impossible to break.

The effects of poverty are detrimental not only to the individual but to the community at-large. By focusing energy and resources into preventative programs the number of people in need of assistance is ultimately reduced in the long run. The return on investment to the community greatly outweighs the initial program costs.

The term 'prevention' spans all areas of the human services sector. Preventative healthcare includes early detection and health promotion as a means to prevent future disease. Preventative education programs include ones that increase high school graduation rates and encourage continued education as a means to obtaining a higher paying job. Homelessness prevention includes programs that thwart crisis situations through financial literacy and budgeting, employment assistance and reducing barriers to affordable housing.

RECOMMENDATIONS

Increase Awareness of Existing Resources and Initiatives

The Charlotte County community has many human service agencies providing vital services to the residents, yet two issues became apparent throughout this study:

- **Consistent and effective communications among human service agencies can be approved.**
- **Individuals in need are not always aware of the services available.**

There is a need for better communication and cooperation between agencies about local initiatives that are taking place. Better communication would result in a more seamless delivery system of services and would lead to reduced duplication of services.

Furthermore, Charlotte County has a wide array of services available to our residents to help meet their basic needs. These services are provided through a variety of service providers, both public and private. As part of this study, the research team worked with Charlotte County 211 – the community’s government and non-profit information and referral service, the GIS team from the Charlotte County IT Department and the LIS team from the Charlotte County Community Development Department to develop an online interactive resource map.

This interactive map was developed to assist residents in locating essential human services that are available in our community. The map will provide you with basic provider information for the following service categories: Employment, Education, Housing, Food, Financial Assistance, Family & Youth Services, Senior Services, Transportation, Veteran Services and Health.

This tool can be accessed through Charlotte County Human Service’s website: www.charlottecountyfl.gov/dept/humanservices/Pages/default.aspx

RECOMMENDATIONS

Promote Community-Wide Investment

Poverty is an issue that affects the entire community but one many find uncomfortable to discuss. The issue is one that is often “out of site, out of mind.” At the same time, the issue of poverty is relative for someone who is living it and is surrounded by people with similar circumstances. Left unaddressed, the cycle of poverty will only continue to grow.

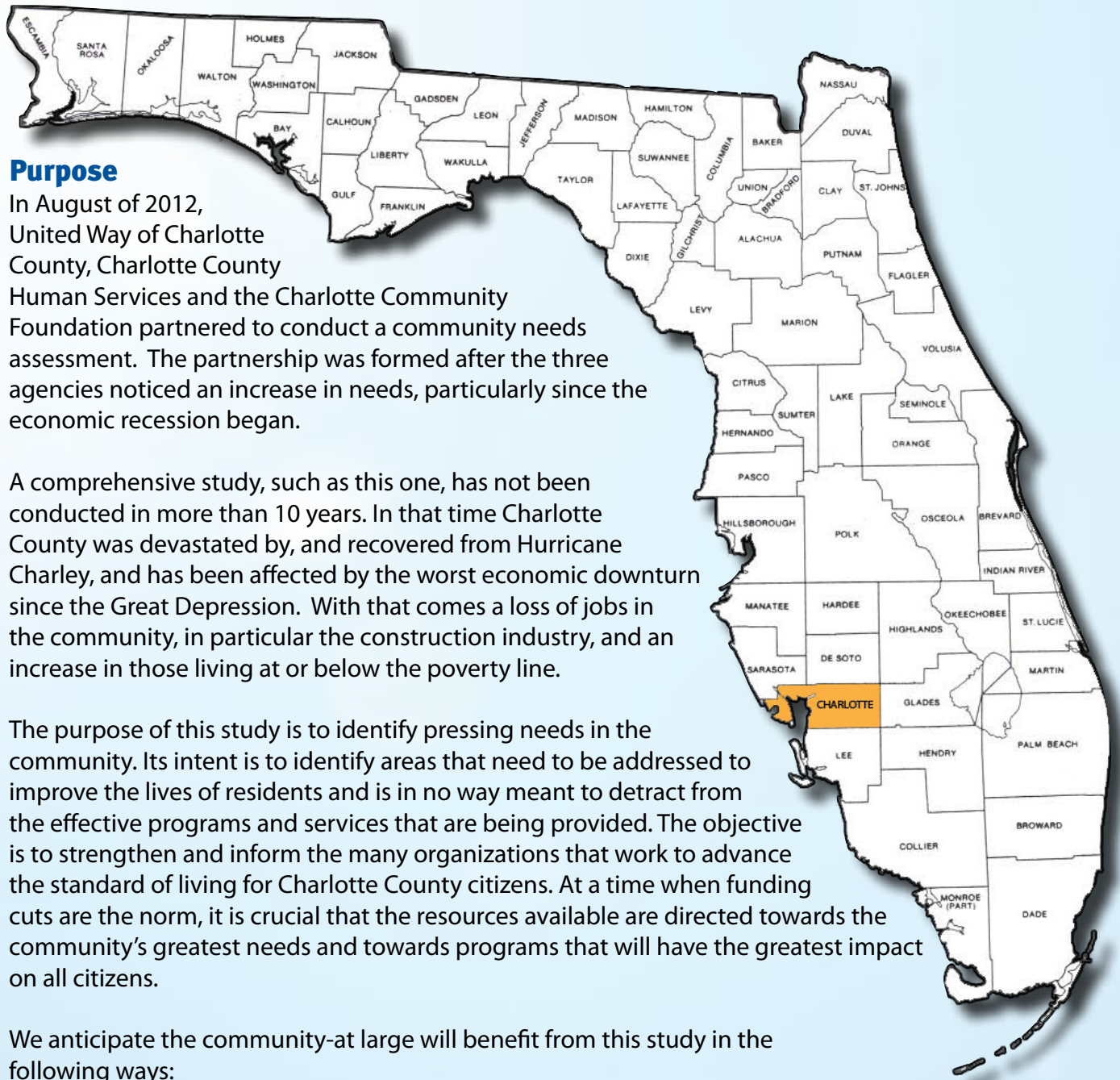
As the greatest need identified in this study, the burden of reducing poverty is one that is shared between the individual, local government, human service agencies and the community at-large. It is not enough for human service agencies to provide supportive services to those in need and to expect an individual to continue his or her education as a means to a better future.

The local economy must attract industries so that individuals can seek employment that meets their skill set and pays adequate living wages. Our elected officials and community members must recognize the long-term return on investment that comes with supporting programs in the short term through advocacy, financial support or volunteerism. It is up to the local agencies to communicate the value of this investment.

Human service providers are encouraged to look for ways to work together to attack the issue of poverty holistically through their individual missions. These agencies must work cooperatively to break down their barriers in order to collaborate on programs and initiatives that will bring about measurable change. After all, we are stronger together than we are alone.

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INTRODUCTION



Purpose

In August of 2012, United Way of Charlotte County, Charlotte County Human Services and the Charlotte Community Foundation partnered to conduct a community needs assessment. The partnership was formed after the three agencies noticed an increase in needs, particularly since the economic recession began.

A comprehensive study, such as this one, has not been conducted in more than 10 years. In that time Charlotte County was devastated by, and recovered from Hurricane Charley, and has been affected by the worst economic downturn since the Great Depression. With that comes a loss of jobs in the community, in particular the construction industry, and an increase in those living at or below the poverty line.

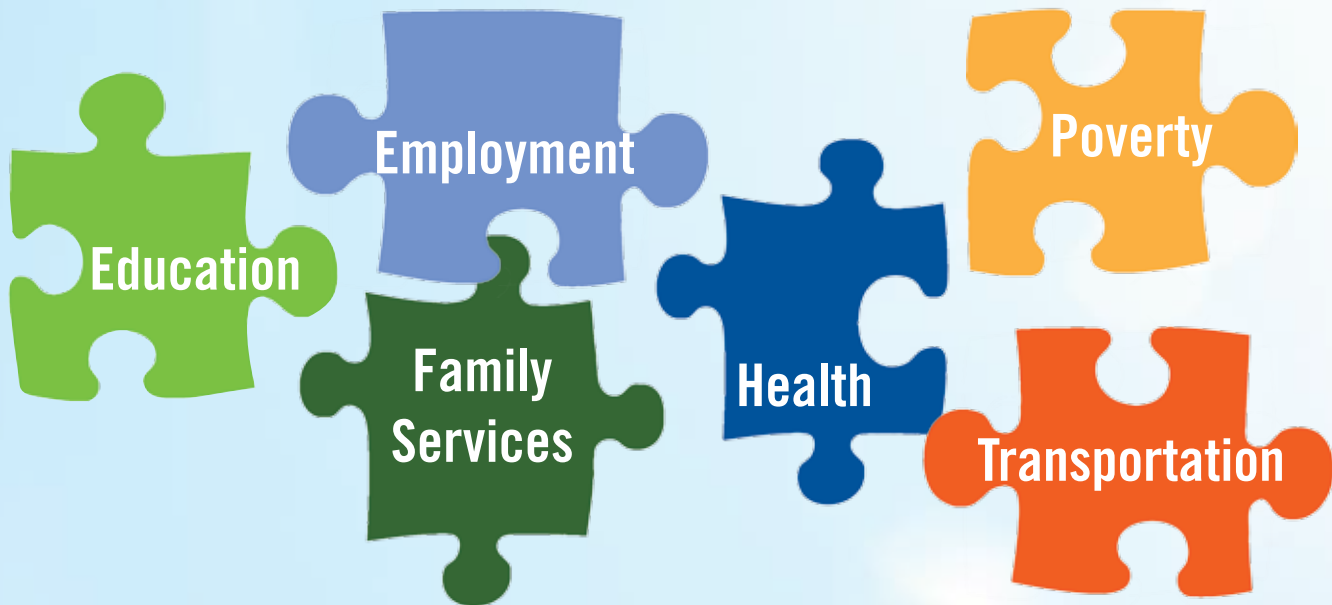
The purpose of this study is to identify pressing needs in the community. Its intent is to identify areas that need to be addressed to improve the lives of residents and is in no way meant to detract from the effective programs and services that are being provided. The objective is to strengthen and inform the many organizations that work to advance the standard of living for Charlotte County citizens. At a time when funding cuts are the norm, it is crucial that the resources available are directed towards the community's greatest needs and towards programs that will have the greatest impact on all citizens.

We anticipate the community-at large will benefit from this study in the following ways:

- ◆ Gaps in human services will be more easily addressed.
- ◆ Potential community partnerships will be more easily identified and developed.
- ◆ Service agencies will be able to utilize this information when applying for and awarding grants.
- ◆ Policy makers will be able to utilize this information when requesting federal funding and making local decisions.
- ◆ Needs in the community will be more easily prioritized.
- ◆ The community will be more informed.

Methodology

In order to identify and prioritize the most significant needs within the Charlotte County community, the team utilized a multi-faceted approach that focused on six key human service issue areas: Education, Employment, Family Services, Health, Poverty, and Transportation.



Statistical data collected from sources including the United States Census Bureau's *Decennial Census* and *American Community Survey*, the United States' Departments of Agriculture, Health and Human Services, Housing and Urban Development, and Bureau of Labor Statistics, Florida's Departments of Children and Families, Economic Opportunity, Education, and Health, as well as other national, state and local resources served as the foundation for this study.

Eighty-two local and regional human service agencies serving the Charlotte County community were surveyed for information on the service they provide, the populations they serve and their perception on the greatest needs within the community.

At the same time, 869 clients of the human services agencies were surveyed about their needs within the community. By surveying both the agencies and their clients, we were able to get a better comparison of the agencies' perception of the needs and the clients' actual needs. It also enabled us to gain useful information from the clients about existing gaps in services.

Finally, input was sought from the community at-large. On March 12, 2013 approximately 70 members of the community attended a Community Conversation. Representatives from the community, local government leaders, business leaders, the healthcare industry, human service agencies, and the school system participated in an exercise to identify the top Strengths, Weaknesses, Opportunities and Threats to the community.

Detailed results of the surveys and Community Conversation can be found in the appendices of this study.

DEMOGRAPHIC PROFILE

Charlotte County is located on Southwest Florida’s Gulf Coast and borders Sarasota and DeSoto Counties to the north, Glades County to the east, and Lee County to the south. Punta Gorda is the only incorporated city in the county.

Population

Charlotte County has grown significantly over the past twenty years. During the 1990s, the county grew by 27.62%. It grew by an additional 12.96% during the 2000s, bringing its 2010 population to 159,978 people.¹ Projections from the Charlotte County Economic Development Office estimate that the county’s population will grow an additional 12.5% by 2020.²

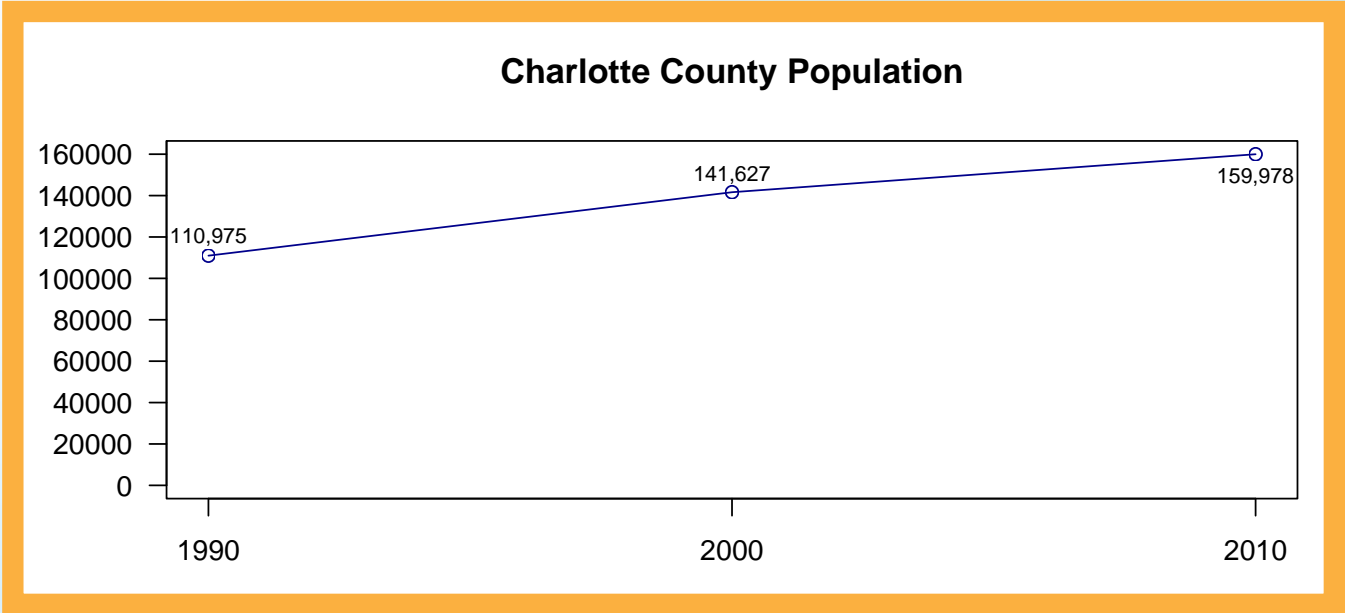


Figure A. Source: US Census Bureau, Decennial Census

Race and Ethnicity

Charlotte County has historically, and continues to be a predominantly white community, however as the overall population has grown, the percentage of its minority populations has also increased, though at a much slower pace. In 2000, the white population made up 92.58% of the total population, compared to 90.05% in 2010. The county’s population is 5.68% black, 1.20% Asian, and 0.26% Native American. The Hispanic population has grown from 3.30% to 5.76% in the last ten years.³

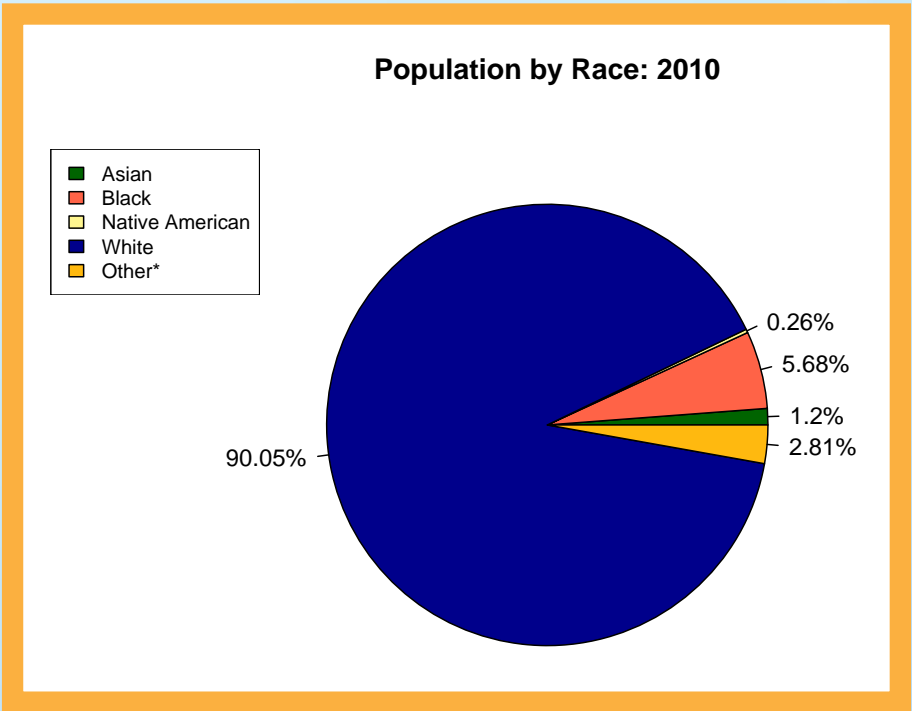


Figure B Source: US Census Bureau, Decennial Census *Includes multiple races

Population by Ethnicity: 2010

- Hispanic
- Non-Hispanic

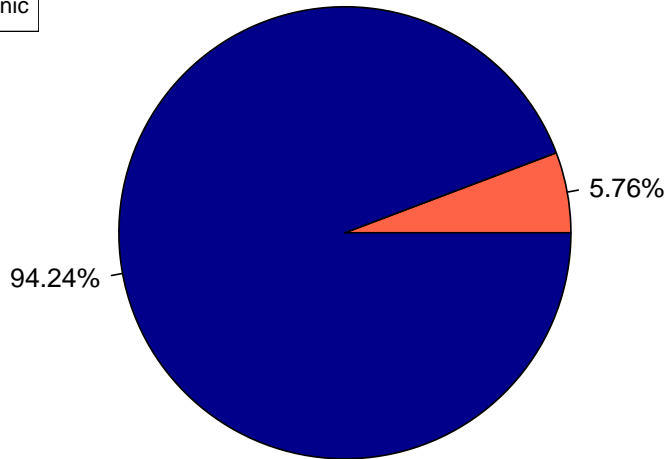


Figure C
Source: US Census Bureau, Decennial Census

Age

Charlotte County is predominantly a retirement community, with 34.10% of the population over the age of 65. Despite making up a slightly lower percentage of the overall population than in 2000 (34.70%), this age group grew by 11.04% during the same time period.⁴ Charlotte County has a median age of 55.9 and recently became the 2nd oldest county in the state as well as the nation.⁵ On the other hand, the population between the ages of 30 and 45 decreased by roughly the same amount, or 11.19%. The population under the age of 18 only grew by 3.12%⁶

Population by Age

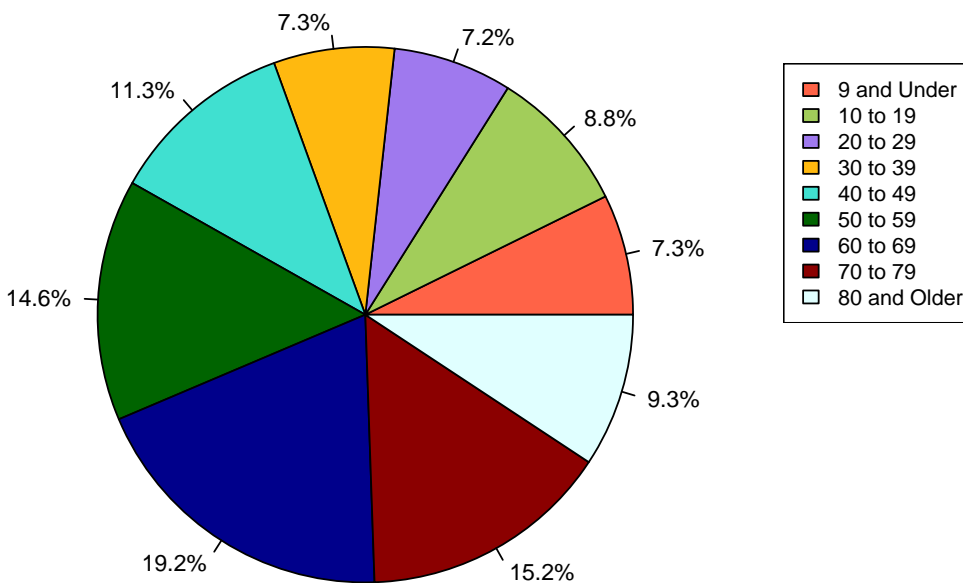


Figure D
Source: US Census Bureau, 2010 Decennial Census

Educational Attainment

The level of educational attainment in Charlotte County is lower than the national average. As of 2011, 47.3% of the population had a high school diploma or less, 33.3% had an associate's degree or some college, and 19.3% had a bachelor's degree or higher. Nationally, 28.5% of the population has a bachelor's degree or higher.⁷

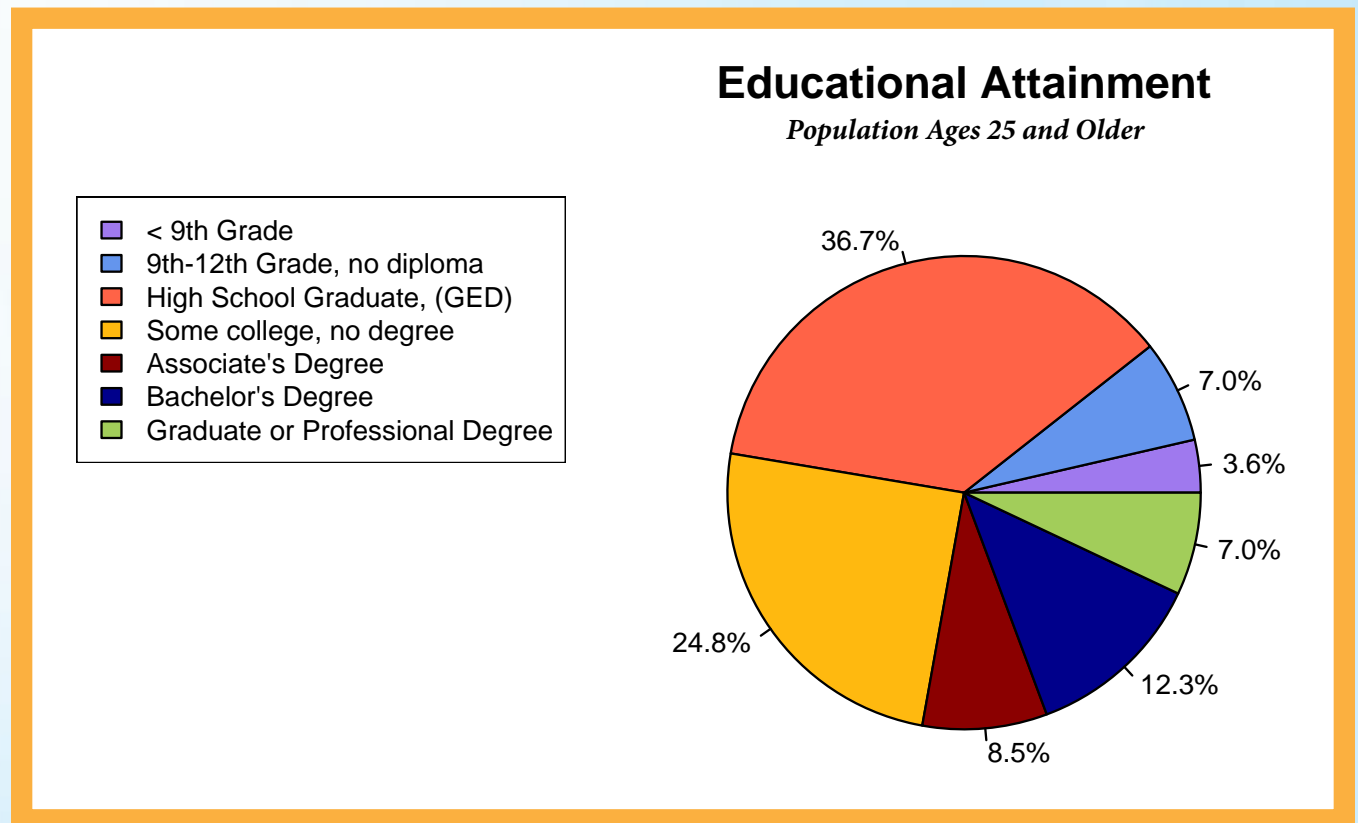


Figure E

Source: US Census Bureau, American Community Survey 2011, Table S1501

Approximately 55.9% of males continued their education beyond high school, compared to 49.9% of females in Charlotte County.⁸



Photo provided by
Charlotte County
Public Schools

Socioeconomic Status

As of 2011, Charlotte County's median household income was \$41,190. This is well below the national rate of \$50,502. Since 2009, the percentage of the population living below the poverty line has grown from 9.0% to 11.9% in 2011. Children under the age of 18 were hit hardest, with the percentage living below the poverty line peaking at 25.5% in 2010.⁹

The percentage of the population using Food Stamps/SNAP benefits has increased drastically from 1.7% in 2007 to 10.2% in 2011.¹⁰ Furthermore, the percentage of children eligible for free or reduced

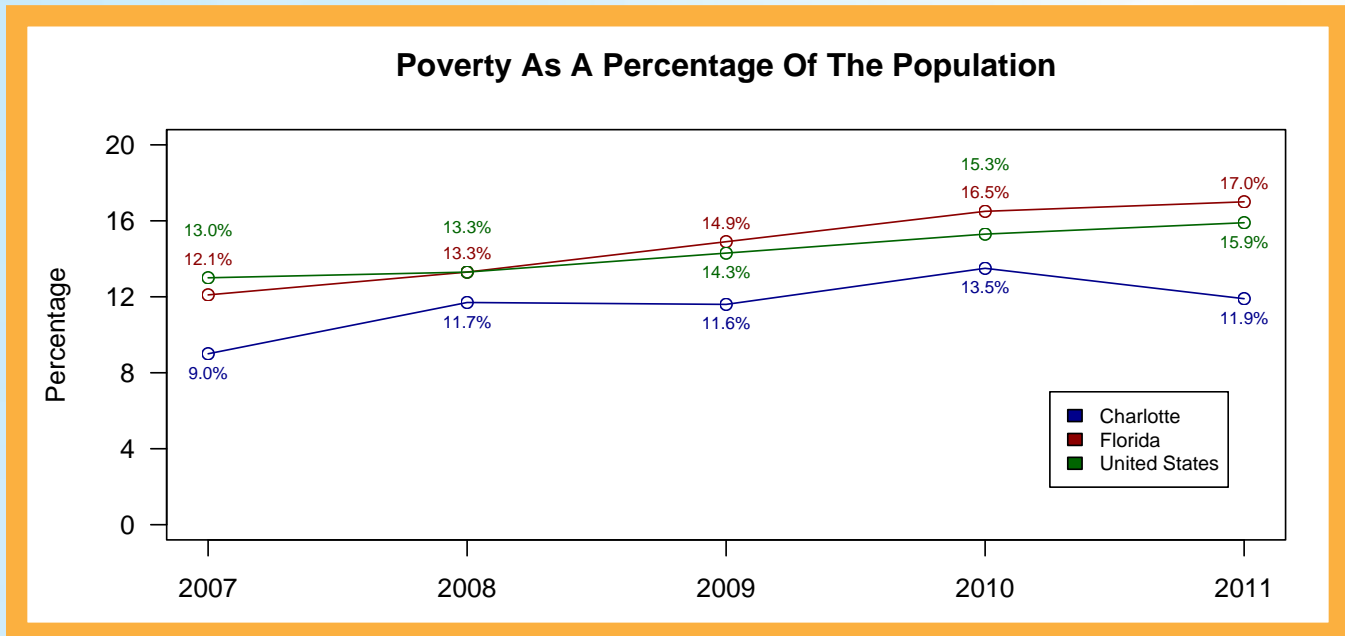


Figure F Source: US Census Bureau, American Community Survey, Table CP03

lunch has increased by 70.5% in the past decade. During the 2003-2004 school year, 32.8% of students were eligible, compared to 62.5% during the 2012-2013 school year.¹¹

Veterans

Charlotte County is home to a large veteran population. As of 2011, there were approximately 25,340 veterans living in the county. This equates to one out of every six residents. Of these, 33.6% are Vietnam era veterans, 18.9% served during the Korean War, 14.6% served during World War II, and 10% served during the first and second Gulf Wars. The data shows 7% of veterans are believed to be living below the poverty line.¹²

USING THIS STUDY

In the following sections are the findings in each of the six key human service issue areas: Education, Employment, Family Services, Health, Poverty and Transportation. Many of the subsections can be cross-referenced with other broader sections as each are intricately connected. These will be linked throughout the electronic document for ease of use. Additional statistical data as it relates to each section, and results from the Agency Survey, Clientele Survey and Community Conversation can be found in the appendices.

Disclaimer

The findings in this study represent the most pressing needs as identified by the most current statistics available at the time of data collection, surveys and community input, while recognizing that there are limitations to the quality and availability of data. The following is in no way meant to encompass the entire spectrum of needs within the Charlotte County community.

EDUCATION



Photo provided by Charlotte County Public Schools.

Access to a quality education has long been seen as a stepping-stone to a higher quality of life and viewed by many as a way to close socioeconomic gaps. Earning potential is continually linked to level of educational attainment. Internationally, the United States has found itself lagging behind many other countries in various education categories. As a result, policy makers have renewed efforts to increase access to high quality education with initiatives such as No Child Left Behind, Race to the Top, and STEM (Science, Technology, Engineering, and Mathematics).

The state of Florida is in the process of transitioning to the Common Core State Standards. The Standards outline what information students are expected to learn at each grade level and provide a consistent curriculum across state lines. They were adopted by the Florida Legislature in 2010 and will be fully implemented during the 2014-15 school year.

Numerous studies have shown that the importance of access to high quality education begins in a child’s formative years, before they enter kindergarten, and continues beyond high school. The relationship between access to quality education and quality of life in Charlotte County is no exception. Human service agencies surveyed as part of this study estimated that 15% of their clientele had not received a high school diploma and 41% only had their high school diploma or GED. Among the clientele surveyed, those numbers are even higher – 17% said they had not received a high school diploma and 52% only had a high school diploma or GED.

Poverty rates are noticeably higher among populations with lower levels of education. In Charlotte County, the poverty rate for the population age 25 and older without a high school diploma is 20.8%. This rate drops significantly as the level of education increases. This trend is consistent across the state and nation (see Appendix 1).¹

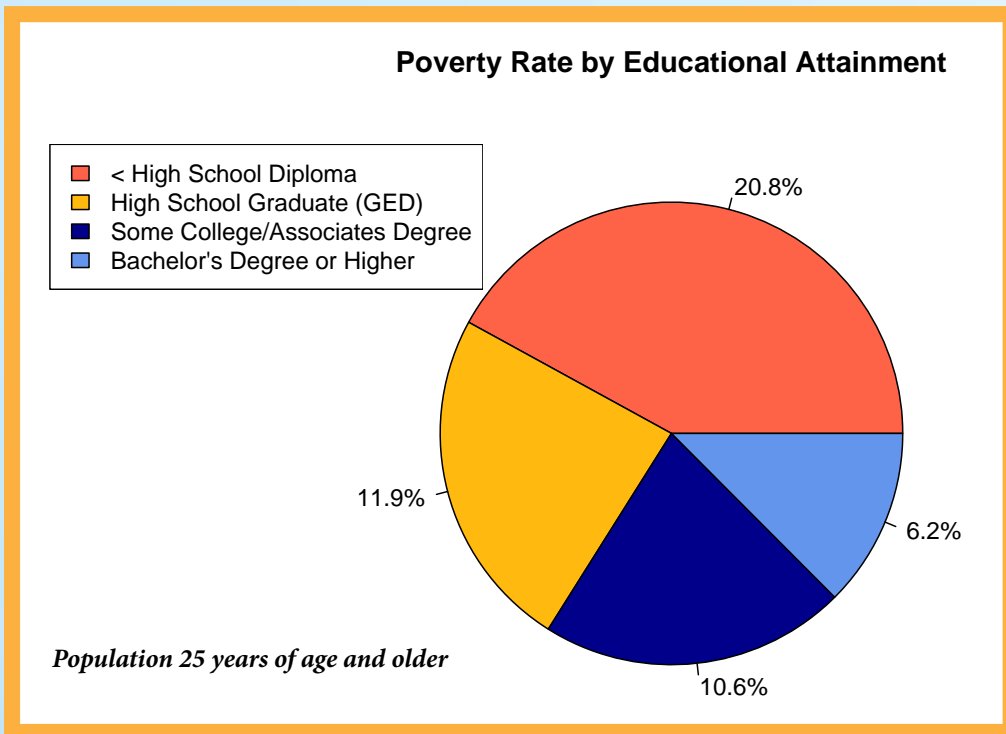


Figure 1.1
Source: US Census Bureau,
American Community
Survey 2011

At the same time, children living in poverty are more likely to drop out of school, be chronically absent, and have lower levels of academic performance. As a result, it becomes difficult to break the cycle of poverty from generation to generation. For more information on poverty in Charlotte County see Section 5.

EARLY EDUCATION

The first five years of a child’s life are extremely important for sensory and cognitive development, laying the foundation for the rest of their life.²

In the state of Florida there are two primary programs dedicated to early childhood education: Head Start/Early Head Start and the Voluntary Pre-Kindergarten (VPK) program.

Head Start/Early Head Start

Head Start is a federally funded school readiness program that serves preschool age children from low-income families during their most formative years by providing comprehensive education, health, and nutrition services. Emphasis is placed on the parent’s role in their child’s development. In addition, Early Head Start services are available to infants, toddlers, and pregnant women and their families who are below the federal poverty line. The Office of Head Start, within the Office of the Administration of Children & Families of the U.S. Department of Health & Human Services, administers these programs.³

Charlotte County Head Start/Early Start serves children ages nine weeks to four years old. Programs are available at the Baker Center and each elementary school. In addition to education services, children receive various health screenings as well as two meals and a snack each day. During the 2011-2012 school year, 330 Charlotte County children were enrolled in Head Start. Due to funding only 49% of eligible children were served. In addition, Early Head Start served 66 children and 15 pregnant women.⁴ Despite the need for expanded Head Start services, the program may lose funding as part of federal budget cuts.

Voluntary Prekindergarten (VPK)

In the state of Florida, every child turning four on or before September 1 of the current school year is eligible to enroll in a free voluntary pre-kindergarten (VPK) program.⁵ There are currently 45 approved VPK providers in Charlotte County.⁶ During the 2011-12 school year, they had the capacity to serve 1,162 students⁷ and enrolled 1,055.⁸ The following school year (2012-13) 1044 students were enrolled in kindergarten.⁹

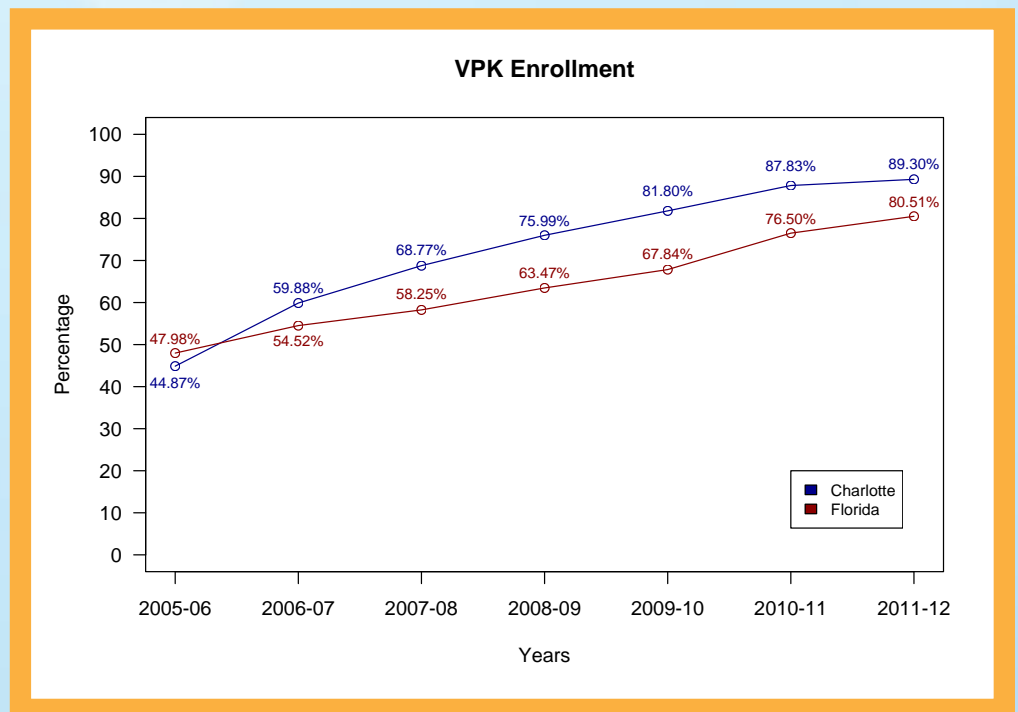


Figure 1.2 Source: Florida’s Office of Early Learning

Florida's Office of Early Learning estimated 80.51% of eligible four year olds in Florida were enrolled in a voluntary prekindergarten program during the 2011-2012 school year with the rate expected increase to 82.5% by 2016.¹⁰ However, the goal set by Florida's Office of Early Education for the same year is 88.24%.¹¹ Charlotte County is already meeting and exceeding the state's goal for VPK enrollment. Enrollment rates in VPK programs in Charlotte County have doubled since the 2005-06 school year, when the program was first implemented, and have consistently been above the state's enrollment rate.¹²

| Kindergarten Readiness 2011-12 | | |
|--------------------------------|----------------------------------|--------|
| School Name | % of Students Kindergarten Ready | |
| | ECHOS | FAIR |
| Sallie Jones Elementary | 90.82% | 68.29% |
| Peace River Elementary | 97.17% | 61.17% |
| East Elementary | 94.79% | 82.18% |
| Neil Armstrong Elementary | 97.20% | 67.83% |
| Meadow Park Elementary | 94.53% | 63.00% |
| Vineland Elementary | 89.52% | 76.42% |
| Liberty Elementary | * | 72.45% |
| Myakka River Elementary | * | 73.15% |
| Deep Creek Elementary | 99.17% | 71.20% |
| Kingsway Elementary | 96.12% | 75.24% |
| Charlotte (District Average) | 94.41% | 71.42% |
| Florida (State Average) | 91.13% | 70.67% |

Students enrolled in VPK programs are screened in the first 30 days of kindergarten for kindergarten readiness using either the Early Childhood Observation System (ECHOS) or the Florida Assessments for Instruction in Reading (FAIR).

As a whole, the district ranks higher than the state in percentage of students ready for kindergarten based on ECHOS and FAIR assessments. Individually, kindergarteners

Figure 1.3 Source: Florida Department of Education * indicates population fewer than 10

at Sallie Jones Elementary and Vineland Elementary fell below the state average on the ECHOS measurement tool. Students at five schools – Sallie Jones Elementary, Peace River Elementary, Neil Armstrong Elementary, Meadow Park Elementary, and Deep Creek Elementary fell below the state average on the FAIR measurement tool.¹³



Photo provided by Big Brothers Big Sisters of the Sun Coast.

K-12 EDUCATION

The Charlotte County Public School system was recognized as an asset to the Charlotte County community by participants in the Community Conversation. It is comprised of ten elementary schools, four middle schools, and three high schools. The school system sponsors a public charter school, Edison Collegiate High School and six centers, each with a specialized focus. In addition, Charlotte County is home to numerous private elementary, middle, and high schools.

Total enrollment for grades pre-kindergarten thru 12th grade was 16,352 students in the fall of 2012. This number is down from 17,361 or 5.81% since the fall of 2008. In comparison, the state of Florida has seen a 2.38% increase in enrollment during the same time period (see Appendix 1).¹⁴

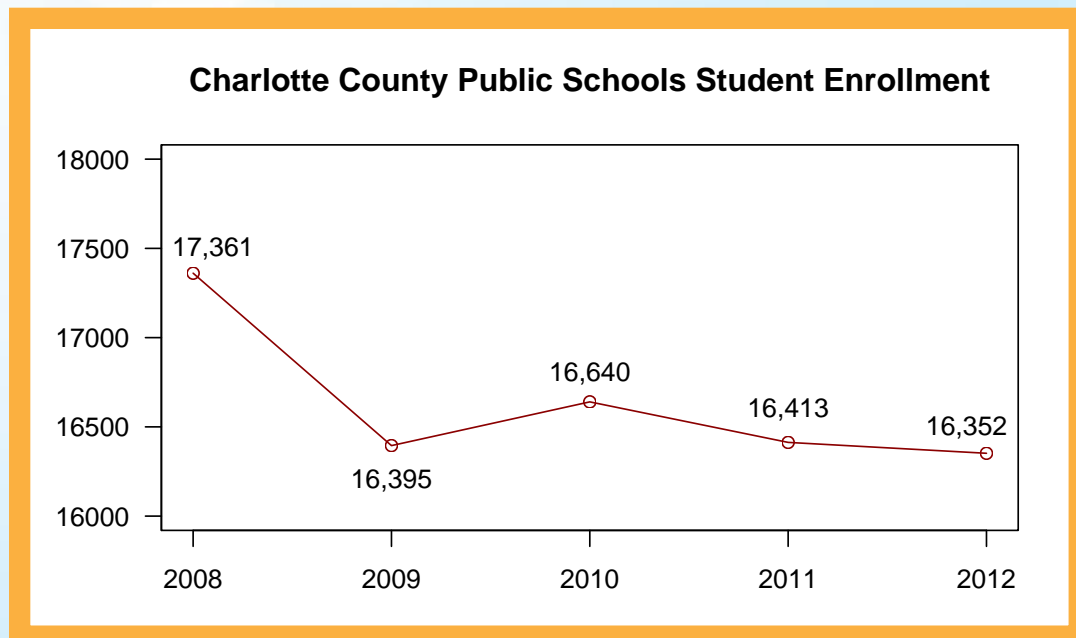


Figure 1.4
Source:
Florida
Department
of Education

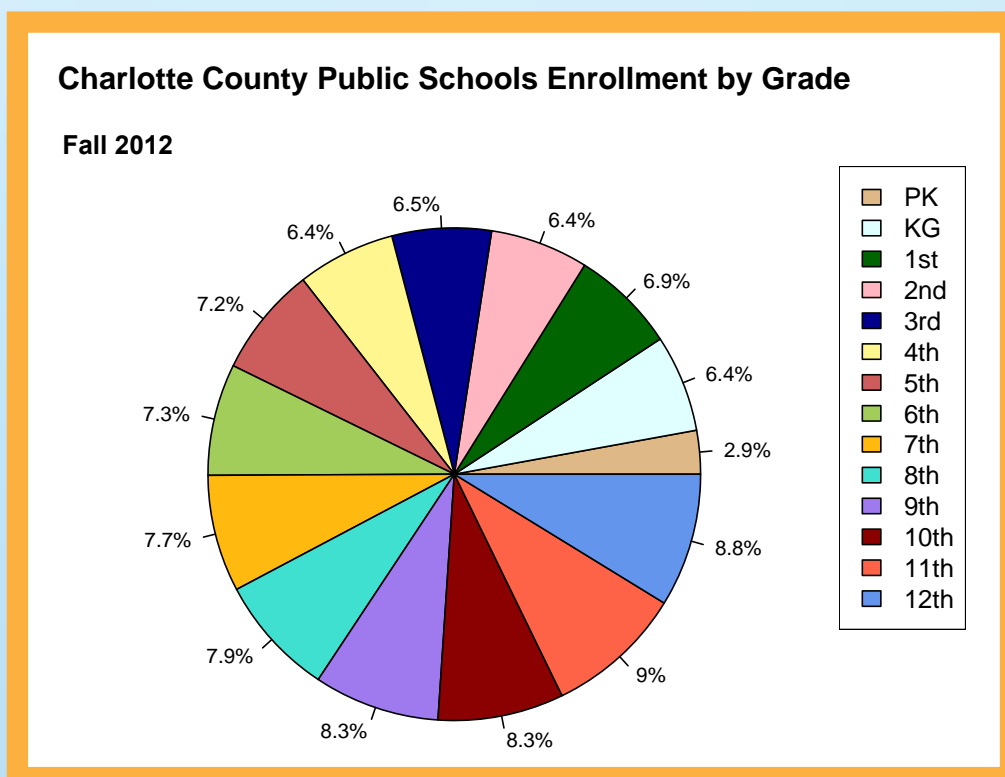


Figure 1.5
Source:
Florida
Department
of Education

National School Lunch Program

Students living in households with an annual income between 0% and 185% of the federal poverty guidelines are eligible for free or reduced lunches through the National School Lunch Program.¹⁵ The number of students, district and statewide eligible for the National School Lunch Program has nearly doubled between the 2002-03 and 2011-12 school years. Charlotte County continues to have a higher percentage of students eligible for the program than the state of Florida. **During the 2002-03 school year, 31.97% of Charlotte County students were eligible for the National School Lunch Program; that rate rose to 61.38% during the 2011-12 school year.**¹⁶ Nationally, 42.9% of students are eligible for free and reduced rate lunches (2007-08).¹⁷ Across the district, Lemon Bay High School is the only school with less than half of its student body eligible. Peace River Elementary has a free and reduced rate lunch rate of 81.92%¹⁸ which designates it as a high poverty school by the Florida Department of Education. High poverty schools rank in the top quartile of schools based on free and reduced lunch status.¹⁹ Charlotte County has eleven schools classified as Title I schools which means they receive federal funding to improve the academic achievement of disadvantaged students.²⁰ For more information on the National School Lunch Program in Charlotte County see Section Five.

The number of students, district and statewide, eligible for the National School Lunch Program has nearly doubled between the 2002-03 and 2011-12 school years.

Chronic Absenteeism

Students who are absent from school for 21 days or more are classified as chronically absent. Across the state, 9.1% of students were chronically absent during the 2011-12 school year. Charlotte County had a rate of 6.0%.²¹ This rate has steadily dropped over the past five years. On average, 92.7% of students were in attendance on a daily basis.²² The rate was typically lowest in the elementary schools and increased as students became older. However, Peace River Elementary school's rate was nearly double the rate of other district elementary schools (see Appendix 1).²³

Students with Disabilities

An estimated 10.6% of the Charlotte County population, ages 5 to 17, has a disability. Of those, an estimated 9.2% have a cognitive disability.²⁴ During the 2012-2013 school year, 17% of students were enrolled in the Exceptional Student Education (ESE) program and 3% were classified as disabled per Section 504 of the Rehabilitation Act of 1973.²⁵



*Photo provided by
Charlotte Local
Education
Foundation*

FCAT Scores

The Florida Comprehensive Achievement Test (FCAT) has been used to measure student achievement since 1998; however, the state of Florida has been going through a transition since 2007 with the adoption of the Next Generation Sunshine State Standards and again with the state adoption of the Common Core State Standards in 2010. These standards will be fully implemented during the 2014-2015 school year.

As a result the FCAT is being phased out and replaced with the FCAT 2.0 and Florida End of Course (EOC) Assessments. Until these transitions are complete, the FCAT is the best tool available to measure student achievement.

The FCAT is administered to students annually from 3rd grade through 10th grade. The test is scored on a scale of 1 to 5 with level 1 indicating the greatest risk for academic failure. Over the past 5 years, Charlotte County has typically had a lower percentage of students scoring at Level 1 in reading and mathematics than students statewide. The percentage of students scoring at Level 1 in mathematics jumped by several percentage points between the 2010-2011 and 2011-2012 school years in grades 4 and 8; however, the 2011-2012 scores are based on FCAT 2.0. Students in the 10th grade took the Geometry EOC rather than the FCAT 2.0 during 2011-2012.²⁶

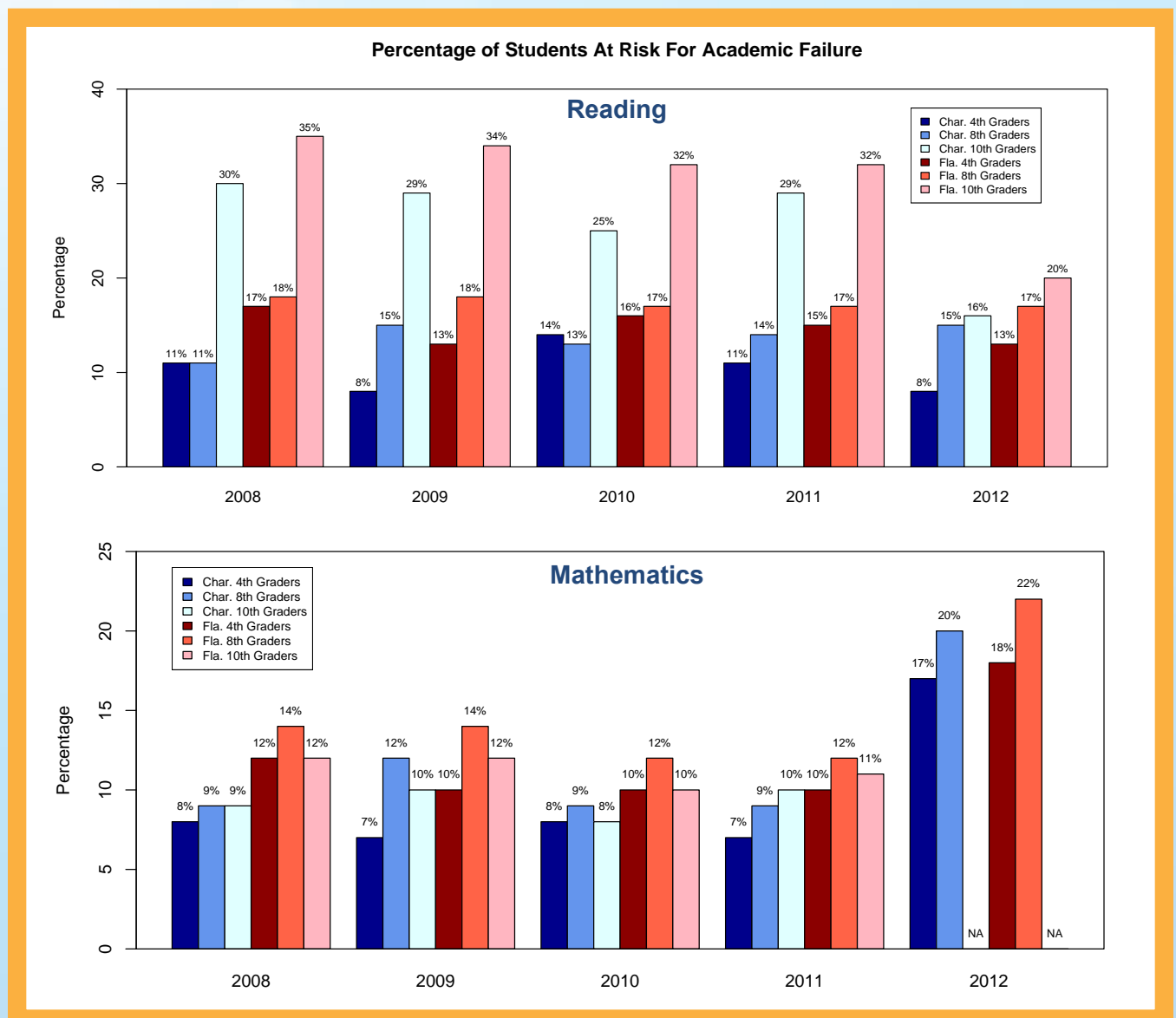


Figure 1.6 Source: Florida Department of Education

** FCAT Math is replaced by Geometry EOC

Dropout Rates

Over the past five years Charlotte County students in grades 9 thru 12 are dropping out of high school at a higher rate than students across the state.²⁷ Charlotte County's rate is lower than students nationally.²⁸

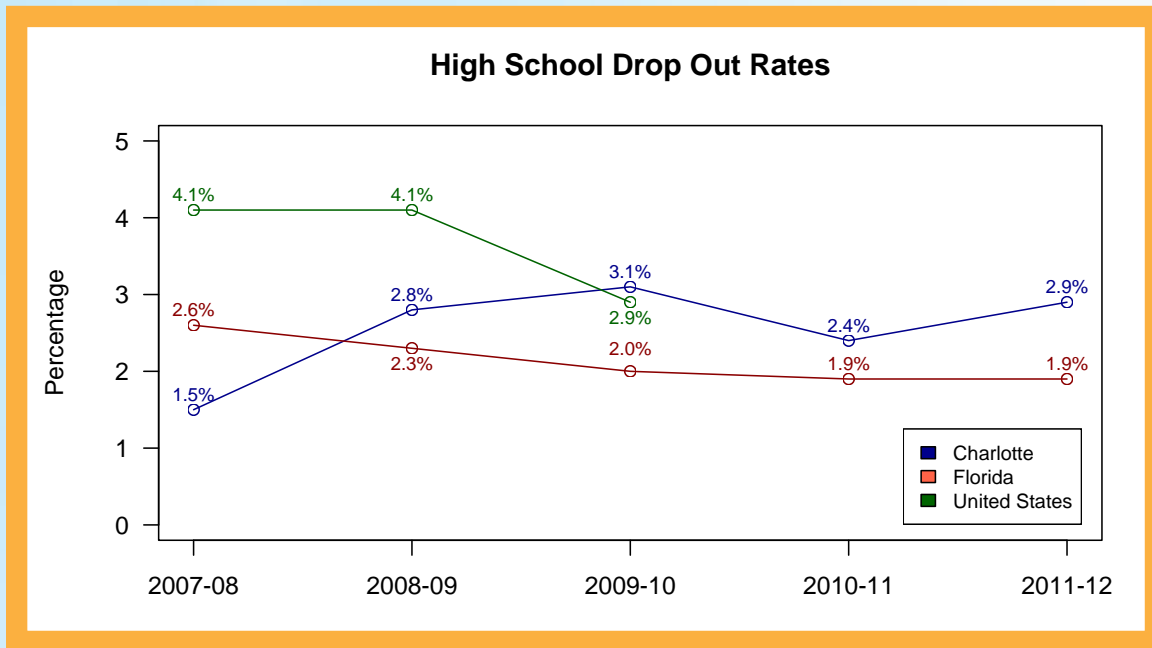


Figure 1.7
Source: Florida Department of Education; US Department of Education, National Center for Education Statistics

In 2012, 54% of middle school students and 53% of high school students in Charlotte County said they had a lack of commitment to school. This rate is above the state and national averages.²⁹

Graduation Rates

Over the past five years, students in Charlotte County are graduating at a higher rate than at the state average³⁰ but below the national average.³¹ Charlotte County students receiving free or reduced lunches (74.46%), enrolled in the Exceptional Student Education (65.05%) or English Language Learners (40.0%) programs, or classified as at-risk (57.56%) graduated at a rate lower than the district average during the 2011-12 school year.³²

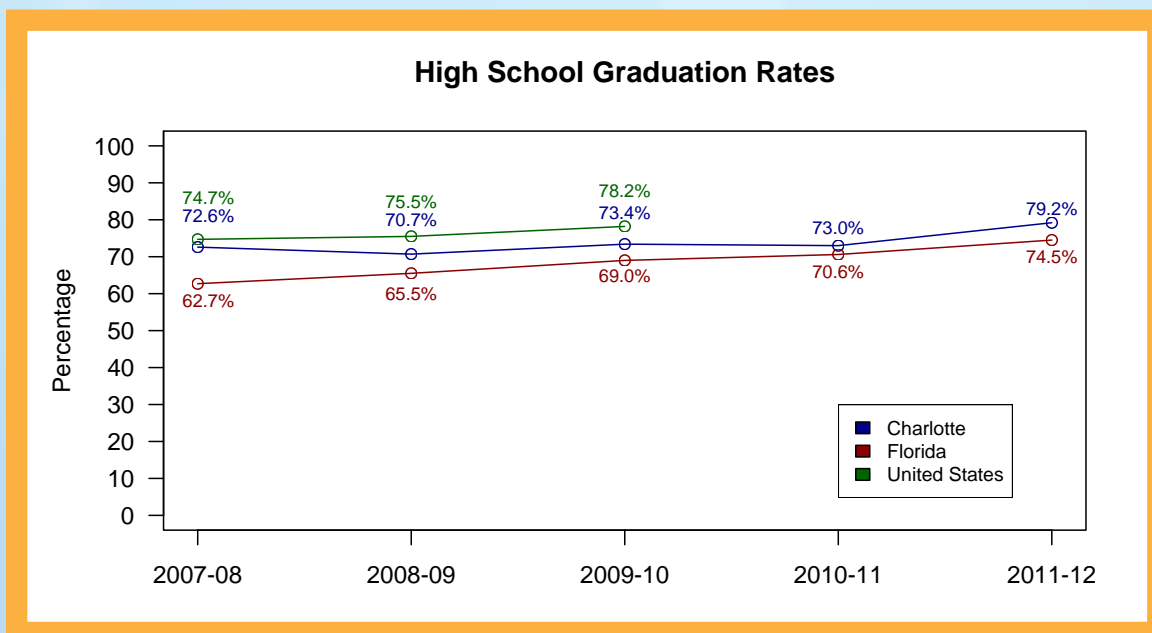


Figure 1.8
Source: Florida Department of Education, U.S. Department of Education

Note: Rates do not include GEDs or special diplomas

SPOTLIGHT

Leader in Me Program & Lighthouse Schools

Charlotte County Public Schools have instituted a “Leader in Me” program based on Stephen Covey’s book, *The 7 Habits of Highly Effective People* in all 10 of the county’s elementary schools. The program develops leadership and decision making tactics to create a school-wide culture of positive and proactive students and staff. The 7 Habits of Happy Kids are:

- ◆ Habit 1: Be Proactive - You’re in Charge
- ◆ Habit 2: Begin with the End in Mind - Have a plan
- ◆ Habit 3: Put First Things First - Work First, Then Play
- ◆ Habit 4: Think Win-Win - Everyone Can Win
- ◆ Habit 5: Seek First to Understand, Then to be Understood - Listen Before You Talk
- ◆ Habit 6: Synergize - Together is Better
- ◆ Habit 7: Sharpen the Saw - Balance Feels Best

Three area schools, Neil Armstrong Elementary, Vineland Elementary, and Sallie Jones Elementary schools are among 55 schools in the world to achieve Lighthouse School status. Lighthouse schools work with Franklin Covey to incorporate 7 Habits into the school’s model and must attain the following nine criteria:

- ◆ Have a Lighthouse Team that oversees implementation of the Leadership model with students, staff, parents and the community.
- ◆ Display leadership language and principles in hallways and classrooms.
- ◆ Teachers integrate leadership language daily.
- ◆ Staff collaborates to build a culture of leadership.
- ◆ Students have meaningful leadership roles.
- ◆ Parents understand the Leader in Me model and the 7 Habits and are involved in promoting both.
- ◆ School has a system for tracking school-wide, classroom, academic and personal goals.
- ◆ Obvious improvements can be seen, measured and tracked.
- ◆ School holds leadership events to share their progress.

Franklin Covey and Charlotte County Public Schools are working toward offering this exciting program in middle and high schools in the district.



Photo provided by Boys & Girls Clubs of Charlotte County.

POST-SECONDARY EDUCATION

Post-Graduation Intentions

The percentage of Charlotte County students continuing their education beyond high school is lower than state and national averages. An estimated 41.1% of the population ages 18 to 24 have some college education or have an associate's degree and only 6.7% have a bachelor's degree or higher. In comparison, 44.4% statewide and 45.6% nationwide have some college education or an associate's degree. In Florida, 7.7% of the population have their bachelor's degree or higher. Nationally the rate is 9.1% (see Appendix 1).³³

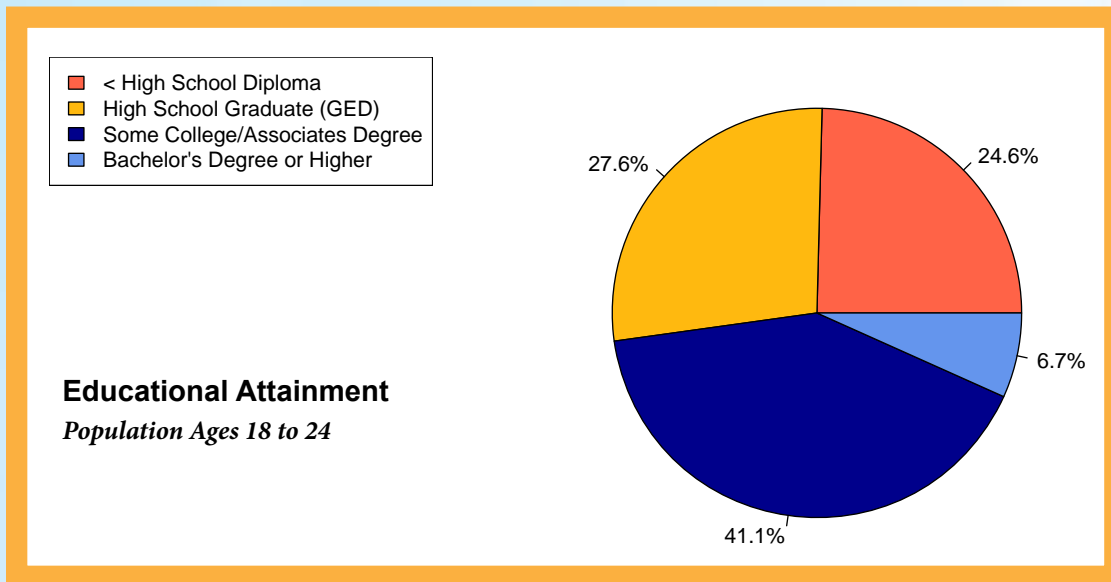


Figure 1.9
Source: American Community Survey 2011, Table S1501

This trend is consistent with the older population as well. Of the population 25 years and older, 36.7% stopped after graduating high school compared to a state rate of 30.4% and a national rate of 28.4%. Only 12.3% have a bachelor's degree and 7.0% have a graduate or professional degree. At the state level, 16.5% have a bachelor's degree and 9.3% have a graduate or professional degree. The rates are even higher at the national level. Eighteen percent have a bachelor's degree and 10.6% have a graduate or professional degree (see Appendix 1).³⁴ These statistics are of concern since a high school diploma is no longer sufficient for many jobs in the United States.

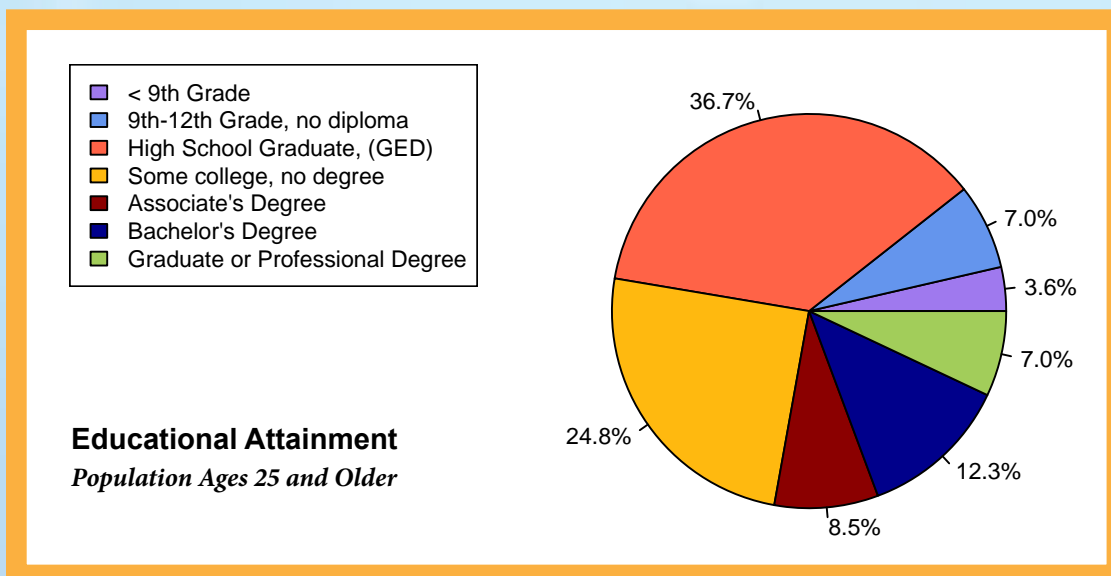


Figure 1.10
Source: American Community Survey 2011, Table S1501

Photo provided by Edison State College



Despite these trends, a higher percentage of Charlotte County students graduating in the class of 2011-2012 indicated that they planned to continue their education than students statewide. Of those graduating, 71.69% planned to continue their education compared to only 70.2% of Florida graduates.³⁵

Post-secondary Education Test Scores and AP Classes

Students planning to continue their education beyond high school are typically required to take the ACT, SAT, or both to determine college readiness. ACT sets a benchmark score in each of the four subject-area tests. Meeting the benchmark score indicates a 50% chance of receiving a B and a 75% chance of receiving a C in a corresponding college level course. The benchmark score is meant to provide a more accurate assessment of college preparedness than looking at the composite score.³⁶ In Charlotte County, students are on average meeting the benchmark in the areas of English and reading but failing to do so in mathematics and science.³⁷

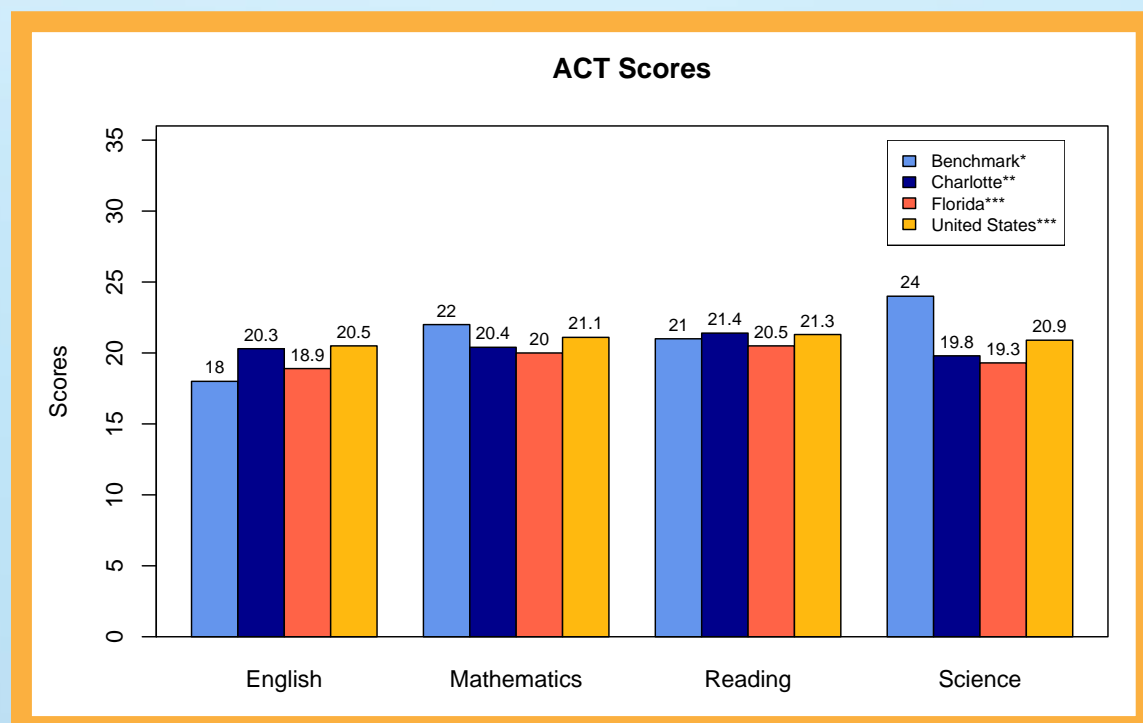


Figure 1.11
Source: ACT Profile Report 2012*; Florida Department of Education, ACT 2012 – FL Public School Avg. Scores**; ACT, Inc. 2012 ACT National and State Scores***

Like the ACT, the SAT also sets a benchmark to measure college preparedness. Meeting the benchmark score of 500 in each of the three subject-areas means a student will have a 65% chance of scoring a B- in corresponding college level course. The composite score benchmark has been set at 1550.³⁸ Charlotte County students taking the SAT appear to be meeting the individual benchmarks but failing to meet the composite benchmark.³⁹ In 2012, 61% of Charlotte County students took the ACT⁴⁰ and 37% took the SAT⁴¹. It is unknown how many students took both exams.

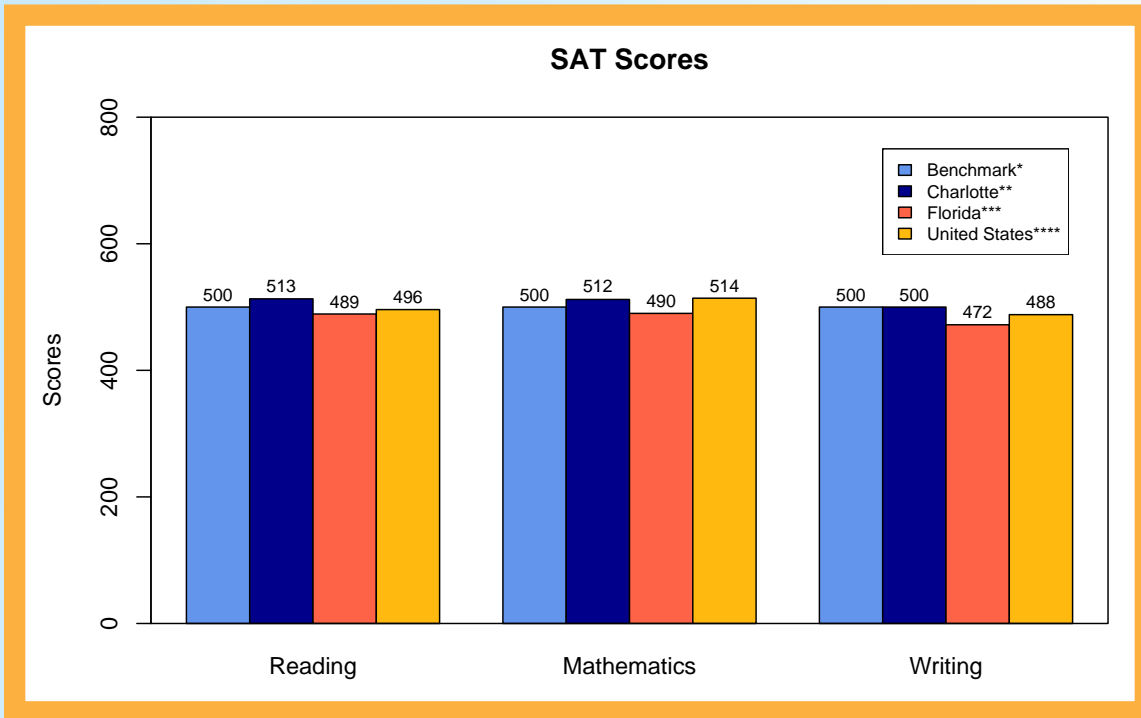


Figure 1.12
 Source: College Board "SAT Benchmarks"*, FLDOE, SAT 2012 FL Public School Avg. Scores**, The College Board, State Integrated Summary 2011-2012 Florida Public Schools***, College Board Avg. 2012 Scores****

The Advanced Placement (AP) program provides students with an opportunity to take high school courses that cover college level topics in order to prepare them for the AP exam. Students who take AP courses and successfully pass the AP Exam have the opportunity to earn college credit for their effort. By earning college credits while still in high school, students can save on tuition, books, and fees reducing their overall college costs. In 2012, only 13.8% of Charlotte County students took AP courses compared to 29.6% of students across the state⁴² and 32.4% of students across the country.⁴³

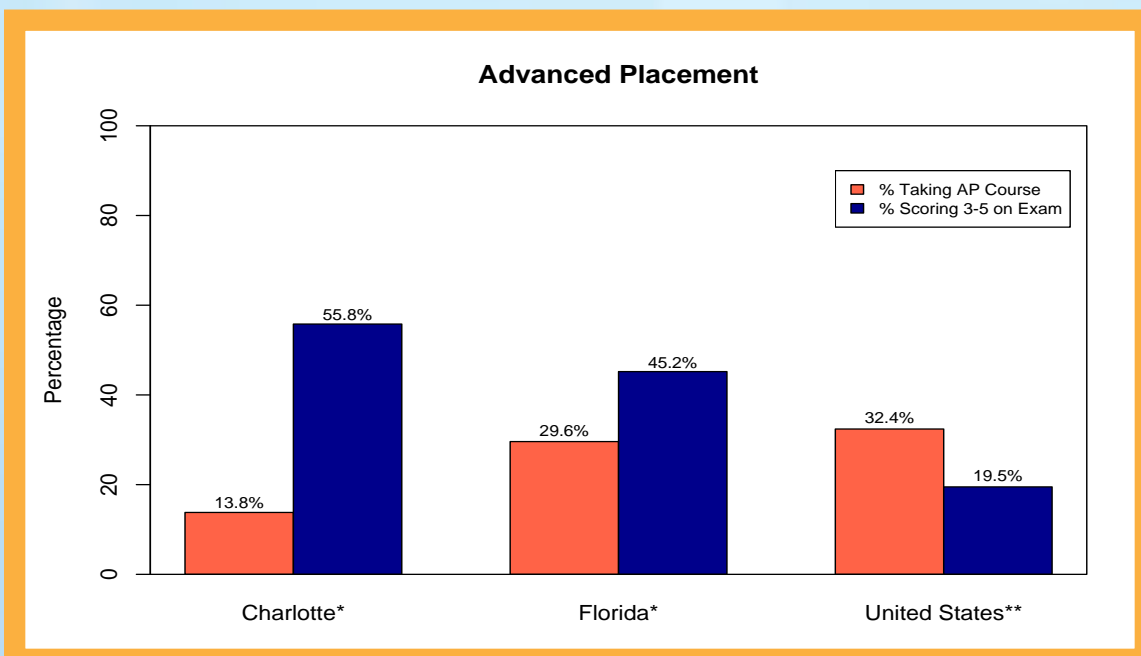


Figure 1.13
 Source: Florida Department of Education*, The College Board** 2012

FAFSA (Free Application for Student Aid)

Most students pursuing a technical certificate, associate's degree or bachelor's degree must complete a FAFSA form in order to be eligible for grants, need based scholarships, work-study opportunities, and federal student loans. **In Charlotte County alone, 76.3% of the class of 2011-2012 did not complete the FAFSA.** During the same year, 27.1% of students statewide completed the form.⁴⁴ This suggests that despite a high percentage of students indicating they plan to continue their education beyond high school, the percentage that follows through with this plan is lower than expected. This disconnect is concerning since it is projected that 58% of all jobs in the state of Florida will require some level of post-secondary education by the year 2020.⁴⁵

Post-Secondary Campuses Near Charlotte County

By attending a school close to home students can save on the cost of continuing their education. Charlotte County students have limited options for continuing their education in Charlotte County. Those wishing to pursue a technical certification have access to the Charlotte Technical Center. Students wishing to attend a college or university have the option of attending the Punta Gorda campus of Edison State College or Southwest Florida College otherwise they must leave the county. There are additional opportunities available in neighboring Lee and Sarasota counties.



Photo provided
by Charlotte
Technical Center
- Culinary Arts.

OPPORTUNITIES

- ◆ **Support early childhood development and kindergarten readiness initiatives.** Charlotte County is exceeding state averages for enrollment in VPK, but the data suggests that there is a need for improvements to the quality of kindergarten readiness programs offered by some providers. In addition, children from low-income families are often at higher risk but are also underserved.
- ◆ **Support Charlotte County Public Schools' initiatives for academic success.** High percentages of students receiving free and reduced lunches, students with disabilities, and chronic absenteeism are indicators of students at risk of academic failure. The number of students scoring at Level 1 on the FCAT further supports this need. The risk appears to be greater as students enter middle and high school.
- ◆ **Increase opportunities and reduce barriers at the high school level so that students can continue their education.** Students scoring higher on college entrance exams and AP exams are more likely to earn merit-based scholarships in order to continue their education. Furthermore, by increasing the percentage of students that take these exams and enroll in Advanced Placement courses it is likely that more students will attempt to continue their education after high school graduation.

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EMPLOYMENT



Photo provided by Gregg's Automotive

An educated and capable workforce is an essential component of a vibrant and sustainable community. Obtaining decent work with a livable wage is crucial for escaping poverty. Local economies face the challenge of meeting the employment needs of the current population in the short term, while continuing to look towards the future. Many find themselves in a low-wage/low-skill equilibrium. Employers have a demand for a low-skill/low-wage workforce, leaving little incentive to invest in human capital through on-the-job skills training or education. As a result, economic growth is slow. The cycle is hard to break without carefully coordinated strategies to attract new industries and to increase skilled talent. Failure to coordinate can result in “brain drain” where those with post-secondary training leave the area in pursuit of greater employment opportunities.¹

High unemployment and low wage jobs were frequently identified as challenges in Charlotte County throughout this study. Local human service agencies estimate that approximately 64% of their clientele earned less than \$20,000 a year. Most of their clients have past work experience in the retail and service industries, construction industry, or the military (see Appendix 3).

Of clients surveyed...

39% ARE NOT EMPLOYED

23.3% ARE EMPLOYED FULL TIME

17.6% ARE EMPLOYED PART TIME

20% ARE RETIRED

The majority lack education beyond a high school diploma. Respondents expressed that their greatest need is for job placement and training.

(see Appendix 3)

Participants at the Community Conversation identified economic development as one of Charlotte County's greatest weaknesses but also saw it as our greatest opportunity. They recognized that the community has been severely weakened by the collapse of the construction industry and that it is threatened by a lack of a ready workforce and population flight of younger residents. However, they view the existing business community as a source of strength (see Appendix 4).

UNEMPLOYMENT/LABOR FORCE

Following the economic downturn in 2007, unemployment rates began to rise. After several years of increases, Charlotte County's unemployment rates have finally started to drop and currently sit at 6.9% (May 2013). The unemployment rate nearly doubled from 4.9% to 8.1% between 2007 and 2008 and peaked at 12% in 2010. Rates were consistently higher than the state and national unemployment rates until this year.²

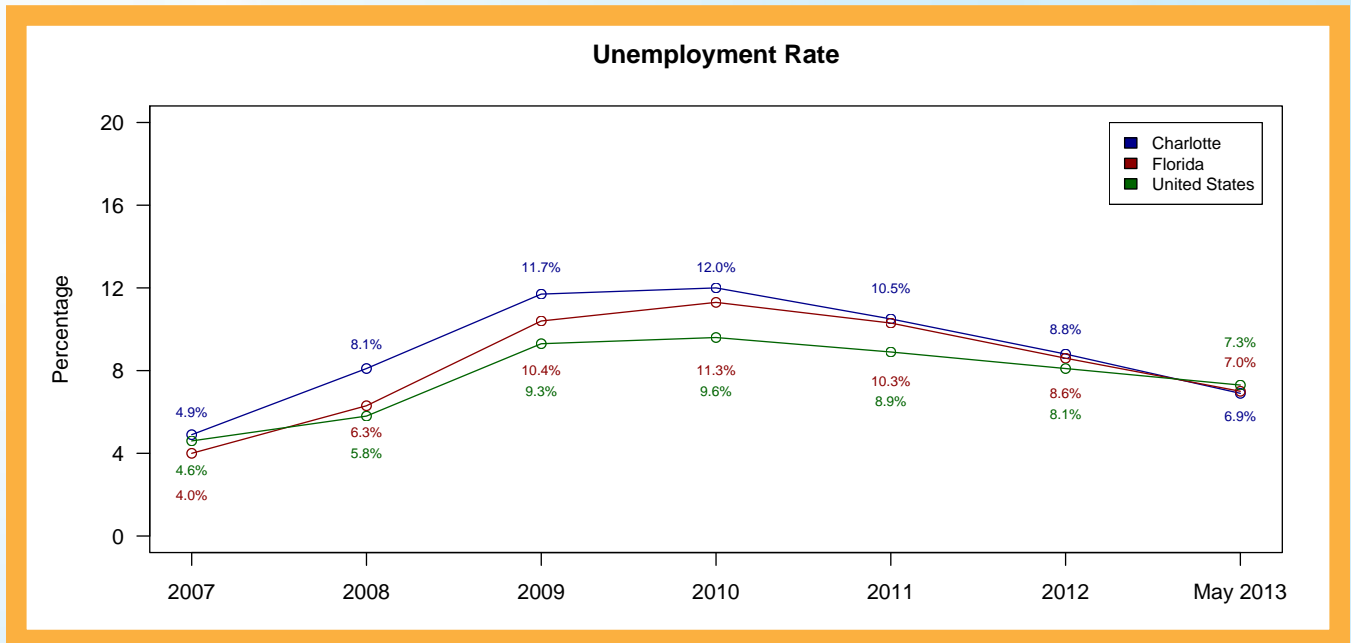


Figure 2.1 Source: Bureau of Labor Statistics

At the same time, the size of Charlotte County's labor force has grown slightly since the start of the recession, with the exception of 2008 and 2009 when there was some decline (see Appendix 1).³

The Southwest Florida Workforce Development Board, Inc. reports that there is a ratio of 1.4 unemployed individuals to every one job opening in Charlotte County (May 2013). Underemployment is an issue that is difficult to measure. Fifty-four percent of the current jobs posted with an education requirement were seeking someone with a high school diploma or less. Sixty-three percent of current job seekers have education beyond a high school diploma (July 2013),⁴ which indicates that we need higher paying, higher "knowledge based" jobs.



Photo provided by Goodwill Industries of Southwest Florida.

POVERTY

It became evident throughout this study that poverty was the common link with each area of concern. With an increase in unemployment came an increase in poverty rates. Charlotte County, like much of the rest of the country, saw an increase in poverty rates during the recession. While lower than the state and national rates, Charlotte County's poverty rate still increased from an estimated 9.0% in 2007 to 11.9% in 2011. The rate peaked at 13.5% in 2010⁵. For 2013, the federal poverty threshold is \$23,550 for a household of four (see Appendix 1).⁶ For more information on poverty in Charlotte County reference Section Five.

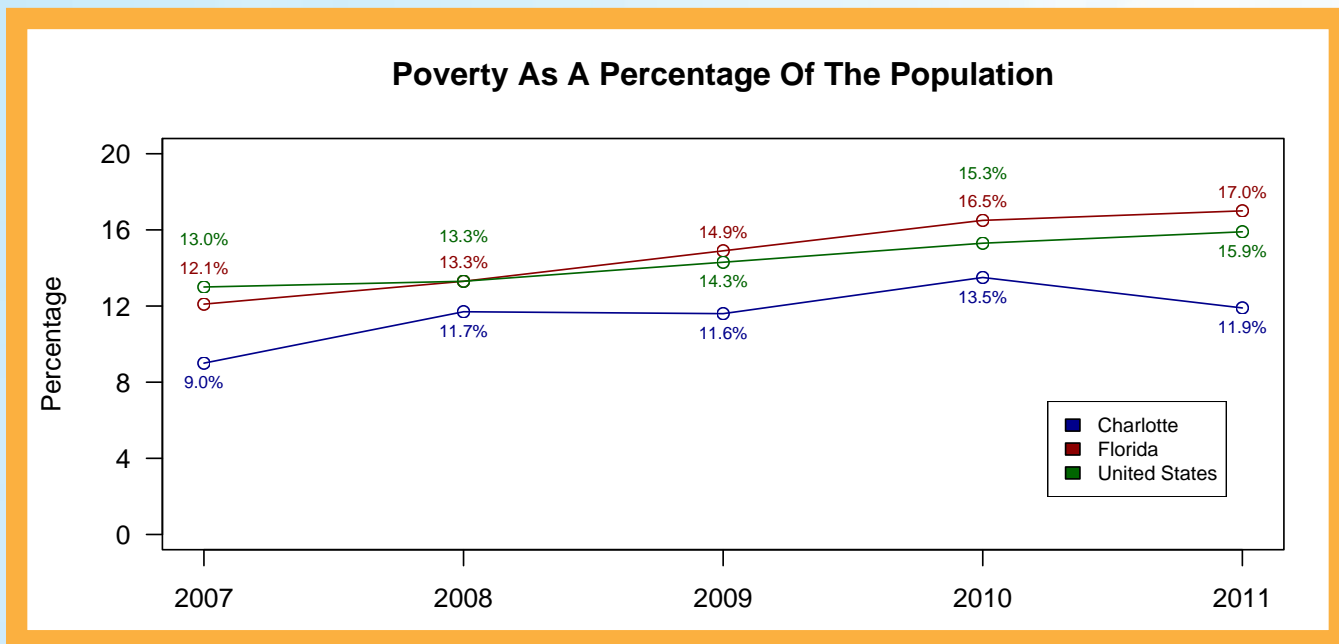


Figure 2.2 Source: American Community Survey, 1-year estimates, Table CP03

HOUSEHOLD INCOME

The median household income has decreased in Charlotte County since the start of the recession in 2007 from \$50,696 to \$41,190 in 2011. Furthermore, the county lags behind the state of Florida (\$44,299) and the nation (\$50,502) (see Appendix 1).⁷ **On average, employees earn five dollars, or 25%, less per hour in Charlotte County (\$14.88) than the state average (\$19.89).⁸**

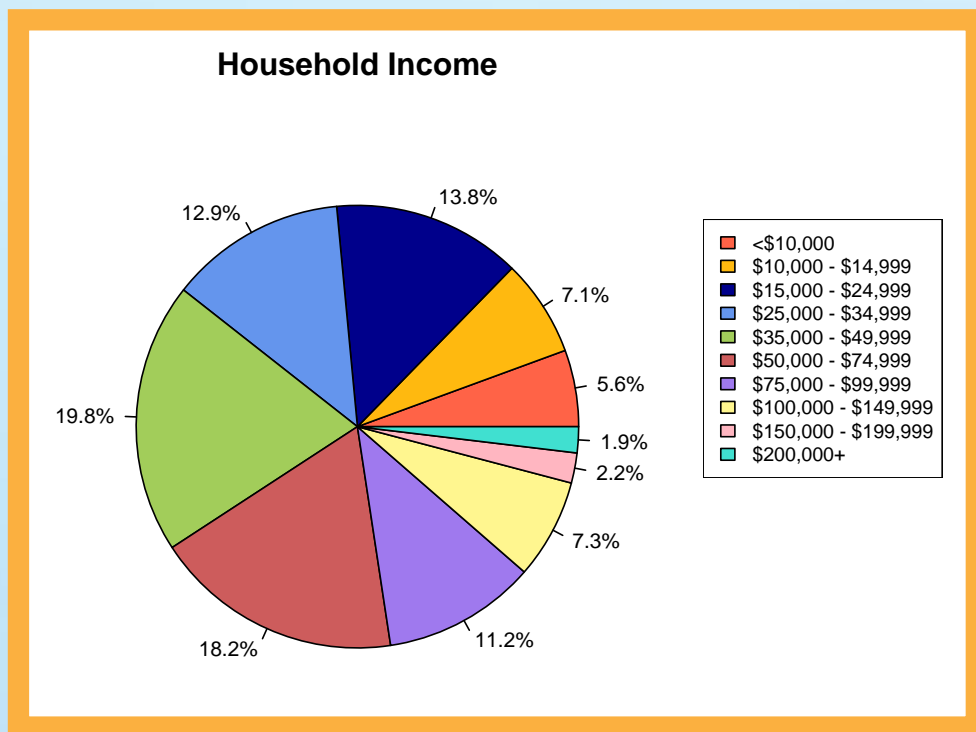


Figure 2.3 Source: American Community Survey, 2011, table CP03

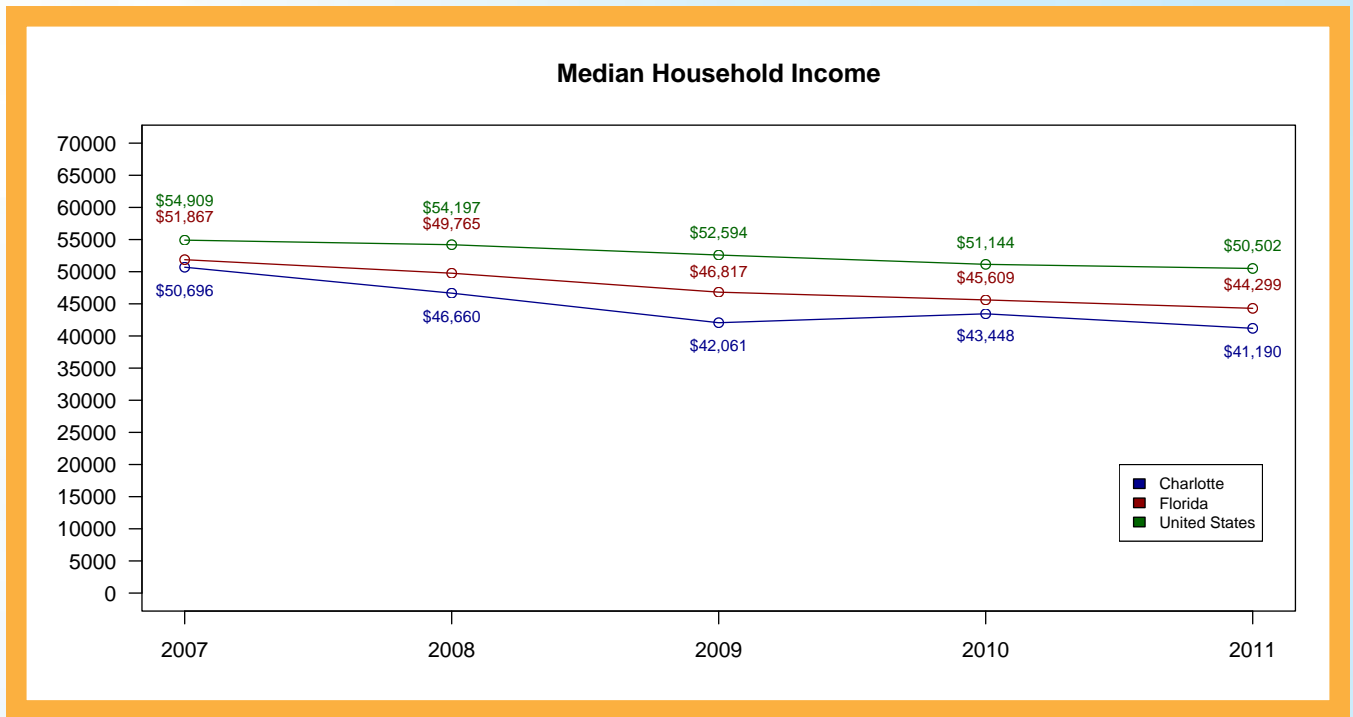


Figure 2.4 Source: American Community Survey, 1 yr. estimates, table CP03

HOUSEHOLD INCOME AND SOURCES

Charlotte County has a substantially larger percentage of households whose income comes from Social Security benefits and retirement income and fewer households with income coming from salary earnings. Only 54.5% of Charlotte County households receive income from salary earnings compared to 72.2% of Florida households and 77.7% of households nationwide. On the other hand, 58% of Charlotte County households receive Social Security benefits and 38.4% receive retirement income.⁹ It is unknown what percentage of those earning Social Security are receiving retirement benefits and what percentage are receiving disability benefits from the Social Security Administration (see Appendix 1).

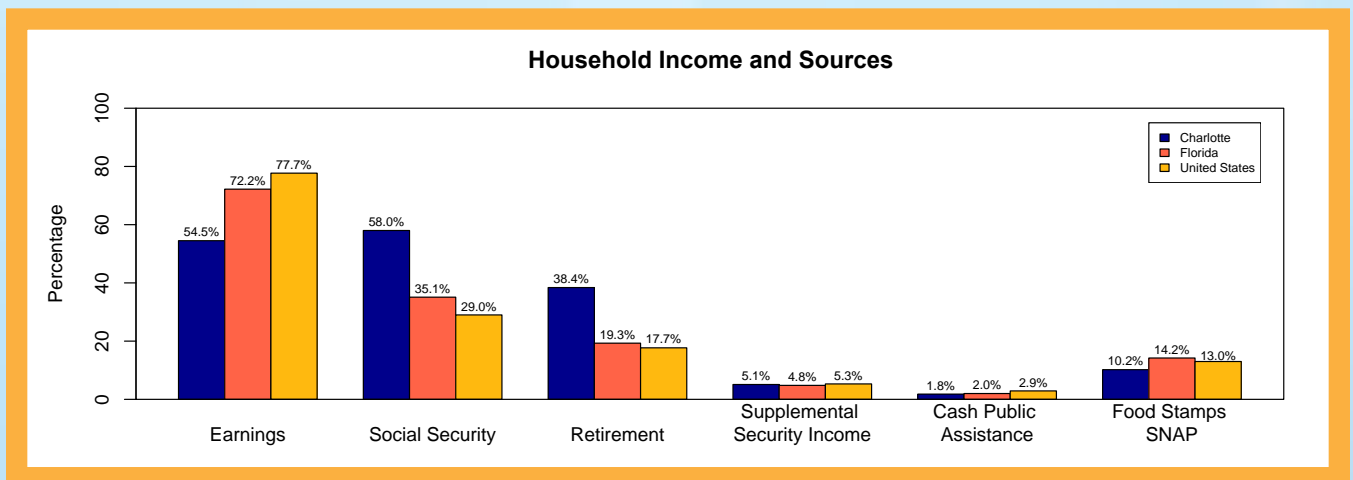
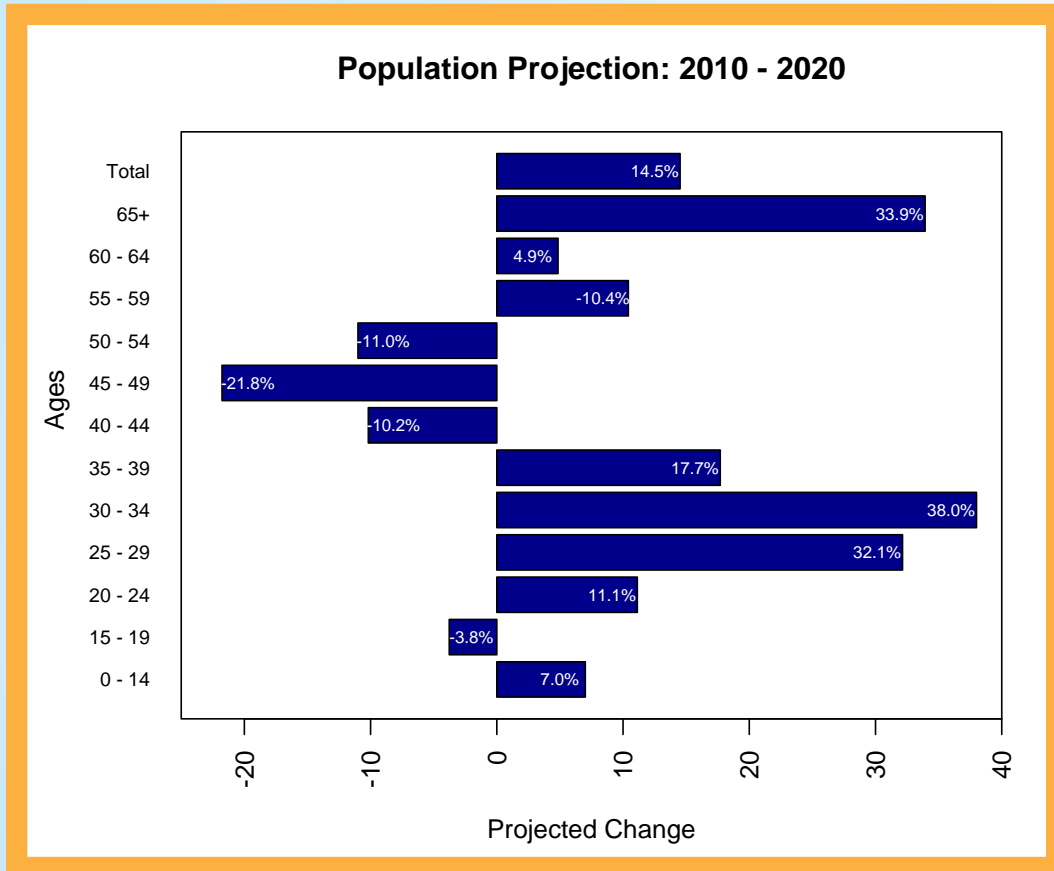


Fig 2.5 Source: American Community Survey, 2011 1 year estimate Table DP03

WORKFORCE

The population ages 15 to 64 typically make up the majority of the labor force, with those ages 25 to 54 considered at the peak of their careers when earnings are typically highest.¹⁰ While this population is projected to increase by 3.58% between 2010 and 2020, the majority of growth will come from those ages 20 to 39, while the population ages 40 to 54 is expected to decrease. Additionally, the population age 65 and older is projected to increase by 33.93% in 2020¹¹ representing a large percentage of the county's population likely to drop out of the workforce.



The population age 65 and older is projected to increase by 33.93% in 2020 representing a large percentage of the county's population likely to drop out of the workforce.

Figure 2.6 Source: Charlotte County Economic Development Office, "Charlotte County Demographic Profile", 2013.



Photo provided by Sun Trust Bank

SPOTLIGHT

Local Currency boosts communities economy and assists those who are unemployed or underemployed

It may seem like Monopoly money to outsiders, but a growing number of communities across the U.S. are using homegrown local currencies to stimulate their economies and protect themselves from the nation's broader economic woes.

While there were only about 20 active community currencies in the United States in 2009, there has been a recent resurgence, with at least a dozen communities developing their own currencies in the past couple of years, estimates Loren Gatch, a professor of political science at the University of Central Oklahoma who researches these alternative currencies. In addition, currencies that have been around for years have seen a spike in interest, with membership doubling in some cases.

Francis Ayley, the founder of Life Dollars, a currency started in Bellingham, Wash., in 2004, said fear of a shortage of U.S. dollars and frustration with the growing wealth gap in the country are driving more people to his currency. "Many people are short of cash because they are unemployed or under-employed ... many are questioning what they have been told about the economy and the way the free market supposedly works," said Ayley.

Local Trade Partners, in Fayetteville, Ark., combines a local currency called the "Trade Dollar," which is equal to one U.S. dollar, with old-fashioned bartering. An owner of an auto repair shop could change the oil in someone's car, for example, and the car's owner could pay them in Trade Dollars. The repairman could then use that money at the local restaurant, or even at the orthodontist. And because the aim is to help local businesses, members must be locally-owned -- no big corporations allowed.

"When you go to Home Depot and buy \$100 worth of lumber, some of that profit is leaving your town and going to a different part of the world, never to come back," said Rich Creyer, co-founder of the currency. "By making trade money, we have created a sealed system. It's our own little economy and country in a fishbowl."

Source: Ellis, Blake. (2012, January 18). Local currencies: 'In the U.S. we don't trust'. CNN Money. Retrieved from http://money.cnn.com/2012/01/17/pf/local_currency/index.htm.

EMPLOYMENT BY INDUSTRY

Charlotte County's economy is largely supported by three industries: trade, transportation, and utilities (27.02%); education and health services (25.12%); and the leisure and hospitality industry (15.51%). **The county's largest industry, construction, has been cut in half since 2007** while industries like leisure and hospitality, and education and health services have grown. Charlotte County lags behind the state in industries such as Manufacturing, Financial Activities, and Professional and Business Services (see Appendix 1).¹²

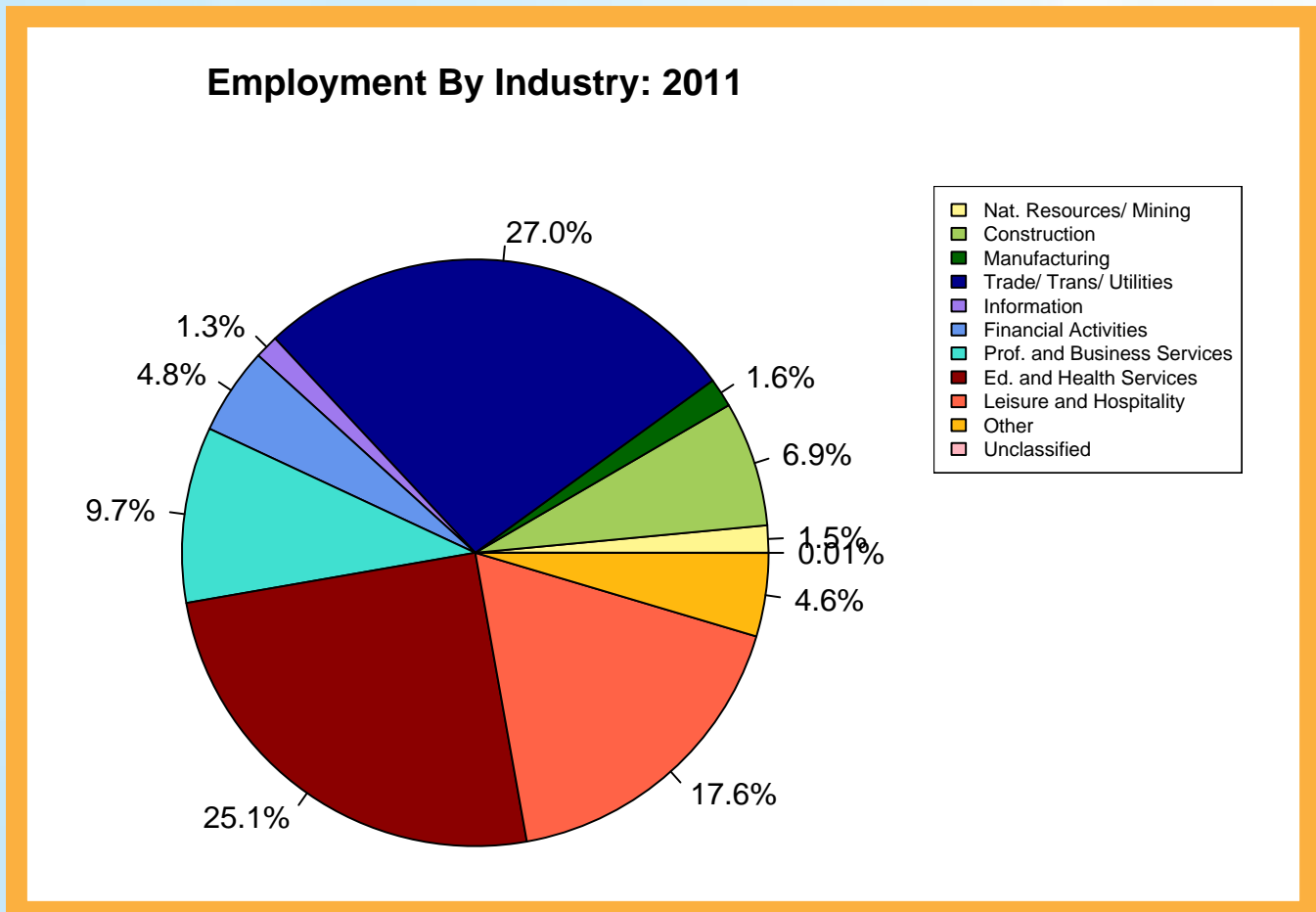


Figure 2.7 Source: Bureau of Labor Statistics, Quarterly Census of Employment and Wages, 2011 Annual Average



Photo provided by Publix Super Markets

GROWTH PROJECTIONS BY INDUSTRY/OCCUPATION

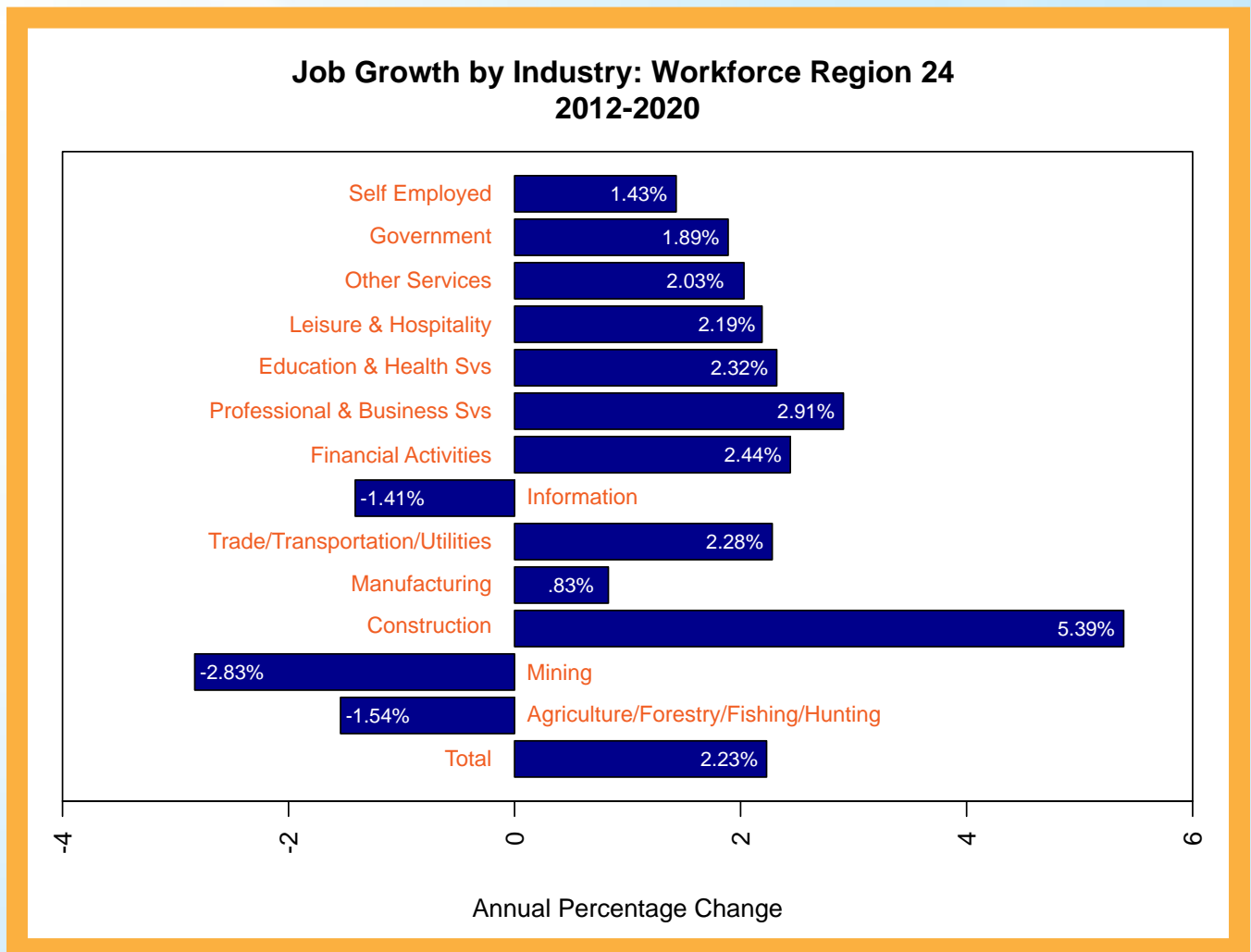


Figure 2.8 Source: Florida Department of Economic Opportunity, Employment Projections Data, 2012 – 2020

The Florida Department of Economic Opportunity (DEO) divides the state into 24 workforce regions. Charlotte County is part of Workforce Region 24, which is also comprised of Collier, Glades, Hendry, and Lee Counties. The DEO projects that job growth for the region will grow annually by 2.23% through 2020. Industries such as Agriculture, Forestry, Fishing and Hunting, Mining, and Information are projected to decline annually while all others industries are projected to grow and/or reclaim the jobs that were lost since 2007.¹³

Further, DEO identifies the fastest growing occupations within these industries based on projected growth between 2012 and 2020. Of those, 15 require a vocational certificate and 3 require an associate's degree. Only 1 requires a bachelor's degree and 1 requires less than a high school diploma.¹⁴ This suggests that while it will be important for high school graduates to continue their education a bachelor's degree is not necessarily required.

| Fastest Growing Occupations 2012 – 2020: Workforce Region 24 | | | |
|---|---------------------|------------------------|------------------|
| Occupation | Annual % Chg | 2012 Avg. Hr \$ | Education |
| Brick/Block Masons | 6.41% | \$16.66 | Vocational Cert. |
| Glaziers | 6.00% | \$16.12 | Vocational Cert. |
| Cost Estimator | 5.99% | \$26.66 | Associate Deg. |
| Cement Masons | 5.81% | \$14.62 | Vocational Cert. |
| Drywall/Ceiling Tile Installer | 5.61% | \$15.19 | Vocational Cert. |
| Plasterer/Stucco Masons | 5.25% | \$15.50 | Vocational Cert. |
| HVAC Mechanic & Installer | 4.82% | \$19.72 | Vocational Cert. |
| Construction Equipment Operator | 4.74% | \$18.27 | Vocational Cert. |
| First-Line Construction Supervisor | 4.70% | \$26.65 | Associate Deg. |
| Sheet Metal Workers | 4.54% | \$17.28 | Vocational Cert. |
| Market Research Analyst | 4.53% | \$29.72 | Bachelor Deg. |
| Construction Laborers | 4.48% | \$13.04 | < HS Diploma |
| Paralegal/Legal Assistant | 4.47% | \$21.09 | Vocational Cert. |
| Welders/Cutters/Solderers/Brazers | 4.46% | \$16.19 | Vocational Cert. |
| Tile and Marble Setters | 4.32% | \$15.85 | Vocational Cert. |
| Loan Officers | 4.31% | \$36.10 | Associate Deg. |
| Diagnostic Medical Sonographer | 4.24% | \$32.41 | Vocational Cert. |
| Security/Fire Alarm System Installer | 4.07% | \$18.16 | Vocational Cert. |
| Painters/Construction/Maintenance | 4.06% | \$14.63 | Vocational Cert. |
| Industrial Machinery Mechanics | 4.04% | \$20.69 | Vocational Cert. |

Figure 2.9 Source: Florida Department of Economic Opportunity

OPPORTUNITIES

◆ Increase educational attainment beyond high school.

There is little doubt that there is a correlation between education and higher earnings. For decades, one could maintain a middle class lifestyle with a high school diploma. However, that trend has continued to shift. For many jobs, a high school diploma is no longer sufficient. As of 2012, 59% of all jobs nationally required some form of post-secondary education or training. It is anticipated that this number will increase to 66% by the year 2020.¹⁵ Statewide, 58% of all jobs are expected to require some form of postsecondary education by the year 2020.¹⁶ Of the top 20 occupations for Workforce Region 24, the majority requires some form of post-secondary education but not necessarily a Bachelor's degree.¹⁷ Alternative methods of attaining post-secondary education without getting a bachelor's degree include associate's degrees, post-secondary certificates, employer based training, apprenticeships, and industry-based certifications. These alternatives provide a more cost effective way of attaining a post-secondary education without the high costs associated with a four-year degree. These programs are often shorter with more specific training and offer comparable earning potential.

◆ Diversify the local economy

Lack of economic diversification makes a region susceptible to downturns, and as a result, a slow recovery.¹⁸ The majority of Charlotte County's employment is in three industries: trade, transportation and utilities; education and health services; and leisure and hospitality, and needs to expand to additional areas in order to better weather economic downturns.

Furthermore, Charlotte County has a history of relying on cyclical industries like construction, which was hit harder than many during the most recent economic downturn. Yet, projections from the Department of Economic Opportunity suggest that the construction industry will see the most growth between 2012 and 2020. Not only will the industry as a whole see significant growth, but also the majority of the fastest growing occupations in Region 24 are part of the construction industry. While this growth is encouraging, the community as a whole must be prepared for future downturns by growing other industries and be poised to be creative in diversifying the local economy.



Photo provided by
United Way

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FAMILY SERVICES



Photo provided by Joseph Resendez, Florida Weekly

A person’s overall health and well-being begins at home. Their support system plays a vital role in laying the foundation for a productive and healthy future, whether at school or at work, and spreads beyond the individual to impact the entire community. The make up of the family has evolved beyond the nuclear family to include multi-generations, grandparents serving as primary caregivers, single parent households and others. The importance of family was also a concern of the Charlotte County community throughout this assessment.

Participants in the Clientele and Agency Surveys expressed concern about the impact of poor parenting and risky behaviors such as drugs, crime, and abuse, as well as, inadequate support systems for youth and seniors (see Appendices 2 and 3). Participants in the Community Conversation questioned whether or not an aging community could maintain a sense of hometown pride. It became apparent that young adults leave the community due to lack of professional job opportunities. Furthermore, participants identified an opportunity for seniors to serve as mentors for the community’s youth population (see Appendix 4).

FAMILIES

Charlotte County is home to an estimated 45,444 families. Only 18.7% of these families have children under the age of 18 and 63.3% have one or more person over the age of 60. The average family size is 2.76, slightly smaller than the state (3.26) and national (3.25) averages. Approximately 18.73% of families are single-parent families.¹

Family Violence

In 2010, the Florida Department of Children and Families received 5.14 reports of child abuse per 1,000 children in Charlotte County compared to 3.68 reports statewide. This number is up from 2006 when 3.7 cases were reported per 1,000 children.² In the same year, the Center for Abuse and Rape Emergencies (C.A.R.E.) reported serving 46 youth, under the age of 18 in its shelter and 35 youth in its outpatient services program; 8 sexual assault victims between the ages of 12 and 18 were served by C.A.R.E. The number of domestic violence victims under the age of 18 served by C.A.R.E.'s shelter has declined; however, the number of sexual assault victims between the ages of 12 and 18 served by C.A.R.E. doubled between 2010 and 2011 and again in 2012 reaching 35.³

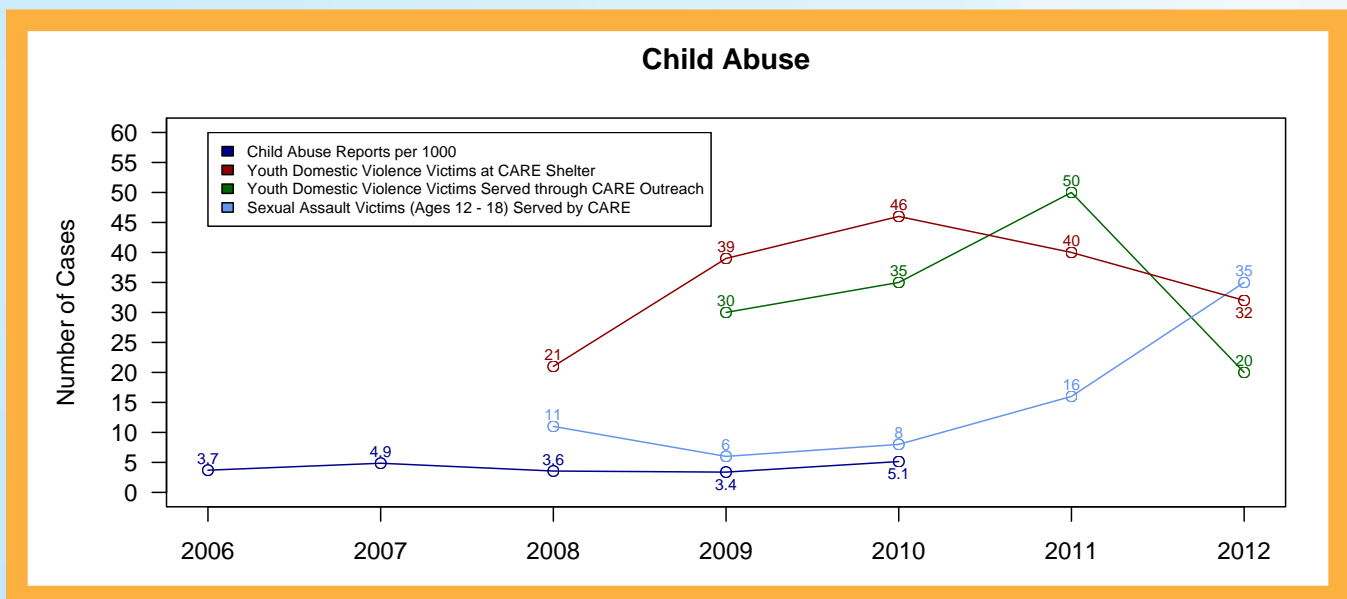


Figure 3.1 Source: Juvenile Justice Council, Risk Factor Indicator Inventory, 2013

Charlotte County has 214 children served by the child welfare system as of June 30, 2013. This number has continued to increase over the past year. In July 2012, only 131 children were being served.⁴

In an effort to prevent children from entering the formal foster care system more emphasis has been placed on diversion. This program works directly with families at risk of losing their children to develop a plan of action and to keep the children in the home. During the past year (FY 2012-2013) 175 children in 100 families were served in Charlotte County.⁵

The number of adult clients served by C.A.R.E.'s shelter has decreased since 2008; however, the number served by their outreach services increased during the same time. Like the number of youth sexual assault victims, the number of victims between the ages of 18 and 29, served by C.A.R.E., increased significantly since 2008.

Adult Domestic Violence

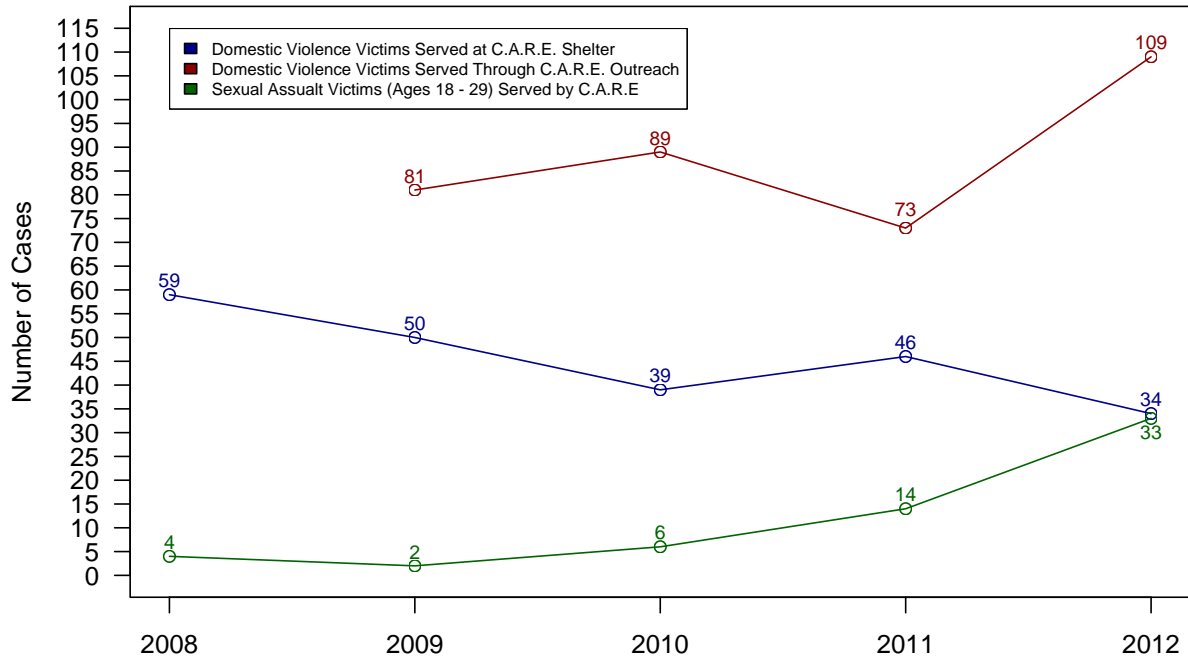


Figure 3.2 Source: Juvenile Justice Council, Risk Factor Indicator Inventory, 2013

Photo provided by
AMIKids Crossroads.



Photo provided by
Big Brothers Big Sisters
of the Sun Coast.

YOUTH SERVICES

Developmental Assets

In 1990, Search Institute released a framework of 40 Developmental Assets, which identifies a set of skills, experiences, relationships, and behaviors that enable young people to develop into successful and contributing adults. Over the following two decades, the Developmental Assets framework and approach to youth development became the most frequently cited and widely utilized in the world, creating what Stanford University's William Damon described as a "sea change" in adolescent development.

Data collected from Search Institute surveys of children and youth from all backgrounds and situations has consistently demonstrated that the more Developmental Assets young people acquire, the better their chances of succeeding in school and becoming happy, healthy, and contributing members of their communities and society. The Charlotte County Children's Services Council will be conducting a survey of all Charlotte County high school students in August 2013 to determine what the level of Developmental Assets are among our community's youth.

Juvenile Offenses

The Department of Juvenile Justice received referrals for 779 criminal offenses during the 2011-12 fiscal year. While, this number is up slightly from the previous year, the number of referrals has been decreasing over the past five years, down from 1,040 in 2007-08. Of the offenses in 2011, 168 were felonies, 419 were misdemeanors, and 192 were classified as other offenses. White males committed 54.69% of all juvenile offenses, and white females committed 23.11% offenses. The number of offenses increased with age group; 58.79% of offenses were committed by youth age 16 and older. Only 17 youth referred in 2011 were committed to a residential facility while under the supervision of the Department of Juvenile Justice; 307 youth were referred to diversion programs and 194 received probation. ⁶

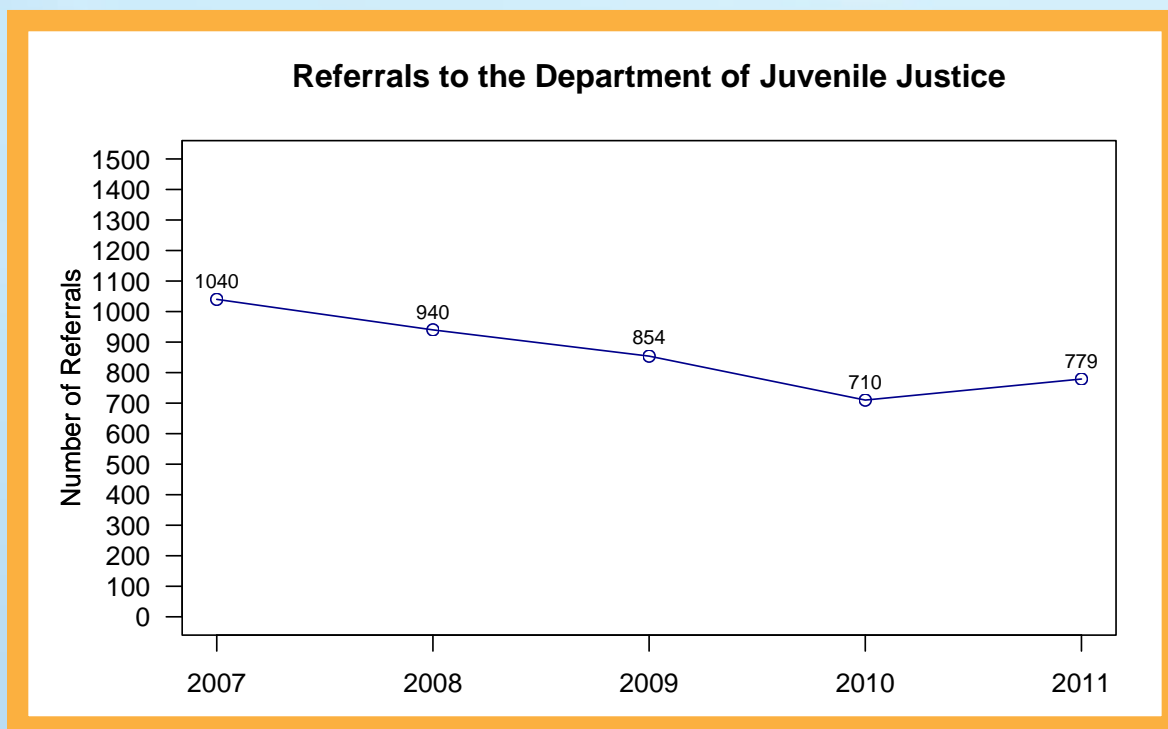
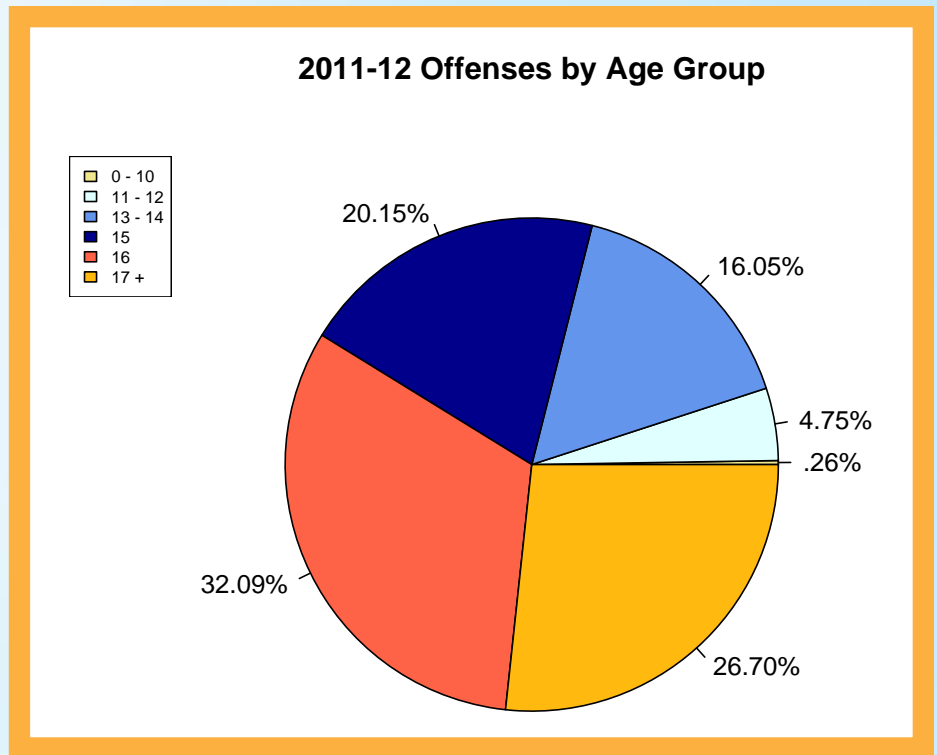


Figure 3.3
Source:
Florida
Department
of Juvenile
Justice,
Delinquency
Profile

Figure 3.4
 Source:
 Florida
 Department
 of Juvenile
 Justice,
 Delinquency
 Profile



Drug related felonies are down among youth in Charlotte County over the past five years

Drug/Alcohol Use

Drug related felonies are down among youth in Charlotte County over the past five years; however, drug related misdemeanors are on the rise after dropping in 2008-09. In 2007-08, there were 24 drug felony cases referred to the Department of Juvenile Justice. By 2011-12, this number had dropped to eight. The number of misdemeanor drug offenses dropped from 102 in 2007-08 to 79 the following year. The number has continued to rise since then and was up to 107 offenses by 2011-12. Alcohol offenses have increased from 6 in 2007-08 to 20 in 2011-12.⁷

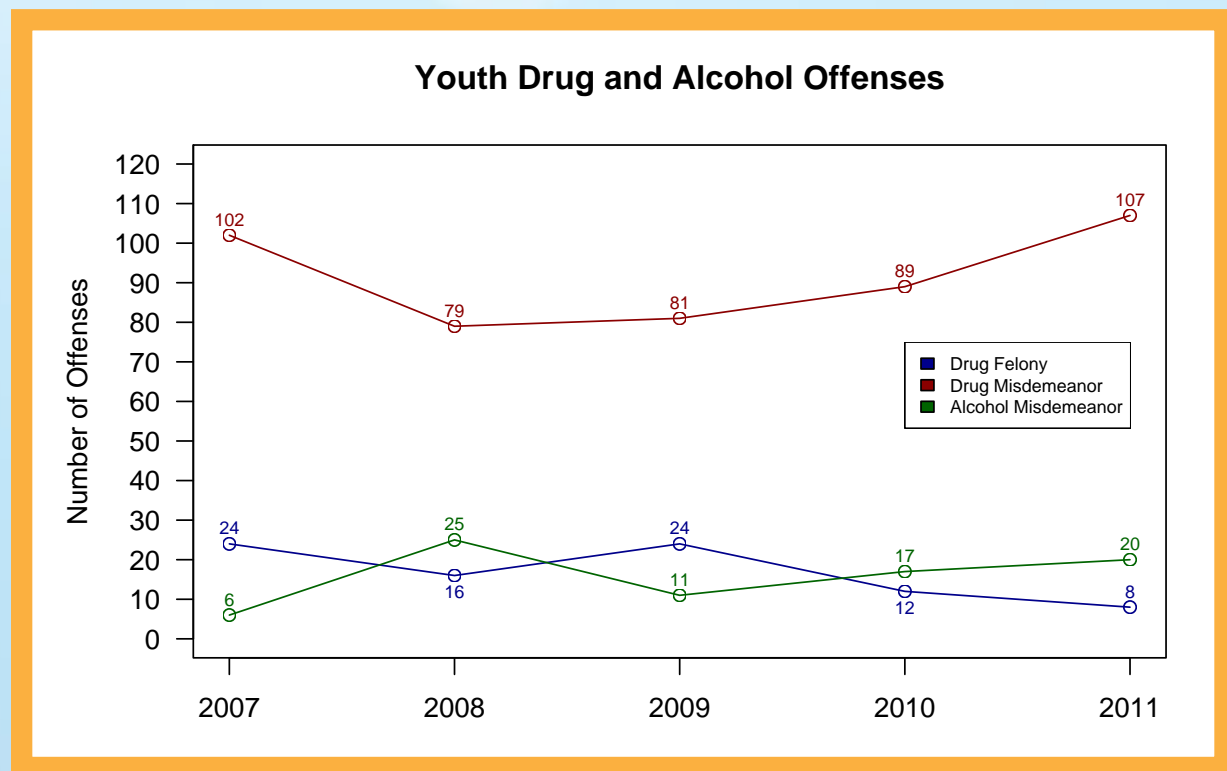


Figure 3.5 Source: Department of Juvenile Justice, Delinquency Profile

Furthermore, 6.5% of Charlotte County students, grades 6 thru 12 surveyed by the Florida Youth Substance Abuse Survey, said they participated in selling drugs compared to 5.0% of students statewide. In addition, 13.1% reported being drunk or high at school compared to 11.2% of students statewide. Forty-seven percent of youth reported having used alcohol at some point in their lifetime down from 69% in 2002. Thirty-eight percent reported having used some type of illicit drug at some point in their lifetime down from 45% in 2002. Despite being lower than rates in 2002, the percentage of those reporting having used drugs at some point in their lifetime is on the rise again after declining for several years.⁸

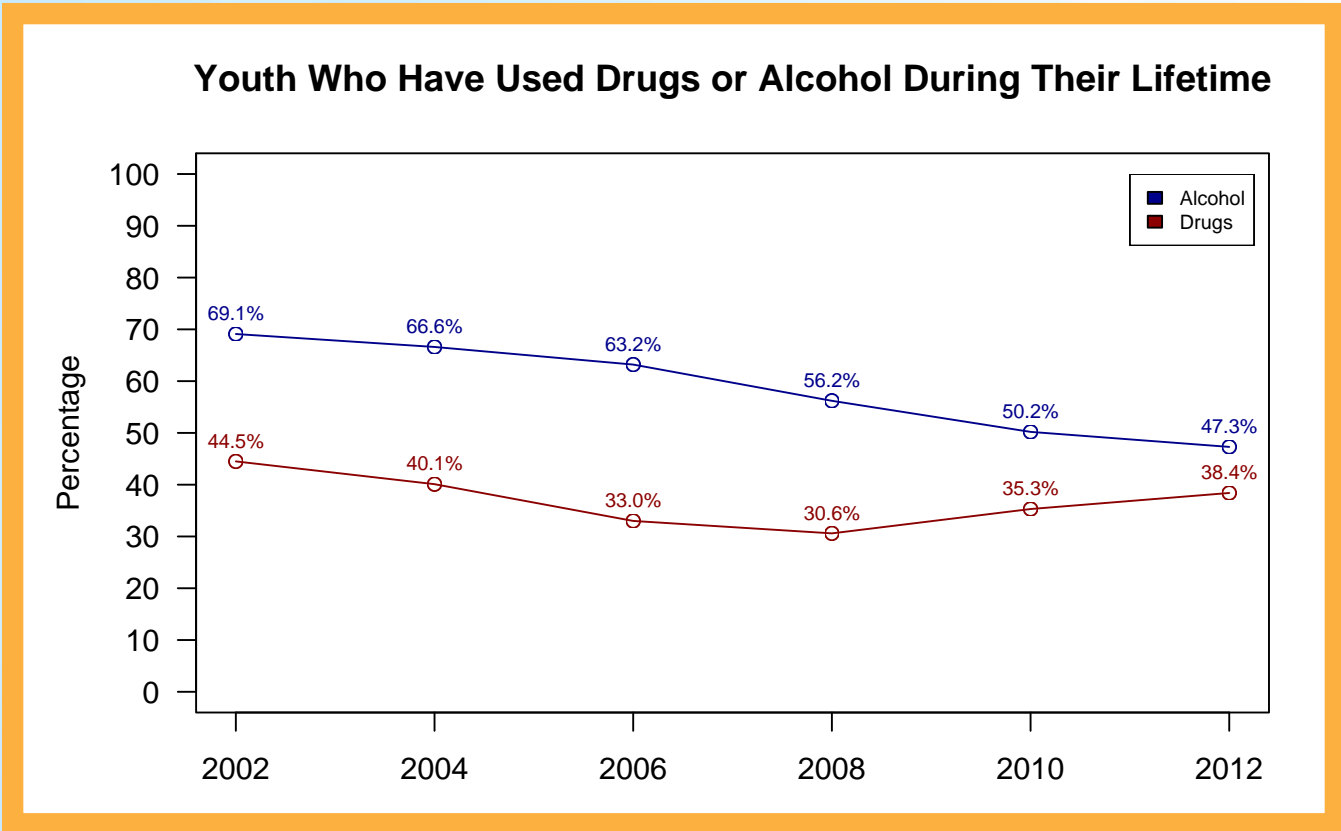


Figure 3.6 Source: Florida Youth Substance Abuse Survey, 2012 Note: Survey administered in even years



Extra Curricular Activities

Participation in extra curricular activities has long been associated with positive youth development. Studies have shown that involvement in such programs has a positive impact on students' performance in the classroom, and also acts as a deterrent against risky behavior associated with adolescence.⁹

Participation rates in extra curricular activities by Charlotte County youth are consistent with rates for youth across the state. Of those surveyed in the Florida Youth Substance Abuse Survey, 37% said they participated in school sports, an additional 34% participated in sports outside of school, 11% participated in the school band, 26% participated in school clubs, and 12% participated in community based clubs.¹⁰

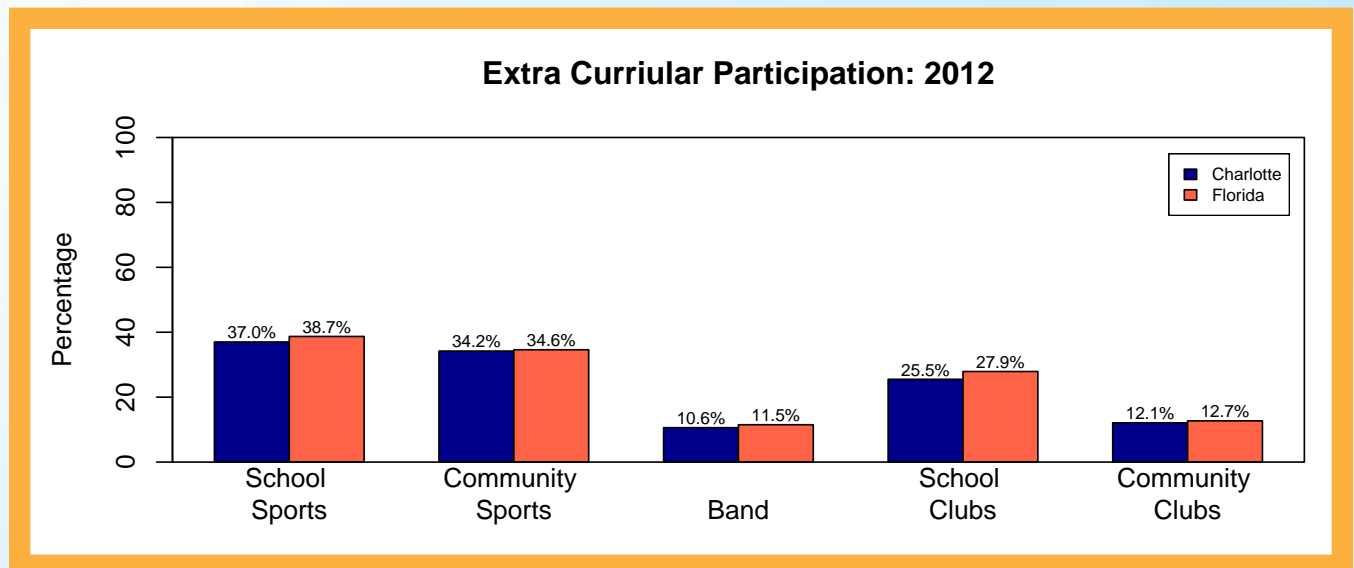


Figure 3.7 Source: Florida Youth Substance Abuse Survey, 2012

A number of extracurricular programs are available for youth in Charlotte County. Charlotte County Community Services, the Charlotte County Family YMCA, the South County YMCA (Englewood Branch), Pop Warner, and AAU offer programs such as dance, aquatics, and sports leagues. Through Charlotte County Public Schools, students can participate in activities such as band, clubs, theater, and sports. The Boys and Girls Clubs provide youth opportunities to develop character and leadership skills, participate in fine arts programs, sports, and education and career development programs. Organizations such as Boy Scouts, Girl Scouts, 4-H, and Civil Air Patrol provide leadership development opportunities.

Despite numerous opportunities available for youth with a wide variety of interests, there are still barriers to participation for children in low-income families. Most programs have a cost associated with participation. Some programs offer scholarship assistance, but for those that do not the cost can be substantial. In addition to program costs, other issues such as transportation and family work schedules create barriers to participation.



Photo provided by
South County Family YMCA
Maria Lyle Photography

SPOTLIGHT

Highlighting a positive community initiative: Parkside

After 50 years, the heart of Port Charlotte had become an area that few wanted to call home. Businesses were leaving and store-fronts left empty. Many residential properties neglected or abandoned all together. The remaining residents and businesses were dealing with the increasing problems of homelessness, criminal activity, and an overall lost sense of community. It was time for this area to be revitalized and brought back to the neighborhood it once was and to rekindle the spirit of hometown pride through significant financial investment/commitment, strong leadership, community ownership, and new partnerships.

Below is the executive summary taken from the ‘Citizens’ Master Plan’ adopted August 16, 2011. (Full copy is available at www.charlottefl.com/cra). The plan outlines an older area in Port Charlotte now referred to as ‘Parkside’ and provides a blueprint of proposed changes to come over the next several years. Regular updates and progress reports are developed and shared with the many community partners within the district and anyone else interested. Regular update on progress helps keep the momentum for revitalizing this area alive. In addition, TEAM Port Charlotte d/b/a TEAM Parkside was developed to serve as the liaison between Charlotte County Government and the citizens and businesses within the Parkside area. TEAM Port Charlotte is a not-for-profit, 501c3 made up of area residents and other community volunteers, professionals, laymen, and clergy. Under its umbrella there are established committees; Communications/ Fundraising, Lakes & Waterways, Housing, Parkside Tree Canopy Restoration, Parkside Business, Communities for a Lifetime, and Weed and Seed that develop, undertake, and implement various projects that complement the overall Citizens’ Master Plan and help to keep the overall plan mission, and progress moving forward with citizen participation and input.

The Parkside project commitment is currently approved and will take place over the next 20 years with an anticipated investment of \$21 million dollars.

EXECUTIVE SUMMARY

On September 21, 2010, the Board of County Commissioners (Board) unanimously approved the Parkside area as a Community Redevelopment Area (CRA). This action demonstrated recognition of the need to revitalize the CRA area and the will to positively impact the historic residential and business center of Charlotte County.

Through the CRA process, the Board established a means by which revitalization of and reinvestment in the area would occur. Key to this process was the Board’s wish to see a private/public partnership formed in which the public would share in the development and implementation of the Citizens’ Master Plan (Plan). Citizens responded individually and collectively. For example, an effective district partner formed TEAM Port Charlotte, a not-for-profit, 501c3. They have offered tremendous leadership and assistance in making improvements in a variety of areas in service to the district. In all, over 300 private citizens have participated and contributed to the Plan’s development. Public participation involved a robust series of public meetings, citizen and business surveys, and one-on-one stakeholder interviews, concluding with a series of well-attended public charrettes.

The Plan is written in conformity with §163.360, Florida Statute, as the district's Community Redevelopment Area (CRA) Plan. As such, it serves three main purposes:

- ◆ The Plan prescribes the actions that will be taken to revitalize the area.
- ◆ The Plan provides guidance regarding when and how the Plan initiatives will be funded.
- ◆ The Plan serves as support for grant applications to help future partners choose to fund the district's improvements.

In its 50th year, it is fitting that the district receives attention and reinvestment. The 1,100 acre area has served as the center or heart of Charlotte County's commerce for a large portion of the County's history. The district is home to approximately 8,000 residents, 800 businesses (including two of the County's three major hospitals, a prominent mall, and a large automobile dealership) and many medical, financial office, institutional and commercial retail businesses. Almost every County resident has relied on the businesses and services within the district at one time or another.

The district's development pattern is unique for Charlotte County, rivaled only by the City of Punta Gorda. The area contains a strong mix of commercial and low-, medium-, and high-density residential dwellings. The area, often thought of as a center for senior citizens actually represents all age groups, with approximately one-third youth, one-third senior and one-third young to middle age adults. The area also possesses a strong mix of social and cultural assets which, properly reconfigured, would transform this area from simply serving as a place to go for a doctor's visit to an active and bustling pedestrian-oriented community area with attractive and inviting commercial, cultural, recreation and public open spaces. The district will be looked at as, *"A Great Destination; a Great Place to Live, Work and Play."*

The Plan is comprehensive in nature, offering solutions not only to current critical problems such as higher than average crime and property maintenance violations within the district, but more importantly, it establishes a long-term vision and defines the actions that will prevent the decline from continuing and ultimately lead to renewal.

In order to accomplish this, the Plan is divided into four sections. Section 1 describes the purposes of the plan and the study area. Section 2 provides background on the conditions of the area. Section 3 provides the Plan initiatives and policies that will lead to renewal. Section 4 provides the funding plan, which includes Tax Increment Financing (TIF).

It is important to note that no single suggested improvement will mend the district; it will take time and the full list of Plan recommendations to fully transform the area. Each piece of this Plan is a critical building block for revitalizing the district as a healthy community area. It is important that work commence immediately to build upon the momentum and support of the residents and business owners.

SENIORS SERVICES

Individuals over age 65 represent approximately 36% of the county's population. **Charlotte County's senior population ranks 2nd in the state, as well as, 2nd in the nation in size behind only Sumter County,**¹¹ home to the retirement community The Villages. As life expectancy continues to increase, this population can be expected to grow. By 2020, it is expected that Charlotte County's population age 65 and older will increase by 33.93%.¹²

In conducting this assessment, it became apparent that the needs of this population are difficult to pinpoint and warrant further study. There appears to be an abundance of for-profit services for seniors, but few services for those with limited financial resources. As a result many seniors find themselves living in dangerous conditions and face issues including malnutrition, poor health, lacking in social interaction and difficulty with mobility and transportation.

Nearly 52.8% of households in Charlotte County have at least one or more persons over the age of 65 in them.

Households

Nearly 52.8% of households in Charlotte County have at least one or more persons over the age of 65 in them. An estimated 18.2% of these residents are living alone.¹³ At the same time, 41.74% of grandparents over the age of 60 are living with their grandchildren under the age of 18 and are responsible for them.¹⁴ Statewide, only 28.90% of grandparents over 60, living with their grandchildren under the age of 18 are responsible for them.¹⁵ Both situations - those living alone and those who are the primary caregiver for their grandchildren - present problems for an aging population.

Poverty

An estimated 5.6% of those over the age of 65 in Charlotte County are living in poverty compared to 10% statewide and 9.3% nationwide.¹⁶ However, an additional 10% are below 125% of the poverty guideline. Only 0.5% of seniors are without insurance¹⁷ yet 28% of seniors in Charlotte County are classified as medically underserved.¹⁸ Approximately, 14.35% of seniors over the age of 65 are eligible for Medicaid.¹⁹ Only 28% of seniors eligible for food stamps participate.²⁰ The Senior Services Division of the Charlotte County Human Services Department currently maintains a waitlist of 299 residents for senior related assistance.²¹



Photo provided by
Joseph Resendez,
Florida Weekly

Health

An estimated 34.4% of seniors in Charlotte County have a disability, which is consistent with the senior population state and nationwide. Of those 15.9% had a hearing difficulty, 5.9% had a vision difficulty, 9.7% have a cognitive disability, 19.7% have an ambulatory disability, 6.5% have a self-care disability, and 9.2% have an independent living disability.²² An estimated 4.56% of residents in Charlotte County have Alzheimer's disease²³, compared to 2.37% of residents statewide.²⁴

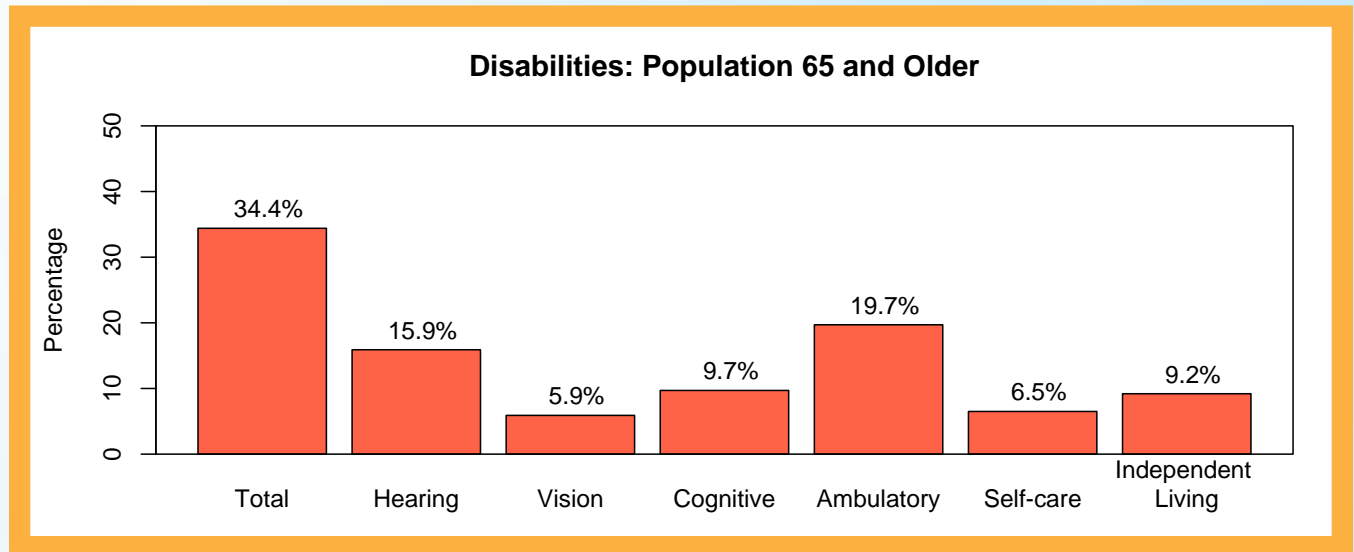


Figure 3.8 Source: American Community Survey, 2011 1 year estimate, table S1810

Charlotte County has 8 public and 1 veterans' nursing homes with 1,228 beds.²⁵ This equals 764.5 beds per 100,000 people which is well above the state average of 438 beds per 100,000 people.²⁶ Patients on Medicaid utilize 53.3% of these beds. There are also 18 assisted living facilities with the capacity to serve 1,024 clients. In addition, Charlotte County has only one adult day care facility with a capacity to serve 60 people. There are 22 adult family care homes with a capacity to serve 89 people. Of the county's 18 home health agencies, only one is Medicaid certified and 14 are Medicare certified.²⁷ Furthermore, it is unknown how seniors participating in Medicaid will be affected by the state's transition to a managed care system in 2014.

The Senior Services Division of the Charlotte County Human Services Department currently maintains a waitlist of 299 residents for senior related assistance.

| Medical Facilities | |
|------------------------------|--------------|
| Public Nursing Homes | 8 |
| Veterans' Nursing Homes | 1 |
| Total Beds | 1,228 |
| Assisted Living Facilities | 18 |
| Capacity | 1,024 |
| Adult Day Care Facilities | 1 |
| Capacity | 60 |
| Adult Family Home Care Homes | 22 |
| Capacity | 89 |
| Home Health Agencies | 18 |

Figure 3.9 Source: Florida Department of Elder Affairs 2012



*Photo provided by
Edison State College*

OPPORTUNITIES

- ◆ **Use the results of the Developmental Assets survey to further support youth development activities in Charlotte County.**
- ◆ **Increase education and awareness about youth and adult abuse.** The increasing number of sexual assault cases in youth and adults is particularly concerning.
- ◆ **Increase affordability and decrease barriers of youth extra curricular programs in an effort to deter risky youth behavior and promote positive youth development and instill a sense of community.**
- ◆ **Increase capacity and availability of quality diversion programs for juvenile offenders.**
- ◆ **Improve the availability and capacity of services for Charlotte County's large but varied senior population, in particular those with limited financial resources, through further program and resource development.**

HEALTH



Photo provided by Charlotte County Employee Health Center

In this study, the Client and Agency Surveys, as well as community members attending the Community Conversation, consistently identified health care as a need (see Appendices 2 thru 4). Social and economic factors often go hand in hand with the health of individuals as well as the community. Studies show that those who have access to education, employment, and safe environments are more likely to have access to preventative health services, which results in healthier lifestyles.¹

Rising health care costs and a recovering economy have made it difficult for many to access the health care services they need. As a result, conditions are left untreated until they become serious, leading to more expensive medical services.

41.4% of adults earning below \$25,000 said they could not see a doctor in the past year because of cost, compared to only 15% of those making more than \$25,000.

This relationship between health and socio-economic status is consistent with the findings in Charlotte County. The percentage of adults with any type of insurance increased significantly with higher income brackets, as well as, higher levels of education. Only 76.4% of those making under \$25,000 annually reported having any type of insurance compared to 88.4% earning between \$25,000 and \$49,999 annually and 93.5% earning \$50,000 or above. Furthermore, 41.4% of adults earning below \$25,000 said they could not see a doctor in the past year because of cost, compared to only 15% of those making more than \$25,000. Those with higher incomes were also more likely to receive preventative screenings such as colonoscopies, breast exams, and pap smears. They were also found to be in better overall and mental health.²

| SCREENINGS AND TREATMENT (2010) | | | | | |
|--|------------------|---------------------|-----------------------|-------------------------|------------------------|
| | Education | | Annual Income | | |
| | HS/GED | HS or higher | \$25K or under | \$25K - \$49,999 | \$50K or higher |
| Adults 50+ receiving colonoscopy in past 5 yrs | 56.9% | 61.7% | 48.4% | 61.3% | 63.3% |
| Women 18+ receiving clinical breast exam in past year | 45.8% | 67.1% | 46.0% | 56.8% | 81.0% |
| Women 18+ receiving a Pap test in past year | 47.9% | 55.3% | 41.8% | 51.1% | 72.0% |
| Adults with diagnosed high blood cholesterol | 45.7% | 43.5% | 42.9% | 38.0% | 48.0% |
| Adults with diagnosed diabetes | 10.2% | 11.5% | 13.6% | 9.4% | 8.8% |
| Adults with any type of insurance | 81.8% | 89.9% | 76.4% | 88.4% | 93.5% |
| Adults with a personal doctor | 80.7% | 89.5% | 72.8% | 89.8% | 89.4% |
| Adults who could not see a doctor in past year due to cost | 22.4% | 20.2% | 41.4% | 14.5% | 15.0% |
| Adults with good to excellent overall health | 71.4% | 82.8% | 67.9% | 88.4% | 84.6% |
| Adults with good mental health | 83.0% | 89.5% | 79.4% | 84.9% | 93.9% |

Figure 4.1 Source: Florida Department of Health, 2010 Florida Behavioral Risk Factor Surveillance System Data Report

The overall health of the Charlotte County community is further impacted by its significant aging population. The median age in Charlotte County was 55.9³, making Charlotte County one of the oldest counties in the state of Florida. Approximately 36% of the population is over the age of 65, compared to 17.8% of the population, statewide.⁴

ACCESS TO CARE

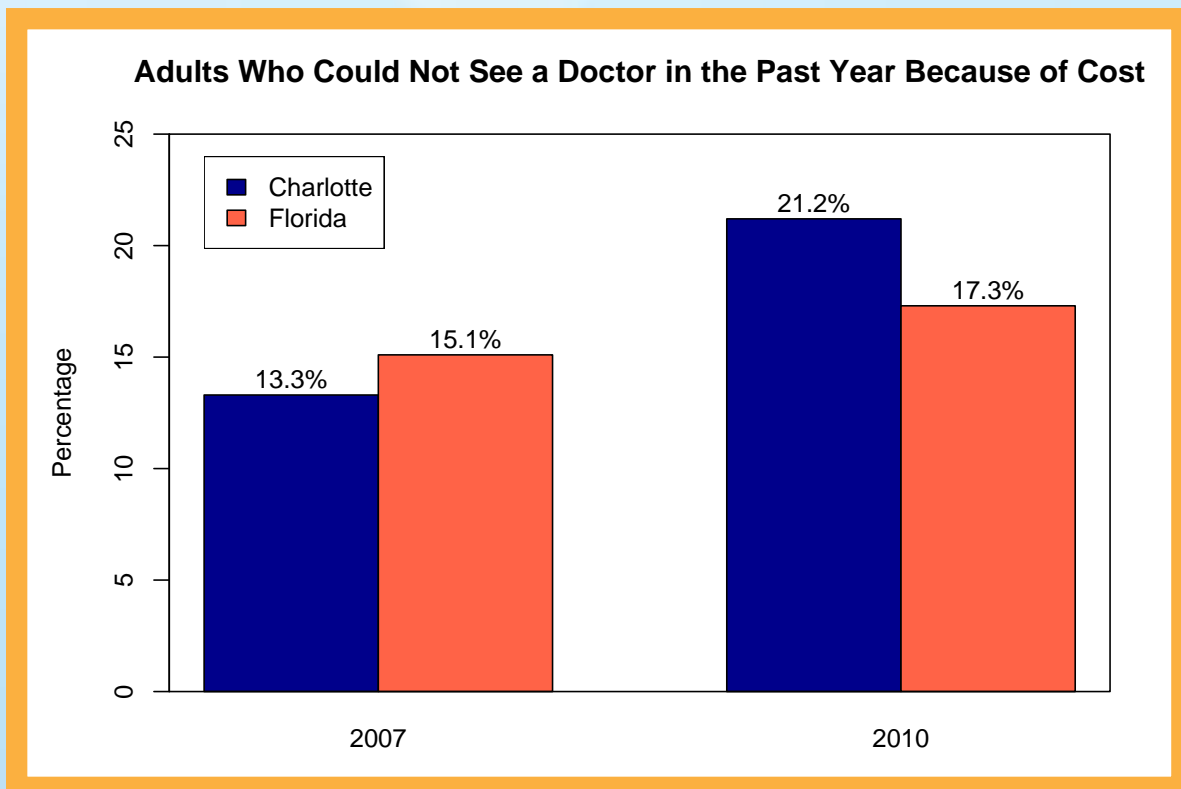
The overall health and well being of an individual is associated with their ability to access the health care services they need. Routine access to medical care has been known to prevent disease, increase quality of life, and increase life expectancy. Further, establishing a relationship with a primary care provider leads to greater trust and communication between provider and patient, as well, as increasing the likelihood that the patient will receive necessary care.⁵ Changes in health care reform (Affordable Care Act), as well as, the Charlotte County Health Department's transition away from providing primary care services will impact the Charlotte County community.

The Affordable Care Act was signed into law on March 23, 2010 and is scheduled to go into full effect in 2014.⁶ The law is designed to provide quality affordable healthcare for all Americans and has left the healthcare field in a pattern of "wait and see." The effects of the law will not be fully realized until its full implementation.

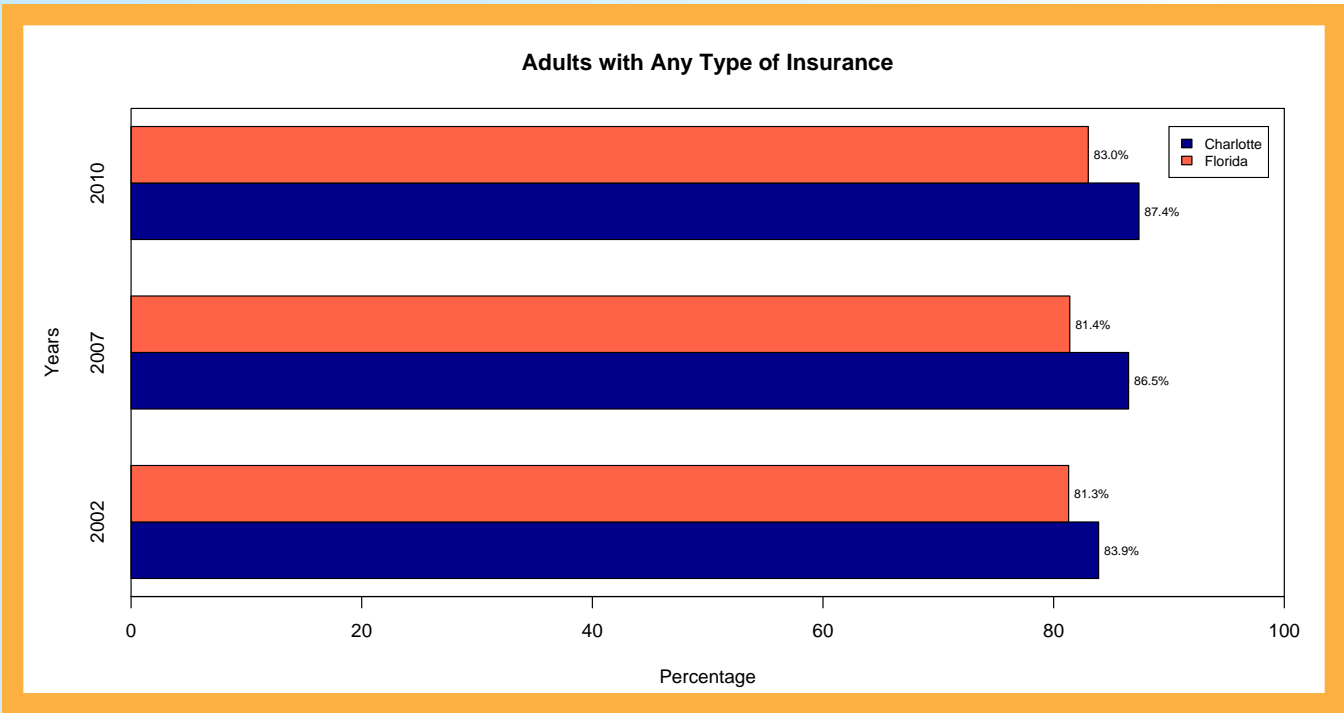
Until 2013, the Florida Department of Health offices in Charlotte County had been a key agency in providing primary care services especially to the uninsured and underinsured. The Health Department is currently in the process of transitioning out of primary care services and refocusing on prevention and public health.⁷

Insured and Uninsured

Since 2002 the percentage of adults, in Charlotte County, with any type of health insurance has increased and continues to be above the state average. At the same time, the percentage of adults who said they could not see a doctor at least once in the past year, due to cost, has also increased and is now higher than the state average.⁸ The Virginia B. Andes Volunteer Community Clinic operates a free clinic and pharmacy for the uninsured and underinsured population in Charlotte County. In 2012, the clinic served 2,100 uninsured residents.⁹



Figures 4.2 Source: Florida Department of Health, FloridaCHARTS County Health Profile, 2011



Figures 4.3 Source: Florida Department of Health, FloridaCHARTS County Health Profile, 2011

Charlotte County has fewer uninsured residents than the state but a higher percentage than the nation. The percentage is highest among the adult population ages 18 to 64 years; however, 19.3% of the population under age 18 is uninsured, compared to 11.9% statewide and 7.5% nationally.¹⁰ As of May 2013, 20,297 Charlotte County residents, or approximately 13% of the population, were eligible for Medicaid. Of those eligible, 50% were under the age of 18, 35.63% were between 19 and 64, and 14.35% were over age 65.¹¹ Approximately 73% of the population age 65 and older is enrolled in Medicare.¹²

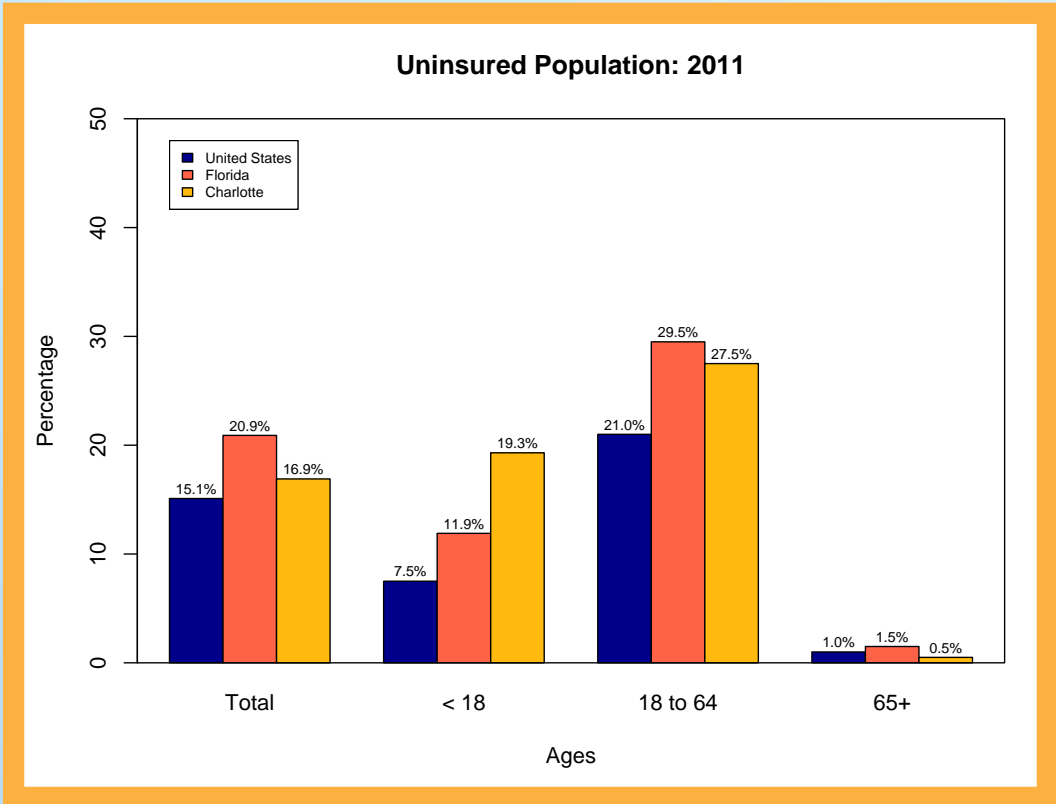


Figure 4.4 Source: American Community Survey, 2011 year estimate, table S2701

As of May 2013, 20,297 Charlotte County residents, or approximately 13% of the population, were eligible for Medicaid. Of those eligible, 50% were under the age of 18, 35.63% were between 19 and 64, and 14.35% were over age 65.

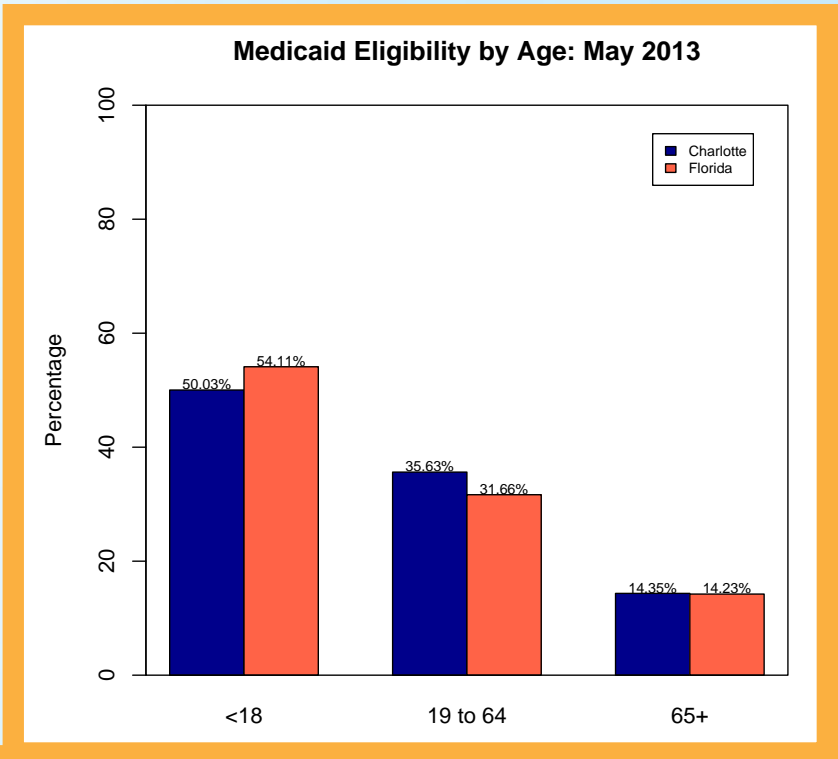


Figure 4.5

Source: Agency for Health Care Administration, 2013

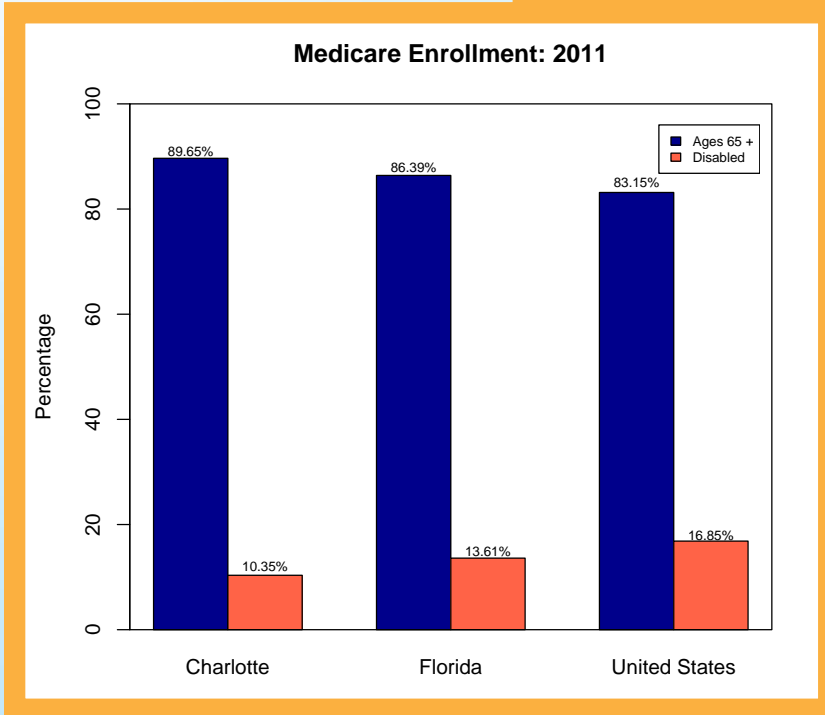


Figure 4.6

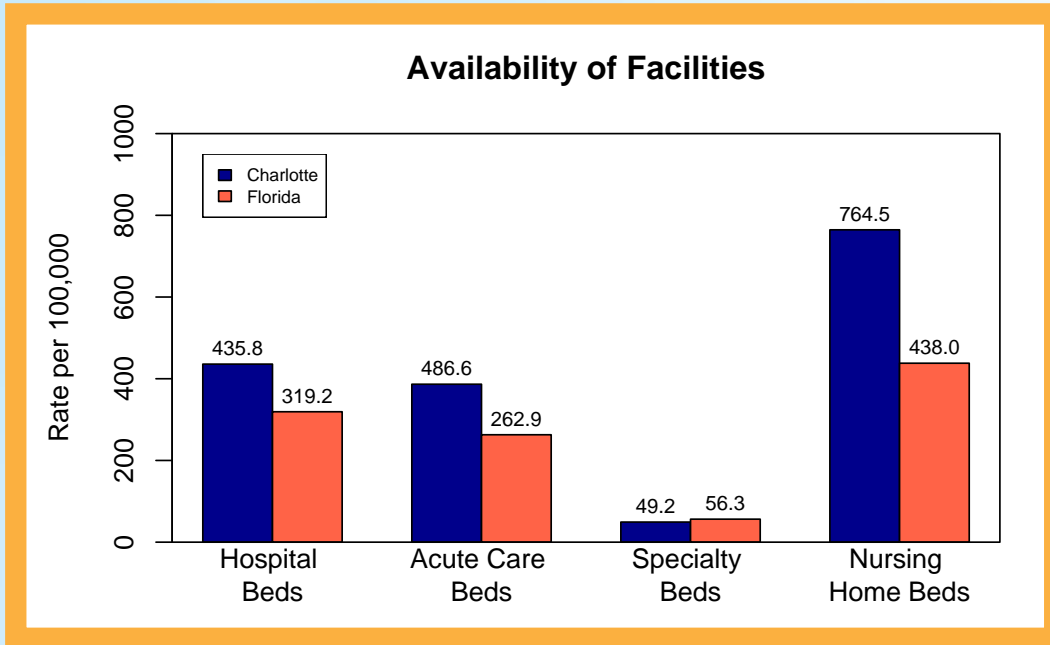
Source: U.S. Department of Health and Human Services, 2011



Photo provided by Joseph Resendez, Florida Weekly

Availability of Health Resources

The county has a higher number of hospital beds and nursing home beds, per 100,000 people, than the state. However, the county lacks a sufficient number of medical providers across specialties. The county averages 221 physicians per 100,000 compared to the state average of 342 per 100,000 people.¹³ Only 92 providers in the county accept Medicare and Medicaid.¹⁴



The county lacks a sufficient number of medical providers across specialties.

Figure 4.7 Source: Florida Department of Health, Florida CHARTS County Health Profile, 2011

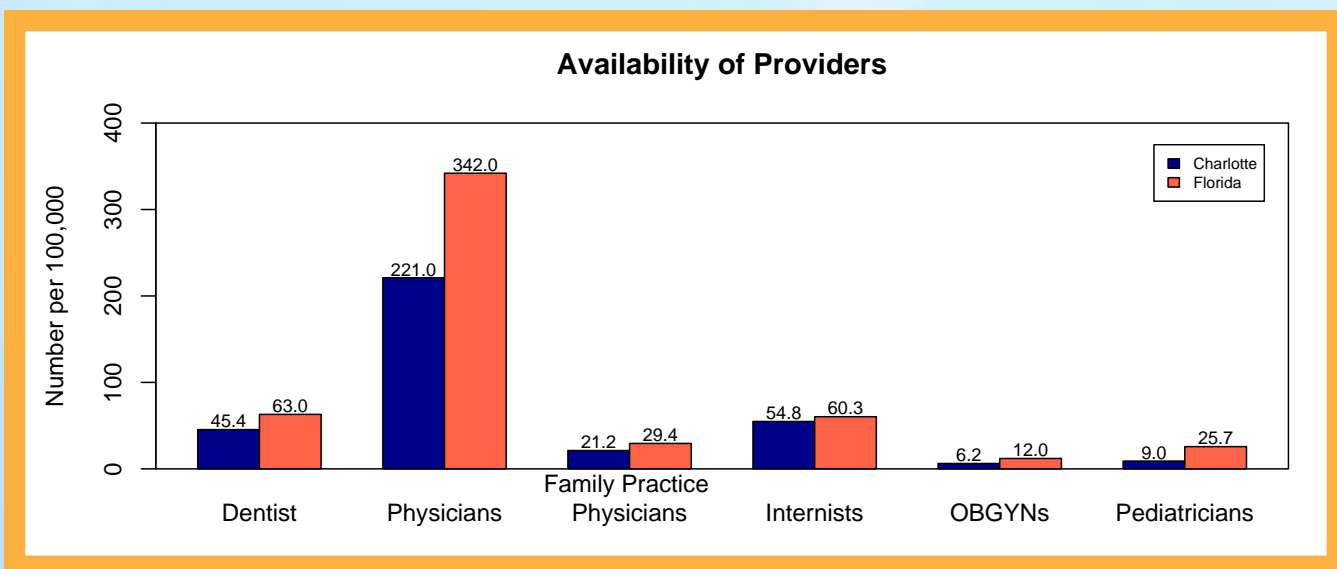


Figure 4.8 Source: Florida Department of Health, Florida CHARTS County Health Profile, 2011

MATERNAL AND CHILD HEALTH

The future success of a community is dependent on the health of its future generations. The poor health of a pregnant mother increases the risk of complication during childbirth. Preterm births and low birth weights often present lifelong challenges for the child including visual and hearing impairments, developmental delays, and behavioral or emotional problems. Prenatal care is crucial for identifying existing health conditions, as well as, preventing future health problems.¹⁵ Overall, Charlotte County ranked well below the state in number of births to mothers ages 15 – 44 (52.7 births per 1,000). However, the percentage of births to unwed mothers was higher than the state average.

An estimated 51.4% of births in Charlotte County were to unwed mothers, compared to 47.6%, statewide.¹⁶

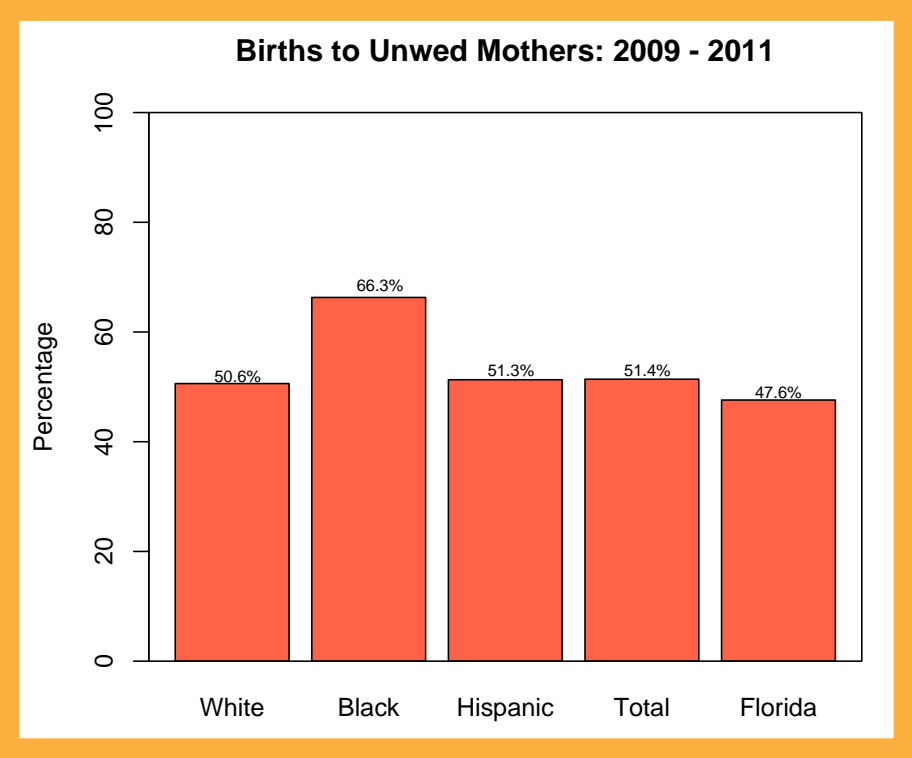


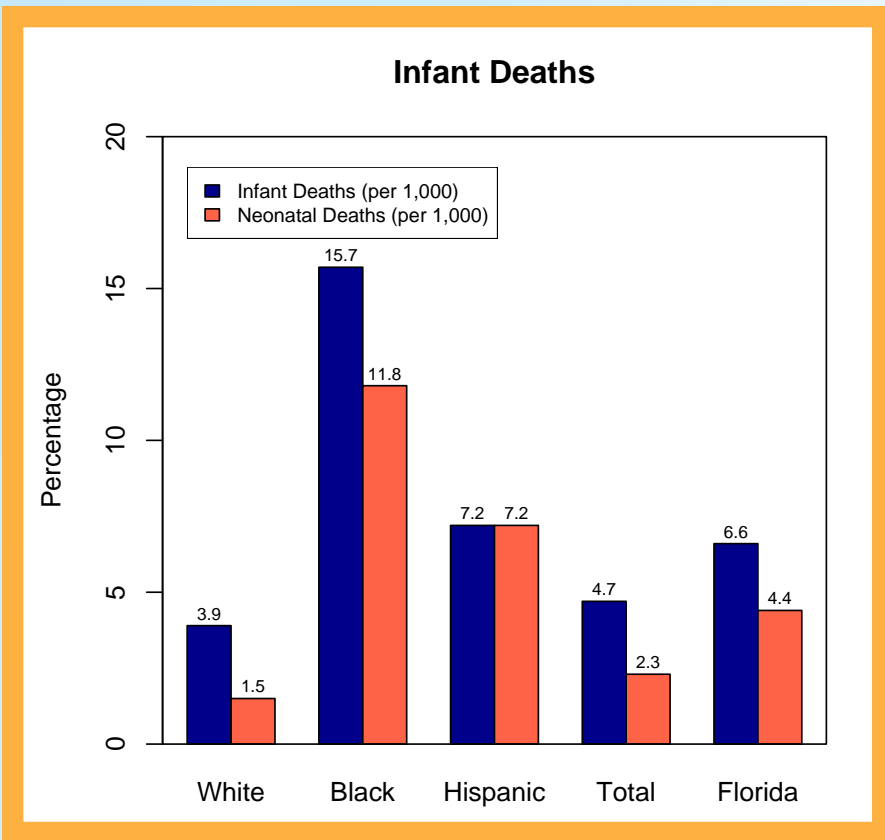
Figure 4.9 Source: Florida Department of Health, FloridaCHARTS County Health Profile, 2011

Infant Deaths

In general, Charlotte County ranked well below the state in number of infant (0 – 364 days) and neonatal (0 – 27 days) deaths; however, this number was notably higher among births to black and Hispanic mothers. Additionally, black and Hispanic populations had a higher percentage of births where the infant weighed less than 1500 grams (3.5% and 1.4%, respectively).¹⁷



Figure 4.10
 Source: Florida Department of Health, FloridaCHARTS
 County Health Profile, 2011



Charlotte County ranked below the state in both percentage of births with first trimester prenatal care and percentage of births with late or no prenatal care.

Prenatal Care

These higher percentages of infant death and low birth rates can likely be attributed to access to prenatal care. Charlotte County ranked below the state in both percentage of births with first trimester prenatal care and percentage of births with late or no prenatal care. These percentages were especially low among births to black mothers.

Charlotte County Healthy Start Coalition, Inc. provided services to 560 women and 317 infants during the 2011-12 fiscal year.¹⁸

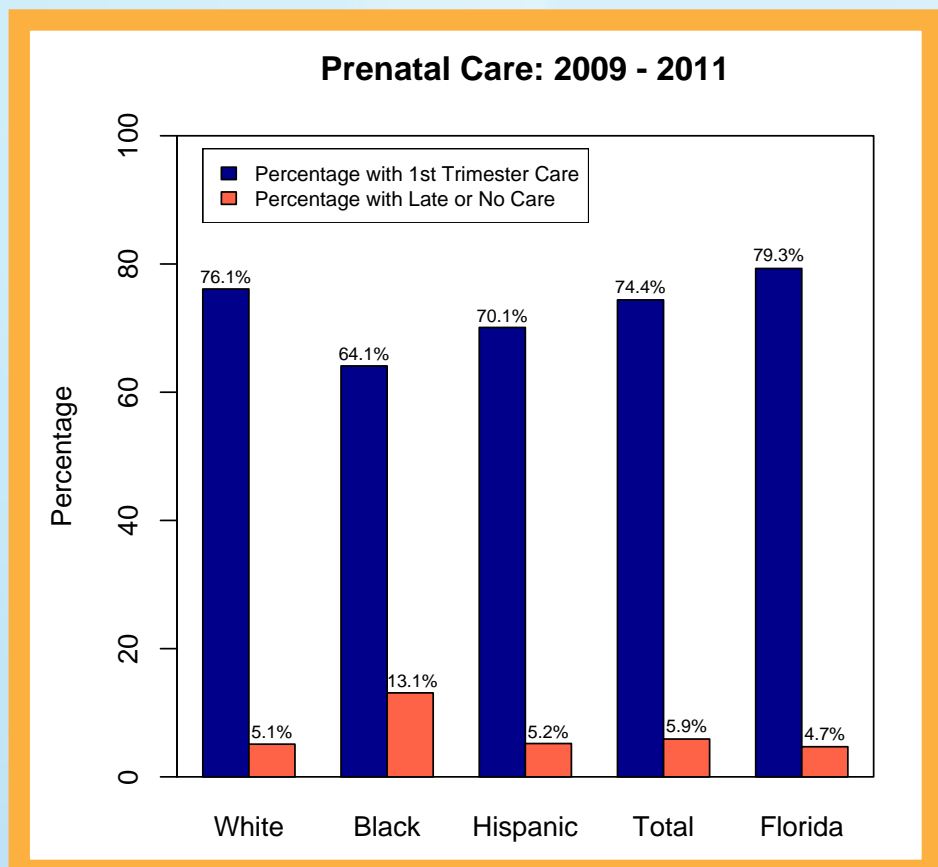


Figure 4.11
 Source: Florida Department of Health, FloridaCHARTS
 County Health Profile, 2011

DENTAL CARE

Participants in the Clientele and Agency Surveys consistently expressed a need for affordable dental care in Charlotte County (see Appendices 2 and 3). Neither Medicaid¹⁹ nor Medicare²⁰ covers routine dental services. Diseases resulting from a lack of appropriate dental care not only have cosmetic consequences, but also are associated with numerous chronic diseases including diabetes, heart disease, and stroke.²¹

Consistent with the state rate, 19% (2007) of the adult population could not see a dentist because of cost. Approximately 61.2% (2010) of the adult population has had a permanent tooth removed because of tooth decay or gum disease. Comparatively, 53% of the adult population statewide has had a permanent tooth removed²². Further, Charlotte County has fewer licensed dentists per 100,000 people than the state. In 2011, Charlotte County had 45.4 dentists per 100,000, compared to 63 per 100,000 people statewide.²³

**Charlotte County
had 45.4 dentists
per 100,000,
compared to
63 per 100,000
people statewide.**



Photo provided by Forster Davis Roberts & Boeller

SPOTLIGHT

Community Health Improvement Plan (CHIP): Overview

Community health improvement planning is a strategic process to identify and address local health problems. It utilizes health assessments, population surveys, and community feedback on quality of life indicators. In June 2012, work began on the Charlotte County Community Health Improvement Plan (CHIP). The idea of bringing together local residents and community organizations to help solve some of our most pressing health issues grew out of concern that our community resources were not enough to meet a growing need in Charlotte County.

In September, 2012, community leaders representing all areas of Charlotte County—schools, faith-based organizations, hospitals, government entities and many others—were invited to the Florida Department of Health in Charlotte County to learn more about CHIP and how they may become actively involved with it. CHIP identified three priority issues specific to our community:

- ◆ ***Chronic Disease Prevention*** – Focus will be on reducing high-risk behaviors that contribute to chronic disease in our community at the population level.
- ◆ ***Mental Health*** – Integrated, community-based solutions will work to identify and mitigate the factors that adversely affect social and emotional well-being.
- ◆ ***Access to Care*** – Emphasis will be on timely provision of health services for the uninsured and under-insured members of our community.

Please refer to [Charlotte County CHIP](#) to read the full document.

Community involvement is the driving force behind a successful CHIP. We are pleased to report that one of our greatest successes to date has been the collaboration between so many community partners and dedicated individuals. In addition to avoiding duplication of efforts and utilizing scarce resources more efficiently, collaboration has also allowed us to enhance existing programs in our community and seek joint funding opportunities.

The CHIP Committee of Charlotte County has been hard at work for the past several months. Since February 2013, they have been reviewing evidence-based guidelines and recommendations from leading public health experts to find the best fit for our community. The CHIP Committee is comprised of a steering committee and three subcommittees, one for each priority issue. Together, all will develop mutually beneficial programs, policies, and activities for the overarching goal of community health improvement.

CHIP: Moving Forward

As we move into the implementation phase of our plan, it is important to note that this final phase is by no means “the end” of the community health improvement process. A key component of CHIP is the ongoing evaluation of programs and activities to make sure we are meeting our goals and objectives. As such, CHIP will continue to evolve along with the needs of Charlotte County residents. Sustaining the process and ensuring that results continue to be achieved will have long-term benefits for the community and public health system as a whole.

Our continued success relies upon strong community involvement and open dialogue. Through discussion and presentation of the various components of CHIP, opportunities to coordinate and collaborate with organizations throughout the community will continue to emerge.

Each of us can play an important role in health improvement for Charlotte County. Here are a few ways community members can help:

- ◆ Encourage and support healthy behaviors in the home, school and workplace.
- ◆ Mobilize community leaders to take action by investing in programs and policies that help members of our community lead healthier lives.
- ◆ Volunteer time or expertise for an event or activity that helps support any of the CHIP initiatives.

If you would like to lend your expertise to any of our initiatives, contact the Charlotte County CHIP Coordinator: Lori_North@doh.state.fl.us.

Download the CHIP report from the Florida Department of Health in Charlotte County website at www.CharlotteCHD.com.

***Adapted from the Charlotte County CHIP Annual Report, June 2013.*

*Photo provided by
Charlotte County Health
Department.*



DISABILITIES

Nearly twice as many residents in Charlotte County have a disability than the state and national averages. What is surprising, considering Charlotte County's substantial elderly population, is that the percentage of the population over age 65 with a disability is consistent with state and national averages but the rate is higher among younger generations.²⁴

Among the population under age 5 an estimated 8.3% were identified as having a vision difficulty, compared to 0.5% statewide and 0.8% nationwide.²⁵

Eleven percent of the populations, ages 5 to 17, are living with a disability. Of those, 9.2% were identified as having a cognitive difficulty, which is more than twice the state and national average of 3.9%.²⁶

The population, ages 18 to 64, is most greatly impacted by ambulatory difficulties (8.8% of the population). In addition, 4.0% have a self-care difficulty, 5.8% have an independent living difficulty, 4.7% have a cognitive difficulty, 3.2% have a hearing difficulty, and 1.8% have a vision difficulty. With the exception of vision, these percentages are higher than the state and national averages.²⁷

Overall, the population age 65 and older is in line with state and national averages. 19.7% of the population has an ambulatory difficulty, 15.9% have a hearing difficulty, 9.7% have a cognitive difficulty, 9.2% have an independent living difficulty, 6.5% have a self-care difficulty and 5.9% have a vision difficulty.²⁸

Eleven percent of the population, ages 5 to 17, are living with a disability. Of those, 9.2% were identified as having a cognitive difficulty, which is more than twice the state and national average of 3.9%.

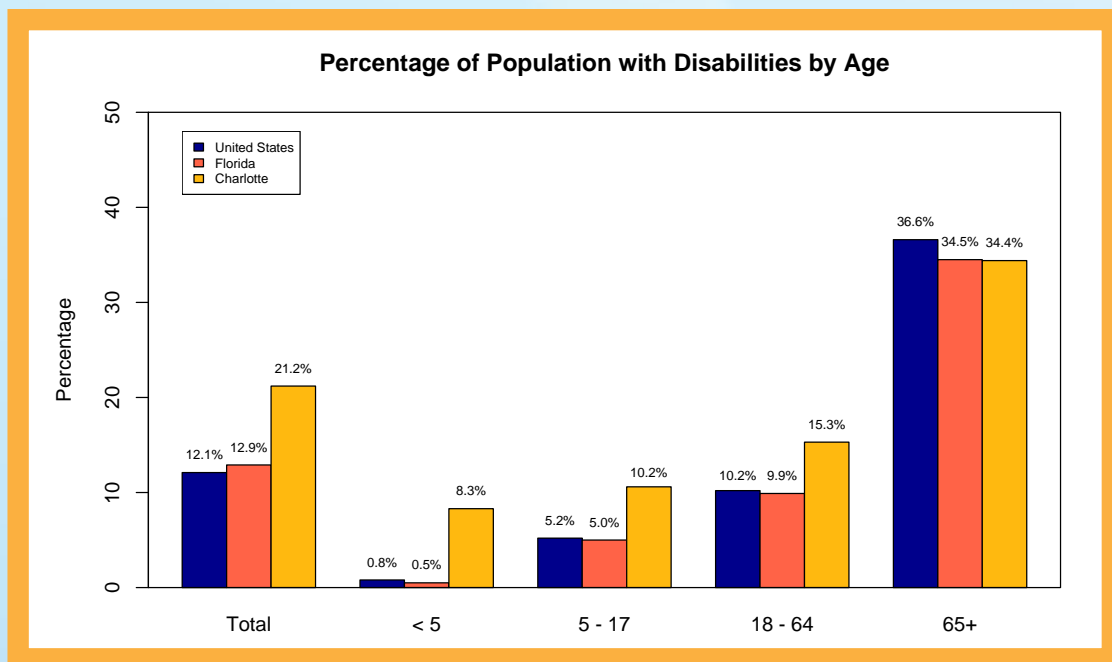


Figure 4.12
Source:
American
Community
Survey, 2011
1 year
estimates,
table S1810

Disabilities impact the caregiver in addition to the individual. Financial challenges grow if the caregiver has to choose between working and caring for their loved one. There are further challenges if the caregiver is an aging parent caring for an adult child. In addition to financial challenges, the caregiver often sacrifices his or her own mental and physical health.

MENTAL HEALTH

Agencies, clients, and community members frequently identified mental health care as a need in Charlotte County. Agencies estimated that approximately 29% of their clients had some sort of mental disability and another 20% suffered from drug and/or alcohol addiction (see Appendix 2).

Mental illness not only affects the individual and their families, but can also impact the entire community. Untreated mental illnesses can lead to an increase in unhealthy and self-destructive behaviors, as well as, suicide. In addition, it can have an impact on a person’s physical health.²⁹

The 2010 Behavioral Risk Factor Surveillance System (BRFSS) Data Report showed that a higher percentage of Charlotte County adults said they always or usually received the social and emotional support they needed (80.7%) than in previous years (77.5% in 2007). However, this percentage appeared to decrease as the respondent’s age increased and annual income decreased.³⁰

Mental illness not only affects the individual and their families, but can also impact the entire community.

| Adults Receiving Necessary Social and Emotional Support (2010) | | | |
|--|--------|----------------|---------|
| % BY AGE GROUP | | | |
| Age Group | 18-44 | 45-64 | 65+ |
| Percentage | 86.9% | 78.7% | 77.0% |
| % BY ANNUAL INCOME | | | |
| Annual Income | <\$25K | \$25K-\$49,999 | \$50K + |
| Percentage | 73.4% | 77.4% | 86.4% |

Figure 4.13 Source: Florida Department of Health, 2010 Florida Behavioral Risk Factor Surveillance System Data Report

Only 86.4% of adults said they were in good mental health, compared with 91.2% in 2007. The report showed a decrease across all demographics. Further, respondents said that on average 5.1 days out of the last 30 were impacted by poor physical or mental health. This number was higher among men, in particular.³¹

ALCOHOL CONSUMPTION AND SMOKING

The overall percentage of adults engaging in behavior such as drinking and smoking has declined in recent years. Only 12.3% of adults said they engaged in heavy or binge drinking in 2010, down from 14.9% in 2007. In particular, the percentage of heavy or binge drinkers ages 18 – 44 had dropped to 11.1%, down from 19.6%. The percentage of heavy or binge drinkers among adults earning between \$25,000 and \$49,999 has decreased by half from 21.3% in 2007 to 10.4% in 2010. However, among those earning \$50,000 or more, the rate jumped from 15.3% to 22.9% in 2010.³²

Smoking has decreased among the adult population from 22.9% in 2007 to 20.7% in 2010. The number of smokers ages 45 and older has decreased from 12.1% in 2007 to 8.3% in 2010, but the percentage of those ages 18 to 44 has increased from 30.7% in 2007 to 33.5% in 2010. The percentage of smokers appears to decrease as annual income increases. Thirty-three percent of smokers earned below \$25,000 compared to 18.4% earning between \$25,000 and \$49,999 and 8.8% of those earning \$50,000 or more.³³

The percentage of smokers appears to decrease as annual income increases. Thirty-three percent of smokers earned below \$25,000 compared to 18.4% earning between \$25,000 and \$49,999 and 8.8% of those earning \$50,000 or more.

OPPORTUNITIES

- ◆ **Attract more physicians to Charlotte County and increase the number of Medicaid providers to meet the needs of the population.** The data shows that Charlotte County lags behind the state in the ratio of providers to population. The County's significant low-income and elderly populations suggest a need for more Medicaid and Medicare providers.
- ◆ **Increase the availability of and support existing efforts to provide affordable health care services.** This includes prescription drugs, dental care, mental health care and respite care services, in addition to primary care services for the County's uninsured and underinsured populations. The County currently has only one service provider for these populations. This need is likely to increase since the Health Department has stopped providing primary care services.
- ◆ **Support services that increase access to prenatal care to promote positive birth outcomes.** The first five years of a child's life are extremely important for sensory and cognitive development, laying the foundation for the rest of their life.

POVERTY



Photo provided by Harry Chapin Food Bank of Southwest Florida

The data shows concerning trends about poverty in Charlotte County. Despite a traditionally low cost of living, rising food, housing, health, and childcare costs have created a significant financial burden for an increasing number of Charlotte County residents. These increasing costs coupled with a lack of high paying jobs have made it difficult for many to get by day-to-day (see Section 2).

Charlotte County has a lower percentage of the population living in poverty than the state and nation (See Appendix 1.5); however, this population has increased from 9.0% in 2007, at the start of the recession, to 11.9% in 2011. The percentage of the population living in poverty peaked at 13.5% in 2010. Children under the age of 18 living in poverty jumped from 15.0% in 2007 to 25.5% in 2010 before falling to 17.4% in 2011.¹

Children under the age of 18 living in poverty jumped from 15.0% in 2007 to 25.5% in 2010 before falling to 17.4% in 2011.

Despite Charlotte County's comparatively low poverty rates, the median household income in Charlotte County is \$41,190 compared to \$44,299 in the state of Florida and \$50,502, nationwide. Fifty-nine percent of households in Charlotte County earn \$50,000 or below a rate approximately 10% higher than households nationwide.²

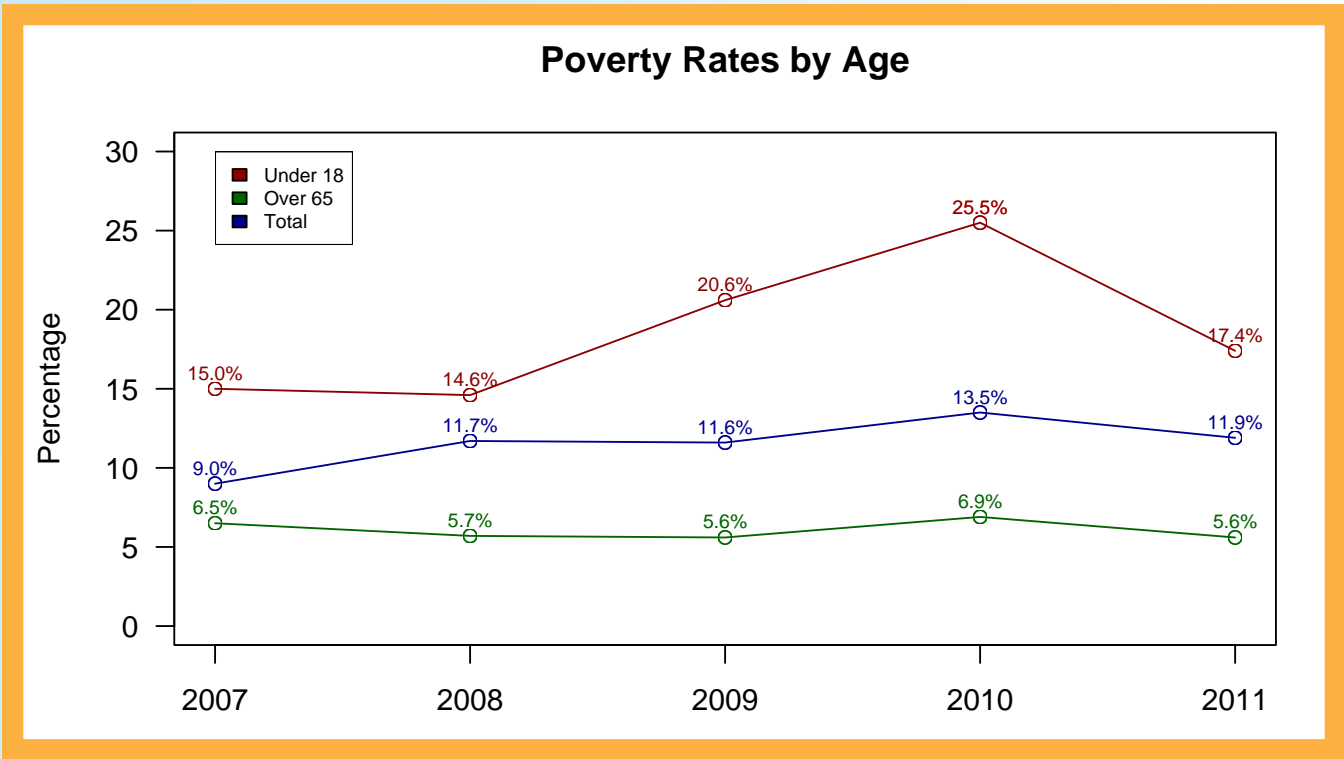


Figure 5.1 Source: American Community Survey, 1 year estimates, CP03

FAMILIES

The federal poverty line for a family or household of four is \$23,550 (see Appendix 1).³ On average, 8.7% of families in Charlotte County are living below the poverty line. Rates in families where the female is the head of household and there is no male present are even higher. In 2011, 25.9% of families with female heads of household were living below the poverty level. When children under 18 are present this rate jumps to 40.9% living below the poverty level. Further, an estimated 80.1% of families where the head of household has less than a high school degree and is female, with no husband present, are living below the poverty level compared to 48.6% of similar families in Florida, and 50.4% of families in the United States.⁴

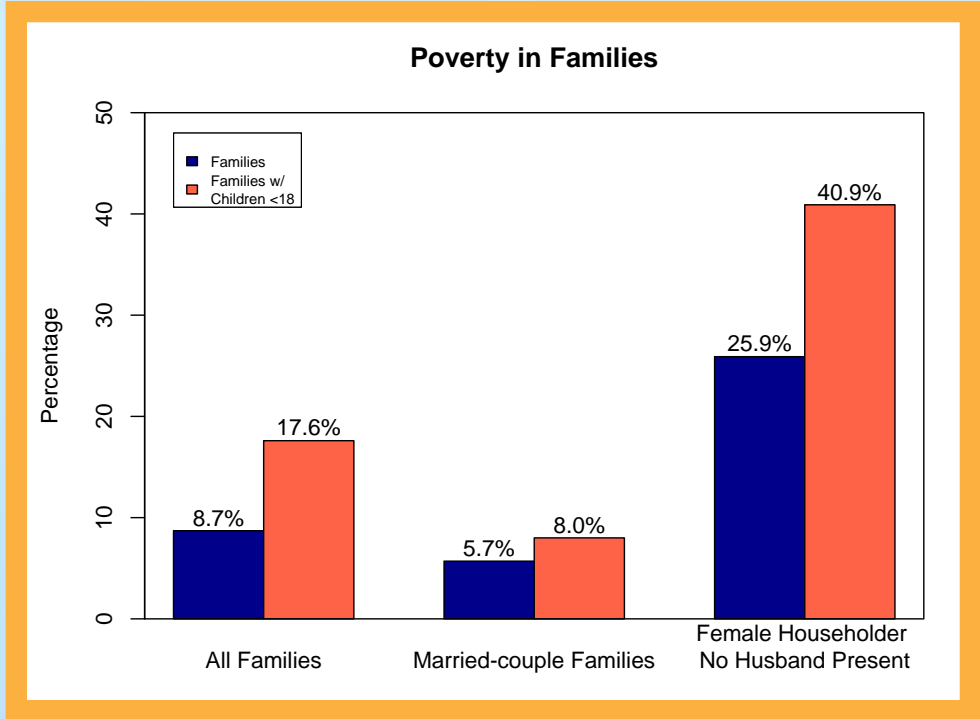


Figure 5.2 Source: American Community Survey, 2011, 1 year estimates, table S1702

HOUSING

Having a roof over one's head is a basic necessity for a good life yet rising housing costs and recent spikes in unemployment have left many with limited options. Roughly 24% of human service clients surveyed said they lived with family or friends or were homeless while another 46% were renters and 30% were homeowners (see Appendix 3). Clients, agencies, and community members frequently identified

affordable housing as a need in the Charlotte County community.

Of the estimated 100,614 housing units in Charlotte County, 67.8% are occupied while 32.2% are vacant. Owners occupy 77.8% of the available units and renters occupy the other 22.2%. The median home value is \$134,200. Statewide, the median home value is \$151,000 and nationwide, it is \$173,600.⁵

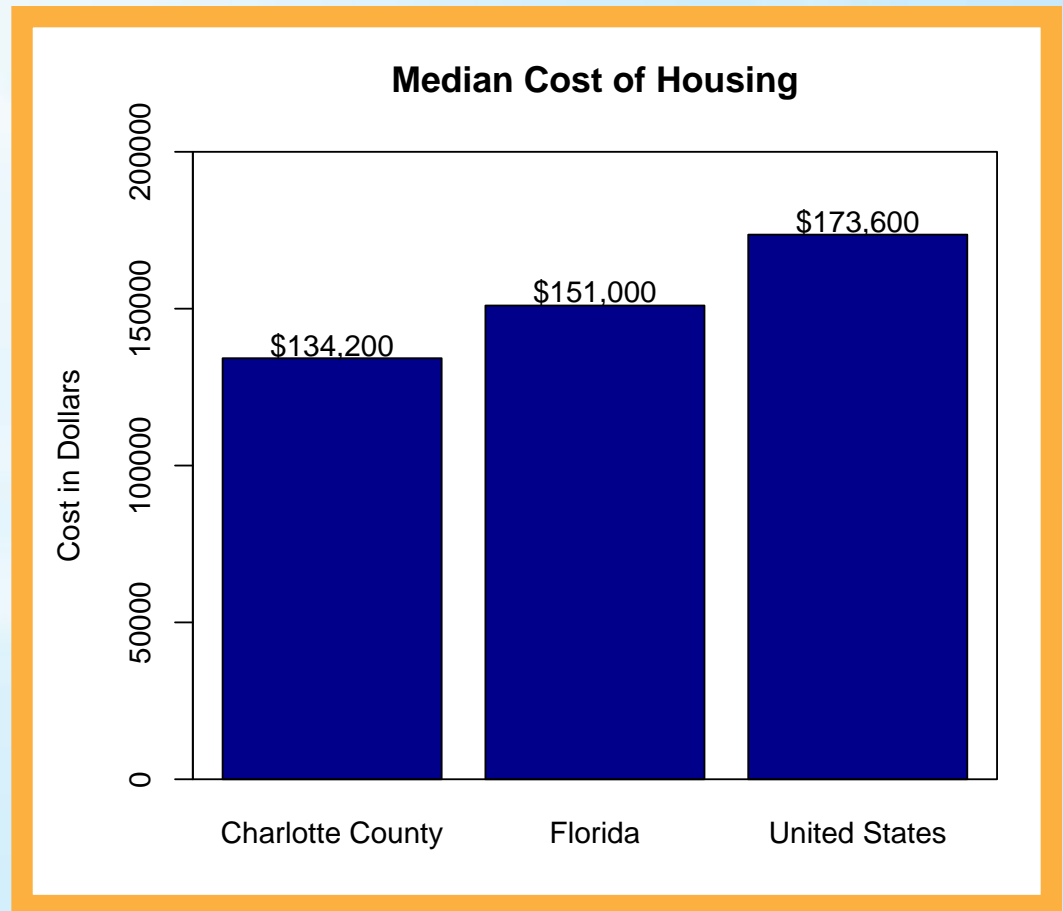


Figure 5.3 Source: American Community Survey, 1 year estimate, 2011, table DP03

Housing as a Percentage of Income

Despite lower home values homeowners in Charlotte County are still paying a higher percentage of their monthly household income on housing costs. As a result, more houses are being foreclosed on. As of September 2012, the Punta Gorda Metropolitan Statistical Area ranked 10th in the country and 9th in the state with a foreclosure rate of 14.06%.⁶

A family or household paying more than 30% of their annual income in housing costs is considered cost burdened. As a result, they often have difficulty paying for other necessities.⁷ An estimated 51.5% of homeowners with a mortgage payment pay more than 30% of their household income on housing costs. This is compared to 46.4% of homeowners statewide and 36.8% nationwide. Though renters in Charlotte County fair better than those state and nationwide, **48.5% of renters still spend 30% or more of their household income in housing costs.**⁸

As of September 2012, the Punta Gorda Metropolitan Statistical Area ranked 10th in the country and 9th in the state with a foreclosure rate of 14.06%.

Housing as a Percentage of Income: Percentage Paying Over 30% AMI

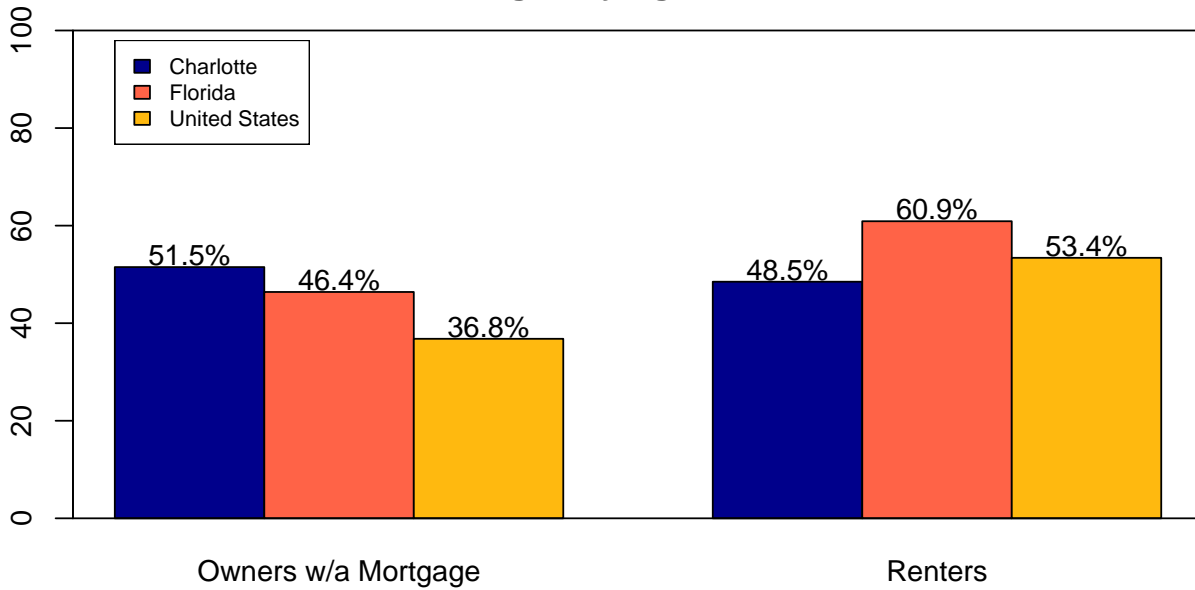


Figure 5.4 Source: American Community Survey, 2011 1-year estimates table DP04

Compared to state and national averages, Charlotte County has a higher percentage of homeowners who make less than \$50,000 annually and currently have mortgages. Of these homeowners 37% are paying more than 30% of their annual household income in housing costs.⁹

Housing Costs for Homeowners with Less than \$50,000 in Household Income

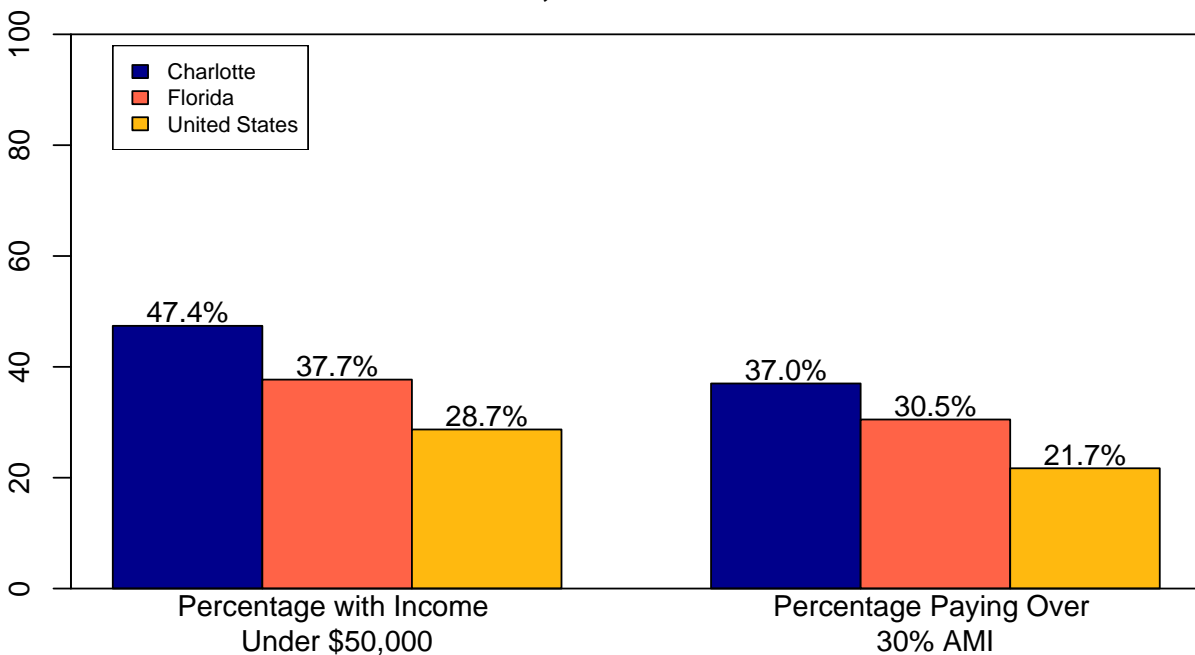


Figure 5.5 Source: American Community Survey, 2011 1-year estimate, table S2506

Affordable Housing

The U.S. Department of Housing and Urban Development (HUD) reports, “a family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a two bedroom apartment anywhere in the United States.”¹⁰ HUD sets fair market rent rates annually to determine eligibility in its subsidized housing programs. For 2013, fair market rent for a two-bedroom rental in Charlotte County is \$861 (see Appendix 1).¹¹ It also sets income limits to determine eligibility in various voucher programs on an annual basis. In 2013, the “very low income limit” for a family of four is \$26,550. This limit is used to determine a geographic area’s eligibility to participate in HUD programs and is set at 50% of the median area income. Seventy-five percent of an area’s vouchers must be used for residents who fall at or below the “extremely low (30%) income limit” or in the case of Charlotte County, \$15,950 for a family of four. The “low (80%) income limit” is set for families falling above the very low-income limits but who are eligible due to special circumstances, as determined by HUD or local Public Housing Authorities.¹² In Charlotte County, the low-income limit for a family of four is \$42,500 (see Appendix 1).¹³

The county has 307 Section 8 vouchers but as of fall 2012 there is a four-year waiting list.

Charlotte County has limited resources available in the forms of subsidized housing. There are currently 115 public housing units. The county has 307 Section 8 vouchers but as of fall 2012 there is a four-year waiting list. Thirty-seven vouchers for rental assistance are available for homeless Veterans through the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program. The Punta Gorda Housing Authority provides assistance with 57 vouchers. In addition, 86 Low-income Housing Tax Credit Development units and 70 USDA Rural Development units are available.¹⁴



Photo provided by Goodwill Industries of Southwest Florida

HOMELESSNESS

Those living in poverty often find themselves on the brink of homelessness. A single unexpected incident such as the loss of a job or a medical emergency can leave someone living on the street, in his or her car, or on the couch of a friend or family member. Though the homeless population is difficult to calculate accurately due to the transient nature of the population, the Charlotte County Homeless Coalition conducts and submits a Point-in-Time (PIT) Count Report to the Department of Children and Families annually. The most recent Point-in-Time Count conducted in January 2013 identified 573 homeless individuals in Charlotte County. Sixty-two percent of these individuals were male and 38% were female. Fifty-one percent were between the ages of 24 and 60, 31% were under the age of 18, 4% between the ages of 18 and 24, and 14% over the age of 60. Eighty-four percent of the individuals surveyed in the PIT Count have been homeless one or more prior times and 38% have been homeless for one year or longer.¹⁵

Figure 5.6
Source:
Charlotte County
Homeless Coalition,
2013 PIT Count

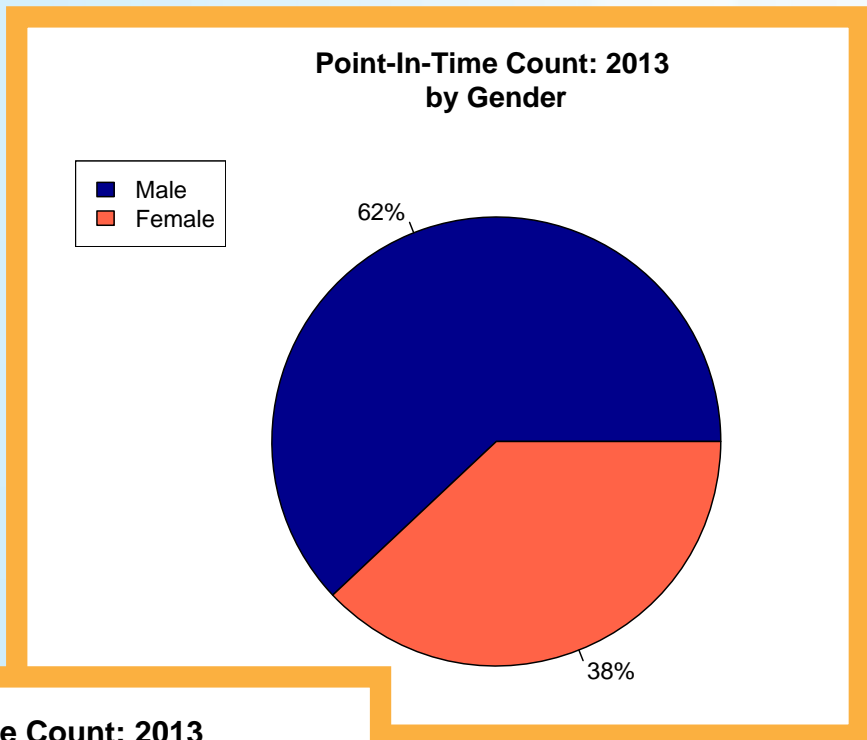
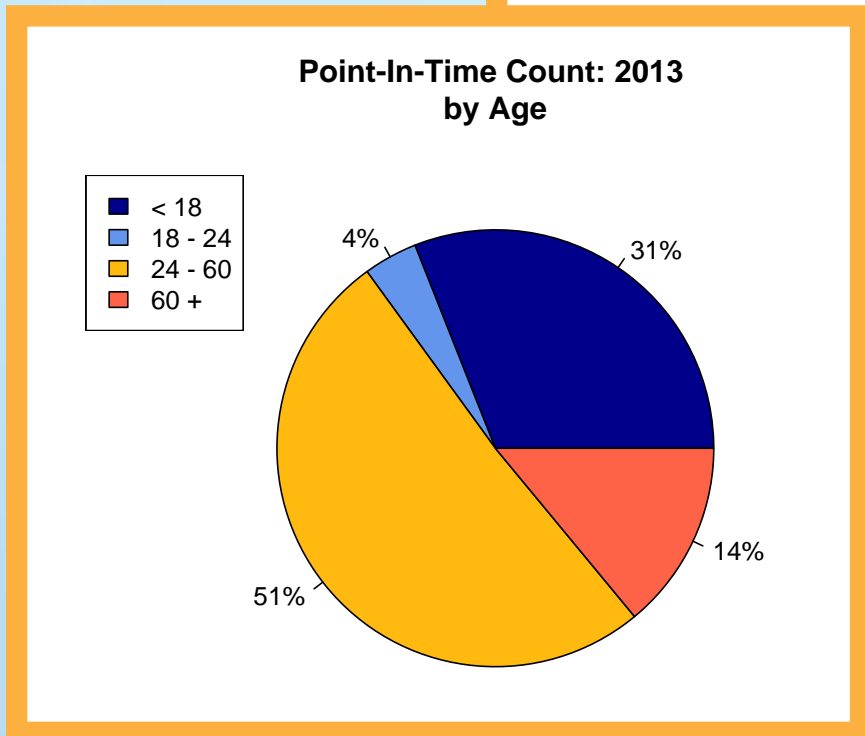


Figure 5.7
Source:
Charlotte County
Homeless Coalition,
2013 PIT Count



Eighty-four percent of the individuals surveyed in the PIT Count have been homeless one or more prior times and 38% have been homeless for one year or longer.

Point-in-Time survey respondents were asked to identify the cause of their homelessness. Thirty-eight percent said they were homeless due to employment or financial reasons, 20% because of housing issues, 22% because of medical/disability problems, and 20% because of family problems.

Charlotte County has limited resources for the homeless population. The Charlotte County Homeless Coalition provides emergency shelter for up to sixty days but space is limited. The shelter is currently set up to serve 13 single males, 8 single females, and 12 families. In addition, the Coalition oversees transitional housing units (greater than 60 days) for 4 single males and 3 families. Twenty-four individual permanent supportive beds are available at the Chara and Bishop Houses.¹⁶

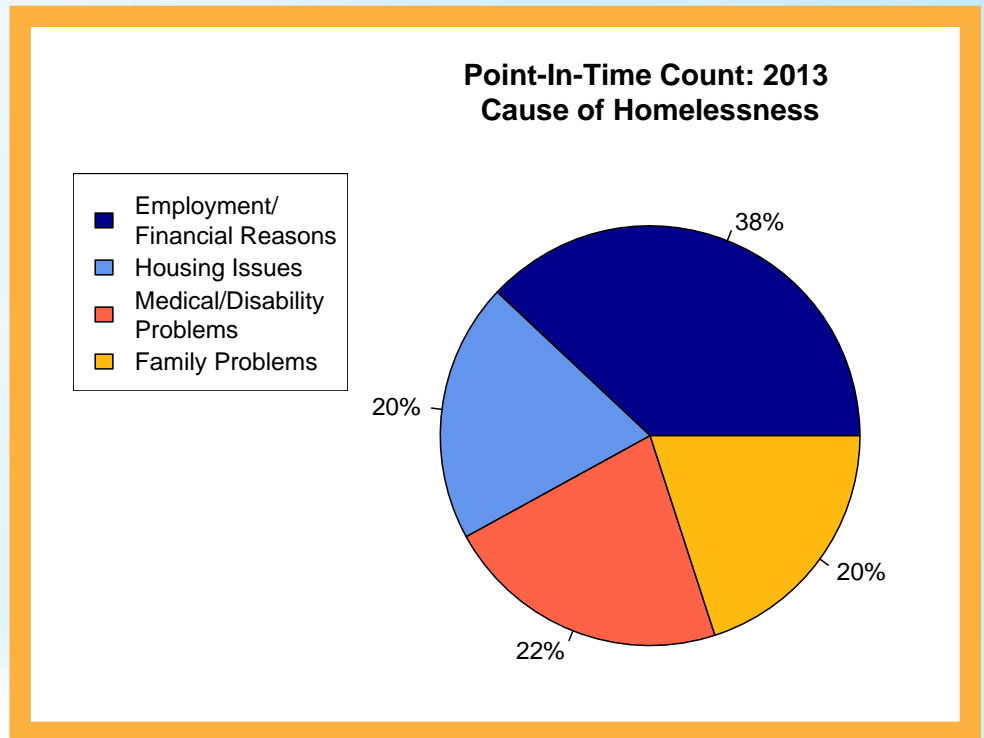


Figure 5.8 Source: Charlotte County Homeless Coalition, 2013 PIT Count

As the Lead Agency on Homelessness in Charlotte County for the Department of Housing and Urban Development and the Florida Department of Children and Families State Office on Homelessness, the Coalition formed the Gulf Coast Partnership to oversee the *10 Year Plan to Prevent and End Homelessness in Charlotte County*. This communitywide initiative unites agencies and vested members of the community to bring about change and necessary programs with funding to Charlotte County.



Photo provided by Charlotte County Homeless Coalition

FOOD

Food is a basic necessity for survival. Those living in poverty are often faced with the choice of eating or keeping a roof over their head. Charlotte County residents are served by 30 food pantries located throughout the county, as well as, numerous other agencies that serve meals at various times during the week¹⁷ yet many still go hungry. Those eligible can participate in the Federal Supplemental Nutrition Assistance Program (SNAP) and/or the National School Lunch Program.

Food Stamps/Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Plan replaced the federal food stamp program in October 2008 and is administered by the United States Department of Agriculture. Through the program,

individuals receive monthly assistance purchasing food. On average, eligible individuals in Florida receive \$138.98 a month in SNAP benefits.¹⁸ Though Charlotte County has fewer participants in the SNAP program than state and national averages, **the percentage of participants in SNAP has increased from 1.7% of the population in 2007 to 10.2% in 2011.**¹⁹ This is particularly concerning since the SNAP program faces cuts from the federal government.

Approximately 42.1% of households receiving SNAP benefits have one or more person 60 years or older. This rate is higher than both the state (31.8%) and the nation (25.5%) and is likely attributed to the county's large senior population. At the same time, 45.6% of households receiving SNAP benefits have children under the age of 18. This rate is lower than the state (49.7%) and nation (55.2%).²⁰

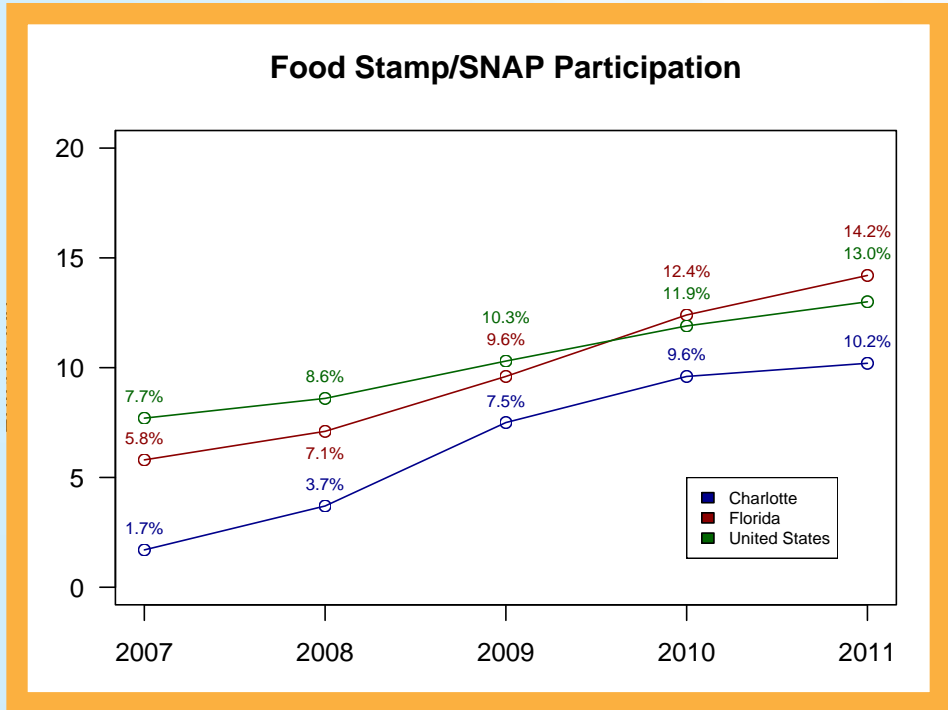


Figure 5.9 Source: American Community Survey, 1 year estimates, Table CP03



Photo provided by Charlotte County Homeless Coalition Food Pantry.

SPOTLIGHT

Raising a Family in Charlotte County

“The U.S. Bureau of Labor Statistics reported in December 2004 that 25% of all the jobs in the U.S. economy did not pay enough to lift a family above the poverty line... This country has become a nation where people can work full time and still be in poverty.”

– Bridges out of Poverty, p.4.

The Economic Policy Institute’s Family Budget Calculator measures the income a family needs in order to attain a secure yet modest living standard by estimating community – specific costs of housing, food, child care, transportation, health care, other necessities, and taxes.

As compared with official poverty thresholds such as the federal poverty line and Supplemental Poverty Measure, EPI’s family budgets offer a higher degree of geographic customization and provide a more accurate measure of economic security. In all cases, they show families need more than twice the amount of the federal poverty line to get by.

Punta Gorda, FL Metropolitan Statistical Area Two Parents, Two Children 2013

| ITEM | COST |
|---------------------------------|-----------------|
| Monthly Housing | \$940 |
| Monthly Food | \$754 |
| Monthly Child Care | \$864 |
| Monthly Transportation | \$607 |
| Monthly Health Care | \$1,423 |
| Monthly Other Necessities | \$434 |
| Monthly Taxes | \$230 |
| Monthly Total | \$5,251 |
| Annual Total | \$63,010 |

Minimum wage in the state of Florida is \$7.79 an hour. **A family of four with both parents working full time, earning minimum wage would earn \$32,406 annually (or \$16,320 each) before taxes and would be living at 138% of the federal poverty line.**

The federal poverty line for a family of four is \$23,550.

Sources:

- Economic Policy Institute. “Family Budget Calculator.” www.epi.org/resources/budget/
- U.S. Department of Labor. Wage and Hour Division. “Minimum Wage Laws in the States – January 1, 2013.” www.dol.gov/whd/minwage/america.htm
- U.S. Department of Health & Human Services. Office of the Assistant Secretary for Planning and Evaluation. “2013 Poverty Guidelines.” www.aspe.hhs.gov/poverty/13poverty.cfm

The median annual income of households receiving SNAP benefits is \$25,621 compared to a median annual household income of \$43,907 for those not receiving benefits. Approximately 24.8% of households receiving benefits have had no workers in the past 12 months. At the same time, 43.3% of households receiving benefits have had two or more workers in the past 12 months. The percentage of households where two or more members have worked in the past 12 months is 29.8% in the state of Florida and 28.1% in the United States.²¹

Despite Charlotte County’s traditionally low cost of living, this data suggests factors like rising food costs and a lack of high paying jobs has impacted many residents’ ability to have even the most basic necessities of life. For more information on employment see Section 2.

National School Lunch Program

The National School Lunch Program (NSLP), also administered by the United States Department of Agriculture, provides reduced and free lunches to eligible students attending public and non-profit elementary and secondary schools.²² Students in households with income between 0% and 130% of the Federal Poverty Guidelines are eligible for free lunches. Students in households with income between 130% and 185% of the Federal Poverty Guidelines are eligible for reduced price lunches.²³ Participation in the program has increased greatly over the past decade. **In the 2011-12 school year 61.38% of students in Charlotte County were living in a household with an annual income below 185% of the poverty line. This is an increase from 43.12% during the 2002-03 school year.** This is higher than both the state (57.57%)²⁴ and the nation (46% in 2009-2010).²⁵ This suggests a much larger underlying issue within the community including education (Section 1) and employment (Section 2).

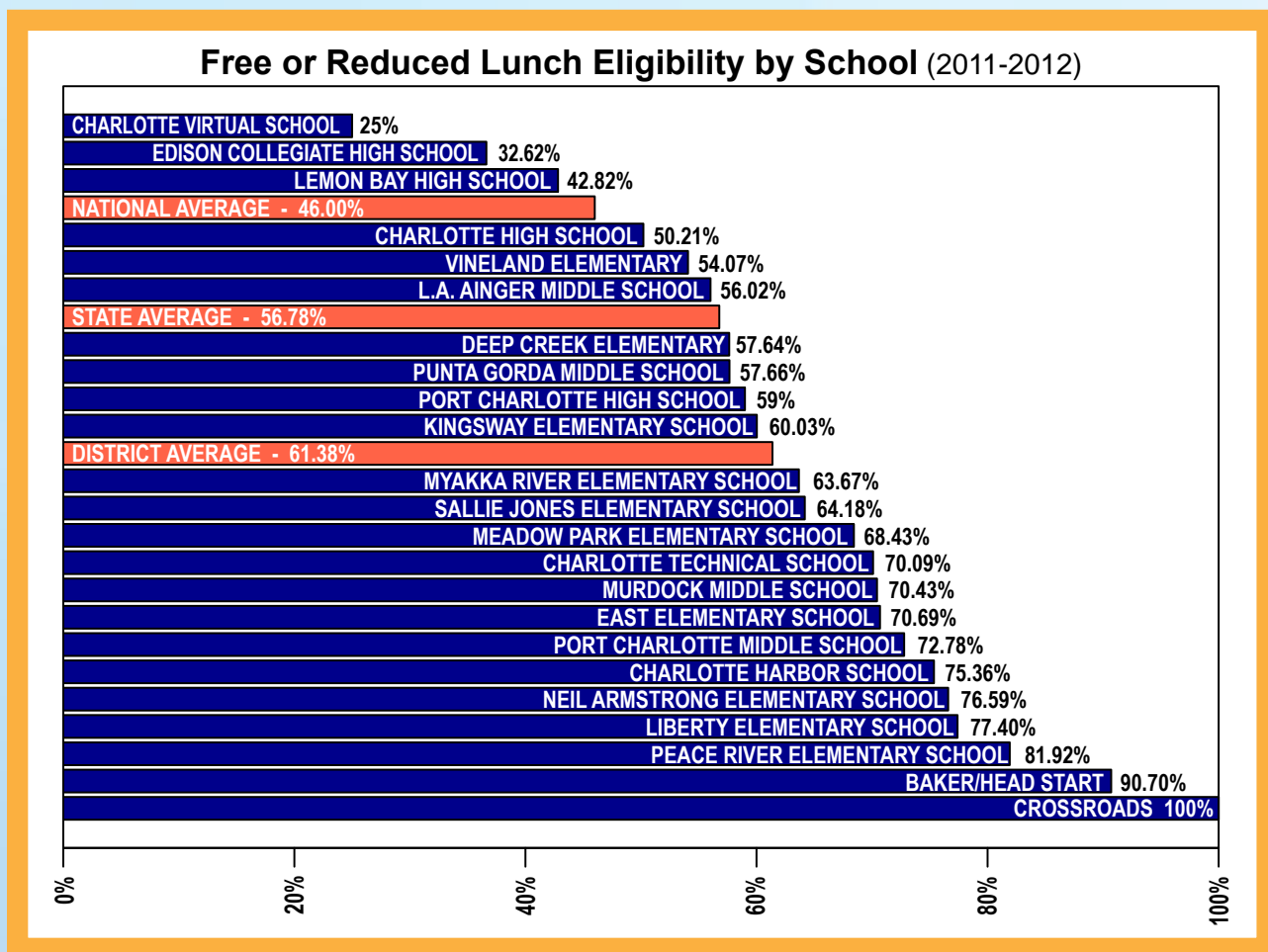


Figure 5.10 Source: Florida Department of Education

AFFORDABLE CHILDCARE

It is estimated that a single parent earning approximately \$20,000 and raising two children would spend 44% of their annual household income on childcare. With financial assistance from the School Readiness program, a parent will spend on average 6% of their annual household income on childcare.²⁶ In households where both parents work, access to quality affordable childcare becomes a necessity. In Charlotte County, approximately 67.8% children under the age of six live in households where all parents are working. This rate is higher than both the state (67.1%) and nation (64.1%).²⁷ Such a high percentage of households with both parents working suggests the need for access to quality affordable childcare.

In Charlotte County, approximately 1,706 children under the age of 6 were living in poverty in 2011.²⁸ That year, 1,122 children received school readiness subsidies from the Early Learning Coalition of Florida's Heartland, Inc. The Coalition contracts with 72 school readiness providers throughout the county. It currently has a waiting list with an average wait time of 5 months.²⁹

Florida's School Readiness program provides a means for parents to remain in the work force and to remain financial stability by reducing the barriers to adequate and affordable childcare. The program offers scholarships to supplement the cost of childcare for low-income families. In order to be eligible, parents must be working or enrolled in an education program for 20 hours or more per week. In addition, they must meet an income requirement based on the Federal Poverty Guidelines and pay a co-pay.³⁰

While the School Readiness program provides vital assistance to families with parents who work or go to school, Charlotte County lacks affordable childcare assistance for families where the members are unemployed but looking for work.

It is not enough to provide affordable childcare. In addition, it must be high quality and sufficiently prepare children for kindergarten. The Department of Children and Families (DCF) is responsible for licensure of childcare facilities in the state of Florida, though counties can legally set their own licensure standards that meet or exceed the state requirements. Charlotte County is one of 62 counties that do not require additional quality measures above state licensure standards. Only Broward, Hillsborough, Palm Beach, Pinellas, and Sarasota counties administer their own requirements.³¹

In Charlotte County, approximately 1,706 children under the age of 6 were living in poverty in 2011.



Photo provided by Boys & Girls Clubs of Charlotte County.

OPPORTUNITIES

- ◆ **Explore best practices and innovative solutions for affordable housing in Charlotte County.** Charlotte County has a high percentage of homeowners and renters spending more than 30% AMI on housing costs. The county's foreclosure rates are among the highest in the nation. Despite the availability of some housing vouchers, there is a four-year waiting list.
- ◆ **Increase access to emergency shelter and transitional housing for homeless population.**
- ◆ **Increase access to quality affordable childcare services.** This is essential to ensure that children are ready for kindergarten. In addition to those that are working or in school, there is a lack of childcare services for parents looking for work.
- ◆ **Increase opportunities for short term financial assistance and awareness of opportunities such as the federal Earned Income Tax Credit (EITC).**
- ◆ **Support coordinated efforts among food pantry providers to improve the services between providers addressing food needs.** This will result in reduced duplication and increased efficiency of services.



*Photo provided by
Charlotte County
Homeless Coalition*

TRANSPORTATION



Photo provided by Audrey Lanczki, Grafico Industries, Inc.

Transportation is a key component for a vibrant and thriving community. Even if a community has a sufficient number of job opportunities and services available, access to affordable transportation plays a vital role in whether or not an individual can take advantage of these opportunities and services.

Transportation is the second largest budget item for households, behind housing.¹ For those with limited incomes, affordable transportation becomes an even greater challenge. Those who own a car are still burdened with additional costs such as gas, insurance, and routine maintenance. For those who cannot afford their own car, they must rely on friends and family, walk, bike, or use public transportation.

In an emerging urbanized community, like Charlotte County, public transportation is often inadequate. Public transportation routes and times are usually limited, and for individuals with low incomes, base fares are often too expensive.

Public transportation in Charlotte County has been a difficult issue to resolve. First, the county is largely suburban without a true urban center. Bridges separate the most densely populated areas: Punta Gorda, Port Charlotte, and Englewood. Second, the county has a large elderly population who would likely have difficulty accessing stops on a fixed bus route. The frail, elderly and disabled riders are more likely to use Americans with Disability Act (ADA) comparable and/or transportation disadvantaged service. Third, the county is lacking in adequate infrastructure to support a fixed route system including sidewalks and turnouts for buses to stop without blocking traffic. Finally, the community lacks a central business district making each resident's transportation needs different. Many workers in Charlotte County are shift workers who do not necessarily work traditional nine-to-five jobs, when public transportation is generally available. Transportation was consistently identified as a perceived need throughout this study by agencies, clients and community members.

Transportation was consistently identified as a perceived need throughout this study by agencies, clients and community members.



Image provided by Charlotte Harbor Visitor & Convention Bureau and the city of Punta Gorda

EMPLOYMENT AND TRANSPORTATION

Transportation is often a major problem for individuals making the transition from unemployed to working. Not having a car can pose a barrier for job seekers. Those without a car or other form of reliable transportation are limited to applying for jobs within walking or biking distance to their homes and as a result, miss out on job opportunities in other parts of town. In some cases, job applicants without a car are not even considered. Once an individual does land a job, lack of reliable transportation often contributes to absenteeism.

In Charlotte County, 23% of households have only one vehicle.² While this would likely be manageable in a community with an urban center or centralized business district, it poses a challenge for households in a community like Charlotte County. Car ownership offers a mixed blessing for low income workers. On the positive side, car owners can seek employment in a broader range of locations; take children to childcare; go to doctors appointments; run errands, etc. However, car ownership is expensive. Repairs, upkeep and insurance create additional barriers and hardships. Transit options are increasingly important.

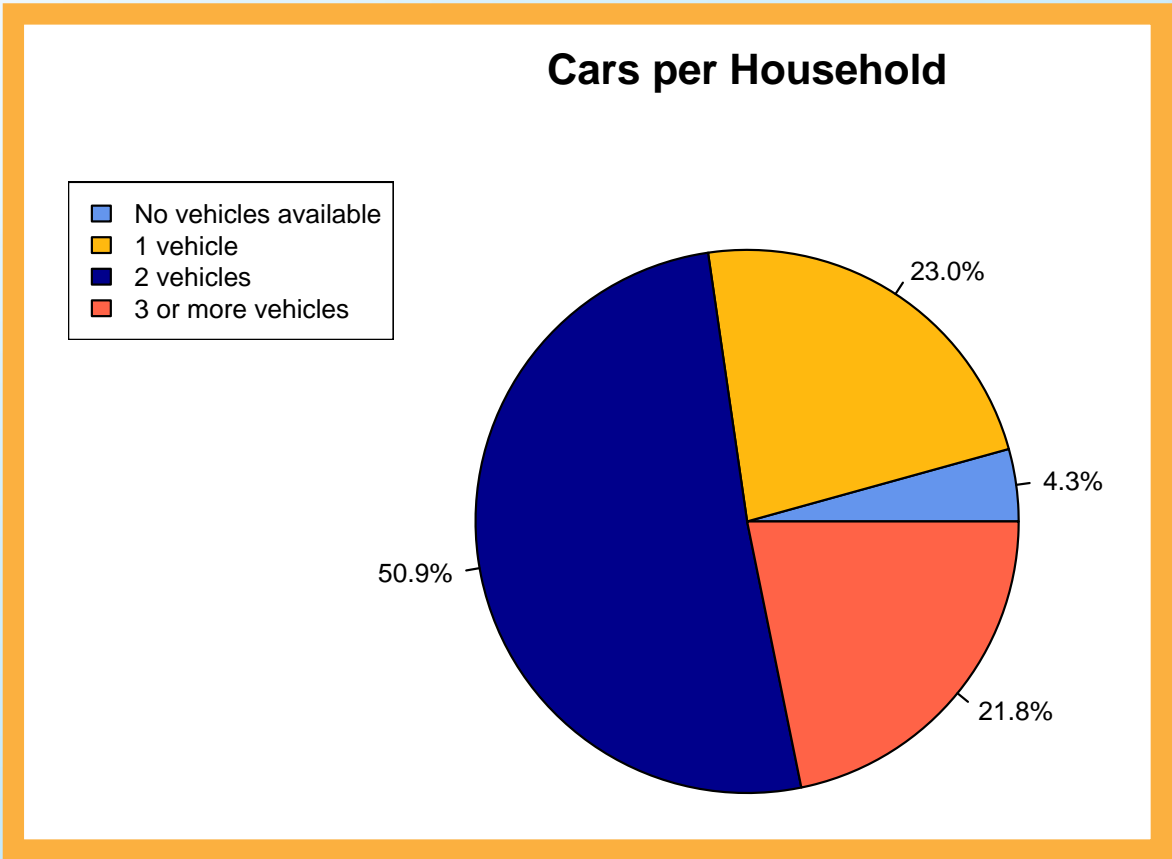


Figure 6.1 Source: American Community Survey, 2011 1 year estimates Table S0801

According to the Federal Transit Administration three quarters of welfare recipients live in central cities or rural areas not well served by transit.³ As a result, low income households spend up to 40% of their household budget on transportation related costs, compared to the national average of 19%.⁴

Transportation affects more than just individuals, but the community as a whole. A report by the American Public Transit Association (APTA) found that for every dollar invested in public transportation \$4 or more is generated in economic returns.⁵ Others estimate the return on investment to be as high as \$6 for every dollar invested.⁶

Transportation corridors, such as I-4 between Tampa and Orlando and proximity to airports are increasingly playing a role in determining where businesses choose to locate. A poll of corporate real estate executives conducted by the trade journal, *Site Selection* demonstrated that transportation infrastructure ranked as the number one factor when deciding where to locate.⁷

Means of Transportation

Charlotte County residents rely heavily on automobiles as the primary form of transportation. In 2011, an estimated 86.7% of workers drove to work – of those, 77.9% drove alone and 8.8% carpooled – 6.7% traveled to work by taxi or motorcycle, 5.4% worked from home, 0.8% walked, and 0.5% took public transportation.⁸

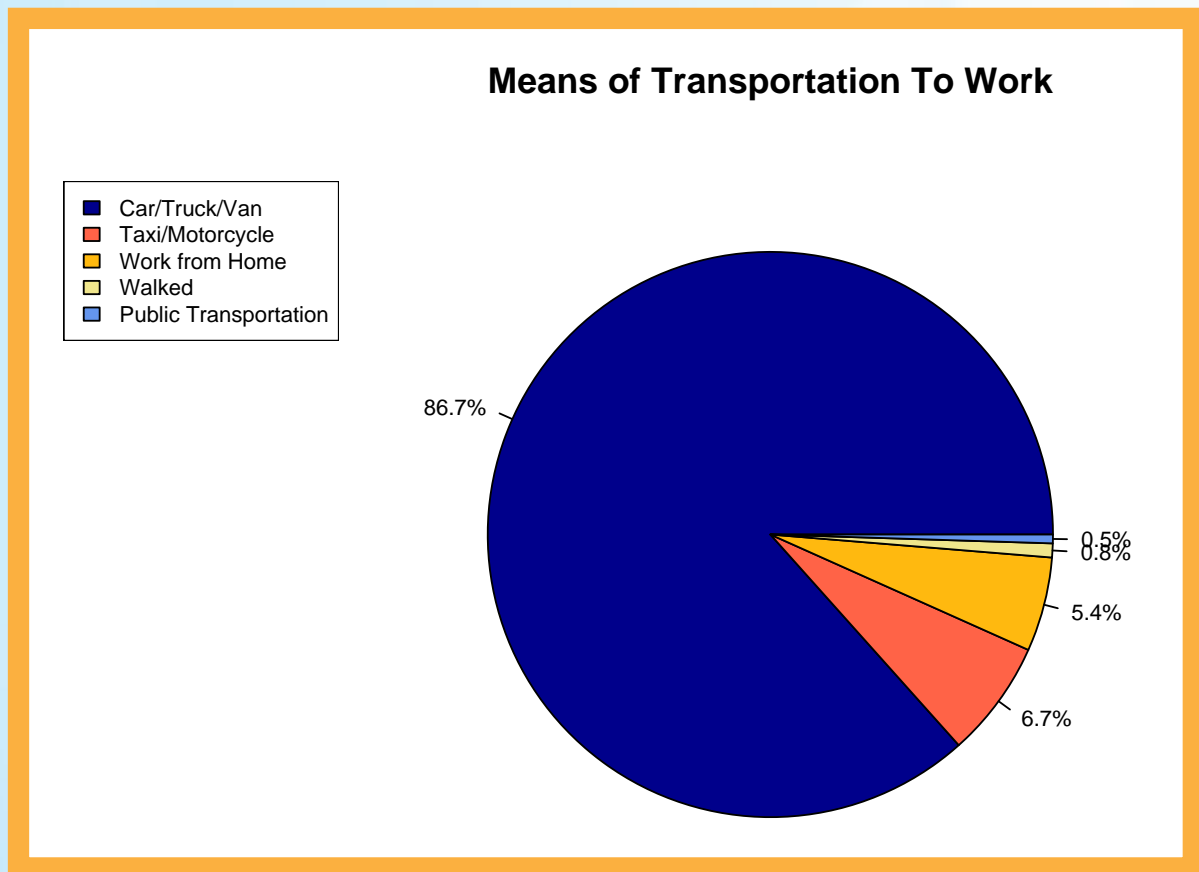


Figure 6.2
Source:
American
Community
Survey, 2011
1 year
estimates
Table S0801

The necessary reliance on automobiles in Charlotte County is evident among the human service agency clientele surveyed throughout this study. Sixty-nine percent of respondents said that they own or lease a car, 14% rely on family and friends, 6.3% use Dial-a-Ride or Sunshine Ride, 5% use bicycles, 2.9% walk, 2.4% have no means of transportation and 0.3% rely on taxis to get where they are going.⁹

Approximately one fourth of workers commute outside of Charlotte County to get to work. On average, commuters need 21.7 minutes to get to work.¹⁰ As a result of the necessary reliance on automobiles in Charlotte County, low income households are forced to seek help with other necessities such as childcare, food, housing, and healthcare.

Approximately one fourth of workers commute outside of Charlotte County to get to work.

Human Service Clientele: Mode of Transportation

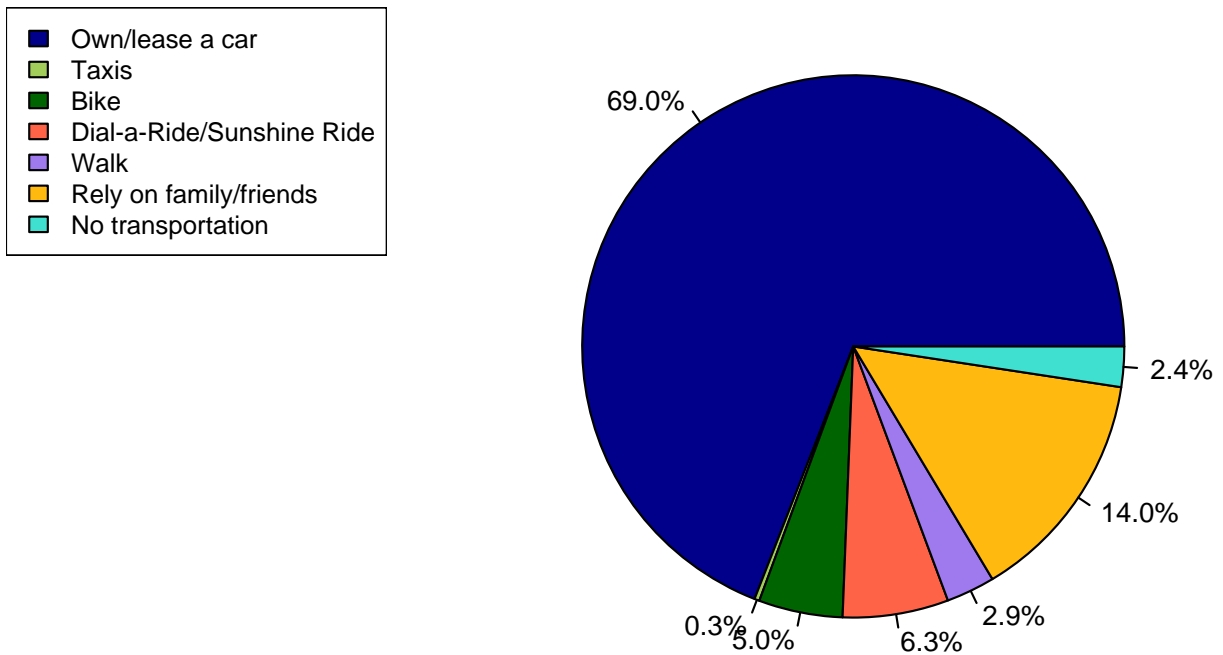


Figure 6.3 Source: Clientele Survey, Appendix 3

Shift Work and Transportation Schedules

Due to the high concentration of service industry jobs in Charlotte County, many residents do not leave for work during peak travel times. Only 40.5% of workers travel to work during the peak hours between 7:00 am and 9:00 am, 29.5% leave for work between midnight and 7:00 am, and 30% travel to work between 9:00 am and midnight.¹¹

Charlotte County's three largest industries: trade, transportation and utilities (27.02%); education and health services (25.12%); and leisure and hospitality (15.51%)¹² each include a wide variety of occupations that do not have typical 9:00 am to 5:00 pm shifts. The Florida Department of Economic Opportunity expects that these industries will continue to grow in Workforce Region 24, which includes Charlotte County, through 2020.¹³

Furthermore, the majority of the fastest growing occupations in Workforce Region 24 are part of the construction industry. This industry is expected to grow by 5.39% annually between 2012 and 2020¹⁴ and is heavily dependent on employees that work during off-peak hours. As a result, transportation to and from work will continue to be an important issue for the community.

Charlotte County's current available public transportation options, Sunshine Ride and Dial-A-Ride are para-transit systems that operate during peak business hours Monday thru Friday. Dial-a-Ride also operates on Saturday. As a result, they are not viable transportation options for many workers employed in these industries.

Households with multiple employed persons but only one vehicle are also likely face difficulty if both do not work the same shift. Even if they do work the same hours, getting to work can be difficult if both do not work in the same general area of town, which is likely in a community like Charlotte County that does not have a centralized business district.

AVAILABLE PUBLIC TRANSPORTATION OPTIONS

Two existing para-transit transportation systems currently exist in Charlotte County, and are operated by the Transit Division of the Charlotte County Human Services Department through the Board of County Commissioners. Para-transit is point-to-point service that accumulates riders in a pre-scheduled format and delivers them to their destinations by proximity rather than time.

Transit operations in Charlotte County are largely funded by the Transportation Disadvantaged Commission, the Federal Transit Administration, Florida Department of Transportation, Agency on Health Care Administration (Medicaid) and Charlotte County General Revenue.¹⁵

Dial-a-Ride – Public Paratransit

The Dial-a-Ride program is available to all Charlotte County residents with advance reservation. Service is available on weekdays from 6:30 am to 6:00 pm and on Saturdays from 8:45 am to 6:00 pm. Dial-a-Ride has 13 routes covering all urbanized areas of Charlotte County. A standard one-way fare is \$3.00 plus an additional \$1.00 for travel across the Myakka or Peace River Bridges and \$3.00 for travel across the Boca Grande Bridge.¹⁶ Dial-a-Ride provided 59,501 one-way rides during the Charlotte County Board of County Commission's Fiscal Year ending September 30, 2012.¹⁷ The operational cost per ride is \$25.28.¹⁸

The challenges to the current system are the incompatibility between route scheduling and work scheduling as well as the cost for both the individual and the county.



*Photo provided by
Charlotte County Transit Division*

SPOTLIGHT

Commuter Services Provides Alternatives to Driving Alone

Many think of fixed-route public transportation as the only solution to a community's transportation needs, yet this solution is often costly and inadequate. Communities are turning to alternative methods to meet these needs. These alternatives are often easy to implement, are much more cost effective for both the community and the individual, and offer other health and environmental benefits.

In 2007 the Florida Department of Transportation introduced the Commuter Services program for travelers living and working in the 12-county Southwest Florida region. This program works with businesses and commuters in the region to find alternatives to driving alone. There are numerous benefits to alternative commuting including: saving money on gas, reducing the wear and tear on your automobile, and reducing pollution, which is beneficial to the environment and your health.

The Commuter Services website (www.commuterservicesfl.com) provides several suggestions for alternative commuting including:

- ◆ **Carpooling** - sharing a ride with one or more friends or co-workers.
- ◆ **Vanpooling** - similar to carpooling, larger groups split the costs associated with van payment, gasoline, and parking.
- ◆ **Bicycling or Walking** - commuters travelling by bike or on foot not only save money but get the added benefit of built-in exercise.
- ◆ **Telework** – by working from home, employees reduce the costs associated with commuting and are often more productive and satisfied in their jobs.
- ◆ **Alternative Work Hours** – working fewer days but longer days enables commuters to save on the number of trips they make each week.

The program website provides numerous resources for business and commuters interested implementing an alternative commuting program including:

- ◆ **Cost Calculator** - to help commuters figure the current cost of their commute and how those costs can be reduced by choosing an alternative.
- ◆ **EZ Ride** – this online tool will help match commuters with similar schedules and destinations
- ◆ **Employer Services** – Commuter Services will assist employers looking to make their workplace more commuter friendly.

For more information, contact: Commuter Services, 1.866.585.RIDE or
www.commuterservicesfl.com



Photo provided by
Charlotte County Transit Division

Sunshine Ride – Transportation Disadvantaged

Sunshine Ride is available to Charlotte County residents with “physical disabilities, those age 60 and older, children at-risk, Medicaid recipients, qualified low income residents, and those living in rural areas.”¹⁹ Passengers must be pre-qualified and must make reservations 24 hours in advance. One-way co-pay fare is \$1.00 for Sunshine Ride. Sunshine Ride provided 93,419 one-way rides during the Charlotte County Board of County Commission’s Fiscal Year ending September 30, 2012.²⁰ The operational cost per ride is \$12.33.²¹

| Rides and Operational Costs | | |
|-----------------------------|---------------------|---------------|
| | Operational Cost | One-way Rides |
| DIAL-A-RIDE | \$25.28/ride | 59,501 |
| SUNSHINE RIDE | \$12.33/ride | 93,419 |

Figure 6.4
Source: Charlotte County Board of County Commission, Budget/Fiscal Division; Charlotte County Board of County Commission, Department of Human Services, Transit Division 2012.

The challenges to the current system are the incompatibility between route scheduling and work scheduling as well as the cost for both the individual and the county.

PUBLIC FIXED ROUTE BUS SYSTEM

In an emerging urbanized community, a limited or pilot fixed route system often becomes the next step in blending a para-transit system with a fixed route system. A fixed route system provides consistent route services without requiring advanced reservations and provides additional transportation options for seniors and low income households. Challenges to implementing a fixed route system include identifying demand for route usage, route scheduling, infrastructure, equipment and operating expenses, funding sources and community support.

PUBLIC TRANSPORTATION ALTERNATIVES

Charlotte County recognizes that future economic growth and stability, environmental sustainability, public health and social welfare, are affected by a shift to a more balanced transportation system supportive of travel by public transit, walking, and bicycling as well as accommodating the automobile, which is currently the most utilized mode of travel.

In fact, there are many efforts underway to create this shift. Punta Gorda has already been recognized for its success and leadership through its Punta Gorda Pathways project with an honorable mention as a “Bicycle-Friendly Community” by the League of American Bicyclists. Over 18 miles of pedestrian trails and paths surround and connect the city. The Pathways Project is comprised of many smaller projects including Harborwalk, Linear Park, Connector Projects, and the US 41 Multi Use Recreational Trail.

The City of Punta Gorda in collaboration with Team Punta Gorda, a non-profit organization dedicated to enhancing and improving the city of Punta Gorda, has created a bicycle loaner program. Bright yellow bicycles can be borrowed from area businesses along with a brochure that highlights the Pathways Project for cyclists to follow.

Through the Charlotte County-Punta Gorda Metropolitan Planning Organization, the Long Range Transportation plan for Charlotte County includes an expansion of the bicycle network, sidewalks and multi-use trails.

Moving Forward

Transportation has consistently been identified as one of the highest priority needs in Charlotte County by agencies, clients, and community members alike. The ability to access jobs, education, healthcare and other services is vital to individual’s well-being. In addition, transportation has constantly been shown to play a vital role in a community’s economic success. Yet, effective transportation systems are expensive to implement and operate. They often require joint collaboration between multiple private and public partners.

Transportation in Charlotte County presents its own special challenges and is not without controversy. Our large retired population does not necessarily have the same transportation needs as the community’s working population. In addition, suburban sprawl makes a fixed-route system difficult. Further, there is a question of whether or not a fixed-route system would have sufficient ridership to justify its operational costs.

Despite these challenges, work is being done on a daily basis to improve the available transportation options in the community. The Charlotte County-Punta Gorda Metropolitan Planning Organization (MPO), in collaboration with Sarasota/Manatee Metropolitan Planning Organization has just completed a Transit Latent Demand Study for the Board of County Commission’s review and consideration. Charlotte County and the MPO are preparing to conduct a comprehensive 10 Year Transit Development Plan. With these studies, it is hopeful that transportation options will continue to improve in Charlotte County.

Challenges to implementing a fixed route system include identifying demand for route usage, route scheduling, infrastructure, equipment and operating expenses, funding sources and community support.

OPPORTUNITIES

- ◆ **Embrace the findings of the upcoming 10 Year Transit Development Plan.** Beginning late 2013 and early 2014, Charlotte County will be conducting a comprehensive update to its 10 Year Transit Development Plan as required by the Florida Department of Transportation. This planning document will identify transit needs, resources and gather community input on transit services.²²
- ◆ **Consider the options presented in the Transit Latent Demand Study.** The Latent Demand Study completed in 2013 provided data which suggested that a fixed route between the Parkside district in Port Charlotte and North Port in south Sarasota County was feasible. Both counties may consider future connectivity possibilities.²³

Federal and State regulatory, planning and funding agencies have generally been supportive of Charlotte County's interest in a fixed route system with possibilities for regional coordination and linkages to Lee County to the south and Sarasota County to the north.

- ◆ **Form a community consensus on transportation needs.** Public participation, workshops and surveys can assist in providing community consensus on transportation needs and direction in transit planning.
- ◆ **Explore alternative means of transportation.** Alternative means of transportation can be explored to offset the demand on a public transit system.



Photo provided by
Charlotte County Transit Division

CONCLUSION



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It is apparent from this study that there is no shortage of needs or opportunities in Charlotte County. The number of agencies and individuals dedicated to bringing about change for good is abundant. This study's intent is to help bridge the gap between needs and existing services and bring to light key issues that need to be addressed holistically by the entire community.

Pursue a Theme of Prevention

It became apparent during this study that poverty is both a cause and effect of the other human service area issues. For example, children born into poverty often lack the opportunity to access quality education. Without a quality education, the likelihood of getting a job that earns a sufficient income decreases. Without a sufficient income, it becomes difficult to keep a roof over one's head, food on the table, and to see a doctor when ill. Thus the vicious cycle of poverty becomes nearly impossible to break.

The effects of poverty are detrimental not only to the individual but to the community at-large. By focusing energy and resources into preventative programs the number of people in need of assistance is ultimately reduced in the long run. The return on investment to the community greatly outweighs the initial program costs.

The term 'prevention' spans all areas of the human services sector. Preventative healthcare includes early detection and health promotion as a means to prevent future disease. Preventative education programs include ones that increase high school graduation rates and encourage continued education as a means to obtaining a higher paying job. Homelessness prevention includes programs that thwart crisis situations through financial literacy and budgeting, employment assistance and reducing barriers to affordable housing.

Increase Awareness of Existing Resources and Initiatives

The Charlotte County community has many human service agencies providing vital services to the residents, yet two issues became apparent throughout this study:

- ◆ Agencies do not effectively or consistently communicate with each other about the services they provide.
- ◆ Individuals in need are not always aware of the services available.

There is a need for better communication and cooperation between agencies about local initiatives that are taking place. Better communication would result in a more seamless delivery system of services and would lead to reduced duplication of services.

Furthermore, Charlotte County has a wide array of services available to our residents to help meet their basic needs. These services are provided through a variety of service providers, both public and private. As part of this study, the research team worked with Charlotte County 211 – the community's government and non-profit information and referral service, the GIS team from the Charlotte County IT Department and the LIS team from the Charlotte County Community Development Department to develop an online interactive resource map.

This interactive map was developed to assist residents in locating essential human services that are available in our community. The map will provide you with basic provider information for the following service categories: Employment, Education, Housing, Food, Financial Assistance, Family & Youth Services, Senior Services, Transportation, Veteran Services and Health.

This tool can be accessed through Charlotte County Human Service's website:
www.charlottecountyfl.gov/dept/humanservices/Pages/default.aspx

Promote Community-wide Investment

Poverty is an issue that affects the entire community but one many find uncomfortable to discuss. The issue is one that is often “out of site, out of mind.” At the same time, the issue of poverty is relative for someone who is living it and is surrounded by people with similar circumstances. Left unaddressed, the cycle of poverty will only continue to grow.

As the greatest need identified in this study, the burden of reducing poverty is one that is shared between the individual, local government, human service agencies and the community at-large. It is not enough for human service agencies to provide supportive services to those in need and to expect an individual to continue his or her education as a means to a better future.

The local economy must attract industries so that individuals can seek employment that meets their skill set and pays adequate living wages. Our elected officials and community members must recognize the long-term return on investment that comes with supporting programs in the short term through advocacy, financial support or volunteerism. It is up to the local agencies to communicate the value of this investment.

Human service providers are encouraged to look for ways to work together to attack the issue of poverty holistically through their individual missions. These agencies must work cooperatively to break down their barriers in order to collaborate on programs and initiatives that will bring about measurable change. After all, we are stronger together than we are alone.



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- ⁴ US Census Bureau, *American Community Survey (One-Year Estimates)*, Table S1702 Poverty Status in the Past 12 Months of Families, 2011
- ⁵ US Census Bureau, *American Community Survey (One-Year Estimates)*, Table DP04 Selected Housing Characteristics, 2011

- ⁶ Shimberg Center for Housing Studies, University of Florida, *Florida Housing Data Clearinghouse*. "Foreclosure and Serious Delinquency Rates." 2012
- ⁷ US Department of Housing and Urban Development, *Affordable Housing*, 2013
- ⁸ US Census Bureau, *American Community Survey (One-Year Estimates)*, Table DP04 Selected Housing Characteristics, 2011
- ⁹ US Census Bureau, *American Community Survey (One-Year Estimates)*, Table S2506 Financial Characteristics for Housing Units with a Mortgage, 2011
- ¹⁰ US Department of Housing and Urban Development, *Affordable Housing*, 2013
- ¹¹ US Department of Housing and Urban Development. Office of Policy Development and Research. *US Housing Market Conditions: Summary – Fair Market Rents*
- ¹² US Department of Housing and Urban Development. *Housing Choice Voucher Program Guidebook*. "Chapter 5"
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- ¹⁴ Michael Overway, Homeless Management Information System Director, Charlotte County Homeless Coalition, 2013
- ¹⁵ Charlotte County Homeless Coalition. *Lead Agency Survey of 2013 Point-in-Time Count.*, 2013.
- ¹⁶ Angela Hogan, Executive Director, Charlotte County Homeless Coalition, 2013.
- ¹⁷ Charlotte County 211, *Food Pantries – Donation List*. Updated May 7, 2013
- ¹⁸ US Department of Agriculture. *Supplemental Nutrition Assistance Program: Average Monthly Benefit Per Person*, 2013.
- ¹⁹ US Census Bureau, *American Community Survey (One-Year Estimates)*, Table CP03 Selected Economic Characteristics, 2011
- ²⁰ US Census Bureau, *American Community Survey (One-Year Estimates)*, Table S2201 Food Stamp/SNAP, 2011
- ²¹ Ibid.
- ²² USDA, Food and Nutrition Service. *National School Lunch Program*.
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- ²⁴ Florida Department of Education, *Free/Reduced Price Lunch Eligibility by School, 2011-12*.
- ²⁵ US Department of Education, National Center for Education Statistics, Common Core of Data (CCD). *Public Elementary/Secondary School Universe Survey*. 2011
- ²⁶ Florida's Office of Early Learning. *School Program Readiness Data: 2011*.
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- ²⁹ Early Learning Coalition of Florida's Heartland, Inc., 2013
- ³⁰ Florida's Office of Early Learning *School Readiness Program Data: 2011*.
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Section 6 – Transportation

- ¹ US Department of Transportation, Federal Transit Administration. *Affordable Housing Near Transit*. 2013.
- ² US Census Bureau, *American Community Survey, (One-year Estimates)*, Table S0801 Commuting Characteristics by Sex
- ³ US Department of Transportation, Federal Transit Administration. *Use of TANF, WtW, and Job Access Funds for Transportation*. 2013.
- ⁴ Surface Transportation Policy Report, *Transportation Costs and the American Dream*. 2003.
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- ⁹ Appendix 3, Clientele Survey
- ¹⁰ Ibid.
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- ¹³ Florida Department of Economic Opportunity. *Employment Projections Data 2012-2020: Workforce Region 24.*, 2012
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- ¹⁵ Charlotte County Human Services, Transit Division. 2013.
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- ¹⁸ Charlotte County Board of County Commission, Budget/Fiscal Division. *Published Performance Measures FY12*.
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- ²⁰ Charlotte County Human Services, Transit Division. *Annual Report provided to the Local Coordination Board*. 2012.
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- ²³ Renaissance Planning Group. *Transit Latent Demand Study, South Sarasota/Charlotte County*, 2013

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APPENDIX 1 **ADDITIONAL DATA**



Photo provided by Charlotte Harbor Visitor & Convention Bureau

The following represents county, state and national level data that was analyzed and referenced throughout the study, but was not presented due to space limitations. It is presented here in the order that it appears in the report.

Poverty Rate by Educational Attainment: Florida

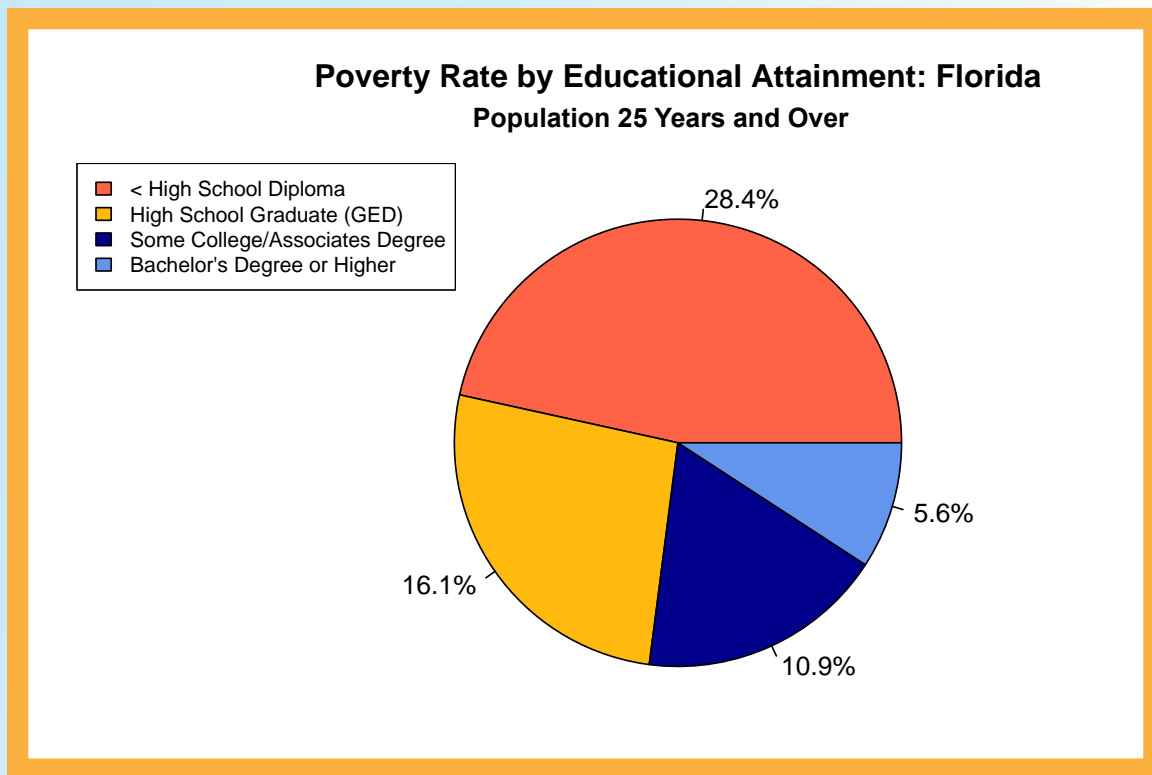


Figure 1.A Source: American Community Survey, 2011, Table S1501

Poverty Rate by Educational Attainment: United States

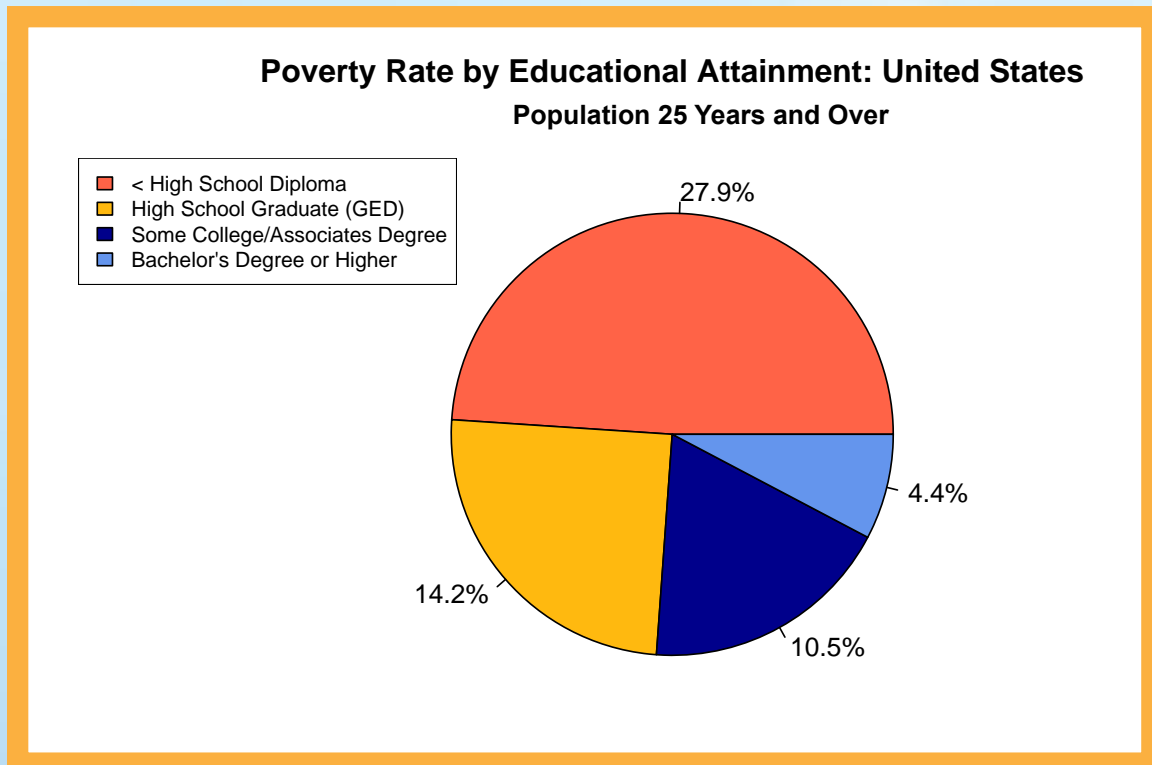


Figure 1.B Source: American Community Survey, 2011, Table S1501

Florida Public School Enrollment

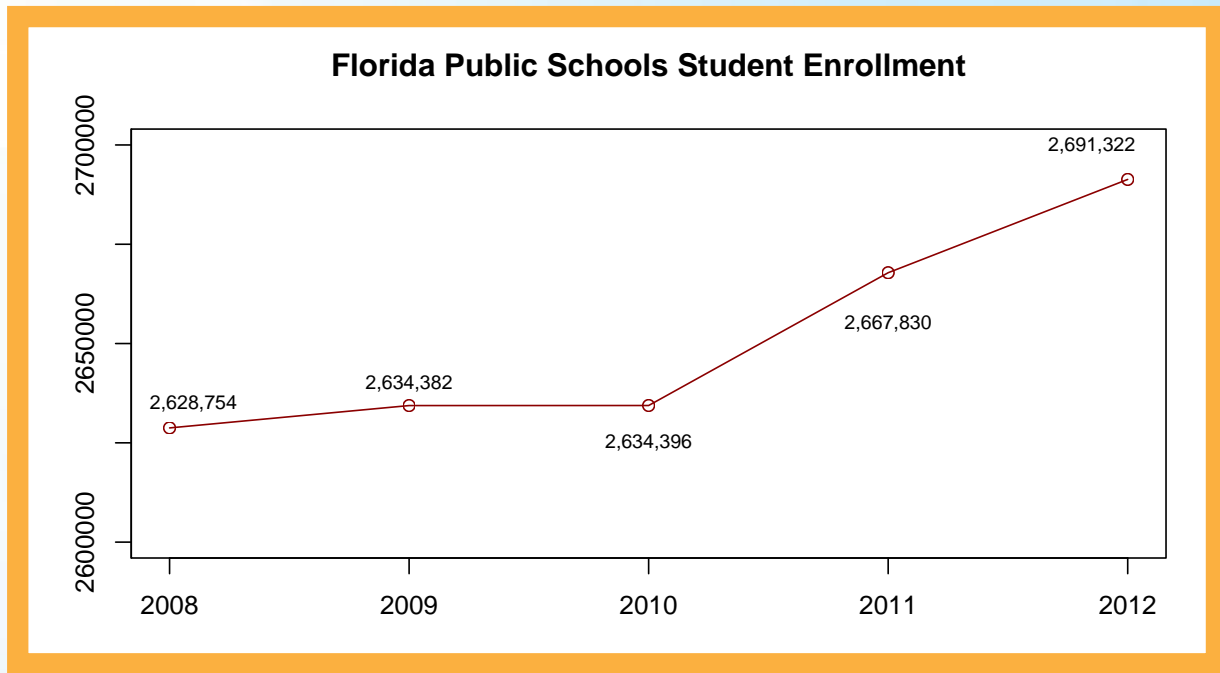


Figure 1.C Source: Florida Department of Education

Chronic Absenteeism: 21 Days or More

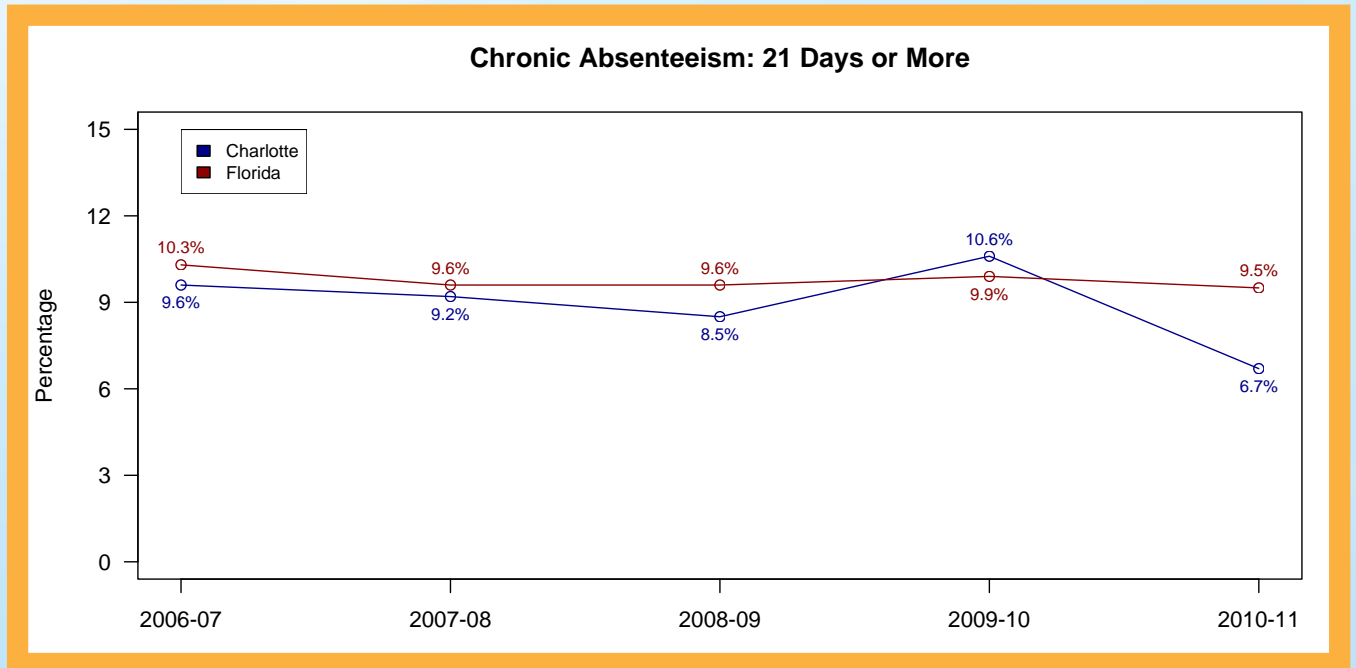


Figure 1.D Source: Florida Department of Education

Chronic Absenteeism by School: Charlotte County

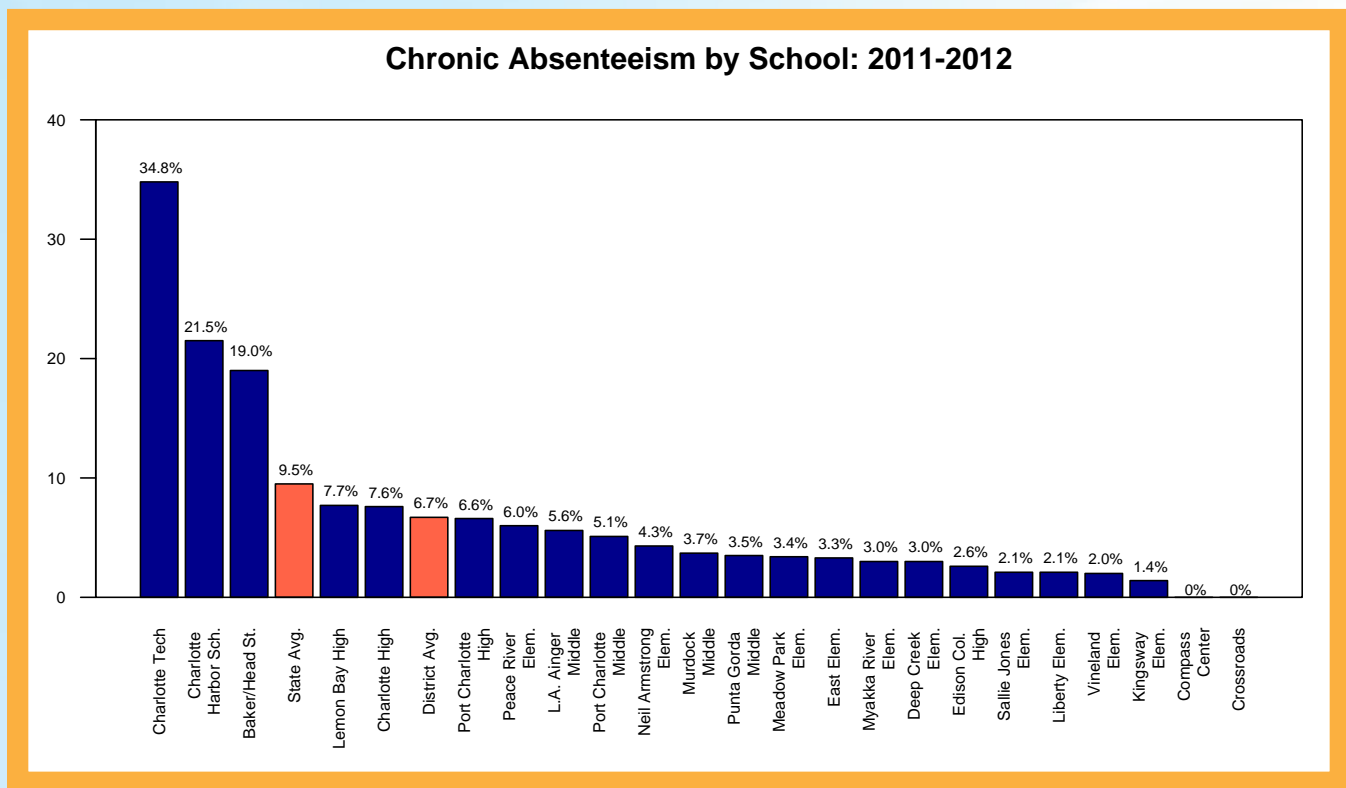


Figure 1.E Source: Florida Department of Education

CCPS Overall School Attendance Rate: Grades 1 – 12

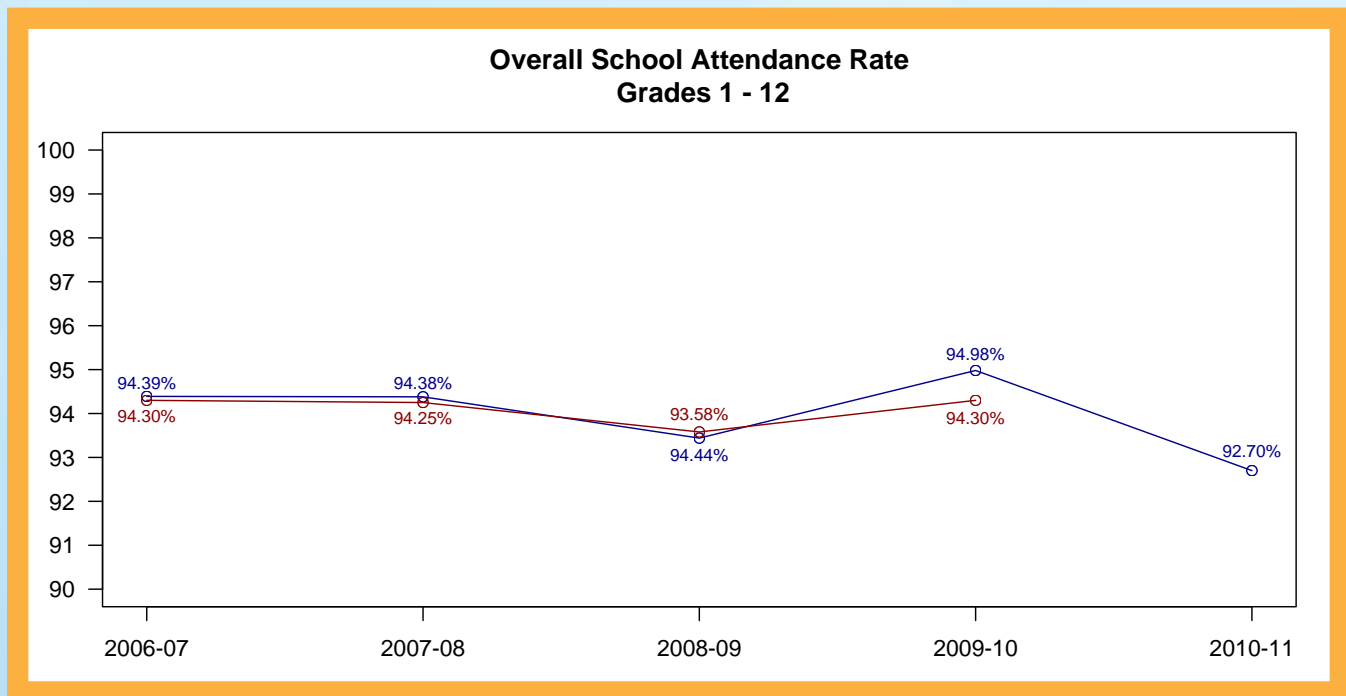


Figure 1.F Source: Florida Department of Education

Educational Attainment: Population Ages 18 to 24 – Florida

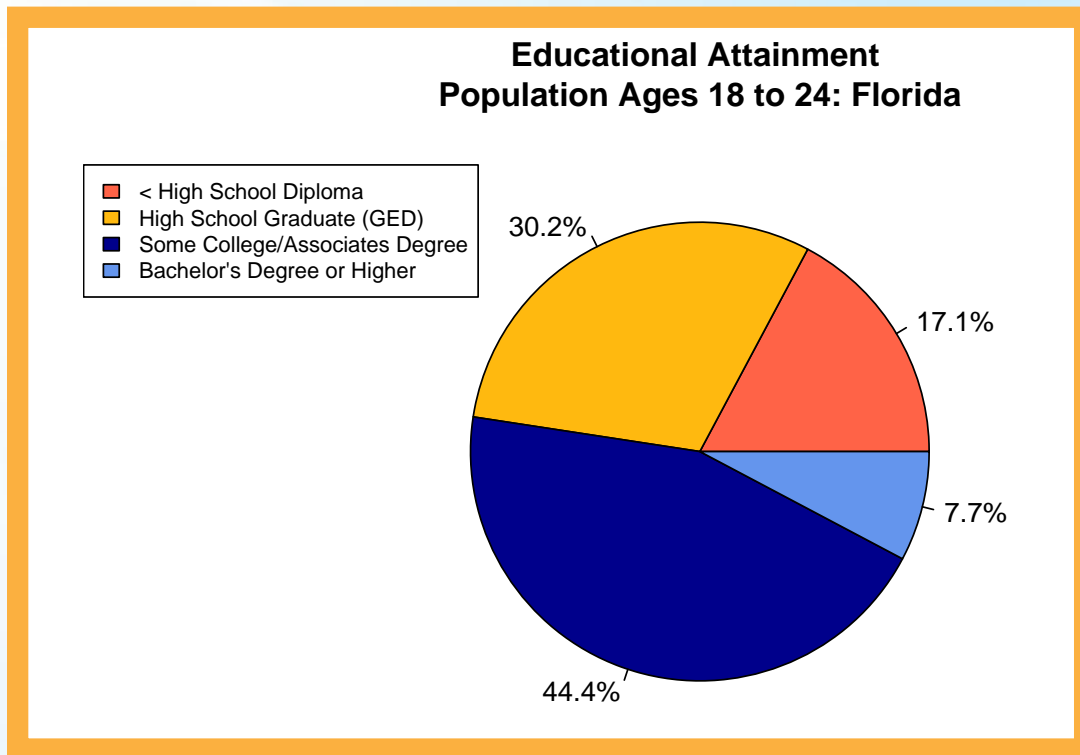


Figure 1.G Source: American Community Survey, 2011, Table S1501

Educational Attainment: Population Ages 18 to 24 – United States

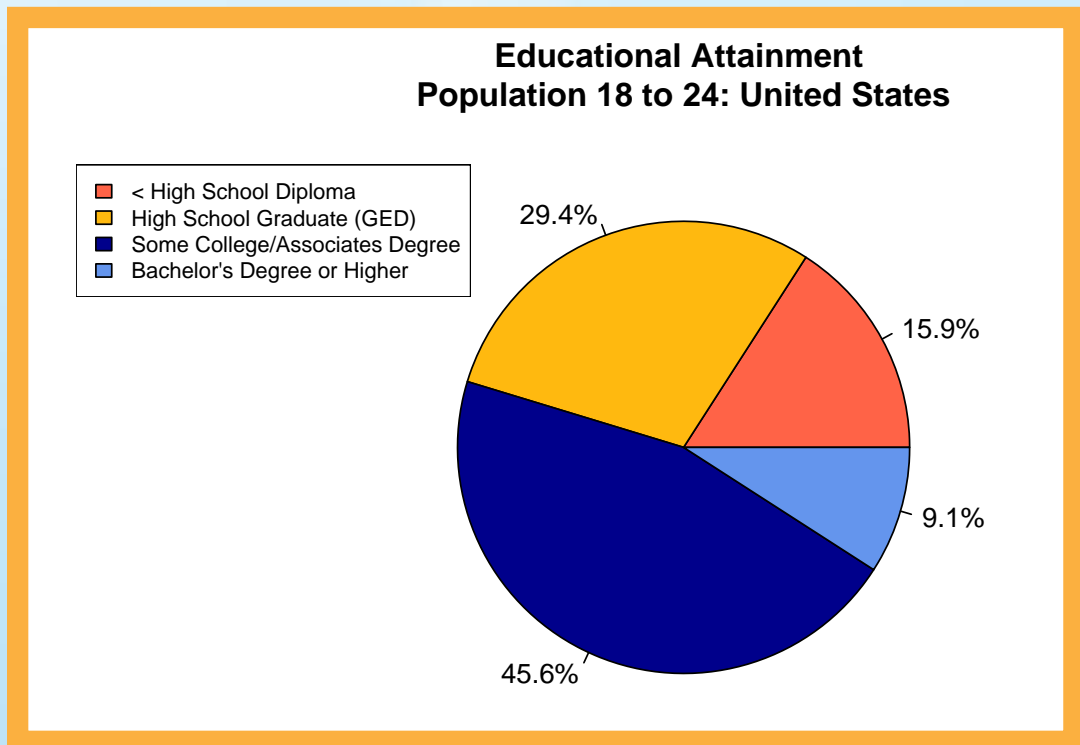


Figure 1.H Source: American Community Survey, 2011, Table S1501

Educational Attainment: Population Ages 25 and Older – Florida

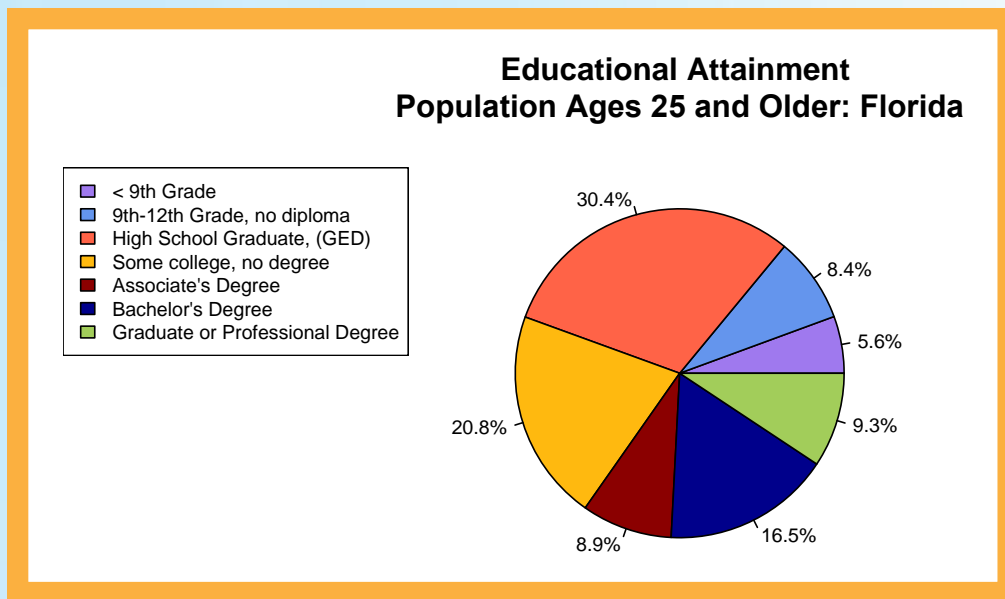


Figure 1.I
Source: American Community Survey, 2011, Table S1501

Educational Attainment: Population Ages 25 and Older – United States

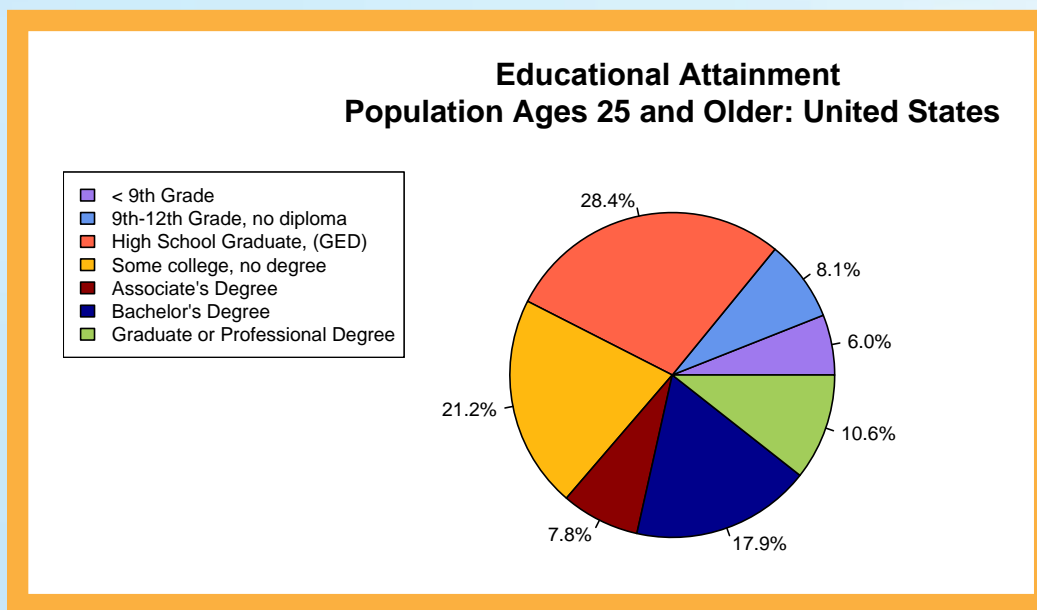


Figure 1.J
Source: American Community Survey, 2011, Table S1501

Labor Force: Charlotte County

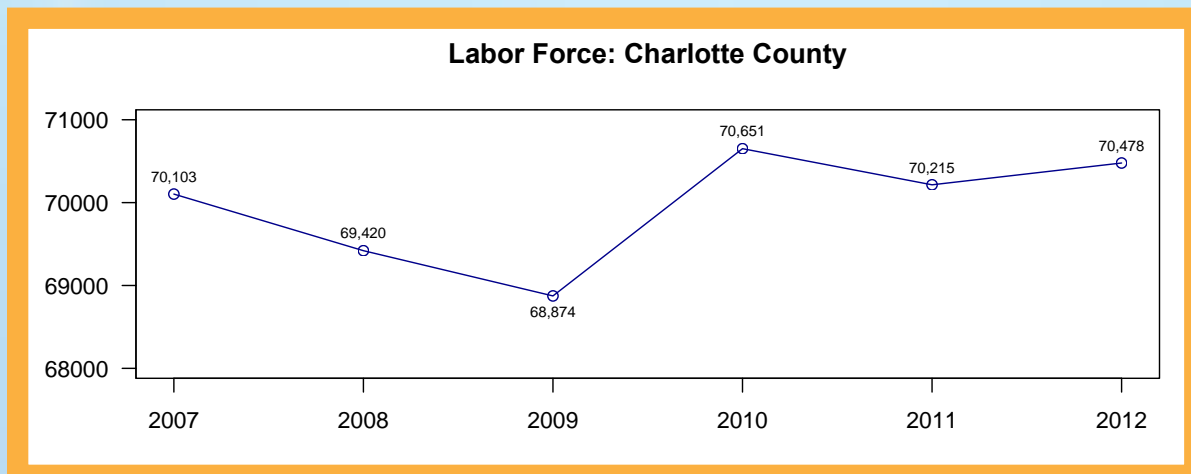


Figure 1.K
Source: Bureau of Labor Statistics

2013 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

| Poverty Guidelines 2013 | |
|-----------------------------|-------------------|
| Persons in family/household | Poverty guideline |
| 1 | \$11,490 |
| 2 | \$15,510 |
| 3 | \$19,530 |
| 4 | \$23,550 |
| 5 | \$27,570 |
| 6 | \$31,590 |
| 7 | \$35,610 |
| 8 | \$39,630 |

For families/ households with more than 8 persons, add \$4,020 for each additional person.

Figure 1.L
Source: United States Department of Health & Human Services

2011 Household Income: Florida

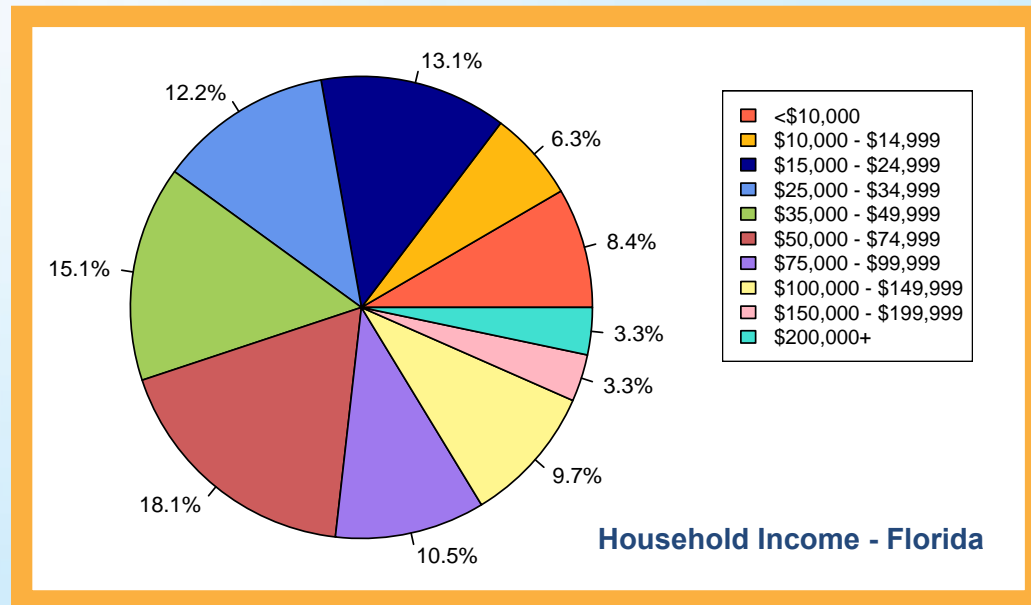


Figure 1.M
Source: American Community Survey, 2011, Table CP03

2011 Household Income: United States

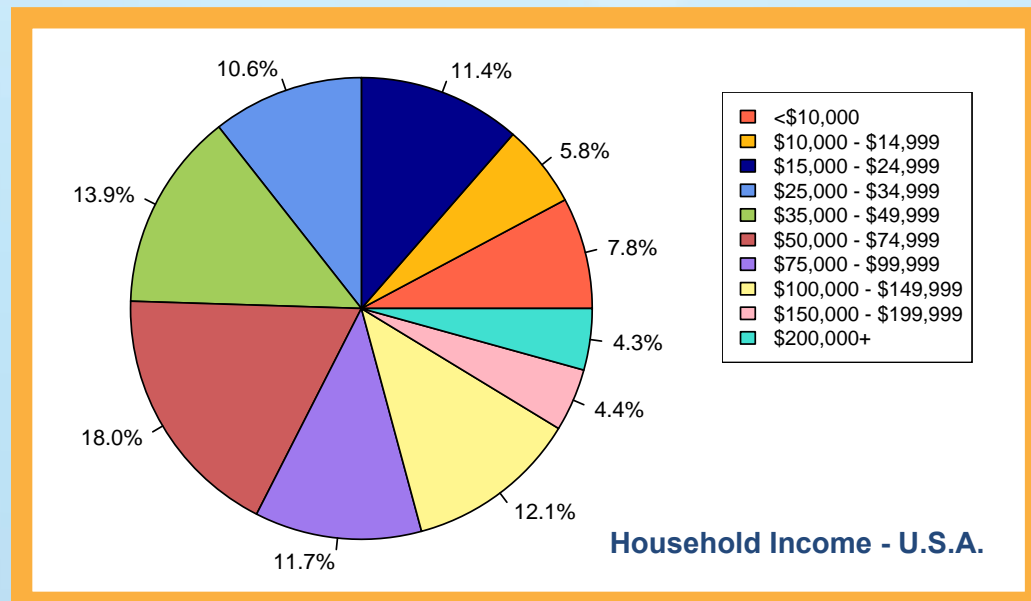


Figure 1.N
Source: American Community Survey, 2011, Table CP03

2011 Employment by Industry: Florida

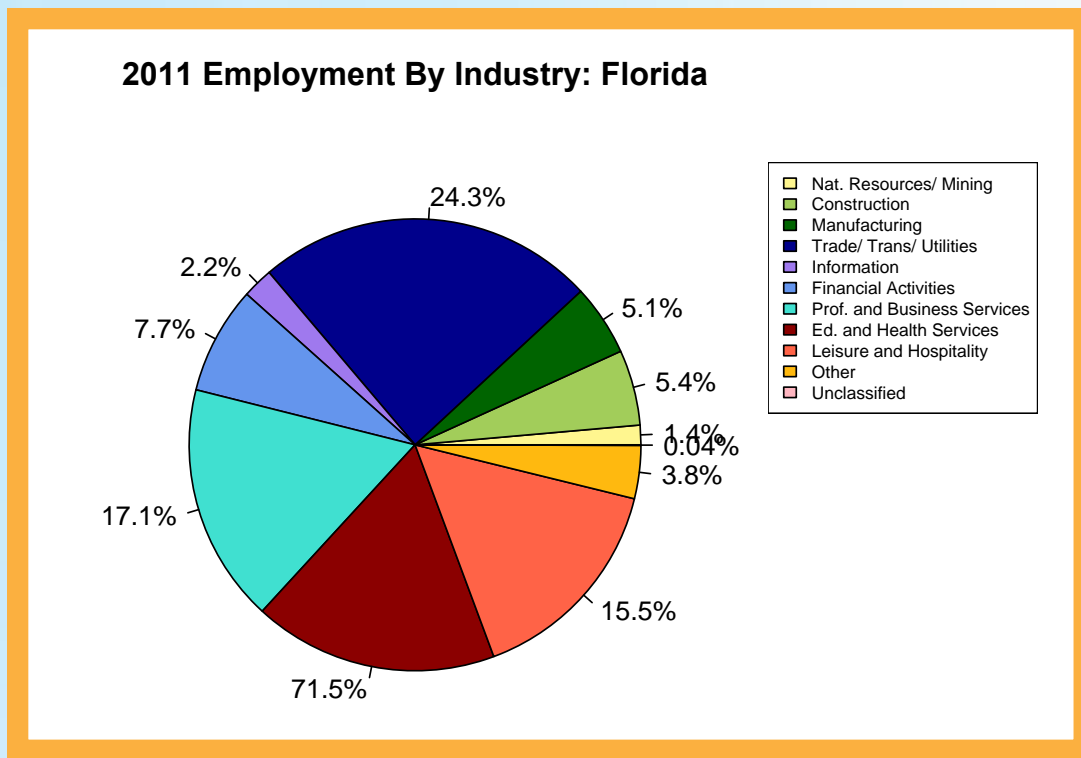


Figure 1.O
Source: Bureau of Labor Statistics

Poverty by Age: Florida

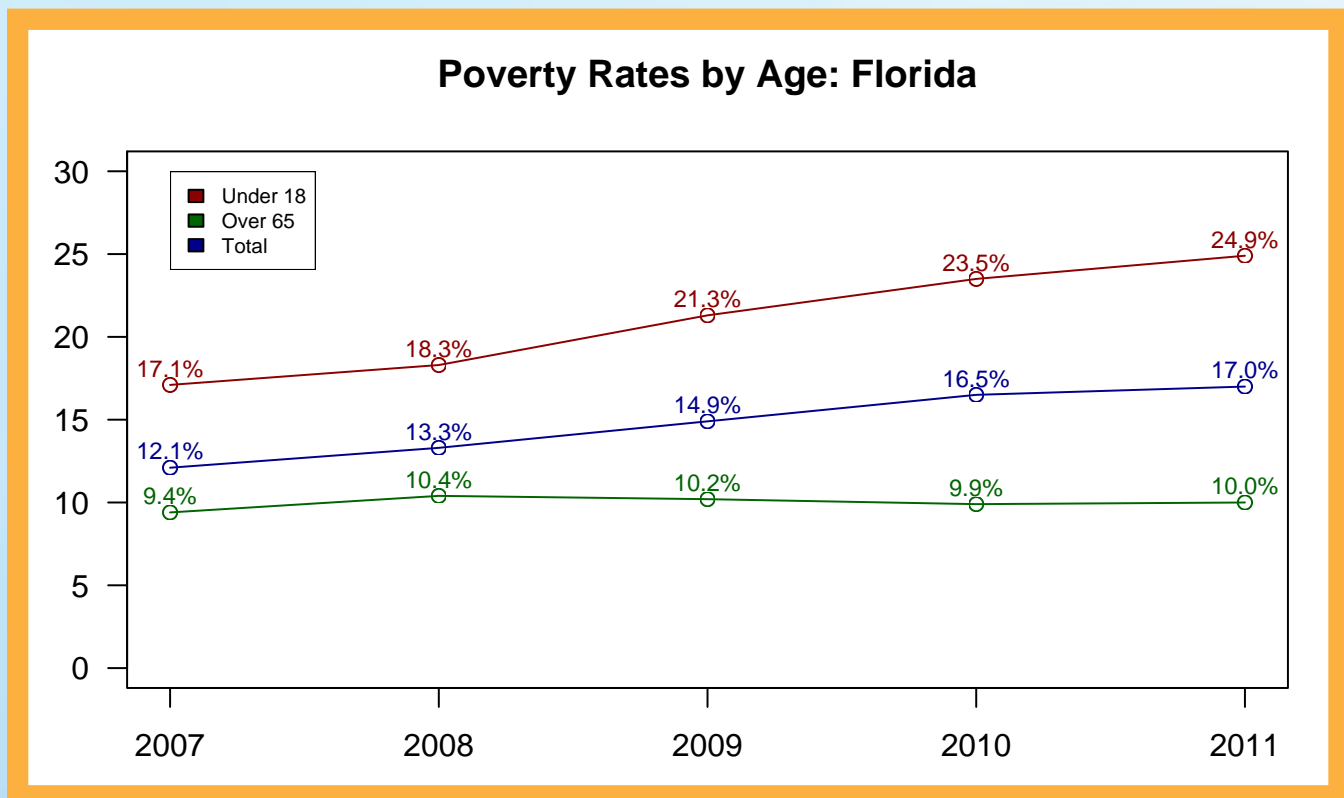


Figure 1.P Source: American Community Survey (One-Year Estimates), Table CP03

Poverty by Age: United States

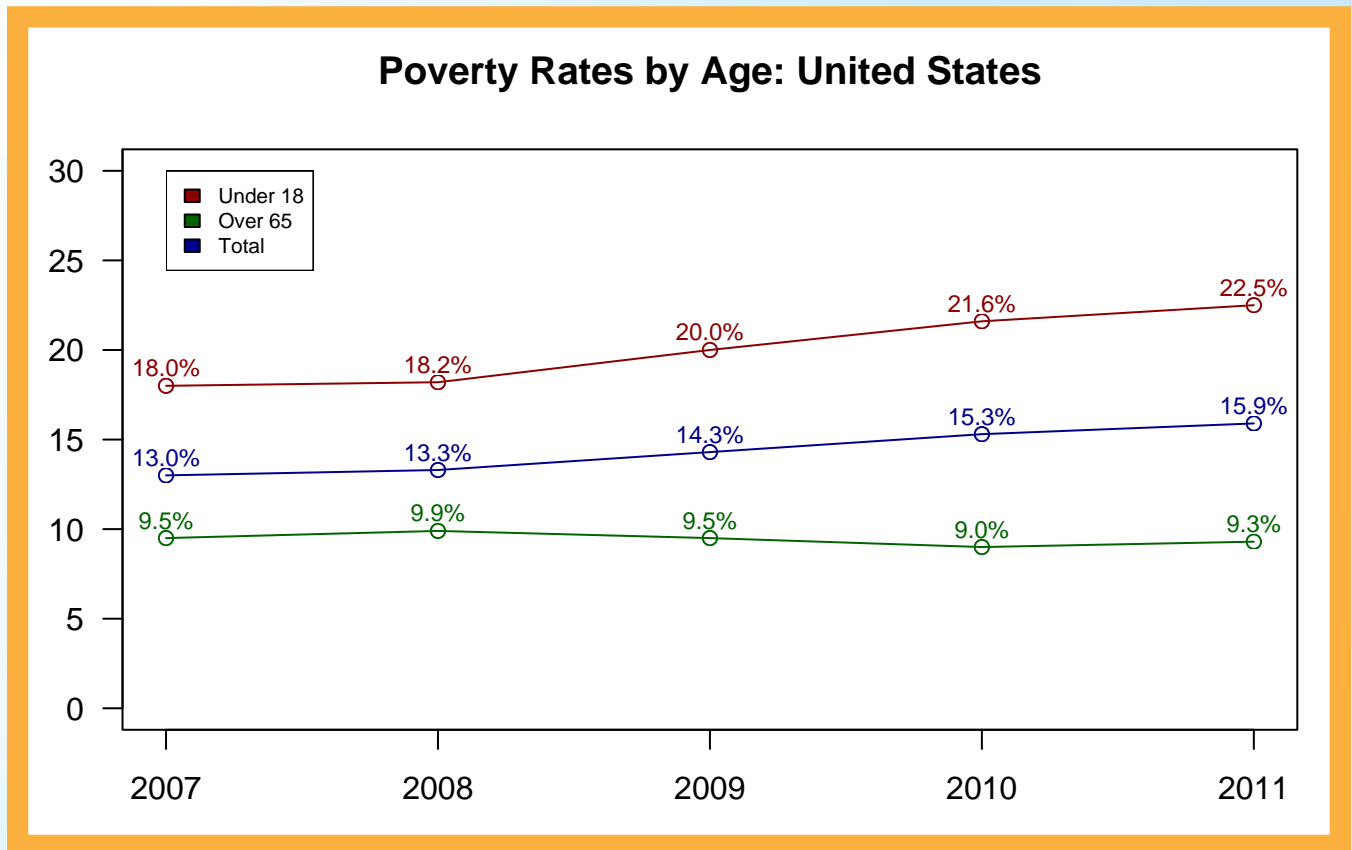


Figure 1.Q Source: American Community Survey (One-Year Estimates), Table CP03

2013 Fair Market Rents by Unit Bedrooms: Charlotte County

| | Efficiency | 1-BR | 2-BR | 3-BR | 4-BR |
|----------|------------|-------|-------|---------|---------|
| 2013 FMR | \$512 | \$675 | \$861 | \$1,223 | \$1,227 |

Figure 1.R
Source: United States Department of Housing and Urban Development

2013 Income Limits by Family/Household: Charlotte County

| 2013 Income Limit Category | Family/Household Size | | | | | | | |
|----------------------------|-----------------------|----------|----------|----------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Very Low (50%) | \$18,600 | \$21,250 | \$23,900 | \$26,550 | \$28,700 | \$30,800 | \$32,950 | \$35,050 |
| Extremely Low (30%) | \$11,200 | \$12,800 | \$14,400 | \$15,590 | \$17,250 | \$18,550 | \$19,800 | \$21,100 |
| Low (80%) | \$29,750 | \$34,000 | \$38,250 | \$42,500 | \$45,900 | \$49,300 | \$52,700 | \$56,100 |

Figure 1.S Source: United States Department of Housing and Urban Development

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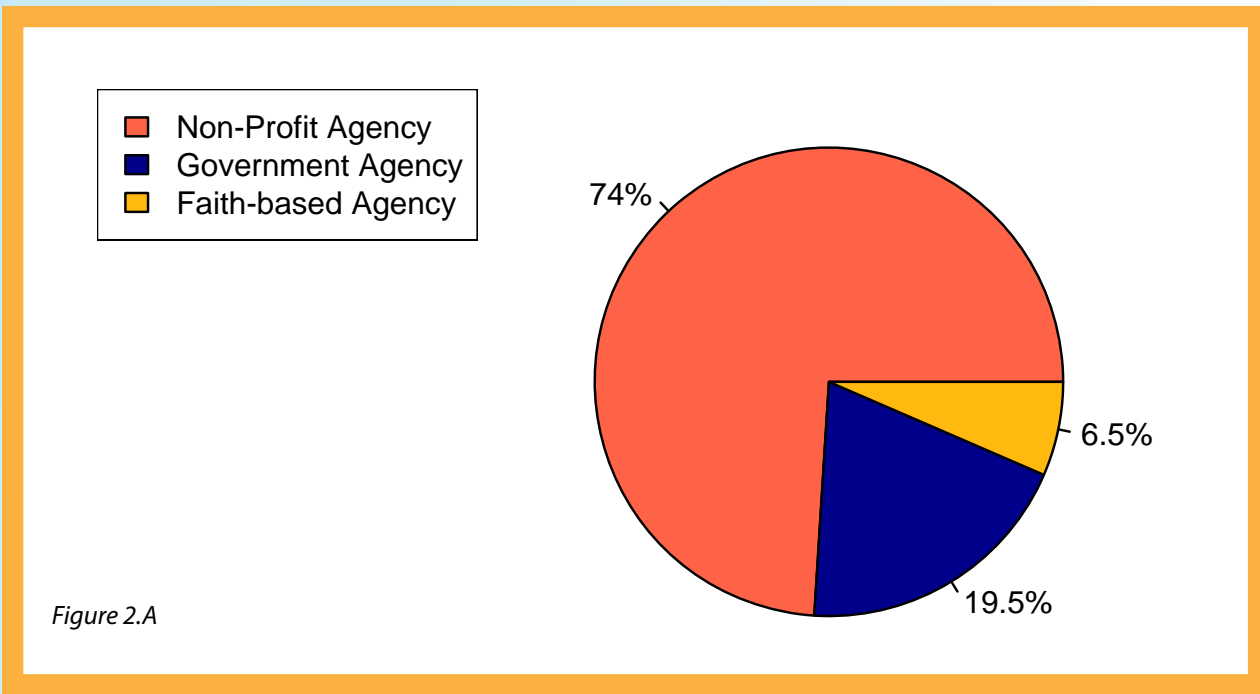
APPENDIX 2 AGENCY SURVEY



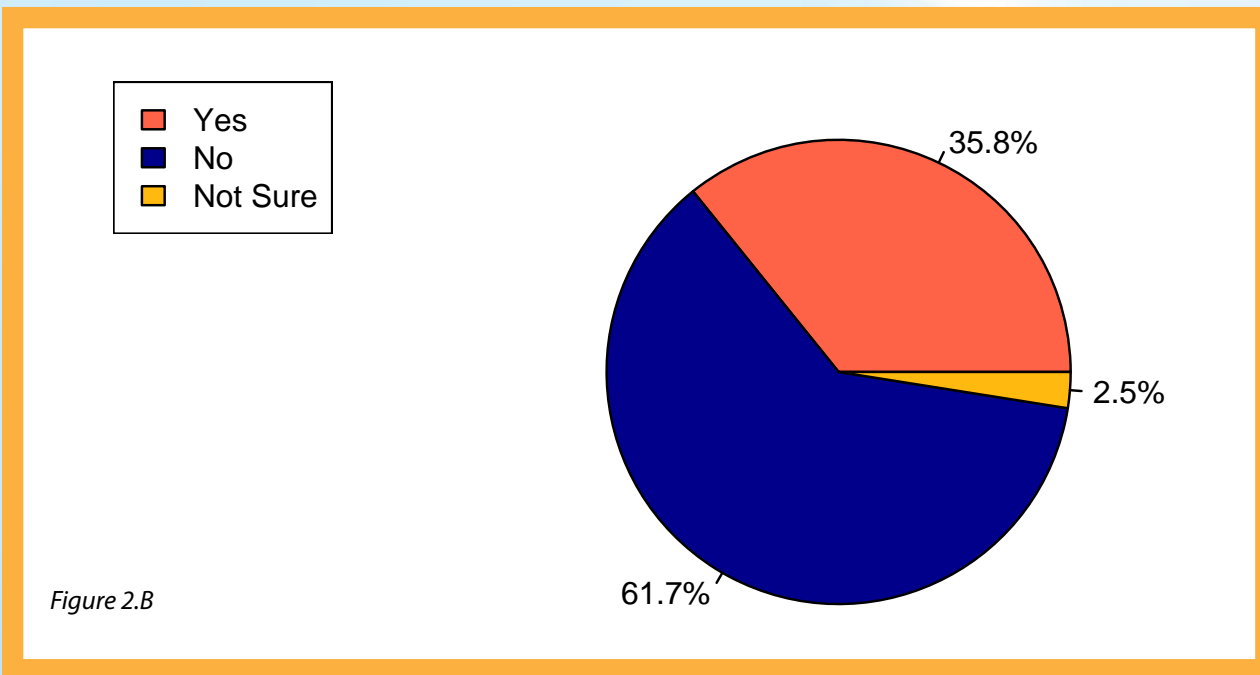
Photo provided by Charlotte Harbor Visitor & Convention Bureau

This survey was distributed electronically to over 200 regional and local government and non-profit human service agencies serving the Charlotte County community. Eighty-two respondents provided feedback on the nature of the services they provide, the demographics of their clients, and their perception of the human service needs in the community.

Which of the following best describes your agency?



Does your agency currently receive funding from United Way of Charlotte County?



**What is the focus of your organization’s role in the services that you provide to the community?
(Select all that apply)**

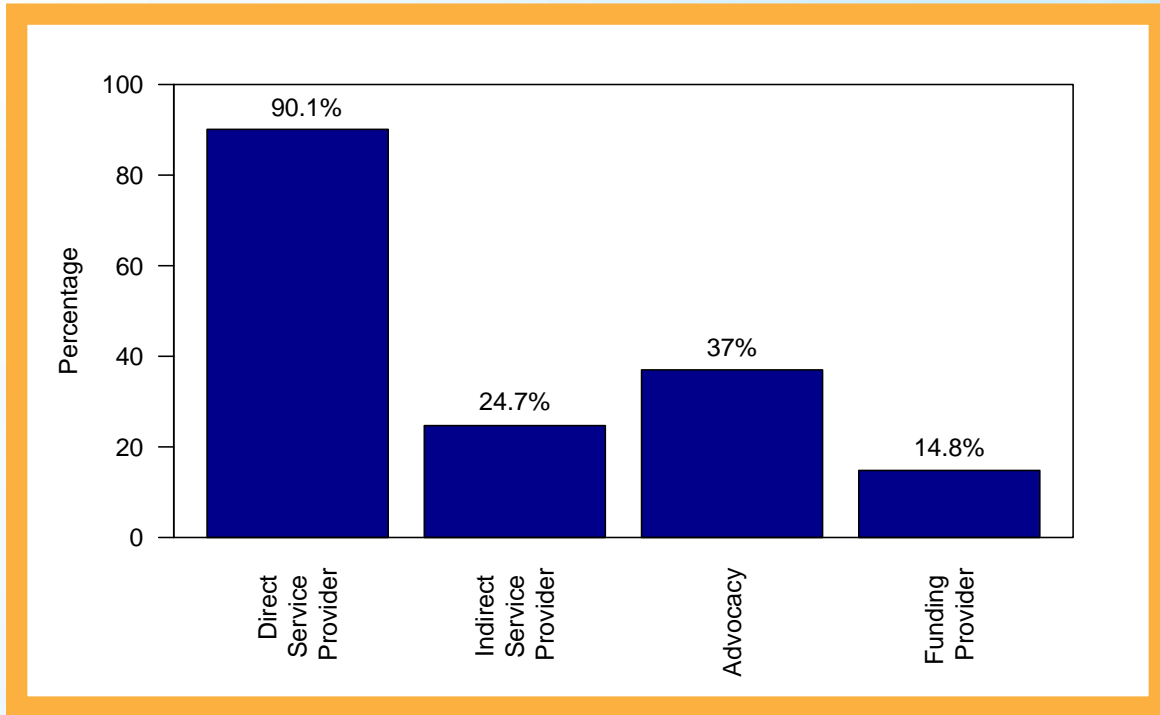


Figure 2.C

Approximately how many clients (unduplicated) does your organization directly serve on an annual basis?

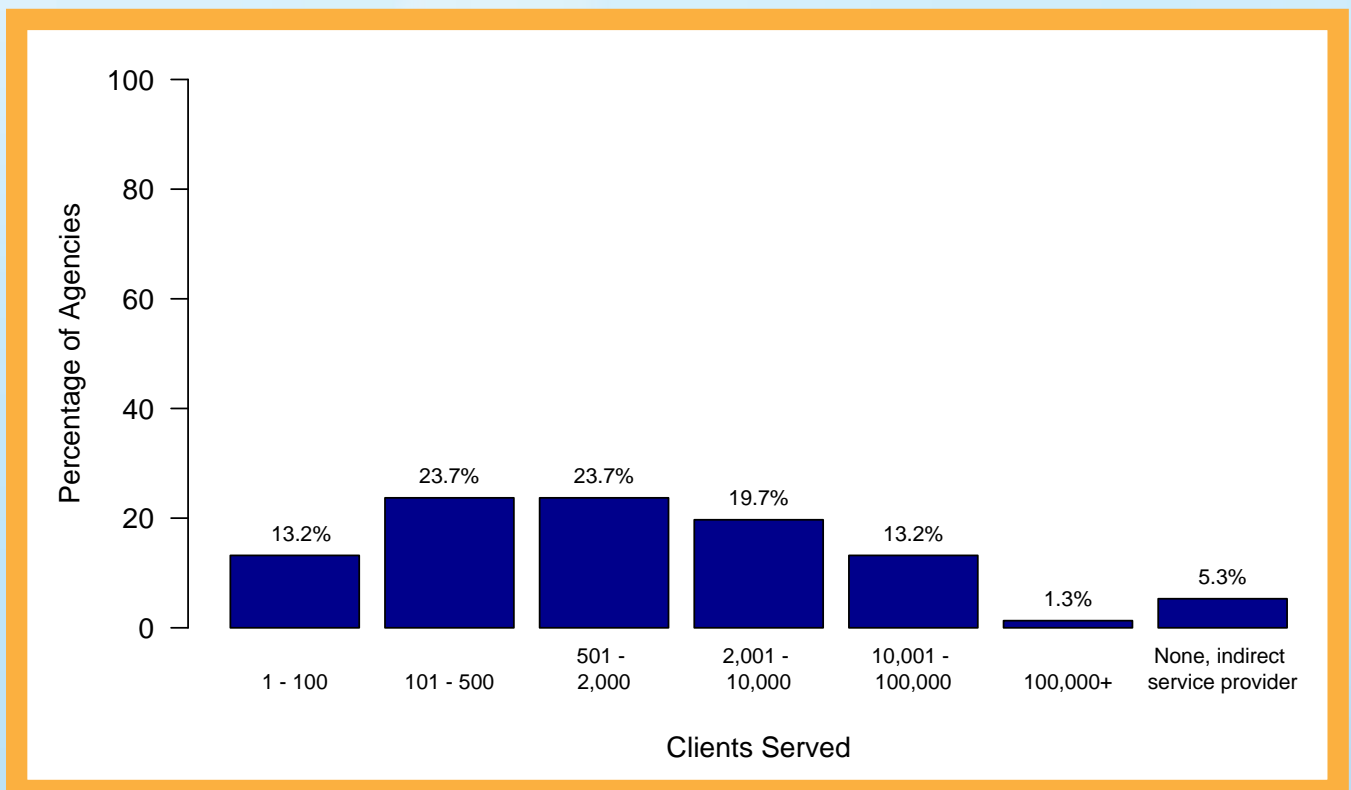


Figure 2.D

What percentage of your clients live in Charlotte County?

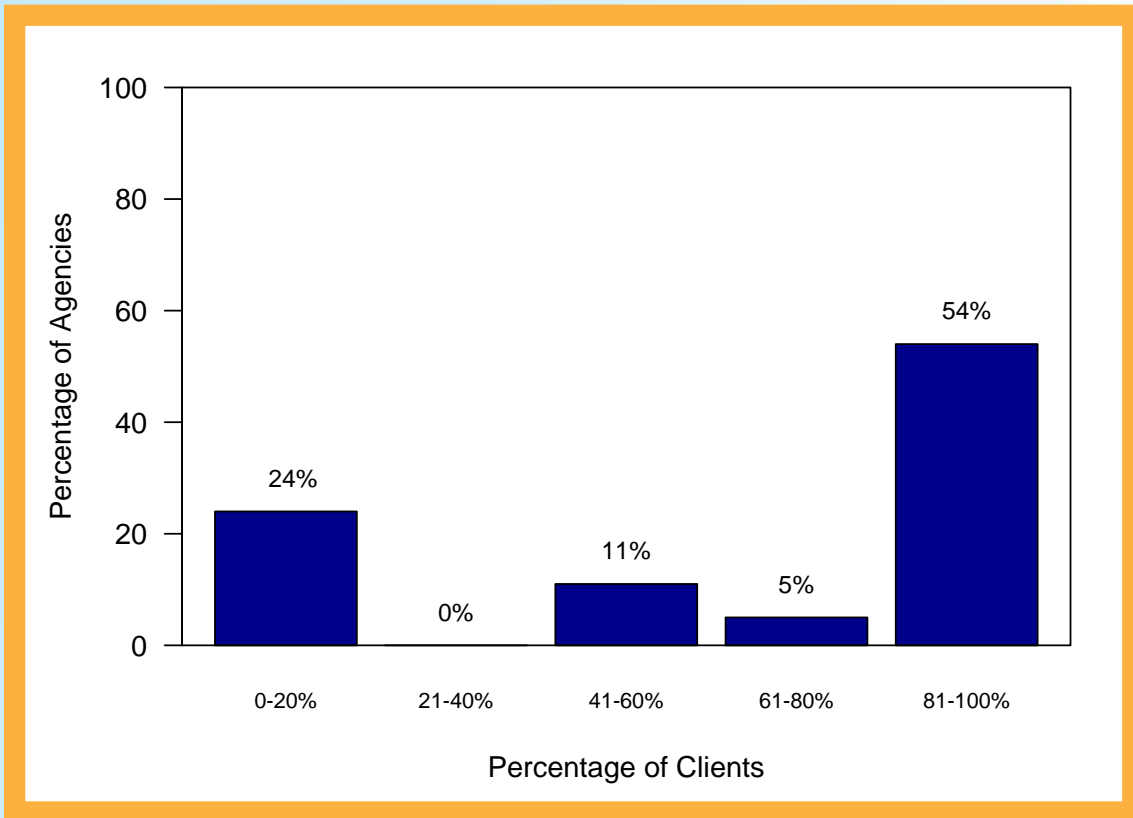


Figure 2.E

Which of the following Charlotte County zip codes are represented by your clientele? (Select all that apply)

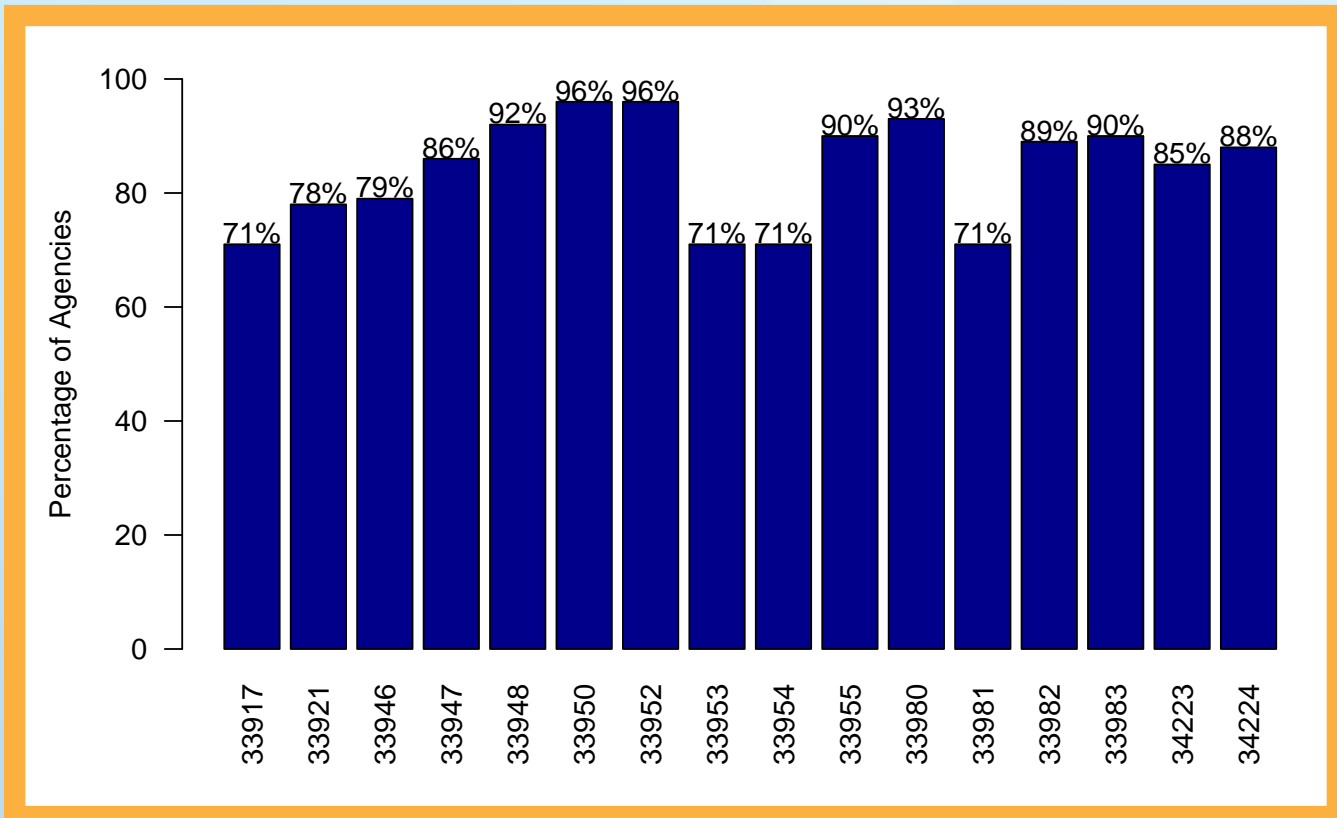


Figure 2.F

What percentage of your clientele are:

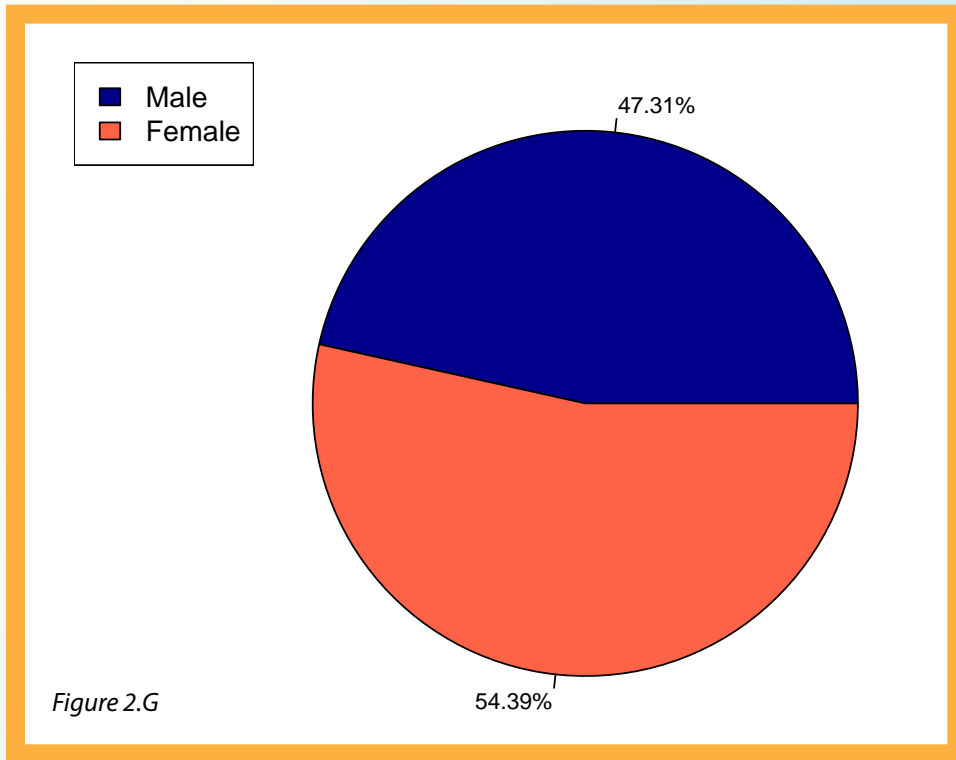


Figure 2.G

In the past year, how many clients did your organization serve in each of the following age groups?

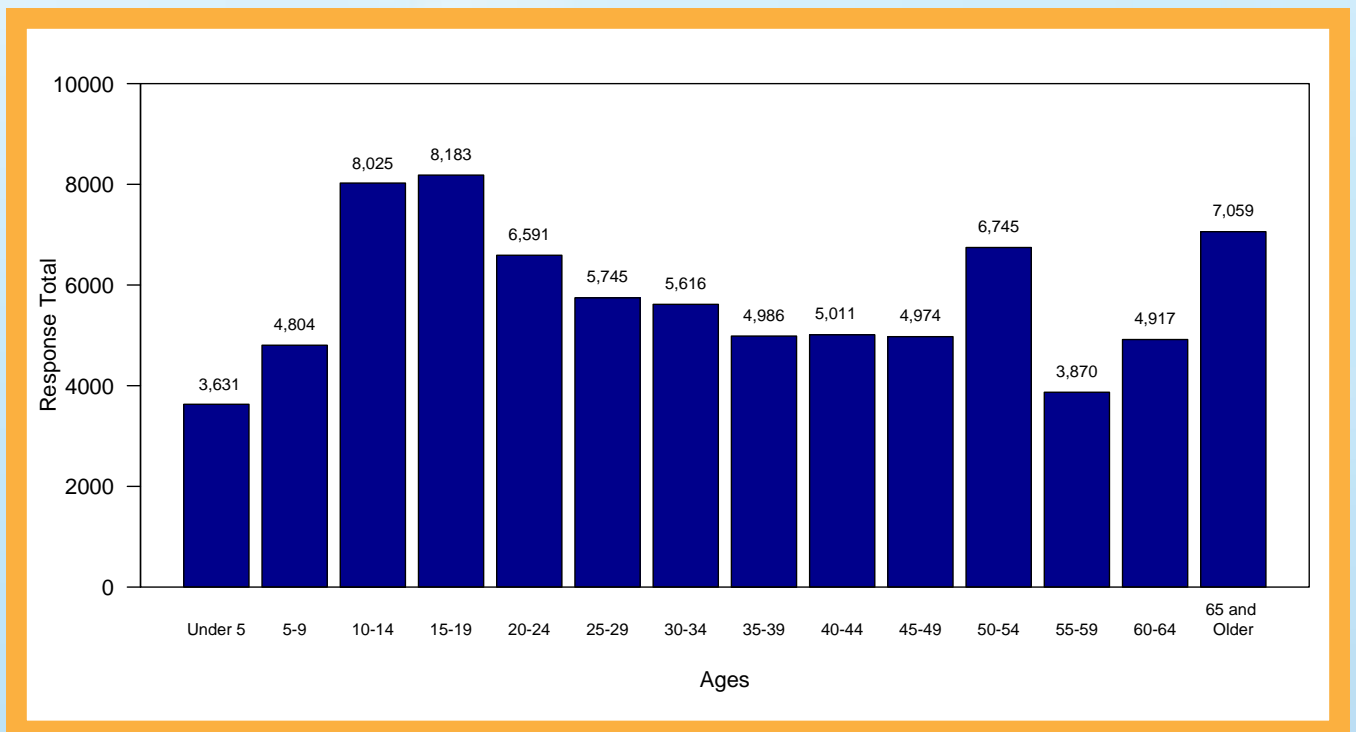


Figure 2.H

In the following year, how many of your organization's clients were members of the following racial/ethnic groups?

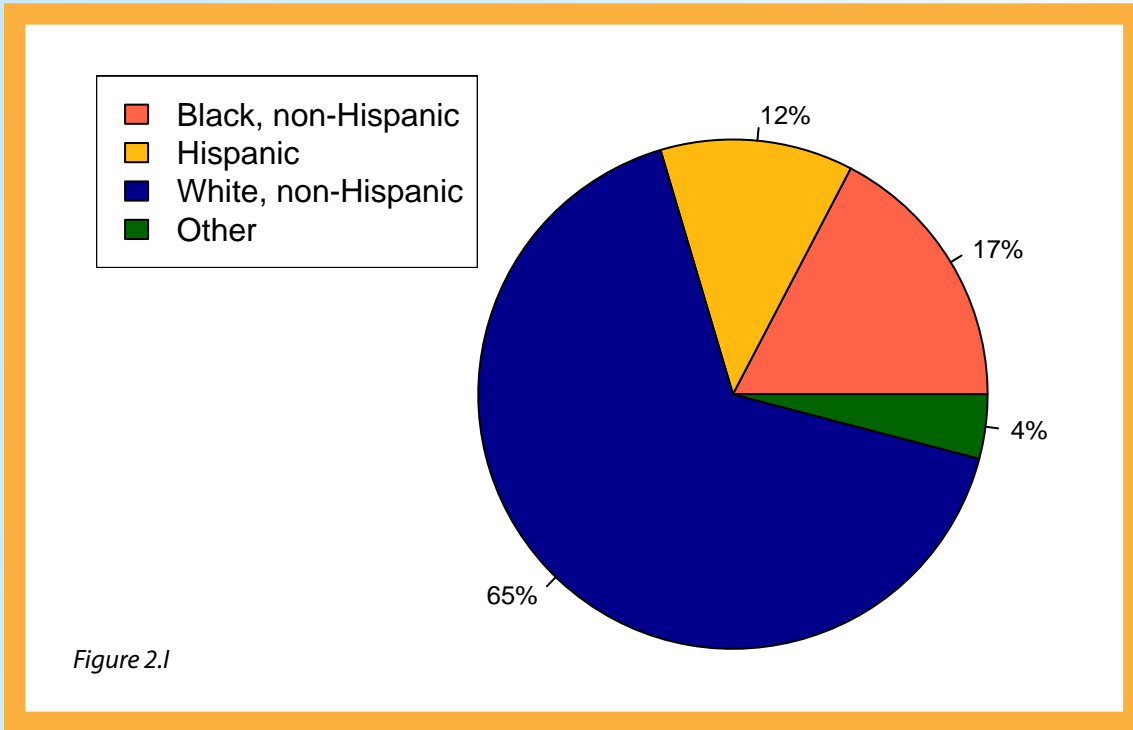


Figure 2.I

Do your clients utilize the following resources? (Select all that apply)

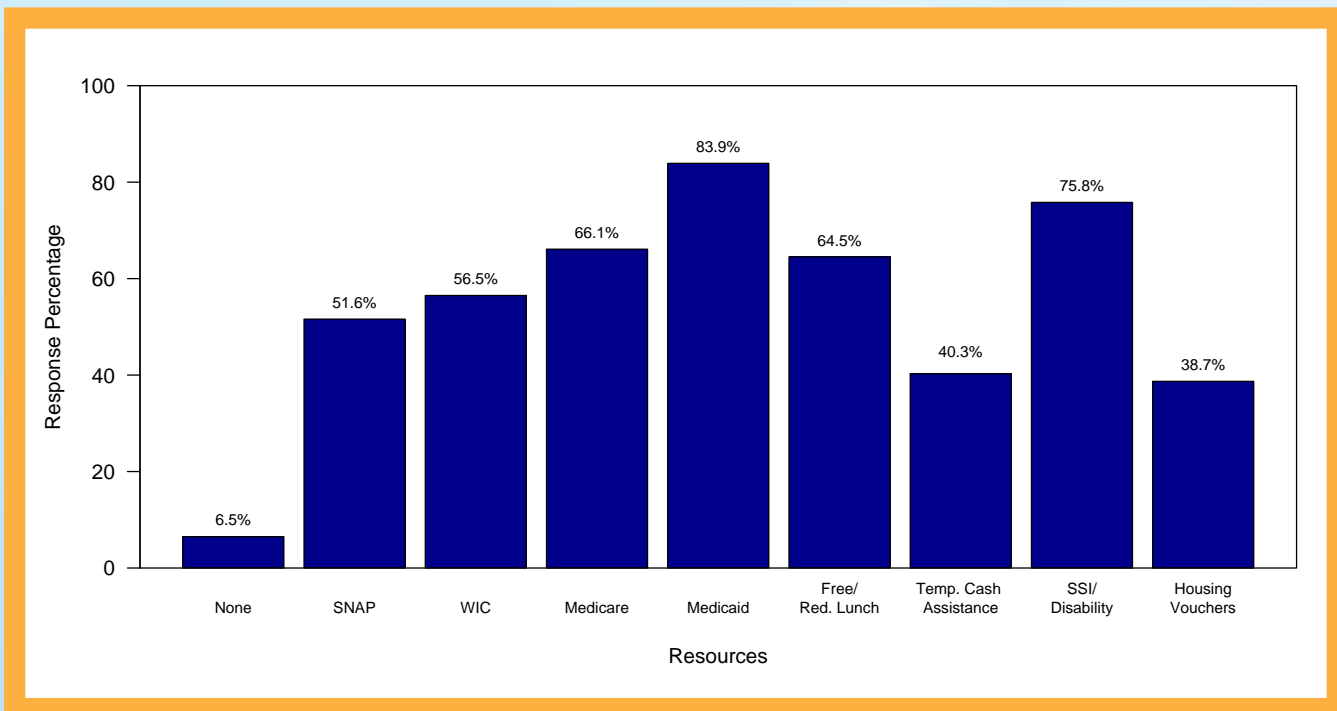
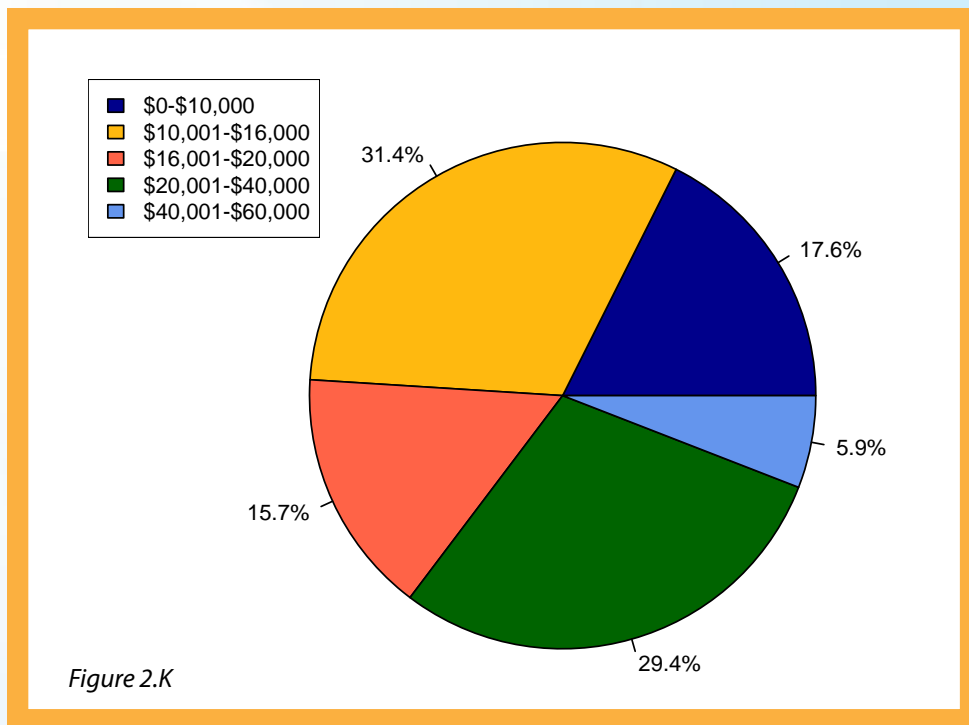
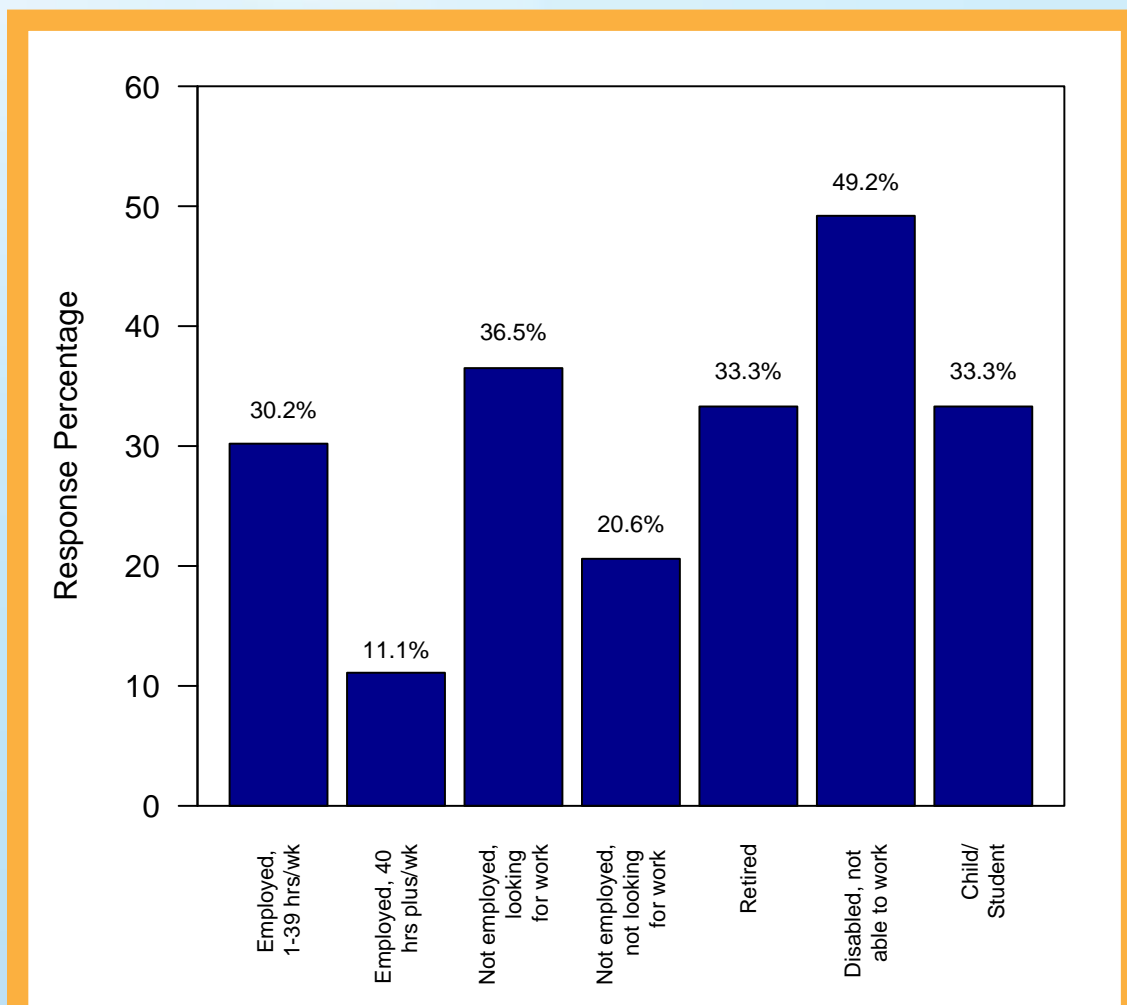


Figure 2.J

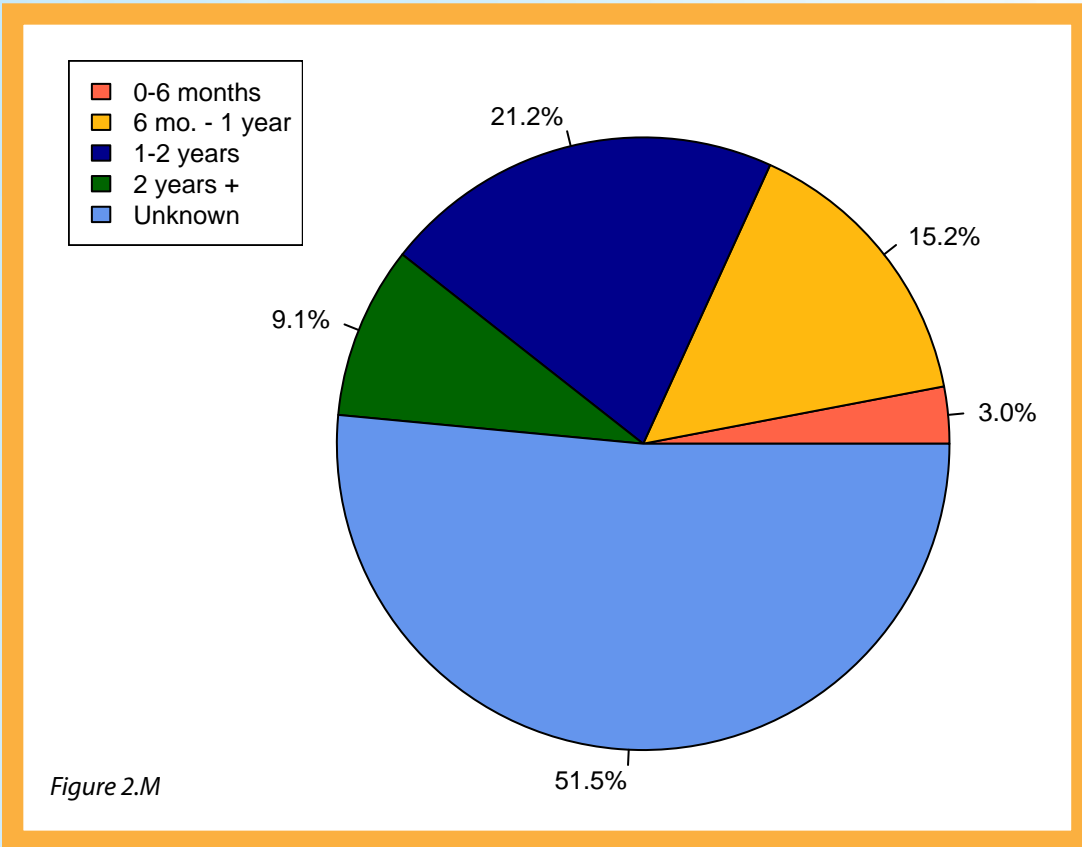
What is the average annual household income of your agency's clientele?



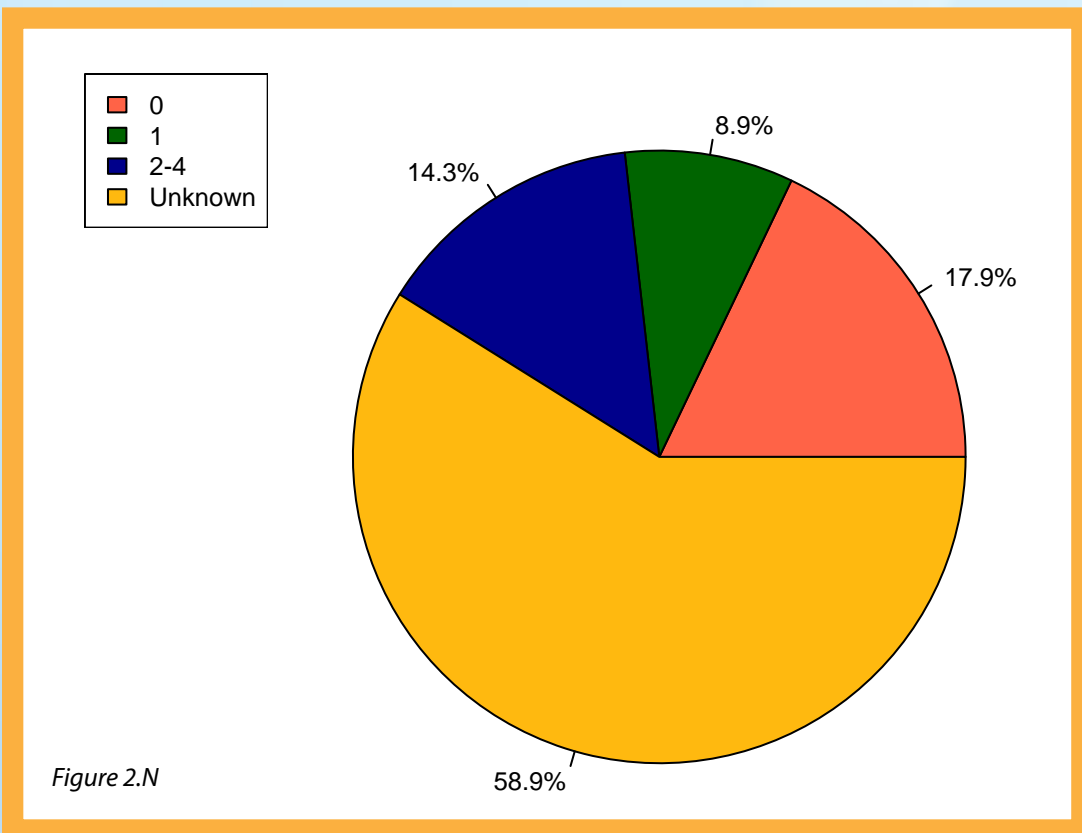
Which of the following best describes your typical client's employment status?



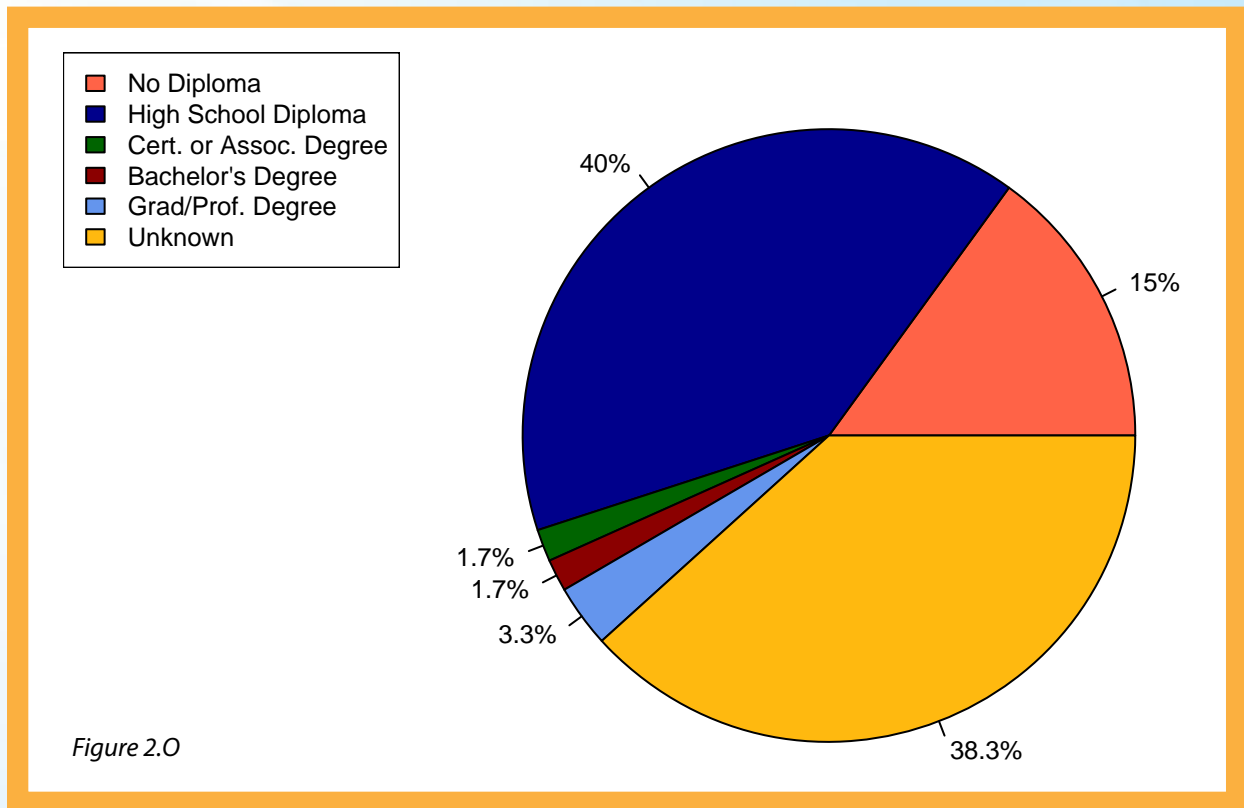
If you selected “Not employed, looking for work,” or “Not employed, NOT looking for work” in the previous question, on average, how long have your clients been unemployed?



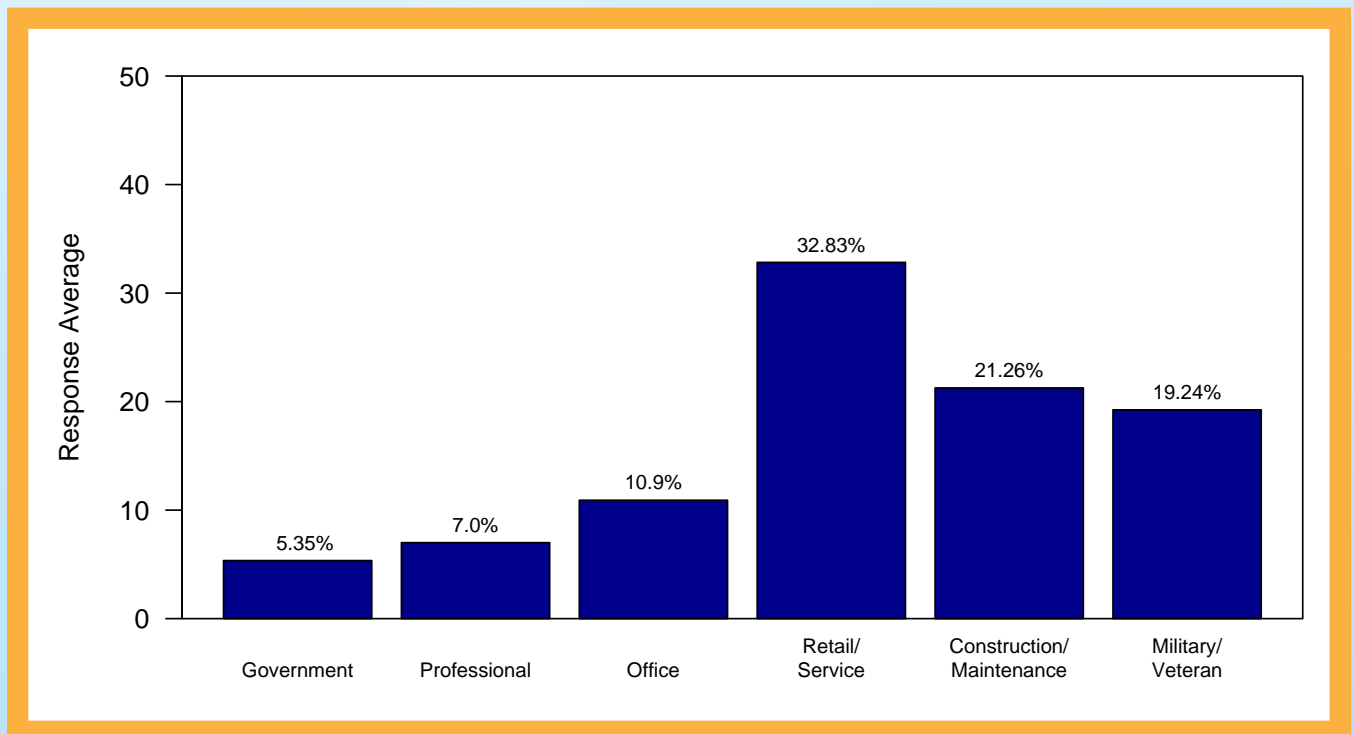
On average, how many jobs have your clientele held over the past 2 years?



On average, what is the highest level of education obtained by your clientele?



What percentage of your clientele possess the following skill sets/work experience?



What percentage of your clientele have the following living arrangements?

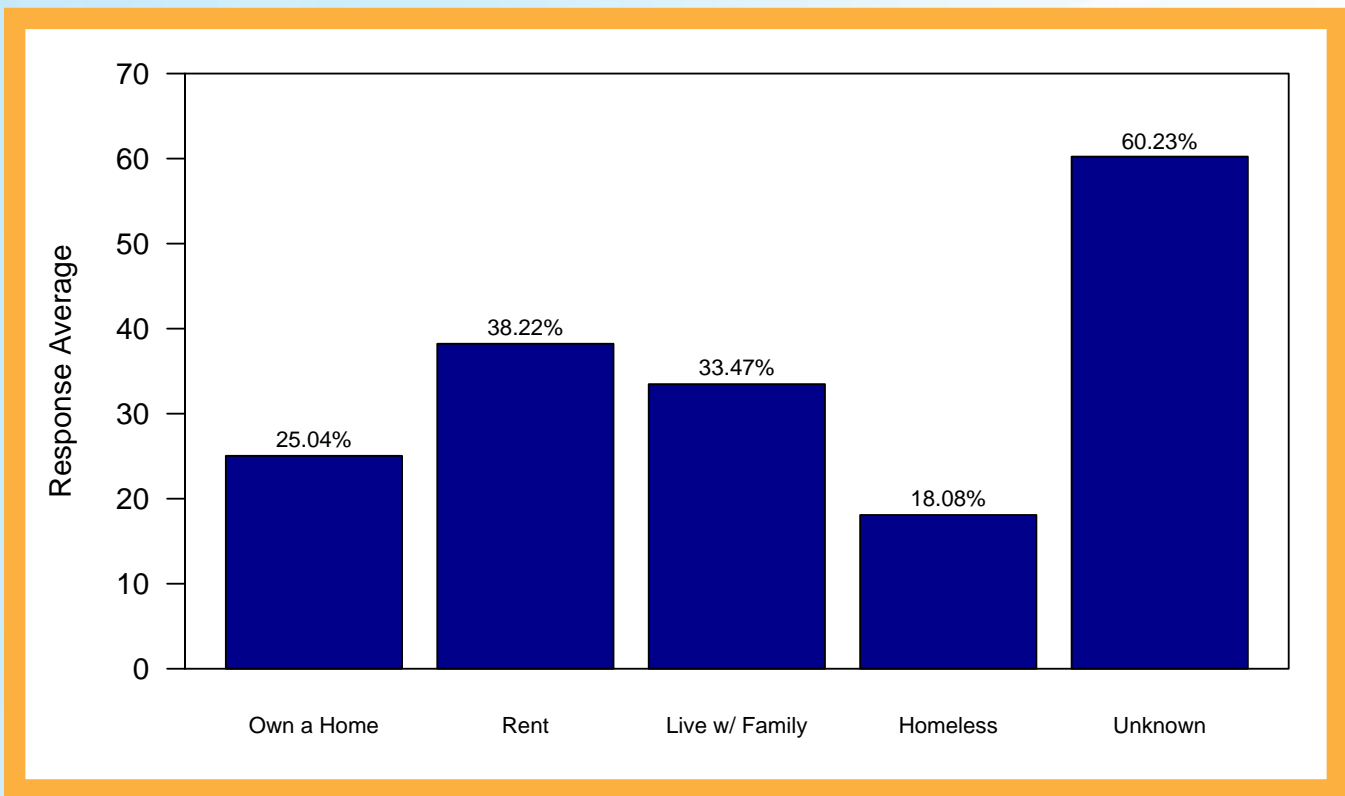


Figure 2.Q

What percentage of your clientele have access to the following means of transportation?

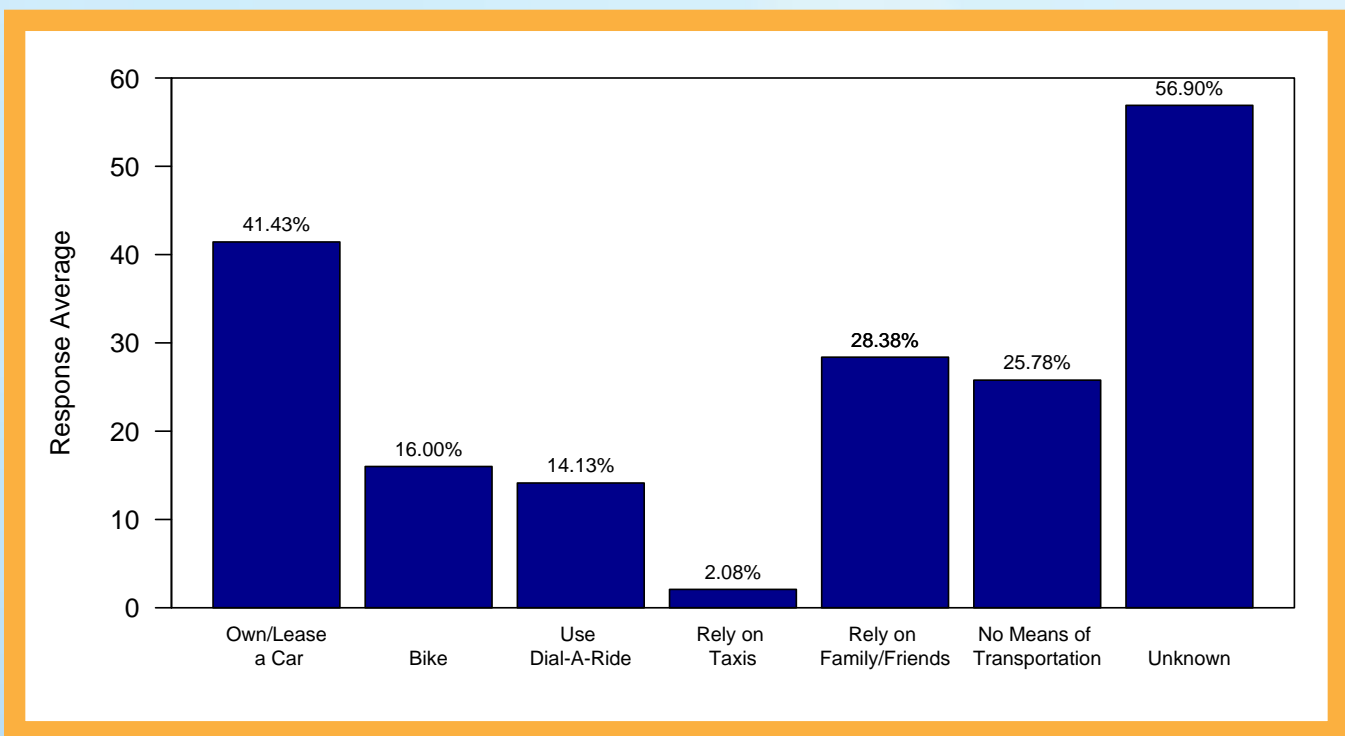


Figure 2.R

What percentage of your clientele have access to the following forms of healthcare?

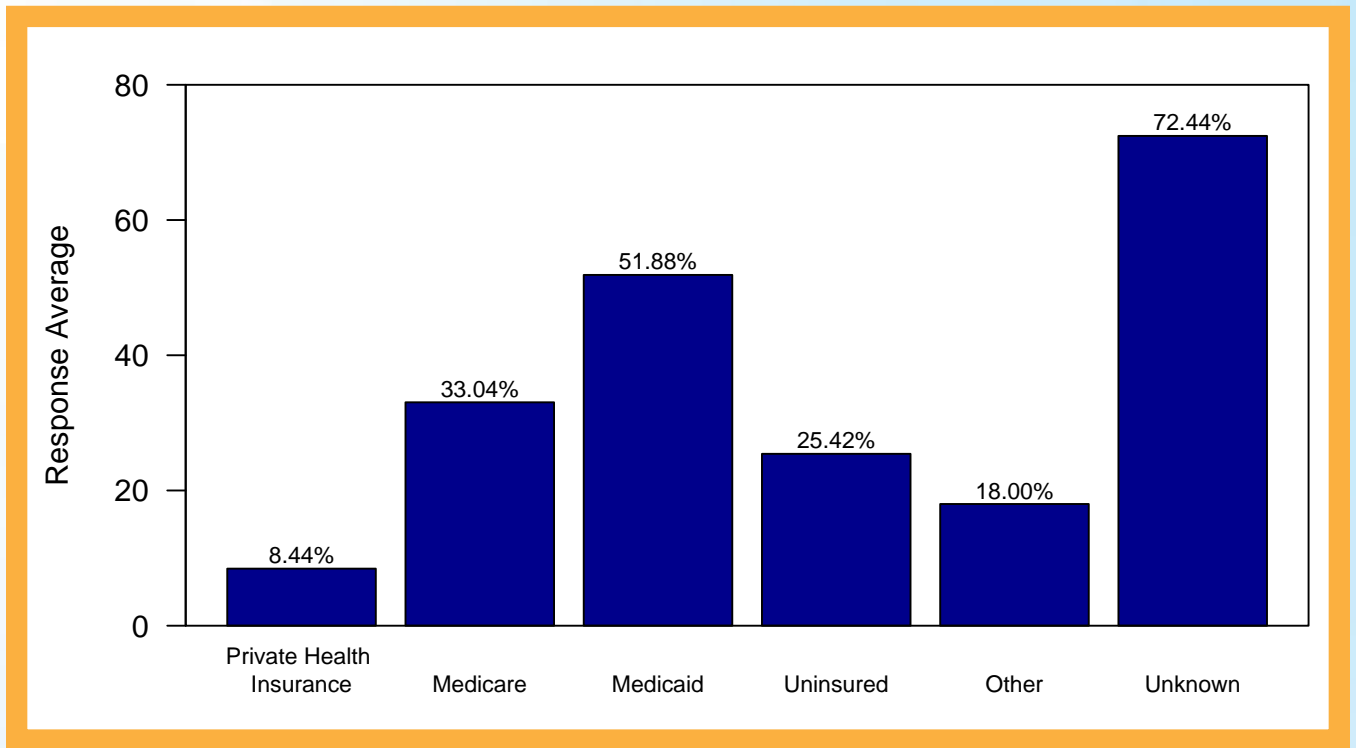


Figure 2.S

What percentage of your clientele have the following disabilities?

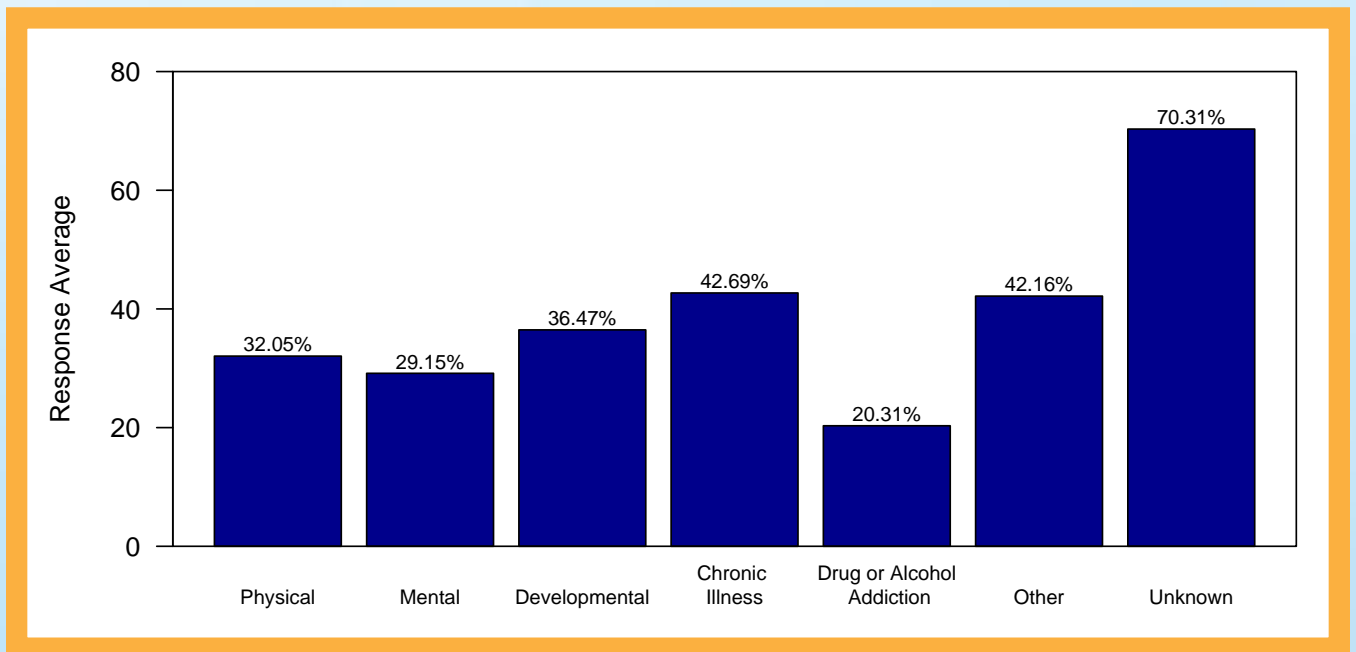


Figure 2.T

Which of the following sectors does your agency provide services? (Select all that apply)

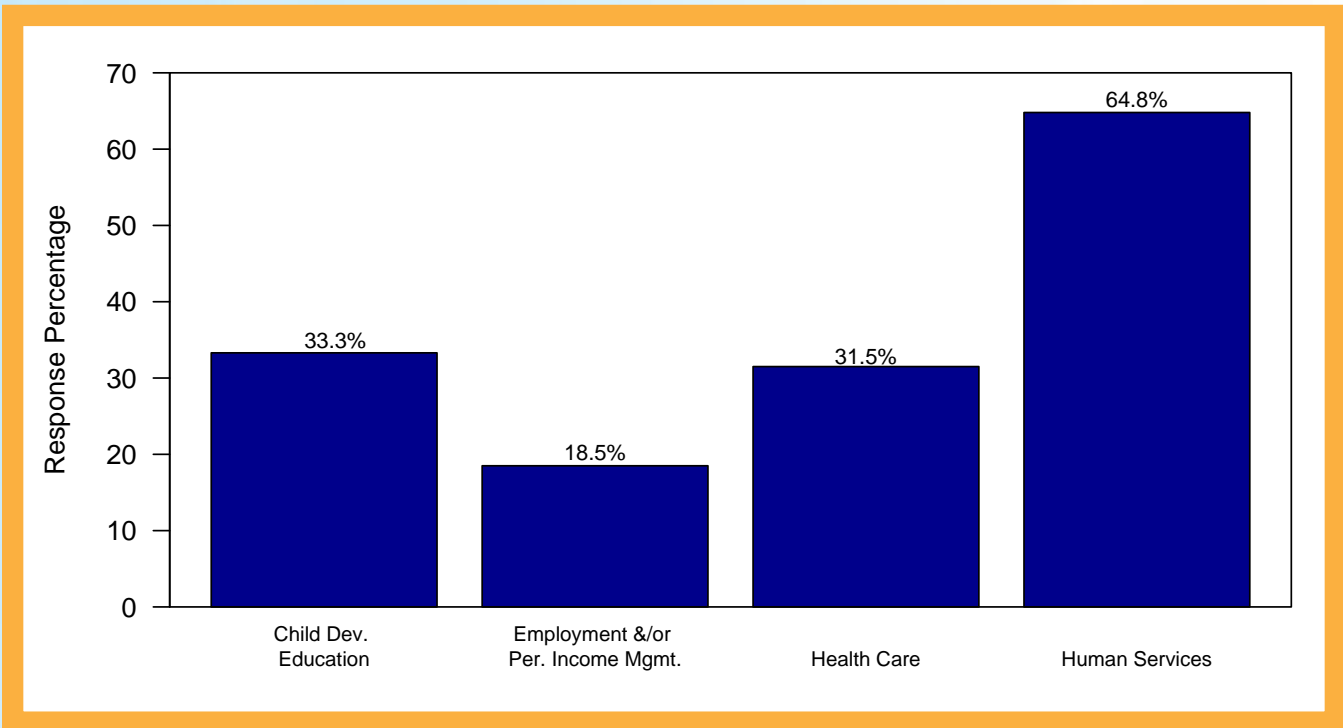


Figure 2.U

Describe your agency's targeted population(s). (Select all that apply)

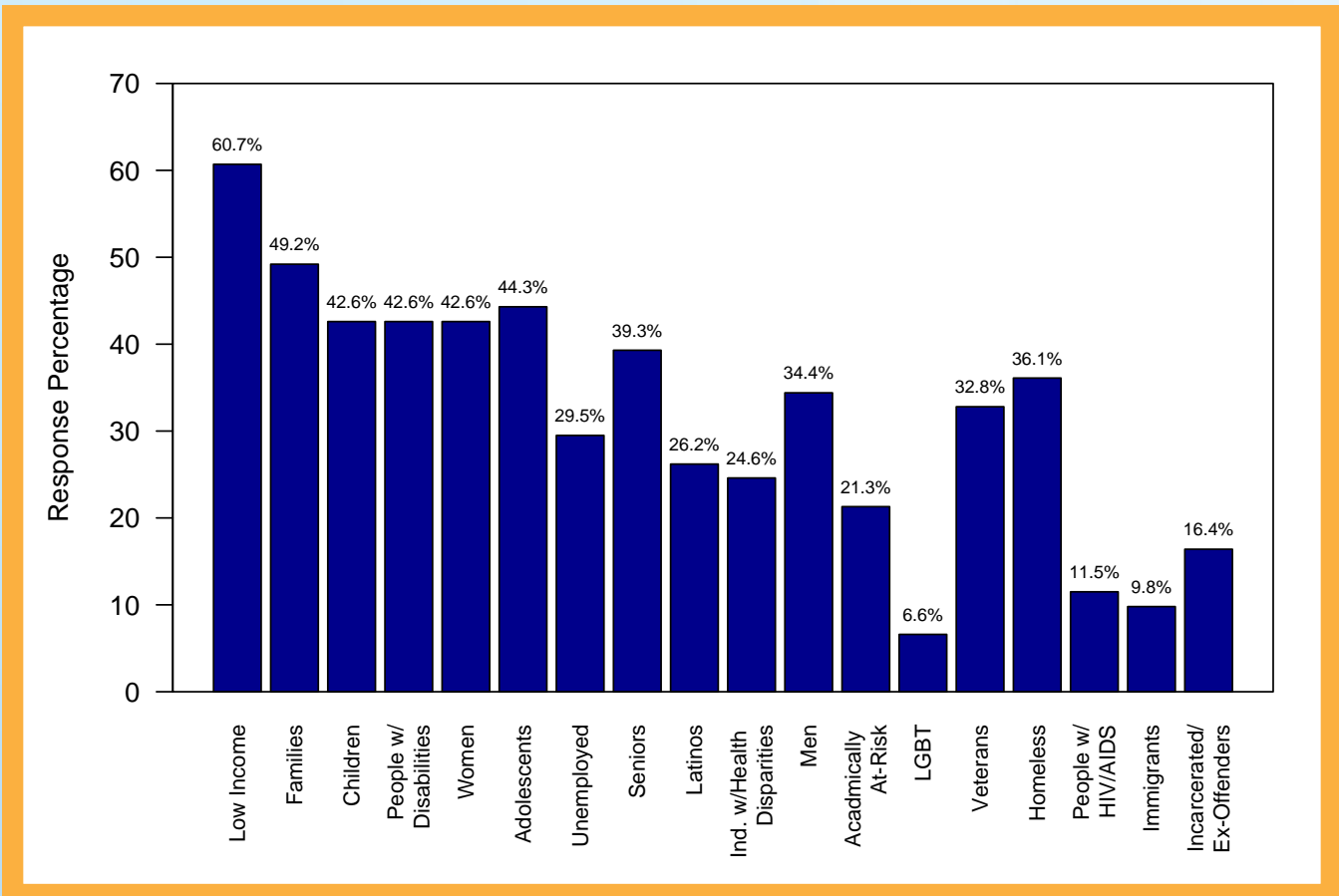


Figure 2.V

What eligibility requirements must clients meet to receive services? (Select all that apply)

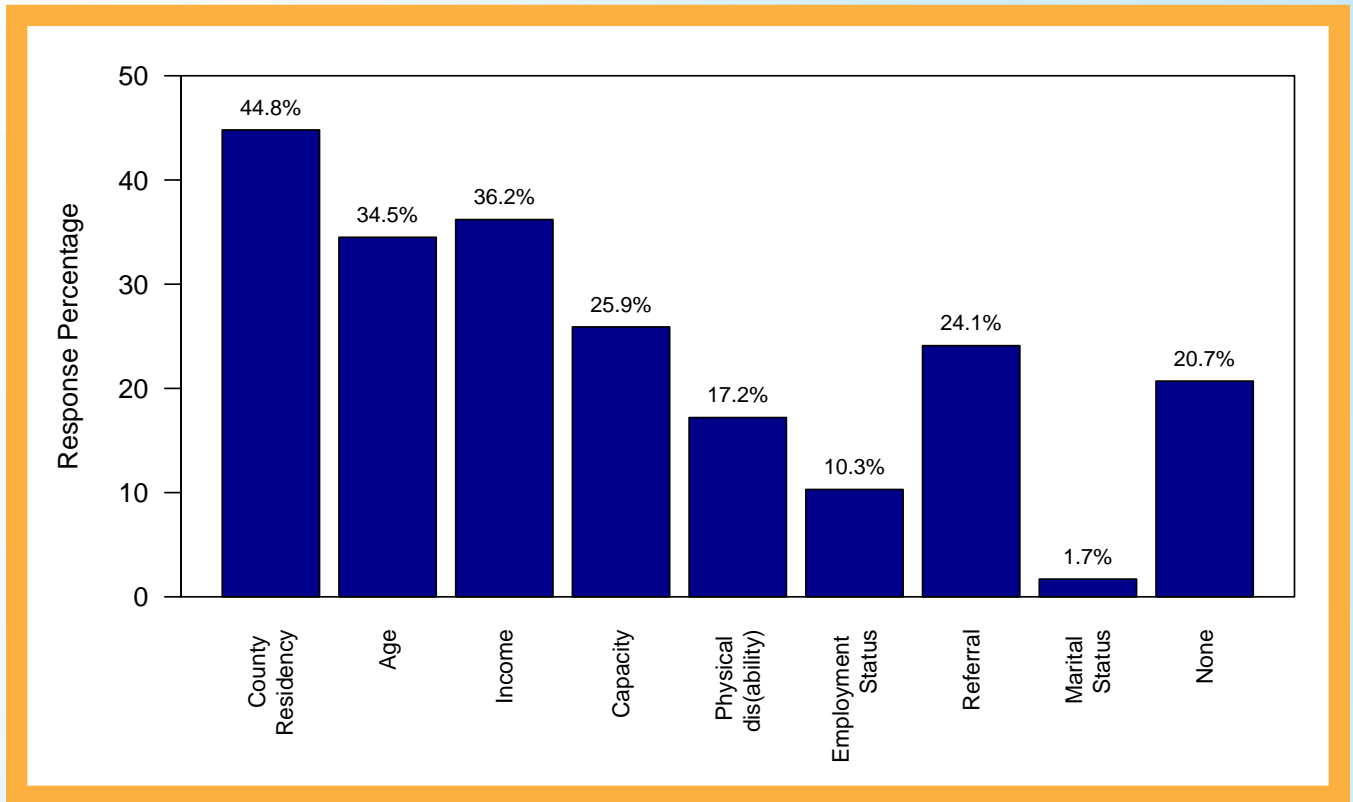


Figure 2.W

What is the maximum number of clients your agency currently has the capacity to directly serve on an annual basis?

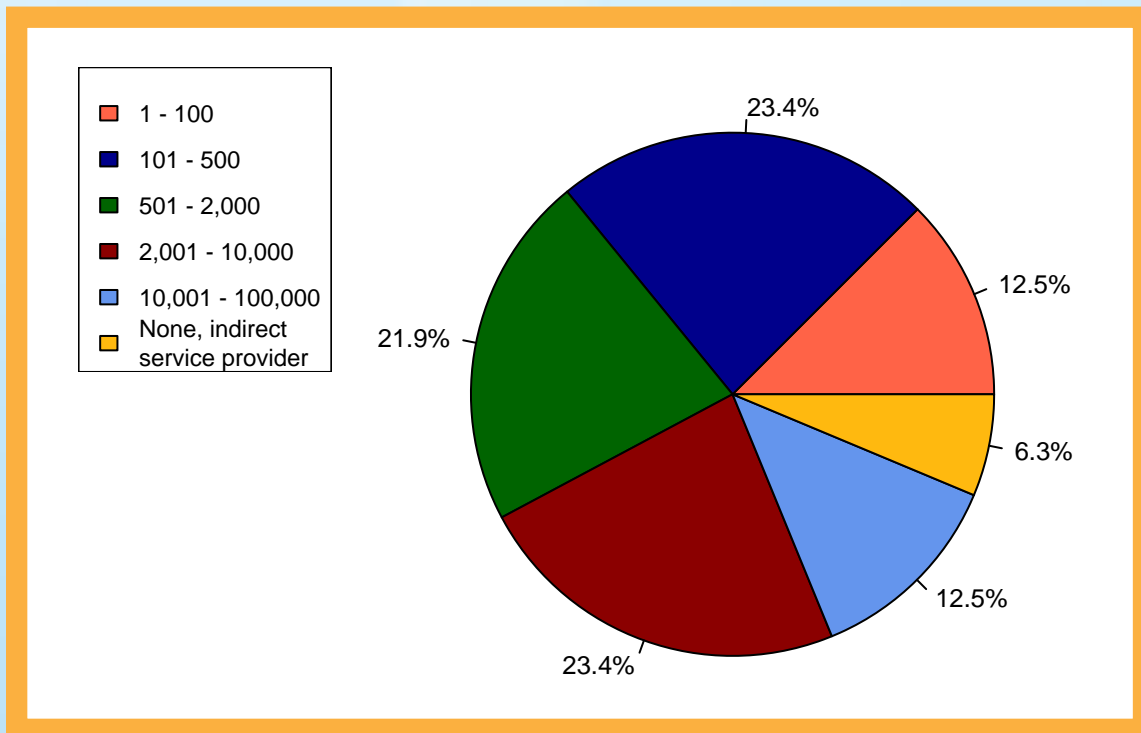
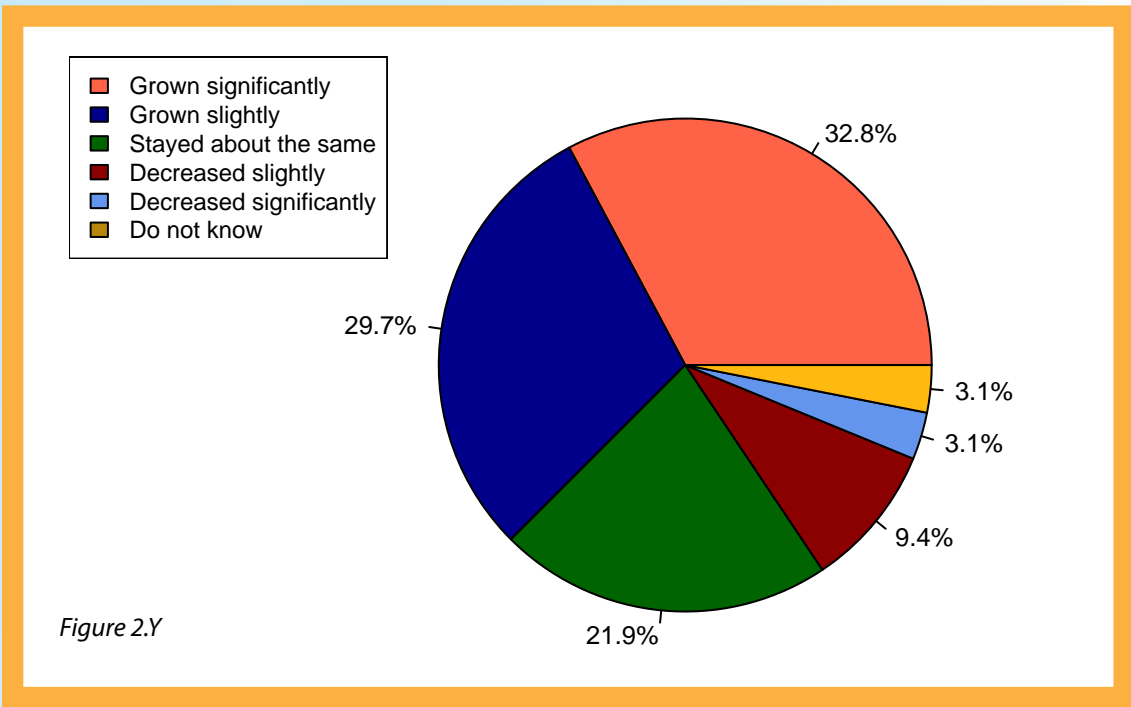


Figure 2.X

Over the past year, how has your number of clients changed?



Indicate the direct services that your organization (or department) provides, where at least 20% of budget resources are used: HUMAN SERVICES.

| SERVICE PROVIDED | NUMBER OF AGENCIES |
|---|--------------------|
| Referral Services | 13 |
| Advocacy | 17 |
| Food bank/pantry/soup kitchen/holiday meal program | 13 |
| Rent/mortgage/utilities/crisis payment assistance | 7 |
| Subsidized housing | 4 |
| Transitional housing (60+ days) | 4 |
| Transitional housing/emergency shelter (<60 days) | 2 |
| Home ownership counseling | 1 |
| Legal assistance/counseling | 3 |
| Crisis counseling | 7 |
| Benefits assistance | 6 |
| Sex offender treatment | 0 |
| Household supplies/ furniture assistance | 2 |
| Car care | 0 |
| Hair cuts/personal care/toiletries/ clothing Assistance/laundry service | 5 |
| Mail service | 1 |
| Home repair | 3 |
| Child protection | 4 |
| Child financial assistance | 2 |
| Case management | 23 |
| Self sufficiency | 8 |
| Care management | 6 |
| Autism services | 5 |
| Child care resource and referral | 3 |
| Child safety seats | 2 |
| Parenting education/ classes | 4 |
| Foster care | 2 |
| Adoption counseling | 2 |
| Transportation services | 6 |
| Burial expenses | 3 |
| Smoke detector installation/inspection | 1 |
| Speakers' bureau | 4 |
| Thrift store | 5 |
| Cell phone/ computer donation | 0 |
| Cooking programs | 0 |
| Bicycle ministry | 1 |
| Faith-based ministry | 3 |
| Disaster relief | 2 |
| Wrap-around services for the chronically Homeless | 0 |
| Senior companionship (phone/in person) | 4 |
| Elder care abuse investigation | 1 |
| Home-bound services | 6 |
| Independent living | 3 |
| Adult day programs | 5 |
| Senior shopping assistance | 2 |

Figure 2.Z

Indicate the direct services that your organization (or department) provides, where at least 20% of budget resources are used: EDUCATION.

| SERVICE PROVIDED | NUMBER OF AGENCIES |
|--|--------------------|
| Referral services | 12 |
| Advocacy | 11 |
| After school/ summer enrichment programs | 4 |
| Tutoring/Homework/Literacy assistance | 8 |
| Juvenile Crime/Gang/Dropout prevention | 8 |
| Early education (ages 0 – 5) | 1 |
| Youth employment assistance | 1 |
| Athletic programs/ swimming lessons | 3 |
| Mentoring | 10 |
| ACT/SAT test preparation | 2 |
| Youth clubs/scouting programs | 3 |
| Early intervention | 5 |

Figure 2.AA

Indicate the direct services that your organization (or department) provides, where at least 20% of budget resources are used: EMPLOYMENT/VOCATIONAL TRAINING.

| SERVICE PROVIDED | NUMBER OF AGENCIES |
|---|--------------------|
| Adult literacy/ remedial education services | 3 |
| Life-skills/ Social/Communication Skills training | 12 |
| Computer literacy | 6 |
| GED preparation | 2 |
| ESL courses | 0 |
| Citizenship preparation | 0 |
| Technical/skills training | 5 |
| Career counseling | 5 |
| Job placement | 7 |
| Credit counseling/ financial education/Literacy | 4 |
| Senior employment services | 1 |
| Asset development | 0 |
| Resume assistance | 8 |
| Self employment/ small business development | 4 |
| Counseling for existing businesses | 2 |
| Job training | 10 |
| Tax assistance | 1 |
| Supported employment | 4 |

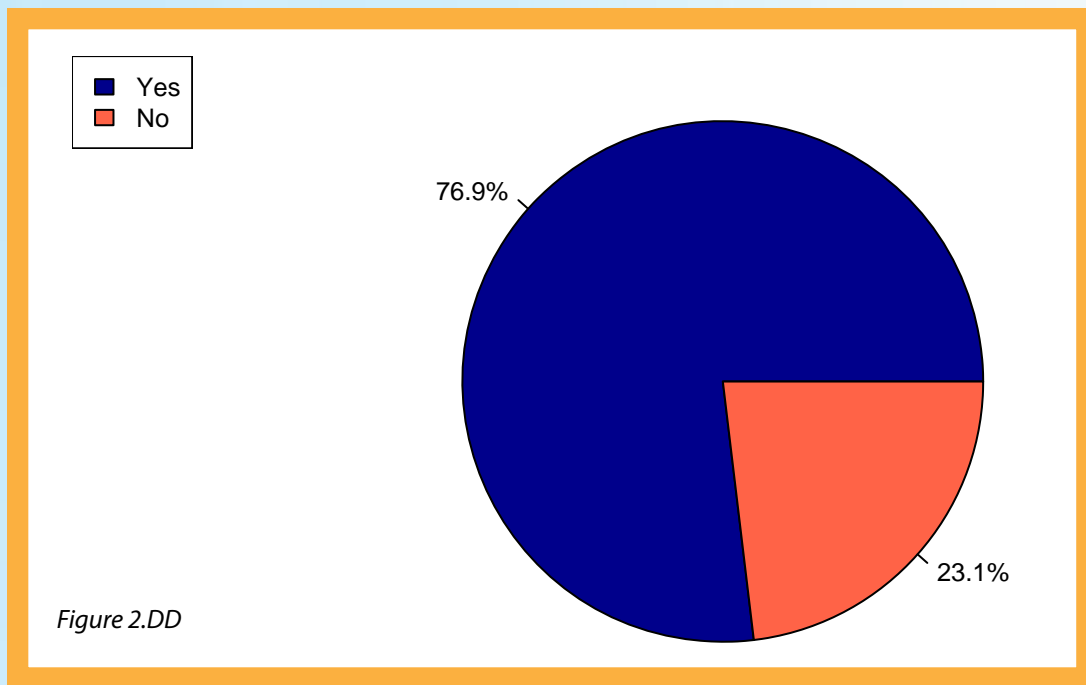
Figure 2.BB

Indicate the direct services that your organization (or department) provides, where at least 20% of budget resources are used: HEALTH.

| SERVICE PROVIDED | NUMBER OF AGENCIES |
|--|--------------------|
| Information/Referral | 9 |
| Advocacy | 10 |
| Access to health care | 7 |
| Primary medical services/ medical screenings | 4 |
| Pediatric medical services | 1 |
| Dental services | 3 |
| Vision screenings | 5 |
| Sign language classes | 1 |
| Hearing impaired services | 3 |
| Vaccinations/Immunizations | 2 |
| Emergency health care | 0 |
| Prevention services | 4 |
| Wellness programs | 4 |
| In-patient mental health programs | 2 |
| Out-patient mental health programs | 4 |
| Nutrition education | 7 |
| Eating disorders/ obesity services | 0 |
| Fitness programs | 3 |
| Medical research | 2 |
| Poison control | 0 |
| Smoking cessation | 3 |
| Safety/Health/CPR/First Aid training | 2 |
| Domestic violence services/counseling | 5 |
| Services for the disabled | 7 |
| Sports training for the disabled | 1 |
| Respite care | 3 |
| Substance abuse treatment/ counseling/Detoxification | 2 |
| AA/Al-anon | 1 |
| Drug awareness | 1 |
| Family planning/pregnancy counseling/Teen pregnancy prevention | 2 |
| STD testing/treatment | 2 |
| HIV/AIDS services | 2 |
| Home Health | 0 |
| Assisted living | 0 |
| Hospice/palliative care | 1 |
| Medical equipment/supplies | 3 |
| Free/reduced cost prescriptions | 2 |
| Grief support | 1 |
| Blood donation | 0 |

Figure 2.CC

Does your agency track the outcomes of clients?

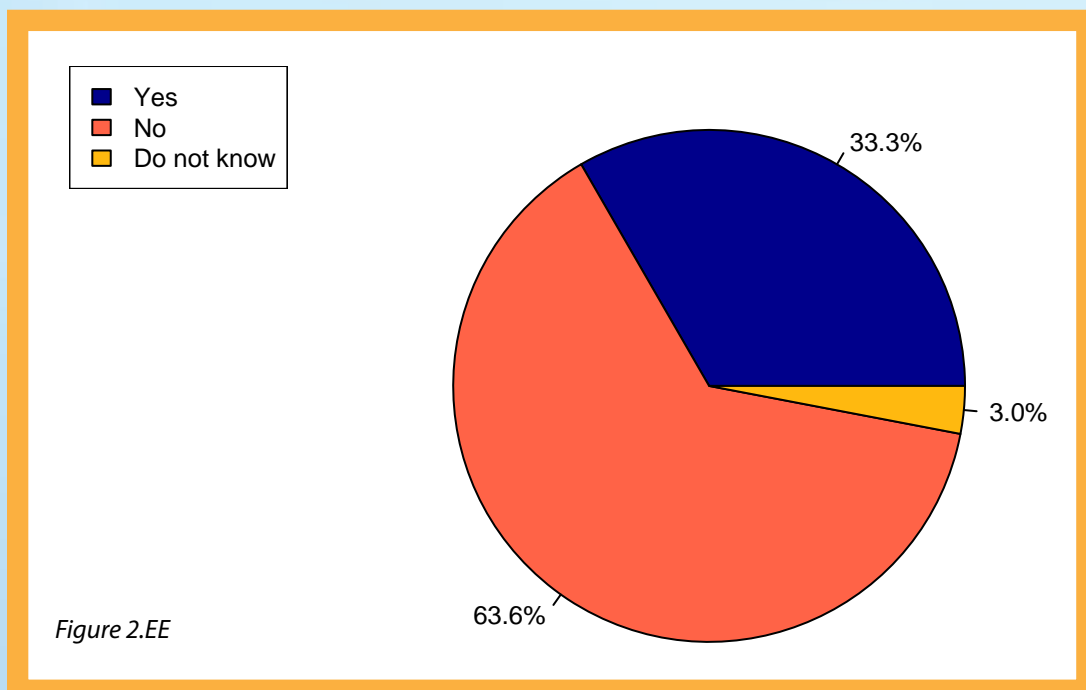


If "yes," how does your agency track your clients? (Open ended response)

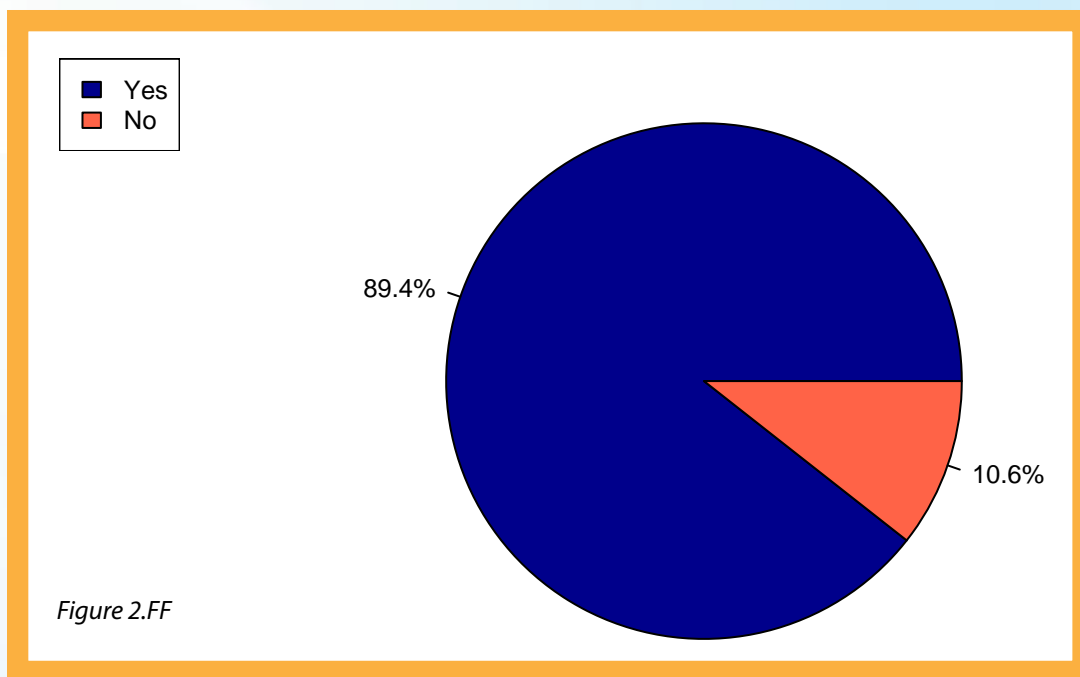
The most common responses included:

- ◆ Client surveys
- ◆ Reports submitted monthly, quarterly or annually
- ◆ Personal contact with the client
- ◆ Data tracking with programs such as HMIS (Homeless Management Information System)

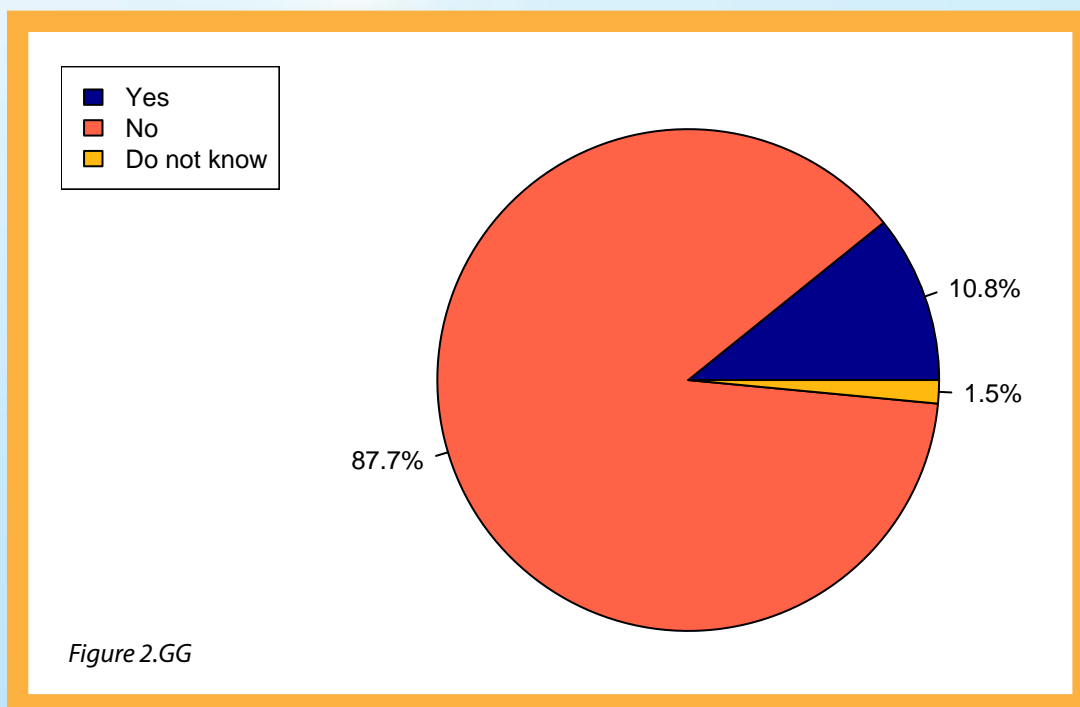
Do you feel your organization is able to serve all who seek assistance?



Do you feel your organization is referring those individuals you cannot serve to other agencies?



Do you feel your organization is turning people away in need of services without referring individuals to other agencies?



If "yes" what is preventing you from making a referral? Ex: no local service providers. (Open ended response)

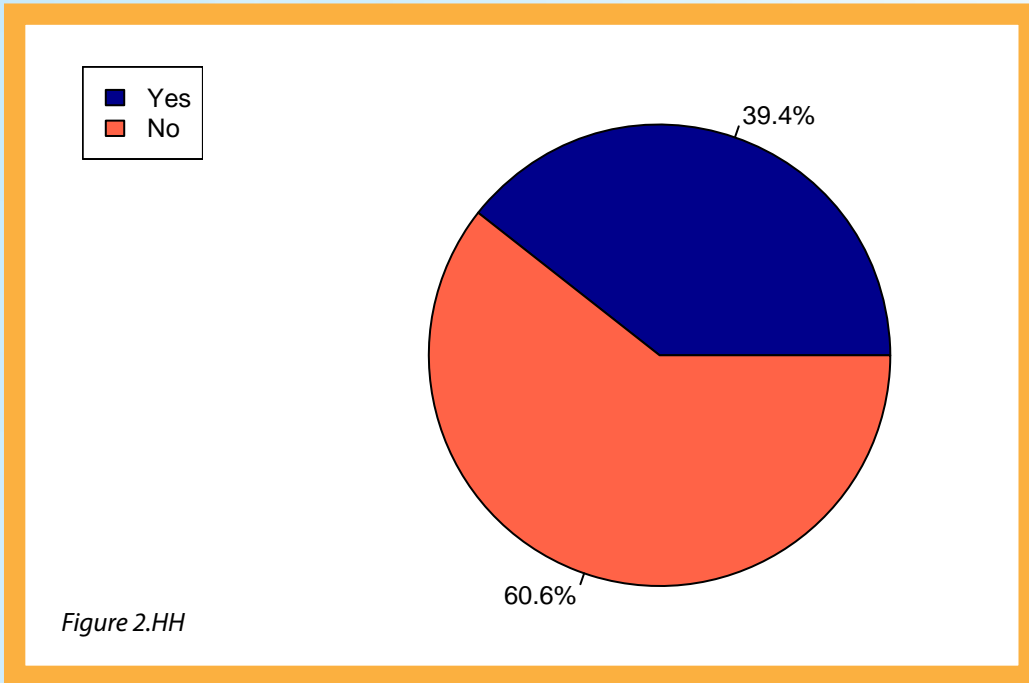
Responses included:

- ◆ "Sometimes there is no other agency we can refer clients to."
- ◆ "No local service providers that are free or low-cost."
- ◆ "Need is greater than the number of providers."
- ◆ "No capacity."

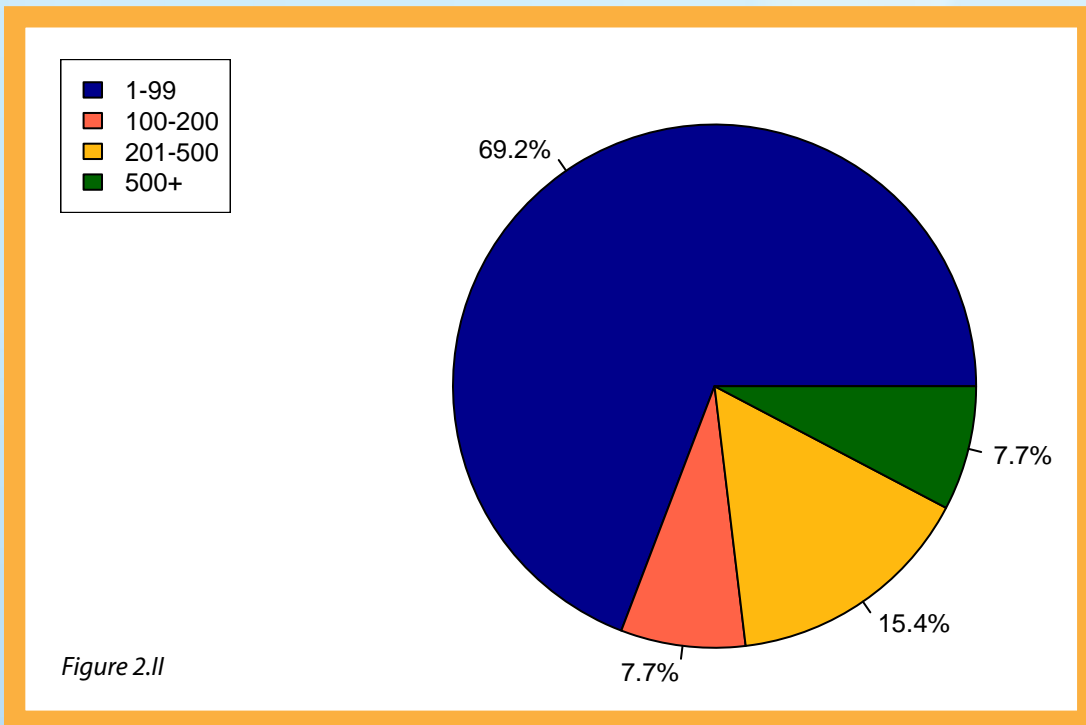
**If “yes” approximately how many have been turned away within the last 12 months?
(Open ended response)**

Numerical responses ranged from 8 to 1200 plus, but many respondents reported that the actual number of clients turned away was unknown.

Does your organization maintain a waiting list?



If “yes” how many have been on the list within the last 12 months?



If you do not maintain a waiting list, does your agency have a different strategy to address the unmet demand? Please elaborate.

Responses included:

- ◆ “Yes, regional offices throughout the 17 counties we serve pick up a client case in the event the local program specialist is unavailable to meet the immediate needs.”
- ◆ “We flex our staffing to meet the demand.”
- ◆ “We have clients who do not qualify immediately so we refer them to other agencies and as they progress we monitor them until they qualify.”
- ◆ “Some that we are unable to serve are referred to agencies outside the county, as no other similar resource is available locally.”

Which of the following statements best matches your organization’s situation right now?

| | RESPONSE % |
|---|-------------------|
| We are currently in the process of expanding our operations. | 18.8% |
| We are interested in expanding our operations and have plans in place to do so. | 15.6% |
| We are interested in expanding our operations, but have no current plans to do so due to lack of funding. | 54.7% |
| We are interested in expanding our operations, but have no current plans to do so for reasons other than funding. | 4.7% |
| We are not interested in expanding our operations. | 6.3% |

Figure 2.JJ

What types of funding resources does your agency use?

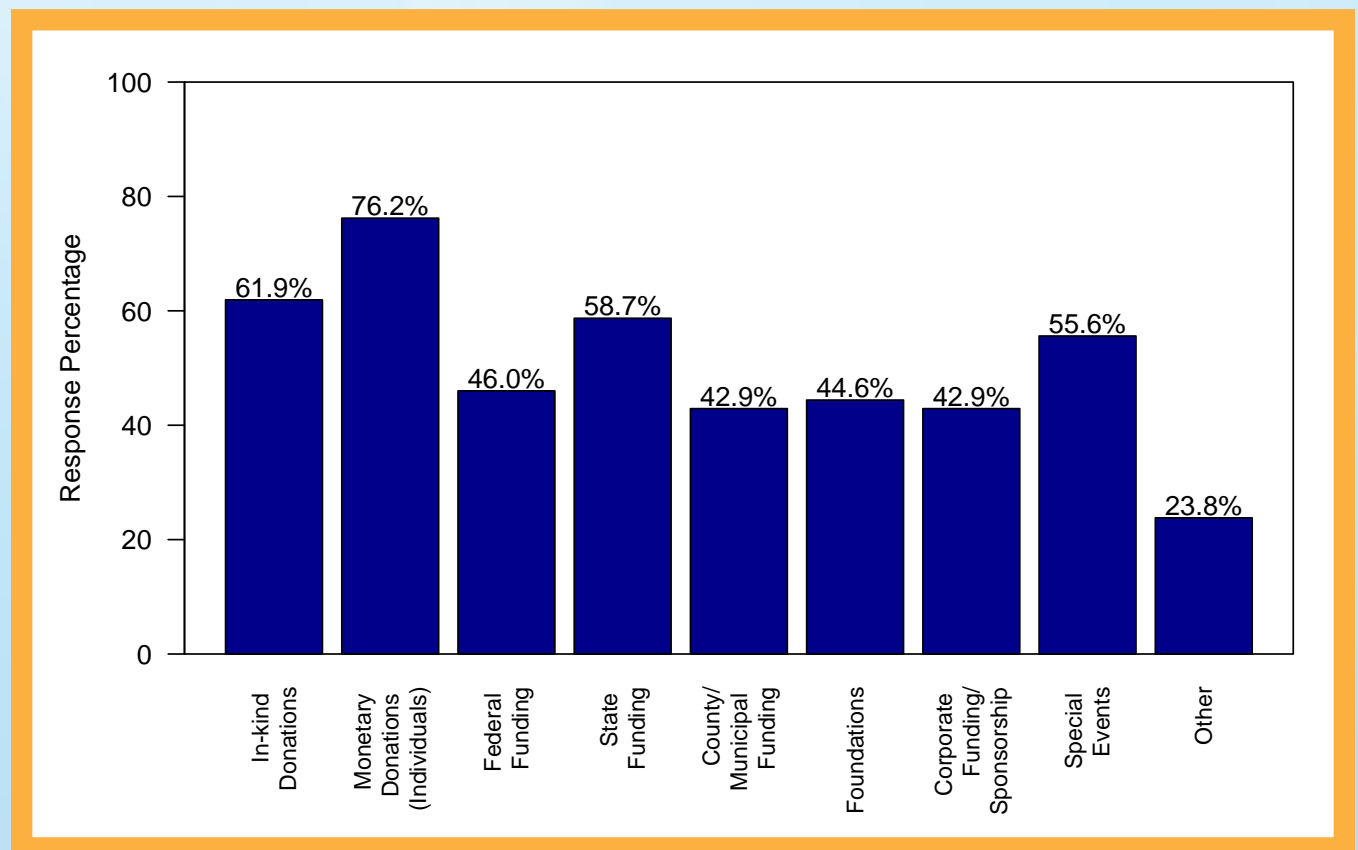


Figure 2.KK

Based on your agency's annual budget, what percentage of the total budget comes from the following?

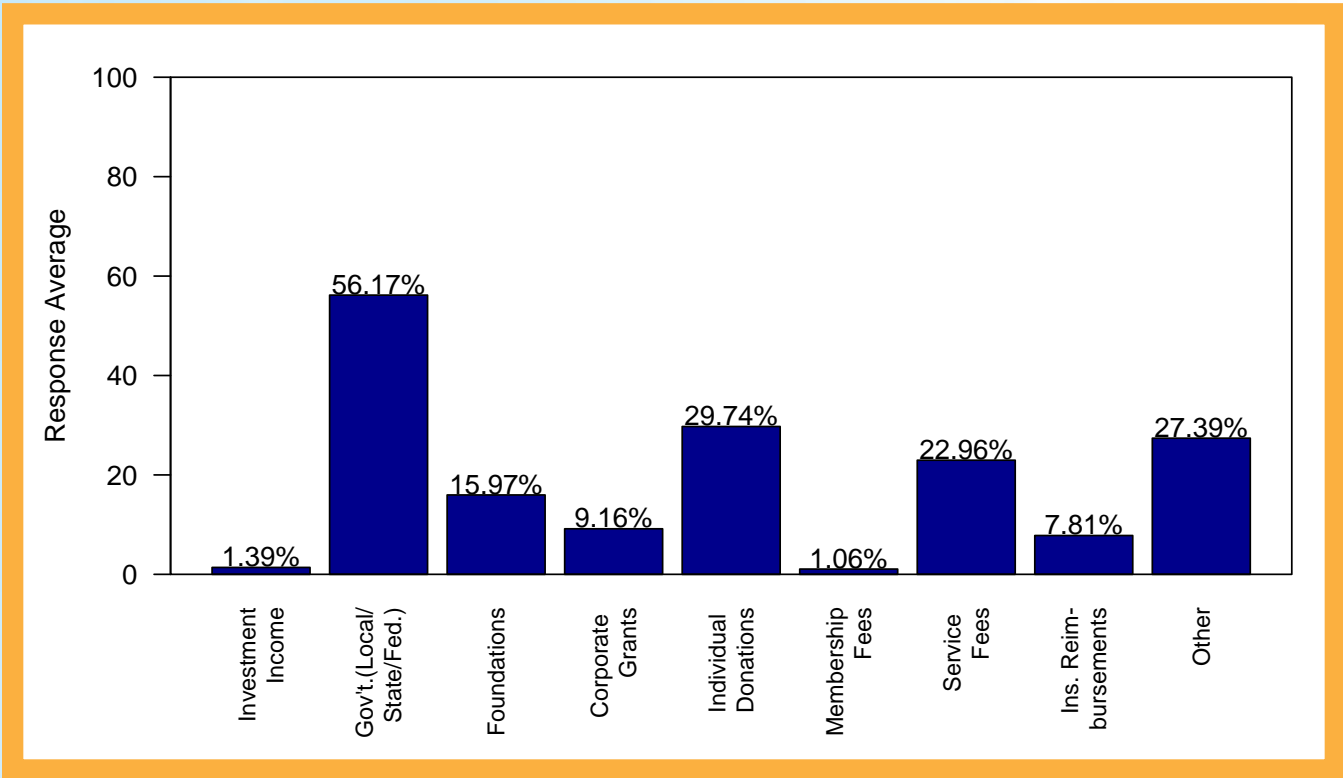


Figure 2.LL

Approximately what percent of your organization's budget resources are used in the following categories?

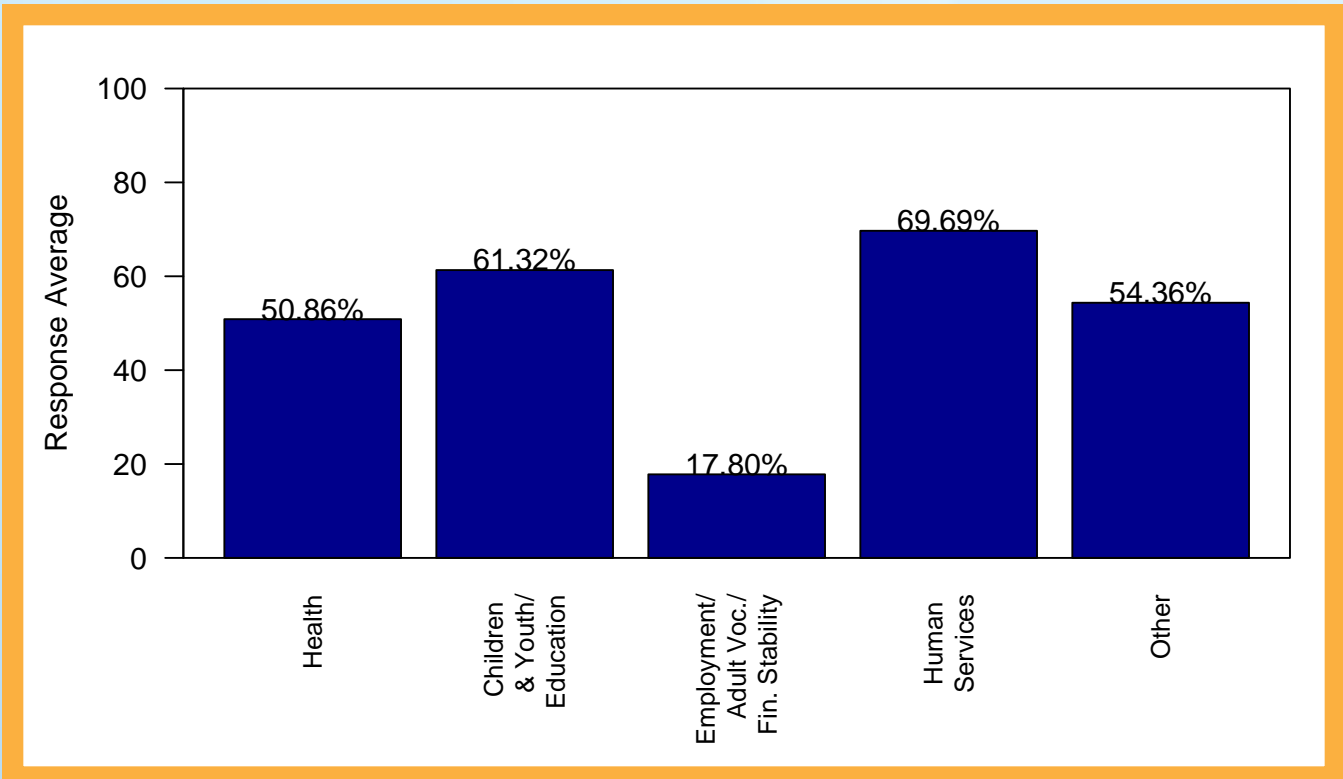


Figure 2.MM

What is the extent of your organization’s involvement with each of the following service providers/organizations within the last 12 months?

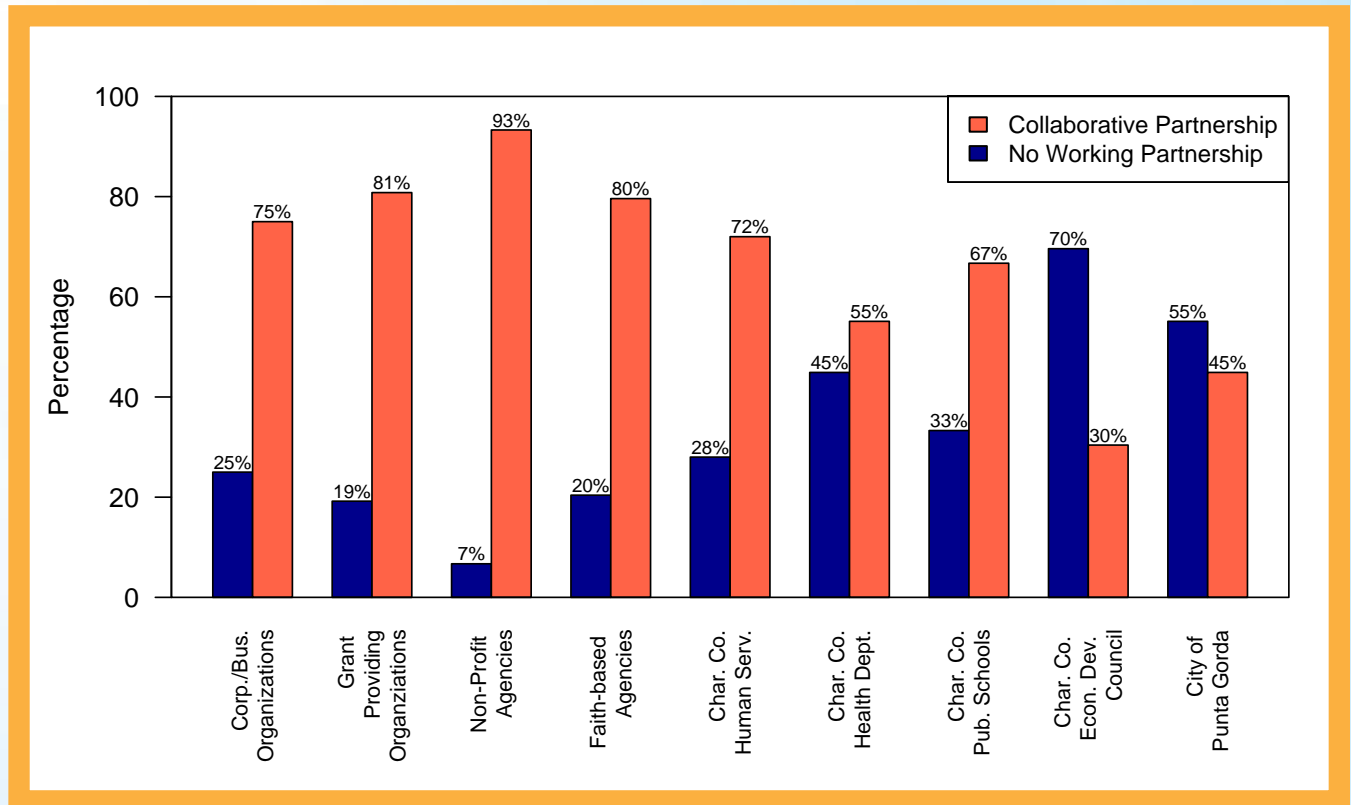


Figure 2.NN

Of the service providers your agency has a collaborative partnership with, please list the top three that you work with. (Open ended response).

The top three responses were:

- ◆ Charlotte County Public Schools
- ◆ Charlotte County Human Services
- ◆ Other local non-profits

In general, what barriers do your clients face in accessing services within your organization?

The responses included:

- ◆ “Lack of personal organization (record keeping, appointment setting, personal accountability). Some clients are too far in crisis for our agency to feasibly assist through case management.”
- ◆ “Visibility of our organization.”
- ◆ “Transportation to our agency.”
- ◆ “Not enough working hours.”

Does your organization provide the following support services to help clients better access your services?

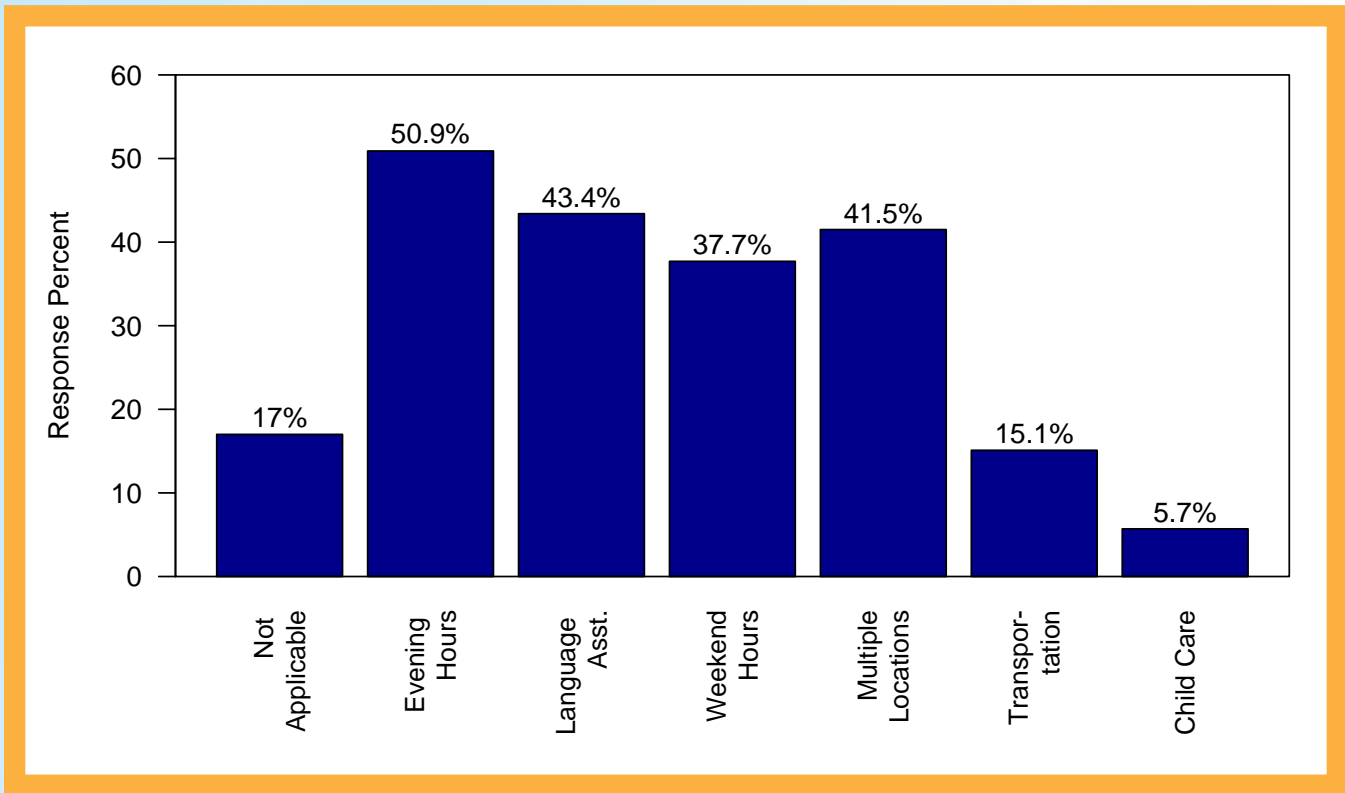


Figure 2.00

What changes within the community need to take place in order to improve the overall quality of life for Charlotte County residents?

The responses included:

- ◆ "Better understanding of other agencies and the services they provide."
- ◆ "Political commitment to improving the quality of life for LOW INCOME. Advocacy for the needs of the working poor, not just specific target populations (i.e. children, elderly homeless, etc.). Better understanding of the continuum of care."
- ◆ "Public transportation, courting of light industry and businesses to provide/support well paying jobs, increased support to service and non-profit organizations that provide services."
- ◆ "Closer collaboration with community partners. Stronger focus on preventative health services."
- ◆ "EVERYONE in the community needs to actively participate in solving community problems."

In your opinion, how can unmet needs in the community best be resolved?

| | RESPONSE % |
|--|------------|
| Greater funding from government | 17.3% |
| Greater funding from grants (non-profits and/or foundations) | 11.5% |
| Increase private donations from citizens | 11.5% |
| Eliminating duplication of services among agencies with similar objectives | 23.1% |
| Increased preventative programs/services before needs arise. | 23.1% |
| Increased efforts by service organizations to fill current gaps in services. | 13.5% |

Figure 2.PP

Where does your agency see gaps in direct services provided to clients THROUGHOUT THE ENTIRE COMMUNITY?

The responses included:

- ◆ "Affordable housing, food, affordable child care, affordable medical care, employment."
- ◆ "Adult preventative care."
- ◆ "Transportation to services."
- ◆ "Communication between agencies to provide services as a community on a case by case basis. This allows us to help people reach their goals individually."
- ◆ "Inability to get programs started in Englewood."
- ◆ "Case management with supportive wrap-around services."
- ◆ "Working individuals in need are not able to access the services."

In your professional opinion, what are the root causes for gaps in services?

The responses included:

- ◆ "Poor communication between service providers."
- ◆ "No funding. Lack of knowledge in prevention."
- ◆ "Agency heads should be encouraged to share successes and even willing to coach and support collaborative partners. At times, I even believe that funding sources should pair agencies together for the good of the community."
- ◆ "Unwillingness of taxpayers to pay for services. General apathy and (sometimes reasonable) distrust and lack of support towards elected decision makers."
- ◆ "No one wants to know about this problem. Ignorance is bliss."

What would you recommend to create systemic change for the most impact regarding direct services provided throughout the entire community? (Select up to three)

| | RESPONSE % |
|--|-------------------|
| Shared intake and referral process | 9.4% |
| Prioritize critical needs | 18.9% |
| Clarity | 3.8% |
| Health care reform | 11.3% |
| Measure solutions | 5.7% |
| Expansion of programs | 18.9% |
| Transportation | 39.6% |
| Early prevention/intervention | 13.2% |
| De-privatization of system | 1.9% |
| Initiative to address the issue | 1.9% |
| Technologies | 3.8% |
| Training and support to agencies | 9.4% |
| Provide housing | 9.4% |
| Provide easier access to programs | 9.4% |
| Increased funding | 58.5% |
| Focus on long term solutions, not “band aids.” | 41.5% |
| Continuity of care | 5.7% |
| Awareness and education | 24.5% |
| Consolidation of services | 5.7% |
| Communication/collaboration | 43.4% |

Figure 2.QQ

If you have additional comments you would like to share, please provide them now.

The responses included:

- ◆ “Charlotte County as a whole needs more advocacy for low-income, not just target populations. We need to start getting real about the numbers of working poor in our community.”
- ◆ “It is important to focus on population health interventions as these improve health outcomes to a greater extent than individual health care initiatives.”
- ◆ “Improve screening and offer benefits on a sliding scale versus all or nothing entitlement. With centralized gate-keeping there is less opportunity for fraud.”

APPENDIX 3 CLIENTELE SURVEY



Photo provided by Charlotte Harbor Visitor & Convention Bureau

Over 2000 surveys were distributed to local non-profit and government human service agencies for completion by their clients. 869 respondents provided information on their demographics and their current needs.

Are you...?

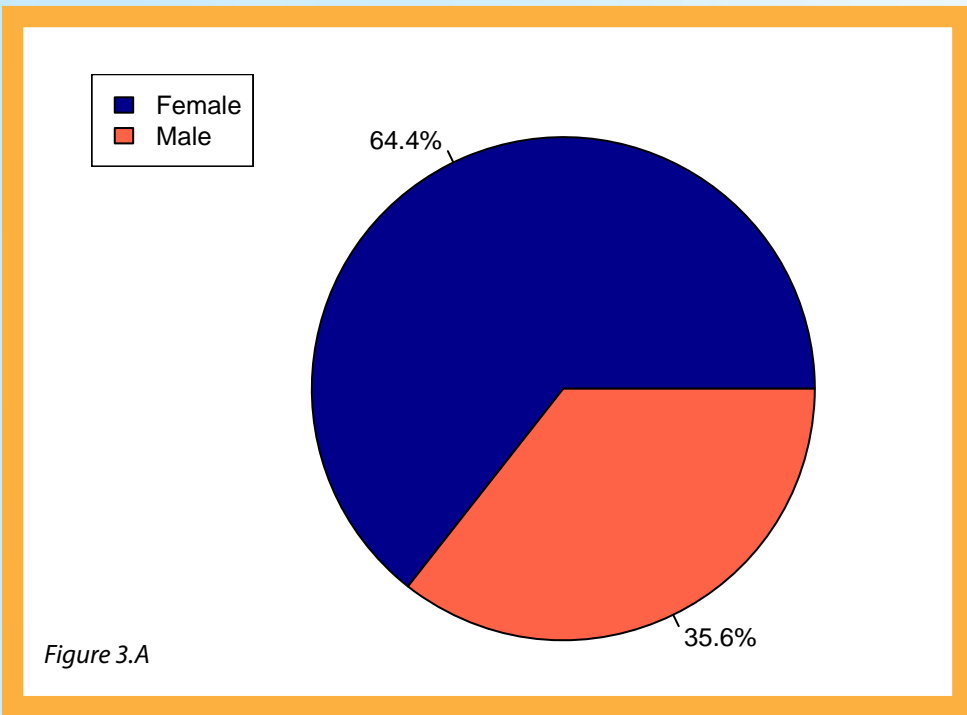


Figure 3.A

Where do you live?

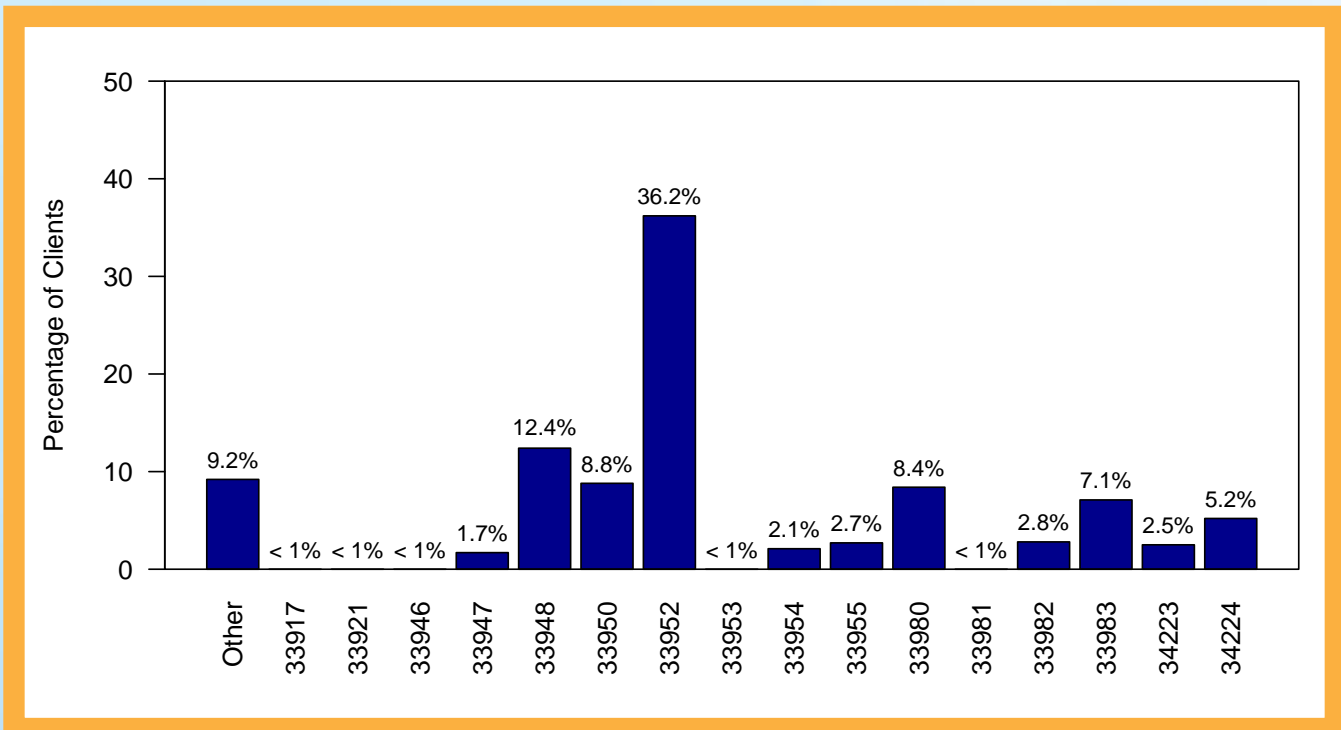
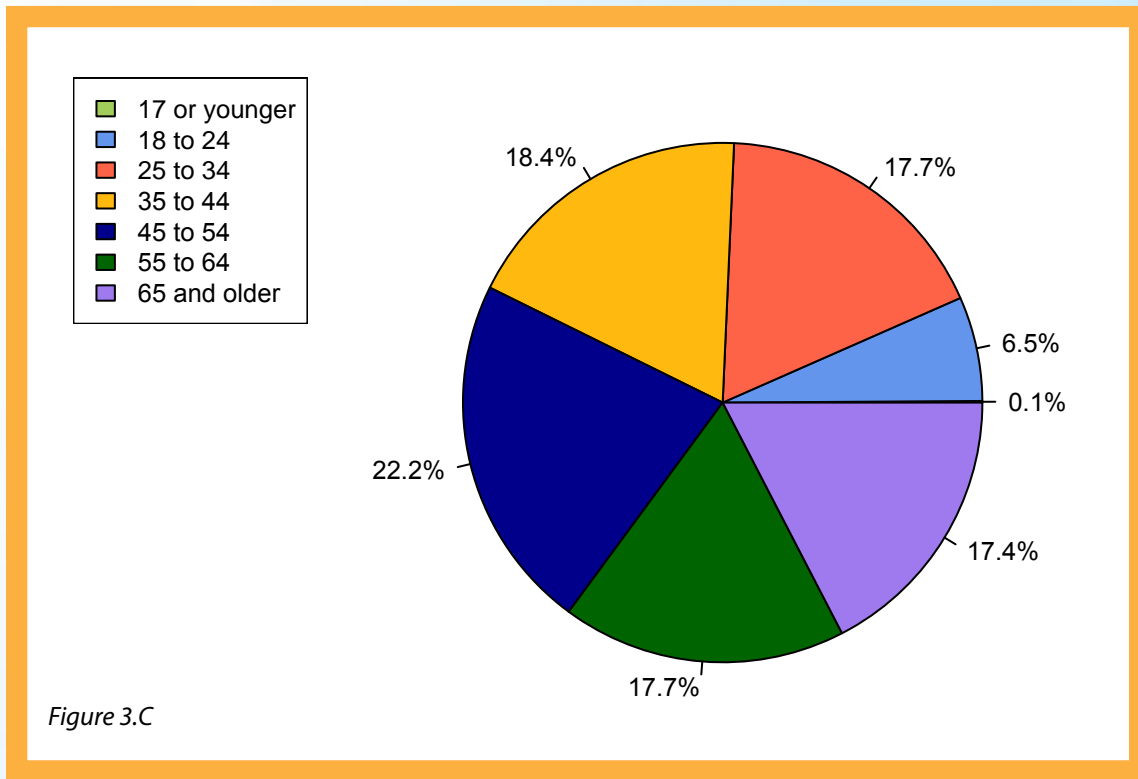
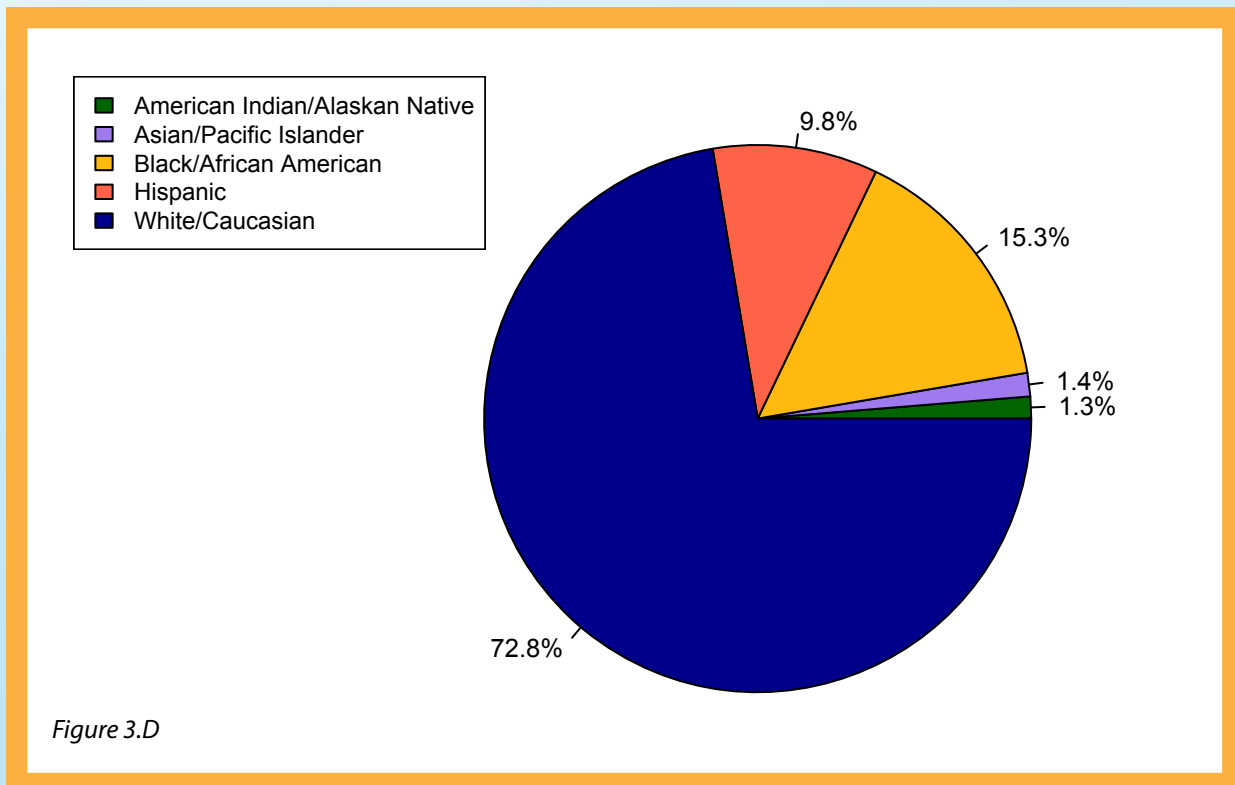


Figure 3.B

How old are you?



Which race/ethnicity best describes you?



What is the highest level of education you have completed?

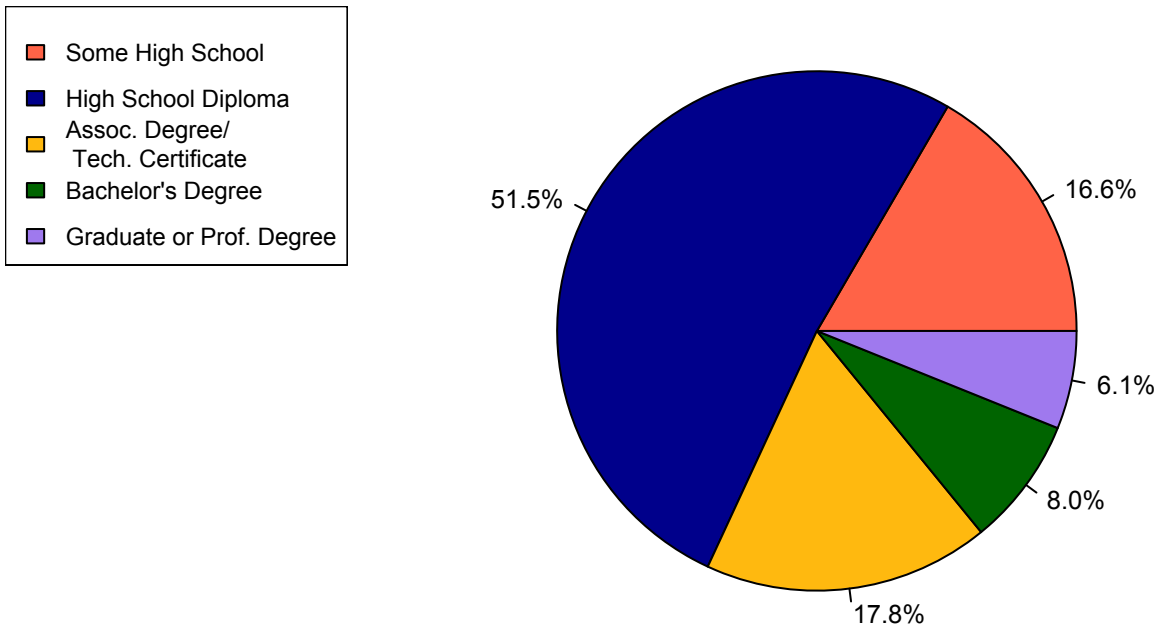


Figure 3.E

Which of the following best describes your employment status?

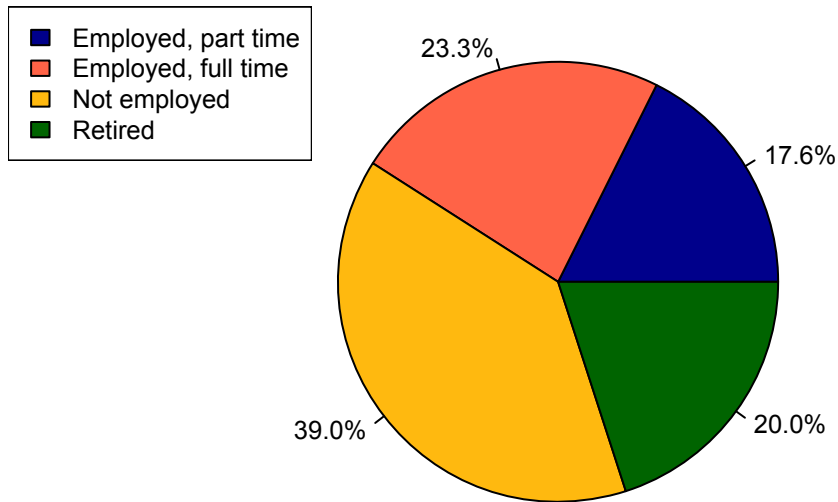
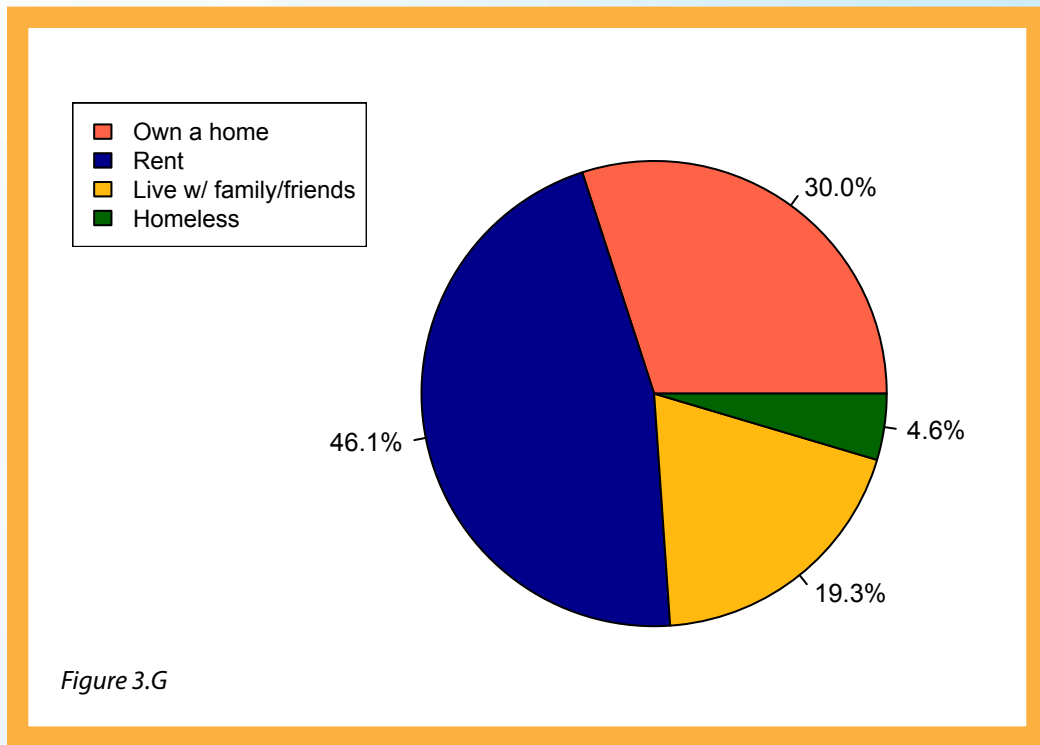
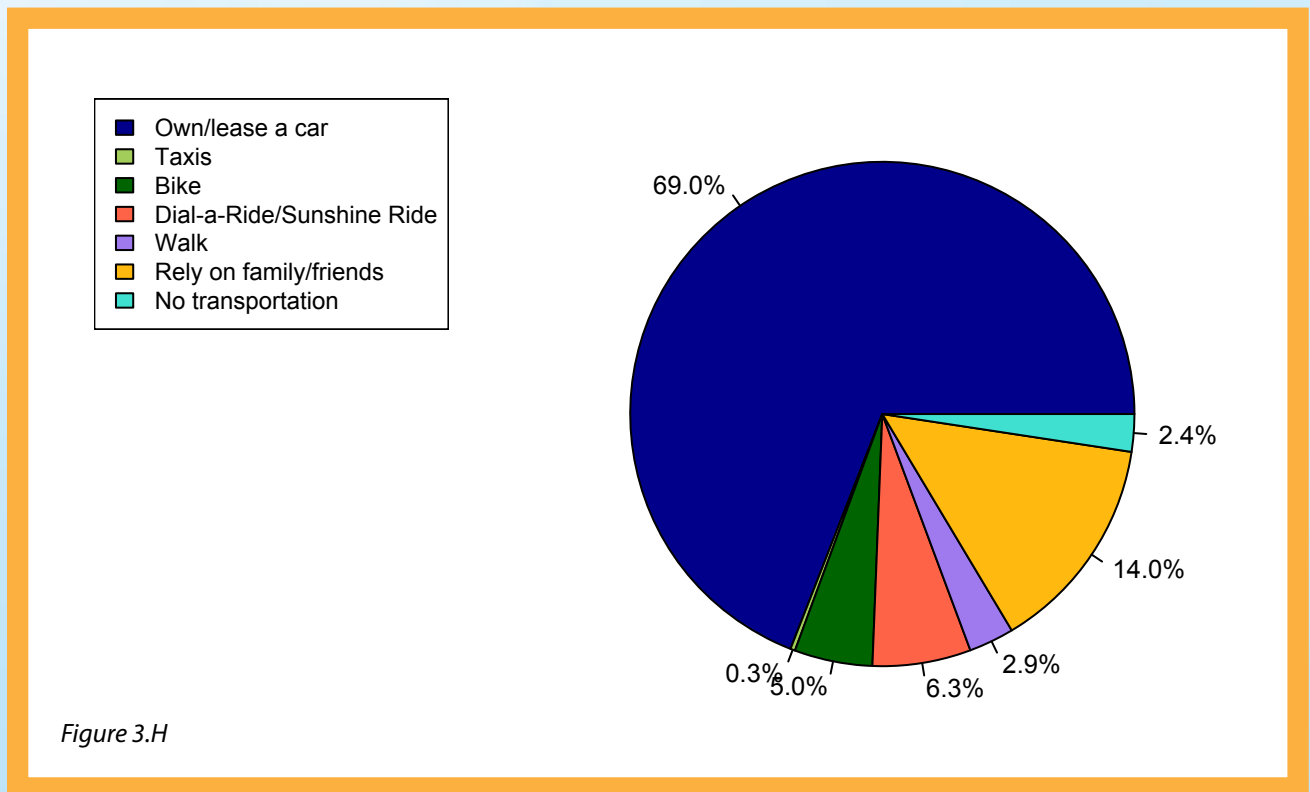


Figure 3.F

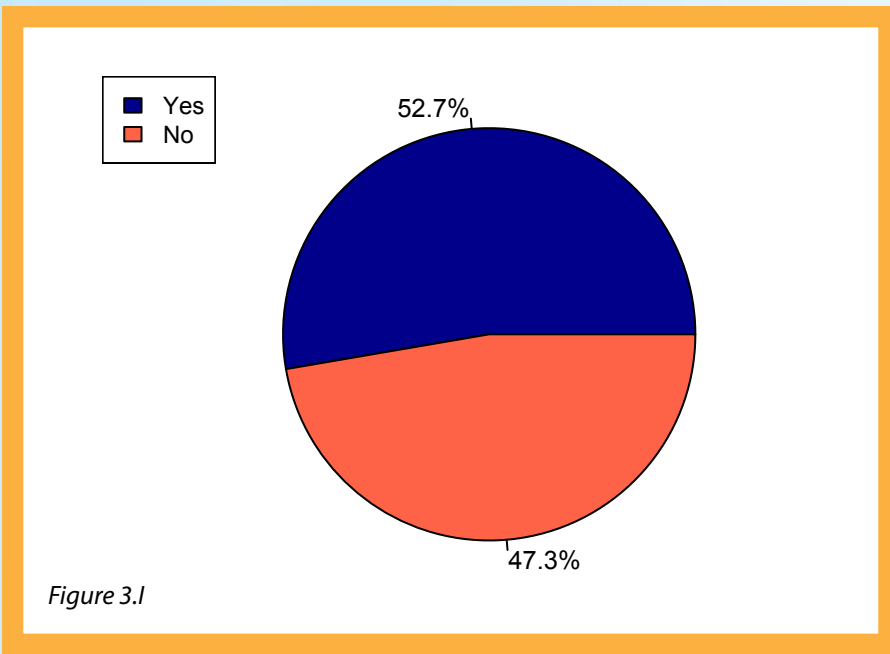
Which of the following best describes your current living arrangement?



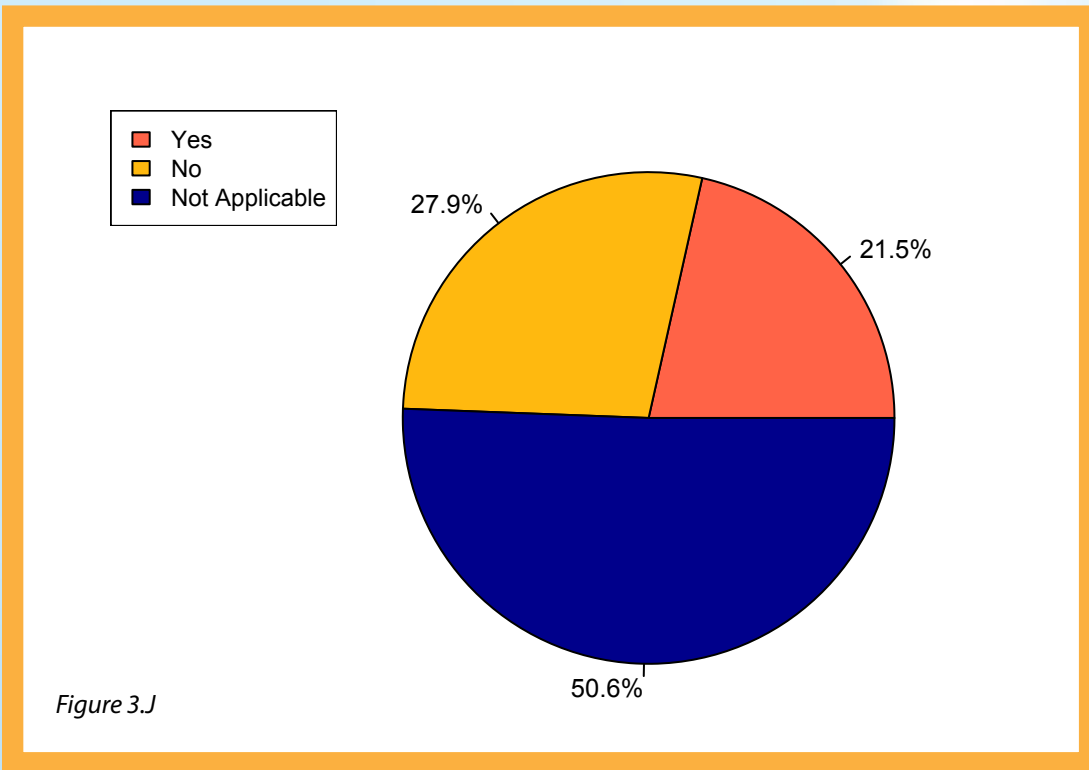
Which of the following best describes your mode of transportation?



Do you have health insurance?



If you have children under the age of 18, do you have access to affordable childcare?



Please tell us, in your opinion, which services are needed the most by assigning each one a score of 1 to 5, where 1 is the lowest priority and 5 is the highest.: HUMAN SERVICES

| Service | Percentage of Respondents | | | | |
|--|---------------------------|-------|------------------|-------|-------|
| | Lowest Priority | | Highest Priority | | |
| | 1 | 2 | 3 | 4 | 5 |
| Disaster Relief | 18.4% | 7.9% | 22.7% | 19.4% | 31.6% |
| Elder Abuse | 19.9% | 7.4% | 19.9% | 21.4% | 31.5% |
| Domestic Violence/abuse prevention/treatment | 15.5% | 5.3% | 20.6% | 21.9% | 37.1% |
| In-home elder care | 15.5% | 5.8% | 20.5% | 25.6% | 32.6% |
| Food Assistance | 6.8% | 3.7% | 15.1% | 20.6% | 53.8% |
| Emergency Shelter | 12.3% | 6.4% | 20.2% | 25.1% | 35.9% |
| Transitional Housing | 12.3% | 8.1% | 24.0% | 21.3% | 34.3% |
| Homelessness Prevention | 12.6% | 6.6% | 17.0% | 23.5% | 40.4% |
| Financial Assistance | 7.4% | 6.1% | 19.1% | 18.6% | 48.8% |
| Benefits Assistance | 7.6% | 2.7% | 17.1% | 18.0% | 54.5% |
| Crisis Counseling | 12.2% | 6.4% | 28.3% | 23.1% | 30.0% |
| Affordable Housing | 9.3% | 3.9% | 15.4% | 21.7% | 49.7% |
| Transportation – normal Business hours | 10.7% | 2.8% | 21.1% | 18.2% | 47.2% |
| Transportation – after Hours | 12.7% | 6.2% | 20.9% | 19.2% | 40.9% |
| Veteran Services | 14.0% | 5.9% | 21.9% | 23.0% | 35.3% |
| Assisted Living | 13.3% | 6.0% | 22.4% | 27.4% | 30.9% |
| Affordable home/ Car repair | 12.2% | 5.2% | 19.9% | 21.3% | 41.3% |
| Free legal services | 12.3% | 7.6% | 20.0% | 19.6% | 40.5% |
| Home Ownership Counseling | 13.4% | 10.9% | 29.7% | 17.9% | 28.1% |

Figure 3.K

Please tell us, in your opinion, which services are needed the most by assigning each one a score of 1 to 5, where 1 is the lowest priority and 5 is the highest.: CHILD/YOUTH DEVELOPMENT

| Service | Percentage of Respondents | | | | |
|---|---------------------------|------|-------|------------------|-------|
| | Lowest Priority | | 3 | Highest Priority | |
| | 1 | 2 | | 4 | 5 |
| Adoption/Foster Care | 18.6% | 8.3% | 25.9% | 20.8% | 26.4% |
| Affordable child care | 17.4% | 3.7% | 15.3% | 19.0% | 47.3% |
| Enrichment/Clubs/ Scouting programs | 16.3% | 6.5% | 27.1% | 17.5% | 32.5% |
| Tutoring/Homework/ Literacy Assistance | 13.3% | 5.0% | 22.1% | 20.4% | 39.1% |
| Juvenile crime/ gang/ Dropout prevention | 15.4% | 4.9% | 17.9% | 20.5% | 41.4% |
| Early education/ School readiness | 14.0% | 5.3% | 17.5% | 19.5% | 43.7% |
| Developmental/ Behav. Counseling | 13.9% | 5.2% | 20.2% | 21.6% | 39.0% |
| Family Counseling | 14.3% | 4.1% | 21.1% | 23.4% | 37.0% |
| Parent ed/training | 13.8% | 4.4% | 21.3% | 21.0% | 39.4% |
| GLBT support | 20.3% | 7.6% | 21.9% | 20.6% | 29.6% |
| College prep (ACT/ SAT test prep) | 14.6% | 6.6% | 26.9% | 18.8% | 33.2% |
| Teen pregnancy/ sex Ed/ prevention | 14.5% | 4.7% | 17.7% | 19.5% | 43.6% |
| Family Violence/child Abuse/prevention/ Treatment | 14.4% | 4.6% | 15.4% | 19.0% | 46.5% |
| Recreation/sports | 13.3% | 6.3% | 24.3% | 21.2% | 34.9% |
| Drug/alcohol prevention | 14.3% | 5.5% | 17.6% | 18.0% | 44.5% |
| Suicide prevention | 14.2% | 5.5% | 19.6% | 18.6% | 42.1% |
| Youth employment Assistance | 13.5% | 6.8% | 19.1% | 24.0% | 36.5% |
| Mentoring programs | 14.3% | 6.0% | 19.9% | 23.0% | 36.8% |
| Early intervention | 13.5% | 7.8% | 19.3% | 21.3% | 38.1% |

Figure 3.L

Please tell us, in your opinion, which services are needed the most by assigning each one a score of 1 to 5, where 1 is the lowest priority and 5 is the highest: **EMPLOYMENT/PERSONAL FINANCE**

| Service | Percentage of Respondents | | | | |
|--|---------------------------|------|-------|-------|-----------------------|
| | Lowest Priority 1 | 2 | 3 | 4 | Highest Priority 5 |
| Resume assistance/career Counseling | 11.8% | 6.8% | 27.9% | 23.9% | 29.6% |
| Job training | 9.6% | 3.7% | 19.4% | 25.5% | 41.8% |
| Technical/skills Training | 9.6% | 3.0% | 20.5% | 26.6% | 40.2% |
| Self employment/small Business development | 12.8% | 8.4% | 27.8% | 21.3% | 29.7% |
| English as a 2nd Lang./ Citizenship prep | 18.9% | 8.5% | 23.4% | 20.2% | 28.9% |
| Skills training for Special needs | 12.2% | 5.2% | 22.2% | 23.0% | 37.5% |
| Job placement | 9.6% | 3.1% | 16.1% | 26.3% | 44.8% |
| Adult literacy/remedial Ed. Programs | 11.7% | 7.4% | 24.1% | 21.9% | 34.9% |
| Life skills/ social Skills training | 11.2% | 6.9% | 22.6% | 24.5% | 34.8% |
| Computer literacy | 10.0% | 5.3% | 22.8% | 27.9% | 34.1% |
| Credit counseling/ Finan. Literacy/budgeting | 2.3% | 7.1% | 28.4% | 23.7% | 28.5% |
| Senior employment Services | 17.4% | 6.5% | 24.8% | 23.5% | 27.7% |
| Tax assistance | 18.1% | 8.8% | 29.0% | 18.4% | 25.7% |
| GED preparation | 15.9% | 6.9% | 22.4% | 22.3% | 32.5% |

Figure 3.M

Please tell us, in your opinion, which services are needed the most by assigning each one a score of 1 to 5, where 1 is the lowest priority and 5 is the highest: HEALTH

| Service | Percentage of Respondents | | | | |
|--|---------------------------|------|-------|-------|-----------------------|
| | Lowest Priority 1 | 2 | 3 | 4 | Highest Priority 5 |
| Health prevention/nutrition Education/advocacy | 10.1% | 5.0% | 25.0% | 23.8% | 36.1% |
| Counseling/mental Health care | 10.6% | 4.7% | 19.6% | 23.5% | 41.6% |
| Emergency health care | 8.9% | 2.8% | 13.9% | 21.1% | 53.5% |
| Substance abuse prev/ Treatment | 14.2% | 4.4% | 18.8% | 21.3% | 41.3% |
| Chronic illness mgmt/ Services | 12.2% | 4.5% | 17.8% | 25.3% | 40.2% |
| Health information/ Referral | 10.5% | 4.0% | 21.9% | 28.5% | 35.1% |
| Affordable primary Medical services | 7.7% | 2.9% | 11.2% | 18.3% | 59.9% |
| Affordable children's Medical services | 12.6% | 2.8% | 11.0% | 17.6% | 56.1% |
| Affordable dental | 6.3% | 1.8% | 11.6% | 19.9% | 60.4% |
| Affordable vision | 6.9% | 2.0% | 11.2% | 20.0% | 59.9% |
| Services for the Hearing impaired | 13.1% | 5.0% | 22.5% | 21.5% | 38.0% |
| Vaccinations/ Immunizations | 11.7% | 3.0% | 18.5% | 21.3% | 45.5% |
| Services for the disabled | 9.9% | 3.7% | 19.0% | 18.7% | 48.6% |
| Family planning | 15.3% | 6.6% | 24.6% | 18.9% | 34.6% |
| HIV/AIDS/STD Services | 14.5% | 4.8% | 19.0% | 18.1% | 43.6% |
| Hospice/Palliative Care | 13.9% | 3.8% | 18.5% | 23.0% | 40.9% |
| Free/reduced cost Prescriptions/medical Supplies | 9.5% | 2.3% | 13.6% | 15.6% | 59.0% |
| Grief support | 14.1% | 4.6% | 20.7% | 27.9% | 32.8% |
| Eating disorders/obesity/ Fitness programs | 14.0% | 7.4% | 24.5% | 20.6% | 33.4% |
| Safety/CPR/First aid Education/Training | 14.2% | 4.9% | 22.8% | 18.7% | 39.4% |

Figure 3.N

Are there additional services/needs within the community that have not been identified in one of the categories above? If yes, please list.

The responses included:

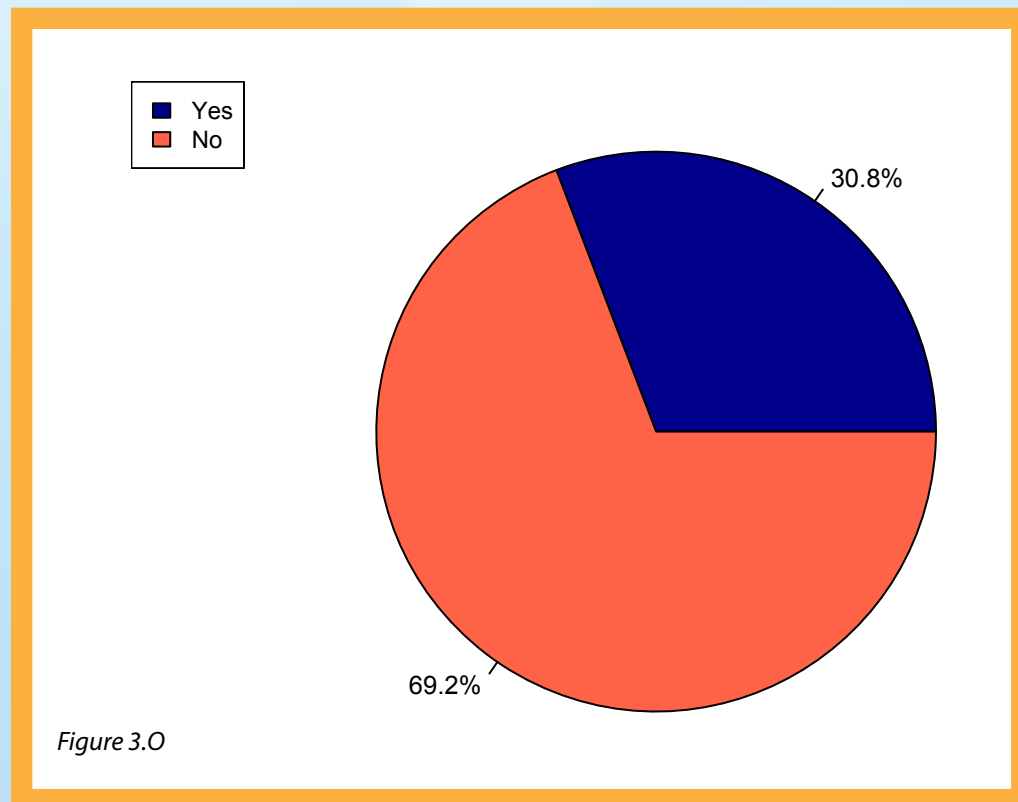
- ◆ "Respite care for parents and caregivers."
- ◆ "Help with housework for elderly that live alone."
- ◆ "More sidewalks (pedestrian) and more encouragement for people to walk and bike."
- ◆ "Teaching computer skills to elderly."
- ◆ "Overlapping public transportation between Sarasota and Charlotte County."

In your opinion, what are the top three issues facing the Charlotte County community?

The top ten issues identified were:

1. **Jobs/training and placement**
2. **Transportation**
3. **Affordable medical care and insurance**
4. Drugs, alcohol and prescription abuse
5. Homelessness
6. Affordable housing
7. Education
8. Senior services
9. Financial and/or benefits assistance
10. Youth programs

Have you ever used 2-1-1 to find a local human service provider?



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APPENDIX 4 COMMUNITY CONVERSATION

March 12, 2013 at Charlotte Harbor Yacht Club



Photo provided by Charlotte Harbor Visitor & Convention Bureau

On March 12th, the United Way of Charlotte County, Charlotte County Human Services and the Charlotte Community Foundation hosted a Community Conversation about the human service needs in Charlotte County. Approximately 70 members of the community participated in an exercise to identify the top Strengths, Weaknesses, Opportunities and Threats to the community.

Each small group was given an opportunity to discuss each category and present their lists to the entire group. Each individual then had the opportunity to mark their top 2 priorities for each category. Below are the top 10 priorities, in order from highest to lowest, that emerged in each category.

STRENGTHS:

- ◆ **Willing network of providers**
- ◆ **Good volunteers**
- ◆ **2-1-1 database**
- ◆ **Good school system**
- ◆ **Giving community**
- ◆ **Referrals among agencies**
- ◆ **Homeless coalition/C-3**
- ◆ **Food pantries**
- ◆ **Churches**
- ◆ **Hospitals and doctors who work with Virginia B. Andes community clinic.**

WEAKNESSES:

- ◆ **Transportation**
- ◆ **Economic development – lack of jobs**
- ◆ **Mental health services**
- ◆ **Senior services**
- ◆ **Affordable childcare**
- ◆ **One-stop – case management**
- ◆ **Financial stability services**
- ◆ **Training for jobs**
- ◆ **Access to affordable housing – tie**
- ◆ **Funding cuts – tie**
- ◆ **Lack of communication from agencies to the public - tie**

OPPORTUNITIES:

- ◆ **Economic development**
- ◆ **Community wide grants**
- ◆ **Increase access**
- ◆ **Legal aid**
- ◆ **Use parks/libraries to promote services**
- ◆ **Attract universities**
- ◆ **Public transportation – model like Sarasota’s or combine w/ other counties**
- ◆ **One-stop services**
- ◆ **Use empty buildings for services**
- ◆ **Family Health Center’s partnership with Health Department**

THREATS:

- ◆ **Funding availability/ budget cuts**
- ◆ **Lack of ready work force (High School graduation rates)**
- ◆ **Communication**
- ◆ **Apathy towards change (ex: Increasing taxes)**
- ◆ **Mental health (lack of services)**
- ◆ **Population flight – how to keep younger generation here**
- ◆ **Changing economy and its effect on retirement**
- ◆ **Drugs**
- ◆ **Weather/natural disaster services/response**
- ◆ **Can an aging community still be vibrant? Dwindling “hometown pride” – tie**
- ◆ **Lack of understanding/cultural diversity – tie**

NOTES

NOTES

NOTES



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941.627.3539

**United Way
of Charlotte County**

www.unitedwayccfl.org



**CHARLOTTE
COMMUNITY
FOUNDATION**

227 Sullivan Street
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www.charlottecommunityfoundation.org



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Port Charlotte, FL 33980
941.833.6500

www.charlottecountyfl.gov/dept/humanservices