



United Way of Northern Shenandoah Valley
Community Needs Update
2014 – 2017

A report of conditions, trends and human service priorities impacting the critical needs of the people of the Northern Shenandoah Valley

April 2014

United Way of Northern Shenandoah Valley
In partnership with Lord Fairfax Community College





Office of the President

April 2014

Dear Community Members,

It has been a pleasure to serve as the Chair for the *Community Needs Update: 2014-2017* for the United Way of Northern Shenandoah Valley. The following report tracks our progress toward meeting critical needs, advances our priority areas of Education, Income, and Health, and identifies additional targets for concentration through 2017.

Three years ago, the United Way of Northern Shenandoah Valley worked with community partners such as Valley Health and Shenandoah University to produce the report "Community Needs Update: 2010-2013." This report was the result of a half year of planning and brainstorming about the needs of the community. It set forth clear and measurable goals with which the United Way and community organizations could demonstrate the impact they are making on the community.

Now it's time to evaluate how much impact has been made over the past three years. This 2014 Progress Report provides data on each of three goal areas: (1) education, (2) income, and (3) health. It documents progress for each of the jurisdictions served by the United Way, including the City of Winchester and Clarke, Frederick, and Shenandoah counties, as well as Page and Warren counties. Where available, overall data for the Northern Shenandoah Valley Planning District are also provided.

In the 2010 report, additional information about demographic and social indicators was included to provide context for organizational planning. These indicators are updated in this Progress Report, along with several more relevant data sources.

I would like to thank our committee members for all their hard work; Jorge Gutierrez - BMOC, Diana Ketterman - Community Representative, John Lamanna - Timber Ridge, John Milam - LFCC, Connie Nutter - NAMI, Randy Reed - VH Behavioral Health, Martha Shickle - NSV Regional Planning Commission, and Joe Shtulman - United Way NSV. Thanks also to Mary Zufall - Valley Health, and Tamara Green - DSS Frederick County for sharing the results of their respective need studies. Special thanks to John Milam - LFCC for preparing the updated demographic and social statistics and to the United Way staff for their support and leadership throughout this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl Thompson-Stacy".

Dr. Cheryl Thompson-Stacy, Chair
Community Impact

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OVERVIEW

The United Way of Northern Shenandoah Valley is your Community Impact partner, working to link people in need with the resources to meet those needs. Every three years, UWNSV assesses demographic and social trends in order to update priorities and target contributed funds to the needs that matter most to the people of Northern Shenandoah Valley. Community Impact priorities are used as a tool for planning and as a guide for fund distribution. Over the past year, UWNSV has worked with planning partners to focus on mental Health issues, update population data and assess our progress, as a community, in dealing with education, income and health conditions. In addition, the Community Impact committee has reviewed priorities identified in the recent Valley Health Needs Assessment and the DSS Safe and Stable Families Initiative, to help target areas for concentration through 2017.

This year's report provides a progress report on the social conditions targeted in 2010. Education, Income and Health issues are recommended for continuing action. Priorities through 2017 include:

EDUCATION/ACHIEVING POTENTIAL

- Reduce truancy and school dropout rates.
- Prepare children for school readiness.
- Advance learning and career development.
- Leadership and workforce development, including youth program collaboration.

INCOME/FINANCIAL STABILITY

- Employment Assistance.
- Life skills training (financial literacy, job preparation, literacy).
- Support for families to meet basic needs (food, shelter, utilities).

HEALTH/RISK BEHAVIORS/SAFETY

- Affordable and accessible health/mental health care for people in need.
- Health needs of an increasing senior population.
- Prevention of the effects of risk behaviors (i.e. obesity, abuse/neglect, teen pregnancy and substance abuse).
- Mental Health education and access to care.

CONTRIBUTING ISSUES (Affecting all focus areas)

- Increasing Senior Population
- Families/Individuals with limited life skills
- Housing and Homelessness
- Youth and community concerns over crime and substance abuse
- Access to care (information, transportation, case management)
- Economic Conditions

PROGRESS REPORT: EDUCATION + INCOME + HEALTH

Three goal areas were articulated for impact, including:

- (1) Education: Improve on-time graduation and advanced learning – three goals;
- (2) Income: Decrease number of financially unstable families – one goal; and
- (3) Health: Reduce the incidence and prevalence of risk behaviors – five goals.

The following table documents overall progress on these goals for the jurisdictions served.

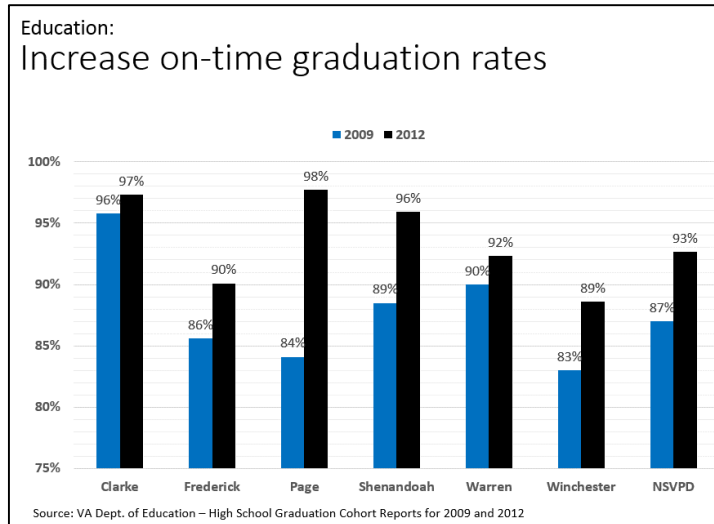
Goal	NSVPD	Clarke	Frederick	Page	Shenandoah	Warren	Winchester
<i>Education/Achieving Potential</i>							
Increase on-time high school graduation	↑	↑	↑	↑	↑	↑	↑
Decrease % need for Kindergarten remediation	N/A	↑	↔	↔	↑	↑	↑
Increase college participation	↓	↓	↑	↓	↓	↔	↓
<i>Income/Financial Stability</i>							
Decrease % family households earning <\$25,000 per year	↔	↑	↑	↑	↓	↔	↓
<i>Health Risks/Behaviors</i>							
Increase rank for adult smoking	N/A	↑	↓	↓	↓	↑	↑
Increase rank for diet & exercise	N/A	↓	↑	↓	↓	↑	↓
Increase rank for alcohol use	N/A	↑	↑	↑	↑	↑	↑
Increase rank for STDs	N/A	↑	↑	↑	↑	↑	↑
Increase rank for access to care	N/A	↑	↓	↔	↓	↓	↓
Legend: ↑ = Increase ↓ = Decrease ↔ = No change							

The following section provides graphical results for each goal and a brief narrative about progress.

EDUCATION

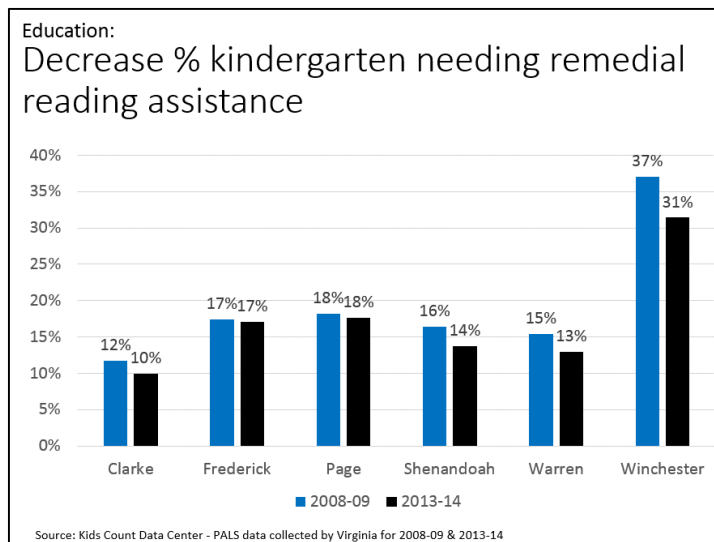
Increase on-time high school graduation

The Virginia Department of Education calculates the Virginia On-Time Graduation Rate – the percentage of students in a cohort who earned a Board of Education-approved diploma within four years of entering high school for the first time. Comparing the 2009 and 2012 cohorts, all six jurisdictions increased their on-time high school graduation rate. The overall rate increased from 87% to 93%.



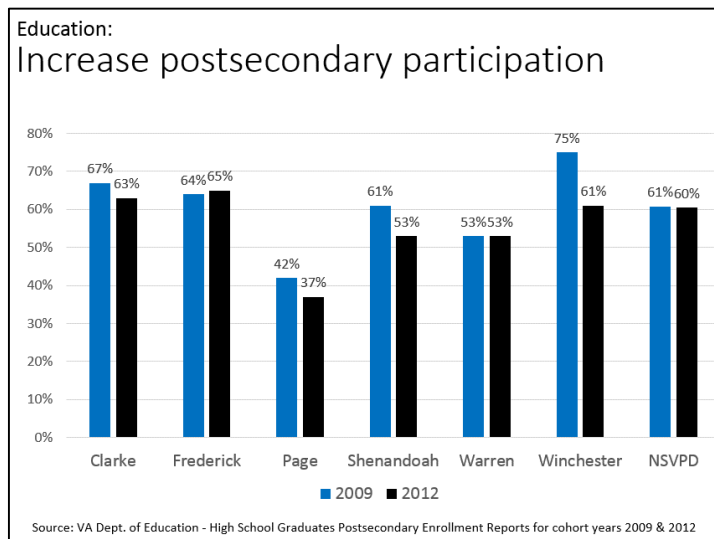
Decrease % need for Kindergarten remediation

The PALS-K is used to identify kindergarten students who are relatively behind in their acquisition of fundamental literacy skills. Between 2008-09 and 2013-14, the need for remedial assistance decreased in four of the six jurisdictions and was approximately the same in the other two.



Increase college participation

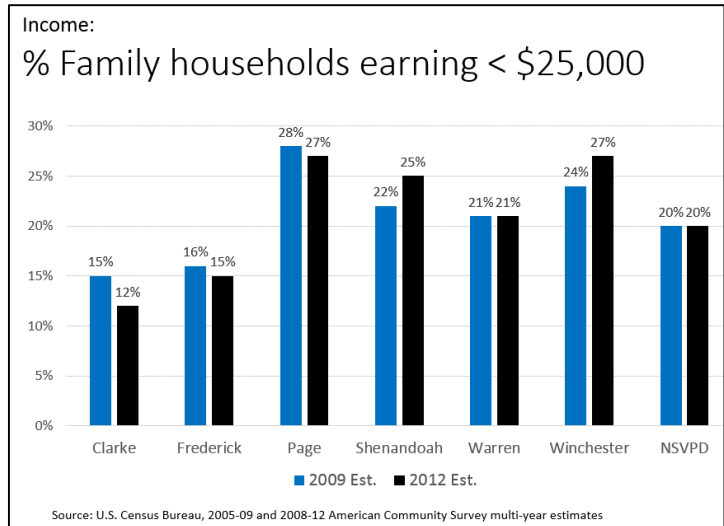
The Virginia Department of Education helped create the Virginia Longitudinal Data System to track student success from K-12 through college. Using the National Student Clearinghouse, cohort reports track students who enroll in any higher education institution within 16 months of earning a federally recognized high school diploma. Comparing the 2009 and 2012 cohorts of graduates, one county increased slightly the percent of graduates going on to college, while one stayed the same while the rest went down.



INCOME

Decrease % family households earning <\$25,000 per year

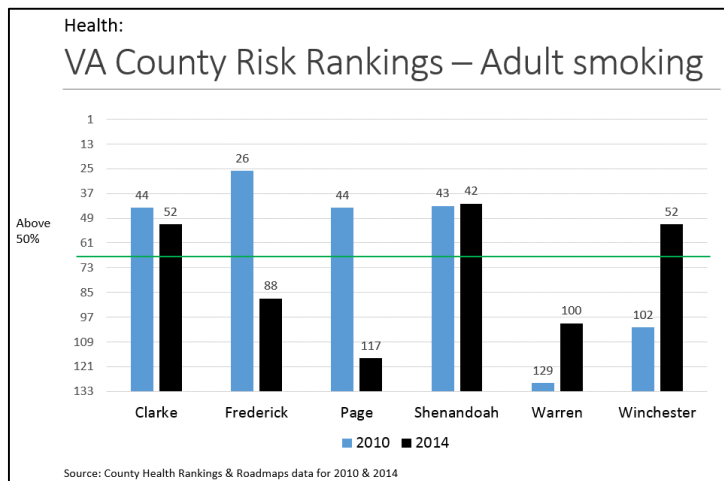
The American Community Survey supplements U.S. Census Bureau data with local five-year estimates of family household income. Comparing the 2009 and 2012 estimates, three counties decreased the percent of households earning less than \$25,000. Two jurisdictions increased the percentage and one stayed the same.



HEALTH

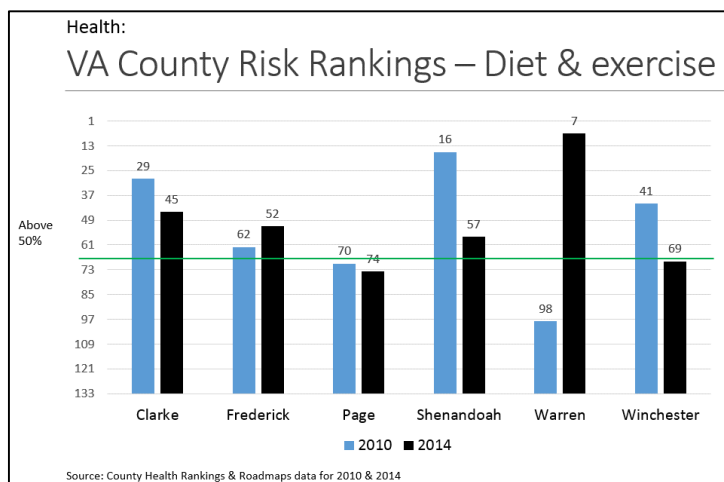
Adult Smoking

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Rankings for each county and city in Virginia were compared between 2010 and 2014. Three jurisdictions increased their rankings for adult smoking over the three years, while three went down. Three of the jurisdictions are above the 50% ranking in 2014, down from four in 2010.



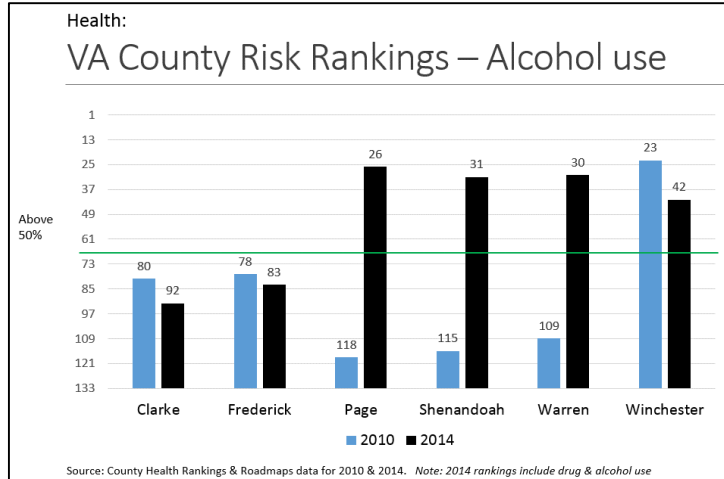
Diet and Exercise

In the rankings for diet and exercise, two jurisdictions went up, while four went down. Four jurisdictions are above the 50% ranking in 2014, the same number as in 2010.



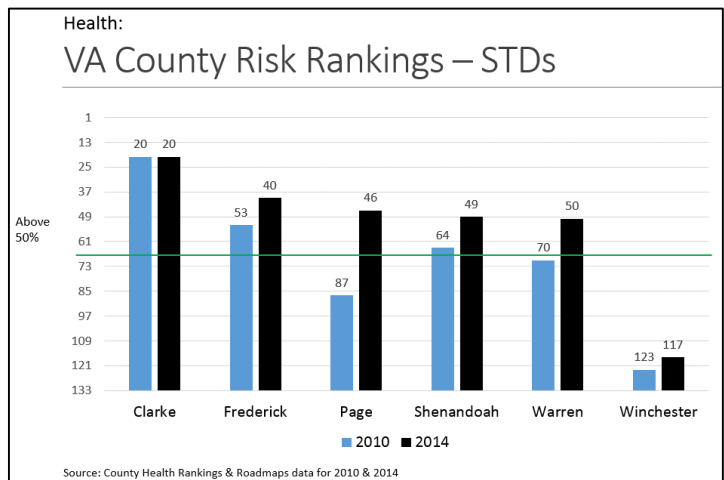
Alcohol Use

Three jurisdictions increased their rankings for alcohol use between 2010 and 2014. Four jurisdictions are above the 50% ranking in 2014, up from one in 2010.



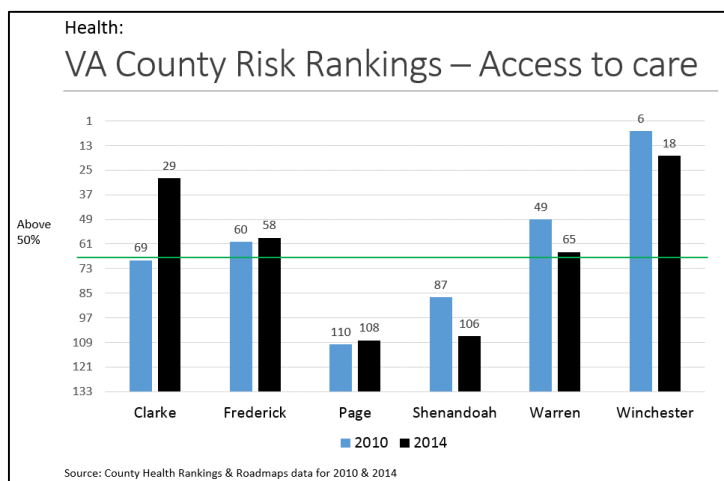
Sexually Transmitted Diseases

The County Risk Rankings include data on additional STDs in 2014. Five jurisdictions increased their rankings for STDs and one stayed the same between 2010 and 2014. Five jurisdictions are above the 50% ranking in 2014, up from three in 2010.



Access to Care

Three jurisdictions increased their ranking for access to care between 2010 and 2014 and three went down. Four jurisdictions are above the 50% ranking in 2014, up from three in 2010.



CONTEXT FOR HEALTH RANKINGS

The County Health Rankings & Roadmaps program provides additional data as context for understanding changes in the rankings. Five additional data points are provided in this section.

Adult smoking percentage

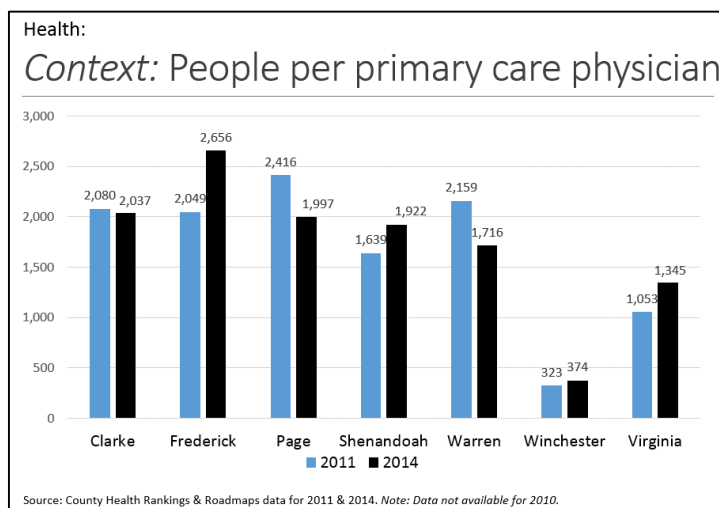
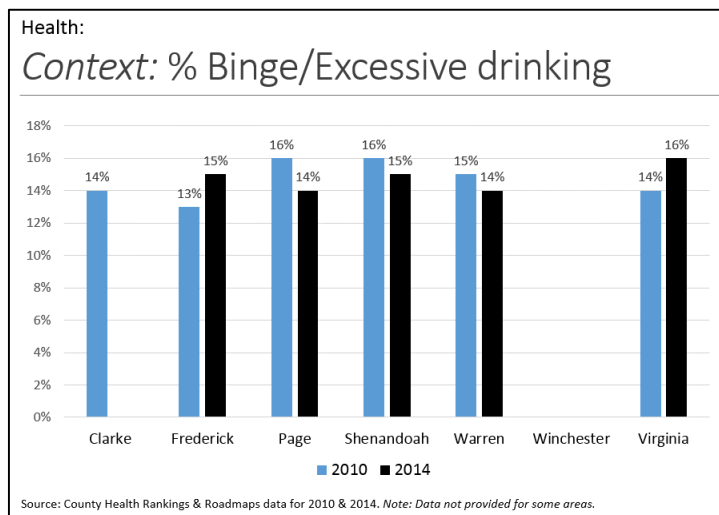
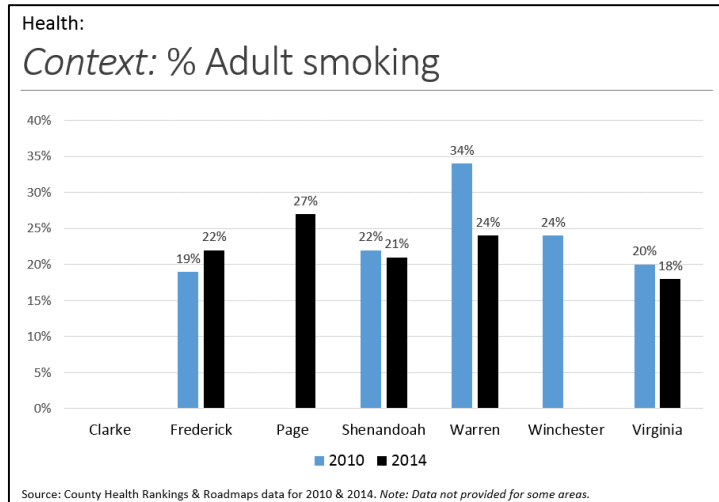
Four jurisdictions show marked changes between 2010 and 2014 in their ranking on adult smoking. For example, Frederick County went from 26 to 88. The County Health ranking calculation appears to be sensitive to fluctuations in the actual percentage of adults smoking, which in Frederick County increased from 19% to 22%. The ranking for Page County went from 44 to 117. However, there were no data available for Page County in 2010, which may have artificially increased that year's ranking. Similarly, the Clarke County ranking is influenced by the lack of data for this jurisdiction in the comparison years.

Binge/excessive drinking percentage

Three jurisdictions showed dramatic increases in their rankings for alcohol use between 2010 and 2014. This calculation appears to be sensitive to fluctuations in the actual percentage of adults with binge/excessive drinking. For Page County, where the ranking went from 118 to 26, the percent with binge/excessive drinking behavior went from 16% to 14%.

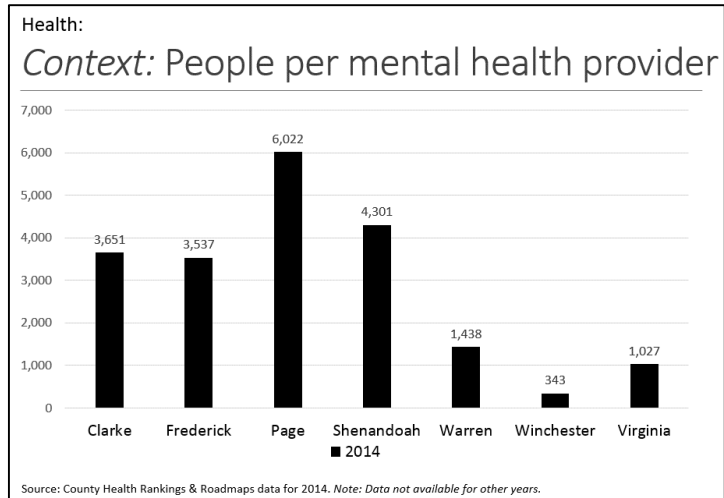
People per primary care physician

The County Health ranking for access to care is calculated using data on the number of uninsured persons, along with the number of primary care physicians and the number of mental health providers in a county. The number of people per primary care physician improved (decreased) in three jurisdictions.



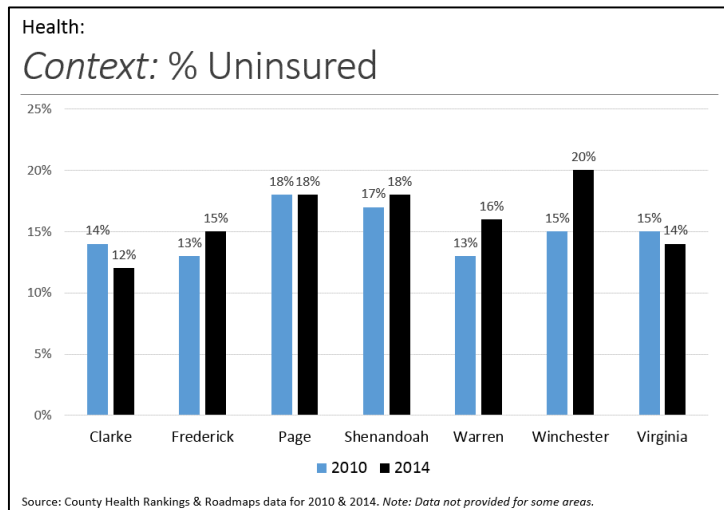
People per mental health provider

The number of people per mental health provider is a new indicator provided for 2014. The specific impact of this measure on the access to care ranking is unclear. As an example in using the data, Winchester has the highest ratios of physicians and mental health providers and has the highest ranking on access to care among the six jurisdictions. Additional documentation about the access to care indicator is provided at: <http://www.countyhealthrankings.org/our-approach/health-factors/access-care>.



Uninsured percentage

Between 2010 and 2014, the percentage of uninsured persons went up in four jurisdictions, declined in one, and remained the same in another. Where the overall ranking for access to care decreased in some jurisdictions, it appears to be linked to an increase in the three related indicators: (1) the number of people per primary care physician; (2) the number of people per mental health provider; and (3) the percentage of people who are uninsured.

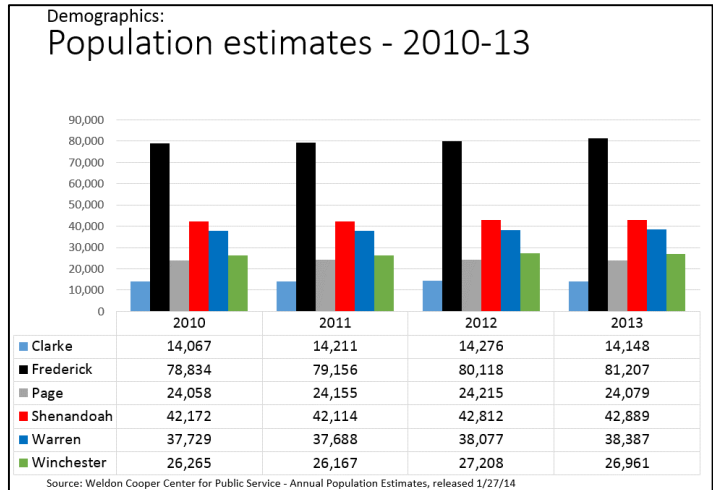


DEMOGRAPHIC AND SOCIAL INDICATORS

Additional demographic and social indicators provide context for the three goal areas and are described in this section.

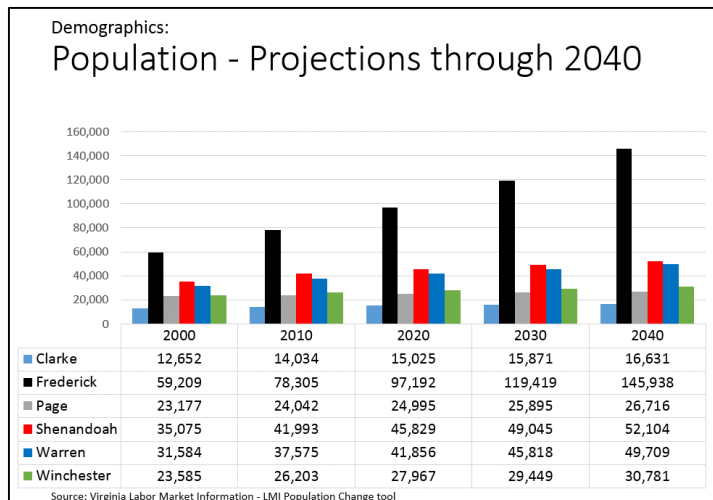
Population estimates – 2010-13

Data from the Weldon Cooper Center provide annual population estimates for the United Way jurisdictions



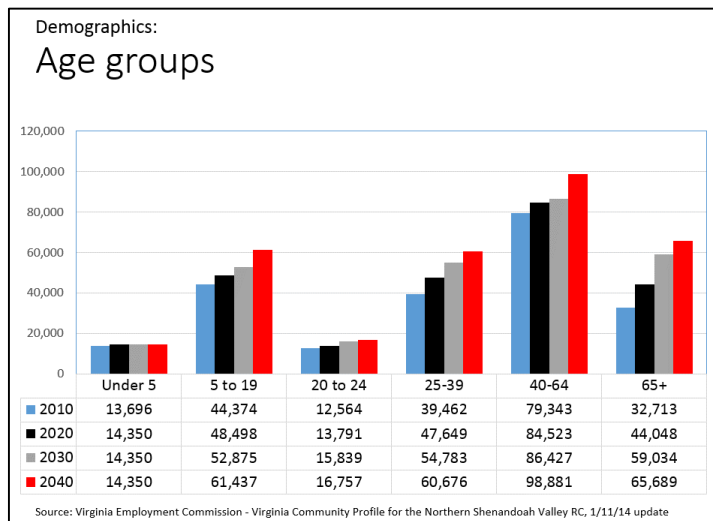
Population projections through 2040

Projections of population growth show dramatic increases in Frederick County, with smaller changes in the other five jurisdictions.



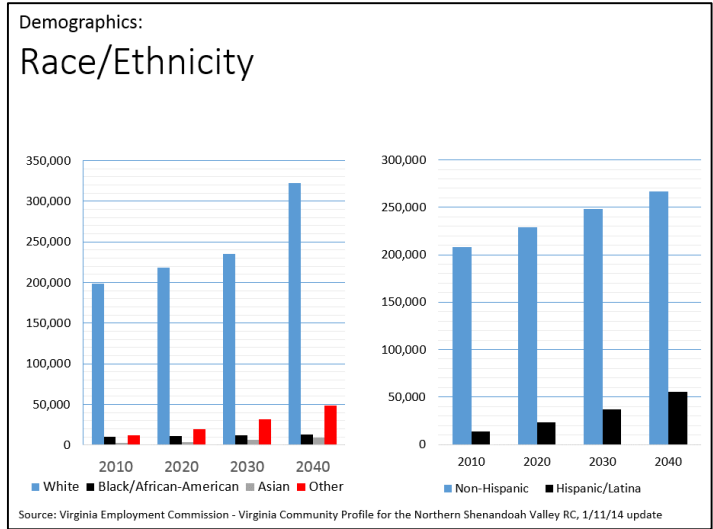
Increase college participation

Enrollment projections by age group show relatively flat numbers for those under age five and college age. However, dramatic growth is predicted for those age 40 to 64 and age 65 and older.



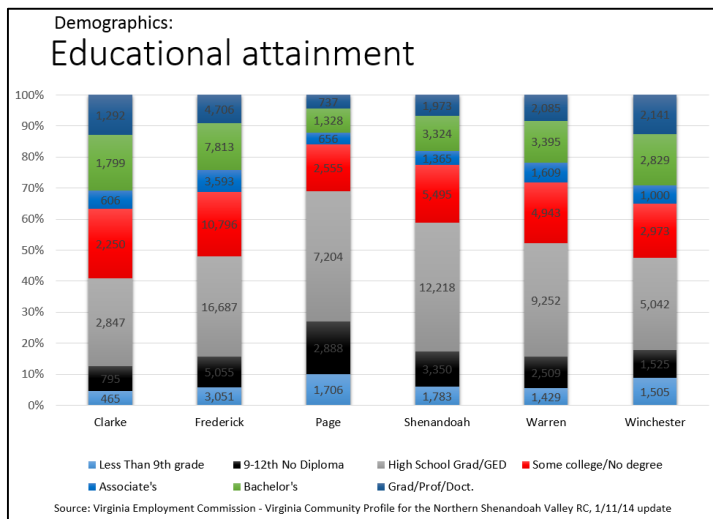
Population estimates by race/ethnicity and Hispanic origin

While population projections for growth are forecast primarily in white/Caucasian, there is increasing growth to 2040 in the Hispanic/Latina population.



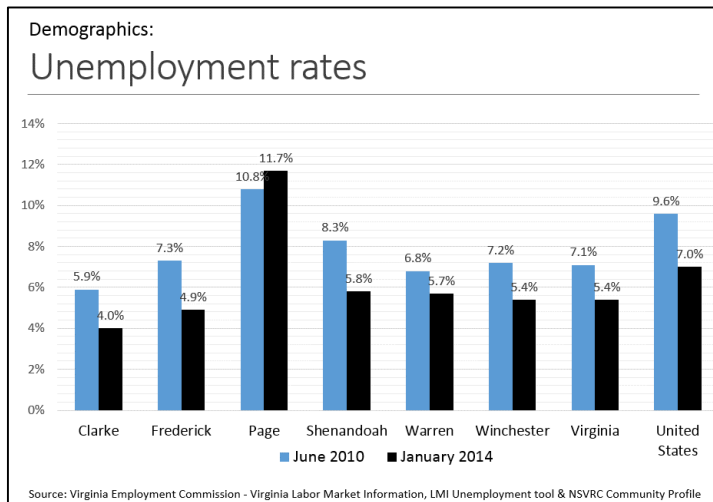
Educational attainment

The American Community Survey expands upon U.S. Census data in order to document patterns over time at the local level. The 2008-12 estimate shows noticeable variation between the jurisdictions in terms of educational attainment. For example, Clarke County has the highest percentage with graduate/doctoral/professional degrees, while Frederick County has the highest number of adults with less than a 9th grade education.



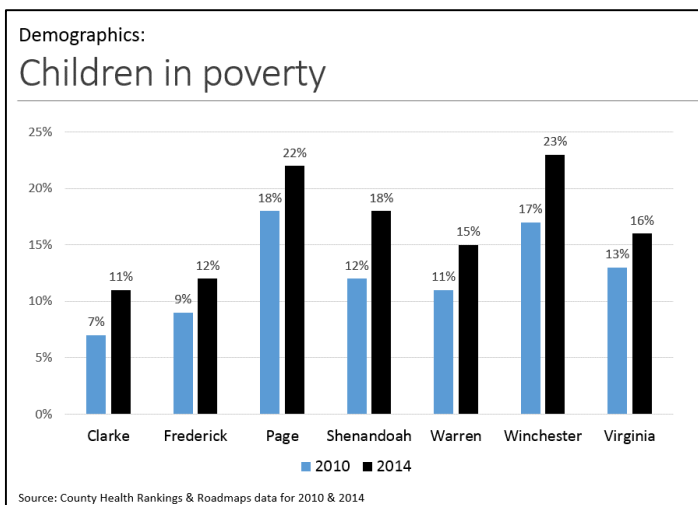
Unemployment rates

A comparison of unemployment rates from the Virginia Employment Commission shows noticeable decreases in all jurisdictions except one between June 2010 and January 2014. Three jurisdictions are at or below the Virginia average and all but one are below the U.S. average for January 2014.



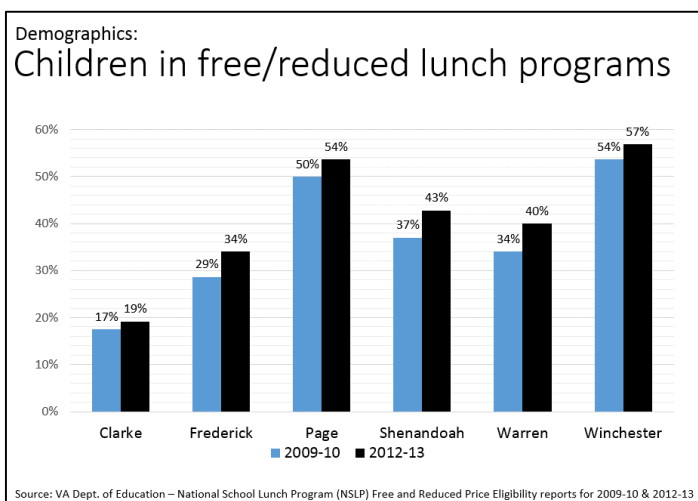
Children in poverty

Data from the County Health Rankings and Roadmaps project document the percentage of children in poverty. This percentage went up in all six jurisdictions and statewide between 2010 and 2014.



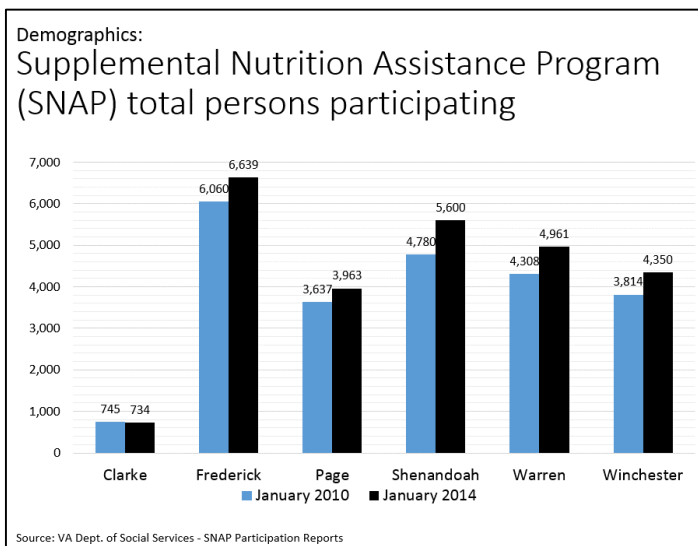
Children in free/reduced lunch programs

Virginia Department of Education data on the National School Lunch Program document the percentage of children eligible for free and reduced lunch. This percentage went up between 2009-10 and 2012-13 in all six jurisdictions.



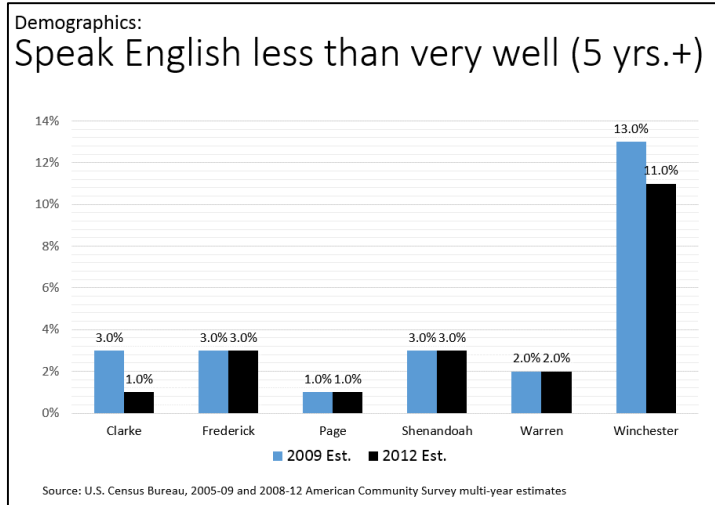
SNAP participation

The Virginia Department of Social Services tracks the number of persons participating in the Supplemental Nutrition Assistance Program (SNAP). Between January 2010 and January 2014, the number participating went up in five of the six jurisdictions and down slightly in one.



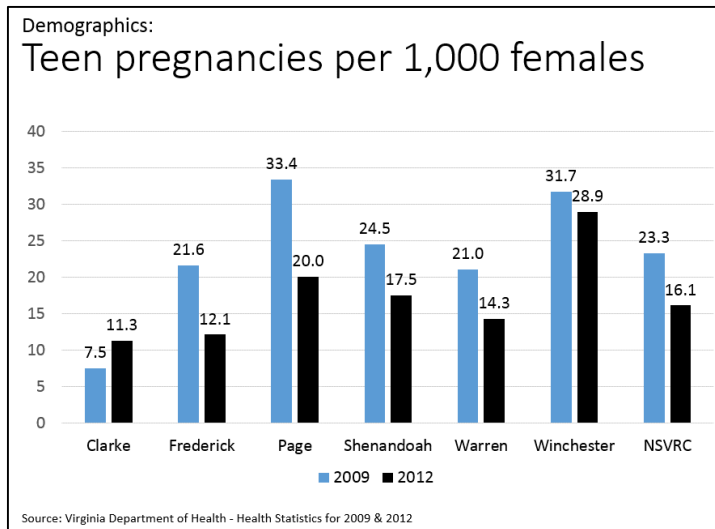
Speak English less than very well

American Community Survey/U.S. Census Bureau data show the percentage of people who speak English less than very well for the 2009 and 2012 five-year estimates. This percentage stayed the same in four jurisdictions, but went down in two.



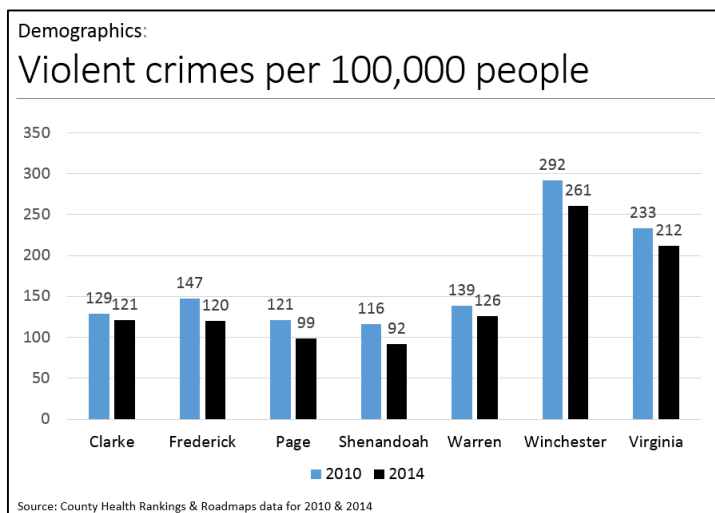
Teen pregnancies

Virginia Department of Health data document the number of teen pregnancies per 1,000 females. Between 2009 and 2012, the number went down in five jurisdictions and up in one.



Violent crimes

Data from the County Health Rankings and Roadmaps project document the number of violent crimes per 100,000 people. This went down in all six jurisdictions and statewide between 2010 and 2014.



DATA SOURCES

- High school graduation rates - Virginia Department of Education Cohort Reports for 2009 and 2013.
http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/index.shtml
- Kindergarten remedial need – Kids Count Data Center for 2008-09 & 2013-14 for PALS testing in Virginia
<http://datacenter.kidscount.org/data/tables/3254-kindergarteners-whose-fall-pals-k-scores-were-below-kindergarten-readiness-levels?loc=48#detailed/5/6812-6946/false/1232,1123,1031,923,920/any/14863,10559>
- Postsecondary participation – Virginia Department of Education High School Graduates, Postsecondary Enrollment Reports for cohort years 2009 & 2012
https://p1pe.doe.virginia.gov/postsec_public/postsec.do?dowhat=LOAD_REPORT_C11
- Family income – U.S. Census Bureau, 2009 and 2012 American Community Survey five year estimates, American FactFinder, table ID B19001, Household income in the past 12 months (in 2012 inflation-adjusted dollars)
<http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
- Health/risk behaviors - County Health Risk Rankings & Roadmaps data for 2010, 2011, 2013, and 2014.
<http://www.countyhealthrankings.org/app/#!/virginia/2014/downloads>
- Population estimates 2010-13 – Weldon Cooper Center for Public Service, Annual Population Estimates, released January 27, 2014. <http://www.coopercenter.org/demographics/virginia-population-estimates>
- Population projections – Virginia Labor Market Information, LMI Population Change tool
http://bi.virginialmi.com/rdPage.aspx?rdReport=lmitools_demographics&tabsDemographics=tpnlPopulationChange&rdNoShowWait=True&rdWaitCaption>Loading
- Age group projections - Virginia Community Profile for the Northern Shenandoah Valley RC, Virginia Employment Commission, 1/11/14 update.
<https://data.virginialmi.com/gsipub/index.asp?docid=342>
- Educational attainment - Source: U.S. Census Bureau, American Community Survey, 5 Year Estimates for 2012. Stats American County Profile Data. Data provided by the Virginia Employment Commission in the Virginia Community Profile for the Northern Shenandoah Valley RC, 1/11/14 update.
<http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
- Unemployment rates – Virginia Labor Market Information, LMI Unemployment tool
http://bi.virginialmi.com/rdPage.aspx?rdReport=lmitools_unemp&tabsUnemployment=tpnlAreaRates&rdNoShowWait=True&rdWaitCaption>Loading...
- Children in poverty - County Health Risk Rankings & Roadmaps data for 2010 & 2014.
<http://www.countyhealthrankings.org/app/#!/virginia/2014/downloads>

- Children in free/reduced lunch programs - Virginia data on National School Lunch Program (NSLP) Free and Reduced Price Eligibility school division reports for 2009-10 & 2012-13.
<http://www.pen.k12.va.us/support/nutrition/statistics/index.shtml>
- Supplemental Nutrition Assistant Program (SNAP) total persons participating – Virginia Department of Social Services SNAP Participation Reports for January 2010 and January 2014.
http://www.dss.virginia.gov/geninfo/reports/financial_assistance/fs.cgi
- Speak English less than very well– U.S. Census Bureau, 2009 and 2012 American Community Survey five year estimates, American FactFinder
<http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
- Teen pregnancies – Virginia Department of Health, Health Statistics for 2009 & 2012
<http://www.vdh.virginia.gov/healthstats/documents/2010/pdfs/TeenPregAge09.pdf>
<http://www.vdh.virginia.gov/healthstats/documents/2010/pdfs/TeenPregAge12.pdf>
- Violent crimes per 100,000 people - County Health Risk Rankings & Roadmaps data for 2010 & 2014.
<http://www.countyhealthrankings.org/app/#!/virginia/2014/downloads>