



MACAA Monticello Area Community Action
Agency

serving

**the City of Charlottesville
and the
Counties of Albemarle, Fluvanna, Louisa and
Nelson**



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COMMUNITY76**

INTRODUCTION

The Monticello Area Community Action Agency (MACAA) is a non-profit organization established in 1965 to help the low-income population through programs designed to promote self-sufficiency.

Community Action Agencies are public-private partnerships, locally administered by a volunteer board of directors for the purpose of reducing poverty and promoting self-sufficiency among the poor. Since their founding under the Economic Opportunity Act of 1964, the nationwide network of more than 1,000 Community Action Agencies has become a true safety net for America’s low-income population.

MACAA presents a community assessment focusing on poverty; it’s causes and effects in Virginia’s City of Charlottesville, and the Counties of Albemarle, Fluvanna, Louisa and Nelson.

Purpose of Community Assessment

- To identify opportunities to respond to the needs of low-income children and families in our community.
- For decision-making on our programs mission, goals and objectives; activities that demonstrate positive outcomes; to ensure program options reflect the needs of the community,
- To apply for additional funds. All funding sources will want to know how funds will address community needs.
- For internal education of staff, Head Start Policy Council and Governing Board.
- To network with community resources to enhance services and partnerships.
- To assess current services in light of community needs.
- For advocacy purposes.
- To meet Federal Head Start Requirements by submitting a comprehensive Community Assessment once every three years; shorter updates in intervening two years.

Community Assessment Format

Understanding the nature and extent of poverty in our area is extremely important to the well being of our community today and in the future. This community assessment is divided into six sections crucial to the understanding of poverty and is preceded by a general area description, and results from MACAA's 2002 Client Survey. The issues addressed in this report include:

Employment and Income;

Education;

Housing;

Health;

Transportation; and

Early Childhood Education

Because MACAA is the area's Head Start grantee, the Early Childhood Education section of this assessment provides detailed information about Head Start eligible children and their families; information on children with disabilities; racial and ethnic composition, culture and languages; unmet needs of Head Start eligible children; and a conclusion identifying and prioritizing issues and problems for Head Start eligible families in our community.

MACAA Vision

MACAA envisions a community in which all are thriving. We see progressive social change in which our institutions are continually improving, promoting better health, education, employment, housing, safety and recreation for everyone. Diversity is both respected and celebrated.

We see a community that allocates its resources to provide a high quality of life for everyone. Individuals and families are valued and have the opportunity to achieve their highest potential. People are paid a living wage; those unable to work are provided adequate support.

We see a community protecting, nurturing and educating all children according to their individual needs and abilities. Our schools teach skills and attitudes that promote informed and active participation in community affairs.

MACAA Mission Statement

MACAA works with individuals, families and the community in a collective effort to eliminate the causes of poverty, to lessen the effects of poverty, and to promote progressive social change.

MACAA Programs

Beating the Odds

The Beating the Odds program serves third through fifth graders in Charlottesville and Albemarle County. Beating the Odds helps develop life skills, focuses on reading development, helps students learn about their feelings and emotions, promotes positive decision making and addresses how to deal with peer pressure as well as family/friends relationships.

Parents in Education

Parents in Education focuses on parent-child relationships, and academic achievement for children and their parents, by acting as liaison between students in Kindergarten through third grades and the city school system.

Camp Horizon - City

Camp Horizon is a comprehensive teenage pregnancy prevention program for pre-adolescent girls, ages, 10-14, in the City of Charlottesville. The objectives of the program are to assist young ladies in facing new challenges such as enhancing self-awareness, self-esteem, as well as developing appropriate attitudes for goal setting, decision-making, and successful long-term planning. A mentoring component and community service program are part of Camp Horizon.

Young Guys of Distinction

Young Guys of Distinction is a comprehensive teenage pregnancy prevention/leadership development program, for males, ages 10-14, in the City of Charlottesville. The objective of the program is for young men to learn the importance of academic achievement, leadership development, goal setting, peer and family relationships, cultural identity and community service.

Camp Horizon - County

Make a Difference service learning clubs are for Albemarle County students in grades sixth through eighth who are motivated to help their community. *Girl Power* prepares sixth grade girls for the University of Virginia's *Young Women Leaders* program in seventh grade. *Peer Education* includes theater projects, peer mediation training, tutoring/mentoring projects linking middle school students with high school and elementary students.

Project Discovery – High School

Project Discovery serves Charlottesville, Albemarle, Western Albemarle, Monticello, Fluvanna, and Nelson High Schools. This college orientation program guides students through each phase of the college preparation process including taking the SAT's, how to apply to college, the financial aid process, setting future and career goals, and taking campus visits.

Wheels to Work

The goal of the program is to provide free vehicles to eligible clients to assist them in finding better employment opportunities, maintaining existing employment or pursuing education or job training opportunities. Program applicants are prioritized by their apparent ability to be successful in meeting the goals of the program. Thus, applicants who do not currently own vehicles have lower debt to income ratios, who are already working and who are participating in a MACAA case management program such as Family Support and Development, Head Start, and CHP will be prioritized to receive vehicles. Unemployed applicants with some form of permanent income and students engaged in specific job training coursework are also potentially eligible though they will not be prioritized as highly as working applicants

Family Support and Development

Using the *Family Inventory of Resources and Stressors* (FIRST) assessment tool, the Family Support Specialist and client together are able to identify the family's strengths (resources) and problems (stressors). Specific areas of assessment include: Housing, Food/Clothing, Physical Health, Mental Health, Emotional Health, Parenting, Financial, Employment, Child Education, Adult Training and Education, Transportation, Recreational/leisure, and Cultural/Social well-being. Once the resources and stressors are identified, a family action plan is drafted and goals are established to begin the family development process. The Family Support Specialist provides guidance, instruction, and support and

refers the family to other MACAA programs or external organizations as necessary to provide for continuing growth of all family members. The Family Support Specialist and family have specific responsibilities and hold each other accountable for achieving identified goals.

Crisis Intervention

Provides outreach services and emergency assistance to individuals and families. MACAA has the means to provide emergency assistance in the form of payments to vendors to assist clients with emergency expenses related to housing, utilities such as gas, electricity and water, personal hygiene items and non-prescription medications, and food and clothing needs through the food pantry and thrift shop. Food, clothing, and other household needs are addressed immediately. If rental and utility assistance are identified, payment is made directly to the landlord and/or utility company within one week. The Resource Specialist acts as an advocate for his/her client, communicating directly with those individuals, programs, or agencies that can assist in meeting the client's needs. The client is counseled to go to those programs or agencies that will meet their needs, and is given information and guidance on how to improve their situation.

Hope House

A transitional housing facility with developmental activities to help families without permanent housing. Hope House is a structured program consisting of three stages – residential, client resides at Henry B. Mitchell Hope House up to 3 months; non-residential, client is in permanent housing; and follow-up at three, six, twelve, and 36 months. During the residential period, the Program Coordinator and client assess the family's needs, strengths, and resources and develop short and long-term action plans, and an individualized workshop curriculum is established. The family must save 75% of their income while at Hope House which is kept in an escrow account and is used to pay past debt and/or help in obtaining permanent housing. Workshops offered include: skills training (Parenting Skills, Home Maintenance, Money Management, Housing Search, Consumer Education, Nutrition and Economical Cooking, Interpersonal Relations, Health Promotion, Education, and Family Planning); guidance for personal growth and support (Decision Making/Problem Solving, Conflict Resolution/Crisis Intervention, Recreation, and Individual Family Case Management.) The Program Coordinator also helps clients connect with other community services (Neighborhood Support Networks, Food Stamps, Legal Services, Health Services, Mental Health Services, Department of Social Services, Head Start, Project Discovery, Offender Aid and Restoration, Public Health, GED Courses, and Cooperative Extension Services.)

Child Health Partnership

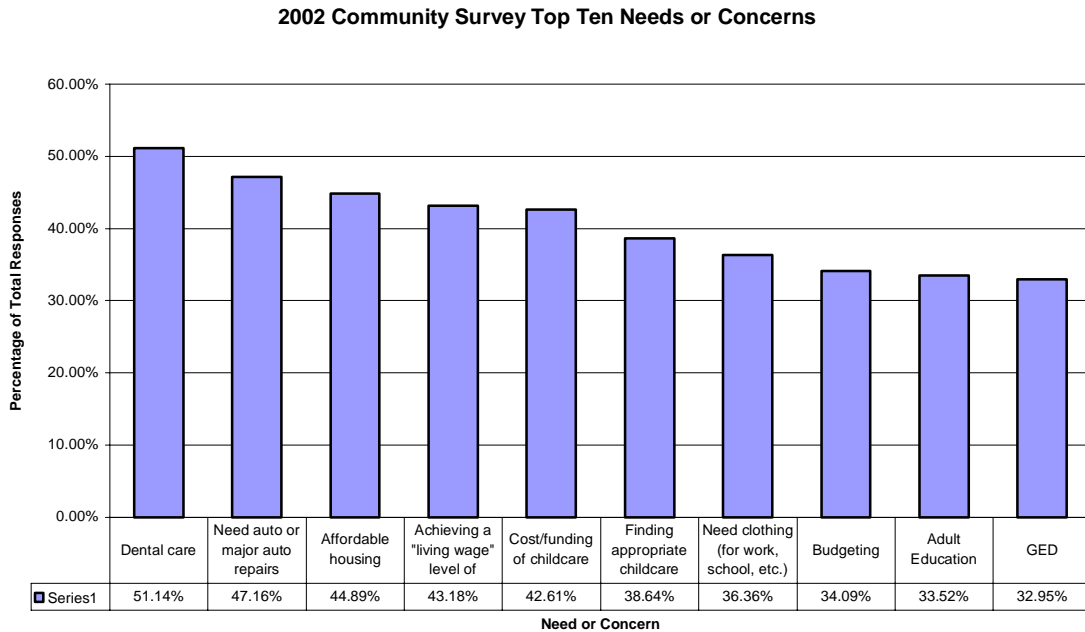
Collaborative with the Thomas Jefferson Health Department, serves children from birth to age seven and their families. A home visit assessment is offered to every first time mother under age 30 and all teen mothers to assist families in identifying needs and resources in the community to meet their needs. Many of these families then receive ongoing home-visiting services from CHP home visitors. Families are linked to a primary physician and assisted with keeping scheduled preventive health care. Home visitors provide education about healthy development, positive parent-child interaction, and appropriate discipline.

Head Start

Head Start is a federally-funded comprehensive preschool program for low-income children and families, operated by local grantees in nearly every county in the United States. Children who attend Head Start participate in a developmentally appropriate early childhood curriculum designed to promote school readiness in all areas: cognitive, social and emotional, and physical. All children receive medical, dental, developmental, and nutritional screening. At least 10% of Head Start spaces are reserved for children with developmental disabilities. Parents develop Family Partnership Agreements with their family service workers, and are involved in the program through volunteering, family services case work, parenting classes, adult education opportunities, and the Head Start Policy Council.

MACAA's 2002 Community Survey – Top ten needs or concerns.

Figure 1 - MACAA 2002 Client Needs Assessment



Source - MACAA Planner

MACAA's annual survey is administered to individuals at or below 125% of the Federal Poverty Level. The survey is divided into eleven sections and lists eighty different needs or concerns, which are often faced by low-income families and individuals. A total of 300 survey forms were distributed, 176 survey forms were turned in for a response rate of 59%. The top ten needs or concerns in 2002 were 1. *Dental care* (51.14%), 2. *Need auto or major auto repairs* (47.16%), 3. *Affordable housing* (44.89%), 4. *Achieving a "living wage" level of income* (43.18%), 5. *Cost/funding of childcare* (42.61%), 6. *Finding appropriate childcare* (38.64%), 7. *Need clothing (for work, school, etc.)* (36.36%), 8. *budgeting* (34.09%), 9. *Adult education* (33.52%) and 10. *GED* (32.95%).

GENERAL AREA DESCRIPTION

Geography and Economy

Albemarle County is a community of approximately 85,000 people nestled on the edge of the Blue Ridge Mountains. The 726 square mile County surrounds the ten-square mile City of Charlottesville. Located just 114 miles southwest of Washington D.C., Albemarle County is less than 60 miles from the state capital in Richmond and close to scenic mountain attractions like the Blue Ridge Parkway, the Skyline Drive and Shenandoah National Park.¹

Albemarle County enjoys a healthy and stable economy characterized by a relatively high skilled and educated labor force and very low unemployment. The predominant economic sectors are education, service, manufacturing, tourism and retail trade. Among the largest employers are the University of Virginia, State Farm Mutual Insurance, GE/Fanuc Automation, Michelin, Piedmont Virginia Community College, and Crutchfield Corporation.¹

¹ Albemarle County, Virginia – Community Profile - www.albemarle.org

Fluvanna County is located in the Piedmont Plateau Physiographic Province and is characterized by gently rolling hills. Covering 282 square miles, two-thirds of the county's land is forested, with most open land devoted to farming and grazing. Fluvanna County is located 25 miles east of Charlottesville, 50 miles west of Richmond, 120 miles south of Washington D.C. and within 45 minutes of the famous Skyline Drive.²

According to the U.S. Census Bureau, the number of new businesses in **Fluvanna** County is rising faster than anywhere else in Central Virginia. While forestry and agriculture are still the backbone of Fluvanna County's economy, a growing retail and service business sector is emerging. Commercial activity within the county is centered around Fork Union, Lake Monticello, Palmyra and Zion Crossroads.²

Located in the rolling Virginia Piedmont and in the heart of the prosperous Richmond-Charlottesville-Fredericksburg triangle. **Louisa** County is within 500 miles of one-half of the nation's population. Interstate 64 passes along the county's southern boundary and Interstate 95 is less than one-half hour away.³

Louisa County is home of central Virginia's most available and best located sites and where business is welcome! Louisa County is a Virginia Certified Community. Louisa has met a broad range of rigorous state standards designed to assist communities in becoming more attractive to businesses and industries. Louisa's business setting has available sites for office services, corporate offices and parks, retail and wholesale shopping centers, industrial, manufacturing, and distribution centers.³

On the eastern slopes of the Blue Ridge Mountains, **Nelson** County is located an easy 30 miles from the cities of Charlottesville, Lynchburg and Staunton. Bordered on the west by the Blue Ridge Parkway and on the east by the James River, making for a varied topography ranging from rugged mountainous terrain to gently sloping river banks.⁴

Agriculture is a primary industry in **Nelson** County. Farms cover 24% of Nelson's mountainous terrain with 357 farms engaged in livestock, fruit, greenhouse/nursery products, fresh vegetables, and other crops. Total agricultural income is estimated at \$6 million per year. The higher elevations of the Blue Ridge allow apples, peaches and wine grapes to reach exceptional flavor development and account with other crops for 64% of farm production. 15,500 livestock are also raised within the county, 83% of which are beef cattle.⁴

The City of **Charlottesville** is located in Central Virginia, approximately 100 miles southwest of Washington, D.C. and 70 miles northwest of Richmond, Virginia. Situated within the upper Piedmont Plateau, at the foothills of the Blue Ridge Mountains and at the headwaters of the Rivanna River, Charlottesville was established as a town in 1762 by the Virginia General Assembly, and was incorporated as an independent city in 1888. As a result of eight annexations, the most recent of which was effective in 1968, the City now encompasses a land area of 10.4 square miles.⁵

² Fluvanna Chamber of Commerce – www.fluvannachamber.org/facts98

³ Louisa County Virginia – Economic Development – www.yeslouisa.com

⁴ Nelson County, Virginia – www.nelsoncounty.com

⁵ City of Charlottesville – www.charlottesville.org

Population and Demographics

According to the 2000 U.S. Census, **Albemarle's** overall population peaks at 79,236, with 4,961 being children under 5. Albemarle's demographic makeup is as follows: 85.20% White, 9.70% Black, .20% American Indian, Eskimo, or Aleut, 2.90% Asian or Pacific Islander, 2.20% other and 2.60% Hispanic. Overall, population has grown 70.80% since 1960.

Charlottesville's overall population is 45,049, 1,981 of which are children under 5. Charlottesville's demographic makeup is as follows: 69.60% White, 22.20% Black, .10 American Indian, Eskimo, or Aleut, 4.90 Asian or Pacific Islander, 3.10% other and 2.40% Hispanic. Overall, population has grown 38.60% since 1960.

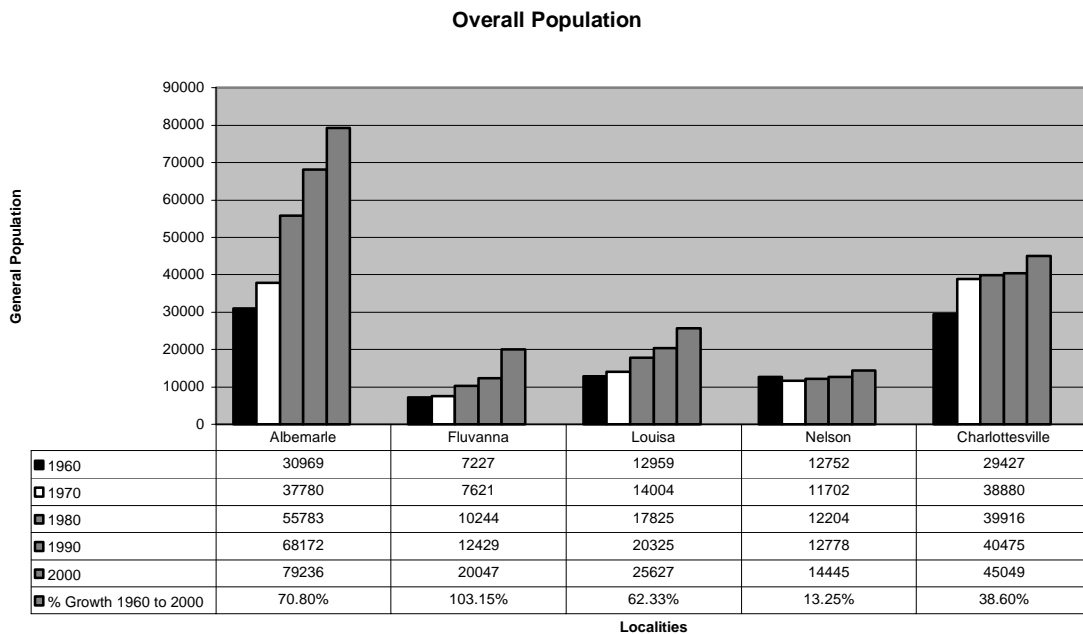
Fluvanna's overall population is 20,047, with 1,294 being children under 5. The demographic makeup in Fluvanna is as follows: 79.40% White, 18.40% Black, .20% American Indian, Eskimo, or Aleut, .40% Asian or Pacific Islander, 1.50 other and 1.20% Hispanic. Overall, population has grown 103.15% since 1960.

Louisa's overall population is 25,627, of which 1,524 are children under 5. The demographic makeup of Louisa is as follows: 76.50% White, 21.60% Black, .40% American Indian, Eskimo, or Aleut, .20% Asian or Pacific Islander, 1.20% other and .70% Hispanic. Overall, population has grown 62.33% since 1960.

Nelson's overall population is 14,445, with 759 being children under 5. The demographic makeup of Nelson is as follows: 82.70% White, 14.90% Black, .20% American Indian, Eskimo, or Aleut, .20% Asian or Pacific Islander, 1.90% other and 2.10% Hispanic. Overall, population has grown 13.25% since 1960.

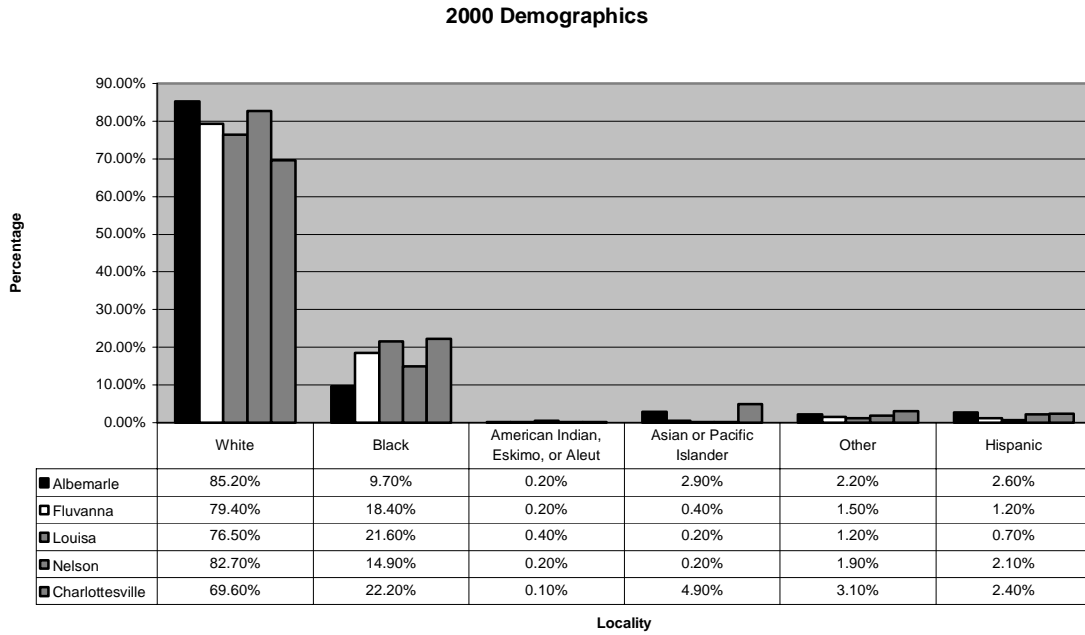
Graphic depiction of this data can be found in Figures 2-4.

Figure 2 - Overall Population



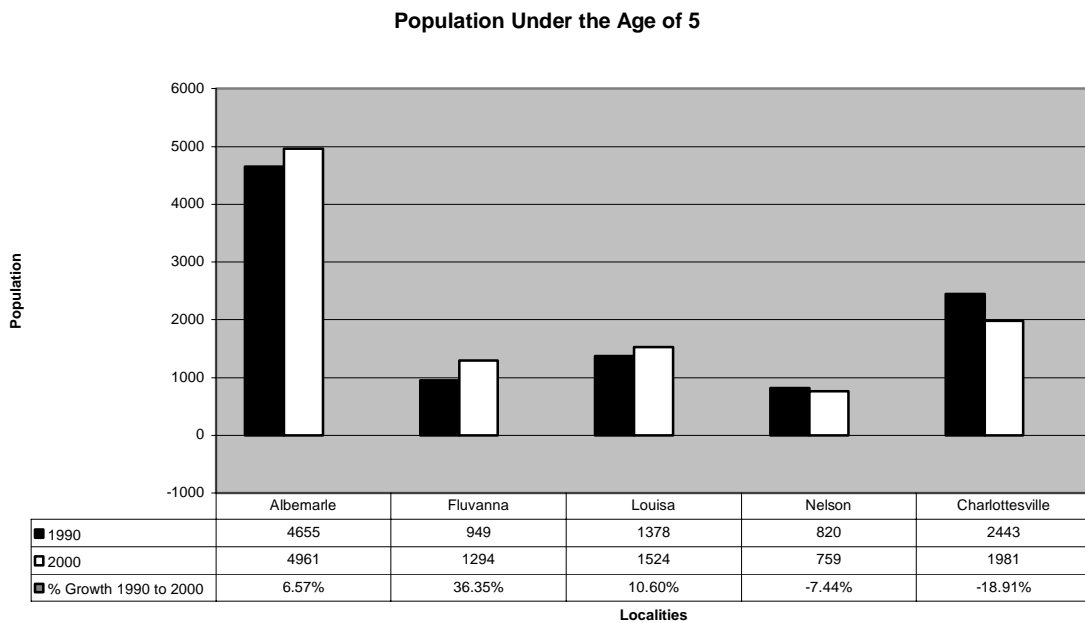
Source - U.S. Census Bureau; American FactFinder

Figure 3 - Demographics



Source - U.S. Census Bureau; American FactFinder

Figure 4 - Population Under 5



Source - U.S. Census Bureau; American FactFinder

EMPLOYMENT AND INCOME

During the second half of the 1990s, as millions of people moved off the welfare rolls and into low-paying jobs, policymakers and policy analysts have become increasingly concerned about the challenges facing the “working poor.” The annual earnings of a full-time, full-year worker making \$6 an hour—well above the federal minimum wage (\$5.15 per hour)—are too low to lift a family of three above the federal poverty line. Even families with slightly higher earnings who take advantage of programs like food stamps and the Earned Income Tax Credit (EITC) still must pay work-related expenses and struggle to make ends meet.⁶

The 2002 Federal Poverty Guidelines define poverty as an annualized income of \$8,860 for one person, and up to \$30,420 for a family of eight.

Table 1 - Poverty 2002 Federal Guidelines

Poverty 2002 Federal Guidelines

100% OF POVERTY LEVEL

FAMILY SIZE	ANNUAL	MONTHLY	WEEKLY
1	\$ 8,860.00	\$ 738.33	\$ 170.39
2	\$ 11,940.00	\$ 995.00	\$ 229.62
3	\$ 15,020.00	\$ 1,215.67	\$ 288.85
4	\$ 18,100.00	\$ 1,508.33	\$ 348.08
5	\$ 21,180.00	\$ 1,765.00	\$ 407.31
6	\$ 24,260.00	\$ 2,021.67	\$ 466.54
7	\$ 27,340.00	\$ 2,278.33	\$ 525.77
8	\$30,420.00	\$ 2,535.00	\$ 585.00

For each additional individual add \$3,080

Source – U.S. Department of Health and Human Services

Many Americans believe work is the answer to poverty, but work at low wages is on the rise as the number of working poor people increases. 43% of MACAA’s clients identified “Achieving a *living wage* level of income” as the number four need in the 2002 Client Needs Survey. The area’s low-income workers don’t have the education they need to get jobs that would support their families. Recent statistics show that 42% of Nelson County’s population, 39% of Louisa County’s population, 31% of Fluvanna County’s population, 20% of Charlottesville’s population, and 17% of Albemarle County’s population have less than a high school diploma. Education and training are essential to the success of the welfare-to-work initiative because they help individuals remain in the work force and increase their earnings over time.⁷

In addition to income-poverty, rural publics are vulnerable to natural disasters such as drought or flooding. Coupled with natural shocks is the issue of geographic isolation from clinics, schools, extension services and markets. There are also numbers of individuals who do not own land and rely on seasonal labor as their primary source of income. Working on large agricultural estates, these individuals are not provided with adequate wages to meet family needs.

⁶ PLAYING BY THE RULES BUT LOSING THE GAME, America’s Working Poor⁴, Gregory Acs, Katherin Ross Phillips, and Daniel McKenzie; *The Urban Institute* ; May 2000

⁷ Knell, 1998; Murphy & Johnson, 1998

Income, as mentioned above, is of importance. A typical household budget in urban areas would go towards the following items:

Transportation (getting to and from work and essential services), housing, food, health care, and child care.

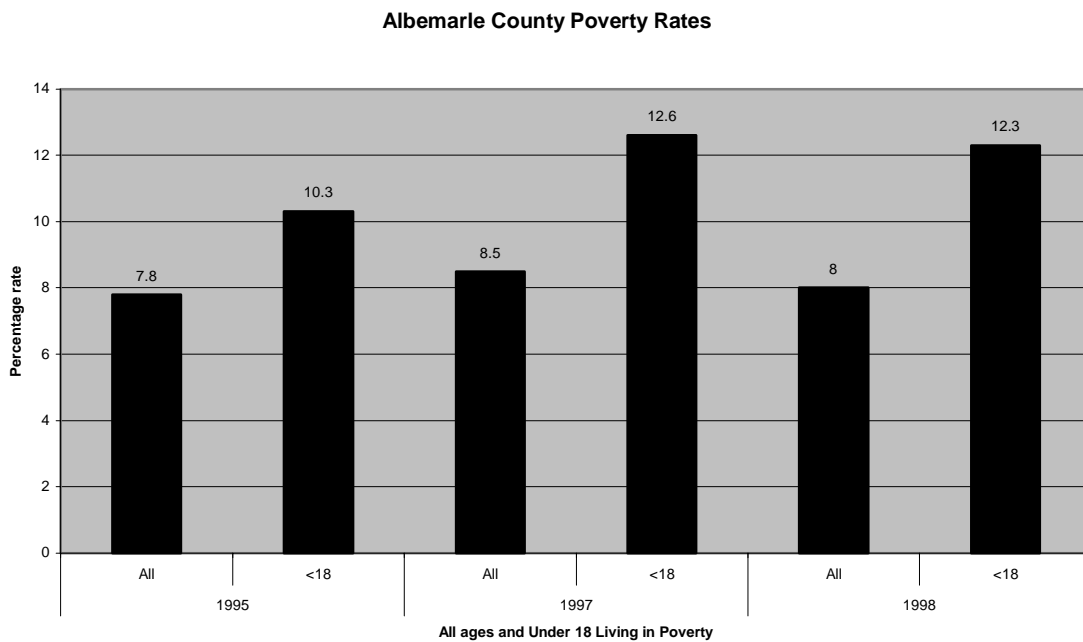
On the whole, these expenditures are higher for urban households than rural. Therefore, poverty lines for cities are often under-estimated and do not account for the trade-offs faced by households. For example, men and women may choose to live in the city center (location of their jobs) to reduce transportation costs. Nevertheless, the trade-off comes with higher housing costs. Finally, the vulnerability of the urban poor is exacerbated by the fact that public, private and non-profit organizations are increasingly unable to meet their needs given budget cuts (public sector), little or no prospect of profit on investments (private sector) and lack of capacity to assess and implement participatory and empowering urban initiatives (voluntary sector).

Poverty statistics show the City of Charlottesville has the highest poverty concentration of all our area's localities. Graphic depiction of poverty data for each locality can be found in Figures 5-9.

Poverty statistics

Albemarle County poverty trend over a three year period shows an increase for the overall population from 7.8% to 8%; however, the poverty rate for children under the age of 18 increased from 10.3% to 12.3%. In real numbers, 1998 saw 5,958 people living in poverty, 2,194 were children under 18.

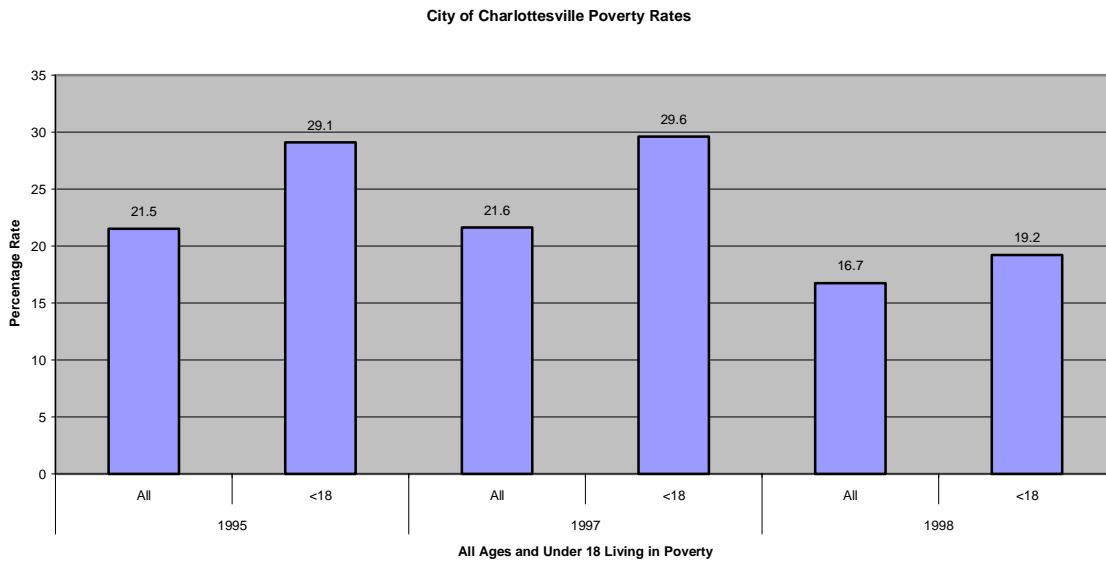
Figure 5 - Albemarle County Poverty Rates



Source - U.S. Census Bureau; Small Area Income and Poverty Estimates

Charlottesville's poverty trend over a three year period shows a decrease for the overall population from 21.5% down to 16.7%; the poverty rate for children under the age of 18 also decreased by almost 10 points from 29.1% down to 19.2%. In real numbers, 1998 saw 5,885 people living in poverty, 1,260 were children under 18.

Figure 6 - Charlottesville Poverty Rates

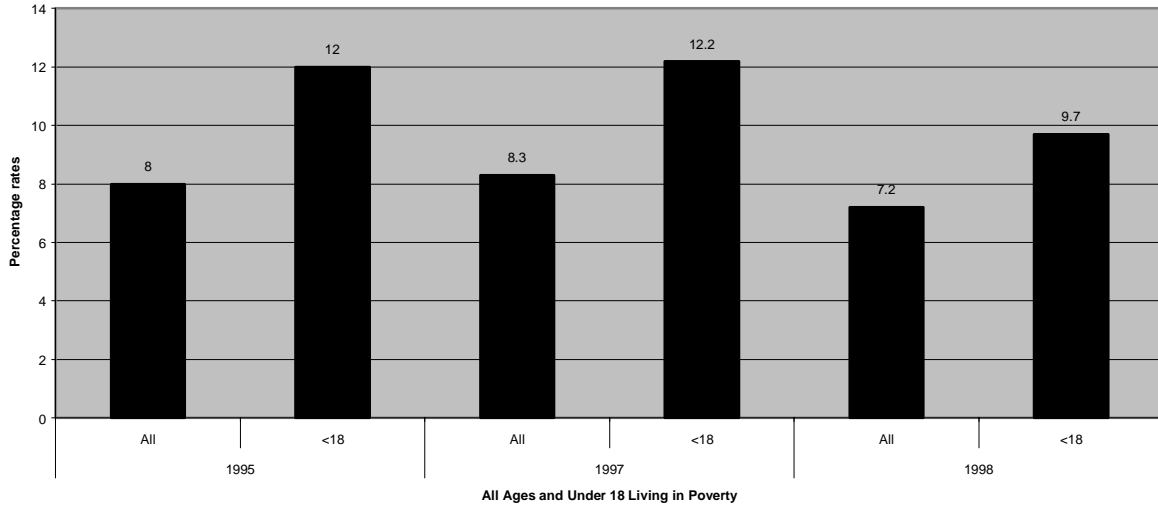


Source – U.S. Census Bureau; Small Area Income and Poverty Estimates

Fluvanna's poverty trend over a three-year period shows a decrease for the overall population from 8% down to 7.2%; the poverty rate for children under the age of 18 also decreased from 12% down to 9.7%. In real numbers, 1998 saw 1,423 people living in poverty, 473 were children under 18.

Figure 7 - Fluvanna County Poverty Rates

Fluvanna County Poverty Rates

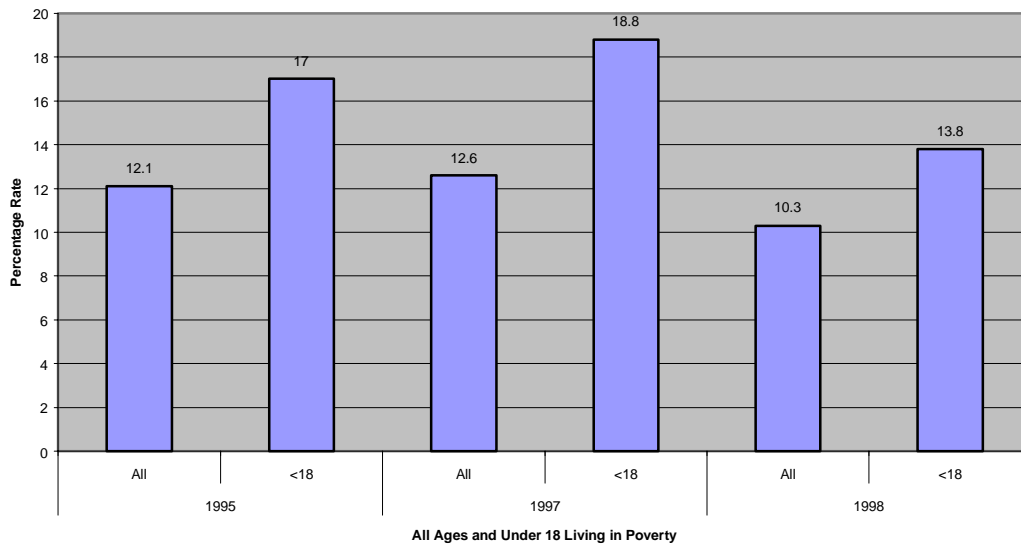


Source - U.S. Census Bureau; Small Area Income and Poverty Estimates

Louisa's poverty trend over a three-year period shows a decrease for the overall population from 12.1% down to 10.3%; the poverty rate for children under the age of 18 also decreased from 17% down to 13.8%. In real numbers, 1998 saw 2,617 people living in poverty, 882 were children under 18.

Figure 8 - Louisa County Poverty Rates; Small Area Income and Poverty Estimates

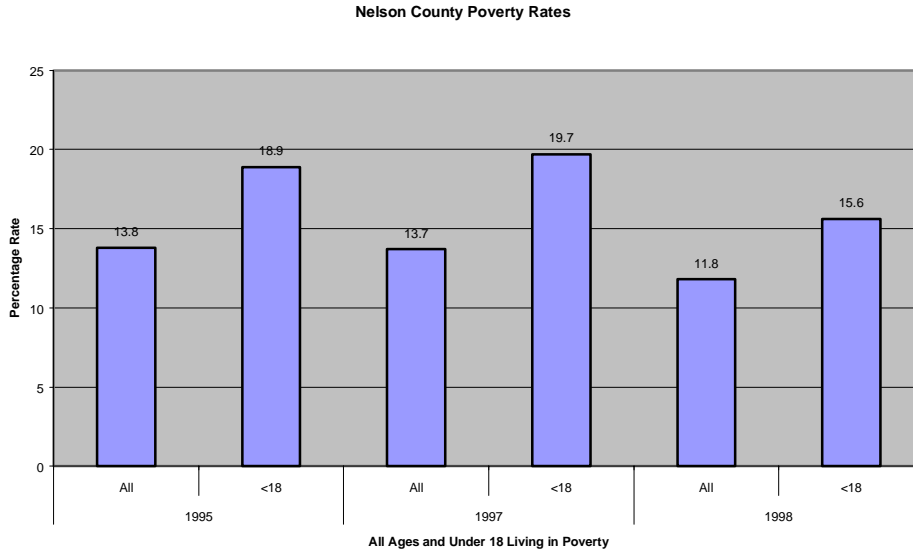
Louisa County Poverty Rates



Source - U.S. Census Bureau; Small Area Income and Poverty Estimates

Nelson's poverty trend over a three-year period shows a decrease for the overall population from 13.8% down to 11.8%; the poverty rate for children under the age of 18 also decreased from 18.9% down to 15.6%. In real numbers, 1998 saw 1,699 people living in poverty, 533 were children under 18.

Figure 9 - Nelson County Poverty Rates



Source - U.S. Census Bureau; Small Area Income and Poverty Estimates

Median Household Income

Median Household income is defined by the Census Bureau's Glossary as the middle point in a distribution. Median household incomes for the MACAA localities are in the chart below; however, it does not demonstrate how income inequality has increased in Virginia since the 1970's. This can be observed by ranking all Virginia families according to their income level, dividing them into five groups (fifths) of equal size, and calculating the average income of each fifth of families. This analysis shows by the late 1990's:

The richest 20% of families had average incomes 9.3 times as large as the poorest 20 percent of families.

The richest 20% of families had average incomes 2.9 times as large as the middle 20% of families.

The Long-Term Trend

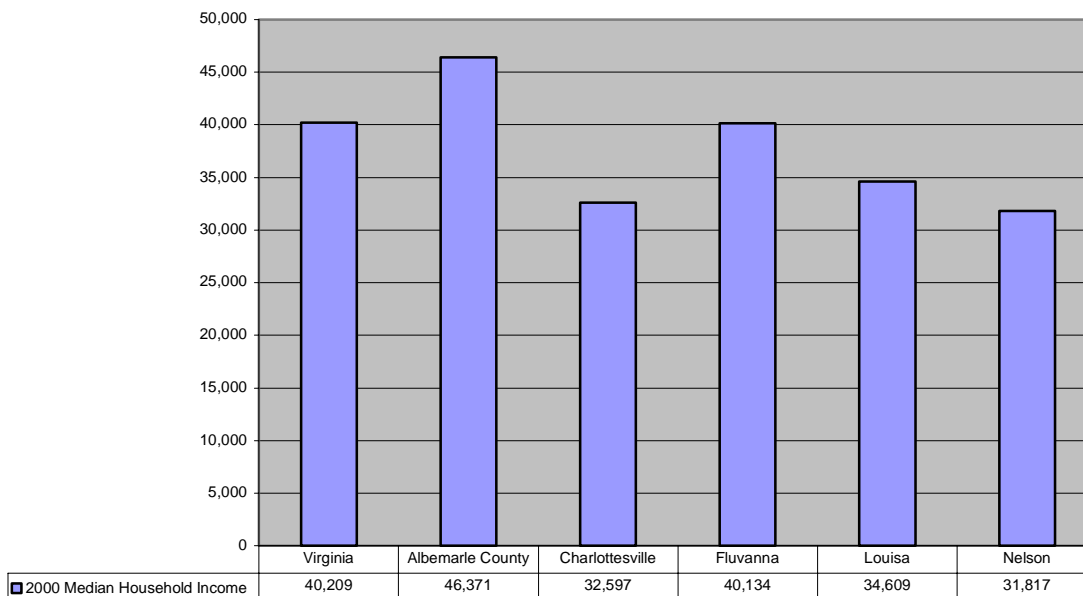
Since the late 1970's, income inequality has increased in Virginia. The economic growth of the 1980's and 1990's was not shared evenly among the poor, the rich, and the middle class. Instead, the top fifth of families fared substantially better than other income groups.

In the late 1970's, the richest 20% of families had average incomes 7.4 times as large as the poorest 20% of families. By the late 1990's, that ratio had grown to 9.3. The gap between the rich and the middle class also increased. This increase was the 13th largest in the nation.⁸

Figure 10 - 2000 Median Household Income

⁸ Economic Policy Institute/Center on Budget and Policy Priorities, *Pulling Apart: A State-by-State Analysis of Income Trends*, April 2002

2000 Median Household Income



Source - U.S. Census Bureau; Small Area Income and Poverty Estimates

As the gap between the rich and the poor grows, the opportunities for the working poor to move out of poverty diminish. Projections of future economic conditions suggest that workers near the bottom of the wage scale will continue to face limited job opportunities and the problem of poverty despite work. For working poor families, limited job opportunities prevent many parents from working as much as they would like. This includes people who cannot find full-time work and those who are either laid off or unemployed and looking for work for part of the year.⁹

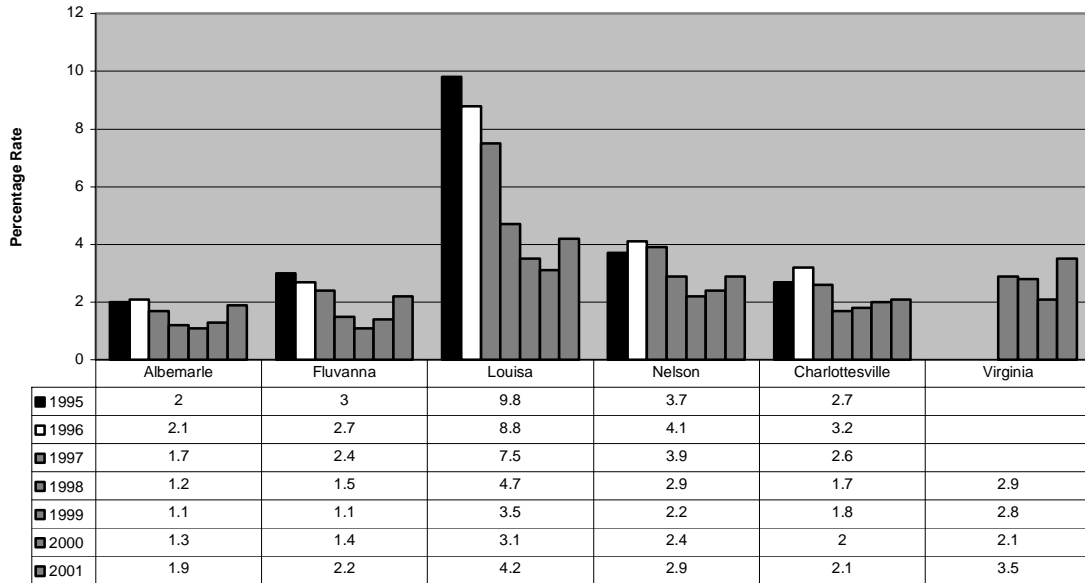
Unemployment

Unemployment rates in MACAA’s area showed a marked decrease from 1995 to 2000 and an increase in 2001. This data does not reflect the many “working-poor” who are not unemployed but earn wages that prevent them from climbing out of poverty.

Figure 11 - Unemployment Rate Statistics

⁹ Virginia Council Against Poverty (2000). “Working Families – Why are so many Virginians living in poverty?”, p.5.

Unemployment



Source - Virginia Employment Commission

The increase in low-wage work and the number of working poor families has been accompanied by another disappointing trend. Working families have no benefits such as sick leave, vacation time, and health insurance. Without these benefits, a day of work missed is a day without pay. Many working poor parents are not paid when they take time off to care for a sick child, when they attend a funeral or when they are hospitalized. There are no funds available to sustain families during periods of unemployment, which can be frequent with the seasonal or temporary nature of many jobs of the working poor.¹⁰ Additional information on health insurance is covered in the Health section of this assessment.

¹⁰ Virginia Council Against Poverty (2000). "Working Families – Why are so many Virginians living in poverty?", p.6.

EDUCATION

Education equates to earnings. People with a solid basic education and literacy skills work and earn more than individuals without those skills. The link between education and income is demonstrated in a comparison of average annual income for persons 18 years and older and educational attainment (Mortenson, 1999)¹¹:

Educational Attainment	and	Income
High school dropout		\$14,920
High school graduate		\$21,680
Some college		\$24,916
Associate degree		\$29,749
Bachelor degree		\$40,695
Master degree		\$52,771
Doctorate degree		\$79,346
Professional degree		\$93,714

According to the U.S. Census data, educational attainment for adults 25 and older in MACAA's localities is as follows:

Nelson County is the poorest locality of our area, with 42% of its population not completing high school and 11.8% living in poverty.

Louisa County follows closely with 39% of its population not finishing high school and 10.3% living in poverty.

31% of **Fluvanna** County's population has not completed high school and 7.2% are living in poverty.

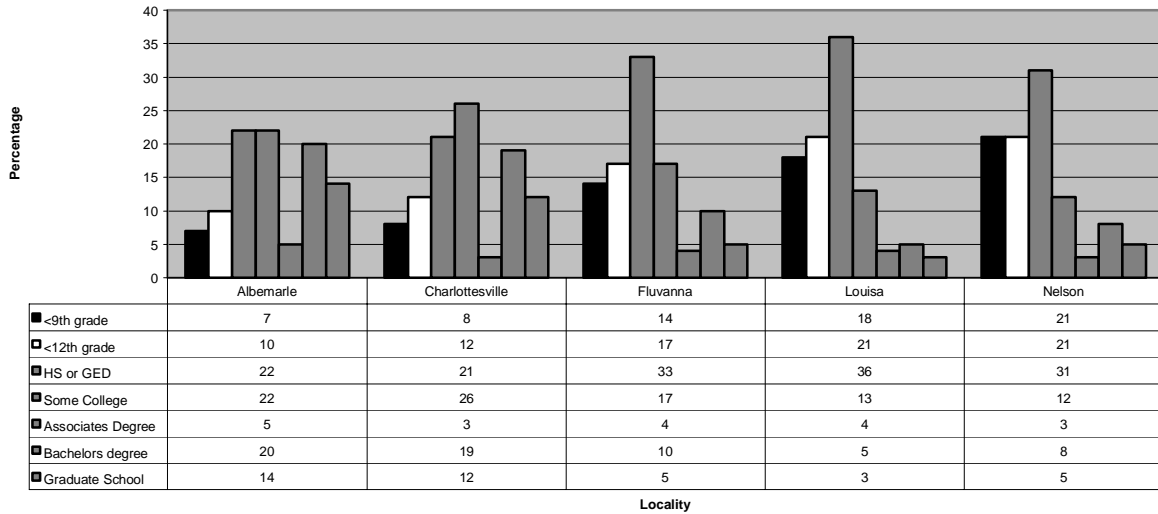
20% of **Charlottesville's** population has not completed high school; they have the highest percentage of people living in poverty at 16.7%.

17%, the lowest percentage in the area, of **Albemarle** County's population has not finished high school and the poverty rate is 8%.

Figure 12 - Educational Attainment

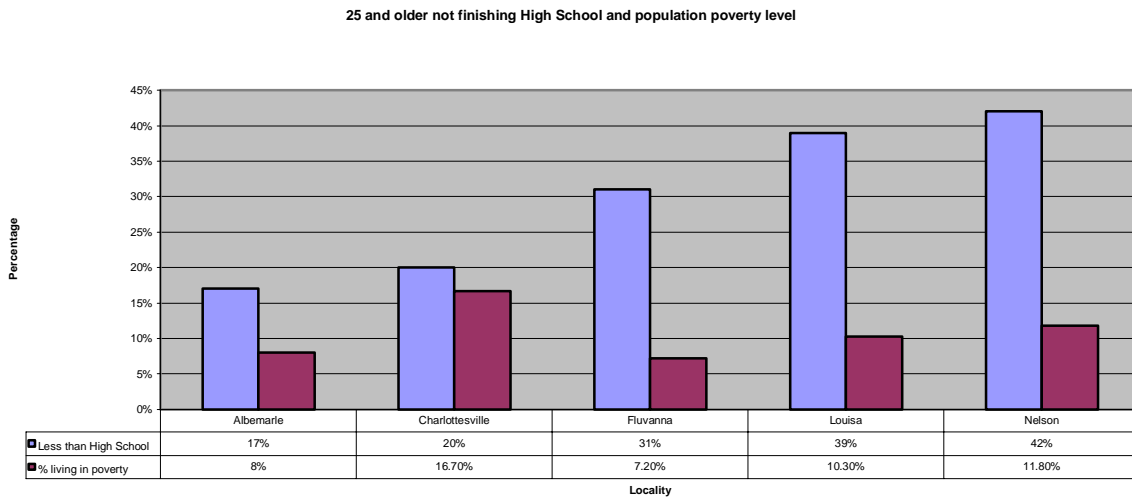
¹¹ Mortenson, T.G. (September 1999). "Educational attainment and income for persons, households, cities and states 1940 to 1998." Postsecondary Education Opportunity, p. 1-16.

Education Attainment



Source – U.S. Census Bureau; Population Division, Education and Social Stratification Branch

Figure 13 – 25 and older not finishing High School and population poverty level

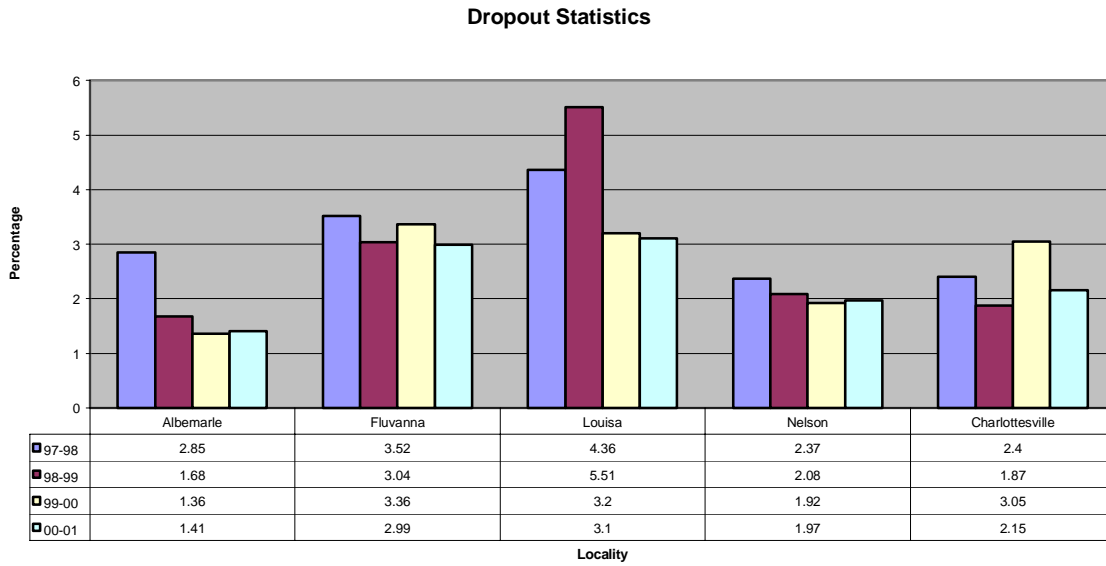


Source – U.S. Census Bureau; generated by Christina Mennella-Fulsom; using Data Extraction System

High School Dropout Statistics

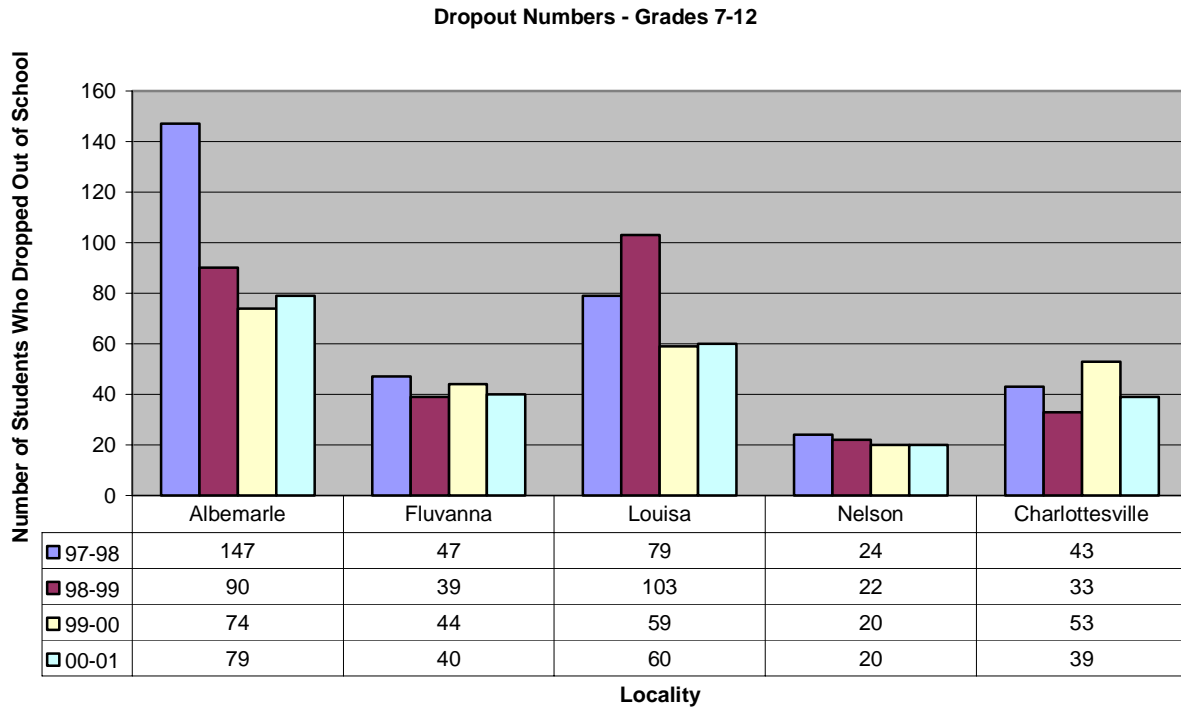
Appreciating the importance of education must start early in life. With an early appreciation of education, working poor children have a better chance of finishing high school and going on to college. High school dropouts in our area continue to decrease yet the numbers are still disconcerting. In 2001, 3.1% or 60 students in Louisa County; 2.99% or 40 students in Fluvanna County; 2.15% or 39 students in Charlottesville; 1.97% or 20 students in Nelson County; and 1.41% or 79 students in Albemarle County dropped out of school. Poor academic achievement while in school is a major factor in high school dropouts. The Standards of Learning are helping identify students who face academic challenges at a much earlier age and may help decrease the dropout rate. Dropout statistics can be found in figures 14 and 15.

Figure 14 - High School Dropout Statistics



Source - Virginia Department of Education

Figure 15 - High School Dropout Numbers



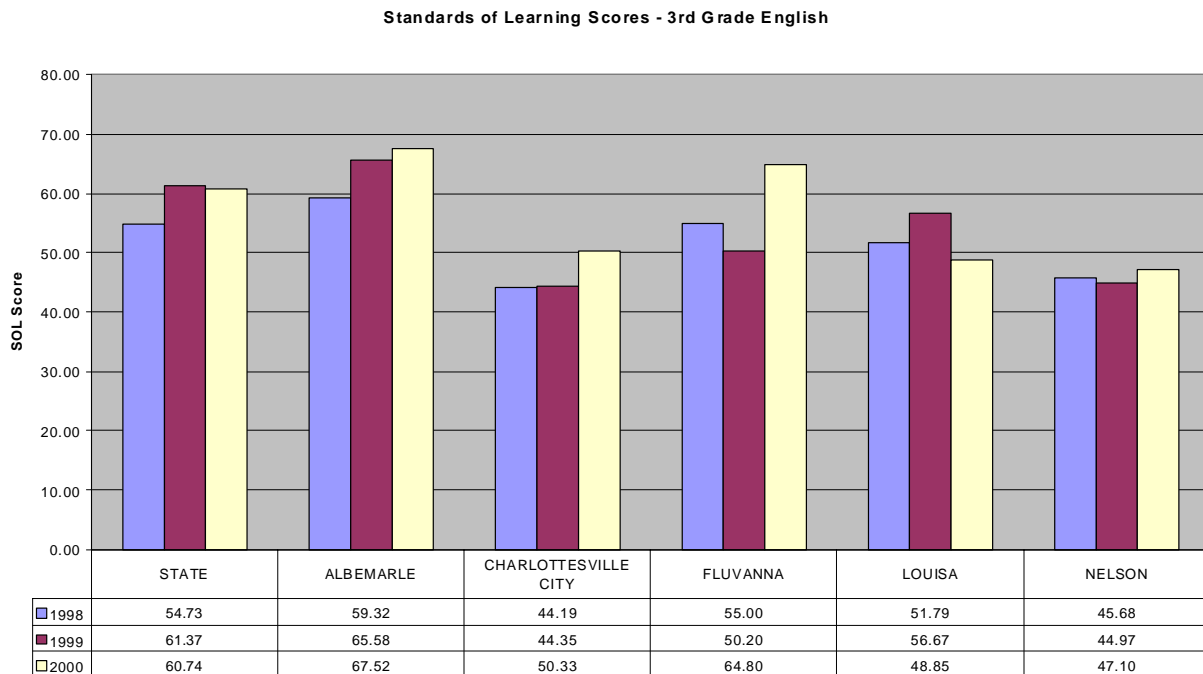
Source - Virginia Department of Education

Standards of Learning Scores

The Standards of Learning (also called the SOLs) are a list of minimum targets and expectations for what teachers need to teach and students need to learn. These clear concise academic standards let parents know what is expected of students and each students performance can be measured against

these standards. There are SOLs for the four core academic areas of English, math, science, and history/social studies for all grades. Teachers are free to extend and expand the curriculum above and beyond the SOL topics. Students are tested on these standards at the end of grades 3, 5, and 8, and at the end of appropriate courses in high school. Additionally, standards are being developed for subjects such as foreign languages and dance. These are optional guidelines and have no associated SOL tests.¹² Local SOL scores vary dramatically depending on locality. Overall, 3rd, 5th, and 8th grade SOL scores over a three year period show Albemarle County with the highest average scores and Nelson County with the lowest scores.

Figure 16 - SOL; 3rd Grade English

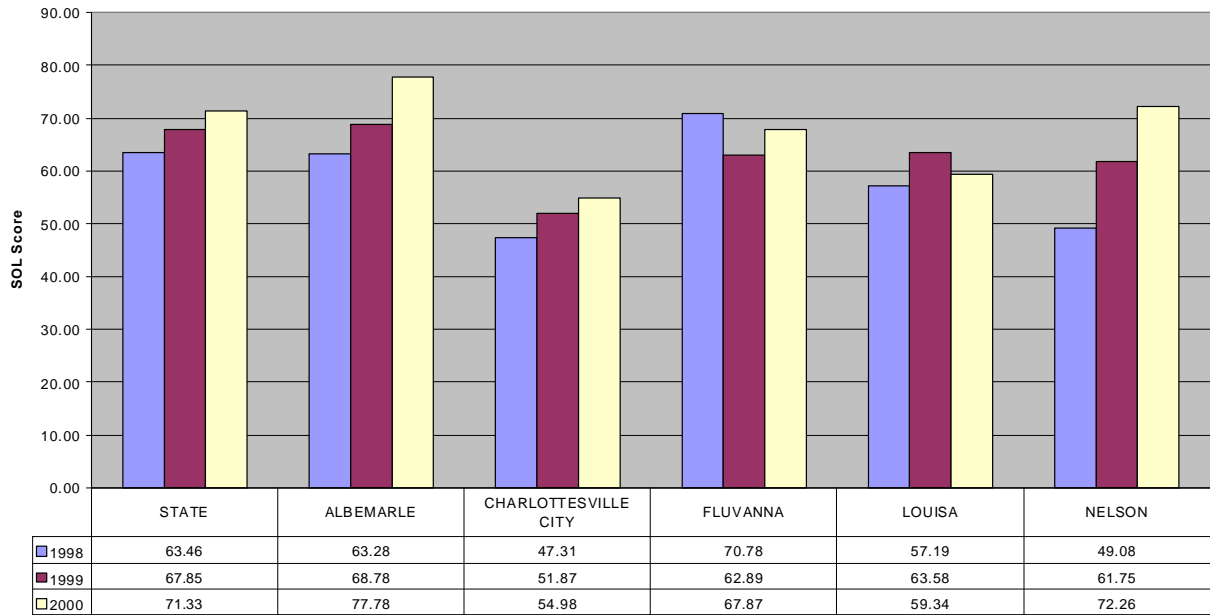


Source - Virginia Department of Education

Figure 17 - SOL; 3rd Grade Math

¹² Parents and Students Supporting SOL's; <http://www.pass-sol.org/faqs/#1>

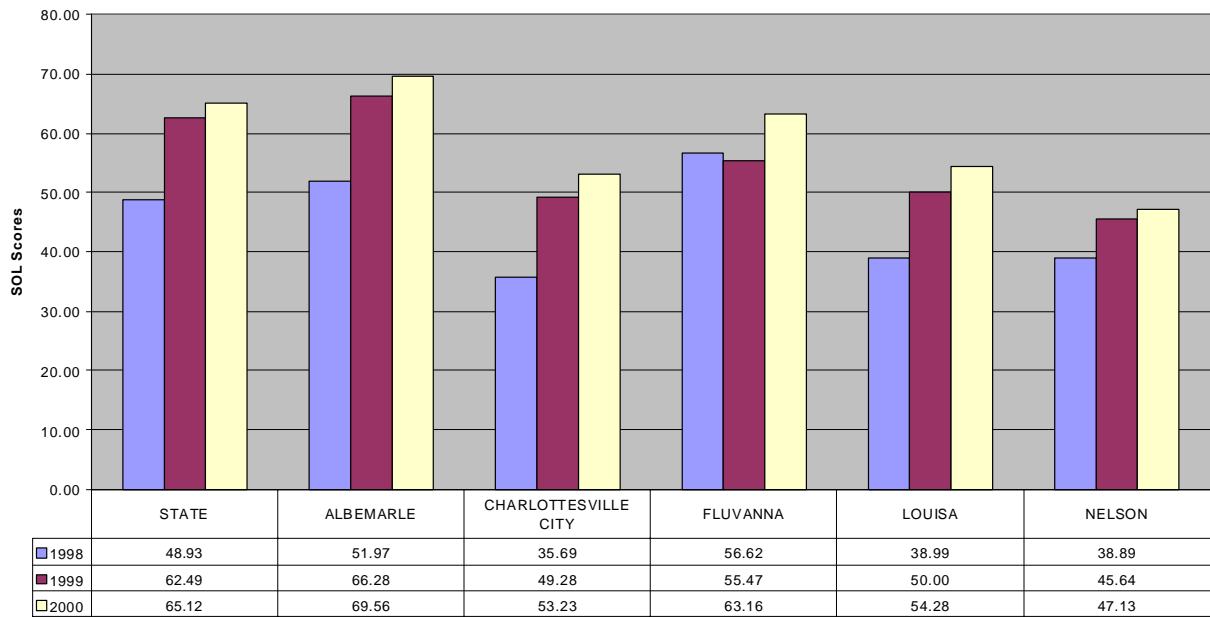
Standards of Learning Scores - 3rd Grade Math



Source - Virginia Department of Education

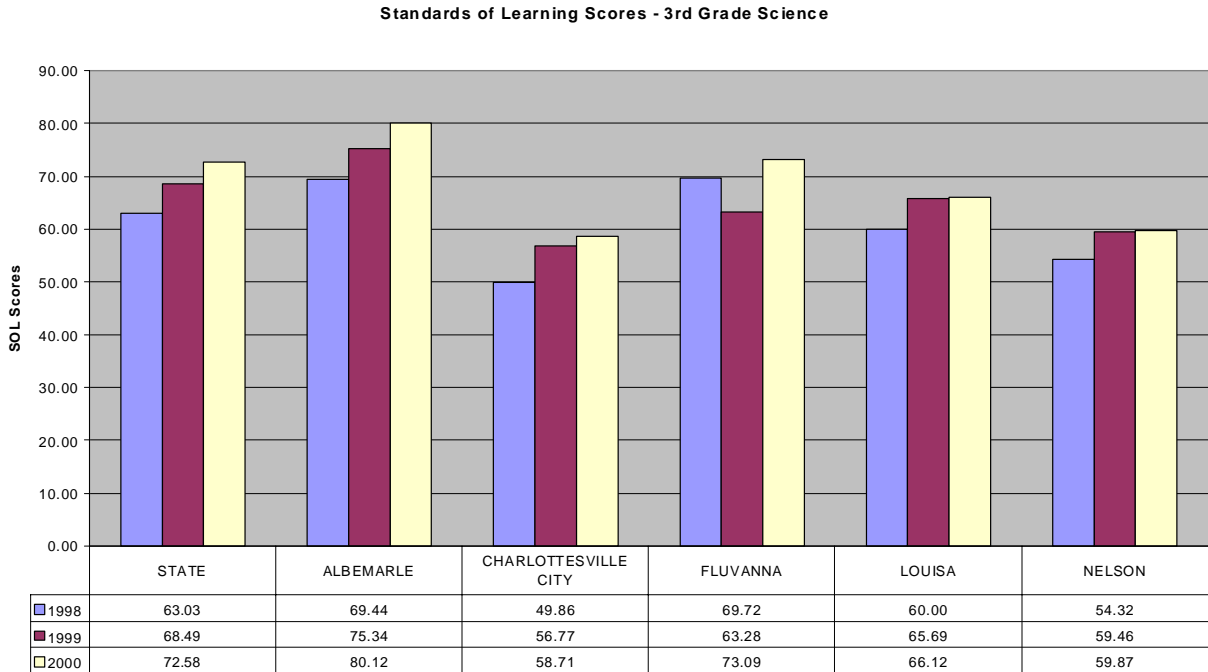
Figure 18 - SOL; 3rd Grade History

Standards of Learning Scores - 3rd Grade History



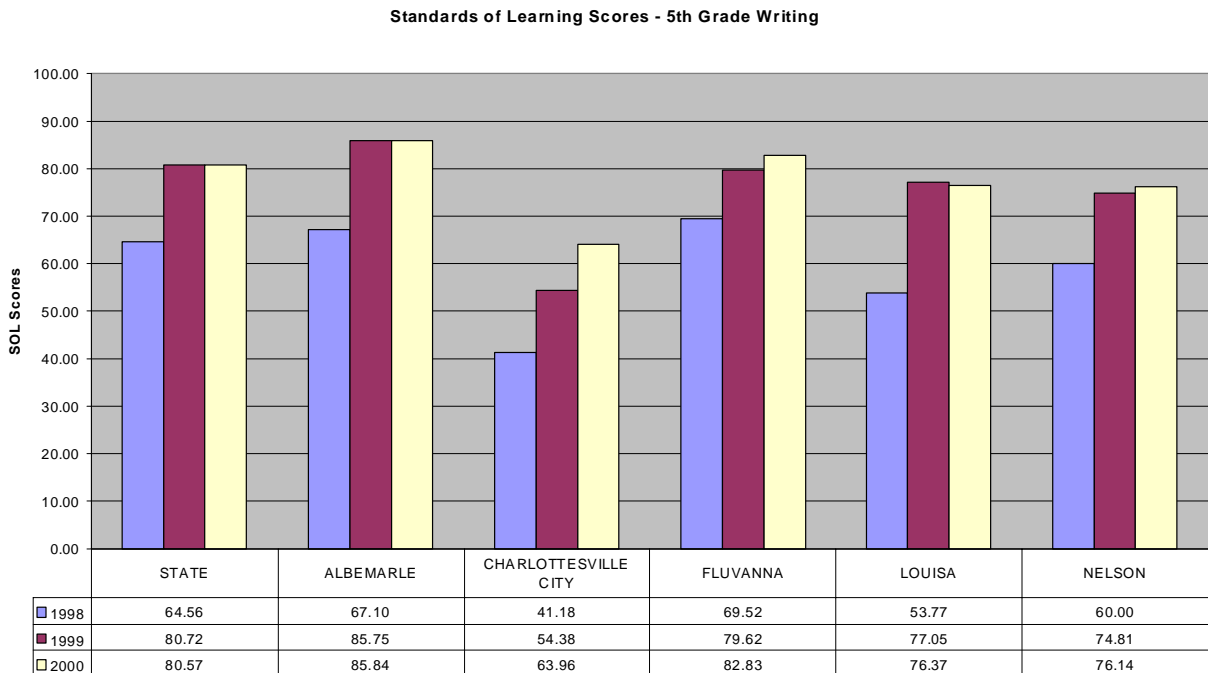
Source - Virginia Department of Education

Figure 19 - SOL; 3rd Grade Science



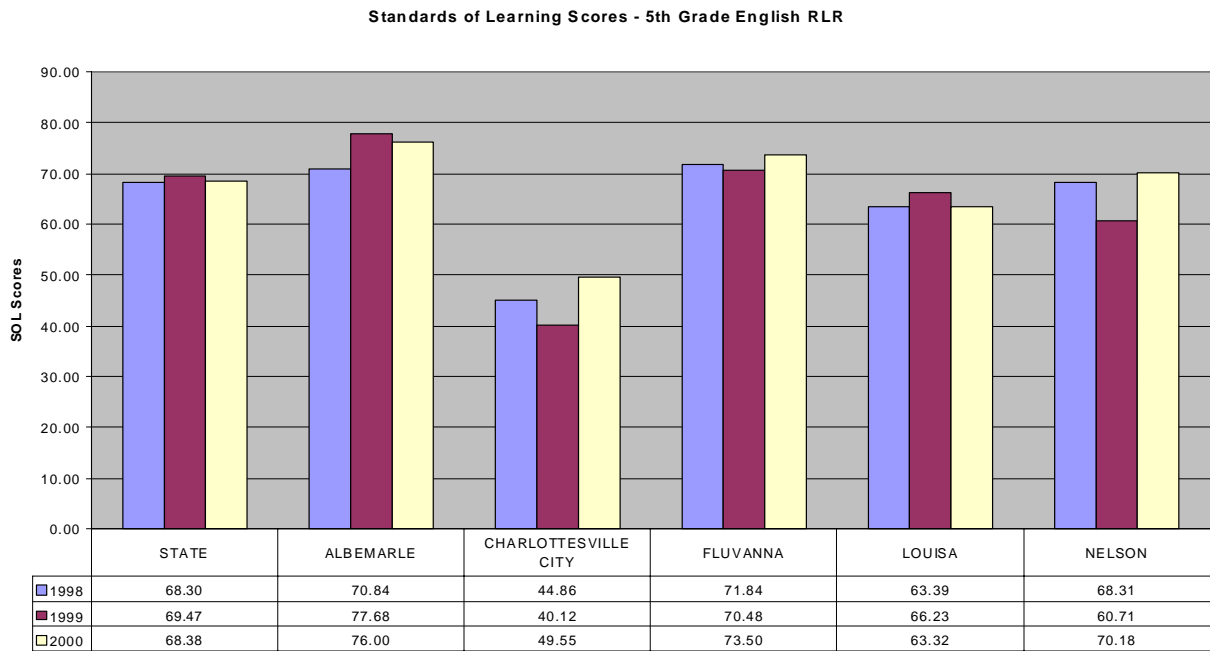
Source - Virginia Department of Education

Figure 20 – SOL; 5th Grade English



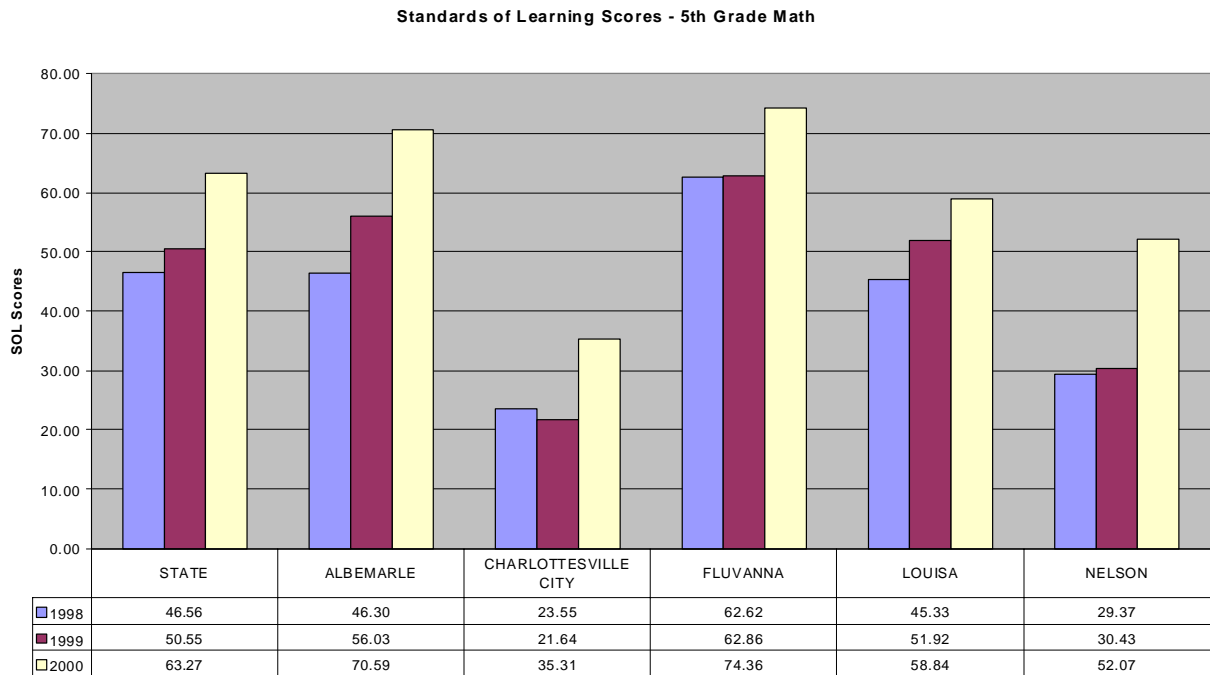
Source - Virginia Department of Education

Figure 21 - SOL; 5th Grade English RLR (Reading/Literature and Research)



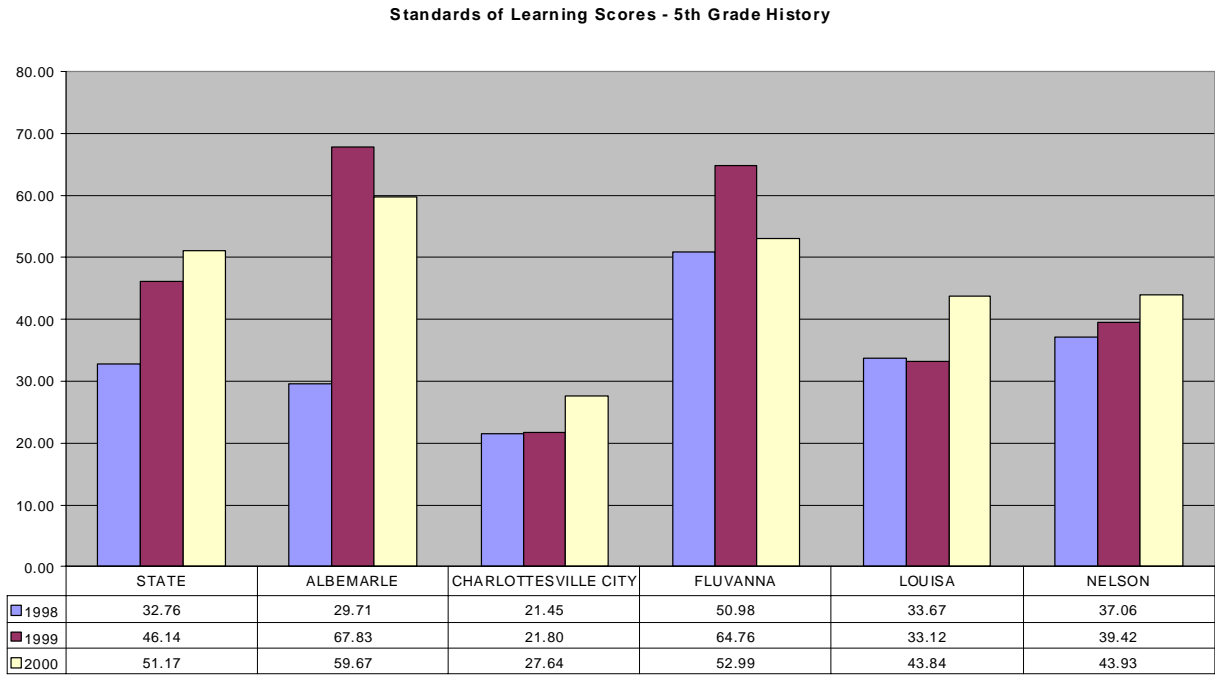
Source - Virginia Department of Education

Figure 22 – SOL; 5th Grade Math



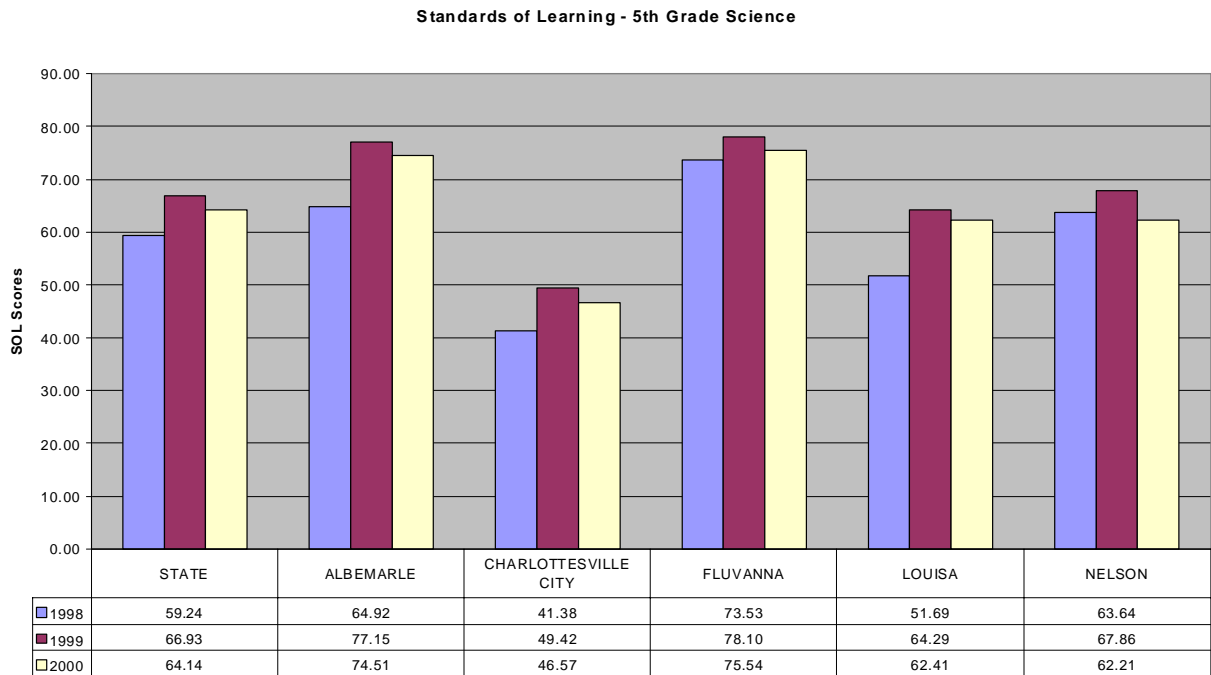
Source - Virginia Department of Education

Figure 23 - SOL; 5th Grade History



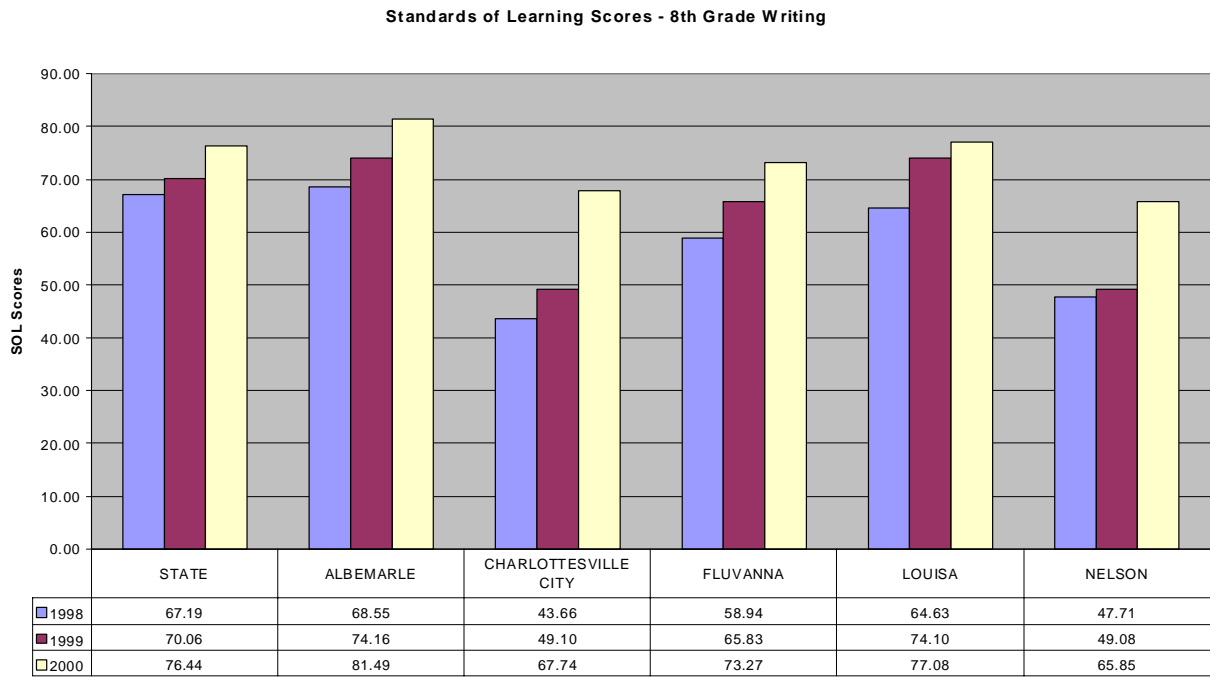
Source - Virginia Department of Education

Figure 24 – SOL; 5th Grade Science



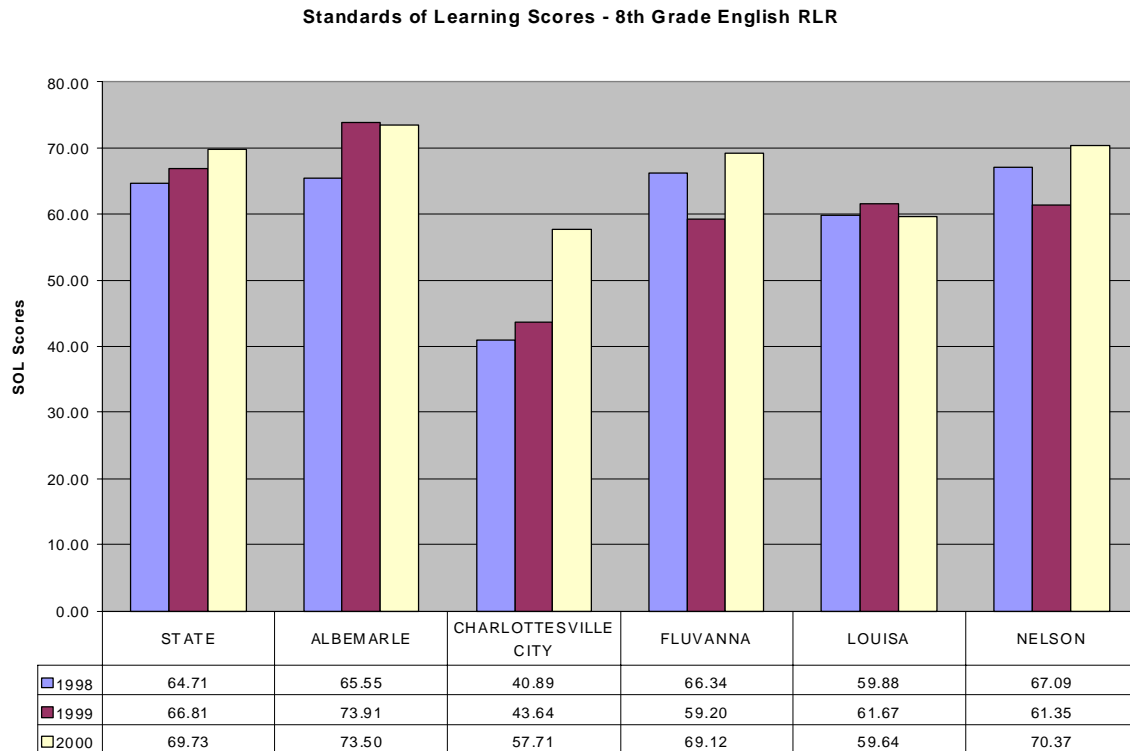
Source - Virginia Department of Education

Figure 25 - SOL; 8th Grade Writing



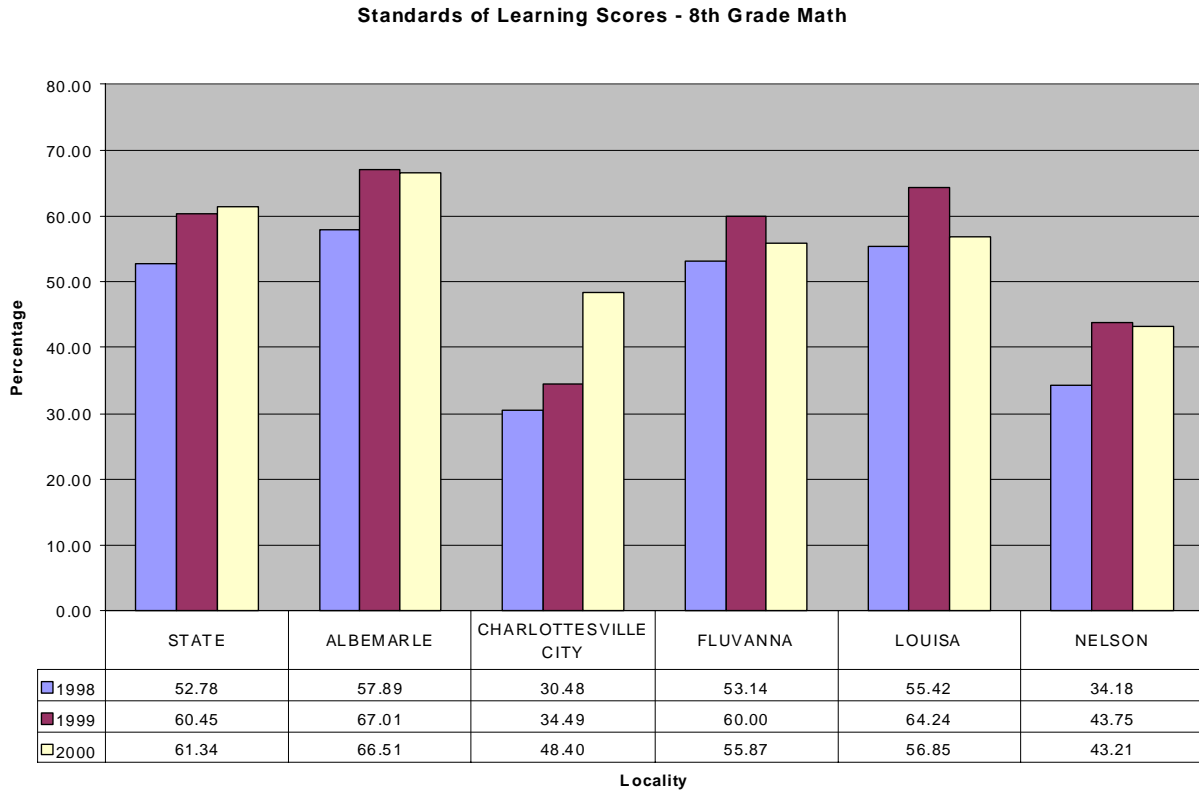
Source - Virginia Department of Education

Figure 26 - SOL; 8th Grade English RLR (Reading/Literature and Research)



Source - Virginia Department of Education

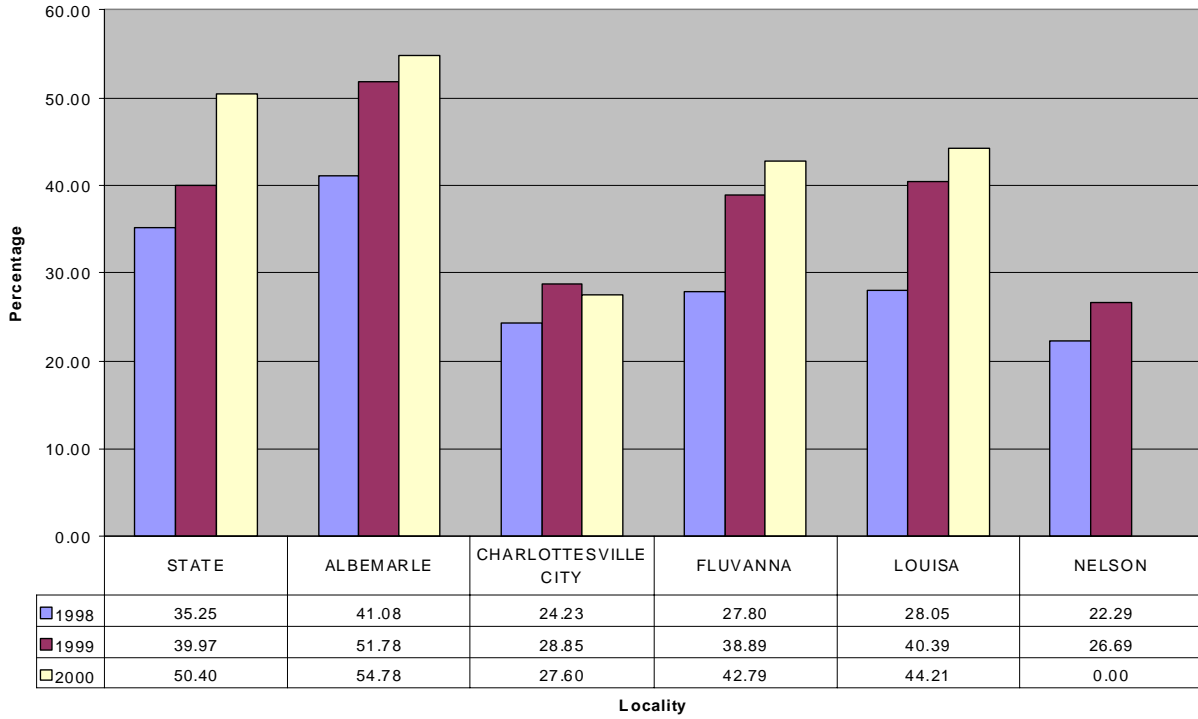
Figure 27 - SOL; 8th Grade Math



Source - Virginia Department of Education

Figure 28 - SOL; 8th Grade History

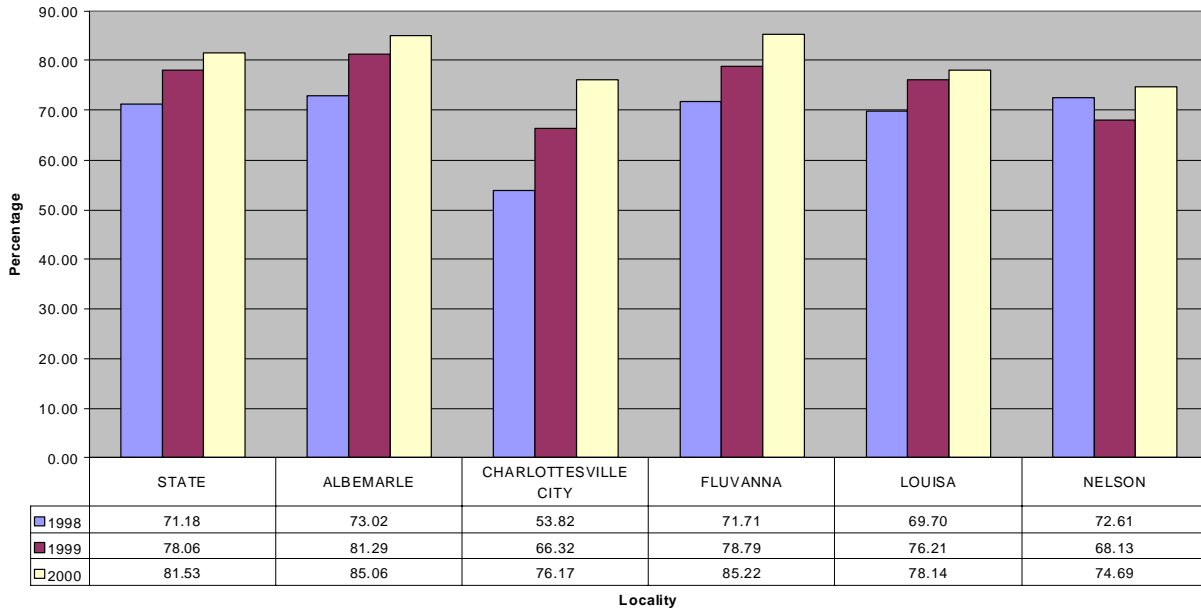
Standards of Learning Scores - 8th Grade History



Source - Virginia Department of Education

Figure 29 - SOL; 8th Grade Science

Standards of Learning Scores - 8th Grade Science



Source - Virginia Department of Education

HOUSING

In Virginia, an extremely low income household (earning \$18,600, 30% of the Area Median Income of \$62,000) can afford monthly rent of no more than \$465, while the Fair Market Rent for a two bedroom unit is \$697. In Virginia, a worker earning the Minimum Wage (\$5.15 per hour) must work 104 hours per week in order to afford a two-bedroom unit at the area's Fair Market rent. In Virginia, 38% of renter households pay more than 30% of their income for rent. The Housing Wage in Virginia is \$13.41. This is the amount a worker would have to earn per hour in order to be able to work 40 hours per week and afford a two-bedroom unit at the area's Fair Market rent. This is 260% of the present Minimum wage (\$5.15 per hour). Between 2000 and 2001 the two bedroom housing wage increased by 11.38%.

Table 2 - 2001 Fair Market Rents by Number of Bedrooms

2001 Fair Market Rents by Number of Bedrooms					
Location	Zero	One	Two	Three	Four
Virginia	\$511	\$590	\$697	\$954	\$1,137
Albemarle County	\$448	\$530	\$677	\$900	\$1,009
Fluvanna County	\$448	\$530	\$677	\$900	\$1,009
Louisa County	\$300	\$392	\$482	\$670	\$720
Nelson County	\$300	\$379	\$445	\$597	\$720
Charlottesville, VA	\$448	\$530	\$677	\$900	\$1,009

The chart on the left shows the fair market rent in each locality by number of bedrooms.

Table 3 - Income Needed to Afford Fair Market Rent

Income Needed to Afford FMR										
Location	Amount					Percent of Family AMI				
	Zero Bedrooms	One Bedroom	Two Bedrooms	Three Bedrooms	Four Bedrooms	Zero Bedrooms	One Bedroom	Two Bedrooms	Three Bedrooms	Four Bedrooms
Virginia	\$20,443	\$23,597	\$27,894	\$38,164	\$45,485	33%	38%	45%	62%	73%
Albemarle County	\$17,920	\$21,200	\$27,080	\$36,000	\$40,360	29%	34%	43%	58%	64%
Fluvanna County	\$17,920	\$21,200	\$27,080	\$36,000	\$40,360	29%	34%	43%	58%	64%
Louisa County	\$12,000	\$15,680	\$19,280	\$26,800	\$28,800	25%	33%	41%	56%	61%
Nelson County	\$12,000	\$15,160	\$17,800	\$23,880	\$28,800	32%	40%	47%	63%	76%
Charlottesville, VA	\$17,920	\$21,200	\$27,080	\$36,000	\$40,360	29%	34%	43%	58%	64%

FMR = Fair Market Rent (HUD, 2002)

AMI = Area Median Income

The left side of the chart above shows the annual income needed to afford a zero, one, two, three, and four bedroom units at fair market rent. The right side of the chart represents the percentage of AMI needed in order to afford a zero, one, two, three, and four bedroom unit at fair market rent.

Table 4 - Housing Wage

Location	Housing Wage										
	Hourly Wage Needed to Afford (@ 40 hrs./wk.)					Percent Change in 2BR Housing Wage (2000- 2001)	As % of Minimum Wage (VA=\$5.15)				
	Zero Bedroom FMR	One Bedroom FMR	Two Bedroom FMR	Three Bedroom FMR	Four Bedroom FMR		Zero Bedroom FMR	One Bedroom FMR	Two Bedroom FMR	Three Bedroom FMR	Four Bedroom FMR
Virginia	\$9.83	\$11.34	\$13.41	\$18.35	\$21.87	11.38%	191%	220%	260%	356%	425%
Albemarle County	\$8.62	\$10.19	\$13.02	\$17.31	\$19.40	3.20%	167%	198%	253%	336%	377%
Fluvanna County	\$8.62	\$10.19	\$13.02	\$17.31	\$19.40	3.20%	167%	198%	253%	336%	377%
Louisa County	\$5.77	\$7.54	\$9.27	\$12.88	\$13.85	3.88%	112%	146%	180%	250%	269%
Nelson County	\$5.77	\$7.29	\$8.56	\$11.48	\$13.85	3.97%	112%	142%	166%	223%	269%
Charlottesville, VA	\$8.62	\$10.19	\$13.02	\$17.31	\$19.40	3.16%	167%	198%	253%	336%	377%

The left side of the chart above shows how much a renter household would need to earn per hour to afford zero, one, two, three, and four bedroom units at fair market rent. The center part of the chart shows how much more a renter would have to earn between 2000 and 2001 in order to afford a two bedroom unit. The right side of the chart shows the percentage of the minimum wage that a renter would have to earn to be able to afford zero, one, two, three, and four bedroom units.

Table 5 - Work Hours/Week Necessary at Minimum Wage to Afford FMR

Location	Work Hours/Week Necessary at Minimum Wage to Afford				
	(VA=\$5.15)				
	Zero	One	Two	Three	Four
	Bedroom	Bedroom	Bedroom	Bedroom	Bedroom
	FMR	FMR	FMR	FMR	FMR
Virginia	76	88	104	143	170
Albemarle County	67	79	101	134	151
Fluvanna County	67	79	101	134	151
Louisa County	45	59	72	100	108
Nelson County	45	57	66	89	108
Charlottesville, VA	67	79	101	134	151

The chart on the left shows how many hours per week, and individual working at minimum wage (\$5.15) would have to work to afford Fair Market Rent in his/her locality. Maximum affordable housing costs is the generally accepted standard of spending no more than 30% of income on housing costs.

The chart on the below shows the number of renter households for 1990 and 2000 as well as the percent change during that ten-year period.

Table 6 – Number of Renter Households

Source: All the data above was collected from the National Low Income Housing
 HYPERLINK "<http://www.nlihc.org>" www.nlihc.org

Locatio	nouseholds		Percent Change, 1990- 2000
	1990	2000	
Virginia	779,435	860,471	10.40%
Albemarle County	2,257	10,885	382.28%
Fluvanna County	911	1,090	19.65%
Louisa County	1,495	1,835	22.74%
Nelson County	1,004	1,128	12.35%
Charlottesville, VA	13,253	22,983	73.42%

Coalition/LIHIS –

HEALTH

Health Insurance

In the United States, 14 million women of reproductive age have no health insurance to cover maternity care. According to the Virginia Health Care Foundation, an estimated 17.2% of Central Virginians are uninsured. Applying the uninsured rates to the overall population, an estimated 209,652 Central Virginians are without health insurance. People with income at or below 200 percent of poverty are nearly twice as likely to be uninsured as compared with people at higher income levels. Young adults are at greater risk for being uninsured as compared to children and older adults. Compared to those with private insurance, the uninsured are substantially more likely to forego needed medical care, prescriptions, and dental care. This lack of insurance, changing Medicaid guidelines, and low income often prevent women from seeking prenatal care in a timely manner.¹³

Determining Community Well-being

One of the key measuring tools for determining the well-being of any community is the assessment of maternal-child health. Indicators used both locally and throughout the Nation to assess maternal-child health include infant mortality, low birth weight, nonmarital births, teenage pregnancy, and early entry into prenatal care.

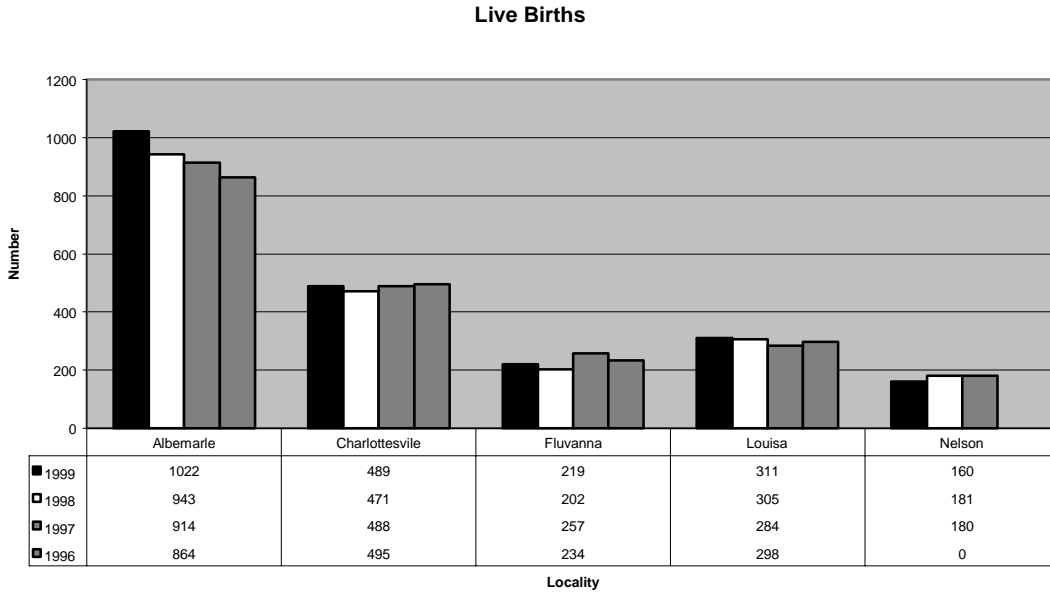
Psycho-social and environmental factors play an important part in promoting the well-being of women and children. When babies are unplanned or born into families that are unable to offer emotionally and financially stable environments, they are more likely to suffer from the lack of adequate medical care, both prenatally and during childhood. They are also more likely to experience emotional neglect and physical abuse, therefore decreasing the chance that these infants grow into physically and emotionally healthy children.

The use of drugs, alcohol, and tobacco by pregnant women directly increases the occurrence of low birth weight infants, as well as increases infant morbidity and mortality rates. Economic factors, welfare reform, and managed care must be considered when tracking maternal-child health indicators. Poverty and difficulty accessing prenatal and pediatric care have long-term effects on individuals, families, and communities. Pregnancy outcomes can be improved through the use of technical advances. Preventing unintended pregnancies, promoting healthy lifestyles, and improving access to health care for childbearing women and children can also make a difference.¹⁴

¹³ Virginia Health Care Foundation; www.vhcf.org

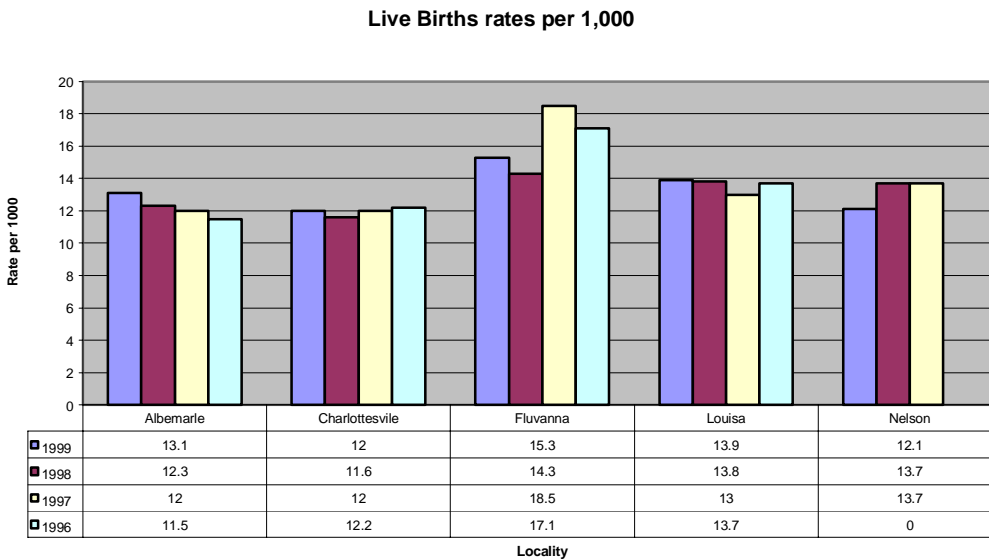
¹⁴ Improving Pregnancy Outcomes; www.vdh.state.va.us/lhd/newriver/pregoutcm.pdf

Figure 30 – Births



Source - Virginia Department of Health

Figure 31 – Live Birth Rates per 1,000



Source – Virginia Department of Health

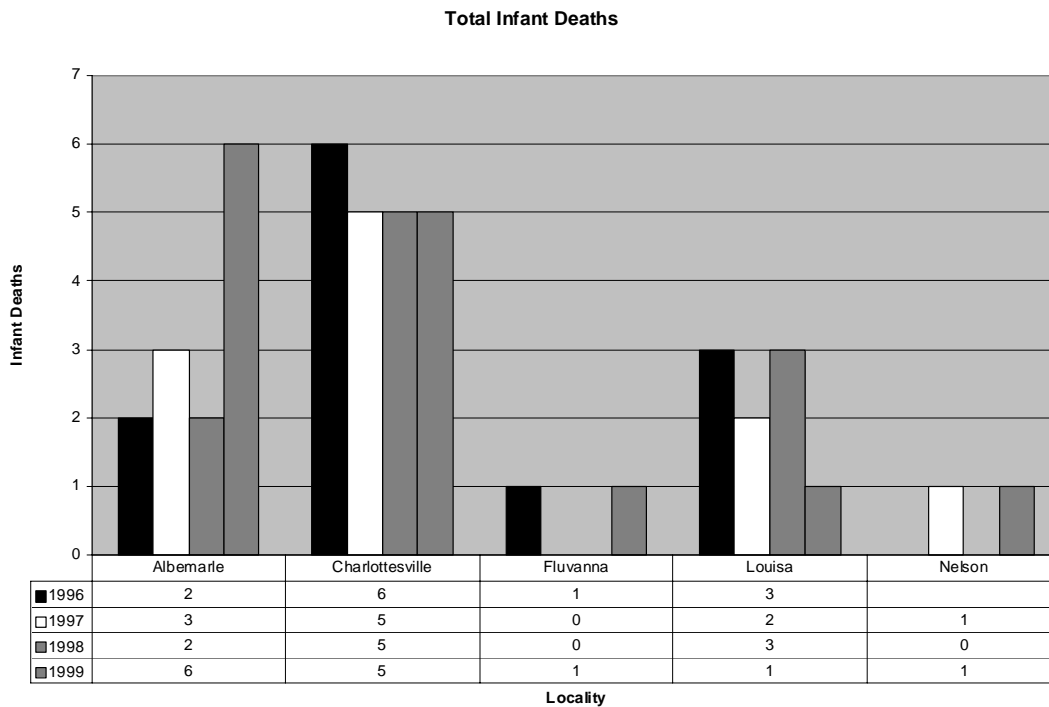
Overall, the data show declining birth rates in Nelson and Fluvanna Counties, increasing birth rates in Albemarle and Louisa Counties, and relatively stable birth rates in the City of Charlottesville,

Infant Mortality

The infant mortality rate is defined as the number of infants who die between birth and one year of age per 1,000 live births. The infant mortality rate is a reliable indicator of overall infant health and is an important factor in the overall quality of life within a community.

The leading causes of death for infants are congenital anomalies, sudden infant death syndrome (SIDS), respiratory distress syndrome, and disorders relating to short gestation. Improvement in perinatal services, including advanced technology of newborn intensive care units, high quality prenatal care, and use of obstetrical diagnostic and treatment technologies has helped Virginia reach a low of 7.2 infant deaths per 1,000 live births.¹⁵

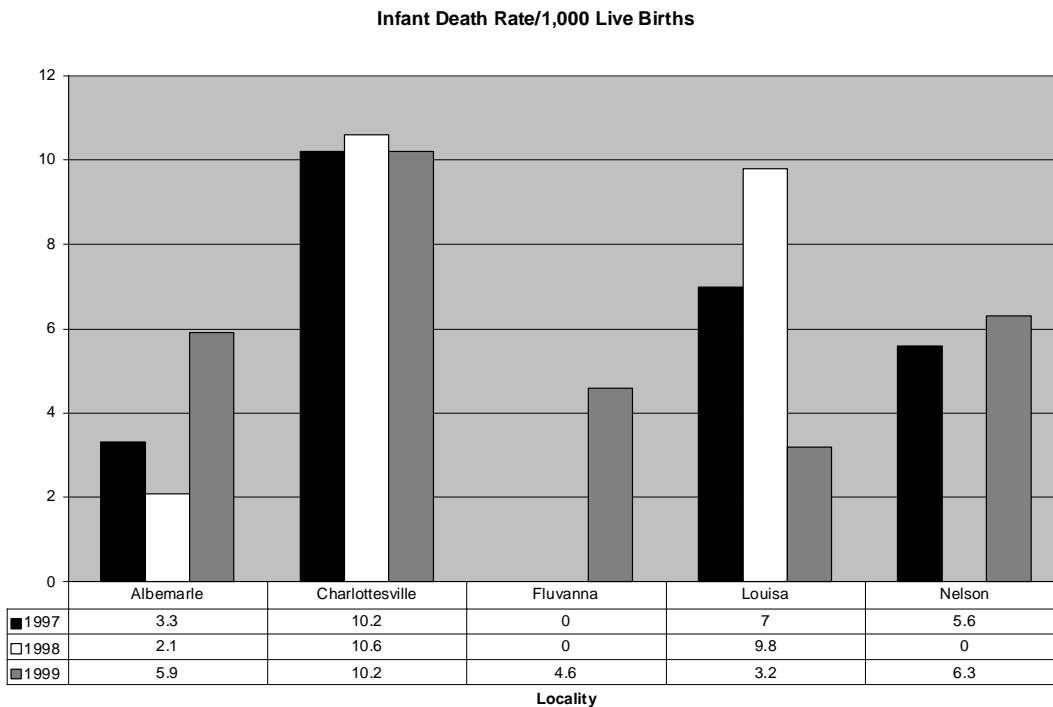
Figure 32 – Total Infant Deaths



Source - Virginia Department of Health

¹⁵ Improving Pregnancy Outcomes; www.vdh.state.va.us/lhd/newriver/pregoutcm.pdf

Figure 33 – Infant Death Rates/1,000 Live Births



Source - Virginia Department of Health

Despite the location of a major medical school and teaching hospital in the City of Charlottesville, the city has the highest infant mortality rate in the region. This suggests that there may be issues of access to care, public awareness of prenatal care, or availability of health insurance that disproportionately affect this population and need to be addressed.

Low Birth Weight

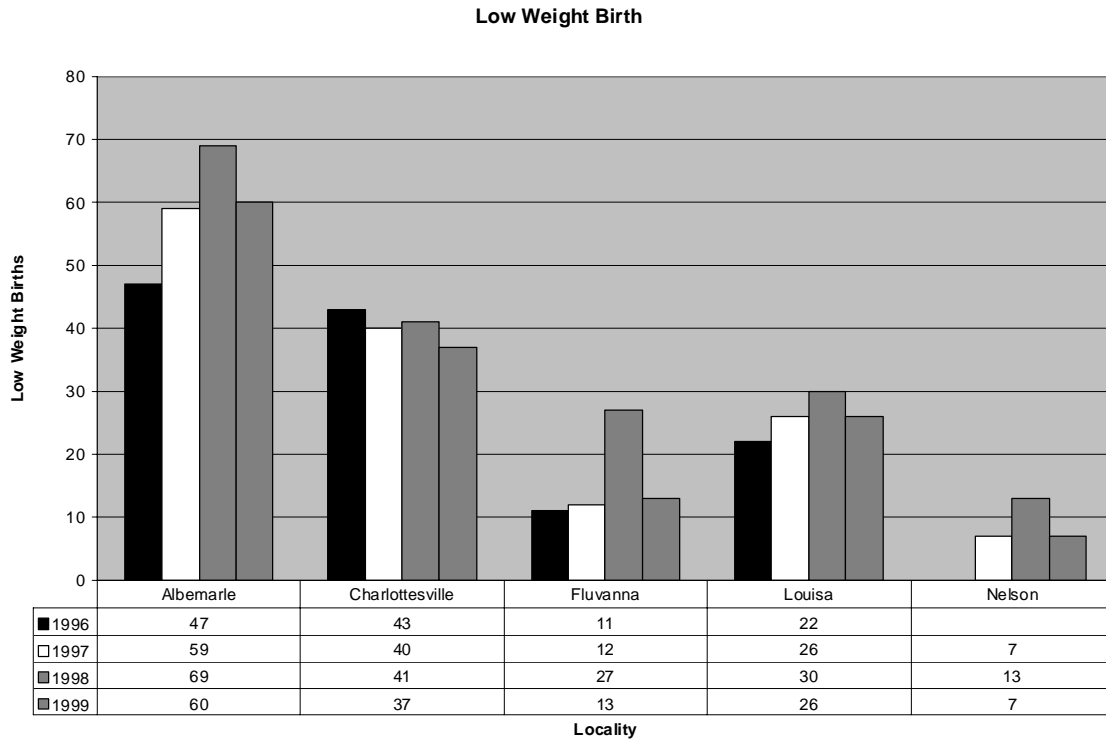
Infants born weighing less than 2,500 grams (5½ pounds) regardless of the length of pregnancy are considered to be low birth weight (LBW). These infants have a higher infant mortality rate. If they survive, they are much more likely to spend an extended time in the hospital. They are also more likely to suffer from life-long disorders such as neurodevelopmental disabilities, learning disorders, behavioral problems, and respiratory problems. Infants with a low birth weight, who may have one or more of these life-long disabilities, often contribute to long-term emotional and financial strain for both the family and the community.

Factors associated with increased risk for delivering a low birth weight infant include maternal age younger than 18 years or older than 35 years. High parity, history of a previous low birth weight infant, low socioeconomic status, low level of education, late entry into prenatal care, low pregnancy weight gain or low prepregnant weight, and smoking and substance abuse also increase the chance of having a low birth weight baby. Twenty to 30% of all low birth weight infants in the United States have mothers who smoked while pregnant. Recent studies show that women who use marijuana or cocaine while pregnant also have significantly smaller infants than nonusers.¹⁶

Efforts to improve nutrition and to eliminate alcohol, drug, and tobacco use during pregnancy, along with early and continual prenatal care can reduce the incidence of low birth weight infants in our communities.

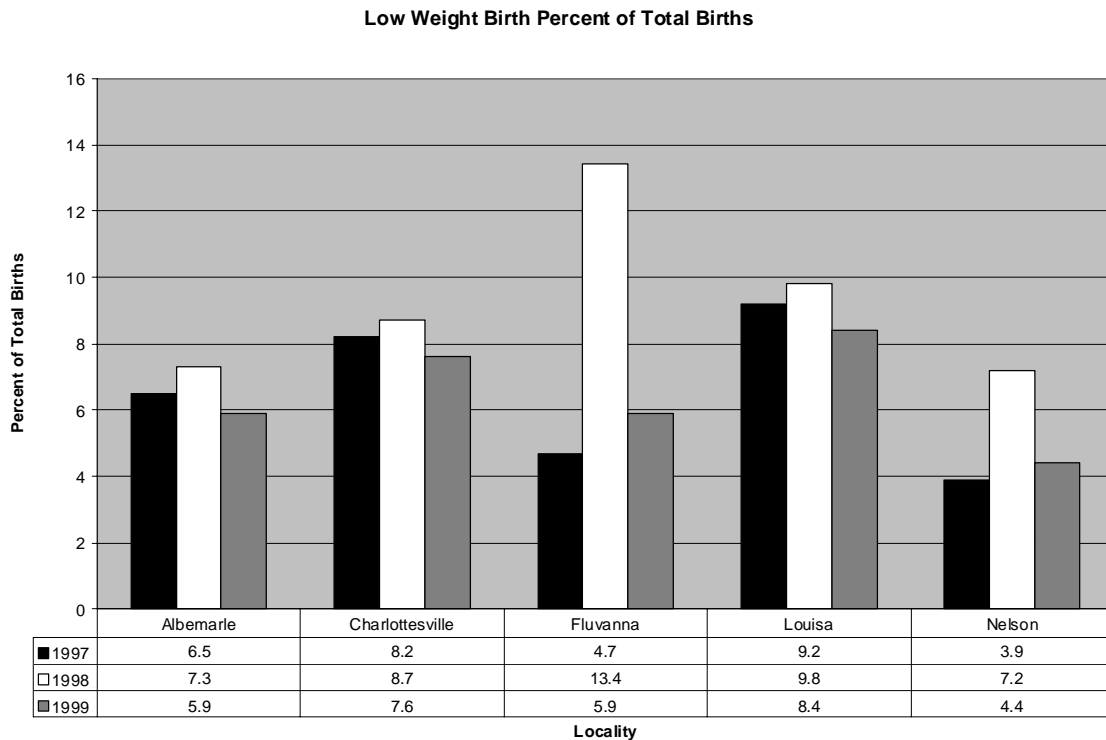
¹⁶ Improving Pregnancy Outcomes; www.vdh.state.va.us/lhd/newriver/pregoutcm.pdf

Figure 34 – Low Weight Births



Source - Virginia Department of Health

Figure 35 – Low Weight Births Percent of Total Births

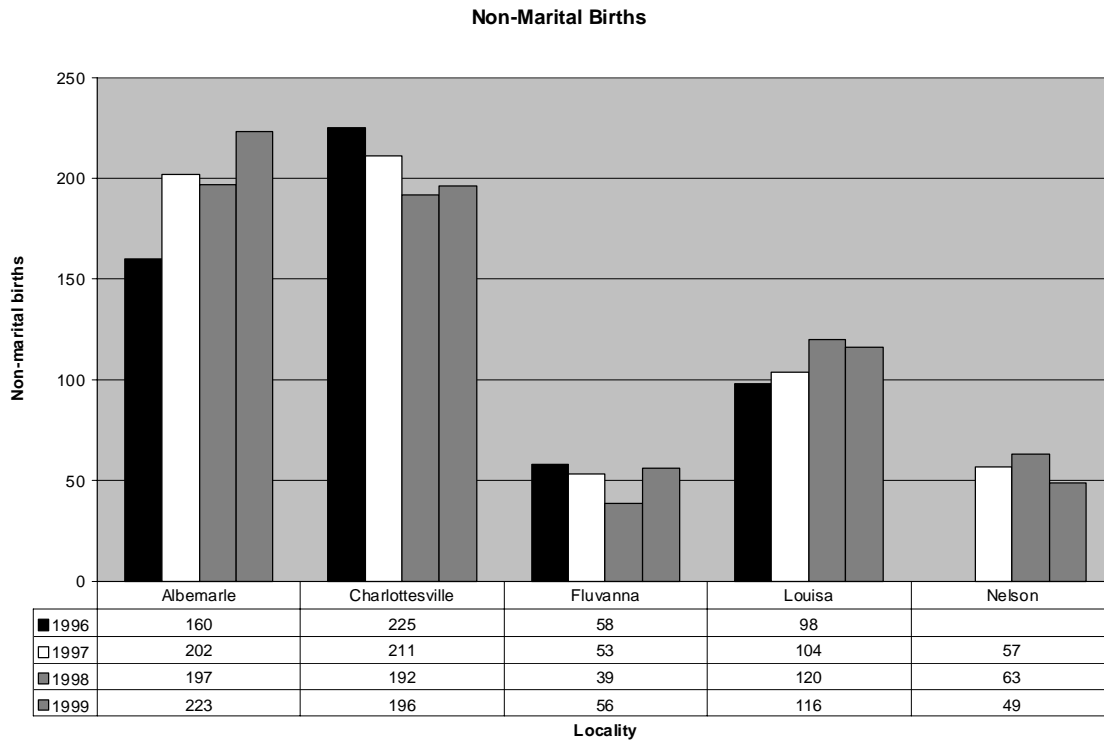


Source - Virginia Department of Health

Nonmarital Births

In 1999, 29.7% of births in Virginia were to unmarried parents. Specifically, there were 28,305 births in Virginia in 1999. The majority of nonmarital births are the result of unplanned, unintended, or mistimed pregnancies. These women are less likely to seek early and adequate prenatal care. They are more likely to engage in risk behaviors such as the use of drugs, alcohol, and tobacco during their pregnancies. These babies are at increased risk for low weight at birth and infant mortality. As these infants progress through childhood, they suffer more health and emotional problems than children whose parents are married. They are more likely to be abused, more likely to live in poverty, and they are more likely to become out-of-wedlock parents themselves. Fathers often assume a less active role in the lives of these children than do fathers in traditional family households.¹⁷

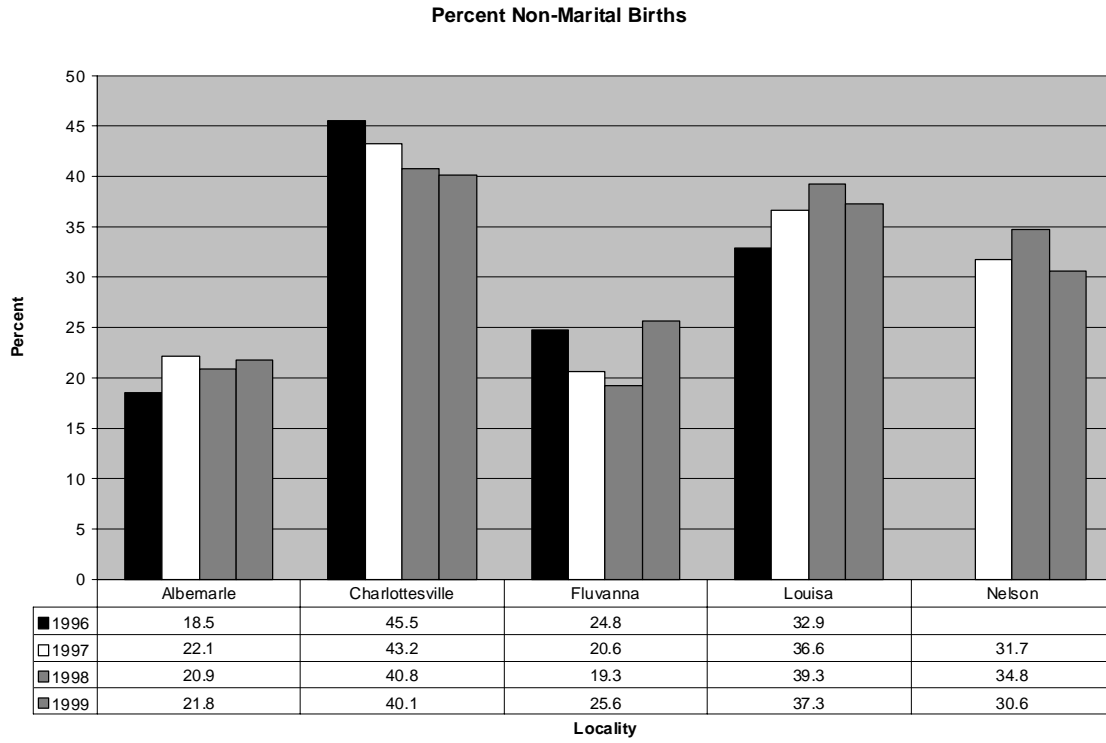
Figure 36 – Non-Marital Births



Source – Virginia Department of Health

¹⁷ Improving Pregnancy Outcomes; www.vdh.state.va.us/lhd/newriver/pregoutcm.pdf

Figure 37 – Percent Non-Marital Births



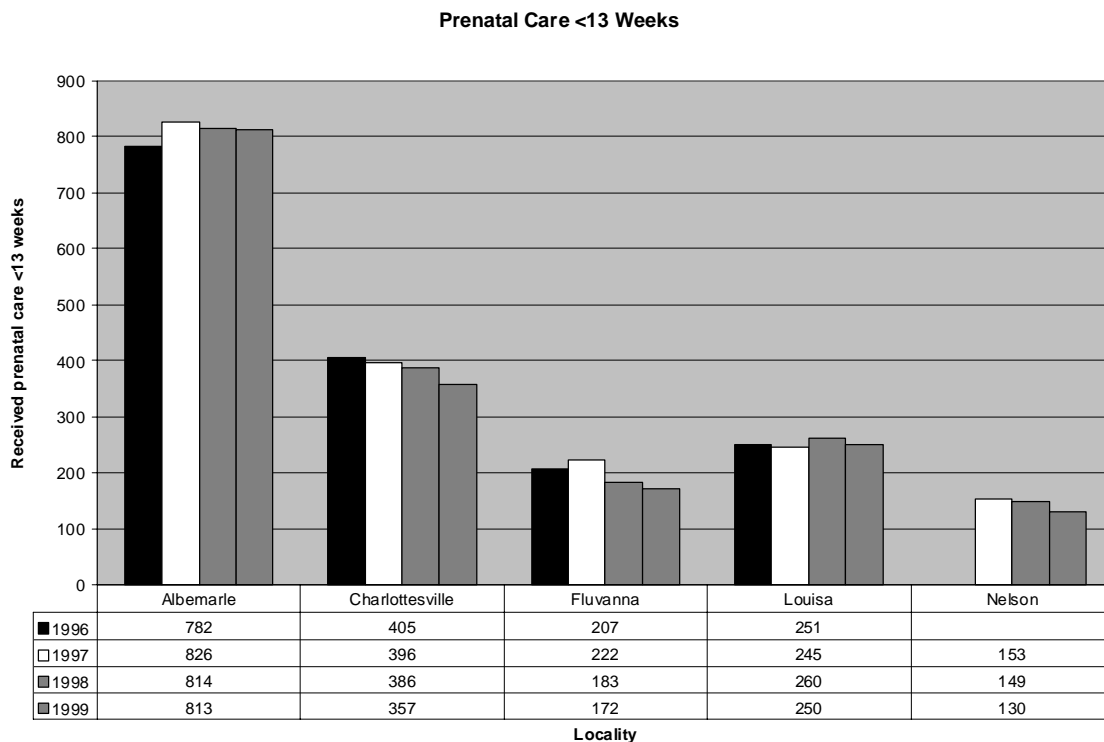
Source - Virginia Department of Health

Prenatal Care

Prenatal care should ideally begin with preconception counseling. The identification of medical illness or genetic disorders prior to conception provides prospective parents the opportunity for counseling, appropriate treatment, pregnancy planning, early prenatal care, or avoidance of pregnancy. Families have the opportunity to modify personal behaviors, lifestyles, or change environmental conditions that are known to impact pregnancy outcomes.

Early pregnancy diagnosis and high quality prenatal care are directly related to the delivery of healthy babies. The first trimester of pregnancy is a critical time for fetal development. Prenatal care within the first 13 weeks of pregnancy effectively improves pregnancy outcomes. Women who plan their pregnancies are more likely to seek obstetrical care within the first trimester. However, almost 60% of all pregnancies in the United States each year are either unplanned or mistimed. Other maternal characteristics associated with receiving late or no prenatal care include low income, less than a high school education, teenage pregnancy, and already having a large number of children.¹⁸

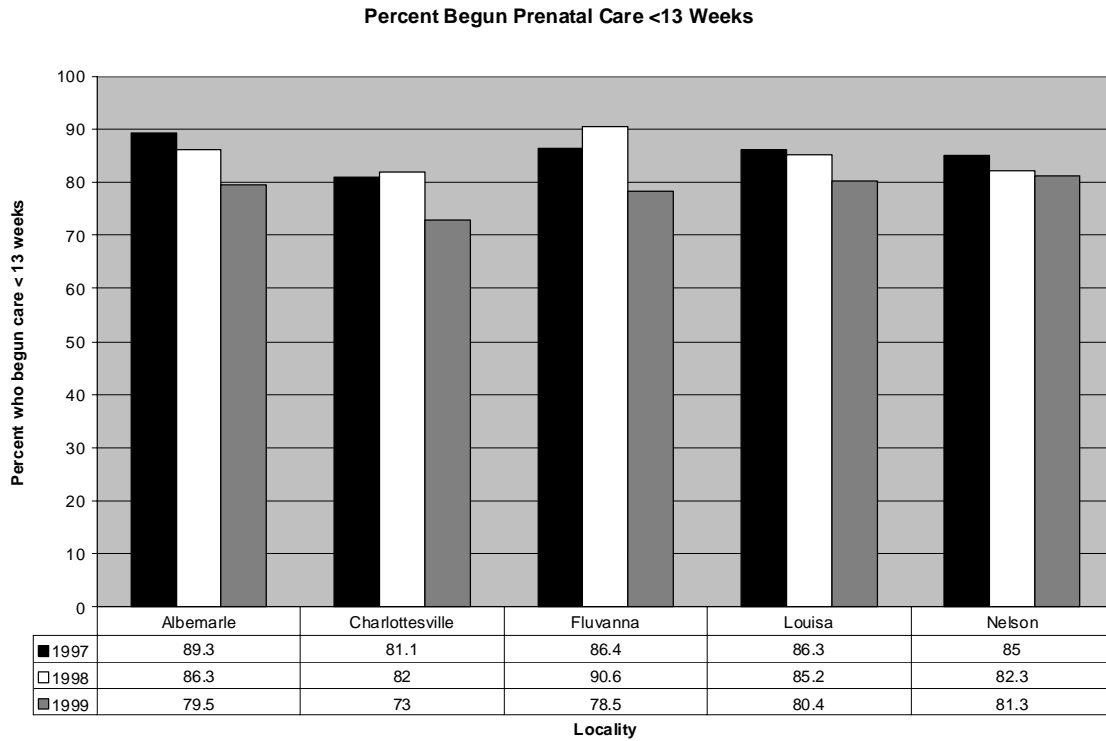
Figure 38 – Prenatal Care <13 Weeks



Source - Virginia Department of Health

¹⁸ Improving Pregnancy Outcomes; www.vdh.state.va.us/lhd/newriver/pregoutcm.pdf

Figure 39 – Percent Begun Prenatal Care <13 Weeks



Source - Virginia Department of Health

Teenage Pregnancy

Teen pregnancy is a critical public health issue with long-term consequences for the teen parents, the baby, and the community as a whole. One in 10 young women age 19 or younger becomes pregnant each year. Virtually all young people are at risk due to peer and other social pressures. Teenagers are more likely to become sexually active if they are from low socioeconomic households, if they have low self-esteem, and/or if they view themselves to be in poor communication with their families. Three-fourths of sexually active youths use no form of birth control. Teens who are sexually active are at risk for sexually transmitted diseases, including HIV. They are also likely to engage in other high-risk behaviors such as the use of illegal drugs, alcohol, and tobacco.

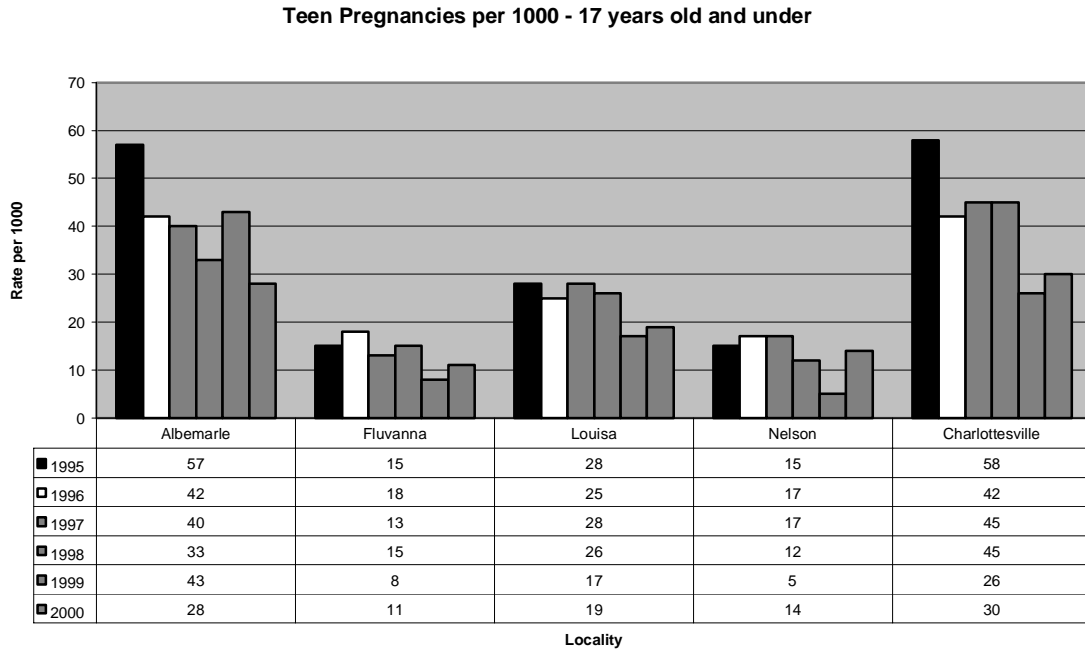
Girls who become parents as teenagers are often unaware of or unable to access community resources. Consequently, prenatal care often is initiated late in pregnancy and is sporadic at best, increasing the chance of complications for both mom and baby. Teen moms often suffer interruption in their formal education and are more likely to experience life-long economic strife. Many have not completed the developmental process themselves and are emotionally, intellectually, and economically unprepared to parent a child. Many lack the support of the baby's father, as evidenced by the 640 out-of-wedlock births to teens during 1999 in Albemarle, Charlottesville, Fluvanna, Louisa, and Nelson combined.

As these babies grow, they are also more likely to suffer health problems and cognitive delays than other children. They are also at increased risk for abuse and neglect. Pregnancies should be planned long before they become a reality. Education to promote healthy lifestyles for both men and women of childbearing age is the first step. Alcohol, drugs, and tobacco use must be discouraged in those at risk of pregnancy. Promoting abstinence and delaying sexual activity should be promoted as acceptable options to our teenagers and young adults. Access to public and private providers of family planning services should be improved, as well as access to prenatal care.¹⁹

¹⁹ Improving Pregnancy Outcomes; www.vdh.state.va.us/lhd/newriver/pregoutcm.pdf

According to the Virginia Department of Health's data, between 1995 and 2000 pregnancies to teens 17 and under in our area are gradually decreasing. Although there have been some fluctuations, **Albemarle** County decreased from 57 per 1000 to 28 pregnancies, **Charlottesville** decreased from 58 per 1000 to 30, **Fluvanna** decreased from 15 per 1000 to 11, **Louisa** decreased from 28 per 1000 to 19, and **Nelson** decreased from 15 per 1000 to 14 teen pregnancies over a period of five years.

Figure 40 – Teen Pregnancies per 1000



Source - Virginia Department of Health

The community can help. Necessary steps include practicing responsible behaviors, thus setting positive examples for children and their friends. Mentors are needed for both the male and female teens. Supporting the school systems, churches, businesses, and agencies that encourage our young people in preparing for their future is vital. Education to promote prenatal care, parenting issues, and children's health can be addressed in the classroom, by the media, health care providers, day care centers, and private businesses that serve customers and employees of childbearing age.

Involving the male population is essential. The family benefits as a whole when fathers participate in planning pregnancies and play an active role in the parenting of their children. Communities can support fathers by working to change old attitudes that child rearing is a woman's job. Concentration on preparing men for parenthood through education and support has been long overlooked. Local employers can help by adding educational programs that address parenting issues to their company in-service and health promotion programs.

Health care providers can increase outreach efforts for families; publicize services available, and work cooperatively with other agencies and health care providers to promote family health. Teens must be encouraged to set goals for themselves. Every effort should be made to keep young people active in both academic and after school activities. Promoting career-training programs is a key to a successful future.

Improving pregnancy outcomes is a benefit to all aspects of the community. The solutions are not easy ones, and our goals cannot be achieved without the commitment and cooperation of all the members of the community. What could be a better reward for these efforts than a population of well planned, healthy, and happy children that are born into families that can economically care for their needs?

TRANSPORTATION

Effective transportation networks are essential to any community. Efficient and safe movement of people between homes, stores, jobs, schools and recreational activities allows modern human activity to occur. Access to all modes of travel region-wide can open up opportunities for many residents, especially low-income residents.

Lack of reliable transportation is a significant barrier to finding and maintaining employment. Public transportation, especially in rural areas, is often non-existent or inadequate. Even when public transportation is available, it may not help those with irregular work shifts. Lack of transportation is also a problem when a parents childcare and job are located far from each other.²⁰

The 2002 MACAA client needs survey showed 47.16% of clients need an auto or major auto repairs. Access to jobs, school, and childcare are key to an overall strategy to increase employment and decrease poverty. The MACAA service area has two major transit services.

JAUNT

JAUNT offers commuter routes to the Charlottesville area from Louisa, Nelson and Fluvanna as well as the communities of Crozet and Scottsville. JAUNT provides free transportation for VIEW participants to and from: job readiness classes, search for employment, employment, and daycare during employment, VIEW evaluations, and approved educational classes. Currently JAUNT provides Medicaid transportation throughout the area, but the public services are different in each locality.

In rural Albemarle County, JAUNT operates on a demand-response system although there are some fixed routes from Crozet, Advance Mills, and Coveseville that come into Charlottesville daily. In rural Albemarle County, anyone can ride on JAUNT, but seniors and people with disabilities can ride for a reduced fare. In urban Albemarle County (that area contiguous to the city) and Charlottesville, JAUNT's discounted demand-response service is provided only for people with disabilities. Non-disabled people in Albemarle County must pay a costly \$8, and Charlottesville residents \$10 to use JAUNT. To qualify for the reduced rate, passengers must be certified by CTS. The residents in urban Albemarle must pay the higher fare.²¹

In Fluvanna County, JAUNT has two commuter routes that come into Charlottesville Monday through Friday with fares ranging from \$1.50 to \$2. Departure times are 6:15 am and 6:25 am; return schedules are 4:30 pm and 4:45 pm.

In Nelson County, JAUNT has two commuter routes to Charlottesville operating Monday through Friday. The Rural Health Outreach Program also provides funds for trips to medical appointments. Fares range from \$1 to \$3.50 depending on distance traveled. Departure times are 6:10 am and 7:00 am and return times are 4:30 pm and 4:45 pm.

Louisa County also has two routes to Charlottesville Monday through Friday. Fares currently range from \$2.50 to \$2.75. Departure times are 5:55 am and 8:00 am; return schedule is 3:00 pm.

For a low-income county resident whose work or school schedule would coincide with the bus schedule, the monthly costs would range from \$80.00 to \$120.00 per month, as much as 15% of a paycheck working at minimum wage. For those who have alternate work and/or school schedules JAUNT would not be a practical option. Those who must travel with a child or children to transport to childcare would also have to pay for each child, transfer to the CTS, deliver the child to childcare, get back on CTS go to work or school, get back on CTS to pick child, and transfer back to JAUNT before 4:30 or 4:45. This schedule does not account for transportation to

²⁰ Center on Budget and Policy Priorities; State and County Supported Car-Ownership Programs Can Help Low-Income Families Secure and Keep Jobs; Heidi Goldberg, November 2001

²¹ <http://monticello.avenue.org/jaunt>

and from doctor's appointments, grocery stores or many other places where transportation is a necessity.

Charlottesville Transit System (CTS)

Charlottesville Transit Service (CTS) runs Monday through Saturday from 6:30 a.m. to 6:30 p.m. Its routes cover the entire city of Charlottesville, and head up 29 North as far as Rio Hill Shopping Center. The current fare is 75 cents for the general public, 35 cents for senior citizens over 65, and people with disabilities who are certified to ride on JAUNT can ride CTS free. Transfers to the University Transit System are free. The buses run at least once an hour and cover the entire city. For low-income city residents, CTS is more practical than JAUNT is for county residents. For those whose school or work schedule coincides with the CTS schedule, the monthly costs would be approximately \$30.00, this cost would increase for transportation to and from doctor's appointments, grocery stores or many other places where transportation is a necessity.

Car ownership can be a solution to some of these transportation challenges. Research has shown that a parent with a car is more likely to be employed and to work more hours than a parent without a car. A reliable automobile can provide parents with access to a greater array of employment opportunities. Also, having access to a car can mitigate some of the scheduling complications that arise in child care arrangements.²²

²² Center on Budget and Policy Priorities; State and County Supported Car-Ownership Programs Can Help Low-Income Families Secure and Keep Jobs; Heidi Goldberg, November 2001

EARLY CHILDHOOD EDUCATION

Information on Children with Disabilities

In 2001-2002, the MACAA Head Start program served 38 children with disabilities (primarily speech and language, with some developmental delay diagnoses). The increased percentage of children identified disabilities in Head Start is consistent with the trends noted by local school districts. It is not clear whether the increase is due to increased incidence, increased early identification of children, or a combination of both.

Table 7 - Children with Diagnosed Disabilities Receiving Special Education Services

	1997 - 1998*	2000 - 2001 **	2001 - 2002**
	3 and 4 Year Olds	2 through 4 Year Olds	2 Through 4 Year Olds
Albemarle	74	80	100
Predominant Diagnoses	Not available	Speech/language; Development Delay	Speech/language; Development Delay
Significant Trends	N/A	Increased Incidence of Autism***	No change
Charlottesville	36	43	71
Predominant Diagnoses	Not available	Developmental Delay; Speech/language; Autism; Other Health Impaired; Traumatic Brain Injury	37 Developmental Delay; 34 Speech
Significant Trends	N/A	Using more specific diagnosis than DD and Speech/language	More Speech/Language
Fluvanna	16	17	30
Predominant Diagnoses	Not Available	Speech/language; Development Delay	Mostly Developmental Delay
Significant Trends	N/A	Increased Incidence of Autism***	No change
Louisa	21	23	36
Predominant Diagnoses	Not available	Speech/language; Development Delay	Developmental Delay; Autism
Significant Trends	N/A	None noted	Increase in Autism
Nelson	12	17	18
Predominant Diagnoses	Not available	Developmental Delay	Developmental Delay
Significant Trends	N/A	None noted	No change

Source: *1999 MACAA Community Assessment (Based on Virginia Department of Education Report on Children with Disabilities Receiving Special Education). Data on types of disabilities was not provided in the 1999 MACAA Community Assessment.

**Information provided by phone to Leslie Easton, MACAA Head Start Disabilities Specialist, by local school districts; numbers are inclusive of Head Start children identified and served through LEA for 2000-2001 and 2001-2002 school years

***Actual incidence remains very low

A wealth of community resources available to families of children with disabilities are listed in the Commission of Children and Families Guide to Youth Services, the Table of Contents and Subject Index are attached to this publication

Racial and Ethnic Composition Culture and Languages

Racial Composition Comparison

The chart below shows the racial makeup of our area population, MACAA staff, MACAA clients, Head Start Staff, and Head Start clients. The disparity between population makeup and that of MACAA clients is the most notable. The area's Black population is 17.36% and MACAA's Black clients makeup 64.27% of all clients. MACAA's clients are all under the federal poverty guideline, while area population includes residents at all income levels. At the time this assessment was published, U.S. Census data did not include enough detail to determine demographic makeup of those living in poverty at the city and county levels. Thus, a comparison of overall population and MACAA client population cannot be conducted before publication. According to the U.S. Census Bureau, Census 2000 poverty data on a detailed geographical level will be released on a flow basis starting June of this year (2002).

Racial composition of Head Start clients and staff is far more balanced. 55.91% of clients and 50% of staff are Black; 32.73% of clients and 46% of staff are White; 3.65% of clients and 3.57% of staff are Asian or Pacific Islander; and 7.73% of clients and 0% of staff are Hispanic. 7.14% of staff are fluent in Spanish and can communicate easily with both children and parents whose primary language is Spanish.

Racial composition of MACAA clients and staff is as follows: 64.27% of clients and 51% of staff are black; a noted disparity, 28.23% of clients and 46.2% of staff are White; 3.81% of clients and 1% of staff are Hispanic; and .31% of clients and 1.9% of staff are Asian/Pacific Islander.

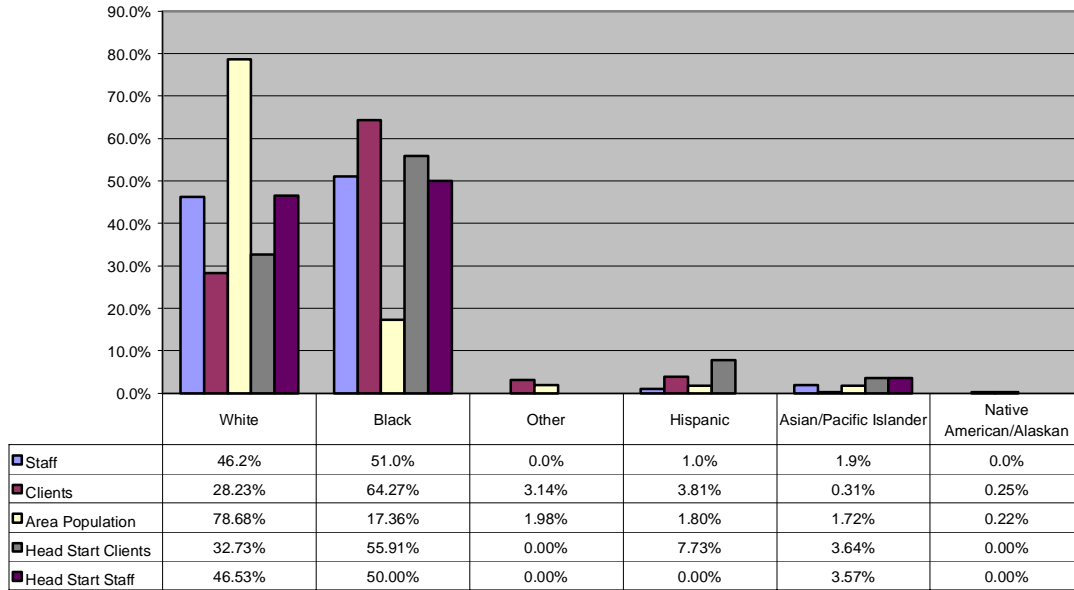
The chart below offers a graphic depiction of racial composition. The 2003 MACAA Community Assessment will compare racial composition of the population living under the federal poverty limits to the racial composition of MACAA clients.

Needs and Characteristics of Special Racial, Ethnic and Cultural Groups

Some of the needs and characteristics of special racial, ethnic and cultural groups identified are the need to translate all Head Start parent documents to Spanish as well as provide Spanish interpreters for all Head Start parent attended functions, these needs have been addressed. Other cultural and ethnic needs are addressed in classroom settings where cultural diversity is recognized, respected, and celebrated.

Figure 41 - Racial Composition

Racial Composition



Source: MACAA; U.S. Census Bureau

Head Start Community Partnership Meetings – February 2002

I. Albemarle Community Partnership Meeting

Agencies Represented: Albemarle County Department of Social Services (Child Protective Services; Program Coordinator for VPI Bright Stars program), Thomas Jefferson United Way (Outreach Coordinator, Children’s Health Insurance project), School District (PREP Parent Resource and Education Program)

Summary of Comments:

Head Start and Bright Stars continue to work closely to refer children to the appropriate program. Both programs need to revisit demographics to see if areas of need are changing. Both programs, and the county as a whole, have experienced a dramatic increase in Spanish-speaking families in the last five years.

Also, possible new “pockets” of low-income families appear to be developing in the north and northwest parts of the county, along the Rt. 29 North corridor, as some large apartment complexes that formerly accepted Section 8 in areas close to Charlottesville (Wilton Farms, Four Seasons) no longer accept housing subsidies. Neither at-risk preschool program (Head Start or Bright Stars) currently serves the north end of the county along 29 North unless parents can provide their own transportation. Both programs (Head Start and Bright Stars) need to look again at the transportation radius. Many children who are “close in” Albemarle county residents are now served in Charlottesville Head Start centers, but long-term we may need to look at locating centers in the county closer to the need.

Another area not currently served by either program is North Garden (southwest part of the county), near Red Hill elementary school. However, overall the school-aged population in the southern part of the county (including the Yancey elementary school area currently served by Head Start) is believed to be decreasing.

II. Charlottesville Community Partnership Meeting

Agencies Represented: Charlottesville Department of Social Services (Day Care, Supervisor)

Summary of Comments:

Head Start's child care partnership with Barrett Day Care Center is viewed as beneficial for families served by DSS. There is currently no waiting list for day care services through DSS, partly because the child care unit is having to turn away more former TANF families whose jobs place them over the income guidelines, even though they are in relatively low-wage jobs.

III. Fluvanna Community Partnerships Meeting

Agencies Represented: Fluvanna County Department of Social Services (service supervisor; JOBS and Day Care worker), Fluvanna County Public Schools (School Social Worker; Adult Education; School Board); Thomas Jefferson United Way (Outreach Coordinator, Children's Health Insurance program)

Summary of Comments:

Several participants noted increasing population in the county (the 2nd fastest growing area in the state), and noted a lack of infrastructure and services to keep up with the growth. The Title I preschool program (known as "the 4 year old program") is unable to serve all eligible children. All encouraged expansion of Head Start services in Fluvanna County. Head Start is currently discussing possible collaboration with the school district for an Even Start program which would make use of Head Start's preschool services.

However, it was also noted that much of the population growth, especially in the Lake Monticello area, is young, relatively affluent families, so that it was not clear whether there is a net increase in Head Start-eligible families. An increase in small businesses may be offset by increased unemployment due to the recent closing of Comdial, a major employer.

IV. Louisa Community Partnerships Meeting

Agencies Represented: Louisa County Public Schools (Instructional Coordinator, VPI at-risk preschool program)

Summary of Comments:

County schools are operating three Virginia Preschool Initiative (VPI) classes for at-risk 4 year olds, one in each county elementary school, currently serving about 45 children (12-16 per class). Due to the rural nature of the county and the long distances many children travel by bus to Head Start, it may be beneficial for Head Start and the VPI program to cross-refer children according to geographical location so that they can be served closer to home.

Unlike some school districts in the region, Louisa has not seen a significant population of Spanish-speaking families or other children with ESL needs. Mobility is high within the county, with many children changing schools in the course of the school year.

Population in Louisa is growing, and the county expects to need a 4th elementary school in the next 4-5 years. Site selection is in early stages. Major growth areas are at the east end of the county near Bumpass (thought to be primarily working, middle-income families), and at the west end, near Zion Crossroads and Trevillians (a lower income area). A new Wal-Mart distribution center scheduled to open in the Zion Crossroads area soon may be a new source of jobs for some Head Start-eligible families who currently work in Charlottesville or are unemployed.

V. Nelson Community Partnerships Meeting

Agencies Represented: Nelson County Public Schools (Title I/Pre-Kindergarten; Special Education); Nelson County Child Care Center

Summary of Comments:

It was noted that poverty is high in Nelson County, particularly at the southern end of the county, and people must travel long distances for services. Many families in the southern part of the county actually work, shop, and receive health services outside of the county, in Lynchburg, Appomattox and Buckingham. Waiting lists for preschool services are also mostly in the southern part of county. Participants noted that need is particularly great in the Schuyler and Gladstone areas, where unemployment is high. One participant additionally noted that the pockets of poverty tend to be east of Rt. 29. The northern and western parts of the county are generally more affluent (resort areas). As in Albemarle, an increase was noted in non-English speaking families (mostly Spanish-speakers of Mexican origin) in recent years.

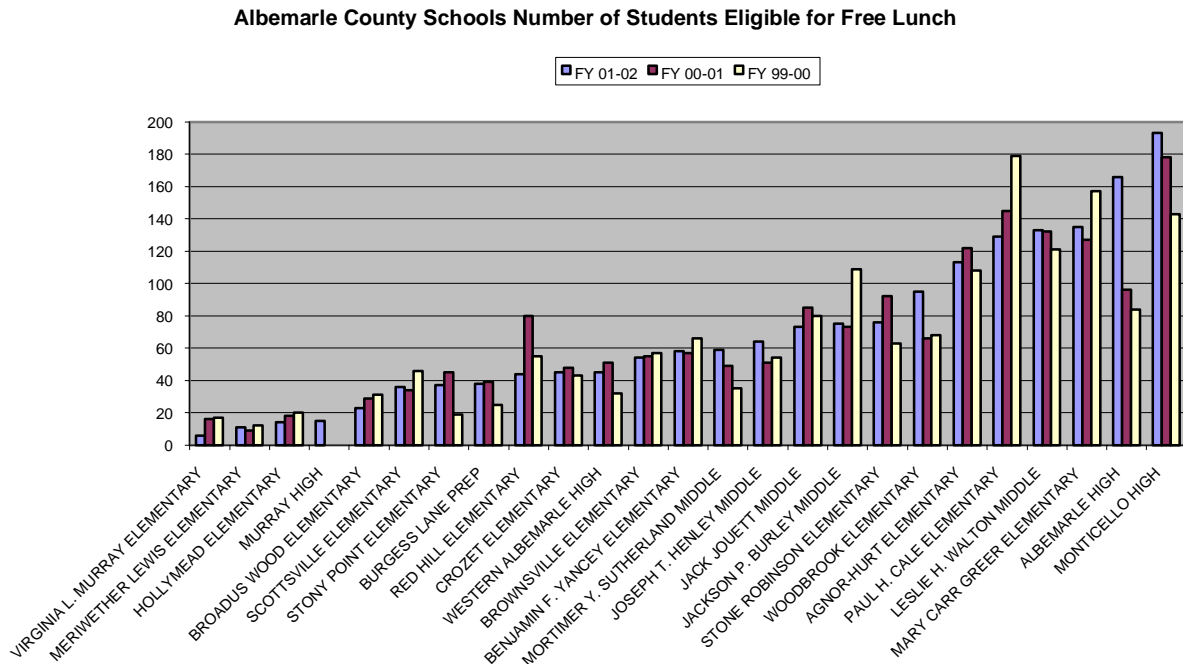
Head Start has had a waiting list for the Tye River center in the southern part of the county, and met part of this need by adding 6 slots at the Nelson County Child Care Center in Lovingston. School officials noted that most of the children served in the special education preschool classes at Rockfish elementary school (in the north part of the county) actually live in the Tye River area, and are bused by the county.

Free lunch data by school

Free lunch data by school can be used as an indicator of poverty areas within each locality. (Free lunch eligibility is described as 125% of federal poverty level) After careful review of schools with the highest numbers of children eligible for free lunch, we were able to determine that MACAA Head Start centers are situated in the areas of highest need. This data also confirmed the increase of families living in poverty in the north Albemarle County area. Further studies are needed to determine whether or not to locate a Head Start center in north Albemarle County.

In Albemarle County, Head Start is serving the areas of Benjamin Yancey and Crozet Elementary and VPI (Virginia Preschool Initiative) is serving Scottsville, Stone Robinson, Agnor-Hurt, Cale, and Greer Elementary Schools.

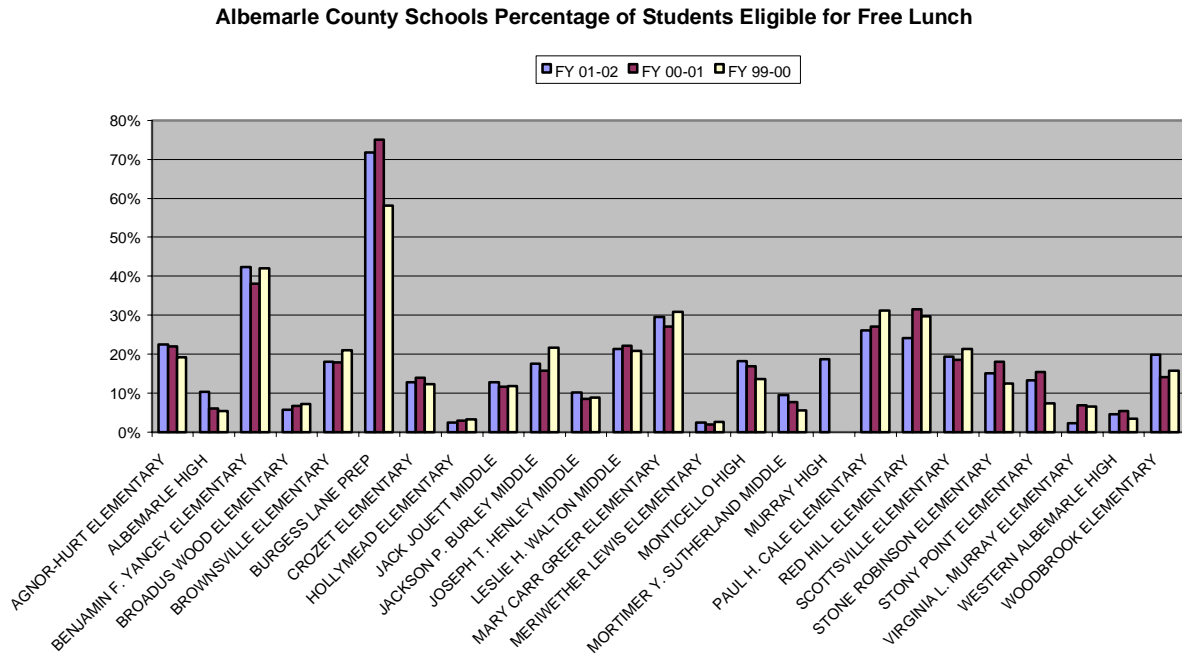
Figure 42 - Albemarle County Schools Number of Students Eligible for Free Lunch



Source - Virginia Department of Education

Albemarle County	# of Students Eligible for Free Lunch		
	FY 01-02	FY 00-01	FY 99-00
VIRGINIA L. MURRAY ELEMENTARY	6	16	17
MERIWETHER LEWIS ELEMENTARY	11	9	12
HOLLYMEAD ELEMENTARY	14	18	20
MURRAY HIGH	15	na	na
BROADUS WOOD ELEMENTARY	23	29	31
SCOTTSVILLE ELEMENTARY	36	34	46
STONY POINT ELEMENTARY	37	45	19
BURGESS LANE PREP	38	39	25
RED HILL ELEMENTARY	44	80	55
CROZET ELEMENTARY	45	48	43
WESTERN ALBEMARLE HIGH	45	51	32
BROWNSVILLE ELEMENTARY	54	55	57
BENJAMIN F. YANCEY ELEMENTARY	58	57	66
MORTIMER Y. SUTHERLAND MIDDLE	59	49	35
JOSEPH T. HENLEY MIDDLE	64	51	54
JACK JOUETT MIDDLE	73	85	80
JACKSON P. BURLEY MIDDLE	75	73	109
STONE ROBINSON ELEMENTARY	76	92	63
WOODBROOK ELEMENTARY	95	66	68
AGNOR-HURT ELEMENTARY	113	122	108
PAUL H. CALE ELEMENTARY	129	145	179
LESLIE H. WALTON MIDDLE	133	132	121
MARY CARR GREER ELEMENTARY	135	127	157
ALBEMARLE HIGH	166	96	84
MONTICELLO HIGH	193	178	143

Figure 43 - Albemarle County Schools Percentage of Students Eligible for Free Lunch

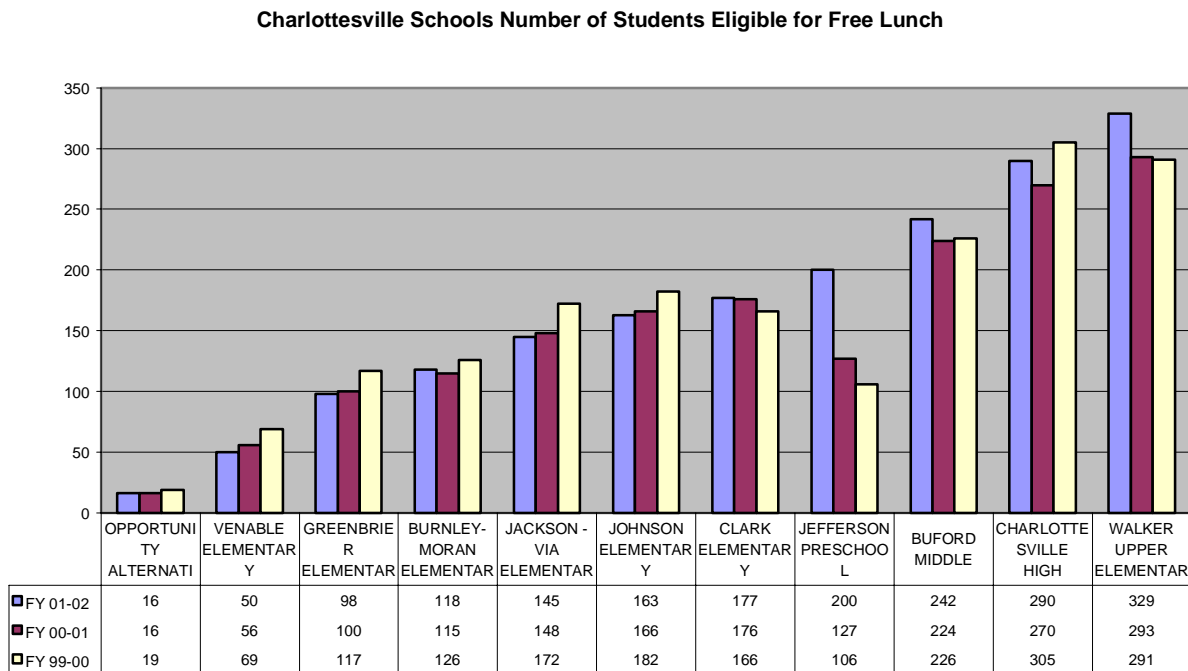


Albemarle County	% of Students Eligible for Free Lunch		
	FY 01-02	FY 00-01	FY 99-00
AGNOR-HURT ELEMENTARY	22%	22%	19%
ALBEMARLE HIGH	10%	6%	5%
BENJAMIN F. YANCEY ELEMENTARY	42%	38%	42%
BROADUS WOOD ELEMENTARY	6%	7%	7%
BROWNSVILLE ELEMENTARY	18%	18%	21%
BURGESS LANE PREP	72%	75%	58%
CROZET ELEMENTARY	13%	14%	12%
HOLLYMEAD ELEMENTARY	2%	3%	3%
JACK JOUETT MIDDLE	13%	12%	12%
JACKSON P. BURLEY MIDDLE	17%	16%	22%
JOSEPH T. HENLEY MIDDLE	10%	8%	9%
LESLIE H. WALTON MIDDLE	21%	22%	21%
MARY CARR GREER ELEMENTARY	30%	27%	31%
MERIWETHER LEWIS ELEMENTARY	2%	2%	3%
MONTICELLO HIGH	18%	17%	14%
MORTIMER Y. SUTHERLAND MIDDLE	9%	8%	6%
MURRAY HIGH	19%	na	na
PAUL H. CALE ELEMENTARY	26%	27%	31%
RED HILL ELEMENTARY	24%	32%	30%
SCOTTSVILLE ELEMENTARY	19%	19%	21%
STONE ROBINSON ELEMENTARY	15%	18%	12%
STONY POINT ELEMENTARY	13%	15%	7%
VIRGINIA L. MURRAY ELEMENTARY	2%	7%	7%
WESTERN ALBEMARLE HIGH	5%	5%	3%
WOODBROOK ELEMENTARY	20%	14%	16%

Source - Virginia Department of Education

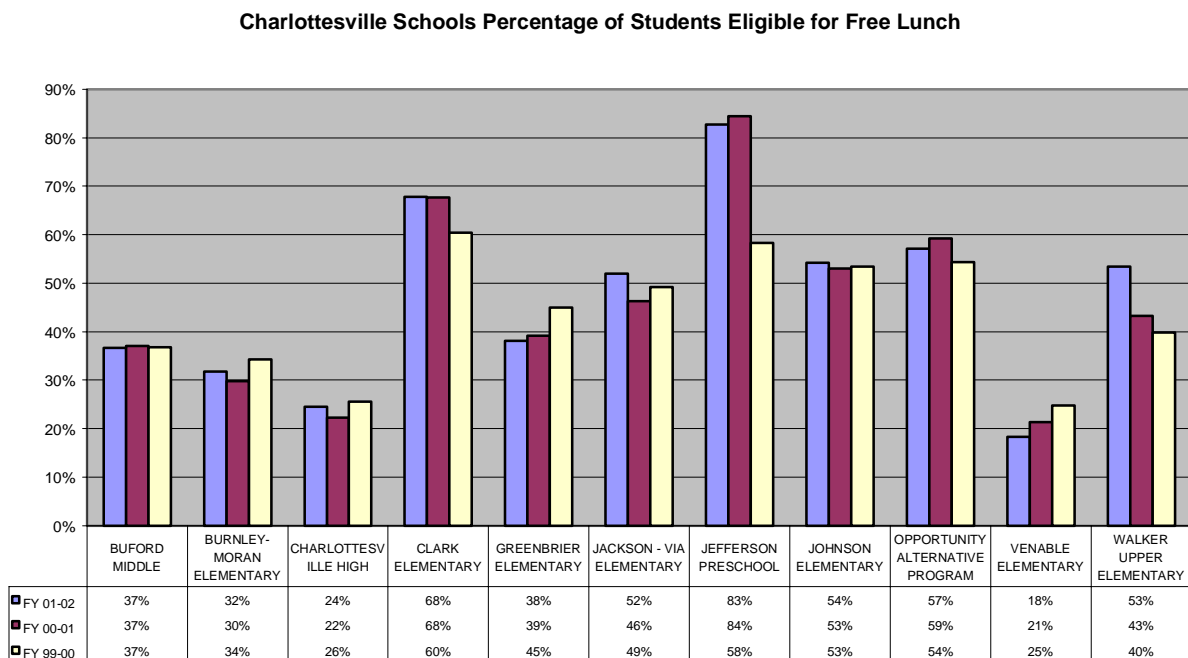
In the City of Charlottesville, Head Start centers and VPI programs serve children from all elementary school catchment areas.

Figure 44 - Charlottesville Schools Number of Children Eligible for Free Lunch



Source - Virginia Department of Education

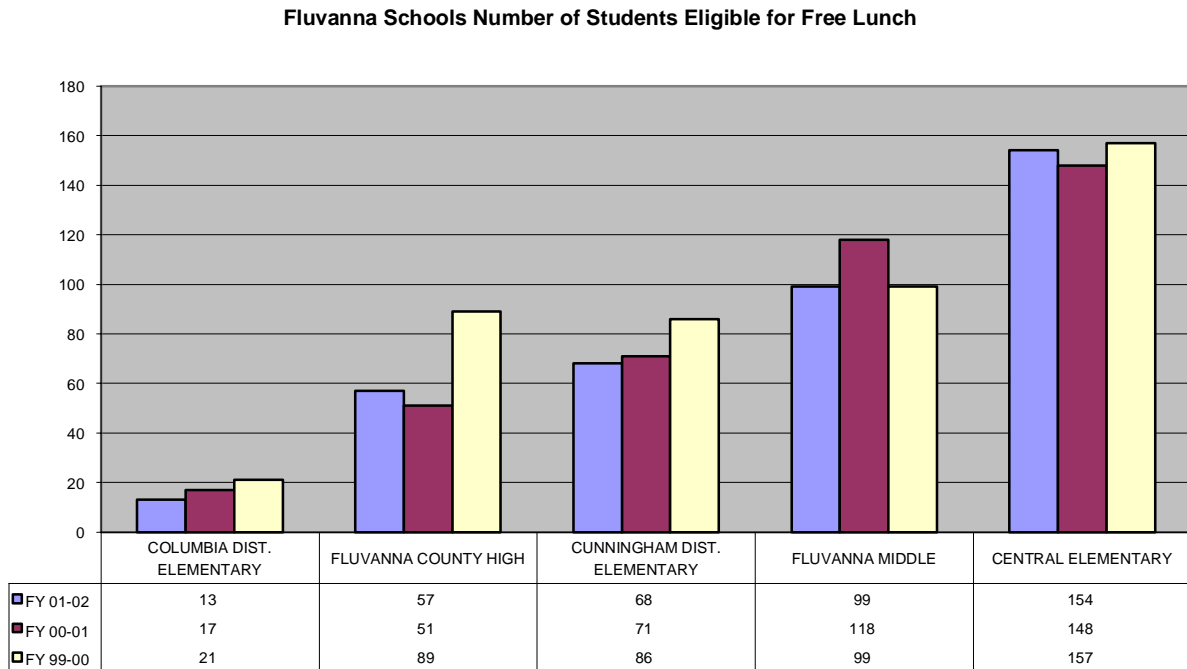
Figure 45 - Charlottesville Schools Percentage of Students Eligible for Free Lunch



Source - Virginia Department of Education

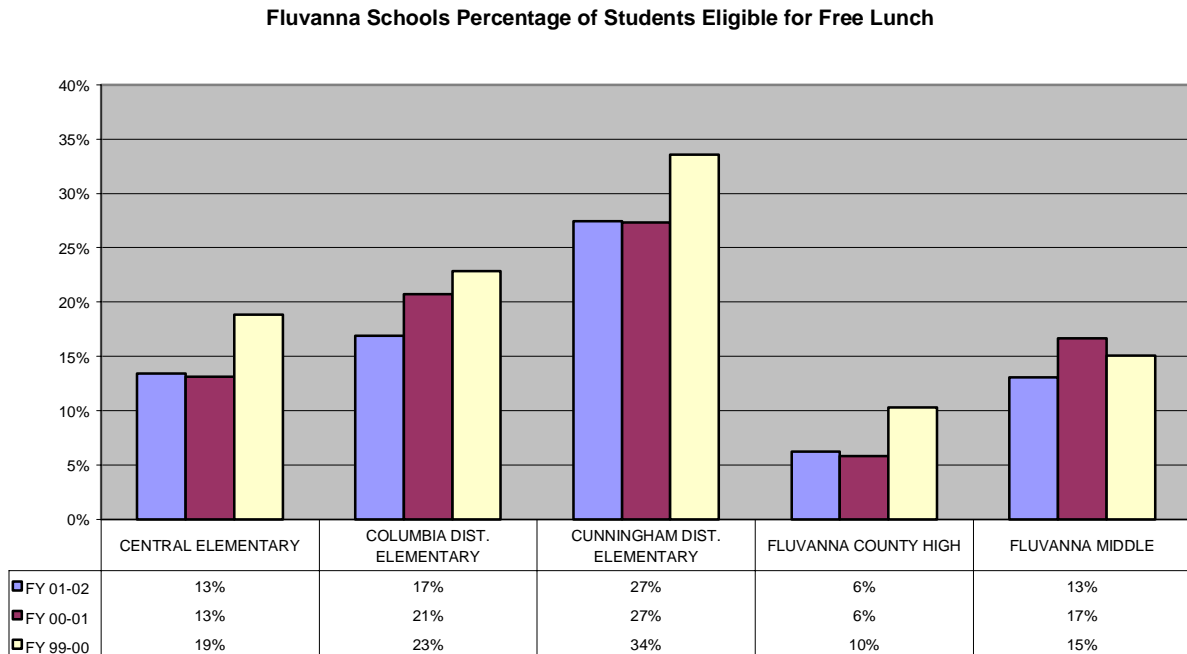
The Fluvanna Head Start Center is located across from Central Elementary School. The Fluvanna Title I preschool program for at-risk 4 year olds is located at Cunningham Elementary School. There is no VPI 4 year old program in Fluvanna.

Figure 46 - Fluvanna Schools Number of Students Eligible for Free Lunch



Source - Virginia Department of Education

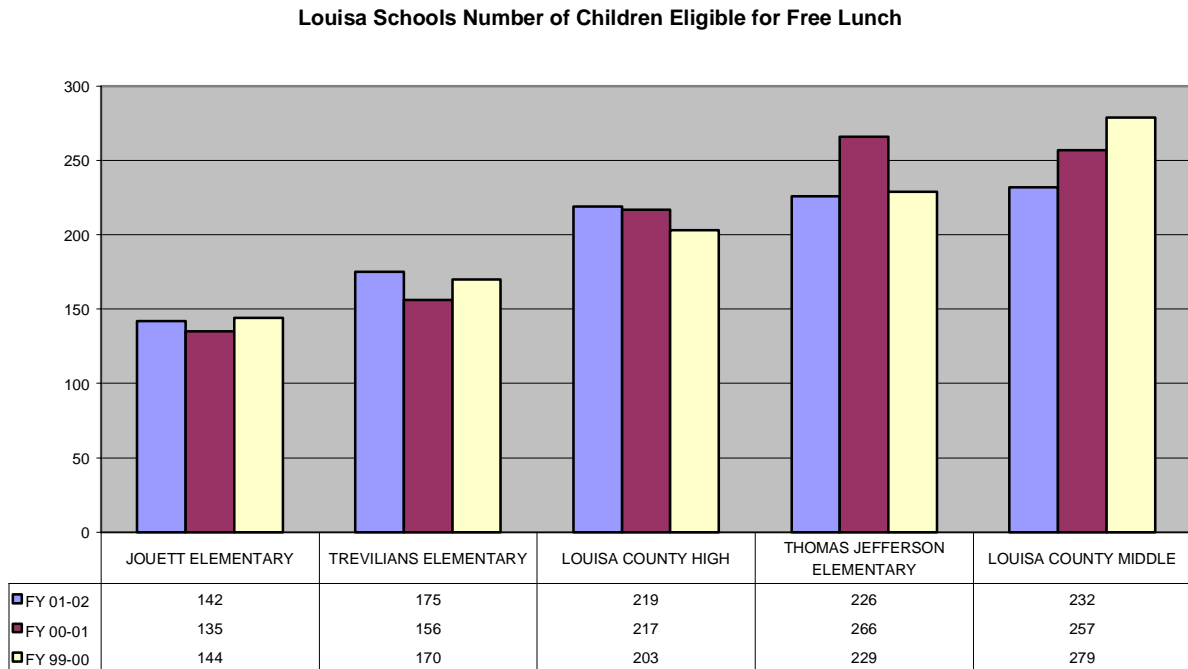
Figure 47 – Fluvanna Schools Percentage of Students Eligible for Free Lunch



Source - Virginia Department of Education

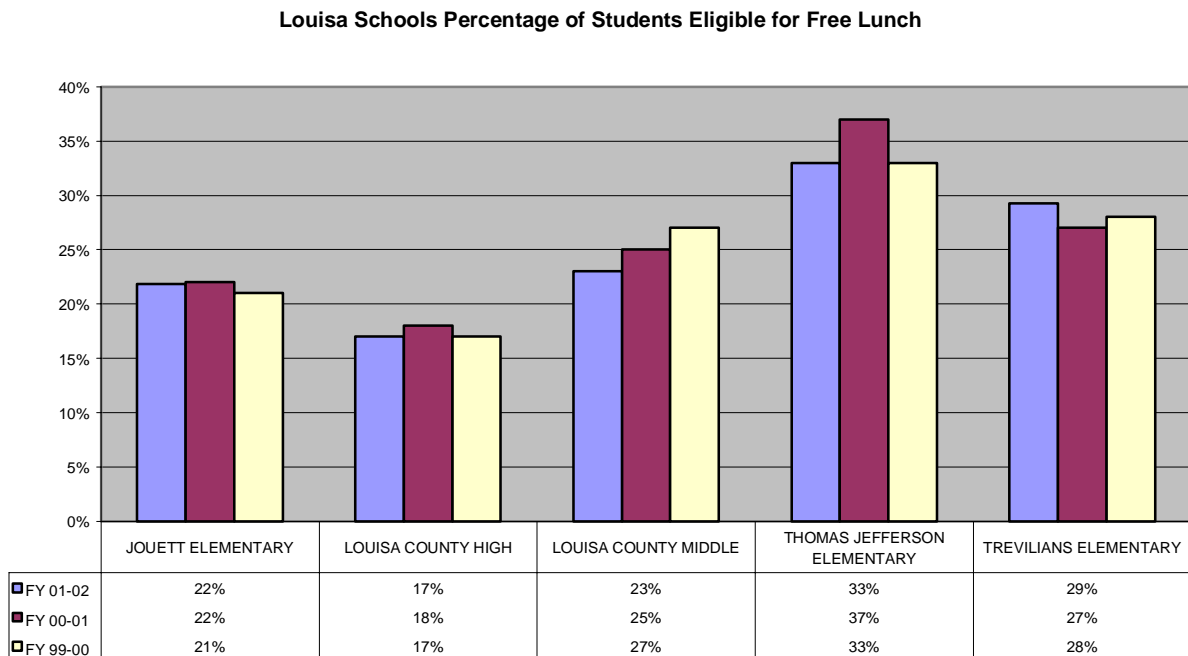
The Louisa Head Start center is centrally located in the county, and serves children from all elementary school catchment areas. The Louisa VPI program for at-risk 4 year olds is located in each of the three county elementary schools.

Figure 48 – Louisa Schools Number of Children Eligible for Free Lunch



Source - Virginia Department of Education

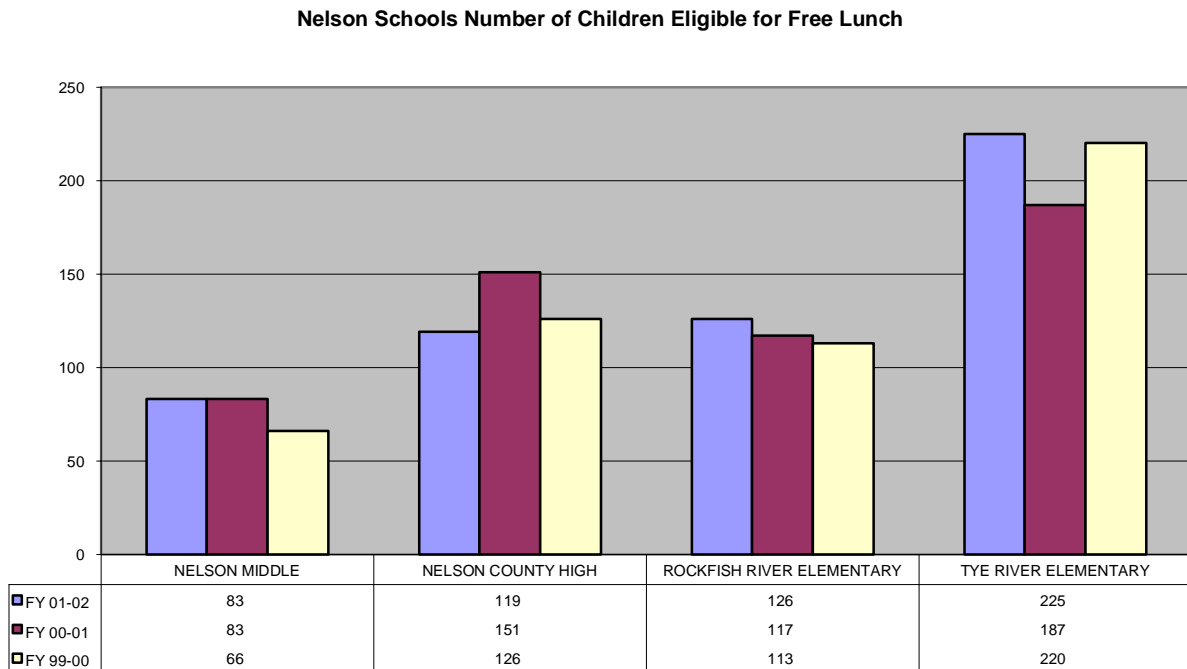
Figure 49 – Louisa Schools Percentage of Students Eligible for Free Lunch



Source - Virginia Department of Education

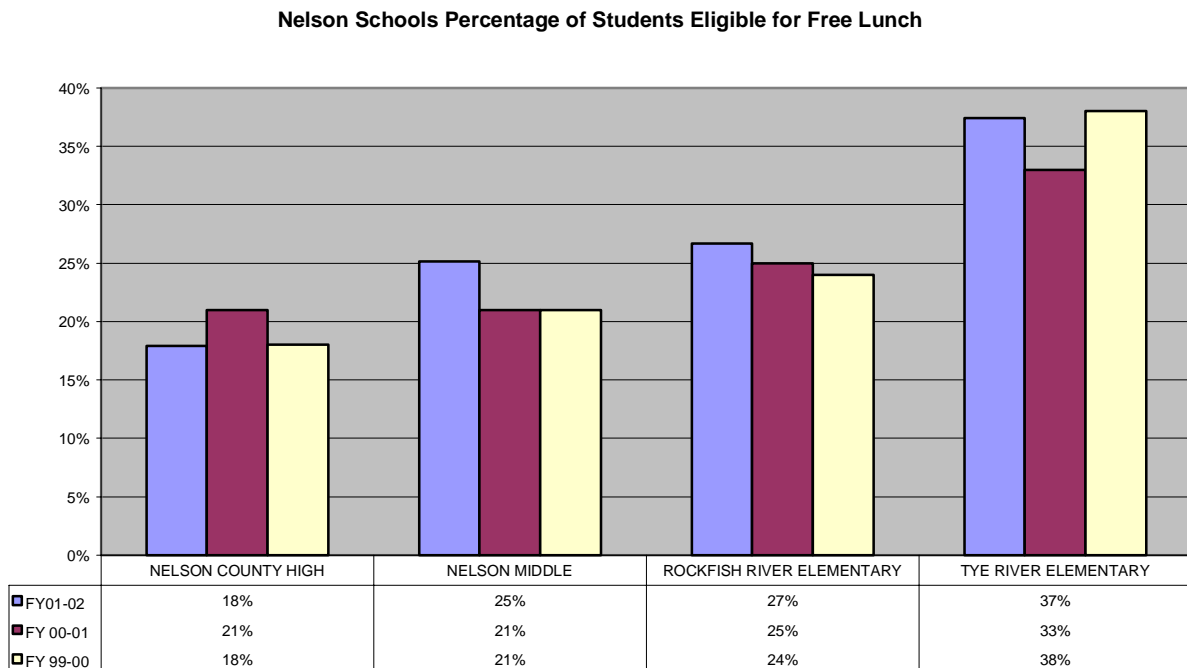
One Nelson Head Start center is located in each of the two county elementary schools. An additional 6 Head Start children are served in the Nelson County Child Care Center in Lovingson, in the Tye River Elementary catchment area. There is no VPI program in Nelson County. The Title I program serves 27 preschool children on a part-time, itinerant basis.

Figure 50 - Nelson County Number of Students Eligible for Free Lunch



Source - Virginia Department of Education

Figure 51 – Nelson County Percentage of Students Eligible for Free Lunch



Source - Virginia Department of Education

Local Early Childhood Programs

Table 8 - Survey of Local Child Care Programs

Center Name	Slots	Infants	Toddlers	2s	3s	4-5s	K in fall	Wait List	Comments
ABC Preschool	87	12	10	25	20	24	12	50	Waiting: 15 infants, 15 toddlers, 4 two's, 12 three's
Barrett Day Care Center	48	0	0	1	15	32	6		
Bright Beginnings Preschool and Kindergarten - Earlysville	29	0	0	2	14	13	10		
Bright Beginnings Preschool - Crozet	43	9	5	9	10	10	10		Has openings
Bright Beginnings Preschool - Forest Lakes	105	0	8	18	22	57			
Bright Beginnings Preschool - South at Mill Creek	64	16	20	10	10	8	8		
Building Blocks Learning Centers, Palmyra	49	3	2	7	9	28	14	62	Waiting list for all ages
Canterbury Preschool	36	0	0	0	12	24	12	0	
Chancellor Street Preschool Cooperative	24	0	0	0	12	12	6	0	
Charlottesville Seventh Day Adventist	60	8	8	12	12	20	20	115	
Children's Montessori School	24	0	0	0	10	10	10		
Christian Preschool Adventure	54	0	0	14	14	26	26	3	
Crossroads Waldorf - Charlottesville and Crozet	86	0	0	0	26	60	30		
First Baptist Early Childhood Development Center	145	0	0	26	39	108	28		Not full time
First United Methodist Preschool	38	0	0	10	14	14	14	Yes	
Fluvanna Baptist Day Care Center	27	2	5	2	12	6	6	Yes	
Foundations Child Development Center	54	4	20*		10	20	20	20	* Two's and three's together
Frances Walton Preschool									Half day - nine months

Greene County Child Care Center	52	0	0	8	20	24	24	10	10 preschool waiting
Highland Nursery School									Half day
Hilltop Day Care Center	31	6	8	8	4	5	5	15	10 to 12 waiting list are infants
Kinder Care Learning Center	85	10	10	25	20	20	20		
Malcolm W. Cole Child Care Center - Uva employees, students only	110	15	15	16	31	31	31	130	Waiting - 60 infants, 50 toddlers, 20 two's
Millstone of Ivy Preschool and Day Care									
Molly Michie Coop Preschool									Half day
Montessori Community School	50	0	0	0	23	27	27	Yes	
Montessori School of Charlottesville									
Nelson County Child Care Center	26	0	0	0	10	16	7	Yes	
North Branch School Afton									
Northside Christian Preschool Profit Road	76	8	8	20	20	20	20	12	12 babies
Old Dominion Day School	76	8	10	10	22	26	12	10 to 12	
Pantops Child Care Center	86	12	10	25	19	20	20	15	15 Babies
Paran United Methodist Preschool Coop.									Half day
Park Street Christian Preschool									
Piedmont YMCA Child Care Center	63	0	0	14	19	30	18	Yes	
St. Anne's-Belfield School	60 pre-school	0	0	0	34	26	26		Half day
St. John Preschool - Crozet									Half day
St. Marks Preschool									Half day
Trinity Episcopal Child Care	24	0	0	2	6	16	9		Has openings
University Montessori School	44	0	0	0	22	22	22	Yes	Both part time and all day
Wesley Community Child Care Center	40	8	8	12*		12			Wait list - 3s and 4s
Westminster Child Care									

Center									
Woodlands Child Care	88	8	12	18	20	30	12	Yes	
TOTAL ENROLLMENT*:	1869	129	146	294	531	773	n/a		Waiting: 112 infants, 75 toddlers

Source – League of Women Voters of Charlottesville and Albemarle County; Women’s Issues Committee (Telephone survey conducted in 2001)

*Does not necessarily reflect an unduplicated count.

Table 9 - Voluntary Registered Homes

Locality	Number of Voluntary Registered Family Day Care Homes	Number of children potentially served in Voluntary Registered Family Day Care Homes (Maximum per home is 5)
Albemarle	18	90
Charlottesville	42	210
Fluvanna	5	25
Louisa	7	35
Nelson	3	15
	75	375

Source – Children Youth and Family Services, Spring 2001

Limited English Proficiency

The number of students entering our public school systems who have limited English proficiency has grown exponentially over the last 9 years. Charlottesville has had an increase of 412%, Albemarle County has increased by 217%, and Nelson County has increased by just 5%.; Fluvanna and Louisa have only 2 and 1 student(s) respectively. Although the data does not differentiate between languages spoken by these students, demographic data shows a marked increase in the Hispanic population.

Table 10 - Limited English Proficiency

Locality	2001	2000	1999	1998	1997	1996	1995	1994	1993	1992	1992 to 2001 Variance	Percentage of Growth
ALBEMARLE	609	514	458	370	151	143	129	129	199	192	417	217%
FLUVANNA	2	0	0	0	1	0	0	0	1	0	2	200%
LOUISA	1	0	0	0	8	2	3	2	1	0	1	100%
NELSON	43	33	26	28	29	65	71	67	38	41	2	5%
CHARLOTTESVILLE	128	96	75	50	44	39	48	45	22	25	103	412%

Source - Virginia Department of Education

Fall Membership Projections

The Virginia Department of Education publishes a table of membership projections by school grade and school year. Using 2003-2004 and 2004-2005 Kindergarten membership projections it can be projected that those children will be three and four years old during the 2002-2003 school year; this data, coupled with local poverty rates can be used to estimate the number of children who would be potentially eligible for Head Start during our next academic year.

Albemarle County projects a Kindergarten membership of 959 for year 2003-2004 and 1,039 students for year 2004-2005, using published poverty data of 12.3% for children under 18, it can be extrapolated that **approximately 246 children will be income eligible for Head Start in 2002-2003.**

School	Year	Kindergarten	First	Second	Third	Fourth	Fifth	Sixth	Seventh	Eighth	Ninth	Tenth	Eleventh	Twelfth	Ungraded	Total Membership
Albemarle	2002-03	930	833	900	924	932	930	1,012	1,003	988	1,038	1,063	928	841	9	12,332
Albemarle	2003-04	959	973	854	897	916	912	932	1,040	1,015	1,109	1,000	981	875	9	12,471
Albemarle	2004-05	1,039	1,003	997	851	889	896	913	958	1,051	1,138	1,068	923	924	9	12,661
Albemarle	2005-06	1,072	1,087	1,029	993	843	869	898	939	969	1,179	1,096	985	869	10	12,838
Albemarle	2006-07	1,064	1,121	1,115	1,025	985	824	871	922	949	1,087	1,136	1,011	928	10	13,048

The **City of Charlottesville** projects a Kindergarten membership of 337 for year 2003-2004 and 350 students for year 2004-2005, using published poverty data of 19.2% for children under 18, it can be extrapolated that **approximately 132 children will be income eligible for Head Start in 2002-2003.**

School	Year	Kindergarten	First	Second	Third	Fourth	Fifth	Sixth	Seventh	Eighth	Ninth	Tenth	Eleventh	Twelfth	Ungraded	Total Membership
Charlottesville City	2002-03	349	369	349	335	348	316	293	314	326	336	338	219	226	119	4,239
Charlottesville City	2003-04	337	363	347	334	323	324	307	293	289	352	318	296	200	117	4,200
Charlottesville City	2004-05	350	351	341	331	322	301	314	307	270	311	333	278	270	117	4,196
Charlottesville City	2005-06	394	364	329	326	319	299	292	314	283	291	295	291	254	117	4,167
Charlottesville City	2006-07	391	409	342	315	314	297	290	291	289	304	275	258	266	116	4,158

Fluvanna County projects a Kindergarten membership of 229 for year 2003-2004 and 249 students for year 2004-2005, using published poverty data of 9.7% for children under 18, it can be extrapolated that **approximately 46 children will be income eligible for Head Start in 2002-2003.**

School	Year	Kindergarten	First	Second	Third	Fourth	Fifth	Sixth	Seventh	Eighth	Ninth	Tenth	Eleventh	Twelfth	Ungraded	Total Membership
Fluvanna	2002-03	292	211	278	243	258	270	261	280	257	238	242	232	226	1	3,290
Fluvanna	2003-04	229	301	220	298	246	268	273	266	285	268	244	236	225	1	3,360
Fluvanna	2004-05	249	237	314	236	302	255	271	278	271	297	274	238	228	1	3,450
Fluvanna	2005-06	249	256	246	336	239	313	258	276	283	282	304	267	231	1	3,542
Fluvanna	2006-07	249	256	267	264	340	248	317	263	281	295	289	297	259	1	3,625

Louisa County projects a Kindergarten membership of 291 for year 2003-2004 and 297 students for year 2004-2005, using published poverty data of 13.8% for children under 18, it can be extrapolated that **approximately 81 children will be income eligible for Head Start in 2002-2003.**

School	Year	Kindergarten	First	Second	Third	Fourth	Fifth	Sixth	Seventh	Eighth	Ninth	Tenth	Eleventh	Twelfth	Ungraded	Total Membership
Louisa	2002-03	271	257	317	322	333	331	360	347	324	366	324	298	273	0	4,123
Louisa	2003-04	291	281	266	319	321	342	350	365	348	352	319	281	272	0	4,105
Louisa	2004-05	297	302	290	267	318	329	361	354	366	377	306	277	257	0	4,101
Louisa	2005-06	313	308	312	292	266	326	347	366	355	397	329	266	252	0	4,129
Louisa	2006-07	311	324	318	313	291	273	344	352	367	386	346	285	243	0	4,153

Nelson County projects a Kindergarten membership of 185 for year 2003-2004 and 164 students for year 2004-2005, using published poverty data of 15.6% for children under 18, it can be extrapolated that **approximately 55 children will be income eligible for Head Start in 2002-2003.**

	School															Total
	Year	Kindergarten	First	Second	Third	Fourth	Fifth	Sixth	Seventh	Eighth	Ninth	Tenth	Eleventh	Twelfth	Ungraded	Membership
Nelson	2002-03	184	147	143	152	135	163	164	171	180	174	160	146	158	8	2,084
Nelson	2003-04	185	185	150	151	157	136	157	176	167	214	162	122	152	8	2,124
Nelson	2004-05	164	186	189	159	156	160	131	169	172	199	199	124	127	9	2,144
Nelson	2005-06	162	165	191	200	164	159	154	141	165	204	185	152	129	9	2,179
Nelson	2006-07	161	163	168	201	207	166	153	165	138	196	191	142	158	9	2,218

Source – Virginia Department of Education

Income eligibility for Head Start is 100% of federal poverty level. Actual income of children served by Head Start may vary for the following reasons:

1. 10% may be over income.
2. Additional factors such as SSI, foster care, and receipt of TANF benefits may make an otherwise over-income family eligible.
3. Income eligibility is determined only at the time of first enrollment; a family does not become ineligible for Head Start in their 2nd year if the family income changes.

Available poverty rate data for each locality is based on all children under the age of 18; however, (it is documented) that poverty rates are generally higher for families with children under 5, thus the actual numbers of children income eligible for Head Start in each locality may be higher.

Table 11 – Head Start Estimate of Potentially Eligible Children for 2002-2003

Louisa	81	8	89	27	48	75	14
Nelson	55	6	61	43	27	70	-9
Total	560	57	617	242	317	559	58

* Includes turnover of 28 children (most turnover occurred in City Centers)

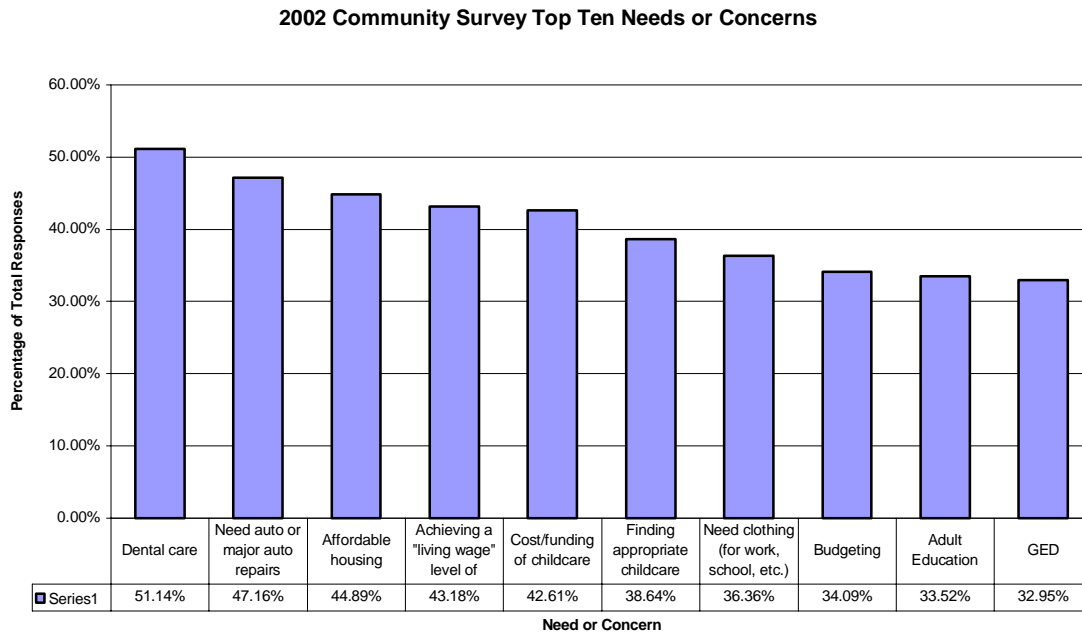
**VPI and Title I programs serve at-risk 4 year old children who may or may not be income eligible for Head Start. Thus the population of potentially unserved Head Start Children may be underestimated.

Source – Local VPI and Title I Coordinators; MACAA Head Start

Based on available data and taking into account eligibility differences, it appears that the largest numbers of potentially unserved Head Start eligible children reside in Albemarle County. This is consistent with data showing a 382% increase in rental units in Albemarle County since 1960 (see Table 6, pg. 29). Anecdotal data also suggests an increase in low-income rental units along the Rt. 29 North corridor (see p. 46, Community Partnership Meetings).

MACAA's 2002 Community Survey – Top ten needs or concerns.

Figure 52 - MACAA 2002 Client Needs Assessment



Source - MACAA Planner

All current (2001-2002) Head Start enrolled and wait-listed families were invited to participate in the client survey. The identification of dental care as a top priority need for this population is consistent with recent Head Start PIR's (Program Information Reports), as well as observations of professionals serving on the Head Start Health Services Advisory Committee.

42% of respondents identified the cost and funding of appropriate childcare as a major concern, which supports Head Start's efforts to develop childcare partnerships.

Unmet Needs for Head Start Eligible Families

The region served by the Monticello Area Community Action Agency is rich in community resources, as shown by the Commission on Children and Families' Guide to Youth Services. However, transportation to reach the services (which are mostly located in urban areas of Charlottesville and Albemarle) is identified as a serious concern for many residents of rural counties (especially Nelson and Louisa).

In addition, many sources identify access to dental care for low-income families as a problem. Several local coalitions, including the Head Start Health Advisory Committee, are working to address this issue.

Waiting lists for local child care centers indicate that access to child care, particularly for infants and toddlers is an issue for families at all income levels in the region.

Availability of affordable housing is a major concern in the region, as identified both in the MACAA Client Survey and in data provided by the National Low Income Housing Coalition. The hourly wage needed to afford Fair Market Rent for a three bedroom apartment ranges from 223% of minimum wage (Nelson County) up to 336% of minimum wage (Albemarle, Fluvanna, and Charlottesville), MACAA housing counselors and Head Start family service workers are active with local organizations to deal with this problem; however, the shortage of landlords who accept Section 8 rent subsidies is a problem that needs to be addressed by the community as a whole.

Community Resources

The Albemarle, Charlottesville, Fluvanna, Louisa and Nelson communities offer a wealth of youth services. The area's Commission on Children and Families publishes a guide, which includes information on over 400 programs that provide social, health or other community services to children and their families of our area. The Guide to Youth Services Table of Contents and Subject Index are attached to this publication.

Summary of Major Issues and Proposed Goals

The MACAA Head Start Management Team engaged in a planning process in June 2002 to 1) review and analyze internal and external program data, 2) identify major trends, issues and concerns in the program and the service area, and 3) to propose short- and long-term goals for the MACAA Head Start program to address the trends, issues and concerns.

The main source of external information was the draft 2002 Community Assessment, which included census, school and health department data, a MACAA client survey, community child care surveys, and notes from professionals attending Community Partnership Meetings in each of the jurisdictions served by MACAA Head Start (City of Charlottesville, Albemarle, Fluvanna, Louisa, and Nelson Counties).

Sources of internal information included the 2002 Program Self-Assessment, the 2000-2001 PIR, current information in Child Plus on client enrollment and demographics, and the results of a planning exercise conducted at a Head Start full-staff meeting on April 19 in which all staff indicated where they would like to see the program in 1 year, 3 years, and 5 years. Program goals and objectives based on internal data are presented in the Head Start 2003-2004 grant application. The following proposed community level goals are based on external community assessment data.

ST= Short term (1 year or less)
LT= Long term (2-3 years)
Ongoing= Already involved in area, will continue efforts

Major Issue: High rates of unwed mothers/single parents in Albemarle, Charlottesville and Louisa.

Goal: Offer more education and support programming for single parents and encourage father involvement (ST, LT, ongoing)

- Major Issue:** Child care waiting lists and MACAA client surveys indicate that availability and affordability of child care is an issue throughout the region, especially for younger ages (infants and toddlers)
- Goal:** Explore program options and partnerships in the community to address child care affordability, availability, quality, and hours (ST, LT, ongoing)
- Major Issue:** Nelson County has high rates of poverty, esp. in the southeastern part of the county, which may be partly attributable to high rates of adults who have less than a high school education
- Goal:** Work to promote the availability of adult education and GED classes in the service area, and particularly in Nelson County (ST)
- Major Issue:** Families in rural counties (esp. Louisa and Nelson) often have to travel long distances to services.
- Goal:** Explore the feasibility of family day care program options or home-base option with evening/weekend hours (LT, 2-3 years)
- Major Issue:** Current Head Start center locations in some rural counties (esp. Louisa, SW Albemarle) may not be near the areas of greatest need, resulting in long bus rides for many children.
- Goal:** Locate a center in Louisa closer to areas where there are concentrations of low-income families; explore location of center in Red Hill area of Albemarle (LT, 2-3 years)
- Major Issue:** Population of low-income Hispanic families is growing rapidly in Albemarle and Charlottesville in the last 10 years, and is also significant in Nelson County
- Goal:** Enhance services for Spanish-speaking families in the Head Start program (ST and LT)
- Major Issue:** Growth of potentially Head Start-eligible population in urban parts of Albemarle County (particularly along 29 North corridor); number of rental units in the county has more than doubled in last 10 years. Many children currently served in Park Street (city) Head Start centers actually reside in this area of Albemarle.
- Goal:** Consider locating a Head Start center in urban portion of Albemarle, esp. north of city, in coordination with Bright Stars program (LT, 2 years)
- Major Issue:** Community Assessment and client surveys indicate affordable housing is a major problem for low-income families in our service area.
- Goal:** Offer education, support and referrals to Head Start eligible families with housing issues (Ongoing)
- Major Issue:** Population data shows a 18.9% decline in the number of children under 5 in Charlottesville since 1990; Nelson County shows declining birth rate and population under 5; however, school enrollment projections do not show declines. Fluvanna County shows rapid population growth (including children), but growth appears to be at higher income levels. Population data and projections are conflicting in these areas.
- Goal:** Closely monitor patterns of population growth and decline, particularly in Charlottesville, Nelson and Fluvanna (ST)
- Consider relocating centers and/or serving more 3 year olds in these areas as population shifts warrant (LT)

- Major Issue:** New Head Start Transportation Regulations regarding monitors and child restraints go into effect in next year, but insufficient funds are available to implement fully if Head Start programs cannot use school transportation
- Goal:** Continue to work with school systems and Head Start collaborative efforts at the state and national level; develop contingency plans (ST)
- Major Issue:** Head Start class sizes are too large (17-20 children)
- Goal:** Identify resources (staff, sites, funds) to allow a maximum class size of 16 in Head Start classrooms, to correspond to state preschool initiative guidelines (LT)
- Major Issue:** Salary scales in Head Start are low compared to school systems.
- Goal:** Explore resources to increase salaries to comparability with school system.
- Major Issue:** Staff feel unequipped to communicate with the increasing numbers of non-English-speaking children and families in their classrooms and case loads.
- Goal:** Provide more support through in-service training and/or classes for staff who wish to learn conversational Spanish (ST).
- Major Issue:** Three Head Start classrooms continue to be “free-standing” centers (not connected to a school child care center, or the central office). Widely dispersed centers pose problems for supervisory staff in supporting and monitoring centers.
- Goal:** Explore relationships with schools, and develop more formal relationships with all school systems, with a Memorandum of Understanding in each jurisdiction that addresses shared space issues (ST).
- Major Issue:** MACAA Client surveys and internal program data indicate that the availability of dental services for low-income children is a problem in our region. There are few pediatric dentists in the area, and most do not accept Medicaid patients.
- Goal:** Earmark some Head Start Quality Improvement funds to pay for dental services in cases where all other resources have been exhausted (ST)
- Increase the availability of pediatric dental services in the area through collaborative efforts with the Health Advisory Committee and other community partners (ST, LT, and ongoing)

Map showing HS Offices, Center Locations and Recruitment Areas.



Source: Thomas Jefferson Planning District Commission

COMMUNITY ASSESSMENT PROCESS

The Community Assessment Process – Role of Parents, Staff, Policy Council, and Governing Board

- Established Planning Team (Head Start management staff, grantee planner, grantee board members, policy council members, grantee Executive Director).
- Established and approved procedure for program planning.
- Identified data to collect for Community Assessment.
 - Type of data
 - Source of data
 - Techniques
- Developed action plan to collect data.
 - Critical tasks
 - Individuals
 - Dates
- Collected information for Community Assessment.
 - Assembled all internal and external data
 - Categorized data
 - Developed visuals (charts, tables, graphs) to display data
- Completed Community Assessment report.
 - Analyzed and identified trends
 - Identified major issues
- Established goals and objectives.
 - Established goals and objectives to address major issues

Head Start Policy Council Approval on July 23, 2002

MACAA Board Approval on July 30, 2002

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APPENDIX 1 –
***GUIDE TO YOUTH SERVICES FOR THE
CHARLOTTESVILLE/ALBEMARLE COMMUNITY***