New River Community Action

Low-Income Community Needs Assessment 2021

Accepted by NRCA's Board of Directors on 7/15/2021

Contents

Introduction

As a community action agency, New River Community Action is required to complete a needs assessment every three years. The goals of NRCA's Low Income Community Needs Assessment (LICNA) are to fulfill the requirements of the Community Services Block Grant and Head Start grant, and to identify key findings related to poverty in the NRV that can be used by NRCA and other community partners in program planning. The needs assessment should serve as a basis for NRCA strategic planning and provide guidance related to existing resources and gaps.

Acknowledgements

This report would not be possible without NRCA's clients, the Board of Directors, the LICNA Taskforce, and NRCA's partners, all of whom donated their time and expertise to the project. A special thanks to the LICNA Taskforce for guiding and supporting the LICNA through the chaos and uncertainty of the pandemic, finding ways to be flexible without compromising on quality.

Methodology

NRCA's senior leadership recommended members for a Taskforce to oversee the LICNA process. Members were chosen from NRCA staff, the Board of Directors, as well as community leaders familiar with the needs of the low-income community. The Program Planning and Evaluation (PPE) Committee, a sub-committee of NRCA's Board, approved the membership of the Taskforce.

The Taskforce began meeting in December 2019 and was charged initially with focusing the scope of the assessment and approving a plan for completing the work. The group reviewed data throughout the process to ensure comprehensiveness and relevance. The group participated in a focus group, prioritized the LICNA focus areas, and reviewed the final report for usefulness to the agency and the community. Taskforce members include:
- Andi Golusky – NRV CARES Executive Director,
- Larry Lindsey – Montgomery County DSS Director (retired mid-way through LICNA process),
- John McEnhill – NRCA Board,
- Aline Brinckman – NRCA Board,
- Casey Edmonds – Homeless and Housing Coordinator,
- Nikki Powell – VA CARES Employment Specialist, and
- Leah Hill – NRCA Head Start ERSEA Specialist.

The PPE Committee received Taskforce progress updates at each monthly meeting and provided guidance as needed. The Committee reviewed and provided feedback on the top needs. The Board participated in a focus group and reviewed and approved the final LICNA report.

Marsha Underwood, Planning Specialist, acted as the initial staff lead for the assessment until leaving NRCA in July 2020. Beginning in September 2020, the new Planning Specialist, Molly Buckwalter Fairfield, took over responsibility for the LICNA. Additional staff support was provided by:
- Terry Smusz – CEO,
- Sheila West – Executive Assistant/Communications Specialist,
- Sheryl Helm – Director of Early Childhood and Family Services,
- Jonathan Penn – Community Services Director,
- Kathy Sowder – Program Support/Data Management Technician, and
- Ann Akers – Program Support Technician.

Grace Stewart, Radford University intern, conducted valuable data research and documentation as well.

The LICNA is based on an extensive review of qualitative and quantitative data. Quantitative data included relevant statistics from government or other public research sources, online surveys conducted by NRCA, and NRCA client data,

customer satisfaction surveys, and services reports. Qualitative data came from online surveys conducted by NRCA, focus groups with NRCA staff and partners, and interviews with key community experts.

Eight domains were identified as the structure for analyzing assessment data. For the purpose of the LICNA, a domain is defined as an impact area that affects the needs and capabilities of the low-income community. The eight domains include:

- Housing
- Transportation
- Income
- Health and Mental Health
- Employment
- Infrastructure
- Education
- Nutrition

Following these domains is an additional section with Head Start-specific needs and data to fulfill the requirements of the Head Start Program Performance Standards (HSPPS). Please see Head Start.

External Threats to the Validity of the LICNA: COVID-19 Pandemic

The widespread economic and social change that resulted from the COVID-19 pandemic posed a threat to the validity of the needs assessment, affecting the research methodology and casting doubt on the validity of data. The NRCA Planning Specialist began the planning phase of the LICNA in August 2019. In March 2020, following a state-wide stay at home order, NRCA closed its offices to employees and the public. The LICNA timeline was put on hold for three months (March to May 2020) as the agency focused on continuing operations with a work-from-home program model.

The original research design included in-person focus groups. As a result of the pandemic, all focus groups were held virtually over Zoom. While this format largely worked for board, partner and staff focus groups, it was not effective at reaching the low-income community. No NRCA clients attended the virtual focus groups scheduled.

The rapidly changing economic and social change posed a threat to the validity of data gathered. New community realities and needs developed rapidly, possibly invalidating or altering pre-pandemic needs. Likewise, resources quickly came into effect following congressional action, making it a challenge to track the availability of resources and service gaps.

The Planning Specialist took steps to minimize this threat to the validity of the LICNA. The most up to date data was included whenever possible. Focus group questioning included two parts: baseline needs present before the pandemic, and new or increased needs due to the pandemic. Despite these efforts, the LICNA should be considered in view of these extenuating circumstances.

Focus Groups and Expert Interviews

The Planning Specialist conducted the focus groups and interviews. Two focus groups were held in person in February 2020 prior to the COVID-19 lockdown. The remainder of the focus groups were held virtually beginning in June 2020. NRCA leaders and the LICNA Taskforce identified and helped connect to community groups that could provide valuable insight. Interviews and focus groups ranged from 30 minutes to one hour depending on the number of individuals in the group and the breadth of comments. The Planning Specialist facilitated discussions and took notes. See Appendix B.1 Focus Group and Expert Interview Summaries for a full list of focus groups and interviews conducted and for a summary of content.

In total 41 interviews and focus groups were conducted including 255 participants. Groups included the Board of Directors, LICNA Taskforce, NRCA staff, domestic violence coalitions, mental health coalitions, the NRV Housing

Partnership, the THRIVE food access network, and many other community partnerships and partners. NRCA was unable to conduct virtual focus groups with clients due to client barriers to participation.

Surveys

Four survey tools were developed targeting NRCA clients, NRV residents, NRV partners, and NRCA staff. The surveys were open to input from June through July of 2020. The surveys were created in SurveyMonkey and links were shared via email and social media. All clients who received a service from NRCA from July 1, 2019 through March 31, 2020 were contacted via email. An incentive of a $50 food gift card was drawn at random and awarded to nine survey respondents. The Southwest Times picked up the community assessment story from NRCA's social media and shared the survey link in an article on July 6, 2020. Please see B.2 Survey Tools for the survey tools used.

Client Survey

44 clients participated in the online survey, with most respondents having found out about the survey from NRCA's social media page. Clients lived predominantly in Montgomery County, but all regions were represented. Clients worked primarily in Montgomery County. At least one respondent reported working in each Floyd, Giles, and Pulaski, and no respondents reported working in Radford. See B.3.1 Client Survey Results Summary for detailed results.

Resident Survey

46 residents of the NRV responded to the survey, the majority having heard of the survey via NRCA social media. Respondents lived in all jurisdictions in the NRV, with a slight majority residing in Radford. Most respondents worked in Montgomery County, although all other regions were represented except for Giles. See B.3.2 Resident Survey Results Summary for detailed results.

Provider/Staff Survey

53 total respondents completed the survey. Of these, 20 responses came from NRCA staff and 33 from community partners. Most respondents found out about the survey from an NRCA email. Partners represented a broad range of domains and concerns including food pantries, early childhood education, health, mental health, social services, judiciary, economic development, disability, employment, public schools, and higher education. Respondents represented all five jurisdictions of the NRV with the majority from Giles County. See B.3.3 Provider Survey Results Summary for detailed results.

THRIVE Food Access Survey

In March and April of 2021, partners in the THRIVE coalition, a group of agencies and other partners working to alleviate food insecurity in the NRV, were asked to participate in a food access survey to measure the amount of food assistance collectively distributed in the NRV in 2020. 19 agencies responded with data on the amount of food assistance provided. Please see B.3.4 THRIVE Food Access Survey Results Summary for detailed results.

Data Analysis Process

The Planning Specialist reviewed and summarized the primary data as it was being gathered. Data summaries were then aggregated into high level summaries which categorized data by domain, specific need, jurisdiction(s) affected, intersections with other domains, COVID impact, and resource availability. Secondary data was used to corroborate the primary data, and if discrepancies wee found, as a basis for additional inquiry. The high-level summaries were then used by the Taskforce to prioritize the top needs or focus areas.

Priorities and Root Cause Identification

The Taskforce prioritized the top needs using a decision matrix tool. The high-level summaries which detailed every need and resource identified in the surveys, focus groups, and interviews were scored according to the criteria below. Needs with the highest scores were discussed and evaluated by the Taskforce until consensus was achieved. Top-scoring needs that made it through the discussion phase were then adopted as prioritized community needs.

CRITERIA						
Severity of Problem (# of times referenced in primary data)	Effect on other systems (# of times linked to other domains in primary data)	Easy to solve / resources available	Unmet need or service gap	NRCA Expertise	Jurisdictional Impact (scoring 1-5 based on prevalence across service area)	COVID Impact (# of times referenced in primary data as having COVID impact)

The Planning Specialist shared the priorities and root causes with the Task Force and NRCA's senior management for review and input. The Planning Specialist presented the prioritized needs and roots causes to the Program Planning and Evaluation Committee of the Board. The Committee reviewed the top needs and gave input on necessary revisions before the LICNA was taken to the Board for approval.

New River Community Action (NRCA) Overview

Established in 1965, the mission of NRCA is to promote and support the well-being and self-reliance of individuals, families, and communities in the New River Valley. A proponent of self-sufficiency, NRCA offers "A Hand Up, Not a Hand Out" to local families in need. NRCA strives to achieve its purpose through community organization and empowerment, helping local communities to recognize and alleviate their own poverty conditions.

Service Area

NRCA provides services to low-income clients in the counties of Floyd, Giles, Montgomery, and Pulaski, and the city of Radford. Emergency Assistance offices are located in the towns of Floyd (Floyd County), Pearisburg (Giles County), Christiansburg (Montgomery County), Pulaski (Pulaski County) and Radford City. Food pantries, utility and rent assistance and housing counseling is offered at each site. Emergency Assistance staff make referrals to other NRCA programs and partner with local partners to meet the needs of clients. Other programs are centrally located but travel to serve all jurisdictions. CHIP offices are located in Christiansburg (Montgomery) and the town of Floyd. VITA, To Our House, and VA CARES are located in Christiansburg (Montgomery). Homeless and Housing programs including Rapid Rehousing and Homeless Prevention, are located in Radford.
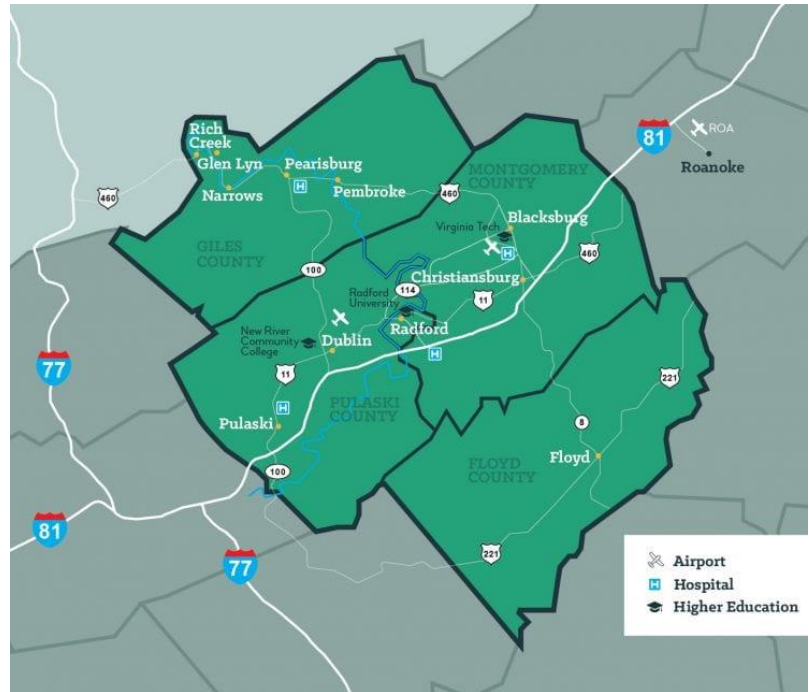
Figure 1 New River Valley Map (Onward New River Valley, n.d.)

Programs and Services

NRCA works with more than 2,000 local volunteers to offer a variety of programs to improve the lives of over 9,000 people each year. NRCA's clients include the homeless, ex-offenders, the disabled, and struggling families. Some services address basic needs such as food, shelter, and employment. Comprehensive early childhood programs promote school readiness, healthy families, and effective parenting. NRCA programs include:

- Head Start – early childhood education, health, and family support,
- Children's Health Improvement Partnership (CHIP) – early childhood health, family education and support,
- Whole Family – wrap-around support and coaching for struggling families,
- Homeless and Housing Programs – Rapid Re-housing, Homeless Prevention, Housing Counseling, and Renter Education workshops,
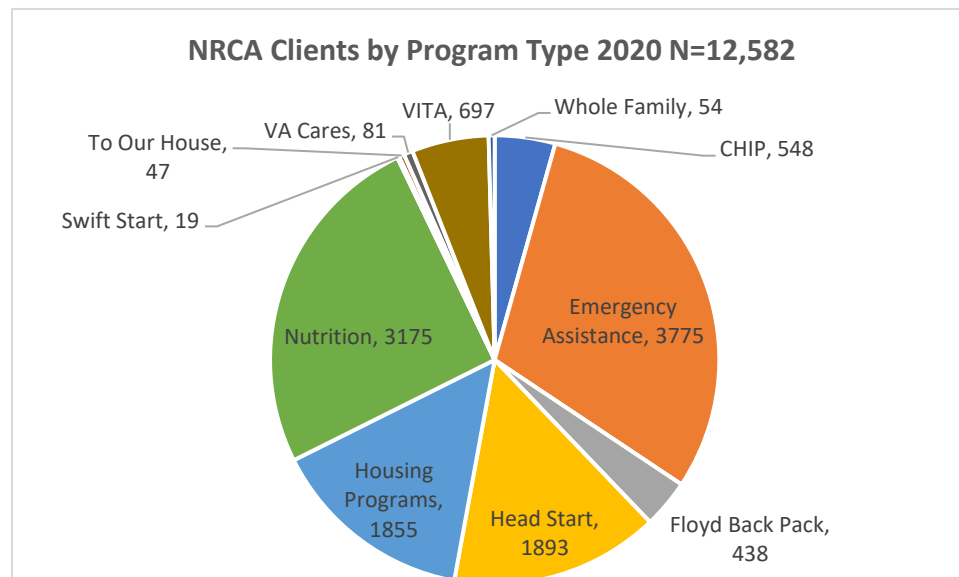
Figure 2 NRCA Clients by Program Type 2020 – not de-duplicated between programs (NRCA Database)

- Virginia CARES – re-entry support for ex-offenders,
- Emergency Assistance and Food Pantries – emergency food and financial assistance,
- Volunteer Income Tax Assistance (VITA) – tax preparation support,
- Floyd County Backpack Program – weekend meals for children (NRCA provides fiscal and administrative support),
- Blacksburg Interfaith Food Panty – emergency food for Montgomery County residents (NRCA provides fiscal support),
- To Our House – seasonal shelter for homeless adults.

Board Role and Composition

The role of NRCA's Board is to assure that NRCA "assesses and responds to the causes and conditions of poverty in the community, achieves anticipated family and community outcomes, and remains administratively and fiscally sound" (Virginia Office on Volunteerism and Community Services, 2016). NRCA's Board consists of at least one-third selected representatives of low-income people, one-third local public officials or their designees, and the remainder representatives of business, industry, labor, religious, social welfare, and other private groups in the community. NRCA strives to seat a low-income board member for each of the agency's five jurisdictions. Board members as of May 2021 include:

- Linda Baylor – Radford Target,
- Aline Brinkman^ – Montgomery County Civic,
- Melissa Dodson – Giles County Target,
- Christie Falzone* -- Floyd County Target,
- Kim Fernandez* – Montgomery County Target,
- Sarah Greene* – Floyd County Civic,
- Michael Grigsby* -- Radford Civic,
- Joseph Guthrie – Pulaski County Government,
- Tina Lindsay* – Radford Target,
- John McEnhill*^ – Floyd County Government (Board Chair),
- Lena Norris – Pulaski County Target,
- Dr. Boyoung Park* – Special Appointment Radford University Early Childhood,
- Kelly Patton – Floyd County Government,
- Elaine Powell Hawkins – Pulaski County Civic,
- Gina Rhea* – Radford Government,
- Corbin Vierling – Giles County Civic, and
- Tonia Winn – Montgomery County Government.

(* PPE Committee members, ^ Taskforce members)

Key Findings and Recommendations
Prioritized Community Needs

1. The NRV lacks safe, accessible low-income housing stock.

Many residents of the NRV are not able to find affordable housing due to a lack of affordable low-income housing for the lowest earners. Affordable housing is defined as housing that costs no more than 30% of household income. The NRV lacks housing for the lowest-income households: those earning 30% to 50% Area Median Income (AMI).

The Comprehensive Housing Affordability Strategy (CHAS) data from the HUD Office of Policy Development and Research estimates the share of renter and owner households which are cost burdened. According to 2013-2017 CHAS data, 41.7% of renter households are estimated to be cost burdened in the NRV, meaning that they spend more than 30% of their income on rent. An estimated 52.6% of Radford renter households are cost burdened with Montgomery falling close behind at 45.8%. The share is lower in Giles (30.4%), Pulaski (26.9%), and Floyd (26.2%). Across the state of Virginia, 43.5% of renter households are estimated to be cost-burdened (HUD Office of Policy Development and Research, 2013-2017).

The long-term effects of COVID-19 on the availability of housing for the lowest-income families is not yet known, however the loss of income due to job loss caused an immediate housing crisis. Many families were not able to continue paying rent and mortgage. The CDC issued an order banning evictions through the end of 2020, and later extended the order for some households through the end of March 2021. At the same time, legislative action provided billions in funding to states for households experiencing financial impacts related to COVID-19 to help with rent and mortgage payments. NRCA administered this program, the Virginia Rent and Mortgage Relief Program, in the New River Valley in 2020. While housing needs skyrocketed during the pandemic, many families were able to secure financial aid.

The root cause of this problem stems from the lack of financing available to support low-income housing, particularly for housing that could serve the lowest income households. Affordable housing grants help with the development and construction of low-income housing, but rental income does not cover the cost to operate and maintain this type of housing. Low-income housing requires staff support and maintenance which requires government subsidies to make up the difference between rental income and the market cost to provide the rental unit.

2. The NRV lacks effective affordable childcare options.

The NRV lacks sufficient childcare for all families including low-income families. NRCA's Head Start program serves three- and four-year-old children from households below the poverty threshold, and the Virginia Preschool Initiative serves four-year-old children from households earning up to 200% of the poverty threshold. There is a lack of quality, affordable early childhood programs for children 0 to 36 months for an estimated 82% of children. The problem is especially severe in Giles and Pulaski with over 90% of children not having slots. The NRV also lacks off-hours and weekend childcare, which disproportionately affects low-income families who are more likely to work multiple jobs including evening or weekend shifts.

	Est # of 0-36 month old children (2016 ACS)	# of facilities with 0-36 month capacity (2021)	Est Slots 0-36 months (2021)	Unserved Population - % Target Pop with No Slots
NRV Total	5,064	30	907	82.1%
Floyd	420	4	61	85.5%
Giles	538	2	43	92.0%
Montgomery	2,699	21	648	76.0%
Pulaski	993	1	61	93.9%
Radford	414	2	94	77.3%

Figure 2 NRV Children 0-36 months (Virginia Department of Health, 2021) and childcare slots for 0-36 months (Virginia Department of Social Services, 2021)

The general lack of childcare drives up demand which disproportionately affects low-income families, driving up costs and competition to find slots. Households below poverty cannot afford to send their children to daycare programs, even with childcare subsidies available through local DSS offices. The subsidy rate does not cover the market cost to provide care. The lowest-income families cannot cover the difference between the subsidy and the market rate, so many private providers do not accept the subsidy as a form of payment. Higher subsidy rates are needed, and additional slots are needed.

During the COVID-19 pandemic, households with children of all ages experienced crises. With schools operating on virtual or hybrid schedules, working parents struggled to continue working and give appropriate attention and care to their children. At the same time, childcare resources were constrained: larger childcare centers operated at lower capacity, a few private centers in the NRV shut down due to unsustainable income margins, and grandparents or neighbors were less able to provide childcare. American Progress estimated that up to 45% of childcare slots in Virginia were lost during the pandemic (Workman, 2020). The long-term impact to the childcare system was not known at the time of report.

The NRV's lack of childcare, especially off-hour coverage and for infants and toddlers, stems from the expense of operating such programs. The younger the child, the higher the operational cost of care. The average cost of infant care in Virginia is about $14,000 per year, making it about as expensive as a household's average housing costs, or tuition at a public college in Virginia. Childcare is considered affordable when it costs no more than 7% of household income. By contrast, an average year of infant care would consume 93% of a minimum wage worker's income (Economic Policy Institute, 2020). Low-income families cannot afford early childhood care, forcing parents to stay home with their children or put together patchwork solutions which are not always safe or supportive of a child's learning and growth during a critical developmental phase.

3. The NRV lacks reliable, affordable transportation options, particularly in Floyd, Giles, and Eastern Montgomery Counties.

Like many other predominantly rural communities, the NRV lacks a comprehensive public transportation system. Transportation was widely cited in focus groups, interviews, and surveys particularly with regards to how transportation cuts across other low-income need areas. Employment, training, housing, childcare, healthcare, public assistance programs, and nutrition and health were all cited as influenced by availability of transportation.

The NRV's lack of public transportation disproportionately affects the low-income community, as lower income households are less able to afford private transportation. Public bus systems serve parts of Pulaski and Montgomery Counties and Radford City, but the systems are not interconnected. The existing routes do not connect to low-income neighborhoods and do not run after-hours for workers with evening shifts. Some routes have long wait times, putting a time burden on riders, and sometimes requiring riders to wait out in the elements.

In the NRV, roughly 2,000 workers (2.4% of total) over age 16 live in households without any vehicle available. Radford has the highest share of workers without access to a vehicle—4.2% (US Census Bureau, 2019). Transportation costs are the second largest expense of households in the United States, but the transportation needs of low-income households are different than the average American's. Low-income households are much more likely to own older and fewer vehicles. Older vehicles require more maintenance and consume more gas which translates to higher transportation costs for low-income households (Hamidi, 2019).

This community need is caused by the underlying barrier to providing public transportation in rural communities such as the NRV. Ridership is too low to cover the operational costs of the system. Private transportation, particularly with the high up-front cost needed to purchase a vehicle, is not affordable for the lowest-income families.

4. Families and individuals in the NRV lack knowledge of and access to mental health services.

The NRV has several organizations that provide mental and behavioral health services for children, adults, and families. New River Valley Community Services accepts Medicaid and FAMIS insurance. The Community Health Center of the NRV accepts Medicaid and provides mental health services on a sliding scale fee. Despite the availability of counselors and other mental health workers, low-income people face barriers accessing these resources. This is especially true in more remote areas of the NRV. Rural residents must drive to urban centers to access these supports. Lack of broadband internet and an inability to purchase expensive satellite internet prevents these same rural residents from accessing telehealth services. Other low-income individuals lack knowledge of mental health disorders, and the options available to treat them. Stigmas about mental health disorders also persist in many communities, preventing individuals from seeking help.

Residents of the NRV experienced stress, increases in mental health disorders, and substance abuse issues because of the pandemic. Social isolation increased for all members of society: children, youth, the elderly, working adults. Experts who study PTSD and trauma have linked trauma to behavioral and mental health disorders, increases in substance abuse, and lags in child brain development. In many cases, the effects of trauma start to show up months after the event. The mental health effects of the pandemic will be present in the NRV for months and years to come.

Living in poverty is associated with increased mental and behavioral health issues. This points to the need for low-income serving agencies to provide trauma-informed care and connect clients with mental health resources. Any effort to alleviate poverty must address the vicious cycle of poverty and mental illness.

Policy Recommendations
1. The NRV lacks safe, accessible low-income housing stock.

Given the structural barriers to developing housing for 30% AMI households, NRCA recommends a community strategy to address the problem. Housing coalitions with members of the real estate and business community, government, economic development commission, and agencies serving the low-income population, can work together to disseminate information and opportunities, amplify needs and concerns, and advocate collectively for change. One such coalition is the Floyd Initiative for Safe Housing (FISH), a group of partners working on developing low-income housing in Floyd County. The NRV Regional Commission plays a critical in regional housing issues, as both a clearinghouse for housing data and planning, and as an exchange point between private firms and public agencies. The NRV Regional Commission collaborated on a housing study with the Virginia Center for Housing Research at Virginia Tech – the strategies presented in the report should serve as a blueprint for regional and local change. As providers of HUD and Virginia Housing programs in the NRV, NRCA, Community Housing Partners, and Housing Connections, are critical points in the low-income housing network and can help to disseminate information to the community and pass information back to funding sources. These providers can ensure that low-income needs are represented in regional and local housing strategies and make their agency resources available to the Regional Commission and others responsible for implementing strategies to address the lack of low-income housing in the NRV.

Even with a substantial increase in affordable housing stock, NRCA and other low-income housing partners need to continue to fill a critical need in the community by preventing evictions and foreclosures, weatherizing homes, housing the homeless, educating the public, repairing homes, and providing other needed housing supports. The effects of evictions and unstable or unsafe housing can be devastating to families and individuals. By preventing this types of emergencies from happening, NRCA and other partners can disrupt the cycle of poverty in the NRV.

2. The NRV lacks effective affordable childcare options.

Given the widespread shortage of childcare centers in the NRV, NRCA is recommending a community strategy to ease this need for low-income families. Existing community-wide resources, such as the First Steps Early Childcare Network coordinated by the Community Foundation of the NRV, should be supported to grow in scope and effectiveness. Critical resources in the low-income childcare space including First Steps, NRCA Head Start, Departments of Social Services, and

Smart Beginnings SWVA should take the lead in voicing the concerns of low-income families and children and sharing best practices for supporting the childcare needs of the low-income community. Coalitions can decide and sharpen the community's policy agenda, whether that is advocating for increased childcare subsidies for low-income families, referring families to existing resources, or experimenting with nontraditional childcare options.

Given that the childcare shortage is a state and national issue, NRCA knows that stopgap measures will be needed while the crisis is addressed systemically. Agencies that serve low-income clients need to be childcare aware, whether that means embedding childcare in service delivery or ensuring that children have somewhere safe to be while caregivers have appointments. Offering virtual service or bringing services to the client can also ease this burden. Programs such as NRCA's Whole Family or CHIP help ease the burden by helping families navigate the childcare system and enroll their children in programs. These strategies can help low-income families lacking childcare options.

3. The NRV lacks reliable, affordable transportation options, particularly in Floyd, Giles, and Eastern Montgomery Counties.

Given the barrier to developing public transit in rural communities such as the NRV, NRCA is recommending a community strategy to ease the transportation needs of the low-income community. Critical resources supporting the transportation needs of the low-income community, including city and town bus systems, the NRV Metropolitan Planning Organization, the NRV Regional Commission, MedRides, NRV Community Services, NRCA, and Departments of Social Services, should take the lead in voicing the concerns of low-income families and sharing best practices for supporting the transportation needs of the low-income community. The NRV Regional Commission hosts a biannual transportation forum known as the Transit Coordinating Council. The council includes the region's three transit providers and agencies that provide services in the community. Low-income serving agencies and groups should participate in this forum to share and advocate for the needs of low-income individuals. The council can decide and sharpen the community's policy agenda, whether that is advocating for low-income needs within existing bus systems or experimenting with nontraditional transportation options.

Agencies that serve the low-income community need to be transportation aware when delivering services to clients. Offering clients virtual meeting options can help families and individuals who may not have reliable access to a vehicle. Bringing services to the client or transporting clients to appointments will decrease instances of missed appointments, and ultimately help to break the cycle of poverty in the NRV.

4. Families and individuals in the NRV lack knowledge of and access to mental health services.

Given the widespread mental health needs of the low-income community, NRCA recognizes the need for a community strategy to support the mental health network in the NRV. New River Valley Community Services (NRVCS) is a key resource meeting much of the demand for mental and behavioral health services of the low-income community. NRVCS coordinates mental health coalitions in each of the five jurisdictions of the NRV. These coalitions share trends, best practices, and information between mental health providers, law enforcement, domestic violence and child abuse resources, judiciary, and local departments of health and social services. These coalitions fill a critical community need and should be supported by low-income serving agencies. Low-income serving agencies can strengthen partnerships with mental health resources to better meet the needs of low-income clients. Partnerships between low-income serving agencies and mental health providers can also help to increase the capacity of low-income serving agencies to meet the underlying mental health needs of clients.

Description of Service Area

The New River Valley (NRV) which includes the counties of Floyd, Giles, Montgomery and Pulaski and the City of Radford, is located in southwestern Virginia between the Appalachian Mountains to the north and the Blue Ridge Mountains to the south. The valley is home to the northward flowing New River (NRV Regional Commission, 2013). "With Interstate 81 passing through the region and Interstate 77 nearby to the south, the area is strategically accessible to both the East Coast and Mid-West markets…The centrally located city of Radford is 221 miles west of Richmond, the state capital; 271 miles southwest of Washington, D.C.; and 313 miles west of Norfolk" (Virginia Economic Development Partnership, 2019).

The New River Valley is served by four major hospitals, located in Giles, Pulaski, and Montgomery Counties, that provide beds to over 500 patients. These medical facilities offer a full array of services including diagnostic cardiology, obstetrics, orthopedics, and emergency services. In addition, nine private and public clinics affiliated with local hospitals are available. Approximately 292 physicians and 100 dentists practice in the area. There are more than 100 nursing homes and adult care facilities with over 900 beds located in the New River Valley providing acute and skilled long-term care for the elderly. Psychiatric services are available at St. Albans, a 162-bed hospital that also offers fitness and wellness programs for the community. There are 11 public library facilities containing over 750,000 volumes. In addition to these facilities, libraries at Radford University, Virginia Tech, and New River Community College house over one million volumes available to the public. There are 400 places of worship in the New River Valley (Virginia Economic Development Partnership, 2019).

Floyd County

Floyd County's land area of approximately 383 square miles is composed of small mountains, valleys, ridges, and streams. The Little River, the county's largest waterway, is formed by three main branches: the East, West, and South (also known as Dodd's Creek) forks (Visit Floyd VA, 2019).

No four-lane highways exist within county borders, but 31 miles of the scenic Blue Ridge Parkway form most of the eastern border of the county. Route 8, which connects Floyd County to Montgomery County, is a major artery of traffic for commuters (New River Valley Community Services, 2019). The county's public-school system includes one high school and four elementary schools. There are no hospitals in the county.

Floyd County's economy is diverse, with a mix of agriculture, arts, and tourism. The community has become a destination for visitors from other areas and states with the growing popularity of the weekly "Friday Night Jamboree" at The Floyd Country Store and the annual Floyd Fest summer music festival. The Floyd Innovation Center acts as focal point for the small business community.

Giles County

Giles county has a land area of 362 square miles and is surrounded by the Blue Ridge Mountains. Thirty-seven miles of the New River flow through the county along with fifty miles of the Appalachian Trail. Much of the area of Giles County is under conservation in the Jefferson National Forest and Mountain Lake conservancy. U.S. 460 is the major roadway in Giles, running from southeast to northwest (Giles County Planning Commission, 2018). Giles County has nine towns: Pearisburg (the county seat), Pembroke, Eggleston, Newport, Staffordsville, White Gate, Glen Lyn, Rich Creek, and Narrows.

Giles County has a strong agriculture-based economic history. Cattle, hay, corn, and berry farming are the predominant products. Celanese Corporation, the largest employer in Giles, has a large factory in Narrows which produces acetate products for cigarette filters and other products (New River Valley Community Services, 2019). Giles County hosts several commerce/industrial parks: Mountain View Industrial Park, Cascade Commerce Park, Dogwood Farms, and Wheatland Eco-Park.

Giles County has one hospital located in Pearisburg (New River Valley Community Services, 2019). Giles County has three elementary schools, three middle schools, two high schools and one technical center.

Montgomery County

Montgomery County is approximately 389 square miles and bordered at the north by the Blue Ridge Mountains. Interstate 81 and Route 460 are the major thorough fares while Route 11 and Route 8 are also heavily trafficked.

While the Town of Blacksburg is home to Virginia Tech's main campus, the Town of Christiansburg serves as the county's seat. Montgomery County also includes the census-designated communities of Belview, Elliston, Lafayette, Merrimac, Plum Creek, Prices Fork, Riner, and Shawsville (New River Valley Community Services, 2019).

Montgomery County is dominated economically by the presence of Virginia Tech (VT), Virginia's second largest public university, which is the county's largest employer. VT is known for its engineering, agriculture, and medical programs. The university hosted 36,383 students in the 2019-2020 academic year (Virginia Tech, 2021). The VT Montgomery Executive Airport is located in Blacksburg near VT's Corporate Research Center. Other commerce parks include Blacksburg Industrial Park, Christiansburg Industrial Park, Ellison-Lafayette Industrial Park and Falling Branch Corporate Park. The Radford Arsenal, one of the region's largest employers, is located in Pulaski and Montgomery counties.

The Christiansburg Aquatic Center offers state-of-the-art aquatic facilities for the entire region. The Huckleberry Trail connects the Blacksburg and Christiansburg communities with more than 11 miles of paved biking/walking trails. Montgomery County is home to the area's two largest hospitals: Carilion New River Valley Medical Center in Christiansburg and Lewis Gale Montgomery Regional Hospital in Blacksburg. The county has 11 elementary schools, four middle schools, three high schools, one at-risk high school and the Governor's STEM Academy.

Pulaski County

Pulaski County has a land mass of 330 square miles and is tucked beneath the Blue Ridge Mountains amid rolling hillsides and green pastures. Major roads include Interstate 81 with Route 11, 99, 100 and 114 being highly traveled secondary roads (Wikipedia The Free Encyclopedia, 2019). The Town of Pulaski is the county seat. The towns of Dublin, Allisonia, Belspring, Draper, Fairlawn, Hiwassee, New River, Parrot and Snowville are communities of note.

A rural mountain community with agricultural roots and advanced manufacturing, Pulaski hosts Calfee Park, four golf courses, the New River, Claytor Lake, and the New River Trail. The county is home to several fully operational farms that continue to thrive amid a surge in industrial development. The county boasted 445 farms in 2012 but only 394 remained by 2017 (USDA, 2017). Manufacturing is the largest employment type in the county which includes Volvo, Pulaski's largest employer. The Radford Arsenal, another large regional employer, is located in Pulaski and Montgomery counties. The New River Valley Airport is located in Dublin and acts a U.S. Customs Inland Port. The NRV Commerce Park is located near the airport.

New River Community College, located in the town of Dublin, focuses on occupational programs and transfer courses. In the 2018-2019 school year, 4,419 students attended NRCC (State Council for Higher Education for Virginia, 2018). Pulaski Community Hospital is located in the town of Pulaski. The county includes five elementary schools, one middle school, one high school, the Southwest Virginia Governor STEM Academy, and New River Community College.

Radford City

Radford City with an area of 10.2 square miles is surrounded on three sides by the New River. Interstate 81 borders the city to the south. The Radford Arsenal, one of the region's largest employers, is located nearby in Pulaski and Montgomery counties. Radford University, also a large employer, is a public four-year institution with strong business, nursing, communications, and education programs. 10,695 students enrolled at RU in the 2020-2021 academic year (Radford University, 2021). Carilion New River Valley Medical Center is just outside of Radford City limits in Montgomery County. Radford City includes two elementary schools, one intermediate school and one high school.

Comparison of NRV Demographics and NRCA Clients Served

Unless otherwise noted, all the demographic data in this section comes from the same dataset, the 2019 American Community Survey (ACS) 5 Year Population Estimates, to allow for comparison between the various characteristics of interest. The population of the NRV is roughly 180,000 with a little over half of the population concentrated in Montgomery County (US Census Bureau, 2019). All NRCA client demographics provided in this report will be drawn from the same period, January 1, 2020 to December 31, 2020, unless otherwise noted.

Category	NRV Total	%	Floyd Estimate	%	Giles Estimate	%	Montgomery Estimate	%	Pulaski Estimate	%	Radford Estimate	%
Total pop	182,489		15,704		16,772		98,140		34,182		17,691	
Sex												
Male	92,292	50.6%	7,896	50.3%	8,222	49.0%	50,664	51.6%	17,122	50.1%	8,388	47.4%
Female	90,197	49.4%	7,808	49.7%	8,550	51.0%	47,476	48.4%	17,060	49.9%	9,303	52.6%
Age												
Median age		-	47.2		44.7		29.0		47.0		23.4	
Under 18	29,731	16.3%	3,068	19.5%	3,467	20.7%	15,241	15.5%	6,085	17.8%	1,870	10.6%
Over 18	152,758	83.7%	12,636	80.5%	13,305	79.3%	82,899	84.5%	28,097	92.8%	15,821	89.4%

Figure 4 NRV Population by Sex and Age (US Census Bureau, 2019)
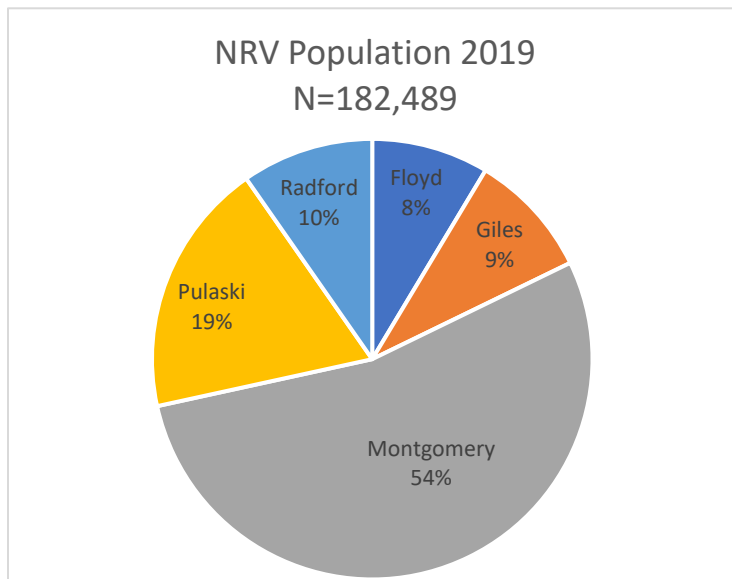
Figure 5 NRV Population 2019 by Locality (US Census Bureau, 2019)
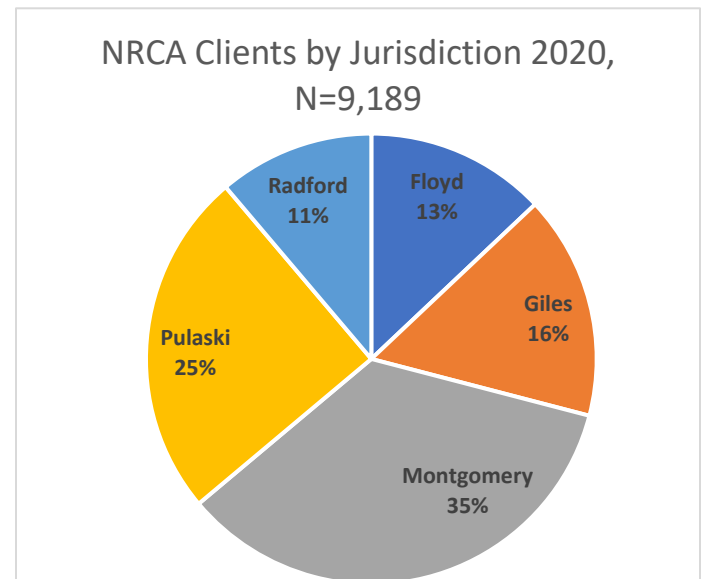
Figure 6 NRCA Clients Served 2020 by Locality (NRCA database)

Report Area	Total Population, 2017 ACS	Total Population, 2000 Census	Population Change from 2000-2017 Census/ACS	Percent Change from 2000-2017 Census/ACS
Report Location	181,863	165,146	16,717	**10.12%**
Floyd County, VA	15,594	13,874	1,720	12.4%
Giles County, VA	16,867	16,657	210	1.26%
Montgomery County, VA	97,692	83,629	14,063	16.82%
Pulaski County, VA	34,330	35,127	-797	-2.27%
Radford city, VA	17,380	15,859	1,521	9.59%
Virginia	8,365,952	7,078,515	1,287,437	18.19%
United States	321,004,407	281,421,906	39,582,501	14.07%

Figure 7 NRV Population Change (US Census Bureau, 2017)

From 2000 to 2017, the population in the NRV grew by 10 percent, below the state average (18%) and the national average (14%). According to NRCA's 2017 LICNA, the NRV grew 9% from 2010-2015, with Pulaski the only jurisdiction reporting negative growth of 1% (New River Community Action, 2017). Since that report, Pulaski has seen greater population loss with a negative rate of 2.3% from 2000-2017.

Age

Figure 4 provides the median age for each jurisdiction in the NRV. The median age in Montgomery County and Radford City, 29 and 23.4 respectively, fall well below the national average of 38.5 (US Census Bureau, 2019). This can be accounted for by the fact that Montgomery County and Radford City host two higher education institutions. Students are counted in whichever jurisdiction they report as their home address. In contrast, the median age in Floyd, Giles and Pulaski Counties is well above the national average of 38.5. Younger residents in the NRV are located near larger towns and cities.

Figure 9 provides the sex, age, and racial composition of NRCA's clients served during this period. A comparison of NRCA client characteristics with the population-wide characteristics shown in Figure 4 shows that NRCA serves children under 18 years in greater proportion than would be expected by ACS estimates: 36.7% of NRCA clients were under 18 years of age while this group accounts for only 16.3% of the general population.

Figure 8 NRV Median Age by Tract (US Census Bureau, 2017)

NRCA Client Demographics – Sex, Age, Race, Ethnicity 2020												
	NRV		Floyd		Giles		Montgomery		Pulaski		Radford	
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
Total Clients	9,189		1,191		1,479		3,201		2,290		1,028	
Sex												
Male	4,127	44.9%	566	47.5%	643	43.5%	1447	45.2%	1,026	44.8%	445	43.3%
Female	5,061	55.1%	625	52.5%	836	56.5%	1754	54.8%	1,263	55.2%	583	56.7%
Other	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%
Age												
Under 18	3,300	36.7%	503	42.2%	486	32.9%	1,197	37.4%	749	35.7%	365	35.5%
Over 18	5,691	63.3%	684	57.4%	993	67.1%	2,004	62.6%	1,347	64.3%	663	64.5%
Unknown	4	0.0%	4	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Race												
Am. Indian	57	0.6%	15	1.3%	4	0.3%	34	1.1%	2	0.1%	2	0.2%
Asian	49	0.5%	9	0.8%	0	0.0%	38	1.2%	0	0.0%	2	0.2%
Black	988	10.8%	32	2.7%	41	2.8%	402	12.6%	295	12.9%	218	21.2%
Pac. Island	2	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.1%	0	0.0%
White	7,174	78.1%	1,025	86.1%	1,351	91.3%	2,419	75.6%	1,756	76.7%	623	60.6%
Other	101	1.1%	44	3.7%	7	0.5%	30	0.9%	10	0.4%	10	1.0%
Multi	460	5.0%	31	2.6%	24	1.6%	190	5.9%	144	6.3%	71	6.9%
Unknown	358	3.9%	35	2.9%	52	3.5%	88	2.7%	81	3.5%	102	9.9%
Ethnicity												
Hisp/Latino	338	3.7%	85	7.1%	21	1.4%	150	4.7%	42	1.8%	40	3.9%
Not Hisp/Latino	8,646	94.1%	1089	91.4%	1,450	98.0%	2,990	93.4%	2202	96.2%	915	89.0%
Unknown	205	2.2%	17	1.4%	8	0.5%	61	1.9%	46	2.0%	73	7.1%

Figure 9 NRCA Client Demographics 2020 (NRCA Client Database)

Sex

Figure 4 shows the breakdown of the population in the NRV by sex. For every 100 females, there are 102.4 males in the NRV. A comparison with NRCA client characteristics in Figure 9 shows that NRCA serves a greater proportion of females (55.1%) than would be expected based on the general population. Given that women experience poverty in greater numbers and that most single-parent families are female-headed, this is not unexpected.

Race and Ethnicity

Figure 10 provides a breakdown of the population in the NRV by race and ethnicity. An estimated 88.6% of the population in the NRV identify as white alone. Only 2.8% of the population identifies as Hispanic/Latino. The NRV is considerably less diverse than the state average: 67% of Virginian residents identify as White alone and 9.7% as Hispanic/Latino (US Census Bureau, 2019).

NRCA serves a greater proportion of minorities than is represented by the general population. In 2020 NRCA served 78.1% White clients compared to 88.6% White in the general population. It appears most of this 10-percentage point difference is accounted for by a higher number of Black clients (10.8% of NRCA clients vs 4.5% of the general population) and clients identifying as more than one race (5% of NRCA clients vs 1.9% of the general population). Asians are underrepresented in NRCA's client population: they account for 3.9% of the population in the NRV, but only .5% of NRCA clientele. NRCA serves a slightly higher proportion of Hispanic/Latino than is accounted for in the general population. 3.7% of NRCA clients identify as Hispanic/Latino, whereas 2.8% of the population of the NRV identifies as Hispanic/Latino. Montgomery County has the highest proportion of Hispanic/Latino residents (3.2%). Hispanic/Latino clients make up the highest proportion in Floyd County with 7.1% of clients there identifying as Hispanic/Latino.

	NRV		Floyd		Giles		Montgomery		Pulaski		Radford	
	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
Total Pop	182,489		15,704		16,772		98,140		34,182		17,691	
White alone	161,608	88.6%	14,967	95.3%	16,206	96.6%	83,960	85.6%	31,474	92.1%	15,001	84.8%
Black alone	8,278	4.5%	240	1.5%	361	2.2%	4,449	4.5%	1,485	4.3%	1,743	9.9%
Am Indian alone	522	0.3%	93	0.6%	0	0.0%	420	0.4%	5	0.0%	4	0.0%
Asian alone	7,074	3.9%	28	0.2%	22	0.1%	6,494	6.6%	255	0.7%	275	1.6%
Pacific Islander alone	123	0.1%	0	0.0%	28	0.2%	45	0.0%	42	0.1%	8	0.0%
Other race alone	1,488	0.8%	118	0.8%	1	0.0%	1,113	1.1%	165	0.5%	91	0.5%
Two or more races	3,396	1.9%	258	1.6%	154	0.9%	1,659	1.7%	756	2.2%	569	3.2%
Ethnicity												
Hispanic or Latino (of any race)	5,054	2.8%	462	2.9%	293	1.7%	3,182	3.2%	604	1.8%	513	2.9%
Not Hispanic or Latino	177,435	97.2%	15,242	97.1%	16,479	98.3%	94,958	96.8%	33,578	98.2%	17,178	97.1%

Figure 10 NRV Population by Race and Ethnicity (US Census Bureau, 2019)

Comparing NRCA's 2020 client demographics to the client demographics reported in the 2017 LICNA, NRCA clients are more diverse, especially with regards to ethnicity. NRCA's Hispanic/Latino clientele increased from 2% in 2017 to 3.7% in 2020. Much of this change is due to NRCA's Floyd programs. The proportion of Black clients increased from 10% in 2017 to 10.8% in 2020 (New River Community Action, 2017). NRCA's Radford program is serving higher proportions of Black clients with 21.1% of Radford clients identifying as Black.

Veteran and Disability Status

According to the 2019 ACS 5 Year Estimates, 6.4% of the adult population in the NRV are veterans, which is less than the national average of 6.9%. According to the same estimates, 12.9% of the total non-institutionalized population in the NRV have a disability. Within the NRV, Pulaski County has higher proportions of veterans and individuals with disabilities: 9.3% of the population identify as a veteran and 19.9% of the population as having a disability.

	NRV		Floyd		Giles		Montgomery		Pulaski		Radford	
	Est.	%	Est.	%	Est.	%	Est.	%	Est.	%	Est.	%
Civilian Pop Over Age 18	152,433		12,624		13,304		82,629		28,069		15,807	
Veterans	9,800	6.4%	862	6.8%	983	7.4%	4522	5.5%	2,603	9.3%	830	5.3%

Figure 11 NRV Population by Veteran Status (US Census Bureau, 2019)

	NRV		Floyd		Giles		Montgomery		Pulaski		Radford	
	Est.	%	Est.	%	Est.	%	Est.	%	Est.	%	Est.	%
Total non-institutionalized population	180,360		15,599		16,653		97,474		33,022		17,612	
With a disability	23,205	12.9%	2,265	14.5%	2,376	14.3%	9,778	10.0%	6,571	19.9%	2,215	12.6%

Figure 12 NRV Population by Disability Status (US Census Bureau, 2019)

In 2020, NRCA served 156 veterans, accounting for 1.7% of all clients served. This is slightly higher than the percentage reported in the 2017 LICNA (1.6%). Looking at NRCA's veteran clients as a proportion of the 5,691 clients over age 18 (see Figure 9), veterans accounted for 2.7% of this subgroup. NRCA served the highest proportion of veterans in Pulaski and Floyd Counties.

NRCA Client Disability and Veteran Status 2020												
	NRV		Floyd		Giles		Montgomery		Pulaski		Radford	
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
Total Clients	9,189		1,191		1,479		3,201		2,290		1,028	
Veteran	156	1.7%	25	2.1%	15	1.0%	55	1.7%	47	2.1%	14	1.4%
Disability	1,698	18.5%	148	12.4%	336	22.7%	632	19.7%	422	18.4%	160	15.6%

Figure 13 NRCA Client Population 2020 by Veteran and Disability Status (NRCA Client Database)

In 2020 18.5% of NRCA's clients reported having a disability. NRCA served the highest proportion of the disabled in Giles and Montgomery County. This is not representational of the particularly high rate of disability in Pulaski County in the general population.

Comparison of NRV Residents in Poverty and NRCA Clients Served

The Census Bureau and other government data define poverty status using the annual Poverty Thresholds. The incomes of each household member are added together, and if the total falls below the threshold for the relevant household size, the family is considered in poverty. Poverty status is determined for the entire population except institutionalized persons, persons in military quarters and college dormitories, and unrelated individuals under 15 years old. Figures 14 and 15 provide 2019 ACS 5 Year Estimates of the population in poverty broken down by jurisdiction and demographic characteristic.

	NRV			Floyd			Giles		
	Total	< Poverty	% < Poverty	Total	< poverty	% < Poverty	Total	< poverty	% < poverty
Pop for whom poverty is determined	168,589	34,404	20.4%	15,605	1,613	10.3%	16,552	1,683	10.2%
AGE									
Under 18 yrs	29,168	4,619	15.8%	3,062	279	9.1%	3,365	464	13.8%
Under 5 yrs	7,911	1,273	16.1%	743	99	13.3%	823	123	14.9%
5 to 17 yrs	21,257	3,346	15.7%	2,319	180	7.8%	2,542	341	13.4%
Related children of householder < 18 yrs	28,972	4,440	15.3%	2,966	200	6.7%	3,330	429	12.9%
18 to 64 yrs	111,822	27,853	24.9%	9,088	1,000	11.0%	9,723	934	9.6%
18 to 34 yrs	50,194	21,594	43.0%	2,575	414	16.1%	2,997	384	12.8%
35 to 64 yrs	61,628	6,259	10.2%	6,513	586	9.0%	6,726	550	8.2%
60 yrs and over	38,360	2,871	7.5%	4,748	476	10.0%	4,648	341	7.3%
65 yrs and over	27,599	1,932	7.0%	3,455	334	9.7%	3,464	285	8.2%
SEX									
Male	84,794	17,243	20.3%	7,868	812	10.3%	8,113	787	9.7%
Female	83,795	17,161	20.5%	7,737	801	10.4%	8,439	896	10.6%
RACE & ETHNICITY									
White alone	150,550	28,325	18.8%	14,875	1,373	9.2%	16,026	1,622	10.1%
Black alone	6,689	1,946	29.1%	233	67	28.8%	327	30	9.2%
Am Indian alone	471	138	29.3%	93	48	51.6%	0	0	-
Asian alone	6,547	2,416	36.9%	28	7	25.0%	16	4	25.0%
Pacific Islander alone	106	26	24.5%	0	0	-	28	3	10.7%
Other race alone	1,356	633	46.7%	118	118	100.0%	1	0	0.0%
Two or more races	2,870	920	32.1%	258	0	0.0%	154	24	15.6%
Hispanic or Latino (of any race)	4,168	1,345	32.3%	462	115	24.9%	293	110	37.5%
White alone, not Hispanic or Latino	147,674	27,435	18.6%	14,548	1,373	9.4%	15,741	1,512	9.6%

Figure 14 NRV Population by Poverty Status and Age, Sex, and Race (US Census Bureau, 2019)

	Montgomery			Pulaski			Radford		
	Total	< Poverty	% < Poverty	Total	< Poverty	% < Poverty	Total	< Poverty	% < Poverty
Pop for whom poverty is determined	88,778	20,897	23.5%	32,922	4,862	14.8%	14,732	5,349	36.3%
AGE									
Under 18 yrs	14,950	2,167	14.5%	5,953	1,424	23.9%	1,838	285	15.5%
Under 5 yrs	4,221	581	13.8%	1,572	335	21.3%	552	135	24.5%
5 to 17 yrs	10,729	1,586	14.8%	4,381	1,089	24.9%	1,286	150	11.7%
Related children of householder < 18 yrs	14,888	2,105	14.1%	5,950	1,421	23.9%	1,838	285	15.5%
18 to 64 yrs	62,092	18,197	29.3%	19,495	2,781	14.3%	11,424	4,941	43.3%
18 to 34 yrs	32,067	15,349	47.9%	5,898	1,268	21.5%	6,657	4,179	62.8%
35 to 64 yrs	30,025	2,848	9.5%	13,597	1,513	11.1%	4,767	762	16.0%
60 yrs and over	17,189	1,078	6.3%	9,846	752	7.6%	1,929	224	11.6%
65 yrs and over	11,736	533	4.5%	7,474	657	8.8%	1,470	123	8.4%
SEX									
Male	45,501	10,973	24.1%	16,299	2,367	14.5%	7,013	2,304	32.9%
Female	43,277	9,924	22.9%	16,623	2,495	15.0%	7,719	3,045	39.4%
RACE & ETHNICITY									
White alone	75,984	16,551	21.8%	30,438	4,063	13.3%	13,227	4,716	35.7%
Black alone	3,922	1,325	33.8%	1,306	246	18.8%	901	278	30.9%
Am Indian alone	373	90	24.1%	5	0	0.0%	0	0	-
Asian alone	5,976	2,111	35.3%	255	32	12.5%	272	262	96.3%
Pacific Islander alone	32	19	59.4%	42	0	0.0%	4	4	100.0%
Other race alone	1,067	429	40.2%	156	80	51.3%	14	6	42.9%
Two or more races	1,424	372	26.1%	720	441	61.3%	314	83	26.4%
Hispanic or Latino (of any race)	2,594	669	25.8%	583	361	61.9%	236	90	38.1%
White alone, not Hispanic or Latino	74,264	16,099	21.7%	30,005	3,799	12.7%	13,116	4,652	35.5%

Figure 15 NRV Population by Poverty Status and Age, Sex, and Race *(US Census Bureau, 2019)*

According to Figure 14, roughly 34,000 people or 20.4% of the population for whom poverty status is determined, live in poverty in the NRV. The poverty rate for the NRV ranges from 10.2% in Giles to 36.3% in Radford. All jurisdictions exceed the national and state poverty rates. According to the 2019 ACS 5 Year Estimates, nationally 12.3% of the population fall below the poverty threshold, and in Virginia the proportion is 9.9%. Floyd and Giles have the lowest poverty rates at approximately 10% and Radford the highest at 36.3% (Figure 15). Comparing these rates to 2017 when the last LICNA was completed, there has been a slight decrease in poverty across the NRV: the rate in 2017 was 20.7% compared to 20.4% in 2019 (US Census Bureau, 2017). Looking into the change in rates for each jurisdiction, the most concerning change is in Pulaski where the rate increased from 13.9% in 2017 to 14.8% in 2019. Since the last LICNA, Radford, Floyd and Giles had reductions in poverty greater than one percentage point: Radford from 37.5% to 36.3%, Floyd from 12% to 10.3%, and Giles from 11.3% to 10.2%. Montgomery's rate decreased by less than one percentage point.

Figure 16 displays data from Figures 14 and 15, showing the total number of people in poverty in the NRV, and a breakdown of where they live by jurisdiction. Figure 17 provides a breakdown of NRCA clients by client home address. This comparison shows to what extent NRCA is targeting its services to the jurisdiction with the highest numbers of people in poverty. According to this comparison, NRCA is underserving Montgomery, Pulaski, and to a lesser extent, Radford. However, a comparison of the number of people in poverty to the number of NRCA clients is of limited use as it does not account for the *proportion* of people in poverty and the availability of resources within the locality.

NRV Population Below Poverty 2019 by Jurisdiction, N=34,404

Floyd 5%
Giles 5%
Radford 15%
Pulaski 14%
Montgomery 61%
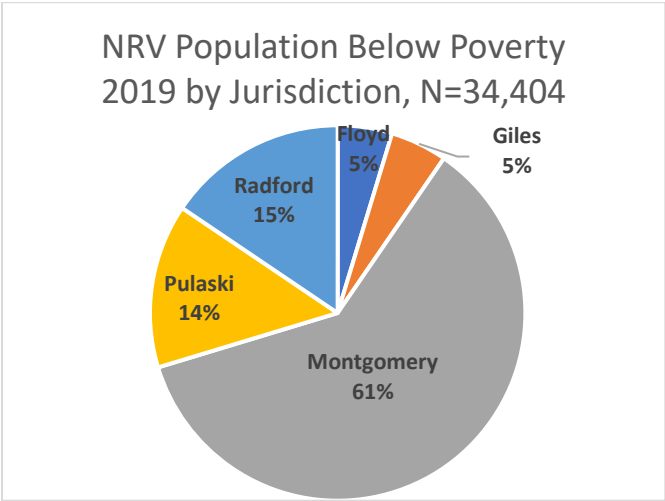
Figure 16 NRV Population Below Poverty by Jurisdiction (US Census Bureau, 2019)

NRCA Clients by Jurisdiction 2020, N=9,189

Radford 11%
Floyd 13%
Giles 16%
Pulaski 25%
Montgomery 35%
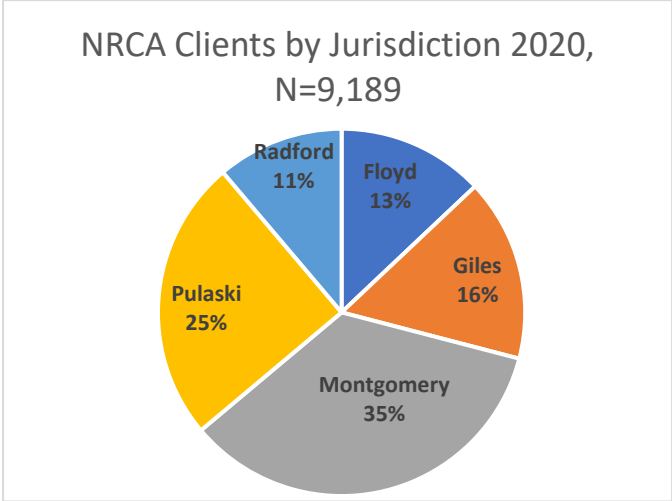
Figure 17 NRCA Clients by Jurisdiction (NRCA Client Database)

Federal Poverty Level

NRCA uses the US Department of Health and Human Services annual Federal Poverty Guidelines to define poverty for program eligibility and for this report. The guidelines are also referred to as the Federal Poverty Level (FPL) and are a simplified version of the Poverty Thresholds. The 2020 guidelines provided to the right are used throughout this report to define poverty status for households served by NRCA.

Figures 19 and 20 break down all the households served by NRCA in 2020 by jurisdiction and income level, which is measured as a percentage of FPL. 52.2% of households served by NRCA are in the lowest income category (see Figure 20). For example, in this category a one-person household would have a total income less than $6,380. 85% of households served by NRCA in 2020 were below the FPL, with most of the remaining 15% of households falling between 101% and 200% FPL.

Poverty Guideline or FPL	
HH Size	2020
1	$ 12,760
2	$ 17,240
3	$ 21,720
4	$ 26,200
5	$ 30,680
6	$ 35,160
7	$ 39,640
8	$ 44,120

Figure 18 Federal Poverty Guidelines 2020

Level of Household Income (% FPL) N=3,993

Up to 50% · 51% to 75% · 75% to 100% · 101% to 125% · 126% to 150% · 151% to 175% · 176% to 200% · 201% and over

Figure 19 NRCA Households Served in 2020 by Income Level (NRCA Client Database)

A comparison of household income level data from each jurisdiction shows that households from Radford have the lowest incomes. Not only does Radford have the highest proportion of residents in poverty (36.3%), but Radford households served by NRCA have the lowest incomes with 63.1% of households having incomes below 50% FPL.

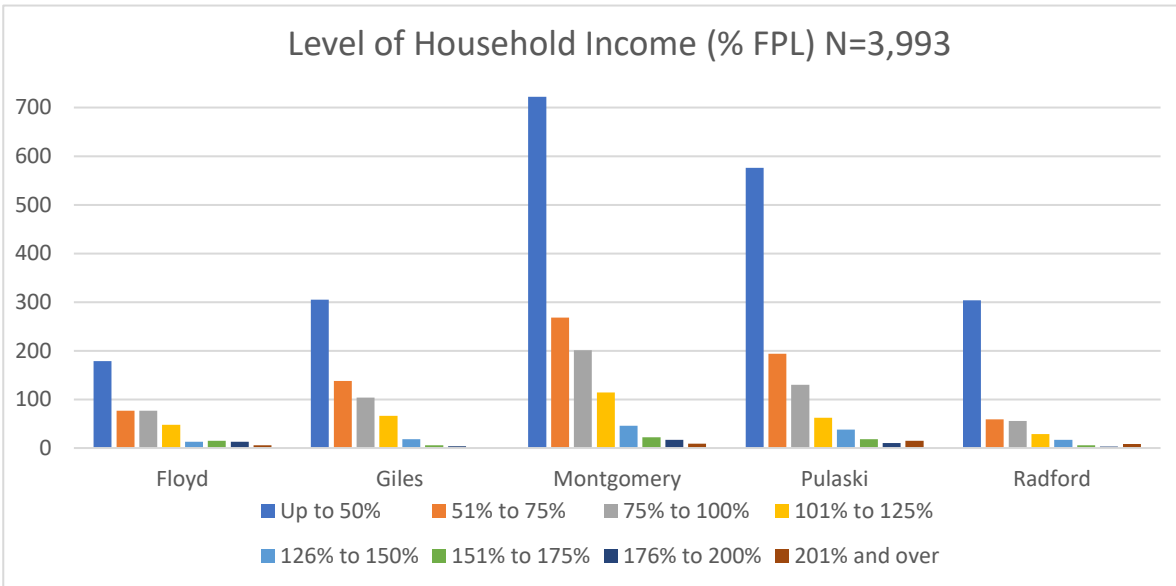| NRCA Household Income % of FPL 2020												
	NRV		Floyd		Giles		Montgomery		Pulaski		Radford	
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
Total Households	3,993		428		641		1,399		1,043		482	
Up to 50%	2,086	52.2%	179	41.8%	305	47.6%	722	51.6%	576	55.2%	304	63.1%
51% to 75%	736	18.4%	77	18.0%	138	21.5%	268	19.2%	194	18.6%	59	12.2%
75% to 100%	568	14.2%	77	18.0%	104	16.2%	201	14.4%	130	12.5%	56	11.6%
101% to 125%	319	8.0%	48	11.2%	66	10.3%	114	8.1%	62	5.9%	29	6.0%
126% to 150%	132	3.3%	13	3.0%	18	2.8%	46	3.3%	38	3.6%	17	3.5%
151% to 175%	67	1.7%	15	3.5%	6	0.9%	22	1.6%	18	1.7%	6	1.2%
176% to 200%	47	1.2%	13	3.0%	4	0.6%	17	1.2%	10	1.0%	3	0.6%
201% and over	38	1.0%	6	1.4%	0	0.0%	9	0.6%	15	1.4%	8	1.7%

Figure 20 NRCA Households Served in 2020 by Income Level (NRCA Client Database)

Comparing NRCA client income levels to levels reported in the 2017 LICNA, there has been an increase in clients in the lowest income categories. In 2017, 47.2% of clients were below 50% FPL; in 2020 this group accounted for 52.2% of the total. Since 2017, each jurisdiction except Floyd is serving more from the lowest income categories than in 2017.

Age and Sex

Figures 14 and 15 provide detailed demographic data for people below the Poverty Threshold in the NRV. According to this data, there does not seem to be a strong association between sex and poverty in the NRV: 50.1% of people below poverty are male, 49.9% are female. However, the NRV has a slightly higher proportion of males than females in the general population—50.6% of the general population is male, 50.1% of those in poverty are male. If there were no association between sex and poverty, we would expect to see the same male to female ratio in both groups. Another way to see this tendency is by looking at the subgroups of males and females in poverty as a proportion of the total number of males and females. 20.5% of females are in poverty, and 20.3% of males. In 2020, NRCA served a greater proportion of female clients (55.1%)—see Figure 9.

According to the data in Figures 14 and 15, an estimated 15.8% of children under 18 are below poverty in the NRV. Floyd has the lowest proportion of children under 18 in poverty at 9.1% and Pulaski has the highest at 23.9%. For children under age 18, poverty is higher for children under age five: an estimated 16.1% of children under five are in poverty, compared to 15.7% of children ages five to 17. The expensiveness of childcare for children under five is a factor in parents' decisions to work, so it makes sense that lower incomes would show up in the sub-population of children under age five, and that household incomes would start increasing when children are old enough to go to school. Poverty rates have improved slightly since the 2017 LICNA was completed: according to the 2017 ACS estimates 16% of children under 18 lived in poverty, with 17.7% of children under age five in poverty. In 2020, about 1 in 3 of NRCA clients were under age 18 at NRCA. NRCA has several programs that target children and families, so this is expected.

The ACS data in Figures 14 and 15 shows that people ages 18 to 64 are at the highest risk for poverty: about 1 in 4 people ages 18 to 64 in the NRV are below poverty. Within this age group, poverty is the most pervasive in people ages 18 to 34 with 43% of this group falling below the poverty threshold. The 'population for whom poverty status is determined' does not include students in dormitories, however it would include students living in off campus housing. This may explain why Radford and Montgomery have particularly high poverty rates for individuals ages 18 to 34: 62.8% in Radford and 47.9% in Montgomery. Since the 2017 LICNA was completed poverty rates for individuals in the 18 to 64 age range has remained approximately the same.

Race and Ethnicity

Referring to Figures 14 and 15 for a breakdown of poverty by race, we can see a strong association between race and poverty in the NRV. First, looking at people in poverty as a proportion of their general racial group, 18.8% of White people in the NRV have incomes below FPL. All other racial groups have higher proportions of their members in poverty: 29.1% of Black people, 29.3% of American Indians, 36.9% of Asians, 46.7% of other races, and 32.1% of people with two or more races are below poverty. Of people identifying as Hispanic or Latino, 32.3% are below poverty.

How have poverty rates for different racial groups changed since the 2017 LICNA? Using the ACS Estimates from 2017 for comparison, we can see that poverty has decreased for most groups including those that identify as White, African American, Pacific Islander, other and multiracial, as well as for those identifying as Hispanic or Latino. Positive changes have been highlighted in red; negative changes are represented by black text. Poverty as increased for those identifying as Asian and American Indian.

Figures 22 and 23 show the race and ethnicity breakdown of all people below FPL. Comparing this to the racial breakdown of the general population in the NRV, we can see evidence of a relationship between race and poverty. There is a small skew toward poverty for African Americans: 5.3% of the population of the NRV is Black, but 5.7% of people below poverty are Black. The bias is stronger for Asians: 4.6% of the general population in the NRV is Asian, but 7% of people below poverty are Asian. And in terms of ethnicity, 4.7% of people below the poverty threshold are Hispanic/Latino, while this group accounts for 2.8% of the general population in the NRV.

Race/Ethnicity	2017 ACS	2019 ACS
White alone	19.0%	18.8%
Black or African American alone	34.5%	29.1%
American Indian and Alaska Native alone	17.9%	29.3%
Asian alone	31.3%	36.9%
Native Hawaiian and Other Pacific Islander alone	72.5%	24.5%
Some other race alone	59.0%	46.7%
Two or more races	41.3%	32.1%
Hispanic or Latino origin (of any race)	33.9%	32.3%
White alone, not Hispanic or Latino	18.7%	18.6%

Figure 21 Proportion of individuals below poverty 2017 vs 2019 (US Census Bureau, 2019) and (US Census Bureau, 2017)

Estimated People Below Poverty Threshold by Race in NRV (2019 ACS 5 Year Estimates)												
	NRV		Floyd		Giles		Montgomery		Pulaski		Radford	
	Tot	%	Tot	%	Tot	%	Tot	%	Tot	%	Tot	%
White alone	28,325	82.3%	1,373	85.1%	1,622	96.4%	16,551	79.2%	4,063	83.6%	4,716	88.2%
Black alone	1,946	5.7%	67	4.2%	30	1.8%	1,325	6.3%	246	5.1%	278	5.2%
American Indian alone	138	0.4%	48	3.0%	0	0.0%	90	0.4%	0	0.0%	0	0.0%
Asian alone	2,416	7.0%	7	0.4%	4	0.2%	2,111	10.1%	32	0.7%	262	4.9%
Pacific Islander alone	26	0.1%	0	0.0%	3	0.2%	19	0.1%	0	0.0%	4	0.1%
Other race alone	633	1.8%	118	7.3%	0	0.0%	429	2.1%	80	1.6%	6	0.1%
Two or more races	920	2.7%	0	0.0%	24	1.4%	372	1.8%	441	9.1%	83	1.6%
Total in Poverty	**34,404**		**1,613**		**1,683**		**20,897**		**4,862**		**5,349**	

Figure 22 Population Below Poverty by Race (US Census Bureau, 2019)

Estimated People Below Poverty Threshold by Ethnicity in NRV (2019 ACS 5 Year Estimates)												
	NRV		Floyd		Giles		Montgomery		Pulaski		Radford	
	Tot	%	Tot	%	Tot	%	Tot	%	Tot	%	Tot	%
Hispanic or Latino (of any race)	1,345	4.7%	115	7.7%	110	6.8%	669	4.0%	361	8.7%	90	1.9%
White alone, not Hispanic or Latino	27,435	95.3%	1,373	92.3%	1,512	93.2%	16,099	96.0%	3,799	91.3%	4,652	98.1%

Figure 23 Population Below Poverty by Ethnicity (US Census Bureau, 2019)

NRCA Clients by Ethnicity, 2020 N=9,189	
Ethnicity	**%**
Hispanic or Latino	3.7%
Not Hispanic or Latino	94.1%
Unknown	2.2%

How does this compare to NRCA client race? 78.1% of NRCA's clients identify as White, 10.8% Black, and 5% as more than one race. One in three Hispanic/Latino, Asian, and African American lives under the poverty threshold, but only 10.8% of NRCA clients identify as African American, 3.7% as Hispanic/Latino, and only .5% as Asian.

Figure 24 NRCA Clients by Ethnicity (NRCA Client Database)

Veteran and Disability Status

In the NRV, veterans are less likely to have incomes below the poverty threshold than nonveterans. 7.2% of veterans ages 18 to 64 are below poverty compared to 25.7% of nonveteran in the same age group. Veterans over age 65 are even less likely to live in poverty. 4.9% of veterans over age 65 live in poverty compared to 7.5% for nonveterans over age 65 (US Census Bureau, 2019).

Disability occurs with greater prevalence among the population below poverty. In the NRV, 11.8% of people below poverty have a disability, whereas 9.9% of people above poverty have a disability (US Census Bureau, 2019). Pulaski County has the highest occurrence of disability and poverty with one in three people below poverty having a disability. 18.5% of NRCA clients report having a disability (see Figure 13), so NRCA is serving higher rates of people in poverty with a disability than occurs in the community. 18.4% of NRCA's clients in Pulaski report having a disability, so NRCA could do more to address the particularly high rates of poverty and disability in Pulaski.

NRCA Clients by Race, 2020 N=9,189	
Race	**%**
American Indian	0.6%
Asian	0.5%
Black	10.8%
Pacific Islander	0.0%
White	78.1%
Other	1.1%
Multi	5.0%
Unknown	3.9%

Figure 25 NRCA Clients by Race (NRCA Client Database)

Household Type and Size

To answer the question of whether poverty in the NRV is related to household size and type, we can divide the ACS 2019 data on households into three types: female-headed, male-headed and married-couple. Comparing these proportions to households below poverty by type, we can see that families in poverty are disproportionately female-headed. 16% of all households are female-headed while 51% of households below poverty are female-headed.

	NRV		Floyd		Giles		Montgomery		Pulaski		Radford	
	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
Total:	40,414		4,481		4,463		19,622		9,489		2,359	
Income in past 12 mos < poverty:	3,272	8.1%	257	5.7%	261	5.8%	1,446	7.4%	932	9.8%	376	15.9%
Married-couple HH	1,233	37.7%	134	52.1%	147	56.3%	477	33.0%	353	37.9%	122	32.4%
No child	553	44.8%	72	53.7%	63	42.9%	244	51.2%	150	42.5%	24	19.7%
1 or 2 children	399	32.4%	52	38.8%	56	38.1%	93	19.5%	100	28.3%	98	80.3%
3 or 4 children	255	20.7%	10	7.5%	28	19.0%	128	26.8%	89	25.2%	0	0.0%
5+ children	26	2.1%	0	0.0%	0	0.0%	12	2.5%	14	4.0%	0	0.0%
Other families:	2,039		123		114		969		579		254	
Single male HH	366	11.2%	39	15.2%	5	1.9%	161	11.1%	161	17.3%	0	0.0%
No child	144	39.3%	23	59.0%	0	0.0%	66	41.0%	55	34.2%	0	0.0%
1 or 2 children	129	35.2%	16	41.0%	5	100.0%	87	54.0%	21	13.0%	0	0.0%
3 or 4 children	57	15.6%	0	0.0%	0	0.0%	8	5.0%	49	30.4%	0	0.0%
5+ children	36	9.8%	0	0.0%	0	0.0%	0	0.0%	36	22.4%	0	0.0%
Single female HH	1,673	51.1%	84	32.7%	109	41.8%	808	55.9%	418	44.8%	254	67.6%
No child	306	18.3%	0	0.0%	28	25.7%	72	8.9%	107	25.6%	99	39.0%
1 or 2 children	1,064	63.6%	84	100.0%	38	34.9%	657	81.3%	163	39.0%	122	48.0%
3 or 4 children	303	18.1%	0	0.0%	43	39.4%	79	9.8%	148	35.4%	33	13.0%
5+ children	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Income in past 12 mos > poverty	37,142	91.9%	4,224	94.3%	4,202	94.2%	18,176	92.6%	8,557	90.2%	1,983	84.1%
Married-couple HH	30,444	82.0%	3,610	85.5%	3,267	77.7%	15,161	83.4%	6,978	81.5%	1,428	72.0%
No child	19,745	64.9%	2,379	65.9%	2,025	62.0%	9,598	63.3%	4,926	70.6%	817	57.2%
1 or 2 children	8,997	29.6%	1,071	29.7%	1,052	32.2%	4,779	31.5%	1,659	23.8%	436	30.5%
3 or 4 children	1,673	5.5%	160	4.4%	184	5.6%	767	5.1%	387	5.5%	175	12.3%
5+ children	29	0.1%	0	0.0%	6	0.2%	17	0.1%	6	0.1%	0	0.0%
Other families	6,698	18.0%	614	14.5%	935	22.3%	3,015	16.6%	1,579	18.5%	555	28.0%
Single male HH	2,090	5.6%	140	3.3%	345	8.2%	1,051	5.8%	427	5.0%	127	6.4%
No child	1,109	53.1%	73	52.1%	178	51.6%	587	55.9%	188	44.0%	83	65.4%
1 or 2 children	899	43.0%	67	47.9%	157	45.5%	392	37.3%	239	56.0%	44	34.6%
3 or 4 children	82	3.9%	0	0.0%	10	2.9%	72	6.9%	0	0.0%	0	0.0%

5+ children	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Single female HH	4,608	12.4%	474	11.2%	590	14.0%	1,964	10.8%	1,152	13.5%	428	21.6%
No child	2,272	49.3%	249	52.5%	261	44.2%	789	40.2%	708	61.5%	265	61.9%
1 or 2 children	2,289	49.7%	202	42.6%	325	55.1%	1,155	58.8%	444	38.5%	163	38.1%
3 or 4 children	47	1.0%	23	4.9%	4	0.7%	20	1.0%	0	0.0%	0	0.0%
5+ children	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Figure 26 NRV Population by Poverty Status and Household Type (US Census Bureau, 2019)
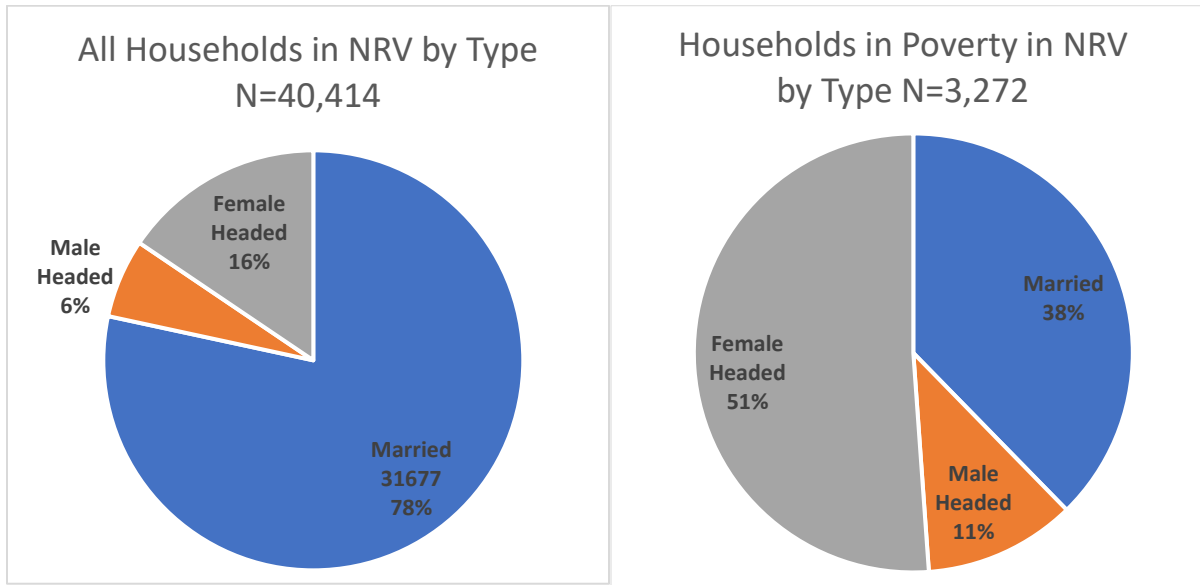

Figure 27 All NRV Households by Type (US Census Bureau, 2019)

Figure 28 NRV Households Below Poverty by Type (US Census Bureau, 2019)
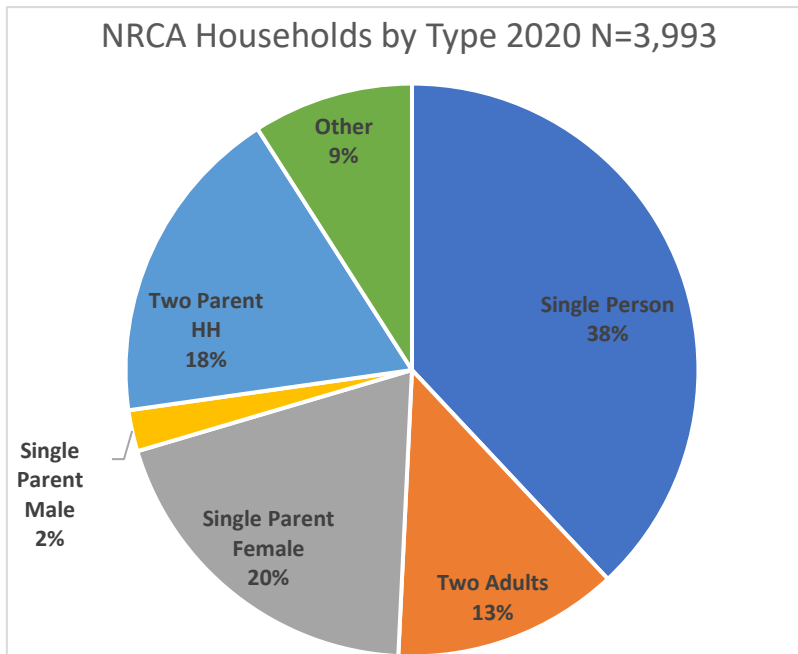
Figure 29 NRCA Households Served 2020 by Type (NRCA Client Database)

Looking at the ACS estimates by each jurisdiction, Radford doesn't have any male-headed households in poverty, while Pulaski has the highest proportion of male-headed households in poverty at 17.3%. In Radford, two out of every three households in poverty is female-headed.

Figure 29 shows households served by NRCA in 2020 by type. The categorizations differ from ones provided by ACS, but a loose comparison to Figure 28 shows that NRCA's services are roughly in alignment with the distribution of poverty in the community. Roughly half of households in poverty in the NRV are female-headed, and roughly half of NRCA's services target female-headed households (after excluding single person, two adult, and other household types).

In terms of household size, households below poverty are more likely to have children. About half of all households above poverty have no children. According to Figure 26, about 45% of married-couple families below poverty have no children, about 40% of male-headed households below poverty have no children, and only 18.3% of female-headed households below poverty have no children. About one third of male-headed and married-couple households below poverty have one or two children, while 63.6% of female-headed households have one or two children.

Is there any association with more children and poverty status? To get a rate of larger family size, we can add together all the families with more than three children within the two subgroups (families below and families at or above poverty) and divide by the total number of families in the subgroup. This calculation shows that about 5% of families above poverty have more than three children while 20.7% of families below poverty have more than three children. This makes sense as we know having children constrains the household budget and makes it more difficult to work. NRCA's household data is not directly comparable, as the number of people in the household does not correlate directly to the number of children in a household. The rate of larger family size can loosely be compared to NRCA's metric of household size. 15.5% of households served by NRCA have more than five individuals. It may be possible that some four person households would have three children, so NRCA is close to being on track in terms of serving clients with the same characteristics as the community.
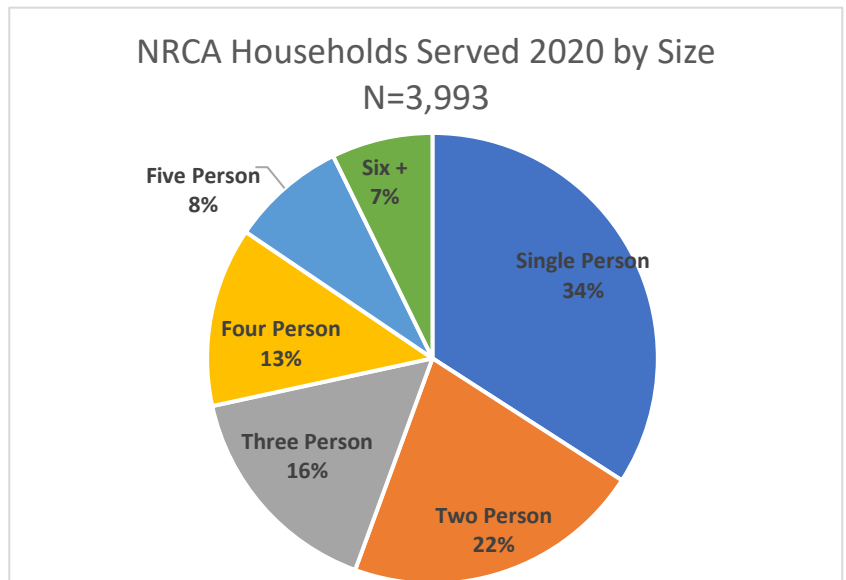

Figure 30 NRCA Households Served 2020 by Size (NRCA Client Database)

Community Needs and Resources

Education: Children and Youth

Early Childhood Education

Figures 14 and 15 show the proportion of children under five in poverty for each jurisdiction in the NRV. Approximately 16% of children under age five in the NRV live below the poverty threshold, or 1,200 children. In Pulaski and Radford, the proportion of children under five in poverty is over 20%.

0-36 Months

Childcare for infants and toddlers is a top need in the NRV – comments about the lack of early childhood care accounted for about 5% of total pre-COVID needs in interviews and focus groups. 52% of low-income survey respondents indicated that lack of childcare was their biggest impediment to getting education. In the THRIVE focus group, one participant said, low-income parents…

> …can't get a job because there's no affordable childcare, if there's no family close by and willing to do it for next to nothing.

Capacity is lacking for 82% of children ages 0-36 months (Figure 3). Compounding this problem is the issue of affordability: infant and toddler care is prohibitively expensive for minimum wage and median wage workers. The NRV needs an increase in Early Head Start slots. The average cost of infant care in Virginia is $14,063 per year (Economic Policy Institute, 2020). A worker making minimum wage, or $15,080 per year, would spend 93% of their income on infant care. Area median income for a household ranges from $36,000 in Radford to $58,000 in Montgomery County (US Census Bureau, 2019). For childcare to be considered affordable (no more than 7% of annual income), the cost would need to range from $2,520 in Radford to $4,060 in Montgomery County.

Without developmentally appropriate care, low-income children are falling behind in their first few years of life. Head Start assessment data at enrollment shows the proportion of three-year-old children from 100% FPL households below benchmarks. The proportion of three-year old children not meeting benchmarks increased between the two program years, which coincided with the pandemic.

	2019-2020	2020-2021
Cognitive	38%	46%
Language	38%	44%
Literacy	53%	55%
Math	51%	55%
Physical	28%	32%
Social Emotional	46%	44%

Figure 31 Proportion of Three-Year-Old Head Start Children Not Meeting Benchmarks at Enrollment by Program Year (Head Start Database)

Informants across the NRV reported that COVID-19 worsened the existing early childhood care crisis. A few smaller centers shut down for the 2019-2020 year, while larger centers were able to continue operating but with lower capacity. Key informants reported that Cares Act funding was applied haphazardly to centers, and that smaller home-based centers had difficulty accessing supports such as the Paycheck Protection Program. A key informant said that there had been an increase in Facebook marketplace posts of families looking for childcare, and a concern that children were being put in unsafe situations. Participants in NRCA's CHIP program also reported increased childcare needs in 2020, pointing to a deepening crisis for low-income families. In 2020, 16% of families at enrollment reported unmet childcare needs. After a year, there was a 29% increase in families reporting this need.

Preschool Age

NRCA Head Start and the Virginia Preschool Initiative (VPI) address the problem of affordability of preschool and care for three- and four-year old children, although additional slots and coverage is needed. NRCA's CHIP program provides health and parenting support for low-income families with children under age five through home visiting. In addition to home visits, CHIP staff connect families to childcare and health resources in the community. At the beginning of 2020, 50% of three- and four-year old children in CHIP were enrolled in school or childcare. By the end of the year, 63% were enrolled.

The top needs of the low-income community with regards to care for three- and four-year old children are off-hours coverage and transportation. Many families require evening and weekend care which is not offered by Head Start or VPI. Another top need with regards to childcare and early education is transportation: some families in more remote areas lack the means to transport their children to Head Start. Many social workers reported a frequency in missed appointments due to lack of childcare before the pandemic, but that the pandemic alleviated the childcare shortage for some families. Some working parents found the increase in tele-health and virtual meeting options for social service appointments during the pandemic to be helpful for childcare. In 2020, NRCA's CHIP participants responded to a survey specifically targeting their satisfaction with changes made to the program due to the pandemic. CHIP staff were not able to visit with clients in their homes and were instead doing a combination of outdoor visits and video calls. While most respondents preferred the pre-pandemic home visits, 62% of respondents said that they would like a combination of video calls and home visits in the future.

	2017-2018		2018-2019		2019-2020	
	#	%	#	%	#	%
Virginia	12,266	16.0%	13,100	17.0%	12,289	15.7%
Floyd	25	20.0%	28	22.0%	11	8.5%
Giles	51	26.0%	58	30.0%	36	21.7%
Montgomery	103	13.0%	108	15.0%	116	16.1%
Pulaski	85	27.0%	94	30.0%	94	29.7%
Radford	17	15.0%	25	22.0%	22	17.7%

Figure 32 Children Behind on Literacy Skills (PALS-K) 2017-2020 (KIDS COUNT, 2020)

Research has shown that several early childhood academic, social-emotional, and behavioral indicators are predictive of students' later academic success. Literacy and math skills are the most significant predictors of future academic achievement, suggesting the need to put more resources into early childhood education to close the achievement gap for low-income children.

Figure 32 displays the number of children behind on literacy skills as measured by the PALS-K assessment. PALS-K is a measure of children's knowledge of several important literacy fundamentals and measures the number of children who are behind in their acquisition of fundamental literacy skills before they enter school. Radford, Pulaski, Montgomery, and Giles all score below the state average in Kindergarten readiness. Almost one in three children in Pulaski are not ready for Kindergarten.

	2019	2020
Virginia	23,772	13,674
Floyd	19	17
Giles	51	28
Montgomery	257	145
Pulaski	32	23
Radford	34	26

Figure 33 Children Receiving Child Care Subsidy 2019 and 2020 (KIDS COUNT, 2020)

The Child Care Subsidy Program is a means-tested subsidy for children under age 13 who are not eligible for public school. Families who meet the TANF income requirements are eligible to receive the subsidy. Although limits vary by the rurality of the jurisdiction, generally TANF income limits are well below the FPL. In 2017, the Government Accountability Office estimated that only about 14% of eligible children receive the childcare subsidy (Government Accountability Office, 2021). Experts believe this is due to difficulty accessing the subsidy, restrictive state eligibility criteria, and long waiting lists. The number of childcare subsidies dropped by about 55% in 2020 (Figure 33). This may reflect the fact that many centers reduced capacity or closed during the pandemic. However, Virginia was one of 44 states that kept paying childcare subsidies to centers, even when children were not attending, to advert a long-term childcare crisis.

Childcare Subsidy Reimbursement Rates							
	Center - Full Day Weekly Rate in $				Family - Full Day Weekly Rate in $		
	Infant	Toddler	Pre-K	School-Age	Infant	Toddler	Pre-K	School-Age
Floyd, Giles, Pulaski and Radford	150	140	120	120	135	110	110	100
Montgomery	195	190	175	165	160	150	120	100

Figure 34 Childcare Subsidy Reimbursement Rates (Virginia Department of Social Services, 2018)

KinderCare is a large for-profit childcare provider in the NRV with three centers in Montgomery County. The centers serve roughly 300 children ages 0-4. As of April 2021, the cost of full-time childcare at a KinderCare center in Blacksburg was $215 per week for a four-year-old and $225 for a two-year-old (KinderCare, 2021). The DSS childcare subsidy rates

are provided in Figure 34 (Virginia Department of Social Services, 2018). There is a $40 difference between the market rate to provide childcare for a four-year-old, and the DSS reimbursement rate for full-time childcare for a four-year-old in Montgomery County. Over a year, this would roughly translate to a $2,000 gap in funding. Many childcare centers, due to high community demand, do not accept the subsidy as payment. Higher rates are needed to help low-income families compete in the childcare market.

Virginia Preschool Initiative (VPI) distributes state funds to schools to provide quality preschool programs for at-risk four-year-old children unserved by Head Start. Children must be at or below 200% FPL, or up to 350% for children with disabilities. VPI served 391 four-year-old children in the NRV in 2019-2020.

Head Start Slots in NRV	
Floyd - Check Elem	10
Floyd - Floyd Elem	19
Giles – Macy Elem	8
Giles - Narrows	20
Giles - Pearisburg	36
Montgomery - Blacksburg	18
Montgomery - Blacksburg Part Day	17
Montgomery - Christiansburg	57
Pulaski - NRCC	18
Pulaski	58
Pulaski Part Day	17
Radford – 1st Baptist	15
Radford - McHarg Elem	26
TOTAL	319

Figure 35 NRCA Head Start Classrooms and Slots (Head Start Database)

In 2019-2020, NRCA's Head Start program served 361 three- and four-year-old children. Head Start had 319 funded preschool slots throughout the NRV. NRCA's Head Start program is preparing hundreds of four-year-old children from households below the poverty threshold for Kindergarten every year. Assessments completed at enrollment, mid-way through the program year, and at end of program year show that four-year-old children are acquiring skills in every dimension. By the time four-year-old children finished Head Start in Spring 2020, the proportion of four-year-old children who were meeting benchmarks increased in every dimension. These gains were made despite the backdrop of the pandemic, even as classrooms were shut down and students were sent home to learn virtually.

	2017-2018	2018-2019	2019-2020
Virginia	17,959	17,657	18,459
Floyd	37	36	34
Giles	22	38	41
Montgomery	198	194	198
Pulaski	84	100	93
Radford	15	26	25

Figure 36 Four-Year-Old Children Served by VPI (KIDS COUNT, 2020)

% of Four-Year-Old Children in Head Start Meeting Benchmarks			
	Period 1	Period 2	Period 3
Cognitive	43%	73%	85%
Language	48%	70%	82%
Literacy	30%	68%	85%
Math	16%	48%	77%
Physical	50%	69%	83%
Social Emotional	37%	54%	81%

Figure 37 Proportion of Four-Year Old Children Meeting Benchmarks 2019-2020 Program Year (Head Start Database)

Experts in the NRV reported widespread concern about an increase in mental health crises for young children as well as more severe cases of child abuse. The Director of DSS in Floyd County said that while initially child abuse reports decreased because of shutdowns, later child abuse cases had increased in Floyd County. Parents were under financial stress due to job loss or trying to work while taking care of their children at home. Informants expressed concern that stress is often taken out on children. At the same time, young children lost opportunities to socialize with their peers through play groups or congregant care settings. Many summer camps and summer enrichment opportunities were cancelled, including NRCA's Head Start programs. A key informant from the NRV Health District reported that a two-year-old child in Radford died because of child abuse, the first such death in many years. The Women's Resource Center corroborated this, reporting that women could not get away from their abusers during the pandemic, and that children were sometimes trapped at home in these circumstances.

Home visiting programs emerged as critical resource for families with young children during the pandemic. NRCA's Head Start and CHIP programs were critical supports for low-income families with young children, checking in frequently with families and connecting them to resources. When asked the most helpful thing about a home visiting program during a crisis, respondents said that the visits helped them feel more normal and "not stuck home alone all the time." Another client said:

Keeping my sanity! Knowing I'm not alone and we can get through this!

Children and Youth (Ages 5-17): Public School

Approximately 16% of children and youth ages 5 to 17, or 3,300 individuals, live in poverty in the NRV. A top need of children and youth in the NRV is safe, supervised after-school care and recreation opportunities. Floyd County is particularly lacking in after-school programming for at-risk kids and teens. Summer school operates from 8-12:30 PM, making it difficult for working parents to find adequate childcare during the summers. Libraries and recreation centers are critical community resources, but more programming is needed to alleviate the need for children and working parents.

Public school enrollment from the 2018-2019 school year for the NRV is provided in Figure 38. On average in the NRV, schools spent a little over $11,000 per pupil (Virginia Economic Development Partnership, 2019). This falls below the state average of $12,931 for the 2018-2019 school year (Virginia Department of Education, 2019).

Public School Enrollment (Fall 2018)

Level	Number	Enrollment
Elementary	18	7,618
Combined	7	2,665
Middle	7	3,418
High School	9	6,427

Student Teacher Ratio (FY 2018)

Elementary	14:1
Secondary	10:1

Per Pupil Expenditure (FY 2018) (US$)

11,082.12

On-Time Graduation Rate (Class of 2018)

95.3%

High School Graduates Continuing Education (2017-2018)

82.7%

Figure 38 Public School Characteristics NRV (Virginia Economic Development Partnership, 2019)

A closer look at average per pupil expenditures and pupil-teacher ratios by locality shows that Radford and Giles are spending about $500 less per pupil than other localities. Montgomery County is an outlier with a ratio of 17 primary students per one teacher. Montgomery County has the lowest ratio of students to teachers in secondary schools.

Fiscal Year 2018	FLOYD	GILES	MONTGOMERY	PULASKI	RADFORD
Pupil-Teacher Ratio, 8-12	14.2	11.0	9.3	11.3	11.6
Pupil-Teacher Ratio, K -7	11.8	12.3	17.2	10.8	13.1
Per Pupil Expenditures	$11,046	$10,610	$11,204	$11,261	$10,652

Figure 39 Pupil Teacher Ratio 2018 by Locality (Virginia Economic Development Partnership, 2018)

Special education services are available for children 0-22 years of age. Floyd, Giles, and Pulaski have a higher-than-average proportion of students receiving special education services, with Giles falling 3.5 percentage points above the state average.

Proportion of Students Receiving Special Education			
	2017-2018	2018-2019	2019-2020
Virginia	12.9%	13.2%	13.5%
Floyd	13.8%	13.1%	14.4%
Giles	15.7%	16.0%	17.1%
Montgomery	9.5%	10.1%	10.1%
Pulaski	15.8%	15.1%	14.9%
Radford	13.2%	12.9%	13.0%

Figure 40 Proportion of Students Receiving Special Education Services (KIDS COUNT, 2020)

Passage Rate for Third Graders for Reading Subject Standards of Learning (SOL)				
	2015	2016	2017	2018
Virginia	76.0%	74.6%	72.4%	70.6%
Floyd	71.0%	75.4%	62.0%	66.4%
Giles	77.0%	70.8%	68.3%	68.4%
Montgomery	84.0%	78.1%	74.4%	72.4%
Pulaski	75.0%	70.8%	70.1%	67.1%
Radford	64.0%	76.9%	76.9%	73.3%

Figure 41 Passage Rate for All Third Graders - Third Grade Reading Subject (KIDS COUNT, 2020)

Third grade reading scores are a critical early success indicator, as third grade is the last year children are considered as learning to read. Beginning in fourth grade, as much as half of the curriculum will be incomprehensible to a non-reader. Third-grade students in Floyd, Giles and Pulaski fell behind the state average passing rate for the reading subject of the SOL's in 2015 to 2018.

Passage Rate for Third Graders Who are Economically Disadvantaged for Reading Subject SOL (%)				
	2015	2016	2017	2018
Virginia	64.3%	62.3%	59.4%	57.0%
Floyd	60.0%	65.7%	59.7%	60.0%
Giles	67.2%	60.0%	58.0%	56.2%
Montgomery	71.6%	65.7%	61.2%	57.1%
Pulaski	68.7%	65.1%	63.3%	58.6%
Radford	44.4%	66.7%	67.1%	57.4%

Figure 42 Passage Rate for Economically Disadvantaged Third Graders - Third Grade Reading Subject (KIDS COUNT, 2020)

Comparing the proportion of all third graders who pass the reading SOL to the proportion of economically disadvantaged third graders who pass shows the differing education outcomes for low-income students. Economically disadvantaged students are defined as being eligible for free and reduced meals, or receiving TANF, or eligible for Medicaid, or identified as Migrant or homeless. Overall, economically disadvantaged third graders from the NRV perform a bit better than the average for Virginia. In the NRV, localities with the highest overall scores also have the greatest achievement gaps. Montgomery County has a 15.3 percentage point difference between all third grader achievement and disadvantaged third grader achievement. Radford has a 15.9 percentage point difference. Floyd has the lowest overall achievement in the NRV, but the smallest achievement gap (6.4 percentage point difference).

The proportion of students K-3 who repeat a grade are shown below. Although the proportion has been falling in Giles County, the statistic is still considerably higher than the rest of the NRV and the state. Giles County also had the highest proportion of students receiving special education services.

Figures 44 and 45 show data from the VA Department of Education. Average SOL pass rates for all subject areas are shown for each jurisdiction for two school years and for all students versus economically disadvantaged students. Average pass rates decreased in Pulaski and Giles from the 2018 school year to the 2019 school year. Radford saw the biggest improvement.

Scores for economically disadvantaged students also decreased from 2018 to 2019 in Giles and Pulaski. Average pass rates decreased by five percentage points in Pulaski.

% of Children Repeating Grades K-3			
	2017-2018	2018-2019	2019-2020
Virginia	1.4%	1.4%	1.3%
Floyd	*	1.1%	0.4%
Giles	5.3%	6.4%	3.6%
Montgomery	0.4%	0.5%	0.6%
Pulaski	1.9%	1.2%	0.9%
Radford	*	0.2%	0.2%

Figure 43 Proportion of Students K-3 Who Repeat a Grade (KIDS COUNT, 2020)

SOL Average Pass Rate (%) All Subjects All Students		
	2017-2018	2018-2019
Floyd	77.6	78.4
Giles	82.8	80.6
Montgomery	80.8	81
Pulaski	76.4	72.8
Radford	82.4	84

Figure 44 Average Pass Rate All Students – All Subjects (Virginia Department of Education, 2021)

Radford, Floyd, and Montgomery saw small improvements for economically disadvantaged students.

Figure 46 shows the achievement gap between all students and economically disadvantaged students by year and location. The achievement gap between all students and economically

SOL Average Pass Rate (%) All Subjects Economically Disadvantaged Students		
	2017-2018	2018-2019
Floyd	63.2	64
Giles	74.2	72.8
Montgomery	64.4	65.2
Pulaski	67.4	62.4
Radford	69.8	72.2

Figure 45 Average Pass Rate Economically Disadvantaged Students – All Subjects (Virginia Department of Education, 2021)

Difference in Pass Rates (Figures 44 and 45)		
	2017-2018	2018-2019
Floyd	-14.4	-14.4
Giles	-8.6	-7.8
Montgomery	-16.4	-15.8
Pulaski	-9	-10.4
Radford	-12.6	-11.8

Figure 46 Difference in SOL Pass Rates All Students vs Economically Disadvantaged Students (Virginia Department of Education, 2021)

disadvantaged students in the NRV is roughly 10 percentage points. Montgomery had the biggest achievement gap, although it decreased slightly between the school years. Radford and Floyd also had achievement gaps greater than 10 percentage points. The achievement gap decreased in all jurisdictions except Pulaski.

The on-time graduation rate is the percentage of students in a cohort who earned a Board of Education-approved diploma within four years of entering high school for the first time. Percentages are based on longitudinal student data and take into account student mobility. Floyd students are graduating on-time at very high rates (98%). Only 90.8% of Giles County students are graduating on-time. Looking back to previous indicators, we can see that Giles has the highest proportion of students receiving special education as well as the highest rates of absenteeism and children repeating grades K-3. All of this points to the need to support families and children academically in Giles County.

Proportion of Students Who Graduated On-Time				
	2017	2018	2019	2020
Virginia	91.6%	91.6%	91.5%	92.5%
Floyd	97.8%	97.8%	98.7%	98.0%
Giles	92.7%	92.7%	90.9%	90.8%
Montgomery	95.4%	95.4%	96.0%	94.3%
Pulaski	94.8%	94.8%	91.6%	94.3%
Radford	96.9%	96.9%	96.2%	97.0%

Figure 47 Proportion of Students Who Graduated On-Time (KIDS COUNT, 2020)

Figure 48 provides chronic absentee data for the NRV for three school years. Chronic absenteeism is defined by Virginia Department of Education as the number of students missing 10 days or more of school. Absenteeism increased for most regions over the three-year period. Giles County had the highest rates of absenteeism, and Pulaski was also higher than average for the state. Floyd was the only region with lower than state average absenteeism.

During the pandemic, many families struggled to juggle jobs with supporting their children's virtual education. This struggle was more acute for low-income families due to lack of technology at home, and other factors such as less space for children to work quietly and without interruption. A staff person from the Community Foundation of the NRV said "we're seeing a lot of remote students who were good students struggling." A key informant from Radford Department of Social Services reported higher than average truancy numbers during the pandemic for both virtual and in person learners. She said,

Chronic Absenteeism						
	2016-2017		2017-2018		2018-2019	
	Total	%	Total	%	Total	%
Virginia	125,976	10.6%	139,124	11.1%	134,310	10.7%
Floyd	197	9.9%	171	8.7%	190	10.1%
Giles	285	12.0%	291	12.2%	342	14.6%
Montgomery	820	8.7%	965	10.0%	1087	11.2%
Pulaski	493	11.9%	619	15.3%	512	13.0%
Radford	143	9.1%	164	10.4%	179	11.3%

Figure 48 Chronic Absenteeism - Absent 10% or More of School Days (KIDS COUNT, 2020)

"The pandemic has been an excuse for families to check out." At the same time, teachers have not been able to serve in their role as mandatory reporters of child abuse, raising concerns that cases of child abuse were going unnoticed.

Figure 49 provides truancy data for the NRV for the 2019 and 2020 school years in order to gauge the effects of the pandemic on student attendance. Truancy is defined as having more than seven days of unexcused absences during a school year. The data shows an explosion in the numbers of students with truancy cases. For Floyd and Montgomery truancy increased by a factor of 11 and 13 respectively.

Students Who Accumulated At Least 7 Unexcused Absences During the Year			
	2018-2019	2019-2020	Change Factor
Floyd County Public Schools	4	44	11.0
Giles County Public Schools	*	206	n/a
Montgomery County Public Schools	38	506	13.3
Pulaski County Public Schools	52	177	3.4
Radford City Public Schools	31	75	2.4

*Figure 49 Students Who Accumulated Seven or More Unexcused Absences During School Year (Virginia Department of Education, 2021) *Data not available*

Supporting school-aged children outside of school can help close the achievement gap and alleviate other social, behavioral, and health needs. A member of law enforcement from Montgomery County reported an uptick in juvenile crimes because of less time in school and after school programs. Mental health and domestic violence experts reported concern about unsupervised school age children, and social service workers all expressed concern about the lack of safe after school and summer programming.

Adult Education

In the NRV, about 10,000 residents over the age of 25, or about 9% of this sub-population, do not have a high school diploma or GED. The proportion of residents over age 25 without high school diploma or equivalency is highest in Floyd (13%), Pulaski (12.5%), and Giles (11%). The rate in Radford is lower at 9%, and Montgomery is the lowest at 6.8% (US Census Bureau, 2019).

	NRV	Floyd	Giles	Montgomery	Pulaski	Radford
Population Over Age 25	113,457	11,619	12,103	55,964	25,571	8,200
Less than 9th	3,777	796	465	1,073	1,109	334
9th-12th	6,809	711	875	2,729	2,103	391
HS graduate or equivalency	32,347	4,146	4,686	13,076	8,488	1,951
Some college	22,597	2,326	2,999	10,020	5,606	1,646
Associate's	9,480	1,073	885	3,620	3,139	763
Bachelor's	19,788	1,541	1,429	12,227	3,096	1,495
Graduate or professional	18,659	1,026	764	13,219	2,030	1,620

Figure 50 Residents Over Age 25 by Educational Attainment (US Census Bureau, 2019)

Median Earnings in Past 12 Months (in 2019 $)					
	Floyd	Giles	Montgomery	Pulaski	Radford
Median for Population Over Age 25 with Earnings	35,208	36,650	41,933	37,247	41,703
Less than HS graduate	15,104	31,047	23,676	22,067	14,000
HS graduate or equivalency	31,161	32,479	31,495	29,642	31,667
Some college or associate's	39,148	35,361	35,505	38,480	33,556
Bachelor's	55,526	46,410	43,320	44,713	44,699
Graduate or professional	54,417	60,000	61,837	50,192	54,923

Figure 51 Median Earnings for Residents over Age 25 by Educational Attainment (US Census Bureau, 2019)

Educational attainment is a strong predictor of income. Median incomes by educational attainment are provided in Figure 50. The income prospects of a resident in Giles without a high school diploma are the strongest, with an average income of $31,000. Radford has the lowest average income for this group at $14,000.

A lack of high school diploma is a common characteristic of adults over age 25 served by NRCA. About half the adults over age 25 served by NRCA are high school graduates. 22% of NRCA adult clients do not have a high school diploma or equivalency. Breaking this data down by jurisdiction, adult clients from Giles County have the lowest education levels: 28% do not have high school diplomas or equivalencies. Pulaski and Floyd County clients are also on the low side with 24% of clients from those localities lacking high school diplomas.

NRCA Client Education Level (Adults Ages 25+) 2020, N=5,111

- Grades 0-8: 4%
- Grades 9-12/Nongraduate: 18%
- HS Graduate/Equivalency: 47%
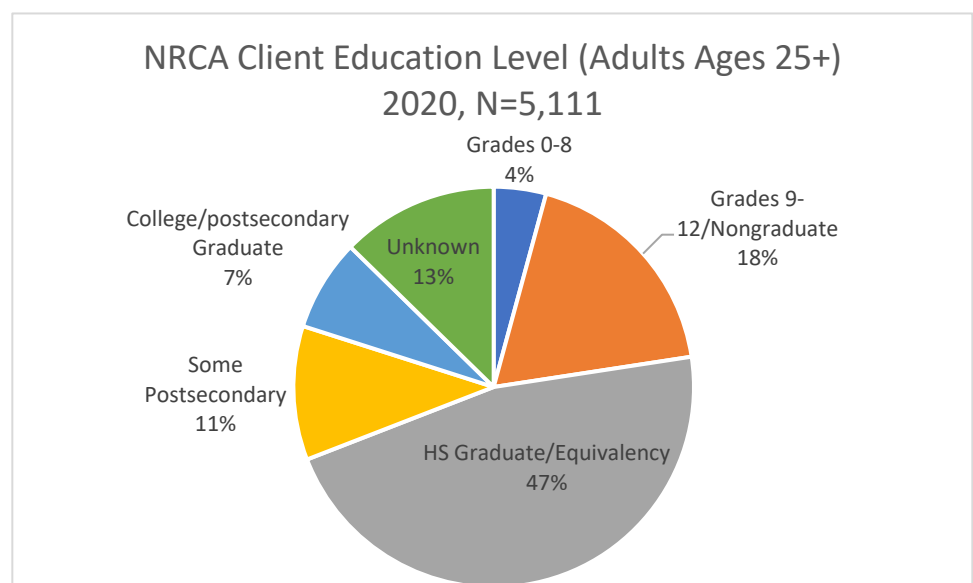- Some Postsecondary: 11%
- College/postsecondary Graduate: 7%
- Unknown: 13%

Figure 52 NRCA Client Education Level for Adults Ages 25+ in 2020 (NRCA Client Database)

Location	% lacking *basic prose literacy*
Floyd	14%
Giles	13%
Montgomery	10%
Pulaski	12%
Radford	9%
Virginia	12%

Figure 53 Proportion of Population Lacking Basic Prose Literacy (National Center for Education Statistics, 2003)

In 1992 and 2003, the National Center for Education Statistics (NCES) produced estimates of the percentage of adults lacking basic literacy skills. The margin of error for these estimates is large, and demographics have shifted since 2003. According to NCES estimates, low literacy among adults is higher in Floyd (14%) and Giles (13%) than the state average (12%).

English as Second Language

About 700 households, or 1% of total households in the NRV, are estimated to have limited English language skills. By comparison, NRCA served 3,821 households in 2020. Of those households served, 50 (or 1.3%) indicated that their language proficiency was beginner/low-level English.

The NRV has a lower proportion of Spanish-speaking households than the average for the state of Virginia, and these households have better English skills than average for the state. An estimated 2.6% of households in the NRV speak Spanish, and of those 5.4% are estimated to have limited English language skills. By comparison, 6.8% of households in Virginia speak Spanish, while 19.4% of those are estimated to have limited English language skills (US Census Bureau, 2019).

The NRV's Asian/Pacific Island community is estimated to have high number of households with limited English language skills. 2.5% of households in the NRV speak an Asian or Pacific Island language, and of these 24% have limited English skills. 4.1% of households in Virginia speak an Asian/Pacific Island language, while 19.1% of these have limited English language skills. This points to a need to address the language barrier for Asian language speaking households in the NRV.

The top needs in terms of adult education in the NRV are reaching households with low education, English language, and low literacy, financial, and technology levels. Agencies that serve the low-income community need to support households with low prose literacy and technology literacy in filling out forms and navigating the complex resource system. The Literacy Volunteers of the NRV can help adults learn English-as-a-second language, increase basic literacy skills, and work toward a GED. Experts around the NRV report that this resource is underused. This points to the need to connect households to the service, and to address barriers such as childcare or transportation that may prevent families from accessing it. The pandemic increased the severity of the technology gap as it became harder to reach individuals with lower knowledge and less access to technology. Caseworkers described the difficulty providing technology coaching virtually.

The NRV has several critical resources to help adults increase their vocational skills, however, there is not enough vocational training to meet the demand. The NRV lacks trade schools, especially shorter training courses. Floyd County in particular lacks this type of resource. This need was seriously compounded by the pandemic: New River Community College's trade programs were put on hold, as these types of courses must meet in-person. NRCC received CARES act funding for emergency financial aid for low-income students and to support financial strains to the institution during the pandemic. The NRV can expect to see an increase in the need for vocational training during pandemic recovery, as many adults put these plans on hold. According to a SCHEV estimate, most of the drop in higher education enrollment during the pandemic was attributable to community colleges or two-year degree programs, which suggests that low-income students faced greater barriers accessing education during the pandemic.

Fall Enrollment in Virginia Institutions by Sector

■ 2019 (Actual)   ■ 2020 (Estimate)
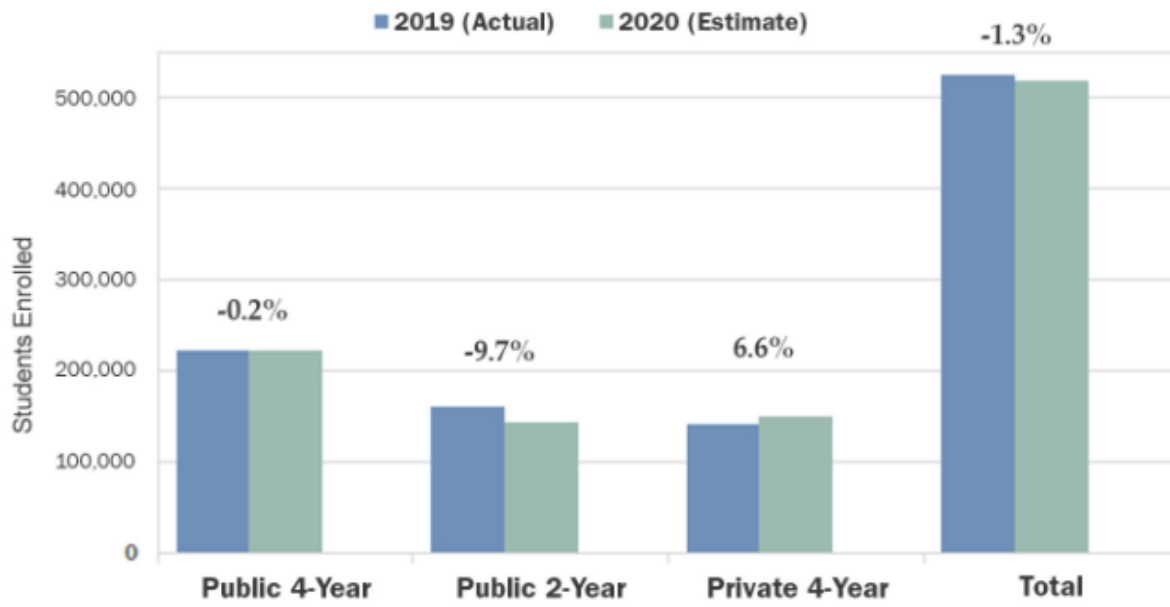
Source: SCHEV Early Enrollment Estimates, https://research.schev.edu/enrollment/EEE_Reports.asp

Figure 54 Fall Enrollment in Virginia Institutions by Sector (State Council for Higher Education for Virginia, 2020)

Employment

Labor force participation is strongly related to poverty status among other demographic characteristics. Labor force participation follows a U-shape, with youth and young adults entering the workforce in a steep curve then older adults exiting the labor force at retirement in a steep curve. This U-shape also tends to fit the relationship between age and poverty. Young children are most likely to live in poverty, middle-aged individuals less likely, and then poverty increases again for elderly individuals (Science Direct, 2021). Likewise, as young adults are pursuing higher education in greater numbers, there has been an increase in poverty among young adults. The labor force participation rates for individuals over age 16 for each jurisdiction and the state are provided in Figure 55. Each jurisdiction in the NRV has lower labor force participation rates than the state average. Radford has the lowest overall labor force participation rate, and the highest poverty rate (36.3%)— see Figures 14 and 15 for poverty rates by jurisdiction. Montgomery County has the next lowest labor force participation rate, and the second highest poverty level (23.5%). We can therefore see the direct negative relationship between labor force participation and poverty: as labor force participation decreases, poverty increases.

Labor Force Participation Rate Age 16+ ACS 5 Year Estimate 2019	
Floyd	57.3%
Giles	57.4%
Montgomery	56.7%
Pulaski	57.2%
Radford	54.3%
Virginia	65.9%

Figure 55 Labor Force Participation Rate Ages 16+ (US Census Bureau, 2019)

Labor force participation rates are broken down by status above and below poverty in Figure 56. Most jurisdictions in the NRV had an estimated 40% labor force participation rate for individuals below poverty. Montgomery County was an outlier with only 33.9% of individuals below poverty participating in the labor force. All jurisdictions fall below the state average of 48.3%.

Labor Force Participation Rate by Poverty Status ACS 5 Year Estimate 2019		
	< FPL	≥ FPL
Floyd	38.0%	78.8%
Giles	39.8%	80.1%
Montgomery	33.9%	83.2%
Pulaski	40.9%	84.0%
Radford	40.5%	83.9%
Virginia	48.3%	84.4%

Figure 56 Labor Force Participation Rate by Poverty Status (US Census Bureau, 2019)

Labor Force Participation Rate by Sex - ACS 5 Year Estimate 2019		
	Female	Male
Floyd	80.1%	68.4%
Giles	83.9%	68.5%
Montgomery	71.1%	68.0%
Pulaski	76.3%	73.1%
Radford	66.1%	62.4%

Figure 57 Labor Force Participation Rate by Sex (US Census Bureau, 2019)

Figures 58 and 59 show data from the US Census Bureau table "Poverty Status in the Last 12 Months." The tables show the proportion of the population below FPL as a percentage of the total population (not counting individuals living in dormitories, institutions, prisons, or in the military). Work experience data for the population over age 16 by poverty status is shown for the NRV as well as each jurisdiction. Among individuals over age 16 in the NRV who worked full-time/year-round, only 2.1% were below FPL. Of those individuals over 16 who worked less than full-time/year-round, 36.8% were below FPL. 31.2% of individuals over 16 who did not work were below FPL. There is a strong relationship between work experience and poverty status.

	NRV			Floyd			Giles		
	Total	< Poverty	% < Poverty	Total	< Poverty	% < Poverty	Total	< Poverty	% < Poverty
Population age 16 + for whom poverty status is determined	142,947	30,386	21.3%	12,998	1,435	11.0%	13,598	1,251	9.2%
Worked FT / year-round in past 12 mos	55,748	1,146	2.1%	5,248	61	1.2%	5,607	105	1.9%
Worked < FT / year-round past 12 mos	35,922	13,218	36.8%	2,644	397	15.0%	2,408	339	14.1%
Did not work	51,277	16,022	31.2%	5,106	977	19.1%	5,583	807	14.5%

Figure 58 Population Over Age 16 for Whom Poverty Status is Determined by Poverty Status and Work Experience – NRV Total, Floyd and Giles (US Census Bureau, 2019)

	Montgomery			Pulaski			Radford		
	Total	< Poverty	% < Poverty	Total	< Poverty	% < Poverty	Total	< Poverty	% < Poverty
Population age 16 + for whom poverty status is determined	75,520	18,980	25.1%	27,756	3,639	13.1%	13,075	5,081	38.9%
Worked FT / year-round in past 12 mos	29,014	700	2.4%	11,811	212	1.8%	4,068	68	1.7%
Worked < FT / year-round past 12 mos	21,080	8,649	41.0%	5,016	794	15.8%	4,774	3,039	63.7%
Did not work	25,426	9,631	37.9%	10,929	2,633	24.1%	4,233	1,974	46.6%

Figure 59 Population Over Age 16 for Whom Poverty Status is Determined by Poverty Status and Work Experience – Montgomery, Pulaski and Radford (US Census Bureau, 2019)

Before the pandemic, the unemployment rate in the NRV had been falling steadily since 2015. According to the U.S. Department of Labor, unemployment for this five-year period fell from 4.2% to 2.6%. This trend mirrors the national trends in unemployment during the same period.

Monthly unemployment rates are provided below for the months leading up to the pandemic and during the ensuing national crisis. At the height of statewide shutdowns, unemployment rates ranged from up to 16.8% in Pulaski County to 9.2% in Montgomery County.

Annual Average Unemployment Rate (%)				
	2017	2018	2019	2020
Floyd	3.6	2.7	2.5	5.1
Giles	4.6	3.3	3.1	6.3
Montgomery	3.7	2.9	2.7	4.8
Pulaski	5.3	3.4	3.2	7.9
Radford	4.9	3.7	3.4	6.3
State	3.7	2.9	2.7	6.2
National	4.4	3.9	3.7	8.1

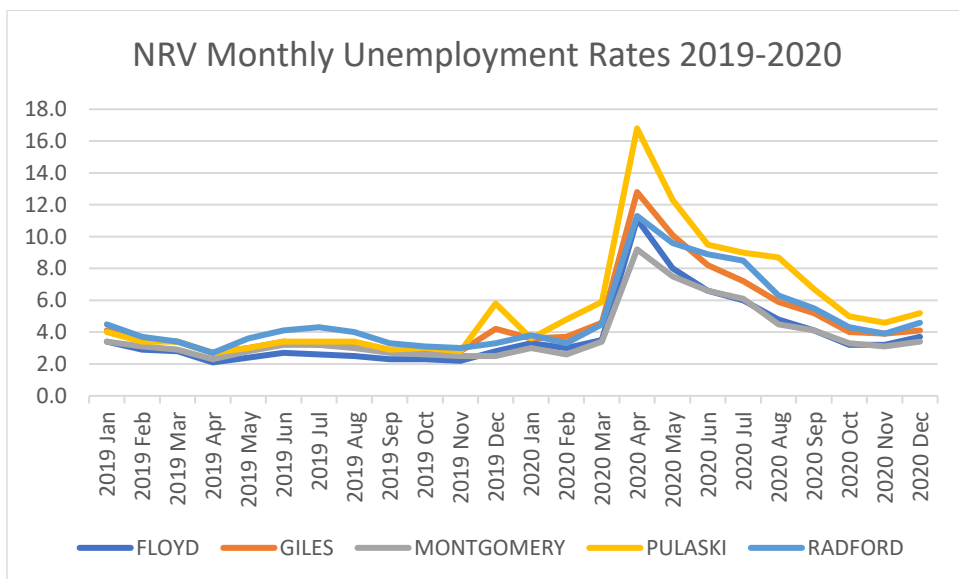*Figure 60 Annual Average Unemployment Rates (US Department of Labor, 2021)*

Figure 61 Monthly Unemployment Rates (US Department of Labor, 2021)

The economy in the NRV has been steadily recovering since the height of the pandemic shutdowns. The unemployment rates as of December 2020 are provided in Figure 62. While the regional trends are positive in the NRV, many experts have pointed to the need to look at unemployment rates by sector and demographics. The "k-shaped" recovery refers to differing trajectories of economic impacts. For example, many white-collar jobs in the science, technology, legal and finance industries pivoted quickly to tele-work. Service-industry jobs such as hospitality, food service, and private household services did not have this flexibility. The "k" shape describes the relatively quick recovery in white-collar jobs, and sluggish recovery in service-industry jobs. Service-industry jobs are generally held by lower-wage workers.

Unemployment Rate December 2020	
Floyd	3.7
Giles	4.1
Montgomery	3.4
Pulaski	5.2
Radford	4.6

Figure 62 Unemployment Rate December 2020 (US Department of Labor, 2021)

Unemployment affects demographic groups differently. According to the Bureau of Labor Statistics, unemployment for White workers jumped about 3 percentage points from the fourth quarter of 2019 to the fourth quarter of 2020. During the same period, unemployment increased more for Asian, Black and Hispanic/Latino workers.

National Unemployment Rate for Adults over Age 20					
	Total	White	Black	Asian	Hispanic/Latino
Q4 2019	3	2.7	5	2.5	3.5
Q4 2020	6.2	5.5	9.6	6.7	8.3
Change	+3.2	+2.8	+4.6	+4.2	+4.8

Figure 63 Unemployment Rate Q4 2019 and 2020 by Race (US Department of Labor, 2021)

The Virginia Economic Development Partnership (VEDP) collects job growth and job reduction data from local and regional partners. The data is not a complete accounting of job growth and reduction but can offer a general picture. According to this data shown in Figure 64, from 2015 to 2021 the NRV gained more jobs than it lost. Pulaski was the only locality that lost more jobs than it gained during the period. Pulaski tends to see fluctuations in manufacturing jobs as Volvo is the major employer in the sector and implements regular job reductions and rehires. In Montgomery, most job growth was in technology with a minority in manufacturing. In Pulaski, most job growth was in manufacturing.

Changes in Number of Jobs 2015-2021			
	New	Closings	Net Change
Floyd	41	0	+41
Giles	145	0	+145
Montgomery	1,573	0	+1,573
Pulaski	1, 507	1,880	-373
Radford	0	0	0
Total	3,266	1,880	+1,386

Figure 64 NRV Job Change 2015-2021 (Virginia Economic Development Partnership, 2021)

VEDP also provides snapshots for every jurisdiction in Virginia, which show changes in population, employment, education, and income levels. Statistics are calculated from a variety of sources including the US Census Bureau, Virginia Employment Commission, Virginia Department of Education, and US Department of Commerce. Data from VEDP snapshots is provided in Figure 65.

This data corroborates the falling unemployment trends and VEDP job growth and reduction data which all show a positive picture of economic growth in the NRV in the years leading up to the pandemic. This positive trend was not shared equally across the NRV: Giles lost 25% of its manufacturing employment, and although it gained roughly 66% in professional, scientific, and technical services, there was still an overall 4% loss of employment. Floyd and Pulaski experienced the highest growth, with the majority due to increases in manufacturing.

Changes in Employment NRV 2010-2018					
	Floyd	Giles	Montgomery	Pulaski	Radford
Manufacturing Employment (2018)	363	758	5,158	4,920	804
Manufacturing Employment as a % of Total Employment (2018)	10.8%	17%	12.1%	35.1%	13.3%
% Change in Manufacturing Employment (2010-2018)	30.1%	-25.2%	8.6%	81%	-24.2%
Professional, Scientific & Technical Services Employment (2018)	74	373	2,361	229	105
Professional, Scientific & Technical Services Employment as a % of Total Employment (2018)	2.2%	8.4%	5.5%	1.6%	1.7%
% Change in Professional, Scientific, and Technical Services Employment (2010-2018)	4.2%	66.5%	18.2%	5%	-37.1%
% Change in Total Employment (2010-2018)	25.8%	-4%	10%	27.2%	1.1%

Figure 65 NRV Employment Changes 2010-2018 (Virginia Economic Development Partnership, 2018)

Lack of living wage jobs was identified as one of the top causes of poverty in the NRV in client, partner, and resident surveys. 55% of low-income survey respondents reported that current jobs were low-paying, and that there were no

living wage jobs for low-skill workers. The NRV has midlevel-skill jobs in IT, manufacturing, construction, maintenance industries, although some experts said that there are not enough, especially in the remote areas of the NRV. Others noted that large manufacturing plants were located outside of towns, putting those without reliable transportation at a disadvantage and underlying the role of transportation on employment.

Christiansburg - Radford - Blacksburg Living Wage								
	1 Adult			2 Adults - 1 working			2 Adults - both working		
	0 Children	1 Child	2 Children	0 Children	1 Child	2 Children	0 Children	1 Child	2 Children
Living Wage	$15.00	$29.78	$36.72	$23.67	$28.24	$31.84	$11.60	$16.28	$20.24
Poverty Wage	$6.13	$8.29	$10.44	$8.29	$10.44	$12.60	$4.14	$5.22	$6.30
Minimum Wage	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25

Figure 66 NRV Urban Living Wage Estimates (Massachusetts Institute of Technology, 2021)

Other experts described the difficulty for a worker making minimum wage to obtain the credentials and training needed to attain living wage jobs. Workers need support to overcome financial and other structural barriers such as transportation, scheduling, and childcare. Many workers are forced to juggle multiple low-wage jobs to make ends meet and cannot find the time to attend vocational school. Other experts report significant barriers at the individual level such as felonies, mental health diagnoses, disability, and addiction. Intervention and support from agencies such as NRCA and NRVCS are needed to support these individuals with training, career counseling, and ongoing job support.

Public information and outreach are needed to educate employers and businesses about hiring individuals with mental health and substance abuse diagnoses, and individuals with felonies. Experts report that many employers will not hire an individual with a substance abuse disorder. Some larger employers like Walmart will not hire ex-offenders. Barrier crimes prevent people from working in certain fields such as healthcare, even if the individual had a solid record working in that field prior to conviction. A nolle prosequi (formal notice that a case has been dropped by the prosecutor) stays on an individual's record and can only be removed by paying an attorney to have it removed. This is not always possible for low-income individuals. Even having a nolle prosequi on record will prevent some employers from hiring an individual. A mental health counselor at New Life Recovery described the barrier these individuals with records face, and the mental health effects of these policies:

> *If you're not going to hire someone with felony, is it going to be helpful for you to go through process of hiring/interviewing only to decide at the end you won't hire because of a felony on record? What does that do to an individual?*

Income

Median household income is provided in Figure 67 for the NRV in 2019. Median income is provided instead of average, as average skews the statistic toward a minority of high-income households. Median income for each jurisdiction in the NRV is below the state household median income of $74,222.

Median Household Income 2019	
Floyd	$51,521
Giles	$54,520
Montgomery	$57,977
Pulaski	$53,866
Radford	$36,297

Figure 67 Median Household Income 2019 (US Census Bureau, 2019)

The median income of households with children data comes from the American Community Survey population estimates. Two different Five Year Population estimates are provided for comparison. During the time that lapsed between the two estimates, incomes of families with children increased state-wide and in the NRV.

Median Income of Families with their Own Children		
	2014-2018	**2015-2019**
Virginia	$85,880	$89,973
Floyd	$59,721	$63,109
Giles	$57,718	$60,349
Montgomery	$83,666	$83,943
Pulaski	$63,026	$62,371
Radford	$67,813	$75,488

Figure 68 Median Income of Families with Their Own Children (KIDS COUNT, 2020)

Children under age six without parents in the labor force are an indicator of child poverty and a top policy concern. Most children under six in the NRV have all parents in the workforce. Giles County is estimated to have 39.9% of children under age six with both parents in the labor force. This shows the need to support families in Giles, as the rate is much lower than the NRV and state.

During the pandemic, many families lost income due to unemployment. An expansion in unemployment insurance provided income security for unemployed workers in the NRV with COVID-related impacts. Three rounds of stimulus checks (April 2020: $1,200 per adult and $500 per dependent; December 2020: $600 per adult and dependent; March 2021: $1,400 per adult and dependent) boosted income for low- and middle-income households. However, the most vulnerable, those without bank accounts, the homeless, and those who had not filed income tax returns, did not initially or never received stimulus checks. Technology and literacy prevented some low-income households from accessing these supports.

Children Under Six with All Parents in Labor Force		
	2014-2018	**2015-2019**
Virginia	67.0%	67.6%
Floyd	75.8%	63.9%
Giles	39.0%	39.9%
Montgomery	66.1%	66.5%
Pulaski	71.9%	74.0%
Radford	49.6%	61.9%

Figure 69 Proportion of Children Under Six with All Parents in Labor Force (KIDS COUNT, 2020)

The IRS estimates that nationally about five million potentially eligible taxpayers do not claim the Earned Income Tax Credit (EITC) each year, resulting in $7 billion in unclaimed credits. IRS research found that people who fail to claim EITC credits tend to live in rural areas and have lower English proficiency among other factors (Tax Policy Center, 2020). Some low-income workers are not required to file tax returns if their income is below the filing threshold. Others do not know that they are eligible for the tax credit or for free filing services. As the provider of the Volunteer Income Tax Assistance (VITA) program, NRCA fills the need for free tax preparation services in the NRV. AARP Tax-Aide also offers free tax preparation services at three locations in Montgomery County. In 2020, VITA assisted 550 tax filers to file their 2019 tax returns in the NRV. Clients received $170,049 in Earned Income Tax Credits and $94,755 in Additional Child Tax Credits. The average adjusted gross income of these clients was $20,903 and the average refund was $1,234.

In the NRV, individuals with mental health and substance abuse issues face significant barriers in trying to access SSDI. A counselor at New Life Recovery Center described the difficulty individuals with mental health diagnoses and substance abuse issues face in trying to be approved for SSDI. Individuals must have a clean drug test to be approved, but recovery is a long process. Without financial support during recovery, relapse is much more likely. Individuals with mental health issues have trouble holding down a job, and at the same time, it's extremely difficult to "prove" that a mental health issue is a disability for SSDI eligibility. The counselor described one client's situation:

I worked with someone who was 37 years old and had 57 in-patient stays. He is currently applying for disability. He's living at a sober living house, even though he didn't have money. He made an arrangement with the owner of house. He has to rely on people's good graces, and he's occurring a debt. Applying for disability is such a long process, it leaves you stranded.

Many experts talked about the perverse incentive inherent to the benefits cliff – i.e., making just enough income to be disqualified for social benefits. Many workers choose to work a bit less, as even a little more income will cut them off from much needed health insurance or housing support. Another perverse incentive of means testing is asset ownership. Low-income individuals are disincentivized to save and invest, as certain assets disqualify them from benefits. One NRCA client responded to the survey:

We need time to get ahead before losing all benefits we receive. We want to better our lives, but are not given any time to save money before any benefits we receive are taken away. We live in income-based housing, and as soon as we get better jobs we are either evicted, or rent skyrockets. Between that and losing benefits, to sum it up, we will be screwed.

ALICE

The "Asset Limited, Income Constrained, Employed" or ALICE tool was developed by United Way to measure individuals above the poverty threshold experiencing financial hardship. The ALICE tool measures the population of working individuals who earn more than the Federal Poverty Level, but less than the basic cost of living. The ALICE threshold is a bare-minimum economic survival level that accounts for the local cost of living. Families earning below the ALICE threshold include both ALICE households and those below the poverty threshold. To calculate the ALICE population, United Way estimates a local Household Survival Budget and compares this with income data. Population data for the ALICE estimates comes from the 2018 American Community Survey shown in Figure 70. According to the 2018 ACS data, households in the $50,000 to $74,999 income bracket are the largest type of household in the NRV. Some of these households (if there are two children present) would be included in the ALICE population.
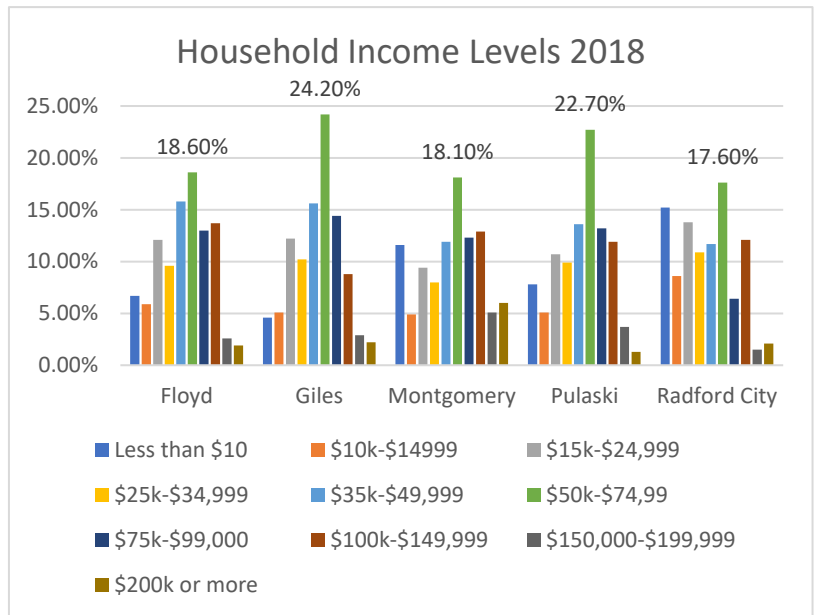

Figure 70 Household Income 2018 (US Census Bureau, 2018)

ALICE Survival Budget			
	Single Adult	Two Adults - Two School Age Children	Two Adults - Two Children in Childcare
Floyd	$22,848	$55,956	$65,820
Giles	$22,584	$56,712	$66,492
Montgomery	$28,428	$66,348	$77,952
Pulaski	$22,680	$55,296	$65,244
Radford	$25,116	$60,624	$70,356
FPL 2018	$12,140	$25,100	$25,100

Figure 71 ALICE Survival Budget in the NRV (United Way, 2018)

The ALICE Household Survival Budget is a bare-minimum budget using the lowest cost for five basic household necessities – housing, childcare, food, transportation, health care, and a basic smartphone plan. The budgets for single adults, two adults with two school-aged children, and two adults with two children in childcare are shown in Figure 71 for each jurisdiction. The FPL in 2018 is also shown below to demonstrate the gap between a bare survival budget and the official poverty level.

Figure 72 aggregates United Way's 2018 ALICE county reports. ALICE and below poverty households accounted for 32% of all households in the NRV in 2018. The full 2018 ALICE profiles are provided for each jurisdiction in Appendix A.3 ALICE County Profiles. These profiles show that while the share of below poverty households has fallen since 2010, the share of ALICE households has steadily increased. Pulaski is the only jurisdiction where ALICE households have not grown.

2018 ALICE Households						
	Total Households	Poverty Household	Poverty %	ALICE Household	ALICE %	Above ALICE
Floyd	6,480	806	12.4%	1,996	30.8%	4,484
Giles	6,987	731	10.5%	2,098	30.0%	4,889
Montgomery	34,585	6,908	20.0%	11,902	34.4%	22,683
Pulaski	14,525	1,968	13.5%	3,579	24.6%	10,946
Radford City	5,438	1,450	26.7%	2,181	40.1%	3,257
NRV	68,015	11,863	17.4%	21,756	32.0%	46,259

Figure 72 ALICE Population in the NRV (United Way, 2018)

Health

Life expectancy in the NRV ranges from 75.8 years in Giles to 80 years in Montgomery. The state average is 79.5 years (County Health Rankings, 2020). Poverty creates barriers to accessing health services, nutritious food, and other necessities which can cause poor health. The top health needs of the low-income community in the NRV include poor nutrition, increased risk of chronic disease and obesity, high rates of mental health and substance abuse issues, and lack of dental and specialist care. 43% of low-income survey respondents indicated that they did not have enough income to pay for prescription drugs. The pandemic deepened preexisting health needs, resulting in an estimated one year decrease in life expectancy nationally (Goldman, 2021).

Location	Life Expectancy
Floyd	79.1
Giles	75.8
Montgomery	80.0
Pulaski	76.2
Radford	76.4

Figure 73 Life Expectancy by Jurisdiction (County Health Rankings, 2020)

Healthcare System

According to the Health Resources and Services Administration (HRSA), all regions in the NRV are considered Medically Underserved Areas due to having too few primary care providers, high infant mortality, high poverty and/or high elderly populations. Radford has the lowest score indicating that the need is highest there compared to the rest of the NRV (Health Resources and Services Administration, 2021). One third of low-income survey respondents indicated that a lack of specialists, or long waiting list to see specialists, was a problem for them.

Federally Qualified Health Centers (FQHC) receive grants and enhanced reimbursement rates from Medicare and Medicaid to provide health services to underserved areas and communities. FQHC's either provide onsite or arrange to have partners provide dental, mental health, substance abuse, transportation, hospital and specialty care, and preventative services. FQHC's offer sliding fee scales based on patient income. The Community Health Center of the NRV has three clinics in Pearisburg (Giles County), Christiansburg (Montgomery County), and Dublin (Pulaski and Radford City). Tri-Area Community Health in Floyd County is a FQHC offering sliding scale fees. Tri-Area Community Health (TACH) serves Floyd County as well as nearby Carroll and Franklin Counties.

Floyd and Giles Counties have more severe shortages of health providers than other areas of the NRV. The HRSA defines Floyd County and Giles County as Health Professional Shortage Areas (HPSA's) based on the entire geography. This means the entire population of these counties lack sufficient primary care professionals. The TACH Needs Assessment which was updated in 2020, identifies the lack of providers in Floyd County as a top health need. TACH calculated a much higher ratio of residents to primary care providers (PCP) than the data that was included in HPSA calculations. TACH estimated the population to PCP physician ratio of 4,057:1 for the Floyd County service area which included TACH employed physicians. To be designated a PCP shortage area according to the HRSA, the ratio must be at least 3,500 to 1. TACH also noted the difficulty recruiting a doctor to work at the Floyd clinic (Tri-Area Community Health, 2020).

Figure 74 shows the number of Medicare and Medicaid providers in the NRV, including hospitals, nursing facilities, FQHC's, rural health clinics and community mental health centers. In the first quarter of 2018, there were 37 active Medicare and Medicaid institutional service providers in the report area (Community Action Partnership, 2019). These providers are located in larger population hubs around the NRV.

Report Area	Total Institutional Providers	Hospitals	Nursing Facilities	Federally Qualified Health Centers	Rural Health Clinics	Community Mental Health Centers
Report Location	37	4	7	4	1	0
Floyd County, VA	2	0	1	1	0	0
Giles County, VA	6	1	1	1	1	0
Montgomery County, VA	14	2	2	1	0	0
Pulaski County, VA	7	1	2	1	0	0
Radford city, VA	8	0	1	0	0	0
Virginia	1,365	128	286	147	37	1
United States	74,192	7,120	15,581	8,789	4,386	144

Figure 74 Medicare and Medicaid Providers (Community Action Partnership, 2019)

Insurance

40% of low-income respondents to the LICNA survey indicated that health insurance was their biggest health problem. According to the 2019 ACS 5 Year Estimates, an estimated 12,525 individuals in the NRV were uninsured, or about 7% of the total population. The proportion of uninsured individuals was highest in Floyd, Giles, and Radford. Uninsured, working-age Americans have a much higher risk of death than their insured counterparts. This higher risk is still present after factoring for other determinants such as baseline health, education, income, and health behaviors. One study conducted at Harvard Medical School and Cambridge Health Alliance, found a 40 percent higher risk of death for uninsured adults, and estimated an annual 45,000 deaths associated with lack of health insurance (Cecere, 2009).

Civilian Non-Institutionalized Population in NRV by Insurance Status NRV		
	Total population	Uninsured population	%
Floyd	15,599	1,436	9.2%
Giles	16,653	1,449	8.7%
Montgomery	97,474	5,990	6.1%
Pulaski	33,022	2,320	7.0%
Radford	17,612	1,430	8.1%
NRV	180,360	12,625	7.0%

Figure 75 Uninsured Population in the NRV (US Census Bureau, 2019)

Figure 76 shows the population with and without health insurance by region and household income level. 18.5% of the population living in a household with incomes less than $25,000 in Giles County do not have health insurance. Montgomery has higher numbers of households below $25,000 insured but has higher numbers of uninsured households with incomes between $50-$74,999.

	Floyd			Giles			Montgomery			Pulaski			Radford		
	Total	No In.	%	Total	No In.	%	Total	No In.	%	Total	No In.	%	Total	No In	%
Total pop	15,599	1,436	9.2%	16,634	1,447	8.7%	88,585	5,777	6.5%	33,022	2,320	7.0%	14,720	1,184	8.0%
Under $25,000	2,438	354	14.5%	2,335	431	18.5%	19,626	1,128	5.7%	5,729	837	14.6%	5,190	583	11.2%
$25,000 to $49,999	3,695	484	13.1%	3,771	315	8.4%	14,693	1,624	11.1%	6,250	613	9.8%	2,724	324	11.9%
$50,000 to $74,999	3,170	332	10.5%	4,668	252	5.4%	16,792	1,890	11.3%	8,419	467	5.5%	1,987	44	2.2%
$75,000 to $99,999	2,799	194	6.9%	2,550	204	8.0%	11,078	606	5.5%	4,743	121	2.6%	1,606	105	6.5%
$100,000 +	3,497	72	2.1%	3,310	245	7.4%	26,396	529	2.0%	7,881	282	3.6%	3,213	128	4.0%

NRV Population by Insurance Status and Household Income 2019

Figure 76 NRV Population by Insurance Status and Household Income 2019 (US Census Bureau, 2019)

The CARES Engagement Network provides estimates of the number of individuals enrolled in Medicaid by county using ACS data from 2015-2019. Close to 20,000 people in the NRV are insured through Medicaid. Pulaski and Giles have higher proportions of the population enrolled in Medicaid.

	Proportion with Medicaid	Population with Medicaid
Floyd	13.1%	1,854
Giles	15.2%	2,313
Montgomery	9.0%	8,240
Pulaski	17.5%	5,360
Radford	13.3%	2,153

The total number of persons receiving Medicare is shown below, broken down by number over 65 and number of disabled persons receiving Medicare. The U.S. Department of Health and Human Services reported that a total of 33,623 persons were receiving Medicare benefits in the report area in 2018. A total of 5,954 disabled persons in the report area received Medicare benefits in 2018 (Community Action Partnership, 2019).

Figure 77 Population with Medicaid NRV 2015-2019 (Center for Applied Research and Engagement Systems, 2021)

Report Area	Persons Over 65 Receiving Medicare	Disabled Persons Receiving Medicare	Total Persons Receiving Medicare
Report Location	27,670	5,954	33,623
Floyd County, VA	3,489	545	4,034
Giles County, VA	3,672	928	4,600
Montgomery County, VA	11,585	2,286	13,871
Pulaski County, VA	7,266	1,811	9,077
Radford city, VA	1,658	384	2,041
Virginia	2,528,535	409,858	2,938,395

Figure 78 Persons Receiving Medicare (Community Action Partnership, 2019)

Chronic Disease

Nationally, research has shown that low-income individuals are more likely to have an obesity diagnosis which is closely linked to Type 2 Diabetes. Furthermore, individuals in poverty are much more likely to have lower quality care for their diabetes. Diabetes prevalence data from the U.S. Diabetes Surveillance System in 2016 is shown in Figure 79. The prevalence for the state of Virginia is 11%. Prevalence in Giles (19%) and Pulaski (15%) is higher than the average for the state.

	Diabetes prevalence
Floyd	10%
Giles	19%
Montgomery	7%
Pulaski	15%
Radford City	9%

Figure 79 Proportion of the Adults Over Age 20 with Diabetes 2016 (County Health Rankings, 2020)

Hepatitis C was the most frequently occurring communicable disease in Giles, Pulaski, Montgomery, and Radford in 2018 (Virginia Department of Health, 2018). Hepatitis C infection occurs when blood contaminated with the Hepatitis C virus enters the bloodstream of an uninfected person. A major risk factor for the infection is injection of drugs. One study on Hepatitis C infection found a significant association between chronic infection and a status below the poverty line (Koru-Sengul, 2019). The rates of infection per 100,000 residents in Giles (429), Pulaski (713), and Floyd (360) have continued to increase through 2018 and were higher than the average state rate (131) in 2018. Education and harm reduction programs such as needle exchange programs are needed to alleviate this need. In Pulaski County, a cluster of Hepatitis C infections was associated with unsafe tattooing, while in Giles County one cluster was associated with unsafe sexual practices and another with unsafe injection (New River Valley Community Service Board, 2019).

Mental Health

Poverty is both a cause of mental illness and a consequence of it, creating a vicious cycle that makes it difficult to escape either. There is a consensus in poverty and mental health research demonstrating a causal relationship between poverty and mental health through a variety of social and biological mechanisms: the effects of toxic stress on brain chemistry and function, poor prenatal health and birth outcomes, poor nutrition, and poor environment. Mechanisms that lead to poor mental health within the family include relationship stress, parental depression, low parental investment, hostile and inconsistent parenting, poor home environments, and child abuse and neglect. "Findings suggest that poverty leads to mental health and developmental problems that in turn prevent individuals and families from leaving poverty, creating a vicious, intergenerational cycle of poverty and poor health (Manseau, 2018)."

Mental health was identified as one of the top causes of poverty in the NRV in client, partner, and resident surveys. In the 2018 NRV Health Assessment, access to mental and behavioral health services were one of the top ten community priorities (Carilion New River Valley Medical Center, 2018). Figure 80 shows the proportion of adults who reported more than 14 days of poor mental health per month with data from the Behavioral Risk Factor Surveillance System. According to this data, Radford residents had the poorest mental health in the NRV in 2017. The state average in 2017 was 12%.

	Frequent mental distress
Floyd	12%
Giles	12%
Montgomery	13%
Pulaski	12%
Radford City	16%

Figure 80 Proportion of Adults Reporting More than 14 Days Per Month of Poor Health 2017 (County Health Rankings, 2020)

According to the Health Resources and Services Administration (HRSA), every jurisdiction in the NRV is a mental health professional shortage area. In every jurisdiction of the NRV there is roughly one psychiatrist per 75,000 people, while the provider ratio goal is one to 20,000 people. HRSA estimates that an additional 3.5 psychiatrists would be needed for each jurisdiction in the NRV to be considered a non-shortage area (Health Resources & Services Administration, 2021). Key informants in the NRV report that it is difficult to get an appointment with a psychiatrist within 6-8 months unless the individual shows up in the ER with a psychiatric emergency.

The NRV has several organizations that provide mental and behavioral health services for children, adults, and families. New River Valley Community Services accepts Medicaid and FAMIS insurance. The Community Health Center of the NRV also provides mental health services on a sliding scale fee. Despite the availability of counselors and other mental health workers, low-income people face barriers accessing these resources. This is especially true in more remote areas of the NRV. Rural residents must drive to towns and cities to access these supports. Lack of broadband internet and an inability to purchase expensive satellite internet prevents these same rural residents from accessing telehealth services. Other low-income individuals lack knowledge of mental health disorders, and the options available to treat them. Stigmas about mental health disorders also persist in many communities, preventing individuals from seeking help.

Many experts in the NRV were concerned about increasing mental health problems brought about by the social isolation and financial strain of the pandemic. While tele-health services at NRVCS increased, some counselors had concerns that not all clients were able to connect via phone or internet. Counselors reported that support groups were not effective virtually.

Two participants in focus groups identified a mental health affordability problem. For low-income individuals who are not eligible for Medicaid, mental health services are preventatively expensive. Some providers in the NRV do have sliding scales, so this points to the need to educate individuals about financial resources available.

A counselor at New Life Recovery, an addiction recovery program at NRVCS, identified a common problem faced by her clients. She described the difficulty clients face qualifying for disability benefits with a mental health diagnosis…

> *I worked with someone who was 37 years old and had 57 in-patient stays. He is currently applying for disability. He's living at a sober living house, even though he didn't have money. He made an arrangement with the owner of the house. He has to rely on people's good graces, and he's incurring a debt. Applying for disability is such a long process, it leaves you stranded.*

Many individuals with severe mental health needs are showing up in drug court. Practitioners identified the need for a separate "mental health" court docket to assist these individuals. A respondent to the partner survey wrote,

> *More families are coming to court with significant mental health issues. Children as young as five are being hospitalized in residential facilities. Tremendous trauma histories are complicating factors in rehabilitating families who certainly do not 'recover' with short term treatment.*

Other focus group participants identified a need for early mental health intervention for children. LGBTQ support and substance abuse support were specifically lacking. Before the pandemic, there was a long waiting list for child services, and this need was intensified by the pandemic. School counselors were not able to get into schools anymore, and children were not able to get peer support quarantining at home. At the same time, foster care caseloads increased by almost twice as much in Radford, pointing to an even stronger need for mental health support for children.

Substance Abuse

In the LICNA surveys, substance abuse was identified as the number four cause of poverty in the NRV. In the 2018 NRV Health Assessment, drug and alcohol use was identified as the second highest priority need (Carilion New River Valley Medical Center, 2018). A counselor at NRVCS New Life Recovery reported that 86% of clients had co-occurring mental health-substance abuse problems. Substance abuse and mental health problems reinforce each other, impacting an individual's ability to maintain employment. When an individual relapses, they may

Opioid Deaths 2014-2018			
	Aggregated Population	Total Deaths	Death Rate per 100,000
Giles	84,061	16	19.0
Floyd	78,510	No data	No data
Montgomery	491,043	35	7.1
Pulaski	171,107	34	19.9
Radford	88,529	No data	No data

Figure 81 Opioid Deaths 2014 to 2018 (Center for Applied Research and Engagement Systems, 2021)

lose their job and go into a treatment facility. They may then be evicted from their home, making long-term recovery that much more difficult. Experts reported that the pandemic had increased substance abuse problems in the community. Drug overdoses increased in 2020, especially in Giles County.

Figure 81 provides aggregated opioid deaths from 2014 to 2018 and the death rate per 100,000 individuals according to the CDC National Vital Statistics System. CDC data was accessed via the CARES Engagement Network. The opioid death rate averaged from 2014 to 2018 in the NRV ranged from 7.1 to 19.9. By comparison, the death rate in Virginia in 2018 was 17.1 (CDC, 2018).

Figure 82 provides Virginia Department of Health data on visits to the ER due to drug overdose. The NRV has slightly lower rates of visits to the ER due to drug overdose than average for the state.

NRVCS conducted a survey to learn about substance abuse issues in adults ages 18-25. Respondents from all counties indicated that underage drinking, marijuana abuse, and prescription drug abuse were the biggest substance abuse issues. The study also indicated that many young adults were not aware of prevention programs in the community (New River Valley Community Service Board, 2019). Focus group participants indicated that all jurisdictions were lacking in child/youth substance abuse resources.

Drug Overdose ER Visits Per 10,000 ER Visits		
	2017	2018
Floyd	35.1	33.4
Giles	35.0	27.1
Montgomery	41.3	37.3
Pulaski	23.4	39.3
Radford	41.3	37.3
Virginia	44.3	42.1

Figure 82 Drug Overdose ER Visits Per 10,000 ER Visits - 2017 and 2018 (Virginia Department of Health, 2021)

There is a need for recovery housing and sober living options in Giles, Floyd, and Pulaski with childcare support close to parents in recovery. NRVCS's New Life Recovery Center in Radford is a ten-bed treatment facility for adults with substance abuse disorder. There are there three Oxford Houses in the NRV: Oxford House Willow Woods in Radford is for women, Oxford House Radford for men, and Oxford House New River in Christiansburg (Montgomery County) for women and women with children. A Gateway home provides supportive housing for individuals recovering from substance abuse issues in Radford.

The community needs to overcome its stigma about people with substance abuse disorders. Major outreach is needed to support individuals recovering from addiction, particularly educating employers on working with these individuals. In October 2020, the NRV Workforce Development Board received $1.5 million in funding to develop a recovery network across the NRV. The network would build partnerships between the economic and workforce development sectors,

pulling in support from health and human services, to help individuals recovering from substance abuse issues reenter the workforce (WFXR News, 2020).

Domestic Violence

Low income, mental and behavioral health diagnoses, and drug or alcohol use are risk factors for domestic violence. A lack of financial resources makes it harder for an individual to escaper his or her abuser. In the NRV, the Women's Resource Center (WRC) provides a 24-7 hotline, counseling services, and transitional housing for adults and children fleeing domestic violence. One survey respondent pointed to the need for public outreach to low-income communities to make them aware of the WRC:

> *There is also a large community of people in our area that is being affected by domestic violence. The Women's Resource Center in Radford is wonderful to work with and very good at what they do. Sadly, in lower income areas people do not know we have such a great resource that will protect them and help them leave the abuse.*

Experts in the NRV reported that there was an increase in domestic violence during the pandemic. Lockdowns made it more difficult for women to escape their abusers. A counselor from the WRC reported that some of her counseling clients could not keep regular appointments because they could only call when the abuser left the house.

Dental Care

There is a shortage of dental providers for the low-income community across the NRV. All jurisdictions in the NRV qualify as a HPSA in terms of dental care for the low-income community (Health Resources & Services Administration, 2021). Clients who responded to the LICNA survey corroborated this community need. The Community Health Center of the NRV provides a wide array of dental services on a sliding scale in Pearisburg (Giles), Christiansburg (Montgomery), and Dublin (Radford/Pulaski). Floyd County has two providers who accept Smiles for Children insurance, the Medicaid dental plan for children.

Clients identified dental care as their top need in the NRCA needs assessment survey. In the 2018 health assessment, adult dental care was also identified in surveys as the most challenging service to access (Carilion New River Valley Medical Center, 2018). In Virginia, Medicaid covers emergency dental procedures or medically essential treatments for adults. Virginia's Medicaid for Smiles program provides comprehensive dental services for children and youth up to age 20. Beginning July 1, 2021 adults ages 21 and over enrolled in Medicaid or FAMIS will be eligible for comprehensive dental benefits. This will alleviate the need for financial assistance to acquire dental care, but whether or not it will help increase the pool of dental providers who will accept Medicaid or low-cost plans is not certain.

Prenatal Care

Lack of prenatal care is associated with poor pregnancy outcomes such as preterm birth, low birthweight, and infant mortality. Low-income women on Medicaid have significantly higher rates of prenatal care than uninsured women. In the NRV, programs such as CHIP and Head Start increase the population of insured low-income families in the NRV by working to enroll eligible families in Medicaid or FAMIS. Statistically, this is likely to improve the birth outcomes of these mothers and children. At enrollment in the CHIP program in 2020, 94% of families had Medicaid or FAMIS insurance. One year later, 100% of families were enrolled in Medicaid or FAMIS (CHIP database).

Prenatal Care Beginning in First Trimester (%)			
	2016	2017	2018
Floyd	87.8%	93.4%	85.8%
Giles	86.5%	90.3%	82.7%
Montgomery	89.8%	90.6%	87.3%
Pulaski	90.7%	86.5%	86.3%
Radford	90.4%	88.8%	78.0%
Virginia	84.3%	79.7%	78.4%

Figure 83 Proportion of Women Receiving Prenatal Care in First Trimester 2016-2018 (KIDS COUNT, 2020)

Low Birthweight Babies (%) 2016-2018			
	2016	2017	2018
Floyd	9.4%	6.6%	7.9%
Giles	7.5%	4.2%	9.6%
Montgomery	5.6%	7.6%	6.3%
Pulaski	8.4%	8.0%	10.4%
Radford	14.5%	12.6%	15.0%
Virginia	8.1%	8.4%	8.2%

Figure 84 Proportion of Babies Born with Low Birthweight (KIDS COUNT, 2020)

Figure 83 shows the proportion of women who saw a health care provider during the first thirteen weeks of pregnancy. From 2016 to 2017 the proportions increased in most regions of the NRV, but from 2017-2018 proportions decreased in every region of the NRV. This points to the need to continue outreach to the low-income community to increase the proportion of families enrolled in insurance. About 7% of the population in the NRV was estimated to be uninsured in 2019 (see Figure 75).

Low birthweight is considered a poor birth outcome and is primarily caused by premature birth. Babies with low birthweight are more likely to develop certain adverse health conditions. A baby is classified as having a low birth weight if he or she is born weighing less than 2,500 grams (5 pounds, 8 ounces). Low birthweight is highest in Radford, Pulaski and Giles, which are all higher than the state average.

The infant mortality rate (IMR) is the number of deaths among infants under one year of age per 1,000 births. Research has long linked high IMR to poverty. A 2019 study published in *BMC Pregnancy and Childbirth* found that infant mortality increased with poverty independent of health and behavioral factors such as infant birthweight, maternal age and maternal smoking. Even when factors such as Medicaid insurance, education levels, and prenatal care were accounted for, poverty and rurality increased an infant's risk of mortality (Ehrenthal, 2019). The authors concluded that "county poverty and rurality may impact term infant survival through their association with access to safe housing, nutrition, social support, and increased exposure to pollution, violence and stress. [This is…] consistent with findings from a study that [found] a dollar increase in the minimum wage above the federal level was associated with a 4% decrease in post-neonatal mortality." Furthermore, in research comparing US IMR to the rate in Sweden, research suggested that the low IMR in Sweden was attributable to welfare programs and secondary to its health services. This suggests that infant deaths could be prevented by providing financial support in addition to healthcare and other services to women in poverty during the pre- and post-natal periods.

Infant Mortality Rate 2016-2018			
	2016	2017	2018
Floyd	0.0	13.2	15.7
Giles	0.0	0.0	6.4
Montgomery	5.9	3.7	10.9
Pulaski	3.0	3.2	0.0
Radford	8.5	7.0	7.9
Virginia	5.8	5.9	5.6

Figure 85 Infant Mortality Rate per 1,000 Births (KIDS COUNT, 2020)

IMR for the NRV are shown in Figure 85. Due to the low numbers of infant deaths in the NRV, the margins of error are high, and the rates need to be interpreted with caution. This also explains why the rates vary to such a high degree between years. Radford, Floyd, and Montgomery had higher IMR's than the state average in 2018.

Teen Pregnancy

Teen pregnancy is strongly linked to poverty, and children of teen parents are more likely to have adverse outcomes including lower school achievement, enter the welfare and correctional systems, and become teen parents themselves. Teen mothers are more likely to live in poverty and depend on public assistance. Only about half of teen mothers earn a high school diploma by age 22, compared to 90 percent for teens who don't become mothers (National Conference of State Legislatures, 2018).

Nationally and state-wide teen pregnancies have decreased over the last decade. Figure 86 shows the rate of births to teen females per 1,000 females for 2017 and 2018. The NRV had no births to females under age 15 in the reporting period. Pulaski and Radford had two times as many births to females ages 15-17 as the state average. Radford had more births to teens ages 15-17 than 18-19 in both years. Floyd, Giles, and Pulaski had about twice as many births to females ages 18-19 than the state average.

	2017			2018		
	< 15	15-17	18-19	< 15	15-17	18-19
Floyd	0.0	3.5	65.7	0.0	0.0	12.7
Giles	0.0	6.0	77.9	0.0	0.0	76.9
Montgomery	0.0	4.0	4.4	0.0	6.5	6.9
Pulaski	0.0	10.7	59.2	0.0	9.6	64.0
Radford	0.0	10.3	2.3	0.0	14.8	3.9
Virginia	0.2	5.8	27.9	0.2	5.7	26.1

Figure 86 Teen Birth Rate Per 1,000 By Age Group (KIDS COUNT, 2020)

Children's Needs

Children in poverty face a unique set of health challenges: increased stress, unsafe housing or homelessness, lack of nutrition, and lack of access to healthcare. A lack of adequate childcare may expose children and teens to greater risks including drugs and alcohol and allow for unsupervised internet use. Deep poverty, defined as household incomes below 50% of the poverty threshold, is especially harmful to children in their earliest years of life. There is also evidence that poverty increases a child's risk for

	2016		2017		2018	
	Total	%	Total	%	Total	%
Floyd	229	7.0%	252	7.7%	241	7.5%
Giles	180	5.0%	181	5.0%	168	4.6%
Montgomery	852	5.2%	870	5.4%	827	5.2%
Pulaski	274	4.3%	302	4.8%	289	4.6%
Radford	88	3.7%	85	3.7%	89	3.8%
Virginia	94,398	4.9%	97,657	5.0%	95,977	5.0%

Figure 87 Children without Health Insurance (KIDS COUNT, 2020)

neglect or abuse. Children without health insurance are less likely to use medical and dental care. Previously uninsured children who enroll in health insurance are more likely to use healthcare appropriately (National Academy of Sciences, 2002).

In the NRV, almost 1,600 children were estimated to be uninsured in 2018 (see Figure 87). Floyd County has a consistently higher

	2016		2017		2018	
	Total	%	Total	%	Total	%
Floyd	128	8.6%	118	8.0%	118	8.2%
Giles	81	5.5%	78	5.4%	80	5.4%
Montgomery	561	10.3%	543	10.6%	481	10.0%
Pulaski	144	5.1%	161	5.7%	142	5.1%
Radford	62	5.8%	58	5.7%	53	5.2%
Virginia	48,166	7.7%	48,328	7.9%	46,780	7.7%

Figure 88 Low Income Children without Health Insurance (KIDS COUNT, 2020)

proportion of uninsured children. Comparing this to the proportion of low-income children without health insurance in Figure 88, we can see that about 900 low-income children are uninsured, making up 54% of total uninsured children in the NRV. Montgomery County has the highest proportion of low-income children without health insurance.

NRCA's Head Start and CHIP programs work to enroll uninsured families in Medicaid or FAMIS and increase the appropriate use of health services. At enrollment in the CHIP program in 2020, 94% of families had Medicaid or FAMIS insurance. One year later, 100% of families were

	2016	2017	2018
Floyd	43.0%	42.8%	36.2%
Giles	42.0%	43.0%	42.3%
Montgomery	32.9%	32.1%	29.5%
Pulaski	54.3%	56.4%	50.0%
Radford	51.3%	41.3%	43.3%
Virginia	30.4%	30.1%	30.0%

Figure 89 Babies Born with Medicaid as Payment Source (KIDS COUNT, 2020)

enrolled in Medicaid or FAMIS (CHIP database). At enrollment in the 2019-2020 program year, 93 Head Start children were considered up to date on primary health care according to the state schedule for well childcare. At the end of the program year, 285 children were considered up to date (Head Start database).

Research has shown that once risk factors have been controlled for, the birth outcomes of babies born with Medicaid insurance does not differ from their privately insured counterparts (Strauss, 2010). In terms of birth outcomes for

babies, higher participation in Medicaid is beneficial. More than half of the babies born in Pulaski used Medicaid as a payment source in 2018. Giles and Radford also had higher proportions (around 40%) of babies born with Medicaid insurance.

% Of Children (0-17 years) In Poverty Living In Deep Poverty						
Location	Data	2010-14	2011-15	2012-16	2013-17	2014-18
Virginia	Total	126,375	128,801	129,128	127,332	126,598
	%	45.2%	46.0%	46.4%	46.5%	47.5%
NRV	Total	2494	2172	2274	2007	2191
	%	44.9%	44.1%	49.0%	41.7%	48.1%
Floyd	Total	76	42	107	125	140
	%	27.4%	18.8%	35.2%	34.2%	50.9%
Giles	Total	158	110	222	267	352
	%	36.8%	39.7%	53.4%	67.3%	73.3%
Montgomery	Total	1,464	1,245	1,008	987	1,013
	%	52.5%	48.5%	41.0%	42.0%	46.2%
Pulaski	Total	616	568	691	547	613
	%	55.4%	52.2%	56.90%	44.0%	48.3%
Radford	Total	180	207	246	81	73
	%	52.2%	61.2%	58.7%	21.3%	22.1%

Figure 90 Proportion of Children in Poverty in Deep Poverty (KIDS COUNT, 2020)

Children born into "deep" poverty, or below 50% FPL, are three times more likely to be in deep poverty as adults, and experience greater toxic stress and adverse experiences than children above 50% FPL. Figure 90 shows the proportion of children living in deep poverty as a percentage of all children in poverty. Roughly 2,000 children were estimated to live in deep poverty in 2018. Overall, in the NRV, the percentage of children in deep poverty has increased since 2010. As of 2018, 73% of children in poverty were below 50% FPL in Giles, whereas Floyd, Montgomery and Pulaski averaged 46%-50%. Radford has seen a significant reduction of children in deep poverty since 2010.

Neonatal Abstinence Syndrome

Neonatal Abstinence Syndrome (NAS) is a condition caused by in utero exposure to drugs, especially opioids. Research on the long-term effects of NAS has not kept pace with the increase in cases nationally. While the long-term outcomes are not yet known, more severe cases must be managed in the hospital. One study from the Tennessee Department of Health showed that children born with NAS were more likely to have developmental delay or speech impairment (Centers for Disease Control and Prevention, 2021). Cases have continued to rise in the New River Valley. Pulaski and Radford have had consistently higher rates of babies born with NAS than other areas.

	2015		2016		2017	
	#	Rate per 1,000 Births	#	Rate per 1,000 Births	#	Rate per 1,000 Births
Floyd	0	0	1	8.5	1	7.8
Giles	0	0	2	11.6	3	18
Montgomery	13	15.3	10	12.2	8	9.9
Pulaski	9	32.1	13	42.5	15	53
Radford	5	31.8	2	11.5	5	28.2

Figure 91 Babies Born with NAS and NAS Rate Per 1,000 Births (Virginia Department of Health, 2021)

One 2019 study analyzed NAS data against community-level factors such as mental health shortage areas and economic conditions. More rural areas, particularly rural counties that did not neighbor urban counties, had higher rates of NAS, as did areas with shortages of mental health clinicians and areas with high unemployment (Dick, 2018). Given that the NRV is a rural area, this points to economic development and infrastructure investment as an NAS prevention strategy while continuing to support the community's mental health resources.

Child Abuse and Foster Care

The consequences of child abuse can have lifelong and even intergenerational impacts. Abuse can slow the development of a child's brain, leading to later psychological problems such as low self-esteem, which can cause other risky behaviors. Children who experience abuse are also more likely to experience other adverse circumstances such as parent substance abuse, domestic violence, or poverty (Children's Bureau, 2019).

When a case of suspected child abuse or neglect is reported, the local DSS decides whether to conduct a family assessment or an investigation. Investigations of abuse are either founded or unfounded. Figure 92 details the number of children who received a founded outcome on a DSS investigation, and the number of children who received Family Assessments. The number of children with founded investigations has increased from year to year, except for 2020. This corroborates reports from DSS contacts who said

	Type of DSS Case	2018	2019	2020
Floyd	Founded Abuse - Children	21	20	11
	Family Assessments - Children	149	171	128
Giles	Founded Abuse - Children	48	37	46
	Family Assessments - Children	257	250	213
Montgomery	Founded Abuse - Children	103	159	149
	Family Assessments - Children	490	588	619
Pulaski	Founded Abuse - Children	162	153	115
	Family Assessments - Children	522	596	557
Radford	Founded Abuse - Children	58	64	39
	Family Assessments - Children	131	125	123
Virginia	Founded Abuse - Children	6294	6413	5792
	Family Assessments - Children	42074	42943	38985

Figure 92 Founded Child Abuse Investigations and Family Assessments (KIDS COUNT, 2020)

that reports of suspected child abuse fell drastically during the pandemic. The number of family assessments conducted dropped during the pandemic in every region except Montgomery County which conducted more.

	2017	2018	2019
Floyd	4.4	3.1	3.8
Giles	9.1	13.3	4.6
Montgomery	0.9	2.1	1.1
Pulaski	6.6	4.4	4.7
Radford	3.5	3.1	4.3
Virginia	1.5	1.5	1.4

Figure 93 Rate of Children Entering Foster Care Per 1,000 Children (KIDS COUNT, 2020)

Figure 93 shows the foster care rate, or the number of children who entered foster care for at least one day during that year per the population of 1,000 children in that locality. Floyd, Giles, Pulaski, and Radford are all well above the state average. These higher foster care rates may be attributable to drug use. Giles, Pulaski, and Floyd had higher rates of Hepatitis C in 2018. Pulaski and Giles had higher opioid death rates from 2014 to 2018. Opioid and Hepatitis C data was not available for Radford, and opioid death data was not available for Floyd.

Figure 94 shows the distribution of children in foster care by age group. Generally, children ages one to five make up the largest group within children in foster care.

	2018					2019				
	< 1	Age 1-5	Age 6-10	Age 11-15	Age 16-18	< 1	Age 1-5	Age 6-10	Age 11-15	Age 16-18
Floyd	4.2%	37.5%	12.5%	20.8%	25.0%	3.1%	43.8%	15.6%	18.8%	18.8%
Giles	9.1%	37.7%	15.6%	19.5%	18.2%	1.8%	43.9%	26.3%	14.0%	14.0%
Montgomery	15.6%	31.1%	20.0%	17.8%	15.6%	7.1%	33.3%	28.6%	11.9%	19.0%
Pulaski	2.2%	34.8%	9.0%	23.6%	30.3%	5.3%	23.7%	14.5%	28.9%	27.6%
Radford	5.3%	47.4%	5.3%	21.1%	21.1%	11.1%	38.9%	27.8%	5.6%	16.7%
Virginia	5.0%	27.2%	19.9%	22.9%	25.0%	5.1%	27.2%	20.5%	23.6%	23.5%

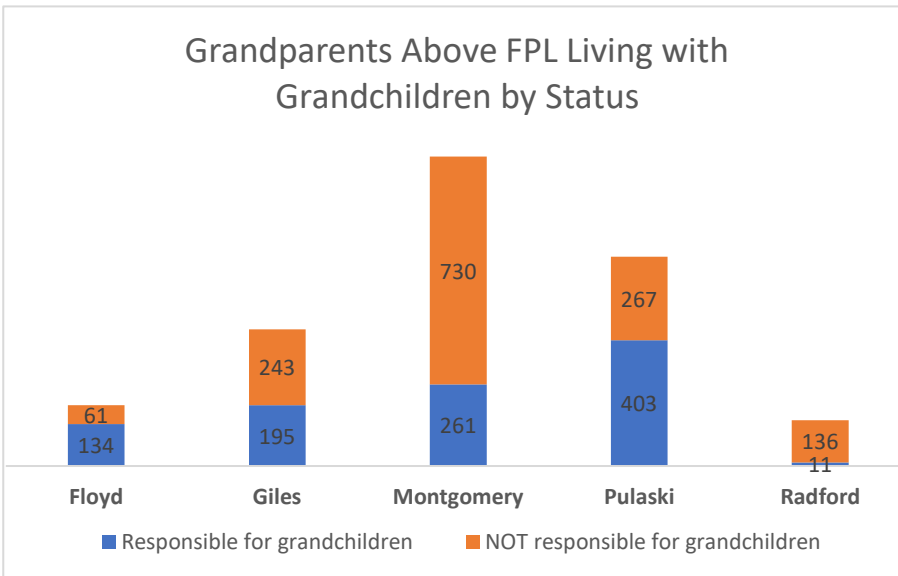*Figure 94 Children in Foster Care by Age (KIDS COUNT, 2020)*

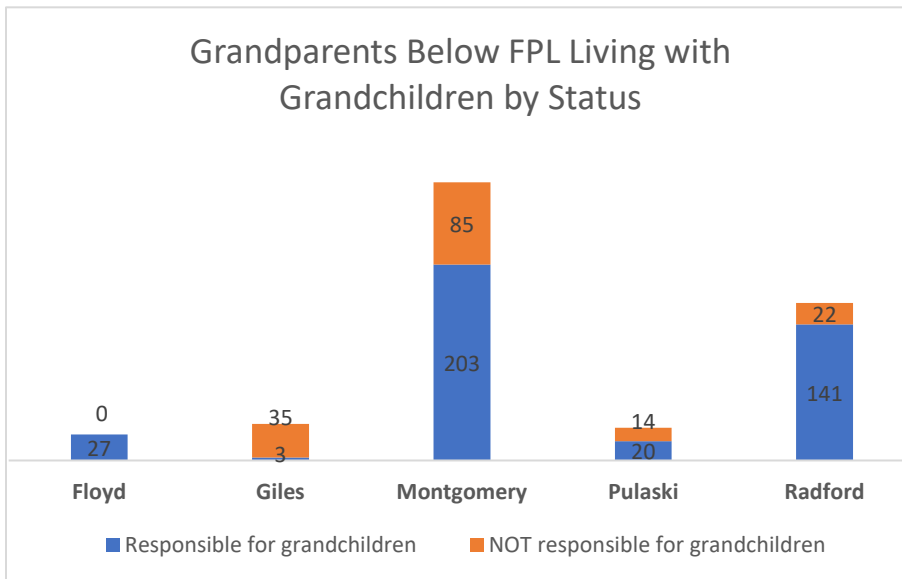Figure 95 Grandparents Living with Grandchildren Above FPL by Status (US Census Bureau, 2019)

Figure 96 Grandparents Below FPL Living with Grandchildren by Status (US Census Bureau, 2019)

The American Community Survey estimates the proportion of grandparents responsible for their grandchildren based on poverty status. Figure 95 shows the proportion of grandparents in each jurisdiction who have incomes equal to or above the FPL who are responsible for their own grandchildren under age 18. All grandparents in the dataset live with their grandchildren. Floyd County has a high proportion (nearly 70%) of grandparents above FPL responsible for their own grandchildren: 134 grandparents above FPL are responsible for their grandchildren, while 61 grandparents live with their grandchildren but are not responsible for them. Giles also has high rates of grandparents above FPL living with grandchildren who are responsible for the care of their grandchildren (60%).

Figure 96 shows the same data, grandparents living with their grandchildren, but for a different subgroup: grandparents below the FPL. Grandparents below FPL living with their grandchildren are much more likely to be responsible for their care. 100% of grandparents below FPL in Floyd are responsible for their grandchildren. Montgomery, Pulaski, and Radford range from 60%-87%. Giles is the only region with very low rates of grandparents below FPL living with grandchildren who are not responsible for their care (92%).

NRV Cares provides free or low-cost parenting classes and is the local provider of the Court Appointed Special Advocate (CASA) program in the NRV. CASA trains volunteers to advocate in court on behalf of children who have experienced neglect or harm. New River Valley Community Services provides mental health services and case management for children and youth.

Experts identified the need for mental health and substance abuse resources for children. Experts reported that children are exposed to drugs and alcohol at home and need education about staying safe at home. A Health Educator from Carilion NRV Medical Center reported a need for more mental health services for children, that there were long waiting lists for new patients. These needs were compounded by the pandemic, as school counselors could not meet with children and child abuse cases increased. Children who experienced stress, isolation, or abuse during the pandemic will need support.

Suicide

A recent study published in JAMA Pediatrics found a strong association between pediatric suicide and county poverty levels. The higher the poverty level within a county, the higher the suicide rate on average. Specifically, firearm suicide had the strongest association with county poverty (Monuteaux, 2020). Given that living in a higher poverty county puts children and teens at higher risk of suicide, prevention efforts can be targeted at higher poverty areas.

	# Deaths	Rate (Age-Adjusted)	Crude Rate
Floyd	18	18	23
Giles	14	16	17
Montgomery	60	13	12
Pulaski	30	15	18
Radford City	*	*	*

Figure 97 Total Suicides and Rate Per 100,000 People from 2014-2018 (Center for Applied Research and Engagement Systems, 2021) *data unavailable

From 2014 to 2018 roughly 120 people committed suicide in the NRV. The suicide rate per 100,000 people ranged from 13 to 18. By comparison, the age-adjusted rate from 2014-2018 in Virginia was 13.

According to surveys conducted by NRVCS for their 2019 needs assessment, the proportion of high school students in Floyd who "considered attempting suicide in the past year" was higher (20.9%) than the national average (17.7%). The survey also revealed that most middle school students (65.6%) knew of someone who intentionally harmed themselves. In Giles, the number of middle and high schoolers who had "considered attempting suicide in the past year" and who had intentionally harmed themselves had decreased. In Montgomery, the NRVCS survey indicated that less middle and high school students "considered attempting suicide in the past year" but more students felt sad or hopeless every day in high school. In Pulaski, less students reported considering suicide and more students reported knowing someone who intentionally harmed themselves. Less Radford middle and high schoolers considered suicide in the past year, but more middle schoolers intentionally harmed themselves and/or knew of those who intentionally harm themselves (New River Valley Community Service Board, 2019).

Housing

Recently housing has been framed as a health issue, and the pandemic brought fresh attention to the relationship between housing and health. Populations living in congregate or institutional settings were at higher risk of infection and death. In 2020, people living in congregate care settings accounted for less than 1% of the population but 50% of Covid-19 deaths (National Low Income Housing Coalition, 2020). Research has documented four pathways through which

housing affects health: through stability, safety and quality, affordability, and neighborhood characteristics. In terms of stability, homelessness and unstable housing such as doubling-up or couch surfing has been tied to lower physical health, mental health, and increased risk of substance abuse. In contrast, stable housing leads to reduced healthcare costs and better health outcomes. In terms of housing safety and quality, unsafe or low-quality conditions in the home such as poor ventilation, crowding, lack of heating or cooling, and the presence of lead, pests or mold, have been tied to poor developmental outcomes for children, health issues for the elderly, illness, and psychological distress. The affordability pathway refers to the effects of being cost-burdened– i.e. spending more than 30% of income on housing – and how this decreases spending on other necessities such as medical care, medicine, and food. The fourth pathway, the neighborhood, refers to the influence of the neighborhood on health. Neighborhood features such as sidewalks, bike lanes, empty lots, pollution, public transit, and access to grocery stores, healthcare and other resources are linked to better health through different paths of causation (Taylor, 2018). Simply put, housing affects everything.

Quality, accessible and affordable housing for the lowest-income households (30% to 50% Area Median Income) in the NRV is a top need for low-income families due to a lack of affordable housing stock for these households. A family of four in the 30-50% Area Median Income (AMI) range would have a household income of $26,200 to $41,350, putting them just above the FPL. 56% of clients responding to the LICNA survey indicated that housing is a problem for them due to the high cost of rent or mortgage payments. Comprehensive Housing Affordability Strategy (CHAS) dataset from the HUD Office of Policy Development and Research includes estimates of the share of renter and owner

Blacksburg-Christiansburg-Radford VA HUD Metro Fair Market Rent Area				
Median Income: $87,800				
% AMI	One	Two	Three	Four
30%	$17,400	$19,850	$22,350	$26,200
40%	$23,160	$26,480	$29,800	$33,080
50%	$28,950	$33,100	$37,250	$41,350
60%	$34,740	$39,720	$44,700	$49,620
80%	$46,350	$52,950	$59,550	$66,150

Figure 98 HUD Metro Area Median Income by AMI Level and Household Size 2020 (Virginia Housing, 2021)

households which are cost burdened and severely cost burdened. Cost burdened is defined as spending more than 30% of income on rent, and severely cost burdened as spending more than 50% of income on rent. According to the CHAS data, renter households were more likely to be cost burdened, with Montgomery and Radford having the highest share of cost burdened renter households. 52.6% of Radford renter households and 45.8% of Montgomery renter households were cost burdened to some degree. The shares were lower in Giles (30.4%), Pulaski (26.9%), and Floyd (26.2%) (HUD Office of Policy Development and Research, 2013-2017).

Owner Households by Cost Burdened Category										
	Floyd		Giles		Montgomery		Pulaski		Radford	
Housing Cost Burden	#	%	#	%	#	%	#	%	#	%
Cost Burden <=30%	4,270	82.2%	4,440	83.8%	16,270	83.4%	8,895	83.8%	2,015	78.7%
Cost Burden >30% to <=50%	500	9.6%	560	10.6%	2,285	11.7%	960	9.0%	450	17.6%
Cost Burden >50%	365	7.0%	300	5.7%	855	4.4%	685	6.5%	99	3.9%
Cost Burden not available	65	1.3%	15	0.3%	110	0.6%	80	0.8%	0	0.0%
Total	5,195		5,300		19,520		10,615		2,560	

Figure 99 Owner Households by Cost Burdened Category (HUD Office of Policy Development and Research, 2013-2017)

Renter Households by Cost Burdened Category										
	Floyd		Giles		Montgomery		Pulaski		Radford	
Housing Cost Burden	#	%	#	%	#	%	#	%	#	%
Cost Burden <=30%	890	71.8%	1,245	69.6%	7,580	47.2%	2,710	68.4%	1,195	40.6%
Cost Burden >30% to <=50%	185	14.9%	315	17.6%	2,525	15.7%	445	11.2%	574	19.5%
Cost Burden >50%	140	11.3%	229	12.8%	4,835	30.1%	620	15.7%	975	33.1%
Cost Burden not available	25	2.0%	10	0.6%	1,120	7.0%	190	4.8%	200	6.8%
Total	1,240		1,790		16,055		3,960		2,945	

Figure 100 Renter Households by Cost Burdened Category (HUD Office of Policy Development and Research, 2013-2017)

The National Low Income Housing Coalition provides the annual "Out of Reach" report for every county in the U.S. The report uses ACS population data, HUD fair market rent values, and the Quarterly Census of Employment and Wage data to calculate rents affordable for the average renter's wage. The mean renter wage in the NRV ranges from $10-17. Giles County is the only jurisdiction where a worker paid the mean renter wage can afford fair market rent. In other areas, the average renter would not be able to afford fair market rent. Most notably in Montgomery County, renters would need to work 73 hours per week with a mean wage to afford a two-bedroom unit, and in Radford they would need to work 68 hours.

Jurisdiction	Total households	Renter households	% of HHs renting	Est mean renter wage	2 bdrm FMR	Rent affordable MRW (FT)	Hrs per week at MRW to afford 2 bdrm
Floyd	6,480	1,154	18%	$10.02	$714	$521	55
Giles	6,987	1,624	23%	$17.12	$733	$890	33
Montgomery	35,483	15,953	45%	$10.39	$993	$540	73
Pulaski	14,525	4,018	28%	$13.20	$721	$687	42
Radford	5,438	2,762	51%	$11.26	$993	$585	68

Figure 101 Rental Households, Estimated Mean Renter Wage, and Fair Market Rent 2014-2018 (National Low Income Housing Coalition, 2021)

Housing Stock

Additional housing stock for individuals and families with incomes between 30% and 50% AMI would ease tight household budgets resulting from unaffordable housing. Paying no more than 30% of household income on rent means that a family of four at 30% AMI could afford $650 in rent ($26,200 * .3) while a family of four at 50% AMI could afford $1,033 ($41,350 * .3). Families are desperately in need of housing stock in this price range. Affordable housing options would ease the impact of the benefits cliff, incentivizing families to earn more income (and therefore lose subsidized housing), knowing that their rents will not skyrocket.

The Virginia Center for Housing Research at Virginia Tech, Housing Forward Virginia, and the NRV Regional Commission collaborated on a detailed housing study to assess the extent of the NRV's housing needs and provide strategies for addressing the deficiency. The study, published in April 2021, estimates that 5,500 income-restricted units are needed in the NRV for low- and moderate-income families currently spending more than 50% of their income on housing. The study estimates that an additional 9,000 households in the NRV spend more than 30% of their income on housing which constrains their ability to spend on other necessities (NRV Regional Commission, 2021). Considering that there were an estimated 40,000 households in the NRV according to the 2019 ACS five-year estimates (see Figure 26), this means that roughly 23% of households in the NRV are cost-burdened (spending between 30-50% of income on housing).

Figure 102 shows the change in population, households, and housing units from 2010 to 2018. The gains in units in Montgomery and Radford have not kept pace with population growth. The shortage in Radford appears to be especially severe: the increase in housing units accounted for only 5% of household growth.
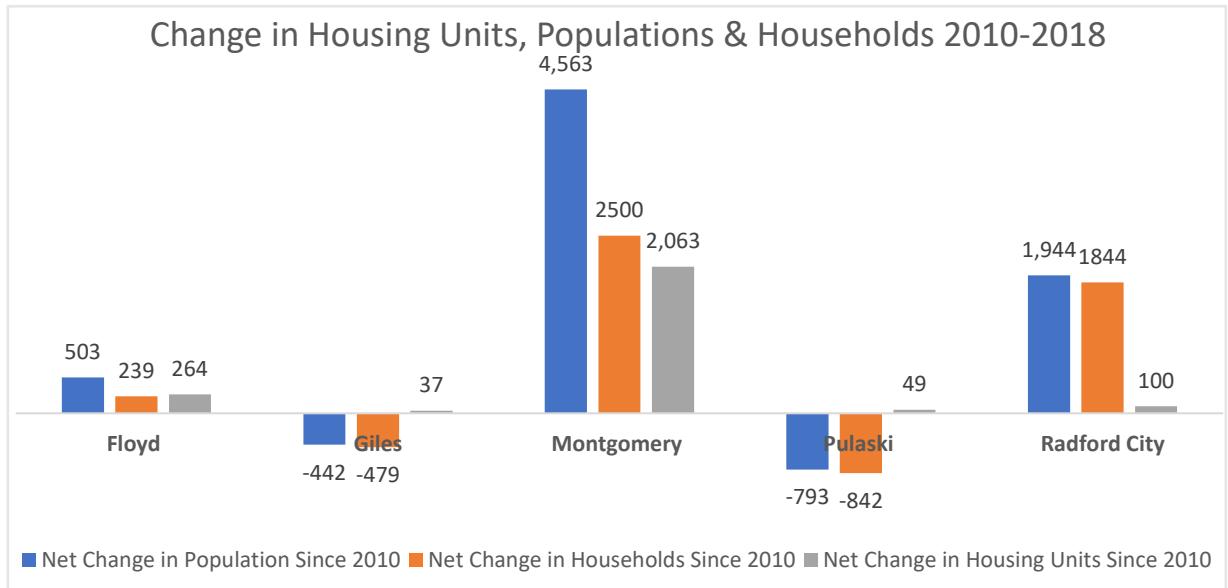

Figure 102 Change in Population, Housing Units, and Households 2010 to 2018 (US Census Bureau, 2019)

Residential Vacancy Rate	
Floyd	0.1%
Giles	2.1%
Montgomery	1.5%
Pulaski	1.9%
Radford	1.9%
Virginia	1.2%

Figure 103 Vacancy Rates 2018 (Community Action Partnership, 2019)

Figure 103 shows rental vacancy rates in the last half of 2019. The average in the NRV (1.5%) is well below the national average. Floyd County has extremely low availability of rental units. A major cause of this shortage according to the NRV Regional + Local Housing Study, is that the pace of construction in the NRV is not keeping up with demand. The study found that since the Great Recession in 2008, the NRV lost 60 construction firms and 200 laborers. Increasing costs of labor and materials prevents some households from constructing new homes or renovating. Additionally, up to 100 specialty firms and 700 specialty jobs were lost since the recession including plumbers, electricians, masons. Focus group participants reported that some owners were waiting to flip unoccupied homes because they could not obtain supplies and labor to renovate them.

Older housing requires renovation and maintenance to stay in good condition and is associated with higher energy costs. 30% of clients who responded to the LICNA survey indicated that their homes needed repairs, and 20% reported needing weatherization. In 2017, the average age of homes in the NRV ranged from 47 years in Giles to 32 years in Montgomery. Radford also had a lot of older homes, with the average age of 46 years in 2017.

Report Area	Total Housing Units	Median Year Built	Median Age (from 2017)
Report Location	79,694	No data	No data
Floyd County, VA	7,981	1984	33
Giles County, VA	8,346	1970	47
Montgomery County, VA	39,571	1985	32
Pulaski County, VA	17,289	1974	43
Radford city, VA	6,507	1971	46
Virginia	3,466,921	1981	36
United States	135,393,564	1977	40

Figure 104 Housing Age (Community Action Partnership, 2019)

	Renter-Occupied		Owner-Occupied	
	Total	Lacking Plumbing	Total	Lacking Plumbing
Floyd	1,226	0	5,267	11
Giles	1,723	20	5,187	22
Montgomery	15,927	59	19,758	59
Pulaski	4,163	0	10,370	10
Radford	2,977	79	2,596	0
NRV Total	26,016	158	43,178	102

Figure 1053 Renter vs Owner Occupied Housing by Plumbing Status (US Census Bureau, 2019)

ACS Five Year Estimates from 2019 indicate that roughly 260 homes in the NRV lack plumbing. Renter-occupied homes were more likely to lack plumbing than owner-occupied homes. An estimated 2.7% of renter occupied homes in Radford lacked plumbing in 2019. Giles had the highest rates of owner-occupied housing without plumbing (0.4%).

Community Housing Partners (CHP) manages the Emergency Home and Accessibility Repair Program in the NRV. CHP estimated that they administered 94 emergency repair projects in the NRV in 2020, and 123 in 2019 (Strahm, 2021). Experts in the NRV report that the waitlist for emergency repair is years long. NRCA's Housing Counselors assist clients to file applications for the USDA Section 504 program. 504 grants and loans provide home repair and maintenance assistance for low-income individuals (below 80% AMI). In 2020, NRCA assisted 11 individuals to apply for 504 grants.

Renting

Figures 99 and 100 show the number of renter and owner households in the NRV according to CHAS data. 38% of households in the NRV rent their home. Within the NRV, Radford (53.5%) and Montgomery (45.1%) have the highest shares of renter households. Floyd has the highest share of owner households (80.7%). According to the Regional + Local Housing Study, the majority (72%) of rental units in the NRV are located in Montgomery County and Radford city. Student households occupy 38% of rental units (NRV Regional Commission, 2021). The NRV has an extremely tight rental market which disadvantages low-income households. The Regional + Local Housing Study notes that the NRV has a rental vacancy rate between 1.5% and 2.4%, which indicates that there are few options available at any given time. With high demand for rental units, rental costs have steadily increased in the past decade. According to the Regional + Local Housing Study, median gross rent increased by 38.5% from 2007 to 2017.

According to the Regional + Local Housing Study, income-restricted units account for 9% of rental housing stock in the NRV. As of 2019, there were close to 30 low-income rent-assisted properties in the NRV and roughly 1,500 units. Approximately half of the properties are owned and managed by Community Housing Partners (CHP). There were no rent-assisted units in Floyd. Housing

Property Name	County	Type	Units
Elm Tree	Giles	Section 8	12
Orchard Grove*	Giles	CHP	30
SA Robinson*	Giles	CHP	27
Giles Community Apartments	Giles	Section 202	30
Cambridge Square	Montgomery	Section 8	40
Ellett Road Community	Montgomery	811	12
Christiansburg Bluff	Montgomery	Section 8	119
Cedar Crest Apts*	Montgomery	CHP	60
New River House	Montgomery	Section 202	42
Linden Green*	Montgomery	Section 8	84
Linden Grove*	Montgomery	CHP	**
Lantern Ridge Apts	Montgomery	Section 8	51
Old Farm Village II	Montgomery	Section 8	84
Henley Place Apts*	Montgomery	CHP	60
Hunting Hills*	Montgomery	CHP	2
Huckleberry Court Apts*	Montgomery	CHP	40
Grissom Lane*	Montgomery	CHP	8
Trolinger House	Montgomery	Section 8	102
Melinda's Melody	Montgomery	Section 202	48
Bluegrass Apartments*	Montgomery	CHP	40
Meadowview*	Pulaski	Section 8	85
Washington Square Apts	Pulaski	Section 8	119
Laurel Woods Apts*	Pulaski	CHP	46
Bradley's Ridge Apts	Pulaski	Section 202	58
Fairfax Village	Radford	Section 8	40
Heather Glen Apts*	Radford	CHP	40
Parkview of Radford	Radford	Section 8	13
Riverbend Apts	Radford	Section 8	60
Willow Woods	Radford	Section 8	100
Total Units			***1,452***

*Figure 106 NRV Rental Assisted Units (Center for Applied Research and Engagement Systems, 2021) and (Community Housing Partners, 2021) *Community Housing Partners Property **data not available*

Connections, the administer of the Housing Choice voucher program, reported processing approximately 1,000 voucher applications in fiscal year 2019-2020 (Rader, 2021).

Research has shown that eviction decreases family wellbeing through the stability pathway. Evicted individuals are more likely to lose their possessions and jobs. Families are less able to obtain necessities and more likely to experience mental health problems. Children with unstable housing are more likely to have worse education achievement, health, and lower future earnings (Expanding Prosperity Impact Collaborative, 2019). Eviction data is shown in Figure 107. The eviction rate is expressed as the number of evictions per 100 renter homes in the area. Pulaski has higher eviction rates than other areas in the NRV. In 2015, for every 100 renter homes, five homes were evicted during the year. The rate decreased to three per 100 in 2016. Floyd has the lowest eviction rates in the NRV.

	2015			2016		
	Filings	Evictions	Rate	Filings	Evictions	Rate
Floyd	15	15	1.1	14	13	0.9
Giles	74	44	2.4	104	49	2.6
Montgomery	556	394	2.2	525	393	2.2
Pulaski	325	221	5.1	329	146	3.3
Radford	154	82	2.2	200	99	2.6

Figure 107 Eviction Filings, Evictions, and Eviction Rate for 2015 and 2016 (Eviction Lab, 2021)

While evictions were put on hold during 2020, housing needs exploded for low- and moderate-income families due to loss of income. Housing Connections, the provider of the Section 8 voucher program in the NRV, reported a higher volume of inquiries. From June to December 2020, NRCA Housing staff assisted 900 individuals in the NRV who experienced financial hardship due to the pandemic with rent and mortgage assistance. Housing staff administered $880,000 in Virginia Rent and Mortgage Relief funds, the majority going to rent assistance. NRCA's Emergency Assistance offices assisted an additional 880 individuals with rent in 2020, accounting for over $200,000 of direct client assistance.

Focus group participants reported that high rents prohibit families from saving for a down payment on a home. Additionally, the benefits cliff disincentivizes families from saving, as some types of assets disqualify individuals from receiving needed benefits. One client responded to the survey with:

> *We need time to get ahead before losing all benefits we receive. We want to better our lives but are not given any time to save money before any benefits we receive are taken away. We live in income-based housing, and as soon as we get better jobs, we are either evicted, or rent skyrockets. Between that and losing benefits, to sum it up, we will be screwed.*

Housing can be an impediment to recovery from addiction and successful transition from prison. Focus group participants identified a lack of transitional housing and that shorter-term rental options tended to be expensive. Affordable month-to-month rental units are needed to assist people transitioning from treatment facilities or prisons. Clients with criminal history, bad credit or history of eviction are turned down by some landlords, especially with high demand, landlords can pick and choose tenants. Victims of domestic violence and ex-offenders often do not have credit scores. Without adequate housing, people slip back into crisis, relapse, or anti-social behaviors to make ends meet.

Focus group participants cite the need for affordable units for larger families, accessible homes for seniors on fixed incomes, more HUD voucher assistance, education around home repair and maintenance, affordable monthly rentals, rent-by-room or shared leases, and public transit access in low-income neighborhoods. Brett Rader, the Director at Housing Connections, reported that many low-income folks were afraid to report property maintenance issues as they feared losing their housing. Others lacked experience in home maintenance, not understanding the importance of preventing home deterioration. Rader also reported that many clients could not afford utility or rent deposits. One solution would be to create an insurance policy that could be purchased by the landlord which would cover any damages to the unit after the client moved out. The policy cost could be added to monthly rent, smoothing out costs over time for the client.

Home-Owning

62.4% of homes in the NRV are occupied by the owner. Floyd County has the highest proportion of owner-occupied homes at 80.7%. In Radford only 46.5% of homes are occupied by the owner (see Figure 99). According to the Regional + Local Housing Study, homebuyers face a tight market with an average of nine days on market in 2018. These tight markets disadvantage lower-income households, as they might not be able to make cash offers or offers above the asking price. Homebuyers who need financing cannot compete in constricted markets when prices are pushed above appraised values (NRV Regional Commission, 2021). LICNA focus group participants raised the concern that some homebuyers were buying below their budget, pushing lower-income homebuyers out of the market.

	Total Housing Units	Mobile Homes	% Mobile Homes
Floyd	7,902	1,706	21.6%
Giles	8,338	1,145	13.7%
Montgomery	32,209	3,803	9.7%
Pulaski	17,266	2,278	13.2%
Radford	6,526	310	4.8%

Figure 108 Housing Units and Mobile Homes 2016 (Rural Data Portal, 2021)

Although mobile home ownership is the most affordable path to homeownership, it is difficult to build equity in this type of home as they are considered personal property. One in five homes in Floyd County are manufactured homes (which includes mobile homes according to HUD regulations). A resident responded to the LICNA survey with:

> *There are no good rental options that are in line with the wages offered in Floyd County. I feel like the only options available are crappy trailer parks. Riddled with drugs, alcoholism and run down. I don't know what's being done.*

The Regional + Local Housing Study found that the NRV has an estimated 2,000 mobile homes built before 1976, of which 75% are occupied. Mobile homes built before 1976 are considered the lowest quality housing due to the lack of regulation on such units. These homes tend to have inefficient heating, poor insulation, and unsafe conditions due to poor construction and unsafe materials used (NRV Regional Commission, 2021). The Study estimated that the NRV has roughly 9,000 mobile and manufactured home units in total.

The Rural Data Portal sources data from a variety of sources including the Home Mortgage Disclosure Act. Figure 109

	Total Originated Loans 2017	Manufactured Home Originations	% Manufactured Home Originations
Floyd	269	35	13%
Giles	356	40	11%
Montgomery	1715	72	4%
Pulaski	659	49	7%

Figure 109 Loan Originations for Manufactured Homes 2017 (Rural Data Portal, 2021)

shows that in 2017 13% of mortgages were originated on manufactured homes in Floyd. 11% of loans in Giles were for manufactures homes. Data for Radford City was not available (Rural Data Portal, 2021).

High-cost loans are significantly more common in Floyd County as well. High-cost loans are when a consumer obtains a mortgage rate more than 6.5 percentage points higher than the average (Rural Data Portal, 2021). These loans are more expensive to the borrower.

	High Cost Originations	% High Cost Loans
Floyd	35	13%
Giles	22	6%
Montgomery	63	4%
Pulaski	57	9%
Radford	13	6%

Figure 110 High-Cost Loan Originations (Rural Data Portal, 2021)

Foreclosures destabilize families and in areas with high foreclosure density, are associated with high-poverty and deterioration (Price, 2009). Close to 150 homes in the NRV underwent foreclosure in the first 11 months of 2019. NRCA's Housing program offers counseling for households at risk of foreclosure. A moratorium was placed on government-backed mortgages in 2020 which drastically decreased the number of foreclosure filings. In 2020 NRCA served 9 individuals with foreclosure counseling and 10 individuals in 2019. More inquiry is needed to determine why more NRV residents in risk of foreclosure are not using the foreclosure counseling resource.

Home ownership benefits households through the mechanism of equity and credit building. Community Housing Partners provides education, HUD-approved counseling, and realty services to assist low-income individuals to purchase a home. NRCA provides HUD-approved housing and financial counseling which includes home purchase and home ownership topics.

2019 Foreclosures	
Floyd	16
Giles	22
Montgomery	52
Pulaski	39
Radford City	16
NRV Total	145

Figure 111 Home Foreclosures for January-November 2019 (Realty Trac, 2019)

Utilities and Weatherization

Older homes tend to have higher heating, cooling, and maintenance costs. 52% of low-income LICNA survey respondents indicated that rent or utility deposits were a problem for them. Many low-income people are frustrated that they must wait for a utility shutoff notice to receive assistance. A client responded to the LICNA survey with:

> *We struggle with electric and often have to wait for a termination notice just to receive help.*

There was a moratorium on utility shutoffs for much of 2020. When different jurisdictions in the NRV began sending notification of utility shutoff due to overdue payment, NRCA received an explosion in calls for assistance. NRCA assisted 2,500 individuals with utility payments in 2020, totaling $350,000.

Weatherization decreases utility costs by increasing the energy efficiency of a home. Community Housing Partners administers the DOE Weatherization Assistance Program in the NRV. In 2019, CHP weatherized 94 homes. In 2020, 20 homes weatherized as the program was put on hold due to the pandemic (Strahm, 2021).

Homelessness

HUD defines homelessness as an individual or family lacking a fixed, regular, and adequate nighttime residence. Inadequate residences include public or private places not meant for human habitation. Individuals residing in a shelter would be considered homeless as shelters provide temporary living arrangements. In 2020, NRCA served 757 homeless individuals, an increase of about 150 individuals from the 2019 calendar year. 47 of these were guests at To Our House, NRCA's seasonal shelter. Around 500 were clients in NRCA's housing programs.

2020 Point in Time	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	29	11	9	49
Total Individuals	40	24	9	73
Number of Children (under 18)	11	13	0	24
Ages 18-24	2	0	0	2
Over Age 24	27	11	9	47

Figure 1126 NRV Point in Time Count 2020 (NRV Housing Partnership, 2021)

NRCA participates in the annual Point in Time count, which offers a snapshot of homelessness in the NRV according to the HUD definition. This effort focuses on counting all identified persons who are homeless on a specific night of the year, which is typically the last Wednesday of January. Unsheltered homeless people are difficult to find and engage in rural areas. 73 individuals were counted in January 2020, up from 48 individuals in January 2019 (NRV Housing Partnership, 2021).

In focus groups, participants identified the need for more shelter capacity and for shelters with embedded services and supports, such as job training and counseling.

Program	2019 Capacity	Clients Served	Season	Locales Served
To Our House	14	Single Adults	Nov-March	NRV
The Warming Station	16	Men and Women	Nov-March	Pulaski
Grace Episcopal	4	Single Women	Year round	Radford
NR Family Shelter	26	Families	Year round	NRV
Hope House	5	Families	Year round	Giles
Women's Resource Center	47	Women and children fleeing DV	Year round	NRV

Figure 113 Homeless Resources NRV

Due to pandemic restrictions on To Our House operations, there was less guest turnover in the 2020-2021 season. In the 2020-2021 season, To Our House provided 17 guests with 1,190 nights and 3,570 meals. In previous seasons, To Our House served 70-80 clients. Experts speculated that in typical years, homeless populations were transient, but that during the pandemic people were moving around less.

Public schools in the NRV classify homeless students according to the McKinney-Vento Act definition. The McKinney-Vento Act defines homeless children as those who lack a fixed, regular, and adequate nighttime residence. Children that might be covered include children sharing housing due to economic hardship or loss of housing.

	2018-2019	2019-2020
Floyd	*	*
Giles	11	16
Montgomery	234	135
Pulaski	85	43
Radford	53	53

*Figure 114 Homeless Students 2017-2018 (William & Mary School of Education, 2021) *less than 10 reported*

Project HOPE is a DOE-funded program to support the needs of homeless children. Project HOPE uses the McKinney-Vento definition to identify homeless students. The McKinney-Vento definition includes students who are doubled up due to economic hardship and or for mutual economic benefit in addition to children who are living in shelters or locations not fit for human habitation. Project HOPE helps school divisions develop customized programs to meet the needs of homeless children and youth in their area including early childhood education, mentoring, tutoring, parent education, summer enrichment programs, and domestic violence prevention programs. Students may be eligible for emergency services, transportation, and school supplies (William & Mary School of Education, 2021).

Project HOPE provides an annual count of homeless students in Virginia. The number of homeless students decreased from 2019 to 2020. This may be due to moratoriums on evictions and foreclosures, and the injection of aid for housing and other basic needs during the pandemic.

Focus groups also raised the need for permanent supportive housing in the NRV. Transitional housing and services such as Rapid Rehousing serve clients for two years which may not provide enough time for an individual to achieve full independence. There are currently no permanent supportive housing slots in the NRV. NRCA's Housing program has been in discussions with HOPE Inc., a permanent supportive housing provider in Wytheville, to understand how this model could serve the NRV.

Transportation

Transportation was broadly identified as a top need of the LI community in the primary data. As one focus group participant said, "services are all well and good if you can get to them." In the NRCA partner survey, transportation was listed as the number one lacking resource. In focus groups and interviews, various transportation needs accounted for 15% of the total needs mentioned. Transportation needs disproportionately affected the more rural areas of the NRV: respondents identified Floyd, Giles and Eastern Montgomery Counties as having the highest needs due to lack of public transit. Transportation was found to be the top health-related priority in the NRV Community Health Assessment completed by Carilion Clinic in 2018 (Carilion New River Valley Medical Center, 2018).

In the NRV, low-income families who lack private transportation walk long distances and ask others in their social network to give them rides. One survey respondent said,

> *Lots of people walk really far or carpool. When you rely on your family/friends, you tend to prioritize your needs - grocery store run over parenting class.*

One focus group participant described an informal ride economy, whereby individuals without a car pay people they know for rides. Others mentioned that some low-income individuals enroll in behavioral and mental health counseling at New River Valley Community Services primarily to access the embedded transportation services. An NRVCS staff person said, "Some of our clients have an NRVCS case manager just for transportation."

Figure 115 shows the population of individuals who live in a household that has no vehicle. In the NRV, roughly 2,000 workers over age 16 (2.4% of total) were estimated to live in households without any vehicle available in 2019. Radford had the highest share of workers without access to a vehicle—4.2% (US Census Bureau, 2019). Transportation costs are the second highest household expense in the United States on average. The transportation needs of low-income households are different than the average American's. Low-income households are much more likely to own older and fewer vehicles. Older vehicles require more maintenance and consume more gas which translates to higher overall costs for these households (Hamidi, 2019).

	NRV		Floyd		Giles		Montgomery		Pulaski		Radford	
	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
Total	78,977		7,251		7,383		41,800		15,291		7,252	
No vehicle	1,925	2.4%	148	2%	104	1.4%	1,132	2.7%	237	1.5%	304	4.2%
1 vehicle	13,409	17.0%	829	11.4%	1,071	14.5%	7,464	17.9%	2,648	17.3%	1,397	19.3%
2 vehicles	31,418	39.8%	2,257	31.1%	2,959	40.1%	17,344	41.5%	6,133	40.1%	2,725	37.6%
3+ vehicles	32,225	40.8%	4,017	55.4%	3,249	44.0%	15,860	37.9%	6273	41.0%	2,826	39.0%

Figure 115 NRV Population of Workers Age 16+ By Access to Vehicle (US Census Bureau, 2019)

Figure 116 shows the proportion of the population of workers over age 16 who work inside their county of residence and the average commute time to work. Only 41.4% of Floyd workers have jobs within the county, and these workers average 34 minutes of travel time to work. Less than half of Giles and Radford workers have jobs within their jurisdiction of residence, although commute times are shorter.

	Worked in county of residence	Mean Travel Time to Work
Floyd	41.4%	34.3
Giles	47.9%	25.3
Montgomery	79.1%	18.9
Pulaski	56.1%	23.8
Radford	45.6%	17.5

Figure 116 Proportion of Workers Age 16+ Working Within Jurisdiction of Residence and Mean Travel Time to Work (US Census Bureau, 2019)

Figure 117 shows a breakdown of how workers in the NRV got to work in 2019. Montgomery workers had the highest public transit use (4.3%). About 9% of Radford workers walked to work. Floyd County had the highest proportion of workers who worked from home (6.3%). Figure 118 provides further details about the workers who take a "car, truck, or van" to work. The figure shows of the proportion of these workers who carpooled. Floyd workers were more likely to carpool than other workers.

Figures 119 and 120 provide a breakdown of how workers drive to work by poverty status—Figure 119 shows data for Floyd, Giles and Montgomery, and Figure 120 shows the

	Means of Transportation to Work				
	Car, truck, or van	Public transit	Walked	Work from home	Other
Floyd	91.0%	0.5%	1.7%	6.3%	0.5%
Giles	96.1%	0.0%	0.4%	2.3%	1.1%
Montgomery	83.8%	4.3%	5.4%	4.6%	2.0%
Pulaski	94.8%	0.3%	0.8%	2.9%	1.2%
Radford	85.2%	2.1%	8.7%	2.1%	2.0%

Figure 117 Proportion of Workers Age 16+ by Means of Transportation to Work (US Census Bureau, 2019)

same data for Pulaski and Radford. This data shows how and to what degree low-income households differ from the general population with regards to means of commuting. The data shows that generally workers between 100% and 149% FPL are more likely to commute: for example, workers in the 100 to 149% FPL category made up 7.3% of workers in Floyd, but they accounted for 9.4% of carpoolers. In Montgomery 100 to 149% poverty workers accounted for 5% of all workers, but this group made up 7.4% of carpoolers, and in Pulaski the difference was the biggest: 4.9% to 11.2%.

	% Carpooled
Floyd	10.7%
Giles	9.5%
Montgomery	6.9%
Pulaski	7.3%
Radford	7.3%

Figure 118 Proportion of Workers Age 16+ Who Take Car, Truck, or Van to Work and Carpool (US Census Bureau, 2019)

Three jurisdictions have public bus routes: Pulaski, Montgomery, and Radford. Looking at the proportion of workers who commute by public transit in those jurisdictions, we can see that low-income workers are much more likely to use public transit in Radford and Montgomery County than higher income individuals. In Montgomery County, individuals below 100% FPL make up 11.2% of workers, but 39.3% of workers who commute by public transit. In Radford, workers below 100% FPL make up 28% of total workers, but they account for 53.1% of workers who commute by public transit. Pulaski has some bus routes, but an estimated 0% of individuals below 100% poverty use public transit to commute to work. More research needs to be done to learn what prevents low-income workers from using Pulaski Transit.

	Floyd				Giles				Montgomery			
	Total	Drove alone	Carpool	Public	Total	Drove alone	Carpool	Public	Total	Drove alone	Carpool	Public
< 100 FPL	5.5%	5.4%	4.5%	0.0%	4.2%	3.5%	3.1%	100.0%	11.2%	9.5%	9.5%	39.3%
100 to 149 FPL	7.3%	6.2%	9.4%	0.0%	5.0%	5.0%	4.9%	0.0%	5.0%	4.8%	7.4%	7.9%
> 150 FPL	87.2%	88.3%	86.1%	100.0%	90.9%	91.4%	92.0%	0.0%	83.7%	85.7%	83.1%	52.8%

Figure 119 Proportion of Workers Age 16+ in Floyd, Giles, and Montgomery by Transportation Means and Poverty Status (US Census Bureau, 2019)

	Pulaski				Radford			
	Total	Drove alone	Carpool	Public transp	Total	Drove alone	Carpool	Public transp
< 100 FPL	5.4%	4.3%	10.6%	0.0%	28.0%	23.6%	28.5%	53.1%
100 to 149 FPL	4.9%	4.4%	11.2%	0.0%	6.8%	5.9%	5.3%	43.5%
> 150 FPL	89.7%	91.3%	78.1%	100.0%	65.2%	70.5%	66.1%	3.4%

Figure 120 Proportion of Workers Age 16+ in Pulaski and Radford by Transportation Means and Poverty (US Census Bureau, 2019)

Public Transportation

Beginning in 2001, the Counties of Montgomery and Pulaski and the City of Radford developed public bus transit. Christiansburg, Blacksburg, Radford, and parts of Pulaski are served by six transit providers (NRV Metropolitan Planning Organization, 2016). Approximately 2,000 workers over age 16 in the NRV were estimated to take public transit to work in 2019 with most of these workers residing in Montgomery County.

Workers Over Age 16 Who Take Public Transit to Work	
Floyd	35
Giles	1
Montgomery	1,911
Pulaski	44
Radford	168

Figure 121 Workers Age 16+ Who Take Public Transit to Work (US Census Bureau, 2019)

Within the existing bus routes, key stakeholders report that more could be done to improve wait times, particularly between bus lines. Shelters or benches at stops would also improve user experience. Partners and community members pointed out that the bus lines in Radford and Blacksburg were geared toward serving university students rather than low-income individuals. To increase access for low-income individuals, low-income neighborhoods and resources should be connected to existing bus lines.

Floyd, Giles, and rural areas of Montgomery and Pulaski Counties do not have any public transit. One survey respondent wrote:

> *You want to fix a lot of these issues, get transit to Giles. Without it the generational poverty cannot be slowed. With it people will have dependable access to health care, employment, services, education and all the rest. They can depend on themselves rather than family members/friends to get them where they need to go to break the cycle. The need has been brought up by every organization I know.*

Other Community Resources

In addition to mental health services, NRVCS is a provider of transportation for the NRV. With a fleet of over 180 vehicles, NRVCS provides rides to individuals with disabilities to day programs, treatment programs for mental health clients, and to health appointments with Medicaid transportation funds. New River Valley Senior Services (NRVSS) operates the Med-Ride program, which uses volunteers to transport individuals lacking vehicle access on a sliding scale fee. NRV Agency on Aging fills a transportation gap in the community for individuals with disabilities or homeless individuals by providing free rides for medical appointments. Home visiting programs also help to fill the transportation gap. NRCA's CHIP, Head Start, and Whole Family programs, bring services to the client in their home, and caseworkers transport clients to health appointments.

Transportation needs were among the few needs which decreased overall during the pandemic. Many clients appreciated having the option to connect with case managers and counselors by phone. Continuing to offer remote ways of connecting alongside traditional face-to-face service delivery will help ease transportation needs.

There are several initiatives underway in the NRV to increase affordable transportation options. The NRV Regional Commission provides transportation planning assistance for the region. Additionally, the Commission manages several transportation programs including Ride Solutions, a resource for helping residents connect to options beyond single-occupancy vehicle transportation. The NRV Metropolitan Planning Organization completed a passenger rail study in 2016. There is wide community and congressional support for extending a passenger rail line from Roanoke to the NRV. Low-income individuals should be included in the planning process for passenger rail in the NRV, and public outreach should be done with the low-income community to increase knowledge of this service.

Nutrition

Figure 122 shows data from the 2015 USDA Food Environment Atlas which estimates the proportion of the population who are low income and do not live close to a grocery store. Floyd County has the greatest proportion of population with limited access to healthy foods. Pulaski and Radford City are also higher than the state average of 4%.

Across the state of Virginia, 9.9% of the population is food insecure according to the 2018 index created by Feeding America. The index uses several indicators such as poverty, unemployment, and home ownership. Radford at 16.9% is twice as high as the state average. The proportion of the population receiving SNAP benefits

Location	Population with Limited Access	% Limited Access to Healthy Foods
Floyd	1575	10%
Giles	56	0%
Montgomery	3326	4%
Pulaski	2230	6%
Radford City	1170	7%

Figure 122 Population with Limited Access to Healthy Food (County Health Rankings, 2020)

corroborates Feeding America's food insecurity index. Figure 123 shows that Pulaski and Radford have the highest proportion of households enrolled in SNAP. This demonstrates that the nutrition needs are higher in Pulaski and Radford, and that SNAP is being allocated proportionally.

	2018		2020 Projected	
	# of Persons Food Insecure	Rate	# of Persons Food Insecure	Rate
Floyd	1,450	9.2%	1,900	12.1%
Giles	1,760	10.5%	2,320	13.8%
Montgomery	10,290	10.5%	12,980	13.2%
Pulaski	4,020	11.7%	5,380	15.7%
Radford	2,380	13.5%	2,970	16.9%
Virginia	842,870	9.9%	1,114,290	13.1%

Figure 123 Food Insecure Population 2018 and 2020 Projected (Feeding America, 2021)

Close to 20,000 people were estimated to be food insecure in 2018 according to Feeding America. In 2020, Feeding America released projections for 2020 based on COVID-19 trends on poverty and unemployment. Food insecurity was predicted to increase 25-30% in the NRV due to the economic impacts of COVID-19. An estimated 25,000 people were food insecure in 2020 according to Feeding America data. This confirms reports from pantries across the NRV who experienced unprecedented demand during peak job loss.

Experts across the NRV reported that food needs exploded during the pandemic. Pantries had trouble stocking shelves as demand outpaced supply during the months with high job loss. VDH reportedly received triple the number of requests for food delivery than usual, and WIC enrollment requests increased. At the same time, new resources became available to pantries: donations and funding increased, as did Feeding America's food supply. In 2020, USDA increased SNAP benefits to households by 115% which roughly translated to $25 per person each month.

There is a strong network of pantries and agencies providing meals, packaged food, and fresh food to food insecure individuals in the NRV. THRIVE is a network organized by the Community Foundation of the NRV. There are close to 50 partners including NRCA, public schools, church pantries, the United Way of the NRV, and community pantries and

gardens. One partner, New River Valley Agency on Aging operates a home meal delivery program for people over age 60 confined to their homes for health reasons. THRIVE maintains a membership directory to assist individuals in locating a pantry near them, or to learn about pantry requirements, and what types of food or other items are available. THRIVE member representatives meet monthly to talk about the opportunities and needs of the NRV's food insecure population. Additionally, member pantries share resources and food when need or opportunity arises. During the pandemic, the THRIVE coalition emerged as a core community strength. One focus group participant said, "THRIVE has helped spread the word about food availability and moved food around the NRV where it was needed."

	Households Receiving SNAP	% of Total Households
Floyd	537	8.3%
Giles	496	7.2%
Montgomery	2,162	6.1%
Pulaski	1,820	12.5%
Radford	611	11.0%

Figure 124 Households Receiving SNAP Benefits 2015-2019 (Center for Applied Research and Engagement Systems, 2021)

The THRIVE coalition participated in a focus group for the LICNA. Additionally, 19 THRIVE partners participated in a collective impact survey in March and April of 2021. Partners were asked what food assistance unit they track and how many units they provided in 2020. 84,000 duplicated individuals were collectively served in 2020 by THRIVE partners. By comparison, Feeding America estimated 25,000 food insecure people in the NRV in 2020. These individuals would most likely need food daily, weekly, or monthly to support their needs, so we can therefore see that there is indeed a gap between what agencies are able to provide in the NRV and what people need. However, the THRIVE data does not include all THRIVE partners, or SNAP and WIC data which would help bridge the gap.

THRIVE Partner Food Assistance 2020 (N=19)		
People (duplicated)	Pounds	Meals
84,184	621,235	55,370

Figure 125 THRIVE Partner Food Assistance 2020

Before the pandemic, the top needs with regards to nutrition were the need for fresh, healthy food and education about how to prepare food. Some low-income people report difficulty eating the food that is provided at pantries. Some pantries in the NRV allow for customer choice and provide fresh food. However, other pantries do not have the infrastructure to provide such services. After the pandemic, THRIVE partners reported having supply chain difficulties. It was difficult keeping food on the shelves. Sourcing food, shelf capacity to store food, and the funds or donations to maintain the food supply were all specific supply-chain related needs. Many agencies reported difficulty maintaining and growing the volunteer base. In terms of data capacity, three partners reported needing support to identify and configure a free database system.

Many experts reported individual barriers to accessing pantries. A prior conviction prevents people from obtaining SNAP benefits which makes it more difficult for ex-offenders to get their feet back under them after release. A focus group participant said, "We have the food, getting it to people is the issue." Pantries tend to be more centrally located in counties making it difficult to reach without transportation. While there are a lot of pantries, not every community has the same access. Some pantries do not have evening hours, making it difficult for workers to access. Other experts report that there is a lack of knowledge about resources, and this problem seemed to be exacerbated during the pandemic. There were new clients needing food assistance due to job loss, and many of these individuals did not know what resources were available. Pantry coordinators, caseworkers, and counselors reported spending more time on client education than they had previously.

Child Nutrition

According to the Feeding America food insecurity index, an estimated 4,500 children were food insecure in the NRV in 2018. The index combines several indicators such as poverty, unemployment, and home ownership. Across the state of Virginia, 12.5% of children are food insecure according to the 2018 index created by Feeding America. Pulaski, Giles, and Radford have higher proportions of food insecure children than the state average.

	2018		2020 Projected	
	# of Children Food Insecure	Rate	# of Children Food Insecure	Rate
Floyd	370	11.8%	540	17.3%
Giles	540	15.4%	760	21.8%
Montgomery	1,840	12.0%	2,640	17.2%
Pulaski	1,100	17.8%	1,580	25.5%
Radford	280	15.2%	400	21.6%
Virginia	233,530	12.5%	347,310	18.6%

Figure 126 Food Insecure Children 2018 and 2020 Projected (Feeding America, 2021)

In 2020, Feeding America released projections for 2020 based on COVID-19 trends on poverty and unemployment. Food insecurity for children was predicted to increase 40-50% in the NRV due to the economic impacts of COVID-19. Roughly 6,000 children were estimated to be food insecure in 2020. The model predicted that in 2020 one in four children in Pulaski were food insecure, and one in five children in Radford and Giles.

Figure 127 shows the proportion of children enrolled in SNAP. While the number of children increased slightly from 2018 to 2019, surprisingly the number of children decreased in 2020 despite the backdrop of the pandemic. Perhaps this is due to increases in other resources in the community, or perhaps might reflect the barriers some families faced accessing resources with no in-person contact. Despite the slight decreases of child participation in 2020, it is worth

noting that a greater proportion of children were enrolled in SNAP than were estimated to be food insecure. Roughly 7,700 children were enrolled in SNAP in 2020, while 6,000 were estimated to be food insecure.

	2018		2019		2020	
	#	%	#	%	#	%
Floyd	1,006	40.5%	847	38.3%	845	39.0%
Giles	1,070	38.2%	963	37.6%	910	36.0%
Montgomery	3,394	41.2%	3,287	42.0%	3,115	41.3%
Pulaski	2,420	35.7%	2,143	34.4%	2,040	33.5%
Radford	866	41.5%	827	41.4%	804	40.0%
Virginia	436,744	43.9%	408,935	43.4%	399,253	42.3%

Figure 127 Children Enrolled in SNAP (KIDS COUNT, 2020)

Data from the Virginia Department of Education shows that about 9,200, or 46% of students were eligible for free and reduced lunch during for the 2019-2020 school year. Within the NRV, there are eight schools with student bodies averaging more than 70% student eligibility: one in Floyd, one in Montgomery, and six in Pulaski County.

In 2020, NRV school systems bused breakfasts and lunches to all children regardless of need so virtual learners could continue to receive food. Parents and children could pick up food once per week at their normal bus stop. NRCA's Floyd Backpack Program, and other pantries with backpack programs experienced operational difficulties during the pandemic. Children no longer showed up to after school activities where pantries traditionally distributed food. NRCA's program had been staffed by senior citizens, so the program was put on hold due to a lack of volunteer support.

	2018-2019		2019-2020	
	#	%	#	%
Floyd	971	49.4%	907	47.2%
Giles	1,244	50.3%	1,159	48.1%
Montgomery	3,600	35.8%	3,721	36.8%
Pulaski	2,660	65.3%	2,667	65.5%
Radford	737	44.5%	748	44.8%
NRV	9,212	45.6%	9,202	45.6%

Figure 128 Students Eligible for Free and Reduced Lunch (Virginia Department of Education, 2021)

Infrastructure

Internet

Lack of affordable broadband is an increasingly critical need of the low-income community in the NRV. The "digital divide," which describes the socio-economic and educational differences between individuals with ready access to computers and internet and those without, was present before the pandemic, but became more of an obstacle during the pandemic. Floyd County and areas of Pulaski and Giles lack broadband coverage. While satellite internet is available, it is too expensive for low-income households. When household budgets are pushed to the edge, internet is often one of the first things to go. A participant in the Pulaski Domestic Violence Council put it this way, "If your budget is limited, do you spend $100 on internet or on medicine or food?"

Figure 129 shows the number and proportion of the population with no internet subscription or no computer at home in 2019. 11,800 people had no computer at home in the NRV, while 13,000 had a computer but no internet subscription. Adults over age 65 are much less likely to have a computer.

	Floyd		Giles		Montgomery		Pulaski		Radford	
	#	%	#	%	#	%	#	%	#	%
Children Under 18	3,068		3,466		15,096		6,081		1,851	
Computer, no Internet	233	7.6%	291	8.4%	620	4.1%	746	12.3%	105	5.7%
No Computer	79	2.6%	130	3.8%	174	1.2%	213	3.5%	19	1.0%
Adult age 18-64	9,088		9,720		62,026		19,495		11,413	
Computer, no Internet	731	8.0%	669	6.9%	3,504	5.6%	2,654	13.6%	1,254	11.0%
No Computer	384	4.2%	701	7.2%	1,302	2.1%	1,179	6.0%	470	4.1%
Adult 65 and older	3,455		3,449		11,733		7,474		1,470	
Computer, no Internet	199	5.8%	261	7.6%	661	5.6%	932	12.5%	179	12.2%
No Computer	1,359	39.3%	1,252	36.3%	2,039	17.4%	2,126	28.4%	391	26.6%
Total	15,611		16,635		88,855		33,050		14,734	
Computer, no Internet	1,163	7.4%	1,221	7.3%	4,785	5.4%	4,332	13.1%	1,538	10.4%
No Computer	1,822	11.7%	2,083	12.5%	3,515	4.0%	3,518	10.6%	880	6.0%

Figure 129 Individuals with No Internet Subscription or No Computer At Home By Age (US Census Bureau, 2019)

Other experts in the NRV pointed out that good broadband internet can alleviate transportation difficulties for families and agencies. Agencies and providers expanded their ability to connect remotely with clients during the pandemic. Many clients appreciated having virtual options available to them, so it is likely teleservices will become a standard form of service delivery in the future. Agencies also found that teleconferencing increased efficiency for some types of work. Many coalitions saw increased attendance with teleconferencing, as the cost to attend decreased without the need to commute to meetings.

According to the 2019 ACS estimates, roughly 2,600 children under age 18 in the NRV had no computer or no internet subscription at home. Pulaski had the highest rates of children without internet subscriptions—12.3%. During the pandemic, schools began providing public hotspots in parking lots. Schools also sent home internet devices with children who lacked home internet. Libraries also provide public hotspots throughout the NRV.

In general, the lack of broadband internet in remote areas of the NRV is due to the lack of funding for these projects. Private providers will not build broadband infrastructure in low population areas as they will not be able to recover the upfront costs in future customer fees within a reasonable period. Federal or state dollars would need to be applied to cover the gap.

One notable exception to this rule is the Citizens Telephone Coop, a small company bring broadband to Floyd County. In 2017, the Citizens Telephone Coop began construction on a fiber optic cable to connect Floyd County residents. The central portion of the county was connected in 2020, and there are plans to connect 98% of residents in the county by 2022 (Citizens Telephone Coop, 2021). The Citizens Telephone Coop also provided internet devices to families in need during the pandemic.

An opportunity to increase internet coverage is by using fixed wireless deployments which are cost-effective alternatives to using a satellite feed or laying new cables. Wireless devices are attached to existing locations, such as a tall building or tower, and can allow residents within direct range of the device to connect to a high speed connection.

Another opportunity to increase internet connectivity among the low-income population is through using unlimited smartphone plans. With an unlimited data plan, individuals can make their phone into an internet hotspot, and connect computers and other devices to the hotspot. The United Way ALICE tool estimates $50 per month as the cost of a cellphone data plan for one individual in the NRV. This represents about 4% of the monthly income of a worker making minimum wage. Low-incoming serving agencies should educate individuals on this option.

Safety Net System

A need that came up in many meetings and surveys was the general difficulty accessing resources and a lack of coordinated efforts to assist clients. Both clients, and to a lesser degree agency staff, lack knowledge of resources, hindering efforts to help people achieve long-term independence from the system. A resident in the NRV responded to the LICNA survey with this:

> *There are plenty of resources available in the NRV but who knows about them and how to access them and who does what?*

Caseworkers report that many clients gain information by word of mouth, especially from trusted friends or caseworkers. Experts report that many individuals lack trust in government agencies, but that over time, clients develop trusting relationships with home visitors or caseworkers. NRCA's programs with longer-term enrollment, such as Head Start, CHIP, Whole Family, and some housing programs, present unique opportunities to do this type of outreach: to refer and connect clients to resources when clients are most able to trust. Additional funding is needed to support programs such as Whole Family, programs that offer long-term family goal planning and frequent support to facilitate the achievement of independence goals. Whole Family workers can address problems as they come up and connect families with resources before crises develop. A resident of the NRV responded to the LICNA survey:

> *Home visitors gain the trust of this demographic. With how rural this area is, home visitors do what others don't have the resources to and meet people where they are without judgment. More funding and respect should be given to these workers.*

	% Very Satisfied
Video Calls	69.7%
Telephone Calls	75.0%
Text Messages	94.1%
Outdoor Visits	86.4%

Figure 130 Proportion of NRCA CHIP Clients Very Satisfied With Visiting by Type of Visit 2020 (CHIP survey)

CHIP clients responded to a survey on their satisfaction with services during the pandemic. Satisfaction was especially high with text messaging. CHIP clients indicated that their preferred type of visit would be inside their home, but if they could choose a combination, 62% of CHIP clients indicated that they would prefer a combination of video calls and home visits. Flexibility is needed to connect with clients and openness to working around transportation or technology barriers.

There are several dynamics that hinder efforts to connect and apply resources to individuals in need. Working at a public or nonprofit agency comes with an expectation of lower pay. Social services agencies tend to attract staff who are dedicated to the mission and willing to work for less than they may be able to make in for-profit work. This together with the often emotionally exhausting work, leads to staff burnout. Agencies grapple with staff turnover which

complicates efforts to connect the resource system. It takes years to learn about all the resources and supports available in the community. Another complication is that funding sources come and go, some grants are not guaranteed to be renewed, and agencies expend time and energy addressing these uncertainties. This need was especially acute during the pandemic. Agencies struggled to apply funding without knowing whether the funding would continue or expire. These uncertainties take away from time that could be applied toward community outreach.

The NRV has thriving coalitions that meet monthly to share trends, needs, and opportunities. Each jurisdiction has a mental health coalition and domestic violence coalition. Giles County FOCUS is a coalition of local partners working to address social inequities and reduce the use of the welfare system. The Floyd Initiative for Safe Housing (FISH) is a coalition addressing the lack of affordable housing in Floyd. There are several region-wide coalitions addressing early childhood education and care, food and nutrition, health, housing, and the elderly.

Head Start

The NRCA Head Start program operates at 11 sites spread throughout the New River Valley. The total funded enrollment for the year 2020-2021 was 319 children. Program options include full-day classrooms, part-day classrooms for three-year-old children, and Virginia Preschool Initiative/Head Start blended classrooms. The VPI/Head Start classrooms are located in public schools and one full-day classroom is located on the campus of New River Community College.

Head Start-Eligible Children and Families

For general area demographics see Demographics. Figures 14 and 15 show the proportion of children in poverty in the NRV. About 1,200 children under age 5 live in poverty, or about 16% of children under age five. Figure 131 below provides a breakdown of children in poverty (ages 0-17) by race as a proportion of the total children of that race for 2015-2019. Data by race for children under five alone was not available, so these proportions should be loosely applied to children under age five. Figure 132 provides the same data from the 2014-2018 ACS estimates for comparison. Child poverty decreased for almost every racial group across the NRV before the pandemic. In 2019, 80% of Black children in Radford lived in poverty, and in Pulaski 80% of Hispanic children lived in poverty. There is a strong relationship between the race of a child and their poverty status.

	Floyd	Giles	Montgomery	Pulaski	Radford	Virginia
White	9.6%	13.5%	14.5%	17.9%	13.7%	8.6%
Black	0.0%	0.0%	17.7%	31.3%	79.7%	26.7%
Hispanic	*	32.6%	14.7%	79.5%	0.0%	18.6%
Multi	0.0%	0.0%	4.6%	67.9%	0.0%	13.7%
American Indian	0.0%	0.0%	0.0%	0.0%	0.0%	15.8%
Asian	*	0.0%	0.0%	0.0%	0.0%	6.1%

Figure 131 Proportion of Children (0-17) in Poverty by Race 2015-2019 (KIDS COUNT, 2020)
*data not available

	Floyd	Giles	Montgomery	Pulaski	Radford	Virginia
White	9.0%	14.0%	13.7%	14.2%	19.3%	8.9%
Black	0.0%	0.0%	20.3%	41.3%	0.0%	28.0%
Hispanic	9.4%	31.1%	13.9%	83.2%	0.0%	19.8%
Multi	0.0%	0.0%	16.9%	60.3%	0.0%	13.9%
American Indian	0.0%	0.0%	0.0%	0.0%	0.0%	16.1%
Asian	*	0.0%	0.0%	0.0%	0.0%	6.5%

Figure 132 Proportion of Children (0-17) in Poverty by Race 2014-2018 (KIDS COUNT, 2020)

For the data on children living in deep poverty, please see Figure 90. While the proportion of children living in poverty decreased before the pandemic, the proportion of children living in deep poverty (below 50% FPL) increased. Roughly 2,000 children were estimated to live in deep poverty in 2018. As of 2018, 73% of children in poverty were below 50% FPL in Giles, whereas Floyd, Montgomery and Pulaski averaged 46%-50%. Radford has seen a reduction of children in deep poverty since 2010.

The number of children receiving childcare subsidies from 2018 through 2020 is provided in Figure 133. The pandemic resulted in a significant decline in children receiving subsidies. This might have been

Number of Children Receiving Childcare Subsidies by Year 2018-2020			
	2018	2019	2020
Virginia	19,347	23,772	13,674
Floyd	6	19	17
Giles	33	51	28
Montgomery	187	257	145
Pulaski	29	32	23
Radford	34	34	26

Figure 133 Children (0-17) Receiving Childcare Subsidies (KIDS COUNT, 2020)

due to families no longer needing childcare due to loss of employment, or due to widespread closures at childcare centers. For data on income and employment of families with children, see Income and Employment.

NRCA Head Start Student Characteristics

NRCA served more three-year-old children in the 2020-2021 program year than four-year-old children. In the 2019-2020 year NRCA served more four-year-old children.

Age at Enrollment 2020-2021 (N=328)	
2 years	5.5%
3 years	49.4%
4 years	45.1%

Figure 134 Head Start Student Age at Enrollment (NRCA database)

Figure 135 provides Head Start student ethnicity for 2020-2021, about 7% of students served identified as Hispanic/Latino. In terms of languages spoken, in the 2019-2020 year, 15 students spoke Spanish at home, 12 students spoke Middle Eastern or South Asian languages, and one spoke an African language. Figure 136 provides a breakdown of students by race: 70% of students were White, 15% multi-racial, and 6% Black.

Figure 135 Head Start Student Ethnicity 2020-2021 (NRCA database)

HS Student Race 2020-2021 N=328	
American Indian or Alaska Native	2.1%
Asian	1.2%
Black or African American	6.1%
Native Hawaiian / Pacific Islander	0.0%
White	70.1%
Other	0.3%
Multi-race	14.6%
Not reported	5.5%

Figure 136 Head Start Student Race 2020-2021 (NRCA database)

Comparing student characteristics to staff characteristics, 94% of staff identify as White and 6% as Black. One staff person speaks Spanish.

Figure 137 Head Start Student Household Size 2020-2021 (NRCA database)
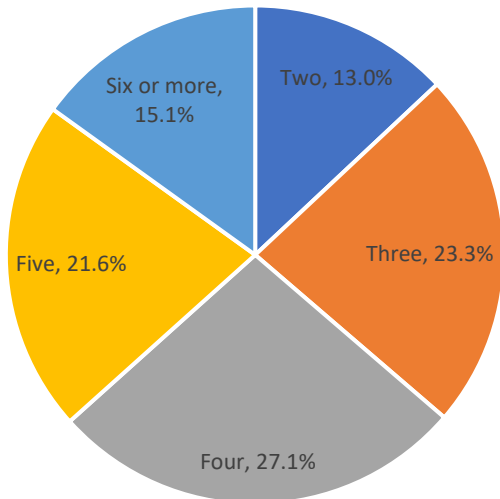
The following data relates to Head Start student households. 27% Head Start students come from families with four members, 23% from families with three members, and 22% from families with five members.

Figure 138 Head Start Student Household Size 2020-2021 (NRCA database)
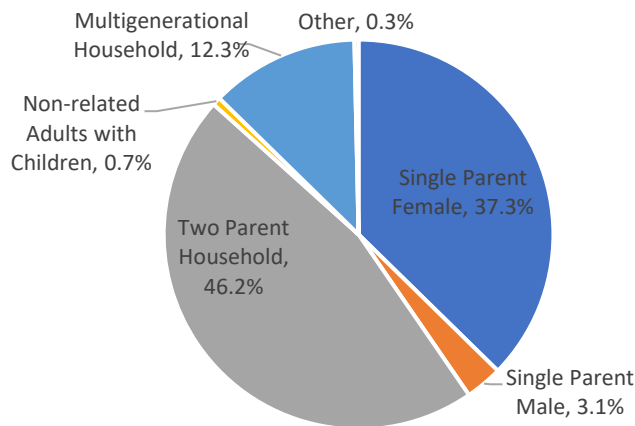
Most Head Start students (46%) come from two-parent households. 37% come from single female headed households.

Figure 139 Head Start Student Household Housing Type 2020-2021 (NRCA database)
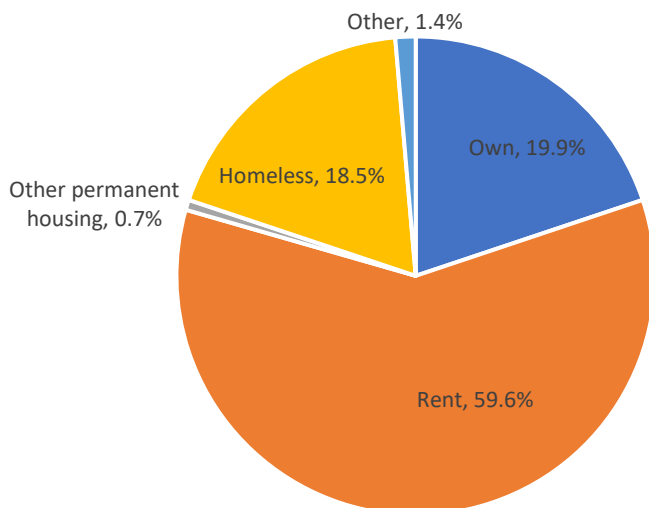
60% of Head Start households rent their homes, while 20% own their homes. 54 students, or 18% were homeless at enrollment in the 2020-2021 year according to the McKinney-Vento definition. 64 homeless children were enrolled during the 2019-2020 year.

HS Household Poverty Level 2020-2021
N=292

126% to 150%, 3.4%
151% and over, 3.1%
101% to 125%, 6.2%
76% to 100%, 12.3%
51% to 75%, 17.1%
Up to 50%, 57.9%

Figure 140 Head Start Student Household by Poverty Level 2020-2021 (NRCA database)

Figure 140 shows the breakdown of Head Start households by poverty level. The majority or 58% of families are living in deep poverty, or below 50% FPL. About 30% of families have incomes between 51% and 100% FPL.

Prioritized Needs of Head Start Eligible Families and Children

The top needs with regards to eligible Head Start families are access to reliable transportation, affordable housing, lack of job training opportunities, and a lack of childcare. The NRCA Head Start Policy Council which includes Head Start parents, staff, and community partners, participated in a focus group for the LICNA. A summary of the focus group by the type of participant is included in Figure 141.

1. Transportation

All participants mentioned transportation as a top barrier to accessing resources including resources critical to career advancement. The NRV is spread out, so it is difficult for low-income folks with unreliable transportation to access resources especially for those living in rural areas of Floyd, Giles, and Pulaski. Future development should focus on the co-location of supplementary resources, for example: affordable housing and transportation, and childcare and job training. A model example of this is NRCA's Head Start program that is co-located at New River Community College so Head Start parents can take classes while their children attend Head Start. HS staff reported that families cannot afford to repair their vehicles and that one solution might be to create a service in which low-income individuals can use a garage and tools to repair their vehicles.

2. Affordable Housing

Parents, community partners, and staff raised the community-wide lack of quality affordable housing stock for the lowest income families as a top need. See Housing.

3. Job Training

Head Start parents need training to obtain better jobs. HS staff report there are a few job training programs in the NRV – the Good Will training program and NRCA's Whole Family program. Staff believe that more outreach can be done to inform parents about these existing resources. Although some resources exist, more short-term training programs are needed. During the pandemic, many training programs were put on hold due to the in-person nature of this type of instruction. An increase in demand is expected when programs begin enrolling students again.

4. Childcare

All participants cited a lack of childcare for all children in the NRV. Parents cited a need for more Head Start slots, and staff raised the need for evening childcare for parents who work or go to school. There are not enough Early Head Start classrooms and slots in the NRV. As childcare for children ages 0-36 months tends to be the most expensive, this leaves low-income families without the means to pay for childcare. If parents cannot find people to provide very low cost childcare in their homes, they are forced to quit their jobs. Giles and Pulaski have the most severe lack of quality Pre-K and infant care. Parents feel there is a gap in services for children with special needs ages 12 to 18 years.

	Parents	Community Partners	HS Staff
Prevalent community problems	-Not enough meats or items with nutritional value at food pantries -Difference in enrollment requirements among jurisdiction public schools -Limited number of Head Start slots -Affordable childcare -Affordable housing -Lack of transportation options -Need training to get better job -Gap in services for children ages 12-18 with special needs	-Lack of affordable quality housing -Lack of transportation options -Lack of affordable quality childcare	-Lacking living wage jobs in NRV -No evening childcare for parents to work or go to school -Lack of trade training -Giles and Pulaski lack quality pre-k and infant care -Options are limited due to COVID -Substandard housing in Giles, not affordable in Montgomery, Floyd has little available stock -Lack of transportation options -Benefits cliff -Mental health needs due to COVID -Lack of dentists, developmental specialists -Lack of internet access
Knowledge of existing resources	-Generally aware of resources	-Resources change so it is hard for providers and clients to keep current	-Staff feel they should have more children on the waiting list
Accessibility of resources	-Transportation is the biggest barrier across the region	-Lack of collaboration among service providers, coordination of services is lacking	-Transportation is a barrier
Adequate resources	n/a	-There is enough food to distribute but getting it to those in need is the issue	n/a
Additional resources needed	-More childcare slots are needed -More job training needed	-More affordable housing options near work and childcare -Public transportation options	-Senior services, adult day care -Fund raising at the agency-level -Transportation options and transportation training opportunities -More trade schools -Access to garage/tools to repair used vehicles

Figure 141 Relevant Opinion of Community Needs - Head Start Policy Council Focus Group

Education Needs of Eligible Families

Head Start parents identified the need for training to acquire living wage jobs, and a lack of opportunities to acquire training. Head Start follows the school schedule (8:30 AM to 3 PM) and is not able to meet the needs of families who require 6:00 AM to 6:00 PM childcare. Low-income workers are more likely to have multiple jobs or work off-hours and weekend shifts which suggests that Head Start families would benefit from an extended schedule. In the 2020-2021 year, 37% of Head Start families were headed by a single female. Single mother households have additional needs in terms of childcare, especially for mothers who work or study.

NRCA's Head Start program has an innovative collaboration with New River Community College (NRCC). NRCA operates a Head Start classroom on the NRCC campus in Dublin. Current students at New River Community College are prioritized

for enrollment in the NRCC Head Start classroom. For adult education needs of the low-income community, see Adult Education.

The NRV has a lack of daycare and preschool slots for all children. The scarcity of childcare for 0-36 months drives up competition and costs. Households below the FPL cannot afford to send their children to daycare programs, even with childcare subsidies available through local DSS offices. The subsidy rate does not equal the market cost to provide childcare. The lowest-income families cannot cover the difference between the subsidy and the market rate, so many private providers do not accept the subsidy as a form of payment. Higher subsidy rates are needed, and additional slots are needed. An Early Head Start program in the NRV would fill a huge community need.

	Est # of 0-36 month old children (2016)	# facilities with 0-36 mo capacity (2021)	Est Slots 0-36 mos (2021)	Unserved Population - % Pop with No Slots
NRV Total	5064	30	907	82.1%
Floyd	420	4	61	85.5%
Giles	538	2	43	92.0%
Montgomery	2699	21	648	76.0%
Pulaski	993	1	61	93.9%
Radford	414	2	94	77.3%

Figure 142 NRV Population 0-36 months (Virginia Department of Health, 2021) and childcare slots for 0-36 months (Virginia Department of Social Services, 2021)

There are more care and education providers in the NRV for three- and four-year-old children, however there is still a lack of slots to cover all children. In 2020-2021 NRCA had 319 funded Head Start slots for three- and four-year-old children in the NRV (see Figure 143), and 391 four-year-old children were served by VPI in the NRV in 2019-2020. At the end of the 2019-2020 program year, 34 children were on the waiting list for Head Start. In 2020-2021, 103 children were on the waiting list as of April 2021. For more information about the education needs of children 0-5 years, see Early Childhood Education.

Head Start Slots in NRV	
Floyd - Check Elem	10
Floyd - Floyd Elem	19
Giles – Macy Elem	8
Giles - Narrows	20
Giles - Pearisburg	36
Montgomery – Blacksburg Full Day	18
Montgomery - Blacksburg Part Day	17
Montgomery - Christiansburg	57
Pulaski - NRCC	18
Pulaski Full Day	58
Pulaski Part Day	17
Radford – 1st Baptist	15
Radford - McHarg Elem	26
TOTAL	*319*

Figure 143 NRCA Head Start Classrooms and Slots (Head Start Database)

According to the mental health and disabilities specialist at NRCA Head Start, Head Start eligible children have high rates of trauma, anxiety, and behavioral issues due to the underlying stress of economic or environmental hardship. Head Start specialists must determine which children to refer to developmental specialists to be evaluated for a diagnosis, and which students to monitor and support in the classroom and at home. In the 2020-2021 year, NRCA enrolled 54 students with IEP's. The most common disabilities were developmental delay and speech language impairment. It is difficult for any parent to face the reality that their child may have a disability, and this is compounded by stigmas about disability. Head Start teachers must approach conversations respectfully but honestly, recognizing the strengths of the family and the child's needs. Furthermore, it is difficult to navigate the system of specialists to find a diagnosis, so families must be supported through the process, whether that means driving children to appointments or following up and scheduling additional appointments.

An ongoing need among Head Start families and children are parenting supports. The NRV has high rates of opioid use and grandparents parenting, and these needs are more prevalent among low-income households. Seven foster children were enrolled during the 2019-2020 year, and four foster children during the 2020-2021 year. The Head Start mental health and disabilities specialist noted that grandparents, due to different life experiences, were not as aware of or open to recent research on early childhood development and parenting. Many parents have not been taught the skills to deal with the emotional outbursts of young children. Dysfunctional behavior patterns continue to be supported and ingrained. Parents need good parenting information, and support to put it into practice. Parenting strategies and materials need to be sent home to parents, but outside parenting supports are needed too.

Agency-level needs in terms of education include the need for smaller classroom size, teacher training and support, and a broader range of classroom materials. Children do better with lower adult-child ratios, and the additional space and quiet tends to prevent overstimulation. Children with attention-seeking behaviors can get more attention from teachers. According to the mental health and disabilities specialist at NRCA's Head Start program, the pandemic helped with this need, as there were less children in the classroom at a time. As more children were enrolled into the program during the 2020-2021 year, the number of behavioral outbursts increased. An additional need of the program is for ongoing teacher education and support, and continued opportunities to individualize classroom materials and curriculum. The broad range of development skills between enrolled three- and four-year-old children requires open-ended materials.

Health, Nutrition, and Social Service Needs of Eligible Families

A top health need for Head Start families is access to oral health care and oral health education. Because comprehensive adult dental insurance is not included in Medicaid, many Head Start parents do not receive adequate dental care. In July 2021, Medicaid will begin covering adult dental services, so Head Start staff anticipate needing to do a lot of education and referrals to increase adult use of dental services. Head Start also anticipates a lack of dentists who will accept Medicaid insurance to cover the community need for services.

Among many parents, there is a myth that baby teeth do not matter. Head Start staff educate parents on the importance of regular dental care for children. When children have untreated tooth decay, this can often lead to behavior challenges due to pain or increased risk of illness. In 2020, Head Start staff noted that this need increased. Families were afraid to go to the dentist, and there a few months when dentist offices were shut down. An ongoing community need is a lack of dentists who will accept Medicaid insurance for children.

Typically, most Head Start children are up to date on their well child visits. Due to COVID, many families were not going to visits in 2020. In 2021, Head Start staff were doing outreach to help all children get their well visits, particularly four-year-old children who will enter the public school system. Schools still require a current physical to be enrolled. Staff are helping to get appointments scheduled and working to transport families to appointments. In the 2020-2021 year, 2.3% of enrolled children were not up to date on vaccinations upon enrollment into Head Start. For health needs of adults, see Health. For health of expecting mothers, see Prenatal Care. For health needs of children including child abuse and foster care, see Children's Needs.

Head Start eligible families have high needs in terms of food security and nutrition. All Head Start children are supported with breakfast and lunch five days per week, and additionally the program sends home five days' worth of healthy snacks for each child every week. Out of 328 students served in the 2020-2021 year, 37 children also received food assistance from NRCA's pantries. Some children received restricted Food Lion $25 gift cards, others received food boxes, and some received both (NRCA database). At enrollment into the program in 2020, 14 children were receiving WIC (4.3%) and 95 children were receiving SNAP (29%). In terms of nutrition needs, Head Start parents report that NRV area pantries lack food with nutritional value, particularly meats. Community experts report that there is enough food in pantries, but that it can be difficult to get food to people who need it due to transportation barriers. For general nutrition, see Nutrition. For child nutrition, see Child Nutrition.

NRCA uses the McKinney-Vento definition to define homelessness which includes students who are doubled up due to economic hardship and or for mutual economic benefit. 54 children were considered homeless according to this definition at enrollment in the 2020-2021 year. Of these, three children were living in a domestic violence shelter. If families are doubled-up due to economic hardship, Head Start staff monitor the families and reach out about affordable housing opportunities. For general housing needs, see Housing.

Transportation is an ongoing need for Head Start families in rural areas of the NRV. Some of the lowest-income families are not able to participate in Head Start due to lack of reliable transportation. NRCA Head Start purchased a van with Covid-19 supplemental funding and will begin transporting students in Eastern Montgomery County to the

Christiansburg Head Start program in the 2021-2022 school year. Head Start staff transport clients to appointments for those with transportation barriers. For general transportation needs, see Transportation.

Community Resources

NRCA works to update and maintain a listing of community resources on the agency's website. Please see https://newrivercommunityaction.org/nrv-resources/ for resources organized by type of assistance offered.

Coalitions

Regional Coalitions
First Steps – early childhood network
Smart Beginnings Southwest Virginia (includes NRV) – early childhood network
Healthy Roots – health network
THRIVE Food Access Network
NRV Housing Partnership
NRV Reentry Council
Aging in Place Leadership Team
Transit Coordinating Council

Mental Health Coalitions (New River Valley Community Services)
Floyd County Multi-Disciplinary Team
Giles Youth-Adult Partnership
Montgomery County Prevention Partners
Pulaski Community Partners Coalition
Radford Youth-Adult Partnership

Coordinating Councils on Domestic Violence (Women's Resource Center)
Floyd, Giles, Montgomery, Pulaski and Radford Councils

Locality-Based Coalitions
Floyd Initiative for Safe Housing (FISH)
Giles Focus on Communities Utilizing Services (FOCUS)

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