

COMMUNITY NEEDS ASSESSMENT 2017-2020

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



Dear Community Members,



Your local United Ways (United Way of the Northern Shenandoah Valley(UWNSV), United Way of Front Royal-Warren County, and United Way Page County bring people, organizations, and resources together to improve community well-being. We have played a critical role in the Northern Shenandoah Valley region. Acting as the community's fund-raiser, local United Ways conduct an annual fundraising campaign within area workplaces and among individual, foundation, and corporate donors to secure funds to support a range of local health and human service programs. We also provide critical leadership, training, and technical assistance to not-for-profit organizations through our coalition-based efforts, the mobilization of volunteers, and advocacy work. In order for these activities to achieve their desired effect – improved community well- being – it is essential to develop an accurate view of the needs of the local community.

The first Community Needs Update was published in 2010 in response to increased service demand, decreased resources and economic conditions, which created stress on our service delivery system. Donor demands for accountability, transparency and results required a relook at how we distribute donor support. The UWNSV recognized the need to make difficult choices, maximize efficiency and focus on the needs that matter most to ensure community impact. Since then and every three years, UWNSV assesses demographic and social trends in order to update priorities and target contributed funds to the needs that matter most to the people of Northern Shenandoah Valley.

The 2017-2020 Community Needs Assessment is the work of many community partners and key community stakeholders. The Community Impact Committee of the United Way NSV decided to expand the scope of the needs assessment to include a variety of community issues that had not been studied in the past and worked hard to ensure that the report was accurate, thorough and a useful tool for more than just United Ways to use moving forward. Although previous needs assessments have included Warren County and Page County (which are outside the United Way NSV service area), we worked to ensure better regional participation, so that we could have a better grasp of the needs of our community as a region. Additionally, the 2017-2020 report includes a summary of how United Way NSV impact grants have been invested since the last Community Needs Update: 2014-2017. United Way dollars make a long lasting impact in our community and have addressed significant needs within our community.

We'd like to thank the United Way Board of Directors for their support, for the Impact Committee, led by Chief Kevin Sanzenbacher – City of Winchester Police, the Community Needs Assessment Steering Committee, United Way Partner Agencies and Valley Health for their commitment to this process. A full list of all contributors to the Community Needs Assessment is listed in the methodology section.

It's our vision that this report would not just sit on a shelf, but would be used as a means of communication and discussion throughout our community. We hope that identified gaps in services are met with regional cooperation and partnership with regional governments, businesses and non-profits. Our community prides itself in coming together in times of need and we hope this report will lead to great partnerships and collaborations.

A handwritten signature in black ink that reads "Darcus Breneman".

Darcus Breneman
Board Chair
United Way Northern Shenandoah Valley Board of Directors

A handwritten signature in black ink that reads "Nadine Pottinga".

Nadine M. Pottinga
President/CEO
United Way Northern Shenandoah Valley

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EXECUTIVE SUMMARY

United Way envisions a world where every individual has an opportunity to succeed, and entire communities thrive as a result. We focus on education, income (financial stability) and health, the building blocks for a good life and a strong community. These building blocks have guided our work for 70 years. The key findings for each of these building blocks are summarized in the following pages of this report (page 18-27). There were two key themes that were identified as being of primary significance to address in 2017-2020.

Financial Instability (ALICE®):

There have been many labels that have described a segment of our population that has struggled to make ends meet. Most commonly these families are labeled the “working poor” or families “living pay check to pay check”. There are a variety of levels of assistance available for those living below the Federal Poverty Line, however once these families make too much money to be eligible for assistance they often end up more financially unstable than they were before.

Through the key findings in this study the following were identified as barriers to financial stability:

- Affordable Housing
- Critical Home Repairs
- Transportation
- Utility Payments
- Substance Abuse/Mental Health
- Employment
- Affordable Childcare

The United Ways in Virginia recognized that this would be a large part of our community impact strategies moving forward. United Way is uniquely positioned to respond to the needs of these families. Building on a project first initiated in 2009 at United Way of Northern New Jersey, United Ways in Virginia came together in early 2016 and committed to joining several other states by launching the United Way *ALICE Project* in Virginia in 2017. ALICE, a United Way acronym which stands for Asset Limited, Income Constrained, Employed, represents the growing number of individuals and families who are working, but are unable to afford the basic necessities of housing, food, child care, health care, and transportation. Through a series of new, standardized measurements, United Way is quantifying the size of the workforce in each county and city in Virginia that is struggling financially, and the reasons why. These measurements provide a broader picture of financial insecurity than traditional federal poverty guidelines. This supplemental report will be released to the public in **summer of 2017** and we will be developing working committees to address the findings in this study shortly thereafter. These committee will work on strategies to improve the financial stability of ALICE families, which will

also benefit our communities as a whole. We will commit to building awareness, improving access to community support for ALICE families, and advocating for change.

Integrated Service Delivery:

United Ways are fortunate to be the hub for the non-profit community and we benefit from the feedback from many non-profit partners. We recognize that we have access to many great non-profit agencies that are working on very difficult large-scale community problems, each tackling a different aspect. United Way and several other community based organizations like Our Health, Concern Hotline, and VA 2-1-1 also act as referral services for those looking for assistance. The challenge is knowing if an individual or family that has accessed a number of different services in our community on their path to financial stability has been successful. Early on in our community needs assessment it became clear that there had to be a more efficient way to provide referral services and track outcomes. This type of system could benefit the clients that community based non-profits are looking to serve and better track outcomes for donors and our community at large.

In 2008, United Way Worldwide committed to identifying strategies and approaches that will positively impact communities and move families to financial stability. The outcome of this study was an integrated service delivery approach – the seamless delivery of services such as enrollment in income supports, direct service programs, case management, workshops, etc., as a one stop approach to increasing financial stability in low-income working families. Several United Ways of all sizes have launched Financial Stability One Stop Centers, a place based, integrated service delivery program that include participation from multiple community based organizations. These Financial Stability centers were proven to reduce the challenges of accessing multiple services, eliminating redundancy and decreasing wait times for individuals and families. It also eliminated the barriers to utilizing services that can positively impact the financial picture of individuals and families.

Part of our commitment to the 2017-2020 Community Needs Assessment is to develop a strategy through a collective impact approach to determine feasibility and implementation of this type of system in our community given the support of our community and corporate partners.

We recognize that we cannot ignore the other needs of our community and the great work that is being done to prevent critical needs from emerging. A full and detailed explanation of our comprehensive impact investment strategy can be found on pages 29-33.

INTRODUCTION

United Way NSV Mission & Vision

Since 1946 the United Way of Northern Shenandoah Valley has worked to impact the community human care needs that matter most to the people of Clarke, Frederick, Shenandoah Counties and the City of Winchester. We convene the people and organizations necessary to create solutions to our region's most pressing challenges. We collaborate with effective partners. We serve as the catalyst for community change. We bring together the voices, expertise and resources needed to define, articulate and create community impact in the Shenandoah Valley.

Our mission is to increase the organized capacity of people to care for one another.

Our vision is to be the leader in fostering powerful partnerships to impact the human care issues that matter most to the people of our community.

United Way Regional Needs Assessment Purpose & Goals

The United Way of Northern Shenandoah Valley plays an important role as our community's impact partner. We strive to foster powerful partnerships to impact critical human care issues and ensure a high level of accountability. As community needs and donor interests change, it is important that our United Way stays current in its mission to increase the organized capacity of people to care for one another.

In 2000, increased service demand, decreased resources and economic conditions created stress on our service delivery system. Donor demands for accountability, transparency, and results required a relook at how we distribute donor support. The UWNSV recognized the need to make difficult choices, maximize efficiency and focus on the needs that matter most to ensure community impact.

Since then and every three years, UWNSV assesses demographic and social trends in order to update priorities and target contributed funds to the needs that matter most to the people of Northern Shenandoah Valley.

Needs Assessment Goals:

1. Develop an understanding of the current human care condition and trends in the Northern Shenandoah Valley and our place within a state and national context.
2. Create a resource that nonprofit organizations, foundations, businesses and others will use for program planning, grant writing, strategic planning, training, and other activities.
3. Gauge where the community feels that needs are being met, where gaps in service may exist and where United Way NSV and surrounding United Way's should consider investing donor dollars.

METHODOLOGY

The overarching goal of the 2017-2020 Community Needs Assessment was to identify and measure critical needs related to Education, Income, and Health & Wellness to better focus United Way efforts, as well as the efforts of the whole community, to create positive change.

Drawing on past research, as well as the work of other United Ways across the country, we focused the assessment on Education, Income, and Health & Wellness as the core building blocks that, together, contribute to a better quality of life.

Needs Assessment Process/Timeline

- Valley Health Community Health Needs Assessment (November 2015 - November 2016): United Way NSV participated in the Community Health Needs Assessment conducted by our partner Valley Health System. This CHNA served as the primary source of data and analysis for the United Way Regional Needs Assessment.
- United Way Board of Directors Community Impact Committee (August 2016): Community Impact Committee met to identify the goals and objectives for the United Way Regional needs assessment, identify community members for a steering committee and discuss how to best integrate the Valley Health Community Health Needs Assessment with the education and income/financial stability sections.
- Steering Committee Identified (August 2016-September 2016)
- Steering Committee Meetings (October 2016): Reviewed previous needs assessments and established goals and objectives for the 2017-2020 needs assessment.
- Data Collection (October 2016-February 2017): Data was collected from multiple sources and compiled into one comprehensive document.
- Steering Committee Meeting (December 2016): Members reviewed a draft of data collected and made suggestions for further data collection.
- Review Forums (March 2017): Review forums were held for the education and income/financial stability sections of the document. We did not hold forums for the health section, since Valley Health had already complete those as part of theirs.
- Steering Committee (March 2017): Drafted key findings and strategic priorities for each data set.
- United Way Community Impact Committee Meeting (March 2017): Reviewed suggestions for key findings and strategic priorities from steering committee. Made recommendations for implementation strategies.
- Board of Directors Retreat (April 11th, 2017): Reviewed comprehensive Community Needs Assessment data, key findings, strategic priorities and implementation strategies and voted to adopt these for 2017-2020.

Contributing Members

United Way Board of Directors Impact Committee:

Chief Kevin Sanzenbacher – City of Winchester Police (Committee Chair), Chuck Bishop – Clarke County Public Schools, Dilton "Dee" Gibbs – Kraft-Heinz Foods, Floyd Heater – Shenandoah Memorial Hospital, Chris Rucker – Valley Health Systems

Community Needs Assessment Steering Committee:

Eileen Emerson – Blue Ridge Area Food Bank, Dawn Graves – United Way Front Royal – Warren County, Sharen Gromling – Our Health, Anna Ruth Lopynski – Shenandoah University Intern, John Nagley – Aids Response Effort, Sheila Orndorff – Shenandoah Alliance for Shelter, Melodie Repass – City of Winchester Police, Alex Schweiger – Northern Shenandoah Valley Regional Commission, Nancy Smith – Lord Fairfax Community College, Carla Taylor – Shenandoah County Department of Social Services, United Way Page County, Mary Zufall – Valley Health

Data Contributors:

Kelly Bober - ChildSafe Center-CAC, Lauren Cummings – Northern Shenandoah Valley Substance Abuse Coalition, Sharie Eckenrode - Blue Ridge Hospice, Eileen Emerson – Blue Ridge Area Food Bank, Catherine C. Galvin - Shenandoah Area Agency on Aging, Jennifer Hall – City of Winchester Police, Kim Herbstritt - Literacy Volunteers Winchester Area, Mary Ellen Hutcherson - 2-1-1 VIRGINIA, John Nagley – Aids Response Effort, Sheila Orndorff – Shenandoah Alliance for Shelter, Matthew Peterson - Habitat for Humanity of Winchester | Frederick | Clarke, Valerie Roth – People, Inc., Marta Szuba -Valley Virginia Quality

Education Forum:

Chuck Bishop – Clarke County Schools, Mary Braun, Shenandoah Valley Discovery Museum, Juli Ferrell – Big Brothers/Big Sisters NW Virginia, Lisa Geisler – Winchester Day Preschool, Kim Herbstritt - Literacy Volunteers Winchester Area, Doug Joyner - Winchester Public Schools, John Lamanna – Timber Ridge School/Frederick County School Board, Judy McKiernan - Winchester Public Schools, Sara Schoonover-Martin, Healthy Families NSV, Susan Smith - Shenandoah County Public Schools, Leslie Stewart - CLEAN, Inc., Tyler Thompson, - Frederick County Public Schools, John Tyson - Winchester Day Preschool Board of Directors, Cyndy Walsh – Shenandoah Education Foundation/DPIL, Stuart Williams – Boy Scouts – Shenandoah Area Council

Income/Financial Stability Forum:

Erik Beatley – Community Foundation of the Northern Shenandoah Valley, Jennifer Locke – Blue Ridge Legal Services, Jennifer Hall – City of Winchester Police, Kim Herbstritt - Literacy Volunteers Winchester Area, Matthew Peterson - Habitat for Humanity of Winchester | Frederick | Clarke

Primary Data

- Partner Agency Interview (conducted in conjunction with Valley Health)
- Education Forum
- Income/Financial Stability Forum

Secondary Data

Secondary Data sources are cited throughout.

- Center for Women's Welfare, University of Washington
- County Health Rankings
- Economic Policy Institute
- Feeding America
- Joint Center for Housing Studies of Harvard University
- Kids Count Data Center
- National Bureau of Economic Research
- The National Institute for Literacy
- National Low Income Housing Coalition
- Northern Shenandoah Valley Regional Commission
- Opportunity Index
- People, Inc – Community Needs Assessment
- U.S Bureau of Labor Statistics
- U.S. Census Bureau
- U.S Department of Housing and Urban Development
- U.S. Health Resources and Services Administration
- Virginia Department of Education
- Virginia Department of Health
- Virginia Department of Social Services
- Valley Health Community Health Needs Assessment
 - Community Health Survey (Valley Health CHNA)
 - Key informant interviews with community and organizational leaders (Valley Health CHNA)
 - Community Response Sessions (Valley Health CHNA)
- Virginia Department of Social Services
- Virginia Employment Commission
- Voices for Virginia's Children
- Weldon Cooper Center for Public Service

2014-2017 PRIORITY NEEDS REVIEW

In 2014 United Way NSV worked with planning partners to focus on Mental Health issues, update population data and assess our progress as a community in dealing with education, income, and health conditions. In addition, the Community Impact committee reviews the priorities needs identified in the recent Valley Health Needs Assessment to help target areas of concentration through 2017.

Education

The 2014-2017 United Way NSV Community Needs Assessment was published in July of 2014. The report provided a progress report on the social conditions targeted in 2010 and recommended the following funding priorities:

1. Reduce truancy and school dropout rates.
2. Prepare children for school readiness.
3. Advance learning and career development.
4. Leadership and workforce development including youth program collaboration.

United Way of Northern Shenandoah Valley serves Clarke County, Frederick County, Shenandoah County and the City of Winchester. United Way Warren County/Front Royal serves Warren County and United Way Page County served Page County. The following table documents overall progress on these goals for the jurisdictions served.

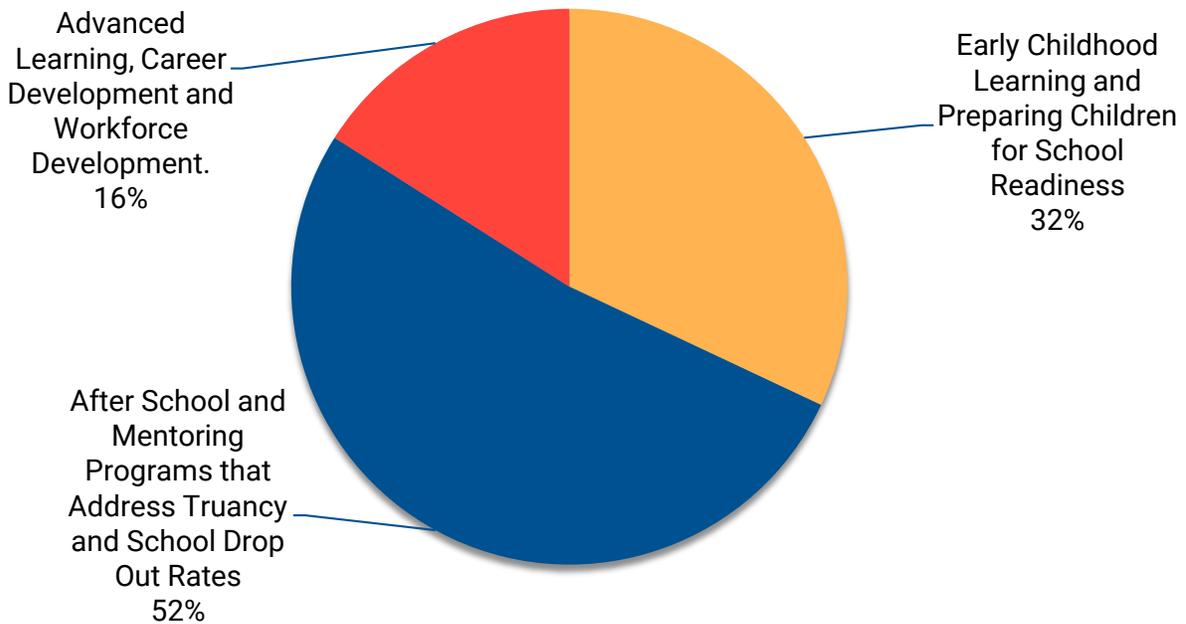
All jurisdictions saw an increase in on time high school graduation from 2010-2016. Four of six jurisdictions experienced a decrease in the need for kindergarten remediation. One of six jurisdictions saw an increase in college participation, while college participation stayed the same in two of the six jurisdictions. An explanation of the investments in each of the priority areas is detailed on the following page.

	Clarke	Frederick	Page	Shenandoah	Warren	Winchester
On Time High School Graduation						
Need for Kindergarten Remediation						
College Participation						

Impact Grant Investments

United Way NSV invested in Education programs over a 3 year Period (2014-2016). Understandably, some programs saw an overlap between all the priority needs.

Education Investments



How is United Way NSV investing in programs and services provided by area agencies that are addressing these needs?

Early Childhood Learning and Preparing Children for School Readiness:

- **Fremont St. Nursery** – Tuition assistance and programs that serve 84 children. Funded programs include: Soccer Shots Program, Garden Project, Summer Program, Music Program and a new Art Program.
- **Healthy Families NSV** - Home visit parent education for at-risk families.
- **Heritage Child Development** – Tuition assistance for low-income families and funds for the completion of the Clubhouse Playground project with a playground/Equipment climber.
- **Shenandoah Discovery Museum** - Provides children and families served by Head Start unlimited access to Museum education for one year.
- **Shenandoah Education Foundation (Dolly Parton Imagination Library)** - Provides a free book to registered children every month until they turn five, upon which they receive a graduation book.
- **Winchester Day Nursery** - Provides scholarships to families who could not afford a quality preschool education.

School Mentoring – Reducing Truancy and School Drop Out Rates:

- **Big Brothers/Big Sisters NW Virginia** - Site based mentorship program called BigTIME. TIME is an acronym for Teaching, Impacting, Mentoring, and Encouraging.
- **Boys & Girls Club NSV** - Every Member, Every Year program model is designed so Clubs can partner with youth, parents, schools and other community stakeholders to implement approaches to strengthen academic enrichment and school engagement; and targeted dropout prevention. Funding also helps supplement the snack program (school year) and lunch program (summer).

Advanced Learning, Career Development and Workforce Development:

- **Girl Scout Council, Nation's Capital** - Science Discovery after school STEM program for 150 girls.
- **LFCC Education Foundation** -To provide additional ESOL (English for Speakers of Other Languages) classes and a textbook lending library for non-traditional students.
- **Shenandoah Area Boy Scouts** - Exploring career education program for young men and women in sixth grade through 20 years old.

Income/Financial Stability

The 2014-2017 United Way NSV Community Needs Assessment was published in July of 2014. The report provided a progress report on the social conditions targeted in 2010 and recommended the following funding priorities:

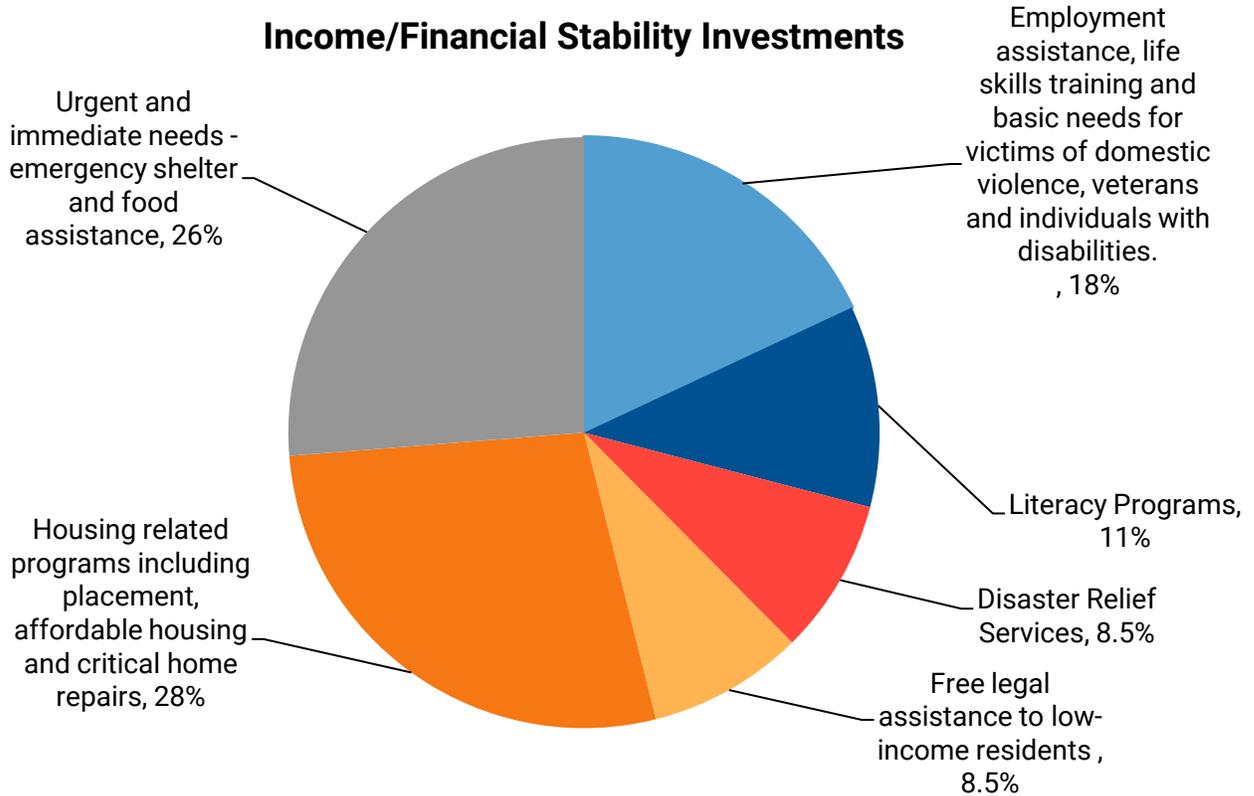
1. Employment Assistance
2. Life Skills Training (financial literacy, job preparation, literacy)
3. Support for families to meet basic needs (food, shelter, utilities)

The primary benchmark that was set for progress measurement was the percentage of households earning less than \$25,000. For three of the six jurisdictions, the percentage decreased; Frederick, Page and Warren County. Clarke, Shenandoah and Winchester all had an increase in the percentage of households earning less than \$25,000.

	Clarke	Frederick	Page	Shenandoah	Warren	Winchester
Households earning less than \$25,000						

Impact Grant Investments

United Way NSV invested in Financial Stability/Income programs over a 3 year Period (2014-2016). Understandably, some programs saw an overlap between all the priority needs.



How is United Way NSV investing in programs and services provided by area agencies that are addressing these needs?

Urgent and Immediate Needs (Emergency Shelter and Food Assistance)

- **Salvation Army** - Provide basic needs including, meals, food vouchers, clothing vouchers and utility assistance to those in need.
- **WATTS (Winchester Area Temporary Thermal Shelter)** – Supports operations by subsidizing the cost to bus homeless adults to participating churches.
- **Highland Food Pantry, Inc.** - Funds the Special Delivery Project, which reduces food insecurity among senior citizens by providing bags of nutritious food to identified persons-at-risk each month.

Housing Related Programs including Placement, Affordable Housing and Critical Home Repairs

- **Habitat for Humanity Winchester Frederick Clarke County** - Provides resources for north end revitalization project – Rock the Block.

- **Help with Housing** - Critical and emergency home repairs and accessibility modifications for low-income homeowners.
- **Faithworks** - Pay It Forward Fund to be used to assist individuals needing minimal financial assistance for application fees, gas or transportation expenses, or small household items that they cannot secure through other sources.
- **Shenandoah Alliance for Shelter** - Centralized Housing Intake coordinator to serve Clarke County, Frederick County, Shenandoah County and the City of Winchester. CHI offers a coordinated intake assessment for the homeless and near homeless population.

Employment Assistance, Life Skills Training and Basic Needs for Victims of Domestic Violence, Veterans and Individuals with Disabilities

- **The Laurel Center**- Provides a comprehensive emergency shelter program, 24 hour confidential hotline, education and supportive counseling, and environment of wellness, advocates and support for women and families.
- **NW Works** - Training initiatives of individuals at Firefly Café & Bakery. Three months of paid training and placement services this includes: resume assistance, interview coaching, counseling and follow-up support.
- **Response** - Employment related skills, life skills training and basic needs support services for victims of domestic violence.
- **Veterans Community Resources** provided case management resources to veterans looking for support and resources in a variety of areas. VCR provided referrals for shelter/counseling, budgeting, legal aid, assisted with food distribution and crisis management.

Literacy Programs:

- **Literacy Volunteers Winchester Area** - Adult Basic Literacy program provides tutoring in reading, writing, math, English language, computer skills, and personal finance for adults with low literacy skills in the community.

Disaster Relief Services:

- **American Red Cross** - Helps fund the Disaster Cycle Services program to alleviate human suffering in times of disaster. The program provides immediate direct assistance, recovery planning services and preparation resources.

Free Legal Assistance:

- **Blue Ridge Legal Services** - Provide free legal assistance to low-income residents of NSV.

Health

The 2014-2017 United Way NSV Community Needs Assessment was published in July of 2014. The report provided a progress report on the social conditions targeted in 2010 and recommended the following funding priorities:

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

	Clarke	Frederick	Page	Shenandoah	Warren	Winchester
Adult Smoking (% of people who smoke)*	N/A					N/A
Diet & Exercise Ranking (% physically inactive)*						
Alcohol Use (% using alcohol excessively)*						N/A
STDs (# of cases)*						
Access to Care (Clinical Care Ranking)*						

* Benchmarks for comparing progress were based on the County Health Rankings. One or more of those benchmarks may have changed since 2014 when the data was pulled, so the comparisons are based on the actual County health Ranking Benchmarks for 2016 and then compared to the benchmarks in 2014 but using the same indicators and measurements so that the comparison was more accurate.

Valley Health conducted a Community Health Needs Assessment in August of 2013 and released an updated report in November of 2016. To provide insight into trends, a comparison to findings from the August 2013 CHNA were included in the 2016 report. The CHNA ranks the top six community health needs. The top four needs that were identified in 2016 did not differ from the 2013 report. Access to Primary and Preventative Care was number one, Mental and Behavioral Health was number two, Substance Abuse and Tobacco Smoking was third and Physical Activity, Nutrition and Obesity- related Chronic Diseases was ranked fourth. The changes between the 2016 and 2013 Valley Health CHNA came in rankings five and six.¹ Financial hardship and basic needs insecurity was not one of the top health priority areas identified in WMC's August 2013 CHNA, but that assessment did note several financial hardship measures relevant to health. The study reported that the community experienced a 19 percent increase in the percentage of households (incomes under \$25,000) since 2009. Maternal and child health indicators, including teen pregnancy and infant mortality, were not identified as top health priorities in Winchester Medical Center's August 2013 CHNA but showed up as the six top ranking need in 2016.²

Oral Health and Dental Care was ranked fifth in the 2013 CHNA and fell off the list in 2016. It's not abundantly clear what that reason is, it's possible the other needs outweighed it or that investment by Valley Health and United Way NSV did help close the gap in this area.

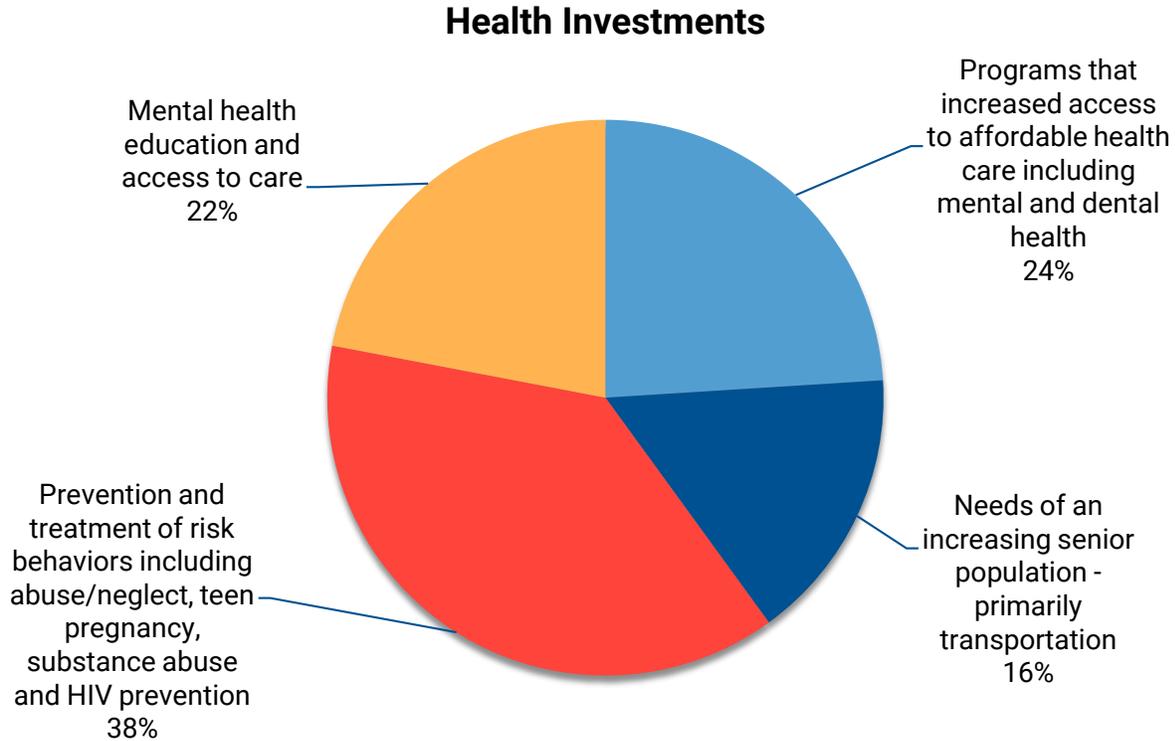
¹ Valley Health System 2016 Community Health Needs Assessments, Summary of Findings

² Community Health Needs Assessment, Valley Health, 2016,

<http://www.valleyhealthlink.com/documents/Content-PDFs/CHNA/Winchester-Medical-Center-CHNA-Final-08182016.pdf>

Impact Grant Investments

United Way NSV invested in Health programs over a 3 year Period (2014-2016). Understandably, some programs saw an overlap between all the priority needs.



How is United Way NSV investing in programs and services provided by area agencies that are addressing these needs?

Access to Affordable Health Care including Mental and Dental Health:

- **Apple Country Head Start** - Spot Vision Screener to perform vision screening, poor vision can directly affect learning so early detection of vision problems will benefit the students.
- **Free Medical Clinic NSV** - To provide medical visits for 850 of our chronic disease clients and cardiovascular and diabetes treatment for low Income individuals.
- **Healthy Families Shenandoah County** - Provides in-home support and education to parents of young children to address the local priority need for prevention of the effects of risk behaviors such as teen pregnancy and abuse/neglect.
- **Northern Shenandoah Valley Dental Clinic** - Provide dental screenings during the Healthy Living Events.
- **Shenandoah Community Health Clinic** - To provide counseling sessions and mental health services to patients.

- **Shenandoah County Dental Clinic** - To provide treatment to uninsured, indigent adults in Shen. County.

Needs of an Increasing Senior Population:

- **Adult Care Center** - Provide Certification of Music Therapist in a specialized Music and Memory program. Purchase equipment in order to improve and expand daily exercise sessions with clients, offer a weekly exercise class for family caregivers, and offer two community programs that focus on exercise and dementia. Nutrition and adaptive feeding tools for clients with Alzheimer's and other illnesses.
- **Faith in Action** - To maintain capacity and increase service delivery by 15% providing non-emergency medical transportation to residents living in the City of Winchester and Clarke, Frederick and Shenandoah Counties.
- **Shenandoah Area agency on Aging** - Matching funds for Well Tran Program (transportation services offered transports those individuals who face barriers to transportation).

Prevention and Treatment of Risk Behaviors (abuse/neglect, teen pregnancy, substance abuse and HIV prevention):

- **AbbaCare, Inc.** - Update curriculum for educational classes and sexual integrity program for pre-teen/teen boys in the juvenile detention system.
- **Aids Response Effort** - HIV prevention activities that include both education and risk reduction tools, increased accessibility to free Rapid HIV Counseling, Testing and Referral (CTR) Services.
- **Center CAC** - Provide mental health treatment services to child abuse victims and their non-offending caretakers.
- **CLEAN, Inc.** - Rx123 outreach campaign to provide extensive education and awareness on the dangers of prescription drug abuse and addiction.
- **Lord Fairfax House (COA)** - Provide transitional residential scholarships for chemically dependent individuals.
- **Northern Shenandoah Valley Substance Abuse Coalition** - Provides funding for the treatment of five Drug Treatment Court individuals.
- **ABBA Care, Inc.** - Engage at-risk clients with prenatal education offering health awareness, referrals and resources.
- **Girls on the Run** - Participation scholarships.

Mental Health Education and Access to Care:

- **Concern Hotline** - Implement Mental Health First Aid trainings quarterly, and ASIST (Applied Suicide Intervention Skills Training) trainings. Add 2015 Sourcebook on their interactive website.
- **NAMI** - Strengthen and expand programs that directly help clients affected by serious mental illness, programs include, In Our Own Voice anti-stigma presentations, Peer-to-peer recovery education course, basic education courses and family to family education courses.

DEMOGRAPHICS

Studying the demographics of a population provides information based on factors such as age, race and sex, among other elements. Governments, corporations and non-government organizations use demographics to learn more about a population's characteristics for many purposes, including policy development and economic market research.³

Key Findings

- All jurisdictions saw a significant population increase from 2000-2010. *(Figure 1.2)*
- Compared to the growth from 2000-2010, the population increase has slowed down for all jurisdictions since 2010. *(Figure 1.3)*
- Frederick County saw the largest population growth from 2010-2016, growing 7.3%. *(Figure 1.3)*
- According to the population projections, Frederick County will see the largest percentage of growth through 2040. *(Figure 1.3)*
- The population projections for the Northern Shenandoah Valley for 2014-2020 predict that the region will increase 9.8% in population in comparison to the rest of rural Virginia, which is predicted to increase 2.2%. Although population growth appears to be slowing considerably, the growth in the Northern Shenandoah Valley region is still well above the rest of rural Virginia. *(Figure 1.4)*
- Population projections by age for 2010-2020 for the Northern Shenandoah Valley region show that the 65+ age demographic will be the largest growing population (growing 34.6%), followed by 25-39 year olds (growing 20.7%). *(Figure 1.6)*
- The race/ethnicity projections below show that the regions white/Caucasian demographic will remain the predominant demographic in the area. Despite this, the region is predicted to become slightly more diverse. In 2010, race/ethnicity other than white Caucasian was 12%. In 2020, race/ethnicity other than Caucasian is predicted to be 15.8%, in 2030 it is predicted to be 21.4% and in 2040, it is predicted to be 22%. *(Figure 1.9)*
- The percentage of people with a disability has increased each year slightly from 2013 to 2015 in each of the six jurisdictions. Page County has the highest percentage of people with a disability at 18.2% (almost one in five people). *(Figure 1.11)*

³ Investopedia - <http://www.investopedia.com/terms/d/demographics.asp>

EDUCATION

Education is a cornerstone for success in school, work and life. It also benefits the whole community: high school graduates have higher earning potential, contribute more to their local economies, are more engaged in their communities, and are more likely to raise kids who also graduate on time.

Key Findings

Access to Quality and Affordable Pre-School Education:

- In general, there has been an improvement in the percentage of kindergarteners needing remedial assistance (four of six jurisdiction saw a decrease in the number of kindergarteners needing remedial assistance). Despite the improvement, Shenandoah County, Warren County and the City of Winchester have percentages that exceed the Virginia average. *(Figure 2.1)*
- In the City of Winchester, 30% (almost one third) of all kindergarteners need remedial assistance. *(Figure 2.1)*
- There are potentially more than 6,000 children in the Northern Shenandoah Valley (based on the jurisdictions included in this report) that are unable to access early childhood education or day care. *(Figure 2.2)*
- According to the U.S. Department of Health and Human Services (HHS), child care is affordable if it costs no more than 10% of a family's income. By this standard only 35.6% of Virginians can afford infant care. *(Figure 2.3)*
- For a median income family, childcare costs account for 13.7% of their income. For a minimum wage, family childcare costs could be upwards of 69.4% of their income. *(Figure 2.3)*
- According to a report released by the National Institute of Child Health and Human Development (NICHD), high-quality child care has a long-lasting impact on a child's development, behavior and cognitive abilities. Based on the findings of the report, children who received high-quality care in the first few years of life scored higher on measures of academic and cognitive achievement when they were 15 years old, and were less likely to misbehave, than those who were enrolled in lower-quality child care.⁴

Economic Disadvantage and Access to Basic Needs:

- According to 2015 estimates, over 6,800 children in our region are considered to be in poverty. Clarke County – 512, Frederick County – 1,488, Page County – 966, Shenandoah County – 1,724, Warren County – 978, City of Winchester – 1,166. *(Figure 2.4)*

⁴ Childcare Aware of Virginia, Child Care Quality indicators, <http://va.childcareaware.org/parentsfamilies/child-care-quality-indicators/>

- Clarke County, Warren County, and Winchester have all seen an increase in children living in poverty from 2010-2015. Frederick County has seen a decrease in children in poverty from 2010-2015. Currently, Page County, Shenandoah County, Warren County, and the City of Winchester are all above the Virginia average of 15% for 2015. (Figure 2.4)
- Many experts argue that the percentage of students enrolled in Free/Reduced Lunch Programs is a better indicator of low socioeconomic status than poverty statistics. 52% of students in Page County and 61% of students in the City of Winchester qualify for Free/Reduced Lunch which exceeds the State of Virginia average of 42%. All jurisdictions saw an increase in Free/Reduced Lunch program enrollments from 2009-2017. (Figure 2.5)
- 229 students in Winchester Public Schools are considered homeless; that is more than 5% of the school population. (Page 6 –Education)
- Children from families who are struggling to put food on the table are more likely to repeat a grade in elementary school, experience developmental impairments in areas like language and motor skills and have more social and behavioral problems.⁵
- Children living below 200% of poverty level are economically disadvantaged and live in families that struggle to meet basic needs: food, housing, utilities, child care and transportation. 2 in 5 children in the Valley Region classify as economically disadvantaged. 61% of children in Winchester are considered to be economically disadvantaged, which is the highest of all jurisdictions. (Figure 2.6)
- Economically disadvantaged students saw a much lower on time graduation rate than all students in all the jurisdictions. For the jurisdictions that provided data, English learners had even lower on time graduation rates and the lowest on time graduation rates were seen by students in the homeless population. (Figure 2.10)

Literacy and English Language Learners:

- City of Winchester Public Schools had the highest percentage of English Learners, followed by Shenandoah County. In comparison to school divisions from around the state of Virginia, the City of Winchester ranks as having the 7th highest percentage of Limited English Proficient students. (Figure 2.7)
- Every important social issue is impacted by low literacy. When individuals learn how to read, write, do basic math, and use computers, they have the power to lift themselves out of poverty, lower health care costs, find and keep sustainable employment, and ultimately change their lives.⁶
- Parental involvement is the number one predictor of early literacy success and future academic achievement. Children of parents with low literacy skills have a 72% chance of being at the

⁵ Feeding America, Child Hunger in America, <http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/child-hunger/>

⁶ Adult Literacy Fact, Pro-Literacy, <https://proliteracy.org/resources/adult-literacy-facts>

lowest reading levels themselves.⁷ These children are more likely to receive poor grades, display behavioral problems, have high absentee rates, repeat school years, or drop out of school.

- Of adults with the lowest literacy levels, 43% live in poverty. 70% of adult welfare recipients have low literacy levels.⁸ There is a clear correlation between more education and higher earnings, and between higher educational scores and higher earnings.
- According to the Department of Justice, “The link between academic failure and delinquency, violence, and crime, is welded to reading failure.” 85% of all juveniles who interface with the juvenile court system are functionally illiterate, and over 70% of inmates in America’s prisons cannot read above a fourth grade level.⁹

Postsecondary Education & Workforce Development:

- All jurisdictions saw an increase in on time graduation rates from 2009 to 2016. All jurisdictions also had an on time graduation rate that is greater than the State of Virginia Average. (*Figure 2.9*)
- The disparities in educational attainment are more significant in rural areas where access to post-secondary opportunities may not be as predominant. Transportation could play a factor as rural populations may have a harder time accessing community colleges, colleges, and universities for advanced degrees. (*Figure 2.14*)
- The most significant trend is the notable increase in 1-2 year certificates from 2010 to 2013. The economic benefits of completing a certificate program or associates degree have become an attractive option in a competitive workforce due to low unemployment rates. (*Figure 2.15*)
- The true ratio of jobs in our economy is 1:2:7.¹⁰ For every occupation that requires a master’s degree or more, two professional jobs require a university degree and there are 7 jobs that require a 1 year certificate or 2-year degree. Many of those jobs are in highly skilled areas, and are in great demand.¹¹
- Students who finish high school with a diploma have more earning potential than those without, and the unemployment rate is significantly lower. Someone with less than a high school diploma has an average unemployment rate of 8% versus 5.4% for someone with a high school diploma. The average median weekly earnings for a high school graduate is \$678 versus \$493 for someone without a high school diploma. (*Figure 2.16*)

⁷ National Bureau of Economic Research (NBER)

⁸ The National Institute for Literacy

⁹ Literacy Statistics, Begin to Read, <http://www.begintoread.com/research/literacystatistics.html>

¹⁰ Gray, K. & Herr, E. (2006). *Other Ways to Win: Creating Alternatives for High School Graduates*. Third Edition. Thousand Oaks: Corwin Press

¹¹ U.S Bureau of Labor Statistics. *Occupational Outlook Handbook 2010-2011 Edition*. Office of Occupational Statistics and Employment Projections.

INCOME/FINANCIAL STABILITY

When people are able to find decent jobs, provide for their families and save for the future, they and their children are more likely to enjoy healthy lives and succeed in school. Everyone benefits, because financially stable individuals and families lead to a more competitive workforce and a stronger community.

Key Findings

Financial Stability:

- The City of Winchester and Page County are experiencing the highest poverty percentages of all the jurisdictions; with both exceeding the Virginia average. Shenandoah County slightly exceeds the Virginia average. *(Figure 3.1)*
- In Page County, Shenandoah County and City of Winchester, more than a quarter of families are earning less than \$25,000. *(Figure 3.3)* These families may be able to access benefits through the Department of Social Services. A more concerning trend are the families who are earning slightly more than \$25,000 and no longer qualify for benefits through social services, but aren't making enough to make ends meet.
- SNAP benefit participation has increased from 2013 to 2015 in all the jurisdictions with the exception of Shenandoah County where is decreased slightly. 13.2% of Page County households and 12.2% of Winchester households participate in the SNAP program. *(Figure 3.15)* In Clarke County, 49.1% of participating SNAP households have one or more people in the household 60 years and over. In each jurisdiction half of the households enrolled in SNAP have children under the age of 18. *(Figure 3.16)*
- Data provided by Feeding America shows that Page County and the City of Winchester had the highest percentage of food insecure individuals with 13% and 12.5% respectively. More alarming, is the number of food insecure individuals who do not qualify for benefits. 49% of food insecure individuals in Clarke County will not be eligible for benefits, 35% in Warren County and 33% in Frederick County. *(Figure 3.17)*
- Frederick County, Shenandoah County, Warren County and Winchester are considered food deserts (a low-income area more than one mile from a supermarket or large grocery store in urban areas, and more than 10 miles from a supermarket or grocery store in rural areas). *(Figure 3.18)*
- In order to afford a two bedroom apartment at fair market value you would need to be earning \$33.57 per hour in Clarke County, an average of \$19.00 per hour in Frederick County, Warren County, and Winchester, \$15.23 in Shenandoah County and \$12.77 in Page County. At minimum wage, a two bedroom apartment at fair market value would not be affordable in any of the jurisdictions. *(Figure 3.19)*
- The Fair Market Rent for a two bedroom apartment was adjusted to represent 2017 statistics, the FMR jumped 11.7% from 2016 to 2017 in Frederick County and Winchester. *(Figure 3.19)*

- Nationally, only 35 affordable homes are available for every 100 extremely low income (ELI) renter households. A shortage exists in every state and major metropolitan area.¹²
- The U.S. Department of Housing and Urban Development (HUD) defines a household as “housing cost burdened” if they pay 30% or more of their income on housing costs. According to Figure 3.22, three of the six localities (Clarke County, Shenandoah County and Winchester) have 50% or more of renters who are considered cost burdened, meaning that half of renters are spending 30% or more of their income on housing, leaving less for other areas of their budget. On average, 30% of home owners in each jurisdiction are considered cost burdened, meaning one third of home owners in our region are spending more than 30% of their income on housing. (Figure 3.21)
- In the Valley, the percent increase in total housing cost burdened households from 2010 to 2014 rose 81%.¹³
- Critical home repairs emerged as one of the top needs and gaps in service based on the housing cost burden. Homeowners who are cost burdened may already have a hard time paying their mortgage. If home repairs come up, many do not have the available funds to make those repairs. Local non-profits who had provided assistance to these families are no longer operating and have created a gap in needs. Lack of providers, strict regulations, and lack of funding for home repairs have made it difficult to provide those services, leaving many families without assistance.
- Housing Virginia published a study in November of 2016 that studied affordable housing in the rural regions. In a survey of rural housing and service providers, the top needs were identified as; rehabilitation of substandard housing, shortage of affordable rentals and home accessibility modifications for aging in place. The top gaps were identified as; lack of affordable financing, poor infrastructure (public transit, water/sewer, etc.) and limited capacity of service providers. The top trends showed an increasing demand for rental housing, flat/declining income and a growing senior population.¹⁴ These trends are consistent with the data found in this report.
- The number of unsheltered homeless in the Northern Shenandoah Valley (Clarke, Frederick, Page, Shenandoah, Warren and Winchester) rose 260% from 2016 to 2017. Overall the number of people that were considered homeless (sheltered and unsheltered) rose 28% from 2016 to 2017. (Figure 3.23)
- Survey results showed that the top reasons noted for being homeless were that they were unable to pay their rent followed by unemployment. Issues that affect stable housing were that they could not find affordable housing, transportation, and medical problems; 45% of homeless adults surveyed were employed. Barriers to employment were identified as: transportation, job opportunities, job training/skills and childcare. (Figure 3.26, 3.27 and 3.28)

¹² National Low Income Housing Coalition, *The Gap: A Shortage of Affordable Homes*, 2017, http://nlihc.org/sites/default/files/Gap-Report_2017.pdf

¹³ 2014 American Community Survey, 5 year estimates; 200 U.S Census SF3 data.

¹⁴ Housing Virginia, *Meeting Housing Needs in Rural Virginia: Trends, Gaps, Needs, Solutions*, November 2016.

- 2-1-1 Virginia Call report shows that the top needs based on call volume are: utility assistance, housing, and health care. (Figure 3.31)

The Valley Health Community Health Needs Assessment also identified Financial Hardship as one of the top needs in the region.

“Income levels, employment and economic self-sufficiency correlate with the prevalence of a range of health problems and factors contributing to poor health. People with lower income or who are unemployed/underemployed are less likely to have health insurance or the ability to afford out of pocket health care expenses. Lower income is associated with increased difficulties securing reliable transportation, which impacts access to medical care, and the ability to purchase an adequate quantity of healthy food on a regular basis. For these and other reasons, the assessment identified financial hardship and basic needs insecurity as a priority health need in the community.”¹⁵

Key Findings (VH CHNA):

- Interviewees identified low income, housing, and poverty as the top issues believed to be contributing to poor health status and access to care difficulties. Other income-related factors noted to be contributing to poor health include difficulty with transportation to medical appointments, and homelessness.
- Low income and financial challenges were reported in the survey. For survey respondents who reported not being able to always get the care they needed, affordability and lack of insurance coverage were the most frequently mentioned reasons, especially for the senior population.
- Comparison to August 2013 CHNA: Financial hardship and basic needs insecurity was not one of the top health priority areas identified in WMC’s August 2013 CHNA, but that assessment did note several financial hardship measures relevant to health.

Employment/Workforce Development:

- All jurisdictions are experiencing the lowest unemployment rates since 2009. (Figure 3.10)
- A summary of the Shenandoah Valley Workforce Development State of the Workforce reports indicates that the SVWDA has enjoyed steadily rising employment over the last five years. Total employment increased by 11,972 jobs between the second quarter of 2011 and the second quarter of 2016, or 5.8 percent.¹⁶

¹⁵ Valley Health, Community Health Needs Assessment, <http://www.valleyhealthlink.com/documents/Content-PDFs/CHNA/Winchester-Medical-Center-CHNA-Final-08182016.pdf>

¹⁶ SVWDA State of the Workforce Report – 2017, Prepared by Magnum Economics

- Manufacturing is the region’s largest employment sector. It accounted for 31,718 private sector jobs in the second quarter of 2016 and was the region’s 5th highest paying employment sector.¹⁷
- SVWDA faces potential gaps in its pipeline of trained workers. There are potential shortfalls of trained workers in the following occupations: Nursing Assistants; Teacher Assistants; Industrial Machinery Mechanics; Licensed Practical and Licensed Vocational Nurses; Medical Assistants; Electricians; Child Care Workers; First-Line Supervisors of Construction Trades and Extraction; Dental Assistants; and Real Estate Sales Agents.¹⁸

Senior Needs:

- Shenandoah Area Agency on Aging (SAAA) reports a growing waitlist for services. One hundred thirty-four clients have requested services, but there are not enough funds to meet these requests. Services would include meals on wheels, personal care, and homemaker. (*Figure 3.32, 3.33*)
- Trends and gaps identified by Shenandoah Area Agency on Aging include:
 - An increase in requests for financial assistance with cost of hearing aids.
 - The need for quality guardians for persons who have money and do not qualify for public guardianship.
 - An increase in the waiting lists for services, including, meals, personal care, and homemaker services.
 - An increase in requests, most for housing assistance.
- Lack of accessible or reliable transportation to health care and a lack of providers who accept new Medicaid and even Medicare patients were the most frequently mentioned specific access to care issues in interviews, especially for low-income individuals and senior citizens. (*Valley Health*)

Transportation:

- Clarke, Frederick, and Warren County all had the lowest number of people that lived and worked in the area as compared to in-commuters and out-commuters. Additionally, they were the counties where out-commuters were the largest numbers in comparison to the others. Winchester was the only jurisdiction where there were more in-commuters than out-commuters and those that lived and worked in the area. (*Figure 3.34*)

¹⁷ SVWDA State of the Workforce Report – 2017, Prepared by Magnum Economics

¹⁸ Ibid

- Winchester has the highest percentage of households who have no vehicle with 11.2%. It is also the only jurisdiction that has more one vehicle households than two vehicles and three or more. (*Figure 3.35*)
- Transportation came up as one of the top needs in the Valley Health Community Health Needs Assessment and the Point-in-Time survey, and a variety of other sources also noted lack of transportation as being a primary barrier to employment and education.
- In an analysis of the Transit Dependence Index included in a recent feasibility study for transit service by the KFH Group, high and very high concentrations of transit needs are located in Winchester, Stephens City, Berryville, Front Royal and the Edinburg/Woodstock area.¹⁹

¹⁹ KFH Group, Inc., Lord Fairfax Community College Transit Feasibility Study, Prepared for Winchester Frederick Metropolitan Planning Organization and Lord Fairfax Community College, February 2016.

HEALTH

Good Health is both a community responsibility and a community benefit: it goes beyond personal diet, exercise and the many other individual choices we make. The foundation for a healthy life is in the neighborhoods we have built and environments we inhabit. When people have access to parks, bike paths, safe playgrounds, healthy foods, and good medical care, they are more likely to succeed in school, work and life.

Key Findings

Access to Care:

- Four of six jurisdictions (Frederick, Page, Shenandoah, and Warren) ranked in the bottom half of all counties in the “access to care” category of the County Health Rankings. The 2016 County Health Rankings measures have changed slightly for the Access to Care indicator to include ratio of population to mental health providers. *(Figure 4.1)*
- Page, Shenandoah, Warren and Winchester have higher percentages of uninsured residents than the State of Virginia average. *(Figure 4.4)*
- Concerns about access to care were the most frequently mentioned factor contributing to poor health in key informant interviews.
- Lack of accessible or reliable transportation to health care and a lack of providers who accept new Medicaid and even Medicare patients were the most frequently mentioned specific access to care issues in interviews, especially for low-income individuals and senior citizens.
- Thirty-two percent of survey respondents reported not being able to always get needed basic primary care due to no insurance and 14.4% reported that they could not afford the medical care. *(Valley Health)*

Mental and Behavioral Health:

- Clarke County and Page County are classified as Medically Underserved Areas (MUA). For an explanation on the MUA classification, please see page 9 in Appendix D. *(Figure 4.6)*
- Page County and Shenandoah County are classified as having dental and mental health professional shortages. Warren County and Winchester are classified as having dental health professional shortages. *(Figure 4.5 and 4.6)*
- Mental and behavioral health was the second most frequently mentioned health status issue by key informants. Interviewees generally reported that the community’s mental health needs have grown, while the mental health service capacity has not. *(Valley Health)*
- According to suicide death rate data from the Virginia Department of Health our region has had a sharp spike in suicide deaths since 2010. *(Figure 4.11)*

- The main concern mentioned by key informants was connecting patients with services needed. Wait times are very long for patients to see a clinician. (*Valley Health*)

Substance Abuse:

- Substance abuse affects not only the individual substance user, but those around them; negatively impacting health, safety and risky behaviors, including violence and crime, adult productivity, student ability to learn, and families' ability to function.
- Opioid overdose deaths have been a rising issue within our community. Data from the Virginia Department of Health show the increasing number of opioid deaths since 2011. (*Figure 4.9*)
- Deaths from drug overdose are expected to increase an additional 25% in 2016.²⁰
- A measure of alcohol use based on binge and excessive drinking placed Clarke and Frederick counties in the second quartile of all Virginia Counties, according to County Health Rankings report. (*Figure 4.3*)
- Substance abuse was a major concern and mentioned frequently by key informant interview participants. It was portrayed as a growing and serious issue. (*Valley Health*)
- Substance abusers are often classified as offenders, and have limited options for seeking treatment.

Youth Mental Health:

- The major concern mentioned by key informants was the need for more providers to care for children with mental and behavioral health issues. The Winchester Community has limited resources for this type of community need. (*Valley Health*)
- 20.6% of middle schoolers in the Lord Fairfax Health District (LFHD) seriously thought about killing themselves. This outpaced high schoolers of which 12.7% considered attempting suicide. (*Figure 4.14 and 4.15*)
- 6.8% of middle schoolers and 5.3% of high schoolers attempted suicide. This data outpaces the US average of 1.9% and Virginia Average of 2.8%. (*Figure 4.14 and 4.15*)
- For every dollar spent on drug use prevention, communities can save \$4 to \$5 in costs for drug abuse treatment and counseling.²¹

²⁰ Commonwealth of Virginia, Department of Health, November 21, 2016, <http://www.vdh.virginia.gov/home/the-opioid-addiction-crisis-is-a-public-health-emergency-in-virginia/>

²¹ U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. (1997). Preventing Drug Use Among Children and Adolescents: A Research-Based Guide. Bethesda: MD. Available: www.nida.nih.gov/prevention/prevopen.html

COMMUNITY IMPACT STRATEGY 2017-2020

The 2015-2020 United Way NSV Strategic Plan, adopted by the Board of Directors on May 12th, 2015 and updated annually called for United Way NSV to “align community impact strategy with the identified community needs”. These strategies and community needs will guide our work for the next three years.

On April 11th, 2017, the United Way Board of Directors reviewed and adopted the 2017-2020 United Way Regional Community Needs Assessment and recommended and approved the following priorities for action.

1. Invest in our children:

I. Objective: Children have access to basic needs

Strategies:

- Partner with organizations that are meeting basic needs of students with a school based approach.
- Utilize partnerships to connect financially unstable families with the resources to promote financial stability.
- Mobilize United Way NSV corporate partners and volunteers to respond to basic needs through volunteer engagement projects.
- Invest in programs that:
 - Provide basic needs support to children and families in crisis.
 - Help children who face neglect or abuse.
 - Promote positive parenting and healthy child development.

II. Objective: Preschool aged children have access to affordable, high quality, early learning programs that prepare them for kindergarten

Strategies:

- Invest in programs that:
 - Provide tuition assistance for families unable to afford a quality preschool education.
 - Promote high quality learning programs that prepare children for kindergarten.

III. Objective: Students have access to high quality, enriching out of school programs where students have support and encouragement for educational success from engaged parents/advocates and mentors.

Strategies:

- Invest in programs that:
 - Ensure the availability of quality before and after-school care for school-aged children and youth.

- Provide early dropout prevention, and continue drop-out prevention efforts among middle and high school-aged children.
- Support collaborative efforts that help children read, build external and internal assets in youth, and prevent risky behavior.

IV. Objective: Middle school and high school students have access to age-appropriate college and career preparation and graduate equipped with skills for success.

Strategies:

- Support regional efforts to educate and promote a variety of career paths and post-secondary education options.
- Invest in programs that:
 - Advance learning and career development
 - Provide leadership and workforce development opportunities.

2. Promote financial stability and independence:

I. Objective: Families in our community are self-sufficient and move from financial instability to financial stability.

Strategies:

- Partner with local business and agencies to assist families in financial education.
- Partner with the local Earned Income Tax Credit (EITC) program to promote the opportunity for free tax preparation and tax credits.
- Create opportunities for families to move from financial instability to financial stability by investing in programs that:
 - Provide case management support to assist families in finding permanent, safe and affordable housing.
 - Support a coordinated program to educate residents on how to manage their finances.
 - Reduce barriers to sustainable employment and financial stability such as transportation, childcare, literacy, lack of skills, etc.

II. Objective: Vulnerable seniors are able to access services that improve their quality of life and maintain independence.

Strategies:

- Promote volunteer assistance to help seniors and engagement of seniors as volunteers.
- Invest in Programs that:
 - Provide services for seniors that improve in-home services, care transitions/coordination, home modifications/assistive technology, housing and transportation.

- Reduce food insecurity among seniors.
- Support caregivers of vulnerable seniors.

III. Objective: Low or no income individuals acquire the skills necessary to secure and retain self and/or family-sustaining employment

Strategies:

- Invest in Programs that:
 - Connect residents seeking employment to current job opportunities.
 - Support opportunities for people with disabilities to gain employment and increase their independence.

3. Support our most vulnerable neighbors:

I. Objective: Help people in crisis meet their basic needs and become self-sufficient.

Strategies:

- Encourage coordination among organizations helping families meet basic needs and work towards self-sufficiency.
- Invest in programs that:
 - Help individuals and families in crises to access information and services to meet their needs.
 - Assist individuals and families in acute crises to access services that help meet their basic needs and stabilize their situation (housing, transportation, utility assistance and food insecurity).

4. Build Healthier Communities:

I. Objective: Families and individuals are able to access quality and affordable health care which includes: physical, dental, mental health, and wellness.

Strategies:

- Partner with organizations to reduce barriers to access, by covering co-pays for physical, mental health and wellness services.
- Invest in Programs that:
 - Help individuals improve and maintain their physical, oral and mental health to contribute to a better overall social wellbeing.
 - Assist individuals by providing transportation solutions for appointments.

II. Objective: Children and Youth have access to emergency and ongoing mental health and counseling services.

Strategies:

- Invest in Programs that:

- Expand youth mental health psychiatric services, counseling services, treatment services, and case management services.
- Educate administrators, teachers and other school staff on how to help young people in both crisis and non-crisis situations.

III. Objective: Reduce substance use/abuse and all its devastating consequences on individuals, families, and communities.

Strategies:

- Utilize partnerships to raise awareness about substance use and addiction.
- Invest in Programs that:
 - Prevent substance abuse among youth.
 - Provide a full range of drug and alcohol treatment programs focused on a person's specific needs, regardless of their ability to pay.

IV. Objective: Prevent and respond to domestic violence.

Strategies:

- Invest in Programs that:
 - Promote healthy environments as well as programs that support victims of domestic violence by helping them and their families find services, safety, and stable housing.

Investment Strategy

1. Integrated Service Delivery:

Improve the quality, coordination and cooperation of programs that work to stabilize individuals and families during crises, meet their basic needs and help them move to self-sufficiency.

- Support research of best practices in other communities to develop a practical model for integrated service delivery.
- Support comprehensive services that guide individuals and families towards self-sufficiency by enhancing coordination among service providers, bridging of services and case management.

2. Strategic Partnerships:

Identify strategic partnerships with community organizations and non-profits that have the capacity to deliver the scope of services needed to make a significant impact on identified community needs.

- Align community impact strategies with partners that are meeting one of the identified critical needs.
- Utilize partnerships to respond to immediate and critical community not previously identified through a community needs assessment.
- Mobilize United Way NSV corporate partners and volunteers to respond to priority needs through volunteer engagement projects.

3. Community Impact Grants:

Prioritize United Way resources on the needs that matter most to the people of Northern Shenandoah Valley. Those giving to the United Way Community Impact Fund have the assurance that their gifts cover a broad but focused spectrum of identified needs in the community rather than just supporting one particular program or agency. The results from these investments are closely monitored by trained volunteers. Investments in the United Way Impact Fund are monitored, leveraged, focused, and achieves outcomes.

- Monitored - A diverse group of trained volunteers invest money into programs that report how they use money to improve lives.
- Leveraged - United Way and funded programs leverage United Way funding in services that prevent additional costly services, and bring additional funding into our community.
- Focused - United Way only funds programs that are successfully, efficiently filling a need for local residents in the areas of Education, Income, and Health.
- Outcomes - The Impact Fund guarantees that your donated money is changing lives. Programs must show the long-term outcomes they are achieving.