

Rockbridge Poverty Assessment 2008

A Community-Based Research Project supported by
the Shepherd Program at Washington and Lee University



Melissa Caron
Chris Martin

Washington and Lee University

**THE SHEPHERD PROGRAM
FOR THE INTERDISCIPLINARY STUDY
OF POVERTY AND HUMAN CAPABILITY**

205 Holekamp Hall
Washington and Lee University
204 West Washington Street
Lexington, Virginia 24450
Tel: 540.458.8784
Fax: 540.458.5867
Web: <http://shepherd.wlu.edu>

WASHINGTON AND LEE UNIVERSITY

204 West Washington Street
Lexington, Virginia 24450
Tel: 540.458.8400
Web: <http://www.wlu.edu>

Delivered January 2009

The findings and conclusions of this study are those of the authors alone and do not necessarily reflect the opinions of the Shepherd Program or Washington and Lee University. Names of agency coordinators and members of the community have been redacted where appropriate. All errors are solely attributable to the authors.

Please direct questions and comments to Melissa Caron (caronm@wlu.edu) and Chris Martin (martinc@wlu.edu), the authors of this report, to Dr. Don Dailey (ddailey@wlu.edu), Visiting Professor of Education at Washington and Lee and faculty advisor to the project, or to Dr. Harlan Beckley (beckleyh@wlu.edu), Professor of Religion and Director of the Shepherd Program at Washington and Lee.

Preface

Initially suggested by Jon Ellestad, City Manager of Lexington, Va., this project developed out of conversations between Rockbridge area* leaders at a community forum held in the spring of 2008. Many of these individuals—responsible for the delivery of essential social, health, educational, vocational, communicative, accommodative, logistical, and emergency services to the poor in Buena Vista, Lexington, and Rockbridge County—argued that poverty in this area is poorly understood and articulated the need for a comprehensive independent study that identified poverty issues at the national/state levels and discerned specific problems faced by those living in the Rockbridge community. They underscored the need to catalogue and impartially assess the existing efforts of service providers to meet the needs of underserved populations; generate potential solutions to common problems related to service provision; determine how various governmental and non-governmental organizations can more effectively cooperate, coordinate, and integrate services; and finally, identify the ways in which structural causes of poverty can be mitigated, both in the short term and long run.

The current economic outlook strengthens the case for a comprehensive assessment of poverty in the Rockbridge area. Economists from the Business Cycle Dating Committee (BCDC) of the National Bureau of Economic Research (NBER) recently announced that December 2007 officially marked the end of the most recent expansionary period and the beginning of our nation’s current recession—“a significant decline in economic activity spread across the economy, lasting more than a few months, normally visible in production, employment, real income, and other indicators.”¹ At present, most predictive evidence suggests that the global macroeconomic slowdown will persist throughout 2009 and likely continue into 2010. While all Americans are affected by economic downturn, the current contraction has the potential to disproportionately impact the poor, who often fill the low-level service-sector jobs most likely to be eliminated during a recession, frequently rely on free-flowing credit to finance monthly expenditures, and will be most impacted by proposed spending cuts to social programs. What’s more, recent economic analysis indicates that much of the country’s social safety net designed to protect individuals during periods of macroeconomic instability has been systematically dismantled over the past eight years. Indeed, it seems that now, more than ever, the economically disadvantaged—especially the “working poor” who are dependent on income stability—are at heightened risk for suboptimal living outcomes.

Three general observations drive the analysis in the pages that follow.

First, this report operates from the increasingly popular perspective that poverty is definitionally and conceptually complex and cannot be reduced to a cash income test or other strictly quantifiable or objective measure. The Shepherd Program for the Interdisciplinary Study of Poverty and Human Capability at Washington and Lee University adopts a “capabilities” approach based on the work of Nobel prize-winning economist Amartya Sen. In that spirit, this effort conceptualizes poverty expansively, and considers not just income, but accumulated assets (physical capital), access to natural resources (natural capital), cognitive functioning (human capital), and social functioning and capacity for civic participation (human capability). To construe poverty in these terms permits a comprehensive and holistic approach that more accurately measures the needs of communities and individuals than other simplistic “snapshot” definitions that merely account for cash income. Above all, this understanding of poverty recognizes that outcomes are largely individualized and context-specific, and that resources can be converted into various forms of capital and multifarious sets of functionings (i.e., capabilities) by individuals at disparate rates.

Second, while much of the literature conflates social service delivery (i.e., meeting the needs of the poor) with poverty mitigation and reduction (i.e., reducing the number of poor persons), this study considers the two to be closely related, but distinct. Improved delivery of basic services alone allows service providers to more

* For the purposes of this paper, the Rockbridge area refers to Rockbridge County, Virginia, the independent cities of Lexington and Buena Vista, and the incorporated cities of Glasgow and Goshen.

effectively meet the short-term needs of individuals in poverty but does little to resolve the more profound problem of limited agency which can create and perpetuate cycles of paralyzing dependency and intergenerational poverty. At the same time, a myopic focus on the long-term goal of poverty reduction at the expense of meeting short-term needs unnecessarily limits the formation of human capital and stalls the development of capabilities, reinforces negative social and economic hierarchies, and most troubling, endangers the physical, mental, and developmental well-being of the poor. Successful strategies must delicately balance the delivery of essential services to meet short-term needs with parallel efforts to arrest the fundamental causes of poverty with systematic and targeted interventions that promote human capital formation and capabilities development.

Third, solutions to both service delivery and strategies for achieving sustained poverty reduction must be cooperative, coordinated, and, where appropriate, integrated. Transportation offers the most compelling example of a sector that cannot successfully operate in an ad-hoc and autonomous fashion in the rural Rockbridge area: the economies of scale that make competition profitable in larger metropolitan areas simply do not exist within the geographic and demographic constraints of this community. Accordingly, collaborative efforts—where appropriate and practical—must be embraced by the governments of Lexington City, Buena Vista City, and Rockbridge County; governmental and non-governmental service providers; community leaders and grassroots activists; and by Washington and Lee, the Virginia Military Institute, and Southern Virginia University, which collectively employ a staggering percentage of the area’s residents and can effectively mobilize resources for the good of the community.

Taken together, these three premises will anchor any effective growth strategy for Rockbridge, a vibrant region of Virginia that has managed significant progress over the past several decades and remains poised for economic success, continued social cohesion, and renewed cultural growth. Our enviable position can, in large part, be attributed to the congenial relationships between individuals in this small, tight-knit community. Nevertheless, poverty persists here—in a fairly significant way—and an expansive, coordinated, and systematic effort to solve our area’s poverty problem has been stymied by mission incoherence and the other problems cited in this report. During this period of economic uncertainty and tightened purse strings, the Rockbridge area is at a crossroads: it can retrench, insulating itself from crises on Wall Street and in Washington; or it can reassert its commitment to unified economic development by implementing innovative growth strategies, exploiting opportunities for collaboration with W&L, VMI, and SVU, and looking to successful initiatives in peer communities across Virginia and the country for inspiration. Now is the time for county and local governments to unite and launch a comprehensive poverty mitigation strategy that acknowledges the necessary relationship between poverty reduction and economic growth; conceives, tests, and implements novel solutions to service delivery problems; and begins to deconstruct the root causes of poverty in the Rockbridge area.

Melissa Caron
Washington and Lee University
caronm@wlu.edu

Christopher L. Martin, Jr.
Washington and Lee University
martinc@wlu.edu

Acknowledgments

This project was cultivated and developed by the Shepherd Program for the Interdisciplinary Study of Poverty and Human Capability and the Campus-Community Partnerships for Research (CCPR) at Washington and Lee University, Lexington, Va.

Dr. Don Dailey, Visiting Professor of Education at Washington and Lee and Special Advisor to the Shepherd Program, assisted with overall strategy, planning, and day-to-day management of the project. Dr. Harlan Beckley, advisor to the study and Director of the Shepherd Program, provided invaluable guidance and advice to the student researchers. Ms. Linda Cummings, Assistant to Service Learning and CCPR at W&L, masterfully coordinated outreach efforts and helped establish contact with agency directors. Dr. Bob Strong, Associate Provost of the University, assured institutional and administrative support for this effort. To each of them we are indebted and deeply grateful.

Finally, this project would not have been possible without the cooperation and support of John Ellestad, City Manager of Lexington, Va., and innumerable agency directors, coordinators, and employees in Lexington, Buena Vista, and Rockbridge County, who took time out of their busy schedules to participate in our survey, grant requests for interviews, and participate in several focus groups and interviews during the fall of 2008. Their thoughtful engagement and candor give added value and force to the observations, conclusions, and recommendations made in this report.

Table of Contents

ACKNOWLEDGMENTS	5
TABLE OF CONTENTS	6
DEFINITIONS	8
EXECUTIVE SUMMARY	9
SUMMARY OF KEY RECOMMENDATIONS	12
ONE DEFINING AND MEASURING POVERTY IN THE ROCKBRIDGE AREA	14
Box 1: What is poverty?	15
Box 2: Measuring poverty in the United States	16
Figure 1: Poverty rates, 1980-2007	17
Figure 2: Poverty rates, 1995-2007	18
Figure 3: Income as share of national median income, 2005	19
Figure 4: Percentage of children, ages 5-17, living in families below the poverty line, 2000-2007.....	20
Figure 5: Population under age 18 in poverty, 2000-2007	21
Figure 6: Percentage of students qualifying for reduced/ free lunch, 1997-2007	22
TWO FEATURES OF ROCKBRIDGE AREA POVERTY	24
THREE IDENTIFYING PROBLEMS AND ASSESSING NEEDS.....	26
Table 1: Services survey respondents provide	26
Figure 7: Identifying the single greatest issue facing the poor in the Rockbridge area	27
Figure 8: Ranking issue severity in the Rockbridge area.....	28
Figure 9: Community’s response to highlighted issues in the Rockbridge area	29
FOUR TRANSPORTATION	30
Table 2: Rockbridge area residents without private motor vehicles	30
FIVE HOUSING	32
Figure 10: Breakdown of housing units in the Rockbridge area.....	32
Figure 11: Financial position of household units in Lexington, Buena Vista, and Rockbridge County	34
SIX HEALTH AND HUMAN SERVICES.....	37
Figure 12: Population without health insurance	37
SEVEN EMPLOYMENT	39
Figure 13: Employment by sector	39
Figure 14: Highest level of educational attainment of population 25 years and over	41
EIGHT HUNGER AND FOOD INSECURITY.....	43
Box 3: Defining hunger and food insecurity	43
Figure 15: Hunger and food insecurity in the United States, 1998-2007.....	43
Table 3: Food Insecurity in the United States and Virginia, 1996-2006.....	44
NINE DISABILITIES	45
TEN CHILD CARE	46
Figure 16: Children receiving child care subsidies as compared to the child poverty rate	48
ELEVEN ISSUES FACING THE ELDERLY.....	49
TWELVE EDUCATION	50
Figure 17: Educational attainment, 2000	50
Figure 18: Middle/high school dropout rates, 2001-2007	51
THIRTEEN IMMIGRATION AND COMMUNICATIVE BARRIERS	52
Figure 19: Relationship between communicative barriers and poverty.....	52
Figure 20: English language proficiency, 2000	53
Figure 21: Measuring “disconnected non-English speaking households in Virginia	54

FOURTEEN COMMUNICATION, COLLABORATION, AND COHESION.....	56
FIFTEEN FINDINGS AND RECOMMENDATIONS	60
Short-term recommendations.....	61
Long-term recommendations	63
CONCLUSION	65
APPENDIX A	67
APPENDIX B	76
APPENDIX C	82

Definitions

ASEC	Annual Social and Economic Supplements
BCDC	Business Cycle Dating Committee
BEA	U.S. Bureau of Economic Analysis
CBSG	Community Block Services Grant
CCPR	Campus-Community Partnerships for Research at Washington and Lee University
CHIP	Children's Health Insurance Program
CPI	Consumer Price Index
CPS	Current Population Survey
EC	Executive Committee of the Student Body at Washington and Lee University
EITC	Earned Income Tax Credit
ESL	English as a Second Language
ESOL	English for Speakers of Other Languages
EU	European Union
FMNP	Farmers Market Nutrition Program
FMR	Fair Market Rent
FPL	Federal poverty level, also the federal poverty guidelines
HUD	U.S. Department of Housing and Urban Development
IRB	Institutional Review Board
NBER	National Bureau of Economic Research
OECD	Organization for Economic Co-operation and Development
OMB	United States Office of Management and Budget
RATS	Rockbridge Area Transportation System
SAHIE	Small Area Health Insurance Estimates Program
SS	Social Security
SSI	Supplemental Security Income
SVU	Southern Virginia University
SCHIP	State Children's Health Insurance Program
SNAP	Supplemental Nutrition Assistance Program (formerly, Food Stamp Program)
TANF	Temporary Assistance for Needy Families
USDA	United States Department of Agriculture
W&L	Washington and Lee University
WIC	Women, Infants and Children
VMI	Virginia Military Institute

Executive Summary

Until now, there has been little documentation of poverty in the Rockbridge area. Despite a pressing need for information about the impoverished in Lexington City, Buena Vista City, and Rockbridge County, limited local government resources, insufficient university-funded research efforts, and poor data collection capacity within public and private organizations have prevented a holistic, comprehensive assessment of needs and service delivery until now. **This report attempts to correct the record by accurately representing poverty and views of poverty in the Rockbridge area; determining the size, extent, and duration of the problem; describing and evaluating existing service delivery mechanisms; suggesting areas for cooperation, coordination, and integration between governmental and non-governmental organizations; and offering suggestions for future community-based research endeavors.** Note, however, that this document is emphatically not a referendum on any particular actor or policy and does not purport to exhaustively discuss poverty issues in this area. Rather, it seeks to raise fundamental, urgent, and provocative questions about poverty in the Rockbridge area.

Comparative evidence shows that poverty and economic inequality continue to be pervasive and deleterious forces in the Rockbridge area, particularly for Buena Vista. After controlling for unrepresentative populations (e.g., W&L law students), 2007 small-area estimates of poverty by the U.S. Census Bureau confirm that Lexington and Rockbridge County experience rates of poverty that are significant but below the state average, while Buena Vista's poverty rate is above the state average (and below the national average). It should be noted here that because accurate small-area estimates of income and poverty rates are generally difficult to determine and of questionable statistical validity, making definitive claims about poverty rates in the Rockbridge area is problematic. Small size, jurisdictional overlap, and sizeable populations of unrepresentative, non-institutional residents (i.e., graduate students not living in "institutional" housing such as a dormitory) clearly complicate the picture.

Over the course of three months, we engaged in field research, conducted focus groups, and arranged multiple interviews with the area's most prominent community leaders and service providers. The data revealed that individuals in the community hold vastly different views on what poverty is, which issues are most pressing in the Rockbridge area, how effectively these problems are being addressed, and what steps should be taken to resolve them. **Respondents overwhelmingly identified employment as the single greatest problem facing the community.** Transportation and housing issues were second and third, respectively. Participants were also asked to rank the community's effectiveness in responding to the issues on a scale of 0.0 to 5.0, with 0 indicating an "ineffective" response and 5.0 signaling "extremely effective" remedial policy. **Existing efforts to deal with employment issues were considered to be the least effective.** The Rockbridge community's response to child care and housing issues also ranked low in effectiveness. **The community's efforts to overcome poor educational opportunities and provide resources to the disabled were considered to be the areas in which the response has been most effective.**

From these conversations, ten issue clusters emerged as particularly consequential for impoverished and traditionally underserved communities in the Rockbridge area. Because many of these poverty issues are rightfully viewed as cyclical and interconnected, all ten—(1) affordable transportation, (2) safe and low-cost housing, (3) accessible health and human services, (4) sustainable employment options, (5) hunger and food security, (6) problems faced by the disabled, (7) available child care and day care, (8) the presence of diverse educational opportunities (e.g., vocational training), (9) elderly issues, and (10) challenges facing non-English speaking immigrant populations—must be priorities on any agenda for meaningful change.

Transportation is a particularly complex issue for the poor, and there exist significant economic and non-economic costs to inadequate public transportation in this area. Many jobs held by low-income individuals do not fall within the average "nine-to-five" timeframe—when public transportation is not

available—and most of the area’s working poor utilize peripheral support services like child care that are not within walking distance of jobs and/or residential areas. Current efforts to provide transportation to underserved communities were roundly considered to be ineffective by survey and focus group participants, with many pointing to service duplication and other inefficiencies.

Second, the lack of affordable housing in the area represents a momentous challenge to the quality of life for the poor, particularly the working poor. Survey respondents considered the “housing problem”—low-quality units, a lack of transitional housing, and expensive property values (widely attributed to the universities in Lexington)—to be the third most pressing issue facing the poor and second in severity, only behind transportation. Several community leaders described the quality of the housing stock as “very poor,” no doubt a function of the fact that the housing stock in the Rockbridge area is, on average, older than the median age of housing units in Virginia and the United States. Community leaders also expressed concerns that the cost of rental units may in part be driven up by demand from undergraduate and law students at area universities.

Third, while Virginia’s health insurance problem pales in comparison to that of many states in the country, and the percentage of Rockbridge area residents without health insurance falls well below the national and state averages, there is a significant disparity between rates in Lexington/Rockbridge County and Buena Vista. According to Small Area Health Insurance Estimates from 2000, the percentage of uninsured residents in Virginia is lower than the national average (around 12 percent compared to approximately 14 percent nationally). While the Rockbridge area observes rates well below even the state and national averages, Buena Vista’s percentage of uninsured (9.7 percent) is higher than that of Rockbridge County (8.4 percent) and Lexington (7 percent), though we cannot establish whether or not the variance between rates is statistically significant. Data show that FAMIS and FAMIS Plus—Virginia’s health insurance program for children—account for a significant percentage of insurance in the state.

Fourth, under-employment, unemployment, and a paucity of good paying jobs prevent individuals in this area from realizing their full economic potential. Most agency leaders agreed that “good paying” jobs in the community are at the local universities, manufacturing facilities, or in health fields. Several survey respondents expressed concern that many of the jobs in the community are service industry jobs, which are “marginally paying” and often do not provide benefits. Both poor education and a lack of transportation were considered to be barriers to employment by area leaders. Job loss in the community—particularly jobs in the manufacturing sector—was identified as a compounding problem. Others felt that the community was not as open to economic development as it should be. One agency leader, for example, said that he has seen several instances in which development opportunities were neglected because of a desire by some to maintain the aesthetic beauty of the area.

Fifth, hunger received little attention by those participating in surveys and focus groups. Nonetheless, if statewide evidence is believed to be at all representative of the severity of local issues, there is a growing need for renewed focus on both hunger and food insecurity. Further research should be conducted in this area.

Sixth, despite receiving little attention in the survey and in focus groups, resources for those with disabilities is an important area to explore, when one considers the size of the community’s disabled population, as compared to state and national averages.

Seventh, while the issue of child care was not frequently raised by survey respondents or focus group participants, it is a well-documented problem in Rockbridge. According to a 2007 report issued by W&L’s Task Force on Child Care, a two-parent family in Lexington with the local median annual family income of \$58,529 (2005 dollars) would have spent a little more than 25 percent of the family’s annual income to place two children in a licensed child care facility.² The data was even more dire for the rest of the Rockbridge area: families in Buena Vista with incomes at the national median would have had to spend 37

percent of the annual family income, while those in the county would have had to spend 35 percent of the family's annual income in order to receive the same level of care.³ Burdened by these immense costs, low-income parents are often compelled to explore more informal child care arrangements, which have been shown not to offer the same educational and social benefits of formal day care.

Eighth, while the types of problems facing the elderly generally mirror those affecting the general population, the degree and magnitude of the problems are greater for older generations. For example, social disconnection and isolation, attributable largely to the lack of transportation options, appear to disproportionately impact the elderly. Furthermore, this particular subpopulation—which often depends on fixed incomes provided by social insurance programs like Social Security—is more disposed to food insecurity and hunger than the general population. These issues and others deserve careful attention: the Rockbridge area has a substantially higher population of persons 65 years and older than the rest of the state and the country.

Ninth, most evidence points to academic and non-academic (i.e., vocational) education as the foundation for human capital formation and long-term economic growth—in this area, Lexington, Buena Vista, and Rockbridge County fall far behind Virginia peers. Of the population aged 25 and older, more than one in 10 residents of Lexington has less than a ninth grade education; rates are even higher in Rockbridge County (14.8 percent) and Buena Vista (16.0 percent). All of these figures are substantially higher than the average rate for Virginia, 7.2 percent. A similarly bleak picture emerges from data on high school graduation: in 2000, while over 80 percent of the Virginia population had a high school diploma or higher, only 69 percent of Buena Vista citizens and 71 percent of Rockbridge County residents claimed similar credentials.

And finally, while conventional wisdom suggests that the Rockbridge area has not seen an influx of non-English speaking persons, anecdotal evidence of rapidly increasing need for interpretive services signals that this should be an area of concern. According to the 2000 decennial census, only 3 percent of residents in Rockbridge County speak a language other than English in the home, and even fewer (1 percent) claim that they speak English less than “very well.” The exception to this may be in Lexington, where nearly 8 percent of Census 2000 respondents indicated that they speak a language other than English in the home and almost 5 percent admitted that they speak English less than “very well.” Further exploration in this area is needed.

Beyond these specific issue clusters, a repeated theme emerged during the course of our research: there is a lack of communication between agencies and clients (current and potential). While several referral services and information systems exist in the community, accurate and complete resources are weak and limited; consequently, many residents learn about available services through word-of-mouth. **Another issue consistently revisited by service providers is that, at present, area agencies do not effectively cooperate, coordinate, or integrate service delivery, even when such collaborative efforts would reduce wasteful duplicative efforts, expand access to essential services, and potentially reduce costs/produce economies of scale.**⁴ The consensus opinion appears to be that ad-hoc means of coordination are insufficient to appropriately meet the needs of the community.

Summary of Key Recommendations

The current period of economic uncertainty offers a novel opportunity for the Rockbridge area community to reaffirm its commitment to the poor. This report identifies several short-run and long-term priorities for key actors in the Rockbridge area who will play a vital role in this community's efforts to mitigate the effects and reduce the incidence of poverty. Lexington, Buena Vista, and Rockbridge County should:

Create a community blueprint to fight poverty

- [short run] Commission a needs assessment for each of the ten problem clusters identified in this study; partner with student consulting and advertising groups to produce strategies that address identified problems; bring together community stakeholders in town halls and forums to develop a comprehensive campaign to reduce poverty that emphasizes community-based solutions.
- [long term] Aggressively seek state and federal grants to fund demonstration projects that aim to solve these problems; launch and implement a comprehensive campaign to reduce poverty that promotes innovative, community-based solutions.

Revitalize the Rockbridge area's public transportation network

- [short run] Form a Rockbridge area transportation task force; commission needs, service capacity, and efficiency studies; consult with the Central Shenandoah Planning District Commission on funding, technical, and implementation issues.
- [long term] Launch a partnership with institutions of higher education and other agencies that already provide transportation to their clients; construct a unified, streamlined transit network that reduces inefficiencies, eliminates duplicative services, and simplifies the area's transportation strategy; commit to initial capital outlay and operating subsidies for several years; promote the use of environmentally-friendly technologies and fuels as part of a "green transportation network."

Reaffirm the community's commitment to quality, affordable housing

- Contract a study of the need for and feasibility of transitional housing and the construction of a homeless shelter in the Rockbridge area; craft an area housing strategy based on results; study the feasibility of and implement social venture programs that train at-risk youth to perform productive, community-oriented construction and home-repair jobs; fortify protections for the poor by strengthening rules governing housing standards and landlords.

Prepare workers for the twenty-first century economy

- [short-run] Launch a public relations campaign to educate the community about sustainable economic growth and responsible development; study peer community initiatives that divert at-risk youth to vocational programs; promote cooperation between all three governments to develop an economic revitalization plan.
- [long-run] Develop a comprehensive economic growth strategy that includes all major community stakeholders; make a concerted effort to attract and entice new businesses, enterprises, and industries; support and fund the creation of schools and programs that provide vocational training; fund diversion programs put at-risk youth to work in creative ways.

Reconfigure our framework for addressing poverty issues

- Dismantle real and perceived barriers to cooperation between the governments of Lexington, Buena Vista, and Rockbridge County
- Collaborate with local service providers, area institutions of higher education, and non-profits to establish a centralized, not-for-profit (brick-and-mortar) organization that unifies the community's social services network by providing information about service eligibility and offering an additional level of coordinated case management. (The organization should begin as a "one-stop" clearinghouse for information about area social services and gradually evolve into an agency devoted to coordinative, holistic case management).

One | Defining and Measuring Poverty in the Rockbridge Area

This report assesses the needs of impoverished persons who live in Rockbridge County, the independent cities of Lexington and Buena Vista, and the incorporated towns of Glasgow and Goshen.⁵ Rockbridge County straddles the Shenandoah Valley, centrally located in the Western region of Virginia, just forty-five miles north of Roanoke, one hundred and forty miles west of Richmond, and one hundred and ninety miles southwest of Washington, D.C. Buena Vista serves as the area's primary industrial center, while Lexington—which features two major institutions of higher education (Washington and Lee and the Virginia Military Institute) and an array of retail and commercial establishments—functions as the cultural, economic, and political hub of the county.⁶ The area is renowned for its rich history, having served as a home to Thomas “Stonewall” Jackson, Robert E. Lee, Cyrus McCormick, and Sam Houston at various points in time.⁷ W&L, VMI, and Southern Virginia University in Buena Vista constitute the region's foremost center of intellectual activity. Events connected with the area universities, the Virginia Horse Center, and various theatres contribute to a vibrant arts, music, and sports culture. Additionally, the region boasts considerable natural resource endowments. Trails, parks, and reserves dot the Rockbridge area, while Interstates 81 and 64 provide quick access to the Blue Ridge Parkway.

Despite a growing tourist industry, a highly-educated population, and an abundance of natural resource wealth, poverty and economic inequality continue to be pervasive and deleterious forces for a significant subpopulation in the Rockbridge area. Unfortunately, because of limited resources both at the governmental and agency levels, an evaluative assessment of poverty has not been completed until now. This community-based research project, supported by the Shepherd Program at W&L, attempts to correct the record by:

- determining the extent of poverty in the Rockbridge area;
- assessing the availability of social, health, educational, vocational, communicative, accommodative, logistical, and emergency services to the poor;
- identifying common service delivery problems;
- discerning and evaluating the level of collaboration between governmental and non-governmental service providers;
- considering the critical components of a comprehensive, holistic strategy for service delivery and poverty abatement.

Defining Poverty

A community forum held at W&L revealed that Rockbridge area service providers hold differing views on what poverty is and how it can be best addressed, which mirrors ideological divisions in the academic literature (see Box 1). One participant argued that poverty definitions are inevitably determined by quantitative measurements of income, and that income can almost always be converted by individuals into material goods and services needed by the household. Another agency representative adopted a basic needs approach, citing food, shelter, medicine, health care, heat, and transportation as a fundamental (but not exhaustive) list of goods and services needed for survival. Another reiterated that transportation is “a necessity” and should definitely be included on any fundamental list of needs. Several providers noted that many people fall above their agencies' income eligibility guidelines (usually dictated by federal poverty guidelines, see Box 2) but could still be considered “poor.” This is highly suggestive of the fact that conventional definitions and measures of poverty do not capture individuals whose incomes fall even marginally above the federal poverty guidelines (e.g., 110 percent, 115 percent, or 125 percent of their respective thresholds).⁸ One forum participant relayed the story of a family with an estimated monthly income of \$3,000 (approximately \$36,000 annual) that was living without heat and adequate supplies of food (food insecurity). According to the federal guidelines, this person would not officially be considered “poor.”

Box 1: What is poverty?

Poverty is conceptually complex, which makes definitional accuracy difficult and quantification problematic. For the purposes of this study, which endeavors to broadly assess needs of a geographically delimited rural population, we define poverty as a non-voluntary condition in which individuals do not possess the agency required—or have access to requisite resources—for basic participation in society.

This case is emblematic of the fact that **poverty is conceptually complex, which makes definitional accuracy difficult and quantification problematic.** Some have suggested that the term might be best understood through an evolutionary lens.⁹ During the 1960s, led by the development of poverty thresholds in the United States, most foreign governments measured poverty exclusively in terms of gross income. Changing attitudes during the 1970s shifted from the income-based approach to an interest in “relative poverty,” motivated implicitly by a new focus on “basic needs,” which are often conceived of in culturally-sensitive terms. The 1980s ushered in a new emphasis on non-monetary indicators of “powerlessness,” “isolation,” a focus on the relationship between the “capability” of individuals and societal “functionings,” and a renewed interest in the gender dimension of poverty. Studies of social, political, and economic networks in the 1990s once again transformed the parameters of the discussion: today, “rights, resources, and relationships are all important.”¹⁰ There remains considerable disagreement about how to define poverty, which tends to complicate discussions of service delivery and social policy. A growing chorus of scholars has argued that poverty ultimately means different things to people in disparate cultures.

The definitional expansion of poverty to include both traditional and non-traditional understandings of deprivation has resulted in an explosion in the academic literature. Some equate poverty with “dependency;” many associate it with a temporal dimension (i.e., how long one has gone without food), a third distinct group adopt a basic-needs approach. Still others connect poverty to “cultural and social norms,” including group identity, and another subset of literature considers only access to essential state-provided services (e.g., electricity). Another group of thought proposes that poverty is less about income and more about accumulated assets—physical capital, human capital, social capital, and natural resources. In some societies, land ownership confers significant political rights and benefits. The literature generally considers poverty to be a multidimensional, context-specific phenomenon, which means it might differ from individual to individual based on “gender, age, culture, and other social and economic contexts.”¹¹ **For the purposes of this study, which endeavors to broadly assess needs of a geographically delimited rural population, we define poverty as a non-voluntary condition in which individuals do not possess the agency required—or have access to requisite resources—for basic participation in society.**

Measuring Poverty

Today, in accordance with the United States Office of Management and Budget’s (OMB) Directive 14, an individual in the United States is officially considered “poor” if he or she is the member of a family whose total income is less than that family’s threshold as defined by the U.S. Census Bureau. While some agencies measure poverty using a range of composite statistics—the Human Development Index and the Human Poverty Index are most popular—the United States employs an absolute measurement of poverty known as the **poverty threshold** (in contrast with relative measurements preferred by Organization for Economic Co-operation and Development (OECD) and European Union (EU) agencies that base thresholds off the median or average incomes of the society at large). The United States’ absolute standard, which was created in the mid-1960s, is based on a formula of food expenditures that is constant across the entire United States. While the formula is adjusted for inflation using the Consumer Price Index (CPI), the thresholds are not adjusted for cost of living differences between geographical areas. Under these terms, being poor in Lexington, Va., is considered no different from being poor in Washington, D.C., despite vastly different costs of living. The government includes in the measure “money income,” including all wages and earnings, Social Security (SS), Supplemental Security Income (SSI), public assistance programs (e.g., TANF), pensions, unemployment compensation, veterans’ benefits, educational assistance, child support, and

assistance from outside the household. Taxes, capital gains and losses, and in-kind transfers (public housing, Supplemental Nutrition Assistance Program, Medicaid) are excluded from the calculation. Furthermore, no adjustment is made for expenses incurred due to employment or out-of-pocket medical expenses. If a person lives with a family, all of the incomes of related family members are totaled. The total household income is then compared to one of forty-eight poverty thresholds based on the composition of the family (i.e., number of children, age of members). Groups excluded from the official measurement of poverty include: institutional populations (e.g., the residents of prisons, nursing homes, college dormitories, and military barracks).

For official statistical purposes, the annual poverty rate is calculated based on responses to the Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS), a monthly survey of 50,000 households on income, employment, unemployment, earnings, and health insurance topics.¹² In 2007, the U.S. poverty threshold for a family of four with two children was \$21,027. (150 percent of the FPL=\$31,540.50; 200 percent of the FPL = \$42,054) (see Table 1 in Appendix A).¹³ The annual poverty rate, as defined by the U.S. Census Bureau, is distinct from the federal poverty level (FPL)—also known as the **poverty guidelines**—a measurement produced annually by the Department of Health and Human Services.¹⁴ While poverty thresholds are used by the U.S. federal government for statistical purposes, poverty guidelines are used by governmental and non-governmental service providers to establish eligibility for means-tested programs.[†]

Box 2: Measuring poverty in the United States

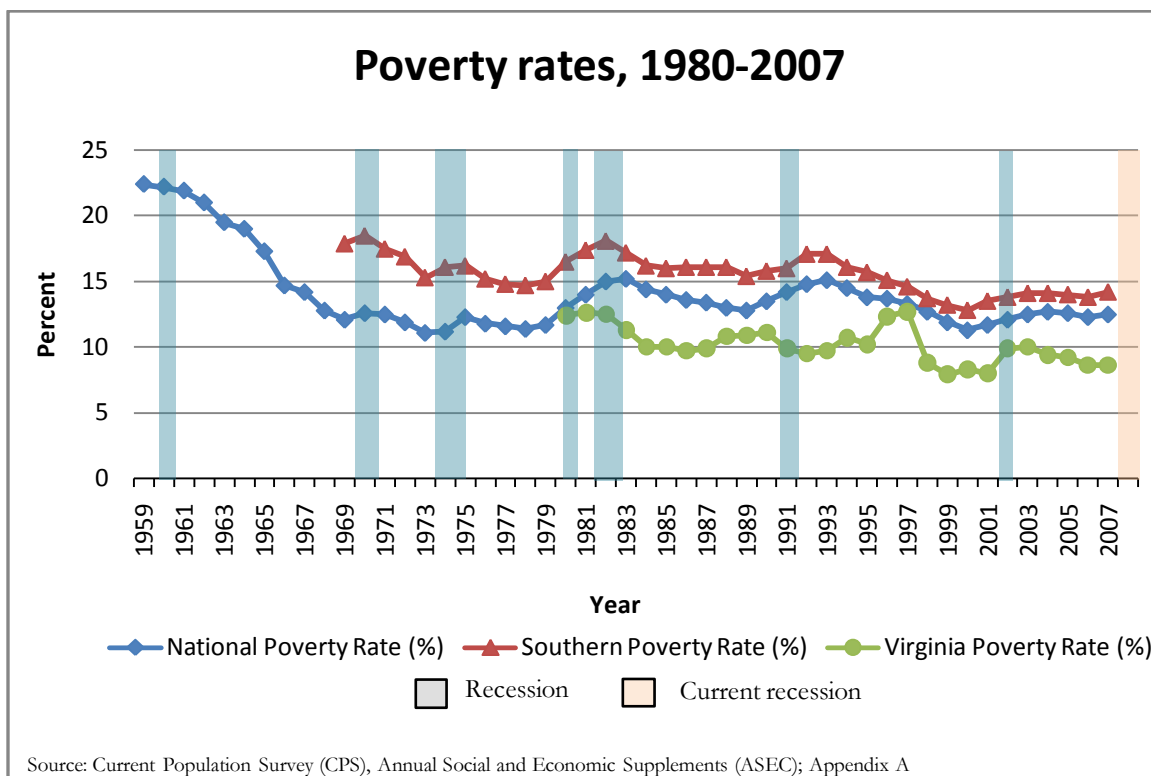
The United States government employs an absolute measurement of poverty known as the **poverty threshold**. An individual in the United States is officially considered “poor” by the federal government if he or she is the member of a family whose total income is less than that family’s threshold as defined by the U.S. Census Bureau. The poverty thresholds are distinct from the federal poverty guidelines—also known as the federal poverty level (FPL)—a measurement produced annually by the U.S. Department of Health and Human Services.¹⁵ While poverty thresholds are used by the U.S. federal government for statistical purposes, poverty guidelines are used by governmental and non-governmental service providers to establish eligibility for means-tested programs.

Figure 1 shows changes to the national, Southern, and Virginia poverty rates in diachronic perspective (1959-2007) as defined by the United States’ income-based measure. Comparing these data series to the incidence of recessionary periods (denoted by blue and orange bars) shows that poverty rates are, generally speaking, responsive to fluctuations in the business cycle. Rates typically increase in the months during and after economic contraction and decrease during periods of sustained economic expansion.

The national poverty rate increased from 2006 to 2007. According to the U.S. Census Bureau’s Annual Social and Economic Supplements (ASEC) of the Current Population Survey (CPS), in 2007, 12.5 percent (37.3 million people) of the U.S. population lived in families whose incomes fell below the federal poverty threshold, a statistically insignificant increase over the 12.3 percent (36.5 million people) rate in 2006.¹⁶ This data, which measures year-to-year changes in the number of individuals living in families whose annual incomes fall below their respective federal poverty thresholds, should be viewed as a lagging macroeconomic indicator. According to NBER economists, the most recent expansionary period peaked in December 2007.¹⁷ Because the 2008 poverty rate is based on CPS ASEC surveys between March 2007 and March 2008, this data likely understates the poverty rate today. The historical trajectory of poverty rates can be characterized in two principal ways: first, the 1960s marked a period of dramatic poverty reduction—from approximately 22

[†] Programs that use the HHS poverty guidelines to determine program eligibility include the Community Services Block Grant, Head Start, the Low-Income Home Energy Assistance Program, State Children’s Health Insurance Program (SCHIP), the Supplemental Nutrition Assistance Program (formerly, the Food Stamp Program), and the National School Lunch Program, among others. Notable means-tested services that do not use the poverty guidelines to establish program eligibility include Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Section 8 low-income housing, and the Earned Income Tax Credit (EITC).

percent in 1959 to 11.1 percent in 1973. And second, the national rate has remained fairly flat from the early 1970s to the present. The national poverty rate in 2007 was the same as the rate in 1971.



Source: Current Population Survey (CPS), Annual Social and Economic Supplements (ASEC); Appendix A

Figure 1: Poverty rates, 1980-2007

The national increase in poverty (2006-2007) was largely a function of expanding poverty rates in the Southern and Western regions of the United States, as well as increasing youth poverty rates. Poverty rate increases in the West (11.6 to 12 percent) and South (13.8 to 14.2 percent) more than offset the decreasing percentage of individuals in poverty in the Northeast (11.5 percent to 11.4 percent) and Midwest (11.2 to 11.1 percent). The South remains the most impoverished geographic region in the United States—a position it has held since regional data collection began in the early 1970s—with nearly 15.5 million people living below their respective poverty thresholds in 2007. This represents the largest percentage of the population in poverty since 1997. Disturbingly, the Southern poverty rate was higher at the peak of the most recent business cycle than it was during the last recession—compelling evidence that the rewards of growth are distributed unevenly even during periods of formidable economic expansion. The national poverty rate increase is also explained by a higher youth poverty rate (under 18), which rose to 18 percent in 2007 from 17.4 percent in 2006.¹⁸ Poverty rates for American adults (18-64) did not change between 2006 and 2007 (10.9 percent), nor did the percentage of the elderly (65+) in poverty (9.7 percent).¹⁹ **In Virginia, poverty remained constant at 8.6 percent between 2006 and 2007, far below the national average.** Only New Hampshire (5.8 percent), Hawaii (7.5 percent), and Alaska (7.6 percent) observed lower poverty rates last year.²⁰ In terms of continued long-term poverty reduction, longitudinal data show that Virginia competes favorably with national and regional rates. Much of the state's success in sustaining reductions in poverty can be attributed to explosive growth in the Washington, D.C., suburbs throughout the 1990s.

Measuring income and poverty-related data in the Rockbridge area is problematic for a number of reasons. The most accurate and recently released available data comes from the 2005 Small Area Income and Poverty Estimates (SAIPE), which models income and poverty data from the results of the Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS) using a number of inputs—decennial census data, federal income tax returns, number of food stamp recipients, personal income estimates from

the Bureau of Economic Analysis, and SSI data, among others.[‡] Statistical analysis of income and poverty estimates in the Rockbridge area is particularly complicated. First, the area has fewer than 65,000 people, which means it's excluded from the American Community Survey (ACS)—future SAIPE estimates for Lexington City, Buena Vista City, and Rockbridge County will be significantly less accurate. Second, there is considerable jurisdictional overlap—some data efforts consider Lexington and Buena Vista as separate, semi-autonomous, independent cities, while others include the two in statistical measurements of Rockbridge County. Third, the area includes a sizeable population of unrepresentative, temporary residents: students. While the area's institutional populations (i.e., those living in dormitories and barracks) are excluded when measuring the number of individuals below their relevant poverty thresholds, a sizeable number of W&L students live off-campus in Lexington. Students at Southern Virginia University in Buena Vista tend not to skew this data, since all enrolled persons under the age of twenty-four are required to reside in on-campus housing, which is excluded from Census Bureau calculations.²¹ Similarly, cadets at the Virginia Military Institute must live on campus for the duration of their tenures.

Figure 2 compares poverty rates for the United States, Virginia, Rockbridge County, Buena Vista, and Lexington. The SAIPE data show that, in 2004, the Buena Vista City poverty rate was 11.4 percent, the Lexington City Poverty rate was 15.8 percent, and the Rockbridge County poverty rate was 9.3 percent—this compared with a Virginia rate of 9.5 percent and a national rate of 12.7 percent. The reported Lexington City rate is believed to be unrepresentative of the actual poverty rate in the area because of the distorting effect that the non-institutional population has on income data. During the Rockbridge Community Forum on Poverty at W&L this past October, Dr. Harlan Beckley, Director of the Shepherd Program, pointed out that law students living in off-campus apartments within Lexington city limits likely skew the Census Bureau's official poverty estimate and most quantitative models because these individuals frequently report little to no income.²²

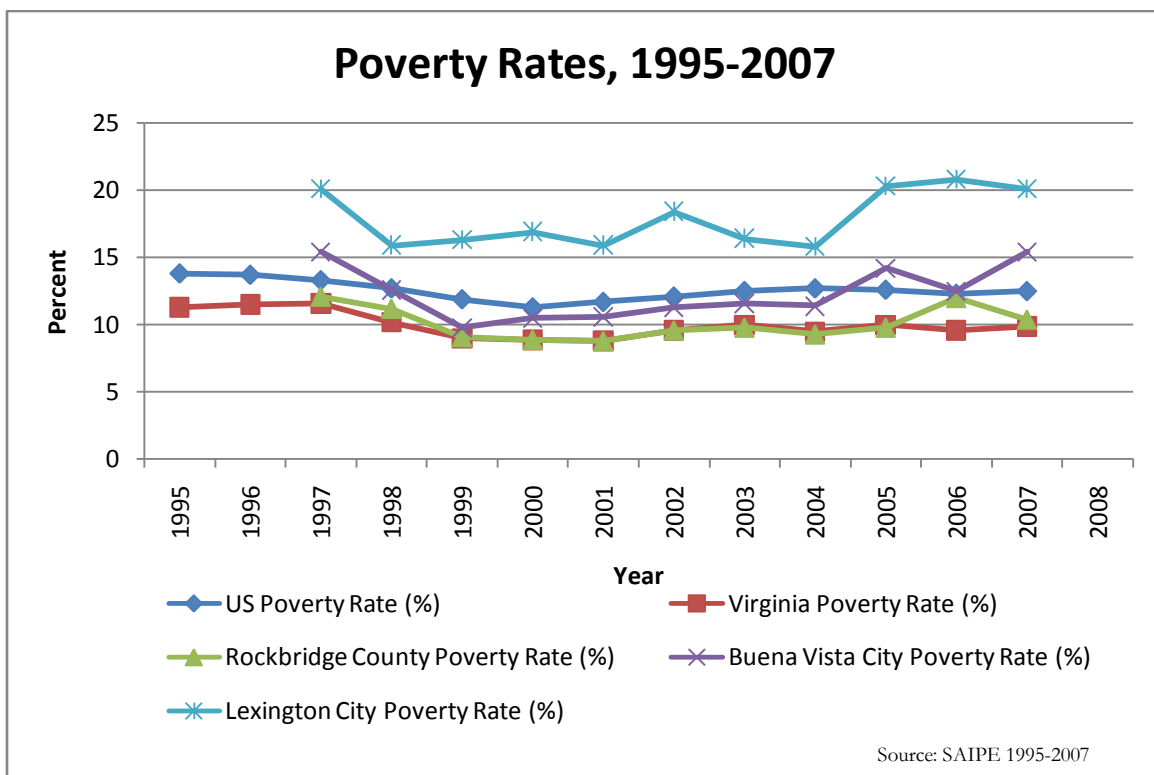


Figure 2: Poverty rates, 1995-2007

[‡] Beginning in 2005, the Small Area Income and Population Estimate data is derived from the American Community Survey—consequently, SAIPE data for 2005 and later should not be compared to SAIPE data from 2004 and earlier. For more information, see <http://www.census.gov/hhes/www/saie/data/model/info/index.html>.

Median income statistics are similarly misleading. Figure 3 represents median income at the state, county, and city levels as a percentage of the national median income. While Virginia ranks well above the national median income, Rockbridge County and Buena Vista hover around the eightieth percentile. Again, Lexington appears to be well below the county median. It is the general belief that while CPS ASEC data (and all census data) excludes institutional populations (e.g., students in dormitories, prisoners, and residents of assisted living facilities), it does not exclude students living in off-campus housing. But this hypothesis is likely incorrect, given the Census Bureau’s methodological explanation that “CPS ASEC treats college students as residing in their parental homes.”[§] A second more probable hypothesis argues that CPS may exclude undergraduate students, but not the law school population from the “poverty universe”—the group of individuals for whom poverty status can be definitively determined.^{**}

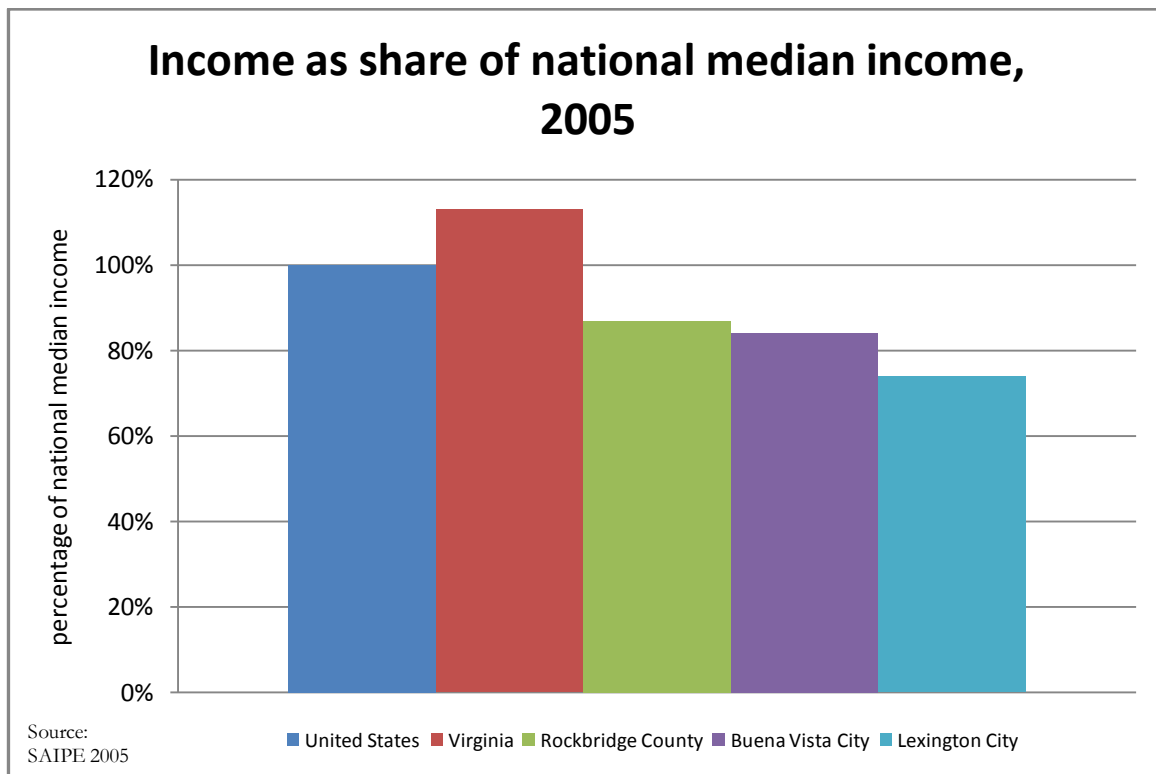


Figure 3: Income as share of national median income, 2005

[§] More from the Census Bureau: We derive state level estimates of the poverty universes for intercensal years in five steps: First, we compute 3-year average ratios of the CPS ASEC poverty universes to the CPS ASEC populations of each state directly from the CPS ASEC. The CPS ASEC population includes the civilian non-institutional population of the United States and members of the armed forces in the United States living off post or with their families on post, but excludes all other members of the armed forces. In addition, the CPS ASEC treats college students as residing in their parental homes. For more, see <http://www.census.gov/hhes/www/saipe/data/model/info/cpsdenom.html>.

^{**} Individuals younger than fifteen, for example, are excluded from the “poverty universe.” See <http://www.census.gov/hhes/www/poverty/definitions.html>.

Figure 4 shows the percentage of children ages five to seventeen in families that are currently living in poverty. This statistic helps shine some light on Lexington's possibly skewed overall poverty rate since it controls for law school students. In 2007, Lexington's poverty rate for children 5-17 (9.3 percent) was well below the rates in Rockbridge County and Virginia, which were both 11.9 percent. Buena Vista's rate during the same year was 15.5 percent, well above the state average but below the national average of 16.4 percent. Based on this data, it would be accurate to characterize poverty as a much more serious problem in Buena Vista than in Rockbridge County or Lexington, though the upward-trending rates in all three jurisdictions—particularly in Lexington City and Buena Vista City—during a period of macroeconomic growth should be troubling.

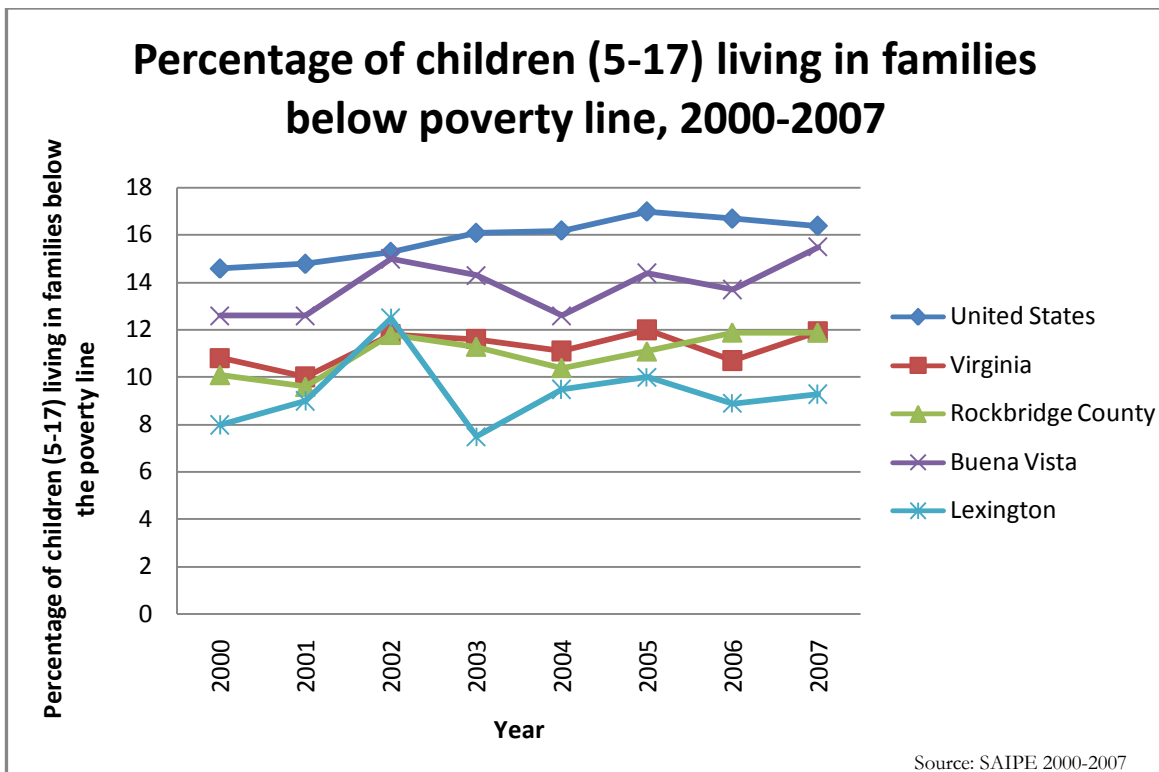


Figure 4: Percentage of children, ages 5-17, living in families below the poverty line, 2000-2007

Figure 5, which shows the poverty rate for all children under 18 years of age, also supports the hypothesis that Washington and Lee law students distort the overall poverty rate in Lexington City. In 2007, the poverty rate for all persons under 18 years of age was around 13 percent in Lexington, Rockbridge County, and the state of Virginia. Buena Vista's poverty rate for the same demographic group was an astounding 18.7 percent, eclipsing even the national rate (18 percent).

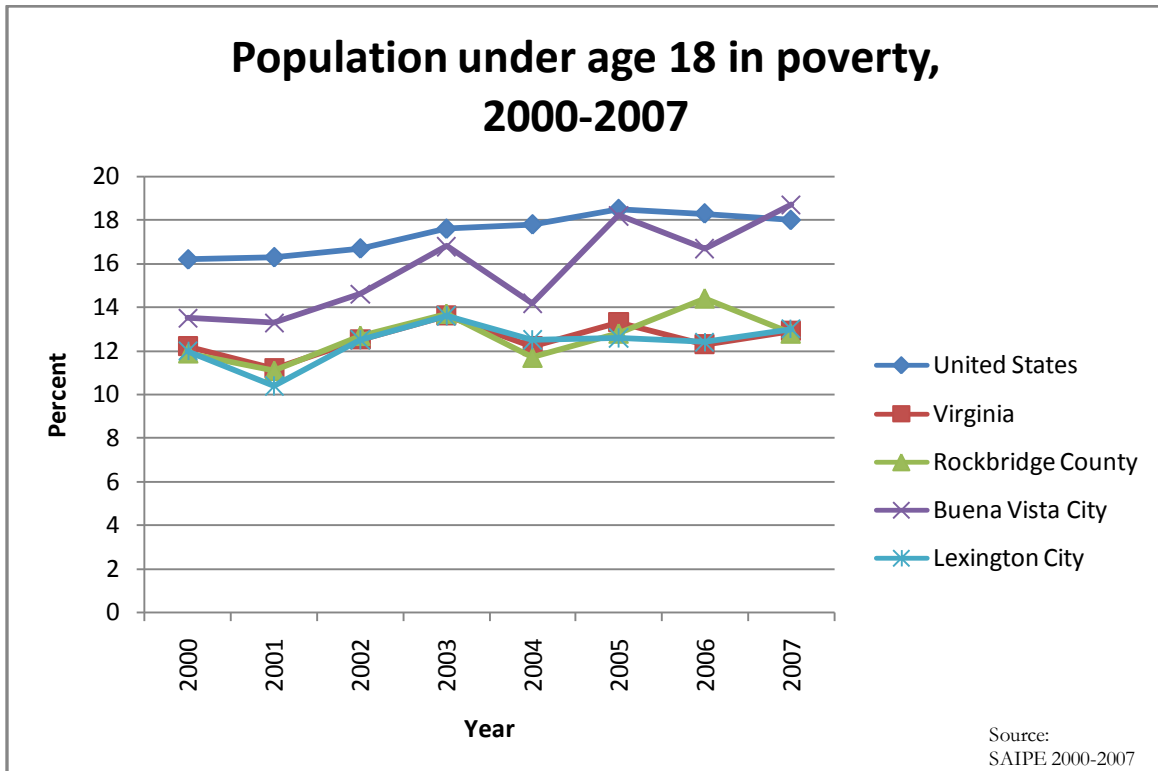


Figure 5: Population under age 18 in poverty, 2000-2007

Reduced and free lunch statistics from the Virginia Department of Education (shown in Figure 6) also control for the graduate student population and show similar findings. [Note again that year-to-year comparisons are meaningful only between years 2000-2004 and 2005-2007 because of methodological changes at the end of 2004]. During the 2007-2008 school year, only 16.12% of the Lexington student population qualified for and received reduced or free lunch under the federally supported National School Lunch Program (NSLP), while nearly one in three students in Rockbridge County schools, Buena Vista schools, and schools across Virginia qualified and received reduced or free lunch benefits.

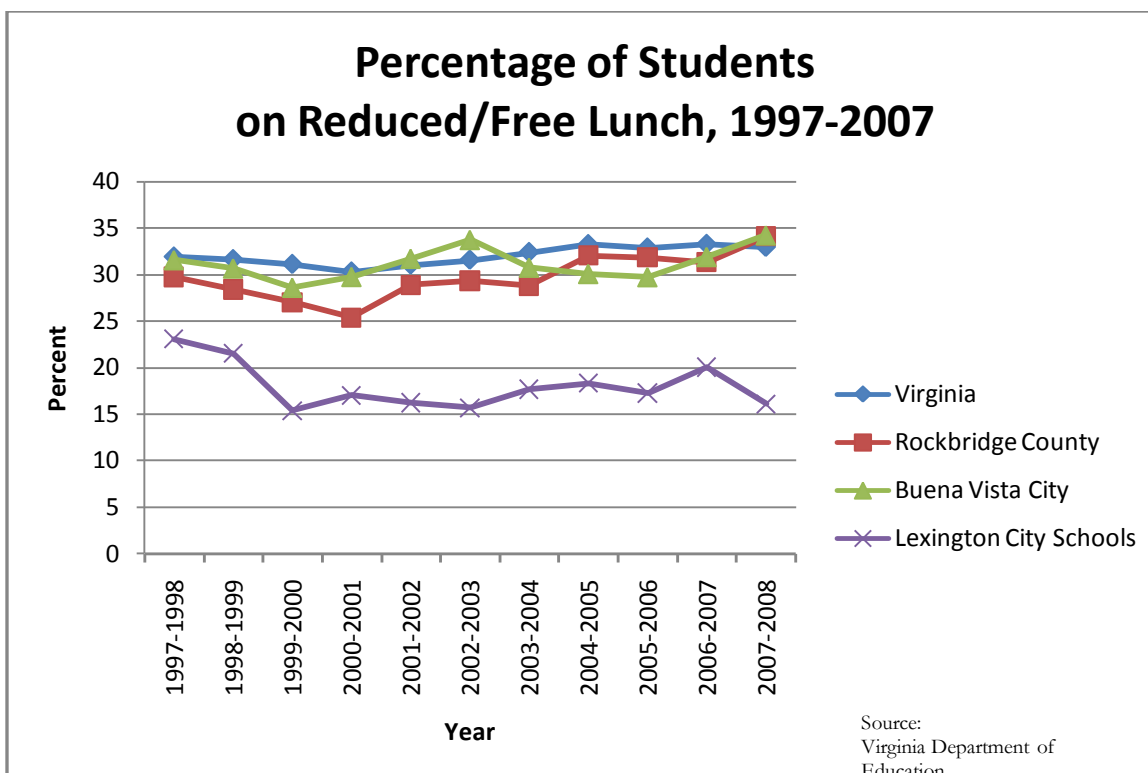


Figure 6: Percentage of students qualifying for reduced/free lunch, 1997-2007

Is poverty increasing or decreasing in the Rockbridge area? Are service providers meeting the needs of the poor? More importantly, is our community making headway in reducing the number of impoverished individuals in the area? As one agency director asked: “are we swimming, treading water, or drowning?” These are all difficult questions without any obvious or readily available answers. Part of the challenge we and others have in assessing poverty data is that all of our statistical tools and indicators are lagging, producing useful data months—and in some cases, years—after even the subtlest of changes in the economy. The full effect of the current economic downturn on the impoverished is still virtually unknown and variable. There is considerable and growing evidence, however, that our faltering macroeconomy has prompted an increasing number of people in the Rockbridge area to rely on the social safety net for basic necessities. Anecdotal evidence from service providers in the Rockbridge area confirms that this phenomenon is playing out in our community:

- Kitty Brown of the Rockbridge Area Relief Association (RARA) said that in October 2004, her agency’s food pantry served 100 families. In October 2008, this number more than quadrupled, and the pantry met the needs of 438 families.
- Meredith Downey of the Rockbridge Department of Social Services indicated that her agency has received almost as many applications for fuel assistance in a two month period this year as it usually receives during the course of an entire year.

- Employees at the Rockbridge Area Community Services Board could not definitively say whether or not they had seen an increase in the number of unique individuals served, but they could unequivocally say that existing clients were making more demands on their services with repeat visits and requests for increased assistance.

Impressionistic evidence from the Rockbridge Community Forum on Poverty in October also suggests that the nationwide foreclosure crisis has had a major impact on the Rockbridge area community. One participant said s/he felt that those who fall far below the poverty line (known in the literature as deep poverty) are coping much better with the changing economic landscape than others, simply because they have already learned to live with less and usually do not own property that would be affected by the current housing crisis. One agency leader who provides housing assistance to the poor said in an interview that s/he has had no calls concerning predatory lending and has only had a few people call concerning sub-prime mortgages, where their monthly mortgage payments may have jumped from \$400 to \$1,200 per month. Several service providers suggested that the aftermath of the mortgage meltdown may be felt in other indirect ways: tighter credit restrictions, falling home prices, and upside down mortgages. **Thus, while it is still unclear that poverty in the community is becoming “worse”—quantitative data has not been released that shows an increasing number of people below their poverty thresholds—conversations with community leaders have underscored the fact that the number of those in need is growing.** Nearly all expected the demand for services to increase further as the current economic climate grows grimmer.

Two | Features of Rockbridge Area Poverty

Poverty is not a universal experience. Despite the fact that our country's poverty thresholds do not account for costs associated with geography, evolving living standards, or the generosity of state social safety nets, the reality is that poverty means different things to individuals living in disparate areas of the United States. In an attempt to more fully and completely understand poverty in Buena Vista, Lexington, and Rockbridge County, we conducted focus groups and interviews with multiple leaders of community agencies over the course of three months. Several themes recurred throughout these conversations and provided insight into the specific issues that this community is facing.

Rural poverty is, in many ways, more difficult to eradicate than concentrated urban poverty. The causes, consequences, and features of poverty in the Rockbridge area give way to unique problems.

All of the quantitative and qualitative data suggest that three issues should be at the forefront of discussions about poverty issues in this community: transportation, housing, and employment. In our research, it became obvious that both the lack of transportation and jobs needed to be looked at with greater depth and must be alleviated before other issues can be truly solved. According to many interviewed, the Lexington job market is bifurcated into low-paying, minimum wage service jobs and high-paying University employment, with “nothing in between.” Participants argued that many in the community feel that “outsiders” come in and take the good jobs, while locals are forced to accept low-paying service sector employment. One leader who provides health care services opined that infrastructure problems, combined with the area's persistent underinvestment in human capital, make the prospect of new business and enterprise development dismal. While one participant argued that there exists a steady base of manufacturing jobs—particularly in Buena Vista—others seemed to think that the sun had long set on manufacturing as a viable economic path for this community.

While the incidence of “deep poverty”—a large percentage of the population living at 50 percent or less of the poverty line—is not substantial, the “working poor” phenomenon is widespread and pervasive. The issue of the working poor came up frequently during the Rockbridge Community Forum on Poverty at W&L in October. The problem, agency directors argued, is not apathy or indifference. One professional said that “in a lot of cases there are people who work hard to be employed,” but because of various demands that interfere with the work schedule—transportation and child care, to name a few—they frequently move in and out of jobs. Many indicated that a large number of people in the Rockbridge area have little education, and as a result, few opportunities to “get ahead.” Consequently, “people get stuck here.”

Participants in the Rockbridge Community Forum on Poverty underscored the salience of the “poverty trap” in this area: the prevalence of intractable, intergenerational poverty. Multiple service providers described what is referred to in the literature as “the poverty trap”—a condition characterized by low income, acute underdevelopment of human capital, and dependence on formal transfers and in-kind assistance and/or a loosely organized network of informal providers (e.g., boyfriends/girlfriends, churches, etc.). Many complained about the negative incentives associated with lifting these individuals out of the morass of poverty. “When someone starts to get out of that poverty level they qualify for less and end up living off worse,” one participant said. Others indicated that they observe intergenerational cyclicity, another hallmark of the “poverty trap.” One agency leader who provides housing assistance pointed out that:

some of it is generational. There are people whose grandparents, great-grandparents were born in poverty and they have for whatever reason, they haven't been able to break out of that. I mean, it is how they were raised. It's all they have ever known and they tend to think that this is all life is...so I do think that it is an educational thing and a generational thing that is keeping them in poverty because they have never known another way of life.

Unique cultural dynamics may exacerbate income inequality in the Rockbridge area. Prevailing cultural attitudes in the Rockbridge area may worsen many of the problems associated with poverty. One participant at the community forum spoke repeatedly of a “caste system” and a “patriarchal system” in which prejudice colors the interactions between some social service providers and aid recipients. S/he highlighted the experiences of several impoverished persons at a particular local medical facility that treated Medicaid recipients “differently” than those who could afford services out of pocket.

Three | Identifying Problems and Assessing Needs

A survey was sent to area service providers in order to gain a better sense of local services and providers' perceptions of community issues. The survey had a 73 percent response rate. A list of forty-one agency leaders was initially drawn up based on directories from the Rockbridge Area Information Line (RAIL), a referral system that area residents can access on-line and via telephone. Depending on the size of the agency, multiple individuals representing different divisions within the organization were contacted. Thirty individuals were reached by phone or e-mail and told about the survey. The other 11 remained elusive for various reasons: the agency had a disconnected phone; the agency was no longer in operations; or an agency leader did not return messages. An electronic survey was sent to agency leaders, asking them to provide some background on their agencies, to describe the role the agency plays in the community, and to rank highlighted community issues (e.g. health care, transportation, education, etc.). (A copy of the survey is provided in Appendix B). Twenty-two agency leaders representing 17 different agencies completed the survey over a period of two months.

Local agencies provide a variety of essential services in the community and survey participants were representative of this. Agency leaders were asked to check all services that they provide, and most agencies indicated that they provide several services. (Table 1 provides an overview of the agencies that survey participants represented.)

Table 1: Services survey respondents provide

Service provided	Number of agencies/agency divisions providing service
Child Care	3
Educational Services	8
Food Assistance	7
Fuel Assistance	4
Healthcare	4
Housing Assistance	4
Job Training	5
Language Translation Services	3
Transportation Services	6
Services for At-Risk Youth	7
Services of the Elderly	9
Services for the Mentally Disabled	8
Services for the Abused	7
Services for the Physically Disabled	9
Other services (e.g. counseling, information dissemination, shelter, prevention services, homeownership assistance, etc.)	17

Survey participants were asked to report what they considered to be the most pressing issue in the Rockbridge area; only 21 participants responded. (See Figure 7). One agency leader said that all issues “should be treated equal at all times.” Several responders reported more than one issue. **Under-employment/unemployment was considered to be the most pressing issue**, with one-third of responders citing it as the most pressing issue that the area was facing. **Transportation was the second**

most important issue, with four survey participants saying they felt it was the most important issue. **Health care and wellness and quality of housing were considered the third most pressing issues** with one-eighth of responders saying they felt that both issues were individually the most pressing issues in the community.

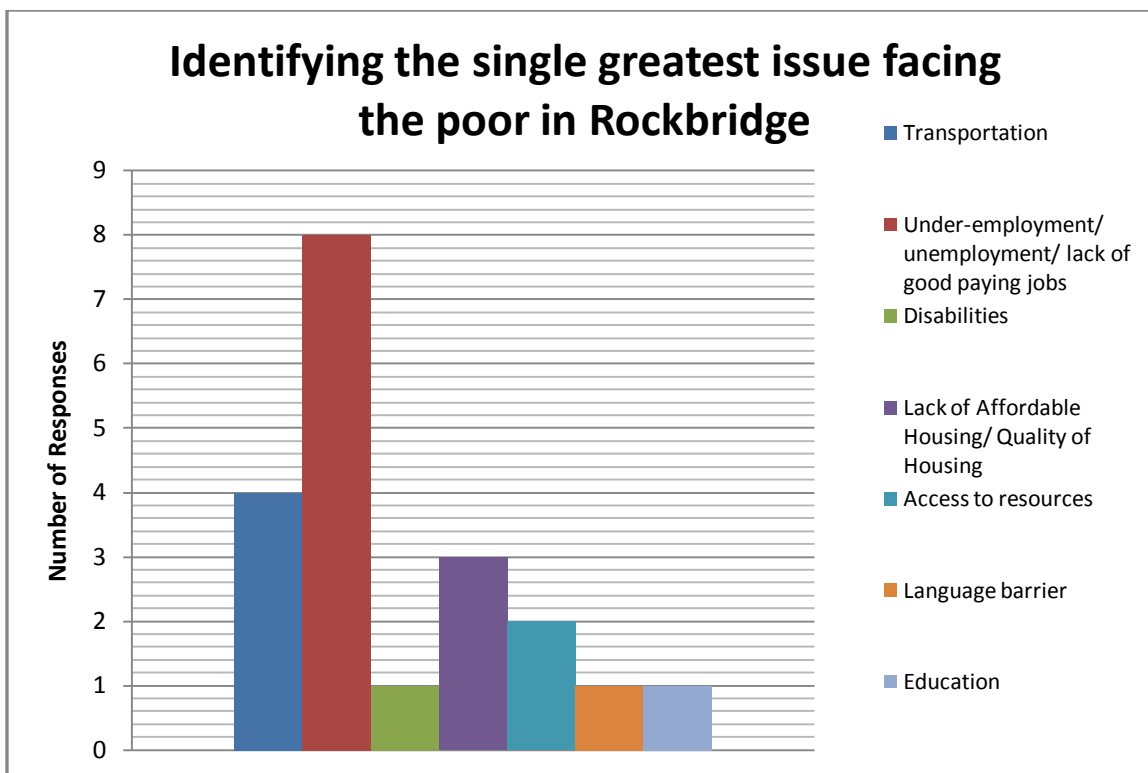


Figure 7: Identifying the single greatest issue facing the poor in the Rockbridge area

Agency leaders were asked to **identify existing connections and partnerships with other agencies in the area and if there were any untapped relationships that they felt would benefit their agency and would like to see formed in the future.** Answers to the first question were not as insightful as we had initially hoped. It became apparent in analyzing the data that some respondents may not have fully understood the question, and in the end, this information was excluded from the analysis. (Most survey participants answered the second question about future agency connections with “unsure.” It became clear early on that the two questions should have been worded differently in order to elicit different types of responses).

Another methodological concern arose from the fact that several important issue areas were neglected during the surveying process. For example, specialists in education and indigent legal services were not surveyed, though other research has found these areas to be of critical concern. The impact of poverty on a child’s ability to enter school prepared and ready to learn, for example, is well documented in the field. **Finally, one other limitation of the study is that the data primarily draws on the perceptions of service providers and not from the poor themselves.** That being said, gathering quality data from those who provide services directly to individuals and families facing some aspect of poverty is the next best methodological approach since it minimizes conflicts of interest, reduces the burden imposed by the Institutional Review Board (IRB) at Washington and Lee, and represents the most feasible means of exploring this issue given time and resource constraints.

The most beneficial information from the survey came from asking participants to rank the severity of issues that the community was facing and how effective the community's response was at minimizing or solving these issues. After analyzing the information, we concluded that the numbers might be biased depending on an individual's involvement with an issue. (For example, a community leader running an agency that provides housing assistance may rank housing as being more severe than other issues simply because he or she faces housing-related problems more frequently.) As a result, the data were separated and two analyses were run: one containing the rankings of all respondents and another that removed those agency leaders who provided services related to the issue. The variance between the two analyses was smaller than predicted.

Participants were asked to rank the severity of issues on a scale of 0 to 5.0, with 0 meaning "not severe" and 5.0 denoting an "extremely severe" problem. (See Figure 8). Transportation was considered to be the most severe issue, receiving a ranking of 4.0 when all participants were included, and a 3.9 when transportation service providers were removed from the analysis. Health care and housing were almost equal in severity, according to respondents.

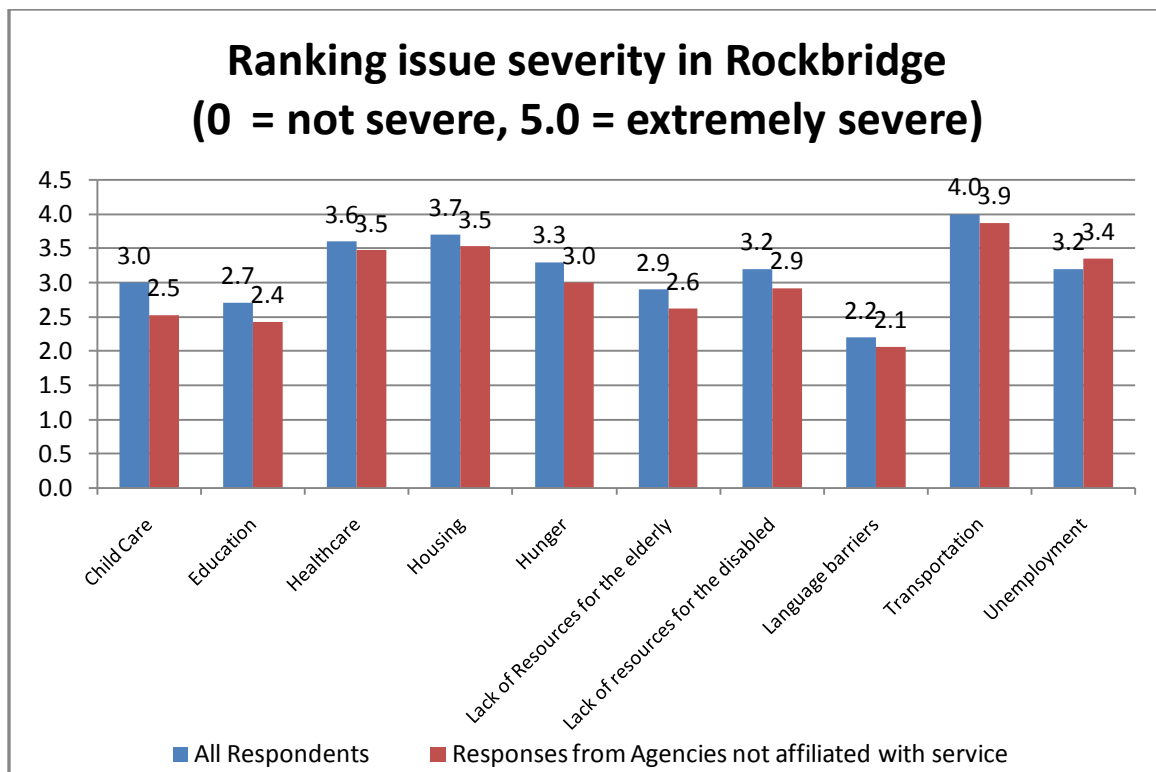


Figure 8: Ranking issue severity in the Rockbridge area

Next, participants were asked to rank the effectiveness of the community's response to the various issues on a scale from 0.0 to 5.0, with 0 signaling a policy with "no effect" and 5.0 indicating an "extremely effective" policy response. (See Figure 9). The community's efforts to deal with employment issues were considered to be the least effective. Child care and housing also ranked low in effectiveness. The community's efforts to overcome poor education and to provide resources to the disabled were considered to be the most effective of the selected issues. (See Appendix A, Figures 2-5 for raw data)

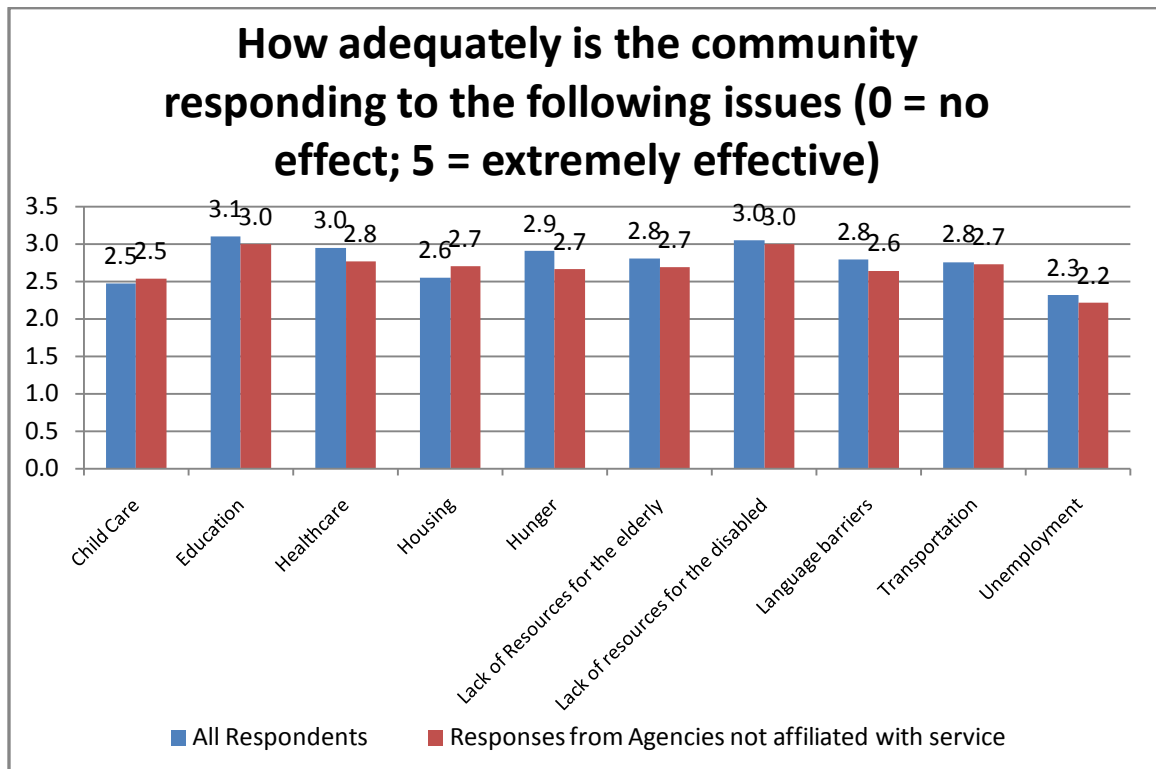


Figure 9: Community's response to highlighted issues in the Rockbridge area

Four | Transportation

Transportation is a particularly complex issue for the poor living in rural communities like the Rockbridge area.²³ Many jobs held by low-income individuals call for work during “non-public” hours, and many impoverished persons are dependent on child care and public transportation, which typically do not accommodate odd or irregular schedules. Most agency leaders who participated in this study cited the lack of transportation options as one of the most pressing issues that this community faces. Table 2 shows the percentage of individuals who do not have regular, permanent access to a private motor vehicle. Rockbridge County compares favorably to the state percentage of individuals without access to a vehicle (4.7 percent compared to 7.7 percent), but a startling 14.2 percent of individuals in Buena Vista and Lexington report that they do not own a vehicle—nearly double the state average. While both cities register well on “walkability indices”—measurements of how “walkable” a town or city is—many essential services fall outside of walking range and can only be accessed by vehicle. Walking to the Rockbridge Area Free Clinic, for example, poses serious challenges to those without a car.

Table 2: Rockbridge area residents without private motor vehicles

	Virginia	Rockbridge County	Buena Vista City	Lexington City
% without vehicles	7.7	4.7	14.2	14.2

Source: U.S. Census Bureau, Census 2000 Summary File 3, Matrices H6, H18, H20, H38, H40, H42, H43, and H44.

It’s imperative to acknowledge the bidirectional relationship between transportation and employment. Without transportation, many people are unable to secure and maintain stable employment. Absent a public transportation network, individuals without employment are typically unable to independently afford transportation (i.e., a motor vehicle). Participants across various focus groups and interviews indicated that transportation prevents people in the community from accessing affordable jobs. The issue is further compounded as individuals seek more affordable housing available away from population centers in the county where most of the community’s jobs are located. This was characterized by one service provider as being “a major problem” that s/he has seen on several occasions. Several representatives of one agency that provides services to the disabled said that they find themselves pending an increasing percentage of their agency’s budget on ancillary needs like transportation when the money is intended for services directly related to an individual’s disabilities. In terms of this mission creep, one individual said that s/he would like to see “more natural supports, which could be out in the community.” **Unfortunately, the area’s “natural supports”—namely, the demand-responsive (DR) Rockbridge Area Transportation System (RATS)—do not adequately meet the needs of the community.** While RATS does help elderly, disabled, and infirmed populations make medical appointments and take emergency/quasi-emergency trips to the grocery store, there exists no stable public or private transit system for individuals seeking daily, non-emergency rides to work, day care, or to conduct daily business.

There exist significant economic costs to inadequate access to transportation. First, service duplication contributes to delivery confusion—individuals do not know which services are best for them—and wastes significant resources that could be used to assist the poor in other areas. One community leader who frequently uses non-transportation funds to cover the rising transportation costs incurred by her/his non-profit organization observed that “everybody is transporting all over. How can we coordinate that? That’s a solution or at least somewhere where we can look. Are there common routes? Are there common stops that we could bring people to?” As of this writing, the Maury River Senior Center, the Rockbridge Area Transportation System, the Kendal retirement facility, VMI, and W&L each have independent systems of transportation that respond to various organizational needs. Second, inadequate transportation options increases the health care burden on society by deterring preventative doctor visits. Arcury et al. (2006) found that a variety of transportation options correlated with increased preventative visits to physicians in rural areas. Notably, those who utilized public transportation had, on average, four more chronic care visits per

year than the control group.²⁴ Other empirical evidence suggests myriad economic benefits to forming a rural public transportation network, many of which would be directly relevant to an initiative in the Rockbridge community. A 1998 study by the Transit Cooperative Research Program, established by the Federal Transit Administration (FTA), concluded that rural counties with public transit systems, on average, generate 11 percent higher net earnings growth than their counterparts without a public transit system. Based on data collected between 1980 and 1994, the estimated annual economic impact of such systems in rural communities is \$1.1 million annually. Perhaps most importantly, the study found a causal relationship between the construction and maintenance of rural transportation networks and access to essential medical services and independent living arrangements for special populations.²⁵

There exist significant non-economic costs to inadequate access to transportation. One employee of a local social service agency indicated that “[people] would probably be able [to get out more often] if there was transportation.”²⁶ For some populations, like the elderly, disabled, or youth, a lack of public transportation creates involuntary social isolation for many of the area’s most vulnerable residents. Other communities have built rural transportation systems around the disabled. The Pocatello Regional Transit, for example, provides transportation to “a local disabled work center.”²⁷ Anecdotal evidence suggests that participation in summer activities by children and even attendance at church by the elderly is heavily dependent on the availability of reliable transportation. For some within this population, having access to personal vehicles would not solve this issue since they may be unable to transport themselves. One employee of an agency that serves disabled populations said s/he knew of some agencies that provide services to children who have had to limit their activities since they do not have access to transportation. (For example, her/his son knew of several children who were unable to participate in sports and after-school programs simply because they did not have a means of getting home outside of the daily school bus route). A lack of transportation has left many to depend upon a broken and informal transportation system—one provided by friends and families and existing inflexible transportation, such as the school bus. An additional problem is that a lack of transportation confines individuals to a geographic area and limits the flow of individuals and ideas. New and developing technologies enable local rural transportation networks to interface more effectively with state and regional transportation networks. A recently implemented DOT-funded project in New Mexico implemented smart card technology that allowed individuals transfer from rural network to broader networks.²⁸

Investment in a comprehensive, “green” public transportation network in the Rockbridge area offers a potential starting point for renewed economic growth. This down payment on the future livelihood of the community, while costly, will reinvigorate the tourist industry and contribute to sustainable employment. According to a 1998 study on rural transportation by the Transportation Cooperative Research Program (TCRP), nearly 1,200 public transportation systems have been established in rural communities across the United States, many with federal assistance. The governments of Lexington, Buena Vista, and Rockbridge County should pursue the development of a similar transit system. A comprehensive program must include demand-responsive transit (i.e., point-to-point) and circuit/routed service. Empirical evidence shows that **improved public transportation systems reinvigorate tourist-driven communities like Lexington.** In Arkansas, for example, the Eureka Springs Transit System and Hot Springs Intercity Transit ferry tourists and visitors throughout the area.²⁹

Rural transit systems contribute to employment in two ways. First, the construction and maintenance of rural transit systems require construction workers, drivers, mechanics, and support personnel. Second, they provide individuals with a means to get to and from work, allowing able-bodied individuals who otherwise might not maintain employment stay at work. The Northeastern Colorado Transportation Authority’s “County Express” service, for example, “takes riders across county boundaries into regional economic centers for medical, shopping and connections to longer haul trips. Its own staffing needs provide employment and it supports local businesses by using these local vendors for vehicle maintenance work.” Similar evidence of these backward and forward linkages can be found in Connecticut: “The Northeastern Connecticut District has nine commuter runs on which many of the riders are transit dependent and would perhaps be unemployed if this service was unavailable

Five | Housing

Housing was considered to be the third most pressing issue when survey participants were asked directly, but was ranked second behind transportation when agency leaders were asked to rank the severity of issues in the community. On a scale from 0 to 5.0, with zero being “not severe” and five being “extremely severe,” housing received a 3.7 average from all survey participants. (That average drops slightly – to 3.5 – when all agencies providing housing services are removed from the average.)

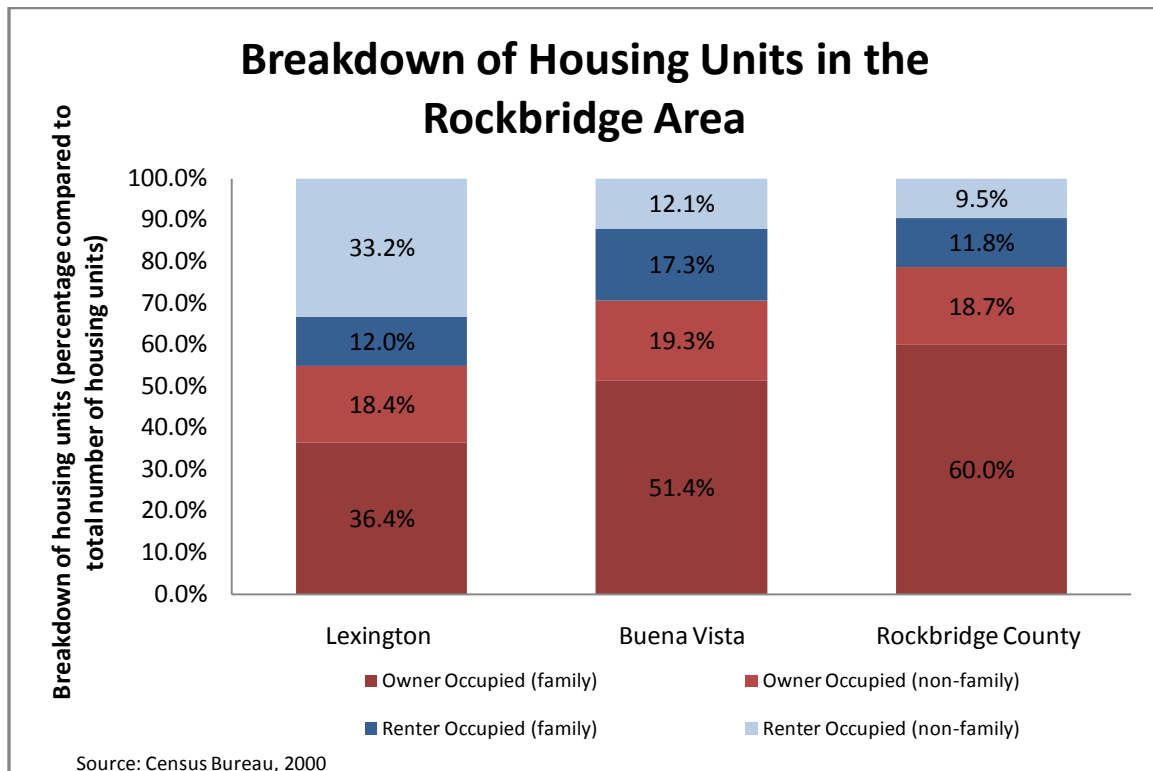


Figure 10: Breakdown of housing units in the Rockbridge area

Background on Lexington housing. According to the most recent Census data, there were 2,232 occupied housing units in the city of Lexington in 2000:

- 1,225 were owner-occupied, with 66.4 percent being family occupants and 33.6 percent being non-family occupants
- 1,007 were renter-occupied, with 26.5 percent being family occupants and 73.5 percent being non-family occupants.

The high percentage of non-family occupants in rental units reflects the large number W&L students who live off-campus. (Nearly half of all students live in housing units dispersed throughout the city and the county).

Background on Buena Vista housing. According to the most recent Census data, there were 2,547 occupied housing units in the city of Buena Vista in 2000:

- 1800 were owner-occupied, with 72.7 percent being family occupants and 27.3 percent being non-family occupants

- 747 were renter-occupied, with 58.9 percent being family occupants and 41.1 percent being non-family occupants.

Background on Rockbridge County housing. According to the most recent Census data, there were 8,486 occupied housing units in Rockbridge County in 2000:

- 6,678 were owner-occupied, with 76.2 percent being family occupants and 23.8 percent being non-family occupants
- 1808 were renter-occupied, with 55.3 percent being family occupants and 44.7 percent being non-family occupants.

Rockbridge County had the highest proportion of owner-occupied housing units.

Several community leaders expressed concerns that the Rockbridge area lacked quality and affordable housing, describing the quality of current housing stock as “very poor.” One local resident who works at an area agency said s/he knew of several people who had problems with the quality of apartments they were renting, including inadequate kitchen facilities and no heat. In a previous housing that s/he rented, s/he had her/his bathroom floor cave in and had to take legal action against the landlord when the landlord failed to take care of the problem and tried to hold her/him financially accountable. One agency director said s/he felt there needed to be stricter mandates on landlords.

Housing stock in the Rockbridge area on average is older than the median age of housing units in Virginia and the United States. According to 2000 Census data, the median year in which Virginia housing was built for owner-occupied units was 1976, with only 8.2 percent of housing units having been built before 1940; the median year-built for renter-owned housing units was 1973, with 9.4 percent of units having been built before 1940. For owner-occupied units in the United States, the average median-year built was 1971, with 14.2 percent of units having been built before 1940; for renter-occupied units, the median-year built was 1969, with 16.3 percent of units having been built before 1940:

- In Lexington, owner-occupied units had a median-year built of 1953, with 30.5 percent of units having been built before 1940, according to 2000 Census data; renter-occupied units had a median-year built of 1957, with 32 percent of units having been built before 1940.
- In Buena Vista, owner-occupied units had a median-year built of 1959, with 23.4 percent of units having been built before 1940; renter-occupied units had a median-year built of 1963, with 19.5 percent of units having been built before 1940. (More than 19 percent of renter-owned housing units were built between 1980-1989.)
- Housing units in Rockbridge County were more closely representative of averages for Virginia and the United States: According to 2000 census data, owner-occupied units had a median-year built of 1974, with 18.9 percent of units having been built before 1940; renter-occupied units had a median-year built of 1966, with 22.9 percent of units having been built before 1940.

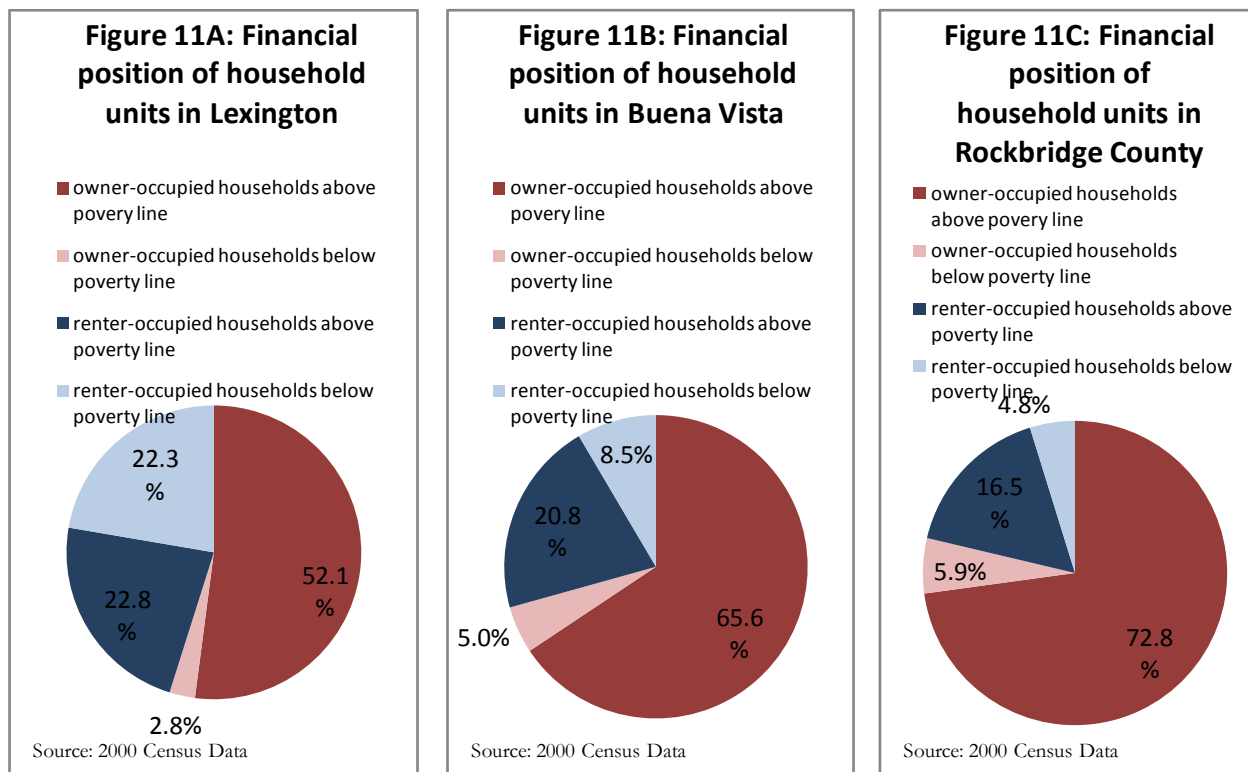


Figure 11: Financial position of household units in Lexington, Buena Vista, and Rockbridge County

The executive director of an agency that provides housing services said the state gives the Rockbridge area \$3,000 annually for emergency home repairs, but that this money does not go very far in repairing the area's older stock of housing. If financial constraints were not an issue, s/he said s/he would like to see an agency that does home repairs, in particular for the elderly.

Some homes in the Rockbridge area lack adequate plumbing and kitchen facilities, according to 2000 Census data. Nearly 187 housing units, or 2 percent, in the Rockbridge County lack "complete plumbing facilities." Approximately 102 units (1.2 percent) in the county lack "complete kitchen facilities." All units in the cities of Buena Vista and Lexington have adequate plumbing and kitchen facilities, according to Census data. Eight housing units in Buena Vista (0.3 percent of units) and 16 units in Rockbridge County (0.2 percent of units) lack any kind of heat.

More than 13.1 percent of housing units, or 1,745 units, in the Rockbridge area are classified as below the federal poverty level. Data for Lexington may overstate the level of poverty, since the categorization of law students as independent students lends for many to be listed as below the poverty level. (See Figures 11A-C)

Community leaders expressed concerns that the cost of rental units may in part be driven up by demand from college and law students. One agency director calls upon the government to place tighter restrictions on renting policies, such as placing a numerical limit on the number non-related tenants allowed to occupy an apartment:

I'm not saying we should not rent to students. That's not what I'm saying. But there has been too much influence on our decision makers who have had too many close ties to Washington and Lee and we should have been restricting the number of non-related people who can live in the home. We

haven't managed that very well...And I understand from a business purpose that if I have a rental property and it's easier to get \$300.00 a bedroom from students than it is to get \$300.00 a bedroom from a working family...I understand that part and I don't blame the landlords. I blame the policy makers and the people who have an ability to have some control over that.

According to the U.S. Department of Housing and Urban Development (HUD), the Fair Market Rent (FMR) for the Rockbridge area in 2009 was as follows:

- Efficiency: \$445
- One-bedroom: \$500
- Two-bedroom: \$557
- Three-bedroom: \$811
- Four-bedroom: \$977

HUD's (FMRS) are used by the agency to determine payment standards for its Housing Choice Voucher program. The rate includes all tenant-paid utilities, such as electricity, water, and heat. HUD currently sets the rate at the fortieth percentile mark – the price point at which 40 percent of standard-quality renter-occupied housing units are available.

Several community leaders touched on homelessness as an issue in the area and that there were few resources available for this population. Some leaders said they saw the effects of homelessness nearly every day. One executive director who deals with housing problems on a regular basis said one barrier to helping this population may be the societal perception of homeless individuals:

I think part of that is that people tend to look at the homeless as the alcoholics, the drug addicts, the mentally incapacitated person. But I see so many young women who have children -- who did not marry the father of the children -- and they had a fight and the boyfriend kicks them out and they have been totally dependent on their boyfriend. And there they are. They have no job. They've got children and they are out of a place to live.

This same executive director, who has been in her/his current position for less than two years, said s/he has had four or five people come into her/his office who had no place to live or were spending the night on a friend's sofa. S/he said s/he has also heard of families living in cars. The number of homeless may be higher than known by area agencies, since individuals may not seek assistance as a matter of pride. (Quantitative data on the homeless is limited and often inaccurate since it is often hard to track numbers for such a transient population)

S/he recommended that agencies and policy makers use the phrase "transitional shelter" instead of "homeless shelter" since the new term would be reflective of an individual "transitioning from one place in life to another." S/he said that offering transitional shelters may actually help to save the community money in the long term, since individuals would save their own money with the goal of moving away from using social services:

I think the transitional housing would really help those who are really struggling now with a place to go and stay and save their money. It's amazing how much free energy -- we spend all our time and energy worrying about our present situation. And that stops us from moving

forward, and so I think if we could spend the time to alleviate that worry then that releases our energy to start improving our situation.

Agency leaders said they were not aware of any subsidized housing in the area. (Some housing is available for those with disabilities.) Some leaders mentioned concerns they had over what available housing there was, such as Habitat homes, which were unavailable to individuals with poor credit. One agency leader, who provides housing assistance, said no one has approached her/his services because of predatory lending and s/he has only had a few people call because of subprime mortgages.

Six | Health and Human Services

The debate over America's health insurance problem consumed much of the nation during the most recent presidential election cycle—and for good reason. Data shows that this is one of the most challenging issues facing America today. **While the percentage of Rockbridge area residents without insurance falls well below the national and state averages, there is a significant disparity in rates between Lexington/Rockbridge County and Buena Vista.** Figure 12 shows the percentage of all individuals without private health insurance (i.e., employer-based coverage) or public health coverage at the national (i.e., Medicare, Medicaid, Children's Health Insurance Program) or state levels (i.e., State Children's Health Insurance Program) based on modeling data from the Small Area Health Insurance Estimates (SAHIE) program. Model inputs include county business patterns, demographic population estimate, tax returns, food stamp participation rates, Medicaid and SCHIP participation rates, and data from the decennial census. Figures are then adjusted to match the poverty universe—those whose poverty status can be determined—from the latest Current Population Survey (CPS). It should be pointed out that health insurance data for the county and municipal levels is difficult to come by and largely incomplete—in fact, the SAHIE program, launched by the U.S. Census Bureau in July 2005, represents the only current attempt to collect data on health insurance coverage at the sub-state level. According to health insurance estimates from 2000, the percentage of uninsured residents in Virginia is lower than the national average (around 12 percent, compared to approximately 14 percent nationally). While the Rockbridge area observes rates well below even the state and national averages, Buena Vista's percentage of uninsured (9.7 percent) appears to be higher than that of Rockbridge County (8.4 percent) or Lexington City (7 percent), though we cannot establish whether or not the variance between rates is statistically significant.

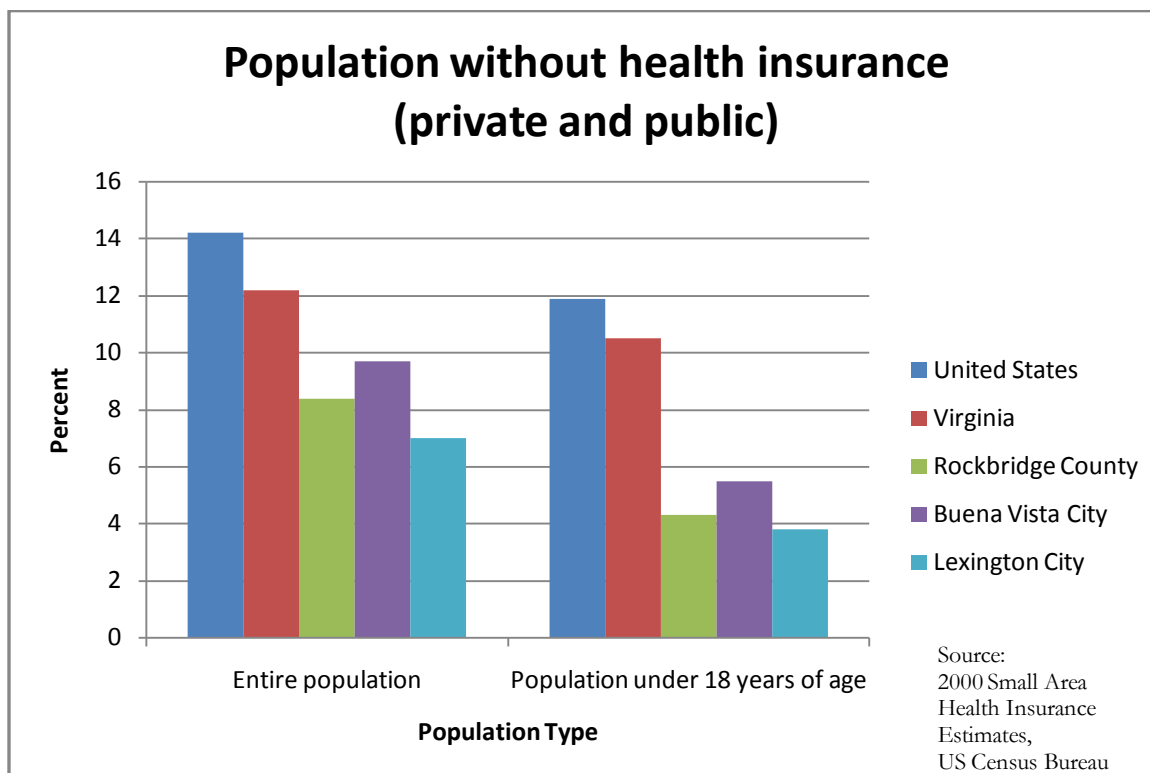


Figure 12: Population without health insurance

The Children’s Health Insurance Program, in conjunction with the Family Access to Medical Insurance Security Plan (FAMIS) and FAMIS Plus—Virginia’s health insurance program for children—account for a significant amount of insurance. Figure 12 also shows the percentage of the youth population (under 18) without public or private health insurance coverage. The U.S. rate is 11.9 percent (as compared to 14.2 percent of the general population), and Virginia has only about one in ten children without insurance. The most impressive differentials, however, are at the county and city levels. When the adult population is excluded from the state average, the percentage of individuals uninsured drops to 4.3 percent—nearly half of the total population rate. After excluding the adult population, rates in Rockbridge County, Buena Vista, and Lexington are 4.3 percent, 5.5 percent and 3.8 percent, respectively. These statistics are highly suggestive of the fact that the federal and state health insurance safety nets for children have been quite effective. Note again, however, that the rate is marginally higher in Buena Vista than in Rockbridge County or Lexington City. Targeted intervention in the Buena Vista community may be warranted.

But just because the health care safety net functions properly does not mean that all needs are met. Anecdotal evidence from area service providers paints a picture of startling and growing need. One agency leader said s/he heard from people who “cannot afford their co-pay of a dollar a prescription because they might have 20 to 25 prescriptions.” The faltering macroeconomy has only exacerbated this problem. One director of a social services agency reports that one doctor informed her/him that a number of individuals have simply stopped coming to see him because they cannot afford the co-pay for the prescriptions he writes³⁰ One employee at a local agency said her/his own daughter has missed several appointments with doctors because she could not afford the upfront cost of the visit—that is, she did not have ample liquidity to wait for Medicaid reimbursement. The same individual acknowledged that many of her/his friends and relatives have cut back on the quantity and size of prescriptions they have filled. S/he said s/he is on “four kind of medications” but “can only afford the main one, which is my blood pressure pill.”³¹ This individual believes that there are only two healthcare resources for the poor: Medicaid from the Department of Social Services, and the Free Clinic, both of which, s/he claims, are already stretched to the breaking point.

Providing services to those with disabilities in rural communities like the Rockbridge area is particularly complicated. Iezzoni, Killeen, and O’Day (2006) surveyed individuals with “sensory, physical, or psychiatric disabilities” in Massachusetts and Virginia and found that a number of issues unique to rural locales place extra burden on these individuals: physician choice (because of the number of physicians and because of the number and quality of care available to those on Medicaid or other public health insurance); lack of personal transportation and a paucity of public transportation options; and a lack of handicapped accessible entrances and exits.³² While rural areas are certainly disparate, the size and relative isolation of a rural location are also negatively correlated with rates of mental health treatment (Hauenstein et al 2007).³³

Leaders in Lexington, Buena Vista, Rockbridge County should look to peer communities for guidance and support. A Community Health Status Assessment of New River Valley, Virginia—an area that is very similar to the Rockbridge area—found a similar need for “health care reform, affordable insurance, and transportation, particularly for after-hours medical care.” While the needs are the same, opportunities for the Rockbridge area to redress these problems are ripe.³⁴

Seven | Employment

Under-employment, unemployment, and lack of good paying jobs were considered on average to be the most pressing issue in the Rockbridge area. However, survey participants, when asked to rank the severity of the issue in the community, gave it an average rank of 3.2, on a scale of 0 being “not severe” and 5 being “extremely severe.” It ranked behind transportation, health care and housing. (This discrepancy may have come out of a lack of clarification. Respondents may believe under-employment and lack of good paying jobs to be more pressing than unemployment in the community)

Overview of the labor force in the Rockbridge Area. In the second-quarter of 2007, more than 14,600 people were employed in the area.³⁵

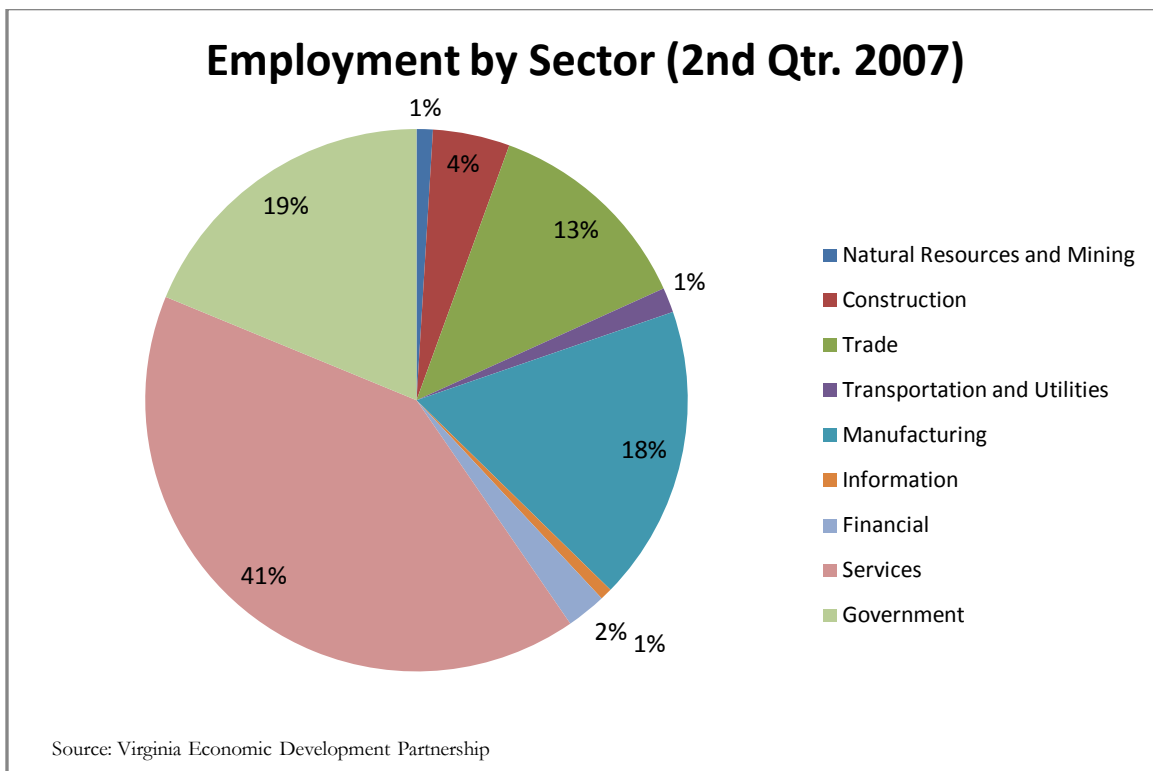


Figure 13: Employment by sector

Employment by sector in the Rockbridge area (see Figure 13)³⁶:

- Natural Resource and Mining: 1 percent
- Construction: 4.6 percent
- Trade: 12.7 percent
- Transportation and Utilities: 1.5 percent
- Manufacturing: 17.6 percent
- Information: 0.7 percent
- Financial: 2.4 percent
- **Services: 40.8 percent**
- Government: 18.8 percent

Most agency leaders agreed that the “good paying” jobs in the community are at the local universities, at manufacturing facilities or in the health field. Several leaders expressed concern that many of the jobs in the community are service industry jobs, which they described as “marginally paying.”

- In 2007, the average weekly wage for a job in the Rockbridge area was \$566.78, or \$29,458.69 annually.³⁷
- The “marginally paying” jobs -- as accommodation and food service jobs are often described as-- made up 11.8 percent of jobs in the area. The average weekly wage for jobs in this sector was only a little more than half the average weekly wage for all industries. Employees holding accommodation and food service jobs made on average \$257.90 a week, or \$12,512.41 a year. (Or 60 percent of the poverty threshold for a household of four.)
- Manufacturing jobs made up approximately 17.5 percent of jobs in the Rockbridge area. Employees in these jobs had an average weekly wage of \$724.14, over \$150 more than the all industrial average for the area. Annual salaries were on average \$37,646.69, 178 percent of the poverty threshold for a household of four.
- Data for health care and university-level jobs is not available at the county and city levels.

One agency leader said that there is little in between service level jobs and university-level positions:

There's a lot of real low level service kinds of stuff, minimum wage kinds of stuff. And then there are university kinds of stuff. And then there's nothing in between. There's not much in between and it's not that there's steps. If you get in at one of those service level jobs, it's going to be a really unusual situation that there's going to be anywhere to move. There's not a lot of room for betterment.

Both poor education and lack of transportation were considered to be barriers to employment by many area leaders. Even if an individual gets a job, according to several agency leaders, it doesn't matter unless the person has access to a vehicle. A lack of a public transportation system may be resulting in individuals going without a job simply because they cannot get to work. Without a job, they cannot afford a car and it becomes a cyclical issue. One agency leader who assists individuals with disabilities in finding work said that there are some employment agencies – both private and government-based – that will not help individuals unless they have access to transportation:

Unfortunately, we are a rural community. So if you have somebody who lives in Goshen and all the jobs are in Lexington or Buena Vista -- if they can't transport themselves to the job, what's the point of trying for the job? Unfortunately that is an attitude that's been adopted by DRS – Department of Rehabilitative Services. So we're not going to serve people in Goshen because they can't get to the job anyway. So there is a whole group of unserved people in our community because of transportation, not because they can't work or because the jobs aren't there.

Other area leaders expressed concerns that the low level of educational attainment in the county may deter new industries. According to Census 2000 data (see Figure 14):

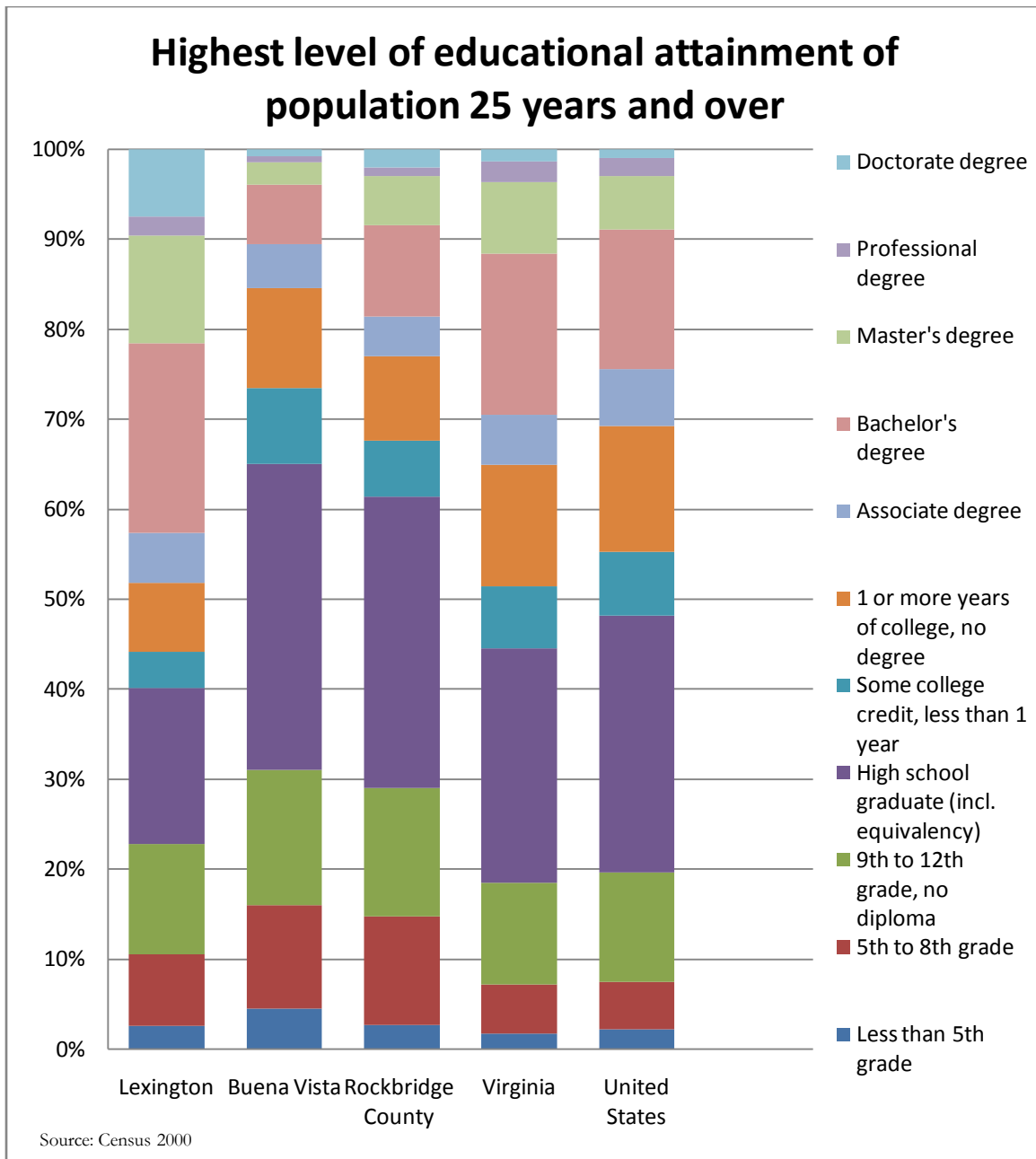


Figure 14: Highest level of educational attainment of population 25 years and over

- 22.8 percent of the population in Lexington 25 years or older did not complete high school. Approximately 42.6 percent of the population has a bachelor's degree or higher. (Because of the two universities, this number should come as no surprise: 11.9 percent of the population in Lexington has a Master's degrees; 2.1 percent have a professional degrees; while 7.5 percent have their doctorate degrees.)
- 31 percent of the population in Buena Vista 25 years or older did not complete high school. Nearly 16 percent of those without a high school diploma did not reach the ninth-grade. Approximately 10.5 percent of the population has a bachelor's degree or higher

- 29 percent of the population in Rockbridge County 25 years or older did not complete high school. Nearly 15 percent of this population did not reach the ninth grade. Approximately 19 percent of the population has a bachelor's degree or higher

This is compared to:

- 17.5 percent of the Virginia population did not complete high school. Approximately 30 percent of the population has a bachelor's degree or higher
- Nationally, approximately 19.6 of the population did not complete high school. About 24.4 percent of the population has a bachelor's degree or higher.

One agency leader described the problem as employees that just “never get ahead”:

I think a huge factor in our area is a lack of education. So they have a lack of opportunities. People get stuck here. And there's a lack of opportunities here geographically.

Another concern raised in focus groups was job loss in the community. Many perceive manufacturing factories as leaving the area in large numbers, as has been seen in other parts of the country. One agency leader, who has been in the county for more than 20 years, says s/he feels like the county has been losing a lot of jobs as of late, in particular decent paying jobs that come with benefits:

And when we start losing those things -- and I think there's also some resistance to having other companies in. I think there's probably some infrastructure issues with this community that prevents larger businesses from maybe being interested in the community. And you combine that with a general population that may not have the education level that the corporations are looking for. It's almost a self-perpetuating problem.

One agency leader raised the point that many local manufacturing jobs will continue to be lost following a trend that has developed nationally: “[Manufacturing’s] not where the future of our economy is going and we have to be ready to transition out of it” s/he said.

Some felt that the community was not as open to economic development as it should be. One agency leader who provides housing services said that s/he has seen several instances where growth was halted simply out a desire by some to maintain the aesthetic beauty of the area:

I think there is a mindset in a certain segment of the county who have moved from other areas and moved back to this area because they like the scenery; they like the slow pace of it, but they are very vocal; they have financial means; and they tend to prohibit other industries – which would have existed wherever they had lived before – but they prohibit those industries from coming in here. A perfect example was the Peterbilt down in Raphine. They wanted a larger sign on the interstate. There was this group that was adamantly opposed of it. Somehow it was going to ruin the scenery. The reality is that nobody rides up and down the interstate for the scenery. They go up and down the interstate as fast as they can. If you want to look at the scenery you take Route 11. So I do think that there is – and I don't want to call it an elitism attitude – but there is an attitude from some of those in the county that don't want to see growth.

Eight | Hunger and Food Insecurity

Despite the fact that the United States remains one of the world's leading economies, controls vast swaths of global wealth, and celebrates one of the highest standards of living in human history, **hunger and food insecurity**—"access by all people at all times to enough food for an active, healthy life"—continue to affect a significant segment of the American populace.³⁸ The United States Department of Agriculture recently revised (2006) its definitions of hunger and food insecurity to more accurately reflect the conditions in which individuals live. **Hunger** refers to "a potential consequence of food insecurity that, because of prolonged, involuntary lack of food, results in discomfort, illness, weakness, or pain that goes beyond the usual uneasy sensation." **Food insecurity** denotes one of two conditions: **low food security** and **very low food security**. In the case of the former, households live with "reduced quality, variety, or desirability of diet. [There is] little or no indication of reduced food intake." The latter indicates "disrupted eating patterns and reduced food intake."

Box 3: Defining hunger and food insecurity

According to the United States Department of Agriculture, **hunger** refers to "a potential consequence of food insecurity that, because of prolonged, involuntary lack of food, results in discomfort, illness, weakness, or pain that goes beyond the usual uneasy sensation." **Food insecurity** is a less dangerous, though problematic condition in which households live without a variety of quality foods and/or consume suboptimal quantities of foods.

Figure 15 shows changes in food security in the United States from 1998-2007. The quantity of both near-insecure and insecure households has steadily risen since 2004. According to the United States Department of Agriculture (USDA), 11.1 percent of the population was food insecure for at least some period of time during 2007, while another 4.1 percent lived on the margins of food security.

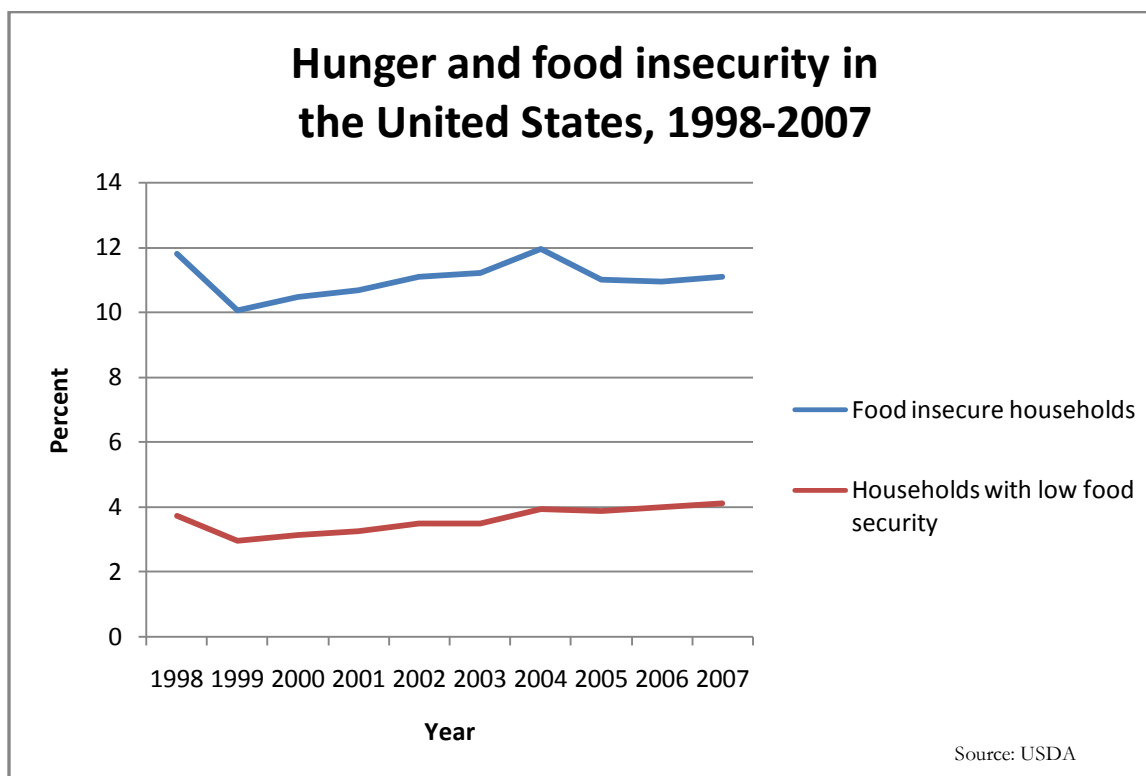


Figure 15: Hunger and food insecurity in the United States, 1998-2007

Interestingly, hunger and food insecurity problems are not constant across the United States and vary significantly from state-to-state based primarily on features of state and local economies.

Virginia's robust farming industry helps depress prices across the state and make most foods more affordable, decreasing levels of food insecurity; for this reason, the state fares well in most analyses. Table 2 compares the percentage of food insecure households in Virginia to the percentage of food insecure households across the United States. The increases in both food insecurity and very low food security in the United States between 2001-2003 and 2004-2006 are statistically significant at the 90 percent confidence level. In Virginia, the decrease in food insecurity is statistically significant between 1996-1998 and 2004-2006 at the 90 percent confidence level. Clearly, Virginia has made great strides in combating hunger and food insecurity over the past decade while the entire country has had parallel success.

Table 3: Food Insecurity in the United States and Virginia, 1996-2006

	Food insecurity (low or very low food security)			Very low food security		
	1996-1998 (average)	2001-2003 (average)	2004-2006 (average)	1996-1998 (average)	2001-2003 (average)	2004-2006 (average)
United States	11.3	11.0	11.3	3.7	3.4	3.9
Virginia	10.2	8.4	7.9	3.0	2.2	2.8

Source: Economic Research Service/USDA <http://www.ers.usda.gov/Publications/ERR49/ERR49appD.pdf>

Unfortunately, small-area estimates of hunger and food insecurity—particularly at the county and city-level—are few and far between. While Lexington, Buena Vista, and Rockbridge County have an array of programs to serve the needs of the hungry and food insecure, local governments would be well-advised to invest time and resources into a formal needs assessment, which would shed light on the extent of hunger and assist with the allocation of resources in the future. This is certainly an issue worth exploring further: **there is no doubt that the economic and social costs of food insecurity are considerable.** Hunger and food insecurity contribute to serious health problems like obesity and diabetes. In Virginia, more than one in four adults was considered obese between 2005 and 2007 (average). Nearly 14 percent of children between the ages of 10 and 17 were obese in 2004. Diabetes afflicts 7.4 percent of the state's adult population.³⁹

State and national safety nets help meet the needs of those who cannot afford to purchase adequate quantities of nutritious foods; it should be noted that the current recession has placed an added burden on this network of resources. As unemployment rates reached record highs in December 2008, some 31.6 million Americans qualified for and received benefits under the Supplemental Nutrition Assistance Program (SNAP), formerly known as "food stamps." A report produced from the 2007 Virginia Food Security Summit at the University of Virginia indicates that 6.5% of the Virginia population used food stamps to purchase food every month in 2006. Evidence collected after the last recession showed that use of supplemental nutrition assistance through programs like Food Stamps is strongly responsive to changes in the business cycle.⁴⁰ The same study showed that the food stamp program participation rate in Virginia is approximately 54 percent, a little below the national participation rate of 60 percent. Beyond SNAP, and in addition to the USDA-funded Women, Infants, and Children program (WIC), Virginia also features the WIC Farmers' Market Nutrition Program (FMNP), first introduced in 2004, which attempts to meet the twin goals of providing nutritious food to at-risk pregnant and breastfeeding women and "increasing the awareness, use of and sales at farmers' markets."⁴¹

Despite this extensive safety net, there is unmet need both nationally and in Virginia. Studies suggest that as many as 250,000 individuals have difficulty procuring adequate supplies of food in Virginia alone.⁴² Though hunger and food insecurity affect individuals across the demographic spectrum, small children, the working poor, and the elderly are most likely to suffer from these problems.

Nine | Disabilities

The adequacy of services to individuals with disabilities was not explored by area leaders in much depth, despite the number of agencies involved in the study that deliver services to this population.

Leaders at one organization that provides extensive services to those with disabilities expressed concerns that the presence of larger issues in the community (viz., the lack of a public transit system and decent housing) was forcing them to divert resources away from directly assisting those with disabilities. They felt that it was essential to answer these broader issues in order to successfully meet the needs resulting from the disabilities. In our initial survey, a lack of resources for the disabled received an average rank of 3.2 on scale of 0.0 (not a severe issue) to 5.0 (an extremely severe issue). Survey participants seemed pleased with how the community was responding to the needs of the disabled. Participants ranked the community's effectiveness in responding to inadequate resources for the disabled as a 3.0, on a scale of 0.0, "no effect" to 5.0, "extremely effective." This was the second highest effectiveness ranking, behind only education.

Despite receiving little attention in the survey and in focus groups, resources for those with disabilities is an important area to explore in the Rockbridge area. The percentage of individuals with disabilities in the county and Buena Vista is slightly elevated, compared to the state average (see Appendix A, Figure 7):

- Nearly 24 percent of the population of Buena Vista has a disability as defined by the Census bureau.^{††}
- Approximately 22.5 percent of the population of Rockbridge County has a disability.
- Nearly 14 percent of the population Lexington has a disability.
- In Virginia, just over 18 percent of the population has a disability.

Work rates for those with disabilities in Lexington and Buena Vista are below the state average (see Appendix A, Figure 8):

- Just over 34 percent of those with a disability in Lexington are employed, while 51.6 percent of those with a disability in Buena Vista work. The state average is 58.5 percent. (57.6 percent of Rockbridge County's disabled population is employed.)

Several large area agencies offer outlets for disabled workers with supported employment programs. Two agencies (one located in Buena Vista and the other in the county) in particular have worked together to assess the skills of disabled workers and connect them with employers.

^{††} The Census bureau defines an individual as having a disability if s/he receives federal benefits because of an inability to work, has a condition that makes it hard to work, has difficulty performing one or more functional activities or activities of daily living, or has a specified condition (e.g., Alzheimer's disease).

Ten | Child Care

The issue of child care was not raised frequently during the study despite being a well-documented problem in the Rockbridge area. On a scale of 0.0 to 5.0, with 0 describing an issue that is “not severe” and five representing an “extremely severe” issue, child care received a 3.0 average from all survey participants. (That average drops significantly—to 2.5—when all agencies providing child care and services to youth are removed from the average).

In 2005, a two-parent family in Lexington with the local median annual family income of \$58,529 would have spent a little more than 25 percent of the family’s annual income to place two children in a licensed child care facility, according to a report issued in November 2007 by W&L’s Task Force on Child Care. The data was even more dire for the rest of the Rockbridge area: families in Buena Vista would have had to spend 37 percent of their annual family income, while those in the county would have spent 35 percent of the family’s annual income to receive the same level of care.⁴³

The study was intended as an assessment of the child care needs of University employees and as a stepping stone to encourage the University to develop a plan to help alleviate some of those needs. A survey was administered in March 2007 with nearly 42 percent of the university’s employees participating. Approximately 36 percent of participants were faculty; 30 percent were salaried staff; 18.5 percent were hourly employees; while 12.3 percent were part of administration.⁴⁴ In the survey:

- 42 percent reported that the high cost of child care in the area was a problem;
- 92.8 percent said they had faced a problem of availability (no available space and/or long wait-list for facility; hours of operation are limited; no summer care);
- 50.3 percent said they had a problem with the quality of care that was available.⁴⁵

On average, child care cost around \$800 per month for a family during the school year. During the summer, families on average spent \$900 per month on child care.⁴⁶ Of the seven full- and half-day facilities in the community that the task force looked at the total permitted capacity was around 337. (One of the facilities did not have a count.) This number is remarkable low when one considers that the population of community children ages 1 to 4 in 2006 was more than 1,300.⁴⁷

On average, Rockbridge area households had a higher percentage of both parents in the workforce compared to the state average, according to 2000 Census data.

- In Lexington, 56.2 percent of households with a child under 6 years old had both parents in the labor force; for children 6 to 17 years old, the number of dual-provider families jumps to 80.2 percent of households.
- 64.7 percent of households in Buena Vista with a child under 6 years old had both parents in the labor force; for households with children ages 6 to 17 years old this number climbs to 77.6 percent
- More than 70 percent of households in Rockbridge County with a child under 6 years old had both parents in the labor force; just over 83 percent of households with children 6 to 17 years old had both parents in the labor force.
- In Virginia, just over 62 percent of households with a child under 6 years of age had both parents in the labor force; 70.7 percent of households with children 6 to 17 years old had dual-providers.

The high cost of care and long wait lists result in an inconsistency in care that could affect worker productivity. From parents leaving work early to pick their children up before a center closes to workers devoting work time to worrying about their child care plans, productivity is significantly reduced by a lack of child care in a community.⁴⁸ One respondent to the task force survey wrote “it’s such a patchwork of care

and hardly predictable. I have a difficult time focusing on work b/c (sic) the home schedule becomes very complicated.”⁴⁹

An agency leader expressed concern for child care in relation to parental work during one of the focus groups conducted for this study:

I find a real common issue is finding a job that also works with your child care. I mean you're lucky if you're kid is in school. If you can survive to the point where they are in school at least you know they have a place to be during the school day. But if you can't get off work then, then what? And then you need transportation for your child to get back to your house. If they are old enough so that they can get on the bus and get back to your house and be left by themselves, fine. But there is a whole heck of a lot kids who are not of that age. Alternatives for after school, for snow days, when school is close, for holidays, I think that child care is a very big problem for people everywhere. You know I think that impacts way beyond the lines of poverty that is an issue. But certainly if you are poor you can't afford to pay somebody to come in and cover your butt in those situations.⁵⁰

Low-income parents will be left to spend a large percentage of their income on care, which may force parents to look outside the regulated realms of child care and into informal arrangements.

Some low-income parents may have trouble justifying work when child care costs are nearly as much as an hourly wage. Child care subsidies are provided to low-income families through the federal Child Care and Development Fund, which provides states and local governments with block grants to support low-income families with their child care needs. In Virginia, a family is considered eligible for a subsidy if they are between 150-185 percent of the federal poverty level, depending on where the locality sets the level. However, preferences are given to families receiving Temporary Assistance to Needy Families (TANF), since one element of the new welfare program is a work requirement.

In 2007, 96 children in the Rockbridge area received a child-care subsidy. When compared to the community populations of children ages 0-12:

- 3.2 percent of children in Buena Vista received a child-care subsidy.
- 1.4 percent of children in Lexington received a child-care subsidy.
- 1.5 percent of children in Rockbridge County received a child-care subsidy.⁵¹

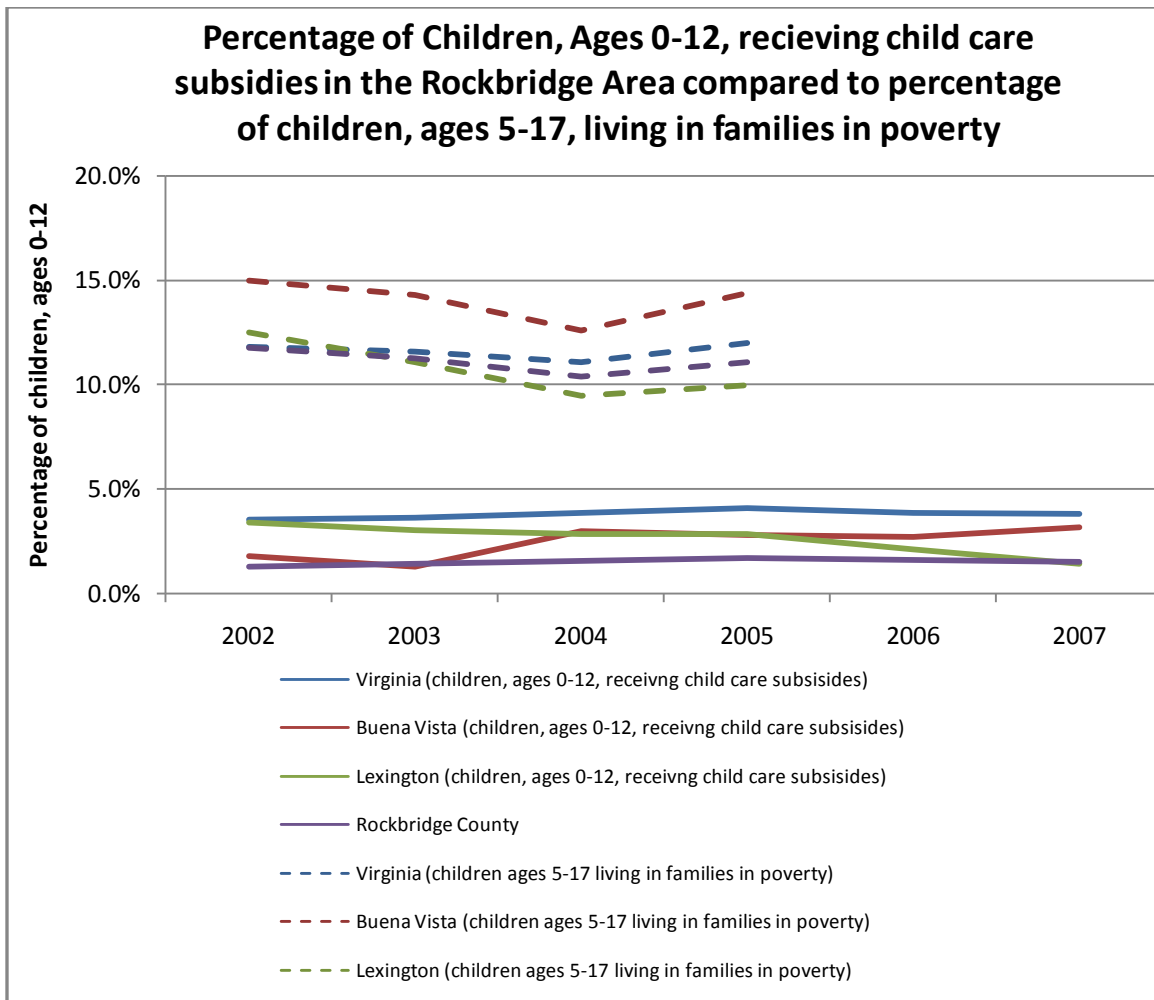


Figure 16: Children receiving child care subsidies as compared to the child poverty rate

The percentage of children in both Lexington and Rockbridge County were a little more than half the percentage of children in Virginia who received a child-care subsidy (3.9 percent). It is unclear why fewer individuals in the county and Lexington are receiving child-subsides. In part, it could be that the three communities hit the limit on the block grant. Community members may also be unaware of the existence of these subsidies.

Eleven | Issues Facing the Elderly

On a scale from 0.0 to 5.0, with 0.0 being “not severe” and 5.0 being an “extremely severe” issue, lack of resources for the elderly received a 2.9 average from all survey participants. (That average drops to 2.6 when all agencies that provide services to the elderly are removed from the average.)

The Rockbridge area has a significantly higher population of persons 65 years and older when compared to the rest of the state and the country. According to data from the U.S. Census Bureau, in 2006:

- 18.7 percent of Lexington’s population was 65 years or older
- 18.1 percent of Buena Vista’s population was 65 years or older
- 17.3 percent of Rockbridge County’s population was 65 years or older

Only 11.6 percent of Virginia’s population falls within this age group, while 12.4 percent of the U.S. population is 65 years or older.

While agency leaders did not spend much time talking about issues for this population, they did mention concerns over social isolation and the effect of the current economic situation on the fixed incomes of elderly in the community. Area leaders in one focus group said that they have seen older individuals struggling to afford rising utility costs and unable to afford their medicine even when receiving government aid. According to 2000 Census data:

- 12 percent of residents 65 years or older in Lexington were living below the poverty line
- 10.1 percent of residents 65 years or older in Buena Vista were living below the poverty line.
- 9.6 percent of residents 65 years or older in Rockbridge County were living below the poverty line.
- 9.5 percent of those in Virginia 65 years or older were living below the poverty line.

Without a transportation system, many elderly individuals face the possibility of extensive social isolation. According to Census data, many elderly residents in the Rockbridge area do not have access to a vehicle:

- Just over 22 percent of elderly households in Lexington do not have an available vehicle
- Nearly 26 percent of elderly households in Buena Vista do not have access to a vehicle
- Approximately 9.6 percent of elderly households in Rockbridge County do not have an available vehicle.

It should be expected that those living within the cities might have greater ease in getting around without a car, as compared to the county. What is alarming is that nearly one in 10 elderly residents who live out in the county are dependent upon the county’s limited public transit system or the goodwill of friends and family.

Along the same lines, many elderly residents do not have telephone service in their homes, according to Census data from 2000:

- 3.5 percent of elderly households in Lexington did not have telephone service
- 1.3 percent of elderly households in Buena Vista did not have telephone service
- Nearly 2 percent of elderly households in Rockbridge County did not have telephone service.

Twelve | Education

Academic and non-academic education forms the basis of human capital development, which is critical to long-term economic growth. While the construction and October 2008 opening of the Dabney S. Lancaster Community College Rockbridge Regional Center in Buena Vista serves as one example of expanding educational opportunities in the Rockbridge area, most statistical evidence suggests that Rockbridge County, Buena Vista, and Lexington lag far behind peers in Virginia and across the nation in terms of education outcomes.⁵²

Data from the 2000 decennial census displayed in Figure 17 show that, of the population aged 25 and older, **more than one in 10 residents of Lexington has less than a ninth grade education; rates are even higher in Rockbridge County (14.8 percent) and Buena Vista (16.0 percent).** All of these figures are substantially higher than the average rate for Virginia, at 7.2 percent. A similarly bleak picture emerges from data on high school graduation, also depicted in Figure 17. In 2000, while over 80 percent of the Virginia population had a high school diploma or higher, only 69 percent of Buena Vista citizens and 71 percent of Rockbridge County residents met the mark. Lexington's population is essentially on par with the state average (77 percent), attributable mostly to the highly educated workforce employed by W&L and the VMI.

This reality is also captured in the higher education data, also shown in Figure 17, which reveals that **43 percent of Lexington's population has a bachelor's degree or higher—far above the state average of 30 percent, which is considerable in its own right and well above peer states.** Rockbridge County and Buena Vista are far behind both Lexington and Virginia rates: only 19 percent of the county population above 25 has at least a bachelor's degree, and only 11 percent of the Buena Vista population claims a degree in higher education at the undergraduate level. This is particularly unfortunate, given that economic and employment returns to high school diplomas pale in comparison to those yielded from bachelor's degrees.

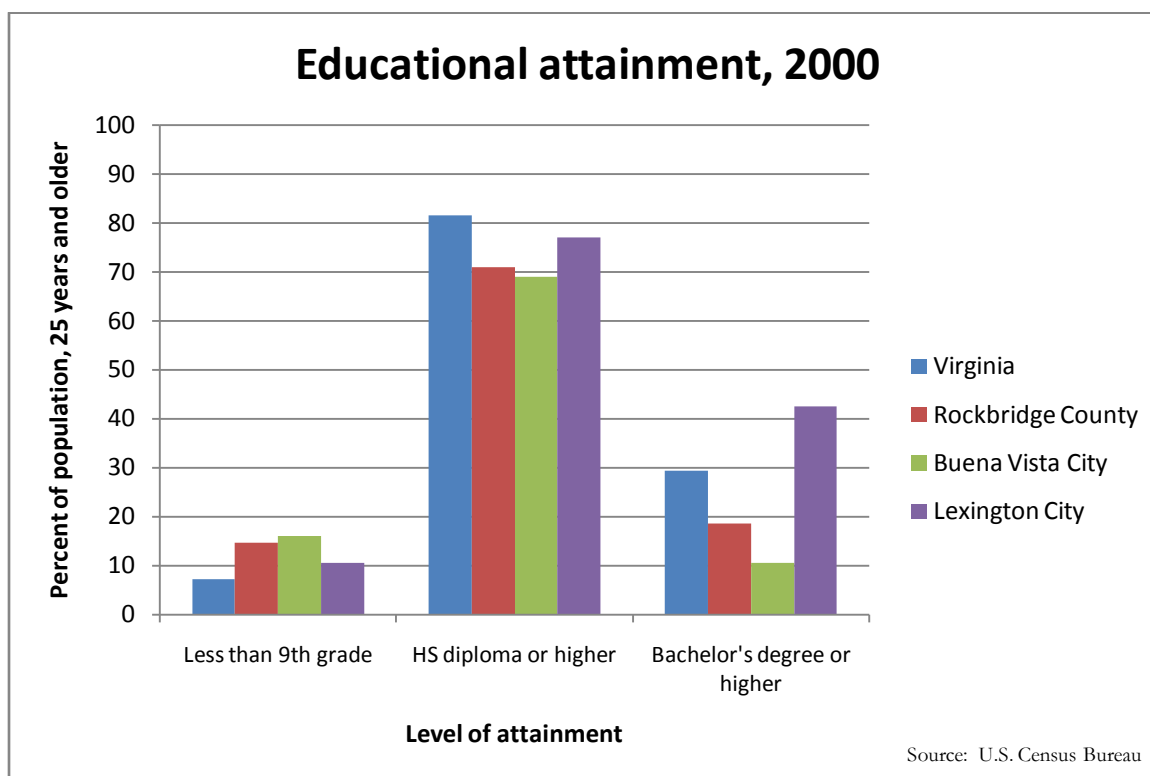


Figure 17: Educational attainment, 2000

Evidence from the Virginia Department of Education reflected in Figure 18 shows that **high school dropout rates in the Rockbridge area tend to exceed those at the state level**. It should be noted, however, that the Virginia DOE calculates dropouts by dividing the number of children who were enrolled the previous year but have not been enrolled by October 1 of the current year, excludable groups notwithstanding.[#] Second, Lexington reports a dropout rate of 0 percent because there is no high school in the city—its dropout rate is reflected in the Rockbridge County statistic. Rockbridge County's dropout rate was well below the Virginia rate until the 2005-2006 school year and now exceeds the state rate. Clearly, school officials should explore remedial policies that seek to reverse this trend.

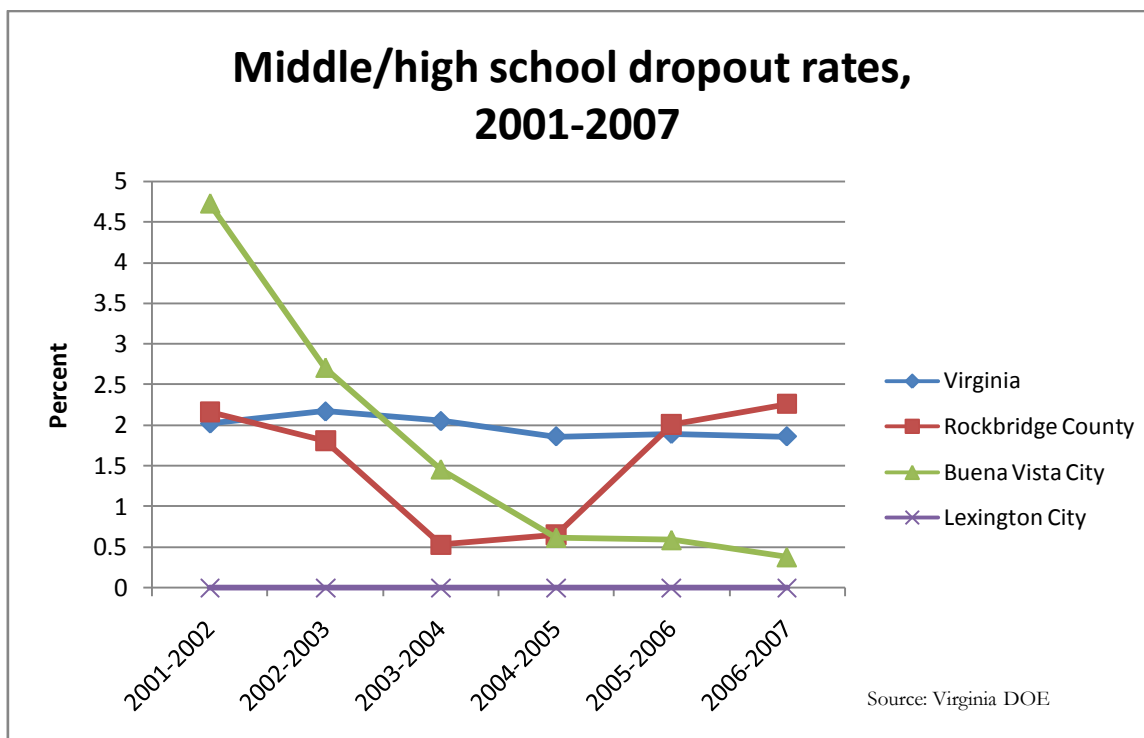


Figure 18: Middle/high school dropout rates, 2001-2007

[#] Populations excluded from the official Virginia DOE statistic include those who have transferred to another school district in the state, been suspended, are suffering from illness, or those who have died.

Thirteen | Immigration and Communicative Barriers

In communities across the United States, increasing levels of both legal and illegal immigration pose novel accommodative challenges to social service delivery by non-profit agencies and regional, state, and local governmental organizations charged with the administration of programs that comprise the social safety net. Many of the problems facing non-English speaking populations—cultural maladjustment, social disconnection and isolation, illiteracy, and communicative barriers—are magnified in and complicated by rural environments. Aside from a general lack of accommodative programs and services (e.g., translation services, ESOL programs) found in the urban core of major metropolitan areas in the United States, rural environments typically do not have the institutional mechanisms in place to accurately determine the size of the non-English speaking population—particularly those in the country illegally—or the capability to accurately assess the extent of need. Compounding the problem is the fact that non-English speaking immigrant populations in rural areas are more likely to be geographically and socially disconnected than their urban peers, raising concerns about access to the programs and services that do exist. Consequently, non-English speaking populations residing in rural communities rely heavily on the generosity of volunteer services and organizations that actively seek clients.

Illiteracy and verbal communicative barriers represent the most complex and consequential problems facing immigrant populations, since an inability to communicate complicates employment prospects, bedevils attempts to complete basic (but essential) household tasks like grocery shopping, and precludes full and active participation in society. Not surprisingly, the relationship between communicative barriers and poverty is bidirectional, though causation is clearly stronger from communicative barriers to poverty (see Figure 19). Much of the literature identifies an inability to communicate in the vernacular language as a direct contributor to poverty, since a lack of English skills can prevent the procurement of a job. Beyond that, communicative barriers make the fulfillment of basic needs much more difficult—interacting with pharmacists, police officers, grocery store clerks becomes a significant challenge—and preclude the formation of social capital and the development of human capability, resulting in social, cultural, and civic exclusion. These problems are magnified for undocumented immigrants, who frequently isolate themselves in an attempt to avoid sanctions and/or deportation. Causation also runs in the opposite direction, from poverty to language barriers: poverty prevents immigrants from attending school, accessing educational services, and having the ability to meet with tutors or language consultants.

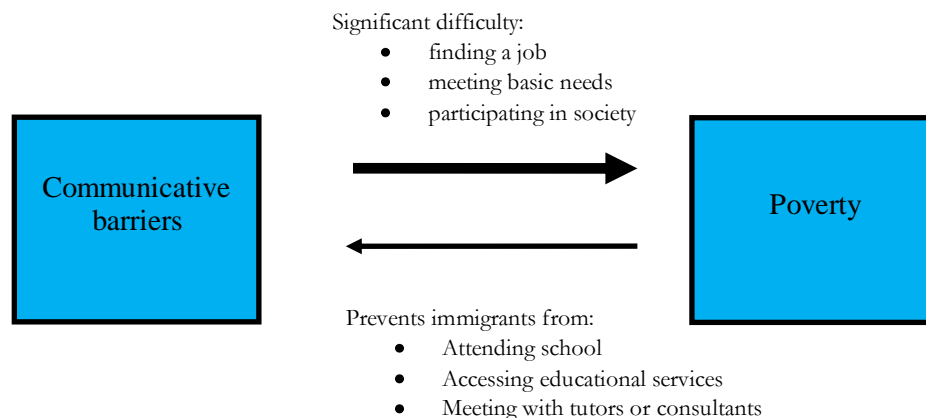


Figure 19: Relationship between communicative barriers and poverty

Impressionistic evidence suggests that the overall non-English speaking immigrant population in the Rockbridge area is small relative to other regions of Virginia. Demographic data show that most of the area's immigrant population is concentrated in Lexington. Figure 20 shows that, while many non-native speakers call Virginia home—some 11.1 percent of Virginians aged five and older speak a language other than English in the home, and almost 5 percent admit that they speak English less than “very well.” The Rockbridge area has not been dramatically impacted by the migration of non-English speaking populations to the Mid-Atlantic region of the country. According to the 2000 decennial census, only 3 percent of residents in Rockbridge County speak a language other than English in the home, and even fewer (1 percent) claim that they speak English less than “very well.” The exception may be Lexington proper, where nearly 8 percent of Census 2000 respondents indicated that they speak a language other than English in the home and almost 5 percent admitted that they speak English less than “very well.”

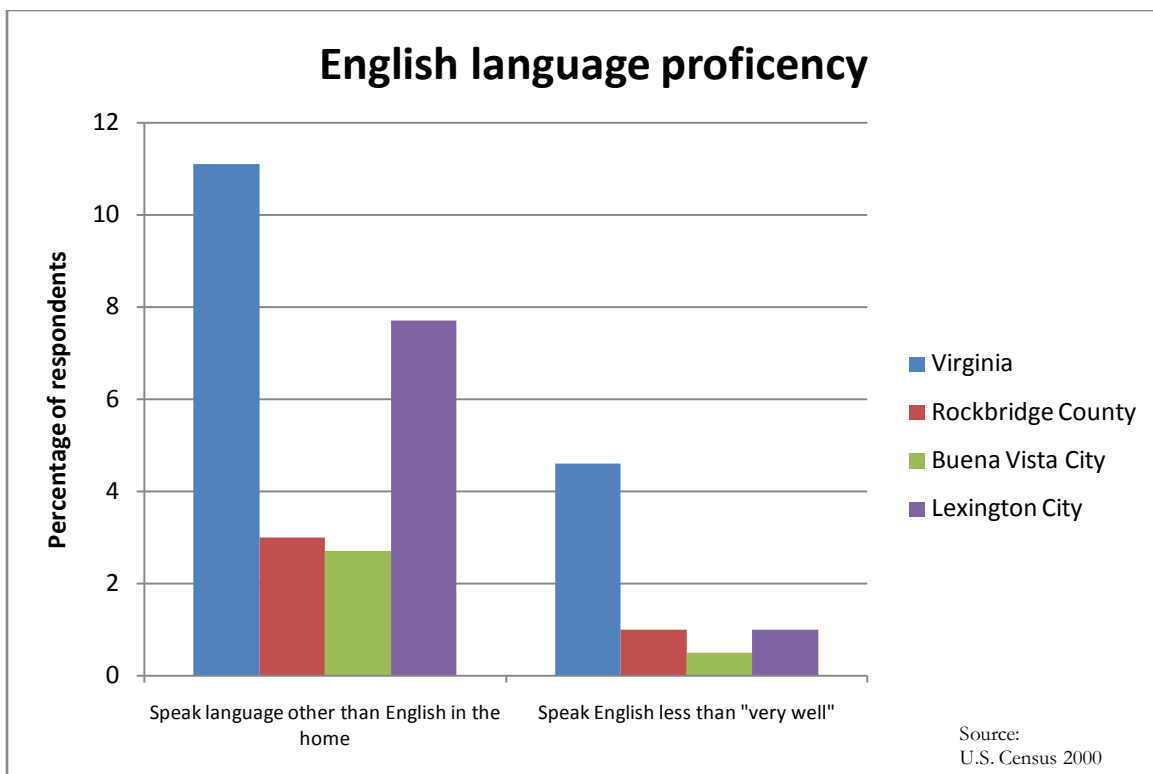


Figure 20: English language proficiency, 2000

Community leaders and policymakers should exercise caution when interpreting these statistics, which do not capture the actual size of the non-English speaking population or accurately measure the magnitude of need. Anecdotal evidence suggests that the non-English speaking population in this area is increasing. The Census 2000 data, for example, understates the size of non-English speaking populations for at least two reasons. First, few non-English speaking immigrants complete Census data relative to the general population for fear of being deported or arrested. Second, individuals might be unwilling to admit that they do not speak English “very well.” There is little evidence independent of decennial Census data that characterizes or describes the spatial distribution of non-English speaking populations in the Rockbridge area. Figure 21, which reflects Census 2000 data as compiled by the Virginia Department of Transportation, shows the distribution of “disconnected” non-English speakers – individuals who reside in households without members who speak English “very well.”

Measuring “disconnected” non-English speaking households in Virginia

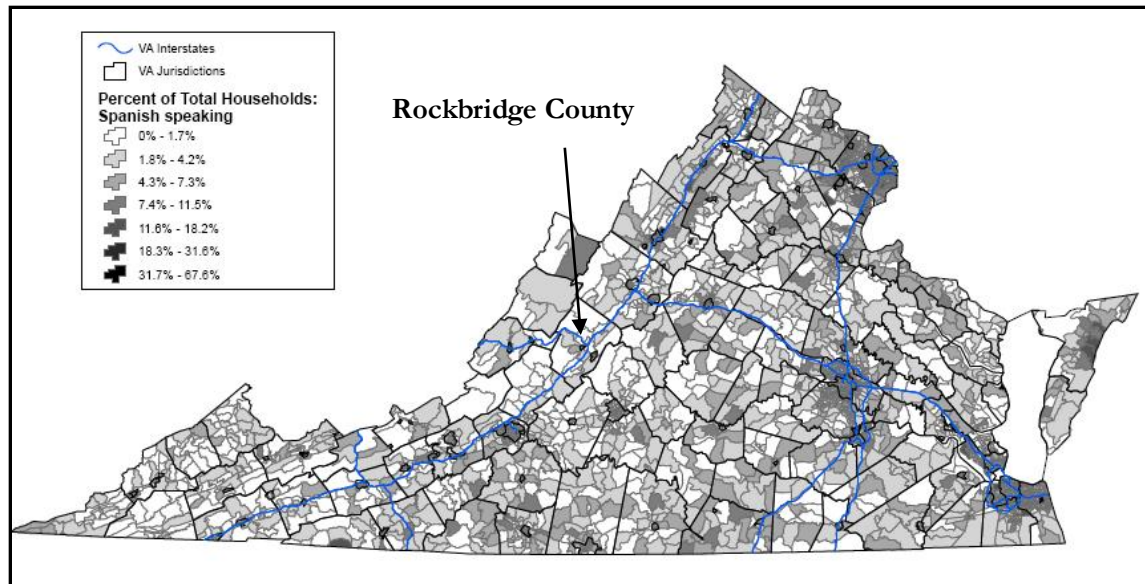


Figure 21: Measuring “disconnected non-English speaking households in Virginia

Source: Virginia Department of Transportation, http://www.virginiadot.org/business/resources/Spanish_Speaking.pdf

One individual, who works for an organization that meets the needs of non-English speaking people, indicated during an interview that there are large concentrations of non-English speaking Hispanics in the Arnold’s Valley and Glasgow areas.⁵³ While time-series data of immigration patterns is difficult to come by, impressionistic evidence suggests that non-English speaking populations—particularly Spanish speakers—are growing rapidly in this area. During 2007-2008, one non-profit organization based in Lexington provided interpretive services to approximately one hundred unique clients.

Only one organization—ESOL at Washington and Lee University—provides routine interpretive services to non-English speaking populations free of charge. Many organizations in the community—among them, the Carillion Stonewall Jackson Hospital—have access to translators for emergency situations. But very little exists in the way of routine or non-emergency translation, education, and support services for non-English speaking persons in the area. As of this writing, the only translation services available in Rockbridge County, Lexington, and Buena Vista for those who cannot speak English are provided (1) on an ad-hoc (but largely emergency) basis by the Rockbridge Department of Social Services, and by (2) ESOL (English for Speakers of Other Languages), a student-run co-curricular organization at Washington and Lee. ESOL at W&L (2001), an organization comprised by roughly fifteen student leaders and eighty student volunteers, “facilitates communication within the increasingly diverse population of Rockbridge County” in three ways: first, it provides immediate translation assistance to individuals and local organizations through its hotline, a cell phone monitored by a bi- or tri-lingual student at Washington and Lee; second, the group performs “extensive [written and oral] translation work” to individuals and organization that request it; and finally, ESOL offers weekly English classes (addressing varying skill levels) at night throughout the year.

Unfortunately, ESOL is chronically underfunded and cannot adequately meet the needs of non-English speaking communities. A very small amount of sustained annual funding comes directly from the student-run Executive Committee (EC), which among its many responsibilities administers funds to student organizations. This stream of funding rarely covers service provision expenditures. Late requests to the Washington and Lee Office of the Provost usually prevent the organization from becoming insolvent. In

addition to funding, a lack of information about ESOL services and its campus location were identified by student and faculty representatives as two of the most pressing problems facing the organization. Many non-English speaking individuals may see the “imposing” set of brick and columned buildings and feel unwelcome, they argued. The group noted that it has had much more success with programming at the local Lexington library, though organizers worry that services might be inaccessible to those who do not have transportation.

City and county governments, institutions of higher education, and non-profit organizations must renew their commitments to non-English speaking populations by forming innovative partnerships to deliver services to non-English speaking populations in a culturally sensitive manner.

Circumstances in the Rockbridge area appear to lend themselves to a formal partnership between W&L, the city governments of Lexington and Buena Vista, and the government of Rockbridge County. Providing translation and educational services to immigrant populations offers novel opportunities for higher education to engage local communities. Several colleges and universities have formed and sustained outreach programs for ESOL individuals. For example, McLaughlin, Rodriguez, and Madden (2008) highlight a 10-year-old collaborative model based at the University of Michigan that responds to the needs of non-English speaking populations in rural Lenawee County by taking outreach programs to migrant labor camps.⁵⁴

Fourteen | Communication, Collaboration, and Cohesion

While identifying discrete poverty issues and assessing targeted interventions are critical to understanding the specific nature of challenges facing poor and underserved populations, an effective response to poverty must be comprehensive, holistic, and multidimensional, accounting for the complex and varied linkages between distinct, but interactive sets of problems. Some of these relationships—between nutrition, hunger, and health care—are obvious. But many of the above-identified issues facing the poor act on other aggravating factors, resulting in multivariate pathways to poverty. Transportation, for example, has been highlighted throughout this report as a barrier to sustainable employment and health care access, and flagged as a particularly salient problem for the disabled and elderly in the community. And still other problems impeding full participation in the community by the poor are cyclical and contribute to intractable intergenerational poverty. The Rockbridge area's substandard housing stock, for example, both causes and exacerbates illness—contributing directly to poverty by forcing absences from work and imposing medical costs—and may, in the case of a serious problem like lead poisoning, stunt developmental trajectories and prevent the poor from reaching a higher level of functioning, which in turn sustains poverty. The community response to poverty must therefore account for the myriad correlative and causal links both between these various social problems and between clusters of these problems and poverty. In survey responses, interviews, and focus groups, Rockbridge area service providers cited three overarching problems plaguing service delivery in the community: little interagency and agency-client communication; insufficient levels of agency collaboration over service provision; and a lack of area cohesion, as evidenced by parochialism at the governmental and non-governmental levels.

An issue that was consistently revisited by community leaders is the lack of communication between agencies and clients (current and potential). Several resource books and referral systems exist, which detail available area services. However, many agency leaders described these resources as incomplete and concluded that there is no central point that those in need can visit for a full-scale picture of available resources. “You’re asking in many cases for the people who have the least capability of dealing with all the agencies to go ‘Oh well if you have this you need to go see Suzanne [Sheridan of the Free Clinic]. If you need a ride you got to go see Tim [Root of Rockbridge Area Transit System]. If you need something else you got to go see Kitty’ [Brown of Rockbridge Area Relief Association],” said one local leader during a community meeting.⁵⁵

Many residents learn about available services through word-of-mouth. One local resident who works at an area agency said many people s/he knows in the community are not aware of available resources and as a result are going without services that could be beneficial to them. “A lot of times people don’t tune into the paper or go the extra step to see what is available. So a lot of times, word-of-mouth helps. Believe me it really does help,” s/he added during an interview with her/him and the agency’s director. In the survey conducted through the study, several community agency leaders responded that many clients find out about their services by word-of-mouth. By depending on word-of-mouth, agencies may risk overlooking those without the connections to know about services and who -- quite possibly -- are the most in need. One agency director said it had been particularly difficult to reach out to newcomers in the community who might be in need since they were unaware of available services and did not know many individuals who could pass along information to them.

Several referral and information systems exist in the community, but the accuracy and completeness of such resources was reported to be weak and limited. Rockbridge Area residents have access to information about area agencies through the Rockbridge Area Information Line (RAIL), an Internet and phone-based referral system, and 2-1-1, a statewide program developed by Virginia Department of Social Services in partnership with several agencies. Some of the information available through RAIL—such as existing agencies, phone numbers, and executive directors—was found to be out-of-date through compiling a list of agencies for the initial survey conducted in this study. One coalition director said that the agency

update link for RAIL was not working and that most people and agencies had given up on utilizing RAIL as a information service. Another agency leader said s/he knew of many agencies who did not know about RAIL. The executive director of a local housing agency said s/he had tried to use the 2-1-1 service after a community member called and said s/he had been referred to her/his agency through the referral service. S/he said he could not figure out how to use it.

Area leaders said that other resource guides are compiled and distributed as hard copies periodically. The effectiveness of such ventures was questioned by several area agencies during focus groups. One agency leader said s/he had seen many people try to compile “information clearing houses of sort.”

And I think that the projects have been very noble, very well intentioned. I think a lot of people have put a lot of work into them. But overall they’re not particularly effective.

S/he added that her/his own agency had received a grant a couple years ago to create an area resource guide, but had found it practically impossible to keep it up-to-date:

When we released it people just went gaga over it because it was “a book” that had lots of resources in one place. But everybody keeps recreating their own versions of resources like that and there’s a lot of duplication.

In the end, many of the agency leaders agreed that agencies are too busy to keep information current in multiple locations. “Things change and I don’t think agencies take the time to update. I don’t think it’s part of their mindset,” said the executive director who had tried to use the 2-1-1 service. Multiple referral systems may in fact be preventing the effectiveness of a system of widespread information dissemination. Likewise, current systems lack the publicity that would be needed for success. In talking with agency leaders, it became apparent that many individuals in the community were unaware of any referral systems and informational books. Much like word-of-mouth, agencies may not be in a position to serve those most in need in the community simply because both parties do not know of each other’s existence.

Several agency leaders said it might be beneficial to have a single agency that community members knew they could approach when they had a need. The agency would be knowledgeable of the services local agencies provide and the criteria that individuals would need to meet in order to receive services. One executive director said the person could be similar to a caseworker, but would act more like a referral person who would assess an individual’s needs and “would know to make the connections then and refer the individual to an agency in the area.” Agency leaders expressed concerns that this position could be “very intense” and subject to high turnover. “That person will have to deal with some people who are at the end of their rope and may not be the most pleasant to work with,” said one executive director. It is important to note that the individual would need to be highly competent and have some experience in case management and counseling.

Several community members mentioned that agencies did not engage in as much collaboration as is needed in a geographic area of this size.⁵⁶ This section identifies three forms of collaboration with various levels of intensity. We distinguish coordination—the creation of formal and informal linkages between existing service providers—from cooperation, which entails joint service delivery between multiple agencies, and integration, which involves spatial relocation of service delivery providers.

The current system of ad-hoc coordination is insufficient to meet the needs of the community. Nearly all agency leaders articulated that they were not completely knowledgeable of the services other agencies were providing. One leader said during a focus group that many of the community agencies did talk with each other – be this through organized community meetings or through their own initiatives – but still didn’t know exactly what services the other agencies provided or eligibility guidelines at those agencies. An

executive director of an agency that provided housing assistance said it was essential for agencies to know the qualifications that other agencies have if they are to refer clients that come to them: “nothing frustrates an applicant more than being sent from agency to agency only to be told that they do not qualify.” But several leaders said it was nearly infeasible to keep up with what other agencies were doing. One said:

Until I have someone standing in front of me with a need, I may not pursue that information only because there are a billion other things going on....
It’s really, really hard to stay up on all of the things that are going on.

High-turnover in area agencies may further complicate agency interconnectedness. Individuals new to an agency may find themselves spending a lot of time learning about area agencies and the services other organization, outside learning the ropes of their own agency, one agency leader said. S/he added:

You recreate the wheel. Any new person coming into a job in this kind of health and welfare area probably has to recreate the wheel every time. The hardest thing that people learn is what are all the systems, what are all the providers, how do you get somebody in to RARA, how do you get somebody into DSS for food stamps, whose the person you should talk to. It’s this whole networking thing. That’s the thing that people need to learn first and foremost when they get a new job if they want to help anyone.

After talking with area leaders, it became apparent that agency efficiency could be increased if personnel within the agency did not have to keep track of what other agencies were doing on their own.

Agency leaders recognized the need for a central location or person who would be knowledgeable about the services of other agencies. It became apparent through conversations with agency leaders that some form of agency integration—be it under one roof or through a point-person—would be universally popular among recipients of aid and many service delivery providers. One service provider said s/he liked the idea of a “one-stop shop” and felt it would help solve one of the problems that a rural community faces when services are so spread out: “It’s almost like if you’re new it’s like a maze to figure out where everything is.”⁵⁷ Most, however, hesitated from describing how this could be achieved. In one focus group, an executive director of a local agency providing food assistance mentioned there had been discussions at one point to put all area non-profits in one location. One pointed out the possibility of having some level of administrative centralization to save on overhead costs. Moving facilities, like the food pantry and the free clinic, were determined to be infeasible and detrimental to the delivery of services. These facilities are already located in effective areas and offer services that need tailored spaces to fulfill their own particular missions (i.e. the free clinic needs medical facilities). Gathering together services could save on administrative costs, one executive director said. However, the problem becomes finding an adequate space – in terms of size and location.

This community needs an organization to fill a coordinating role. People call the United Way looking for direct services, and some referrals are made, but there’s no follow-up, no way to verify that anything is done. As one forum participant suggested, a “one-on-one mentor for every family or individual in poverty to either show them how to get out of the ditch they are in, help them to discipline themselves, help them use their energy toward something that is going to make a difference, or come to the conclusion that ‘wow, this person is really stuck.’” While all communities should endeavor to coordinate the delivery of social services to underserved populations, an added intensity of coordination is warranted in this particular community because of the sheer volume of transient individuals who end up in Lexington—largely by virtue of the fact that it straddles the intersection of two major interstate highways (Interstate 81 and Interstate 64). Second, the wide spatial distribution of resources makes accessibility inordinately difficult here. **A coordinative agency would serve as a link to the social services network, providing resources, advice, and guidance.** One interviewee suggested that part of the problem is the lack of a personal connection between service providers and recipients. S/he argued that “people get into agencies but they don’t get out and go around the

neighborhood and talk with people.”⁵⁸ Personal interaction outside the scope of the service delivery places an undue burden on service providers and leads to capacity issues. This function would be best centralized in the hands of a single individual or agency. **Some leaders felt that having a referral service would not only help agency-client communication, but help to foster better agency-agency communication.** Since the agency’s job would be to refer individuals to specific services, keeping track of activities of other area agencies would already be a part of the structure of the agency. Other agency leaders were concerned that having a referral agency would only add an extra layer of unnecessary bureaucracy to service delivery.

There is some disagreement about whether or not an additional coordinating body would simply evolve into another layer of unwieldy and unmanageable bureaucracy. Ideally, it would occur between people in a small community. Resource guides have been attempted. Service duplication is a major problem. Service coordination with agencies, one executive director said “can happen by their own workers through their own networking and coordinating.” One agency leader said that the small size of the Rockbridge area should make networking among agencies feasible. There are other barriers to coordination, s/he admits:

We’re all so busy trying to do the work that we do that coordinating that type of system – where networking is strong and cohesive and outlast individual changing positions here and there – that’s hard.

The agency leaders who expressed concerns over a referral system were representatives from the area’s largest agencies.

Finally, institutional and cultural parochialism—particularly, the deeply ingrained belief that Lexington, Buena Vista, and Rockbridge County are administratively, culturally, and economically independent and should remain that way—undermines service delivery objectives and compromises the area’s poverty reduction agenda. Generally, surveyed area leaders felt that the three municipalities were too independent, making service delivery more difficult. On several occasions community leaders said that it is often difficult to coordinate services in the three different municipalities since—as several agency leaders described—each of the municipalities as being “very independent.” One agency leader said the “area doesn’t think of itself as the Rockbridge area. It thinks of itself as Rockbridge County, Lexington, and Buena Vista. It’s a barrier that they haven’t crossed.” The independence mindset also carries over to service providers and community members seeking services. One coalition leader said s/he had a hard time getting area agencies to realize that they serve the whole area, not just the municipality they are located in. Likewise, s/he believed some individuals were deterred from seeking services outside of where they lived, simply because they associated themselves with the municipality that they lived in:

When a family needs services and they go the phone book they go “Okay that’s Staunton so that’s not for us. So where is Rockbridge?” You don’t see it. You get frustrated and you give up.

This may be preventing them from seeking services that are needed and accessible locally.

Fifteen | Findings and Recommendations

This study has spotlighted 10 issue clusters that are causes or consequences of poverty in the Rockbridge area: (1) lack of transportation, (2) lack of safe and low-cost housing, (3) inaccessible health and human services, (4) unemployment and underemployment, (5) hunger and food insecurity, (6) problems faced by the disabled, (7) insufficient and unaffordable child care and day care options, (8) inadequate educational opportunities, (9) problems faced by the elderly, and (10) challenges facing non-English speaking immigrant populations. While each deserves undivided attention and consideration, the nature of policymaking, the character of even the most well-intentioned bureaucracies, and the country's dark economic forecast will compel this community to form a relatively pithy poverty agenda and to create and fund a finite list of programs and services with specific aims and objectives. **With these constraints in mind, we propose in this section a series of recommendations to the city governments of Lexington and Buena Vista, the Rockbridge county government, and the three institutions of higher education in the area (W&L, VMI, and SVU), all of which will be instrumental in the implementation of a new poverty strategy.**

All evidence suggests that three issues should be at the forefront of any poverty agenda for the Rockbridge area: inadequate public transportation options, low-quality, unaffordable housing, and poor employment opportunities. During the course of our research, it became obvious that escalating transportation costs and stagnating job prospects must be considered with great care and precision. These two issues, in one way or another, are causally related to almost every other problem discussed in this report. A paucity of transportation options prevents many individuals from finding and maintaining employment, accessing critical health services, utilizing day care and child care, and taking routine trips to the grocery store. Likewise, the community's failure to create and maintain sustainable employment opportunities has had a devastating effect on health care access, food security, and the ability of individuals to afford transportation and child care. The lack of quality, affordable housing in the Rockbridge area represents a more challenging problem given the complexities of the Lexington rental market, the historic nature of many residential areas, and the recent collapse of housing prices; nonetheless, because housing is so strongly linked to health and education outcomes, rehabilitating the community's housing stock must remain a top priority.

Making improvements in just these three areas will not be sufficient. If we have learned anything from the field work completed during the past 14 weeks, it is that a robust anti-poverty strategy is most threatened by our collective failure to consider and craft a comprehensive, inclusive, and visionary poverty agenda that looks at all facets of poverty; by agency provincialism and insular cultural attitudes; and by the belief that change can only come from Washington or Richmond. Consequently, enhancing the public transportation network, attracting decent jobs, and improving the character of the housing market will be impossible tasks until the community's framework for addressing poverty and poverty issues is overhauled. **Adjustments to the Rockbridge area's poverty strategy must be anchored by reforms that expand the channels of communication between various agencies, create institutions that coordinate the delivery of services, and educate the populace about poverty and poverty issues.**

All of the obstacles cited here, we believe, can be overcome if our harmonious and congenial community makes poverty mitigation and reduction the cornerstones of the area's economic development strategy. That said, we recognize the need to differentiate short-term service delivery and poverty mitigation objectives—many of which can simply be met with additional funding or a redeployment of existing resources—from long-term poverty reduction goals, which will require a concerted effort by all relevant actors to reconceptualize the community's approach to poverty issues. **The remainder of the chapter is organized into two sections: short-term recommendations related to improvements in service provision and long-term recommendations designed to reconfigure the area's approach to eradicating poverty.**

Short-term recommendations

A Blueprint for Success. The Rockbridge area's fight against poverty must begin with the creation of a bold and innovative poverty mitigation and reduction agenda that identifies the causes and consequences of poverty by adopting a holistic capabilities approach. Lexington, Buena Vista, and Rockbridge County should:

- **Commission a needs assessment for each of the ten problem clusters identified in this study,** with immediate focus on employment and job creation, transportation, and housing issues
- **Partner with student consulting and advertising groups at Washington and Lee, VMI, and Southern Virginia University to produce strategies for addressing identified problems.**
- **Bring together community stakeholders in town halls and forums to develop a comprehensive campaign to reduce poverty that emphasizes community-based solutions.**

Transportation. The only public transportation service currently available for use by the general population is the Rockbridge Area Transportation System (RATS), which provides demand-responsive transit to those who meet strict income eligibility requirements or receive benefits from federal and state government. This has left a significant segment of the community without reliable public transportation and has created considerable complications for the poor, stifled access to health services, and prevented many individuals from finding child care and maintaining employment. To rectify the situation, Lexington, Buena Vista, and Rockbridge County should:

- **Form a Rockbridge area transportation task force charged with identifying and proactively addressing the community's transportation needs.** In order to explore ways to expand and coordinate transportation needs, a task force should be established and compromised by representatives from area agencies, local universities, the area governments, and all organizations with fleet vehicles and/or transportation capacity. Each of these entities has a stake and would greatly benefit from a public transportation system.
- **Partner with area universities and commission student-directed needs, service capacity, and efficiency studies.** A needs study should identify the potential use of an expanded public transportation network by various age groups (grade school to the elderly), as well as those from different socioeconomic backgrounds and localities. Nearly everyone in the community would benefit from a public transportation system and knowledge of these needs will be essential to the success of a new or expanded system. (For example, school-aged children may be able to attend after-school programs if they have a consistent ride home; the elderly may be better served with routine, non-emergency transportation to the grocery store and doctors). A service capacity study should analyze the viability of a continuous-circuit bus/trolley transportation system and weigh the costs of such a system against the current demand-response (i.e., point to point) framework. An efficiency study should identify current service duplications and posit new ways to coordinate and integrate competitors.
- **Consult with the Central Shenandoah Planning District Commission,** which has jurisdiction over all rural transportation planning within the region, which includes Augusta, Bath, Highland, Rockbridge, and Rockingham counties.⁵⁹

Housing. Service providers expressed concern about the cost of housing and the quality of the housing stock. The area's housing inventory is (on average) much older than housing in the rest of the state and the country, and anecdotal evidence suggests that low-income individuals may be more vulnerable to substandard housing, which negatively impacts health and education outcomes. Lexington, Buena Vista, and Rockbridge County should:

- **Contract and support a community-based research project exploring the need for and feasibility of transitional housing and a homeless shelter located in the Rockbridge area.**

Without a shelter, community members may be forced to depend on friends and family or left to remain in dangerous at home. One agency leader who provides housing assistance said many of the community members s/he speaks to are women who are trying to escape (with their children) from abusive relationships. It is unclear if a transitional shelter would be the best use of the community's already strained resources; a feasibility study could answer this question.

- **Explore the creation of social venture programs that educate and train at-risk youth to perform productive, community-oriented jobs.** Several cities and non-profits around the country have developed programs that provide at-risk youth with marketable skills in construction and carpentry. Under the guidance of contractors, these individuals—who have often dropped out of schools—help repair homes within the community. Most of these programs pay the youth and offer classes and program certification.
- **Strengthen rules governing housing standards and landlords.** Anecdotal evidence from this study suggests that low-income tenants may be vulnerable to manipulative landlords and may as a result be living in substandard housing that endanger their wellbeing. Government officials should look to increase accountability of landlords.

Employment. More than one in ten area residents hold the low-paying food and service-sector jobs that many survey respondents consider “dead-end” positions. The bifurcation of the Rockbridge area employment market into “good” university jobs and “bad” jobs in the hospitality industry has contributed to enormous inequality in the community. There is equal concern that the community's focus on aesthetic beauty has prevented an influx of industries and other companies. Lexington, Buena Vista, and Rockbridge County should:

- **Launch a public relations campaign to change the community's understanding of economic growth.** Some agency leaders acknowledged the presence of factions in the community who are interested in maintaining the picturesque beauty of the area and have opposed economic development on numerous occasions. However, since this population generally has better access to mediums of communication and are typically well-footed, this voice can often drown out those who may be seeking jobs. While it is understandable that community leaders would seek to maintain the aesthetics of the area, they must remember to weigh this evenly against the potential benefit of more jobs for a community that has high unemployment and underemployment.

Communication, Coordination, and Cohesion. Poor communication prevents clients from accessing available resources, as well as limiting the services that agencies are able to offer or refer to clients. The governments of Lexington, Buena Vista, and Rockbridge County should partner with institutions of higher education and non-profits to:

- **Abandon Rockbridge Area Information Referral (RAIL) and other ineffective referral services.**
- **Dismantle both real and perceived barriers to cooperation between the governments of Lexington, Buena Vista, and Rockbridge County.**
- **Partner with community stakeholders to create a brick-and-mortar communications organization that assists clients navigate the community's social services network, offers an added layer of intensive case management, and serves as an information clearinghouse and communications “hub” for area service providers.** A coordinative agency would serve as a link to the labyrinthine social services network, providing resources, advice, and guidance. Despite some concerns that a referral agency would only add another layer of bureaucracy to the current service delivery model, it is clear that having a point person or agency would help area agencies disseminate information to one another and potential clients. The agency may also help to keep service providers up-to-date on the happenings of other agencies.

Long-term recommendations

A Blueprint for Success. Lexington, Buena Vista, and Rockbridge County should:

- **Aggressively seek state and federal grants to fund demonstration projects that aim to solve these problems using prescribed solutions.**
- **Launch a cooperative, unified, and comprehensive plan to eradicate poverty.** The three governments need to come together and work to eradicate poverty in all areas of the county. Poverty knows no borders and local agencies provide services to not just the two cities or the county alone. It is important for the three governments to come forward in support of a common goal.

Transportation. After assessing the results of capacity and efficiency studies, Lexington, Buena Vista, and Rockbridge County should

- **Launch a partnership with institutions of higher education and other agencies that are already providing transportation to their clients. Including existing transportation systems into a unified, streamlined network will reduce inefficiencies, eliminate duplicative services, and simplify the area's transportation conundrum.** Many agency leaders said they knew of several organizations that were providing duplicate transportation services. One service provider said that s/he had seen multiple agencies providing transportation to the same place s/he was bringing a client on the day the focus group was conducted. (This appeared to be a common experience for this service provider.) Increased coordination of transportation could result in a more efficient and reliable transportation system. There are several private transportation systems in place locally (W&L, VMI, and Kendal at Lexington) that would make ideal partners in a community effort to create a public transportation system. In many college towns across the country, local governments collaborate with universities to provide multi-purpose transportation. The Ames Transit Agency in Iowa provides service to Iowa State University students and community members alike. Oklahoma transit networks (Kibous Area Transit System (KATS), the Southwest Transit (SW), Pelivan Transit (PEL), Call-A-Ride Public Transit (CAR), Muskogee County Transit (MCT), and Red River Public Transportation Service (RED) have “provided various transportation services through contracts with the private sector...[and] have helped the economic development within the respective service areas.”⁶⁰
- **Commit to initial capital outlay and operating subsidies for several years.** Some form of subsidization – be it from the government, grants or agencies – will be required initially to offset costs until operations are at an adequate level to sustain operations. However, the cost savings achieved in other key areas will offset (if not surpass) any additional costs that might be incurred.
- **Invest in a green transportation network.** A May 2008 study by the Upper Great Plains Transportation Institute at North Dakota State University found significant advantages to converting transit vehicles and buses to biodiesel.⁶¹ One of the main problems with transportation in rural areas is the cost to service providers, and as a result, indirectly the cost this has on service users. Alternative fuel vehicles could help to alleviate some of the costs associated with providing transportation in rural area. Both VMI and W&L have sought out “greener” policies and a research partnership could help improve the transportation fleet.

Employment. In the long run, the community leaders should focus on attracting new and better paying jobs to the community, in particular in high growth industries like “green collar” and technology-based jobs. Lexington, Buena Vista, and Rockbridge County should:

- **Support and fund diversion programs that take at-risk youth and high school drop-outs and put them to work.** One agency leader pointed out that area's education system lacked any vocational training and as a result may be ignoring a significant population of young adults who may be better

suited learning technical skills. ““There is good money to be made in trade skills,” the agency leader said. “I think we need to put just as much emphasis on trade skills as we do on professional skills.”

- **Promote cooperation between all three governments to developing an economic revitalization plan.** This effort will need the backing of all community leaders and will be essential to the community’s success in mitigating poverty.

Communication, Coordination, and Cohesion. Several agency leaders said they struggled with coordinating services between the three municipalities and felt that they acted too independently. One agency leader said “This area doesn’t think of itself as the Rockbridge area. It thinks of itself as Rockbridge County, Lexington, and Buena Vista...it’s a barrier they haven’t crossed.” Several of the individuals we spoke to believe that the turf wars between the county and city governments have had a deleterious effect on efforts to assist the poor:

- **Direct the recently created communications organization to fulfill a coordinative role. The expanded mission should be to help clients navigate the community’s social services network, offer an added layer of intensive case management, and serve as an information clearinghouse and communications “hub” for area service providers.** A coordinative agency would serve as a link to the labyrinthine social services network, providing resources, advice, and guidance. Despite some concerns that a referral agency would only add another layer of bureaucracy to the current service delivery model, it is clear that having a point person or agency would help area agencies disseminate information to one another and potential clients. The agency may also help to keep service providers up-to-date on the happenings of other agencies.

Conclusion

This study began with relatively straightforward but penetrating questions: what is poverty in the Rockbridge area? How do residents, students, community leaders, business owners, and service providers perceive the poor and understand poverty issues? Which causes and consequences of poverty are particularly salient in this area? How appropriate are our current efforts to identify the poor? How successful are our anti-poverty policies? What steps can be taken to improve existing service delivery, eliminate inefficiencies, and streamline bureaucratic processes? And finally, what will this community's priorities be moving forward, particularly as we continue to wade through a period of economic uncertainty?

Government leaders, business entrepreneurs, and area service providers were more than willing to answer these and other questions, and during the course of the past fourteen weeks, provided incisive, thought-provoking responses to our queries that demonstrated both the innovative capacity of this community and a strong desire to chart a new course. Their experience and insight form the basis of this report which, in sum, is a broad overview—an introduction, if you will—to the nature of poverty in the Rockbridge area and to the programs and services it offers to those in need. Though mentioned at the beginning of the document, this cautionary note bears repeating: this report is not meant to be a referendum on the governments of Lexington, Buena Vista, and Rockbridge County; the leadership at W&L, VMI, and SVU; or the panoply of non-profits we interviewed during the course of the study. Nor is this assessment exhaustive. It merely represents a modest attempt to illustrate the basic parameters of poverty and features of poverty policy in Rockbridge, and in many ways, it has only skimmed the surface of our community's complex condition. Beyond some of the grim portraits of poverty painted in the preceding pages, this study has undoubtedly revealed that area agencies and local governments are willing and able to enhance service delivery and work towards the eradication of poverty in the community—the next step must be bold leadership and innovative ideas. In short, we believe that fostering discussions around poverty issues has opened a door for change and empowerment in the Rockbridge area.

But much work remains ahead of those seeking to fully understand the scope and magnitude of the poverty problem here. This study has raised many questions for us and will probably lead others to do the same. To us, it became apparent early on that there are several key areas that may be ripe for further study and analysis. As mentioned in the preceding pages, more robust research must be completed to fully understand this community's transportation needs and the types of public transport strategies that will be both successful and sustainable. Similarly, there is little available data on the magnitude of hunger and food insecurity problems in our community. Local relief agencies made it known that hunger was a significant issue and would only be compounded by the ensuing recession. (One area leader described former volunteers and donors now joining the food lines at her/his agency.)

The issue of housing quality was explored briefly in this report, but certainly warrants more attention and possibly a follow-up study. More research may help to determine the feasibility of transitional housing and home-improvement programs, which were both mentioned by the executive director of one area agency as dire needs. To address these issues, Rockbridge leaders should look to novel initiatives in peer communities that train young high-school dropouts and those with capability deficits to rehabilitate and replenish housing stocks. It was also mentioned on several occasions that there is an enormous need for vocational training and alternative education programs. From the academic years 2004-2005 to 2006-2007, the dropout rate in Rockbridge County increased nearly four-fold, from 0.6 percent to 2.25 percent; clearly, establishing diversion programs for these students should be a priority on the community's education agenda. An evaluative needs assessment should be conducted to determine what current programs and services are available and what remedial educational programs may be successful. Determining the viability of "green-collar" training and job creation should also be a component of the study—this is an exploding area in public policy and economic development literature.

These and other academic research efforts play a critical role in the formation of public policy and can help alter the economic trajectory of this area. We hope that this report has contributed to the overall level of knowledge about poverty in the Rockbridge area, and will stimulate valuable discourse about poverty issues, inspire policy debate and discussion, and serve as the starting point for future research efforts.

Appendix A

Figure 1: Poverty Thresholds for 2007 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	Weighted Average Thresholds	Related children under 18 years								
		None	One	Two	Three	Four	Five	Six	Seven	8 or more
One person (unrelated individual)	10,590									
Under 65 years	10,787	10,787								
65 years and over	9,944	9,944								
Two people	13,540									
Householder under 65 years	13,954	13,884	14,291							
Householder 65 years and over	12,550	12,533	14,237							
Three people	16,530	16,218	16,689	16,705						
Four people	21,203	21,386	21,736	21,027	21,100					
Five people	25,080	25,791	26,166	25,364	24,744	24,366				
Six people	28,323	29,664	29,782	29,168	28,579	27,705	27,187			
Seven people	32,233	34,132	34,345	33,610	33,098	32,144	31,031	29,810		
Eight people	35,816	38,174	38,511	37,818	37,210	36,348	35,255	34,116	33,827	
Nine people or more	42,739	45,921	46,143	45,529	45,014	44,168	43,004	41,952	41,691	40,085
SOURCE: U.S. Census Bureau; Downloadable at http://www.census.gov/hhes/www/poverty/threshld/thresh07.html										

Figure 2: Severity of the following issues in the Rockbridge area (0 stars = not severe; 5 stars = extreme) [All participants]

	Child Care	Education	Healthcare	Housing	Hunger	Lack of Resources for the elderly	Lack of resources for the disabled	Language barriers	Transportation	Unemployment
Agency 1	1	1	4	5	4	5	5	2	5	3
Agency 2	2	1	5	5	5	5	5	3	5	3
Agency 3	3	2	3	5	4	3	3	2	5	2
Agency 4	4	4	5	4	3	3	3	2	4	4
Agency 5	3	3	4	1	3	1	1	4	3	3
Agency 6	4	3	3	5	3	2	3	2	5	3
Agency 7	1	1	3	2	3	1	4	1	4	3
Agency 8	3	2	4	3	3	3	3	1	3	5
Agency 9	5	3	3	5	3	3	4	2	5	5
Agency 10	3	3	3	4	4	1	1	1	5	5
Agency 11	3	4	5	5	3	4	4	1	3	4
Agency 12	3	4	3	4	3	3	3	4	3	3
Agency 13	3	2	4	4	4	4	3	2	5	2
Agency 14	3	2	3	4	4	4	4	3	4	5
Agency 15	4	5	2	5	3	2	2	3	5	3
Agency 16	2	1	3	2	2	2	2	1	2	2
Agency 17	3	3	4	2	3	3	3	2	3	3
Agency 18	4	4	4	4	3	3	3	3	3	3
Agency 19	3	2	4	3	4	3	5	3	4	3
Agency 20	3	3	5	3	3	3	4	1	4	3
Agency 21	2	3	1	3	2	2	3		3	1
Average	3.0	2.7	3.6	3.7	3.3	2.9	3.2	2.2	4.0	3.2
SOURCE: Assessing Poverty & Human Capability Issues in the Rockbridge Area (survey); administered in Fall 2008										

Figure 3: Severity of the following issues in the Rockbridge area (0 stars = not severe; 5 stars = extreme) [Responses from agencies independent from selected issue]

	Child Care	Education	Healthcare	Housing	Hunger	Lack of Resources for the elderly	Lack of resources for the disabled	Language barriers	Transportation	Unemployment
Agency 1	1	1	4	5				2	5	3
Agency 2	2	1		5				3		3
Agency 3	3	2		5			3	2		2
Agency 4	4		5	4	3	3	3	2	4	4
Agency 5	3	3	4	1	3			4		
Agency 6	4		3	5	3	2	3	2	5	3
Agency 7	1	1	3	2	3	1		1	4	
Agency 8	3	2	4	3	3	3	3	1		5
Agency 9	5		3			3		2	5	5
Agency 10	3	3	3	4		1	1	1	5	5
Agency 11	3	4	5		3	4	4	1	3	4
Agency 12	3		3	4	3	3	3		3	3
Agency 13										
Agency 14	3	2	3	4	4	4	4	3	4	5
Agency 15		5	2	5	3	2	2	3	5	3
Agency 16		1	3	2	2	2	2	1	2	2
Agency 17	3			2	3				3	3
Agency 18	4	4	4		3	3	3	3	3	3
Agency 19	3	2	4	3	4	3		3		
Agency 20	3		5	3	3		4	1	4	3
Agency 21	2	3	1	3	2				3	1
Average	2.5	2.4	3.5	3.5	3.0	2.6	2.9	2.1	3.9	3.4
SOURCE: Assessing Poverty & Human Capability Issues in the Rockbridge Area (survey); administered in Fall 2008										

Figure 4: How adequately is the community responding to the following issues (0 stars = no effect; 5 stars = extremely effective) [All survey participants]

	Child Care	Education	Healthcare	Housing	Hunger	Lack of Resources for the elderly	Lack of resources for the disabled	Language barriers	Transportation	Unemployment
Agency 1	5	5	2	2	2	3	3	2	2	3
Agency 2	2	1	5	5	5	5	5	3	5	3
Agency 3	2	4	3	2	5	4	4	3	1	2
Agency 4	2	3	2	2	3	3	4	2	3	3
Agency 5	5	5	5	5	3	1	1	4	2	3
Agency 6	2	4	3	2	3	3	2	1	2	2
Agency 7	1	1	3	2	1	1	4	1	4	3
Agency 8	3	4	4	4	3	4	4	2	4	3
Agency 9	1	3	3		3	3	3	3	2	1
Agency 10	2		2	2	4	2	2	2	3	
Agency 11	3	2	2	1	3	3	3	5	3	1
Agency 12	2	4	4	2	4	3	3	4	3	3
Agency 13	4	3	3	3	2	2	3	3	2	2
Agency 14	3	3	3	3	3	3	3	3	3	2
Agency 15	2	3	3	2	3	3	3	3	3	3
Agency 16	3	4	3	2	3	3	3	3	3	2
Agency 17	3	3	4	4	4	3	3	4	3	3
Agency 18	1	2	1	1	1	2	2	2	2	1
Agency 19	2	3	3	2	2	3	3	3	3	2
Agency 20	2	3	2	3	2	2	3	3	2	2
Agency 21	2	2	2	2	2	3	3		3	
Average	2.5	3.1	3.0	2.6	2.9	2.8	3.0	2.8	2.8	2.3
SOURCE: Assessing Poverty & Human Capability Issues in the Rockbridge Area (survey); administered in Fall 2008										

Figure 5: How adequately is the community responding to the following issues (0 stars = no effect; 5 stars = extremely effective) [Responses from agencies independent from selected issue]

	Child Care	Education	Healthcare	Housing	Hunger	Lack of Resources for the elderly	Lack of resources for the disabled	Language barriers	Transportation	Unemployment
Agency 1	5	5	2	2				2	2	3
Agency 2	2	1		5				3		3
Agency 3	2	4		2			4	3		2
Agency 4			2	2	3	3	4	2	3	3
Agency 5	5	5	5	5	3			4		
Agency 6	2		3	2	3	3	2	1	2	2
Agency 7	1	1	3	2	1	1		1	4	
Agency 8	3	4	4	4	3	4	4	2		3
Agency 9			3			3		3	2	1
Agency 10	2		2	2		2	2	2	3	
Agency 11		2	2		3	3	3	5	3	1
Agency 12										
Agency 13	2		4	2	4	3	3		3	3
Agency 14	3	3	3	3	3	3	3	3	3	2
Agency 15		3	3	2	3	3	3	3	3	3
Agency 16		4	3	2	3	3	3	3	3	2
Agency 17	3			4	4				3	
Agency 18	1	2	1		1	2	2	2	2	1
Agency 19		3	3	2	2			3		
Agency 20			2	3	2	2	3	3	2	2
Agency 21	2	2	2	2	2				3	
Average	2.5	3.0	2.8	2.7	2.7	2.7	3.0	2.6	2.7	2.2
SOURCE: Assessing Poverty & Human Capability Issues in the Rockbridge Area (survey); administered in the Fall 2008										

Figure 6: Selected data about Rockbridge area employment (2007)

Total Industry Averages		
Total Employees		
	Rockbridge County	6847
	Buena Vista	2515
	Lexington	5051
	Total	14413
Average Weekly Wage		
	Rockbridge County	\$534.00
	Buena Vista	\$511.00
	Lexington	\$639.00
	Average	\$566.78
Average Annual Pay		
	Rockbridge County	\$27,751.00
	Buena Vista	\$26,593.00
	Lexington	\$33,229.00
	Average	\$29,468.69
Manufacturing		
Employees		
	Rockbridge County	1909
	Buena Vista	619
	Lexington	ND
	Total	2528
Average Weekly Wage		
	Rockbridge County	\$695.00
	Buena Vista	\$814.00
	Lexington	ND
	Average	\$724.14
Average Annual Pay		
	Rockbridge County	\$36,132.00
	Buena Vista	\$42,318.00
	Lexington	ND
	Average	\$37,646.69
Accommodation and Food Services		
Employees		
	Rockbridge County	936
	Buena Vista	111
	Lexington	659
	Total	1706

Average Weekly Wage		
	Rockbridge County	\$253.00
	Buena Vista	\$269.00
	Lexington	\$263.00
	Average	\$257.90
Average Annual Pay		
	Rockbridge County	\$13,150.00
	Buena Vista	\$13,976.00
	Lexington	\$13,693.00
	Average	\$12,512.41
*ND: Not Disclosed (by BLS)		
SOURCE: Bureau of Labor Statistics		

Figure 7: Breakdown of disabilities in the Rockbridge area

Lexington				
Disability status of the civilian non-institutional population		Both sexes	Male	Female
Population 5 years and over		6481	3704	2777
With a disability		899	448	451
Percent with a disability		13.9	12.1	16.2
Type of disability	Sensory	279	150	129
	Physical	408	181	227
	Mental	324	139	185
Buena Vista				
Disability status of the civilian non-institutional population		Both Sexes	Male	Female
Population 5 years and over		5899	2727	3172
With a disability		1394	629	765
Percent with a disability		23.6	23.1	24.1
Type of disability	Sensory	260	125	135
	Physical	831	337	494
	Mental	500	282	218
Rockbridge County				
Disability status of the civilian non-institutional population		Both Sexes	Male	Female
Population 5 years and over		19495	9747	9748
With a disability		4361	2259	2102
Percent with a disability		22.4	23.2	21.6
Type of disability	Sensory	967	548	419
	Physical	1964	942	1022
	Mental	1192	626	566
Virginia				
Disability status of the civilian non-institutional population		Both Sexes	Male	Female
Population 5 years and over		6377588	3049836	3327752
With a disability		1155083	562841	592242
Percent with a disability		18.1	18.5	17.8
Type of disability	Sensory	207388	105941	101447
	Physical	495064	213250	281814
	Mental	297524	151601	145923
SOURCE: Census data, 2000				

Figure 8: Employment numbers for individuals with disabilities in the Rockbridge area

Lexington	Both Sexes	Male	Female
Population 21 to 64 years	3,298	1,906	1,392
With a disability	384	219	165
Percent employed	34.1	38.8	27.9
No disability	2,914	1,687	1,227
Percent employed	55.4	51.9	60.1
Buena Vista	Both Sexes	Male	Female
Population 21 to 64 years	3,552	1,717	1,835
With a disability	734	342	392
Percent employed	51.6	64.9	40.1
No disability	2,818	1,375	1,443
Percent employed	81.5	86	77.1
Rockbridge County	Both Sexes	Male	Female
Population 21 to 64 years	12,131	6,026	6,105
With a disability	2,700	1,423	1,277
Percent employed	57.6	63.5	51.1
No disability	9,431	4,603	4,828
Percent employed	78.8	84.1	73.8
Virginia	Both Sexes	Male	Female
Population 21 to 64 years	4,073,957	1,950,577	2,123,380
With a disability	712,330	359,664	352,666
Percent employed	58.5	62.6	54.2
No disability	3,361,627	1,590,913	1,770,714
Percent employed	79.8	87.3	73.1
SOURCE: Census data, 2000			

Appendix B



Assessing Poverty & Human Capability Issues in the Rockbridge Area

A Study by the Shepherd Program at Washington & Lee University

=====
Introduction/Informed Consent
=====

Information for Respondents: This survey is part of a community-based research initiative of the Shepherd Program for the Interdisciplinary Study of Poverty and Human Capability at Washington and Lee University. Responses will form the basis of a comprehensive study that aims to assess poverty and human capability issues in Lexington, Buena Vista, and Rockbridge County; evaluate the role of governmental and non-governmental organizations in poverty mitigation strategies; and make policy recommendations to relevant actors, where applicable. Please direct all inquiries to survey administrators Melissa Caron '09 (caronm@wlu.edu) and Chris Martin '09 (martinc@wlu.edu), or to the study advisor, Dr. Harlan Beckley (beckleyh@wlu.edu).

THIS SURVEY IS VOLUNTARY—YOU MAY END YOUR PARTICIPATION AT ANY TIME. ALL RESPONSES WILL BE KEPT CONFIDENTIAL AND WILL NOT BE RELEASED WITHOUT YOUR PERMISSION. CONTACT INFORMATION WILL STRICTLY BE USED FOR FOLLOW-UP INTERVIEWS.

=====
Respondent Contact Information
=====

Name

Title

Email Address

Phone Number

Fax Number

Note: A Washington and Lee student researcher may contact you to follow-up on some of your responses at a later date.

=====
Respondent Contact Information (continued)
=====

How long have you held your current position? (Please check one)

- ☐ Six months or less
- ☐ 6 months - 1 year
- ☐ 1-2 years
- ☐ 2-3 years
- ☐ 3-4 years
- ☐ 4-5 years
- ☐ More than 5 years
- ☐ More than 10 years

=====
Agency Information
=====

Agency Name

Apt/Suite/Office

Street Address

City

State

Postal Code

Agency Web Address (URL), if applicable

In what year was the agency founded?

In brief, what is the mission of the agency? If the organization has a formal mission statement, feel free to reproduce it here.

=====

Agency Clientele

=====

Describe the agency's clientele. If possible -- and where applicable -- please speak to race/ethnicity, gender, educational background, approximate income level, occupation, and other distinguishing characteristics.

Are there specific criteria that clients must meet in order to receive the agency's services (e.g., income test)?

- () Yes
() No

If yes, please explain the criteria.

How do clients initially find the agency and apply for its services (e.g., referral, advertisement, word of mouth, etc.)?

=====

Agency Services (1/2)

=====

The agency provides the following services (check all that apply):

- ☐ Child care
- ☐ Educational services
- ☐ Food assistance
- ☐ Fuel assistance
- ☐ Healthcare
- ☐ Housing assistance
- ☐ Job training
- ☐ Language translation services
- ☐ Transportation services
- ☐ Services for at-risk youth
- ☐ Services for the elderly
- ☐ Services for the mentally disabled
- ☐ Services for the abused
- ☐ Services for the physically disabled
- ☐ Other
- ☐ Other

Please describe the services that the organization provides. (Specificity is essential! Details that reveal the size and scope of the services will be particularly instructive.)

=====

Agency Services (2/2)

=====

On average, how long do clients use the agency's services? (Please specify unit -- weeks, months, years).

In your opinion, do any external barriers (e.g., transportation) prevent potential or current clients from accessing the agency's services?

- ☐ Yes
- ☐ No

If yes, please identify the barriers.

=====

Agency Cooperation and Coordination

=====

Does your agency have a formal or informal relationship with at least one other agency (governmental or non-governmental) in the Rockbridge area that helps your agency meet the needs of its clients?

- ☐ Yes
☐ No

If yes, please identify the agency or agencies.

If applicable, please indicate the frequency of cooperation with each of the agencies listed above.

Are there any agencies (governmental or non-governmental) with which you do not currently coordinate that might be effective partners for your organization?

- ☐ Yes
☐ No
☐ Unsure

If yes, please identify the agency or agencies.

=====

Defining Poverty in the Rockbridge Area

=====

In your opinion, what is the single greatest issue facing the impoverished in the Rockbridge area? Why?

On a scale from 0-5, how problematic are the following issues in the Rockbridge area? (0 = not a problem, 5 = severe problem). How are government and non-governmental agencies in the area responding to these issues (0 = very ineffectively, 5 = very effectively)?

	Severity	Effectiveness of Response
Child care	_____	_____
Education	_____	_____
Healthcare	_____	_____
Housing	_____	_____
Hunger	_____	_____
Lack of resources for the elderly	_____	_____
Lack of resources for the disabled	_____	_____
Language barriers	_____	_____
Transportation	_____	_____
Unemployment	_____	_____

=====

Thank You!

=====

Many thanks for your willingness to complete our survey. A student researcher may contact you by phone or e-mail to follow-up on some of your responses.

The information that you have provided will help illuminate the challenges facing the impoverished in Lexington, Buena Vista, and Rockbridge County. For more information on this project, community-based research, the Shepherd Program, or Washington and Lee University, please visit us on the web at <http://shepherd.wlu.edu>.

Appendix C

Figure 1: 2008 Health and Human Services poverty guidelines			
Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$10,400	\$13,000	\$11,960
2	14,000	17,500	16,100
3	17,600	22,000	20,240
4	21,200	26,500	24,380
5	24,800	31,000	28,520
6	28,400	35,500	32,660
7	32,000	40,000	36,800
8	35,600	44,500	40,940
For each additional person, add	3,600	4,500	4,140
SOURCE: <i>Federal Register</i> , Vol. 73, No. 15, January 23, 2008, pp. 3971–3972			

Figure 2: Number of individuals living in families below the their poverty thresholds

Year	National Number (thousands)	Percent	Number in Southern Region	Percent	Virginians (thousands)	Percent
2006	36,460	12.3	14,882	13.8	651	8.6
2005	36,950	12.6	14,854	14.0	684	9.2
2004	37,040	12.7	14,817	14.1	693	9.4
2003	35,861	12.5	14,548	14.1	740	10.0
2002	34,570	12.1	14,019	13.8	702	9.9
2001	32,907	11.7	13,515	13.5	564	8.0
2000	31,581	11.3	12,705	12.8	577	8.3
1999	32,791	11.9	12,744	13.2	537	7.9
1998	34,476	12.7	12,992	13.7	589	8.8
1997	35,574	13.3	13,748	14.6	858	12.7
1996	36,529	13.7	14,098	15.1	795	12.3
1995	36,425	13.8	14,458	15.7	648	10.2
1994	38,059	14.5	14,729	16.1	710	10.7
1993	39,265	15.1	15,375	17.1	627	9.7
1992	38,014	14.8	15,198	17.1	592	9.5
1991	35,708	14.2	13,783	16.0	608	9.9
1990	33,585	13.5	13,456	15.8	705	11.1
1989	31,528	12.8	12,943	15.4	671	10.9
1988	31,745	13.0	13,530	16.1	647	10.8
1987	32,221	13.4	13,287	16.1	583	9.9
1986	32,370	13.6	13,106	16.1	547	9.7
1985	33,064	14.0	12,921	16.0	558	10.0
1984	33,700	14.4	12,792	16.2	554	10.0
1983	35,303	15.2	13,484	17.2	618	11.3
1982	34,398	15.0	13,967	18.1	668	12.5
1981	31,822	14.0	13,256	17.4	662	12.6
1980	29,272	13.0	12,363	16.5	647	12.4
1979	26,072	11.7	10,627	15.0		
1978	24,497	11.4	10,255	14.7		
1977	24,720	11.6	10,249	14.8		
1976	24,975	11.8	10,354	15.2		
1975	25,877	12.3	11,059	16.2		
1974	23,370	11.2	10,761	16.1		
1973	22,973	11.1	10,061	15.3		
1972	24,460	11.9	10,928	16.9		
1971	25,559	12.5	11,182	17.5		
1970	25,420	12.6	11,480	18.5		
1969	24,147	12.1	11,090	17.9		
1968	25,389	12.8				
1967	27,769	14.2				
1966	28,510	14.7				
1965	33,185	17.3				
1964	36,055	19.0				
1963	36,436	19.5				
1962	38,625	21.0				
1961	39,628	21.9				
1960	39,851	22.2				
1959	39,490	22.4				

SOURCE: Current Population Survey, Annual Social and Economic Supplements

Figure 3: Periods of economic recession

Start (month/year)	End (month/year)
11/1948	10/49
7/1953	5/1954
8/1957	2/1961
12/1969	11/1970
11/1973	3/1975
1/1980	7/1980
7/1981	11/1982
7/1990	3/1991
3/2001	11/2001
1/2008	---
SOURCE: National Bureau of Economic Research (NBER) ⁶²	

Figure 4: Poverty rates in the United States, Virginia, Rockbridge County, Buena Vista city, and Lexington city, 1995-2005

Year	U.S. no.	U.S. %	Virginia Poverty	Virginia Percent	Rockbridge County Poverty	Rockbridge County Percent	Buena Vista poverty	Buena Vista percent	Lexington city poverty	Lexington city percent
2005*	38,231,474	13.3	728,858	10.00	2,066	9.8	840	14.2	914	20.3
2004	37,039,804	12.7	705,037	9.5	1,970	9.3	677	11.4	718	15.8
2003	35,861,170	12.5	724,32X	10.00	2,072	9.8	694	11.6	751	16.4
2002	34,569,951	12.1	692,127	9.6	2,009	9.6	689	11.3	876	18.4
2001	32,906,511	11.7	620,244	8.8	1,825	8.8	637	10.6	740	15.9
2000	31,581,086	11.3	620,938	8.9	1,842	8.9	636	10.5	777	16.9
1999	32,791,272	11.9	620,209	9.0	1,899	9.1	599	9.8	757	16.3
1998	34,475,726	12.7	696,205	10.2	2,205	11.2	783	12.6	907	15.9
1997	35,573,858	13.3	782,827	11.6	2,367	12.1	977	15.4	1,013	20.1
1996	36,529,140	13.7	769,893	11.5						
1995	36,424,609	13.8	742,306	11.3						
SOURCE: Small Area Income and Poverty Estimates (SAIPE), 1995-2005										

Figure 5: Children aged 5-17 in families in poverty (number of families and as a percentage of population)

	United States (number)	United States (%)	Virginia (number)	Virginia (%)	Rockbridge County (number)	Rockbridge County (%)	Buena Vista (number)	Buena Vista (%)	Lexington (number)	Lexington (%)
2005	8,765,541	17.0	153,431	12.0	360	11.1	142	14.4	42	10.0
2004	8,430,886	16.2	142,376	11.1	340	10.4	126	12.6	40	9.5
2003	8,399,573	16.1	149,256	11.6	374	11.3	145	14.3	43	7.5
2002	8,004,514	15.3	151,219	11.8	391	11.8	150	15.0	64	12.5
2001	7,662,294	14.8	125,343	10.0	316	9.6	124	12.6	45	9.0
2000	7,536,575	14.6	135,895	10.8	342	10.1	125	12.6	42	8.0

SOURCE: Small Area Income and Poverty Estimates

Figure 6: Free/reduced lunch statistics from the Virginia Department of Education

	Virginia %	Lexington City Schools	Buena Vista City Schools	Rockbridge County
2007-2008	33.01	16.12	34.28	34.15
2006-2007	33.33	20.04	31.96	31.38
2005-2006	32.94	17.27	29.80	31.91
2004-2005	33.31	18.35	30.14	32.12
2003-2004	32.45	17.67	30.82	28.81
2002-2003	31.62	15.68	33.79	29.40
2001-2002	31.10	16.27	31.77	28.92
2000-2001	30.34	17.01	29.82	25.43
1999-2000	31.16	15.40	28.66	27.07
1998-1999	31.68	21.54	30.73	28.43
1997-1998	31.96	23.08	31.62	29.79

SOURCE: Virginia Department of Education http://www.doe.virginia.gov/ss_services/nutrition/resources/statistics.shtml

Figure 7: Under age 18 in poverty, number and as a percentage of population under age 18

	United States (number)	United States (%)	Virginia (number)	Virginia (%)	Rockbridge County (number)	Rockbridge County (%)	Buena Vista (number)	Buena Vista (%)	Lexington (percentage)	Lexington (%)
2005*	13,360,273	18.5	237,858	13.3	555	12.8	243	18.2	78	12.6
2004	13,041,492	17.8	221,675	12.2	514	11.7	193	14.2	78	12.5
2003	12,865,806	17.6	243,635	13.6	604	13.7	231	16.8	97	13.6
2002	12,132,645	16.7	224,014	12.5	559	12.7	210	14.6	96	12.5
2001	11,732,684	16.3	195,437	11.2	483	11.1	187	13.3	79	10.4
2000	11,587,118	16.2	211,862	12.2	534	11.9	191	13.5	90	12.0

SOURCE: Small Area Income and Poverty Estimates

Figure 8: Percentage of individuals without health insurance (2000)

	United States	Virginia	Rockbridge County	Buena Vista city	Lexington City
All ages	14.2	12.2	8.4	9.7	7.0
Under 18	11.9	10.5	4.3	5.5	3.8

SOURCE: Small Area Health Insurance Estimates, 2005

Figure 9: Educational attainment as a percentage of the population 25 years and older, 2000				
	Virginia	Rockbridge County	Buena Vista City	Lexington City
% <9 th grade ed.	7.2	14.8	16.0	10.6
High school or higher	81.5	71.0	69.0	77.0
Bachelors degree or higher	29.5	18.7	10.5	42.6
SOURCE: U.S. Census Bureau, Census 2000 Summary File 3, Matrices P19, P36, P37, P38, PCT24, and PCT25				

Figure 10: Middle school and high school dropout rates				
	Virginia	Rockbridge County 7-12 (includes Lexington 9-12)	Buena Vista	Lexington (7-8)
2006-2007	1.86	2.26	0.38	0.00
2005-2006	1.89	2.01	0.59	0.00
2004-2005	1.86	0.65	0.62	0.00
2003-2004	2.05	0.53	1.46	0.00
2002-2003	2.17	1.81	2.71	0.00
2001-2002	2.02	2.16	4.73	0.00
SOURCE: Virginia Department of Education, http://www.doe.virginia.gov/VDOE/Publications/				

Figure 11: English proficiency as a percentage of population five years and older				
	Virginia	Rockbridge County	Buena Vista City	Lexington City
Speak language other than English at home	11.1	3.0	2.7	7.7
Speak English less than "very well"	4.6	1.0	.5	1.0
SOURCE: U.S. Census Bureau, Census 2000 Summary File 3, Matrices P19, P36, P37, P38, PCT24, and PCT25				

Figure 12: Median Income, 1995-2005

Year	US Median Income	Virginia	Rockbridge County	Buena Vista	Lexington
2005*	46,242	52,207	40,335	39,018	34,307
2004	44,334	51,103	40,081	34,982	33,190
2003	43,318	50,028	37,877	33,818	31,139
2002	42,409	48,224	36,970	33,556	30,237
2001	42,228	48,130	36,458	32,965	30,199
2000	41,990	46,789	37,307	33,802	31,046
1999	40,696	44,848	35,204	31,938	30,598
1998	38,885	42,622	35,572	32,328	29,785
1997	37,005	40,209	33,687	31,374	29,490
1996	35,492	38,510			
1995	34,076	36,367			

SOURCE: SCAIPE**Figure 13: Per capita income,⁶³ 1995-2005**

	Virginia	Rockbridge County	Buena Vista City	Lexington City
2005	37,503	26936	26936	26936
2004	36,160	26165	26165	26165
2003	34,014	24705	24705	24705
2002	33013	23511	23511	23511
2001	32505	22702	22702	22702
2000	31087	21778	21778	21778
1999	29226	20427	20427	20427
1998	27780	19690	19690	19690
1997	26307	18602	18602	18602
1996	25034	18185	18185	18185
1995	24056	16936	16936	16936

SOURCE: Annie E. Casey Foundation, Kids Count

Figure 14: Breakdown of occupied households in the Rockbridge Area based on poverty characteristics

Lexington			
Owner-Occupied		Renter-Occupied	
54.9%		45.1%	
owner-occupied households above poverty line	owner-occupied households below poverty line	renter-occupied households above poverty line	renter-occupied households below poverty line
1162	63	509	498
Buena Vista			
Owner-Occupied		Renter-Occupied	
70.7%		29.3%	
owner-occupied households above poverty line	owner-occupied households below poverty line	renter-occupied households above poverty line	renter-occupied households below poverty line
1672	128	531	216
Rockbridge County			
Owner-Occupied		Renter-Occupied	
78.7%		21.3%	
owner-occupied households above poverty line	owner-occupied households below poverty line	renter-occupied households above poverty line	renter-occupied households below poverty line
6181	497	1402	406
SOURCE: Census Data, 2000			

Figure 15: Number of Children (ages 0-12) Receiving Child Care Subsidies

	2002		2003		2004		2005		2006		2007	
	Number of children	Number of Children as a percentage of population (aged 0-12)	Number of children	Number of Children as a percentage of population (aged 0-12)	Number of children	Number of Children as a percentage of population (aged 0-12)	Number of children	Number of Children as a percentage of population (aged 0-12)	Number of children	Number of Children as a percentage of population (aged 0-12)	Number of children	Number of Children as a percentage of population (aged 0-12)*
Virginia	52,466	3.54%	54,101	3.62%	58,270	3.89%	62,213	4.12%	57,991	3.89%	57,411	3.85%
Buena Vista	22	1.82%	16	1.31%	37	3.03%	31	2.80%	29	2.72%	34	3.19%
Lexington	21	3.43%	19	3.06%	17	2.88%	15	2.87%	12	2.15%	8	1.43%
Rockbridge	46	1.29%	51	1.45%	55	1.57%	60	1.71%	57	1.62%	54	1.53%
*uses population estimates from 2006												
SOURCE: CLIKS: Virginia; Virginia Department of Social Services												

Figure 16: Poverty Rate for Children, ages 0-17

	2000	2001	2002	2003	2004	2005
Virginia	12%	11%	13%	14%	12%	13%
Buena Vista	14%	13%	15%	17%	14%	18%
Lexington	12%	10%	13%	13%	13%	13%
Rockbridge	12%	11%	13%	14%	12%	13%
SOURCE: CLIK: Virginia; Small area income and poverty estimates						

Figure 17: Poverty Rate of Children Ages 5-17 in families of poverty

	2002	2003	2004	2005
Virginia	11.8	11.6	11.1	12
Buena Vista	15	14.3	12.6	14.4
Lexington	12.5	11.1	9.5	10
Rockbridge	11.8	11.3	10.4	11.1
SOURCE: U.S. Bureau of the Census, Small Area Income and Poverty Estimates (SAIPE) program				

Notes

¹ National Bureau of Economic Research, "Determinations of the December 2007 Peak in Economic Activity," 11 December 2008, <http://mirror.nber.org/dec2008.pdf>.

² W&L Task Force on Child on Child Care, "Report of the Task Force on Child Care," Washington and Lee University, 14 November 2007, p. online

-
- ³ Ibid.
- ⁴ Rockbridge Community Forum on Poverty at Washington and Lee University
- ⁵ The Rockbridge Partnership, "Rockbridge Area, Virginia Community Profile," http://www.rockbridgepartnership.org/the_area/files_docs/Rockbridge_Community_Profile.pdf
- ⁶ Ibid
- ⁷ The Rockbridge Partnership, "About the Area: History," http://www.rockbridgepartnership.org/the_area/history.html
- ⁸ Rockbridge Community Forum on Poverty at Washington and Lee University
- ⁹ Simon Maxwell, "The Meaning and Measurement of Poverty," ODI Poverty Briefing 3, February 1999.
- ¹⁰ Ibid
- ¹¹ Deepa Narayan et al., "Chapter 2: The Definitions of Poverty," *Can Anyone Hear Us? Voices from 47 Countries*, Poverty Group, PREM, The World Bank, December 1999, <http://siteresources.worldbank.org/INTPOVERTY/Resources/335642-1124115102975/1555199-1124115187705/ch2.pdf>
- ¹² U.S. Census Bureau, "Current Population Survey (CPS)," <http://www.census.gov/cps/>
- ¹³ U.S. Census Bureau, "Poverty: How the Census Bureau Measures Poverty (Official Measure)," <http://www.census.gov/hhes/www/poverty/povdef.html>
- ¹⁴ U.S. Census Bureau, "Poverty: Definition," <http://www.census.gov/hhes/www/poverty/definitions.html>
- ¹⁵ U.S. Census Bureau, "Poverty: Definitions," <http://www.census.gov/hhes/www/poverty/definitions.html>
- ¹⁶ U.S. Census Bureau, "Poverty: 2007 Highlights," 2007, <http://www.census.gov/hhes/www/poverty/poverty07/pov07hi.html>
- ¹⁷ National Bureau of Economic Research, "Determinations of the December 2007 Peak in Economic Activity," 11 December 2008, <http://mirror.nber.org/dec2008.pdf>.
- ¹⁸ U.S. Census Bureau, "Poverty: 2007 Highlights," 2007, <http://www.census.gov/hhes/www/poverty/poverty07/pov07hi.html>
- ¹⁹ Ibid
- ²⁰ U.S. Census Bureau, "Historical Poverty Tables: People," <http://www.census.gov/hhes/www/poverty/histpov/perindex.html>
- ²¹ Southern Virginia University, "Residential Life," <http://svu.edu/residential-life.aspx>
- ²² Rockbridge Community Forum on Poverty at Washington and Lee University
- ²³ Federal Transit Administration, "Overview," http://www.fta.dot.gov/funding/grants/grants_financing_3624.html
- ²⁴ Thomas Arcury, et al., "Access to transportation and health care utilization in a rural area," *The Journal of Rural Health*, Vol. 21, Iss. 1, pp.31-38
- ²⁵ Federal Transit Administration, "Alternative Fuels Study: A Report to Congress on Policy Options for Increasing the Use of Alternative Fuels in Transit Vehicles," December 2006, ["http://www.fta.dot.gov/documents/Alternative_Fuels_Study_Report_to_Congress.pdf"](http://www.fta.dot.gov/documents/Alternative_Fuels_Study_Report_to_Congress.pdf)
- ²⁶ Interview with Ruth Parsons, Rockbridge Area Occupational Center
- ²⁷ Transit Cooperative Research Program, "TCRP Report 34: Assessment of the Economic Impacts of Rural Public Transportation," 1998, http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rpt_34.pdf
- ²⁸ Judith Espinosa, Eric Holm, and Mary White, "Creating Intelligent, Coordinated Transit: Moving New Mexico the Smart Way," *Transportation Research Record* Volume 1927, 2005, <http://trb.metapress.com/content/t653u886610144q8/fulltext.pdf>
- ²⁹ Transit Cooperative Research Program, "TCRP Report 34: Assessment of the Economic Impacts of Rural Public Transportation," 1998, http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rpt_34.pdf
- ³⁰ Interview with Ruth Parsons, Rockbridge Area Occupational Center
- ³¹ Interview with Barbara, Rockbridge Area Occupational Center
- ³² Lisa Iezzoni, Mary B. Killeen, and Bonnie L. O'Day, "Rural residents with disabilities confront substantial barriers to obtaining primary care," *Health Services Research*, Vol. 41, Issue 4, pp.1258-1275.
- ³³ Emily J. Hauenstein, et al., "Rurality and Mental Health Treatment," *Administration and Policy in Mental Health and Mental Health Services Research*, Volume 34, Number 3, May 2007.

-
- ³⁴ Audrey J. Kemp, "Quality of Life and the Health Care System in New River Valley, Virginia: Residents' Perceptions and Experiences," <http://scholar.lib.vt.edu/theses/available/etd-04032008-141550/>
- ³⁵ Virginia Economic Development Partnership
- ³⁶ Ibid.
- ³⁷ U.S. Bureau of Labor Statistics. See Appendix A, Figure 6.
- ³⁸ U.S. Department of Agriculture Economic Research Service, "Briefing Rooms: Food Security in the United States," accessed 25 January 2009, <http://www.ers.usda.gov/Briefing/FoodSecurity/>
- ³⁹ Trust for America's Health, "State Data: Virginia," <http://healthyamericans.org/states/?stateid=VA>
- ⁴⁰ Virginia Food Security Summit, "Final Report Findings and Recommendations, Appendix D, Fact Sheet: Indicators of Food Security in Virginia" 11 May 2007, http://www.virginia.edu/ien/foodsummit/docs/FINALREPORT_AppdxD.pdf
- ⁴¹ Ibid
- ⁴² Ibid
- ⁴³ W&L Task Force on Child on Child Care, "Report of the Task Force on Child Care," Washington and Lee University, 14 November 2007, p. online
- ⁴⁴ Ibid., 12.
- ⁴⁵ Ibid., 7.
- ⁴⁶ Ibid., 15.
- ⁴⁷ The Annie E. Casey Foundation, "CLIKS: Raw Data for Virginia, Population, ages 1 to 4, 2006," 2007, http://www.kidscount.org/cgi-bin/cliks.cgi?action=profile_results&subset=VA
- ⁴⁸ Mildred Wamer, "Putting Child Care in the picture: why this service is critical part of community infrastructure," *Planning (American Planning Association)*, June 2007, 16.
- ⁴⁹ W&L Task Force on Child on Child Care, "Report of the Task Force on Child Care," Washington and Lee University, 14 November 2007, p. online
- ⁵⁰ Rockbridge Community Forum on Poverty at Washington and Lee University
- ⁵¹ The Annie E. Casey Foundation, "Virginia Localities: Number of Children Receiving Child Care Subsidies," 2007, http://www.kidscount.org/cgi-bin/cliks.cgi?action=map_results&subset=VA&areatype=county&indicatorid=42
- ⁵² The Rockbridge Partnership, "DSLCC Celebrates Opening of New Rockbridge Center," http://www.rockbridgepartnership.org/newsworthy/dslcc_opening.html
- ⁵³ Interview with Ellen Mayock, Washington and Lee University ESOL.
- ⁵⁴ John McLaughlin, Maria Rodriguez, and Carolyn Madden, "University and Community Collaborations in Migrant ESL," *New Directions for Adult and Continuing Education*, Vol. 2008, Iss. 117, 37-46
- ⁵⁵ Rockbridge Community Forum on Poverty at Washington and Lee University
- ⁵⁶ Ibid.
- ⁵⁷ Ibid
- ⁵⁸ Ibid.
- ⁵⁹ Central Shenandoah Planning District Commission, <http://www.cspdc.org/DesktopDefault.aspx?tabid=119>
- ⁶⁰ http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rpt_34.pdf
- ⁶¹ Del Peterson and Jeremy Mattson, "Biodiesel Use in Fargo-Moorhood MAT Buses, May 2008," <http://www.ugpti.org/pubs/pdf/DP200.pdf>
- ⁶² U.S. Census Bureau, "Historical Poverty Tables – Periods of Recession," <http://www.census.gov/hhes/www/poverty/histpov/recessn.html>
- ⁶³ The Annie E. Casey Foundation, "CLIKS: Raw Data for Virginia, Population, ages 1 to 4, 2006," 2007, http://www.kidscount.org/cgi-bin/cliks.cgi?action=profile_results&subset=VA