Building a Strong Foundation for Children

Child and Family Indicators Report - 2016

Cities of Hampton and Newport News

Peninsula Community Foundation

Last Updated: March 20, 2016

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Introduction

Among the most accomplished and fabled tribes of Africa, no tribe was considered to have warriors more fearsome or more intelligent than the mighty Masai. It is perhaps surprising, then, to learn the traditional greeting that passed between Masai warriors. "Kasserian ingera," one would say to another. It means, "And how are the children?" . . . Even warriors with no children of their own would always give the traditional answer, "All the children are well," meaning that peace and safety prevail, that the priorities of protecting the young and powerless are in place, that the society has not forgotten its reason for being, its proper functions and responsibilities.

Attributed to a speech by the Reverend Patrick O'Nell

Printed in Father Times*, Minneapolis, MN*

Why This Report, Why Now

The well-being of our youngest citizens is critically important to the long-term well-being of the community. Much like the old story of "the canary in the coal mine," indicators about children—the status of their families and neighborhoods, their health, economic security and educational success—tell a story of how well a community is succeeding. When communities struggle, families struggle; when families struggle, children struggle. When children thrive, the community is thriving.

Our community is at a crossroads. The populations of the cities of Hampton and Newport News are becoming poorer and less educated than they used to be, as well as poorer and less educated than the rest of the Peninsula region. Currently over 18,000 children on the Peninsula live in poverty. That's eighteen thousand people, from birth to age seventeen, living below the official poverty threshold. If Darling Stadium in Hampton and Todd Stadium in Newport News were filled with a child in every seat, that would represent the number of local children in families lacking the resources to meet their basic needs.

The Peninsula Community Foundation believes that our communities prosper and our quality of life improves in lockstep with the skills and talents of our citizens. But the skills and talents of our citizens are a direct result of the investment made in their early development. Research consistently demonstrates that a child's experiences in the first five years of life can influence and predict his or her success in school and later in life.

Working closely with Smart Beginnings, a local nonprofit dedicated to early child development on the Peninsula, the Foundation is committed to answering the question of how to build a strong foundation for local children. To do this, everyone must play an important role because early childhood development is a community issue. The policies implemented, the networks operating, the institutions that act on a child's behalf, and the citizens willing to be part of the solution, all are part of creating effective systems of support.

How are the children of Hampton and Newport News? This report, *Building a Strong Foundation for Children*, offers a first step to answering that complex question. The Annie E Casey Foundation, in an attempt to define the well-being of children, has identified four different, but intricately connected, issues that influence the likelihood that every child enters school ready for success and grows into a well-educated, economically secure, productive and healthy adult. Our data is collected

into these four areas—Families and Communities, Health, Economic Well-being, and Education—thus creating a snapshot of how our children are doing.

The report contains some good news. An abundance of agencies and organizations are working hard to support children and families, and multiple government programs are in place to support those in need. In particular, the Virginia Preschool Initiative is achieving significant results in preparing children who are at risk for educational failure to be ready for Kindergarten. Also, many of the individual indicators, such as reduction in teen pregnancy and increases in early pre-natal care have shown improvement over the years.

But the bad news is: the efforts are not adding up. The combined effect of positive gains is not greater than the parts—it's not "moving the needle" in the right direction. Numerous indicators are worsening. Those 18,000 children below the federally-established poverty level are joined by an equal number of children who live below 200 percent of the poverty threshold and are considered economically disadvantaged because their family's income, according to many studies, is not enough to meet basic food, housing, utilities, medical, child care and transportation costs. There is a sizeable performance gap between the poor and not-poor students. Child care options are limited. Almost half of the children are growing up without the benefit of two parents in the home. Many of these trends are escalating, particularly in specific neighborhoods, and they threaten the long-term growth and success of the community.

The report provides a statistical portrait to inform community conversations, guide planning efforts, and serve as a benchmark by which to assess future efforts. Public and private sector individuals, nonprofit and faith-based organizations, community organizations, government and education officials and business and philanthropic leaders can use the data to better understand the complex social problems facing families. It is the hope of the Peninsula Community Foundation that the information will be used to determine local priorities for action.

Citizens of the Virginia Peninsula have difficult decisions ahead. How do we foster neighborhoods and communities that support families? How do we assist the people with few choices so they can raise healthy children who live as productive members of the community? How do we ensure an ongoing and intentional investment in our children? How do we build on our current successes and experience while championing bold new experiments?

When our warriors ask, "And how are the children," what will we answer?

~

How the Data Was Selected and Collected

All of the data in *Building a Strong Foundation for Children* is organized into the four sections of child well-being and their corresponding indicators.

Category	Selected Indicators	Research-based rationale for this indicator
Family and Community	Maternal, child and family demographics, birth rates, child welfare, home environments	Growing up in safe and supportive environments is critical to a child's overall health and well-being. When families and neighborhoods lack sufficient human and social resources and/or when children are involved in the child welfare and juvenile justice systems, they are at greater risk of poor outcomes in adulthood.
Health	Prenatal and maternal health care, infant mortality, immunizations, child development	Prenatal care promotes a safe and healthy pregnancy for mother and baby. A healthy birth is the first step toward reducing risk in disadvantaged children. Poor nutrition and lack of preventive health care compound the risks, affecting later outcomes.
Economic Well-Being	Family and child poverty, food security, child care subsidies	Threats to early development are greatest among children living in the poorest households. Ongoing exposure to economic stress and hardship can negatively affect children's physical and mental health, academic achievement and social-emotional well-being.
Education	School readiness, early child care and educational opportunities, K - 3 academic success	Children entering school socially, emotionally, physically and cognitively prepared have the greatest chance of success, and high-quality early education narrows the achievement gap. Effective preschool education programs can have substantial impact on academic performance, improve overall physical health and well-being, reduce the need for special education placements and remedial education, lower involvement with the criminal justice system, improve career and college readiness, and boost a child's earnings later in life.

Each selected indicator reflects an outcome or measure of child well-being and aligns with the Annie E. Casey Foundation, Virginia KIDS COUNT and Communities That Care models for assessing risk in family, school and community environments. The data is the most current available at this time. When possible, multi-year time span is reported to help identify trends, and state and national data are included to provide perspective and comparison.

Each specific data point was included if it meets the following requirements:

- It is reasonably accessible, consistent over time, regularly updated, and expected to be available in the future. Historical data for each indicator begins when information is provided by a reliable source in a format that makes comparison of data meaningful.
- It is comparable across communities, Virginia and the United States.
- It comes from reliable sources.
- It is easily understood and offers relatively unambiguous interpretation.

Local data comes from Hampton and Newport News Public Schools, local service providers and the Virginia Departments of Education, Social Services and Health. Other data sources include America's Children, Annie E. Casey Foundation, The Centers for Disease Control, Child Trends Data Bank, Council on Virginia's Future, Federal Poverty Center and United States Census Bureau.

Sections define each indicator, describe its significance to a child's overall development, highlight the positive and or worrisome local trends and, when possible, compare them to state and national trends. Raw numbers and rate data are presented for contextual purposes; charts are included to give a quick visual of the trends. Statistical information expressed as rates refers to the frequency with which an event occurs within a defined population.

Local Report Card

Indicators	GOOD NEWS	BAD NEWS
Family and Community	Births to women lacking a high school education by age 25 are decreasing: less than seven percent.	Approximately 47 percent of all children live in single parent households.
	Teen pregnancy and teen birth rates continue to fall: dropping more than 50 percent between 1996 and 2013.	Almost 50 percent of all babies are born to unmarried women.
		Child abuse and neglect: while the rate has decreased over the last decade, more than 300 children are abused annually.
	Fewer children are in foster care: 80 percent decrease between 2003-2014.	
Health	Over 90 percent of women report beginning prenatal care in the 1st trimester.	Low birth weight babies: Almost 10 percent of babies are born at low birth weights.
	Over 95 percent of children age 0-17 have medical insurance.	Infant mortality: About 10 of every 1,000 babies die before their 1st birthday.
Economic Well-being		Young children, age 0-5, living in poverty is increasing: 27 percent live below 100 percent and more than 50 percent live below 200 percent of the federal poverty level a Almost 48 percent of all children, age 0-17, live below 200 percent of the federal poverty level.
		Access to child care subsidies is decreasing at the same time the need for assistance is increasing.
		49 percent of children are on SNAP (Food Stamps) and 56 percent are on Medicaid, and 60 percent of school age children rely on free and reduced lunch, while WIC participation is decreasing.
School Readiness	59 percent of 4-year-olds enrolled in public preschool, another 11 percent enrolled in private or religious exempt preschools participating in quality improvement efforts.	8 percent of kindergarteners need literacy intervention, no improvement over several years.
	91 percent of children enter Kindergarten with passing reading scores on PALS testing.	Little improvement in the achievement gap between economically disadvantaged and not economically disadvantaged students.

Hampton and Newport News 2014 Community Demographics

Table 1-Community Demographic

Demographic	Hampton	Newport News	Virginia
Population	136,879	182,965	8,326,289
Female persons	51.9%	51.6%	50.8%
Age Percentage			
Persons under 5 years	6.3%	7.3%	6.2%
Persons under 18 years	21.7%	23.5%	22.4%
Persons 65 years and over	13.7%	11.6%	13.8%
Ethnicity Percentage			
African American	49.8%	41.1%	19.7%
White	43.3%	50.9%	70.5%
Hispanic or Latino	5.3%	8.5%	8.9%
Identified by two or more	3.8%	4.0%	2.8%
Asian	2.4%	3.2%	6.3%
American Indian and Alaska Native	.5%	0.6%	0.5%
Native Hawaiian and Pacific Islander	.2%	0.2%	0.1%
Households (2009-2013 average)			
Number of households	52,700	68,987	3,041,710
Persons per household	2.51	2.51	2.61
Median household income	$49,879	$51,000	$64,792
Persons below poverty level	15.2%	16.7%	11.8%
Per capita income past 12 months (2013 dollars)	$25,131	$25,408	$33,958
Persons living in same house 1 year or over	84.1%	76.4%	84.7%
Home ownership rates	58.8%	50.6%	66.7%
Education of all residents over the age of 25			
High School graduates	89.4%	88.8%	87.9%
Bachelor's Degree or higher	23.3%	24.1%	35.8%
Health			
Persons without health insurance, under age 65 years	14.3%	15.0%	
Geography			
Land in square miles	51.41	68.71	39, 490
Persons per square mile (2010)	2673	2630	202.6

Source: U.S. Census, State and County Quick Facts (Dec 1, 2015), http://quickfacts.census.gov/qfd/states/51/51650.html

2014 Community Profile Summary

The American Community Survey (March 2016) reported the following 2014 demographic profile and the Annie E. Casey Foundation (February 2016) reported the following median income data for each community.

> Hampton's 52,700 households had an average household size of 2.5 people. Families made up 63 percent of the households; 11 percent are female householder families with children under 18 years old and no husband present. Thirty percent of all households have one or more residents under the age of 18. Approximately 3400 grandparents lived with their grandchildren under 18 years old and of those grandparents, 45 percent of them had financial responsibility for their grandchildren.
>
> The median income in Hampton in 2014 was $48,440, an estimated 12 percent of all households had income below $15,000 and five percent had income of $150,000 or more.
>
> Newport News' 69,000 households had an average household size of 2.5 people. Families made up 63 percent of the households; 11 percent are female householder families with children under 18 years old and no husband present. Thirty-three percent of all households have one or more residents under the age of 18. Approximately 4000 grandparents lived with their grandchildren under 18 years old and of those grandparents, 45 percent of them had financial responsibility for their grandchildren.
>
> The median income in Newport News in 2014 was $48,440, an estimated 13 percent of all households had income below $15,000 and six percent had income of $150,000 or more.

Table 2 - Portion of Households with Various Income Sources (2014)

Source	Hampton	Newport News
Earnings	78.5%	81.0%
Social Security	28.1%	25.3%
Retirement	26.%	21.8%
Supplemental Security Income	4.9%	4.8%
Cash – public assistance	2.9%	3.2%

Source: Annie E. Casey Foundation, Kids Data Count, Updated June 2015

Hampton and Newport News 2013 Child Demographics

Table 3 – Local Child Demographics

Local Child Demographics (2013)	Hampton	Newport News
Population Demographics		
Total population	136,699	182,020
Child Population		
0-4 year olds	8,426	13,417
0-17 year olds	30,298	43,228
Adolescent females age 10-19	8,669	11,695
Children as a Percentage of the Population		
0-4 year olds	6.2%	7.4%
0-17 year olds	22.2%	23.7%
Family and Community Demographics		
Household Composition		
Households with children age 0-17	15,810	22,770
Children (0-17) living in single-parent household (45-47%)	7,431	10,247
Children (0-17) living in grandparent headed households	1,530	1,760
Birth		
Total Births	1,817	2,856
Births to unmarried women age 15-44	856	1,406
Percent of all births to unmarried women age 15-44	47.1%	49.2%
Births to females age 10-19	122	208
Birth rate per 1,000 females age 10-19	16.3	21.1
Births to mothers with less than 12th grade education	4%	6%
Child Safety		
Children age 0-17 abused or neglected	81	175
Rate of child abuse or neglect	2.1	2.3
Children age 0-17 living in foster homes	44	123
Health Demographics		
Infant Health		
Children born at low birth weights	175	256
Percentage of children born at low birth weights	9.6%	9.0%
Children dying before their first birthday	18	22
Health Care		
Women receiving first prenatal care in 1st trimester	1,654	2,531
Percentage first trimester care	91%	88.6%
Children age 0-17 with no health insurance	1,476	2,095
Medicaid recipients, age 0-17 years	18,268	28,259
Percentage of all children age 0-17 years on Medicaid	60%	56%
Economic Demographics		
Child poverty and family income		
Children age 0-17 years living in poverty	6,544	11,435
Percentages of children living in poverty	22%	27%
Children age 0-17 years living under 200% of poverty	15,005	20,581
Percentages of children living under 200% of poverty	30%	30%
Children age 0-4 years living in poverty	2,159	3,733
Percentage of all children age 0-4 living in poverty	26%	28%
TANF, public assistance recipients, age 0-17 years	4.080	3,035

Table 2 (continued) - Local Child Demographics

Local Child Demographic (2013)	Hampton	Newport News
Food Insecurity		
WIC Participants (NN includes Peninsula Health District)	3,613	7,196
Children age 0-17 enrolled in SNAP, Food Stamps	14,662	22,993
Percentage of all children 0-17 enrolled in SNAP	48%	53%
Public school students receiving free or reduced lunch	12,176	17,820
Percentage of public school students with free/reduced lunch	57.1%	60.4%
Education Demographics		
Student population Grades K-12	21,350	29,786
4-year old Head Start (est. based on Nov 2014)	99	183
4-year olds Accredited/Star Rated programs (est. based on 2014)	N/A	N/A
Pre-K Public School Enrollment	721	1,890
Kindergarten Enrollment	1,622	2,528
Estimated % Public Pre-K to Kindergarten Enrollment	47%	78%
Children scoring below PALS Kindergarten Readiness	127	200
Children (%) scoring below PALS Kindergarten Readiness	8.0%	8.0%
Pass rate of 3rd graders on SOL Reading Tests	61%	58%
Failure rate of 3rd graders on SOL Reading Tests	39%	42%
On-time high school graduation rate	84%	83%

Sources:

- Total population, child population, number and percentages of children in poverty, number and percentages of children living under 200 percent of poverty, pass and failure SOL reading tests, births to mothers with less than 12th grade education and on-time graduation data: Kids Count –Hampton Roads, Virginia Region Data (U.S. Census Bureau 2013, Virginia Department of Education 2014, and Virginia Department of Health 2013
- Total adolescent female population, total live births, number and percentage of births to unmarried mothers, number and rate of birth to teens, number and percentage of low birth weight births, infant mortality and number and percentage of first trimester care data: Virginia Department of Health, Local Health Profiles 2013
- WIC Information: Source - Virginia Department of Health, updated March 2014
- Poverty Information: Source - U.S. Census Bureau 2012 Estimate
- Financial Security, Child Protective Services and Foster Care Information: Virginia Department of Social Services 2013 Local Profiles and Virginia Department of Social Services Annual Statistical Report and Annie E. Casey Kids Count (June 2015)
- Free and reduced meals data:
- Children as a percentage of the population data: calculations based on total population and total child population as stated in the chart.
- Kindergarten Readiness Information: Source – Virginia Department of Education, *Fall Membership,* updated December 2014, and *Office of School Nutrition Report,* updated January 2012

Note: Although more current data is available on some of the metrics in the Table 2, and in an effort to present consistent data, the above portrait of Hampton and Newport News children is based on 2013 data (unless otherwise noted). As each indictor is addressed in this report, the most current data available is included.

Family and Community Indicators

Children are not a distraction from more important work. They are the most important work.

C. S. Lewis

Family and Community Indicators

"When children are nurtured and well cared for during their first five years, they have better social-emotional, language and learning outcomes. These lead to more positive behavior and academic achievement in their later years. But when families and neighborhoods lack sufficient human and social resources, children's well-being can suffer." Growing up in safe and supportive environments is critical to a child's overall health and well-being; when families and neighborhoods lack sufficient human and social resources and/or when children are involved in the child welfare (protective services and foster care) and the juvenile justice systems, they are at greater risk of poor outcomes in adulthood.[1]

> *The first five years have so much to do with how the next 80 turn out.*
>
> Bill Gates

INDICATORS

Birth rates – *all births, teen pregnancy and births, and births to unmarried mothers and mothers who lack a high school diploma*

Children welfare – *child abuse and neglect, foster care and comprehensive services for at-risk youth and families*

Children's living environment – *home and neighborhood*

COMMUNITY INVESTMENT

There are many faith-based and non-profit organizations in Hampton and Newport News committed to ensuring all children are born healthy and grow up in safe, supportive and nurturing environments. The following organizations, which should not be considered an all-inclusive list, are those serving significant numbers of families and children in our community.

- **Smart Beginnings of the Virginia Peninsula** creates and supports community commitment to healthy births and to the school readiness of all young children. Their goals include helping Hampton and Newport News ensure that the conditions in which children are born and the environments in which they are raised provide a strong, healthy start for young children and their families. Partnering with local OB/GYN providers and all three hospital systems, Smart Beginnings coordinates universal screening for pregnant women.
- **Healthy Families in Hampton and Newport News** provides evidence-based early childhood home visiting services to expectant and new parents with the education and support they need at the time the baby is born and until the child enters kindergarten. Their goals include reducing child maltreatment, increasing utilization of prenatal care, improving parent-child interactions, and promoting children's school readiness.
- **Hampton Department of Human Services** works to ensure all Hampton families are able to become healthy and self-sufficient. Program goals include empowering families and children by escaping the long-term effects of poverty, protecting abused or neglected children and supporting families for healthy development. Services for children and their families range from the traditional government assistance programs and child welfare and protective services to prevention services including home visitation and parent education/support.

- **Newport News Department of Human Services** promotes empowerment and independence through the provision of human services and community partnerships. Services for children and their families range from the traditional government assistance programs and child welfare and protective services to prevention services including home visitation and parent education/support.
- **Bon Secours Family Focus** provides an array of services to families including family education and support. Their goals include reducing parent isolation, promoting positive parenting practices and supporting children's school readiness.
- **Center for Child and Family Services** provides counseling and support services to families. The Virginia Resource Mothers program provides in-home support services, counseling and parent education for teen parents. Their goals include reducing child maltreatment, improving parent-child interactions, and promoting positive parenting practices.
- **Children's Hospital of the Kings Daughters (CHKD) is** dedicated to providing parents with quality information based on recommendations of the American Academy of Pediatrics, current information on health and nutrition, and best practice in parenting education. CHKD partners with parents and professionals throughout Hampton Roads by offering a variety of educational services. CHKD parent educators, pediatricians and health experts provide classes, webinars, trainings, and educational resources that address common parent concerns, such as discipline, nutrition, injuries and healthy development.
- **Peninsula Health Department** offers family planning services and education on birth control methods, abstinence, pregnancy testing, other family planning services, nutrition, healthy pregnancy education and support, and referrals to community services. Women 17 years old and younger may qualify for free services while others may pay a fee based on a sliding scale.
- **Hampton and Newport News Human Services** coordinate the Children's Services Act for At-Risk Youth and Families (CSA). The goal of CSA is to create a collaborative system of services and funding that is child-centered, family-focused, community-based and cost effective that addresses the strengths and needs of troubled and at-risk youths and their families.
- **Peninsula Institute for Community Health**, as part of the community-based health care initiative in Hampton Roads, it provides primary care and dental services for the insured, uninsured, and underinsured individuals and families in Hampton and Newport News. PICH offers a number of other support services such as health education and nutrition counseling, case management, referrals to specialty care, medication assistance and on-site lab testing.

Births to All Women

Definition: This indicator is births to females age 15-44: the rate is the number of women who become pregnant per 1,000 females from the same age group.

A baby is born with a need to be loved- and never outgrows it.

Frank A. Clark,
U.S. Congressman

Hampton and Newport News Trends on Births

- Though the number and rate of births to women age 15-44 has slightly dropped since 1996, the overall local census numbers have remained relatively stable.

National Trends on Births

- In 2013, children under the age of 18 made up 23 percent of the U.S. population, down from a peak of 36 percent at the end of the "baby boom" in 1964.[2]

Data Charts and Tables - Births to all women

Figure 1 – *Rates:* Births to Women 15-44

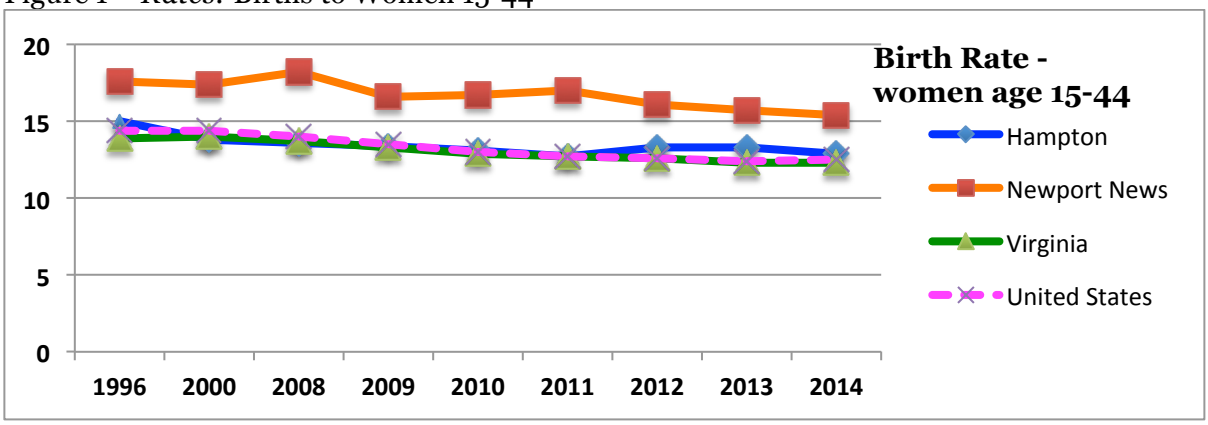


Table 4 – *Number*: Births per 1,000 women age 15-44

	1996	2000	2008	2009	2010	2011	2012	2013	2014
Hampton	2085	2023	1978	1936	1794	1729	1825	1817	1766
Newport News	3166	3126	3271	3206	3012	3049	2905	2856	2809

Table 5 - *Rate*: Births per 1,000 women age 15-44

	1996	2000	2008	2009	2010	2011	2012	2013	2014
Hampton	15	13.8	13.6	13.4	13.1	12.7	13.3	13.3	12.9
Newport News	17.6	17.4	18.2	16.6	16.7	17.0	16.1	15.7	15.4
Virginia	13.9	14	13.7	13.3	12.9	12.7	12.6	12.3	12.3
United States	14.4	14.4	14.0	13.5	13.0	12.7	12.6	12.4	12.5

Source: Health Profiles, Virginia Department of Health, 2015 and _Centers for Disease and Prevention, *National Vital Statistics Report,* Vol. 64, Number 1. January 15, 2014

Teen Pregnancy

Definition: This indicator is pregnancies to females age 10-19; the rate refers to the number of pregnancies per 1,000 females within the same age group

> *If you finish high school, get a job, and get married before having children, you have a 98 percent chance of not being in poverty.*
>
> New York Human Resources Administration

Significance

Teen pregnancy is a critical public health issue; it is associated with negative consequences for both adolescent and child. Teen pregnancy affects the health and educational, social and economic future of the mother and child. [3] Children of teen parents are 50 percent more likely to repeat a grade and are less likely to graduate from high school than children of older parents. [4]

There is a strong correlation between teen pregnancy and low birth weight babies, infant mortality and poor academic outcomes for the child.[5] In addition, children born to teen mothers are more likely to be abandoned, neglected, abused and end up in foster care.

Hampton and Newport News Trends on Teen Pregnancy

Note: As of March 3, 2016, a representative for the Virginia Health Department's Health Statistics Office confirmed that the last year for *teen pregnancy* health statistics data is 2013. The delay in reporting 2014 data is the result of technology issues.

- Although still higher than Virginia, the number of pregnancies and rate of pregnancies to females age 10-19 dramatically decreased between 1996 and 2013.
  - Hampton: The number of pregnancies dropped from 528 to 173 total pregnancies to females age 10-19; the rate decreased from 51.6 to 20 pregnancies per 1,000 females age 10-19.
  - Newport News: The number of pregnancies dropped from 691 to 280 total pregnancies to females age 10-19; the rate decreased from 53.2 to 23.5 pregnancies per 1,000 ages 10-19.
  - Virginia: The rate dropped from 36.2 to 14.4 pregnancies per 1,000 ages 10-19.
- Healthy People 2020 goal: no more than 36.2 pregnancies per 1,000 females age 15 to 17. In 2013 Hampton/Newport News had fewer than 20 pregnancies per 1,000 females age 15-17.
- Healthy People 2020 goal: no more than 104.6 pregnancies per 1,000 females age 18 to 19. In 2013, Hampton had 58 and Newport News had 72 pregnancies per 1,000 females age 15-17.
- Birth to teens age 10-19 represent approximately 8 percent of all pregnancies.
- Among teen pregnancies in Hampton and Newport News, approximately 25 percent of pregnancies are to females age 15-17 and 72 percent are to females age 18-19.
- While there has been a dramatic decrease in the number of teen pregnancies, through 2012 there had been relatively no change in the rate of teen pregnancies intentionally terminated. In 2013 the percent of teen pregnancies intentionally terminated fell to 29 percent in Hampton and 25 percent in Newport News teen pregnancies. Future surveillance will determine whether or not there is a true decline in the percent of teen pregnancies intentionally terminated.

National Trends on Teen Pregnancy

- U.S. rate of teen pregnancy is at an historic low.[6]Between 1990 and 2010 the teen pregnancy rate declined by 51 percent – from 116.9 to 57.4 per pregnancies per 1,000 teen girls.[7]
- Birth rates are highest among Hispanic adolescents with a birth rate of 46.3 per 1,000 adolescent females, followed by black adolescent females with a 43.9 births per 1,000 adolescent females, and white adolescent females with 20.5 births per 1,000 adolescent females.[8]

Data Charts and Tables – Teen pregnancy

Figure 2 – Historical Perspective: Teen Pregnancy Rates

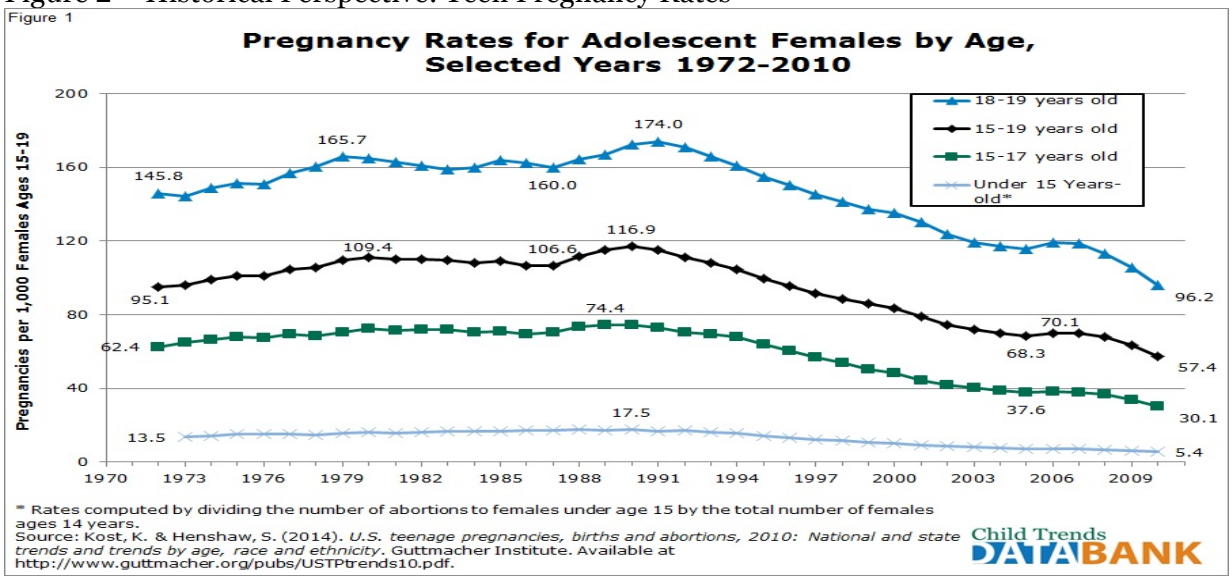


Figure 3 - *Rate:* Pregnancies per 1,000 females age 10-19

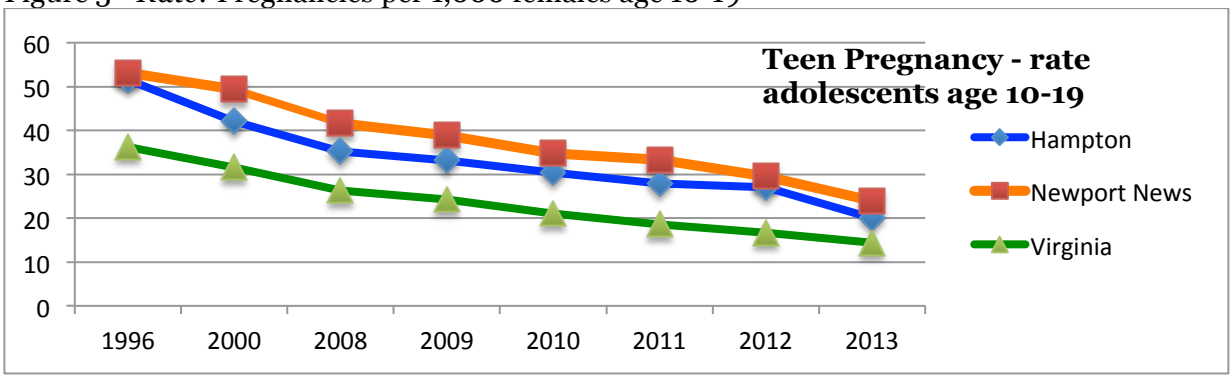


Table 6- *Rate:* Pregnancies per 1,000 females age 10-19

Teen Birth Pregnancy (ages 10-19)	1996	2000	2008	2009	2010	2011	2012	2013
Hampton	51.6	42.1	35.2	33.1	30.4	27.9	27	20
Newport News	53.2	49.3	41.7	38.8	34.8	33.3	29.5	23.9
Virginia	36.2	31.5	26.3	24.3	21.1	18.6	16.7	14.4

Source: Teen Pregnancy Data by Planning District and City Annual Report, Virginia Department of Health, 2014 © www.vdh.state.va.us/healthstats/stats.htm

Figure 4 - *Rate:* Pregnancies per 1,000 females age 15-17

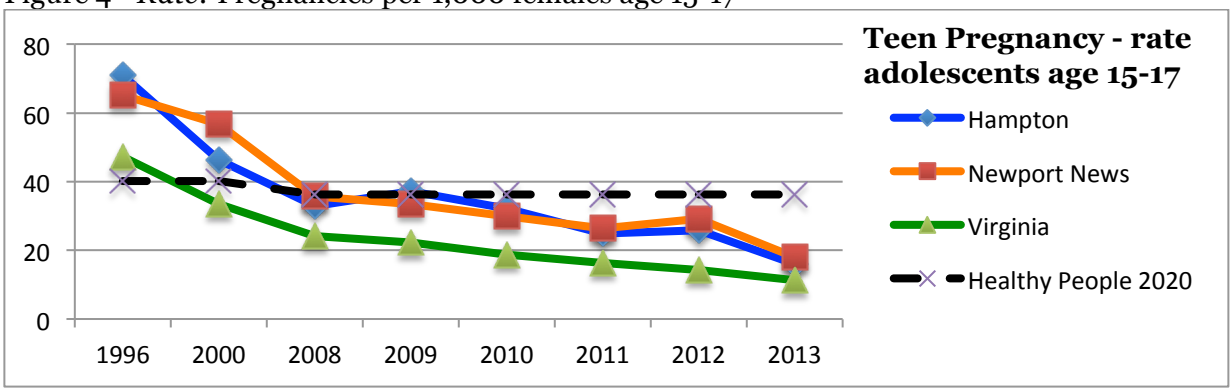


Table 7 - *Rate:* Pregnancies per 1,000 females age 15-17

Teen Birth Pregnancy (ages 15-17)	1996	2000	2008	2009	2010	2011	2012	2013
Hampton	70.9	46.4	32.9	37.2	32.1	24.8	25.8	16
Newport News	65.1	56.8	35.7	33.5	30.0	26.3	29.1	18.0
Virginia	47.2	33.4	24.1	22.3	18.8	16.3	14.3	11.3
Healthy People Goal	40.2	40.2	36.2	36.2	36.2	36.2	36.2	36.2

Source: Teen Pregnancy Data by Planning District and City Annual Report, Virginia Department of Health, 2014 © www.vdh.state.va.us/healthstats/stats.htm

Figure 5 - *Rate:* Pregnancies rate per 1,000 females age 18-19

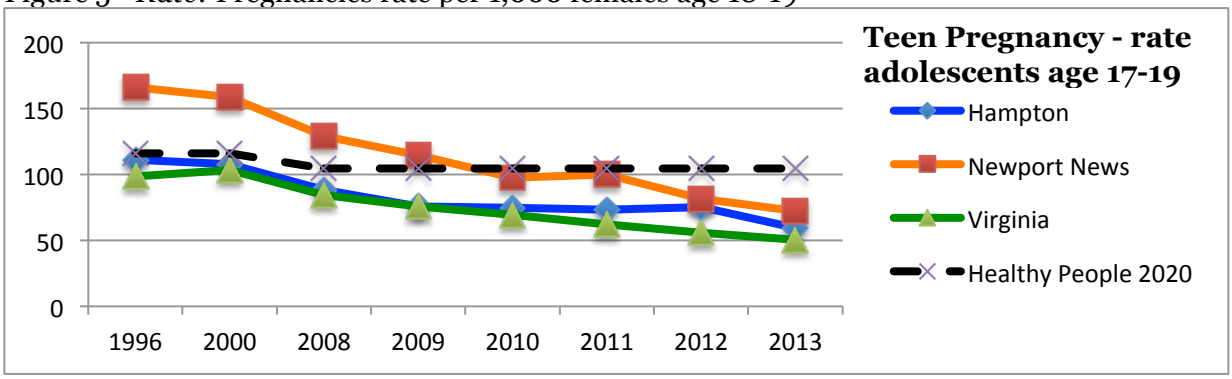


Table 8 - *Rate:* Pregnancies rate per 1,000 females age 18-19

Teen Birth Pregnancy (ages 18-19)	1996	2000	2008	2009	2010	2011	2012	2013
Hampton	111	108	88.6	75.9	75.0	73.5	75.1	59.5
Newport News	166.1	158.6	129.3	114.7	97.8	99.9	81.6	72.4
Virginia	98.5	103.6	84.7	76.0	69.6	62.6	56.1	50.4
Healthy People Goal	116.2	116.2	104.6	104.6	104.6	104.6	104.6	104.6

Source: Teen Pregnancy Data by Planning District and City Annual Report, Virginia Department of Health, 2014 © www.vdh.state.va.us/healthstats/stats.htm

Birth to Teens

Definition: This indicator is the number of births to females age 10-19: the rate refers to the number of births per 1,000 females within the same age group.

Significance

Bearing a child during adolescence compromises future outcomes for the child and mother. Statistics show that a pregnancy and births to teen mothers contributes to higher drop-out rates among girls.[9] A teen mother who has a child prior to graduating from high school is less likely to graduate than a teenage girl who does not have a child; this limited education impacts employment opportunities and frequently leads to long-term negative socioeconomic consequences. Babies born to young parents are at elevated risks of being born at low weights and; they are at increased risk of poor academic outcomes and are more likely themselves to drop out of school prior to graduation.[10]

> *Poverty, inadequate social support, mothers' lack of education, mothers' cognitive immaturity, and greater maternal stress have all been suggested as possible factors contributing to poor social and educational outcomes for the children of teen mothers.*
>
> Florida State University Center for Prevention & Early Intervention Policy

Hampton and Newport News Trends on Teen Births

Note: As of March 3, 2016, a representative for the Virginia Health Department's Health Statistics Office confirmed that the last year for *teen pregnancy* health statistics data is 2013. The delay in reporting 2014 data is the result of technology issues.

- Between 1996 and 2013, the number of births to females age 10-19 declined significantly. Teen births now represent less than 9 percent of all births, compared to 14 percent in 1996.
  - Hampton: The number of births dropped from 305 to 122 births to females age 10-19; the rate dropped from 29.8 to 14.1 births per 1,000 females age 10-19.
  - Newport News: The number of births dropped from 464 to 208 births to females age 10-19; the rate dropped from 35.7 to 17.8 births per 1,000 females age 10-19.
  - Virginia comparison: Rate dropped from 22.6 to 10.3 births per 1,000 females age 10-19.
- The majority of teen births are to females age 18-19.
  - Hampton: The birth rate for females age 18-19 averaged 42.8 while the birth rate for females age 15-17 averaged just 10.1 births per 1,000 females.
  - Newport News: The birth rate for females age 18-19 averaged 54.8 while the birth rate for females age 15-17 averaged just 12.7 births per 1,000 females.

National Trends on Teen Births

- Teen birth rates declined between 1960 and 1978 (from 89 to 52 births per 1,000 women ages 15 to 19), then remained steady until 1987. Between 1986 and 1991, teen birth rates increased from 50 to 62 per 1,000 population, a nearly 25 percent increase in seven years.[11]
- Between 1991 and 2005, birth rates among teenagers declined by more than a third, from 62 to 41 per 1,000 women ages 15 to 19. Although birth rates increased for this age group in 2006, data for 2007 through 2014 show a resumption of the downward trend, reaching an historic low of 27 per 1,000 women ages 15 to 19.[12]
- Approximately 25 percent of teen moms have a second child within 24 months of their first child's birth.[13]
- Estimates from 2012 data show that 12 percent (one in eight) adolescent females in the United States will give birth by her 20th birthday, with substantial differences by race/ethnicity: 9 percent of white adolescents, 18 percent of black adolescents and 20 percent of Hispanic adolescents.[14]

Data Charts and Tables– Teen births

Figure 6 – *Rate:* Birth per 1,000 females age 10-19

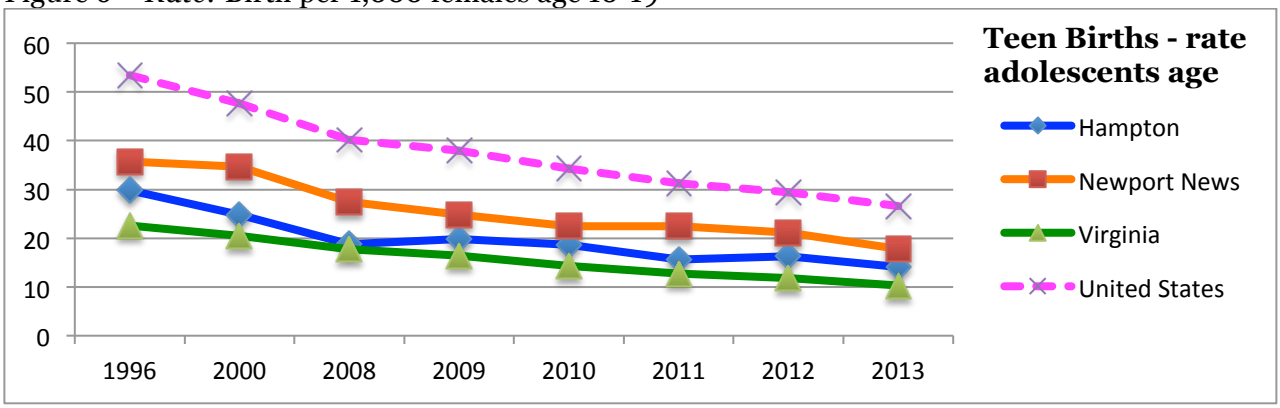


Table 9- *Rate:* Birth per 1,000 females age 10-19

Teen Birth Rate (ages 10-19)	1996	2000	2008	2009	2010	2011	2012	2013
Hampton	29.8	24.8	18.8	19.9	18.7	15.6	16.3	14.1
Newport News	35.7	34.7	27.5	24.8	22.5	22.5	21.1	17.8
Virginia	22.6	20.5	17.7	16.4	14.3	12.7	11.8	10.3
United States	53.5	47.7	40.2	37.9	34.3	34.1	29.4	26.6

Source: Virginia Department of Health http://www.vdh.state.va.us/healthstats/stats.htm U.S. Figures: Kids Count Data Center – sources cited CDC and NCHS Updated October 2015 and Office of Adolescent Health, www.hhs.gov/ash/pah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html

Figure 7 – *Rate:* Birth per 1,000 females age 15-17

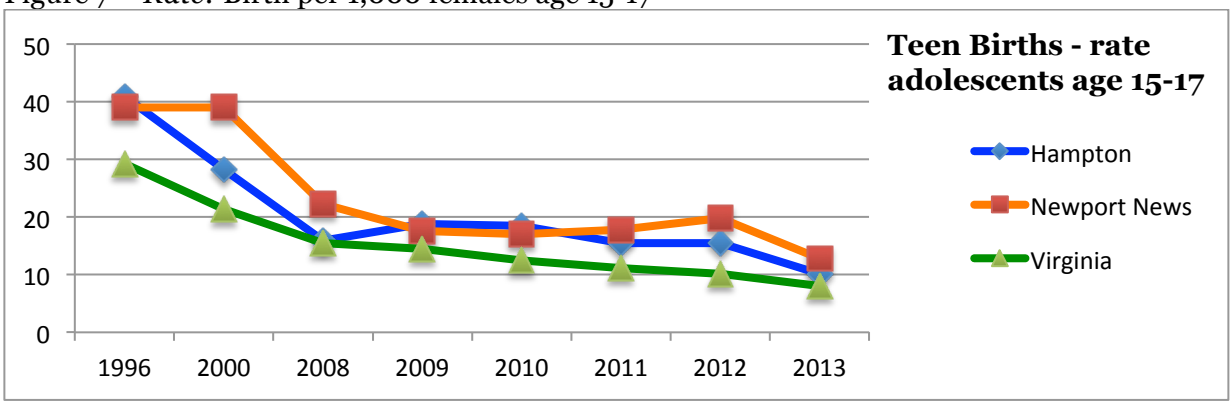


Table 10 - *Rate:* Birth per 1,000 females age 15-17

Teen Birth Rate (ages 15-17)	1996	2000	2008	2009	2010	2011	2012	2013
Hampton	40.9	28.3	15.9	18.8	18.5	15.5	15.5	10.1
Newport News	39.0	39.0	22.3	17.6	17	17.8	19.8	12.8
Virginia	29.3	21.4	15.5	14.5	12.5	11.1	10.2	8.0

Source: Virginia Department of Health http://www.vdh.state.va.us/healthstats/stats.htm U.S. Figures: Kids Count Data Center – sources cited CDC and NCHS Updated October 2015 and Office of Adolescent Health, www.hhs.gov/ash/pah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html

Figure 8 - *Rate:* Birth per 1,000 females age 18-19

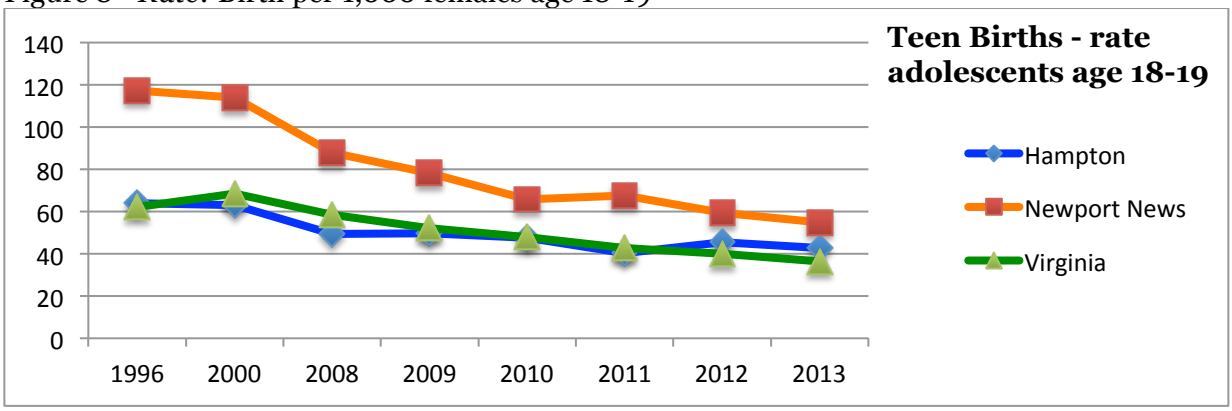


Table 11 - *Rate:* Birth per 1,000 females age 18-19

	1996	2000	2008	2009	2010	2011	2012	2013
Hampton	64.1	63.2	49.4	49.7	47.7	40.3	45.5	42.8
Newport News	117.4	114.1	87.8	78.1	65.9	67.7	59.5	54.8
Virginia	62.3	68.5	58.5	52.3	47.8	42.7	39.9	36.4

Source: Virginia Department of Health http://www.vdh.state.va.us/healthstats/stats.htm U.S. Figures: Kids Count Data Center – sources cited CDC and NCHS Updated October 2015 and Office of Adolescent Health, www.hhs.gov/ash/pah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html

Table 12- Summary of Teen Pregnancy Outcomes by Locality

Hampton	1996	2000	2008	2009	2010	2011	2012	2013
Female Population Ages 10-19	10,239	10,952	10,046	9,446	9,459	9,212	8,917	
Pregnancies	528	461	354	313	288	257	241	173
Rate per 1,000 girls	51.6	42.1	35.2	33.1	30.4	27.9	27	20
Births	305	272	189	188	177	144	145	122
Rate per 1,000 girls	29.8	24.8	18.8	19.9	18.7	15.6	16.3	14.1
% Births to pregnancies	57.8%	59.0%	53.4%	60.0%	61.5%	56.0%	60.2%	70.1%
Natural Fetal Deaths	20	18	14	2	5	7	2	1
Rate per 1,000 girls	2.0	1.64	1.39	0.21	0.53	0.76	0.22	0.12
Abortions	203	171	151	123	106	106	94	50
Rate per 1,000 girls	19.8	15.6	15.0	13.0	11.2	11.5	10.5	5.9
% Abortions to pregnancies	38.4%	37%	42.7%	39.3%	36.8%	41.2%	39%	28.9%

Newport News	1996	2000	2008	2009	2010	2011	2012	2013
Female Population Ages 10-19	12,990	12,876	13,877	13,149	12,437	11,955	11,781	
Pregnancies	691	635	578	510	433	398	348	280
Rate per 1,000 girls	53.2	49.3	41.7	38.8	34.8	33.3	29.5	23.9
Births	464	447	382	326	280	269	248	208
Rate per 1,000 girls	35.7	34.7	27.5	24.8	22.5	22.5	21.1	17.8
% Births to pregnancies	67.1%	70.4%	66.1%	63.9%	64.7%	67.6%	71.2%	74.3%
Natural Fetal Deaths	34	23	15	12	13	11	7	3
Rate per 1,000 girls	2.6	1.79	1.08	0.91	1.05	0.92	0.59	0.26
Abortions	193	165	181	172	140	118	93	69
Rate per 1,000 girls	14.9	12.8	13.0	13.1	11.3	9.9	7.9	3.5
% Abortions to pregnancies	27.9%	26%	31.3%	33.7%	32.3%	29.6%	26.7%	24.6%

Virginia	1996	2000	2008	2009	2010	2011	2012	2013
Female Population Ages 10-19	446,829	478,240	472,859	505,976	519,085	517,392	517,793	NA
Pregnancies	16,156	15,067	13,233	12,283	10,970	9,630	8,651	7,447
Rate per 1,000 girls	36.2	31.5	26.3	24.3	21.1	18.6	16.7	14.4
Births	10,109	9,803	8,902	8,284	7,444	6,572	6,134	5,316
Rate per 1,000 girls	22.6	20.5	17.7	16.4	14.3	12.7	11.8	10.3
% Births to pregnancies	62.6%	65.1%	67.3%	67.4%	67.9%	68.2%	70.9%	71.4%
Natural Fetal Deaths	716	677	537	431	379	319	285	229
Rate per 1,000 girls	1.6	1.42	1.07	0.85	0.73	0.62	0.55	0.44
Abortions	5,331	4,587	3,794	3,568	3,147	2,739	2,232	1,902
Rate per 1,000 girls	11.9	9.8	7.5	7.1	6.1	5.3	4.3	3.7
% Abortions to pregnancies	33%	30.4%	28.7%	29%	28.7%	28.4%	25.8%	25.5%

Source: Teen Pregnancy Data by Planning District and City Annual Report, Virginia Department of Health, 2014 © www.vdh.state.va.us/healthstats/stats.htm

Births to Unmarried Women

Definition: This indicator is births to women, ages 15-44, who were not married to the child's father at the time of birth and had not been married to him at anytime in the preceding ten months. The rate relates to the number of births per 1,000 females within the same age group.[15]

Significance

Increases in births to unmarried women are among the many societal changes affecting family structure and economic security of children.[16] Children in single-parent families are nearly four times more likely to live in poverty and experience economic hardships; 75 percent of young children living in single parent homes live in low-income families.[17]

Children of unmarried mothers are at higher risk of adverse birth outcomes such as low birth weight and infant mortality than are children of married mothers. They are also more likely to live in poverty than children of married mothers.

America's Children: Key National Indicators of Well-Being, 2013 www.childstats.gov

Developmentally, children growing up in a single family home are exposed to higher levels of stress, at increased risk of experiencing social, emotional and cognitive problems, and two to three times more likely to drop out of high school, and boys are more than twice as likely to be arrested.

Hampton and Newport News Trends on Births to Unmarried Women

- Today, almost 50 percent of all babies in Hampton and Newport News are born to single parents. In 2014, of the 4,575 babies born in Newport News and Hampton, 2,156 were born to unwed mothers.
- Virginia comparison: The percent of births to unmarried mothers in Virginia and in the U.S. has leveled out. [18]

National Trends on Births to Unmarried Women

- Nationally, the proportion of births to unmarried women significantly increased from 5 percent in 1960 to 32 percent in 1995. Over the next 15 years the percent gradually increased to just over 40 percent, where it has held steady since 2010.[19]
- A majority of unmarried births now occur to cohabitating parents. In 2002 the proportion was 40 percent, today more than 58 percent of unmarried births are to cohabitating parents. Children born to cohabitating parents are more likely to see their parents marry than children born to non-co-residential parents. Nevertheless, children born to cohabitating parents experience higher levels of socioeconomic disadvantages, and fare worse across a range of behavioral outcomes than those married to married parents.[20]
- Younger women who give birth are more likely to be single. In 2014 the majority of births to teens were to unmarried women: 99 percent for teens under age 15 and 89 percent for 15- to 19-year olds. This compares to 66 percent of births to women ages 20 to 24, 37 percent to women ages 25 to 29, and about 23 percent to women in their thirties and forties. [21]
- Between 1960 and 1970, the fastest growth in the percentage of non-marital births was among 15- to 19-year olds. However, between 1970 and 2000, the fastest growth was among 20- to 29-year olds; and between 2000 and 2010, the fastest growth has been among 30- to 35-year olds[22].

Data Charts and Tables – Unmarried mothers

Figure 9 – *Percent*: Births to Unmarried Women Compared to All Births

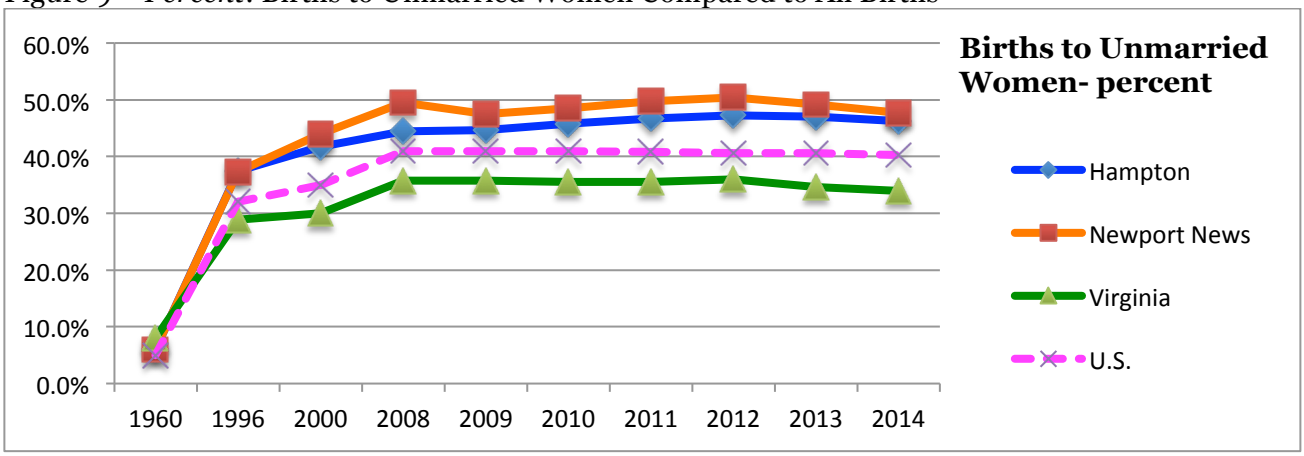


Table 13 - *Percent:* Births to Unmarried Women age 15-44

Births to Unmarried Women	1960	1996	2000	2008	2009	2010	2011	2012	2013	2014
Hampton	6%*	37.5%	41.8%	44.5%	44.7%	45.8%	46.7%	47.2%	47.1%	46.3%
Newport News	6%*	37.3%	44.0%	49.5%	47.5%	48.5%	49.7%	50.4%	49.2%	47.7%
Virginia	7.9%**	28.9%	30.0%	35.8%	35.8%	35.5%	35.5%	35.3%	34.6%	34.0%
U.S.* **	5.3%	32.2%	33.2%	40.6%	41.0%	40.8%	40.7%	40.7%	40.6%	40.3%

Table 14 – *Number:* Total Births to Unmarried Women age 15-44

Births to Unmarried Women	1960	1996	2000	2008	2009	2010	2011	2012	2013	2014
Hampton		782	845	881	866	821	808	861	856	817
Newport News		1181	1376	1618	1524	1461	1516	1463	1406	1339

Source: Health Profiles, Virginia Department of Health, 2016 © www.vdh.state.va.us/healthstats/stats.htm,
*Virginia Census data – Estimate based on 1960 Virginia census
** Virginia Department of Social Services Office of Research and Planning. Beth Jones, January 20, 2012
***Child Trends Data Bank, December 2015. www.childtrends.org/?indcators=births-to-unmarried-women

Historical (National) Perspective 1960-2013

In 2013 approximately 40 percent of all births were to unmarried women compared to 5 percent in 1960 and 32 percent in 2000. The percentage of births to unmarried mothers has increased most dramatically for young mothers, though there has been a steady rise in the percentage of births to unmarried mothers of all ages over the last 50 years.

- 15-19 year old mothers: almost 90 percent of all births are to unmarried mothers, up from approximately 15 percent in 1960 and 79 percent in 2000.
- 20-24 year old mothers: almost 65 percent of all births are to unmarried mothers, up from approximately 5 percent in 1960 and 50 percent in 2000.
- 25-29 year old mothers: almost 36 percent of all births are to unmarried mothers, up from approximately 3 percent in 1960 and 23 percent in 2000.
- 30-44 year old mothers: almost 22 percent of all births were to unmarried mothers, up from approximately 3 percent in 1960 and 15 percent in 2000.

Figure 10 – Percent: Births to Unmarried Mothers – By Age of Mother

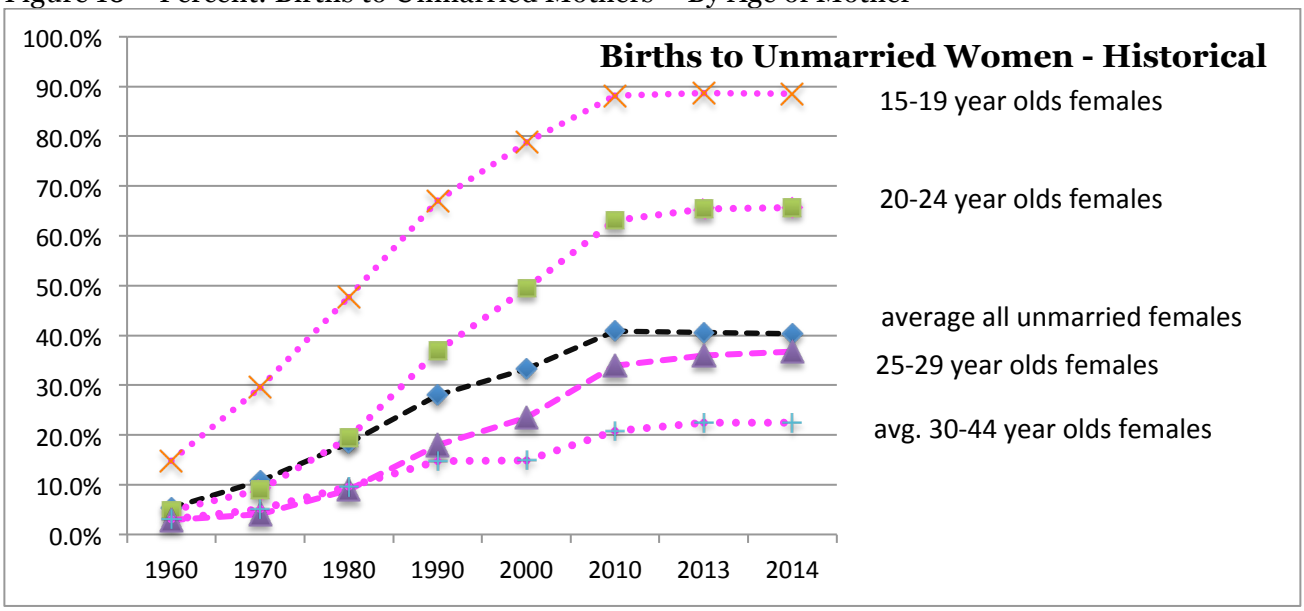


Table 15 – Historical Perspective 1960-2010 – A National Perspective

U.S. – Births to Single Mothers By Age of Mother	1960	1970	1980	1990	2000	2010	2013	2014
% of Births that are non-marital	5.3	10.7	18.4	28.0	32.2	40.8	40.6	40.3
% of non-marital births by age								
Age 15-19	14.8	29.5	47.6	67.1	78.8	88.1	88.7	88.6
Age 20-24	4.8	8.9	19.4	36.9	49.5	63.1	65.4	65.7
Age 25 – 29	2.9	4.1	9.0	18.0	23.5	33.9	35.9	36.7
Age 30-34	2.8	4.5	7.5	13.3	14.0	21.1	22.3	22.5
Age 35-39	3.0	5.2	9.4	13.9	14.3	19.6	21.1	21.6
Age 40 and over	3.1	5.7	12.1	17.0	16.8	21.7	23.7	24.3

Source: National Survey of Family Growth http://205.207.175.93/VitalStats/ReportFolders

Figure 11 - *Percent:* Births to Unmarried Teen Mothers

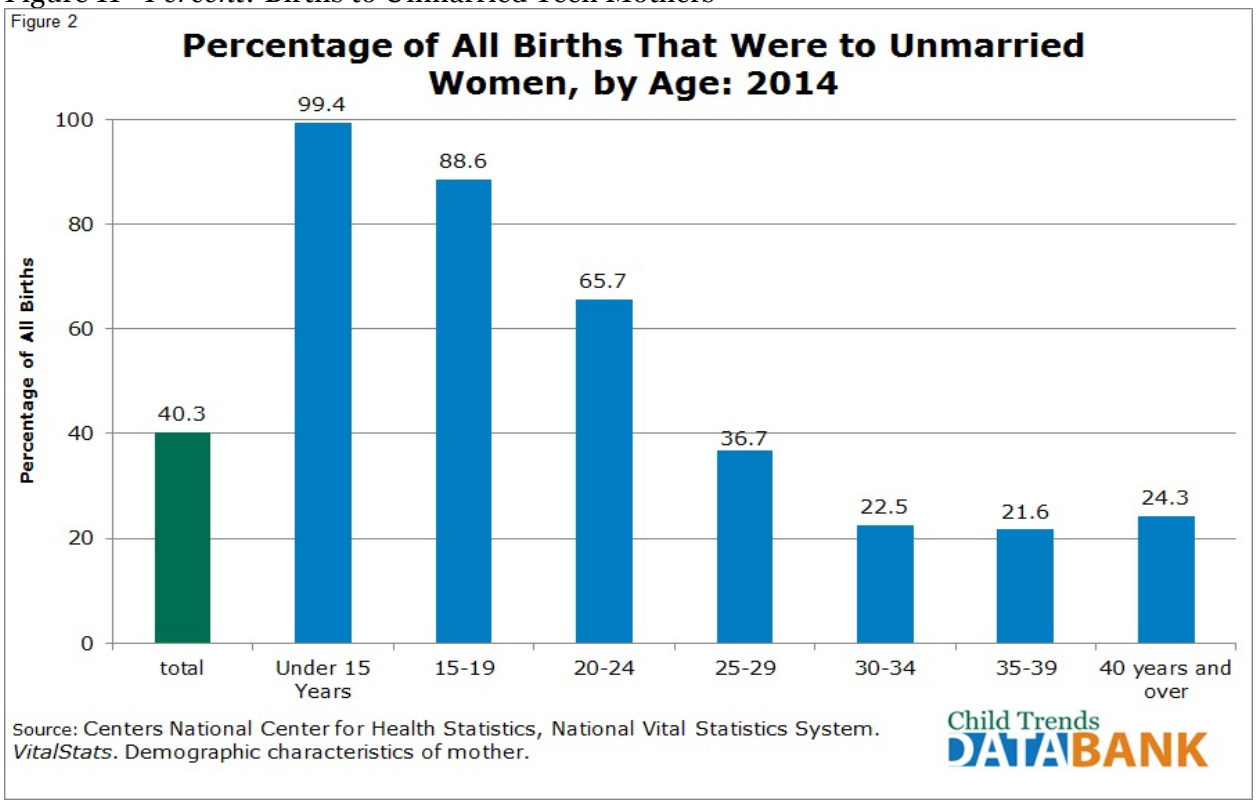
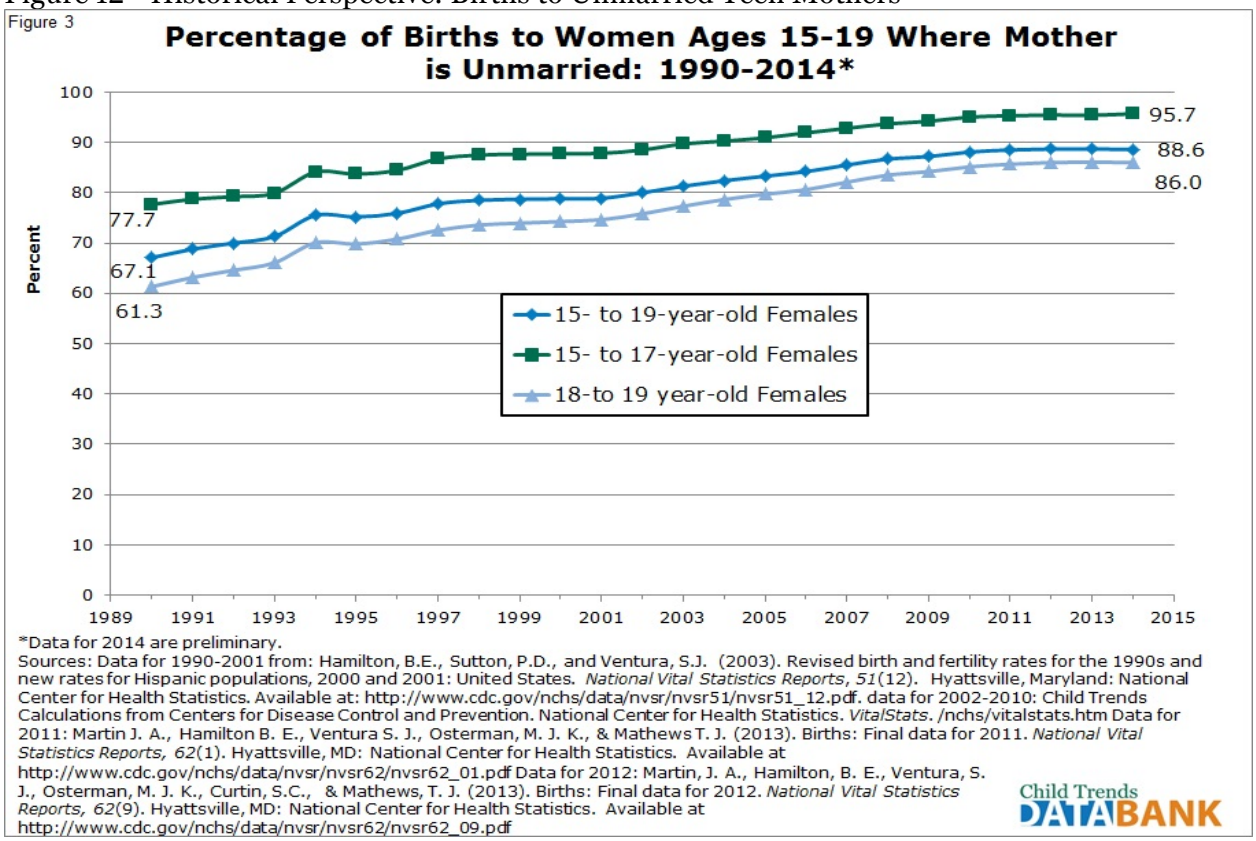


Figure 12– Historical Perspective: Births to Unmarried Teen Mothers



Births to Women Without a High School Degree

Definition: This indicator is births to women, age 25 or older, with less than a 12th grade education and who have not earned a GED (based on information in the birth certificate). The rate relates to the number of births per 1,000 females 25 years old and older.

Significance

There is a positive correlation between a mother's education and receiving early prenatal care; late prenatal care increases the risk for preterm birth, low birth weight and infant mortality. Children born to mothers with less than a high school degree are more likely to live in poverty and experience poorer health and academic outcomes than children born to more educated mothers. "Low maternal education is associated with poorer nutrition, less cognitive stimulation in the home environment, and less knowledge of and access to early intervention services compared to more educated mothers."[23]

> *There is a strong linkage between child well-being and maternal education levels. On average, a mother with more education is more likely to deliver a baby at term and…healthy weight. As they grow up, children with more educated mothers tend to have better cognitive skills and higher academic achievement than others.*
>
> Pew Charitable Trust

Hampton and Newport News Trends on Births to Mothers Without High School Education

Note: As of March 3, 2016, a representative for the Virginia Health Department's Health Statistics Office confirmed that the last year for *teen pregnancy* health statistics data is 2013. The delay in reporting 2014 data is the result of technology issues.

- The number and percentage of babies born to Hampton and Newport News mothers, age 25 and older, with less than a high school education has dropped significantly.
  - Hampton: In 2012, 101 babies were born to mothers without a high school education, down from 164 in 2008; since 2000 the percentage of babies born to mothers without a high school degree has dropped from 12.6 percent to 5.2 percent of all births in 2014.
  - Newport News: In 2012, 206 babies were born to mothers without a high school education, down from 407 in 2008; since 2000 the percentage of babies born to mothers without a high school degree has dropped from 14.8 percent to 6.6 percent of all births in 2014.
  - Virginia comparison: Since 2000 the percentage dropped from 14.6 percent to 9.4 percent in 2014.

National Trends on Births to Mothers Without High School Education

- In 2011, 61 percent of women with less than a high school degree were unmarried when they gave birth, as compared to 9 percent of women with at least a bachelor's degree. [24]
- In 2011, 68 percent of new mothers had at least some college education, while at least 34 percent had a high school diploma and only 14 percent lacked a high school diploma. [25]
- One in eight children (12 percent) lives with a mother who has not graduated from high school.

Data Charts and Tables – Births to women without high school degree

Figure 13 – *Percent:* Births to Mothers Without High School Education

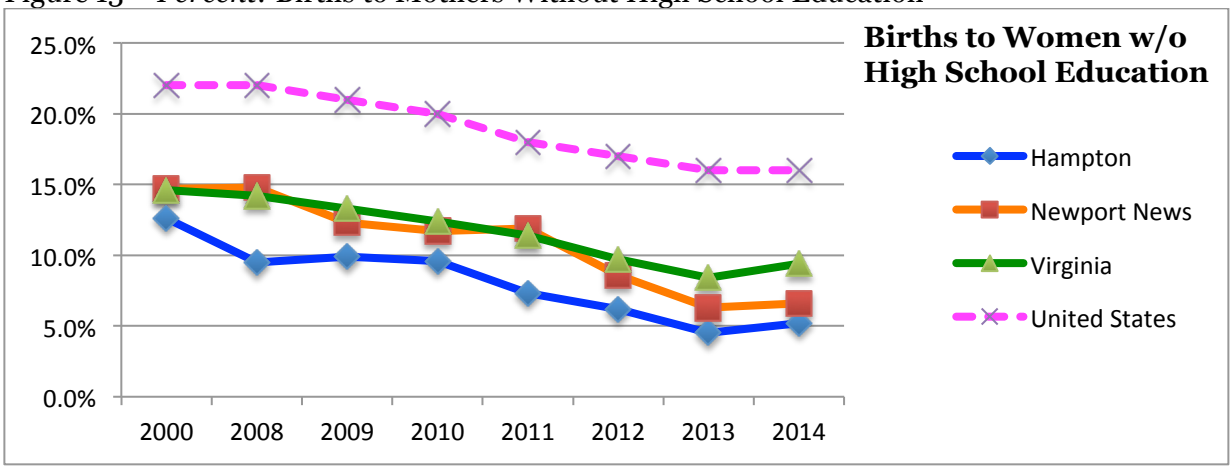


Table 16 –*Number:* Births to mothers, age 25 and older, without high school education

	2008	2009	2010	2011	2012
Hampton	164	172	164	110	101
Newport News	407	322	285	317	206

Source: Health Profiles, Virginia Department of Health, 2015 © www.vdh.state.va.us/healthstats/stats.htm U.S. Data: National Kids Count, (2000 figures not available) As of March 2016 the most current figures available were for 2012.

Table 17 –*Percent*: Births to mothers, age 25 and older, without high school education

	2008	2009	2010	2011	2012	2013	2014
Hampton	9.5%	9.9%	9.6%	7.3%	6.2%	4.5%	5.2%
Newport News	14.8%	12.3%	11.7%	11.9%	8.6%	6.3%	6.6%
Virginia	14.2%	13.3%	12.4%	11.4%	9.7%	8.4%	9.4%
United States	22.0%	21.0%	20.0%	18.0%	17.0%	16.0%	16.0%

Source: Local, Virginia and U.S. Data: National Kids Count, (2000 figures not available) As of March 2016 the most U.S. current figures available were for 2013, 2014 is an estimated number. Last update for Kids Count was October 2015

Household Living Arrangements for All Children

Definition

The U.S. Census defines a household to include all of the persons who occupy a housing unit and share living arrangements. For this indicator a two-parent family refers to parents who are married to each other and living in the same household. They may be biological, adoptive, or stepparents. Single-parent families refer primarily to families in which only one parent is present, but before 2007 may include some families where both parents were present but unmarried. No-parent families refer to families where neither parent of the child lives in the household. Data about children living with grandparents reflect those living in households headed by their grandparents, and do not include families where a grandparent is in the household as a dependent. Parents may or may not be present in such cases.[26]

> *Family is the most important thing in the world.*
>
> Princess Diana

Significance

Mothers and fathers play critical and important roles in the development and growth of their children. With the birthrate rising for single mothers (almost 50 percent of children are born to unwed mothers) and the number of children living in single-parent households increasing to record highs, what is the impact on family structure and well-being of children on children and youth?

The number and type of parents (e.g. biological, step) in the household, as well as the relationship between parents, are strongly linked to a child's well-being. "Among young children, those living with no biological parents, or in single-parent households, are less likely than children with two biological parents to exhibit behavioral self-control, and more likely to be exposed to high levels of aggravated parenting, than are children living with two biological parents. Children living with two married adults (biological or adoptive) have, in general, better health, greater access to health care and fewer emotional or behavioral problems than children living in other types of families."[27]

Much of the research suggests that children growing up in single parent households experience a higher incidence of substance abuse, engage in risky behaviors, emotional and social problems, and poorer school performance than children growing up with both biological parents in the same household.[28] In addition, researchers conclude unequivocally that child poverty rates are significantly higher in single-parent families, whether divorced or never married, than in married-parent families, regardless of racial and ethnic groups. [29]

Recent research published by The Journal of Epidemiology and Community Health (May 2015) reports not only are children of single mothers at greater risk of long-term negative consequences but single women who spent time parenting alone before the age of 50 were more likely to develop health problems compared to those who were in a marriage when their children were growing up. The study found that the longer a woman parented by herself, the bigger the risk for poor health and disability. The study shows the women at highest risk became mothers before age 20, became single due to divorced, were single parents for more than 8 years to two or more children. "The findings add to the growing recognition that single motherhood may have long-term health effects on mothers."[30]

A 2013 study found that when one controls for the resources available to the young child, the consequence of family structure on long-term outcomes are more related to the economic experiences than family structure. "The key factor is family income: When single mothers – or

fathers – have fewer financial resources, their children are more likely to be disadvantaged through their adulthood. When resources are available, however, the differences effectively disappear, statistically speaking."[31]

Hampton and Newport News Trends on Household Living Arrangements of Children Under 18 Years Old

- In Virginia the household living arrangements for children has remained stable between 2010 and 2013, 70 percent of children lived in married-couple families, 7 percent lived in single-father families and 23 percent lived in single-mother families; the changes in the local story differs significantly.
  - Hampton: Between 2010 and 2013, the number of children living with married-couple families dropped from 61 to 52 percent, while the number living with single mothers rose from 34 to 42 percent, and children living with single fathers rose slightly from 5 to 6 percent.
  - Newport News: Between 2010 and 2013, the number of children living with married-couple families dropped from 60 to 53 percent, while the number living with single mothers rose from 32 to 39 percent, and children living with single fathers stayed the same at 8 percent.

National Trends on Household Living Arrangements of Children Under 18 Years Old

Both mothers and fathers play important roles in the growth and development of children. The number and the type of parents (e.g., biological, step) in the household, as well as the relationship between the parents, are consistently linked to a child's well-being. The changes in household living arrangements since 1960:[32]

- Living with two married parents: Between 1960 and 1996, the proportion of all children under age 18 living with two married parents decreased steadily, from 85 to 68 percent. This share was stable during much of the late 1990s and into the 2000s, but by 2012 it had decreased to 64 percent. The rate has been stable over the last few years.
- Living with mother only: In 1960, the proportion of children living in mother-only families was eight percent, but by 1996 that proportion had tripled, to 24 percent. Since then, it has fluctuated between 22 and 24 percent, and was at 23 percent in 2015.
- Living with father only: Between 1990 and 2015, the share of children living in father-only families has fluctuated between three and five percent, and was at four percent in 2015.
- Living with no parent: The proportion living without either parent (with either relatives or with non-relatives) has remained steady, at approximately four percent.
- Living with grandparent: In 2015, seven percent of all children lived in the home of their grandparents. In two-thirds of these families, one or both parents were also present. The proportion living with grandparents increased until the mid-1990s, from three to six percent of children. After remaining at around five percent until 2006, the proportion increased until 2010, but has since remained steady, at between six and seven percent.

Between 1960 and 2014 there has been a marked decline in the proportion of children living with both parents, though it has fallen more slowly over the last two decades, dropping from 69 percent in 2000 to 64 percent in 2014:[33]

- Living with two married parents: Dropped from 88 percent to 64 percent.
- Living with one parent: Increased from 9 percent to almost 28 percent.
- Living with mother only: Increased from 8 percent to almost 24 percent.
- Living with father only: Increased from 1 percent to almost 4 percent.
- Living with no parent: Relatively unchanged from 3.2 percent to 3.8 percent.

Data Charts and Tables – Household Living Arrangements

Table 18 – *Number:* Household living arrangements for children age 0-17

	Households with Children	2010	2011	2012	2013
Hampton	Total Households	12,939	13,447	14,664	13,452
	Married-couple	7,941	8,239	5,992	7,012
	Father only	663	1,131	1,063	769
	Mother only	4,335	4,077	7,609	5,671
Newport News	Total Households	20,986	20,046	19,192	18,301
	Married-couple	12,563	10,430	9,148	9,724
	Father only	1,609	2,652	1,794	1,521
	Mother only	6,814	6,964	8,250	7,056
Virginia	Total Households	884,969	893,805	895,668	887,364
	Married-couple	617,975	630,339	632,612	622,543
	Father only	58,657	60,823	62,498	58,616
	Mother only	208,337	202,643	200,558	206,205

Table 19 - *Percent:* Household living arrangements for children age 0-17

	Households with Children	**2010**	**2011**	**2012**	**2013**
Hampton	Total Households	100%	100%	100%	100%
	Married-couple	61.4%	61.3%	40.9%	52.1%
	Father only	5.1%	8.4%	7.2%	5.7%
	Mother only	33.5%	30.3%	51.9%	42.2%
Newport News	Total Households	100%	100%	100%	100%
	Married-couple	59.9%	52.0%	47.7%	53.1%
	Father only	7.7%	13.2%	9.3%	8.3%
	Mother only	32.5%	34.7%	43.0%	38.6%
Virginia	Total Households	100%	100%	100%	100%
	Married-couple	69.8%	70.5%	70.6%	70.2%
	Father only	6.6%	6.8%	7.0%	6.6%
	Mother only	23.5%	22.7%	22.4%	23.2%

Source: U.S. Census Bureau, America Community Survey 1-Year Estimates, 2010, 2011, 2012 and 2013. Printed May 2015 and Child Trends Databank-*Family Structure* (2015). Available at: http://www.childtrends.org/?indicators=family-structure, Update March 2015

Historical (National) Perspective 1970-2014

Figure 14– Historical perspective of children age 0-17 household living arrangements

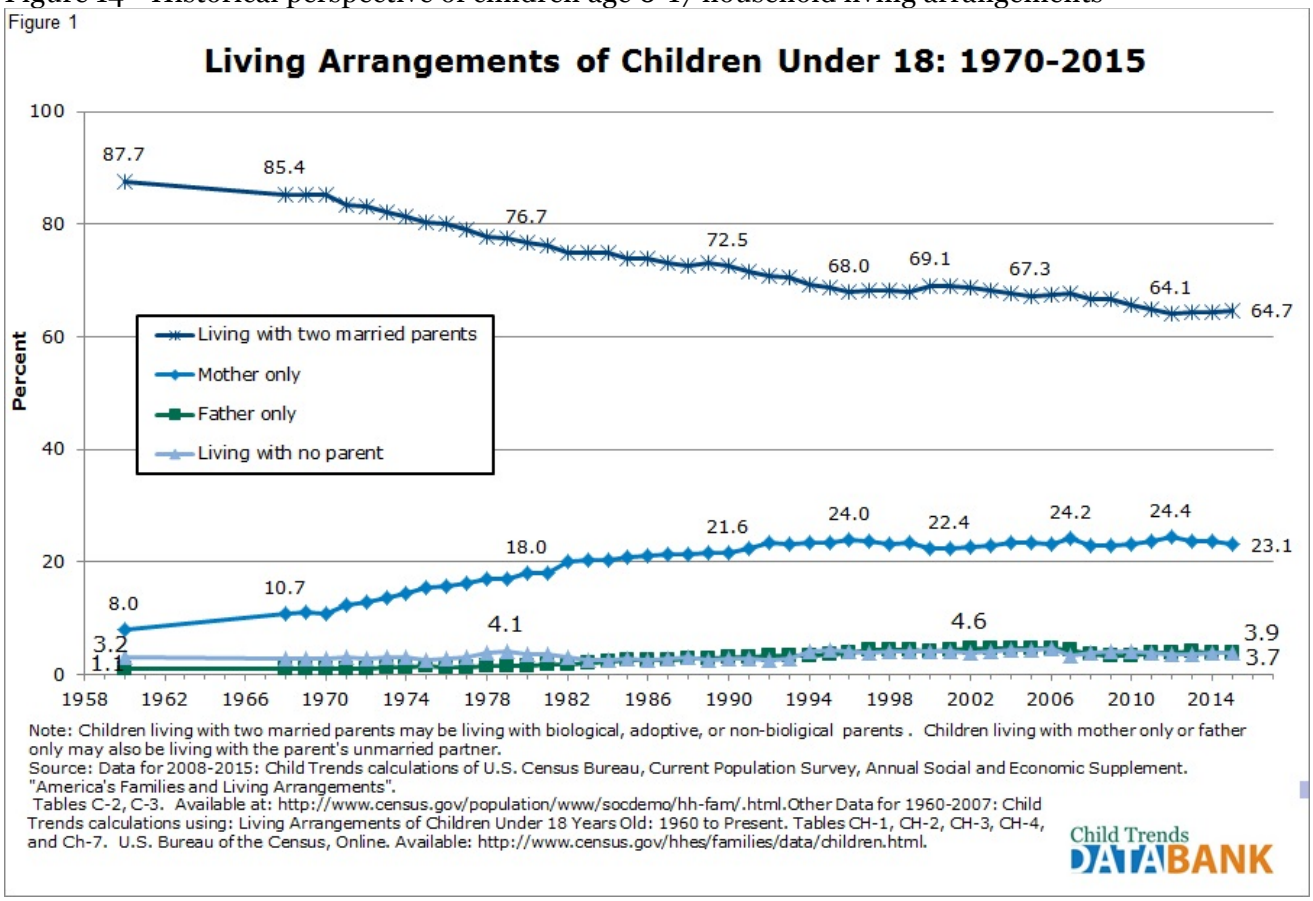


Table 20 – Living arrangements of children under 18, historical perspective

	1960	1970	1980	1990	2000	2009	2010	2011	2012	2013	2014	2015
Living with Two Married Parents	87.7	85.0	76.6	72.5	69.1	66.8	65.7	65.0	64.1	64.4	64.4	64.7
Living with One Parent	9.1	12.0	19.7	24.7	26.7	26.2	26.6	27.2	28.3	27.8	27.5	27.0
Living with Mother Only	8.0	10.9	18.0	21.6	22.4	22.8	23.1	23.6	24.4	23.7	23.6	23.1
Living with Father Only	1.1	1.1	1.7	3.1	4.2	3.4	3.4	3.5	4.0	4.1	3.9	3.9
Living with No Parent	3.2	3.0	3.7	2.8	4.2	4.0	4.1	3.9	3.6	3.7	3.8	3.7

Child Abuse or Neglect

Definition: This indicator is the number of children age 0-17 who have been abused and or neglected. Child Protective Services (CPS) is responsible for handling all referrals for suspected cases of abuse or neglect, including physical and medical neglect and physical, sexual and psychological abuse. CPS offers specialized services to protect children from abuse, neglect or exploitation, to preserve families whenever possible, and to prevent further abuse or neglect.

CPS considers a referral valid when certain criteria are met: the alleged victim must be under age 18, the alleged abuser is a parent or caregiver and the alleged offense meets the definition of abuse or neglect as defined by the law. CPS staff gathers facts about the allegation and determines the service needs for the child and family. An investigation is immediately conducted when there are immediate concerns about child safety. When a child is not in immediate danger and when the alleged abuse or neglect is less severe a *family assessment* is conducted. Investigations are either unfounded (insufficient evidence) or founded (evidence confirms abuse or neglect occurred). The rate refers to the number of founded child abuse or neglect investigations per 1,000 children age 0-17 in the general population.

> *Child abuse and neglect is associated with many negative outcomes for children, including lower school achievement, juvenile delinquency, substance abuse, and mental health problems. Maltreatment can result in long-term social, emotional and physical problems, and even death.*
>
> America's Children:
> Key National Indicators of Well-Being, 2013

Significance

The immediate impacts of abuse and neglect on a child are tragic, but the long-term ramifications can be profound and endure long after the abuse or neglect occurs. The costly consequences of the abuse cascade throughout life, and may affect an individual's physical, cognitive, psychological, and behavioral development. [34]

In addition to physical trauma, victims of child abuse and neglect frequently experience chronic low self-esteem, attention disorders, problems forming relationships, developmental delays, learning disorders, aggressive behaviors, depression and other mental health problems. These problems may manifest in academic achievement, substance use, teen pregnancy, and delinquency and crime.[35]

Hampton and Newport News Trends of Child Abuse and Neglect

It is difficult to compare rates across localities due to variable social services staffing and practices and community standards. Drawing conclusions is problematic because a low rate may be indicative of a real difference in level of abuse in different communities or may merely reflect differences in reporting patterns, investigation procedures, or standards. For this reason, these trends should not be used to compare localities but to observe trends within a community.

- Between 2010 and 2014 the trends in the two localities differ significantly
  - Hampton: The number of referrals and founded cases dropped by 50 percent. In 2010, 51 percent of referrals received a family assessment as compared to 54 percent in 2014; the percent of referrals with founded cases of abuse dropped from 21 percent to 19 percent.
  - Newport News: The number of referrals and founded cases remained relatively unchanged. In 2010, 62 percent of referrals received a family assessment as compared to 72 percent in 2014; the percent of referrals with founded cases of abuse remained relatively unchanged at approximately 13%.
- Physical neglect and physical abuse are the most prevalent reasons for a referral, assessment and investigation.
  - Hampton: Physical abuse and physical neglect are the two most common reasons for a founded complaint.
  - Newport News: Physical neglect is two times more likely to be the reason for a founded case than physical abuse.

National Trends of Child Abuse and Neglect

- In 2011, the rate of substantiated reports of child maltreatment was 10 per 1,000 children age 0-17. This represents a slight decrease since 2007 when the rate was approximately 11 reports per 1,000 children.[36]
- Children younger than four are at greater risk of severe injury or death as a result of child abuse or neglect than older children.[37]
- Younger children are more frequently victims of child abuse and neglect. In 2011, records provided the following on substantiated reports of child maltreatment:[38]
  - Children under age 1: 23 reports per 1,000 children
  - Children age 1-3: 13 reports per 1,000 children
  - Children age 4-7: 11 reports per 1,000 children
  - Children age 8-15: 8 reports per 1,000 children
  - Children age 16-17: 5 reports per 1,000 children
- Neglect is the most common type of abuse and neglect across all age groups though the types of maltreatment vary by age. In 2011, the records show the number one reason for a founded case among children age 0-3 was neglect (81 percent), with 14 percent physically abused and 2 percent sexually abused.[39]
- The rates of child abuse and neglect vary across racial and ethnic groups. In 2011, Black, non-Hispanic children had the highest rates of substantiated child abuse and neglect rates with 15 reports per 1,000 children as compared to Hispanic and White, non-Hispanic children with 9 reports per 1,000 children.

Data Charts and Tables – Child protective services

Figure 15 –*Rate:* Founded child abuse and neglect per 1,000 children 0-17

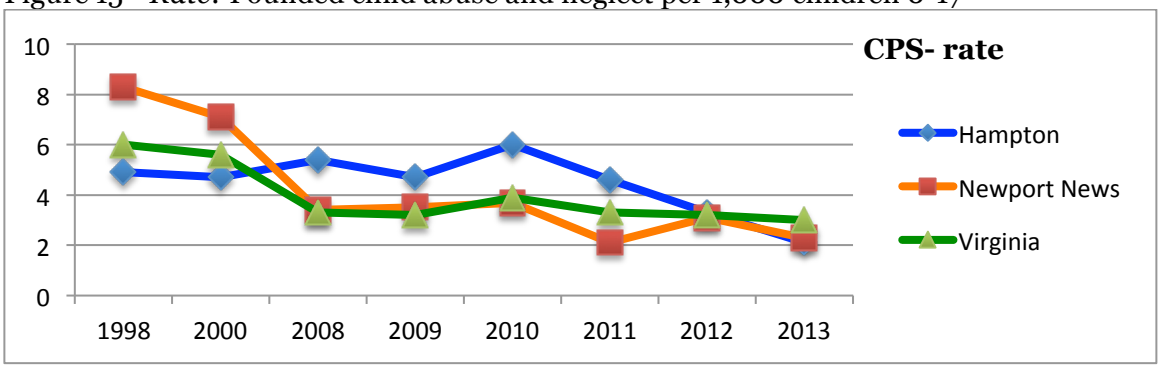


Table 21 - *Rate*: Founded child abuse and neglect per 1,000 children 0-17

	1998	2000	2008	2009	2010	2011	2012	2013
Hampton	4.9	4.7	5.4	4.7	6.0	4.6	3.3	2.1
Newport News	8.3	7.1	3.4	3.5	3.7	2.9	3.1	2.3
Virginia	6.0	5.6	3.3	3.2	3.9	3.3	3.2	3.0
United States	11.8	10.3	9.3	9.3	9.2	9.2	NA	NA

Note: Rate is based on the number of founded reports, not unique number of children. A single child could be the victim of multiple founded investigations.

Figure 16 – Number of founded complaints

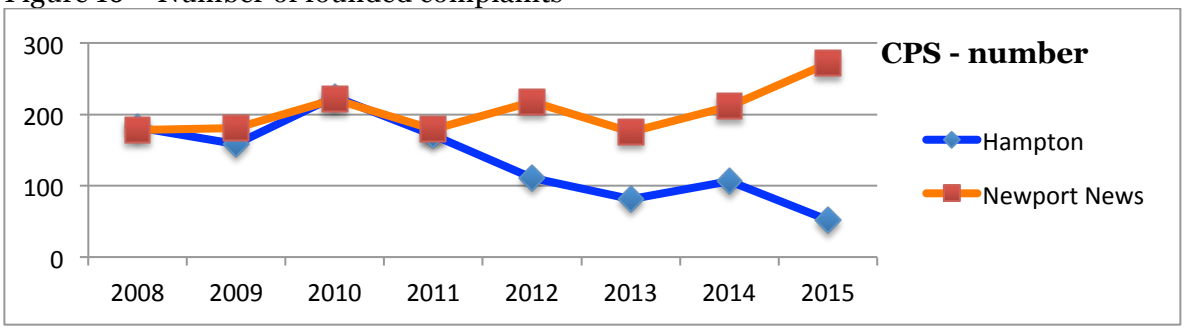


Table 22 – *Number*: Complaints by locality

Hampton	1998	2000	2008	2009	2010	2011	2012	2013	2014	2015
Referrals accepted	NA	NA	947	959	1052	1002	972	733	554	433
Assessments	NA	NA	579	561	530	624	658	544	301	304
Founded complaints	NA	NA	182	158	225	171	111	81	106	52

Newport News	1998	2000	2008	2009	2010	2011	2012	2013	2014	2015
Referrals accepted	NA	NA	1107	1116	1533	1334	1341	1350	1566	1503
Assessments	NA	NA	685	709	957	860	841	907	1128	969
Founded complaints	NA	NA	178	181	221	179	218	175	211	271

Source: Virginia Department of Social Services, CPS Accountability Report, Virginia OASIS and United States: Child Trends Data Bank (2014) Child Maltreatment. www.childtrends.org/?indicators=child=maltreatment

Foster Care

Definition: Foster care is a temporary response to family problems; a founded case of abuse or neglect is the primary pathway to foster care. A "permanency" plan is established for each child to ensure that every child lives in a safe and stable family. Foster care provides services, substitute care and supervision for children on a 24-hour basis, until a child can either return to their family or become a permanent member of another family.[40] Children are placed in foster care when Child Protective Services and a court determine it is not safe for a child to remain at home because of risk of abuse. The placement and care of children placed away from their parents or guardians becomes the responsibility of the State agency.

Significance

Although foster care policies mandate health care coverage and services, research shows that foster care has a negative impact on children's overall health. They have a higher level of morbidity throughout childhood, they are more likely to have growth and development issues and they are more likely to have untreated health problems than children not involved in the foster care system.[41]

Foster care has a negative impact on cognitive and academic functioning. Foster children are more likely to perform more poorly on academic achievement tests, have poorer grades, and have higher rates of grade retention and special education placement.[42]

> *If the government or those who are in power want to make the foster care system better, what they should do is just ask a foster kid. Talk to one of them. They can tell you exactly what they need. What they need is what most children and even teens need…someone who cares about them, someone who will listen to them and hold them when they are scared. What they need is what any child needs…a family who loves them.*
>
> Luis, Forgotten Fridays, August 30, 2013

Foster care has a negative impact on social-emotional well-being. Foster children are more likely to have attachment disorders. Studies show a majority of foster children have mental health difficulties with higher rates of depression, poorer social-emotional skills, and lower adaptive functioning, and are more likely to exhibit behavioral problems such as aggression and impulsivity[43]

Hampton and Newport News Trends on Foster Care

- The Foster Care Children Demographic Report for June 2015 provided a point in time demographic snapshot for Hampton and Newport News that revealed that children in foster care are more likely to be black males. :[44]
- In the last decade local foster care caseloads have dropped almost 80 percent, while the overall number of children in Virginia's foster care system dropped by about one-third.
  - Hampton: Between 2003 and 2011 the departmental caseload fell by 83 percent, dropping from 223 to 37 children. Between 2011-2015, the number increased to 55.
  - Newport News: Between 2003 and 2014 the departmental caseload fell by 79 percent, dropping from 429 to 91 children. In 2015, the caseload increased to 102 children.
- Anecdotal evidence suggests that the impact of prevention services and permanency planning efforts around foster care maybe the contributing factor for the "aging" population of

children in foster care over the last few years. The (Virginia) Local Department of Social Services Profile Report for 2015 provided a point in time demographic snapshot.

- Hampton: 64 percent of 55 children in foster care were at least 16 years old – 0 percent under age 6, 33 percent age six to 10, 3 percent age 11-15, 20 percent age 16-18, and 44 percent 19 years old or older.
- Newport News: 62 percent of 102 children in foster care were at least 16 years old – 0 percent under age 6, 20 percent age six to 10, 18 percent age 11-15, 28 percent age 16-18, and 34 percent 19 years old or older.

- Virginia: Since 2003, the statewide caseload dropped 33 percent.
- Virginia: Over the last decade the annual expenditures per foster child have increased from $30,663 (2005) to $46,723 (2015). Children in foster care may receive both maintenance payments (room and board) and payments for specialized services. The annual expenditures per child include children who receive maintenance payments only and children who receive specialized services such as residential care. Other services such as mentoring and counseling are not included[45]

National Trends on Foster Care

- After steadily increasing in the 1990s, there has been a 30 percent decline in the number of children in foster care since it peaked in 1999. In 1999 the national rate was 8.1 per 1,000 children age 0-17 and in 2012 the rate was 5.4 – the lowest figure in two decades.[46]
- Though there has been a slight decrease in the number of children living in group homes, in the last decade there has been little percentage change in the foster home living arrangements for foster children. In 2013, 47 percent lived in homes of non-relatives, 28 percent lived in foster homes with relatives, 14 percent lived in group homes, four percent lived in pre-adoptive families, and seven percent lived in a variety of other types of facilities.[47]
- The amount of time children are placed in foster care continues to decline. In 2013, 26 percent of children exiting foster care lived in foster care for less than six months, and another spent six to eleven months in care, 27 percent spent one to two years in care, 22 percent spent two to four years in care and five percent spent more than five years.[48]

Data Charts and Tables – Foster care

Table 23 – Foster Care children demographic report for June 2015

	Total	Male	Female	Black	White	Multi-race	Other
Hampton							
Number all children 0-17	30,315	48%	52%	55%	35%	6%	4%
Number foster children	59	34	25	38	13	7	1
Percent foster children	100%	58%	42%	64%	22%	12%	2%
Newport News							
Number all children 0-17	43,004	48%	52%	47%	40%	9%	4%
Number foster children	117	64	53	82	26	3	3
Percent foster children	100%	55%	45%	70%	22%	3%	3%

Source: Population data – U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates . Foster Care data - Virginia Department of Social Services Foster Care Children Demographic Report for June 2015 (Updated July 2015)

Figure 17 – *Number:* Children in foster care age 0-19

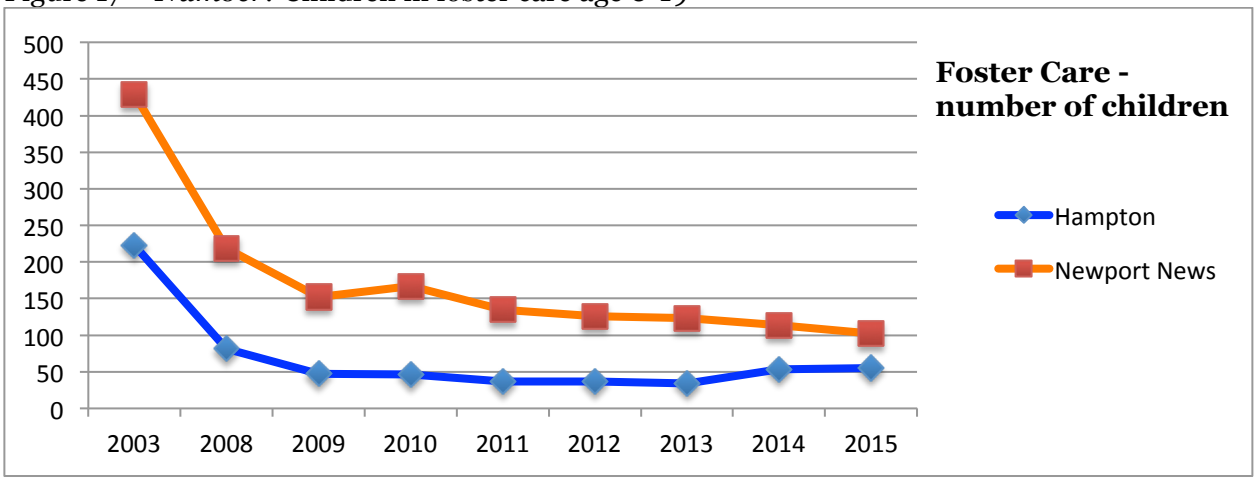


Table 24– *Number:* Children in foster care, age 0-19

	2003	2008	2009	2010	2011	2012	2013	2014*	2015
Hampton	223	81	47	46	37	37	44	53	55
Newport News	429	219	152	167	135	126	123	114	102
Virginia	7,394	6,764	6,459	5,979	5,367	5,104	4,999	5,038	NA

Table 25 – *Rate* – Children in foster care, number per 1,000 children age 0-19

	2003	2008	2009	2010	2011	2012	2013	2014	2015
Hampton	6.2	3.0	2.5	2.1	1.9	1.9	NA	NA	NA
Newport News	8.5	3.7	5.4	5.0	4.5	4.0	NA	NA	NA
Virginia	3.9	4.7	4.9	4.6	4.3	4.0	NA	NA	NA

Source: Annie E. Casey Foundation, Kids Data Count, Updated June 2015

Note: Annual foster care numbers are reported as point-in-time and not an unduplicated annual number; the numbers reported can differ depending on report period. Therefore, to ensure the same point-in-time period is reflected, the Annie E. Casey Kids Count report (updated June 2015) has been used and the numbers represent the count of children in foster care on the last day of the year. The 2015 data comes from the Annual Virginia Department of Social Services Local Profile report and the data reflects the count as of September 30.

Children's Services Act (CSA) for At-risk Youth

Definition: The Children's Services Act (CSA) is a law enacted in 1993 that establishes a single state pool of funds to purchase services for at- risk youth and their families. Local interagency teams that plan and oversee services to youth manage state funds, combined with local community funds. Initially called Comprehensive Services Act, CSA created a collaborative system of services with a goal of providing high quality, child-centered, family focused, cost effective, community-based services to address the strengths and needs of troubled and at-risk youths and their families. State and local agencies, parents, and private service providers work together to provide services to a child who meets at least one of the following descriptions:

- Has a serious emotional or behavioral problem,
- Needs residential care or resources beyond normal agency services or requires special education through a private school program,
- Receives services to prevent foster care placements, or
- Receives foster care services or is under supervision of the juvenile and domestic relations court.

Research suggests that successful programs involve parents as partners with professionals. But unequal partnerships are seldom effective, this means staff must approach parents with some goal other than controlling them or treating them as patients in need of treatment.

Reclaiming Youth At Risk

Significance:

As previously described, foster care has a negative impact on the overall health and social-emotional wellbeing of children. Recognizing that foster care and or residential placements should be considered as a last resort, CSA keeps families together through the provision of services within the child's home and the community. A multidisciplinary team, comprised of staff from mental health, court services, social services, public schools, health department and any other relevant service providers, assesses child and family needs, identifies family strengths and challenges, and develops an individualized plan that addresses the specific needs of the child and family.

Hampton and Newport News Trends on Comprehensive Services

- Historically, between 1994-2014 Hampton and Newport News have served more than 21,000 children. A CSA of Virginia study reported the following 20 year perspective:
  - Hampton: $103,639,791 serving 8,532 children, average per child expenditure-$12,147.
  - Newport News: $213,215,969 serving 13,012 children, average per child expenditure-$16,386.
- Since 2009 Virginia and most of the localities in the Tidewater region experienced double digit reductions in the number of children served. Hampton is the only large community, in the region, experiencing an annual increase in the number of children served.
  - Hampton: 30 percent <u>increase</u> in the number of children served and a nine percent <u>increase</u> in CSA expenditures.
  - Newport News: 34 percent <u>decrease</u> in the number of children served and a 44 percent <u>decrease</u> in CSA expenditures.

Summary of Hampton and Newport News CSA:

Locality	Children Served	Total Expenditures	Average Per Child Expenditure	Percent Receiving Community-based Services
Hampton	559	$7.4 million	$13,429	83%
Newport News	308	$5.9 million	$20,419	47%

Data Charts and Tables – Children's Services Act

Figure 18: Unduplicated count of children served

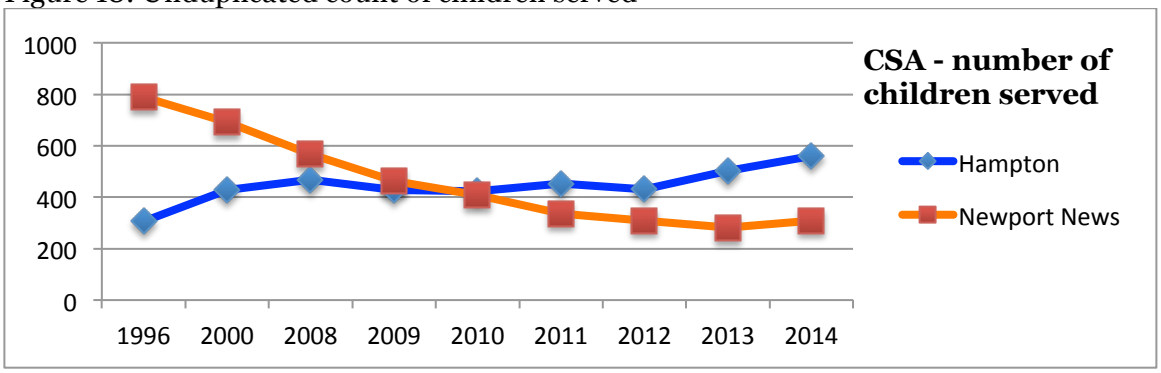


Table 26: Unduplicated count of children served through CSA

	1996	2000	2008	2009	2010	2011	2012	2013	2014
Hampton	306	429	468	429	424	454	431	504	559
Newport News	790	692	567	464	408	336	308	282	308
Virginia	14,282	14,757	18,195	17,651	17,589	16,582	15,333	14,628	14,972

Figure 19: Annual local expenditures for CSA services (dollars represent millions)

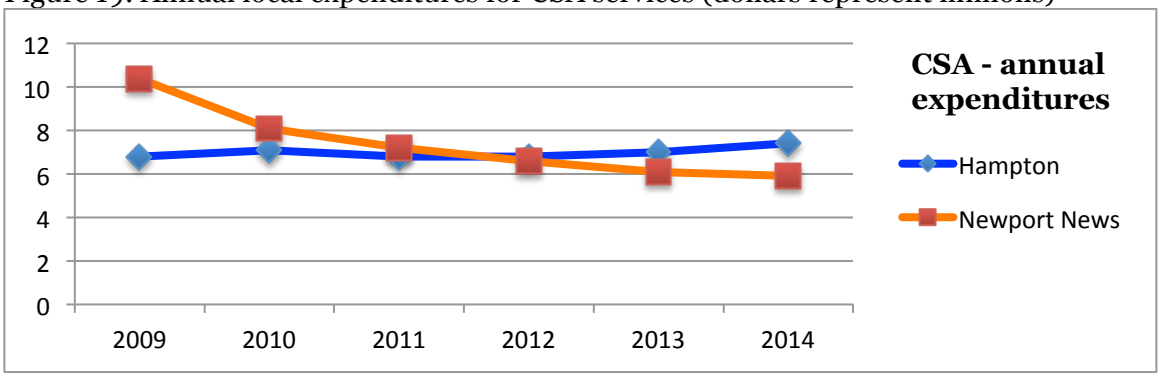


Table 27: Annual amount spent in CSA services (amounts represent dollars in the millions)

	1996	2000	2008	2009	2010	2011	2012	2013	2014
Hampton	$3.3	$3.4	$7.4	$6.8	$7.1	$6.8	$6.8	$7.0	$7.4
Newport News	$5.6	$11.1	$12.4	$10.4	$8.1	$7.2	$6.6	$6.1	$5.9

Source: All CSA figures and charts: Virginia Department of Social Services, Children's Services Act Reports http://www.csa.virginia.gov/publicstats/index.cfm and Source: Annie E. Casey Foundation, Kids Data Count, Updated September 2014, Comprehensive Services Act, updated September 2014

Figure 20: Average CSA expenditure per child

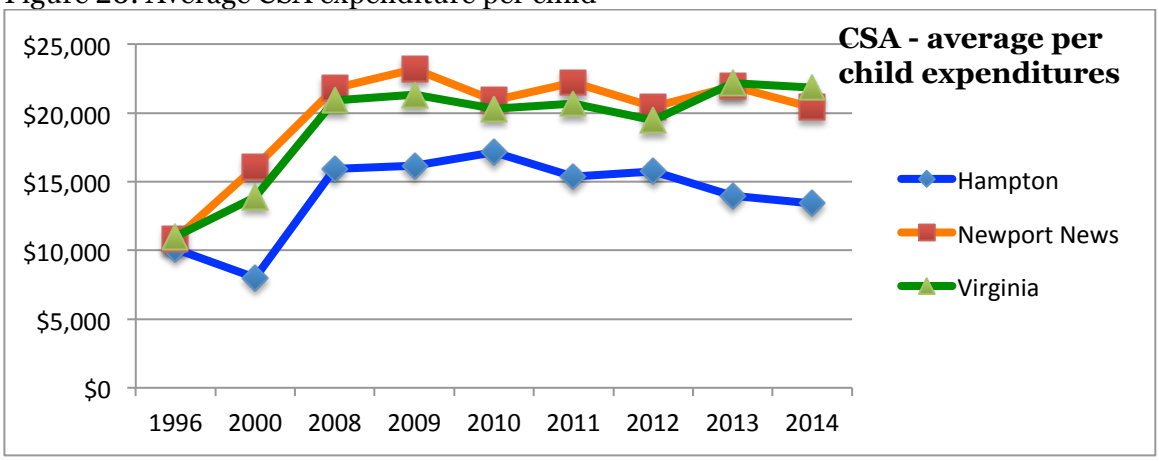


Table 28: Average CSA expenditure per child

	Hampton	Newport News	Virginia
1996	$10,115	$10,827	$10,986
2000	$7,989	$16,052	$13,868
2008	$15,925	$21,794	$20,917
2009	$16,143	$23,196	$21,307
2010	$17,153	$20,909	$20,287
2011	$15,349	$22,214	$20,662
2012	$15,760	$20,437	$19,456
2013	$13,972	$21,936	$22,154
2014	$13,429	$20,419	$21,828

Source: All CSA figures and charts: Virginia Department of Social Services, Comprehensive Services Act Reports http://www.csa.virginia.gov/publicstats/index.cfm and Source: Annie E. Casey Foundation, Kids Data Count, Updated September 2014, Comprehensive Services Act, Updated September 2014

Health Indicators

It is easier to build strong children than to build a broken man.
Frederick Douglas

Health Indicators

"Children's health is the foundation for their overall development, and ensuring that they are born healthy is the first step toward increasing the life chances of disadvantaged children. Poverty, poor nutrition, lack of preventive health care, substance abuse, maternal depression and family violence can put children's health at risk, affecting later outcomes."[49]

INDICATORS

- Prenatal care
- Low-birth weight babies
- Infant mortality
- Childhood immunizations
- Developmental delays
- Health insurance

A healthy start in life begins before birth, the long-term health and well-being for every child starts before birth.

The Centers for Disease Control

COMMUNITY INVESTMENT

The indicators identified are leading factors in determining whether the federal government designates a locality as a medically underserved community. Hampton and Newport News have Medically Underserved Areas and Populations. Communities with this federal designation have shortages of primary medical care, dental and or mental health care providers. The designation may be geographic (a city or service area) or demographic (low income, Medicaid-eligible populations, cultural access barriers to primary medical care services).[50]

- Hampton: 14 census tracts are identified as medically underserved. Most of the population living south of Mercury Boulevard lives in medically underserved communities. Specific census tracts identified: 0104.00, 0105.01, 0105.2, 0106.01, 0106.02, 0107.01, 0109.00, 0111.00, 0113.00, 0114.00, 0116.00, 0118.00, 0119.00, and 0120.00
- Newport News: 17 census tracts are identified as medically underserved. Every census tract south of Mercury Boulevard and several in the Denbigh area, along Warwick Boulevard, are considered medically underserved. Specific census tracts identified: 0301.00, 0303.00, 0304.00, 0305.00, 0306.00, 0308.00, 0309.00, 0311.00, 0312.00, 0313.00, 0320.06, 0320.07, 322.12, 322.23, 0322.24, 0322.25, and 0322.26.

There are many faith-based and non-profit organizations in Hampton and Newport News dedicated to keeping children healthy and investing in programs that will positively impact the health and well-being of all children. The following organizations, which should not be considered an all-inclusive list, are those serving significant numbers of families and children in our community.

- **Healthy Families in Hampton and Newport News** provides evidence-based early childhood home visiting services to expectant and new parents with the education and support they need at the time the baby is born and until the child enters kindergarten. Their goals include increasing utilization of prenatal care, improving maternal health and birth outcomes, enhancing parent-child interactions, creating safe and stable secure home environments, and promoting well-child check-ups and immunizations, and helping children and their families secure and regularly access a medical home/primary care provider.

- **Bon Secours Family Focus** services include family education and support programs reinforcing the importance of well-child care, promoting healthy infant and child development, creating safe home environments and promoting positive parenting practices.
- **Peninsula Institute for Community Health**, as part of the community-based health care initiative in Hampton Roads, PICH provides primary care and dental services for the insured, uninsured, and underinsured individuals and families in Hampton and Newport News. Other support services include health education and nutrition counseling, case management, referrals to specialty care, medication assistance and on-site lab testing
- **Center for Child and Family Services** provides counseling and support services to families. The Virginia Resource Mothers program provides in-home support services, counseling and parent education for teen parents. Their goals include reducing child maltreatment, improving parent-child interactions, ensuring proper health and nutrition for parents and babies, and promoting positive parenting practices.
- **Hampton Department of Human Services** works to ensure all Hampton families are able to become healthy and self-sufficient. Their goals include empowering families and children by escaping the long-term effects of poverty, protecting abused or neglected children and supporting families for healthy development. Services for children and their families range from the traditional government assistance programs and child welfare and protective services to prevention services including home visitation and parent education/support.
- **Newport News Department of Human Services** promotes empowerment and independence through the provision of human services and community partnerships. Services for children and their families range from the traditional government assistance programs and child welfare and protective services to prevention services including home visitation and parent education/support.
- **Children's Hospital of the Kings Daughters (**CHKD) Care Connection for Children (CCC) program provides case management and coordinates the health care and community support services for the children with special healthcare. The program serves children with physical disorders; services include access to medical specialty care, ongoing help in coordinating specialty care and accessing services, assistance with obtaining health insurance, information about and referral to community resources, help communicating with schools, payers, providers and community services.
- **Peninsula (and Hampton) Health Department** In addition to coordinating the supplemental nutrition program for women and young children (WIC) and the *Free Child Safety Seat Program*, the Peninsula Health Department manages the *I Am Moving I Am Learning* childhood obesity prevention program for preschool children; this program focuses on gross motor skills and encourages children to move with intensity during indoor and outdoor activities. *Kids Kick Start* program offers physical fitness and nutritional education to preschool children; activities include warm-ups, dancing and movement. *Healthy You, Count Down to Family Fitness (5-4-3-2-1)* program works with WIC families and encourages them to eat healthy and say "no" to soft drinks.
- **Virginia Department of Health** maintains statistics related to health indicators for all citizens and is responsible for ensuring that services directly impacting children's health are provided by the local department or through a community provider.

- **Versibility Resources** supports individuals with disabilities in employment, community living, day support and early childhood programs. The Early Prevention and Intervention for Children Program (EPIC) assists infants and toddlers with developmental delays; services range from assessing a child's needs to coordinating a tailored therapy program (offered in the child's home or childcare setting), so that the child can reach his/her full potential and is ready to enter school. Family-based services provide parents or caregivers with support and training in developmental milestones, parenting skills and therapy techniques. The special-needs instructor/therapist works directly with the child and his or her family on special instruction, speech therapy, physical therapy, occupational therapy or other family-centered-services.

Prenatal Care

Definition: Woman seeing a health care provider during the first thirteen weeks of pregnancy. Prenatal care is an important part of a healthy pregnancy. The percentage of women initiating prenatal care during the first trimester is a marker for access to maternal health services. Data for this indicator comes from maternal self-reports and is a measurement of when prenatal care was initiated and should not be used as a proxy for access to quality care and or frequency of prenatal visits.

> *If I had my life to live over, instead of wishing away nine months of pregnancy, I'd cherish every moment and realize that the wonderment growing inside me was the only chance to assist in a miracle.*
>
> Erma Bombeck

Significance

Prenatal care promotes a safe and healthy pregnancy through health screenings to identify babies or mothers at risk for complications, reduces the risk of pregnancy complications by helping the mother manage existing health conditions and provides health care providers an opportunity to educate and prepare mothers for pregnancy and parenting. In addition, important developments occur during the first trimester, therefore early prenatal care provides medical providers an opportunity to discuss the value of good dietary and exercise lifestyle choices, the benefits and risks of medications, and the risk of alcohol use to fetal development.[51]

Hampton and Newport News Trends on Prenatal Care

Note: As of March 3, 2016, a representative for the Virginia Health Department's Health Statistics Office confirmed that the last year for *teen pregnancy* health statistics data is 2013. The delay in reporting 2014 data is the result of technology issues.

- Newport News and Hampton: in 2013 4,673 babies were born to Hampton and Newport News mothers, 89.6 percent (4,185 mothers) self-reported receiving prenatal care in the first trimester.
- Virginia: Approximately 83 percent of mothers self-reported beginning prenatal care during the first trimester of pregnancy.

National Trends on Prenatal Care

- Healthy People 2020 Goal: at least 77.9 percent of females giving birth will receive prenatal care beginning in the first trimester, the baseline was 70.8 percent in 2007.
- Since the 1970's, the number of women receiving prenatal care has been improving. Though current data shows that six percent of women received late or no prenatal care in 2013, that information may not be accurate since many states began the process of transitioning to a revised birth certificate in 2003, a process still not complete, therefore determining a current percent number is problematic.[52]

Data Charts and Tables – Prenatal care

Figure 21 – *Percent:* Women receiving first trimester prenatal care

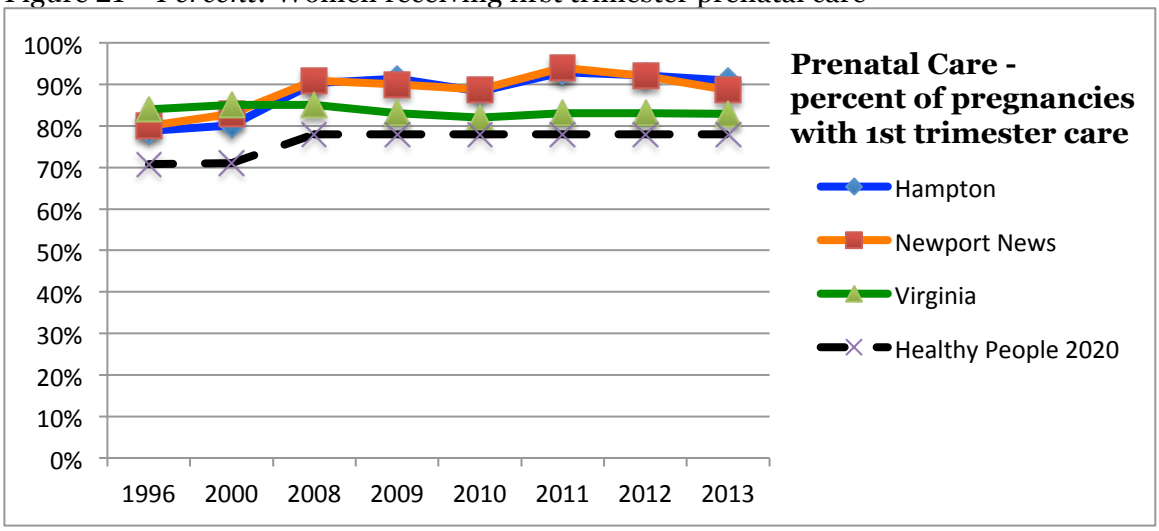


Table 29 – *Number:* Women receiving first trimester prenatal care

	1993	1996	2000	2008	2009	2010	2011	2012	2013
Hampton		1,645	1,634	1,786	1,769	1,584	1,608	1,681	1654
Newport News		2,540	2,593	2,978	2,886	2,674	2,866	2,674	2531

Source: Virginia Department of Health Local Profile and the Source: Annie E. Casey Foundation, Kids Data Count, Updated May 2015

Table 30– *Percent:* Women receiving first trimester prenatal care

	1993	1996	2000	2008	2009	2010	2011	2012	2013
Hampton	74.7%	80.3%	80.8%	90.3%	91.4%	88.3%	93.0%	92.1%	91.0%
Newport News	76.9%	81.6%	82.9%	91.0%	90.0%	88.8%	94.0%	92.0%	88.6%
Virginia	82.0%	84.8%	84.6%	84.6%	82.8%	81.9%	82.7%	83.0%	82.9%

Source: Virginia Department of Health Local Profile and the Source: Annie E. Casey Foundation, Kids Data Count, Updated May 2015

Note: there is no explanation available, anecdotal or analytical data available that explains the across the board dip in 2010.

Low Weight Births

Definition: This indicator is the percentage of births to mothers in which the birth certificate indicates the baby weighed 2,500 grams (5 pounds, 8 ounces) or less at birth.

Significance

In 2015, the March of Dimes reported, "about one in 12 babies in the United States are born with low birth weight. Some low birth weight babies are healthy, even though they are small. But being low birth weight can cause serious health problems for babies." Birth weight is one of the strongest and reliable predictors of long-term childhood outcomes. Low birth weight infants run the risk of developing many complications. Respiratory distress, sleep apnea, heart problems, jaundice, anemia, chronic lung disorders, and infections are just some of the obstacles that low birth weight babies may face in their early childhood.[53]

> *Preterm infants and babies born at low birth weights are at higher risk for poor outcomes, including chronic health conditions, long-term disability, and death.*
>
> America's Children:
> Key National Indicators of Well-Being, 2013

Though low birth weight has been implicated as an indicator of access to prenatal care, there are other contributing causes of low birth weight such as pre-term delivery, multiple births and maternal health (for example, diabetes and heart conditions). The primary reasons why a baby may be born with low birth weight:

- Premature birth. This is birth before 37 weeks of pregnancy. About 70 percent low-birth weight babies are premature. The earlier a baby is born, the lower his or her birth weight may be. About one in nine babies in the United States is born prematurely.
- Fetal growth restriction. This means a baby doesn't gain the weight he or she should before birth. Growth-restricted babies may have low birth weight simply because their parents are small. Others may have low birth weight because something slowed or stopped their growth and development in the womb. About 10 percent of newborns are growth-restricted.
- Birth defects. Babies with birth defects are more likely than babies without birth defects to be born prematurely and, therefore, to be born at low birth weights.

Healthy People 2020 has set a national target to reduce the percentage of low birth weight babies from 8.2 to 7.8 percent.[54]

Hampton and Newport News Trends on Low Birth Weights

- While higher percentages of women are reporting receiving early prenatal care, there has not been a corresponding shift in low birth weights.
- Hampton and Newport News are consistently above the state and national average of 8 percent low birth weight babies (per 1,000 live births) and are the only two Peninsula localities with higher rates than Virginia.

  Interesting note – Williamsburg dropped its 2008 rate from 17.2 per 1,000 live births and 2009 rate of 20 per 1,000 live births to below six per 1,000 live births since 2009, this

improved outcome coincides with several local healthy pregnancy/healthy births initiatives going to scale.

- In 2014, there were 420 Hampton and Newport News babies born weighing less than 5.5 pounds. Over 10 percent of Hampton and almost 9 percent of Newport News babies were born at low birth weights.

National Trends on Low Birth Weights

- Healthy People 2020 goal: no more than 7.8 percent of births will be low birth weights; the baseline was 8.2 percent in 2007.[55]
- In 2010, infants born preterm accounted for two-thirds of all low birth weight infants, and over 40 percent of preterm infants were low birth weight.[56]
- After steadily rising between 1990 and 2006, peaking at 8.3 percent in 2006, the percentage of babies born at a low birth has leveled off around eight percent. Though increasing multiple birth rates (due in large measure to infertility procedures resulting in twins, triplets, etc.) has been a contributing factor in the number of low birth weight babies, preterm and low birth weight levels rose substantially among singleton births.[57]

Data Charts and Tables – Low birth weight babies

Figure 22 – *Percent:* Babies born with low birth weight

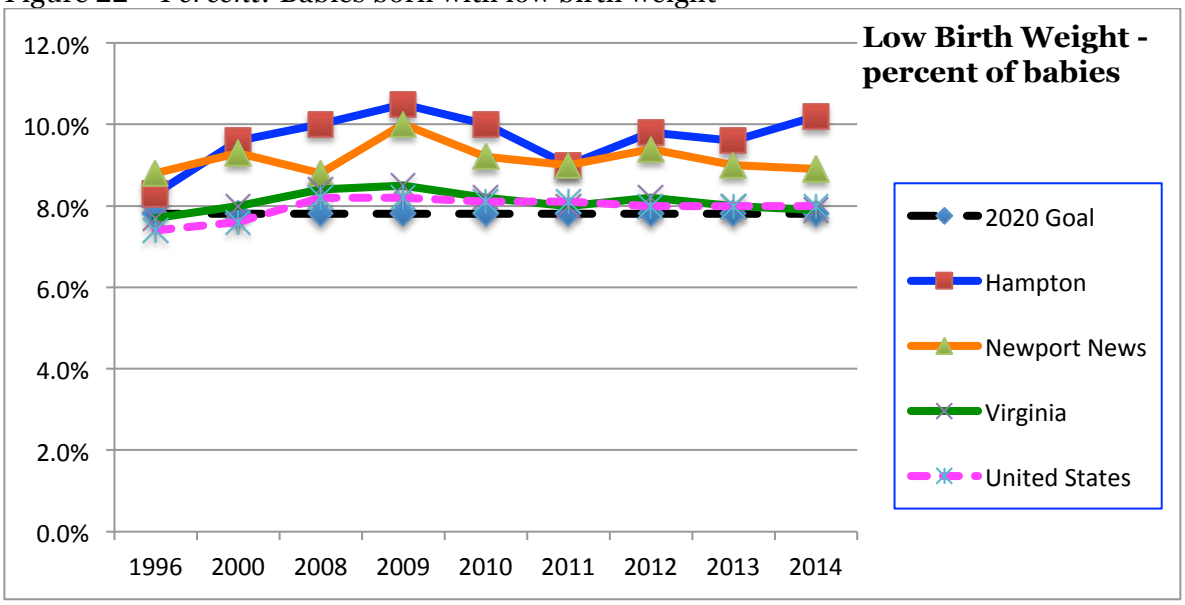


Table 31– *Number:* Babies born with low birth weight

	1996	2000	2008	2009	2010	2011	2012	2013	2014
Hampton	174	194	198	204	181	153	179	175	181
Newport News	279	292	289	320	278	267	273	256	249

Source: Virginia Department of Health Updated August 2015, U.S. data from CDC.gov Updated February 2016.

Table 32– *Percent:* Babies born with low birth weight

	1996	2000	2008	2009	2010	2011	2012	2013	2014
Hampton	8.3%	9.6%	10.0%	10.5%	10.1%	8.8%	9.8%	9.6%	10.2%
Newport News	8.8%	9.3%	8.8%	10.0%	9.2%	8.8%	9.4%	9.0%	8.9%
Virginia	7.7%	8.0%	8.4%	8.4%	8.2%	8.0%	8.2%	8.0%	7.9%
United States	7.3%	7.6%	8.2%	8.2%	8.1%	8.1%	8.0%	8.0%	8.0%

Source: Virginia Department of Health Updated August 2015, U.S. data from CDC.gov Updated February 2016.

Infant Mortality

Definition: Infant mortality is defined as the death of an infant before his or her first birthday. The rate is defined by the number of infant deaths (before age one) per 1,000 live births.[58]

Significance

Infant mortality has been considered an indicator of access to prenatal care. It has also been associated with maternal health, quality and access to medical care, and socioeconomic conditions, poverty, poor housing, illiteracy, and substance abuse. The Centers for Disease Control has set the Healthy People 2020 national target as 6.0 infant deaths per 1,000 live births by 2020.[59]

> *Infant mortality is related to the underlying health of the mother, public health practices, socioeconomic conditions, and availability and use of appropriate health care for infants and pregnant women.*
>
> America's Children:
> Key National Indicators of Well-Being, 2013

Hampton and Newport News Trends on Infant Mortality

Note: As of March 3, 2016, a representative for the Virginia Health Department's Health Statistics Office confirmed that the last year for *teen pregnancy* health statistics data is 2013. The delay in reporting 2014 data is the result of technology issues.

It is important to note that the number of infant deaths is so small in comparison to the total number of births that one must be careful in drawing conclusions, as one or two more or fewer infant deaths in a given year may greatly affect the rate. Issues related to preterm birth and low birth weights are the second leading cause of infant death in the United States.[60]

- The infant mortality rate in Hampton and Newport News has consistently been higher than the Hampton Roads region, Virginia and the nation. Since 1996, state and national rates have dropped from approximately 7.4 to 6.1 infant deaths per 1,000 births (2013).
  - Hampton: In 2012, 20 babies died before their first birthday, an infant mortality rate of 11.0 per 1,000 births. Although the number dropped to 18 babies dying before their first birthday in 2013, the rate of 9.9 infants per 1,000 births is still higher than the 1996 rate of 7.2.
  - Newport News: In 2012, 39 babies died before their first birthday, an infant mortality rate of 13.4 per 1,000 births. There was a significant drop in 2013, 22 babies died before their first birthday, the fewest number of babies and the lowest rate reported since 1996.
- While higher percentages of women are reporting receiving early prenatal care, there has not been a corresponding shift in infant mortality.

National Trends on Infant Mortality

- Healthy People 2020 goal: no more than 6.0 infant deaths per 1,000 live births within the first year of life, the baseline was 6.7 infant deaths within the first year of life (2006).
- About two-thirds of infant deaths occur in the first month after birth. These deaths are typically related to health problems of the infant such as congenital or birth defects, or problems related to the pregnancy, such as preterm delivery.[61]

- Though the United States infant mortality rate has been steadily declining since 1983 (6.1 per 1,000 births since 2010), there remains a substantial racial and ethnic disparity in infant mortality. In 2009, the infant mortality rate for Black, non-Hispanic infants was 12.4 infant deaths per 1,000 births, considerably higher than the rate of 5.3 for Hispanic and White.[62]
- The top three leading causes of infant death are birth defects, extreme immaturity (preterm birth and low–birth weight), and SIDS (Sudden Infant Death Syndrome). Maternal health complications during pregnancy are also a primary cause of infant death.

Data Charts and Tables – Infant mortality

Figure 23 – *Rate:* Infant Mortality Rate per 1,000 Live Births

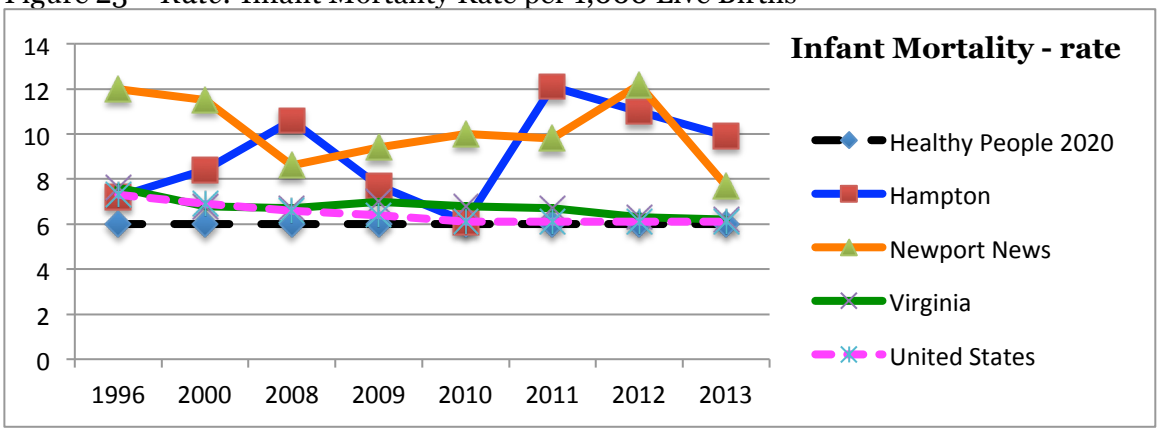


Table 33– *Rate:* Infant mortality

	1996	2000	2008	2009	2010	2011	2012	2013
Hampton	7.2	8.4	10.6	7.7	6.1	12.1	11.0	9.9
Newport News	12.0	11.5	8.6	9.4	10.0	9.8	13.4	7.7
Virginia	7.6	6.8	6.7	7.0	6.8	6.7	6.3	6.2
United States	7.3	6.9	6.6	6.4	6.1	6.1	6.1	6.1

Source: Virginia Department of Health Local Profile, Updated July 2015 and United States Source: Annie E. Casey Foundation, Kids Data Count, October 2014

Table 34– *Number:* Infant mortality

	1996	2000	2008	2009	2010	2011	2012	2013
Hampton	15	17	21	15	11	21	20	18
Newport News	38	36	28	30	30	30	39	22

Source: Virginia Department of Health Local Profile, Updated July 2015 and United States Source: Annie E. Casey Foundation, Kids Data Count, Updated October 2014

On-Time Childhood Immunizations

Definition: This indicator is the percentage of children who receive selected immunizations by the age of two, assessed upon entering school. Though the recommended number of vaccinations a child should receive by age two changes periodically, successful immunization is defined as children age 19 to 35 months who have received the recommended immunizations. A child without documentation of having received a shot is considered the same as a child who never received it. It is important to note that the data for this indicator is collected through random point-in-time surveys and through a retrospective look at immunization compliance when a child enters school.

Note: Centers for Disease Control and Prevention current recommended immunization schedule for infants and toddlers: one dose chickenpox, four doses Diphtheria, Tetanus and Pertussis (DTaP), four doses Haemophilius influenza type B (Hib), one dose Hepatitis A, three doses Hepatitis B, one dose Measles, Mumps and Rubella (MMR), three doses Polio (IPV), four doses Pneumococcal (PCV), and two doses Rotavirus (RV). [63]

Vaccines save lives and protect against the spread of disease, if you decide not to immunize your child, you put your child at risk. Getting vaccinated is much better than getting the disease.

American Academy of Pediatrics, 2014

Significance

Childhood immunizations are among the most basic and important measures taken to protect the health of our children and community. The Centers for Disease Control and Prevention's recommended immunization schedule is designed to protect infants and children early in life, when they are most vulnerable and before they are exposed to diseases that kill or threaten the quality of life. High compliance to recommended immunization schedules have eradicated some diseases and made others less of a community threat. The Healthy People 2020 set a goal of 80 percent of children being fully immunized by age 19-35 months; the baseline was 44.3 percent in 2009.

Hampton and Newport News Trends in Childhood Immunizations

- The health departments conduct point-in-time surveys at sites randomly selected by the Virginia Department of Health. For example, in February 2015, the Hampton Health Department surveyed Head Start and two child care centers, a sampling of 25 children at each site.
- (Though anecdotal) Health departments report that children in formal, structured child care environments are more likely to be fully immunized than other children.
- Other than the random sampling, no local immunization data is maintained that allows for surveillance and tracking of local immunization rates for children age 19 to 35 months, though the Virginia State Resident Profile of Maternal and Child Health reported 59 percent of children were adequately immunized by their third birthday.
- Vaccine compliance at school entry shows that approximately 75 percent of Virginia's preschoolers and 80 percent of Kindergarten children enter school vaccine compliant.[64]

- October 2014 report from Virginia Departments of Health and Education reports over 90 percent of children entering Hampton and Newport News Pre-K and Kindergarten programs entered school adequately immunized.
- The Virginia Immunization Survey 2009-2013 provided a macro look at compliance rates. The survey showed the following for 2013:
  - Child care facilities and Head Start programs– 79 percent of the children were adequately immunized, modest gains since 2009.
  - Kindergarten, public and private programs – 81 percent of the children were adequately immunized, down from a high of 92 percent in 2009.
  - Hampton City Schools - 93 percent of Pre-K and 98 percent of Kindergarten students started school adequately immunized.
  - Newport News Public Schools - 94 percent of Pre-K and 90 percent of Kindergarten students started school adequately immunized.

National Trends in Childhood Immunizations

- In 2011, about 78 percent of children age 19-35 months had received the recommended combined vaccine series.[65]
- Children living in poverty are less likely to be fully immunized; 75 percent of children age 19-35 months living in families with incomes below the Federal Poverty Level were immunized compared to 79 percent of children living in families with incomes at or above the poverty level.[66]

Young Children with Developmental Delays

Definition: Early intervention and supports that address the developmental and educational needs of Virginia's youngest citizens are publically available to children ages 0-5. The Individuals with Disabilities Education Act (IDEA) guarantees that all eligible children receive age- and skill-appropriate developmental services. Infant & Toddler Connection (ITC) provides early intervention services through IDEA Part C for infants and toddlers, ages 0-3, and the public school through IDEA Part B.

> *Monitoring healthy development means paying attention not only to symptoms related to the child's condition, but also to the child's physical, mental, social, and emotional well-being.*
>
> Centers for Disease Control and Prevention

Early Intervention (Part C of IDEA) Services: The Infant & Toddler Connection (ITC) provides local service coordination and insures provision of early intervention supports and services to children ages 0-3. Children functioning at 25 percent or more below their chronological age, show atypical development or have a diagnosed condition that has a high probability of resulting in developmental delays are eligible for Part C services. ITC offers families information and support needed to access early intervention services and to make decisions for their child and family about how early intervention service providers will be involved in their family's life. Services are available to children and their families regardless of the ability to pay.

Early Childhood Special Education (Part B of IDEA) Services: Preschoolers may be found eligible for Early Childhood Special Education services under one or more of 14 disability categories, which are defined in the federal and state regulations, and include autism spectrum disorders, visual and or hearing impairment, learning disability, intellectual disability, orthopedic impairment, speech or language impairment, traumatic brain injury and/or developmental delay. Individualized service plans, with goals and objectives tailored to the child's developmental needs, are developed and coordinated with the child's family and provided by the school system at no cost to the family. The duration and intensity of services are based on the child's age, needs and program. The goal is for preschool children age 3-5 with IEP who received special education and related services to receive those services in settings with typically developing peers (e.g., early childhood settings, home, and part-time early childhood/part-time early childhood special education settings) and to be as ready as possible when they enter school.[67]

Significance

The American Academy of Pediatrics recommends that all children be screened for developmental delays and disabilities during regular well-child doctor visits at 9 months, 18 months and 24 or 30 months with additional screenings if a child is at high risk for developmental problems due to preterm birth, low birth-weight or other reasons. Periodic screenings assess if the child is learning basic skills when he or she should and if there are delays in how a child plays, learns, speaks, behaves, and moves.

Research shows that early intervention treatment services can greatly improve a child's development and help them learn important skills. Early intervention therapies help the child talk, walk, and interact with others and services help remove barriers that may impede their education. Early intervention ensures that problems are identified and addressed before they worsen and become more difficult to address and lessens the effects of the disability or delay and reduced the need for more intensive intervention when the child enters school. [68] For example, for children in the 0-3 age

group who are old enough to speak, a common Part C intervention is speech and occupational therapy, in some cases once the child has been given the help they need they may not need special educational services when they enter school.[69]

Hampton and Newport News Early Intervention Service Trends

- Data for Part C services is based on a "kids count" conducted on December 1st of each year. Based on the annual reports the number of Hampton and Newport News children served has dropped from 243 to 175. This number is not a total number served but a point in time data set. There are no publically accessible data reports providing an unduplicated annual count.
- While there are no publically accessible data reports on the number of children needing ITC services or served, Hampton-Newport News ITC has not met state goals. It is also not possible to determine how many children enter school without the benefit of early intervention services for developmental delays.
- Locally Part C has historically underserved the targeted population for multifaceted reasons:
  (1) Underfunding from the state,
  (2) Lack of local funding,
  (3) Insufficient number of resource providers (i.e. speech therapists) to address the developmental needs of children age 0-3, and
  (4) Lack of awareness of ITC and its services and disparity in screening by health care providers by people in the community who are aware of a child needing developmental services (i.e. medical providers, child care workers, parents).
- Since the 2012 school year, Virginia has been required to report on the percent of preschool children ages 3-5 with Individualized Education Programs (IEPs) who received special education and related services in settings with typically developing peers (e.g., early childhood settings, home, and part-time early childhood/part-time early childhood special education settings). Data reported includes the percent that attend a regular early childhood program and receive the majority of their special education services through the early childhood program, and, the percent who attend a separate special education class, school or residential facility.
  - Hampton and Newport News are not meeting state targets with regards to preschool goals for young children ages 3-5.
    - Virginia goal: 38 percent or more of preschool children ages 3-5 with IEP will attend a regular early childhood program and receive the majority of their special education services through the early childhood program.
      - Hampton: In 2012 approximately 34 percent of preschool children with an IEP attended a regular early childhood program. In 2013 the rate had dropped to 21 percent.
      - Newport News: In 2012 approximately 38 percent of preschool children with an IEP attended a regular early childhood program. In 2013 the rate had dropped to 0 percent.
    - Virginia goal: 25 percent or fewer of preschool children ages 3-5 with IEP will attend a regular early childhood program and receive the majority of their special education services through the early childhood program.

- Hampton: In 2012 approximately 34 percent of preschool children with an IEP attended a separate special education class, school or residential facility. In 2013 the rate had dropped to 21 percent.
- Newport News: In 2012 approximately 38 percent of preschool children with an IEP attended a separate special education class, school or residential facility. In 2013 the rate had dropped to 0 percent.

National Early Intervention Trends

- The Centers for Disease Control has set the national target as increasing the proportion of children with a developmental delay with a first evaluation by 36 months of age and enrolled in services by 48 months of age by 2020.
- In the United States, about 13% of children 3 to 17 years of age have a developmental or behavioral disability such as autism, intellectual disability, and attention-deficit/hyperactivity disorders. In addition, many children have delays in language or other areas that can affect school readiness. However, fewer than half of children with developmental delays are identified before starting school, by which time significant delays already might have occurred and opportunities for treatment might have been missed.[70]

Data Charts and Tables – Early Intervention Trends

Figure 24 - Annual point-in-time "kids count" for Hampton/Newport News ITC

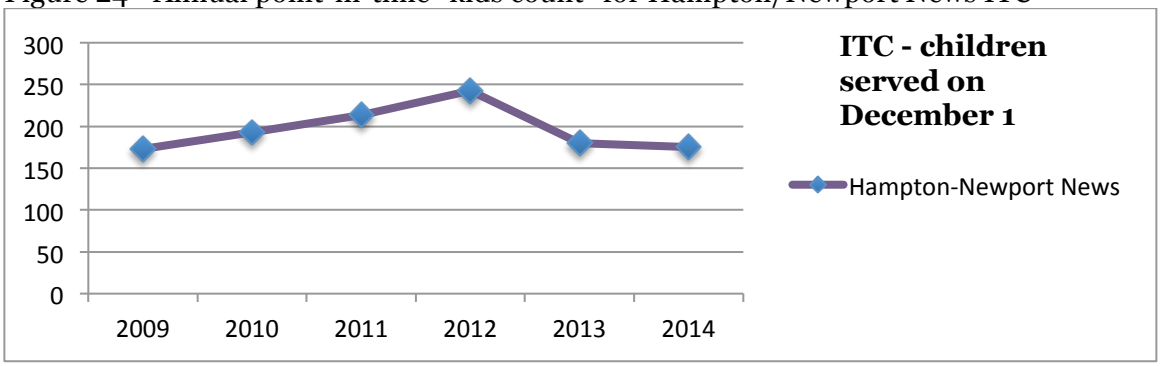


Table 35 – Annual funding and point-in-time "kids count" for Hampton/Newport News ITC

	2009	2010	2011	2012*	2013	2014
State Funding	$314,170	$240,612	$243,164	NA	$234,063	$372,098
Federal Funding	$468,979	$437,583	$284,406	NA	$186,638	$281,232
Other Funding	0	$158,811	$152,490	NA	0	0
Total Funding	$783,149	$837,006	$687,060	NA	$420,701	$653,330
Children served on December 1	173	193	214	243	180	175

Source: State and Local Results on Virginia's Monitoring Indicators, *2012 funding information was not available*, www.infantva.org

Low Income Children with Medical Insurance

Definition: This indicator relates to children under 19 who live in families below 200 percent of the Federal Poverty Level with public or private insurance coverage that pays for preventive care or medical and surgical care for a sick or injured child.

Significance

Healthy children are better able to go to school every day ready to learn, boosting their attendance and school performance. Children with health insurance generally have better health throughout their childhood. They are more likely to be fully immunized, receive treatment for reoccurring illnesses and chronic conditions, and access preventive care that keeps them healthy.

> *With regard to health care, I was never told…that health care was important or that getting checkups, utilizing therapy and mental health services, getting advice and information from reliable sources was all beneficial for my self-care.*
>
> Young adult formerly in foster care (In Things People Never Told Me, Pathways to Positive Futures)

Children with public or private insurance are more likely to have access to and receive regular health care than compared to children with no insurance. Healthy People 2020 set the national target as 63.3 percent of children will have access to a primary care medical provider by 2020.

Hampton and Newport News Trends on Health Insurance Coverage

- In 2013 almost 96 percent of all children under the age of 19 had health insurance; however, this means 3,571 Hampton and Newport News children had no health care insurance. The good news is this number is down from almost 5,400 children in 2008.
- The number of low-income (living) children in Hampton and Newport News with health insurance has increased significantly. In 2008 4,357 children had no insurance, in 2013 that number had dropped almost 50 percent to 2,200 Hampton and Newport News children.
  - Hampton: 881 low-income children, 5.5 percent, had no health insurance.
  - Newport News: 1,319 low-income children, 5.6 percent, had no health insurance.
  - Virginia and the nation: between nine and 10 percent of children had no health insurance.
- Low income children, those living in households with income below 200 percent of the Federal Poverty Level, are more likely to have no health insurance. Of the 3,571 Hampton and Newport News children with no health insurance 62 percent (2,200) were low income children.
- Though most children age 0-18 have health insurance it is important to note that the majority of those children receive their health care coverage through Medicaid (see Poverty section).
  - Hampton: In 2015, 54 percent of all children received health insurance through Medicaid
  - Newport News: In 2015, 56 percent of all children received health insurance through Medicaid.
- Virginia: more than 52 percent of all children without insurance live in households with income below 200 percent of the Federal Poverty Level, compared to only 18 percent nationally (2013).

National Trends on Health Insurance Coverage

- The number and percentage of all children without health insurance fell between 2010 and 2014. However, the percentage of those children living in poor households has climbed from 15 percent to almost 20 percent in the same timeframe.
- Since 1987, between 85 and 91 percent of children had some form of health insurance.[71] Though more children have health insurance, private health insurance declined from 71 percent in 2000 to 60 percent in 2013; the proportion of children covered by Medicaid increased from 21 to 38 percent.
- In 2011, approximately 91 percent of children under age 19 had health insurance for at least part of the year. On any day, 7 million children (9 percent) had no health insurance.[72]

Data Charts and Tables – Health insurance

Figure 25 - *Percent*: All children under age 19 without health insurance

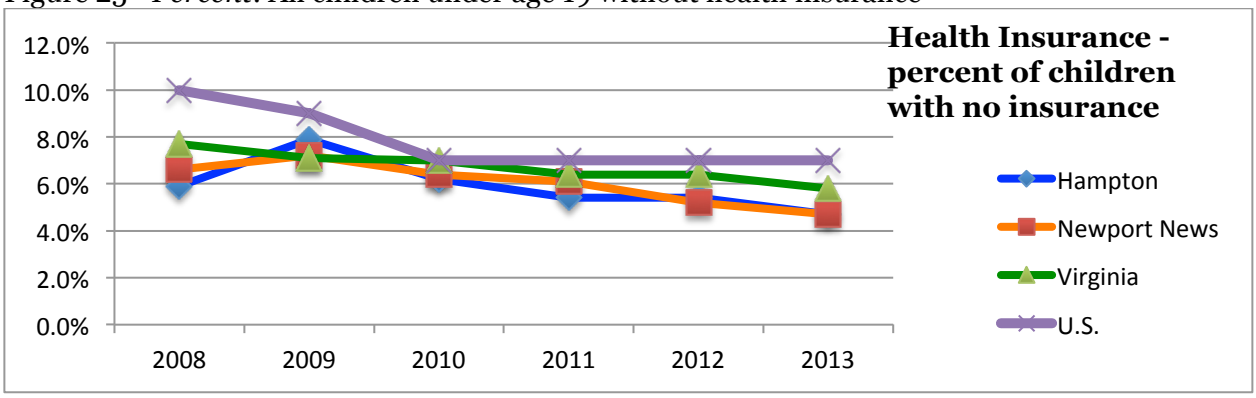


Table 36 – *Number and percent*: All children under age 19 without health insurance

Children with no insurance		2008	2009	2010	2011	2012	2013
Hampton- Number of Children		1,991	2,701	2,027	1,743	1,704	1,476
	% Child population	5.9%	7.9%	6.2%	5.4%	5.4%	4.7%
Newport News- Number of Children		3,394	3,706	2,922	2,755	2,333	2,095
	% Child population	6.6%	7.2%	6.4%	6.1%	5.2%	4.7%
Virginia	% Child population	7.7%	7.1%	7.0%	6.4%	6.0%	5.8%
United States	% Child population	10.0%	10.0%	8.0%	7%%	7.0%	7%

Source: Anne E. Casey, Kids Count Child Well-Being Index, Local and Virginia data updated September 2015 and U.S. data updated December 2015

Figure 26– *Percent:* Low income children without health insurance

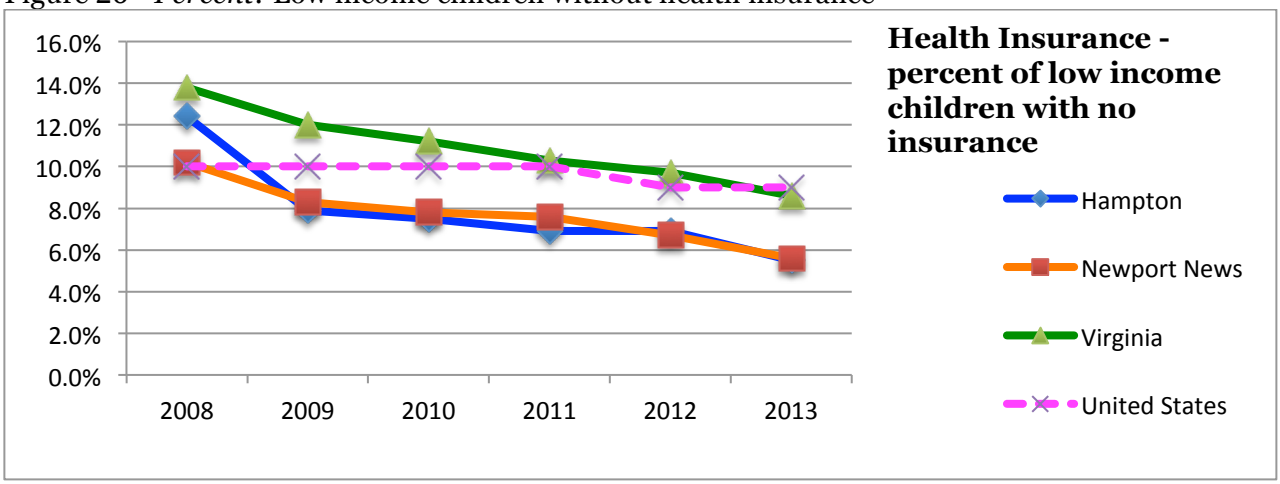


Table 37 - *Number and percent*: Low income (below 200% FPL) children under age 19 without health insurance

Low Income Children with no insurance	2008	2009	2010	2011	2012	2013
Hampton- Number of Children	1,858	1,237	1,165	1,098	1,116	881
% Child population	12.4%	7.9%	7.5%	6.9%	6.9%	5.5%
Newport News- Number of Children	2,499	2,104	1,812	1,782	1,567	1,319
% Child population	10.2%	8.3%	7.8%	7.6%	6.7%	5.6%
Virginia % Child population	13.8%	12.0%	11.2%	10.3%	9.7%	8.6%
United States % Child population	10%	10%	10%	9%	9%	9%

Source: Anne E. Casey, Kids Count Child Well-Being Index, Local and Virginia data updated September 2015 and U.S. data updated December 2015

Economic Well-Being Indicators

Investing in [children] is not a national luxury or a national choice. It's a national necessity.

Marian Wright Edelman

Economic Well-being Indicators

"Family economic success provides a critical foundation for healthy child development, which, in turn, relates to more positive outcomes in adulthood. Ongoing exposure to economic stress and hardship can negatively affect children's physical and mental health, academic achievement and social- emotional well-being." Fiscal stress in a family results in increased risk of poverty, lack of preventive health care, maternal depression, substance abuse, and family violence, all of which can put children's health and well-being at risk, affecting lifelong outcomes.[73]

> *The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little.*
>
> Franklin D. Roosevelt

INDICATORS

Children living in poverty

Public assistance utilization – *TANF (welfare), VIEW (employment services) and Medicaid*

Children experiencing food insecurity – *WIC, SNAP (Food Stamps) and Free-Reduced Lunch*

Child care subsidies

COMMUNITY INVESTMENT

There are many faith-based and non-profit organizations in Hampton and Newport News focused on combating poverty and meeting the needs of those affected by the effects of poverty and food insecurity. The following organizations, which should not be considered an all-inclusive list, are those serving significant numbers of families and children in our community.

- **Hampton Department of Human Services** works to ensure all Hampton families are able to become healthy and self-sufficient. Their goals include empowering families and children by escaping the long-term effects of poverty, protecting abused or neglected children and supporting families for healthy development. Services for children and their families range from the traditional government assistance programs and child welfare and protective services to prevention services including home visitation and parent education/support.
- **Newport News Department of Human Services** promotes empowerment and independence through the provision of human services and community partnerships. Services for children and their families range from the traditional government assistance programs and child welfare and protective services to prevention services including home visitation and parent education/support.
- **Food Bank of the Virginia Peninsula** collaborates with faith-based organizations, food pantries, soup kitchens and other community organizations working together to meet the food and nutritional needs of local residents. Programs include: *SHARE, Self-Help And Resources*, offers nutritious food packages at discounted prices; *Backpack,* targeting children at Title 1 schools and low-income neighborhoods, provides children with nutritious foods to take home on weekends and extended holidays throughout the year; *Kids Café,* held at community sites, promotes health, education and safety and provides balanced, nutritious snacks and meals to help low-income and at-risk children; *Mobile Food Pantry Program* delivers and distributes fresh, healthy food directly into high-need neighborhoods; *Summer*

Food Service Program, a free program and offered at designated sites, ensures children ages 0-18 years old receive the nutritious meals they need while school is out; and, *USDA Program* provides low-income families USDA provided food once a month.

- **Hampton Roads Ecumenical Lodgings and Provisions (H.E.L.P.),** a faith-based organization committed to mobilizing the community to empower homeless individuals, families and those in crisis to strive for self-sufficiency. Programs include an emergency shelter for homeless individuals and families, transitional housing for families, financial assistance for families to prevent homelessness, food pantry, and medical and dental services to individuals with no medical insurance and with incomes at or below 200 percent of the federal poverty level.
- **LINK of Hampton Roads,** a collaboration of interfaith, civic organizations and businesses working dedicated to breaking the cycle of poverty by helping people help themselves. Programs include an emergency shelter for homeless individuals and families, food pantry, permanent supportive housing for homeless persons with disabilities, clothing closet, and a furniture and car distribution center.
- **Peninsula Council for Workforce Development** identifies workforce needs of Peninsula-based employers, job-seekers and youth. Working with local government, employers and educational institutions, the Peninsula Council's mission is to help keep the region globally competitive and economically strong. Programs and services are designed for both adults and youth seeking employment, career direction or job advancement.
- **Virginia Peninsula Chamber of Commerce** is a business advocacy organization that works in the legislative, regulatory and political arenas to act as a catalyst for positive change in all areas of economic development and competitiveness for the region.
- **Versibility Resources** supports individuals with disabilities in employment, community living, day support and early childhood programs. Services range from coordinating developmental therapies for children to building successful business partnerships that meet the needs of employers and provide jobs for people with disabilities. Adults with disabilities participating in VersAbility Resources employment programs earned wages and benefits and have the opportunity to work alongside civilian and military personnel.

Poverty

Each year the United States determines the official poverty thresholds; thresholds represent the annual amount of cash income minimally required to support families.[74] The methodology for calculating the Federal Poverty Level (FPL) has not changed since it was established in the mid-1960s. Although the thresholds are updated annually to account for inflation, the Federal Poverty Level threshold has declined from about 50 percent of the median income in 1963 to close to 25 percent of the median income today.[75]

A family is considered poor if its pretax income is below the poverty threshold. It is important to note that multiple studies demonstrate that families living at 200 percent of the poverty level, $48,600 for a family of four in 2016, can only meet basic food, housing, utilities, child care and transportation costs.[76]

Table 38 - 2016 Federal Poverty Level (FPL) Income Guidelines

Family Size	25% FPL	50% FPL	75% FPL	100% FPL	200% FPL
1	$2,970	$5,940	$8,910	$11,880	$23,760
2	$4,005	$8,010	$12,015	$16,020	$32,040
3	$5,040	$10,080	$15,120	$20,160	$40,320
4	$6,075	$12,150	$18,225	$24,300	$48,600

The economic benefits of investing in children have been extensively documented. Investing fully in children today will ensure the well-being and productivity of future generations for decades to come. By contrast, the physical, emotional and intellectual impairment that poverty inflicts on children can mean a lifetime of suffering and want – and a legacy of poverty for the next generation…

Carol Bellamy, Peace Corps

Children Living in Poverty

Definition: Children represent a disproportionate share of the poor. In the United States they represent 24 percent of the total population, but 36 percent of the population living in poverty. Poverty rates are highest for families headed by single women.[77]

Public assistance benefit programs are based on the Federal Poverty Level (FPL), poverty guidelines issued annually by the Department of Health and Human Services.

A poverty threshold that is too low underestimates the percentage of people who cannot meet basic economic needs.[78] Research shows a family needs twice the level of the FPL to cover basic expenses, using this standard the number of children living in poverty almost doubles [79]Therefore, for the purpose of this report, *poverty* is defined as living below 100 percent of the FPL and *economically disadvantaged* is defined as living below 200 percent of the FPL.

> *Children living in poverty are vulnerable to environmental, educational, health and safety risks. Compared with their peers, children living in poverty, especially young children, are more likely to have behavioral, social emotional and cognitive difficulties. They are more likely to complete fewer years of school and experience more years of unemployment.*
>
> America's Children,
> Key National Indicators of Well-Being, 2013.

Note: Along with general poverty information, participation in federal and state public assistance programs provides reliable proxy information for the economic insecurity experienced by many families in the community.

Significance

Being poor at birth is a strong predictor of future poverty status; 31 percent white children and 69 percent black children who are poor at birth will spend at least 50 percent of their childhood living in poverty. Thirty-seven percent of all children will live in poverty at some point during their childhood.[80]

Child poverty rates are relatively good predictors of student success in schools.[81] Of all the risk factors associated with overall health and well-being of children and their success in school, living in poverty is consistently linked with compromised child development.[82] Considerable research demonstrates that poverty influences a child's social, behavioral and emotional development. Research supports one explanation for why poverty influences a child's outcomes: "poor children are more likely to be raised by single parents and (perhaps related to this) to live in households where there is less parental supervision and more parental stress."[83]

Another common explanation for the influence of poverty on child outcomes is children living in poverty and low-income neighborhoods may be less likely "than children who grow up in more economically comfortable circumstances to be exposed to positive social norms in their lives and neighborhoods."[84]

Hampton and Newport News Trends

While the overall poverty rate averages 16 percent in Hampton and Newport News (12 percent in Virginia), children are significantly more likely to live in poverty.

- In 2013, Hampton and Newport News' population included approximately 71,500 children under 18-years-old.
  - With more than 18,000 children living in poverty, Hampton and Newport News had a combined poverty rate in excess of 25 percent while Virginia's child poverty rate was less than 16 percent.
  - When compared to 1997, the number of children living in poverty has declined but the percentage of children living in poverty has shown little improvement in Hampton and continued to increase in Newport News.
    - Hampton: in 1997, 7,686 children, 22.4 percent, lived in poverty. In 2013, 6,544 children, 22.3 percent, lived below the Federal Poverty Level.
    - Newport News, in 1997, 12,202 children, 24.4 percent, lived in poverty. In 2013, 11,435 children, 27.1 percent lived below the Federal Poverty Level.
  - And when compared to 1989, the number and percentage of children living below the Federal Poverty Level in both communities has increased.
    - Hampton: in 1989, 16.1 percent (5,428 children) lived in poverty as compared to 22.3 percent in 2013.
    - Newport News: in 1989 21.9 percent (10,290 children) lived in poverty, as compared to 27.1 percent in 2013.
- Research shows that children under the age of six are at greater risk of living in poverty. In 2013, more than 5,800 (27 percent) of Hampton's and Newport News' infants, toddlers and preschoolers, age 0-4, lived in households with incomes below 100 percent of the FPL, compared to less than 20 percent of Virginia's youngest children.
  - Hampton: 2,159 children ages 0-5 years (26 percent) lived below 100 percent of the FPL.
  - Newport News: 3,733 children ages 0-5 years (28 percent) lived below 100 percent of the FPL.
- In 2013, more than 12,000 (24 percent) of Hampton and Newport News school age children, age 5-17 lived in households with incomes below 100 percent of the FPL, compared to less than 15 percent of Virginia's school age children.
  - Hampton: 4,385 children ages 5-17 years (21 percent) lived in households below 100 percent of the FPL.
  - Newport News: 7,702 children ages 5-17 years (27 percent) lived in households below 100 percent of the FPL.
- Research suggests that, on average, families need an income of about twice the federal poverty threshold to meet their most basic needs. Children living in families with incomes below this level are referred to as low income or economically disadvantaged. It is estimated that more than 50 percent of Hampton and Newport News children, ages 0-17 years, lived in poverty and or economically disadvantaged home environments compared to 35 percent for Virginia as a whole.

National Trends Related to Poverty

- In 2011, 25 percent of children age 0-5 lived below the FPL as compared to 22 percent of children age 0-17. In 2001, 16 percent of children ages 0-17 lived below the FPL.[85]
- In 2011 there continued to be substantial racial and ethnic disparity.[86]
  - 39 percent of Black, non-Hispanic children and 34 percent of Hispanic children age 0-17 lived in poverty as compared to 13 percent of White, non-Hispanic children.
  - 19 percent of Black, non-Hispanic children and 15 percent of Hispanic children age 0-17 lived in extreme poverty (defined as less than 50% of the Federal Poverty Level) as compared to 6 percent of White, non-Hispanic families.

Data Charts and Tables - Poverty

Figure 27 – *Percent*: Children age 0-17 living in households below the FPL

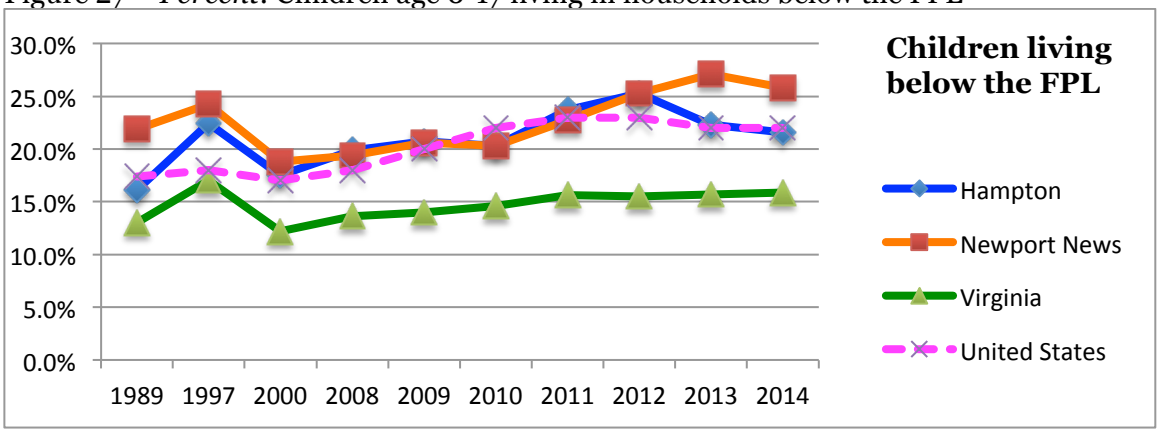


Table 39 – *Number and percent*: Children age 0-17 living below the FPL

Children Living below the FPL	1989	1997	2000	2008	2009	2010	2011	2012	2013	2014
Hampton – children	5,428	7,687	6,095	6,452	6,525	6,225	7,163	7,560	6,544	6,323
% Child population	16.1%	22.4%	17.5%	19.9%	20.7%	20.3%	23.7%	25.3%	22.3%	21.6%
Newport News-children	10,290	12,202	9,366	9,552	9,976	10,038	9,700	10,744	11,435	10,904
% Child population	21.9%	24.4%	18.8%	19.4%	20.6%	23.3%	22.7%	25.3%	27.1%	25.8%
Virginia % Child population	13.0%	17.0%	12.2%	13.6%	14.0%	14.6%	15.6%	15.5%	15.7%	15.9%
U.S. % Child population	17.4%	18.0%	17.0%	18.0%	20.0%	22.0%	23.0%	23.0%	22.0%	22.0%

Table 40 Estimated Numbers of People Living in Poverty and Poverty Rate

	Hampton	Newport News	Virginia
Total Population	132,541	173,780	8,010,546
Poverty Count	20,671	30,480	941,059
Poverty Percent	15.6%	17.5%	11.7%
Ages 0-17 Population	29,288	42,260	1,835,642
Poverty Count	6,544	11,435	289,032
Poverty Percent	22.3%	27.1%	15.7%
Ages 0-4 years Population	8,426	13,417	510,491
Poverty Count	2,159	3,733	98,298
Poverty Percent	25.6%	27.8%	19.30%
Ages 5-17 years Population	20,862	28,843	1,325,151
Poverty Count	4,385	7,702	190,734
Poverty Percent	21.0%	26.7%	14.4%

Source: Voices for Virginia's Children www.kidscount.org Data Source U.S. Census Bureau, Small Area Estimates www.census.gov//did/www/saipe/ U.S. Data Source: U.S. Census Bureau and Virginia Department of Social Services Local Profile - American Community Survey, 2009-2013 5-Year Estimates. This is most recent published data (March 2016).

Children Living in High-poverty Neighborhoods

Definition: Children living in census tracts with poverty rates of 30 percent or more. This indicator defines areas of concentrated poverty as those census tracts with overall poverty rates of 30 percent or more because it is a commonly used threshold that lies between the starting points and leveling off point for negative neighborhood effects. The 2014 federal poverty threshold is $23,850 per year for a family of two adults and two children.[87]

Significance

> *Cities have the capability of providing something for everybody, only because, and only when, they are created by everybody.*
>
> Jane Jacobs
> The Death and Life of Great American Cities

At the family level, living in poverty limits access to safe housing, adequate nutrition, preventive care, and community resources. "Pathways through which income can affect children's development include: 1) quality of the home environment, 2) quality of child care environment, 3) parental physical and mental health leading to impaired parent-child interactions, and 4) constrained choice of neighborhoods and schools."[88]

Families that are economically disadvantaged are often times forced to live in areas of highly concentrated poverty, which can exacerbate children's risks. Research indicates that as neighborhood poverty rates increase, undesirable outcomes rise and opportunities for success are less likely. The effects of concentrated poverty begin to appear once neighborhood poverty rates rise above 20 percent and continue to grow as the concentration of poverty increases up to the 40 percent threshold.[89]

Children growing up in high-poverty neighborhoods are at higher risk of health problems, teen pregnancy, dropping out of school, and other social and economic problems compared with children living in more-affluent communities. Many of these neighborhood-related risk factors persist even after taking into account family characteristics and may limit a child's ability to make a successful transition to adulthood.[90]

Hampton and Newport News Trends on Children Living in High-Poverty Neighborhoods

- Local data is not maintained. Cross-referencing indicators with local data would provide helpful information.

National Trends on Children Living in High-Poverty Neighborhoods

- In 2000 3 percent of Virginia's children lived in high-poverty neighborhoods and by 2013 the number had increased to 5 percent.[91]
- In 2000 9 percent of the nation's children lived in high poverty neighborhoods and by 2013 the number had increased to 14 percent.[92]

Data Charts and Tables – High Poverty Neighborhoods

Table 41 Census Tracts with 20% or More Households Living Below Federal Poverty Level – *neighborhoods with higher than 30 percent of all households living in poverty are at highest risk*

HAMPTON	Census Tract Code	Area	2000 # Below FPL	2000 % Below FPL	2012 # Below FPL	2012 % Below FPL
Hampton	010104	Nickerson Blvd	NA	NA	1,619	23.6%
	010400	Aberdeen	NA	NA	1,663	23.5%
	010501	Aberdeen	NA	NA	1,272	21.4%
	010502	Aberdeen	653	21.2%	714	22.6%
	010601	**Downtown**	**654**	**26.2%**	**780**	**33.1%**
	010602	**Rip Rap/Langley**	**NA**	**NA**	**879**	**30.2%**
	010701	N. King Langley	792	22.2%	988	28.7%
	010900	**Phoebus**	**479**	**23.1%**	**889**	**38.4%**
	011000	Nickerson Blvd	NA	NA	1,222	20.8%
	011300	Phoebus	581	25.1%	496	19.4%
	011400	**Phoebus**	**294**	**38.2%**	**448**	**76.7%**
	011600	LaSalle	NA	NA	605	20.5%
	011800	LaSalle	NA	NA	1,051	22.6%
NEWPORT NEWS	**Census Tract Code**	**Area**	**2000 # Below FPL**	**2000 % Below FPL**	**2012 # Below FPL**	**2012 % Below FPL**
	030100	**Downtown**	**2,734**	**62.9%**	**1,637**	**50.3%**
	030300	**Southeast Community**	**1,856**	**28.5%**	**2,168**	**34.2%**
	030400	**Southeast Community**	**1,619**	**41.4%**	**1,380**	**42.1%**
	030500	Southeast Community	650	31.2%	601	29.2%
	030600	Southeast Community	1,097	40.1%	835	29.9%
	030800	**Mercury**	**1,078**	**40.2%**	**679**	**31.7%**
	030900	Mercury	502	25.2%	500	23.7%
	032006	**Menchville**	**NA**	**NA**	**1,236**	**33.9%**
	032212	Menchville	NA	NA	1,106	27.9%
	032128	Oyster Point	NA	NA	700	22.0%

Source: 2000 Census Tract information, U.S. Census Bureau, Census 2000 Summary File 3. 2012 Census Tract information, New York Times, *Mapping Poverty in America,* January 4, 2014.

Temporary Assistance to Needy Families (TANF)

Definition: TANF provides families, with at least one child, temporary monthly cash assistance to meet basic needs and employment-related services that support self-sufficiency goals. Primarily funded through a federal block grant, Virginia sets the eligibility criteria for benefits and services to include job training and readiness skills, work experience, child care assistance and other work related support. A child is not eligible if born more than 10 months after an applicant begins receiving TANF.

> *Everybody runs into difficult patches in life where welfare assistance may be needed; in truth, most Americans today are one lost paycheck away from being without food to eat, a home to live in, or in danger of losing their means of transportation because of the current economy and even natural disasters.*
>
> Welfare Info.org

Significance

TANF, a public assistance program, is a reliable proxy for poverty in our community**.**

Hampton and Newport News TANF Trends

- In 2015, approximately 65 percent of TANF recipients are children 0-17.
- TANF caseloads grew substantially between 2009 and 2011. After leveling off in 2012, caseloads had significantly decreased by 2015. It is important to note that in 2012, the number of TANF cases was half of what they were when TANF caseloads peaked in 1994.[93]
- Between 2010-2013 the number of applications leveled off, since 2013 TANF caseloads in Hampton and Newport News have significantly decreased due to TANF cases being closed because TANF recipients have met the 60-month time limit.
  - Hampton: In 2013 the household caseload was 3,168, in 2014 there were 185 fewer cases and in 2015 the number decreased another 260 cases. The 2015 caseload was 1,745.
  - Newport News: In 2013 the household caseload was 2,190, in 2014 there were 368 fewer cases and in 2015 the number decreased another 301 cases. The 2015 caseload was 2,499.
- In 2015, TANF benefits were provided to approximately 11,971 residents (down from more than 16,000 in 2012) living in 2,499 Hampton and Newport News households, with an average monthly cash assistance of $152 per person.
  - Hampton: Approximately 12 percent of all children under age 18 benefit from TANF.
  - Newport News: Approximately 12 percent of all children under age 18 benefit from TANF.
- Hampton Social Services uses the application and recertification process to conduct family self-sufficiency and child assessments; a Ready By 21 assessment is used for all children and, in conjunction with Smart Beginnings of the Virginia Peninsula, special emphasis is placed on assessing the young child's (age 0-5) emotional and social needs.
- Hampton Social Services contracts with a Medical Nurse to work with individuals (adults and children) who have medical issues that hinder self-sufficiency and/or development, and that may create obstacles to employment.
- The average monthly payment per household is less $335 a month or $4,020 a year. For a family of two, the federal poverty level in 2015 was $15,730.

- Hampton: In 2015, the average monthly payment per case was $316.
- Newport News: In 2015, the average monthly payment per case was $331.21.
- Virginia: In 2015 the average monthly payment per case was $258, down from $284 in 2005. In 2015 the average monthly payment per person was $127.25.[94]

National TANF Trends

- Welfare reform in the 1990's has had a tremendous impact on the number of families receiving direct assistance through TANF. In 2012, an average of about 1.72 million families a month received TANF, about half the 3.94 million families who received TANF in 1997. [95]
- While poverty rates increase, average monthly TANF caseloads fell by almost two-thirds. By December 2013, over half the states had lower caseloads than at the start of the recession in December 2007, even though the unemployment rate in December 2013, at 6.7 percent, was above the December 2007 level of 5.0 percent.[96]
- The amount of cash assistance has eroded over time, leaving most families in situations where they have insufficient funds to meet basic needs.
- In all 50 states, TANF benefits are below 50 percent of the federal poverty level. In Virginia, the maximum TANF benefit for a family of three was 20-30 percent of the FPL.[97]

Data Charts and Tables – TANF

Table 42 - TANF enrollment

Hampton	2009	2010	2011	2012	2013	2014	2015
Annual Households	NA	2,236	2,346	2,323	2,190	2,005	1,745
Total Recipients	5,890	6,335	6,670	6,619	6,201	5,656	4,807
# Child recipients	NA	4,103	4,277	4,197	*4,080*	3,637	3,130
% Child recipients	NA	65.0%	64.0%	63.4%	65.8%	64.3%	65.1%

Newport News	2009	2010	2011	2012	2013	2014	2015
Annual Households	NA	3,296	3,418	3,322	3,168	2,800	2,499
Total Recipients	8,469	9,376	9,735	9,540	9,135	8,051	7,164
# Child recipients	NA	6,049	6,224	6,098	*3,035*	5,215	4,615
% Child Recipients	NA	64.5%	64.0%	64.0%	66.0%	64.8%	64.4%

Source: Virginia Department of Social Services, Local Profiles. [The 2014 report corrected 2013 totals but did not include the number of children, therefore the number of children is an estimation using the percentages from the original report.]

Table 43 – Comparing TANF case and expenditures

	Hampton 2014	Newport News 2014	Virginia 2014	Hampton 2015	Newport News 2015	Virginia 2015
Number of Cases	1,071	1,356	26,544	964	1,266	24,426
Average grant/case	$316.57	$258.66	$254.15	$316.77	$331.21	$258.87
Average grant/person	$153.90	123.59	$124.37	$151.71	$152.70	$127.25

Source: Virginia Department of Social Services Annual Statistical Report 2015 (page 11)

Virginia Initiative Employment not Welfare (VIEW)

Definition: VIEW helps current and former TANF recipients prepare, succeed and advance in the workplace. Local departments of social services administer benefits under the federal TANF program. TANF provides temporary cash benefits to low income families, parents who receive TANF and are able to work, are required to participate in the VIEW program. While VIEW has strict requirements on the hours and types of acceptable employment-related activities, case managers focus on the participant's strengths and provide services to help them overcome job-related challenges, as well as personal, medical and family challenges that affect employment. VIEW services include job readiness classes, job search assistance, education, training, community work experience placements (internships), and subsidized employment. VIEW also offers support services such as child care, transportation and purchases of work-related items such as uniforms.[98]

Some strive to make themselves great. Others help others see and find their own greatness. It's the latter who really enrich the world we live in.

Rasheed Ogunlaru, life coach and author

Significance

VIEW offers parents the assistance and resources needed to find and keep a job. Support services are comprehensive and individualized to the family's individual situation and employment goals.

- Child care while parents are employed or participating in job-related preparation activities;
- Transportation including bus passes, gas cards and referrals to car purchases/loan programs;
- Medical and dental services, not covered by Medicaid, needed to get or keep employment;
- Screening and evaluation for disabilities that create employment barriers and referrals for treatment and special needs services;
- Emergency interventions with immediate help with emergencies or crises that may impact employments; and
- Information and support with filing or applying for child support, Earned Income Tax Credit and local community services.

VIEW offers transitional services to participants up to one year after their eligibility for TANF ends. Families may continue to be eligible for transportation assistance, child care assistance, employment and training services, and a monthly cash incentive payment ($50 per month up to one year while qualified employment is maintained) to encourage job retention.

Hampton and Newport News VIEW Trends[99]

- Between 1997 and 2014, approximately 25,000 Hampton and Newport News residents have been referred to the VIEW program; 19,000 of those referred have actually enrolled. Ninety-five percent of all enrolled VIEW participants participated in work activities and 70 percent became employed with average monthly earnings of $939.
- Between July 2014 and January 2015, over 1,800 Hampton and Newport News residents were enrolled in the VIEW program. Ninety-one percent participated in work activities with

61 percent of Hampton participants and 55 percent of Newport News participants becoming employed with average monthly earnings of $1,092. Real wage growth was four percent.

- When comparing employment by industry for all VIEW participants between 1998 and 2014, there has been little change in the top two employment industries – approximately 40 percent employed in the Food Services or Cashier/Sales industry. The greatest change, in 1998 nine percent were employed in the Medical field versus 17 percent in 2014.
- Virginia: In 2015, four out of five (81 percent) adults enrolled in VIEW were engaged in work activity, up from 63 percent in 2005.[100]
- Virginia: The number of individuals enrolled in VIEW decreased by 13 percent in 2015, continuing the trend of declining enrollment since 2010. The 2015 had the lowest enrollment count for the last 11 years.
- Virginia: Most employed VIEW clients work in a narrow range of occupations: nearly 70 percent are employed in food services, retail or medical field or housekeeping.[101]

Data Charts and Tables - VIEW

Table 44 - VIEW Participant Employment by Industry – 1998 and 2015

Job Groups	SFY 98	SFY 2015
Food Service	18%	20%
Cashier/Sales	21%	21%
Medical	9%	17%
Housekeeping/Maintenance	13%	9%
Clerk/Secretary	9%	8%
Other	6%	7%
Production	12%	7%
Construction/Repair	3%	4%
Child Care	6%	4%
Computer Processing	2%	2%
Business	1%	1%
	100%	100%
Total Employed	17,325	18,627

Source: Virginia Department of Social Services - VIEW Employment and Hourly Wage by Industry report. Job types represent the most recent occupation for each employed participant and wages are based on the initial wage in the record.

Table 45 - VIEW Participant Employment by Industry – 1998 and 2015

Occupation Groups	Percent of Employed VIEW Participants	1998 Mean Hourly Wage	1998 Mean Hourly Wage Adjusted to 2014 Dollars	2015 Mean Hourly Wage	Percent Real Wage Growth Between 1998 & 2015
All Occupations	**100%**	**$5.84**	**$8.57**	**$9.03**	**6.0%**
Food Service	20%	5.46	8.01	7.89	-1.1%
Cashier/Sales	21%	5.81	8.52	8.67	2.3%
Medical	17%	6.05	8.88	9.33	5.6%
Housekeeping/Maintenance	9%	5.60	8.21	8.30	1.5%
Clerk/Secretary	8%	6.97	10.22	10.70	5.2%
Other	7%	6.01	8.82	9.86	12.3%
Production	6%	5.98	8.78	9.27	6.1%
Construction/Repair	4%	6.63	9.73	9.94	2.7%
Child Care	4%	4.16	6.10	8.16	34.3%
Computer Processing	2%	6.85	10.05	11.04	10.3%
Business	1%	7.54	11.06	14.61	32.7%

Source: Virginia Department of Social Services - Annual Statistical Report 2015 (page 21) Job types represent the most recent occupation for each employed participant and wages are based on the initial wage in the record.

Public Health Insurance

Virginia Medical Assistance Programs

Definition: There are several Medical Assistance Programs offered in Virginia for children under 19, pregnant women, recipients of Supplemental Security Income, and adults. Applicants applying for Medical Assistance are screened for all possible programs based on age, income, financial resources and other information. Each program covers different groups of people and uses different financial and non-financial eligibility requirements.

> *Communities and countries and ultimately the world are only as strong as the health of their citizens.*
>
> Michelle Obama

Significance

Medicaid and FAMIS are public assistance programs and provide reliable proxy information about poverty in our community. With the introduction of the Affordable Health Care Act, all applicants denied for Medicaid and FAMIS are referred to the Health Insurance Marketplace to buy a private health insurance.

Medicaid

Definition: Established under Title XIX of the Social Security Act, Medicaid provides medical and health-related services to individuals who meet income, resource and other eligibility criteria. As a medical assistance program, Medicaid makes direct payments to health care providers for eligible families who are unable to pay for direct medical services. Over half of Medicaid enrollees are low-income children.[102]

Medicaid provides medical insurance coverage to the following groups:[103]

- Categorically needy: aged, blind, and disabled
- Auxiliary Grant cash recipients
- Families and Children: children in foster care or adoption assistance
- Medically indigent: low income aged, blind, and disabled, and low-income Families and Children (such as pregnant women and children under age 19)
- Medically needy
- Refugees

Virginia has very restrictive Medicaid eligibility. As of October 1, 2014 in Virginia:

- Pregnant women and children up to age 18 cannot have income higher than 143 percent of the Federal Poverty Level;
- Working parents with children under age 19 cannot have income higher than 49 percent of the Federal Poverty Level.

Significance:

For working parents maintaining eligibility can be difficult. Because the maximum allowable income is so low and varies by locality, working parents can lose their eligibility with a little overtime or slight change in their salary. If they move to another locality they may find they are no longer eligible due to different income eligibility guidelines.

Hampton and Newport News Medicaid Trends

- The number of enrolled Medicaid households and individual participants has steadily increased since 2010.
  - Hampton: In 2010 these were 13,848 households serving 24,651 individuals. In 2015 the numbers increased to 17,596 households serving 31,530 individuals.
  - Newport News: In 2010 these were 21,664 households serving 38,337 individuals. In 2015 the numbers increased to 25,070 households serving 45,837 individuals.,
- Between 2010 and 2013 almost 64 percent of Medicaid enrollees were children, in 2015 children age 0-17 represented approximately 52 percent of all Medicaid recipients.
  - Hampton: The percentage of participants that are children has decreased from a high of almost 66 percent in 2010 to less than 52 percent in 2015.
  - Newport News: The percentage of participants that are children has decreased from a high of almost 67 percent in 2010 to approximately 53 percent in 2015.
- Virginia: In 2015, the total Medicaid enrollment increased by a little more than five percent compared to 2014. With the exception of aged individuals, Medicaid enrollment for all assistance groups increased.
- Virginia: About 20 percent of Medicaid spending is for low income children, who comprise more then 50% of all Medicaid enrollees.[104]

National Medicaid Trends

- In 2012, the Medicaid enrollment growth slowed to 3.2 percent, a near record low as the economy began to improve.[105]
- With the improvement in the economy, states are expecting both lower enrollment and slower pace in the increase in costs.[106]

Data Charts and Tables - Medicaid

Table 46 - Medicaid enrollment

Hampton	2009	2010	2011	2012	2013	2014	2015
Annual households	NA	13,848	14,776	15,610	16,414	16,811	17,596
Total recipients	23,612	24,651	26,228	26,085	28,769	29,537	31,530
# Child recipients	NA	16,245	17,090	16,288	*18,268*	16,144	16,163
% Child recipients	NA	65.9%	65.1%	62.4%	63.5%	54.6%	51.3%

Newport News	2009	2010	2011	2012	2013	2014	2015
Annual households	NA	21,664	23,031	23,970	24,797	24,423	25,070
Total recipients	36,779	38,337	40,818	42,505	43,949	44,162	45,837
# Child recipients	NA	25,608	26,925	*26,990*	*28,259*	24,819	24,116
% Child recipients	NA	66.8%	66.0%	63.5%	64.3%	56.2%	52.6%

Source: Virginia Department of Social Services, Local Profiles. [The 2014 report corrected 2013 totals but did not included the number of children, therefore the number of children is an estimation using the percentages from the original report.]

Family Access to Medical Insurance Security (FAMIS)

Definition: Virginia's Title XXI Child Health Insurance Plan (CHIP) covers children with families with income greater than Medicaid limits but less than or equal to 200 percent of the Federal Poverty Level (FPL) under a separate child health plan known as the Family Access to Medical Insurance Security Plan (FAMIS). In addition, since 2005, Virginia provides comprehensive health insurance to uninsured pregnant women with family income up to 200% FPL who are not eligible for Medicaid, through a program known as FAMIS MOMS.[107]

Significance

Medical services include doctor visits, well-child checkups, vaccinations, prescription medicine, routine and emergency medical care, dental and vision care, and mental health care. By providing access to appropriate medical services to eligible uninsured pregnant women and children, Virginia expects a decrease in the number of uninsured pregnant women and therefore an increase in access to prenatal care and an improvement in certain health outcomes of children.

Table 47 - FAMIS Eligibility Guidelines – Effective January 25, 2016

Family Size	Monthly	Yearly
1	$2,030	$24,354
2	$2,737	$32,841
3	$3,444	$41,328
4	$4,152	$49,815
5	$4,859	$58,302

Hampton and Newport News FAMIS Trends

Local data on the number of recipients, separate from overall Medicaid numbers, is not readily available.

Children Experiencing Food Insecurity

Definition: The United States Department of Agriculture (USDA) defines food security as "access by all members at all times to enough food for an active, healthy life." Food insecurity is when there is limited access to nutritionally adequate and safe foods or assured ability to acquire acceptable food in socially acceptable ways.[108]

In 2008, the USDA developed a continuum extending from high food security to very low food security; this continuum is divided into four ranges and defined as follows:[109]

1. High food security: households had no problem or anxiety about, consistent access to food
2. Marginal food security: households had problems at times, or anxiety about, accessing adequate food, but the quality, variety and quantity of their food was not adequately reduced.
3. Low food security: households reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted.
4. Very low food security: at times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food.

> *Food insecurity in children is associated with a number of serious health, behavior and cognitive deficits. Children with inadequate diets are in poorer health and are more likely to be developmentally "at-risk."*
>
> Child Trends

Significance

Having access to adequate food reduces the risk for poor nutrition and behavioral and academic problems, as well as chronic diseases such as obesity. Studies have demonstrated the following:

Infants who experience food insecurity are more likely to have insecure attachment relationships and to perform more poorly on tests of cognitive development.[110]

Studies demonstrate that young children living in food insecure households have higher rates of behavioral problems, higher rates of health issues including iron deficiency anemia, asthma and other chronic health conditions, more likely to complain of stomach aches, headaches and frequent headaches and colds than children living in food-secure households.[111]

Inadequate food intake in children is associated with a number of serious health, behavior and cognitive deficits. Children with inadequate diets are poorer in health and are more likely to be developmentally "at-risk."[112]

Studies have shown that food insecurity is associated with higher rates of behavioral problems in three-year-olds, and among school-aged children, you begin to see psychosocial deficits, higher anxiety and depression.[113]

Hampton and Newport News Food Insecurity Trends

Local WIC (Special Supplemental Nutrition Program for Women, Infants and Children), SNAP (Supplemental Nutritional Assistance Program), and Free and Reduced Priced Lunch (FRPL) participation provides reliable proxy information about the food security households in our community.

National Food Insecurity Trends[114]

- In 2011, 22 percent of all children lived in food insecure households. Though the percentage remained relatively unchanged from 2010, it was considerably higher than the 17 percent in 2007.
  - 46 percent of children who live in households with incomes below the Federal poverty level live in food-insecure circumstances.
  - 32 percent of Black, non-Hispanic children and 35 percent of Hispanic children live in food-insecure households.
  - 43 percent of children who live with parents who lack a high school diploma or General Education Development (GED) certificate live in food-insecure environments.
  - 40 percent of children who live with a single mother live in food-insecure households.

Nutrition Program for Women, Infants and Children (WIC)

Definition: WIC focuses on the overall good health of women, infants, and children, encourages healthy pregnancy outcomes, and promotes healthy eating habits that follow current U.S.D.A. recommendations. The program provides nutrition education, free supplemental nutritious foods, counseling, and screening and referral services to eligible persons. The nutrition education is accomplished through individual and group counseling sessions. Food distribution is made through the issuance of checks redeemable at participating grocery stores. Pregnant women, post-partum and breast-feeding mothers, infants and children are eligible for this supplemental food program if they meet categorical, residential, income and nutrition risks requirements.

Income guidelines, which are higher than SNAP (food stamp) eligibility, are approximately 200 percent of the Federal Poverty Level. Anyone eligible for SNAP, Free and Reduced Lunch Program, and/or foster care is automatically eligible for WIC. Continued eligibility requires on-site or web-based nutrition education. Families use a WIC EBT (electronic benefits transfer) card to access their benefits; the EBT is similar to a bank ATM or debit card.

Significance

There is a strong link between poverty status at birth and future outcomes. Children who live in poverty are more likely to suffer from poor nutrition during infancy, experience emotional distress, and are at increased risk for academic failure and teen pregnancy.[115] They are more likely to have health conditions and poorer health status, as well as less access to and utilization of health care. [116]

Hampton and Newport News WIC Trends

- Hampton and Newport News WIC caseloads are below projected local need and both programs are conducting outreach efforts seeking higher participation rates. Efforts to increase enrollment and retain enrollees includes the following:
  - Extending hours of operation to include early morning and evening hours.
  - Working with Social Services to encourage referrals to WIC for all recipients of TANF, Medicaid and SNAP who are either pregnant or have children under age five.
  - Expanding web-based educational programs and *electronic benefit* cards to make using and renewing more inviting. Local staff report having the capacity to serve 100 percent of local need; anecdotal experience shows that they lose families as children begin preschool programs (Head Start and Virginia Preschool Initiative) because those programs provide breakfast and lunch and families chose not to continue in the WIC program.
- Though historical annual WIC statistics are not publically available and trend information can not be offered, the June 2014 statistics showed the following:
  - Hampton Health Department's WIC program served 3,305 children, mothers and pregnant Hampton women. Forty-seven percent (1,537) of the recipients were children.
  - Peninsula Health District's WIC program served 6,335 children, mothers and pregnant women residing in Newport News, Poquoson, Williamsburg, James City County and York County. Forty-nine percent (3,117) of the recipients were children.

Supplemental Nutritional Assistance Program (SNAP)

Definition: SNAP, formerly the Food Stamp Program, is "designed to alleviate malnutrition and hunger by increasing the purchasing power of low-income households" and increase food security.[117] SNAP permits low-income households to have a more nutritious diet through increasing their food purchasing power. The majority of SNAP recipients do not receive any other cash assistance.

Note: October 2013, SNAP policies regarding Able Bodied Adults (age 18-50) without Dependents changed; it now requires all individuals who are able to work either work or actively engaged in a work activity in order to receive SNAP benefits. Unless an exemption to the work requirement exists, individuals may receive SNAP benefits for only three months during a 36-month period.

> *Poverty is very complicated but feeding a child isn't.*
>
> Jeff Bridges

Hampton and Newport News SNAP Trends

- October 2013 re-enactment of the work requirement for single adults age 18-50 with no child dependents resulted in a significant drop in the number of SNAP cases. Throughout Virginia, local departments of social services saw peak caseloads in early 2013.
  - Hampton Since 2013, the caseload has dropped from 16,168 to 14,769 households and the number of individual recipients has dropped from 34,257 to 31,534 over the same timeframe..
  - Newport News: Since 2013, the caseload has dropped from 25,250 to 23,667 households and the number of individual recipients has dropped from 53,108 to 49,407 over the same timeframe.
- In 2015, SNAP benefits were provided to 80,941 individuals in Hampton and Newport News, 42.7 percent of all recipients are children. with an average monthly benefit of less than $100 per person. While less than 30 percent of the total population receives SNAP benefits, almost 50 percent of the communities children age 0-17 rely on SNAP to meet their nutritional needs.
  - Hampton - 23 percent of all residents and 45 percent of all children received SNAP benefits.
  - Newport News –27 percent of all residents and 49 percent of all children received SNAP benefits.
- The SNAP December 2015 Participation report provided a point in time snapshot:
  - Hampton: 9,242 households received SNAP benefits, serving a total of 20,569 individuals.
  - Newport News: 15,484 households received SNAP benefits, serving a total of 44,363 individuals.
- Virginia: Average monthly payment per case in 2015 was $159.[118]

Data Charts and Tables - SNAP

Table 48 - SNAP enrollment

Hampton	2009	2010	2011	2012	2013	2014	2015
Annual households	NA	11,567	13,629	15,200	16,168	16,029	14,769
Total recipients	22,561	25,894	29,642	32,575	34,257	33,528	31,534
# Child recipients	NA	11,839	13,015	13,799	*14,662*	13,974	13,462
% Child recipients	NA	45.7%	44.0%	42.4%	42.8%	41.7%	42.7%

Newport News	2009	2010	2011	2012	2013	2014	2015
Annual households	NA	20,051	22,847	24,251	*25,250*	25,153	23,667
Total recipients	37,456	43,763	48,328	50,910	53,108	51,766	49,407
# Child recipients	NA	19,809	20,949	21,475	*22,993*	21,729	21,106
% Child Recipients	NA	45.3%	43.3%	42.2%	43.3%	42.0%	42.7%

Source: Virginia Department of Social Services, Local Profiles. [The 2014 report corrected 2013 totals but did not include the number of children, therefore the number of children is an estimation using the percentages from the original report

Free and Reduced-Priced Lunch (FRPL)

Definition: The Virginia School Breakfast and Lunch Programs are Federally assisted meal programs, which provide nutritionally balanced, low-cost or free lunches to school-aged children. Student eligibility is based on household size and family income. The maximum household income for free lunch is approximately 130 percent of the federal poverty level and the maximum income for reduced-priced meals is approximately 185 percent of the federal poverty level. Children who are members of households receiving SNAP (food stamps) or TANF (financial public assistance) benefits may be automatically eligible for free meals. Children who are members of households participating in WIC may also be eligible for free or reduced-priced meals based on the household's income. Children who are homeless, migrant or runaway may also be eligible for free meals. Foster children, who are the legal responsibility of a welfare agency or court, are eligible for free meals regardless o the income of the household with whom they reside.

Participating schools must serve meals that meet Federal nutrition standards. In 2012, Virginia public schools provided free or reduced lunch to approximately 41 percent of all students, while the percentage of local students is significantly higher.

Note: FRPL is an opt-in program, therefore FRPL data is generally a reliable poverty indicator in the elementary grades; it is less so in the high school grades where students may refuse to enroll in FRPL due to a perceived stigma attached to the program.[119]

> *The National School Lunch Program (NSLP) makes it possible for all school children in the United States to receive a nutritious lunch every school day.*
>
> Food Research and Action Center

Significance

Studies show that well-nourished students are better prepared to learn. To that end, schools help provide a healthy environment through nutritious meals, healthy snacks and opportunities for physical education and nutrition education.

Researchers often use FRPL enrollment as a proxy for poverty at the school level, because Census poverty data is not collected annually or available at the school level. Annual FRPL data is typically used by school districts to determine an individual school's eligibility for Title I funds and as a "proxy for low-income status when determining whether a subgroup of needy students is making Adequate Yearly Progress (AYP) under No Child Left Behind."

Hampton and Newport News FRPL Trends

- Since 2002, the number and percentage of public school children receiving free or reduced lunch has steadily increased. In 2014, more than 50 percent of Hampton and Newport News children received this benefit compared to an average of 31 percent in Williamsburg-James City County, 21 percent in York County and 35 percent in Chesapeake and Virginia Beach.
    - Hampton: 56.6 percent of students received free or reduced meals in 2016.
    - Newport News: 62.3 percent of students received free or reduced meals in 2016
    - Virginia: 41.9 percent of public school children received free or reduced meals in 2016.

Data Charts and Tables – Free and reduced price lunch

Figure 28 – *Percent*: Students receiving free or reduced lunch

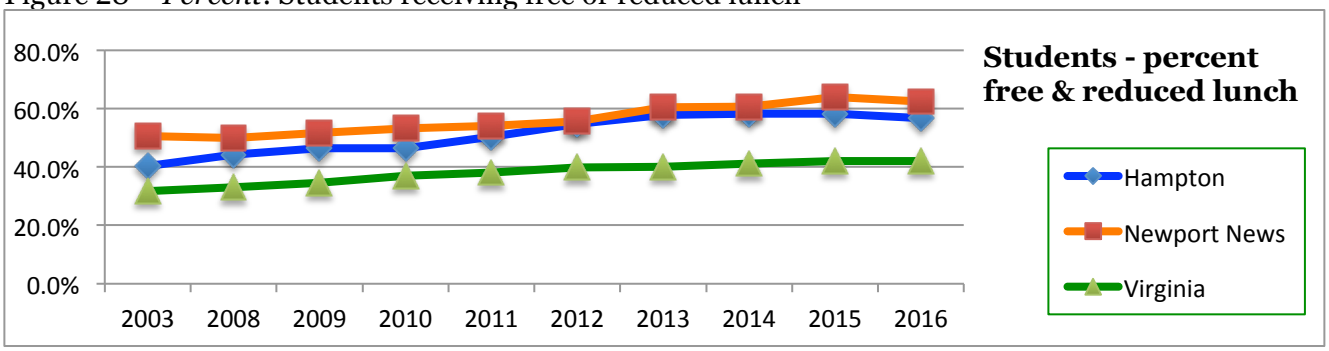


Table 49 –Students approved for free or reduced lunch according to federal guidelines

Free/Reduced Lunch	2003	2008	2009	2010	2011	2012	2013	2014	2015	2016
Hampton-Student Census*		22,329	21,806	21,571	21,568	21,588	21,350	21,157	20,796	20,620
School Nutrition Program Enrollment		22,261	22,261	21,491	22,157	21,371	21,108	20,940	20,839	20,636
Economically Disadvantaged		8,938	9,298	3,520	9,268	10,412	11,094	12,984	10,335	8,887
# FRPL Students	9,550	9,818	9,953	10,256	10,763	11,868	12,176	12,168	12,112	11,669
% FRPL Students	40.3%	44.1%	46.3%	46.3%	50.4%	54.7%	57.7%	58.1%	58.1%	56.6%

Free/Reduced Lunch	2003	2008	2009	2010	2011	2012	2013	2014	2015	2016
Newport News-Student Census*		31,553	31,298	30,869	30,488	29,948	29,786	29,777	29,547	29,197
School Nutrition Program Enrollment		30,904	30,598	31,123	30,326	31,503	29,502	29,608	29,292	28,997
Economically Disadvantaged		7,822	13,368	14,164	13,905	16,321	18,333	18,550	18,707	18,346
# FRPL Students	15,818	15,396	15,799	16,562	16,376	17,514	17,820	17,977	18,634	18,063
% FRPL Students	50.6%	49.8%	51.6%	53.2%	54%	55.6%	60.4%	60.7%	63.8%	62.3%

Free/Reduced Lunch	2003	2008	2009	2010	2011	2012	2013	2014	2015	2016
Virginia % FRPL Students	31.6%	33%	34.5%	37%	38.1%	39.7%	40.1%	41.2%	41.9%	41.9%

Source: Student census and economically disadvantaged data comes from the Virginia Department of Education's Fall Membership Report (Updated November 18, 2015) and the FRPL data comes from the Virginia Department of Education, Office of School Nutrition Programs (Updated March 11, 2016), therefore the census number may be lower than expected since the current year reports are based in point in time.

Note: Though they are anomalies, the 2010 Hampton Economically Disadvantaged and the 2008 Newport News Economically Disadvantaged numbers are the reported data sets.

Table Definitions and Clarifications:

Student Census: Virginia Department of Education annually collects statistics on the number of students enrolled in public school on September 30. Each school in Virginia that officially enrolls students submits this report, known as Fall Membership.

School Nutrition Program Enrollment: Virginia Department of Education annually collects data on the number of students enrolled in the School Nutrition Program as of October 31.

Economically Disadvantaged*:* Virginia Department of Education defines a student as economically disadvantaged if the student is eligible for Free/Reduced Meals (maximum household income of 185 of the federal poverty level), receives TANF, or is eligible for Medicaid. If the student is identified as experiencing homelessness or becomes identified as migrant, at any point during the school year, the student is automatically identified as Disadvantaged and is also eligible for the Free and Reduced Meals Program.

Table 50 – 2015-2016 Free or Reduced Price Meals Eligibility

Household Size	Maximum Household Income for Free Meals	Maximum Income for Reduced Price Meals
1	$15,301	$21,775
2	$20,709	$29,471
3	$26,117	$37,167
4	$31,525	$44,863
5	$36,933	$52,559
6	$42,341	$60,255
7	$47,749	$67,951
8	$53,157	$75,647
For Each Additional Family Member - ADD	$5,408	$7,696

Source: U.S. Department of Agriculture, Revised April 2015

Child Care Subsidies

Definition: The Child Care Subsidy Program promotes economic self-sufficiency by assisting families with the cost of providing substitute parental care and early childhood education. It provides low-income families with financial assistance and help with affordable, quality childcare.[120]

Parents with children age 0-12 may be eligible to receive a subsidy to assist with the cost of childcare and before and after school programs. Subsidies reduce childcare cost for families and facilitate parental employment among several recipient cohorts of low-income families:

- TANF recipients, current public assistance recipients receive child care subsidies to support employment or enable participation in approved education or training activities. These services are mandated and the child care cost is 100 percent subsidized;
- Former TANF recipients, who are employed and income-eligible, may receive up to 12 months of transitional child care subsidies (families must pay between 5-15 percent of their gross monthly income as a co-pay for childcare cost);
- Fee-based recipients, Income-eligible, non-TANF families may be eligible for "fee child-care." It requires a co-payment, between 5-15 percent of the family's gross monthly income, and provides child care subsidy so the client can work or attend education or training programs. These services are not mandated; funding is dependent on local and state allocations.[121]
- Head Start recipients, child care subsidies are mandated as Head Start wrap-around services to children in Head Start and their siblings. The child care cost is 100 percent subsidized.

> *Child care is an invisible part of the economy. Economists don't typically look at child care – they don't often study the people who are employed by it, nor do they look at how many of our nation's employees are dependent on it [in order to do their jobs].*
>
> Ellen Galinsky, Families and Work Institute

Significance

Child Care Aware reports the annual cost of child care for an infant exceeds the average cost of in-state tuition and fees at public colleges in 31 states. The high cost of child care affects many of the financial decisions families must make. For low income families, the tremendous strain on household budgets and the stress felt by families dealing with the daily burden of dealing with and paying for child care is "seen as a culprit that forces women to drop out of the labor market."[122]

Access to quality early childhood experiences is frequently a problem; if quality care is available, it is frequently unaffordable to many parents. "Child care subsidies have the potential to improve children's school readiness and performance in at least two ways. First, by making it easier for parents in low income families to work, child care subsidies can help prevent the poverty that is associated with less success in school. Second, the program can support efforts to ensure that young children receive high-quality early education that can, in turn, boost the chances that they will enter school ready to learn."[123]

Child care subsidy does not necessarily result in better care because parents may still experience access issues including convenience, reliability and cost. While social services educates and encourages families to utilize quality care, child care subsidies cannot dictate the level of care parents purchase, families may select any legally operating child care facility eligible to participate in

the program. In fact, research is not clear on whether parents use subsidies to purchase higher quality care than they would otherwise.

Hampton and Newport News Child Care Subsidy Trends

Note: In October 2014 Virginia implemented a state-wide rate increase for child care providers, though the amount of funds allocated from the state to the localities did not change. This directly affected the number of child care subsidies for non-mandated populations, with the end result being fewer children and families served.

- Child care subsidy information is available from 2002-2009, the Virginia Department of Social Services did not report on the number of local child care subsidies in its annual Local Profile Report until 2014.
  - Hampton: Between 2014 and 2015, the number benefitting from child care subsidies dropped from 1,197 to 1,058 children and from 719 to 605 families.
  - Newport News: Between 2014 and 2015, the number benefitting from child care subsidies increased from 2,361 to 2,416 children and from 1,336 to 1,365 families.
- For the last several years Hampton and Newport News Social Services have maintained waiting lists for their child care subsidy programs for fee-based child care subsidies. TANF, Transitional and Head Start programs do not have waiting lists.
- Over the last several years the number of children age 0-5 living in poverty, the number residing with all parents in the workforce, and the number of children relying on public assistance programs to meet basic needs has increased, yet the number of child care subsidies has decreased in Hampton and remained relatively stable in Newport News.
- Hampton Social Services works with Smart Beginnings of the Virginia Peninsula to assess the emotional and social needs of every child applicant for child care subsidies. In addition, social services staff uses the Infant and Toddler Connection development assessment to screen all children age 0-3 for developmental delays. This program is new and data will be available in the future, a data system is being developed to track assessments completed, number of referrals and the outcomes of those referrals.
- Hampton and Newport News participate and help fund in the Virginia Star Quality Initiative and promote and encourage child care providers to develop and implement business plans that strengthen the quality and financial integrity and viability of their programs.
- Virginia: In 2015, more than half (61 percent) of the children served through the child care assistance program were preschool children age 0-4.

National Child Care Subsidy Trends

- In 2011, 49 percent of children ages 0-4 with employed mothers were primarily cared for by a relative (father, grandparent, sibling, other relative) while she worked. This is relatively unchanged since 2005.
- Twenty-four percent of young children age 0-4 spent most of their time in a center-based arrangement (child care, nursery, preschool or Head Start).

- Thirteen percent were primarily cared for by a nonrelative in a home-based environment, such as care from a family day care provider, nanny, babysitter or au pair.
- The rate of care by fathers was between 15-16 percent in 1985 and 1988, increased to 20 percent in 1991, and in 2011, the father-care rate was 19 percent.
- Of children living in families in poverty in 2011, 18 percent were in center-based care as their primary arrangement, while 11 percent were with relatives other than parents or grandparents. By comparison, 26 percent of children living in families at or above the poverty line were in center-based care and other relatives cared for only 4 percent.

Data Charts and Tables – Child care subsidies and parent employment

Figure 29 – *Number:* Children benefitting from child care subsidies

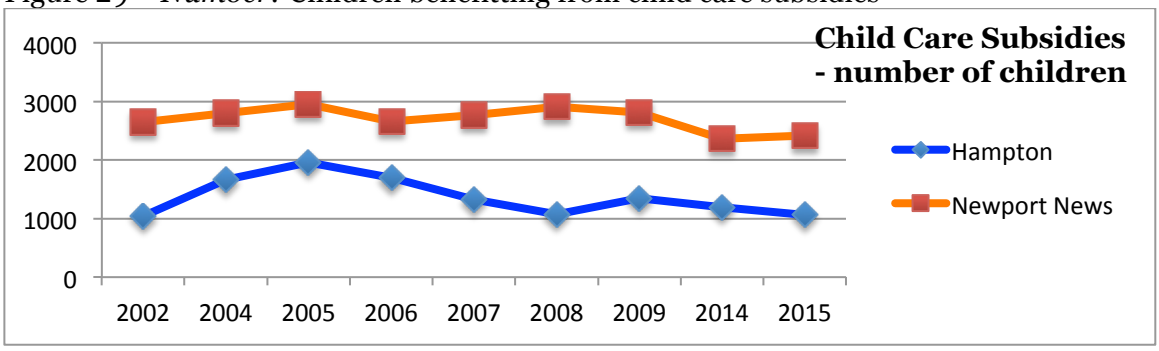


Table 51– *Numbers*: Children benefitting from child care subsidies

	2002	2004	2005	2006	2007	2008	2009	2014	2015
Hampton	1,042	1,668	1,959	1,692	1,330	1.076	1,342	1,179	1,058
Newport News	2,643	2,758	2,956	2,657	2,768	2,904	2,816	2,361	2,416

Table 52 - Virginia Total and Average Children Served by Child Care

Fiscal Year	Total Children Served	Total Families Served	Average Children Served Monthly	Average Families Served Monthly	Percent Served 0-4 years (Preschool)
2002	52,328	28,887	28,803	15,935	Not available
2008	55,107	31,217	28,669	17,1333	56%
2009	56,015	32,016	28,829	17,333	55%
2010	56,474	32,659	27,546	16,105	58%
2011	54,670	31,514	26,932	15,866	58%
2012	55,260	32,441	26,514	15,730	58%
2013	43,476	25,626	23,071	13,436	50%
2014	43,823	26,081	24,680	14,034	51%
2015	43,295	25,344	25,029	14,723	61%

Source: Virginia Department of Social Services Annual Statistical Report 2015 – pages 60-62, The 2014 child care subsidy data comes from the Virginia Department of Social Services Local Profile (VaCMS); data not available for 2010-2013 and Virginia Case Management System (VACMS) and the Interim Child Care System (ICC), Agency Demographic Report

Secure parental employment reduces the incidence of poverty and its attendant risks to children. However, when all available parents are in the workforce, reliable child care becomes a critical component to maintaining employment.

Children Age 0-5 with All Parents in the Labor Force

Figure 30 - *Percent:* Children Age 0-5 with All Available Parents in the Labor Force

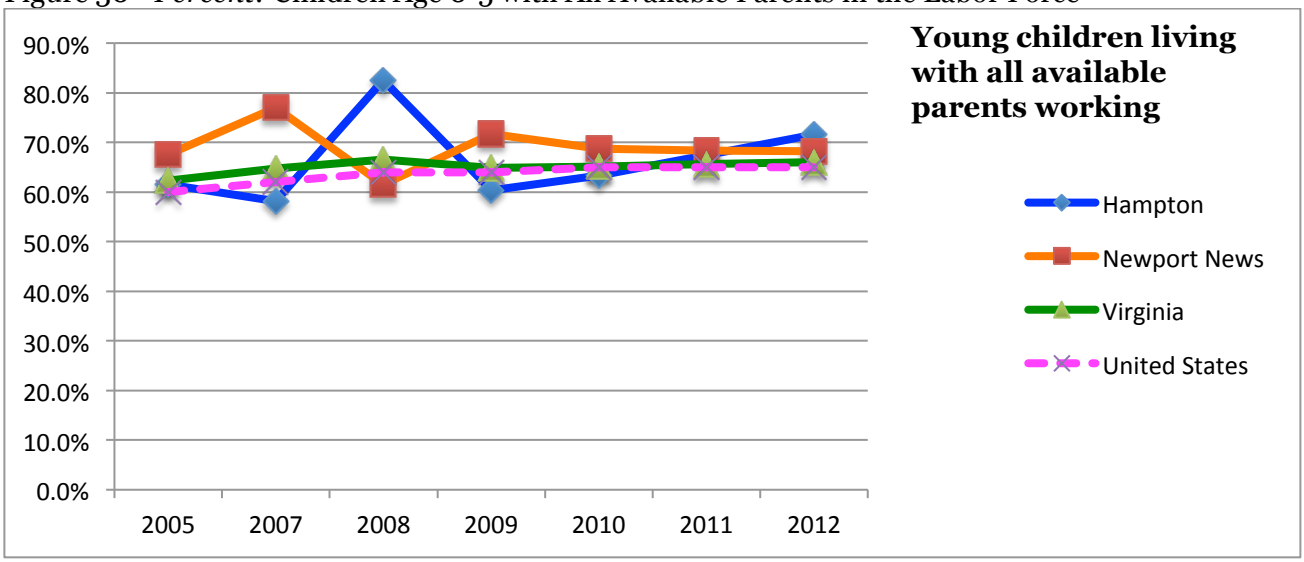


Table 53- *Percent:* Children Age 0-5 with All Available Parents in the Labor Force

	2005	2007	2008	2009	2010	2011	2012
Hampton	61.5%	58.1%	82.6%	60.3%	63.3%	67.4%	71.6%
Newport News	67.6%	77.0%	61.5%	71.7%	68.8%	68.1%	68.2%
Virginia	62.3%	64.8%	66.6%	64.9%	65.1%	65.7%	66.0%
United States	60%	62%	64%	64%	65%	65%	65%

Source: Source: Annie E. Casey Foundation, Kids Data Count, Updated December 2014, referenced sources U.S. Census Bureau, American Community Survey

Summary of Clients Served
Public Assistance Programs

Social Services programs serve as a proxy for a community's level of need. Hampton and Newport News Human Service agencies manage many of the government assistance programs aimed at reducing the number of children living in poverty. Benefit programs managed by public social service agencies, as previously described, include TANF, Medicaid, SNAP and child care subsidies. Contrary to public stereotypes,

- 75 percent of cash public assistance recipients are children;
- 51 percent of families have one child and 27 percent have two children; and
- In 47 percent of all cases, the child is the only beneficiary in the household.

Nationally in 2011, 97 percent of families receiving cash public assistance received medical assistance, 83 percent received food stamps, 12 percent had subsidized housing and 8 percent had subsidized childcare.[124]

The following charts, from the Virginia Department of Social Services Local Profile Report, provide a simple snapshot of the total number of individuals receiving public assistance during the course of the year and the public expenditure revenue that filters through the local economy.

Table 54 Hampton and Newport News

HAMPTON Benefit Clients Served (unduplicated)	Benefit Program[1]				Energy Assistance (Households)	Child Care[4]
	SNAP	TANF	Medicaid	Any Program[2]		
2010	25,894	6,335	24,651	33,145	NA	NA
2011	29,642	6,670	26,228	36,596	NA	NA
2012	32,577	6,619	27,614	39,587	NA	NA
2013	34,257	6,201	28,769	41,666	4,822	NA
2014	33,529	5,656	29,538	41,584	3,368	1,197
2015	31,534	4,807	31,530	42,200	3,002	1,058

NEWPORT NEWS Benefit Clients Served (unduplicated)	Benefit Program[1]				Energy Assistance[3] (Households)	Child Care[4]
	SNAP	TANF	Medicaid	Any Program[2]		
2010	43,763	9,376	38,337	53,658	NA	NA
2011	48,328	9,737	40,818	58,116	NA	NA
2012	50,910	9,540	42,505	61,038	NA	NA
2013	53,108	9,135	43,949	63,267	6,301	NA
2014	51,766	8,051	44,162	62,448	5,807	2,361
2015	49,407	7,164	45,837	63,430	5,600	2,416

Source: Virginia Department of Social Services Local Profile Report – 2015. Benefit Programs, ADAPT (Data Warehouse, Client Cross-Program Locality Yearly Analysis). Medicaid count excludes enrollees from state mental health hospitals. [2] Received SNAP, TANF and/or Medicaid during the year. [3] Source: Energy Assistance Report (across heating, cooling and crisis programs; data not available for 2010-2012). [4] Source: VaCMS (data not available for 2010-2013). Represent unduplicated client counts.

$231,761,828
Total amount spent on Social Services in Hampton in 2014

Table 55 – Hampton

Social Services Spending, SFY 2015	Federal	State	Local & NER (comb.)	All Sources
Administrative costs	**$6,322,327**	**$3,072,689**	**$2,951,219**	**$12,346,235**
Staff and operations[1]	$6,190,806	$3,072,689	$2,654,537	$11,918,032
Other expenses[2]	$131,521	$0	$296,682	$428,203
Admin costs - % by Funding Source	*51%*	*25%*	*24%*	*100%*
Admin costs - % Total SS spending	*5%*	*3%*	*61%*	*5%*
Services purchased for clients	**$1,492,461**	**$8,038,650**	**$1,761,170**	**$11,292,281**
Foster care and adoption[3]	$1,125,459	$1,721,474	$0	$2,846,933
Comprehensive Services (Title IV-E)[4]	$0	$6,061,613	$1,620,290	$7,681,902
Other Benefits[5]	$367,002	$255,563	$140,881	$763,446
Services - % by Funding Source	*13%*	*71%*	*16%*	*100%*
Services - % Total SS spending	*1%*	*8.2%*	*36.5%*	*4.9%*
Client Benefits Spending	**$120,905,772**	**$87,104,362**	**$113,178**	**$208,123,312**
Medicaid & FAMIS[6]	$85,128,295	$83,624,870	$739	$168,753,904
SNAP[7]	$31,521,937	$0	$0	$31,521,937
TANF[7]	$1,895,850	$2,076,190	$0	$3,972,040
Energy Assistance[7]	$882,073	$0	$0	$882,073
Child Care[8]	$1,469,018	$997,069	$0	$2,466,086
Other Benefits[9]	$8,600	$406,233	$112,439	$527,272
Benefits - % by Funding Source	*58%*	*42%*	*0%*	*100%*
Benefits - % Total SS spending	*94%*	*89%*	*2%*	*90%*
Total SS Spending	**$128,720,560**	**$98,215,700**	**$4,825,568**	**$231,761,828**
SS Funding - % by Funding Source	56%	42%	2%	100%

Source: Virginia Department of Social Services, Local Profile Report 2015

$321,789,532
Total amount spent on Social Services in Newport News in 2014

Table 56 – Newport News

Social Services Spending, SFY 2015	Federal	State	Local & NER (comb.)	All Sources
Administrative costs	**$12,269,343**	**$4,810,983**	**$9,780,402**	**$26,860,728**
Staff and operations[1]	$11,554,435	$4,810,983	$7,785,577	$24,150,995
Other expenses[2]	$714,908	$0	$1,994,825	$2,709,733
Admin costs - % by Funding Source	*46%*	*18%*	*36%*	*100%*
Admin costs - % Total SS spending	*7%*	*4%*	*83%*	*8%*
Services purchased for clients	**$2,510,819**	**$7,305,717**	**$1,784,984**	**$11,601,521**
Foster care and adoption[3]	$2,061,514	$2,597,207	$0	$4,658,721
Comprehensive Services (Title IV-E)[4]	$0	$4,352,928	$1,591,187	$5,944,115
Other Benefits[5]	$449,305	$355,582	$193,798	$998,685
Services - % by Funding Source	*22%*	*63%*	*15%*	*100%*
Services - % Total SS spending	*1%*	*5.9%*	*15.1%*	*3.6%*
Client Benefits Spending	**$170,469,512**	**$112,632,756**	**$225,015**	**$283,327,283**
Medicaid & FAMIS[6]	$110,140,810	$108,057,109	$110,269	$218,308,187
SNAP[7]	$52,120,106	$0	$0	$52,120,106
TANF[7]	$2,430,228	$2,823,278	$0	$5,253,505
Energy Assistance[7]	$1,556,618	$0	$0	$1,556,618
Child Care[8]	$4,153,894	$1,306,820	$0	$5,460,714
Other Benefits[9]	$67,856	$445,550	$114,746	$628,152
Benefits - % by Funding Source	*60%*	*40%*	*0%*	*100%*
Benefits - % Total SS spending	*92%*	*90%*	*2%*	*88%*
Total SS Spending	**$185,249,674**	**$124,749,457**	**$11,790,401**	**$321,789,532**
SS Funding - % by Funding Source	58%	39%	4%	100%

Source: Virginia Department of Social Services, Local Profile Report 2015

Education Indicators

Children must be taught how to think, not what to think. –
Margaret Mead

Education Indicators

"Establishing the conditions that promote successful educational achievement for children begins before birth and continues into the early elementary school years. With a strong and healthy beginning, it is much easier to keep children on track to stay in school and graduate, pursue postsecondary education and training and successfully transition to young adulthood."[125] The greater the quality gap between early childhood care and the education system, the greater the challenge for your children to successfully transition from an early learning to a Kindergarten school environment.[126]

Children's readiness for school and long-term success is often dependent on the opportunities and experiences they have had within families, childcare, preschool settings and in communities that support development of school readiness.

INDICATORS

Child care - *availability of providers and Virginia Star Quality Initiative*

Early learning environments – *Early Head Start, Head Start, Virginia Preschool Initiative, and private preschool*

K-3rd grade success – *kindergarten readiness, kindergarten literacy intervention, third grade SOL, and third grade achievement gap*

COMMUNITY INVESTMENT

There are many faith-based and non-profit organizations in Hampton and Newport News dedicated to providing quality early childhood educational, enrichment and developmental opportunities, each with the goal of ensuring children enter school socially, physically, emotionally, psychologically and academically ready to succeed. The following organizations, which should not be considered an all-inclusive list, are those serving significant numbers of families and children in our community.

- **Smart Beginnings of the Virginia Peninsula** creates community commitment to the school readiness of young children. Their goals include helping Hampton and Newport News ensure that the conditions in which children are born and the environments in which they are raised provide a strong, healthy start for young children and their families. To support school readiness they provide parents with information and referrals on selecting and accessing high-quality child care resources. To promote strong school readiness programs they coordinate and offer affordable, high quality professional development classes and workshops to child care providers. The BITSE program provides emotional and social screening for at-risk children, and one-on-one mentoring and training for preschool and child care teachers on how to deal with challenging behaviors.

- **Hampton and Newport News Public Schools** provide the Virginia Preschool Initiative Program to at-risk four years olds and special education services to young children with developmental delays. Their goals are to provide a foundation for learning and academic success; school readiness activities focus on phonological awareness, vocabulary, number senses and physical, motor and social development.
- **Peninsula Health Department** has made a strong commitment to improving and strengthening the early child care environments. Through its child care health consultant program an experienced public health nurse provides guidance and technical assistance to child care providers on a wide range of health and safety topics including health, medical and behavior needs. The Child Care Health Consultant conducts child care training on topics such as health observation, communicable disease prevention, playground safety and supervision and recognizing signs of child abuse; assesses health and safety needs and practices in the child care settings; helps caregivers develop strategies for caring for children with special needs; assists providers in establishing policies and procedures for health/safety emergencies; provides health education and wellness programs, as well as health screenings; offers solutions for managing injuries or infectious disease within child care settings; connects caregivers and families with community health care resources and experts; provides up-to-date information on guidelines, policies and information regarding child health and safety; and, offers hand-on support through on-site visits.
- **Foster Grandparent Program,** partnering with schools, early childhood programs and faith-based programs, provides over 91,000 volunteer hours annually to develop meaningful relationships with children in loving, encouraging learning environments. As mentors, tutors, and loving caregivers who provide each child personal attention, the 105 Foster Grandparent volunteers assist with building the self-confidence and self-value needed in order for 540 Hampton and Newport News children to eventually become productive citizens in their community.
- **Alternatives, Inc.** demonstrates its commitment to early childhood through two nationally recognized evidenced-based programs. *Al's Pals: Kid Making Healthy Choices* is a comprehensive curriculum and teacher training program that develops social-emotional skills, self-control, problem-solving abilities and healthy decision-making in children ages 3-8 years old. *Pre-school Monart Visual Art Enrichment* uses art to help young children develop creative problem solving skills, focus, hand/eye coordination and literacy skills. Alternatives, Inc. also offers *Draw and Learn* workshops to early childhood teachers.
- **Hampton and Newport News city government** in partnership with their respective school system offers before and after school programs to pre-school and kindergarten children. Their goals include providing enriching social, emotional, physical and academic enriched environments promoting healthy development and school readiness.
- **Healthy Families in Hampton and Newport News** provides evidence-based early childhood home visiting services to expectant and new parents with the education and support they need at the time the baby is born and until the child enters kindergarten. Their goals include reducing child maltreatment, increasing utilization of prenatal care, improving parent-child interactions, and promoting children's school readiness.

- **Hampton and Newport News Human Services** agency offers a variety of programs to diverse target audiences focused on *Ready By 21* concepts that promote and support school readiness and success.
- **Hampton and Newport News Public Libraries** offer many programs supporting early literacy and school readiness. Both library systems offer Young Family Resource Centers and story time programs for infants, toddlers and pre-school children.
- **Bon Secours Family Focus** provides an array of services to families including family education and support. Their goals include reducing parent isolation, promoting positive parenting practices and supporting children's school readiness.
- **Center for Child and Family Services** provides counseling and support services to families, conducts child care provider training and consultation services for child care providers.
- **Hampton-Newport News Community Services Board** offers a nationally recognized best-practice program, *Strengthening Families Program,* designed to promote healthy family interactions.

Extensive research demonstrates that children benefit greatly from early and consistent education. In addition to the local investments identified above, there are a number of other programs and initiatives in Virginia supporting school readiness and school success for all of Virginia's children.[127]

- **Virginia Early Childhood Foundation** leads and coordinates collaborative efforts to build a statewide, comprehensive system of high-quality early childhood care, education, and health services for Virginia's youngest citizens. Through the Smart Beginnings initiative, the Foundation brings a results-oriented approach to investments to increase school readiness.
- **Smart Beginnings** is a public-private strategic plan for early childhood initiatives in Virginia, designed to build and sustain a system to support parents and families as they prepare their children to arrive at kindergarten healthy and ready to succeed.
- The **Virginia Preschool Initiative** provides quality preschool to at-risk 4-year-olds who are not served by Head Start.
- The **Early Intervention Reading Initiative** provides services to students in kindergarten through third grade who demonstrate deficiencies on the PALS (Phonological and Literacy Screening assessment).
- **Mathematics and Science Partnerships** encourage schools at all levels to participate in professional development activities that increase subject-matter knowledge and teaching skills of mathematics and science teachers.

Universal Access to Quality Early Learning Environments

Many believe that universal, high quality child care pre-kindergarten education should be available to all children. The plethora of research demonstrates that early childhood education has many positive long-term outcomes for all children. In addition to providing childcare options to the growing number of families where all available parents are employed outside of the home, high quality pre-kindergarten experiences create more equitable long-term outcomes for children coming from diverse cultural and economic backgrounds and is the key, first-step, to building a more competitive local economy.

> *Child care is often as expensive for families as college tuition. Higher education is supported by public funds; child care is not! There is very limited assistance for families who cannot afford child care.*
>
> ChildCare Aware, Virginia (2014)

Access to high quality child care and pre-kindergarten are complicated by two factors – availability and cost. While the number one identified access issue is cost/affordability, Childcare Aware of Virginia (2014)[128] reports the following problems encountered by families:

- 31 percent reported problems with cost/affordability
- 20 percent reported problems with availability/no openings and long waiting lists
- 16 percent reported problems with location
- 14 percent reported problems with quality
- Nine percent reported problems with availability/hours of operation
- 10 percent reported other problems

Costs for child care have soared in recent years, frequently placing a disproportionate burden on family budgets. Childcare Aware of Virginia (2014)[129] reports that the annual cost of center-based child care for an infant exceeds $10,000 and the average cost for a pre-school child is almost $7,700. "While the average cost for care in a family child care home is slightly less, it is still hard for families to afford, especially for families with more than one child."[130] Paying for child care out-of-pocket can cost up to 36 percent or more of a low-income family's monthly budget.[131] With local infant care approaching $200 a week and toddler care approaching $150 a week, childcare can easily exceed the average rent payment and leaving many families struggling to make ends meet.

Locally, parents working outside of the home have limited options for securing child care – parents pay for child care on their own, apply to the few private, non-profit or religious-based programs offering scholarships or a sliding pay scale rate based on income guideline, or access federal-, state- or local-funded child care and pre-kindergarten programs. Parents, meeting income and other "at-risk" eligibility requirements, may access publically-funded child care through Early Head Start, Head Start and Virginia Preschool Initiative programs.

High-quality prekindergarten programs for 3- and 4-year-olds can improve school readiness, with the greatest gains accruing to the highest risk children. Head Start and the expansion of state-funded programs have greatly increased access to preschool. But many children, especially 3-year-olds continue to be left out, exacerbating socioeconomic differences in educational achievement. Nationally, between 2005 and 2013, the number of children ages 3 to 4 not enrolled in preschool has actually dropped slightly, from 56 percent (2005) to 54 percent (2013). Preschool is defined as any institution providing educational experiences for children preceding kindergarten, private homes providing primarily custodial care are not included.[132]

Although there has been significant emphasis on providing quality preschool experiences all children, poor children (living in households below 200 percent of poverty) are less likely to be enrolled in preschool as 3 or 4 year olds.[133] The number of disadvantaged children in preschools has remained constant at approximately 37 percent since 2005. The number of children from households above 200 poverty in preschools has increased from 52 percent to 54 percent since 2005.

Virginia Star Quality Initiative (VSQI)

Definition: The Virginia Star Quality Initiative (VSQI) is a statewide system designed to assist child care providers in their efforts to assess and improve the quality of their services. VSQI offers child care providers an opportunity to participate in the state's quality rating and improvement system (QRIS). QRIS was created to provide a systematic approach to assessing, improving, and communicating the level of quality in child care settings.[134]

> *QRIS is designed to not only accurately measure the levels of quality in child care settings but to make this information available to parents in a way that helps them become informed consumers and select high quality early education options for their young children.*
>
> Virginia's Biennial School Readiness Report Card, 2013

VSQI offers early learning centers with intensive training and mentoring support so they can deliver quality programs and services to the young children in their care. The services include: "1) education, qualifications and training of staff; 2) the quality of interactions between children and their teachers and peers; 3) staff-to-child ratios and group sizes; and 4) program environment and instructional practices."[135]

VSQI is focused on ensuring every child arrives at kindergarten ready to succeed. Along with sustaining quality early learning programs, VSQI is a consumer education tool that helps parents be informed consumers and select high quality early education options for their young children. It offers a consistent way to distinguish the level of quality in early care and education programs.

Hampton Newport News VSQI Trends

Smart Beginnings of the Virginia Peninsula is the regional network for VSQI. SBVP efforts are directed at ensuring local pre-K programs meet high standards. While public school preschool programs have been highly effective, many private and faith-based programs have produced similar outcomes. Research shows that Head Start, and private early child care programs produced similar results when operating with the same resources and standards as state supported pre-K programs. SBVP works to ensure that all children have access to high-quality early childhood programs.

- Planning Council September 2014 data reports 39 Hampton and Newport News VSQI providers with a child care capacity of 2,958. A November 2014 telephone survey (34 of 39 VSQI providers responding) determined 34 VSQI providers (private early child care programs and religious exempt providers) serve 495 four-year-old children.
- Approximately 3,106 children (70 percent) of the 4,436 four-year-old population attend preschool. Along with 495 four-year-olds served by the VSQI enrolled providers, 2,611 four-year olds attend public school preschools and Head Start programs.

Table 57 - Number of four year olds served in public preschool programs in 2015

	Hampton	Newport News	Total
Population of 4 year olds	1,731	2,705	4,436
# served in Head Start	99	183	282
# served in VPI	715	1,614	2,329
Total # of children served	814	1,797	2,611
% of total population of 4 year olds	47%	66%	59%

Source: The above information summarizes data reported in the following sections.

Peninsula Child Care Providers

Definition: Child care providers may be licensed or unlicensed providers.

Licensed providers[136]:

- Child care centers, defined as programs offering care to two or more children under age 13 in a facility that is not the residence of the provider or of any of the children in care, and
- Family child homes, defined as child care programs offered in the residence of the provider, or the home of any of the children in care, for up to twelve children under the age of 13 (licensure is required for providers serving more than five children).

> *All of us have moments in our childhood where we came alive for the first time. And we go back to those moments and think, "This is when I became myself."*
>
> Rita Dove

Unlicensed, registered providers[137]:

- Religious exempt centers, defined as programs sponsored by a religious institution that may choose to be unlicensed;
- Voluntary registered family day home, defined as a home in which care is provided to five or fewer children, excluding the provider's children or children who reside in the home;
- Government (federal/local) approved recreational before/after school and summer program;
- Certified pre-school center, accredited in conjunction with a private school; and,
- Unregulated relative providers.

Smart Beginnings of the Virginia Peninsula (SBVP) offers parents a *free* referral service. Parents access Child Care Aware® of Virginia, a large database of regulated child care centers, family home care, preschools, and religious exempt child care providers in Hampton and Newport News. SBVP also provides one-on-one support to assist parents in locating the child care services that best meet their family and child's specific needs. Parents are provided a list of facilities that may meet their needs, the list is for referral purposes only and not recommendations.

Hampton and Newport News Child Care Provider Trends

Note: The Virginia Department of Social Services developed a comprehensive automated system for the Child Care Subsidy Program (VaCMS) designed to allow Virginia to meet federal mandates more effectively, provide greater accuracy in payments to providers, and improve overall management. The system not only automated the application process but also documentation of services received and payment due to providers. Once eligibility is determined parents use swipe cards each time the child is dropped off and picked up. Using that electronic data, the system twice a month calculates the amount owed the vendor and makes a direct deposit for the sum into the vendor's bank account or credits the amount to a debit card issued to vendors who do not have an account. While streamlining the child care intake process improved accuracy and timeliness of eligibility for parents and payments to providers, providers have reported frustration with the system because when parents fail to "swipe" the provider does not get paid.

- Database shows a significant decline in the number of Newport News and Hampton providers since 2008. In 2008, the database included 332 providers, by November 2014 the number had dropped to 272 providers. This represents a loss of 18% of the providers.
- All providers in the database provide care to children under the age of 6, but it is unknown what each center's capacity is for young children.
- Information provided by the Planning Council (September 2014) reports the following (there is a discrepancy in the number of regulated providers when compared to the SBVP database):
  - The 95 Hampton childcare providers serving children under age six have a reported capacity of 6,039 child care slots, including before and after school care. Though the need is not known, there are approximately 11,000 Hampton children under the age of six.
  - The 103 Newport News childcare providers serving children under age six have a reported capacity of 9,046 child care slots, including before and after school care. Though the need is unknown, there are approximately 16,000 Newport News children under the age of 6.
- Virginia: 61 percent of all children benefiting from public child care subsidies are between 0-4 years old.

Data Charts and Tables – Child care providers

Table 58 - Child Care Providers serving children under 6

	Licensed Centers	Licensed Family Homes	Voluntary Register Homes	Religious Exempt Centers	Other	Total
Hampton	27	13	33	19	3	95
Capacity	3,155	119	165	2,208	392	6,039
Newport News	47	3	21	26	6	103
Capacity	5,205	22	105	2,261	1,453	9.046
Greater Peninsula	106	21	62	65	11	265
Capacity	11,535	195	310	5,862	1,694	19,596

Note: Licensed Centers include school age and preschools

Table 59 – Estimated number of children by age, 0-5, and number living in poverty

Age	Hampton	Newport News	Total
0-12 months	**1,731**	**2,705**	**4,436**
18-24 months	**1,731**	**2,705**	**4,436**
25-36 months	**1,731**	**2,705**	**4,436**
37-48 months	**1,731**	**2,705**	**4,436**
48-60 months	**1,731**	**2,705**	**4,436**
Total under age 5	**8,655**	**13,525**	**22,180**
Percent living in poverty age 0-60 months	**26%**	**28%**	**27%**
Est. number of young children, age 0-5, living in poverty	**2,250**	**3,787**	**6,037**
Est. number of children by age	**450**	**757**	**1,207**

Early Head Start

Definition: Early Head Start is a federally funded early childhood program for **at-risk infants and toddlers** of pregnant teens/women**.** Children served range in age from birth to three. Early Head Start offers comprehensive services promoting academic and social and emotional development for income-eligible families. Services for children and families offered include: education, health, nutrition, dental, mental health, social services, and parental involvement.

> *A teacher affects eternity; he can never tell where his influence stops.*
>
> Henry Adams

Early Head Start makes available: early intervention services; pre/post natal follow-up care for women and children; childcare so teen parents can remain in school, and others are able to pursue their educational, personal and family goals. Early Head Start children may transition into Head Start, thus enhancing a concept of birth-to-four childcare, education in a familiar setting, with consistent childcare providers.

Hampton and Newport News Early Head Start Trend

- Early Head Start is a federally funded early childhood program for 32 at-risk infants and toddlers of pregnant teens/women who live in southeast Newport News.
  - May 2015, Early Head Start reported an average of 50-60 children on a waiting list.
- Based on the American Community Survey, Factfinder.census.gov 2013 population estimates, more than 3,500 children ages 0 – 36 months (using an average of 27 percent of children age 0-4 living in poverty) would be eligible for Early Head Start or other early childhood program serving children most at-risk of entering kindergarten unprepared for school and success.
  - If Early Head Start were available to all eligible children ages 0-36 months who meet income eligibility requirements, the number of available slots would need to be increased from 32 to more than 3,600.
    - Hampton: approximately 1,350 children (0-36 months) meet the income eligibility threshold of 100 percent of the Federal Poverty Level.
    - Newport News: approximately 2,271 children (0-36 months) meet the income eligibility threshold of 100 percent of the Federal Poverty Level.
- The Office of Human Affairs manages the Early Head Start and offers services primarily to income-eligible families; there are limited spaces reserved for over income families. Services are also available for children with disabilities.

National Early Head Start Trend

- Early Head Start has experienced significant enrollment since 1998, increasing from 13,373 children to almost 193,000 in 2013.[138]

	1988	1995	2000	2003	2008	2009	2010	2011	2012	2013
Children <3 years old	13,373	21,445	55,283	95,699	120,272	115,574	156,693	173,981	176,335	192,664

Source: Annie E. Casey Foundation, Kids Data Count, Updated March 2014 – Source: Data from the annual Program Information Report , administered by the Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services

Head Start

Definition: Head Start is a federally funded early childhood pre-school program for low-income families with preschool age children. The comprehensive programs for children and families offered include: education (spanning language and literacy learning, cognition and physical development, and social and emotional learning)[139] , health, nutrition, dental, mental health, social services, parental involvement opportunities and transportation for children residing in designated areas.

> *Tell me and I forget. Show me and I remember. Involve me and I understand.*
>
> Chinese Proverb

Hampton and Newport News Head Start Trends

- In 2014, the Office of Human Affairs, served 478 Hampton and Newport News three and four-year-olds in one of eight Peninsula Head Start programs.
  - Hampton – 168 children participate in programs offered in partnership with Hampton City Schools; 69 children age three and 99 children age four.
  - Newport News – 310 children participate in programs offered in partnership with Newport News Public Schools; 127 children age three and 183 children age four.
- Though Head Start 's comprehensive services promote academic and social and emotional development for income-eligible families; there are limited spaces reserved for over income families. Services are also available for children with significant disabilities.
- May 2015, Head Start reported an average of 235 Hampton children and 214 Newport News children on a waiting list. Most of these children are three year olds because most of the four year olds, not already enrolled in Head Start are enrolled in the Virginia Preschool Program.
- Based on the American Community Survey, Factfinder.census.gov 2013 population estimates, more than 1,200 three-year old children (using an average of 27 percent of children age 0-4 living in poverty) would be eligible for Head Start or other early childhood program serving children most at-risk of entering school unprepared.
- If Head Start services were available to all eligible at-risk three-year old children who meet the income eligibility requirements , the number of available slots would need to be increased from 196 to more than 1,300.
  - Hampton: approximately 450 three year old children meet the income eligibility threshold of 100 percent of the Federal Poverty Level.
  - Newport News: approximately 757 three year old children meet the income eligibility threshold of 100 percent of the Federal Poverty Level.
- While the following information is only related to the Head Start children served by the Foster Grandparent Program, the 2014 Foster Grandparent pre and post assessment data shows that individualized, one-on-one support has a positive impact on children:
  - 96 percent of Head Start students showed improvement in phonological awareness, book knowledge and appreciation, print awareness, early writing and alphabet knowledge.
  - 100 percent of the students served in the summer program had a more positive attitude towards mathematics and science.

- 84 percent of the Newport News pre-kindergarten students showed improvement in literacy readiness skills.
- 61 percent of the Hampton third graders receiving reading assistance passed the language arts benchmarks.

National Head Start Trend

- Head Start has experienced significant enrollment of children ages 3 and 4 since 1998. Between 1988 and 2013, enrollment numbers for 3 year olds has increased from 125,624 to 392,386 and enrollment numbers for 4 year olds has increased from 313,040 to 531,884.[140]
- Decreasing enrollment numbers of children age 5 coincide with the increase in public preschool and kindergarten programs. Between 1988 and 2013, enrollment numbers for 5 year olds decreasing by more than 65 percent, dropping from 36,992 to 12,871.[141]

Data Charts and Tables – Head Start

Figure 31– Number of children served by Head Start programs, nationally

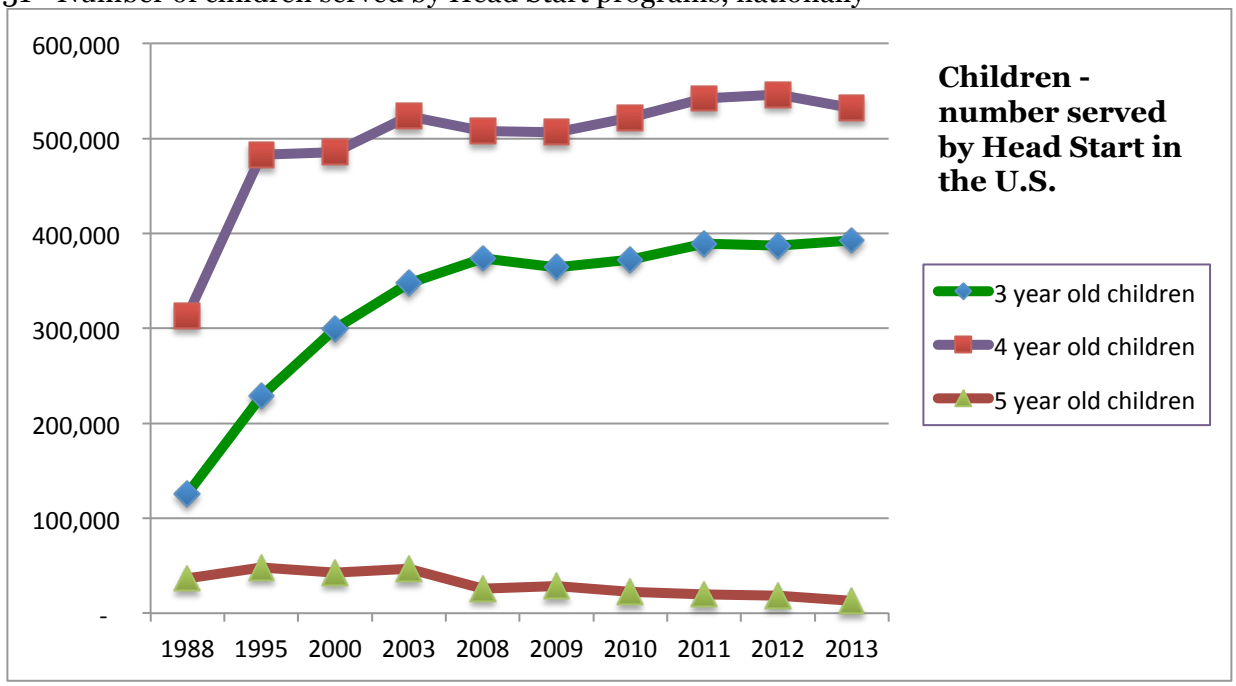


Table 60 – Number of children served by Head Start programs, nationally

	1988	1995	2000	2003	2008	2009	2010	2011	2012	2013
3 years old	125,624	229,050	299,194	347,585	373,329	364,262	372,186	389,413	387,299	392,386
4 years old	313,040	483,138	485,232	523,004	507,689	506,126	521,832	542,053	545,941	531,884
5 years old	36,992	48,433	42,429	46,677	26,040	28,235	22,729	19,762	18,455	12,871

Source: Source: Annie E. Casey Foundation, Kids Data Count, Updated March 2014 – Source: Data from the annual Program Information Report , administered by the Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services, Updated March 2014

Virginia Preschool Initiative (VPI)

Definition: The Virginia Preschool Initiative (VPI) is an evidenced-based preschool program for at-risk four-year olds not served by Head Start and other full-day and half-day programs. The purpose of VPI is "to reduce disparities among young children upon formal school entry and to reduce or eliminate those risk factors that lead to early academic failure." To obtain state funding, localities must develop a written preschool program plan that includes five services: quality preschool education, parental partnerships/involvement, comprehensive health screenings and services, comprehensive social services, and transportation.[142] School readiness activities focus on phonological awareness, vocabulary, and physical, motor and social development.[143]

The legislative intent of the initiative is to establish a quality preschool education program for at-risk four-year-olds. "Localities are required to use the Phonological Awareness Literacy Screening instruments for pre- kindergarten students (PALS-PreK) for literacy screening during the fall and spring of each school year. The curriculum must align with Virginia's Foundation Blocks for Early Learning. The Foundation Blocks establish a measurable range of skills and knowledge essential for four-year-olds to be successful in kindergarten. Localities must use Virginia's Quality Indicators for Responsive Teaching: Creating a High Quality Preschool Learning Environment checklist to help teachers and parents design learning and play environments, academic materials, and interactions that promote optimal motivation and engagement in learning.

The 2015 Virginia General Assembly adopted new eligibility criteria for students participating in the VPI. Eligibility criteria for participation must be consistent with the economic and educational risk factors stated in the 2014-2015 programs guidelines that are specific to: (1) family income at or below 200 percent of poverty, (2) homelessness, (3) student's parents or guardians are school dropouts, or (4) family income is less than 350 percent of federal poverty guidelines in the case of students with special needs or disabilities.[144] School divisions must transition to the new eligibility criteria no later than 2016-17 school year.

Significance

In 2015, the Virginia Department of Education reported that "as of 2005-2006, state funds (have been) available to provide comprehensive preschool programs to 100 percent of Virginia's at-risk four-year-olds, as defined by VPI funding eligibility, and who are not being served by Head Start. Children at or below 100% of the poverty level should receive priority for Head Start enrollment. VPI should focus on children above that poverty level."[145]

> *Experts tell us that 90% of all brain development occurs by the age of five. If we don't begin thinking about education in the early years, our children are at risk of falling behind by the time they start Kindergarten.*
>
> Robert Ehrlich

Comprehensive studies of the VPI program have focused on literacy and retention outcomes in kindergarten and first grade. Research and anecdotal evidence demonstrates that children who attend VPI programs are less likely to repeat kindergarten, have a better chance of meeting or exceeding minimum literacy competencies children and are on track for long-term school success by the end of kindergarten.[146]

Hampton and Newport News VPI Trends

- Although many communities across Virginia have failed to fully utilize VPI funding, Hampton and Newport News fill 100 percent of available preschool slots.
  - Newport News: In addition to VPI slots, Virginia Department of Education reports Newport News serves an additional 350 full-time and part-time pre-Kindergarten children. These additional children are served using Title I funding.[147]
- Public pre-Kindergarten programs in Newport News and Hampton have the capacity to serve between 50-77 percent of incoming Kindergarten students.
  - Hampton: has the capacity to serve approximately 48 percent of its kindergarten class in preschool. For example, in 2013 there were 721 children in Hampton's preschool programs and the following year 1,494 children entered kindergarten.
  - Newport News: has the capacity to serve approximately 77 percent of its kindergarten class in preschool. For example, in 2013 there were 1,890 children in Newport News' preschool programs and the following year 2,464 children entered kindergarten.

Data Charts and Tables - Preschool

Figure 32 - *Number*: Children enrolled in the public preschool programs

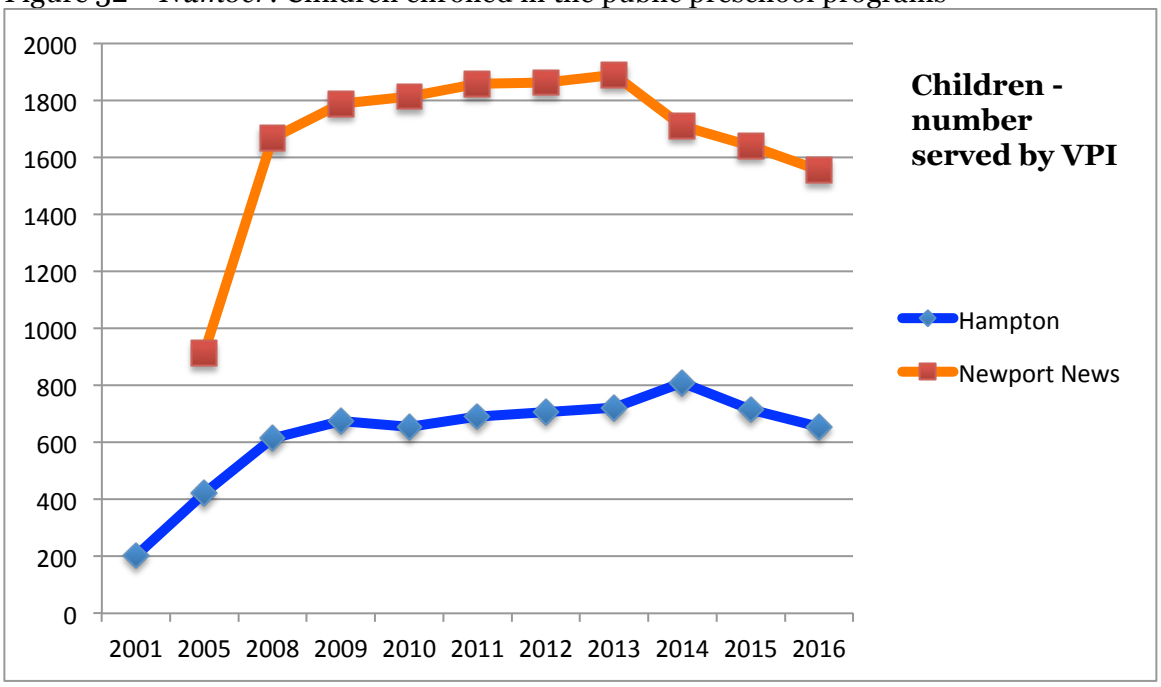


Table 61 – *Number*: Children enrolled in the public preschool programs

	2001	2005	2008	2009	2010	2011	2012	2013	2014	2015	2016
Hampton	203	421	614	674	654	691	707	721	810	715	655
Newport News	N/A	912	1,668	1,790	1,813	1,858	1,864	1,890	1,710	1,614	1,555

Source: Virginia Department of Education Fall Membership Report 2015 -2016 school year

Comparing Academic Performance
Hampton VPI Program "Graduates" to Non-VPI Participant Children
Using PALS and SOL Measures

Hampton Trends

Hampton City Schools conducted a comparison study analyzing third grade and fourth grade outcomes for VPI program "graduates" to non-VPI participants. Two VIP cohorts were studied:

(1) Students completing the fourth grade in the 2013-2014 school year; they attended preschool in the Hampton VPI program in the 2008-2009 school year and entered kindergarten September 2009. From the original Hampton VPI class in 2008-2009, 61.9 percent were still enrolled in Hampton City Schools in the fourth grade.

(2) Students completing the third grade in the 2013-2014 school year; they attended preschool in the Hampton VPI program in the 2009-2010 school year and entered kindergarten September 2010. From the original Hampton VPI class in 2009-2010, 69 percent were still enrolled in Hampton City Schools in the third grade.

VPI Impact: When comparing Table and third and fourth grade academic performance outcome measures between VPI participant cohorts and the general population, it is clear that these students do significantly better, across the board, than the general population. This is significant considering that VPI targets at-risk children. VPI children more likely to be economically disadvantaged and face extraordinary challenges to academic and social success due to issues affecting nutrition, access to health care and well-child care, life/family structures, simple routines and structure, exposure to words/vocabulary, and intentional instruction. The following evidence supports the value of quality, early preschool experiences in terms of starting kindergarten ready to learn and continuing to perform at a higher level than the general population through third and fourth grade.

Data Charts and Tables – VPI Hampton Analysis

VIP enrollment: VPI original class cohort and number still enrolled

VPI Status in 13-14 file	Original cohort #	Children enrolled 2013-2014	Original cohort #	% Still Enrolled
VPI Class of 2008-09	766	455	766	59.40%
VPI Class 2009-2010	655	429	655	65.50%

The anecdotal evidence would suggest that the drop in numbers are related to military transfers, families migrating back and forth between Newport News and Hampton, and retention. Since children have unique identifying identification numbers it would be interesting for SBVP to research the outcomes for these two cohort classes working with Newport News and Hampton.

Third and fourth grade class composition: VPI versus non-VPI completers

Grade Level 13-14 SY	Third Grade	Fourth Grade	Grand Total
VP0809	49	400	449
VP0910	391	1	392
Not in HCS VPIO Program	1104	1083	2187
Grand Total	1544	1484	3028

Note: From looking at grade level data from the year before, the 49 children not currently in fourth grade with their VPI peers, but still enrolled in Hampton public schools, could be a combination of children not socially or emotionally ready for kindergarten and held back from kindergarten or retained between kindergarten and third grade. Student data level not available therefore these 49 children are not considered in reviewing the performance of the larger group.

Racial demographics: VPI cohorts while in VPI program compared to current class

Racial Group	VPI Class of 2008-09	VPI Class of 2009-10	3rd/4th No VIP Tag	All 3rd & 4TH Students
2 or more	6.01%	3.57%	7.00%	6.41%
Black	66.15%	69.64%	57.29%	60.20%
White	22.72%	23.21%	31.18%	28.90%
Other	5.13%	3,58	4.53%	4.50%
Grand Total	100.00%	100.00%	100.00%	100.00%

Findings: VPI students are more often students of color, slightly more black.

Economic demographics: VPI cohorts compared to current class

Disadvantaged	VPI Class of 2008-09	VPI Class of 2009-10	Not VPI	Grand Total
No	33.41%	28.06%	38.68%	36.53%
Yes	66.59%	71.94%	61.32%	63.47%
Grand Total	100.00%	100.00%	100.00%	100.00%

The VPI program serves at-risk four year olds. Eligibility criteria for students are based on locally determined risk factors including, but not limited to, limited English proficiency, family unemployment, homelessness, poverty, parent incarceration, and parent with limited education.

Findings: Based on the at-risk eligibility requirement for VPI enrollment it would be reasonable that a significant number of children would be economically disadvantaged. As the figures in the table demonstrate, more children in the VPI cohort are economically disadvantaged than the general population of students. Future review of this data might include comparing the economic disparity of the students while enrolled in the VPI program, as not all VPI-enrolled children are at-risk due to income but for other reasons.

Note: The Virginia Department of Education defines a child as economically disadvantaged if the student is eligible for Free/Reduced Meals, receives TANF, or is eligible for Medicaid.

Reading SOL results: VPI cohorts compared to current class

SOL Reading Results (13-14)	VPI Class of 2008-09	VPI Class of 2009-10	Not VPI	Grand Total
Advanced	10.61%	10.26%	9.48%	9.75%
Below Basic	6.09%	8.46%	10.22%	9.38%
Fail	13.32%	11.03%	14.33%	13.75%
Fail Basic	12.42%	15.38%	18.72%	17.34%
Pass	57.56%	54.87%	47.25%	49.78%
Total Pass Percent	68.17%	65.13%	56.72%	59.53%
Grand Total	100.00%	100.00%	100.00%	100.00%

Findings: VPI children have a significantly higher pass rate than the students who did not participate in the VPI program. Note: there were no significant differences in the reading test between these two years**.**

Fall PALS Results (3rd grade): VPI cohorts compared to current class

Fall PALS Results (3rd grade)	VPI Class of 2009-10	Not VPI	Grand Total
Meeting Benchmarks	86.05%	80.58%	81.12%
Need Intervention	13.95%	19.42%	18.88%
Grand Total	100.00%	100.00%	100.00%

Findings: VPI program "graduates" out-perform non-VPI students in the - six percent difference in passing rates for the Fall PALS benchmark test (3rd grade).

Spring PALS Results (3rd grade): VPI cohorts compared to current class

Spring PALS Results (3rd grade)	VPI Class of 2009-10	Not VPI	Grand Total
Meeting Benchmarks	41.27%	31.80%	31.70%
Need Intervention	58.73%	68.20%	68.30%
Grand Total	100.00%	100.00%	100.00%

The Spring PALS are only given to those students who were identified as needing intervention through the Fall PALS assessment.

Findings: While more than 50 percent continue to be identified as needing intervention in the Spring, fewer VPI program "graduates" (59 percent) continued to need intervention, as compared to 68 percent of the students never enrolled in VPI.

Third grade Math SOL results: VPI cohorts compared to current class

3rd Grade SOL Math (2013-14)	VPI Class of 2009-10	Not VPI	Grand Total
Advanced	9.79%	8.64%	8.80%
Below Basic	6.44%	7.89%	7.94%
Fail	8.25%	12.44%	11.38%
Fail Basic	17.53%	19.22%	18.99%
Pass	57.99%	51.81%	52.88%
Total Pass Percent	67.78%	60.45%	61.68%
Grand Total	100.00%	100.00%	100.00%

Findings: VPI program "graduates" out-perform non-VPI students - seven percent difference in passing rates for the 3rd Grade SOL Math.

Fourth grade Math SOL results: VPI cohorts compared to current class

4th grade Math SOL (2013-14)	VPI Class of 2008-09	Not VPI	Grand Total
Advanced	19.55%	18.72%	18.93%
Below Basic	1.00%	2.92%	2.39%
Fail	5.76%	8.84%	8.00%
Fail Basic	5.26%	11.01%	9.43%
Pass	68.42%	58.51%	61.24%
Total Pass Percent	87.97%	77.23%	80.18%
Grand Total	100.00%	100.00%	100.00%

Findings: VPI program "graduates" out-performing non-VPI students - ten percent difference in passing rates for the 4th Grade SOL Math.

Special Education services: VPI cohorts compared to current class

Special Education Status	VPI Class of 2008-09	VPI Class of 2009-10	Not VPI	Grand Total
General Education	85.08%	89.03%	79.93%	81.87%
Special Education Services	14.92%	10.97%	21.07%	18.13%
Grand Total	100.00%	100.00%	100.00%	100.00%
Special Education Services Breakdown				
504	3.12%	2.55%	3.02%	2.97%
Autism	0.67%	0.51%	1.83%	1.49%
Deaf-blindness	0.00%	0.00%	0.05%	0.03%
Developmental Delay	0.00%	0.00%	0.05%	0.03%
Emotional Disability	0.45%	0.26%	0.87%	0.73%
Hearing Impaired	0.00%	0.00%	0.14%	0.10%
Intellectual Disability	0.67%	0.00%	1.42%	1.12%
Multiple Disability	0.00%	0.00%	0.41%	0.30%
Other Health Impaired	2.67%	0.77%	3.11%	2.74%
Orthopedic Impairment	0.00%	0.26%	0.05%	0.07%
Specific Learning Disability	4.23%	3.32%	5.94%	5.35%
Speech Language Impairment	3.12%	3.32%	3.11%	3.14%
Visual Impairment	0.00%	0.00%	0.09%	0.07%

Children in the VPI program are by definition at greater risk of needing special education services. **Findings:** By third or fourth grade, only 10-15 percent of VPI children required these services as compared to almost 20 percent of those children who did not participate in the VPI program. Children in VPI are not only influenced by the academic supports but by receiving needed services early, more intensive intervention services may be avoided.

Notes: A child who has a disability identified under the law and is attending an elementary or secondary educational institution must receive the educational supports that will ensure their academic success and access to the learning environment. The 504 Plan is a plan developed to ensure that a child who has a disability receives accommodations that assures they receive equal access to public education and services. A child who requires specialized instruction and related services must have an Individualized Educational Plan (IEP) that describes accommodations and supports and documents measureable academic growth and performance.

More in-depth VPI cohort review

Black male children from economically disadvantaged environments

Because black males, especially those from disadvantaged environments, are at greater risk of school failure and more likely to require remedial or one-on-one instruction and/or special education services, this cohort was reviewed to determine, what if any impact VPI may have on that population. The differences are significant! Twenty-five percent of black males not participating in VPI programs required special education services as compared to approximately 15 percent of black males enrolled in VPI. In fact, when comparing VPI general population numbers with VPI black males fared better, evidence that providing children with quality preschool experiences not only prepares children for school but also has lasting results. The answer to why may be that the quality preschool experience better prepares them, it may be that the social and emotional support received provides an otherwise unmet need, it may be their parents are more engaged or care more about education and therefore enroll their child in VPI.

Black Males Education Services	VPI Class of 2008-09	VPI Class of 2009-10	Not VPI
General Education	84.62%	85.25%	74.58%
Special Education Services	15.38%	14.75%	25.42%
Grand Total	100.00%	100.00%	100.00%
Special Education Services Breakdown (Notes)			
504	3.21%	0.82%	3.06%
Autism	0.00%	0.82%	2.60%
Emotional Disability	0.00%	0.82%	1.07%
Intellectual Disability	1.28%	0.00%	2.45%
Multiple Disability	0.00%	0.00%	0.61%
Other Health Impaired	3.21%	0.82%	4.44%
Orthopedic Impairment	0.00%	0.82%	0.00%
Specific Learning Disability	5.13%	4.92%	7.04%
Speech Language Impairment	2.56%	5.74%	3.98%
Visual Impairment	0.00%	0.00%	0.15%

Findings: Twenty-five percent of black males not participating in VPI programs required special education services as compared to approximately 15 percent of black males enrolled in VPI.

Notes: A child who has a disability identified under the law and is attending an elementary or secondary educational institution must receive the educational supports that will ensure their academic success and access to the learning environment. The 504 Plan is a plan developed to ensure that a child who has a disability receives accommodations that assures they receive equal access to public education and services. A child who requires specialized instruction and related services must have an Individualized Educational Plan (IEP) that describes accommodations and supports and documents measureable academic growth and performance.

Quality Private 4-year-old Preschool

Definition: Children enrolled in private child care or preschool programs that have received National Association for the Education of Young Children (NAEYC) or the Virginia Star Quality Initiative (VSQI) Star Ratings accreditation.

> *What we want is to see the child in pursuit of knowledge, and not knowledge in pursuit of the child.*
>
> George Bernard Shaw

Significance

Readiness for school influences performance throughout the academic experience and success in the workplace during adulthood. Numerous studies have shown that enriching, high quality educational and childcare programs demonstrate tremendous influence on children's intellectual, cognitive, physical, emotional and social development.[148]

Data across many studies demonstrate that children who participate in quality early childhood programs and preschool do better in school, and the results are strongest for children from the least advantaged backgrounds.[149] Attending high quality preschool may significantly contribute to the healthy development of young children, especially those who are in low-income families. In Virginia 64-68 percent of low-income 3- and 4-year-olds were not attending a preschool program, compared with 45 percent of their more affluent counterparts. Fewer children repeat a grade if they attended a quality early childcare and or preschool program compared to their peers who did not experience a school readiness program.[150]

Hampton and Newport News Quality Private Preschool Trend

- There is no trend information available related to the number of four-year-old children participating in quality preschool programs.
- On November 18-19, 2014 centers were contacted and asked how many children they serve in their 4-year preschool programs. Out of 38 providers that were contacted, 34 responded and reported they serve 495 preschoolers.

Kindergarteners Enter School Prepared for Reading
PALS-K Scores Above Readiness Levels

Definition: The PALS-K (Phonological Awareness Literacy Screening for Kindergarten) assessment is a screening tool used to identify students who are below Kindergarten-level expectations in important literacy fundamentals: phonological awareness, alphabet recognition, concept of word, knowledge of letter sounds and spelling.[151] It is an assessment of literacy readiness and is not intended to be a comprehensive measure of school readiness; the intent is to identify students' risk of reading difficulties and delays based on performance below grade-level expectations in several important literacy fundamentals.[152]

> *The success of our schools defines the quality of life for citizens of Virginia and its economic competitiveness. But our schools can do their job only if students arrive there equipped for success.*
>
> Paul Koonce, CEO
> Dominion Virginia Power

Hampton and Newport News PALS Trends

- While the actual number of children entering school without literacy fundamentals has changed very little, the percentage change has been significant; the percent of children entering Kindergarten ready for learning has increased.
- Newport News' Kindergarten readiness rate has consistently surpassed the State.
- In 2003 the percentage of Hampton children starting school with poor literacy fundamentals was much higher than Newport News and Virginia; by 2009, Hampton and Newport News passing scores were on par with one an0ther and continue to be much better than Virginia.
- In 2014, 93 percent of local kindergartners met PALS benchmarks.
  - 1,494 Hampton children entered Kindergarten; 110 entered unprepared in literacy fundamentals.
  - 2,464 Newport News children entered Kindergarten; 182 entered unprepared in literacy fundamentals.
- Since 2005, more Hampton and Newport News kindergarten children entered kindergarten at a higher level of readiness than the Commonwealth. This corresponds to Hampton and Newport News scaling up the number of children served in the Virginia Preschool Initiative Program.
- Seven- to eight- percent of children entering kindergarten do not meet the Commonwealth's standard level of readiness. Prior to Hampton and Newport News scaling up their respective four-year preschool programs, between 15 and 20 percent of kindergarteners entered school unable to pass the PALS assessment.

Data Charts and Tables – Kindergarten readiness

Figure 33 – *Percent*: Kindergarteners with PALS-K Scores Below Kindergarten Readiness Levels

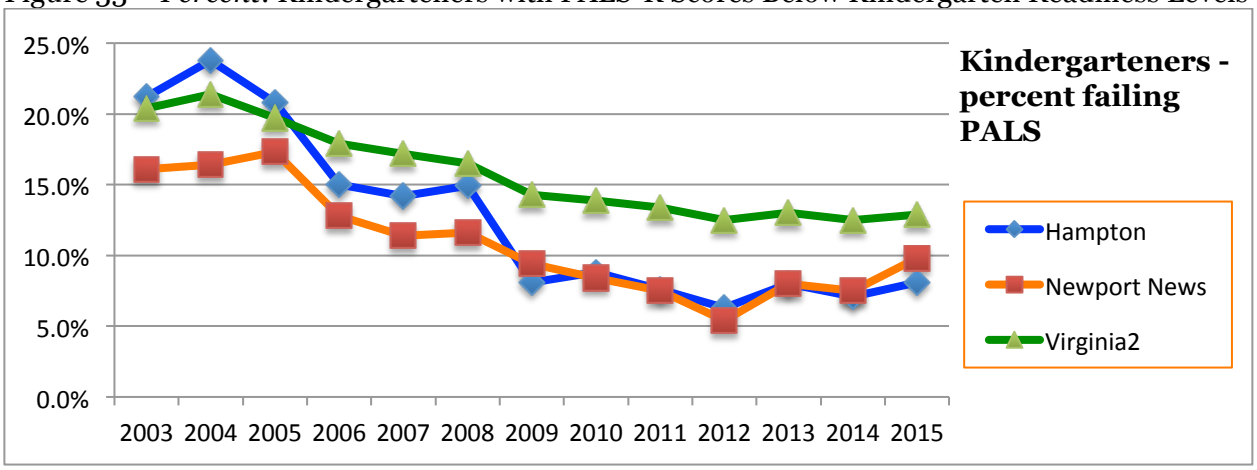


Table 62– *Percent (2003-2009* rounded*):* Children with PALS-K scores below Kindergarten Readiness

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Hampton	21%	24%	21%	15%	14%	15%	8%	8.8%	7.6%	6.3%	8%	7.1%	8.1%
Newport News	16%	16%	17%	13%	11%	12%	9%	8.4%	7.5%	5.4%	8%	7.5%	9.8%
Virginia	20%	21%	19%	18%	17%	17%	14%	13.9%	13.4%	12.5%	13%	12.5%	12.9%

Table 63 – *Number:* Children with PALS-K scores below Kindergarten Readiness

	2010	2011	2012	2013	2014	2015
Hampton	128	110	97	127	110	122
Newport News	193	176	130	200	182	226

Source: Source: Annie E. Casey Foundation, Kids Data Count, Updated June 2015 - Virginia Department of Education http://pals.virginia.edu/index.html, last updated January 2014 for the 2014-15 school year..

Kindergarteners Needing Literacy Intervention

Definition: Children identified for screening based on not meeting PALS-K benchmarks during the Kindergarten school year.

Significance

In Virginia, less than 1 percent of children who finish Kindergarten and meet PALS-K screening benchmarks are retained, compared to 28 percent of children who do not meet PALS-K benchmarks.[153]

Hampton and Newport News Kindergarten Literacy Trends

- The average number of Hampton and Newport News Kindergarten students needing assistance with literacy intervention has averaged approximately eight percent, which represents more than 300 children.
  - Hampton: In 2013, eight percent of children entering kindergarten needed literacy assistance and almost nine percent needed assistance in the spring.
  - Newport News: In 2013, eight percent of children entering kindergarten needed literacy assistance and almost seven percent needed assistance in the spring.

Data Charts and Tables – Kindergarten literacy

Table 64 - Kindergarteners needing literacy intervention

	Fall 2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013
Hampton	8%	8%	6%	8%	8%	8.7%
Newport News	8%	8%	5%	8%	8%	6.8%
Virginia	13%	10%	12%	8%	NA	NA

Table 65 – Kindergarten enrollment

	2008	2009	2010	2011	2012	2013	2014	2015
Hampton	1,657	1,488	1,483	1,479	1,560	1,622	1,494	1,507
Newport News	2,343	2,317	2,325	2,357	2,378	2,528	2,464	2,340

Source: Virginia Biennial School Readiness Report Card 2013. Smart Beginnings www.smartbeginnings.org

Third Grade Success
Kindergarten – Third Grade Retention

Definition: K-3 repeaters data represents the number and percentage of students (in a kindergarten class cohort) who repeated at least one grade between the time they enrolled in Kindergarten and the time they reached third grade. Kindergarten-3 retention is defined as the children who repeated at least one grade between the time they enrolled in Kindergarten and the time they reached third grade.

Significance

> *The more you read the more things you know. The more that you learn the more places that you will go.*
>
> Dr. Seuss

Retentions (repeating a grade) in grades K-3 are costly. In Virginia, the average per-pupil expenditure for operations in 2011/12 school year was $10,969. Using these numbers the state spent more than $80 million to support children who were in kindergarten in 2006/07 and were retained by third grade for their extra year of school.[154] Though researchers debate the impact of retention for students, in general it is believed that retention during kindergarten or 1st grade usually fails to improve academic outcomes and, contrary to popular belief, it is often associated with limited benefit to the student and potentially negative consequences in the long run.[155]

Hampton and Newport News K-3 Retention Trends

- PALS test scores demonstrate that more children are entering school ready to learn.
- A report on K-3rd grade retention, defined as the percent of students held back one year in grades K-3, shows that over the last decade Hampton, Newport News, and Virginia retention rates have been declining[156].
  - Hampton: Between 2003 and 2008, there was a significant drop in the retention rate, it rate fell from 5.03 percent to 3.08 percent. In 2015, Hampton had the lowest retention numbers in over a decade, 2.64 percent of students were held back one year between kindergarten and third grade.
  - Newport News: Between 2003 and 2008, there was a slight decrease in the retention rate, it fell from 3.6 percent to 3.37 percent. In 2015, Newport News had the lowest retention numbers in over a decade, 1.23 percent of students were held back one year between kindergarten and third grade.
  - Virginia: Data was not available for the state's retention rate between 2003 and 2008. The retention rate in 2008 was 2.23 percent. In 2015, Virginia had the lowest retention numbers in the eight years of reported data, 1.68 percent of students were held back one year between kindergarten and third grade.
- Though the information is not readily available to the public, the Virginia Department of Education's Educational Management End-of-Year Student Records shows that in any given

year less than four percent of K-3 students are retained. Among K-3 grades, kindergarten and first grade classes have the highest percentage of students retained.

- What is not known is how many of these children have been held back due to lack of social-emotional readiness, versus being unprepared academically. Research and anecdotal evidence shows that parents are holding children back from kindergarten – aka "redshirting".

Data Charts and Tables – K-3 Grade Repeaters

Figure 34 - *Percent*: Students retained in grades K-3
(Defined as the percent of students held back one year in grades K-3)

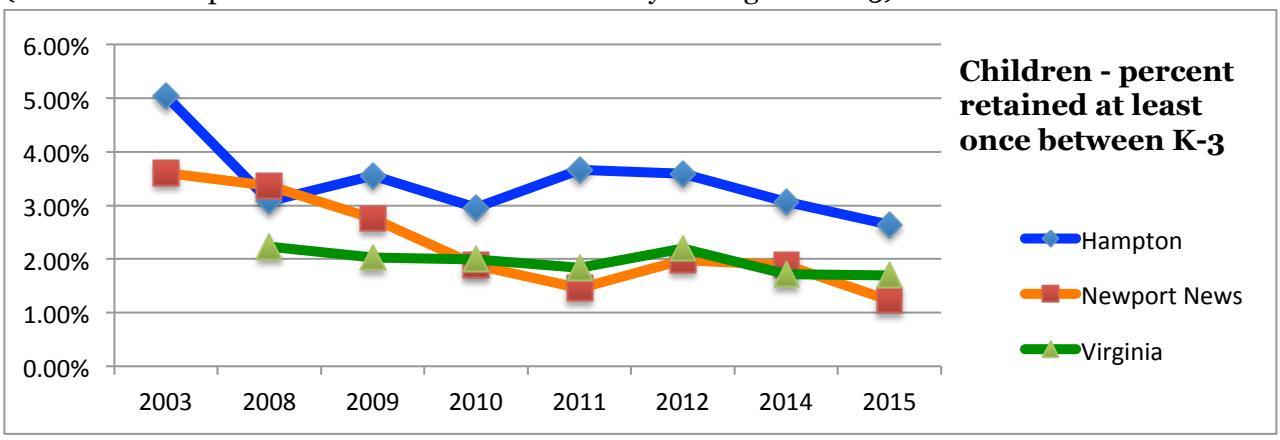


Table 66 – *Number and percent:* K-3rd Grade Repeaters
(Defined as the percent of students held back one year in grades K-3)

	2003	2008	2009	2010	2011	2012	2013	2014	2015
Hampton	5.0%	3.0%	3.6%	3.0%	3.7%	3.6%	NA	3.1%	2.6%
Newport News	3.6%	3.4%	2.8%	1.9%	1.5%	2.0%	NA	1.9%	1.2%
Virginia	NA	2.2%	2.0%	2.0%	1.8%	2.2%	NA	1.7%	1.7%

Source: Source: Annie E. Casey Foundation, Kids Data Count, Updated January 2015 - Virginia Department of Education

Third Grade Virginia Standards of Learning (SOL) Assessments

Definition: Virginia students take the Standards of Learning (SOL) assessments for the first time in third grade; the SOL provides a universal assessment for all children. SOL assessments in English reading, mathematics, science and history/social science are made up of 35-50 items or questions that measure content knowledge, scientific and mathematical processes, reasoning and critical thinking skills. English writing skills are measured with a two-part assessment that includes multiple-choice items and an essay.

> *A teacher is a compass that activates the magnets of curiosity, knowledge and wisdom in the pupils.*
>
> Ever Garrison

Student performance is graded on a scale of 0-600 with 400 representing the minimum level of acceptable proficiency and 500 representing advanced proficiency. On English reading and mathematics tests, the Board of Education has defined three levels of student achievement: basic, proficient, and advanced, with basic describing progress towards proficiency. In 2015 the State Board of Education passed new regulations; elementary and middle school students failing the SOL assessments by narrow margins have the opportunity to retake the tests.

Significance

Virginia SOL Assessments provide an objective method of measuring student academic achievement.

Notes

There are a number of factors that limit comparability of SOL scores across years[157]:

- The SOL assessment questions, standards, and pass/fail cut-off scores have been adjusted.
- Beginning in 2006-07, many disabled students were no longer allowed read-aloud assistance or assessments (eligibility for this service dropped from 8,500 to 2,500).
- In 2006-07, test administration conditions changed for students who were English language learners.

Due to the inherent problems with comparing SOL score from year-to-year, the raw data on pass rates is provided but specific trends are not addressed.

Hampton and Newport News Third Grade SOL Performance Trends

- Universally third grade students perform better on the science and history/social science SOLs than on the reading and math SOL.
- When comparing overall pass rates between Hampton and Newport News, Hampton slightly higher percentages of students passing the tests, however, both communities consistently have lower pass rates than Virginia as a whole.[158]
    - Reading SOL: Between 2014 and 2015, Hampton, Newport News and Virginia experienced a 6 percent increase in pass rates on this SOL.
        - Hampton's pass rate increased from 61 to 67 percent,

  - Newport News' pass rate increased from 58 to 64 percent, and
  - Virginia's pass rate increased from 69 to 75 percent.
- Math SOL: Between 2014 and 2015, Hampton, Newport News and Virginia experienced a 5 to 7 percent increase in pass rates on this SOL.
  - Hampton's pass rate increased from 64 to 69 percent,
  - Newport News' pass rate increased from 60 to 66 percent, and
  - Virginia's pass rate increased from 67 to 74 percent.
- Science SOL: There was no reported data on this SOL for 2015. In 2014, Hampton's pass rate was 79 percent, Newport News' pass rate was 69 percent, and Virginia's pass rate was 83 percent
- History & Social Science SOL: There was no reported data on this SOL for 2015. In 2014,Hampton's pass rate was 85 percent, Newport News's pass rate was 76 percent, and Virginia's pass rate was 86 percent

Data Charts and Tables – SOL Performance

Table 67 - Passage Rate For Third Grade Standards Of Learning (SOL) By Subject

	Subject	2008-2009	2009-2010	2010 - 2011	2011-2012	2012-2013	2013-2014	2014-2015
Hampton	Reading (R)	79%	72%	72%	79%	67%	61%	67%
	Math (M)	84%	87%	86%	51%	65%	64%	69%
	Science (S)	87%	83%	85%	81%	79%	79%	NA
	History & Soc. Science (H)	91%	89%	82%	84%	83%	85%	NA
Newport News	Reading (R)	85%	75%	73%	81%	64%	58%	64%
	Math (M)	85%	90%	87%	49%	51%	60%	66%
	Science (S)	84%	87%	81%	82%	73%	69%	NA
	History & Soc. Science (H)	91%	91%	78%	76%	78%	76%	NA
Virginia	Reading (R)	86%	83%	83%	86%	72%	69%	75%
	Math (M)	89%	92%	92%	64%	64%	67%	74%
	Science (S)	89%	91%	91%	90%	83%	83%	NA
	History & Soc. Science (H)	93%	93%	93%	87%	82%	86%	NA

Source: Source: Annie E. Casey Foundation, Kids Data Count, Updated December 2015, source Virginia Department of Education

Notes: Due to the inherent problems with comparing SOL score from year-to-year, only the raw data on pass rates is provided. Standards of Learning (SOL) assessments periodically change and when they do, the following year or so scores drop. When looking at the most recent years it should be noted that (1) Reading SOL test changed in the 2012-2013 school year and (2) Math SOL test changed in the 2011-2012 school year.

Third grade English-reading SOL has been used as an indicator of school success and therefore is covered in more detail in the next section.

Third Grade Reading SOL

Definition:

Virginia has access to third grade students' reading outcomes based on the Virginia Standards of Learning (SOL) assessments.

Significance:

Third grade is a pivotal year for children; it is a strong predictor for school success and graduation. By the end of third grade, children are expected to read independently, and importantly, to read to learn. Between kindergarten and third grade, students must learn the basic skills that will enable them to reach higher levels of learning as they progress through their education. During the early years children are *learning to read*. "Emphasis in third grade English is on learning about words, reading age-appropriate text with fluency and expression, learning comprehension strategies, and writing stories and reports."[159] By the end of third grade children are expected to read independently, and more importantly they are *reading to learn*. "From fourth grade on, reading skills are critical to learning other subjects. Achievement scores at the end of third grade are predictors of later school success"[160] Children reading below grade level when they leave 3rd grade are less likely to graduate from high school, and if they do graduate from high school they are less likely to enroll in college and postsecondary career training programs.[161]

> *Reading and math proficiency by the end of third grade can be a make-or-break benchmark in a child's educational development. Not being proficient can have long-term consequences of lowering earnings potential and productivity, both of which can limit a city's prosperity and dim its future.*
>
> Bonnie O'Keefe DC Kids Count Policy Brief 2012

National studies have found that students who do not achieve reading proficiency by the end of third grade are four times more likely to leave school without graduating than their reading proficient peers. Children from economically disadvantaged families and black or Hispanic children who do not achieve reading proficiency by the end of third grade are six- and eight-times more likely, respectively, to leave school without a diploma.[162]

Longitudinal data on 59,718 Virginia students who took both the 3rd Grade and 5th Grade SOL reading tests show that success on the first test is a strong predictor of success on the latter test. Of the students who pass the Grade 3 test, 95 percent subsequently pass the Grade 5 reading assessment. Although remediation enables a substantial percentage of students who fail the 3rd Grade reading SOL test to succeed by grade five, 44 percent of the students who failed in grade three also fail in grade five.

Notes

In 2012-2013 school year, the English/Reading tests were revised to reflect the more rigorous standards being implemented system-wide to increase college and career readiness. In addition, pass/fail cut-off scores were adjusted: Earlier tests allowed 23 of 35 items correct (pass) and 31 of 35 items correct (advanced passes). The revised cut-off scores now in effect are 25 of 40 items correct

(pass) and 35 of 40 items correct (advanced pass). These changes limit comparability of SOL scores across years[163]:

Hampton and Newport News 3rd Grade Reading SOL Trends

- In 2010 the Virginia's Board of Education increased the minimum standard expectation of students; the first testing achievement of these new standards began in 2012/13.
  - Hampton: The pass rates in the first two years of the new Reading SOL, Hampton's pass rate dropped from 79 percent in 2012 to 67 percent in 2013 and 61 percent in 2014. In 2015 Hampton had a 6 percent increase in pass rates, 67 percent of students passed the Reading SOL.
  - Newport News: The pass rates in the first two years of the new Reading SOL, Newport News' pass rate dropped from 81 percent in 2012 to 64 percent in 2013 and 58 percent in 2014. In 2015 Newport News had a 6 percent increase in pass rates, 64 percent of students passed the Reading SOL.
  - Virginia: The pass rates in the first two years of the new Reading SOL, Virginia's pass rate dropped from 86 percent in 2012 to 72 percent in 2013 and 69 percent in 2014. In 2015 Virginia had a 6 percent increase in pass rates, 75 percent of students passed the Reading SOL.

Data Charts and Tables – Third grade reading SOL

Table 68 – Third grade reading SOL

	Subject	2002-2003	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Hampton	Reading (R)	70%	79%	72%	72%	79%	67%	61%	67%
Newport News	Reading (R)	62%	85%	75%	73%	81%	64%	58%	64%
Virginia	Reading (R)	NA	86%	83%	83%	86%	72%	69%	75%

Source: Annie E. Casey Foundation, Kids Data Count, Updated December 2015 – referenced source from Virginia Department of Education

Hampton and Newport News Third Grade Achievement Gap Trends

Historically a significant achievement gap exists between ethnic and economic subgroups. Across all tests, scores differ significantly between children identified as economically disadvantaged and those identified as not-economically disadvantaged. This disparity has not improved over the years.

- Hampton: In 2008 there was a 14-point difference in the pass rate, in 2013 there was an 18-point difference in the pass rate between economically disadvantaged children and not-economically disadvantaged children.
- Newport News: In 2008 there was a 12-point difference in the pass rate, in 2013 there was a 32-point difference in the pass rate between economically disadvantaged children and not-economically disadvantaged children.
- Virginia: In 2008 there was a 12-point difference in the pass rate, in 2013 there was a 27- point difference in the pass rate between economically disadvantaged children and not-economically disadvantaged children.

Note: The term "economically disadvantaged" refers to students who meet the requirements set by the U.S. Department of Education and identified as living in poverty. The Virginia Department of Education defines a child as economically disadvantaged if the student is eligible for Free/Reduced Meals, receives TANF, or is eligible for Medicaid.

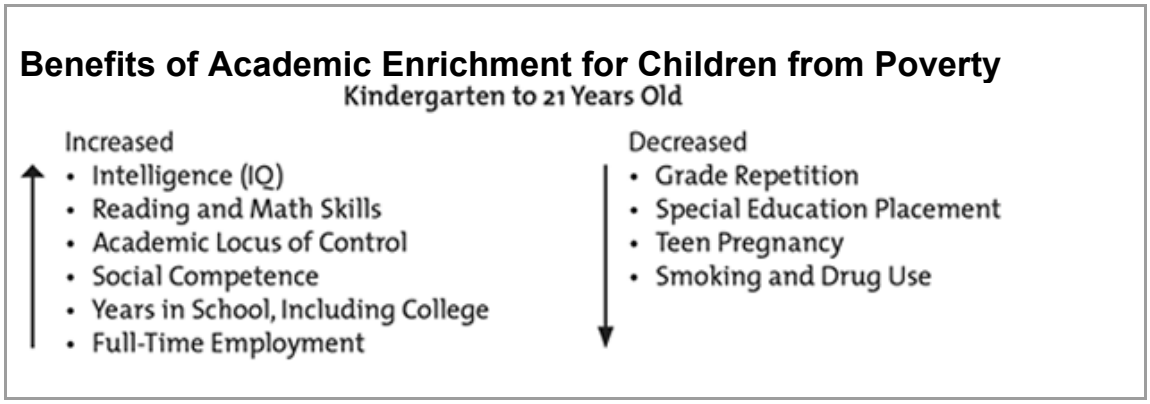
"Zoning-in" on Disparity of Scores

Poverty does not cause a lack of achievement, however the associated issues could explain the continuing achievement gap observed when comparing academic performance for children living in poverty with children not identified as disadvantaged. Research and anecdotal evidence shows that the effects of poverty take a toll on all members of the family, but the youngest may be the most affected. Prenatal care, birth weight, nutrition, access to health care and well-child care, life/family structures, simple routines and structure, exposure to words/vocabulary, and intentional instruction affect child development and school readiness.

Children raised in poverty do not choose to perform or behave differently, but every day they face challenges that other children never have to confront. Children face extraordinary challenges to academic and social success when they live in a world with the following factors[164]:

- Emotional and social challenges (lack of parental engagement, poor parenting),
- Acute and chronic stressors (insufficient food, inadequate housing, lack of money to meet basic needs),
- Cognitive lags (lack access to books, words and language, limited stimulating activities), and

- Health and safety issues (no or limited health care, unsafe housing and neighborhoods).



- *Source:* Adapted from "The Development of Cognitive and Academic Abilities: Growth Curves from an Early Childhood Educational Experiment," by F. A. Campbell, E. P. Pungello, S. Miller-Johnson, M. Burchinal, and C. T. Ramey, 2001, *Developmental Psychology, 37*(2), pp. 231–242.

Comparing PALS Test Scores
Economically Disadvantaged to Not-disadvantaged Children

Definition: PALS is the state-provided screening tool for Virginia's Early Intervention Reading Initiative (EIRI). The purpose of the EIRI is to reduce the number of children with reading problems through early diagnosis and immediate intervention. By screening K-3 students, school divisions identify struggling readers and receive incentive funds for intervention. All students not meeting the Entry Level benchmark for their grade level must receive intervention services *in addition to* their regular classroom instruction.

All students in kindergarten through second grade are tested in the fall and spring. In the third grade all students are tested in the fall, only those identified as needing intervention are retested in the spring of third grade.

Hampton provided a three year look at outcomes on PALS testing, broken down by grade and fail rate differences between economically disadvantaged children and not-economically disadvantaged children.

Hampton Trends

Across the board, the economically disadvantaged children persistently performed significantly worse than the non-economically disadvantaged children in the fall testing. The disparity is evident as early as kindergarten.

- In kindergarten children from economically disadvantaged homes were almost three times more likely to need intervention services, or remedial or one-on-one instruction.
- After kindergarten, disadvantaged children are almost twice as likely to need intervention.
- Hampton City Schools' Executive Director of Research, Planning and Evaluation states that the PALS assessments tell teachers, "I need help." The following Hampton results suggest that children who start behind stay behind. The children who start and stay behind are more than likely children who entered kindergarten with no previous preschool or quality early childhood experience and for the many reasons previously addressed (related to the impact of poverty on educational success) never catch up to their more affluent peers.

Table 69 - PALS Scores: failure rate by grade level, comparing disadvantaged to not disadvantaged

Grade	School Year 2012-13		School Year 2013-14		School Year 2014-15	
	Not Disadvantaged	Disadvantaged	Not Disadvantaged	Disadvantaged	Not Disadvantaged	Disadvantaged
Kindergarten	2.91%	10.29%	3.45%	8.81%	5.40%	8.85%
First	5.90%	10.08%	8.35%	13.42%	6.71%	14.10%
Second	13.83%	24.79%	11.94%	22.25%	12.27%	27.00%
Third	14.86%	28.66%	11.93%	22.81%	18.23%	25.11%
All Grades Total	9.47%	18.01%	8.79%	16.76%	10.56%	18.93%
Division Total	14.80%		13.84%		15.55%	

The above information provides three years of outcome data on PALS testing, broken down by grade and fail rate differences between economically disadvantaged children and not-economically disadvantaged children.

Additional Data – Disparity in SOL scores (Virginia Department of Education)

Table 70 and Figures 35, 36 and 37 - 3rd grade pass percentage for reading SOL, comparison of economically disadvantaged (ED) compared to not economically disadvantaged (NED)

	HPT–ED	HPT-NED	NN-ED	NN-NED	VA-ED	VA-NED
2008	73%	87%	80%	92%	79%	91%
2009	63%	83%	68%	85%	75%	89%
2010	64%	83%	66%	84%	74%	90%
2011	73%	88%	76%	91%	77%	91%
2012	63%	79%	55%	78%	61%	82%
2013	54%	72%	47%	78%	53%	80%

Figure 35 – *Percent:* 3rd grade pass percentage for reading SOL

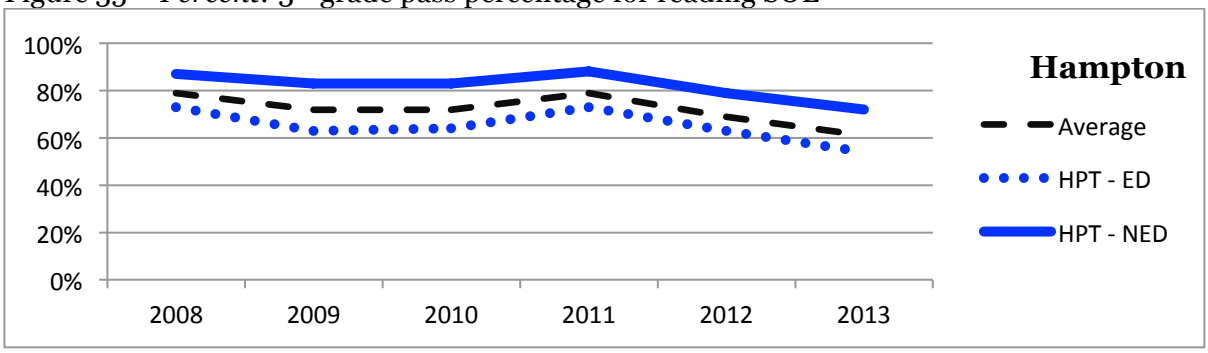


Figure 36 *Percent:* 3rd grade pass percentage for reading SOL

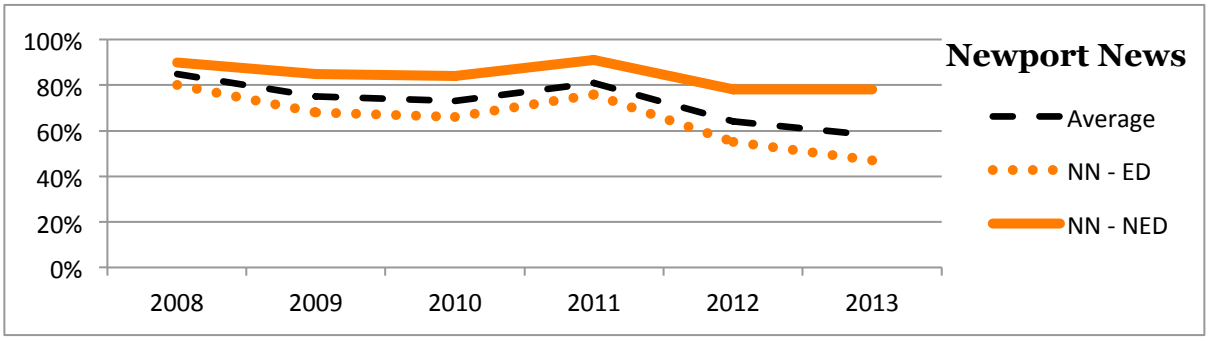
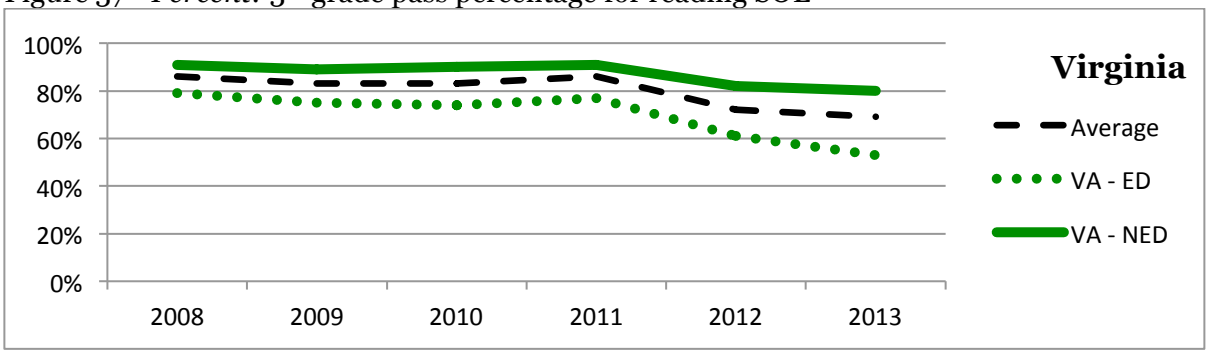


Figure 37 - *Percent:* 3rd grade pass percentage for reading SOL



Source: Virginia Department of Education

Poverty is defined as living below 100 percent of the FPL and *economically disadvantaged* is defined as living below 200 percent of the FPL.

Disparity in SOL scores *Comparison of surrounding communities*

Table 71 and Figures 38, 39, 40 and 41 - 3rd grade pass percentage for reading SOL, comparison of economically disadvantaged (ED) compared to not economically disadvantaged (NED)

	Ches ED	Ches NED	W-JCC ED	W-JCC NED	Va B ED	Va B NED	York ED	York NED
2008	84%	91%	88%	97%	81%	91%	80%	94%
2009	76%	88%	77%	92%	79%	90%	75%	93%
2010	80%	90%	71%	95%	79%	90%	79%	92%
2011	80%	91%	86%	95%	83%	91%	85%	95%
2012	62%	78%	58%	88%	68%	84%	73%	84%
2013	55%	77%	53%	86%	64%	83%	57%	80%

Figure 38 - *Percent:* 3rd grade pass percentage for reading SOL

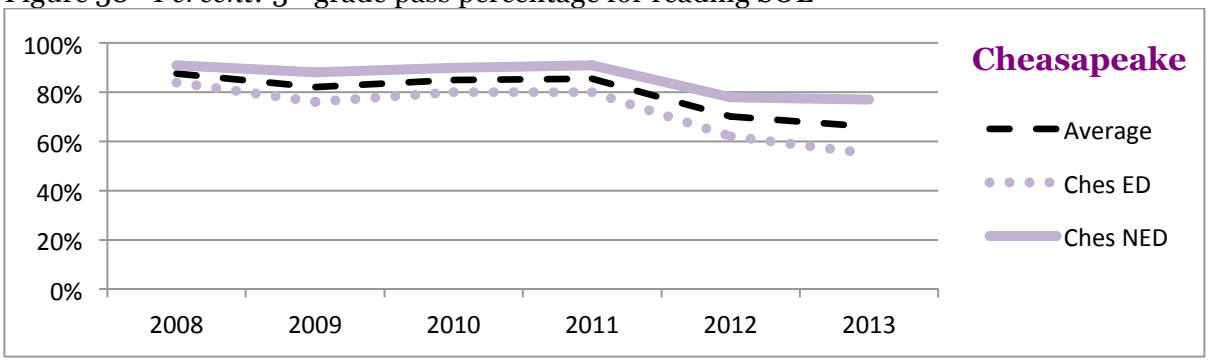
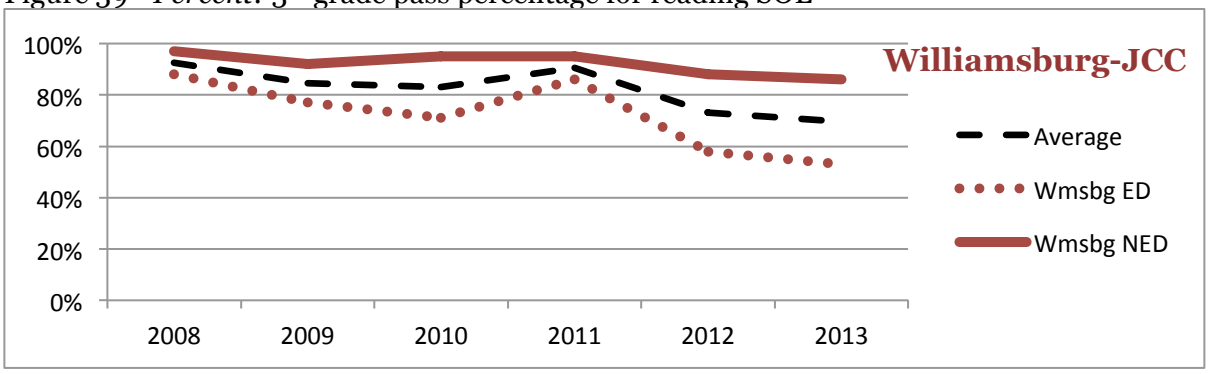


Figure 39 - *Percent:* 3rd grade pass percentage for reading SOL



Source: Virginia Department of Education

Poverty is defined as living below 100 percent of the FPL and *economically disadvantaged* is defined as living below 200 percent of the FPL.

Figure 40 - *Percent:* 3rd grade pass percentage for reading SOL

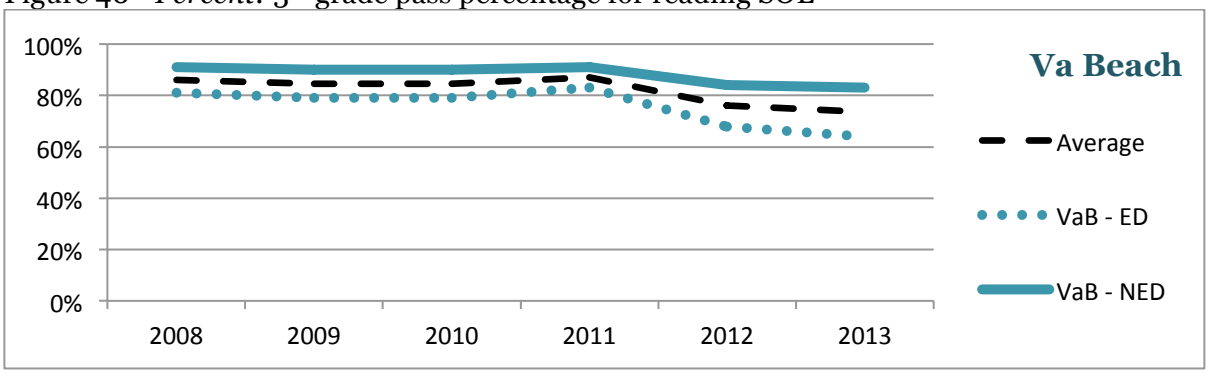
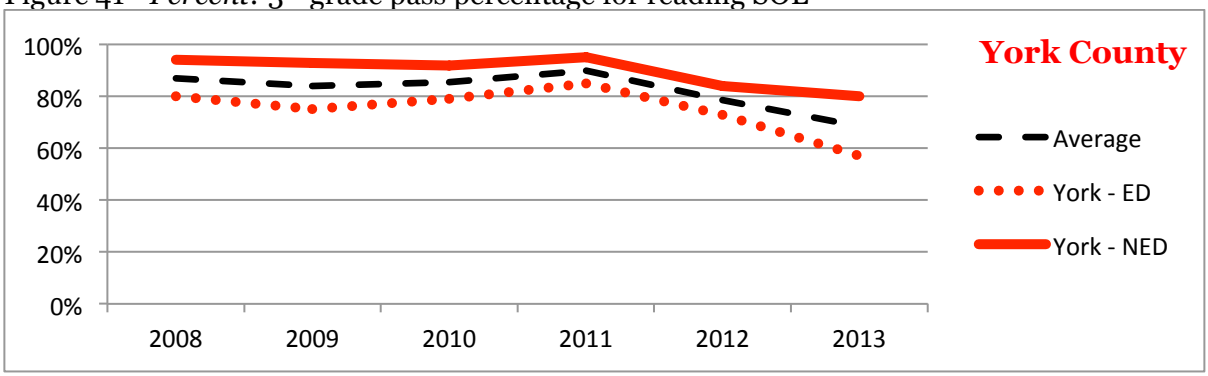


Figure 41 - *Percent:* 3rd grade pass percentage for reading SOL



Source: Virginia Department of Education

Poverty is defined as living below 100 percent of the FPL and *economically disadvantaged* is defined as living below 200 percent of the FPL.

Summary

If our American way of life fails a child, it fails us all.

Pearl S. Buck

Summary

"How Are the Children?"

Learning From our Data

Children are the future of our community—children, that is, who are ready for school and ready for life. Scientific research tells us that healthy early child development is a foundation for a prosperous and sustainable society. Our local data tells us that creating a strong foundation for our children is paramount to our success as a community.

The concerns that led Peninsula Community Foundation to undertake this data collection project—concerns about the increasing poverty in Newport News and Hampton and the accompanying risks to our children and families—were confirmed in our research. In spite of extensive efforts by local governmental and non-governmental organizations, positive gains occurring in specific indicators are not adding up to improved conditions for many children and families on the Peninsula.

From the question "How are the children of the Peninsula?" five critical issues arose from the indicators of childhood well-being. While all the indicators in this report point to important issues, we believe these five bear emphasizing. These critical issues, so intricately connected, work together to ensure that every child starts school prepared to succeed. They include things our community is doing well that we need to do more of, as well as key indicators that must be addressed if we hope to "move the needle" toward healthy and thriving children.

Critical Issue #1: Poverty

There is a strong link between poverty status at birth and future outcomes. An overwhelming body of evidence demonstrates that student performance is negatively affected by poverty. Children in poor families (with incomes below the federal poverty level) and those in low-income households (with incomes between 100 and 200 percent of the poverty level) are less likely to receive support for early learning at home and up to ten times less likely to attend quality early education programs.

- Almost one in three Hampton and Newport News children aged birth to four live in poverty.
- Economically disadvantaged students comprise over 60 percent of the public school student population in Hampton and Newport News. Today the majority of our school kids come from financially stressed homes.
- Students in all Hampton Roads school districts from disadvantaged homes score below those from affluent families.
- Hampton and Newport News have nine neighborhoods with over 30 percent poverty. These neighborhoods have a multitude of other social issues and have large numbers of school-age youth.

Critical Issue #2: Health

Giving every child a healthy start and creating a level playing field can produce substantial benefits for the child, family and community. Lack of access to health care is a specific component of Issue # 1: Poverty, and has an identified relationship to school success.

- Together, Hampton and Newport News have 31 census tracts that are officially designated as "Medically Underserved." Medically underserved areas are prone to having high numbers of:
    - infant mortality
    - developmental delays
    - low birth weights
    - low prenatal care
    - low childhood immunizations
    - low levels of health insurance
- Forty-seven percent of all births in Hampton and Newport News are to single mothers. Growing up in families with one parent significantly increases the chances of poverty and stress, which can lead to dropping out of school.

Critical Issue #3: Services for Families

Government programs like TANF, VIEW, WIC and SNAP are designed to support families in poverty to become self-sufficient. The families who participate in these programs are at greatest risk for not meeting their family's basic needs, and their children are the most vulnerable.

- In Hampton and Newport News, 51 percent of children live in homes that receive SNAP benefits ("food stamps") and 60 percent of school-age children rely on free and reduced lunch. Today the majority of our school kids come from financially stressed homes.
- In spite of increasing poverty levels, numbers of families participating in WIC services is decreasing, and the program is dramatically underutilized.
- For working parents, maintaining eligibility for federal programs can be difficult; with a slight change in income, a family can lose eligibility.
- Non-governmental programs throughout the community are fragmented and under-resourced.
- The combined efforts of all of these programs often move families in the right direction but seldom result in the goal of self-sufficiency.

Critical Issue #4: Early Childhood Education

School readiness provides a powerful framework for improving educational outcomes, especially for marginalized children. According to the January 2015 *Economics of Early Childhood Investments* report released by the office of the President, "expanding early learning initiatives would provide benefits to society of roughly $8.60 for every $1.00 spent, about half of which comes from increased earnings for children when they grow up."

- Seventy percent of Hampton and Newport News four-year-olds attend a preschool program, including Virginia Preschool Initiative, Head Start and private programs.

- Four-year-old public preschool students in Hampton and Newport News outperform their peers who did not attend preschool, as measured up through the fourth grade, and their incidence of special education placement is significantly diminished.
- Over time, as the number of four-year-olds attending public preschool has increased, performance on PALS, a literacy screening test, has improved.
- The number of private preschool programs has diminished as public programs within the schools have expanded.
- There remains an achievement gap between economically disadvantaged and non-economically disadvantaged students.

Critical Issue #5: Child Care

The care of children is essential for working families. Not only is the safety and nurturing essential for children, there is mounting evidence that the quality of these early experiences affect learning and school success.

- Seventy percent of Hampton and Newport News families with children aged five and under need childcare because all adults in the family work.
- Access to childcare subsidies is decreasing at the same time the need for assistance is increasing.
- Repeated studies show that 25 percent of families use center-based services to meet their childcare needs. The remaining children are cared for at home or in individual homes throughout the community, and receive varying degrees of quality care and early education.
- The number of local childcare providers has shrunk by 18 percent in the last six years.
- Early Head Start serves 32 children who are 36 months old or less. If the program went to scale, it would serve 3,600 children.
- Infant care fees average $10,000 annually. Childcare fees average $7,800.

A Call To Action

How do we heed the message that all the children are not well?

The data in this report collected by the Peninsula Community Foundation, and the critical issues it raises, calls for a new sense of urgency by the cities of Hampton and Newport News. We must act as a community to set a greater priority on all our children. We must act now to ensure them a better beginning and a brighter future.

There is no single or simple answer for how to build a strong foundation for children. Multiple strategies and supports are required to reduce the risks children face as well as to strengthen the factors that protect them from those risks. The responsibility cannot lie solely with parents, with schools, with government, or with any single agency or professional group.

In other words, a community must come together—to talk, to problem-solve, to imagine how to build the foundation together. The first step is to have the conversation.

- ✓ What does our data tell us about the current impact of those critical issues on local children and families?

- ✓ How can we build on our local wisdom to identify our successes, our current assets and resources?
- ✓ What can we learn from the extensive national research, and how can we adapt the proven models for early childhood to our local needs?
- ✓ Which outcomes should be prioritized that will increase the number of children who have a healthy start in life, have equal access to quality early childhood experiences, and arrive at kindergarten ready and able to succeed?
- ✓ Which investments must be made that build on our existing programs, supports, networks and policies, and expand what is working to a scale that can actually effect change.
- ✓ How do we act intentionally and collaboratively to create a system that supports all children and families?

This is difficult work. The Peninsula Community Foundation invites you to be part of the conversation. The well-being of the Peninsula's children depend on it. The future of our community is at stake.

Resources

The following was compiled by the Virginia Department of Social Services, Office of Research and Planning.[165]

Children and Families

ChildStats.Gov (http://www.childstats.gov/) – The Federal Interagency Forum on Child and Family Statistics offers easy access to statistics and reports on children and families, including: family and social environment, economic circumstances, health care, physical environment and safety, behavior, education and health. The Forum fosters coordination, collaboration, and integration of Federal efforts to collect and report data on conditions and trends for children and families. The Forum lists data sources and data tools available from other agencies.

Child Trends Data Bank (http://www.childtrends.org/databank/) -- Provided by Child Trends, a national leader in the field for over 30 year, the Data Bank is a one-stop source for the latest national trends and research on over 100 key indicators of child and youth well-being. The Data Bank features information about national trends related to pregnancy & birth outcomes, well- being of infants, children, adolescents and young adults, family and economic environment, health and safety risk behaviors and outcomes, and child care and education. If available, state and local data can be accessed through KIDS COUNT (see **KIDS COUNT** below) and other national organizations.

Data Resource Center for Child and Adolescent Health (http://www.childhealthdata.org/home) -- The DRC website includes national and state-level data on hundreds of child health indicators from the National Survey of Children's Health (NSCH) and the National Survey of Children with Special Health Care Needs (NS-CSHCN).

KIDS COUNT (http://datacenter.kidscount.org/) – Funded by the Annie E. Casey Foundation, KIDS COUNT provides national, state, and local data about children and youth in regards to demographics, economic well-being (e.g., household income and poverty, participation in SNAP), family environment, education (from pre-K through high school), health (e.g., teen pregnancy and birth, health insurance, children served by CSA), and safety and risky behaviors (e.g., child abuse and neglect, foster care rates).

U.S. Department of Agriculture, Economic Research Service (**U.S. Department of Agriculture, Economic Research Service** (http://www.ers.usda.gov/) -- The Economic Research Service is a primary source of economic information and research in the U.S. Department of Agriculture. With over 350 employees, ERS conducts a research program to inform public and private decision-making on economic and policy issues involving food, farming, natural resources, and rural development. The ERS features interactive tools for locating "food deserts" in your community through the Food Access Research Atlas as well as providing county-level statistics on food access, health and wellbeing, and community characteristics through its Food Environment Atlas.

Child and Family Welfare Programs

Comprehensive Services Act (CSA) Statistics Public (http://www.csa.virginia.gov/publicstats/index.cfm) – Compiled by the Office of Comprehensive Services State, CSA offers statewide, regional and local-level data (expenditures, number served) on comprehensive services provided to qualified youth in Virginia.

Office of Comprehensive Services (http://www.csa.state.va.us/) – OCS, which administers state and federal policies in regards to the Comprehensive Services Act, or CSA, has several reports among which are state and locality-specific public reports on expenditures, assessments, placement types, mandate types, ranked by locality, and other demographic information from the CSA Data Set.

Virginia Department of Social Services (http://spark.dss.virginia.gov/) – The state Department of Social Services provides access to information and data on social service programs for state and local DSS agency staff through SPARK (agency-wide intranet site). The public agency website (http://www.dss.virginia.gov/) provides much of the same information from SPARK but is designed for a public audience. Also found on the VDSS website:

- Program reports (http://www.dss.virginia.gov/geninfo/reports/) feature measurement data for each of the 120 local DSS jurisdictions.
- Social services spending at the local level are available in annual summary reports at http://www.dss.virginia.gov/geninfo/reports/agency_wide/jlarc.cgi.
- Locality-specific statistics about vital events (marriage, divorce, live births, non-marital births), demographics (e.g., education), economic indicators (poverty, income, and unemployment) and receipt of social services are on the Selected Social Services Indicators web page. This data is available through the public web site.
- The Local DSS Agency Profile Report, which has been released annually since 2010, is available on the VDSS Office of Research and Planning (ORP) web page (http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi).

Demographics and Economics

Social Science Research Council (http://www.measureofamerica.org/) -- The Social Science Research Council's Measure of America presents state and local-level (congressional, MSA, and county) data on demographic, economic, education, health, housing, political participation, and other indicators through interactive, customizable mapping tools. It allows for comparisons on overall well-being and opportunity through health, education and income index measures.

U.S. Census Bureau (http://www.census.gov/) – The U.S. Census Bureau collects the most comprehensive data about the nation's people and economy through its national census (collected every ten years) and annual population surveys (e.g., American Community Survey).

- QuickFacts provides a quick overview of selected census statistics for each state and county.
- Using American FactFinder, users can access a variety of data on demographics, housing, income and poverty, access to health care (insurance status), and so on. Decennial census

and annual survey data are available for state, counties/cities, congressional and school districts, and, in some cases, down to the census tract and census block group levels.

- Model-based small-area estimates (county- and city-level) data are available on health insurance coverage (SAHIE) and on income and poverty (SAIPE).

Virginia Atlas of Community Health (http://www.atlasva.com/) – An online resource for community health indicators that includes county- and city-level data in regards to demographics, total births, non-marital births and teen births, income and poverty, and health insurance coverage.

Virginia Employment Commission (http://www.vec.virginia.gov/vecportal//index.cfm) – A portal for locality-specific demographic, economic, and education data through its Community Profiles. Labor market data is available at https://www.vawc.virginia.gov/analyzer/default.asp.

Weldon Cooper Center for Public Service (http://www.coopercenter.org/) – Located at the University of Virginia, the Weldon Cooper Center offers data and analytical technical expertise in the areas of demographic, workforce and economic surveys. The Center also provides annual population estimates for each locality (http://www.coopercenter.org/demographics/virginia- population-estimates), which can also be viewed in interactive maps (http://www.coopercenter.org/demographics/interactive-map).

Education

Virginia Department of Education (http://www.doe.virginia.gov/) – The Virginia Department of Education has school and district-level annual statistics on student participation in the School Nutrition Programs (free and reduced breakfasts and lunches) as well as annual statistics on school graduation, on-time completion, dropout and post-secondary enrollment. School truancy data is also available at the DOE site.

Government Performance

Auditor of Public Accounts (http://www.apa.virginia.gov/) – The Auditor of Public Accounts, which is part of the legislative branch of the state government and reports through JLARC, collects and provides accurate, unbiased information about financial management of public funds. The APA reports on local government revenue and expenditures are available through its annual comparative reports (http://www.apa.virginia.gov/ComparativeReport.cfm).

Commission on Local Government (http://www.dhcd.virginia.gov/CommissiononLocalGovernment/pages/data.htm) – As part of the Virginia Department of Housing and Community Development, the CLG analyzes locality revenue and expenditure data, which is collected by the Auditor of Public Accounts (see **Auditor of Public Accounts** above), and rank orders localities in terms of fiscal stress. Annual fiscal stress reports are available through 2008/2009.

Joint Legislative Audit and Review Commission (http://jlarc.virginia.gov/) -- JLARC is the oversight agency of the Virginia General Assembly, established to evaluate the operations and performance of State agencies and programs to ensure that funds appropriated by the General Assembly are used effectively and efficiently by State and local agencies. Legislative reports that are

relevant to delivery of social services are available under "Individual and Family Services" (from the pull-down menu).

Virginia Performs (http://www.vaperforms.virginia.gov/) -- This website, brought to you by the Council on Virginia's Future, shows you how the Commonwealth measures the state's performance, plan for the future and monitor our progress. Many of the measures tracked in Virginia Performs can be mapped by Virginia region or locality (http://www.vaperforms.virginia.gov/extras/maps.php).

Health Risks and Outcomes

Behavioral Risk Factors Surveillance System (BRFSS) (http://www.cdc.gov/brfss/) – The Centers for Disease Control and Prevention's BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world. The Selected Metropolitan/Micropolitan Area Risk Trends (SMART) project uses the Behavioral Risk Factor Surveillance System (BRFSS) to analyze the data of selected metropolitan and micropolitan statistical areas (MMSAs) with 500 or more respondents.

County Health Rankings (http://www.countyhealthrankings.org/) -- The 2013 *County Health Rankings* rely on a robust set of data and analysis that allows counties to see what it is that is making residents sick or healthy, and how they compare to other counties in the same state. This is the fourth year of the *Rankings,* published online at *www.countyhealthrankings.org* by the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI).

National Center for Health Statistics (http://www.cdc.gov/nchs/) – The nation's principal health statistics agency, which compiles and analyzes data from birth and death records, medical records, interview surveys and direct physical examinations and laboratory testing to conduct health surveillance on the nation's population. CDC Wonder (http://wonder.cdc.gov/) is an interactive querying system that allows users to view birth rate, fertility rate, and population estimate data from the Census Bureau for the state and for select localities.

Virginia Department of Health (http://www.vdh.virginia.gov/Vital_Records/) -- The state Department of Health collects information on all resident births, deaths, marriages and divorces in the state. The Division of Health Statistics collects and disseminates summary vital records data, conducts research and produces reports which help guide health policy issues affecting the Commonwealth of Virginia. The annual reports and supplements provide detailed information on a range of measures including: population, teenage pregnancies, births, deaths, induced terminations and fetal deaths.

Violence and Crime

Bureau of Justice Statistics (http://bjs.ojp.usdoj.gov/) – The Bureau of Justice Statistics' website features links to several data analysis tools for examining arrest and crime statistics by locality, including data on juvenile crimes and prisoner recidivism.

Family and Children's Trust Fund of Virginia (http://www.fact.state.va.us/) - - The Family and Children's Trust Fund (FACT) has released a groundbreaking report (*Violence at Home: The FACT Report*) that measures the prevalence and interrelatedness of violence in families, ranging from infants to the elderly, and how often the incidences occur by locality in Virginia.

State Compensation Board (http://www.scb.virginia.gov/reports.cfm) - - The State Compensation Board provides monthly data on local and regionals jails' average daily population and capacity.

Virginia Department of Criminal Justice Services
(http://www.dcjs.virginia.gov/about/spotlight/crimeReport/) – DCJS releases an annual report, *Virginia Crime Trends*, which describes crime trends at the state and local level.

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