Albemarle County

Equity Profile

Centering Equity in Evaluating Well-Being & Quality of Life for Albemarle County Residents

May 2021

Co-Authored by The Equity Center, A UVA Democracy Initiative for the Redress of Inequity through Community-Engaged Scholarship and the Albemarle County Office of Equity and Inclusion

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1. MISSION STATEMENT

Albemarle County’s stated mission is to enhance the well-being and quality of life for all community members through the provision of the highest level of public service consistent with the prudent use of public funds.

2. BACKGROUND

Well-being, a core part of the County’s mission, is a multi-faceted concept which includes global positive emotions and resilience, the realization of one’s potential, and “overall satisfaction” with one’s life and one’s community. Within a community context, individual behaviors are only one contributor to health and well-being. Environmental, social, and economic factors, many of which are deeply influenced by local government action and policy, are crucial aspects that structure possibilities for well-being. In order to achieve the County’s stated mission, our policies must ensure that well-being is distributed equitably within the various populations that make up our diverse community.

We define equity as all community members having access to community conditions and opportunities needed to reach their full potential and to experience optimal well-being and quality of life. Understanding how the conditions that promote well-being are distributed in the County is necessary to identify gaps in existing service delivery and to develop new policies and models of community engagement that improve the quality of life for all residents. This Equity Profile, co-Authored by The Equity Center, A UVA Democracy Initiative for the Redress of Inequity through Community-Engaged Scholarship and the Albemarle County Office of Equity and Inclusion, analyzes various conditions across demographic groups and geographic areas that contribute to well-being. The Profile also contextualizes the data from this snapshot in time within the history of the County.


Albemarle County’s population has witnessed significant demographic shifts with regard to race/ethnicity over time, as Figure 1 shows. Changing demographics indicate fluctuating conditions of equity for particular populations. Prior to European settlement, Native Americans inhabited Central Virginia for over 10,000 years and Monacan people have inhabited the area for at least 1,000 years. Population statistics tracked by the U.S. government do not capture these facts, contributing to the systemic erasure of Native peoples.

African Americans (free and enslaved) constituted the majority of Albemarle’s population during the dominance of chattel slavery prior to the American Civil War and into the 1800s. Black men and women established separate rural communities throughout the County, such as Proffitt. However, with the introduction of railroads, a Jim Crow-era segregationist government, and continued inequity, many African-American residents in Albemarle County migrated away from the region.

Since that time, Albemarle’s population has been majority white. However, during the last two decades, the County has been growing more diverse. As of 2019, nearly a quarter

Figure 1. White Population and Populations of Color in Albemarle County

of Albemarle’s community members are people of color (Figure 2). African-American people constitute the largest minority group, comprising nearly half of the non-white population and nine percent of the overall population. Among census-defined racial categories, Asian people make up 29 percent of the non-white population (five percent of the overall population), while multiracial residents make up another 17 percent of the populations of color (3 percent overall). Latinx and Hispanic people, not shown in Figure 2, as Hispanic ethnicity may intersect with each of the racial categories captured by the census, constitute six percent of the overall Albemarle population in 2019.

Foreign Born Residents and Citizenship

New residents born outside the US and non-US citizens also make up a vital part of the Albemarle County community. As of 2019, about 10 percent of Albemarle County’s population was born abroad (Figure 3a). Half of these are naturalized citizens and half are non-US citizens. Residents from Asia make up a plurality of foreign-born residents (44.2 percent), and residents born elsewhere in the Americas also make up a sizable portion of the foreign-born population (29.3 percent) (Figure 3b). It is important to include foreign-born and non-US citizen community members in a Profile of well-being and quality of life because these community members may require distinct services in order to achieve a similar level of well-being compared with native born residents.
Age

Age is another crucial dimension to consider when making decisions that will enhance equity in the Albemarle County community. As in much of the United States, the proportion of seniors aged 65 and older in Planning District 10 has been rising steadily and is projected to reach 19.4 percent of the population by 2023. As Figure 4 shows, the number of people in our area who are over age 60 has been rising significantly since 2010, from 20 percent to 26 percent. For this reason, it is all the more important to make Albemarle an age-friendly community: a community that is livable for people of all ages, where people can age in place. Further, many policies that make communities more age-friendly benefit all residents: making neighborhoods more walkable, enhancing transportation options, promoting inclusivity, and ensuring affordable housing benefits not just seniors, but the entire population.

Age-friendly communities adapt their infrastructure and social services to respond to the needs of older people with varying abilities. Studies of age-friendly communities often use a framework that includes eight domains of livability (outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, work and civic engagement, communication

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and information, and community and health services). Albemarle County government has a key role to play in each of these domains and must ensure that all of its public services cater to a diverse range of ages.

As Albemarle County’s population continues to grow and diversify, the entire community benefits from the new perspectives, assets, and experiences that accompany that growth. As a local government, it is critical to be responsive to the changing needs of our community and to alter our services accordingly in order to promote the well-being of all County residents. Being sensitive to these community needs is critical to promoting greater equity. As local government, when we do so, everyone lives better - not just a few.

Figure 4. Age of Albemarle County Residents, 2010 v. 2019

Summary
A demographic profile of Albemarle County highlights a few important trends. First, Albemarle County is becoming increasingly racially/ethnically diverse. It is also home to a substantial number of foreign-born residents and older residents (over age 60). Such diversity requires that the County consider opportunities to deliver culturally sensitive public services to these respective groups. At the same time, such growing diversity, in particular growing racial/ethnic diversity, is a source of strength for the County and suggests a partial return to historic demographic patterns in the region.
CHAPTER 2. THE HUMAN DEVELOPMENT FRAMEWORK

The Human Development Index\(^6\)

The Human Development Index (HDI) is a metric that assesses the distribution of well-being and equity along three axes: health, access to knowledge, and living standards. As an alternative to money metrics like GDP (Gross Domestic Product), the HDI measures basic indicators of human well-being, going beyond simply measuring income or economic growth. The first HDI presented in 1990 is now used around the globe to gauge country-level quality of life. Governments in many countries use the HDI as an official statistic, employing this data to launch conversations about how to promote policies that will enhance equity for all people.

In addition to illuminating facets of well-being that cannot be measured through economic metrics, the HDI is a cross-cutting index that reflects the interconnectedness of many different sectors: health, education, housing, and more. Human well-being is influenced by a multiplicity of factors that cannot be isolated from one another, and the HDI captures many of these factors at once. Further, instead of simply offering more data on ongoing problems (i.e., poverty, health issues), the HDI focuses on measuring the impact of ongoing efforts to resolve these problems. By looking at the full spectrum of people in our community, the HDI also promotes an inclusive view in which all of us can see ourselves. This unique approach moves away from prior methods that focus primarily on those living in poverty, which may inadvertently reinforce an us-and-them outlook.

This report employs an adapted version of the HDI, the American Human Development Index (AHDI), which was created by Measure of America of the Social Science Research Council to be estimable at sub-national geographic levels such as states and counties, as well as among population sub-groups by demographics, including race and gender. The AHDI utilizes the same components of the HDI – health, access to knowledge, and living standards – but adapts them to a local American context, increasing their relevance within the conditions of an affluent democracy.

AHDI and Albemarle County

In terms of scoring, the AHDI scores each component of the measure - health, access to knowledge, and living standards - on a 0-10 scale and then averages those components to produce a single composite score for each geography.

<table>
<thead>
<tr>
<th>American HDI</th>
<th>Health</th>
<th>Access to Knowledge</th>
<th>Living Standards</th>
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<td>HS Degree or more (Adults 25+)</td>
<td>Grad/ Professional Degree (Adults 25+)</td>
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<td>88.6%</td>
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<td>Charlottesville</td>
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<td>79.8</td>
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Table 1. Albemarle County AHDI Comparison Across Benchmark Geographies

As Table 1 shows, Albemarle County rates quite highly compared to the Commonwealth of Virginia, the whole of the United States, and to surrounding localities that serve as comparative benchmarks. The County’s score of 7.42 on the AHDI suggests that, on average, residents of Albemarle County experience a better quality of life than

“The discrepancies in scores between neighborhoods suggests distinct differences across the County in residents’ connections to resources that expand choices, opportunities, and access across the County.”
residents in nearly all of the relevant benchmark geographies.

However, when calculating AHDI scores by census tract, a proxy for neighborhood, we find quite large disparities in overall scores across the county (Figure 5).\(^7\)

For example, the tract containing Oak Hill and Southwood has an AHDI score below 5, while tracts containing North Garden and Ivy Garden score near the top of the index scale with scores above 9. The discrepancies in scores between neighborhoods suggest distinct differences in residents’ connections to resources that expand choices, opportunities, and access across the County.

To better understand the nature of these discrepancies, Figure 6 shows the value for each individual AHDI component – health, access to knowledge, and living standards – by census tract. Some tracts, such as North Garden, experience uniformly high values across each component, while others, such as Hydraulic/Commonwealth, experience uniformly lower values across each component.

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\(^7\) A Census Tract is an area established by the Bureau of Census for analyzing populations. They generally encompass a population between 2,500 to 8,000 people and are intended to be roughly equivalent to a neighborhood. Census tracts are given numbers, but as these are often not spatially meaningful to individuals, we have given them descriptive names based on identifiable features. The census tract numbers, descriptions, and additional demographic information are provided in the appendix.
However, we do not always see consistently high or low values across dimensions. For instance, some tracts show high values on access to knowledge along with low values on a long and healthy life (Earlysville, Crozet). The reverse is also true with other areas, such as Monticello/Carters Mountain, showing lower values on access to knowledge and standard of living but stronger values for a long and healthy life. Such differences may suggest inequities in access to various services across the County.

![Figure 6. AHDI Individual Components by Census Tracts in Albemarle County](image)

**Summary**

The AHDI was developed as a means of assessing the well-being of a locality beyond the traditional economic metrics. As discussed, Albemarle County in general scores quite highly in aggregate compared to peer localities and the Commonwealth overall. Yet, further analysis shows relatively large disparities in aggregate scores across census tracts in the County. In the sections that follow, we delve more deeply into each of the components of the AHDI in Albemarle County.
Life Expectancy

The primary health-related measure in the AHDI is life expectancy at birth, that is, the average number of years a baby born today is expected to live given current mortality patterns. According to the Blue Ridge (formerly, Thomas Jefferson) Health District’s (BRHD) MAPP2Health report, life expectancy is a “key population health measure used to gauge health and longevity”.

Research has shown that financial, socioeconomic, and environmental factors can impact life expectancy, as can access to healthcare. Individual behavior and physiology also play a role, but, as the MAPP2Health makes clear, “where we live, work, play and pray (social determinants of health) have an equally important impact on our health and well-being.” The CDC estimates that as much as 50 percent of individual health is due to “social, economic, and environmental factors, such as racism, discrimination, education, and housing”.

The most recent data available in the County Health Rankings Report estimate Albemarle County’s average life expectancy to be 83 years of age. However, there are major

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demographic and geographic disparities in life expectancy across Albemarle County (Figure 8). Black residents in the County have a substantially lower life expectancy at birth (77.8 years) compared to white residents (83.4 years). While the life expectancy for Hispanic and Asian community members looks quite high, the much smaller populations on which these estimates are based mean we are less certain about these values. Thus, Figure 8 provides not just the life expectancies, but the range of possible values suggested by the available data. The differences between Black residents and each of the other racially disaggregated groups, however, are stark. Put simply, Black residents can expect to live 5.6 fewer years than their white neighbors.

“Put simply, Black residents can expect to live 5.6 fewer years than their white neighbors.”

Geographically, we can also see that not every area in the County experiences a similarly high life expectancy (Figure 9). There is a maximum disparity of 11.6 years across neighborhoods between North Garden, which enjoys the longest life expectancy, and the Oak Hill/Old Lynchburg Road area, which experiences the shortest. Additionally, the map reveals lower life expectancy rates in the urban ring along the edge of the Charlottesville city limits and in some of the rural areas of Albemarle County in particular. The available data illustrates a clear pattern of disparate health outcomes by race and place (location) in Albemarle County.
Food Security

While not an explicit component of the AHDI, food security is vital to well-being and an important topic in the County. Food is a key equity issue, since a community cannot reach its full potential if some of its members are going hungry or lack access to affordable and nutritious...
food. Looking at the national statistics, hunger and food insecurity are experienced unequally: on the whole, low-income communities and people of color are more likely to experience food insecurity; further, children and seniors are more vulnerable to the health and developmental setbacks that come with insufficient or nutrient-deficient food. Thus, achieving food equity means ensuring equitable access to fresh, nutritious, and affordable food for all people in our community, regardless of race, gender, age, income level, or nationality.

Albemarle County has an overall rate of food insecurity of 8.4 percent. The rate is somewhat higher among children, with 9.6 percent of children experiencing food insecurity (Figure 10). Families who access food assistance through local food pantries and food banks do not come solely from among individuals experiencing unemployment or homelessness, as is frequently believed; nor are they drawn exclusively from among residents with less access to education. In 2014, the Blue Ridge Area Food Bank (BRAFB) found that 60 percent of households served by the BRAFB had at least one working person in the household and 78 percent of those accessing services had at least a high school degree. In 2019, Blue Ridge Area Food Bank served four individuals with PhD’s, 59 with master’s degrees, and 233 with a four-year degree.

The Supplemental Nutritional Assistance Program, or SNAP benefits, play a key role in reducing food insecurity in our community. About 4 percent of Albemarle’s population received SNAP in 2018, a far smaller percentage than the 39 percent of Albemarle County population below...

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11 Blue Ridge Area Food Bank, https://www.brafb.org/
the income threshold for SNAP benefits at the time. There are multiple reasons for the gap between SNAP-eligible households and SNAP recipients, including but not limited to: lack of information about SNAP eligibility; barriers to applying for SNAP (lengthy paperwork, literacy barriers); lack of publicly available information about how to apply.\textsuperscript{13} Immigration status may also play a role, as documented immigrants who have lived in the U.S. for less than five years are ineligible for SNAP, as are all undocumented immigrants.\textsuperscript{14} While the larger Albemarle County region has 132 retailers that accept SNAP, the majority are clustered around the urban ring, with smaller clusters in Crozet and Scottsville, as well as outside of the County in Waynesboro and Ruckersville (Figure 11).

Of particular note in the conversation about food security in the County is the unique experience of rural area residents. Residents in these spaces face additional challenges to their ability to access fresh, nutritious, and affordable food, including wages, a scarcity of food retailers and commodity chains relative to urban areas, the scarcity or inaccessibility of food retailers accepting SNAP benefits, and lack of public transit infrastructure resulting in high fuel costs associated with the long commutes needed to reach grocery stores.


\textsuperscript{14} Feeding America, “Food Insecurity in Albemarle County,” Feeding America – Map the Meal Gap, 2018, https://map.feedingamerica.org/county/2018/overall/virginia/county/albemarle

\textbf{Figure 11. Retailers accepting SNAP Benefits in and around Albemarle County and Household Receiving SNAP Benefits}
Summary

In terms of the initial measure of health in the AHDl - life expectancy - we find significant racial and geographic disparities in Albemarle County. Furthermore, too many County residents suffer from food insecurity, with rural residents especially facing difficulties in accessing adequate, nutritious foods. These racial and geographic health-related disparities are a function of differential access to health-promoting resources. Albemarle County has a responsibility to recognize such differential access and consider opportunities to improve provision of needed services to all County residents.
CHAPTER 4. ACCESS TO KNOWLEDGE

Why Educational Attainment
Within the HDI framework, access to knowledge is measured using two indicators – degree attainment (for those over 25) and school enrollment (for those who are 3-24 years old). Education is intertwined with many other facets of life, directly influencing employment and earnings, which in turn influence access to decent housing, food, healthcare, and transportation. The monetary benefits of educational attainment are clear, as those with a bachelor’s degree make, on average, about double what high school graduates earn. Moreover, educational attainment can have positive social outcomes for the entire population, including lower incarceration rates, lower crime rates, greater civic engagement, and longer and healthier lives.

Degree Attainment
As noted above, degree attainment for those community members over 25 years of age is the first measure of the Access to Knowledge dimension of the AHD. Residents of Albemarle County...


County have relatively high levels of formal education. About 3 in 5 adults have a bachelor’s degree, while fewer than 1 in 20 residents do not have a high school diploma.

Access to education is not distributed equally, however. Figure 13 reveals significant variation in educational attainment by race and ethnicity across the County. The figure is centered around bachelor degree attainment, to make comparisons of this key educational level readily visible. Only 19 percent of Black residents age 25 or more, about 1 in 5, and 32 percent of Hispanic or Latinx residents age 25 or more, about 1 in 3, have bachelor’s degrees, compared to 58 percent of white residents. At the same time, 16 percent of Black residents and nearly a quarter of Hispanic residents do not have a high school diploma, compared to fewer than 7 percent of white residents. These figures suggest current systems of public and higher education are disproportionately failing students of color, and these educational failures have institutional roots in the racialized legacies of American schools.

Geographically, we also see disparities in rates of attainment of bachelor’s degrees (Figure 14). Rates of bachelor degree attainment range from a high of 79 percent in Ivy to a low of 28 percent in Southern Albemarle, a more than 50 percentage point difference. The COVID-19 pandemic and the need to school from home further amplifies the impact of this disparate
geographic distribution of educational attainment. As access to common school resources is reduced, children’s differential access to home and neighborhood-based networks of support has greater influence. Despite the generally strong levels of educational attainment among Albemarle County residents, steps can be taken to promote educational attainment for all adults, especially given the multiple high-quality higher educational institutions in the area.

“These figures suggest current systems of public and higher education are disproportionately failing students of color, and these educational failures have institutional roots in the racialized legacies of American schools.”

Figure 14. Bachelor’s Degrees by Census Tracts in Albemarle County
School Enrollment

The second indicator within the Access to Knowledge measure in the AHDI framework is school enrollment of individuals 3 to 24 years of age. Figure 15 provides a general sense of school enrollment disparities across each tract in the County. Overall, these rates do not vary as starkly as degree attainment, ranging from two-thirds to 100 percent of residents age 3 to 24 in school.

School enrollment data are not able to be disaggregated across racial/ethnic lines. However, there are several other measures...
collected by the school system that highlight important disparities in experiences at school based on race and ethnicity. Many of these measures were first reported in the 2019-2020 Albemarle County School State of the Division Report and in the County School Board’s November 2020 Anti-Racism Policy Evaluation Report and are reiterated here.

First, with regard to school attendance and absences, an important indicator of success for school children, Black students, Hispanic students, students with disabilities, and economically disadvantaged students all experience higher rates of absences (Figure 16a).

Second, another important indicator of
school success are rates of suspension (Figure 16b). Here, the data show higher rates amongst Black students, students of two or more races, and economically disadvantaged students, and much higher rates amongst students with disabilities.

Third, local schools evidence stark disparities across racial lines in enrollment rates in Advanced Placement (AP) courses, an important indicator for college acceptance and readiness (Figure 16c). Only 13 percent and 18 percent of Black and Hispanic students, respectively, are enrolled in AP courses compared with 43 percent of white students and 53 percent of Asian students. Also, only 14 percent of economically disadvantaged students are enrolled in AP courses.

Across these three measures, we see consistent patterns of disparities across racial/ethnic and economic lines. These stem from inequitable resources prior to children entering school, as well as – as Albemarle School Superintendent Dr. Matthew Haas has noted – from “the structures we have in place in our schools [that]–intentionally or unintentionally–perpetuate and enhance racial disparities against the mission we have to expand equity and inclusion.” The Office of Equity and Inclusion, with its partnership with the UVA Equity Center, intends to delve more deeply into the structural sources of these disparities as well as potential approaches to redressing these disparities in future reports.

Summary
In general Albemarle County scores highly on the Access to Knowledge measures of the AHDI. Again, however, we see significant disparities, especially in bachelor degree attainment and measures of relative success in K-12 settings, across racial/ethnic lines and geographic settings. Such racial/ethnic differences in educational attainment are primarily a function of access, while geographic differences are also a function of sorting -- how our tendencies to cluster (especially for wealthier white communities) into social enclaves can both make differential well-being less visible and exacerbate disparities by further clustering resources. Such patterns of spatial clustering and differential access must be accounted for and addressed in order to deliver equitable educational services to all County residents.

CHAPTER 5. A DECENT STANDARD OF LIVING

Why Income Versus Wealth

The AHDI uses median personal earnings as the primary measure for a decent standard of living because income is essential to meeting basic needs, such as securing food and shelter. While building wealth can be an important step toward generating more secure financial situations for individuals and families, earning an income that not only allows you to meet those basic needs, but enables options and alternatives for where and how to live, is a prerequisite for achieving a decent standard of living. Put simply, income is often what determines the quality of one’s education, the safety of one’s living environment, and one’s security in illness and old age. For these reasons, the AHDI uses the median household earnings for all residents over 16 years of age to estimate a living standards index for nations or localities. The median value of personal earnings is the amount for which half of residents 16 and over earn more and half earn less. The Measure of America

![Figure 17. AHDI Living Standards Index by Census Tracts in Albemarle County](image)
AHDI methodology uses median personal earnings for individuals above 16 to quantify well-being at the individual level. As a measure of individual capability for well-being, personal earnings make sense within the context of the AHDI component as median personal earnings represent the amount of money available per the average person in the county. However, economic power is often pooled within family units. Consequently, many practical tax and policy interventions are most easily monitored at the household level. Here, we focus on Median Household income - the value for which half of Albemarle households have more and half have less - to more readily relate financial well-being to the cost of living in the area.

Median Household Income and Cost of Living in Albemarle County

Personal earnings and household income are closely tied to well-being and quality of life. Median personal earnings in Albemarle County stand at $44,030, a level higher than the Commonwealth of Virginia or the whole of the US, and a relatively high level compared with benchmark localities nearby. For this reason, the County scores relatively highly on the AHDI. The median household income in Albemarle County in 2019 is similarly high, at $86,399. However, there are concentrations of higher and lower income households distributed across areas in the County (Figure 18). Median household income by census tract ranges from a low of $41,000, less than half of that for the County overall, to a high of $135,100.

Additional context is necessary to better understand how household incomes compare with the cost of living within Albemarle County. Cost of living (COL) is the average expected yearly costs associated with living in a certain locality given a household’s characteristics (size, number of children, presence of seniors). Generally, COL is higher for larger households than small ones and higher in urban areas than in rural areas. Common factors when considering COL include the 12-month costs of housing, food, healthcare,
childcare (for households with children), transportation, and other essentials which may vary by region or household.

COL is an important consideration for household when choosing to move to a new area; employers when determining wages; and local governments when considering the financial burdens of their constituents. More bluntly, a high cost of living generates multiple challenges, including creating a barrier to entry for households wishing to move into a region and constraints for potential employees seeking to relocate, or leading to over-reliance on local support programs like food banks. A high cost of living translates to high costs incurred by employers as well, unless employers set wages below COL which can lead to households choosing to live in a nearby locality with a lower COL. In addition to requiring longer commutes for employees, this can lead to a graduate increase in the COL of nearby localities.

Many households with incomes below their local COL but above the Federal Poverty Level (FPL) may not be traditionally thought of as financially burdened but often struggle to meet even basic needs. Because their incomes are above the FPL, these households do not qualify for federal assistance and their disadvantaged financial status is often overlooked by local governments. Inequities can arise when local governments fail to minimize the burdens, or even acknowledge the struggles, of households who live between the local COL threshold and the FPL.

These households are unable to invest in their futures or their children’s futures and, as a result, financial instability often spans generations. Children of financially strained families face greater hurdles to graduate high school and attend college than their peers and as a result have a harder time gaining the means for their own financial stability. When household’s live paycheck to paycheck, their financial stability is easily compromised by unforeseen circumstances: a sudden injury or medical diagnosis, a problem with the family car, or, most relevant at the time of this report, the financial fallout of a global pandemic. Such events, far outside a household’s control, are especially devastating to households which already struggle to meet COL.

A useful measure for whether household incomes are sufficient to meet the costs of living is the United Way’s Asset Limited, Income Constrained, Employed (ALICE) threshold. Unlike

the FPL, the ALICE threshold is calibrated to the cost of living in each county. The Household Survival Budget that defines the threshold is a conservative dollar estimation of the minimum 12-month costs for a household to live in a particular area. It considers the costs of housing, healthcare, food, transportation, technology, taxes, childcare (if applicable), and a contingency fund equal to 10 percent of the overall budget.\textsuperscript{19}

In 2018, the most recent year with available estimates, the Household Survival Budget in Albemarle County was about $75,000, meaning those with household incomes above $75,000 exceeded the ALICE threshold. Overtwo-thirds, 37 percent, of Albemarle County households were ALICE households, unable to meet needs based on local COL, and an additional 9 percent were living in poverty (Figure 19). In Virginia as a whole, 29 percent of households were ALICE, and another 10 percent were below poverty.

While the number of ALICE households is not available by census tracts, this is provided by magisterial districts. Again, we see variation by place, with the Jack Jouett District composed of a notably higher rate of struggling households,

\textsuperscript{19} Local costs are derived from the HUD's Fair Market Rent, Agency for Healthcare Research and Quality reports, USDA Food Plans, Feeding America's Cost-of-Food Index, Bureau of Labor Statistics reports, AAA reports, Federal Highway Administration reports, the American Community Survey (ACS), Consumer Reports, Tax Foundation reports, the IRS, and state reports on childcare costs. United for ALICE, 2020. Alice Research Methodology Overview. Live United. https://www.unitedforalice.org/Attachments/Methodology/2020ALICE_Methodology_FINAL.pdf.
where a full 58 percent are below the ALICE threshold, followed by the Rio District (50 percent of households), and the Scottsville District (48 percent of households).

This is a challenge that has grown in Albemarle, as the COL has risen faster than median household incomes. Figure 20 shows the median household income in Albemarle County in blue and incomes below the ALICE threshold shaded in green. The ALICE income threshold has grown by a full 50 percent since 2010. It is clear that the cost to live in Albemarle County has outstripped the median household income, meaning more than half of households do not make a sufficient amount to meet their basic needs.

Taking the analysis a step further and disaggregating by race and ethnicity, Figure 21 shows how households of each race or ethnicity have fared since 2010 in terms of household income relative to cost of living. The graphs show clearly that median incomes among Black, Hispanic, and Native peoples’ households have been well below the ALICE threshold for the
last ten years, while more recently the threshold is overtaking the incomes of white and Asian households.

“Over two-thirds, 37 percent, of Albemarle County households were ALICE households, unable to meet needs based on local COL, and an additional 9 percent were living in poverty.”

Figure 21. ALICE Threshold in Albemarle County by Race/Ethnicity, 2010-2018
One of the primary drivers of the rising costs of living are housing costs. Forty-two percent of renters in Albemarle County are cost-burdened or severely cost-burdened, meaning they pay at least 30% of their income on housing (Figure 22). In four neighborhoods (Branchland to Carrsbrook; Village of Rivanna; Southern Albemarle; and Crozet), a majority of renters are...
cost burdened or severely cost-burdened. Affordable housing continues to be a challenge for many households in Albemarle.

**Income Inequality**

Finally, income inequality in Albemarle County remains high. The Gini coefficient measures a region’s deviation from a completely equal income distribution (at 0), where a value of one (1) means a single person earns all the income. The Gini coefficient for the County has hovered around 0.5 for the last decade (Figure 23). This value for Albemarle County is slightly higher than that for the whole US (0.48) or the Commonwealth of Virginia (0.47). Such inequality highlights the inequities in Albemarle County, especially in the distribution of wealth, health, and educational opportunities by race.

**Summary**

Our analysis finds geographic disparities in terms of median household income across the County. While such disparities are concerning, even more concerning is the consistent finding that costs of living are rising faster than incomes for nearly all households in the County. These patterns leave many households, especially renters, especially financially unstable. The County has a responsibility to consider how it can promote financial stability not just in some parts of the County, or for some residents, but for all residents in Albemarle County.

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20 Because the likelihood that a household is renting is not uniform across census tracts, Figure 21 also provides the number of renting households.
CHAPTER 6. LOOKING FORWARD

This profile provides an opportunity for County staff and other community members to broaden understanding of how well-being is experienced in Albemarle. Staff continues to build upon that knowledge and to work with increased focus on supporting the organization’s ability to incorporate equity and inclusion into our practices as we endeavor to fulfill our mission of enhancing well-being for all in our community. There is full awareness that our ability to affect that mission is closely tied to our ability to understand how the impacts of our work relate to outcomes in our community, with equity being centered in that consideration.

Efforts underway include the development and application of a framework for equity impact assessment and a supporting analytical tool (Equity Atlas), as well as staff training in the use of both. The equity impact assessment is a guiding framework intended to aid staff in examining proposed actions or decisions. The Equity Atlas, cocreated in collaboration with the UVA Equity Center, uses digital mapping to visualize indicators related to well-being and existing conditions in Albemarle County. The tool has been developed with accountability, ethical data collection, and equitable decision-making in mind. It is intended to be used as a supportive resource to the equity impact assessment, aiding staff in developing a data-informed understanding of the distribution of outcomes in Albemarle County.

These efforts, while new, reflect a renewed commitment on the part of the County’s local government to deepen and expand its work to ensure the equitable distribution of local government resources and ultimately of well-being in our community. This Profile represents a first iteration of what we expect to become a regular process of assessing community conditions and subsequently measuring our impact in creating positive outcomes for all.
REFERENCES


## Table A1. Albemarle County Demographics by Census Tract

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Note: Estimates are from the 5-year American Community Survey, 2019, Table DR05.
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<td>Figure 1. White Population and Populations of Color in Albemarle County</td>
<td>Social Explorer Dataset(SE), Census 1790-2010, Digitally transcribed by Inter-University Consortium for Political and Social Research. Edited, verified by Michael Haines. Compiled, edited and verified by Social Explorer.</td>
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| Table 1. AlbemarleCounty AHDI Comparison Across Benchmark Geographies  | Life expectancy: County health rankings (https://www.countyhealthrankings.org)  
Educational Attainment: 2019 ACS 1-year: Table S1501  
School Enrollment: 2019 ACS 1-year: Table S1401  
Median earnings-2019 ACS 1-year: Table S2001 (ACS5 for Charlottesville)* |
| Figure 5a and 5b. Composite AHDI by Census Tracts in Albemarle County  | Life expectancy: County health rankings (https://www.countyhealthrankings.org)  
Educational Attainment: 2019 ACS 1-year: Table S1501  
School Enrollment: 2019 ACS 1-year: Table S1401  
Median earnings-2019 ACS 1-year: Table S2001 (ACS5 for Charlottesville)* |
| Figure 6. AHDI Individual Components by Census Tracts in Albemarle     | Life expectancy: County health rankings (https://www.countyhealthrankings.org)  
Educational Attainment: 2019 ACS 1-year: Table S1501  
School Enrollment: 2019 ACS 1-year: Table S1401  
Median earnings-2019 ACS 1-year: Table S2001 (ACS5 for Charlottesville)* |
<p>| Figure 7. AHDI Health Index by Census Tracts in Albemarle County       | County health rankings (<a href="https://www.countyhealthrankings.org">https://www.countyhealthrankings.org</a>)                                                |
| Figure 8. Life Expectancy at Birth by Race in Albemarle County         | County health rankings (<a href="https://www.countyhealthrankings.org">https://www.countyhealthrankings.org</a>)                                                |
| Figure 9a. Tract -level Gaps in Life Expectancy                        | County health rankings (<a href="https://www.countyhealthrankings.org">https://www.countyhealthrankings.org</a>)                                                |
| Figure 9b. Life Expectancy at Birth by Census Tracts in Albemarle County| County health rankings (<a href="https://www.countyhealthrankings.org">https://www.countyhealthrankings.org</a>)                                                |
| Figure 10. Rates of Food Insecurity in Albemarle County                | Map the meal gap, 2016-2018 (<a href="https://map.feedingamerica.org/county/2018/overall/virginia">https://map.feedingamerica.org/county/2018/overall/virginia</a>)                  |
| Figure 11. Retailers accepting SNAP Benefits in and around Albemarle County and Household Receiving SNAP Benefits | 2018 ACS 1-year: Table S2201; USDA Food and Nutrition Service Retail SNAP Locator (<a href="https://usda-fns.maps.arcgis.com/apps/webappviewer/index.html?id=e1f3028b217344d78b324193b10375e4">https://usda-fns.maps.arcgis.com/apps/webappviewer/index.html?id=e1f3028b217344d78b324193b10375e4</a>) |</p>
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<td>Figure 23. Gini Index of Income Inequality in Albemarle County, 2010-2018</td>
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Table A2. Sources for Report Figures