

2003 - 2004
**Roanoke Valley
Community Needs Assessment**

Prepared by:



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2003-2004 Community Needs Assessment
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and

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ACKNOWLEDGEMENTS

Council of Community Services

The Council of Community Services was formed in 1960 following the determination of a volunteer steering committee that the Roanoke Valley needed a comprehensive planning agency that would be concerned with the full range of social and civic problems. This agency would encourage cooperative solutions to these problems. The work of the Council is concentrated in five areas where it is felt efforts will have the greatest amount of impact: Needs Assessment, Evaluation, Consultation and Coordination, Education and Training, and Program Development. In addition to the core service of human services planning, the Council is home to the specialized services of the Information and Referral Services Program, Buchanan Resource Center, HIV/STD Resources, Child Care LINK, U.S.D.A. Child and Adult Care Food Program, Voluntary Registration Program, Volunteer Roanoke Valley and the Retired Senior Volunteer Program.

Planning and Consultation Committee

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I. INTRODUCTION

The Board of Directors of the Council of Community Services approved the implementation of a Valley-wide research project designed to identify the human service needs of area citizens. The Community Needs Assessment Steering Committee was created to oversee this effort. In order to have a diverse professional input, the following individuals were asked to be members of the Steering Committee:

- Jeannine Blackburn, Roanoke County Department of Social Services
- Diane V. Brogan, Adjunct Sociology Professor, Roanoke College
- Natalie Elliott, CSA Coordinator, City of Roanoke DSS
- Pamela J. Gold, Roanoke City Police Department
- Shirley Holland, VP Strategic Development, Carilion Roanoke Memorial
- J. Lee E. Osborne, Attorney, Carter, Osborne and Miller
- Beth Pline, Vice President, United Way of Roanoke Valley
- Charlotte Porterfield, Council of Community Services Board of Directors
- Frank Rogan, President, United Way of Roanoke Valley
- Shane Sawyer, Roanoke Valley/Alleghany Regional Commission
- Eberle Smith, Professor, Social Work, Radford University

This survey represents the Council's efforts to conduct community-wide needs assessments on a recurring basis. In the intervening years, annual community forums (Human Services Assemblies), specialized surveys, focus groups and other methods are utilized to ascertain progress made in meeting identified needs and to develop strategies for meeting needs in the year ahead.

Purpose

The purpose of a needs assessment is to gather information on (1) current human services needs in the local community, on (2) people who are currently using human services, and on (3) how we need to improve or modify these services. For this report perception of concerns, needs and access to resources was acquired from citizens' self-reports, survey of human service agency staff, board members' and structured interviews with community key

informants regarding the prevalence and seriousness of local needs and adequacy of resources. One hundred ten (110) Roanoke Valley agencies and programs are represented in this report. The information obtained from them will enhance the community's capability for long-term monitoring of trends in human needs and should promote informed discussion about problems faced by area citizens, the root causes of these problems, and appropriate and feasible solutions. In addition, analysis of the data collected will help policy-makers focus on setting priorities among identified needs. This is an important process in any environment, but it is especially critical in times of diminishing resources devoted to human service needs. Federal and state policies toward meeting citizen's human services needs continue to change, making a clear understanding of the personal and community needs identified by this survey particularly significant.

This report begins with general demographic information about the survey area, the Roanoke Metropolitan Service Area, from the U.S. Census and other sources. The Roanoke MSA consists of the cities of Roanoke and Salem, the counties of Roanoke, Botetourt, Craig and Franklin, and the Town of Vinton. Information from the 1995 Community Needs Assessments is presented to provide a basis of comparison with the data collected for this report. Data was collected, and will be reported on, from three separate but related community surveys. First, structured interviews with community leaders were conducted for the Council in summer, 2003 by the Kiwanis Club of Roanoke's Strategic Planning Team. Second, clients of local human service agencies were surveyed in fall, 2003. And third, service provider staff and board members were surveyed in spring, 2004. The report concludes with a discussion of the implications of the reported results.

II. ROANOKE VALLEY DEMOGRAPHIC CHARACTERISTICS

Population by Age 1990

	Roanoke City	Roanoke County	Salem	Botetourt County	Franklin County	Craig County	TOTAL
Under 18 Years	21,174 (21.9%)	17,827 (22.4%)	4,667 (19.6%)	5,806 (23.2%)	9,016 (22.7%)	1,007 (23.0%)	59,497
18-24 Years	9,520 (9.8%)	7,114 (8.9%)	2,963 (12.4%)	2,098 (8.3%)	4,602 (11.6%)	381 (8.7%)	26,678
25-44 Years	31,370 (32.5%)	25,662 (32.3%)	7,010 (29.5%)	8,183 (32.742%)	12,136 (30.6%)	1,387 (31.7%)	85,748
45-64 Years	17,887 (18.5%)	18,023 (22.7%)	5,172 (21.7%)	5,858 (23.4%)	8,627 (21.8%)	983 (22.4%)	56,550
65+ Years	16,446 (17.0%)	10,706 (13.4%)	3,944 (16.6%)	3,047 (12.1%)	5,168 (13.0%)	614 (14.0%)	39,925
TOTAL	96,397	79,332	23,756	24,992	39,549	4,372	268,398

Source: U.S. Census

Population by Age 2000

	Roanoke City	Roanoke County	Salem	Botetourt County	Franklin County	Craig County	TOTAL
Under 18 Years	21,457 (22.6%)	19,500 (22.7%)	5,162 (20.9%)	7,138 (23.4%)	10,500 (22.2%)	1,202 (23.6%)	64,959
18-24 Years	7,744 (8.2%)	5,691 (6.6%)	2,890 (11.7%)	1,755 (5.8%)	3,836 (8.1%)	328 (6.4%)	22,244
25-44 Years	28,948 (30.5%)	23,625 (27.5%)	6,617 (26.7%)	8,800 (28.9%)	13,331 (28.2%)	1,510 (29.7%)	82,831
45-64 Years	21,202 (22.3%)	23,317 (27.2%)	5,930 (24.0%)	8,791 (28.8%)	12,854 (27.2%)	1,360 (26.7%)	73,454
65+ Years	15,560 (16.4%)	13,645 (15.9%)	4,148 (16.8%)	4,012 (13.2%)	6,765 (14.3%)	691 (13.6%)	44,821
TOTAL	94,911	85,778	24,747	30,496	47,286	5,091	288,309

Source: U.S. Census

Population by Race/Ethnicity (percentage of total population)

2000

	Roanoke City	Roanoke County	Salem	Botetourt County	Franklin County	Craig County
Total	<i>94,911</i>	<i>85,779</i>	<i>24,747</i>	<i>30,496</i>	<i>47,286</i>	<i>5,091</i>
White	68.8	93.0	91.3	94.9	89.0	98.9
African-American	26.6	3.3	5.8	3.5	9.3	0.2
Hispanic	1.5	1.0	0.8	0.6	1.2	0.3
Asian	1.1	1.6	1.0	0.5	0.4	0.2
Native American*	0.2	0.1	0.1	0.2	0.2	0.2

2000 U.S. Census

*Category includes Alaska Natives

Population and Racial Diversity Changes

	Population 1990	Population 2000	% Change	Non-White % 1990	Non-White % 2000	Non-White % Change
Botetourt County	24,992	30,496	<i>22.0</i>	4.7	5.1	<i>0.4</i>
Craig County	4,372	5,091	<i>16.4</i>	0.8	1.1	<i>0.3</i>
Franklin County	39,549	47,286	<i>19.6</i>	11.2	11.0	<i>-0.2</i>
Roanoke City	96,487	94,911	<i>-1.6</i>	25.3	30.6	<i>5.3</i>
Roanoke County	79,278	85,778	<i>8.2</i>	3.6	6.4	<i>2.7</i>
Salem City	23,835	24,747	<i>3.8</i>	5.8	8.1	<i>2.4</i>
Virginia	6,189,197	7,078,515	14.4	22.5	27.7	5.2

U.S. Census/Vital Signs

Median Income

2000

	Roanoke City	Roanoke County	Salem	Botetourt County	Franklin County	Craig County
Household	\$30,719	\$47,689	\$38,997	\$48,731	\$38,056	\$37,314
Male*	\$28,465	\$39,126	\$32,472	\$37,182	\$29,807	\$26,713
Female*	\$21,591	\$26,690	\$23,193	\$25,537	\$22,215	\$21,337

2000 U.S. Census

*Full time, year around workers

U. S. Government defined poverty level

<u>Size of Family Unit</u>	<u>Poverty Guideline (48 Contiguous States)</u>
1	\$ 9,310
2	\$12,490
3	\$15,670
4	\$18,850
5	\$22,030
6	\$25,210
7	\$28,390
8	\$31,570

Each additional person add \$3,180

Source: *Federal Register*, Vol. 69, No. 30, February 13, 2004.

Poverty Level (% of population) 2000

	Roanoke City	Roanoke County	Salem	Botetourt County	Franklin County	Craig County
Total	94,911	85,779	24,747	30,496	47,286	5,091
Families	12.9	2.7	4.3	3.6	7.3	6.6
Families ¹	21.7	3.9	6.6	5.1	10.7	10.3
Families ²	26.9	4.5	6.7	3.4	13.8	11.1
Individuals	15.9	4.5	6.7	5.2	9.7	10.3
Individuals over 65 years	11.3	4.9	8.1	6.5	9.8	10.5

2000 U.S. Census poverty level

¹With related children under 18 years

²With related children under 5 years

The Self-Sufficiency Standard

The following table is presented in contrast with the commonly used “poverty level” reported above to highlight the amount of income actually required to meet basic needs (including taxes) in the regular market place without public subsidies or private/informal subsidies¹. Both are measures of income adequacy but are calculated differently so measure poverty differently.

The Poverty Measure is:

- Calculated by the U.S. Census annually
- Measured for each family size and number of children

- Based on 2-parent family and assumes only 1 parent works in a 2-parent family and no workers in single-parent families
- The same for every place
- Based on the cost of food
- Calculated with food assumed to be 1/3 of family budget

¹Public subsidies are food stamps, Medicaid, subsidized child care, etc. Private subsidies are free babysitting by a relative, food provided by churches or food banks, shared housing, etc.

The Self-Sufficiency Standard by comparison:

- Assumes that all adults work full-time and includes the costs of working, i.e., transportation and taxes, and for families with young children, child care
- Is based on the costs of all basic needs and updated annually
- Defines basic needs as housing, child care, food, transportation, health care, miscellaneous, taxes
- Varies the costs by the age of children
- Varies by geographical location
- Includes “benefit” of tax credits

Annual income needed for selected family categories in the Roanoke metropolitan area*

AREA	Adult	Adult + Infant	Adult + Preschooler	Adult + School age + Teenager	2 Adults + Preschooler + School age
Botetourt County	\$13,978	\$21,725	\$20,936	\$18,572	\$33,807
Craig County	\$13,868	\$18,562	\$18,113	\$18,283	\$30,268
Franklin County	\$13,868	\$18,986	\$19,134	\$18,283	\$31,391
Roanoke City	\$13,831	\$21,651	\$20,393	\$18,903	\$32,746
Roanoke County	\$13,831	\$20,630	\$20,903	\$18,903	\$33,144
Salem City	\$13,905	\$19,469	\$19,745	\$18,374	\$31,502

*Source: Voices for Virginia’s Children, 2002

Unemployment (%)

	March 2004	March 2003	1994*	1995*
United States	6.0	6.2	6.1	5.6
Virginia	3.4	4.1	4.9	4.5
Roanoke Metropolitan Area	3.0	3.7	3.5**	2.8**
Botetourt County	2.2	3.3	3.2	2.6
Craig County	3.2	3.3	5.8	4.6
Franklin County	3.6	5.4	4.8	5.4
Roanoke City	4.3	5.2	4.5	3.6
Roanoke County	2.3	2.4	2.8	2.2
Salem City	2.2	3.7	2.9	2.5

Source: Virginia Employment Commission

*Average yearly unemployment statistics covering the time of the 1995 Community Needs Assessment

**Craig and Franklin Counties were not part of the Roanoke Metropolitan Statistical Area in 1994 and 1995.

Selected Social Indicators 2000-2001

	Roanoke City	Roanoke County	Salem	Botetourt County	Franklin County	Craig County
% High School Dropout	6.1	1.1	1.2	2.1	3.1	0.3
% with less than High School Diploma ²	24.0	14.2	18.0	18.6	27.8	23.4
% Crime Committed by juveniles	2.7	7.4	11.6	8.0	7.7	2.4
Suicides/100,000 Population	13.9	11.6	4.1	22.7	16.7	0.0
% Owner-Occupied Housing	56.3	77.2	67.6	87.8	81.1	81.2
% Job Growth ³	0.99	0.99	0.99	0.99	0.98	0.97

Source: Virginia Center for Healthy Communities

¹Age 10-19

²Over 25 years old

³Jobs available 2001/Jobs available 2000 x 100 (VA Employment Commission)

Indicators of School Readiness 2002

The Virginia School Readiness Indicators data is the result of Virginia's participation in a 17-state initiative to identify and use child well-being indicators to improve school readiness. One of the goals of this 2002 initiative was to create a set of measurable indicators related to and defining school readiness that can be tracked regularly over time at the state and local levels. The indicators describe the physical, social, emotional, and cognitive well-being of children. The initiative's focus is on the first five years of children's lives because of the number of influences which will determine success in school or whether there will be barriers to learning. Indicators were selected if they (1) have been cited in scientific literature to be independently related to school success; (2) represent available and reliable statistics for Virginia and can be tracked over time; and (3) represent factors that influence development and can be targeted and changed through policy efforts.

	Roanoke City	Roanoke County	Salem	Botetourt County	Franklin County	Craig County	Virginia
Literacy Screening ¹	30.4 (1,097)	9.8 (911)	15.7 (305)	22.3 (336)	21.1 (511)	15.4 (52)	20.3 (74,666)
3 rd Grade SOL ²	56/64	79/86	84/94	79/89	83/90	63/71	72/80
Teen Birth ³	39	15	8	11	19	11	19
Maternal Education ⁴	22.0	9.0	7.0	5.0	14.0	8.0	15.0
Prenatal Care ⁵	98.0	98.0	99.0	97.0	90.0	98.0	85.0
Low Birth Weight ⁶	8.0	7.0	8.0	9.0	9.0	4.0	8.0
Children in Poverty ⁷	28.0	6.0	5.0	4.0	13.0	11.0	13.0
Child Abuse/Neglect ⁸	9.4	3.6	1.4	2.3	2.6	11.0	4.7
Elevated Lead Levels ⁹	5.0 (1,161)	1.0 (199)	1.0 (124)	0.0 (113)	2.0 (530)	0.0 (16)	2.0 (51,359)
Health Insurance ¹⁰	87.0 (9,845)	109.0 (2,762)	Included in Roanoke County	87.0 (374)	102.0 (2,860)	95.0 (288)	90.0 (411,642)
Foster Care ¹¹	7 (58.1)	2 (9.4)	1 (1.5)	2 (3.1)	1 (4.6)	6 (2.0)	2 (1393.8)
Child Care Subsidies ¹²	8.0	4.0	Included in Roanoke County	2.0	3.0	1.0	4.0
Early Intervention ¹³	154*	*	*	*	48**	*	3,952
Preschool Special Education ¹⁴	38	41	28	26	40	46	29
Head Start ¹⁵	97*						947
At Risk 4 Year Old ¹⁶	653	67	28	20	164	7	22,967

¹Percent of Kindergarten students identified as needing additional intervention under the Early Intervention Reading Initiative. Number in parenthesis is number of students screened. [Source: The University of Virginia]

²Percent of students passing 3rd grade Standards of Learning English/Math Assessments [Source: VA Department of Education]

³Ages 15-17 birth rate per 1,000 [Source: VA Department of Health]

⁴Percent of births to mothers with less than 12th grade education [Source: VA Department of Health]

⁵Percent of women receiving early prenatal care (within first 13 weeks) [Source: VA Department of Health]

⁶Percent of low birth weight births [Source: VA Department of Health]

⁷Percent of children under age 6 living below 100% poverty [Source: U.S. Census]

⁸Rate per 1000 of assessed child neglect/abuse cases that were founded [Source: VA Department of Social Services and VA Center for Health Statistics]

⁹Percent of children with elevated lead levels (Number in parenthesis is the number of children tested.) [Source: VA Department of Health]

¹⁰Percent of estimated eligible children who are enrolled in Medicaid and Famis (Number in parenthesis is number of children who are estimated to be eligible for Medicaid and Famis health coverage.) [Source: VA Department of Medical Assistance Services]

¹¹Rate per 1000 children entering and exiting the foster care system (based on census) (Number in parenthesis is the average number in foster care.) [Source: VA Department of Social Services and VA Center for Health Statistics]

¹²Percent of children receiving child care subsidies [Source: VA Department of Social Services and VA Center for Health Statistics]

¹³Birth to three year old children enrolled in early intervention programs – *Greater Roanoke Area, excluding Franklin County, total

** Franklin County number is part of Piedmont Regional locality also including Henry, Martinsville and Patrick. [Source: VA Department of Mental Health, Mental Retardation, and Substance Abuse Services]

¹⁴Rate per 1000 children birth to six years who are eligible for public school special education programs [Source: VA Department of Education]

¹⁵Enrollments by grantee, Total Action Against Poverty - *Includes Alleghany, Botetourt, Craig, Franklin County, Roanoke County, Rockbridge, Buena Vista, Covington, Lexington, Roanoke City and Salem [Source: VA Department of Social Services]

¹⁶2003-2004 estimated number of 4 year olds at risk [Source: Virginia Department of Education]

Teen Pregnancy¹

	1995	2002
Botetourt County	39	35
Craig County	9	3
Franklin County	84	78
Roanoke City	399	293
Roanoke County	84	153
Salem City	60	44

Source: Virginia Department of Health

¹Total number of pregnancies for females 19 years and younger

III. 1995 COMMUNITY NEEDS ASSESSMENT

The 1991 and 1995 Council of Community Services Community Needs Assessment (available upon request) instruments differed in use of specific terminology and the creation of several items out of previous single ones so direct comparison of assessment items cannot be done for these two years. However, several general points can be made. Agency staff and board members were likely to identify the same social problems as serious in 1995 as they did in 1991. Teen pregnancy, drug abuse, and child abuse and neglect were most commonly identified as problems. Lack of access to healthcare, including not having sufficient money for dental care and prescription medication, was cited by clients in both survey years. The following are selected results from the 1995 survey process.

1995 Needs Assessment Most Serious Problems (%)*

Teen Pregnancy	81.6
Drug abuse among children and teenagers	70.5
Abuse and neglect of children	62.6
Family violence	60.9
Drug abuse among adults	60.1
Alcohol abuse among adults	59.8
Alcohol abuse among children and teens	59.8
Poverty among families	57.3
Poverty among the elderly	55.7
Non-violent crime committed by teens	51.8
Truancy from school	51.8
Unmet mental health needs	50.5

*602 staff and board members completed questionnaires

1995 Services Most Often Identified as in Need of Great Expansion (%)

Affordable child care services	46.9
Affordable counseling services for children and teens	46.7
Affordable after-school child care services	45.4
Supervised/structured recreation for teens 13-18	45.2
Low cost or no cost dental services	44.1
Treatment for children involving family	42.9
Programs dealing with juvenile violence/crime	41.9
Community awareness of available resources	41.0
Programs to discourage truancy/drop outs	40.4

1995 Concerns Identified as Major Problems by Clients (%)

Not having enough money for dental care	42.7
Not having enough money for needed health care	40.3
Not having enough money for medications	32.6
Not having enough money for utilities	29.9
Not having enough money for mortgage or rent	29.5
Not having enough money for clothes/shoes	24.9
Not having enough money for child day care	24.7
Feeling a high level of anxiety, stress or depression	24.4
Not having transportation to job or store	22.7
Not know about available resources	19.0
Unable to find a job	18.8
Not knowing how to get in touch with the right agency	18.4
Not having anyone to turn to for support	18.0
Living in a house/apartment needing a lot of repairs	16.9

*537 clients completed questionnaires

Data was examined to determine if the same problems were common to all groups – *age, gender, race, education, income, living situation, current work status, and residential area* – within the community or if specific problems were likely to be experienced by some groups and not others. With only a few exceptions, the same problems were most likely to be regarded as

being major by all population subgroups. In almost every case, insufficient money for dental care or for medical care or for prescription medications was cited as the most serious problem, and in varying order these health-related concerns were typically in the top three or four problem areas for almost every group.

The exceptions to the pattern had logical explanations. Clients age 18 and under had fewer health worries and were more concerned about paying for housing and utilities and not having transportation. Those 65 years and older also worry about the lack of transportation. The mostly likely concern of clients earning more than \$25,000 a year is “stress, anxiety or depression”. Lack of after-school day care, lack of in-home care, and difficulty caring for a family member are other equally noted problem areas and could lead to a working client reporting stress, anxiety or depression. Because the population is aging many working people must care for both children and aging parents.

IV. KIWANIS KEY INFORMANT SURVEY

In 2003, the Kiwanis Strategic Planning Committee set as a goal to, “conduct a comprehensive community needs analysis of our service community” by obtaining information from key people in the service community to ascertain the highest priority of unmet needs. Concurrently, the Council of Community Services (CCS) was preparing to conduct a community-wide needs assessment. To avoid duplication of effort the Kiwanis Club of Roanoke Strategic Planning Committee partnered with the Council of Community Services to administer the Council’s needs assessment survey to key informants in the human services community. (The complete report is available upon request.)

Key informants (24) from the following areas completed the structured interview process using a survey instrument combining aspects of the Provider Survey (Appendix I) and the Client Survey (Appendix II).

- Health
- Education
- Municipal government
- Human services
- Public safety
- Business community
- Civic groups
- Economic development
- Environment

The community leaders were asked to assess the level of seriousness of the specific social problems and concerns within the Roanoke Valley. The problems identified as serious were:

	Somewhat Serious (%)	Very Serious (%)
Unmet Mental Health Needs	5.3	73.7
Poverty among families	73.7	26.3
Drug abuse among children and teens	63.2	31.6
Drug abuse among adults	52.6	26.3
Homelessness among adults	52.6	31.6
Lack of employment opportunities for teens	52.5	10.5
Teen pregnancy	52.5	26.3
Public transportation for the disabled	26.3	52.6

Other problems which were categorized as somewhat serious by a significant number of respondents (47.4%) are *abuse of children, abuse of elderly, alcohol abuse among adults, homelessness among children and teenagers, illiteracy, lack of employable work/life skills among teens, non-violent crimes committed by adults, and truancy from school*. Particularly troubling is that 47.4% of these community leaders feel that the problem of *racial and ethnic discrimination* is “somewhat serious” in the Roanoke Valley.

While responding that *homelessness among adults* is a somewhat serious problem, respondents also felt that there were adequate numbers of shelters for children and teens (68.4%) and adults and families (57.9%). Emergency clothing assistance is also viewed as adequate (52.6%).

Identification of Services Needing Expansion in the Local Community

The community leaders were also asked to assess whether several selected community services were adequate, in need of expansion, or greatly in need of expansion. The following are the services most commonly rated as being in need of or greatly in need of expansion by category.

Services for Children and Teens		
	Need to be Expanded (%)	Greatly Expanded (%)
AIDS Education and Prevention	57.9	0.0
Evening Recreation Programs	42.1	15.8
Recreation for Children 0-12 years	42.1	10.5
Alternative Education/Training	42.1	21.1
Juvenile Violence/Crime Prevention	47.4	15.8
Alcohol and Drug Prevention	47.4	21.1
Family Planning Services	42.1	15.8

Services for Adults and Families

	Need to be Expanded (%)	Greatly Expanded (%)
Parent education programs	42.1	21.0
Family counseling services	52.6	10.5
Financial counseling services	52.6	10.5
Career counseling services	52.6	10.5
Affordable child care services	26.3	47.4
Financial assistance for medications	26.3	52.6
AIDS education and prevention	57.9	5.3

Services for the Elderly

	Need to be Expanded (%)	Greatly Expanded (%)
Affordable day care services	47.4	15.8
Financial assistance for medications	36.8	42.1
Emergency shelters for abuse victims	42.1	5.3

Unlike other categories, for all queries but one (recreation) regarding availability of services for the elderly, many community leaders responded “unsure”. For example, over 50% were unsure about group living and volunteer guardians, and though 42.1% felt emergency shelters should be expanded, 42.1% were unsure. Because information about services is communicated by the staff of agencies and programs to clients, it is interesting to note that the lack of awareness of the needs of seniors continues when the entire community was surveyed for the Community Needs Assessment. The Council of Community Services recently completed a Senior Citizens Needs Assessment (available upon request) in June 2003. A conclusion of that study indicated that the primary needs of seniors were for transportation and affordable healthcare (including medications). In addition, seniors reported inadequate knowledge of services and activities for seniors while agencies serving seniors reported lack of knowledge as a barrier to seniors receiving their services. Readily available case management

services to aid seniors in negotiating the maze of services available was cited as a strategy to overcome this gap.

Services for Those with Special Needs

	Need to be Expanded (%)	Greatly Expanded (%)
Services for mentally retarded	52.6	15.8
Services for emotionally disturbed	47.4	26.3
Services for mentally ill	52.6	31.6
Drug/alcohol abuse programs	47.4	10.5

The need for expansion of these services mirrors the respondent’s overwhelming view that the most serious problem in the Roanoke Valley is *Unmet mental health needs*. This need has been indicated in other venues as well. This researcher was told repeatedly when monitoring Roanoke City Human Service Grant funded programs that clients with severe mental health problems were going untreated and were also unable to access their own program’s services because of mental illness. The caseload of programs** to provide services to the most “at risk” Roanoke City children are steadily increasing. Children are often sent to facilities outside of the Valley and outside of Virginia to receive comprehensive mental health services.

**Comprehensive Services Act/Family Assessment Planning Teams

Other Services

	Need to be Expanded (%)	Greatly Expanded (%)
Low or no cost medical care	31.6	42.1
Low cost housing options	42.1	10.5
Emergency financial assistance	42.1	15.8
Emergency community mental health	47.4	26.3
Community planning/coordination***	52.6	26.3

***of human service programs

Greatly Needed Services - All Categories (%)

Financial Assistance for prescription drugs (adults)	52.6
Affordable child care services	47.4
Financial assistance for prescription drugs (elderly)	42.1
Low cost or no cost medical care services	42.1
Community awareness of available resources and services	42.1

V. 2003-2004 NEEDS ASSESSMENT – 2003 Client Survey

Methodology

The 2003-2004 Community Needs Assessment Client Survey involved the distribution of a questionnaire originally developed for the 1991 Assessment and modified for the 1995 Assessment. The survey was developed to cover multiple, and in some cases broad areas of need. The survey design committee deliberated between using an exhaustive needs list which may have been an unwieldy instrument versus a more manageable instrument with some loss of specific areas of need. The latter was selected.

Client data collection was conducted using the protocol established for the 1991 and 1995 needs assessments. The client questionnaire (Appendix 1) was distributed to area human service agencies and organizations in September, 2003 for completion during the month of October, 2003. A member of the staff then coordinated the distribution and collection. Most clients completed the questionnaires on-site. Surveys were returned to the Council in the envelopes provided. While the identification of participating agencies is known, client respondents remain anonymous. The data collection process concluded at the end of October, 2003.

As in previous years, there was not a feasible protocol to obtain a high rate of responses from a scientifically selected sample. The procedure enabled collection of information from a large number of clients and a wide range of agencies and programs. 410 clients completed questionnaires from 77 human service providers (Appendix 3A). Eighty (80.49) percent of respondents reside in the Roanoke Valley.

This protocol was determined to be superior to the use of mailed, self-administered questionnaires which could eliminate those with reading limitations or a lack of experience with mail survey procedures. The drawback of using telephone interviews is the number of people who could not participate because they do not have a telephone. Additionally, the significant increase in use of cell phones with multiple providers has made random telephone number

surveys difficult. Focus groups have advantages but cannot realistically enable the collection of information from large numbers of persons. Random door-to-door personal interviews would not have provided the same sample of those in the community experiencing special needs.

Selection of the participating agencies and organizations was driven by the need to have a wide representation of human services providers and clients. Factors considered in selection were the target population of agencies, types of services provided, and opportunities for personal contact with clients in order to encourage participation in the study. An important objective was to collect data from as large a variety of clients as possible.

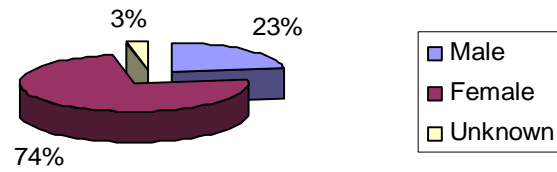
At the conclusion of the data collection process, questionnaire data was analyzed using SPSS v10, a statistical software package commonly used for survey research. Frequency distributions and cross-tabulations were run for most questionnaire items. The data entry, tabulation, and analysis were conducted by the Council of Community Services Planning Department and are presented in tabular form in Appendix 4.

Participant Profile

Age of Client Respondents

	FREQUENCY	PERCENT
18 years or younger	14	3.4
19-34 years	181	44.1
35-54 years	150	36.6
55-64 years	24	5.9
65 years or older	31	7.6
Unknown	10	2.4
TOTAL	410	100.0

Gender of Client Respondents

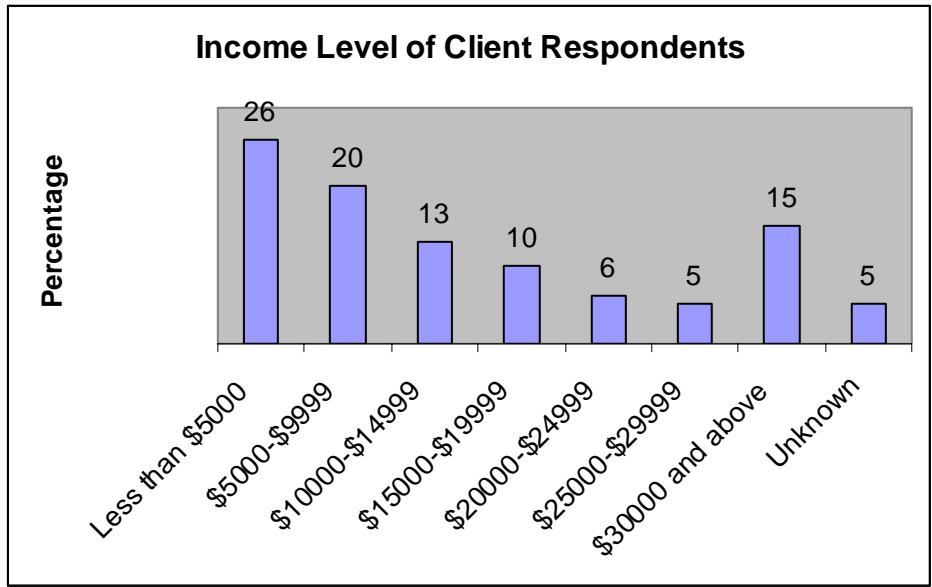
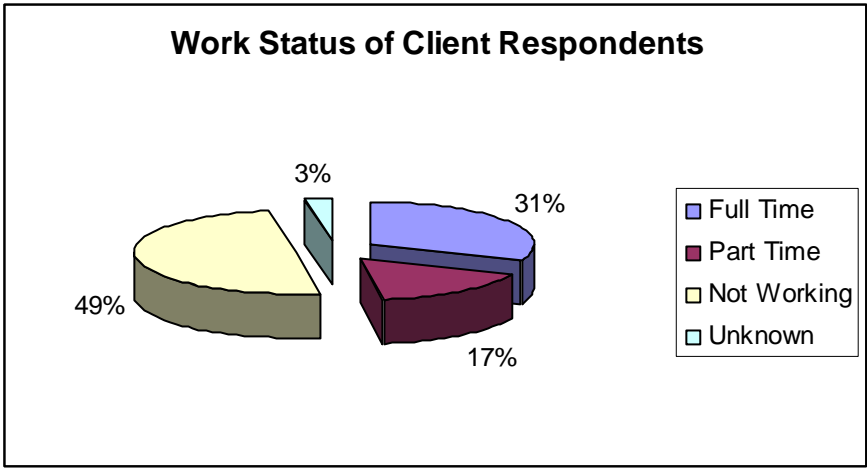


Education Level of Client Respondents

	FREQUENCY	PERCENT
Less than high school	59	14.4
High school/GED	152	37.1
Post high school	109	26.6
College	78	19.0
Unknown	12	2.9
TOTAL	410	100.0

Race/Ethnic Group of Client Respondents

	FREQUENCY	PERCENT
White	218	53.2
Black	172	42.0
Hispanic/Spanish	2	0.5
Asian/Pacific Islander	3	0.7
Other (unspecified)	4	1.0
Unknown	11	2.7
TOTAL	410	100.0



Client Results – Major Personal Problems

Clients of public and private human service agencies were asked to complete a questionnaire regarding problems or concerns that they had faced in the previous 12 months. These problems were categorized as relating to finances (Table 8); family (Table 9); housing, transportation and safety (Table 10); and other concerns (Table 11). Clients were asked to rate

each problem as being a “major problem,” a “minor problem”, or “not a problem.” Table 12 rank orders these problems beginning with those most commonly rated as being a major problem.

As in previous years, clients overwhelmingly reported **a lack of personal financial resources** as being their most significant problem. The five problems most often selected as being major all relate to **not having enough money to purchase the necessities of life**. However, as in 1995, the three necessities routinely identified as being the biggest concerns are all **health-related**: not having enough money to pay for dental care (44.9%) or to pay for needed health care (36.3%), and not having enough money to pay for medications (33.7%). Other frequently cited problems were lack of money for mortgage or rent, water, gas or electric bills, food, clothes and child day care. Twenty-seven percent of the respondents cite inability to find employment as a major problem for them. Forty-nine percent of current respondents report they are not working.

Another type of problem that clients were likely to identify as major was **a lack of information about available resources and sources of support**. Clients reported having no one to turn to for support or help with a problem, not knowing what resources were available in the community and not knowing how to get in touch with the right agency. Again, this mirrors the concerns expressed by clients who completed surveys in 1995.

Given the lack of financial resources and information it is no surprise that **feeling a high level of anxiety, stress, or depression** is also cited as a major problem for over one in four survey respondents (26.3%) and as a minor problem for 36.6 percent of respondents.

Grouping clients by gender, income, education, age, employment, race/ethnicity and living arrangements also finds, with only few exceptions, that the top five major problems are related to **lack of financial resources**. **Lack of dental care** was the top major problem for men, women, all income levels up to \$24,999, all education levels, all age categories with the exception of 18 years and under, all employment categories, adults with and without children,

and both white and African-American respondents. Tables 13 through 19 reports the ten most frequently cited major problems for each population subgroup.

As noted, there were exceptions. Higher income respondents were more likely to report feeling a high level of anxiety, stress, or depression as their top major problem. This may warrant further investigation. Those 18 years and younger report living in a house or apartment needing a lot of repairs as their major concern. Not surprising, those who are unemployed report inability to find a job.

Client Results – Resources Currently Being Used

Tables 20 and 21 identify the areas where clients are able to find support and help with the problems they are experiencing. Public supports, including food stamps, TANF, SSI and like programs are most often used by clients (39.8%). Free and low cost medical and dental services (31.2%), public transportation (27.1%) and public housing (25.4%) were also cited as having been used in the 12 months preceding the survey. Private resources, such as free food and clothing, were cited by one in four respondents as having been used (24.9%).

As in 1995, two-thirds (65.1%) of clients reported that they could count on family members to provide help if it was really needed, and almost half (48.3%) could turn to church or other religious groups. Over one third reported they felt help was available from social service agencies (38.3%) and friends in the community (36.1%). Only one in four respondents felt that they would be able to get help from neighbors.

VI. 2003-2004 NEEDS ASSESSMENT – 2004 Service Provider Survey

Methodology

The 2003-2004 Community Needs Assessment Service Provider Survey protocol is the same as that used for the 2003 Client Assessment. The questionnaire was also originally developed for the 1991 Assessment and modified for the 1995 Assessment to cover multiple, and in some cases broad, areas of need. The survey design committee rationale for the distribution method mirrors that for the client survey.

The service provider questionnaire (Appendix 2) was distributed to area human service agencies and organizations in mid-March, 2004, for completion in early April. A member of the staff then coordinated the distribution and collection of surveys from staff and board members. Most respondents completed the questionnaires on-site and the surveys were returned to the Council in envelopes provided. While the identification of participating agencies is known, staff and board respondents remain anonymous.

As in previous years, there was not a feasible protocol to obtain a high rate of responses from a scientifically selected sample. The procedure enabled collection of information from a large number of staff and board members (340 completed questionnaires) representing a large number of human service providers (63 agencies – Appendix 3B).

Selection of the participating agencies and organizations was driven by the need to have a wide representation of human services providers and clients. An important objective was to collect data from as large a variety of human service agencies as possible.

The service provider questionnaire data was analyzed using SPSS v10, a statistical software package commonly used for survey research. Frequency distributions and cross-tabulations were run for all questionnaire items. The data entry, tabulation, and analysis were conducted by the Council of Community Services Planning Department and are presented in tabular form in Appendix 4.

Service Provider Results – Serious Problems in Local Community

Staff members of public and private human service agencies and members of the Board of Directors of private agencies were asked to assess the level of seriousness of 39 specific social problems and concerns within the Roanoke Valley. These respondents identified whether they considered each problem “very serious,” “somewhat serious,” or “not very serious” in the local community. Table 1 rank orders these problems beginning with those most commonly assessed to be very serious. Two categories of problems were viewed as most serious, problems related to poverty and problems related to physical and mental health (including alcohol and drug abuse).

Service provider staff and board members cite **poverty among families** (55%) and **poverty among adults** (49.1%) among the top sixteen very serious problems in the Roanoke Valley. This perception underscores the lack of financial resources for all basic needs of daily living that was reported by the service providers’ clients. Poverty was also considered one of the somewhat serious problems by the key informants. Two related concerns, **lack of employment opportunities for adults** (40%) and **transportation for people with low income** (43.8%), were also reported as very serious by provider staff and board members. To a lesser degree lack of employment opportunities were viewed as very serious for the disabled (32.6%), for the elderly (19.7%), and for teens (17.6%).

Unmet mental health needs were reported as very serious by as many respondents as poverty (55%). This was also cited as very serious by the key informants. Four of the top sixteen problems of clients were related to substance abuse issues. More than half of the respondents reported **drug abuse among adults** (53.5%) and **drug abuse among children and teens** (51.2%) as very serious. Very high in the rank order are **alcohol abuse among adults** (49.1%) and **alcohol abuse among children and teens** (41.8%).

In addition to poverty, respondents felt that families suffered in two additional areas. Forty-nine percent reported that **family violence** was a very serious problem. Following closely

is **abuse of children**, with 45.6 percent reporting this as a very serious problem. 41.8 percent of staff and board members of agencies felt that families **lacked stable support systems** such as family, friends and neighbors. This mirrors the clients who were least likely to report these support systems as available to them in times of trouble.

Service Provider Results – Programs Needing Expansion

The human service providers were also asked to assess whether selected community services were “adequate”, in “need of expansion”, or in “need of great expansion.” These services were categorized on the questionnaire as those pertaining to children and teenagers (Table 2), to adults and families (Table 3), to the elderly (Table 4), to special needs populations (Table 5), and to other services (Table 6). Table 7 identifies the services most commonly rated as being in need of great expansion regardless of category.

In general, perceptions of service needs mirror perceptions of serious problems. For children and teens, for whom substance abuse was viewed as very serious, the services most likely cited as needing great expansion are **affordable counseling services** (40.9%) and **treatment programs for children and families** (37.4%), followed closely by **programs that deal with alcohol and drug prevention** (32.9%). In addition, 30.6 percent of respondents felt that programs that **supervised teens 13 to 18 years** needed great expansion.

The need for great expansion of services for adults and families was reported in two categories, health and child care. The most cited was **financial assistance for prescriptions** with 53.2 percent of respondents reporting the need for great expansion in available funding sources. The need for this assistance mirrors the financial concerns reported by agency clients. All of the next ranked five services relate in some way to great expansion of child care: **affordable child care services** (43.5%), **affordable after-school child care** (39.7%), **transportation to child care** (33.5%), **respite services for caregivers of children with special needs** (33.2%), and **affordable child care for sick children** (32.9%).

Services for the elderly population are seen as needing great expansion for **financial assistance for prescriptions** by 47.4 percent of respondents. As with other surveys, the need for **transportation services** (34.7%) is cited as needing great expansion. Another often cited senior need, **financial assistance for home repairs** (30.9%) was also reported by respondents to this survey.

One of the two most serious community problems cited by the respondents was **unmet mental health needs** (55%). A third (32.4%) of the respondents reported services **for the mentally ill** as being in need of great expansion. Approximately one in four respondents cites the need for great expansion of services **for the emotionally disturbed** (28.8%), **for persons abusing alcohol or drugs** (27.9%), and **for the mentally retarded** (20%).

And finally, **low cost dental care**, in the Special Needs-Other category, was reported by the most respondents as needing great expansion with 52.1 percent. This directly supports the serious problems reported by all categories of service clients who most often reported the lack of available affordable dental care. **Low cost medical care** (38.2%) was also considered in need of great expansion.

VII. Conclusions

As in 1995, issues directly related to poverty and lack of essential physical and mental health care continue to be viewed as most serious by key informants, clients and providers. The 2003 -2004 concerns would have been predicted by two facts; first, the number of clients who are unemployed or only employed part time (66%); and second, the number of Roanoke area citizens who live below the poverty level by both the U.S. Census standard and the Self-sufficiency standard. Three examples from Roanoke City will put the difference in the two indicators of poverty in perspective. For a single adult the difference between the Federal Poverty Level and the actual amount needed for basic needs is \$4,521; for two people who could be one adult and one child, the difference is \$7,903; and finally, for two people who are one adult and one *infant* the difference is \$9,161.

Also related, 32.7 percent of clients are in single-parent households with children under the age of 18 years. The significant emphasis on the need for affordable child care related services could also be predicted by the Self-sufficiency standard. Strategies are currently being developed by both community funders and child and teen program providers to address issues of affordable child care and after school programs for middle school and high school youth.

A significant difference from the 1995 Needs Assessment is in the perception of the seriousness of teen pregnancy. In 1995, 81.6 percent of respondents reported this as a serious problem compared to 45 percent today. This decline could be attributed to the significant community focus that has been placed on teenage sexuality in the past decade. As statistics presented (page 11) show, for all areas except Roanoke County, the teen pregnancy rate has declined.

The Roanoke Valley has an aging population. In both percent of population and absolute numbers all areas with the exception of Roanoke City and Craig County have seen an increase in those people who are over 65 years old. All areas have an increase in citizens between 45 and 64. The Roanoke Valley is often highlighted as a great place to retire so it is particularly

interesting to note that, unlike other issues, providers and key informants were more likely to report being unsure about problems relating to the elderly and special needs populations in **every** category. For clients, lack of focus on senior issues might be explained by the small proportion of the sample that was 65 years or older (7.6%). The lack of complete information regarding the problems of and services to senior citizens demands further investigation and is presently being addressed by a community Senior Citizen Task Force.

Every survey has limitations to its generalizability to a wider population and this survey is no exception. First, the three data collection efforts, key informant, client and provider, were separated by as much as six months. This problem is somewhat overcome by the lack of significant community events which might have influenced the responses at any particular time. Second, response numbers were smaller for the clients and providers than was anticipated. The provider survey was conducted twice because of a serious typographical error in the first questionnaire. This resulted in a lower than hoped for response rate. And finally, the questionnaire itself, while strong because of the ability to compare results to 1995, is in 2004 somewhat dated in language and content. These issues will be addressed in the 2006 biannual community wide needs assessment.

COUNCIL OF COMMUNITY SERVICES
P.O. BOX 598, ROANOKE, VA 24004
www.councilofcommunityservices.org

2003 COMMUNITY NEEDS SURVEY

PLEASE NOTE: It is possible that you may have received this same questionnaire through your involvement with another agency or organization. Should you receive more than one copy, please complete and return only one. Thank you.

- I. The following list identifies problems that are experienced by many communities. We are interested in finding out how serious you believe each of these problems is in the Roanoke Valley. Based on what you perceive to be the prevalence and severity of each problem in this community, indicate whether the problem locally is not serious, somewhat serious, or very serious. If you are unsure about any particular problem, please ✓ that answer. When combined with the answers of others, we will identify problem areas considered to be most serious in our community.**

Problem Areas	Not Serious	Somew hat Serious	Very Serious	Unsure
1. Abuse and neglect: -- of children -- of the elderly -- of the disabled	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
2. Alcohol abuse: -- among children and teenagers -- among adults -- among the elderly	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
3. Drug abuse: -- among children and teenagers -- among adults -- among the elderly	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
4. Homelessness: -- among children and teenagers -- among adults -- among the elderly	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
5. Inadequate public transportation: -- for low income persons -- for the disabled -- for the elderly	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
6. Illiteracy	_____	_____	_____	_____

Problem Areas	Not Serious	Somewhat Serious	Very Serious	Unsure
7. Lack of employment opportunities: -- for teenagers -- for adults -- for people with disabilities -- for the elderly	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
8. Lack of employable work/life skills: -- among teenagers -- among adults	_____ _____	_____ _____	_____ _____	_____ _____
9. Non-violent crimes (stealing, vandalism): -- committed by teenagers -- committed by adults	_____ _____	_____ _____	_____ _____	_____ _____
10. Poverty: -- among families -- among adults	_____ _____	_____ _____	_____ _____	_____ _____
11. Racial and ethnic discrimination				
12. Substandard housing				
13. Suicide: -- among children and teenagers -- among adults -- among the elderly	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
14. Family Violence				
15. Teen Pregnancy				
16. Truancy from school				
17. Unmet mental health needs				
18. Unmet physical health needs				
19. Violent Crimes (murder, rape): -- committed by teenagers -- committed by adults	_____ _____	_____ _____	_____ _____	_____ _____
20. Families lacking stable support systems (family, friends, neighbors, etc.)				

21. What other problem areas do you consider to be very serious in this community?

II. The following list identifies services that are offered in many communities to help deal with these problem areas. We are interested in finding out your perceptions about which services are now offered at an appropriate level in the Roanoke Valley

and which need to be more fully developed. For each of these service areas, please indicate whether current programs are adequate, need to be expanded, or need to be greatly expanded. If you are unsure about any particular service area, please ✓ that answer. When combined with the answers of others, we will identify service areas that are considered to be most in need of expansion.

SERVICES FOR CHILDREN AND TEENAGERS	Adequate	Need to be Expanded	Greatly Expanded	Unsure
22. Comprehensive school-based health care services				
23. AIDS education and prevention programs				
24. Emergency shelters				
25. Supervised/structured recreation programs: -- after school -- summer time -- evenings	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
26. Supervised/structured recreation programs: -- for children birth to 12 years -- for teenagers 13 to 18 years	_____ _____	_____ _____	_____ _____	_____ _____
27. Programs to discourage truancy and dropping out of school				
28. Alternative education and training programs				
29. Programs dealing with juvenile violence and crime prevention				
30. Programs dealing with alcohol and drug prevention				
31. Family planning services				
32. Affordable counseling services				
33. Treatment programs for children involving the entire family				

SERVICES FOR ADULTS AND FAMILIES	Adequate	Need to be Expanded	Greatly Expanded	Unsure
34. Parent education programs				
35. Family counseling services				
36. Financial counseling services				
37. Career counseling services				

SERVICES FOR ADULTS AND FAMILIES	Adequate	Need to be Expanded	Greatly Expanded	Unsure
38. Job training/retraining services				
39. Respite services for care-givers: -- of an elderly person -- of a person with a disability -- of a child with special needs	_____	_____	_____	_____
40. Affordable child care services				
41. Affordable after-school child care services				
42. Transportation to/from child care services				
43. Family planning services				
44. Recreation program				
45. Financial assistance for prescription drugs				
46. AIDS education and prevention programs				
47. Emergency shelters				
48. Affordable child care services for sick children				
49. Financial assistance for home repairs/modifications to increase accessibility				

SERVICES FOR THE ELDERLY	Adequate	Need to be Expanded	Greatly Expanded	Unsure
50. Affordable day care services				
51. In-home medical care services				
52. In-home mental health services				
53. Affordable day care services				
54. In-home personal care services (bathing)				
55. Group living facilities				

SERVICES FOR THE ELDERLY	Adequate	Need to be Expanded	Greatly Expanded	Unsure
56. Homemaker services (cooking, cleaning)				
57. In-home meals				
58. Financial assistance for prescriptions				
59. Financial assistance for home repairs/modifications				
60. Transportation services				
61. Emergency shelters for abused elderly				
62. Recreation/leisure time activities				
63. Volunteer guardians				

SERVICES FOR SPECIAL NEEDS POPULATIONS	Adequate	Need to be Expanded	Greatly Expanded	Unsure
64. For the mentally retarded				
65. For the physically handicapped				
66. For the emotionally disturbed				
67. For the mentally ill				
68. For persons abusing alcohol/drugs				
69. Literacy programs				
70. Emergency shelter for abused women				

OTHER SERVICES	Adequate	Need to be Expanded	Greatly Expanded	Unsure
71. Low-cost or no-cost legal services				
72. Low-cost or no-cost medical care services				
73. Low-cost or no-cost dental care services				
74. Low-cost housing options				
75. Emergency assistance -- financial				
76. Emergency assistance -- clothing				
77. Emergency assistance -- food				
78. Emergency community mental health services				
79. Programs to promote racial understanding/integration				
80. Crime prevention programs				
81. Community-wide planning and coordination of human services programs				
82. Community awareness of available resources/services				

83. Of all of the services identified in items #22 - #82, which **two** do you think this community most needs to expand or more fully develop?

Item numbers: _____ and _____

84. Thinking of the last few years, please identify what you consider to be the one or two most negative or discouraging events or trends regarding meeting human needs in the Roanoke Valley?

85. Thinking of the last few years, please identify what you consider to be the one or two most positive or encouraging events or trends regarding meeting human needs in the Roanoke Valley.

86. Finally, if you have any creative or innovative ideas regarding meeting a particular need or human needs in general in the Valley, please describe your idea(s) on the back of this form.

PLEASE RETURN COMPLETED SURVEYS BY OCTOBER 31, 2003:

**COUNCIL OF COMMUNITY SERVICES
2003 COMMUNITY NEEDS SURVEY
P.O. BOX 598
ROANOKE, VA 24004**

OR FAX TO:

**(540) 982-2935
ATTENTION: PAULA PRINCE**

Thank you very much for taking the time to complete this questionnaire.

Appendix 3A

2003 NEEDS ASSESSMENT CLIENT RESPONDENTS

American Association of University Women
American Cancer Society
American Red Cross (Roanoke)
Arnold R. Burton Technology Center
Bethany Hall
Big Brothers/Big Sisters
Blue Ridge Behavioral Healthcare
Blue Ridge Housing Development Corporation
Blue Ridge Independent Living Center
Blue Ridge Legal Services
Buchanan Resource Center
Botetourt County Department of Social Services
Boys & Girls Club of the Roanoke Valley
Boys Home of Virginia - Covington
Boy Scouts of America (Roanoke)
Bradley Free Clinic
Braley & Thompson
Brain Injury Services of Southwest Virginia
Carilion Foundation
Carilion Center for Healthy Aging
Carilion Hospice
Carilion Hospital Social Work Services
CASA
Child Health Investment Partnership (CHIP)
Children's Home Society of Virginia
City of Roanoke – Department of Social Services
City of Roanoke - Parks & Recreation
City of Roanoke - Police Department
College of Health Sciences
Conflict Resolution Center
Council of Community Services
DePaul Family Service
Easter Seals of Virginia
Family Service of Roanoke Valley
Friendship Health Care Center
Geriatric Assessment Clinic (Carilion Hospital)
Good Samaritan Hospice
Greenvale School
Immigration & Refugee Services
Kuumba Health & Wellness Center
League of Older Americans
Mount Regis Center
National MS Society
Northwest Child Development Center
On Our Own of Roanoke Valley
Parent Resource Center
Physicians to Children
Presbyterian Community Center

Resolution Facilitators, Inc.
Roanoke Area Ministries (RAM House)
Roanoke City Public Schools
Roanoke County Department of Social Services
Roanoke County Parks & Recreation
Roanoke County/Salem Health District
Roanoke Redevelopment & Housing Authority
Roanoke Redevelopment & Housing Authority - Tenants Council
Roanoke Regional Housing Network
Roanoke Valley End of Life Care Partnership
Roanoke Valley Interfaith Hospitality
Roanoke Valley Speech & Hearing Center
Salem Police Department
Salem City Public Schools
Salem Public Library
Salvation Army Red Shield Lodge
Salvation Army Turning Point
Sanctuary/Youth Haven
Service Corps of Retired Executives
Southwest Second Harvest Food Bank
Total Action Against Poverty
Total Action Against Poverty/Head Start
Unified Transportation Network (RADAR)
United Way of Roanoke Valley
Virginia Baptist Children's & Home & Family Services
Virginia Department of Rehabilitative Services
Virginia Skyline Girl Scout Council
Virginia Workforce Center (VEC)
West End Center

APPENDIX 4

**Table 1
Problem Areas**

Problem Area	Very Serious	Somewhat Serious	Not Serious	Unsure
Poverty among families	55.0	33.5	5.3	3.8
Unmet mental health needs	55.0	26.2	5.9	10.3
Drug abuse adults	53.5	30.6	4.1	9.7
Drug abuse children/teens	51.2	36.8	2.4	8.2
Alcohol abuse adults	49.7	36.8	4.4	7.4
Poverty among adults	49.1	34.7	7.1	6.5
Family violence	49.1	35.6	2.9	9.1
Abuse of Children	45.6	37.1	3.8	10.9
Teen pregnancy	45.0	37.9	5.6	8.5
Transportation low income	43.8	26.8	16.8	10.9
Unmet physical health needs	42.9	34.7	8.2	10.6
Alcohol abuse children/teens	41.8	42.6	3.5	10.6
Families lack support system	41.8	37.4	8.5	8.8
Transportation elderly	41.5	25.3	14.7	16.2
Homelessness adults	40.3	40.0	7.6	9.4
Employment opportunities adults	40.0	35.6	15.6	5.6
Transportation Disabled	39.7	27.9	15.6	14.7
Work life skills adults	39.4	35.6	10.9	10.3
Truancy	37.4	36.5	5.0	17.4
Substandard housing	33.5	35.9	12.9	9.4
Violent crime by adults	33.5	27.9	12.4	21.2
Work life skills among teens	32.9	40.0	12.1	11.8
Employment opportunities disabled	32.6	37.1	7.9	17.9
Nonviolent crimes teens	29.7	47.4	7.9	12.4
Homelessness children/teens	27.6	37.4	16.5	16.8
Abuse of elderly	27.1	39.1	8.5	22.6
Nonviolent crimes adults	25.9	46.2	9.1	15.6
Homelessness elderly	24.7	33.2	15.3	24.4
Violent crime by teens	23.8	29.1	18.8	25.3
Illiteracy	22.9	31.8	7.6	13.5
Abuse of disabled	20.9	35.3	11.2	28.8
Racial/ethnic discrimination	20.3	42.4	20.3	12.4
Employment opportunities elderly	19.7	35.3	17.9	22.9
Employment opportunities teens	17.6	36.2	31.8	11.2
Suicide Children/Teens	19.7	31.8	15.6	30.6

Suicide adults	13.8	32.1	15.9	35.3
Alcohol abuse elderly	12.4	27.9	19.7	36.8
Suicide elderly	11.8	23.2	18.2	43.5
Drug abuse elderly	8.8	24.4	23.5	39.1

2 Table
Perceptions of Providers -Needed Expansion of Services for Children & Teenagers

Services for children and teenagers	Greatly Expanded	Need to be Expanded	Adequate	Unsure
Affordable counseling services	40.9	36.8	10.3	10.0
Treatment programs for children/families	37.4	36.8	8.8	15.3
Programs dealing with alcohol/drugs	32.9	36.2	18.2	11.2
Supervised teens 13 to 18 years	30.6	42.4	12.4	12.1
Discourage truancy/dropping out	30.3	37.6	12.9	16.2
Alternative education/training	29.7	36.2	18.5	12.6
Supervised summer time	27.6	39.7	19.4	10.0
Programs dealing with juvenile violence	26.5	40.9	14.7	15.9
Supervised after school	25.0	41.5	22.1	9.4
Supervised evenings	23.8	41.5	17.4	14.4
Family planning	21.8	37.9	25.9	12.1
Emergency shelters	21.2	37.6	22.9	15.0
Supervised birth to 12 years	20.6	45.3	17.6	13.5
AIDS education/prevention	15.0	38.5	27.9	16.8
School based health care	12.1	42.1	19.4	24.1

Table 3
Perceptions of Providers - Needed Expansion of Services for Adults and Families

Services for Adults and Families	Greatly Expanded	Need to be Expanded	Adequate	Unsure
Financial assistance for prescriptions	53.2	27.6	6.5	10.3
Affordable child care services	43.5	36.5	10.9	5.6
Affordable after-school child care	39.7	36.8	12.9	8.8
Transportation to child care	33.5	32.6	15.3	16.2
Respite services caregivers–child spec.	33.2	37.1	8.2	18.2
Affordable child care – sick child	32.9	40.9	9.1	15.6
Job training/retraining	30.6	42.9	13.8	11.2
Respite services caregivers – elderly	30.0	35.9	9.4	22.4
Respite services caregivers – disabled	29.4	37.1	8.8	21.2
Financial assistance - home repair	25.9	40.6	9.7	22.4
Emergency shelters	25.0	37.4	20.6	15.0
Family counseling services	23.2	48.2	13.8	12.9
Financial counseling services	22.4	40.0	17.9	18.2
Career counseling services	22.1	40.3	18.5	17.1
Parent education programs	18.8	48.2	16.2	14.7
AIDS education and prevention	17.1	37.6	25.0	18.2
Family planning services	15.6	38.8	25.9	16.5
Recreation programs	15.6	41.5	28.2	12.6

Table 4 Perceptions of Providers: Needed Expansion of Services for the Elderly

Services for the Elderly	Greatly Expanded	Need to be Expanded	Adequate	Unsure
Financial Assistance for prescriptions	47.4	28.2	4.4	18.5
Transportation services	34.7	31.5	11.2	20.3
Financial assistance – home repair	30.9	33.2	7.1	26.5
Affordable day care	26.5	38.8	7.9	25.3
In-home mental health	24.7	37.6	7.6	28.5
In-home personal care	23.5	36.2	9.7	28.8
In-home medical care	22.1	38.8	11.5	25.9
Emergency shelter for abused elderly	21.8	31.5	7.9	37.1
Volunteer guardians	20.3	31.5	8.8	37.6
Homemaker services	17.1	35.9	11.5	33.8
In-home meals	16.2	36.5	15.9	29.1
Recreation/leisure	14.1	35.9	20.3	28.5
Group living facilities	12.6	35.0	16.8	33.2

Table 5 Perceptions of Providers: Needed Expansion of Services for Special Needs

Services for Special Needs	Greatly Expanded	Need to be Expanded	Adequate	Unsure
For the mentally ill	32.4	36.8	7.6	21.5
For the emotionally disturbed	28.8	38.8	8.5	22.1
For persons abusing alcohol/drugs	27.9	37.6	12.1	19.7
Literacy programs	24.1	37.1	14.1	22.1
Emergency shelters for abused women	23.8	39.1	16.2	18.2
For mentally retarded	20.0	37.6	12.4	27.6
For physically handicapped	18.5	40.0	11.5	27.4

Table 6 Perceptions of Providers: Needed Expansion of Other Services

Other Services	Greatly Expanded	Need to be Expanded	Adequate	Unsure
Low Cost Dental care	52.1	32.4	6.2	7.1
Low Cost Medical care	38.2	41.8	10.3	7.1
Community awareness	33.2	45.6	7.4	11.2
Emergency assistance-financial	28.8	41.8	12.9	13.8
Emergency community mental health	28.2	41.5	10.0	18.2
Low cost housing	26.8	44.4	13.8	11.8
Low cost legal assistance	26.5	39.7	14.4	16.8
Community wide planning	25.0	41.2	14.7	16.8
Emergency assistance food	20.9	38.5	25.3	12.6
Programs to promote racial understanding/integration	17.1	40.3	19.1	20.9
Emergency assistance clothing	16.5	38.5	30.0	12.4
Crime prevention programs	16.5	42.6	18.5	19.4

Table 7
Services Most Often Identified as Being In Need of Great Expansion.

Service	
Financial assistance with prescriptions - Adults and Families	53.2
Low Cost Dental	52.1
Financial assistance with prescriptions – Elderly	47.4
Affordable Child Care	43.5
Affordable Counseling Services – Children Teens	40.9
Affordable After-school child care	39.7
Low Cost Medical care	38.2
Treatment Programs for Children/Families	37.4
Services for the Mentally Ill	32.4

