




City of Charlottesville

Community Wellbeing

Profile



UVA CENTER FOR COMMUNITY PARTNERSHIPS
IN PARTNERSHIP WITH THE CITY OF CHARLOTTESVILLE
OFFICE OF SOCIAL EQUITY

JULY 2025



Center for Community Partnerships



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Executive Summary

The Charlottesville City Community Wellbeing Profile provides current data for measures related to the well-being of Charlottesville residents. The American Human Development Index (AHDH)—calculated from metrics on health, access to knowledge, and living standards and scored on a scale from 0 to 10—is used as a framework to assess and advocate for increased and inclusive well-being.

The AHDH for the City of Charlottesville, at 6.2, is modestly higher than Virginia overall, at 5.8, but lower than some benchmark localities.

| | American HD Index | Health | Access to Knowledge | | | Living Standards | |
|-----------------|-------------------|-------------------------|------------------------------|----------------------------|-----------------|-------------------|---------------------------|
| | | Life Expectancy (years) | At Least High School Diploma | At Least Bachelor's Degree | Graduate Degree | School Enrollment | Median Earnings (2023 \$) |
| Local | | | | | | | |
| Charlottesville | 6.2 | 79 | 93% | 61% | 33% | 87% | \$38,285 |
| Albemarle | 7.3 | 82 | 94% | 61% | 31% | 85% | \$51,922 |
| State | | | | | | | |
| Virginia | 5.8 | 78 | 91% | 41% | 18% | 76% | \$49,405 |

Data Sources: *Life Expectancy*: County Health Rankings, 2024. *Education and Earnings*: U.S. Census Bureau, American Community Survey 5-year estimates, 2023.

Census tract-level AHDH values provided in this profile show that there are wide disparities in outcomes related to health, education, and economic success within the City of Charlottesville.

Life expectancy at birth in Charlottesville is 79 years, however, there are major demographic disparities: a 9-year difference between Black and white residents. The percent of residents without health insurance ranges within the city, from a low of 1% to a high of 14%. There are also stark disparities by racial and ethnic identity, with 3% of white residents, 11% of Black residents, and 16% of Hispanic residents lacking coverage.

Overall, educational attainment is high in Charlottesville: 61% of residents overall have a bachelor's degree or higher. Among city census tracts, this value ranges from 36% to 78%. Additionally, there are differences in degree attainment by race: 21% of Black residents compared to 71% of white residents have BA's or higher.

The median household income for Charlottesville is around \$69,800 a year—the value for which half of households bring in more and half bring in less. Across the city, median household income ranges from a low of around \$20,000, to a high of \$113,700. Many households with incomes below the local cost of living threshold, but above the federal poverty line may not be traditionally thought of as financially burdened. The cost of living, for the City of Charlottesville has increased over the past decade. In 2010, this threshold for survival was \$45,000 for households under 65; this grew to \$69,000 in 2023. Overall, 20% of households in Charlottesville are earning incomes below the federal poverty line and 28% of families earn

above this amount but below the cost of living threshold, meaning they struggle to afford their basic needs.

The impact of high rental costs on economic security is evident in estimates of how much of a household's income goes towards housing. In many Charlottesville census tracts over half of renters are burdened by housing costs, including a significant number of households considered severely burdened, spending over 50% of their monthly income on housing.

These and other measures and outcomes presented in the Charlottesville City Community Wellbeing Profile are a resource for residents and leaders to support understanding of our collective well-being and point to challenges we can address together. Each section of the report—Demographic Profile, Health Profile, Education Profile, and Economic Security and Housing Profile—also include key policy connections, highlighting research and policy choices that support universal well-being.

Vision Statement

The City of Charlottesville seeks “To be a place where everyone thrives.”¹

Universal thriving requires ensuring the full inclusion of all residents in the collective economic, social, and political life of the community. An inclusive community values every individual's rights and labor and celebrates our diverse cultures and experiences to support shared prosperity and thriving.

Introduction

Ensuring the full inclusion of residents in the social, economic, and civic life of a region supports the long-term health and vibrancy of a community. The systems of education, employment, housing, and health care affect all residents, but they do not always promote well-being for all residents. An inclusive community is one in which all individuals—regardless of their racial, ethnic, religious, gender, or sexual identity, their age or place of birth, their economic circumstances or neighborhood of residence—can access resources and opportunities that advance health, civic participation, and economic security.

Knowing how a community stands is a first step. This report, in partnership with the Charlottesville Office of Social Equity, provides a data portrait of the City of Charlottesville. Centered around the American Human Development Index, the Community Wellbeing Profile provides a framework and insights to support the community's efforts to promote a more inclusive and just region. It serves as a tool for government agencies and officials, for service providers and community organizations, for advocates and residents to guide plans, policies, and programs that advance our collective welfare.

Each section of the report—Demographic Profile, Health Profile, Education Profile, and Economic Security and Housing Profile—provides measures disaggregated by place and by race. Data can spark dialogue, guide strategy, and gauge progress, but it is not a solution. It is up to the stakeholders in the community—that is, all of us—to change policies, practices, and power that shape the community. Thus, each section also highlights key policy connections, pointing to past policies that exacerbate inequity and highlighting policy choices that support universal well-being. An inclusive community actively works to recognize and dismantle unjust barriers to the resources and systems that support health, education, financial stability, physical security, and democratic participation.

¹ Vision Statement. City of Charlottesville. <https://www.charlottesville.gov/684/Vision-Statement>

Demographic Profile

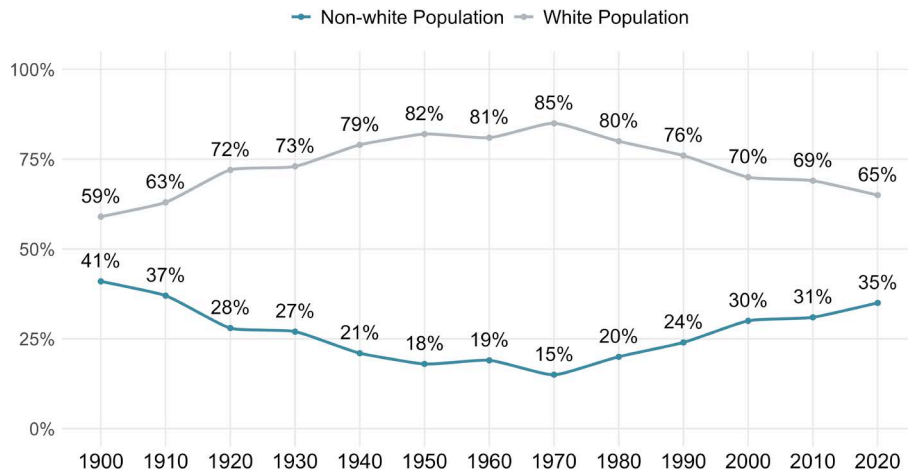
A locality's demographic composition can reflect the area's past and current policy choices, inform the diverse needs of different community members, and provide insight into the region's cultural inclusivity. The profile begins by examining the population attributes of the estimated 51,743 city residents.²

RACE AND ETHNICITY

The City of Charlottesville has witnessed significant demographic shifts over its history. Some of these changes have been documented by the U.S. Census, which began collecting population data in 1790 with limited categories that included "free white" people and enslaved populations. Other racial and ethnic populations have not been captured in the statistics tracked by the US government, including the presence of the Monacan people, who have lived in the area for at least 1,000 years. This omission reflects systemic efforts to erase the presence and impact of Native people.³

Between the decennial census years of 1810-1880, Black Virginians, both free and enslaved, comprised most of the population of Albemarle County, which included what is now the City of Charlottesville. The City of Charlottesville became a separate locality after its incorporation in 1888. In this period the demographics of the region shifted in their racial composition. By 1900, the majority of the city's population was white (Figure 1.1).

White and Non-White Population Composition, 1900-2020
City of Charlottesville



Data Source: U.S. Census Bureau, Decennial Census, 1900-2020

Figure 1.1: White and Non-White Population Composition, 1900-2020. White residents have made up a majority of

² University of Virginia Weldon Cooper Center for Public Service. (2024). Virginia Population Estimates. Retrieved from <https://coopercenter.org/virginia-population-estimates>.

³ Hantman, Jeffrey L. Monacan Millennium: A Collaborative Archaeology and History of a Virginia Indian People. University of Virginia Press, 2018.

the population of Charlottesville over the past century, peaking at 85% in 1970. Inherent limitations of and inconsistencies across historical census data collections require simplifying long-term population trends into ‘white’ and ‘nonwhite.’

As the population of Charlottesville has grown—from approximately 6,500 residents in 1900 to 46,500 residents in 2020—the city’s demographics have undergone multiple transitions. The first half of the 20th century saw Charlottesville’s population shift as Black residents migrated out of the region to pursue greater economic opportunities and escape Jim Crow-era policies that arose in the American South. These policies worked in opposition to Reconstruction and enforced the status quo through violence and dispossession.⁴

Black residents in the city were limited to certain neighborhoods, driven primarily by segregationist policies including racial covenants that prohibited the sale of White-owned property to Black residents.⁵ During the second half of the 20th century, Black families and businesses in Charlottesville faced forced displacement in the name of urban renewal and the growth of the university.⁶ The downtown neighborhood of Vinegar Hill, centered around the historic Jefferson School, was home to over 600 Black families and over 30 Black-owned businesses when the City of Charlottesville used eminent domain to raze the neighborhood in 1965 for redevelopment. Similar displacement occurred in the Gospel Hill neighborhood during UVA’s medical system expansion in the 1970’s and 1980’s. As UVA acquired land to build medical facilities and parking lots, residents were uprooted, often without adequate compensation. The university and city have a history marked by systemic inequities rooted in slavery, segregation, and urban renewal initiatives that disproportionately impacted low-income and Black residents. This enduring history of policies, displacement, and dispossession is evident in where different people live in the city today, as illustrated throughout this report.

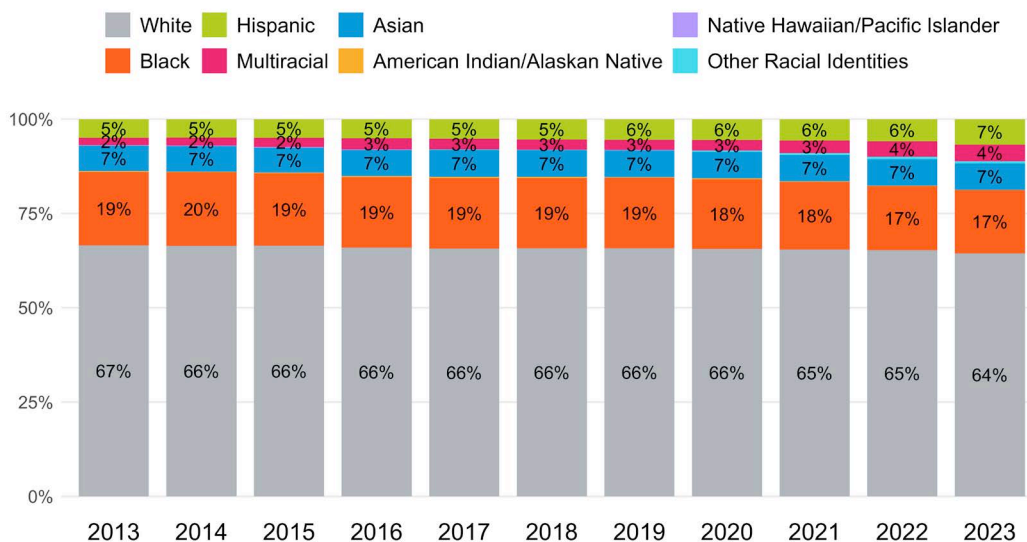
While the racial identification of Charlottesville’s population remains predominantly white, Charlottesville today is more multi-racially and culturally diverse.

⁴ “The Great Migration (1910-1970). National Archives, ”<https://www.archives.gov/research/african-americans/migrations/great-migration>

⁵ Yager, Jordy. “1897 – 1948: Charlottesville’s first racially restrictive covenants.” Mapping Cville, Jan 28, 2019. <https://mappingcville.com/2019/01/28/1903-1948-charlottesvilles-first-racially-restrictive-covenants/>

⁶ Cameron, Brian and Kahrl, Andrew. “UVA and the History of Race: Property and Power.” UVA Today, March 15, 2021, <https://news.virginia.edu/content/uva-and-history-race-property-and-power>

Population Composition by Race & Ethnicity, 2013-2023 City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2013-2023

Figure 1.2: Population Composition by Race & Ethnicity, 2013-2023. According to US Census data, in 2023 64% of residents identified as White, 17% as Black or African American, 7% as Asian, 7% as Hispanic or Latino, and 4% as Multiracial. The remaining 1% identified as American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, or an other racial identity.

The above figure shows that over the past decade, the racial and ethnic identities of Charlottesville's residents have remained relatively unchanged. During this period, the City's population grew from around 43,700 residents in 2013 to approximately 45,900 in 2023.⁷ White residents make up around two-thirds of the city's population, with Black residents comprising approximately 20% of the population, followed by Asian (7%) and Hispanic (6%) residents.

To fully understand the data reported here, it is important to consider the ways that race and ethnicity is defined and captured by the U.S. Census. Grouping communities using broad racial categories is, by nature, reductive and often fails to capture the full breadth of individuals' self-identities. Racial and ethnic categories are socially constructed, that is, they derive their power through practices of racial stratification and the social conditions it creates. The change in what racial categories are captured over time highlights the social and political nature of the categorizations.⁸ The analysis that follows is inherently limited by the current practice in defining race and ethnicity, mandated by the federal government and within the U.S. Census as well as state and local records. As the Census itself states, the racial categories used for data-collection are based on race as it is socially defined in the United States and not on a definition

⁷ U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05*, 2023, <https://data.census.gov/table/ACSDP5Y2023.DP05?q=population&g=050XX00US51003,51540>.

⁸ "Race." National Human Genome Research Institute, <https://www.genome.gov/genetics-glossary/Race>

of race as biological or genetic.⁹ The Federal Interagency Working Group on Race and Ethnicity Standards works to update the racial and ethnic categories and questions, including a proposal to include a future category for Middle Eastern and North Africa (MENA).¹⁰ We acknowledge that definitions of racial identity reflect structures of oppression and domination, and inform ongoing histories of violence and marginalization.

AGE & SEX

The population of Charlottesville skews young, in part due to the students at the University of Virginia and Piedmont Virginia Community College.

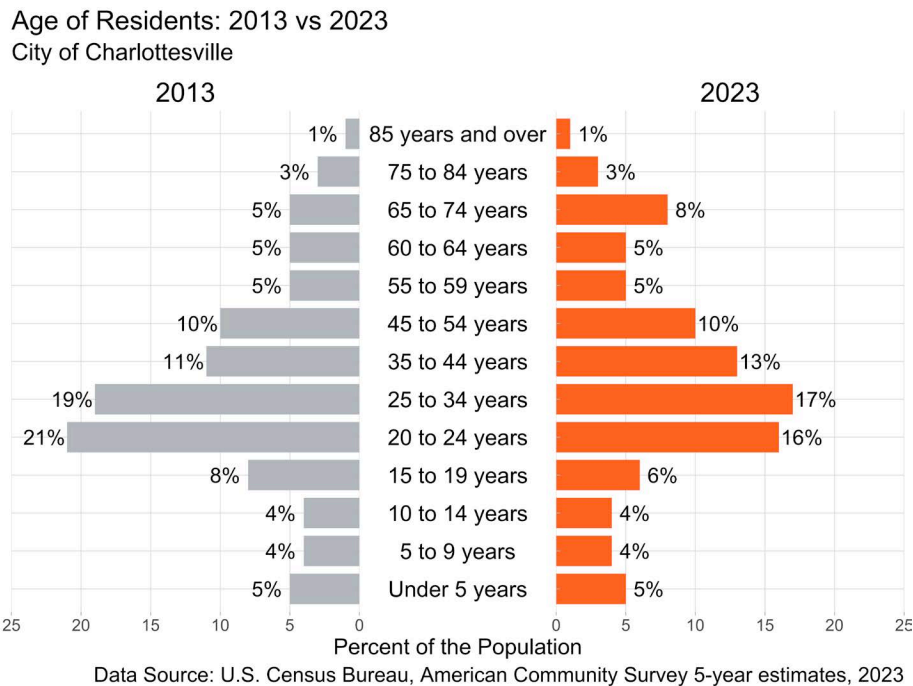


Figure 1.3: Age of Residents: 2013 vs 2023. In 2023, 19% of city residents were under 20 years, 46% were between 20 and 44 years, 20% were 45-64 years, and 12% were 65 years and older.

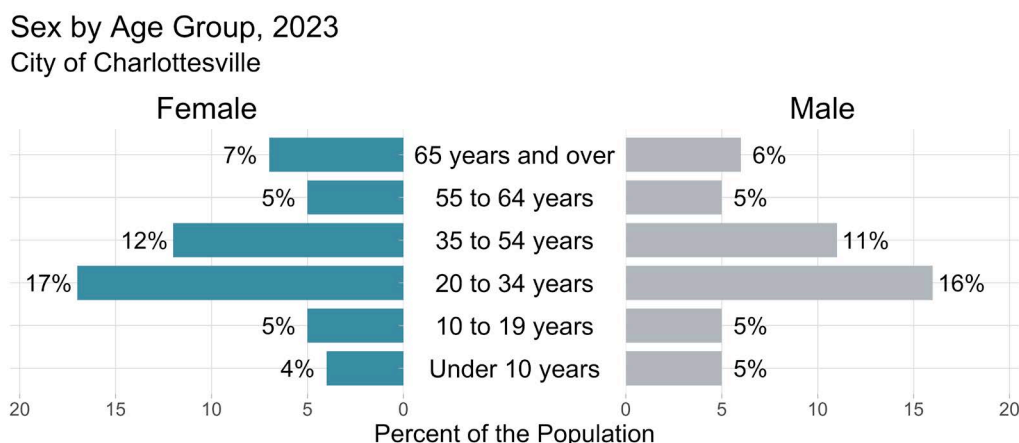
- In 2023, approximately 33% of residents were in the 20-34 age range.
- In the last decade, Charlottesville's overall population has grown slightly older: the percentage of residents under the age of 25 has dropped from 42% in 2013 to 35% in 2023.
- From 2013-2023, the share of Charlottesville's population aged 65 or older has increased, from 9% to 12%.

The population in Charlottesville is evenly split between residents identifying as female and

⁹ "Why We Ask Questions About Race." American Community Survey (ACS), United States Census Bureau, <https://www.census.gov/acs/www/about/why-we-ask-each-question/race/>

¹⁰ "Middle Eastern or North African." U.S. Office of Management and Budget and the U.S. Census Bureau, <https://spd15revision.gov/content/spd15revision/en/history/2024-standards/proposals/mena.html>

male.¹¹ This can be seen across all age groups (Figure 1.4).

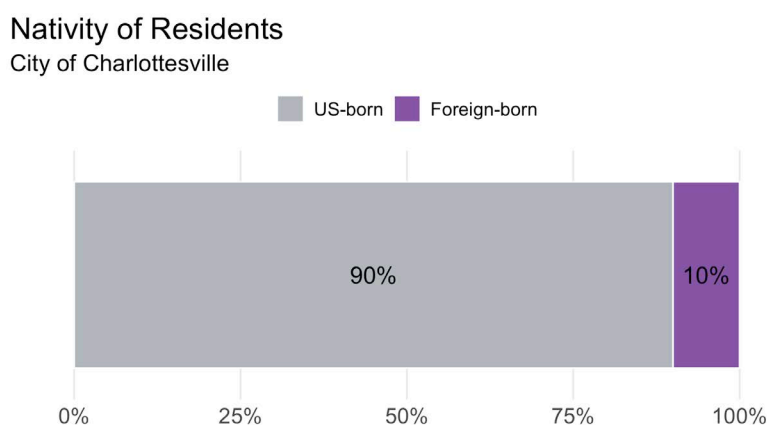


Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 1.4: Sex by Age Group. In the US Census American Community Survey, 2023, 52% of residents identified as female and 48% identified as male.

NATIVITY & LANGUAGE

New residents to Charlottesville who were born outside of the United States make invaluable contributions to the city's culture, economy, and regional identity. This group of residents, composed of both naturalized citizens and non-US citizens, make up 10% of the city's population (Figure 1.5).

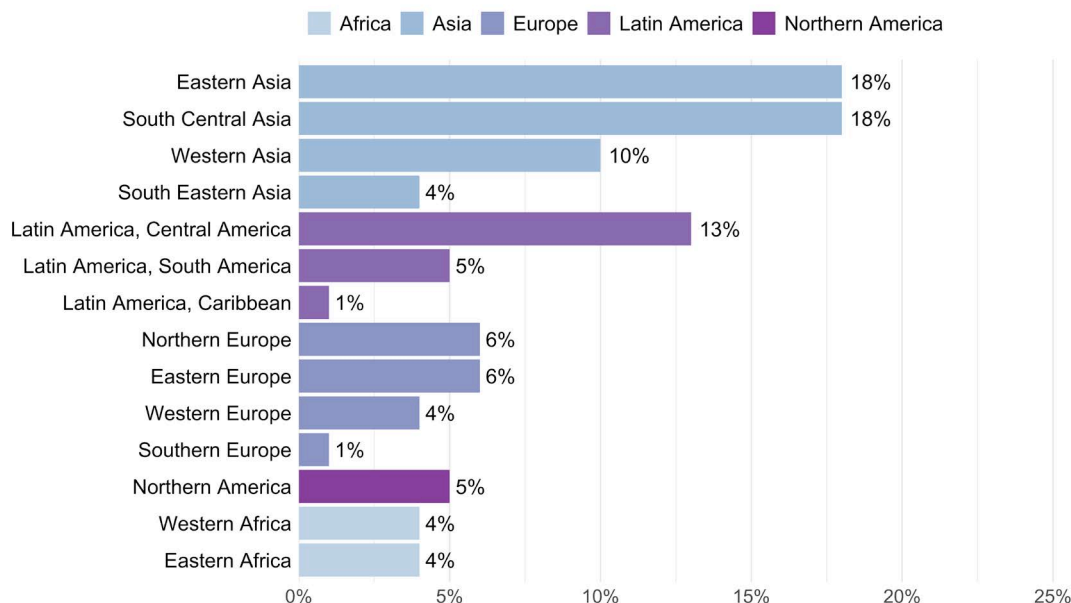


Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 1.5: Nativity of Residents. In 2023, 10% of residents were born outside of the United States, including naturalized citizens. 90% of residents were born in the US, in US territories, or born abroad of American parents.

¹¹ Currently, the U.S. Census data only asks individuals about their biological sex, including only the binary options for male and female, and does not include questions on gender identity. A vibrant and active community that represents a fuller range of gender identities calls the city home.

Residents Born Outside the US by Place of Birth City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 1.6: Residents Born Outside the US by Place of Birth, 2023. Of foreign-born residents, 50% were born in Asia, 20% Latin America, including Mexico as part of Central America, 17% Europe, 5% Northern America, and 8% Africa.

Of the residents born outside the United States, half (50%) have immigrated from Asia: a broad classification that includes the diverse regions of Eastern Asia, South Central Asia, Western Asia, and South Eastern Asia. Latin America is the second largest place of origin represented among Charlottesville's residents born outside of the U.S (20%), another large category that encompasses the Caribbean, South America and Central America, including Mexico.¹²

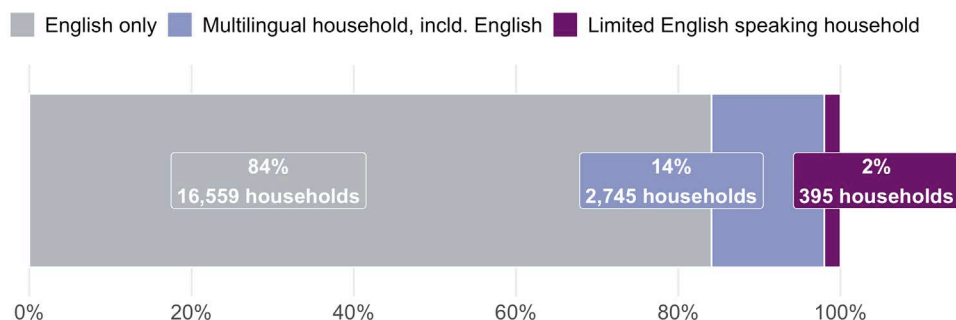
Linguistic isolation limits the accessibility of critical services for new residents. The U.S. Census Bureau defines linguistic isolation, or limited English speaking, as households where no one age 14 or older speaks English proficiently.¹³ In 2023, 2% of Charlottesville households were 'limited English speaking', which amounts to nearly 400 households who would benefit from policies that improve access to critical services like housing, transportation, and healthcare (Figure 1.7).

¹² These regions are defined by the U.S. Census Bureau for this specific measure and include countries that might not typically be defined in these ways, i.e. Jamaica is a Caribbean country, while the entire Caribbean region is defined as part of Latin America. For a complete breakdown by region and country see the following census table: <https://data.census.gov/table/ACSDT5Y2022.B05006?q=B05006&g=050XX00US51003,51540>

¹³ Paul Siegel, Elizabeth Martin, and Rosalind Bruno. "Language Use and Linguistic Isolation: Historical Data and Methodological Issues." Statistical Policy Working Paper, United States Census Bureau. <https://www.census.gov/library/working-papers/2007/adrm/ssm2007-02.html>

Limited & Non-Limited English Speaking Households

City of Charlottesville



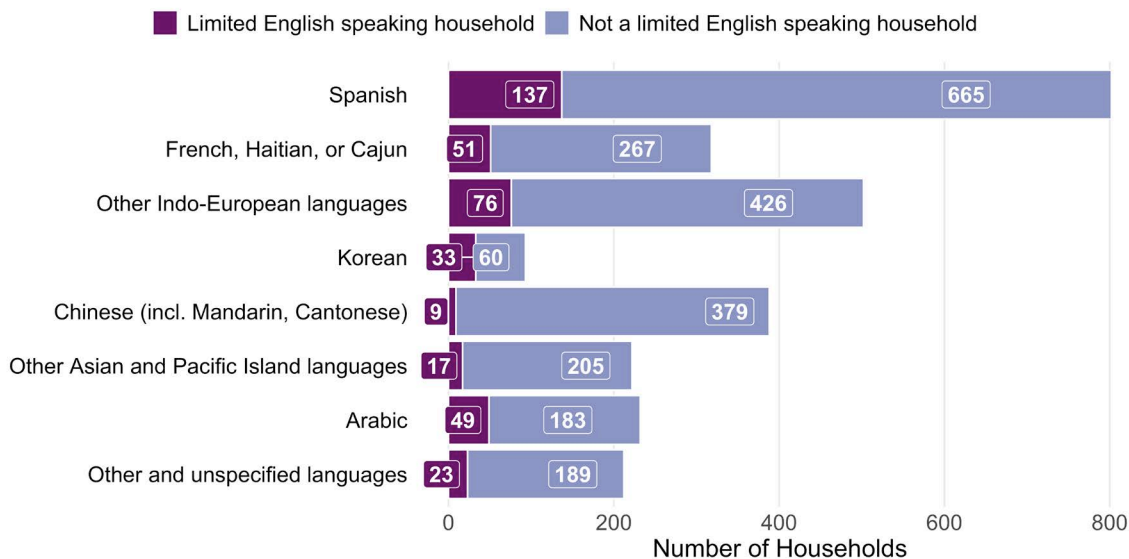
Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 1.7: Limited & Non-Limited English Speaking Households, 2023. 84% of households speak only English, 14% of households are multilingual including English, and 2% are limited English speaking households.

A range of language groups are spoken by multilingual Charlottesville families, with Spanish and Chinese being the most common (Figure 1.8). The largest number of “limited English speaking” households speak primarily Spanish (137 families), followed by Arabic (49 families), and other Indo-European languages (76), which include most languages of Europe and the Indic languages of India such as Hindi, Punjabi, and Urdu.

Limited & Non-Limited English Speaking Households by Language

City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

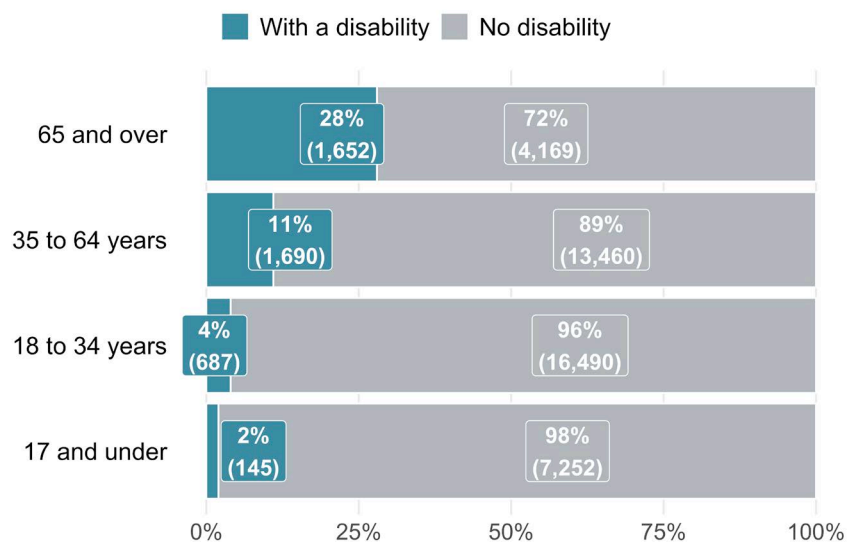
Figure 1.8: Limited & Non-Limited English Speaking Households by Language, 2023. Of the approximately 395 linguistically isolated households, 137 speak Spanish, 51 French, Haitian or Cajun, 49 Arabic, 33 Korean, 17 Other Asian and Pacific Island languages, 76 Other Indo-European languages, 9 Chinese (incl. Mandarin, Cantonese), 23 other and unspecified languages.

DISABILITY

Approaching policy, planning, and infrastructure with the intent to maximize access for people with disabilities can create more equitable and functional cities for all residents.

- Approximately 9% of Charlottesville’s population identifies as having a disability.¹⁴
- Nearly three in ten (28%) of residents aged 65 and over experience some form of disability (Figure 1.9).
- The most commonly reported disabilities are those often associated with aging: ambulatory and cognitive difficulties and challenges with living independently (Figure 1.10).
- Contemporary approaches to administering federal surveys may be systematically undercounting people with disabilities, so the true number is likely higher.¹⁵

Disability Status by Age Group
City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 1.9: Disability Status by Age Group, 2023. Approximately 4,174 people identify as having a disability, with near half of those aged 65 and older (1,652 people).

¹⁴ U.S. Census Bureau. *Sex by Age by Disability Status American Community Survey 5-year estimates, 2023*.

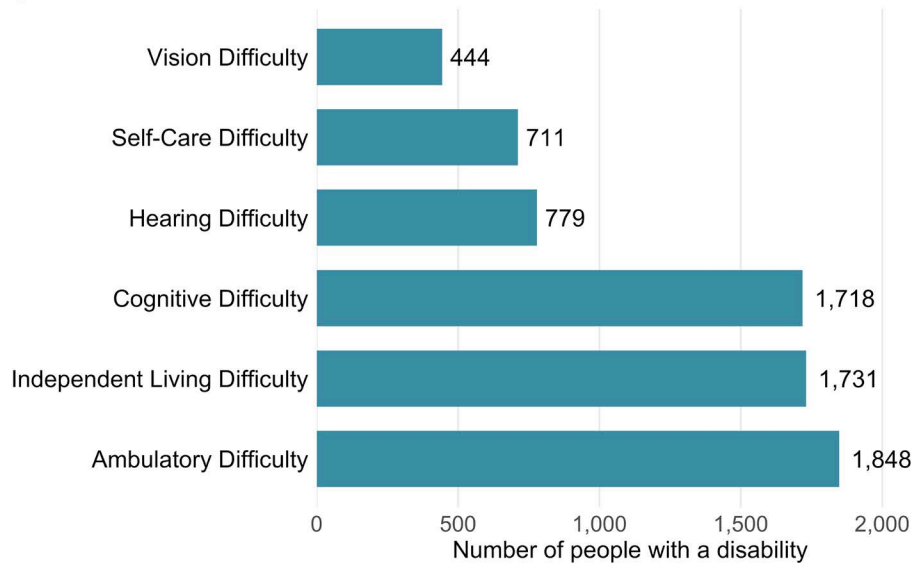
Retrieved from

https://censusreporter.org/data/table/?table=B18101&geo_ids=05000US51540&primary_geo_id=05000US51540

¹⁵ Karpman, Michael and Morriss, Sarah. “Current Approaches to Measuring Disability Status in Federal Surveys May Limit Understanding of Economic and Health Disparities.” Urban Institute, June 27, 2024,

<https://www.urban.org/research/publication/current-approaches-measuring-disability-status-federal-surveys-may-limit>

Disability by Type City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 1.10: Number of people identifying as having a particular disability. Census-defined categories and the number of people include hearing difficulties (779), vision difficulties (444), cognitive difficulties (1,718), ambulatory difficulties (1,848), self-care difficulties (711), and independent living difficulties (1,731).

LGBTQIA+ COMMUNITIES

Charlottesville's LGBTQIA+ population is another vital part of the city's culture and identity, as evinced by the City's annual Pride festival, which began in 2012. As part of their efforts to promote belonging, the Office of Social Equity hosts 2SLGBTQ+ Community Resources affirming the city's commitment to prohibiting discrimination.¹⁶

Across Virginia, the estimate of adults who identify as lesbian, gay, bisexual or transgender ranges from 6% to 10%.¹⁷ Same-sex couple households, which comprise only a small portion of LGBTQIA+ individuals, make up about 1.6% of all coupled households in Charlottesville; which is slightly higher than across the Commonwealth, where same-sex couple households make up 1.4% of coupled households.¹⁸

More granular, locality-level data on LGBTQIA+ populations in the United States is very limited, partly as a result of the American Community Survey largely excluding LGBTQIA+ topics from its

¹⁶ <https://www.charlottesville.gov/1853/2SLGBTQ-Community-Resources>

¹⁷ See Flores, A.R. & Conron, K.J. (2023). Adult LGBT Population in the United States. The Williams Institute, UCLA, Los Angeles, CA. <https://williamsinstitute.law.ucla.edu/publications/adult-lgbt-pop-us/> and Julian, C. A. (2023). Geographic variation in LGBT+ identification in the U.S. Family Profiles, FP-23-05. National Center for Family & Marriage Research. <https://doi.org/10.25035/ncfmr/fp-23-05>

¹⁸ U.S. Census Bureau. "Household Type (Including Living Alone) by Relationship." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B09019, 2022, <https://data.census.gov/table/ACSDT5Y2022.B09019?q=b09019&g=050XX00US51540>.

data collection process to date.¹⁹ The Census Bureau has engaged in research directed at adding questions on sexual orientation and gender identity to the American Community Survey in the future.²⁰

POLICY CONNECTIONS

To create policies and programs that invest in people, we need to understand who we are as a community and how the community is changing. While changes to a city's economy and composition are inevitable, displacement and dispossession are not.

As the City of Charlottesville added more than 2,000 more residents between 2013 and 2023, Black residents were the only sizable racial or ethnic group to see a decline. At least some of this change is a result of displacement driven by increased UVA student enrollment, an influx of high-earning workers, and rapidly rising housing costs. Investing in anti-displacement initiatives like neighborhood stabilization and affordable housing preservation can minimize economic and racial displacement of residents.²¹ Incorporating approaches like equity impact assessment tools into policy making can strengthen racial diversity and inclusion and shape decisions throughout government to promote universal thriving.²²

The city has seen a growth in the number of residents over 65 in the last decade. Older Americans are more likely to experience social isolation, and difficulty accessing transportation.²³ Access to spaces in their immediate communities that support active social engagement—so-called “third places,” such as parks, community centers, and welcoming businesses—has positive health effects for older populations while supporting vibrant social infrastructure for all community members.²⁴ Many aging residents in the city will continue to

¹⁹ Deng, Beyond and Watson, Tara. (2023). LGBTQ+ data availability What we can learn from four major surveys. The Brookings Institution. <https://www.brookings.edu/articles/lgbtq-data-availability-what-we-can-learn-from-four-major-surveys/>

²⁰ Measuring Sexual Orientation and Gender Identity on the American Community Survey. (2023). Working Paper, Economic Commission for Europe, Conference of European Statisticians. https://unece.org/sites/default/files/2023-04/D3_WP13_Roberts_EN.pdf; and Work to Measure Sexual Orientation and Gender Identity (SOGI) at the Census Bureau. United States Census Bureau. <https://www.census.gov/content/dam/Census/newsroom/press-kits/2024/paa/paa2024-presentation-sexual-orientation-gender-identity.pdf>. Archived Access: <https://web.archive.org/web/20250131213905/https://www.census.gov/content/dam/Census/newsroom/press-kits/2024/paa/paa2024-presentation-sexual-orientation-gender-identity.pdf>. As of February 2024, these efforts have been stalled in response to the current presidential administration.

²¹ Dorazio, Justin. (2022). Localized Anti-Displacement Policies. Center for American Progress. <https://www.americanprogress.org/article/localized-anti-displacement-policies/>

²² McGahey, Richard, et al. (2023). Measuring What Matters for Racial Progress: Local and State Innovation in Racial Equity Impact Assessment. Institute on Race, Power and Political Economy at The New School and Brookings Metro. <https://racepowerpolicy.org/measuring-what-matters/>

²³ Comprehensive Policy Approaches to Support the Aging Population. (2021). National Conference of State Legislatures (NCSL). <https://www.ncsl.org/health/comprehensive-policy-approaches-to-support-the-aging-population>

²⁴ Sugiyama M, et al. Third Places for Older Adults' Social Engagement: A Scoping Review and Research Agenda.

rely on cars, but others might face challenges driving or simply choose not to: alternative transportation options can promote well-being and support continued engagement in the community.²⁵

Older residents are also more likely to be living with a disability. Individuals of any age with a disability experience additional barriers in health care, housing, employment, and education.²⁶ Incorporating universal design principles to make spaces accessible to all people, regardless of mobility limitations, benefits everyone.²⁷ Areas that prioritize vehicles and lack proper sidewalks, lighting, and safe crossings, on the other hand, create additional challenges for people with disabilities while decreasing safety for pedestrians of all ages. Simple interventions like raised crosswalks can improve pedestrian visibility and reduce crashes by 45%.²⁸ Charlottesville’s Americans with Disabilities Act (ADA) Coordinator’s Office actively works to ensure that city services and resources are accessible to community members with disabilities.²⁹ The City of Charlottesville is currently working on an update of its ADA Self-Evaluation and Transition Plan that will be submitted for public consideration in April 2025.³⁰

The vibrancy of Charlottesville is enhanced by new residents from other countries. Several hundred Charlottesville households meet the Census criteria for “limited English speaking” status. Language barriers impede social integration and create difficulties navigating education, health care, and legal systems.³¹ Language access through translation of written documents and interpretive services ensure that critical information is accessible to new residents and is required by programs and agencies receiving federal funding.³²

Some of Charlottesville’s foreign-born residents have arrived as a result of large-scale

Gerontologist. 2023 Aug 24;63(7):1149-1161. <https://pubmed.ncbi.nlm.nih.gov/36512515/>

²⁵ Lin D, Cui J. Transport and Mobility Needs for an Ageing Society from a Policy Perspective: Review and Implications. *Int J Environ Res Public Health*. 2021 Nov 10;18(22):11802. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8625775/>

²⁶ Dana Ferrante, Taylor Carty. Seven Ways Federal Policymakers Can Improve the Lives of Disabled People. *Urban Institute*, July 17, 2024.

<https://www.urban.org/urban-wire/seven-ways-federal-policymakers-can-improve-lives-disabled-people>

²⁷ Artieda, Luis, et al. (2022). Access and Persons with Disabilities in Urban Areas. ITDP. <https://itdp.org/wp-content/uploads/2022/02/EXECUTIVE-SUMMARY-22feb-2.pdf>

²⁸ Bicycle and pedestrian treatments. Virginia Department of Transportation. <https://www.vdot.virginia.gov/doing-business/technical-guidance-and-support/transportation-and-mobility-planning/bicycle-and-pedestrian-accommodations/bicycle-and-pedestrian-treatments/>

²⁹ Americans with Disabilities Act (ADA) Coordinator's Office. City of Charlottesville.

<https://www.charlottesville.gov/274/Americans-with-Disabilities-Act-ADA-Coor>

³⁰ ADA Self-Evaluation and Transition Plan. City of Charlottesville. <https://www.charlottesville.gov/1729/ADA-Self-Evaluation-and-Transition-Plan>

³¹ Hofstetter, Jacob, Margie McHugh, and Anna O’Toole. 2021. A Framework for Language Access: Key Features of U.S. State and Local Language Access Laws and Policies. Washington, DC: Migration Policy Institute. <https://www.immigrationresearch.org/system/files/A%20Framework%20for%20Language%20Access%20-%20Key%20Features%20of%20U.S.%20State%20and%20Local%20Language%20Access%20Laws%20and%20Policies.pdf>

³² Language Access: Translation and Interpretation Policies and Practices. Migration Policy Institute.

<https://www.migrationpolicy.org/programs/language-access-translation-and-interpretation-policies-and-practices>

displacement and may require specialized services and resources. However, these families may avoid applying to government assistance programs out of concern for how their information will be shared.³³ Support for residents in obtaining the new state driver's privilege cards or state-issued identification cards can help new residents be part of the community with less fear.³⁴ The International Rescue Commission (IRC)³⁵ has led this work in Charlottesville, as well as the Cville ID team.³⁶ Prohibiting the participation of local law enforcement with Immigration and Customs Enforcement further supports the integration and involvement of new residents.³⁷

Human Development Framework

THE HUMAN DEVELOPMENT INDEX

The Human Development Index (HDI)³⁸ is a metric that assesses the distribution of well-being 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 welfare, going beyond measures of 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 opportunity and well-being for all people.

In addition to illuminating facets of well-being not captured in economic metrics, the HDI appropriately reflects the interconnectedness of many different sectors: health, education, housing, and more. Human well-being is influenced by multiple factors that cannot be isolated from one another, and the HDI captures several of these at once. In this way, the HDI mirrors the social determinants of health, a framework that recognizes the way health and well-being is shaped by the conditions in which we live.³⁹ By looking at the full spectrum of people in our

³³ Hamutal Bernstein, Dulce Gonzalez, Paola Echave, and Diana Guelespe. Immigrant Families Faced Multiple Barriers to Safety Net Programs in 2021. Urban Institute. 2022. <https://www.urban.org/sites/default/files/2022-11/Immigrant%20Families%20Faced%20Multiple%20Barriers%20to%20Safety%20Net%20Programs%20in%202021.pdf>.

³⁴ § 46.2-328.3. Driver privilege cards and permits. Code of Virginia. <https://law.lis.virginia.gov/vacode/title46.2/chapter3/section46.2-328.3/>

³⁵ The IRC in Charlottesville, VA, <https://www.rescue.org/united-states/charlottesville-va>

³⁶ Charlottesville group helps people straighten out important documents. 29News, March 2, 2025. <https://www.29news.com/2025/03/02/charlottesville-group-helps-people-straighten-out-important-documents/>

³⁷ National Map of Local Entanglement with ICE. Immigrant Legal Resource Center. <https://www.ilrc.org/resources/national-map-local-entanglement-ice>

³⁸ About Human Development. Measure of America of the Social Science Research Council. <https://measureofamerica.org/human-development/>

³⁹ Social Determinants of Health. US Centers for Disease Control and Prevention. <https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html>

community, the HDI promotes an inclusive view, one in which we can all see ourselves.⁴⁰

This report employs an adapted version of the HDI, the American Human Development Index (AHDH), which was created by Measure of America of the Social Science Research Council to be relevant at sub-national geographic levels such as states and counties. The AHDH utilizes the same components of the HDI—health, access to knowledge, and living standards—but adapts them to a local American context characterized by the conditions of an affluent democracy.

AHDH AND THE CITY OF CHARLOTTESVILLE

Using the methodology developed by Measure of America, each component of AHDH—health, access to knowledge, and living standards—is scored on a 0 to 10 scale for a specific geography.⁴¹ The AHDH is the average of these three scores: each component carries equal weight in the index as all carry equal importance for community well-being.

The health component is calculated using life expectancy at birth. Access to knowledge uses two measures: educational attainment and school enrollment. Educational attainment combines the percentage of the population aged 25 years and older who have earned at least a high school diploma or equivalent, at least a bachelor’s degree, or an advanced degree (master’s, professional, doctoral, etc.). School enrollment is the percentage of the population between the ages of 3 and 24 that are currently enrolled in a public school, private school, college or university. The living standards component of the AHDH is calculated using median personal earnings.

Table 1 shows AHDH for the City of Charlottesville, Albemarle County, Virginia overall, and other localities that serve as comparative benchmarks:

⁴⁰ This approach also departs from methods that focus primarily on those living in poverty, which may inadvertently reinforce the sense that these conditions are not relevant to all of us.

⁴¹ See the Measure of America Methodological Notes for the complete methodology: <https://measureofamerica.org/wp-content/uploads/2010/11/The-Measure-of-America-2010-2011-Methodological-Notes.pdf>

Table 1: American Human Development Index: Comparison Across Benchmark Localities

| | American HD Index | Health | Access to Knowledge | | | | Living Standards |
|----------------------|----------------------|----------------------------|---------------------------------------|----------------------------------|--------------------|----------------------|------------------------------|
| | | Life Expectancy (years) | At Least High School Diploma | At Least Bachelor's Degree | Graduate Degree | School Enrollment | Median Earnings (2023 \$) |
| Local | | | | | | | |
| Charlottesville | 6.2 | 79 | 93% | 61% | 33% | 87% | \$38,285 |
| Albemarle | 7.3 | 82 | 94% | 61% | 31% | 85% | \$51,922 |
| State & US | | | | | | | |
| Virginia | 5.8 | 78 | 91% | 41% | 18% | 76% | \$49,405 |
| United States | 5.3 | 78 | 89% | 35% | 14% | 76% | \$44,587 |
| Benchmark Localities | | | | | | | |
| Alexandria City | 7.9 | 82 | 93% | 66% | 34% | 75% | \$73,247 |
| Lynchburg City | 4.0 | 74 | 90% | 39% | 15% | 79% | \$29,505 |
| Richmond City | 5.0 | 75 | 89% | 44% | 18% | 77% | \$41,143 |
| Roanoke City | 3.8 | 71 | 90% | 29% | 11% | 73% | \$37,740 |
| Williamsburg City | 3.5 | 77 | 93% | 48% | 22% | 93% | \$14,331 |
| Arlington | 8.9 | 85 | 95% | 77% | 41% | 74% | \$88,306 |

Data Sources: *Life Expectancy*: County Health Rankings, 2024. *Education and Earnings*: U.S. Census Bureau, American Community Survey 5-year estimates, 2023.

The AHD Index for the City of Charlottesville is higher than Virginia overall, but lower than the surrounding Albemarle County and some benchmark localities.

Within the city, there are large differences in AHD Index across neighborhoods. That is, people are experiencing different outcomes in their health, education, and living standards depending on where they live. Figure 2.1 shows the AHD Index for each census tract. Census tracts are areas determined by the U.S. Census Bureau to approximate neighborhoods; they are roughly equal in population and are bounded by major roads, rivers and railroad tracks.

American HD Index by Census Tract City of Charlottesville

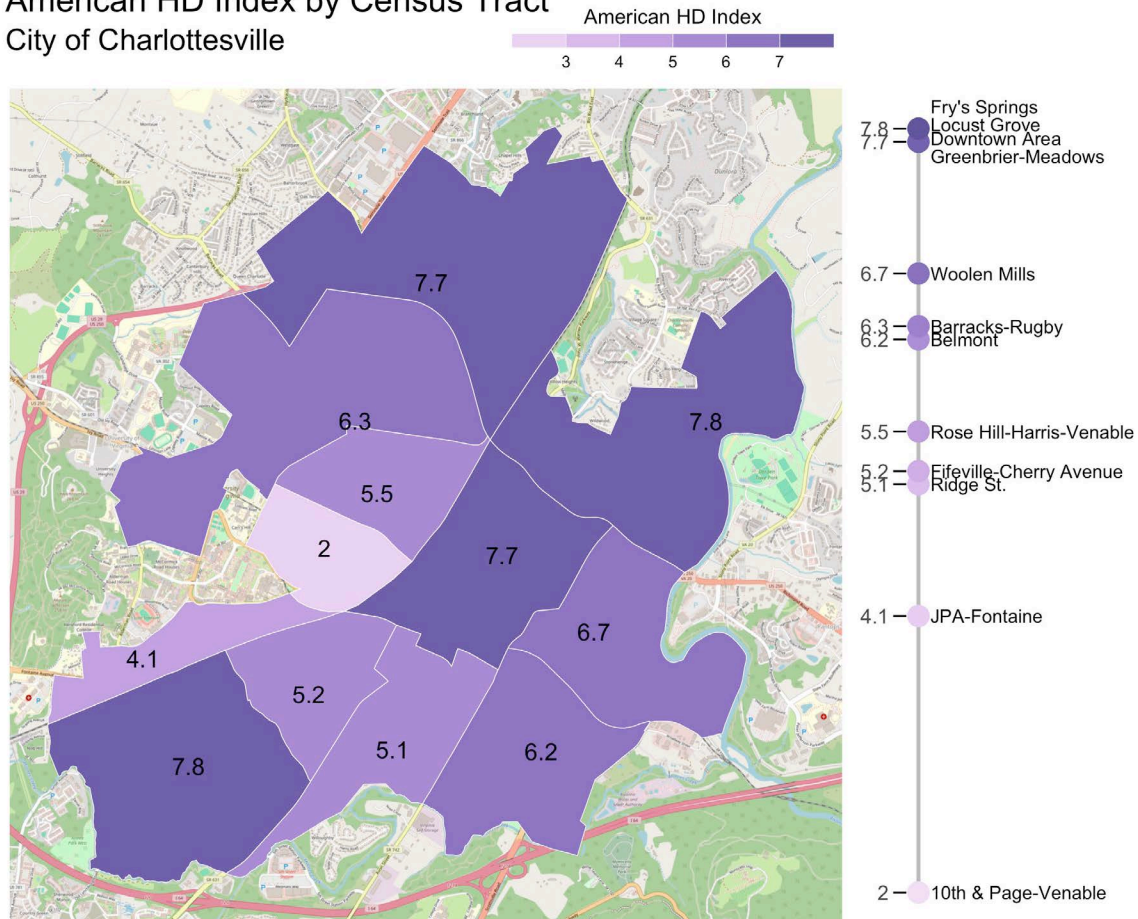
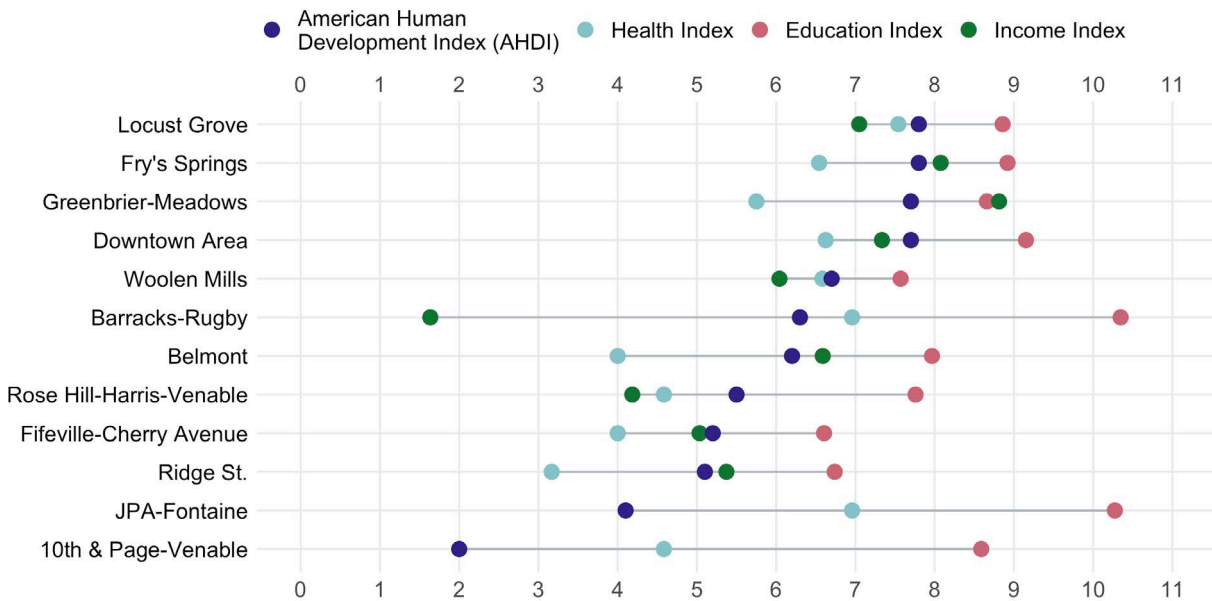


Figure 2.1: American Human Development Index by Census Tract. In Charlottesville, the AHD Index varies significantly across different neighborhoods, ranging from 2 to 7.8.

The disparities in the map are clear. Two tracts have an AHD Index below five: JPA-Fontaine (4.1) and 10th & Page-Venable with the lowest score in the city (2). At the high end, Locust Grove and Fry's Springs carry an AHD Index of 7.8, followed by the Downtown Area, and Greenbrier-Meadows with scores of 7.7.

To better understand the nature of these discrepancies, Figure 2.2 shows the value for each individual AHD Index component—health, education, and income—by census tract. Some tracts, such as Locust Grove, experience uniformly high values across each component, while others, such as Ridge St. and Fifeville-Cherry Avenue, experience uniformly lower values across each component.

Dimensions of the American Human Development Index by Census Tract City of Charlottesville



Note: The income index for JPA-Fontaine and 10th & Page-Venable are not shown due to negative values. Negative values in the income index means that the median earnings for these tracts is lower than the minimum earnings goalpost used in calculating the AHD (\$20,394 in 2023 dollars).

Figure 2.2: Dimensions of the American Human Development Index by Census Tract. The health, education, and income indices are averaged to make the AHD. In Charlottesville, the education index is relatively high across tracts while the income and health indices are lower.

Neighborhoods like Barracks-Rugby, JPA-Fontaine, and 10th & Page-Venable have a wide gap between their AHD components, with high values in their education index and low values in earnings. Some of this can be explained by the off-campus student housing prevalent in these areas of the city, as students tend to make very low wages while enrolled full time at the University. However, the presence of low-earning students does not account for all of the apparent economic precarity.⁴²

US Census data provides further detail on residents in these neighborhoods that helps us better understand the impact of student populations on poverty rates in the city. Table 2 shows several related measures for each tract surrounding the University: the overall poverty rate and the poverty rate for non-students, the percent of residents who received SNAP benefits within the past 12 months (in 2023), and the percent of residents considered “college-aged.”

⁴² Juday, Luke and Rorem, Annie. How to modify poverty calculations for college towns. 2016. Weldon Cooper Center for Public Service, University of Virginia. <https://www.coopercenter.org/research/how-modify-poverty-calculations-college-towns>

Table 2: Student and non-student residents in neighborhoods surrounding the University

| | Overall Poverty Rate | Non-Student Poverty Rate | Received SNAP benefits | Residents 18-24 yrs. |
|-------------------------|----------------------|--------------------------|------------------------|----------------------|
| 10th & Page-Venable | 61% | 41% | 22% | 55% |
| JPA-Fontaine | 65% | 21% | 7% | 76% |
| Barracks-Rugby | 20% | 9% | 2% | 37% |
| Charlottesville Overall | 23% | 14% | 10% | 20% |

Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Table 2 makes it clear that in the area of 10th & Page-Venable, a historically Black neighborhood that now contains numerous rental properties frequently occupied by UVA students, there is significant financial need that cannot be attributed to student residents. Comparing poverty rates between non-student residents (41%) and the tract overall (61%) suggests that the overall poverty rate for this tract is not heavily impacted by students but reflects the high rate of intergenerational poverty in the neighborhood. In addition, 22% of residents are estimated to be receiving SNAP benefits—a significantly higher rate than the city overall. While over half of residents are college-aged, there are also around 550 families, 365 of these with children, living in the 10th & Page-Venable neighborhood.⁴³

College students do have an overall impact on the demographics and measures on poverty in Charlottesville. Over 20% of the population is between the ages of 18 and 24 years old, and the student population does appear to contribute to the rate of poverty in the city: the overall poverty rate is 23% while the rate for non-student residents is significantly less, at 14%. This pattern is especially apparent in the JPA-Fontaine and Barracks-Rugby areas.

College student poverty is frequently transitional; the structural poverty facing our community is persistent. Charlottesville's status as a college town can obscure the reality of structural poverty in many Charlottesville neighborhoods, particularly those that are University-adjacent.

As the tract-level AHDI values show, there are wide disparities in outcomes related to health, education, and economic success within Charlottesville. The following sections of this report focus on these dimensions of well-being as defined by the American Human Development Index: Long and Healthy Life, Access to Knowledge, and Decent Standard of Living. Each provides important measures that help us broaden our understanding of how well-being is experienced in our community.

⁴³ U.S. Census Bureau. "Family Type by Presence and Age of Related Children Under 18 Years." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B11004, 2023, <https://data.census.gov/table/ACSDT5Y2023.B11004?q=B11004&g=1400000US51540000202>.

Long and Health Life: Health Profile

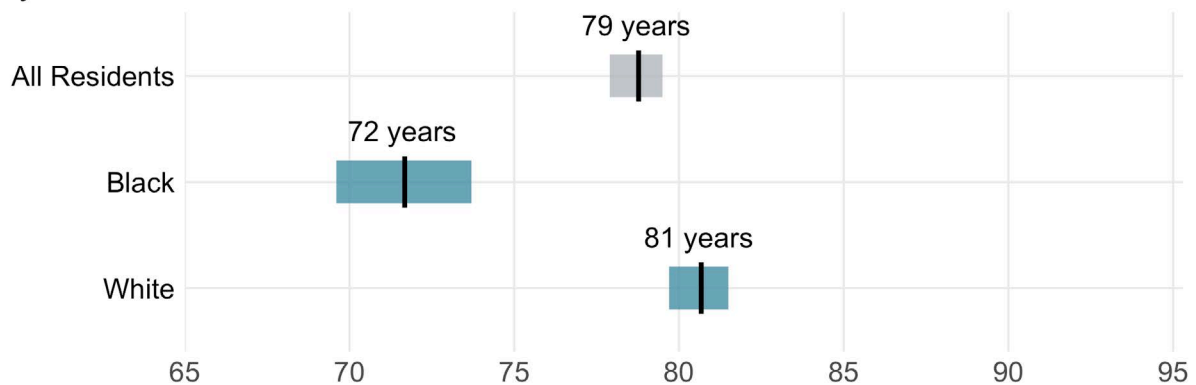
The health care we receive and the individual choices we make impact our health, but so do the places where we live, work, play and pray—the social determinants of health.⁴⁴ The CDC estimates that as much as 50% of individual health is due to “social, economic, and environmental factors, such as education, racism, discrimination, and housing.”⁴⁵ That is, many disparities in health stem from inequities in the opportunities and resources needed to be healthy.

LIFE EXPECTANCY

Life expectancy at birth is the average number of years a baby born today is expected to live given current mortality patterns. According to the Blue Ridge Health District’s MAPP2Health report, life expectancy is a “key population health measure used to gauge health and longevity.”⁴⁶ Research has shown that financial, socioeconomic, and environmental factors can impact life expectancy, as can access to healthcare.

The most recent data available in the County Health Rankings Report estimate Charlottesville’s average life expectancy to be 79 years. However, there are major demographic and geographic disparities in life expectancy across the city.

Life Expectancy by Race City of Charlottesville



Note: The bars in this figure represent the confidence interval, or the range of values that most likely contain the estimated life expectancy for each group. Data Source: County Health Rankings, 2024

Figure 3.1: Life Expectancy by Race, 2024. Average life expectancies with confidence intervals for all city residents (79 yrs), Black residents (72 yrs), and white residents (81 yrs).

⁴⁴ Social Determinants of Health. Office of Disease Prevention and Health Promotion. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

⁴⁵ Centers for Disease Control and Prevention, “Community Health Improvement Navigator,” Last modified August 19, 2015, <https://www.cdc.gov/chinav/index.html>

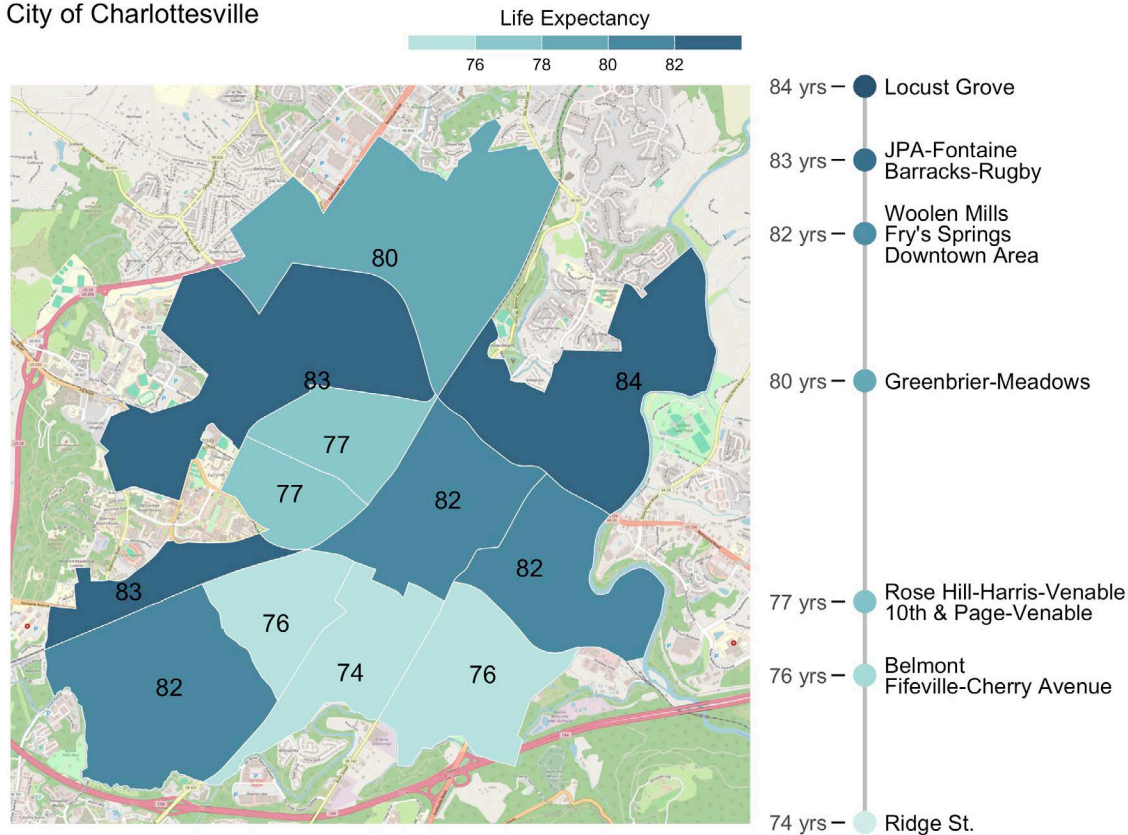
⁴⁶ Blue Ridge Health District, “MAAP2Health,” 2019, <https://www.vdh.virginia.gov/content/uploads/sites/91/2019/08/2019-MAPP2Health-Report.pdf>

Black residents in Charlottesville have a lower life expectancy at birth (72 years) compared to white residents (81 years)—a difference of nine years.

Geographically, life expectancy varies across the city.

Average Life Expectancy by Census Tract

City of Charlottesville



Data Source: MAPP2Health, 2008-2012 Life Expectancy Estimates

Figure 3.2: Average Life Expectancy by Census Tract. Average life expectancy in Charlottesville ranges by tract, from 74 years in the Ridge St. area to 84 years in Locust Grove.

The maximum difference is 10 years across neighborhoods: Locust Grove enjoys the longest life expectancy (84 years) and the Ridge St. area experiences the shortest (74 years).

FOOD SECURITY

Consistent access to sufficient and nutritious food is vital to well-being. A community cannot reach its full potential if some of its members are going hungry or cannot access affordable and healthful 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.⁴⁷

Charlottesville has an overall rate of food insecurity of 14%. The rate is higher among children, with 17% of children experiencing food insecurity. Racial and ethnic groups in the city also experience food insecurity differently: 32% of Black individuals and 22% of Hispanic individuals are food insecure, compared to 13% of white individuals.

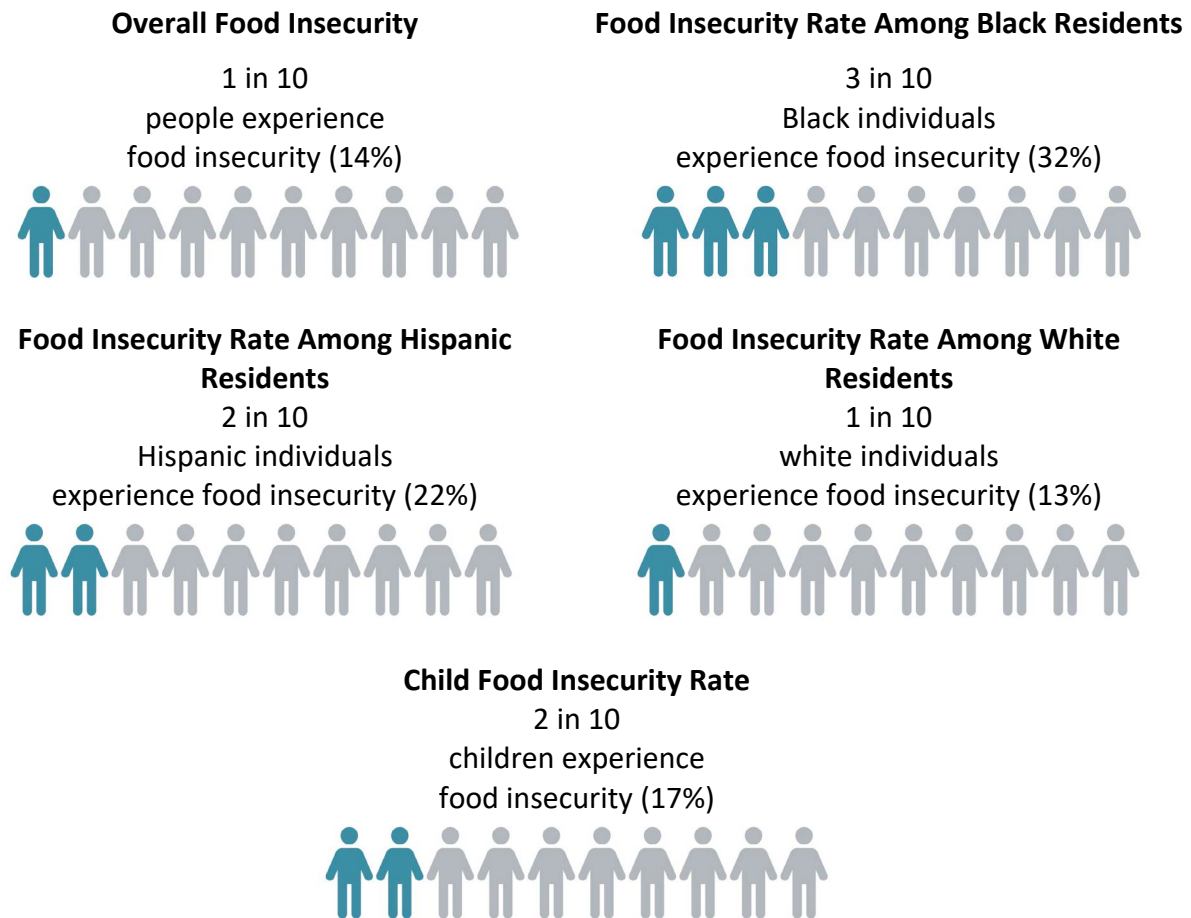


Figure 3.3: Food Insecurity Rates in the City of Charlottesville, 2022.

HEALTH OUTCOMES

Estimates of local health outcomes and prevention activities can point to places and problems where interventions are most needed. The following two tables show health measures at the census tract level.

⁴⁷ USDA Economic Research Service, "Food Security—Key Statistics and Graphics," <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics/>

Table 3 displays the probability of adult residents reporting the listed health conditions: asthma, high blood pressure, cancer, diabetes, depression, high cholesterol, and obesity. A higher percentage corresponds with a higher likelihood of adults in that census tract having the medical condition.

Adults in some areas of Charlottesville, including Greenbrier-Meadows, Ridge St., and Fifeville-Cherry Avenue, are more likely to have certain health conditions like high blood pressure, diabetes, and high cholesterol, than other neighborhoods.

Table 3: Health Outcomes by Census Tract¹

| | ASTHMA | HIGH BLOOD PRESSURE | CANCER | DIABETES | DEPRESSION | HIGH CHOLESTEROL | OBESITY |
|--------------------------|--------|---------------------|--------|----------|------------|------------------|---------|
| 10th & Page-Venable | 12% | 20% | 2% | 7% | 31% | 22% | 30% |
| Barracks-Rugby | 10% | 23% | 6% | 8% | 27% | 28% | 29% |
| Belmont | 10% | 29% | 6% | 10% | 26% | 32% | 34% |
| Downtown Area | 9% | 29% | 9% | 9% | 23% | 34% | 29% |
| Fifeville-Cherry Avenue | 11% | 31% | 5% | 12% | 25% | 30% | 38% |
| Fry's Springs | 9% | 25% | 6% | 8% | 24% | 29% | 30% |
| Greenbrier-Meadows | 9% | 37% | 10% | 12% | 21% | 39% | 30% |
| JPA-Fontaine | 11% | 17% | 2% | 5% | 29% | 20% | 27% |
| Locust Grove | 10% | 31% | 9% | 10% | 24% | 35% | 30% |
| Ridge St. | 11% | 35% | 6% | 13% | 24% | 33% | 37% |
| Rose Hill-Harris-Venable | 11% | 25% | 5% | 8% | 26% | 28% | 31% |
| Woolen Mills | 10% | 28% | 8% | 10% | 24% | 33% | 32% |

¹Health outcome measure definitions available here: <https://www.cdc.gov/places/measure-definitions/health-outcomes/index.html>

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, 2024

Table 4 shows the probability that adult residents engaged in routine health visits by census tract. This includes an annual health checkup or annual dental visit over the past year, and a screening for breast cancer or colorectal cancer at the recommended age and yearly interval. Here, a higher percentage means a higher chance an adult in each census tract had a routine health visit.

Lower percentages suggest less access to routine health care. While annual check-ups and breast cancer screenings are relatively high across all tracts, residents in some areas appear more likely to skip routine appointments for colorectal cancer screenings and dental health.

Table 4: Health Prevention Measures by Census Tract¹

| | ROUTINE CHECKUP | DENTAL VISIT | MAMMOGRAPHY USE | COLORECTAL CANCER SCREENING |
|--------------------------|--------------------|--------------|-----------------|-----------------------------------|
| 10th & Page-Venable | 74% | 55% | 72% | 58% |
| Barracks-Rugby | 75% | 67% | 77% | 72% |
| Belmont | 76% | 66% | 75% | 67% |
| Downtown Area | 78% | 76% | 79% | 78% |
| Fifeville-Cherry Avenue | 76% | 59% | 79% | 66% |
| Fry's Springs | 76% | 73% | 80% | 70% |
| Greenbrier-Meadows | 81% | 72% | 78% | 70% |
| JPA-Fontaine | 72% | 49% | 70% | 58% |
| Locust Grove | 78% | 73% | 74% | 71% |
| Ridge St. | 78% | 63% | 75% | 66% |
| Rose Hill-Harris-Venable | 75% | 66% | 79% | 68% |
| Woolen Mills | 77% | 70% | 80% | 73% |

¹Health prevention measure definitions available here: <https://www.cdc.gov/places/measure-definitions/prevention/index.html>

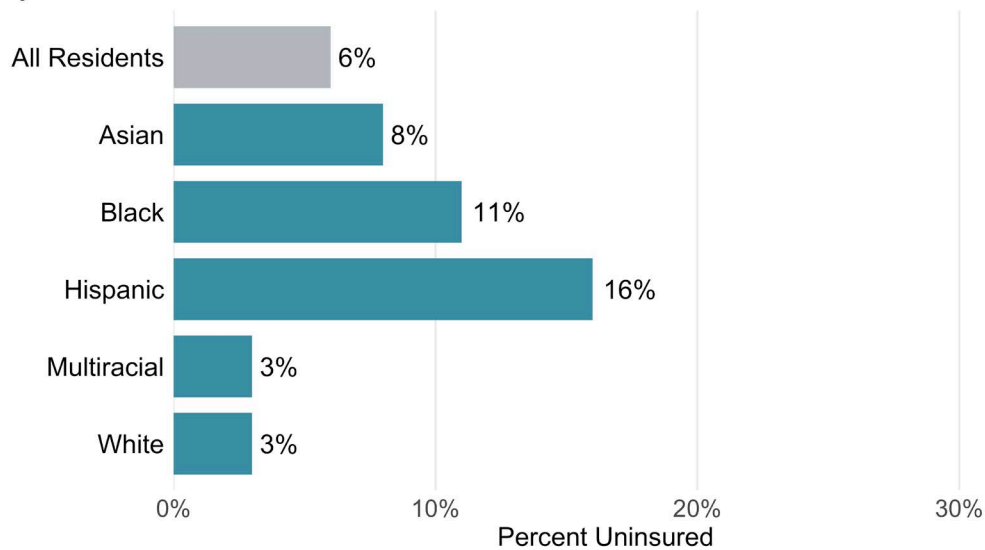
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, 2024

HEALTH INSURANCE

Health insurance supports access to routine health care and provides some protection from unanticipated medical expenses. In Charlottesville, 1 in 15 people do not have health insurance (Figure 3.4). Those without insurance are less likely to have a primary care provider, are more likely to delay or forgo needed care, and receive fewer preventative services.⁴⁸

⁴⁸ Report: The Importance of Health Coverage. American Hospital Association.
<https://www.aha.org/guidesreports/report-importance-health-coverage>

Residents with No Health Insurance by Race City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

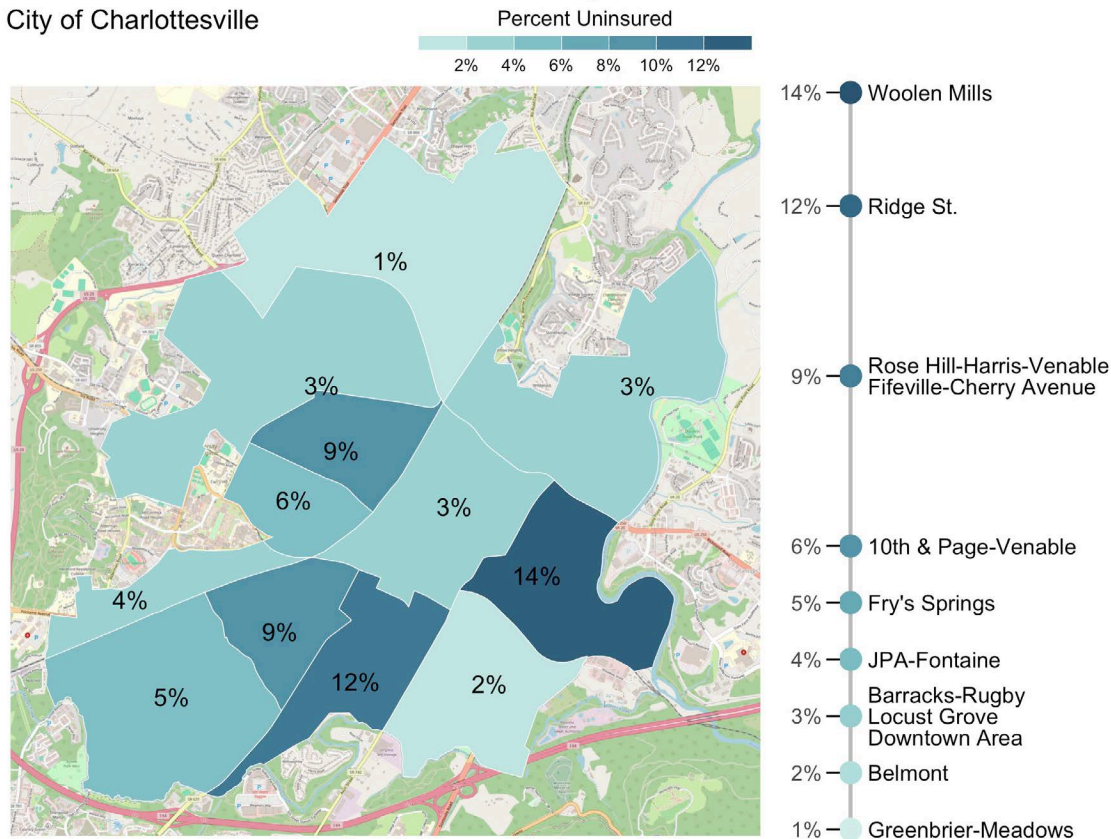
Figure 3.4: Residents with No Health Insurance by Race, 2023. Overall, approximately 6% of residents do not have health insurance. This value is 8% for Asian residents, 11% for Black residents, 16% for Hispanic residents, 3% for multiracial and 3% white.

Significant disparities exist across racial and ethnic groups in Charlottesville: 16% of Hispanic residents and 11% of Black residents report that they do not have health insurance compared to 3% of white residents. Put differently, over 1 in 10 Black residents and nearly 1 in 5 Hispanic residents in the city do not have health insurance.

Differences in health insurance coverage can also be seen geographically in Charlottesville (Figure 3.4).

Residents with No Health Insurance by Census Tract

City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 3.5: Residents with No Health Insurance by Census Tract. The percent of residents without health insurance ranges from 1% in Greenbrier-Meadows to 14% in Woolen Mills.

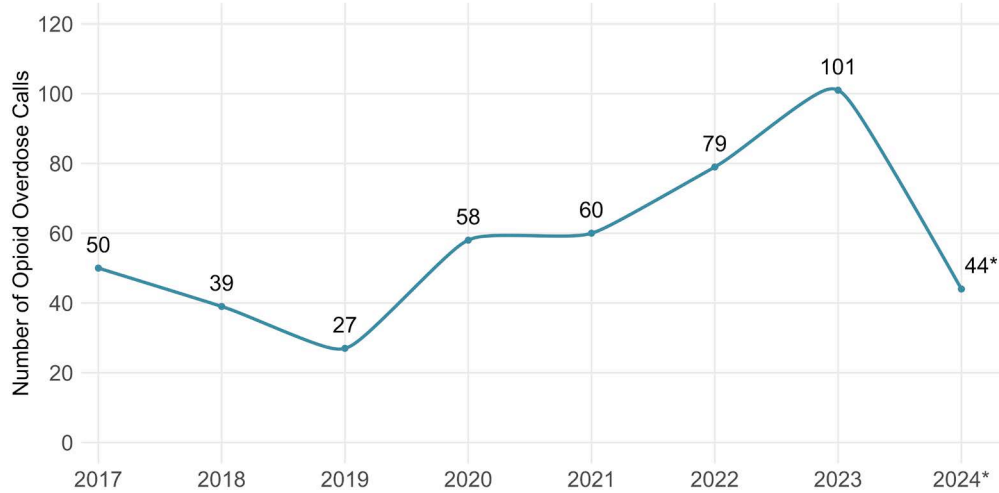
The percent of residents without health insurance ranges from a low of 1% in Greenbrier-Meadows to a high of 14% in Woolen Mills. Additionally, there are several tracts that have a higher rate of no insurance than the city overall including Ridge St. (12%), Fifeville-Cherry Avenue (9%), and Rose Hill-Harris-Venable (9%). Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

EMS RESPONSES TO OPIOID OVERDOSES

Substance Use Disorder (SUD) is a public health issue that impacts our whole community. Harm reduction programs and policy can directly help those suffering from SUD. One of the ways we can monitor the severity of substance use in the community is through the number of calls to Emergency Medical Services (EMS) related to opioid overdoses.

Opioid Overdose Related EMS Calls by Year

City of Charlottesville



*2024-to-date includes data up to 7/10/24

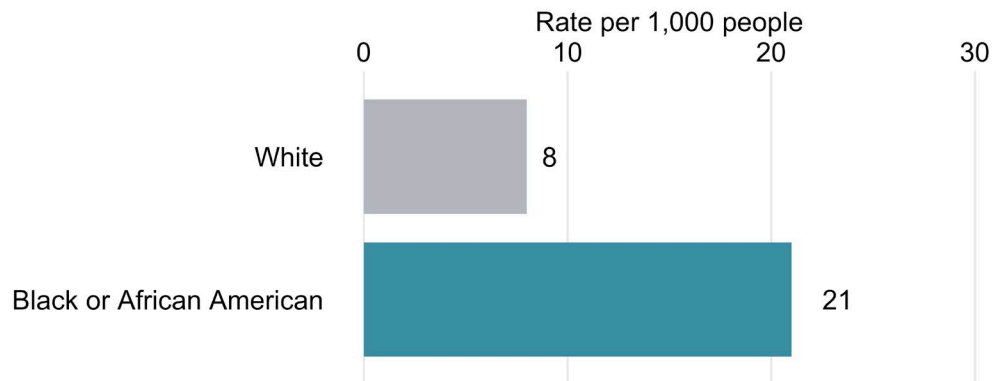
Data prepared by the Charlottesville Fire Department including responses from the Charlottesville-Albemarle Rescue Squad over the period 12/1/16-7/10/24

Figure 3.6: EMS Responses to Opioid Overdoses by Year, 12/1/16-7/10/24.

Opioid overdose related calls have increased within the city in recent years, with an especially sharp rise in 2020 (Figure 3.6). Though all types of people can be impacted by substance use disorder, this crisis has affected some groups more than others. Figure 3.7 shows that the rate of opioid overdose related calls for Black individuals is nearly three times higher than for white individuals.

Rate of Opioid Overdose Related EMS Calls by Race: 12/1/16-7/10/24

City of Charlottesville

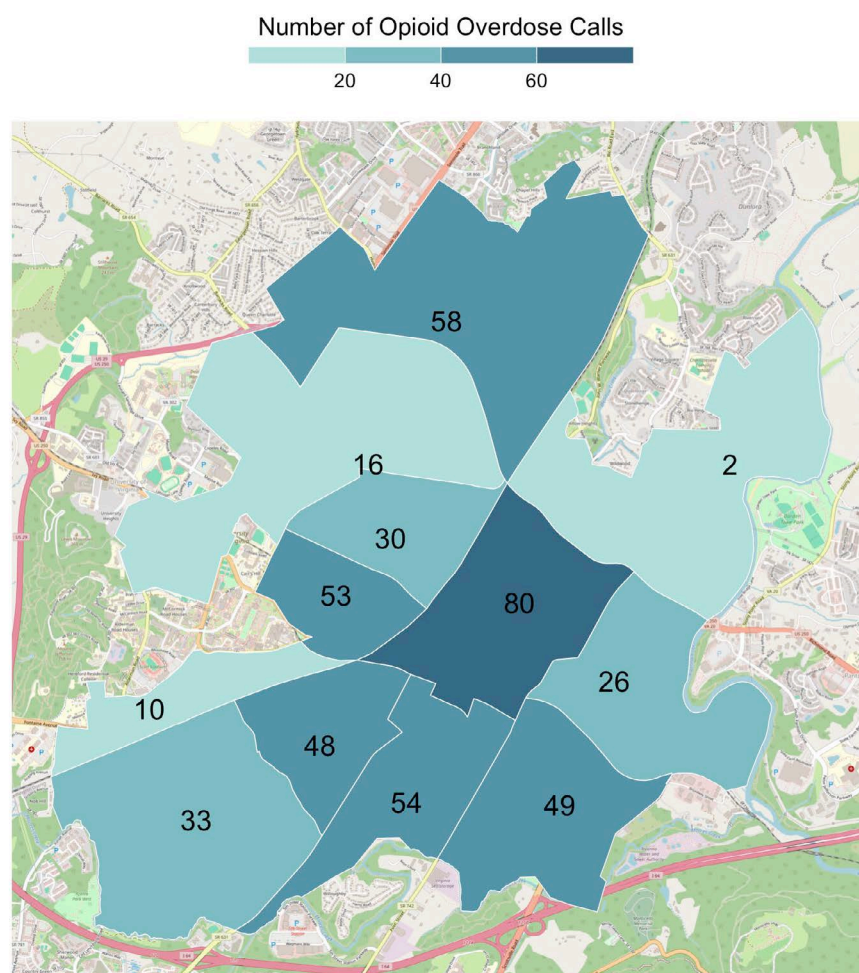


Data prepared by the Charlottesville Fire Department including responses from the Charlottesville-Albemarle Rescue Squad over the period 12/1/16-7/10/24. Data on population counts by race from the U.S. Census Bureau, American Community Survey.

Figure 3.7: Rate of EMS Responses to Opioid Overdose by Race: 12/1/16-7/10/24

There is also some geographic concentration in EMS calls for opioid overdose. A significant number of the calls made between 2/1/16-7/10/24 were in the Downtown area of Charlottesville (Figure 3.8).

Opioid Overdose Related EMS Calls by Census Tract: 12/1/16-7/10/24 City of Charlottesville



Data prepared by the Charlottesville Fire Department including responses from the Charlottesville-Albemarle Rescue Squad over the period 12/1/16-7/10/24

Figure 3.8: EMS Responses to Opioid Overdoses by Census Tract: 12/1/16-7/10/24. The number of emergency services responses to overdoses varies by place.

POLICY CONNECTIONS

Improved health, for individuals and the community, depends on access to quality health care and health-supporting environments. Health equity is enhanced when all residents share in this access.

The complexity of health coverage options can pose a burden for individuals without health insurance.⁴⁹ Increasing outreach and enrollment support has proven to increase uptake of

⁴⁹ Pollitz, Kare, et al. (2020). Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need. KFF. <https://www.kff.org/report-section/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need-issue-brief/>

health insurance.^{50,51} Because many residents will remain uninsured or under-insured, investment in alternative medical care, like that offered by the Free Clinic, will remain an important resource for the community. Even with health insurance coverage, accessing care frequently poses an additional hurdle. Programs that bring health care providers to residents—embedding clinics and nurse practitioners in communities of need, mobile clinics and services, in-school health checks—increases use of preventative services and care for chronic conditions. Community health workers can further amplify outreach, education, health navigation, and ultimately, use of health resources in targeted communities.⁵² Residents, especially low-income residents, may remain wary of accessing health resources if they fear accruing medical debt and the consequences of aggressive debt collection practices by healthcare-providing systems.

Healthy environments afford access to healthful foods, green spaces and safe walkability, and protection from harmful pollutants, heat, and related conditions of the built environment. Proximity to healthy food retailers and sources promotes healthier diets and lowers the risk of food insecurity.⁵³ Subsidizing the development of grocery stores and community gardens in underserved communities advances the health of communities. Nearby parks, trails, and open spaces that promote physical activity can improve the physical and mental health of residents, especially among urban residents.⁵⁴ In addition to supporting physical activity, green spaces and green infrastructure play a role in reducing environmental hazards like heat in urban areas. Charlottesville’s 2021 heat-mapping initiative identified local areas that experience the warmest temperatures.⁵⁵

The rise of fatal opioid overdoses in the Commonwealth, driven largely by the rise in synthetic opioids, are also reflected locally. Research supports harm reduction as a key strategy: naloxone distribution and education as well as syringe service programs and fentanyl test strip distribution.⁵⁶ The work of the Community Mental Health and Wellness Coalition in sharing and

⁵⁰ Myerson, Rebecca, et al. Personalized Telephone Outreach Increased Health Insurance Take-Up For Hard-To-Reach Populations, But Challenges Remain. *Health Affairs*. Vol 41, No. 1. 2022. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01000>

⁵¹ Hatch, Michael, et al. (2019) "Barber Shops, Salons, and Spas: The Complexity – and Simplicity – Of Implementing Outreach and Enrollment Contracts Under The Affordable Care Act," *Journal of Public Management & Social Policy*: Vol. 26 : No. 2 , Article 3. Available at: <https://digitalscholarship.tsu.edu/jpmisp/vol26/iss2/3>

⁵² Community health workers. County Health Rankings. <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/community-health-workers>

⁵³ Bell, Judith, et al. Access to Healthy Food and Why It Matters. Policy Link, 2013. https://www.policylink.org/sites/default/files/GROCERYGAP_FINAL_NOV2013.pdf

⁵⁴ Caoimhe Twohig-Bennett, Andy Jones, The health benefits of the great outdoors: A systematic review and meta-analysis of greenspace exposure and health outcomes, *Environmental Research*, Volume 166, 2018, Pages 628-637, <https://www.sciencedirect.com/science/article/pii/S0013935118303323>; Green space & parks. County Health Rankings. <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/green-space-parks>

⁵⁵ Lee LeBoeuf, Elizabeth Mitchell, and Michele Claibourn. “Charlottesville Urban Heat Islands.” UVA Democracy Initiative Center for the Redress of Inequity through Community-Engaged Scholarship. <https://virginiaequitycenter.github.io/Cville-Heat/cville-heat-report>.

⁵⁶ Razaghizad A, Windle SB, Filion KB, et al. The effect of overdose education and naloxone distribution: An umbrella review of systematic reviews. *American Journal of Public Health*. 2021;111(8):e1-e12.

amplifying access to harm reduction training and resources is more necessary than ever.⁵⁷ While Virginia passed a safe reporting law in 2015,⁵⁸ continued efforts to raise awareness of the protections from arrest and prosecution afforded by the law could reduce barriers to receiving lifesaving care.

Access to Knowledge: Education Profile

Education promotes personal development in multiple ways and directly influences employment and earnings, which in turn influence access to decent housing, food, healthcare, transportation, and more. Education also enhances individual and collective civic life. Charlottesville is frequently celebrated for its educational environment, hosting a highly ranked university and ranking highly on lists of ‘best places to live’ which note the city’s well-educated population.⁵⁹ More granular data on educational attainment in Charlottesville tells a more complex story and points to paths for improvement.

DEGREE ATTAINMENT

Differences in educational attainment by race and ethnicity for those aged 25 years or older raise stark equity concerns (Figure 4.1). 71% of white adult residents hold a bachelor’s degree or higher compared to only 21% of Black adult residents. Data on educational attainment is especially divided among Asian-identified residents 25 or older: 62% hold a bachelor’s degree or higher—the second highest degree-holding rate by race—and 20% do not have a high school diploma—the highest percent of any racial/ethnic group present in this data.

⁵⁷ Kendall, Rebecca. 2023. Overdose Prevention Resources. Help Happens Here.

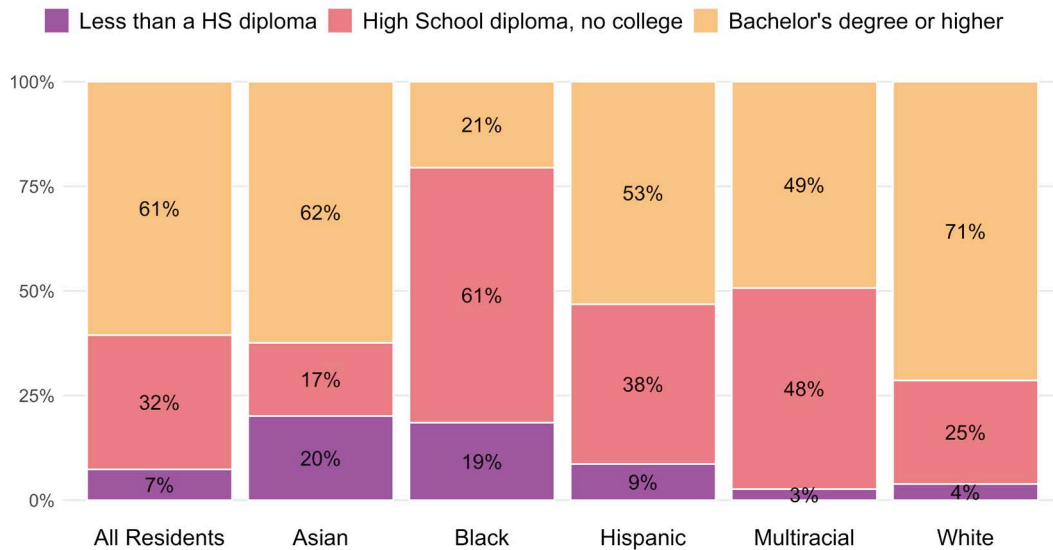
<https://www.cmhwcoalition.org/overdoseprevention>

⁵⁸ § 18.2-251.03. Arrest and prosecution when experiencing or reporting overdoses.

<https://law.lis.virginia.gov/vacodefull/title18.2/chapter7/article1/>

⁵⁹ Ranspacher, Andrew. 2023. News in Brief: Charlottesville Named One of America’s ‘Happiest Places.’ UVA Today. <https://news.virginia.edu/content/news-brief-charlottesville-named-one-americas-happiest-places>

Educational Attainment by Race/Ethnicity for the population 25 years and over City of Charlottesville

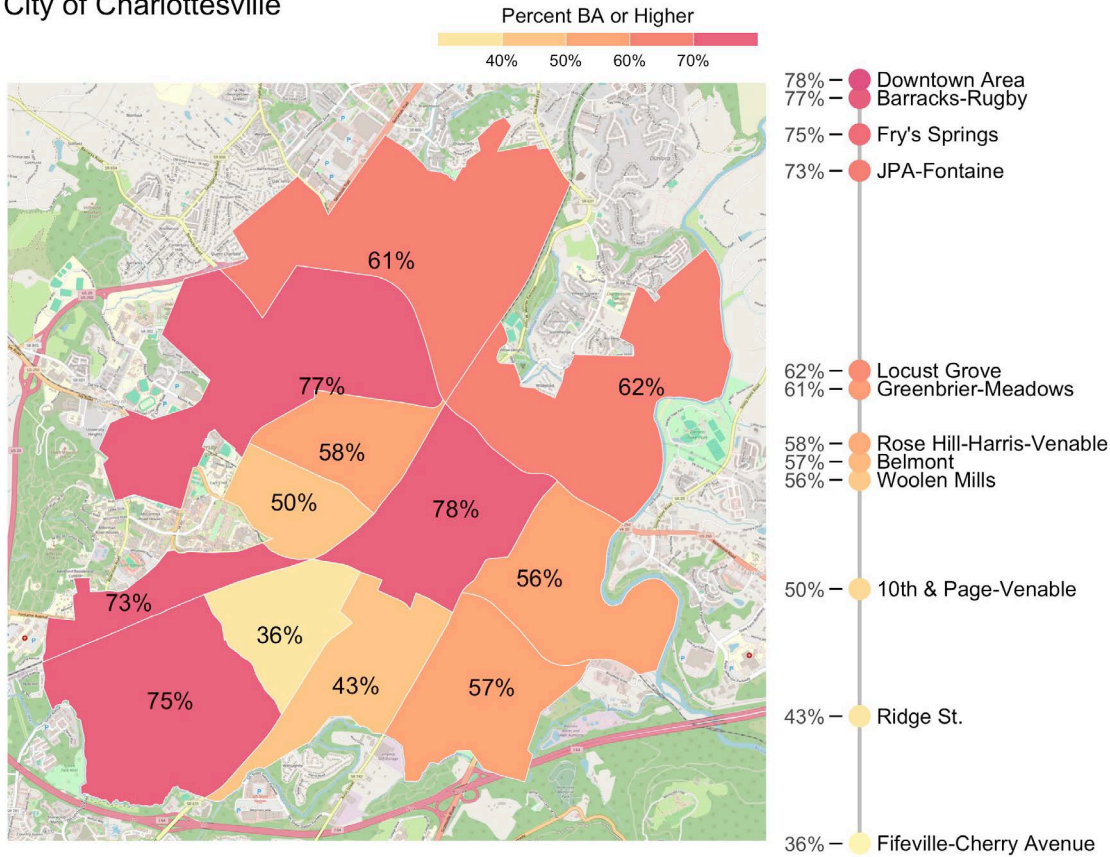


Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 4.1: Educational Attainment by Race/Ethnicity for the population 25 years and over, 2023. While 61% of residents overall have a bachelor's degree or higher, 21% of Black residents, 53% of Hispanic residents, and 71% of white residents have BA's or higher.

There is also significant geographic variation in the rates of bachelor's degree attainment throughout the City of Charlottesville (Figure 4.2). Rates of bachelor's degree attainment range from a high of 78% in the Downtown Area to a low of 36% among Fifeville-Cherry Avenue residents, a difference of over 40%.

Education Level: Bachelor's Degree or Higher by Census Tract City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 4.2: Education Level: Bachelor's Degree or Higher by Census Tract for the population 25 years and older, 2023. Bachelor's degree attainment ranges from 36% in the Fifeville-Cherry Avenue tract to 78% in the Downtown area.

There are many post-secondary alternatives to attaining a bachelor's degree that can prepare students for successful careers not accounted for in these data, including associate's degrees, vocational certificate programs, and apprenticeships. Even so, greater levels of higher education in an area are associated with positive social outcomes for the entire community, including lower crime rates, greater civic engagement, and longer and healthier lives.⁶⁰ The geographic clustering by education means these additional benefits of education are also distributed unequally.

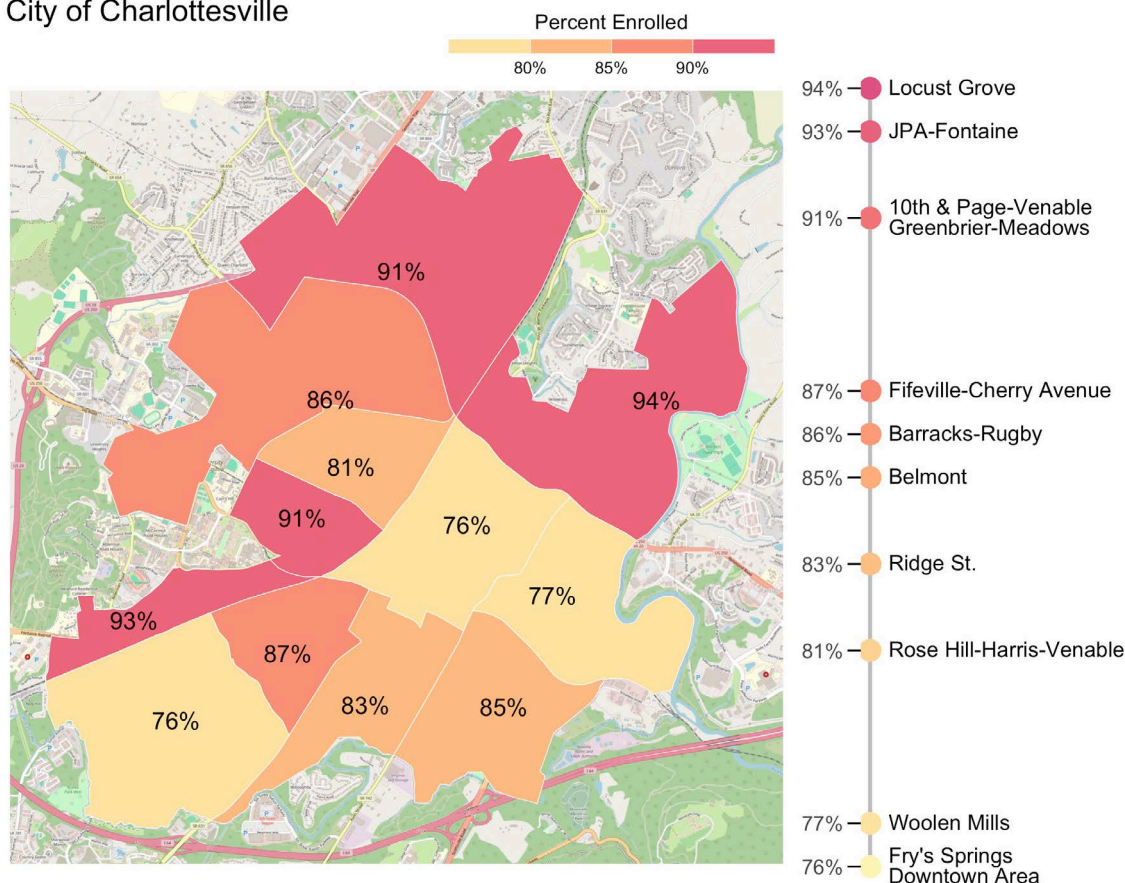
SCHOOL ENROLLMENT

School enrollment measures how many young people, ages 3 to 24 years, currently attend a

⁶⁰ Lewis, K. and Burd-Sharps, S., "A Portrait of New York City 2018: Well-Being in The Five Boroughs and the Greater Metro Area. New York: Measure of America," Social Science Research Council, 2018.

public school, private school, college or university.⁶¹ Like degree attainment, there are geographic disparities in the rate of school enrollment across Charlottesville neighborhoods. In the Locust Grove area, 94% of young people are enrolled in school compared to 76% in Fry's Spring and Downtown.

School Enrollment (Ages 3-24) by Census Tract City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

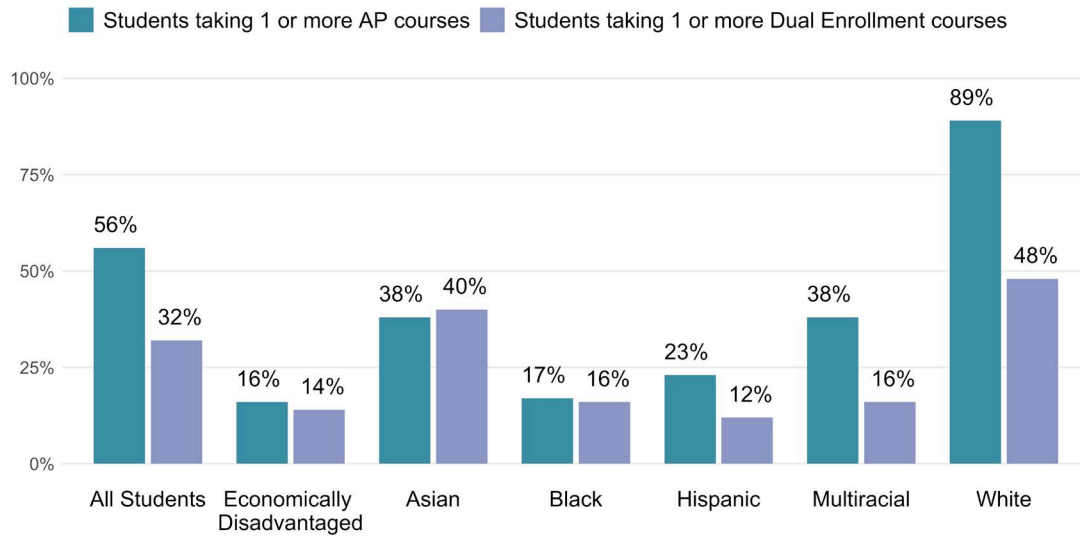
Figure 4.3: School Enrollment (Ages 3-24) by Census Tract, 2023. School enrollment ranges from 76% in Fry's Spring and Downtown to 94% in the Locust Grove tract.

Apart from the rate of formal school attendance among young people, data from the Charlottesville City School (CCS) District point to disparities in the experience of school among youth on the basis of race and ethnicity.

⁶¹ Census Bureau data on enrollment ask about elementary school, high school, college, or professional school. Public, private & homeschool are all included. This count excludes vocational, technical or business schools such as trade schools or on the job training.

AP & DUAL ENROLLMENT

AP & Dual Enrollment Charlottesville City Schools (CCS)



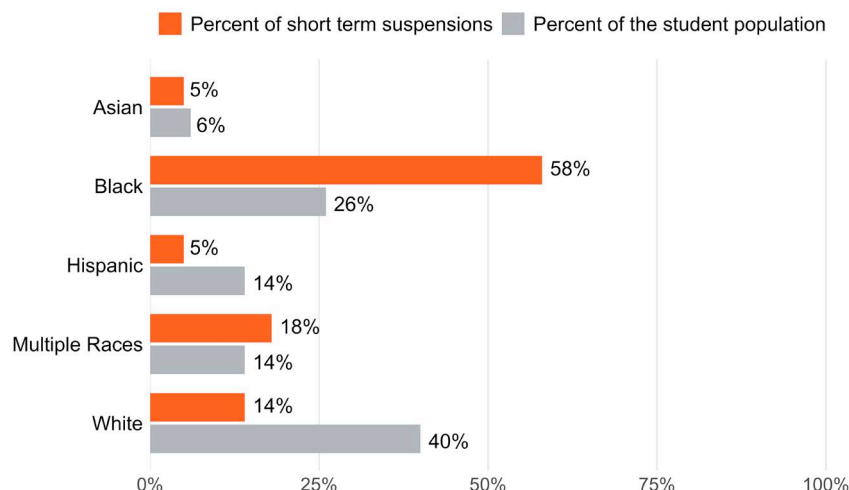
Data Source: Virginia Department of Education, 2023-2024

Figure 4.4: AP & Dual Enrollment in CCS, 2023-2024. For all students, 10th-12th grades, 56% are taking 1 or more AP courses. For students 11th-12th grades, 32% are enrolled in 1 or more Dual Enrollment courses.

Data on advanced placement (AP) and dual enrollment courses among CCS students in the 2023-2024 school year shows higher rates of enrollment in both programs among white and Asian students, relative to all other groups. 89% of white students were taking 1 or more AP courses compared to only 17% of Black students and 23% of Hispanic students. The differences were less pronounced for dual enrollment classes, but white students were still over three times as likely to be in dual enrollment classes relative to Black and Hispanic students.

SUSPENSIONS

Short Term Suspension Incidents by Race/Ethnicity
Charlottesville City Schools (CCS)



Data Source: Virginia Department of Education, 2023-2024

Figure 4.5: Short Term Suspension Incidents by Race/Ethnicity in CCS, 2023-2024. While 14% of short-term suspensions are given to white students and 58% to Black students, white students account for 40% of the student body and Black students account for 26%.

Charlottesville City Schools saw significant racial disparities in the distribution of short term suspensions in the 2023-2024 school year. Though Black students constituted just 26% of the CCS student population, Black students received suspensions in 58% of all short term suspension incidents. Research suggests that at least some of this disparity results from racial bias in disciplinary outcomes for students exhibiting the same behavior in U.S. schools.⁶²

CHRONIC ABSENTEEISM

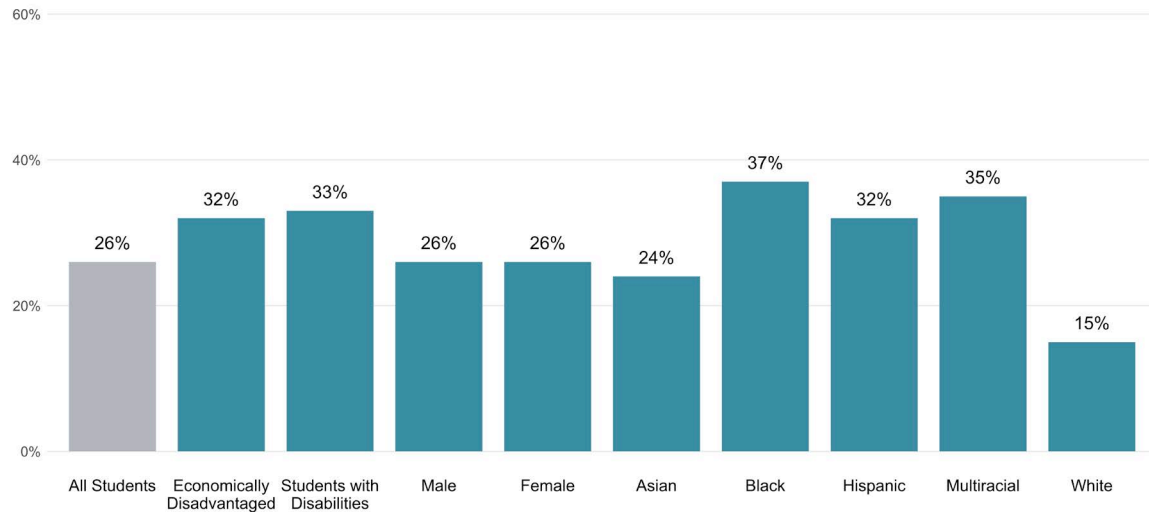
In the years following the initial onset of the COVID-19 pandemic, rates of chronic absenteeism in schools throughout the U.S. have skyrocketed: national-level data shows that rates of chronic absenteeism in U.S. schools increased from 15% in 2019 to 26% in 2023.⁶³ In Virginia, students are considered chronically absent when they miss 10% or more of the school year, which includes unexcused and excused absences, and suspensions.⁶⁴ Overall chronic absenteeism in Charlottesville City Schools during the 2023-2024 school year matched national trends, with 26% of CCS students considered chronically absent.

⁶² Ying Shi, Maria Zhu, Equal time for equal crime? Racial bias in school discipline, *Economics of Education Review*, Volume 88, 2022, <https://www.sciencedirect.com/science/article/pii/S0272775722000334>

⁶³ Sarah Mervosh and Francesca Paris. Why School Absences Have ‘Exploded’ Almost Everywhere. *New York Times*. March 29, 2024. <https://www.nytimes.com/interactive/2024/03/29/us/chronic-absences.html#>

⁶⁴ <https://www.doe.virginia.gov/programs-services/student-services/attendance-school-engagement>

Chronic Absenteeism Charlottesville City Schools (CCS)



Data Source: Virginia Department of Education, 2023-2024

Figure 4.6: Chronic Absenteeism in CCS, 2023-2024. The rate of chronic absenteeism for all students is 26%. This is higher for Black, Hispanic, and Multiracial students, as well as economically disadvantaged students and students with disabilities.

The demographic differences in chronic absenteeism rates, however, are troubling. Black students had the highest rates of chronic absenteeism, at 37%, with multiracial and Hispanic students at 35% and 32% respectively. Economically disadvantaged students and students with disabilities also had notably high rates of chronic absenteeism, at 32% and 33%. By contrast, 15% of white students were considered chronically absent.

POLICY CONNECTIONS

Access to quality education, a central component of the social determinants of health, has been repeatedly shown to be key to economic security, civic engagement, and better health outcomes.⁶⁵

Early childhood development and education programs, childcare and pre-kindergarten, prepare children for kindergarten and beyond, helping to reduce later educational gaps.⁶⁶ There are currently too few affordable early childhood programs in the area, with thousands of additional child care slots needed.⁶⁷ These needs cannot be met without support for training and

⁶⁵ Social Determinants of Health: Education Access and Quality. Osmosis. 2024.

<https://www.osmosis.org/blog/2024/03/21/social-determinants-of-health-education-access-and-quality>

⁶⁶ Early Childhood Development and Education. Office of Disease Prevention and Health Promotion and the U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/early-childhood-development-and-education> and Universal Access to Pre-K Should Be Part of Our Economic Recovery. New America, 2021. <https://www.newamerica.org/education-policy/edcentral/universal-pre-k-recovery/>

⁶⁷ Childhood Education Working Group 2022 Report and Recommendations. University of Virginia. <https://prescouncil.president.virginia.edu/sites/g/files/jsddwu616/files/2023->

compensation for early childhood educators.

Once in school, students need supportive environments to thrive. This includes reducing the racial disproportionality in disciplinary outcomes, a well-documented phenomenon across the country.⁶⁸ Building a culturally sustaining school climate that fosters students' socio-emotional learning may reduce these disparities.⁶⁹ Experts also suggest paying attention to disciplinary referrals, and the initial acts that might lead to suspension, to better understand the referred behavior at the onset.⁷⁰ Attention to expanding access to accelerated classes can promote more equitable school environments. Strategies include "automatic enrollment" policies to identify all high schoolers who meet preparedness criteria⁷¹ as well as making state⁷² and school-level programs to cover the cost of advanced courses highly visible and simple to access.⁷³

Higher-education degree attainment is strongly predictive of economic security and longevity.⁷⁴ Reducing structural barriers to accessing higher education is necessary to reduce disparities in post-secondary educational attainment. The State Council on Higher Education for Virginia (SCHEV) created a statewide plan in 2021 intended to help close racial and economic post-secondary education gaps including by increasing awareness of higher education opportunities to those who might perceive them to be out of reach; investing in supportive services for students like counseling, mentoring, and career services; and reducing the cost of post-secondary education.⁷⁵ At the local level, investing in focused pathways programs for middle and high school students can help to address systemic obstacles to college-going.

[06/Early%20Childhood%20Education%20Working%20Group%20Report%20Final_2022_12_21.pdf](#)

⁶⁸ Liu, Jing. Disciplinary referrals, teachers, and the sources of racial disciplinary disproportionalities. Brookings. January 30, 2023 <https://www.brookings.edu/articles/disciplinary-referrals-teachers-and-the-sources-of-racial-disciplinary-disproportionalities/>

⁶⁹ Nishioka, Vicki. Improving Racial Equity in School Discipline through Culturally Responsive SEL. 2021. REL Northwest. Institute of Education Sciences. <https://ies.ed.gov/learn/blog/improving-racial-equity-school-discipline-through-culturally-responsive-sel>

⁷⁰ Liu, 2023

⁷¹ In addition to expanding access, this approach may help overcome the fear of social isolation that prevents some students of color from taking advanced courses. See: The Racial Makeup of a School's AP Classes May Perpetuate Within-School Segregation. Urban Institute, 2023. <https://housingmatters.urban.org/research-summary/racial-makeup-schools-ap-classes-may-perpetuate-within-school-segregation>

⁷² AP, IB, and Cambridge Exam Fee Reduction Program. Item 124 #10h. Virginia General Assembly. <https://budget.lis.virginia.gov/amendment/2024/1/HB30/Introduced/CA/124/10h/>

⁷³ Chatterji, Roby, et al. Closing Advanced Coursework Equity Gaps for All Students. 2021. American Progress. <https://www.americanprogress.org/wp-content/uploads/sites/2/2021/07/AdvancedCoursework-report1.pdf>

⁷⁴ Enrollment in Higher Education. Office of Disease Prevention and Health Promotion and the U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/enrollment-higher-education>

⁷⁵ Pathways to Opportunity: The Virginia Plan for Higher Education Annual Report. 2021. State Council of Higher Education (SCHEV). <https://rga.lis.virginia.gov/Published/2021/RD820/PDF>

Decent Standard of Living: Economic Security and Housing Profile

Living standards encompass access to the material needs of life—housing, security, goods and services. It is captured through measures on earnings, household income, homeownership and renting. Data on earnings and income contextualize the struggle some residents face to achieve economic stability and to afford basic necessities. Data on home ownership and housing burden point to the pressing challenges around housing affordability. Collectively, these measures reveal some of the city’s most glaring inequities, both racially and geographically.

EARNINGS AND INCOME

The median personal earnings of Charlottesville residents vary significantly by sex and by race (Figure 5.1). Median earnings represent the midpoint of all household incomes, meaning half of households earn more and half earn less than that amount. The median is generally considered a more representative measure of typical income compared to the average, as it's not affected by extreme outliers (very high or low incomes).

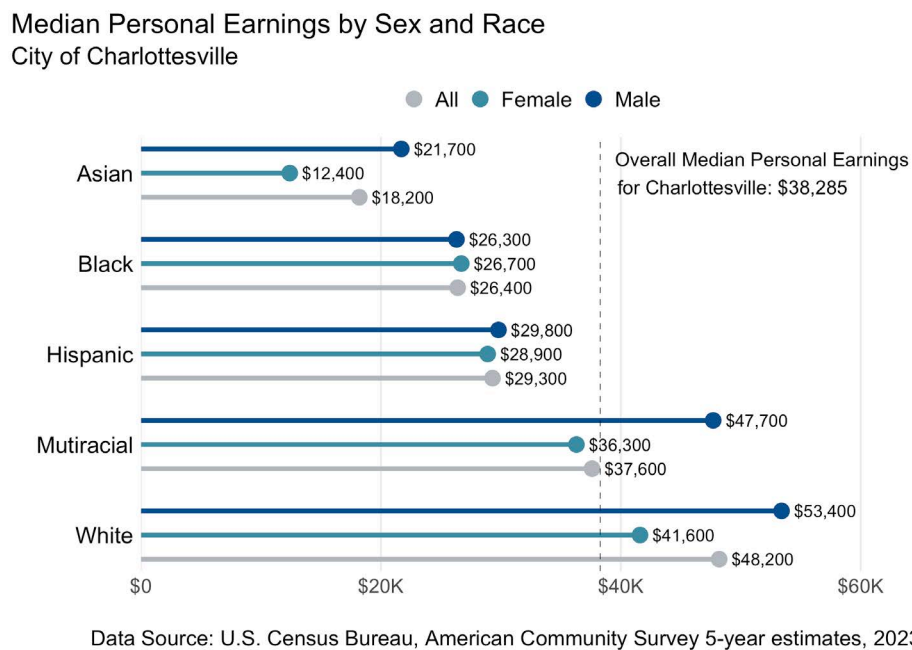


Figure 5.1: Median Personal Earnings by Sex and Race, 2023. The overall median personal earnings is \$38,285. White and multiracial men earn more, at \$53,400 and \$47,700 respectively, as do white women at \$41,600. Black men and women earn around \$26,400, and both Hispanic men and women earn around \$29,300. Asian men and women earn the least, on average \$18,200.

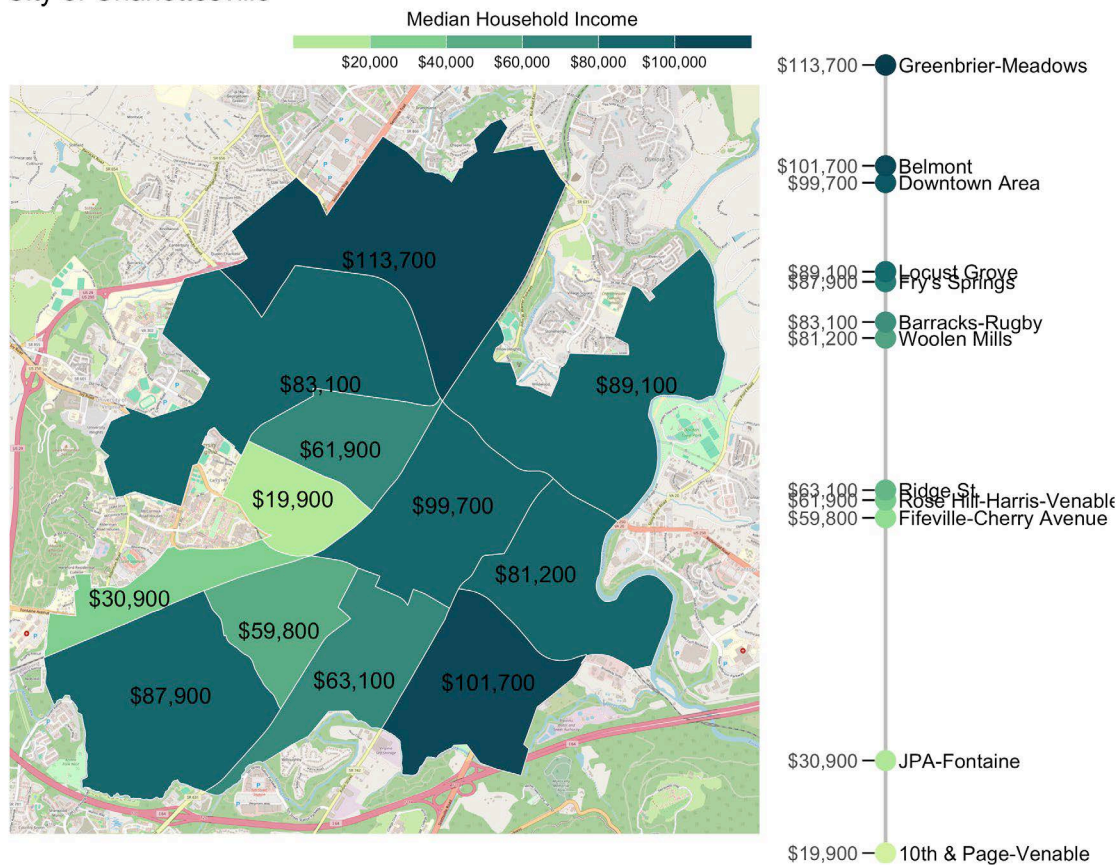
There are wide disparities in personal earnings between white residents, whose median personal earnings are \$48,200 a year, and other racial and ethnic groups. Black and Hispanic residents earn just over half of that amount, around \$27,000 a year. The median for Asian, Black and Hispanic residents, both men and women, is less than Charlottesville’s overall median

personal earnings (\$38,285). For white residents, there is a clear gender gap in earnings, with white women earning 28% less than their male counterparts. These data raise serious concerns about the differential barriers to economic mobility and wealth-building for Charlottesville residents.

While median personal earnings quantify well-being at the individual level, economic power is often pooled within family units. And many tax and policy interventions are monitored at the household level. Here, we focus on median household income to more directly relate financial well-being to the cost of living in the area.

The median household income for Charlottesville is around \$69,800 a year—the value for which half of households bring in more and half bring in less. Examining differences in median household income across census tracts adds further context to economic inequality in Charlottesville.

Median Household Income by Census Tract City of Charlottesville

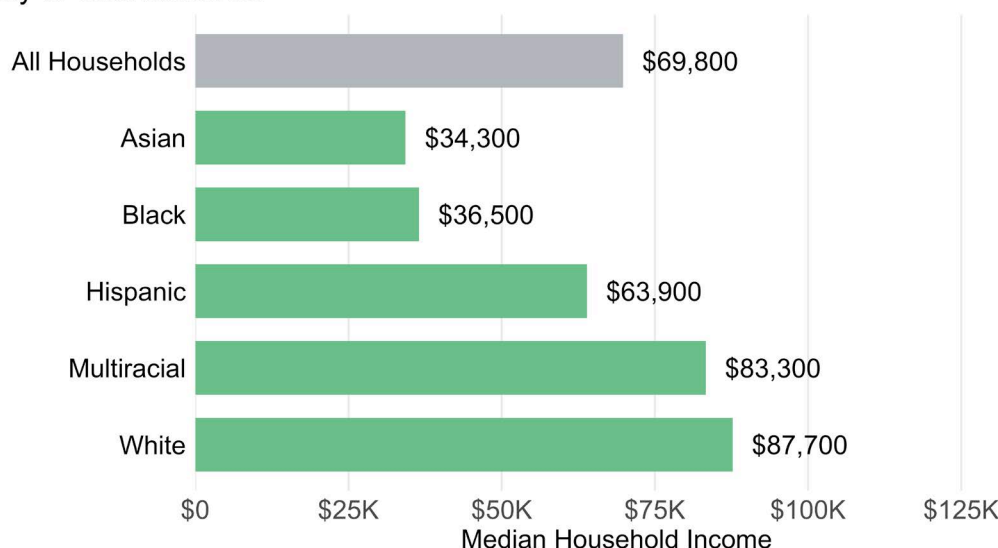


Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 5.2: Median Household Income by Census Tract, 2023. Annual household income ranges from \$19,900 to \$113,700 in the City of Charlottesville.

Median household income by census tract ranges from a low of \$19,900, to a high of \$113,700. The tracts with the lowest median household incomes are 10th & Page-Venable and JPA-Fontaine, at \$19,900 and \$30,900 respectively. As discussed in a prior section on AHD and the City of Charlottesville, the presence of University student housing can impact economic measures. However, students do not account for the whole of the households in these neighborhoods, which can also be impacted by structural poverty. Areas like Fifeville-Cherry Avenue and Ridge Street have lower student populations yet have markedly lower household incomes than the city's most affluent census tracts. While Ridge Street's median household income was \$63,100, Greenbrier-Meadows had a median household income of \$113,700.

Median Household Income by Race/Ethnicity City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 5.3: Median Household Income by Race/Ethnicity, 2023. Median annual income for all households in Charlottesville is \$69,800. For white households, this income is \$87,700/year, and \$36,500/year for Black households.

At the national level, Black workers are underrepresented in industries with the highest wages, with 45% of Black workers in the private-sector working in retail, healthcare, accommodation and food service—jobs that often involve part-time schedules and relatively low wages.⁷⁶ This stratification is reflected locally as well, with Black households receiving a median income of \$36,500, while the median income for white households was more than double this amount, at \$87,700. Low household income can mean that a family is unable to afford basic necessities: according to the Orange Dot Report 6.0, 62% of Black families and 60% of Hispanic families in Charlottesville do not earn enough to be self-sufficient, compared to 15% of white families.⁷⁷

⁷⁶ Hancock, Bryan, et al. Race in the workplace: The Black experience in the US private sector. McKinsey's Institute for Black Economic Mobility. 2021. <https://www.mckinsey.com/featured-insights/diversity-and-inclusion/race-in-the-workplace-the-black-experience-in-the-us-private-sector>

⁷⁷ Elizabeth Mitchell, Michele Claibourn, Ridge Schuyler. "Orange Dot Report 6.0: Family Self-Sufficiency in the

STRUGGLING FAMILIES: ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED (ALICE)

Comprehensive measures of financial hardship must consider both income and the broader cost of living: United Way developed the asset limited, income constrained, employed (ALICE) threshold for this purpose.⁷⁸ The ALICE threshold is calibrated to specific localities, and represents the lowest possible income that households need to earn to afford their basic needs. These essentials include the costs of housing, healthcare, food, transportation, technology, taxes, and childcare.

Many households with incomes below their local cost of living threshold, but above the federal poverty line may not be traditionally thought of as financially burdened. Because their incomes are above the federal poverty line, these households do not qualify for some federal assistance programs⁷⁹ and their disadvantaged financial status is often overlooked by local governments. Inequities are amplified when local government interventions neglect the burdens of households who are working hard, and earning above the federal poverty threshold, but still not enough to meet their family's basic needs.

Figure 5.4 below shows how the ALICE threshold, or the real cost of living, for Charlottesville has increased over the past decade. In 2010, this threshold for survival was \$45,000 for households under 65; this grew to \$69,000 in 2023, rising to \$70,000 and higher in 2019 and 2022.

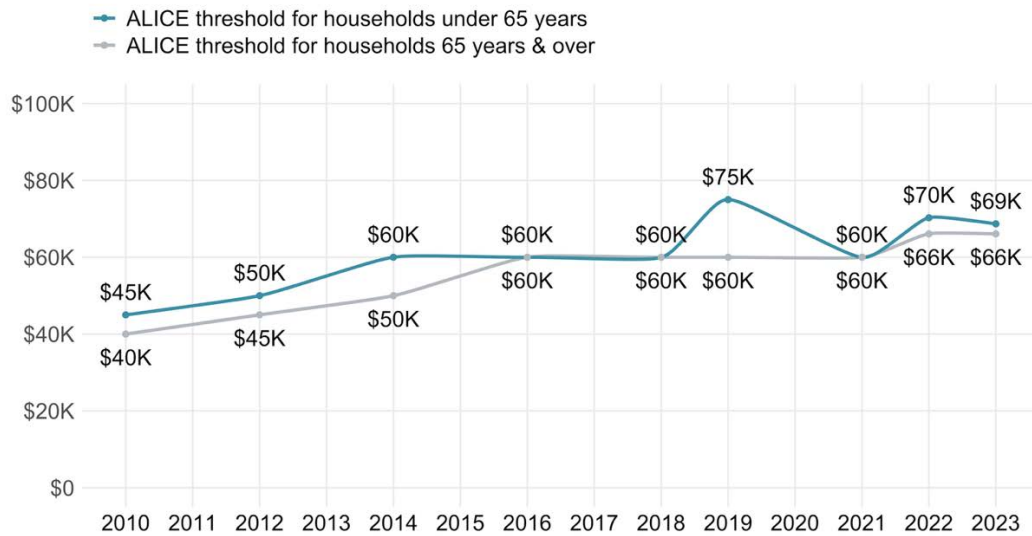
Charlottesville Region: Albemarle, Buckingham, Fluvanna, Greene, Louisa, Nelson Counties & the City of Charlottesville, Virginia." October 21, 2024. <https://www.virginiaequitycenter.org/research/orange-dot-report-60-2024>.

⁷⁸ Overview of ALICE Project. United For ALICE. <https://www.unitedforalice.org/overview>

⁷⁹ Means-tested programs at the state and federal level generally use the HHS poverty guidelines to determine eligibility. Many programs set eligibility at multiples of the poverty guidelines (e.g., 130%, 150% of poverty guidelines).

ALICE Thresholds 2010-2023

City of Charlottesville



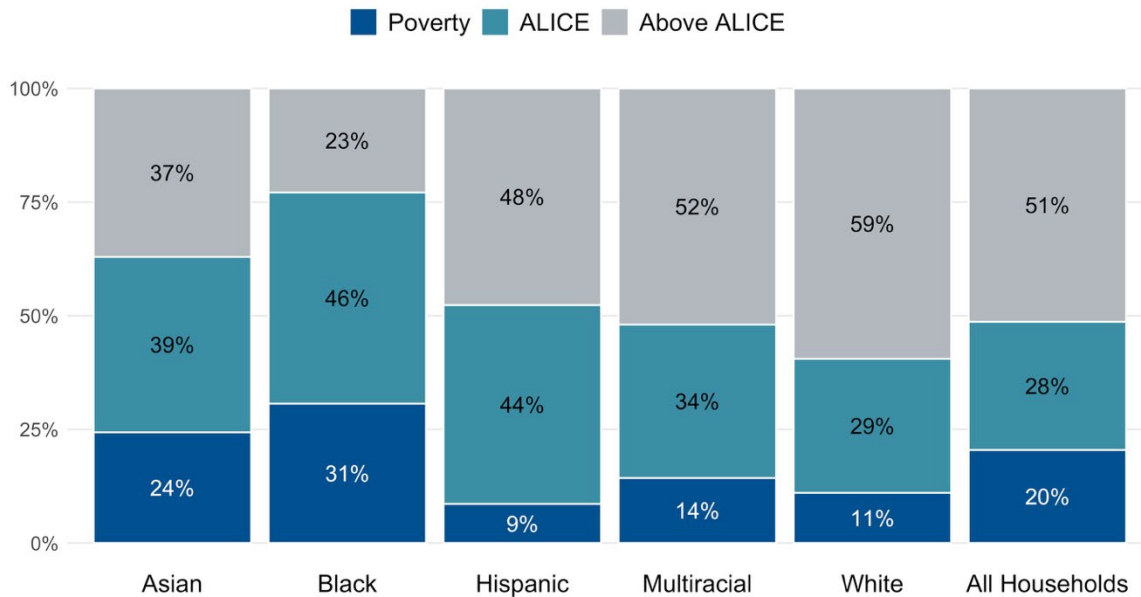
Data Sources: ALICE Threshold, 2010–2023; U.S. Census Bureau, American Community Survey, 2010–2023

Figure 5.4: ALICE Thresholds 2010-2023. The ALICE threshold for households under 65 years old was \$69,000 in 2023 and \$66,000 for 65 years and older.

The percentages of households with incomes below the poverty line and under the ALICE threshold differs across race and ethnicity (Figure 5.5):

ALICE Households by Race/Ethnicity

City of Charlottesville



Data Sources: ALICE Threshold, 2023; U.S. Census Bureau, American Community Survey, 2023

Figure 5.5: ALICE Households by Race/Ethnicity, 2023

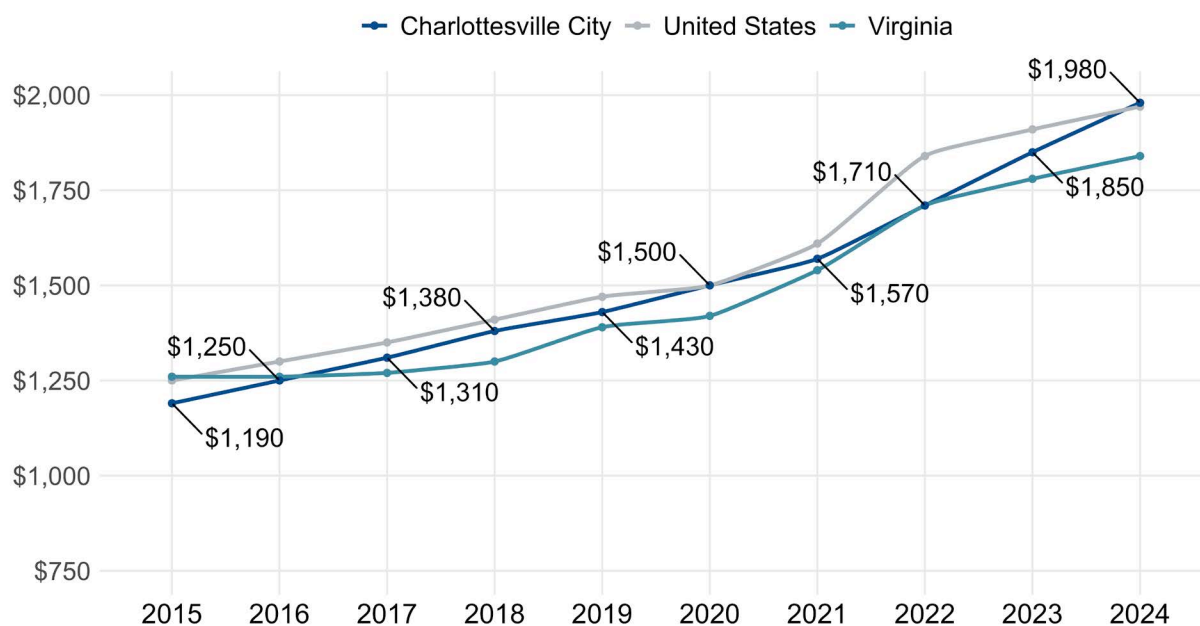
Overall, 20% of households in Charlottesville (1 in 5) are earning incomes below the federal poverty line and 28% of families earn above this amount but below the ALICE threshold, meaning they struggle to afford their basic needs. For Black and Hispanic households, the percent earning below the ALICE threshold is even higher—at 44% and 46%, respectively.

HOUSING: RENTERS AND OWNERS

Housing costs are one of the primary drivers of the rising costs of living. Housing is a significant expense, and in our housing affordability crisis there can be limited options for those families who are not earning enough to meet the area’s rising costs.

Zillow’s observed rent index (ZORI) is a measure of a locality’s representative market-rate rent.⁸⁰ The typical rent in Charlottesville has increased from \$1,190 in 2015 to \$1,980 in 2024 (Figure 5.6). Since 2021, the increase in rents has been especially steep, growing by roughly 8% each year.

Zillow Observed Rent Index (ZORI): 2015-2024 City of Charlottesville



Data Source: Zillow Observed Rent Index (ZORI), 2015-2024

Figure 5.6: Zillow Observed Rent Index (ZORI): 2015-2024. Monthly rent has steadily increased from \$1,190 in 2015 to \$1,980 in 2024.

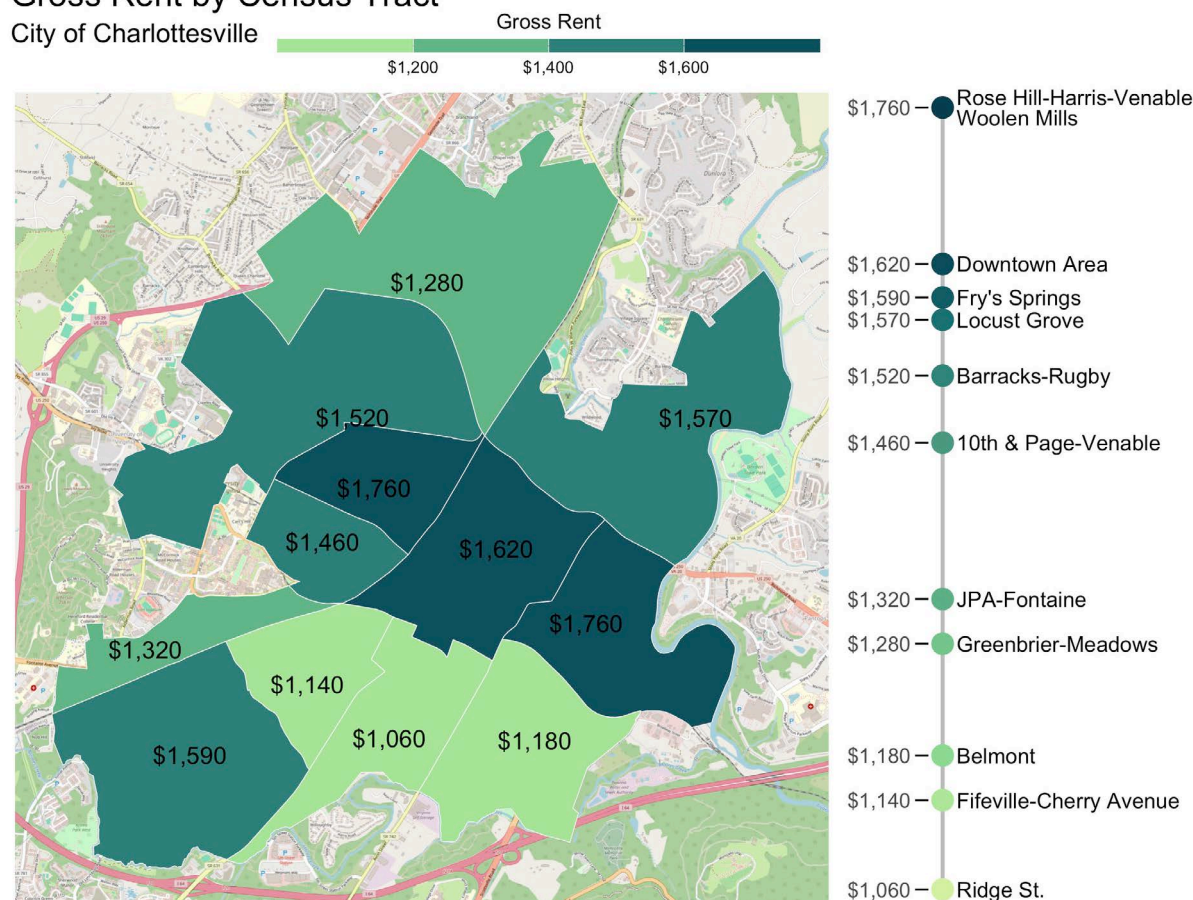
Many residents face economic hardship over rising rents, but these burdens are not equally shared. The Charlottesville Low-Income Housing Coalition’s affordable housing report notes that low-income and Black households in the city face magnified harms from rapidly increasing

⁸⁰ Housing Data. Zillow Research. <https://www.zillow.com/research/data/>

rents.⁸¹ Statewide, rising rents have been a key focus of grassroots political advocacy efforts, and two bills were proposed in Virginia's General Assembly in 2024 to permit localities to pursue rent control measures (though neither bill advanced).⁸²

Gross Rent by Census Tract

City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 5.7: Gross Rent by Census Tract, 2023. Monthly rents vary in the city from \$1,060 to \$1,760.

Rent varies between neighborhoods in Charlottesville, with the median rent ranging from \$1,060 in the Ridge St. area to \$1,760 in the Rose Hill-Harris-Venable and Woolen Mills areas (Figure 5.7).

The impact of high rental costs on economic security is evident in estimates of how much of a household's income goes towards housing. A household is considered to be rent burdened if 30% or more of their monthly income is spent on housing. If these costs are over 50% of

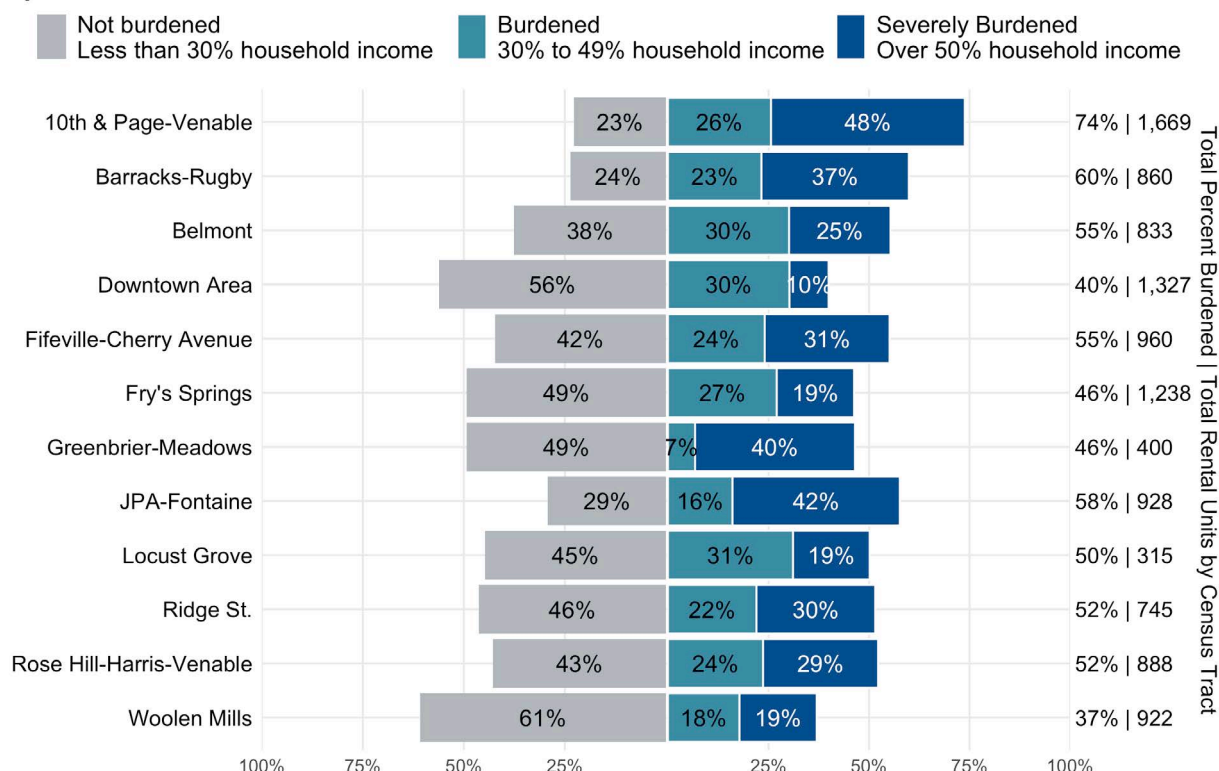
⁸¹ The Impact of Racism on Affordable Housing in Charlottesville. Charlottesville Low-Income Housing Coalition (CLIHC). February 2020. <https://www.justice4all.org/wp-content/uploads/2020/03/Housing-Report-FINAL.pdf>

⁸² "Virginia bills to cap rent increases don't advance this session." Virginia Mercury. February 12, 2024. <https://virginiamercury.com/2024/02/12/virginia-bills-to-cap-rent-increases-dont-advance-this-session/>

household income, they are considered severely burdened by the cost of housing. The number of rent burdened households varies geographically across census tracts in Charlottesville (Figure 5.8).

Rent Burdened Households by Census Tract

City of Charlottesville

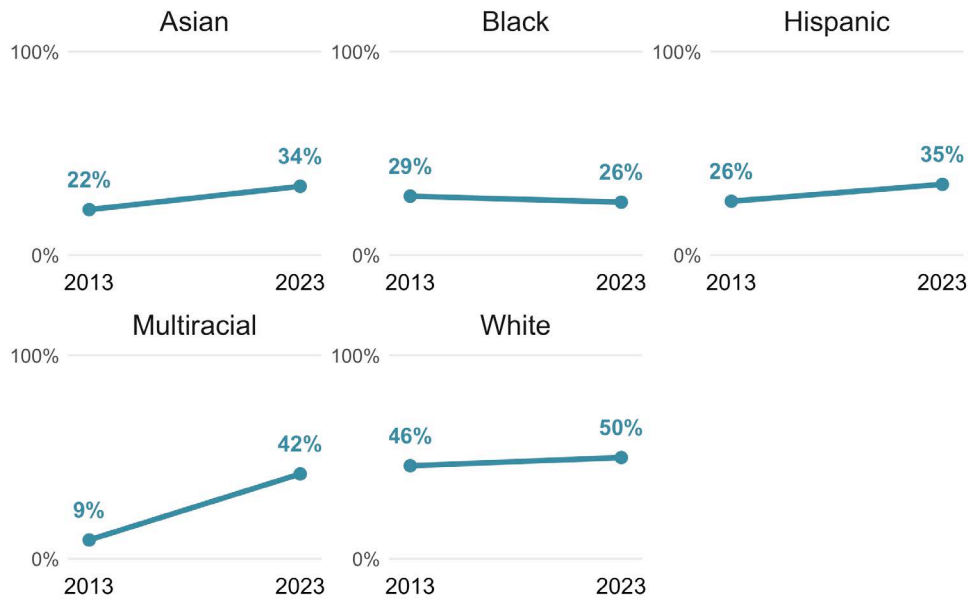


Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 5.8: Rent Burdened Households by Census Tract, 2023. The percent of households that are rent burdened ranges from 37% in Woolen Mills to 74% in 10th & Page-Venable.

In Charlottesville, there are seven tracts where over half of renters are burdened by housing costs: 10th & Page-Venable (74%), Barracks-Rugby (60%), Belmont (55%), Fifeville-Cherry Ave (55%), JPA-Fontaine (58%), Ridge St. (52%), and Rose Hill-Harris-Venable (52%). Three neighborhoods have at least 40% of renters facing severe rent burden, 10th & Page-Venable (48%) and Greenbrier-Meadows (40%) and JPA-Fontaine (42%). Housing constitutes an increasingly burdensome and unaffordable element of the cost of living for many Charlottesville residents.

Home Ownership by Race: 2013 & 2023 City of Charlottesville



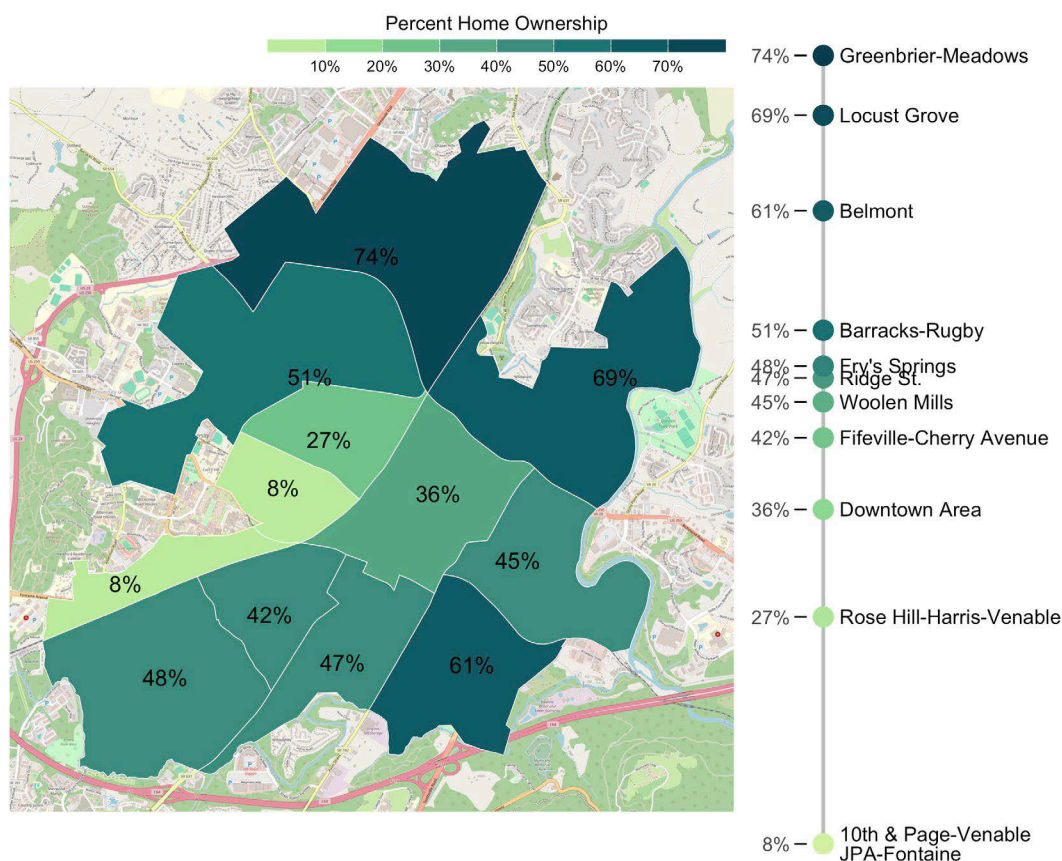
Data Source: U.S. Census Bureau, American Community Survey, 2013, 2023

Figure 5.9: Home Ownership by Race: 2013 & 2023.

While home ownership remained relatively steady over the past decade, with 44% of households owning their residence, there was modest growth in homeownership among Hispanic and Asian-identified residents.⁸³ Overall, white residents remain markedly more likely to own homes compared to most other racial groups. In 2023, 26% of Black residents and 35% of Hispanic residents were homeowners, compared to 50% of white residents. Notably, Black residents are the only racial group to see a possible decline in homeownership rates in the last ten years. Addressing disparities in home ownership rates is critical for ensuring equitable access to economic stability and wealth-building opportunities for all Charlottesville residents.

⁸³ The significant increase in homeownership among residents who identify as multiracial may reflect changes in multiracial identification more than shifts in homeownership among a fixed population.

Home Ownership by Census Tract City of Charlottesville



Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, 2023

Figure 5.10: Home Ownership by Census Tract, 2023. Homeownership ranges significantly in Charlottesville, from 8% in 10th & Page-Venable and JPA-Fontaine to 74% in Greenbrier-Meadows.

Home ownership also varies geographically, ranging from a low of 8% in the 10th & Page-Venable and JPA-Fontaine areas to 74% in Greenbrier-Meadows. In most tracts in the city, between 36% and 51% of residents own their homes.

Charlottesville's City Council adopted an updated zoning ordinance in 2023, rewriting the previous 2003 zoning code.⁸⁴ Building on the priorities established in Charlottesville's 2021 comprehensive plan and affordable housing plan, the revised zoning ordinance prioritizes inclusionary zoning, higher density, and a diversity of housing types—a shift from prior single-family only zoning that dominated many neighborhoods.

Though the new zoning ordinance could allow for substantial housing development in the coming decade, Charlottesville still faces an immediate crisis characterized by rising rents and

⁸⁴ Zoning Overview. Cville Plans Together. City of Charlottesville. 2022.
<https://drive.google.com/file/d/1WLzCQyzvig2WbkWfySkr193IMkTQQU4Q/view>

dropping rental vacancies.

Relatedly, the region experienced a significant increase in people experiencing homelessness post-COVID, with 266 unhoused people in 2022.⁸⁵ That number has fallen to 125 in 2024,⁸⁶ but likely undercounts the true number of people experiencing homelessness.⁸⁷ As a regional challenge, the report for the combined Charlottesville and Albemarle area addresses the data and experience of homelessness in more depth. Charlottesville's long-term policy commitments to fostering housing development, affordable and otherwise, is vital for addressing this crisis. Shorter term investments in services for our unhoused neighbors and permanent supportive housing are necessary to meet immediate community needs.

POLICY CONNECTIONS

The combination of rising costs, especially around housing, and insufficient income threatens the economic security of many city residents.

Economic security and mobility is advanced through jobs that provide living wages, predictable schedules, and pathways for advancement. Virginia localities cannot adopt local minimum wage laws,⁸⁸ but they can partner in supporting and enforcing labor protections—from fighting wage theft to promoting organization and bargaining—that improve job quality.⁸⁹ Local investment in apprenticeship and pathway programs can help move low-earning workers into more secure employment. This can be especially impactful when leveraging the resources of anchor institutions⁹⁰ like Network2Work at Piedmont Virginia Community College and Pipelines and Pathways at the University of Virginia. New development also creates opportunities for targeted hiring⁹¹ or community benefit agreements⁹² to ensure those with the greatest need benefit from community investments.

Support for the entrepreneurial ecosystem gives residents the resources to create businesses and meaningful work. Coaching, financial assistance, and system navigation like that offered

⁸⁵ HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_VA-504-2022_VA_2022.pdf

⁸⁶ HUD 2024 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_VA-504-2024_VA_2024.pdf

⁸⁷ "How the HUD Point-in-Time Count Underestimates the Homelessness Crisis in America." National Law Center on Homelessness & Poverty, homelesslaw.org/wp-content/uploads/2018/10/HUD-PIT-report2017.pdf

⁸⁸ As of January 1, 2025, the Virginia Minimum Wage was \$12.41 per hour, as in compliance with § 40.1-28.10(F) of the Code of Virginia.

⁸⁹ 2023-2024 State and Local Policy Agenda. Economic Policy Institute National Employment Law Project Economic Analysis and Research Network. October 30, 2023. <https://www.nelp.org/insights-research/2023-2024-state-and-local-policy-agenda/>

⁹⁰ Chris Schildt and Victor Rubin. Leveraging Anchor Institutions for Economic Inclusion. Sustainable Communities Series. PolicyLink. 2015. https://www.policylink.org/sites/default/files/pl_brief_anchor_012315_a.pdf

⁹¹ Local and targeted hiring. All-In Cities Policy Toolkit. PolicyLink. <https://allincities.org/node/46911>

⁹² Community benefits agreements All-In Cities Policy Toolkit. PolicyLink. <https://allincities.org/toolkit/community-benefits-agreements>

through the City of Charlottesville’s Office of Economic Development,⁹³ along with the business incubation efforts of community organizations is vital, especially in support of underrepresented entrepreneurs.

On the other side of the ledger, the rapid rise in the cost of living is a nationwide problem. Housing is by far the most significant contributor to the high living costs faced by Charlottesville households, making housing policies and investments a necessity for assisting struggling households. Charlottesville’s Affordable Housing Plan highlights the dearth of affordable units in the city.⁹⁴ Charlottesville’s updated zoning ordinance embracing multi-family zoning along with the \$10 million in annual affordable housing investments called for in the Affordable Housing Plan are important steps to reducing the cost of living in the longer term. Given the complexity of the challenge, a range of strategies are needed.⁹⁵ Targeted housing subsidies and tools like land banks and housing trust funds will help ensure that housing is affordable to lower-income people.

Additional Community Wellbeing Profiles

The partnership between the UVA Center for Community Partnerships, Albemarle County and the City of Charlottesville also produced two additional profiles:

- Albemarle County Community Wellbeing Profile: A report with parallel information on the demographics, health, education, and living standards for Albemarle County.
- Charlottesville and Albemarle Area Community Wellbeing Profile: A report that expands on the individual locality profiles with trend data for measures related to the well-being of the collective population of the City of Charlottesville and Albemarle County.

Contributors

This report was done in partnership between the UVA Center for Community Partnerships and the City of Charlottesville. The collaborators on this report are:

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⁹³ Economic Development, City of Charlottesville. <https://www.charlottesville.gov/201/Economic-Development>

⁹⁴ Charlottesville Affordable Housing Plan. Cville Plans Together. City of Charlottesville. March 2021.

<https://drive.google.com/file/d/1GVLEMIYLM4nrNcfDAeHSlooJvzwqDco2/view>

⁹⁵ Yonah Freemark. “No Single Policy Will Increase Housing Affordability. We Need a Comprehensive Strategy.” Urban Institute. April 8, 2024. <https://www.urban.org/urban-wire/no-single-policy-will-increase-housing-affordability-we-need-comprehensive-strategy>

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THE UVA CENTER FOR COMMUNITY PARTNERSHIPS

Established in 2019, the mission of the UVA Center for Community Partnerships is to build mutually beneficial partnerships in university communities by advancing a transformative approach to the fundamental research mission, which will, in turn, reform institutional values, pedagogy, and operations. We envision universities that serve local communities by bringing rich research resources to bear and equipping students to lead in building a more just society.

Community-Centered Analysis centers on community-driven partnerships to provide advocates, as well as civic and private sector leaders, with data and metrics, contextualized analysis, interactive maps and data visualizations, and narrative storytelling as a resource in pursuit of a more just region.

PROJECT REPOSITORY

The work supporting the Community Wellbeing Profiles, including our data collection documentation and the corresponding data, is publicly available on GitHub at <https://github.com/viriniaequitycenter/regional-equity-profile/tree/main>

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CITATION

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Appendix

DATA SOURCES BY FIGURE/TABLE

| Figure | Source |
|--|--|
| Demographic Profile | |
| Figure 1.1: White and Non-White Population Composition, 1900-2020 | U.S. Census Bureau. Race, U.S. Decennial Census 1900-2020. Prepared by Social Explorer. |
| Figure 1.2: Population Composition by Race & Ethnicity, 2013-2023. | U.S. Census Bureau. "Hispanic or Latino Origin by Race." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B03002, 2023, data.census.gov/table/ACSDT5Y2023.B03002?q=B03002&g=050XX00US51003,51540 . |
| Figure 1.3: Age of Residents: 2013 vs 2023. | U.S. Census Bureau. "Sex by Age." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001, 2013 & 2023, data.census.gov/table/ACSDT5Y2023.B01001?q=B01001&g=050XX00US51003,51540 . |
| Figure 1.4: Sex by Age Group, 2023. | U.S. Census Bureau. "Sex by Age." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001, 2013 & 2023, data.census.gov/table/ACSDT5Y2023.B01001?q=B01001&g=050XX00US51003,51540 . |
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| Figure 1.9: Disability Status by Age Group, 2023. | U.S. Census Bureau. "Sex by Age by Disability Status." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B18101, 2023, data.census.gov/table/ACSDT5Y2023.B18101?q=B18101&g=050XX00US51003,51540 . |
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| Figure 2.2: Dimensions of the American Human Development Index by Census Tract. | See Sources for Table 1 |
| Table 2: Student and non-student residents in neighborhoods | Overall Poverty Rate: U.S. Census Bureau. "Poverty Status in the Past 12 Months by Sex by Age." American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B17001, 2023, |

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| Figure 3.2: Average Life Expectancy by Census Tract. | Life Expectancy Estimates for Thomas Jefferson Health District 2008-2012. MAPP2Health: Planning District 10. public.tableau.com/app/profile/thomas.jefferson.health.district/viz/MAPP2Health-ReduceHealthDisparitiesandImproveAccessstoCarePriorityIndicators/MAPPPriorityThree |
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| Table 4: Health Prevention Measures by Census Tract | See Source for Table 4 |
| Figure 3.4: Residents with No Health Insurance by Race, 2023. | U.S. Census Bureau. "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2701, 2023, data.census.gov/table/ACSST5Y2023.S2701?q=S2701&g=050XX00US51003,51540 . |
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| Figure 3.6: EMS Responses to Opioid Overdoses by Year, 12/1/16-7/10/24. | Data prepared by the Charlottesville Fire Department including responses from the Charlottesville-Albemarle Rescue Squad over the period 12/1/16-7/10/24 |

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| Figure 3.7: Rate of EMS Responses to Opioid Overdose by Race: 12/1/16-7/10/24 | See Source for Figure 3.6 |
| Figure 3.8: EMS Responses to Opioid Overdoses by Census Tract: 12/1/16-7/10/24. | See Source for Figure 3.6 |
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| Figure 4.1: Educational Attainment by Race/Ethnicity for the population 25 years and over, 2023. | U.S. Census Bureau. "Educational Attainment." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1501, 2023, data.census.gov/table/ACSST5Y2023.S1501?q=S1501&g=050XX00US51003,51540 . |
| Figure 4.2: Education Level: Bachelor's Degree or Higher by Census Tract for the population 25 years and older, 2023. | U.S. Census Bureau. "Educational Attainment." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1501, 2023, data.census.gov/table/ACSST5Y2023.S1501?q=S1501&g=050XX00US51003,51540 . |
| Figure 4.3: School Enrollment (Ages 3-24) by Census Tract, 2023. | U.S. Census Bureau. "School Enrollment." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1401, 2023, data.census.gov/table/ACSST5Y2023.S1401?q=S1401&g=050XX00US51003,51540 . |
| Figure 4.4: AP & Dual Enrollment in CCS, 2023-2024. | Advanced Programs. Virginia Department of Education (VDOE). www.doe.virginia.gov/data-policy-funding/data-reports/program-participation-data/advanced-programs |
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| Figure 4.6: Chronic Absenteeism in CCS, 2023-2024. | School Quality Profiles. Virginia Department of Education (VDOE). schoolquality.virginia.gov/download-data |
| Living Standards and Housing Profile | |
| Figure 5.1: Median Personal Earnings by Sex and Race, 2023. | U.S. Census Bureau. "Median Earnings in the Past 12 Months (in 2023 Inflation-Adjusted Dollars) by Sex by Work Experience in the Past 12 Months for the Population 16 Years and Over With Earnings in the Past 12 Months." American Community Survey, ACS 5-Year Estimates Detailed Tables, Tables B20017A-I, 2023, data.census.gov/table/ACSDT5Y2023.B20017?q=B20017&g=050XX00US51003,51540 . |
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| Figure 5.5: ALICE Households by Race/Ethnicity, 2023 | United for Alice. www.unitedforalice.org/state-overview/Virginia |
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