RURAL VIRGINIA ACTION COMMITTEE

December 10, 2025

VEDP Virginia Economic Development Partnership VEDP.org

VIRGINIA ECONOMIC DEVELOPMENT PARTNERSHIP AUTHORITY
RURAL VIRGINIA ACTION COMMITTEE MEETING

DECEMBER 10, 2025 | 12:00 PM TO 1:00 PM

JAMES CENTER ONE, BOARD ROOM, 9TH FLOOR
901 EAST CARY STREET, RICHMOND, VA 23219

12:00 – 12:02 PM	**Welcome and Call to Order** – Nick Rush, Chair
12:02 – 12:05 PM	**Public Comment Period** – Nick Rush
12:05 – 12:07 PM	**Approval of Minutes for June 11, 2025 and September 17, 2025 Meetings** – Nick Rush
12:07 – 12:10 PM	**Approval of Electronic Meeting Policy**
12:10 – 12:40 PM	**Rural Healthcare and Impacts on Economic Development** – David Nutter, Director of Rural Initiatives & Julie Dime, Vice President of Government Affairs, Virginia Hospital and Healthcare Association
12:40 – 12:55 PM	**Local and Regional Competitiveness Initiative** – Tyler Carroll
12:55 – 1:00 PM	**Open Discussion and Anticipated Topics**
1:00 PM	**Adjournment**

Minutes
Rural Virginia Action Committee Meeting
Board of Directors of the Virginia Economic Development Partnership
June 11, 2025
12:30 p.m.
One James Center, 9th Floor – Board Room
Richmond, Virginia

Welcome and Call to Order

The meeting was called to order at 12:30 p.m. by Chair Nick Rush. A quorum was present.

In-person Committee members:	Stephen Edwards, Rick Harrell, John Hewa, Connie Loughhead, Secretary Juan Pablo Segura, Nick Rush
Absent Committee members:	Nancy Howell Agee, Mimi Coles
Other Board members present:	Todd House, Pace Lochte, Will Sessoms

Public Comment Period

Chair Rush solicited public comments. There were none.

Approval of Minutes for March 5, 2025

Chair Rush requested approval of the March 5, 2025, meeting minutes. Upon motion by Ms. Loughhead, seconded by Mr. Edwards, the minutes were unanimously approved.

Update: Emergency Committee on the Impacts of Federal Workforce and Funding Reductions (May 12th Presentation)

David Devan, Senior Vice President of Policy and Strategic Partnerships, provided an overview of VEDP's presentation to the Emergency Committee on the Impacts of Federal Workforce and Funding Reductions in Wytheville, Virginia on May 12, 2025. The presentation highlighted past, present, and future investments in economic resilience in the Commonwealth. A copy of the presentation is included in the Committee materials.

Cardinal News Presentation

Chairman Rush welcomed guest speaker Dwayne Yancey, Founding Editor of *Cardinal News*, to the Committee meeting. *Cardinal News* is an independent online news site serving southwest and southside Virginia. Mr. Yancey highlighted demographic trends in rural Virginia. A copy of his presentation is included in the Committee materials.

Adjournment

The next meeting of the Rural Virginia Action Committee will be held on September 17, 2025. There being no further business, Chair Rush adjourned the meeting at 1:23 p.m.

Minutes
Rural Virginia Action Committee Meeting
Board of Directors of the Virginia Economic Development Partnership
September 17, 2025
11:30 a.m.
James Madison University, Student Success Center, Room 1075
738 S. Mason Street, Harrisonburg, VA 22807

Welcome and Call to Order

The meeting was called to order at 11:33 a.m. by Chair Nick Rush.

In-person Committee members:	Stephen Edwards, Bill Hayter, Nick Rush,
Absent Committee members:	Mimi Coles, Rick Harrell, Connie Loughhead, Secretary Juan Pablo Segura
Other Board members present:	John Hewa, Todd House, Sonya Montgomery, Emily O'Quinn

Public Comment Period

Chair Rush solicited public comments. There were none.

Approval of Minutes for June 11, 2025

Approval of minutes was not considered due to lack of quorum.

Overview of Shenandoah Valley Partnership

Chairman Rush welcomed guest speaker Jay Langston, Executive Director of the Shenandoah Valley Partnership (SVP), to the Committee meeting. Mr. Langston highlighted how the Shenandoah Valley Partnership is leading a refocused direction through convergent economic development by combining traditional economic development activities with community development and tourism development initiatives. Through this shared long-term vision and a region-wide commitment, SVP is seeing measurable results. A copy of his presentation is included in the Committee materials.

Closed Meeting

Ms. Hayter made a motion to go into closed session, which was seconded by Mr. Edwards. The members unanimously approved the motion shown below:

I move that the Rural Virginia Action Committee of the Virginia Economic Development Partnership Authority convene a closed meeting to discuss elements of VEDP's Strategic Plan, Marketing Plan, and Operational Plan pursuant to Subdivision A 50 of §2.2-3711 of the Code of

Virginia, which allows for the discussion of such activities that would reveal to Commonwealth's competitors for economic development projects the strategies intended to be deployed, thus adversely affecting the financial interests of the Commonwealth.

Returned to Open Meeting, Certification of Closed Meeting – Followed by a Roll Call Vote

Ms. Wallmeyer read the following certification and then conducted a roll call vote:

Do you certify, that to the best of your knowledge, (i) only public business matters lawfully exempted from the open meeting requirements of FOIA were discussed in the closed meeting, and (ii) only such matters as were identified in the motion to go into the closed meeting were heard, discussed, or considered during the closed meeting?

Upon the vote:	Ms. Coles	Not present
	Mr. Edwards	Aye
	Mr. Harrell	Not present
	Mr. Hayter	Aye
	Ms. Loughhead	Not present
	Mr. Rush	Aye
	Secretary Segura	Not present

Adjournment

The next meeting of the Rural Virginia Action Committee will be held on December 10, 2025. There being no further business, Chair Rush adjourned the meeting at 12:34 pm.

APPROVAL OF ELECTRONIC MEETING POLICY

VEDP Virginia Economic Development Partnership VEDP.org

AGENDA

Rural Healthcare and Impacts on Economic Development

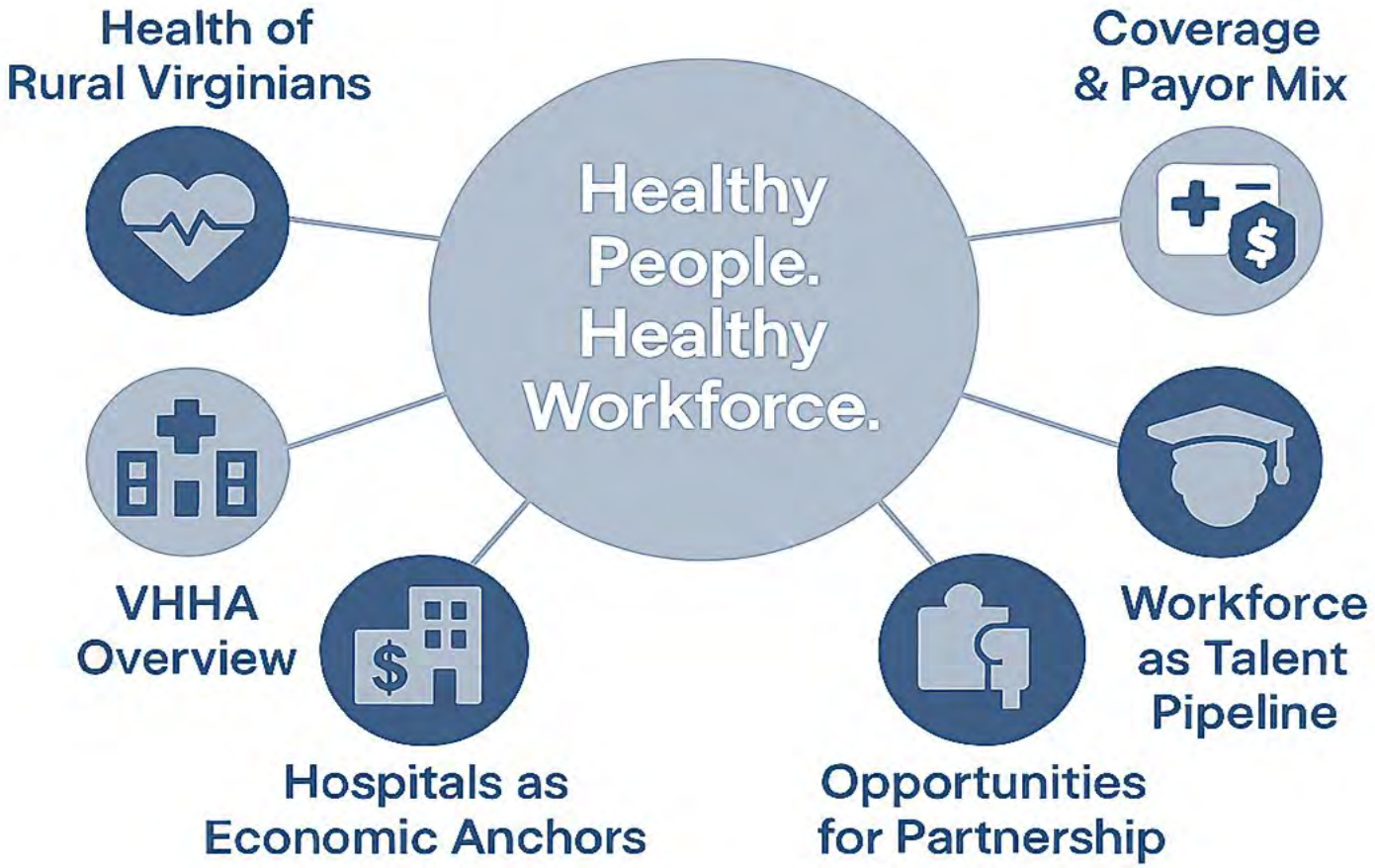
Local and Regional Competitiveness Initiative

Healthy Communities, Strong Economies

The Vital Role of Hospitals in Rural Virginia's Growth

Julie Dime, Vice President, Government Affairs
Dave Nutter, Director, Rural Health Initiatives
Virginia Economic Development Partnership | December 10, 2025

Overview: Building Healthy Communities & Strong Economies



VHHA Overview

The Virginia Hospital & Healthcare Association - VHHA

VISION

To make Virginia the healthiest state in the nation.

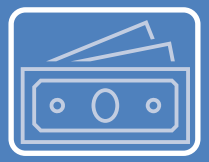
MISSION

Collaborating with our members and stakeholders, VHHA ensures the sustainability of Virginia's hospitals and health systems to improve the health of all Virginians.

NORTH STAR

To be the preeminent advocate of hospitals and the advancement of health in the Commonwealth.

VHHA Strategic Priorities


Sustaining our Hospitals and Health Systems


Addressing the Behavioral Health Crisis


Addressing the Workforce Shortage


Improving the Health of All Virginians


Holding Health Plans Accountable


Fostering a Positive Climate for Business

Hospitals are Economic Anchors

The Business of Health Care

Healthy People. Healthy Workforce. Healthy Economy.

Healthy communities attract employers

Hospitals drive workforce productivity and retention

Health care infrastructure = economic infrastructure

Investing in health = investing in stability

Virginia Hospitals = Economic Engines

116 HOSPITALS
26 SYSTEMS
125,000+ JOBS STATEWIDE

$62B ANNUAL ECONOMIC CONTRIBUTION

LARGEST EMPLOYER IN MANY RURAL COMMUNITIES

HOSPITALS = INFRASTRUCTURE AS VITAL AS ROADS OR BROADBAND

Caring For Patients: 24/7/365

Virginia hospitals care for patients in need 24/7/365 by providing direct care, investing in treatment infrastructure, and delivering high-quality medical attention at a moment's notice.

$3.7B in community benefit to Virginia communities

3.4 M

EMERGENCY DEPARTMENT VISITS
in Virginia hospitals in 2023, leading to 512,517 admissions

86,248

BABIES BORN
in Virginia hospitals in 2023

765,197

INPATIENT ADMISSIONS
at Virginia hospitals in 2023, totaling 4.4 million patient days

92.1%

BEHAVIORAL HEALTH ADMISSIONS
share by private hospitals in 2023 (voluntary & involuntary) vs. state hospitals

The Health of Rural Virginians & Communities

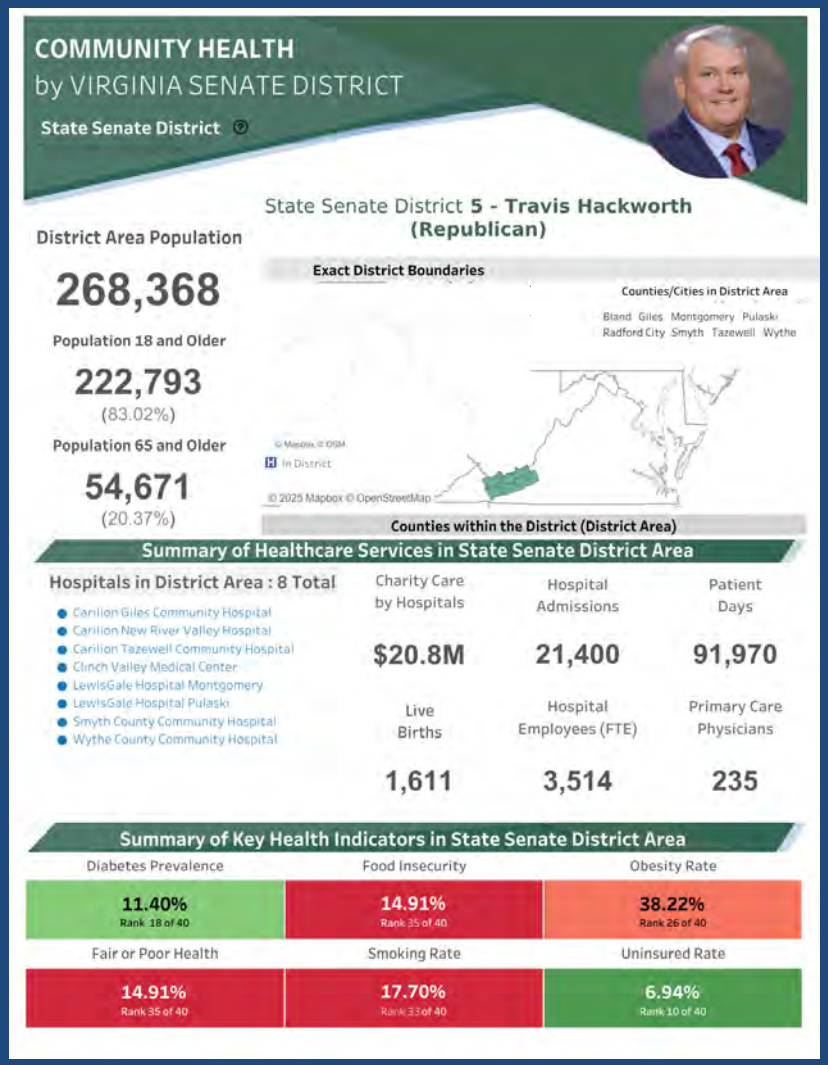
The Health of Rural Virginians

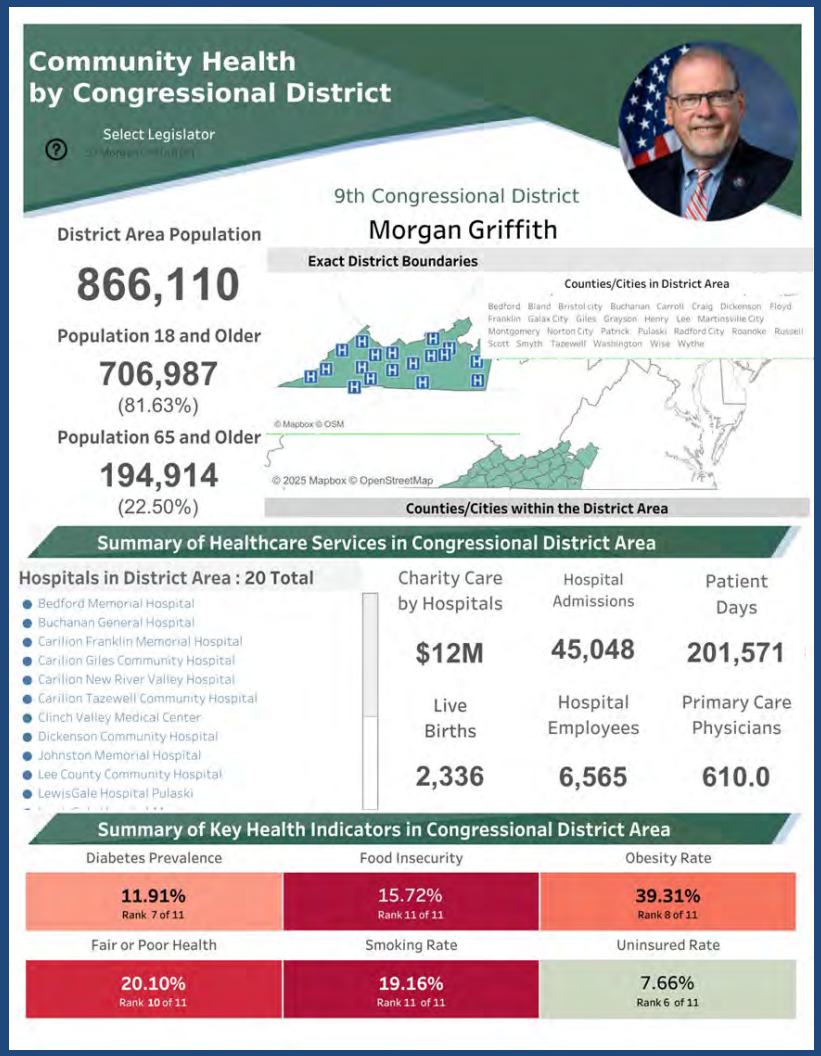
Higher rates of chronic illness (heart disease, diabetes, COPD)

Life expectancy 3–5 years shorter than suburban areas

Aging populations challenge sustainability

VHHA Legislative Dashboards





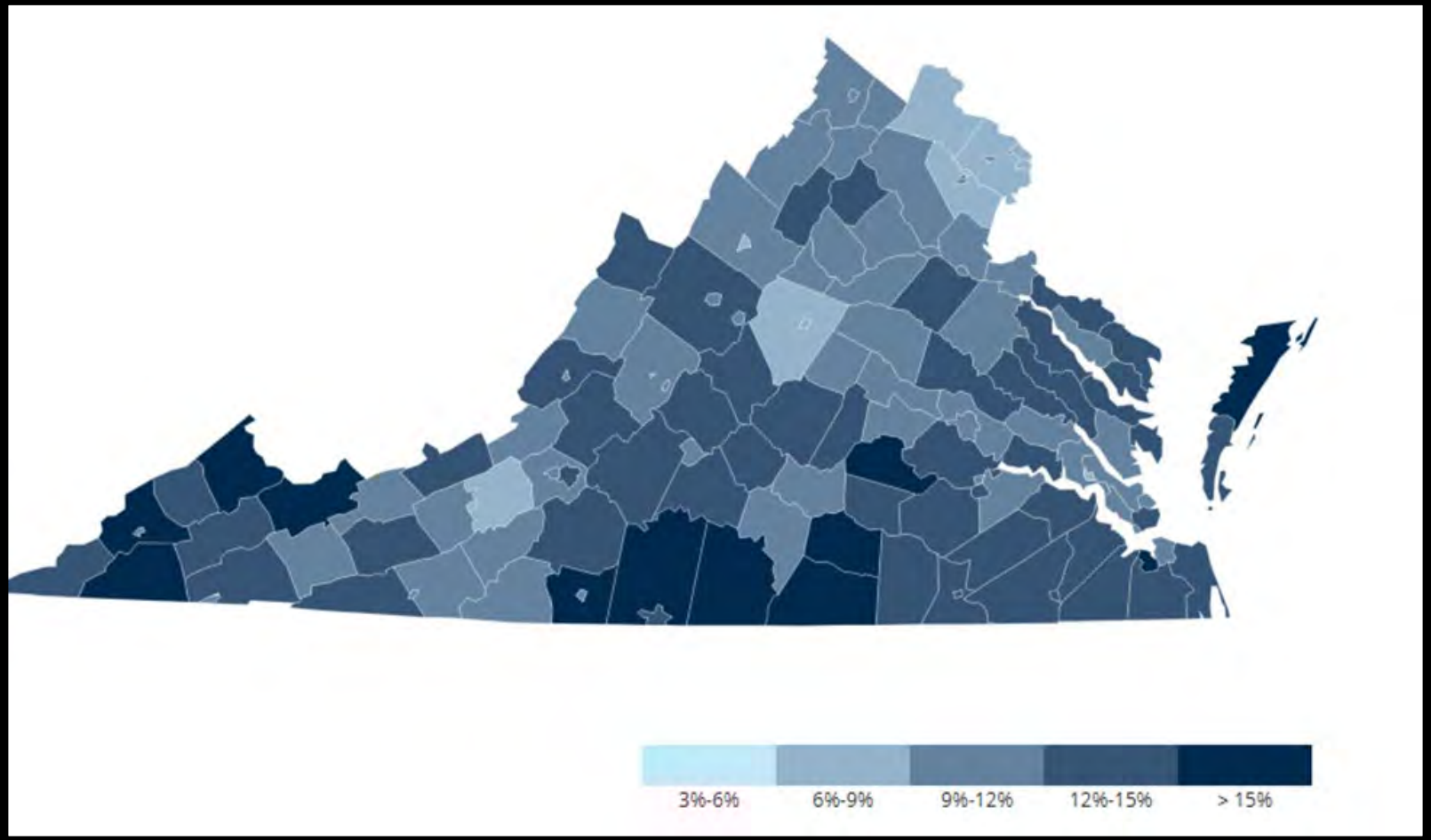
All Industries Are Impacted by Healthy Communities

Workforce Index Metrics:

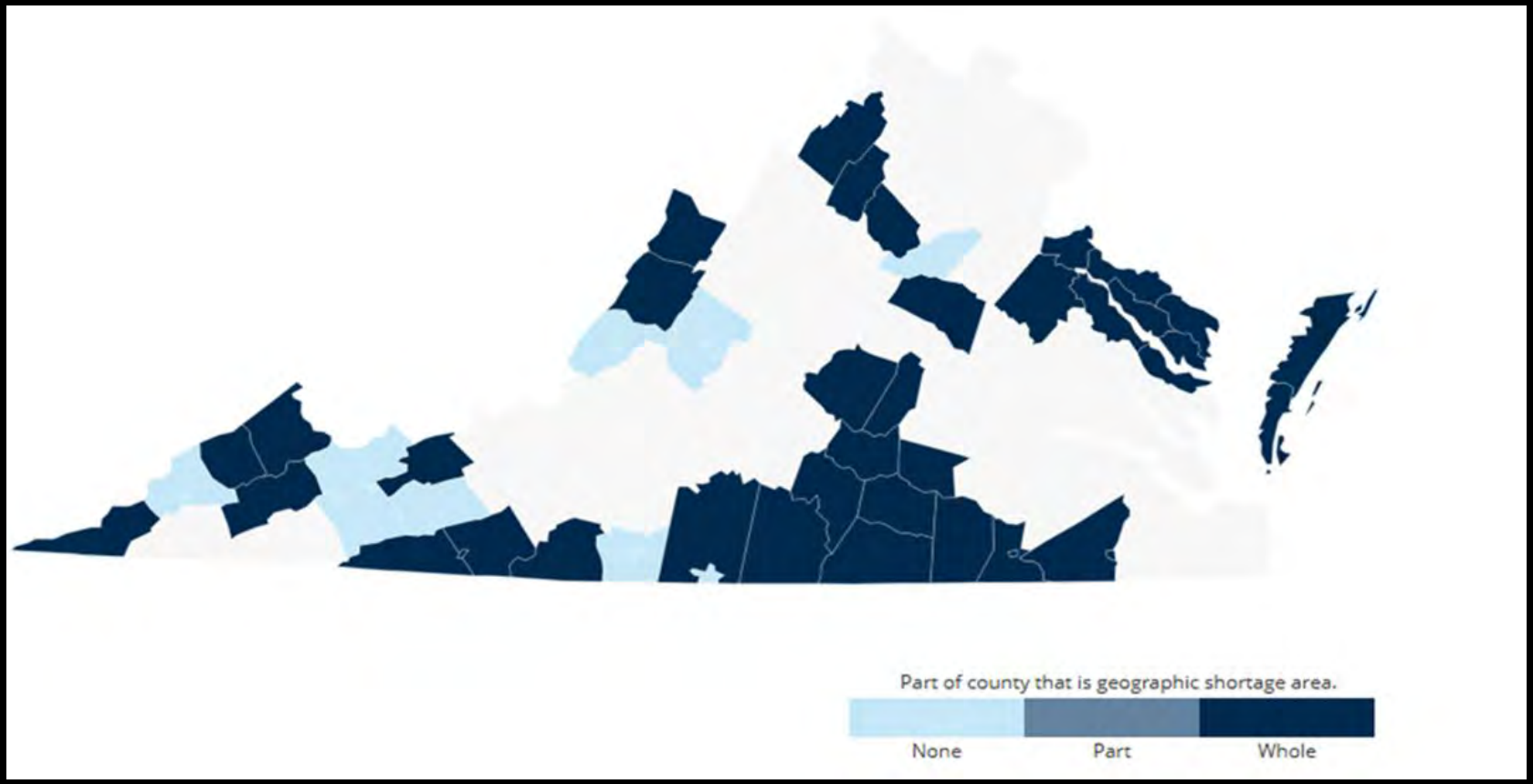
1. Right to Work

2. Percentage of Population with Adult Diabetes 2023

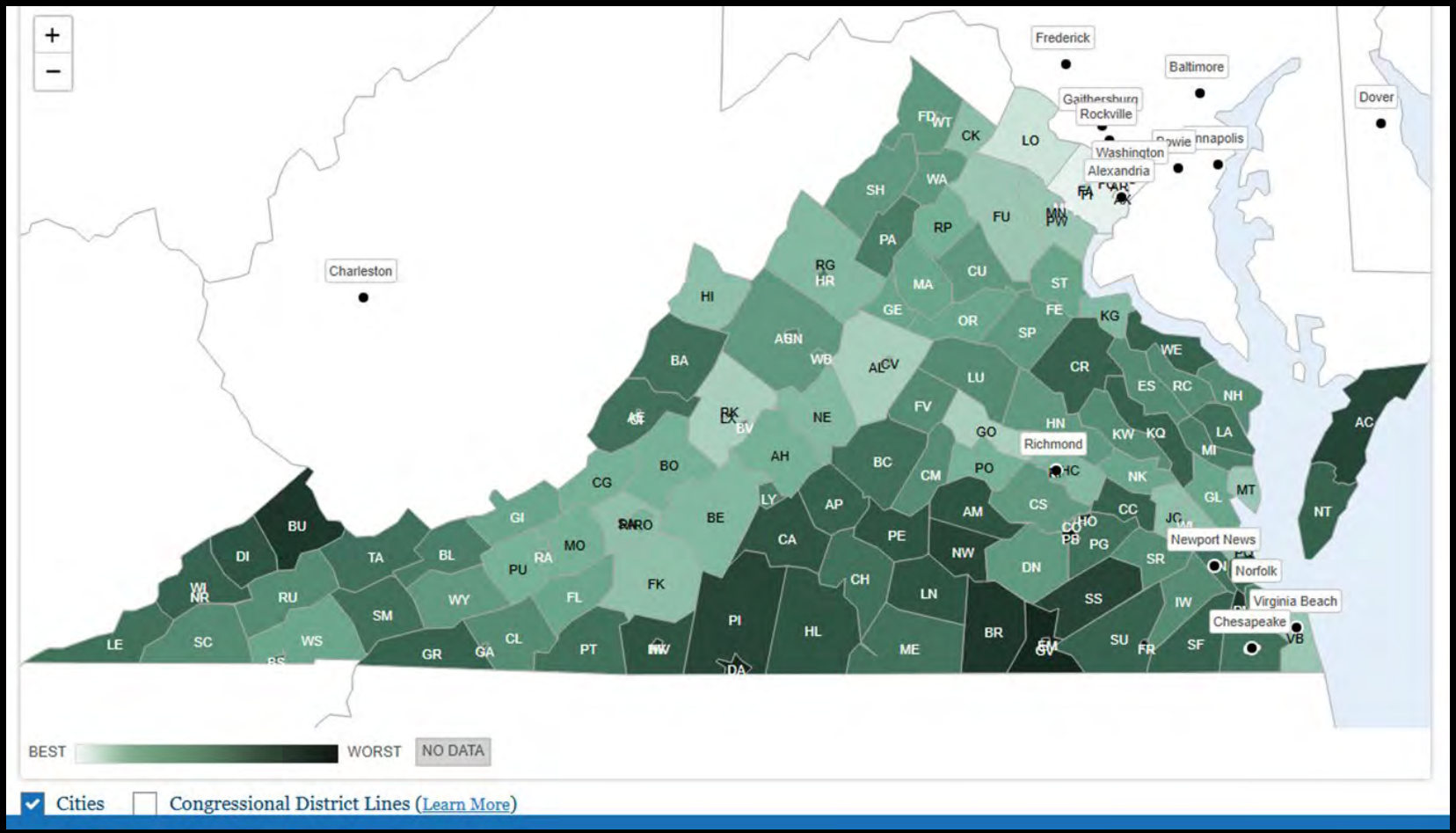
Diagnosed Diabetes Prevalence 2023



30+ counties are Designated Health Professional Shortage Areas for Primary Care - 2025

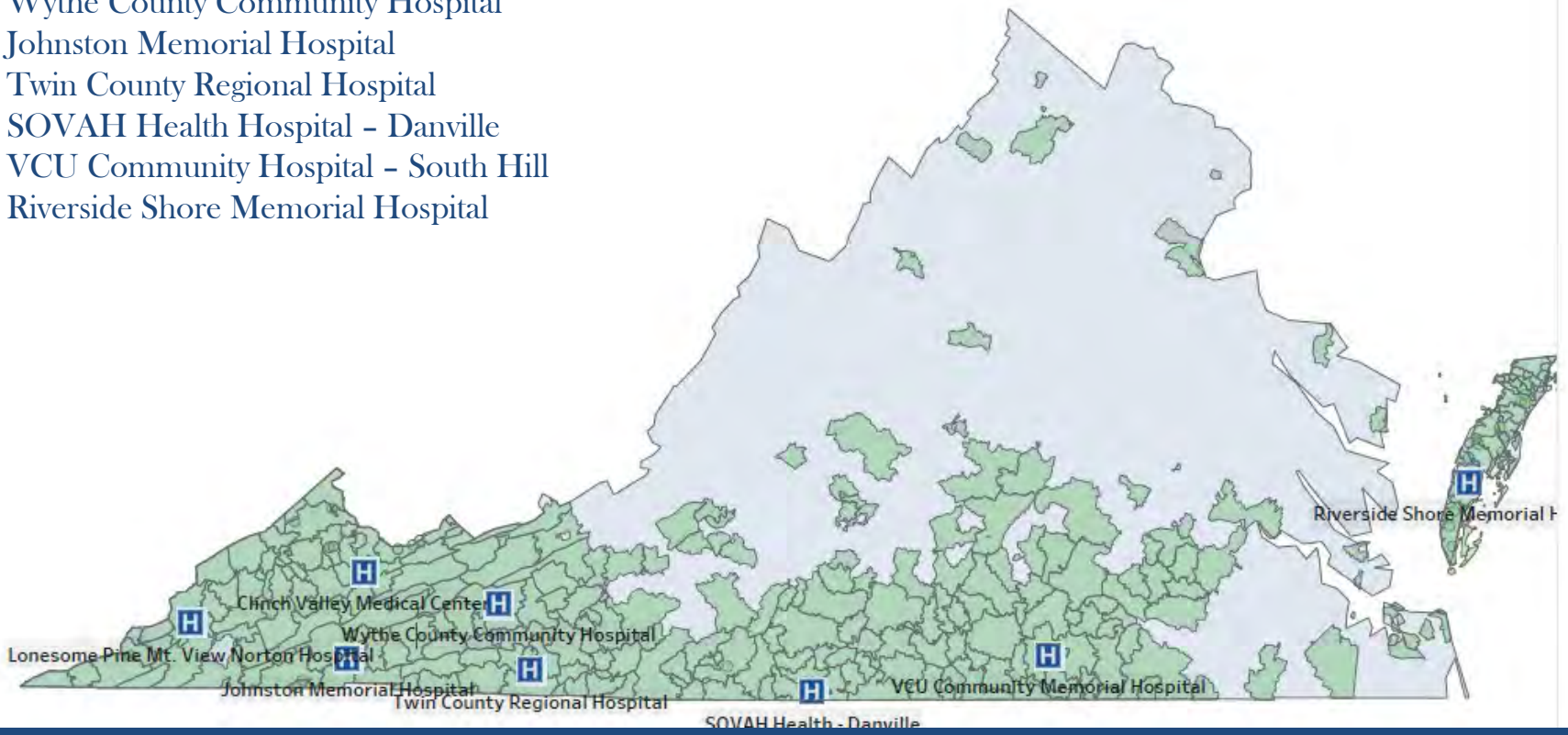


2025 Adult Obesity – 34.4%



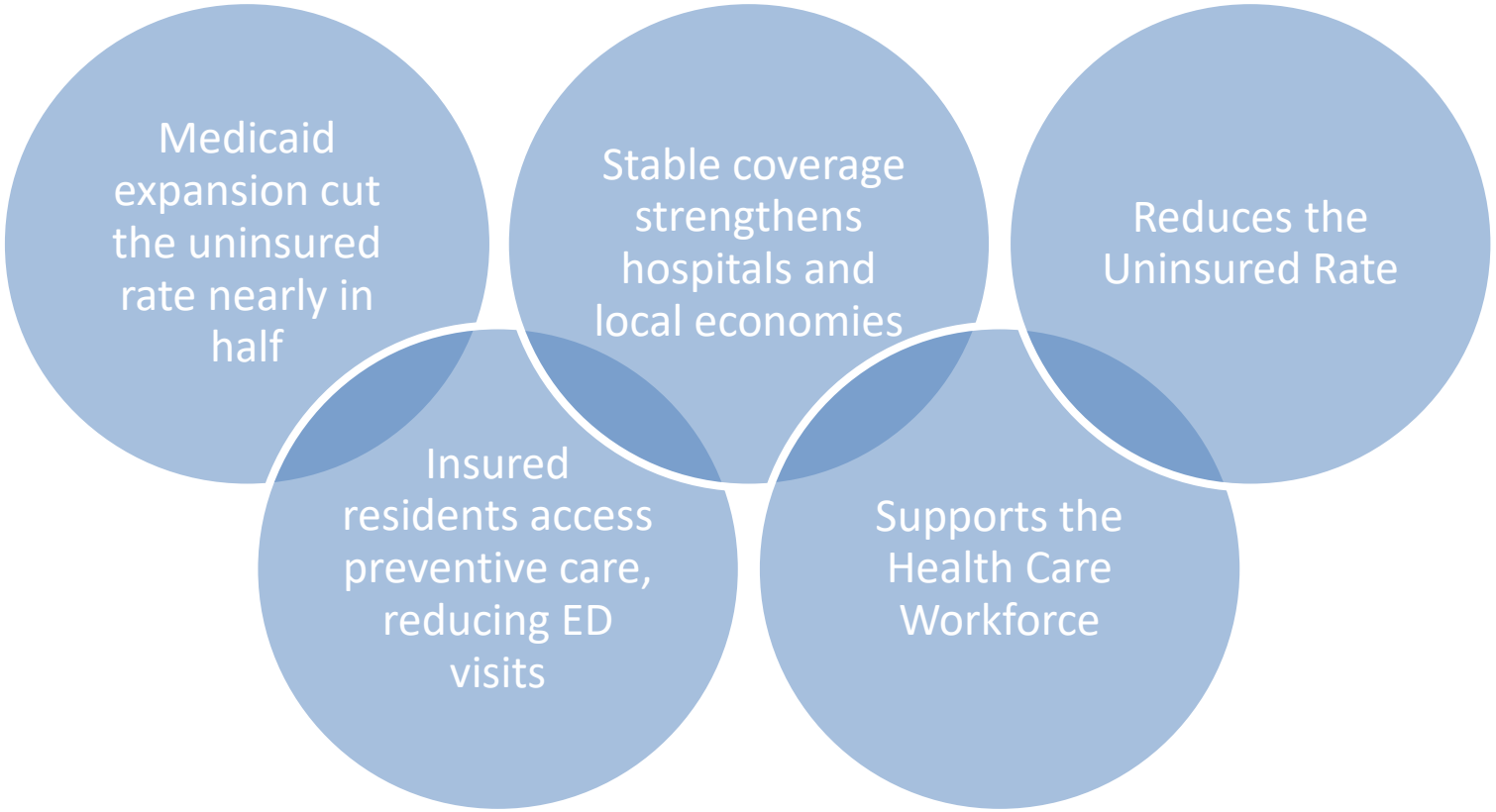
8 Rural Hospitals Providing Labor & Delivery Services

Norton Hospital
Clinch Valley Medical Center
Wythe County Community Hospital
Johnston Memorial Hospital
Twin County Regional Hospital
SOVAH Health Hospital – Danville
VCU Community Hospital – South Hill
Riverside Shore Memorial Hospital



Coverage & Payor Mix
Rural vs Urban

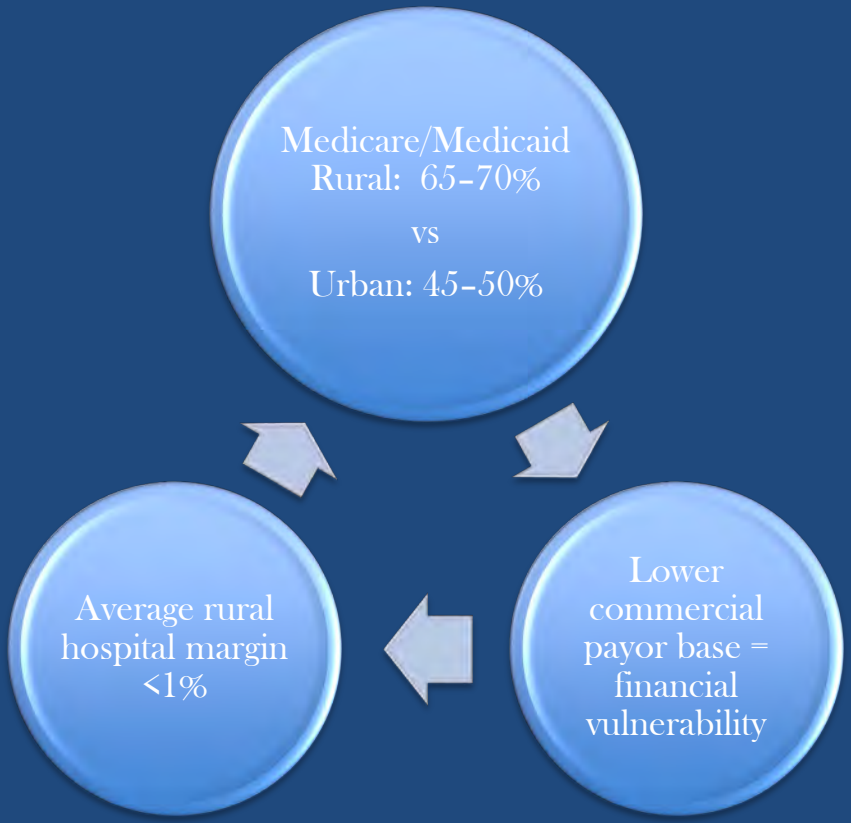
The Power of Health Insurance Coverage

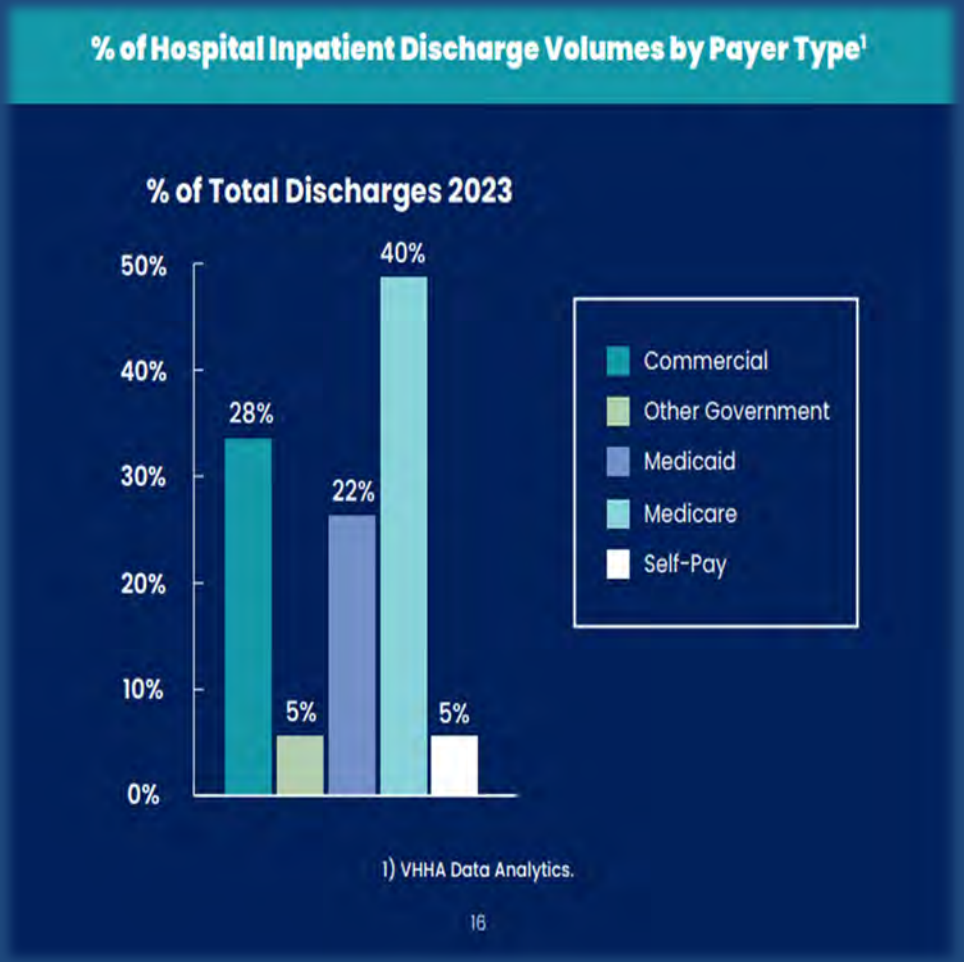


Medicaid in Virginia – Expansion

- ✓ Virginia Hospitals Fully Fund Medicaid Expansion
- ✓ Since 2019, Virginia's 63 private acute care hospitals have paid 100% of the state's share of Medicaid Expansion (10%)
- ✓ No taxpayer or general fund dollars used
- ✓ Over $3 billion contributed by hospitals
- ✓ Coverage provided for 652,000 low-income adults (under 138% FPL)

Paying for Hospital Care in Virginia





Hospital Financial Sustainability Threatened

Major Financial Impact:

H.R. 1: "One Big Beautiful Bill"

$22 billion cut to Virginia's Hospitals

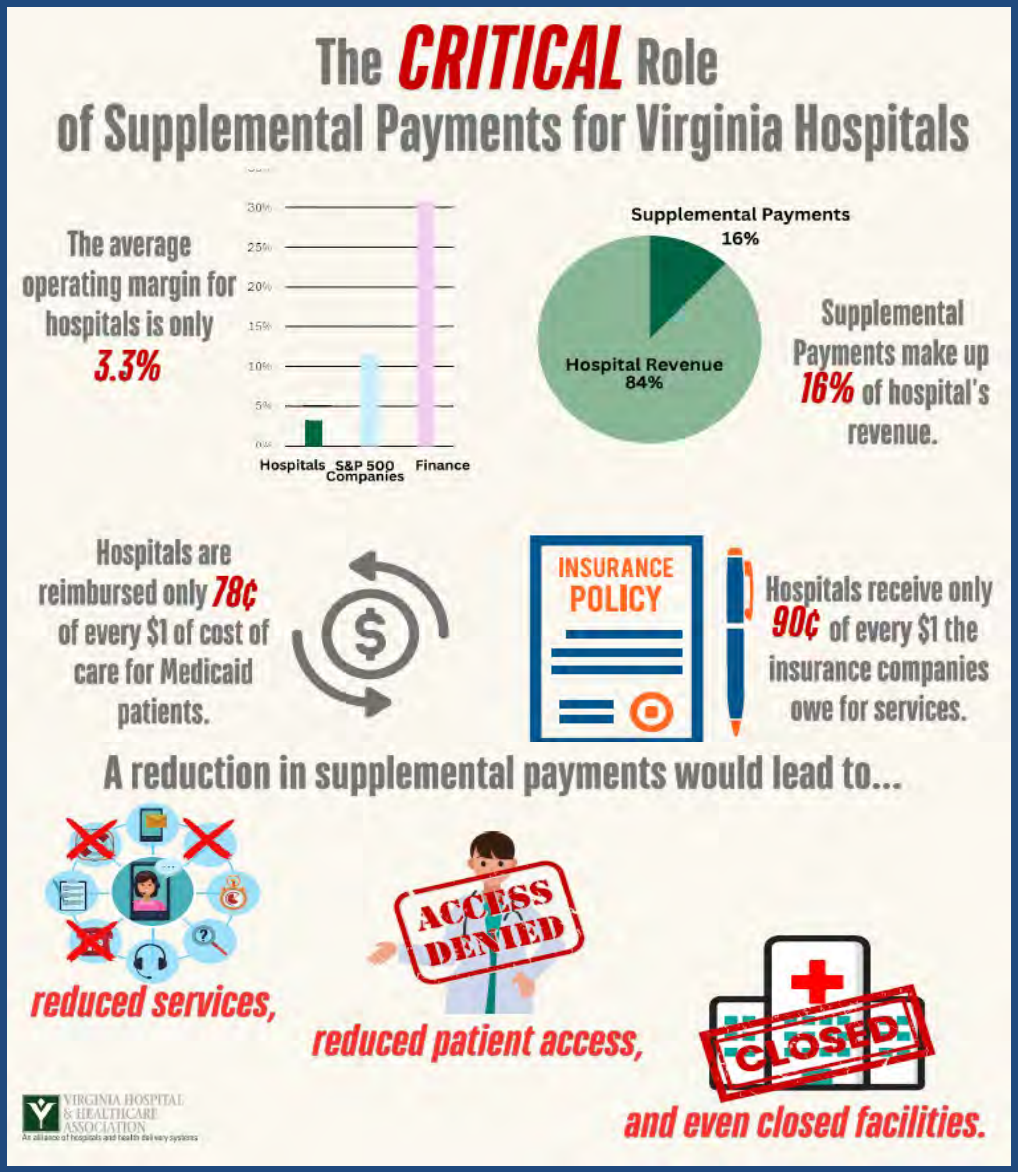
Provider Taxes
Effective: Freeze upon enactment; reduction begins Oct. 1, 2027
Summary: Freezes existing provider taxes at current rates, bans new provider taxes (hold harmless threshold set to 0%), and reduces the threshold by 0.5% annually for expansion states starting in FY 2028 until reaching 3.5% in 2032. Nursing home and intermediate care facility taxes remain frozen. $20 million appropriated to CMS for FY 2026.

State-directed Payments (SDPs)
Effective: Cap effective upon enactment; reduction starts Jan. 1, 2028
Summary: Caps SDPs at 100% of Medicare rates in expansion states and 110% in non-expansion states, with grandfathering provisions for approved SDPs. Grandfathered SDPs are reduced by 10 percentage points annually starting in 2028 until capped rates are reached. $7 million appropriated annually from FY 2026-2033.

Eligibility Redeterminations
Effective: Jan. 1, 2027
Summary: Requires states to redetermine Medicaid expansion beneficiaries' eligibility every six months starting in 2027. $75 million appropriated to CMS for FY 2026 to implement.

Impact: $22 billion loss in Medicaid directed payments to Virginia hospitals over FY28–FY38.

Hospital Supplemental Payment Program



Workforce
Challenges and Opportunities

Virginia's Health Care Workforce Challenge

A Growing Crisis in Rural Virginia's Health Workforce

The Challenge

- #2 employment sector: Health care is Virginia's second-largest employer, driving local economies statewide.
- Rural shortages: Nurses, techs, and physicians are increasingly hard to recruit and retain in rural regions.
- Demographic pressure: More than 50% of rural physicians are age 50+, signaling a looming retirement wave.

Shortage Impact:

- Nearly one-third of Americans live in a primary care shortage area.
- 66% of these areas are rural.
- Rural hospitals face higher costs from temporary staff and preventable hospitalizations.

The Economic Impact

- Each rural primary care physician supports 26.3 local jobs and $1.4M in labor income.
- Workforce shortages threaten both health care access *and* rural economic stability.
- Recruiting and retaining providers sustains Virginia's broader business ecosystem.

Strengthening Virginia's Health Care Workforce

Building and Sustaining the Health Workforce Pipeline

Invest in Graduate Medical Education (GME)

- Expand rural residency and training programs—graduates are **2–3x more likely** to practice in rural areas long-term.
- Target incentives toward psychiatry, OB-GYN, and primary care slots.

Strengthen Loan Repayment & Incentives

- Expand loan repayment and scholarship programs to attract providers to underserved communities.
- Loan Repayment is a lifeline for rural communities.

Address Childcare & Family Needs

- Affordable, accessible childcare directly influences provider recruitment and retention.
- Incentivize hospital-community partnerships to expand local childcare capacity.

Partner with Colleges & Universities

- Build regional training pipelines and mentorship programs for nurses, allied health, and physician assistants.
- Align education capacity with rural labor market demand.

Rural Health Transformation Fund Program Overview

Rural Health Transformation Program
The Virginia Plan - Application Development

The Youngkin Administration, under the leadership of the Secretary of Health and Human Resources, oversaw Virginia's efforts to develop and submited a comprehensive plan to CMS for the Rural Health Care Fund.

VHHA submitted a coordinated and collaborative proposal on behalf of Virginia's hospitals. OVER 250 Pages – 88 specific proposals

Direction from CMS:

Not a bailout – The fund is not intended to rescue financially distressed hospitals or replace funding losses from the One Big Beautiful Bill (OBBB).

- Purpose – Designed to transform rural health care through:
  - Workforce development
  - Right-sizing services to community needs
  - Technology adoption, including telehealth
- Equitable allocation – Targeted to drive innovation and sustainability, not to reward well-connected hospitals.

- Collaborative model – Encourages partnerships between rural hospitals and larger systems, with CMS offering ready-made program templates ("models in a box") to speed state planning.

The Virginia Plan – Areas of Focus

Connected Care, Closer to Home – Expand access to flexible, sustainable care models that bring essential services to rural communities, strengthen local delivery systems, and reduce unnecessary emergency department visits.

Live Well Together – Inspire and empower Virginians to lead healthier lives through community-based wellness initiatives, preventive care, and lifestyle support that foster long-term well-being.

Homegrown Health Heroes – Build and sustain a robust rural health workforce by growing local talent, supporting clinical education, and creating new opportunities for both clinicians and allied health professionals to serve their communities.

Care IQ – Advance innovation in care delivery by investing in technologies that enhance provider efficiency, prevent chronic disease, and lower hospital admissions and readmissions through smarter, data-driven care coordination.

Partnership with the VHHA Foundation

As part of the Virginia plan, the Commonwealth has designated the VHHA Foundation as the subaward administrator for two key transformation initiatives: Rural Residency Expansion and Remote Patient Monitoring

The VHHA Foundation is well-positioned to lead these efforts, as it manages a robust grants portfolio supported by federal, state, and private funding sources.

The VHHA Foundation has a proven track record of excellence in grant administration, including oversight of complex multi-site programs involving hospitals, health systems, community partners, and providers.

These programs will strengthen the rural health workforce, expand access to care, and foster collaboration across the care continuum, driving measurable improvements in health outcomes.

Partnership Opportunities

Partnership Opportunities

Joint Messaging & Visibility	Co-brand a **"Healthy Virginia, Thriving Economy"** campaign showing health care's role in growth.
	Produce joint **data dashboards and impact reports** on hospital jobs, community investment, and health outcomes.
	Highlight Virginia's health system strength in VEDP's marketing and site selection materials.
Workforce Recruitment & Retention	Promote health care careers through joint **talent attraction campaigns** ("Practice and Thrive in Virginia").
	Partner on **rural recruitment packages** combining hospital jobs with community relocation benefits.
	Showcase GME and allied health expansion as part of Virginia's talent strategy.
Business Recruitment Support	Include hospitals in **VEDP site visits** to demonstrate regional health assets.
	Create **regional health ecosystem maps** connecting hospitals with industry, education, and infrastructure.
	Develop **employer wellness partnerships** linking hospitals to new and expanding businesses.

Partnership Opportunities

Rural Health & Economic Resilience	Align VHHA's **Rural Health Transformation** with VEDP's rural development work.
	Identify **Rural Investment Zones** pairing health infrastructure with housing and broadband projects.
	Track rural vitality through a **Community Health & Economy Index.**
Research & Policy Alignment	Conduct a joint **economic impact study** on health care as a growth engine.
	Host **roundtables** with hospital and business leaders on health access and workforce competitiveness.
	Advocate for **shared policy goals**—housing, childcare, broadband, and workforce pipelines.
Storytelling & Recognition	Co-produce **success stories** showing how hospitals drive regional growth.
	Develop a **video or podcast series** highlighting health and economic development leaders.
	Launch a **Healthy Community Champion** award celebrating impactful partnerships.

Healthy People.

Healthy Workforce.

Healthy Economy.

A Community's health is its most valuable asset – and its hospitals are the foundation.

AGENDA

Rural Healthcare and Impacts on Economic Development

Local and Regional Competitiveness Initiative

EXECUTIVE SUMMARY

Background

VEDP first launched the **Local and Regional Competitiveness Initiative** in 2021 to provide partners with peer benchmarking data to inform economic development strategies, operations, and best practices.

Redesign

Based on partner interest, VEDP spent early 2025 **redesigning the LRCI survey and reports** in close collaboration with partners. Key improvements include a more streamlined report, an expanded set of priority economic development topics, and customized peer group selection.

Survey launch and report distribution

VEDP launched the **survey in July**; 98 local partners and 16 regional economic development organizations responded. Partners received **custom reports in early November**, which showed their survey responses alongside data from a self-selected set of peers.

Preliminary insights

Analysis shows **rural LEDOs** face greater staffing constraints; rural LEDOs are more likely to note housing and infrastructure as a barrier to economic development.

Continued support will include:

Custom engagements between VEDP and EDOs to help partners interpret and apply reports and supplemental resources, case studies, and potential capacity building programs

THE LOCAL AND REGIONAL COMPETITIVENESS INITIATIVE (LRCI) AIMS TO STRENGTHEN VIRGINIA'S LOCAL AND REGIONAL EDOS

VEDP re-launched LRCI in response to strong interest from LEDO and REDO partners

LRCI has the following objectives:

- Provide partners with actionable insights to strengthen their organization's economic development efforts
- Equip partners with tools to advocate for economic development resources
- Deliver insights to VEDP on shared challenges, strengthening our ability to advocate for statewide solutions

VEDP PRODUCED 114 CUSTOM REPORTS TO INFORM PARTNERS OF THEIR CAPABILITIES RELATIVE TO PEERS

98 LEDOs and 16 REDOs participated in the self-assessment survey and received customized LRCI reports

July/August

LEDO and REDO self-assessment surveys on:

- Staff and budget
- Strategic plans and priorities
- Best practices

November

Individualized reports containing:

- The EDO's survey responses
- Comparison data on peer EDOs

December and beyond

Engagements with EDOs to help them use data to:

- Strengthen strategic plans and best practices
- Advocate for more capacity and resources

VEDP CONSULTED WITH OVER 60 PARTNERS AT THE STATE, LOCAL, AND REGIONAL LEVEL TO INFORM THE SURVEY AND REPORT

VEDP worked extensively with LEDOs, REDOs and other partners to guide our approach

LEDO Working Group:

- Augusta County
- Culpeper County
- City of Manassas
- City of Newport News
- Powhatan County
- Shenandoah County
- Scott County
- Wythe County

REDO Working Group:

- Northern Shenandoah Valley
- Virginia's Gateway Region
- Central Virginia Partnership
- Virginia's Growth Alliance
- Hampton Roads Alliance
- Greater Richmond Partnership
- Northern Neck Chesapeake Bay Region Partnership

Focus groups:

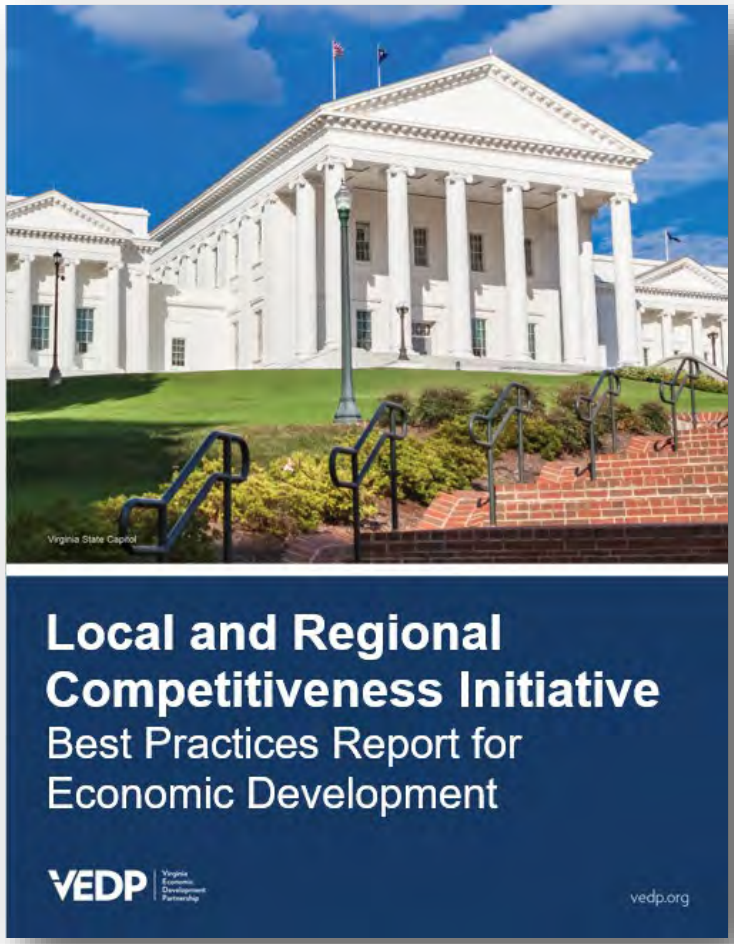
- Rural LEDOs
- City/urban LEDOs
- Unaffiliated LEDOs
- Towns with economic developers

Other engagements:

- One-on-one meetings with LEDOs and REDOs
- Office hours at VEDA conferences
- Feedback from SMEs at VEDP and other state agencies

LRCI REPORTS COVER THE FULL SCOPE OF ECONOMIC DEVELOPMENT WORK LOCAL AND REGIONAL PARTNERS PURSUE

Category	Report topics covered
Organizational Practices	▪ Budget and staffing ▪ EDA/IDA functions ▪ State and federal programs ▪ Planning and KPIs ▪ Priorities and barriers
Traditional Economic Development Activities	▪ Business attraction ▪ Project management ▪ Incentives ▪ Business marketing ▪ Product development (e.g., sites) ▪ Business retention & expansion ▪ Business ecosystem support ▪ Workforce/talent development
Place-based Economic Development Activities	▪ Talent attraction/retention ▪ Childcare ▪ Housing ▪ Redevelopment and reuse ▪ Placemaking ▪ Tourism ▪ Agriculture development



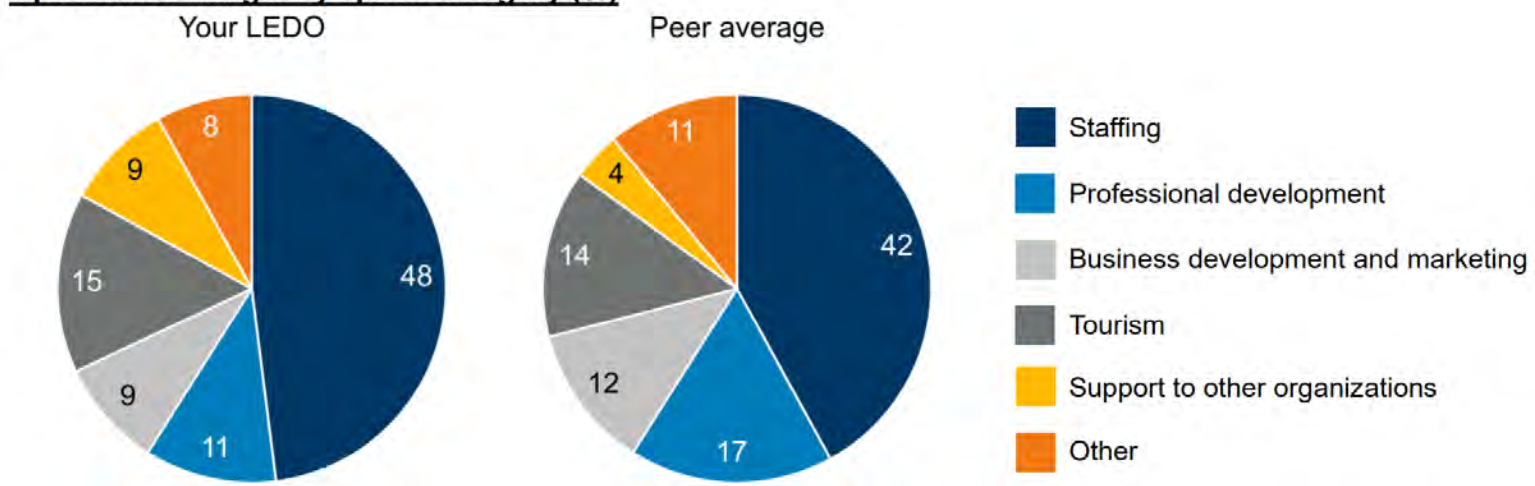
CUSTOMIZED REPORTS PROVIDED EDOS WITH DATA TO UNDERSTAND HOW THEY STACK UP AGAINST IDENTIFIED PEERS (1/2)

Budget

FY26 operational budget

Organization/group	Total budget ($)	Per capita budget ($)
Monroe County	**380,000**	**8.52**
Peer group average	435,000	9.41
State average	1,050,000	23.73

Operational budget by spend category (%)



Note: Above is an example and contains no real data

CUSTOMIZED REPORTS PROVIDED EDOS WITH DATA TO UNDERSTAND HOW THEY STACK UP AGAINST IDENTIFIED PEERS (2/2)

Business attraction

Lead organization for Monroe County: Local economic development organization
Peer leads: LEDO – 67%, REDO – 33%, PDC – 0%, Other – 0%

	Primarily executes for your locality		Primarily executes for peer localities	
Best practice	**LEDO**	**Partner**	**LEDO**	**Partner**
Has defined a narrow set of formal target industries to inform attraction efforts	X		67%	17%
Has specific information about economic assets and other selling points for each target industry in pitch materials			50%	17%
Attends site selector consultant events and/or trade and industry shows for relevant sectors		X	33%	33%
Joins trade associations of target industries		X	17%	17%
Hosts businesses or consultant events/familiarization tours	X		17%	33%
Operates international offices or conducts independent international company recruitment campaigns			0%	33%
Collaborates with local or regional airports on business attraction and growth strategies		X	17%	33%
Conducts outreach to corporate targets, either in-house or using a third-party service		X	17%	33%

Note: Above is an example and contains no real data

Selected takeaways from the 2025 LRCI survey

2025 LRCI output

114 LEDOs and REDOs surveyed and custom reports shared

LEDO takeaways from the 2025 survey

37% LEDOs had **one or fewer** full-time economic development staff, down slightly from 40% in 2020

$550K Median economic development **operational budget** among LEDOs

$17.6 Median economic development **per capita operational budget** among LEDOs

43% LEDOs had an outdated **strategic/comprehensive plan** or did not have a plan; down from 67% in 2020

1.5x More barriers reported as presenting a **high level of difficulty** among rural LEDOs than non-rural ones

Source: Census Bureau; VEDP analysis

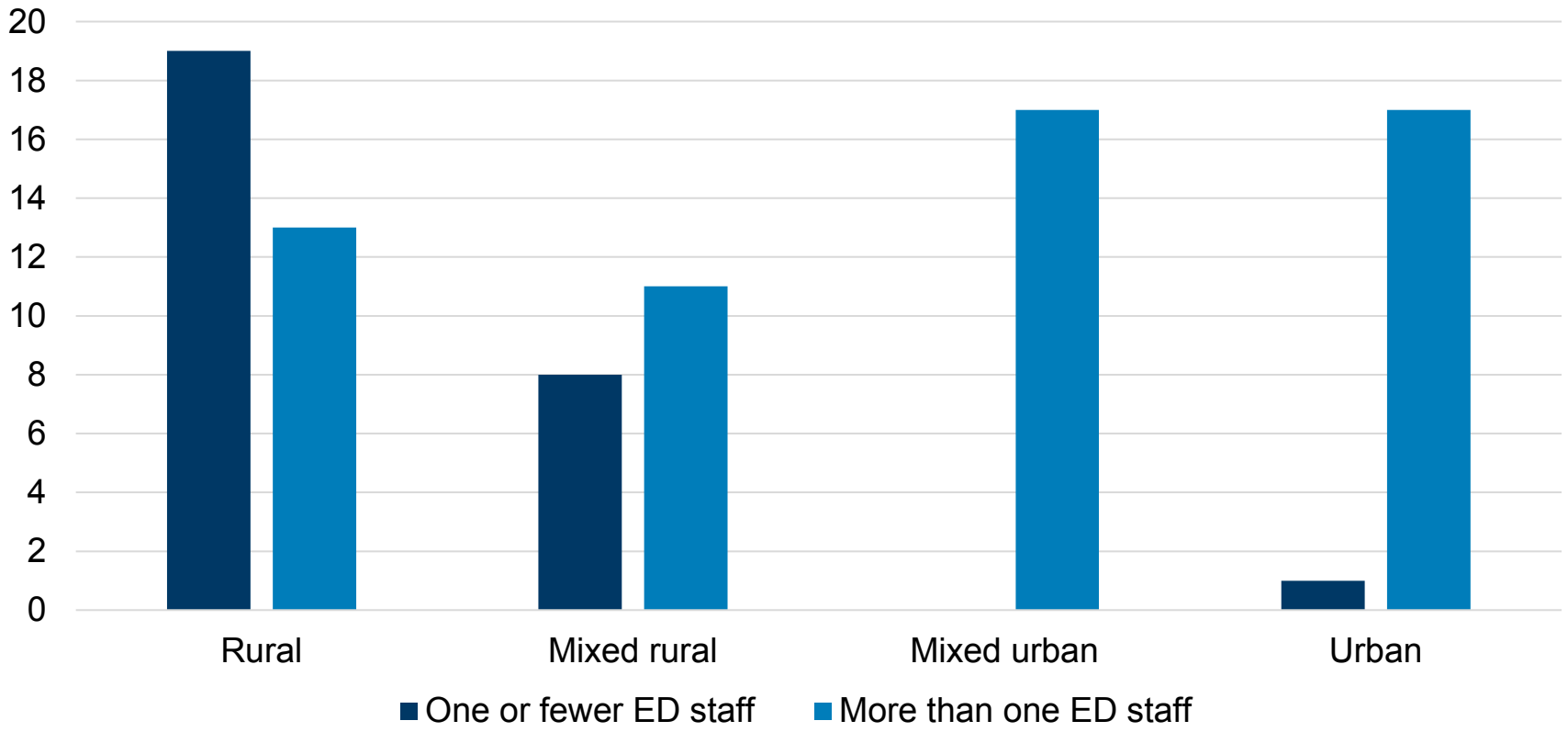
MEDIAN VALUES VARY BY LOCALITY TYPE, WITH BUDGETS RANGING FROM $279K-$1.8M ($14-33 PER CAPITA) AND STAFF FROM 1-10 FTEs

Type of locality	No. locality responses	Median budget ($K)	Median budget per capita ($)	Median total staff (FTE)
Urban	18	1,848	16.2	10.3
Mixed urban	17	756	21.7	4.0
Town	12	280	33.3	1.8
Mixed rural	19	445	14.2	2.0
Rural	32	279	14.2	2.3
Total	**98**	**550**	**17.8**	**3.0**

Source: Census Bureau; VEDP analysis

ECONOMIC DEVELOPMENT STAFF CAPACITY CONTINUES TO BE A CHALLENGE FOR RURAL AREAS

Reported economic development staffing levels by locality type (2025)

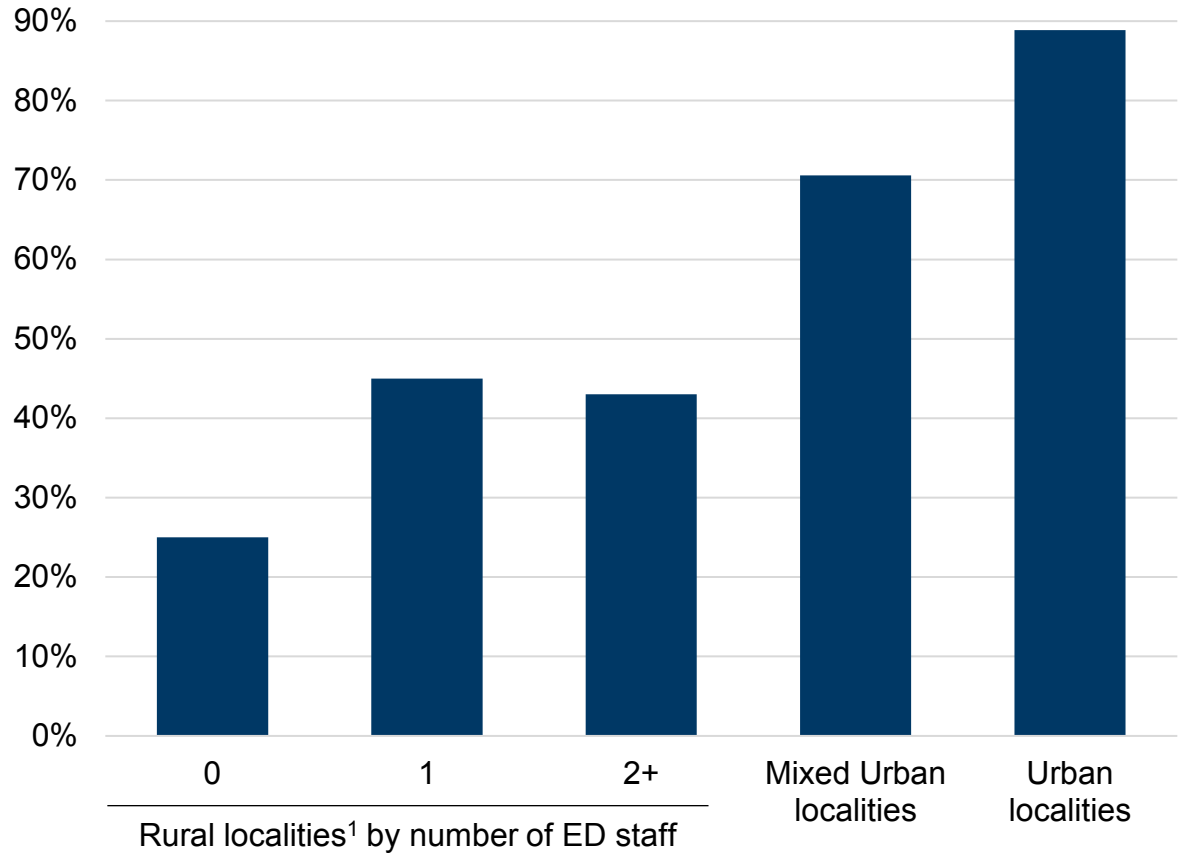


13 localities out of the 98 surveyed do not have any full-time economic development staff

Note: Towns are excluded from the above chart
Source: 2025 Local and Regional Competitiveness Self-Assessment; Census Bureau; VEDP analysis

THIS YEAR'S FINDINGS REINFORCE THE CASE FOR INVESTMENT IN RURAL CAPACITY BUILDING

Percentage of VA localities by grouping that won projects
N=86, % (July 2023 – October 2025)



Implications

2x

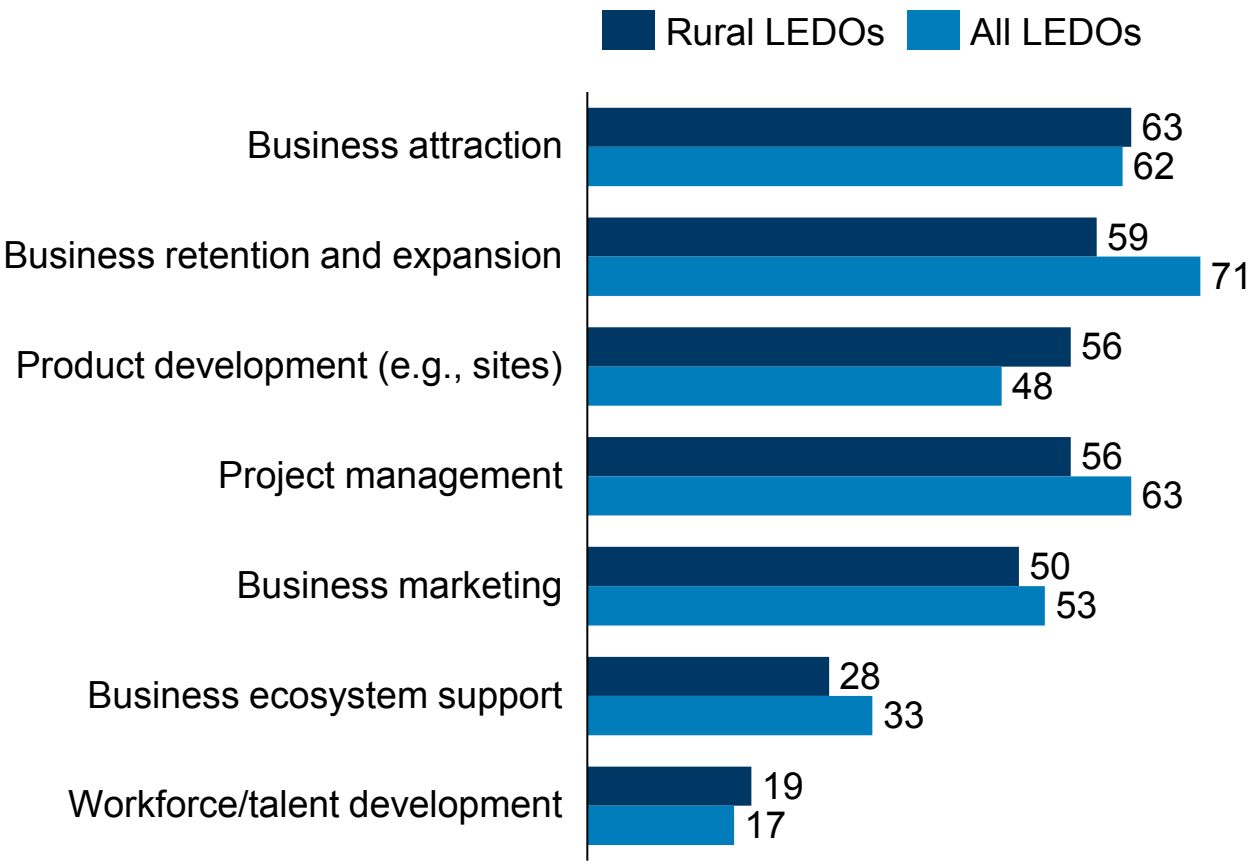
Rural localities in VA with at least one full-time economic development staff were almost twice as likely to win a project in recent years

VEDP has submitted a budget proposal for a pilot to co-invest in local staff capacity for communities without at least two full-time ED staff

[1]Rural localities have more than 50% residents living in a rural area, as defined by the U.S. Census
Source: 2025 Local and Regional Competitiveness Survey; VEDP Announcements; VEDP analysis

BUSINESS ATTRACTION IS MOST NAMED AS A TRADITIONAL PRIORITY FOR RURAL LEDOS; TOP PRIORITY AMONG ALL LEDOS IS BRE

Q: Which of the following traditional economic development practices are a primary priority for your organization?
Percent of LEDO respondents rating priority as "Primary"



Highlight

63%

of rural LEDOs selected business attraction as a primary priority for their LEDO.

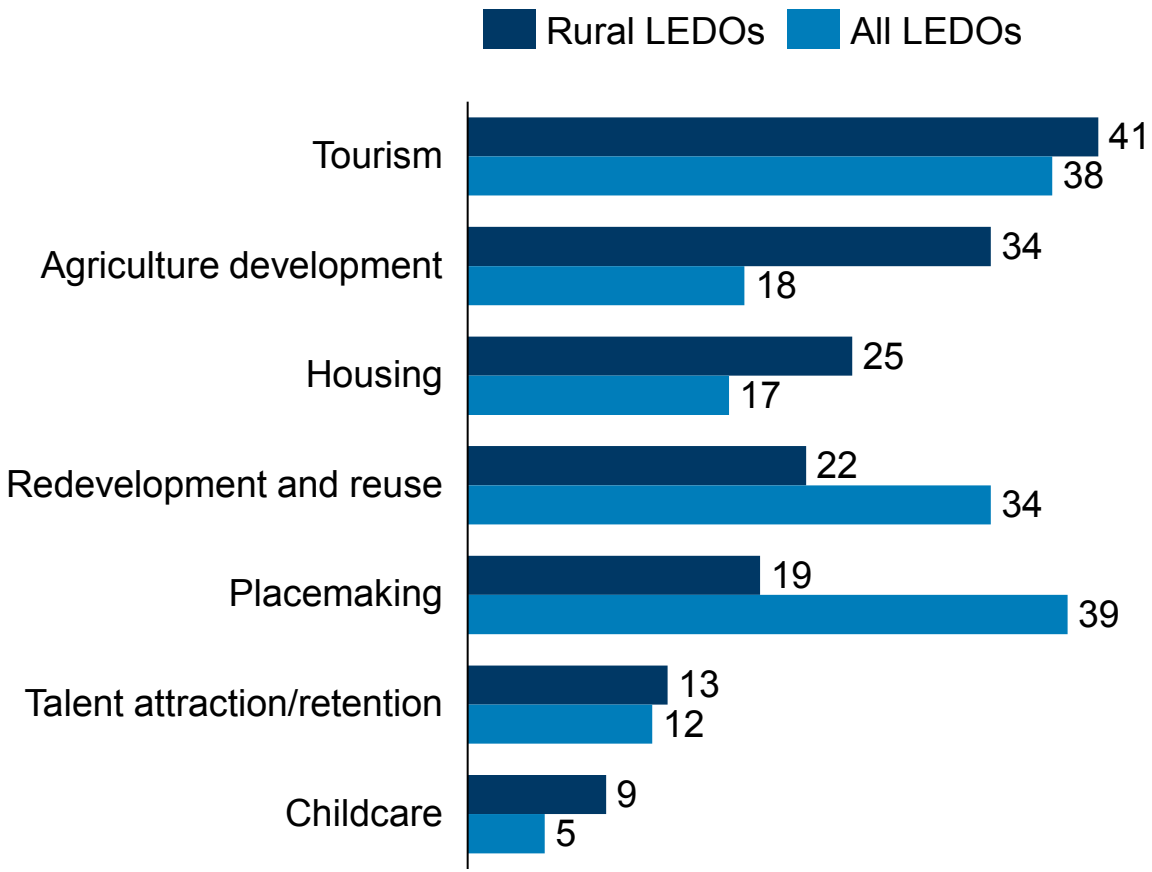
71%

of all LEDOs selected business retention and expansion as a primary priority for their LEDO.

Source: Census Bureau; VEDP analysis

TOURISM, AG. DEVEL. & HOUSING WERE MOST FREQUENTLY NAMED HIGH-PRIORITY PLACE-BASED ACTIVITIES BY RURAL LEDOS

Q: Which of the following place-based economic development practices are a primary priority for your organization?
Percent of LEDO respondents rating priority as "Primary"



Highlight

41%

of rural LEDOs selected tourism as a primary place-based priority for their LEDO.

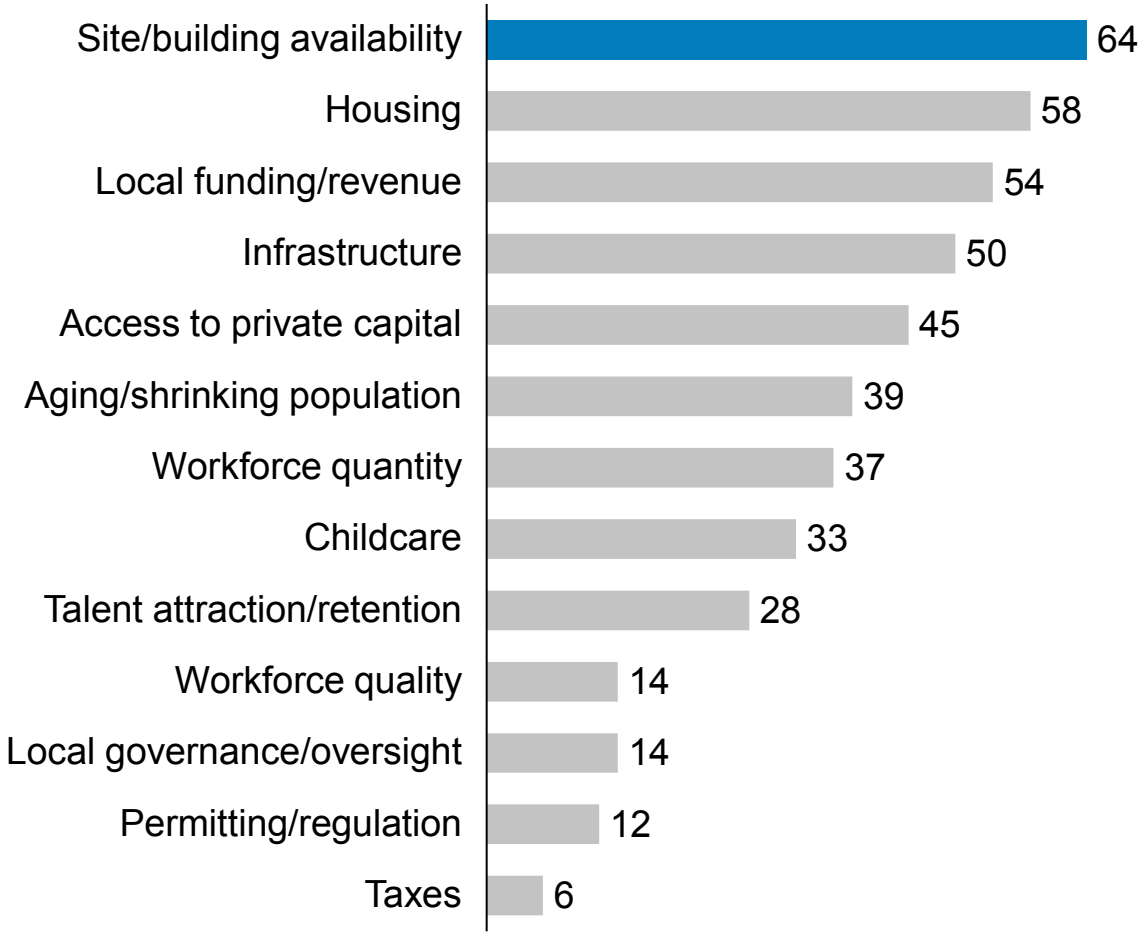
39%

of all LEDOs selected placemaking as a primary place-based priority for their LEDO.

Source: Census Bureau; VEDP analysis

SITE/BUILDING AVAILABILITY WAS IDENTIFIED MOST FREQUENTLY AS A HIGH BARRIER FOR LEDOS; HOUSING FOLLOWED CLOSELY

Q: Which of the following barriers present a high level of difficulty for your community or organization?
Percent of LEDO respondents rating barrier as "High"



Highlight

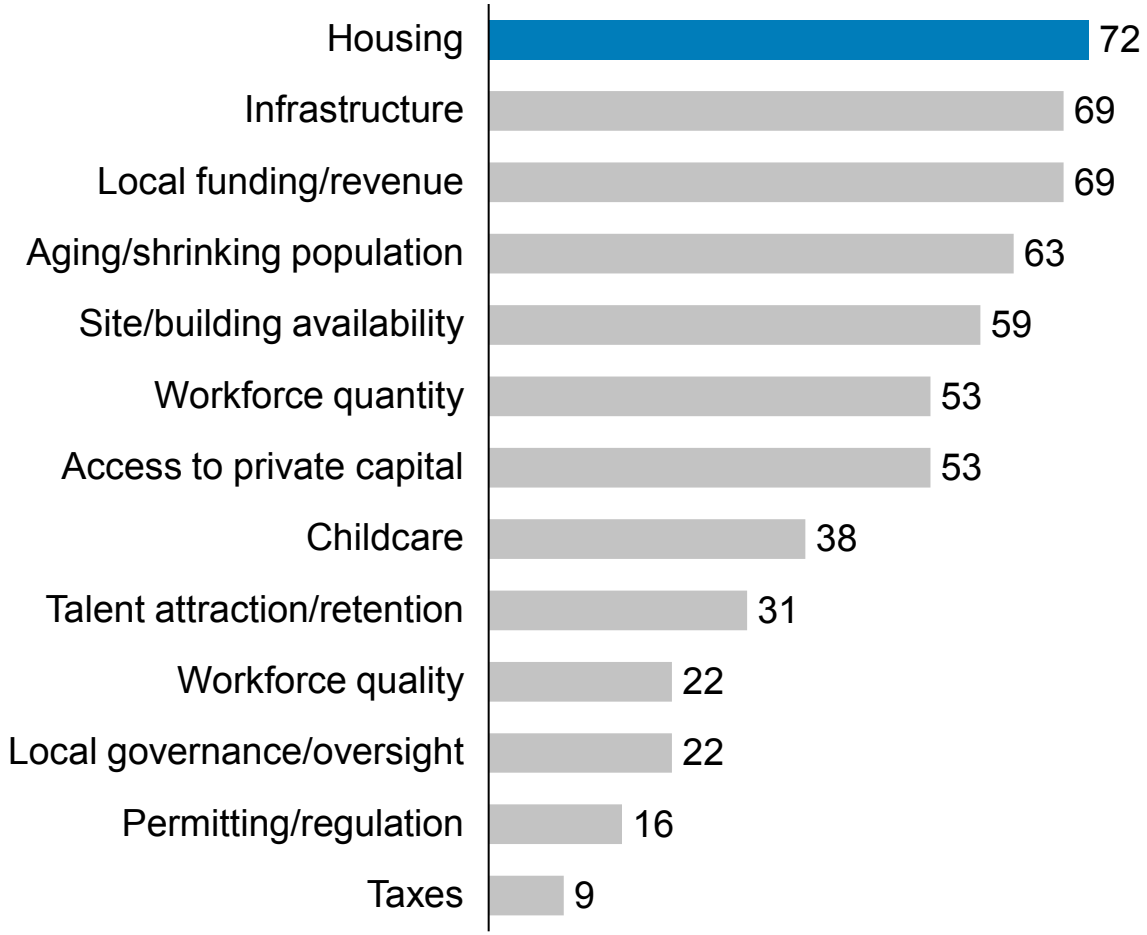
64%

of LEDOs identified site or building availability as a high barrier to economic development.

Source: VEDP analysis

AMONG THE 32 RURAL LEDOS, HOUSING IS THE MOST FREQUENT HIGH BARRIER; INFRASTRUCTURE, LOCAL FUNDING TIE FOR SECOND

Q: Which of the following barriers present a high level of difficulty for your community or organization?
Percent of rural LEDO respondents rating barrier as "High"



Highlight

72%

of rural LEDOs identified housing as a high barrier to economic development.

Source: Census Bureau; VEDP analysis

NEXT STEPS: VEDP PLANS TO DEVELOP RESOURCES AND ENGAGE WITH EDOS TO SUPPORT THE USE OF THE REPORTS AND DATA

November: VEDP shared customized reports with partners and hosted webinars to review the reports

December and beyond: VEDP will support EDOs through case studies, resources, and custom engagements

- Support partners through custom engagements on strategic planning and stakeholder communication
- Develop case studies and shared resources highlighting best practices
- Incorporate insights into VEDP's strategy
- Develop initiatives and policy proposals to address the most pressing statewide challenges
  - VEDP has submitted a budget proposal to launch a staff capacity pilot grant program

Q&A

OPEN DISCUSSION AND ANTICIPATED TOPICS FOR MARCH 2026

VEDP Virginia Economic Development Partnership VEDP.org