



**PREVENTION NEEDS ASSESSMENT  
FOR THE CITY OF RICHMOND**

**Richmond, Virginia  
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## Friends of Prevention Needs Assessment Executive Summary

The purpose of the current project was to develop a community assessment addressing prevention needs within the City of Richmond. The needs assessment was initiated by the Richmond Behavioral Health Authority and the Friends of Prevention Coalition, partnering with the VCU Institute for Positive Youth Development to inform prevention planning focusing on issues of alcohol tobacco and other drug use, individual, family and community violence, and sexual health. The project involved the critical analysis and integration of demographic and other social indicator data and focus groups with service providers, youth and community adults.

The assessment identified a number of key issues:

- There are multiple and significant prevention needs facing the City of Richmond and these needs cross ethnic, racial and geographical boundaries. There is cause for broad concern across the community and need for broad investment in prevention efforts.
- Prevention efforts need to emphasize the creation of a common vision for prevention and community-level change that explicitly makes prevention a priority and allocates resources accordingly.
- Access to information is critical. Youth, parents and service providers need greater coordinated access to information about sexual health resources, life skills, and positive developmental opportunities. There are available and well-respected youth service providers, but access and transportation are challenges. It is also unclear whether there is adequate capacity to meet community need.
- Prevention efforts need to utilize a holistic approach to prevention and change that considers family and community influences. This may involve utilizing a multigenerational approach to prevention and efforts to reduce current easy access to alcohol, tobacco and drugs in neighborhoods.
- Children and youth need positive adult role models that care, give time and acceptance. Many youth feel that adults have failed them. There is need for more attention to improving positive communication in families.
- Youth need legitimate ways to meet their needs – jobs, after school activities, and opportunities to succeed. Developmentally staged interventions and assets are needed. Simply preventing or delaying pregnancy without supporting effective transitions and successful pathways to adulthood provides only a partial response.
- The community has seen some declines in violence related issues, but sexual health, including teen pregnancy, sexually transmitted infections and infant mortality remains at a crisis level in the city. Schools have demonstrated some

increases in protective factors related to some indicators of academic performance, but drop out rates and school related violence has been variable and warrants continued attention.

- Youth need realistic prevention programming. They request support in responding to violence risk beyond the words, 'just walk away.' Programming targeting adolescent sexual health should address the realities of youth experiences. Whether adults are comfortable with the reality or not, many youth are engaging in unprotected sexual activities and are suffering the consequences of adults not effectively dealing with this reality.
- Youth need information targeted to them – using relevant and engaging language, music, and role models.
- Prevention efforts must address Richmond's changing population and the broad prevention needs of all residents. Consideration of factors relevant to the prevention and service needs of homeless, Latino residents, special education populations and individuals involved with the courts systems are needed.
- Timely access to relevant indicator data is critical to understanding the City's prevention needs. The Commonwealth of Virginia is one of seven states that do not participate in the Centers for Disease Control's Youth Risk Behavior Survey (YRBS) and this limits the locality's access to data, and ability to access prevention resources.
- The coordinated involvement of government, education, health, economic and community systems is crucial. There is the need to address underlying structural issues of social class and racial inequities in service and community systems. Challenges vary greatly by geography—where one lives in the City of Richmond shapes ones exposure to risk and access to opportunity. Addressing poverty and other core structural risk factors will be critical and integral to achieving long-term community level change. This may implicate the increased need for attention to youth-relevant community infrastructure, housing policy, improved educational, vocational and employment opportunities as well as addressing barriers to service and other resource access (e.g., transportation).
- Prevention efforts and work must be viewed within the broader community context and within the range of critical issues and factors that shape and influence Richmond and the region. Friends of Prevention and other prevention service advocates must consider where prevention fits in the context of local and regional priorities and how the will work to connect prevention to broader community change efforts.
- The traditional skills and individual focus of most preventive programs may warrant expansion considering that that data and interviews strongly suggest that the challenges are family and neighborhood-level and often involve intergenerational risk. Considering the notably structural challenges in the community, it may also be important for us to consider our prevention efforts

relative to what alternative outcomes? If we delay a pregnancy, reduce risk for substance use, or deter a violent act, have we necessarily promoted a positive life outcome? An increasing integrated focus on wellness, health promotion and positive outcomes may be useful. The future strategic actions of FOP should consider proactive means of reducing risk, strengthening protective factors, but also promoting the adaptation, well-being and positive development of Richmond residents.

## **I. Purpose**

The purpose of the current project was to develop a community assessment addressing prevention needs within the City of Richmond. The needs assessment was initiated by the Richmond Behavioral Health Authority and the Friends of Prevention Coalition to inform prevention planning focusing on issues of alcohol tobacco and other drug use, individual, family and community violence, and sexual health. Friends of Prevention (FOP) is a collaborative of public and private-nonprofit prevention service providers and child and youth advocates in Richmond, Virginia. In addition, the VCU Clark-Hill Institute for Positive Youth Development partnered with RBHA and FOP in the development of the needs assessment as a means of further informing their community efforts. The Clark-Hill Institute is one of ten national Academic Centers of Excellence in Youth Violence Prevention funded by the Centers for Disease Control (CDC). In contrast to prior needs assessments, the current work took a broader perspective across the life span as opposed to a singular focus on youth risk.

The goal of the needs assessment was to obtain a better understanding of community risk and protective factors for a broad range of community residents in the City of Richmond. Specific assessment tasks included:

- The review and update of available community demographic data and indicators relevant to risk and protective factors organized by quadrant of the City of Richmond;
- The conduct and analysis of focus groups including prevention service providers, as well as youth and adult residents to support understanding of community needs; and,
- The development of a final report of findings and their implications. The report is organized to provide an integrated analysis of data and focus group findings, followed by a detailed presentation of all data graphs and tables and individual focus group analysis and findings.

The strategy taken in the report was not to duplicate other extensive analyses of local and regional data that provide a perspective on prevention needs within the City of Richmond, nor to produce an exhaustive analysis of every available indicator particularly when indicators provide duplicative information and simply reflect varied representations of the same underlying phenomena. The emphasis herein was to review data, available reports, documents and focus group findings to assist in developing an integrated perspective on prevention needs within the City of Richmond.

## **II. Research Method and Design**

The project included gathering demographic and other quantitative social indicator data and conducting focus groups. Quantitative social indicators data was obtained from several sources including but not restricted to: Virginia Governor's Office of Substance Abuse Prevention (GOSAP) database, the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (MHMRAS), the National Incident Based Reporting System (NIBRS), and U.S. Census data organized by DataShare

([www.datashare.org](http://www.datashare.org)). Graphs of data as well as descriptions of data characteristics and limitations are presented in Appendix A.

The focus group component of the project consisted of nine focus groups lasting 1-to-2 hours with representatives of prevention service providers and community residents (adults and youth). The Coordinator of the Friends of Prevention Coalition recruited and scheduled the focus group sites and participants using contacts from Coalition members and recruitment utilizing ConnectRichmond ([www.ConnectRichmond.org](http://www.ConnectRichmond.org)), a web-based information resource for the local nonprofit and human service community. Three prevention service provider focus groups were held at Richmond Behavioral Health Authority with each group centering on a different community issue. The three community issues addressed were (1) alcohol, tobacco and drug use, (2) individual and family violence and (3) individual and community-level sexual health concerns of STD's & HIV/AIDS and teen and unplanned pregnancies. Community resident focus groups included two adult groups and four youth groups each addressing the same three community issues. The adult focus group participants were recruited from existing community groups. The youth focus groups were held at existing youth serving organizations representing the four geographical quadrants of the City of Richmond, North, East, West and South. Youth focus group participants were recruited by program staff and had written permission to participate from a parent or guardian.

Members of the research team served in roles as facilitator, process observer or note taker to conduct the focus group meetings. Structured focus group questions were developed for each type of focus group, i.e. service provider, adult, and youth (Protocols are presented in Appendix B). The focus group question guide consisted of eight structured questions that were modified somewhat based on the type of focus group, but asked for similar information about community challenges, current prevention efforts, the effectiveness of current prevention efforts, and recommendations for future prevention efforts. Notes were taken by the facilitator and note taker and composed into written transcripts that included observations on group interaction and context from the process observer. Raw notes were reviewed by both the session facilitator and process observer to support the effective capture of session content.

### **III. Data Analysis**

The quantitative social indicators data are organized using descriptive statistics, tables, and graphs that summarize the findings relevant to community indicators related to risk and protective factors such as education, home ownership, poverty, unemployment, public assistance, teenage births, and drug and alcohol arrests. Qualitative analysis of each type of focus group, i.e. service provider, adult and youth, was performed by two members of the research team, each conducting an independent analysis of notes taken by the facilitator and note taker at the focus group sessions. Each type of focus group was examined to identify themes and specific quotes related to community issues, resources and prevention needs. These initial independent analyses were reviewed by the pairs together, then integrated and sent to a third reviewer who checked the analysis against session notes. Feedback from this analysis was then sent back to the reviewing team for examination and integration. Full reports of the focus group analysis

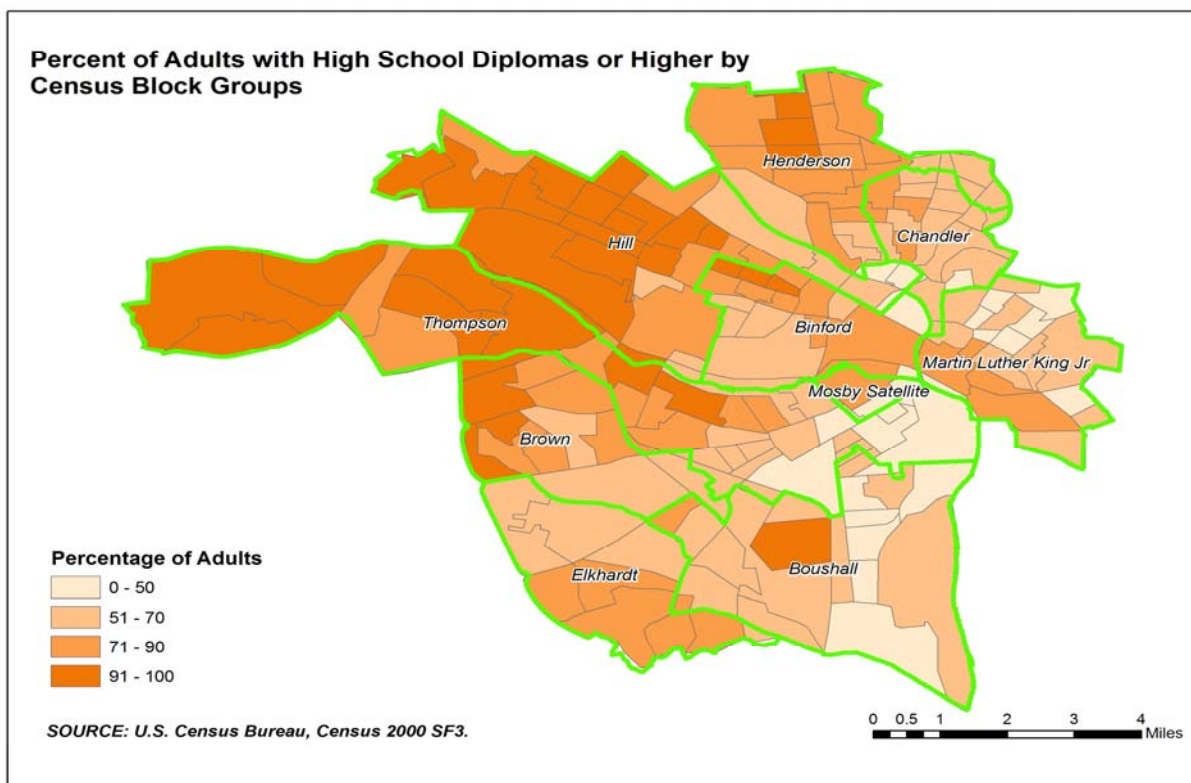
by group type (i.e., service provider, youth or community adult) are presented in Appendix C.

#### **IV. Key Findings: Demographic Portrait of the City**

U.S. Census and other data were examined organizing the City of Richmond into four geographical units often used to characterize the city: the West End, the North side, the Southside and the East End, including Downtown Richmond.

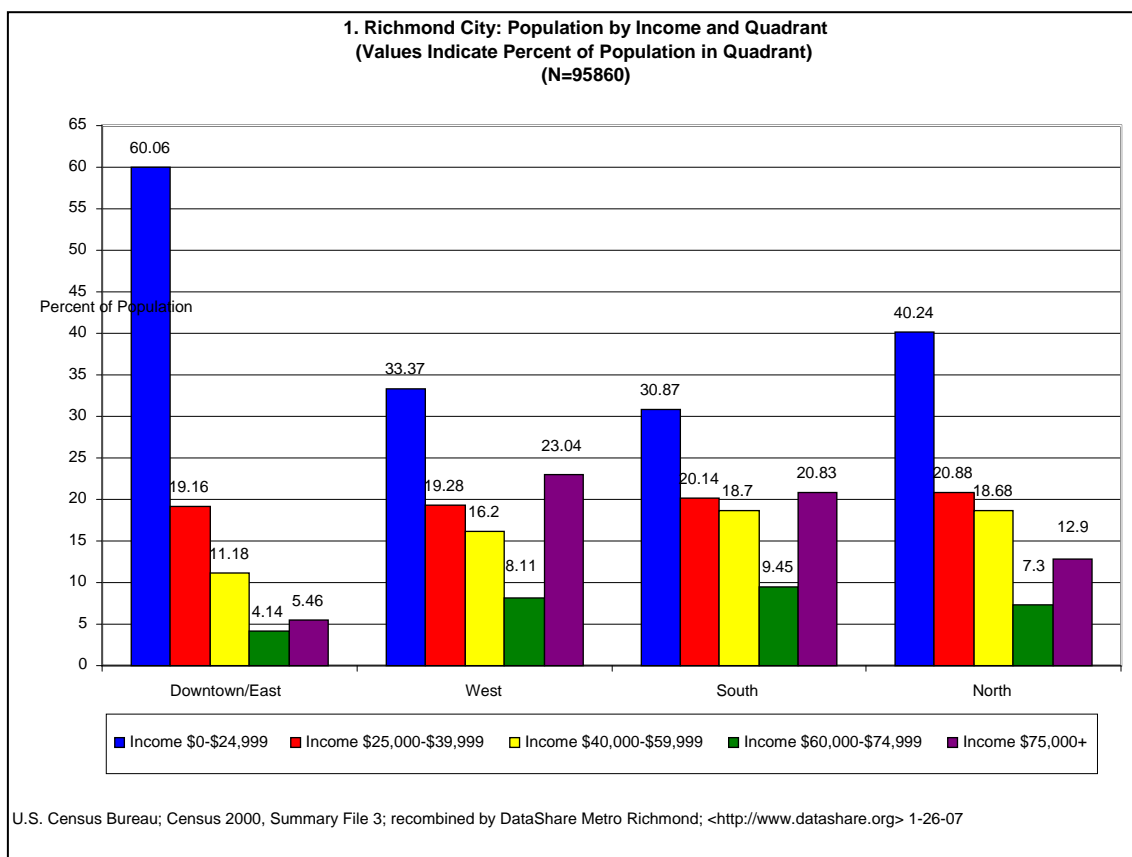
Geographically, the City of Richmond is characterized by notable demographic variations:

- Households with lower incomes (i.e., \$24,999 or below) are highest in East-End/Downtown (60.06%). In contrast, household incomes \$75,000 and above are highest in West End (23.04%) and Southside (20.83%). (See Graph 1 on Page 7.)



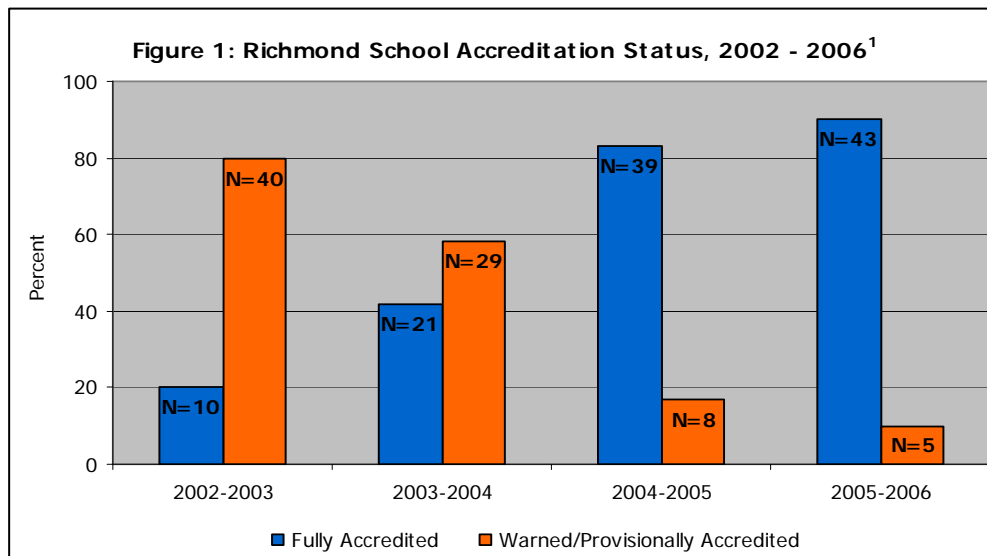
- Paralleling income data, education data from the U.S. Census indicate that the West End has the highest percentage of individuals with a bachelor's (34%) and other advanced degrees. East End and Downtown have the highest percentage of individuals with no high school diploma (38%). (See Graph 2, Appendix A.)

- Unemployment levels are highest in the East End of Richmond (14.24%). Data comparing the United States, the Commonwealth of Virginia and the City of Richmond suggest that the Commonwealth has a somewhat lower rate of unemployment (3.0%) as compared to the higher but comparable rates found in Richmond (4.5%) and United State overall (4.6%) (Virginia Employment Commission, <http://velma.virtuallmi.com/admin/gsipub/htmlarea/uploads/pdf/communityprofiles/5104000760.pdf>).

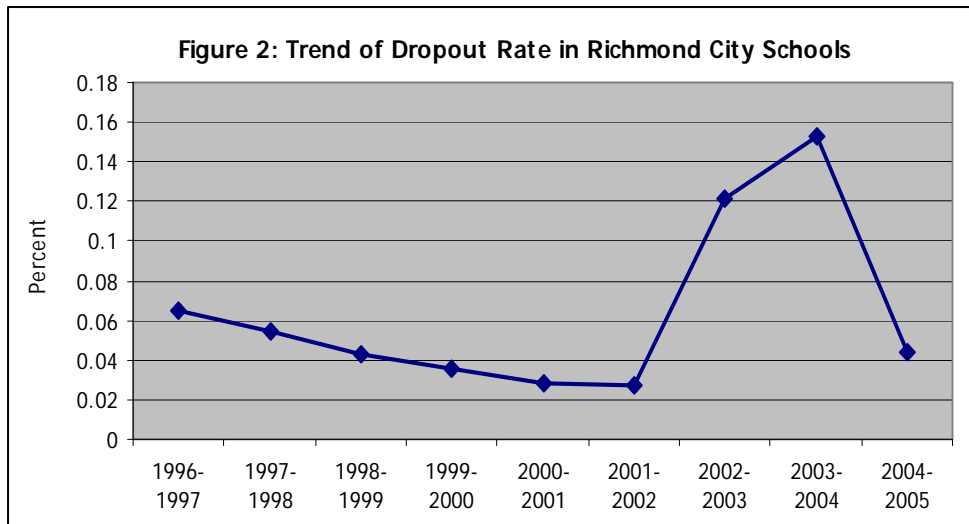


- Census data indicate that the West End contains a larger percentage of late teens and young adults (ages 18 to 24) and the lowest percentages of children ages 17 and under. The age distribution pattern in the West End most notably varies from the Commonwealth in having fewer children and more 18-24 year olds in the population and the Northside has a notably higher percentage of residents ages 65 and above. (See Graph 3, Appendix A.)
- For all school age groupings (i.e., elementary, middle and high school), the East End/Downtown has the overall highest percentage of students eligible for Free and Reduced Price Lunch (FRPL). The Northside also has high FRPL eligibility rates for elementary, middle and high school students. The West End has the lowest levels of eligible children across all age groups, with notably lower levels among elementary school aged children. (See Graph 4, Appendix A.)

- The resident population within the City's quadrants also varies notably by race and ethnicity. The percentage of the area population that is African Americans is highest in the East End/Downtown and North side areas (84.67% and 75.86%, respectively). European Americans represent higher percentages of the area population in the West End and Southside areas. The City's Hispanic population is highest in the Southside of Richmond (4.9% overall with 55.15% of these 'Other Alone'). (See Graph 5 and 6, Appendix A.)
- Of households with children under age 18, the West End (69%) and Southside (55%) have the highest percentages of households headed by a married couple. The East End/Downtown (71%) and Northside (46%) have the highest percentage of households headed by females with no husband present. The City overall, and in all four geographic areas, has a lower percentage of married households with children under age 18, as compared to the Commonwealth of Virginia. (See Graph 7, Appendix A).
- The East End/Downtown area has the highest percentage of renter occupied housing (68%). The City overall, and in all four geographic areas, has a lower percentage of owner occupied housing, as compared to the Commonwealth of Virginia. (See Graph 8, Appendix A).
- Examination of 2006-2007 data from the Virginia Department of Education on public school accreditation suggests that there may be variations in educational resources across the different areas of the City. All City elementary and high schools are fully accredited in all areas except the Southside. Only in the West End are all middle schools fully accredited (See Graph 9, Appendix A). The number of schools fully accredited has increased over time (Masho, & Bishop, May, 2006).



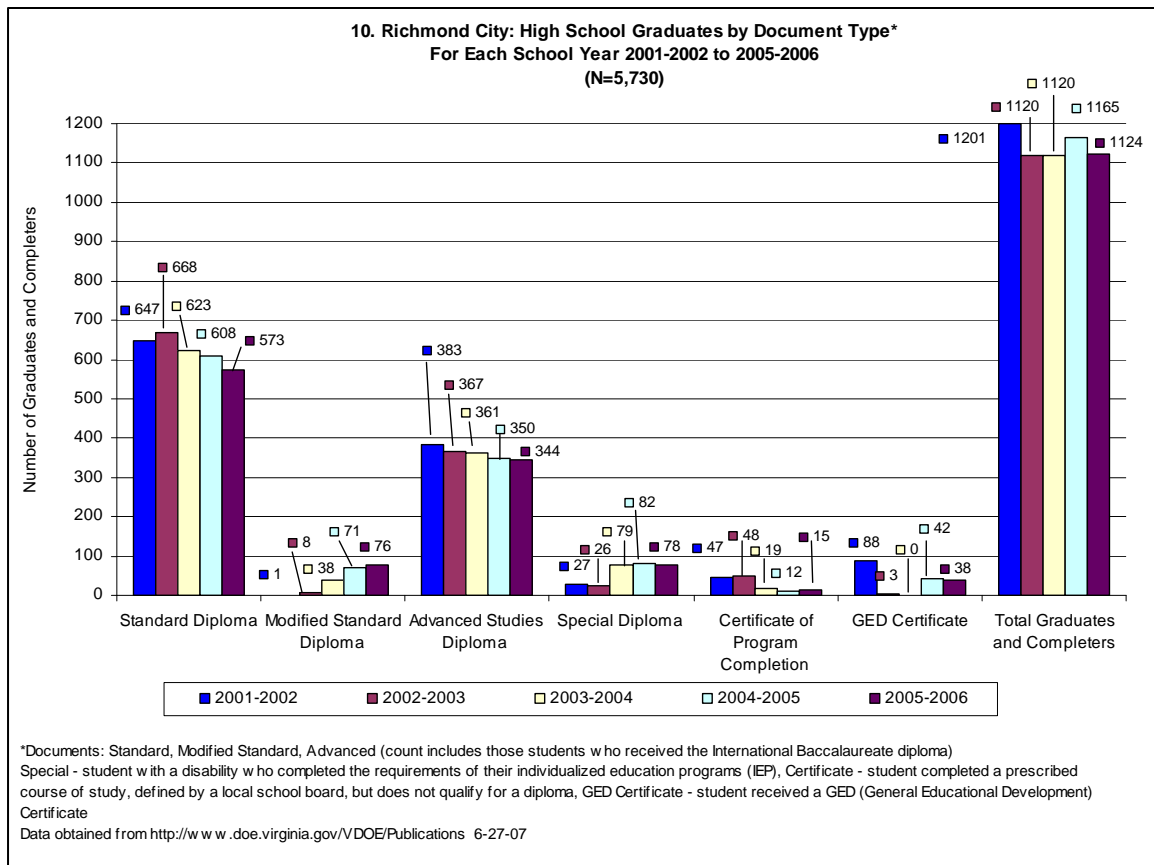
- School dropout rates show a decline between 1996 and 2001, followed by a notable increase through the 2003-2004 school years and a decline in 2004-2005 (Masho, & Bishop, May, 2006).



- SOL scores in the Richmond Public School System have demonstrated general increases between 2001-2002 and 2006-2007, but had experienced some recent variability and some slight declines in some areas. For example among 3<sup>rd</sup> graders, SOL pass rates demonstrated steady increases from 54 in 2001-02 to a high of 78 in 2005-06 with a slight decline (76) in 2006-2007. Pass rates in 3<sup>rd</sup> grade Math increased from 60 in 2001-02 to a high of 87 in 2004-2005 with a subsequent decline to 84 in 2006-07 (the decline parallels a 4-point state level decline). Among 8<sup>th</sup> graders, SOL English Reading pass rates increased from 48 in 2001-02 to 65 in 2006-07 (with a slight dip in 2005-06) and Math pass rates increased from 42 in 2001-02 to a high of 69 in 2004-2005 and a decline to 63 in 2006-07. (Virginia Report Card: [https://p1pe.doe.virginia.gov/datareports/assess\\_test\\_result.do](https://p1pe.doe.virginia.gov/datareports/assess_test_result.do).)
- There have been decreases in the numbers of standard and advanced diplomas awarded between the 2002-2003 and 2005-2006 school terms.<sup>1</sup> There have been parallel increases in the awarding of modified standard and special diplomas. According the Virginia Department of Education website, "Students with disabilities who are unlikely to meet the credit requirements of a Standard Diploma or an Advanced Studies Diploma may earn a Modified Standard Diploma. Eligibility to earn a Modified Standard Diploma is determined by a student's Individual Education Program (IEP) team and the student's parents and the student, when appropriate, at any point after the student's eighth-grade year." (See Graph 10, Appendix A.) See:

<sup>1</sup> 12<sup>th</sup> grade fall enrollment (membership) was relatively stable between the 2003-2004 and 2004-2006 school terms but demonstrated a decline in 2005-2006.

[http://www.pen.k12.va.us/VDOE/Accountability/graduationreqfaq.html#modified\\_diploma](http://www.pen.k12.va.us/VDOE/Accountability/graduationreqfaq.html#modified_diploma) for additional information.



- Based on data from the 2005 American Community Survey compared to the 2000 Census, Richmond has experienced an overall decline in population from 197,790 in 2000 to 180,757 in 2005. The largest losses relative to age group are in the 15 to 44 year old age groups, with the largest increases in the 0 to 4 year old age category. (See Graph 11, Appendix A.)
- Census data documents significant increases in the Latino population within the City of Richmond since 1990 and recent estimates suggest that 15,000 to 20,000 Latino individuals live in the City of Richmond (Corona et al., 2006). This may be especially relevant to the current analysis because of the relevance to risk issues among Latino youth. (See [http://www.vdh.virginia.gov/CLAS\\_Act/researchresources/documents/Latino%20Needs%20Assessment%20\(English\)\[1\].pdf](http://www.vdh.virginia.gov/CLAS_Act/researchresources/documents/Latino%20Needs%20Assessment%20(English)[1].pdf) for full report).
- 2000 census data indicate that there are 4,045 infants and children in the City of Richmond age 5 or below living in poverty. In addition, there are 6,170 children ages 5 to 11, 3,825 teens between the ages of 12 and 17, 22,107 adults between 18 and 64, and 4,038 individuals 65 or older in Richmond who are poor.

While 9.6% of the Commonwealth's population is characterized as poor, 21.4% of the City's population is poor.

### Summary

The demographic variations described above paint a portrait of the City of Richmond as being constituted of communities that may be faced with notably different challenges and varied sets of community-level resources. The East End/Downtown and North side are characterized by lower levels of family economic capital and human capital reflected in educational attainment. The East End area may also have higher levels of residential transitions as reflected in lower rates of home ownership.

Considering the lower percentages of children in the West End and its higher level of economic resources and educational attainment, there are greater community resources per child in comparison to other areas of the City.

In contrast to the multiple risk factors and community-level variations in assets, improvements in school test scores indicates the presence of protective factors among Richmond youth, reflected in their improving educational achievements.

The geographically-based variations in race and ethnicity may have important implications for cultural factors relevant to the selection and implementation of prevention programming and services.

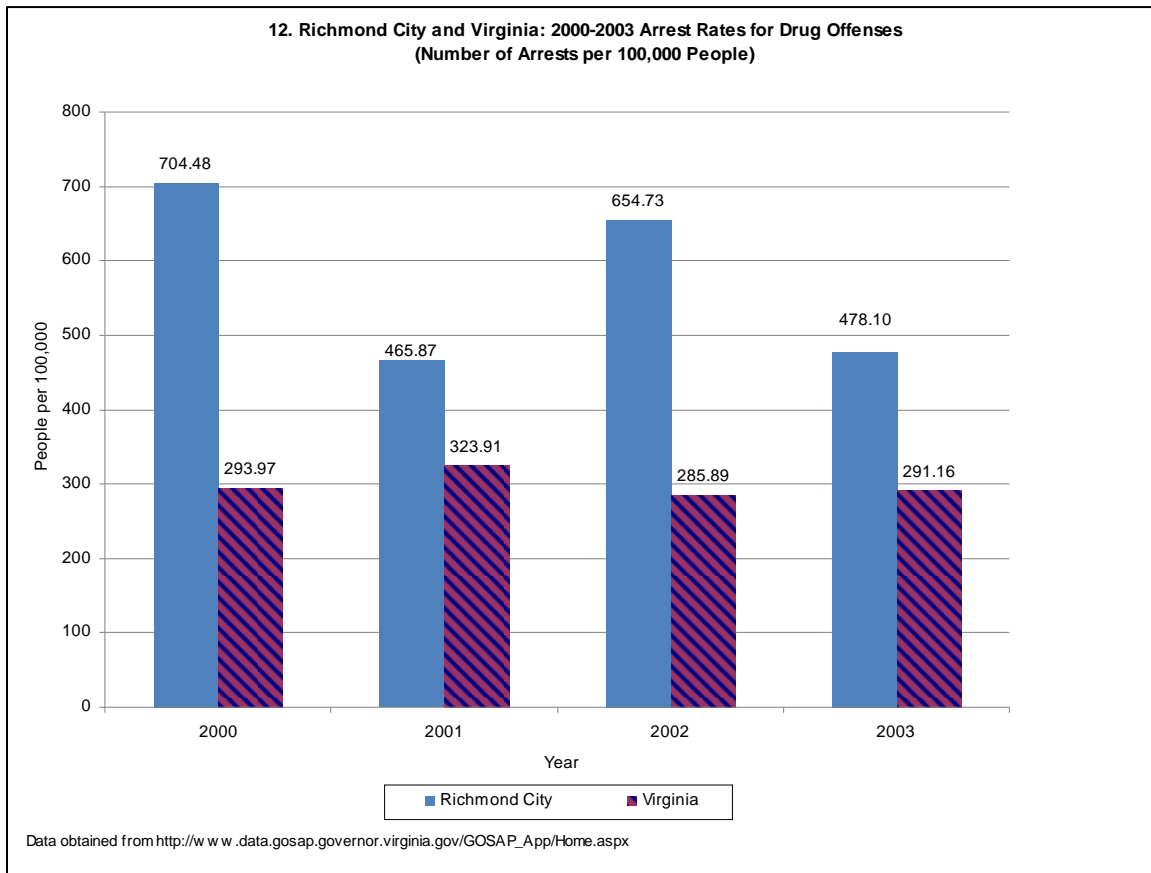
Available data and information suggests declines in the City's overall population since 2000, and increases in Richmond's Latino population. Population changes reflect losses of younger and mid-age adults and increases in younger children.

This analysis does not take into account more subtle community variations or the underlying history or causes of these variations. The ways in which these variations reflect community capacity and resources and parallel challenges may be very important in designing and targeting prevention programming and resources to have community-level impact.

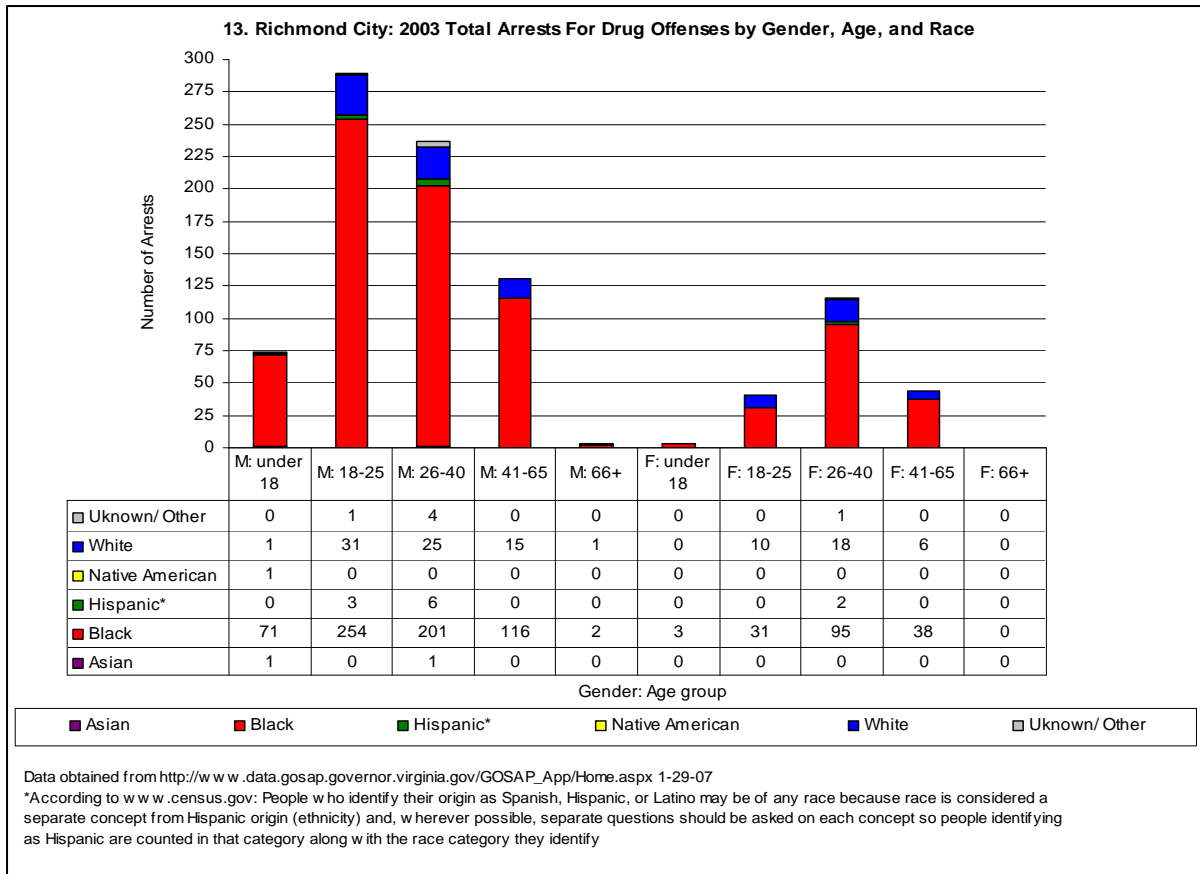
Beyond demographic data, summaries examining indicator data relevant to each of the three focal areas are presented below.

## V. Key Findings: Alcohol, Tobacco and Other Drug Use

- Drug arrest rates in the City have been variable between 2000 and 2003, compared to relative stability at the state level. Richmond rates declined between 2002 and 2003. (See Graph 12).

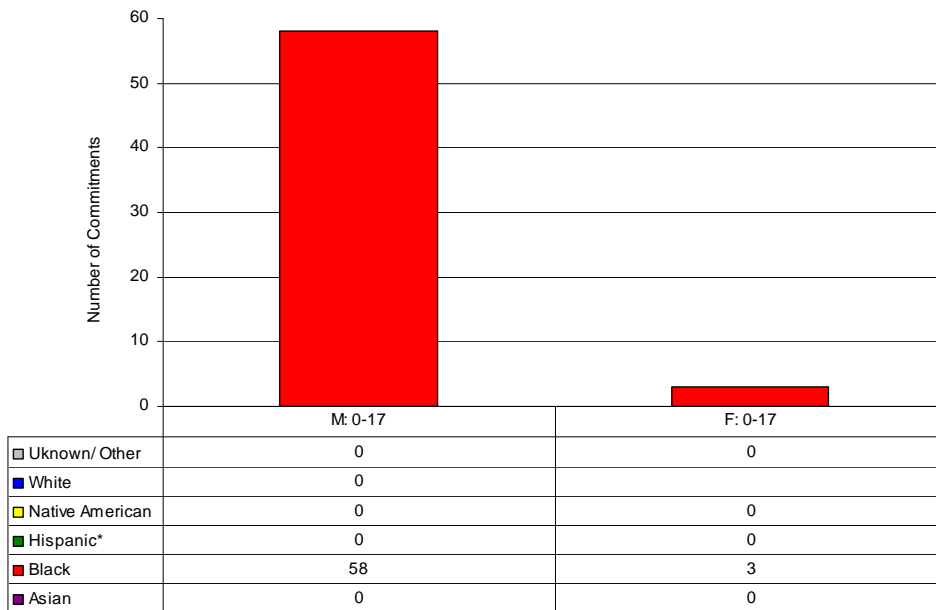


- 2003 total arrests for all drug offenses peak among 18-25 year old males, the vast majority of which involved African American males. Arrest levels remain high but decline across the 26 to 40 and 41 to 65 age groups. Arrests levels among females peak within the 26 to 40 year age group and are highest among African American females. (See Graph 13).



- In 2004, African American adolescent males (ages 17 and younger) accounted for the vast majority of youth alcohol-related intakes, misdemeanor alcohol offenses, and commitments with substance abuse needs. (See Graphs 14-16, Appendix A.) African American males also accounted for the majority of youth commitments associated with both misdemeanor and felony narcotic offenses. (See Graphs 17-18, Appendix A.) Youth intakes for misdemeanor narcotic offenses demonstrated some increase between 2002 and 2004. (See Graph 19, Appendix A.)

**14. Richmond City: 2004 Total Youth Committed to the Dept of Juvenile Justice with Substance Abuse Needs by Gender, Age, and Race**

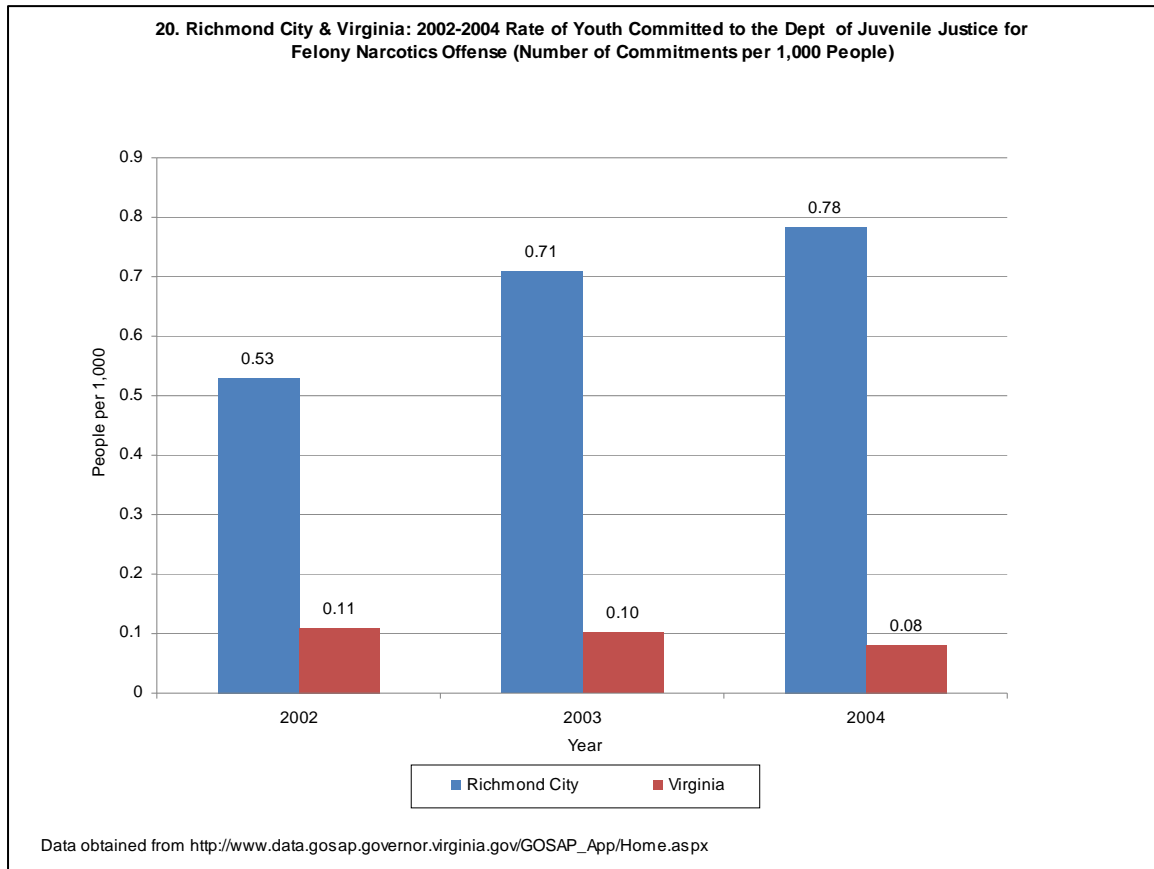


■ Asian     
 ■ Black     
 ■ Hispanic\*     
 ■ Native American     
 ■ White     
 ■ Unknown/ Other

Data obtained from [http://www.data.gosap.governor.virginia.gov/GOSAP\\_App/Home.aspx](http://www.data.gosap.governor.virginia.gov/GOSAP_App/Home.aspx) 1-29-07

\*According to [www.census.gov](http://www.census.gov): People who identify their origin as Spanish, Hispanic, or Latino may be of any race because race is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept so people identifying as Hispanic are counted in that category along with the race category they identify

- Between 2002 and 2004, there were increases in the rates of youth committed to the Department of Juvenile Justice in the City of Richmond for a felony narcotics offenses, as compared to a slight decline for the same offense in the Commonwealth across this same time period. (See Graph 20).



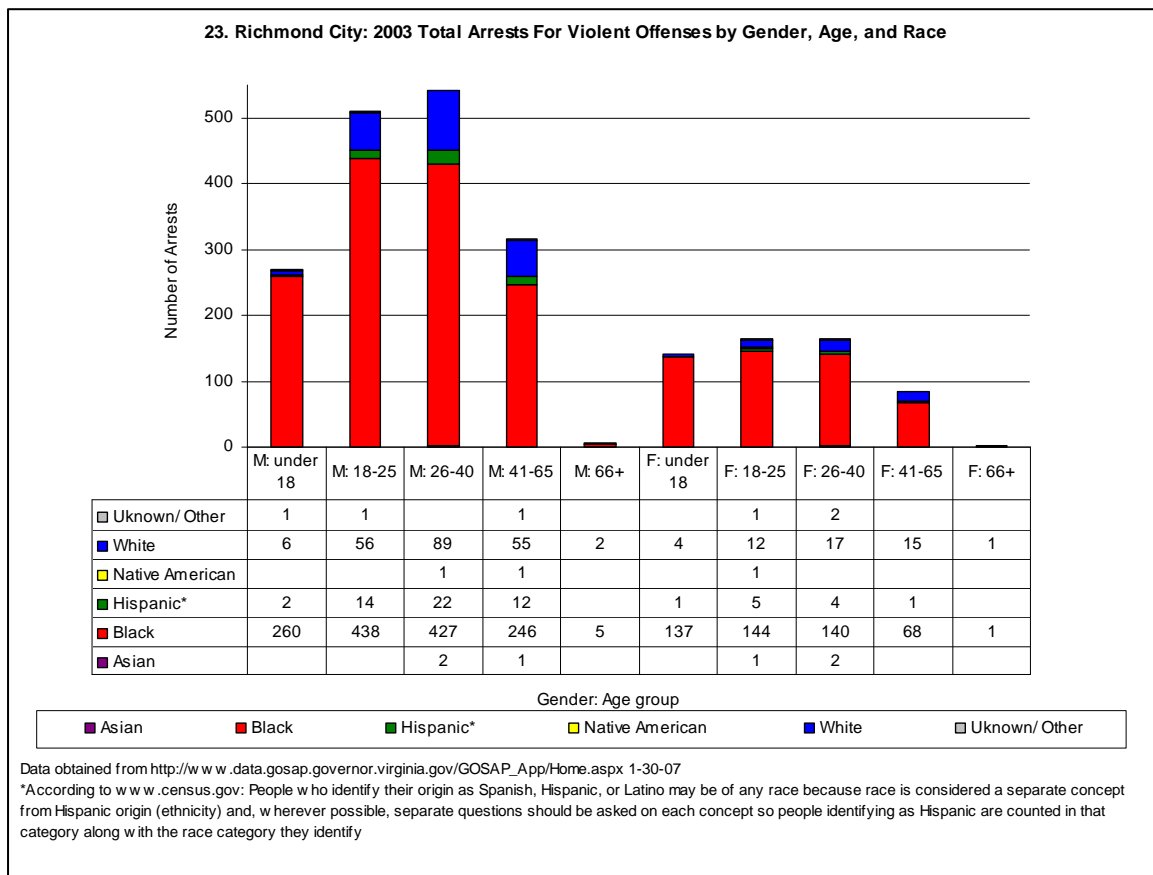
- 2003 total arrests for driving under the influence (DUI) peaked among Males ages 26 to 40, represented notably by both European (N=28) and African American (N=21) males. European American males ages 18 to 25 also demonstrate notably high rates of DUI. Rates of DUI increase across age groups and peak for African American males in the 41 to 65 age group. While notably lower than rates for males, the highest rates of DUI are reported among females in the 18 to 25 year old age group with similar rates between European and African American females. European American females demonstrate higher rates in the 26 to 40 and 41 to 65 year old age groups. (See Graph 21 in Appendix A.) Arrest for DUI overall have shown a general decline between 2000 (approximately 300) and 2003 (less than 200). (See Graph 22 in Appendix A).

### Summary

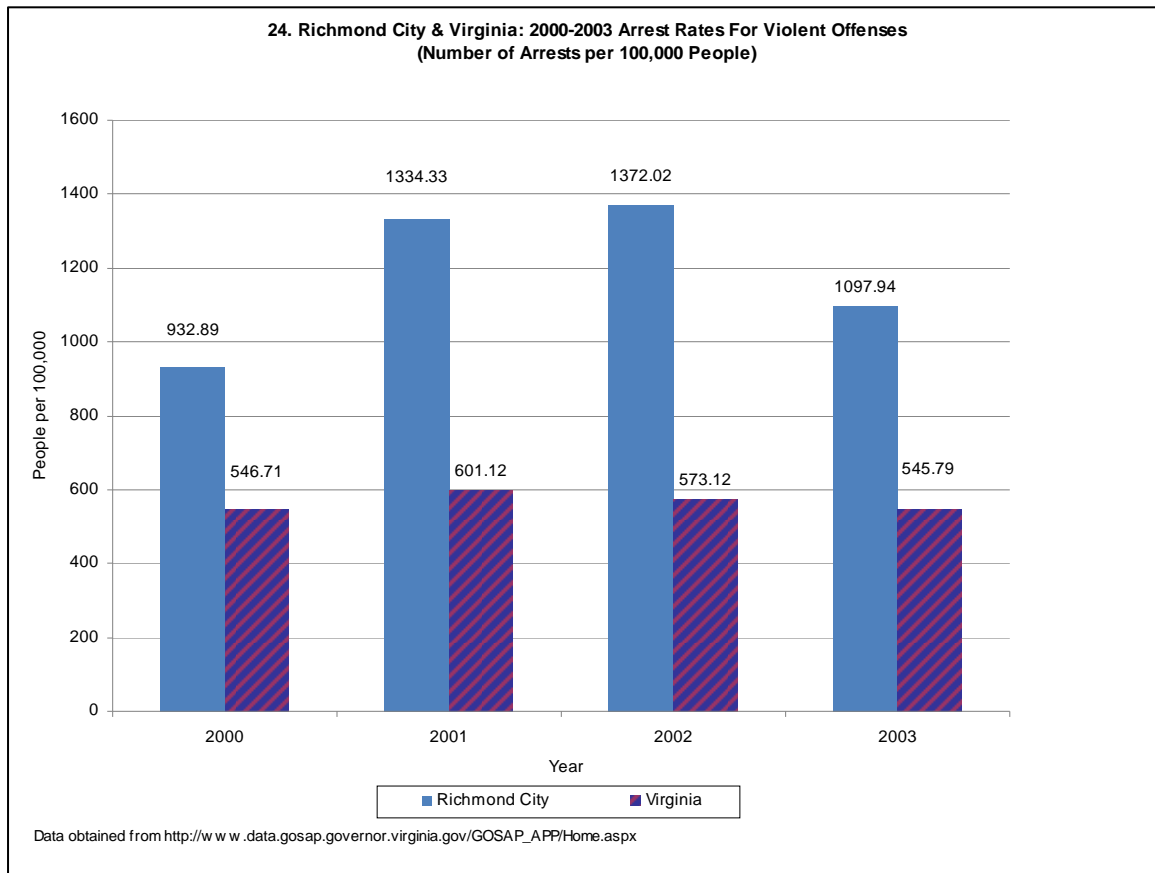
Males consistently demonstrate the highest level of risk related to substance use, abuse and affiliation with substance related offences. Young African American males associated with the juvenile justice system in the City demonstrate significant involvement and significant substance use and related risk. Young adult and adult European American males and older African American males demonstrate risk associated with drinking and driving.

## VI. Key Findings: Individual, Family and Community Violence

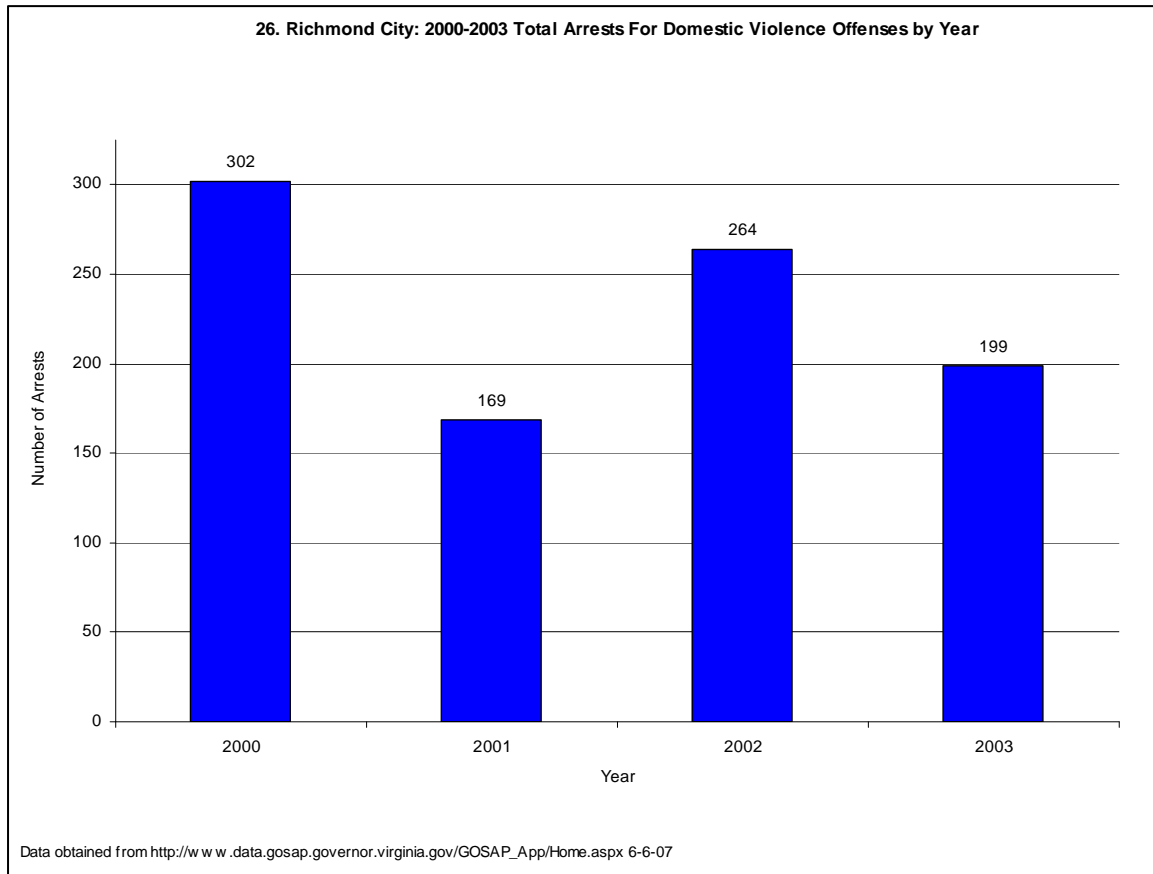
- Preliminary data from the FBI Uniform Crime reports indicated decreases in all forms of violence crime in the City of Richmond between 2005 and 2006. Murder rates in the City of Richmond dropped from 85 in 2005 to 76 in 2006. (<http://www.fbi.gov/ucr/06prelim/t4ok-wi.htm>).



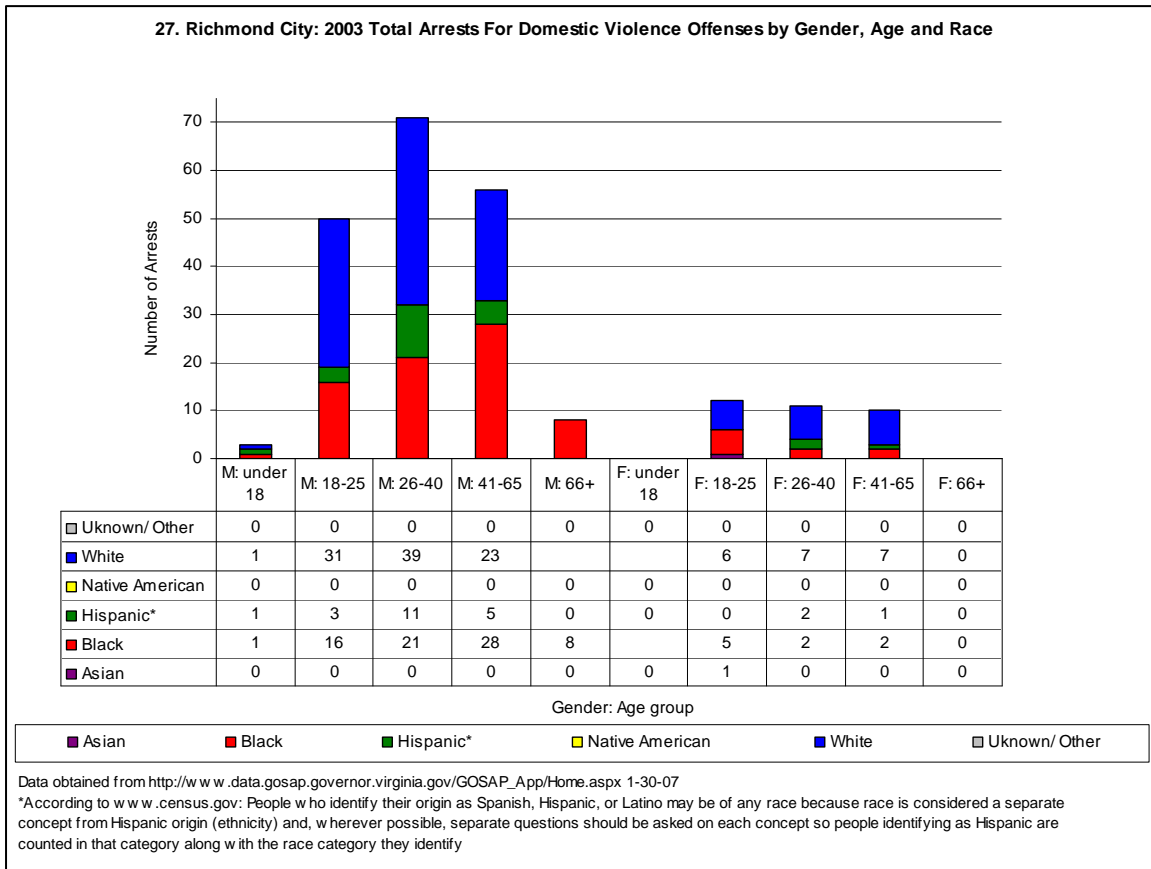
- 2003 total arrests for violent offenses are highest among males in the 26 to 40 year old age group. African American males account for the majority of these arrests across all age groups and their arrests peak in the 18 to 15 year old age group. Among European American males the highest number of arrests occurs in the 26 to 40 year old age group. Violent offense arrests are lower among females, but African American females account for the majority of these arrests across all age groups. (See Graph 23).
- In overall violence arrest rates, the City of Richmond experienced an increase between 2000 and 2002 and decline in 2003. In comparison, state levels remained relatively stable, with a very modest decrease. (See Graph 24).



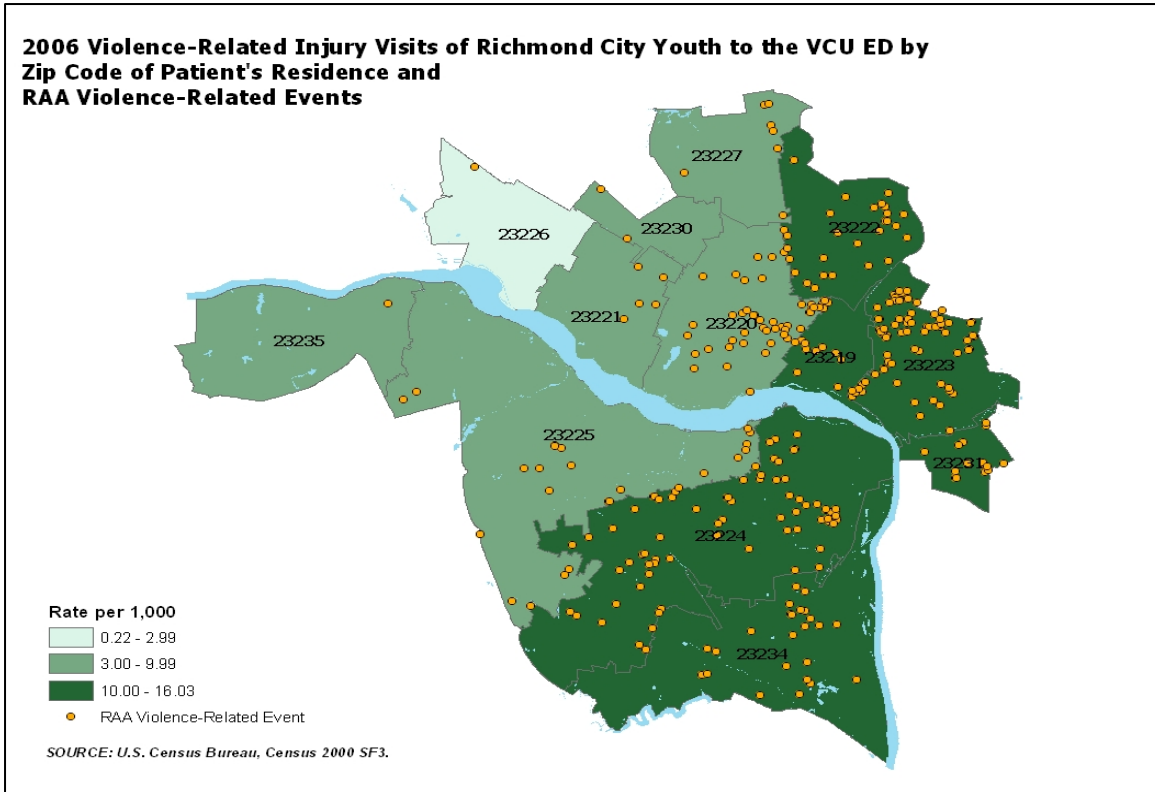
- Between 2000 and 2005 there has been some general level of decline in total child abuse or neglect reports, with an increase in the numbers of assessed reports between 2003 and 2005 and a decrease in the number of founded reports between 2003 and 2005. Across all age groups excepting infants under age 1, there have been a trend toward declines in the numbers of children in foster care. Among infants below age one, numbers increase in 2001, remained relatively level and then declined in 2005. (See Graph 25, Appendix A.)



- Arrest rates for domestic violence offenses are lower in the City of Richmond than for the Commonwealth and have shown variability within the City between 2000 and 2003. (See Graph 26). Rates have demonstrated a slight decline in the State between 2001 and 2003.
- Domestic violence arrests within Richmond during 2003 were highest among males the 26 to 40 year old age group males. There were higher rates among European American males in the 18 to 25 and 26 to 40 year old age groups and increasing levels of arrests among African American males peaking in the 41 to 65 year old age group. Domestic violence arrests were much lower among females, but were higher among European females in all age groups. Domestic violence arrests have shown an overall decline between 2000 and 2003. (See Graph 27.)



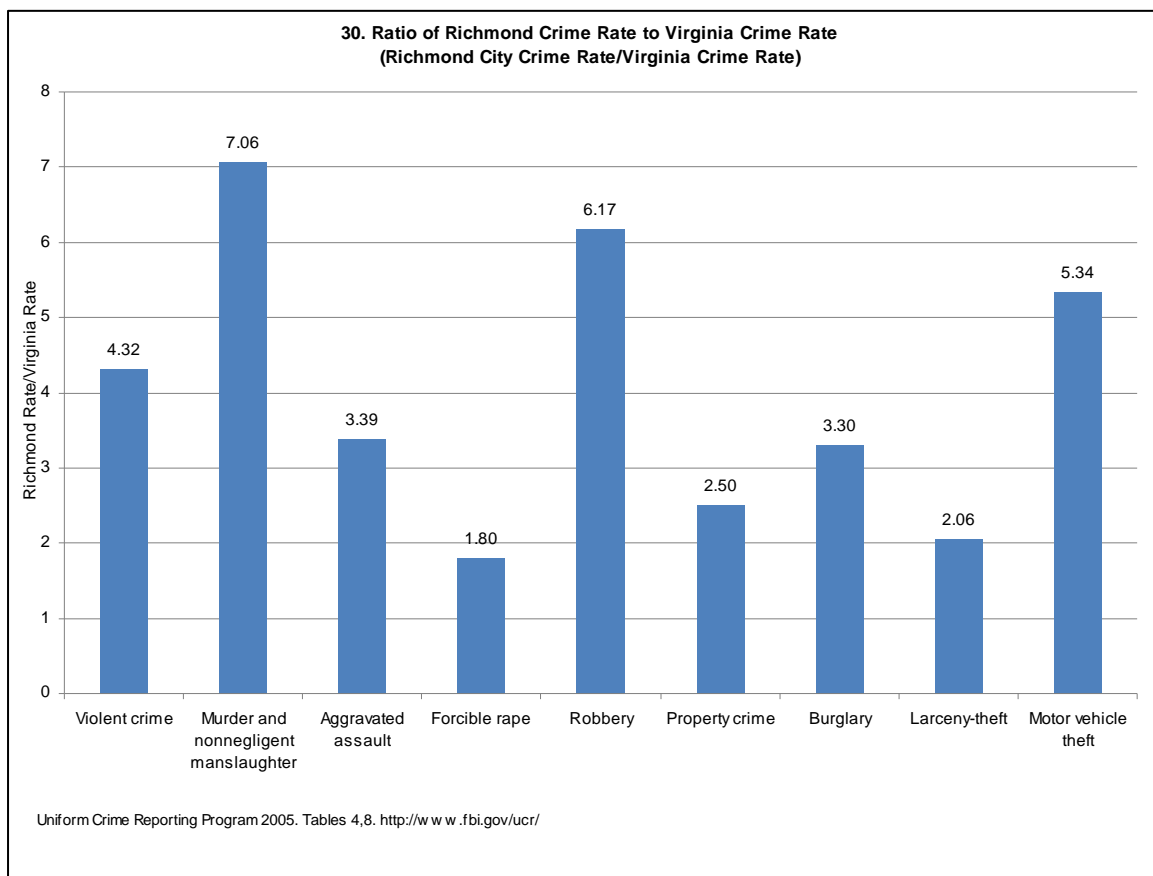
- 2003 Property offense arrest numbers were highest in the 26 to 40 year old age group with African American males demonstrating the highest numbers of arrests. Numbers were notably lower among females, but African American women accounted for the majority of arrests across all age groups. (See Graph 28, Appendix A.)
- Reports of serious school incidents and fights in 2006-2007 were highest in public schools on the Southside of Richmond across all school levels. (See Graph 29, Appendix A.)
- Data from the Richmond Ambulance Authority and VCU Emergency Department (ED) indicate higher numbers of youth violent incident transports and residence of youth ED patients in the northeastern, eastern and southeastern areas of Richmond (Masho and Bishop, 2007)



- Richmond Public School violent incident data show an increase in non-weapon related assaults and bullying against students across all school levels between the 2002-2003 and 2004-2005 school years. There are also drastic declines in fights across this same time period. Threats showed some increase in elementary and middle schools across this time period, but a decline in high schools. Weapons incidents varied across school level, decreasing in middle schools and increasing in high schools (Table 5 in Masho and Bishop, May, 2006).

	<i>2002-03</i>	<i>2003-04</i>	<i>2004-05</i>
	N Incidents	N Incidents	N Incidents
<b>Elementary Schools</b>			
Assaults against students, Weapon	3	3	5
Assaults against students, Non-Weapon	26	392	461
Bullying	224	195	308
Fights	1,266	928	172
Sexual Assault	54	62	56
Threats	34	128	121
Weapons Incidents	48	84	50
<b>Middle Schools</b>			
Assaults against students, Weapon	2	3	5
Assaults against students, Non-Weapon	15	410	359
Bullying	0	33	90
Fights	1,291	1,313	277

Sexual Assault	87	72	38
Threats	350	260	235
Weapons Incidents	45	44	35
<b>High Schools</b>	<b>N Incidents</b>	<b>N Incidents</b>	<b>N Incidents</b>
Assaults against students, Weapon	0	1	12
Assaults against students, Non-Weapon	3	132	194
Bullying	10	16	37
Fights	582	708	101
Sexual Assault	31	39	51
Threats	201	219	126
Weapons Incidents	40	49	55



- Although there have been crime decreases in several areas, the levels of crime in the City of Richmond, compared to the Virginia crime rate are consistently high, excepting domestic violence. (See Graph, 30).
- In 2004, Richmond had a homicide rate for youth 15-19 and for youth ages 20 to 14 approximately 7 times the national rate. The Richmond rate demonstrated some decline in 2005 (Masho and Bishop, 2007)

2004-2005 Homicide Rates per 100,000 (Masho and Bishop, 2007).

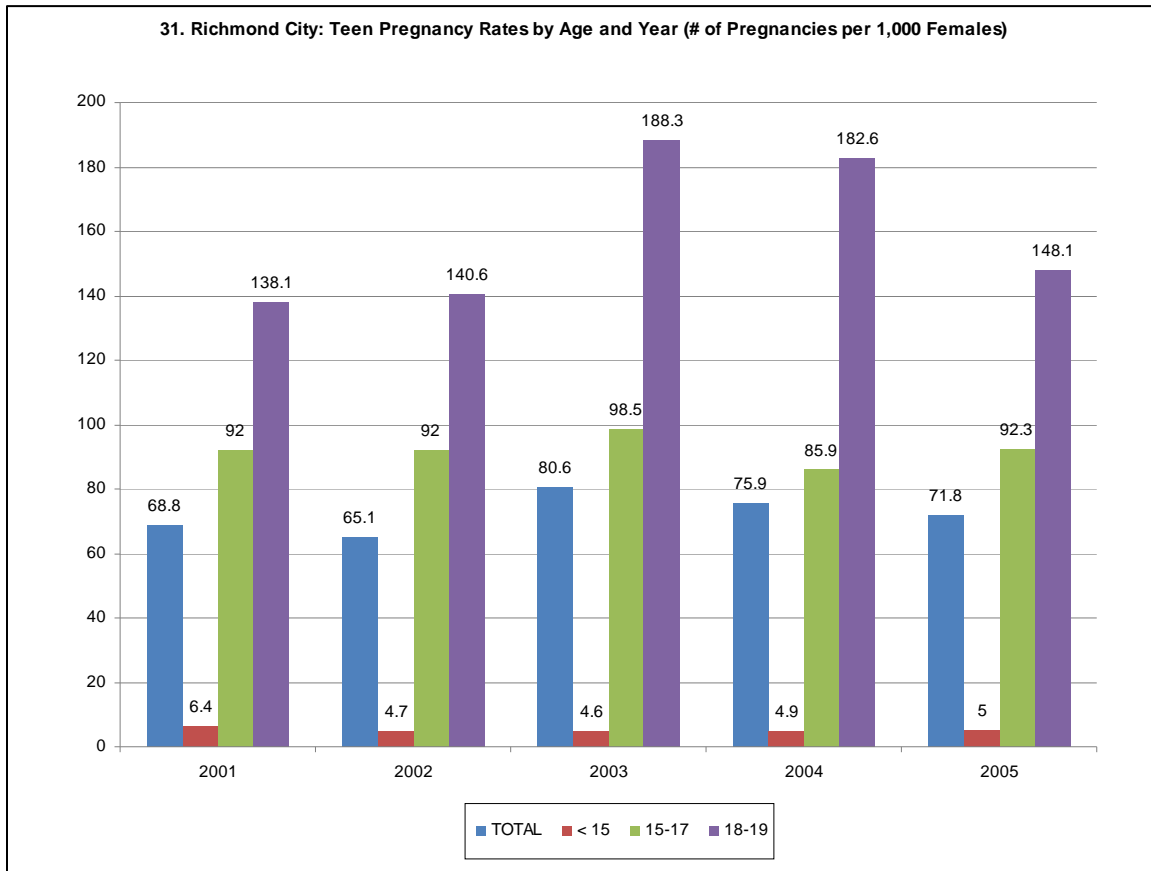
	15-19 U.S.	15-19 Richmond	20-24 U.S.	20-24 Richmond
2004 Rates	9.32	64.55	15.03	106.3
2005 Rates	N/A	56.49	N/A	120.40

Summary

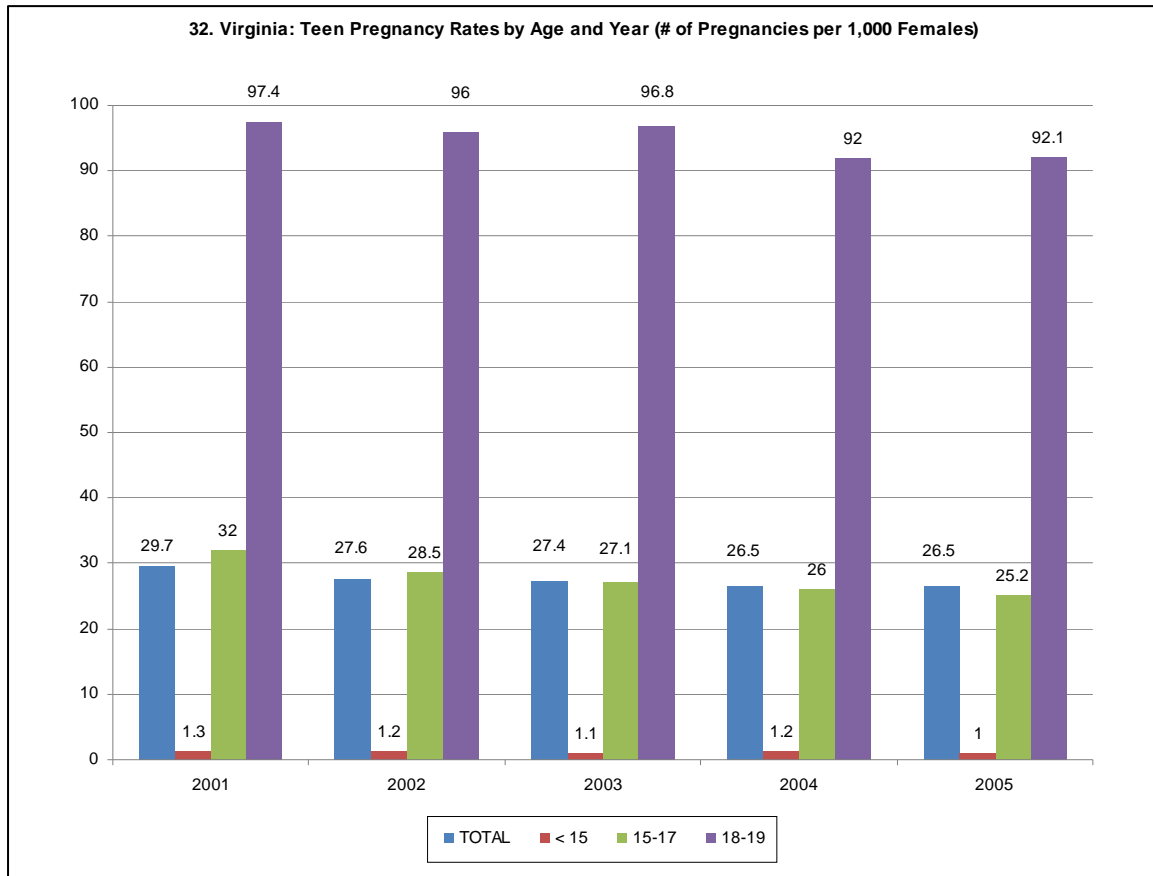
Violence crime in Richmond has demonstrated some recent declines. Males in the 26 to 40 year old age group account for the highest number of violent and property offense arrests and African American males and females represent the majority of these arrest numbers across age groups. European American males account for the largest percentage of domestic violence arrests in the 18 to 25 and 26 to 40 year old age groups. Murder rates have seen a decline in the city between 2005 and 2006 and youth homicides declined between 2004 and 2005. School-related violence patterns seem more variable. Geographic patterns appear to follow structural community inequities.

## VII. Key Findings: Sexual Health

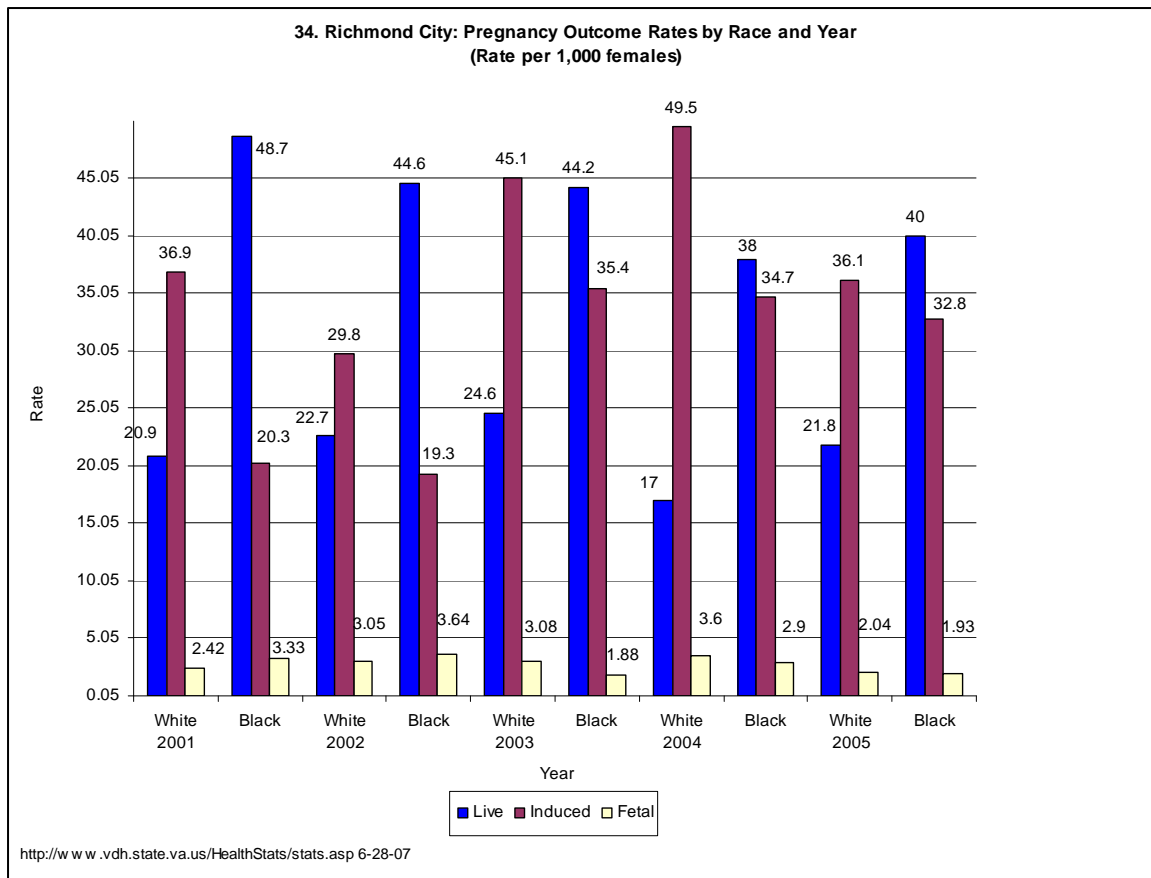
- Teen pregnancies have demonstrated an increase between 2001 and 2003 and some general decline through 2005. Pregnancies are highest in the 18-19 year old age groups and pregnancies in this age group account for almost 2/3rds of teen pregnancies. (See Graph 31).



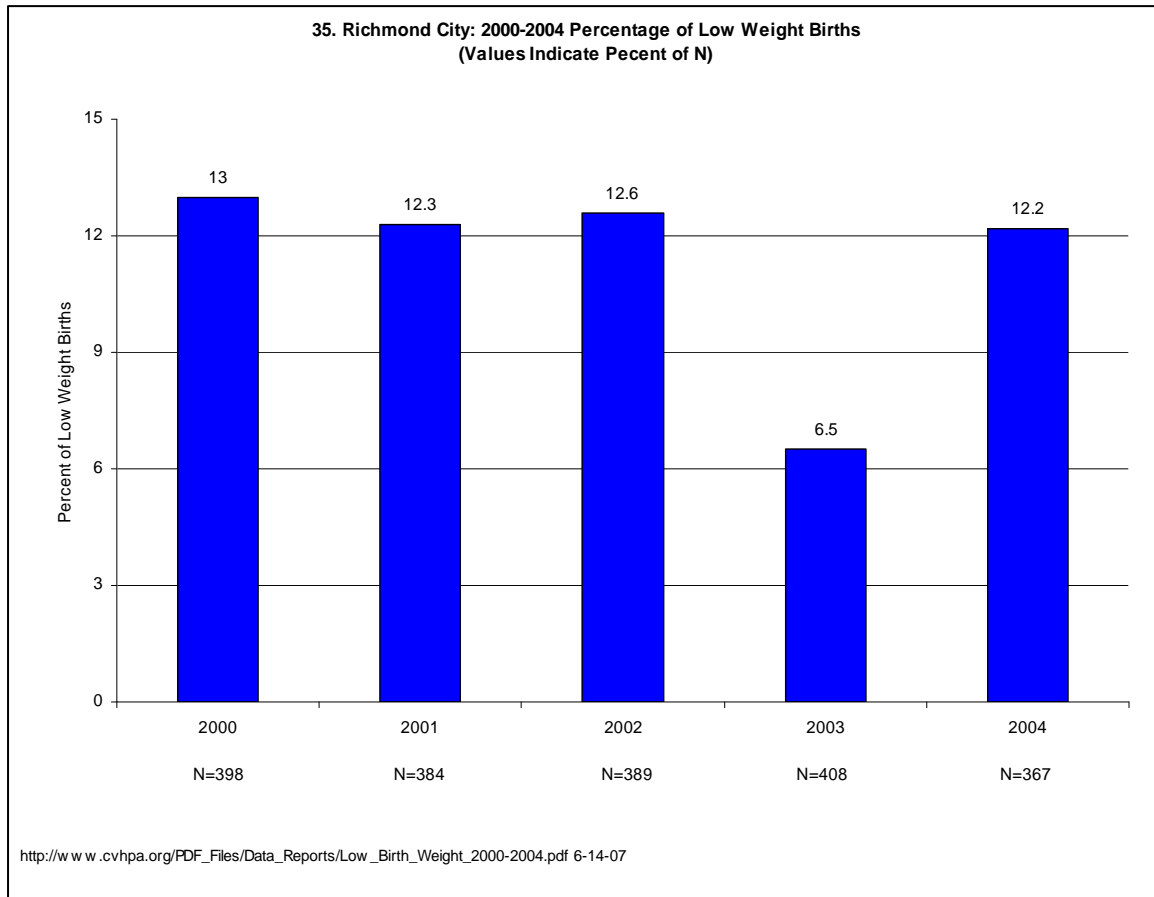
- In contrast to teen pregnancy rates in Richmond, total rates are less than half in the Commonwealth and rates in the 15-17 year old category in Richmond are triple the State level. (See Graph 32).



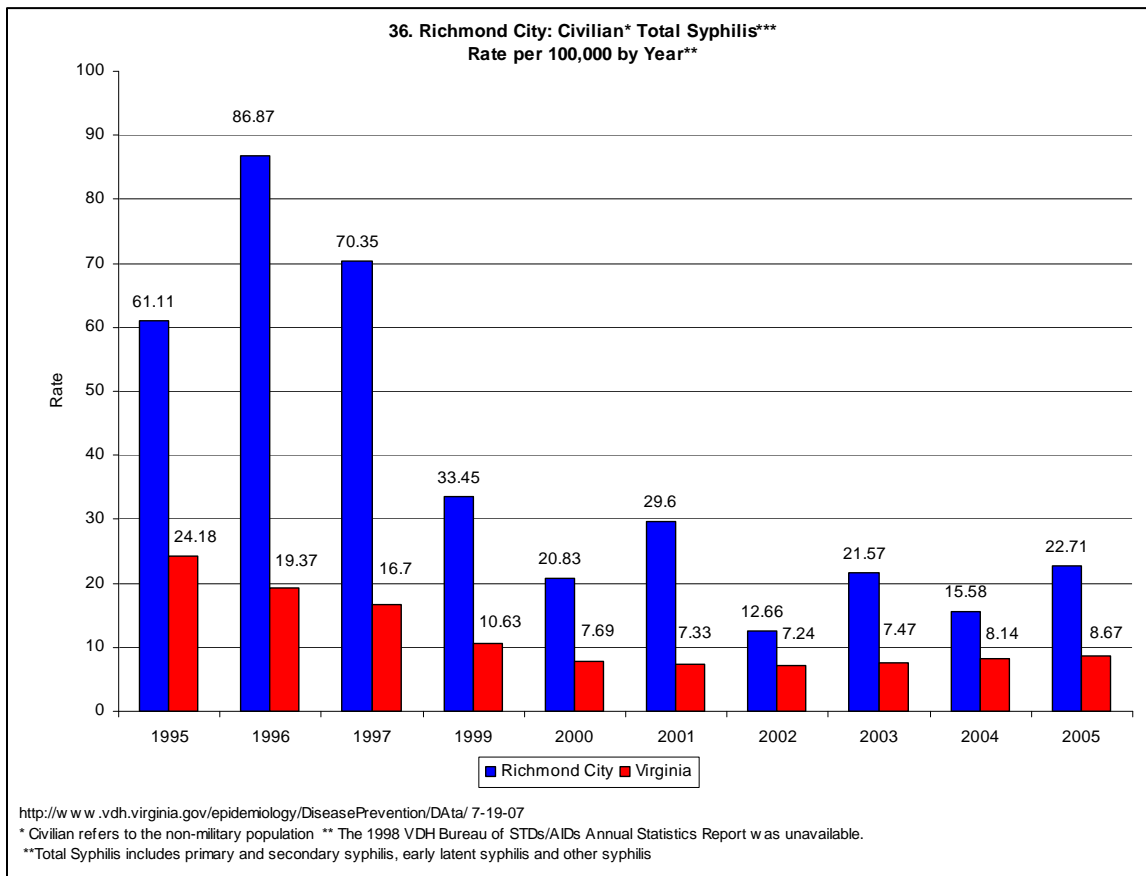
- Teen pregnancy rates examined by race demonstrated parallel increases and declines between 2001 and 2005 for both European (varying between a high of 72.8/thousand in 2003 and low of 55.6/thousand in 2002) and African American teens (varying between a high of 81.5/thousand in 2003 and a low of 72.4/thousand in 2001). (See Graph 33 in Appendix A.)



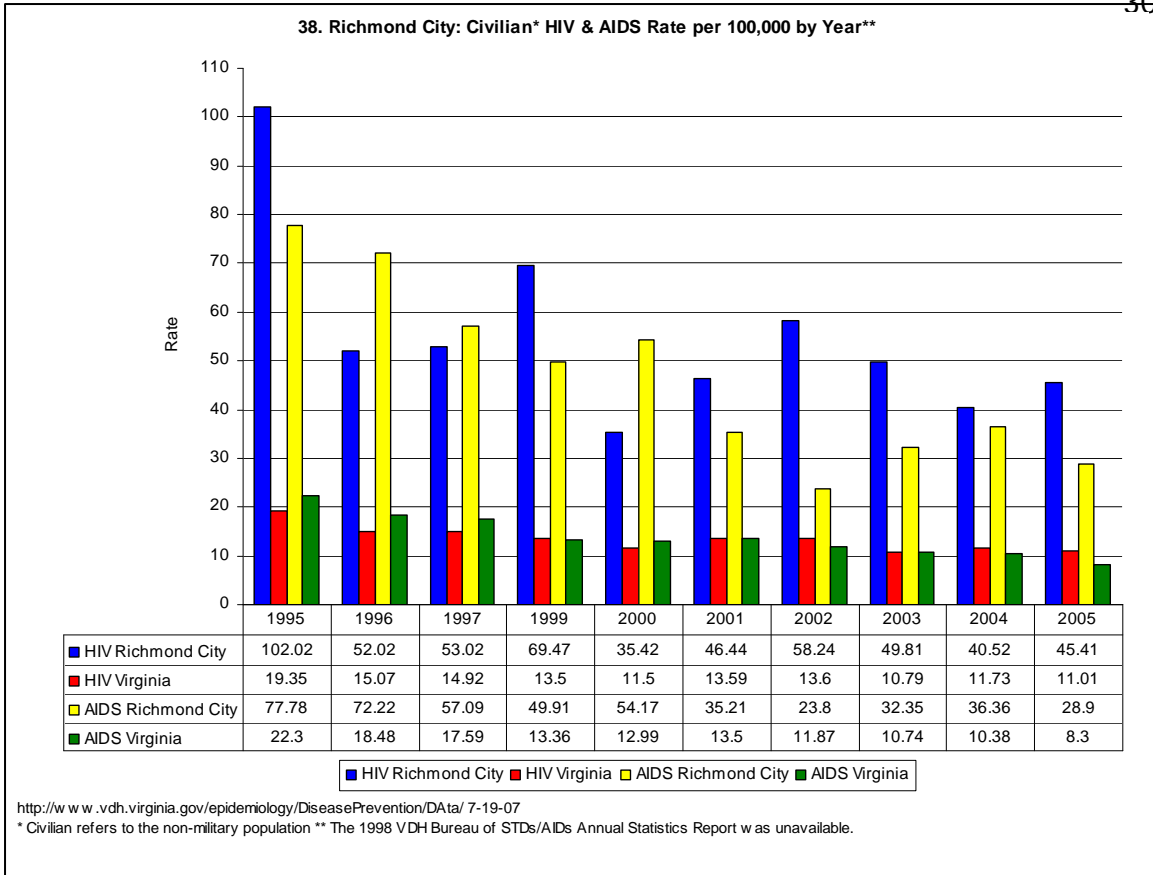
- Live births have shown a slight decline between 2001 and 2005 and induced terminations have demonstrated some variability, with increases between 2001 and 2004, followed by a decline in 2005. African Americans demonstrate higher rates of live births in comparison to European Americans who tend to have a somewhat higher rate of induced terminations. (See Graph 34).
- The percentage of infants born with low birth weights (LBW) has remained relatively stable in Richmond between 2000 and 2004 with one year of decline in 2003. It is notable that although there was a lower percentage of LWB in 2003, 2003 had the highest absolute number of LWB. (See Graph 35.)



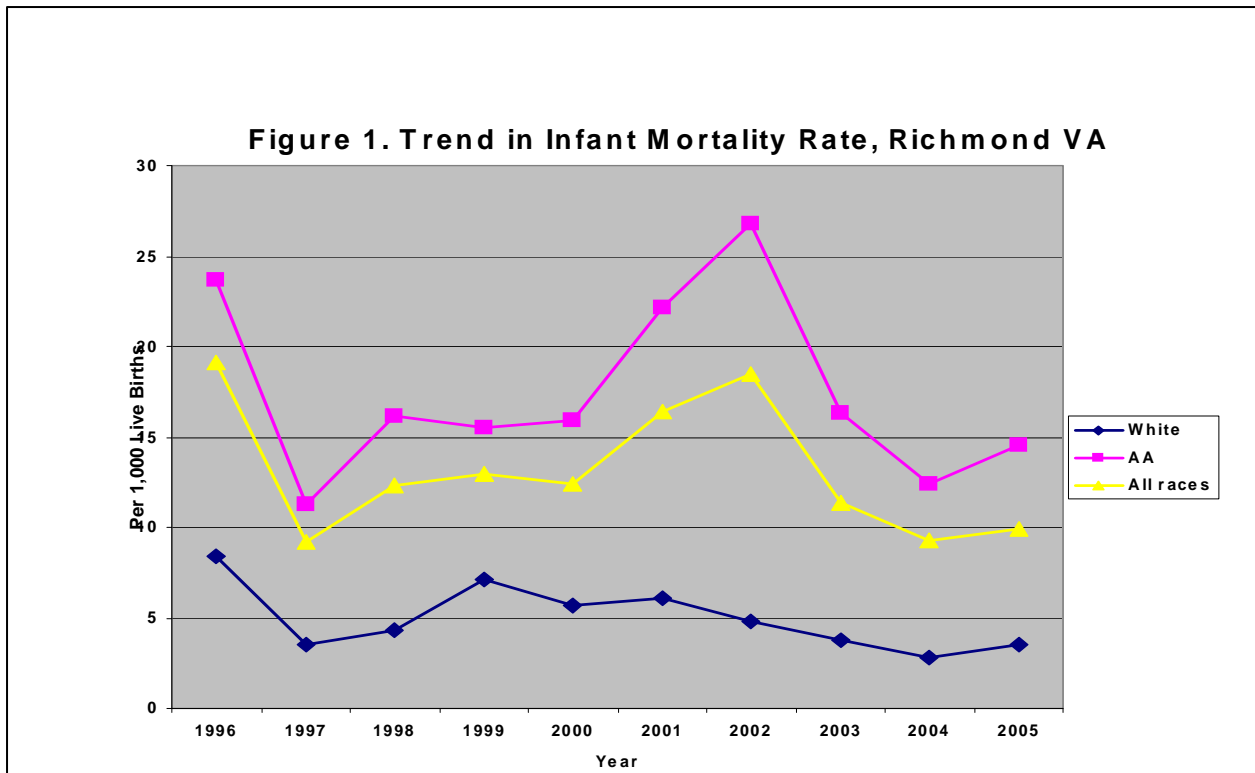
- Levels of Syphilis have declined notably in the City of Richmond since 1996, although there was a slight increase between 2004 and 2005. (See Graph 36.)



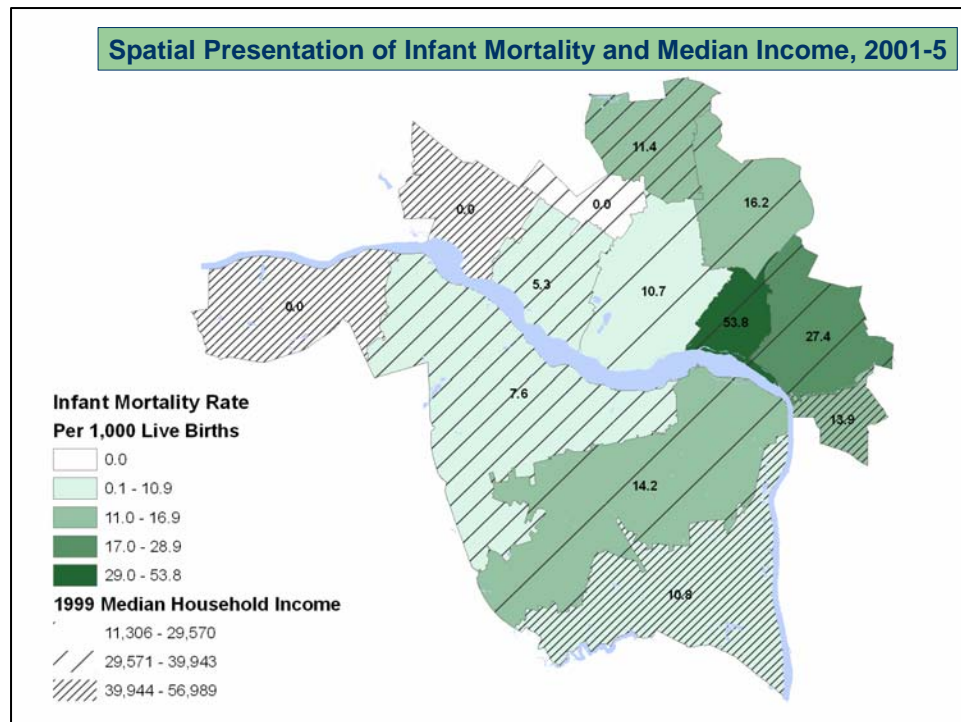
- There has been a persistent and alarmingly high rate of Chlamydia infection in the City of Richmond throughout the past 10 years. These rates remain more than three times the State level, which has shown increases since the late 1990's. (See Graph 37, Appendix A.)



- Rates of HIV and AIDS have shown a decline, both in the Commonwealth and in the City of Richmond, although Richmond's rates of HIV infection are four times the state level and AIDS rates are three times that of Virginia. (See Graph 38.)



- Highly relevant to the discussion of sexual health within the community, it is notable that Richmond has had a high and notably variable infant mortality rate over the past 10 years (Figure 1, Masho and Bishop, 2007). Richmond had an infant death rate of 13.2 per thousand in 2005. Virginia in contrast had a rate of 7.3 infant deaths per thousand in 2005 (VDH, 2007). The geographic distribution of risk for infant mortality parallels the distribution of community structural patterns and community-level challenges in the northern, eastern and southern sectors of the city (Masho, Chapman, Wenner, Rives, and Bradford, May, 2007).



### Summary

Teen pregnancies have demonstrated some moderate rise and fall between 2001 and 2005. Teen pregnancy rates are slightly higher among African American females and are notably higher than state levels. European American females demonstrate a somewhat higher rate of induced terminations and African American a higher rate of live births. Although there have been declines in STI rates overall in the City, Chlamydia rates remain persistently and alarmingly high and the City has notably high rates compared to state averages. Geographic patterns parallel structural community inequities.

## **VIII. Key Findings: Other Reports**

Several other available reports on community issues and comparisons to prior needs assessment reports can assist in informing our current perspectives on substance abuse, sexual health and violence issues.

### Central Virginia Health Planning Agency (CVHPA)

During 2005 and 2006, CVHPA conducted a community needs assessment examining a range of health prevention indicators. The needs assessment was based on 3000 telephone surveys focusing on Planning Districts 13 (Halifax, Mecklenburg, and Brunswick Counties), 14 (Buckingham, Prince Edward, Charlotte, Cumberland, Amelia, Nottoway, and Lunenburg Counties), 15 (Goochland County, Hanover, Powhatan, Chesterfield, Henrico Counties the City of Richmond, and New Kent and Charles City Counties) and 19 (Dinwiddie, Sussex, Surry, Greensville, Prince George Counties, and the Cities of Colonial Heights, Hopewell, Petersburg and Emporia). Results indicated that respondents from Richmond less frequently reported having 'good or excellent health' (74% in Richmond versus 81% for the broader region). Richmond residents also reported lower rates of health insurance coverage (87%) as compared with 92% overall for the central Virginia region. Richmond respondents indicated above average incidence rates of high blood pressure (45% compared with central Virginia region 37%) and non-gestational diabetes (19% in Richmond versus 12% for the region). The City respondents reported a relatively low incidence of using primary physician's office for health care (67% versus 79% in the region) and greater inability to receive needed healthcare (13% in Richmond versus 6% in region). The analysis suggests that in addition to violence, substance abuse and sexual health risks, Richmond residents may be at have more limited access to health care resources and may demonstrate specific areas of additional elevated health risks. For full presentation, see: [http://www.cvhpa.org/PDF\\_Files/2005-2006\\_CNA\\_Summary\\_Findings.pdf](http://www.cvhpa.org/PDF_Files/2005-2006_CNA_Summary_Findings.pdf).

### Latino Needs Assessment

A 2006 assessment conducted by Corona and colleagues describes needs articulated by the Richmond's growing Latino community. The report was based on an anonymous community survey conducted with 212 adults from the local Latino community, 15 interviews with leaders knowledgeable about the Richmond Latino community, and focus groups with 23 Latino parents and 6 male youth. The top five issues articulated by Latino community residents were worries about burglaries and thefts (79.7%); gang activity (78.1%); drug or alcohol problems (76.6%); discrimination and prejudice (74%); and vandalism or graffiti (71.4%). Community survey respondents also expressed notable concern or worry about adolescent pregnancy or sexually transmitted infections (66.3%) and behavioral problems at school or home (57.2%).

Focus group members and community leaders noted that youth engagement in risk behaviors within the local Latino community was an increasing problem. These respondents perceived that poor family relationships, increased exposure or access to illegal substances or weapons, and limited after-school resources contributed to these challenges. Transportation and language were described as barriers to accessing needed resources and attention was also drawn to challenges in connections to school, police,

the African American community and their children's loss of language and cultural assets. It is also notable that data underline the elevated substance abuse and teen pregnancy risks nationally among Hispanic populations (Corona et al, 2006).

#### United Way

In their 2006 Indicators of Community Strength report focusing on the Greater Richmond and Petersburg region, the United Way analysis underlines the higher levels of risk for residents in Richmond compared to most of the surrounding area, excepting the City of Petersburg. For example, Richmond has notably high level of child poverty (e.g., estimated at 26.6% in 2005 compared to the Commonwealth estimate of 13.3%) and the second highest rate of teen pregnancy for females age 10-19 in 2005 (71.8 per thousand, second only to Petersburg with 73 per thousand in contrast to a state rate of 26.5 per thousand). Richmond also demonstrated high percentage of births to single mother (61.2% in 2005 compared to 32.2% for Virginia). The City also had the highest percent of children with elevated lead levels in 2005 (2%, down from 6.4% in 2002) and followed only Petersburg in the region for the lowest percent of high school graduates with 2-to-4 year college plans (51% compared to 49% for Petersburg and 69% for the Commonwealth). The City demonstrates a decline in the percentage of older adults living in poverty between 2000 and 2005 (from 15.8% to 12.5%) but an increase in the percentage of seniors characterized as grandparent caregivers (up to 53.6% in 2005 from 45.7% in 2000). In addition there was a decline in the percentage of older adults reporting that they were in good or excellent health (declining from 69% in 2000 to 63% in 2005). Compared to other areas in the region, Richmond had relatively average juvenile violence crime arrest rates in 2005 (1.8 in 2005, down from 4.7 in 2000 and compared to a state average of 1.5 in 2000 and 1.7 in 2005). Founded child abuse rates also demonstrated a decline between 2000 (10.3 per thousand) and 2005 (5.2) in Richmond and in the state (5.6 in 2000 and 3.8 in 2005). The full report can be found at: <http://www.yourunitedway.org/NR/rdonlyres/3BF21FAB-0FC9-4CF9-AF30-02466D5B3CCB/943/IndicatorsofCommunityStrength2006.pdf>.

#### Juvenile Justice Services

The 2005 Annual Report for the City of Richmond's Juvenile Justice Services indicated that average number of youth in detention decreased from a daily average of 77.7 youth each day in fiscal year 2002 to 63 youth per day in fiscal year 2005. In addition, detention admissions declined by 30% since FY02 (1219 total youth detained to 849 youth). There was a slight increase in the recidivism rate (i.e., reconviction rate within 12 months of service end date), between 2003 (34%) and 2004 (37%). In 2005, 96.97% of the youth referred for services were Black, 1.78% were White, 0.92% were Hispanic, 0.12% were Asian or Pacific Islander, and 0.25% were listed as Other. Status offenses accounted for 20% of all charges associated with placement; this was followed by Assault (19%), Larceny (9%), and Narcotics (8%) charges. Students who attend five area schools, Armstrong, George Wythe, Adult Career Development, Capitol City Program Alternative, and John Marshall account for almost half (49%) of all Juvenile Justice service referrals.

Similarly, data from juvenile courts reflects a decline in domestic relations and child welfare cases between 2004 and 2006. There were also parallel declines in felony complaints seen by the courts, and an increase and then decline in Class 1 misdemeanors across the same time period.

<b>Domestic Relations</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
DR/Child Welfare	1204	1191	975
<b>Juvenile Complaints</b>			
Felony	1204	1191	975
Class 1 Misdemeanor	1444	1841	1233
Call 2-4 Misdemeanor	296	294	205
CHINS	194	204	211
Other			
Technical Violations	318	321	295
Traffic	10	12	12
Other	19	25	47
<b>Total Complaints</b>	<b>7036</b>	<b>7662</b>	<b>5846</b>

<http://www.djj.state.va.us/mounts/research/Richmond%20CSU.pdf>

#### Homeward

In their January, 2007 annual point in time assessment of individuals experiencing homelessness in the greater Richmond area, Homeward, a coalition of regional homeless service providers, indicates the following:

- The majority (69.6%) [of assessment respondents] served some time in jail and/or prison. Of those serving time in jail and/or prison, 61.2% reported having felony convictions and 32.4% reported being homeless before incarceration.
- 35.8% experienced domestic violence in their lifetime. Of those experiencing domestic violence, 9.5% had experienced it in the past month and 39.8% had experienced it in the past year.
- 46.9% report having a problem with alcohol sometime in their lifetime. Of those reporting a problem with alcohol, 79.7% are currently in recovery.
- 54.4% report having a problem with substance abuse sometime in their lifetime. Of those reporting a problem, 79.7% are currently in recovery.
- 32.9% report having a mental health problem sometime in their lifetime. Of these, 66.8% stayed in a hospital overnight for psychiatric care and 63.8% are currently being treated for mental illness.
- 24.6% report having a long-term disability.

For the full snapshot on the assessment, see:

[http://www.homewardva.org/pdf/2007\\_PIT\\_Snapshot.pdf](http://www.homewardva.org/pdf/2007_PIT_Snapshot.pdf).

### Mayors Vision 2020

With the transition to the strong mayor model of government, a review of human services portfolio in the City of Richmond was conducted to inform City policy and priorities. The analysis examined a wide range of City and State data and noted consistent patterns in the elevated indication of challenges and risks for the City across a wide variety of indicators. For example, in 2003, the Commonwealth had rates of Chlamydia of 290 per one hundred thousand compared to 1208 in Richmond, and double the state rate of infant mortality (7.6 versus 14.3 per 1000). Similarly the City fared worse relative to non-marital births, with 82.1% of births occurring outside of marriage compared to 30.5% for the Commonwealth.

Based on this analysis and subsequent work of the Mayor's Office and the Deputy Chief Administrative Officer (CAO) for Human Services, focal initiatives within the human services arena were articulated to address these concerns. The focus areas include Truancy Reduction, Early Care and Parent/Caretaker Education, Child and Adolescent Health, Mayor's Schools for Success, At Risk Male Intervention and Support, Homelessness, Well-Being of Seniors, and Accountability and Efficiency. For the full report, see: <http://www.richmondgov.com/getblobD.asp?BlobID=A0600060C>

### Greater Richmond Area Child & Youth Needs and Assets Assessment [Community Foundation (CF) Serving Greater Richmond & Central Virginia and Central Virginia Health Planning Agency (CVHPA)]

Utilizing an extensive review of indicator data, an examination of inpatient discharge data, information from their winter 2005/06 household level community health needs survey, an on-line survey of organizations serving children and adolescents, and key informant interviews, CVHPA completed a needs assessment focusing on the health and human service needs of children and youth in Planning District 15 which includes the City of Richmond and the seven surrounding counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent and Powhatan.

In considering select issues specific to Richmond from their regional and state comparison, CVHPA notes that:

- Almost 60% of Richmond's children live in single parent households.
- One in four children of Richmond live in households at or below 100% of the Federal Poverty Level (FPL).
- The City has the highest unemployment rate in PD 15 with 4.5% and the highest number of TANF recipients.
- Has the highest number and rate of teenage births of any locality in the area.
- Richmond has three times the state rate relative to the number of children in foster care.
- Has the highest percentage (26%) of households reporting that they did not receive needed mental health services.

For the full report, see:

<http://www.tcrichmond.org/newsarticle.cfm?articleid=10008862&PTSidebarOptID=963>

[5&returnTo=index.cfm&returntoname=Home&SiteID=49&pageid=2481&sidepageid=2481&thetitle=NEW%20%2D%202007%20Richmond%20Area%20Youth%20Needs%20Assessment%20%2D%20Full%20Report&banner1img=banner\\_1H.JPG&banner2img=banner\\_2H.JPG&bannerbg=banner\\_bg\\_h.jpg&siteURL=http%3A%2F%2Fwww%2Etcfrichmond%2Eorg](http://www.cfrichmond.org/5&returnTo=index.cfm&returntoname=Home&SiteID=49&pageid=2481&sidepageid=2481&thetitle=NEW%20%2D%202007%20Richmond%20Area%20Youth%20Needs%20Assessment%20%2D%20Full%20Report&banner1img=banner_1H.JPG&banner2img=banner_2H.JPG&bannerbg=banner_bg_h.jpg&siteURL=http%3A%2F%2Fwww%2Etcfrichmond%2Eorg)

#### Prior Prevention Needs Assessment Reports

In 2001, a needs assessment report from the Center for the Study and Prevention of Youth Violence, noted that youth and adults both indicated a sense of hopelessness that things will change for the better relative to youth violence. Violence was seen to be associated with the need for self-protection and youth's feelings of low self-esteem and challenges of troubled homes. Adults noted youth's lack of social-emotional competence, as well as the contributions of limited parental involvement, child abuse and family conflict, poor parental communication, substance abuse and mental health concerns.

Challenges in the school context included the perception of discrimination and negative peer factors (e.g., peer pressure and the spreading of rumors). Schools were also criticized for narrow academic focus and taking a reactive versus proactive stance. At some level, the broader community was described as 'Toxic,' supported by the presence of risks such as guns.

Among challenges articulated in responding to these challenges were perceived service gaps and limited service coordination. Solutions included individual responsibility and community involvement, and efforts to improve family communication. In general there was the perceived need to increase adult resources, to improve school-family relationships, and links to services. There was also the need to increase youth opportunities and programming, enhance police involvement, strengthen connections to and between services, and improve the integration of services.

In a subsequent prevention needs assessment conducted by Belgrave and colleagues (2004) for Friends of Prevention, structural factors were noted that underlie youth risk including community-level poverty, high levels of crime and substance use, as well as a lack of community support. The report described a high number of youth not residing with parents as well as high percentages of dropouts and negative sexual risk outcomes compared to state levels.

The Belgrave et al. report noted declines in violence between the late 1990's and 2000, but noted that these rates still remained high compared to the Commonwealth.

Protective assets at the community level included volunteer engagement, the presence of youth sports and other organized youth development opportunities. The authors noted the implementation of many programs in the schools to improve self-esteem and values. The report also underlined the importance of parents and adult support, which was actively sought from youth and their desire for additional activities and opportunities for employment and success.

Specific needs which emerged from the report included services for parents including parenting, life skills, job training and placement and childcare. There was also the need for adults broadly to serve as resources for youth, a directory of available youth services, increased collaboration, transportation and opportunities for youth input into services and programs.

The community planning process which followed the 2004 needs assessment further noted the lack of information on resources and services for youth including the need to better understand the extent of existing capacity, especially relative to services for older teens. The report also echoed that there were few opportunities for youth input and voice, and added that advocacy on the behalf of youth was notably limited. Parents, schools and media were emphasized as important resources, but required capacity building. It was also noted that youth survey data were lacking, and that interventions are needed that support safe neighborhoods.

## **IX. Key Findings: Focus Groups Qualitative Analysis**

Focus groups were conducted with 49 youth from the City of Richmond, 25 service providers and five community adults. Full results are presented in Appendix C.

- Broadly, focus group participants perceived local challenges as grounded in notable community inequities and reflected in a range of structural issues (e.g., unemployment, high school dropout). Difficulties were also linked to challenges in multiple systems including local government, healthcare system, educational systems and the family. Community distrust of government, educational system focus on SOLs, one size fits all approaches to learning, and limited focus on at risk or troubled students, and classism and lack of respect among healthcare providers were examples of challenges noted for the different systems.
- Youth, providers and community adults all discussed a lack of knowledge about risk issues and relevant community resources. Information was seen as key.
- Focus group participants described challenges for youth in accessing in supportive but appropriately bounded relationships with adults. Comments from one youth group reflected a deep sense of helpless, hopeless and disconnection –a sense that nothing could or should be done. ‘Just leave us alone’ was the overarching message from the group. Parents were described both as being part of the solution and part of the problem. They were seen as effective resources in reducing youth voice risk through monitoring but were also seen as sometimes socializing youth to be violent. Participants discussed parental denial and fear of conversations with youth about sex. Overall, the discussions contrasted a portrait of adult apathy and lack of involvement with youth’s need for mentors, role models and adult guidance.
- Similar to the description of adult resources, the Mass Media was perceived, especially by youth, as having both negative and positive potential. Youth articulated that adults provide mixed messages and ‘censor the wrong thing,’ that is, adults do not give them information on resources and contraception, but these same youth are exposed to highly stimulating and explicit media. Celebrities were seen as a potential resource in prevention activities.
- Youth and service providers noted many strong community programs and youth serving organizations as being successful in reducing risk for youth, especially for issues of sexual health and youth violence. The impact and potential effectiveness of these resources may be limited because of access challenges (e.g., transportation) and limited monitoring and follow up with program participants. The lack of continuity and ongoing support was noted in relation to participation in individual programming.
- The easy availability and access of drugs within the community was broadly noted. Discussions reflected the involvement of individuals in the community with drug sales and use as well as the widespread location of liquor stores.

- Discussions noted the increasing risk for middle school students, especially related to issues of violence, and the lack of developmentally appropriate sexual health information for younger teens and children. Participants noted that sexual risk information dissemination is focused on high school, perceived as being somewhat late, and that students have notable misinformation. It is noteworthy that many available programs delivered in the public schools that directly address sexual health risk require parents to 'opt' their children in as opposed to opt students out.
- Some youth perceived problems with contraception use (e.g., perceptions that contraception was largely ineffective) and the content of some youth responses raised questions as to their access to accurate information on contraception and sexual health.
- Service providers noted inadequate program funding and an intervention focus as opposed to prevention focus for resources and programs.
- Youth discussed territorial beefs and their discussion underlined the association between ATOD issues in the community and violence.
- Cultural diversity, pluralism and widely varying values seemed to support a lack of common vision in the community. This may be especially true relative to issues of sexual health where the conversation ranged from noting the stigma experienced in seeking services and resources, high rates of premarital sex, to the need to support abstinence and the perception among some youth that contraceptives are not effective.

### Summary

Community inequities and access to information were key issues raised by participants. Youth, service providers and community adult comments reflected a sense that many adults had failed in serving as effective resources and role models for youth. This sense of failure extended to parents, teachers and community leaders. While youth described limitations in access to employment and recreational opportunities, they were able to list some community settings that served as resources and supports for youth. Service provider and community adult groups similarly reflected the difficulty for youth accessing healthy bounded relationships with supportive and nurturing adults. Media, easy community access and turf conflicts support risk while developmentally appropriate and widely accessible programming and service were noted as needed resources. Although there are available effective resources, broad access to services across the City appears to be a challenge.

**XI: Key Points, Implications and Recommendations**

- There are multiple prevention needs facing the City of Richmond and these needs cross ethnic, racial and geographical boundaries. There is cause for broad concern across the community and need for broad investment in prevention efforts.
- Prevention efforts need to give attention to creating a common vision for prevention goals and strategies and community-level change that gives priority to prevention and allocates resources accordingly. These efforts should attend to dissemination of information about issues, available resources and solutions.
- Access to information is critical. Youth need greater access to information about sexual health resources, life skills, and positive developmental opportunities. More attention to making information about services and resources readily available to all community residents is also important. There has been a repeated and consistent call for opportunities for youth and better infrastructure to support parent, youth, community and service provider access to knowledge of youth opportunities. Whether supporting community knowledge and use of 211 or examining potential barriers to its use, supporting emerging opportunities such as the Partnership for Out of School Time (POST), or strengthening connections with sector policing and Communities In Schools, there is a clear need for comprehensive and coordinated youth-relevant information resources. In addition, because of the lack of such a resource and related analyses, it is difficult to determine the extent of available capacity; however, youth continue to articulate significant need.
- Prevention efforts need to utilize a holistic approach to prevention and change that considers family and community influences. This may involve utilizing a multigenerational approach to prevention and efforts to reduce current easy access to alcohol, tobacco and drugs in neighborhoods. Prevention efforts need to consider the importance of increasing availability and access to resources/services, especially in low-income communities, in schools and to support families. Coordinated services and collaboration are strongly encouraged. These efforts must respectfully involve families and the community in change efforts.
- Children and youth need positive adult role models that care, give time and acceptance. There is need for more attention to improving positive communication in families. Prevention programming and capacity building is needed that supports adults, whether parents, teachers or service providers in serving as effective resources for youth. Communication skills, knowledge and capacity of adults to be effective resources and supports for youth are key.
- Youth need legitimate ways to meet their needs – jobs, after school activities, and opportunities to succeed. Developmentally staged interventions and assets are needed. Simply preventing or delaying pregnancy without supporting effective transitions and successful pathways to adulthood provides only a partial

- response. If one is not to begin the transition to adulthood with parenting, then healthy alternative pathways must be provided. These are most often education and employment based.
- Youth need realistic prevention programming. They request support in responding to violence risk beyond just the words, 'just walk away.' Programming targeting adolescent sexual health should address the realities of youth experiences. Prevention programming, policy and curricula should address the realities of the context as reflected in indicator and other data.
  - Youth need information targeted to them – using relevant and engaging language, music, and role models. Programming should support and take advantage of technology and media possibly utilizing strategies to increase critical media consciousness or use of programs such as 'Ydoyouthink' campaign (<http://www.ydoyouthink.com/>).
  - There is the need for attention to factors relevant to the prevention and service needs of homeless and Latino residents. In addition, examining the linkage of prevention services to courts systems and special education populations may be warranted.
  - In the development and completion of this report, it is important to note the value of resources such as GOSAP, CVHPA, the City Health Department, the Department of Juvenile Justice and DataShare. It also remains notable that there are limitations in available data for the City of Richmond. The State of Virginia is one of seven that do not participate in the Centers for Disease Control's Youth Risk Behavior Survey (YRBS) and this limits the locality's access to data, although other Virginia localities are either using the YRBS or similar youth risk surveys.
  - The consistency between the current report and the earlier 2001 and 2004 needs assessments as well as more recent Latino needs assessment, and the Mayor's 2020 vision is striking. Although there have been improvements in several areas over time, especially with respect to violent crime, sexual health risk in the City remains critically high. This is reflected in high rates of teen pregnancy, low birth weight babies, high rates of sexually transmitted infections, and infant mortality. This area is especially in need of attention as early and ineffective early parenting serves as a risk factor for violence and substance abuse and supports intergenerational poverty and related challenges. In addition, although there have been laudable increases in some areas of student academic performance which serves as an important protective factors, there are continuing concerns with respect to school-related violence and levels of dropout that warrant ongoing attention. There are significant resources and analyses available to support and assist in youth violence reduction efforts (See Dunn, 2006).
  - The coordinated involvement of government, education, health, economic and community systems is crucial. There is the need to address underlying structural issues of social class and racial inequities in service and community systems. Most prevention needs vary geographically and disproportionately affect

communities characterized by structural inequities. Although poverty presents a notable risk for most negative outcomes, risk alone does not ensure a negative outcome. In the face of risk, protective factors become increasingly important. It is notable that the variability of risks and assets within the City of Richmond and across the region suggest the proximity of considerable assets to the individuals, neighborhoods and communities facing higher levels of risk. In several regional comparisons, the City of Richmond does not fare as poorly as other rural and urban areas within the region. This may be due in part to the higher relative availability of community resources, although these may vary across City neighborhoods. Accessing, activating, and effectively targeting these assets are critical to support continued reduction of community risk and improved outcomes. Addressing poverty and other core structural risk factors will be important in achieving long-term community level change. This may implicate the increased need for attention to youth-relevant community infrastructure, housing policy, improved educational, vocational and employment interventions as well as barriers to service and other resource access (e.g., transportation).

The current examination prompts a series of critical questions that are relevant to groups such as Friends of Prevention and other advocates of prevention. The City of Richmond, as described in the recent Crupi report (<http://media.gatewayva.com/photos/rtd/20071119/crupireport.pdf>), is situated within a regional context that is relevant to its past, its present and its future. It is within this context that Friends of Prevention and other public and nonprofit entities operate to support positive change for children, youth, adults, seniors and their families. It is important that prevention efforts and work be viewed within this broader context and within the range of critical issues and factors that shape and influence Richmond and the region. Where does prevention fit in the context of local and regional priorities? How will advocates work to connect prevention to broader community change efforts?

From a developmental perspective there are a range of significant efforts that target individual developmental periods and target populations. This would include efforts such as the recent regional conference on infant mortality, the work of the Early Childhood Development Coalition, the Partnership for Out of School Time, and Senior Connections. Unfortunately, the linkages among these efforts appear weak at best. Local prevention efforts may benefit from supporting the structural bridges among these efforts that might be integrated to form a stronger life course perspective. Such an integrated vision might target and coordinate efforts across the life course and make prevention, intervention and quality service supports for transitions across these developmental periods explicit. Such efforts might involve a focus on:

- Early identification linkages and efforts targeting and health care providers;
- Continued work with child care providers for strengthening services, but also for supporting preventive skills interventions;
- Targeting school for prevention services for teens especially for issues of school-related violence and sexual health;
- Strengthening the utilization of the knowledge and wisdom of seniors as a resource for children, youth and the community.

Considering the level of challenge and the notable need for intervention services, the area is likely to experience the well-known tension between intervention and prevention programming and resources. In addition, the traditional skills and individual focus of most preventive programs may warrant expansion considering that that data and interviews strongly suggest that the challenges are family and neighborhood-level and often involve intergenerational risk. Considering the notably structural challenges in the community, it may also be important for us to consider our prevention efforts relative to what alternative outcomes. If we delay a pregnancy, reduce risk for substance use, or deter a violent act, have we necessarily promoted a positive life outcome? An increasing integrated focus on wellness, health promotion and positive outcomes may be useful. The future strategic actions of FOP should consider proactive means of reducing risk, strengthening protective factors, but also promoting the adaptation, well-being and positive development of Richmond residents.

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Appendices