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# *Greater Richmond Area Child & Youth Needs and Assets Assessment*

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**Prepared for:**



**THE COMMUNITY FOUNDATION**

Serving Richmond & Central Virginia

**July 2007**



**The Central Virginia Health Planning Agency**

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# GREATER RICHMOND AREA CHILD AND YOUTH NEEDS AND ASSETS ASSESSMENT

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## EXECUTIVE SUMMARY

In December 2006, *The Community Foundation: Serving Richmond & Central Virginia* (TCF) contracted with the Central Virginia Health Planning Agency (CVHPA) to conduct a community needs and assets assessment focusing on health and human services in Planning District 15 (the greater Richmond area) for children and youth ages birth to 19 years. The “greater Richmond area” includes Richmond City and the seven surrounding counties (the counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, and Powhatan).

### DEMOGRAPHIC DATA

In 2006, there were more than 250,000 children and adolescents residing in the greater Richmond area. From 2000 to 2006, both PD 15’s and Virginia’s total child and youth population increased, with Virginia having a greater increase than the Richmond area (5.2% versus 4.1%), slightly below the increase in Virginia’s total population. Of note, over the next five years, PD 15’s youth population is projected to grow at less than half of Virginia’s rate of increase (0.8% compared to 2.1%). Together Chesterfield and Henrico counties are the home to almost two-thirds of all the children and youth in the greater Richmond area. While Chesterfield is expected to lose young people, Henrico is expected to have the largest number increase and the third largest percentage increase in children and youth over the next five years.

The Richmond area has a greater percentage of black children and adolescents than Virginia (34.0% compared to 24.3%), but only about 60% of Virginia’s representation of non-black/non-white children and youth (3.2% in PD 15). While Richmond has the highest percentage (70.0%) of black young people, Hanover has the highest percentage (88.2%) of white children and adolescents. Charles City has the highest percentage (6.2%) of the non-white/non-black (“other”) young population, reflecting the relatively large representation of American Indians in its community. Henrico’s large percentage of immigrant population is reflected in its relatively large “other” population (5.3%). PD 15’s percentage of documented Hispanic children and youth is almost half of Virginia’s percentage (4.0% compared to 7.6%). Chesterfield has the highest percentage of the Hispanic population in the area.

In 2006, PD 15 as compared to Virginia has: 1) a lower percentage of the 0-4 age group; 2) an almost identical percentage of the 5-9 age group; and 3) a higher percentage of the 10-14 and 15-19 age groups. Adolescents are projected to have an even greater relative representation in the greater Richmond area in the next five years, when compared to the State.

The greater Richmond area has a higher percentage of single parents than Virginia, 30% compared to 27%. More than one of every two parents in Richmond City is a single parent, while in Charles City and Henrico, almost one of every three parents is single. While Powhatan has the lowest percentage of single parents, all of the area’s localities have at least one in six households being headed by a single parent.

## **SOCIO-ECONOMIC INDICATORS**

With the exception of the City of Richmond, with a median income of less than 60% of the area average, and to a lesser extent Charles City County, the greater Richmond area (PD15) is more affluent than the State average, with a median household income of \$56,073 in 2004. There is income disparity between localities with one in four children (0-17 years) in Richmond City living in households at or below **100% of the Federal Poverty Level (FPL)**. All other localities have a lower percentage of children in poverty than either the area or state percentage of 11%. Of concern is that while the growth in the median household income in P.D. 15 has exceeded the state average, the area's increase in the percentage of individuals and children in poverty has almost doubled the state percent growth.

Overall, the area has a low unemployment rate (3%) but the number of people unemployed (15,643) in 2006 is almost double the number unemployed in 2000. Richmond City, followed by Charles City, has the highest unemployment rate in the area. All other localities have rates below Virginia's unemployment rate. Perhaps as a result of higher unemployment rates, Richmond City and Charles City County have higher participation rates in many social services programs while the area's rate relative to the State varies by program.

PD 15's 2006 percentage of students approved for free/reduced price school lunches was lower than Virginia's 2006 percentage (29.5% versus 33.3%), even though the area's child poverty rate is the same as the State's rate. From 1997 to 2006, PD 15's percentage of students approved for free or reduced price lunches has increased from 27.1% to 29.5% of all students while Virginia's percentages has increased by only about one percentage point. The percentage of students receiving free/reduced price lunches varies by locality, ranging from 12.2% in Powhatan to 74.0% in Richmond, and within school districts.

## **EDUCATION-RELATED INDICATORS**

Most schools within the greater Richmond area have experienced an improving trend or no significant change in their Standards of Learning (SOL) pass rate percentages over the last five years; however, the region generally shows slightly less favorable SOL trends than the State trends. While many of the poorer performing schools are clustered in the urban core of Richmond, Henrico, and Chesterfield, many of the rural areas are also impacted. Relative to the need for early intervention reading services, the Richmond area had about one in five kindergarten students identified as needing early intervention based on the PALS-K assessment, almost exactly the same as the State's percentage.

In the 2006 school year, 15.5% of all students in the greater Richmond area received special education services, slightly higher than the State percentage of 14.4% of students. In all school systems, the greatest disability was a "specific learning" disability, representing almost 6% of all students. According to 2000 Census data, the area's disability rate is higher for both children and older adolescents than the Virginia rate. For both the area and the state, the greatest childhood disability is mental disability, with physical and sensory disabilities being very similar in frequency, and then self-care disability.

The percentage of LEP (Limited English Proficiency) students in the greater Richmond area has more than tripled over the last decade, growing to 3.2% of the student population in 2006. While this is half of the Virginia representation (6.4%), these students often have significant needs and represent a cultural shift in many communities.

## **HEALTH-RELATED INDICATORS**

The 2005 overall youth inpatient discharge rate for PD 15 (37.42) is 23% higher than Virginia's discharge rate (30.41). A higher discharge rate can indicate inadequate primary care to prevent hospitalization, greater levels of violence, accidents, and/or conditions that require hospitalization, and/or health care providers that utilize inpatient services at higher rates due to practice patterns and/or greater patient needs. This higher discharge rate is seen regardless of gender, race, or age, indicating systemic differences in the area when compared to the state. The area's higher discharge rates are seen among several areas in Richmond's center and south side, as well as areas through the center and eastern parts of the PD.

Bronchitis and asthma age 0-17 is the largest DRG (diagnosis related group) in the area and state, followed by psychoses. Respiratory diagnoses do appear more frequently in the area than the state. Medicaid is the largest single payer for child and youth discharges (36.3%) but Anthem, HMO/PPO, and commercial payers combine to cover more than half (55.6%) of all discharges.

The area's and Virginia's overall birth rate and teen birth rate has declined from 2000 to 2005, with the area's rate for both remaining below the state rate. However, during the same period, the area's and Virginia's percentage of births to unmarried mothers increased with the area's percentage (36.3%) being four percentage points higher than the state percentage. The percentage of low birth weight infants in PD 15 remains higher than and is increasing faster than Virginia's percentage. Currently, almost 10% of all infants are low birth weight in the greater Richmond area. Low birth weight can result in significant health, educational, and other problems for a child and significant financial costs for society and the child's family. Early and appropriate prenatal care can often reduce the number of low birth weight infants.

More than one in five children in the Richmond area are enrolled in these Medicaid or FAMIS (slightly more than the statewide percentage), with one in two Richmond children dependent on these programs to receive medical services. Even in the wealthier localities, approximately 10% or more of all children are enrolled in these important health care financing programs.

There were more than 500 cases of founded child abuse and neglect in PD 15 in 2006. PD 15's rate was slightly lower than Virginia's rate and the percentage change in PD 15's rate per 1,000 children from 2000 to 2006 has been declining at a faster rate than Virginia's percentage change. Early intervention programs for at risk families can have an impact on reducing abuse and neglect.

## **OTHER INDICATORS**

Although the greater Richmond area has less than 1,000 children in foster care, with a rate per 10,000 slightly below the state rate (39.5 compared to 40.1 statewide), the average time spent by children in foster care in the area is three years, 12.5% longer than the State average. Richmond City's foster care rate (111.1) is about three times the area's and Virginia's rate.

The greater Richmond area reported 271 arrests of persons under the age of 18 for violent crimes. The Richmond area's juvenile violent crime arrest rate is more than 50% greater than the State rate. Henrico and Chesterfield have the highest arrest rates.

## **COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY DATA**

A CVHPA household level community health needs survey conducted in the winter of 2005/06 found the following relative to issues involving young people:

- Overall, six out of ten respondents in both the area and region are unaware of FAMIS, Virginia's child health insurance program, and 52% of those households with children were also unaware.
- Overall, one in nine households reported a need for mental health services and one in ten households that needed services did not receive them.
- For PD 15, the percentage of residents indicating they have an asthma sufferer in their household represents slightly more than one in seven households. Of these, 28% are not receiving treatment. Asthma inordinately affects young people with higher asthma prevalence and hospitalization rates than adults.
- One community problem rated as "very serious" for all PD 15 localities is "violence on TV, movies, or in music." The next most prominent community youth problems are lack of affordable and quality child care, lack of after school supervision, and alcohol and other illegal drug use by children or adolescents.
- Richmond City is the only PD 15 locality in which all seven community problems involving youth in 2005 are rated as "very serious."

## **SURVEYS**

An **on-line survey** of organizations that provide services to children and adolescents was conducted in late March and April 2007. The demographic groups served by the largest number of respondents include: school age children and youth; black families; and low-income families and children. The greater Richmond area has a relatively large number of non-profit, governmental, and/or private organizations that are trying to meet the needs of the Richmond area's young people. Nevertheless, these organizations are centered in the highly populated parts of the Richmond area with minimal presence in rural and growing suburban areas.

Among the conclusions from the survey findings are:

- Children's current and future well-being is tightly tied to the economic status, education, and health of their families.
- Parent education and workforce development, through home and community-based assistance, improve economic opportunities and, consequently, opportunities for children.
- While adolescent's well-being is also seen as being influenced by parenting skills and some economic factors (such as access to transportation), needs tend to be more teen focused including educational and employment opportunities/preparation, behavioral health care, and health wellness and prevention.
- Public education system improvements for all ages are reported as being needed.
- Most respondents indicated that the area's current resources are not adequately meeting the needs of the area's population due to:
  - Limited collaboration/coordination between health and human services' organizations (across organizations and/or the region);
  - Limited capacity of many programs to meet identified needs (need for increased funding/resources); and
  - Need for greater awareness by those with needs, the public, and provider organizations of what services are available and how to access them.

## **INTERVIEWS**

In the first half of May 2007, the CVHPA interviewed 11 key informants in the greater Richmond area, identified by the TCF as persons who could ensure that assets and needs are accurately identified and workable solutions are developed. At the same time that the CVHPA is performing this assessment specifically of the children and youth of Planning District 15 (the greater Richmond area), we are also conducting an overall assessment of the health and human service needs of the area's localities for all age groups. Findings from all these interviews relative to children and youth are summarized below:

- Low income children and adolescents/families are identified as the group that has the most needs and Richmond City is seen as having the most needs of any locality.
- Several of the suburban localities, specifically Chesterfield and Hanover, are perceived as having both the resources and proactive political will to successfully meet the needs of their young people. This was contrasted with Richmond City's lack of a coordinated, proactive approach to addressing its young persons' needs and how a regional approach could assist with area change.
- Meaningful educational improvements are viewed as key to helping young people and their parents find stable and "living wage" employment to lift families out of poverty.

- Quality, after school programs that reinforce academic skills and are meaningful and culturally appropriate to young people and their families are needed. Affordable child care is also a need identified.
- Accessible, age-appropriate, and family-centered behavioral health services and development of parenting skills, particularly early intervention by home-based services, are seen as vital to meeting the critical needs of young persons in the community.
- The overall needs assessment interviews did not identify these as specific priorities, but, rather, mentioned more general needs such as transportation and housing that impact low income families.
- The two systematic changes that receive widespread support by those interviewed for the youth assessment include:
  - Greater coordination and collaboration among all providers of services to young people across localities and types of providers (i.e. non-profit, government/schools, and corporate), including financial and political support for this coordination; and
  - Widespread public awareness of and support for meeting the needs of children and adolescents, partly due to an enhanced understanding of the financial and other societal costs associated with not addressing issues proactively and with adequate resources.

## INTRODUCTION AND OVERVIEW

In December 2006, *The Community Foundation: Serving Richmond & Central Virginia* (TCF) contracted with the Central Virginia Health Planning Agency (CVHPA) to conduct a community needs and assets assessment focusing on health and human services in Planning District 15 (the greater Richmond area) for children and youth ages birth to 19 years. The “greater Richmond area” includes Richmond City and the seven surrounding counties (the counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, and Powhatan).

The **goals** of this assessment are to provide an analysis of quantitative data and qualitative information in order to identify:

- the priority needs for this population by age group (0-4; 5-9; 10-14; and 15-19 years) and locality and for the overall area, and
- the assets that are available to serve those needs (including a compilation of the assets supported by TCF).

The **intended outcomes** of the needs assessment include:

1. Identification of priority needs to assist with TCF’s allocation of its grant funding;
2. A resource for TCF’s Youth and Family Development work plan;
3. Provision of a baseline for use in determining the impacts of future community initiatives in the area of youth services; and
4. A community resource to assist organizations that serve children and youth in identifying assets currently available to meet client needs, providing population-specific data and information for program planning, and/or in developing resources to meet the organizations’ funding needs.

An **advisory group** composed of 19 leaders in organizations that serve and/or individuals with extensive knowledge of the area’s children and youth was formed and met on January 24, 2007. The purpose of this meeting was to provide information on reports and other available assets, identify and fill in gaps in information, identify areas of potential need, and ensure that the project is a valuable resource to the community. Three TCF staff members also attended the meeting which was led by Karen Cameron, Executive Director of the CVHPA.

In addition to demographic **data**, a wealth of socio-economic, education-related, health-related, and other indicators have been collected and analyzed by city/county and at census tract, ZIP code, or school district level. For some of the health-related indicators, data is also presented by race/ethnicity to provide information on disparities. Comparative data (e.g. percentages, rates) with the planning district and state, as well as historical data are provided in order to appropriately evaluate data for trends and relativity. Findings of particular concern and/or importance are highlighted, including mapping, where appropriate.

In addition to the above quantitative findings, the report includes data from the CVHPA’s 2005/06 **household level community health needs assessment** that encompass issues impacting

children and youth. This telephone survey included 200 households in Richmond, Henrico and Chesterfield and 100 households in each of the other localities. Other qualitative information includes an **on-line survey** of organizations that provide services to children and adolescents about the assets available to and the needs of children and youth throughout the area. This survey was conducted in late March and April 2007. In addition, during May 2007, the CVHPA interviewed 11 **key informants** with extensive knowledge of issues related to children and adolescents to assist in identifying and prioritizing the needs of children and adolescents and developing recommendations for targeted initiatives to address those needs.

## DEMOGRAPHIC DATA

Demographic data were obtained from two sources for this report. The 2000 data were gathered from the US Census Bureau at the census tract level for the study area. Since census tracts are unique to each locality, which is unlike zip codes, the data by census tract better represents a locality's demographics. Data on age, gender, and race were analyzed. The localities' data were compared to the data for Virginia. In addition, data on age, gender, and race for 2006 and 2011 were purchased from CLARITAS, a national demographic data organization. CLARITAS starts with Census data to develop its Annual Demographic Update. Its demographers analyze fresh demographic data from many sources, including local governments, consumer databases and postal delivery counts. Local level data are also referred to as small-area or local market data because they reflect demographic characteristics at the smallest geographic levels – the neighborhood, block group and Census tract. Since the U.S. Census Bureau does not develop nationwide sets of data estimates for the tract and block group level, data suppliers must acquire and incorporate local level data into their own small area demographic estimates and projections.

Note that the 2011 projections likely do not include the anticipated expansion of Fort Lee in Prince George County south of the Richmond area since the projected impact on individual localities would be difficult to accurately project. Maps of the Greater Richmond area (Planning District 15) and its census tracts are included in **Attachment A**.

The following section summarizes the findings by demographic group. The age categories used for the child and youth population are as follows: 0-4; 5-9; 10-14; and 15-19 years. Unless otherwise noted, the population data provided is for 2006. The tables for the demographic data as well as maps of some of the data showing the concentration of the particular demographic groups are included in **Attachment B**. Also, note that the cumulative percentages may differ slightly from the data in Attachment B due to rounding.

### OVERALL

The following table shows the total population for PD 15 and Virginia as well as the percent actual or projected changes from 2000 to 2006, 2006 to 2011, and 2000 to 2011. As illustrated, from 2000 to 2006, both PD 15's and Virginia's total child and youth population increased, with Virginia having a higher increase than the Richmond area, while Virginia's total population increased by 5.4%. Of note, over the next five years, PD 15's youth population is projected to grow at less than half of Virginia's rate of increase.

**Total Child & Youth Population for 2000, 2006, and 2011 with Percent Changes**

Locality	2000	2006	2011	% Change 2000-2006	% Change 2006-2011	% Change 2000-2011
Charles City	1,703	1,560	1,505	-8.4%	-3.5%	-11.6%
Chesterfield	80,615	83,235	82,534	3.3%	-0.8%	2.4%
Goochland	3,852	4,374	4,658	13.6%	6.5%	20.9%
Hanover	25,520	27,177	27,797	6.5%	2.3%	8.9%
Henrico	69,875	75,794	79,128	8.5%	4.4%	13.2%
New Kent	3,651	3,976	4,015	8.9%	1.0%	10.0%
Powhatan	5,936	6,770	7,240	14.0%	6.9%	22.0%
Richmond	50,724	46,799	46,871	-3.8%	-4.0%	-7.6%
<b>PD 15</b>	<b>241,876</b>	<b>251,685</b>	<b>253,748</b>	<b>4.1%</b>	<b>0.8%</b>	<b>4.9%</b>
<b>VA</b>	<b>1,937,086</b>	<b>2,037,025</b>	<b>2,079,775</b>	<b>5.2%</b>	<b>2.1%</b>	<b>7.4%</b>

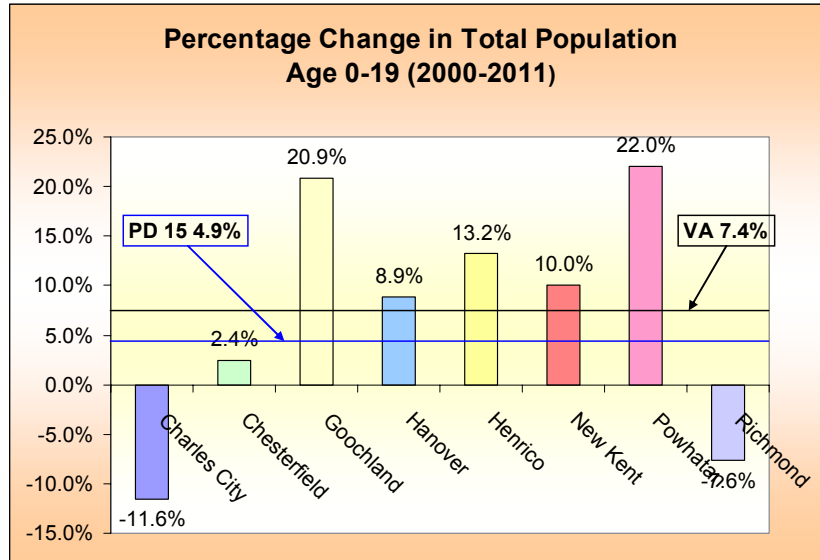
Sources: 2000 US Census, CLARITAS for 2006 and 2011 data

The **greatest number of persons ages 0-19** live in the following census tracts:

Census Tract	Location	# Persons 0-19 Yrs
2001.18	Henrico (northwest of 295 & 64 West)	4,976
3208.02	Hanover (northeast of 295 & 95 North)	4,771
1010.06	Chesterfield (southwest of 288 & 360)	4,137
2015.01	Henrico (eastern side near Montrose Heights)	3,106
1009.13	Chesterfield (southeast of 288 & 360)	3,040
2004.05	Henrico (northwest of Hungary Rd & Staples Mill)	3,002

These census tracts also generally have some of the largest number of children and youth across most age groups. There are exceptions where universities are located.

Together Chesterfield and Henrico counties are the home to almost two-thirds of all the children and youth in the greater Richmond area. While Chesterfield is expected to lose young people, Henrico is expected to have the largest number increase and the third largest percentage increase in children and youth over the next five years. This growth appears to be influenced by its large immigrant population and their relatively young children. As illustrated in the following chart, only two localities (Charles City and Richmond) are projected to lose young people by 2011, with Charles City expected to have the highest percentage decline in its population. Powhatan is expected to have the largest increase in young people from 2000 to 2011. Currently, Powhatan only has one census tract (5002) with more than 2,000 young people (2,128) while the City of Richmond only has three census tracts (607, 706, and 708.01) with more than 2,000 young people. None of the other localities have a census tract with more than 2,000 young people.



Sources: 2000 US Census, CLARITAS 2011 projections

**GENDER**

The following chart provides the 2006 child and youth population estimates by gender for PD 15 and Virginia. Please note that these estimates were derived by calculating the percentage of the male and female youth age groups using the VEC population projections and applying this percentage to the CLARITAS data. As is evidenced, PD 15’s young male population’s percentage is slightly higher than the female population. Given that overall more male than female babies are born, this is expected. PD 15’s and Virginia’s gender percentages are identical.

**Percentage of Youth Population by Gender (2006)**

Locality	Male	Female
Charles City	51.4%	48.6%
Chesterfield	51.4%	48.6%
Goochland	51.9%	48.1%
Hanover	52.3%	47.7%
Henrico	51.1%	48.9%
New Kent	53.6%	46.4%
Powhatan	53.7%	46.3%
Richmond	49.7%	50.3%
<b>PD 15</b>	<b>51.2%</b>	<b>48.8%</b>
<b>Virginia</b>	<b>51.2%</b>	<b>48.8%</b>

Source: CLARITAS 2006; VEC Projections

**RACE**

The following table provides the 2006 population estimates by race. Please note that these estimates were derived by calculating the percentage of the white, black, and other races for young age groups using the VEC population projections and applying this percentage to the CLARITAS data.

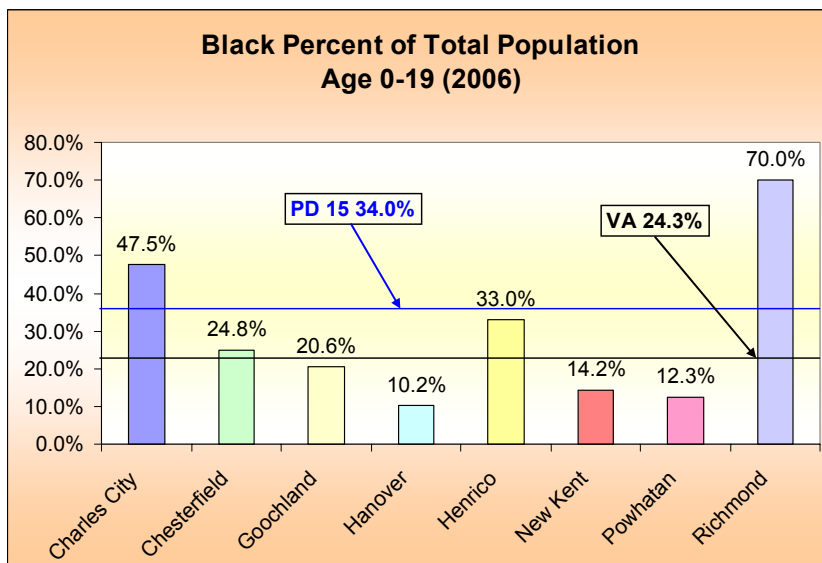
**Percentage of Child & Youth Population by Race (2006)**

Locality	White	Black	Other
Charles City	46.4%	47.5%	6.1%
Chesterfield	72.0%	24.8%	3.2%
Goochland	78.1%	20.6%	1.4%
Hanover	88.2%	10.2%	1.6%
Henrico	61.7%	33.0%	5.3%
New Kent	84.1%	14.2%	1.7%
Powhatan	87.3%	12.3%	0.4%
Richmond	28.5%	70.0%	1.5%
<b>PD 15</b>	<b>62.8%</b>	<b>34.0%</b>	<b>3.2%</b>
<b>Virginia</b>	<b>70.5%</b>	<b>24.3%</b>	<b>5.2%</b>

Sources: CLARITAS 2006; VEC Projections

The Richmond area has a greater percentage of black children and adolescents than Virginia, but only about 60% of Virginia’s representation of children and youth of “other” races that are neither black nor white. While Richmond has the highest percentage (70.0%) of black residents, Hanover has the highest percentage (88.2%) of white residents. Charles City has the highest percentage (6.2%) of the “other race” population, reflecting the relatively large representation of American Indians in its community. Henrico’s large percentage of immigrant population is reflected in its relatively large “other race” population. Information regarding Henrico’s immigrant population is provided in later sections of this report.

The following chart illustrates the percentage of the young population in the PD 15 localities who are identified as black.



Source: CLARITAS 2004

**HISPANIC**

The following table provides the 2006 population estimates of Hispanic young people. Please note that these estimates were derived by calculating the percentage of the Hispanic youth by age group using the VEC population projections and applying this percentage to the CLARITAS data. PD 15's percentage of Hispanics is almost half of Virginia's percentage. Chesterfield has the highest percentage of the Hispanic population.

**Young People of Hispanic Origin (2006)**

Locality	Number	Percentage
Charles City	8	0.5%
Chesterfield	4,411	5.3%
Goochland	101	2.3%
Hanover	435	1.6%
Henrico	2,880	3.8%
New Kent	87	2.2%
Powhatan	108	1.6%
Richmond	2,098	4.3%
<b>PD 15</b>	<b>10,067</b>	<b>4.0%</b>
<b>Virginia</b>	<b>154,814</b>	<b>7.6%</b>

Source: CLARITAS 2006; VEC Population Projections

**AGE**

The following table and charts show the percent of the total youth population by age groups. As illustrated below, in 2006, PD 15 as compared to Virginia has: 1) a lower percentage of the 0-4 age group; 2) an almost identical percentage of the 5-9 age group; and 3) a higher percentage of the 10-14 and 15-19 age groups. Adolescents are projected to have an even greater relative representation in the greater Richmond area in the next five years, when compared to the State although the differences are not significant.

**Percentage of Youth Population by Age Groups**

	2006				2011			
	0-4	5-9	10-14	15-19	0-4	5-9	10-14	15-19
<b>PD 15</b>	22.7%	23.8%	26.2%	27.4%	22.9%	23.4%	24.7%	29.1%
<b>Virginia</b>	23.7%	24.0%	25.4%	26.9%	23.7%	24.0%	24.5%	27.9%

Source: CLARITAS

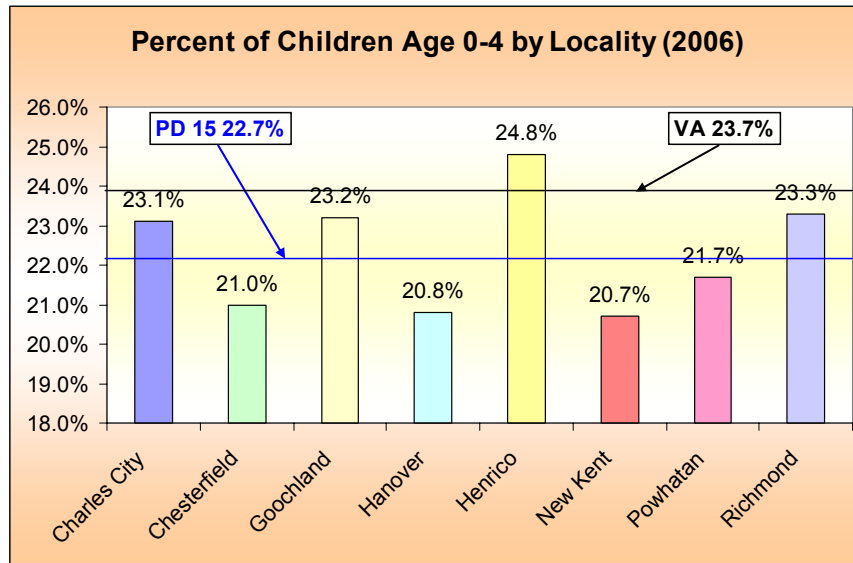
0-4 Population

The following table shows the percentage of the **0-4 population** to the total child and youth population for 2006 and 2011. Overall, the area expects a slight increase in the representation of infants and young children in the next five years but still below the State representation.

Locality	2006	2011
Charles City	23.1%	22.8%
Chesterfield	21.0%	22.2%
Goochland	23.2%	22.6%
Hanover	20.8%	21.6%
Henrico	24.8%	24.3%
New Kent	20.7%	21.6%
Powhatan	21.7%	22.0%
Richmond	23.3%	22.9%
<b>PD 15</b>	<b>22.7%</b>	<b>22.9%</b>
<b>Virginia</b>	<b>23.7%</b>	<b>23.7%</b>

Source: CLARITAS

As evidenced by the following chart, Henrico has the highest percentage of the 0-4 population while New Kent has the lowest representation of children 0-4 years.



Source: CLARITAS 2006

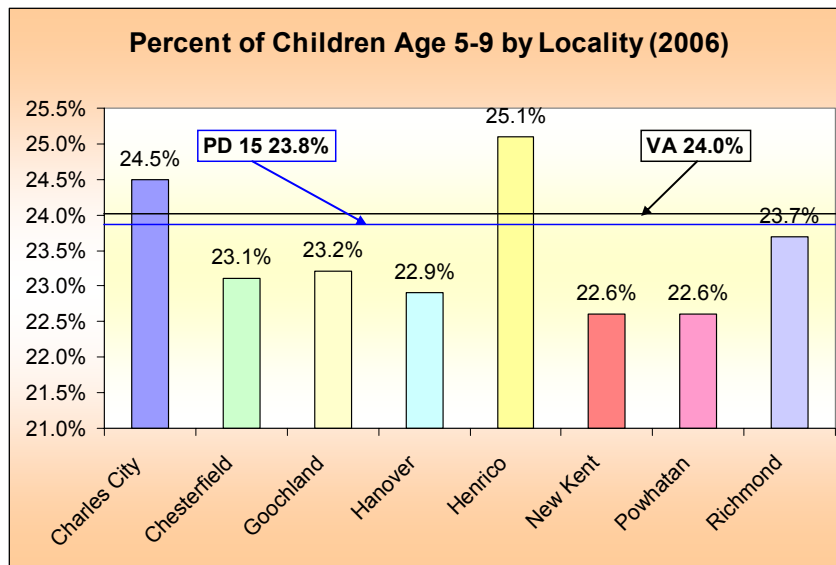
5-9 Population

The following table shows the percentage of the 5-9 population to the total child and youth population for 2006 and 2011. As evidenced, PD 15 has almost the same percentage (23.8%) as Virginia’s percentage (24.0%) of the 5-9 age group.

Locality	2006	2011
Charles City	24.5%	24.4%
Chesterfield	23.1%	22.4%
Goochland	23.2%	23.9%
Hanover	22.9%	22.2%
Henrico	25.1%	24.9%
New Kent	22.6%	22.5%
Powhatan	22.6%	22.7%
Richmond	23.7%	23.2%
<b>PD 15</b>	<b>23.8%</b>	<b>23.4%</b>
<b>Virginia</b>	<b>24.0%</b>	<b>24.0%</b>

Source: CLARITAS

As illustrated in the following chart, Henrico has the highest percentage of the 5-9 population while New Kent and Powhatan have the lowest percentage. Henrico’s high percentage of children in the 0-4 and 5-9 age groups may reflect its relatively high number of immigrants, who tend to be young people of child-bearing age.



Source: CLARITAS 2006

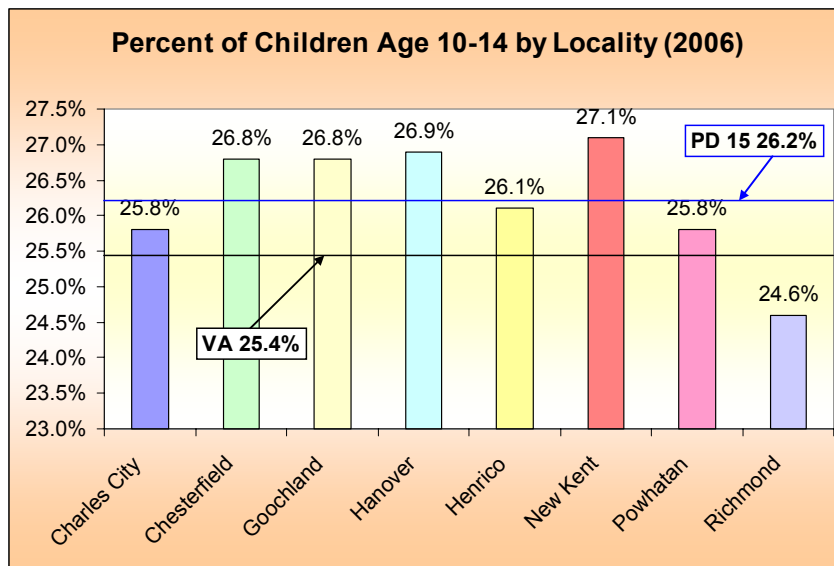
### 10-14 Population

The following table shows the percentage of the 10-14 population to the total child and youth population for 2006 and 2011. As evidenced, PD 15 has a slightly higher percentage (26.2%) of the 10-14 age group as compared to Virginia’s percentage (25.4%).

Locality	2006	2011
Charles City	25.8%	25.9%
Chesterfield	26.8%	24.8%
Goochland	26.8%	25.1%
Hanover	26.9%	24.4%
Henrico	26.1%	25.2%
New Kent	27.1%	25.3%
Powhatan	25.8%	23.7%
Richmond	24.6%	23.8%
<b>PD 15</b>	<b>26.2%</b>	<b>24.7%</b>
<b>Virginia</b>	<b>25.4%</b>	<b>24.5%</b>

Source: CLARITAS

As illustrated by the following chart, New Kent has the highest percentage of the 10-14 population while Richmond as the lowest percentage.



Source: CLARITAS 2006

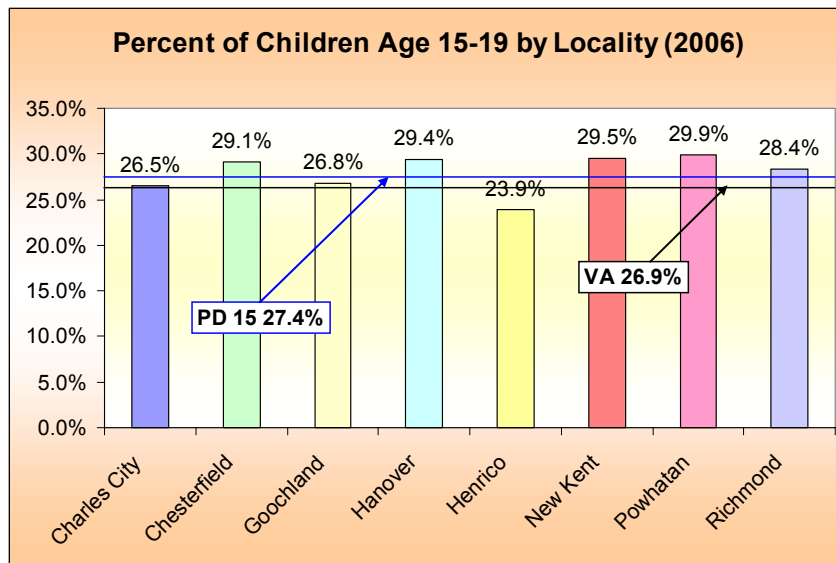
15-19 Population

The following table shows the percentage of the 15-19 population to the total child and youth population for 2006 and 2011. As evidenced, PD 15 has a slightly higher percentage (27.4%) of the 15-19 age group as compared to Virginia’s percentage (26.9%).

Locality	2006	2011
Charles City	26.5%	26.9%
Chesterfield	29.1%	30.6%
Goochland	26.8%	28.5%
Hanover	29.4%	31.9%
Henrico	23.9%	25.6%
New Kent	29.5%	30.6%
Powhatan	29.9%	31.6%
Richmond	28.4%	30.2%
<b>PD 15</b>	<b>27.4%</b>	<b>29.1%</b>
<b>Virginia</b>	<b>26.9%</b>	<b>27.9%</b>

Source: CLARITAS 2006

As illustrated in the following chart, Powhatan has the highest percentage of the 15-19 population while Henrico has the smallest percentage. Of note, the 15-19 age group represents the largest percentage of the four youth age groups, both in 2006 and 2011, in the greater Richmond area.



Source: CLARITAS 2006

In Richmond and Chesterfield the representation of persons 15-19 years is impacted by the presence of Virginia Commonwealth University (VCU), University of Richmond (U of R), and Virginia State University (VSU). The greatest number of adolescents (ages 15-19) live in the following five census tracts:

Census Tract	Location	# Persons 15-19 Yrs
505	Richmond (U of R)	1,351
403	Richmond (VCU)	1,169
3208.02	Hanover (northeast of 295 & 95 North)	1,098
1006	Chesterfield (VSU)	1,066
2001.18	Henrico (northwest of 295 & 64 West)	1,042

**RATIO OF WORKING AGE ADULTS TO CHILDREN AND YOUTH**

The extent to which children and youth represent a significant portion of the geographical population of an area, particularly when compared to working age adults, who can provide financial and emotional support, is shown by census tract in Attachment B. The extent to which the adults in the area, relative to the proportion and number of youth, are engaged in supporting child and youth development and socialization and may reflect the need for access to child and youth resources. For example, higher crime data has been associated with lower mean age in an area.

The following chart shows the ratio of persons 20-64 years to those 0-19 years by locality. Note that these averages appear to “wash out” some of the area specific differences that are seen in some localities.

**Ratio of Working Adults to Children & Youth (2006)**

County/City	Age 0-19	Age 20-64	Ratio
Charles City	1,560	4,499	2.9
Chesterfield	83,235	183,134	2.2
Goochland	4,374	12,439	2.8
Hanover	27,177	59,964	2.2
Henrico	75,794	173,309	2.3
New Kent	3,976	10,255	2.6
Powhatan	6,770	17,472	2.6
Richmond	48,799	116,272	2.4
<b>PD 15</b>	<b>251,685</b>	<b>578,366</b>	<b>2.3</b>
<b>Virginia</b>	<b>2,037,025</b>	<b>4,678,008</b>	<b>2.3</b>

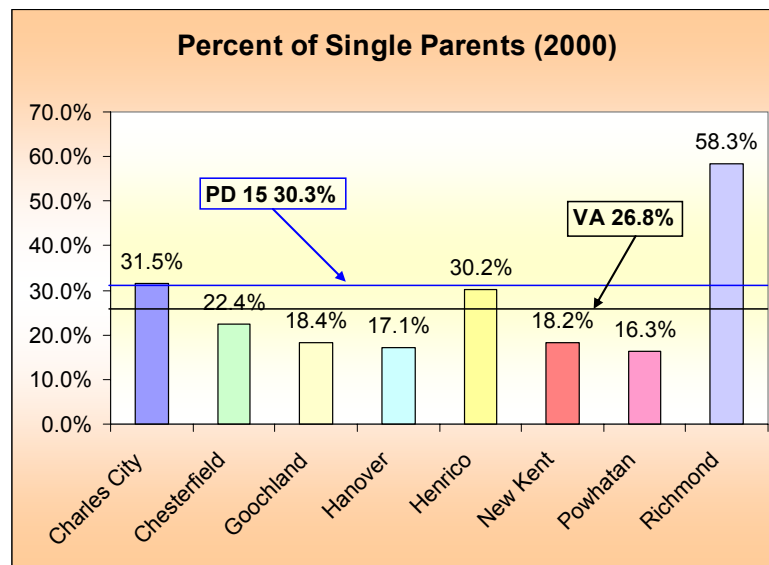
There are three census tracts in Chesterfield (1004.06, 1006, and 1010.08) with ratios of working age adults to young people of 1.5 or less, one in Henrico (2008.05), and seven in Richmond (110, 201, 202, 210, 301, 403, and 607). In fact, census tract 301 (Gilpin Court/Jackson Ward) in Richmond has a ratio of only 0.9 meaning that there are more children and youth than working age adults. With the exception of tract 1010.08, the child poverty percentage (in households with incomes up to 200% of the Federal Poverty Level) estimates of these low ratio census tracts are 45% or more with all but two being greater than 75%. In cases where there are more limited numbers of

adults relative to youth AND limited economic resources, these may be areas to ensure the availability of infrastructure and support

**SINGLE PARENT HOUSEHOLDS**

The 2000 Census includes information about the number of households with single parents including information by census tract about whether the gender of the parent and the age of their children. Single parent households are defined as households with only one adult present with children residing in the household. Single parent families often have greater economic and child care challenges that can increase stress on parents, their children, and the communities in which they live. Detailed information about these households is included in Attachment B.

As shown below, the greater Richmond area has a higher percentage of single parents than Virginia, 30% compared to 27%. More than one of every two parents in Richmond is a single parent, while in Charles City and Henrico, almost one of every three parents is single. While Powhatan has the lowest percentage of single parents, all of the area’s localities have at least one in six parents being a single parent.



Source: 2000 U.S. Census Bureau

While no census tracts in Charles City, Goochland, Hanover, New Kent, or Powhatan had 50% or more of its households with children headed by single parents, there were only three census tracts in Chesterfield with 50% or more (1004.05, 1004.06, and 1006) and nine in Henrico (2004.1, 2008.04, 2008.05, 2010.02, 2010.03, 2011.01, 2012.02, 2014.05, and 2015.01). However, in Richmond 40 of its 65 census tracts (almost 62% of all tracts) had 50% or more of their households with children headed by single parents, with seven tracts with 80% or more being single parents.

## **SUMMARY**

In summary, the main findings from the demographic data are as follows:

1. The largest percent growth in children and youth is expected in Powhatan and Goochland Counties while the largest growth in the number of children and youth is expected in Henrico.
2. The area's youth population is increasing, with the 15-19 age group representing the largest percentage of the overall youth population. Some of this is influenced by the presence of universities in the area.
3. The area's percentage of black youth residents is higher than Virginia's with a concentration of black young people in Richmond, Charles City, and Henrico.
4. PD 15 has a lower concentration of documented Hispanics residing in the planning district compared to Virginia, although the area's percentage has increased. Chesterfield has the largest percentage and number of Hispanic young people.
5. The significant growth in the number of children and youth in Henrico County is heavily influenced by its large immigrant population (indicated by larger numbers of limited English speaking students detailed later in this report) and significant development in far western census tracts.
6. Almost one in three households with children in the greater Richmond area is headed by a single parent, with almost 60% in the City of Richmond being headed by a single adult. The limited availability of adults to provide financial and/or developmental support to young people may represent an opportunity for greater community support in targeted areas.

## SOCIO-ECONOMIC INDICATORS

Detailed data of socio-economic indicator data and maps by census tract, when available, are included in **Attachment C**.

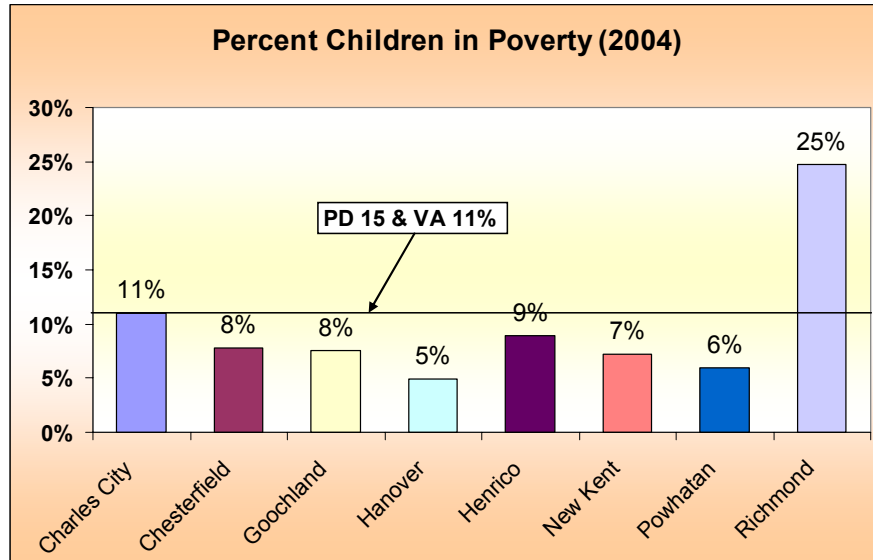
### HOUSEHOLD INCOME & POVERTY

The following table illustrates the median household income by locality for 2004, as well as individuals and children (0-17 years) living in households with incomes up to 100% of the Federal Poverty Level (FPL). *In 2007, the household income of a family of four people at 100% of the FPL equates to \$20,650 annually.* As shown, with the exception of the City of Richmond, with a median income of less than 60% of the area average, and to a lesser extent Charles City County, the greater Richmond area (PD15) is more affluent than the State average, with a median household income of \$56,073.

Locality	2004 Median Household Income	Individuals in Poverty	% of Individuals in Poverty	Children in Poverty	% of Children in Poverty
Charles City	\$44,887	712	10%	179	11%
Chesterfield	\$63,931	18,778	7%	6,277	8%
Goochland	\$64,369	1,252	7%	309	8%
Hanover	\$67,979	4,938	5%	1,329	5%
Henrico	\$53,009	21,612	8%	6,637	9%
New Kent	\$61,001	864	6%	268	7%
Powhatan	\$60,864	1,375	5%	386	6%
Richmond	\$32,547	36,402	19%	12,062	25%
<b>PD 15 Average</b>	<b>\$56,073</b>	<b>10,742</b>	<b>9%</b>	<b>3,431</b>	<b>11%</b>
<b>Virginia</b>	<b>\$51,103</b>	<b>705,037</b>	<b>10%</b>	<b>221,675</b>	<b>11%</b>

**Source:** US Census Bureau Small Area Income and Poverty Estimates 2000 & 2004, Virginia Employment Commission Population Data 2000 & 2004

This income disparity is evident in the following chart with one in four children (0-17 years) in Richmond living in households at or below **100% of the Federal Poverty Level (FPL)**. All other localities have a lower percentage of children in poverty than either the area or state percentage of 11%.

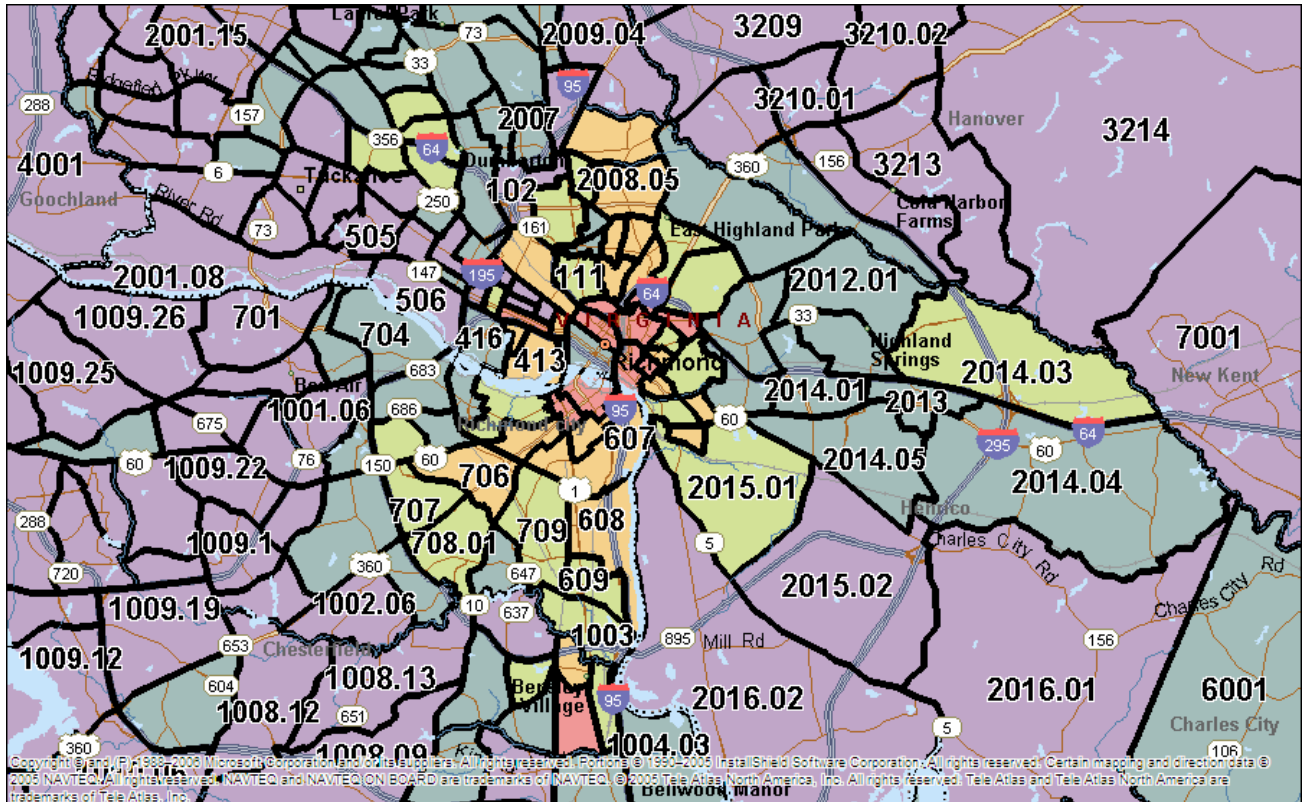


Source: US Census Bureau Small Area Income and Poverty Estimates 2004

Of concern is that while the growth in the median household income in P.D. 15 has exceeded the state average, the area’s increase in the percentage of individuals and children in poverty has almost doubled the state percent growth. This would appear to indicate a widening gap between the wealthier members of our localities and those with the fewest resources. The only area that showed a decrease in the percentage of children in poverty was Charles City, while Chesterfield, Hanover, and Henrico all experienced significant increases in both the number and percentage of individuals and children in poverty. Nevertheless, much of this increase reflects the overall increase in population in these areas. It is important to note that an area can have a higher number of people in poverty but experience a decline in the percentage of people in poverty due to overall population growth in an area.

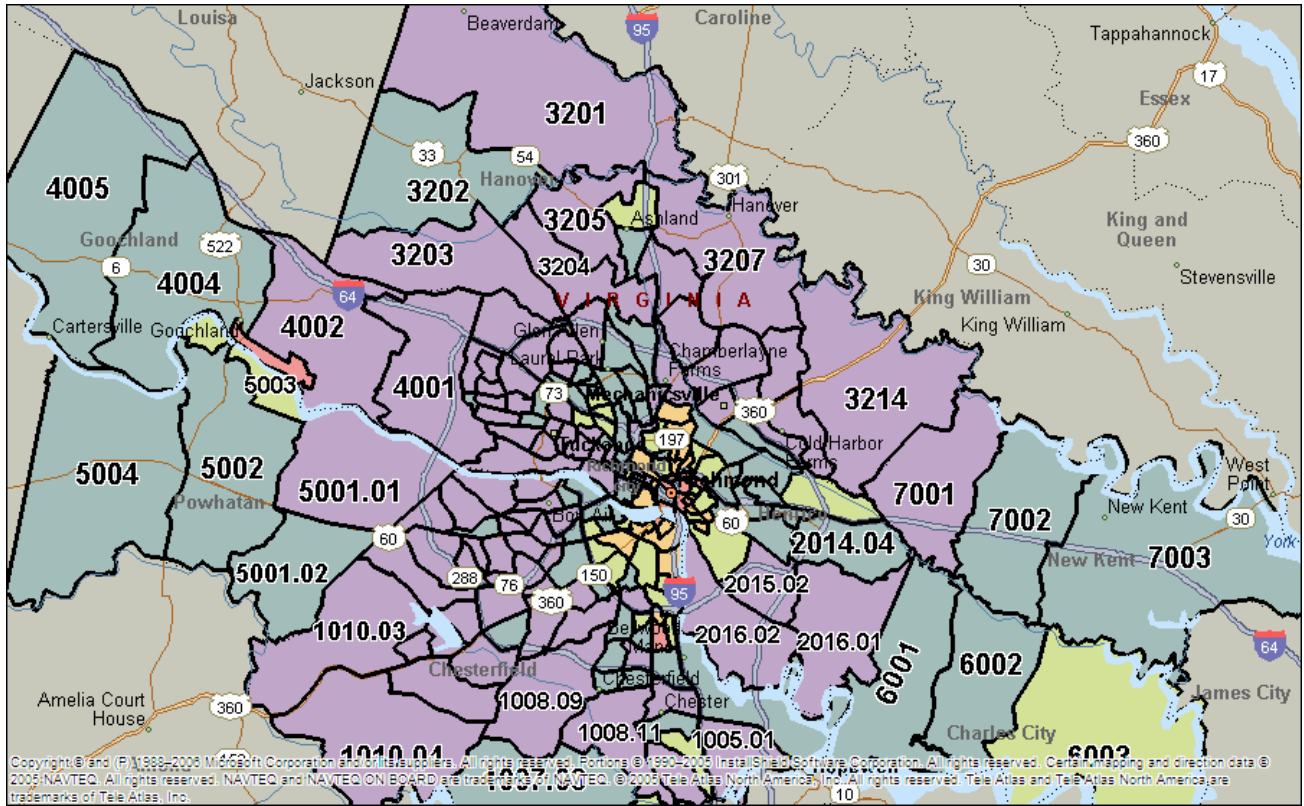
Locality	Percent of Change 2000 - 2004		
	Median Household Income	Individuals in Poverty	Children in Poverty
Charles City	5.0%	6.0%	-13.5%
Chesterfield	9.2%	48.3%	31.8%
Goochland	14.3%	16.9%	1.6%
Hanover	14.8%	36.7%	23.7%
Henrico	7.8%	33.3%	19.9%
New Kent	13.8%	26.5%	4.3%
Powhatan	12.7%	23.2%	3.5%
Richmond	4.6%	6.6%	1.1%
<b>PD 15 Average</b>	<b>10.3%</b>	<b>24.7%</b>	<b>9.0%</b>
<b>Virginia</b>	<b>9.5%</b>	<b>13.5%</b>	<b>4.6%</b>

As illustrated in the following excerpts from maps of the percentage of children (0-17 years) living at or below 200% of the Federal Poverty Level from the 2000 Census by census tract, the greatest poverty in the region is concentrated through the center of Richmond along the I-95/Route 1 corridor, with numerous tracts with poverty percentages at 80% or greater (shown in red). Only one red census tract appears to be in Chesterfield (Bensley area). Several tracts with child poverty percentages of 60-70% (orange) rim the City in Chesterfield and Henrico. Note that 200% of the FPL in 2007 equates to a household income of \$41,300 for a family of four persons.



There is only one census tract in Chesterfield (1004.06) with 80% or more of its children living in households with incomes up to 200% of the Federal Poverty Level. There are ten in Richmond (201, 202, 204-206, 301, 302, 411, 601, and 603) with 80% or more of their children living up to 200% of poverty. In Henrico, census tract 2008.05 (East Highland Park) has the highest child poverty level at 75.9%.

While the level of child poverty in the suburban areas is very low, the rural areas are not immune to poverty with some tracts in the counties, particularly those farthest away from the City having poverty percentages of 20-50% (blue and green). It is important to note that the poverty data is based on sample surveys so that in areas with relatively small numbers of individuals and/or children the estimates can be impacted by small sample sizes. This is the reason that census tract 4003 in Goochland and 5003 in Powhatan show high percentages of child poverty although the overall poverty percentages are very low.



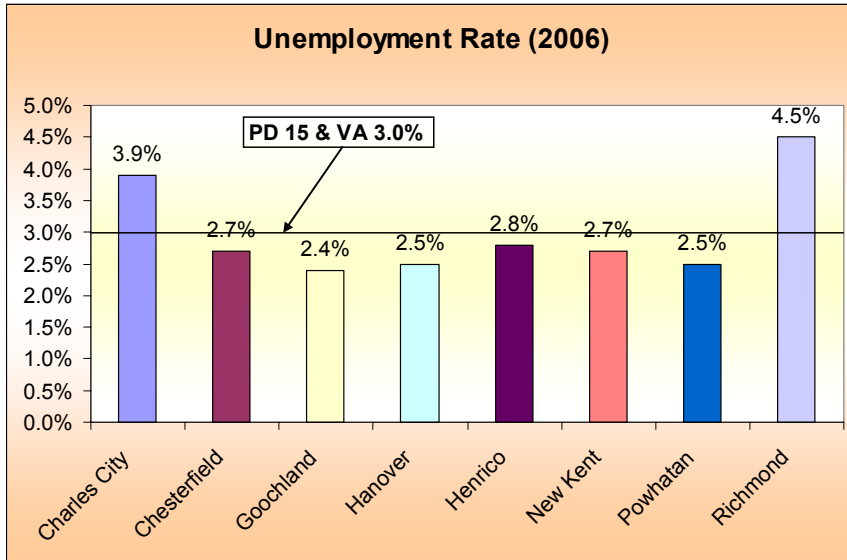
### UNEMPLOYMENT RATES

The following table shows the annual non-seasonally adjusted unemployment rate for the Richmond area and Virginia. During the seven year time period, the area’s unemployment rate has fluctuated with the State rate, after being below Virginia’s rate in 2000. Overall, the area has a low unemployment rate but the number of people unemployed (15,643) is almost double the number unemployed in 2000. Note, however, that these are conservative estimates of unemployment since they might not capture those who have stopped searching for work, settled for part-time work, or are underemployed.

	2000	2003	2006
<b>PD 15/Greater Richmond</b>	1.8%	4.0%	3.0%
<b>Virginia</b>	2.2%	4.1%	3.0%

Source: Virginia Employment Commission

The following chart illustrates the unemployment rates by locality for 2006. Richmond, followed by Charles City, has the highest unemployment rate in the area. All other localities have rates below Virginia’s unemployment rate.



Source: 2006 Laus Unit and Bureau of Labor Statistics. Virginia Employment Commission

#### OWNER-OCCUPIED HOMES AND AVERAGE SALE PRICE

Home ownership helps to provide young people with stable families and neighborhoods. The percentage of home ownership for the area by locality was obtained from the 2000 US Census and is depicted in the table below. The locally specific average sale price information of single family homes from January to May of 2007 is from the Richmond Association of Realtors while the State average is from the Virginia Association of Realtors for May 2007. Note that the sale price average for the area includes both the Richmond and the Tri-Cities areas and that the May average price for the area was \$281,685, about \$3,000 less than the State average.

Locality	Average Sale Price	Total Number of Occupied Housing Units	% Owner Occupied
Charles City	\$202,043	2,670	84.9%
Chesterfield	\$281,615	93,772	80.9%
Goochland	\$522,537	6,158	86.6%
Hanover	\$321,294	31,121	84.3%
Henrico	\$281,615	108,121	65.7%
New Kent	\$313,805	4,925	88.7%
Powhatan	\$312,943	7,258	88.8%
Richmond	\$249,217	84,549	46.1%
<b>Average</b>	<b>\$268,003</b>	<b>338,574</b>	<b>68.1%</b>
<b>Virginia</b>	<b>\$284,627</b>	<b>2,699,173</b>	<b>68.1%</b>

\*The average Sale Price covers an area larger than just the counties above

Source: Housing Units - 2000 Census; Sale price of single family residences – Richmond Association of Realtors (thru May 2007); Virginia Association of Realtors (for May 2007).

The area's percentage of home ownership in 2000 matched Virginia's percentage of 68.1%. Only Richmond and Henrico have a lower percentage of owner occupied housing than Virginia's percentage, reflecting their more urban nature (with more multi-unit rental dwellings) and Richmond's lower income. *The average sale price for the area would require a household income of at least \$65,000, more than the area's 2004 average household income of approximately \$56,000.* Moreover, for areas with higher prices than the average, the income requirement could easily price many families out of the market in those communities, further segregating communities by socio-economic status.

**TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES) RECIPIENTS**

Temporary Assistance for Needy Families (TANF) is a Federal program administered by the Virginia Department of Social Services that provides cash assistance to families with children with incomes up to 100% of the Federal Poverty Level. There is currently a two year lifetime limit for TANF assistance, unless an individual with children is disabled (then up until the child is 18 or graduated from high school) resulting in relatively few people qualifying for TANF for an extended period of time. As shown below, only Charles City County and Richmond City exceed the January 2007 State rate of 8.8 persons per 1,000 receiving TANF assistance

**Persons Receiving TANF by Locality  
January 2007**

Locality	Persons	Persons per 1,000 Pop Participating
Charles City	69	9.7
Chesterfield	1,524	5.2
Goochland	65	3.4
Hanover	275	2.8
Henrico	2,496	8.8
New Kent	55	3.5
Powhatan	55	2.1
Richmond	6,164	32.3
<b>PD 15 Total</b>	<b>10,703</b>	<b>11.5</b>
<b>Virginia</b>	<b>66,506</b>	<b>8.8</b>

Source: 2007 Virginia Department of Social Services, 2006 CLARITAS population

**WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM PARTICIPATION**

The women, infants and children nutrition program, funded by the Federal government and administered by the Virginia Department of Health, provides supplemental nutritional support to low-income (up to 185% of the Federal Poverty Level) perinatal women and infants and children up to five years of age. The following table shows the participation rate per 1,000 for women ages 15-44 years and children 0-5 years:

**WIC Enrollment Numbers & Rates per 1,000 (2006)**

Locality	Women		Infants & Children	
	Rate	#	Rate	#
Charles City	21.5	29	599.1	127
Chesterfield	15.6	982	240.1	2,484
Goochland	9.7	38	170.9	104
Hanover	3.1	186	157.6	528
Henrico	18.6	1,121	272.1	3,018
New Kent	10.9	37	248.9	113
Powhatan	8.3	43	157.6	136
Richmond	34.1	1,515	650.8	4,433
<b>PD 15</b>	<b>19.6</b>	<b>3,951</b>	<b>324.4</b>	<b>10,943</b>
<b>Virginia</b>	<b>22.5</b>	<b>36,099</b>	<b>359.7</b>	<b>102,139</b>

**Note:** Infants = 0-12 months, Children = 1-5 years, Women = 15-44 Years. 2005 population data applied to 2006 women enrollment rates.

**Source:** Virginia Department of Social Services, 2005-2007, Population data from Virginia Employment Commission 2005 and CLARITAS 2006

Note that the WIC participation rates appear to be greatest in areas with higher child poverty rates, with Richmond and Charles City having infants and children rates of almost double the State rates. New Kent’s infant and children’s rate is relatively high compared to its poverty percentage, perhaps reflecting a good job of enrolling eligible infants and children or higher poverty rates of the county’s younger children. It appears that there are greater opportunities to enroll more perinatal women in WIC since only Richmond has a higher rate than the State rate and its rate is only 50% greater than Virginia’s.

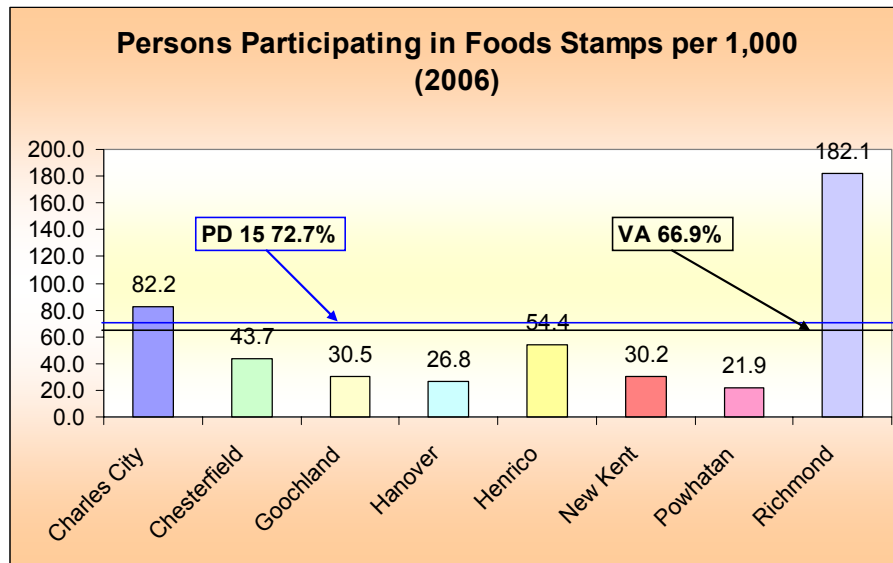
**FOOD STAMPS PARTICIPATION**

Food stamps is a program funded by the United States Department of Agriculture and administered by the Virginia Department of Social Services to provide nutritional support to people of all ages with incomes of up to 130% of the Federal Poverty Level. The area’s participation rate is approximately 9% higher than the State rate.

Locality	Persons	Persons per 1,000 Population Participating
Charles City	584	82.2
Chesterfield	12,696	43.7
Goochland	590	30.5
Hanover	2,644	26.8
Henrico	15,446	54.4
New Kent	479	30.2
Powhatan	587	21.9
Richmond	34,782	182.1
<b>PD 15 Total</b>	<b>67,808</b>	<b>72.7</b>
<b>Virginia</b>	<b>508,113</b>	<b>66.9</b>

Source: 2006 Virginia Department of Social Services, 2006 CLARITAS population

As illustrated by the chart below, Richmond’s participation rate is almost three times the State rate while its poverty percentage is about double the State rate. Overall, it appears that the area has appropriate utilization of this important program based on poverty rates.

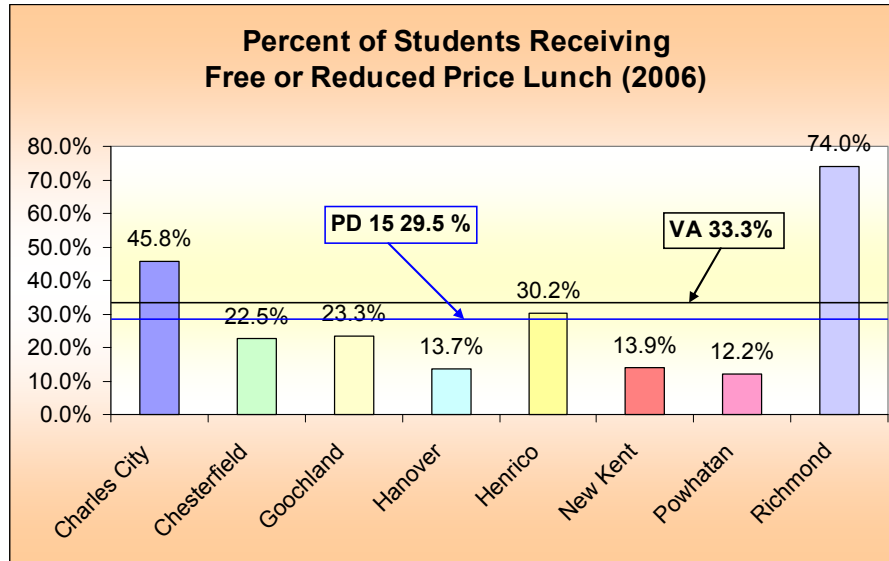


Source: 2006 Virginia Department of Social Services, 2006 CLARITAS population

**FREE/REDUCED PRICE LUNCH PARTICIPATION**

The percentage of students approved for free/reduced price school lunches was reviewed for 1997 through 2006 and a chart was prepared by school showing both the number and percentage of students participating in 2000, 2003, and 2006. The school lunch program is funded by the United States Department of Agriculture and administered by the Virginia Department of Education,

providing free meals to children from families with incomes up to 130% of the Federal Poverty Level (FPL) and reduced priced meals to children from families with incomes between 130% and 185% of the FPL. As illustrated in the chart below, PD 15's 2006 percentage of students approved for free/reduced price school lunches was lower than Virginia's 2006 percentage, even though the area's child poverty rate is the same as the State's rate.



Source: 2006 Virginia Department of Education-School Nutrition Program

From 1997 to 2006, PD 15's percentage of students approved for free or reduced price lunches has increased from 27.1% to 29.5% of all students while Virginia's percentages has increased by only about one percentage point to approximately one in three Virginia students. Over the ten year period, Richmond (going from 68% to 74% of all students) and Chesterfield (going from 16% to 22%) have seen the largest percentage point increases, followed by Henrico (going from 26% to 30% of all students), in students approved for free/reduced price school lunches. Both New Kent (going from 15% to 14% of all students) and Powhatan (going from 14% to 12%) were the only localities that experienced a decrease in students receiving free/reduced price school lunches, reflecting the increased affluent development for families in those counties.

**Students Receiving Free or Reduced Price Lunches**

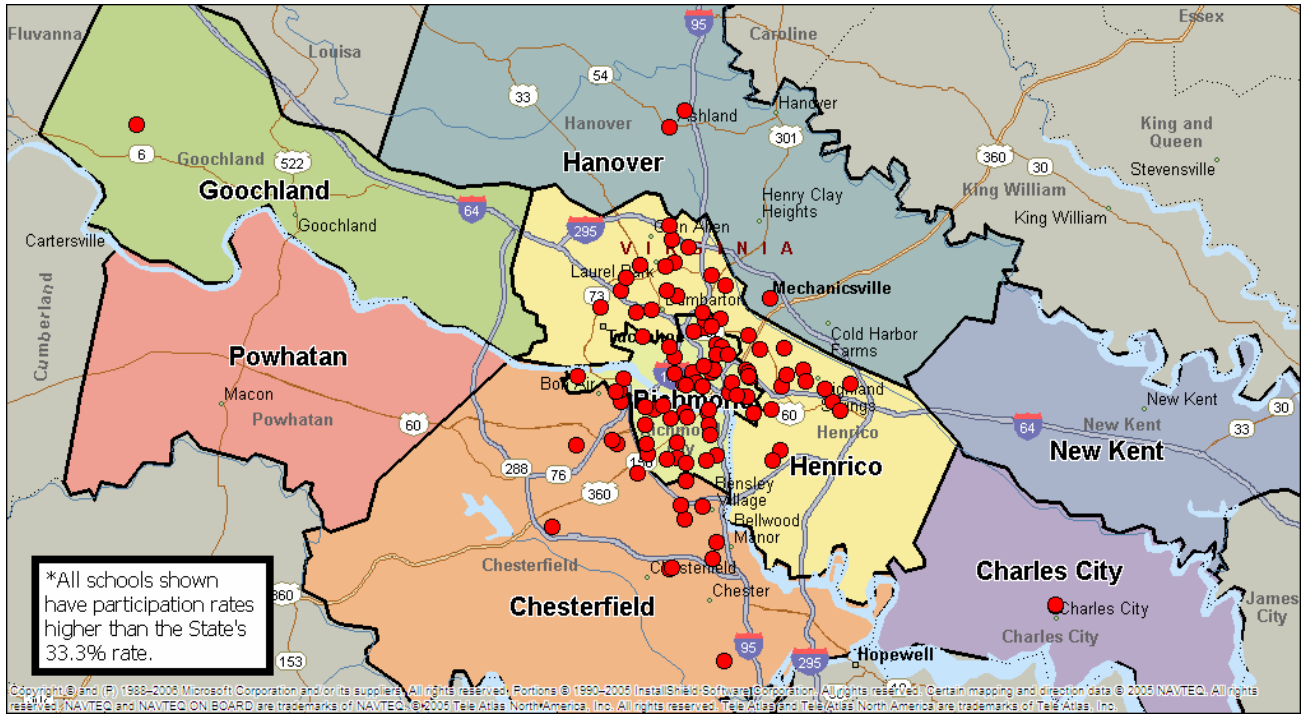
Locality	1997		2006	
	#	%	#	%
Charles City	437	43.1%	388	45.8%
Chesterfield	5,894	16.4%	9,036	22.5%
Goochland	461	23.7%	540	23.3%
Hanover	1,214	11.0%	1,789	13.7%
Henrico	6,985	25.9%	9,937	30.2%
New Kent	345	15.1%	374	13.9%
Powhatan	442	13.9%	536	12.2%
Richmond	19,727	67.9%	18,176	74.0%
<b>PD 15</b>	<b>4,438</b>	<b>27.1%</b>	<b>5,097</b>	<b>29.5%</b>
<b>Virginia</b>	<b>3,445</b>	<b>32.2%</b>	<b>392,004</b>	<b>33.3%</b>

**Note:** Percent of students is out of total students per school district.

The following shows the range of the percentage of students receiving free or reduced price lunches in various localities' schools during the 2006 school year. Other than the most rural counties with a central school structure, there is wide income disparity among school districts within localities.

Locality	Range of School % of Students Receiving Free or Reduced Price Lunch
Charles City	43.9-48.5%
Chesterfield	2.5-72.9%
Goochland	16.8-50.3%
Hanover	2.0-54.6%
Henrico	1.2-79.8%
New Kent	10.5-19.5%
Powhatan	8.5-17.1%
Richmond	14.4-95.0%

The following map shows the location of those schools with a third or more (the State average) of their students receiving free or reduced price lunches. Note that while they are clustered in the urban core, there are schools in rural and suburban areas with high percentages of students needing nutritional assistance.

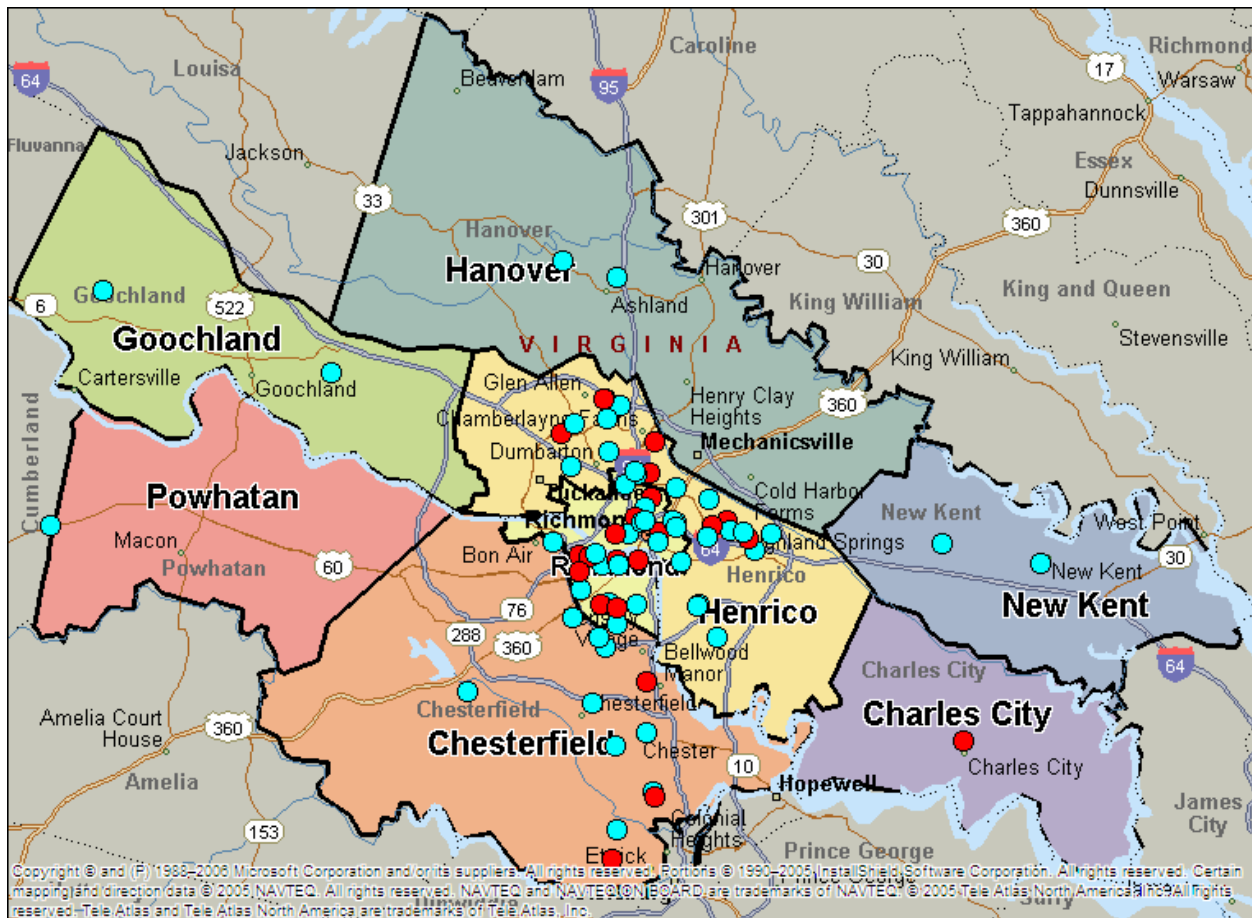


## EDUCATION-RELATED INDICATORS

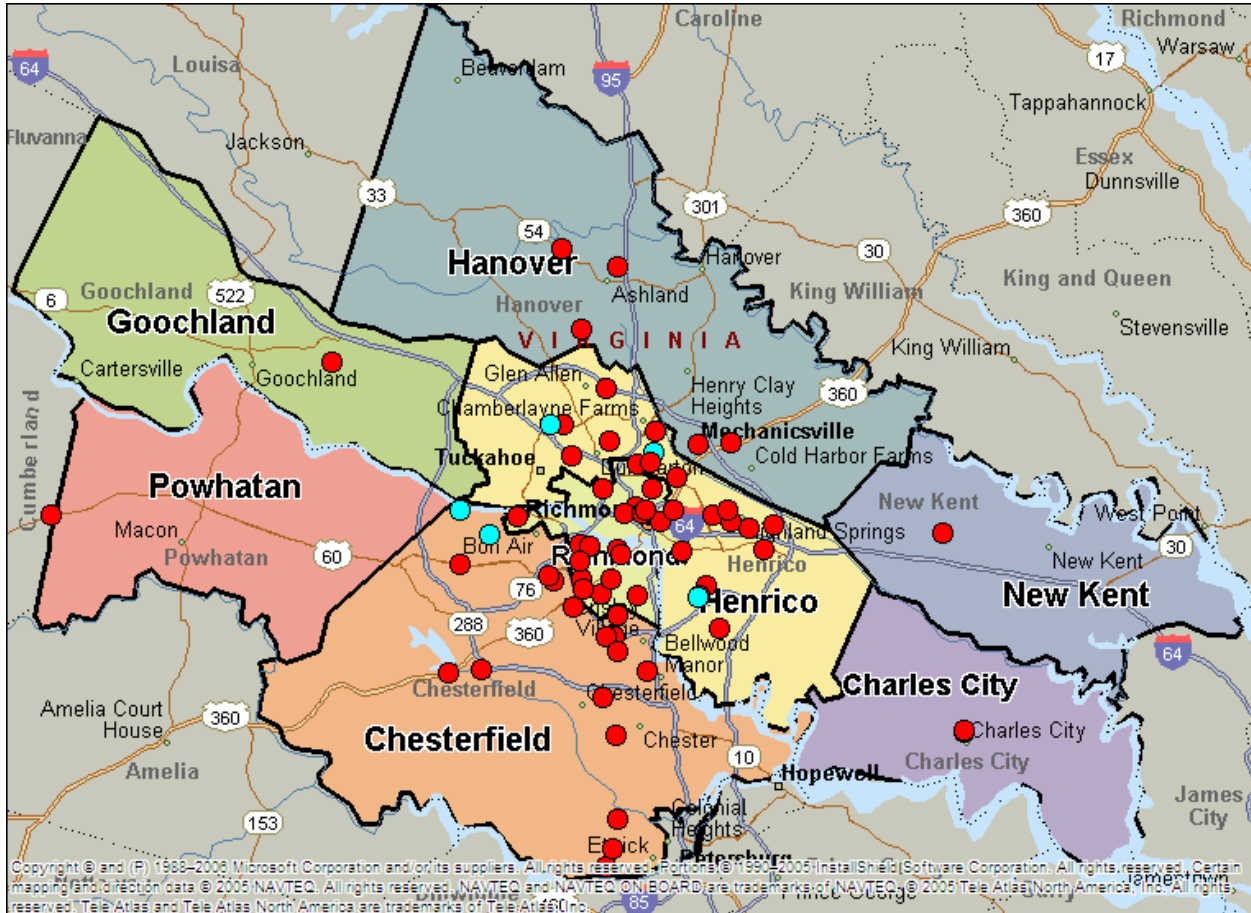
Detailed data of education-related indicator data and maps by school, when available, are included in **Attachment D**.

### STANDARDS OF LEARNING TEST SCORES

Standards of Learning are standardized tests taken by all Virginia public school students to measure their achievement in certain subject areas at different points in their academic careers. Tables in Attachment D illustrate the percent passing in 2005 by school, grade and subject area, trends by locality, grade, and subject area, and detailed maps showing the schools with percent passing that are up to 15% below the State averages (shown in blue) for that subject area and those schools that are more than 15% below the State averages (shown in red) for that subject area. The following map illustrates the location of those schools with **poorer than the State 2005 average English test performance** in 5<sup>th</sup> grade (elementary), 8<sup>th</sup> grade (middle school), or high school end of course. While many of the poorer performing schools are clustered in the urban core of Richmond, Henrico, and Chesterfield, many of the rural areas are also impacted.



The following map illustrates the location of those schools with **poorer than the State 2005 average Math SOL test performance** in 5<sup>th</sup> grade (elementary), 8<sup>th</sup> grade (middle school), or Algebra I (high school). It is interesting that, while fewer in number than the English poor performing schools, many of the poorer Math performing schools are more than 15% below the State average.



Included in Attachment D are tables that show the general SOL test past rate trends from 2001 to 2005 by grade, subject area, and locality. Note that most areas have experienced an improving trend or no significant change in their pass rate percentages over the five year period; however, the region generally showed slightly less favorable SOL trends than the State trends.

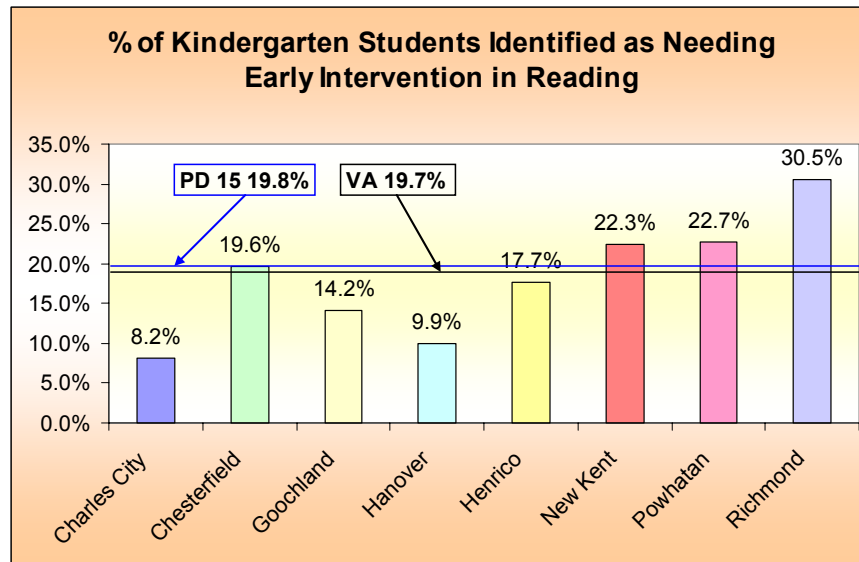
**KINDERGARTEN STUDENTS NEEDING EARLY INTERVENTION READING SERVICES**

The following shows the number of kindergarten students who have been screened (the goal is to screen all students) and identified by their teachers as needing additional assistance with reading. This screening assessment (PALS-K) is used by most of Virginia’s localities. As illustrated in the table below, the Richmond area had about one in five kindergarten students identified as needing early intervention based on the PALS-K assessment, almost exactly the same as the State’s percentage.

PD 15	2004-05		
	Number Screened	Number Identified	Percent Identified
Charles City	49	4	8.2%
Chesterfield	3,896	765	19.6%
Goochland	148	21	14.2%
Hanover	1,362	135	9.9%
Henrico	3,317	587	17.7%
New Kent	179	40	22.3%
Powhatan	309	70	22.7%
Richmond	1,990	607	30.5%
<b>PD 15</b>	<b>11,250</b>	<b>2,229</b>	<b>19.8%</b>
<b>Virginia</b>	<b>83,934</b>	<b>16,551</b>	<b>19.7%</b>

**Source:** The University of Virginia Child Assessments Phonological Awareness Literacy Screening for Kindergarten (PALS-K). Prepared and analyzed by the Central Virginia Health Planning Agency.

As illustrated below, Charles City’s and Hanover’s percentages are well below the State and area rate, Goochland’s and Henrico’s was somewhat below, while New Kent’s, Powhatan’s, and Richmond’s percentages were above. Being above the State and area rates may indicate greater need or can reflect more extensive screening and identification.



### CHILDREN IN HEAD START

Head Start is a largely Federal funded program that serves primarily low-income three and four year old children in order to prepare them for school. As illustrated in the table below, the highest percentage of enrolled three and four year old children are in Charles City, Richmond, and New Kent. Henrico and Chesterfield have the lowest percentage of participation. Much of this is

due to the limited number of student spots available in most communities, since the program has been “flat funded” for a number of years, which has limited enrollment in communities with a rapidly increasing number of new children. The program that serves New Kent and Charles City appears to equally allocate those slots between the two counties.

Locality	2006	
	#	%
Charles City	28	15.5%
Chesterfield	196	2.2%
Goochland	19	3.7%
Hanover	123	4.3%
Henrico	172	1.8%
New Kent	28	6.8%
Powhatan	34	4.6%
Richmond	812	14.3%
<b>PD 15</b>	<b>1,412</b>	<b>5.0%</b>
<b>Virginia</b>	<b>16,383</b>	<b>6.8%</b>

**Note:** Percentage extrapolated from 0-4 years population, estimating ages 3 and 4.

**Source:** Virginia Department of Education. Claritas.

**CHILDREN WITH SPECIAL EDUCATIONAL NEEDS**

Data was collected by school for the 2005-06 school year that shows the number of students receiving special education by type of disability. As illustrated by the following table, 15.5% of all students in the greater Richmond area received special education services, slightly higher than the State percentage of 14.4% of students. The percentage with disabilities ranged from 19.2% in Richmond to 13.9% in Powhatan. New Kent’s percentage of 18.4% had the second highest percentage of students in special education.

2005-2006 School Year

Locality	Specific Learning Disabilities	Speech or Language Impairments	Other Health Impairments	Developmental Delay	Emotional Disturbance	Mental Retardation	Autism	Total	
	%	%	%	%	%	%	%	#	%
Charles City	6.6%	2.1%	2.4%	1.9%	1.3%	0.8%	0.2%	136	15.6%
Chesterfield	5.9%	2.5%	2.3%	0.9%	1.1%	0.9%	0.5%	8,352	14.6%
Goochland	5.7%	2.8%	2.1%	2.2%	1.2%	1.5%	0.5%	370	16.5%
Hanover	5.7%	2.7%	3.7%	1.3%	0.9%	0.6%	0.4%	2,923	15.7%
Henrico	4.9%	2.0%	3.4%	1.3%	1.0%	0.8%	0.5%	6,956	14.6%
New Kent	7.9%	2.8%	2.4%	2.7%	0.9%	0.4%	0.2%	485	18.4%
Powhatan	6.1%	1.9%	1.8%	1.8%	0.9%	0.7%	0.2%	607	13.9%
Richmond	7.2%	2.8%	1.2%	1.7%	1.9%	3.5%	0.3%	4,738	19.2%
<b>PD 15</b>	<b>5.8%</b>	<b>2.4%</b>	<b>2.6%</b>	<b>1.3%</b>	<b>1.2%</b>	<b>1.2%</b>	<b>0.4%</b>	<b>24,567</b>	<b>15.5%</b>
<b>Virginia</b>	<b>5.4%</b>	<b>2.7%</b>	<b>2.1%</b>	<b>1.2%</b>	<b>1.0%</b>	<b>1.0%</b>	<b>0.5%</b>	<b>175,176</b>	<b>14.4%</b>

**Source:** Virginia Department of Education Special Education Child Count, 2005-06, Prepared and Analyzed by the Central Virginia Health Planning Agency

In all school systems, the greatest disability was a “specific learning” disability, representing almost 6% of all students. Surprisingly, New Kent had the highest percentage of this learning disability of any locality. The second greatest disability was “other health impairments”, representing 2.6% of students area wide. Hanover and Henrico had particularly large percentages of students with this disability. Finally, “speech and language impairments” was the third greatest disability for the Richmond area but the second greatest for Virginia. While children with mental retardation represent only 1.2% of the area’s students, 3.5% of Richmond’s students have this disability, raising questions about the quality of prenatal care, genetic counseling and other issues that impact this condition in children.

**CHILDREN WITH A DISABILITY**

Disability data by type of disability is available by age and census tract from the 2000 Census and is included in Attachment D. By far, the greatest childhood disability is mental disability, with physical and sensory disabilities being very similar in frequency, and then self-care disability. For purposes of the charts below, sensory and self-care disabilities have been combined. *Note that the numbers are unduplicated and assignment is made to the primary disability.* As shown below, Chesterfield has a particularly high percentage of mental disabilities among children 5 to 15 years of age, while Charles City has a high percentage of physically disabled and Goochland a high percentage of sensory and self-care disabled children.

5-15 Years by Disability							
Locality	Physical		Mental		Sensory & Self-Care		Total
	#	%	#	%	#	%	#
Charles City	13	31.0%	25	59.5%	4	9.5%	42
Chesterfield	127	4.8%	2361	89.6%	147	5.6%	2635
Goochland	0	0.0%	55	49.1%	57	50.9%	112
Hanover	44	6.5%	559	82.3%	76	11.2%	679
Henrico	89	12.1%	560	76.4%	84	11.5%	733
New Kent	6	4.8%	97	77.0%	23	18.3%	126
Powhatan	12	5.6%	172	79.6%	32	14.8%	216
Richmond	111	6.2%	1314	73.8%	356	20.0%	1781
<b>PD 15</b>	<b>484</b>	<b>6.4%</b>	<b>6,257</b>	<b>82.3%</b>	<b>861</b>	<b>11.3%</b>	<b>7,602</b>
<b>Virginia</b>	<b>3,482</b>	<b>6.2%</b>	<b>46,191</b>	<b>82.4%</b>	<b>6,356</b>	<b>11.3%</b>	<b>56,029</b>

Source: 2000 Census

As children age into late adolescence, mental disabilities continue to dominate, but a greater representation of physical disability emerges.

16-20 Years by Disability							
Locality	Physical		Mental		Sensory & Self-Care		Total
	#	%	#	%	#	%	#
Charles City	0	0.0%	16	51.6%	15	48.4%	31
Chesterfield	121	16.0%	542	71.9%	91	12.1%	754
Goochland	12	17.6%	20	29.4%	36	52.9%	68
Hanover	10	6.5%	144	93.5%	0	0.0%	154
Henrico	56	9.4%	427	71.9%	111	18.7%	594
New Kent	0	0.0%	32	76.2%	10	23.8%	42
Powhatan	22	44.0%	28	56.0%	0	0.0%	50
Richmond	123	22.1%	345	61.9%	89	16.0%	557
<b>PD 15</b>	<b>346</b>	<b>15.4%</b>	<b>1,554</b>	<b>69.0%</b>	<b>352</b>	<b>15.6%</b>	<b>2,252</b>
<b>Virginia</b>	<b>2,139</b>	<b>12.5%</b>	<b>12,127</b>	<b>70.8%</b>	<b>2,858</b>	<b>16.7%</b>	<b>17,124</b>

Source: 2000 Census

The following chart shows the rates of disability by age group and locality in 2000. Note that the area's disability rate is higher for both children and older adolescents than the Virginia rate. While Richmond has the highest disability rate for those 5-15 years, Goochland has the highest rate among those 16-20 years of age. Note that the disability rate decreases as children age, perhaps due to premature death or institutionalization.

Disabled Young Persons 5-15 Yrs				Disabled Young Persons 16-20 Yrs		
Locality	Total Pop	# Disabled	Rate/1,000	Total Pop	# Disabled	Rate/1,000
Charles City	955	42	44.0	418	31	74.2
Chesterfield	47,324	2,635	55.7	17,784	754	42.4
Goochland	2,204	112	50.8	742	68	91.6
Hanover	15,014	679	45.2	5,454	154	28.2
Henrico	39,807	733	18.4	14,538	594	40.9
New Kent	2,157	126	58.4	668	42	62.9
Powhatan	3,458	216	62.5	1,208	50	41.4
Richmond	26,703	1,781	66.7	15,450	557	36.1
<b>PD 15</b>	<b>137,622</b>	<b>7,602</b>	<b>55.2</b>	<b>56,262</b>	<b>2,252</b>	<b>40.0</b>
<b>Virginia</b>	<b>1,087,367</b>	<b>56,029</b>	<b>51.5</b>	<b>462,382</b>	<b>17,124</b>	<b>37.0</b>

Source: 2000 Census

**STUDENTS WITH LIMITED ENGLISH PROFICIENCY (LEP)**

Children of immigrants, whether documented or undocumented, are allowed to attend public schools in the areas in which they are residents. Many of these children have limited ability to speak and/or read English and; therefore, require special assistance. The number of and growth in students with limited English skills often serves as a proxy for the growth of new immigrants in an area; however, it would not include older teen or other immigrant children that are not enrolled in school.

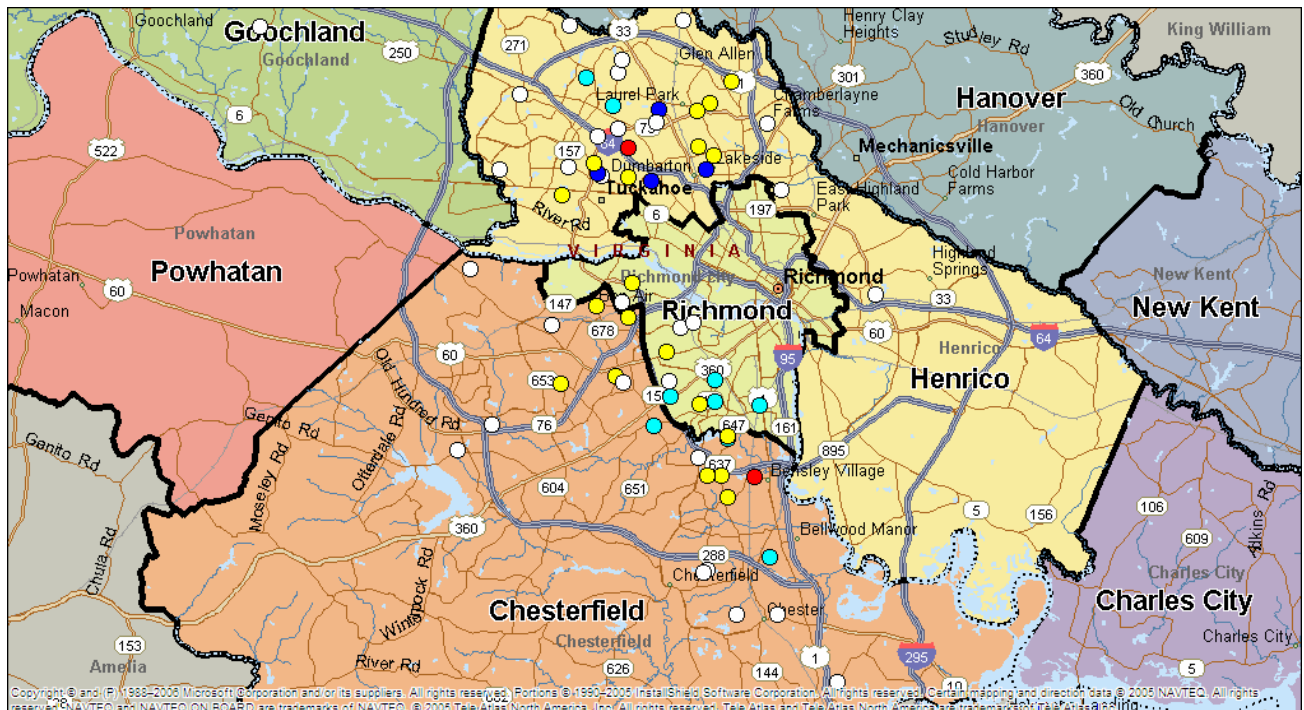
As shown in the following table, the percentage of LEP students in the greater Richmond area has more than tripled over the last decade, growing to 3.2% of the student population in 2006. While this is half of the Virginia representation (6.4%), these students often have significant needs and represent a cultural shift in many communities. For example, Henrico County has the largest number (2,258) and percentage (4.7%) of LEP students, but Chesterfield has experienced the greatest increase in LEP students over the last decade, increasing from 0.6% to 3.3% of all students and representing an additional 1,600 students with LEP needs.

**Students with Limited English Proficiency**

Locality	1997		2000		2003		2006	
	#	%	#	%	#	%	#	%
Charles City	1	0.1%	0	0	0	0	6	0.7%
Chesterfield	318	0.6%	562	1.1%	1,439	2.6%	1,921	3.3%
Goochland	0	0.0%	8	0.4%	9	0.4%	25	1.1%
Hanover	50	0.3%	63	0.4%	143	0.8%	155	0.8%
Henrico	765	2.0%	1,040	2.5%	1,455	3.2%	2,258	4.7%
New Kent	3	0.1%	10	0.4%	4	0.2%	0	0.0%
Powhatan	0	0.0%	1	0.0%	9	0.2%	36	0.8%
Richmond	229	0.8%	306	1.1%	394	1.6%	690	2.9%
<b>PD 15</b>	<b>1,366</b>	<b>1.0%</b>	<b>1,990</b>	<b>1.4%</b>	<b>3,453</b>	<b>2.2%</b>	<b>5,091</b>	<b>3.2%</b>
<b>Virginia</b>	<b>24,536</b>	<b>2.2%</b>	<b>36,799</b>	<b>3.2%</b>	<b>60,990</b>	<b>5.1%</b>	<b>78,216</b>	<b>6.4%</b>

**Source:** Virginia Department of Education, Report of Limited English Proficient (LEP) Students September 30, 2006. Prepared and Analyzed by Central Virginia Health Planning Agency

The following map illustrates how some schools, particularly in western Henrico, have 28-35% (dark blue) of their students with LEP. One school in Chesterfield and one in Henrico have 21-27% (red) LEP students, while many others have 14-20% (light blue) or 7-13% (yellow) of their students with LEP. The white points represent schools with percentages of LEP students above the regional percentage but less than 7%. Even rural Goochland has one school that falls in this group. It appears that the new immigrant populations cluster on the north end of the Route 1 corridor and then form a crescent around the western side of Richmond.



**HIGH SCHOOL DROPOUT PERCENTAGE**

There is significant discussion about how to accurately reflect high school dropouts. As noted below, the State changed its method of calculating the number of dropouts in 2001-02; therefore, comparisons to previous years should be done with caution. High School dropout data is collected by school and is included in Attachment D. As illustrated below, the dropout rate in the greater Richmond area has remained lower than the State rate. The greatest percentage of dropouts appears to be in Henrico, followed by Richmond and Charles City. As would be expected, in the localities with more than one high school, the alternative/community high schools have significantly higher high school drop out percentages, but Henrico is seeing drop out percentages of 5% or greater among four other high schools as well.

**High School Dropout Percentage by Locality**

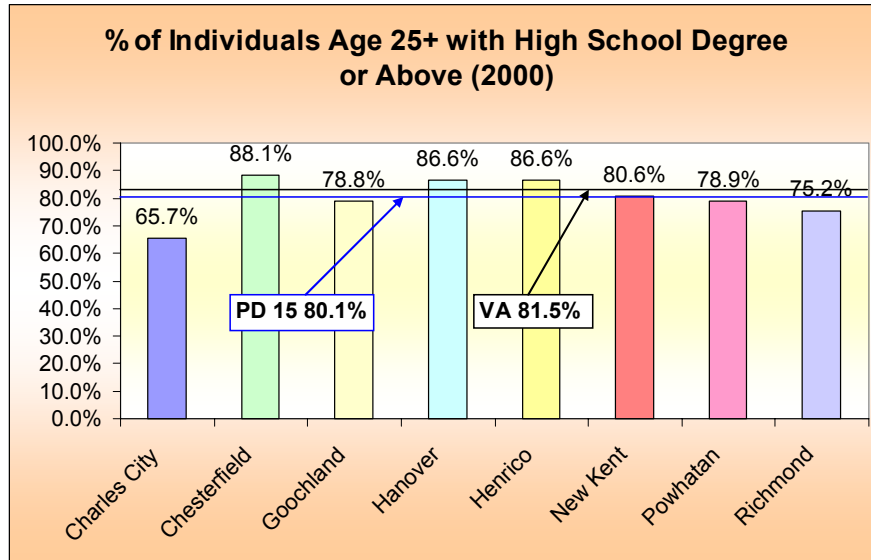
Locality	2000		2003		2005	
	#	%	#	%	#	%
Charles City	14	3.2%	2	0.5%	10	2.4%
Chesterfield	749	3.2%	364	1.4%	503	1.9%
Goochland	22	2.5%	9	1.0%	4	0.4%
Hanover	20	0.3%	21	0.3%	55	0.6%
Henrico	340	1.8%	379	1.9%	678	3.1%
New Kent	24	2.2%	13	1.1%	10	0.8%
Powhatan	33	2.2%	29	1.8%	19	0.1%
Richmond	285	2.8%	1,228	1.9%	250	2.5%
<b>PD 15</b>	<b>1,487</b>	<b>2.3%</b>	<b>2,045</b>	<b>1.2%</b>	<b>1,529</b>	<b>1.5%</b>
<b>Virginia</b>	<b>12,477</b>	<b>2.5%</b>	<b>11,601</b>	<b>2.2%</b>	<b>10,608</b>	<b>1.9%</b>

**Note:** Beginning with the 2001-02 dropout reporting, the dropout percentage is calculated as the number of dropouts for a given school year divided by the membership on September 30th of that school year. Dropout rates include students enrolled in 7th through 12th grade.

**Source:** 2000, 2002, 2005 Virginia Department of Education Dropout Statistics. Prepared and Analyzed by Central Virginia Health Planning Agency

**EDUCATIONAL ATTAINMENT**

The educational attainment of residents 25 years and older was obtained from the US Census. The following chart shows by locality the total percentage of the population 25 years and older with a high school degree/General Educational Development (GED) diploma or above. Approximately 80% of PD 15 residents 25 years and older have at least a high school degree compared to approximately 82% of Virginia residents 25 years and older. Excluding high school degree/GED attainment, for all other levels of educational attainment (associate degree, bachelor’s degree, master’s degree, professional school degree, and doctorate degree), PD 15 has a lower percentage of each degree attained, especially for master’s degrees, than Virginia.



Source: 2000 US Census

Charles City has the lowest percentage of its population with at least a high school degree/GED, followed by Richmond, Goochland, and Powhatan. Some of the lower educational attainment seen in rural areas can be due to the relatively larger representation of long-time elderly residents with limited educations. Nevertheless, for today’s younger persons having a lower level of educational attainment significantly impacts a person’s lifetime earning potential and access to jobs that provide health insurance and other benefits.

## HEALTH-RELATED INDICATORS

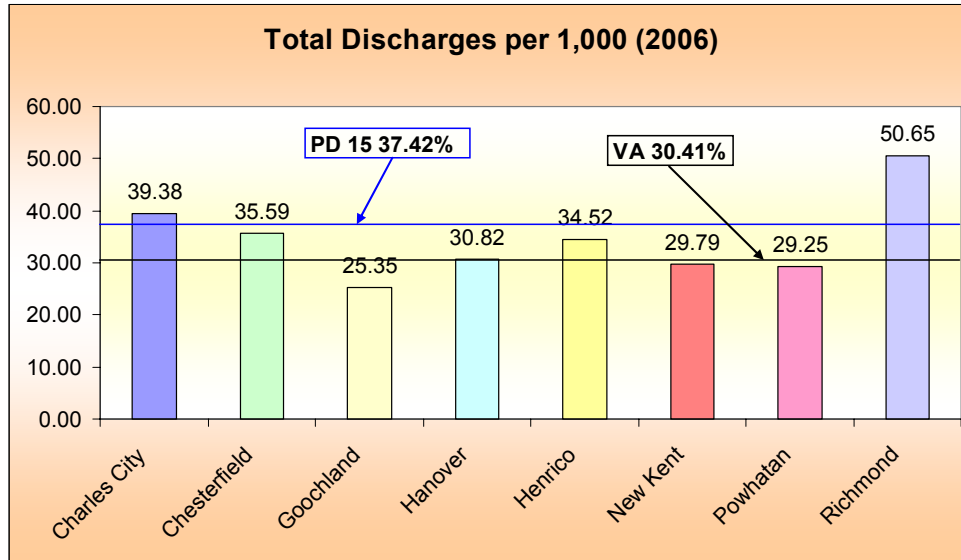
### INPATIENT HOSPITAL DISCHARGES

All discharges from Virginia's acute care hospitals are reported to Virginia Health Information (VHI). Numerous types of data, such as the patient's age, ZIP code, and diagnosis, are collected about each patient. The data used for this analysis is from CY 2005, the most recent year of the VHI data at the time of this analysis, and is based on the ZIP code given for each patient's residence. VHI data reviewed and analyzed for this assessment included the patients' age, race, gender, DRG, payment source, and facility utilized. Each PD 15 locality's data were compared to the corresponding inpatient utilization data for PD 15 and Virginia.

**Please note that some ZIP codes are post office boxes and do not have populations associated with them; therefore, discharge use rates for these specific zip codes could not be calculated. Although zip codes extend across city/county borders, they are assigned to a specific city/county; therefore, comparison between the inpatient data (based on zip codes) and the demographic data (based on census tracts) should be used cautiously. Moreover, caution should be taken when reviewing data with relatively small numbers of discharges.** Nonetheless, the comparison still provides valuable comparative information and should be used with other data and information included in this report to obtain insights about PD 15's health care needs.

**Attachment E** includes ZIP code area maps for PD 15. **Attachment F** includes the inpatient data tables for CY 2005 and maps of the child and youth discharge rates by ZIP code area. Of note, when the discharge rate is given, the rate is per 1,000 youth population and includes only youth residents who are discharged from Virginia hospitals. The following summarizes some of the major findings from the 2005 inpatient data:

- The 2005 overall youth inpatient discharge rate for PD 15 (37.42) is 23% higher than Virginia's discharge rate (30.41). A higher discharge rate can indicate inadequate primary care to prevent hospitalization, greater levels of violence, accidents and/or conditions that require hospitalization, and/or health care providers that utilize inpatient services at higher rates due to practice patterns and/or greater patient needs.
- The maps illustrating inpatient discharge rates by ZIP code area in Attachment F show that the area's higher discharge rates are among several areas in Richmond's center and south side, as well as areas through the center and eastern parts of the PD.
- Richmond has the highest overall youth inpatient discharge rate (50.65). Richmond's inpatient discharge rate is 35% higher than PD 15's discharge rate and 67% higher than Virginia's inpatient discharge rate.



Source: Virginia Health Information 2005; Claritas 2006 Population Data

**Gender**

- All PD 15 localities except for Goochland and Powhatan have more female discharges than male discharges.
- The gender composition of PD 15’s 2005 discharges (47.5% males and 52.5% females) reveals a higher percentage of males and a lower percentage of females when compared to Virginia’s percentage of discharges.

The following table compares the inpatient discharge rate by gender.

**2005 Inpatient Youth Discharge Rate per 1000 Population by Gender**

Locality	Male	Female
Charles City	27.25	52.20
Chesterfield	33.93	36.63
Goochland	26.40	23.92
Hanover	28.38	33.50
Henrico	32.50	36.63
New Kent	23.33	37.21
Powhatan	29.81	28.60
Richmond	45.24	56.01
<b>PD 15</b>	<b>34.75</b>	<b>40.22</b>
<b>Virginia</b>	<b>26.82</b>	<b>34.17</b>

Source: Virginia Health Information 2005

- Except for Goochland and Powhatan, the female discharge rate in 2005 for each locality in PD 15 is higher than the male discharge rate. PD 15’s overall female discharge rate (40.22) is 18% higher than Virginia’s overall female discharge rate (34.17).
- PD 15’s overall male discharge rate (34.75) is 30% higher than Virginia’s overall male discharge rate (26.82).
- The higher discharge rates for both males and females in PD 15 may indicate a lack of appropriate primary health care, inappropriate hospitalization, and/or increased incidence of conditions that generally require hospitalization.

**Race**

The following table shows the youth inpatient discharge rate by race for each PD 15 locality.

**2005 Inpatient Discharge Rate per 1000 Youth by Race**

Locality	White	Black	Other
Charles City	39.62	42.36	14.29
Chesterfield	29.09	40.37	133.90
Goochland	21.63	38.00	35.09
Hanover	28.34	41.32	100.69
Henrico	30.39	35.18	78.47
New Kent	30.21	26.23	38.55
Powhatan	30.21	16.91	200.00
Richmond	23.58	57.40	250.00
<b>PD 15</b>	<b>28.48</b>	<b>46.84</b>	<b>112.74</b>
<b>Virginia</b>	<b>24.94</b>	<b>34.61</b>	<b>84.97</b>

Source: Virginia Health Information 2005

- PD 15’s service area’s discharge rates for the white and black populations in 2005 were 14% and 35% higher, respectively, than Virginia’s discharge rates for the white and black populations. The rate disparities probably are related to the access to and use of primary and preventive health services.
- The racial composition of PD 15’s discharges is 47.8% white and 42.6% black. The representations of discharges of the white and black population are both lower than the white and black representations in the demographic data (51.2% for the white population and 48.8% for the black population).

**Age**

The discharge data was grouped into four age categories (0-4, 5-9, 10-14, and 15-19). The following table provides the 2005 inpatient discharge rate per 1000 population by these four age categories.

**2005 Inpatient Discharge Rate per 1000 Population by Age**

<b>Locality</b>	<b>0-4</b>	<b>5-9</b>	<b>10-14</b>	<b>15-19</b>
Charles City	59.70	17.73	30.10	51.08
Chesterfield	64.65	19.62	19.19	41.24
Goochland	37.82	11.48	12.07	39.14
Hanover	58.64	14.06	16.64	37.13
Henrico	56.18	15.62	18.86	49.04
New Kent	60.80	16.28	13.87	32.79
Powhatan	47.23	15.65	26.17	29.10
Richmond	82.28	24.35	26.62	71.09
<b>PD 15</b>	<b>64.31</b>	<b>18.53</b>	<b>20.31</b>	<b>48.47</b>
<b>Virginia</b>	<b>46.72</b>	<b>14.29</b>	<b>17.03</b>	<b>43.02</b>

Source: Virginia Health Information 2005

- All four PD 15’s age groups have higher discharge rates when compared to Virginia’s.
- Richmond has the highest discharge rate for three of the four age groups. The only exception is the 10-14 age group for which Charles City has the highest rate.
- For the 0-4 age group, Richmond has the highest discharge rate (82.28). This rate is 28% higher than PD 15’s discharge rate and 76% than Virginia’s discharge rate.
- For the 5-9 age group, Richmond has the highest discharge rate (24.35). This rate is 31% higher than PD 15’s discharge rate and 70% higher than Virginia’s discharge rate.
- For the 10-14 age group, Charles City has the highest discharge rate (30.10). This rate is 48% higher than PD 15’s discharge rate and 77% higher than Virginia’s discharge rate.
- For the 15-19 age group, Richmond again has the highest discharge rate (71.09). This rate is 47% higher than PD 15’s discharge rate and 65% higher than Virginia’s discharge rate.

Certain inpatient data (gender, race, and age) were compared to the demographic data for the locality, PD 15, and Virginia. Please note that the inpatient data is categorized by ZIP codes while the demographic data is categorized by census tracts. The use rates by gender, race, and age groups were calculated using 2006 population estimates by ZIP code obtained from CLARITAS, a nationally recognized data organization.

The following chart compares the demographic data (CLARITAS 2006 projections) with the 2005 youth inpatient data for these four age groups: 0-4; 5-9; 10-14; and 15-19.

**2005 Comparison of Demographic and Inpatient Utilization Data**

	<b>0-4 Yrs</b>	<b>5-9 Yrs</b>	<b>10-14 Yrs</b>	<b>15-19 Yrs</b>
<b><i>Demographics</i></b>				
PD 15	22.7%	23.8%	26.2%	27.4%
Virginia	23.7%	24.0%	25.4%	26.9%
<b><i>Inpatient Discharges</i></b>				
PD 15	39.0%	11.8%	14.2%	35.1%
Virginia	36.4%	11.3%	14.2%	38.1%
<b><i>Inpatient Discharge Rate</i></b>				
PD 15	64.31	18.53	20.31	48.47
Virginia	46.72	14.29	17.03	43.02

**Source:** Virginia Health Information 2005

- The 0-4 age group has the highest discharge rate, followed by the 15-19 age group.
- PD 15’s discharge rates for all four age groups are higher when compared to the corresponding age groups’ discharge rates for Virginia. **Specifically, PD 15’s discharge rates are 38% higher for the 0-4 age group; 30% higher for the 5-9 age group; 19% higher for the 10-14 age group; and 13% higher for the 15-19 age group.** This higher hospitalization rate across all age groups could indicate systemic problems in accessing or appropriately using preventive or primary health care.

***DRG***

The following table shows the top five DRGs by the percentage of total youth discharges for PD 15 and Virginia.

**Planning District 15 DRGs of Children & Adolescents by Locality Using Percentage of Total**

Diagnosis	Charles City	Chesterfield	Goochland	Hanover	Henrico	New Kent	Powhatan	Richmond	PD 15	Virginia
Bronchitis & Asthma Age 0-17	9.3%	13.8%	13.6%	13.0%	13.3%	10.3%	12.0%	15.8%	14.1%	10.4%
Psychoses	7.0%	9.2%	4.9%	9.9%	10.1%	11.8%	10.4%	8.8%	9.4%	9.1%
Vaginal Delivery w/o CD		6.4%	3.9%	3.8%	6.5%	3.7%	6.0%	9.4%	7.0%	9.0%
Simple Pneumonia & Pleurisy Age 0-17		6.5%	4.9%	5.7%	6.1%	6.6%	3.8%	6.0%	6.2%	5.3%
Nutritional & Misc Metabolic Disorders		5.2%	4.9%	5.0%	5.9%	2.9%	4.9%	4.0%	4.9%	5.0%
Esophagitis, Gastroent & Misc Digestion Disorders		4.9%	6.8%	3.3%	3.7%	8.8%	6.6%	3.7%	4.2%	4.2%
Depressive Neuroses		3.6%	3.9%	3.4%	2.9%	2.9%	2.7%	3.1%	3.2%	2.6%
Seizure & Headache Age 0-17		2.6%		3.2%	2.0%		2.2%	2.0%	2.3%	2.1%
Viral Illnesses & Fever of Unknown Origin		2.0%	3.9%	3.2%		3.7%		2.1%	2.1%	2.1%
Cesarean Section w/o CD				1.7%		2.9%		2.6%	2.0%	1.9%
Childhood Mental Disorders									1.6%	1.7%
Otitis Media & URI Age 0-17									1.4%	1.6%
Kidney & Urinary Tract Infections				1.7%		2.2%			1.4%	1.6%
Appendectomy w/o Complicated Principal						2.7%			1.3%	1.5%
Vaginal Delivery w/ CD						2.2%			1.2%	1.5%
<b>Total</b>	<b>16%</b>	<b>55%</b>	<b>47%</b>	<b>54%</b>	<b>51%</b>	<b>61%</b>	<b>49%</b>	<b>58%</b>	<b>62%</b>	<b>60%</b>

Source: Virginia Health Information 2005

- PD 15 and Virginia have the same top five DRGs.
- Bronchitis and asthma age 0-17 is the top DRG for all PD 15 localities except New Kent.

- New Kent’s top DRG is psychoses. However, this DRG only includes 16 discharges of children and adolescents from the County.

**Facility**

The following chart shows the top facilities by percentage of youth discharges for PD 15. As is illustrated, Chippenham Medical Center is the most frequently utilized hospital by the youth population. Chippenham, MCV, and St. Mary’s Hospital account for 86% of the PD 15 total youth discharges. All of these facilities have dedicated pediatric units.

Locality	Chippenham Medical Center	MCV Hospital	St. Mary’s Hospital of Richmond	Henrico Doctors’ Hospital	Total
Charles City	8.9%	24.4%	26.7%	6.7%	<b>66.7%</b>
Chesterfield	60.4%	20.9%	7.8%	1.7%	<b>90.8%</b>
Goochland	13.6%	16.5%	48.5%	13.6%	<b>92.2%</b>
Hanover	7.5%	25.6%	43.9%	7.6%	<b>84.6%</b>
Henrico	12.2%	26.4%	40.6%	11.1%	<b>90.3%</b>
New Kent	10.0%	21.0%	33.3%	0.0%	<b>64.0%</b>
Powhatan	63.0%	17.0%	10.0%	0.0%	<b>90.0%</b>
Richmond	29.8%	41.8%	18.0%	3.7%	<b>93.3%</b>
<b>PD 15</b>	<b>33.0%</b>	<b>29.0%</b>	<b>24.0%</b>	<b>5.0%</b>	<b>91.0%</b>

Source: Virginia Health Information 2005

**Payer**

Please note that VHI’s patient level payer data can be somewhat unreliable because of the absence of plan identifiers; thus, this caveat needs to be recognized when using the payer data. Health care payers, excluding the “other” payer category, are shown in the table below.

Locality	Medicare	Anthem	HMO/PPO	Commercial	Medicaid	Self pay/ Indigent
Charles City	0.0%	6.7%	33.3%	4.4%	44.4%	0.0%
Chesterfield	0.0%	31.9%	24.5%	2.6%	32.2%	3.9%
Goochland	0.0%	58.3%	19.4%	1.0%	15.5%	3.9%
Hanover	0.4%	44.2%	29.5%	4.2%	17.0%	1.9%
Henrico	0.1%	36.1%	26.2%	3.0%	26.6%	3.1%
New Kent	0.0%	35.3%	24.3%	2.9%	30.1%	2.9%
Powhatan	0.0%	47.0%	26.2%	6.0%	11.5%	4.9%
Richmond	0.0%	16.9%	15.3%	1.1%	58.5%	3.9%
<b>PD 15</b>	<b>0.1%</b>	<b>30.3%</b>	<b>22.8%</b>	<b>2.5%</b>	<b>36.3%</b>	<b>3.5%</b>
<b>Virginia</b>	<b>0.1%</b>	<b>26.3%</b>	<b>21.0%</b>	<b>6.2%</b>	<b>36.8%</b>	<b>3.8%</b>

Source: Virginia Health Information 2005

- As is evidenced, Medicaid is the payer for the largest percentage of discharges for both PD 15 and Virginia. The percentages are almost identical.
- Anthem is the payer for the next largest percentage of discharges in both PD 15 and Virginia. In fact Medicaid and Anthem are the payers for two-thirds of PD 15's youth discharges.
- PD 15 has a higher percentage of Anthem and HMO/PPO (managed care plans) than Virginia does.
- Powhatan has a particularly high percentage of self pay/indigent discharges, which may indicate an opportunity to enroll more children in FAMIS, Virginia's insurance program for lower income children.

### ***Summary***

In summary, the following findings are noted from the inpatient data.

1. The Richmond area's overall inpatient discharge rate for children and adolescents is higher than Virginia's discharge rate. This difference reflects higher local rates in Richmond, Charles City, Henrico, and Chesterfield and can indicate inadequate primary care to prevent hospitalization, greater levels of violence and accidents that require hospitalization, and/or health care providers that utilize inpatient services at higher rates due to practice patterns and/or greater patient needs.
2. As expected, the female population utilized inpatient care more frequently than the male population, some of which is associated with teenage pregnancy.
3. Richmond's relatively high discharge rate for children and adolescents is seen across all age groups and likely reflects the relative poverty of the City, as well as the population's access to acute care hospitals.
4. Like Virginia, the area's young children and older adolescents are the age groups that are most likely to be hospitalized.
5. Bronchitis and asthma and psychoses (which encompass a range of mental health diagnoses) are the top two DRGs for every locality in the Richmond area with the exception of the City of Richmond which has simple pneumonia as its second greatest diagnosis, followed by psychoses. Obviously asthma and mental health are two conditions that represent opportunities for health improvement.
6. Medicaid/FAMIS is critical to providing access to health care services for young people in the area, paying for at least one in ten discharges from every locality and more than one in two for Richmond City's children and adolescents. More than one-third of all discharges of children and youth in the Richmond area and Virginia are paid for by this Federal and State funded program.

**BIRTH RATES**

The table below compares various birth statistics for PD 15 (the Greater Richmond area) and Virginia. The following is noted from the statistics:

- As is evidenced, PD 15’s and Virginia’s overall birth rate has declined slightly during the five year period, with the Richmond area’s rate staying slightly below the State rate.
- Similarly, PD 15’s and Virginia’s teen birth rate has decreased from 2000 to 2005, and the area’s teen birth rate remains below the State’s rate. A high teen birth rate negatively impacts a locality’s overall health because of the effects of a teenager’s economic and emotional status in caring for a child and the lifelong influence this can have on the child.
- Of note, more than a third of all births in PD 15 in 2000 and 2005 were to unmarried mothers, remaining higher than and increasing faster than Virginia’s percentage (32%) of Virginia’s births. Young and/or unmarried mothers often have less financial and emotional support to raise a child and address medical problems typically seen in low birth weight infants. However, note that unmarried does not necessarily mean that the child’s father is not present in the child’s and mother’s household.
- The percentage of low birth weight infants in PD 15 remains higher than and is increasing faster than Virginia’s percentage. Currently, almost 10% of all infants are low birth weight in the greater Richmond area.

	PD 15			Virginia		
	Number	Rate	Percent	Number	Rate	Percent
<b><i>Births*</i></b>						
2000	11,919	13.8	N/A	98,864	14.0	N/A
2005	12,561	13.5	N/A	104,488	13.8	N/A
<b><i>Births to Teenagers**</i></b>						
2000	1,168	19.4	N/A	9,803	20.5	N/A
2005	1,067	16.5	N/A	8,905	17.6	N/A
<b><i>Births to Unmarried Mothers</i></b>						
2000	4,027	N/A	33.8	29,635	N/A	30.0
2005	4,559	N/A	36.3	33,681	N/A	32.2
<b><i>Low Weight Births</i></b>						
2000	1,082	N/A	9.1	1,224	N/A	8.0
2005	7,886	N/A	9.7	8,594	N/A	8.2

\*Birth rate per 1000 female population (15-44)

\*\*Birth rate per 1000 female population (10-19)

Source: 2000 and 2005 Virginia Department of Health

**TEENAGE BIRTHS**

As illustrated in the table below, most teen births occur to women who are 18 or 19 years of age, with only Richmond having a significant number of births to teenagers ages 15-17 years. In fact, with five births in Henrico and three births in Chesterfield to girls less than 15 years, Richmond is the only locality in 2005 with a significant rate of very young teenage births. Of course, many would advocate that even one birth to a teenage girl is one too many given the potential obstacles that mother and child have to overcome.

Locality	Teenage Live Births				Birth Rate			
	Total	< 15	15 - 17	18 - 19	Total	< 15	15 - 17	18 - 19
Charles City	8	0	1	7	20.8	0.0	10.0	82.4
Chesterfield	253	3	76	174	11.4	0.3	10.4	43.7
Goochland	11	0	3	8	10.3	0.0	7.5	51.9
Hanover	57	0	14	43	8.0	0.0	6.1	32.4
Henrico	255	5	71	179	14.1	0.5	12.3	66.6
New Kent	10	0	3	7	9.7	0.0	9.0	44.6
Powhatan	13	0	3	10	8.0	0.0	5.8	40.8
Richmond City	460	15	144	301	35.4	2.7	43.7	74.0
<b>PD 15</b>	<b>1,067</b>	<b>23</b>	<b>315</b>	<b>729</b>	<b>16.5</b>	<b>0.7</b>	<b>15.7</b>	<b>57.4</b>
<b>Virginia</b>	<b>8,905</b>	<b>129</b>	<b>2,521</b>	<b>6,255</b>	<b>17.6</b>	<b>0.5</b>	<b>16.3</b>	<b>62.2</b>

Source: 2005 Virginia Department of Health

**NON-MARITAL BIRTHS**

Often marriage provides additional financial and emotional supports to new mothers and their children that sometimes is not available to unmarried mothers. However, as mentioned previously, unmarried does not necessarily mean that the child’s father is not present in the child’s and mother’s household. While the percentage of non-marital births to black mothers is more than three times the percentage of non-marital births to white mothers, the increase in the percentage of non-marital births is considerably greater among white women when compared to black women both in the greater Richmond area and Virginia. More than two of every three black births are to unmarried women while one in five of all white births are to unmarried women.

While some rural counties, such as Powhatan, Goochland, and Charles City have seen a decrease in its percentage of non-marital births, others, such as New Kent and Hanover, have experienced a significant increase. Richmond’s decrease in the percentage of non-marital births is a direct result of the decrease in the number of total live births.

**Non-Marital Births**

Locality	Percentage in 2005				Percentage Change 2000-2005			
	Total	White	Black	Other	Total	White	Black	Other
Charles City	50.6	34.2	72.2	20	-0.2%	25.3%	-3.7%	-20.0%
Chesterfield	27.9	22.0	53.5	18.8	17.2%	20.2%	12.4%	21.3%
Goochland	17.7	9.9	69.2	0	-5.3%	15.1%	35.7%	0.0%
Hanover	19.7	15.2	60.8	19.2	25.5%	25.6%	18.1%	131.3%
Henrico	32.2	20.1	65.8	10.9	16.7%	29.7%	8.4%	2.8%
New Kent	24.7	22.0	40.9	50.0	33.5%	91.3%	-27.0%	0.0%
Powhatan	16	12.3	66.7	33.3	-10.1%	-17.4%	45.6%	0.0%
Richmond City	61.2	30.5	83.1	44.9	-0.3%	21.0%	3.5%	70.7%
<b>PD 15</b>	<b>36.3</b>	<b>21.4</b>	<b>71.3</b>	<b>17</b>	<b>7.4%</b>	<b>25.1%</b>	<b>4.5%</b>	<b>22.3%</b>
<b>Virginia</b>	<b>32.2</b>	<b>24.3</b>	<b>63.8</b>	<b>20.3</b>	<b>7.3%</b>	<b>17.4%</b>	<b>0.9%</b>	<b>23.0%</b>

Source: 2000 and 2005 Virginia Department of Health, Vital Statistics

**LOW WEIGHT BIRTHS**

The percentage of low birth weight infants in the Richmond area remains higher than and is increasing faster than Virginia’s percentage. Currently, almost 10% of all infants are low birth weight in the greater Richmond area. While the percentage is growing faster among white births, the percentage of low birth weight black infants is almost double the percentage for white infants (14.1% versus 7.7%). In fact, the largest growth in low birth weight infants is among “other” races, growing from 6.5% in 2000 to 8.8% in 2005. New Kent and Chesterfield have both experienced a significant increase in their percentages of low birth weight infants, particularly among black mothers in New Kent and mothers of “other” races in Chesterfield. Nevertheless, Richmond’s black mothers appear to be at particular risk for delivery of a low birth weight infant.

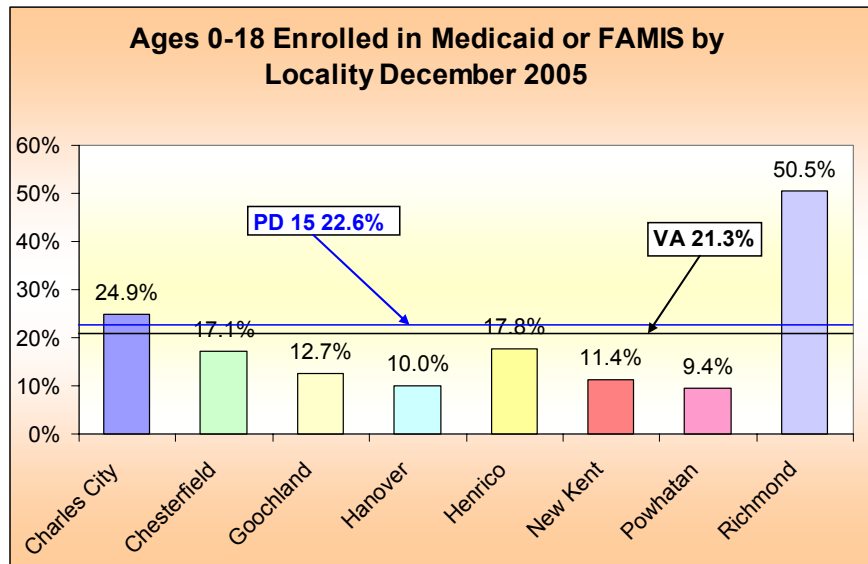
Locality	% with Low Birth Weight				% Change in LBW Percentage			
	2005				2000-2005			
	Total	White	Black	Other	Total	White	Black	Other
Charles City	11.4	10.5	13.9	0.0	18.7%	15.7%	25.1%	0.0%
Chesterfield	8.8	7.9	12.4	9.4	29.9%	29.6%	16.0%	213.7%
Goochland	7.6	6.4	15.4	0.0	-29.9%	-18.6%	-24.6%	0.0%
Hanover	7.7	6.9	11.8	19.2	3.0%	10.3%	-32.8%	53.8%
Henrico	9.3	7.8	12.6	8.6	9.1%	17.0%	-2.6%	5.7%
New Kent	8.6	6.0	27.3	0.0	69.0%	-3.2%	0.0%	0.0%
Powhatan	4.6	4.6	0.0	33.3	-43.1%	-40.3%	-100.0%	0.0%
Richmond City	12.8	8.7	16.0	5.1	-1.3%	9.1%	2.7%	-41.7%
<b>PD 15</b>	<b>9.7</b>	<b>7.7</b>	<b>14.1</b>	<b>8.8</b>	<b>6.6%</b>	<b>14.9%</b>	<b>0.7%</b>	<b>35.4%</b>
<b>Virginia</b>	<b>8.2</b>	<b>7.0</b>	<b>12.8</b>	<b>7.0</b>	<b>2.5%</b>	<b>16.7%</b>	<b>0.8%</b>	<b>0.0%</b>

Source: 2000 and 2005 Virginia Department of Health, Vital Statistics

Low birth weight can result in significant health, educational, and other problems for a child and significant financial costs for society and the child’s family. Early and appropriate prenatal care can often reduce the number of low birth weight infants.

**NUMBER OF CHILDREN ENROLLED IN FAMIS OR MEDICAID**

Due to the new release rules from the Virginia Department of Medical Assistance Services, data for localities with less than 20,000 residents is not available for 2006 or later. Therefore, the chart below reflects enrollment of children and youth ages 0-18 in Medicaid or FAMIS (the child health insurance program for those children living in households with incomes up to 200% of the Federal Poverty Level but who don’t qualify for Medicaid).



Source: December 1, 2005 Provided by the Virginia Healthcare Foundation, 2006 VEC Population Projections

As illustrated, more than one in five children in the Richmond area are enrolled in these public programs (slightly more than the statewide percentage), with one in two Richmond children dependent on these programs to receive medical services. Even in the wealthier localities, approximately 10% or more of all children are enrolled in these important health care financing programs.

**CHILD ABUSE OR NEGLECT**

The rates of founded child abuse or neglect per 1,000 children were reviewed for 2000, 2003 and 2006. The following chart illustrates the 2006 child abuse or neglect rate per 1,000 population under 18. Note that rates can vary widely in localities with relatively few children because the number of founded cases is not extraordinarily large. It should be noted that these rates are dependent on various factors, such as the accuracy of the data reporting to the localities and/or Virginia, the willingness of individuals to report child abuse and neglect, and the level of follow-up by Social Services Departments. Therefore, higher founded rates do not necessarily mean that a locality has more child abuse and neglect; but, rather is a conservative indicator of actual abuse and neglect.

Locality	% Change 2000 – 2006			
	Children	Rate	Children	Rate
Charles City	4	2.6	-42.9%	-43.3%
Chesterfield	68	0.8	-82.5%	-84.1%
Goochland	5	1.3	0.0%	-8.4%
Hanover	25	0.8	-55.4%	-63.3%
Henrico	204	2.7	-20.0%	-29.6%
New Kent	7	1.8	-58.8%	-63.6%
Powhatan	1	0.1	-93.3%	-94.6%
Richmond	204	4.6	-47.8%	-48.6%
<b>PD 15</b>	<b>518</b>	<b>2.1</b>	<b>-54.4%</b>	<b>-58.9%</b>
<b>Virginia</b>	<b>4,741</b>	<b>2.5</b>	<b>-47.3%</b>	<b>-50.9%</b>

Source: 2006 Virginia Department of Social Services

In 2006, PD 15’s rate was slightly lower than Virginia’s rate. The percentage change in PD 15’s child abuse or neglect rate per 1,000 children from 2000 to 2006 has been declining at a faster rate than Virginia’s percentage change. Each locality in PD 15 has experienced a decline in the child abuse or neglect rate, with Goochland showing the least decline and Powhatan the greatest decline between 2000 and 2006. Note, however, that both of these localities have a very small number of cases.

**OTHER INDICATORS**

**CHILDREN IN FOSTER CARE**

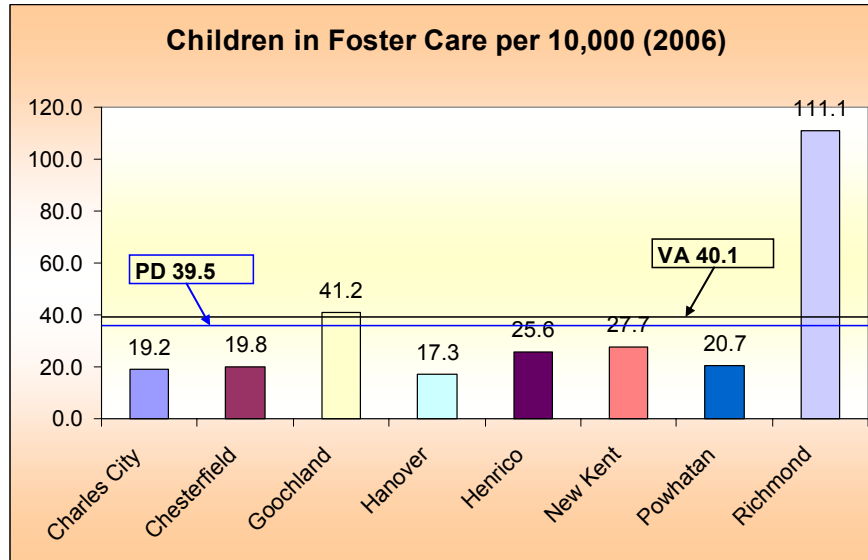
Although the greater Richmond area has less than 1,000 children in foster care, with a rate per 10,000 slightly below the State rate, the average time of children in foster care is three years, 12.5% longer than the State average. The average time in foster care in New Kent is more than 7 years while most other localities are 2- 3 ½ years. However, this may be influenced by the relatively small number of foster children in New Kent. **Attachment G** includes a table that shows the number of children in foster care by locality from 2003 to 2005.

Locality	2005	
	Children in Care	Average Time in Care (# months)
Charles City	1	3
Chesterfield	135	27
Goochland	14	36
Hanover	38	30
Henrico	184	27
New Kent	6	90
Powhatan	13	33
Richmond	547	39
<b>PD 15</b>	<b>938</b>	<b>36</b>
<b>Virginia</b>	<b>7,877</b>	<b>32</b>

**Note:** Average Time in Care is in Months

**Source:** Virginia Department of Social Services 2003-2005; Prepared and Analyzed by the Central Virginia Health Planning Agency

As shown in the graph below, Richmond’s foster care rate is about three times the area’s and Virginia’s rate.



Source: Virginia Department of Social Services 2005, 2005 VEC Population Projections

**JUVENILE ARRESTS**

The greater Richmond area reported 271 arrests of persons under the age of 18 for violent crimes. As shown in the following table, the Richmond area’s juvenile violent crime arrest rate is more than 50% greater than the State rate. Henrico and Chesterfield have the highest arrest rates, followed by Hanover and then Richmond. Differences in arrest rates can reflect actual differences in the level of crime committed by young people residing in those localities, but it can also reflect differences in the local authorities’ ability to make arrests or where the crimes take place.

Locality	Murder		Forcible Rape		Robbery		Aggravated Assault		Total Violent Crime
	#	Rate	#	Rate	#	Rate	#	Rate	Rate
Charles City	0	0.0	0	0.0	0	0.0	0	0.0	0.0
Chesterfield	1	4.7	30	140.9	23	108.0	70	328.8	582.5
Goochland	0	0.0	0	0.0	0	0.0	1	91.2	91.2
Hanover	0	0.0	6	92.3	1	15.4	6	92.3	200.1
Henrico	1	6.1	7	43.0	29	178.0	76	466.4	693.4
New Kent	0	0.0	0	0.0	0	0.0	0	0.0	0.0
Powhatan	0	0.0	0	0.0	0	0.0	0	0.0	0.0
Richmond	0	0.0	5	26.6	7	37.2	18	95.7	159.5
<b>PD 15</b>	<b>2</b>	<b>3.0</b>	<b>48</b>	<b>71.5</b>	<b>60</b>	<b>89.3</b>	<b>171</b>	<b>254.6</b>	<b>418.3</b>
<b>Virginia</b>	<b>18</b>	<b>3.5</b>	<b>224</b>	<b>44.1</b>	<b>438</b>	<b>86.2</b>	<b>672</b>	<b>132.2</b>	<b>265.9</b>

Source: 2005 Crime in Virginia Arrest Report, Virginia State Police Association

## QUALITATIVE INFORMATION

### HOUSEHOLD SURVEY

In the winter of 2005/2006, the CVHPA, with the support of various hospitals and other organizations, contracted with a professional survey research firm to conduct a community needs assessment survey of 3,000 households in Health Planning Region (HPR) IV, which includes Planning District 15 (the greater Richmond area). Each locality had 100 households surveyed, with the exception of Chesterfield, Henrico, and Richmond, which each had 200 households surveyed. This was the third time the survey was conducted; the first two surveys occurred in 1999 and 2002/2003. A variety of questions, covering such topics as health coverage, health access, health conditions, and community needs, were asked. A summary report of the third survey was published in May 2006.

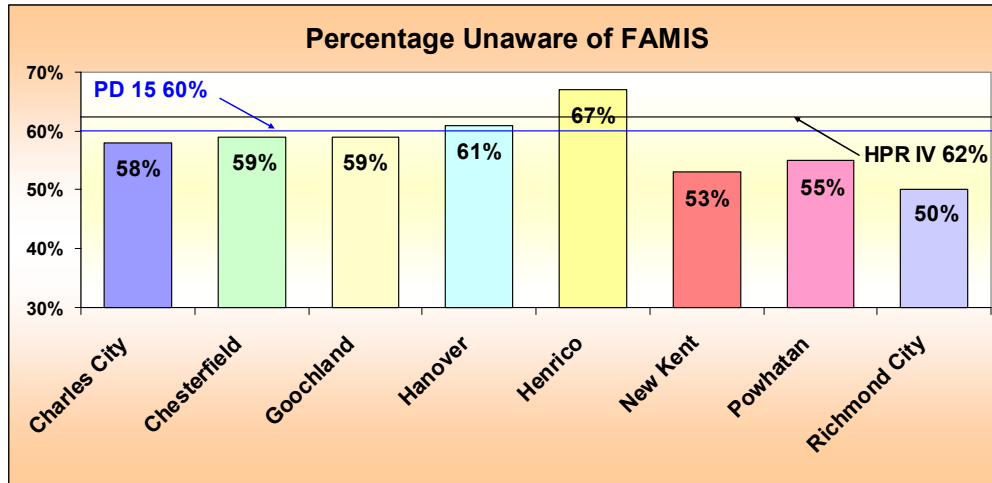
The responses to various questions involving youth were analyzed for each PD 15 locality and compared to the overall PD 15 and HPR IV responses. The responses also were analyzed by three demographic groups: 1) gender; 2) age (under 45 and 45 and older); and 3) race (white, black, other). One question also was analyzed regarding whether or not children were in the household. The survey data have been weighted to account for the ages and races of respondents. The following explanation about the weighting is provided by the Wessex Group, which conducted the survey. “The data have been adjusted to reflect the distribution of the age of the head of household and the ethnic backgrounds as reported by the US Census Bureau for 2000 for each of the localities served by the CVHPA. Weighting is a common technique used in survey research to mechanically balance a sampling process and to make it look more like the population it purports to represent. Each data element within a specific sub-sample (locality or planning district) is given a slightly different weight in direct proportion to the difference in the representation of the sample characteristic and the population.” Thus, weighting survey data provide a measure to ensure the results are representative of the population surveyed. In addition, please note that the weighted planning district percentage sometimes can be lower than each of the individual locality’s percentage because the planning district is being weighted using a planning district weight for comparison with other planning districts, and not for comparison against the individual locality within the planning district. Furthermore, the differences in the age and racial composition of the localities and the overall planning district can impact the percentages as well.

**Of note, the sample size of 100 households in a locality up to 100,000 population and 200 households in larger localities is a statistically significant sample size overall. However, caution should be taken when using data from some of the demographic groups with small numbers; nonetheless, this information can still be useful in identifying potential areas of concern.** In reviewing the findings, please note that most of the survey respondents were women.

This section is divided into four topic areas – FAMIS (Family Access to Medical Insurance Security) awareness; mental health access; prevalence of asthma sufferer in household; and rating of community problems.

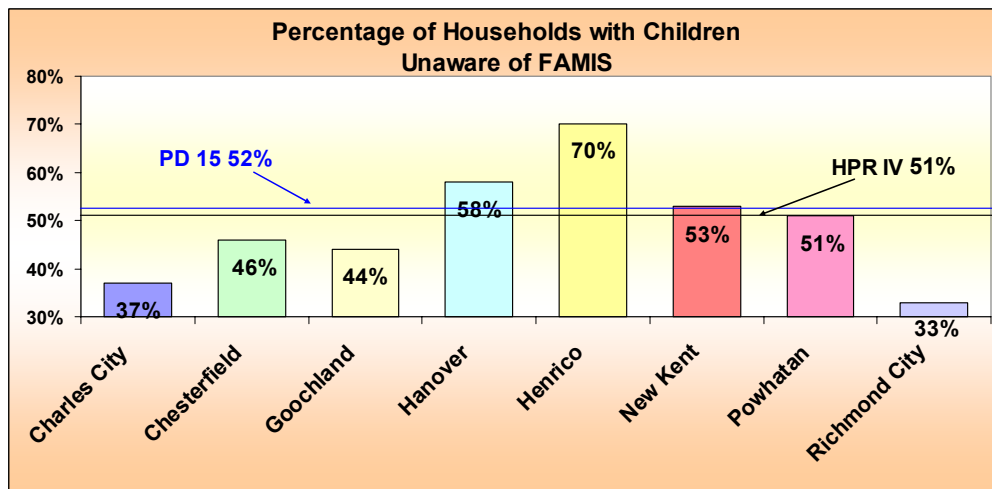
**FAMIS Awareness**

Of the eight localities in PD 15, Henrico has the highest percentage (67%) of residents overall who are unaware of FAMIS. For PD 15, the percentage of respondents who are unaware of FAMIS is similar to HPR IV's percentage. Overall, six out of ten respondents are unaware of FAMIS, indicating that additional information and/or promotion about the program still needs to occur.



Source: 2005/2006 CVHPA's Community Needs Assessment

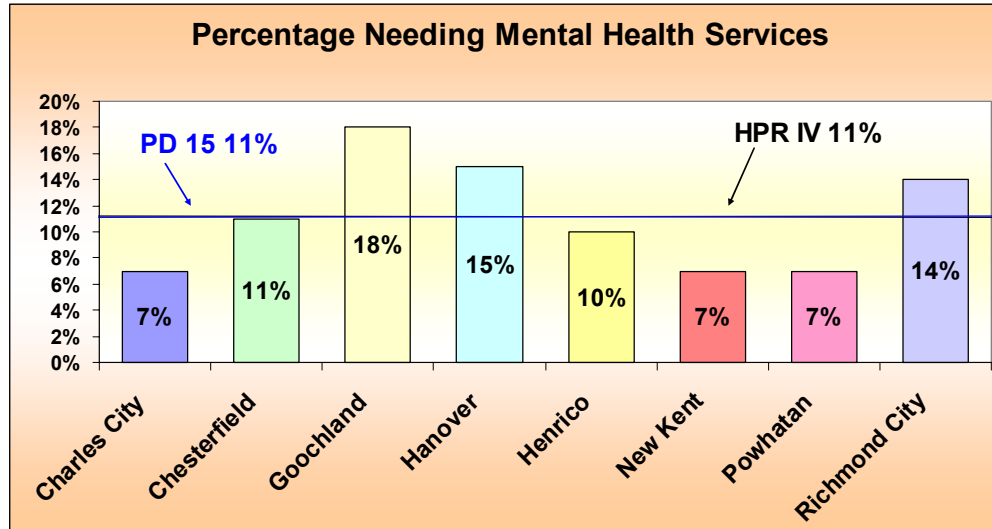
The following chart depicts the percentage of households with children who are unaware of FAMIS. Of the eight localities in PD 15, Henrico has the highest percentage (70%) of households with children who are unaware of FAMIS. As evidenced, a wide variation in the percentages of households with children unaware of FAMIS exists in PD 15. However, one in two respondents of households with children in both PD 15 and HPR IV has not heard of FAMIS.



Source: 2005/2006 CVHPA's Community Needs Assessment

**Mental Health Services Needed**

Goochland has the highest percentage (18%) of residents indicating that a household member needed mental health services within the past year. PD 15’s percentage of residents indicating that a household member needed mental health services is identical to HPR IV’s percentage. Overall, one in nine households reported a need for mental health services.



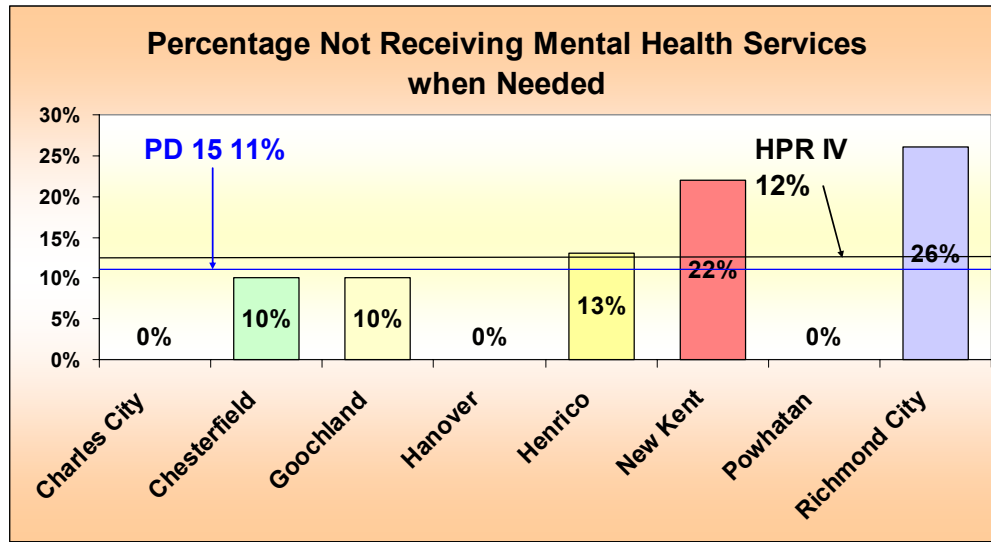
Source: 2005/2006 CVHPA’s Community Needs Assessment

The following are noted when reviewing the question’s response by gender, age, and race. **Typically, the need for mental health and substance abuse services are underreported. All demographic group differences can reflect a greater need for these services and/or less willingness to identify and/or report the need for services.**

1. Hanover has the highest percentage (14%) of males and Goochland has the highest percentage (24%) of females reporting some household member needing mental health services are almost identical. These two counties’ percentages are higher than PD 15’s percentage of males and females
2. Goochland has the highest percentage (20%) of both the under 45 population and the highest percentage (18%) of the 45 and older population reporting a need for mental health service. In PD 15 overall, those under 45 were 40% more likely to report a need for mental health services compared to those 45 and over.
3. Of the eight localities, Goochland has the highest percentage (17%) of the white population as well as the highest percentage (25%) of the black population reporting a need for mental health services. In PD 15, the black population’s percentage reporting a need for mental health services is higher than the white population’s percentage.

**Mental Health Services Received**

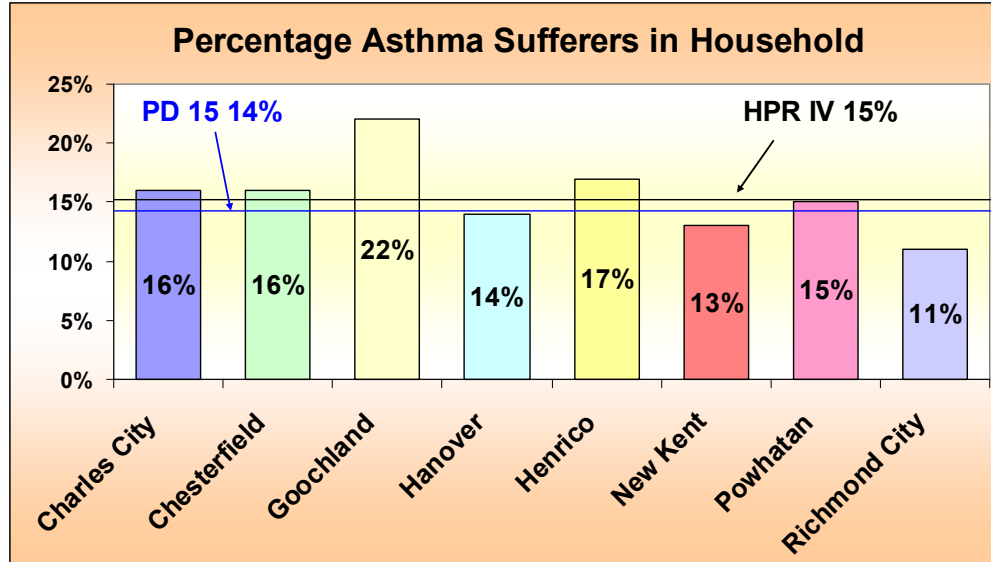
Richmond has the highest percentage (26%) of households indicating that they did not receive needed mental health services. PD 15's percentage of households indicating that they did not receive needed mental health services is almost the same as HPR IV's percentage. Overall, one in nine households in PD 15 reported they did not receive needed mental health services, which is also true for the responses of those indicating that they needed mental health services.



Source: 2005/2006 CVHPA's Community Needs Assessment

**Asthma Sufferer in Household**

Goochland has the highest percentage (22%) of residents indicating they have an asthma sufferer in their household. PD 15's percentage of households indicating that they have an asthma sufferer in their household is almost the same as HPR IV's percentage. For PD 15, the percentage of residents indicating they have an asthma sufferer in their household represents slightly more than one in seven households.



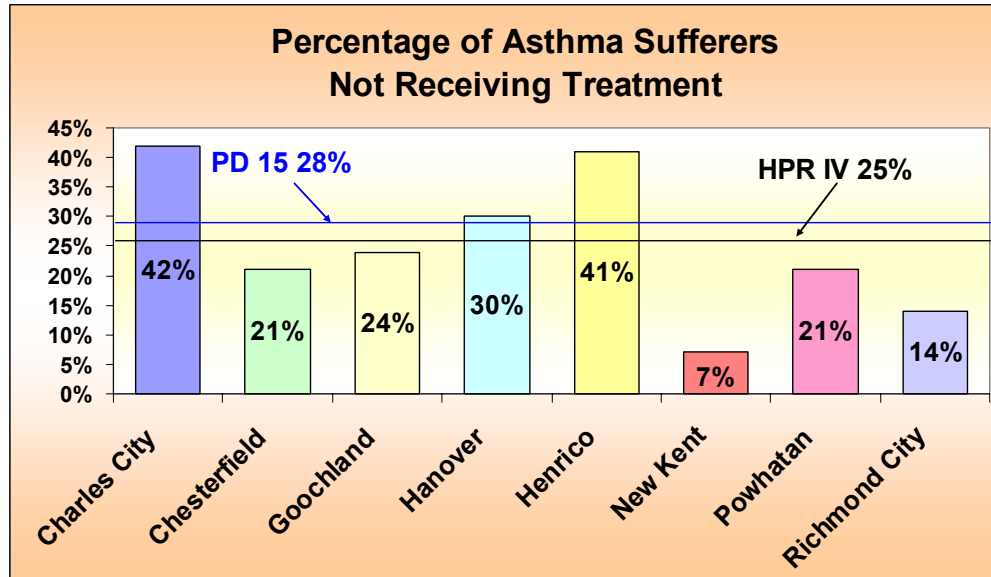
Source: 2005/2006 CVHPA's Community Needs Assessment

The following is noted when reviewing this question's responses by race. Of note, since the survey respondent is not usually the person with asthma, any analysis by age or gender is not particularly useful.

1. Henrico has the highest percentage (37%) of the black population with asthma. All but two localities (Charles City and Hanover) have a higher percentage of the black population with asthma. Overall, PD 15's percentage of the black population with asthma is almost 50% higher than the percentage of the white population.

***Asthma Sufferer Receiving Treatment***

Charles City has the highest percentage (42%) of residents indicating they have an asthma sufferer in their household who is not receiving treatment. PD 15's percentage of households indicating that they have an asthma sufferer in their household who is not receiving treatment is slightly higher than HPR IV's percentage. For PD 15, more than one of four households with an asthma sufferers indicated that the person is not receiving treatment.



Source: 2005/2006 CVHPA’s Community Needs Assessment

The following is noted when reviewing this question’s responses by race. As noted above, since the survey respondent is not usually the person with asthma, any analysis by age or gender is not particularly useful.

1. Charles City has the highest percentage (50%) of the black population reporting an asthma sufferer not receiving treatment. The black population in three localities (Charles City, Chesterfield, and Powhatan) is higher than the white population reporting not receiving treatment for asthma. Overall, PD 15’s percentage of the black population with asthma is almost 30% higher than the percentage of the white population.

**Rating of Community Problems**

Respondents were asked to rate various community problems on a scale of 1 to 5, with 1 indicating not a problem and 5 indicating a very serious problem. This analysis includes those community problems involving youth. The percentage of people who responded to a community problem as either serious or very serious was calculated. Percentages that were 30.0% or greater were shaded in red and percentages that were between 25.0% and 29.9% were shaded in yellow.

The table below shows the seven community problems involving youth by locality with the corresponding percentages for 2002/2003 for a point of comparison.

**Percent Rating Community Problems as Either Serious or Very Serious**

Locality	Alcohol and other illegal drug use by children or adolescents		Violence in community at large		Violence or abuse in the home		Violence on TV, movies, and in music		Lack of affordable and quality childcare		Teen Pregnancy		Lack of after school supervision	
	2002	2005	2002	2005	2002	2005	2002	2005	2002	2005	2002	2005	2002	2005
Charles City	36%	25%	16%	16%	16%	19%	59%	57%	39%	30%	40%	28%	33%	27%
Chesterfield	30%	27%	26%	19%	12%	11%	57%	63%	23%	24%	22%	23%	29%	29%
Goochland	22%	27%	7%	20%	10%	17%	57%	66%	33%	33%	16%	30%	33%	28%
Hanover	26%	26%	7%	11%	7%	9%	66%	53%	18%	17%	20%	16%	28%	15%
Henrico	28%	27%	21%	31%	17%	15%	56%	54%	27%	26%	27%	26%	30%	28%
New Kent	25%	22%	8%	12%	7%	14%	60%	59%	28%	24%	18%	24%	28%	22%
Powhatan	21%	24%	9%	15%	9%	13%	61%	64%	20%	27%	21%	29%	14%	26%
Richmond	31%	35%	35%	51%	15%	31%	52%	57%	30%	33%	41%	48%	37%	38%
PD 15	30%	28%	22%	28%	14%	17%	59%	59%	25%	26%	26%	28%	30%	28%

**Note:** Yellow: between 25 and 29%; Red: 30% or greater.

**Source:** 2005/2006 CVHPA’s Community Needs Assessment

One community problem shaded in red for all PD 15 localities is **violence on TV, movies, or in music; this is true for both 2002 and 2005**. Four of the eight localities had a higher percentage for this problem in 2005. The next prominent community youth problems are **lack of affordable and quality child care** (three localities are shaded red), **lack of after school supervision, and alcohol and other illegal drug use by children or adolescents** (five of the eight localities are shaded yellow). Of note, although the level of two of the prominent problems (lack of after school supervision, and alcohol and other illegal drug use by children or adolescents) has dropped from 2002 to 2005, these problems are still serious concerns.

Richmond is the only PD 15 locality in which all seven community problems involving youth in 2005 are rated as very serious (red shade). Goochland is the next PD 15 locality having a large number of community problems rated as very serious (three of the seven problems are shaded red) in 2005.

In summary, the main findings from the community health needs assessment survey are as follows:

1. Six out of ten people overall in PD 15 are unaware of FAMIS. Of households with children, one in two is unaware of the program. Thus, additional information and promotion are still needed for this program.
2. One in nine PD 15 households who reported that they needed mental health services also were unable to receive the needed mental health services.
3. Slightly more than one in seven households in PD 15 has a member with asthma. One in four households who have an asthma sufferer is not receiving treatment. Children typically represent the largest group of asthma sufferers.

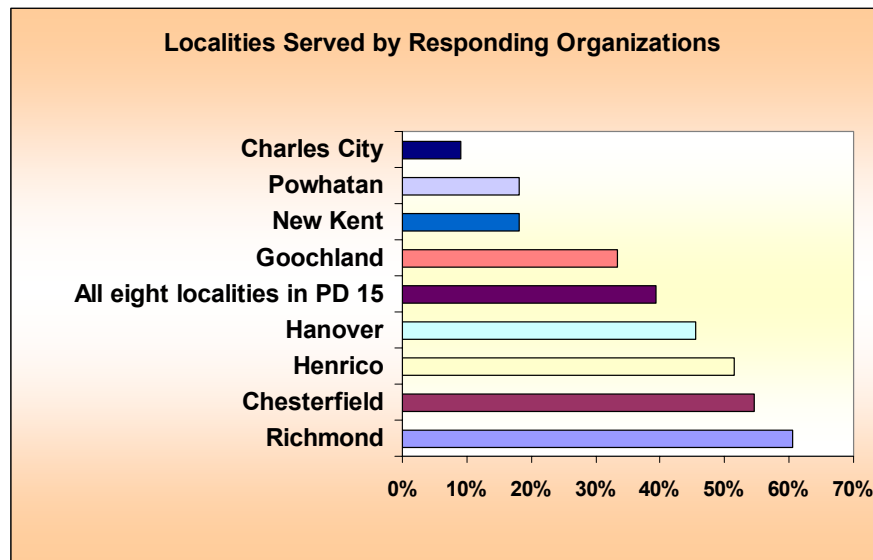
4. One community problem shaded in red for all PD 15 localities is violence on TV, movies, or in music; this is true for both 2002 and 2005. The next prominent community youth problems are lack of affordable and quality child care, lack of after school supervision, and alcohol and other illegal drug use by children or adolescents.
5. Richmond is the only PD 15 locality in which all seven community problems involving youth in 2005 are rated as very serious.

**SURVEY OF HEALTH AND HUMAN SERVICES PROVIDERS**

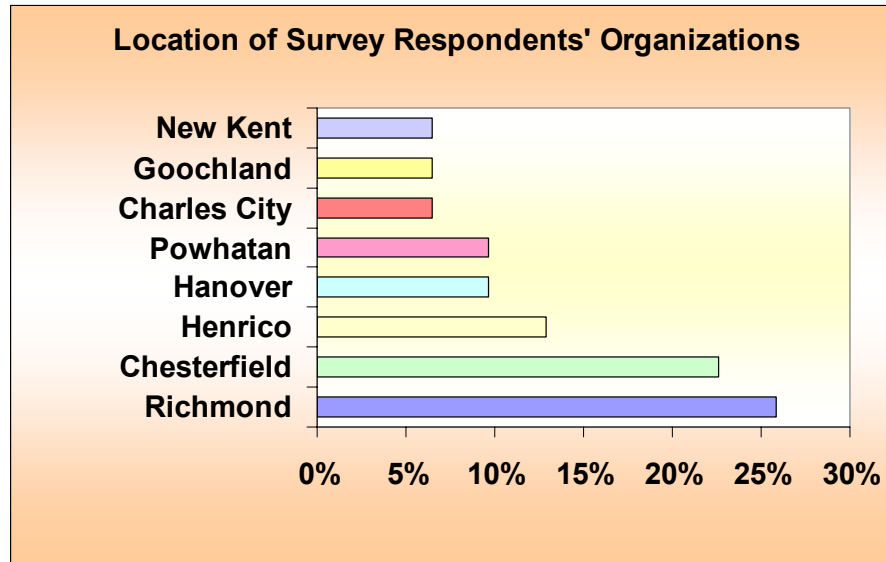
In order to gather qualitative information about the assets available to and the needs of children and youth throughout the area, an **on-line survey** of organizations that provide services to children and adolescents was conducted in late March and April 2007. Approximately 115 individuals from 92 organizations (a few primarily governmental organizations had multiple programs with separate contact persons) were sent e-mail messages asking them to complete the survey. These organizations range from governmental and human service agencies to cultural and sports organizations. After follow-up, 37 unduplicated surveys were completed, for a response rate of 32% of e-mail recipients and 40% of organizations.

**Organization Specific Information**

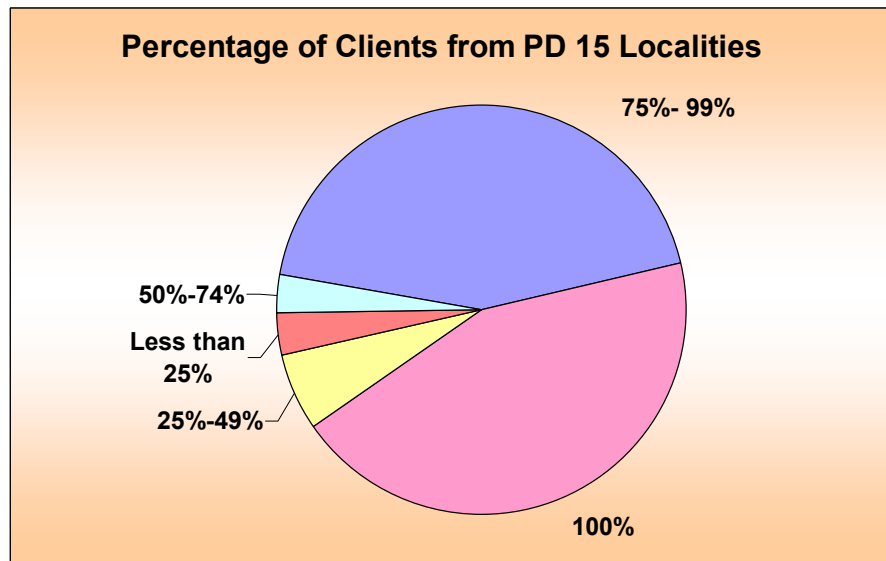
As illustrated below, while about a third of the respondents serve all 8 localities that make up Greater Richmond, more than half serve the City of Richmond, followed closely by Chesterfield, Henrico, Hanover, and then Goochland. Less than 20% of respondents served Powhatan, New Kent, and Charles City.



Almost three-quarters of survey respondents' organizations have only one office in the greater Richmond area. As illustrated below, Richmond and Chesterfield are the localities where the largest percentage of respondents' offices are located.



Over three-quarters of respondents have multiple programs with an average of 2.9 programs. As illustrated in the pie chart below, 87.5% of respondents reported that 75 percent or more of their clients reside in the greater Richmond area.



82% of those responding report that they provide free or sliding scale services, with the large majority providing completely free services to low-income participants. About two-thirds of the respondents indicate that their programs are based on evidence-based models and a slightly smaller percentage (59%) report that they have a waiting list for their services. Many of the services fill all available slots at the beginning of the school year and only access their waiting list for that year when a slot becomes available. Others programs not based on the school year report variation by program with several in the 3 month range.

The demographic groups served by the largest number of respondents include:

- School age children and youth;
- Black families; and
- Low-income families and children.

The table below shows the percentage of respondents reporting the following as **unmet needs of their client population**:

Unmet Need	% Reporting
Affordable Quality Housing	63.2%
Financial Skills Training	57.9%
Counseling	52.6%
Parenting Skills	47.4%
Dental Care	47.4%
Nutrition/Obesity	47.4%
Mentoring programs for children/youth	47.4%
Mental Health Care	42.1%
Substance abuse prevention/treatment	42.1%
Recreational/physical activity opportunities	42.1%
Services for the disabled mental health population	42.1%
Transportation	42.1%
Child care: Infants	36.8%
Child care: Preschool	36.8%
Child care: School age	36.8%
Adult educational services	36.8%
Employment opportunities for parents	36.8%
Prescription drugs	36.8%
After school programs	36.8%
Domestic violence prevention/support services	36.8%

It appears that the greatest needs of their clients are centered on basic family needs (e.g. affordable housing, financial skills, nutrition), behavioral health/social support services (e.g. counseling, parenting, mentoring), and dental care.

***Community Specific Information***

The table below shows the percentage of respondents who identified the following as the most critical health and human service **needs of children in their service area**:

<b>Critical Needs of Children</b>	<b>% Reporting</b>
Parenting Skills	50.0%
Affordable quality housing	42.9%
After school programs	42.9%
Mentoring programs for children	39.3%
Employment opportunities for parents	35.7%
Child care: Preschool	32.1%
Mental health care	32.1%
Nutrition/obesity	32.1%
Recreational/physical activity opportunities	28.6%
Special needs assistance	25.0%
Transportation	25.0%
Workforce training for parents	25.0%
Adult educational assistance	21.4%
Case management (E.g. CHIP, Care Connection)	21.4%
Child care: Infants	21.4%
Counseling	21.4%
Financial skills training	21.4%
Improved public education	21.4%
Medical care	21.4%
Child care: School Age	17.9%
Dental care	17.9%
Early infant intervention programs	17.9%
Health/prevention education	17.9%
Services for the disabled population: socially at-risk	17.9%
Substance abuse prevention/treatment	17.9%
Tutoring	17.9%

The table below shows the percentage of respondents who identified the following as the most critical health and human service **needs of adolescents in their service area**:

<b>Critical Need of Adolescents</b>	<b>% Reporting</b>
Access to higher education opportunities	43.3%
Improved public education	43.3%
Employment opportunities for teens	40.0%
Workforce training for teens	40.0%
Substance abuse prevention/treatment	40.0%
After school programs	40.0%
Parenting skills	36.7%
Mental health care	36.7%
Mentoring programs for adolescents	33.3%
Teen pregnancy prevention/Sex education	33.3%
Health/prevention education	30.0%
Nutrition/obesity	26.7%
Cultural enrichment opportunities	23.3%
Transportation	23.3%
Special needs assistance	20.0%
Tutoring	20.0%
Counseling	20.0%
Recreational/physical activity opportunities	20.0%
Offender family services (family with current or ex-offenders)	16.7%
Access to technology/computers	16.7%
Affordable quality housing	16.7%
Financial skills training	16.7%
Self-help/Group support (e.g. NA/AA, self esteem programs)	16.7%

The needs of children appear to be more family centered (e.g. parenting skills, affordable housing, employment opportunities for parents, and child care) or emotional/physical support (e.g. mentoring programs, mental health care, nutrition, and physical activity). While there continues to be a need for some of the parenting and mentoring activities in adolescence, the critical needs appear to be more youth centered including education, workforce development, and various forms of health education/prevention.

The table below shows the reported **greatest barriers to obtaining health or human services** for children and adolescents in respondents’ service areas (respondents were asked to choose up to five):

<b>Barriers to Obtaining Services</b>	<b>Percent</b>
Limited education of parents	43.24%
Lack of transportation	40.54%
Lack of funding for existing programs/services	37.84%
Lack of participation by clients in the programs	35.14%
Lack of programs/services to meet needs	27.03%
Affordable quality housing	24.32%
Lack of health care insurance	24.32%
Lack of awareness of services provided	21.62%

When asked if their service area generally had **adequate community support/assets** to meet the needs of children and/or adolescents, the following responses were noted:

<b>Community Support/Asset</b>	<b>% Adequate to Meet Needs for:</b>		
	<b>Children</b>	<b>Adolescents</b>	<b>Don't Know</b>
Child care	24%	16%	40%
Parental support	28%	20%	28%
Educational support	36%	40%	24%
Mentoring	32%	24%	20%
Goal/career planning & training	12%	16%	20%
Disability needs	8%	8%	40%
Dental Health	16%	16%	40%
Mental Health	12%	12%	28%
Perinatal needs	24%	28%	28%
Physical activity	24%	28%	20%
Physical health	24%	24%	20%
Substance abuse/prevention/treatment	12%	12%	28%
Tobacco usage prevention	16%	20%	24%
Violence prevention	12%	16%	24%
Cultural enrichment	20%	20%	16%
Recreational Opportunities	28%	20%	20%
Language/cultural integration	8%	8%	32%
Gender sexual/orientation	4%	8%	28%

It appears that many respondents did not know about community supports/assets for sub-groups of the child and adolescent population (such as disabled, gender questioning, and immigrant youth). No community support/asset for children or adolescents was viewed by the majority of

survey participants as being adequate. Nevertheless, *those areas by age group most likely to be identified as adequate include:*

- Educational supports (both age groups)
- Mentoring (children)
- Parental support (children)
- Perinatal needs (adolescents)
- Physical activity (adolescents)
- Recreational opportunities (children)

When asked to identify **strengths of the participants' service area** which supports the development of healthy and well-adjusted children and youth, only about two-thirds of participants responded to the question. Of those that responded, a third cited services provided by their organization in the community without noting other strengths. Approximately 9% didn't know or were unsure while another 9% noted that strengths/ supports were minimal or were only available during crisis situations. The remaining half of respondents cited the following as strengths (in relative order):

- Good recreational opportunities (overwhelmingly cited as strength);
- Wide array of public, private, and non-profit resources (one noted medical professionals due to MCV);
- Strong faith community; and
- Good collaboration and community support (in select communities).

Survey participants were asked to rank the top three things that would have the greatest impact on **improving the future health status of children** in the greater Richmond area. The following were cited, in order, most frequently as the number one response:

- Public education system improvements
- Increased funding for programs/services
- Greater awareness of services available

When all responses, regardless of ranking, are added together, the following were cited most frequently:

- More collaboration between the agencies offering health and human services
- Public education system improvements
- Greater awareness of services available
- Increased funding for programs/services

A somewhat similar response occurred when survey participants were asked to rank the top three things that would have the greatest impact on **improving the future health status of adolescents** in the greater Richmond area. The following were cited, in order, most frequently as the number one response:

- Public education system improvements
- More health education/prevention education programs

When all responses, regardless of ranking, are added together, the following were cited most frequently for adolescents:

- More collaboration between the agencies offering health and human services
- Public education system improvements
- Increased funding for programs/services
- Greater awareness of services available

In responding to what **type of programs/services need to be developed or expanded**, *only ten responses were provided and two of them did not indicate a need for new or expanded services but rather more collaboration or greater participation*. The following were the only responses mentioned by more than one responder (in relative order):

- Effective pregnancy prevention programs;
- More mental health services (including better insurance coverage for them);
- Services to lift people out of poverty (better education; vocational training & employment readiness; more living wage jobs); and
- Public transportation in areas without it.

No one response emerged as having the greatest impact when survey participants were asked to rank the top three things that would have the greatest impact on **improving the overall quality of life for children** in the greater Richmond area. However, when all responses, regardless of ranking, are added together, the following were cited most frequently:

- Parenting skills
- Improved public education
- Employment opportunities for parents

Similarly, no one response emerged as having the greatest impact when survey participants were asked to rank the top three things that would have the greatest impact on **improving the overall quality of life for adolescents** in the greater Richmond area. However, when all responses, regardless of ranking, are added together, the following were cited most frequently:

- Improved public education
- Access to higher education opportunities
- After school programs
- Employment opportunities for teens

## **Conclusions**

There appears to be significant agreement among the health and human service providers who completed this survey that children's current and future well-being is tightly tied to the economic status, education, and health of their families. Working directly with parents to develop their parenting, educational, and employment skills is viewed as key to enhancing children's, particularly lower-income children's, lives. Parent education and workforce development, through home and community-based assistance, improve economic opportunities and, consequently, opportunities for children. A critical piece of this is early identification of needs and intervention among all age groups.

While adolescent's well-being is also seen as being influenced by parenting skills and some economic factors (such as access to transportation), needs tend to be more teen focused including educational and employment opportunities/preparation, behavioral health care, and health wellness and prevention. Public education system improvements for all ages are reported as being needed and having a significant impact on improving the health status and lives of both children and adolescents.

It appears that the greater Richmond area has a relatively large number of non-profit, governmental, and/or private organizations that are trying to meet the needs of the Richmond area's young people. Nevertheless, these organizations are centered in the highly populated parts of the Richmond area with minimal presence in the area's more rural counties. Most respondents indicated that the area's current resources are not adequately meeting the needs of the area's population due to:

- Limited collaboration/coordination between health and human services' organizations (across organizations and/or the region);
- Limited capacity of many programs to meet identified needs (need for increased funding/resources); and
- Need for greater awareness by those with needs, the public, and provider organizations of what services are available and how to access them.

It is important to remember that many sub-groups of children and adolescents have needs that may not be adequately reflected in this summary because of the relatively small representation of organizations that serve them and, consequently, these organizations' small representation in the survey respondents. These groups' needs may be captured in the other sections of this report.

## **KEY INFORMANT INTERVIEWS**

In the first half of May 2007, the CVHPA interviewed 11 key informants in the greater Richmond area, identified by the TCF as persons who could ensure that assets and needs are accurately identified and workable solutions are developed. Those interviewed include:

- Kevin Allison, PhD; Associate Dean for Community Activities, VCU College of Humanities and Sciences, Office of the Dean
- Thomas Beatty, EdD, Principal Leader for Middle Schools, Richmond Public Schools
- Judy Cunningham, RN, BSN, M.Ed; School Health Services Supervisor, Henrico County Public Schools

- Barbara Dunn, PhD, RN; Acting Director, Community Nursing Organization VCU School of Nursing
- Reginald Gordon; Executive Director, William Byrd Community House
- Suzanne Johnson, PhD; President, Voices for Virginia's Children
- Karen Legato; Director of Service Programs, Friends Association
- Lynn McCashin; Director of Development & Community Relations, ChildSavers of Richmond
- Lee Reaves; Executive Director, Team Up
- Amy Strite; Director of Clinical Services and Education, CHIP of Greater Richmond
- Heather Turbyne-Pollard; Director of Community Investment, United Way of Greater Richmond

A standardized interview protocol, included in **Attachment H**, was developed and approved by TCF staff that cover a range of issues including: the greatest needs of children and adolescents, a ranking of young persons' needs overall and by locality, the reasons for those rankings, barriers to meeting those needs and what can be done to overcome those barriers, and models that have been particularly successful in meeting needs. All were open-ended questions. In this summary, responses are shown in the order of the frequency that they were mentioned. Responses that were only cited by one or two persons are generally not included.

### *Needs*

The following were identified as the **greatest needs of children** in the greater Richmond area. The number following shows the percent of those responding who had that general response.

- Quality education and early care - 50%
- Improvement of financial security/resources of families, including basic needs of affordable housing, reliable transportation, and child care - 30%
- Mental health services – children and parents -30%
- Information provided in a culturally competent way to access services/systems – 30%

Eighty percent of respondents indicated that the group of children with the greatest needs is **low-income/poor children** with 30% identifying **young children (those 0-5 years)** as the age group with the greatest needs.

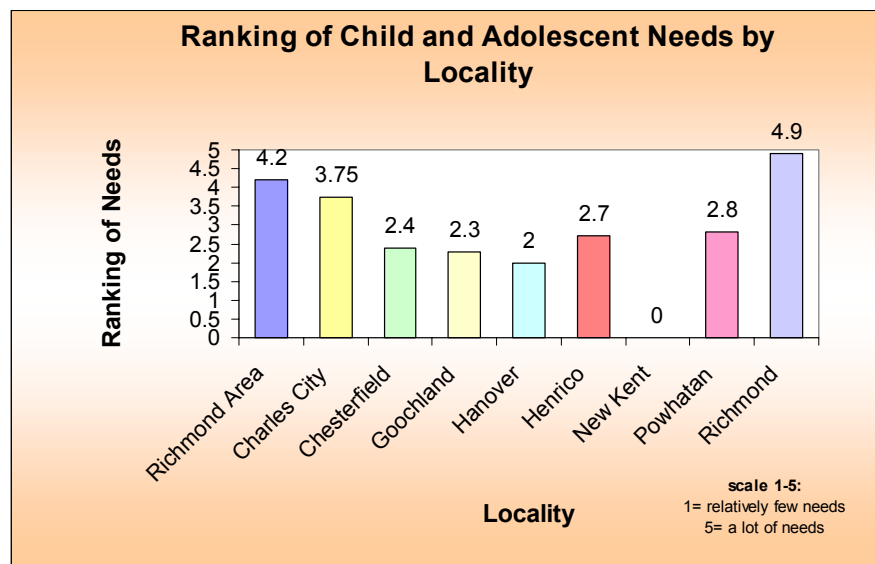
The following were identified as the **greatest needs of adolescents** in the greater Richmond area. The number following shows the percent of those interviewed who had that general response.

- Meaningful education/academic success – lack leads to high dropout, no career track/"life plan" – 45%
- Quality after school programs – "kid driven"/meaningful, low cost – 36%
- Prevention and support programs for early fatherhood, sex education, pregnancy planning, diseases, and substance abuse – 36%

- Mental/behavioral health services – no system of care – 27%
- School support – 27%
- Impulse control/violence prevention – 27%

Sixty four percent of respondents indicated that the group of adolescents with the greatest needs is **low-income/poor adolescents** with 36% indicating **all adolescents have significant needs**, with many noting the difficulties that all teens encounter in moving into adulthood.

Those interviewed were asked to **rank the needs of the Greater Richmond Area’s and each locality’s children and adolescents on a scale of 1 to 5 with 1 being relatively few needs to 5 being a lot of needs** relative to other neighboring districts, in the case of the overall area, or neighboring localities. It is interesting that *not one of those interviewed felt that they had adequate knowledge to rate the needs of New Kent’s youth*, while only four felt that they could rate the needs of Charles City’s and five rated Powhatan’s needs. All of those interviewed rated the needs of Chesterfield’s, Henrico’s, and Richmond’s youth reflecting the concentration of major service providers in the area’s urban core. There was little variation in ratings within the various localities by those interviewed, with the exception of Henrico. The following graph shows the **average rating** for the area overall and the eight localities in the area:



It appears that the *ranking given to the overall Richmond area is heavily influenced by Richmond’s “4.9” ranking, since no other locality exceeds the area’s average of “4.2”*. Reasons cited for the tremendous needs in Richmond (all but one person interviewed gave Richmond a “5”) include the many low income families, a poor school system, and limited resources due to funding shortages (limited “sharing of wealth”). Hanover, Goochland, and Chesterfield all are identified as relatively “less needy,” primarily due to having lots of resources and good and available services. A couple of those interviewed noted that Chesterfield had pockets of poverty but these were offset by the diverse community & associated higher socio-economic status of other areas. Both Chesterfield and Hanover were complemented for their services, stable families, and proactive approach to addressing issues. Powhatan received a higher need ranking than these counties because of its

growing population and this growth's impact on an area with already some accessibility issues while Henrico's higher need level appears to be driven by the problems in its eastern area and its large immigrant population. Charles City is viewed as having the second most needs due to its relatively few resources and rural and minority populations.

Almost all of those interviewed noted that there was **variation in need** based on whether one was rating the eastern or western ends of Henrico County, with the eastern end having more poverty and the western end having considerable resources. Most interviewed also thought Chesterfield had a great deal of difference in need along the Jefferson Davis corridor (Route 1) compared to the rest of the County, with specific reference to the concentration of immigrants along Jefferson Davis. A few mentioned differences in Richmond youth's needs when comparing the western side and other parts of the City, with the western side being more affluent. Finally, more than a third noted that in outlying counties there were differences between youth of new arrivals compared to the existing rural poor, tending to be those areas further from City.

More than 80% of those interviewed agreed with the survey of health and human service providers that the **need for parenting skills** was one of the greatest needs related to children and adolescents. The skills that are needed most, according to those that agreed there was a need are:

- Greater understanding of child development & their role as parents
- Appropriate discipline skills
- Focus on child's strengths/teach self-advocacy & decision making

**Models that are viewed as particularly successful** include home visiting programs such as CHIP and Healthy Families, SCAN (Stop Child Abuse Now) parenting programs, and the Friends Association's family development program. Those that disagreed with a critical need for parenting skills cited that limiting to parenting is not enough because the stress from neighborhoods is too great or that many other things are more pressing.

Everyone interviewed agreed that **after school programs for children** are one of the greatest needs, with a couple noting the need for "quality" programs. The most frequently mentioned components or programs that are needed include:

- Combination programs with mentoring, life skills training, athletics, and enrichment opportunities
- Assistance with homework/supplement school deficits
- Contemporary, "kid/teen driven" programs
- Significant physical creativity/cultural enhancement

**Those programs that are viewed as working well** include high quality YMCA USA programs and Team Up.

All those interviewed also agreed that **mental health/substance abuse services and prevention for adolescents** are a great need. The types of resources/services/programs needed include:

- Prevention- open discussions about mental health and substance abuse
- Range of community-based services
- Professionals with specialty training for children/adolescents
- Mentoring, particularly by males

No particular program was viewed as particularly successful by more than one respondent and most noted that they had no specific knowledge regarding “best practices” in this area. It was noted that Richmond Behavioral Health Authority is overwhelmed by the current need for services and that intensive and family services were often more successful.

### ***Barriers/Possible Solutions***

**The greatest barriers to meeting the needs of children** in the Greater Richmond area, according to those interviewed include:

- Limited financial assets of families (separate cities/counties concentrate poverty)
- Children aren’t a political priority, particularly poor children
- Low level of financial resources available to provide quality services
- Lack of regional approach/coordination
- Lack of formal and developmental parental education
- Transportation

When asked what could be done to **overcome those barriers**, the most frequent response was greater public understanding about the impact on the greater community of not meeting these needs, including advocacy support and the quantification of financial returns to society of meeting children’s needs. Collaborative efforts for funding and programs (including private and public systems), adequate resources for the system that supports children, and parent education and programs were also cited.

**The greatest barriers to meeting the needs of adolescents** in the Greater Richmond area, according to those interviewed include:

- Lack of funding for services
- Lack of out of school time supports and quality programming
- Punitive approach to adolescents who don’t always make appropriate decisions
- Lack of regional approach and cooperation

To **overcome these barriers**, respondents noted the need to engage youth in designing services for them, resulting in innovative programs to draw adolescents in, i.e. ask teens to be “thought leaders.” Other improvements would include cultivating a group of professionals to serve adolescents, including more culturally sensitive and minority providers and parent education programs. Early and greater intervention would also assist in meeting needs.

Slightly more than 70% of those interviewed think there are **an inadequate number of children and youth programs/services** while more than 90% think there is **inadequate capacity of existing programs/services**. *Several comments were made about the lack of coordination among*

existing programs/services as being a significant need even before a question regarding coordination was asked. The following additional programs/services or capacity needs were cited:

- Better quality of services, including professional, trained, & better paid staff
- Need driven services (provided where and when by those needing services/ geographically accessible)
- Mental health services

All of those interviewed agreed that there was a **need for greater collaboration/ coordination between the services/ programs that are available to serve children and youth in the Greater Richmond area.** Actions that would promote this collaboration and coordination include:

- Programs serving same group (across ages and geography) should be coordinating services through coalitions and other means
- Development of relationships between communities, government and schools (mandating, if needed)
- Foundations to foster/convene relationships between organizations (include effected populations), what partnerships can be developed, and offer more flexible funding
- Funding to cover training and staff for joint ventures

Many felt that there are opportunities to coordinate all services and activities. The Partnership for Out of School Time (POST) was cited as a good example of a successful effort, noting its movement from an informal to a more formal collaborative effort.

**Coordination of services at the total system level** is viewed as having **the greatest impact on improving the lives of children and adolescents in the Greater Richmond Area.** Specifics include eliminating “turfism” like the Hampton Healthy Families model and developing new models for today’s children; setting community goals proactively across public and private services; and developing community awareness.

Some **additional comments** provided by those interviewed include:

- Charity, corporate, government sectors all have to work together because resource needs are great and each sector brings unique competencies to the table.
- Virginia should be participating in Youth Behavioral Risk Survey.
- Support for including fathers in programming when appropriate would be helpful.
- No real good evaluations of programs to determine what is effective or ineffective, need funding for this.
- Need to look beyond the usual players for funding and collaboration because a lot of opportunity is lost on smaller nonprofits that have human assets with employees that are creative and talented, but are unable to voice their ideas.

- No one thing will improve lives; need to focus on lifespan perspective.
- This needs assessment and basing decisions on data and information is very important.
- Huge disparity within the City of Richmond needs to be addressed.

***Summary of Information Regarding Young People from Overall Needs Assessment***

At the same time that the CVHPA is performing this assessment specifically of the children and youth of Planning District 15 (the greater Richmond area), we are also conducting an overall assessment of the health and human service needs of the area's localities for all age groups. As a part of the overall assessment, the CVHPA interviewed, in March and April 2007, 40 key informants including local government officials, health department directors, school superintendents, community services boards' and social service agency directors, among others. Several interviews included more than one person; thus almost 55 people participated in these interviews. Findings from those **interviews** relative to children and youth are summarized below. Please note that most questions allowed multiple responses.

Of the demographic groups that the organizations primarily work with, the top responses were:

- Everyone – 21 responses
- All age groups – 11 responses
- School age – 6 responses
- Low income families - 6 responses
- All children/youth – 5 responses

For the main demographic groups the organizations work with, child care/after school programs (6 responses) and teen pregnancy prevention/sex education (5 responses) were noted as some of the most pressing needs.

The demographic groups in PD 15 with the greatest health and human services needs included the following responses relative to children and youth:

- Low income families – 9 responses
- Low income children/youth – 7 responses
- All children/youth – 6 responses
- Black families – 5 responses

Low income families tied with “older adults” with the greatest number of responses.

The greatest needs of all demographic groups served include the following:

- Transportation – 13 responses
- Financial access to health care/health care services – 10 responses
- Health/prevention education – 7 responses
- Affordable, quality housing – 7 responses
- Prenatal/perinatal services – 6 responses
- Lack of access to primary health care and prevention health care – 6 responses
- Medical care – 6 responses
- Mental health care – 6 responses
- Substance abuse prevention/treatment – 5 responses

The greatest barriers for people in obtaining health and human services in PD 15 include the following:

- Lack of transportation – 25 responses
- Inability of clients to pay for services – 12 responses
- Lack of health care insurance/financial access to health care – 11 responses

The top responses to the greatest impact on improving future health status for PD 15 residents included the following. The percentage was calculated by the number of responses for that question divided by the number of respondents (40).

- More health education/prevention education programs – 8 responses (20%)
- Increased health care insurance coverage – 8 responses (20%)
- Increased access to health care services – 6 responses (15%)

The top responses to the greatest impact on improving the overall quality of life for PD 15 residents are listed below. The percentage was calculated by the number of responses for that question divided by the number of respondents (40).

- Affordable housing – 6 responses (15%)
- Employment/job training – 5 responses (13%)
- Transportation – 4 responses (10%)
- Children/youth education – 3 responses (8%)
- Economic development – 3 responses (8%)

The interviewees were asked to rate various community needs on a scale of one to five, with one indicating lowest need and five indicating highest need. Ratings were provided for the locality/localities the organization serves and, if the respondent was able, for PD 15. Ratings between 3.7 and 4.3 are shaded yellow while ratings between 4.4 and 5.0 are shaded red. The following chart shows the average rankings for each community need relative to children and youth. As illustrated, Richmond has the highest average ranking for the five children and youth community needs and is the only locality that has community needs identified as serious (red and yellow shading). **Based on the averages of the responses by locality for each community need, the top**

two community needs relative to children and youth are affordable child care and teen pregnancy prevention, followed closely by foster care and parenting support and education.

Locality	Education	Affordable & Quality Childcare	Teen Pregnancy	Foster Care	Parenting Support & Education	Average
Charles City	3.1	3.3	2.8	2.4	3.1	2.9
Chesterfield	1.8	2.9	2.4	3.3	2.4	2.5
Goochland	1.9	3.0	2.3	2.9	2.3	2.5
Hanover	1.3	2.6	2.3	1.5	1.5	1.8
Henrico	1.6	3.4	3.3	2.5	2.8	2.6
New Kent	2.3	2.9	2.9	2.3	2.5	2.6
Powhatan	2.1	2.9	2.0	2.4	2.1	2.3
Richmond	3.9	3.4	4.6	4.3	4.1	4.1
<b>PD 15</b>	<b>2.8</b>	<b>3.3</b>	<b>3.3</b>	<b>3.1</b>	<b>3.1</b>	<b>3.1</b>

In summary, the overall PD 15 health and human services needs assessment, which will be available in the fall of 2007, did not identify a significant number of specific children and youth needs relative to the overall population.

**Conclusions**

When assessing the needs of young people in the greater Richmond area, **low income children and adolescents are identified as the group that has the most needs and Richmond City is seen as having the most needs of any locality**, in large part due to having the largest concentration of low income families. Perhaps because there is no regional approach to meeting the needs of children and youth, the needs of Richmond City’s numerous lower income young people heavily influences the perception of children and adolescent’s needs in the greater Richmond area and may contribute to the infrequent mention specific youth needs by those interviewed in the overall needs assessment.

**Several of the suburban localities**, specifically Chesterfield and Hanover, **are perceived as having both the resources and proactive political will to successfully meet the needs of their young people**. This was contrasted with **Richmond’s lack of a coordinated, proactive approach to addressing its young persons’ needs** and how a regional approach could assist with area change. The area’s **rural counties**, many with rapidly growing populations and few services, **as well as Henrico**, with its urban “spill over” and immigrant populations, **could also benefit from a regional approach**. Should the issues impacting young people in the urban core not be addressed effectively, Chesterfield, Hanover, and Goochland may also experience this “spill over” effect in the future; therefore, a regional approach would likely benefit these localities as well.

**Meaningful educational improvements** are viewed as key to helping young people and their parents find **stable and “living wage” employment to lift families out of poverty**. Related to this is the consensus that **quality, after school programs** that reinforce academic skills and are meaningful and culturally appropriate to young people and their families are needed. **Affordable**

**child care** is also a need identified in the overall needs assessment. In addition, **accessible, age-appropriate, and family-centered behavioral health services and development of parenting skills**, particularly early intervention by home-based services, are seen as vital to meeting the critical needs of young persons in the community. The overall needs assessment interviews did not identify these as specific priorities, but, rather, mentioned more general needs such as transportation and housing that impact low income families.

The **two systematic changes that receive widespread support** by those interviewed for the youth assessment include:

- Greater coordination and collaboration among all providers of services to young people across localities and types of providers (i.e. non-profit, government/schools, and corporate), including financial and political support for this coordination; and
- Widespread public awareness of and support for meeting the needs of children and adolescents, partly due to an enhanced understanding of the financial and other societal costs associated with not addressing issues proactively and with adequate resources.

## ASSETS AND RESOURCES

### LISTING OF PROVIDERS

There are more than 350 organizations providing services to young people throughout the area, with the largest number, by far, being located in the City of Richmond. Chesterfield has a Youth Planning and Development Office and Hanover has The Alliance for Youth (within the Department of Community Resources) with comprehensive lists of services available in those counties and the United Way of Richmond and Petersburg has a fairly comprehensive list for the area. *Overall, the greater Richmond area has numerous organizations serving young people but there are gaps in some areas, particularly the rural areas.*

### SUMMARY OF REPORTS/STUDIES FINDINGS

**Attachment I** includes a list of some of the studies/reports that have been conducted that provide additional information that may assist in evaluating the needs of certain groups of young people residing in the greater Richmond area. Several of these have focused on substance abuse and violence, two issues that can have significant life impacts on youth.

#### Petersburg

Note that one report listed in Attachment I focuses on the needs of youth within the City of Petersburg. While not located within PD 15, Petersburg is approximately 30 minutes south of the Richmond area, located in Planning District 19 (PD 19), and is served by TCF. In October 2004, The Cameron Foundation contracted with the Central Virginia Health Planning Agency (CVHPA) to conduct an overall health and human services needs assessment of its service area. This service area includes Colonial Heights, Dinwiddie, Hopewell, Petersburg, Prince George, Sussex, and the southern portion of Chesterfield (south of Route 10). The purpose of the needs assessment is to 1) identify the health and human services needs of the populations and 2) to prioritize these needs based on the quantitative and qualitative information obtained. A copy of the complete report can be downloaded on the CVHPA web site, ([www.cvhpa.org](http://www.cvhpa.org)). The following summarizes a few of the major findings relative to Petersburg:

Petersburg has many areas in which its statistics are the worst of any locality in PD 19. Petersburg has the highest percentage of all the localities in PD 19 for the following: minority population; households without vehicles; high school dropouts; teenage births; overall inpatient discharge rate; and overall cardiology inpatient use rate. It has the lowest median household income and the lowest percentage of owner occupied homes. It has the second highest fiscal stress rank score in PD 19 (5<sup>th</sup> worst in the State). The interviewees rated Petersburg as the locality in PD 19 with the most needs. Interview responses rated education, behavioral health care, teen pregnancy, and workforce training as high community needs. The following are some specific findings from the report:

1. PD 19 has high percentages of both teen births and births to unmarried mothers compared to Virginia's percentages. Petersburg has the highest percentage of teen births.

2. PD 19's high school dropout rate is slightly higher than Virginia's percentage. Petersburg has the highest high school dropout rate.
3. PD 19's unemployment rate is significantly higher than Virginia's rate. Petersburg has the highest unemployment rate.

## **FINDINGS**

The following lists some of the major findings by geographic area as they relate to children and youth:

### **GREATER RICHMOND AREA/PD 15**

- The area's growth rate of children and youth is less than the State's rate and is projected to continue to be lower. This can result in a lower awareness of youth needs by the larger population.
- PD 15 has a higher percentage (34.0%) of black young people when compared to Virginia as a whole (24.3%). Minorities often have fewer financial resources and greater social and other barriers to overcome.
- The area has a greater representation of adolescents when compared to the State's relative representation. Some of this is due to the presence of several universities in the area.
- While PD 15 median household income has exceeded the state average, the area's increase in the percentage of individuals and children in poverty has almost doubled the state percent growth. This suggests a widening gap between the wealthy and poor individuals within this area.
- The overall area has a low unemployment rate but the number of people unemployed (15,643) in 2006 is almost double the number unemployed in 2000. As a result, while the overall employment environment is good, employment opportunities may be limited for some young people or their families.
- PD 15 has a larger percentage of young people in single parent households than the State, with almost one in every three young people living in single parent households. These households sometimes have fewer financial and other resources to support children and youth.
- The average sale price of a single family home in 2007 would require a household income of at least \$65,000, well above the median household income of the area. Home ownership can create stability for young people, their families, and their neighborhoods.
- Almost 30% of all students receive free or reduced price lunches in PD 15, almost four percentage points below the State percentage. The area's increase over the last ten years has been greater than the State's increase and there are wide participation disparities among most school districts, suggesting concentrations of child poverty.
- Most areas have experienced an improving trend or no significant change in their pass rate percentages of Standards of Learning (SOL) test scores over the last five years; however, the region generally showed slightly less favorable SOL trends than the State trends. Poorer

performing schools are centered in the urban core of Richmond, Henrico, and Chesterfield, but many rural areas are also impacted.

- Almost one in seven students were receiving special education services in the area's public schools with "specific learning disabilities" being the most common type of disability.
- According to Census data, the greatest childhood disability is mental disability, and as children age into late adolescence, mental illness continues to dominate within the disabilities, but physical disability emerges.
- The area's percentage of students with Limited English Proficiency (LEP) is only half of the State percentage (3.2% versus 6.4%) but that percentage is three times the percentage in 1997. The LEP percent change often serves as an proxy for the growth in the immigrant population, both documented and undocumented.
- The 2005 overall youth inpatient discharge rate for PD 15 is 23% higher than Virginia's discharge rate. The area also has higher discharge rates than Virginia when comparing gender, age and race, potentially indicating systemic needs. A higher discharge rate can indicate inadequate primary care to prevent hospitalization, greater levels of violence and accidents that require hospitalization, and/or health care providers that utilize inpatient services at higher rates due to practice patterns and/or greater patient needs.
- Bronchitis and Asthma age 0-17 is the top DRG for all of PD 15 localities with the exception of New Kent with the greatest DRG as Psychoses (includes a range of mental health diagnoses). Psychoses is the second greatest DRG for all other localities except Richmond.
- The rate of births to teenagers fell from 2000 to 2005 and remains lower than Virginia's rate.
- More than one-third of all births in PD 15 in 2000 and 2005 were to unmarried mothers. The percentage of unmarried births in the area continues to increase, similar to the State trend, and remains higher than Virginia's percentage.
- Almost 10% of all births in PD 15 result in low birth weight infants, a higher percentage than the State and increasing faster than Virginia's percentage. Low birth weight can result in significant health, educational, and other problems for a child and significant financial costs for society and the child's family.
- Each locality in PD 15 has shown declining abuse and neglect rates from 2000 to 2006.
- More than one in five children (22%) are enrolled in Medicaid or FAMIS, the State's child health insurance program, slightly higher than Virginia's percentage. These programs are very important to financing and, thereby, improving access to health care for lower income families.
- Six out of ten people overall in PD 15 are unaware of FAMIS and half of all households with children are unaware of FAMIS.

- Slightly more than one in seven households in PD 15 has a member with asthma, and one in four households have an asthma sufferer who is not receiving treatment. Asthma disproportionately impacts children and if not treated effectively can result in missed school, emergency department visits, inpatient hospitalizations, and limited activity levels.
- All localities reported “violence on TV, movies, or in music” as a very serious problem. The next prominent community youth problems are lack of affordable and quality child care, lack of after school supervision, and alcohol and other illegal drug use by children or adolescents.
- The most critical health and human service needs of children, according to providers, are parenting skills, affordable quality housing, and after school programs. The most critical needs of adolescents are access to higher education opportunities, improved public education, employment/workforce training, substance abuse prevention/treatment, and after school programs.
- Providers identified parenting skills, improved public education, and employment opportunities for parents as having the greatest impact on improving the overall quality of life for children.
- Providers identified improved public education, access to higher education opportunities, after school programs, and employment opportunities for teens as having the greatest impact on improving the overall quality of life for adolescents.
- Low income children and adolescents are identified as the group that has the most needs and Richmond City is seen as having the most needs of any locality. Meaningful educational improvements are viewed as being critical to helping young people and their parents find stable and “living wage” employment to lift families out of poverty.
- Accessible, age-appropriate, and family-centered behavioral health services and development of parenting skills, particularly early intervention by home-based services, are seen as vital to meeting the critical needs of young persons in the community.

### **Charles City**

- Smallest number of children and youth of any locality and with further decreases in the number of young people projected over the next five years.
- Has the highest percentage of races other than white or black, 6.1% (which also is above Virginia’s 5.2%), due to its relatively large native American population.
- Follows closely behind Richmond in unemployment rates with 3.9% in 2006.
- Has lowest average single family home sales price of any locality in PD 15.

- Charles City has the second highest food stamp participation rate, with 82.2 individuals per 1,000 population participating.
- Almost half of all students receive free or reduced price lunches.
- Highest percentage of children ages 5-15 with physical disabilities.
- Lowest percentage of individuals 25 years and older with a High School Degree or above, reflecting the relatively older population and the lower socio-economic status of the county.

### **Chesterfield**

- Greatest number of children and youth of any locality in the area with almost a third of the area's people age 0-19 years.
- Highest percentage (5.3%) of young people of Hispanic origin within PD 15.
- Highest percentage of children ages 5-15 with mental disabilities.
- Has experienced the largest increase in Limited English Proficiency (LEP) students from 1997 (0.6%) to 2006 (3.3%) and currently has the second highest number and percentage of LEP students of any locality in PD 15.
- Experienced a significant increase in the percentage of low birth weight infants, particularly among "other" mothers, perhaps reflecting the growth in Hispanic children.
- Lack of affordable and quality child care is ranked as a serious problem.

### **Goochland**

- In 2007 has the highest average single family home sale price (over \$500,000) of any locality in PD 15.
- Has the highest percentage of children ages 5-15 with Sensory & Self-Care disabilities and the highest *overall* disability rate for those between ages 16-20.
- Experienced lowest inpatient hospital discharge rate of those ages 0-19 of any locality in PD 15.
- Lowest decline in child abuse and neglect rates of any locality in PD 15.
- Has the highest percentage (20%) of both the 45 and under population and the 45 and older population (18%) reporting a need for mental health services.
- Lack of affordable and quality child care is ranked as a serious problem.

### **Hanover**

- Includes the census tract (3208.02) with the second largest number of persons ages 0-19.
- In 2007 has the second highest average single family home sale price (over \$320,000) of the localities in PD 15.
- Experienced a 25.5% increase in non-marital births between 2000 and 2005, the second highest percent increase of any locality in PD 15.

### **Henrico**

- Includes the census tract (2001.18) with the largest number of persons ages 0-19.
- Has the second largest number of children and youth of the localities in PD 15, but with the largest projected increase in the number of persons 0-19 years.
- Almost a third (30.2%) of Henrico's children are in single parent households and an identical percentage of its students are receiving free or reduced price lunches.
- Has the second highest number of TANF enrollees.
- Has the largest number and percentage of students with Limited English Proficiency (LEP) of any locality in the area.
- Has the highest percentage of residents overall who are unaware of the FAMIS program, as well as the largest percentage of households with children (70%) who are unaware of the program.
- Violence in the community was rated as a very serious problem during a household level telephone survey.
- Lack of affordable and quality child care is ranked as a serious problem.

### **New Kent**

- Had a 1.2% decrease in the number of students approved for free or reduced price school lunches, reflecting relative affluence of new families to the county.
- Second highest percentage of the localities in PD 15 of students receiving special education services.
- Experienced a significant increase in the percentage of low birth weight infants, particularly among black mothers.
- Has had a 33.5% increase in non-marital births from 2000 to 2005 making it the largest increase among PD 15 localities.

### **Powhatan**

- Projected to experience the greatest percentage increase in children and youth of all localities in the area by 2011.
- Has lowest percentage (16.3%) of children in single family households of any locality in PD 15.
- Had a 1.8% decrease in the number of students approved for free or reduced price school lunches, reflecting relative affluence of new families to the county.
- Has the highest percentage of self pay/indigent hospital discharges and the lowest number of children enrolled in FAMIS or Medicaid, perhaps indicating a need to increase FAMIS outreach.

### **Richmond**

- Almost 60% of Richmond's children live in single parent households.
- Richmond City has the lowest median household income, as well as the highest percentage of individuals and children living in poverty of any locality in PD 15.
- 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 double the percentage of infants and children enrolled in the WIC program than Virginia overall.
- Richmond has the highest food stamp participation rate in PD 15, with 182.1 individuals per 1,000 persons receiving food stamps.
- Has the highest *overall* rate for disabilities for those 5-15 years of age.
- Experienced the highest *overall* inpatient discharge rate (50.65) of any locality in PD 15 and is two-thirds greater than the Virginia rate.
- The top two DRGs (discharge related groupings) for Richmond's young people are respiratory related.
- Has the highest number and rate of teenage births of any locality in the area. The City's teenage birth rate is twice the State and more than twice the area's rates.

- The City's percentage of non-marital births (61%) is almost twice the State's percentage and its percentage of non-marital black births is about a third higher than Virginia's non-marital black births.
- The percentage of low birth weight infants is 50% greater than the State's percentage.
- One of every two young people living in Richmond are enrolled in Medicaid or FAMIS.
- 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.
- All seven community problems involving youth were identified as very serious problems by Richmond City survey respondents.