

RICHMOND PROMISE NEIGHBORHOOD

COMMUNITY NEEDS ASSESSMENT

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Engaging Richmond



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- Family Lifeline
- Fan Free Clinic
- FeedMore
- Friends Association for Children
- Junior League of Richmond
- LISC
- Mary Morton Parsons Foundation
- Peter Paul Development Center
- Richmond Behavioral Health Authority
- Richmond Hill
- Richmond Memorial Health Foundation
- Richmond Public Schools (Board & Administration)
- Richmond Redevelopment & Housing Authority
- Robins Foundation
- St. Stephens Church
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EXECUTIVE SUMMARY

PROMISE NEIGHBORHOOD AND COMMUNITY NEEDS ASSESSMENT

The purpose of Promise Neighborhoods is to significantly improve the educational and developmental outcomes of children and youth in our most distressed communities, and to transform those communities. Toward those ends, the mission of Richmond Promise Neighborhood (RPN) is *to surround our neighborhood with a unified community of support so that our children thrive and reach their potential*. The long-term goal is to end generational poverty, improve children's achievement in school, and provide young people and their parents with the same choices and opportunities typically associated with neighborhoods with greater resources. To realize that goal, RPN convenes and connects key stakeholders, coordinates and evaluates high-quality education, health, social, community, and family supports for children from cradle to career.

Communities building on the Promise Neighborhoods approach are conducting comprehensive needs assessments in targeted neighborhoods, often referred to as “catchment areas.” The RPN catchment area includes East End neighborhoods with children attending Woodville and Fairfield Court Elementary Schools who will eventually attend Martin Luther King Jr. Middle School and Armstrong High School (Map ES-1). The RPN catchment area includes the Eastview, Peter Paul/Brauers, and Woodville neighborhoods. Census tracts for the area includes 201, 202, 203, and 204 as well as additional block grounds in the neighboring census tracts. The RPN catchment area had a population of approximately 10,478 in 2011. For the Richmond Promise Neighborhood, we identified information from relevant data sources for the 13 Richmond Promise Neighborhoods Indicators. Indicators and outcomes include family and community supports and academic outcomes.

For the needs assessment, existing quantitative data were compiled from various sources, including reports and studies by Richmond Public Schools (RPS), local government agencies and nonprofit organizations, as well as data from the U.S. Census and large-scale surveys. In addition to existing quantitative data, we developed a pilot household survey to gather information specific to the RPN catchment area. We conducted 60 household surveys from a randomly selected sample. Furthermore, to obtain rich qualitative data, we conducted focus groups with residents and service providers (a total of 184 participants). In addition, we utilized photovoice – an approach that consists of taking and sharing photos to discuss issues in the community. Photos taken during this project are scattered throughout the report.

Unlike other Promise Neighborhood assessments, this assessment was conducted using a participatory action research (PAR) approach that strives to involve community partners in an entire action-research process: selecting the topic or issue of interest, gathering information, analyzing and interpreting data, disseminating information (e.g., making presentations) and developing and implementing action plans. Towards that goal, this project in the RPN catchment area has been a collaborative effort between East End residents, staff from George Mason University's Center for Social Science Research and Virginia Commonwealth University's Center on Human Needs; we have been collaborating since Fall 2011. All of the team members

have been an integral part of the research process, from constructing research instruments to collecting, understanding, and interpreting data.

RPN OUTCOMES AND INDICATORS

There are two groups of RPN outcomes and indicators: Family and Community Supports and Academics. For each RPN outcome, we list a few of the major findings we gleaned from both the quantitative and qualitative data.

FAMILY AND COMMUNITY SUPPORTS

Children are Healthy

- Geographic data show that about 1/3 of the RPN catchment area is located in a food desert.
- During focus groups, parents expressed concerns about barriers to providing healthy food for their children given limited, poor quality, and often unaffordable grocery options.
- Parents also felt that children's physical activity is often limited because of safety concerns in the community.

Children Feel Safe at School and in their Community

- Community residents expressed concern about fighting and violence in school. Similarly, a feeling of safety traveling to and from school is tied to a general feeling of safety in the community; many families feel unsafe in their neighborhood.

Children Live in Stable Communities

- Census data show that school-age children in the RPN catchment area were more likely to move locally, that is, within the same city, compared to other children in Virginia, but were less likely to move away from the local area.

Family and Community Members Support Learning in Promise Neighborhood

- Focus group participants pointed out that while caring adults in the home are an important aspect of children's health and success, caring adults at school and in the community also play important roles in children's lives.
- Parenting is a major concern among residents and service providers alike. Providing more support to parents so that they can parent effectively may have an effect on their children's success.

Students Have Access to 21st Century Learning Tools

- Children do have computer access at school, but focus group and pilot survey data indicate that children and adults may lack access at home.
- Computer literacy and accessibility are of concern for residents in the community, particularly in terms of finding employment opportunities and applying for jobs.

ACADEMICS

Children Enter Kindergarten Ready to Learn

- In focus groups, participants expressed concerns about children's kindergarten readiness. For instance:
 - Some families visit the emergency room for chronic or non-emergency health concerns rather than a primary care physician.
 - Daycares and preschools serve as critical sites of early learning. Parents can help foster children's early education by working closely with their children or enrolling them in early education programs.
 - Parents often feel torn when making childcare decisions between affordable care and good quality care, that is, care that is safe, reliable, and educationally appropriate.
- One asset discussed was the availability of neighborhood resource centers for health screenings and to monitor and address minor health concerns.

Students are Proficient in Core Academic Subjects

- School report card data show that children in the two elementary schools in the RPN catchment area are performing well in comparison to those in Richmond City and in Virginia; however, middle and high school students are performing worse compared to those in the city and in the state.
- Focus group participants noted that students' academic success is tied to their experiences outside of the classroom as well as inside.

Students Successfully Transition from Middle Grades to High School

- Truancy is a concern for both community residents and service providers.
- Providing students with quality mentoring may serve to enhance their academic performance and ensure their successful transition from middle to high school.

Students Graduate from High School

- Richmond Public Schools data show that dropout rates among Armstrong High School students are higher than in Richmond City and the state. Two in five Armstrong students do not graduate on time and one in five drop out of school before graduation.
- Community residents talked about the potential for positive role models and caring adults to have meaningful effects on children's academic success, including whether or not they graduate from high school.

High School Graduates Obtain a Post-Secondary Degree, Certification, or Credential

- Data from the Virginia Department of Education show that few Armstrong High School students enroll in four-year colleges soon after graduating.
- Residents are concerned with how schools transition students to college as well as how they transition students to meaningful employment.

OTHER COMMUNITY ISSUES

Three main issues that community residents and service providers discussed frequently during focus groups, beyond the issues identified by the 13 RPN indicators, include out-of-school time, communication between residents and service providers, and mental health.

Out-of-School Time

- Transportation emerged as a major concern for students and families who currently participate in, or are interested in participating in, out-of-school time activities. Agencies providing transportation could have lasting positive consequences for children.
- In terms of affordability, parents talked about the cost of different programs and activities for children, for example, sports and how costs associated with the sport can make it difficult for their children to participate.
- Many parents lamented the loss of programs that were at one time valuable to their own kids and the community in general.
- Overall, families were interested in making sure that children have safe, educational, fun places to spend time outside of school.

Communication between Residents and Service Providers

- It seems that while residents believe service providers are not providing adequate services for families in the RPN catchment area, service providers may interpret low utilization as a sign that residents are not interested in the programs that are available.
- Some service providers put responsibility for finding out about opportunities squarely on parents rather than refocusing outreach efforts; however, sometimes programs cannot accommodate all students.
- Service providers suggest that a making a “menu” of services available may help parents better understand the opportunities that are available.
- Residents explained that individual invitations and meetings would be helpful, that is, that service providers could knock on residents’ doors or plan community events.

Mental Health

- The issue of trauma seems particularly salient in the RPN catchment area. Trauma can include physical abuse, sexual abuse, and witnessing violence.
- A particular aspect of children’s health that traditional Promise Neighborhood indicators do not necessarily capture is mental health. In conceptualizing health, it may be useful for the RPN team to consider the level of trauma experienced by children in the catchment area. This is particularly important as trauma and mental health have effects on children’s everyday lives, their academic success, and the trajectory of their future.

CONCLUSIONS AND RECOMMENDATIONS

Envisioning a Healthy Vibrant Community

Presently, neighborhood data about the RPN catchment area does not reflect how residents envision a healthy and vibrant community:

- plenty of places for kids to play, like playgrounds, and activities for them to engage in;

- friendly, positive, and respectful neighbors;
- clean environment, with green spaces, gardens, and places to plant food;
- people connected with different kinds of resources, and good communication with service providers;
- a drug-free environment and good relationships with police; and
- jobs and reliable transportation.

However, there are many positive aspects to draw from and build upon.

More Opportunities

- Unemployment and a lack of jobs affect all aspects of family life, including student success. The catchment area lacks both local employers and reliable transportation to employers outside of the neighborhood. Additionally, many residents need access to opportunities to gain job skills and training.
- Although there are many services available, the level of need in the neighborhood is very high. More opportunities and support for children and their families are needed.

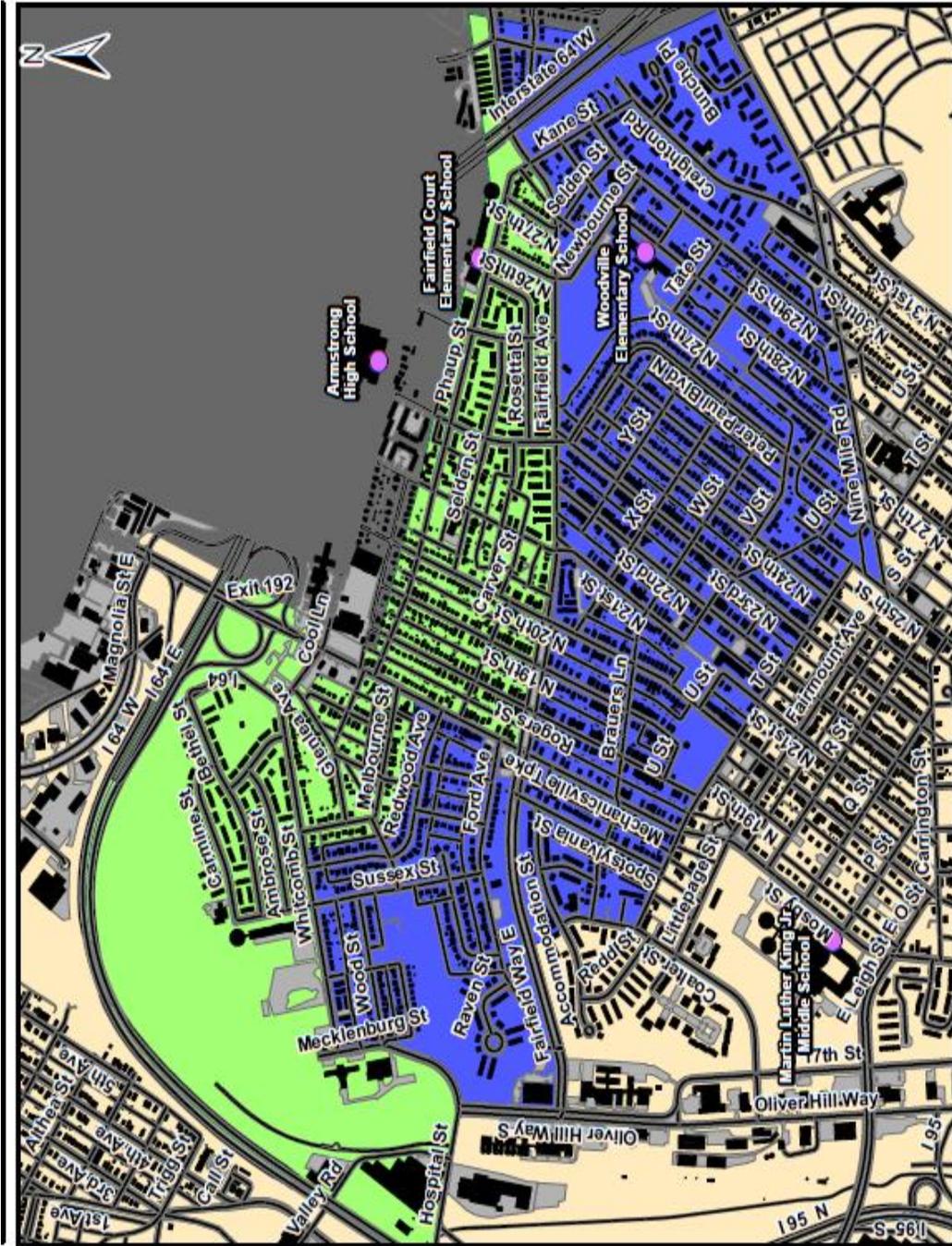
Examples include the following:

- support for parents and mentors for children and youth;
- quality out-of-school time and early education programs for children;
- easily accessible locations to buy affordable and nutritious food;
- safe places for children to play;
- resources to address mental health issues, including trauma; and
- accessible information about resources in the community.

Student Success

- Students need support at home, at school, and in the community through effective parenting, quality educational experiences, good role models, and engaging school and social activities.
- Support includes ensuring not only students' academic success, but also their physical and mental health and safety.
- Student success must begin early with quality early education programs that ensure age-appropriate functioning and school-readiness.
- Student success must reach beyond elementary school to middle and high school to improve students' academic performance and attendance, as well as graduation rates.

Map ES-1. RPN Catchment Area



Obtaining the Dream, Living the Reality

~ Photos by Valerie Burrell Muhammad, Marco Thomas, and Brenda Kenney



“You got to go to school. You got to pay attention and get your education...because if you don’t you not gon’ get a job. The next thing you gon’ stand on the corner...either going to jail or go in the graveyard. They’ve been taught that way.” (Resident)

PROMISE NEIGHBORHOOD AND COMMUNITY NEEDS ASSESSMENT

Schools, parents, policy makers, non-profit organizations, community organizers, parents, and researchers have examined and implemented programs to help children from distressed communities succeed academically. Programs have included direct assistance to students both academically and during out-of-school time, working with parents to better support children, and using schools as community hubs to assist families and the broader community. Some programs have been more successful than others. One program in New York City, the Harlem's Children Zone¹ (HCZ), has demonstrated results at every developmental age, including the achievement of helping over 600 youth enter college. Developing the HCZ took vision, leadership, and many years of effort to create an educational approach that inspires children, supports families, and attempts to end the cycle of generational poverty.²

During President Obama's first campaign for the presidency he highlighted the HCZ approach and vision, namely that children who have access to great schools and strong systems of family and community support can obtain an excellent education and successfully transition to college and a career.³ Once elected, Obama began a federal Promise Neighborhoods program built on the HCZ model. According to the Promise Neighborhood Institute, a Promise Neighborhood is a community of opportunity, centered around strong schools, that allows children to learn, grow, and succeed. Promise Neighborhoods work to wrap children in high-quality, coordinated health, social, community, and educational supports from the cradle to college to career. The purpose of Promise Neighborhoods is to significantly improve the educational and developmental outcomes of children and youth in our most distressed communities, and to transform those communities by –

1. Identifying and increasing the capacity of eligible entities that are focused on achieving results for children and youth throughout an entire neighborhood;
2. Building a complete continuum of cradle-to-career solutions of both educational programs and family and community supports, with great schools at the center;
3. Integrating programs and breaking down agency “silos” so that solutions are implemented effectively and efficiently across agencies;
4. Developing the local infrastructure of systems and resources needed to sustain and scale up proven, effective solutions across the broader region beyond the initial neighborhood; and
5. Learning about the overall impact of the Promise Neighborhoods program and about the relationship between particular strategies in Promise Neighborhoods and student outcomes through a rigorous evaluation of the program”.⁴

With the announcement of Promise Neighborhood planning grants in 2010, over 300 communities collaborated with schools, community partners, and parents to submit proposals to the Department of Education. Because of limited funding, only 20 communities received these

¹ Harlem Children's Zone, <http://www.hcz.org/>

² See: Paul Tough, *Whatever it Takes: Geoffrey Canada's quest to Change Harlem and America*, 2009, and Harlem Children's Zone, <http://www.hcz.org/>

³ Promise Neighborhood Institute: <http://www.promiseneighborhoodsinstitute.org>

⁴ Ibid.

grants. However, many communities around the country that did not receive the planning grant, including Richmond, have continued their efforts to build Promise Neighborhoods.

The mission of Richmond Promise Neighborhood (RPN) is *to surround our neighborhood with a unified community of support so that our children thrive and reach their potential*. The long-term goal is to end generational poverty, improve children’s achievement in school, and provide young people and their parents with the same choices and opportunities typically associated with neighborhoods that have greater resources. To realize that goal, RPN convenes and connects key stakeholders, and coordinates and evaluates high-quality education, health, social, community, and family supports for children from cradle to career.

Around the country, communities building on the Promise Neighborhood approach are conducting comprehensive needs assessments in targeted neighborhoods, often referred to as “catchment areas.” Needs assessments combine quantitative and qualitative data to provide baseline information about current community conditions and characteristics that can be compared to data that may be collected in the future. Needs assessments provide in-depth analyses of how children and families are faring in a particular neighborhood. According to the Urban Institute, needs assessments are meant to “inform a continuum of solutions targeted to those of highest need.”⁵ As such, needs assessments require data from many sources including families, schools, and other stakeholders in the community.

For RPN’s needs assessment, George Mason University’s Center for Social Science Research (CSSR) identified information from relevant data sources for the 13 Richmond Promise Neighborhood Indicators listed in Table 1.1.⁶ Indicators and outcomes include family and community supports and academic outcomes. The RPN catchment area includes East End neighborhoods with children attending Woodville and Fairfield Court Elementary Schools, who will eventually attend Martin Luther King Jr. Middle School and Armstrong High School (Map 1.1).

Existing quantitative data were compiled from various sources, including reports and studies by Richmond Public Schools (RPS), local government agencies and nonprofit organizations, as well as data from the U.S. Census and large-scale surveys. Available data were analyzed to identify the geographic level at which information was collected – that is, the RPN catchment area, the broader East End community, Richmond City, and Virginia –and how well it represented the RPN catchment area.

There are several challenges to conducting a needs assessment for a particular geographic area.⁷ It is important to note that many of the studies and reports analyzed for this assessment (Appendix A: Bibliography) did not contain data specific to the East End neighborhood or the RPN catchment area. Most publicly available data represent Richmond City or a larger geographic area (Figure 1.1). In addition, not all indicators could be addressed with existing

⁵ Urban Institute, March 26, 2012. Jennifer Comey. “Data for a Promise Neighborhood Needs Assessment and Segmentation Analysis,” Downloaded from: Google.

⁶The original RPN outcomes and indicators have evolved over the course of the project. See Appendix B for an updated list.

⁷This is the case with all Promise Neighborhood community needs assessments.

data. To serve as a proxy for indicators that are not currently available, we identified secondary indicators that provide data in the same or a related domain.

Another challenge is trying to identify *population-based data* for the 13 indicators. Population-based data is information that reflects the entire target group, in this case *all* of the residents in the RPN catchment area (Figure 1.1). Although some data may be kept by a service provider about clients participating in a particular program, the needs and experiences of these clients may be very different from other neighborhood residents. For example, clients in a diabetes program do not necessarily represent the non-diabetics in the community. These clients may differ because they are eligible for program services while others are not, or simply because they choose to participate while others do not.⁸ Information kept by service providers regarding particular programs is known as *program data or performance based data*. In addition, service providers may serve a larger geographic area (Figure 1.2).

In addition to existing quantitative data, and to gather population-based information in the future for indicators for which information did not exist for the RPN catchment area, we developed a pilot household survey to gather information specific to the RPN catchment area. We conducted 60 household surveys from a randomly selected sample. In order to generate recommendations for a future generalizable household survey, a portion (46) of the surveys were completed through phone interviews and the other portion (14) through face-to-face interviews.

Figure 1.1 Geographic Breakouts of Population-Based Data

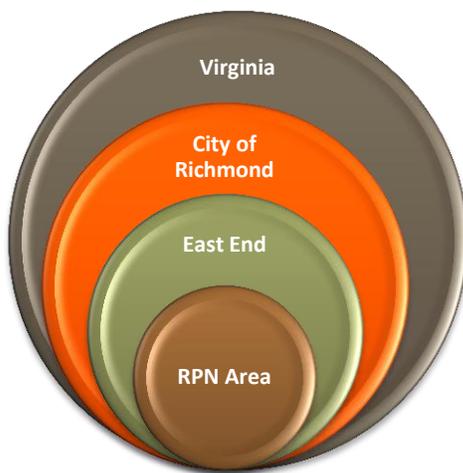
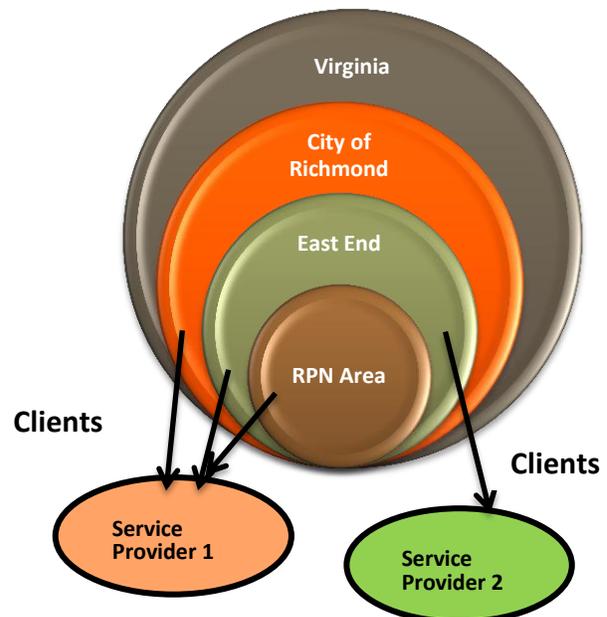


Figure 1.2 Examples of Performance-Based Data



⁸Other ways that the clients do not represent the community include that the number of diabetics in the program do not represent the total number of diabetics in the community; and, the characteristics of diabetics in the program do not represent the characteristics of diabetics in the community, particularly due to selection factors about who decides to enter a program (level of need, level of resources, motivation, etc.)

To obtain rich qualitative data, we conducted focus groups with residents and service providers (a total of 184 participants). We conducted 13 focus groups with residents (148 participants). To get multiple perspectives from diverse residents, the 13 focus groups were organized by participant characteristics, including men, women, parents, seniors, employed and unemployed residents, and residents from different areas (e.g., different public housing complexes). We also conducted four focus groups with service providers (36 participants from 24 organizations). The data from the focus groups have been systematically analyzed (through a process called “coding”) both inductively and deductively. Thus, the information presented throughout this report and in sections we call “Community Voices” is the result of these rigorous coding efforts. In addition, we utilized photovoice – an approach that consists of taking and sharing photos to discuss issues in the community. Photos taken during this project are scattered throughout the report.

Unlike many other Promise Neighborhood assessments, this assessment was conducted using a participatory action research approach that involves a partnership between residents and university staff from George Mason University and Virginia Commonwealth University to gather, analyze, and present information.

Table 1.1 Richmond Promise Neighborhood Outcomes and Indicators

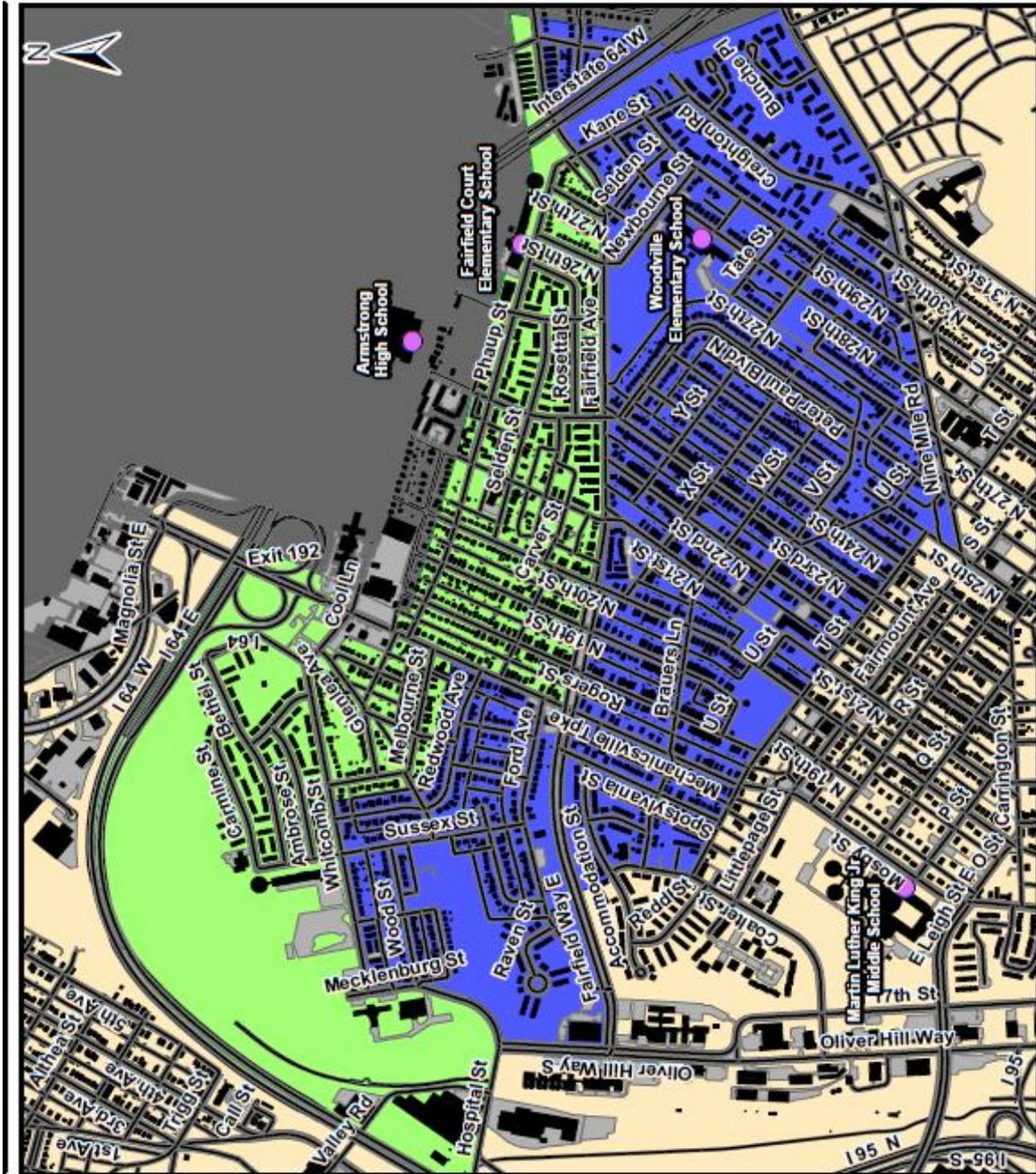
RPN Outcomes and Goals	RPN Indicators
Family And Community Support Outcomes and Goals	Family And Community Support Indicators
1. CHILDREN ARE HEALTHY	1. # and % of children who participate in at least 60 minutes of moderate to vigorous physical activity daily and consume 5 or more servings of fruits and vegetables daily
2. CHILDREN FEEL SAFE AT SCHOOL AND IN THEIR COMMUNITY	2. # and % of children who feel safe at school and traveling to and from school as measured by a school climate survey
3. CHILDREN LIVE IN STABLE COMMUNITIES	3. Student Mobility Rate (as defined by the Promise Neighborhood Notice)
4. FAMILY AND COMMUNITY MEMBERS SUPPORT LEARNING IN PROMISE NEIGHBORHOOD⁹	4. # and % of students who say they have a caring adult in their home, school or community OR # and % of family members who attend parent-teacher conferences
5. STUDENTS HAVE ACCESS TO 21ST CENTURY LEARNING TOOLS	5. # and % of students who have school and home access (and % of the day) to broadband Internet and a connected computing device

⁹ The original RPN outcomes and indicators have evolved over the course of the project (see Appendix B for an updated list). In the future, this outcome will include a few new indicators: # and % of parents or family members who read to their child 3 or more times a week; # and % of parents or family members who encourage their child to read books outside of school; and, # and % of parents or family members who report talking with their child about the importance of college or career or # and % of family members who attend parent-teacher conferences.

RPN Outcomes and Goals	RPN Indicators
Academic Outcomes and Goals	Academic Indicators
1. CHILDREN ENTER KINDERGARTEN READY TO LEARN	1. # and % of children birth to five years who have a place where they usually go other than an emergency room when they are sick or in need of advice about their health 2. # and % of children in pre-K and kindergarten who demonstrate, at the beginning of the school year, age appropriate functioning across multiple domains of early learning as determined using developmentally appropriate early learning measures 3. # and % of children, from birth to kindergarten entry, participating in center-based or formal home based early learning settings or programs, which may include Early Head Start, Head Start, child care, or publicly funded preschool
2. STUDENTS ARE PROFICIENT IN CORE ACADEMIC SUBJECTS	4. # and % of students at or above grade level according to State mathematics and English language arts assessments in at least the grades required by the ESEA (3rd, 8th, high school)
3. STUDENTS SUCCESSFULLY TRANSITION FROM MIDDLE GRADES TO HIGH SCHOOL¹⁰	5. Attendance rate of students in 6th, 7th, 8th, and 9th grades 6. # and % of children who receive academic intervention, based on identified learning gaps
4. STUDENTS GRADUATE FROM HIGH SCHOOL	7. Graduation rate
5. HIGH SCHOOL GRADUATES OBTAIN A POST-SECONDARY DEGREE, CERTIFICATION OR CREDENTIAL	8. # and % students who graduate with a regular high school diploma and obtain post-secondary degrees, or vocational certificates without need for remediation

¹⁰ In the future, this outcome will include # and % of pregnant teens (see Appendix B for an updated list).

Map 1.1 RPN Catchment Area



The Engaging Richmond Team, 2012



2. PARTICIPATORY ACTION RESEARCH: ENGAGING RESIDENTS IN A COMMUNITY NEEDS ASSESSMENT

There have been various efforts to address some of the major concerns identified in Richmond's East End. Although some of these efforts have been developed by those who have a connection with the community, many efforts have been developed by well-meaning "outsiders" who have stepped in to address the community's growing concerns. Their strategies have not always matched the needs and realities of community residents. Unmet needs can lead to frustration for those providing interventions, as well as for community residents who continue to see programs come and go while their situation remains the same.

Residents' active engagement in a community, otherwise known as civic engagement, is important for identifying issues as well as for developing workable solutions that are tailored to meet the needs of a community. Furthermore, civic engagement creates social capital,¹¹ or the benefits obtained from individuals and groups cooperating and working together. The benefits of social capital include improved public safety, networks for employment, increased political engagement, improved democratic governance, and enhanced health and quality of life of residents in a community. As one might expect, communities with high levels of social capital are considered better places to live.

The question is how to enhance civic engagement in a community. Although the benefits are ample, there are challenges in the United States to residents becoming engaged in a community.¹² These challenges include a lack of resources (e.g., childcare, transportation), insufficient motivation on the part of the community residents, and residents who feel that they have not been asked or encouraged to participate in community activities. The East End may have other challenges as well, however, we believe that residents and community partners working collaboratively in the East End can address these obstacles and increase resident engagement to tackle the difficult issues facing the East End today.

Participatory action research (PAR) is one approach that can engage residents and other stakeholders (e.g., service providers) to learn about community conditions and develop and implement action plans that reflect the needs and situation of the local community. PAR strives to involve community partners in an entire action-research process: selecting the topic or issue of interest, gathering information, analyzing and interpreting data, disseminating information (e.g., making presentations) and developing and implementing action plans. Given that residents and stakeholders are actively engaged in the entire process, the issues and outcomes identified reflect resident needs, interests, and circumstances and can increase resident interest and engagement in working towards community change.

PAR is effective in building skills and local capacity, increasing collaboration among stakeholders, and collecting reliable and useful information that can be used by the community to

¹¹ For benefits of social capital see Putnam 2000, 2002; for political engagement and democratic governance see Tavits 2006; for bridge to employment see Granovetter 1973,1983; for public safety see Sampson 2001, and for health of a community see Ziersch, et al., 2005.

¹² Major obstacles identified in Harvard's Social Capital Community Benchmark Survey: <http://www.hks.harvard.edu/saguaro/communitysurvey/nc3c.html>.

make informed decisions.¹³ Participatory action research is referred to by different names, including community-based participatory research or action research, but the underlying characteristics are similar:

“It is democratic, enabling the participation of all people; it is equitable, acknowledging people’s equality of worth; it is liberating, providing freedom from oppressive, debilitating conditions; it is life enhancing, enabling the expression of people’s full human potential” (Stringer 1999, p. 10).

PAR has successfully engaged residents and communities in the United States and overseas to understand community conditions and to work towards positive social change in a variety of sectors (e.g., community development, agriculture, health, education). These projects have included different interest groups and communities, organizations, neighborhoods, schools, and so forth.¹⁴ This project in the RPN catchment area began Fall 2011 and has been a collaborative effort between East End residents, staff from Virginia Commonwealth University’s Center on Human Needs and George Mason University’s Center for Social Science Research, and Richmond Promise Neighborhood (see team biographies in Appendix C). All of the team members and organizations involved have been an integral part of the research process, from constructing research instruments to collecting, understanding, and interpreting data.

The outcome of this work is two-fold. As a team, we gathered both quantitative and qualitative information, and many of the findings are presented in this document. This work has enhanced our knowledge of the community including both its assets and the challenges it faces. The second outcome of this project has been the development of a resilient research team that represents a strong community-university partnership and the participation of the broader community in research and change. As a team, we have tried to work and think creatively and with humility. In so doing, we have generated a respect for each other’s knowledge, backgrounds, and experiences. As a team we have pushed each other to question what we observe; confronted the historical roots of racial discrimination that have plagued this community (a discussion that is rarely easy but always necessary to move forward); and dug deeper into issues that affect residents’ lives. We have also celebrated the small accomplishments of our work and our personal lives. This has created a knowledgeable and dedicated team, one that we believe is in a strong position to assist RPN and other initiatives and

¹³PAR guiding principles: 1) Community partners should be involved at the earliest stages of the project, helping to define research objectives and having input into how the project will be organized. 2) Community partners should have real influence on project direction. 3) Research processes and outcomes should benefit the community. Community members should be hired and trained whenever possible and appropriate, and the research should help build and enhance community assets. 4) Community members should be part of the analysis and interpretation of data and should have input into how the results are distributed. 5) Productive partnerships between researchers and community members should be encouraged to last beyond the life of the project. This will make it more likely that research findings will be incorporated into ongoing community programs and therefore provide the greatest possible benefit to the community from research. 6) Community members should be empowered to initiate their own research projects which address needs they identify themselves. University of Washington, School of Public Health, <http://sph.washington.edu/research/community.asp>

¹⁴ There are many written examples on the successful outcomes from using PAR. For a place to begin see: Minkler, Meridith and Nina Wallerstein (eds). 2008. *Community-Based Participatory Research for Health* (second edition). San Francisco: Jossey-Bass.

can be part of the social change efforts required to move the East End toward its goals of becoming a healthy and thriving community.¹⁵

¹⁵The project described was supported in part by Grant Number UL1RR031990 from the National Center For Research Resources. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Center For Research Resources or the National Institutes of Health.

What it takes...

~ Photos and Caption by Marco Thomas



It's dark outside at 5:30 am, a mother's purse is slung over her shoulder, her toddler in her arms and her 5 year old daughter holding her hand. She's thinking, "I had to get up, get the kids ready and fed, now I'm walking 10 minutes to be at this first bus stop on time, because if I miss this bus the next one isn't coming for an hour. Standing at this stop, it's dark and gloom during prime dope hours. Someone could be hiding in the corner or coming around the next... someone might shoot or rob me. But I got to drop-off my kids at my mom's and get to work... I hope for happy customers today... I don't need this, I don't know how much I can take." But this is what families do to set good examples for their children and move their families forward.

3. COMMUNITY BACKGROUND

Richmond Promise Neighborhood Catchment Area

Socially and economically, the East End is the highest need area of Richmond City. Discriminatory practices such as redlining and highway development led to poor urban development and isolation. Since the 1950s, the East End has experienced a period of growing blight, dilapidated housing, increased levels of poverty and crime, multi-generations of pregnant teens, and high school dropouts. The East End of Richmond, north of Broad Street, includes four public housing projects. The commercial corridor serving the neighborhood was once vibrant with local/franchise businesses. Today, the corridor is dilapidated with few viable businesses. Only half of the adult population completed high school, and less than half are employed (47% employment rate among the working age population). In the past decade, the East End of Richmond had a disproportionately high homicide rate, and two-thirds of Richmond juveniles released from state juvenile correctional centers between 2000 and 2003 were rearrested for a felony or misdemeanor within one year of release.

The RPN catchment area includes the Eastview, Peter Paul/Brauers and Woodville neighborhoods¹⁶ and had a population of approximately 10,478 in 2011 (Table 3.1). Population density is high – there are 9,191 persons per square mile, compared to 3,415 in Richmond City. Public housing was built in the RPN area in the 1950s and includes: Creighton (504 units), Fairfield (447 units), and Whitcomb Court (447 units) (Map 1.1). Mosby (458 units) is located just a few blocks away from the catchment area. Interspersed between the housing projects are single family homes, most of which are rental units. There are 5,043 housing units, of which 17% are vacant.

The area is racially segregated: 95% of households are black. The population is disproportionately female (57%), and one-third is children under 18 years old. The catchment area contains 2,499 families, more than half of which have their own children living in the home. The large majority of families with children (83%) are female headed. Proportionately, there are twice as many children age 14 and under in the catchment area compared to Richmond City (Table 3.2).

Over half (56%) of residents live below the poverty line, and children are much more vulnerable, with 76% below poverty (Table 3.3). Approximately half of the residents age 16 and older in the catchment area did not work at all in the past 12 months, and less than one-quarter worked full-time, year round.

The low labor force participation rate and low median income (ranging from \$11,791 in Census Tract 202 to \$27,431 in Census Tract 203) are related to low educational attainment levels among adults. Almost half (46%) of adults age 25 and over have not completed high school or its equivalent. Almost one-third (31%) have completed high school but not college. Sixteen percent have some college and 4% have an associate's degree; less than 4% of adults have a bachelor's degree or higher.

¹⁶ Census tracts include 201, 202, 203, and 204 as well as additional block groups in the neighboring census tracts.

Also, life expectancy is shorter and infants are more likely to have low birth weight in the RPN catchment area. Map 3.1 shows that life expectancy in the RPN catchment area is 9 years shorter than in the Richmond metropolitan area. Map 3.2 shows that infants born in the RPN catchment area are about twice as likely as those in the Richmond metropolitan area to have a low birth weight.

Table 3.1 RPN Catchment Area Demographics (2010 Census Data)¹

Population	10,478
Males	43%
Females	57%
Children (under 18 years)	33%
Seniors (age 65 and over)	12%
Number of families	2,499
With own children under 18 years	1,410
% female headed (with own children)	83%
Housing Units	5,043
Vacant	17%
Occupied housing units	4,122
Family households with children under 18	1,661
Family households without children under 18	838
Non-Family households ²	1,623
Race of householder	
Black	95%
White	3%
Two or more races	2%

1. Census tracts 201, 202, 203, 204 and 109 (block group 4), 209 (block group 1) and 301 (block group 1).
2. Non-family households consist of people living alone and households which do not have any members related to the householder.

Table 3.2 Age Distribution in the RPN Catchment Area (2010 US Census)

Age	RPN	Percent	Richmond	Percent
0-4	1,387	11%	12,798	6%
5-9	1,158	9%	10,266	5%
10-14	871	7%	9,170	4%
15-19	987	8%	15,782	8%
20-64	6,767	55%	133,585	65%
65+	1,055	9%	22,619	11%

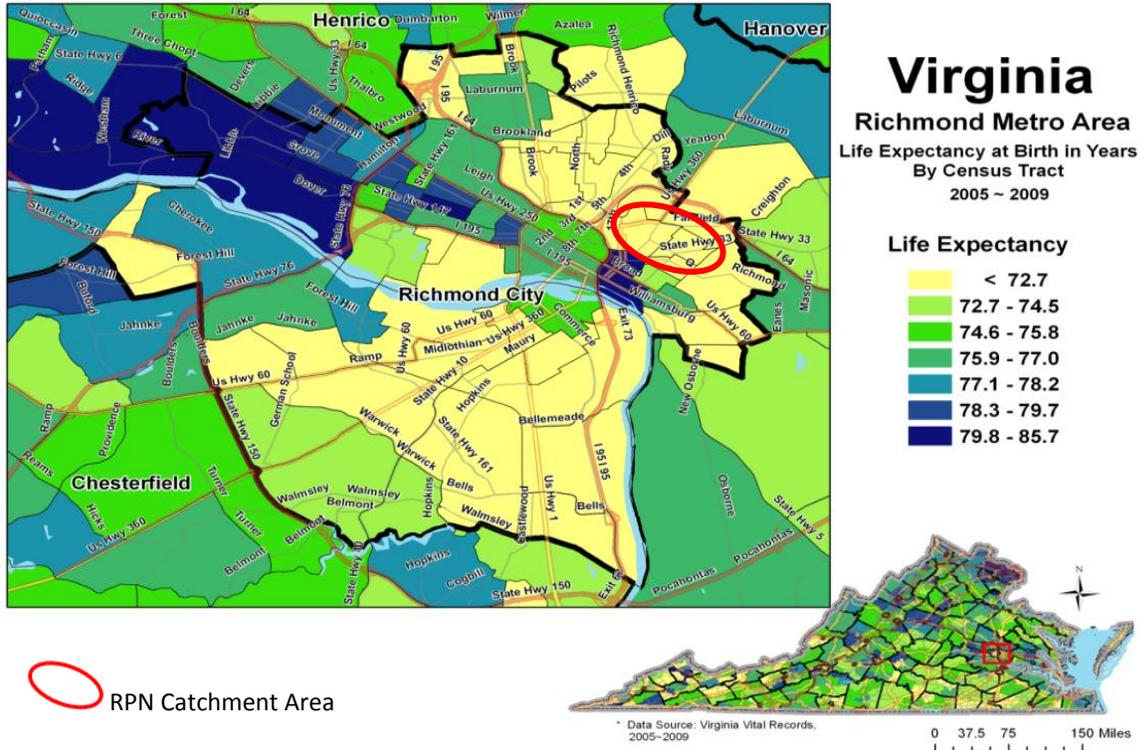
Census tracts 201, 202, 203 and 204.

Table 3.3 Income, Poverty and School data (2006-2010 American Community Survey)

Households	4,125
Median household income	
CT 201	\$13,864
CT 202	\$11,791
CT 203	\$27,431
CT 204	\$14,318
Mean household income	\$22,900
Percent below poverty	56%
Children below poverty	76%
Educational attainment (age 25 and over)	
Less than high school	46%
High school (including GED)	31%
Some college, no degree	16%
Associate's degree	4%
Bachelor's or higher	3.5%
School enrollment	
Nursery school/preschool	238
Kindergarten	219
1st – 4th grade	1,100
5th – 8th grade	785
9th – 12th grade	1,099
College, undergraduate	393

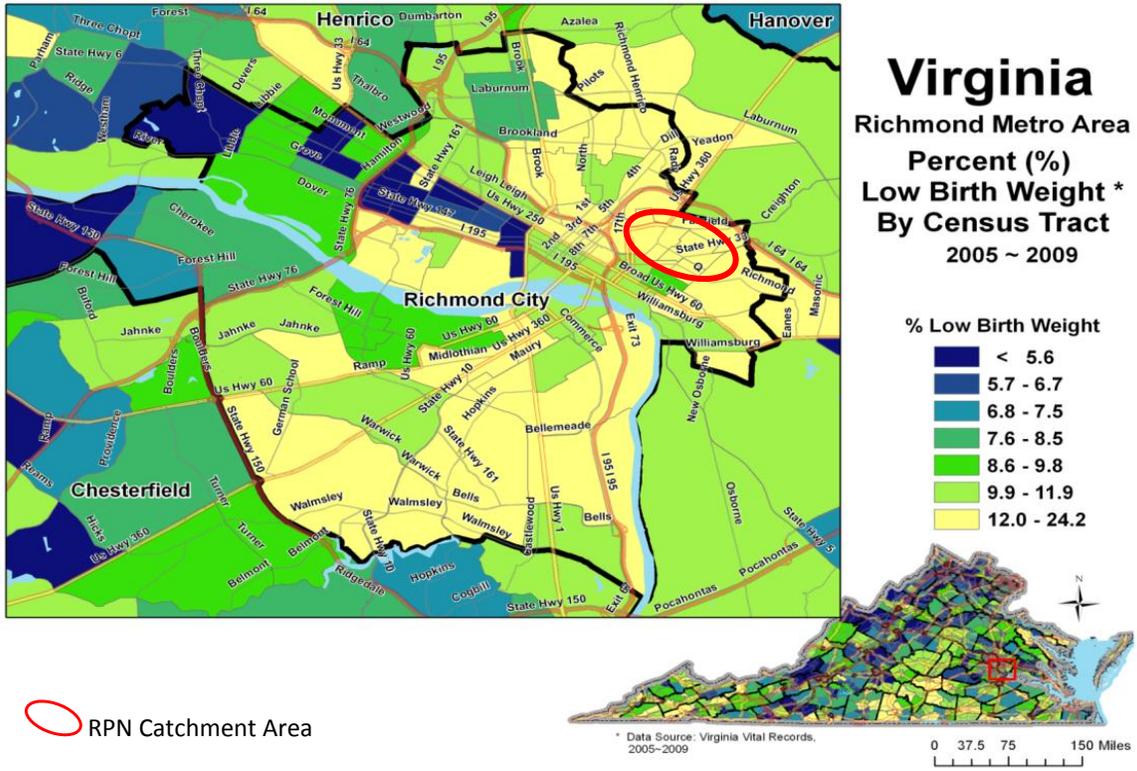
Includes census tracts 201,202, 203, and 204.

Map 3.1 Life Expectancy in Metro Richmond, 2005-2009



Source: Virginia Department of Health Office of Minority Health

Map 3.2 Low Birth Weight in Metro Richmond, 2005-2009



 RPN Catchment Area

Source: Virginia Department of Health Office of Minority Health

Cradle to Career

~Photos by Brenda Kenney



“It takes a village to raise these children...You know our children want to see us with jobs. Our children want to see us do good. So if we’re not doing good, our children not gon’ do good.”
(Resident)

Women and Men Supporting Families

~Photos by Brenda Kenney (left and middle) and LaSharnda Harris (right)



4. RPN OUTCOMES AND INDICATORS: FAMILY AND COMMUNITY SUPPORTS

For each RPN outcome (Table 1.1), we have listed the associated RPN indicators; the main points we gleaned from both the quantitative and qualitative data; the available quantitative data including limited findings from the pilot household survey.¹⁷ We have labeled quantitative data as “statistics;” and the qualitative data from the focus groups as “community voices”.

CHILDREN ARE HEALTHY

Children and youth are physically, mentally, and emotionally healthy.¹⁸ Not only are children better prepared to learn if they are healthy but it impacts their future. “Children who develop healthy lifestyles during childhood are more likely to continue living in healthy ways as adolescents and adults.” In addition, positive extracurricular activities such as sports teams, non-competitive organized physical activity, and other activities such as religious groups, music classes, and supervised after school clubs and programs, can lead to better grades, test scores, and school attendance.¹⁹

RPN Indicator

- # and % of children who participate in at least 60 minutes of moderate to vigorous physical activity daily and consume 5 or more servings of fruits and vegetables daily

Highlights (will be in a text box)

- Few Virginia youth meet the USDA recommendations for fruit and vegetable consumption.
- Parents experience barriers to providing healthy food for their children given limited, poor quality, and often unaffordable grocery options.
- It is important to provide students with healthy food options in schools, where many students eat their most substantial meals.
- Children’s physical activity is often limited because of safety concerns in the community.
- About 1/3 of the RPN catchment area is located in a food desert.

Statistics

According to the 2010 Obesity Survey Research Report from the Virginia Foundation for Healthy Youth, only 4% of Virginia youth met the USDA recommendation to have, on average,

¹⁷ Data from the pilot survey do not provide reliable estimates due to the small size of the sample and lack of representativeness; therefore we generally only note whether the pilot survey findings seem to confirm data available from other sources.

¹⁸ Kristin Anderson Moore, David Murphey, Carol Emig, Kathleen Hamilton, Alena Hadley, Katie Sidorowicz. (2009). Results and Indicators for Children: An Analysis to Inform Discussions About Promise Neighborhoods. Child Trends: Washington D.C.

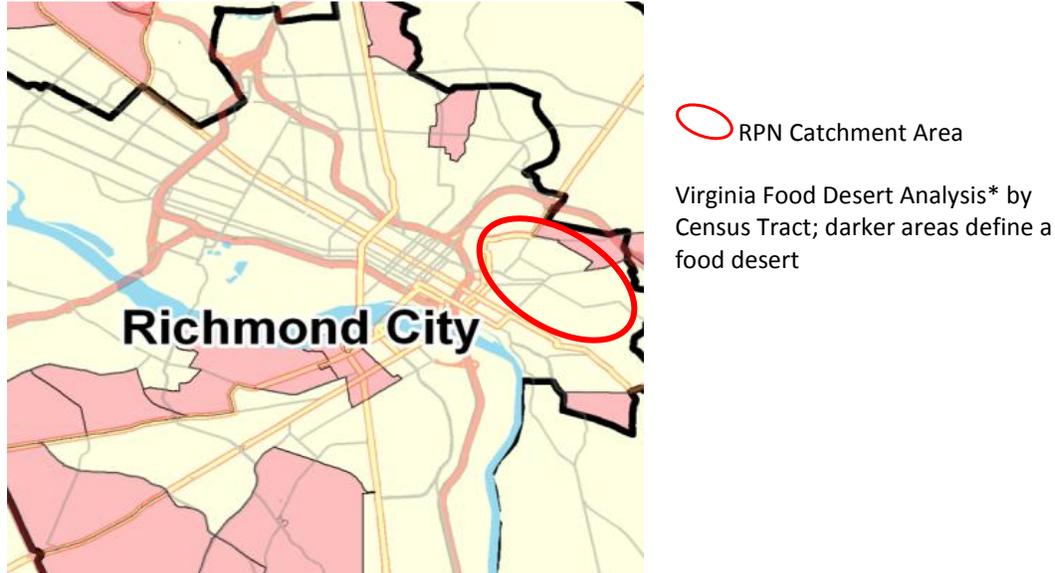
¹⁹ Promise Neighborhoods Research Consortium: <http://promiseneighborhoods.org/outcomes/physical-health/>; <http://promiseneighborhoods.org/outcomes/access-food-activity-entertainment/>

9 servings of fruits and vegetables a day. Only 55% of Virginia youth said they have at least one serving of vegetables a day, and 48% said they have at least one serving of fruit a day. Similar patterns emerged from the pilot household survey conducted in the RPN catchment area. Respondents reported that kindergartners to 12-year-olds generally had been served fruits and vegetables during at least one meal the previous day and that most had fruit juice. The majority of children from kindergarten to 18 years of age had not eaten five or more fruits and vegetables on the previous day.

The 2010 Obesity Survey Research Report also shows that during an average week, 66% of Virginia youth exercise 60 minutes or more per day 4 or more days per week, and four out of every five Virginia youth (80%) participated in an organized sport in the previous year. Respondents who participated in the pilot household survey reported that many youth from kindergarten to age 18 were physically active for a total of 60 minutes on the previous day with walking quickly, running, biking and dancing for children kindergarten to 12 and walking quickly, running, swimming, biking and dancing among 13 to 17 year olds. The most utilized places for physical activity among kindergartners to 17 year olds were a street or a yard. Few exercised in a class or on a sports team on the previous day. Also, more than half of respondents reported that parks and playgrounds are not well maintained, that there are not enough play areas for children, and that there are not enough high quality organized sports, which may affect where children play and exercise.

Additionally, a considerable portion of the RPN catchment area is located in a food desert (Map 4.1). Food deserts are defined as low-income areas where grocery options and the availability of fresh foods are limited. This is reflected in the findings of the pilot household survey. More than half of the pilot household survey respondents felt that “it is not easy to buy healthy snacks in the neighborhood” and that “it is easy to buy candy, sweets and soda”. Furthermore, in an economically distressed community, not only are grocery options limited but families lack income. A third of respondents said it was sometimes or often true that “the food we brought just didn’t last and we didn’t have money to get more” in the past 12 months.

Map 4.1 East End Food Desert



*Data Source: The Healthy Food Financing Initiative (HFFI) defines a food desert as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store: <http://www.ers.usda.gov/data/fooddesert/fooddesert.html>(2011)

Source: Virginia Department of Health Office of Minority Health

Community Voices

Several themes emerged from our focus groups with residents and service providers. First, residents and service providers agreed that grocery options are limited in the RPN catchment area. Additionally, prices fluctuate during the month. Third, parents and students want healthier eating options in schools. Finally, safety concerns impede outdoor physical activity for children.

Shopping Locally

Residents expressed overwhelming concern about the food situation in their community, particularly how a lack of affordable, quality grocery options lead to poor health outcomes for adults and children alike.

Many residents talked about how local grocery stores charge more for items than other, more distant stores like Kroger or Walmart. Local grocers are in a better position to charge more because residents have a difficult time accessing grocery stores that are further away. As one resident said, “[Grocery stores]...know that the people in the community, a lot of them don’t have transportation to go outside to somewhere different...So they know they’re gonna buy it, and they just don’t care ‘cause they know it’s gonna get bought.”

Pullout Quote:

“You’re paying more for the groceries. You’re paying a convenience fee for being right there. If the store is right here and I can walk here, yeah, I’m going to pay \$4.00 for a bottle of spaghetti sauce that I could go to Walmart and get for \$1.89. It’s a convenience fee.” (Resident)

Rising Prices

Residents also explained that prices fluctuate during the month. For example, grocers raise prices at the beginning of the month when some residents receive assistance. Fluctuating food prices create an untenable food situation wherein families find it difficult to prepare affordable meals. As a result, some feed their children inexpensive fast food rather than more nutritious meals with whole foods, vegetables, and fruits.

Pullout Quote:

“You got to make the food stretch. I make sure my kids eat meals, food, snacks, everything, but by the end of the month, that’s gone. So then what do we have?” (Resident)

School Meals

Several residents and service providers remarked on the role of schools in providing children with adequate nutrition and opportunities for exercise. Parents and students both complained about the availability of pizza, burgers, and fried foods in cafeterias, and would rather see more fresh fruits and vegetables, high quality meats, and limited starches. Given that many children in the RPN catchment area eat their most substantial meals at school, it is important that those meals include plenty of healthy foods, with a focus on fruits and vegetables.

Physical Activity

Service providers described how difficult it is for students to get the recommended amount of physical activity every day. Both service providers and residents explained that outdoor physical activity is difficult for children to engage in, partly because of safety concerns; there is a lack of safe areas for kids to play. These limitations are obstacles to children getting the recommended amount of physical activity.

Pullout quote:

“Not being able to have the chance to go outside and just enjoy being a child...you don’t see kids outside during the course of the day, during recess, because of the safety issue...I mean the community has been...torn all apart and they truly aren’t safe. It just impacts the child so much. I think that’s why they start having behavior issues in the classroom, because they don’t have a chance to get out and run.” (Service Provider)

CHILDREN FEEL SAFE AT SCHOOL AND IN THEIR COMMUNITY

Neighborhoods and schools are safe and free of violence and crime and students can feel safe walking to school, at school and in their neighborhood. “Neighborhood crime undermines children’s development in a number of ways. Crime can result in direct harm or victimization. It can affect children emotionally (e.g., through diminished trust and safety) as well as physically. Higher rates of neighborhood crime can lead to an increased likelihood of delinquency, crime, or arrest among resident youth. Such problems can affect schoolwork, friendships, and home-life. Reducing crime can help break what otherwise can be a negative, reinforcing cycle.”²⁰

RPN Indicator

- # and % of children who feel safe at school and traveling to and from school as measured by a school climate survey

Highlights (Put into a text box)

- Fighting and violence in schools are major concerns among community residents.
- A feeling of safety traveling to and from school is tied to a general feeling of safety in the community; many families feel unsafe in their neighborhood.

Statistics

Data are available from the Virginia Department of Education that show the number and type of offenses that occur in the schools in the RPN catchment area (Table 4.1). These data should be interpreted with caution, however, as they may reflect how data are administratively defined and collected at each of the schools.

To reiterate, the findings from the household survey need to be interpreted with caution since it was a small sample that was surveyed and thus was not representative of the RPN catchment area. However, residents reported that a sizeable minority of kindergarteners to 17-year-olds had expressed concerns about safety at school and concerns about safety traveling to and from school in the last six months.

²⁰ Moore, et al., 2009.

Table 4.1 School Safety Information for RPN Catchment Area Schools, 2009-2011
(Virginia Dept. of Education 2012 School Report Cards)

	Woodville ES		Fairfield Court ES		ML King Jr. MS		Armstrong HS	
	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11
Student Population	571	564	482	564	667	731	1056	1062
Weapons Offenses	7	11	1	0	8	2	10	6
Offenses Against Students	3	11	0	0	58	41	81	44
Offenses Against Staff	2	5	0	0	31	34	72	67
Other Offenses Against Persons	28	41	13	0	143	293	227	123
Alcohol, Tobacco, and Other Drug Offenses	0	0	0	0	9	4	34	11
Property Offenses	3	5	1	0	11	25	17	11
Disorderly or Disruptive Behavior Offenses	80	72	137	12	930	899	1019	583
Technology Offenses	0	0	0	0	2	9	30	38
All Other Offenses	1	1	2	0	86	33	258	12

Community Voices

From the focus groups, our research team found that residents have safety concerns both at school and in the neighborhood. These concerns reflect how unsafe children and families feel in school, in the community, and traveling between the two places.

Safety at School

Safety at school is a major concern among residents, especially parents with children in grade school. Many parents talked about the fighting that happens in schools, particularly along neighborhood lines. Residents expressed frustration that students from different communities had been placed together in one high school and the fighting that has occurred:

“They already have [started shooting] because they fight from block to block, and it’s like Church Hill and Fulton can’t get along. West End and the East End can’t get along. So why would you put all these people together to create problems?”

Some parents remarked that the fighting and violence that occurs in school is often tied to parents' conflicts with other residents in the neighborhoods that spill over into their children's lives. Still others shared that teachers sometimes incite fighting themselves. This reaffirms that fighting in schools does not foster a healthy learning environment.

Pullout Quote:

"It's kind of hard to focus on school. Everywhere you go, you got to watch your back."
(Resident)

Safety in the Neighborhood, Traveling to and from School

Again, many residents were concerned about children's safety when the children are out in the neighborhood, including when they are traveling to and from school. The residents' remarks were mostly tied to unsafe conditions in the community in general.

One parent said, "I see a lot of kids and they're not being watched, or I see them in the streets and no parents." Another said, "Children are out there playing, [other people are] out there shooting, a child isn't gonna know which direction to go."

These statements show the difficulty children have in finding safe places to play and exercise, and also the danger children face when waiting at the bus stop or traveling to and from school. Some residents also expressed doubt that students are safe even in school.

Children in the community are sometimes drawn into disagreements between parents or other adult residents, or "turf wars" between neighboring communities. As a result, school can sometimes feel as unsafe as the streets.

Pullout Quote:

"Sometimes I just don't let my kids outside, 'cause a bullet ain't got a name on it." (Resident)

CHILDREN LIVE IN STABLE COMMUNITIES

Students live in a decent and safe community, where there is employment and good housing that can provide children a healthy and stable place to live. An unsafe, distressed community with unstable housing and employment “may result in changing schools often during the school year, which can negatively affect social and academic development”.²¹

RPN Indicator

- Student mobility rate. Defined as the total number of new student entries and withdrawals at a school, from the day after the first official enrollment number is collected through the end of the academic year, by the first official enrollment number of the academic year.

Highlights (Put into a text box)

- School-age children in the RPN catchment area were more likely to move locally, that is, within the same city, compared to other children in Virginia, but were less likely to move away from the local area.²²

Statistics

Census data for 2010 show that the overall population in the catchment area (in tracts 201, 202, 203, and 204) was slightly more likely to move in the past year compared to the population data of the state, but that those moves were largely within the same locality (i.e., the county). School-age children (5 to 17 years) in the catchment area were slightly less likely to move compared to school-age children in Virginia, and most of those moves were within the same locality (Figure 4.1).

Community Voices

Through focus groups we learned that some residents expect to live in their neighborhood only temporarily, and are typically less invested in the community. Other residents expect to live in their neighborhood permanently, or for a long time, and are typically more invested in the community.

Pullout Quote:

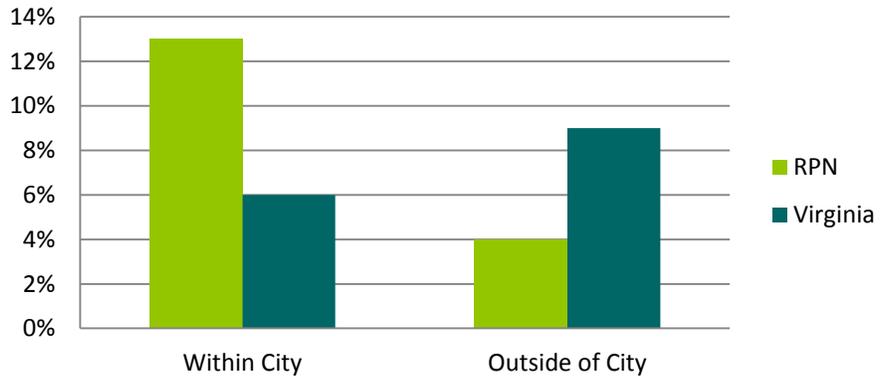
“I had a person say, ‘I don’t even tell people where I live.’ Well, I do. I’m not ashamed of where I live, never have been...I don’t know what it is for whoever’s on the outside, but I’m on the inside, and that’s a mansion to me and mine.” (Resident)

²¹ Moore, et al., 2009.

²² The data for this indicator come from Census data on population mobility rather than from the schools.

Figure 4.1

Population that has Moved in the Last Year, 2010



Source: US Census: Census tracts 201, 202, 203 and 204

FAMILY AND COMMUNITY MEMBERS SUPPORT LEARNING IN PROMISE NEIGHBORHOOD

A caring family has positive impacts from infancy to adolescence. “Nurturing families provide close, caring and communicative relationships. A positive, nurturing parent-child relationship is one of the strongest predictors of well-being in children and adolescents, and has been associated with better cognitive development, social competence, self-esteem, self-reliance, behavioral regulation, lower levels of emotional distress and suicidality, later initiation of sexual activity, lower levels of substance abuse, and overall adjustment.”²³

RPN Indicator²⁴

- # and % of students who say they have a caring adult in their home, at school, or in the community

Highlights (Put into a text box)

- While caring adults in the home are an important aspect of children’s health and success, caring adults at school and in the community also play important roles in children’s lives.
- Parenting is a major concern among residents and service providers alike. Providing more support to parents so that they can parent effectively may have an effect on their children’s success.

Statistics

Currently, there are no population-based quantitative data available for the original Promise Neighborhood indicator about having a caring adult in the home, at school, or in the community. Data for the three new PN indicators were collected during the pilot survey. While these data are very preliminary, respondents report regularly encouraging and supporting children in their academics. Among kindergarteners to 17-year-olds, most to all respondents reported that they or a family member regularly encourage the child to read books outside of school, checked the child’s homework assignments almost every day, and/or talked to the child about what goes on at school almost every day. Note, however, that these results may be affected by the small sample size, or by the way the questions are presented.²⁵

Community Voices

From the focus groups we found that there are caring adults in homes, at school and in the community, including teachers, care providers, volunteers, and other residents. However, many parents need training and support to be more effective. We heard that fathers especially need to

²³ Moore, et al, 2009.

²⁴ The original RPN indicators have evolved over the course of the project and in the future this outcome will include # and % of parents or family members who read to their child 3 or more times a week; # and % of parents or family members who encourage their child to read books outside of school; and # and % of parents or family members who report talking with their child about the importance of college or career or # and % of family members who attend parent-teacher conferences.

²⁵ We suggest in the Section 6. Conclusions and Recommendations, revising these questions to tap into greater variation in family actions and experiences.

be supported and engaged in order to parent more effectively. Our team also heard that it is important for parents and other community members to set good examples for their children, and for families to be involved in their children's education.

Role of Parents

By far one of the most important issues raised by residents and service providers alike was the importance of having a caring adult in a child's home, at school, or in the community. Residents focused in particular on the role of parents. Parents can be a powerful force in a child's life. While there certainly are caring adults in homes, at school, and in the community, including teachers, care providers, volunteers, and other residents, all parents need support in order to take care of their children.

Pullout quote:

“When you have a parent involved, you could say at least you tried, but when you don't have a parent involved, you know for a fact you're going straight down the wrong path. At least when you have somebody there that's involved, you can say at least you tried to give them a chance in life. You tried to help them.” (Resident)

Supporting Parents

Many residents commented on the importance of preparing mothers and fathers to effectively parent. They pointed to the need for training and other opportunities to help mothers and fathers develop their parenting skills. One parent said, “You have to teach each parent individually because we come from a generation where the kids are having kids, and now our kids are having kids, and if we're not educated enough to know how to stop it, how to keep on in positive situations, positive places, positive activities, then the [kids] won't know.”

Parents themselves must be supported so that they, in turn, can support their children. Fathers especially need to be supported and engaged in order to parent more effectively and be more present in their children's lives.

Pullout quote:

“[We need] education for the parents...to help them be better parents. A lot of them can't be parents because they don't know how. Half of us that came up, what, 18, 20, 30, 40-some years without knowing our fathers... So therefore if you would teach us how to be fathers, we could be better fathers.” (Resident, Father)

Acknowledging Children and Setting Good Examples

Some residents described the need for parents to relate to children in ways that show validation and appreciation.

One mother said, “I think children's feelings are very important and a lot of people might look down [on them]. There are a lot of old-fashioned people that think that children shouldn't feel a certain way...but I think sometimes they forget that even though they haven't been on this earth this long, they are still human beings and they still have feelings. So I think we need to teach them how to work with their feelings, instead of just making them stop all the time.”

Many parents also remarked on the importance of setting good examples for their children through their own choices and actions. Several residents remarked that the best way to improve their community is for all adults, not just parents, to set better examples for children.

Pullout quote:

“I think we need to reward our kids more...Like the kids come home with A’s and stuff, good grades, and they show you, they want you to appreciate their grades.” (Service Provider)

Schools and Parenting

Both service providers and residents acknowledged the importance of family involvement in children’s education, beginning from an early age. This can be a challenge for parents, especially for those who grew up with little support from their own families. One educator explained that parents are part of a cycle that can only be broken by helping them understand their role in providing children with early learning opportunities.

One service provider described an ideal example of how parents could be involved in their children’s education, and how schools could facilitate that level of involvement. She said, “What I would love to see is...[a return] to the old school where parents and students used to [use the school] as the hub of the community where different resources can be available, whether it’s through PTA meetings and having those family engagement activities, to have classes going on during the course of the day so that parents could come in and learn best practices for their students, whether it’s through teaching healthy cooking classes, teaching the parents how to take those daily skill sets that they do every day in their life...I would just like to see the parents get more involved in helping to support [kids], learning how to support what’s going on in the community.”

Getting schools involved in family life in a more effective way could produce greater academic success and enhanced family life for students and parents alike.

Pullout quote:

“Early intervention starts way before the child’s even six months old. It comes in mothering the mother even as she’s preparing to give birth, and really walking with a young mother...I mean if nobody ever read to you, then it’s not going to occur to you to read to the baby even before it’s born. And just picking up language skills early has to do with people talking to you, and reading to you, and those kinds of things. A person who has never experienced that is not bad because they haven’t experienced it. They just haven’t experienced it, and so you do what you know.” (Educator)

STUDENTS HAVE ACCESS TO 21ST CENTURY LEARNING TOOLS

One component of effective education is the ability to use technology effectively. Access to technology and the internet also opens opportunities for learning and research. Therefore, it is important for students to be able to access technology (e.g., computers) at school and out of school.

RPN Indicator

- # and % of students who have school and home access (and % of the day) to broadband Internet and a connected computing device

Highlights (Put into a text box)

- Computer literacy and accessibility are two issues of concern for residents in the community, particularly in terms of finding employment opportunities and applying for jobs.

Statistics

According to the 2010 Current Population Survey, 54% of black households in the Richmond metro area have internet access at home, compared to 59% of black households in Virginia. Also, 45% of Richmond metro households in which no adult has graduated from high school have internet access at home, compared to 56% in Virginia. Richmond Public Schools report that all students have access to computers and the internet at school. The ratio of student to computers is 5:1 in elementary school and 4:1 in middle school and high school. From the findings of the pilot household survey, most school-aged children accessed the Internet at school at least once a week and accessed the Internet at home. Less than half accessed the Internet at a library, community center or other public places, and most had access in at least one of these settings.

Community Voices

Two themes that emerged from our focus groups with residents and service providers are that many residents need training in computer skills, particularly as it helps them find and apply for jobs, and that Internet accessibility is limited both in households and in the community. Residents expressed that in other communities, Internet and wireless connections are available at multiple sites including coffee shops, churches, libraries, public places, etc.

Computer Literacy and Accessibility

Although schools provide students with computers and internet access, not every home is equipped for connectivity. Adults typically share computers at the local library or other agencies, but those locations are not always open or are difficult to access. Several residents described the problems that have emerged from the “digital divide,” particularly in terms of finding a job.

This resident's concern (see quote) reflects both the community-wide problem of limited computer access and the problem of residents not knowing how to use computer technology effectively.

Pullout Quote: "I'll tell you something, why a lot of people can't get jobs out here, 'cause most of all the places that's got jobs, you got to go on the internet...I don't understand where that comes from, 'cause so many people don't have computers and Internet. They should've just left it...on the paper...And getting access to get online, that's a whole other thing. So now there's an access issue." (Resident)

Obtaining the Dream: Educational Achievements

~Photos by Valerie Burrell Muhammad



“...It’s survival just to motivate yourself so you can get to the next level...We’re not saying that everybody has to have a degree, but you need to focus on self-improvement, so when children come up, they don’t have to see everybody on the same level. They just see people working hard to get what they want.” (Resident)

5. RPN OUTCOME AND INDICATORS: ACADEMIC

CHILDREN ENTER KINDERGARTEN READY TO LEARN

Children are prepared to learn, socially, cognitively, emotionally, at the time of school entry. Children's readiness for school is multifaceted and includes early language and literacy skills as well as physical health and development, social-emotional development, and dispositions such as curiosity and attention.²⁶

Health/Student Wellness: For children to be ready to learn and succeed at school they must be healthy and have appropriate functioning across multiple domains of early learning. "Healthier children are more likely to succeed, have excellent school attendance records and to participate more in social activities with other children...Being in good physical health during childhood means being physically fit, living in a safe environment, and being free from persistent health problems."²⁷

School Readiness: Children enrolled in early learning settings are more likely to acquire skills, such as good language skills, that are needed to succeed in school.²⁸

RPN Indicators

- *Health/Student Wellness:* # and % of children birth to five years who have a place where they usually go other than an emergency room when they are sick or in need of advice about their health
- *School Readiness:* # and % of children in pre-K and kindergarten who demonstrate, at the beginning of the school year, age appropriate functioning across multiple domains of early learning as determined using developmentally appropriate early learning measures
- *School Readiness:* # and % of children, from birth to kindergarten entry, participating in center-based or formal home-based early learning settings or programs, which may include Early Head Start, Head Start, child care, or publicly funded preschool

Highlights (Put in a text box)

- Many families use neighborhood resource centers for health screenings and to monitor and address minor health concerns.
- Some families visit the emergency room for chronic or non-emergency health concerns rather than a primary care physician.
- Daycares and preschools serve as critical sites of early learning. Parents can help foster children's early education by working closely with their children or enrolling them in early education programs.

²⁶ Moore, et al, 2009.

²⁷ Promise Neighborhoods Consortium: <http://promiseneighborhoods.org/outcomes/physical-health/>

²⁸ Promise Neighborhoods Consortium: <http://promiseneighborhoods.org/outcomes/cognitive-development/>

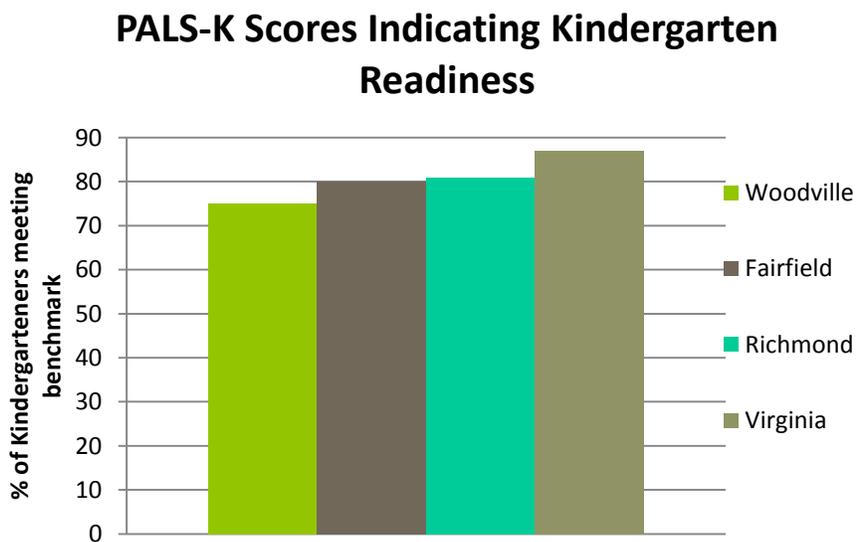
- Parents often feel torn when making childcare decisions between affordable care and good quality care, that is, care that is safe, reliable, and educationally appropriate.

Statistics

Health/Student Wellness: The medical home indicator reflects students’ wellness upon entering school. While there is limited quantitative data available that address whether children and families have a medical home, data from the United Way of Greater Richmond & Petersburg show that women in Richmond are now receiving prenatal care at rates similar to the state, suggesting that mothers may have regular access to a physician. Additionally, census data show that the percent of children with health coverage in Richmond increased from 86% in 2008 to 94% in 2010. The pilot household survey shows that children and adults have health insurance, however some households lacked access to health care on a regular basis for the past 3 years and a sizeable majority of respondents had a time when they needed medical, dental, or vision services or prescription drugs but did not get them because they could not afford it. Also, mental health services were an issue. Over half of respondents reported that there are not enough mental health providers.

School Readiness: In terms of academic readiness, data from Richmond Public Schools show that the percent of kindergarteners in the catchment area whose Fall PALS-K scores met kindergarten readiness levels in 2011-12 (75% in Woodville and 80% in Fairfield) were lower than in the state (88%)²⁹ (Figure 4.2).

Figure 4.2



Source: Richmond Public Schools and Annie E. Casey Foundation

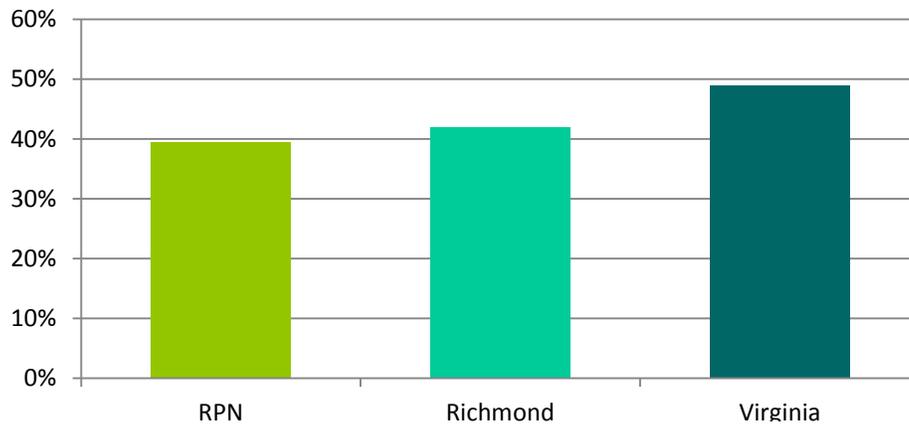
Additionally, Census data show that the percent of 3- and 4-year-olds enrolled in nursery or preschool was somewhat lower in the RPN catchment area than in Richmond City and Virginia

²⁹ State and Richmond City data are from Annie E. Casey Foundation, Kids Count Data Center, <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=VA&ind=3254>.

(Figure 4.3). Respondents from the pilot household survey felt there are a lack of high quality day care and preschool options. The majority of respondents felt that there are not enough day care openings for infants and toddlers, or enough preschool openings. Also, they felt that day cares and preschools are not high quality.

Figure 4.3

Children Age 3-4 Enrolled in Nursery/Preschool



Source: 2006-2010 American Community Survey

Community Voices

Health/Student Wellness

From the focus groups our research team found that many families use neighborhood resource centers for routine medical care and screenings. Though residents refer to the centers similarly in many of the interviews, these local centers include three different types: community-based neighborhood resources centers, health resource centers, and the City of Richmond’s East District Center.

1. *Community-based neighborhood resource centers* include the East District Family Resource Center or the Neighborhood Resource Center in Fulton Hill and focus on comprehensive services for families in the neighborhood.
2. *Health Resource Centers* are run by Richmond City Health District in Partnership with Richmond Redevelopment and Housing Authority (RRHA) and are currently located at Fairfield, Creighton, Whitcomb, and Mosby Courts. They focus on health care and collaborate with community partners for services related to needs such as financial management and parenting skills and make referrals for other needs.³⁰ ;
3. *The City’s East District Center* includes offices for WIC, Early Childhood programs and other services.

³⁰ All four of the health resource centers in the East End serve families of children in either of the two elementary schools, MLK Middle School or Armstrong High School.

Many residents find it difficult to navigate the bureaucracy of the health care system. As a result, some residents go to the emergency room when they are sick rather than visit a primary care provider, even in instances when accessing a primary care physician should be relatively easy.

In terms of school readiness, our team identified several themes from our focus groups with residents and service providers. We learned that a lack of early childhood education affects students' readiness to begin school, and that service providers and parents must work together to meet children's early education needs and prepare children for school. We also learned that too few children are enrolled in early education programs. It is difficult for parents to find quality child care for their children, and parents must often decide between cost and quality. Additionally, parents need flexible care to accommodate their schedules. For example, some parents have varying or non-traditional work or school hours and need child care during those hours.

Some residents reported difficulty navigating the bureaucracy of the large-scale health care system. As a result, residents said that they receive routine medical care from their local neighborhood resource centers. At these resource centers, residents can check their weight, get blood pressure screenings, and monitor their overall health. Men and women can also be screened for various health problems and receive information about contraceptives and sexually transmitted infections.

Hospitals and Emergency Rooms

Several residents shared that they go to the emergency room when their families are sick rather than a primary care physician. That they make this decision implies that many families do not have a medical home.

One service provider in a health-related field said, "It's convenient [to go to the hospital]. You don't have to make an appointment...so [we need to help families] make appointments, keep those appointments, get them in the habit of going to a primary care person versus going to the emergency room."

Families sometimes wait until minor health issues become significant before they see a doctor, and that the doctor they visit is typically at the hospital rather than in a clinic or a private practice.

Pullout quote:

"I think we do have some good health care facilities. I think the health care system [is problematic] in that people do wind up having to use the emergency room as a primary care physician...To me it's a real flaw with the way the system works if anyone has to rely on an emergency room as a primary care physician, versus having some regular care from someone who can follow and track their health and well-being, a person knowing when there's something going on." (Service Provider)

School Readiness

Age-appropriate Functioning

Service providers were very concerned with children's age-appropriate functioning, particularly at the preschool and kindergarten levels. A lack of early childhood education affects students' readiness to begin school. Providers (see quote) talked about children they have worked with who were underprepared to enter kindergarten.

Parents were also concerned about the educational opportunities their young children receive. One parent said, "One of the [daycares my daughter] was going to, she wasn't learning anything. She would come home, 'Ma, we didn't even do homework. I didn't even write my name today.' So I took her out of that daycare."

There was consensus from the focus groups that service providers and parents must work together to meet children's early education needs and prepare children for school.

Pullout Quote: "I've had toddlers come in to our office who don't know what an animal is, like the picture was a cow and they thought it was a horse... That's a big deal when you're talking about a child that needs to be ready for school at age five." (Service Provider)

Enrollment in Early Education Programs

Providers expressed the importance of early childhood learning to later success but also identified a major concern that too few children in the catchment area are enrolled in quality early education programs. Providers cited a number of reasons for this including the economy and availability of early education programs and a mismatch between day care and work schedules.

One service provider commented, “The economy has hit our families so badly. Their hours have been reduced and a lot of those families have no choice but to pull their kids out of an educational setting and put them [elsewhere] where the children don’t get any kind of complement[ary] stimulation, or very little.”

Another issue is the availability of high quality and affordable daycare options. As one provider explained, “The availability of quality daycare is pretty limited, and a lot has to do with cost and convenience...People would often have auntie or grandma keep the child because it’s easier because they’re already in the home with them and it’s cheap, as opposed to actually finding a quality daycare that has a curriculum, that’s going to sit the child down and help socialize the child, teach the child things, so when the child gets to kindergarten, they’re ready for kindergarten and they won’t fail kindergarten.”

Residents also reported needing flexible child care to accommodate their schedule; for example, varying or non-traditional work or school hours

Early childhood programs, therefore, are not just about providing children with a place to be while their parents are at work; they also serve as critical sites of early education.

Pullout quote:, “I do hear a lot from our kindergarten-level teachers that the same students who have not been participating in some type of structured environment like Early Head Start before kindergarten are significantly behind...And really they see that those students are behind academically, socially, and emotionally.” (A service provider who works in education)

Quality versus Cost

The biggest concerns for parents seeking early childhood care were quality and cost. One service provider (and mother) said, “A lot of times we have home providers that are not monitored by anyone, but because of cost, people tend to use the neighbor or somebody where they’re paying kind of minimum rate, but nobody’s really paying attention what’s happening in those settings.”

When asked about childcare in their community, many parents talked about having to make difficult decisions between high quality, regulated, but more expensive care and poorer quality, unregulated, but less expensive care.

STUDENTS ARE PROFICIENT IN CORE ACADEMIC SUBJECTS

Children demonstrate achievement of grade-level proficiency in major subjects, including reading and arithmetic, at third grade and subsequently.³¹ “Reading is a fundamental skill that affects learning and performance in many school subjects. It also predicts the likelihood of graduating from high school and attending college. Additionally, proficiency in reading predicts career success; strong reading skills protect against unemployment in early adulthood; and scores on adult literacy tests predict wages.”³²

RPN Indicator

- # and % of students at or above grade level according to State mathematics and English language arts assessments in at least the grades required by the ESEA³³ (3rd, 8th, high school)

Highlights (put into a text box)

- Children in the two elementary schools in the RPN catchment area are performing well in comparison to those in Richmond City and in Virginia; however, middle and high school students are performing worse compared to those in the city and in the state.
- Proficiency in core academic subjects such as writing and math has long term consequences.
- Students’ academic success is tied to their experiences outside of the classroom as well as inside.

Statistics

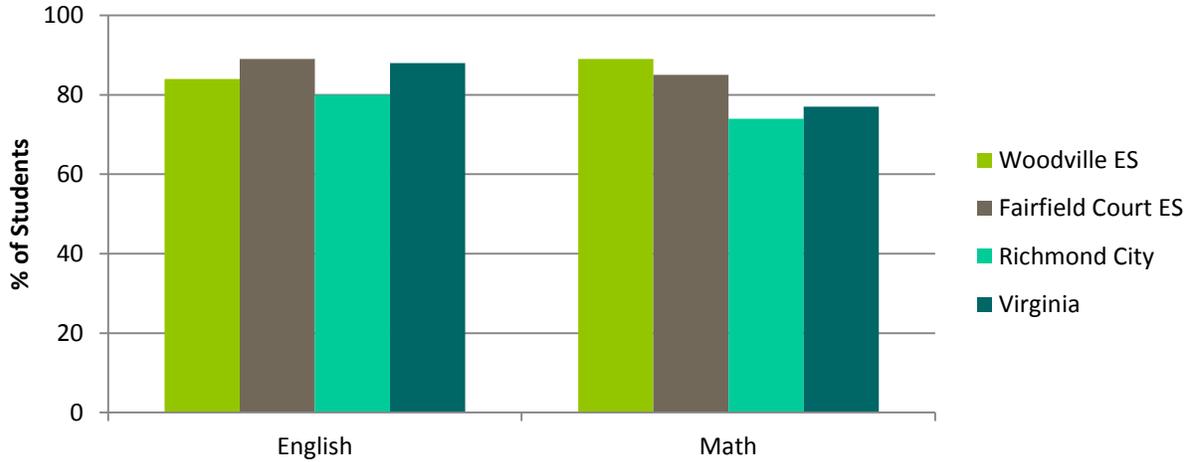
Data from the Virginia Department of Education show that children in the two elementary schools in the RPN catchment area are performing better overall than in Richmond City or Virginia (Figure 4.4). However, middle and high school students in the catchment area are performing worse overall than in Virginia (Figures 4.5 and 4.6).

³¹ Moore, 2009.

³² Ibid.

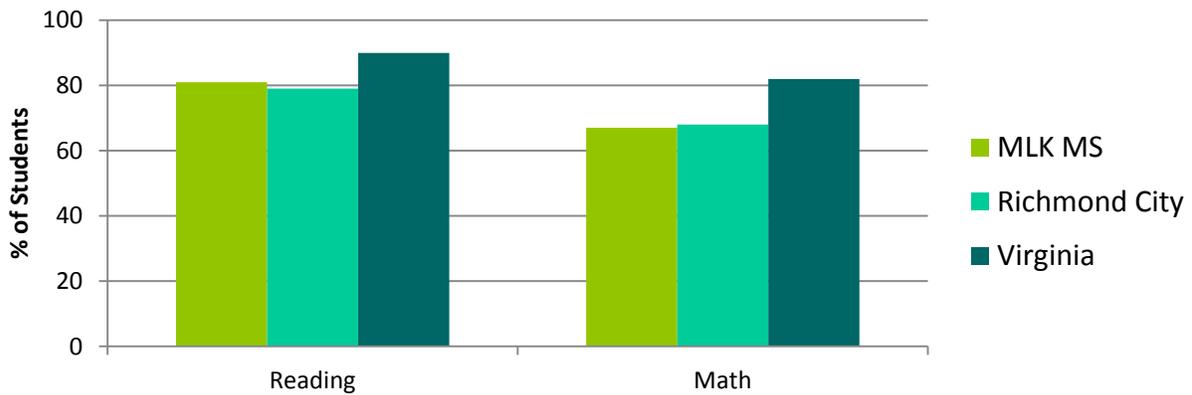
³³ Elementary and Secondary Education Act.

Figure 4.4
Elementary Students Passing Performance
Assessments, 2010-2011



Source: Virginia Dept. of Education School Report Cards

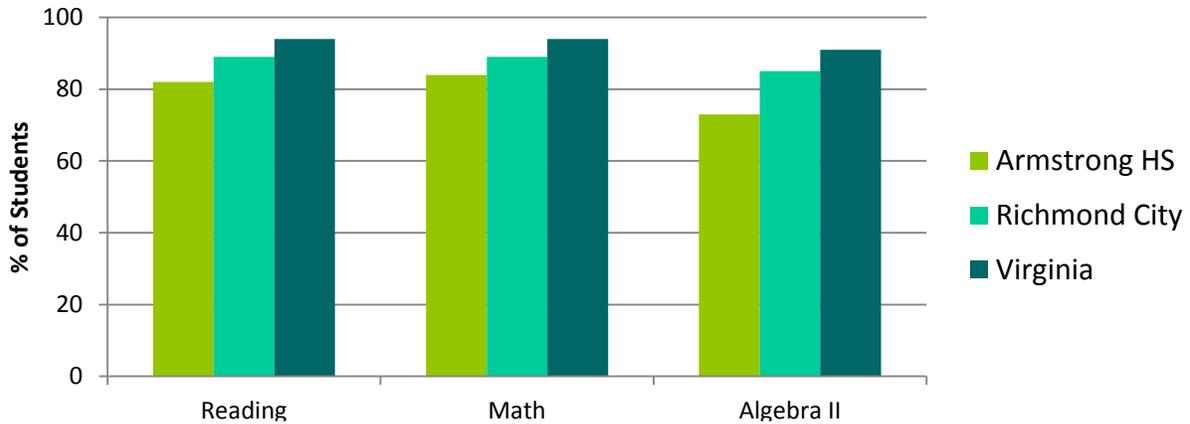
Figure 4.5
8th Graders Passing English & Math SOL Assessments,
2010-2011



Source: Virginia Dept. of Education School Report Cards

Figure 4.6

High School Passing English & Math SOL Assessments, 2010-2011



Source: Virginia Dept. of Education School Report Cards

Community Voices

A lack of academic proficiency has long term consequences for students, but academic proficiency is not tied to classroom experiences alone. Other issues such as self-esteem may play a role in students' academic success.

Academic Proficiency

Parents expressed concern about students' academic proficiency at all grade levels. For example, one community resident pointed out the long term consequences of being unable to read or write well.

Both residents and service providers explained, however, that academic success is not tied to classroom experiences alone. For example, a student's self-esteem can have an effect on his or her ability to master the material taught in school.

One resident said, "Just something as small as self-esteem, taking pride in yourself, regardless of what you may or may not have clothing-wise... Are you doing healthy things like reading, empowering yourself so that you can have the necessary tools? You get your information in school. Are you studying it so it can stay with you, so it can be beneficial, so you can seek certain things?"

Pullout Quote:

"You got a lot of kids out there who can't even read and write, and [when] they can't read and write, when they get to a certain age, they [try to] get a job, they can't fill out an application."
(Resident)

STUDENTS SUCCESSFULLY TRANSITION FROM MIDDLE GRADES TO HIGH SCHOOL

Students are proficient in academic subjects and demonstrate positive behavior such as good school attendance. School attendance is particularly important since “a strong link exists between poor school attendance and school drop-out and academic failure, making it difficult for adolescents to succeed in work and life. We also know that students who attend school regularly use fewer drugs, alcohol, and tobacco; are less violent; and are less likely to have risky sex compared to students with high rates of absenteeism. School attendance is also linked with student behaviors that lead to good mental and physical health and it provides students with opportunities to participate in school-related activities that promote student mental and physical health.”³⁴

RPN Indicators³⁵

- Attendance rate of students in 6th, 7th, 8th, and 9th grades
- # and % of children who receive academic intervention, based on identified learning gaps

Highlights (put into a text box)

- Truancy is a major concern for both community residents and service providers.
- Providing students with quality mentoring may serve to enhance their academic performance and ensure their successful transition from middle to high school.

Statistics

In terms of attendance, data from the Virginia Department of Education show that elementary school attendance rates are comparable to those in Richmond City and Virginia (Figure 4.7). Middle school attendance rates are slightly lower than in Richmond City and Virginia, and high school attendance rates are considerably lower than in Richmond City and Virginia, meaning they are more likely to be missing school.

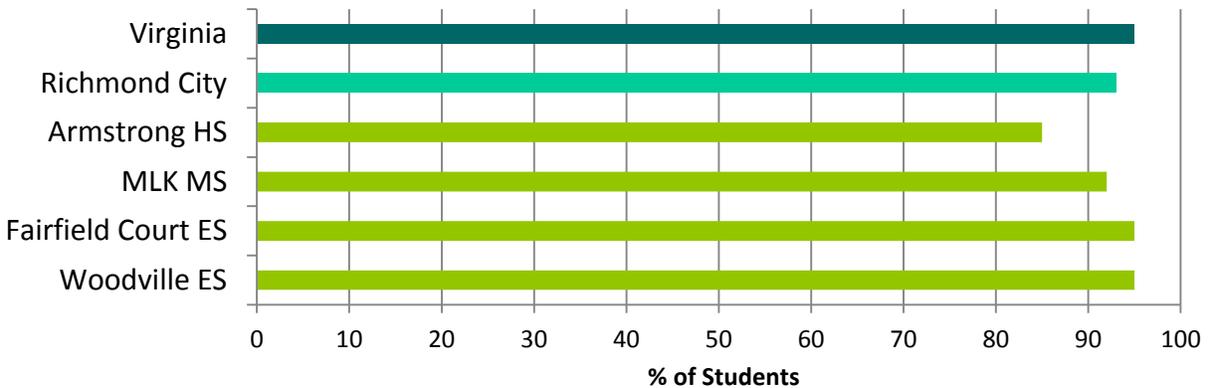
There is no quantitative data currently available around academic intervention; however, over half of the pilot household survey respondents felt that there needs to be more ways to support children and help them succeed in school.

³⁴Promise Neighborhoods Research Consortium: <http://promiseneighborhoods.org/outcomes/school-attendance/>

³⁵ The original RPN indicators have evolved over the course of the project and in the future this outcome will include # and % of pregnant teens.

Figure 4.7

Attendance Rates, 2010-2011



Source: Virginia Dept. of Education School Report Cards

Community Voices

Through our focus groups with residents and service providers we learned that truancy is a major concern for community residents, especially parents. Truancy may be tied to students’ perceptions of safety in school and their beliefs about the value of their education.

Truancy

Residents offered some reasons why so many students skip school. One explanation was that students perceive school to be an unsafe place. Safety in school has become a particularly salient issue in recent years since the various neighborhoods have been consolidated into one school. This consolidation has resulted in “turf wars” in which students from one neighborhood fight with students from other neighborhoods, and this “beefing” leads to more incidents of aggression in school.

Another explanation involves students’ beliefs about the value of their education. Specifically, students believe they are not learning anything new or useful in school and therefore see little reason to attend classes regularly.

As a result, residents said that there is a need for increased supervision to deter truancy. To that end, parents in the RPN catchment have formed a Truancy Advisory Committee that works closely with Richmond City Truancy and Diversion Services to decrease student truancy rates.

Pullout quote:

“I would have had no problem going to school if going to school wasn’t just like going to the projects.” (Resident)

STUDENTS GRADUATE FROM HIGH SCHOOL

High school graduation, including having a diploma at age 18, is important for a positive transition into adulthood and a significant predictor of success. High school graduation is associated with higher likelihood of employment, and higher income and occupational status in adulthood, as well as maintaining overall health and well-being.³⁶

RPN Indicator

- Graduation rate: Defined as the four-year or extended-year adjusted cohort graduation rate

Highlights (put into a text box)

- Dropout rates among Armstrong High School students are higher than in Richmond City and the state.
- Positive role models and caring adults can have meaningful effects on children's academic success, including whether or not they graduate from high school.

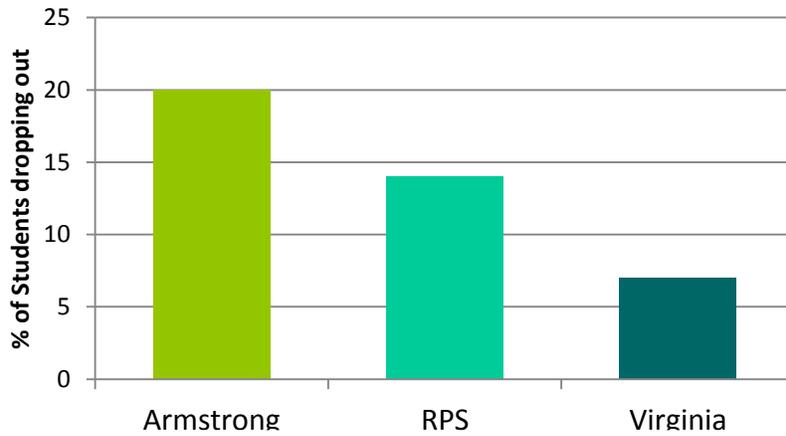
Statistics

Data from the Virginia Department of Education show that dropout rates are considerably higher among Armstrong High School students compared to those in Richmond City and Virginia. One in five Armstrong High School students drop out of school before graduation (Figure 4.8), and two in five do not graduate on time (Figure 4.9).

³⁶ Moore, 2009; Promise Neighborhoods Research Consortium:
<http://promiseneighborhoods.org/outcomes/executive-functioning/>

Figure 4.8

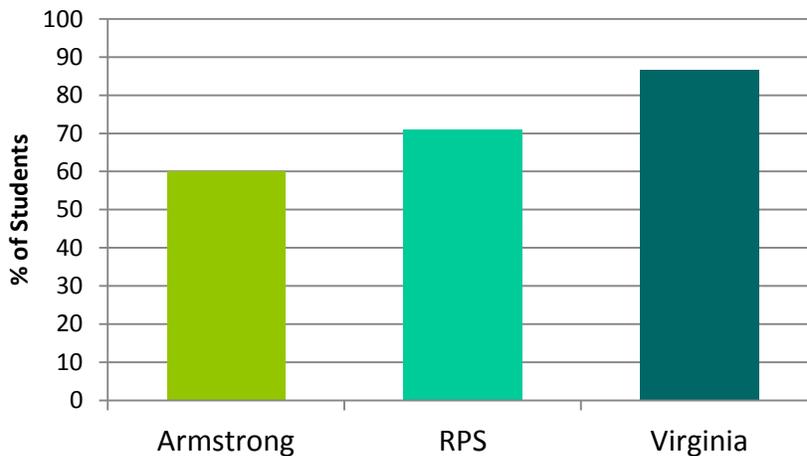
Dropout Rates, 2010-2011



Source: Virginia Dept. of Education Cohort Reports

Figure 4.9

**Virginia On-Time Graduation Rates,
Class of 2011**



Source: Virginia Dept. of Education Cohort Reports

Community Voices

Through the focus groups we learned that positive role models and having a caring adult in children’s lives play an important role in helping students through school.

The Importance of Positive Role Models and Caring Adults

Many residents and service providers explained the importance of providing students with positive role models who can show the advantages of receiving a high school diploma. One service provider shared a story about a child whose mentor frequently brought him along on

errands and talked about how the child reacted to exposure to new places, like going to the bank or visiting a larger grocery store than the one in his neighborhood. The possibility of experiencing life beyond their own neighborhood encourages students to work hard in school and achieve academic success.

Positive role models play an important role in helping students through school, and meaningful social relationships can have a significant positive effect on students' experiences. Both parents and service providers expressed that high school success and graduation are tied to whether or not students have caring adults like the mentor mentioned above in their lives.

Pullout Quote:

“Our problems with children, our youth problems, would go away if one adult would make an unconditional commitment to one child.” (Service Provider)

HIGH SCHOOL GRADUATES OBTAIN A POST-SECONDARY DEGREE, CERTIFICATION, OR CREDENTIAL

Youth graduate from college (or achieve a rigorous post-secondary credential).³⁷ Attainment of post-secondary education is associated with a range of positive outcomes. “The higher education achieved, the more likely a person will be healthier and live longer. Also, when those with higher levels of education eventually become parents, they tend to have healthier babies and children than those with less education. Education is a key to breaking the cycle of poverty. Therefore, it is very important for young people to attend and do well in high school, to graduate, and continue on with their education.”³⁸

RPN Indicator

- # and % of students who graduate with a regular high school diploma and obtain post-secondary degrees, or vocational certificates without need for remediation

Highlights (put into a text box)

- Few Armstrong High School students enroll in four-year colleges soon after graduating.
- Residents are concerned with how schools transition students to college as well as how they transition students to meaningful employment.

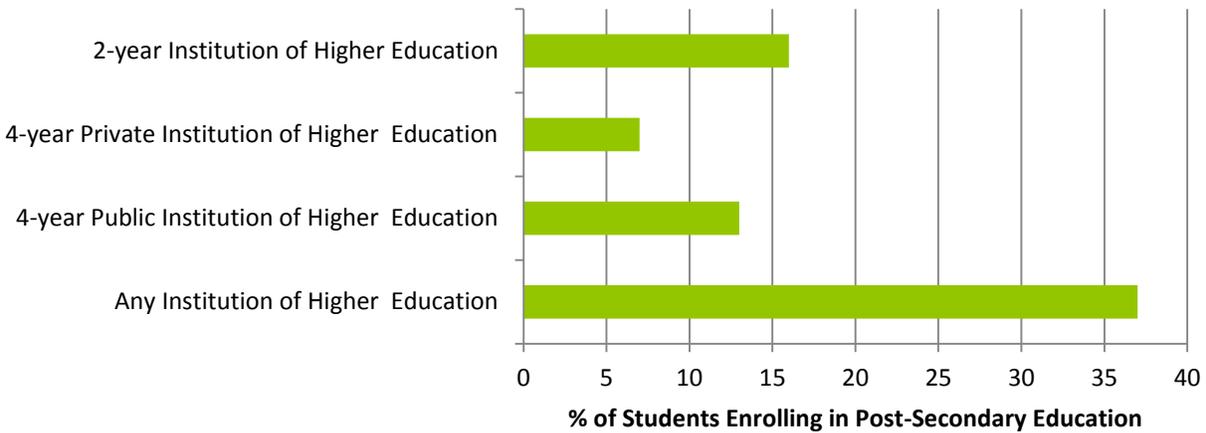
Statistics

Data from the Virginia Department of Education show that fewer than 20% of Armstrong graduates are enrolling in four-year colleges within 16 months of graduating (Figure 4.10). Nonetheless, preliminary findings from the pilot household survey show that respondents with children under 18 think it is extremely likely or very likely for the child to continue his/her education after high school. The survey also points to barriers to achievement after high school, such as lack of job training and job opportunities in the area.

³⁷ Moore, et al., 2009.

³⁸ Promise Neighborhoods Research Consortium: <http://promiseneighborhoods.org/outcomes/executive-functioning/>

Figure 4.10
Armstrong HS Post-Secondary Attainment, 2010-2011
Cohort Year



Source: Virginia Dept. of Education School Report Cards

Community Voices

Many residents remarked that high school can be a springboard to meaningful paid employment for students after graduation. They also shared that it takes a long time to establish a career and both parents and the school need to effectively prepare students for college.

Pullout Quote:

“You need to start preparing your children way before 12th grade to go to college.” (Resident)

High School as a Spring Board

Residents described the importance of students going to college or finding meaningful, paying work after high school. Some focused on what high schools could do to facilitate a successful transition from high school to employment.

One resident said, “They need to add more classes...business class... they need to at least have a little bit of break-off in high school so [kids] can get started...like you mentioned earlier about resume-building...you’re gonna need business [classes] so you can learn how to write cover letters and all that type of stuff to get jobs.” He explained that high schools should not only provide students with knowledge in traditional academic disciplines, but also with practical job-finding skills.

Preparing for a Career Takes Time

Residents emphasized that establishing a career takes time. Residents said that both parents and schools need to better prepare students for college. Many parents focused on the importance of setting high expectations for children and preparing children for college earlier in their academic

careers. One resident said, “I feel like a lot of communities don’t really emphasize that, ‘it’s going to take time and effort on your part, but it can happen,’ and I think that a lot of people aren’t motivated enough and they don’t see the end vision.”

Another said, “When we speak on education...some people aren’t college prone. Some people don’t have the tolerance to sit in a class all day. That’s why I didn’t go. When I did high school and got my diploma, I said ‘Okay, that was enough school for me. I need a break.’ But where do we stop with that?”

While most parents want their children to go to college, they sometimes encounter difficulty encouraging them to do so. Economic and social pressures often deter local graduates from going to college, and parents must wrestle with how to encourage their children despite socioeconomic constraints.

Pullout quote: “If kids are motivated when they’re younger and stick to that...and know that it takes time. You’re not just going to get into this elaborate career overnight...There’s steps you have to take in order to accomplish certain things.” (Resident)

Ingredients to Success

~ Photo by Valerie Burrell Muhammad



“The most important thing you have to give this child isn’t their ABC’s. It’s the relationship that you are going to develop with them...just like a stepping stone, but I’m saying a positive is a good home...good neighbors. You got things going on in the community.”
(Service Provider and Resident)



6. OTHER COMMUNITY ISSUES

The qualitative information collected during the focus groups provided rich information that went beyond the 13 RPN indicators. Three main issues that community residents and service providers discussed frequently during the focus groups include out-of-school time, communication between residents and service providers, and mental health. In this section, we describe some of the information gleaned around these three issues.

Out-of-School Time

Given the initial focus of the RPN team on out-of-school time, most of the focus groups included questions about students' and families' experiences with early childhood educational activities such as those described above, before and after school programs, and summer programs for youth. The pilot household survey also included questions on out-of school time and found that over half the respondents felt that there are not enough services for children and that they are not of high enough quality (before and after school care, summer programs, youth development programs, mentoring programs). These discussions gave rise to a number of issues including transportation, affordability, and the kinds of programs and activities being offered, as well as places to play.

Transportation

Transportation emerged as a major concern for students and families who currently participate in, or are interested in participating in, out-of-school time activities. One resident and after school volunteer explained, "I would think the kids could benefit more from the resources, but having the transportation to get them there if the parents are not willing. So if you know we are providing the service to help the kids, okay. We're going to take you there."

She went on to talk about how transportation can be the biggest barrier that blocks students from all the advantages that participating in team sports and other activities can confer upon them, including perseverance, self-esteem, and the ability to see the world beyond their community. Agencies providing services as basic as transportation could have lasting positive consequences for children who are able to participate in valuable out-of-school activities.

Affordability

In terms of affordability, several parents talked about the cost of different programs and activities for children, for example, sports. One mother said, "[Money] is the one leading thing that we've been dealing with down there. My son plays football. He's playing baseball now. He played basketball. Every time I turned around 'The kids can't get this because we don't have the money. The kids can't get that because we don't have the money. They can't go to basketball practice 'cause they don't have anywhere to practice.' I said 'What y'all got to pay the people for that?' So yeah, services for the kids need to be stepped up. They do, in some areas, especially now because the summer getting ready to come." Another resident described how families with more money had more options in terms of summer day camps and sleep-away camps; the options are simply fewer for families in the RPN catchment area.

Losing Programs

Many parents lamented the loss of programs that were at one time valuable to their own kids and the community in general. One parent said, “In these communities, we always have [sports] here. But since Recreation and Parks don’t have it anymore, then it’s going to be the Boys and Girls Club. When the Boys and Girls Club took it over...we had all these activities, basketball, football, and cheerleading, and all this stuff for the kids to do.” Another resident shared, “I came up in the projects, Fairfield Court, and when we were coming up, there was a recreation center. It played a very important part in our life because we had the little basketball teams, the little football teams. They even used to like show little movies at nighttime for the kids. They carried us to Kings Dominion and stuff like that...[Because of these kinds of opportunities], I just came home not too long ago and it’s so hard to find a job, I started my own work. I got a lawn care service that I had started and it’s been working real good for me.” This resident believed that the out-of-school time programs he participated in when he was younger helped him become the successful business owner he is today.

Another parent explained, “My son, I try the best I can to keep him busy as much as possible. So there are the Boy Scouts. That’s church-affiliated, but they have a lot of activities that go throughout the whole entire year. They also send a van to pick him up. Also I was very upset about [school] closing last year. And they had computers lined up against the wall. They had activities for the children. They had the Art 180 program...They did theatre. They were trying to come together with other organizations, and right within the school year they cut the program. My son was depressed. He had a backlash and his grades dropped for a little bit. He’s getting back up there now, but gosh.” Whether these programs were cut because of funding or interest is unclear. However, these parents’ sentiments suggest that programs that once thrived in the community have been taken away to the disappointment of children and families.

Pullout quote:

“It was very upsetting for him [her son] to lose something like that and because he put so much into it. I thought a lot about our children up here....” (Resident)

Places to Play

Overall, families were interested in making sure that children have safe, educational, fun places to spend time outside of school. Their suggestions ranged from more playgrounds, to more sports fields, to more field trips. The biggest concerns for parents were that activities be affordable and consistent, and programs or agencies provide transportation services to children when necessary.

Communication between Residents and Service Providers

Data from the focus group interviews seem to suggest a breakdown in communication between families and service providers in terms of the resources and programs that are available in the community. Service providers argue that families seem unaware of the kinds of opportunities that are available, although they are not sure why this is the case. For example, one service provider said, “With all that’s going on, sometimes when you talk to the parents and the kids, and you ask them a question, they say ‘There’s nothing to do,’ and so when we talk about all the programs and everything that’s here, but the folk that need to utilize these services tend not to use it...I’m saying and we see the kids just kind of hanging out after school walking the streets in groups, mobs of them up and down the street. They’re not using the services, so and they’re here. So the question would be why?”

Keeping Parents in the Loop

One resident explained that parents do not always know about the opportunities that are available to their children, and this lack of knowledge can have a negative effect on their children’s academic outcomes. She said, “Certain programs that only are in Richmond City Public Schools that get the word out and prepare [kids] for [college], but a lot of kids say, ‘Oh, I don’t want to stay after school. I don’t want to do this.’ But that’s when the parents can come in, and I feel that a lot of parents, since they don’t know about the programs because they don’t attend PTA meetings, they don’t know how beneficial these programs are.”

Similarly, a service provider said, “So it’s really...the parents in the community getting up and getting out and doing a little more for themselves and their kids. You know what I’m saying? And the programs are out there. That’s one thing I can honestly say that I know, the programs out there. They just need to sign up for it. I think what is available they aren’t taking advantage of completely. Now, I don’t think there’s enough programs. I would say that ‘cause there’s over 3,000 school-age children in this community. I don’t think there are enough programs, but I don’t think the families are taking advantage of what is available.” These sentiments put the responsibility for finding out about opportunities on parents rather than service providers, even as the last statement acknowledges the inability of current programs to accommodate all students in the community.

Pullout quote:

“A lot of kids would be inspired...You have to tell your children, ‘Okay, I know you don’t like it, but in the long run this is what’s going to really help you.’” (Resident)

A “Menu” of Services

Service providers suggest that a “menu” of services may help parents better understand the opportunities that are available. One service provider suggested, “I think part of the challenge is we don’t know the resources that we have and that are available, and I think part of the challenge is trying to get it under some kind of umbrella of sort of like a menu so that when parents come to us, and let me qualify that ‘come to us.’ Sometimes we have to go to our parents because they

may not know it, but they need us, and we have valuable information that we want to share with them.” So part of that, the challenge is providing parents with a menu of choices. This approach would provide parents with a more comprehensive list of options, which may in turn increase participation in valuable programs and activities.

Pullout quote:

“How can we get everything under one umbrella so that the parent has a menu of choices that they could have to actually know what’s available in the community?” (Service Provider)

Better Communication from Service Providers

Other residents put the onus on service providers to make sure residents are kept abreast of community activities. One resident said, “For me I think the kids need some more flyers. [It used to be] they were constantly sending paperwork out, putting them on neighbors doors and stuff so when the kids get out of school, they got free programs...” Residents also explained that individual invitations and meetings would be helpful, that is, that service providers would knock on residents’ doors or plan community events, introduce themselves face-to-face, and invite them to take part in activities.

Communication and Participation

It seems that while residents believe service providers do not provide adequate services for families in the RPN catchment area, service providers believe residents are not interested in the programs that are available. There are several possible explanations for this disconnect between the two groups. It could be that residents are not making their needs clear. It could also be that service providers are not advertising opportunities effectively. A third possibility is that residents are interested in the opportunities that are available, but issues like transportation, affordability, and parents’ varying work hours act as barriers for residents to participate.

Mental Health

A particular aspect of children’s health that traditional Promise Neighborhood indicators do not necessarily capture is mental health. Both residents and service providers remarked about the often fragile state of children’s emotional and mental health.

Pullout quote:

“My definition of mental health is the capacity to embrace your life in a positive way. It’s that simple, and I mean there’s no magic to it...It’s essentially your capacity to embrace your life, and that’s all we’re trying to do with kids, is work with children whose trajectory is going this way and help them move that to get through, and I think that’s what we’re all trying to do with [these programs].” (Service Provider)

Trauma

The issue of trauma seems particularly salient in the RPN catchment area. For example, one of the mothers in a focus group remarked about the trauma that children often face in the RPN

catchment area. She said, “A lot of kids have seen so much crime out here that they’re traumatized and they don’t even know it.”

A service provider who works with traumatized youth described the situation with more detail and is worth quoting at length: “Physical abuse, sexual abuse and witness violence would be the three areas, and when a child is exposed to a traumatic event, one of the first things they lose is a sense of safety and then they experience what can be profoundly... And a child is going to do something. They’re going to reorganize themselves somehow around it...the child’s attempt to reestablish a sense of safety and control over their lives, and one way to do that... There may be several ways, but one way to do that is to become a perpetrator. If I’m the meanest, most threatening person in my neighborhood, I need to find a place where I can be safe where I can be in control of my life. Eight out of ten don’t turn to violence, but had multiple childhood traumas in their past.” Of course, this response has negative consequences not only for the traumatized child but for the community as a whole.

He continues, “Another aspect of trauma is that it has a physiological effect separate from the psychological. Physiologically the child will become hyper alert, have difficulty focusing, anxious and reactive to stimuli, and when you put a child like that in a classroom, they mimic ADHD, but what we’re really looking at is post-traumatic stress. And children have difficulty learning in school. They have difficulty handling any kind of pressure, stress, and then they act out and typically our response as professionals is to exhibit control...These attempts to control the child’s behavior literally re-traumatize the child and have the opposite effect than we want. So there are ways to approach kids. Once you understand this kid’s coming out of trauma, there are ways to approach the children that can be much more helpful in improving the behavior and also working with that child.” These remarks show not only the negative effects of trauma but they also highlight the importance of training educators, service providers, and parents alike to effectively work with traumatized children.

In conceptualizing health, it may be useful for the RPN team to consider the level of trauma experienced by children in the catchment area. This is particularly important as trauma and mental health have effects on children’s everyday lives, their academic success, and the trajectory of their future.

Pullout Quote:

“When a child is exposed to a traumatic event, one of the first things they lose is a sense of safety.” (Service Provider)

Good and Stable Jobs

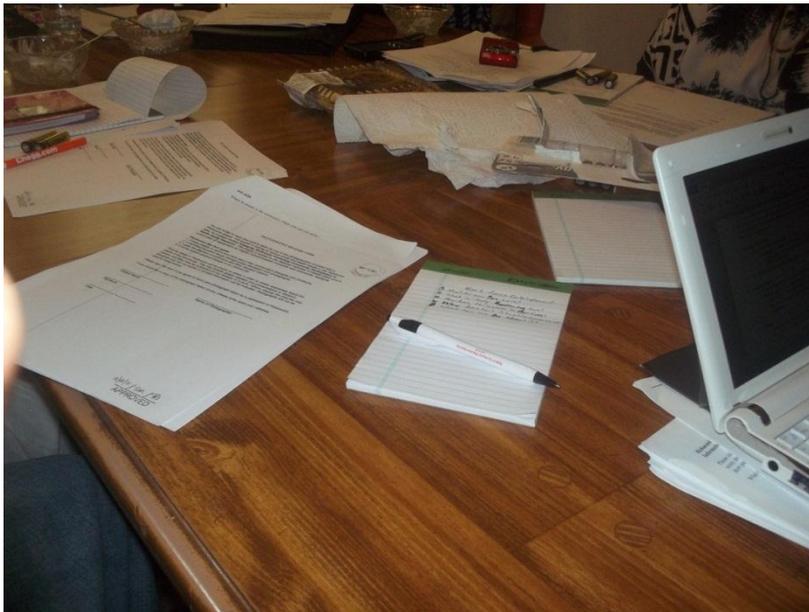
~ Photos by Brenda Kenney



These are real, regular people coming together from diverse backgrounds and skill levels to collaborate and work to better the community. Each person has their own expertise, their own value to bring to the table.

Coming to the Table

~ Photos by Marco Thomas



7. CONCLUSIONS AND RECOMMENDATIONS

Envisioning a Healthy Vibrant Community

When asked what residents imagined a healthy, vibrant community would look like, they said,

- plenty of places for kids to play, like playgrounds, and activities for them to engage in;
- friendly, positive, and respectful neighbors;
- clean environment, with green spaces, gardens, and places to plant food;
- people connected with different kinds of resources, and good communication with service providers;
- a drug-free environment and good relationships with police; and
- jobs and reliable transportation.

To be sure, this is what most people would imagine for any livable and attractive community. Presently, neighborhood data about the RPN catchment area does not reflect how residents envision a healthy and vibrant community. However, there are many positive aspects to draw from and build upon. As our research team has demonstrated, there are many residents whose talents, skills, and motivation can energize and improve their community. In addition, there is an array of existing services, community-based organizations, and large-scale initiatives such as Richmond Promise Neighborhood.

Below is a summary of findings from this assessment that points to ways to work toward the healthy and vibrant community residents envision. These are the challenges and needs that community residents highlighted, many of which are reflected in the RPN indicators presented earlier in this report.

More Opportunities

- Unemployment and a lack of jobs affect all areas of family life, including student success. The catchment area lacks both local employers and reliable transportation to employers outside of the neighborhood. Additionally, many residents need access to opportunities to gain job skills and training.
- Although there are many services available, the level of need in the neighborhood is very high. More opportunities and supports for children and their families are needed. Examples include the following:
 - support for parents and mentors for children and youth;
 - quality out-of-school time and early education programs for children;
 - easily accessible locations to buy affordable and nutritious food;
 - safe places for children to play;
 - resources to address mental health issues, including trauma; and
 - accessible information about resources in the community.

Student Success

- Students need support at home, at school, and in the community through effective parenting, quality educational experiences, good role models, and engaging school and social activities.
- Support includes ensuring not only students' academic success, but also their physical and mental health and safety.
- Student success must begin early with quality early education programs that ensure age-appropriate functioning and school-readiness.
- Student success must reach beyond elementary school to middle and high school to improve students' academic performance and attendance, as well as graduation rates.

Next Steps for Data Collection

Household Survey

In addition to existing quantitative data, and in order to obtain population-based information for indicators for which information did not exist for the RPN catchment area, we developed and tested a pilot household survey to gather information specific to the RPN catchment area. We conducted 60 household surveys from a randomly selected sample. In order to generate recommendations for a future generalizable household survey, approximately two-thirds of the surveys were completed through phone interviews and the others through face-to-face interviews. Based on testing the pilot household survey we have recommendations for the questionnaire content and structure, the sample, and the mode of administration.

Recommendation #1: Questionnaire Content and Structure

The pilot survey was designed to be comprehensive to gather data on as many of the Promise Neighborhood indicators as possible. Analysis of the pilot data results shows where reductions in the questionnaire can be made due to: 1) responses to questions that are highly correlated (indicating that it may be possible to ask fewer questions on certain topics), 2) acceptability of collecting less detail on some topics (such as daily fruit and vegetable intake); and 3) deleting questions where responses lack sufficient variation, possibly because respondents tend to limit themselves to the most socially acceptable responses. In Table 6.1 and 6.2, we recommend questions to keep and changes in order to reduce the questionnaire length and time required for survey administration.

In addition, many of the follow-up questions in the questionnaire, such as satisfaction with particular types of services, are asked only of the subpopulation of respondents for whom such questions apply. This limits the number of total responses that will be counted from these questions, and therefore there will only be enough cases for analysis from a relatively large sample. If the anticipated sample size will not be large enough, consider dropping follow up questions.

Recommendation #2: Sampling

The pilot survey utilized a household listed sample of telephone numbers and addresses. Such a sample contains only households with a listed landline telephone number. This may create undercoverage among households that are lower income or with younger heads of households, or who only use cell phones.

We recommend using an alternative sampling strategy such as those provided below:

An address-based sample is derived from all housing units. It provides excellent geographic coverage of people living in households, regardless of whether they have a telephone. It does not cover homeless populations. This sample will provide a relatively low percentage of responses from households with children (in the pilot survey, only 26% of respondent households had children) and will require a fairly large sample size to get an adequate number of responses from households with children. This sample would be generalizable to all households in the geographic area.

A school-based sample is derived from the enrollment in local schools. This requires access to school records. This is an efficient way to target surveys to households with children, but will not reach households that only have children younger than school age. If all respondents are in households with children, this will allow for a smaller overall sample size, but the survey results will not be generalizable to all households in the geographic area.

Recommendation #3: Mode of Administration

The pilot survey tested telephone and face-to-face survey administration. There are advantages and disadvantages in each type.

Telephone surveys are faster to complete and relatively economical but suffer from low response rates. Lower response rates tend to decrease the validity of survey findings. In addition, households with phone lines can differ significantly from those without.

Face-to-face surveys tend to take a lot of time and manpower, however, response rates tend to be higher and results should be more valid as a result. Despite the higher costs and time involved, we recommend conducting face-to-face surveys if possible due to the ability to use address-based samples and positive feedback during the pilot about having community members conduct the interviews. Some recommendations for face-to-face survey administration:

- Have teams of two or three residents go to each household to conduct interviews. Teams composed of both men and women were successful during the pilot.
- Have residents dress up or down according to community standards, or wear t-shirts with the organization name and logo.
- Have goody bags for respondents (these were well received during the pilot).

Other modes of survey administration, such as internet surveys, may be considered as possibilities. However, such surveys would require a much shorter and simpler questionnaire, and may not be appropriate for members of the population with lower levels of literacy. Another

possibility, for specific indicators that are hard to get reliable data on, would be to ask a group of families to keep a ‘diary’ to track items such as dietary consumption, exercise, reading to children, checking homework, etc.

Other Data Collection Next Steps

As the RPN initiative moves forward, there will be a need for ongoing access to data, including longitudinal data to measure progress over time; expanded survey data to examine indicators of interest at the catchment area level; and, qualitative data to understand the impact of RPN and the changing needs of residents. Below are some recommendations regarding next steps for data collection:

1. Emphasize population-based data in RPN work.
2. Make sure data are representative and generalizable to the RPN catchment area.
3. Conduct a household survey with a random sample and a large enough number of respondents to represent the catchment area.
4. Acknowledge advantages and limitations of quantitative data, which can provide generalizable information, but may not capture certain kinds of information accurately.
5. Consider collecting qualitative data to help explain reasons why certain things occur and capture people’s perceptions and experiences, but recognize that these data may not necessarily be generalizable.
6. Continue to foster a strong, collaborative relationship with Richmond Public Schools.
7. Continue working with service providers to establish priorities so that all partners can collect comparable data in the RPN catchment area and to utilize program data to evaluate needs and performance. RPN is using Social Solutions Efforts to Outcomes (ETO) software as its data capturing system. Communities in Schools of Richmond purchased the license and VCU is managing the data. The software is a rapid time program evaluation system to be used for data sharing. To promote shared accountability of results, Social Solutions ETO will be a tool to monitor participant attendance, manage, and analyze participant demographic data, manage referrals, and maintain a comprehensive history of participant information.
8. Continue resident engagement, including active participation in research, planning, and change efforts.

**Table 6.1 Recommendations for Questions in Household Survey
Questions to Keep**

From Part 1.1:

- People around here are willing to help their neighbors.
- People in my neighborhood generally get along with each other.
- In my neighborhood, it is easy to find a place to buy fruits or vegetables.
- Homes and other buildings are well-maintained in my neighborhood.
- Violence and crime are a problem in my neighborhood.
- Parks and playgrounds are well-maintained and safe in my neighborhood.
- I think public schools in this neighborhood provide good educational opportunities.
- I think this neighborhood needs more ways to support children to help them succeed in school.

From Part 1.3 (a few have been reworded):

- There are high quality job training services available in my neighborhood.
- I can get where I need to go on public transportation.
- There are plenty of health care providers in my neighborhood.
- I live in good quality housing.
- The police do a good job.
- There are good grocery stores in my neighborhood.
- There are plenty of day care openings in my neighborhood.
- There are plenty of organized sports opportunities for children in my neighborhood.
- There are plenty of before school care openings in my neighborhood.
- There are plenty of after school care openings in my neighborhood.
- There are plenty of summer program opportunities for children in my neighborhood.
- There are plenty of programs to support positive youth development and keep kids out of trouble.

Table 6.2 Recommendations for Questions in Household Survey Questions to Consider Eliminating

From Part 2:

- 49. How important is it to you that this child graduates from high school?
- 50. How important is it to you that this child continues his/her education after high school?

From Part 3:

- 65. Yesterday, did he/she have fresh fruit (not juice) for or with these meals?
- 66. Yesterday, did he/she have 100% fruit juice with these meals?
- 67. Yesterday, did he/she have vegetables with these meals?
- 95. Do you or another family member regularly encourage him/her to read books outside of school? (or, consider revising this question)
- 98. How important is it to you that this child graduates from high school?
- 99. How important is it to you that this child continues his/her education after high school?

From Part 4:

- 114. Yesterday, did he/she have fresh fruit (not juice) for or with these meals?
- 115. Yesterday, did he/she have 100% fruit juice with these meals?
- 116. Yesterday, did he/she have vegetables with these meals?
- 127. Do you or another family member regularly encourage him/her to read books outside of school? (Or, consider revising this question)
- 130. How important is it to you that this child graduates from high school?
- 132. How important is it to you that this child continues his/her education after high school?

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APPENDIX B: UPDATED RPN OUTCOMES AND INDICATORS (AUGUST 2012)

RPN Outcomes and Goals	RPN Indicators
Academic Outcomes and Goals	Academic Indicators
1. CHILDREN ENTER KINDERGARTEN READY TO LEARN	1. # and % of children birth to five years who have a place where they usually go other than an emergency room when they are sick or in need of advice about their health 2. # and % of children in pre-K and kindergarten who demonstrate, at the beginning of the school year, age appropriate functioning across multiple domains of early learning as determined using developmentally appropriate early learning measures 3. # and % of children, from birth to kindergarten entry, participating in center-based or formal home based early learning settings or programs, which may include Early Head Start, Head Start, child care, or publicly funded preschool
2. STUDENTS ARE PROFICIENT IN CORE ACADEMIC SUBJECTS	4. # and % of students at or above grade level according to State mathematics and English language arts assessments in at least the grades required by the ESEA (3rd, 8th, high school)
3. STUDENTS SUCCESSFULLY TRANSITION FROM MIDDLE GRADES TO HIGH SCHOOL	5. Attendance Rate of students in 6th, 7th, 8th, and 9th grades 6. # and % of children who receive academic intervention, based on identified learning gaps 7. # and % of pregnant teens (RPN)
4. STUDENTS GRADUATE FROM HIGH SCHOOL	8. Graduation rate
5. HIGH SCHOOL GRADUATES OBTAIN A POST-SECONDARY DEGREE, CERTIFICATION OR CREDENTIAL	9. # and % students who graduate with a regular high school diploma and obtain post-secondary degrees, or vocational certificates without need for remediation

RPN Outcomes and Goals	RPN Indicators
Family And Community Support Outcomes and Goals	Family And Community Support Indicators
1. CHILDREN ARE HEALTHY	1. # and % of children who participate in at least 60 minutes of moderate to vigorous physical activity daily and consume 5 or more servings of fruits and vegetables daily
2. CHILDREN FEEL SAFE AT SCHOOL AND IN THEIR COMMUNITY	2. # and % of children who feel safe at school and traveling to and from school as measured by a school climate survey
3. CHILDREN LIVE IN STABLE COMMUNITIES	3. Student Mobility Rate (as defined by the Promise Neighborhood Notice)
4. FAMILY AND COMMUNITY MEMBERS SUPPORT LEARNING IN PROMISE NEIGHBORHOOD	4. # and % of parents or family members who read to their child 3 or more times a week
	5. # and % of parents or family members who encourage their child to read books outside of school
	6. # and % of parents or family members who report talking with their child about the importance of college or career OR # and % of family members who attend parent-teacher conferences
5. STUDENTS HAVE ACCESS TO 21ST CENTURY LEARNING TOOLS	7. # and % of students who have school and home access (and % of the day) to broadband Internet and a connected computing device

APPENDIX C: TEAM BIOGRAPHICAL SKETCHES



Chanel Bea is a resident of the East End community. Ms. Bea has previous work experience in customer service, information technology, and community organizing. She has volunteer experience with Richmond Public Schools and Richmond Promise Neighborhood, and is actively involved with Early Head Start, the Head Start Policy Council, and the Truancy Advisory Committee. She is particularly interested in work that involves organization and management. Ms. Bea's hobbies include reading, watching movies, cooking, and spending time with her family.



Amber Haley holds masters-level training in epidemiology and has managed the Place Matters study in which community-driven health equity reports were developed for eight communities in the United States. She has previous experience with working in various communities: with subsidized housing residents in Richmond; with overseas communities in Burma, China, and Thailand; and with a range of public service volunteer activities with disadvantaged youth in Chicago and Richmond.



Brenda Kenney is a resident of Whitcomb Court in the East End. Ms. Kenney is a tireless advocate for children and those who live and play in her community. She has volunteered for many community organizations including the PTA at Fairfield Elementary where she served as secretary, Women of Worth, her local tenant council, the Truancy Advisory Board, and is a member of Richmond Promise Neighborhood. She has also mentored children in the East End community, fed the homeless, helped the elderly, and prayed with neighbors and families in need. Ms. Kenney enjoys outreach, community service, and research work, and her previous work experience includes food service, customer service, community research, and work with the United States Census Bureau. In her spare time, Ms. Kenney enjoys decorating, event planning, styling hair, and writing poetry.



Rebecca Johnston has been a resident of Richmond for two years. She is currently working for VCU Center on Human Needs as a part-time Research Assistant and VCU Health System as a Unit Secretary. In 2010 she obtained her BA degree in Anthropology, traveling to China to complete Traditional Chinese Medicine field study experience and volunteering in hospitals throughout northern Malawi, Africa. In May 2013, she plans to continue her education at VCU School of Nursing to obtain an accelerated BSN degree. Ms. Johnston is passionate about exploring the cultural and social aspects of healthcare prevention and treatment with the goal of increasing the quality of care. Her research interests are in chronic disease, health disparities, mental/behavioral health,

the integration of traditional/alternative medicine, and improving access and quality of health within global health care systems. She loves to cook, travel, hike, perform music, volunteer with Habitat for Humanity, Americorp, Community Health Corps –Baton Rouge, LA, and play with her foster dog, Nova Leigh.



Chimere Miles is a resident of the East End community. Ms. Miles is passionate about opportunities for children, and has volunteered with many groups and organizations including Early Head Start, Richmond Public Schools Head Start as the Policy Council Chairperson, the Richmond Public Schools Truancy Committee, and Richmond Promise Neighborhood. Ms. Miles has an Associates Degree in Allied Health and Science, and her previous work experience includes patient care work and medical administrative duties. One of her favorite aspects of the East End is how neighbors feel like family. In her spare time, Ms. Miles enjoys baking and spending time with her family.



Valerie Burrell Muhammad is a resident of the East End. Ms. Muhammad is passionate about all things “family,” including her own, and making a difference in the lives of children and families in her community. Ms. Muhammad has previous work experience in family involvement consulting, and has volunteered with MCV Hospital, several local food banks, local PTAs, and the East District Initiative Board for the City of Richmond. She has also worked with family organizations across the country on mental health challenges, including educating people about the effects of mental health on the whole person and how social systems influence mental health outcomes. Ms. Muhammad enjoys work opportunities that are catalysts for change and that affect how services are provided to community residents. She is a mother of four and her children have attended Virginia Commonwealth University, Virginia State University, and Saint Paul’s College. She is a member of Masjid Bilal, and her hobbies include reading, community organizing, and volunteering.



Sara Moore is a sociologist with research interests in gender, family, reproductive health, and social inequalities. Ms. Moore has worked on several research projects at the Center for Social Science Research, including an assessment of educational opportunities, needs, and resources in a low income community in Alexandria, Virginia; a participatory research project that used in-person interviews and focus groups to explore community engagement in a low income community in Reston, Virginia; and a satisfaction survey of patients who use public health clinics in Fairfax County, Virginia. Ms. Moore received an M.A in Sociology from The New School, and will be receiving a Ph.D. in Sociology from George Mason University in Fall 2013. In her spare time, Ms. Moore enjoys reading fiction and spending time with her husband and daughter.



Andrea Robles is a sociologist with interests in community development, poverty, work and family, gender, and research methodology. She is interested in examining societal issues that keep marginalized groups from participating equally in our broader society. Domestically and internationally, she has investigated an array of topics including women’s labor, welfare and health policy, housing, land tenure, natural resource management, and other

pressing community- and organization-initiated concerns. Realizing the importance of collaborative partnerships for both research and action, at the Center for Social Science Research she has been developing a participatory and community-based research program. Andrea received an M.A. in International Development from American University, an M.S. in Sociology from the University of Wisconsin-Madison, and will be receiving a Ph.D. in Sociology from University of Wisconsin-Madison in Spring 2013.



Chel’sea Ryan is a recent graduate of James Madison University where she earned a BSW in Social Work. She expects to complete an MSW in Social Work at Virginia Commonwealth University in 2013. Ms. Ryan is passionate about children and children’s rights in her community, in Virginia, and around the world. She is also interested in children’s athletics, and she encourages children to get active by participating in sports and outdoor activities. Ms. Ryan

enjoys doing meaningful charity work, and has volunteered at organizations such as the Salvation Army and Goodwill, and with various sports activities. She has held several professional positions including middle school counselor, community advocate, service provider, and high school softball coach. Ms. Ryan also belongs to professional organizations including the National Association of Black Social Workers and the National Association of Social Workers. In her spare time, Ms. Ryan enjoys doing anything outdoors, playing sports, and baking cake pops.



Tonya Scott is a resident of the East End. She is passionate about community engagement, especially the work of the Engaging Richmond research team, and children. Ms. Scott is currently a member of The Richmond Outreach Center (the ROC), and has had previous volunteer experiences talking and praying with elderly community members. She has also had work experience in the customer service and construction fields. Ms. Scott’s hobbies

include singing, dancing, painting, helping children, and studying the Bible.



Marco Thomas is a resident of the East End. He is passionate about personal change and second chances, mental restoration, substance abuse, and substance abuse recovery. Mr. Thomas has held jobs as a retail supervisor, lifeguard, janitor, travel agent, certified loan officer, and a teaching assistant. Most of all, he enjoys work that is creative, productive, and influential, especially around the area of substance abuse recovery. He has recently completed

Community Violence and Trauma training. Mr. Thomas hobbies include writing, playing and listening to music, ballroom dancing, yoga, cooking, fashion design, and photography.



Darrell Tyler is a graduate of Virginia Commonwealth University where he received a B.S. in Sociology with a concentration in Socioeconomic Research and an M.S. in Sociology with a concentration in Economic Sociology. Mr. Tyler is passionate about mitigating economic inequality and social alienation, and is interested in work that helps connect residents to organizations that can meet their needs, especially in terms of employment. He is also a member of Our Lady of Lourdes Catholic Church where he sits on the Committee of Human Concern. Mr. Tyler appreciates his neighbors, who support his family, keep him informed (especially while he is deployed), and provide him with wisdom. In his spare time, Mr. Tyler enjoys coin-collecting.



Albert Walker is a mentor and community organizer in the East End. Mr. Walker enjoys working with people, including community residents, and strategizing ways to solve complicated social problems. His commitment to lifelong learning and social justice have compelled him to engage in various community volunteer activities with organizations such as ART 180 where he serves on the Program Committee; Richmond Hill, where he serves on the Leadership Council, and Hope in the Cities, where he is an Initiatives on Change facilitator. Mr. Walker has also held previous positions that include a teacher/instructional assistant, life coach, mentor, executive director of a local non-profit, and a community researcher and organizer. Mr. Walker holds a Master of Divinity Degree in Practical Theology and a Master of Theology Degree in Social Ethics. In his spare time, Mr. Walker enjoys yoga, golf, salsa dancing, reading non-fiction, traveling, engaging with his neighbors, and walking his dog, Caesar, in his local park.



Dionne Wheeler is a social butterfly and loves working with people. Ms. Wheeler is a native of Richmond and has been working with non-profits and community organizing since she completed her Bachelors of Art in English and African American Studies from the University of Virginia in 2006. Ms. Wheeler's father was always involved in community organizing during her childhood and the apple does not fall far from the tree! She was taught at an early age that "to whom much is given, much is required." Ms. Wheeler loves empowering people and fighting racial, social, and economic injustices through knowledge, understanding, and tolerance. Ms. Wheeler serves on the board of the Police Athletic League and is a member of Delta Sigma Theta Sorority, Inc. In her spare time Ms. Wheeler loves shopping, traveling, Zumba, officiating basketball games, and spending time with her fiancé, friends, family, and her dog, Precious.



Breena Wingo is a resident of the East End. She is a Certified Nursing Assistant and an artist. Ms. Wingo has volunteered for several organizations including Substance Abuse and Additional Recovery Alliance (SAARA) and Hilltop Promise and is a member of First Baptist Church in Richmond. She is most passionate about children and education, and enjoys work that draws on her interests in working with children and in art. Ms. Wingo's hobbies include drawing and playing sports. Her son is a star student and recent graduate of Anna Julia Cooper Episcopal School in the East End.



Emily Zimmerman is a sociologist and Assistant Research Professor at the Center for Social Science Research. She has worked for several years on community engagement projects in Northern Virginia, including a locally funded Promise Neighborhood initiative, neighborhood-level social indicators, and various community engagement projects. She recently finished work on an NIH funded project to provide community health equity reports for eight areas of the United States participating in the Place Matters initiative. She also specializes in survey research, data analysis, public program/service utilization, and disadvantaged populations with a focus on child welfare and other social needs. Dr. Zimmerman has performed research for Federal, county and city governments, private organizations, non-profits, foundations, United Way, and several universities. Dr. Zimmerman has a B.A. in English and a M.S. in Social Research from Hunter College, and Ph.D. in Sociology from the City University of New York.



The Center for Social Science Research (CSSR) is a multidisciplinary research center within the College of Humanities and Social Sciences of George Mason University in Fairfax, Virginia. The center draws on faculty from various disciplines—sociology, anthropology, political science, psychology, communication, and others—who bring their expertise to bear on some of the most pressing social, behavioral, and political problems facing contemporary society. The CSSR provides a platform that brings together social science theories and methods to conduct state-of-the-art research on important social problems and basic social science questions. Studies employ a range of quantitative and qualitative research methods including survey research, focus groups, interviews, analysis based on leading social indicators and the exploration of virtual world environments. Particular emphasis is placed on survey research, community based and participatory research and digital social science research.



The VCU Center on Human Needs documents how many Americans confront hunger, precarious housing or homelessness, inadequate health and health care, inferior education, and inadequate income/poverty and to study its impact on health and well-being. Its mission is to provide the public and policymakers with accurate, current, and reliable information about the prevalence of societal distress in the U.S. and its impact on health and well-being. It assembles and regularly reevaluates existing information on the prevalence of hunger, homelessness, poor health, inadequate education and low income/poverty in the U.S. population. The Center also conducts studies on the health implications of social and economic conditions.

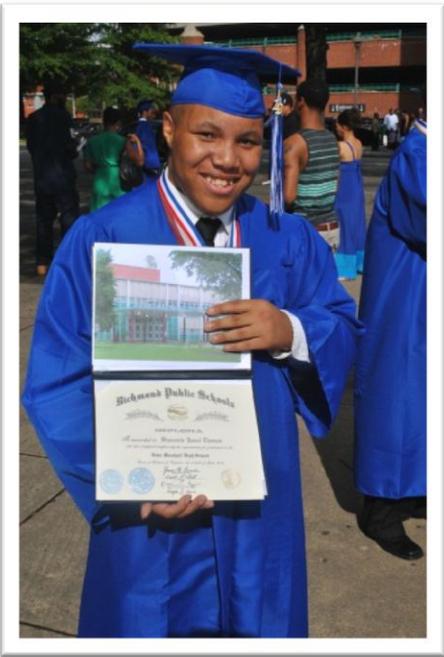


Engaging Richmond is a community-university partnership between East End residents, staff from Virginia Commonwealth University's Center on Human Needs, and George Mason University's Center for Social Science Research, and Richmond Promise Neighborhood.

Cynthia Davis, a 5th grader at Woodville Elementary School holding the winning design of the RPN logo contest, March 2011.



Kamryn Bea at the Peter Paul Development Center, March 2011.



Emani and Shumonte Thomas at their high school graduation, June 2012.