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Identifying Regional Priorities and Opportunities

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Identifying Regional Priorities and Opportunities

Abstract

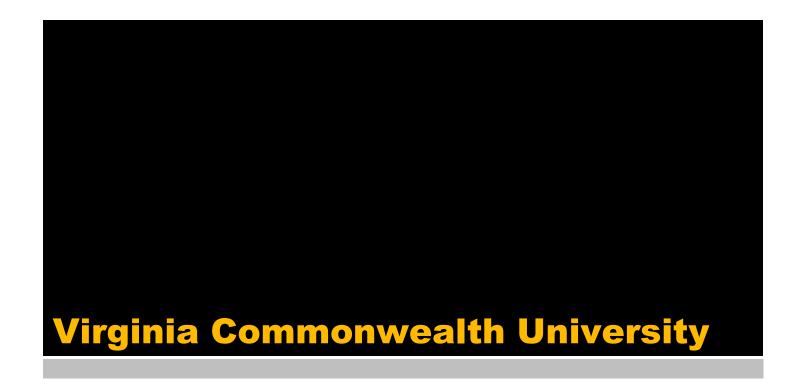
During 2014-2105, the Division of Community Engagement collected and reviewed publicly available community assessments to gain a better understanding of community-identified priorities. Twenty-four (24) reports from the past 10 years (2005-2015) were reviewed for their geographical focus, explicit population of interest, data collection methods and stated priorities. The common priorities that emerged from this review are included here, along with the associated recommendations from the assessments. This effort was not intended to replace other assessments, rather as a means to understand the overarching priorities that have been identified through these various community assessments.

Keywords

virginia commonwealth university, virginia, vcu, richmond, regional priorities

Disciplines

Higher Education



Identifying Regional Priorities and Opportunities

A Review of Community Assessments from 2005-2015.

A Working Draft

August 26, 2015

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Executive Summary

During 2014-2105, the Division of Community Engagement collected and reviewed publicly available community assessments to gain a better understanding of community-identified priorities. Twenty-four (24) reports from the past 10 years (2005-2015) were reviewed for their geographical focus, explicit population of interest, data collection methods and stated priorities. The common priorities that emerged from this review are included here, along with the associated recommendations from the assessments. This effort was not intended to replace other assessments, rather as a means to understand the overarching priorities that have been identified through these various community assessments.

The following community-identified priorities and recommendations emerged from the assessments.

- Economic Development.
 - Align workforce development with employer needs and ensuring accessible to residents who are low-income, young adults, immigrants, and the older adults
 - Create jobs by recruiting major employers and providing support for small, local businesses
 - Increase access to affordable, flexible, and quality childcare to support individuals and families
- Health.
- Reduce obesity and diabetes
- Address food insecurity and increasing access to healthy foods for residents living in food deserts
- Provide health promotion & prevention services, particularly in the areas of:
 - Maternal health
 - Mental health
 - Access to affordable health care
- Education.
 - Enhance the educational outcomes of students in Richmond City public schools at the middle and high school levels
 - Develop educational **pipeline programs** that support PK-12 students throughout their school career to produce graduates who are college or workforce ready
- Transportation.
 - Improve public transportation within the city and across the surrounding counties
- Housing.
 - Maintain and redeveloping current affordable housing while not displacing low-income residents
 - Increase use of mixed-use, mixed-income, and universal designs
 - Create a **community land trust** and using vacant city land to spur development and increase tax revenues

- Increase homelessness prevention services
- Environmental and safety.
 - Improve communication between police and residents to reduce crime and the fear of crime, particularly for immigrant groups
 - Restore the James River and providing environmental education to preserve Richmond's environmental assets
 - Create and enhance parks, bike trails and lanes, and sidewalks to support active and healthy lifestyles
- Culture.
 - Increase availability of translation services (e.g. Spanish), particularly in hospitals and clinics
 - Enhance the region's unique **culture** to improve tourism and attract major employers
 - Improve downtown
 - Enhance visual appeal of regional gateways
 - Promote Richmond as a history destination
- Coordination. Coordination was not identified as an explicit priority area in any of the reports, but was
 frequently recommended.
 - Increase coordination, communication, and collaboration.

Process

As VCU considers how to enhance its impact, we explored the work of others in our community to help guide the conversation. Our goal was to achieve a high level understanding of the priorities that have already been identified by members of our larger community. To that end, we reviewed publicly-available community assessments published within the past ten years (2005-2015) with a geographic focus of Richmond City, Greater Richmond region, or Richmond Metropolitan Statistical Area (MSA) (or more information on the geographic focus see Appendix A). Community assessments were identified and gathered through general online searches (e.g. 'needs', 'strategic plans' and 'Richmond') and ones that were known to the authors. In total, twenty-four (24) community assessments were included in the review.

In considering the scope of assessments reviewed here some address many of the priorities areas or themes that emerged in our review, while others were focused on one or two thematic areas. To illustrate this, the report from the <u>Capital Region Collaborative</u> (CRC) focused broadly on "regional priorities that will enhance the quality of life in the Richmond Region". In comparison, the <u>Ten Year Plan to Prevent and End Homelessness in the Richmond Region</u> focuses specifically on issues of homelessness and housing. More information on the focus of the reports can be found in Appendices B and D. The following provides basic information on the community assessments that were reviewed.

Inclusion Criteria: Date and Geographic Focus

The majority of the needs assessments were conducted within the last 5 years (70%) and focused on the Greater Richmond region (42%).

Table 1. Date & Geographic Focus (N=24)

| | % (N) |
|-------------------------------|----------|
| Assessment conducted in years | |
| 2010-2015 | 70% (17) |
| 2005-2009 | 30% (7) |
| Geographic Focus | |
| Richmond City | 37% (9) |
| Greater Richmond region | 42% (10) |
| Richmond MSA | 21% (5) |

Explicit Focus

The majority of reports explicitly focused on multiple and broad issues (50%), referred to in this report as 'community & economic development'. These reports explored multiple concerns such as lack of employment, educational attainment, and health disparities. The remaining reports had a more targeted issue focus (50%), such as an explicit focus on health (20%) or affordable housing and homelessness (13%). The 'other' issue category included 3 reports, focusing on public transportation needs, public library needs, and the capacity building and resource needs of local nonprofits.

Table 2. Issue Focus Areas (N=24)

| | % (N) |
|----------------------------------|----------|
| Community & Economic Development | 50% (12) |
| Education | 4% (1) |
| Health | 20% (5) |
| Housing & Homelessness | 13% (3) |
| Other | 13% (3) |

Over half of the reports (54%), focused primarily on those living in low-income, and a third (33%) of the reports focused on the needs of a specific population (e.g. older adults, Hispanic/Latino community).

Table 3. Population Focus Areas (N=24)

| | % (N) |
|-------------------------|----------|
| General public | 13% (3) |
| Low-income Communities | 54% (13) |
| Children & Young Adults | 17% (4) |
| Older adults | 8% (2) |
| Racial/Ethnic groups | 8% (2) |

Data Collection Methods

The majority (58%) of the reports used a mixed-methods approach. Typically, public data were used to describe community issues (e.g. poverty rate, school drop-out rate, etc.) and surveys were used to gather community members' views on the most pressing community needs. Interviews, focus groups, or community forums were often used to solicit more in-depth knowledge regarding challenges and recommendations to address community priorities.

Table 4. Data Collection Methods (N=24)

| | % (N) |
|--------------------------------|----------|
| Public data only (e.g. Census) | 17% (4) |
| Survey data only | 8% (2) |
| Focus groups/Interviews only | 17% (4) |
| Mix of above | 58% (14) |

Review of Community Assessments

The review of the reports occurred in two stages. First, the priority areas within each report were coded and separated into themes. Themes were initially based on the focus areas in VCU's strategic plan, Quest for Distinction: access to health, education, economic development and sustainability. As additional themes emerged, the data were reviewed and coded according to those themes. As new themes emerged, the data was reviewed and coded again. This iterative process continued until saturation was reached. See Appendix C for subcategories for each theme. The major themes were *culture*, *coordination*, *economic development*, *education*, *environment* & safety, health, housing and transportation.

Over the past 10 years (2005-2015), economic (71%), health (63%), transportation (54%) and education (46%) have been cited the most frequently as community priorities. The others include: coordination (42%), housing (38%), environment & safety (33%), and culture (29%). Coordination is included here because while it was not identified specifically by a community assessment as a priority area, 42% cited the lack of coordination and communication among partners and service provides as a barrier for clients accessing services.

Table 5. Community Priorities for 2005-2015 (N=24)

| | % (N) |
|----------------------|-------|
| Culture | 29% |
| Coordination | 42% |
| Economic development | 71% |
| Education | 46% |
| Environment & Safety | 33% |
| Health | 63% |
| Housing | 38% |
| Transportation | 54% |

The following sections describe the priority areas and associated recommendations. Recent statistics on the prevalence of specific issues are provided when available. Citations in parentheses indicate the community assessments identified the priority area and offered specific recommendations. Full citation and links to the community assessments are included at the end of this report.

Culture

Culture was addressed in two ways. Some reports used 'culture' to refer to the specific needs of a racial/ethnic group (e.g. cultural needs), while other reports used 'culture' to refer to the unique cultural vitality of the Richmond region. Both cultural needs and cultural vitality will be discussed in this section.

Primary Cultural Issues

Cultural Needs. The Greater Richmond region has multiple racial/ethnic and immigrant groups (e.g. Asian-American, Hispanic, etc.) that are growing [20]. These groups face unique challenges such as less developed English-speaking skills [4, 6, 20], lack of legal status [13, 20], and acculturation fears [13, 20]. A critical challenge is the lack of translation services, which is a primary barrier for these populations in accessing social services [4, 6, 20].

Cultural Vitality. One assessment indicated that there is a lack of awareness "to the outside world" about the unique offerings (e.g. art, history, etc.) available in Richmond [11]. This was seen as a missed opportunity for the Greater Richmond region leverage assets for economic development [11].

Recommendations

Cultural Needs. Increasing translation services (e.g. Spanish), particularly in hospitals and clinics, was a primary recommendation to improve the health and well-being of various racial/ethnic and immigrant groups [4, 6, 13, 20].

Cultural Vitality. Enhancing Richmond region's unique culture to improve tourism and attract major employers was recommended [11]. Specifics included:

- Improving downtown to be more attractive;
- Enhancing the "gateways to our Region to make them more visually appealing";
- Promoting Richmond as a history destination; and,

Coordination

Poor coordination and communication among service providers was commonly cited as a barrier for residents to access services, and a key factor in inefficient, fragmented and duplicative service provision [11, 12, 18]. The lack of coordination was seen to impact the ability of the older adults [16, 22] and youth [9, 19] to access social services [18] and educational programs [24]. In addition, the lack of coordination was described as a factor in effectively addressing larger social issues (e.g. reduce drop-out rates) [24].

Primary Coordination Issues

Access Resources. Several reports pointed to a lack of communication between service providers and between service providers and potential clients. This was thought to create confusion on what services are available to residents and confusion among providers on which organization is an appropriate referral [9, 11, 12, 16, 18, 19, 24].

Multi-Sector Partnerships. A couple reports also pointed to a lack of coordination among organizations across different sectors (e.g. business, education, social services) [22, 24]. The lack of multi-sectorial coordination was thought to impede the ability for various groups to combine diverse perspectives and expertise to more effectively address issues and have a larger impact [22, 24].

Recommendations

Inventory. Develop an inventory of available services to facilitate the coordination and communication among services providers, reduce duplicative services, and streamline the process of accessing services [11].

Partnership Hubs. Create partnership hubs for coordination among multi-sectorial partners focused on specific issues [11, 22, 24], such as increasing healthy and affordable food access [7].

Economic Development

Richmond City's poverty rate is more than double the poverty rates of its surrounding counties and Virginia, with almost half of its children living in poverty [1, 3].

Table 6. Selected Poverty Statistics

| | Richmond City | Henrico | Virginia | Data Source |
|---------------------|---------------|---------|----------|-------------------|
| Poverty rate | 25.4% | 11.3% | 11.7% | 2013 Census [1] |
| Children (0-17) | 37.8% | 14.6% | 15.7% | 2013 Census [1] |
| Older adults (65+) | 14.9% | 6.1% | 7.7% | 2009-2013 ACS [1] |
| Female | 27.8% | - | , | 2006-2010 ACS [3] |
| African-American | 38.4% | | | 2006-2010 ACS [3] |
| Hispanic (any race) | 34.3% | | | 2006-2010 ACS [3] |

Primary Economic Issues

Gainful employment (e.g. living wage) and educational attainment was described by one report as key protective factors for experiencing poverty [3]. However, the unemployed and the working poor face multiple challenges in finding and maintaining employment, including the lack of accessible jobs, unaffordable healthcare and childcare, and inadequately funded public schools [3, 5, 9]. For Richmond, the primary economic issues were:

Geographic Mis-Match. Poverty is concentrated in the city, but many of the available jobs are in the counties; lack of quality public transportation is a major barrier for employment [3].

Skills Mis-Match. The majority of the unemployed and the working poor are inadequately prepared (e.g. technology access & skills) for employment in fields that provide living wages (e.g. STEM fields, healthcare) [3, 9, 24].

The skill 'mis-match' also affects Richmond's ability to recruit large employers to the area; thus, perpetuating the lack of jobs [3, 11, 24].

Recommendations

Workforce Development. Multiple stakeholder groups (e.g. service providers, academics, businesses, citizens, and East End residents) indicated that workforce development was a high priority [3, 9, 11, 19]. Specific recommendations included:

- 1. Aligning workforce development with employer needs, particularly around STEM fields and technology skills [3, 9, 11, 24];
- 2. Expanding workforce development programs so they are accessible (e.g. public library) [9, 15, 19] to serve at-risk populations, such as young adults [19], immigrants [13, 20], and older adults [16, 22]; and,
- 3. Increasing the coordination of and communication among workforce development programs [3, 11].

Job Creation. Recruiting major employers and providing support for small, local businesses were recommended as ways to create jobs within Richmond City [3, 11].

Regional Transit System. Extending Richmond City's public transportation system to the surrounding counties was recommended as a primary way to increase access to available jobs [3].

Affordable Quality Childcare. Increasing access to affordable, flexible, and quality childcare was cited several times as a critical service that would support individuals and families working [1, 9, 20]. Flexibility of childcare hours was an additional need for parents that do not work during 'traditional' business hours [9]. Quality referred to an educational curriculum being integrated within childcare services so that the children of the working poor would be school ready [9].

Financial Literacy. Increasing access to reputable banking services and providing financial literacy were also recommended, albeit less frequently, as support services to assist low-income individuals and families [23].

Education

Educational outcomes for students enrolled in Richmond's public schools have improved over the years; however, this improvement has primarily been seen at the pre-K and elementary levels [1]. Educational gains quickly diminish during the middle and high school years, with only 33% of Richmond high school students passing their English Standards of Learning (SOL) exams in 2014 [1]. Despite improvements in the lower levels, students of Richmond city schools are consistently out-performed by students in the surrounding counties and the state. Also, Richmond's high school dropout rate is 2x higher than the surrounding counties and the state [1].

Table 7. Selected Education Statistics

| | Richmond City | Henrico | Virginia | Data Source |
|---|---------------|---------|----------|----------------------|
| Kindergartener Readiness (PALS-K) | 76.3% | 87.5% | 87.1% | 2014 PALS Office [1] |
| 3 rd grade English SOL (passing) | 53.3% | 80.2% | 68.6% | 2014 VA DOE [1] |
| 5 th grade English SOL (passing) | 57.8% | 74.0% | 73.4% | 2014 VA DOE [1] |
| 8 th grade English SOL (passing) | 32.9% | 71.9% | 70.6% | 2014 VA DOE [1] |
| High School Dropout rate | 13.6% | 6.6% | 5.4% | 2014 VA DOE [1] |

Primary Education Issues

Academic Success. Improving academic success, particularly in the middle and high school years was identified as a key priority to reduce drop-out rates [3, 11, 21, 24]. Related to these concerns were the lack of computer access for students in schools and homes [9, 24] and the lack of supportive services, such quality out-of-school programming [9, 15, 20].

Recommendations

Education Pipeline. Creating an education pipeline from PK to 12 [3, 24] that specifically focuses on the transition from middle to high schools [24] was a key strategy to increase higher education opportunities for Richmond public students [19].

Magnet & Technical Schools. Developing high quality magnet & technical schools [11] was also recommended [9, 11, 24]. Stakeholders stated that educational programming should prepare high school students to enter the workforce, "not just for college"; thus, education and technical training programs should match employer needs [11, p. 4].

Accessible & High-Quality Support Services. Multiple assessments indicated that increasing accessible, affordable, and high-quality support services were necessary to "level the playing field" for educational opportunity [11, p. 4]. Critical support services identified included:

- Mentoring programs [9, 23],
- Out-of-school time programming [9, 15, 20, 23],
- Parenting education [9, 23], and
- Childcare (e.g. school readiness) [23].

Environment & Safety

General concerns were expressed and recommendations made to improve the region's quality of place in order to enhance healthy lifestyles and economic development.

Specific Environment & Safety Issues

Crime. Stakeholders indicated that fear of crime was an issue, particularly for East End residents [9] and immigrant groups [13, 20]. Crime, or the fear of crime, affected the perceived ability for adults and children to have safe places to play and exercise [7, 9].

Pollution. The inadequate care of environmental resources and systems, such as polluting the James River, was also indicated as another issue [11].

In addition to harming the environment and residents (e.g. pollution), some stakeholders indicated that inadequate care of the Richmond region's environmental resources reduced the ability to leverage these attractions for economic development [11].

Recommendations

Community-Police Relations. Improving communication between police and residents was recommended as a way to reduce crime [9] and the fear of crime, particularly for immigrant groups [20]

Environmental Resources. Restoring the James River and providing environmental education to the public was recommended as a key strategy for preserving Richmond's environmental assets [11].

Healthy Places. Creating and enhancing parks, bike trails and lanes, and sidewalks were recommended as key strategies for supporting active and healthy lifestyles [11].

Health

When compared to other cities and counties in Virginia, Richmond City ranks poorly across a number of health indicators [1]. For 2013, studies estimate that 10% of Richmond residents did not see a doctor and 21% did not see a dentist in the last year due to cost, and that 20% reported being limited in their activities or were isolated because of poor health [1].

Table 8. Selected Health Statistics

| | Richmond City | Henrico | Virginia | Data Source |
|---|---------------|---------------|----------|--------------------------|
| Mortality ranking (133 = lowest rank) | 124 | 30 | NA | 2014 VA Health Dept. [1] |
| Infant Mortality rate (per 1000 births) | 10.5 | 7.8 | 6.3 | 2012 VA Health Dept. [1] |
| | Richmond City | Adj. Counties | Virginia | |
| Food Insecurity | 19.9% | - | 11.8% | 2010 Feeding America [7] |
| Adult Obesity | 29% | 27% | 27% | 2010 Several sources [7] |

Primary Health Issues

Multiple health issues (e.g. substance use) and specific populations (e.g. homeless) were cited across the needs assessments. However, there were 5 key health issues noted by hospital assessments and community surveys.

Obesity & Diabetes. Reducing obesity and diabetes may be the number one health concern given the number of reports that have cited this specific health issue [4, 5, 6, 7, 9, 10, 11]. According to one report, Richmond was cited as one of the 'fattest' cities in the nation [7]. Obesity and diabetes are associated with increased mortality and rising healthcare costs, yet these chronic health issues are preventable [7)].

Food Insecurity & Food Deserts. High rates of food insecurity (e.g. inadequate access to healthy food) and the prevalence of food deserts (e.g. low-income areas without a nearby major grocery store) in Richmond was another related concern [7, 9]. Often, it is low-income individuals who eat unhealthy food (e.g. fast food) simply because they cannot afford fresh food and/or affordably healthy food is not easily available in their neighborhoods [7, 9].

Maternal health. Increasing access to maternal [4, 5, 10] and prenatal care [5], and reducing unplanned pregnancies, particularly teen pregnancies [5, 10], was cited as necessary to reduce infant mortality rates in Richmond [5].

Mental health. The lack of mental health services (including substance use) was noted as a critical service gap in Richmond [4, 9, 13, 17]. Service providers and residents indicated that mental health treatment for experiencing or witnessing trauma (e.g. abuse, violence) [9], depression [13], and substance use [17] would be particularly valuable. Trauma informed care was particularly salient for children living in poverty as they are at higher risk for experiencing or witnessing violent situations [9].

Access to Affordable Health Services. Emergency services are increasingly being used as the primary source of health care for those who lack health insurance [9]. After cost, lack of public transportation was a common barrier in accessing health services [1, 4, 5, 6, 14, 16]. Two groups, however, faced unique challenges:

Older adults. Lack of public transportation primarily affects older adults, who are often immobile. Given the growing aging population of the US and in Richmond, increased elder care and access to elder care was a key concern [1, 6, 16, 22, 23].

Immigrants. In addition to inadequate public transportation, the lack of interpretation and translation services in hospital settings and clinics were unique barriers for immigrant groups [4, 5, 14]. Several hospital assessments indicated that addressing this need is critical, particularly as the Hispanic/Latino population in Richmond continues to grow.

Recommendations

Health Promotion & Prevention Programs. Increasing health promotion & prevention programs was commonly recommended by various stakeholders across assessments [4, 5, 9, 11, 19, 22, 23]. Local hospitals indicated that early detection services and health education would be valuable to assist patients in managing their care, particularly for chronic illnesses (e.g. obesity & diabetes) [4].

Obesity & Diabetes Prevention. Improving school food [6], increasing access to healthy, affordable food in food deserts (e.g. incentivizing corner stores, nutrition workshops & cooking classes) [4, 6, 9, 11], and creating safe places for children and adults to play and exercise [6,9,11] were all recommended as ways to prevent the development of obesity and diabetes.

Affordable & Accessible Healthcare services

Affordable Healthcare. Local hospitals recommended expanding neighborhood and mobile clinics as a way to increase access to affordable care and to reduce the inappropriate use of emergency care [4].

Public Transportation. Improving public transportation was a key recommendation to increase access to health services [4, 5, 6]. Accessibility for the older adults and those with disabilities is an important component to improving public transportation [23].

Translation Services. Local hospitals and other community assessments indicated that increasing translation services, particularly Spanish, in hospitals, clinics, and other health programs is necessary to increase healthcare access to non-English speaking groups [4, 5, 14]

Elder Care & Caregiver Resources. Increasing aging health services as well as caregiver resources were recommended to address the needs of this growing population [22, 23].

Housing

As of 2015, the Greater Richmond Region faces an annual housing affordability deficit of \$862 million [2]. According to the Richmond Regional Planning District, more than 25% of residents pay more than 30% for housing and more than 10% pay more than 50% for housing. There is a lack of affordable housing stock available in Richmond that is unable to meet current, let alone projected, demands and available affordable housing is deteriorating [1, 2, 3, 8, 11, 13].

Primary Housing Issues

Concentrated Poverty. Concentrated and intergenerational poverty contributes to two housing markets in Richmond, one for high-wealth and one for low-income people [2, 3, 8]. Related to this issue is distressed neighborhoods that have poor quality schools and high crime, which maintains these 2 housing markets {2, 3, 8}. Financial assistance to help low-income individuals and families become homeowners is lacking [2, 8].

Lack of Incentives. Developers lack incentives to provide affordable housing; zoning and other land-use policies raise development costs regardless of the price-range of housing [2, 8].

Discrimination. Community resistance (e.g. NIMBYism) is another impediment to developing affordable housing [2, 8].

Recommendations

Redevelopment of Current Housing. Maintaining and redeveloping current affordable housing is a key recommendation [2, 3, 8]. One report specifically noted a concern with the potential to displace low-income residents in redevelopment efforts [3].

Flexible Zoning Laws. Increasing the flexibility for mixed-use, mixed-income designs is another recommendation to reduce concentrated poverty [2, 11, 16]. Redevelopment efforts should also use universal design that increases affordable housing access for the older adults and those with disabilities [16, 23].

Community Land Trust. Creating a community land trust and using vacant/surplus city land was suggested by one report that focused specifically on fair housing as a way to "spur development and tax revenues in declining areas" [8, p. 26].

Linking Services. Various stakeholders recommended locating new affordable housing close to employment centers and public transportation, and linking social services to low-income residents [2, 8, 23]. Increasing homelessness prevention services and emergency shelters were also recommended as way to provide stable and permanent housing for low-income populations [23].

Transportation

Inadequate public transportation (e.g. bus system) was cited frequently as a primary barrier for low-income groups to access resources, which affected a number of quality of life issues [3, 4, 6, 7, 8, 9, 18, 19, 20, 22]. However, the lack of or inadequate infrastructure for alternative transportation (e.g. sidewalks, bike lanes) was also noted as a barrier for healthy lifestyles for the general public [11].

Primary Transportation Issues

City Transportation. Inadequate public transportation within the city was cited as a barrier for low-income groups to access health care and social services [4, 6], healthy and affordable food [7], and affordable housing [8]. Older adults and those with disabilities [22], children and young adults [19], and immigrant groups [20] were particularly affected by inadequate public transportation.

Regional Transportation. The lack of inter-regional public transportation (e.g. from the city to the surrounding counties) was a critical barrier for employment among low-income groups [3].

Alternative Transportation Infrastructure. Public infrastructure supportive of alternative modes of transportation (e.g. sidewalks, bike lanes, hiking trails) was noted as inadequate to support healthy lifestyles for all citizens [11].

Recommendations

Improve & Extend Public Transportation. Stakeholders across multiple assessments overwhelming indicated that the City's public transportation system needed to be improved and extended to reach the surrounding counties in order to address access barriers [3, 4, 6, 7, 8, 9, 18, 20]. One report suggested that inter-regional connections align with major employers [3].

Increase Car Ownership. Increasing car ownership for low-income individuals through assistance programs was one recommendation to increase employment opportunities [3].

Alternative Modes of Transportation. Increasing and improving public infrastructure that is supportive of alternative transportation was recommended as a critical way to support healthy lifestyles and prevent obesity and diabetes [11]. Specific recommendations included:

- 1. Increasing and widening sidewalks so they are accessible for older adults and those with disabilities [22],
- 2. Increasing the amount of bike lanes available [11], and
- 3. Improving the connectivity between sidewalks, bike and hiking trails, and parks to support play and exercise [11].

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Appendix A. Greater Richmond Region & MSA Maps

The Richmond MSA is an officially designated place recognized by the US Census that covers 16 counties and 3 cities, including Richmond.¹

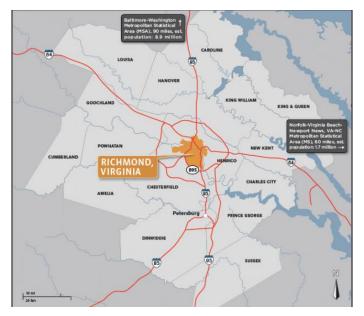


Figure 1. Map of Richmond MSA (Source: City of Richmond)

The Greater Richmond region is an informal designation that refers to Richmond City and its surrounding counties. Capital Regional Collaborative (n.d.) defines the Greater Richmond region as Richmond City and the 7 surrounding counties: Henrico, Chesterfield, Ashland, New Kent, Charles City, Powhatan, and Goochland.



Figure 2. Map of Greater Richmond Region (source: CRC)

¹ According to 2010 Census, Richmond MSA includes Amelia County, Caroline County, Charles City County, Chesterfield County, Cumberland County, Dinwiddie County, Goochland County, Hanover County, Henrico County, King and Queen County, King William County, Louisa County, New Kent County, Prince George County, Sussex County, Colonial Heights City, Hopewell City, Petersburg City, and Richmond City (https://goo.gl/FHGA6B).

Appendix B. Community Assessment Characteristics

| # | Title | Sponsoring Organization | Date | Issue | Population | Geographic Area | Method | Sample |
|---|---|--|------|----------------------------------|---------------------------|--|---|---|
| 1 | Indicators of Community Strength: Greater Richmond & Petersburg Region | United Way | 2015 | Community & Economic Development | Vulnerable populations | Richmond MSA | Public data | Not stated |
| 2 | Housing the Richmond Region: Needs, Impediments, & Strategies | Partnership for Housing Affordability | 2015 | Housing & Homelessness | Vulnerable populations | Greater Richmond region | Public data; interviews (experts) & survey (various stakeholders) | N=162 (survey) & N=12 interviews |
| 3 | Mayor's Anti-Poverty Commission Report | Mayor's Anti-Poverty Task Force for City of Richmond | 2013 | Community & Economic Development | Vulnerable populations | Richmond City | Public data; Committees & public comment (i.e. focus groups); & online survey | meetings), N=63 online |
| 4 | Community Health Needs Assessment: Bon Secours Hospitals (compiled 4 reports) | Bon Secours Health System | 2013 | Health | Vulnerable populations | Greater Richmond Region | Public data & Survey (key informant) | Survey N=573 |
| 5 | Community Health Needs Assessment | Sheltering Arms Hospital | 2013 | Health | Vulnerable populations | Greater Richmond Region (Hanover) | Stakeholder surveys | Not stated |
| 6 | Community Health Needs Assessment: Prepared for Children's Hospital of Richmond at VCU | Children's Hospital of Richmond at VCU | 2013 | Health | Vulnerable populations | Richmond City | Public data & Survey (key informants) | Survey N=13 |
| 7 | Richmond, Virginia Food Policy Task Force | Mayor's Food Policy Task Force for City of Richmond | 2013 | Health (food insecurity) | Vulnerable populations | Richmond City | Public data, key informants, & citizen input at public forums & online survey | Not stated |
| 8 | Analysis of Impediments to Fair Housing Choice | City of Richmond, Community Development Block Grant | 2013 | Housing & Homelessness | Vulnerable populations | Richmond City | Public data, Interviews & Focus groups | Various stakeholders |

| # | Title | Sponsoring Organization | Date | Issue | Population | Geographic Area | Method | Sample |
|----|--|--|------|--|----------------------------|-------------------------------|--|---|
| 9 | Richmond Promise Neighborhood Community Needs Assessment | Engaging Richmond, George Mason University, & Virginia Commonwealth University | 2012 | Community & Economic Development | Children & Young Adults | Richmond City | Public data, household survey, & focus groups | Survey N=60, Focus Groups N=184 |
| 10 | Locality Profile: City of Richmond | United Way | 2012 | Community & Economic Development | Children & Young Adults | Richmond City | Public data | Various |
| 11 | Building the Framework for Regional Collaboration | Capital Region Collaborative | 2012 | Community & Economic Development | General public | Richmond MSA | Focus groups, telephone interviews, & community meetings | N=8,000+ |
| 12 | Finding from the Central Virginia Nonprofit Needs Assessment Effort | The Partnership for Nonprofit Excellence | 2012 | Nonprofit org. needs | Vulnerable populations | Richmond MSA | Survey & focus groups | Survey N=311, Focus groups (N=29) |
| 13 | Addressing the Needs of the Asian-American Community in the Greater Richmond Area | Asian American Society of Central Virginia | 2011 | Community & Economic Development | Asians | Greater Richmond Region | Surveys | N=622 (50% in Henrico; 70% employed) |
| 14 | Language Needs Assessment: Richmond Health District | Virginia Department of Health | 2010 | Health (English proficiency) | Vulnerable populations | Richmond City | Public data | Various |
| 15 | Needs Assessment for the Richmond Public Library | City of Richmond | 2009 | Library Needs | General public | Richmond City | Survey, interviews, & focus groups | Not stated |
| 16 | Creating a Livable Richmond Metro Area for All Ages | Partners for Livable Communities & National Association of Area Agencies on Aging | 2009 | Community & Economic Development | Older adults | Richmond MSA | Focus groups | Not stated |
| 17 | Ten Year Plan to Prevent and End Homelessness in the Richmond Region | Homeward | 2008 | Housing & Homelessness | Vulnerable populations | Greater Richmond Region | Stakeholder forum | Not stated |
| 18 | Richmond/Petersburg Metropolitan Planning Areas Coordinated Human Service Mobility Plan | GRTC Transit & VA Dept. of Rail and Public Transportation | 2008 | Transportation | General public | Richmond MSA | Focus groups w/ key informants | Various agencies |
| 19 | Greater Richmond Area Child & Youth Needs and Assets Assessment | The Community Foundation | 2007 | Community & Economic Development | Children & Young Adults | Greater Richmond Region | Public data, Survey & Interviews (informants) | Not stated |

| # | Title | Sponsoring Organization | Date | Issue | Population | Geographic Area | Method | Sample |
|----|---|---|------|--|----------------------------|-------------------------------|--|---|
| 20 | Latino Needs Assessment: Health and Safety Needs of Latino Children and Families Living in Richmond, Virginia | City of Richmond, Richmond Behavioral Health Authority, & Virginia Commonwealth University | 2006 | Community & Economic Development | Hispanic/ Latino | Richmond City | Survey, interviews & focus groups w/ families | Survey N=212, Interviews N=15 |
| 21 | Evaluating the Competitiveness of Richmond, Virginia | Jessie Ball DuPont Fund | 2006 | Community & Economic Development | Vulnerable populations | Greater Richmond Region | Public data | Public data & news sources |
| 22 | Greater Richmond Regional Plan for Age Wave Readiness | Age Wave; United Way, Senior Connections, VCU Gerontology | 2012 | Community & Economic Development | Older adults | Greater Richmond Region | Public data; focus groups & community forums (various stakeholders) | N=200 + for regional roundtable focus groups |
| 23 | Community Impact Plan | United Way of Greater Richmond & Petersburg | 2014 | Community & Economic Development | Vulnerable populations | Greater Richmond Region | Public data; focus groups (UW board, staff, & community members) | N=80+ |
| 24 | Bridging Richmond: Baseline Report | Bridging Richmond | 2014 | Education | Children & Young Adults | Greater Richmond Region | Public data; focus groups & community forums (various stakeholders) | Not stated |

Appendix C. Code Examples for Community Priority Categories

| Culture | Coordination | Economic Development | Education |
|---|--|---|--|
| Volunteerism and | Regional partnerships Strengthen coalitions for political advocacy Communication between residents and service providers | Services for children living • in poverty • Improve economic stability • via more accessible services Increase financial literacy and access to banks | PK-12 Education Pipeline Violence in Schools Affordable afterschool programming |
| Environment & Safety | Health | Housing | Transportation |
| Improve James River (access, clean, ecological education) More accessible sidewalks (buses and disabilities) | Improve access to health services (for older adults and those with disabilities) Food insecurity, obesity, and health education Mental health and substance use services | Affordable Housing Homelessness prevention services Flexible zoning for mixed use | Expand public transportation Improve all types of transportation (buses, biking, walking) Accessible transportation (ADA) |

Appendix D. Frequency of Codes by Community Priority Categories

| # | Title | Culture | Coord. | Economic | Education | Envi. & Safety | Health | Housing | Transport. |
|----|---|---------|--------|----------|-----------|-------------------|--------|---------|------------|
| 1 | Indicators of Community Strength: Greater Richmond & Petersburg Region | | | X | X | | X | X | |
| 2 | Housing the Richmond Region: Needs, Impediments, & Strategies | | X | X | | | | X | X |
| 23 | Community Impact Plan | | | X | X | | X | X | |
| 24 | Bridging Richmond: Baseline Report | | X | X | X | | | | |
| 3 | Mayor's Anti-Poverty Commission Report | | | X | X | | | X | X |
| 4 | Community Health Needs Assessment: Bon Secours Hospitals (compiled 4 reports) | X | | | | | X | | X |
| 5 | Community Health Needs Assessment | | | X | | | X | | |
| 6 | Community Health Needs Assessment: Prepared for Children's Hospital of Richmond at VCU | X | | | | | X | | X |
| 7 | Richmond, Virginia Food Policy Task Force | | X | X | | X | X | | X |
| 8 | Analysis of Impediments to Fair Housing Choice | | | X | | | | X | X |
| 9 | Richmond Promise Neighborhood Community Needs Assessment | | X | X | X | X | X | | X |
| 10 | Locality Profile: City of Richmond | | | | X | | X | | |
| 11 | Building the Framework for Regional Collaboration | X | X | X | X | X | X | | X |

| # | Title | Culture | Coord. | Economic | Education | Envi. & Safety | Health | Housing | Transport. |
|----|---|---------|----------|----------|-----------|-------------------|----------|---------|------------|
| X2 | Finding from the Central Virginia Nonprofit Needs Assessment Effort | | X | | | | | | |
| 22 | Greater Richmond Regional Plan for Age Wave Readiness | X | X | X | | X | X | | X |
| 13 | Addressing the Needs of the Asian- American Community in the Greater Richmond Area | X | | X | | X | X | X | |
| 14 | Language Needs Assessment: Richmond Health District | | | | | | 1 | | |
| 15 | Needs Assessment for the Richmond Public Library | | | X | X | | | | |
| 16 | Creating a Livable Richmond Metro Area for All Ages | | X | X | | | X | X | X |
| 17 | Ten Year Plan to Prevent and End Homelessness in the Richmond Region | | | | | | X | X | |
| 18 | Richmond/Petersbu rg Metropolitan Planning Areas Coordinated Human Service Mobility Plan | | X | | | X | | | X |
| 19 | Greater Richmond Area Child & Youth Needs and Assets Assessment | | X | X | X | | X | X | X |
| 20 | Latino Needs Assessment: Health and Safety Needs of Latino Children and Families Living in Richmond, Virginia | X | | X | Х | Х | | | X |
| 21 | Evaluating the Competitiveness of Richmond, Virginia | X | | X | X | X | | | |
| | TOTALS | 29% (7) | 42% (10) | 71% (17) | 46% (11) | 33% (8) | 63% (15) | 38% (9) | 54% (13) |

Appendix E. Additional Details from Selected Community Assessments

United Way of Greater Richmond and Petersburg

<u>United Way of Greater Richmond and Petersburg</u> "exists to mobilize people, multiply investments and maximize opportunities so people learn more, earn more and lead safe and healthy lives." Strategic priorities are to achieve community impact in target areas for **Education**, **Income** and **Health**. Target areas were developed in 2013 based on a strengths, weaknesses, opportunities, and threat (SWOT) analysis that involved: focus groups with 80 board members, staff, partners and community residents, and secondary data analysis. See <u>United Way's 2014 Community Impact Plan</u> for more information.

Table 9. Community Impact Target Areas and Programming Priorities (United Way)

| Education | | |
|--|--|--|
| Goal Children and youth succeed in school, work and life | 2020 Target Increase on-time high school graduation rate to 92.5% | Programming Priorities School readiness Social/Emotional development & engagement Academic success & on-time graduation |
| Income | | |
| Goal | <u>2020 Target</u> | <u>Programming Priorities</u> |
| Individuals and families have the resources, skills and opportunities to obtain and maintain financial stability | 25,000 Richmond area households will achieve greater financial stability | Household-sustaining income/employment Stable, affordable housing Savings, assets, & financial literacy |
| Health | | |
| Goal | 2020 Target | <u>Programming Priorities</u> |
| Individuals achieve and maintain health and wellness across their lifespan | Eliminate isolation for 25,000 at-risk older adults and people with disabilities | Lifelong wellness and healthy agingQuality care and personal supportsCaregiver support |

Mayor's Anti-Poverty Commission Report

The Mayor's Anti-Poverty Commission Report was commissioned in 2011 to address Richmond's poverty crisis. Six work groups were formed to examine poverty-related issues in greater depth, and to develop recommendations for action in six priority areas (Policy & Legislation and Asset Building are not listed in table below). Preliminary recommendations were shared with citizens through a series of public meetings and an online survey. Citizens were asked to provide feedback and to rank proposed recommendations at meetings and through the survey.

Recommendations were then ranked by the commission work groups along six dimensions: (1) action reduces or ameliorates poverty, (2) size of total impact, (3) speed at which impact would be felt in the community, (4) fiscal cost, (5) political cost, and (6) extent to which action requires collaboration with other governmental entities. Based on these criteria, the Commission made 5 Top Tier recommendations, listed below. Top Tier recommendations are those that have the potential to make a significant dent on poverty in Richmond.

Table 10. Community Priorities & Top Tier Recommendations (City of Richmond)

| Priority Area | Top Tier Recommendations |
|---|--|
| Education & Workforce Development | Investing in workforce development targeted towards low-skilled and long-term unemployed and underemployed residents, while integrating workforce development with economic development strategies. Developing an effective educational pipeline that prepares Richmond Public Schools graduates for either college or the work force |
| Job Creation | Recruiting or developing one or more major employers capable of creating hundreds of jobs accessible by underemployed Richmond residents. |
| Transportation & Regionalism | Creating a regional rapid transit system, so as to make thousands more jobs accessible to metropolitan Richmond residents by effective public transportation and better link the regional economy together. |
| Unique, Healthy, & Inclusive Communities | • Achieving the redevelopment of much of the city's public housing stock without involuntarily displacing residents, with the aim of weakening the concentration of poverty and improving the physical and social environment of public housing residents. |

Capital Region Collaborative

The <u>Capital Region Collaborative</u> (CRC) is "a cooperative effort between government, business, and the community to identify and implement regional priorities that will enhance the quality of life in the Richmond Region. The CRC was formed to address issues that are not confined by city or county limits. It is a partnership to improve the quality of life across the Richmond Region of Virginia." In 2012, the CRC underwent an extensive process to identify community needs, strengths, and priorities. This process included: 10 focus groups, 85 public community conversations, a telephone survey, and an online survey. In total, more than 8,000 people were involved in identifying the seven priorities and recommendations listed below.

Table 11. Community Priorities & Recommendations (CRC)

| Priority | Recommendations | | | | | |
|-------------------------------|---|--|--|--|--|--|
| Workforce Preparation | Bring together workforce development providers and employers to coordinate offerings and match employer needs to training / educational opportunities and workforce skills Prepare our high school graduates for the workforce, not just for college by creating pathways to careers and professions Give the education community a better understanding of business needs and the business community a better understanding of the educational system Look at "weaker" schools - how can the business and community help them perform better Develop high quality technical and magnet schools | | | | | |
| Job Creation | Develop strategies for job creation that provide a balance for the region – attracting the right kind of jobs in the right places across the region Grow existing businesses by supporting small businesses as well as larger employers Create an environment that nurtures innovation and entrepreneurship Leverage regional assets as engines of job creation Transform distressed areas of the community by creating job opportunities in those areas Create a comprehensive regional strategy to guide investment | | | | | |
| Healthy Community | Benchmark and monitor healthy community indicators such as rates of heart disease and diabetes Expand walking paths, bike trails and parks Collect and monitor data that indicates the overall health of our region as well as data tracking access to health services | | | | | |
| Quality Place | Build our region's reputation as a history destination Connect the region's resources to enhance visitor's experiences Improve downtown's attractiveness, cleanliness and safety Enhance the gateways to our region to make it more visually appealing Brand the region to market it better internally and externally Enhance the visitor experience, leverage convention to bring folks back as tourists or residents | | | | | |
| James River | Markets the river as a regional asset Makes recommendations regarding the limited access to the river Identifies zoning or legislative issues or needs Discusses education opportunities around the river, ecology, history, health and recreation Coordinates celebrations, festivals and activities that focus on the river | | | | | |
| Coordinated Transportation | Develop a process to have and maintain a long term view of transportation for the region Develop priorities and funding sources for regional transportation projects Better connect our region to other metropolitan areas such as D.C., Raleigh, etc. Consider freight movement - design transportation network to support logistics and freight movemen for more regional opportunities and competitive advantage | | | | | |

| Priority | Recommendations |
|------------------|--|
| Social Stability | Catalog available social services and make that available to the public Increase awareness of existing services, both within social service agencies and externally to the general public Reward agencies, nonprofits and faith-based service providers that collaborate and leverage resources to make the experience easier for those in need Map housing inventory to answer the following: does the inventory match the need? Do we have the right mix of housing? Does zoning put up unnecessary barriers? |

Bridging Richmond

Bridging Richmond is "a cradle to career workforce preparation partnership. Bridging Richmond engages its regional partners from the education, business, government, civic, and philanthropic communities to: facilitate community vision and agenda for college- and career-readiness; establish shared measurement and advance evidence-based decision making; align and coordinate strategic action; and, mobilize resources and community commitment for sustainable change."

Bridging Richmond uses a collective impact model, which means that regional and cross-sectoral partnerships are developed and coordinated to address shared goals. Staffed and supported by VCU, Bridging Richmond serves as the 'backbone' or coordinating body for managing these collective impact partnerships.

With its partnerships, Bridging Richmond has established various priorities and shared indicators to measure outcomes across the educational to workforce continuum (see Figure 4 below). VCU's Metropolitan Educational Research Consortium (MERC) and Bridging Richmond involved diverse stakeholders in developing common metrics to measure success on shared goals.

For the 2014-2015 year, Bridging Richmond will focus its efforts on improving (4) Secondary Algebra scores, (5) college career readiness, and (6) post-secondary attainment, referenced in the figure below. See Bridging Richmond's 2014 Baseline Report for more information.

Figure 3. Education & Workforce Preparation Priorities & Indicators (Bridging Richmond)

