

Best Practices to Promote Health

April 1, 2015

Executive Summary

The focus of the meeting is youth violence and asthma. Saba Masho presented data to contextualize the issue of youth violence in the City of Richmond. The group discussed the Communities that Care model, as well as an application for grant renewal by The VCU Clark Hill Institute for Positive Youth Development. The team brainstormed ways to prevent and reduce youth violence and to promote community-wide safety. In addition, two models of asthma were explored: the Breathe Easy Homes Intervention and the Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC). Both models were received favorably by the group and existing Richmond resources were considered. The team discussed their efforts to work toward actionable solutions such as policy change, funding, and connecting programs and services to make them work together. Members of the team will be meeting with Amber and Albert to discuss their agency's contributions to future efforts.

Note: We are trying to work toward actionable solutions, so we have drafted a document entitled "Possible Action Steps". Under the "responsible party" and "time" headings in the table, we have designated some people or agencies as responsible and we have estimated some timelines in the document. These are not finalized, so if you, or your agency, are written as a suggested responsible party, then please remember that you can speak out and transfer responsibility.

Best and Promising Practices – Youth, Teen Prevention

Contextualizing the issue in Richmond:

The VCU Clark Hill Institute for Positive Youth Development:

- Data from different sources such as emergency rooms, police, the juvenile justice system, schools, etc. in Richmond City, has been collected with a focus on positive youth development.
- Rates of Youth Violence Related Ambulance Pick-Up 2012: there are pocket areas where violence is happening at higher rates, including the East End of Richmond. In 2013, you can see consistency; for example, public housing developments in the East End are highly impacted.
- Richmond VCU Emergency Department Rate of Youth Violence 2013, 2014: shows high burden areas in the East End
- Related to disorderly conduct in the schools, you see many of the same areas highlighted.

Does this data reflect what we know to be true? It confirms our suspicions.

As we take a look at the document provided by Urban Institute, we see that youth violence is both a local and a national issue.

- "Building and supporting positive relationships between youth and adults, including parents, caregivers, teachers, and community members." This seems consistent with what we've talked about.
- Was there anything that jumped out to folks?
 - Housing Supervisor, Kelly Evans talked about prescription drugs and respecting authority.

Communities that Care (CTC) model has an approach that helps communities identify problems and address them through proven practices. This model presents an opportunity to think about how to organize around youth violence.

- Are there elements that are missing?
 - With a timeframe of 2-3 years, what can we do in the short-term for relief? It lacks attention to immediate action.
 - Youth mental health and substance abuse treatment are tied in, and these are suggestions that we have previously discussed.
 - Youth brains are very active and they need to be engaged. One problem is that we do not engage youth to utilize their full capacity in a positive way. Engaging youth in positive activities should have positive results. Who takes the time and resources to connect youth to these activities?
 - There are a lot of programs trying to engage youth and families; for example, Martin Luther King, Jr. Middle School's program. It is unclear, however, what the reaction has been from that. In addition to engagement, is there something more that we need? How do you connect engagement to positive development? People have said, "Richmond is rich in resources and poor in outcomes."
 - We may need to delve deeper into evidence-based programs that have yielded outcomes, and seek implementation in Richmond.
 - Collaboration of agencies will be necessary.
 - Youth need to be involved because activities and programs are meaningful to them. We should engage youth in the decision-making process. Giving youth a voice in what they do is considered an evidence-based practice.

The VCU Clark Hill Institute for Positive Youth Development is up for grant renewal. This is an opportunity to think about how that funding might help youth in Richmond. The Center for Disease Control (CDC) is interested in Richmond due to its high-burden areas.

- The aim is to start at a younger age, such as with 6th graders.
- They have been doing school-based programs, such as anti-bullying programs, which have shown good outcomes.
- It's now time to renew the grant, and as always, it is competitive. The funders are forcing the effort to grow, to make a community-level change, and not just to go into schools. Tori and Saba have been meeting with a lot of people to see if this is something the community wants. Tori and Saba determined that not applying for the grant would be a disservice to the community.
- Moving forward, what are the things that need to happen?
 - Impact assessment: community level assessments such as ambulance and police data
 - How does the intervention operate at a community-level?
 - The community has already done many needs assessments. Violence and the need for trauma informed care tend to be priority issues. On top of that, there are a lot of existing infrastructures; however, many existing services operate in silos. The goal is to work with existing services.
 - Some positive things to build upon are:
 - The Informed Neighbors Corps (INC)
 - Environmental and structural changes, such as green space.
 - Improve the cohesion of the neighborhood. The goal is to build on existing cohesion.
 - The grant is due May 4, 2015.
 - Already submitted a letter of intent

- Already identified neighborhoods. They are looking at different housing communities: Fairfield, Creighton, Fulton, Gilpin, Whitcomb, and Mosby.
 - They are working with community leaders to gauge community interest.
- The Housing Advocates should contribute greatly since they live in the community.
- They want to initiate violence prevention, as well as connect youth to mentors in the community, who will carry on the lessons of the prevention intervention.
 - The INC will play a major role in this.
 - A focus will be on getting communities to think about their role in preventing violence.
 - The community has to say enough is enough.
- It does not start at 6 to 12 grade. It starts with elementary school and in families of origin.
 - This will require a true culture shift, because so much of what happens is learned behavior.
- Youth may be interested in a wide variety of activities.
 - Might an assessment gauge this interest?
 - How do we present the programming so that it is not a culture shock?
- Youth leave the school, and go home. How can we support parents?
 - It can be challenging to change the mindset of adults.
 - We have pockets of residents and parents that are engaging in information and development opportunities, which provides a venue for beginning some of these strategies.
 - From these existing activities, there can be ripple effects.
 - Simultaneously, there needs to be something that happens with the youth, too.
- Community mobilization: we could start with information and awareness. From data sharing, the community can take ownership of issues. This approach gives responsibility to the people that can do something about it.
- Are there men involved in the Informed Neighbors Corps (INC)? There are some men that are leaseholders, but the majority of residents are women. When you drive by, though, you will see an abundance of men. There are a few men involved in the INC. Men do need to be engaged, and a confidence needs to be restored.
- The INC would require support in order to take on an additional role. The INC role would be helping to institute a culture shift. How do you support each other as neighbors, as advocates, as parents, etc.? It's less about pointing fingers and, "I'm going to tell you about you're kid," and more about, "we are all in this together, and how do we make change?"

Turning our attention to **Action Steps**:

- Engage youth regarding what types of activities in which they would like to participate
- Engage males and dads
- Consider expanding Informed Neighbors Corps role, and consider a model to shift how residents and community leaders think about community safety.
- Explore the Cure Violence Model: community-based youth violence prevention model, which started in Chicago. They recruited people within the community, called "interrupters" – those identified as folks who experience violence and could intervene. The premise is to use people within the community to make social and cultural change. They go in to the hospital and intervene there. It is a public health model. They have grown in the U.S. There are also challenges with this model.
- So often, EBPs are not translational. Consider discussing ideas with others that have done this work and had positive outcomes, and asking how a program was implemented in their community.

- There are a few EBPs, but only a few, and not all are proven. Most have to do with community mobilization before taking it to the next level. There are a few centers of excellence that have been examined, such as in Baltimore, Denver, Chapel Hill, and Chicago. Our proposal would be innovative because it is using existing arrangements, such as the INC.

Asthma

Newsletter “Focus on Asthma,” marrying expertise in the medical and academic worlds with community expertise. There are all kinds of triggers in the environment that seem to be much more severe in subsidized housing, and schools in subsidized housing areas.

From the group, we heard that asthma is a priority. The redevelopment is an opportunity to address environmental factors contributing to asthma.

Breathe Easy Homes Intervention (BEH)

BEH uses an advanced filtration system, which makes the air inside cleaner than outside. It actually saves money in ER costs and lost time from work.

Is this something that we should be talking to the developers about?

- It is approximately 6,000 additional dollars per unit. The cost savings is higher than the cost to the unit.
- Is this a plan already in the works? It did come up in some of the early community meetings led by The Community Builders, Inc. (TCB). We may simply need to make sure that we champion it.
- In Creighton Court there are so many adults and children with asthma. If we are going to build, why not get it right the first time rather than retrofit the structures in the future. Asthma is one of the most costly visits for VCU Health Systems. They would love to see those numbers decrease, because it is very expensive. Asthma feels more actionable than, say, mental health.
- This is not to say that there should not be an educational intervention as well.

Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC)

- Looks at behavior change.

Are there any responses to the two types of intervention?

- If the construction of the property is sound, then you have already cut back on factors contributing to asthma. Currently, there are allergen and energy concerns in the existing units. Some of these allergens can be debilitating. If the new buildings are going to be designed using an advanced filtration system, then it will decrease the agitators that most residents are facing.
- Bon Secours worked with children at Woodville Elementary to identify their triggers of asthma. That program doesn’t exist this year. Sometimes, people take their asthma medication improperly. Education and behavioral interventions are equally important, and parents need to be included.
- Bon Secours has a home-based follow-up program for children that come to the hospital for asthma attacks, called the karma program. Parents need that reminder when the crisis is averted. We do not know whether this program covers one visit or many care visits over time.
- Do Medicaid programs have health coaches that could follow-up? You have to sign up for additional information related to a health condition.

- Is access to pediatricians an issue? Most youth are insured by Medicaid, FAMIS, or some type of health insurance. One challenge is that parents cease to give day-to-day medication once the child feels better. There are, however, many support groups.
- Some of the home-visiting programs that provide early childhood care also do asthma check-ins, such as Family Lifeline.
- What are the existing programs and resources that are already out there? Might we recommend expansion of an existing resource to prevent emergency room utilization?
- Follow up with Resource Centers to make sure they know how to connect to resources
- Follow up with TCB to see whether filtration is part of their plan

As a group, we are wrapping up review of Evidence Based Practices. We want to make sure our efforts turn into action such as policy change, funding, and connecting programs and services to make them work together better. Albert and Amber will be following up for smaller group conversations to see how group members see their agency fitting into the future.