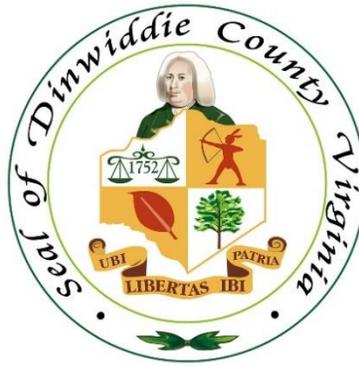


Dinwiddie County



2020

Youth Prevention Needs Assessment

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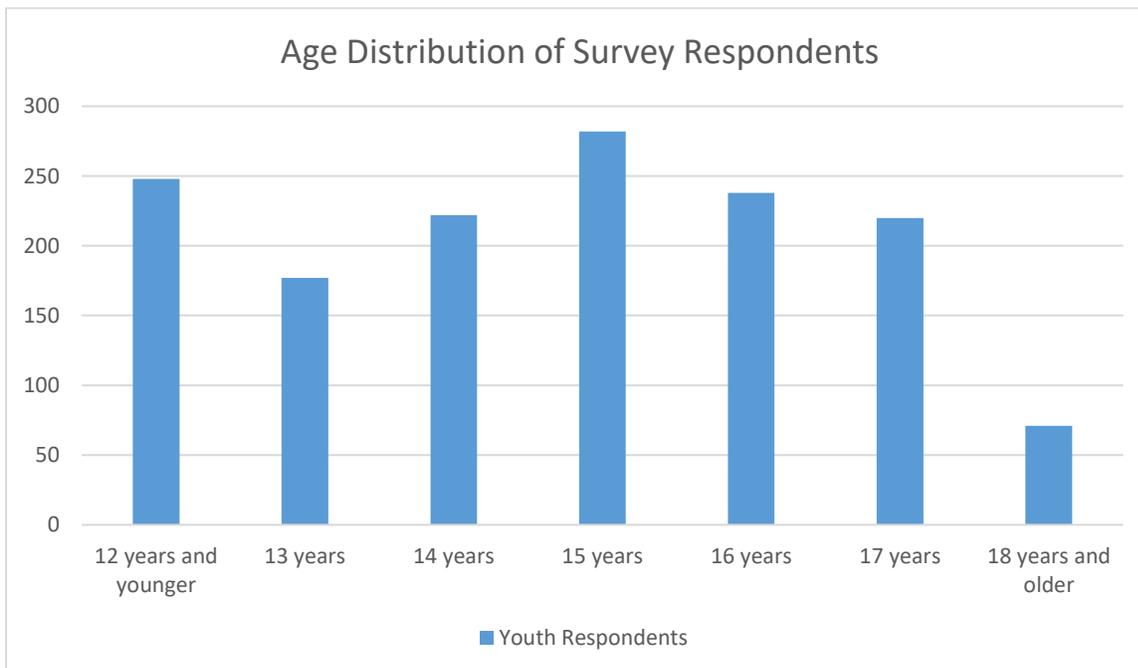
Executive Summary

The 2020 Youth Prevention Needs Assessment was initiated by the Dinwiddie Department of Children’s Services. It is standard practice to conduct a needs assessment every five years in order to support programs provided through the Department of Social Services, Department of Children’s Services and Department of Juvenile Justice. The 2020 Needs Assessment was delayed by the COVID-19 pandemic.

The 2020 Community Prevention Needs Assessment included a variety of data collection mechanisms to include, a standardized youth survey, focus groups and key informant interviews. Social indicator data was also collected for comparison purposes.

As in 2015, the 2020 needs assessment included the Youth Risk Behavior Survey (YRBS), which is available at no cost through the United States Center for Disease Control (CDC). Department of Children’s Services, Dinwiddie County Public Schools, and County Administration staff conducted data analysis in-house.

A total of 1,526 students responded to the survey. Of this number, 546 were middle school students, and 980 were high school students.



Overall, Dinwiddie County youth appear to be consistent with their peers across the nation in most of the surveyed areas. Dinwiddie youth reported carrying weapons at a slightly lower rate than their peers nationally. Youth in Dinwiddie are more likely to use weapons for recreational purposes such as hunting and target shooting than youth in other areas of the country.

With regard to alcohol, tobacco and other drugs. It appears as though Dinwiddie youth are using at levels consistent or slightly variant to those reported by their peers nationally. Regardless of drug type, Dinwiddie youth report their first experience occurring between ages 13 and 16. This supports a recommendation that prevention programs begin at the elementary school level and messages be carried through high school.

The rate of suicide among middle and high school students nationwide is concerning. An alarming 17% of high school students and 23% of middle school students in Dinwiddie County reported that they have seriously considered attempting suicide. Given the pandemic, which required extended periods of social distancing, quarantine and isolation, the mental health of our young people is even more fragile. As we return to in-person school and activities, it is critical that parents and professionals, alike, be hypersensitive to the warning signs of distress and the mental health needs of our students.

Based on survey and focus group responses, there is a need for increased opportunities for youth to be physically active. The percentage of youth reporting no physical activity (of at least 60 minutes/day) for the 7 days prior to taking the survey is relatively unchanged since 2015. Related to the need for increased activity, is the need for improved diet and nutrition among young people. While schools are taking measures to provide healthier options, youth must learn to make healthy choices.

A common need identified by all focus groups is “something for youth to do in their free time”. Parents, students and professionals agree that the absence of positive, structured activities outside of school is a contributing factor in youth’s participation in risky behavior. The same groups also identified under-involved and/or ineffective parenting as contributing factors.

Dinwiddie County Public Schools offers an array of services and programs to address many of the issues identified through this needs assessment. In the fourth grade, students participate in Students Organized for Developing Attitudes (SODA), which encourages good decisions and goal setting. In the sixth grade, students participate in Teens Against Tobacco Use (TATU), which educates youth about the

dangers of tobacco use. “Life Skills” training is available to students in 7th and 8th grades. This also focuses on decision-making and choices. At the high school level, students are able to participate in the Safety/SADD (Students Against Drunk Driving) organization. Participation is voluntary and open to all students. Bullying committees are present at each school for grades K-7. Character Education is also conducted and promoted K-12. The “Another Chance” program was developed by a partnership that included District 19 Community Service Board, the Department of Children’s Services, and Dinwiddie County Public Schools. Designed to decrease the division’s dropout rate and positively affect the on-time graduation rate in Dinwiddie, Another Chance provides intervention to students suspended or expelled from school as a result of alcohol, drugs, weapons or other behavioral infractions on school property.

A variety of recreational activities are available to youth, year round, through the Department of Parks, Recreation and Tourism. Among these are fitness classes, youth league sports (soccer, football, baseball, and basketball), cheerleading and karate. There are also day camps provided for youth at a minimal cost during the summer months. The County is also fortunate to have a robust 4-H program offered through the local Cooperative Extension Office.

While there appears to be much being done by Dinwiddie County Public Schools to address substance use and violence, it is important to note that these messages are most effective when carried over into the community and homes. Involving parents in youth programming will serve to enhance messages received by children. In addition to spending quality time with their parent(s) through dialogue and discussion, students will learn their parents’ feelings and beliefs regarding alcohol, tobacco and other drugs, violence, delinquency and sexual behavior. By taking time to be involved in their children’s lives, parents will increase each child’s sense of self-worth. Through education and support, programs geared toward parents will assist them in talking with their children about sensitive and controversial topics.

While many look to the school system to provide programming that targets youth needs, including a community perspective may prove more effective in approaching and addressing youth issues. By working together, schools, communities and parents can ensure that youth are afforded every opportunity to be successful.

Methodology & Approach

Dinwiddie County's previous Community Needs Assessment was conducted in 2015 without the assistance of grant funding. There were no grant funds available to assist in this endeavor. The goal of the current assessment was to determine our youth's strengths and needs as a means to create and enhance programs and services for our youth, families and community.

Based on various sources of input connected to our youth, we will explore areas of need that relate to weapons, violence & bullying, feelings of hopelessness, suicide, tobacco, alcohol and drugs, sexual & physical activity, body image, diet and nutrition. This year, we were able to incorporate data from our Dinwiddie County High School and Middle School students. This data was gathered by a standardized survey that resulted in a collaboration with our schools. Input was compiled by data from focus groups that consisted of Dinwiddie County Public School Principals & Assistant Principals for Kindergarten through twelfth grade, community leaders, stakeholders, local partners and parents. National data was used as a comparison to the respondents input from this survey.

The United States Center for Disease Control (CDC) has a Youth Risk Behavior Survey (YRBS) that was used for our 2015 and current 2020 Community Needs Assessment. There was no cost to use this survey. Dinwiddie County Public Schools was able to load the YRBS survey questions into a Google format and load it on our students Chromebook.

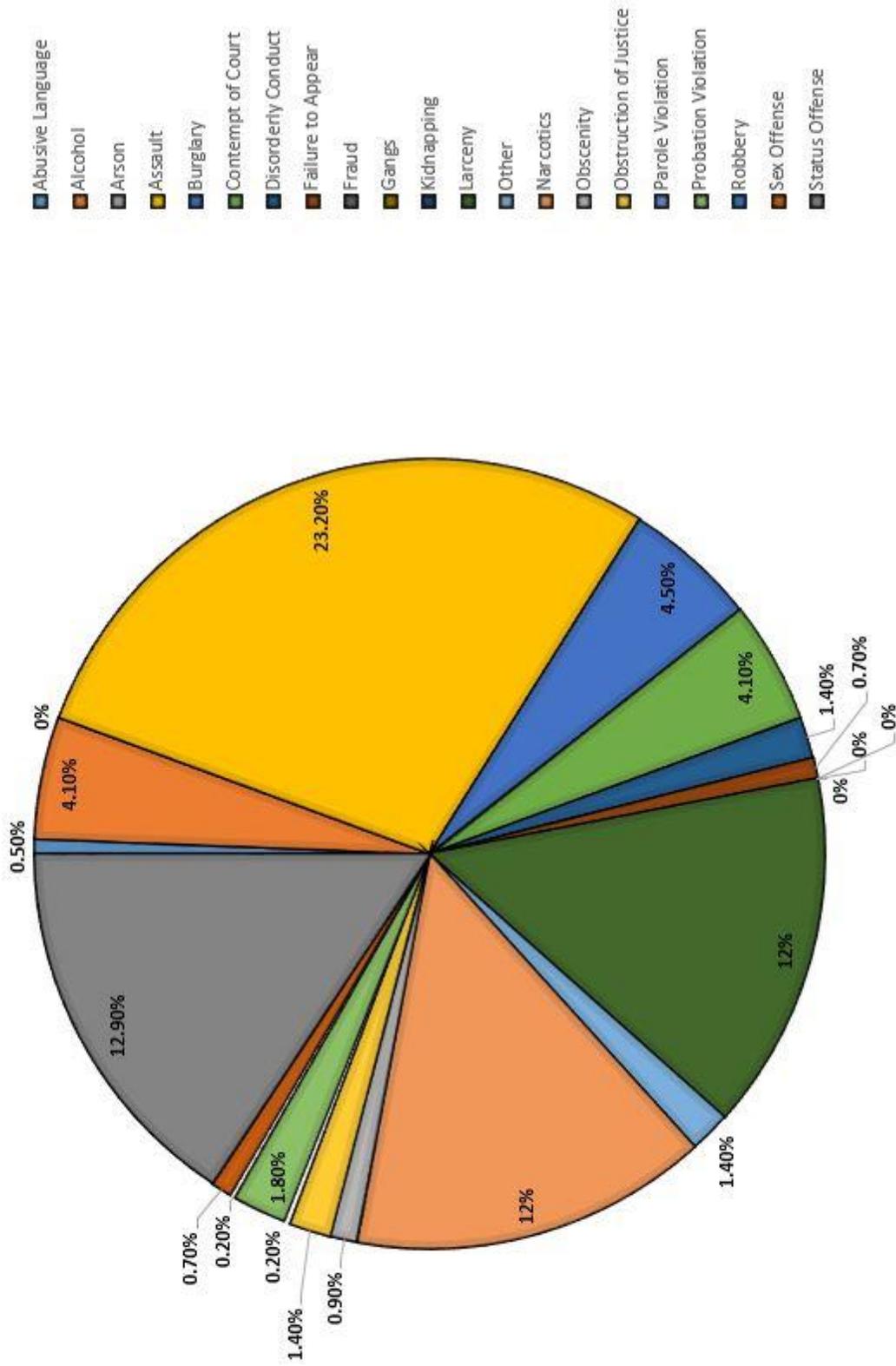
The Dinwiddie County Board of Supervisors, Dinwiddie County School Board, parents and community stakeholders were able to review the questions in the survey prior to it being completed by our youth. Copies of the YRBS survey were posted on the Dinwiddie County and Dinwiddie County Public Schools' website with hard copies available in both locations as well as the Department of Children's Services.

The Dinwiddie County Public Schools' Code of Conduct enables youth to participate in surveys. In addition, parents and youth were able to opt out of this survey by submitting a withdrawal statement. Dinwiddie County High School and Middle School had 2,315 students enrolled for the 2019-2020 school year. The high school had 1,309 students in attendance. DCHS is comprised of grades 9th through 12th. The middle school had a total of 1,006 students. DMS grade levels are 6th through 8th. DHS and DMS youth participated in the YRBS. This occurred in their

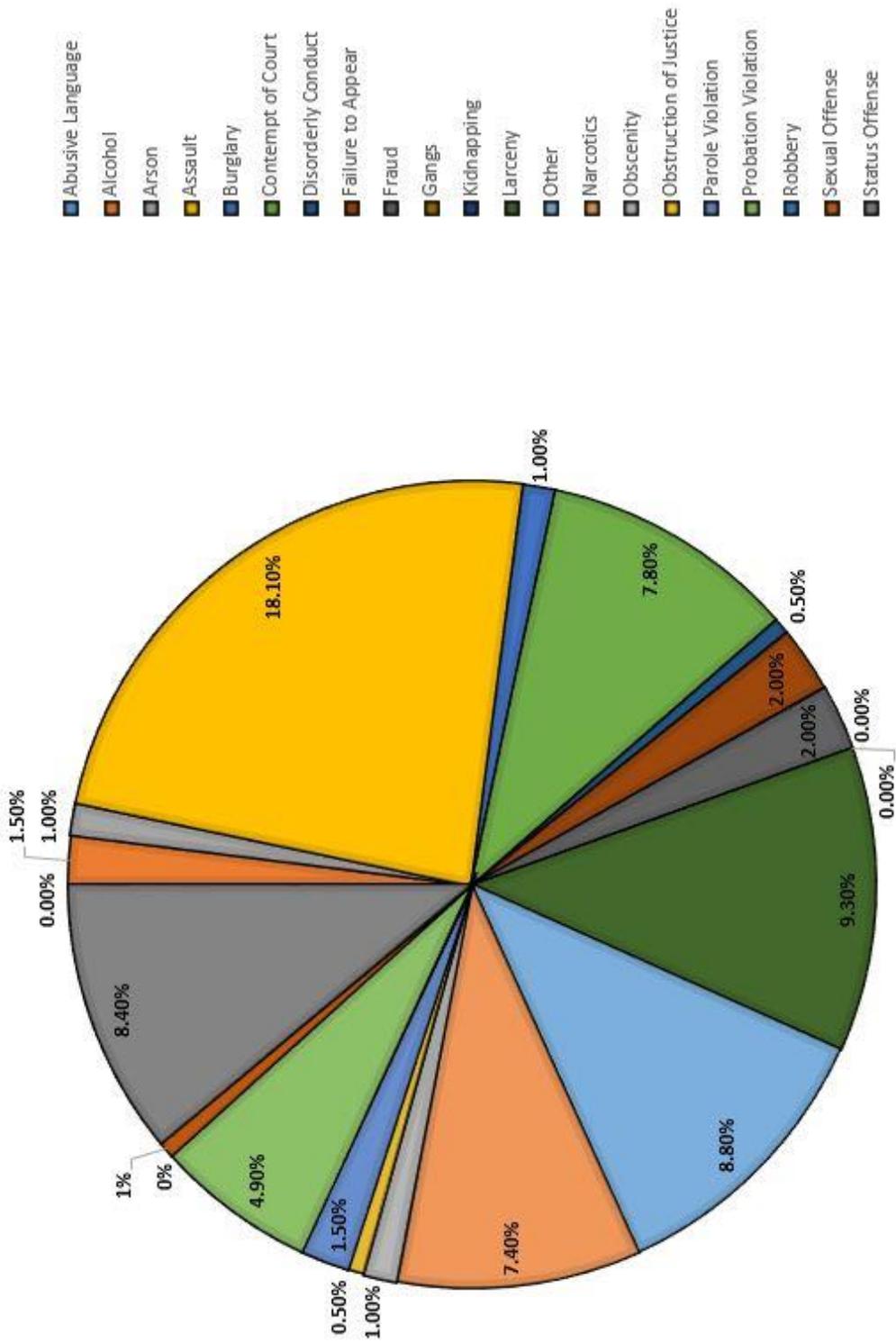
Gen block schedule. Reportedly, no students opted out of this survey. Based on the identified level of completion, this is deemed a reliable pool from our student body population.

Demographics Comparison 2010 - 2019		2010 U.S. Census				2014 U.S. Census Estimates				2019 U.S. Census Estimates			
		Dinwiddie	Virginia	USA	Dinwiddie	Virginia	USA	Dinwiddie	Virginia	USA	Dinwiddie	Virginia	USA
Demographic													
Population		28,001	8,001,023	308,745,538	27,859	8,326,289	318,857,289	28,544	8,535,519	328,239,523			
Male		49.1%	49.1%	49.2%	49.1%	49.2%	49.2%	49.0%	49.2%	49.9%			
Female		50.9%	50.9%	50.8%	50.9%	50.8%	50.8%	51.0%	50.8%	50.1%			
Race													
One Race		97.5%	94.0%	90.9%	98.5%	97.2%	97.6%	98.3%	96.8%	97.2%			
White		63.9%	68.6%	72.4%	64.8%	70.8%	77.7%	64.8%	69.4%	76.3%			
Black		32.9%	19.4%	12.6%	32.6%	19.7%	13.2%	32.2%	19.9%	13.4%			
Hispanic or Latino		2.4%	7.9%	16.3%	2.4%	7.9%	16.3%	3.8%	9.8%	18.5%			
American Indian/Alaskan Native		0.3%	0.4%	0.9%	0.4%	0.5%	1.2%	0.4%	0.5%	1.3%			
Asian		0.4%	5.5%	4.8%	0.6%	6.1%	5.3%	0.8%	6.9%	5.9%			
Hawaiian or Pacific Islander		0.0%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%			
Two or More Races		1.5%	2.9%	2.9%	1.6%	2.7%	2.4%	1.7%	3.2%	2.8%			
Age													
Under 5 years		5.7%	6.4%	6.5%	4.6%	6.2%	6.3%	4.7%	5.9%	6.0%			
5-17 years		17.1%	16.8%	17.5%	15.9%	16.4%	17.0%	15.2%	15.9%	16.3%			
18+ years		63.5%	64.6%	63.0%	63.7%	64.0%	62.6%	62.2%	78.2%	77.7%			
65+ years		13.7%	12.2%	13.0%	15.8%	13.4%	14.1%	17.9%	15.9%	16.5%			
Education													
High School graduate or higher (25 yrs +)		80.2%	87.5%	86.0%	80.2%	87.5%	86.0%	83.2%	89.7%	88.0%			
Bachelor's degree to higher (25 yrs +)		12.8%	35.2%	28.8%	12.8%	35.2%	28.8%	18.6%	38.8%	32.1%			
Economic Status													
Median Household Income		\$ 51,459.00	\$ 73,514.00	\$ 62,982.00	\$ 52,027.00	\$ 63,907.00	\$ 53,046.00	\$ 60,346.00	\$ 74,222.00	\$ 62,843.00			
Individual Poverty Rate		11.8%	10.3%	13.8%	13.2%	11.3%	15.4%	10.7%	9.9%	10.5%			
Housing													
Housing - owner occupied		75.8%	68.9%	66.6%	76.6%	67.3%	64.9%	77.2%	66.3%	64.0%			
Housing - rented		24.2%	31.1%	33.4%	23.4%	32.7%	35.1%	22.8%	33.7%	36.0%			
Median Value of Owned Homes		\$ 163,800.00	\$ 255,100.00	\$ 188,400.00	\$ 165,300.00	\$ 244,600.00	\$ 176,700.00	\$ 168,300.00	\$ 273,100.00	\$ 217,500.00			

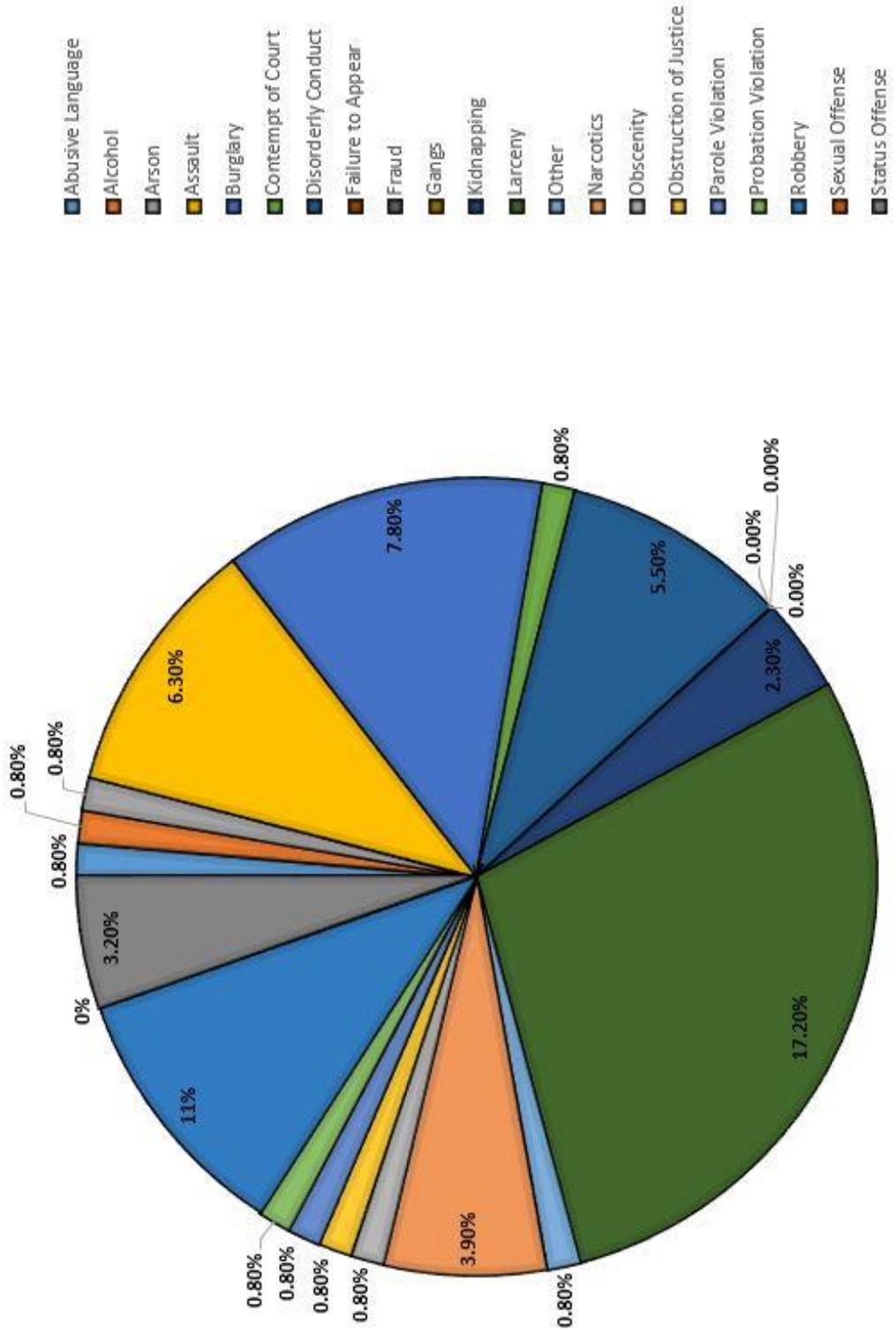
DEPARTMENT OF JUVENILE JUSTICE STATISTICS 2009



DEPARTMENT OF JUVENILE JUSTICE 2014



DEPARTMENT OF JUVENILE JUSTICE 2020



Births to Teenagers by Locality & Age of Mother (2019)

Locality	Total Teenage Live Births				Teenage Birth Rate			
	2019				2019			
	Total	< 15	15 - 17	18 - 19	Total	< 15	15 - 17	18 - 19
Greensville	19.3	0	18.2	76.1	21.3	0	18.2	87.0
Emporia	14	0	0	71.4	25.1	0.0	9.2	114.3
Dinwiddie	4.8	0	4.1	17.1	7.2	0.0	4.1	28.5
Hopewell	19.5	0	24.3	76.6	24.4	0	26.5	103.6
Surry	14.2	0	0	65.5	14.2	0	0	65.6
Petersburg	38.3	0	21.4	180.1	53.3	1.3	32.1	242.6
Prince George	4.8	0	1.4	24.6	6.5	0	1.4	34.5
Sussex	6.4	0	21.4	0	6.4	0	21.4	0
Planning District 19*	14.5	0	11.1	61.5	19.1	0.2	13.8	82.1
Virginia	7.0	0.1	5.3	25.1	9.2	0.2	7.2	32.7

Source: 2019 Virginia Department of Health Vital Statistics, Data Tables, Table 8

The Virginia Department of Health Vital Statistics provided data on Resident Teenage Pregnancies, Live Births, Induced Termination of Pregnancy, and Natural Fetal Deaths, by Age of Mother, with Rates per 1,000 Females by Planning District and City or County for Virginia in 2019.

Teen pregnancy for the combined female age group of 15-19 years incorporates the counties of Dinwiddie, Prince George, Sussex, Surry, Greensville and cities of Hopewell, Petersburg and Emporia.

It shows that Dinwiddie has the lowest level of children with teen pregnancy for the above age groups. It is consistently lower than the other listed localities. The jurisdictions will need to continue to promote services through the Virginia Department of Health connected to counseling, preventions and early intervention programs.

Focus Group Analysis

Part of the youth needs assessment is to gather valued community input from community partners, core departments and our schools. This was achieved through focus groups that use a series of questions related to youth, families and community feedback. Groups who participated in this were:

- Dinwiddie County Community Policy and Management Team (CPMT)
- Dinwiddie County Family Assessment and Planning Team (FAPT)
- Dinwiddie County Department Managers/Administration
- Dinwiddie County Youth Advisory Board (DCYAB)
- Dinwiddie County Public Schools Administrators

The Community Policy and Management Team and Family Assessment and Planning Team are multidisciplinary teams with representation from core agencies such as Social Services, Crater District Health, District 19 Community Services Board, County Administration, Public Schools, Juvenile Court Services Unit, Private Providers and Parents.

The DCYAB is a group of local partners and stakeholders who work with Children's Services and our Court Services Unit to provide input and program services for youth involved with the court or Virginia Juvenile Community Crime Control Act (VJCCCA) programs.

The focus groups aided in developing a list of barriers and concerns that affect Dinwiddie's youth and families. This was narrowed down to five key areas listed below:

- 1) Mental health issues that incorporate social and emotional issues
- 2) Lack of parental/caretaker involvement, engagement, supervision that is generational and could benefit from structural assistance
- 3) Transportation is limited or lacking in this rural area
- 4) Poverty, connected to lack/limited employment for adults/youth/families who are struggling financially
- 5) Adults/peers/youth are in need of social skills/training as well as working on accountability connected to their interactions/socialization with others

Focus groups provided valued input on potential causes that contributed to these barriers and concerns. These are some of the main responses:

- 1) Lack of understanding of social/developmental/mental health concerns, morals/values, generational/cultural upbringing/racial disparities
- 2) Financial instability, unemployment, limited jobs/skill sets, limited/lack of resources, need for reliable/connective internet services
- 3) limited education, lack of support in the community to assist in guiding & modeling services/programs
- 4) Lack of transportation, especially to activities/services/programs
- 5) Opioid, substance/alcohol usage with children & adults

These focus groups provided additional input on programs, services and ideas to help our youth and families to thrive in this community. This information is included in this assessment.

***Suggestions Offered by Focus Groups
to address Youth Needs***

(Grouped by topic)

Education	Workforce Development
<ul style="list-style-type: none"> • Educators become more involved in community programs to educate & interact with families • Summer school & after school remediation, tutoring • Modeling of behavior & adult like discussions and reactions • Outside agencies & volunteers – providing instruction & support to students • Preschool – all schools age 3 to 4 y/o • Increase school counselors, psychologist in every building • Bring outside professionals once a month – train staff on different topics • Alternative transportation to schools • Regional collaboration among schools • Year around school • More online learning • Clinics within the school • Merging sex education classes for children in school 	<ul style="list-style-type: none"> • Provide internships • Increase job opportunities related to potential careers • BOS continuing to attract businesses • Increase salaries • Partnership with Lyft/Uber • Increase child care services • Mirror the Offender Re-entry Program for students entering the workforce & families in need of assistance (empower them to be successful)
Initiatives	Workshops & Seminars
<ul style="list-style-type: none"> • Infrastructure for broad band platforms • Tap into Federal Government – internet infrastructure in rural areas • Social app- connection to resources for schools, department/community, doctor’s, hub for services • Increase funding to all initiatives 	<ul style="list-style-type: none"> • Community, social, educational, teaching parents/families ways to help their kids • Social awareness workshops • Issues related to sex: abstinence, safety prevention, teen pregnancy • Alcohol & Drug prevention • Parenting classes & parent coaches • Health department – host programs in school

	<ul style="list-style-type: none"> • Outreach events with guest speakers, positive role models, motivational/peer speakers • Financial planning
Activities	Programs
<ul style="list-style-type: none"> • Sports clubs, trips, activities based on youth’s interest • Music, art, math, camps, all grade levels • Partnership with community – support early literacy development • Open access recreation center for youth- play games, nighttime activities, dances, music • Churches – open activities for the community 	<ul style="list-style-type: none"> • Parks & Recreation & 4H – increase programs for all ages & areas • Food & clothing banks- faith based organizations • Mentorship/parental-ship program with individualized areas (finance, mental health, family unit, strengthen economically, resources for grandparents) • Feeding programs for children throughout the County (outside of school hours) • Transportation for events and resources – preferably free • Increase Therapeutic day treatment support • Access to help/care in the community • Wraparound resources to provide support to children (i.e.- attire, etc. & include transportation) • Parent coaches, parent support groups • Food delivery/farmers market, access to grocery stores

The below is a comparison summary of the local, national and state Youth Risk Behavior Survey (YRBS) outcomes.

Weapons, Violence and Bullying

The Dinwiddie County High School (DCHS) respondents' results showed that 2.4% of our youth carried a weapon such as a gun, knife, or club on school property during the 30 days before participating in this survey. This is 0.4% lower than the national high school rate of 2.8%.

Dinwiddie County Middle School (DCMS) youth were surveyed on if they ever carried a weapon, such as a gun, knife, or club on school property. The responses showed that 5.3% of students reported they had. Statewide, the level was 31.8% for middle school youth surveyed.

A majority of DCHS youth (93.1%) reported that they were not threatened or injured by a weapon such as a gun, knife, or club on school property. Whereas, the national high school rate was 7.4%. Our DCHS respondents were shown at the rate of 6.9%. This demonstrates our local level is 0.5% lower than the national rate for these threatening behaviors.

During the last 12 months, DCHS respondents were asked how many times someone they were dating or going out with physically hurt them on purpose (including being hit, slammed into something, or injured with an object or weapon) to which 65% indicated zero times. There were 1.9% of these youth who reported this occurred two or 3 times, and 1.1% stated this occurred more than 6 times. Nationally, 8.2% of youth surveyed stated this occurred to them. The national youth reported being in a physical fight in one or more times on school property during 12 months prior to this survey at a rate of 8%.

Of those DCHS students surveyed, 26.8% reported they were bullied on school property. This includes being bullied by one or more students teasing, threatening, spreading rumors about, hitting, shoving or hurting another student repeatedly. With regard to electronic bullying (bullied through texting, Instagram, Facebook or other social media platforms), 21.1% of DCHS respondents reported this occurred. Nationally, 19.5% of youth surveyed reported they were bullied on school property. Nationally, 15.7% of high school respondents reported being bullied electronically.

With regard to bullying, 41.8% of DCMS respondents reported they were bullied on school property. Statewide, 39.6% of middle school students reported being bullied on school property. When asked about electronic bullying, 24.4% of DCMS students reported being bullied as compared to 21% of middle school students statewide.

Suicide

DCHS respondents were surveyed on feeling sad, thoughts and attempts of suicide. Of DCHS respondents, 17.2% indicated they had seriously considered attempting suicide. Further, 12.3% of DCHS respondents reported they had made a plan on how they would attempt suicide. Nationally, 36.7% of high school respondents reported they had seriously considered attempting suicide, and 15.7% reported having a plan for how they would attempt suicide.

When surveyed, 22.7% of DCMS respondents indicated they had seriously thought about killing themselves. Middle school respondents statewide reported a slightly lower of 21.7%. 8.6% of DCMS respondents reported that they had attempted suicide, which is lower than the statewide percentage of 9.3

Tobacco Use

A survey of Dinwiddie County High School students revealed 84.9% of respondents have never tried smoking cigarettes, not even one or two puffs. However, 15.1% of DCHS respondents acknowledged they had. Compared to the 2015 youth needs assessment, respondents who report trying cigarettes are doing so at an older age. In 2015, 10.73% of respondents reporting first trying cigarettes between 13 and 14 years of age. In 2019, that percentage fell to 4.2.

Regarding electronic vapor products, 23.8% of DCHS respondents reported that they have used them. This survey explored the usage of electronic vapor products such as JUUL, Vuse, MarkTen, blu, e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods. Nationally, 50.1% of the high school respondents have used these same electronic vapor products.

DCHS youth were surveyed regarding their use of chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus, cigars, cigarillos, or little cigars (while not counting any electronic vapor products) in the past 30 days. Overall, 94.5% of high school respondents did not use

any of these identified products. It was noted that 1.5% of DCHS respondents used these products regularly for 30 days and 2.1% used them for one or two days during that period. Nationally, 3.8% of high school respondents reported use of these substances for at least one day during the 30 days prior to taking the survey.

DCMS respondents reported at a rate of 87.5% that they never tried cigarette smoking, not even one or two puffs. 3.5% of twelve-year-old respondents reported smoking cigarettes. This is followed by children age 8 or younger at 2.9% and youth age 13 and older at 2.7%. The State did not have any data on middle school youth who tried cigarette smoking that was even one or two puffs. The data did report that Virginia's youth tried cigarette smoking for the first time before age 11 at the rate of 4.9%.

DCMS youth were surveyed regarding their use of electronic vapor products. Of those who responded, 80.6% not using electronic vapor products; and 19.4% reported that they have used electronic vapor products.

DCMS were also surveyed regarding their use of cigars, cigarillos, little cigars, chewing tobacco, snuff, dip, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, or Camel Snus (not including electronic vapor products). The majority of our middle school respondents (92.5%) had not used these products. Statewide, 2.2% of these middle school youth reported use of these substances for at least one day during the past 30 days leading up to the survey.

Alcohol Use

DCHS respondents were surveyed regarding their alcohol usage. Participants were questioned about their first drink of beer, wine, wine coolers and liquor (rum, gin, vodka or whiskey). This did not include drinking a few sips of wine for religious purposes. Responses showed 64% of high school students surveyed, never had a drink of alcohol outside of a few sips for religious reasons. First time use occurred most frequently between the ages of 13 to 14 (10.7%). First time use at ages 15 to 16 ranked second highest (8.8%). High school youth were asked, during the past 30 days, how many days they had at least one drink of alcohol. Of those surveyed, 82% reported they had not indulged in alcohol use during the past 30 days. Further, 10% of youth reported having at least one drink of alcohol.

Nationally, 15.0% of high school youth reported their first drink of alcohol prior to age 13. It was also reported nationally that 3.1% of youth reported the largest

number of drinks they consumed in one sitting was 10 or more, during the 30 days prior to taking the survey.

DCMS were also surveyed on alcohol usage. For the purposes of the survey, alcohol was defined as beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. As mentioned previously, drinking alcohol does not include drinking a few sips of wine for religious purposes. Results showed 74% of our middle school youth have not consumed alcohol, other than a few sips. Of the 26% who reported having consumed alcohol, 6.6% of respondents reported their first drink of alcohol at age 13 or older. Further, 5.3% of youth who reported having consumed alcohol reported their first drink at age 8 or younger. Statewide, data indicates that 12.0% of middle school youth report consumption of alcohol for the first time before age 11.

Marijuana

Survey data revealed 19.2% of high school students report having used marijuana. For the purposes of this survey, marijuana includes pot, weed or cannabis. Of those reporting, 6.6% have used once or twice in their lifetimes. Further, 4.5% of those reporting use, have done so 100 or more times. Of those surveyed, 7.1% reported their first use at age 13 or 14; and 6.2% reported their first use at age 15 or 16. Nationally, 36.8% of high school youth report having used marijuana. Of these youth, 5.6% report their first use of marijuana before the age of 13.

The survey revealed 9.2% of DCMS students have used marijuana. Twelve year olds reportedly did so at the rate of 3.8%. Students ages 13 and older reported using at the rate of 2.4%. Statewide, 2.8% of middle school youth reported first use of marijuana before age 11.

Drugs, Cocaine and Other Chemical Substances

Dinwiddie High School students were surveyed regarding their use of prescription pain medicine (without a doctor's prescription or used differently than how a doctor prescribed). This includes drugs such as Codeine, Vicodin, OxyContin, Hydrocodone, and Percocet. Of those surveyed 7% of DCHS students reported they have taken prescription pain medicine without a doctor's prescription, or taken it differently than prescribed at least once during their lifetime. This is lower than the National rate of 14.3%. Responses further revealed 4% of youth reported doing this

3 to 9 times. Three percent of high school students in Dinwiddie County reported use of cocaine, including powder, crack or freebase, at least once during their lifetime. The National average is 3.9%. The frequency of use reported by youth ranged from one to forty or more times. Responses indicated 3.3% of students at Dinwiddie High School sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high at least once during their lifetime. This is lower than the national average of 6.4%. Locally, 1.4% of DCHS youth reported having sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high on 40 or more occasions.

Heroin, methamphetamines, ecstasy, and hallucinogenic drug use was reported by 2.8% of Dinwiddie High School youth. Of this percentage, 1.2% reported use of these substances 40 or more times. Survey results indicated 1.3% of DCHS students used a needle to inject illegal drugs into their body on two or more occasions. This is slightly lower than the 1.6% reported nationally. When asked about illegal drugs on school property, 14.2% of Dinwiddie High School students and 21.8% of their national counterparts reported that they had been offered, sold or given illegal drugs while on school property.

Dinwiddie middle school youth were surveyed on the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it and 6% acknowledge this. This included drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet. DCMS indicated that 1.1% of them have ever used any form of cocaine, including powder, crack, or freebase. The respondents disclosed that 10.1% of them have sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high.

Statewide, 10% of middle school students reported using prescription pain medicine without a doctor's prescription or in a manner other than prescribed. Responses indicated 1.6% of Virginia's middle school youth used cocaine, including powder, crack, or freebase. There was no information on middle school children in Virginia relative to inhalants (sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high).

Sexual Activity

Of those surveyed, 30.5% of Dinwiddie High School youth reported having had sexual intercourse (the national rate is 38.4%). Of those responding, 7.8% reported their first sexual intercourse at age 15; and 7.6% reported their first sexual intercourse at age 14. Of those surveyed, 5.4% reportedly drank alcohol or used drugs before they had sexual intercourse. This is significantly lower than the national rate of 21.2%. More than half (55.8%) of Dinwiddie High School students reported not using a condom during sexual intercourse. This is slightly higher than the national rate of 45.7%.

With regard to sexual intercourse, 7.7% of Dinwiddie middle school students indicated have had sexual intercourse. Of this percentage, 4.8% report using a condom. There was no state or national data on middle school youth related to sexual activity.

Diet and Nutrition

According to survey responses, 26.8% of DCHS students eat breakfast seven days per week. Whereas, 25.5% reported not eating breakfast every day. Nationally, 16.7% of high school youth reported they did not eat breakfast during the 7 days prior to taking the survey. It was further reported that 70% of these children did not eat breakfast on any of the 7 days prior to taking the survey.

More than half of DCMS respondents consider themselves as “about the right weight” (50.4%) while 24% consider themselves “slightly overweight”. Further, 4.6% described themselves as “overweight”, and 5.7% as “underweight”. 49.6% of middle school youth are reportedly “trying to lose weight”; while 9.9% “want to gain weight”. Responses indicate 21.4% of Dinwiddie Middle School students “want to stay the same weight”. Statewide, 26.4% of middle school age youth described themselves as slightly or very overweight. Of this percentage, 55.6% were not trying to lose weight.

Survey responses indicated 41.6% of Dinwiddie middle school students eat breakfast seven days each week, while 12.3% eat breakfast an average of four days each week. Just over 8% of DCMS youth reported not eating breakfast at all. Statewide, 56.1% of middle school youth do not eat breakfast seven days per week.

Health & Wellness

On the average school day, 24.5% of Dinwiddie High School youth report spending five or more hours per day playing video or computer games or use a computer for something that is not school-related. However, 12.3% of DCHS youth participate in these activities for less than one hour per day. Nationally, high school youth reported 46.1% of their time is spent playing video or computer games; or they used a computer three or more hours per day.

With regard to television, 18% of Dinwiddie Middle School students reported watching less than one hour on the average school day. Whereas, 18.1% of middle school youth reportedly watch five or more hours of TV per day. The YRBS indicated that 20.1% of middle school students, nationally, did not watch any TV on an average school day. Statewide, 27.2% middle school students watched TV for three or more hours during an average school day.

DCMS respondents reported at a rate of 34.8% that they were physically active for a total of at least 60 minutes per day for seven days prior to taking the survey. The survey revealed 14.1% of respondents did not participate in any physical activities on any of the seven days prior to taking the survey. Virginia's YRBS middle school youth results, noted 71% with no physical activity (at least 60 minutes per day) on all seven days leading up to the survey.

The survey indicated that 8.4% of Dinwiddie High School respondents have been tested for HIV, the virus that causes AIDS (not counting tests done for donated blood). Approximately 17% Dinwiddie High School students were not sure if they had been tested for HIV. During the last 12 months, 7.2% of DCHS students had been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea. Nationally, it was reported that roughly 91% had never been tested for HIV (not counting tests done if they donated blood). Nationally, 91% of high school youth indicated they had not been tested for a sexually transmitted disease (STD) other than HIV (such as chlamydia or gonorrhea during the 12 months before the survey).

With regard to dental care, 70.4% of Dinwiddie High School youth reported seeing a dentist for a check-up, exam, teeth cleaning, or other dental work 12 months ago. It was further reported that 10.8% of DCHS students had not seen a dentist in the past 12 to 24 months. Reportedly, 3.5% had not seen a dentist in more than 24 months; while 3.4% report never having seen a dentist, (the national average is 2%).

The majority of Dinwiddie High School youth report getting at least six or more hours of sleep each night. Reportedly, 13% of students sleep less than 4 hours on an average school night. Dinwiddie youth reported at a rate of 38.5% that they have serious difficulty concentrating, remembering, or making decisions.

Nationally, it was reported that 77.9% of these youth did not get eight more hours of sleep (on an average school night). There was no national data on high school youth having difficulty concentrating, remembering, or making decisions.

Dinwiddie County Middle School students reported at a rate of 29.3% that they slept 8 hours on an average school night. This was followed by 20% of youth sleeping 7 hours and 17.4% sleeping 6 hours. Almost 10% of middle school youth reported sleeping four or fewer hours at night. Statewide, 42.4% of middle school respondents did not get eight or more hours of sleep on an average school night.

Recommendations

Dinwiddie County and Dinwiddie County Public Schools collaborated on this needs assessment to determine the strength and needs of our youth, families and community. These recommendations are outlined to aid in creating future programs and services that will enhance the livelihood of our youth for the upcoming years.

1. Develop guidance-based classes for counselors related to students in Kindergarten to 5th grade.
2. Provide Law Related Education for youth that is administered by School Resource Officers who are sworn officers of the court. This is available for three of our elementary schools, middle and high school youth.
3. Educate youth and families about domestic violence through classroom presentations.
4. Target bullying initiatives implemented in schools to include opportunities at school to anonymously report bullying.
5. District 19 Community Service Board's Suicide Prevention committee should continue to engage with schools to educate individuals on resources and materials connected to suicide prevention Lock and Talk as well as Mental Health First Aid.
6. Collaborate with others to create a mobile unit that is equipped and staffed to address mental health and healthcare needs in the community (not income based but driven by needs).
7. Expansion of broadband to all areas of Dinwiddie County to ensure universal coverage.
8. Research and investigate opportunities for regional programming to address the common needs of youth.

9. Confer with the local Health Department to determine appropriate strategy to address concerns related to sexual activity, teen pregnancy and sexually transmitted diseases to include prevention messages.

10. Continued prevention efforts related to alcohol, tobacco and other drugs in school and the community.

11. Expand opportunities for non-technological (i.e. – video games, computers, smartphones, electronic devices) physical activity among youth and educate parents and caregivers on the importance of adequate sleep based on age levels.

2020 Community Needs Assessment

Sources of Information

United States Census Bureau: www.census.gov

Virginia Department of Education: www.doe.virginia.gov

County of Dinwiddie: www.dinwiddieva.us

Virginia Department of Health: www.vdh.state.va.us

CDC - Youth Risk Behavior Survey (2013): www.cdc.gov

Substance Abuse and Mental Health Services Administration: www.samhsa.gov

Center for Disease Control: www.cdc.gov/healthyouth

Virginia Department of Juvenile Justice: www.djj.virginia.gov

Dinwiddie County 2015 Community Needs Assessment

The Cameron Foundation Service Area Health Needs Assessment (December 2018):
www.camfound.org

Region IV Comprehensive Suicide Prevention Plan

D19 Suicide Prevention Committee

Dinwiddie County Focus Groups:

- Family Assessment and Planning Team
- Community Policy and Management Team
- County Administration
- School Administration, Teachers and Staff
- Dinwiddie County Youth Advisory Board
- Virginia Juvenile Community Crime Control Act (VJCCCA)