

# PRC Regional Needs Assessment Revised



HHSC PRC Region # 4
------------------------

**Due by: December 30, 2010 to your contract manager**

## OVERVIEW

*Step 1 of the Strategic Prevention Framework involves a needs assessment of community needs, resources and readiness. The needs assessment, in turn, involves data collection, data management, analysis and the specification of risk and protective factors and target populations or geographic areas based on needs assessment data. Implementation of Step 1 implementation is important, because it directs your community to guide planning and activity.*

*The purpose of the Regional Needs Assessment is to determine the incidence and prevalence of ATOD use, misuse, and abuse and related problems within the targeted community in your PRC region.*

**Note:** *please use your contract service requirements to guide you in developing this PRC Regional Needs Assessment.*

**INSTRUCTIONS FOR COMPLETING THIS FORM:** *DOUBLE CLICK on check box of choice and mark checked in the default value and click OK to mark the chosen box. CLICK in text boxes located below each question and begin typing your response, the text box will expand as you type your response.*

*Please complete this needs assessment and submit electronically. Keep a signed copy in your PRC files*

## SECTION I. Contact Information

### Organization Name:

East Texas Council on Alcoholism and Drug Abuse
---

### Executive Director

Name: Susan Morgan	E-mail: smorgan@etcada.com	Phone #: 903.247.9646
-----------------------	----------------------------	-----------------------

### Program Director

Name: Karen Yielding	E-mail: kyielding@etcada.com	Phone #: 903.753.7633
-------------------------	---------------------------------	--------------------------

### PRC Coordinator:

Name: Lorri Essary	E-mail: lessary@etcada.com	Phone#: 903.753.7633
-----------------------	----------------------------	----------------------

### PRC Tobacco Education Specialist:

Name: Ralph Terzolo	E-mail: rterzolo@etcada.com	Phone #: 903.753.7633
------------------------	--------------------------------	-----------------------

**Smokeless Education Tobacco Specialist**

Name:	E-mail:	Phone #:
Janet Splawn	jsplawn@etcada.com	903.753.7633

**SECTION II - Geographic, Demographic, Cultural Characteristics, and Population**

**Provide an overview of the target areas listed above.**

**1. Provide a geographic and demographic description about the target area:****A. List counties in your region to be served:**

Anderson, Bowie, Camp, Cass Cherokee, Delta, Franklin, Gregg	Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains	Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood
--	---	--

**B. What are the zip codes in your region? \* see attachment****2. Population:****A. Gender and number of each in your Region.**

Female: How many? 570027

Male: How many? 547673

**B. Age and Number in your Region**

< 5 years old: How many? 72,650

5-14 years old: How many? 153,125

15 - 44 years old: How many? 509671

45- 64 years old; How many? 241,423

56 – 59 years old: How many? 108417

10-14 years old: How many? \_\_\_\_\_

60 – 64 years old: How many? \_\_\_\_\_

15 – 19 years old: How many? \_\_\_\_\_

65 – 74 years old: How many? \_\_\_\_\_

20 – 24 years old: How many? \_\_\_\_\_

75 – 84 How many? \_\_\_\_\_

25 – 34 years old: How many? \_\_\_\_\_

≥ 85 years old: How many? \_\_\_\_\_

Comments: Ages are broken down in broader categories as ages by smaller spans were not available; therefore, so older age groups are not represented.

**3. Describe Cultural Characteristics: Place an X on ALL that apply and indicate the (%) of each.**

<b>A. Race</b> <input checked="" type="checkbox"/> Black or African American – 16.5% <input checked="" type="checkbox"/> White – 75.8% <input checked="" type="checkbox"/> Asian - 0.4%	<b>C. Geographic</b> <input checked="" type="checkbox"/> Rural 73% <input checked="" type="checkbox"/> Urban 27% <input type="checkbox"/> TX-Mexico Border	<b>D. Socio-Economic Status (SES)</b> Level of Education: <input checked="" type="checkbox"/> High School Diploma – 73.4%	<b>E. Religious *Affiliation</b> List: <input checked="" type="checkbox"/> Protestant – 70%
--	---	---	---

<input checked="" type="checkbox"/> Hispanic/Latino – 9.7% <input checked="" type="checkbox"/> American Indian or Alaska Native - 0.6% Native Hawaiian or Other Pacific Islander <input type="checkbox"/> More than one race <input type="checkbox"/> Race unknown <b>B. Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input checked="" type="checkbox"/> B.A. Degree or higher – 13.43% <input checked="" type="checkbox"/> Income Level: \$32,438	<input checked="" type="checkbox"/> Catholic – 4% <input checked="" type="checkbox"/> Other – 1% <input checked="" type="checkbox"/> None or unknown – 25%
Comments: Race demographics exceed 100 percent based on Census data source.			

## SECTION III – Prevention Resources Capacity and Gaps

### 1. Resources:

#### a. What type of prevention resources currently exist in your target community?

Describe: The Prevention Resource Center, School-based programs such as YPU, YPS, YPI, Community Coalitions such as regional CCP through SCCADA, People Educating Communities About Tobacco (PECAT) through ETCADA, Coalition for Drug Free Youth (formerly Action Committee Against Underage Drinking) through Partners in Prevention which supports prevention of underage drinking and other drug related issues, and many other coalitions, Trainings/workshops hosted by Educational Service Centers, Pregnancy/Post partum services provide by Wellness Pointe (formerly Longview Wellness), HIV programs provided by Special Health Resources (SHRT), Mentoring and Family Support programs provide by Partners and Prevention

### 2. Please describe how you can engage the following entities in assisting the PRC:

#### a. DSHS funded Coalitions (includes CCPs, SPFs)

Describe: No SPF in Region 4; PRC 4 has worked closely in the past with the regional CCP; however, the Regional CCP that was awarded in FY 2009 decided not to work with PRC 4 . PRC 4 recognizes this coordination is important and has made repeated attempts to pursue a working relationship; however, it still has not come to fruition. PRC 4, though, continues to work with many area coalitions to better serve communities and meet the regional needs of East Texas.

#### b. Drug-Free Community Coalitions, etc.

Describe: PRC 4 works with these community coalitions on a regular basis: Kilgore Together, Coalition for Drug Free Youth (CDFY) (formerly Action Committee Against Underage Drinking), People Educating Communities About Tobacco (PECAT), Panola Alliance Toward Community Health, (PATCH), Breathe Easy Arkansas and Texas (BEAT), Pay Attention East Texas (PAET), Linden Community Coalition. These coalitions provide relevant information on community events, trends, data, resources, etc. and utilize the PRC as a resource for expertise on ATOD issues. The coalitions are valuable partners which aid in prevention efforts in these communities and substantiate the credibility of the services of the PRC and allow the PRC to network and utilize other community resources in preventing and reducing the onset of ATOD use.

#### c. School Programs

Describe: School-based prevention programs such as YPU, YPS and YPI serve schools districts within

the region and provide evidence-based curriculum and instruction for many students; these programs often utilize PRC literature and aid in information dissemination and also utilize PRC resources to assist with additional school events and alternative activities. Many area schools have utilized School Health Advisory Committees (SHAC) to identify prevention needs within schools and ways to meet these needs. These committees have also utilized PRC literature and services for their schools, such as inviting the PRC to present on minors and tobacco and other AOD topics. Educational Service Centers also serve as central locations for trainings for school personnel and PRC staff and have assisted the ESC's by conducting workshops and presentations on ATOD topics requested by schools and by providing prevention literature for these trainings/workshops. The ESC's are also willing to send out information for the PRC on the list serve, which goes to all the school districts in the region. These programs have all assisted in marketing the prevention services of the PRC and continue to serve as excellent networking resources. MOUs have also been established with a large percentage of districts within the region.

d. Community services (YMCA, Goodwill, etc.)

Describe: PRC 4 has developed relations with many area Boys and Girls Clubs. Many of these clubs have readily invited the PRC to present to youth on ATOD topics, especially in regard to tobacco which has enabled the PRC to meet goals related to minor and tobacco strategies. These same clubs also allowed training of staff for the SOS curriculum (under TSR) and implemented the curriculum during the summer months. The PRC has also developed relationships with area agencies such as Women's Centers and Shelters. The PRC has also conducted training for staff on ATOD issues. A high percentage of these women use tobacco products, and the PRC is often requested to present on tobacco related topics. Following these situations, often there is a request made for smoking cessation services, which then can be referred to the agency's tobacco program.

e. Parent programs (PTA, etc.)

Describe: The PRC has worked with area PTA and PTO organizations when requested. This provides a wonderful forum in which to speak to parents; unfortunately, many schools are having trouble getting parents involved in many of these organizations and memberships have declined. In place of this, however, some schools are simply hosting a parents' night, and the PRC does have an opportunity to speak at such events. The local Parenting Resource Center utilizes the PRC for information and resources to distribute to clients and often refers clients to the PRC for additional information and resources they can access personally. From a prevention standpoint, supported by research, parents play a vital role in youths' decision about the use of ATOD, so parent organizations offer the PRC an opportunity to share prevention information that helps serve as a strong line of defense against ATOD use by youth.

f. Direct Prevention Service Providers

Describe: There are four agencies within the PRC4 service region [ETCADA, SCCADA, Wellness Pointe (formerly Longview Wellness Center) and Voices] that provide direct prevention services through YPU, YPS and YPI programs. These programs have accessed literature and other prevention resources and aided in information dissemination through classroom presentations and alternative activities. The PRC and YPI programs have also worked together to provide tobacco presentations to this population. These programs have also provided contact information for school personnel and shared information about PRC services expanding opportunities for the PRC to work with school districts.

g. Treatment Providers

Describe: PRC 4 has successfully worked with treatment providers, especially adolescent providers. The PRC Program Manager attends Regional Treatment provider meetings that are scheduled quarterly to network, maintain relationships and remind treatment providers of services available through the PRC. Choices and Azleway continue to utilize the PRC in providing prevention presentations and literature to youth and Red Ribbons and wrist bands in celebration and support of Red Ribbon Week. Azleway continues to utilize the SOS program provided through the TSR grant. Region 4 adult residential and outpatient treatment provider, Community HealthCore (Oak Haven Recovery Center, Fredonia Place, Kirkpatrick Family Center and D.E.A.R. Recovery Center) utilizes PRC services to provide written literature and AA/NA schedules to clients. Outpatient providers, SHRT and The Beginning of Longview utilize ATOD literature and videos/DVDs for use with clients and utilize prevention literature and resources for youth for family night activities.

#### h. OSAR Providers

Describe: Both the PRC and OSAR programs are housed under ETCADA for the region 4 area. This has been very helpful in sharing PRC literature and other resources to OSAR clients. The PRC provides schedules on area AA/NA meetings to all OSAR clients as these are placed in all OSAR folders which the clients receive at the time of their assessment. Other prevention literature is provided as requested by clients and family members of clients. Many of the OSAR clients assessed at the Longview office, visit the PRC while onsite and pickup literature and checkout DVDs and books relevant to their needs. The OSAR program currently serves a large percentage of CPS clients who are also able to utilize the PRC for parenting resources.

#### i. Mental Health Centers

Describe: PRC 4 works with Anderson-Cherokee Community Enrichment Services (ACCESS), Andrews Center Behavioral Healthcare System, and Community HealthCore MHMR to provide literature to clients and other prevention materials for community outreach/health fairs in which both these entities participates. This year an employee of the Andrews Center attended the Texas Behavioral Health Institute as a sponsored volunteer of the PRC. That relationship has been cultivated and continues to aid in coordinating resources and services. Last year the PRC began working with Lakes Regional MHMR by providing literature and tobacco presentations to adolescents and continues to access the PRC when information is needed. Clients, family members and others receive prevention information and learn about the services of PRC 4.

### 3. Who do you serve in your Region? Place an X on all that apply.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Concerned Individual     | <input checked="" type="checkbox"/> DSHS funded-providers      |
| <input checked="" type="checkbox"/> Educator                 | <input checked="" type="checkbox"/> Youth                      |
| <input checked="" type="checkbox"/> Faith-based Organization | <input type="checkbox"/> Hurricane evacuees                    |
| <input checked="" type="checkbox"/> Parent                   | <input checked="" type="checkbox"/> Other, List : ESC's, Civic |
| <input checked="" type="checkbox"/> Teacher                  | Organizations, Businesses, Colleges and                        |
| <input checked="" type="checkbox"/> DSHS funded coalitions   | Universities, Community agencies,                              |
| <input type="checkbox"/> Colonias                            | Chambers of Commerce, United Way and                           |
| <input checked="" type="checkbox"/> Prevention Staff         | other area non-profit agencies.                                |

**Comments:** Region 4 PRC collaborates with multiple entities, and the list continues to expand, within the area in providing prevention and mental health literature and presentations on ATOD as well as referrals to resources for other needs within communities and by providing expertise on ATOD issues. PRC 4 staff sits on a number of coalitions and works with individuals, schools, faith-based groups, and in general, the communities at large to bring about positive community

change by adhering to CSAP prevention strategies and following the appropriate steps of community readiness.

#### 4. Gaps:

##### a. What prevention gaps exist in your target population?

The greatest gap in Region 4 continues to relate to the prevention needs of smaller, less populated counties within the service area. Even though the region has many smaller rural areas, there are available resources in most counties, and the PRC works to service all counties in the region. However, in reviewing in-service tracking, as reported previously, one county in particular, Delta county, doesn't have many available resources and had, until recently, excluded a YPU prevention program from its school district. However, it does appear that the school district might allow an implementation of a YPU program this spring. Unfortunately, there are still very few resources available to this county. PRC 4 worked to build a relationship with the area Chamber of Commerce and provided a detail of PRC services; as a result, the PRC is now informed of events that would be appropriate for PRC staff to attend and services in Delta county have increased. Another smaller, less populated county, Marion county, also has little available resources and continues to have one of the highest poverty rates within the region. The school district continues to work with the PRC in allowing presentations within the school and ETCADA does provide a YPU program for Jefferson Elementary and a YPS program for Jefferson Middle School, but other than the school, community prevention efforts and resources are minimal. This year, both the Junior High and High School campuses implemented the SOS curriculum under the TSR initiative. This particular county would be greatly benefited if a community coalition were to be formed; however, the challenge with this is many of the individuals who work in the community, such as the school, commute and are not residents of the county itself. The PRC also worked to target smaller rural districts this fall for Red Ribbon presentations and resources that had not been previously served in the past. Several positive relationships were established and new MOUs were signed with these districts.

## SECTION IV - Consequences and Consumption Patterns of the Community

Please identify the patterns in each of the following data sources, when available. If the data source is unavailable in the community, provide an explanation. Please feel free to also utilize alternative data sources.

##### a. DWI Rates

DWI rates had remained relatively stable over the past three years, showing less than a 1% decrease based on data provided by participating law enforcement agencies and the TABC. Unfortunately, and more significantly, the number of DWI injury related crashes rose by almost 9 percent in 2009 following an almost 8 percent decrease the previous year. Despite this increase, amazingly, the number of fatalities were 2 percent less than in 2008 based on comparable statistics provided by the Texas Department of Transportation (TXDOT) from 2007-2009. When viewing data by county it appears that several smaller rural counties saw a significant increase in DWI injury-related crashes in 2009 while larger and more populated counties remained stable or actually saw a decrease. The reason for the increase in regional DWI traffic accidents is unclear.

##### b. Alcohol related vehicular fatalities.

Reportedly previously, from 2006 to 2008 there was a 2% percent increase in alcohol related vehicular accidents and a 3% percent increase in alcohol related vehicular fatalities based on data provided by the Texas Department of Transportation (TXDOT). Based on the East Texas Community Health Needs Assessment (ETCHNA) findings, East Texas has a motor vehicle injury rate 86% higher than the rate for Texas (33.7 per 100,000 in East Texas compared to 18.1 per 100,000 in Texas). Due to this alarming number, Pay Attention East Texas (PAET) was formed in response. Over the past two years PAET has worked through education and awareness efforts to reduce vehicular fatalities. Prior to this year, 2008 data provided by TXDOT, as compared to the previous year, showed a 12.5 percent decrease in alcohol related vehicular fatalities and a 3 percent decrease in the number persons injured in alcohol related crashes in the East Texas region. However, based on 2009 data, the number of DWI related crashes rose by almost 9 percent. As stated previously, though, the actual number of fatalities still dropped by 2 percent. It is unclear why this increase in total crashes occurred, and seems to be primarily isolated to smaller rural counties. The statistics of increased DWI traffic crashes and number of fatalities appear incongruous; however, there are possible mitigating factors such as increase in vehicle safety features, increased seatbelt usage, slower speeds, etc. which might account for this disparity. Despite this increase of number of DWI crashes in 2009, the decrease in fatalities still give cause to believe prevention education on multiple levels is key to saving lives. Of course not all motor vehicle injury rates are alcohol related; however, alcohol does play a role in half of the vehicular accidents in the region. The top three counties leading alcohol related vehicular fatalities in the region remain Smith, Gregg and Harrison. Information provided by a Texas Department of Safety trooper continues to place blame on the East Texas landscape. The East Texas region, known as the "piney woods" is dense with trees and filled with many rural and narrow roadways. When vehicles leave the roadway, due to alcohol use or simply lack of attention, vehicles often hit trees with great force, increasing the severity of the accident, resulting in more injuries and death. PAET continues to address issues such as speed, driver inexperience and distractions.

#### c. Violent crimes per year

The most complete regional statistics on violent crime represents 2008 data. Within Region 4 6, 105 violent crimes occurred in 2008 among the adult population and 916 among the adolescent population. The most commonly reported violent crimes were varying forms of assault. More recent data for the larger cities of Tyler (Smith), Longview (Gregg) and Texarkana (Bowie) as compared to 2008 data, show an increase in crime overall, including homicide. Rates remain highest in Tyler (Smith), Longview (Gregg), Bowie counties.

#### d. Possession of illicit drugs (arrests)

Again, the most complete regional data on drug possession is 2008 data. Within the 23 counties the East Texas region 5,153 adults were arrested on possession of drug charges and 318 adolescents. The overwhelming majority were males. Marijuana remains the primary drug in all arrests; however, the counties of Delta, Morris and Red River were exceptions concerning adult arrests, with the majority of possession charges coming from Synthetic Narcotics. With a rise in prescription drug abuse state wide, this statistic is not surprising. Within the adolescent population, marijuana, without exception, was the primary drug in all arrests.

#### e. Public intoxications (arrests)

Previously, based on TABC data, public intoxication (PI) arrests showed a continued decline in the East Texas Region; however, when reviewing complete 2008 data for all counties, the

number of PI arrests show a slight increase. In 2008, 3,986 adults and 55 adolescents were arrested for public intoxication. As reported in the past, information provided previously by a local law enforcement contact suggested that when there is an increase in patrolling of bars and or club property/parking lots as well as ATV parks and other similar public areas where alcohol use might occur, more arrests then occur, rather than necessarily an increase in public intoxications. Although arrests might initially rise, over time this number should show a reduction as law officers more aggressively target and ticket individuals who engage in public drunkenness.

f. Suicide rates

Suicide rates for the East Texas region as compared to the state of Texas is about 2 percent higher; however, in comparing data over a three year period from 2004 to 2007, rates have declined regionally by about 2.5 percent. Newer data was unavailable, and is it very possible with current economic issues and unemployment rates, this number might be higher. Why the East Texas suicide rate is higher than the state average is unknown. Depression, a mental health issue, is often associated with suicide and suicide attempts, and individuals in rural areas, such as East Texas, have fewer resources and less access to mental health services. Also, individuals in rural communities tend to be less inclined to seek help for mental health issues, while instead relying on family or simply believing in the concept of self-reliance.

g. Homicide rates

The rural East Texas homicide rate remains relatively low, especially in rural counties. The more populated cities of Tyler, Longview and Texarkana account for 49 percent of all homicides in the region. A total of 41 homicides occurred this past year but reports by law enforcement in the metropolitan area of Tyler continue to see a decline in the number of homicides. However, the city of Longview did have an increase in the number of homicides.

h. Hospital discharges for youth alcohol poisoning.

Data not available due to HIPPA laws.

i. Hospital discharges for youth

Data not available due to HIPPA laws.

j. Underage binge drinking rates

Underage binge drinking rates for 2010 appear to have risen just slightly (1.5 percent) when looking at a sampling of school districts across Region 4. Previously reported data from the Texas School Survey of Substance Use (TSS) on underage binge supported a decline in overall past 30 day use of alcohol, while revealing a significant increase in binge drinking rates for the region – 15% to 22% from 2004 to 2006; however, 2008 data on binge drinking rates showed a decrease of 2 percent, down from 22% to 20%.

k. College age binge drinking

Regional data on college binge drinking rates is limited; however, the Behavioral Risk Factor Surveillance System (BRFSS) indicates that of college-age individuals, almost 25 percent of college students engaged in binge drinking on a regular basis. Over 11 percent of college students were reported as frequent binge drinkers.

l. Current 30 day drinking rates

Over the past 10 years (1996-2006) in Region 4, alcohol use in past 30 days had dropped by

more than 12 percent when reviewing school data. Previous Texas School Survey data revealed that 30 day use rates for secondary students in Region 4/5 was as low as 30.5% in 2006 which was consistent with the ACUAD survey, again conducted in the spring of 2008 with a sampling of 2700 students in three school districts, alcohol use in the past 30 days was 30.3%. Unfortunately data from the 2008 TSS showed a 3.5% increase in alcohol use in the past 30 days, up to 34% of students (grade 7-12) reported using in the past 30 days. However, based on 2010 data, this number is decreasing. Only 27 percent of students (grade 7-12) reported using alcohol in the past 30 days. Kilgore Together, a local DFC coalition, conducted a 2010 spring survey with middle and high school aged students. This local data revealed that 25 percent of students reported past 30 day alcohol use. This statistic is encouraging as it is slightly lower than regional data. One promising statistic from the local survey also revealed that grade 12 students 30 day use rate of alcohol was significantly lower than the regional average. Regionally, 41 percent of grade 12 students reported using alcohol as compared to 31 percent of grade 12 students who participated in the local survey. This statistic would strongly support the benefits and effectiveness of community coalitions on reducing ATOD use among youth.

m. Current 30 day illicit drug use rates

Prior data had revealed, although slight, a steady decrease in illicit drug use among students grades 7 through 12; however, 2010 TSS data shows a 3 percent increase in illicit drug use. Most use of illicit drugs remained steady, except Marijuana and Ecstasy, which accounted for the majority of the increase in use. From 2004 to 2006 there was just over a 2% decline, but from 2006 to 2008 the decline was just .5 percent; however, it still demonstrated a steady decrease in past 30 day illicit drug use, so it is disappointing that 2010 reveals an increase. Again, if you look at data examining adolescents that have ever used, the data remains fairly constant at about 5 percent. Marijuana still remains the most prevalent illicit drug used by secondary students in Region 4. Prevention programs need to continue to address the harmful effects of marijuana and include information about marijuana in all programs related to gateway drugs, especially considering the media attention and current trend to legalize it.

n. Perceptions of harmfulness of use (alcohol and other substances)

Perception of harm of alcohol use decreased slightly in 2010 (about 2.5 percent) which is disappointing based on past data that had revealed a small but steady increase in perception of harm of alcohol. Based on regional school data (2004-2006) there was a slight increase (4%) of perception of harm of alcohol use by secondary students in Region 4, and from 2006-2008 perception of harm rose by 1.3%. In terms of loss of life, alcohol remains the deadliest drug for youth, especially in the state of Texas. Perception of harm of tobacco has remained relatively stable over the past five years with only slight variances. Perception of harm of illicit drug use still remains high, especially for stimulants such as cocaine and heroin, but unfortunately 2010 data revealed a 2 percent decrease in perception of harm as compared to 2008 data, and the biggest drop in perception of harm was marijuana, at almost 5 percent. Again, perception of harm could definitely be affected by news coverage and state attempts to legalize this drug. It is imperative prevention professionals continue to educate youth about the dangers of marijuana.

o. Future intentions to use

Reliable regional data on future intentions to use is unavailable; however, based on Texas school survey data, future intentions to use seem to be primarily based on these primary factors: Perceived risks by both the youth and parent, availability of the product and use by friends/peers.

Data still supports that parents attitudes about alcohol and drugs whether negative or positive have a strong impact on children. Previously, when considering the adult population, information provided by area counselors suggested that current economic difficulties would create greater stress, depression, financial hardship, etc. and will produce higher rates of use drug and alcohol use in the upcoming year, which has proven somewhat true; however, this does not seem to be a significant factor for youth.

p. Family/social bonding indicators

Texas School survey data for Region 4 for 2010 remained consistent with prior data revealing that 69 percent of secondary students reported that they believed that some, most or all of their friends felt close to their parents, and 62 percent of students reported they would seek help from their parents (up from 59% in 2006 and up from 61 percent in 2008) and 38% (consistent with 2008 data) said their parents attended PTA/ and open house functions. These numbers do indicate that most youth do have a connection their parents. Regional duties performed by Region 4 PRC often requires attendance at school and community events and family attendance and participation at these events remain high, and family members often seek information and assistance for other family members dealing with drug and alcohol problems. Perhaps these are indicators that rural East Texans still strongly rely on the family unit.

q. HIV infection rates and transmission route

Based on the most recent information (2008) obtained from the Texas STD/HIV Annual Report, HIV numbers for Region 4 stand at the Rate of Persons Living with HIV/AIDS (PLWHA) at approximately 147 persons per 100,000 population at compared to 149 in 2006. In Texas, an estimated 6 percent (approximately 3800 individuals) of PLWHA reside in the East Texas area (this is inclusive for Region 4/5). However, something significant for East Texas is that women make up a higher proportion of that number than compared with other areas. Of the approximately 3800 PLWHA in East Texas, 32 percent are females. Also in East Texas, African Americans continue to make up the largest numbers of PLWHA, and the fastest growing population of that number of females aged 13-24. The East Texas Region has seen an increase in the number of slightly older adults living with HIV/AIDS. From 2002 to 2008, individuals age 45-54 living with HIV/AIDS has increased by 9 percent. Another concern is the rate of rapid escalation from HIV to full-blown AIDS within the Hispanic population. It appears that many Hispanic individuals are seeking treatment late into the infection of HIV, which then results in rapid evolvement of the disease. The local HIV/AIDS provider believes this is due to cultural norms and expectations within the Hispanic community; therefore, more education is needed. Just as the rest of the state, for males, the highest mode of exposure remains men having sex with men (MSM); however, in East Texas heterosexual cases make up a substantial proportion of PLWHA (almost one third).

r. Noise violation data

Data no available. Information was requested for local law enforcement agencies; however, none was provided.

s. Treatment episode admission data

Although 2010 data is incomplete, Region 4's primary episode admissions for adults remain related to alcohol and methamphetamine; however, there was an increase in individuals seeking treatment for abuse of opiates, primarily related to prescription drugs. Prescription drug abuse continues to rise with Hydrocodone and Xanax being the primary drugs of choice, and there is an

increased trend with prescription drugs as a secondary use to primary drug of choice. There has also been a slight resurgence of Heroin use in the East Texas region, which in the past few years had been very minimal. This most significant resurgence has occurred among young adults. More pregnant women are seeking treatment with main drugs of choice being cocaine and methamphetamine. Prior data reported - Substance abuse trends in Texas by Dr. Jane Maxwell reported that 24% of all admission to DSHS-funded treatment programs in 2007 was 24%, down by 32% since 1995. Primary treatment episode admissions for youth remain relatively the same for alcohol and marijuana; however, youth are reporting prescription drug use as well, especially Xanax. Among adolescents seeking treatment, there has also been an increase in experimentation with Ecstasy. This would support data provided by the Texas School Survey, that indicated an increase in Ecstasy youth among students grade 7 through 12.

#### t. Minors in Possession (MIP) data

Within the East Texas Region, MIP citations have shown a significant increase. Again, when speaking with regional law enforcement officers, this trend appears to be a result of more diligence and aggressive citing of adolescents who possess alcohol. ETCADA currently conducts MIP classes for the region, and just based on class attendance, far more youth are attending. From September of 2009 to August of 2010, 219 youth attended MIP classes; however, based on reported numbers for September and October only, 64 youth have attended classes. If these numbers remain consistent, this will result in an almost 44 percent increase in the number of youth attending MIP classes. Although initially this data might seem discouraging, again, over time, holding youth responsible by consistently enforcing laws along with continued education, will result in a reduction of the number of youth who possess and use alcohol.

#### u. Truancy data / drop-out rates

Truancy data from schools was limited and therefore not enough data is available; however, drop-out rates for East Texas is slightly lower than the state average of 16%. Based on the ETCHNA survey and supported by the U.S. Census bureau, only about 10% of East Texas students drop out. However, in looking at the most recent studies by Rice University and the 2008 report by the Inter cultural Research Division Association, the data isn't consistent with the previous data. Both these studies report that the Texas drop-out rate is over 30% and significantly higher for individuals of color; however, these report the highest rates in the much larger metropolitan areas.

#### v. TABC data on citations

As reported previously, local law enforcement agencies continue to handle more of the drug and alcohol related incidences rather than involving the TABC. Data reveals that solely looking at TABC violation reports, there would seem to be a significant drop in alcohol related incidences such as MIP violations, public intoxications, DWI, etc.; however, city and county law enforcement agencies show an increase in these violations, especially in Gregg, Smith and Bowie counties. When combining the data, significant changes, other than public intoxications, aren't apparent. Information provided by an area TABC officer said that things are handled in a more efficient and timely manner when local law enforcement takes the lead rather than waiting on a TABC officer to arrive.

#### w. Texas School Survey data

Texas School Survey data was used in support of many of the categories in Section IV of this

report. The 2010 survey, based on regional data, revealed, although slight, when looking at past 30 day use, that alcohol and marijuana use has risen as well as binge drinking rates, and perception of risk/harm for gateway and other illicit drugs has slightly declined. Reason for this increase is unclear; however, youth, just as adults, are affected by environmental stressors. With increased unemployment and economic hardships many families are experiencing, youth could look to unhealthy coping mechanisms such as alcohol and drug use. Also, once again, marijuana has received a great deal of attention by the media and law makers recently, and much of this attention would have marijuana appear as a relatively innocuous drug that should be legalized. Therefore, many youth see marijuana as a safer alternative to tobacco and alcohol.

x. CORE survey data

No regional data was available.

y. Other data sources

In 2010 the Pay Attention East Texas (PAET) Coalition conducted a regional wide survey of high school students. Materials, including an educational DVD and pre and post tests, were sent to 159 schools. These materials were designed to gage the knowledge of students in relation to vehicular deaths and their knowledge of traffic laws and violations. Of the 159 schools, 54 (34 percent) completed the pre and post tests. Regarding the majority of this educational component, youth came away with a greater knowledge of traffic law violations and what constitutes negligent homicide in regard to distracted driving, alcohol use, speed, etc. The two anomalies to increased knowledge occurred with questions 4 and 7. (Question 4: The posted speed limit is only a suggested speed limit). It would appear that students did not understand that posted limits are definitive and meant to be enforced; however, after further follow-up, it was determined that students incorrectly answered this question believing that a posted maximum speed should not always be achieved or maintained. For example, if inclement weather should occur, even though a maximum posted speed might be 70 MPH, a driver should exercise sound judgment and reduce his/her speed. This survey will once again be conducted in the spring of 2011 and it was determined by the coalition that a redesign of the question or modification of the teaching strategy must occur. (Question 7: Minors cannot be charged with public intoxication). Again, after follow-up regarding this question, students once again misunderstood the concept. Since it is illegal for minors to possess and consume alcohol, students believed that a Minors in Possession (MIP) or Minors in Consumption (MIC) would be the correct charge rather than Public Intoxication (PI). Much like question 4, it was determined by the coalition that a redesign of the questions or modification of the teaching strategy should occur. The majority of students also requested additional information on drunk and drugged driving and laws and statistics.

## Part V – Intervening Variables

1. Please discuss each of the following variables as they relate to Alcohol, Tobacco, and Other Drugs (ATOD) in the target community of your region.

A. Easy Retail Access

Currently the Coalition for Drug Free Youth (CDFY) is partnering with local law enforcement to conduct alcohol stings in within Gregg county and outlying areas. Retail access is still a

problem; however, when law enforcement takes a proactive role and regularly conducts stings, a reduction in alcohol sales to minors decrease. As a result, there have been improvements in certain areas due to more active enforcement. As reported previously, the more metropolitan areas of Region 4 such as Longview, Texarkana and Tyler have seen sales to minors in both tobacco and alcohol decrease to vigilant law enforcement efforts, but these are very limited. Many of the retail stores in rural East Texas have high employee turn-over rates and don't adequately train staff in protocol for checking IDs. In most instances when tobacco or alcohol is sold to a minor, it is usually a result of failure to properly check IDs. In areas where enforcement is low, stores have little consequence when selling tobacco and alcohol to minors. However, in regard to tobacco, through retail compliance checks that the PRC tobacco specialist conducts, there does seem to be a more concerted and diligent effort by retailers to adhere to state law in postage of signage and appropriate product placement, but again employee training is vital.

#### B. Low Enforcement

Again, as reported previously, the larger communities in East Texas enjoy more active law enforcement; however, smaller communities either lack man-power or see tobacco and alcohol as part of the youth culture rather than a serious issue. However, one positive note from this is that law enforcement agencies in these areas are more aggressive in combating other drug use in their communities, especially in regard to methamphetamine. There seems to be a lack of understanding of the connection of gateway drug use and its progression to greater drug use and additional future problems.

#### C. Social Access

In the East Texas region, when dealing with community events, social access to alcohol is more controlled than at smaller, private events. At community events alcohol is usually in a contained area with adult monitoring; however, in regard to smaller personal gatherings and private events this is not generally the case. It is not uncommon to attend a party hosted in private homes or other venues designed for select guests and see alcohol flowing freely with little or no monitoring while youth are present. There is a general assumption that either the youth wouldn't access the alcohol or an attitude that for special occasions it's considered acceptable.

#### D. Perceived Risk

There is a continued lack of perceived risk in regard to alcohol use in the East Texas community. The East Texas community has one of the highest motor vehicular fatality rates involving alcohol and there are parents who believe providing alcohol to their youth in a controlled environment is the best way to keep their children safe. In regard to smoking, there is a perceived risk of danger and many communities in the region have taken steps to pass smoking ordinances. The Regional TPCC (PECAT) continues to work on implementing environmental strategies to reduce exposure to second-hand smoke such as placing signage in public areas like the Farmer's Market and working with college and universities to implement policies for smoke-free campuses. Unfortunately, perceived risk of smokeless tobacco use is much less and very much a part of the East Texas culture. It is hoped that through the Spotlight on Smokeless (SOS) Initiative that more of the dangers of smokeless tobacco use will be advanced in the region. In general, drug use, especially in regard to stimulants, is perceived as a high risk; however, there are communities in the region who view marijuana use as safe and acceptable.

### E. Social Norms

As alluded to previously, alcohol use is often considered a rite of passage for many East Texas youths. Pasture parties are still a part of the East Texas landscape and are viewed by many adults as harmless fun. Alcohol is provided by older adults and at times, even parents of youth who are engaging in these activities. Since activities are limited in rural areas, alcohol use is often accepted as a method of entertainment for youth, and many believe that 18 is the age of adulthood, so alcohol use for older teens is considered very acceptable. Through prevention efforts and other community groups and coalitions this attitude is slowly changing; however, much more work needs to be done. Tobacco rates tend to be higher in rural East Texas and especially in regard to smokeless tobacco use. However, based on current data from the Behavioral Risk Factor Surveillance System (BRFSS) there has been about a 2 percent reduction in smoking rates for East Texas over the past three years. Rural areas lend themselves to rugged outdoor events that portray smokeless tobacco use as adult and very masculine. It is not uncommon to see individuals dip or chew on the job in the East Texas region. Many businesses have implemented smoke-free policies but often exclude smokeless tobacco. With the new smokeless initiative through TSR, it is hopeful that these attitudes will begin to change and East Texas youth and adults will begin to perceive smokeless tobacco differently. Reports from schools that have implemented the SOS curriculum continue to be encouraging, citing that many students responded positively to the presented material.

### F. Promotion

Alcohol products are unfortunately promoted through the media and summer community events in the East Texas Region. There is a community event in the region that heavily promotes its beer garden, while at the same time maintaining the event is family friendly. Due to coalition efforts the promotion of alcohol at this particular community festival has been curbed, but it demonstrates an underlying problem of the attitude in regard to promotion of alcohol. Also, several clubs in the cities that have larger populations such as Longview (Gregg), Tyler (Smith) and Texarkana (Bowie) host teen nights. Although no alcohol is to be sold or consumed, there is still an association made with alcohol which in turn promotes club business and products. Alcohol is often offered as an incentive for adults to attend community gatherings/events.

### G. Pricing

In a survey conducted by a local coalition, pricing of alcohol products in retail stores continue to be priced significantly lower than other beverages that youth might consume such as sodas, tea, energy drinks, etc. It was not uncommon to see cans and bottles of alcohol priced cheaply, iced down and placed by the cash register at a majority of the convenience stores. An example, a 24 oz can of beer was priced at .99 cents while a similar size energy drink was almost \$3.00 and similar size bottles of soda and tea were about \$1.50. Based on prevention research, there is evidence that youth are price sensitive. Pricing increases have impact youth and even adult use of tobacco products, so a similar price increase would more than likely have the same impact on alcohol purchase and use.

2. Do you feel that the area in which you serve has a high incidence of drug use?

Yes  No

3. If yes, what types of drugs are being used in the areas you serve? Place an X to ALL that apply:

Amphetamines

Club Drugs

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Crack            | <input checked="" type="checkbox"/> Alcohol            |
| <input checked="" type="checkbox"/> Heroin           | <input checked="" type="checkbox"/> Cocaine            |
| <input type="checkbox"/> Inhalants                   | <input checked="" type="checkbox"/> Ecstasy            |
| <input checked="" type="checkbox"/> Marijuana        | <input checked="" type="checkbox"/> Prescription Drugs |
| <input checked="" type="checkbox"/> Methamphetamines | <input type="checkbox"/> Steroids                      |
| <input type="checkbox"/> PCP                         | <input type="checkbox"/> Other _____                   |
| <input checked="" type="checkbox"/> Tobacco          |  |

## Part VI – Community Readiness

1. Please describe the readiness of your community, in each of the following community sectors:

### a. Youth

- No knowledge of local problems / issues  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

**Comments:** Youth are often more aware of problems and issues in the community than adults and are generally more willing to admit problems. Although many youth are aware of issues, they often don't realize the potential long-term impacts that these problems can have.

### b. Parents

- No knowledge of local problems / issues  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

**Comments:** Parents have some knowledge of problems and issues, but there is a tendency to minimize issues, especially in regard to their own children. Problems associated with alcohol continue to be minimized by many parents.

### c. Business community

- No knowledge of local problems / issues  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

**Comments:** The business community has some knowledge of certain local problems, but in general, doesn't often see its role in regard to prevention of ATOD; however, there is evidence this is changing. There are businesses who do take more active roles in the community, and more businesses are emphasizing the health and well-being of their employees as evidenced by the large volume of requests the PRC has and is receiving for prevention support of business sponsored health fairs and events. In the most recent United Way Survey of its donor base (businesses) drug abuse and misuse of alcohol was determined to be within the top three critical

areas of concern in the Longview (Gregg County) area. These are positive trends for the region in support of increasing knowledge in the business community.

#### **d. Media**

- No knowledge of local problems / issues  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

Comments: Local media has been helpful in covering some issues related to prevention; however, larger nation-wide issues can often pull their focus away from community issues. Also, media seems very willing to cover tobacco prevention efforts or illicit drugs, but continue to be hesitant to cover issues related to alcohol.

#### **e. Schools**

- No knowledge of local problems / issues  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

Comments: Although some school districts in the region still deny ATOD and other related problems, the majority of schools have become more open to sharing information about issues and problems and seeking resources to help educate teachers and students. PRC staff has built and continue to build good relationships with many of the school districts in the region and services are requested often.

#### **f. Youth-serving organizations**

- No knowledge of local problems / issues  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

Comments: Youth serving organizations tend to be more aware of issues and problems facing the community because they see the impact these problems and issues are having on youth and families. There is more of a willingness to admit that problems exist and steps need to be taken to create community change.

#### **g. Law enforcement agencies**

- No knowledge of local problems / issues  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

Comments: Active LE agencies tend to be more knowledgeable about community issues and more involved in community issues; however, in smaller rural areas, there is sometimes a degree of denial or simply a belief that there is no problem, especially in regard to gateway drug issues such as tobacco and alcohol.

**h. Religious or fraternal groups**

- No knowledge of local problems /  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

Comments: There has been effort made by the religious/faith-based community to tackle larger community issues, and there is an awareness that problems do exist; however, many of these groups don't realize to what degree these problems exist. However, some examples of this communities response includes organizing work groups to assist low-income individuals with needed home repairs, providing school supplies to children from economically disadvantaged communities, and providing afterschool activities for youth. More faith-based groups are now seeking presentations on ATOD related issues.

**i. Civic or volunteer groups**

- No knowledge of local problems /  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

Comments: There is some knowledge of local problems and issues in civic groups; however, many of these groups tend to be focused on one area and have a great deal of knowledge in that area, but might really lack insight into other problems/issues within the community. Although, many civic groups are willing to receive education on ATOD related issues so knowledge is increasing.

**j. Healthcare professionals**

- No knowledge of local problems /  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

Comments: Most healthcare professionals in the area tend to be more knowledgeable because their line of work forces them to deal with these issues and problems daily.

**k. State, local, tribal governments**

- No knowledge of local problems /  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

Comments: State and local governments have basic knowledge of issues but don't always have the expertise needed to address these issues or problems, that's why it's essential local and state governments utilize the expertise of those who work/serve in the community daily and perform direct services.

**I. Other organizations interested in substance abuse prevention**

- No knowledge of local problems /  
 Some knowledge of local problems / issues  
 Knowledgeable of local problems / issues  
 Very knowledgeable of local problems / issues  
 Extremely knowledgeable of local problems / issues

Comments: Agencies that work in substance abuse tend to be more knowledgeable about issues/problems in the community because as they see the ATOD issues in the community these organizations realize the ripple affect of substance abuse and the impact it can have on domestic situations, crime rates/incarcerations, schools performance, etc.

**Part VII – Putting it all Together**

1. Now that you have conducted your needs assessment, what have you identified as your primary target population? Why?

Describe: Adolescents are a primary target population. Alcohol use in East Texas is part of a community norm and based on recent data, there has been an increase in use. East Texas, as a culture, has a lower perceived risk of alcohol use and a lower tolerance for underage alcohol use. Recent data also revealed an increased use of marijuana, as well as a reduction in the perceived risk associated with this drug. Although there has been an increase in prescription drug use as well, gateway drugs continue to be primary drugs of choice for use and lead to initiation of future drug use.

2. What have you identified as your target intervening variables? Why?

Describe: To reduce youth alcohol use in Region 4, the parental and adult population must be targeted and education. Alcohol is often provided by older adults and at times even parents, and although youth between the ages of 16 and 24 had the highest accident rate, the largest majority of drivers in a fatal accident were over the age of 21.

3. What have you identified as secondary target populations? Why?

Describe: Tobacco users - tobacco use rates in East Texas continue to remain higher than the state, although there has been a reduction in the past couple of years. Tobacco is a gateway drug and is the most preventable cause of death in the United States, and the largest majority of East Texas citizens believe their communities are unhealthy. ETCHNA identified the majority of East Texans have higher rates of preventable hospitalizations. In terms of cost by financially and physically, reducing tobacco rates in East Texas would improve the overall quality of life and health. Many companies/businesses throughout the region have employee health fairs and wellness days. This provides an excellent to provide information and resources to many tobacco users. In regard to marijuana, adults and law makers should be educated since there has been a national push to minimize the harmful effects of marijuana and legalize the drug. Since data has revealed an increase in use, many youth believe that if adults and law makers are promoting its benefits then it must safe.

4. What have you identified as secondary variables you would *like* to address but *may not be able* to address this fiscal year? Why?

Describe: Prescription drug use continues to rise in East Texas among youth and adults. Addressing this trend early on will be important in prevention further rise. Almost, there has been a rise in number of pregnant women with substance abuse issues accessing services. This is very serious in terms of the health risk to the mother and child and more education and services is a need.

5. How will you go through the process of creating a strategic plan for the selection of evidence-based environmental strategies, policy and procedure recommendations? *Note: This is a process question. I am not asking what strategies you have chosen (you may not know yet). I am asking what **process** you will use to strategically choose the strategies.*

Describe: Following the Strategic Prevention Framework will be necessary for choosing the best strategies: Following the process of assessment, capacity building, planning, implementing the plan and then evaluating the plan and continuing the process, making adjustment where needed. The Prevention Resource Center, though, does not function as a coalition; however, by coordinating and collaborating with community coalitions and concerned community groups and by providing expertise, support and resources, the PRC can be more effective in assisting with strategic planning and evidence-based environment strategies.

*Acknowledgement of this Needs Assessment:*

**Executive Director**

Name (PRINT): Susan Morgan	Signature: Date:
----------------------------	---------------------

**Program Director**

Name (Print): Lorri Essary	Signature: Date: 12-15-10
----------------------------	------------------------------