



PRC

PREVENTION RESOURCE CENTER  
*REGION 1*

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## Regional Contributors

**Cenikor** is dedicated to finding the right program for each person as they work to rebuild lives and relationships damaged by addiction.

**HEARD Coalition** is housed in the City of Lubbock Health Department along with the PRC. The coalition is funded by the Texas Department of Health Services, established for the purpose of building the capacity of the community to prevent youth alcohol, marijuana, prescription drugs and other illicit drugs.

**Hub City Outreach Center** has the desire to provide programs that will help shape the youth into the world changers that we know they can be. Hub City Outreach Center's holistic approach allows our Teams and volunteers to work towards meeting the physical, emotional, and spiritual needs of our youth.

**Family Support Services Amarillo** provides a variety of services including behavioral health and wellness, crisis response and support, and education and prevention.

**Stages of Recovery** is a private facility that provides treatment for addiction and dual diagnosis that is both life-long and life changing.

**Texas Tech University Center for Collegiate Recovery Communities** offers students in recovery a supportive community. It is founded on the elements of continuous recovery, connectedness in community, commitment to academics, and civility in relationships. It has been a model for collegiate recovery communities across the nation.

**Texas Tech University Mental Health Initiative** leverages and coordinates the unique strengths of the Texas Tech University System's component institutions and community partnerships to: (a) improve access to integrated services for people experiencing mental illness, substance misuse, and co-occurring conditions; (b) advance the knowledge and skills of individuals working with these populations; (c) enhance public understanding of mental health; and (d) develop and inform public policy.

# Part I: Front Matter: RNA Background and Methodology

## Executive Summary

### What is the Regional Needs Assessment (RNA)?

The Prevention Resource Center's (PRC) RNA is a document created by Region 1 along with Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The PRC in Region 1 serves 41 counties in the Panhandle and West Texas.

A needs assessment is the process of determining and addressing the "gaps" between the current conditions and desired conditions in a set environment or demographic.<sup>1</sup> This assessment was designed to aid PRCs, HHSC, and community stakeholders in long-term strategic prevention planning based on the most current information about the unique needs of Texas' diverse communities. This document will present summary statistics of risk and protective factors associated with substance use, consumption patterns, and public health consequences. In addition, this report will offer insight on gaps in behavioral health promotion and substance use prevention services and data in Texas.

### Who creates the RNA?

A team of Data Coordinators from all eleven PRCs has gathered national, state, regional, and local data through collaborative partnerships with diverse agencies from the CDC's twelve sectors for community change<sup>2</sup>:

- youth and young adults
- parents
- business communities
- media
- schools
- organizations serving youth and young adults
- law enforcement agencies
- religious or fraternal organizations
- civic or volunteer groups
- healthcare professionals and organizations
- state, local, and tribal government agencies
- and other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs, such as recovery communities, Education Services Centers, and Local Mental Health Authorities

PRC Region 1 recognizes those collaborators who contributed to the creation of this RNA.

### How is the RNA informed?

Qualitative data has been collected in the form of focus groups and interviews with key informants. Quantitative data has been collected from federal and state agencies to ensure reliability and accuracy. The information obtained through these partnerships has been analyzed and synthesized together in the form of this RNA.

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<sup>1</sup> Watkins, R., et al. (2012).

<sup>2</sup> Centers for Disease Control and Prevention. (2021).

## Key Findings

This needs assessment serves as an analysis of where to start in building an effective PRC and enhancing prevention resources throughout the south plains and panhandle. A major theme throughout the assessment was the need for additional data. Once there is additional qualitative and quantitative data for each county and the region as a whole, it will be easier to fully understand all of the needs of the population being served. The formation of partnerships and collaboration across the region will also serve to be beneficial and allow for additional needs assessments to be more comprehensive.

### Demographic

Region 1 is less ethnically diverse than the state or the nation. At the same time, some counties have a significant percentage of households with limited English abilities. There is also a wide span of data regarding median income, although the overall median income for Region 1 is lower than Texas or the United States.

### Substance Use Behaviors

Alcohol is the most prevalently used and misused substance in Region 1. Tobacco and electronic vapor products (vaping) are also used throughout the region. Many youth report using either tobacco or vaping and age of onset is low for the region. Region 1 does not seem to veto tobacco or vape use. Nevertheless, use of all substances has been decreasing since 2018.

### Underlying Risk Factors

Region 1 has many rural counties, access to healthcare can be difficult, for both physical and mental support. Additionally, health education in Region 1 is not always a priority. A general health class is part of the public-school curriculum, but many times students learn about health through school nurses.

### Behavioral Health Disparities

The ratio of behavioral healthcare providers in Region 1 is unequal to the population. Most of the providers are located in Lubbock or Amarillo. Additionally, there is a large percentage of children without health insurance, further limiting their access to care.

### Protective Factors and Community Strengths

The cohesiveness of communities is strong in the region with importance placed on family, spirituality, extracurricular activities, and athletics. Furthermore, prevention and recovery communities within the region are vibrant.



## Introduction

The information presented in this RNA aims to contribute to program planning, evidence-based decision making, and community education. The RNA strives to increase knowledge of factors related to substance use and behavioral health. There are several guiding key concepts throughout the RNA, including a focus on the youth and young adult population and the use of an empirical, public health framework. All key concepts are outlined within their own respective sections later in this report.

The information in this needs assessment is based on three main data categories:

1. exploration of related risk and protective factors as defined by The Center for Substance Abuse Prevention (CSAP);
2. exploration of drug consumption trends of adolescents with a primary focus on the state- delineated prevention priorities of alcohol (underage drinking), tobacco/nicotine, marijuana, and non-medical use of prescription drugs; and
3. broader public health and public safety consequences that result from substance use and behavioral health challenges
4. The report concludes with a collection of prevention resources in the region, an overview of the region's capacity to address substance use and other behavioral health challenges, and overall takeaways from the RNA.

## Prevention Resource Centers (PRCs)

PRCs are funded by the Texas Health and Human Services Commission (HHSC) to provide data and information related to substance use and to support prevention collaboration efforts in the community. There is one PRC located in each of the eleven Texas Public Health Service Regions (see Figure 1) to provide support to prevention providers located in their region with data, trainings, media activities, and regional workgroups.

PRCs focus on the state's overall behavioral health and the four prevention priorities:

- underage alcohol use
- underage tobacco and nicotine products use
- marijuana and other cannabinoids use
- non-medical use of prescription drugs

PRCs have four fundamental objectives:

- collect data relevant to the state's prevention priorities, share findings with community partners, and ensure sustainability of a Regional Epidemiological Workgroup (REW) focused on identifying strategies related to data collection, gaps in data, and prevention needs
- coordinate regional behavioral health promotion and substance use prevention trainings
- conduct media awareness activities related to substance use prevention and behavioral health promotion
- conduct voluntary compliance checks on tobacco and e-cigarette retailers and provide education on state tobacco laws to these retailers

## Regions

Figure 1. Map of Public Health Service Regions Serviced by a Prevention Resource Center

<b>Region 1</b>	Panhandle and South Plains
<b>Region 2</b>	Northwest Texas
<b>Region 3</b>	Dallas/Fort Worth Metroplex
<b>Region 4</b>	Upper East Texas
<b>Region 5</b>	Southeast Texas
<b>Region 6</b>	Gulf Coast
<b>Region 7</b>	Central Texas
<b>Region 8</b>	Upper South Texas
<b>Region 9</b>	West Texas
<b>Region 10</b>	Upper Rio Grande
<b>Region 11</b>	Rio Grande Valley/Lower South Texas



Image courtesy of HHSC.

## How PRCs Help the Community

PRCs provide information and education to other HHSC-funded providers, community groups, and other stakeholders through four core areas based around the four fundamental objectives: Data, Training, Media, and Tobacco Prevention. All the core areas work together to position the PRC as a regional hub of information and resources related to prevention, substance use, and behavioral health in general. PRCs work to educate the community on substance use and associated consequences through various data products, such as the RNA, media awareness activities, training, and retailer education. Through these actions, PRCs provide stakeholders with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use.

## Tobacco

The PRC Tobacco Coordinators provide education and conduct activities that address retailer compliance with state law. The goal of these tobacco-related activities is to reduce minors' access to tobacco and other nicotine products. Tobacco Coordinators conduct retailer checks to verify retailers are complying with state and federal regulations regarding proper signage and placement of tobacco products. In addition, Tobacco Coordinators provide education on state and federal guidelines for tobacco sales.

- Conduct on-site, voluntary checks with tobacco retailers in the region
- Provide education to tobacco retailers in the region that require additional information on most current tobacco laws as they pertain to minor access
- Conduct follow-up voluntary compliance visits with all tobacco retailers who have been cited for tobacco-related violations

## Training

The Public Relations Coordinators are tasked with building the prevention workforce capacity through technical support and coordination of prevention trainings.

- Work directly with HHSC-funded training entity to identify training and learning needs
- Host and coordinate trainings for virtual and in-person trainings
- Provide monthly updates to HHSC-funded prevention providers within the region about the availability of substance use prevention trainings and related trainings offered by HHSC-funded training entity and other community-based organizations

## Media

The Public Relations Coordinators use social and traditional media to increase the community's understanding of substance use prevention and behavioral health promotion.

- Promote consistent statewide messaging by participating in HHSC's statewide media campaign
- Maintain organizational social media platforms required by HHSC to post original content, share other organizations posts, and HHSC media
- Promote prevention messages through media outlets including radio or television PSAs, media interviews, billboards, bus boards, editorials, or social media

## Data

The PRC Data Coordinators serve as a primary resource for substance use and behavioral health data for their region. They lead an REW, compile and synthesize data, and disseminate findings to the community. The PRC Data Coordinators also engage in building collaborative partnerships with key community members who aid in securing access to information.

- Develop and maintain the REW.
- Conduct Key Informant Interviews (KII).
- Develop and facilitate at least one regionwide event based on RNA data findings.
- Conduct and attend meetings with community stakeholders to raise awareness and generate support to enhance data collection efforts of substance use and behavioral health data.
- Compile and synthesize data to develop an RNA to provide community organizations and stakeholders with region-specific substance use, behavioral health, and Social Determinants of Health (SDoH) information.
- Direct stakeholders to resources regarding data collection strategies and evaluation activities.
- Disseminate findings to the community.

## Regional Epidemiological Workgroups

Each Data Coordinator develops and maintains a Regional Epidemiological Workgroup (REW) to identify substance use patterns focused on the State's four prevention priorities at the regional, county, and local level. Members of the REW are stakeholders that represent all twelve of the community sectors and different geographic locations within that region. A list of the sectors can be found on page 13. The REW also works to identify regional data sources, data partners, and relevant risk and protective factors.

Information relevant to identification of data gaps, analysis of community resources and readiness, and collaboration on region-wide efforts comes directly from those participating in the REWs. A minimum of four REW meetings are conducted each year to provide recommendations and develop strong prevention infrastructure support at the regional level.

## The Regional Needs Assessment (RNA)

### Purpose/Relevance of the RNA

A needs assessment is a systematic process for determining and addressing "gaps" between current conditions and desired conditions.<sup>3</sup> The RNA is a specific needs assessment that provides community organizations and stakeholders with region-specific substance use and related behavioral health information. At the broadest level, the RNA can show patterns of substance use among adolescents and adults, monitor changes in substance use trends over time, and identify substance use and behavioral health issues that are unique to specific communities. It provides data to local providers to support grant-writing activities and provide justification for funding requests and to assist policymakers in program planning and policy decisions regarding substance use prevention, intervention, and treatment. The RNA can highlight gaps in data where critical substance use and behavioral health information is missing. It is a comprehensive tool for local providers to design relevant, data-driven prevention and intervention programs tailored to specific needs through the monitoring of county-level differences and disparities. Figure 2 below shows a visual representation of the overall steps and process of creating the RNA.

Figure 2. Steps, Processes, and Stakeholders Involved in RNA Creation

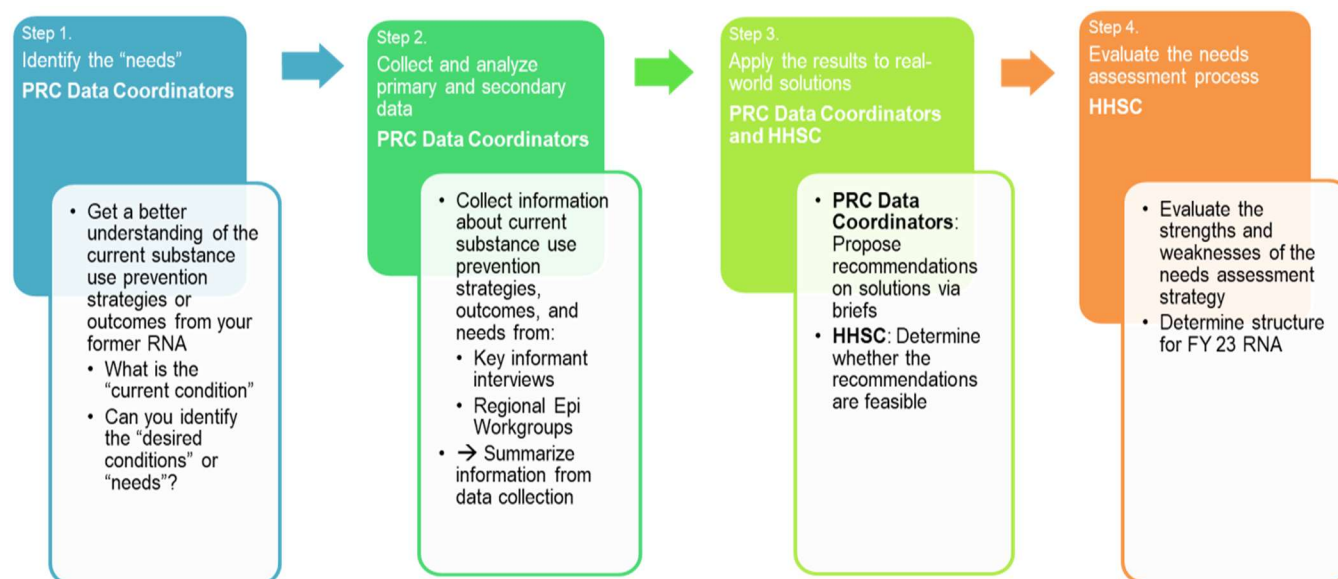


Image courtesy of HHSC.

<sup>3</sup> Watkins, R., et al. (2012).

## Stakeholders/Audience

Stakeholders can use the information presented in this report to contribute to program planning, evidence-based decision making, and community education.

The executive summary found at the beginning of this report provides highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of backgrounds, a glossary of key concepts can be found at the end of this needs assessment. The core of the report focuses on risk factors and protective factors, consumption patterns, and public health and safety consequences.

Stakeholders within the twelve sectors both contribute to the RNA and benefit from the information within. These stakeholders participate in focus groups, qualitative interviews, Epi-Workgroup meetings, and collaborations with the PRC. Qualitative interviews were completed within all twelve community sectors in 2022 and 2023.<sup>4</sup> The information gathered in these interviews was compiled to create the 2022 RNA and will be utilized in the 2023 RNA. These twelve sectors are:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• youth and young adults</li><li>• parents</li><li>• business communities</li><li>• media</li><li>• schools</li><li>• organizations serving youth and young adults</li><li>• law enforcement agencies</li><li>• religious or fraternal organizations</li></ul> | <ul style="list-style-type: none"><li>• civic or volunteer groups</li><li>• healthcare professionals and organizations</li><li>• state, local, and tribal government agencies</li><li>• and other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs such as recovery communities, Education Services Centers, and Local Mental Health Authorities</li></ul> |
|--|--|

Each sector has a unique knowledge of substance use along with risk and protective factors in their communities.

## Regionwide Event

The Region 1 PRC was tasked by HHSC to develop and facilitate at least one region-wide event based on RNA data findings to bring targeted communities and stakeholders together to educate and promote collaboration on substance use related issues.

In October 2022 the PRC hosted the Source to Solution symposium, a one-day event intended to gather health providers, prevention organizations, and community members to discuss strategies and efforts in the region. Attendees were predominantly from Hale, Lubbock, Potter, Randall, and Terry Counties, which coincides with the most populous counties in the region. The 2021 Regional Needs Assessment was presented in a session and feedback was sought regarding new sources for data and potential partnerships. This event has proven to be successful in strengthening current relationships and developing new collaborations.

<sup>4</sup> Centers for Disease Control and Prevention. (2021).

## Methodology

This needs assessment reviews behavioral health data on substance use, substance use disorders, related risk and protective factors, and other negative public health and safety consequences that will aid in substance use prevention decision making at the county, regional, and state level.

## Conceptual Framework

The overall conceptual framework for this report is the use of epidemiological data to show the overall distribution of certain indicators that are associated with substance use and behavioral health challenges. Broadly, these indicators consist of documented risk and protective factors, such as the Social Determinants of Health (SDOH), Adverse Childhood Experiences (ACEs), and Positive Childhood Experiences (PCEs); consumption patterns; and public health and safety consequences related to substance use and behavioral health challenges. The indicators are organized by the domains (or levels) of the Social Ecological Model (SEM). For the purpose of strategic prevention planning, the report attempts to identify behavioral health disparities and inequities present in the region. For more information on these various frameworks and concepts, please see the “Key Concepts” section on page 19 of this report.

## Process

PRCs collaborate with HHSC’s Data Specialist in the Prevention and Behavioral Health Promotion Unit, other PRC Data Coordinators, other HHSC staff, and regional stakeholders to develop a comprehensive data infrastructure for each PRC region.

HHSC staff met with the Data Coordinators via monthly conference calls to discuss the criteria for processing and collecting data. Primary data was collected from a variety of community stakeholders, and secondary data sources were identified as a part of the methodology behind this document. Readers can expect to find information from secondary data sources such as: the U.S. Census, American Community Survey, Texas Department of State Health Services, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, among others.

## Quantitative Data Selection

Quantitative data refers to any information that can be quantified, counted, or measured, and given a numerical value. Quantitative data tells how many, how much, or how often and is gathered by measuring and counting then analyzing using statistical analysis. Quantitative indicators were selected after doing a literature review on causal factors and consequences that are most related to substance use and non- medical use of prescription drugs. Data sets were selected based on relevance, timeliness, methodological soundness, representativeness, and accuracy. Data used in this report was primarily gathered through established secondary sources including federal and state government agencies to ensure reliability and accuracy. Region-specific quantitative data collected through local law enforcement, community coalitions, school districts, and local-level governments is included to address the unique regional needs of the community.

While the data selection process was heavily informed by research and evidence on substance use, we caution readers against drawing any firm conclusions about the consequences of substance use from the data reported here. The secondary data we have drawn from does not necessarily show a causal relationship between substance use and consequences for the community.

## Longitudinal Data

To capture a richer depiction of possible trends in the data, multi-year data, referred to as longitudinal data, is reported where it is available from respective sources. Longitudinal data in this needs assessment consist of the most recently available data going back to 2018. For each indicator, there are a different number of data points due to differing frequencies of data collection. However, data from before 2018 will not be included in this needs assessment regardless of the number of data points available. Efforts are also made to present state-level data for comparison purposes with regional and county data. In some instances, there will be data gaps, and this is generally because the data was not available at the time of the data request.

## COVID-19 and Data Quality

One of the many impacts of the COVID-19 pandemic was a direct negative effect on the data collection efforts of many organizations and agencies. This in turn has left a lasting mark on the validity and reliability of any data that was collected during this time period. While this report will include data from the time of COVID-19, primarily the years of 2020 and 2021, it is important to keep in mind that these data points may not be truly accurate of what was going on during that time. As such, no firm conclusions should be drawn from data collected during those years and we caution again making direct comparisons of these years with the other years presented in this report, namely 2018 and 2022.

## Texas School Survey (TSS) and Texas College Survey (TCS)

School Survey of Drug and Alcohol Use (TSS) and the Texas College Survey of Substance Use. TSS collects self-reported substance use data among students in grades 7 through 12 in Texas public schools while TCS collects similar information from college students across Texas. This includes tobacco, alcohol, marijuana, non-medical use of prescription drugs, and use of other illicit drugs. The surveys are sponsored by HHSC and administered by staff from the Department of Public Service and Administration (PSAA) at Texas A&M University. For TSS, PSAA actively recruits approximately 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years. For TCS, PSAA recruits from a variety of college institutions including both 2-year colleges and 4-year colleges. They administer the assessment every odd-numbered year. Outliers and statistical anomalies may cause a survey to be rejected for calculation purposes.

It is important to note that during the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure, many schools that had registered for the survey were unable to complete it. Please note that both the drop in participation along with the fact that those that did complete did so before March may have impacted the data. Figures 3 and 4 provides more detail on context on recruitment and the number of usable surveys from 2018 through 2022, showcasing how 2020 caused a sizable drop in both campuses that participated and in usable surveys.

Figure 3. Number of Usable Surveys Included in State Sample for Texas School Survey 2018-2022

Number of Surveys Included in State Sample for TSS							
Report Year	Original Campuses Selected	Campuses Signed Up to Participate	Actual Campuses Participated	Total Non-Blank Surveys	Usable Surveys	# Rejected	% Rejected
2022	711	232	164	43,010	42,199	811	1.89%
2020	700	224	107	28,901	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1884	2.9%

Figure 4. Texas School Survey Distribution Across Grades 2020 and 2022

Survey Distribution 2022			Survey Distribution TSS 2020		Difference Between TSS 2020 and 2022 TSS
Grade	# of Usable Surveys	%	# of Usable Surveys	%	# of Usable Surveys
Grade 7	10,759	25.5%	6,414	22.9%	4,345
Grade 8	11,056	26.2%	6,472	23.1%	4,584
Grade 9	5,345	12.7%	4,189	15.0%	1,156
Grade 10	5,268	12.5%	4,119	14.8%	1,149
Grade 11	4,948	11.8%	3,556	12.7%	1,392
Grade 12	4,823	11.4%	3,215	11.0%	1,608
<b>Total</b>	<b>42,199</b>	<b>100.0%</b>	<b>27,965</b>	<b>100.0%</b>	<b>14,234</b>

Information in these tables is from the Methodology Reports for the 2018, 2020, and 2022 Texas School Survey. These reports can be accessed here: <https://www.texaschoolsurvey.org/Report>.

### Qualitative Data Selection

Qualitative data is descriptive in nature and expressed in terms of language, interpretation, and meaning rather than numerical values and categorized based on traits and characteristics. Qualitative data tells the why or how behind certain behaviors by describing certain attributes and is gathered through observation and interviews then analyzed by grouping data into meaningful themes or categories.

Data Coordinators conducted key informant interviews with community members about what they believe their greatest needs and resources are in the region. These qualitative data collection methods provide additional context and nuance to the secondary data and often reveal additional potential key informants and secondary data sources. In 2022, baseline qualitative data were collected from key community stakeholders.

### Key Informant Interviews

Data Coordinators conducted Key Informant Interviews (KII) with stakeholders that represent the twelve community sectors (please see page 13 on the Region wide Event in the Introduction for a table of these sectors) across each region. Most of these interviews occurred between September of 2021 and August of 2022 and a few others up through August of 2023.

Key Informants are individuals with specific local knowledge about certain aspects of the community because of their professional background, leadership responsibilities, or personal experience. Compared to quantitative data, the format of interviewing allows the interviewer to ask more open-ended questions and allows the Key Informant to speak rather than filling in pre-selected options. This results in data with richer insights and more in-depth understanding and clarification. The interviews focused on the informant’s perceptions of their communities’ greatest resources and needs and to determine how their communities are affected by substance use and behavioral health challenges.

Each participant was asked the following questions:

1. What substance use concerns do you see in your community?
  - a. What do you think are the greatest contributing factors, and what leads you to this conclusion?
  - b. What do you believe are the most harmful consequences of substance use/misuse, and what leads you to this conclusion?
2. How specifically does substance use affect the (insert sector here) sector?



3. What substance use and misuse prevention services and resources are you aware of in your community?
  - a. What do you see as the best resources in your community?
  - b. What services and resources does your community lack?
4. What services and resources specifically dedicated to promoting mental and emotional wellbeing are you aware of in your community?
  - a. What do you see as the best resources in your community?
  - b. What services and resources does your community lack?
5. What information does the (insert sector here) sector need to better understand substance use/misuse and mental and emotional health in your community?
6. What other questions should we be asking experts in this area?
7. Once the KII was complete, the Data Coordinator transcribed the audio from the interviews and then used coding techniques to analyze the data.<sup>5</sup> This involved categorizing the information by topics, themes, and patterns.

Region 1 had two separate data collectors: the primary Data Coordinator at the Region 1 Prevention Resource Center, and a research assistant at Texas Tech University who is a co-coordinator at the Region 1 Prevention Resource Center. Both individuals conducted interviews to collect a larger swath of information from diverse populations. To gather relevant information related to substance use and mental health, the interviews conducted included students from Texas Tech, sober living professionals, therapists, mental health professionals, business professionals, university professors, parents, non-profit leaders, healthcare workers, law enforcement, community advocates, rural providers, and Region 1 residents from other diverse backgrounds. The majority of the interviews were conducted in Lubbock County due to the PRC location, but strong efforts were made to incorporate stakeholders who had a variety of involvements throughout the region.

The themes of the interviews were varied, but multiple commonalities were identified. There was a general concern that Region 1 lacks resources in the form of treatment providers for substance use and behavioral health. In addition, stakeholders in more rural areas lack awareness of prevention efforts to solve these issues before they present in those areas. A common concern of overdoses and tainted drug use that leads to accidental overdose and death is a common thread in this work. It was present in many of the conversations.

In individuals who were parents in this group, general concerns around education about substance misuse were prevalent. The elements of access to resources were discussed, and concerns about the roles of schools and educators in prevention were also notable and identifiable in these interviews. The region as a whole view the university sectors and Texas Tech in particular as essential elements of programming and education for the region. One of the notable attributes is the optimistic view of Texas Tech University's Center for Colligate Recovery and the connections to therapeutic services for adolescents in the region.

Nicotine was not a significant discussion in the interviews, but devices such as vape use; alternative delivery methods of THC were mentioned but were only of high priority for people who work directly with youth. Driving and substance interactions were noted but were most prevalent in parents being interviewed. Issues of interpersonal violence and assault were mentioned but appeared as comments from individuals who fell into the young adult category.

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<sup>5</sup> University of Illinois Urbana-Champaign Library. (2023)

## Key Concepts

### Epidemiology

Epidemiology is defined as the study (scientific, systematic, and data-driven) of the distribution (frequency, pattern) and determinants (causes, risk factors) of health-related states or events (not just diseases) in specified populations (neighborhood, school, city, state, country, global). It is also the application of this study to the control of health problems.<sup>6</sup> This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use. Epidemiology frames substance use as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA), the main federal authority on substance use, utilizes epidemiology to identify and analyze community patterns of substance use and the contributing factors influencing this behavior.

### Risk and Protective Factors

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model, described more in the following section.<sup>7</sup>

### Social-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional risk and protective factors that influence health behavior and to categorize health intervention strategies.<sup>8</sup> This RNA is organized using the four domains of the SEM (See Figure 5)<sup>9</sup> as described below:

- Societal Domain - social and cultural norms and socio-demographics such as the economic status of the community
- Community Domain - social and physical factors that indirectly influence youth including educational attainment of the community, community conditions like the physical built environment, experiences of poverty, the health care/service system, and retail access to substances
- Interpersonal Domain – social and physical factors that indirectly impact youth including academic achievement and the school environment, family conditions and perceptions of parental attitudes, and youth perceptions of peer consumption and social access
- Individual Domain – intrapersonal characteristics of youth such as knowledge, skills, attitudes, beliefs, and behaviors

The SEM proposes that behavior is impacted by all levels of influence, from the intrapersonal to the societal, and that prevention and health promotion programs become more effective when they intervene at multiple levels. Changes at the societal and community levels will create change in individuals, and the support of relevant stakeholders and community leaders in the population is essential for implementing environmental change at the community and societal level.

<sup>6</sup> Centers for Disease Control and Prevention. (2012).

<sup>7</sup> Substance Abuse and Mental Health Services. (2019).

<sup>8</sup> Centers for Disease Control and Prevention. (2022a).

<sup>9</sup> Adapted from: D'Amico, EJ, et al. (2016).

Figure 5. Social-Ecological Model for Substance Use, with Examples

		Risk Factors	Protective Factors
<p><b>Society</b></p> <p><b>Community</b></p> <p><b>Interpersonal</b></p> <p><b>Individual</b></p>		<ul style="list-style-type: none"> <li>• Impoverishment</li> <li>• Unemployment and underemployment</li> <li>• Discrimination</li> <li>• Pro-AOD-use messages in the media</li> </ul>	<ul style="list-style-type: none"> <li>• Media literacy (resistance to pro-use messages)</li> <li>• Decreased accessibility</li> <li>• Increased pricing through taxation</li> <li>• Raised purchasing age and enforcement</li> <li>• Stricter driving-under-the-influence laws</li> </ul>
		<ul style="list-style-type: none"> <li>• Availability of AOD</li> <li>• Community laws, norms favorable toward AOD</li> <li>• Extreme economic and social deprivation</li> <li>• Transition and mobility</li> <li>• Low neighborhood attachment and community disorganization</li> <li>• Academic failure beginning in elementary school</li> <li>• Low commitment to school</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities for participation as active members of the community</li> <li>• Decreasing AOD accessibility</li> <li>• Cultural norms that set high expectations for youth</li> <li>• Social networks and support systems within the community</li> <li>• Opportunities for prosocial involvement</li> <li>• Rewards/recognition for prosocial involvement</li> <li>• Healthy beliefs and clear standards for behavior</li> <li>• Caring and support from teachers and staff</li> <li>• Positive instructional climate</li> </ul>
		<ul style="list-style-type: none"> <li>• Family history of AOD use</li> <li>• Family management problems</li> <li>• Family conflict</li> <li>• Parental beliefs about AOD</li> <li>• Association with peers who use or value AOD use</li> <li>• Association with peers who reject mainstream activities and pursuits</li> <li>• Susceptibility to negative peer pressure</li> <li>• Easily influenced by peers</li> </ul>	<ul style="list-style-type: none"> <li>• Bonding (positive attachments)</li> <li>• Healthy beliefs and clear standards for behavior</li> <li>• High parental expectations</li> <li>• A sense of basic trust</li> <li>• Positive family dynamics</li> <li>• Association with peers who are involved in school, recreation, service, religion, or other organized activities</li> <li>• Resistance to negative peer pressure</li> <li>• Not easily influenced by peers</li> </ul>
		<ul style="list-style-type: none"> <li>• Biological and psychological dispositions</li> <li>• Positive beliefs about AOD use</li> <li>• Early initiation of AOD use</li> <li>• Negative relationships with adults</li> <li>• Risk-taking propensity/impulsivity</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities for prosocial involvement</li> <li>• Rewards/recognition for prosocial involvement</li> <li>• Healthy beliefs and clear standards for behavior</li> <li>• Positive sense of self</li> <li>• Negative beliefs about AOD</li> <li>• Positive relationships with adults</li> </ul>

## Social Determinants of Health (SDOH)

The U.S. Department of Health and Human Services, Health People 2030 defines the SDOH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>10</sup> The SDOH are grouped into 5 domains (see Figure 6): economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. SDOH's have a major impact on health, well-being, and quality of life, and they also contribute to health disparities and inequities.

Figure 6. Social Determinants of Health



## Adolescence

The American Psychological Association defines “adolescence” as a part of human development which begins at puberty (10-12 years of age) and ends with physiological and neurobiological maturity, reaching to at least 20 years of age. Brain development continues into an individual’s mid-twenties. Adolescence is a period of major changes in physical characteristics along with significant effects on body image, self- concept, and self-esteem. Mental characteristics are also developing during this time. These include abstract thinking, reasoning, impulse control, and decision-making skills.<sup>11</sup> The World Health Organization (WHO) adds this period of growth poses a critical point in vulnerability where the non-medical use of substances, or other risky behaviors can have long-lasting negative effects on future health and well- being.<sup>12</sup>

A similar but slightly different term that is used in the justice system is “juvenile.” The Texas Juvenile Justice System defines a juvenile as a person at least 10 years old but not yet 17 at the time he or she commits an act of “delinquent conduct” or “conduct in need of supervision”.<sup>13</sup> Delinquent conduct is generally conduct that could result in imprisonment or jail if committed by an adult. Conduct in Need of Supervision for juveniles includes truancy and running away from home. In the context of some indicators, juvenile will be used instead of adolescent to define the population of interest more precisely.

## Adverse Childhood Experiences (ACEs)

The CDC-Kaiser Permanente adverse childhood experiences (ACE) study from 1998 is one of the largest investigations of childhood abuse, neglect, and household challenges, and the effects on health and well-being later in life.<sup>14</sup> ACEs are events that occur in children 0-17 years of age. The ACE questionnaire asks about experiences such as childhood abuse, neglect, and household dysfunction across seven different categories. The study showed that individuals with a score of 4 or more (meaning they experienced at least one event in four of the seven categories) have an increased risk for:

- Smoking, heavy alcohol use, and SUDs
- Mental health issues, such as depression and suicidal behavior
- Poor self-rated health
- Sexually transmitted disease
- Challenges with obesity and physical inactivity
- Heart disease
- Lung disease
- Risk for broken bones
- Multiple types of cancer

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<sup>11</sup> American Psychological Association. (2023).

<sup>12</sup> World Health Organization. (2023).

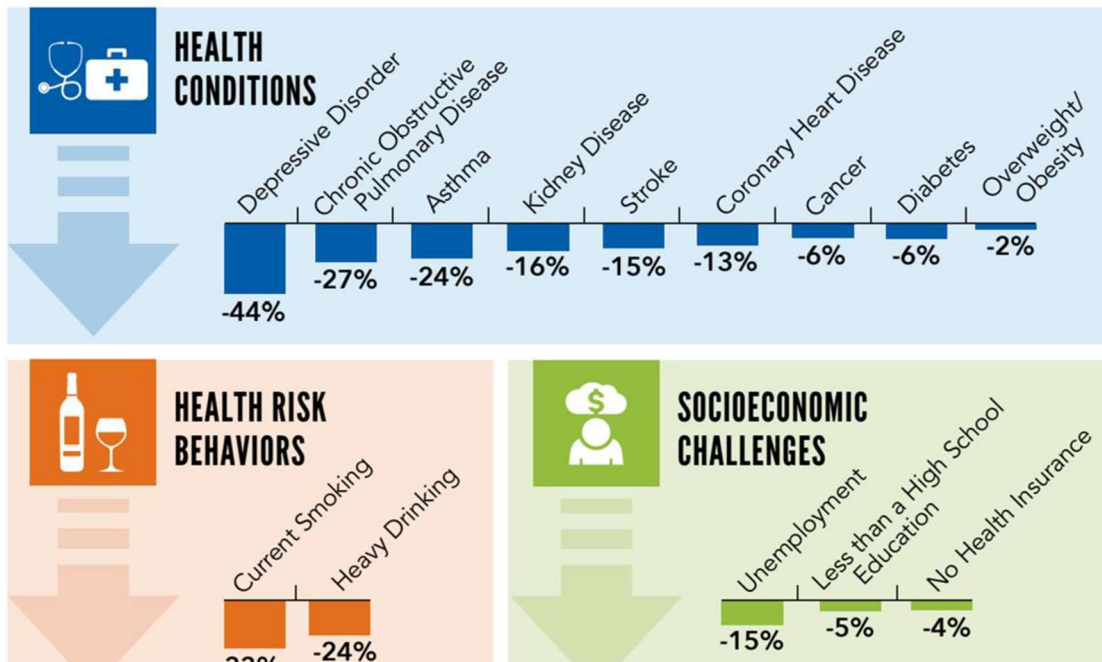
<sup>13</sup> Texas Juvenile Justice Department. (2022).

<sup>14</sup> Felitti, VJ, et al. (1998).

The study also showed that there is a dose-response relationship where experiencing ACEs in more categories is directly linked with an increasing risk for the above physical and behavioral health concerns. ACEs can also negatively impact job opportunities, education, and earning potential.

ACEs are common with the CDC reporting that approximately 61% of adults have experienced at least one type of ACE before the age of 18, and 1 in 6 reports having 4 or more. Women and other marginalized groups are at a higher risk for experiencing 4 or more types of ACEs. ACEs can, however, be prevented by creating safe, stable, and healthy relationships and environments. Preventing ACEs requires understanding and addressing the risk and protective factors that make these experiences more likely to occur.<sup>15</sup> Figure 7 below describes the potential health and socioeconomic benefits in adulthood that could come from preventing ACEs in childhood.

Figure 7. Potential Reduction of Negative Outcomes in Adulthood



Accessed from: <https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf>. Original source: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

### Positive Childhood Experiences (PCEs)

Unlike ACEs which have been researched for decades, Positive Childhood Experiences are still a relatively new and explored aspect of prevention. Dr. Christina Bethell from Johns Hopkins, one of the leading researchers on Positive Childhood Experiences (PCEs), defines a positive childhood experience as “feeling safe in our families to talk about emotions and things that are hard and feeling support during hard times.”<sup>16</sup> Dr. Bethell and her colleagues conducted a similar study to the ACEs study in 2019 to determine the health impacts of positive childhood experiences. In this study, they identified seven distinct PCEs:

1. The ability to talk with family about feelings.
2. The sense that family is supportive during difficult times.
3. The enjoyment of participating in community traditions.
4. Feeling a sense of belonging in high school (this did not include those who did not attend school or were home schooled).
5. Feeling supported by friends.
6. Having at least 2 non-parent adults who genuinely cared about them.

<sup>15</sup> Centers for Disease Control and Prevention. (2022b).

<sup>16</sup> Kreitz, M. (2023).

## 7. Feeling safe and protected by an adult in the home.<sup>17</sup>

The researchers used data from adults who responded to the 2015 Wisconsin Behavioral Risk Factor Survey (BRFS) and, like the ACEs study, also found that PCEs have a dose-response relationship with adult mental and behavioral health meaning that experiencing more PCEs was associated with better outcomes. This included a lower probability of depression and poor mental health and increased likelihood of reporting high amounts of social and emotional support in adulthood. The protective effects of PCE's remained even after adjusting for ACEs suggesting that promotion of PCEs may have a positive lifelong impact despite co-occurring adversities such as ACEs.<sup>18</sup>

### Consumption Patterns

This needs assessment follows the example of the [Texas School Survey](#) (TSS), the [Texas Youth Risk Surveillance System](#) (YRBSS), and the [National Survey on Drug Use and Health](#) (NSDUH), by organizing consumption patterns into three categories:

- lifetime use (has tried a substance, even if only once)
- school year use (past year use when surveying adults or youth outside of a school setting)
- current use (use within the past 30 days)

These three consumption patterns are used in the TSS to elicit self-reports from adolescents on their use of tobacco, alcohol, marijuana, and other illicit drugs, and their non-medical use of prescription drugs. The TSS therefore serves as the primary outcome measure of Texas youth substance use in this needs assessment.

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<sup>17</sup> Pinetree Institute. (2023).

<sup>18</sup> Bethell, C. et al. (2019).

## Part II: Geographical Area and Community Demographics

Texas is in the top five fastest growing States. The estimated population is 30,029,572 as of July 2022. Texas saw a population percentage change of nearly 3% in just two years between April 1st, 2020, and July 1st, 2021. The population grew from 25,145,561 in April 2010 to a staggering 29,145,505 in April 2020. Texas is one of the most diverse states, both geographically and economically. Texas has forty cities with populations over 100,000 and five cities with populations over 900,000. Texas is the second- largest U.S State by land mass and is dotted with both dense metropolitan areas and large swaths of unincorporated rural areas. The population per square mile in the state is 111.6 as of 2020.

Texas is very diverse with large population dense cities, as well as a great deal of unincorporated rural areas throughout the state. Texas has three cities with populations over 1 million, including Houston, San Antonio and Dallas. As of 2020 six cities including Houston, San Antonio, Dallas, Austin, Fort Worth, and El Paso, had populations that exceed 500,000. Seventeen cities in Texas currently have populations exceeding 200,000. In 2020 Texas had 68 metropolitan or urban counties and 186 counties classified as rural or non-metropolitan.

## Regional Demographics: Panhandle and South Plains

### Overview of the Region

#### Geographic Boundaries

Texas is split into 11 separate Prevention Resource Centers. Region 1 is the largest geographically at 39,348.3 square miles. Region 1 is bordered by Oklahoma to the north and east and New Mexico to the west. The southernmost counties in Region 1 are Garza, Lynn, Terry, and Yoakum.

Region 1 encompasses 41 counties, including Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, and Yoakum.

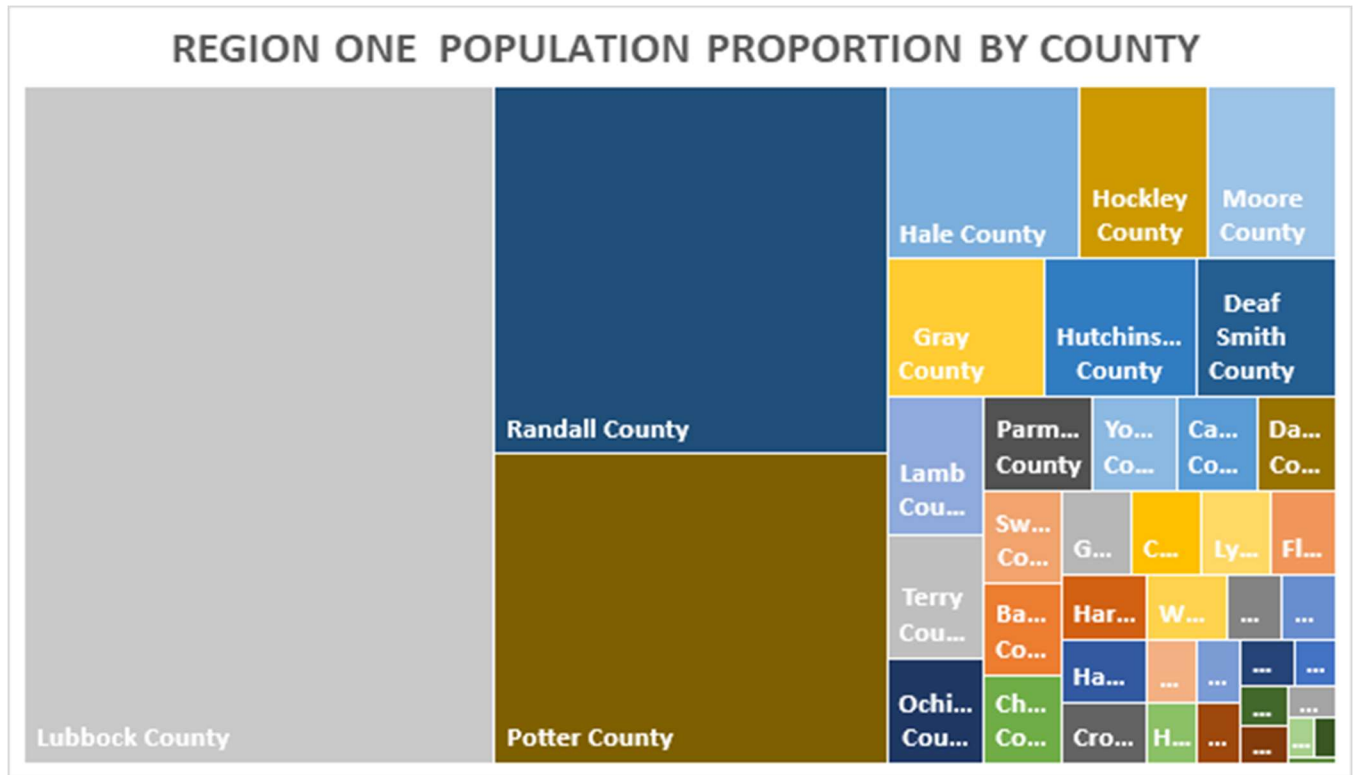
The three largest metropolitan counties are in Region1 are Lubbock, Randall, and Potter.

Figure 8. Map of Texas Showing Region 1





Figure 9. Population Proportion by County



## Demographic Information

### Total Population

The total population for Region 1 is 866,122. Three counties within Region 1 have populations of over 100,000. The largest county is Lubbock, with 310,639, followed by Randall, with a population of 140,753, and Potter, with a population of 118,525. The smallest county in region 1 is King, with a population of 265. Only two counties (Lubbock and Potter) have not been designated rural by the Federal Office of Rural Health Policy.

The average population per square mile in Region 1 is 22.0 people. This is substantially less than the average of 111.6 possessed by the state of Texas, as well as the United States' average of 87.4, with the vast majority of Region 1 communities having less than 10 people residing in every square mile.

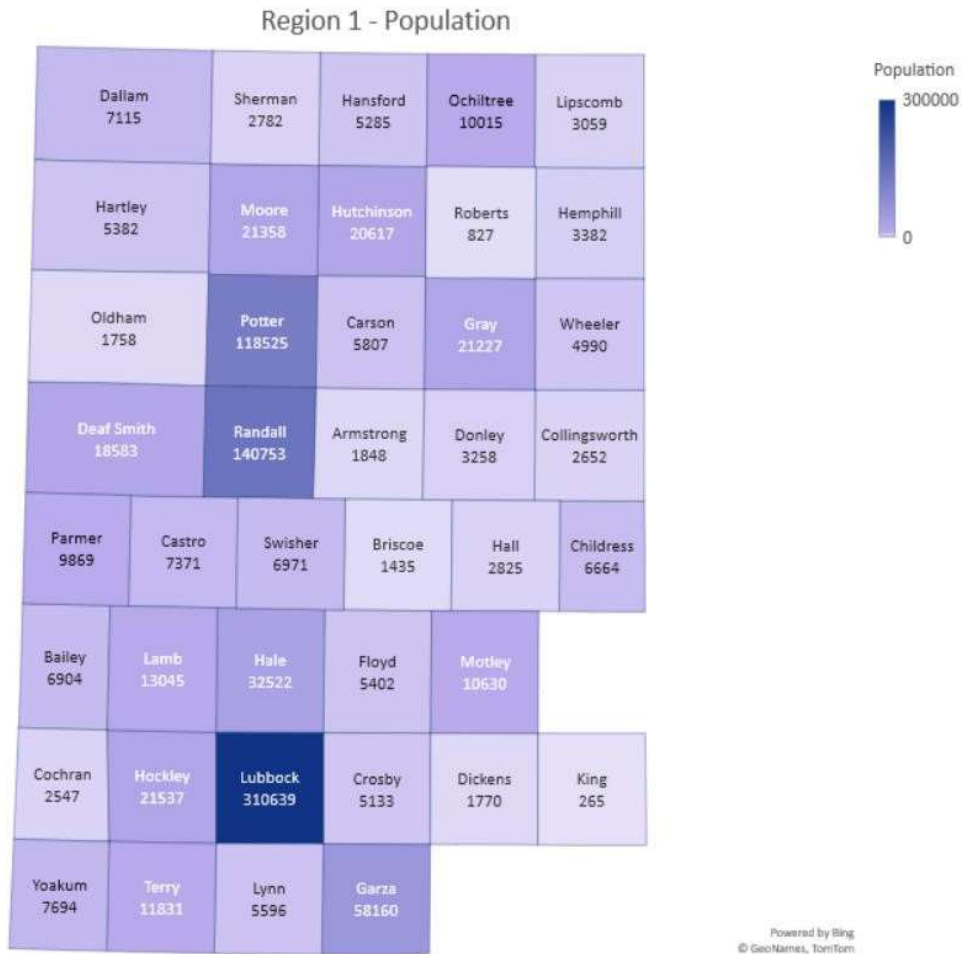
Lubbock, Potter, and Randall Counties (the urban areas of Lubbock and Amarillo) comprise of 65% of the region's population. Only twelve of the region's 41 counties have more than 10,000 residents.

Figure 10. Population by County

County	Population	County	Population
Armstrong	1,848	Hemphill	3,382
Baily	6,904	Hockley	21,537
Briscoe	1,435	Hutchinson	20,617
Carson	5,807	King	265
Castro	7,371	Lamb	13,045
Childress	6,664	Lipscomb	3,059
Cochran	2,547	Lubbock	310,639

County	Population	County	Population
Collingsworth	2,652	Lynn	5,596
Crosby	5,133	Moore	21,358
Dallam	7,115	Motley	1,063
Deaf Smith	18,583	Ochiltree	10,015
Dickens County	1,770	Oldham	1,758
Donley	3,258	Parmer	9,869
Floyd	5,402	Potter	118,525
Garza	5,816	Randall	140,753
Gray	21,227	Roberts	827
Hale	32,522	Sherman	2,782
Hall	2,825	Swisher	6,971
Hansford	5,285	Terry County	11,831
Hartley	5,382	Wheeler	4,990
		Yoakum	7,694

Figure 11. Map Showing Counties and their Population



## Sex and Age

The age of the population in Region 1 is fairly similar to that of the state of Texas. Just under one quarter of the population is under 18. Texas as a whole has a slightly younger population than the United States (25.5% compared to 22.3%).

The sex of the population in Region 1 closely reflects that of Texas and the United States. Region 1 is comprised of 50.7% males and 49.3% females, compared to 49.9% and 50.1% in Texas and 49.5% and 50.5% respectively in the United States.

Figure 12. Regional Population by Age and Sex

County	Total	Male	Female	Age 0-17	Age 18-24	Age 25-44	Age 45-64	Age 65+
Armstrong	1,980	915	1,065	503	172	402	448	455
Bailey	6,968	3,466	3,502	1943	695	2010	1383	937
Briscoe	1,266	751	515	210	90	285	371	310
Carson	5,856	2,899	2,957	1410	409	1361	1459	1217
Castro	7,450	3,752	3,698	2185	703	1814	1580	1168
Childress	6,784	4,332	2,452	1224	565	2775	1295	925
Cochran	2,553	1,301	1,252	693	171	725	550	414
Collingsworth	2,948	1,472	1,476	759	310	631	691	557
Crosby	5,265	2,712	2,553	1352	463	1312	1172	966
Dallam	7,135	3,758	3,377	2330	446	1940	1667	752
Deaf Smith	18,675	9,363	9,312	5843	1886	4676	3912	2358
Dickens	1,569	793	776	324	74	373	407	391
Donley	3,266	1,626	1,640	662	494	619	749	742
Floyd	5,478	2,739	2,739	1481	443	1298	1244	1012
Garza	5,734	3,522	2,212	805	653	1630	1732	914
Gray	21,398	11,517	9,881	5426	1860	5711	5055	3346
Hale	32,879	17,271	15,608	8946	3698	8414	7467	4354
Hall	2,875	1,410	1,465	645	237	561	782	650
Hansford	5,332	2,817	2,515	1598	496	1231	1149	858
Hartley	5,465	3,281	2,184	1172	239	2054	1211	789
Hemphill	3,450	1,965	1,485	926	241	769	932	582
Hockley	21,670	10,896	10,774	5693	2422	5487	4946	3122
Hutchinson	20,801	10,623	10,178	5356	1795	5157	4989	3504
King	229	114	115	57	6	79	70	17
Lamb	13,147	6,600	6,547	3670	1184	3010	3067	2216
Lipscomb	3,138	1,431	1,707	965	276	800	598	499
Lubbock	308,580	152,530	156,050	73995	51606	82153	62596	38230
Lynn	5,587	2,899	2,688	1543	417	1430	1311	886
Moore	21,494	11,262	10,232	6853	2097	5567	4570	2407
Motley	1,269	692	577	279	73	265	304	348
Ochiltree	10,063	5,052	5,011	3129	907	2745	2226	1056
Oldham	2,251	1,350	901	791	147	555	484	274
Parmer	9,874	5,086	4,788	2803	848	2605	2183	1435
Potter	119,043	61,505	57,538	32688	10770	33146	27392	15047
Randall	139,176	68,753	70,423	33670	13613	38598	32275	21020
Roberts	724	390	334	126	38	152	230	178
Sherman	2,357	1,119	1,238	494	282	507	686	388
Swisher	7,055	3,948	3,107	1772	644	1740	1606	1293
Terry	11,937	6,558	5,379	3314	1249	2986	2625	1763
Wheeler	5,091	2,663	2,428	1285	401	1120	1282	1003
Yoakum	7,707	3,680	4,027	2522	494	2093	1901	697
Total	865,519	438,813	426,706	221,442	103,614	230,786	190,597	119,080

### Population by Race/Ethnicity (including Alone and in Combination)

When compared to both the United States and Texas, Region 1 is less racially and ethnically diverse. A large percentage of the population is White (76%), of which 38.9% of the population which identifies as Hispanic or Latino. When separating the two groups; Non-Hispanic White and Hispanic, we see that Region 1's Hispanic population is similar to that of Texas; (38.9% vs. 39.7%), while its Non-Hispanic White population exceeds the Texas percentage by 10.6% (51.2% vs. 40.6%). When comparing Region 1's African American population to the average of Texas, the difference is around 8.4% (5.0% vs. 12.1%). The Region 1 Hispanic population in 2019 exceeded the United States' by over 20% (38.9 vs. 18.4%), while its Non- Hispanic White population fell below the United States by 8.2% (51.2% vs. 59.4%).

The Region 1 counties with the highest percentage of Non-Hispanic population are Armstrong (91.3%), Carson (89.4%), Donley (88.2%), Motley (86.6%) and Roberts (86.2%). Counties with the lowest Non- Hispanic population include Yoakum (32.2%), Bailey (33.5%), Castro (34.5%), Parmer (35.3%), and Hale (39.4%).

Again, there is a significant difference in the distribution of racial population percentages throughout Region 1 for African Americans. The counties with the highest African American population percentages include Potter (10.0%), Collingsworth (8.92%), and Childress (8.76%) while those with the lowest percentage include Armstrong, Bailey, Carson, Dallam, Deaf Smith, Hansford, King, Lynn, Ochiltrie, Roberts, and Sherman, all of which fall below 1 percent.

The majority of Region 1 counties' populations are made up of at least 20% Hispanic. Those with significantly higher percentages include Deaf Smith, which has a population made up of 74.4% Hispanic, Yoakum (67.8%), and Bailey (66.5%). Meanwhile, those that contain the least Hispanic population negatively correlate to the counties with the highest Non-Hispanic White populations: Armstrong, Carson, Donley, King, Motley, Oldham, and Roberts.

Races included in the "Other" population group include Asian, American Indian, and Alaska Native, and Native Hawaiian and other Pacific Islander. Two or more races have a range of 0%-18% in the region.

Figure 13. Non-Hispanic Population

Non-Hispanic Population Region 1						
County	% White alone	% African American alone	% Two or More Races	% Other	% Non-Hispanic Total	
Armstrong	88%	0.66%	1%	1%	91.3%	
Bailey	32%	0.19%	0%	2%	33.5%	
Briscoe	54%	2.45%	5%	2%	63.6%	
Carson	85%	0.99%	0%	3%	89.4%	
Castro	31%	1.15%	1%	2%	34.5%	
Childress	54%	8.76%	3%	0%	65.8%	
Cochran	34%	5.01%	1%	0%	40.3%	
Collingsworth	57%	8.92%	1%	1%	68.5%	
Crosby	38%	2.92%	1%	1%	43.3%	
Dallam	52%	0.04%	1%	0%	52.9%	
Deaf Smith	23%	0.74%	0%	1%	25.6%	
Dickens	63%	2.10%	0%	1%	66.2%	
Donley	79%	6.71%	2%	0%	88.2%	
Floyd	36%	2.81%	2%	0%	40.7%	
Garza	38%	7.34%	2%	3%	50.1%	
Gray	61%	4.87%	1%	2%	70.0%	

Non-Hispanic Population Region 1					
County	% White alone	% African American alone	% Two or More Races	% Other	% Non-Hispanic Total
Hale	32%	4.35%	2%	1%	39.4%
Hall	55%	5.67%	5%	0%	65.5%
Hansford	50%	0.17%	1%	1%	51.4%
Hartley	58%	7.76%	5%	1%	72.4%
Hemphill	62%	0.23%	2%	0%	64.5%
Hockley	45%	3.22%	1%	1%	50.7%
Hutchinson	69%	2.20%	2%	2%	75.8%
King	65%	0.00%	0%	0%	65.1%
Lamb	38%	3.15%	1%	1%	43.5%
Lipscomb	60%	1.05%	4%	1%	66.2%
Lubbock	52%	6.64%	2%	3%	63.6%
Lynn	50%	0.93%	2%	1%	53.6%
Moore	31%	3.94%	2%	5%	42.3%
Motley	79%	1.18%	5%	1%	86.6%
Ochiltree	42%	0.07%	1%	1%	44.4%
Oldham	70%	4.58%	1%	1%	76.5%
Parmer	33%	1.00%	1%	1%	35.3%
Potter	43%	10.02%	2%	6%	60.6%
Randall	69%	2.94%	2%	2%	76.7%
Roberts	82%	0.00%	4%	0%	86.2%
Sherman	52%	0.08%	1%	2%	54.8%
Swisher	44%	7.95%	1%	2%	54.8%
Terry	41%	1.99%	1%	0%	43.8%
Wheeler	69%	1.85%	3%	0%	74.4%
Yoakum	29%	1.34%	1%	1%	32.2%
<b>Region 1</b>	<b>51%</b>	<b>5.27%</b>	<b>2%</b>	<b>3%</b>	<b>61%</b>
<b>Texas</b>	<b>41%</b>	<b>11.79%</b>	<b>2%</b>	<b>5%</b>	<b>60%</b>
<b>US</b>	<b>59%</b>	<b>12.19%</b>	<b>3%</b>	<b>7%</b>	<b>82%</b>

Figure 14. Hispanic Population

Hispanic Population Region 1					
County	% White alone	% African American alone	% Two or More Races	% Other	% Hispanic Total
Armstrong	5%	0%	2%	1%	8.7%
Bailey	55%	0%	0%	11%	66.5%
Briscoe	31%	0%	4%	2%	36.4%
Carson	7%	0%	1%	2%	10.6%
Castro	44%	0%	18%	4%	65.5%
Childress	20%	0%	9%	5%	34.2%
Cochran	31%	1%	22%	5%	59.7%
Collingsworth	12%	0%	11%	8%	31.5%
Crosby	39%	1%	7%	9%	56.7%
Dallam	27%	0%	10%	10%	47.1%
Deaf Smith	53%	0%	14%	7%	74.4%

Hispanic Population Region 1					
County	% White alone	% African American alone	% Two or More Races	% Other	% Hispanic Total
Dickens	21%	0%	4%	10%	33.8%
Donley	9%	0%	1%	3%	11.8%
Floyd	47%	2%	6%	4%	59.3%
Garza	34%	0%	9%	7%	49.9%
Gray	19%	0%	4%	7%	30.0%
Hale	42%	0%	12%	7%	60.6%
Hall	16%	0%	9%	9%	34.5%
Hansford	35%	0%	8%	5%	48.6%
Hartley	22%	0%	3%	2%	27.6%
Hemphill	16%	1%	6%	12%	35.5%
Hockley	33%	0%	11%	5%	49.3%
Hutchinson	12%	0%	8%	5%	24.2%
King	24%	0%	8%	3%	34.9%
Lamb	42%	0%	11%	3%	56.5%
Lipscomb	15%	0%	7%	12%	33.8%
Lubbock	22%	1%	7%	6%	36.4%
Lynn	26%	0%	15%	4%	46.4%
Moore	39%	0%	8%	11%	57.7%
Motley	7%	0%	1%	5%	13.4%
Ochiltree	35%	1%	9%	11%	55.6%
Oldham	18%	0%	5%	1%	23.5%
Parmer	45%	0%	15%	4%	64.7%
Potter	29%	0%	6%	4%	39.4%
Randall	14%	0%	5%	3%	23.3%
Roberts	14%	0%	0%	0%	13.8%
Sherman	28%	0%	8%	9%	45.2%
Swisher	36%	0%	6%	3%	45.2%
Terry	35%	0%	17%	5%	56.2%
Wheeler	17%	0%	4%	5%	25.6%
Yoakum	46%	0%	12%	10%	67.8%
<b>Region 1</b>	<b>25%</b>	<b>0%</b>	<b>8%</b>	<b>6%</b>	<b>39%</b>
<b>Texas</b>	<b>24%</b>	<b>0%</b>	<b>9%</b>	<b>7%</b>	<b>40%</b>
<b>US</b>	<b>9%</b>	<b>0%</b>	<b>4%</b>	<b>6%</b>	<b>18%</b>

## Disability Status

Disability exists when there is a disconnect between a person’s body and the physical and social environments they inhabit, resulting in limitations of activities and restrictions to fully participate at school, work, home, or in the community. Disability is a dynamic concept that fluctuates over time as a person’s health improves or declines, as technology advances, and as social structures adapt.

Measuring a complex concept such as disability is difficult. Because disability exists along a continuum, various cut-offs are used to allow for simpler understanding. The most common cut-off is the “with a disability”/“no disability”. Surveys such as the American Community Survey (ACS) are limited to capturing difficulty with only selected activities. Thus, people identified in the ACS as having a disability are those who report difficulty with specific functions, and may, in the absence of accommodation, have a disability. While this definition differs from the Institute of Medicine, it does best fit the programmatic definitions used in most federal and state legislation.

In the current ACS, disability questions related to hearing, vision, cognitive, ambulatory, self-care, and independent living are asked. Disability status is determined from the answers to these types of difficulties. For children aged 5-14, difficulty with independent living is not a variable. Children under the age of 5 are not included in these measures. Disability by type is not currently available in this data set.

In Region 1, 12.6% of the population is considered disabled. In Crosby (20.8%), Lynn (20.4%), and Briscoe (20.1%) Counties, more than 20% of the population are people with a disability. Armstrong, Castro, Deaf Smith, Donley, Moore, Oldham, and Yoakum Counties have less than 10% of the population living with a disability. There is no noticeable difference between people living with a disability in urban versus non-urban areas.

Figure 15. Population with a Disability

County	Population	With a Disability	Percent with Disability
Armstrong	1,924	178	9.3%
Bailey	6,778	1,104	16.3%
Briscoe	1,266	255	20.1%
Carson	5,827	601	10.3%
Castro	7,386	730	9.9%
Childress	5,230	668	12.8%
Cochran	2,525	487	19.3%
Collingsworth	2,891	476	16.5%
Crosby	5,196	1,081	20.8%
Dallam	7,100	726	10.2%
Deaf Smith	18,502	1,559	8.4%
Dickens	1,482	281	19.0%
Donley	3,207	289	9.0%
Floyd	5,451	707	13.0%
Garza	4,325	756	17.5%
Gray	19,831	2,575	13.0%
Hale	31,249	3,626	11.6%
Hall	2,832	511	18.0%
Hansford	5,271	715	13.6%
Hartley	4,064	480	11.8%

County	Population	With a Disability	Percent with Disability
Hemphill	3,416	676	19.8%
Hockley	21,478	3,156	14.7%
Hutchinson	20,708	3,673	17.7%
King	229	27	11.8%
Lamb	12,969	2,047	15.8%
Lipscomb	3,104	525	16.9%
Lubbock	304,733	38,888	12.8%
Lynn	5,530	1,129	20.4%
Moore	21,364	2,112	9.9%
Motley	1,269	247	19.5%
Ochiltree	10,008	1,269	12.7%
Oldham	1,801	175	9.7%
Parmer	9,813	1,201	12.2%
Potter	112,322	13,698	12.2%
Randall	138,320	14,416	10.4%
Roberts	724	108	14.9%
Sherman	2,332	372	16.0%
Swisher	6,423	1,015	15.8%
Terry	11,162	1,784	16.0%
Wheeler	5,037	765	15.2%
Yoakum	7,707	739	9.6%
Total	842,786	105,827	12.6%

### LGBTQ+ Population

The definition of family and household is constantly evolving. Beginning in 2013, the “spouse” category of the American Community Survey includes same-sex spouses. In 2019, the “Husband or wife” category was expanded to “Opposite-sex husband/wife/spouse” and “Same-sex husband/wife/spouse” and the “Unmarried partner” category was expanded to “Opposite-sex unmarried partner” and “Same-sex unmarried partner. The categories “same-sex husband/wife/spouse” and “opposite-sex husband/wife/spouse” include people in formal marriages, as well as people in common-law marriages.

In Region 1, just over 2,000 people have a same-sex partner living with them. In Texas, that number is 1,209,500. The division of male/male and female/female households is pretty even, with 47.7% of same- sex households consisting of male partners and 52.3% of same-sex households consisting of female partners.



Figure 16. Same Sex Households in Texas

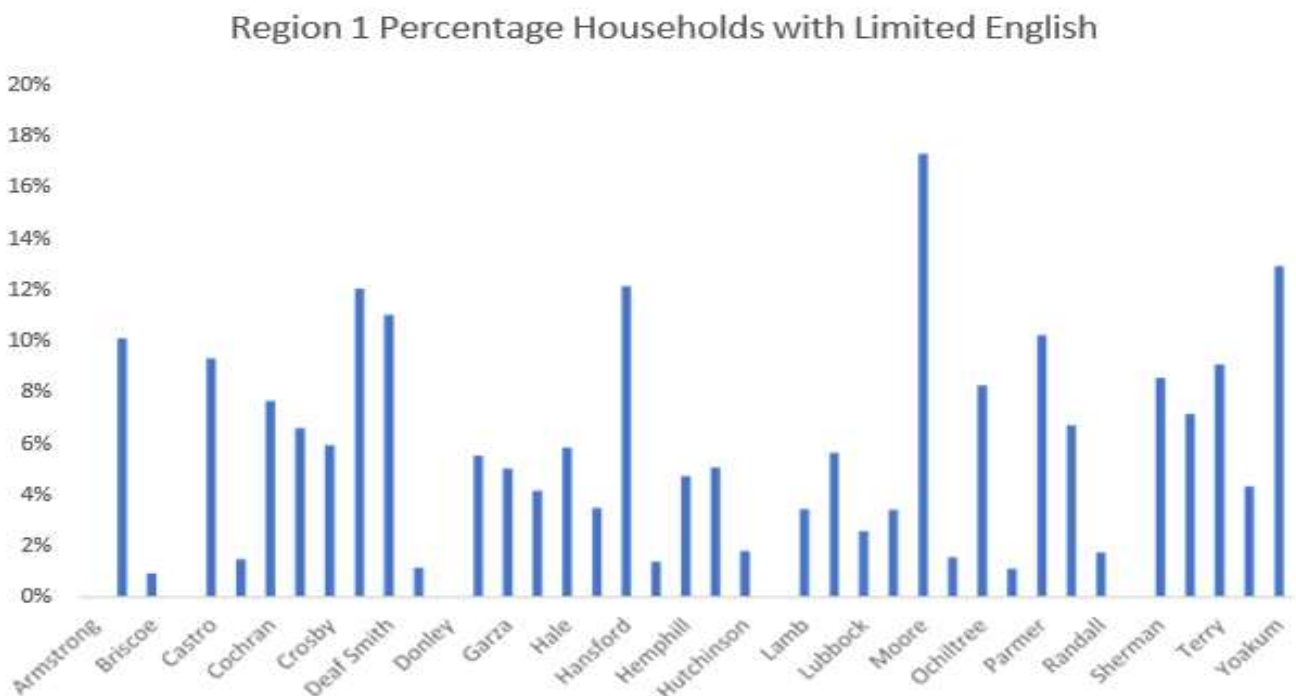


**Limited English Language Proficiency and Languages Spoken at Home**

A "limited English-speaking household" is one in which no member 14 years or older speaks only English, or speaks English "very well." In other words, all members 14 years old and over have at least some difficulties with English. By definition, English-only households cannot belong to this group.

This percentage varies greatly throughout the region with Moore having the highest limited English abilities (17.2%), and Armstrong, Carson, Dickens, Donley, King, and Roberts reporting 0% limited English abilities. Most English-limited households reported Spanish as the primary language, but Deaf Smith, Hale, Lubbock, Moore, Potter, and Randall also reported other languages.

Figure 17. Percentage Households with Limited English

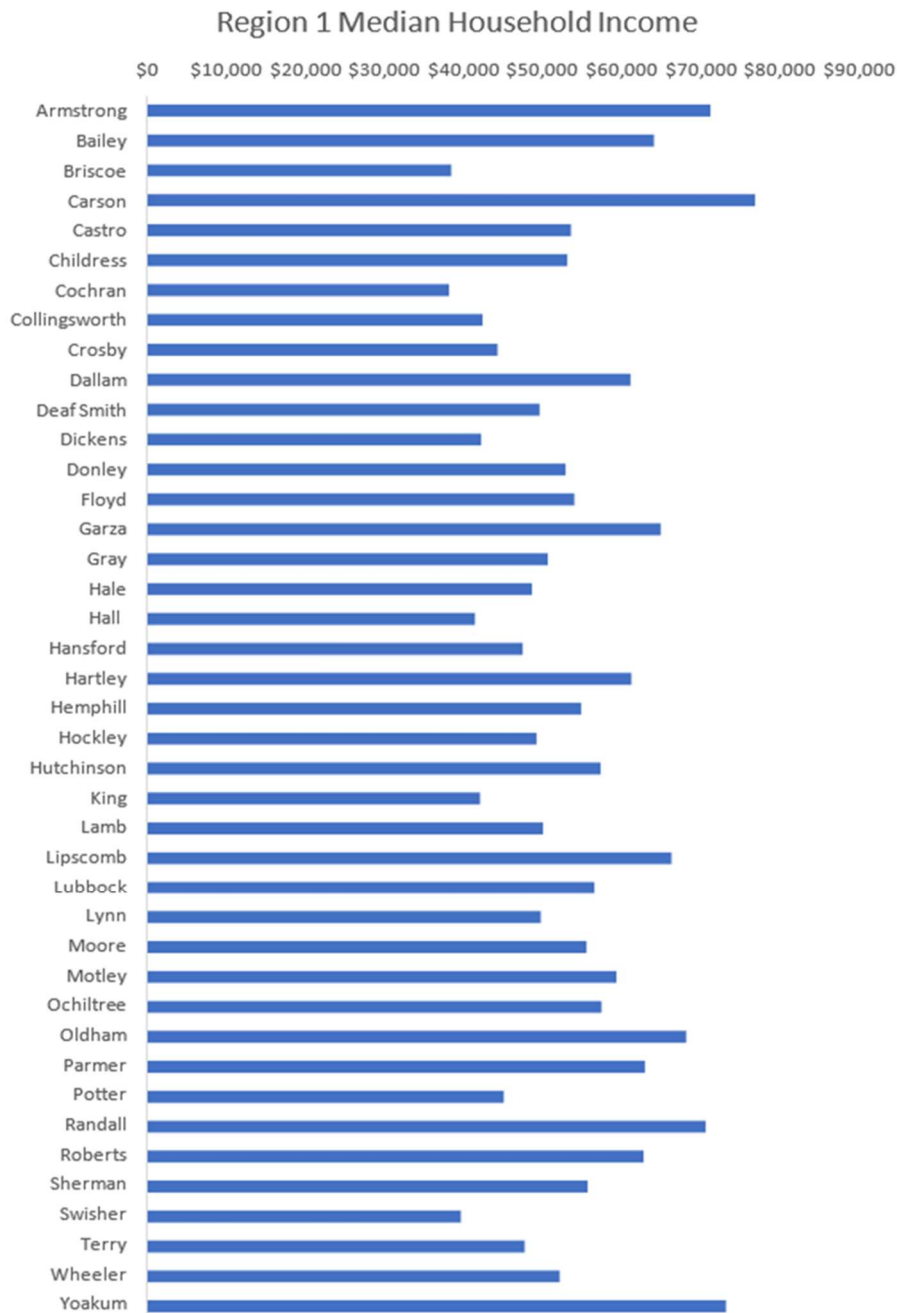


## Part III: Risk Factors and Protective Societal Domain

### Economic Income

The Median Household Income for the counties housed in Region 1 is \$54,442, less than Texas (\$67,321) and the United States (\$69,021). The median household income across Region 1 varies, with Carson taking the lead with \$76,786 and Cochran coming in last with \$38,203. While Texas and the United States have similar median incomes Region 1 was more than \$10,000 below both.

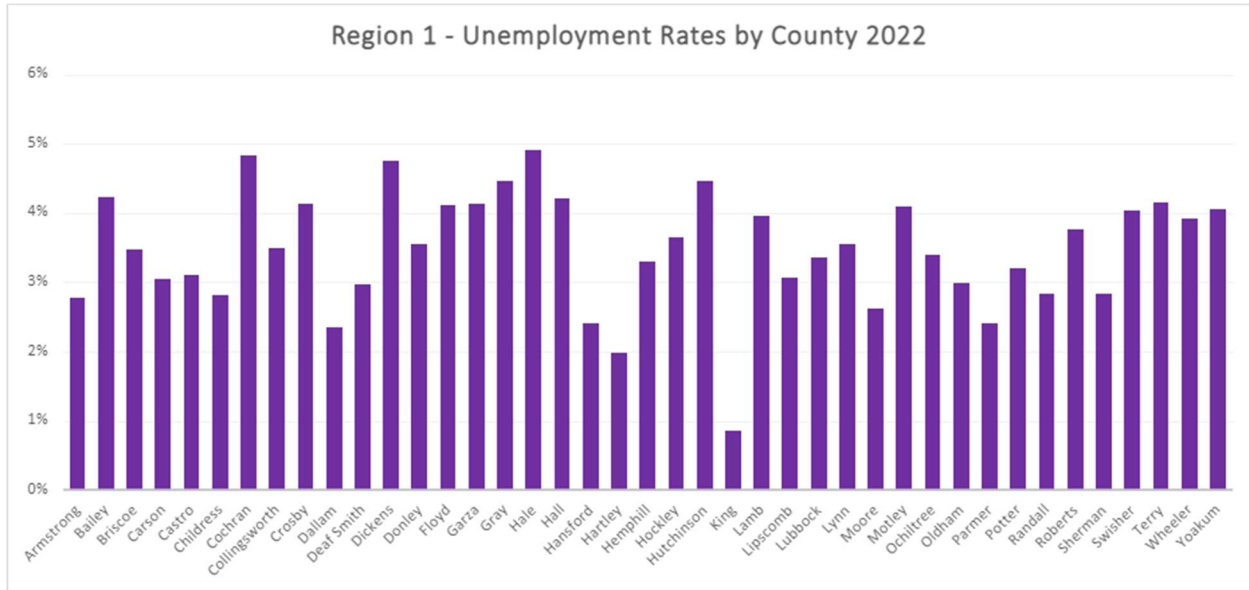
Figure 18. Median Income



## Unemployment

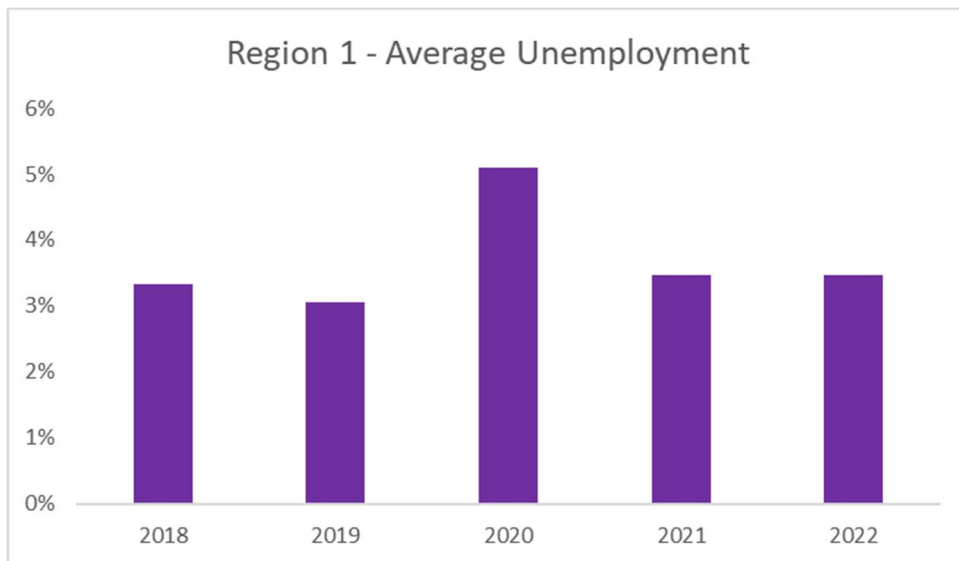
Of the Region 1 counties, Hale and Cochran counties have the highest rates of unemployment in 2022 with Hale County's unemployment rate at 4.9% and Cochran County's rate at 4.8%. These rates are significantly lower compared to the previous year when Hale County was 6.1% and Cochran County was at 6.3%. In 2022, Region 1 had a collective unemployment rate of 3.3%, compared to the state of Texas at 3.7%, and the United States at 3.6%. One county was able to keep unemployment below 1%: King, while 15 counties in this region exceed 4% unemployment.

Figure 19. Unemployment Rates by County



It is worth noting that unemployment rates rose sharply in 2020 with the COVID pandemic. On average, unemployment has returned to pre-pandemic levels as of 2022.

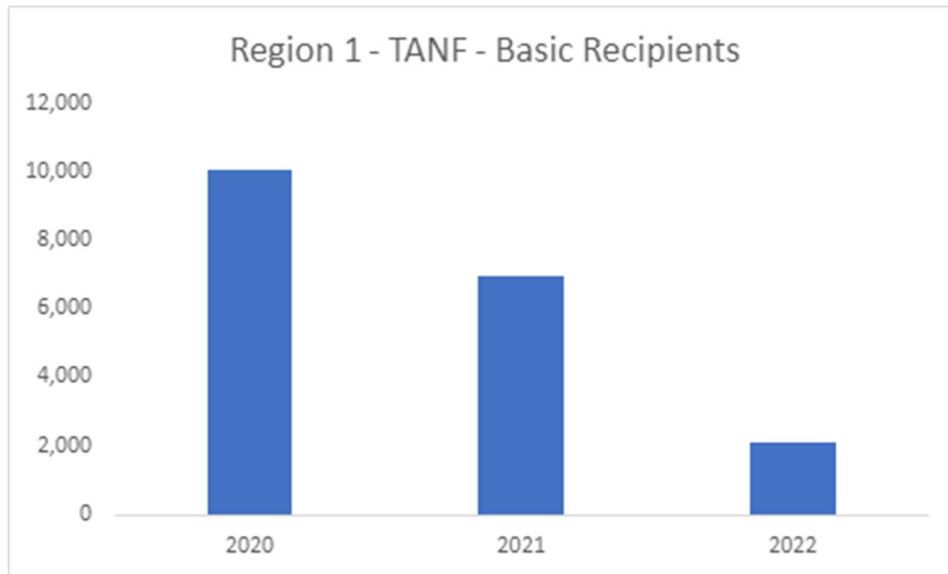
Figure 20. Average Regional Unemployment 2018-2022



## TANF Recipients

The Temporary Assistance for Needy Families (TANF) program assists families in meeting their basic needs when the parents or other responsible relatives are unable to provide for the basic needs of the family. In Region 1, there were 2,130 recipients of basic TANF assistance and 102 recipients of state TANF assistance. After converting the total number of Region 1 county recipients by a population of 1,000, we see that Terry and Floyd Counties' populations have the highest percentage of population receiving TANF assistance, with 6.9 and 6.5 persons per 1,000 population respectively marked as recipients. Thus, even though Lubbock contains the highest number of individuals on TANF benefits, it actually has a lower percentage of its population in this category than many of the other Region's counties. Eleven counties did not report any TANF recipients.

Figure 21. TANF Basic Recipients

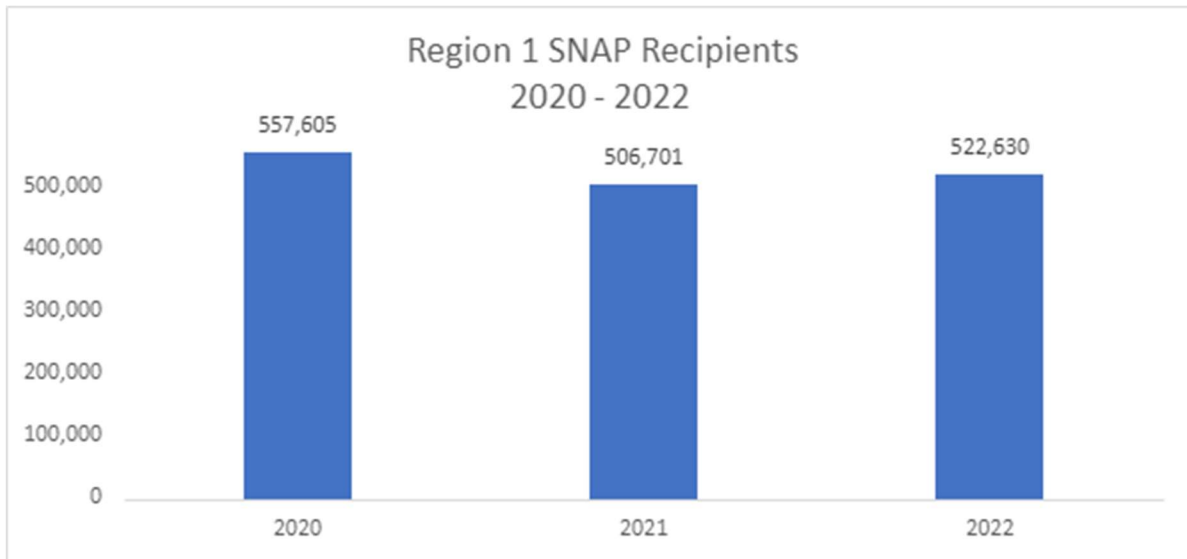


## SNAP Recipients

The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition assistance program. SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move toward self-sufficiency.

Every county in Region 1 has individuals who receive SNAP payments, with the majority of recipients being between the ages of 18 and 59. As would be expected, the number of payments per county is heavily influenced by the population density, with Lubbock County having the largest number of payments, but as noted above with TANF benefits, when we look at recipients per 1,000 population, another county (Crosby in this instance) is shown to utilize SNAP at a higher rate. Crosby and Cochran Counties contain the highest rate of population in Region 1 receiving some form of SNAP benefit, with over more than 1 person per 1,000 population recorded as a recipient, while the rest of Region 1 counties fewer than 1 per 1,000 persons receiving SNAP.

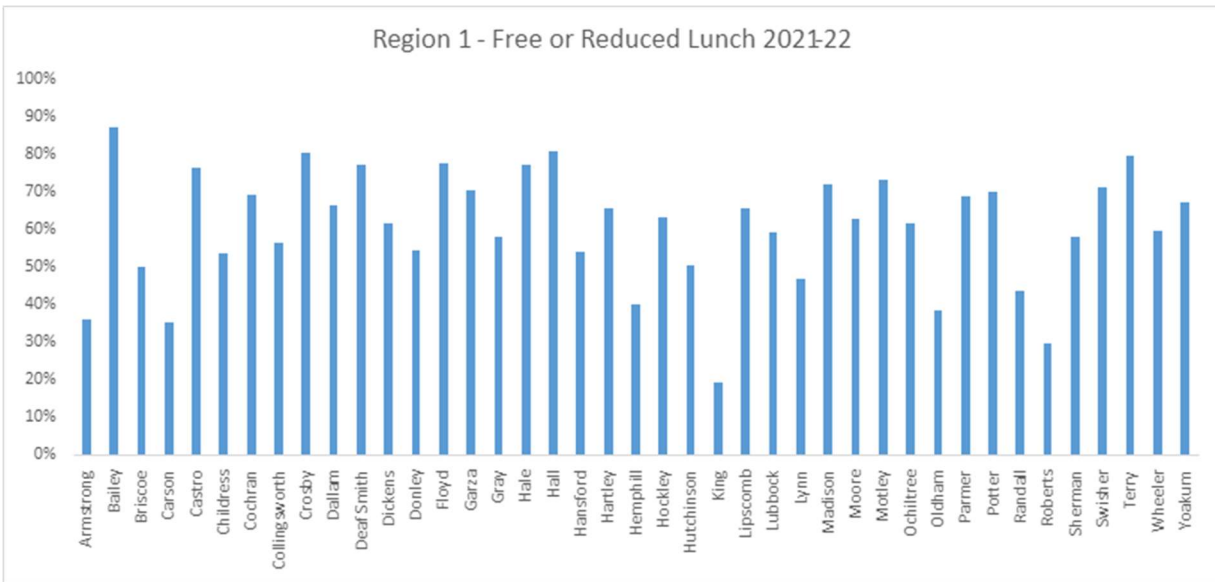
Figure 22. SNAP Recipients



## Free/Reduced Lunch

The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential childcare institutions. It provides nutritionally balanced, low- cost or free lunches to children each school day. In most counties in Region 1 the majority of youth qualify for free and reduced lunches. Only 8 counties have less than 50% of students receiving free & reduced lunches. Every Region 1 county except King County had at least 25% of its student population qualifying for a free or reduced lunch, the majority with at least 50% qualifying. Bailey County had the highest percentage of qualifying students at 88%.

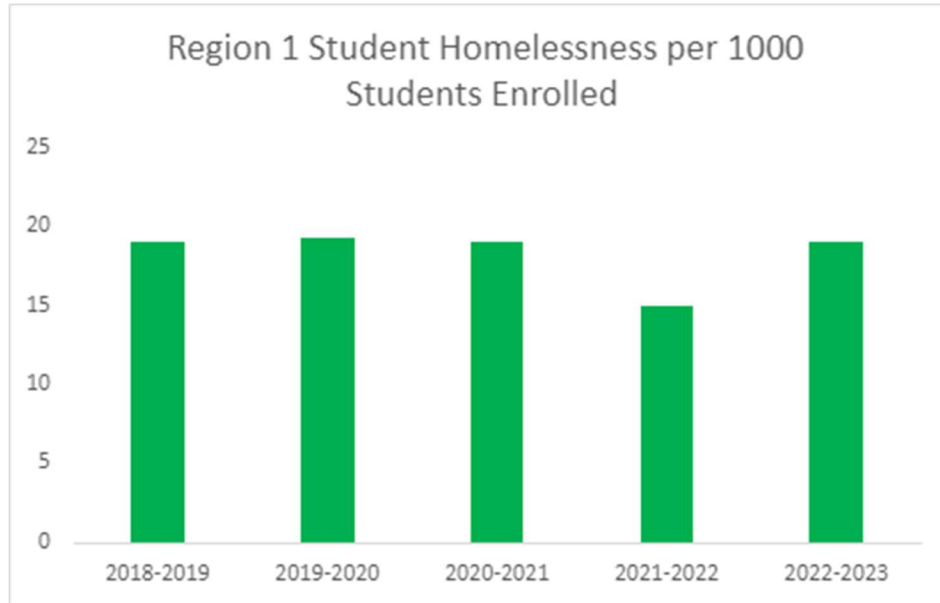
Figure 23. Free or Reduced Lunch



### Students Experiencing Homelessness

In Region 1, 19 of 1,000 (1.9%) of children are experiencing homelessness and are enrolled in a public school. Due to COVID-19 and barriers to the data collection process, these rates may not accurately reflect the actual number of students experiencing homelessness.

Figure 24. Student Homelessness



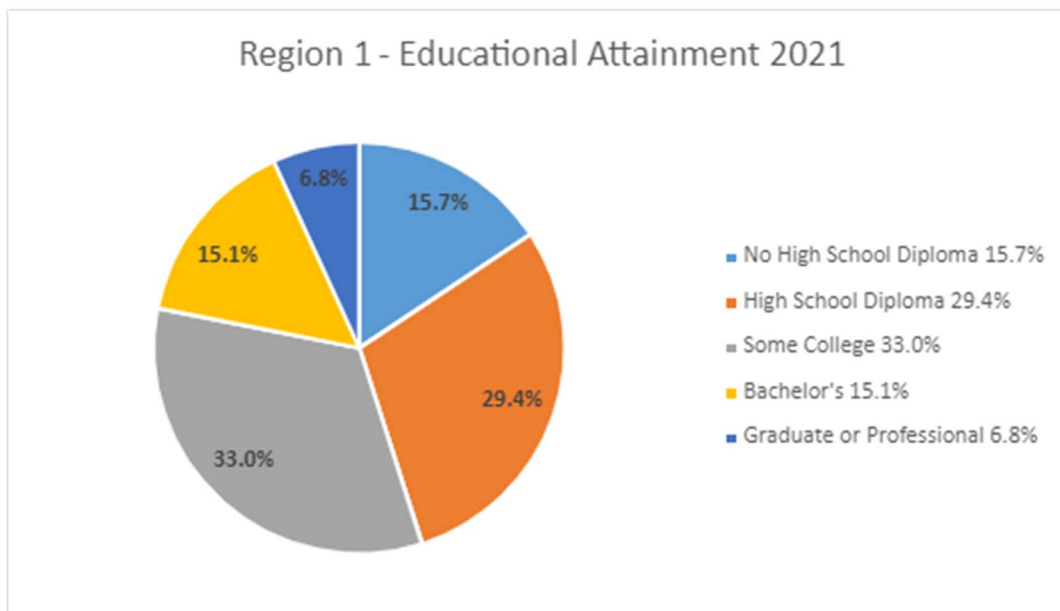
## Community Domain

### Educational Attainment of Community

While Region 1 falls behind both the nation and Texas in high school completion, it's only slight. Region 1's high school graduation rate in 2021 was 84.3%, just 1.7% less than Texas, and 6.7% below the nation. We see a more significant gap in higher education attainment. Region 1's percent of bachelor's degree holders in 2021 was 15.1%, 5.3% below the state of Texas but 22.8% below the nation. The region varies greatly when it comes to percentages of educational attainment, with some having extremely high levels of high school graduation rates, and others with much lower rates; Roberts' and Randall's 94.1% vs. Cochran's 68.4%. The difference is stark when comparing counties' rate of university degree holders, where the county with the highest rate is almost a quarter more than the county with the lowest percent; Randall with 29% vs. Cochran with 9%.

Region 1, as a whole, showed a higher percentage of population that dropped out of high school (15.7%) when compared to the state of Texas (14.0%) and the nation (9%). Of the Region 1 counties, Cochran, Moore, and Garza contain the highest dropout populations (31.6%, 31.5%, and 30.6%). All other counties have a high school dropout rate that is lower than 30%.

Figure 25. Educational Attainment





## Community Conditions

### Adult Arrests and Crimes

For adult and juvenile crimes, there may be some irregularities, due to a transition from the Summary Reporting System (SRS) to the National Incident Based Reporting (NIBRS). Not all agencies who were reporting to the SRS are now reporting to NIBRS, or some of the SRS data portal tools may not be accurately retrieving NIBRS entries. As a result, it is not recommended to compare 2022 crime statistics with previous years. Additionally, because of the possibility for continuous updates to the data available in the portal, users should be aware that statistics may not align with published reports for the same given time period.

In 2022, 2,563 adults were arrested for alcohol related crimes, a rate of 3.94 per 1,000. Adult arrests for drug crimes had a rate of 4.38 per 1,000.

The Texas Department of Public Safety recorded 913 violent crimes and 1,767 property crimes in Region 1. Of the 41 counties, 9 had fewer than a total of 10 crimes in 2020. Rates per 1,000 used population totals from DPS data. Due to the voluntary and dynamic nature of NIBRS it is not recommended to compare counties, as some counties may not have fully contributed.

Figure 26. Adult Crime Rate

2022 Adult Crime Rate (per 1,000)						
County	Adult Pop	Violent Crime	Property Crime	Drug Crime	Alcohol Crime	Total Crime
Armstrong	1427	0.00	0.70	1.40	0.70	2.80
Bailey	4838	0.21	0.83	0.21	4.34	5.58
Briscoe	1113	0.00	0.00	0.90	0.00	0.90
Carson	4401	1.36	1.36	7.04	5.91	15.68
Castro	5277	0.57	0.95	11.37	4.74	17.62
Childress	5318	0.75	1.13	16.17	4.51	22.56
Cochran	1817	0.00	1.10	1.10	0.00	2.20
Collingsworth	1988	0.50	0.00	0.00	0.00	0.50
Crosby	3812	0.26	0.52	3.41	0.79	4.98
Dallam	5022	1.39	0.80	3.39	6.37	11.95
Deaf Smith	12949	0.62	0.93	5.33	7.57	14.44
Dickens	1369	0.00	0.00	0.00	0.00	0.00
Donley	2591	1.16	1.16	0.00	0.39	2.70
Floyd	3929	1.27	1.02	1.78	4.84	8.91
Garza	4789	0.00	0.00	0.63	5.85	6.47
Gray	16102	1.30	2.11	4.41	2.92	10.74
Hale	24143	1.04	1.28	3.48	2.73	8.53
Hall	2199	0.00	0.00	0.45	1.82	2.27
Hansford	3776	0.00	0.00	0.00	0.53	0.53
Hartley	4222	0.47	0.00	4.50	2.37	7.34
Hemphill	2396	0.00	0.00	0.00	0.00	0.00
Hockley	15937	2.82	2.38	6.71	3.33	15.25
Hutchinson	15430	1.81	1.30	6.03	4.15	13.29
King	189	0.00	0.00	0.00	0.00	0.00
Lamb	9511	1.26	5.47	8.94	5.05	20.71
Lipscomb	2304	0.87	0.43	0.00	0.43	1.74

County	Adult Pop	Violent Crime	Property Crime	Drug Crime	Alcohol Crime	Total Crime
Lubbock	237542	1.65	3.77	5.00	3.02	13.44
Lynn	4008	0.75	0.75	21.46	3.49	26.45
Moore	14944	1.74	4.55	9.44	14.39	30.11
Motley	841	0.00	0.00	0.00	0.00	0.00
Ochiltree	6991	1.57	2.15	5.44	3.29	12.44
Oldham	1229	0.00	0.00	0.00	4.07	4.07
Parmer	7029	0.00	0.57	2.42	2.13	5.12
Potter	88598	2.98	5.73	4.40	9.07	22.19
Randall	106753	0.19	0.22	0.39	1.19	1.99
Roberts	626	0.00	0.00	0.00	0.00	0.00
Sherman	1974	0.00	0.00	1.01	1.01	2.03
Swisher	5269	1.90	3.04	2.28	3.80	11.01
Terry	8582	1.17	0.70	5.71	3.96	11.54
Wheeler	3773	0.53	0.27	33.13	2.65	36.58
Yoakum	5473	0.37	0.37	1.46	0.55	2.74
<b>Region</b>	<b>650481</b>	<b>1.40</b>	<b>2.72</b>	<b>4.38</b>	<b>3.94</b>	<b>12.44</b>
<b>State</b>	<b>21866700</b>	<b>1.38</b>	<b>2.59</b>	<b>3.86</b>	<b>3.67</b>	<b>11.51</b>

### Juvenile Arrests

As with adult crimes, there may be some irregularities in the data, due to a transition from the Summary Reporting System (SRS) to the National Incident Based Reporting System (NIBRS). Agency use and involvement varies and therefore it is not recommended to compare this data set with other years, nor is it recommended to compare counties.

In Region 1 in 2022, 2,150 juveniles were arrested, a rate of 3.42 per 1,000. Drug and alcohol arrests are combined for these data, with 303 juveniles arrested for alcohol or drug related crimes. The regional rate is slightly lower than the rate for the state of Texas.

Figure 27. Juvenile Crime Rate

2022 Juvenile Crime Rate (per 1,000)			
County	Juvenile Population	Total Rate	Drug and Alcohol Rate
Armstrong	163	0.00	0.00
Bailey	800	21.25	1.25
Briscoe	129	0.00	0.00
Carson	597	0.00	0.00
Castro	871	6.89	2.30
Childress	595	5.04	3.36
Cochran	320	0.00	0.00
Collingsworth	306	0.00	0.00
Crosby	625	1.60	0.00
Dallam	829	14.48	3.62
Deaf Smith	2233	12.09	4.03
Dickens	170	0.00	0.00
Donley	280	0.00	0.00
Floyd	638	14.11	3.13

County	Juvenile Population	Total Rate	Drug and Alcohol Rate
Garza	433	0.00	0.00
Gray	2258	19.04	3.54
Hale	3671	8.99	2.18
Hall	284	0.00	0.00
Hansford	657	1.52	0.00
Hartley	464	6.47	2.16
Hemphill	519	0.00	0.00
Hockley	2418	8.27	2.07
Hutchinson	2106	24.22	1.42
King	33	0.00	0.00
Lamb	1457	48.73	15.10
Lipscomb	358	5.59	0.00
Lubbock	29474	37.15	5.87
Lynn	680	11.76	0.00
Moore	2478	14.12	3.63
Motley	109	0.00	0.00
Ochiltree	1243	17.70	5.63
Oldham	280	0.00	0.00
Parmer	1069	3.74	0.94
Potter	12188	48.41	2.87
Randall	13655	2.12	0.15
Roberts	90	0.00	0.00
Sherman	367	0.00	0.00
Swisher	770	50.65	1.30
Terry	1316	20.52	5.32
Wheeler	516	0.00	0.00
Yoakum	1166	1.72	1.72
<b>Region</b>	<b>88615</b>	<b>24.26</b>	<b>3.42</b>
<b>State</b>	<b>2962167</b>	<b>16.59</b>	<b>3.25</b>

## Health Care/Service System

In 2019, the total percentage of persons under the age of 65 without health insurance in Region 1 was 18.5%, 5% more than the state of Texas and the United States.

### Uninsured Children

The average number of uninsured children in Region 1 is 15.7%, 6% greater than that of the state. The county with the fewest uninsured children is Lubbock at just over 9%. Four counties have more than 26% uninsured children: Sherman (32.7%), King (27.8%), Lipscomb (27.8%), and Yoakum (26.6%).

### Uninsured 19-64

For those aged 19-64, rates for uninsured people are also high. The average number of uninsured adults aged 19-64 in Region 1 is 24.2%, approximately 1% greater than that of the state. The county with the fewest uninsured adults ages 19-64 is Randall County, with 14%, while the county with the highest percentage of uninsured children is Dallam at 32.6%.

Figure 28. Uninsured Population

County	Population Under 19			Population between 19-64		
	Total	Uninsured	Uninsured %	Total	Uninsured	Uninsured %
Armstrong	439	77	17.5	1,434	266	18.5
Bailey	1,995	384	19.2	5,522	1,568	28.4
Briscoe	315	61	19.4	1,096	267	24.4
Carson	1,424	212	14.9	4,640	734	15.8
Castro	2,155	401	18.6	6,008	1,684	28
Childress	1,379	182	13.2	4,315	967	22.4
Cochran	760	156	20.5	2,360	687	29.1
Collingsworth	769	173	22.5	2,283	697	30.5
Crosby	1,439	202	14	4,421	1,028	23.3
Dallam	2,406	605	25.1	6,297	2,054	32.6
Deaf Smith	5,740	970	16.9	15,514	4,339	28
Dickens	382	65	17	1,301	283	21.8
Donley	660	101	15.3	2,252	508	22.6
Floyd	1,476	227	15.4	4,472	1,224	27.4
Garza	970	142	14.6	3,637	898	24.7
Gray	5,501	908	16.5	16,119	4,164	25.8
Hale	8,848	1,101	12.4	25,436	6,061	23.8
Hall	624	89	14.3	2,145	555	25.9
Hansford	1,596	406	25.4	4,399	1,379	31.3
Hartley	1,215	224	18.4	3,529	778	22
Hemphill	1,196	248	20.7	3,163	775	24.5
Hockley	6,107	856	14	18,538	4,518	24.4
Hutchinson	5,334	745	14	16,824	3,416	20.3
King	79	22	27.8	235	63	26.8
Lamb	3,524	547	15.5	10,265	2,624	25.6
Lipscomb	807	224	27.8	2,507	682	27.2
Lubbock	75,974	6,894	9.1	261,855	44,450	17
Lynn	1,672	250	15	4,928	1,049	21.3
Madison	3,124	372	11.9	9,561	2,045	21.4
Moore	6,660	1,498	22.5	18,028	5,565	30.9
Motley	243	34	14	807	151	18.7
Ochiltree	3,067	736	24	8,360	2,587	30.9
Oldham	261	33	12.6	1,557	268	17.2
Parmer	2,688	567	21.1	7,953	2,180	27.4
Potter	31,477	3,426	10.9	93,601	22,830	24.4
Randall	35,075	2,960	8.4	116,094	16,210	14
Roberts	199	30	15.1	628	105	16.7
Sherman	838	274	32.7	2,514	791	31.5
Swisher	1,772	298	16.8	5,317	1,543	29
Terry	3,335	553	16.6	9,219	2,432	26.4

County	Population Under 19			Population between 19-64		
	Total	Uninsured	Uninsured %	Total	Uninsured	Uninsured %
Wheeler	1,261	253	20.1	3,898	1,063	27.3
Yoakum	2,981	792	26.6	7,595	2,359	31.1
<b>Region 1</b>	<b>227767</b>	<b>28298</b>	<b>12.42</b>	<b>720627</b>	<b>147847</b>	<b>20.52</b>

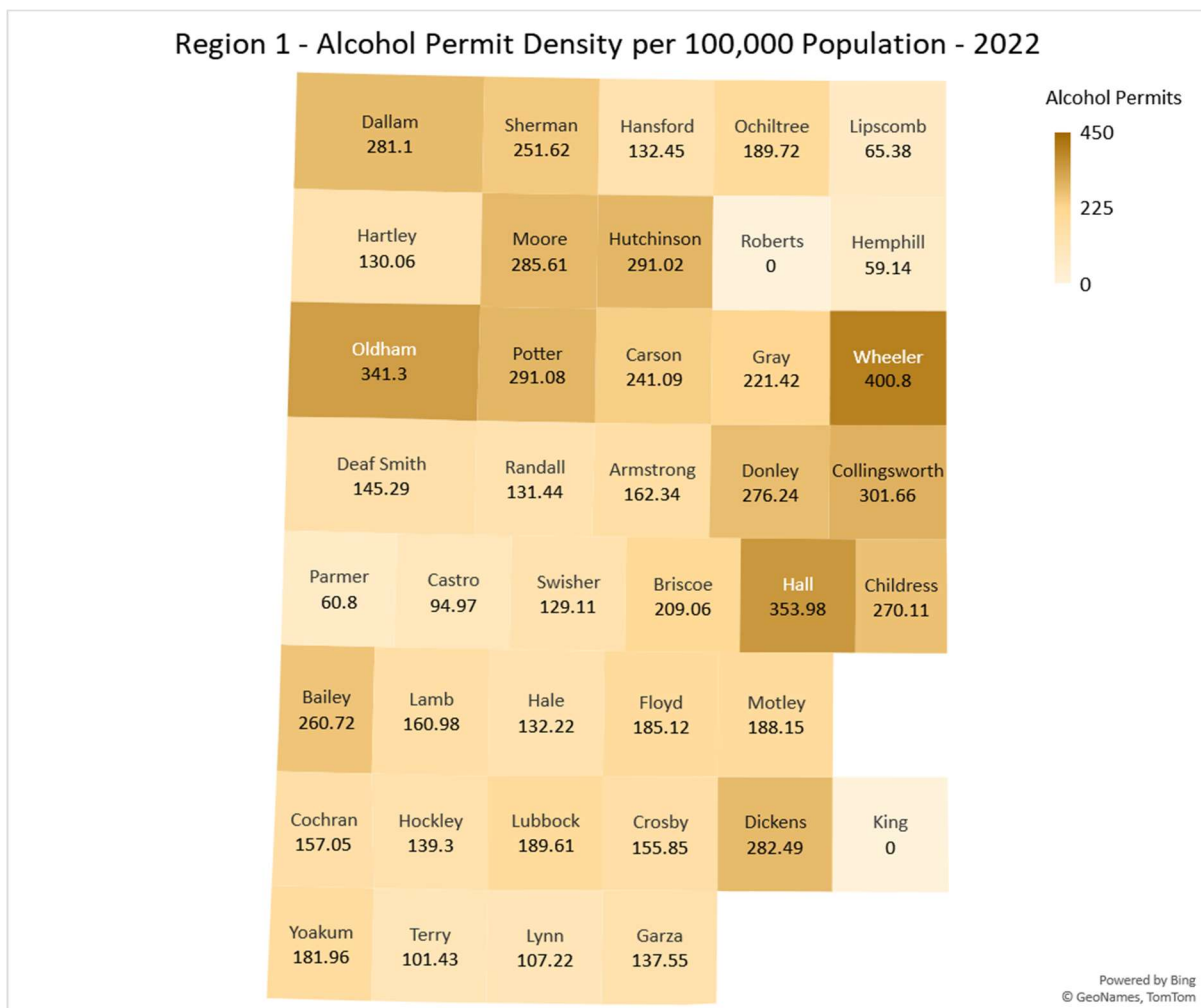
## Retail Access

### Alcohol Retail Density

The region has a total of 1,651 alcohol licenses, with a density of 193 licenses per 100,000. Lubbock, Potter, and Randall counties have the greatest numbers of retailers, but Wheeler, Hall, and Oldham have the highest density. Many counties in Region 1 have fewer than 10 alcohol licenses; Roberts County has no licenses. This is possibly because many counties have been considered dry or damp until the past few years. Because of the size and rurality of Region 1, the number of alcohol density per square mile is on par with Texas and the United States. Overall, there are 4.25 alcohol licenses per 100 square miles. Lubbock, Potter, and Randall Counties have more than 10 licenses per 100 square miles.

Alcohol sales to minor has fluctuated over the last few years, with 33 in 2017, 24 in 2018, and 34 in 2019. Comparatively, only 3 alcohol sales to minors were reported in 2020. All three sales were in Lubbock County.

Figure 29. Alcohol Permits by County



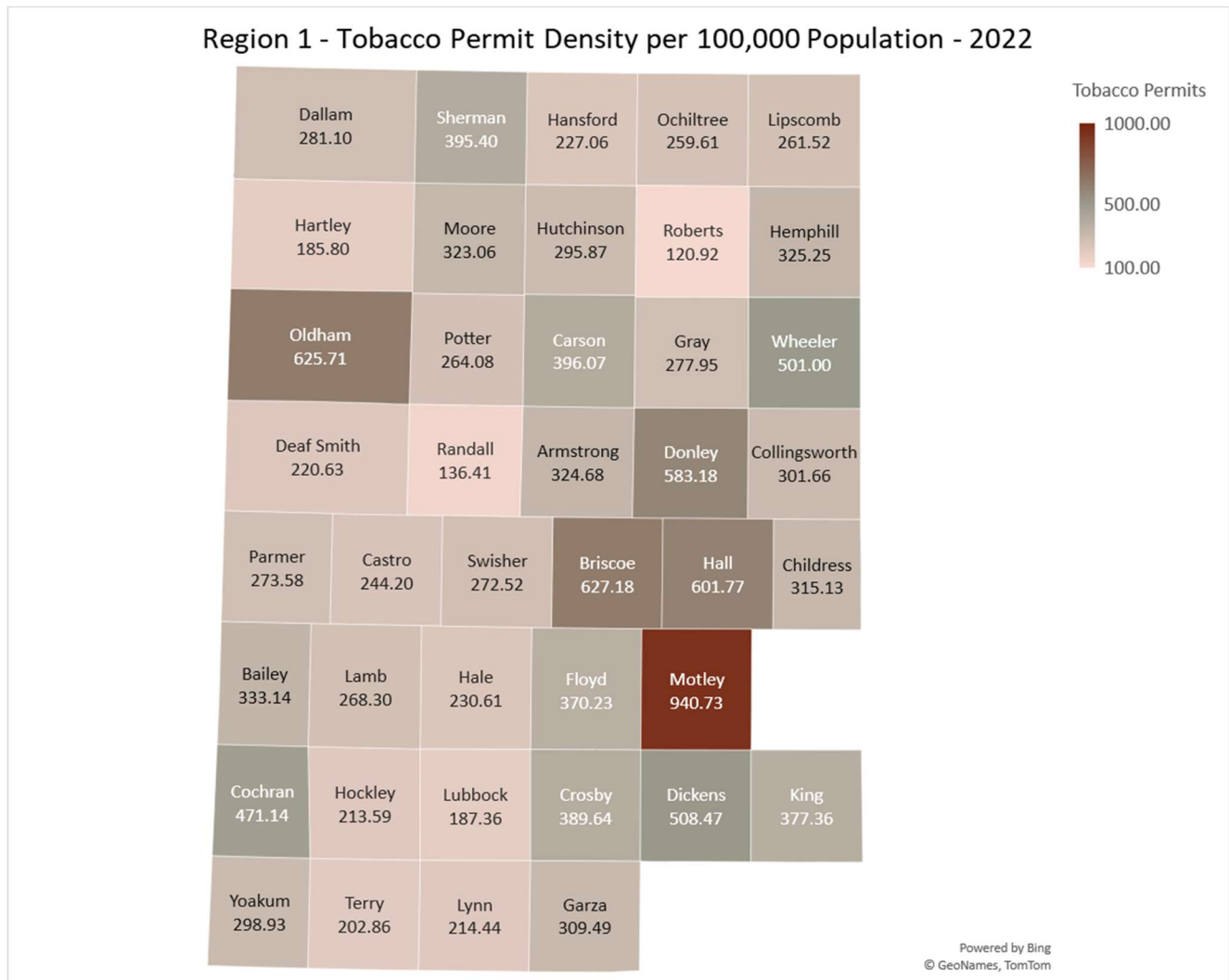
## Tobacco Retail Density

Region 1 has 1,947 tobacco licenses, with an average of 340.4 per 100,000. The counties with the greatest number of tobacco retailers are Lubbock, Potter, and Randall. Motley County has significantly more tobacco licenses per population than any other county, with 9 licenses for every 1000 people.

It is important to note that 2022 license counts include e-cigarette retailers. Effective Sept 1, 2021, e-cigarette retailers are required to have a separate e-cigarette license to sell electronic nicotine devices. Because the license year runs June 1 through May 31 of even numbered years, the data for e-cigarette licenses shifted in 2022. This RNA combines e-cigarette retail license numbers with regular tobacco licenses.

There were 8 tobacco sales to minors, up from 1 sale in 2018 and 1 in 2019. All eight sales were in Hale County, which includes Plainview, Texas.

Figure 30. Tobacco Permits by County



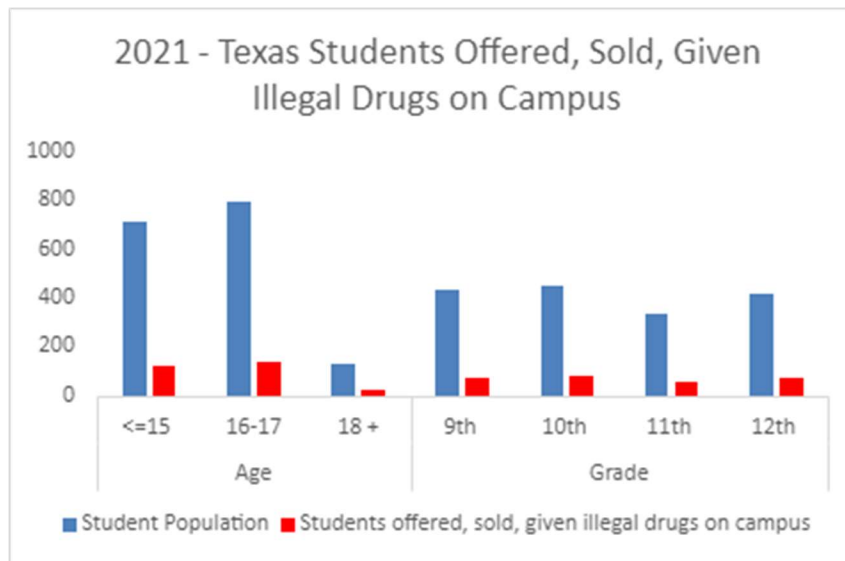
## School Conditions

### Students Offered Drugs

When looking at students offered, sold, or given illegal drugs while on campus, the Texas Youth Behavior Risk Surveillance System provides the data. The Texas Youth Risk Behavior Surveillance System (YRBSS), initiated in 1991, is a federally funded, classroom-based, paper survey conducted every two years on odd years to monitor priority health risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth and adults in the United States. This surveillance can be used to monitor the Healthy People 2030 Objectives for smoking, overweight, exercise, seat belt use, fruit and vegetable consumption, alcohol consumption, drug use, sexual activity, and other risk factors to establish intervention priorities and monitor the long-term impact of health promotion programs.

In Texas, in 2021, between 15% and 20% of students in high school have been offered, sold, or given illegal drugs while on campus.

Figure 31. Students Offered, Sold, Given Illegal Drugs on Campus



## Protective Factors

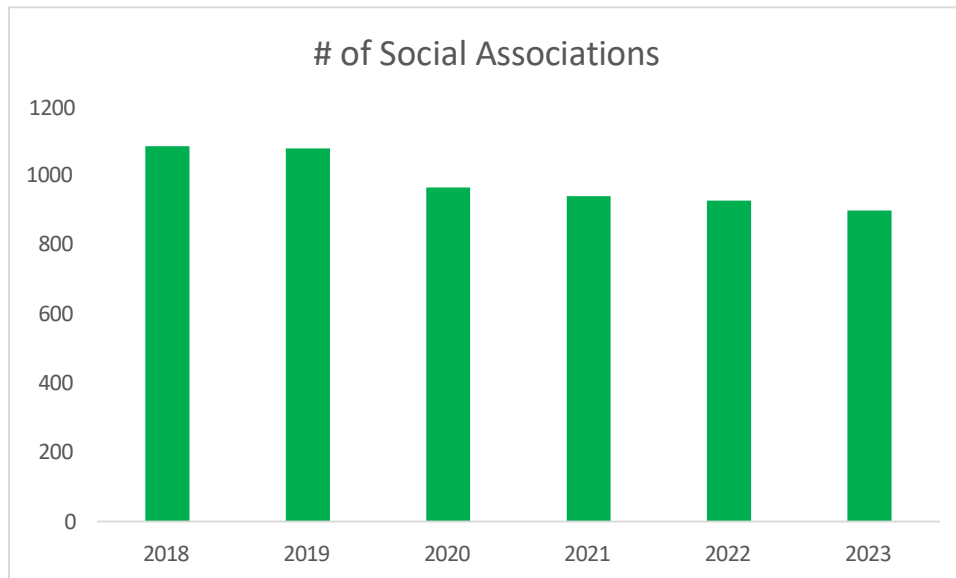
### Social Associations

A significant protective factor is a person's ties to and within the community. Social associations play a huge role in how connected an individual is to their community. There is not currently a reliable, national source of data for measuring social or community support at the local level. This measure does not account for important social connections offered via family support structures, informal networks, or community service organizations, all of which are important to consider when understanding the amount of social support available within a county. It also does not account for perceived support. For instance, an individual can be a member of numerous social associations, but feel they receive no social support from those organizations.

The average for Texas social associations is 7.4 per 10,000 people, meaning that there were 7.4 membership organizations for every 10,000 people. Social associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Many counties in Region 1 do not have a population of 10,000, but this rate allows comparison among all counties in Texas and with the United States. The US rate for social associations is 9.1, slightly higher than the state rate.

In 2023 in Region 1, the average rate for social associations is 12.9, which is quite a bit higher than the rate for the state. Lipscomb had the highest rate at 32.1 per 10,000, while Terry County had the lowest rate of 7.4. While the number of social associations is declining, most counties had a rate between 10 and 20. Briscoe, King, Motley, and Roberts have missing or suppressed data.

Figure 32. Number of Social Associations



### Prescription Drug Monitoring Program

There are five schedules that drugs are classified into depending on the substances medical use and the potential for dependency or misuse. The United States Drug Enforcement Administration (DEA) provides the following information on each schedule of drug:

**Schedule I** drugs, substances, or chemicals are defined as drugs with no currently acceptable medical use and a high potential for misuse. Examples include heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

**Schedule II** drugs, substances, or chemicals are defined as drugs with a high potential for misuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Examples include combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Deluded), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin.

**Schedule III** drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs misuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Examples include products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, and testosterone.

**Schedule IV** drugs, substances, or chemicals are defined as drugs with a low potential for misuse and low risk of dependence. Examples include Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, and Tramadol.

**Schedule V** drugs, substances, or chemicals are defined as drugs with lower potential for misuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used



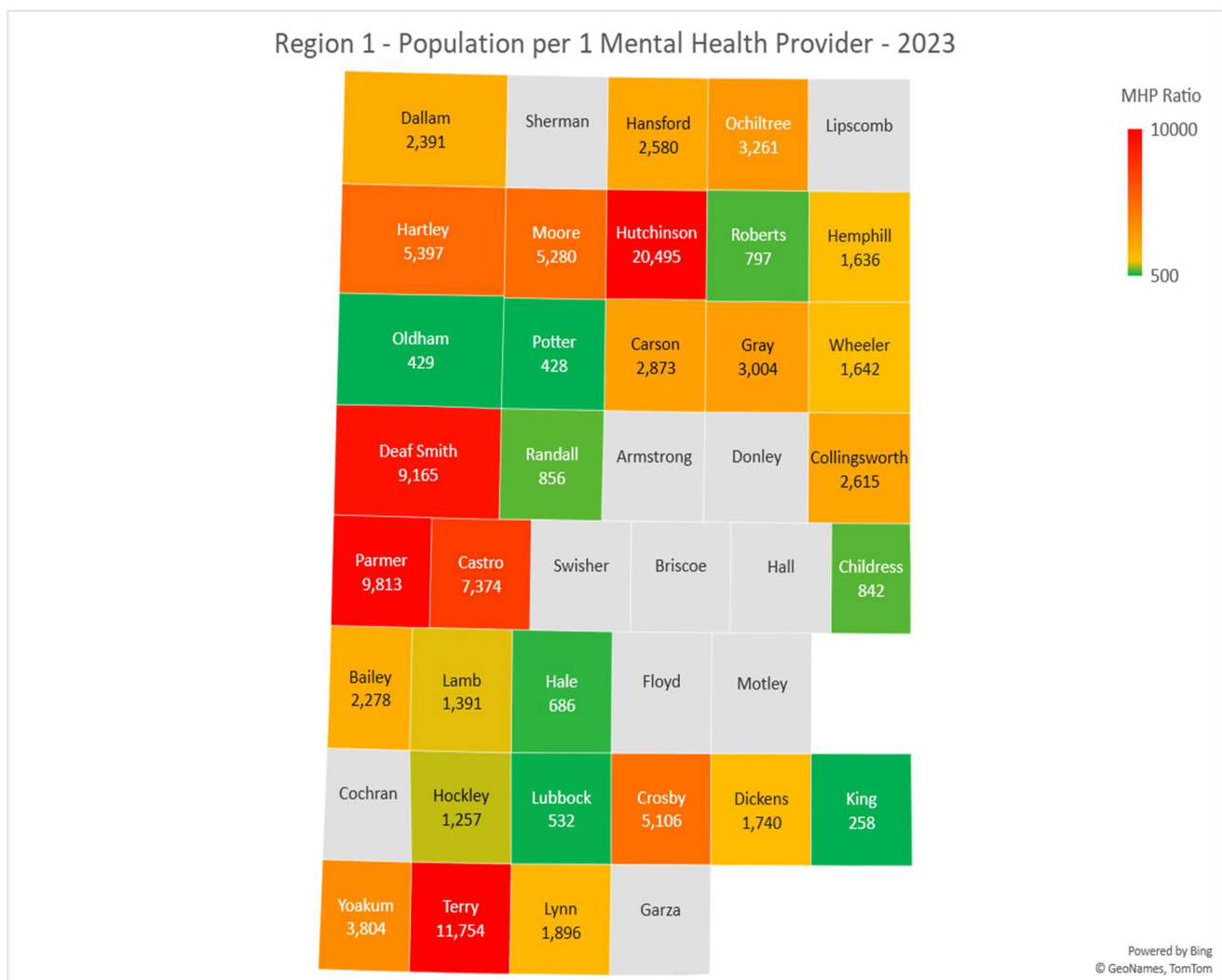
for antidiarrheal, antitussive, and analgesic purposes. Examples include cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, and Parepectolin.

In Region 1 1,133,747 total scheduled prescriptions were dispensed, totaling 763 per 1,000 people. Forty-one percent of total prescriptions were given in Lubbock County. Motley (3615.6) had the highest rate of prescriptions dispensed per 1,000, followed by Cochran County (3607.6) while Childress County (467.1) had the lowest rate of total scheduled prescriptions dispensed per 1,000. Dallam, King, Lipscomb, Oldham, and Roberts Counties have suppressed or missing data. It's important to note that the measure is of prescription dispensation counts, not total number of persons being prescribed these medications, meaning that multiple counts were likely given to the same people in this timeframe.

### Mental Health Providers

The data show a lack of both mental health providers and substance use providers in most of the Region 1 counties, leaving those with substance use disorder and mental health disorders with few resources and the barrier of distant access. The map below shows the number of mental health providers in each county. Those counties with 0 would have to drive to the nearest county with a provider, and depending on the number of providers, may have to drive several counties away. Available data provide a ratio of 742 mental health providers per resident of Region 1 (742:1); however, suppression of data in some counties results in a probable underrepresentation of providers.

Figure 33. Mental Health Providers by County



## Interpersonal Domain

### Family Environment

#### Single-parent Households

Of the 318,852 households counted in 2021, 7% of these are single parent households with children under the age of 18. Seventy-nine percent have a female as the head of household, while 5% have a male. The county with the highest percentage of single parent households, Collingsworth (14.8%) closely followed by King (14.5%) and Ochiltree (14.4%). In all counties the rate of households with females as the head of household was greater than the rate with males as the head of household. The average household size ranged from 3.47 (Bailey County) to 2.27 (Briscoe County).

Figure 34. Single Parent Households

Single Parent Households							
County	Percentage of Total Households	County	Percentage of Total Households	County	Percentage of Total Households	County	Percentage of Total Households
Armstrong	3.67%	Deaf Smith	10.64%	Hemphill	2.40%	Ochiltree	14.37%
Bailey	13.00%	Dickens	7.87%	Hockley	7.33%	Oldham	3.09%
Briscoe	4.67%	Donley	5.28%	Hutchinson	4.94%	Parmer	4.04%
Carson	3.42%	Floyd	10.45%	King	14.46%	Potter	8.81%
Castro	8.20%	Garza	1.76%	Lamb	9.50%	Randall	7.14%
Childress	8.94%	Gray	5.60%	Lipscomb	12.94%	Roberts	0.00%
Cochran	5.04%	Hale	12.97%	Lubbock	6.54%	Sherman	4.07%
Collingsworth	14.81%	Hall	9.80%	Lynn	5.32%	Swisher	4.44%
Crosby	12.77%	Hansford	2.60%	Moore	7.44%	Terry	10.61%
Dallam	4.01%	Hartley	5.40%	Motley	11.57%	Wheeler	8.06%
						Yoakum	4.40%

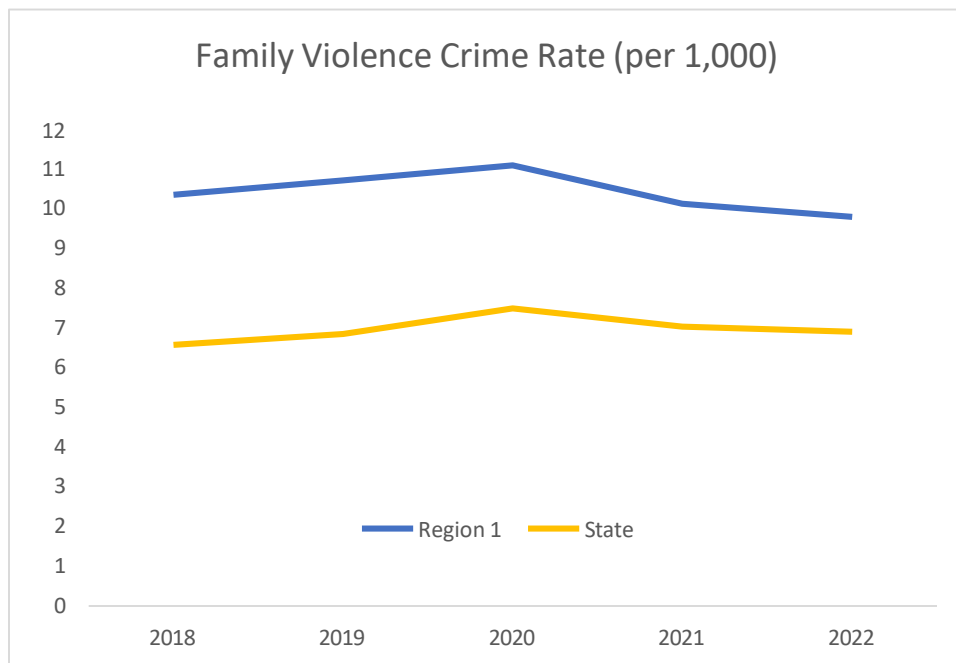
### Family Violence Crime Rate

The family violence crime rate reflects incidents submitted to the Texas Department of Public Safety’s Uniform Crime Reporting (UCR) system. UCR is a voluntary program, and the availability of data is dependent on local agency timely and accurate submissions. The UCR data is a ‘live’ collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data quality checks. As such, this report is a reflection of all the data currently contained within the system at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. UCR data may not match crime data gathered for other purposes and/or according to different guidelines/criteria.

The population used for the rate calculations was the whole county population to account for the fact that incidents involve offenders and victims of all ages. Population counts are from the Decennial Census. Additionally, some incident numbers contained data from different days with incident reports from different police departments. For the purpose of this analysis, reports to the same incident number that were reported by different police departments were assumed to be separate and distinct incidents.

The family violence crime rate in 2022 for Region 1 was 9.79 per 1,000. There was a slight increase in 2020, but in 2022 the number of incidents had returned to pre-pandemic levels. In all years, Region 1’s rate is higher than the rate for Texas.

Figure 35. Family Violence Crime Rate



## Victims of Maltreatment

In 2022 there were 2,406 victims of child maltreatment. There has been a steady decrease in the number of victims of maltreatment since 2018; in 2022 there were 23% fewer victims. There has also been a steady decline of children in substitute care, including foster care. In 2022 there were 1,318 children in substitute care, a decrease of 31% from 2018.

Figure 36. Confirmed Victims of Maltreatment

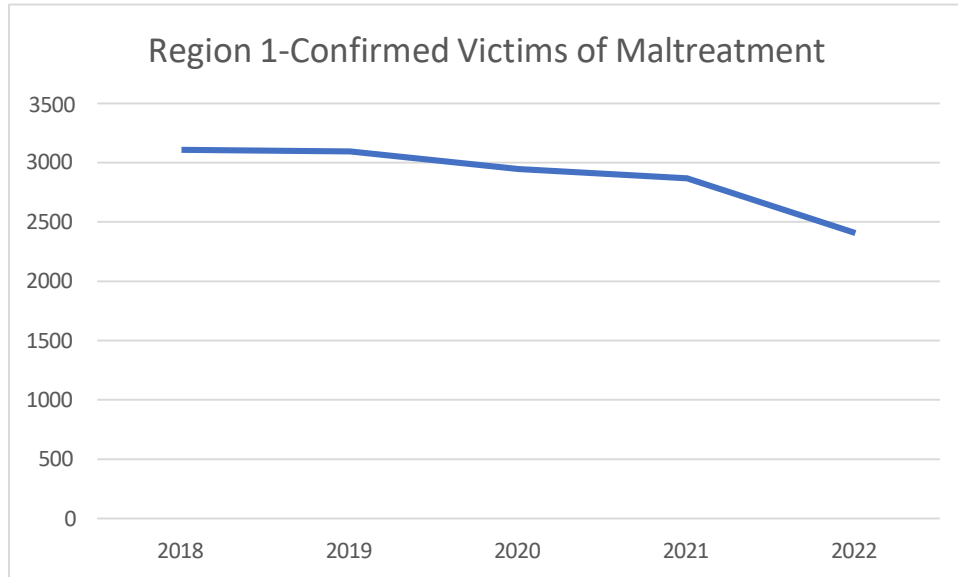
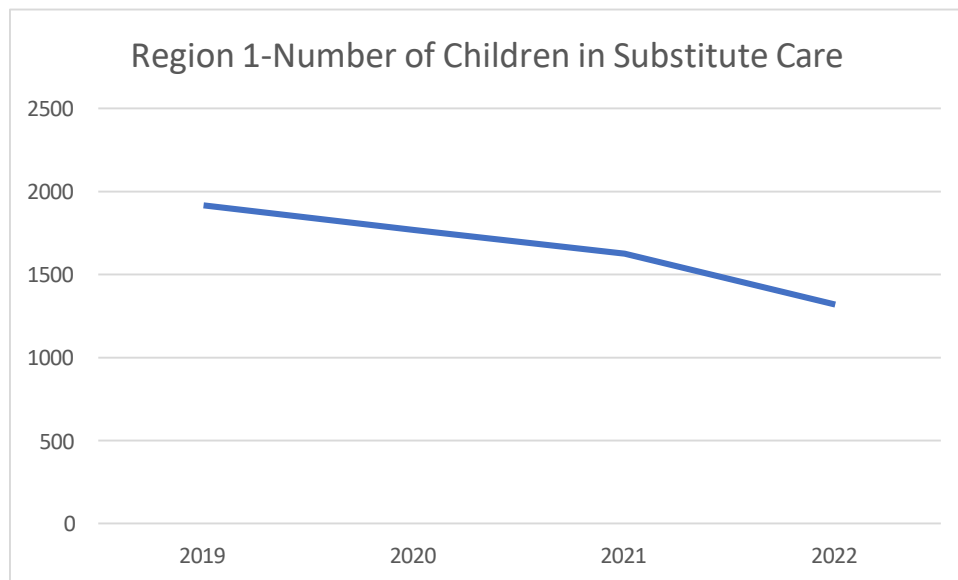


Figure 37. Number of Children in Substitute Care



### Adult Depression

Adult depression has increased in recent years, according to the CDC. In 2018, 14.7% of adults in Region 1 experienced more than 14 days of poor mental health per month. That percentage increased to 15.5 in 2020.

### Perception of Parental Attitudes

Students in grades 7-12 were asked about their parents' attitudes toward the use of alcohol, tobacco, and marijuana for minors. Most students reported that parents "strongly or mildly disapprove" of all three. Seventy-one percent of parents disapprove of using alcohol, 83% disapprove of using tobacco, and 81% disapprove of using marijuana. These rates are similar to 2018; the only noticeable difference is that parents have a lower disapproval rate for the use of alcohol, tobacco, and marijuana.

While the disapproval rates have decreased, the approval rates have not increased, except for alcohol. This indicates that students are unaware of if their parents approve of the consumption of tobacco and marijuana, or that they feel parents are indifferent to their consumption.

Figure 38. Perceived Parental Disapproval

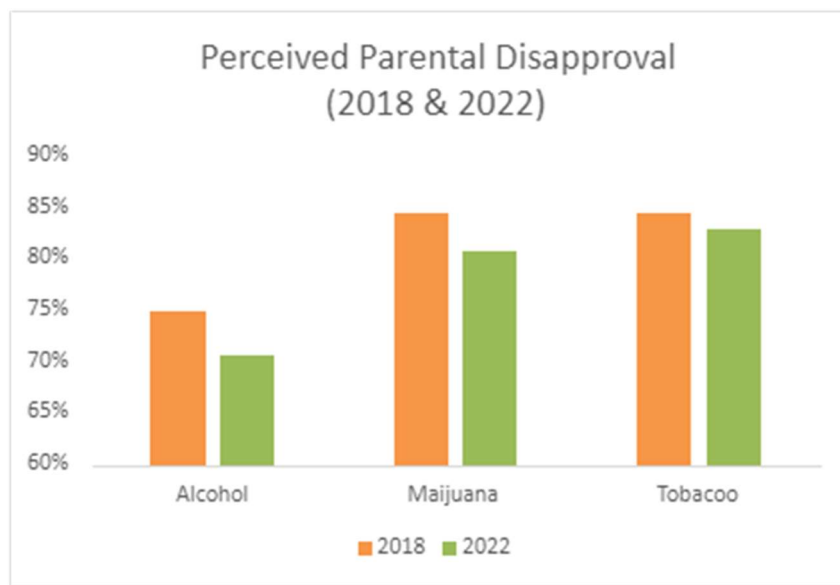
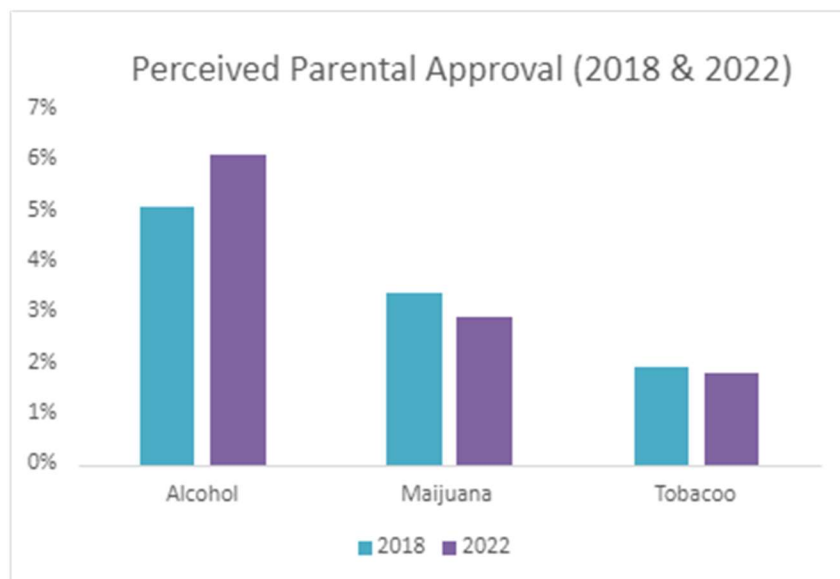


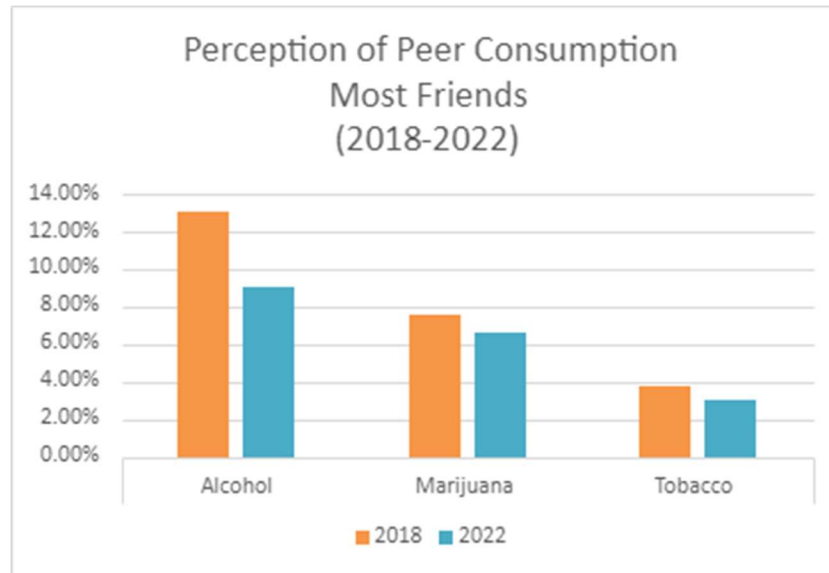
Figure 39. Perceived Parental Approval



## Perceptions of Peer Use

According to the Texas School Survey, in Region 1, 9.0% of 7<sup>th</sup>-12<sup>th</sup> graders said that most or all of their close friends use alcohol, while 6.6% said most or all of their friends use Marijuana. Tobacco consumption is the lowest, with 3% of students stating that most or all of their close friends use tobacco. Nevertheless, out of the 7<sup>th</sup>-12<sup>th</sup> graders surveyed, 80% of students say that only some or none of their friends use these substances.

Figure 40. Perception of Peer Consumption



## Perceived Substance Availability

All the information for peers was gathered from the Texas School Survey and was region specific. The information was not available by county. It is not recommended to compare 2022 data with past years. Data from 2022 is for Region 1 only; past years have combined Region 1 with other regions due to lack of survey responses.

### Social Access

For accessibility, 39.5% of students in grades 7-12 stated that access to alcohol is “somewhat” or “very easy.” For tobacco, 24.9% said it is “somewhat” or “very easy” to access, and 25.1% reported that marijuana is “somewhat” or “very easy” to access. In all categories described above, accessibility is higher than use.

There has been a noticeable increase in the number of students who respond, “never heard of it” for the question, “If you wanted some, how difficult would it be to get:” This may indicate students either do not use the same names for alcohol, tobacco, and marijuana as the names used on the School Survey, or it may indicate that students were not completely honest when answering questions about ease of access.

### Presence of a Substance at Parties

Alcohol is present at parties “most of the time” or always” 16.4% of the time. Only 8% of students in grades 7-12 responded that marijuana or other drugs were at parties.

There has been an increase of students who say that alcohol is never at parties (39.7% in 2018 to 54.3% in 2022). There has also been an increase in students who say that marijuana is not available at parties (54.1% in 2018 to 63.9% in 2022).

Figure 41. Alcohol Never at Parties

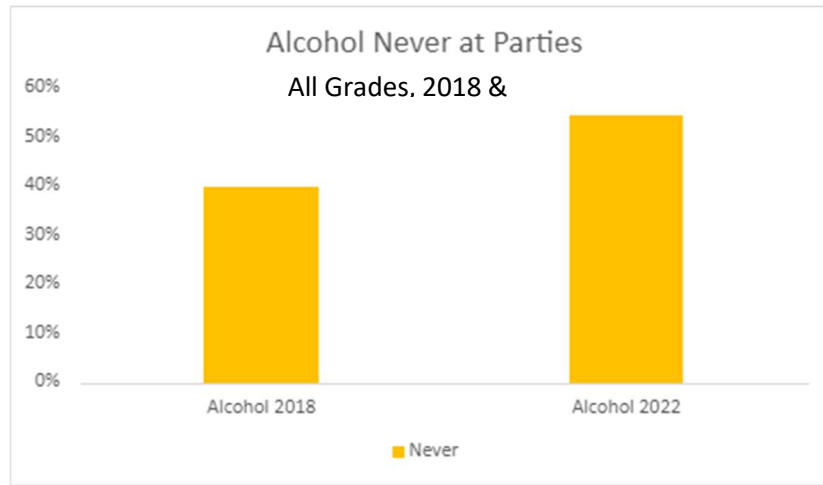
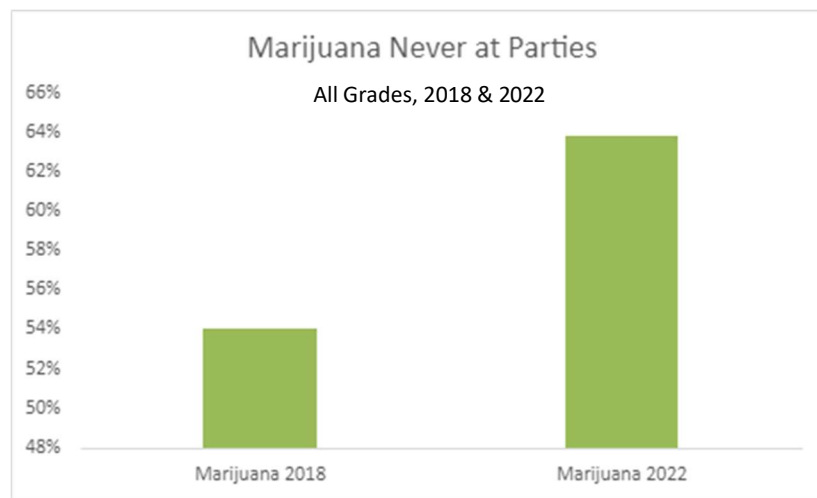


Figure 42. Marijuana Never at Parties



## Individual Domain

### Academic Achievement - TEA

#### High School Dropout

High school dropout rates are provided by the Texas Education Agency (TEA). The dropout rate for 2021 is a longitudinal rate, meaning that a sample of students are selected in 9<sup>th</sup> grade and then followed for four years. Texas uses the National Center for Education Statistics dropout definition. Under this definition, a dropout is a student who is enrolled in public school in Grades 7-12, does not return to public school the following fall, is not expelled; and does not graduate, receive a high school equivalency certificate, continue school outside the public school system, begin college, or die. Due to the rural nature of Region 1, many counties have suppressed the number of students who dropped out (not released to protect student anonymity). Region 1 has an overall dropout rate of 4.1%, which is lower than the state rate of 5.8%. County rates can be found below.

Figure 43. High School Dropout by County

County	Dropout	County	Dropout	County	Dropout	County	Dropout
Armstrong	0.0%	Deaf Smith	4.6%	Hemphill	0.0%	Ochiltree	1.2%
Bailey	0.0%	Dickens	0.0%	Hockley	0.7%	Oldham	0.0%
Briscoe	0.0%	Donley	2.9%	Hutchinson	1.6%	Parmer	0.7%
Carson	0.0%	Floyd	3.6%	King	0.0%	Potter	6.3%
Castro	3.3%	Garza	9.3%	Lamb	1.1%	Randall	3.6%
Childress	11.4%	Gray	3.8%	Lipscomb	0.0%	Roberts	0.0%
Cochran	2.0%	Hale	3.7%	Lubbock	5.2%	Sherman	2.3%
Collingsworth	0.0%	Hall	0.0%	Lynn	0.1%	Swisher	1.1%
Crosby	1.3%	Hansford	0.0%	Moore	0.0%	Terry	2.4%
Dallam	0.0%	Hartley	0.0%	Motley	0.0%	Wheeler	2.7%
						Yoakum	1.3%

#### Absenteeism

The Texas Education Agency is the state agency that oversees primary and secondary public education. It is headed by the commissioner of education. The mission of TEA is to provide leadership, guidance, and resources to help schools meet the educational needs of all students.

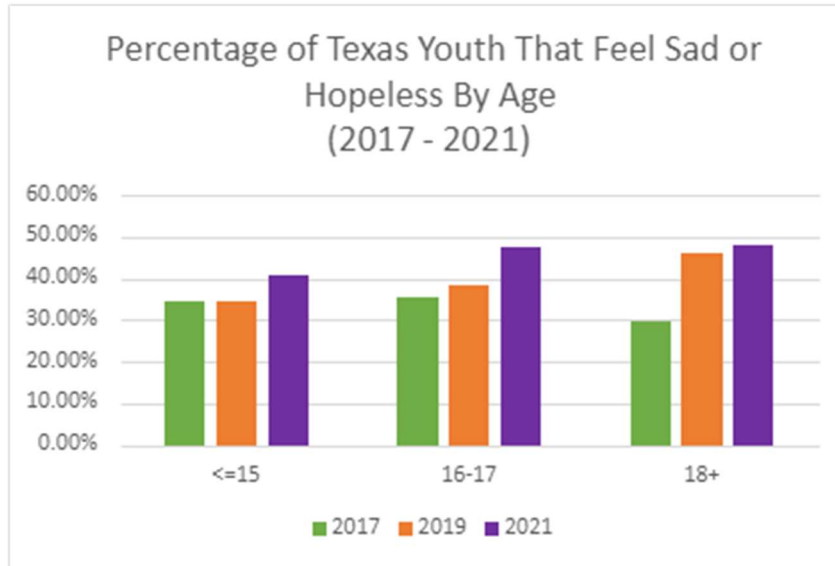
For the 2021-22 school year, the average number of absences per student was 10.8 days. Absences in this year are significantly higher than previous years. This is consistent with the Omicron variant of COVID peaking in January of 2023.



## Youth Mental Health

In 2021, in a population of 1,664 high school students (grades 9-12), 44.6% reported feeling sad or hopeless. In 9<sup>th</sup> grade, 38.0% of students; in 10<sup>th</sup> grade, 48.3%; in 11<sup>th</sup> grade, 46.4%; and in 12<sup>th</sup> grade, 45.9% reported feelings of sadness or hopelessness. Additionally, females (57.2%) had a higher reported rate of feeling sad or hopeless than males (32.1%) did. This is a significant increase from 2019.

Figure 44. Percentage that Feel Sad or Hopeless



## Youth Perception of Risk/Harm

Alcohol, tobacco, and marijuana had the lowest rates when students were asked “How dangerous do you think it is for kids your age to use?” Forty-eight percent said alcohol is very dangerous, 61% stated tobacco is very dangerous, and 60.1% said marijuana is very dangerous.

Vaping has become more and more popular in recent years. Students are sometimes surprised to find that using an electronic cigarette can damage a person’s health. In 2018, 59.3% of students in grades 7- 12 believed that e-cigarettes were very dangerous. In 2022 that percentage had risen to 63.2%. Conversely, the percentage of students who said e-cigarettes were not at all dangerous fell from 9% in 2018 to 3.1% in 2022, indicating that anti-vaping messaging from the PRC is having an impact on adolescent use.

Figure 45. Youth Perception of Harm-Very Dangerous

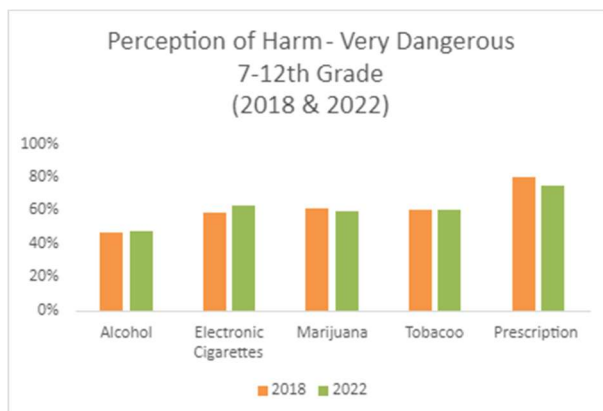
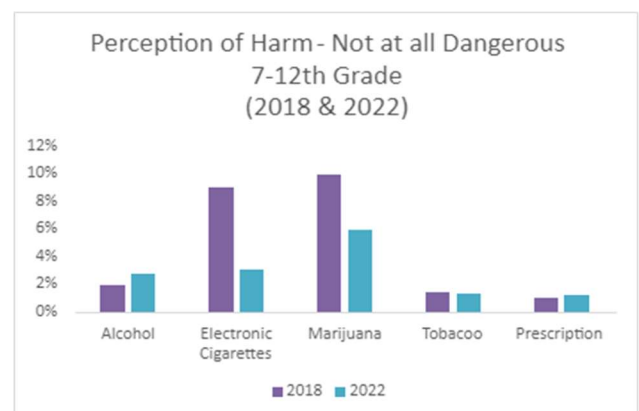


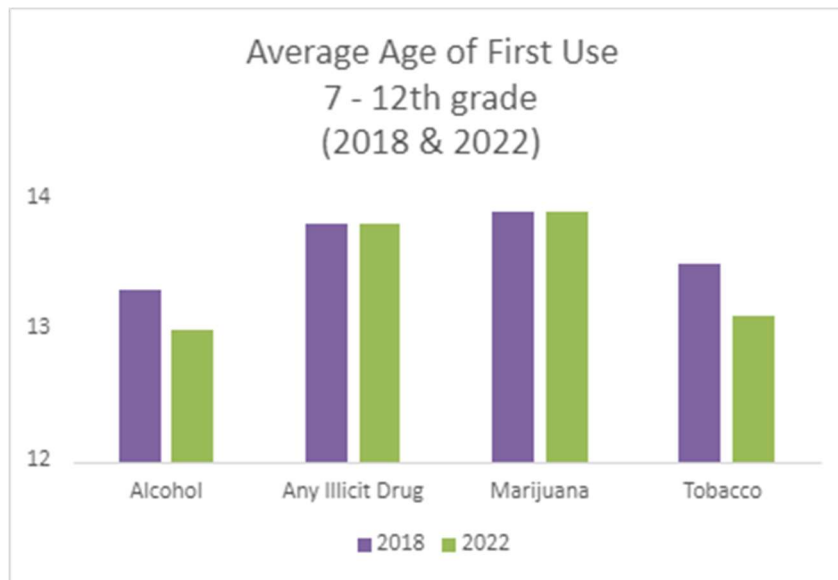
Figure 46. Youth Perception of Harm-Not Dangerous



## Early Initiation of Use

Looking at the Texas School Survey (TSS) for 2022, 13.1 years old was the average age of initial use for tobacco, and the average age for alcohol was 13. The average age for first use of marijuana is 13.9.

Figure 47. Average Age of First Use



## Protective Factors

### High School Graduation

The high school graduation rate is configured differently than educational attainment of a community. High school graduation rate is based on county-level, four-year longitudinal graduation rates for the classes of 2018, 2019, 2020, and 2021. The graduation rates are calculated by dividing the number of students who graduated by the number of students in a class. The high school graduation rates are much higher than educational attainment rates because the graduation rates only account for students in the past year, whereas community educational attainment looks at the entire community.

The regional high school graduation rate is 96.8% for 2021. This is a slight increase from 2018, when the graduation rate was 95.4%.

Figure 48. High School Graduation

High School Graduation Rates				
County	2018	2019	2020	2021
Armstrong	96.0%	100.0%	95.2%	100.0%
Bailey	96.9%	100.0%	98.7%	100.0%
Briscoe	100.0%	100.0%	100.0%	100.0%
Carson	98.7%	98.8%	100.0%	98.0%
Castro	100.0%	98.2%	94.9%	95.1%
Childress	89.7%	91.6%	96.7%	86.1%

County	2018	2019	2020	2021
Cochran	95.7%	90.9%	93.9%	98.0%
Collingsworth	97.0%	92.7%	100.0%	100.0%
Crosby	96.5%	94.7%	94.5%	96.1%
Dallam	96.4%	99.2%	99.3%	100.0%
Deaf Smith	82.6%	84.5%	91.1%	92.2%
Dickens	100.0%	92.3%	100.0%	100.0%
Donley	93.3%	100.0%	96.6%	94.3%
Floyd	92.3%	88.0%	93.1%	92.9%
Garza	83.7%	82.2%	75.0%	86.0%
Gray	94.3%	94.3%	90.3%	91.8%
Hale	93.6%	92.7%	95.0%	94.0%
Hall	92.9%	100.0%	98.1%	100.0%
Hansford	99.0%	97.0%	100.0%	97.8%
Hartley	100.0%	100.0%	100.0%	100.0%
Hemphill	98.8%	97.0%	100.0%	98.5%
Hockley	91.7%	94.0%	96.2%	96.3%
Hutchinson	96.9%	96.6%	95.9%	98.4%
King	100.0%	100.0%	100.0%	100.0%
Lamb	97.4%	96.8%	97.5%	97.9%
Lipscomb	97.9%	97.8%	92.9%	100.0%
Lubbock	92.0%	91.7%	91.6%	91.3%
Lynn	97.5%	92.4%	97.7%	98.0%
Moore	97.9%	99.0%	98.2%	97.4%
Motley	100.0%	100.0%	100.0%	100.0%
Ochiltree	97.9%	97.1%	98.1%	98.9%
Oldham	97.5%	97.5%	99.0%	100.0%
Parmer	96.6%	93.3%	97.4%	99.3%
Potter	89.8%	88.0%	88.8%	90.0%
Randall	94.80%	97.00%	95.60%	93.90%
Roberts	92.90%	100.00%	100.00%	100.00%
Sherman	89.80%	100.00%	96.30%	95.30%
Swisher	94.80%	95.10%	97.10%	98.90%
Terry	95.70%	95.10%	96.90%	97.60%
Wheeler	95.50%	93.80%	96.10%	97.30%
Yoakum	98.20%	99.40%	96.30%	97.50%

## Spirituality

The US Religion Census collects data on the number of congregations, members, adherents, and attendees. These data are aggregated to the county level for each group participating. Each group is asked to explain its definitions concerning the items for which they submit data, and to comment on U.S. Religion Census procedures for estimating adherents if the group is not providing adherent figures.

Not all groups collect or report all items. Additionally, participating groups are welcome to use their own definitions to determine what and/or who is counted, although the Religion Census provides guidelines. If a participating group does not provide the number of adherents, the US Religion Census may estimate the number of adherents through the use of a statistical procedure.

“Congregations” may be churches, mosques, temples, or other meeting places. A congregation may generally be defined as a group of people who meet regularly (typically weekly or monthly) at a pre- announced time and location. “Members” are determined by the by-laws of each participating group. Members in Christian Protestant denominations are most often referred to as "full" or "communicant" members.

The “adherent” figure is meant to be the most complete count of people affiliated with a congregation, and the most comparable count of people across all participating groups. Adherents may include all those with an affiliation to a congregation (children, members, and attendees who are not members).

Figure 49. Spirituality

Region 1 Religion Census 2020				
County	2020 Population	Congregations	Adherents	Adherents as % of Population
Armstrong	1,848	5	844	45.67%
Bailey	6,904	18	4,178	60.52%
Briscoe	1,435	10	1,272	88.64%
Carson	5,807	20	3,331	57.36%
Castro	7,371	16	5,551	75.31%
Childress	6,664	15	3,085	46.29%
Cochran	2,547	18	2,350	92.27%
Collingsworth	2,652	15	3,310	124.81%
Crosby	5,133	21	3,998	77.89%
Dallam	7,115	21	3,737	52.52%
Deaf Smith	18,583	37	11,648	62.68%
Dickens	1,770	15	1,364	77.06%
Donley	3,258	16	2,693	82.66%
Floyd	5,402	23	3,667	67.88%
Garza	5,816	19	2,758	47.42%

County	2020 Population	Congregations	Adherents	Adherents as % of Population
Gray	21,227	47	17,718	83.47%
Hale	32,522	73	27,107	83.35%
Hall	2,825	13	1,251	44.28%
Hansford	5,285	16	4,063	76.88%
Hartley	5,382	11	2,084	38.72%
Hemphill	3,382	11	2,565	75.84%
Hockley	21,537	57	13,325	61.87%
Hutchinson	20,617	55	10,947	53.10%
King	265	2	1,199	452.45%
Lamb	13,045	41	9,831	75.36%
Lipscomb	3,059	16	2,795	91.37%
Lubbock	310,639	345	159,089	51.21%
Lynn	5,596	21	4,341	77.57%
Moore	21,358	48	13,177	61.70%
Motley	1,063	9	684	64.35%
Ochiltree	10,015	28	7,712	77.00%
Oldham	1,758	6	514	29.24%
Parmer	9,869	27	5,770	58.47%
Potter	118,525	190	91,887	77.53%
Randall	140,753	117	69,618	49.46%
Roberts	827	4	513	62.03%
Sherman	2,782	9	1,975	70.99%
Swisher	6,971	26	4,848	69.55%
Terry	11,831	32	7,027	59.39%
Wheeler	4,990	21	1,823	36.53%
Yoakum	7,694	25	6,933	90.11%

\*There are three possible explanations for total adherents being above 100%: a Census undercount; a Religion Census over count; or people living in a different county than the location of their affiliate church.

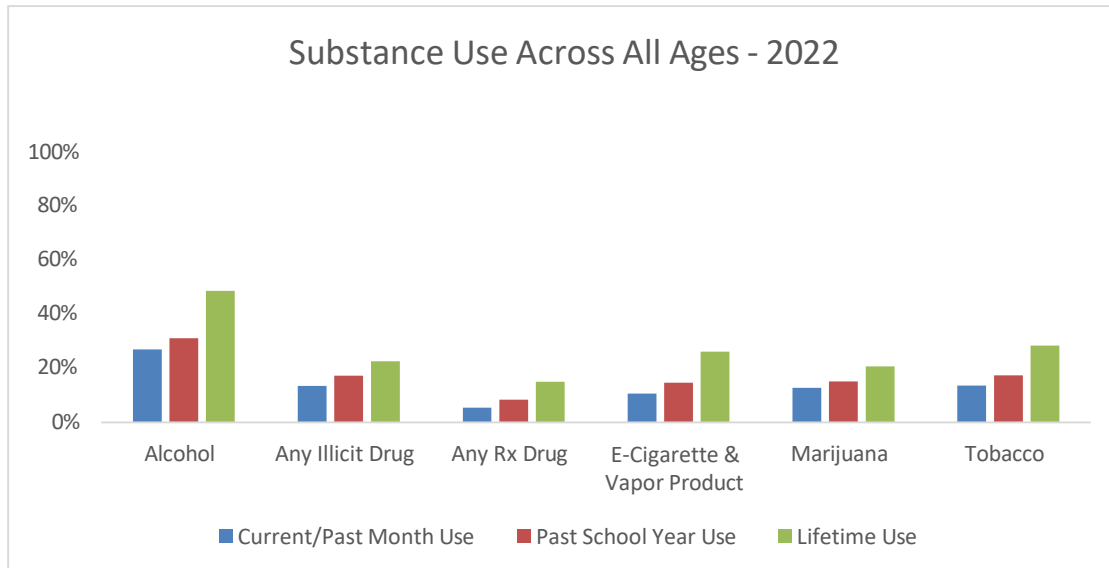
## Part IV: Consumption Patterns

### Patterns of Consumption

#### Youth Substance Use

There is limited consumption data available for Region 1. The current data sets available include the Youth Risk Behavior Survey, the Texas School Survey, and the Texas College Survey. The substances included in these data sets include alcohol, marijuana, tobacco, prescriptions, and other illicit drugs.

Figure 50. Substance Use across All Ages



#### Alcohol

Drinking too much, on a single occasion or over time, can take a serious toll on health. The National Institute on Drug Abuse (NIDA) lists the following effects alcohol can have:

- **Brain:** Alcohol interferes with the brain's communication pathways, and can affect the way the brain looks and works. These disruptions can change mood and behavior and make it harder to think clearly and move with coordination.
- **Heart:** Drinking a lot over a long time or too much on a single occasion can damage the heart, causing problems including Cardiomyopathy (stretching and drooping of the heart muscle), arrhythmias (irregular heartbeat), stroke, and high blood pressure.
- **Liver:** Heavy drinking takes a toll on the liver, and can lead to a variety of problems and liver inflammations including steatosis (fatty liver), alcoholic hepatitis, fibrosis, and cirrhosis.
- **Pancreas:** Alcohol causes the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion.
- **Cancer:** Based on extensive reviews of research studies, there is a strong scientific consensus of an association between alcohol drinking and several types of cancer. The National Toxicology Program of the US Department of Health and Human Services lists consumption of alcoholic beverages as a known human carcinogen. The research evidence indicates that the more alcohol a person drinks- particularly the more alcohol a person drinks regularly over time- the higher his or her risk of developing an alcohol- associated cancer.

## Current Use

The Behavioral Risk Factor Surveillance System (BFRSS) is a system of telephone surveys that collect state data about health-related behaviors, chronic health conditions, and the use of preventive services. BFRSS is conducted continuously throughout the year. States collect BFRSS data to help establish and track state and local health objectives, implement health promotion activities, and monitor trends.

The Texas School Survey of Drug and Alcohol Use (TSS) is a biennial collection of self-reported tobacco, alcohol, inhalant, and substance (including illicit) use data from students throughout the state of Texas.

According to the TSS, 48.3% of students have had an alcoholic beverage in their lifetimes, with 26.8% reporting drinking at least one drink in the last month. Eleven point one of student's report having more than 5 drinks in a two-hour period. The rate in Region 1 is slightly higher than the rate for Texas, with 7.8% of students reporting state-wide.

## Tobacco

Tobacco is a plant grown for its leaves, which are dried and fermented before use. Nicotine is an addictive chemical contained in tobacco. Nicotine can be extracted and utilized in vaping devices.

The possible health effects provided by National Institute on Drug Abuse (NIDA) include:

- **Short-term:** Increased blood pressure, breathing, and heart rate. Exposes lungs to a variety of chemicals. Vaping also exposes lungs to metallic vapors created by heating the coils in the device.
- **Long-term:** Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia.
- **Other Health-related Issues:** Nicotine: in teens it can affect the development of brain circuits that control attention and learning.
- **Tobacco products:** use while pregnant can lead to miscarriage, low birth weight, stillbirth, learning and behavior problems.
- **Vaping products:** some are mixed with the filler Vitamin E acetate and other chemicals, leading to serious lung illnesses and deaths.
- **Withdrawal Symptoms:** Irritability, attention and sleep problems, depression, and increases appetite.

## Current Use

The Texas School Survey found that 28.2% of the youth surveyed used tobacco one or more times during their lifetime. As with alcohol and marijuana, the rate in Region 1 is higher than the rate for Texas, with 30.2% of students state-wide reporting they have used a tobacco product.

## E-cigarettes

Teen use of electronic nicotine delivery systems (e-cigarettes and vapes) is on the rise across the country. In 2022 in Region 1, 26% of students in grades 7-12 have used a vape at least once in their lives.

## Marijuana

Marijuana is derived from the hemp plant *Cannabis sativa*. The main psychoactive chemical in marijuana is delta-9-tetrahydrocannabinol or THC.

The possible health effects provided by National Institute on Drug Abuse (NIDA) include:

- **Short-term:** Enhanced sensory perception and euphoria followed by drowsiness/ relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; anxiety.
- **Long-term:** Mental health problems, chronic cough, frequent respiratory infections.
- **Other Health-related Issues:** THC vaping products mixed with the filler Vitamin E acetate (and possibly other chemicals) has led to serious lung illnesses and deaths. Pregnancy: babies born with problems with attention, memory and problem solving.
- **In Combination with Alcohol:** Increased heart rate, blood pressure; further slowing of mental processing and reaction time.
- **Withdrawal Symptoms:** Irritability, trouble sleeping, decreased appetite, anxiety.

### Current Use

The current marijuana use trends identified by the Texas School Survey show that the majority of youth in Region 1 have never used marijuana (79.5%). As for alcohol, the rate in Region 1 is slightly higher than the rate for Texas, with 83.2% of students state-wide reporting they have never used marijuana.

### Prescription Drugs/ Prescription Opioids

Opioid pain relievers have an origin similar to heroin and can cause euphoria. The nonmedical use has the potential to lead to overdose deaths.

The possible health effects provided by National Institute on Drug Abuse (NIDA) include:

- **Short-term:** Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.
- **Long-term:** Increased risk of overdose or addiction if misused.
- **Other Health-related Issues:** Risk of HIV, hepatitis, and other infectious diseases from share needles. Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome. Older adults: higher risk of accidental misuse because many older adults have multiple prescriptions, increasing the risk of drug-drug interactions, and breakdown of drugs slows with age; also, many older adults are treated with prescription medications for pain.
- **In Combination with Alcohol:** Dangerous slowing of heart rate and breathing leading to coma or death.
- **Withdrawal Symptoms:** Restless, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps, leg movements.

### Prescription Stimulants

Prescription stimulants increase alertness, attention, energy, blood pressure, heart rate, and breathing rate. Importantly when used as prescribed, they can be beneficial to those experiencing ADHD or narcolepsy. The possible health effects provided by National Institute on Drug Abuse (NIDA) include:

- **Short-term:** Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages. High doses: dangerously high body temperature and irregular heartbeat; heart disease; seizures.
- **Long-term:** heart problems, psychosis, anger, paranoia.
- **Other Health-related Issues:** Increased risk of developing a substance or stimulant use disorder.
- **In Combination with Alcohol:** Masks the depressant action of alcohol, increasing risk of alcohol overdose; may increase blood pressure
- **Withdrawal Symptoms:** Depression, tiredness, sleep problems.



## Current Use

The Texas School Survey found that an average of 14.9% of students grades 7-12th in Region 1 who were surveyed took prescription medications without a doctor’s prescription during their lifetime. The rate in Region 1 is lower than the rate for Texas, with 19% of students state-wide reporting they have used a prescription medication that was not prescribed to them according to Texans for Safe and Drug-Free Youth (TxSDY).

## Illicit Drugs

Most of the youth who responded to the Texas School Survey have never used illicit drugs. Illicit drugs include marijuana. Over 20% reported a lifetime use of marijuana, with just over 12% reporting use this past month. These numbers are the bulk of the 22% of students in Region 1 who reported having used an illicit drug in their lifetime, and 13.3% reporting illicit drug use in the past month. This implies that although students are trying illicit drugs, a much smaller percentage uses illicit drugs on a regular basis.

## College Student Consumption

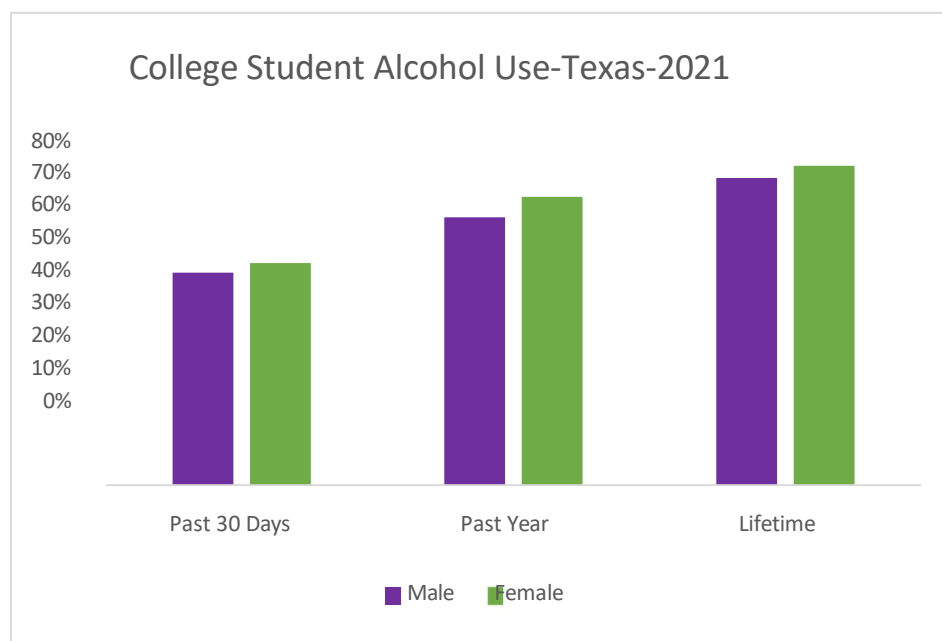
The Texas College Survey is funded by Health and Human Services (HHSC) and is a survey of college student substance use behaviors and related outcomes, risk factors, and protective factors. The survey is conducted every other odd year (e.g., 2019, 2021). Compared to the Texas School Survey, it asks additional questions about sexual activity, mental health, and school policies regarding substance use.

Data are only available at the state level, not by region.

## Alcohol

Use for females is higher than use for males when looking at how many students have consumed alcohol in the past 30 days, the past year, and in their lifetimes. Fifty-one-point nine percent of women have consumed alcohol in the last 30 days compared to 49.6% of men. Additionally, 74.5% of women and 71.7% of men have had an alcoholic beverage in their lifetimes. This metric does not account for the type of alcohol consumed (beer, wine, or liquor), nor does it account for how many drinks were consumed per event.

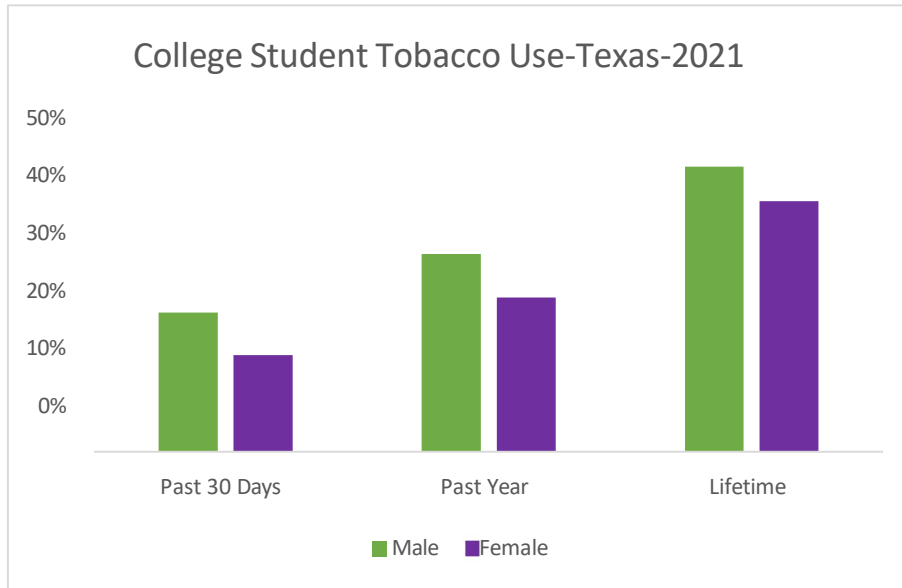
Figure 51. College Student Alcohol Use



## Tobacco

Converse to alcohol, more males use tobacco across each measured time span compared to females. Only 15% of women have used tobacco in the past 30 days compared to 21% of men, and 43% of men have used tobacco in their lifetime.

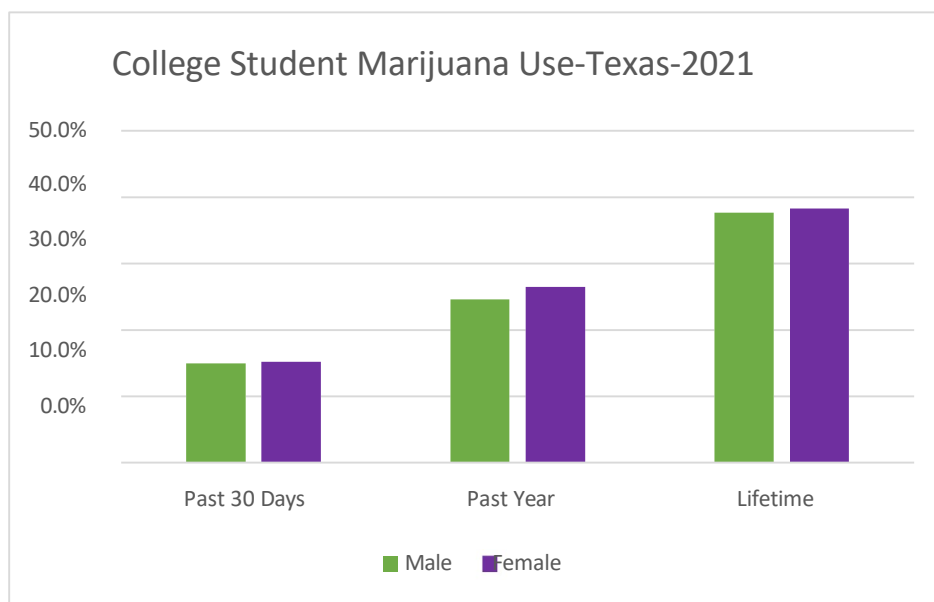
Figure 52. College Student Tobacco Use



## Marijuana

Marijuana use is similar between men and women in college. Past year use for women is slightly higher (26.5% compared to 24.6%), but lifetime use is closer at 37.7% and 38.3% respectively.

Figure 53. College Student Marijuana Use



## Adult Substance Use

### Current Use

Measuring problematic substance use among adults requires looking at proxy and state data. There is not a current measuring tool that allows for collecting data on adult substance use. The BRFSS focuses on adult behaviors and conditions, and was not designed to produce county-specific estimates for most states.

### Alcohol

Regarding alcohol consumption in Texas adults, 57.9% of men and 45.3% of women have had at least one drink of alcohol in the past 30 days. The age group with the highest percentage of drinks is 25-34 year olds (61.0%), followed by 35-44 year olds (58.1%). There were no significant differences among races or ethnicities.

### Adult Binge Drinking

Twenty-one-point one percent of males and twelve percent of females have binge drank in the past 30 days. Binge drinking is typically five or more drinks for men and four or more drinks for women, within a two-hour time span. At-risk or heavy drinking is more than four drinks a day or 14 drinks per week for men and more than three drinks a day or seven drinks per week for women. “Benders” are considered two or more days of sustained heavy drinking. Again, the age group with the highest percentage is 25-34 year olds at 25.5% followed by 35-44 year olds with 22.0%.

### Adult Smoking

Texas has a higher percentage of adult male smokers than the United States, but a lower percentage for female smokers. In Texas, 16.3% of men and 10.0% of women are current smokers. For e-cigarettes, 6% of Texans are current e-cigarette users, similar to the national average of 6.7%.

## Part V: Public Health and Public Safety

### Consequences of Substance Use/Misuse

Substance use and misuse has a variety of negative consequences for both individuals and society. Consequence data currently available in Region 1 include driving under the influence of drugs and alcohol, vehicular fatalities, suicide rates, overdose deaths, and overdose emergency department visits.

### Mortality

#### Overdose Deaths

The overdose deaths by substance use are taken from Texas death certificate data. Overdose deaths are by type of substance and are not available by county. Data for 2021 and 2022 are provisional and may change; please be aware of the limitations of non-final statistics. Counts of 1-9 are suppressed to prevent the identification of individuals. Supplementary suppression may occur to prevent the back-calculation of suppressed small counts. The International Classification of Diseases, Tenth Revision (ICD-10) is a medical classification list by the World Health Organization. Illnesses, diseases, or symptoms are given a code, usually one letter followed by two numbers, a decimal, and additional letters or numbers depending on specificity of the symptom.

The ICD-10 codes included in this data are U03: intentional self-harm (terrorism); X40-X44: unintentional poisoning; X60-64: suicides by poisoning; X85: homicidal poisoning; Y10-Y14: drug poisonings with undetermined intent; Y 87: sequelae of intentional self-harm. These ICD-10 codes appear alongside the ICD-10 codes T40.x and T43 to show the type of overdose in each case.

It is important to note that fentanyl-related poisonings are a subset of synthetic opioid drug death records where the literal cause of death on the death record contain the text “fentanyl” or “fentanyl.” Other misspellings of

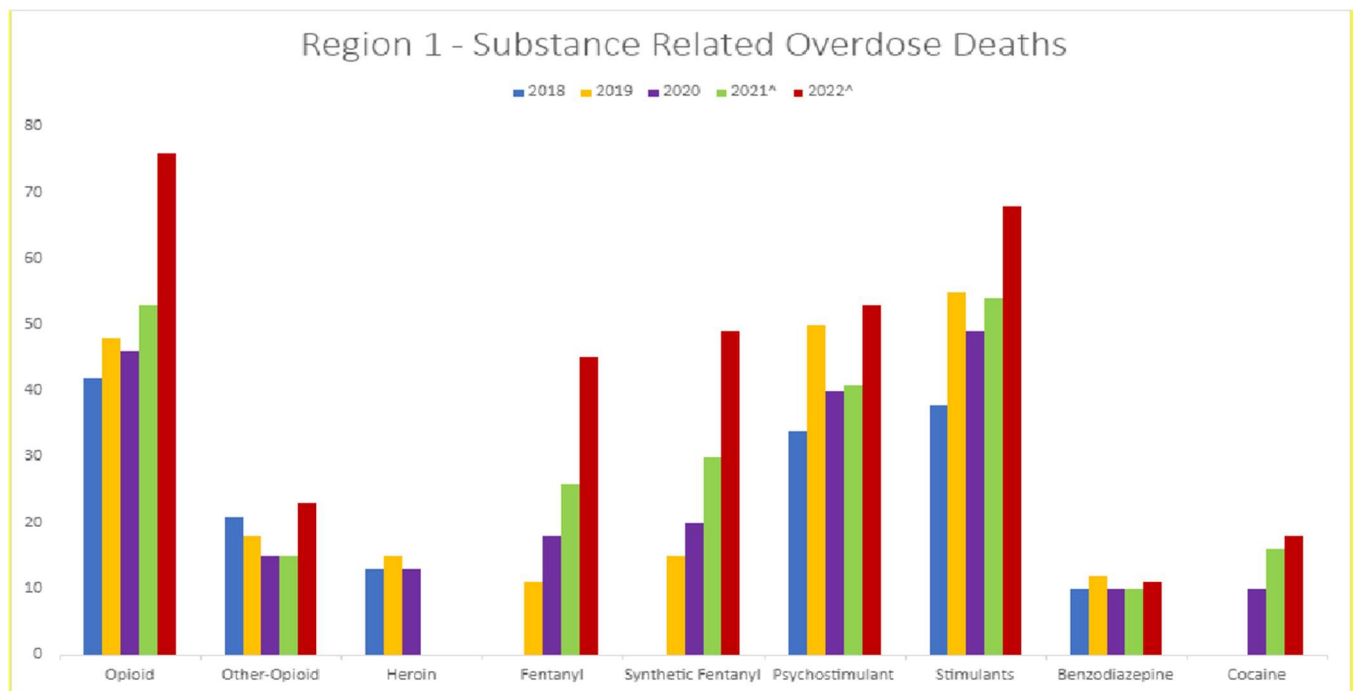
fentanyl and fentanyl analogs have not been accounted for. There is no specific ICD-10 code for fentanyl.

Figure 54. Substance Related Overdose Deaths

Region 1-Substance Related Overdose Deaths 2018-2022^						
Drug Type	2018	2019	2020	2021^	2022^	Total
Opioid	42	48	46	53	76	265
Other-Opioid	21	18	15	15	23	92
Heroin	13	15	13	*	*	41
Fentanyl	*	11	18	26	45	100
Synthetic Fentanyl	*	15	20	30	49	114
Psychostimulant	34	50	40	41	53	218
Stimulants	38	55	49	54	68	264
Benzodiazepine	10	12	10	10	11	53
Cocaine	*	*	10	16	18	44
Total	158	224	221	245	343	

^Data from 2021 and 2022 are provisional

Figure 55. Substance Related Overdose Deaths (Graph)



### All Deaths by Suicide

Data for deaths by suicide combine adolescents and adults, and are not available by county. Regional totals for deaths by suicide between 2018 and 2022 have remained steady. Data from 2021 and 2022 are provisional: they are tabulated based on data that are not yet finalized and may be incomplete. Provided data are subject to change before 2021 and 2022 data are finalized. Please consider the limitations of these non-final statistics.

Data are calculated by looking at the underlying cause of death. ICD-10 codes included for deaths by suicide are U03: intentional self-harm (terrorism); X60-X84: intentional self-harm; and Y87.0: sequelae of intentional self-harm. Rates for this data set are per 100,000 and based on 2020 census data totals. Counts of 1-9 are suppressed to prevent the identification of individuals and additional counts may be suppressed to prevent the back-calculation of suppressed small amounts (supplementary suppression).

Figure 56. Deaths by Suicide by Age

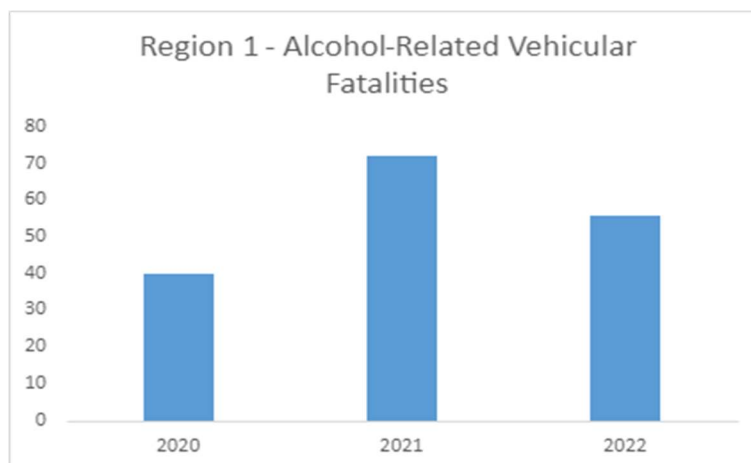
Deaths by Suicide 2018-2022^										
Age	2018	2018 Rate	2019	2019 Rate	2020	2020 Rate	2021^	2021 Rate ^	2022^	2022 Rate^
5-14 Years	*	*	*	*	*	*	*	*	*	*
15-24 Years	23	17.03	24	17.77	36	26.66	16	11.85	26	19.26
25-34 Years	31	26.71	28	24.13	35	31.06	28	24.13	29	24.99
35-44 Years	28	25.79	28	25.79	34	31.32	22	20.27	36	33.13
45-54 Years	28	29.44	31	32.6	21	22.08	28	29.44	25	26.29
55-64 Years	23	22.25	32	30.96	20	19.35	22	21.28	19	18.38
65-74 Years	13	16.93	10	13.02	13	16.93	20	26.05	13	16.93
75-84 Years	12	31.27	*	*	12	31.27	11	28.67	15	39.09
85+ Years	*	*	*	*	*	*	*	*	*	*
Unknown	0	0	0	0	0	0	0	0	0	0
Total	169	20.82	168	20.69	174	21.43	154	18.97	166	20.45

^Data from 2021 and 2022 are provisional

### Alcohol-related Vehicular Fatalities

Information regarding alcohol-related vehicular fatalities represents reportable data from the Texas Peace Officer’s Crash Report (CR3) received and processed as of March 2023. The highest rate of alcohol fatalities was in 2021 with 72 total in the region, while there were 40 in 2020 and 56 in 2022. The highest number of fatalities took place in Lubbock with 16 in 2020, 26 in 2021, and 9 in 2022. Of the counties in Region 1, 17 did not have any alcohol related vehicular fatalities recorded in 2022.

Figure 57. Alcohol Related Vehicular Fatalities



## Healthcare

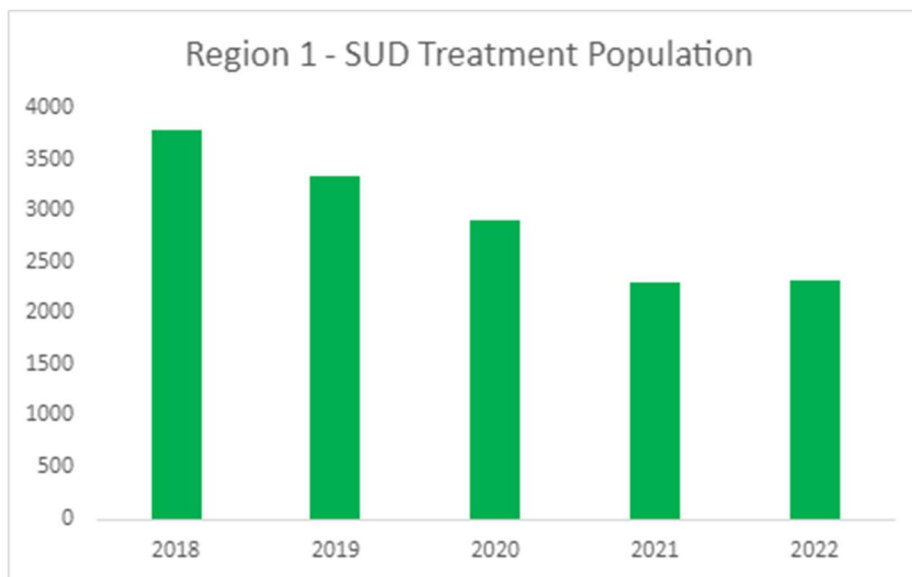
Measuring problematic substance use among adults requires looking at proxy data. While surveys can be a good indicator of problem use, a more apt way of measuring adult problem substance use is looking at consequences and treatment for substance use disorder. Medicaid substance use treatment for Region 1 is below the state average for 2018-2022, but there are multiple counties that are well above the average. One of the difficulties in looking at Region 1 on average is population disparity among counties. These factors do not give a comprehensive view of problematic substance use, but they provide information that shows that Region 1 is not dramatically different in problematic substance use than the state average.

Regionally, data are not available to distinguish youth from adult SUD treatment. This distinction can be made when looking at Texas data.

Figure 58. HHSC Funded SUD Treatment Youth/Adults

HHSC-funded SUD Treatment				
Year	Region 1 Total	Texas Total	Texas Youth	Texas Adults
2018	3793	119805	105756	14049
2019	3337	121634	108299	13335
2020	2914	113667	104646	9021
2021	2302	101522	94096	7426
2022	2327	99381	91011	8370

Figure 59. SUD Treatment Population



## Economic

Substance use has been associated with a number of destructive social conditions, including failure in school, domestic violence, financial problems, and lost productivity. Estimates of the overall cost of substance misuse in the United States is more than \$800 billion.

Figure 60. Cost of Substance Use

Substance	Health Care	Overall
Tobacco	\$168 billion	\$300 billion
Alcohol	\$27 billion	\$249 billion
Illicit Drugs	\$11 billion	\$193 billion
Prescription Opioids	\$26 billion	\$78.5 billion

## Emerging Trends

### Impact of COVID-19

There is no question that COVID-19 has affected Texans. The access to healthcare and mental health care has shifted, as has the ability to provide for basic needs due to food insecurity, loss of employment or housing, and social isolation. Because it attacks the lungs, COVID-19 can be an especially serious threat to those who smoke, have opioid use disorder, or use methamphetamines due to the drugs' effect on respiratory health. The COVID-19 pandemic also resulted in disruptions to treatment and harm reduction services, resulting in SUD's left untreated or a return to substance use.

COVID-19 also had a significant impact on mental health. Social isolation and the need for quarantine had a negative effect on mental health. In 2020, 40.9% of people reported at least one adverse mental or behavioral health condition, with 13.3% reporting having started or increased substance use to cope with emotions related to COVID-19.

## Part VI: Region in Focus

### Community Coalitions

**The HEARD Coalition** is housed in the City of Lubbock Health Department along with the PRC. The coalition is funded by the Texas Department of Health Services, established for the purpose of building the capacity of the community to prevent youth alcohol, marijuana, prescription drugs and other illicit drugs.

The mission of the coalition is to empower communities to create positive changes in attitudes, behaviors, and policies to prevent and reduce at-risk behavior in youth with a unified focus on alcohol, marijuana, and prescription drug prevention. Members of the coalition include the YWCA, Hub City Outreach, the Texas Tech Collegiate Recovery Program, faith-based partners, community activists, medical students, those working in criminal justice, treatment providers, United Way, hospital representatives and nurses.

**Manos Unidas** seeks to help the community by providing opportunities in education and the arts to under-served populations in Lubbock.

**Teen Awareness Group (TAG)** is the youth coalition associated with HEARD. TAG is comprised of young people ages 16-20 who are ready to be agents for change in the community and empower others to remain free from substance use. TAG volunteers at local events, attends CADCA mid-year, and has plans to undertake advocacy work in the near future.

### Other Coalitions

**University Medical Center's Nurses Educating on Illegal Drugs & Synthetics (NEIDS)** is an outreach group of registered nurses, with the mission to provide education to the public on the health risks and hazards of the use of synthetic marijuana and harmful drugs.

The **East Lubbock Community Alliance's** vision is to ensure that people in Lubbock have equal opportunities and support to improve their outlook on the future.

The **South Plains Coalition for Child Abuse Prevention** aims to fight the high rates of child abuse in the region through education, advocacy, and collaboration. They promote a variety of media campaigns focusing on recognizing and combatting child abuse.

The **South Plains Homeless Consortium** revolves around identifying issues in homelessness and developing homelessness prevention strategies. They advocate for the marginalized and educate the community about the causes of homelessness.

The **South Plains Suicide Prevention Coalition** works with local stakeholders to educate about suicide and how to identify warning signs. They host an annual regional symposium aimed at strengthening mental health protective factors and preventing suicide.

The **Lubbock Area Teen Pregnancy Coalition** strives for collaborative partnerships that work to educate and engage families and their communities about sexuality, health, and unintended teen pregnancy.

**Lubbock Compact** was formed in June 2020 with the goal of combatting wealth disparity in Lubbock and protecting and preserving north and east Lubbock communities.

**Texans Standing Tall** is a statewide coalition that focuses on delivering and implementing evidence based environmental strategies targeted at eliminating social hosting and underage drinking.



## Community Programs and Services

**Family Support Services of Amarillo** is dedicated to empowering individuals and families through comprehensive advocacy, education, and intervention services. They provide support along the continuum of care, including those in crisis.

**Communities in Schools (CIS)** has offices located on campuses and provides direct resources to help at risk youth succeed. They assist youth with meals, clothes, and healthy extracurricular activities.

The **Boys and Girls Club (BGC)** aims to provide a safe recreation space for adolescents outside of school hours. Lubbock county has 6 different BGC locations, but additional information on other locations within the region is needed.

The **Young Women's Christian Association** provides after school programs for Lubbock ISD and Lubbock- Cooper ISD and is focused on involving youth in community youth development programs.

The **Parenting Cottage** works to offer in home parent education across the region.

The **Salvation Army** provides a great deal of community services ranging from emergency shelter to utility assistance.

**Mothers Against Drunk Driving (MADD)** is one of the region's most vocal advocates for the prevention of drunk driving, as well as education, victim assistance and other information about driving under the influence.

## Other State/Federally Funded Prevention Programs

**Center for Collegiate Recovery Communities at Texas Tech University** offers support for Texas Tech students.

**Texas Department of Family and Protective Services** has several programs in the Lubbock area, including Big Brothers Big Sisters, the Parenting Cottage, Texas Alliance Boys & Girls Club, and Catholic Charities of Lubbock

## SUD Treatment Providers

**Dailey Recovery Services** strives to reduce the problems of substance misuse by providing recovery and treatment services.

**StarCare Specialty Health Systems** is currently the regional MHMR. They have a variety of programs focusing on parent education, SUD screening and assessment, veteran services, and suboxone services.

**Texas Panhandle Poison Center** is housed at the Texas Tech Health Sciences Center Amarillo Pharmacy School. They provide education to children and adults to prevent poisonings.

## Healthcare Providers

**University Medical Center** and **Covenant Medical Center** have a large presence in Region 1, including clinics and programs in rural communities

**BSA Health System** and **Northwest Texas Healthcare System** are prevalent in Amarillo.

## YP Programs

Youth prevention programs focus on enhancing youth's life skills in an effort to prevent them from engaging in alcohol and drug use. These programs provide curriculum to students at schools, conduct activities with groups of students/adults, and present on various topics as they relate to drug use.

There are three main types of youth prevention programs: Youth Prevention Universal (YPU) is offered to all youth. Youth Prevention Selective (YPS) is designed for young people who have an above average risk of substance misuse. Youth Prevention Indicated (YPI) is offered to youth who are struggling academically, who show signs of substance use, or who may need additional support.

In Region 1, 68.6% of students had received some form of information regarding alcohol, tobacco, and other drug use. However, most of this information was disbursed by an assembly, instead of an evidence-based practice. The youth prevention programs funded by the Texas Department of Health and Human Services include Hub City Outreach and Cenikor. These programs are located in Lubbock and Amarillo.

**Hub City Outreach** is a youth prevention provider focusing on substance use prevention and education. The agency partners with local schools to deliver a holistic and empowering approach to direct prevention services.

**Cenikor's Prevention Services** provide age-appropriate evidenced-based curriculum to students of all ages. Students are taught the skills necessary to develop good self-esteem, resist peer and media pressure, and explore activities free from substance use.

## Community Readiness

Region 1 and the HEARD coalition saw a big step forward in community readiness this year with the formation of its youth coalition, Teen Awareness Group (TAG). The youth coalition went to CADCA mid-year conference this past July and plans to do advocacy work this fall.

Initiatives for medication assisted treatment for incarcerated populations and an intermediary clinic for those recently released from incarceration are underway. Programs that work holistically on behavioral health have begun and there are steps to grow those programs.

Participation in the Texas School Survey in Region 1 is low. Data collected in 2020 were combined with Region 2; data collected in 2018 were combined with Region 9. This does not allow for trends to be identified or analyzed.

A community survey distributed to HEARD coalition members identified the following risks: lack of free or affordable, quality addiction treatment; lack of harm reduction; no detox center in the region; stigma against those with drug use and substance use disorders is high; denial that there is a problem; and racial and cultural inequities. The same survey, however, is very positive regarding community readiness. Most of the risks in the region begin with low education for the public regarding the risks of adolescent substance use. While this is a difficult problem to overcome, most individuals who took the survey believe the region is on the cusp of community members coming together for prevention work.

## Gaps in Services

There is room for additional services in Region 1 across the spectrum of substance use disorders from prevention to treatment. In regard to treatment there is a need for additional inpatient treatment for both youth and adults, as well as outpatient services across the region. Community stakeholders were especially concerned with the lack of low cost or no cost treatment in the area. Additional prevention resources and training materials should be disbursed throughout all counties across the region. The PRC will work to include all counties across the region in future trainings, and enhance collaboration to build a more sustainable continuum of prevention services. Formal and informal youth serving agencies need to be identified across the region for future collaboration on prevention efforts focusing on substance use disorders.

## Gaps in Data

Over the next year a major focus of the PRC will be the collection of additional data across all counties in the region. A variety of data relating to risk and protective factors, use, and consequences is still needed to fully understand the full scope of substance use disorders in Region 1. Additional data sets needed to fully assess the region include, but are not limited to social access and social norms regarding use, youth arrests and probation rates, and overdose and suicide rates across all counties. Because of the rural nature of many counties in Region 1 it can be difficult to access non-suppressed data at the county level. The PRC and the HEARD coalition have a campaign to collect data regarding parent perception of adolescent use. There are also plans to collect data about adult substance use, similar in nature to the TSS. This will help provide a more accurate picture of substance use in the region.

## Part VII: Putting It All Together

### **What has the RNA identified as the region's most pressing substance use behaviors that need to be addressed and why?**

Alcohol is the most prevalently used and misused substance in Region 1. Although use of all substances has decreased since 2018. Additional data is needed to fully understand how alcohol is being used and misused throughout the region, as well as its effects on each community. However, there is adequate data available to understand that alcohol has had significant negative impacts on each county in Region 1.

Tobacco and electronic vapor products (vaping) are also used throughout the region and the age of onset is low. Many youths report using either tobacco or vaping recently. The cultural norm in Region 1 does not veto tobacco or vape use and is an area where simply providing information may see results.

### **What is your analysis of the underlying conditions (Social Determinants of Health) that are contributing to substance use and misuse in your region?**

Healthcare contributes to substance use and misuse in Region 1. Because the region has many rural counties, access to healthcare can be difficult, for both physical and mental support.

Additionally, health education in Region 1 is not always a priority. A general health class is part of the public school curriculum, but many times students learn about health through school nurses.

### **What behavioral health disparities has the RNA identified in the region?**

One of the biggest behavioral health disparities in the region is access to care. The ratio of healthcare providers to population is unequal, and almost all providers are located in Lubbock or Amarillo. Additionally, there is a large percentage of children without health insurance, meaning that even if youth do have access to care they may not be able to afford it.

**What is your analysis of the protective factors (across all levels of the Social Ecological Model; e.g., Positive Childhood Experiences and Positive Community Environments) and community assets that are contributing to improved behavioral health outcomes and wellbeing in your region?**

The cohesiveness of communities is strong in the region. Family, spirituality, extracurricular activities, and athletics are important, particularly in rural communities. There may be some stigma surrounding discussion of substance use and mental health, but the strong foundations of community are already in existence.

The prevention and recovery community are also vibrant. Again, there is some stigma about recovery, but the community itself is active and thriving. The PRC is looking into how to best integrate the recovery community with other groups in the region.

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## Data Sources

SEM Domain	SEM Details	Indicator	Data Source	URL for Data Source
Individual Domain	Core Demographics	Total Population	2020 Census	www.data.census.gov
		Sex by Age		
		Race (Including Alone and In Combination)		
		Ethnicity by Race (Alone)		
	Additional Demographics	Disability Status	American Community Survey	https://www.census.gov/programs-surveys/acs/
		Language	2020 Census	www.data.census.gov
		% LGBTQ+		
	Risk Factor – Early Use	Age of First Use - Alcohol	Texas School Survey	Data Request
		Age of First Use - Tobacco		
		Age of First Use - Marijuana		
		Age of First Use - Any Illicit Drugs		
	Risk Factor - Perceived Risk	Perception of Harm MARIJUANA	Texas School Survey	Data Request
		Perception of Harm RX DRUGS		
		Perception of Harm TOBACCO		
Perception of Harm Electronic Vapor Products				
Perception of Harm ALCOHOL				
Risk Factor - SDoH - Education	Absenteeism	TEA	https://tea.texas.gov/reports-and-data/student-data/discipline-data-products/discipline-reports	
Risk Factor - Youth MH	Adolescent Depression	Texas Youth Risk Behavioral Surveillance Survey	https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey	
Protective Factor	Spirituality	US Religion Census	https://www.usreligioncensus.org/	
Protective Factor - SDoH - Education	High School Graduation	TEA	Data Request	



SEM Domain	SEM Details	Indicator	Data Source	URL for Data Source
Interpersonal Domain	Risk Factor - ACEs	Single-parent households	American Community Survey	<a href="https://data.census.gov/table?q=single+parent&amp;t=Families+and+Living+Arrangements:Household+Size+and+Type&amp;g=040XX00US48,48\$0500000&amp;tid=ACSDP5Y2021.DP02&amp;moe=false&amp;tp=true">https://data.census.gov/table?q=single+parent&amp;t=Families+and+Living+Arrangements:Household+Size+and+Type&amp;g=040XX00US48,48\$0500000&amp;tid=ACSDP5Y2021.DP02&amp;moe=false&amp;tp=true</a>
		Family violence crime rate	Dept of Public Safety	Data Request
		Victims of Maltreatment	DFPS	<a href="https://data.texas.gov/dataset/CPI-3-8-Abuse-Neglect-Investigations-Alleged-and-C/v63e-6dss">https://data.texas.gov/dataset/CPI-3-8-Abuse-Neglect-Investigations-Alleged-and-C/v63e-6dss</a>
		Children in Foster Care	DFPS- CPS	<a href="https://data.texas.gov/dataset/CPS-3-2-Children-in-Substitute-Care-by-Placement-T/kgpb-mxxd">https://data.texas.gov/dataset/CPS-3-2-Children-in-Substitute-Care-by-Placement-T/kgpb-mxxd</a>
		Parental Depression	CDC	<a href="https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb">https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb</a>
	Risk Factor - Parent Attitudes	Parents Disapproval of ALCOHOL	Texas School Survey	Data Request
		Parents Disapproval of TOBACCO		
		Parents Disapproval of MARIJUANA		
	Factor - Peer use	Friends Who Use ALCOHOL	Texas School Survey	Data Request
		Friends Who Use TOBACCO		
		Friends Who Use MARIJUANA		
	Risk Factor - Substance Availability	Access to ALCOHOL	Texas School Survey	Data Request
		ALCOHOL at Parties		
		Access to MARIJUANA		
		MARIJUANA or OTHER DRUGS at Parties		
		Access to TOBACCO		

SEM Domain	SEM Details	Indicator	Data Source	URL for Data Source
Community Domain	Incidence/prevalence	Student Substance Use Infractions	TEA	Data Request
	Outcome - Criminal Justice	Drug Related Arrests	Tx DPS	<a href="https://txucr.nibrs.com/Home/Index">https://txucr.nibrs.com/Home/Index</a>
		Alcohol Related Arrests		
		Juvenile Probation	Texas Juvenile Justice Department	Resources - Research & Statistics (texas.gov)
	Risk Factor - SDoH - Education	Educational Attainment	American Community Survey	<a href="https://data.census.gov/cedsci/?g=0100000US&amp;t=d=ACSST1Y2018.S1501&amp;t=Educational%20Attainment">https://data.census.gov/cedsci/?g=0100000US&amp;t=d=ACSST1Y2018.S1501&amp;t=Educational%20Attainment</a>
	Risk Factor - SDoH - Healthcare	Uninsured - 19 - 64	2020 Census	<a href="http://www.data.census.gov">www.data.census.gov</a>
	Risk Factor - SDoH - Neighborhood/Built Environment	Violent Crime	Tx DPS	<a href="https://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm">https://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm</a>
	Risk Factor - Substance Availability	Alcohol Retail Density	TABC	<a href="http://www.tabc.texas.gov/">http://www.tabc.texas.gov/</a>
		Alcohol Sales to Minors		
		Tobacco Retail Density	Texas Comptroller	<a href="https://mycpa.cpa.state.tx.us/cigarettetobaccoretailersearch/">https://mycpa.cpa.state.tx.us/cigarettetobaccoretailersearch/</a>
		Students Offered Drugs	Texas Youth Risk Behavioral Surveillance Survey	<a href="https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey">https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey</a>
	Protective Factor - Healthcare	Prescription Drug Monitoring Program	Texas Prescription Program	Data Request
Protective Factor - PCEs	Social Associations	County Health Rankings and Roadmaps	<a href="http://www.countyhealthrankings.org/rankings/data/TX">www.countyhealthrankings.org/rankings/data/TX</a>	
Protective Factor	Mental Health Providers	County Health Rankings and Roadmaps	<a href="https://www.countyhealthrankings.org/explore-health-rankings/texas/data-and-resources">https://www.countyhealthrankings.org/explore-health-rankings/texas/data-and-resources</a>	
Societal Domain	Risk Factor - SDoH - Economic	Income	American Community Survey	<a href="https://www.census.gov/programs-surveys/acs/">https://www.census.gov/programs-surveys/acs/</a>
		TANF recipients	HHSC	<a href="https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics">https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics</a>
		SNAP recipients		<a href="https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics">https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics</a>
		Free/Reduced lunch	National Center for Education Statistics	<a href="https://nces.ed.gov/ccd/elsi/">https://nces.ed.gov/ccd/elsi/</a>
		Students experiencing homelessness	TEA	Data Request

SEM Domain	SEM Details	Indicator	Data Source	URL for Data Source
Patterns of Consumption	Incidence/prevalence	Current Use - Alcohol - Adults	CDC	<a href="https://www.cdc.gov/brfss/brfssprevalence/">https://www.cdc.gov/brfss/brfssprevalence/</a>
		Current Use - Alcohol - Adolescents	Texas School Survey	Data Request
		Past School Year Use - Alcohol		
		Lifetime Use - Alcohol		
		Binge drinking past 30 days		
		Current Use - Marijuana		
		Past School Year Use - Marijuana		
		Lifetime Use - Marijuana		
		Current Use - Tobacco		
		Past School Year Use - Tobacco		
		Lifetime Use - Tobacco		
		Current Use - E-Cig/Vapes		
		Past School Year Use - E-Cig/Vapes		
		Lifetime Use E-VAPE Products		
		Current Use - Rx Drugs		
		Past School Year Use - Rx Drugs		
		Lifetime Use - Rx Drugs		
		Current Use - Illicit Drugs		
		Past School Year Use - Illicit Drugs		
		Lifetime Use - Illicit Drugs		
		College Last 30-days ALCOHOL	Texas College Survey	<a href="https://texascollegesurvey.org/reports/">https://texascollegesurvey.org/reports/</a>
		College Lifetime Use ALCOHOL		
		College Last 30-days BINGE DRINKING		
		College Last 30-days MARIJUANA		
		College Lifetime Use MARIJUANA		
		College Last 30-days TOBACCO		
		College Lifetime Use TOBACCO		
		College Last 30-days E-VAPE Products		
		College Lifetime Use E-VAPE Products		
		College Last 30-days RX DRUGS		
College Lifetime Use RX DRUGS				
College Last 30-days Any ILLICIT DRUG	CDC	<a href="https://www.cdc.gov/brfss/brfssprevalence/">https://www.cdc.gov/brfss/brfssprevalence/</a>		
College Lifetime Use Any ILLICIT DRUG				
Adult Binge Drinking				
Adult Smoking				

SEM Domain	SEM Details	Indicator	Data Source	URL for Data Source
Public Health/Safety Consequences	Outcome - Economic	Estimated economic impact of drug use	NIDA	<a href="https://www.drugabuse.gov/drug-topics/trends-statistics/costs-substance-abuse">https://www.drugabuse.gov/drug-topics/trends-statistics/costs-substance-abuse</a>
	Outcome - Healthcare	Opioid ED Visits	DSHS	Data request
		Adults Receiving SUD Treatment		
		Adolescents Receiving SUD Treatment	HHSC	Data Request
	Outcome – Mortality	Adolescent deaths by suicide	DSHS	Data Request
		Overdose Deaths		
		Deaths by Suicide		
		Alcohol-Related Vehicular Fatalities	Tx DOT	Data Request

## Glossary of Terms

<p><b>ACES</b></p>	<p>Adverse Childhood Experiences. Potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance use, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.</p> <p>May also refer to adverse <i>community</i> experiences – such as concentrated poverty, segregation from opportunity, and community violence – contribute to community trauma, which can exacerbate adverse childhood experiences (ACEs).</p> <p>Please see the beginning of the report for more information on ACEs.</p>
<p><b>Adolescent</b></p>	<p>An individual ranging between the ages of 10 and 20 years depending on what health organization you reference. For a more in-depth description and definition, see the “Adolescence” section in “Key Concepts” in the beginning of the RNA.</p>
<p><b>ATOD</b></p>	<p>Acronym for alcohol, tobacco, and other drugs.</p>
<p><b>BRFSS</b></p>	<p>Behavioral Risk Factor Surveillance System. Health-related telephone survey that collects state data about U.S. residents regarding their health-related behaviors, chronic health conditions, and use of preventive services.</p>
<p><b>Counterfeit Drug</b></p>	<p>A medication or pharmaceutical item which is fraudulently produced and/or mislabeled then sold with the intent to deceptively represent its origin, authenticity, or effectiveness. Counterfeit drugs include drugs that contain no active pharmaceutical ingredient (API), an incorrect amount of API, an inferior-quality API, a wrong API, contaminants, or repackaged expired products.</p>
<p><b>DSHS</b></p>	<p>The Texas Department of State Health Services. The agency's mission is to improve the health, safety, and well-being of Texans through good stewardship of public resources and a focus on core public health functions.</p>

<p><b>Drug</b></p>	<p>A medicine or other substance which has a physiological and/or psychological effect when ingested or otherwise introduced into the body. Drugs can affect how the brain and the rest of the body work and cause changes in mood, awareness, thoughts, feelings, or behavior.</p>
<p><b>Evaluation</b></p>	<p>Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility, making comparisons based on these measurements, and the use of the resulting information to optimize program outcomes. The primary purpose is to gain insight to assist in future change.</p>
<p><b>HHS</b></p>	<p>The United States Health and Human Services. The mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.</p>
<p><b>Incidence</b></p>	<p>The proportion, rate, or frequency of new occurrences of a disease, crime, or something else undesirable. In the case of substance use, it is a measure of the risk for new substance use behaviors and new substance use disorder cases within a community.</p>
<p><b>LGBTQIA+</b></p>	<p>An inclusive term referring to people of marginalized gender identities and sexual orientations and their allies. Examples include lesbian, gay, bisexual, transgender, non-binary, genderqueer, questioning, queer, intersex, asexual, demisexual, and pansexual.</p>
<p><b>Justice-Impacted</b></p>	<p>Justice-impacted individuals include those who have been incarcerated or detained in a prison, immigration detention center, local jail, juvenile detention center, or any other carceral setting, those who have been convicted but not incarcerated, those who have been charged but not convicted, and those who have been arrested.</p>

<b>MAT/MOUD</b>	Medication-Assisted Treatment. The use of medications, in combination with counseling and behavioral therapies, to provide a “whole patient” approach to the treatment of substance use disorders.
<b>Neurotoxin</b>	Synthetic or naturally occurring substances that damage, destroy, or impair nerve tissue and the function of the nervous system. They inhibit communication between neurons across a synapse.
<b>Person-Centered Language or Person-First Language</b>	<p>Language that puts people first. A person’s identity and self-image are closely linked to the words used to describe them. Using person-centered language is about respecting the dignity, worth, unique qualities, and strengths of every individual. It reinforces the idea that people are more than their substance use disorder, mental illness, or disability.</p> <p>Please note: some people do prefer the use of language that is not person-centered to self-identify, e.g., in Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), some people prefer to self-identify as an “addict” rather than a “person with addiction” even though this is not person-centered language. It is best practice to use the language that a person asks you to use when referring to them.</p>
<b>PRC</b>	Prevention Resource Center. Prevention Resource Centers provide information about substance use to the general community and help track substance use problems. They provide trainings, support community programs and tobacco prevention activities, and connect people with community resources related to substance use. The beginning of the RNA includes significantly more details on the purpose and functions of the PRCs.
<b>Prevalence</b>	The current proportion, rate, or frequency of a disease, crime, or other event or health state with a given community. In the case of substance use, it refers to the current rates of substance use, and the current rate of substance use disorders within a given community.
<b>Protective Factor</b>	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities, or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
<b>Recovery</b>	A process of change through which individuals struggling with behavioral health challenges improve their health and wellness, live a self-directed life, and strive to reach their full potential.

<b>Risk Factor</b>	Conditions, behaviors, or attributes in individuals, families, communities, or the larger society that contribute to or increase the risk in families and communities.
<b>Self-Directed Violence</b>	Anything a person does intentionally that can cause injury to self, including death.
<b>SPF</b>	Strategic Prevention Framework. SPF is a model created by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist communities with implementing effective plans to prevent substance use. The idea behind the SPF is to use findings from public health research and community assessment, such as this RNA, along with evidence-based prevention programs to build a robust and sustainable prevention system. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities. More information can be found here: <a href="https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf">https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf</a>
<b>Stigma</b>	The stigma of substance use—the mark of disgrace or infamy associated with the disease—stems from behavioral symptoms and aspects of substance use disorder. The concept of stigma describes the powerful, negative perceptions commonly associated with substance use and misuse. Stigma has the potential to negatively affect a person’s self-esteem, damage relationships with loved ones, and prevent those suffering from substance use and misuse from accessing treatment.
<b>SDoH</b>	Social Determinants of Health. These refer to the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. See the beginning of the RNA for more details.
<b>Substance Abuse</b>	<p>When substance use adversely affects the health of an individual or when the use of a substance imposes social and personal costs.</p> <p>Please note: This is an antiquated term that should be avoided as it contributes to the stigma surrounding substance use and substance use disorders. The term “abuse” has been found to have a high association with negative judgments and punishment and can prevent people seeking treatment.</p> <p>More information can be found here: <a href="https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction">https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction</a></p>



<b>Substance Dependence</b>	An adaptive biological and psychological state that develops from repeated drug administration, and which results in withdrawal upon cessation of substance use.
<b>Substance Misuse or Non-Medical Substance Use</b>	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
<b>Substance Use</b>	The consumption of any drugs such as prescription medications, alcohol, tobacco, and other illicit drugs. Substance use is an inclusive, umbrella term that includes everything from an occasional glass of wine with dinner or the legal use of prescription medication as directed by a doctor all the way to use that causes harm and becomes a substance use disorder (SUD).
<b>SUD</b>	Substance Use Disorder. A condition in which there is uncontrolled use of a substance despite harmful consequences. SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
<b>Telehealth</b>	The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.
<b>TCS</b>	Texas College Survey of Substance Use. A survey that collects self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. More information on the TCS can be found in the beginning of the RNA.
<b>TSS</b>	Texas School Survey of Drug and Alcohol Use. A survey that collects self-reported data on tobacco, alcohol, and other substance use among students in grades 7 through 12 in Texas public schools. More information on TSS can be found in the beginning of the RNA.

<b>YRBS</b>	Youth Risk Behavior Surveillance Survey. an American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention. It surveys students in grades 9–12.
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