**Region VIII** 



# **Regional Needs** Assessment

# REGION VIII: SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG AWARENESS (SACADA) PREVENTION RESOURCE CENTER

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# **Executive Summary**

The Prevention Resource Center's (PRC) Regional Needs Assessment (RNA) is document created by PRC Region 8 along with Data Coordinators from PRCs across the State of Texas and supported by the Texas Health and Human Services Commission (HHSC). The PRC Region 8 serves 28 counties in Texas. This assessment was designed to aid PRC's, HHSC, and community stakeholders in long term strategic prevention planning based on most current information about the unique needs of Texas' diverse communities. This document will present a summary of statistics on risk and protective factors associated with drug use, consumption patterns, and consequences. It will also offer insight on the data and service gaps.

The PRC Data coordinators across the state has procured national, state, regional, and local data through collaborative partnerships with diverse agencies such as law enforcement, public health entities, education institutions, Substance Abuse and Mental Health Services Administration, Local Mental Health Authorities, and the recovery councils which the PRCs are housed. PRC Region 8 recognizes those collaborators who contributed to the creation of this document.

The regional needs assessment can serve in the following capacities to:

- determine patterns of substance use among adolescents and monitor changes in substance use trends over time
- identity gaps in data where critical substance misuse information is missing
- determine county-level differences and disparities
- identify substance use issues that are unique to specific communities
- provide a comprehensive tool for local providers to design relevant, data-driven prevention and intervention programs targeted to needs
- provide data to local providers to support their grant-writing activities and provide justification for funding requests
- assist policymakers in program planning and policy decisions regarding substance misuse prevention, intervention, and treatment at the region and state level.

#### Assessment Process and Methods

Primary and secondary data were collected to complete this RNA. Secondary data, mostly quantitative, has been extrapolated from federal, state, and local agencies to ensure reliability and validity. Primary data collection was in the form of questionnaires, focus groups, and interviews with key informants from community stakeholders within the 28 counties the PRC Region 8 serves. HHSC and Data Coordinators across the state collected this data between September 1, 2020, to June 30, 2021. The data collected is the most recent data available within the last five years; however, data that is beyond the five- year threshold will be provided for comparison purposes. The criterion used for including data sets in this document is relevance and timeliness.

This needs assessment is a review of data on substance misuse, substance use disorders (SUD), and related variables that will aid in substance misuse/abuse prevention decision making at the county, regional, and state level. In this document, the objectives are as follows:

- primary focus on the state-delineated prevention priorities of alcohol (underage drinking)
- tobacco/nicotine, marijuana, prescription drugs, and other drug use among adolescents
- exploration of drug consumption trends and consequences, particularly where adolescents are concerned
- an exploration of related risk and protective factors as defined by The Center for Substance Abuse Prevention (CSAP)

# **Conceptual Framework**

The conceptual framework for this document examines empirical indicators related to the Social Determinants of Health (SDoH), documenting risk and protective factors, consumption patterns, and public health consequences as they associate with substance use/misuse and behavioral health challenges. The indicators are organized in domains of the Social Ecological Model (SEM), as described later in this document. For strategic prevention planning, this assessment attempts to address behavioral health disparities and inequities present in the region.

# Key Findings in this Assessment

The key findings within this document would include the impact of COVID-19 on our 28 counties, substance use among active duty and veteran military service members, substance use among the youth, state of women's health in Bexar County, mental health and homelessness among the youth, and the amount of drug related deaths in Bexar County. A brief description of the top 30 key findings is listed below:

- 1. In Texas, 35.5% of children 5 years and older speaks Spanish in addition to English, whereas young adults aged 18 years old higher have a higher percentage of speaking other languages other than English and Spanish with 17.6%.
- 2. In 2020, the region's unemployment rate increased to 6.9% due to COVID-19
- 3. In 2020, there were 3201 TANF recipients from Region 8 receiving basic assistance with the average base payment of \$82.00 per month, depending on the size of the household.
- 67% of the nonelderly persons that are ineligible for Medicaid Benefits are without children, 71% are living below the Federal Poverty Level of making a maximum income of \$17,609 annually.
- 5. Out of the 384,000 students that made up the class of 2020, 9.3% graduated within all four years, 3.9% pursued higher education and 0.4% received the Texas Certificate of High School Equivalency (TXCHSE)
- 6. The Border counties had the highest percentage with 103% of their student population was eligible for free and reduced lunch, which is a 37% increase from the 2017-2018 school year.
- COVID-19 Forecast in learning loss in mathematics for grades 3-8 significantly declines from average growth trajectory. Predicting that in the Fall 2020 semester students would be roughly at 70% of reading gains in reading from prior years and 50% in mathematics
- 8. 49% of Texans are burdened by the cost of housing, which means that more than 30% of the household income is towards housing costs (mortgage/rent) and utilities.
- 9. From January 2018-December 2020, within the state of Texas, there was 609,421 incidents of family violence
- 10. 2019-2020 school year there were 78,128 homeless students enrolled, which is an increase of 5,939 students.
- 11. In 2019, there was 975,121 single parent households, with a decrease in single father households at 1.45%, and single mother households at 6.65%
- 12. American Indian female students had the highest dropout rate in the region with 15.2%, followed by Pacific Islander male students at 12.0%, African American male students at 9.8%, and Hispanic males with 7.7%.
- 13. The San Antonio Police Department reported over 30 deaths in the San Antonio area were attributed to family violence
- 14. 7<sup>th</sup> graders in the region and the state have a strong parental disapproval rate of about 84% of the use of substances
- 15. In the 2020 TSS, the same is reflected across the state and within the region, with about 30% of students reporting that it is very easy to get alcohol.

- 16. Ecstasy, heroin, methamphetamines, and prescription drugs had a perception rate between 70-90% for those substances being very dangerous.
- 17. San Antonio-New Braunfels MSA women have higher disability rates than those in Austin, Houston, and Dallas MSA's
- 18. Although substance use increased among adolescents across the nation during the pandemic, there was a greater percentage of adolescents engaging in solitary substance use (49.3%); although many were doing group substance use with peers via technology (31.6%) and face to face (23.6%).
- 19. In a national survey of mental health of high school and college students, showed about 75% of students reported that their mental health has gotten worse during the pandemic, some worsen significantly since the beginning of the pandemic.
- 20. In 2019, in the State of Texas 10% of High school students attempted self-directed violence one or more times in the past year, and it has increased due to COVID.
- 21. The ethnicity with the highest percent of self-directed violence are Black students at 12.3% and the highest percentage of attempted self-directed violence attempts that required medical attention.
- 22. 83% of LGBTQ students were reported experiencing more problems that affect their schoolwork or well-being that the year before, compared to 69% of their cis/heterosexual peers.
- 23. There was an increase of incidence of HIV cases among transgender women and Transgender Men.
- 24. Studies shows that students that were in residence in their fraternity or sorority houses are more likely to have symptoms of AUD by age 35 compared to those who are non-members of fraternal organizations.
- 25. 12.3% of graduate and professional students were using stimulants, whereas 8.8% of undergraduate students reported to have used stimulants in some point of their life.
- 26. In 2019,3.8% of adults experienced a co-occurring SUD and mental illness such as depression and anxiety disorders (19.1%), which are the top diagnosed and prevalent disorders among adults.
- 27. Males were reported to attribute to majority of gonorrhea cases with 26,961 cases in 2018, at a rate of 189.1 per 100,000 Texans
- 28. In 2018, Texas had 12,900 reported cases of syphilis, with a rate of 44.9 per 100,000 Texans. Of those reported, only 2,528 were reported to be P&S cases
- 29. African Americans ages 12 and older do not have access to SUD treatment, 69.4% no access to treatment for mental illness, and 91% do not have access for treatment for co-occurring mental illness and SUDs.
- 30. Texas currently ranks 38<sup>th</sup> in the country when it comes to access of care for mental illness

# Introduction

#### Background

PRC Region 8 is housed in The San Antonio Council of Alcohol and Drug Awareness (SACADA). SACADA was founded in 1957, by a small group of citizens who formed The San Antonio Council to educate their community on the harmful effects of alcoholism and to assist alcoholics and their families in finding resources to aid their recovery.

SACADA is a nonprofit that provides education to the youth prevention programs, information resources and services to prevent alcohol and drug abuse. Their mission is to empower their community to live healthy lives by providing prevention, intervention, and recovery support services for children and adults. With this mission, SACADA currently serves nearly 90,000 people in Bexar County and the surrounding counties in South Central Texas.

#### Prevention Resource Centers

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

Their (Administration) focus is on the state's overall behavioral health and four prevention priorities are as follows:

- underage alcohol use
- underage tobacco and nicotine and products use
- marijuana and other cannabinoids use
- prescription drug use.

These entities also have four fundamental objectives which are:

- to collect data relevant to the state's prevention priorities and share findings with community partners
- ensure sustainability of Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs
- coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of alcohol, tobacco, and other drugs (ATOD) use
- conduct voluntary compliance checks and education on state tobacco laws to retailers

PRC's provide technical assistance and consultation to providers, community groups, and other stakeholders to identify data related to substance use and behavioral health. They work to promote and educate the community and stakeholders on substance use and misuse, aid in programmatic decision making, provide an understanding of the community's strengths and gaps in services and how to improve.



Figure 1-Map of Health Service Regions serviced by a Prevention Resource Center

Source: Department of State Health Services.

# **Key Concepts**

# Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the lifespan characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. The focus of prevention efforts on adolescence is particularly important since approximately 90% of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18 (SAMSHA). Qualifiers for age-specific terms related to different data sources will be referenced in each section.

# **Texas School Survey**

The Texas School Survey of Drug and Alcohol Use (TSS) collects self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The survey is sponsored by HHSC and administered by the Public Policy Research Institute (PPRI). PPRI 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.

| Number of Surveys Included in State Sample for TSS |                                  |   |                                    |                                |                   |            |            |
|--|----------------------------------|---|------------------------------------|--------------------------------|-------------------|------------|------------|
| Report<br>Year                                     | Original<br>Campuses<br>Selected | Campuses<br>Signed Up to<br>Participate | Actual<br>Campuses<br>Participated | Total Non-<br>Blank<br>Surveys | Usable<br>Surveys | # Rejected | % Rejected |
| <b>2020</b> <sup>1</sup>                           | 700                              | 224                                     | 107                                | 28,901                         | 27,965            | 936        | 3.2%       |
| 2018   | 710                              | 228                                     | 191                                | 62,620                         | 60,776            | 1,884      | 2.9%       |
| 2016   | 600                              | 187                                     | 140                                | 50,143                         | 49,070            | 1,073      | 2.1%       |

Figure 2- Number of Surveys Included in State Sample for Texas School Survey

#### Source: Texas School Survey 2020

|          | Survey Distril<br>TSS 2020 | bution<br>)* | Survey Distrib<br>TSS 2018 | Difference<br>Between 2018 and<br>2020* TSS |                     |
|----------|----------------------------|--------------|----------------------------|---|---------------------|
| Grade    | # Of Usable<br>Surveys     | %            | # Of Usable<br>Surveys     | %   | # Of Usable Surveys |
| Grade 7  | 6,414                      | 2.9%         | 12,445                     | 20.5%                                       | -6,031              |
| Grade 8  | 6,472                      | 23.1%        | 12,268                     | 20.2%                                       | -5,796              |
| Grade 9  | 4,189                      | 15.0%        | 9,409                      | 15.5%                                       | -5,220              |
| Grade 10 | 4,119                      | 14.7%        | 9,571                      | 15.8%                                       | -5,452              |
| Grade 11 | 3,556                      | 12.7%        | 9,163                      | 15.1%                                       | -5,607              |
| Grade 12 | 3,215                      | 11.5%        | 7,920                      | 13.0%                                       | -4,705              |
| Total    | 27,965                     | 100.0%       | 60,776                     | 100.0%                                      | -32,811             |

Figure 3-Texas School Survey Distribution Comparison and Impact of Pandemic

Source: Texas School Survey 2020

<sup>&</sup>lt;sup>1</sup> 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. (Public Policy Research Institute, 2020)

# Epidemiology

Epidemiology is defined in the *Dictionary of Epidemiology* as "the study of the occurrence and distribution of health-related events, states, and processes in specified populations, including the study of the determinants influencing such processes, and the application of this knowledge to control relevant health problems." This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use and misuse. Epidemiology frames substance use and misuse 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 misuse and the contributing factors influencing this behavior.

# Strategic Prevention Framework

The Strategic Prevention Framework (SPF) provided by CSAP guides many prevention activities in Texas (see Figure 4). In 2004, Texas received a state incentive grant from CSAP to implement the SPF in close collaboration with local communities to tailor services to meet local needs for substance abuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the National Academy of Medicine (NAM), which are universal, selective, and indicated.



# **Strategic Prevention Framework**

## Assessment

Profile population needs, resources, and readiness to address needs and gaps

## Capacity

Mobilize/and/or build capacity to address needs

## Planning

Develop a comprehensive strategic plan

## Implementation

Implement the strategic plan and corresponding evidencebased prevention strategies

# **Evaluation**

Monitor, evaluate, sustain, and improve or replace those that fail

Figure 4- Strategic Prevention Framework

Source: AVPRIDE

# Socio-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies (see figure 5). This RNA is organized using the six domains (or levels) of the SEM 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, the health care/service system, and retail access to substances
- School Domain social and physical factors that indirectly impact youth including academic achievement and the school environment
- Family Domain social and physical factors that indirectly impact youth including family conditions and perceptions of parental attitudes
- Peer Domain interpersonal factors including social norms 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 the health promotion programs become more effective when they intervene at multiple levels. Changes at the community level will create change in individuals, and the support of individuals in the population is essential for implementing environmental change.

# **Risk and Protective Factors**

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors decrease an individual's risk for a substance use disorder. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors increase the likelihood of substance use behaviors. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty levels, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model (see Figure 5).<sup>2</sup>

<sup>&</sup>lt;sup>2</sup> Adapted from: D'Amico, EJ, and Osilla, KC. Prevention and Intervention in the School Setting. Edited by KJ Sher. Oxford: Oxford University Press, 2016. Vol 2 of The Oxford Handbook of Substance Use and Substance Use Disorders, p. 678

|   | Risk Factors                                |   | Protective Factors   |
|---|---|---|--|
| • | Impoverishment                              | ٠ | Media literacy (resistance to pro-use messages)              |
| • | Unemployment and underemployment            | ٠ | Decreased accessibility                                      |
| • | Discrimination                              | ٠ | Increased pricing through taxation                           |
| • | Pro-AOD-use messages in the media           | ٠ | Raised purchasing age and enforcement                        |
|   |   | ٠ | Stricter driving-under-the-influence laws                    |
| • | Availability of AOD                         | • | Opportunities for participation as active members of the     |
| • | Community laws, norms favorable toward      |   | community  |
|   | AOD   | • | Decreasing AOD accessibility                                 |
| • | Extreme economic and social deprivation     | • | Cultural norms that set high expectations for youth          |
| • | Transition and mobility                     | • | Social networks and support systems within the               |
| • | Low neighborhood attachment and             |   | community  |
|   | community disorganization                   |   |  |
| • | Academic failure beginning in elementary    | • | Opportunities for prosocial involvement                      |
|   | school                                      | • | Rewards/recognition for prosocial involvement                |
| • | Low commitment to school                    | • | Healthy beliefs and clear standards for behavior             |
|   |   | • | Caring and support from teachers and staff                   |
|   |   | • | Positive instructional climate                               |
| • | Family history of AOD use                   | • | Bonding (positive attachments)                               |
| • | Family management problems                  | • | Healthy beliefs and clear standards for behavior             |
| • | Family conflict                             | • | High parental expectations                                   |
| • | Parental beliefs about AOD                  | • | A sense of basic trust                                       |
|   |   | • | Positive family dynamics                                     |
| • | Association with peers who use or value AOD | • | Association with peers who are involved in school,           |
|   | use   |   | recreation, service, religion, or other organized activities |
| • | Association with peers who reject           | • | Resistance to negative peer pressure                         |
|   | mainstream activities and pursuits          | • | Not easily influenced by peers                               |
| • | Susceptibility to negative peer pressure    |   |  |
| • | Easily influenced by peers                  |   |  |



# Social Determinants of Health

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. The SDOH are grouped into 5 domains; economic stability, education access, health care access, neighborhood and built environment, and social and community context. SDOH's have a major impact on health, well-being, and quality of life, they also contribute to health disparities and inequities.



Figure 6- Social Determinants of Health

# **Consumption Patterns**

This needs assessment follows the example of the 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), and 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 illicit drugs and their misuse of prescription drugs. The TSS, in turn, is used as the primary outcome measure of Texas youth substance use and misuse in this needs assessment.

A plethora of information exists on risk factors that contribute to Alcohol Use Disorder (AUD) in the United States. According to SAMHSA, AUD is ranked as the most wide-reaching SUD in the U.S. for people ages 12 and older, followed by Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder. When evaluating alcohol consumption patterns in adolescents, more descriptive information beyond the three general consumption categories is often desired and can be tapped by adding specific quantifiers (i.e., per capita sales, frequency and trends of consumption, and definitions of binge drinking and heavy drinking), and qualifiers (i.e., consequential behaviors, drinking and driving, alcohol consumption during pregnancy) to the operationalization process.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the quantitative measurement of alcohol consumption (see Figure 7).

Some alcoholic drinks contain more alcohol than others. As with all matter's nutritional, you need to consider the portion size. For example, some cocktails may contain an alcohol "dose" equivalent to three standard drinks.



# Percentage of Alcohol in Standard Portions

Figure 7-Percentage of Alcohol in Standard Portions

Source: National Institute on Alcohol and Abuse and Alcoholism

# Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. SUDs have health consequences, physical consequences, social consequences, and specific consequences for adolescents. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled *Develop New and Improved Strategies to Prevent Drug Use and its Consequences*.

We caution our readers against drawing firm conclusions about the consequences of SUDs from the data reported here. The secondary data we have drawn from does not necessarily show a causal relationship between SUDs and consequences for the community.

# Stakeholder/Audience

This document can provide useful information to stakeholders from a variety of disciplines: substance use prevention and treatment providers; community coalitions; medical providers; school districts and higher education institutions; city, county, and state leaders; and community members interested in public health and drug consumption. The information presented in this report aims 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, consumption patterns, consequences, and protective factors. A list of tables and figures can be found in the appendices.

# **Data Methodology**

# Secondary Data Collection

Secondary data was collected from a variety of local, county, state, and federal sources to depict community demographics, risk, and protective factors within the SDoH, health behaviors, mental health, chronic diseases, and substance use and misuse within the community. Data reflects the target population in Texas and across the eleven public health regions.

Sources of Data Included: U.S Census American Community Survey, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, The Community Commons, Youth Risk Behaviors Survey, U.S. Census Household Pulse Survey, Annual Medical Examiners Reports, and Community Needs Assessments, among others.

# **Primary Data Collection**

Data Coordinators conduct focus groups, surveys, and interviews with community members about what they believe their greatest needs to be. These qualitative data collection methods often reveal additional sources of data.

## Key Informant Interviews

Interviews were conducted primarily with school officials and law enforcement officers when available. Participants are randomly selected by city and then approached to participate in an interview with the Data Coordinator. Each participant is asked the following questions:

- What problems do you see in your community?
- What is the greatest problem you see in your community?
- What hard evidence do you have to support this as the greatest problem?
- What services do you lack in your community?

## Focus Groups

Participants for the focus groups are invited from a wide selection of professions including law enforcement, health, community leaders, clergy, high school educators, town councils, state representatives, university professors, and local business owners. In these sessions, participants discuss their perceptions of how their communities are affected by substance use/misuse and behavioral health challenges.

## Longitudinally Presented Data

To capture a richer depiction of possible trends in the data, we report multi-year data where it is available from respective sources. Most longitudinal presentations of this needs assessment consist of, but not limited to; the most recently available data collected over three years in one-year intervals of data-collection, or the most recently available data collected over three data-collection intervals of more than one year (e.g., data collection for the TSS is done in two-year intervals). Efforts are also made in presenting state- and national- level data with county-level data for comparison purposes. When state-level nor national-level data are included in tables and figures, it is generally due to the data not being available at the time of the data request. Such requests are made to numerous counties, state, and national-level agencies in the development of this needs assessment.

# **Regional Demographics**

# Overview of the Region

Region 8 serves 28 counties and covers over 31,057 square miles located in South Central Texas bordering the Rio Grande River and Mexico to the west and the Gulf Coast to the east. This region varies geographically with rolling hills and plains, hill country, coastal plains, brush country, and desert. Bexar County, the largest in the region has an estimated population of 2.1 million people, with the city of San Antonio encompassing 50% of the region. 87.4% of the region's population resides in urban or metropolitan areas. The population of the region is about 3.1 million people, which has the following races/ethnicities:

- 65.5% Hispanic
- 24.6% White Alone
- 5.4% Black or African American
- 2.0% Asian
- 2.6% Other<sup>3</sup>

Region 8 has three separate Councils of Government (COGs). The eastern seven counties compose of the Golden Crescent Council of Governments (GCOG 17), the central twelve counties compose of the Alamo Area Council of Governments (AACOG 18), and the western nine counties make up the Middle Rio Grande Council of Governments (MRGCOG 24).



Figure 8- Geographic Boundaries for Region 8

Source: Department of State Health Services

<sup>&</sup>lt;sup>3</sup> Demographics listed as "Other" is suppressed data of Native American Indian, Native Hawaiian, Other Pacific Islanders, and Alaska Native.

# Zip Codes

A zip code's influence on the health of those living there is multifaceted and complicated, from exposure to air pollution and toxins in water to the accessibility of healthy foods, greens spaces and adequate medical care. It also provides disparities in educational attainment, health literacy, and longevity of living based on socioeconomic factors such as race, gender, and income (Ducharme and Wolfson).

Region 8 encompasses 185 cities and towns, 3 major military installations located in Bexar County, and the Kickapoo Traditional Tribe of Texas, all of which provides over 250 zip codes in the area. (Appendix A, Table 1).

# Major Metropolitan Areas

Counties are designated as Metropolitan or non-Metropolitan by the U.S Office of Budget and Management. Texas Health Professions Resource Center (HPRC) currently uses these designations interchangeably with "Rural" and "Urban" areas.

18 counties within region are designated as rural and/or Border Counties (non-Metropolitan) areas. Those counties are Calhoun, DeWitt, Dimmit, Edwards, Frio, Gillespie, Gonzalez, Jackson, Karnes, Kerr, Kinney, LaSalle, Lavaca, Maverick, Real, Uvalde, Val Verde, and Zavala. The remaining 8 counties are designated as urban (Metropolitan) areas.

County populations are also broken down into areas that are considered rural and urban. Bexar County or the San Antonio area has the largest urban population followed by Maverick and Val Verde Counties, while as Edwards, Goliad and Real the highest percentages of rural populations.

Region 8 includes two Metropolitan Statistical Areas (MSAs) including San Antonio- New Braunfels MSA which has a population of 2.6 million residents and Victoria MSA that has a population of 105,461 residents.

#### San Antonio-New Braunfels MSA

San Antonio-New Braunfels MSA is also referred as the Greater San Antonio Area, includes Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson counties. The land area is 7,312.7 square miles with a population density of 360 per square mile.



Figure 9- San Antonio-New Braunfels MSA Geographical Boundaries

The 2020 U.S Census projections show this area's population increase by 22.9% from the reported 2.1 million residents in the decennial census in 2010. San Antonio-New Braunfels is the third largest metro area, after the Dallas-Fort Worth- Arlington MSA and Houston-The Woodlands-Sugarland MSA. It was also projected in the same report, an increase in population in Kendall, Comal, and Guadalupe counties, whereas Bandera and Medina counties had a decrease in population.

Over half of the San Antonio-New Braunfels Metro area identifies as Hispanic (56.2%), followed by those who identify as White Alone (32.6%), Black or African American (6.6%), Asian (2.6%) and Other (2.2%).

## Victoria MSA

Victoria MSA is also known as the Golden Crescent Region, include Goliad and Victoria counties. The land area is 1,734.1 per square miles with a population density of 60.8 persons per square mile. The 2020 U.S Census projections shows an increase in population by 12.2% from the reported 94,003 residents in the decennial census in 2010. It is ranked as the second smallest metro area in Texas next to Texarkana MSA.

Over half of the Victoria MSA identifies as Hispanic (47.2%), followed by those who identify as White Alone (44.5%), Black or African American (5.9%), Asian (1.0%), and Other (1.4%).

## The Kickapoo Traditional Tribe of Texas (KTTT)

Formerly known as the Texas Band of Traditional Kickapoo, KTTT is one of three federally recognized Tribes of the Kickapoo people. The current enrolled population of the tribe is 960 members. They were officially recognized by the Texas Indian Commission in 1977. The KTTT Reservation is in the Rio Grande on the US- Mexico border in western Maverick County, south of Eagle Pass and is part of the Rosita Valley Community (see figure 9).



Figure 10- Federally and State Recognized Tribes in Texas

Source: Bureau of Indian Affairs

## Border and non-Border Counties

Border and non-Border counties were designated from the La Paz Agreement of 1983, which defines a Border County being within 100 kilometers of the U.S./Mexico border. Region 8 has 10 border counties which includes Dimmit, Edwards, Frio, Kinney, La Salle, Maverick, Real, Uvalde, Val Verde, and Zavala. Approximately about 200,000 of Region 8 residents live in Border counties. The land area covers 14,870.2 square miles with a population density of 13.3 person per square mile. Population within the 10 border counties in the region between the 2010 and 2020 census increased by 7.3%. Over a ten-year span, Frio, Dimmit, and La Salle counties had the highest increase in population while Val Verde and Kinney counties had a decline in population. The population break down of the bordering counties are as follows:

- 8.4% Hispanic
- 13.3% White alone
- 0.8% Black or African American
- 0.9% Other
- 0.5% Asian



Figure 11- Texas Border with Mexican States

Source: The TCEQ Border Initiative

# **Demographic Information**

# **Total Population**

Texas' 2021 projected population of 30,168,926 makes the state the second largest state in both land area and in population. The state of Texas has the land area of 261,231.7 square miles and a population density of 113.6 person per square mile. The population change from the decennial census in 2010 to the recent census in 2020 increased by 18% compared to the United States 6.5%. Region 8's population increase of 20.3% in the span of 10 years, ranks the region to be the fourth fastest growing region with a steady increase of 3.7% from 2019 until now; compared to Region 3, which is ranked to be the first with a population of 8,226,141, followed by Region 6 with a population of 7,707,348, and Region 7 with population of 3,662,025 (see figure 12).

## Population by Age Groups

In Texas and across the region the most populated groups are 25-44 years old, followed by 0-17 years old. From 2019-2021 population growth among this group has increased by 3.7% within the state and within the region 5.5%. Zavala county had the highest percentage increase in population of persons 0-17 years old at 2% (See Appendix A Table 2). In 2020, Texas and the regional population was very similar apart from the region having a slightly higher percentage of persons ages 65 and over.

## Population by Sex and Ethnicity

Majority of the population within the region is mostly female, with 1,601,036 compared to males at 1,589,159. Hispanics and Non-Hispanic Whites makes up 89% of the region, while 6% are Black, 2.3% are Asian, and other is 1.9%. Region 8 population was distributed among 49.1% females to 50.9% males, which is unchanging from 2020's population. The counties with the highest male population are Bexar, Guadalupe, Comal, and Victoria. The counties with the lowest population were Real, Kinney, and Edwards.

# Region 3 is the most populated region across Texas

Total Population growth in Texas from 2019-2021



Figure 12- Population Change in the state of Texas from 2019-202

## Language Proficiency

Language barriers can have negative effects on a person's ability to access care and resources. Those who face such barriers are less likely to have a usual source of medical provision, preventative care, and have an increased risk of nonadherence to medication (Flores 229). Patients or clients that face language barriers are also more likely to receive a diagnosis of severe psychopathology and leave the hospital against medical advice (Flores 230).

The state of Texas has 749,211 households that have limited English proficiency according to the American Community Survey, conducted in 2019. Compared to the region with 61,000 households with limited English proficiency. In this survey, it also shows that the greatest number of limited proficiencies is among those who are in rural counties and counties that also borders Mexico such as Maverick, LaSalle, Frio, Dimmit, Val Verde, Edwards, Kinney, Zavala, Real, and Uvalde (see figure 13).

It is within this population where we see more children 5 years and older speaking Spanish and English. In Texas, 35.5% of children 5 years and older speaks Spanish in addition to English, whereas young adults aged 18 years old higher have a higher percentage of speaking other languages other than English and Spanish with 17.6%. Region 8 reflects the same as the state with 37.1% of children 5 years and older speaking Spanish and English, and young adults speaking other languages at 7.2%, which is steadily increasing from the reported 6.8% in 2017. Calhoun County has the highest percentage of those speaking languages from Asia and the Pacific Islands within the region. In a broader scope, within the state, Calhoun County is ranked 9<sup>th</sup> (1,073) having the highest population of those speaking languages from Asia and the Pacific Islands (see Appendix A, Table 3).

# Rural Counties in Region 8 have the highest number of households with Limited English Proficiency

Households within the region with Limited English Proficiency



Source: American Community Survey (ACS) • Created with Datawrapper

Figure 13- Limited English Proficiency in Region 8 Households

# **Risk and Protective Factors**

## Societal Domain

## **Economic Status**

Substance misuse and abuse has been a public health concern for the past 30 years within the United States and within Texas; it holds an economic burden of over 7 billion dollars, according to the National Institute on Drug Abuse. The socioeconomic status (SES) can be a detriment or benefit in provision of access to preventative resources for substance use disorders (SUDs).

Studies have shown that those who have a lower SES, are more likely to be those who are in marginalized groups (i.e., Persons of Color, LBGTQ+, immigrants/migrants), have higher rates of not only substance use, but also other illnesses such as cardiovascular disease, depression and anxiety, incarceration, and attempts in self-directed violence. SES is the foundation to the other domains and continues to be one that encompasses the most disparity and inequity.

|              | Social Environment  | Physical Environment  | Access to Health and<br>Social Services   |
|--------------|---|---|---|
| Urban Health | *More Likely to see large<br>disparities in<br>socioeconomic status<br>*Higher rates of crime<br>and violence *Presence<br>of marginalized<br>populations (e.g. sex<br>workers) with high risk<br>behaviors *Higher<br>prevalence of<br>psychological stressors<br>that accompany the<br>increased density and<br>diversity of the city | * Lack of facilities and<br>outdoor areas for<br>exercise and recreation *<br>Air quality is often lower<br>due to pollution *<br>Increase in chronic<br>diseases such as<br>asthma or<br>cardiovascular diseases | *Persons of lower<br>socioeconomic status or<br>minority populations are<br>more likely to live in urban<br>areas * Lower<br>socioeconimic status or<br>minority populations are<br>more likely to lack health<br>insurance *Minority<br>populations face inequities<br>in access to health care,<br>and are more adapt to<br>receive poor quality of care,<br>and disporpoirionately use<br>emergency systems *Other<br>commonly represented<br>populations in the cities are<br>undocumented immigrants<br>and transient populations. |
| Rural Health | *Rural elders have<br>significantly poorer<br>health status * More<br>likely to smoke more<br>*More likely to have<br>chronic conditions *Less<br>Likely to have health<br>insurance.   | * Lack of resources for<br>exercise and recreation *<br>Live to far from the<br>nearest physician *<br>Lesser rates of crime<br>*More likely to have poor<br>sanitation   | * Less likely to be insured *<br>More likely to be health<br>illiterate * More likely to<br>have higher health<br>expenditures *Over use of<br>emergency systems  |

# Social Determinants of Urban and Rural Health with Examples

Created with Datawrapper

Figure 14- Challenges between Urban and Rural Health

Source: Unite for Sight

## Unemployment

The economic status within Region 8 is a true example of the income-wage gap between our MSAs and our rural and border counties. The median household income in region 8 is \$54,024, within the San Antonio MSA the median household income is \$69,579, Victoria MSA with \$56,783, and the rural/border counties with \$50,942 in 2019; however, due to COVID-19 the median household income has decreased for some with an increase of unemployment.

Prior to COVID, unemployment rates were declining within the region and across Texas. In 2019, the unemployment rate for the region was 3.2%, in 2020, the region's unemployment rate increased to 6.9%. According to the United States Bureau of Labor and Statistics, Maverick County was reported to have the highest percentage of those who were unemployed was 15%, which was a 97% increase from the reported rate of 7.6% in 2019 all of which effects an individual's eligibility for Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) benefits, Medicaid, Free and Reduced School Lunches, and Housing.

#### **TANF and SNAP Benefits**

The TANF and SNAP Program are governmental programs that provide financial assistance for women and their families for basic needs such as food, shelter, and housing; medical benefits are excluded due assistance being under the Children's Health Insurance Program (CHIP). Eligibility for these benefits is based on the size on the individual's household and income.

In 2020, there were 3201 TANF recipients from Region 8 receiving basic assistance with the average base payment of \$82.00 per month, depending on the size of the household. Bexar county was reported to have the highest number of TANF recipients, 2326, receiving the average base payment of \$82.17. Between 2019-2020, there was a 10% decrease of TANF recipients in the region; however, within the state, there was a 40% decrease. Assistance in Texas only reaches 4 out of 10 families and is steadily decreasing according to the Center of Budget and Policy Priorities. In 2019, a family of 4 in Texas was receiving \$303 per month of assistance (See Appendix A, Table 4).

SNAP benefits are continuous, whereas TANF benefits can be used for up to five years. With SNAP, the total number of recipients in the region in 2020 was 3,9972,204, with the average payment of \$293 per month. The state during this time had 3,419,984 recipients with the average payment of \$303 per month. The age group with the highest number of recipients receiving SNAP benefits are between the age of 18-59 (See Appendix A, Table 5).

## Medicaid, Uninsured Adults and Youth

Medicaid, a state and federal assistance program that provides medical coverage for families who are who have a lower SES. To qualify in the state of Texas, the individual must be a resident of Texas, be a U.S national citizen, permanent resident, or legal alien who shows a need for health care or insurance assistance with an annual income before taxes not exceeding a percentage of the federal poverty line. The individual applying for must one of the following in to be considered eligible:

- Pregnant
- Responsible for a child 18 years of age or younger
- Blind
- Have a disability or has a family member in the household with a disability
- 65 years old or older.

In 2019, about 4 million residents in Texas was on Medicaid, in comparison to the region with about over 400,000 residents on Medicaid. In 2020, there was a 2.1% increase of Texas residents on Medicaid, where in region 8 there was a similar increase 2.1% of residents on Medicaid. The highest number of residents receiving Medicaid benefits are those who are under the age of 21, followed by those who are with a disability, who are 65 years and older with Medicare benefits. The state has not expanded Medicaid benefits to non-elderly adults, which leads to a high number of adults between the ages of 18-59 who are uninsured.

17.8% of the population in the state was uninsured in 2019; the Region 8 had 21.2% of its population who were uninsured. In both the state and the region over 3 million adults under the age of 65 was uninsured within the same year. The demographics of those who uninsured in Texas are as follows:

- 11.8% are uninsured children under the age of 19
- Working women between the ages of 19-64 are uninsured by 23.2%
- 19.3% of nonelderly persons (ages 0-64) that have at least 1 full time worker in the household are uninsured
- Working men between the ages of 19-64 are uninsured by 25.9%
  - Nonelderly persons that are uninsured by race/ethnicity in 2018
    - White, non-Hispanic: 14.8%
    - o Black. non-Hispanic 22.7%
    - o Hispanic: 58%
    - Other: 4.5%

In 2020, 67% of the nonelderly persons that are ineligible for Medicaid Benefits are without children, 71% are living below the Federal Poverty Level of making a maximum income of \$17,609 annually. Currently in the legislature the Texas House of Representatives voted down on the expansion of Medicaid to uninsured nonelderly adults. The expansion of Medicaid benefits was part of the Affordable Care Act in 2014 to reduce the number of uninsured residents. The impact of the increasing rates of uninsured adults and the limitations for eligibility of Medicaid benefits will cause long term damage to the Texas economy.

In a 2019 study by the Texas Alliance for Health Care (TAHC), it warns that in 2040 if there is not any expansion to Medicaid benefits, over 6.1 million Texans will be uninsured. That could be a deficit of \$178.5 billon due to loss of earnings and attributions of poor health. Due to the impact of COVID-19 on the state's employment rates, Texas may reach that number sooner than 2040.

## Free and Reduced Lunch

The National School Lunch Program, established under the Richard B. Russell National School Lunch Act by President Truman, was a means to provide "nutritionally balanced", reduced cost or free lunched to low-income families. This program has provided over 40 million children across the nation since its inception (Snyder). The program is administered by the Food and Nutrition Services at the federal level and state agencies operate the program with school food authority on campus. Participating school districts receive cash subsidies and foods from the United States Department of Agriculture (USDA) for each reimbursable meal that is served (Agriculture). Schools can also be reimbursed for snacks served to children who are participants in after school programs that have educational or enrichment activities. Eligibility for this program is if the student's family income is either at or below 130% of the Federal Poverty Line, in the foster care system, participants in Head Start or Migrant Education Programs, or receiving services under the Runaway and Homeless Youth Act. Exceptions to this are if the school entity decides to provide free or reduced lunches to all the students in school due to their status of being Title I (federal status of a school entity for funding where majority of the students in attendance are in a household that is at 75% or above the poverty line) (Snyder).

In Region 8, during the 2018-2019 school year 58.72% of the student population was eligible for free and reduced lunch. While in Texas 60.5% of the student population in the 2018-2019 school year was eligible for free and reduced lunch. The Border counties had the highest percentage with 103% of their student population was eligible for free and reduced lunch, which is a 37% increase from the 2017-2018 school year.

#### Homelessness

According to the 2019 Annual Homeless Assessment Report (AHAR) to Congress, by the U.S Department of Housing and Urban Development (HUD), over 500,000 people in the U.S were homeless in January 2019. In the state of Texas, in the same year according to the Texas Homeless Network the state had 4,735 people were homeless. Texas has a strong and growing economy with a hot real estate market that has increased the price of rent and a crucial for affordable housing. Texas A&M University's Real Estate Research Center provided a metric called the Texas Housing Affordability Index (THAI) that measures the ability of one's household median income to qualify purchasing a home in a certain area. The THAI involves the homes' current interest rate, assumptions about down payment and the buyer's "qualifying ratio" (a ratio of debt to income). The index score of 1 or below means that the household income is sufficient to purchase the home, if the score is 1 or above, it disqualifies the income for eligibility to purchase a home.

With this index provided, the THAI for the San Antonio-New Braunfels MSA was at 1.70, which makes in unaffordable for those who have a median income of \$67,444 (Donald). In the Texas Affiliation of Affordable Housing Providers, it reported that 49% of Texans are burdened by the cost of housing, which means that more than 30% of the household income is towards housing costs (mortgage/rent) and utilities.

Homelessness in Texas decreased by 35% from 2007-2019 but has increased by 2.1% from 2018-2019. According to the Point-In-Time (PIT)<sup>4</sup> count by the Texas Homeless Network, there are currently 2,354 Texans who are homeless<sup>5</sup> in 49 counties that participated in the count. The counties that participated in the PIT in Region 8 was Atascosa, Calhoun, Comal, Goliad, Gonzales, Kendall, and Victoria<sup>6</sup> which currently has 121 reported homeless persons, most of which were females (65), and under the age of 18 (53).

The PIT also comprises of those who are chronically homeless, which is defined by the HUD as a single individual (or head of household) that has a disabling condition who has been: 1). Living in a place that is not meant for human habitation, a haven or in an emergency shelter; and 2) has been homeless and living in the places continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, if the combined occasions equal at least 12 months and each break in homelessness in separate instances include at least 7 consecutive nights of not living in an emergency shelter, haven, etc. According to the PIT count, currently there are 143 Texans from the 49 counties are chronically homeless.

Another type of homelessness the PIT calculates are those who are unsheltered. Unsheltered homelessness is also defined by the HUD as individuals and/or families sleeping in a place not designed for or ordinarily used as regular sleeping location, such as a park bench, camping grounds, or cars. In the 2019 PIT count, Texas had 10,948 unsheltered homeless individuals.

The demographics of those who are homeless in Texas model the U.S population demographics with nearly 13% of the population are African American; however, accounted for nearly 40% of the homeless population. The U.S Census Bureau projected in 2019 the poverty rates for African American community at 18.8%, Hispanic community at 15.7% and non-Hispanic whites at 7.3%. The HUD in the same year estimated that 8.1% of adults living in the U.S that were experiencing homelessness were veterans. In Texas, 1,806 veterans were homeless in 2019. The impact of COVID-19 has provided limitations on resources for this demographic, such as shelters, medical aid, and preventative services.

In Texas, during the 2018-2019 school year, 72,189 homeless students were enrolled, compared to the 2019-2020 school year there were 78,128 homeless students enrolled, which is an increase of 5,939 students. In the same school year, Region 8 had 6,858 homeless students in enrolled, while in the 2018-2019 school year 6,369 enrolled homeless students, which is steadily increasing. Over the past three years there has been significant increase of homeless students due to them being displaced by natural disasters such as Tropical Storm Cindy in 2017, Hurricane Harvey also in 2017, Tropical Storm Imelda in 2019, and the Snowstorm earlier this year.

# **Community Domain**

## Educational Attainment of Community

Educational Attainment is not only based on SES but is also a predictor of wellbeing. Studies show those who have completed higher levels of education are more likely to achieve economic success, than those who do not. The lack of educational attainment is associated with higher rates of substance use, excessive use of the emergency room due to poor health, health illiteracy, and limited accessibility to health care. In a study about Substance Use Among 12<sup>th</sup> Grade Aged Youth by Dropout Status from the National Survey on Drug Use and Health (NSDUH), they found that there is a correlation with substance use and high school dropouts. This study showed that those who have dropped out of high school will be less likely to have jobs that will provide adequate health insurance to cover the costs of health issues that arise from abuse of drugs or treatment for recovery. Their findings also proved that the longer an individual was out of school, they were more likely to have used drugs or tobacco within the 30 days of dropping out.

In 2018, over 4 million young adults between the ages of 18-24 in the United States had less than a high school education. In the state of Texas, that number was over 400,000, and in Region 8, it was over 43,000. The educational attainment of the population in 2019 of persons 18 years an older in Texas were as follows:

- 16.1% of the population had less than a high school diploma
- 26.04% received a high school diploma or equivalent
- 30.8% had some college or an associate degree
- 27.1% had a bachelor's degree or higher

The region's and the San Antonio- New Braunfels MSA population of educational attainment mirrored that of the state; however, the Border Counties have lower numbers in educational attainment, whereas 32.2% of the population have less than a high school diploma.

<sup>&</sup>lt;sup>4</sup> Point-in-Time count is a count of sheltered and unsheltered homeless individuals on a single night in January. The HUD requires that the CoC conduct an annual count on homeless individuals who are sheltered in emergency shelters and transitional housing on a single night. CoC's also require that a count is conducted of unsheltered homeless individuals every other year (odd number years)

<sup>&</sup>lt;sup>5</sup> The number given by the Texas Homeless Network excludes 205 counties. Due to the Texas Balance of State Continuum of Care (TX BoS CoC) geography being so large, data collection is dependent on volunteers within the community. Each year different communities choose to participate in the PIT count. The Texas Homeless Network can't provide data on communities who doesn't perform a count.

<sup>&</sup>lt;sup>6</sup> Calhoun, Goliad, Gonzales, and Victoria numbers were combined with Region 11 with Refugio county in 2021 and 2020

## **Community Conditions**

The community is the most essential part of the well-being of a person. Community brings forth a sense of belonging and connection to those around you. Your community is not only limited to just an entity or group people, but it is a feeling on unity, acceptance, support, and safety (Gilbert). Studies show that communities that involve a lot of crime and violence can cause PTSD, as well as other health issues such as cardiovascular disease, obesity, SUD, and mental disorders. As mentioned earlier, your zip code can be a detriment to your health. Neighborhoods with less educational attainment and lack of health literacy, often have food scarcity. 22.5% of children in Texas had food insecurities prior to the pandemic, and now with the pandemic it has increased to 24%. There are over 1 million Texan households that have food insecurities due to the pandemic. An example of this is in Bexar County's own south side, where the nearest HEB is about 20 miles away. In these food deserts there are more likely to have higher incarceration rates among juvenile, retail access to alcohol and tobacco, and less access to care or preventative treatment.

## Retail Access

Higher tobacco and alcohol retail density has been associated with higher rates of youth initiation of use. The Tobacco Permit Density within the region 124.0 per 100,000 persons, whereas in 2019 it was 131.6 per 100,000 persons. The counties with the highest tobacco density rates are Edwards (303.2), La Salle (200.5), and Real (380.7), which are some of the rural and border counties in the region. Those with the lower density rates are Guadalupe (70.9) and Maverick County (74.4). All of which is a steady decrease of 0.2%. Regarding tobacco sales to minors 99 retail stores were in violation within the region. 32 of those sales were in Bexar County, 11 in Maverick County, and 16 were in Wilson County.

Alcohol retail density considers bars, taverns, pubs and liquor stores within the community, which has been associated with alcohol related problems. The rate of alcohol permits within the region is significantly higher than tobacco retailers with a rate of 256 per 100,000 persons in 2020. In 2019, the rate was 258 per 100,000 persons. The counties with the highest rates were Gillespie with 588 per 100,000 and Real with a rate of 614.9 per 100,000. Between 2019-2020 there was a slight increase of 10% in Real and 0.6% in Gillespie. The lowest alcohol density rate in Maverick County with 141.8 in 2019 and 142.2 in 2020. Alcohol sales to minors drastically decreased by 87% from 95 to 2019 to 12 in 2020. Most of the sales to minors were in Bexar County with 8 and 4 were in Victoria County.

## Liquor Law Arrests, DUIs and DWIs

With the decrease is liquor or alcohol sales and retail density, there were instances of arrests such as DUIs, drunkenness, and violations of the liquor law. In 2020, there were a total of 6,092 arrests of driving under the influence, 3,331 arrests for drunkenness, and 317 arrest for violation of the liquor laws. Of those arrests, majority were by adults with 6,086 for DUI, 3,327 arrests for drunkenness, and 292 for violation of liquor laws. Juveniles only accounted for a fraction of the arrests, such as 6 arrests for DUIs, 4 juvenile arrests for drunkenness and 25 arrests for violation of a liquor law. Compared to 2019, there has been a great decrease of arrests in the Region. In 2019, there was 9,177 arrests for DUI, 4,211 for drunkenness, and 618 arrests for violation of the liquor law. This is about a 33% decrease for adult arrests for DUIs, and an increase of juvenile arrests (3) for a DUI at 100%, decrease of juvenile arrest for drunkenness at 50%, and decrease of arrests for both adults and juveniles for violation of liquor laws at 48.7%.

## Criminal Activity

One of the most significant areas of risk with the use of alcohol and drugs is the connection between alcohol, drugs, and crime, which could have great damaging effects to the community. Alcohol and drugs are associated to about 80% of offenses that leads to incarceration in the United States. Our nation's prison population has been continuously increasing beyond capacity for the following crimes:

- Abuse of drugs or alcohol
- Nearly 50% of those that are jailed or imprisoned are clinically addicted to an illicit substance
- About 60% of individuals are arrested for crimes test positive for illegal drugs on site of arrest

In a survey from the Family History of Incarceration Survey, it estimated that about 45% of Americans has had an immediate family member incarcerated in jail or imprisoned. The demographic of those incarcerations in America were 42% White, 48% Hispanic, and 63% Black. This study also revealed about 8% of children in the United States have experienced parental incarceration, with most of which are Black or Hispanic children. Incarcerations, especially repetitive incarcerations effects childcare, loss of wages, increase exposure to communicable diseases such as sexually transmitted infections (STIs) or HIV/AIDS, and poor mental health outcomes. Crimes involving alcohol, or any other illicit drug were found to be closely associated with violent crimes, including murder, rape, assault, and abuse.

Drug incarcerations have decreased from 2018-2020 by 27.7% the state of Texas. In 2019, there was a total of 23,431 incarcerations where drugs were the primary offense of record. The total number of women incarcerated was 3,699. 2,529 were imprisoned, 461 were in a substance abuse felony punishment facility (SAFP), and 709 were in a state jail. The total number of men incarcerated during 2019 was 19,732. 16,881 were imprisoned, 942 were in a SAFP, and 1,909 were in a state jail. There were higher number of Hispanic and White males and females incarcerated than Black and Other male and females. Both white males and females had a higher number of incarcerations in a SAFP and a State Jail than in prison. Region 8 in 2019, 2,961 drug incarcerations, where majority of were in Bexar County<sup>7</sup>. Among the male and female incarcerations, it was like that of the state with a higher number of White and Hispanic inmates. Bexar county differed than that of the region and the state with more Black and Hispanic male inmates. In 2020, there was a decrease of incarcerations in the region by 24%.

Incarcerations due to Driving While intoxicated (DWI) across the state also had a decrease by 34% between 2018-2020. In 2020, in the 21 counties there was a total of 374 incarcerations between both males and females, whereas in 2019 there were 528 arrests, which is a decrease of 29%. Bandera, Goliad, Karnes, Lavaca, Maverick, and Val Verde had the lowest number male inmates and Comal, Guadalupe, and Kendall County had the lowest number of incarcerations among female inmates.

#### Crime Rates

The crime rate is based on the total number of crimes reported to the Texas UCR reporting agency. In Texas from 2018-2019, there was a and increase in crime rates by 1.1% from 2,765.3 crimes per 100,000 to 2,794.6 crimes per 100,000. In 2020 there was a decrease in crime rates by 3.1% at 2,722.6 crimes per 100,000. The total number of crimes reported in 2019 was 810,3325, whereas in 2020 there was 786,324.

Region 8 crime rates also decrease by 9.5% from 104,076 total crimes in 2019 to 94,164 total crimes in 2020. Larceny and burglary were the most committed crimes within the region, where as murder was listed to be the lowest reported crime. In the San Antonio-New Braunfels MSA, there was a total of 86,301 crimes reported, Victoria MSA had 2,647 crimes reported, and the Border counties had total of 3,181 crimes reported. Besides Bexar County having the highest number of crimes reported overall; auto theft is the highest in Comal County, with Victoria County having the second highest number of crimes reported.

## Juvenile Drug Arrests and Disposition Activity.

The Texas juvenile justice system serves youth between the ages of 10 and 16. Youth ages 17 and older fall under the jurisdiction of the juvenile justice system only if their alleged offense was committed when the youth was 16 years old or younger or for a violation of a juvenile court order if the youth is still under supervision.

The number of all juvenile drug related arrests in Texas decreased by 5% in 2018 from 6,240 to 5,930 arrests in 2019. The 2019 juvenile arrest rate for all drug related offenses was 84.4 arrests per 100,000 children in the population. Within the region the arrest rate among the youth differed from that of the state and increased by 31.9% from 477 in 2018 to 629 arrests in 2019. The arrest rate in 2019 for the region for drug related offenses was 86.5 arrests per 100,000. The Victoria MSA, San-Antonio New Braunfels MSA and border counties had the highest rates of arrests in 2019; Victoria MSA with a rate of 185.6, San Antonio-New Braunfels MSA with a rate of 84.4, and the border counties with a rate of 72.9.

In 2019 the state had more juvenile arrests for marijuana at 63.5%, followed by other-dangerous nonnarcotic drugs at 16.7%, synthetic narcotics-manufactured narcotics, which can cause addition to drugs such as Demerol, and Methadone at 10.8%, opium or cocaine at 5.6% and heir derivatives (morphine, heroin, codeine), barbiturates, Benzedrine, and opium/cocaine at 2.5%.

In Texas, youth may be referred multiple times in a year, and within this referral process then will have a disposition for adjudication. In 2019, out of the 2.8 million juveniles that was reported by the Juvenile Justice system 39,185 were referred for a disposition out of the 54,137 of total referrals recommended by the court. Region 8, in the same year out of the 283,643 juveniles that was reported, 4,740 complete referrals for disposition out of the recommended 6,426 juveniles. The courts did dismiss 14,189 cases within the state of Texas (14,089) and the Region (1,796), and most juveniles dispositions were deferred. Victoria County had the second highest number of juveniles receiving dispositions of Probation and Supervisory Caution, while Guadalupe County had the second high number of juveniles getting their referrals dismissed or deferred.

<sup>&</sup>lt;sup>7</sup> Not all the counties are represented in the demographics of arrests for both male and female

## Health Care/Service System

Having quality health care aids in the prevention of diseases and improved the quality of life; however, if the community environment is heavily populated with those with lower SES it is difficult to find quality care with culturally competent care. It is the goal within the Healthy People 2030 to focus on improving health care quality and making sure all people get the care services they need, such as mental health and behavioral health services, increase of prevention services for HIV/AIDS, and providing access to care.

In 2019, the adult rate of Texas Medicaid clients receiving behavioral and mental health services or SUD services in the state was 291,579, with 162,318 youth being served. Behavioral Health and Mental Health services (BHMH) have more adult and youth clients with 279,405 adults and 158,951 youth. Region 8 had a total of 37,787 adults and 20,970 youth clients. In the region more youth are receiving BHMH services with 20,620 clients that SUD treatment with 667. The counties with the highest number of clients receiving BHMH services are Bexar, Victoria, Comal, and Guadalupe. Bexar and Guadalupe counties also have the highest number of clients receiving SUD treatment services as well. With the increase of mental health disorders, it is imperative that we have equal access to the providers as well. Texas has 30% of the population that lives in a county that has been designated as a Mental Health provider. In the Region the ratio of mental health providers person in a population of 3.1 million is 719:1. Kinney County is the only county in the region that doesn't have information on mental health providers. Counties with the least number of mental health providers are our some of the rural counties such as Calhoun County, DeWitt, Jackson Karnes, and Lavaca and some of the Border Counties such as Dimmit, Edwards and Real.

Texas Treatment Episode Data Set collects information on the race/ethnicity of substance use treatment admissions. In Texas between 2018-2020, there was a total of 33,219 admissions. Majority of these admissions were males (58.6%), people aged 31-35 (18.7%), and those who were white (81.3%). The substance with the most treatment admissions is amphetamines, making up 21.5% of the admissions (7,141). The other substances mostly used for admission was for heroin with 6,215 admissions, marijuana with 6,106 admissions, and alcohol only with 5,126 admissions. Females had higher admissions for opiates, amphetamines, other psychostimulants, tranquilizers, and inhalants. PCP admissions were mostly prevalent among Black Texans at 86.7%.
## HIV Infection Rates and Transmission

In 2019, the incidence of HIV diagnoses in Texas was 14.9 per 100,000 persons within the population, which is a 5.8% decrease from 15.4 in 2018. In Region 8 the rate of HIV diagnoses also decreased by 8% from 6.2 to 5.7. In 2018 Frio County had the highest incidences of HIV cases in the state with a rate of 44.5 per 100,000, Bexar County ranked 9<sup>th</sup> with 16.5 incidences, and Atascosa ranked 15<sup>th</sup> with 13.9 incidences. In 2019, Karnes and Val Verde increased in HIV diagnoses rates of 19.2 and 16.3.

Between 2018-2019 there has been a decrease in the number of new HIV cases across the state. Men have the highest rates within the state but has decreased by 5.5% from 3,641 to 3,440. There was an increase of new HIV cases among transgender women and Transgender Men. The new cases of Transgender Women went from 58 to 84 in 2019, an increase of 44%; the rates among transgender men increased by 50% from 2 to 4 in 2019. The racial ethnic groups with the newest cases are among those who are Black and Hispanic/Latine'. Although there is a slight decrease in cases between 2018-2019 among these groups, they still have the highest in the Texas with 1,498 cases in the black community, and 1,698 cases in the Hispanic/Latine' community. There was an increase of 17% among Texans who are multiracial; 134 in 2018 to 157 in 2019.

Individuals with the highest incidence of HIV diagnoses were between the ages of 25-29, followed by those who are 20-24 years of age. There was also an increase of cases between those who are 65 and over. In 2018, the number of cases who are 65 years and older was 68, and in 2019 71 new cases among this group. The mode of HIV transmission occurs mostly among men who have sex with men (MSM), also most with Black men having the highest diagnoses rates.

### **Opioid Related Emergency Department (ED) Visits**

In 2019 there was a total of 15,943 opioid-related ED visits in the state of Texas, which is a decrease of 27% in 2018. The rate per resident during 2019 was 21.56 per 100,000 and a rate 72.2 per 100,000 visits. Opioid-related visits were mostly among White and Hispanic Texans. 3,873 cases were among White residents, and 1,295 cases among Hispanic residents. The age group that had the highest cases were between the age of 18-44 followed by those who were 45-64 years old. In 2020, the frequency of opioid related ED visits was 6,006.<sup>8</sup>

<sup>&</sup>lt;sup>8</sup> In 2020, there was a total of 184 opioid-related ED visits with missing information for each Public Health Region. Data has been suppressed to reflect

## School Domain

### Academic Achievement

In the spring 2020, Governor Greg Abbott suspended in school instruction due to COVID-19; virtual instruction took place from March-May. According to the 2019-2020 Secondary School Completion and Dropouts in Texas Public Schools Report by the Texas Education Agency, out of the 384,000 students that made up the class of 2020, 9.3% graduated within all four years, 3.9% pursued higher education and 0.4% received the Texas Certificate of High School Equivalency (TXCHSE). The longitudinal rate for dropouts was 5.4%, which is lower than 2019.

In a 4-year span, in each year after their first year of high school, many of the students who dropped out were either a grade or more behind the expected grade level. In this report it showed that about 50.5% who dropped out in their sophomore year didn't have enough credits to be considered to advance to 10<sup>th</sup> grade, 58.7% dropped out in their third year, and 61.9% dropped out in their fourth year. Over 2 million students were in enrolled in Grades 7-12 in Texas during the 2019-2020 school year, although there was a ten percent decrease of dropouts from the 2018-2019 school year; there was a 20% increase of students who dropped out of Grades 7-8 with 4,295 students.

In Region 8, in the 2018-2019 school year the dropout rate was 5.7%, with an overall graduation rate of 91%. American Indian female students had the highest dropout rate in the region with 15.2%, followed by Pacific Islander male students at 12.0%, African American male students at 9.8%, and Hispanic males with 7.7%. The highest graduation rates were overall were among female students at 92.8%, Asians at 95.5%, White Alone at 94.4%, Multiracial students at 93.5%, and Pacific Islander Students at 91.5%. Graduation rates among African American and Hispanic students were at 88.2% and 89.8%. American Indian students in the region had a graduation rate of 82.6%.

### School Conditions

The end of the 2019-2020 school year was trying for a lot of students across the nation due to the COVID-19 pandemic. In addition to the vast switch from in-person instruction to virtual instruction, the Texas Education Agency (TEA) also suspended grades A-F, and the State of Texas Assessments of Academic Readiness (STAAR) for grades 3-11. The impact of COVID-19 in the 2019-2020 school year greatly caused a hinderance to math and reading skills. The Northwest Education Association (NWEA) and the Measure of Academic Performance (MAP) showed there was a 5-10 percentile drop in math achievement. COVID-19 Forecast in learning loss in mathematics for grades 3-8 significantly declines from average growth trajectory. Predicting that in the Fall 2020 semester students would be roughly at 70% of reading gains in reading from prior years and 50% in mathematics. Students in Grades 3-4 was predicted to be nearly a full year behind in math compared to normal conditions. This impact is significant in the STAAR 2018-2019 and 2020-2021 scores. In the 2018-2019 school year, from grades 3-11, over 8 million students in the state tested in the subjects English, Math, Science, and Social Studies and the scores are as follows:

- 25% of students Did Not Meet grade level
- 75% Approaches grade level
- 48% Meets grade level
- 23% Masters grade level.

In comparison to the 2020-2021 school year, over 7 million students in grades 3-11 tested in the same subjects, and the scores were as follows:

- 34% of students Did Not Meet grade level
- 66% of students Approaches grade level

- 40% Meets grade level
- 18% Masters grade level

Between the 2018-2019 school year and the 2020-2021 school year there is a 20% increase of students who Did Not Meet grade level, a 24% decrease in students Approaches grade level, a 29% decrease of students Meets grade level, and a 32% decrease in students Masters grade level. Across the state of Texas, among grades 3-8 mathematics and reading reflects that of the nation with a deficit of learning loss of about 50-65% from the 2018-2019 school year.

The impact of learning loss leads to loss of earning. It was estimated that the average K-12 student in the United States could lose \$61,0000 to \$82,000 in lifetime earnings, or the equivalent of a year of full-time work, because of COVID-19 related learning losses. It is estimated that Hispanic Americans (\$1,809 a year less) and Black Americans (\$2,186 a year less) over a 40-year working life. It was estimated that their white counterparts (\$1,348 a year less) would only see a small decrease in lifetime earnings in a 40-year

According to a national monthly school dashboard in May 2020, only 15% of districts expected their elementary students to be receiving instruction for more than four hours per day during remote learning, while 85% of districts expected instructional time to dip under four hours. 17% of the districts surveyed, the instruction students received in the Spring 2020 school year was not designed to teach new skills and understanding, but to review what had already been taught. According to the National Center for Education Statistics, in January 20201 survey- 31% of districts were reportedly offering more than five hours of live instruction for their 4th graders remote learning, while 34% offering the same for 8th graders with the numbers being constant during the Spring 2021 semester. In the same semester (Spring 2021) the number of students receiving in-person instruction also rose throughout the spring semester (38% of 4th graders and 28% of 8th graders learning in person by January to 44% of 4th graders to 33% 8th graders learning in person in March. 88% of schools nationwide were offering some form of in-person learning either fulltime or in hybrid settings. It was also shown that Black, Latinx and Asian students were significantly less likely to be enrolled in fulltime in-person instruction in the spring 2021 semester.

Across the country prior to the pandemic, students of color were more likely than their white counterparts to attend schools that have fewer resources or attend schools that were less safe and more likely to be in temporary trailers with poorly maintained exteriors and HVAC systems. In 2018, students of color, especially from Black, Hispanic/Latinx, and Native American backgrounds attended schools in districts that received nearly 13% less in state and local funding per student than schools in districts that neceived nearly 13% less in state and local funding per student than schools in districts that have less students of color. These students are also often classified "at-risk" and come from lower income households, which leads to the higher dropout rates. Historically American Indians/ Native Americans has had the highest high school dropout rates between African Americans and Hispanic students. This is due to the historical atrocities that were done in the past, there has been negative perceptions from Native Americans towards the public school system and distrust in the government. This is thought to be a reason that many American Indian children lose interest to pursuing an education and dropout. Another reason is that the high poverty rates among this ethnic group as well as African Americans and Hispanics create disproportionate barriers in educational attainment.

As of March 2021, 58% of white students attending schools that serve 4th grades, were enrolled in fulltime instruction, whereas 36% of Black students, 35% of Latinx students, and 18% of Asian students in school serving 4th graders were enrolled in fulltime in-person instruction. Technology barriers showed to be a substantial hindrance of education for students of color. In a survey conducted in the summer 2020 a third of teachers in predominately Black schools reported that their students lacked the technology necessary for virtual learning. One in five teachers reported that in the schools where there were fewer than 10% of students were Black, similarly to schools with predominately Latinx students. In another survey of more than 60,000 secondary and 22,000 upper elementary (grades 4-6), 30% of Latinx students reported lack of reliable internet access as a reliable internet, compared 23% of their other classmates surveyed. By October 2020, one of every ten Black and Latinx households lacked consistent computer access, compared to 6.7% of white households. Only 4.7% of white households reported inconsistent internet access, more than twice as many Black households and one and a half times as many Latinx households. It was also estimated that Black (40%) and Hispanic students (30%) and low-income students (40%) were at a higher risk of not receiving remote instruction of average or above average quality.

## School Discipline

Students may be suspended (temporarily removed from regular school activities either in or out of school), sent to a Disciplinary Alternative Education Program (DAEP) or a Juvenile Justice Alternative Education Program (JJAEP), or expelled (permanently removed from a school or district) due to the severity of the behavior. According to research studies, students who are suspended and/or expelled, especially those who are repeat offenders, are more likely to be retained in a grade or drop out as it compared to those students who do not have disciplinary issues. Those who have excessive disciplinary issues are also more likely to engage in substance use and be involved in other crimes.

During the 2018-2019 school year, student disciplinary actions in Region 8 Public schools reported 12.6% of In-School Suspensions (ISS), 32.5% Out-of-School Suspensions (OSS), 0.7% school or district expulsions, 37.6% placed in DAEP, and 16.6% placed in JJAEP. The major offenses student that requires OSS, placement in DAEP or JJAEP, or expulsion are possession of illicit or non-illicit drug on school property, possession of tobacco products, and/or intent of distribution or selling of drugs/tobacco products. In the 2018-2019 school year 27.6% of the Texas students, were offered, sold, or given an illegal drug on school property by someone in the past 12 months. 28.3% were students ages 16-17 years old, which are mostly juniors in high school. Hispanic students had the highest percentage of being offered, sold, or given illegal drug on school property by someone during the past 12 months at 30.1%.

The rate of OSS is significantly higher than the rate of ISS. OSS in the region was at 57%, where ISS rates were at 21%. Studies shows that most OSS were in Title I schools. Title I as defined by Every Student Succeeds Act, Title I provides supplemental funds to school districts to assist schools with large concentrations of low-income students to help meet their educational goals, 40% of the school must be low income to receive funds.

The rate of disciplinary actions for substances taken by Texas Public Schools shows 60.6% were for controlled substances, followed by tobacco at 29.7% and alcohol at 9.7%. Region 8 had a higher rate of disciplinary actions for controlled substances at 71.1%, less with tobacco at 21.3% and alcohol actions at 7.7% in the 2018-2019 school year. The rate of alcohol discipline actions was the highest in Goliad County at 70%, tobacco was the highest in Kinney and Real at 100%, and controlled substances at 100% in Frio and La Salle counties.

## Family Domain

## Family Environment

The family environment shapes who we are as individuals and impacts our interpersonal and intrapersonal relationships, how we approach our jobs and education, our perception about the world, our ability for resilience, and our mental, physical, and emotional health. Developing a strong and healthy familial environment is a great protective factor that allows an individual to live happier and whole lives; however, some may not be fortunate to have a healthy familial environment due to Adverse Childhood Effects (ACEs) due to a habitual cycle of familial violence, abuse, neglect, and maltreatment.

### Family Violence, Child Maltreatment, Child Abuse, and Neglect

Family violence is defined by the Texas Family Codes as an act committed by a member of the household against another with the intent to cause bodily injury, assault, physical harm, or a threat that places reasonable fear of imminent harm; in which, discipline towards a child is excluded from this law. Abuse is defined within this law as physical injury that results in substantial harm or genuine threat; sexual contact, intercourse, conduct, or persuading and/or encouraging a child to engage in sexual acts.

From January 2018-December 2020, within the state of Texas, there was 609,421 incidents of family violence that was reported. In 2019, it was reported that within the region there were 21,421 family violence incidents, which was a 5.5% increase from the 20,297 incidents reported in 2018. The San Antonio- New Braunfels MSA and the Victoria MSA had higher incidences of family violence than the state in 2019. In the same year 68% of the counties in Region 8 saw an increase in the prevalence of family violence.

In 2020 due to the mandatory stay in place orders, there was an increase of family violence in a span of ten years by 43% in the San Antonio-New Braunfels MSA. The San Antonio Police Department reported over 30 deaths in the San Antonio area were attributed to family violence. As of October 2020 in Bexar County, there was 465 family violence/ sexual assault cases that were Class A misdemeanor, in which the incident was assault, bodily injury, and terroristic threats and is punishable with time served an up to a \$4,000 fine. In the same year, there was a total of 781 cases that were booked (on record) for the following jailable offenses:

- Assault with bodily injury- Married Couple- 198
- Assault with bodily injury- Family/Household member -91
- Assault of Family member by choking/strangulation- 67
- Aggravated Assault with a deadly weapon- 59
- Violation of Bond/Protective Order- 57.

Family violence in a home with child present often could lead to the removal of the child, by Child Protective Services (CPS). From 2018-2019, Texas saw a decrease in the number of child abuse investigations by 5.1% (from 280,911 to 266,611); however, in 2020 there was 184,785 reported investigations of child abuse and neglect in the state of Texas, in which most of those cases were male victims. Region 8 had 21,042 reported cases of child abuse and neglect with the most cases involving female victims. The age mostly affect by abuse or neglect were children ages 0-17.

### Single- Parent Households

The familial environment could often involve children growing up in a single parent household. Studies have shown that single parent families often do not have the same economic resources than that of two parent families, where the parents are married. Studies also show that children raised in single parent households are more likely to drop out of school, experience teen pregnancy, and experience failed romantic relationships or divorce in adulthood.

In 2018, there was 966,675 single parent households in Region 8. 2.3% were single father households with children under 18 years old and 8.13% were single mother households with children under 18 years old. The total number of single parent households with children under the age of 18, with the average household size being 3. In the Border counties, single mother household is 9.61%. In 2019, there was 975,121 single parent households, with a decrease in single father households at 1.45%, and single mother holds at 6.65%. Although there is a slight decrease in the Border Counties with single mother households, it is still the highest among the region at 8.5%.

### Perceptions of Parental Attitudes

The interactions between the child and parent(s) also shapes who we are and what we think, or feel about the use of substances. Parents who have a democratic or authoritative parenting styles are more likely to have higher levels of positive parent-child connectedness (Carver, et al 120). Communication between the child and the parent is open, conversation about sensitive topics substance use, sexual intercourse, and other high-risk behaviors are encouraged, as well as providing a safe space to discuss other things such as romantic relationships. Parents who have an authoritarian or neglectful parenting style more likely to have higher levels of negative parent-child connectedness, which provides an environment with a higher risk the child using and abusing substances (Carter et al 120, Benchaya et al. 238).

Parents with the permissive attitudes may have the perception that allowing their teens and their friends to drink or use at home under adult supervision may provide healthier attitudes about drinking; however, this perception provides negative consequences for both the parent and teen. Supplying alcohol, tobacco, and other drugs (ATOD) to a minor, creates the risk for continued use later in adulthood. Research from the Partnership Attitude Tracking Study (PATS) also showed that teens who perceive their parents to be more permissive about substance use are more likely to abuse.

In the 2019-2020 school year, the Texas Health and Human Services Commission (HHSC), in conjunction with the Public Policy Research Institute (PPRI) at Texas A&M University- College Station, conducted their biennial Texas School Survey of Substance Use (TSS). The survey collects self-reported data on tobacco, alcohol, marijuana, and other drugs among students grades 7-12 in Texas public schools.

When asked, "How do your parents feel about your age using alcohol, marijuana, or tobacco?", it was perceived that their parents would strongly disapprove the use of marijuana. 7<sup>th</sup> graders in the region and the state have a strong disapproval rate of about 84%. The "strongly disapproval" perception of the parent decreases in high school (grades 9-12). In 2018, marijuana use was strongly disapproved by 75.5%. It is the idea that students who perceive their parents would strongly disapprove of their using of specific substances were less likely to use these substances. Alcohol use had less disapproval rates but was perceived to be mildly disapproved or neither approved nor disapproved by the students' parents, which is unchanging from the 2018 TSS. Within the 2020 survey, the perception of tobacco use was also perceived to be strongly disapproved by 7<sup>th</sup> graders by 82%. Although 7<sup>th</sup> grade parents had a high perception of disapproval, there is still a high perception of parents mildly disapproving, neither approving or disapproving, or not know of how the parents would perceive the student using substances. 12<sup>th</sup> grade students had the highest rates of parental perception of neither approving nor disapproving at about 10-13%.

## Peer Domain

### Perceptions of Peer Consumption

Your peers ae also a great influence on an individual's behavior and choices. The more independence the youth have, the more their peers have a bigger role in their decision making. Adolescents spend more time with their peers than they do with their parents and siblings and as they go through life together; they are more likely to report peer approval of the use of ATOD. Studies have shown that an indicator of substance misuse and other behavioral issues with the association of a particular group of friends.

The 2020 TSS asked students, "About how many of your close friends use tobacco, alcohol, or marijuana?". The perception of use of all substances are between none of my close friends use to some of my close friends use. For the use of alcohol, in both the state and in the region about 50% of students in all grade levels reported that none of their close friends use alcohol, which is like the parental approval rates. When it comes to tobacco use, there was a higher percentage of the perception of none of their close friends are using it. In both the state and in the region, it was between 73-74%, in which the perception of none of their close friends were using marijuana was at around 60%. Students in grades 9-12 had higher rates of a few friends using substances, with students in 12<sup>th</sup> grade having a higher rate of most of their friends using either marijuana or alcohol.

#### Perceived Social Access

Studies show that the ease of access to substance have a direct impact of substance use among adolescence. The perception of ease of access to substances may differ from rural and urban students (Warren et al 3397). In the 2013 Georgia Student Health Survey II, it showed that rural students reported having a perception of greater access to tobacco products and steroids, whereas urban students had the perception of have greater access to alcohol, marijuana, cocaine, inhalants, ecstasy, methamphetamine, hallucinogens, and prescription drugs. This perception of ease of access among rural students is thought that their parental attitudes are more relaxed about alcohol and tobacco use due to a higher prevalence of adult use of these substances. This study also shows is that the perception of ease access of alcohol was higher among high school students among both rural and urban students. In the 2020 TSS, the same is reflected across the state and within the region, with about 30% of students reporting that it is very easy to get alcohol. Substances such as tobacco and marijuana were reported to have higher rates of perceiving access to be either impossible or somewhat easy. Students in the 7<sup>th</sup> grade had higher rates of never hearing about either alcohol, tobacco, or marijuana at about 40%.

### Presence of a Substance at Parties

Parties are usually big social gatherings where youth can socialize with different groups; however, there is a party culture that involves heavy drinking, misuse of substances, and other high-risk behaviors. Alcohol was always used when students where asked, "Thinking of parties you attended this school year, how often was alcohol used? In the 2020 TSS, at 8.7% across the state, and within the Region in 9%, which is a decrease from the 2018 TSS of 23.9%. Although substance use increased among adolescence across the nation during the pandemic, there was a greater percentage of adolescents engaging in solitary substance use (49.3%); although many were doing group substance use with peers via technology (31.6%) and face to face (23.6%).

Alcohol has been shown to be the most used substance among adolescence. In 2018 in Region 8, 58.8% students in grades 7-12 have used alcohol. Among the 12<sup>th</sup> graders who drink alcohol, 18.6% said they have driven a car after they had more than one to drink. Among Texan underage college students, 70% of students obtained alcohol from a friend who was over the age of 21, while 49% obtained alcohol from

a parent or relative, and 35% obtained alcohol from a friend who was also under the age of 21. Underage drinking costs the citizens of Texas \$2.1 billion per year, which involves medical care, work loss, and pain and suffering associated with underage drinking and driving and fatal car crashes. This translates to about \$2.00 per drink consumed by a person who is underaged.

A strategy to enforce and limit social gatherings/parties where alcohol is are consumed, includes policies such as the Social Host Ordinance. San Antonio's Social Host Ordinance is one of a few Texas cities that has this policy, where the adult is held civilly liable for providing alcohol to minors, and responsible for the environment underage drinking has occurred. By imposing fines on the homeowner and/or property owner for each offense, it is the goal to discourage the underage drinking at parties. The San Antonio Ordinance leverages the civil penalties for adults when a violation is issued. The first violation is a penalty of \$300 and subsequent penalties are \$500. Violations can only be issued, or the ordinance can be enforced when the San Antonio Police Department (SAPD) officers are called.

## **Individual Domain**

## Youth Mental Health

In a national survey of mental health of high school and college students, showed about 75% of students reported that their mental health has gotten worse during the pandemic, some worsen significantly since the beginning of the pandemic. Survey also showed that 66.89% reported an increase in supporting others in their mental wellness. 66.41% of students reported having received information from their learning institution about mental health, 49.1% reported that they received healthy coping strategies. 3/4 of respondents feel optimistic or hopeful about their school related goals and future job prospects. In the 2020-2021 school 62.46% of college students planned for a combination of on campus and online instruction; however, when school started only 42.81% were receiving instruction this way, 51.24% reported receiving all instruction online, and 1.27% had changed their fall academic plans as a result of COVID-19. 55.83% of respondents reported that their physical activity has decreased or significantly decreased.

In May 2020, nearly three in ten parents surveyed in a Gallup poll reported that their child was "experiencing harm to their emotional or mental health", 45% cited that the separation from teachers and classmates as a "major challenge". Suicide ideation was also on the rise among children and young adults. According to the National Association of Elementary School Principals, nearly 70% of school principals who participated in a survey conducted early in the 2021 said they could not meet their student's mental health needs with the limited staff they had. There were also concerns the heightened risks of child abuse at the home during the pandemic.

In 2019, in the State of Texas 10% of High school students attempted self-directed violence one or more times in the past year, and it has increased due to COVID. A significantly higher percentage of female students at 12.4% attempted self-directed violence than male students who attempted self-directed violence at 7.5%. The ethnicity with the highest percent of self-directed violence are Black students at 12.3% and the highest percentage of attempted self-directed violence attempts that required medical attention. During 2020, the rate of death because of self-directed violence was 14.3 deaths per 100,000 population.

Students who identify as being part of the LGBTQ+ community had significantly high rates of hopelessness and sadness and ideation of self-directed violence compared to those who identify as a cisheterosexual person. Across the country about 42% of LGBTQ youth considering seriously attempting suicides in 2020, with more than half of that number are students who identify as non-binary or transgendered. In a national survey with a population of 2,000 high school students conducted in 2021, 83% of LGBTQ students were reported experiencing more problems that affect their schoolwork or wellbeing that the year before, compared to 69% of their cis/heterosexual peers. Within the same survey 30% of LGBTQ students reported seeing a decline in relationships with other students, compared to only 19% of cis/heterosexual students who said the same. In another study nearly 35,000 LGBTQ+ youth ages 13-24 found that about 48% of LBGTQ youth who wanted mental healthcare in 2020 was not able to have access to care. In the same study 85% of transgender and nonbinary youth reported that COVID-19 had greatly impacted their mental health, and 78% reported that their mental health, and 61% said that their mental health was poor during COVID. 75% of cisgender youth reported that COVID greatly impacted their mental health, and 61% said their mental health was poor during COVID.

Across the country during quarantine, a study conducted at the University of Miami, of residents between the ages of 18-35 and they reported that their feelings of loneliness (65%), alcohol use (48%), drug use (44%), anxiety (62%), and depression (64%) had increased, while experiencing a decrease in feelings of connectedness (53%), since COVID-19. The level of change in loneliness was associated with changes in alcohol use, anxiety, depression, and feelings of connectedness. Most participants reporting an increase in feelings of loneliness also indicated an increase in drinking (58%), drug use (56%), anxiety (76%), and depression (78%), and decrease of feelings of connectedness (58%). The mental health among Texas college students has been on the decline for the past decade, especially during the pandemic, there has been an increase with anxiety, depression, addiction, suicide, and eating disorders. Undergraduates in Texas who are heavy alcohol drinkers had higher levels of hopelessness (25%), nervousness (29%), worthlessness (20%), and depression (15%) in the past 30 days. According to the recent National College Health Assessment, 11% of undergraduate students reported of having attempted self-directed violence within the last 12 months, with those who identified being transgender or non-conforming with the highest rates, next to those who identify as a cis woman. In the same report, 6.2% of graduate and professional students reported of having attempted self-directed

violence in the past 12 months.

In Texas last year, 12.19% of youth ages 12-17 report suffering at least one major depressive episode according to the 2020 Mental Health in America Youth Data Report. Undiagnosed childhood depression is more likely to persist into adult hood and start initiation of substance use. In the same report 9% of the youth was experiencing a severe depressive episode.

## Youth Perception of Risk/Harm

The perception of risk (danger) associated with drug use has been established as a key factor in the decision of whether to use a drug or not. When the perception of harm is high, students are less likely to use. Cocaine, crack, and heroin are perceived to have the highest risk of danger; therefore, have less use by students. Other substances such as E-Vapor products (marijuana or tobacco), marijuana, tobacco, and alcohol have the least perception of harm and have the highest percentage of past month use.

In the 2020 TSS, when students were asked about how dangerous do you think it is for kids you age to use ATOD, when it came to alcohol, 45.5% of students in grade 7<sup>th</sup>-12<sup>th</sup> perceived alcohol to be very dangerous across the state. In Region 8<sup>9</sup>,8,711, the perception of using was also very dangerous at 47.8%. Compared to the 2018 TSS, the perception of use was between "somewhat dangerous" to "very dangerous" at 49.2% in the state, and 44.7% in the region.

The perception of harm for tobacco use remained the same from 2018-2019 at about 60% reporting the substance to be "very dangerous". About 25% perceived tobacco to be "somewhat dangerous.". Substances like marijuana or synthetic marijuana were perceived to be "very dangerous" by middle school students who are in grades 7<sup>th</sup> and 8<sup>th</sup> than those in high school (grades 9<sup>th</sup>-12<sup>th</sup>) thought these substances were either "not very dangerous" or "not at all dangerous". Ecstasy, heroin, methamphetamines, and prescription drugs had a perception rate between 70-90% for those substances being very dangerous.

<sup>&</sup>lt;sup>9</sup> Due to COVID-19 and the mandated school closures, the data is combined with other regions across the state to provide a viable sample of perceptions of use among the students. Region 8 was combined with Region 6-Gulf Coast (Houston MSA) and Region 11- Rio Grande Valley/Lower South Texas (Edinburg MSA).

Monitoring the Future Survey (MTF) is an ongoing annual national drug use survey of 8<sup>th</sup>,10<sup>th</sup>, and 12<sup>th</sup> grade students and is conducted by a research team of professors at the University of Michigan, Ann Arbor. In this survey, about 11,800 students from 112 schools across the United States; however, due to the pandemic the survey results accounts about 25% of the sample size. Within this survey it shows the use of nicotine/tobacco vaping has leveled off, but it is still steady between 2019 and 2020 at now 8.6% of 12<sup>th</sup> graders who vapes daily or nearly daily. JUUL use dropped significantly between the 10<sup>th</sup> and 12<sup>th</sup> grade students at about 6%. Marijuana vaping is declining, but still holding steady. The daily or near daily use of marijuana and tobacco were perceived to be very dangerous, according to TSS, the perception of alcohol is still considered to be "somewhat or not very dangerous" with the gradual decline of alcohol use; however, binge drinking among 12<sup>th</sup> graders are still at 16.8% according to the MTF. The percentage of middle school or junior high school students in 8<sup>th</sup> grade who are misusing amphetamines, inhalants, and cough medicine within the past 12 months is gradually increasing.

## Early Initiation of Use

Alcohol, tobacco, and marijuana are the substances American adolescents use and abuse the most. In a study by the National Institute on Alcohol Abuse and Alcoholism examined how adolescents' substance use patterns are associated with SUDs in young adulthood. In their findings, adolescents who drank alcohol and smoked cigarettes and marijuana are more likely to suffer from health issues at an earlier age than those you delayed trying those substances. Researchers in this study also found that multiple use of substances is high prevalent among adolescences in the U.S., with 34.1% reporting early use of alcohol and marijuana, alcohol and tobacco, or marijuana and tobacco. Early use of substances is also associated with higher rates of substance-dependence in young adults. Early users of alcohol, tobacco, marijuana prior to the age of 16 were also more likely to be dependent on other illicit drugs. In the 2020 TSS, the average age of first use of alcohol was in both the state and in the region was 13 years old. Over the course of 20 years there has been an increase in alcohol age of first use being 8<sup>th</sup> graders at 1.8%, 9<sup>th</sup> graders at 5.1%, 10<sup>th</sup> graders by 6.4%, 11<sup>th</sup> graders by 6.1% and 12<sup>th</sup> graders by 7.2%, while those in 7<sup>th</sup> grade remained steady.

The average of first use of tobacco in the 2018 TSS was about 14 years of age in both the region and the state, where is it now the age of 13. This aligns with the Surgeon General's Report, that nearly 9 out 10 adult smokers started before the age of 18. The report also estimates that about 3 out of 4 high school smokers will become adult smokers- even if they have intentions to quit in a few years.

Marijuana remains to be the most widely used illicit drug among youth and adults. The age of first use of marijuana has been steadily remaining at 14 years old in both the region and in the state from 2018-2020. From 2000- 2020 there has been a steady increase as well in the age of first use throughout grades 7-12. 7<sup>th</sup> graders having a decrease in initiation by 0.9%, 8<sup>th</sup> graders increase by 2.5%, 9<sup>th</sup> graders increase of 2.3%, 10<sup>th</sup> grades increase by 3.0%, 11<sup>th</sup> graders by 3.5%, and 12<sup>th</sup> graders by 2.7%.

# **Consumption Patterns**

Consumption of substances begins in the teenage years where we trying to find who we are and fit in with a certain group or coping with the challenges of being a teen. Although for many teens illicit substance use and abuse shapes their teenage years, if not stopped it could lead to long time use in adulthood. Studies show that school and relationships, mostly with family, are greatly influenced by substance use and abuse.

## Youth Substance Use

### Alcohol

Alcohol continues to be the substance most misused by adults and youth. If alcohol remains easily accessible, social norms unchanging, and with the low perception of harm, alcohol will continue to be the most misused substance.

In the 2020 TSS, when students in grades 7-12 were asked, "How recently, if ever, have you used alcohol?" 32.4% across the state reported that they have used alcohol over the course of the school yea, whereas 50.5% reported that have used alcohol in some point, and 27.4% reported that they have used alcohol in the past month. 12<sup>th</sup> graders in both the state and in the region<sup>10</sup> had the highest numbers of using alcohol ever, over the course of the school year, and in the past month. 7<sup>th</sup> graders had a higher percentage of never using alcohol in the state at 64.1% and in the region at 67.7%.

Binge drinking and heavy alcohol use can increase an individual's risk of alcohol use disorder. The National Institute on Alcohol Abuse and Alcoholism (NIAA) defines binge drinking as a pattern of drinking that brings the blood alcohol concentration (BAC) levels to 0.08 g/DL. This equates to 4 drinks for women and 5 drinks for men in about two hours. Over time Texas students have seen significant declines in binge drinking, decreasing by nearly half from 21.9% in 2006 to 11.7% in 2018. Region 8<sup>11</sup> binge drinking rates has also declined from 24.7% to 22.7% in 2006 to 17.1% in 2018. When 7<sup>th</sup>-12<sup>th</sup> grade students were asked in the 2020 TSS, "During the past 30 days, how many days have you had five or more drinks of alcohol in a two-hour period?" 89.4% replied "never/none" in the state of Texas and 88.1% in the region. 6.9% of High school seniors in Texas reported to having had 5 or more drinks in one day, whereas in region 8, 8.5% reported of having 5 or more drinks in a day.

In the 2018 TSS, Region 8 lifetime use for any alcohol products for all the 7<sup>th</sup>-12<sup>th</sup> grade students that were surveyed was 58.8%. Females (59.7%) were more likely to have ever tried any alcohol products than males (57.7%). Lifetime use of any alcohol products increased by 10.4% from 8<sup>th</sup> graders (51.9%) and 57.3% from 9<sup>th</sup> graders. White Non-Hispanic (64.2%) students were more likely to have ever tried any alcohol products in their lifetime compared to Hispanic students (57.6%) and African American students (54.1%). In the same 2020 TSS, when students were asked "How often do you normally use Alcohol?" 3.1% of 11<sup>th</sup> graders in the region reported that they normally use alcohol several time a week. Grades 9-12 reported that they use alcohol about once a month, with percentages of 11.1% (9<sup>th</sup> grade), 13.1% (10<sup>th</sup> grade), 14.4% (11<sup>th</sup> grade), and 20% (12<sup>th</sup> grade). All grades (7<sup>th</sup>-12<sup>th</sup>) reported that

<sup>&</sup>lt;sup>10</sup> Due to COVID-19 and the mandated school closures, the data is combined with other regions across the state to provide a viable sample of use among the students. Region 8 was combined with Region 6-Gulf Coast (Houston MSA) and Region 11- Rio Grande Valley/Lower South Texas (Edinburg MSA).

<sup>&</sup>lt;sup>11</sup> See above footnote

they use alcohol about once a year and less than once a year; however, grades 10 and 11 had the highest percentage of those who use about once a year to less than once a year.

#### Tobacco

From 2000 to 2018 the State saw increases in tobacco age of first use for 7<sup>th</sup> grade by 1.9%, 8<sup>th</sup> grade by 2.7%, 9<sup>th</sup> grade by 5.9%, 10<sup>th</sup> grade by 6.4%, 11<sup>th</sup> grade by 7.6%, and 12<sup>th</sup> grade by 8.8%. Currently in the 2020 TSS, when students in grades 7<sup>th</sup>-12<sup>th</sup> were asked "How recently, if ever, have you used tobacco?" 30.2% in the state reported that have used tobacco in their lifetime. In the region 31.1% of students reported they have used tobacco in their lifetime. About 70% in both the state and the region reported to have never used tobacco, and 9<sup>th</sup>-12<sup>th</sup> graders reported of having used tobacco in the past month in both the state and the region at about 74%.

#### Marijuana

Marijuana is also the most widely use substance among youth and adults and like with alcohol and tobacco early use in adolescents can be a detriment to one's health in adulthood. From 2000 to 2018 the State also saw increase in the age of first use in 7<sup>th</sup>-12<sup>th</sup> graders. In 2018, the age increased for 8<sup>th</sup> grade by 2.5%, 9<sup>th</sup> grade by 2.3%, 10<sup>th</sup> grade by 3.0%, 11<sup>th</sup> grade by 3.5%, and 12<sup>th</sup> grade by 2.7%, while 7<sup>th</sup> grade had a slight decrease by 0.9%. Now in 2020, there is a slight decrease among the grade levels, with 7<sup>th</sup> grade at 11.2%, 8<sup>th</sup> grade 11.9%, 9<sup>th</sup> grade 13.2%, 10<sup>th</sup> grade 13.7%, 11<sup>th</sup> grade 14.2%, and 12<sup>th</sup> grade 15.2%. When the students were asked "how recently, if ever, have you used marijuana?" 20.8% reported they have used at some point in their lifetime, which is a 12% decrease from the 23.8% that was reported in 2018. 95% of 7<sup>th</sup> graders in the state and in the region reported of never using marijuana in their lifetime. 30% of 11th and 12<sup>th</sup> graders in the region report of using marijuana some point over the school year.

In the same survey when students were asked "since school began in the fall, on how many days (if any) have you attend class while high from marijuana use?" All grade levels responded that they never attended class high; however, some 9.1% of 12<sup>th</sup> graders, 8.1% of 11<sup>th</sup> graders, and 6.4% of 10<sup>th</sup> graders reported attending class while high at least 1 to 3 days, this same group also reported attending class high 10 or more days.

#### Prescription Drugs

There has been an increase in the non-medical use of prescription drugs (NMUPD) in the United States over the past 15 years. In 2004, approximately 2.4 million Americans ages 12 and older were initiated in non-medical use of prescription drugs. Currently with the continuous increase in NMUPD, there is still a wide gap in knowledge regarding the association between early onset use of NMUPD and the development of drug use and dependence in the United States.

A national study was conducted, and the finding showed a higher percentage of individuals who began using prescription drugs non-medically at or before the age of 12 were found to have developed a dependence on prescription drugs versus those who began using at or after the age of 21.

In the 2020 TSS, when 7<sup>th</sup>-12<sup>th</sup> graders were asked "how recently, if ever, have you used a prescription drug not prescribed to you?" 17% of all the students in Texas and in the region reported they have used a non-prescribed drug recently. 18.3% of 8<sup>th</sup> graders in the Texas reported using a non-prescribed prescription, while 20.3% of the state's 12<sup>th</sup> graders reported using a non-prescribed prescription.

#### **E-Cigarettes and Vaping**

Vaping or e-cigarettes has been on the rise among teens since its development in 2007. It has become an increasing trend of smoking either tobacco or marijuana products, especially with it being disguised as an everyday item such as a flash drive, a pen, or a cell phone, and its many flavors makes easier for youth to access. In 2018, according to the TEA, over 300,000 middle and high school students reported to vape or use e-cigarettes. This accounts for 13% of Texas students in grades 6-12, which quadrupled from the 3% in 2012.

In the 2020 TSS, we see an increase of use in grades 7-12, where 27% of students reported to have used e-vaping products before. Region 8 reflects the same increase as the states percentage with 27.1% to have used e-vaping products before. 7<sup>th</sup> and 8<sup>th</sup> graders were least likely to have used e-vapor products, while grades 9<sup>th</sup>-12<sup>th</sup> graders were more likely to have used e-vaping products.

#### **College Student Consumption**

The Texas College Survey of Substance Use is a biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. This survey is conducted by the Public Policy Research Institute, a Branch of Texas A&M University, also in partnership with the Texas HHSC.

The 2019 survey surveyed 17,764 undergraduate students from 46 colleges and universities and are between the ages of 18-26 who are enrolled in at least five credit hours of collegiate coursework. Students were invited to participate via email and completed the survey online.

#### Texas College Students use of Alcohol

Alcohol use is prominent among college students, especially with a higher prevalence of underage drinking of full-time students that are 18 years old or younger. In the 2019 NSDUH, it was reported that 52.5% of full-time college students ages 18-22 drank alcohol in the past month and 33% engaged in binge drinking in the past month.

In the state, there was a total of 54.8% was drank alcohol in the past month, and 34% engaged in binge drinking in the past month. Liquor was the alcohol of choice to drink among college students, at 26%. For any alcoholic beverage to be considered liquor is must contain about 40% alcohol by volume (ABV). Beer, being the second drink of choice for college students was at 23%. Beer has ABV levels between 5-8%. Collegiate Males are still more likely than collegiate females to report binge drink within a two-hour period at 35% in the past month. There has not been a change in the drunkenness from the 2017 Texas College Survey (TCS), 2.2% of respondents reported that they drank enough to be drunk in the past 30 days.

How alcohol is acquired among college students is mostly by means of friends who are over the age of 21 years old. 66% of students reported that in the past 30 days, they obtained alcohol by a friend who is of legal age, while 54% reported to have obtained alcohol from a friend or relative, and 34% reported of acquiring alcohol from a friend who were also under the age of 21. When students were asked "have you increased the amount of alcohol consumed since arriving at college", 41% reported that an increase in alcohol consumption. Overwhelmingly, White (76%) and Hispanic (74%) students were reported to be more likely to have drunk alcohol in the past year than Black (63%) and Asian students (57%). In the National College Health Assessment (NCHA), in the spring 2021 semester, 73.7% of students who identified as being Trans-Gendered or Non-conforming reported of using alcohol in some point of their

lifetime. In the NCHA 19.4% of students who identified as a cis woman reported experiencing brownout in the past year when drinking alcohol, this same demographic has 16.4% report that they also did something that they later regretted in the past year when drinking alcohol.

Fraternity and Sorority Life has a major influence on cultivating the social culture in college from mixers to house parties. Studies shows that students that were in residence in their fraternity or sorority houses are more likely to have symptoms of AUD by age 35 compared to those who are non-members of fraternal organizations. In the state of Texas, 84.9% of students who are members of fraternity and sorority life reported of having alcohol in some point of their lives, while non-members reported alcohol use at 74%. It was reported that 69.5% of members had alcohol in the past month, compared to 50.4% of non-members.

## Texas College Students use of Illicit Drugs

Marijuana is the third most widely used substance on compared to alcohol and tobacco according to the TCS and the NCHA. In the TCS, 38.5% of students reported of using marijuana in some point of their lifetime, while 15.7% reported of using in the past month. In the NCHA, it 42.8% of students reported of using marijuana in some point of their life, while 26.5 reported of using in the past 3 months. Other drugs, such as cocaine, inhalants, and hallucinogens were least likely to be used among Texas college students; however, on a national level it was reported that 19.8% of students who identify as Trans-Gender or Non-conforming had used a hallucinogen (ecstasy, MDMA, PCP, etc.) at some point in their lifetime. Within this same demographic 7.4% reported of using hallucinogens within the past 3 months.

## Texas College Students Use of Prescription Drugs

There has been a significant decrease in NMUPD among Texas college students. In 2015, 26% of students reported were abusing painkillers, such as Vicodin, OxyContin, or Codeine), whereas in 2019 19% of Texas students reported to have misused stimulants (Ritalin, Adderall, etc.). When asked, "In the past, compared to when you first came to college, how has your drug use changed?", 46% reported that that drug use has decreased where 24% reported it has increased. This is a decrease of 4% from 2015, with half the student population reporting a decrease in usage. Most prescription drugs were obtained by someone with a prescription at 49%. In the NCHA, in the spring 2021 semester it was reported that 12.3% of graduate and professional students were using stimulants, whereas 8.8% of undergraduate students reported to have used stimulants in some point of their life.

### Texas College Students Perception of Harm

When Texas College Students was asked "Is there a problem on campus with drug abuse, underage drinking, and binge drinking?", students reported the following:

- 65% reported that underage drinking is a minor to major problem on campus
- 57% reported that binge drinking is a minor to major problem on campus
- 52% reported that drug abuse was a minor to major problem on campus

When it came to perception of harm of illicit drug use majority reported that sedatives, stimulants, narcotics, synthetic cathinones, and heroin were very dangerous, whereas marijuana was reported to be somewhat dangerous at 24%. This is also reflected in the NCHA, where 29.6% of undergraduate students reported driving within 6 hours of using cannabis or marijuana in the last 30 days, and 25% of graduate or professional students reported driving while under the influence of cannabis or marijuana in the last 30 days.

### Adult Substance Use

### Tobacco

In the 2019 Behavioral Risk Factor Surveillance Survey (BRFSS), the San Antonio-New Braunfels (SA-NB) Metropolitan Area, 16.3% of adults are smokers, whereas in the state 14.7% are smokers. 9.3% of adults in the SA-NB MSA smokes every day, while there is a huge prevalence of adults who never smoked at 67.2%. In Texas, 9.1% of adults smokes every day and 65.1% of adults who have never smoked. Regarding the use of tobacco products, such as chewing tobacco, snuff, or snus, in many adults in the SA-NB MSA (97.3%) do not use tobacco products at all, whereas in the state 96.3% of adults do not use tobacco products at all.

#### Alcohol Consumption

In Texas, according to the 2019 BRFSS 52.2% of adults reported to have at least one drink of alcohol within the past 30 days. In the SA-NB MSA, is relatively close to that of the state with 51.9% of adults reported to have at least one drink in the past 30 days. 17.5% adults in the SA-NB MSA reported to have been binge drinking in the past 30 days, while in 17.9% of Texans reported to have been binge drinking in the past 30 days. There is a great prevalence within the state and in the SA-NB MSA reported to have not binged on drinking in the past 30 days at 82%.

# **Public Health/Safety Consequences**

Substance use and misuse, depending on the frequency of use, how they are administered (orally, nasally, injection, or anally) and quantity of use can have profound damaging consequences to not only the community and family but your overall well-being in the short-term and in the long term. Short-term effects include possible of seizures, overdose, and or death. The consequences of the short term often involve risky behaviors such as driving under the influence or while intoxication (DUI/DWI), engaging in unprotected sex. In the long term, the impact of misuse and abuse of substances on your mental and physical health such as cardiovascular disease, memory loss, addiction, and possibilities of contracting sexually transmitted infections/diseases, and unwanted pregnancies.

### **DUI Fatalities and Crashes**

The public health and safety consequences in Region 8 such as DUIs, has decreased from 2019-2020 by 13%. Although stay home orders were in place in 2020, there was a total of 99 DUI fatalities in 2020. Majority of those were in Bexar County with 59 DUI fatalities with drivers under the age of 21. In Region 8 DUI fatalities were by drivers under the age of 21, 21-25, 26-30, and 51-55 in 2020; however, in 2019 most of the DUI fatalities in 2019 were among drivers ages 21-40, and 46-50.

There was a total of 181 DUI crashes that caused a serious injury in the region in 2020, compared to 2,113 crashes that caused an injury within the state. The region in 2020 had 460 DUI crashes that resulted in non-incapacitating injuries, 546 with possible injury, and 3,224 that resulted in non-injuries.

#### **Overdose Deaths**

From 1999-2019 in the state of Texas there was a total of 83,913 overdose deaths that were both drug and alcohol induced. Over 20 years, in Region 8 out of 26 counties that were counted, there were 9,527 substance use overdose deaths. The San Antonio-New Braunfels MSA and Victoria County and the highest number of deaths during this time. Alcohol induced deaths in the state was 34,075, with the region being at 4,386 deaths, whereas many of the overdose deaths were drug-induced with 49,838 deaths in state and 5,390 deaths in the region. From 1999-2019 drug induced overdosed increased by 188% in the state, from the reported 1,087 deaths in 2019 to 3,136 reported deaths in 2019. In 2018, the United States had over 67,000 reported overdose deaths, the drug mostly involved within these deaths were opiates, in which accounted for 70% of all reported drug induced overdose deaths during that time. Synthetic opiates deaths such as fentanyl and its derivatives also continued to increase in 2018, with almost 30,000 deaths. In the same year Texas had 1,402 reported opioid related deaths. The breakdown of substances that resulted in overdose deaths in 2018 are as follows:

- Prescription Opioids- 668 deaths
- Synthetic Opioids (fentanyl and its derivatives)- 358 deaths
- Heroin- 547 deaths.

In the matter of deaths of prescription opiates, in 2018, Texas providers wrote 53.0 opioid prescriptions per 100 persons whereas in the region it was a total of 49.3 prescriptions per 100 persons. In 2019, there was decrease in the amount of 46% from 2018-2019, with 28.4 prescriptions per 100 persons. In the region the decrease was 55% from 2018-2019, with 22.1 prescriptions per 100 persons.

#### Marijuana Related Poison Center Calls

Marijuana related poison center calls from in Texas from 2017-2019 was at a rate of 8.5 per 100,000 persons. In 2019, the calculation for the region is about 6,300,000 of marijuana related poison center calls, which is an increase of 26% from 2018. With the increase of new marijuana products in the past decade such as edibles, concentrated butters, oils, vapes, etc., it has led to an increase of calls to the poison control centers not only in Texas, but in the United States as well. In 2019, there were about 11,100 calls across the country related to marijuana use, which is an increase of 35% from 2017. Studies show that majority of those calls were related to synthetic and/or manufactured products that contained higher amounts of cannabinoid distillates such as THC and CBD than from the plant itself.

Studies show that 38% of the poison center control calls of marijuana was also due to co-occurring use of another substance such as alcohol or opiates. Edibles, which are more accessible right now, with being transformed to things we find comforting such as candy, baked goods, or popsicles were the greatest share of the poison control calls related to synthetic/and or manufactured products. The danger of this is mostly the inadvertent use of children under the age of 10 years old, in which there was 2,505 cases into the poison control center over the span of three years.

#### Mental Health and Self-Directed Violence Resulting Death

In Texas from 2011-2019, there was a total 15.7% of adults were diagnosed with a depressive disorder, which is 3% less than that of the nation with 18.8%. When asked in the Behavioral Risk Factor Surveillance System (BRFSS) in 2019, "Has someone ever told you that you have a form of depression?" 34.3% of Texas adults answered yes, while 65.7% answered no. 22.2% that answered yes were females. In 2017, in the region 19.4% of adults were diagnosed with a depressive disorder. In 2019, the BRFSS of Texas adults the highest rates of prevalence were among those who had some college education (19.7%), a household income between \$15,000-\$24,999 annually (21.7%), persons aged 18-24 (19.1%), and those who identified as a Multiracial non-Hispanic (28.2%).

In the United States, 1 in 5 adults experience a mental illness which is about 20.6% of the population in in 2019. In that same year, 3.8% of adults experienced a co-occurring SUD and mental illness such as depression and anxiety disorders (19.1%), which are the top diagnosed and prevalent disorders among adults across the country and was exacerbated with stay-at-home orders in place in 2020.

According to the County Health Rankings for 2019-2020, frequent mental distress was measured, in which it reports the percentage of adult Texas who had 14 or more days of poor mental health per month. In Region 8, 36% of the counties had rates higher than the state with 12% of adults reporting frequent mental distress. 17% of adults in Zavala County reported of having frequent mental distress. The number of poor mental health days reported in the past 30 days was to be an average of 4 days within the region, which is one day less than that of the state.

Those who are experiencing severe mental health disorders/illnesses often have ideation of selfdirected violence, which unfortunately if successful leads in suicide. Suicide is the 2<sup>nd</sup> leading cause of death among people who are between the ages 10-34 and 4<sup>th</sup> leading cause of death of those who are ages 35-54. Suicide is also the 10<sup>th</sup> leading cause of death in the United States. The overall rates of suicide have overwhelmingly increased by 35% since 1999. Over two decades, in Texas there has been 3.5 million reported deaths of those deaths about 50,000 were reported suicide: with Region 8 making up 10% of suicides with 4,896 reported suicides. It was estimated that there were 1.38 million suicide attempts across the country in 2019, with the average being 130 per day. Studies shows that white middle-aged men accounted for 69.38% of reported suicide deaths, men also were 4 times more likely to have died by suicide than women, 50% of all suicide deaths were done by a firearm, and suicide rates were higher for military veterans over the age of 18 than non-military veterans.

#### STD/I's

In 2018, it was estimated that 1 in 5 people in the United States have a diagnosed STD/I, which equates to about 68 million infections. During that year there was also 26 million newly discovered STI's, four of those were of concern were strains of previously existing STI's in Chlamydia, Gonorrhea, and Syphilis. About half of the incidences of new STI infections were among youth ages 15-24. With the discovery of new STIs/STDs, cost the country \$16 billion dollars in health care costs with women attributing to 25% of the cost and youth attributing to 26% of the direct medical costs.

#### **Chlamydia Cases**

In the 2018 Texas STD Surveillance Report it was shown that Chlamydia, Gonorrhea, and Syphilis were the most STDs in Texas. There were 145,878 reported chlamydia cases in Texas, at a rate of 508 per 100,000 Texans. The rate of cases among youth ages 15-24 accounted for 64% of the chlamydia the cases. The reported cases among men have also increased between 2011 and 2018 by 35%. The prevalence of cases of non-Hispanic black men was 5.6 times more than that of non-Hispanic whites. Men who had sex with men (MSM) are more likely to be at risk for rectal or pharyngeal chlamydia infections. Region 8 had a total of 15,467 cases in 2018, with the most cases being among females with 9,546 cases. People who identified as Hispanic were shown to have the most cases within the region. The counties that had the greatest number of cases within the region was Bexar County (10,539), Comal County (519), Victoria County (479), Guadalupe County, (433), and Atascosa County (426). Besides youth between the age of 15-24 accounting for most of the cases in the region, people who were ages 25-34 had the 3,900 cases in 2018.



Texas Chlamydia Cases and Rates by Year of Diagnosis, 2011-2018

Figure 15- Texas Chlamydia Cases and Rates from 2011-2018

Source: Texas 2018 STD Surveillance Report

#### **Gonorrhea Cases**

In Texas, there was a total of 46,958 reported cases of gonorrhea at a rate of 163 cases per 100,000 Texans. Between 2011 and 2018, reported cases in the state have increased significantly each year with 4% in 2011 to 12% in 2018. Males were reported to attribute to majority of the cases with 26,961 cases in 2018, at a rate of 189.1 per 100,000 Texans. In the United States, the rates of infections were higher among sexually active teenagers, young adults, and African Americans. Texas reported similarities to the country in the rates of gonorrhea infections were mostly prevalent among African Americans or Black persons (15,038 cases), youth ages 15-24 (23,403 cases) and young adults ages 25-34 (15,698 cases). The region reflects some differences in the number of reported cases among persons who identify as African American or Black. The prevalence of cases among those who identify as African American, or Black is less than that of the state with 592 reported cases. Those who identify as Hispanic or non-Hispanic white were found to have the highest number of reported cases of gonorrhea are shown below:

- Hispanic-2,258 cases
- White- 1,143 cases

It was also shown that there was an increase of the number of cases from those who are 35-54. In 2018, the number of cases within the age group of 35-54 combined was 6,768, whereas, in 2011 this age group combined was 1,201, which is an overwhelming increase of 463% over the past 7 years. The region also has reported a great increase of gonorrhea cases among this group with 348 reported cases in 2011 to 715 reported cases in 2018: a 105% increase in a span of 7 years.



### Texas Gonorrhea Rates by Sex and Year of Diagnosis, 2011-2018

\*Note: Transgender persons may be included in male, female, or unknown sex categories Figure 16- Texas Gonorrhea Rates By Gender from 2011-2018

Source: Texas 2018 STD Surveillance Report

#### **Syphilis Cases**

Syphilis cases in the United States were at a record high in 2018 since 1991, with a record of 115,045 reported cases. Of those cases, 35,063 were primary and secondary syphilis diagnoses (P&S), which are the earliest transmissible stages of syphilis. 54% of the reported cases were among MSM. In this same year, rates of P&S diagnoses were prevalent among men 20-34 years old. Although the prevalence of P&S diagnoses was among young men, between 2014-2018 there also has been an increase of prevalence among cis-heterosexual men and women, with the rate among women doubling. Those who identify as Black or African American and Hispanic were more likely to contract syphilis across the country.

In 2018, Texas had 12,900 reported cases of syphilis, with a rate of 44.9 per 100,000 Texans. Of those reported, only 2,528 were reported to be P&S cases. Compared to 2017 the prevalence of syphilis among Texans increased by 15.8%. Syphilis cases within Region 8 were mostly prevalent in the SA-NB MSA with a total of 856 cases in 2018. Of those cases 273 were reported to be P&S, with 225 cases being reported by males and 179 cases from the Hispanic minority group. Persons who were ages 25-34 accounted for 104 P&S cases.

Congenital syphilis, which can be passed from mother to the fetus, has been increasing significantly from 2013 across the country. In 2013, 9.2 cases per 100,000 live births to 33.1 cases per 100,000 live births in 2018. This is a 39.7% increase between 2017-2018. In 2018, congenital syphilis rates were the highest among Black or African American Texans (86.6 cases per 100,000 live births), American Indians/Alaska Natives (79.2 cases per 100,000 live births), and Hispanic Texans (44.7 cases per 100,000 live births). In Texas, there was a total of 367 reported cases in 2018. Similarly, to the reported cases across the country, the rate of reported cases has increased significantly by 123.5% since 2017 alone, and by 267% over a span of 7 years (See Figure 17).



Texas Congenital Syphilis Cases and Rates by Year of Diagnosis, 2011-2018

Figure 17- Number of Congenital Syphilis Cases in Texas from 2011-2018

Source: Texas 2018 STD Surveillance Report

## **Emerging Trends**

## COVID-19 Impact on Behavioral Health and Health Disparities

COVID-19 has had a great impact on the mental health, even more so on those who were working the front lines, such as healthcare workers, transportation, restaurants, and teachers. The stress of this pandemic, also contributed to the increase of not only use of substance use, but an increase of mental health disorders, such as depression and anxiety, food scarcity, and disruption of services whether in special education or in recovery; in addition to the mental and emotional pain of seeing the growing intensity of the racial injustice with the murders of George Floyd, Ahmaud Arbery, Breonna Taylor, Elijah McClain, Daniel Prude, Atatiana Jefferson, and countless of others. Amid this pandemic, it also brought to light the health disparities among historically marginalized groups regarding behavioral health and treatment of SUDs.

In the National Survey on Drug Use and Health (NSDUH) it was shown that POCs have substantially lower access to mental health and substance use treatment services. In this survey, it reported that 88.7% of African Americans ages 12 and older do not have access to SUD treatment, 69.4% no access to treatment for mental illness, and 91% do not have access for treatment for co-occurring mental illness and SUDs. Compared to Hispanics, 89.7% do not have access for SUD treatments, 67.1% do not have access treatment for mental illness, and 93% do not have access for treatment for co-occurring mental illness and SUDs. According to an analysis conducted by McKinsey, about 60% of overall medical expenditures were by 23% of respondents who have mental health or substance use disorders. All respondent's health insurance. Those who do not have health insurance have a higher expenditure which are driven by medical costs. According to the World Health Organization (WHO) depression and anxiety cost the global economy about \$1 trillion per year due to lost in productivity, which is expected to increase with the pandemic. This surge is of more people experiencing acute behavioral health problems, which has a potential to further strain the healthcare system.

According to the Kaiser Family Foundation Survey conducted June 2020, about a third of U.S adults report being an essential worker during the pandemic, most likely to be minorities and are low income. Surveys conducted in June 2020 found that out of all adult workers, 42% that reported as being an essential worker had symptoms of anxiety or depressive disorder, then the 30% who reported as being a non-essential worker. Essential workers had a higher rates of substance use at 25%, and higher rates of suicide ideation in the past 30 days at 22%. In the same survey, since the pandemic frontline health care providers are at higher risk of post-traumatic stress, insomnia, and suicidal ideation. Resources and staffing shortages and a disruption in work life balance have contributed to poor mental health outcomes for health care providers. In the last 23 years the rate of suicides among working people between 25-64 has increased by 10% every year, in addition to the rate of income inequality increasing over significantly over the past 23 years. Caregivers were also reported to face burn out (and especially those who also work in long-term care facilities and those who are unpaid for caring for a family member or loved one). In this survey, it was reported that 31% of unpaid caregivers for adults had suicide ideation in the past 30 days when the survey was conducted.

The 2020 Census Household Survey reported that 47% of women who worked in the past seven days from when the survey was conducted showed more symptoms for anxiety and depressive disorders. Other research shows that women respondents were experiencing adverse mental and physical health effects of the pandemic. Women in the workplace also were shown to be more likely than men to report lack of support by leadership. When it comes to parenting, mothers, more so than fathers; were more likely to feel overwhelmed and unable to handle their workload while managing their children. In the McKinsey National Consumer Survey, 42% of respondents reported feeling both anxious and depressed in the past week due to job reduction/loss. 26% reported they were anxious but not depressed, while 6% reported they were depressed but not anxious, and 26% reported they weren't either anxious or depressed due to job reduction/loss. The level of distress due to COVID, 34% reported that they were in high distress due to job reduction/loss, while 53% reported they were in moderate distress, and 13% were minimal or no distress. In levels of substance use 1 out of 4 reported to have been binge drinking at least once a week, 1 out of 5 reported taking prescription drugs for non-medical reasons, and 1 out of 7 reported using illicit drugs.

In Texas, in 2019 it was reported that 12.5 million of the state's population lived is areas that were designated to be mental health professional shortage areas. Texas currently ranks 38<sup>th</sup> in the country when it comes to access of care for mental illness. 46% of Texans reported that stress related to COVID-19 had a great impact on their mental health. 13% reported that they had feelings of nervousness and anxiety during quarantine. It was also reported that those who lost work during the pandemic played part on the impact of worry or stress. Although 46% reported stress and anxiety, 54% reported that the pandemic didn't have any impact on their mental health as a result of not losing wages.





Source: Texans' Views on COVID-19 Pandemic: Findings from the Episcopal Health Foundation 2020 Texas COVID-19 Survey

Telemedicine has been rapidly increasing since the pandemic; however, for Texans was also a disparity among those in rural counties. While stay-in-place orders were mandated by the county to mitigate the spread of COVID-19, it was reported that 2 out of 5 Texans (39%) had used an electronic device with internet access (computer, tablet, or smartphone) to talk to their healthcare provider for non-emergent medical issues, while 12% of Texans do not have access to an electronic device with reliable internet access at home. Out of the 39% of those who do have access to electronic device and reliable internet, 10% reported that they did not know how to access telehealth systems or know how to talk to doctors online. This is also predicated based on income and socioeconomic status, those who were 65 years and older accounted for 71% who have access to the internet and electronic devices, while 92% were under the age of 65. Texans who lived in rural areas accounted for 20% of those who didn't have an electronic device and or reliable internet access.

# **Region in Focus**

## **Bexar County**

Bexar County has the second largest city in the state, and the seventh most populous city in the United States, San Antonio. The current population in the city 1.4 million residents according to the 2020 US Census. More than 50% of the residents are of Hispanic/ Latine' descent. 14% of residents were born outside of the United States, women make up the 51% of the residential population, with a large military population of about 300,000 persons. The ratio of males to females do vary depending on age group and ethnicity. The number of live births in the city is 105 males:100 females until they are 30-34; however, there is more women than men as the age group increases. The ratio of Black and Asian women to men is extremely disproportionate at the age of 65 and older. Studies have shown that the percentage of males in the in the Black population tend to fall more rapidly than other ethnic groups due to the high death rates among them. This is often due to having higher rates of cardiovascular disease, murders, incarceration, etc. Another study showed, Asian women outnumbering Asian men is due to the "war brides" who married an American soldier abroad and migrating to the U.S. with their husbands.

About 46% of the households here in the city are married couples. Within the San Antonio-New Braunfels MSA, those who were married in the past year, the grooms were on average about two years older than their brides. As of now, women who are likely to be currently married are between the ages of 18-34, whereas men who are likely to be currently married are between the ages of 45-54 to 65 and older. A study showed that men are more likely to remarry after a divorce and to have their spouse alive at more advanced ages.

The health concerns that greatly impact the San Antonio community as a whole and the specifically the women are obesity, maternal and child health, diabetes, teen pregnancies, inequal access to health care, mental health, and food insecurity. Residents in Bexar County are heavily car-dependent, with low walkability and limited transportation. For most of the residents (57%) the estimated time to travel to work is under 25 minutes, while some (12%) spend 45 minutes or more in travel to work. Due to the COVID Pandemic it was shown that the rates of time travel have decreased with stay in place orders and increase of telework. Now, as more residents are getting vaccinated and stay in place orders have been lifted, the estimated amount of time to travel to work has increased significantly. Being a transportation dependent city, it provides issues with physical activity other than access to a gym or health club, especially for those who are disabled. According to Walkscore, which focuses on the walkability of major cities, the city of San Antonio has a low walkability score. To be "walkable", the walk must be less than 1.2 miles. Only 2% of San Antonio residents live in neighborhoods that are "very walkable", those neighborhoods are mostly in the Downtown area. 30% of residents live in a neighborhood that are "somewhat walkable", while majority of San Antonians (68%) live in vehicle-dependent neighborhoods. Within Walkscore it was reported that 38% of Bexar County residents have a walkable access to a park.

Regarding physical inactivity and obesity, limited mobility hinders access to walkable areas or places of recreation. In the city of San Antonio, it was shown that women have a lower prevalence of having physical disabilities than men. About 19% of women who are between the ages of 45-64 years old, and 42% of women who are 65 and older have a disability. When compared to the other major metropolitan areas in the state, it was reported that San Antonio was more likely to have female residents who were disabled (see Figure 19).



Figure 19- Percentage of Texas Metropolitan Women with Disabilities by Age Group

#### Source: The Status of Women in San Antonio,2019

Among the women who reside in the San Antonio-New Braunfels MSA, those who identify as Black and Latine'/a/x ages 45-and older were more likely to have a physical disability compared to their White and Asian counterparts. Approximately 46% of Black and Latine'/a/x women who were 65 years of age and older have a disability whereas 30% of Asian women and 38% of White women the same age has a disability.

Maternal and Child health has been a global issue for centuries. Environments of characterized by lower levels of gender inequality, is shown by research to be more favorable for those who have lower levels of stress, which provides favorable birthing outcomes and less trauma in utero. Access to healthcare also has an influence on the maternal and child health, not just for insurance, but access to an OB/GYN, midwife or doula. Out of the 4 major metropolitan areas Bexar County (9.1%) had the highest percentage of babies who were born at a low-weight and highest percentage of infant mortality rates. Birthing persons in Bexar County (45.7%) giving birth in the 2013-2017 period had the highest maternal mortality rates (deaths of women dying from causes of death associated with pregnancy, childbirth, and the puerperium) compared to women in Harris County (40.4%) and Travis County (35.2%). Research has shown that white women are more likely to start prenatal care in the first trimester of their pregnancies compared to Latine'/a and Black women. In 2017, 82% of white babies, 80% of Asian babies had mothers who began receiving prenatal care in the first trimester compared to 70% of Latine'/a and Black women. Issues such as gestational diabetes during pregnancy attributes to the child's health as well. Diabetes continuously remains to be one of the top health-related causes of death in the United States. For the past two years the city of San Antonio has been trying to reduce the diabetes rate by

10%. A study at the University Health System, in the city showed that people with diabetes are at a higher risk for heart disease, stroke, blindness, kidney failure, extremity amputations, and other chronic illnesses. With a 1% decrease in the San Antonio-New Braunfels MSA population, about 1,700 less with diabetes- could result in the annual savings of \$16.1 million in medical and associated costs of the disease.

With the issue of food scarcity could also be cause of diabetes and other chronic diseases. The geographic access to fresh produce has been a big concern within the city. Within the city there are 11 food deserts within Bexar County. The food deserts are in the city's southside, westside, and eastside, where the nearest grocery story is 20 or more miles away. Although the city has Farmers' Markets, Community Gardens, Community Supported Agriculture (CSAs), a lot of the areas who are suffering from food insecurities are those who have lower SES and do not have the means to commute to the parts of town where the community resources are located which are usually in the Northside or Downtown or afford to purchase the produce that is sold.

#### Figure 20-Farmers Markets in Bexar County, 2019





In 2016, births to teens ages 15-19 accounted for about 8% of all the births within the city of San Antonio. In that same year 22% of all births to teens were to those who had one or more births previously. The rate has been on the decline for the past 7 years within the city; however, it is still the highest among teens who identify as Latine'/x/a women (7.4%). Birthing at a young age does place the birthing person and their children in situations where there is food insecurities, homelessness, and child neglect or abandonment if they are not provided a support system. In a study by Schilkind and Sandler, they compared young birthing persons who had a baby six months prior to their senior year in high school to those who had a baby a few months after high school graduation. It was found within this study that the young birthing persons who gave birth while in high school were significantly more likely to drop out of high school, not get married, and to have more children compared to those who gave birth a few months after high school graduation.

## Kerr County

The current population in Kerr county from the 2020 census is 52,598 residents which is a n increase of 6% from the 2010 census with the population of 49,625 residents. The population is projected to continue to increase by 0.9% per year. The demographics of this county are as follows in figure from the 2010 Census:

|                                | Kerr County, TX    | Texas                       | USA              |
|--------------------------------|--------------------|-----------------------------|------------------|
| Population                     | 53,589             | 28,954,616                  | 330,088,686      |
| Median Age                     | 49.2               | 34.8                        | 38.3             |
| Median Household Income        | \$49,089           | \$57,286                    | \$58,100         |
| Annual Pop. Growth (2018-2023) | 0.90%              | 1.65%                       | 0.83%            |
| Household Population           | 21,953             | 10,211,287                  | 124,110,001      |
| Dominant Tapestry              | Silver & Gold (9A) | Up and Coming Families (7A) | Green Acres (6A) |
| Businesses                     | 2,604              | 887,900                     | 11,539,737       |
| Employees                      | 23,656             | 11,557,213                  | 151,173,763      |
| Medical Care Index*            | 97                 | 99                          | 100              |
| Average Medical Expenditures   | \$1,883            | \$1,928                     | \$1,950          |
| Total Medical Expenditures     | \$41.3 M           | \$19.7 B                    | \$242.0 B        |
| Racial and Ethnic Make-up      |                    |                             |                  |
| White                          | 86%                | 68%                         | 70%              |
| Black                          | 2%                 | 12%                         | 13%              |
| American Indian                | 1%                 | 1%                          | 1%               |
| Asian/Pacific Islander         | 1%                 | 5%                          | 6%               |
| Other                          | 8%                 | 11%                         | 7%               |
| Mixed Race                     | 2%                 | 3%                          | 3%               |
| Hispanic Origin                | 28%                | 40%                         | 18%              |

The table below shows the demographic summary of Kerr County compared to Texas and the U.S.

Source: ESRI

\*The Medical Care Index is household-based, and represents the amount spent out of pocket for medical services relative to a national index of 100.

#### Figure 21- Kerr County Demographic Comparisons

Source: 2019 Peterson Health-Peterson Regional Medical Center: Community Health Needs Assessment

It was found that within this county in their Tapestry Segmentation by LifeMode, which are the groupings of the Tapestry Segment that similar in behavior. It was found that Kerr County was 22% Silver and Gold segment, 17% in Midlife Constants, and 11% of Senior Escapes. It is within these groups we get a framework of the behaviors and perspectives of the health status of the community

#### Figure 22- Tapestry Segments of Kerr County

Source: 2019 Peterson Health-Peterson Regional Medical Center: Community Health Needs Assessment

The Silver and Gold LifeMode Segment is listed under Senior Styles, in which it comprises of residents of 63 years of age with a median household income of \$72,000. This group is categorized as preferring the be in the countryside, but close enough to the metropolitan areas, the neighborhoods tend to be seasonal vacation homes, with residents mostly being retired married couples. Although most are retired, they still are active in the workforce or in the community, and they primarily get their information from the news, and owns an electronic device. Those in the Midlife Constants Segment is categorized in LifeMode Group called the GenXurban, which is most of the population in Kerr County. This group is in their forties to fifties and more likely to live in the suburbs, this group comprised of primarily married couples with a growing number of singles, children ages from teens to young adults. The LifeMode Group Senior Escapes is also listed under Senior Styles, in which this group is comprised of residents between 65-74 years old. Residents in this category are conservative in their political and religious views, primarily grandparents, workforce participation is also low with some drawing Social Security income, and some are limited by medical conditions but may be active with hobbies of interest such as gardening.

When surveyed by the Peterson Regional Medical Center in 2019, the Silver and Gold, Midlife Constants, and Senior Escape residents were in a focus group<sup>12</sup> and were asked a total of 13 questions about health and health within the community. In summary the residents defined health as being wholistically balanced, with not just only physical, but mentally, financially, socially, spiritually, and emotionally. The perspective of the community's overall health is between being above average and strong with urgent care facilities, pharmaceuticals and having insurance. The most important health issues that the residents thought the county was facing were the following:

- Access to healthcare- residents reported that healthcare is too expensive with high drug costs, residents use EMS as primary healthcare providers
- Quality and quantity of healthy food- there were reports of food deserts, and the cost of food is expensive
- Lack of transportation
- Employment- residents felt that there was a need for full-time johns, post rehab opportunities, and mentioned that there is a labor shortage with the aging population
- Mental illness
- SUDS
- A lack of affordable/transitional housing/Maslow's hierarchy- the thought was if people don't have a safe home, then they can't focus on anything else
- Lack of education on resources, prevention, and parenting

<sup>&</sup>lt;sup>12</sup> Peterson Regional Medical Center conducted the focus group, collected the data, and did the data analysis

- Lack of general and dental hygiene
- Older population- lack mobility, vulnerable.

The residents within the focus group were asked about the health issues that historically marginalized groups face, and mention that literacy, domestic abuse, and homelessness, and poverty were things they faced the most. Issues that were plaguing both adolescences and seniors were mental health issues such as depression and anxiety and a lack of treatment either at home or within their health provider, poor housing conditions, nutrition, lack of education for self-care for the elderly or comprehensive sexual health education for adolescences, and lack of physical activity. The top issues adolescences are facing in the county are vaping, smoking, and alcohol, poverty-majority of the student population is on free and reduced lunch, they lack school supplies, and emotional disturbances; it was reported that some students come from poor home situations causing trauma, or there is a lack of parental involvement. The top issues that Kerr County residents mentioned was that there are a lot of grandparents raising children, retirement expenses (prescription drugs, housing, dementia services, transportation, care, etc.), elderly abuse or neglect, transportation, and insurance or Medicaid failing to pay for important vaccines for Shingles or pneumonia. The major barriers that the community face to obtain basic healthcare, are primarily the lack of resources and services for those who are in poverty, health illiteracy, and mental health provider burn out and turnover. Although the residents mentioned a list of resources that are available to them, they would like the county to prioritize improving the following:

- Partnerships and collaborations within the community
- More promotion in a unified effort with the agencies available in providing a holistic approach to improve health
- Mentorship programs
- More focus on removing the barriers
- Increasing the local job market with incentives
- Affordable housing
- Teaching kids how to lead a balanced lifestyle such as sleep, healthy eating habits, exercise, and sex education
- More emphasis on nutrition for the community, with educational efforts, counseling, cooking, neighborhood walks
- Focus on improving the quality and quantity of access of care- with preventative checkups, resources specific to the elderly, mental health providers, chronic pain management, and dental care
- A focus on addiction- such as prevention, detox, sober living communities, transitional housing, affordable rehab centers
- There is a need for more healthcare providers, particularly specialists
- More community centric support to existing organizations to properly educate/inform the community.

With these issues in mind, based on the 2018 County Health Rankings, Kerr County ranked 54<sup>th</sup> in being the healthiest County in Texas, 91<sup>st</sup> for health outcomes, and 17<sup>th</sup> for health factors. The areas that were suggested to be improved were adult smoking, adult obesity, and the high percentage rate of those who were uninsured. The strengths of the county, were

- lower rates of excessive drinking
- lower rates of STI/D's
- the ratio of primary care physicians and to a resident is low
- lower rates of preventable hospital stay

- Higher rates of mammography screenings
- Having high rates of high school graduates
- Low unemployment and income inequality

The leading causes of death in the county was, cancer, accidents (unintentional injuries) and chronic lower respiratory diseases, in which was all were well above the rates of the state. Quality of life according to the County Health Rankings was based on physical health days, poor mental health days in the past 30 days, and the % of live births with birthweights less than 5.5 lbs. Kerr County was ranked 105<sup>th</sup> for quality of life. Kerr County in 2018 was at 18% when it comes to poor or fair health, averaging about 4 days of poor physical health days, 4 days of poor mental health days, and 8% of the live births were below 5.5.lbs. Health factors or determinants of the county was comprised of the number of adults who reported of having a body mass index (BMI) of 30 or more, percentage of physical inactivity, accessibility to exercise opportunities, and adult smoking. Kerr County in 2019 reported 29% of adults who have a BMI above 30, 24% no time for physical activity, 72% reported that they did not have access to exercise opportunities, such as a gym or recreational area, and 14% of adult residents reported to have smoked every or most days. Other health behaviors that greatly impact the county is drug overdose mortality rate, which was 16 per 100,000 persons, 46% higher than the state.

## **Prevention Resources and Capacities**

Specific community-based programs, such as prevention programs, recovery support services and community coalitions, offers SUD prevention services to those who are using, and their families to ensure wholeness and support through the journey of ATOD abuse and addiction and provide protective factors against SUDs, and instill the idea of living a healthy lifestyle

## Community Coalitions

When communities come together, they can evoke change. Below is a list of Coalitions within Region 8 and their descriptions:

- <u>Circles of San Antonio, Guadalupe County, Comal County, Kendall County Coalitions</u>: works to prevent and reduce youth substance use, implement multi-media awareness campaigns, providing comprehensive social action strategies, change the norms of social access to substances, and provide awareness of the risks of ATODs
- <u>San Antonio Traffic Jam Coalition</u>: Its purpose is to educate and bring awareness to driving impairment (texting, drinking, drowsiness) to ensure the safety of the community
- <u>Alamo Area Coalition Against Trafficking (AACAT)</u>: Its purpose is to prosecute offenders, prevent future exploitation and serve current victims of human trafficking. Their goal is the total eradication of human trafficking from Bexar County and the surrounding counties
- <u>The Alamo Area Teen Suicide Prevention Coalition</u>: works to advance efforts to prevent teen suicide in the Alamo Area by engaging youth voice and build on best practices to provide clear and ongoing prevention messages, improve access to care and strengthen the continuum of youth mental health care; and influence related policy. Within this coalition is the B141 Campaign that helps students to understand the warning signs of a mental health crisis, the importance of finding a trusted adult to help and to use the Suicide Prevention Lifeline for assistance with peers in crisis
- <u>Alamo Senior Advisory Committee:</u> serves as the advisory committee for the Alamo Area Agency on Aging (AAAA). They are dedicated to building a community that supports older residents and allows them to age in place with dignity security and enhanced quality of life
- <u>Baby Education for South Texas (BEST)</u>: a collaboration of regional leaders in pediatric health advocacy and education working to keep the child of South Texas safe, especially while they sleep. This organization has representatives from majority of San Antonio's healthcare system. BEST works to decrease infant mortality utilizing community resources, education, advocacy, and awareness
- <u>The Bexar County Child Fatality Review Team</u>: this groups uses public health strategies to provide education on child deaths and how to prevent them
- <u>Bexar County Health Collaborative</u>: Leads county wide community health needs assessment and community health improvement plans, supports several community coalitions with their training, education, and programming needs. They also offer free programs to the community such as Healthy Me, Healthy We, Young Minds Matter, and Grow Health Together Pathways Community Hub.
- <u>The Bexar County Joint Opioid Task Force</u>: This interagency public-private collaboration is seeking to decrease the number of opioid deaths in Bexar County and develop strategies to address the opioid crisis in a comprehensive manner. The task force has a focus on increasing the use of overdose reversal drugs by first responders, improve provider training on evidence-based prescribing and dispensing of opioid based medications, increase access to and awareness of treatment options, and improve education on safely disposing prescription drugs

- <u>Bethel Prevention Coalition</u>: works to prevent and reduce youth use of substances. Their goal is to provide solutions to make a sustainable difference in our community
- <u>The Bicycle Mobility Advisory Committee (BMAC)</u>: Purpose is to improve bicycle mobility within the Alamo Area Metropolitan Planning Organization Study Area. Their vision is for the region to be distinguished as a place where cyclists can safely travel on and off-road
- <u>The Safe Kids San Antonio Coalition</u>: works to prevent unintentional childhood injuries, the number one cause of death for children in the US.
- <u>The San Antonio Coalition for Veterans and Families</u>: Provides support by connecting veterans and their families with community resources to improve their lives
- <u>The San Antonio Crime Coalition</u>: provides valuable information and intelligence to its registered participants within San Antonio. It acts as a go between the civilian population and law enforcement agencies in addressing the fear of retaliation form the criminal element
- <u>The San Antonio Grandparents Raising Grandchildren Coalition:</u> provides mentorship and access to information and resources for grandparents raising their grandchildren. They provide opportunities geared at improving the health and quality of life for grandparents raising grandchildren and other family caregivers by connecting them to resources in San Antonio.
- <u>South Alamo Regional Alliance for the Homeless (SARAH)</u>: works with agencies across San Antonio to end homelessness. As the local Continuum of Care Lead Agency, SARAH is charged to create an improved service system that effectively provides support, coordination, and housing to all homeless populations in the area, with a primary focus on moving individuals and families out of homelessness efficiently and permanently. SARAH also supports communitywide Coordinated Entry program which is a centralized access point for people to visit if they are experiencing literal homelessness and need housing.
- <u>The South-Central Texas Water Safety Coalition</u>: was founded to help educate the public on water safety and prevent needless water related deaths.
- <u>Southwest Texas Regional Advisory Council (STRAC)</u>: designated by the Texas Department of State Health Services (DSHS) to develop, implement and maintain the region trauma and emergency healthcare system for the 22 counties in Trauma Service Areas
- <u>Maverick County Anti-Drug Coalition:</u> the goal is to target underage drinking through various activities in collaboration with the local police department. Law Enforcement officers help the coalition achieve this goal by checking if teens coming from Mexico are under the influence of alcohol at the port of entry.

#### Community Programs and Services

100 Black Men of San Antonio, Inc Alpha Phi Sigma Sorority, Inc- Rhoer Club **AVANCE San Antonio** Alpha Home ACE Mentor of Program of Greater San Antonio, Inc Anuja, SA Inc. **Alzheimer's Association American Cancer Society** Any Baby Can **B.E.A.T AIDS Bexar County Health Collaborative Bexar County Family Justice Center Big Brothers Big Sisters of South Texas Boys and Girls Clubs of San Antonio Boysville**, Inc **Brighton Center Build San Antonio Green** Catholic Charities, Archdiocese of San Antonio, Inc **Centro San Antonio Child Advocates San Antonio** Children's Association of Maximum Potential (CAMP) **Children's Bereavement Center of South Texas** Child Safe Chosen **Clarity Child Guidance Center Communities in Schools (CIS) COPS Metro** disABILITYsa Dress for Success San Antonio & Career Gear San Antonio **Eastside Promise Neighborhood Eastside Pregnancy Care Center** Education Service Center, Region 20 (ESC 20) Endeavors **Elrethia's House of Purpose Environmental Defense Fund Family Service Family Violence Prevention Services** Gardopia Gardens, Inc **Girls Scouts of Southwest Texas** Girls, Inc of San Antonio Girls on the Run of Bexar County **Good Samaritan Community Services Goodwill Industries of San Antonio Green Spaces Alliance of South Texas** Haven for Hope **Healthy Futures of Texas Health Literacy Texas** 

**House of Neighborly Service** Kappa Alpha Psi Fraternity, Inc- Kappa League Las Casa Foundation Lifetime Recovery Literacy San Antonio, Inc Madonna Center MANA **Martinez Street Women's Center MCH Family Outreach Meals on Wheels MOVE Texas NARAL Pro-Choice Texas Foundation** National Council of Negro Women- Ruth Jones McClendon Section PALS Parent/Child incorporated of San Antonio **Planned Parenthood South Texas Pink Berets Pride Center of San Antonio Project MEND Project Quest Project Transformation Rio Texas Restore Education Ride Connect Texas RISE Rehab SA Hope Center** SA Youth **SAMM Ministries SA Black Doula Collective** San Antonio Nurse Midwife San Antonio Black Nurses Association San Antonio Bike Share San Antonio Economic Development Foundation San Antonio Education Partnership San Antonio Food Bank San Antonio for Growth on the Eastside (SAGE) San Antonio Threads San Antonio Youth Literacy Say Si Snack Pak 4 Kids San Antonio **Social and Health Research Center TEAMability Texas Women's Health Coalition** The Children's Shelter The Down Syndrome Association of South Texas **The Immunization Partnership** The National Hispanic Institute at San Antonio **The Prosthetic Foundation** The Rape Crisis Center
The San Antonio Lighthouse for the Blind and Vision Impaired Thrive Youth Center THRU Project Visitation House Ministries Voices for Children of San Antonio Women's Global Connection Wounded Warrior Project YMCA of Greater San Antonio

#### Other State/Federally Funded Prevention

**Karnes/ Wilson Juvenile Board** – Focuses on providing evidence-based, age-appropriate curriculum, to elementary, middle, and high school youth. Primary service area includes Karnes, Wilson, Atascosa, Frio, La Salle Counties

**Juvenile Outreach Vocational Education (JOVEN)**- focuses on developing character and resiliency in children by providing them with innovative and exciting programs, as well as structured alternative activities that are designated to help them to succeed. JOVEN provides in-school programming in 8 school districts in the surrounding areas of Bexar, Guadalupe, and Comal County

**South Texas Rural Health** – focuses on providing health services to the people of La Salle, Dimmit, and Frio counties. This service area has been designated as a Medically Underserved Area and Health Professional Shortage Area. This clinic maintains five program/service delivery sites and provide services such as laboratory, pharmacy, radiology, dental, and family planning

**Servicing Children and Families in Need (SCAN)-** focuses on fostering the healthy development of individuals and families through empowerment opportunities that are effective, culturally responsive, trauma-informed and community centered. Provides services to the following Region 8 Counties, including: Dimmit, Frio, La Salle, Maverick, Real, Uvalde, and Zavala.

#### SUD Treatment Providers

Region 8 has 29 substance abuse treatment facilities listed in the National Directory of Drug and Alcohol Abuse Treatment Facilities which include 12 treatment facilities that provide opioid medications used in treatment for opioids, 10 treatment facilities use Buprenorphine, 8 treatment facilities use Methadone, 5 treatment facilities use Naltrexone, 3 treatment facilities do not treat opioid addiction. Majority of the facilities are coed, with 6 providing detox services, 2 provide transitional housing or halfway housing, 4 provide special programs for youth, 7 provides special programs for transitional age young adults, 24 privately operated, 3 operated by local, county or community government, 1 is operated by the U.S Dept of Veteran Affairs.

#### Mental Health and Family Recovery Services

Region 8, Local Mental Health Authorities deliver mental health services. Below are a few listed with their descriptions:

**Center for Health Care Services**-focuses on improving the lives of people with mental health disorders, substance abuse challenges and developmental disabilities. Services include Crisis Care, Mental Health

Services, Treatment for Substance Use Disorders, Programs for IDD, Children Services, Transformational Services for Homelessness, Veterans Services, Community Reintegration Serves all 28 counties

**Hill Country MHDD Center-** Serves Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kinney, Llano, Mason, Medina, Menard, Real, Schiecher, Sutton, Uvalde, and Val Verde Counties. Services include Mental Health Services, IDD Transition Team Support, Parent Support Groups, and Substance Abuse Services.

Alamo Area Council of Governments (AACOG)- serves only Bexar County and the surrounding counties. IDD include community services and supports for eligible adults and children with intellectual disabilities, developmental disabilities, and related conditions and their families such as Eligibility Determination, Consumer Benefits Screening, Service Coordination, Medicaid Waiver Programs such as Home and Community-Based Services (HCS) or Texas Home Living (TxHmL), General Revenue funded services, Assisted Residential Living and Present Community Options

#### Youth Prevention Programs

Youth Prevention (YP) programs consist of using age-appropriate, evidence-based curriculum to educate youth on the negative health consequences of ATOD. These curriculums incorporate life skills, which coupled with drug education, can build resiliency in youth. The prevention programs are broken down into three subcategories: Universal, Selected, and Indicated.

- Universal (YPU)- reaches the general population, without regard to individual risk factors, and are generally designed to reach a very large audience or population, such as a community, school, or neighborhood. Participants are not recruited to participate in the activities and the degree of individual substance abuse
- Selective (YPS)- activities promote a proactive process to address health and wellness for individuals, families, and communities by enhancing protective factors and by averting and precluding negative factors that place individuals at risk for substance abuse. Selective prevention activities target subgroups of the general population that are determined to bae at risk for substance abuse
- Indicated (YPI)- approaches are used for individuals who are experiencing early signs of substance use and other related problem behaviors associated with substance use. The individuals may or may not be abusing substances, but exhibit risk factors such as school failure, interpersonal social problems, delinquency, or other antisocial behaviors, or psychological problems such as depression or suicidal behaviors that increase their chances of developing a drug abuse problem

#### Students talking to parents about Alcohol, Tobacco, and Other Drugs (ATOD)

#### Students receiving education about ATOD

The Center for Substance Abuse Prevention (CSAP) identifies prevention education as one of the six CSAP Prevention Strategies and defines prevention education as a two-way communication and is distinguished from merely disseminating information by the fact that it is based on an interaction between the educator and the participants. The activities under this strategy aim to affect critical life and social skills, including decision making, refusal skills, and critical analysis. Students receiving ATOD education in school vary by district. There are a number of districts who provide this education through health education classes, and others who collaborate with community organizations to bring in presentations and curriculum.

High Schools that are specifically designed for students recovering from SUDs have been emerging as a continuing care resource since 1987. According to the Association of Recovery Schools (ARS), this continuing care model has slowly grown since that time to include 31 high schools in 10 states. In Region 8, Rise Recovery in partnership with Anne Frank Inspire Academy has developed a pilot program for high school students in the recovery process. The program is designed to provide a high-quality education and recovery orientation student life for high school aged youth seeking sobriety from drugs and alcohol.

### **Overview of Community Readiness**

#### Gaps in Services

Rural areas of the region must travel outside their community because services are not available in their county. There are also limited organizations that provide substance abuse prevention education and must rely on the Prevention Resource Center for these types of services. Lack of community awareness and participation in prevention activities from both schools and the community.

Other gaps include the budget shortfalls with school districts and the lack of participation in the Texas School Survey. Since the schools are working with less, there is more of a demand for PRC Region 8 including literature, community outreach and presentations.

Due to the COVID-19 pandemic it was difficult to provide services in a virtual space for support services and YP education.

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health, or mental health. These shortages may be geographic-population, or facility-based.

Region 8 Mental Health Shortage Designations:

- 14 Counties are designated as having Mental Health Geographic HPSA Shortages
- 2 Health centers that provide primary care to an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance Healthcare and South Texas Rural Health Services
- 6 Counties designated as High Needs Geographic HPSA area include Bexar, DeWitt, Dimmit, Frio, Maverick, and Zavala counties.

Region 8 Primary Care Shortage Designations:

- 5 counties are designated as having primary care shortages including Atascosa, Wilson, Frio, Bandera, and Goliad
- 8 counties designated as High Needs Geographic areas including Zavala, Real, Dimmit, Karnes, Uvalde, Val Verde, La Salle, Kinney and Northwest Bexar
- The Kickapoo Tribe of Texas
- The Children's Clinic of Dimmit, Zavala, Rural Health Clinic
- Fabian Dale Dominguez State Jail, Correctional Facility

#### Gaps in Data

There are still data gaps in county-level data collection efforts across the region. Yet, as efforts are made to unify the counties for data collection, the need to gather data in Spanish is also relevant. A growing issue in Region 8 is the language barrier. Not all service providers can help the Spanish-speaking population, this becomes more apparent in rural areas where services are already limited.

A significant source of surveying across the region is conducted through the Public Policy Research Institute with the use of the Texas School Survey. For the most part, drug and alcohol data collected from adolescents throughout the region is short and not inclusive of LBGTQ identifying persons, veterans related to each county in the region, or measures the actual needs of the region regarding services that would need to be provide adequate programs. There are several coalitions assessing their community needs, but data outcomes are not representative of the region. Community-level data reporting can be collected for our evaluation and study of variables and factors at work, but more region wide data collection is necessary. As a result, existing data is currently the only feasible way to begin assessing and estimating the effects of alcohol, marijuana, and prescription drugs in the region. Therefore, continued encouragement and support for community-level efforts in the region is needed. Further community-level activity is necessary in order to translate community-level data to a regionallevel assessment.

The evaluation of certain seasonal occurrences is also necessary to assess. For instance, among marijuana users time related to the numerical value 420 is commonly used as when to conduct marijuana activity. The numerical value 420 can mean April 20<sup>th</sup> is commonly used when to conduct marijuana activity. The numerical value 420 can mean April 20<sup>th</sup> as the day for marijuana use or, being open to using marijuana. Additionally, alcohol use is generally seen to increase during the holidays; however, measures are needed to observe spikes in alcohol and substance abuse in order to deter instances in the following year. The national, state and local statistics are great in providing relevant information; however, they are not consistent, and some research is contradicting or outdated.

## Putting it all Together

In completion of this document, it allowed for identification of some of the challenges the communities within the region have regarding drug use, mental health, and COVID-19 Resilience Challenges:

- 83% of LGBTQ students were reported experiencing more problems that affect their schoolwork or well-being that the year before, compared to 69% of their cis/heterosexual peers.
- There was an increase of incidence of HIV cases among transgender women and Transgender Men.
- 12.3% of graduate and professional students were using stimulants, whereas 8.8% of undergraduate students reported to have used stimulants in some point of their life.
- In 2019,3.8% of adults experienced a co-occurring SUD and mental illness such as depression and anxiety disorders (19.1%), which are the top diagnosed and prevalent disorders among adults.
- Males were reported to attribute to majority of gonorrhea cases with 26,961 cases in 2018, at a rate of 189.1 per 100,000 Texans
- In 2018, Texas had 12,900 reported cases of syphilis, with a rate of 44.9 per 100,000 Texans. Of those reported, only 2,528 were reported to be P&S cases
- African Americans ages 12 and older do not have access to SUD treatment, 69.4% no access to treatment for mental illness, and 91% do not have access for treatment for co-occurring mental illness and SUDs.
- Texas currently ranks 38<sup>th</sup> in the country when it comes to access of care for mental illness
- In 2020, the region's unemployment rate increased to 6.9% due to COVID-19
- In 2020, there were 3201 TANF recipients from Region 8 receiving basic assistance with the average base payment of \$82.00 per month, depending on the size of the household.
- 67% of the nonelderly persons that are ineligible for Medicaid Benefits are without children, 71% are living below the Federal Poverty Level of making a maximum income of \$17,609 annually.
- Out of the 384,000 students that made up the class of 2020, 9.3% graduated within all four years, 3.9% pursued higher education and 0.4% received the Texas Certificate of High School Equivalency (TXCHSE)
- The Border counties had the highest percentage with 103% of their student population was eligible for free and reduced lunch, which is a 37% increase from the 2017-2018 school year.
- 49% of Texans are burdened by the cost of housing, which means that more than 30% of the household income is towards housing costs (mortgage/rent) and utilities.
- From January 2018-December 2020, within the state of Texas, there was 609,421 incidents of family violence
- 2019-2020 school year there were 78,128 homeless students enrolled, which is an increase of 5,939 students from the previous school year
- In 2019, there was 975,121 single parent households, with a decrease in single father households at 1.45%, and single mother households at 6.65%

- American Indian female students had the highest dropout rate in the region with 15.2%, followed by Pacific Islander male students at 12.0%, African American male students at 9.8%, and Hispanic males with 7.7%.
- The San Antonio Police Department reported over 30 deaths in the San Antonio area were attributed to family violence
- 7<sup>th</sup> graders in the region and the state have a strong parental disapproval rate of about 84% of the use of substances
- In the 2020 TSS, the same is reflected across the state and within the region, with about 30% of students reporting that it is very easy to get alcohol.
- San Antonio-New Braunfels MSA women have higher disability rates than those in Austin, Houston, and Dallas MSA's
- In a national survey of mental health of high school and college students, showed about 75% of students reported that their mental health has gotten worse during the pandemic, some worsen significantly since the beginning of the pandemic.
- In 2019, in the State of Texas 10% of High school students attempted self-directed violence one or more times in the past year, and it has increased due to COVID.
- The ethnicity with the highest percent of self-directed violence are Black students at 12.3% and the highest percentage of attempted self-directed violence attempts that required medical attention.

# Appendices



📕 Larceny 📕 Burglary 📕 Assault 📕 Auto Theft 📕 Other





## 2020 Domestic Violence Victims per Race (Region 8)

AA= African American, AS= Asian, HS= Hispanic, NA= Native American Created with Datawrapper

| Year | Juvenile population | Total Referrals | Youth Referrals | Total Dispositions |
|------|---------------------|-----------------|-----------------|--------------------|
| 2019 | 2,864,996           | 54,137          | 39,185          | 55,474             |
| 2018 | 2,856,077           | 53,390          | 39,154          | 54,858             |
| 2017 | 2,852,190           | 53,471          | 38,524          | 56,002             |

# Juvenile Probation Activity in Texas 2017-2019

## Crime Report 2020 (Region 8)

| Agency<br>Name      | Murder | Rape  | Robbery | Assault | Burglary | Larceny | Auto<br>Theft | Total  | Population |
|---------------------|--------|-------|---------|---------|----------|---------|---------------|--------|------------|
| Atascosa<br>County  | 5      | 5     | 11      | 73      | 184      | 645     | 113           | 1,036  | 51,329     |
| Bandera<br>County   | 0      | 1     | 0       | 12      | 60       | 122     | 20            | 215    | 22,980     |
| Bexar County        | 154    | 1,379 | 2,305   | 8,928   | 9,654    | 48,682  | 7,994         | 79,096 | 2,012,576  |
| Calhoun<br>County   | 1      | 12    | 2       | 33      | 57       | 119     | 25            | 249    | 19,260     |
| Comal<br>County     | 8      | 45    | 34      | 279     | 386      | 1,317   | 236           | 2,305  | 166,905    |
| DeWitt<br>County    | 0      | 8     | 2       | 56      | 71       | 174     | 29            | 340    | 15,907     |
| Dimmit<br>County    | 0      | 4     | 0       | 5       | 36       | 72      | 6             | 123    | 10,280     |
| Edwards<br>County   | 0      | 0     | 0       | 0       | 0        | 0       | 0             | 0      | 1,908      |
| Frio County         | 1      | 2     | 2       | 29      | 188      | 95      | 21            | 338    | 20,035     |
| Gillespie<br>County | 0      | 4     | 1       | 12      | 31       | 101     | 9             | 158    | 26,884     |
| Goliad<br>County    | 0      | 1     | 1       | 20      | 46       | 42      | 10            | 120    | 7,583      |
| Gonzales<br>County  | 1      | 14    | 4       | 102     | 42       | 123     | 23            | 309    | 19,711     |
| Guadalupe<br>County | 0      | 73    | 27      | 154     | 333      | 1,351   | 163           | 2,101  | 153,227    |
| Jackson<br>County   | 0      | 5     | 5       | 22      | 57       | 110     | 21            | 220    | 14,881     |
| Karnes<br>County    | 0      | 3     | 3       | 19      | 74       | 133     | 25            | 257    | 15,650     |
| Kendall<br>County   | 0      | 12    | 4       | 40      | 59       | 266     | 63            | 444    | 44,724     |
| Kerr County         | 2      | 29    | 1       | 77      | 82       | 323     | 27            | 541    | 52,432     |
| Kinney<br>County    | 0      | 0     | 0       | 0       | 0        | 0       | 0             | 0      | 2,007      |
| La Salle<br>County  | 0      | 1     | 1       | 15      | 4        | 23      | 0             | 44     | 7,565      |
| Lavaca<br>County    | 0      | 3     | 1       | 22      | 88       | 93      | 11            | 218    | 22,191     |

| Maverick<br>County  | 4 | 2  | 7  | 77  | 246 | 555   | 78  | 969   | 58,640 |
|---------------------|---|----|----|-----|-----|-------|-----|-------|--------|
| Medina<br>County    | 2 | 20 | 9  | 75  | 156 | 428   | 80  | 770   | 49,360 |
| Real County         | 0 | 2  | 0  | 4   | 20  | 24    | 5   | 55    | 3,477  |
| Uvalde<br>County    | 0 | 8  | 6  | 79  | 103 | 557   | 39  | 792   | 26,728 |
| Val Verde<br>County | 1 | 27 | 15 | 56  | 184 | 437   | 50  | 770   | 48,927 |
| Victoria<br>County  | 6 | 53 | 53 | 311 | 445 | 1,506 | 153 | 2,527 | 92,120 |
| Wilson<br>County    | 1 | 15 | 0  | 24  | 87  | 165   | 42  | 334   | 48,566 |
| Zavala<br>County    | 1 | 1  | 0  | 16  | 25  | 39    | 8   | 90    | 11,940 |

# **Family Violence Incident Count**



## 2020 Victims per Sex and Race in Texas



## Dispositions in Texas 2017-2019







*Juvenile population 2,864,996 Total Referrals 54,137 (rate 19) Youth Referrals 39,185* Created with Datawrapper



Total Juvenile Population 283,643 Youth Referrals 4,740 (rate 2) Total Referrals 6,426 Created with Datawrapper

# 2020 Victims per age (Region 8)





## 2020 Domestic Violence Victims per Race (Region 8)

AA= African American, AS= Asian, HS= Hispanic, NA= Native American Created with Datawrapper

## Alcohol Permits Region 8 (2020)





# Alcohol sales to Minors (Region 8)

Page 1 of 2 >

| COUNTY    | 2017 | 2018 | 2019 | 2020 |
|-----------|------|------|------|------|
| Atascosa  | 1    | 0    | 3    | 0    |
| Bandera   | 3    | 0    | 0    | 0    |
| Bexar     | 51   | 48   | 44   | 8    |
| Calhoun   | 2    | 5    | 2    | 0    |
| Comal     | 18   | 7    | 14   | 0    |
| DeWitt    | 0    | 1    | 1    | 0    |
| Dimmit    | 0    | 3    | 0    | 0    |
| Edwards   | 0    | 0    | 1    | 0    |
| Frio      | 1    | 1    | 4    | 0    |
| Gillespie | 2    | 2    | 0    | 0    |
| Goliad    | 0    | 1    | 0    | 0    |
| Gonzales  | 0    | 0    | 0    | 0    |
| Guadalupe | 4    | 11   | 6    | 0    |
| Jackson   | 2    | 3    | 0    | 0    |
| Karnes    | 0    | 1    | 1    | 0    |
| Kendall   | 0    | 0    | 1    | 0    |
| Kerr      | 1    | 5    | 2    | 0    |
| Kinney    | 0    | 0    | 0    | 0    |
| La Salle  | 0    | 1    | 0    | 0    |
| Lavaca    | 0    | 2    | 1    | 0    |

# Alcohol sales to Minors (Region 8)

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| COUNTY                   | 2017            | 2018 | 2019 | 2020 |
|--------------------------|-----------------|------|------|------|
| Maverick                 | 4               | 0    | 1    | 0    |
| Medina                   | 6               | 1    | 3    | 0    |
| Real                     | 0               | 0    | 1    | 0    |
| Uvalde                   | 3               | 1    | 1    | 0    |
| Val Verde                | 8               | 5    | 0    | 0    |
| Victoria                 | 2               | 11   | 8    | 4    |
| Wilson                   | 1               | 1    | 1    | 0    |
| Zavala                   | 0               | 5    | 0    | 0    |
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#### Region 8 Tobacco Permits 2019

Page 1 of 2 🔉

| COUNTY    | # of Tobacco Permits | Population | Density Rates per 100K |
|-----------|----------------------|------------|------------------------|
| Atascosa  | 66                   | 51,831     | 127                    |
| Bandera   | 30                   | 21,246     | 141                    |
| Bexar     | 1,711                | 2,093,502  | 82                     |
| Calhoun   | 33                   | 22,840     | 145                    |
| Comal     | 155                  | 147,330    | 105                    |
| DeWitt    | 32                   | 21,737     | 147                    |
| Dimmit    | 22                   | 11,743     | 187                    |
| Edwards   | 6                    | 1,991      | 301                    |
| Frio      | 27                   | 20,023     | 135                    |
| Gillespie | 42                   | 26,191     | 160                    |
| Goliad    | 7                    | 7,717      | 91                     |
| Gonzales  | 37                   | 21,347     | 173                    |
| Guadalupe | 126                  | 170,266    | 74                     |
| Jackson   | 28                   | 15,899     | 176                    |
| Karnes    | 28                   | 15,393     | 182                    |
| Kendall   | 38                   | 46,278     | 82                     |
| Kerr      | 57                   | 52,267     | 109                    |
| Kinney    | 6                    | 3,462      | 173                    |
| La Salle  | 18                   | 8,309      | 217                    |
| Lavaca    | 29                   | 20,735     | 140                    |

# Region 8 Tobacco Permits 2019

A Page 2 of 2

| COUNTY    | # of Tobacco Permits | Population | Density Rates per 100K |
|-----------|----------------------|------------|------------------------|
| Maverick  | 49                   | 59,938     | 82                     |
| Medina    | 51                   | 50,594     | 101                    |
| Real      | 13                   | 3,407      | 382                    |
| Uvalde    | 50                   | 27,937     | 179                    |
| Val Verde | 44                   | 48,253     | 91                     |
| Victoria  | 105                  | 97,744     | 107                    |
| Wilson    | 47                   | 51,802     | 91                     |
| Zavala    | 18                   | 12,682     | 142                    |

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# Primary and Secondary Syphilis cases 2010-2018

# Gonorrhea Cases in Texas 2010-2018



# **Congenital Syphilis cases 2018**







## Region 8 Male Graduation rates 2016-2019

# Region 8 dropout & graduate rate 2016-2019

# 2019 2018 2017 2016



| Regi | on | County    | Year | Year Code | Injury Intent | Deaths | Population |
|------|----|-----------|------|-----------|---------------|--------|------------|
|      | 8  | Bexar     | 2019 | 2019      | Suicide       | 245    | 2,003,554  |
|      | 8  | Comal     | 2019 | 2019      | Suicide       | 40     | 156,209    |
|      | 8  | Guadalupe | 2019 | 2019      | Suicide       | 17     | 166,847    |
|      | 8  | Kerr      | 2019 | 2019      | Suicide       | 14     | 52,600     |
|      | 8  | Medina    | 2019 | 2019      | Suicide       | 10     | 51,584     |
|      | 8  | Victoria  | 2019 | 2019      | Suicide       | 17     | 92,084     |

# Bexar County has the most suicide Deaths in 2019



#### Bexar County has the most liquor law arrests in the region

#### Drunkeness arrests are more prevalent in Bexar County



# **135 Liquor Laws Arrests in Bexar County**



| Glossary of Terms |   |  |  |  |
|-------------------|---|--|--|--|
| 30 Day Use        | The percentage of people who have used a substance in the 30 days before they participated in the survey.   |  |  |  |
| ACES              | 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 misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household. |  |  |  |
| Adolescent        | An individual between the ages of 12 and 17 years.  |  |  |  |
| ATOD              | Alcohol, tobacco, and other drugs.  |  |  |  |
| BRFSS             | 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.  |  |  |  |
| Counterfeit Drug  | 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.   |  |  |  |

#### **~**I c =

| DSHS            | Department of State Health Services. A state agency of Texas that assists Texans who need services or help. 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.   |
|-----------------|---|
| Drug            | A medicine or other substance which has a physiological 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.   |
| Epidemiology    | The study (scientific, systematic, and data driven) and analysis of the distribution (who, when, and where), patterns, and determinants of health and disease conditions in defined populations.  |
| Evaluation      | Systematic application of scientific and statistical procedures for measuring program conceptualization, design,<br>implementation, and utility, making comparisons based on these measurements, and the use of the resulting information to<br>optimize program outcomes. The primary purpose is to gain insight to assist in future change. |
| Health Literacy | the degree to which individuals have the capacity to obtain, process, and understand basic health information<br>needed to make appropriate health decisions  |
| HHS             | 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.                 |
| Incidence       | The occurrence, rate, or frequency of a disease, crime, or something else undesirable. A measure of the risk for new substance abuse cases within a region.   |
| LGBTQIA+        |   |
|                          | An inclusive term covering people of all genders and sexualities, such as lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, pansexual, and allies.   |
|--------------------------|--|
| МАТ                      | 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.   |
| Neurotoxin               | 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.  |
| Person-Centered Language | Language that puts people first. A person's identity and self-image are closely linked to the words used to describe them.<br>Using person-centered language is about respecting the dignity, worth, unique qualities, and strengths of every individual. It<br>reinforces the idea that people are so much more than their substance use disorder, mental illness, or disability. |
| PRC                      | 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 drug and alcohol use.   |
| Prevalence               | The proportion of the population within the region found to already have a certain substance abuse problem.  |
| Protective Factor        | 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.   |
| Recovery                 | A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.  |

| Risk Factor            | Conditions, behaviors, or attributes in individuals, families, communities, or the larger society that contribute to or increase the risk in families and communities.  |
|------------------------|---|
| Self-Directed Violence | Anything a person does intentionally that can cause injury to self, including death.  |
| SPF                    | Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.   |
| Stigma                 | The stigma of addiction—the mark of disgrace or infamy associated with the disease—stems from behavioral symptoms<br>and aspects of substance use disorder. The concept of stigma describes the powerful, negative perceptions commonly<br>associated with substance abuse and addiction. Stigma has the potential to negatively affect a person's self-esteem,<br>damage relationships with loved ones, and prevent those suffering from addiction from accessing treatment. |
| SDoH                   | Social Determinants of Health. The economic and social conditions that influence individual and group differences in health status.   |
| Substance Abuse        | When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs.   |
| Substance Dependence   | An adaptive state that develops from repeated drug administration, and which results in withdrawal upon cessation of drug use.  |
| Substance Misuse       |   |

|               | 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.  |
|---------------|--|
| Substance Use | The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare<br>or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription<br>medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.                             |
| SUD           | 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.  |
| Telehealth    | 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. |
| TCS           | Texas College Survey of Substance Use. A biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas.   |
| TSS           | Texas School Survey. Collection of self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The survey is sponsored by the Texas Health and Human Services Commission and administered by the Public Policy Research Institute.   |
| YRBS          | 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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