**Regional Needs Assessment (RNA) Summary Brief**

**Part II: For External Dissemination**

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| Region: | Region 8  |

Introduction:

PRC Region 8 is 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 the misuse of other substances and assist their families in finding resources to aid their recovery.

SACADA is a nonprofit that provides education to youth prevention programs, information resources, and services to prevent alcohol and drug abuse. Its mission is to empower the 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 28 counties in South Central Texas (Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Victoria, Wilson, Zavala.)

Region 8 (Texas Department of State Health Services,2022) covers over 31,057 square miles 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 area, has an estimated population of 2 million people, with the city of San Antonio encompassing 50% of the part. 87.4% of the region's population resides in urban or metropolitan areas. The people of the region is about 3.1 million people, which has the following races/ethnicities:

* 65.5% Hispanic
* 24.6% Non-Hispanic White
* 5.4% Black or African American
* 2.0% Asian
* 2.6% Other

Region 8 has three separate Councils of Governments (COGs). The eastern seven counties are composed of the Golden Crescent Council of Governments (GCOG 17), the central twelve counties comprise the Alamo Area Council of Governments (AACOG 18), and the western nine counties make up the Middle Rio Council of Governments (MRGCOG 24). Region 8 encompasses 185 cities and towns, three central military installations in Bexar County, and the Kickapoo Traditional Tribe of Texas, which provides over 250 zip codes.

County populations were broken down into areas considered rural and urban. For example, Bexar County, or the San Antonio area, has the most significant urban population, followed by Maverick and Val Verde Counties. In contrast, Edwards, Goliad, and Real have the highest percentages of rural people. Eighteen counties within the region are designated as rural and 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 eight counties are designated as urban (Metropolitan) areas. Region 8 includes two Metropolitan Statistical Areas (MSAs), including San Antonio- New Braunfels MSA, which has a population of 2.6 million, and Victoria MSA, which has 105,461 residents. San Antonio-New Braunfels MSA, also known 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. 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 is known as the Golden Crescent Region, including Goliad and Victoria counties. The land area is 1,734.1 per square mile with 60.8 persons per square mile population density. The 2020 U.S. Census projections show an increase in population by 12.2% from the reported 94,003 residents in the decennial census in 2010. However, it is 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%). Formerly known as the Texas Band of Traditional Kickapoo, KTTT is one of three federally recognized Tribes of the Kickapoo people. The currently enrolled population (Kickapoo Tradition Tribe of Texas, 2022) of the tribe is 960 members. The Texas Indian Commission officially recognized them in 1977. The KTTT Reservation is in the Rio Grande on the U.S.- Mexico border in western Maverick County, south of Eagle Pass, and is part of the Rosita Valley Community

Approximately about 200,000 Region 8 residents live in Border counties (Texas Department of State Health Services, 2020). The land area covers 14,870.2 square miles with a population density of 13.3 persons per square mile. The population within the ten border counties in the region between the 2010 and 2020 censuses increased by 7.3%. Over ten years, Frio, Dimmit, and La Salle counties had the highest increase in population while Val Verde and Kinney counties had a population decline. The population breakdown of the bordering counties are:

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

Purpose:

This document can provide helpful information to stakeholders from various 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 based on the community's needs.

Data Methodology:

Data collection focused on our most prominent service area Bexar County, specifically San Antonio, as we are still in the phase of collecting data from our other 27 counties. Surveys were conducted within SACADA's Youth Prevention program curriculums, "Too Good for Drugs" and "Youth Connection," and interviews with 13 community members within Bexar County about what they believe are their most significant needs. These qualitative data collection methods often reveal additional data sources that provide a picture of what is happening locally.

*Key Informant Interviews*

Participants were identified within the [12 community sectors](https://www.cadca.org/12sectors) (Youth Sector, Schools, Business, Youth-Serving organizations, Religious and Fraternal Organizations, Government, Healthcare, Parent, Law Enforcement, Media, Civic-Volunteer, and Community). They were randomly selected to participate in an interview with the Data Coordinator. The Youth sector was defined as young adults ages 18-24. Each participant was asked the following questions:

* What substance use concerns do you see in your community?
	+ What are the most significant contributing factors that lead you to this conclusion?
	+ What do you believe are the most harmful consequences of substance use/misuse, and what leads you to this conclusion?
* What substance use and misuse prevention services and resources are you aware of in your community?
	+ What do you see as the best resources in your community?
	+ What services and resources does your community lack?
* What services and resources are specifically dedicated to promoting mental and emotional well-being are you aware of in your community?
* What information do people like yourself need to understand substance use/misuse and mental and emotional health in your community?
* What other questions should we be asking experts in this area?

Interviews with the key informants were recorded over Zoom and transcribed in Otter.ai; discussions took place from March 11, 2022, to August 4, 2022, and range between 12-30 minutes in length. Conservations were coded based on the questions asked and recorded in a summarizing table in Excel.

Regional Epidemiological Workgroups

Regional Epidemiological Workgroups were formed with persons with a common interest in assessing drug abuse patterns, trends, and emerging problems to provide the foundation for public health response. The goal was for the group to develop strategies to eliminate or reduce substance abuse and its related consequences within the communities. The workgroups now are Lunch and Learns, where the goal is for the participants to be knowledgeable about different resources, community issues, and regional organizations. Participants are usually invited via the monthly newsletter by SACADA and the PRC; invitations are also sent out via the Texas Public Health Association and community meetings. Speakers for Lunch and Learn are randomly selected. Participants' demographics are both internal and external stakeholders via the twelve sectors.

Results:

The 13 Key Informant interviews asked why there aren't enough resources for youth experiencing addiction or why there isn't enough knowledge on the resources in the community. Their collective plea of how we can help, what can we do as a community to end this, or how to alleviate this, and what strategies agencies can utilize internally to increase prevention or harm reduction efforts, especially for the homeless youth who may be experiencing co-occurring issues, such as a mental health issue and a substance use disorder.

Limitations:

The limitations would be garnering more key informant interviews outside of Bexar County and finding more informants in other sectors that are active in the community . This was the most challenging as time was limited; the response rate of those who would be ideal for interviewing was minimal or non-existent.

Another limitation was the collection of secondary data from local and state agencies; many stakeholders requested the latest trends or current data on what is going on in their counties. In addition to the data suppression for rural groups, they are also in the most need of accessible resources. Of the resources that provide community-based interventions, data wasn't collected to see the success of those interventions within the community. Community-based interventions offer hope within the community and could garner an increase in funds to continue the intervention or start a similar one elsewhere.

Recommendations:

Evaluation methods of community-based interventions should also be included in the Needs Assessment, as it provides an outlook of what is out there and the work being done in the community. In addition, evaluation of the community-based intervention can also provide insight into the community's needs based on what was implemented.

With the limitation of secondary data collection, having the needs assessment done biennially or triennially would allow for newer data to be collected and time to evaluate the progress of the intervention done within the community, as well as opportunities for more advocacy and space for other resources.

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