

REGION 7 PREVENTION RESOURCE CENTER

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Executive Summary

The Regional Needs Assessment (RNA) is a document compiled by the Prevention Resource Center in Region 7 (PRC 7) along with and supported by Brazos Valley Council on Alcohol and Substance Abuse (BVCASA) and the Texas Department of State Health Services (DSHS). The needs assessment has been conducted to provide the state, the PRC and the community at large, with a comprehensive view of information about the trends, outcomes and consequences associated with regional and statewide drug and alcohol use. The assessment was designed to enable PRC's, DSHS, and community stakeholders to engage in long-term strategic prevention planning based on current information relative to the needs of the community. This study also serves as the premiere effort in a body of work upon which further Regional Needs Assessments will follow. Moreover, the information compiled in the RNA will be utilized to build a Regional Data Repository, which will function as part of a state data repository.

Determining community needs requires a thoughtful, scientific and qualitative approach. It would be negligent for this document to present numbers and percentages without also offering insight about cultural and contextual values that are inherent within the local communities and across the state. After all, community encompasses innumerable factors. Community is not a set of numbers, but a fluid set of collective experiences, lifestyles, histories, traditions, and expectations. While Texas is, for many residents, a cultural, geographical, and social experience of diversity, it is also culturally similar across all of its towns and cities. There are ubiquitous hallmarks within Texas that inhabitants may see as familiar sentries through each town, and off of each interstate, whether one is in the Valley or in the rolling plains. While each town is wonderfully unique in its own composition, all of the towns and cities across Texas are united by a cultural pride, a commercialized branding that has been rooted in folklore; that the population is of a rugged and hard-working tapestry, and that Texans are tough people. The five point star, Austin stone, and Dairy Queen are but a handful of iconic imagery that may be experienced in any given town across the extensive landscape of Texas. There are many attributes that provide for similarities and differences between each town and region.

Given the various distinctions between each town and region, it would be easy to see how trends may present differently amongst geographical locations. One may assume that border regions are plagued by more cartel activity, for instance. However, it should be noted that cartel activity plagues many of our more interior regions, as they are integral to supply and trade routes for these powerful cartels (see Texas DPS Threat Overview, 2013). One might also assume that areas with more substance abuse treatment centers have higher drug use rates, based on the number of individuals who remain in any given area after concluding treatment, and based on the high recidivism rate of addiction. Again, these would be assumptions, the nature of which may be verified or refuted through empirical investigation.

Hence, a needs assessment would be an appropriate place to start. It is not the aim of this document to imply causality between any substance and prevalence rate in any given area or cultural context. Broader implications of meaning or etiology with relation to data are not addressed in this report.

The information presented in this document has been acquired by a team of regional evaluators through state and local entities, and compared with state and national data. Secondary data, such as local surveys, input from focus groups, and interviews with key informants allows for participation by others in the community, whose expertise lends a specific and qualitative description to identified issues. It is the intent of the authors for the reader to ascertain standardized measures of substance use-related trends, with an understanding of the explicit cultural framework of the region and communities within it. The data obtained and presented regionally can be used by local agencies, community providers, citizens of the community, and Texas DSHS to better understand the needs of the communities and to evaluate how to best serve these needs.

Key Concepts in This Report

As one reads through this document, two guiding concepts will appear throughout the text. The reader will become familiar with a focus on the youth population and an approach from a public health framework. Understanding the use of these key concepts within the Regional Needs Assessment enables the audience and stakeholders to better grasp the empirical direction that Texas DSHS has set forth in strategic prevention framework. Subsequent to the foundation set forth by targeted demographic and theoretical approach, readers will be presented with discussions about other key concepts, such as risk and protective factors, consumption and consequence factors, and contextual indicators. The authors of this Regional Needs Assessment understand that readers will not likely read this document end to end. Therefore, we strongly suggest becoming familiar with the key concepts, to enable a greater comprehension of the data that follows.

PRC's statewide, along with DSHS, are well-aware of the impact that drugs and alcohol unleash upon the state of Texas. No demographic is free of substance harming potential. Nor is it limited by or restricted to any age, gender identification, ethnicity, cultural experience, or religious affiliation. While the incidence and prevalence rates of substance use among all age groups are of great concern, evidence indicates that effective prevention work done with adolescents has a positive and sustainable community impact. The benefits of prevention work have an individual impact as well. Adolescence is a malleable developmental stage, when risk and protective factors may still be influenced. Most troubling are the effects that substance use has on youth brain development, the potential for risky behavior, injury, and even death. Social consequences such as poor academic standing, negative peer relationships, adverse childhood experiences, and overall community strain are also of great concern (Healthy People 2020).

Adolescence

Having established the youth population as a primary focus for the RNA and for prevention planning, consideration must be given to how this document operationally defines youth and developmental spans that comprise it. Adolescence, for instance, is a construct that must be examined as having some debatable parameters. While the typical thresholds for any given developmental time frame are usually marked by chronology, many scientists and professionals point out the importance of characteristics

such as behaviors, cognitive reason, aptitude, attitude, and competencies, as developmental milestone markers. From the chronological viewpoint, there are a handful of tenets that must be considered, and which hold equal footing of legitimacy in the discussion. Texas Department of State Health Services posits a more traditional definition of Adolescence as ages 13-17 (Texas Administrative Code 441, rule 25). However, The World Health Organization and American Psychological Association both define adolescence as the period of age from 10-19. Both the APA and WHO concede that there are characteristics generally corresponding with the chronology of adolescence, such as the hormonal and sexual maturation process, social priorities including peer relations, and attempts to establish autonomy.

Conversely, the chronology of adolescence and youth has been challenged with recent research efforts. Many have been supported by the National Institute on Drugs and Alcohol (NIDA) and National Institute on Mental Health (NIMH), culminating in the consideration of an expanded definition of adolescence that ends around the age of 25. The research, neurologically oriented and empirically based in imaging/scanning methodologies, indicates that the human brain is not completely developed until approximately age 25.

The Massachusetts Institute for Technology (MIT) hosts the Young Adult Development Project. It is one of many research-based entities that provide an overview of brain development into the mid-twenties. As neuroscience progresses, the public may become more educated on the development of the brain – which occurs from the back to the front. What this means is that the part of the brain known for judgment and reason, is the last part to develop, and that **does not occur at the age of 18**. According to some scholars, researchers, and authors, the implication is that age 18 is only about half-way through the adolescent period of brain development. Therefore, the chronology of youth must be considered relative to the neurological aspect, as opposed to the previously held idea that maturation was merely psycho-social and sexual in nature. These recent findings are important in developing a greater understanding of prevention work with the college-aged groups who are experimenting with risky behaviors.

The information presented here is comprised of data available in the region and state, and is presented with relevance to how the agencies, organizations, and populations are depicted within the data. Some domains of youth data may yield breakdowns that conclude with age 17, for instance, and some will end at age 19. While it is beneficial for the reader to have an understanding of the current conceptualizations of adolescence, it is equally important to understand that the data presented within this document has been mined from different sources, and will therefore consist of different demographic age subsets. The authoring team has endeavored to standardize the information presented here. More about standardization and methodology can be found in the methodology section.

Epidemiology

The second key concept is presented with an emphasis on a public health approach. Epidemiology is the theoretical framework for which this document evaluates the impact of drug and alcohol use on the public at large. Meaning 'to study what is of the people', epidemiology frames drug and alcohol use as a public health concern that is both preventable and treatable. According to the World Health Organization (WHO, 2014), "Epidemiology is the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems. Various methods can be used to carry out epidemiological investigations: surveillance and descriptive studies can be used to study distribution; analytical studies are used to

study determinants." The WHO also seeks information regarding the use of drugs and alcohol, the harms and treatment associated with use, as well as policy development, from an epidemiological perspective.

The Substance Abuse Mental Health Services Administration (SAMHSA) has also adopted the epiframework for the purpose of surveying and monitoring systems which currently provide indicators regarding the use of drugs and alcohol nationally. Ultimately, the WHO, SAMHSA, and several other organizations, are endeavoring to create on ongoing systematic infrastructure (such as a repository) that will enable effective analysis and strategic planning for the nation's disease-burden, while identifying demographics at risk, and evaluating appropriate policy implementation for prevention and treatment. Many states in America have been looking at drug and alcohol use from an epidemiological perspective for the last several years, and have gained ground in prevention work as a result. By turning an investigative eye toward the etiologies, risk and protective factors, and consequences of substance abuse related issues, society can address causality rather than merely identifying symptoms. Ongoing surveillance of data necessitates the standardization of measurement with regard to indicators, which translates to methodological processes at the state and regional levels, and is discussed later in the document.

Risk and Protective Factors

A discussion of the Risk and Protective Factors concept is essential to understanding how prevention work with drugs and alcohol is currently undertaken. There are many personal characteristics that influence, or culminate in the abstinence from drug and alcohol use; the understanding of which is relevant to grasping the big picture of substance use disorders. For many years, the prevalent belief was rooted in the notion that the physical properties of drugs and alcohol were the primary determinant of addiction. While the effect of substance use is initially a reward in and of itself, the individual's physical and biological attributes play a distinguished role in the potential for the development of addiction.

Genetic predisposition and prenatal exposure to alcohol, when combined with poor self-image, poor self-control, or social incompetence, are influential factors in substance use disorders. Other risk factors include family strife, loose knit communities, intolerant society, exposure to violence, emotional distress, poor academics, socio-economic status, and involvement with children's protective services, law enforcement, and parental absence. Protective factors include an intact and distinct set of values, high IQ and GPA, positive social experiences, spiritual affiliation, family and role model connectedness, open communications and interaction with parents, awareness of high expectations from parents, shared morning, afterschool, meal-time or night time routines, peer social activities, and commitment to school.

Kaiser Permanente originated and now collaborates with the Centers for Disease Control on the Adverse Child Experience study which compared eight categories of negative childhood experiences against adult health status. Participants are queried on the following experiences: recurrent and severe physical abuse, recurrent and severe emotional abuse, and contact sexual abuse growing up in a household with: an alcoholic or drug-user, a member being imprisoned, a mentally ill, chronically depressed, or institutionalized member, the mother being treated violently, and both biological parents not being present. The study results have underscored the reality of adverse childhood experiences as more common than typically perceived, although often undetected, and exhibit a prominent relationship between these experiences and poor behavioral health choices and management later in life. Examination of the risk and protective factors concept provides a meaningful fit for understanding how and why substance use trends develop from an epidemiological perspective. Accessing data that links childhood experiences with current behavioral health trends allows prevention planners to delineate core determinants where attention should be focused. The prevalence of trends becomes more obvious when consequences and consumption factors are surveyed, as they are considered indicators toward public health issues. In other words, today's reported history enables researchers and practitioners to implement tomorrow's prevention initiatives, while implementing cultural competence and clinical precision.

Consequences and Consumption Factors

A tangible way to develop an understanding of drug and alcohol trends is best illustrated through sequentially analyzing consequences and consumption patterns. This may occur more frequently at the community level after a notable tragedy has taken place, such as a drunk-driving incident involving a fatality. Support for prevention standards may be more pronounced in the wake of such tragedies. On the other hand, if no news is good news, prevention efforts are often left unnoticed during times of calm. The epidemiological approach calls for an examination of the consequences and consumption factors. This process parallels how the public at large deals with tragedies and adverse public health trends. As such, we will discuss the importance of consequences and consumption factors.

These two concepts, consequences, and consumption, will be described in this document relative to alcohol, prescription drugs, and illicit drugs, which will enable the reader to conceptualize the public health problems in an organized and systematic manner. SAMHSA (2008) has provided an excellent example of how these concepts are tied together with alcohol. 'With respect to alcohol, constructs related to consequences include mortality and crime and constructs related to consumption patterns include current binge drinking and age of initial use. For each construct, one or more specific data measures (or "indicators") are used to assess and quantify the prevention-related constructs. Indicator data are collected and maintained by various community and government organizations." Therefore the state of Texas will continue to build an infrastructure for monitoring trends by examining consequence-related data followed by an assessment of consumption.

Overview of Consequences Concept

There is a complex relationship between consequences and consumption patterns. Many substancerelated problems are multi-causal in nature, and often include exacerbating and sustaining dynamics such as lifestyle, family culture, peer relations, education level, criminal justice involvement, and so on. Because consumption and consequences are so intertwined, and occur within a constellation of other factors, separating clear relationships is a difficult task. When it comes to consequences and consumption, extrapolating discrete information begs a chicken/egg debate of which factor comes first. Researchers must look at aggregate data in order to ascribe any meaningful relationships to the information obtained. Compiling aggregate data in this manner is part of the scope of completing a Regional Needs Assessment and creating the data repository.

Exploration of consequences and consumption rates allows for a broadened taxonomical view of the diverse array of casual factors associated with each problem. Additionally, consumption data alone may be vulnerable to inaccuracy, as it is often gathered through the self-report process, and may not include substrates or co-occurring but influential aspects of substance use problems. Moreover, stakeholders and policymakers have a vested interest in the monetary costs associated with substance-related

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consequences. As such, the process may appear to be a method of working backwards, however it inherently incorporates a very pragmatic version of inductive reasoning.

For the purpose of the RNA, consequences are defined as adverse social, health, and safety problems or outcomes associated with alcohol, prescription or illicit drug use. Consequences include events such as mortality, morbidity, violence, crime, health problems, academic failure, and other undesired outcomes for which alcohol and/or drugs are clearly and consistently involved. Although a specific substance may not be the single cause of a consequence, measurable evidence must support a link to alcohol and/or drugs as a contributing factor to the consequence. The World Health Organization estimates alcohol use as the world's third leading risk factor for loss of healthy life, and that the world disease burden attributed to alcohol is greater than that for tobacco and illicit drugs. Evaluation of the world-wide impact of drug and alcohol use-related consequences presents a consistent and reliable allegory of local consequence and consumption factors.

Overview of Consumption Concept

SAMHSA defines Consumption as "the use and high-risk use of alcohol, tobacco, and illicit drugs. Consumption includes patterns of use of alcohol, tobacco, and illicit drugs, including initiation of use, regular or typical use, and high-risk use." Some examples of consumption factors for alcohol include terms of frequency, behaviors, and trends, such as current use (within the previous 30 days), current binge drinking, heavy drinking, age of initial use, drinking and driving, alcohol consumption during pregnancy, and per capita sales. Consumption factors associated with illicit drugs may include route of administration such as intravenous use and needle sharing. Needle sharing is one example of how a specific construct yields greater implications than just the consumption of the drug; it may provide contextual information regarding potential health risks like STD/HIV and Hepatitis risks for the individual, and contributes to the incidence rates of these preventable diseases. Just as needle sharing presents multiple consequences, binge drinking also beckons a specific set of multiple consequences, albeit potentially different than needle sharing.

The concept also encompasses standardization of substance units, duration of use, route of administration, and intensity of use. Understanding the measurement of the substance consumed plays a vital role in consumption rates. With alcohol, for instance, beverages are available in various sizes and by volume of alcohol. Variation occurs between beer, wine and distilled spirits, and, within each of those categories, the percentage of the pure alcohol may vary. Consequently, a unit of alcohol must be standardized in order to derive meaningful and accurate relationships between consumption patterns and consequences. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines the "drink" as half an ounce of alcohol, or 12 ounces of beer, a 5 ounce glass of wine, or a 1.5 ounce shot of distilled spirits. With regard to intake, the NIAAA has also established a rubric for understanding the spectrum of consuming alcoholic beverages. Binge drinking historically has been defined as more than five drinks within a conclusive episode of drinking. The NIAAA (2004) defines it further as the drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of .08 gm%, which is typically 5 or more drinks for men, and 4 or more for women, within a two hour time span. Risky drinking, on the other hand, is predicated by a lower BAC over longer spans of time, while "benders" are considered two or more days of sustained heavy drinking. Standardizing units continues to prove difficult, although here are some common measurements:



Source. National Institute on Alcohol Abuse and Alcoholism

Because alcohol is legal, commercially available, and federally regulated, it is a more accessible example to employ regarding standardization. This is why the BAC is such an important element in determining risk associated with consumption. Unfortunately, the purity of heroin, or the amount of amphetamine found in speed, for instance, are often ascertained in lab or toxicology reports, which are usually accessible when a health or legal consequence has already occurred. The inability to know or regulate the purity of street drugs is one of the riskiest determinants for consumption therein, and potentially a large contributing factor to the recent epidemic of heroin overdoses in the US. Moreover, pharmaceuticals, pose a completely different consumption variation potential. Those readers unfamiliar with prescription drugs should become apprised of differences between classes of pills, and between the types of pills found within each class. There are vast pharmaceutical differences, such as effect, potency, and half-life, found between the various opioids as well as benzodiazepines.

Introduction

The Department of State Health Services (DSHS), Substance Abuse & Mental Health Services Section, funds approximately 188 school and community-based programs statewide to prevent the use and consequences of alcohol, tobacco and other drugs (ATOD) among Texas youth and families. These programs provide evidence-based curricula and effective prevention strategies identified by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP). The Strategic Prevention Framework provided by CSAP guides many prevention activities in Texas. In 2004, Texas received a state incentive grant from CSAP to implement the Strategic Prevention Framework. Texas DSHS worked in close collaboration with local communities to tailor services and meet local needs for substance abuse prevention. This strategic prevention framework provides a continuum of services that target the three classifications of at-risk populations under the Institute of Medicine (IOM), which are universal, selective, and indicated.

The Department of State Health Services funds 11 Prevention Resource Centers (PRCs) across the State of Texas. These centers are part of larger network of youth prevention programs providing direct prevention education to youth in schools and the community, as well as community coalitions which focus on implementing effective environmental strategies. This network of substance abuse prevention services works to improve the welfare of Texans by discouraging and reducing substance use and abuse. Their work provides valuable resources to enhance and improve our state's prevention services aimed at addressing our state's three prevention priorities to reduce: (1) under-age drinking; (2) marijuana use; and (3) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.

What is the PRC?

Prevention Resource Centers serve the community by providing infrastructure prevention resources and other indirect services supporting the network of agencies targeting substance abuse. Beginning in 2013, PRCs were re-tasked to become a regional resource for substance abuse prevention data. Whereas, PRCs formerly served as clearinghouses for substance use literature, prevention education, and media resources, their primary purpose now is to gather and disseminate data to support substance abuse prevention programs in Texas. These centers provide an essential service to assist the state and local prevention programs in providing data used for program planning and evaluating the long-term impact of prevention efforts in Texas. Other valuable services provided by PRCs also include prevention media campaigns, tobacco retailer compliance monitoring, tobacco Synar activities, and providing access to substance abuse prevention training resources.

What Evaluators Do

Regional PRC Evaluators are primarily responsible for identifying and gathering alcohol and drug consumption data and related risk and protective factors within their respective service regions. Their work in identifying and tracking substance use consumption patterns is disseminated to stakeholders and the public through a variety of methods, such as fact sheets, social media, traditional news outlets, presentations, and reports such as this Regional Needs Assessment. Their work serves to provide state and local agencies valuable prevention data to assess target communities and high-risk populations in need of prevention services.

Our Regions

The Texas Department of State Health Services breaks up the state into 11 Health and Human Service Regions in order to ensure the resources best meet the needs of each area. Sub-sectioning Texas counties leads to improved directing of financial and human services that are vital to maintain and advance the health of the public. For further information see Appendix A.



How to Use This Document

This needs assessment is a review of data on substance abuse and related variables across the state that will aid in substance abuse prevention decision making. The report is a product of the partnership between the regional Prevention Resource Centers and the Texas Department of State Health Services. The report seeks to address the substance abuse prevention data needs at the state, county and local levels. The assessment focuses on the state's prevention priorities of alcohol (underage drinking), marijuana, and prescription drugs and other drug use among adolescents in Texas. This report explores drug consumption trends and consequences. Additionally, the report explores related risk and protective factors as identified by the Center for Substance Abuse Prevention (CSAP).

Purpose of This Report

This needs assessment was developed to provide relevant substance abuse prevention data on adolescents throughout the state. Specifically, this regional assessment serves the following purposes:

- 1. To discover patterns of substance use among adolescents and monitor changes in substance use trends over time;
- 2. To identify gaps in data where critical substance abuse information is missing;
- 3. To determine regional differences and disparities throughout the state;
- 4. To identify substance use issues that are unique to specific communities and regions in the state;
- 5. To provide a comprehensive resource tool for local providers to design relevant, datadriven prevention and intervention programs targeted to needs;
- 6. To provide data to local providers to support their grant-writing activities and provide justification for funding requests;
- 7. To assist policy-makers in program planning and policy decisions regarding substance abuse prevention, intervention, and treatment in the state of Texas.

Features of This Report

Potential readers of this document include stakeholders who are vested in the prevention, intervention, and treatment of adolescent substance use in the State of Texas. Stakeholders include but are not limited to substance abuse prevention and treatment providers; medical providers; schools and school

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districts; substance abuse community coalitions; city, county, and state leaders; prevention program staff; and community members vested in preventing substance use.

This report includes a wealth of information and readers will consult this report for a variety of reasons. Some may be reading only for an overview whereas others may be reading for more detailed information on trends and consequences of specific drugs. This report is organized so that it meets these various needs.

The executive summary found at the beginning of this report will provide highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of professional fields with varying definitions of concepts related to substance abuse prevention, we also included a description of our definitions in the section titled "Key Concepts." The core of the report focuses on substance use data.

Methodology

Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2013 and May 30, 2014. The state evaluator met with the regional evaluators at a statewide conference in October 2013 to discuss the expectations of the regional needs assessments. Relevant data elements were determined and reliable data sources were identified through a collaborative process among the team of regional evaluators and with support through resources provided by the Southwest Regional Center for Applied Prevention Technologies (CAPT). Between October 2013 and June 2013, the state evaluator met with regional evaluators via biweekly conference calls to discuss the criteria for processing and collecting data. The data was primarily gathered through established secondary sources including federal and state government data sources. In addition, region-specific data collected through local organizations, community coalitions, school districts and local-level governments are included to provide unique local-level information. Additionally, data was collected through primary sources such as one-on-one interviews and focus groups conducted with stake holders at the regional levels.

Using Tables and Chart

Where possible, both trend data and yearly statistics are presented in table and chart format. The tables and charts are meant to help summarize the data interpretation. The figures are displayed at the most basic level for the easy interpretation for all of our readers from expert epidemiologists to lay people interested in substance abuse. For further clarification of the more complicated figures and mathematical arrangements, descriptive text is provided above the figures. Where possible, five year displays of data are presented, to highlight any overall trends that are not overly influenced by dramatic yearly changes. Tables always show the data presented in alphabetical order from top to bottom or left to right. Missing counties typically mean that data was not provided for those counties, either due to unavailability or censorship to avoid identification with numbers less than 10. The same display of information applies to charts as well. The RNA uses both bar and pie charts. Figures refer to a combination of a table and a chart shown side by side in order for clarity and comparison purposes.

Data Selection Process

The statewide evaluator team identified data indicators as well as specific populations in order to provide the most accurate picture of substance abuse trends within the state and each region. All indicators were discussed by the evaluator team in order to maintain credibility and accuracy. Some regions have unique indicators according to the local community data that was collected since the project began on September 1, 2013.

Criterion for Selection

We chose secondary data sources based on the following criteria:

- 1. Relevance: The data source provides an appropriate measure of substance use consumption, consequence, and related risk and protective factors.
- 2. Timeliness: Our goal is to provide the most recent data available (within the last five years).
- 3. Methodologically sound: Data that used well-documented methodology with valid and reliable data collection tools.
- 4. Representative: We chose data that most accurately reflects the target population in Texas and across the 11 human services regions.
- 5. Accuracy: Data is an accurate measure of the associated indicator.

Adolescent Population

The adolescent population is the first group that the PRCs focus their collection and reporting efforts on due to the impact the younger generation has on the community. Further, research shows that efforts to postpone the initial age of onset in regards to substance abuse is critical in its prevention and reduction in severity. According to the Archives of Pediatrics and Adolescent Medicine, those who begin drinking before turning 14 years of age are more likely to develop alcoholic dependence. Therefore there is a need to delay the onset of alcohol consumption as long as possible (Archives of Pediatrics and Adolescent Medicine, 2006).

Our Region

The Prevention Resource Center 7 (PRC 7) works to assess and collect information on the 30 counties that make Region 7, which is aligned to the Texas Department of Health and Human Services Region 7. The PRC 7 is located in Bryan Texas and resides at the Brazos Valley Council on Alcohol and Substance Abuse (BVCASA). Region 7 is also know as Central Texas by the Texas Department of State Health Services.

According to DSHS the urban-rural designation for Texas counties in 2013 labeled 17 of the 30 counties as rural. Further county urban-rural labeling can be found in Appendix B. The classification of counties as wet, partially wet, and dry determine the counties legality to sale alcoholic beverages. For instance, wet means all alcoholic beverage sales are legal everywhere in the county while dry means no sales of alcoholic beverages in the county are legal. As of June 2014, the Texas Alcoholic Beverage Commission has recorded the following 4 counties as wet: Brazos, Fayette, San Saba, and Washington. Also, there are no dry counties in Region 7, which means the other 26 counties are considered partially wet.



Regional Demographics

The rising population of English language learners (ELL) is also a concern in Central Texas because language can serve as a barrier to services. In this report, ELL population is tied to limited English proficient individuals. The inability to speak English can relate to barriers in healthcare access, provider communications, and health literacy or education. Results from the American Community Survey (2012) demonstrated that Region 7 had a population of 252,828 (9.21%) individuals whom were age 5 and older with limited English proficiency. Limited English proficiency was determined by individuals age 5 and older who speak a language other than English at home and responded that they speak English less than "very well." The top three counties with the highest percentage of limited English proficient individuals were located in Travis (13.81%; n=132,396), Limestone (11.97%, n=2,613), and Bastrop (9.71%; n=6,710). Further county-level data is provided in Appendix C.

Regional Population

The regional population in 2012 was 2,962,195. The population density (per square mile) is 115.98 while Texas has a population density of 96.53 and 87.55 by the U.S. The total land area (square miles) is 25,540.27.



Source. US Census Bureau, American Community Survey: 2008-12. Appendix G

Race

The total population is graphically illustrated in three different pie charts. The first chart displays the total population in Region 7 and how they break into the seven categories listed. The second chart shows the population percentage difference when the Hispanic population is taken from the total population. Then, the Hispanic population is assessed on how they see themselves in the following listed categories.







Concentrations of Populations

Population density (per square mile) among Region 7 counties vary, and the counties with the highest density in population are: Travis, Williamson, and Brazos. The figure below displays the population density values across the region.



The percentage of the population in-migration in Region 7 according to the American Community Survey (from 2011 estimates) was 10.37% (295,994 of 2,853,455). The population mobility (geographic) was assessed by changes in residence within a one year period, excluding individuals moving from one household to another in the same county. Only individuals whom left their county residence for another, from outside their state of residence, or from abroad were counted toward in-migration estimates. The three counties with the highest in-migration percentages in Region 7 were Coryell (16.79%, n=12,505), Brazos (15.25%, n=29,157), and Hays (13.56%, n=21,252). Further in-migration estimates during 2011, which had different population estimates, is provided in Appendix D.

Access to Healthcare

The access to primary care rate (per 100,000) can help observe barriers to access to health related to shortages of health professionals. In Region 7, the primary care physician rate (per 100,000 population) was 72.18 (2,187 primary care physicians in 2011). Counties that illustrated barriers to healthcare access

due to a shortage of health professionals were: Robertson (5.97 rate, 1 primary care physician), Madison (14.55 rate, 2 primary care physicians), and Falls (16.72 rate, 3 primary care physicians). Further details on additional county-level access to healthcare can be found in Appendix J.



General Adolescent Socioeconomic

Lemstra et al. (2008) conducted a meta-analysis of marijuana and alcohol use in adolescents (aged 10-15) by socio-economic status (SES) and what they concluded was that "lower SES adolescents have higher rates of marijuana and alcohol risk behavior than higher SES adolescents. Observing the implication of what Lemstra et al. (2008) described, poverty measures for Region 7 can help identify atrisk counties. The poverty level can be measured in several ways. Displayed below is poverty among adolescents by means of students qualifying for free and reduced lunch, an estimate based on family income. If we consider poverty by students receiving free and reduced lunch than we see the potential risk associated to marijuana and alcohol use by observing county-level poverty.

Free School Lunch Recipients

Region 7 had a 53% student population that qualified for total free and reduced lunch during the 2011-12 school year. The counties with the most students qualifying for total free and reduced lunch are Falls (77.3%, 1904 students), Madison (71%, 1851 students), and Bastrop (68.8%, 9175 students). Further student lunch percentages can be seen in Appendix M.

Uninsured Children

Children under the age of 19 without health insurance coverage across Region 7 is illustrated in Appendix E. Data was collected because lack of health insurance becomes a barrier to health care, such as regular primary care and health services related to poor health status. Collected from the Small Area Health Insurance Estimates (2012 U.S. Census Bureau), Region 7 had 92,542 children without medical insurance, representing 11.73% of the population under age 19 (788,912) without medical insurance. In comparison, the Texas uninsured children (946,321) percentage was 13.06%, while the U.S. percentage of uninsured children resided at 7.54% (5,763,259).

Consequences

The consequences of substance abuse may seem like an end stage, or a result, or a final determination in terms of a needs assessment, but it is actually the beginning stage in a SPF-based assessment. Consequences, simply put, are the **problems** resulting from substance abuse for which the remaining assessment, planning and actions seek solutions. Consequences are the conditions that exist in a community that cause concern, or even outrage when consequences are very severe, and are the motivating factors behind community action. For example, the **consumption** of alcohol per se is not the problem; is most often framed in terms of the severity of the consequences of that consumption. At the point consumption of alcohol creates consequences which directly harms the drinker, places the drinker at risk, or places others at risk, communities take note. When severe **consequences** arise from alcohol consumption, such as DWI crashes, alcohol-induced violence, health impacts, etc., these serve as the problem for which all other investigation into prevention *begins*.

Regional Use Data

This section will move from direct use–or consumption–data and begin to elaborate on some of the **consequences associated with substance abuse**, building on the section of general explanation and definition of consequences in the early section. Analyzing consequence data involves exploring domains where daily functions can be compromised by negative impacts due to use, such as mortality (causes of death) factors, academic performance indicators, morbidity (health/disease) factors, criminal and legal consequences, mental health impacts, and access/availability as indicators related to consequences.

Marijuana Consumption

Marijuana consumption data is not regionally available and is generally know at the state-level. For instance, below is the marijuana age of initiation estimates at a statewide level. The most frequent age of initiation is 14 years old, according to the Texas School Survey of Drug and Alcohol Use (2012) among 7-12 graders.



Note. Appendix H

Therefore, the early initiation of marijuana use among 7-12 graders who reported using marijuana before the age of 13 was represents 6% (94,898). Also, 26.2 percent of students (grades 7-12) reported on the Texas School Survey (TSS 2012) that they had used marijuana at some point during their lives. Unfortunately, the same result was found in 2010, thereby illustrating 2012 estimates as having no change in lifetime use. However, a better picture of students (grade 7-12) and their marijuana lifetime use separated by grade level helps to see differences, as in the below figure. Also marginally noteworthy are the past-month estimates of marijuana use, which fell from 11.4 percent (2010) to 11.1 percent (2012). Downward trends continue when observing elementary student (grades 4-6) results. For instance, lifetime marijuana use from 2010 to 2012 decreased from 1.9 percent to 1.7 percent with past-school year use dropping from 1.3 percent to 1.2 percent. Although not noticeable in the 1.3 to 1.2 percent decrease of marijuana past-school-year use among elementary students, there was an apparent decrease among sixth grades (3.8 percent to 3.2 percent). Further longitudinal elementary estimates can be seen in Appendix H.



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During the September 2013 to May 2014 time span the number of new marijuana possession cases appeared in Region 7 courts. There was significant missing data for the month of May, yet in the span of 7 months there is continued new cases brought forth in Region 7 courts. For specific data at the county-level please refer to Appendix L.



Note. * = missing data

Marijuana edibles and as vapor are new trends for marijuana use, especially in conjunction with the ecigarette. Marijuana is attributed to opening the door to other drugs converting to a vapor form. As a result, marijuana in the form of oils, wax, and concentrates will become more prevalent, especially in promoting the presence of vapor shops across the region.

The consequences of marijuana legalization can lead to increased availability and the normalization of marijuana use. Following the legalization path would lead to further negative health consequences, especially among youth. A negative health aspect involving adolescent with chronic use can lead to dependence and addiction. Unfortunately, the legalization of marijuana will not solve the current public health challenges, as already stated by the White house.

Alcohol Consumption

According to the Texas Drug Facts among Youth 2012, alcohol continues to be the most commonly used substance among secondary school students. Additionally, Maxwell (2013) has found this to be apparent from Texas School Survey (TSS) data. Students in grades 7-12 over time illustrate a gradual decrease in having used alcohol and binge drinking, as shown in the table below. In the younger students (grades 4-6) observations from the Texas School Survey data also indicated a decrease of overall alcohol use from 2010 to 2012. For instance, lifetime alcohol use for students in grades 4-6 decreased from 21.5 percent (2010) to 17.7 percent (2012). Further highlights from TSS data at the 4-6 grade-level demonstrate that past-school-year alcohol use also followed this downward trend from 13.7 percent to 11.2 percent.



Texas Motor Vehicle Crash Dataset 2003-2012 was used to illustrate the graph below, which divided the annual DUIs reported by the annual census population. The fraction values are very small because of

the number of DUIs compared to annual population numbers-we are talking the difference from hundreds (DUI crashes) to millions (population). This represents the small number of persons with DUI compared to the rest of the population for each year (2003-2012). Taking the 2003 and 2012 fraction values (i.e., numerator/denominator-DUI/population) in the graph below we can calculate the percent (straight-line) growth rate which results in -16.8%. This is not surprising since visually we see



more DUIs in 2003 compared to 2012 with respect to population growth. Further, the -16.8% can be divided by the number of years (9) in our graph to get the annual percentage growth rate which is -1.86.

The negative estimates found here currently illustrate lower DUIs numbers in Region 7 with respect to growing population.

Prescription Drugs Misuse/Abuse

In 2011 the Executive Office off the President of the United States called the abuse of prescription drugs an epidemic. The 2011 Prescription Drug Abuse Prevention Plan further outlined four areas to focus on in order to reduce prescription drug abuse. Namely, the four areas were focused on education, monitoring, proper medication disposal, and enforcement. Education on the dangers of abusing prescription drugs is needed for parents, youth, and patients as well as proper storage and disposal of prescription drugs. The monitoring focus entails that Texas would implement prescription drug monitoring programs. One such program already established in Texas is the Prescription Access in Texas (PAT).

Additionally, in a report conducted by the Trust for American's Health (TFAH 2013) Texas was found to have the eighth lowest drug overdose mortality rate in the U.S. The 2010 mortality rate (per 100,000) for Texas was 9.6. A mortality rate of 9.6 is alarming for Texas because in 1999 the mortality rate (per 100,000) use to be 5.4. As a result, the rate change from 1999-2010 has increased by 78 percent. In fact, according to Lankenau et al. (2012) prescription opioids are the most abused among young adults.

Adolescents are at risk for prescription drug abuse. In fact, estimates TFAH indicates that one in four teens have abused or misused a prescription drug during their lifetime. Also, Ritalin and Adderall had a one in eight student frequency (13%) to have taken the prescription drug without a prescription during any point in their lifetime. The nonmedical use of Viodin was another significant prescription drug used among high school students (one in twelve students used Viodin) as well as OxyContin (one in twenty high school students). In retrospect, the most commonly abused prescription drugs of 2013 were:

• OxyContin (Oxycodone HCI controlled- release)	 Suboxone (buprenorphine HCI and naloxone) Sublingual Flim Subutex (buprenorphine HCI) 	 Concerta (methylphenidate HCI) 	 Ambien (zolpidem tartrate) 	 Ritalin / Focalin (methylphenid ate HCl)
• Zoloft (sertraline HCI)	• Lunesta (Eszopiclone)	Adderall XR (amphetamine/ dextroamphetamine)	• Opana ER (oxymorphone	• Xanax XR (alprazolam)
 Klonopin / Rivotril (clonazepam) Valium (diazepam) 	 Fentora (fentanyl citrate) Vicodin (hydrocodone bitartrate and acetaminophen) 	 Percocet (oxycodone acetaminophen) 	• Ativan (lorazepam)	• Soma (carisoprodol)

Suicide

In 2011, the death of 291 individuals by suicide occurred in Region 7. Data was collected from the Texas Department of State Health Services and counties with 9 or less total suicide numbers were

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suppressed. Meaning, the total number of suicide numbers illustrated below are from counties that had 10 or more suicide cases. The regional annual summative total from 2007 to 2011 was 1,357 suicides. Also in 2011, the three counties with the highest suicide numbers, in order, were Travis (n=107), Bell (n=48), and Williamson (n=43). Compared to previous years, in the second figure below the top three counties with the highest are provided across time. In the only instance, where Bell County did not make the top three counties with the highest suicide number suicide number was in 2007, when McLennan County had 33 reported suicide cases.





Note. In 2007 McLennan County (*n*=33) had more suicides than Bell County. From further county-level suicide estimates refer to Appendix I.

Supportive data from the Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10 also reports similar results. For instance, of a population of 2,820,031 the average annual deaths from 2006-2010 was 312 in Region 7. Additionally, the age-adjusted (adjusted to 2000 estimates) death rate for suicide (per 100,000 population) for Region 7 was 11.78. In comparison, Texas had a 10.99 rate while the U.S. was calculated to have a death rate at 11.57. The Healthy People 2020 Target seeks to observe suicide death rates below 10.20. Unfortunately, suicide death rates in Region 7 from 2006-10 and the most recent 2007-11 does not reflect any indication of dropping to the Healthy People 2020 Target suicide rate goal, especially with increasing suicide numbers reported annually.

Meth Lab Seizures

The last incident of a meth lab seizure reported was in 2012, which was located in Brazos County as recorded on the National Clandestine Laboratory Register—Texas (2014, March). Below is a frequency count of meth lab seizure incidents by year. In general, Texas has experienced 32 methamphetamine lab incidents from 2004-2012 (DEA, 2012); a noticeable decline compared to 2011 estimates which had 86 meth lab incidents in Texas. In the same year, the Drug Enforcement Administration reported 11,210 meth lab incidents across the nation (2011 observed 13,390 incidents).



STD

In 2012, the most prevalent STD was Chlamydia (16,344 cases) and Bell County had the highest rate (per 100,000), followed by Robertson and Travis. Gonorrhea was also observed to be the highest in Bell County, followed by Falls and Robertson counties. As for Syphilis rates, they were observed higher in Burleson, Bell, and Caldwell. Syphilis cases in Region 7 were 179 in total. HIV cases were most seen in

Travis County, followed by Bell and Brazos. Lastly, the AIDS cases in the region totaled 187. In Appendix K are further details on STD cases and rates across Region 7.

Teen Pregnancy

The teen birth rate (per 1,000 population of females aged 15-19) was 43.57 in Region 7. Birth to mothers age 15-19 resulted in 4,664 births in the region. In comparison, Texas has a teen birth rate (per 1,000 population) of 55, while the nation has a 36.60 rate. The three counties with the highest teen birth rate are Llano (70.40, n=28), Robertson (68.80, n=39), and Limestone (67.50, n=49). Further teen birth rates per county are illustrated in Appendix F.

Accessibility

The ease of alcohol and drugs to adolescents is certainly a concern because of the potential to promote alcohol or substance abuse at earlier ages.

Alcohol

In the figure below access to alcohol in Region 7 is illustrated by county-level rates. The rates are calculated by the number of alcohol establishments divided by every 100,000 of population, as defined by North American Industry Classification System (NAICS) Code 445310. Alcohol establishments in this sample included the sale of beer, wine, and liquor. In the figure below, the three counties with the most access to alcohol based on the number of establishments are Mills, Hamilton, and Bosque counties.



Marijuana

Although medical marijuana in not legalized in Texas, there are many advocates attesting to beneficial uses. However, the short-sightedness of marijuana use are the long-term health concerns. Other states in the US have legalized medical marijuana, while other states have legalized marijuana for recreational use, yet in Texas marijuana use is not allowed. Access to marijuana is mostly influenced from outside sources and will depend on law enforcement or marijuana decriminalization policies in order to reduce and control marijuana access.

Prescription Drugs

Prescription drugs is growing trend in Texas and in Region 7 coalitions have advocated that prescription pills be locked away and secured from potential abuse. Currently, there is one permanent prescription pill disposal box located in Robertson County Sheriff's Office. Several prescription pill round-ups have occurred in the region in order to reduce access.

Regional Success

Region 7 has one permanent box for individuals to drop off unwanted prescribed medicine. The location is: Robertson Co. Sheriff's Office, 113 W. Decherd St., Franklin, Texas 77856; 979-828-3299. Additionally, a recent single event for prescription drug collection was achieved in the region having collected over a ton of prescription pills across 3 different collection sites (Washington, Brazos, and Robertson counties). Also, through the efforts of CVS/pharmacy teaming up with The Partnership at Drugfree.org, they created MedReturn as another site for the collection of prescription drugs. In region 7 the collection point is known as: San Marcos Police Department, 630 E. Hopkins, San Marcos, TX 78666. On a related note, a young man by the name of Zain presented his year-long project about the MedReturn Drug Collection Unit concept in Austin (see below).

"Future Problem Solver

Paris, TX Jr. High School student, Zain, from Paris, Texas entered the Texas Future Problem Solving 2012 competition with a year-long project about the MedReturn Drug Collection Unit concept. He was named Grand Champion and presented his project to an audience of 2000 plus in Austin, TX. He then went on to the Science and Engineering Fair 2012 in San Antonio and presented a project on the detrimental effects of medication on the environment, agriculture and the US economy, after improper disposal. He was awarded First Place (MedReturn, 2014)"

Several individuals involved in policy making at the city and college level in Region 7 are now discussing and developing policies related to the rising use of e-cigarettes in public establishments. For example, Baylor University has said no to permit e-cigarettes on-campus as other universities are starting to also adopt the same stance. The same discussion is occurring at the community-level as individuals who are tobacco-free have expressed their uncomfortable experience in being in close proximity to users of e-cigarettes in public establishments.

Region 7 is also enriched with many scholars due to the presence of numerous universities both public and private. The researchers and faculty from university settings have been instrumental in forming an epidemiological workgroup to tackle the issues of marijuana use, prescription drug abuse, and underage drinking among adolescents. In fact, another epidemiological workgroup has transpired to address issues related to tobacco use. Having another epidemiological workgroup helps foster the scientific investigation of alcohol and substance abuse issues in Central Texas. Lastly, the work and efforts of several coalitions in the area have also been vital to addressing wide spread issues of marijuana use, underage drinking, and the status of prescription drug abuse in Region 7. A key aspect of the coalition in Central Texas has been their willingness to participate with the Prevention Resource Center and to contribute information from the field.

Gaps in Region

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 7 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 (such as San Saba County).

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 of rich and detailed regional assessment, especially at the county-level. There are a number of 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 communitylevel activity is necessary in order to translate community-level data to a regional-level assessment. What community-level data can do by expanding their efforts is to begin developing county-level assessment and relational connections to neighboring counties.

The evaluation of certain seasonal occurrences are also necessary to assess. For instance, among marijuana users time related to the numerical value of 420 is commonly use as when to conduct marijuana activity. The numerical value 420 can mean April 20th as the day for marijuana use or the time 4:20pm or 4:20am. Also, the term "420 friendly" is sometimes used in online social media setting as an indication of being open to marijuana use. Additionally, alcohol use is generally seen to increase during holidays (e.g., New Year's Eve). However, measures are needed to observe spikes in alcohol and substance abuse in order to deter instances in the following year.

Conclusion

The majority of Region 7's population resides fairly close to Interstate 35 and the interstate highway can bring in new opportunities and increased commerce. In fact, there are also migration estimates of people moving to Austin and northward along the I35 highway in such areas as Round Rock and Georgetown. While I35 is an influential means of development, Austin Texas where many governing entities of Texas are located, is the centralized hub to initiate the State's stance and role in addressing alcohol, marijuana, and prescription drugs issues all across Texas. These two unique aspects of Region 7 greatly strengthen the resources and the number of people the Prevention Resource Center (PRC) can reach out to serve.

Although efforts to make people in region 7 think twice about using marijuana has led to resistance, the PRC continues to resolve misconceptions and misbeliefs about marijuana by getting involved in media activities. One such media activity utilized billboards in the Austin area to remind the public on dangers associated to alcohol and substance abuse. Yet, the public reacted strongly toward billboards with anti-marijuana messages, which only served to inform the PRC where to strategically begin to establish dialogue and work to eliminate misinformation about marijuana. Although, preventive alcohol and prescription drug messages did not spark activity from the Austin public further work with nearby coalitions is being conducted to begin understanding root causes for issues in this heavy concentration of people (especially in the form of an epidemiological workgroup). Here, Austin was used to conclude on Region 7 because Austin has the most people and people is who we serve through our efforts.

Appendix A

PRC Region	Counties
1: Panhandle and South Plains	Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, and Yoakum (41)
2: Northwest Texas	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stonewall, Stephens, Taylor, Throckmorton, Wichita, Wilbarger, and Young (30)
3: Dallas/Fort Worth Metroplex	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise (19)
4: Upper East Texas	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, and Wood (23)
6: Gulf Coast	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton (13)
7: Central Texas	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, and Williamson (30)
11: Rio Grande Valley/Lower South Texas	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, and Zapata (19)
<i>Note.</i> PRC stand number of count	s for Prevention Resource Center and the number in parenthesis is the total ies in that particular region.

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Appendix B

Table 1				
2013 Urbanization Status in Region 7				
	_	Urbanization		
No.	County	Status		
1	Blanco	Rural		
2	Bosque	Rural		
3	Burnet	Rural		
4	Fayette	Rural		
5	Freestone	Rural		
6	Grimes	Rural		
7	Hamilton	Rural		
8	Hill	Rural		
9	Lee	Rural		
10	Leon	Rural		
11	Limestone	Rural		
12	Llano	Rural		
13	Madison	Rural		
14	Milam	Rural		
15	Mills	Rural		
16	San Saba	Rural		
17	Washington	Rural		
18	Bastrop	Urban		
19	Bell	Urban		
20	Brazos	Urban		
21	Burleson	Urban		
22	Caldwell	Urban		
23	Coryell	Urban		
24	Falls	Urban		
25	Hays	Urban		
26	Lampasas	Urban		
27	McLennan	Urban		
28	Robertson	Urban		
29	Travis	Urban		
30	Williamson	Urban		
Sourc	<i>e.</i> Health Professi	ons Resource Center		
(2013	(2013)			

Appendix C

Table 2					
Language barrier to services					
			Population Age 5+	Percent Population	
Demont Arres	l otal	Population	with Limited English	Age 5+ with Limited	
Report Area	Population	Age 5+	Proficiency	English Proficiency	
Region 7	2,745,912	2,745,912	252,828	9.21%	
Bastrop	69,095	69,095	6,710	9.71%	
Bell	282,057	282,057	14,625	5.19%	
Blanco	9,883	9,883	744	7.53%	
Bosque	17,128	17,128	824	4.81%	
Brazos	181,532	181,532	16,669	9.18%	
Burleson	16,089	16,089	1,030	6.40%	
Burnet	40,513	40,513	2,468	6.09%	
Caldwell	35,535	35,535	2,671	7.52%	
Coryell	69,473	69,473	2,582	3.72%	
Falls	16,698	16,698	969	5.80%	
Fayette	23,227	23,227	1,611	6.94%	
Freestone	18,401	18,401	809	4.40%	
Grimes	24,992	24,992	1,853	7.41%	
Hamilton	7,995	7,995	213	2.66%	
Hays	147,847	147,847	9,927	6.71%	
Hill	32,787	32,787	2,051	6.26%	
Lampasas	18,572	18,572	843	4.54%	
Lee	15,568	15,568	1,283	8.24%	
Leon	15,784	15,784	887	5.62%	
Limestone	21,835	21,835	2,613	11.97%	
Llano	18,333	18,333	541	2.95%	
McLennan	217,932	217,932	17,796	8.17%	
Madison	12,855	12,855	582	4.53%	
Milam	22,973	22,973	1,262	5.49%	
Mills	4,611	4,611	324	7.03%	
Robertson	15,449	15,449	988	6.40%	
San Saba	5,757	5,757	422	7.33%	
Travis	958,478	958,478	132,396	13.81%	
Washington	31,647	31,647	1,285	4.06%	
Williamson	392,866	392,866	25,850	6.58%	
Texas	23,280,056	23,280,055	3,346,914	14.38%	
United States	289,000,832	289,000,824	25,081,124	8.68%	
Source. U.S. Census Bureau, American Community Survey: 2008-12					

Appendix D

Table 3			
Population Geo	ographic Mobility	Deputation In	Dercent Deputation In
Report Area	Total Population	Migration	Migration
Region 7	2,853,455	295,994	10.37%
Bastrop	73,066	4,737	6.48%
Bell	304,921	39,908	13.09%
Blanco	10,361	414	4%
Bosque	17,966	1,298	7.22%
Brazos	191,244	29,157	15.25%
Burleson	17,000	1,175	6.91%
Burnet	42,587	2,807	6.59%
Caldwell	37,875	4,679	12.35%
Coryell	74,474	12,505	16.79%
Falls	17,537	1,361	7.76%
Fayette	24,335	1,378	5.66%
Freestone	19,350	1,833	9.47%
Grimes	26,257	2,732	10.40%
Hamilton	8,409	583	6.93%
Hays	156,772	21,252	13.56%
Hill	34,635	2,388	6.89%
Lampasas	19,599	1,907	9.73%
Lee	16,279	1,218	7.48%
Leon	16,655	767	4.61%
Limestone	23,098	1,986	8.60%
Llano	18,914	1,461	7.72%
McLennan	231,394	16,675	7.21%
Madison	13,321	953	7.15%
Milam	24,325	1,277	5.25%
Mills	4,846	162	3.34%
Robertson	16,329	705	4.32%
San Saba	5,968	532	8.91%
Travis	1,019,422	90,850	8.91%
Washington	33,227	2,314	6.96%
Williamson	419,957	47,369	11.28%
Texas	24,406,968	1,711,942	7.01%
United			
States	305,340,608	18,454,468	6.04%
Source. US Cer	nsus Bureau, <u>America</u>	<u> In Community Sur</u>	<u>vey</u> : 2008-12.

Appendix E

Uninsured Child	Uninsured Children in Region 7					
			Percent	Population	Percent	
	Total	Population with	Population	Without	Population	
	Population	Medical	With Medical	Medical	Without Medical	
Report Area	Under Age 19	Insurance	Insurance	Insurance	Insurance	
Region 7	788,912	696,372	88.27%	92,542	11.73%	
Bastrop	19,954	16,668	83.50%	3,286	16.50%	
Bell	92,962	83,872	90.20%	9,090	9.80%	
Blanco	2,319	1,861	80.30%	458	19.70%	
Bosque	4,218	3,544	84%	673	16%	
Brazos	42,926	37,796	88%	5,130	12%	
Burleson	4,178	3,476	83.20%	703	16.80%	
Burnet	10,047	8,480	84.40%	1,568	15.60%	
Caldwell	10,569	9,269	87.70%	1,301	12.30%	
Coryell	21,040	18,966	90.10%	2,074	9.90%	
Falls	3,911	3,381	86.40%	530	13.60%	
Fayette	5,491	4,536	82.60%	955	17.40%	
Freestone	4,615	3,924	85%	692	15%	
Grimes	6,200	5,232	84.40%	968	15.60%	
Hamilton	1,817	1,514	83.30%	303	16.70%	
Hays	42,151	37,137	88.10%	5,014	11.90%	
Hill	8,700	7,356	84.60%	1,344	15.40%	
Lampasas	5,059	4,346	85.90%	713	14.10%	
Lee	4,161	3,506	84.30%	655	15.70%	
Leon	3,925	3,252	82.90%	673	17.10%	
Limestone	5,726	4,913	85.80%	813	14.20%	
Llano	3,147	2,656	84.40%	491	15.60%	
McLennan	61,662	54,209	87.90%	7,453	12.10%	
Madison	3,018	2,545	84.30%	473	15.70%	
Milam	6,383	5,428	85%	954	15%	
Mills	1,084	865	79.80%	220	20.20%	
Robertson	4,308	3,619	84%	689	16%	
San Saba	1,253	1,040	83%	213	17%	
Travis	268,546	237,470	88.40%	31,076	11.60%	
Washington	7,662	6,510	85%	1,152	15%	
Williamson	131,880	119,001	90.20%	12,878	9.80%	
Texas	7,248,229	6,301,908	86.94%	946,321	13.06%	
United States	76,468,844	70,705,585	92.46%	5,763,259	7.54%	
Source: US Census Bureau, <u>Small Area Health Insurance Estimates</u> : 2012.						

Appendix F

Teen Birth Rates					
	Female Population	Births to Mothers	Teen Birth Rate (Per		
Report Area	Age 15 – 19	Age 15 – 19	1,000 Population)		
Region 7	107,038	4,664	43.57		
Bastrop	2,462	122	49.6		
Bell	10,863	687	63.2		
Blanco	282	9	33.6		
Bosque	597	25	42		
Brazos	11,804	306	25.9		
Burleson	562	30	53.4		
Burnet	1,351	66	48.7		
Caldwell	1,567	90	57.7		
Coryell	2,344	109	46.7		
Falls	537	34	63.6		
Fayette	725	27	37.6		
Freestone	577	34	59.2		
Grimes	806	44	55.1		
Hamilton	244	13	52.8		
Hays	7,220	199	27.6		
Hill	1,139	68	59.8		
Lampasas	683	34	49.4		
Lee	569	23	39.9		
Leon	500	32	63.6		
Limestone	722	49	67.5		
Llano	392	28	70.4		
McLennan	10,218	503	49.2		
Madison	411	26	63.9		
Milam	893	57	63.6		
Mills	156	6	40.7		
Robertson	572	39	68.8		
San Saba	171	11	64		
Travis	33,491	1,500	44.8		
Washington	1,422	57	40.1		
Williamson	13,758	436	31.7		
Texas	914,438	50,294	55		
United States	10,736,677	392,962	36.6		
Source: Centers for Disease Control and Prevention, <u>National Vital Statistics</u>					
<u>System</u> : 2006-12.					

Births to Women Age 15-19, Rate* by Time Period					
Report Area	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Region 7	49.22	48.31	47.2	45.64	43.57
Bastrop	53.8	55.4	55	51.6	49.6
Bell	71.8	69.3	67.8	66	63.2
Blanco	41.8	36.6	36.7	37.1	33.6
Bosque	54	50.9	50.6	47.9	42
Brazos	29	28.5	27.9	26.7	25.9
Burleson	62.6	60.7	60.2	57.7	53.4
Burnet	56.8	56.8	54.6	52.9	48.7
Caldwell	66.8	64.5	62.7	60.1	57.7
Coryell	47.5	47.8	47.3	47.7	46.7
Falls	61.8	61.7	62	63.5	63.6
Fayette	42.5	40.3	37.8	38.7	37.6
Freestone	62.3	61.8	58.8	60.8	59.2
Grimes	63.6	63	60.2	57.7	55.1
Hamilton	44.2	43.8	48.7	49	52.8
Hays	30.6	30.2	29.5	28.4	27.6
Hill	69.4	66.5	64.5	64.2	59.8
Lampasas	56.9	56.3	57.8	54.2	49.4
Lee	43.5	40.9	42.9	41.5	39.9
Leon	59.9	63.6	64.5	64.6	63.6
Limestone	74.2	71.9	67.5	70.5	67.5
Llano	67.6	64.9	70.4	70	70.4
McLennan	55.9	54.8	53.2	51.3	49.2
Madison	57.2	61.5	63.2	61	63.9
Milam	66.8	66	68.1	65.6	63.6
Mills	39.9	41.1	45.5	44.6	40.7
Robertson	71.8	70.4	71.9	70.4	68.8
San Saba	55.1	58	56.5	57.8	64
Travis	52	51.1	49.4	47.4	44.8
Washington	43.8	42.6	43.6	41.3	40.1
Williamson	35.7	35.3	34.6	33.6	31.7
Texas	62	61	59.5	57.3	55
United States	41	40.3	39.3	38	36.6
<i>Note.</i> * = Per 1,000 population. Source: Centers for Disease Control and Prevention, <u>National Vital</u>					
Statistics System: 2006-12.					

2010 Pregnancy Rates by County and Age Range						
		Age				
	Under					
County	14	15-17	18-19			
Bastrop	0	31	81			
Bell	6	169	516			
Blanco	0	2	11			
Bosque	0	8	17			
Brazos	5	75	186			
Burleson	0	11	23			
Burnet	0	17	44			
Caldwell	2	36	45			
Coryell	1	23	95			
Falls	0	9	26			
Fayette	0	9	13			
Freestone	0	10	26			
Grimes	0	15	28			
Hamilton	0	2	13			
Hays	3	64	116			
Hill	0	16	35			
Lampasas	0	5	14			
Lee	0	11	17			
Leon	0	9	22			
Limestone	1	14	34			
Llano	0	13	21			
Madison	1	7	10			
McLennan	3	21	62			
Milam	2	24	43			
Mills	0	0	6			
Robertson	0	19	23			
San Saba	0	2	5			
Travis	29	471	862			
Washington	2	24	43			
Williamson	3	125	260			

Questions asked of a Sample of High School Students in the State								
	Rates	Sampled	Rates	Sampled	Rates	Sampled	Rates	Sampled
Grade		9 th	1	-0 th	1	1 th		12 th
Sex for the first time < 13	8	1105	6.1	1043	7.5	971	6.1	612
Four or more partners in								
lifetime	8.3	1077	13.9	994	20.9	920	26.6	579
One or more partners last								
three months	20.9	1073	32.5	991	44.6	918	51.4	578
Drank alcohol or used								
drugs before last sexual								
intercourse	24.3	222	23	318	25.2	410	23.6	297
Used condoms during the								
last three months	56	209	57.9	309	52.8	406	51.5	289
Used birth control prior to								
intercourse	8.5	210	9.1	312	10.4	404	15.6	*
Note. * = missing estimate	Note. * = missing estimate							

Appendix G

Region 7 Age	Distribution								
Area	Age o-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+	
Region 7	216,283	522,804	374,290	465,412	409,408	381,619	295,619	296,760	
Bastrop	4,928	14,357	5,563	8,813	10,198	11,655	9,816	8,693	
Bell	28,098	59,572	39,386	52,615	39,459	36,662	26,956	27,407	
Blanco	542	1,701	597	932	1,195	1,710	1,796	1,952	
Bosque	986	3,074	1,216	1,621	2,024	2,583	2,697	3,913	
Brazos	12,555	27,123	59,933	29,101	19,254	18,078	13,792	14,251	
Burleson	1,071	2,982	1,268	1,808	2,083	2,495	2,386	3,067	
Burnet	2,433	7,408	3,078	4,512	4,926	6,304	6,080	8,205	
Caldwell	2,617	7,408	4,351	4,652	5,021	5,249	4,207	4,647	
Coryell	6,255	14,305	9,954	13,510	11,397	8,836	5,715	5,756	
Falls	1,058	2,856	1,772	2,207	2,324	2,531	2,201	2,807	
Fayette	1,330	4,056	1,533	2,248	2,520	3,830	3,631	5,409	
Freestone	1,230	3,374	1,279	2,596	2,404	2,917	2,540	3,291	
Grimes	1,572	4,429	2,139	3,417	3,561	4,111	3,535	3,800	
Hamilton	453	1,349	587	757	887	1,165	1,170	2,080	
Hays	10,617	28,073	28,546	21,374	20,343	19,845	15,980	13,686	
Hill	2,292	6,257	2,919	3,752	4,003	4,744	4,657	6,455	
Lampasas	1,265	3,743	1,511	2,001	2,627	2,911	2,587	3,192	
Lee	1,023	3,254	1,396	1,629	2,067	2,497	2,013	2,712	
Leon	1,043	2,748	1,101	1,620	1,905	2,416	2,406	3,588	
Limestone	1,515	3,987	1,925	3,121	2,831	3,207	3,011	3,753	
Llano	782	2,238	1,110	1,296	1,529	2,501	3,598	6,061	
McLennan	16,694	42,683	34,014	29,938	26,864	29,984	25,022	29,427	
Madison	735	2,157	1,921	2,160	1,790	1,435	1,508	1,884	
Milam	1,718	4,768	1,750	2,620	2,712	3,531	3,241	4,351	
Mills	269	920	300	348	508	789	669	1,077	
Robertson	1,147	3,091	1,380	1,754	1,893	2,326	2,108	2,897	
San Saba	280	1,023	593	671	730	705	804	1,231	
Travis	76,364	170,331	127,016	197,211	157,697	133,367	96,547	76,309	
Washington	1,981	5,421	3,752	3,359	3,574	4,881	4,405	6,255	
Williamson	33,430	88,116	32,400	63,769	71,082	58,354	40,541	38,604	
Texas	1,928,842	4,920,487	2,594,520	3,623,225	3,479,610	3,413,900	2,612,923	2,635,390	
US	20,137,884	53,841,976	30,822,834	41,184,288	41,227,504	44,646,976	36,605,800	40,671,440	
Source: US Ce	Source: US Census Bureau, American Community Survey: 2008-12.								

Total Population, Race distribution in Region 7								
				Native	Native			
				American	Hawaiian	Some	N4. Jtipla	
Report Area	White	Black	Asian	/ Alaska Native	/ Pacific Islander	Race	Races	
Region 7	2.248.854	306.240	110.659	15.611	4.095	200.181	76.555	
Bastrop	61,425	5,998	561	725	0	4,026	1,288	
Bell	206,376	65,994	8,840	, <u> </u>	2,274	10,195	, 14,558	
Blanco	9,730	93	12	249	0	229	112	
Bosque	17,092	261	50	99	0	302	310	
Brazos	146,571	21,489	10,168	713	71	10,835	4,240	
Burleson	13,635	1,970	217	0	0	1,073	265	
Burnet	40,411	878	162	244	24	732	495	
Caldwell	26,476	2,776	61	254	4	7,443	1,138	
Coryell	55,222	12,498	1,656	310	629	2,216	3,197	
Falls	12,351	4,386	185	54	0	509	271	
Fayette	22,146	1,771	22	2	4	437	175	
Freestone	15,053	3,251	42	197	0	903	185	
Grimes	19,101	4,425	171	94	6	2,161	606	
Hamilton	8,341	39	5	0	3	9	51	
Hays	125,452	5,297	2,129	805	56	21,361	3,364	
Hill	30,931	2,387	143	498	0	620	500	
Lampasas	17,582	940	137	248	25	490	415	
Lee	13,974	1,879	0	34	0	460	244	
Leon	14,003	1,262	25	72	0	1,286	179	
Limestone	18,148	4,107	105	55	17	601	317	
Llano	18,323	157	14	40	0	305	276	
McLennan	181,949	34,584	3,345	1,129	46	9,191	4,382	
Madison	10,098	2,862	39	28	0	491	72	
Milam	20,704	2,291	56	258	0	864	518	
Mills	4,755	28	0	0	0	87	10	
Robertson	12,107	3,616	109	47	0	564	153	
San Saba	5,391	134	15	7	0	351	139	
Travis	746,424	87,799	60,637	5,972	820	106,507	26,683	
Washington	26,363	6,005	485	196	0	301	278	
Williamson	348,720	27,063	21,268	1,363	116	15,632	12,134	
Texas	18,670,768	2,972,834	979,3 ⁸ 5	127,794	20,671	1,883,103	554,343	
US	229,298,912	38,825,848	14,859,795	2,529,100	514,402	14,814,369	8,296,291	
Source: US Ce	Source: US Census Bureau, American Community Survey: 2008-12.							

Non-Hispanic Population							
				Native American / Alaska	Native Hawaiian / Pacific	Some Other	Multiple
Report Area	White	Black	Asian	Native	Islander	Race	Races
Region 7	1,694,042	296,228	108,216	7,913	3,822	4,053	50,014
Bastrop	42,318	5,753	543	239	0	182	906
Bell	157,080	62,800	8,273	1,406	2,171	407	10,634
Blanco	8,199	93	12	58	0	1	112
Bosque	14,603	250	50	78	0	0	215
Brazos	114,703	20,705	10,007	569	44	264	2,632
Burleson	11,616	1,970	217	0	0	0	181
Burnet	32,707	868	162	229	24	0	308
Caldwell	16,798	2,746	61	120	4	31	351
Coryell	46,643	12,210	1,531	110	607	199	2,225
Falls	9,330	4,362	185	45	0	5	131
Fayette	18,098	1,763	22	2	4	0	95
Freestone	13,467	3,190	42	70	0	3	154
Grimes	16,066	4,292	171	2	0	0	353
Hamilton	7,465	39	5	0	3	0	45
Hays	92,516	5,184	1,933	582	56	206	1,885
Hill	25,733	2,313	143	187	0	0	249
Lampasas	14,941	705	137	234	25	23	294
Lee	10,828	1,805	0	34	0	3	231
Leon	13,055	1,262	25	70	0	16	157
Limestone	14,421	4,082	105	25	17	12	240
Llano	17,069	157	14	40	0	0	262
McLennan	138,247	34,058	3,292	640	41	187	2,791
Madison	7,937	2,838	23	23	0	0	48
Milam	16,131	2,266	56	59	0	0	372
Mills	4,012	28	0	0	0	0	10
Robertson	9,709	3,616	109	14	0	21	98
San Saba	4,061	134	15	7	0	0	118
Travis	522,664	84,942	59,812	2,011	721	1,717	17,020
Washington	22,311	5,915	485	119	0	0	212
Williamson	271,314	25,882	20,786	940	105	776	7,685
Texas	11,415,017	2,903,204	966,343	67,134	17,955	37,097	322,477
US	196,903,968	37,786,592	14,692,794	2,050,766	480,063	616,191	6,063,063
Source: US Ce	ensus Bureau, <u>A</u>	merican Comi	munity Survey	: 2008-12.			

Hispanic Population							
					Native		
				Native	Hawaiia		
				America	n / Pacific	Some	Multiple
Report Area	White	Black	Asian	Native	Islander	Other Race	Races
Region 7	EE4 812	10 012	2 / / 2	7 608	272	106 128	26 541
Bastrop	19,107	245	<u>-1443</u> 18	//090	/ 3	2.844	282
Bell	/9.296	3.19/	567	512	103	9.788	3.924
Blanco	<u>+5/-5</u> -		0	191	0	228	0
Bosque	2,489	11	0		0	302	95
Brazos	31,868	784	161	144	27	10,571	1,608
Burleson	2,019	0	0	0	0	1,073	, 84
Burnet	7,704	10	0	15	0	732	187
Caldwell	9,678	30	0	134	0	7,412	, 787
Coryell	8,579	288	125	200	22	2,017	972
Falls	3,021	24	0	9	0	504	140
Fayette	4,048	8	0	0	0	437	80
Freestone	1,586	61	0	127	0	900	31
Grimes	3,035	133	0	92	6	2,161	253
Hamilton	876	0	0	0	0	9	6
Hays	32,936	113	196	223	0	21,155	1,479
Hill	5,198	74	0	311	0	620	251
Lampasas	2,641	235	0	14	0	467	121
Lee	3,146	74	0	0	0	457	13
Leon	948	0	0	2	0	1,270	22
Limestone	3,727	25	0	30	0	589	77
Llano	1,254	0	0	0	0	305	14
McLennan	43,702	526	53	489	5	9,004	1,591
Madison	2,161	24	16	5	0	491	24
Milam	4,573	25	0	199	0	864	146
Mills	743	0	0	0	0	87	0
Robertson	2,398	0	0	33	0	543	55
San Saba	1,330	0	0	0	0	351	21
Travis	223,760	2,857	825	3,961	99	104,790	9,663
Washington	4,052	90	0	77	0	301	66
Williamson	77,406	1,181	482	423	11	14,856	4,449
Texas	7,255,750	69,630	13,042	60,660	2,716	1,846,006	231,866
US	32,394,938	1,039,257	167,001	478,334	34,339	14,198,178	2,233,228
Source: US Ce	nsus Bureau, 🖊	<u>Merican Cor</u>	<u>mmunity Su</u>	<u>rvey</u> : 2008-1	2.		

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Appendix H

Marijuana Age of Initiation (Statewide)						
Age	Frequency	Percent				
9 or younger	19967	5.20%				
10 years old	13236	3.50%				
11 years old	20866	5.50%				
12 years old	40829	10.70%				
13 years old	68019	17.80%				
14 years old	74884	19.60%				
15 years old	70360	18.40%				
16 years old	48259	12.60%				
17 years old	20510	5.40%				
18 or older	5855	1.50%				
Date Source. Texas School Survey of Drug and						
Alcohol Use: Sprin	g 2012 (Grades 7	-12 Large)				



Appendix I

Suic	Suicide Data							
No	County	2007	2008	2009	2010	2011		
1	Travis	114	109	114	129	107		
2	Bell	27	28	31	49	48		
3	Williamson	30	38	48	50	43		
4	McLennan	33	26	22	28	29		
5	Hays	16	19	13	12	24		
6	Brazos	11	11	17	18	15		
7	Coryell	*	13	11	*	13		
8	Bastrop	10	11	18	*	12		
9	Fayette	*	10	*	*	*		
Note	<i>Note.</i> * = The data between o and 9 suicides per county have been suppressed.							
There are 9 counties between the years of 2007 and 2011 that have 10 or more								
suicio	suicides. The other 21 counties in Region 7 did not individually report more							
than	than 10 suicides during 2007-11.							



Appendix J

Access to Primary Care							
	Total Population,	Total Primary Care	Primary Care Physicians,				
Report Area	2011	Physicians, 2011	Rate per 100,000 Pop.				
Region 7	3,029,940	2,187	72.18				
Bastrop	75,115	22	29.29				
Bell	315,196	327	103.74				
Blanco	10,600	4	37.74				
Bosque	18,306	7	38.24				
Brazos	197,632	168	85.01				
Burleson	17,251	6	34.78				
Burnet	43,117	18	41.75				
Caldwell	38,442	12	31.22				
Coryell	76,508	14	18.3				
Falls	17,944	3	16.72				
Fayette	24,732	12	48.52				
Freestone	19,684	6	30.48				
Grimes	26,887	8	29.75				
Hamilton	8,472	8	94.43				
Hays	164,050	75	45.72				
Hill	35,392	16	45.21				
Lampasas	19,891	12	60.33				
Lee	16,666	4	24				
Leon	16,916	3	17.73				
Limestone	23,634	9	38.08				
Llano	19,181	16	83.42				
McLennan	238,564	181	75.87				
Madison	13,747	2	14.55				
Milam	24,699	8	32.39				
Mills	4,848	2	41.25				
Robertson	16,740	1	5.97				
San Saba	6,023	2	33.21				
Travis	1,063,130	924	86.91				
Washington	33,791	20	59.19				
Williamson	442,782	297	67.08				
Texas	25,674,681	16,945	66				
United States	311,591,917	267,437	85.83				
Source: US Departm	nent of Health & Hum	an Services, Health Re	sources and Services				
Administration, <u>Area Health Resource File</u> : 2011.							

Appendix K

STD data from	STD data from Region 7									
	Chlamydia	Chlamydia	Gonorrhea	Gonorrhea	Syphilis	Syphilis	HIV	HIV	AIDS	AIDS
County	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Bastrop	263	351.8	54	72.2	1	1.3	7	9.4	5	6.7
Bell	3,968	1,228.3	1,126.0	348.6	18	5.6	51	15.8	9	2.9
Blanco	22	206.5	1	9.4	0	0	3	28.2	0	0
Bosque	32	176.6	8	44.1	0	0	1	5.5	1	5.5
Brazos	1,045	520.8	228	113.6	5	2.5	35	17.4	20	10.3
Burleson	77	445.3	21	121.5	1	5.8	2	11.6	1	5.8
Burnet	111	255.5	22	50.6	0	0	1	2.3	1	2.3
Caldwell	186	480.2	25	64.5	2	5.2	7	18.1	3	7.9
Coryell	380	492	98	126.9	1	1.3	2	2.6	2	2.7
Falls	101	573.5	35	198.8	0	0	1	5.7	3	17
Fayette	67	271.3	11	44.5	0	0	4	16.2	2	8.1
Freestone	52	266.5	13	66.6	0	0	2	10.2	0	0
Grimes	129	481.6	34	126.9	0	0	1	3.7	2	7.5
Hamilton	17	204.6	2	24.1	0	0	0	0	0	0
Hays	1,003	593.5	197	116.6	5	3	9	5.3	7	4.1
Hill	81	230.7	22	62.7	0	0	1	2.8	1	2.8
Lampasas	20	281.3	4	56.3	0	0	0	0	0	0
Lee	56	337.3	6	36.1	0	0	2	12	0	0
Leon	42	250	9	53.6	0	0	1	6	0	0
Limestone	99	419.8	33	139.9	0	0	1	4.2	1	4.2
Llano	31	162.4	3	15.7	0	0	0	0	0	0
Madison	30	360.9	0	0	0	0	0	0	0	0
McLennan	123	336.6	32	87.6	0	0	2	5.5	4	10.9
Milam	128	529.9	30	124.2	1	4.1	1	4.1	0	0
Mills	7	145	0	0	0	0	0	0	0	0
Robertson	108	652.8	28	169.2	0	0	1	6	3	18.1
San Saba	9	150	2	33.3	0	0	0	0	0	0
Travis	6,623	604.5	1,637	149.4	132	12	252	23	112	10.2
Washington	159	466.4	50	146.7	1	2.9	2	5.9	1	2.9
Williamson	1,375	301.4	239	52.4	12	2.6	18	3.9	9	2

2010-12 HIV Cases in Region 7 by Age Group							
Region 7		2010	2011	2012			
Age	0-12	0	1	4			
	13-14	0	0	1			
	15-19	26	20	26			
	20-24	67	76	72			
Region 7 1	otal	93	97	103			
Texas Sta	te Total	1070	1066	1061			

2010-12 HIV Case Rates* in Region 7 by Age Group								
Region 7		2010	2011	2012				
Age	0-12	0.0	0.5	2.1				
	13-14	0.0	0.0	1.6				
	15-19	36.2	26.7	33.3				
	20-24	57.7	64.3	60.5				
Region 7 T	otal	11.1	11.4	12.1				
Texas Sta	te Total	5.7	5.6	5.5				
Note. * = p	00,000 per 100,000							

2010-12 Population Numbers							
Region 7		2010	2011	2012			
Age	0-12	185507	186922	187301			
	13-14	65008	64505	63793			
	15-19	71842	74995	78065			
	20-24	116122	118121	119022			
Region 7 Total		839586	848854	853986			
Texas State Total		18877586	19114244	19337326			

2010-12 Syphilis Cases in Region 7 by Age Group							
Region 7		2010 2011 201					
Age	0-12	2	9	3			
	13-14	1	0	0			
	15-19		32	27			
	20-24	132	106	102			
Region 7 Total		174	147	132			
Texas State Total		2154	1946	1988			

2010-2012 Syphilis Case Rates* in Region 7 by Age Group								
Region 7		2010	2011	2012				
Age	0-12	0.4	1.6	0.5				
	13-14	1.3	0.0	0.0				
	15-19	17.9	14.9	12.5				
	20-24	48.5	38.1	36.2				
Region 7 T	otal	15.6	13.0	11.6				
Texas Sta	te Total	11.4	10.2	10.3				
<i>Note.</i> * = per 100,000								

2010-12 Population Numbers							
Region 7		2010	2011	2012			
Age	0-12	546709	557572	563300			
	13-14	77026	78962	80917			
15-19		218192	215037	215528			
	20-24	272041	277855	281577			
Region 7 Total		1113968	1129426	1141322			
Texas State Total		18877586	19114244	19337326			

2010-12 Gonorrhea Cases in Region 7 by Age Group							
Region 7		2010 2011 2012					
Age	0-12	8	5	12			
	13-14	27	27 32				
	15-19		1076 994				
20-24		1498	1489	1661			
Region 7 Total		2609	2520	2738			
Texas State Total		20402	20162	20623			

2010-12 Gonorrhea Rates* in Region 7 by Age Group						
Region 7		2010	2010 2011 2012			
Age	0-12	1.5	0.9	2.1		
	13-14	35.1	40.5	32.1		
	15-19	493.1	462.2	482.1		
	20-24	550.7	535.9	589.9		
Region 7 T	Total	234.2	223.1	239.9		
Texas State Total 108.1 105.5 106.6						
Note. * = per 100,000						

2010-12 Population Numbers							
Region 7		2010 2011					
Age	0-12	546709	557572	563300			
	13-14	77026	78962	80917			
	15-19	218192	215037	215528			
	20-24	272041	277855	281577			
Region 7 Total		1113968	1129426	1141322			
Texas State Total		18877586	19114244	19337326			

2010-12 Chlamydia Cases in Region 7 by Age Group							
Region 7		2010 2011 2012					
Age	0-12	38	12	41			
	13-14	123 144		135			
	15-19		5196	4937			
	20-24	6377	6758	7127			
Region 7 Total		11283 12110		12240			
Texas State Total		83475	88219	87599			

20110-12 Chlamydia Rates* in Region 7 by Age Group								
Region 7		2010	2011	2012				
Age	0-12	7.0	2.2	7.3				
	13-14	159.7	182.4	166.8				
	15-19	2174.7	2416.3	2290.7				
	20-24	2344.1	2432.2	2531.1				
Region 7 Total		1012.9	1072.2	1072.4				
Texas State Total		442.2	461.5	453.0				
<i>Note.</i> * = per 100,000								

2010-12 Population Numbers							
Region 7		2010	2011	2012			
Age	0-12	546709	557572	563300			
	13-14	77026	78962	80917			
	15-19	218192	215037	215528			
	20-24	272041	277855	281577			
Region 7 Total		1113968	1129426	1141322			
Texas State Total		18877586	19114244	19337326			

Appendix L

2013-14 Court-Level Data on New Cases of Marijuana Possession										
	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Bastrop	12	28	16	5	2	9	25	21	8	17
Bell	72	51	73	58	58	84	106	112	95	81
Blanco	0	0	0	1	0	0	4	0	7	0
Bosque	6	3	4	1	5	2	1	1	4	9
Brazos	77	67	51	73	37	73	92	*	*	*
Burleson	3	4	4	5	1	4	9	9	5	2
Burnet	11	4	24	8	12	17	18	18	4	11
Caldwell	12	7	14	10	8	4	4	8	0	*
Coryell	6	12	5	3	7	7	5	3	9	9
Falls	4	5	1	4	6	8	3	1	3	0
Fayette	6	3	8	0	3	4	10	9	5	5
Freestone	2	1	5	3	0	3	5	3	7	7
Grimes	4	0	0	*	*	*	*	*	*	*
Hamilton	6	4	0	0	0	2	2	0	2	*
Hays	40	47	39	48	54	28	31	32	42	48
Hill	11	0	4	4	7	14	6	3	*	*
Lampasas	2	3	5	2	4	12	6	3	7	5
Lee	4	8	8	7	6	9	7	9	10	*
Leon	0	0	0	2	0	5	0	3	5	0
Limestone	4	6	14	3	3	13	2	10	4	3
Llano	1	3	8	0	3	3	5	4	3	1
Madison	9	2	11	13	4	0	12	*	*	*
McLennan	38	83	62	44	44	81	40	76	64	40
Milam	10	2	0	7	4	10	10	6	8	8
Mills	2	3	5	2	0	5	1	2	5	0
Robertson	5	4	3	1	3	6	11	5	11	10
San Saba	0	0	1	2	3	1	0	0	5	3
Travis	446	313	395	363	329	300	256	328	635	442
Washington	20	22	10	15	15	44	24	20	17	22
Williamson	103	150	114	132	114	149	128	165	144	196
Source. The Texas Office of Court Administration										

Appendix M

Public School 2011-12 Total Free and Reduced Lunch Qualified Students							
County Name	Reduced- price Lunch Eligible Students	Total Free and Reduced Lunch	Free Lunch Eligible	Limited English Proficient (LEP) / English Language	Total	Percentage of Total Free and Reduced Lunch Students =	
	1027	0175	8128	2252	12228	68.8%	
BELL	6282	33820	27538	4333	61970	54.6%	
BLANCO	127	806	679	83	1678	48.0%	
BOSQUE	283	2002	1719	173	3229	62.0%	
BRAZOS	1653	15299	13646	3500	26909	56.9%	
BURLESON	229	1708	1479	240	2897	59.0%	
BURNET	781	4388	3607	557	7342	59.8%	
CALDWELL	658	4508	3850	586	6606	68.2%	
CORYELL	2388	8079	5691	238	15049	53.7%	
FALLS	180	1904	1724	212	2464	77.3%	
FAYETTE	338	1843	1505	375	3626	50.8%	
FREESTONE	263	1810	1547	195	3651	49.6%	
GRIMES	496	2955	2459	493	4326	68.3%	
HAMILTON	185	679	494	76	1525	44.5%	
HAYS	2206	14760	12554	3124	30627	48.2%	
HILL	600	4380	3780	449	6572	66.6%	
LAMPASAS	425	2213	1788	126	4120	53.7%	
LEE	285	2107	1822	253	3344	63.0%	
LEON	203	1726	1523	298	3108	55.5%	
LIMESTONE	328	2770	2442	347	4039	68.6%	
LLANO	207	1102	895	63	1836	60.0%	
MADISON	190	1851	1661	270	2606	71.0%	
MCLENNAN	3360	27545	24185	3465	44074	62.5%	
MILAM	365	3004	2639	249	4612	65.1%	
MILLS	103	554	451	33	914	60.6%	
ROBERTSON	227	2104	1877	222	3216	65.4%	
SAN SABA	110	607	497	106	970	62.6%	
TRAVIS	10438	93348	82910	32575	170224	54.8%	
WASHINGTON	419	3028	2609	506	5302	57.1%	
WILLIAMSON	6056	30974	24918	6385	90203	34.3%	
Region 7	40422	281049	240627	61785	530367	53.0%	
Source. National	Center for E	ducation St	atistics				

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Glossary of Terms

Age-adjustment: Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes which allows communities with different age structures to be compared [Retrieved from <u>https://www.health.ny.gov/diseases/chronic/ageadj.htm</u>]

Crude Mortality Rate: the mortality rate from all causes of death for a population during a specific time period [Retrieved from http://health.mo.gov/training/epi/CrudeRate.html]