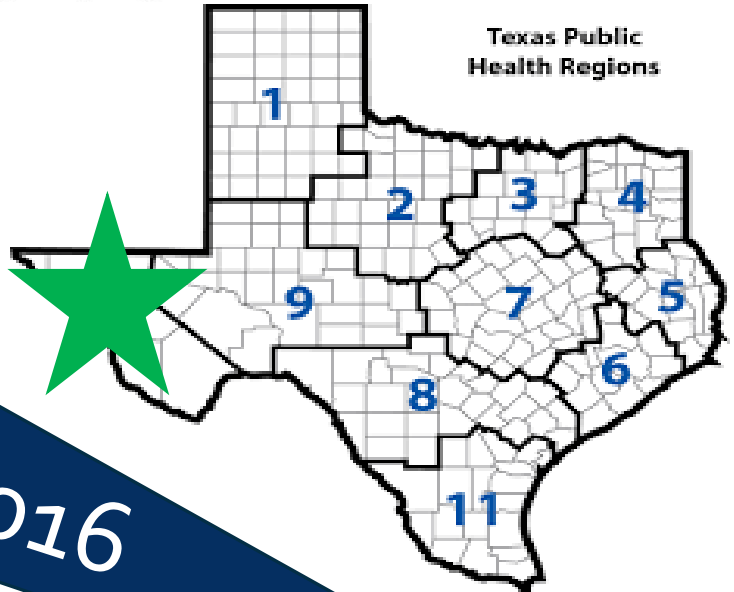# TEXAS PREVENTION RESOURCE CENTER
REGION 10

Texas Public Health Regions

2016

Regional Needs Assessment

REGION 10: FAR WEST TEXAS

PREVENTION RESOURCE CENTER 10

Contents

Executive Summary

Public Health organizations and community organizations focused on health disparities share the common goal of improving the lives of Region 10. They share the responsibility along with business, government, faith communities and individuals in shaping health improvement efforts based on data and community need.

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 10 along with Evaluators from PRCs across the State of Texas and supported by Aliviane, Inc. and the Texas Department of State Health Services (DSHS). The PRC 10 serves 6 counties in the El Paso Region.

The 2016 RNA was prepared for Brewster, Culberson, El Paso, Hudspeth, Jeff Davis and Presidio, Texas. The regional needs assessment includes a summary of population and household demographics, measures related to demographics, mental health, substance use risk factors, military and colonia information. The RNA was undertaken to provide the communities in Region 10 with a rich set of available information about the populations that are targeted for services. The data presented in the RNA were identified through secondary data from the census, related data, population data and input from community agencies and coalitions with expertise in the issues of the population served.

This assessment was designed to aid PRC's, DSHS, and community stakeholders in long-term strategic prevention planning based on most current information relative to the unique needs of the diverse communities in the State of Texas. This document will present a summary of statistics relevant to risk and protective factors associated with drug use, as well as consumption patterns and consequences data, at the same time it will offer insight related to gaps in services and data availability challenges.

A team of regional evaluators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment.

A Regional Needs Assessment provides information that is critical to communities in identifying issues of greatest concern and decide in committing resources to those areas, thereby making the greatest possible impact on the health status of the community.

A snapshot of the information found in the RNA for Region 10:

- Total service area for Region 10 is a population of 848,562 in a 21,699.96 square mile density.
- 23.43% of the El Paso population is at the poverty level, 2nd behind Culberson at 29.11% of the population households.
- In 2014 El Paso County contains 329 colonias totaling a population of 90,582.
- Texas State School Survey results from 2014 found students in 10th (11.6%) and 12th (15.4%) graders with first use of Spice (synthetic marijuana).

Main key findings from this assessment include:

Based on the data and analysis in each of these sections, some broad conclusions can be drawn from the Regional Needs Assessment.

1. Rural areas are experiencing relatively poorer health outcomes.

2. Disparities continue to exist across geography, race and ethnicity and income.

3. The region needs better accessibility to health data to support effective interventions, including more data sharing among public health agencies, healthcare providers, prevention providers, mental health providers and universities in all counties.

"The region needs better accessibility to health data to support effective interventions, including more data sharing among public health agencies, healthcare providers, prevention providers, mental health providers and universities in all counties."

Introduction

The Department of State Health Services (DSHS), Substance Abuse & Mental Health Services Administration (SAMHSA), 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 SAMHSA'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 in close collaboration with local communities in order to tailor services to meet local needs for substance abuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the Institute of Medicine (IOM), which are universal, selective, and indicated.

The Department of State Health Services Substance Abuse Services funds Prevention Resource Centers (PRCs) across the state of Texas. These centers are part of a larger network of youth prevention programs providing direct prevention education to youth in schools and the community, as well as community coalitions that focus on implementing effective environmental strategies. This network of substance abuse prevention services work 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 to address our state's three prevention priorities to reduce: (1) underage 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.

Prevention Resource Centers

There are eleven regional Prevention Resource Centers (PRCs) servicing the State of Texas. Each PRC acts as the central data repository and substance abuse prevention training liaison for their region. Data collection efforts carried out by PRC are focused on the state's prevention priorities of alcohol (underage drinking), marijuana, and prescription drug use, as well as other illicit drugs.

Our Purpose

Prevention Resource Centers have four fundamental objectives related to services provided to partner agencies and the community in general: (1) collect data relevant to ATOD use among adolescents and adults and share findings with community partners via the Regional Needs Assessment, presentations, and data reports, (2) ensure sustainability of a Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs, (3) coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of ATOD use, and (4) provide tobacco education to retailers to encourage compliance with state law and reduce sales to minors.

What Evaluators Do

Regional PRC Evaluators are primarily tasked with developing data collection strategies and tools, performing data analysis, and disseminating findings to the community. Data collection strategies are developed around drug use risk and protective factors, consumption data, and related consequences. Along with the Community Liaison and Tobacco Specialists, PRC Evaluators engage in building collaborative partnerships with key community members who aid in securing access to information.

How We Help the Community

PRCs provide technical assistance and consultation to providers, community groups and other stakeholders related to data collection activities for the data repository. PRCs also contribute to the increase in stakeholders' knowledge and understanding of the populations they serve, improve programs, and make data-driven decisions. Additionally, the program provides a way to identify community strengths as well as gaps in services and areas of improvement.

Our Regions

Current areas serviced by a Prevention Resource Center are:
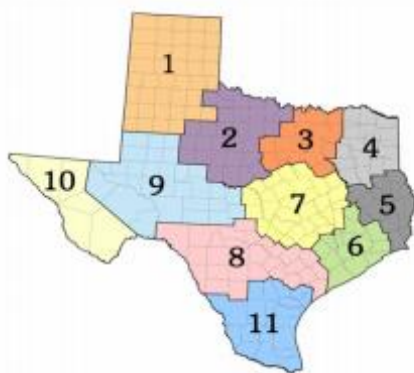
Region 1	Panhandle and South Plains
Region 2	Northwest Texas
Region 3	Dallas/Fort Worth Metroplex
Region 4	Upper East Texas
Region 5	Southeast Texas
Region 6	Gulf Coast
Region 7	Central Texas

Region 8	Upper South Texas
Region 9	West Texas
Region 10	Upper Rio Grande
Region 11	Rio Grande Valley/Lower South Texas

Conceptual Framework of This Report

As one reads through this document, two guiding concepts will appear throughout the report: a focus on the youth population, and the use of an empirical approach from a public health framework. For the purpose of strategic prevention planning related to drug and alcohol use among youth populations, this report is based on three main aspects: risk and protective factors, consumption patterns, and consequences of drug use.

Adolescence

According to the National Institute on Drug Abuse, there is a higher likelihood for people to begin abusing drugs—including tobacco, alcohol, and illegal and prescription drugs—during adolescence and young adulthood. The teenage years are a critical period of vulnerability to substance use disorders given that the brain is still developing and some brain areas are less mature than others.

The Texas Department of State Health Services posits a traditional definition of adolescence as ages 13-17 (Texas Administrative Code 441, rule 25). However, The World Health Organization (WHO) and American Psychological Association both define adolescence as the period of age from 10-19. The WHO identifies adolescence as the period in human growth and development that represents one of the critical transitions in the life span, and is characterized by a tremendous pace in growth and change that is second only to infancy. Behavior patterns that are established during this process, such as drug use or nonuse and sexual risk taking or protection, can have long-lasting positive and negative effects on future health and well-being.

The information presented in this RNA is comprised of regional and state data, which generally define adolescence as ages 10 through 17-19. The data reviewed here has been mined from multiple sources and will therefore consist of varying demographic subsets of age. Some domains of youth data conclude with ages 17, 18 or 19, while others combine "adolescent" and "young adult" to conclude with age 21.

Epidemiology

As established by the Substance Abuse and Mental Health Services Administration, epidemiology helps prevention professionals identify and analyze community patterns of substance misuse and the various factors that influence behavior. 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, "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."

The Substance Abuse Mental Health Services Administration has also adopted the epi-framework 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 an 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.

Risk and Protective Factors
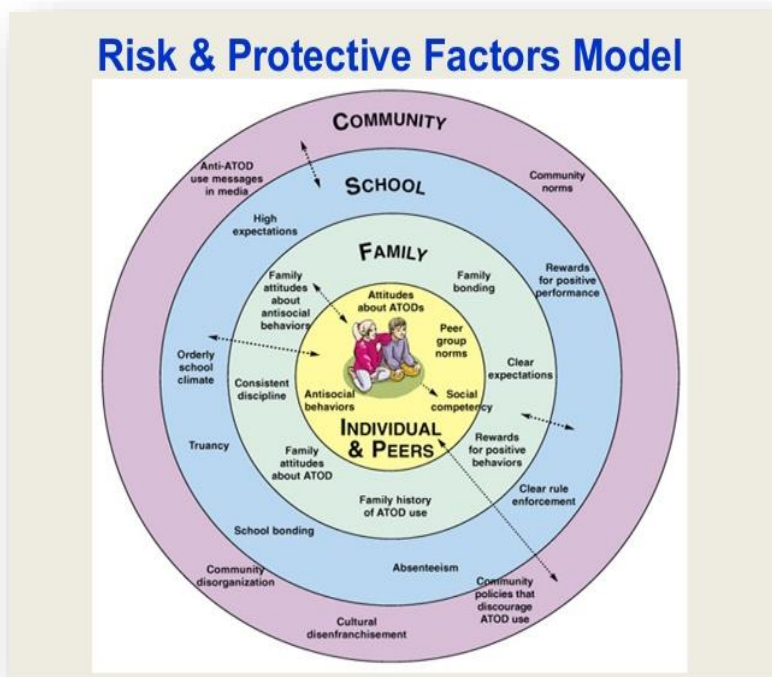
For many years, the prevalent belief was rooted in the notion that the physical properties of drugs and alcohol were the primary determinant of addiction; however, the individual's environmental and biological attributions play a distinguished role in the potential for the development of addiction. More than 20 years of research has examined the characteristics of effective prevention programs. One component shared by effective programs is a focus on risk and protective factors that influence drug use among adolescents.

Protective factors are characteristics that decrease an individual's risk for a substance abuse disorder, such as: strong and positive family bonds, parental monitoring of children's activities and peers, and clear rules of conduct that are consistently enforced within the family. Risk factors increase the likelihood of substance abuse problems, such as: chaotic home environments, history of parental abuse of substances or mental illnesses, poverty levels, and failure in school performance. Risk and protective factors are classified under four main domains: community, school, family, and individual/peers.

Consumption Patterns and Consequences

Consequences and consumption patterns share a complex relationship; they are deeply intertwined and often occur in the context of other factors such as lifestyle, culture, or education level. It is a challenging task to determine if consumption of alcohol and other drugs has led to a consequence, or if a seemingly apparent consequence has resulted due to consumption of a substance. This report examines rates of consumption among adolescents and related consequences in the context of their cyclical relationship; it is not the intention of this report to infer causality between consumption patterns and consequences.

Consumption Patterns Defined

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.

The concept also encompasses standardization of substance unit, 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 defines the "drink" as half an ounce of alcohol, or 12 ounces of beer, a 5 ounce glass of wine, or 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 has historically been operationalized as more than five drinks within a conclusive episode of drinking. The NIAAA (2004) defines it further as the drinking behaviors that raise

12 fl oz of regular beer	=	8-9 fl oz of malt liquor (shown in a 12-oz glass)	=	5 fl oz of table wine	=	3-4 oz of fortified wine (such as sherry or port; 3.5 oz shown)	=	2-3 oz of cordial, liqueur, or aperitif (2.5 oz shown)	=	1.5 oz of brandy (a single jigger or shot)	=	1.5 fl oz shot of 80-proof spirits ("hard liquor")
about 5% alcohol		about 7% alcohol		about 12% alcohol		about 17% alcohol		about 24% alcohol		about 40% alcohol		about 40% alcohol

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

an individual's Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, 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.

Consequences

For the purpose of the RNA, consequences are defined as adverse social, health, and safety problems or outcomes associated with alcohol and other drugs use. Consequences include events such as mortality, morbidity, violence, crime, health problems, academic failure, and other undesired events for which alcohol and/or drugs are clearly and consistently involved. Although a specific substance may not be the single cause of a consequence, measureable 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. In addition, stakeholders and policymakers have a vested interest in the monetary costs associated with substance-related consequences. State and regional level data related to consequences of alcohol and other drug use are summarized in later sections of this report.

Stakeholders

Potential readers of this document include stakeholders from a variety of disciplines such as substance use prevention and treatment providers; medical providers; school districts and higher education; substance use prevention community coalitions; city, county, and state leaders; and community members interested in increasing their knowledge of public health factors related to drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

The executive summary found at the beginning of this report 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, a description of definitions can be found in the section titled "Key Concepts." The core of the report focuses on substance use risk and protective factors, consumption patterns, and consequences.

Report Purpose and Methods

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

To discover patterns of substance use among adolescents and monitor changes in substance use trends over time;

To identify gaps in data where critical substance abuse information is missing;

To determine regional differences and disparities throughout the state;

To identify substance use issues that are unique to specific communities and regions in the state;

To provide a comprehensive resource tool for local providers to design relevant, data-driven prevention and intervention programs targeted to needs;

To provide data to local providers to support their grant-writing activities and provide justification for funding requests;

To assist policy-makers in program planning and policy decisions regarding substance abuse prevention, intervention, and treatment in the state of Texas.

Methodology

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2015 and May 30, 2016. The state evaluator met with the regional evaluators at a statewide conference in September 2016 to discuss the expectations of the regional needs assessment for the third year.

Between September 2015 and June 2016, the state evaluator met with regional evaluators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The information was primarily gathered through established secondary sources including federal and state government agencies. In addition, region-specific data collected through local law enforcement, community coalitions, school districts and local-level governments are included to address the unique regional needs of the community. Additionally, qualitative data was collected through primary sources such as surveys and focus groups conducted with stakeholders and participants at the regional level.

Primary and secondary data sources were identified when developing the methodology behind this document. Readers can expect to find information from the American Community Survey, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, and the Community Commons, among others. Also, adults and youth in the region were selected as primary sources.

Quantitative Data Selection

The following were **criterion for selection:**

- For the purpose of this Regional Needs Assessment, the Regional Evaluators and the Statewide Prevention Evaluator chose secondary data sources as the main resource for this document based on the following criteria:
- Relevance: The data source provides an appropriate measure of substance use consumption, consequence, and related risk and protective factors.
- Timeliness: Our attempt is to provide the most recent data available (within the last five years); however, older data might be provided for comparison purposes.
- Methodologically sound: Data that used well-documented methodology with valid and reliable data collection tools.
- Representative: We chose data that most accurately reflects the target population in Texas and across the eleven human services regions.
- Accuracy: Data is an accurate measure of the associated indicator.

Qualitative Data Collection - Key Informant Interviews and Focus Groups

Please note that each secondary data source (refers to information that has been gathered and often interpreted by other professional organizations, community organizations, stakeholders, coalitions, and researchers) presented in this assessment uses varying geographic parameters for analyzing data. Where possible, we obtained data that specifically covers Region 10 and provides county-specific data. However, for many secondary data sources, only state level data or data for the city of El Paso were available at the time data was collected for the assessment.

Key Informant Interviews and Focus Groups region features a unique set of data sources and substance related issues. The gathering of primary data is likewise unique to each region.

In Region 10, the process of collecting qualitative data consisted of conducting face to face interviews with stakeholders. Future qualitative data collection will include focus groups with community organizations, hospital stakeholders and coalition members within the region. Stakeholders selected for discussions/interviews consisted of current researchers and leading professionals from community health organizations within the region. Participating institutions include the Counseling Center at the University Texas at El Paso, the High Intensity Drug Trafficking Unit for Region 10 and University Medical Center of El Paso.

Demographic Overview

The starting point for any thorough analysis of descriptors of a region is first setting its context in the state. The following section will describe basic demographics first for the state of Texas, then how those demographics vary in Region 10.

State Demographics by Region

The state of Texas demographic section will describe statewide conditions for the following categories: Population, Age, Race, Ethnicity, Languages, Concentrations of Populations, and General Socioeconomics, which includes: Average Wages by County, Household Composition, Employment Rates, Industry, TANF Recipients, Food Stamp Recipients, and Free School Lunch Recipients.

Population

Texas is a state of vast land area and a rapidly growing population. Compared to the U.S. as a whole, Texas' 2015 population estimate of 27,469,114 people ranks it as the second-most populous state, behind California's 39,144,818, and Texas ranks as the second-fastest growing state with a 2010-2015 growth change of 9.24%, behind only North Dakota at 12.54%, well ahead of the national growth rate of 4.10%[1] Below in Table 1 are the regional components of Texas' significant population increases during the 2010-2015 period. Note that Region 6 (Houston and surrounding counties) leads the growth component, followed Midland-Odessa area of Region 9 and that of Austin and surrounding counties in Region 7.

TABLE 1 - REGIONAL POPULATION AND PERCENT CHANGE, 2010-2015

Region	2010 Population	2015 Population Estimate	Growth (+/-)	Percent
1	839,736	868,300	28,564	3.40%
2	550,422	550,041	(381)	-0.07%
3	6,733,271	7,418,525	685,254	10.18%
4	1,111,701	1,133,629	21,928	1.97%
5	767,306	775,006	7,700	1.00%
6	6,087,210	6,826,772	739,562	12.15%
7	2,948,316	3,294,790	346,474	11.75%
8	2,604,657	2,866,126	261,469	10.04%
9	571,870	639,189	67,319	11.77%

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[1] U.S. Census Bureau, 2015 Population, Population Change, and Components of Change.

10	825,912	859,385	33,473	4.05%
11	2,105,704	2,237,351	131,647	6.25%
Texas	25,146,105	27,469,114	2,323,009	9.24%
U.S.	308,758,105	321,418,820	12,660,715	4.1%

Age and Sex

Texas' population is significantly younger than the United States as whole. In the categories of teen-aged youth (0-19 years of age), Texas stands at 29.3% while the U.S. is 25.8%. The younger population is also revealed in the category of persons 65 years and over, where Texas has fewer in that group (11.8%) than the U.S. at 14.5%.[2] Region 11 has the highest percent of population between 0-19 years old in the State; region 10, 3 and 6 follow.

TABLE 2 - REGIONAL POPULATION BY AGE CATEGORY

Region	Population 0-19	Percent	Population 65+	Percent
1	257,260	29.2%	117,297	13.3%
2	146,676	26.0%	95,632	17.0%
3	2,118,676	29.3%	777,568	10.8%
4	300,659	26.1%	199,394	17.3%
5	208,746	26.4%	128,501	16.2%
6	1,927,254	29.3%	678,720	10.3%
7	900,633	28.1%	363,486	11.4%
8	799,191	28.7%	373,269	13.4%
9	175,219	29.1%	81,331	13.5%
10	279,754	31.6%	102,419	11.6%
11	772,692	33.8%	266,081	11.7%
Texas	7,886,760	29.3%	3,183,698	11.8%
U.S.	82,135,602.00	25.8%	46,243,211	14.5%

Race and Ethnicity

Texas is an increasingly diverse state with a strong Hispanic representation. The table below shows the racial and ethic make-up of Texas' population, which is represented by slightly fewer black and other races and significantly higher Hispanic or Latino population.[3] The Hispanic population is concentrated in region 11 and region 10, which are the regions with the highest percentage of Hispanics.

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[2] Texas State Data Center, 2015 Population Projections, and U.S. Census Bureau, 2014 Annual Estimates of Population.
[3] Texas State Data Center, 2015 Population Projections, and U.S. Census Bureau, 2015 Annual Estimates of Population.

TABLE 3 - REGIONAL POPULATION BY RACE AND ETHNICITY

Region	White Alone, Not Hispanic	Black Alone	Hispanic	Other
1	54.39%	5.29%	36.70%	3.62%
2	69.33%	5.94%	21.44%	3.29%
3	48.96%	14.38%	28.81%	7.85%
4	66.82%	15.36%	14.99%	2.83%
5	62.18%	19.95%	14.44%	3.43%
6	37.49%	16.62%	37.27%	8.62%
7	55.18%	9.75%	28.70%	6.38%
8	35.19%	5.56%	55.53%	3.71%
9	47.17%	4.15%	46.30%	2.37%
10	12.61%	2.45%	82.74%	2.20%
11	13.48%	1.04%	84.01%	1.47%
Texas	42.99%	11.44%	39.56%	6.01%
U.S.	62.10%	13.20%	17.40%	7.30%

Race and Ethnicity
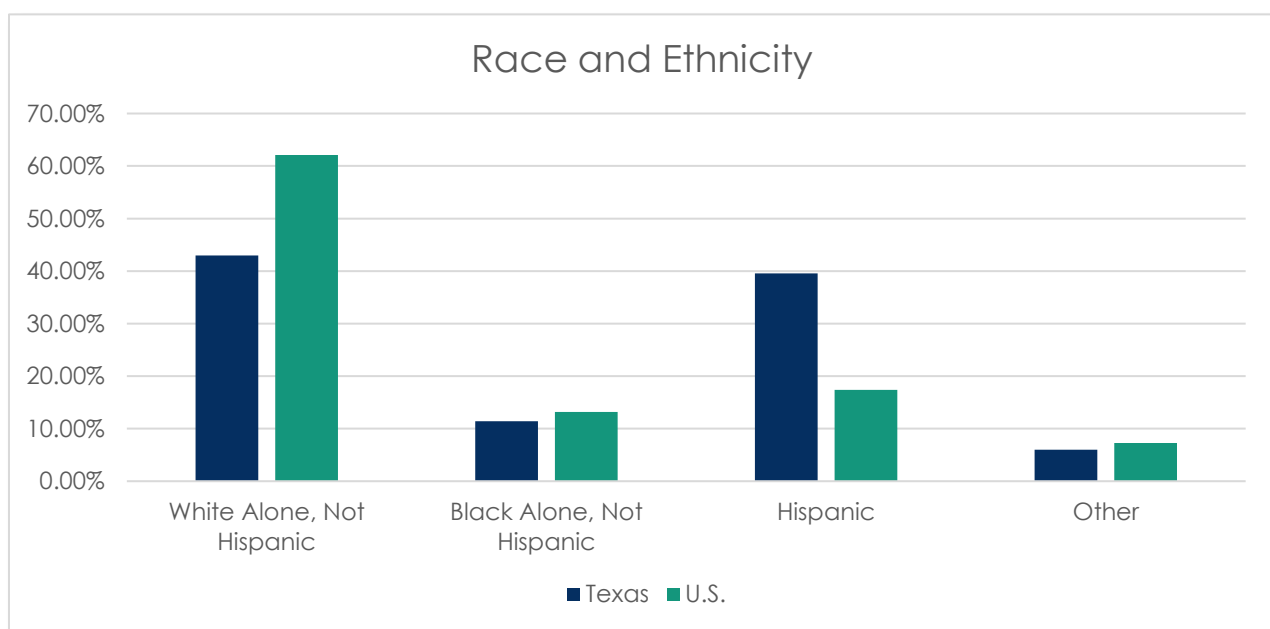
Languages

Texas has a significantly higher number of residents that are foreign born (16.5%) than the U.S. as a whole (13.1%). As a result, there are also significantly higher numbers of the population (ages 5+, 2010-2014) that report a "language other than English is spoken at home," with Texas at 34.9% compared to 20.9% nationally.[4] Another similar indicator is the population with limited English proficiency (LEP). In Texas, it is much higher at 14.22% of the population versus 8.60% for the U.S. Persons are considered to have limited English proficiency they indicated that they spoke a language other than English, and if they

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[4] U.S. Census Bureau: State and County Quick Facts. 2014 Vintage.

spoke English less than "very well," measured as a percentage of the population aged 5 or older. [5] Note the significantly higher percentages in the border counties surrounding the El Paso (Region 10) and Brownsville (Region 11) metro areas.

TABLE 4 - REGIONAL LIMITED ENGLISH PROFICIENCY

Region	Persons 5+ in Household	Number 5+ with LEP	Percent 5+ with LEP
1	789,750	69,948	8.86%
2	514,095	26,457	5.15%
3	6,495,307	843,803	12.99%
4	1,048,689	56,541	5.39%
5	719,756	39320	5.46%
6	5,885,315	987,163	16.77%
7	2,873,636	264,024	9.19%
8	2,516,577	299,357	11.90%
9	550,027	65,133	11.84%
10	780,139	240,145	30.78%
11	1,977,989	543,369	27.47%
Texas	24,151,279	3,435,260	14.22%
United States	294,133,388	25,305,204	8.60%

Concentrations of Populations

Texas' land area of 268,580.82 square miles places it as the 2nd largest state, behind Alaska's vast 663,267.26 square miles. Texas 96.3 persons per square mile (density) is very close to the national average of 87.3, with New Jersey (1195.5) and Alaska (1.2) representing the highest and lowest density. [6]

Also, Table 5 below contains the 2010 Census designations of populations by urban and rural status. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters. Areas adjacent to urban areas and cores are also designated as urban when they are non-residential, but contain urban land uses, or when they contain low population, but link outlying densely settled territory with the densely settled core.

"Rural" areas consist of all territory, population, and housing units located outside UAs and UCs. Geographic entities, such as metropolitan areas, counties, minor civil divisions, places, and census tracts, often contain both urban and rural territory, population, and housing units.

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[5] U.S. Census Bureau, American Community Survey. 2010-14.

[6] U.S. Census Bureau: State and County Quick Facts. Last Revised: Thursday, 28-May-2015. (See Appendix A, Table 2.)

TABLE 5 - REGIONAL URBAN AND RURAL POPULATIONS

Region	2010 Population	Urban	Urban Percent	Rural	Rural Percent
1	839,586	649,052	77.31%	190,534	22.69%
2	550,250	354,892	64.50%	195,358	35.50%
3	6,733,179	6,100,919	90.61%	632,260	9.39%
4	1,111,696	542,818	48.83%	568,878	51.17%
5	767,222	432,088	56.32%	335,134	43.68%
6	6,087,133	5,625,713	92.42%	461,420	7.58%
7	2,948,364	2,309,329	78.33%	639,035	21.67%
8	2,604,647	2,143,709	82.30%	460,938	17.70%
9	571,871	451,190	78.90%	120,681	21.10%
10	825,913	793,905	96.12%	32,008	3.88%
11	2,105,700	1,894,424	89.97%	211,276	10.03%
Texas	25,145,561	21,298,039	84.70%	3,847,522	15.30%
United States	312,471,327	252,746,527	80.89%	59,724,800	19.11%

State Socioeconomics by Region

With the basic population characteristics of the Texas population described, a closer look at the general socioeconomic conditions of the population is helpful.

Per Capita Income

One of the most important factors related to risk for, and protection from, substance abuse is the ability to provide for the necessities of life. One of the indicators that measures this is per capita income, or the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area, according to the Census Bureau. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area. In Texas, the per capita income (2014 dollars, 2010-2014 data) is $26,512. This is significantly lower than the U.S. per capita income measure of $28,554.[7] Table 6 below features the higher per capita income Regions 3, 6 and 7 associated with the metro areas of Dallas/Fort Worth, Houston and Austin, respectively. Regions 5, 10 and 11 present with the lowest per capita income in comparison with the rest of the State.

TABLE 6 - REGIONAL PER CAPITA INCOME

Region	Total Population	Total Income ($)	Per Capita Income ($)
1	852,813	$20,063,979,988	$23,527
2	549,812	$12,414,759,612	$22,580
3	7,012,720	$206,705,337,504	$29,476
4	1,121,471	$25,454,054,744	$22,697
5	770,091	$17,240,982,928	$22,388
6	6,371,624	$186,909,543,360	$29,335
7	3,091,787	$87,291,704,328	$28,233
8	2,709,360	$67,011,716,504	$24,733

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[7] U.S. Census Bureau, American Community Survey. 2010-14.

9	596,648	$16,002,279,536	$26,820
10	848,562	$15,931,207,356	$18,774
11	2,167,145	$36,746,206,204	$16,956
Texas	26,092,032	$691,771,801,600	$26,512
U.S.	314,107,072	$8,969,237,037,056	$28,554

Housing Conditions

Another way to gain a basic understanding of stresses to the family unit is the composition of the household. One basic indicator is the number of persons per household. Texas has a greater number of persons per household (2.83, 2010-2014) than the U.S. as a whole (2.63).[8] The Community Commons report defines an overcrowded unit as one that has more than one occupant per room. Information related to the percent of overcrowded housing is presented below. This indicator is relevant as housing conditions are associated with a wide range of health conditions and increased risk for diseases.

Also, though increasingly the norm, children in single-parent households are statistically at greater risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use. Self-reported health has been shown to be worse among lone parents (male and female) than for parents living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents. Children in single-parent households are at greater risk of severe morbidity and all-cause mortality then their peers in two-parent households. As indicated in Table 7 below, several regions bear the societal pressure of more single-parent households than others.[9]

TABLE 7 - REGIONAL HOUSING CONDITIONS

Region	Single Parent Households	Total Households	Percent Single Parent Households
1	74,594	219,977	33.91%
2	43,740	126,251	34.65%
3	600,317	1,885,207	31.84%
4	93,278	267,054	34.93%
5	70,844	181,057	39.13%
6	557,876	1,722,230	32.39%
7	235,257	752,154	31.28%
8	249,542	703,721	35.46%
9	52,470	157,358	33.34%
10	88,429	244,547	36.16%
11	248,553	673,940	36.88%
Texas	2,314,900	6,933,496	33.39%
U.S.	24,537,900	73,019,542	33.60%

[8] U.S. Census Bureau, American Community Survey. 2010-14.
[9] U.S. Census Bureau, American Community Survey. 2010-14.

Employment Rates

Texas generally enjoys a substantially more favorable employment climate than most states, as previously evidenced in part by the population growth figures. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. The latest data from the Bureau of Labor Statistics (BLS, April 2016) indicates that Texas currently holds an April 2016 unemployment rate of 4.2%, while the nation as a whole sits at 4.7%. The current rate of 4.2% represents a 0.1% increase from April 2015. The rates by region are indicated below, with Regions 3 and 1 in the metro Austin and Panhandle areas having the least current unemployment.[10]

TABLE 8 - REGIONAL EMPLOYMENT RATES

Region	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
1	419,920	406,118	13802	3.3%
2	240,701	230,916	9785	4.1%
3	3,817,091	3,682,390	134,701	3.5%
4	504,920	480,735	24185	4.8%
5	324,390	305,323	19067	5.9%
6	3,339,025	3,178,131	160894	4.8%
7	1,667,407	1,613,950	53,457	3.2%
8	1,341,361	1,290,956	50405	3.8%
9	307,732	292,266	15466	5.0%
10	359,309	342,895	16414	4.6%
11	935,605	873,072	62533	6.7%
Texas	13,257,468	12,696,755	560,713	4.2%
U.S.	159,624,372	152,082,706	7,541,666	4.7%

Industry

When compared to the U.S., Texas firms employ roughly the same proportions of workers by industry type. The data in the chart below indicates that Texas has a slightly more "blue collar" workforce, with marginally fewer management and business employees and slightly more mining, construction and similar labor force types. Region 7 (Austin area) and Region 3 (Dallas/Ft. Worth area) pace the state for white collar, high-tech industries.[11]

TABLE 9 - REGIONAL EMPLOYMENT BY INDUSTRY TYPE

Region	Civilian employed population 16+	Management, business, science, arts	Service	Sales and office	Natural resources, construction, maintenance	Production, transportation, and material moving
1	394,362	30.73%	19.02%	24.18%	12.94%	13.12%

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[10] U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics Information and Analysis, April 2016. Rates are seasonally adjusted.
[11] Series S2406: Occupation by Class of Worker for the Civilian Employed Population 16 Years and Over. U.S. Census Bureau, American Community Survey. 2010-14.

2	228,357	29.97%	19.93%	23.94%	12.86%	13.31%
3	3,374,570	37.38%	16.07%	25.31%	9.51%	11.73%
4	463,091	28.20%	18.71%	23.71%	13.48%	15.89%
5	302,876	28.00%	19.30%	23.00%	14.24%	15.45%
6	2,977,406	36.35%	16.71%	23.61%	11.08%	12.25%
7	1,451,071	39.71%	17.50%	24.18%	9.64%	8.97%
8	1,197,426	33.48%	19.37%	25.58%	10.91%	10.66%
9	269,715	27.70%	16.34%	24.40%	17.09%	14.46%
10	330,951	29.63%	21.41%	26.48%	9.90%	12.59%
11	819,185	26.90%	23.42%	25.26%	12.87%	11.55%
Texas	11,809,010	34.88%	17.77%	24.59%	10.94%	11.82%
U.S.	143,435,233	36.42%	18.16%	24.36%	8.98%	12.09%

TANF Recipients

This indicator reports the percentage recipients per 100,000 populations receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) is excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. The percentage of households in Texas who receive public assistance income of this type varies significantly from county to county, but the rates in Regions 11 and 10 are higher than the state rate of 242.27 per 100K population.[12] There is no U.S. calculation available for this measure.

TABLE 10 - REGIONAL TANF RECIPIENTS PER 100K POPULATION

Region	2015 Population	2015 TANF Recipients	Recipients Per 100K Population
1	882,775	1,523	172.52
2	563,104	1,272	225.89
3	7,225,438	9,898	136.99
4	1,152,494	1,965	170.50
5	792,109	1,390	175.48
6	6,575,370	8,668	131.83
7	3,210,292	4,119	128.31
8	2,776,839	4,088	147.22
9	601,840	780	129.60
10	883,702	3,863	437.14
11	2,283,153	27,368	1198.69
Texas	26,947,116	65,286	242.27

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[12] Texas Health and Human Services Commission, TANF Recipients by County, December 2015.

SNAP Recipients

Another estimate of instability in providing for basic needs is the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrolment. The number of recipients per 100K population in in Texas is highest in Regions 11, 10 and 5.[13]

TABLE 11 - REGIONAL SNAP RECIPIENTS PER 100K POPULATION

Region	2015 Population	Number of SNAP Recipients	Recipients Per 100K Population
1	880,203	115,693	13,143.90
2	563,104	76,555	13,595.18
3	7,225,438	850,614	11,772.49
4	1,152,494	165,803	14,386.45
5	792,109	127,457	16,090.84
6	6,575,370	849,699	12,922.45
7	3,199,811	338,074	10,565.44
8	2,787,320	432,505	15,516.88
9	601,840	69,078	11,477.80
10	886,274	189,491	21,380.63
11	2,283,153	591,670	25,914.60
Texas	26,947,116	3,806,639	14,126.33

Free and Reduced-Price School Lunch Recipients

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents.

Total student counts and counts for students eligible for free and reduced price lunches are acquired for the school year 2013-2014 from the NCES Common Core of Data (CCD) Public School Universe Survey. School-level data is summarized to the county, state, and national levels for reporting purposes. Texas reports that of the total student population, 60.08% are eligible to receive the school meal benefit, which is greater than the U.S. rate of 52.35%. The regional percentages vary greatly with region 10 and region 11 having the highest eligible population.[14]

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[13] Texas Health and Human Services Commission, SNAP Recipients by County, December 2015.
[14] National Center for Education Statistics, NCES Common Core of Data. 2013-14.

TABLE 12 - REGIONAL SCHOOL LUNCH ASSISTANCE

Region	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
1	512,729	293,229	57.19%
2	229,556	123,627	53.85%
3	1,004,629	554,721	55.22%
4	196,361	108,819	55.42%
5	155,512	100,401	64.56%
6	1,181,436	708715	59.99%
7	315,751	192,759	61.05%
8	498551	306658	61.51%
9	399,449	219,950	55.06%
10	184,051	137773	74.86%
11	471,000	345,435	73.34%
Texas	5,149,025	3,092,087	60.08%
U.S.	50,195,195	26,012,902	52.35%

Regional Demographics

Region 10: Upper Rio Grande

Region 10 serves the following counties in Texas:

- Brewster
- Culberson
- El Paso
- Hudspeth
- Jeff Davis
- Presidio

Far West Texas stretches across six of the largest counties in the state, which make up nearly half of the Texas border area with Mexico. Region 10's geographical area contains mostly rural desert and mountainous landscapes spanning a total land area of 21,694.08 square miles.

Number of persons per square mile by county in Region 10

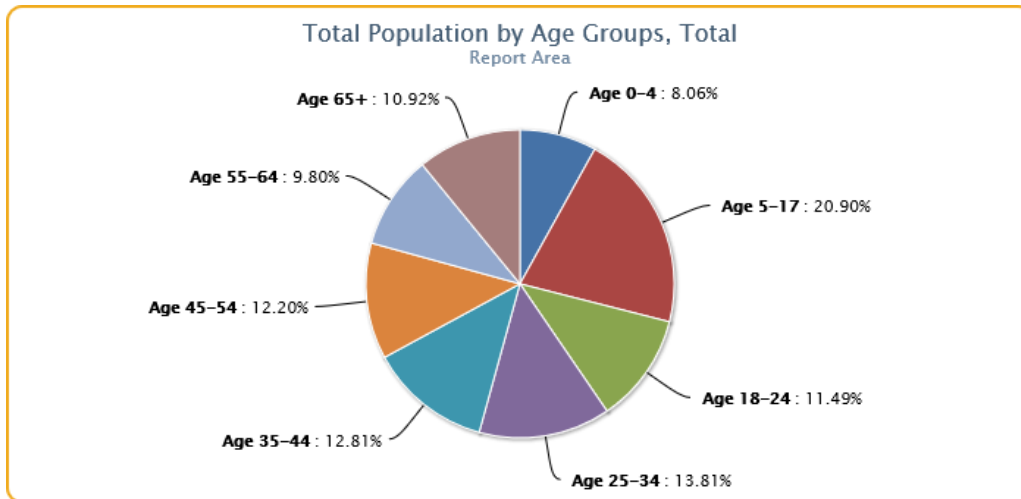| Report Area	Total Population (number of persons)	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Report Area	848,562	21,699.96	39.1
Brewster, TX	9,270	6,183.78	1.5
Culberson, TX	2,325	3,812.79	0.61
El Paso, TX	823,862	1,012.82	813.43
Hudspeth, TX	3,344	4,570.81	0.73
Jeff Davis, TX	2,282	2,264.52	1.01
Presidio, TX	7,479	3,855.24	1.94
Texas	26,092,032	261,237.45	99.88
United States	314,107,083	3,531,932.26	88.93

Data source: US Census Bureau, American Community Survey. 2010-2014. Source geography: Tract

Population

Region 10 is made up of a diverse population of individuals, comprised of Brewster, Culberson, El Paso, Hudspeth, Jeff Davis and Presidio counties. The counties are geographically in proximity to our border nation of Mexico. Region 10 shares many common elements with Mexico to include its culture, intensive population migrations, health behaviors, environmental stressors and large areas of poverty.

The total population of the counties is estimated at 848,652 people. The region is predominantly Hispanic (84.08%), but also has a (15.18%) black population. We additionally have residents from our Fort Bliss base, which is considered the 2nd largest military installation in the United States. The region is also experiencing an increase in the number of younger residents due to the influx of military residents, unlike throughout the state where there is a growing aging population (13.75%). Region 10 has more residents ages 5-17 (20.9%) and ages 25-34 (13.81%). This is projected to increase in coming years, as is the need for services to meet the health needs of both our younger and older populations.

Percentage population of age groups for Region 10

Total Population by Age Groups, Total
Report Area

Age 65+ : 10.92%
Age 55–64 : 9.80%
Age 45–54 : 12.20%
Age 35–44 : 12.81%
Age 25–34 : 13.81%
Age 18–24 : 11.49%
Age 5–17 : 20.90%
Age 0–4 : 8.06%

Data Source: US Census Bureau, American Community Survey 2010-2014

Military population

Region 10 is home to one of the largest military bases in the world. Fort Bliss located in El Paso County, has an estimated population of at least 8,450 individuals according to the US Census Bureau 2015. Although that may seem rather small in number, this may not take into consideration the 27,991 active duty, 1,999 reservist, 39,850 family members, 12,424 civilians, 32,384 retirees, and the 37,855 family members of retirees that make up a total supportive population of 164,926[15]


Photo by Wendy Brown, Fort Bliss Bugle Editor.

The Department of Defense is currently the largest employer in the United States at 1.4 million employed (Department of Veteran Affairs, William Beaumont Army Medical Center, 2016). The military population are a high risk population for tobacco use, as despite continued health warnings, cigarettes were included in rations until 1975. Of the current population approximately 31% report cigarette use in the past 30 days, and while they remain in the military, at some point they will enter civilian population which will become a civilian health issue.

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[15] Department of Defense, Military One Source, Military Installations

The health behavior of smokeless tobacco also continues to be an issue for the military population, as in 2011, 12.8% of all military personnel reported using a smokeless tobacco product versus 3.2% use by the general population. And while smokeless tobacco was banned in all government buildings to decrease tobacco-related deaths, use by the armed services is still at an alarming rate across branches, Marines (21.3%), Army (13.7%), Navy (10.7%) and the Air Force (8.7%) (Department of Veteran Affairs, William Beaumont Army Medical Center, 2016).

National data comparison of tobacco use among military
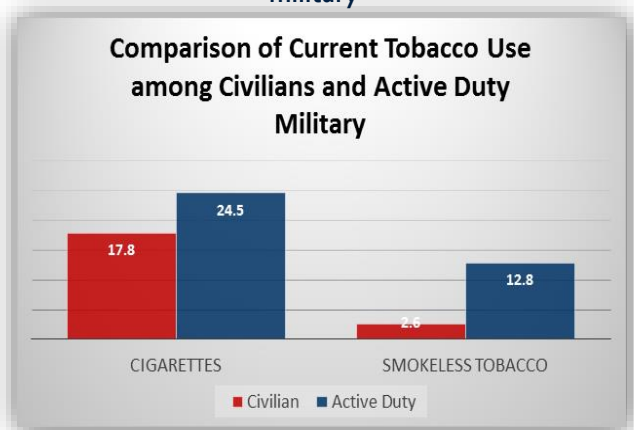
Data Source: Department of Veteran Affairs, William Beaumont Army Medical Center, 2016

The Colonias of Region 10

Due to the size and the landscape of our region, Texas also has cities that are spread miles apart with extremely impoverished communities between them, known as 'colonias'. Texas has the highest concentration of colonias, with an estimated half-million people living there. Colonias are defined as any U.S.-Mexico border low-income community that lacks basic infrastructure systems: municipal water, municipal sewage, and piped natural gas. The proliferation of colonias in the region poses challenges for the counties and the lack of existing programs to improve the conditions. The lack of data in these communities is a pressing issue that the PRC hopes to alleviate with coordinated collaborations with the programs currently serving the area.

Many of these settlements were started by farmworkers and migrants who were unable to find affordable housing. The Colonia Initiatives Program Office of the Texas Secretary of State reports that in 2014, El Paso County contained 329 colonias totaling a population of 90,582[16]. Other counties in Region 10 have considerably less colonias, Brewster 3, Culberson 2, Hudspeth 6, Jeff Davis 1, and Presidio with 8.

Furthermore, Far West Texas (namely El Paso County) is considered a High Intensity Drug Trafficking Area by the Office of National Drug Control Policy (ONDCP)[17], this along with the extreme poverty places the colonias at a high risk for substance abuse/use where drugs may be readily available.

PHOTO COURTESY OF THE FEDERAL RESERVE BANK OF DALLAS

Age

According to 2014 the US Census Bureau, the age of the population in Region 10 ranges between 31.2 and 54.8 years old. A large percentage in this region is 5-17 years of age (20.90%), and ages 25-34 (13.81%).

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[16] Texas Secretary of State, Directory of Colonias Located in Texas
[17] Office of National Drug Control Policy, High Intensity Drug Trafficking Areas Program Report to Congress
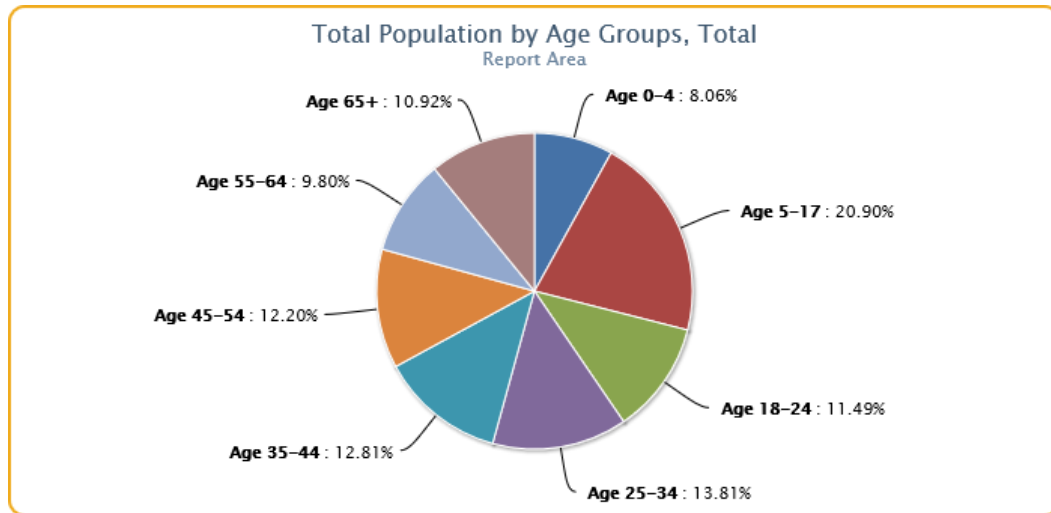
Data Source: 2010-2014 US Census Bureau, Region 10 Population by Age Groups, Percent Total

Race

Total population by race in Region 10, according to US Census Bureau for 2014 comprises of the Hispanic population at 80.88%, the Anglo population representing 19.12%, the black population 3.33%, and all other races combined 2.14% of the total population.
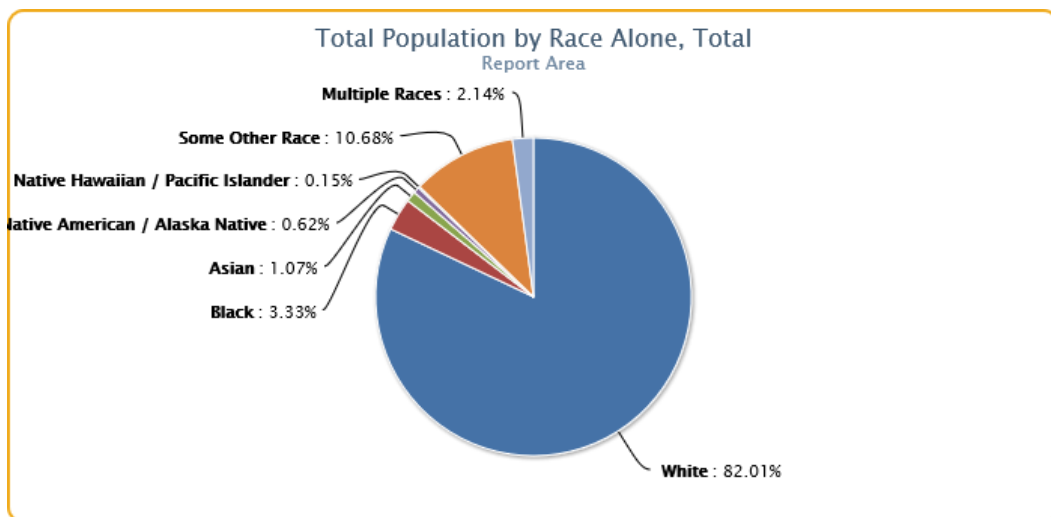
Data Source: 2010-2014 US Census Bureau, Region 10 Population by Race Alone

Ethnicity

According to US Census 2010-2014 American Community Survey, El Paso (81.44%) and Presidio (81.19%) counties had the highest percentage of Hispanic population compared to the other counties in Region 10. The county with the least Hispanics is Jeff Davis with only 37.34%.

Ethnicity totals by county in Region

Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
Report Area	848,562	686,347	80.88%	162,215	19.12%
Brewster	9,270	3,996	43.11%	5,274	56.89%
Culberson	2,325	1,847	79.44%	478	20.56%
El Paso	823,862	670,946	81.44%	152,916	18.56%
Hudspeth	3,344	2,634	78.77%	710	21.23%
Jeff Davis	2,282	852	37.34%	1,430	62.66%
Presidio	7,479	6,072	81.19%	1,407	18.81%
Texas	26,092,032	9,962,643	38.18%	16,129,390	61.82%
United States	314,107,072	53,070,096	16.9%	261,036,992	83.1%

Data Source: 2010-2014 US Census Bureau, Population by Ethnicity, Total

Languages

In Region 10, languages spoken other than English vary across counties. Spanish dominate as a language spoken other than English in over 4 of the 6 counties: Presidio 84.7%. Hudspeth 77.7%, El Paso 71.0% and Culberson 63.3%.

Languages spoken by county in Region 10

County	English Only	Speak other language than English	Spanish	Indo-European	Asian and Pacific Island	Other languages
Brewster	61.0%	39.0%	36.7%	0.9%	1.1%	0.3%
Culberson	36.0%	64.0%	63.3%	0.4%	0.0%	0.3%
Hudspeth	21.1%	78.9%	77.7%	0.9%	0.0%	0.2%
El Paso	27.0%	73.0%	71.0%	1.0%	0.8%	0.2%
Jeff Davis	55.2%	44.8%	44.2%	0.5%	0.0%	1.1%
Presidio	12.9%	87.1%	84.7%	1.3%	1.1%	0.0%
Texas	65.3%	34.7%	29.5%	2.0%	2.6%	0.6%
United States	79.3%	20.7%	12.9%	3.7%	3.3%	0.9%

Data Source: US Census Bureau, American Community Survey 2010-2014

Concentrations of Populations

In 2014, in Region 10 there was an estimated population of 848,562 living in a total land area of 21,699.96 square miles defined for this assessment according to the U.S Census Bureau American Community Survey 2010-2014. The population density for this area is 39.01, less than the Texas population density of 99.88 and less than the United States population density of 88.93.

Population by square miles in Region

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Report Area	848,562	21,699.96	39.1
Brewster County	9,270	6,183.78	1.5
Culberson County	2,325	3,812.79	0.61
El Paso County	823,862	1,012.82	813.43
Hudspeth County	3,344	4,570.81	0.73
Jeff Davis County	2,282	2,264.52	1.01
Presidio County	7,479	3,855.24	1.94
Texas	26,092,032	261,237.45	99.88
United States	314,107,083	3,531,932.26	88.93

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

From 2010 to 2014, the population estimates for Region 10 grew by 11.3%, increasing from 753,985 in 2009 to 831,481 in 2013. The greatest increase in population occurred in El Paso County with a growth 11.46%, whereas Culberson County had a 5.29% decrease in population[1].

Population Census by County Percent change 2000-2010

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change 2000-2010	Percent Population Change 2000-2010
Report Area	704,318	825,913	121,595	17.26%
Brewster	8,866	9,232	366	4.13%
Culberson	2,975	2,398	-577	-19.39%

El Paso	679,622	800,647	121,025	17.81%
Hudspeth	3,344	3,476	132	3.95%
Jeff Davis	2,207	2,342	135	6.12%
Presidio	7,304	7,818	514	7.04%
Texas	20,851,666	25,145,561	4,293,895	20.59%
United States	280,405,781	307,745,539	27,339,758	9.75%

Data Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract

General Socioeconomics

The 2014 American Community Survey 4-year data is an average of data collected from 2010 through 2014. Hudspeth County, in region 10, had the largest percentage of families whose income in the past 12 months is below the poverty level. In Texas, 13.7 % of families had an income below the poverty level, and in the United States there is 11.3%.

Percentage of population in poverty by County

23.43% of population in poverty

43.19% of population in poverty

29.11% of population in poverty

7.30% of population in poverty

21.42% of population in poverty

12.91% of population in poverty
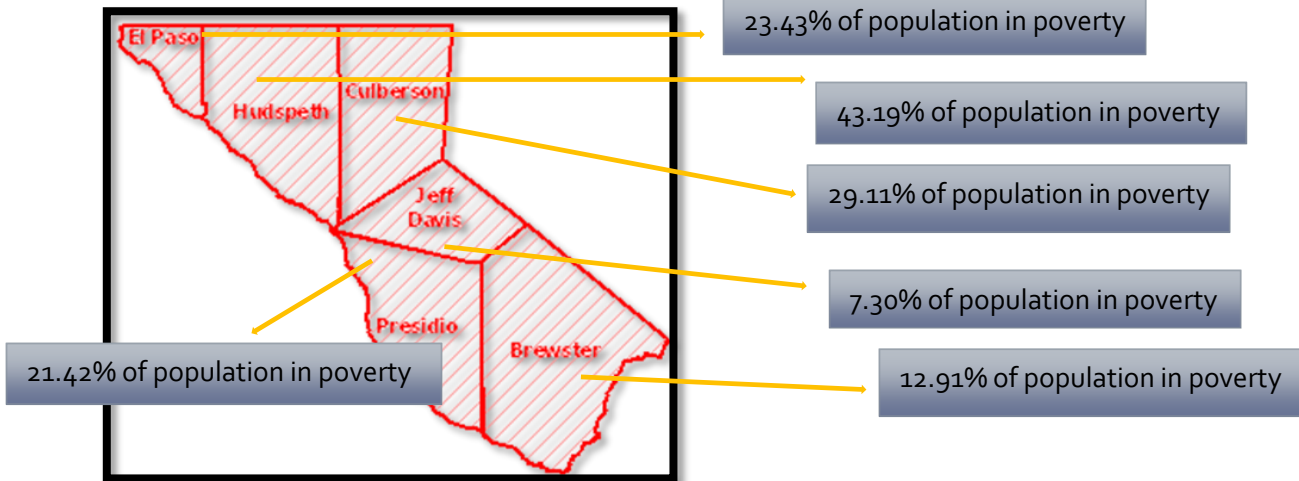
Data Source: US Census Bureau, American Community Survey: 2010-2014.

Average Wages by County

The average household income for Region 10 ($60,934) is lower than in Texas, $83,936 and in the United States $86,963. Hudspeth has the lowest average household income with $42,596 a year. Brewster County has an average income of $82,779 a year, making it the highest annual household income in Region 10.

Average household income percentage by County
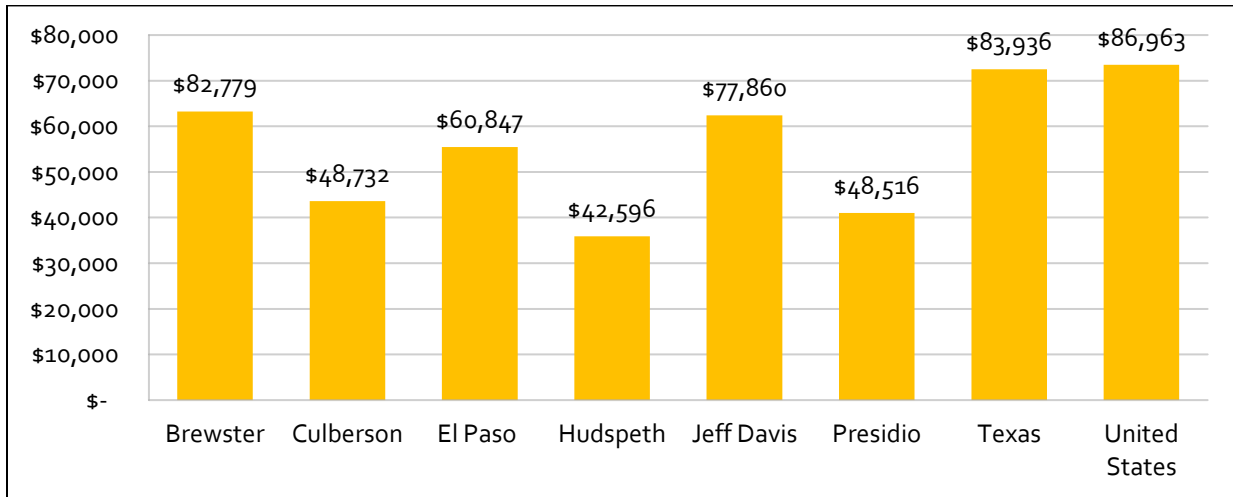
Data Source: US Census Bureau, American Coummunity Survey: 2010-2014

Household Composition

According to the US Census Bureau, 2010 Census 69.9% of total households in the state are family households, and 30.1% are nonfamily households. The average household size in Texas is 2.75 and the average family size is 3.31. **El Paso County has the largest number of households in the region despite being the smallest county in size (256,557).**
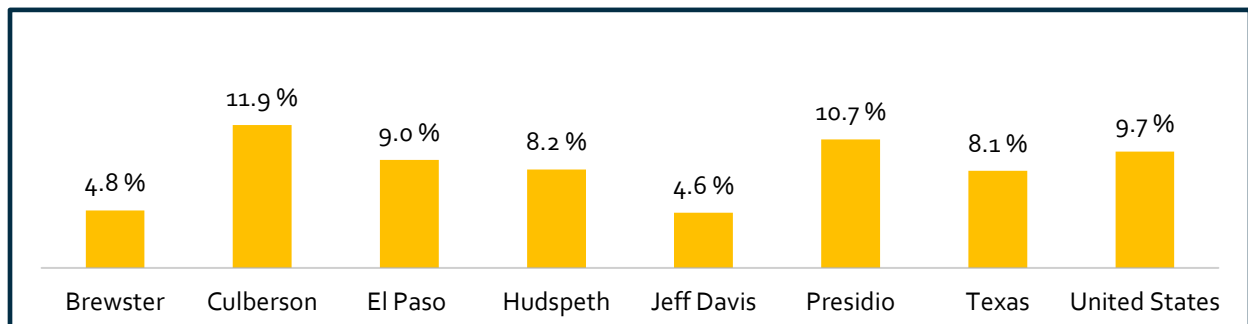
Number of households by County

	Brewster	Culberson	El Paso	Hudspeth	Jeff Davis	Presidio
Total Households	4,207 (100%)	908 (100%)	256,557 (100%)	1,174 (100%)	1,034 (100%)	2,906 (100%)
Family Households	2,329 (55.4%)	630 (69.4%)	196,625 (76.6%)	867 (73.9%)	684 (66.2%)	1,996 (68.7%)
Nonfamily Households	1,878 (446%)	278 (30.6%)	59,932 (23.4%)	307 (26.1%)	350 (33.8%)	910 (31.3%)
Average Household Size	2.18	2.63	3.06	2.89	2.18	2.69
Average Family Size	2.89	3.21	3.56	3.47	2.68	3.35

Data Source: US Census Bureau, American Community Survey 2010-2014

Employment Rates

According to the 2014 American Community Survey, the county in region 10 with the highest unemployment rate is Culberson. Of the 1,816 people over 16 year's old living in Culberson County, 62.5% are part of the labor force. Of the 62.5% labor force, 55.1% are employed, and 11.9% are unemployed. Jeff Davis County has a population of 1,954 people over the age of 16, and those 55.2% of those individuals are part of the labor force; 52.4% are employed and 4.6% of the labor force population is unemployed making Jeff Davis the County with the lowest unemployment rate in region 10.

Percentage of Unemployment in the Labor Force by County

County	Percentage
Brewster	4.8 %
Culberson	11.9 %
El Paso	9.0 %
Hudspeth	8.2 %
Jeff Davis	4.6 %
Presidio	10.7 %
Texas	8.1 %
United States	9.7 %

Data Source: US Census Bureau, American Community Survey 2010-2014

Industry

Throughout Region 10, the industry of educational services, health care and social assistance has the largest population of civilians employed 16 years and over. This is reflective of what is reported at the national and state level.

Industry workforce by County in Region 10

Industry	United States	Texas	Brewster	Culberson	El Paso	Hudspeth	Jeff Davis	Presidio
Civilian employed population 16 years and over	141,864,697	11,569,041	4,564	1,000	316,765	1,193	1,023	2,765
Agriculture, forestry, fishing and hunting, and mining	1.9%	3.1%	6.4%	10.0%	1.1%	15.3%	23.3%	10.8%
Construction	6.2%	7.9%	11.5%	5.8%	6.6%	8.0%	9.8%	6.0%
Manufacturing	10.5%	9.4%	1.0%	0.0%	7.6%	2.2%	0.4%	4.3%
Wholesale trade	2.8%	3.0%	2.4%	1.7%	2.7%	0.7%	1.5%	0.6%
Retail trade	11.6%	11.6%	11.1%	19.3%	12.0%	11.6%	8.6%	8.0%
Transportation and	4.9%	5.4%	1.9%	6.8%	6.6%	6.9%	1.9%	4.6%

Industry	United States	Texas	Brewster	Culberson	El Paso	Hudspeth	Jeff Davis	Presidio
warehousing, and utilities								
Information	2.2%	1.8%	0.8%	3.7%	2.4%	3.7%	1.6%	0.0%
Finance and insurance, and real estate and rental and leasing	6.7%	6.6%	2.5%	2.3%	4.9%	1.3%	4.5%	3.9%
Professional, scientific, and management, and administrative and waste management services	10.8%	10.8%	4.2%	3.2%	9.3%	6.3%	3.4%	2.7%
Educational services, and health care and social assistance	23.2%	21.7%	30.9%	23.5%	25.5%	19.6%	22.5%	25.5%
Arts, entertainment, and recreation, and accommodation and food services	9.3%	8.7%	12.7%	15.9%	9.4%	8.0%	11.8%	12.8%
Other services, except public administration	5.0%	5.4%	4.3%	2.3%	4.8%	2.3%	5.6%	5.8%
Public administration	5.0%	4.5%	10.3%	5.5%	7.2%	14.2%	5.3%	15.0%

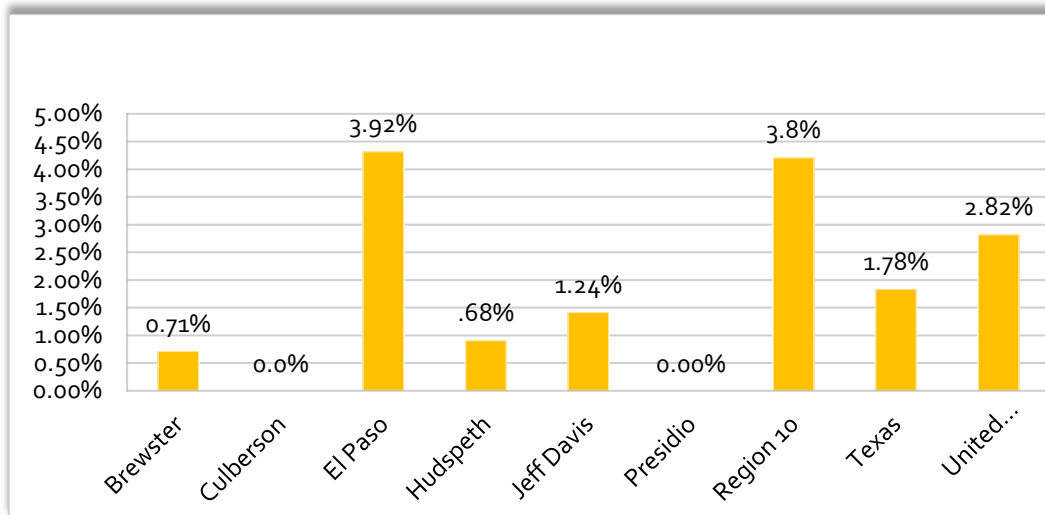*Data Source: US Census Bureau, American Community Survey 2010-2014*

*In Region 10 the majority **(21.7%)** of jobs belonged to educational services, health care and social assistance.*

TANF Recipients

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Percents of Households Receiving TANF by County

Data Source: US Census Bureau, American Community Survey 2010-2014

Based on the American Community Survey 2014, El Paso County has higher percentage (3.92 %%) of households by county receiving public assistance income compared to region 10 overall (3.7%), Texas (1.78%), and the United States (2.82%).

Population with Public Assistance Income by County

Report Area (Region 10)	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Report Area	267,258	10,159	3.8%
Brewster	4,071	29	0.71%
Culberson	868	0	0%
El Paso	257,600	10,110	**3.92%**
Hudspeth	1,022	7	0.68%
Jeff Davis	1,051	13	1.24%
Presidio	2,646	0	0%
Texas	9,013,582	160,255	1.78%
United States	116,211,088	3,274,407	2.82%

Data Source: US Census Bureau, American Community Survey: 2010-2014.

Food Stamp Recipients

According to the 2014 American Community Survey, in the Texas Region 10, 23.1% of the households receive SNAP benefits. The county that receives the most SNAP benefits is Presidio with 31% of the households receiving SNA, of which 62.8% or households are below poverty level.

Population receiving SNAP benefits by County

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Report Area	267,258	63,217	23.65%
Brewster	4,071	424	10.42%
Culberson	868	245	28.23%
El Paso	257,600	61,432	23.85%
Hudspeth	1,022	250	24.46%
Jeff Davis	1,051	65	6.18%
Presidio	2,646	801	30.27%
Texas	9,013,582	1,218,803	13.52%
United States	116,211,088	15,089,358	12.98%

Data Source: US Census Bureau, American Community Survey 2010-2014

Free School Lunch Recipients

Population eligible to receive Free School lunch my by County

County	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Brewster	1,213	653	53.83%
Culberson	460	336	73.04%
El Paso	179,815	135,225	75.02%
Hudspeth	673	587	87.22%
Jeff Davis	270	27	87.01%
Presidio	1,761	1,482	84.16%
Region 10	184,192	138,310	75.19%
Texas	5,149,025	3,092,087	60.08%
United States	50,195,195	25,012,902	52.35%

Data Source: US Census Bureau, American Community Survey: 2010-2014.

Environmental Risk Factors

Prevention practitioners have long targeted risk and protective factors as the "influences of behavioral health problems according to SAMHSA. A risk factor is a characteristic related to the individual's biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes. [18] Below are many of the factors that may influence an individual's likelihood to develop a substance abuse or related behavioral health problem.

Education

Within the report area 88.3% of students are receiving their high school diploma within four years. Annual dropout rates inform education professionals about the numbers and rates of dropouts and the reasons for dropping out. Dropout counts and rates are often compared to measures of graduation rate, such as a cohort graduation rate. This indicator is relevant because research suggests education is one the strongest predictors of healthy behaviors and lower risk for overall disease.

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[18] Substance Abuse and Mental Health Services Administration, Levels of Risk, Levels of Intervention

Population graduation and dropout rates by County

Location	High School Graduation	High School Graduation Percentage	GED Acheivement Percentage	Dropout Rate	Dropout Percentage
Texas	294,240	88.3	0.8	21,977	6.6
Brewster	*	95.3	0	*	3.5
Culberson	32	100	0	0	0
El Paso	11,271	83.4	1.5	1,082	8
Hudspeth	*	89.3	0	*	8.9
Jeff Davis	*	90	6.7	*	3.3
Presidio	106	89.8	0	12	10.2

Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. Source geography: School District.

Attendance & Dropout Rates

El Paso Independent School District, Socorro Independent School District, and Ysleta Independent School District are the largest districts in the region. Below you will find the attendance rate and dropout rate by district in Region 10.

In Region 10 the El Paso County has 3 of the largest school districts in the region.

Population attendance and dropout rates by District in each County

Brewster District	Total Students	Attendance Rate	Dropout Rate
Alpine	1,047	95.8	0.0
Marathon	41	96.9	0.0
San Vicente	24	95.5	-
Terlingua	99	95.4	0.0
Culberson District	**Total Students**	**Attendance Rate**	**Dropout Rate**
Culberson	459	94.0	1.3
El Paso District	**Total Students**	**Attendance Rate**	**Dropout Rate**
Anthony	813	96.2	0.9
Burnham Wood	914	97.4	0.0
Canutillo	5,977	95.7	2.7
Clint	11,805	96.6	1.7
El Paso Academy	417	86.3	12.6
El Paso	**61,290**	95.6	3.1
Fabens	2,355	96.5	1.3
Harmony	1,731	96.8	0.0

La Fe Preparatory	275	96.2	-
Paso Del Norte	306	93.0	1.3
San Elizario	4,109	96.3	2.0
Socorro	**44,405**	96.3	1.1
Tornillo	1,336	95.7	0.9
Vista Del Futuro	255	97.3	-
Ysleta	**43,007**	95.7	2.2
Hudspeth District	**Total Students**	**Attendance Rate**	**Dropout Rate**
Dell City	71	95.5	0.0
Fort Hancock	476	96.6	1.9
Sierra Blanca	124	94.0	2.1
Jeff Davis District	**Total Students**	**Attendance Rate**	**Dropout Rate**
Fort Davis	239	95.5	1.3
Valentine	31	96.2	0.0
Presidio District	**Total Students**	**Attendance Rate**	**Dropout Rate**
Marfa	356	95.3	3.0
Presidio	1,403	95.2	1.1

Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. Source geography: School District.

Youth Suspensions/Expulsions

This consolidated report on youth suspensions/expulsion and crime rates was created with the hope of gaining new insights by analyzing and reporting the data together. Problems in schools can negatively impact a number of measurable outcomes, including crime, suspension, and dropout rates. In the same way, improvements in school operations can lower crime and suspension rates and make it more likely that children will remain in school. According to the Texas Education Agency, there is a total student population in Texas of 5,289,752. This student population is made up of 52.80% Hispanic, 29.94% Anglo, 13.01% African American, 3.84% Asian, and 0.41% American Indian. Below are data that compare discipline rates among our Texas youth.
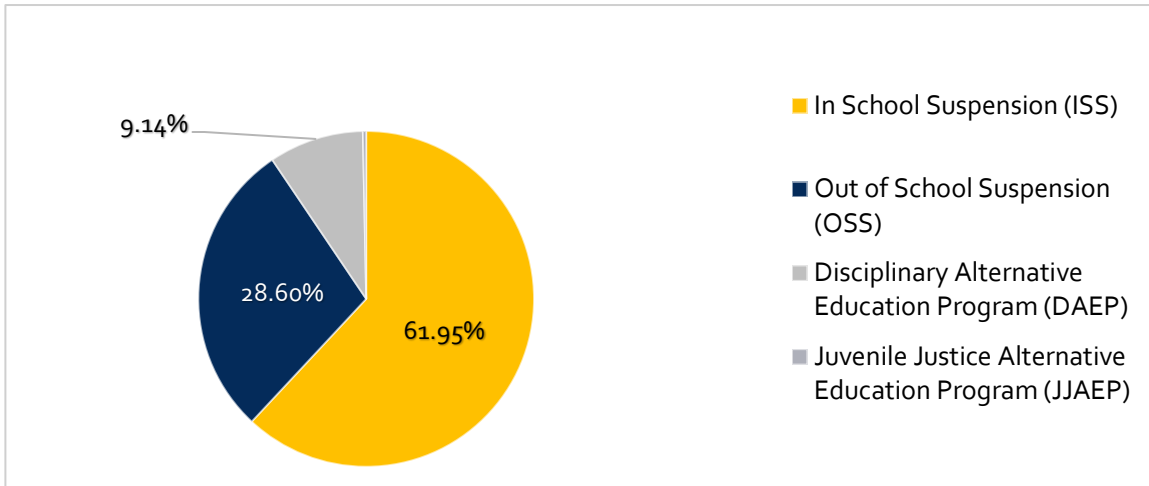
Texas: 2013-2014, Texas Population Discipline Comparison
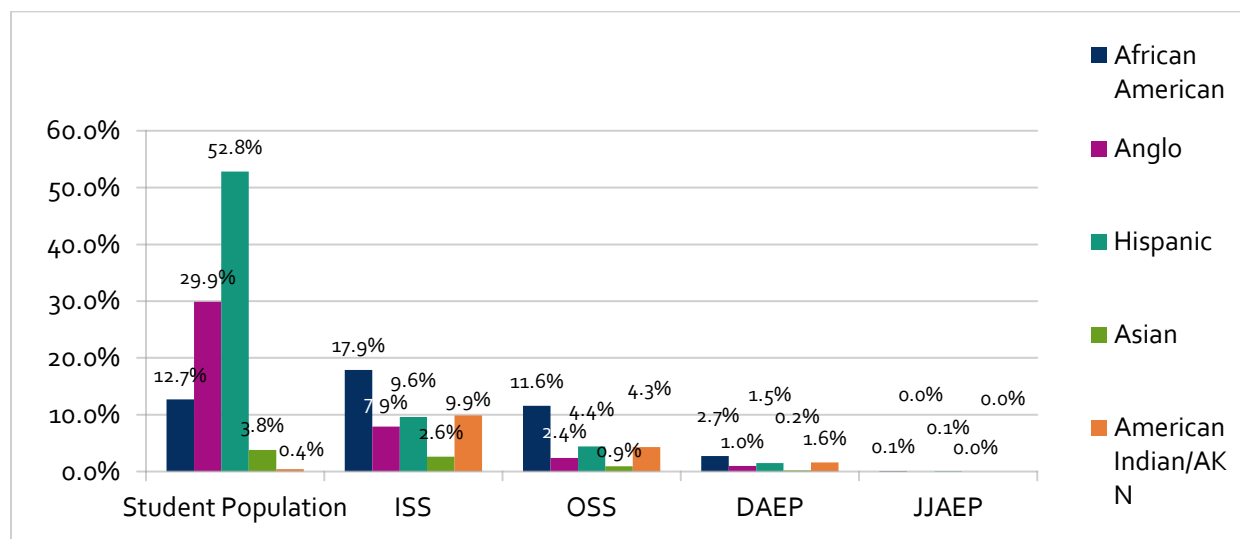
Data Source: Texas Education Agency, Discipline Data Products

[ISS -In School Suspension] [OSS -Out of School Suspension] [DAEP - Disciplinary Alternative Education] [Program JJAEP - Juvenile Justice Alternative Education Program]

Aggregate percentage of all Students by Discipline Action 2013-2014


Data Source: Texas Education Agency, Discipline Data Products

Criminal Activity

During 2013, the Texas Office of Court Administration reported that Texas had a total of 87,176 court cases of theft, 74,158 cases of theft by check, and 26,864 assaults. Of the counties of Region 10, El Paso County had the largest amount of court cases of theft, theft by check and assault. These are cases of criminal activity for Region 10:

Court Cases of Criminal Activity for Region 10
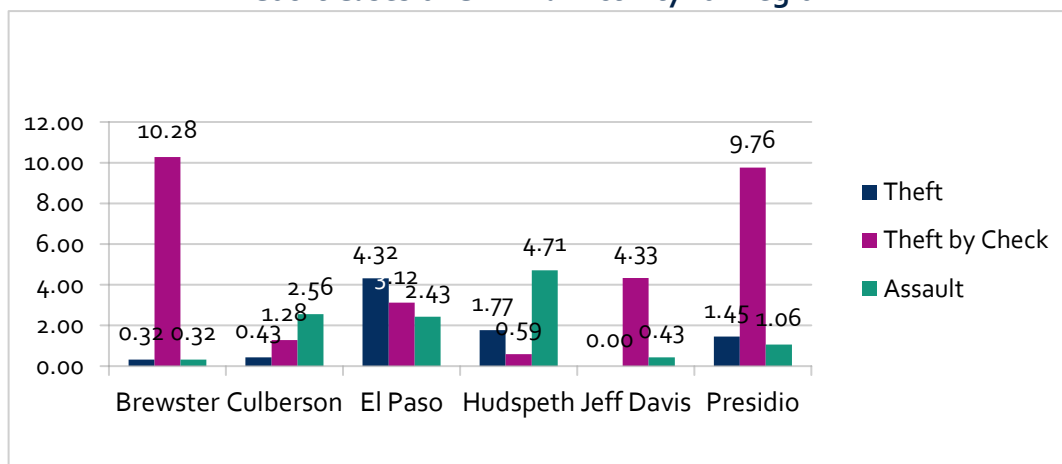
Data Source: Texas Office of Court Administration: County Level Courts Misdemeanor Activity Detail, 2013. Per 1,000 population

Domestic/Child Abuse

According to the 2013 Texas Office of Court Administration, there were 3,336 (1.31% of El Paso Families) court cases of family violence. This is significantly higher than in the rest of Texas (.04%, 33,311 cases).
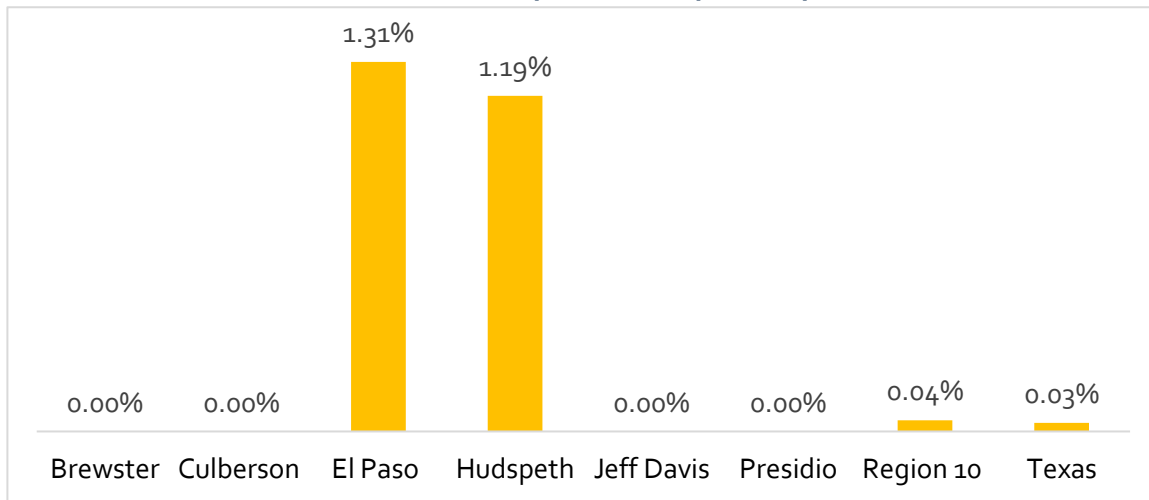
El Paso County had a higher percentage of family court cases related to violence (1.31%, 3,336) in 2013 as compared to Texas (0.4%).

However, the counties of Brewster, Culberson, Jeff Davis, and Presidio had no court cases of family violence during 2013.

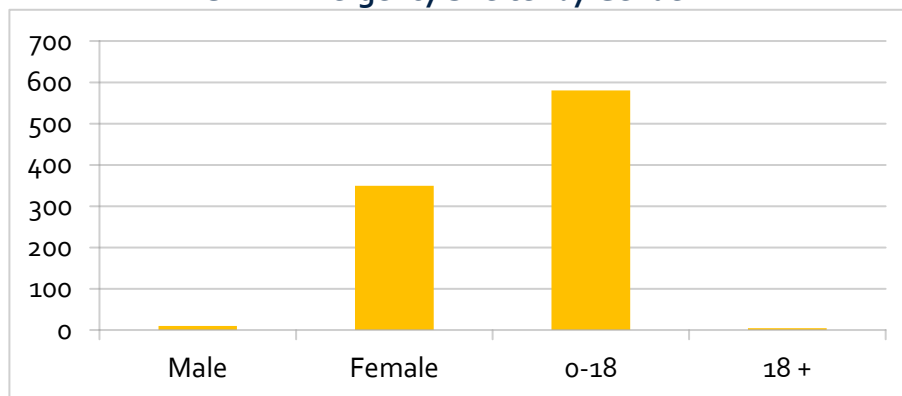### Court Cases of Family Assaults by County for 2013

Data Source: Center against Family Violence, Data Report for PRC Region 10, 2015

In El Paso County between 2013 and 2014, the Center against Family Violence (CAFV) had 939 residents staying at the emergency shelter.
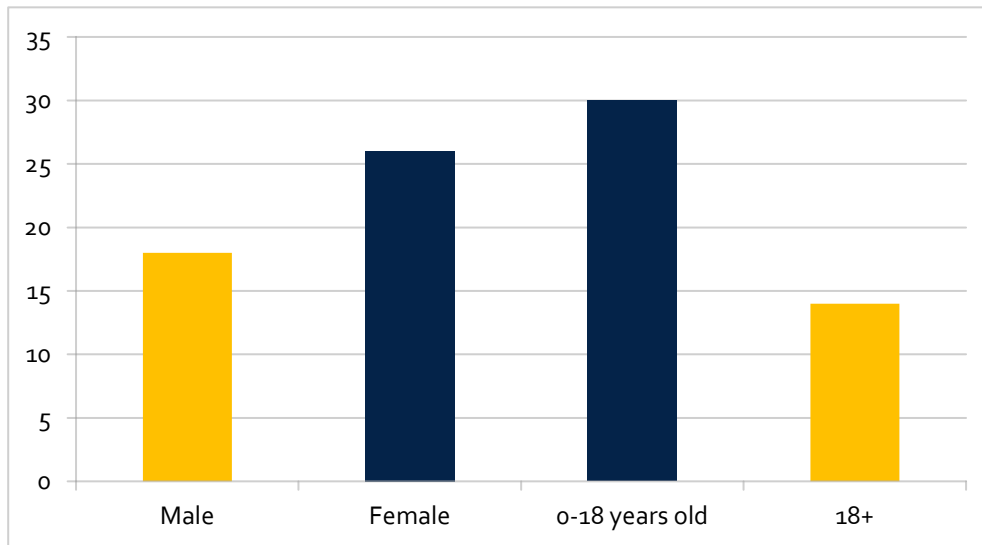
CAFV Emergency Shelter by Gender

Data Source: Center against Family Violence, Data Report for PRC Region 10, 2015

44 residents used the CAFV Transitional Living Center between the years 2013-2014. Residents were mostly females younger than 18.
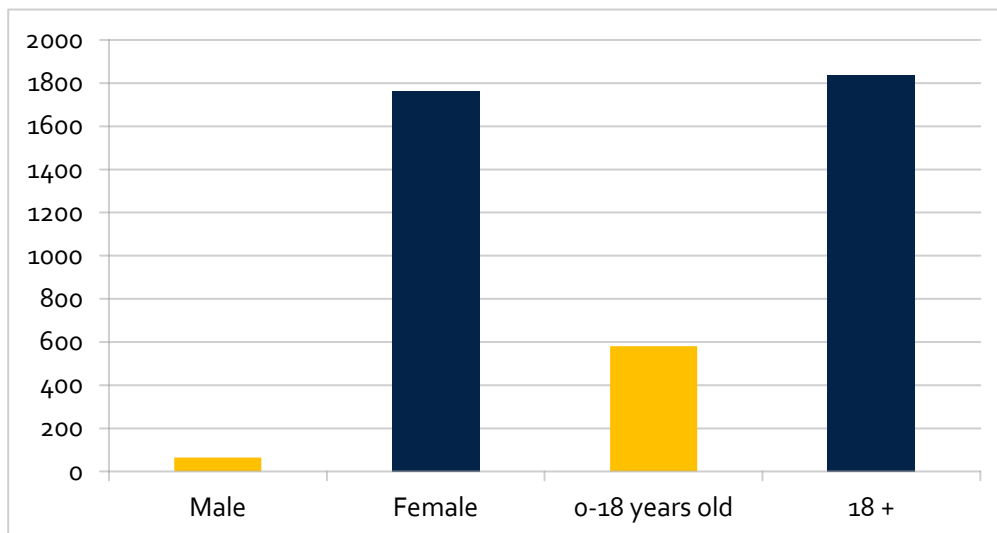
CAFV Transitional Living Center, 2013-2014

Data Source: Center against Family Violence, Data Report for PRC Region 10, 2015

The CAFV also has other services such as the Family Resource Center where there were 2,538 clients assisted, with the majority of clients were female and over 18 years of age.

CAFV Family Resource Center attendance 2013-2014

Data Source: Center against Family Violence, Data Report for PRC Region 10, 2015

Violent Crime

The Substance Abuse Mental Health Services Administration in their Treatment Episode Data Report (2011) found criminal justice systems as the "major source of referrals to substance use treatment". The majority of parolees had been treated at least one before (57.5%) with 18.4% reporting they had three or more prior treatment episodes. Regionally, the number of violent crimes overall was 3,306 incidents. The table below are reported incidents for 12 months in 2015. The data include homicide, rape, robbery, and aggravated assault. Law enforcement reports the rate of violent crime offenses per 100,000 residents.

Incident crimes as reported for each County 2014 data

Region 10	Total Population	Burglary	Assault	Rape	Violent Crime Rate (Per 100,000 Pop.)
Brewster	9,168	35	8	2	127.18
Culberson	2,264	9	0	0	124.55
El Paso	841,774	1,851	2,128	23	462.52
Hudspeth	3,158	11	3	0	120.56
Jeff Davis	2,174	2	3	0	153.25
Presidio	6,783	4	1	2	46.09
Region 10	841,976	3,306	2,143	27	392.6
Texas	25,589,808	166,429	65,338	n/a	366.6
United States	306,859,354	1,213,859	741,291	116,645	395.5

Data Source: Texas Department of Public Safety, Crime in Texas Report, Crime by Jurisdiction, 2015

Mental Health

Mental and substance use disorders impact the health of many individuals, which includes their families, and community. SAMHSA reports that in 2010, an estimated 9.6 million adults aged 18 and older in the United States had a serious mental illness, and 2.2 million youths aged 12 to 17 had a major depressive episode during the past year. Furthermore it is reported that an estimated 23.1 million Americans aged 12 and older needed treatment for substance use (SAMHSA, 2012).
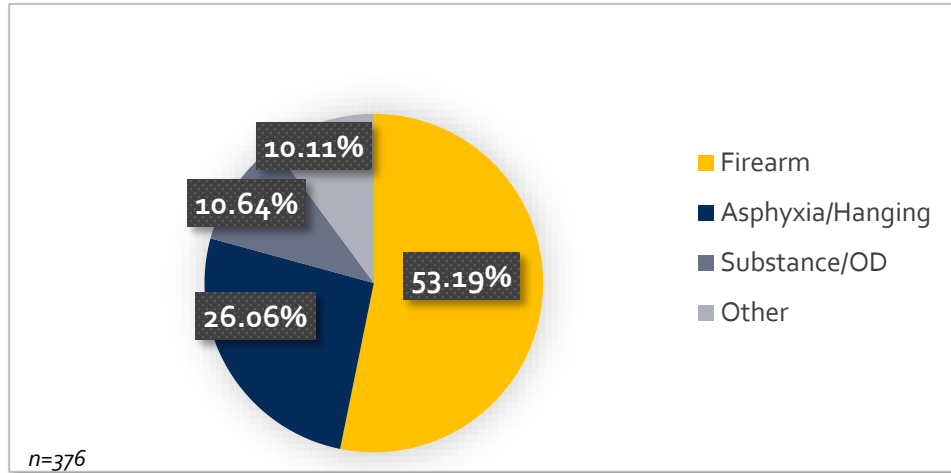
Suicide

In 2012, the state of Texas had a total 3,032 suicides with a rate of 11.8. El Paso had the highest amount of suicides with 62 and a rate of 7.7, which is lower than in the rest of Texas. Hudspeth, Jeff Davis, and Presidio had no suicides for the year of 2012. It is always difficult to find accurate data on this indicator due to the differences of reporting by agency, but according to the El Paso Police Department, there has been an increase of suicides for the county from 2014. According to the El Paso and West Texas Suicide Prevention Coalition, there were a combined total of 31 suicides among people ages 18-31 in the El Paso county area for the year 2014. For year 2015 there were a total of 54 suicides in El Paso alone. Data for other counties are not yet available at the time of publication. The data below reflects the number of suicides by Region 10 counties.

Intentional Self-Harm 2014
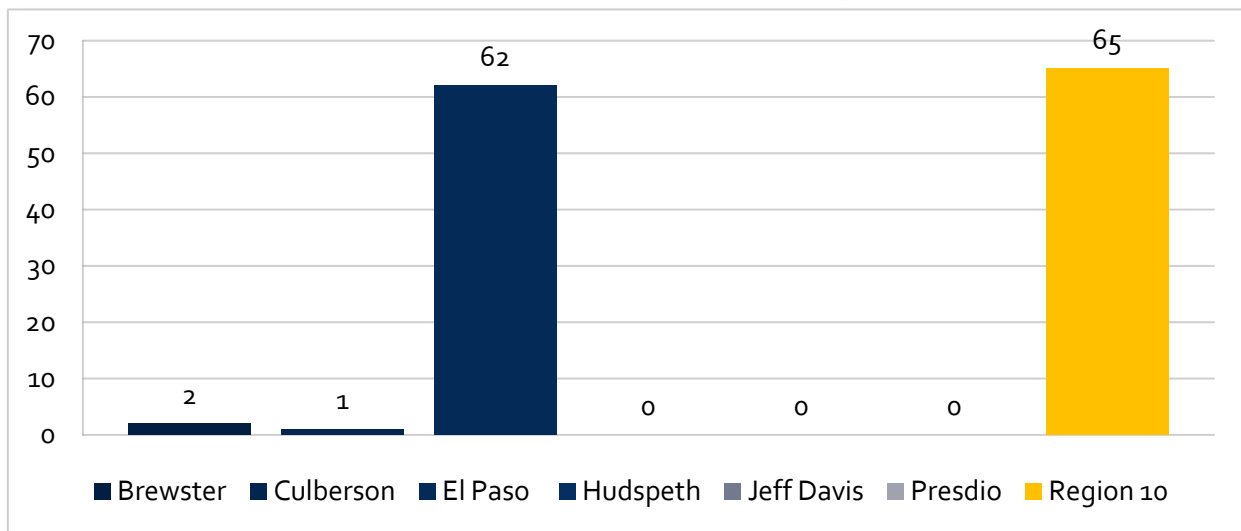
Data Source: El Paso Office of the Medical Examiner & Forensic Laboratory, 2015

Top 3 Methods of Suicide in El Paso County 2009-2015

- Firearm
- Asphyxia/Hanging
- Substance/OD
- Other

10.11%
10.64%
53.19%
26.06%

n=376

Data Source: El Paso Office of the Medical Examiner & Forensic Laboratory, 2015

Suicide Rates for El Paso County only

2013	2014	2015	2016 YTD
41	34	54	19

Data Source: Rio Grande Safe Communities, 2016

Psychiatric Hospital Data

The Texas MONAHRQ Hospital Data: Utilization and Quality 2012 showed that the total number of discharges in the U.S. in 2011 was 1,501,170 with a rate of 4.8 and mean cost of $6,388. South of the U.S. had 541,121 with a rate of 4.8, having a mean cost of $4,864. The rate of discharges in Texas is 4.8, the same as in the U.S. with a mean cost of dollars of $16,022, which is significantly higher than the overall cost in the U.S. The 18-44 age group in Texas, Brewster, and El Paso has the highest rate of discharge. The counties of Culberson, Hudspeth, Jeff Davis, and Presidio did not have any data available.
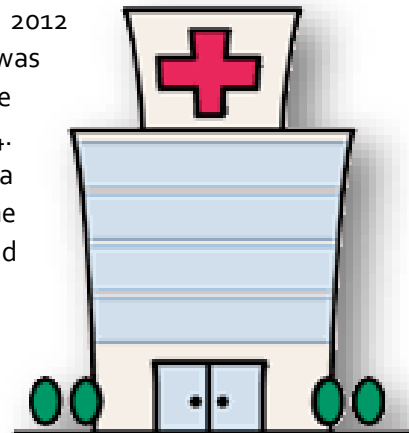
Texas MONAHRQ Hospital for Brewster and El Paso counties

	Texas			Brewster			El Paso		
	Number of Discharges per 1,000 persons	Rate ** of Discharges	Mean *** Costs in Dollars	Number of Discharges per 1,000 persons	Rate ** of Discharges	Mean*** Costs in Dollars	Number of Discharges per 1,000 persons	Rate** of Discharges	Mean*** Costs in Dollars
Total	123,912	4.8	$16,022	20	2.2	$14,143	3,810	4.6	$15,436
Age Group									
<18	31,701	4.5	$13,099	c	c	-	1,061	4.4	$7,078
18-44	50,550	5.1	$14,198	9	3.1	c	1,519	5	$12,985
45-64	29,861	4.6	$18,337	c	c	c	825	4.4	$18,556
65+	11,800	4.4	$26,332	c	c	c	405	4.8	$34,851
Gender									
Male	58,602	4.5	$16,315	11	2.4	c	1,924	4.8	$16,957
Female	65,310	5	$15,760	9	2	c	1,886	4.5	$13,733
Race/Ethnicity									
White	64,247	5.6	$16,252	15	3	$15,292	947	9.4	$16,854
Black	22,139	7.3	$16,250	c	c	c	222	10.7	$12,476
Hispanic	26,235	2.6	$15,541	c	c	c	920	1.3	$15,513
Asian or Pacific Island	1,336	1.3	$15,755	c	c	-	34	3.9	c
Native American	557	6.3	$18,544				1,686	307	$7,241
Other	9,218	27.9	$14,828				c	-	-
Missing	180	-	$13,304	15	3	$15,292	947	9.4	$16,854

Values based on 5 or fewer discharges are suppressed to protect confidentiality of patients and are designated with a "c".

*Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), 2011, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Total number of weighted discharges in the U.S. based on HCUP NIS = 38,590,733. Statistics based on estimates with a relative standard error (standard error / weighted estimate) greater than 0.30 or with standard error = 0 are not reliable, and are designated with a †.

**Rates are based on the number of hospital discharges, unadjusted for any population differences.

***Mean costs are unadjusted.

Depression

The following table has information on the total amount of Medicare beneficiaries with depression. The lowest percentage of Medicare Beneficiaries with depression is from the Jeff Davis County (7.05%) and the highest percentage is El Paso County (14.3%). All of the Region 10 counties are below the percentage of people with depression in Texas (16.19%) and in the United States (15.46%).

Medicare Beneficiaries with Depression by County

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Brewster	1,320	142	10.76%
Culberson	355	39	10.99%
El Paso	58,888	8,423	14.75%
Hudspeth	380	31	8.16%
Jeff Davis	468	33	7.05%
Presidio	1,384	123	8.89%
Region 10	62,795	8,791	14%
Texas	2,340,725	379,048	16.19%
United States	34,126,305	5,271,176	15.45%

Health Indicators Warehouse, Depression Medicare beneficiaries (percent), 2013

Social Factors

There are a number of factors that can influence the likelihood of an individual using substances such as biological and psychological characteristics. An individual may come across specific risk factors in their life that can include norms and laws favorable to substance use, much like the misinformation may individuals have on synthetic marijuana.

A variety of risk factors in society include behaviors that adolescence partake in such as underage drinking, adolescent sexual activity, and cultural norms. Although teen pregnancy may or may not be contributed to substance abuse, it is important to understand that it may increase a teen parents risk factors.

*Teen pregnancy may or may not be contributed to substance abuse, it is important to understand teen parent risk factors.*

Adolescent Sexual Behavior

The following is graph with data from the County Health Rankings & Roadmaps with the number of births per 1,000 females between the ages of 15 and 19 in the years 2010 and 2014. It can be seen that the birth rates in Texas have been going down between 2010 and 2014. Birth rates are the highest in Culberson

County and Jeff Davis has the lowest teen birth rate. The birth rate of Culberson, El Paso, Hudspeth, and Presidio are higher than in Texas. However, Culberson and El Paso County showed lower rates in 2014 than in 2010.

Teen births by county 2010-2013
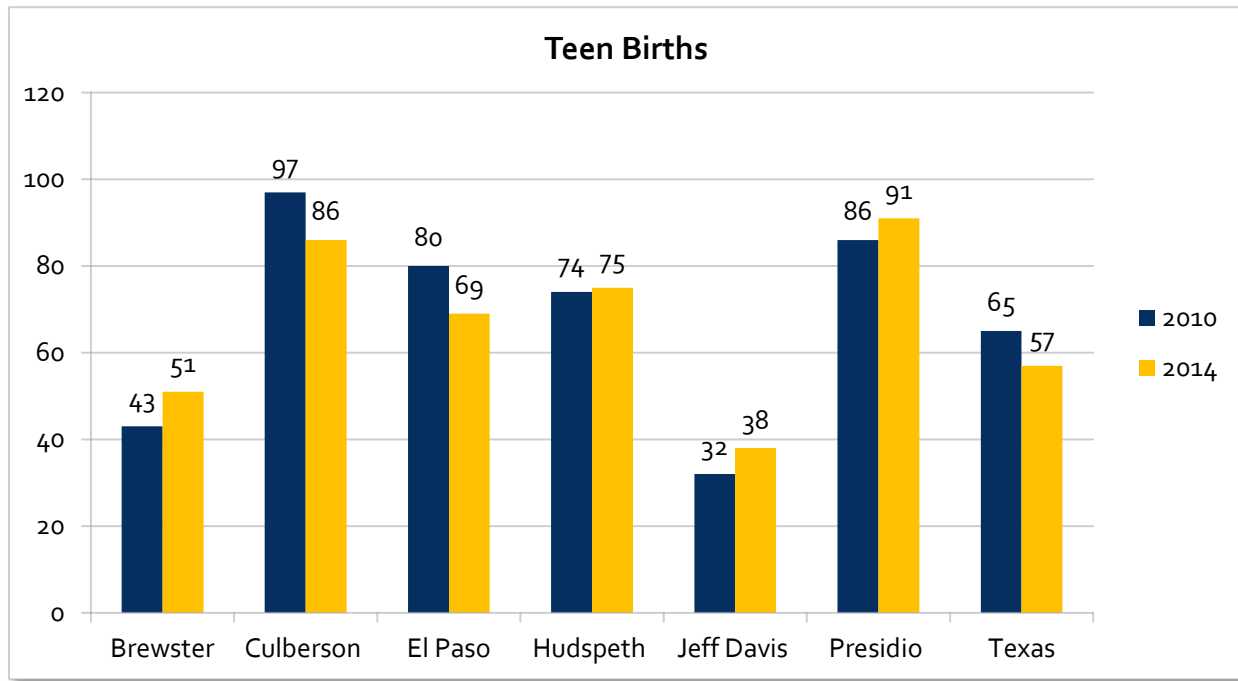
Data Source: County Health Rankings & Roadmaps, Teen Births 2010-2013, Rate per 1,000 females between the ages of 15-19

Regional Consumption

The Prevention Resource Center has compiled regional consumption data from multiple sources for region 10. The primary data that has been selected for use throughout this section is from the Texas School Survey of Drug and Alcohol Use (TSS): 2014 for Region 9 and 10 grades 6-12. Other supplemental data is drawn from the Behavioral Risk Factor Surveillance System (BRFSS).

Alcohol

Alcohol enters the bloodstream from the initial drink and has an immediate effect that can appear within about 10 minutes. SAMHSA reports that slightly more than half of Americans aged 12 or older as being current drinkers of alcohol.   The Community Commons reported the following ranking for counties based on the alcohol consumption below[19]. Out of the 254 counties in Texas, Jeff Davis County was ranked 10 compared to Culberson County with the ranking of 214 in alcohol consumption.

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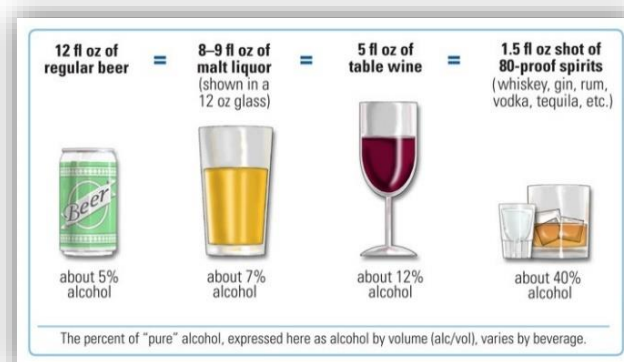
[19] Courtesy: Community Commons, Community Health Needs Assessment

State ranking within Region 10 with most alcohol consumption

Four out of the six counties in Region 10 ranked among the top 30% of counties with the most alcohol consumption. This is also reflected in region 10 for the average expenditures in alcohol ($851.30) and percentage of at home expenditures (15.04%), which is higher than in the average in Texas and the U.S.

Report Area	State Rank
Brewster	14
Culberson	214
El Paso	24
Hudspeth	76
Jeff Davis	10
Presidio	185

Average Alcohol expenditures and Food-at-home

Report Area	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Region 10	$851.30	15.04%
Texas	$792.67	13.82%
United States	$839.54	14.29%

Age of Initiation

According to the TSS 2014 the average age of first use of alcohol reported by 6th graders was 10.1.

Average Age of First Use of Alcohol

	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Average Age	10.1	10.5	11.3	12.4	13.3	14.2	14.5

Texas State School Survey results Average Age of First Use, 2014

Early Initiation

Alcohol consumption has been recorded by the 2014 Texas School Survey and the earliest year reported with alcohol consumption is the seventh grade with 30.9% of students ever used alcohol. However, this number is lower than in 2010, which recorded 42.1% of seventh graders have consumed alcohol. Overall, in 2014, 50.5% Texas students between the seventh and twelfth grade have ever consumed alcohol compared to 61.8% of the students in 2010.

Current Use

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future

health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

The percentage of estimated adults drinking excessively in Region 10 is lower (15.61%) than in the rest of Texas (15.8%) and the U.S. (16.94%). However, Hudspeth County has a high estimated adults drinking excessively (28%).

Adults drinking excessively by county

Report Area	Total Population Age 18<	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Region 10	568,520	88,857	15.96%	15.61%
Brewster	7,353	941	12.8%	12.1%
Culberson	1,870	no data	suppressed	suppressed
El Paso	549,476	87,916	16%	15.6%
Hudspeth	2,379	no data	suppressed	28%
Jeff Davis	1,910	no data	suppressed	suppressed
Presidio	5,532	no data	suppressed	suppressed
Texas	17,999,726	2,879,956	16%	15.8%
United States	232,556,016	38,248,349	16.45%	16.94%

(*Community Commons, Community Health Needs Assessment, 2015*)

Lifetime Use

The TSS 2014 asks students "*How recently, if ever, have you used alcohol* with the choice of selecting *Past Month, School Year, Ever Used, Never Used".* All grade levels responded that 51.9% of students have used alcohol at least once in their lifetime.

Usage of Alcohol by Grade Level

	Past Month	School Year	Ever Used	Never Used
All	8.7%	9.0%	23.5%	76.4%
Grade 6	8.5%	12.0%	30.1%	69.8%
Grade 7	17.2%	22.2%	50.4%	49.6%
Grade 8	22.3%	30.9%	55.7%	44.3%

	Past Month	School Year	Ever Used	Never Used
Grade 9	30.8%	39.4%	61.5%	38.5%
Grade 10	39.7%	48.9%	73.1%	26.8%
Grade 11	39.8%	54.2%	74.1%	25.9%
Grade 12	8.7%	9.0%	23.5%	76.4%

Texas State School Survey results Usage of Alcohol by grade level, 2014

Accessibility

It is reported that 24.6 of all students believe that it is *very easy* to obtain alcohol, 16.8% *somewhat easy*, 10.9% *somewhat difficult*, 5.8% *very difficult*, 14.3% *impossible*, 27.5% *never heard of*. Accessibility becomes *very easy* according to students as grade level increases.

TSS Percentage of "Very" easy to get Alcohol

	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Any Alcohol	4.7%	12.9%	17.6%	25.7%	35.0%	39.8%	38.3%

Texas State School Survey results Usage of Alcohol by grade level, 2014

The same trend occurs as grade level increases, so does accessibility of alcohol at parties that students attend. There is at 33.3% increase of alcohol "*always*" being provided at parties that students attend from grade 6 to grade 12. Students in grade 12 also report that "*most of the time*" they are able to get alcohol from "*parties*" (22.9%), "*friends*" (22.4%), "*home*" (7.9%), "*store*" (6.1%), and some "*other source*" (12.7%).

### TSS Percentage of Alchol Provided at Parties

	Never	Seldom	Half the Time	Most of the Time	Always	Do not know	Did not attend
All	47.5%	6.8%	7.0%	9.0%	13.0%	1.9%	14.8%
Grade 6	83.1%	3.5%	4.3%	2.2%	0.1%	2.7%	4.1%
Grade 7	67.1%	6.4%	4.3%	3.9%	1.9%	3.7%	12.6%
Grade 8	53.6%	9.5%	5.3%	6.2%	6.0%	3.3%	16.1%
Grade 9	43.0%	8.7%	9.6%	10.1%	9.7%	1.3%	17.5%
Grade 10	33.5%	8.1%	9.0%	15.4%	17.8%	0.7%	15.5%
Grade 11	32.8%	9.4%	8.6%	10.8%	25.1%	0.9%	12.5%
Grade 12	19.8%	0.2%	7.5%	14.5%	33.4%	0.6%	24.0%

Texas State School Survey results Percentage of Alcohol Provided at Parties, 2014

Consequences

Texas Department of Transportation data on DUI Involved Crashes by County, 2014[20]

In 2014, Texas had a total of 24,386 crashes with alcohol was involved, of those crashes, 760 crashes where in the Texas Region 10. El Paso was among the top 10 counties with the most crashes with 726 crashes. The county with the least crashes was Culberson with 2 crashes involving DUI.
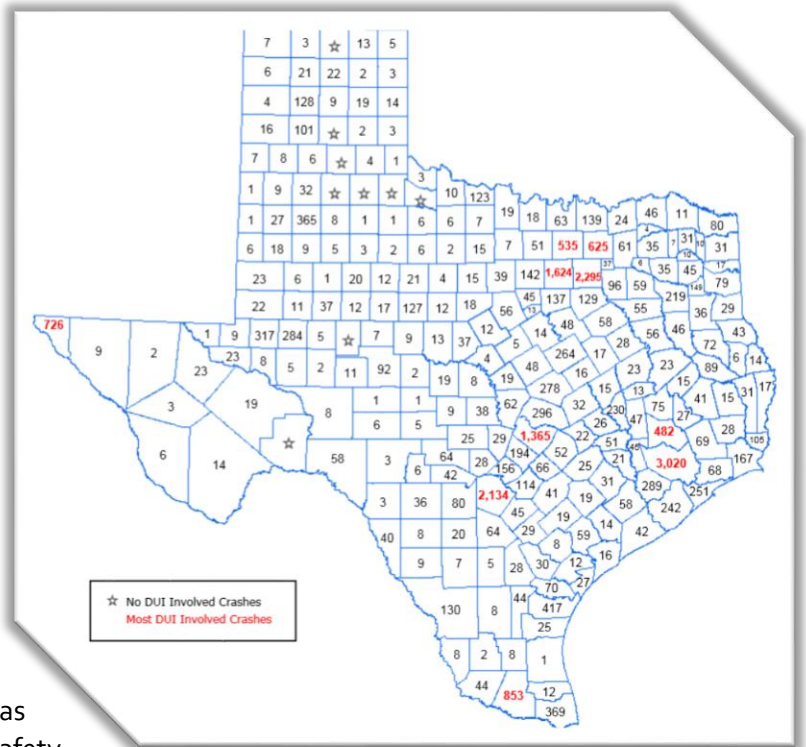
Marijuana

Marijuana is one of the leading illegal drugs that is seized along the Texas and Mexico border. The Texas Department of Public Safety reports that $47,728,814.70 worth of marijuana was seized through Operation Strong Safety between June 23, 2014 and September 2, 2014[21]. According to the National Institute on Drug Abuse, marijuana use has remained stable in 2014 in response to the Universe of Michigan's 2014 Monitoring the Future Study. The study has found that 56.7 percent of seniors say they disapprove of adults who smoke it occasionally, and 73.4 percent say they disapprove of adults smoking marijuana regularly[22].

> "...people use marijuana in a number of ways such as smoking, eating, drinking, and inhaling it."

Some points to remember when discussing marijuana, is that people use marijuana in a number of ways such as smoking, eating, drinking, and inhaling it. New forms of usage have emerged such as smoking extracts from the plant in a practice known as dabbing.

Dabbing marijuana cigarettes and even e-cigarettes with butane hash oil (BHO) has become a new trend that is spreading throughout the nation. The Drug Enforcement Administration states that these extracts such as BHO raise

Photo Source: National Institute on Drug Abuse

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[20] Texas Department of Transportation, Texas Motor Vehicle Crash Statistics 2014
[21] Texas Department of Public Safety, Texas Border Security Dashboard
[22] University of Michigan, 2014 Monitoring the Future Study

the level of delta-9-tetrahydrocannabinol (THC) to at least 75% to 85% more potentate[23].

Age of Initiation
The earlier a child begins to use marijuana, the more likely they are to become addicted to it. The average age of initiation for grades 6-12 is 13.6.

TSS Percentage of Average Age of First Use of Marijuana

	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Average Age	12.0	11.5	12.5	12.9	13.6	14.2	14.9

Texas State School Survey results Average Age of First Use of Marijuana, 2014

Early Initiation
The Texas School Survey reported that in 2014 7% of seventh graders have ever consumed Marijuana, and between the seventh and twelfth grade total of 24.2% of students have ever consumed Marijuana. However, this is a lower number compared to the 2010 data of 11.5% for seventh graders and 27.9% for grades seven through twelve. The earliest age of initiation according to the TSS 2014 for our region was 11.5.

Current Use
According to SAMHSA, marijuana use rose to 7.5% of users aged 12 or older in 2013 which is up from 6.2% in 2002[24]. According to the 2013 National Survey on Drug Use and Health, 5.7 million persons aged 12 or older used marijuana on a daily or almost daily basis in 2013. In Texas however, lifetime marijuana use decreased from about 26.2 percent of students in 2012 to 23.2 percent of students in 2014[25]. The TSS 2014 asked students "*how often do you normally use marijuana?*" The response from *all* students was that 79.2% *never used* marijuana.

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[23] Drug Enforcement Administration, DEA/DA undercover Operations Stops Countrywide Drug Manufacturing Operations
[24] SAMHSA, 2013 National Survey on Drug Use and Health
[25] Texas Department of State Health Services, Drug Facts among Texas youth 2014

TSS Current Usage of Marijuana by grade level

	Never Used	Every Day	Several Times a Week	Several Times a Month	About Once a Month	About Once a Year	Less than Once a Year
All	79.2%	1.8%	2.1%	3.7%	3.9%	3.8%	5.6%
Grade 6	97.3%	0.2%	0.0%	0.5%	1.2%	0.6%	0.2%
Grade 7	92.6%	0.8%	1.2%	1.3%	1.6%	0.4%	2.0%
Grade 8	82.6%	2.5%	1.6%	2.3%	3.1%	3.0%	4.9%
Grade 9	77.1%	1.4%	1.1%	5.1%	4.0%	5.4%	5.9%
Grade 10	72.7%	2.6%	4.8%	4.2%	4.8%	5.3%	5.5%
Grade 11	68.8%	2.2%	2.3%	4.4%	6.9%	5.9%	9.5%
Grade 12	59.8%	3.0%	4.2%	8.3%	6.6%	6.0%	12.2%

Texas State School Survey results Average Age of Usage of Marijuana by grade level, 2014

Lifetime Use

The TSS 2014 asks students "*How recently, if ever, have you used marijuana*" with the choice of selecting *Past Month, School Year, Ever Used, Never Used.* All grade levels responded that 22.6% of students have used marijuana at least once in their lifetime.

TSS Lifetime usage of Marijuana by Grade Level

	Past Month	School Year	Ever Used	Never Used
All	9.5%	13.6%	23.6%	76.5%
Grade 6	0.6%	0.7%	3.0%	97.0%
Grade 7	3.0%	3.5%	5.9%	94.1%
Grade 8	7.0%	11.2%	19.9%	80.2%
Grade 9	8.1%	12.1%	26.5%	73.5%
Grade 10	16.0%	21.6%	32.1%	67.8%
Grade 11	15.1%	21.3%	35.8%	64.2%
Grade 12	18.2%	26.9%	44.9%	55.1%

Texas State School Survey results Lifetime usage of Marijuana by Grade Level, 2014

Marijuana Consequences

After alcohol, marijuana is the drug most often linked to car accidents, including those involving deaths[26]. NIDA states that regular marijuana use has been associated with several psychological effects, including depression, anxiety, suicidal thoughts, and personality disturbances.

Prescription Drugs

The 2013 National Survey on Drug Use and Health indicates that about 15.3 million people aged 12 or older used prescription drugs non-medically and is abuse more often than any other drug (excluding marijuana and alcohol). According to the CDC, 44 people in the US die every day from overdose of prescription painkillers.

The CDC also reports that deaths from prescription painkillers have quadrupled since 1999, killing more than 16,000 people in the US in 2013[27]. Furthermore, nearly two million American 12 years of age and older either abused or were dependent ton opioids according to the CDC in 2013.

Over-The-Counter Use

The TSS 2014 asked students "*How recently, if ever, have you taken the following OVER-THE-COUNTER drugs?*" The table below displays their results.

TSS Usage of Over-the-Counter Drugs by Grade Level

	Past Month	School Year	Ever Used	Never Used
All	2.6%	3.3%	5.2%	94.9%
Grade 6	0.6%	0.6%	1.6%	98.3%
Grade 7	1.2%	1.4%	3.8%	96.2%
Grade 8	0.8%	1.1%	3.3%	96.8%
Grade 9	4.2%	4.2%	6.2%	93.8%
Grade 10	3.8%	6.5%	9.5%	90.5%
Grade 11	4.4%	5.0%	6.9%	93.1%
Grade 12	3.0%	3.8%	4.1%	95.9%

Texas State School Survey results Usage of Over-the-Counter Drugs by grade level, 2014

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[26] National Institute on Drug Abuse, Marijuana: Facts for Teens
[27] Center for Disease Control and Prevention, Injury Prevention & Control: Prescription Drug Overdose

Prescription Use

	Past Month	School Year	Ever Used	Never Used
All	4.6%	7.3%	11.5%	88.6%
Grade 6	1.5%	2.5%	4.5%	95.6%
Grade 7	1.9%	2.2%	3.6%	96.3%
Grade 8	2.7%	3.0%	7.2%	92.8%
Grade 9	5.8%	7.6%	11.4%	88.6%
Grade 10	5.4%	10.3%	16.6%	83.4%
Grade 11	7.3%	10.7%	17.1%	82.9%
Grade 12	8.2%	16.3%	22.0%	78.0%
Oxycontin, Percodan, Percocet, or Oxycodone				
All	1.4%	2.1%	2.7%	97.2%
Grade 6	0.5%	0.6%	0.6%	99.4%
Grade 7	0.5%	0.5%	0.9%	99.1%
Grade 8	0.8%	0.8%	2.1%	97.9%
Grade 9	1.7%	1.7%	1.8%	98.1%
Grade 10	1.9%	3.0%	3.6%	96.3%
Grade 11	2.6%	2.6%	4.5%	95.5%
Grade 12	2.1%	6.7%	6.9%	93.1%
Vicodin, Lortab, Lorcet, or Hydrocodone				
All	2.7%	3.8%	6.0%	94.0%
Grade 6	0.0%	0.1%	1.9%	98.2%
Grade 7	0.5%	0.5%	1.3%	98.7%
Grade 8	1.3%	1.6%	2.1%	97.8%
Grade 9	2.2%	3.6%	4.8%	95.2%
Grade 10	4.9%	6.9%	9.1%	90.8%
Grade 11	5.5%	6.2%	9.7%	90.3%
Grade 12	5.3%	8.5%	15.1%	84.9%

	Past Month	School Year	Ever Used	Never Used
Valium or Diazepam				
All	0.7%	0.8%	1.3%	98.7%
Grade 6	0.1%	0.2%	0.2%	99.8%
Grade 7	0.4%	0.4%	0.4%	99.6%
Grade 8	0.5%	0.5%	0.9%	99.1%
Grade 9	0.3%	0.4%	0.4%	99.7%
Grade 10	0.6%	0.6%	1.2%	98.8%
Grade 11	1.8%	1.8%	3.0%	97.0%
Grade 12	1.5%	2.1%	3.4%	96.6%
Xanax or Alprazolam				
All	1.8%	2.4%	3.2%	96.7%
Grade 6	0.0%	0.1%	0.6%	99.5%
Grade 7	1.0%	1.0%	1.1%	98.9%
Grade 8	1.1%	1.3%	1.9%	98.0%
Grade 9	1.4%	1.5%	2.2%	97.7%
Grade 10	1.3%	3.2%	4.4%	95.6%
Grade 11	5.5%	6.5%	8.6%	91.4%
Grade 12	2.9%	4.4%	4.8%	95.2%

Texas State School Survey results Usage of Over-the-Counter Drugs by grade level, 2014

Misuse/Abuse Consequences

During 2009- 2014 substance calls to the Texas Poison Center Network, El Paso County had the highest rate of calls relating to substance abuse. Jeff Davis and Presidio rate of calls are below the Texas rate, however, the rates for Brewster, Culberson, El Paso, and Hudspeth are well above the Texas rate of calls to the Texas Poison Center Network.

Distribution of Exposures to Selected Substances by Caller

- Antidepressants
- Cardiovascular Drugs
- Cold and Cough Preparations
- Miscellaneous Drugs
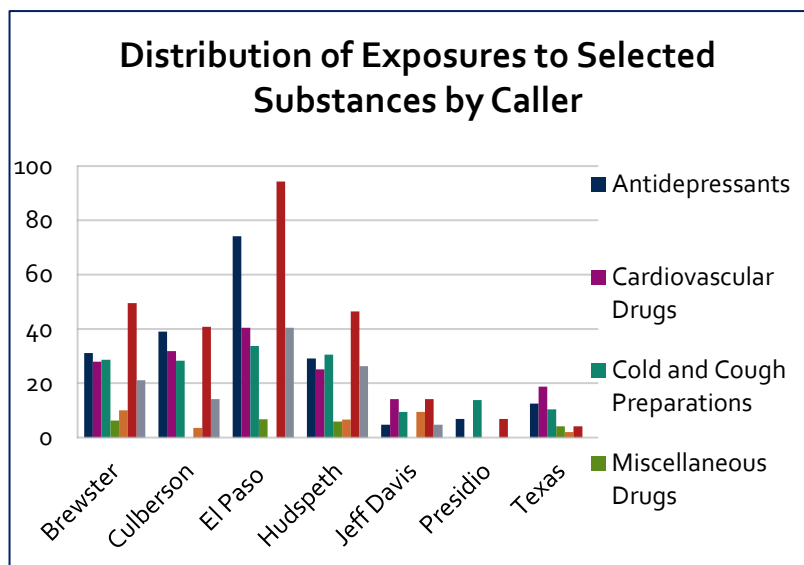
Resource: County Texas Poison Center Network, 2009-2014.
Rate by 100,000 population

Emerging Trends

Drug trends help us understand prevalence of drug use and the consumption patterns of drugs over time. Unfortunately, as often as we monitor these drug trends among our population new drugs emerge changing the norm among usage. Current trends include street drugs that are known as 'Spice' or 'Bath Salts' have grown in popularity. These synthetic drugs are dangerous and a brief description of the drugs are provided here to help build awareness on the most current trends.

Synthetic Cannabinoids

Spice is a synthetic drug created in a laboratory that eventually made its way to the streets in Europe before making its way to the United States. In the 1990's, J.W. Huffman at Clemson University created a large series of compounds[28]. These compounds were primarily developed as pharmaceutical agents intended for pain management also known as analgesic drugs.

Spice is a mixture of herbs that are dried in a similar fashion to marijuana and combined with the manmade compounds explained above. Most products have added chemicals that the designers of the drug include at their discretion.

There have been a rising number of calls to poison control centers nationally and in region 10 due to the use of Spice. It should be noted that Spice is illegal, yet producers of the drug continuously change the formula of the product to

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[28] European Monitoring Centre for Drugs and Drug Addiction, Understanding the 'Spice' phenomenon

evade legal restrictions. The TSS 2014 for Region 9 & 10 report that the average age of initiation for grades 6-12 is 14 years old.

Prevalence and Recency of Spice Use

	Past Month	School Year	Ever Used	Never Used
All	2.3%	3.6%	7.9%	92.1%
Grade 6	0.0%	0.0%	0.1%	99.9%
Grade 7	1.8%	2.8%	3.4%	96.6%
Grade 8	2.7%	4.7%	7.8%	92.1%
Grade 9	2.1%	2.9%	7.7%	92.3%
Grade 10	3.3%	5.2%	11.6%	88.4%
Grade 11	3.1%	4.0%	10.4%	89.6%
Grade 12	3.5%	5.9%	15.4%	84.6%

Texas State School Survey results Prevalence and Recency of Spice Use, 2014

Synthetic Cathinoids

Much like Spice, Bath Salts have emerged rapidly among Europe and the United States. Bath Salts contain a number of chemicals that can produce euphoria and increased sociability and sex drive.

Common synthetic cathinones found in bath salts include 3, 4-methylenedioxypyrovalerone (MDPV), mephedrone ("Drone," "Meph," or "Meow Meow"), and methylone, but there are many others[29].

Bath salts users have reported that Bath salt trigger intense cravings (or a compulsive urge to use the drug again) and that they are highly addictive according to NIDA.

Photo Source: Partners for Drug-Free Kids

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[29] National Institute on Drug Abuse, Drug Facts: Synthetic Cathinones ("Bath Salts")

E-Cigarettes/Vaping

The Center for Disease Control and Prevention reports that e-cigarette use has tripled among middle and high school students in less than a year in a press release on April 16, 2015.

The CDC reported e-cigarette use (use on at least 1 day in the past 30 days) among high school students increased from 4.5 percent in 2013 to 13.4 percent in 2014, rising from approximately 660,000 to 2 million students[30].

In a separate press release, the CDC announced that more than half (51.1 percent) of the calls to poison centers due to e-cigarettes involved young children under age 5, and about 42 percent of the poison calls involved people age 20 and older[31].

Photo Source: Partners for Drug-Free Kids

BHO "Dabbing "and Consumables

Butane Hash Oil (BHO) is an extract high in THC levels and is extremely dangerous to create. The process includes filtering marijuana with butane and then boiling the butane from the marijuana. This has caused many fires and explosions in homes where individuals are attempting to create this substance. If successful, users are left with a product that can be used to dab there e-cigarette or vaping machines to get an odorless high off of the BHO. Other forms can be created after the substance is extracted to place in food as an oil, create a wax or butter to place in lip balms, or shatter that look similar to peanut brittle.

Consequences

The use of drugs and alcohol result in a number of individuals that find themselves in hospitalization or in other cases they die as a result of their substance use. Not only do individuals who abuse drugs and alcohol place themselves at risk, but those around them are also impacted by their usage of substances.

## Mortality

Driving Deaths with Alcohol Involvement

Driving while under the influence of alcohol places everyone in danger. The Fatality Analysis Reporting System reports a census of fatal motor vehicle crashes resulting in the death of a motorist or a non-motorist.

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[30] Centers for Disease Control and Prevention, E-cigarette use triples among middle and high school students in just one year

[31] Centers for Disease Control and Prevention, New CDC study finds dramatic increase in e-cigarette-related calls to poison centers

Alcohol-Impaired Driving Deaths by County
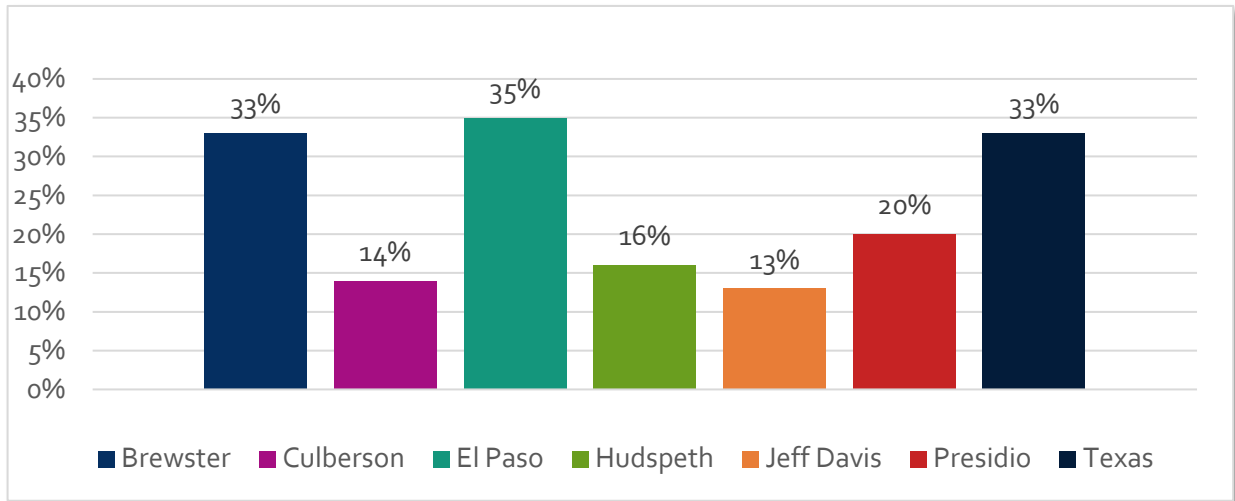
The table below shows the total DUI related crashes/fatalities from 2010-2014[32].

County	County Population 2010-14	Total DUI Crashes, 2010-14	Total DUI Fatalities, 2010-14	DUI Crash Rate per 100K, 2010-14	DUI Fatality Rate per 100K, 2010-14
Brewster	47012	58	4	123.37	8.51
Culberson	12339	17	4	137.77	32.42
El Paso	775785	4122	133	531.33	17.14
Hudspeth	17798	38	7	213.51	39.33
Jeff Davis	11832	23	0	194.39	0.00
Presidio	39937	23	1	57.59	2.50

Data Source: County Health Rankings & Roadmaps, Extracted July 2015

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[32] Texas Department of Transportation, 2010-2014 DUI Crashes and Injury by County

Drug and Alcohol Related Fatalities

According to 2013 CDC Wonder Drug and Alcohol Induced Deaths, Region 10 has a lower death rate (593.3) than in the rest of Texas (677.5) and the U.S. (821.5). The Jeff Davis County has the highest death rate due drugs or alcohol, and Hudspeth lowest (482.21).

County	Population	Deaths	Crude Rate Per 100,000
Brewster	9,286	58	624.6
Culberson	2,277	22	966.2
El Paso	827,718	4876	589.1
Hudspeth	3,318	16	(Unreliable) 482.21
Jeff Davis	2,253	30	1331.6
Presidio County	7,201	53	736.0
Region 10	852,053	5055	593.3
Texas	26,448,193	179,183	677.5
U.S.	316,128,839	2,596,993	821.5

Data source: 2013 CDC Wonder: Drug and Alcohol Induced Deaths

Deaths due to Drug Poisoning

Drug overdose was the leading cause of injury death in 2010 according to County Health Rankings & Roadmaps. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes[33]. Data for the region is not complete, yet in El Paso County as of July 2015 there were 431 drug poisoning deaths which is up from 400 in 2014[34] Data for other counties in the region is missing.

Legal Consequences

Drug and/or Alcohol Related Inmate Population

The Texas Department of Criminal Justice reports that 427 inmates are serving sentences for drug and/or related crimes.

Below is a table displaying the population by counties in our region.

County	Drug/Alcohol Inmates
Brewster	3
Culberson	2
El Paso	416
Hudspeth	3
Jeff Davis	2
Presidio	1
Total	427

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[33] County Health Rankings, Drug Poisoning Deaths, Description
[34] County Health Rankings, Drug Poisoning Deaths, Data

Environmental Protective Factors

There are a multitude of opportunities for addressing behavior health problems and disorders. By increasing the amount of evidence-based practices in our community, the likelihood we increase protective factors. Prevention is at the core of providing a continuum of care, and part of a comprehensive approach to behavioral health.

Prevention strategies are focused on helping develop knowledge,

Photo Source: SAMHSA

attitudes, and skills to help individuals make good choices and/or change harmful behaviors [35] . Prevention is an attempt to reach individuals before the onset of a disorder and is intended to prevent or reduce the risk of developing a behavioral health problem.

Region 10 is striving to provide services to individuals across the continuum of care and create opportunities of individuals to succeed.

Community Domain

PRC 10 currently collaborates with many DSHS-funded and non-funded Community Coalitions, agencies, individuals and organizations working in prevention services focused on the three state priorities of underage drinking, synthetic marijuana and prescription medication. The mobilization efforts address the needs of populations identified by each of the related sectors. Their goal is to implement evidenced-based practices utilizing the Strategic Prevention Framework in promoting the activities related to substance use issues and healthy living in their communities.

Many of the partnerships are mentioned bellowed and future collaborations can only be beneficial in crated and promoting awareness to the substance use issues affecting the counties of Region 10.
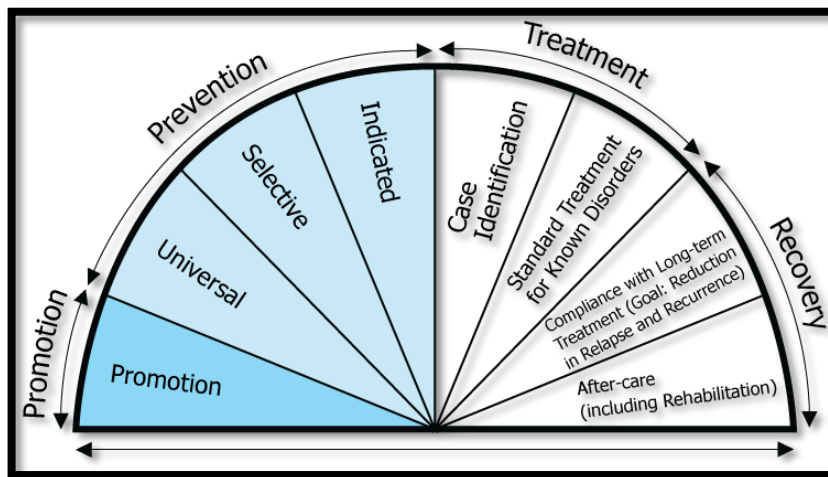
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[35] SAMHSA, Prevention of Substance Abuse and Mental Illness, Prevention Strategies

Regional Coalitions

The Texas Department of Health and Human Services has funded a number of programs to provide service throughout Region 10. These programs not only focus on the individual, they also create environmental change that supports healthy behaviors. These services are provided through Universal, Selective, and Indicated programming[36]:

- Universal (YPU) - Prevention programs that are designed to reach the entire population, without regard to individual risk factors and are intended to reach a very large audience.
- Selective (YPS) - Prevention programs that target subgroups of the general population that are determined to be at risk for substance abuse.
- Indicated (YPI) - Prevention intervention programs that identify individuals who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse and target them with special programs.

Additional to the services above, DSHS funds Community Coalition Programs (CCP) throughout the state. The coalitions address community concerns regarding the prevention and reduction of the illegal and harmful use of alcohol, tobacco, and other drugs in target counties[37].

Youth Prevention Programs

PRIDES (YPU) - Aliviane, Inc.

PRIDES is an acronym for Prevention and Intervention of Drug Abuse through the Enhancement of Self Esteem. The PRIDES program provides universal prevention services that promote a process of addressing health and wellness for individuals, families, and communities in the El Paso County and Culberson County that increase knowledge, skills, and attitudes necessary for making positive life choices.

PRIDES services include outreach to the community, linkages to behavioral health services throughout Far West Texas, and the use of Life Skills Training for families to increase pro-social behaviors among that promote healthy and drug-free lifestyles.

Evidence-based curriculum education for elementary youth ages 8 to 12 and middle school youth 12-14 that will improve academic achievement and knowledge of the dangers of alcohol, tobacco, other drugs, (ATOD) and gang involvement.

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[36] Texas Department of State Health Services, Universal, Selective, and Indicated Prevention
[37] Texas Department of State Health Services, Substance Abuse Prevention Services: Community Coalition Programs (CCP)

Strengthening Families (YPS) - Aliviane, Inc.

With a special focus on youth ages 12 to 16, Strengthening Families is a family based prevention program that promotes healthy living, awareness of risks related to alcohol, tobacco and other drugs, and community involvement through activities that are educational, fun, and inspiring for everyone in the family.

Strengthening Families addresses risks related to substance abuse and other risks factors associated with school failure, delinquency, social problems and violence at home, school, or in the community, poverty, gang involvement and other issues.
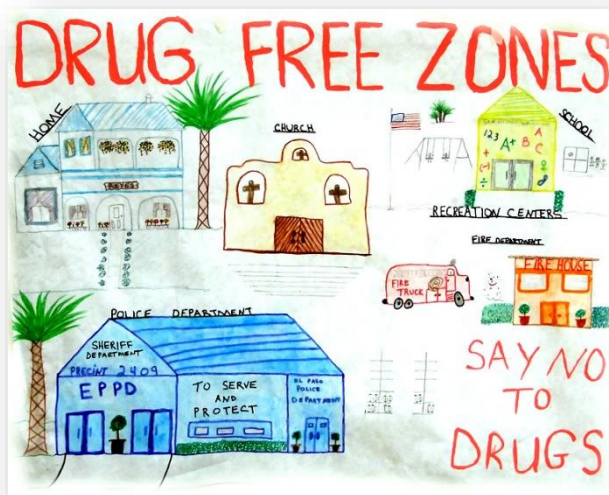
IMASTAR (YPI) - Aliviane, Inc.

IMASTAR stands for: I'm Motivated to learn, I'm Achieving my goals, I'm Staying drug and alcohol free, I'm Thinking about my future, I'm Active in my School, I'm Responsible for my success.
IMASTAR is a prevention program that has been serving youth in El Paso County since 1994. The program addresses involvement in substance abuse and other high risk behavior such as poor grades, excessive unexcused absenteeism, tardiness, disruptive behavior, gang activity, repeated suspensions, social problems, and family dysfunction.

Youth in IMASTAR are provided with comprehensive screening and service planning, prevention education skills training, prevention counseling, referral support, AOD Presentations and Tobacco presentations. Participants are also engaged in fun activities that are culturally relevant, offset attraction to the use of alcohol, tobacco or other drugs and foster bonding with peers, family, school and community.

Advocates for Prevention Coalition (CCP)-Aliviane, Inc.

El Paso Advocates for Prevention Coalition, also known as the El Paso APC is a community coalition partnership serving the communities rural areas of El Paso County.

The El Paso APC works towards prevention and reduction of the illegal and harmful use of alcohol, tobacco, and other drugs in El Paso County, amongst youth and adults, by promoting and conducting community-based and evidence-based prevention strategies with key stakeholders.

"United Against Drug Abuse, Fortifying Prevention"

Alcohol and Substance Abuse Program (ASAP) - Ysleta del Sur Pueblo[38]

ASAP utilizes the Positive Action (PA) curriculum developed by the Center for Substance Abuse Prevention (CSAP).

PA is an evidence-based program focused on character development and academic improvement, which has shown strong evidence of positive effect in prevention and intervention strategies for Native American youth, ages 6-12. When used in an intervention setting, such as counseling, it promotes an intrinsic interest in becoming a better person by encouraging a positive self-concept, educational advancement and responsible citizenship.

CHOICES Program - Communities in Schools (CIS), El Paso[39]

Choices is a drug and alcohol prevention program. The goal of the "Choices" program is the prevention of violence, alcohol, tobacco and other drug use among the youth of El Paso, specifically the CIS targeted areas. CIS provides the Choices program weekly in 8 schools in the Ysleta and Socorro Independent School Districts. CIS Choices provides services for other CIS campuses on a monthly basis through presentation, information dissemination, alternative drug free activities, and career/health fairs.

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[38] Ysleta del Sur Pueblo, Alcohol and Substance Abuse Program
[39] Communities In Schools, Programs, Choices

Rio Grande Safe Communities - University Medical Center El Paso (UMC)[40]

The Rio Grande Safe Communities Coalition (RGSCC) is funded through a Community Coalition Prevention (CCP) through the Texas Department of State Health Services, and is managed and coordinated by UMC's Level I Trauma Center in order to link local agencies and organizations with local community needs.
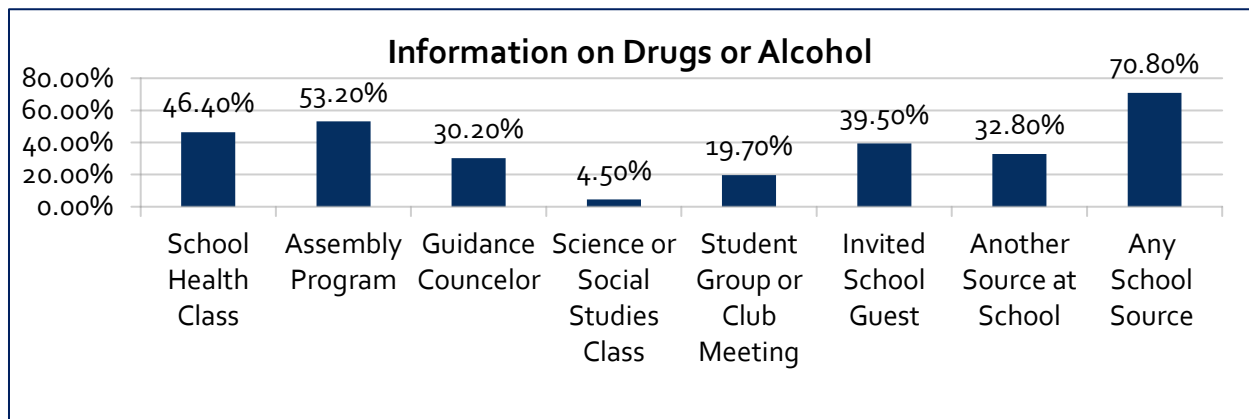
RGSCC organizes a local coalition composed of community members representing a minimum of 12 sectors (youth, parents, businesses, media, schools, youth serving organizations, law enforcement agencies, religious or fraternal organizations, civic and volunteer groups, healthcare professionals, state, local or government agencies with expertise in the field of substance abuse, and other organizations involved in reducing substance abuse).

School Domain

Students Receiving AOD Education in School

The 2014 Texas School Survey showed that students between the grades 6 and 12, mostly received information on drugs and alcohol from assembly programs (53.2%) and the least from Science or Social Studies Class. Overall, 70% of the time students received information relating to drugs or alcohol from school.

Information on Drugs or Alcohol

Source	Percentage
School Health Class	46.40%
Assembly Program	53.20%
Guidance Councelor	30.20%
Science or Social Studies Class	4.50%
Student Group or Club Meeting	19.70%
Invited School Guest	39.50%
Another Source at School	32.80%
Any School Source	70.80%

Data Source: Texas School Survey, Region 9 & 10, 2014

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[40] Rio Grande Safe Communities, Who We Are

Further Community Resources

El Paso Project Launch and Aliviane, Inc. have created an app with a directory intended to be a resource hub of community mental health and wellness services in the region. You can download it free with the QR links below or in your app store by searching for 'Aliviane'.

Trends of Declining Substance Use

A report from the High Intensity Drug Trafficking Administration found that alcohol use among high school seniors has declined within the past year and marijuana is now the drug of choice for this age group in our region. The border region is a passage way for Marijuana to be easily accessed versus alcohol consumption, which is much harder to acquire by underage drinkers. Marijuana can be easily stored and smoked in vape form and alcohol is harder to hide.

Region in Focus

Due to its size and location, Region 10 is secluded from the rest of Texas. The need for services in our large and rural counties is clear when reviewing the data in the regional needs assessment. Our region has found ways to be innovative in our approach out of the necessity to provide adequate services. It is clear that our region is capable of doing more with less funding than the rest of the state through the extent that is possible.

The regional data that was collected and provided in this regional needs assessment is but a glimpse into the region's challenges in the prevention of substance abuse. Further data on Region 10 is available from each section, and father data related to other topics outside of the realm of substance abuse is available through the PRC10 upon request.

Our hopes is that organizations, community stakeholders, foundations, or anyone interested in providing services to our region will find this RNA useful in their efforts.

Gaps in Services

The greatest barrier to receiving services is our lack of transportation throughout the region. El Paso County provides a large amount of services that are available to the region, yet travel from areas such as Presidio or Marfa takes hours. Furthermore, our colonias in Region 10 suffer from extremely poor road conditions where in some cases the roadways are unpaved and flood during even small amounts of rain.

Areas in the region such as Presidio County have expressed to the PRC10 that services for substance abuse prevention are needed. In a stakeholders meeting in Presidio County, community advocates expressed the need for treatment services for substance abuse due to the fact that the nearest facility is located in El Paso County which is 250 miles away. This is the case for most of Region 10 when seeking out services for family members for substance abuse and mental health services.

Gaps in Data

While this assessment is considered comprehensive, the reporting and selection of the measures cannot represent all aspects of health in the community, nor do we represent all populations of interest. As a community we must recognize the data gaps might in some ways limit the ability to assess a community's health needs.

For example, we recognize certain populations groups were not recognized in the assessment by any survey data, these include but not limited to the homeless, institutionalized persons, or those who speak another language other than English or Spanish. It is often difficult to identify other populations by independent analysis such as pregnant women, the LGBT community, and undocumented residents.

In terms of content, the Regional Needs Assessment was designed to provide a broad and comprehensive picture of the health of the overall counties under Region 10. However, there are certainly a great number of behavioral health conditions that were not specifically addressed. With the current assessment, we can outline gaps in data identified by the PRC10 in the following areas:

- Texas School Survey data from our large school districts such as El Paso Independent School District, Socorro Independent School District, and others
- County level data on the synthetic drug use, abuse, and overdose
- County level data on the economic impact substance abuse and use has on the community
- County level data on emergency room visits due to substance abuse or use
- County level data on our military based at Fort Bliss
- County level data on our Colonias and their behavioral health needs

This list could go further, and the Prevention Resource Centers across the state are working together in efforts toward collecting this data. Our targets for data collection are in the areas of drug abuse treatment and prevention/intervention programs, local hospitals, county and local health departments, medical examiner's office, poison control centers, drug helplines, mental health centers, HIV/STD outreach programs, pharmaceutical associations, county forensic labs, criminal justice/police reports, drug seizures -drug cost/purity, education/school districts, recreation centers, and university researchers.

Regional Partners

In 2016, the Epidemiological workgroup on Drug Abuse for the region was created in efforts to monitor and assess the causes, determinants, and distribution of drugs in Region 10. Individuals that are key informants, stakeholders, and advocates were selected to partake in the network to plan appropriate strategies to effectively collect data that is relevant.

The agencies represented in the Epidemiological workgroup on Drug Abuse are:

- Aliviane, Inc.
- Big Brothers, Big Sisters
- Child Protective Services
- City of El Paso Department of Public Health
- Department of State Health Services
- El Paso County Criminal Court at Law 2
- El Paso Housing Authority
- El Paso Independent School District
- El Paso Police Department
- Rio Grande Safe Communities
- Shift Positive
- Smoke Free Paso del Norte
- University of Texas at El Paso
- West Texas Poison Control

Regional Successes

In late 2016, the PRC10 underwent changes to continue the collaborative process with community partners to provide quality data and training services. In June 2016 for example, the PRC10 and Rio Grande Safe Communities Coalition partnered on a billboard campaign in addressing prescription medication. The campaign will serve as a platform for the successful prescription take back events that occur in the month of October. These types of collaborations elevate the process of local efforts in the journey and mission toward better health in the community.

The PRC10 will continue to expand its outreach and partnerships in the areas of substance use and behavioral health. Addressing the diverse public health needs of county citizens, the success of past collaborations and dynamic plans for 2016-2017 would not be possible without our partners throughout our 6 counties of Brewster, Culberson, Hudspeth, El Paso, Jeff Davis and Presidio. The PRC10 looks forward to the privilege of serving the community through people, prevention and partnerships.

Conclusion

The Regional Needs Assessment report yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the RNA is the ability to have a broad focus on the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons and racial/ethnic minority groups.

Based on the findings of the RNA it is important for the community to address issues related to alcohol, marijuana, and prescription drug abuse. Collective impact has been used throughout the world and has been shown to have the greatest changes in the communities. Instead of an organization competing against others to obtain the greatest change, though collective impact, organizations work together toward the same goal[41].

It is important to understand that although one risk factor is being addressed not much change may be seen unless all of the risk factors are addressed at the same time[42]. For collective impact to work, it is important to identify key players that can converge and organize their goals to align with each other in order to sustain action and impact.

In order to achieve this, the Prevention Resource Center will serve as the backbone organization providing strategic direction, facilitating dialogue between key players, managing data collection and analysis, coordinating community outreach, and mobilizing strategies for funding.

Key Findings

The following "health priorities" represent recommended areas of intervention based on the information gathered through the process of collecting data for the RNA and guidelines from the Texas Department of Health and Human Services and the Healthy People 2020 mandate.

Alcohol seems to be the prevailing substance used and abused which is widespread in Region 10. The Texas School Survey continues to identify our youth as continuing to gain access to alcohol and the prevalence of use increasing. Treatment services for youth in El Paso County continues to be primarily for the abuse of marijuana. At Aliviane, Inc.'s Treatment Resources for Youth (TRY), 89% of the 280 individuals served were for marijuana. Currently, as of June 2015 TRY has served 221 individuals where 95% have identified marijuana as their drug of choice.

Among adults in El Paso County receiving substance abuse treatment, alcohol remains the highest percentage identified as primary drug of choice throughout residential and outpatient services among individuals.

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[41] Hanley Brown, Fay, John Kania, and Mark Kramer. "Channeling change: Making collective impact work." Stanford Social Innovation Review 20 (2012): 1-8.
[42] Kania, John, and Mark Kramer. "Collective impact." (2011): 36-41.

Summary of Region Compared to State

A report by Jane C. Maxwell (2014) from the University of Texas at Austin Addiction Research Institute outlined substance use indicators for Texas. Dr. Maxwell noted that illicit drugs continue to enter through El Paso, Texas as well as our other counties adjacent to the Mexico border. A major finding for our area as compared to the rest of Texas, is the pattern of increased use of marijuana, cocaine and heroin, unlike the increased use of methamphetamines in the rest of the state. Another report by the West Texas HIDTA drug threat project found the increased use of Opioid use along with the parallel use of street heroin. Specifically, the report found drug treatment admissions in El Paso County were increasing and heroin admissions (221) were second only to marijuana admissions (298) in 2015.

The Regional Needs Assessment report services serves as a platform for the PRC10 to move forward in highlighting the areas of need. The substance use issue continues to pervade Region 10 and can only be reduced with outlining and identifying gaps that only data can make, and for agencies to know of the increasing need for prevention and intervention services.

Moving Forward

The Prevention Resource Center 10 is continuously seeking new and up-to-date data that is relevant to the region as well as the state. The RNA is filled with data that individuals, organizations and agencies may like to examine more in-depth. Data requests or submissions can be made by contacting:

Susie Villalobos, M.Ed.
Regional Evaluator
svillalobos@aliviane.org
915.782.4032
1-844-PRC-TX10 (1-844-772-8910)
@PRCRegion10
Twitter.com/PRCRegion10
Facebook.com/PRC10
www.prc10.net

Glossary of Terms

30 Day Use	The percentage of people who have used a substance in the 30 days before they participated in the survey.
ATOD	Alcohol, tobacco, and other drugs.
Adolescent	An individual between the ages of 12 and 17 years.
DSHS	Department of State Health Services
Epidemiology	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
Incidence	A measure of the risk for new substance abuse cases within the region.
PRC	Prevention Resource Center
Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in families and communities.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.
Substance Abuse	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. Abuse might be used to describe the behavior of a woman who

	has four glasses of wine one evening and wakes up the next day with a hangover.
Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder
TPII	Texas Prevention Impact Index
TSS	Texas Student Survey
VOICES	Volunteers Offering Involvement in Communities to Expand Services. Essentially, VOICES is a community coalition dedicated to create positive changes in attitudes, behaviors, and policies to prevent and reduce at-risk behavior in youth. They focus on changes in alcohol, marijuana, and prescription drugs.
YRBS	Youth Risk Behavior Surveillance Survey

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Appendix A

Prevention Resource Center 10 Staff:

Julie Priego, M.A.
Divisional Director
jpriego@aliviane.org

Susie A. Villalobos, M.Ed.
Regional Evaluator
svillalobos@aliviane.org
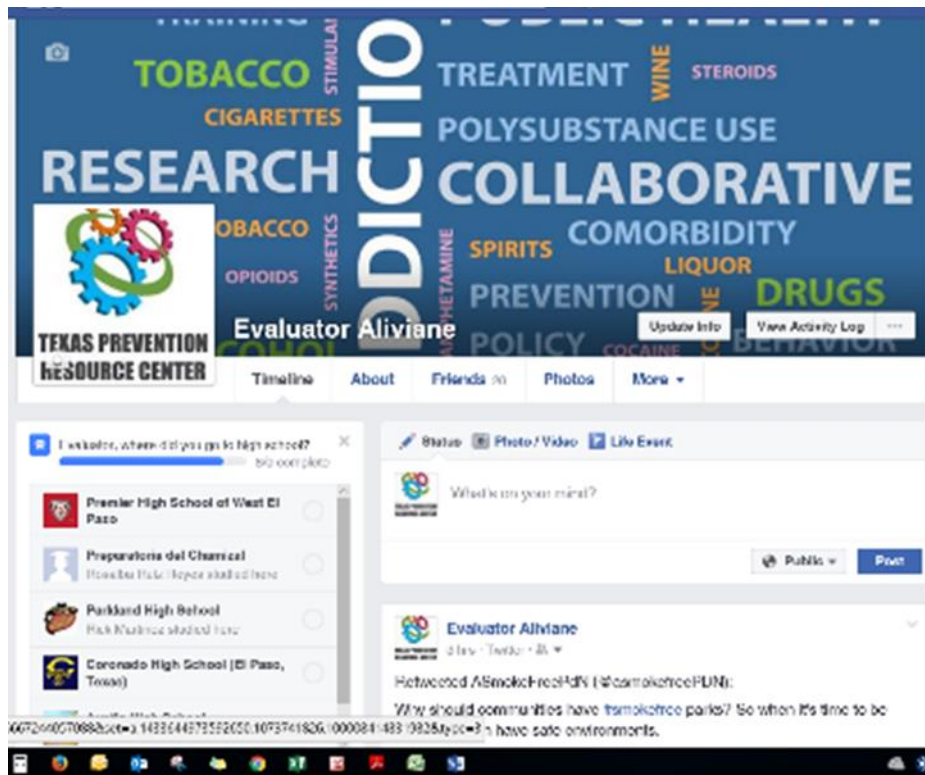
Jessica A. Armendariz, M.A.
Regional Liaison
jarmendariz@aliviane.org

Ruby Garcia
Tobacco Specialist
regarcia@aliviane.org

Clarissa Urias
Administrative Assistant
curias@aliviane.org

Appendix B

Prevention Resource Center 10 Social Media:

Facebook.com/prc10

Twitter.com/prcregion10

Appendix C
PRC Regions

PRC Region	Counties
1	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	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	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise (19)
4	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	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton (13)
7	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)
8	Atacosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, and Zavala (28)
9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, Martin, Mason, McCulloch, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, and Winkler (30)
10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio (6)
11	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)