

Regional Needs Assessment (RNA) Summary Brief

Part II: For External Dissemination

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Prevention's primary purpose is to reduce the onset of substance use and after-effects of substance use on communities, families, and children; when done effectively, this process follows a set of guidelines or theories which can categorically be labeled frameworks. The strategic process utilized in Texas Public Health Region 1 is wide-ranging, but from a community facilitation perspective, a strategic prevention framework is put in place to help guide stakeholders to make clear and actionable decisions surrounding prevention efforts. Substance use and mental health issues are widespread in Texas and are equally as varied in Region 1 and the more extensive West Texas area. Driving while intoxicated, prescription drug use, limited mental health resources in schools, opioid overdoses, drug manufacturing, distribution, youth alcohol use, youth THC use, drug mixing, synthetic drug use, suicide, and a litany of other substance misuses can be found, along with co-occurring and mental health-related issues.

Region 1 is the most geographically expansive of all the regions in the state of Texas, with 39,348.3 square miles, encompassing 41 counties: 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 (*Prevention Resource Center 2022*).

Region 1's use rate for alcohol, tobacco, and marijuana is slightly higher than Texas and the United States. The average age of first use is between 13 and 14 years old for alcohol, tobacco, marijuana, cocaine, crack, ecstasy, heroin, methamphetamine, and synthetic marijuana. Alcohol is the substance consumed most (57.8% of students in grades 7-12), followed by tobacco (37.7%), electronic nicotine delivery systems (33.9%), and marijuana (23.3%) (Howe, 2021). It is important to note that data from Region 1 was combined with Region 2 for analysis in the previous RNA.

Prevention efforts are particularly important in Region 1, in which mixed-size communities range from counties with a population of less than 1,000 to counties that hold mid-size cities like Lubbock of approximately 300,000 (*United States Census Bureau* 2022). In many cases, these communities may be significant distances from specialized healthcare such as mental health treatment or substance use treatment facilities. This is why creating solutions and preventing problems before they exacerbate is vital. This is a particular issue for rural regions. It is for this reason that the Prevention Resource Center (PRC) utilizes strict guidelines for the collection of all data and the dissemination of any information in the region. The PRC operates as a central collection and distribution team. This information helps provide access to available resources, suggest alternative programming, and offer healthcare information to a population that is both geographically and sometimes economically disadvantaged.

The goals of the PRC are as follows: serving as the region's primary resource for substance use and related behavioral health data; coordinating prevention strategies across the region for prevention providers; strengthening compliance with existing laws preventing the sale of tobacco and nicotine products to minors through education and monitoring activities; and increasing awareness of the community regarding substance use and misuse through the dissemination of

information across a wide variety of media outlets and distribution networks (*Prevention Resource Center 2022*).

The Prevention Resource Center's broad ethos is to reduce stigma, increase community safety and reduce outcomes related to substance use such as death, overdose, use, and other elements of substance use in the community. The PRC aims to promote general wellbeing in the region, and improve access to information regarding substance use and the distal connection to mental health. The PRC generally seeks to increase community awareness, collaboration, and readiness and provide information and resources on substance use and related behavioral health data. There is an emphasis on training and educating prevention workers on best practices.

The Data Coordinator's role in Region 1 PRC is multifaceted; the primary function is to co-facilitate efforts surrounding the use of data within the area. Helping the community understand the data from the Regional Needs Assessment (RNA) and how those numbers give clues and suggest focus within the region. This effort surrounds the overarching need to reduce substance use in the region and provide greater access to prevention and treatment programs for residents of the region. There is a particular focus on adolescent substance use, mental health, and those in rural communities in Region 1. Another role is the collection of new data and information in both a qualitative and quantitative manner.

The primary initiative for the data team and coordinators is to collect and disseminate state, city, and regional data associated with the broader prevention effort of Region 1. The PRC recognizes the importance of both data collection and dissemination. The necessary steps needed in data collection are clear, and continued communication from the state of Texas about the collective goals for data literacy is key for the region. Region 1 and the data team have found it

incredibly important to utilize police, hospital, university, and community partners in collecting and understanding quantitative data points.

The RNA is a document created in collaboration with the PRC of Region 1, experts, and evaluators from around Texas. “The RNA is a document created by the PRC in Region 1 along with Data Coordinators from PRCs across the State of Texas and supported by the City of Lubbock Health Department as well as the Texas Health and Human Services Commission (HHSC). The PRC in Region 1 serves 41 counties in the Panhandle and South Plains. This assessment was designed to aid PRC’s, HHSC, and community stakeholders in long-term strategic prevention planning based on the most current information relative to the unique needs of the diverse communities in the State of Texas.” (Howe, 2021)

Part of the RNA is a qualitative approach to data collection known as the key informant interviews. Key informant interviews are a collection of interviews given to different stakeholders to provide a transparent human element to the information collection process, and allow Region 1 to compare the sentiment and feelings of the available resources to what quantitative data shows. In addition, qualitative data collected from these interviews allows the PRC to examine issues that may have been overlooked when using quantitative data alone. The interviews are particularly beneficial to rural areas where quantitative data on smaller demographic groups are more challenging to collect. The PRC in Region 1’s ability to cross-reference the collection with individuals in the community helps to maintain an accurate representation of need of the area. The data coordinators utilize a community panel known as the epidemiological workgroup, which is populated by healthcare professionals, law enforcement, data experts, and academics. This group, along with the key informant interviews, helps identify

gaps and problem areas related to the more generalized described problem of substance use and behavioral health in the region.

Methods

Key Informant Interviews

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

Instructions for the key informant interviews were created through meetings of all state data coordinators, in which six identified broad questions were identified and would be asked to help guide the interview process. The six guiding questions were the qualitative framework for the interviews, but no boundaries were placed on the directions of the responses. The six guiding questions were as follows:

1. What substance use concerns do you see in your community?

- a. What do you think are the greatest contributing factors, and what leads you to this conclusion?
- b. What do you believe are the most harmful consequences of substance use/misuse, and what leads you this conclusion?
2. How specifically does substance use affect your sector?
3. What substance use and misuse prevention services and resources are you aware of in your community?
 - a. What do you see as the best resources in your community?
 - b. What services and resources does your community lack?
4. What services and resources specifically dedicated to promoting mental and emotional wellbeing are you aware of in your community?
 - a. What do you see as the best resources in your community?
 - b. What services and resources does your community lack?
5. What information does the sector need to better understand substance use/misuse and mental and emotional health in your community?
6. What other questions should we be asking experts in this area?

The data coordinators decided on the recruitment of each person interviewed with the guideline that each individual had to have a communal, personal, and professional investment in the region. Before each interview, verbal consent was given to the coordinator to record the interview. Each individual interview was recorded on separate days, times, and at multiple locations. Approximately half of the interviews were completed through an online platform such as Zoom. Once the interview was complete, it was transcribed into writing, and keywords, trends, and themes were categorized.

After the entire set of interviews was completed, the data coordinators developed categorical commonalities amongst responses. Once these trends emerged, they were identified from the coding boxes that were used in the examination of the transcribed audio. The coding boxes were handwritten or computer-written notes that were taken from the transcribed audio. These were organized thematically so that the coordinator could create a written summary of the interview that touched on key points. Categorizing is a key element in identifying trends in response and helps identify if certain responses were outliers that represented rogue beliefs or feeling from one individual interview. In more significant contrast, it also allowed the collectors to examine shared community concerns.

Sample Codes

Participant ID	Q1: Substance Use Concerns	Q1.A: Contributing Factors	Q1.B: Consequences
001	Drunk driving, overdose deaths	Lack of general education	Death and legal issues

Epidemiological Workgroup

The Regional Epidemiological Workgroup is comprised of healthcare workers, law enforcement, treatment providers, prevention providers, mental health professionals, and data experts. It meets quarterly to discuss emerging trends. Through discussion, the PRC hopes to use the workgroup as a sentinel system for new and developing substance use. Region 1 has several similar collaboration groups; the Epidemiological Work Group focuses on emerging trends and asks the questions: Is a new substance being found in the region? Are older substances being used in new ways? Is a new portion of the population being affected, or a current population

being affected differently? In this way, the PRC hopes that prevention efforts can be aligned with developing substance use issues to halt use before severity increases.

For the first meetings, the PRC Data Coordinator invited professionals from various sectors to gather to share data and information. Quite a bit of time was spent at the first meeting discussing who would be a good addition to the group, and then invitations were explicitly sent. Focus was placed on how to strengthen the group and its focus. Members from the emergency departments at regional hospitals are lacking, as are school compliance/security officers and school counselors. The PRC expects the workgroup to evolve as data efforts are refined or new avenues are sought.

Analysis

Key Informant Interviews

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

In individuals that were parents in this group, general concerns around education about substance misuse were prevalent. The elements of access to resources were discussed, and concerns about the roles of schools and educators in prevention were also notable and identifiable in these interviews. The region as a whole views the university sectors and Texas Tech in particular as essential elements of programming and education for the region. One of the

notable attributes is the optimistic view of Texas Tech University's Center for Colligate Recovery and the connections to therapeutic services for adolescents in the region.

Nicotine was not a significant discussion in the interviews, but devices such as vape use; alternative delivery methods of THC were mentioned but were only of high priority for people who work directly with youth. Driving and substance interactions were noted but were most prevalent in parents being interviewed. Issues of interpersonal violence and assault were mentioned but appeared as comments from individuals who fell into the young adult category. It is important that any and all of these issues be addressed in subsequent RNAs in order to help identify gaps in the larger data scope.

Epidemiological Workgroup

At the time of this summary, the Epidemiological Workgroup primarily serves as a data sharing group. Members gather and discuss new points in data they currently have access to. Emphasis is placed on storytelling, as an emerging trend may not yet show up in quantitative data reports. The workgroup also provides direction when members are seeking data that may be difficult to obtain. The group also seeks ways to support other members' data collection. For example, it is not currently clear how and what data is collected when there is an arrest related to substances. The workgroup is evaluating whether such information should be collected, who is in the best place to collect such data, and how it might be best utilized in prevention work.

Conclusion

Previous RNAs have shown that the isolation of rural communities may contribute to the early use of tobacco and alcohol, and that access to healthcare can be difficult for rural areas.

Additionally, lack of health education across the region is not always a priority, leaving gaps in awareness of the dangers of early substance use. While the 2021 RNA found that alcohol was the most prevalently used and misused substance in Region 1, alcohol was not frequently mentioned in the qualitative interviews. This could be a result of cultural norms surrounding alcohol (that it isn't seen as a "substance"), and further research in this area would prove beneficial (Howe, 2021).

The qualitative interviews supported what we have seen in our previous RNAs, showcasing that Region 1 is high on social connectivity but low on resource awareness. It also showed that we have immediate and identifiable problems such as the use of alternative nicotine delivery systems, vapes, and e-cigarettes that concern individuals working with adolescents. It highlighted the more abstract issues of the region, such as resource availability and fiscal barriers to treatment and recovery housing. The qualitative process stressed the need to measure community impact. In addition, the evident gaps in data that are found in RNA, such as items from the Texas School Survey and concerns about opioid overdoses, can be found throughout this qualitative process.

Information contained in the 2022 RNA should be used to guide targeted media campaigns, and this qualitative process cemented that finding. Region 1 needs to leverage the resource they have for community involvement and communication to promote prevention. The reputation of prevention providers and the awareness of the need for prevention resources is growing in Region 1; the PRC has had a positive impact on efforts, and future directions should emphasize the continued growth of public awareness.

References

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