

## Low-Income Population Workgroup

### Final Report

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#### Workgroup Members

Melissa Huff, Community Action Development Corporation (Tillman County)

Janet Johnson, Southwest Oklahoma Juvenile Center (Tillman County)

Louise Micolites, OSDH Turning Point Initiative (Adair County)

Deborah Price, Salvation Army

Jeff Schuman, Deep Fork Community Action Foundation, Inc. (Muskogee County)

Denice Jones, Facilitator – Design2Inspire

## **Introduction**

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) completed a community assessment in 2010 to establish a need for substance abuse prevention in the State of Oklahoma. In July 2009, the ODMHSAS was awarded a Strategic Prevention Framework State Incentive Grant (SPF SIG) by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). One of the central requirements of the SPF SIG was to develop a state substance abuse prevention plan using the Strategic Prevention Framework (SPF) model. Then, in September 2011, the ODMHSAS was awarded a State Prevention Enhancement Grant by the SAMHSA to assist in strengthening and extending the substance abuse prevention structure. As a result of that planning process, this workgroup was established to review, assess and suggest enhancements to the statewide substance abuse prevention service system on behalf of families with low income in the State.

The workgroup, consisting of five active members from communities across the State, facilitated by a professional consultant plus ODMHSAS staff, began its meetings in April 2012 and met through June 2012 to review and assess substance abuse prevention services provided to rural Oklahomans. Its findings are detailed below.

## **Demographics**

In Oklahoma in 2010, there were 216,779 families, with 303,686 young children. The federal poverty level was \$22,050 for a family of four. Children living in families with incomes below the federal poverty level are referred to as *poor*. But research suggests that, on average, families need an income of about twice the federal poverty level to meet their basic needs. Thirty-one percent of young children had parents that were working full-time; 42% had parents that were working part-time or part of the year; and 26% had parents that were not

employed. Twenty-seven percent are poor. Of those poor children, 26% live in urban areas and 29% live in rural areas. Thirty-seven percent of the poor children have immigrant parents and 26% have native-born parents. Fifty-nine percent of poor children live in single-parent families; 6% of poor children have no parent present in the home.<sup>1</sup>

People living in poverty tend to be clustered in certain neighborhoods rather than being evenly distributed across geographic areas. Measuring this concentration of poverty is important because researchers have found that living in areas with many other poor people places burdens on low-income families beyond what the families' own individual circumstances would dictate. Many argue that this concentration of poverty results in higher crime rates, underperforming public schools, poor housing and health conditions, as well as limited access to private services and job opportunities. Oklahoma had over 30% of its population living in poverty areas between 2006 and 2010.<sup>2</sup>

Between 2006 and 2009, of Oklahoma's 77 counties, 32 are considered the *poorest counties*.<sup>3</sup> The counties with the lowest per capita income were Adair, Greer, Okfuskee, Pushmataha and Tillman.<sup>4</sup>

## **Acknowledgement of Problem**

One of the most popular stereotypes about drug use is that it is more prevalent among the poor. In fact, a lack of money in itself does not seem to be associated with drug use. Empirical research has found, however, that in the United States, a number of attitudes, behaviors, and conditions linked to drug use

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<sup>1</sup> National Center for Children in Poverty, Mailman School of Public Health, Columbia University, Oklahoma *Demographics of Young, Poor Children*.

<sup>2</sup> U. S. Department of Commerce, Economics and Statistics Administration, U. S. Census Bureau, *Areas with Concentrated Poverty: 2006-2010 American Community Survey Briefs*.

<sup>3</sup> <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=OK&ind+4188>.

<sup>4</sup> EPA Region 6 GIS Support Team map produced from U. S. Census 2005-2009 5 year American Community Survey.

also are linked to poverty, thus creating a situation that encompasses more than a lack of money. The study of poverty and drugs in the United States is complicated by the complexity of poverty as a conceptual category and by methodological problems in the measurement of drug use.<sup>5</sup>

Studying those that live in poverty and drug use has been problematic because those who are poor are less likely to live in stable households and more likely to live in extended or changing households that result in them being excluded from such surveys.<sup>6</sup> Some data is gathered from treatment facilities or jails after individuals are arrested, but may not be complete or totally accurate. So, data is often disparate and unreliable at best. And, studies have been made of some drugs and not others, so comparative data is incomplete.

It is known, however, that alcohol and drug use leads to other high risk behaviors, which are tracked and studied. For example, domestic violence, child abuse and neglect, incarcerations, HIV-AIDS infections, and deaths.

Based on experience with the communities, the Workgroup felt strongly that the impact of *generational poverty* in Oklahoma is prevalent among this focus population, that there is “no concept of prevention” among that population, and that it is consequently difficult to address.

## **Findings**

### **1. Needs of the focus population**

- Grassroots level versus top-down ordinances and policies
- Community engagement versus funder-driven strategies
- Lack of prevention services at the local level

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<sup>5</sup> *Poverty and Drug Use*, eNotes, [www.enotes.com/poverty-drug-use-reference/poverty-drug-use/print](http://www.enotes.com/poverty-drug-use-reference/poverty-drug-use/print).

<sup>6</sup> *Poverty and Drug Use*, eNotes, [www.enotes.com/poverty-drug-use-reference/poverty-drug-use/print](http://www.enotes.com/poverty-drug-use-reference/poverty-drug-use/print).

- Better communication across agencies and communities (share lessons learned; seat at the table to provide input to strategic plan)
- More funding dollars
- Accountability for outcomes (follow up on policies or ordinances passed)
- More needs to be done with special populations, e.g., youth, Hispanic (large Hispanic populations in Greer, Jackson, Tillman, and Texas counties), elderly, culturally competent.
- Each county and community is different
- Lack of awareness of prevention services available
- Limited accessibility to services
- Lack of internet access
- Lack of transportation
- Materials should be focused on people with lower literacy rates
- Lack of enforcement of existing laws, especially sales of alcohol to minors; access to legal and illicit drugs (improved collaboration with law enforcement and community)
- Materials should be appropriate for the population, e.g., no stats; use story format.

## 2. Gaps

- Lack of county and community data
- Some counties have no services at all
- RPC is too far from services are needed and often don't show up at the table for coalition meetings.
- Focus on entire family is needed.
- Educate community before asking them to do something.
- Difficulty in finding resources, especially for low-income/non-English-speaking residents to navigate system.
- Stigma related to seeking services (overcoming barriers).
- Communication among agencies on data sharing.

- Need a comprehensive clearinghouse of services provided.
- Geographically-defined materials appropriate for people with low-income, e.g., GIS.
- Increase services at the local level.
- Increase community partnerships (takes time and continued communication to build because participants want to feel they will benefit.
- Include public schools, law enforcement, faith-based and anyone else with a voice in the community.
- Consolidation of resources, e.g., the Homeless Alliance (provide incentives to eliminate barriers); Western Oklahoma Family Care Center (Beckham County – Tim Ball, contact.
- Media messaging needs improvement, e.g., New York City recent focus on reducing obesity rate.

### **3. Barriers**

- Low-income are focused on day to day survival, not long term.
- The abuse of substances within certain cultures was a badge of honor. It is the manner by which some people determine self-worth.
- No perceivable benefit that outweighs the immediate gratification. If I don't think it affects me, it isn't on my radar.
- Stress of poverty makes it difficult to go through the stress of giving substances up and be the cause of the abuse.
- The commerce related to the distribution of the substances is economically important in the community.
- Low income prevention is a middle class concept not understandable.
- Substance abuse is a means of diverting attention to insecurities of daily living.

**Recommendations**

- Frame messages that promote/enhance self-worth without being tied to the consumption of substances.
  - (Self-worth by things other than substances)
- Tailor messages culturally as to drug of choice by ethnic origin.
- Advertising should be on (1) television/ (2) Radio/ (3) buses and bus stops.
- Compose message @ 3rd grade reading level – communicate message visually.
- Use prominent/relatable public spokesperson (entertainment/sports) spokesperson to promote message.
- Distribute information at pawn shops, signature loan places, pharmacies, car wash, grocery stores, emergency rooms, smoke shops, laundromat, video rental, taxis/buses/trolleys, digital signs, cable access channels, churches.
- Focus on the future story (Will this be you in 20 years?).
- Identify the neighborhood leaders and get them involved.

This Workgroup sees no need to continue further meetings.