

**Report of the
Rural Population Workgroup**

June 28, 2012



Workgroup Members

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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 born to review, assess and suggest enhancements to the statewide substance abuse prevention service system on behalf of families living in rural counties of the State.

The workgroup, consisting of six active members from rural communities across the State, and facilitated by a professional consultant who had also lived in rural communities, plus ODMHSAS staff that had lived and worked in rural communities, 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.

Discovery

Oklahoma Demographics –

Definitions of “rural” vary, and none meets all purposes. Most common definitions are based on small population size and low density and may include remoteness in terms of distance, travel time, and commuting to larger centers of population and services. Areas at an extreme of low population density and long distance and travel time are often referred to as frontier. As a result, this discussion applies broadly to rural, remote, and frontier areas.¹

Based on the most recent listing of core based statistical areas by the *Office of*

¹ [adapted from Prevention Works! -Substance Abuse Prevention for Underserved Populations: A Resource Kit by the Rapid Response Advisory, 2009 National Institute on Drug Abuse Monitoring the Future Study and distributed by the Center for Substance Abuse Prevention/National Prevention Network]

Management and Budget, 17 counties in Oklahoma are part of metropolitan areas, and 18 counties are part of micropolitan (small city) areas. The micropolitan category defines counties that include an urban area with a population of 10,000 to 49,999 plus surrounding counties that are linked through commuting ties. These areas often represent important economic and trade centers in rural areas.

The remaining 42 counties in Oklahoma are considered non-core (rural) counties. Using these classifications and the population estimates for 2005, 63.3 percent of Oklahoma residents live in metropolitan areas, 20.9 percent live in micropolitan areas, and 15.8 percent live in non-core areas.

According to the 2010 U. S. Census, Oklahoma population was 3,791,508; has 68,594.92 square miles in land area, with 54.7 persons per square mile. So, the population is pretty sparsely distributed.

The United States Department of Agriculture Economic Research Service² as of 2011 shows the Oklahoma population to be 3,791,508 (same as the Census) and the rural population of Oklahoma to be 1,347,709 or 36% of the State population, which represents a considerable portion of the population. These areas are primarily agricultural. Seventeen percent of the population had not completed high school, 5.9% were unemployed, and 19% were living below the poverty rate.

Oklahoma is home to 39 Native American tribes (2nd only to Alaska), more than most states. The 2010 Census reported that 7.1% of the State population are Native peoples or 259,809, and they make up a significant portion of the population in five Oklahoma counties – Adair, Caddo, Cherokee, Delaware and Mayes, which are mainly rural. Native languages are spoken by these people in 10 Oklahoma counties. Additionally, people of Hispanic origin make up only 9% of the 2010 State population or 3,675,339, an increase of 67% since 2000. However, the Hispanic population in six counties has more than doubled – Rogers, Harper, Wagoner, Haskell, Washington, and Ellis, all rural counties.³ With this change and concentration of population, also come differences in language and other cultural norms within the communities.

² <http://www.ers.usda.gov/data-products/state-fact-sheets/state-data.aspx?StateFIPS=40&StateName=Oklahoma>.

³ The Tulsa World, 6/11/2010.

Acknowledgement of Need –

Rural America faces severe challenges from substance abuse. While many of the substance abuse problems in rural America are familiar, the patterns of risk, protection, use, cause, and effect are often distinct – reflecting geography, demographics, culture, economy, and resources. As a result, many rural areas are underserved in addressing substance abuse.⁴

After reviewing data provided by the ODMHSAS, as well as local and national data, the workgroup acknowledges that there is a need to improve substance abuse prevention services to rural families in Oklahoma. More detailed information follows.

Needs in rural populations –

A comprehensive community-based substance abuse prevention system that includes:

1. Proper funding and providers
2. Directory of interconnected prevention services and resources
3. Data surveillance system that is reliable, mandated, and consistent

Gaps –

1. Lack of community ownership
2. Lack of human capacity
3. Prevention professionals
4. Key leaders
5. Lack of funding
6. Lack of marketing of available prevention services
7. Lack of time to build infrastructure
8. Lack of measureable outcomes
9. Lack of a data reporting system to obtain substance abuse-related data.

Barriers:

1. Community Readiness/Acceptance
2. Lack of coordinated, sustained statewide and local efforts
3. Lack of higher education opportunities for prevention professionals

⁴ Prevention Works! -Substance Abuse Prevention for Underserved Populations: A Resource Kit by the Rapid Response Advisory, 2009 National Institute on Drug Abuse Monitoring the Future Study and distributed by the Center for Substance Abuse Prevention/National Prevention Network

Recommendations

1. A sustainable comprehensive community-based substance abuse prevention system that:
 - a. Is adequately funded and staffed
 - b. Consists of a directory of inter-connected prevention services and resources
 - c. Includes a data surveillance system that is reliable, mandated, and consistent.
2. Continued statewide prevention provider marketing campaign sensitive manner (knowledgeable, empathetic, etc.).
3. Culturally sensitive services. Provide more training and technical assistance.
4. Rural providers need to collaborate with the following agencies:
 - a. Oklahoma Bureau of Narcotics
 - b. Drug Enforcement Administration
 - c. National Guard Drug Diversion
 - d. Law Enforcement Agencies such as Sheriff's Association or Oklahoma Highway Safety Office
 - e. Parks and Recreation to include park rangers, lake patrol
 - f. Hospitals
 - g. Housing Authority.
5. Feedback from ODMHSAS after SAMHSA approval.

The Workgroup sees no need for further meetings.