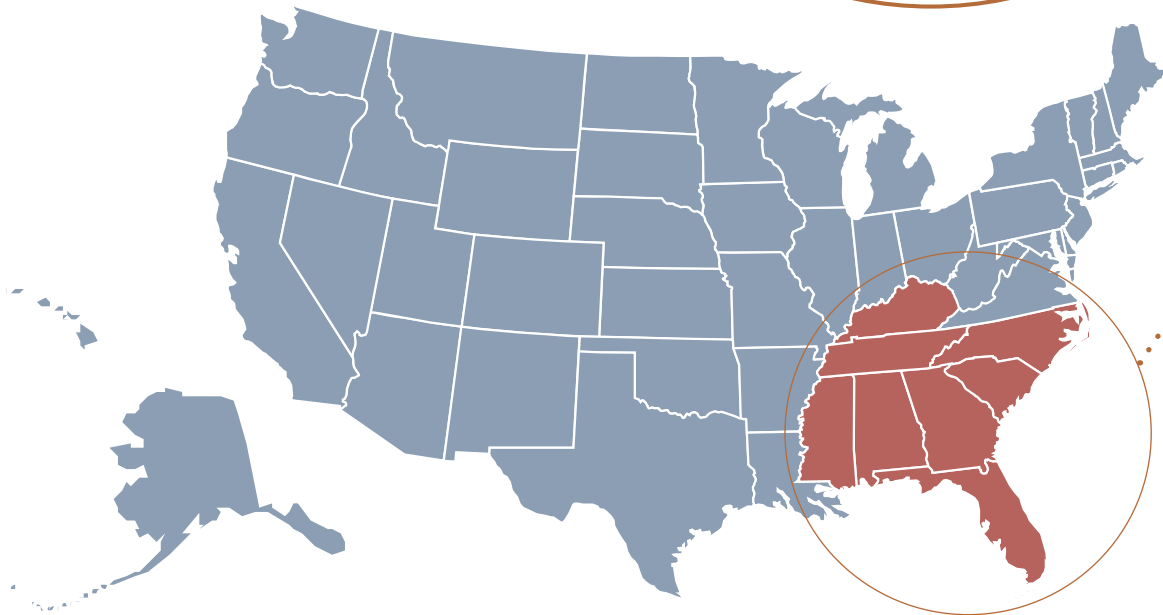
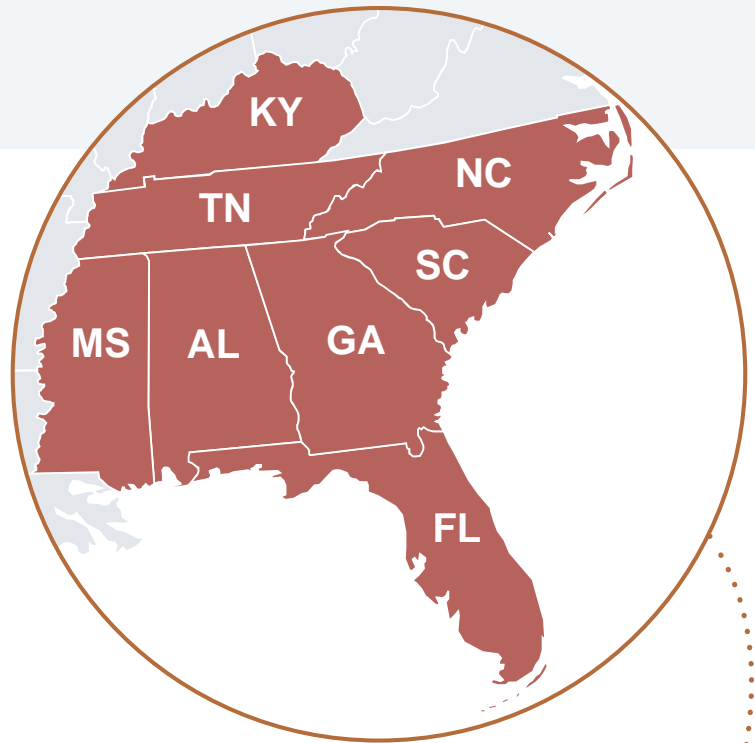


# OLDER ADULTS BEHAVIORAL HEALTH PROFILES

## REGION 4

ALABAMA  
FLORIDA  
GEORGIA  
KENTUCKY  
MISSISSIPPI  
NORTH CAROLINA  
SOUTH CAROLINA  
TENNESSEE



**A Behavioral Health Resource**  
SAMHSA's State Technical Assistance Contract  
August 2016

# OLDER ADULTS BEHAVIORAL HEALTH PROFILES

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## OVERVIEW

The Substance Abuse and Mental Health Services Administration recognizes the importance of behavioral health for older adults and the key role states and communities play in addressing the needs of this vital and growing population. Administrators need clear and concise information to plan, implement, and evaluate effective prevention and treatment efforts in their states.

The Older Adults Behavioral Health Profiles help states and communities identify focus areas for behavioral health plans, select population-level goals, and coordinate and target services to address priority issues. The profiles compare state trends with those in the region and the nation. State and community administrators, planners, and providers can use the information in these profiles and their own data, knowledge, and experience to establish and implement policies that improve the health and future of our valued older citizens.

Disclaimer: Data were current at the time this document was prepared.

# OLDER ADULTS BEHAVIORAL HEALTH PROFILE

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## Alabama

# Alabama

## OLDER ADULTS BEHAVIORAL HEALTH PROFILE

August 2016

### ALABAMA'S POPULATION

#### Alabama Population by Age Group

Alabama is home to 4,849,377 people.  
Of these:

- 1,718,155 (35.4 percent) are over age 50.
- 1,038,121 (21.4 percent) are over age 60.
- 492,943 (10.2 percent) are over age 70.
- 174,846 (3.6 percent) are ages 80 and older.

The proportion of women rises fairly steadily in each age group, and women make up 63.9 percent of the 80+ group. The racial/ethnic composition of older Alabamians is as follows:

#### Race/Ethnicity of Alabamians Ages 50+

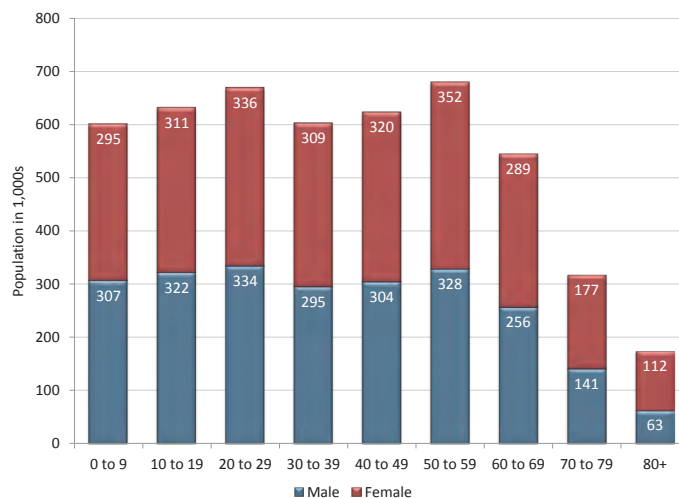
White	AI/AN	Black	Asian	NH/PI	Other	Hispanic
75.7%	0.6%	22.0%	0.9%	0.0%	0.8%	1.4%

Source: U.S. Census Bureau, 2015

AI/AN stands for American Indian and Alaska Native.

NH/PI stands for Native Hawaiian and Other Pacific Islander.

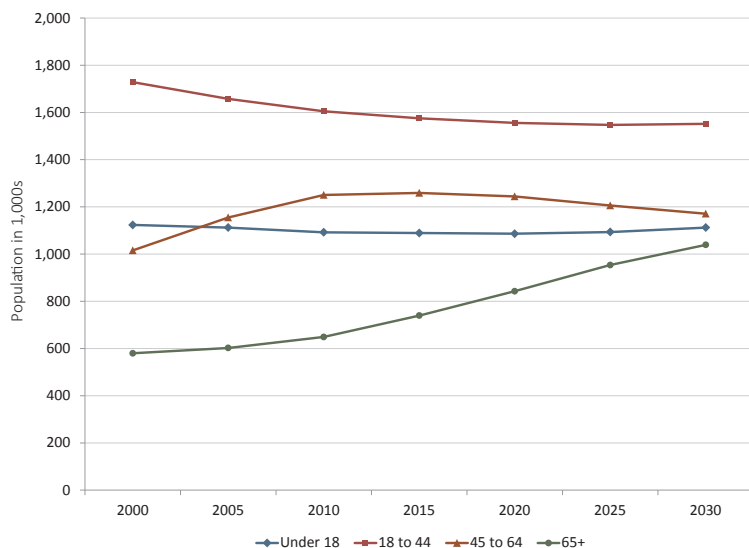
Exhibit 1. Alabama Population by Age Group, 2014



Source: U.S. Census Bureau, 2015

#### The Number of Older Alabamians Is Growing

Exhibit 2. Alabama Population by Age Group, 2000–2030



The proportion of Alabama's population that is 65 and older is growing while the proportion that is younger than 65 is shrinking. The U.S. Census Bureau estimates that 21.3 percent of Alabama's population will be 65 and older by the year 2030, an increase of 40.5 percent from 2015.

#### Projected Population in Alabama

Age Group	2015	2025	2030
Under 18	23.4%	22.8%	22.8%
18 to 44	33.8%	32.2%	31.8%
45 to 64	27.0%	25.1%	24.0%
65+	15.9%	19.9%	21.3%

Source: U.S. Census Bureau, 2005

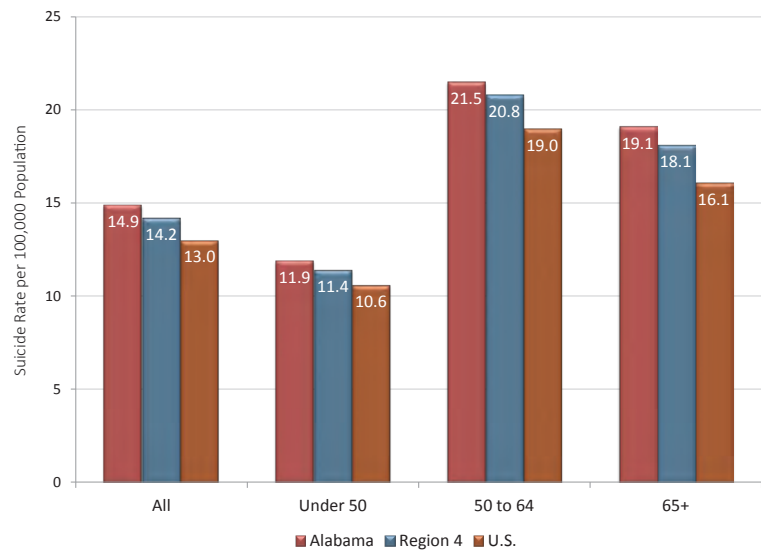
## SUICIDE AMONG OLDER ALABAMIANS

### Alabama Suicide Rate Compared With Regional and National Rates

The suicide rate among Alabamians ages 50 and older is higher than the rate among younger age groups. In 2013, the total suicide rate among all people ages 50+ was 20.5 per 100,000 people (7.7 for women and 35.6 for men). The rate among those ages 50–64 was higher than both the rate in the region (including Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) and the rate in the United States.

States vary in their reporting of suicides. The suicide rate is influenced by these reporting practices.

Exhibit 3. Suicide Rates in Alabama, Region 4, and the United States, 2013



Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death 1999–2013 on CDC WONDER Online Database, released 2015

### Trends in Suicide Rates in Alabama

Exhibit 4. Trends in Suicide Rates in Alabama by Age Group, 2004–2013



Source: CDC, NCHS, Underlying Cause of Death 1999–2013 on CDC WONDER Online Database, released 2015

The suicide rate among Alabamians ages 50+ fluctuated from a low of 15.7 per 100,000 in 2006 and 2008 to a high of 20.5 per 100,000 in 2013. From 2004 to 2013, the rate was generally highest among those in the 50–64 age group.

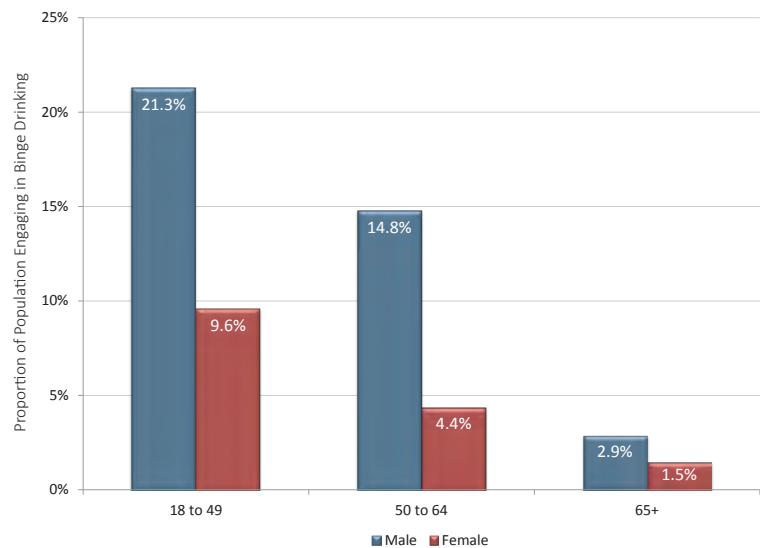
How a state reports suicides can vary from year to year. The number of suicides is generally low, so even a small difference in reported numbers may make the rate fluctuate widely.

## SUBSTANCE USE DISORDER AND SUBSTANCE USE DISORDER TREATMENT AMONG OLDER ALABAMIANS

### 30-Day Binge Drinking Among Older Alabamians

Binge drinking, defined as five or more drinks for men and four or more drinks for women on a single occasion, can lead to serious health problems. Such problems include neurological damage, cardiovascular disease, liver disease, stroke, and poor control of diabetes. Binge drinkers are more likely to take risks such as driving while intoxicated and to experience falls and other accidents. Older people have a lower tolerance for alcohol. Binge drinking decreases with age and occurs more frequently among men than it does among women. As Exhibit 5 shows, 14.8 percent of Alabama men ages 50–64 reported binge drinking in the past 30 days, while 2.9 percent of those in the 65+ group reported similar behavior.

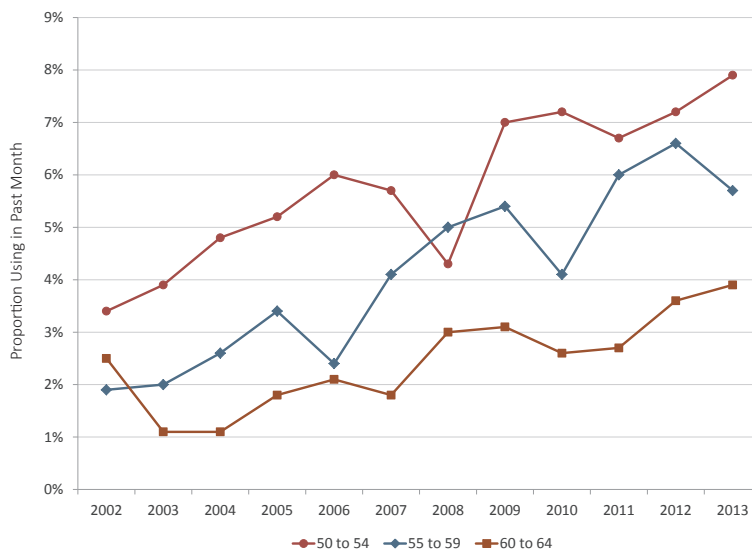
Exhibit 5. Binge Drinking Rates in Alabama by Age Group and Sex, 2013



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

### Illicit Drug Use Among Older Americans

Exhibit 6. Illicit Drug Use Among Older Americans, 2002–2013



Source: National Survey on Drug Use and Health (NSDUH), 2013  
Illicit drug use includes illegal drugs and prescription drugs used nonmedically. SAMHSA provides a list of drugs included in its survey in the NSDUH methodological summary.

Nationally, the rate of illicit drug use among older adults ages 50–64 more than doubled from 2002 to 2013. This development partially reflects the entrance into this age group of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts. Although state-specific data are not available, the *Alabama Behavioral Health Barometer* is available for download from the Substance Abuse and Mental Health Services Administration (SAMHSA) website ([www.samhsa.gov/data/population-data-nsduh/reports?tab=33](http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33)).

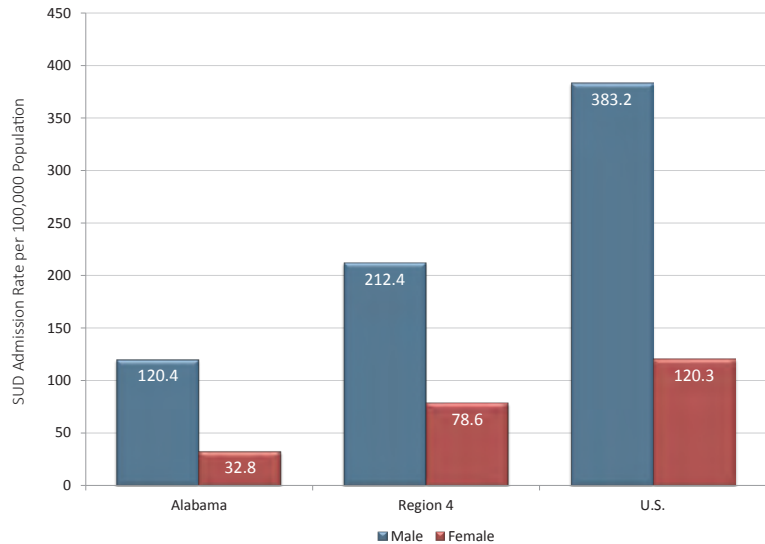
## Admissions to Substance Use Disorder Treatment Among Older Alabamians

In 2012, there were 1,255 admissions of Alabamians ages 50 and older to substance use disorder (SUD) treatment in state-funded treatment programs, a rate of 73.0 per 100,000 people ages 50+. This rate was lower than the regional rate and the national average. Men made up 75.7 percent of these admissions. Of all admissions, 51.3 percent were White/Caucasian, 47.3 percent were Black/African American, and 0.6 percent were Hispanic.

The principal sources of referral to treatment among those ages 50 and older were:

Self-Referral	Criminal Justice	Other
27.1%	49.1%	23.9%

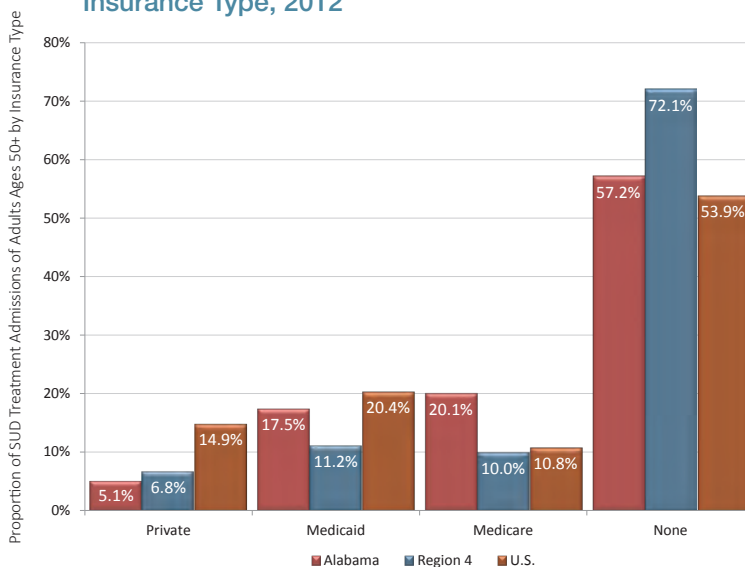
**Exhibit 7. SUD Treatment Admissions of Adults Ages 50+ in Alabama, Region 4, and the United States by Sex, 2012**



Source: Treatment Episode Data Set (TEDS), 2012<sup>1</sup>  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions Among Alabamians Ages 50+ by Insurance Type

**Exhibit 8. SUD Treatment Admissions of Adults Ages 50+ in Alabama, Region 4, and the United States by Insurance Type, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

In Alabama, 57.2 percent of older adult admissions to SUD treatment were uninsured, 17.5 percent had Medicaid, 20.1 percent had Medicare, and 5.1 percent had private insurance.

### *SUD Treatment Admissions Among Alabamians Ages 50+ by Primary Sources of Payment*

Self-Pay	Medicaid	Other
24.8%	13.0%	62.2%

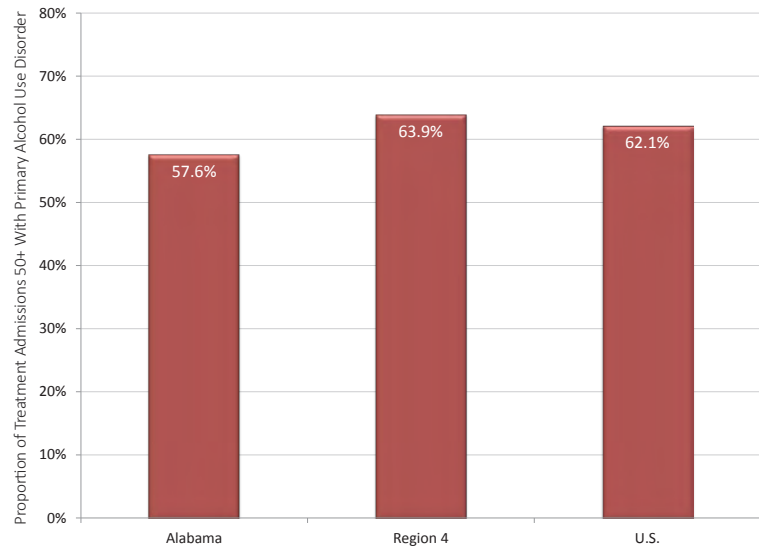
Self-pay data include private insurance. Exhibit 8 and the accompanying text reflect the type of health insurance (if any) clients had at admission; the table above represents primary sources of payment.

<sup>1</sup> TEDS data are collected by states as a condition of the Substance Abuse Prevention and Treatment Block Grant. Guidelines suggest that states report all clients admitted to publicly financed treatment; however, states are inconsistent in applying the guidelines. States may structure and implement different quality controls over the data. For example, states may collect different categories of information to answer TEDS questions. Information is then "walked over" to TEDS definitions.

## Alcohol Use Disorder Treatment Admissions Among Alabamians Ages 50+

Alcohol was the most frequently cited substance used by older Alabamians in publicly financed SUD treatment in 2012. It was mentioned as a substance of use in 57.6 percent of admissions among those ages 50+. This was lower than the regional and national rates.

**Exhibit 9. Alcohol Use Treatment Admissions of Adults Ages 50+ in Alabama, Region 4, and the United States, 2012**

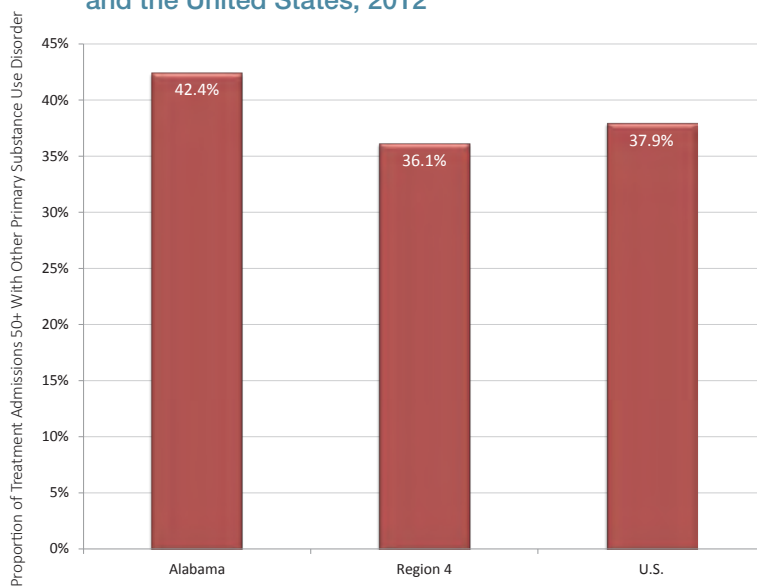


Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions for Non-Alcohol Substance Use

**Exhibit 10. Non-Alcohol Substance Use Treatment Admissions of Adults Ages 50+ in Alabama, Region 4, and the United States, 2012**

Substances other than alcohol were cited as the primary substances of use for 42.4 percent of older adult admissions to publicly funded treatment in Alabama.



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.



## Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults

SAMHSA periodically releases reports from the Drug Abuse Warning Network (DAWN). DAWN, discontinued in 2011, consisted of a nationwide network of hospital emergency departments (EDs) primarily located in large metropolitan areas. DAWN data consist of professional reviews of ED records to determine the extent to which alcohol and other substance abuse was involved in ED visits. According to the November 25, 2010, *DAWN Report*:

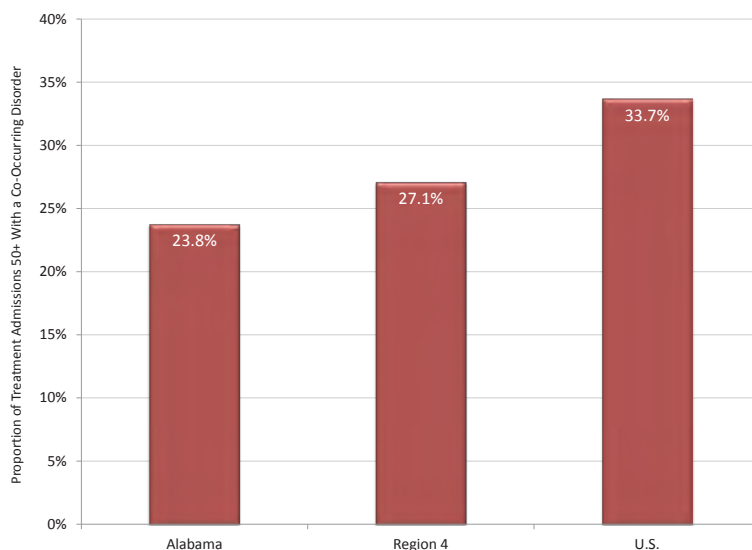
- *In 2004, there were an estimated 115,803 ED visits involving pharmaceutical misuse and abuse by adults aged 50 or older; in 2008, there were 256,097 such visits, representing an increase of 121.1 percent*
- *One fifth (19.7 percent) of ED visits involving pharmaceutical misuse and abuse among older adults were made by persons aged 70 or older*
- *Among ED visits made by older adults, pain relievers were the type of pharmaceutical most commonly involved (43.5 percent), followed by drugs used to treat anxiety or insomnia (31.8 percent) and antidepressants (8.6 percent)*
- *Among patients aged 50 or older who visited the ED for pharmaceutical misuse or abuse, more than half (52.3 percent) were treated and released, and more than one third (37.5 percent) were admitted to the hospital*

Bulleted text in italics above is taken from SAMHSA's Center for Behavioral Health Statistics and Quality. (2010, November 25). *The DAWN Report: Drug-related emergency department visits involving pharmaceutical misuse and abuse by older adults*. Rockville, MD: SAMHSA.

## CO-OCCURRING SUBSTANCE USE AND MENTAL DISORDERS

### Older Alabamians in SUD Treatment With Co-Occurring Mental Disorders

**Exhibit 11. SUD Treatment Admissions of Adults Ages 50+ With a Co-Occurring Mental Disorder in Alabama, Region 4, and the United States, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

The national literature shows a strong relationship between substance use and mental disorders. Studies show that 30–80 percent of individuals with a substance use or mental disorder also have a co-occurring disorder.

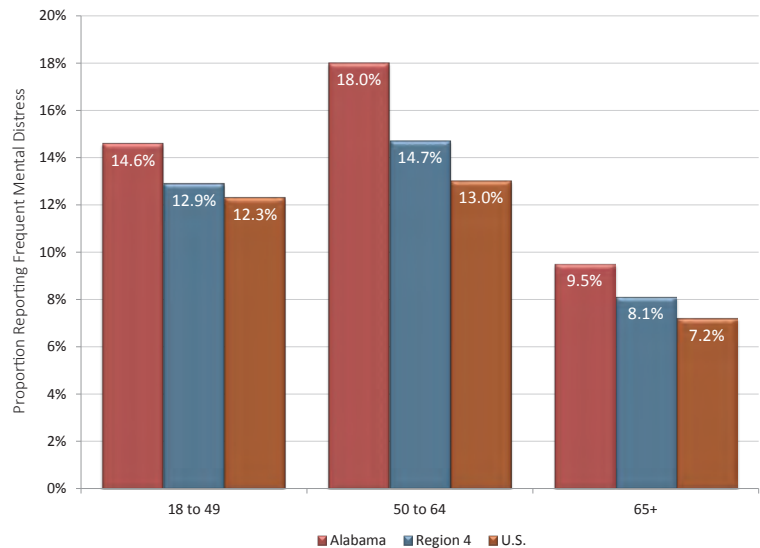
Exhibit 11 shows the proportion of SUD treatment admissions of Alabamians ages 50+ with a co-occurring mental disorder. This rate is lower than the regional rate and the national average. However, state reporting practices are a factor in these results.

## MENTAL HEALTH

### Older Alabamians Reporting Frequent Mental Distress

BRFSS, a household survey conducted in all 50 states and several territories, asks the following question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Those individuals reporting 14 or more "Yes" days in response to this question experience frequent mental distress (FMD). Exhibit 12 shows that older Alabamians experience FMD at a rate that is higher than the regional and national rates.

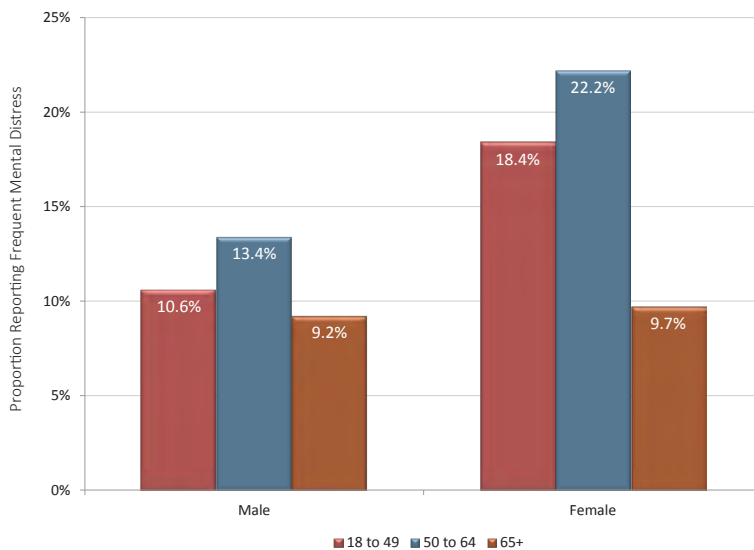
**Exhibit 12. Individuals Reporting Frequent Mental Distress in Alabama, Region 4, and the United States, 2013**



Source: BRFSS, 2013

### Older Alabamians Reporting Frequent Mental Distress by Age Group and Sex

**Exhibit 13. Alabamians Reporting Frequent Mental Distress by Age Group and Sex, 2013**



Source: BRFSS, 2013

Older men in Alabama were more likely to indulge in binge drinking, but older women were more likely to report that they had FMD (14 days or more per 30-day period). As Exhibit 13 shows, 22.2 percent of women in the 50–64 age group and 9.7 percent in the 65+ age group reported FMD, while 13.4 percent of men in the 50–64 age group and 9.2 percent in the 65+ age group reported FMD.

## Other Measures of Mental Health

BRFSS collected other measures showing risk factors for mental and/or physical illness. These included:

- Social and Emotional Support (2010). BRFSS asked, “How often do you get the social and emotional support you need?” The possible responses were always, usually, sometimes, rarely, or never.
- Life Satisfaction (2010). BRFSS asked, “In general, how satisfied are you with your life?” The possible responses were very satisfied, satisfied, dissatisfied, or very dissatisfied.

Exhibit 14 presents the results of these surveys among older Alabamians.

**Exhibit 14. BRFSS Measures, 2010**

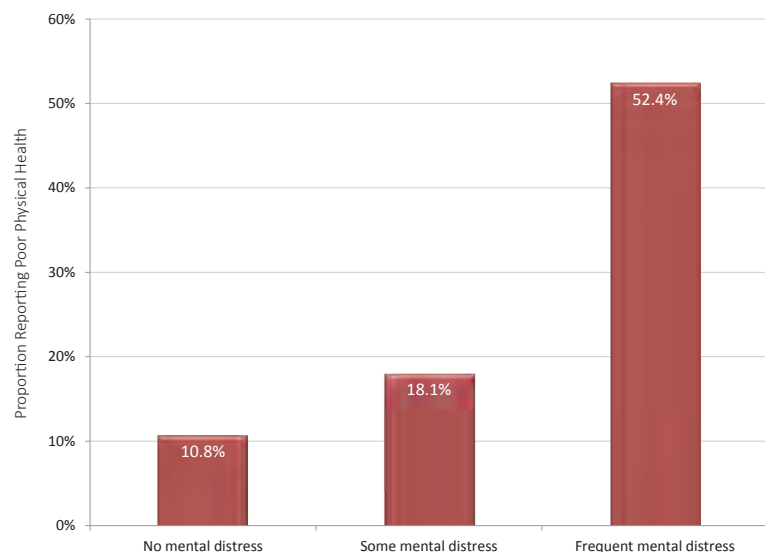
Indicator	Ages 50+	Ages 50–64	Ages 65+
Rarely or never get social or emotional support	9.3%	8.3%	10.7%
Dissatisfied or very dissatisfied	6.0%	7.6%	3.7%

Source: BRFSS, 2010

## Individuals With Frequent Mental Distress Report High Rates of Poor Physical Health

Older Americans who experienced FMD were more likely to report that their physical health was poor (14 days or more in the past 30-day period when physical health was “not good”). As shown in Exhibit 15, although nearly 11 percent of older Americans with no mental distress reported poor physical health, more than 50 percent of those with FMD reported poor physical health.

**Exhibit 15. Individuals Ages 50+ in the United States Reporting Poor Physical Health by Level of Mental Distress, 2013**

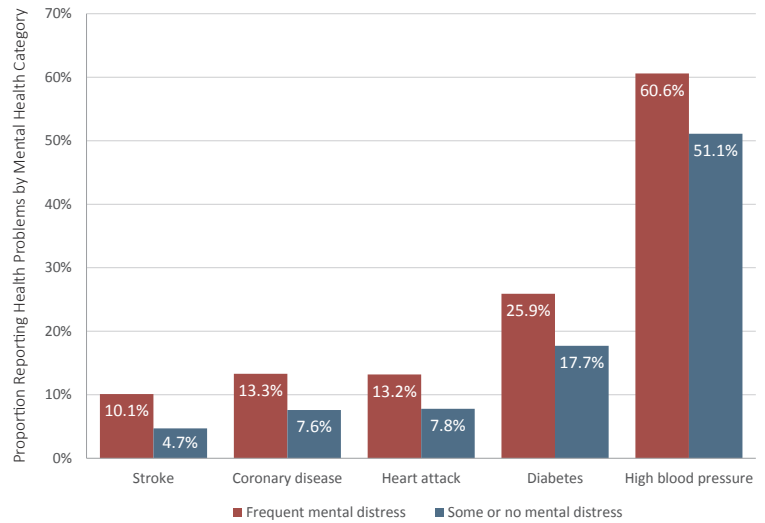


Source: BRFSS, 2013

## Relationship Among Mental Distress, Diabetes, Stroke, Heart Attack, High Blood Pressure, and Coronary Disease

Older Americans who experience FMD are more likely to report that they have health problems. People with FMD were more than twice as likely to report having a stroke than those with some or no mental distress. They experienced coronary disease and heart attack at more than 1.6 times, diabetes at more than 1.4 times, and high blood pressure at nearly 1.2 times the rate of those with some or no mental distress.

**Exhibit 16. Individuals Ages 50+ in the United States With Mental Distress and Serious Health Problems, 2013**



Source: BRFSS, 2013

## Older Alabamians Admitted to State Mental Health Services

Approximately 5.7 percent of the people served by the Alabama mental health system were ages 65 and older. This represents more than 5,350 adults.

Source: Center for Mental Health Services (CMHS) Uniform Reporting System (URS) Output Tables, 2014

## DATA SOURCES

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM** ([www.cdc.gov/brfss](http://www.cdc.gov/brfss)). BRFSS, managed by CDC, is the largest ongoing telephone health survey system in the world, tracking health conditions and risk behaviors in the United States annually since 1984. Data are collected on a monthly basis in all 50 states, the District of Columbia, and participating territories. BRFSS data are collected by local jurisdictions and reported to CDC.

**CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS, UNDERLYING CAUSE OF DEATH 1999-2013 ON CDC WONDER ONLINE DATABASE, RELEASED 2015** (<http://wonder.cdc.gov/ucd-icd10.html>). The WONDER online database "contains mortality and population counts for all U.S. counties. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates or age-adjusted death rates, and 95% confidence intervals and standard errors for death rates can be obtained by place of residence (total U.S., region, state and county), age group (single-year-of age, 5-year age groups, 10-year age groups and infant age groups), race, Hispanic ethnicity, gender, year, cause-of-death (4-digit ICD-10 code or group of codes), injury intent and injury mechanism, drug/alcohol induced causes and urbanization categories. Data are also available for place of death, month and week day of death, and whether an autopsy was performed."

**CENTER FOR MENTAL HEALTH SERVICES UNIFORM REPORTING SYSTEM** ([www.samhsa.gov/data/us\\_map](http://www.samhsa.gov/data/us_map)). States that receive CMHS Block Grants are required to report aggregate data to URS. URS reports include information about utilization of mental health services and client demographic and outcome information.

**NATIONAL SURVEY ON DRUG USE AND HEALTH** (<https://nsduhweb.rti.org>). The NSDUH, managed by SAMHSA, is "an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older." NSDUH data are most frequently used by state planners to assess the need for SUD treatment. NSDUH data also include information about mental health conditions.

**TREATMENT EPISODE DATA SET** ([www.samhsa.gov/data/client-level-data-teds/reports?tab=19](http://www.samhsa.gov/data/client-level-data-teds/reports?tab=19)). States that receive Substance Abuse Prevention and Treatment Block Grant funds submit individual client data to TEDS. TEDS includes both admission and discharge data sets, and some 1.5 million admissions are reported annually. TEDS includes information about utilization of SUD treatment services and client demographic and outcome information. TEDS is an admission-based system, and TEDS admissions do not represent individuals. Thus, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

**U.S. CENSUS BUREAU** ([www.census.gov/people](http://www.census.gov/people)). Two main sources of Census Bureau data were used in this report: (1) population estimates and (2) population projections.

# OLDER ADULTS BEHAVIORAL HEALTH PROFILE

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Florida

# Florida

## OLDER ADULTS BEHAVIORAL HEALTH PROFILE

August 2016

### FLORIDA'S POPULATION

#### Florida Population by Age Group

Florida is home to 19,893,297 people. Of these:

- 7,795,232 (39.2 percent) are over age 50.
- 5,017,302 (25.2 percent) are over age 60.
- 2,633,488 (13.2 percent) are over age 70.
- 1,020,702 (5.1 percent) are ages 80 and older.

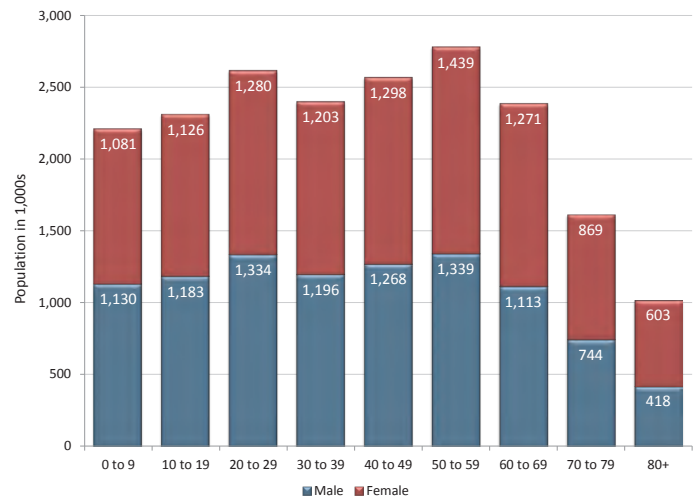
The proportion of women rises fairly steadily in each age group, and women make up 59.1 percent of the 80+ group. The racial/ethnic composition of older Floridians is as follows:

#### Race/Ethnicity of Floridians Ages 50+

White	AI/AN	Black	Asian	NH/PI	Other	Hispanic
85.2%	0.4%	11.4%	2.1%	0.1%	0.8%	16.8%

Source: U.S. Census Bureau, 2015  
AI/AN stands for American Indian and Alaska Native.  
NH/PI stands for Native Hawaiian and Other Pacific Islander.

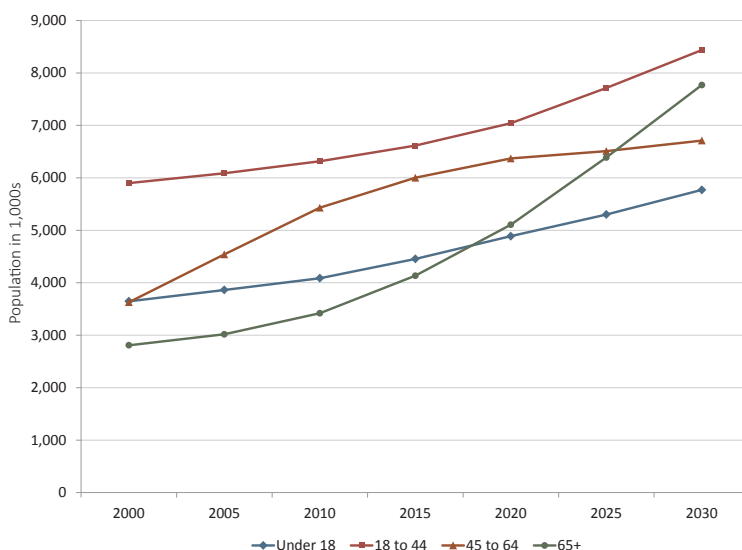
Exhibit 1. Florida Population by Age Group, 2014



Source: U.S. Census Bureau, 2015

#### The Number of Older Floridians Is Growing

Exhibit 2. Florida Population by Age Group, 2000–2030



The proportion of Florida's population that is 65 and older is growing while the proportion that is younger than 65 is shrinking. The U.S. Census Bureau estimates that 27.1 percent of Florida's population will be 65 and older by the year 2030, an increase of 87.9 percent from 2015.

#### Projected Population in Florida

Age Group	2015	2025	2030
Under 18	21.0%	20.5%	20.1%
18 to 44	31.2%	29.8%	29.4%
45 to 64	28.3%	25.1%	23.4%
65+	19.5%	24.7%	27.1%

Source: U.S. Census Bureau, 2005

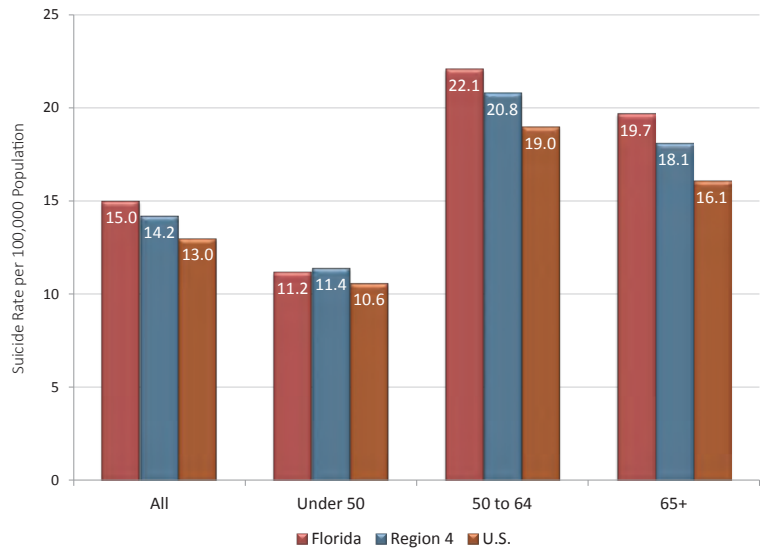
## SUICIDE AMONG OLDER FLORIDIANS

### Florida Suicide Rate Compared With Regional and National Rates

The suicide rate among Floridians ages 50 and older is higher than the rate among younger age groups. In 2013, the total suicide rate among all people ages 50+ was 20.9 per 100,000 people (8.7 for women and 35.2 for men). The rate among those ages 50–64 was higher than both the rate in the region (including Alabama, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) and the rate in the United States.

States vary in their reporting of suicides. The suicide rate is influenced by these reporting practices.

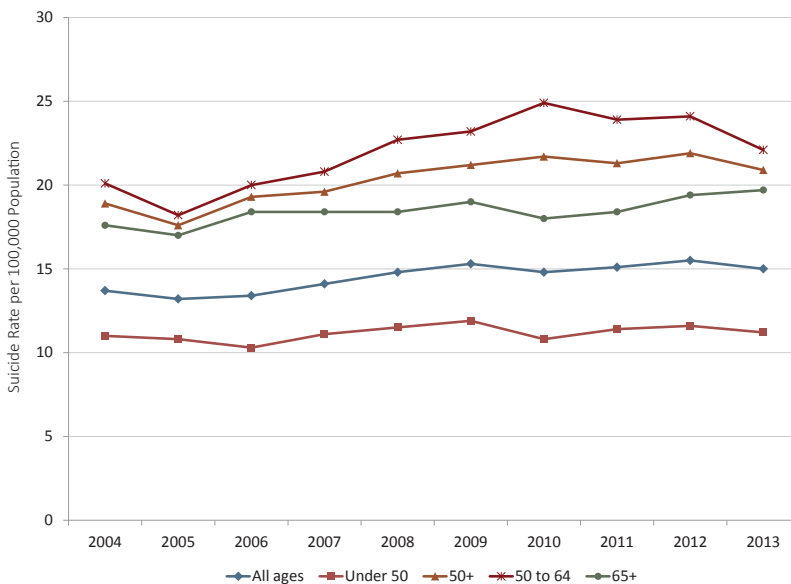
**Exhibit 3. Suicide Rates in Florida, Region 4, and the United States, 2013**



Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

### Trends in Suicide Rates in Florida

**Exhibit 4. Trends in Suicide Rates in Florida by Age Group, 2004–2013**



Source: CDC, NCHS, Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

The suicide rate among Floridians ages 50+ fluctuated from a low of 17.6 per 100,000 in 2005 to a high of 21.9 per 100,000 in 2012. From 2004 to 2013, the rate was highest among those in the 50–64 age group.

How a state reports suicides can vary from year to year. The number of suicides is generally low, so even a small difference in reported numbers may make the rate fluctuate widely.

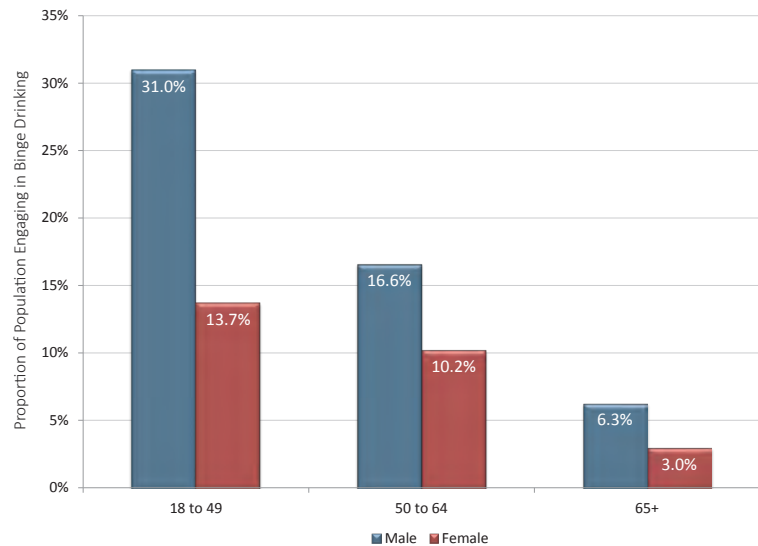


## SUBSTANCE USE DISORDER AND SUBSTANCE USE DISORDER TREATMENT AMONG OLDER FLORIDIANS

### 30-Day Binge Drinking Among Older Floridians

Binge drinking, defined as five or more drinks for men and four or more drinks for women on a single occasion, can lead to serious health problems. Such problems include neurological damage, cardiovascular disease, liver disease, stroke, and poor control of diabetes. Binge drinkers are more likely to take risks such as driving while intoxicated and to experience falls and other accidents. Older people have a lower tolerance for alcohol. Binge drinking decreases with age and occurs more frequently among men than it does among women. As Exhibit 5 shows, 16.6 percent of Florida men ages 50–64 reported binge drinking in the past 30 days, while 6.3 percent of those in the 65+ group reported similar behavior.

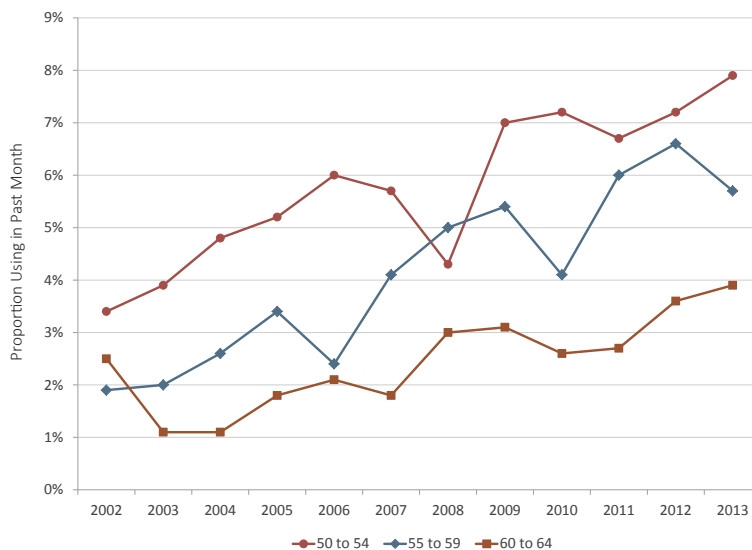
Exhibit 5. Binge Drinking Rates in Florida by Age Group and Sex, 2013



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

### Illicit Drug Use Among Older Americans

Exhibit 6. Illicit Drug Use Among Older Americans, 2002–2013



Source: National Survey on Drug Use and Health (NSDUH), 2013  
 Illicit drug use includes illegal drugs and prescription drugs used nonmedically. SAMHSA provides a list of drugs included in its survey in the NSDUH methodological summary.

Nationally, the rate of illicit drug use among older adults ages 50–64 more than doubled from 2002 to 2013. This development partially reflects the entrance into this age group of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts. Although state-specific data are not available, the *Florida Behavioral Health Barometer* is available for download from the Substance Abuse and Mental Health Services Administration (SAMHSA) website ([www.samhsa.gov/data/population-data-nsduh/reports?tab=33](http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33)).

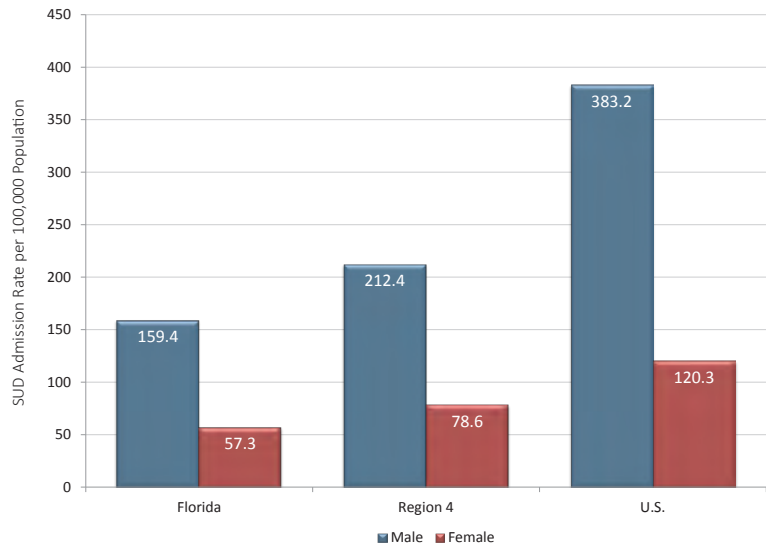
## Admissions to Substance Use Disorder Treatment Among Older Floridians

In 2012, there were 8,159 admissions of Floridians ages 50 and older to substance use disorder (SUD) treatment in state-funded treatment programs, a rate of 104.7 per 100,000 people ages 50+. This rate was lower than the regional rate and the national average. Men made up 70.6 percent of these admissions. Of all admissions, 79.9 percent were White/Caucasian, 17.6 percent were Black/African American, and 6.1 percent were Hispanic.

The principal sources of referral to treatment among those ages 50 and older were:

Self-Referral	Criminal Justice	Other
52.1%	25.9%	22.0%

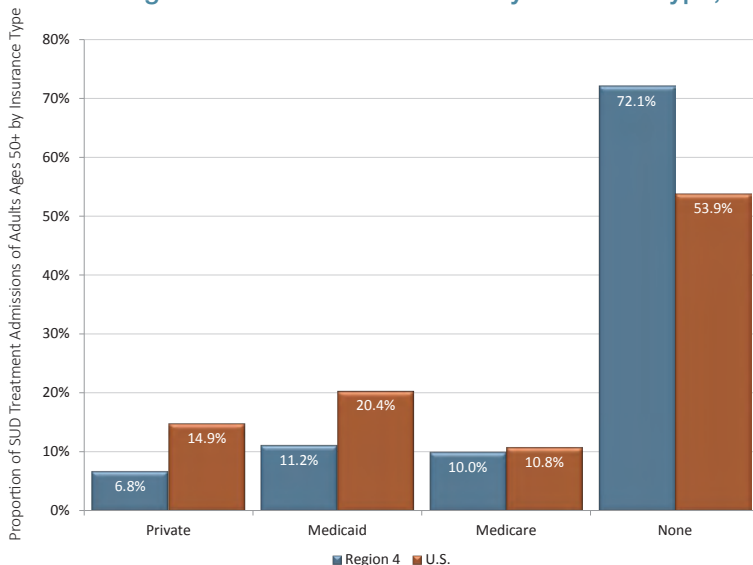
**Exhibit 7. SUD Treatment Admissions of Adults Ages 50+ in Florida, Region 4, and the United States by Sex, 2012**



Source: Treatment Episode Data Set (TEDS), 2012<sup>1</sup>  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions Among Individuals in Region 4 Ages 50+ by Insurance Type

**Exhibit 8. SUD Treatment Admissions of Adults Ages 50+ in Region 4 and the United States by Insurance Type, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

States may choose not to report some of the fields to TEDS, including information on treatment admission insurance types. These data were not reported by Florida in 2012. Therefore, the rates for Region 4 are used instead.

In Region 4, 72.1 percent of older adult admissions to SUD treatment were uninsured, 11.2 percent had Medicaid, 10.0 percent had Medicare, and 6.8 percent had private insurance.

### *SUD Treatment Admissions Among Floridians Ages 50+ by Primary Sources of Payment*

Self-Pay	Medicaid	Other
Data not available	Data not available	Data not available

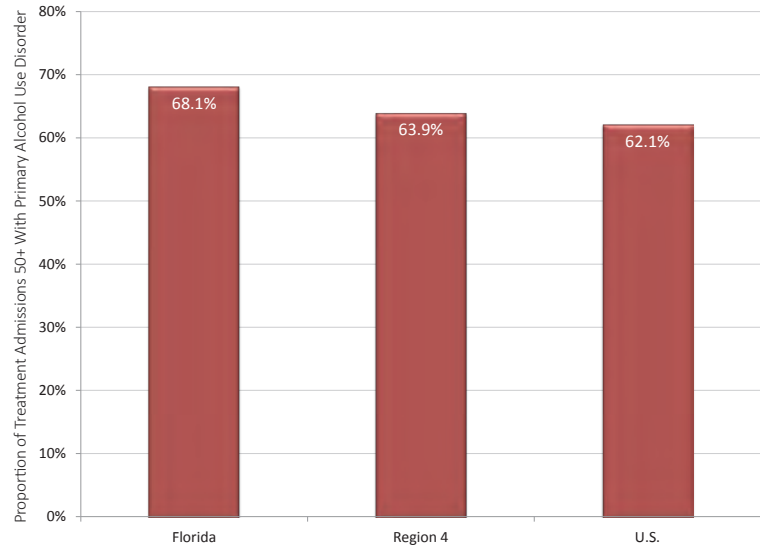
Exhibit 8 and the accompanying text reflect the type of health insurance (if any) clients had at admission; the table above represents primary sources of payment.

<sup>1</sup> TEDS data are collected by states as a condition of the Substance Abuse Prevention and Treatment Block Grant. Guidelines suggest that states report all clients admitted to publicly financed treatment; however, states are inconsistent in applying the guidelines. States may structure and implement different quality controls over the data. For example, states may collect different categories of information to answer TEDS questions. Information is then "walked over" to TEDS definitions.

## Alcohol Use Disorder Treatment Admissions Among Floridians Ages 50+

Alcohol was the most frequently cited substance used by older Floridians in publicly financed SUD treatment in 2012. It was mentioned as a substance of use in 68.1 percent of admissions among those ages 50+. This was higher than the regional and national rates.

**Exhibit 9. Alcohol Use Treatment Admissions of Adults Ages 50+ in Florida, Region 4, and the United States, 2012**

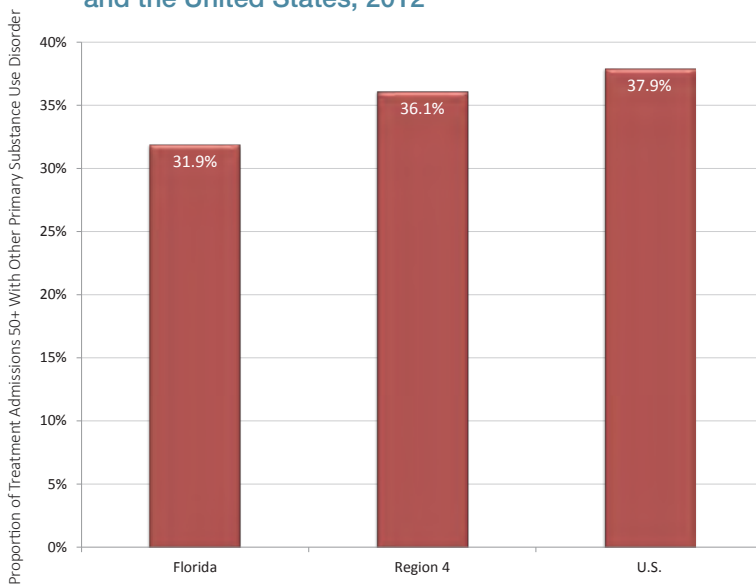


Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions for Non-Alcohol Substance Use

**Exhibit 10. Non-Alcohol Substance Use Treatment Admissions of Adults Ages 50+ in Florida, Region 4, and the United States, 2012**

Substances other than alcohol were cited as the primary substances of use for 31.9 percent of older adult admissions to publicly funded treatment in Florida.



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults

SAMHSA periodically releases reports from the Drug Abuse Warning Network (DAWN). DAWN, discontinued in 2011, consisted of a nationwide network of hospital emergency departments (EDs) primarily located in large metropolitan areas. DAWN data consist of professional reviews of ED records to determine the extent to which alcohol and other substance abuse was involved in ED visits. According to the November 25, 2010, *DAWN Report*:

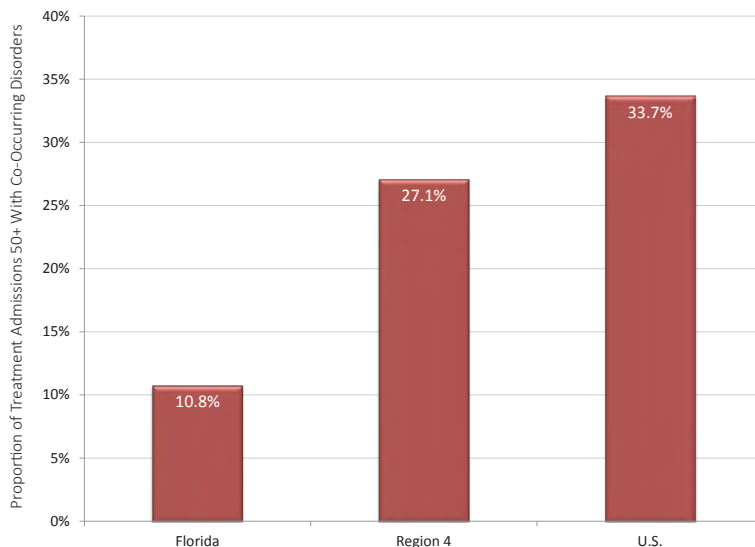
- *In 2004, there were an estimated 115,803 ED visits involving pharmaceutical misuse and abuse by adults aged 50 or older; in 2008, there were 256,097 such visits, representing an increase of 121.1 percent*
- *One fifth (19.7 percent) of ED visits involving pharmaceutical misuse and abuse among older adults were made by persons aged 70 or older*
- *Among ED visits made by older adults, pain relievers were the type of pharmaceutical most commonly involved (43.5 percent), followed by drugs used to treat anxiety or insomnia (31.8 percent) and antidepressants (8.6 percent)*
- *Among patients aged 50 or older who visited the ED for pharmaceutical misuse or abuse, more than half (52.3 percent) were treated and released, and more than one third (37.5 percent) were admitted to the hospital*

Bulleted text in italics above is taken from SAMHSA's Center for Behavioral Health Statistics and Quality. (2010, November 25). *The DAWN Report: Drug-related emergency department visits involving pharmaceutical misuse and abuse by older adults*. Rockville, MD: SAMHSA.

## CO-OCCURRING SUBSTANCE USE AND MENTAL DISORDERS

### Older Floridians in SUD Treatment With Co-Occurring Mental Disorders

**Exhibit 11. SUD Treatment Admissions of Adults Ages 50+ With a Co-Occurring Mental Disorder in Florida, Region 4, and the United States, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

The national literature shows a strong relationship between substance use and mental disorders. Studies show that 30–80 percent of individuals with a substance use or mental disorder also have a co-occurring disorder.

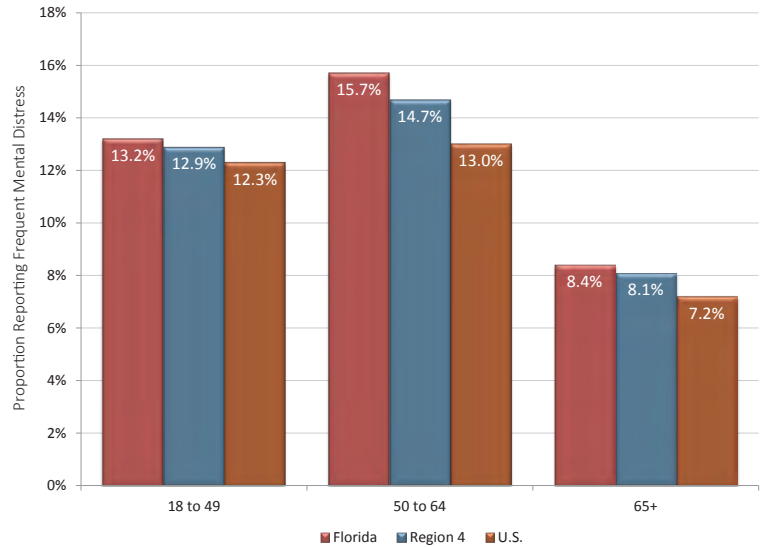
Exhibit 11 shows the proportion of SUD treatment admissions of Floridians ages 50+ with a co-occurring mental disorder. This rate is lower than the regional rate and the national average. However, state reporting practices are a factor in these results.

## MENTAL HEALTH

### Older Floridians Reporting Frequent Mental Distress

BRFSS, a household survey conducted in all 50 states and several territories, asks the following question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Those individuals reporting 14 or more "Yes" days in response to this question experience frequent mental distress (FMD). Exhibit 12 shows that older Floridians experience FMD at a rate that is higher than the regional and national rates.

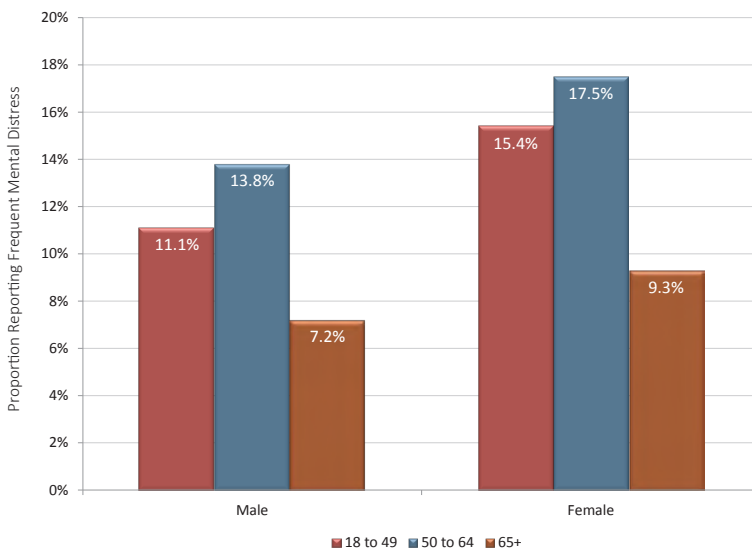
**Exhibit 12. Individuals Reporting Frequent Mental Distress in Florida, Region 4, and the United States, 2013**



Source: BRFSS, 2013

### Older Floridians Reporting Frequent Mental Distress by Age Group and Sex

**Exhibit 13. Floridians Reporting Frequent Mental Distress by Age Group and Sex, 2013**



Source: BRFSS, 2013

Older men in Florida were more likely to indulge in binge drinking, but older women were more likely to report that they had FMD (14 days or more per 30-day period). As Exhibit 13 shows, 17.5 percent of women in the 50–64 age group and 9.3 percent in the 65+ age group reported FMD, while 13.8 percent of men in the 50–64 age group and 7.2 percent in the 65+ age group reported FMD.

## Other Measures of Mental Health

BRFSS collected other measures showing risk factors for mental and/or physical illness. These included:

- Social and Emotional Support (2010). BRFSS asked, “How often do you get the social and emotional support you need?” The possible responses were always, usually, sometimes, rarely, or never.
- Life Satisfaction (2010). BRFSS asked, “In general, how satisfied are you with your life?” The possible responses were very satisfied, satisfied, dissatisfied, or very dissatisfied.

Exhibit 14 presents the results of these surveys among older Floridians.

**Exhibit 14. BRFSS Measures, 2010**

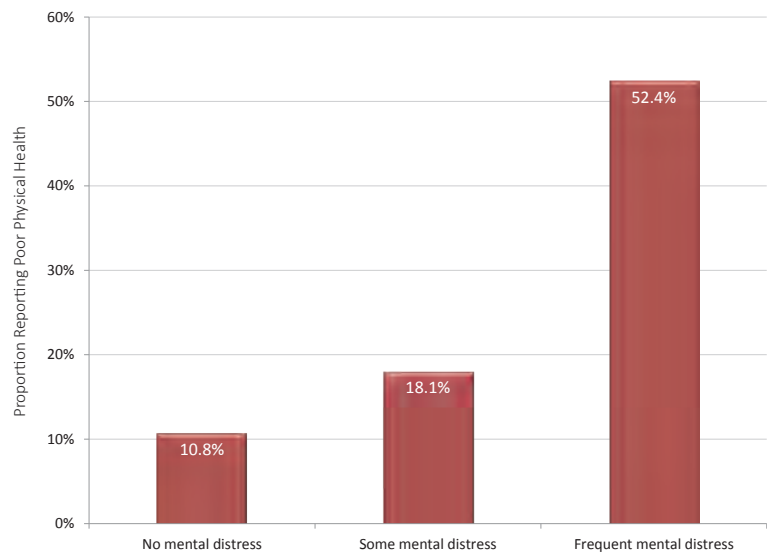
Indicator	Ages 50+	Ages 50–64	Ages 65+
Rarely or never get social or emotional support	10.5%	9.7%	11.5%
Dissatisfied or very dissatisfied	6.5%	8.9%	3.6%

Source: BRFSS, 2010

## Individuals With Frequent Mental Distress Report High Rates of Poor Physical Health

Older Americans who experienced FMD were more likely to report that their physical health was poor (14 days or more in the past 30-day period when physical health was “not good”). As shown in Exhibit 15, although nearly 11 percent of older Americans with no mental distress reported poor physical health, more than 50 percent of those with FMD reported poor physical health.

**Exhibit 15. Individuals Ages 50+ in the United States Reporting Poor Physical Health by Level of Mental Distress, 2013**

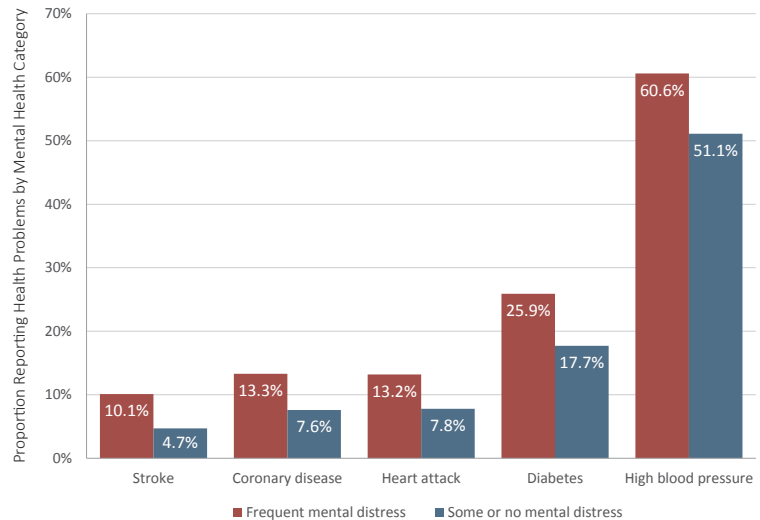


Source: BRFSS, 2013

## Relationship Among Mental Distress, Diabetes, Stroke, Heart Attack, High Blood Pressure, and Coronary Disease

Older Americans who experience FMD are more likely to report that they have health problems. People with FMD were more than twice as likely to report having a stroke than those with some or no mental distress. They experienced coronary disease and heart attack at more than 1.6 times, diabetes at more than 1.4 times, and high blood pressure at nearly 1.2 times the rate of those with some or no mental distress.

**Exhibit 16. Individuals Ages 50+ in the United States With Mental Distress and Serious Health Problems, 2013**



Source: BRFSS, 2013

## Older Floridians Admitted to State Mental Health Services

Approximately 4.1 percent of the people served by the Florida mental health system were ages 65 and older. This represents more than 9,410 adults.

Source: Center for Mental Health Services (CMHS) Uniform Reporting System (URS) Output Tables, 2014

## DATA SOURCES

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM** ([www.cdc.gov/brfss](http://www.cdc.gov/brfss)). BRFSS, managed by CDC, is the largest ongoing telephone health survey system in the world, tracking health conditions and risk behaviors in the United States annually since 1984. Data are collected on a monthly basis in all 50 states, the District of Columbia, and participating territories. BRFSS data are collected by local jurisdictions and reported to CDC.

**CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS, UNDERLYING CAUSE OF DEATH 1999-2013 ON CDC WONDER ONLINE DATABASE, RELEASED 2015** (<http://wonder.cdc.gov/ucd-icd10.html>). The WONDER online database "contains mortality and population counts for all U.S. counties. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates or age-adjusted death rates, and 95% confidence intervals and standard errors for death rates can be obtained by place of residence (total U.S., region, state and county), age group (single-year-of age, 5-year age groups, 10-year age groups and infant age groups), race, Hispanic ethnicity, gender, year, cause-of-death (4-digit ICD-10 code or group of codes), injury intent and injury mechanism, drug/alcohol induced causes and urbanization categories. Data are also available for place of death, month and week day of death, and whether an autopsy was performed."

**CENTER FOR MENTAL HEALTH SERVICES UNIFORM REPORTING SYSTEM** ([www.samhsa.gov/data/us\\_map](http://www.samhsa.gov/data/us_map)). States that receive CMHS Block Grants are required to report aggregate data to URS. URS reports include information about utilization of mental health services and client demographic and outcome information.

**NATIONAL SURVEY ON DRUG USE AND HEALTH** (<https://nsduhweb.rti.org>). The NSDUH, managed by SAMHSA, is "an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older." NSDUH data are most frequently used by state planners to assess the need for SUD treatment. NSDUH data also include information about mental health conditions.

**TREATMENT EPISODE DATA SET** ([www.samhsa.gov/data/client-level-data-teds/reports?tab=19](http://www.samhsa.gov/data/client-level-data-teds/reports?tab=19)). States that receive Substance Abuse Prevention and Treatment Block Grant funds submit individual client data to TEDS. TEDS includes both admission and discharge data sets, and some 1.5 million admissions are reported annually. TEDS includes information about utilization of SUD treatment services and client demographic and outcome information. TEDS is an admission-based system, and TEDS admissions do not represent individuals. Thus, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

**U.S. CENSUS BUREAU** ([www.census.gov/people](http://www.census.gov/people)). Two main sources of Census Bureau data were used in this report: (1) population estimates and (2) population projections.



# OLDER ADULTS BEHAVIORAL HEALTH PROFILE

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Georgia

# Georgia

## OLDER ADULTS BEHAVIORAL HEALTH PROFILE

August 2016

### GEORGIA'S POPULATION

#### Georgia Population by Age Group

Georgia is home to 10,097,343 people. Of these:

- 3,136,853 (31.1 percent) are over age 50.
- 1,792,655 (17.8 percent) are over age 60.
- 798,387 (7.9 percent) are over age 70.
- 271,418 (2.7 percent) are ages 80 and older.

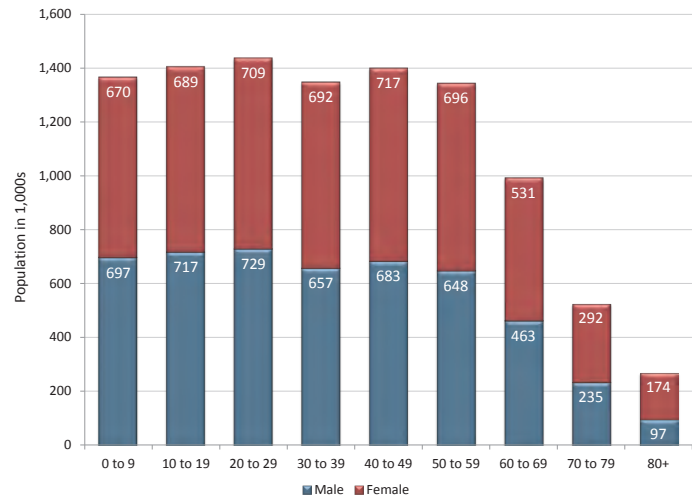
The proportion of women rises fairly steadily in each age group, and women make up 64.1 percent of the 80+ group. The racial/ethnic composition of older Georgians is as follows:

#### Race/Ethnicity of Georgians Ages 50+

White	AI/AN	Black	Asian	NH/PI	Other	Hispanic
69.7%	0.3%	26.2%	2.9%	0.1%	0.8%	3.7%

Source: U.S. Census Bureau, 2015  
AI/AN stands for American Indian and Alaska Native.  
NH/PI stands for Native Hawaiian and Other Pacific Islander.

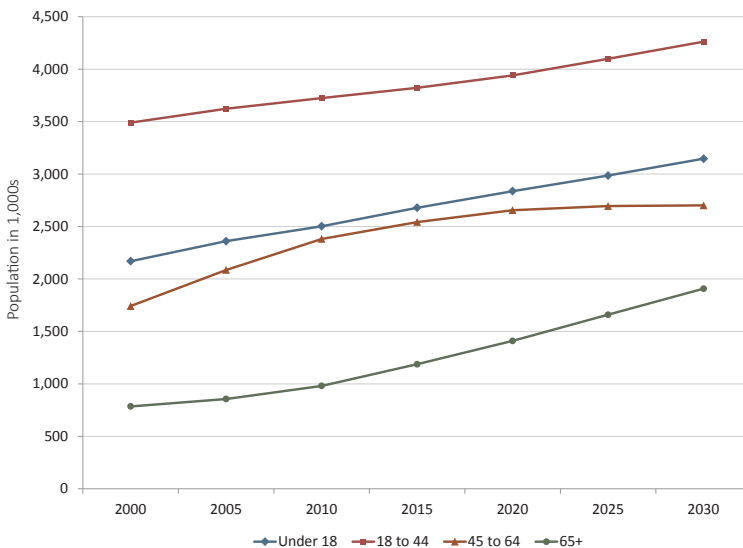
Exhibit 1. Georgia Population by Age Group, 2014



Source: U.S. Census Bureau, 2015

#### The Number of Older Georgians Is Growing

Exhibit 2. Georgia Population by Age Group, 2000–2030



The proportion of Georgia's population that is 65 and older is growing while the proportion that is younger than 65 is shrinking. The U.S. Census Bureau estimates that 15.9 percent of Georgia's population will be 65 and older by the year 2030, an increase of 60.6 percent from 2015.

#### Projected Population in Georgia

Age Group	2015	2025	2030
Under 18	26.2%	26.1%	26.2%
18 to 44	37.4%	35.8%	35.5%
45 to 64	24.9%	23.6%	22.5%
65+	11.6%	14.5%	15.9%

Source: U.S. Census Bureau, 2005

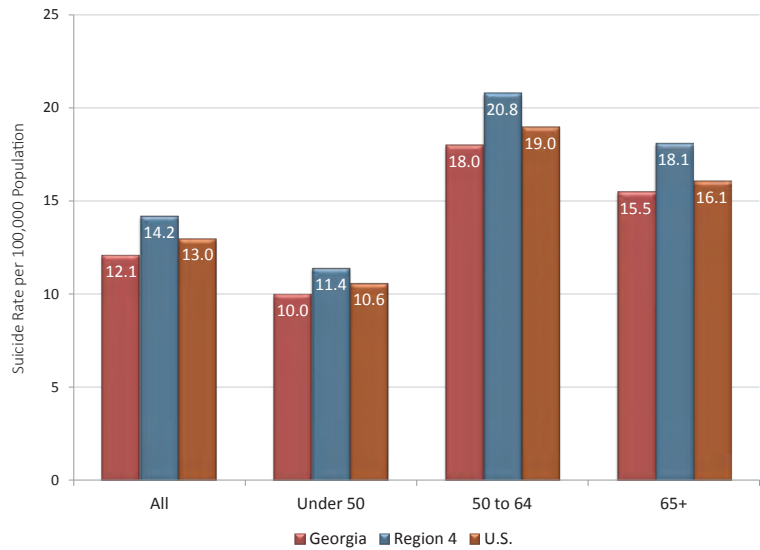
## SUICIDE AMONG OLDER GEORGIANS

### Georgia Suicide Rate Compared With Regional and National Rates

The suicide rate among Georgians ages 50 and older is higher than the rate among younger age groups. In 2013, the total suicide rate among all people ages 50+ was 17.0 per 100,000 people (7.5 for women and 28.2 for men). The rate among those ages 50–64 was lower than both the rate in the region (including Alabama, Florida, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) and the rate in the United States.

States vary in their reporting of suicides. The suicide rate is influenced by these reporting practices.

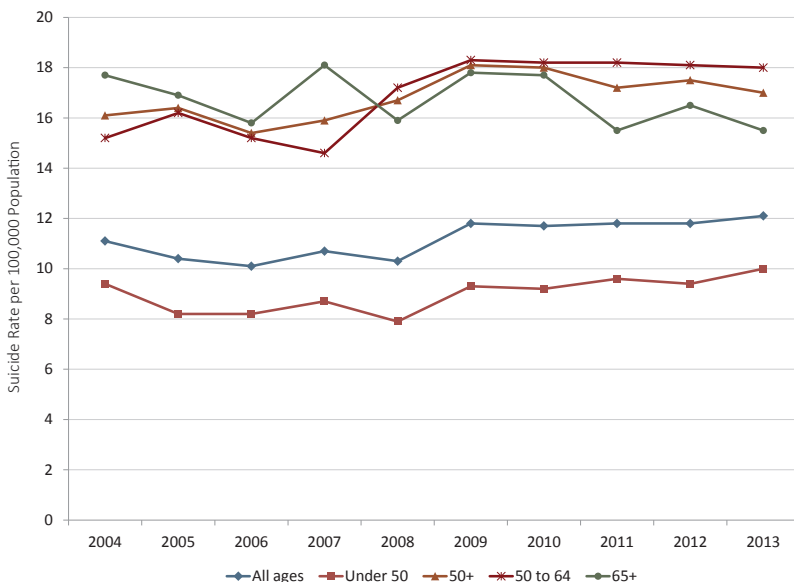
**Exhibit 3. Suicide Rates in Georgia, Region 4, and the United States, 2013**



Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

### Trends in Suicide Rates in Georgia

**Exhibit 4. Trends in Suicide Rates in Georgia by Age Group, 2004-2013**



Source: CDC, NCHS, Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

The suicide rate among Georgians ages 50+ fluctuated from a low of 15.4 per 100,000 in 2006 to a high of 18.1 per 100,000 in 2009. From 2004 to 2013, the rate was generally highest among those in the 50–64 age group.

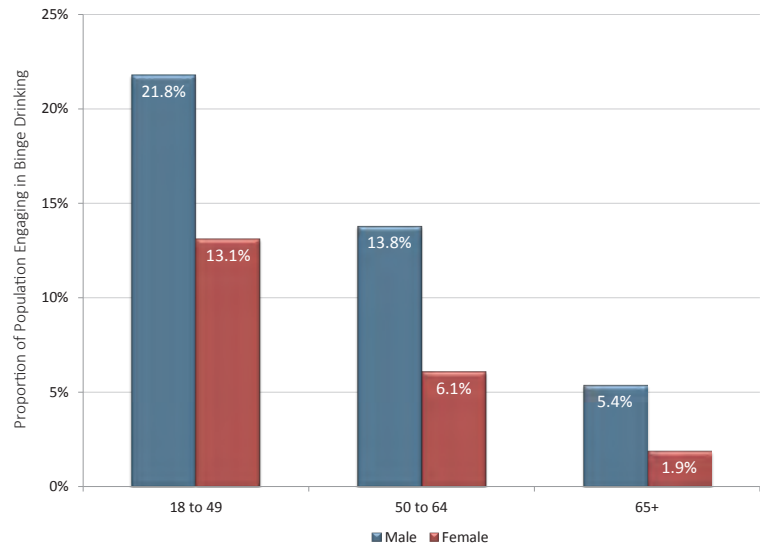
How a state reports suicides can vary from year to year. The number of suicides is generally low, so even a small difference in reported numbers may make the rate fluctuate widely.

## SUBSTANCE USE DISORDER AND SUBSTANCE USE DISORDER TREATMENT AMONG OLDER GEORGIANS

### 30-Day Binge Drinking Among Older Georgians

Binge drinking, defined as five or more drinks for men and four or more drinks for women on a single occasion, can lead to serious health problems. Such problems include neurological damage, cardiovascular disease, liver disease, stroke, and poor control of diabetes. Binge drinkers are more likely to take risks such as driving while intoxicated and to experience falls and other accidents. Older people have a lower tolerance for alcohol. Binge drinking decreases with age and occurs more frequently among men than it does among women. As Exhibit 5 shows, 13.8 percent of Georgia men ages 50–64 reported binge drinking in the past 30 days, while 5.4 percent of those in the 65+ group reported similar behavior.

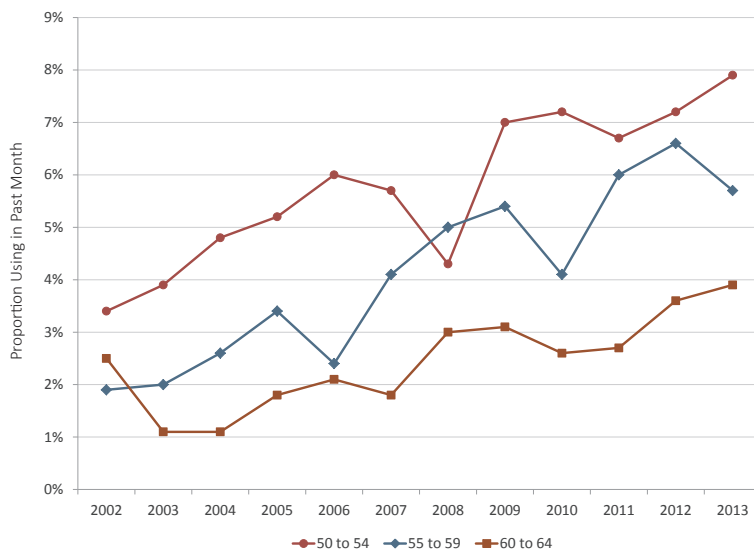
Exhibit 5. Binge Drinking Rates in Georgia by Age Group and Sex, 2013



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

### Illicit Drug Use Among Older Americans

Exhibit 6. Illicit Drug Use Among Older Americans, 2002–2013



Source: National Survey on Drug Use and Health (NSDUH), 2013  
 Illicit drug use includes illegal drugs and prescription drugs used nonmedically. SAMHSA provides a list of drugs included in its survey in the NSDUH methodological summary.

Nationally, the rate of illicit drug use among older adults ages 50–64 more than doubled from 2002 to 2013. This development partially reflects the entrance into this age group of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts. Although state-specific data are not available, the *Georgia Behavioral Health Barometer* is available for download from the Substance Abuse and Mental Health Services Administration (SAMHSA) website ([www.samhsa.gov/data/population-data-nsduh/reports?tab=33](http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33)).

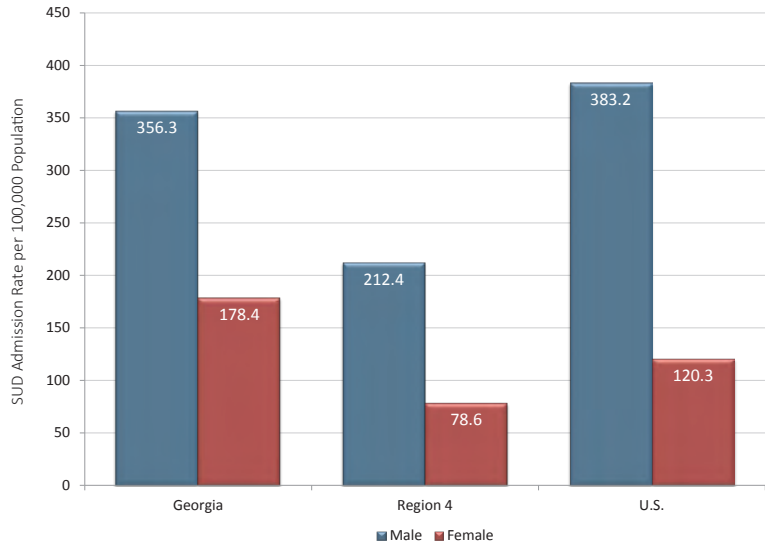
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The principal sources of referral to treatment among those ages 50 and older were:

Self-Referral	Criminal Justice	Other
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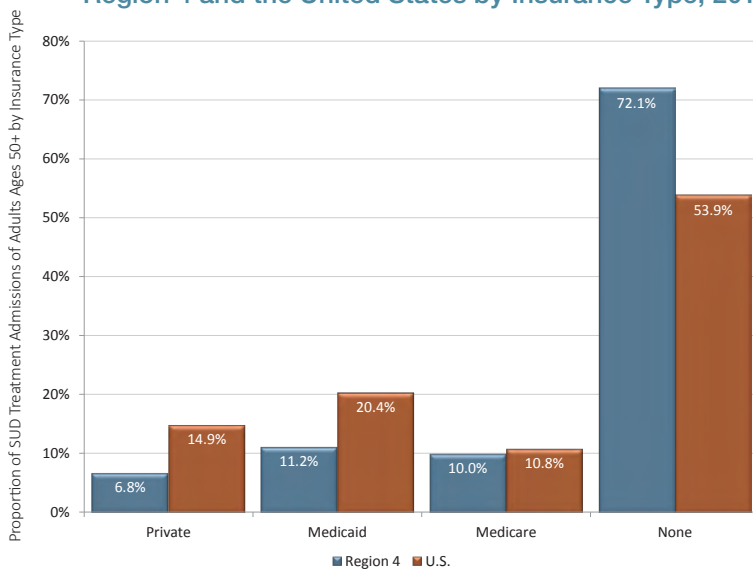
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## SUD Treatment Admissions Among Individuals in Region 4 Ages 50+ by Insurance Type

**Exhibit 8. SUD Treatment Admissions of Adults Ages 50+ in Region 4 and the United States by Insurance Type, 2012**



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Data include only those clients reported to SAMHSA.

States may choose not to report some of the fields to TEDS, including information on treatment admission insurance types. These data were not reported by Georgia in 2012. Therefore, the rates for Region 4 are used instead.

In Region 4, 72.1 percent of older adult admissions to SUD treatment were uninsured, 11.2 percent had Medicaid, 10.0 percent had Medicare, and 6.8 percent had private insurance.

### *SUD Treatment Admissions Among Georgians Ages 50+ by Primary Sources of Payment*

Self-Pay	Medicaid	Other
Data not available	Data not available	Data not available

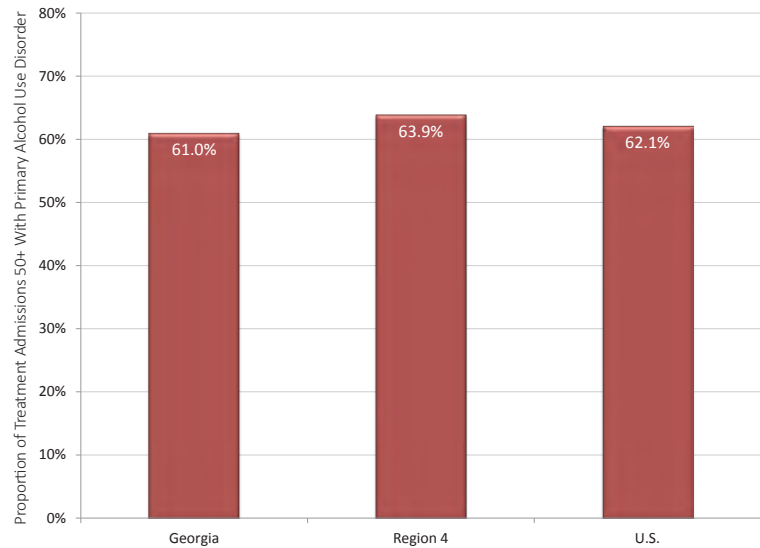
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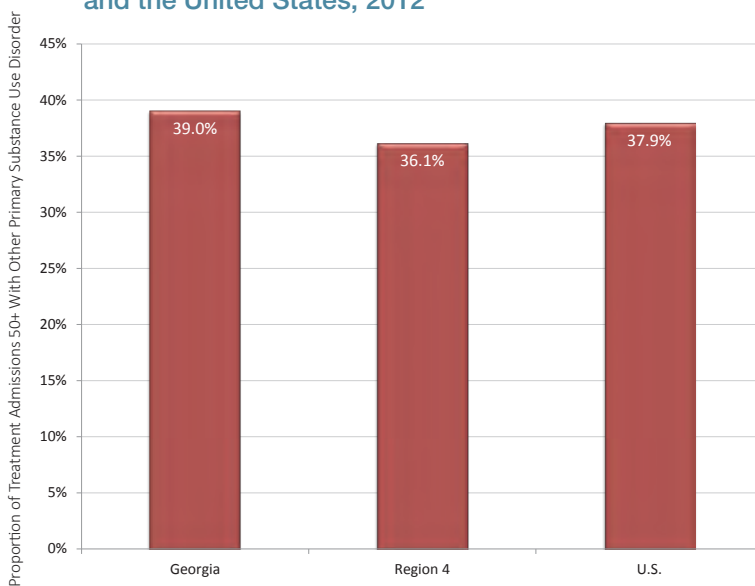


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## SUD Treatment Admissions for Non-Alcohol Substance Use

**Exhibit 10. Non-Alcohol Substance Use Treatment Admissions of Adults Ages 50+ in Georgia, Region 4, and the United States, 2012**

Substances other than alcohol were cited as the primary substances of use for 39.0 percent of older adult admissions to publicly funded treatment in Georgia.



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Data include only those clients reported to SAMHSA.

## Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults

SAMHSA periodically releases reports from the Drug Abuse Warning Network (DAWN). DAWN, discontinued in 2011, consisted of a nationwide network of hospital emergency departments (EDs) primarily located in large metropolitan areas. DAWN data consist of professional reviews of ED records to determine the extent to which alcohol and other substance abuse was involved in ED visits. According to the November 25, 2010, *DAWN Report*:

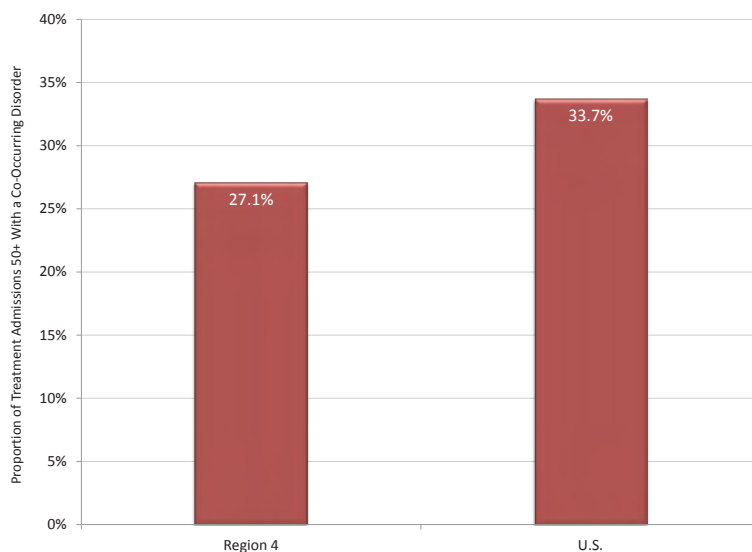
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## CO-OCCURRING SUBSTANCE USE AND MENTAL DISORDERS

### Older Adults in Region 4 in SUD Treatment With Co-Occurring Mental Disorders

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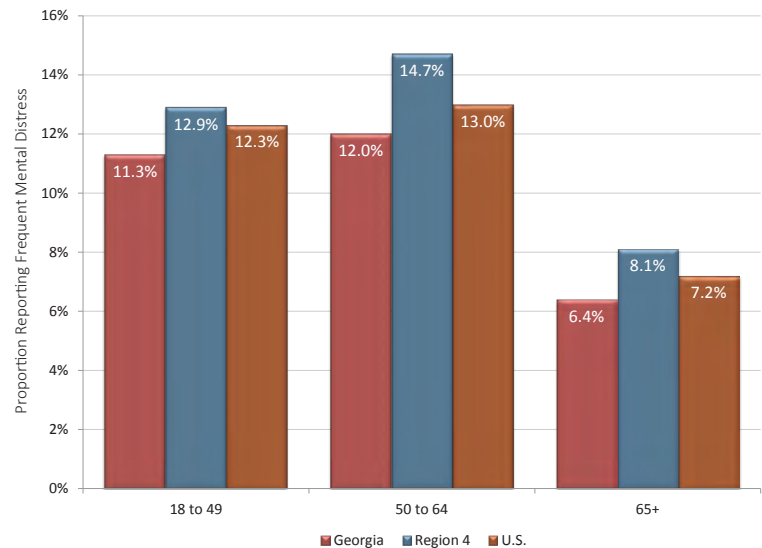
States may choose not to report some of the fields to TEDS, including information on SUD treatment admissions with a co-occurring disorder. These data were not reported by Georgia in 2012. Therefore, Exhibit 11 shows regional and national figures only.

## MENTAL HEALTH

### Older Georgians Reporting Frequent Mental Distress

BRFSS, a household survey conducted in all 50 states and several territories, asks the following question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Those individuals reporting 14 or more "Yes" days in response to this question experience frequent mental distress (FMD). Exhibit 12 shows that older Georgians experience FMD at a rate that is lower than the regional and national rates.

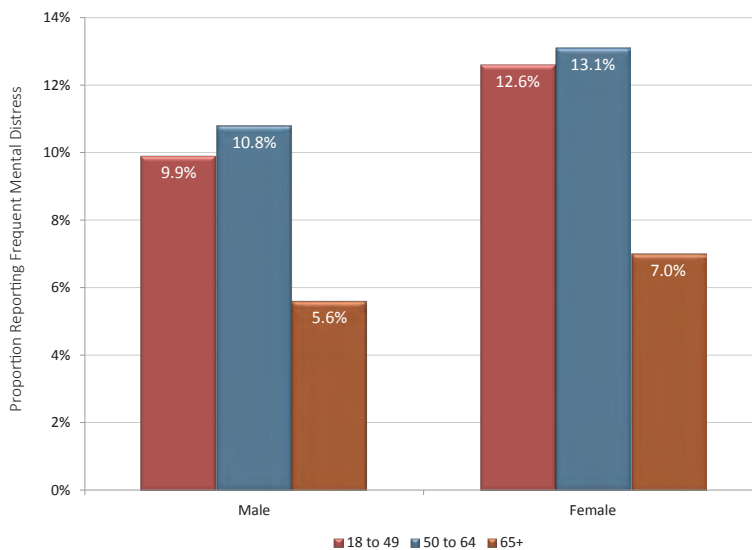
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Older men in Georgia were more likely to indulge in binge drinking, but older women were more likely to report that they had FMD (14 days or more per 30-day period). As Exhibit 13 shows, 13.1 percent of women in the 50–64 age group and 7.0 percent in the 65+ age group reported FMD, while 10.8 percent of men in the 50–64 age group and 5.6 percent in the 65+ age group reported FMD.



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BRFSS collected other measures showing risk factors for mental and/or physical illness. These included:

- Social and Emotional Support (2010). BRFSS asked, "How often do you get the social and emotional support you need?" The possible responses were always, usually, sometimes, rarely, or never.
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**Exhibit 14. BRFSS Measures, 2010**

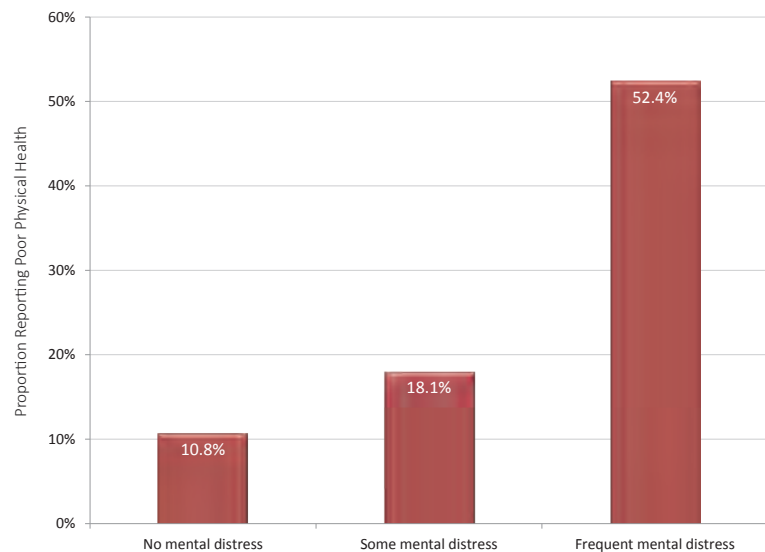
Indicator	Ages 50+	Ages 50–64	Ages 65+
Rarely or never get social or emotional support	8.6%	7.3%	10.9%
Dissatisfied or very dissatisfied	4.6%	5.5%	3.1%

Source: BRFSS, 2010

## Individuals With Frequent Mental Distress Report High Rates of Poor Physical Health

Older Americans who experienced FMD were more likely to report that their physical health was poor (14 days or more in the past 30-day period when physical health was "not good"). As shown in Exhibit 15, although nearly 11 percent of older Americans with no mental distress reported poor physical health, more than 50 percent of those with FMD reported poor physical health.

**Exhibit 15. Individuals Ages 50+ in the United States Reporting Poor Physical Health by Level of Mental Distress, 2013**

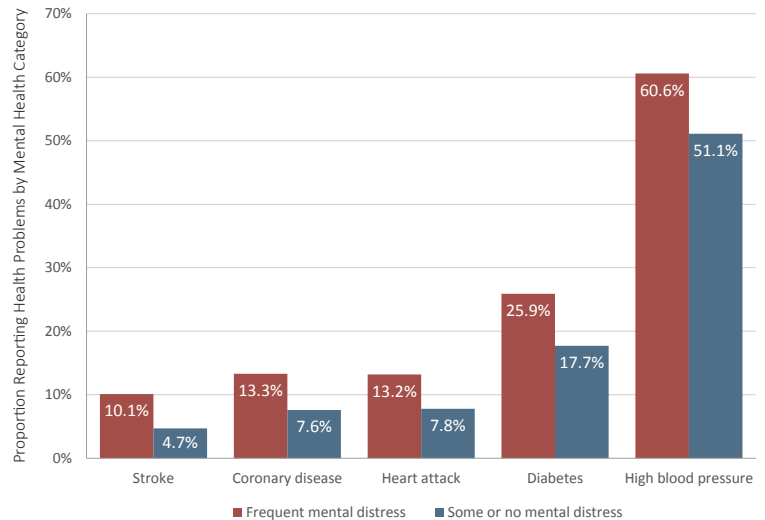


Source: BRFSS, 2013

## Relationship Among Mental Distress, Diabetes, Stroke, Heart Attack, High Blood Pressure, and Coronary Disease

Older Americans who experience FMD are more likely to report that they have health problems. People with FMD were more than twice as likely to report having a stroke than those with some or no mental distress. They experienced coronary disease and heart attack at more than 1.6 times, diabetes at more than 1.4 times, and high blood pressure at nearly 1.2 times the rate of those with some or no mental distress.

**Exhibit 16. Individuals Ages 50+ in the United States With Mental Distress and Serious Health Problems, 2013**



Source: BRFSS, 2013

## Older Georgians Admitted to State Mental Health Services

Approximately 2.8 percent of the people served by the Georgia mental health system were ages 65 and older. This represents more than 4,630 adults.

Source: Center for Mental Health Services (CMHS) Uniform Reporting System (URS) Output Tables, 2014

## DATA SOURCES

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM** ([www.cdc.gov/brfss](http://www.cdc.gov/brfss)). BRFSS, managed by CDC, is the largest ongoing telephone health survey system in the world, tracking health conditions and risk behaviors in the United States annually since 1984. Data are collected on a monthly basis in all 50 states, the District of Columbia, and participating territories. BRFSS data are collected by local jurisdictions and reported to CDC.

**CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS, UNDERLYING CAUSE OF DEATH 1999-2013 ON CDC WONDER ONLINE DATABASE, RELEASED 2015** (<http://wonder.cdc.gov/ucd-icd10.html>). The WONDER online database “contains mortality and population counts for all U.S. counties. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates or age-adjusted death rates, and 95% confidence intervals and standard errors for death rates can be obtained by place of residence (total U.S., region, state and county), age group (single-year-of age, 5-year age groups, 10-year age groups and infant age groups), race, Hispanic ethnicity, gender, year, cause-of-death (4-digit ICD-10 code or group of codes), injury intent and injury mechanism, drug/alcohol induced causes and urbanization categories. Data are also available for place of death, month and week day of death, and whether an autopsy was performed.”

**CENTER FOR MENTAL HEALTH SERVICES UNIFORM REPORTING SYSTEM** ([www.samhsa.gov/data/us\\_map](http://www.samhsa.gov/data/us_map)). States that receive CMHS Block Grants are required to report aggregate data to URS. URS reports include information about utilization of mental health services and client demographic and outcome information.

**NATIONAL SURVEY ON DRUG USE AND HEALTH** (<https://nsduhweb.rti.org>). The NSDUH, managed by SAMHSA, is “an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older.” NSDUH data are most frequently used by state planners to assess the need for SUD treatment. NSDUH data also include information about mental health conditions.

**TREATMENT EPISODE DATA SET** ([www.samhsa.gov/data/client-level-data-teds/reports?tab=19](http://www.samhsa.gov/data/client-level-data-teds/reports?tab=19)). States that receive Substance Abuse Prevention and Treatment Block Grant funds submit individual client data to TEDS. TEDS includes both admission and discharge data sets, and some 1.5 million admissions are reported annually. TEDS includes information about utilization of SUD treatment services and client demographic and outcome information. TEDS is an admission-based system, and TEDS admissions do not represent individuals. Thus, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

**U.S. CENSUS BUREAU** ([www.census.gov/people](http://www.census.gov/people)). Two main sources of Census Bureau data were used in this report: (1) population estimates and (2) population projections.

# OLDER ADULTS BEHAVIORAL HEALTH PROFILE

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Kentucky

# Kentucky

## OLDER ADULTS BEHAVIORAL HEALTH PROFILE

August 2016

### KENTUCKY'S POPULATION

#### Kentucky Population by Age Group

Kentucky is home to 4,413,457 people. Of these:

- 1,551,990 (35.2 percent) are over age 50.
- 924,967 (21.0 percent) are over age 60.
- 430,224 (9.7 percent) are over age 70.
- 154,734 (3.5 percent) are ages 80 and older.

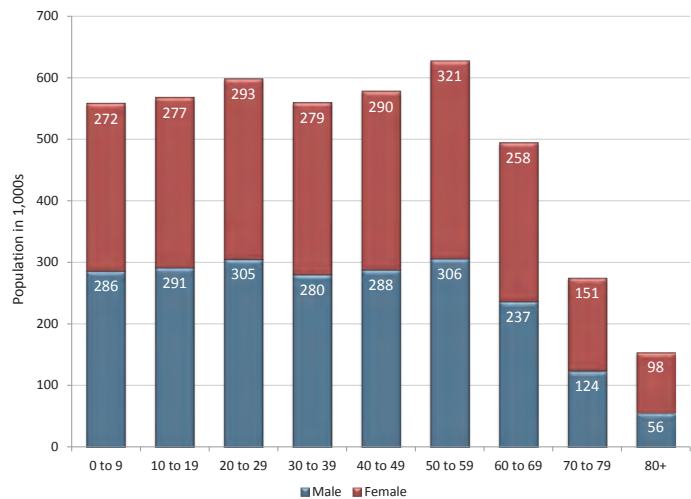
The proportion of women rises fairly steadily in each age group, and women make up 63.6 percent of the 80+ group. The racial/ethnic composition of older Kentuckians is as follows:

#### Race/Ethnicity of Kentuckians Ages 50+

White	AI/AN	Black	Asian	NH/PI	Other	Hispanic
91.9%	0.3%	6.4%	0.8%	0.0%	0.7%	1.2%

Source: U.S. Census Bureau, 2015  
AI/AN stands for American Indian and Alaska Native.  
NH/PI stands for Native Hawaiian and Other Pacific Islander.

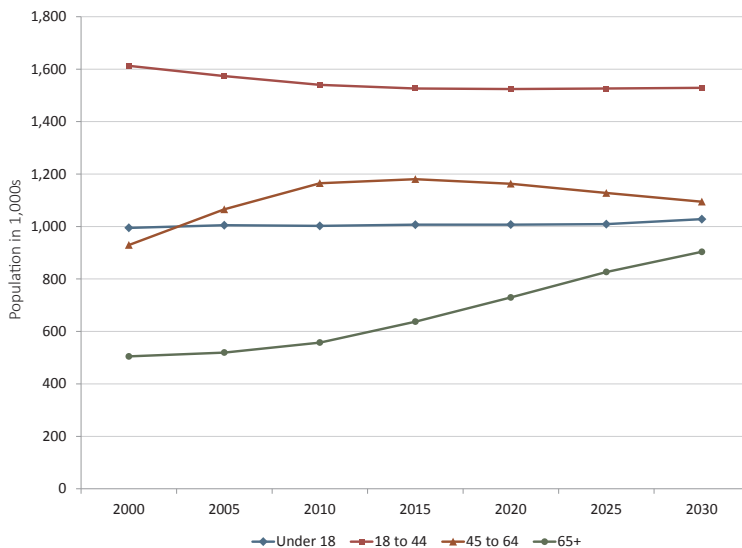
Exhibit 1. Kentucky Population by Age Group, 2014



Source: U.S. Census Bureau, 2015

#### The Number of Older Kentuckians Is Growing

Exhibit 2. Kentucky Population by Age Group, 2000–2030



The proportion of Kentucky's population that is 65 and older is growing while the proportion that is younger than 65 is shrinking. The U.S. Census Bureau estimates that 19.8 percent of Kentucky's population will be 65 and older by the year 2030, an increase of 41.8 percent from 2015.

#### Projected Population in Kentucky

Age Group	2015	2025	2030
Under 18	23.1%	22.5%	22.6%
18 to 44	35.1%	34.0%	33.6%
45 to 64	27.1%	25.1%	24.0%
65+	14.6%	18.4%	19.8%

Source: U.S. Census Bureau, 2005

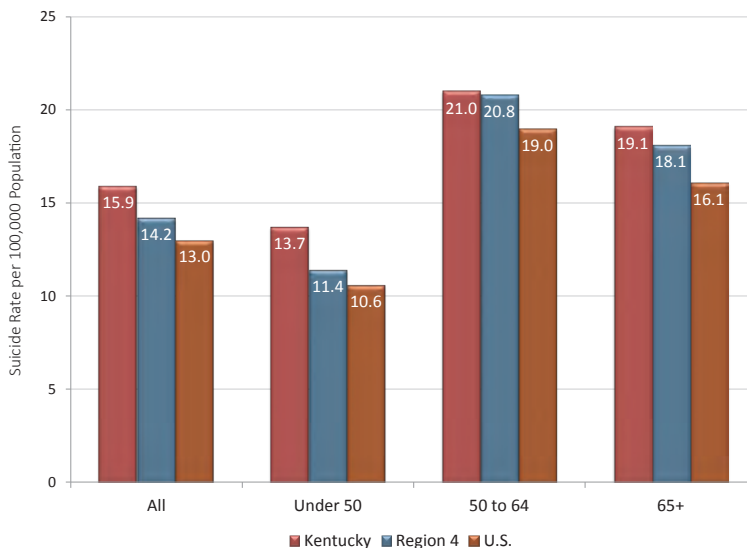
## SUICIDE AMONG OLDER KENTUCKIANS

### Kentucky Suicide Rate Compared With Regional and National Rates

The suicide rate among Kentuckians ages 50 and older is higher than the rate among younger age groups. In 2013, the total suicide rate among all people ages 50+ was 20.2 per 100,000 people (8.0 for women and 34.2 for men). The rate among those ages 50–64 was higher than both the rate in the region (including Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, and Tennessee) and the rate in the United States.

States vary in their reporting of suicides. The suicide rate is influenced by these reporting practices.

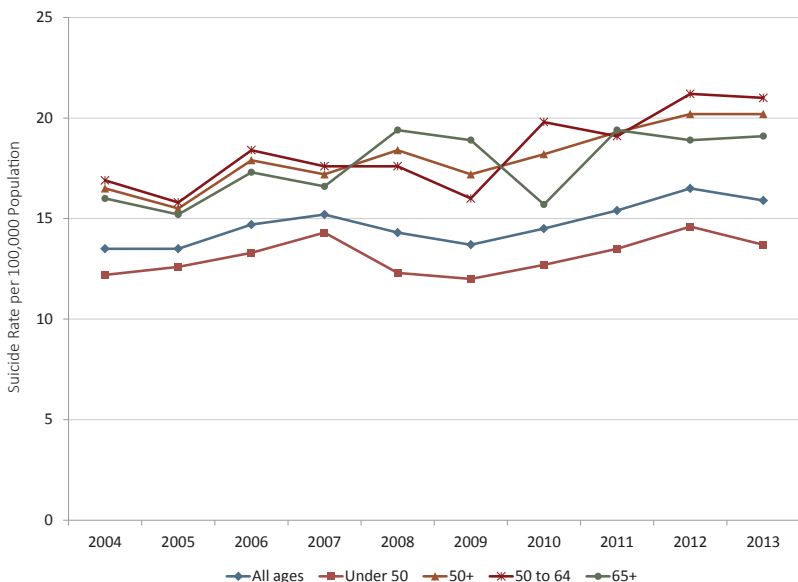
Exhibit 3. Suicide Rates in Kentucky, Region 4, and the United States, 2013



Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

### Trends in Suicide Rates in Kentucky

Exhibit 4. Trends in Suicide Rates in Kentucky by Age Group, 2004–2013



Source: CDC, NCHS, Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

The suicide rate among Kentuckians ages 50+ fluctuated from a low of 15.5 per 100,000 in 2005 to a high of 20.2 per 100,000 in 2012 and 2013. From 2004 to 2013, the rate was generally highest among those in the 50–64 age group.

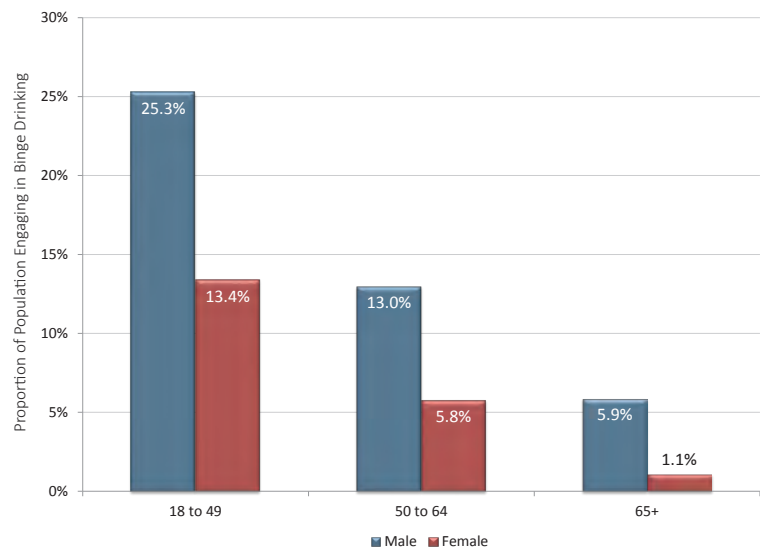
How a state reports suicides can vary from year to year. The number of suicides is generally low, so even a small difference in reported numbers may make the rate fluctuate widely.

## SUBSTANCE USE DISORDER AND SUBSTANCE USE DISORDER TREATMENT AMONG OLDER KENTUCKIANS

### 30-Day Binge Drinking Among Older Kentuckians

Binge drinking, defined as five or more drinks for men and four or more drinks for women on a single occasion, can lead to serious health problems. Such problems include neurological damage, cardiovascular disease, liver disease, stroke, and poor control of diabetes. Binge drinkers are more likely to take risks such as driving while intoxicated and to experience falls and other accidents. Older people have a lower tolerance for alcohol. Binge drinking decreases with age and occurs more frequently among men than it does among women. As Exhibit 5 shows, 13.0 percent of Kentucky men ages 50–64 reported binge drinking in the past 30 days, while 5.9 percent of those in the 65+ group reported similar behavior.

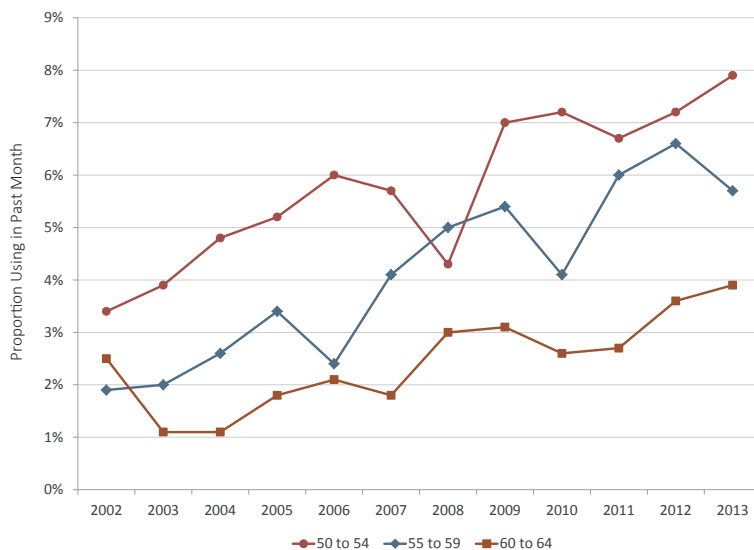
Exhibit 5. Binge Drinking Rates in Kentucky by Age Group and Sex, 2013



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

### Illicit Drug Use Among Older Americans

Exhibit 6. Illicit Drug Use Among Older Americans, 2002–2013



Source: National Survey on Drug Use and Health (NSDUH), 2013  
 Illicit drug use includes illegal drugs and prescription drugs used nonmedically. SAMHSA provides a list of drugs included in its survey in the NSDUH methodological summary.

Nationally, the rate of illicit drug use among older adults ages 50–64 more than doubled from 2002 to 2013. This development partially reflects the entrance into this age group of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts. Although state-specific data are not available, the *Kentucky Behavioral Health Barometer* is available for download from the Substance Abuse and Mental Health Services Administration (SAMHSA) website ([www.samhsa.gov/data/population-data-nsduh/reports?tab=33](http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33)).

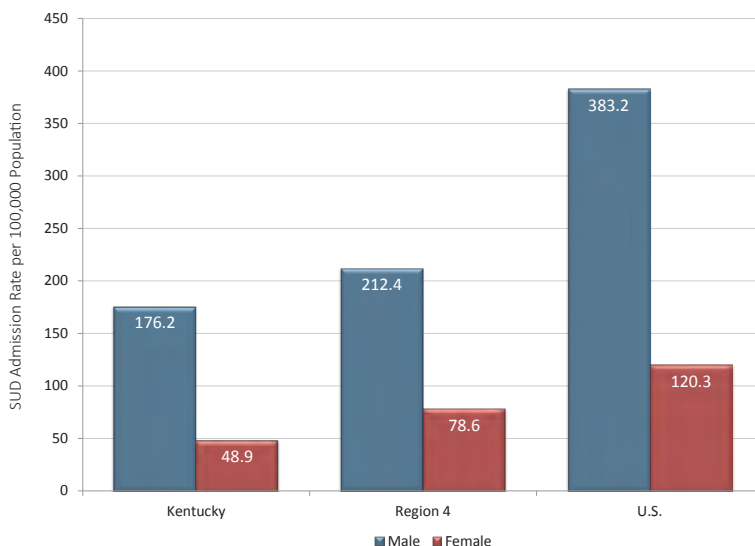
## Admissions to Substance Use Disorder Treatment Among Older Kentuckians

In 2012, there were 1,681 admissions of Kentuckians ages 50 and older to substance use disorder (SUD) treatment in state-funded treatment programs, a rate of 108.3 per 100,000 people ages 50+. This rate was lower than the regional rate and the national average. Men made up 75.9 percent of these admissions. Of all admissions, 79.1 percent were White/Caucasian, 19.3 percent were Black/African American, and 0.8 percent were Hispanic.

The principal sources of referral to treatment among those ages 50 and older were:

Self-Referral	Criminal Justice	Other
53.8%	29.7%	16.6%

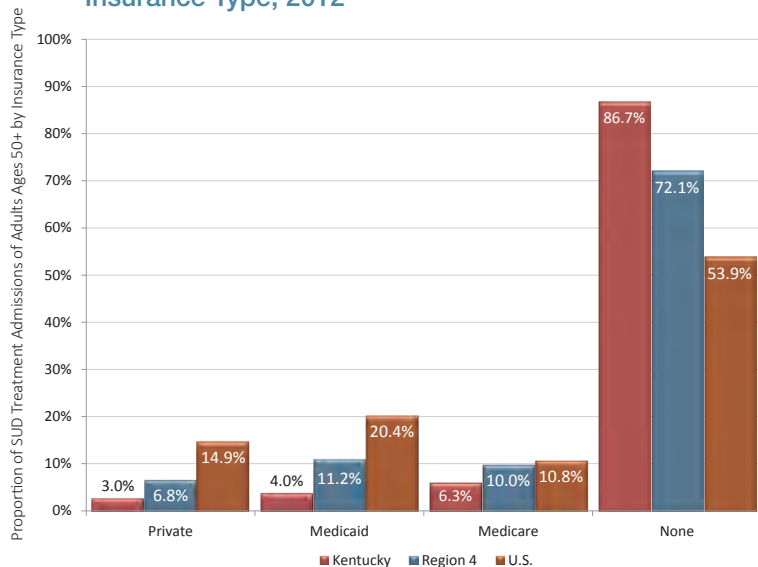
**Exhibit 7. SUD Treatment Admissions of Adults Ages 50+ in Kentucky, Region 4, and the United States by Sex, 2012**



Source: Treatment Episode Data Set (TEDS), 2012<sup>1</sup>  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions Among Kentuckians Ages 50+ by Insurance Type

**Exhibit 8. SUD Treatment Admissions of Adults Ages 50+ in Kentucky, Region 4, and the United States by Insurance Type, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

In Kentucky, 86.7 percent of older adult admissions to SUD treatment were uninsured, 4.0 percent had Medicaid, 6.3 percent had Medicare, and 3.0 percent had private insurance.

### *SUD Treatment Admissions Among Kentuckians Ages 50+ by Primary Sources of Payment*

Self-Pay	Medicaid	Other
10.2%	4.0%	85.7%

Self-pay data include private insurance. Exhibit 8 and the accompanying text reflect the type of health insurance (if any) clients had at admission; the table above represents primary sources of payment.

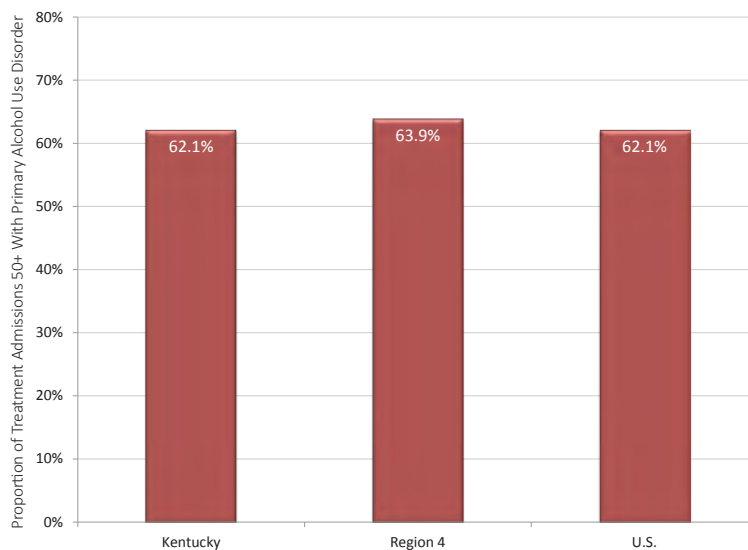
<sup>1</sup> TEDS data are collected by states as a condition of the Substance Abuse Prevention and Treatment Block Grant. Guidelines suggest that states report all clients admitted to publicly financed treatment; however, states are inconsistent in applying the guidelines. States may structure and implement different quality controls over the data. For example, states may collect different categories of information to answer TEDS questions. Information is then "walked over" to TEDS definitions.



## Alcohol Use Disorder Treatment Admissions Among Kentuckians Ages 50+

Alcohol was the most frequently cited substance used by older Kentuckians in publicly financed SUD treatment in 2012. It was mentioned as a substance of use in 62.1 percent of admissions among those ages 50+. This was lower than the regional rate and equal to the national rate.

**Exhibit 9. Alcohol Use Treatment Admissions of Adults Ages 50+ in Kentucky, Region 4, and the United States, 2012**

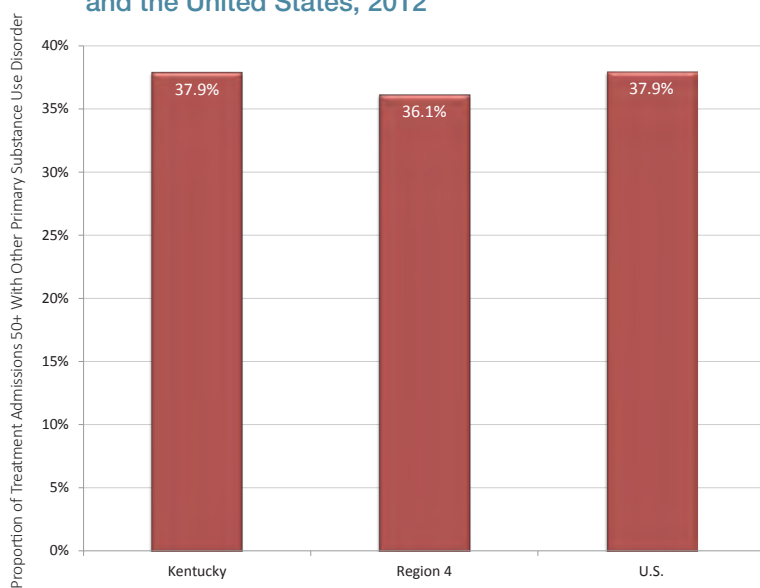


Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions for Non-Alcohol Substance Use

**Exhibit 10. Non-Alcohol Substance Use Treatment Admissions of Adults Ages 50+ in Kentucky, Region 4, and the United States, 2012**

Substances other than alcohol were cited as the primary substances of use for 37.9 percent of older adult admissions to publicly funded treatment in Kentucky.



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults

SAMHSA periodically releases reports from the Drug Abuse Warning Network (DAWN). DAWN, discontinued in 2011, consisted of a nationwide network of hospital emergency departments (EDs) primarily located in large metropolitan areas. DAWN data consist of professional reviews of ED records to determine the extent to which alcohol and other substance abuse was involved in ED visits. According to the November 25, 2010, *DAWN Report*:

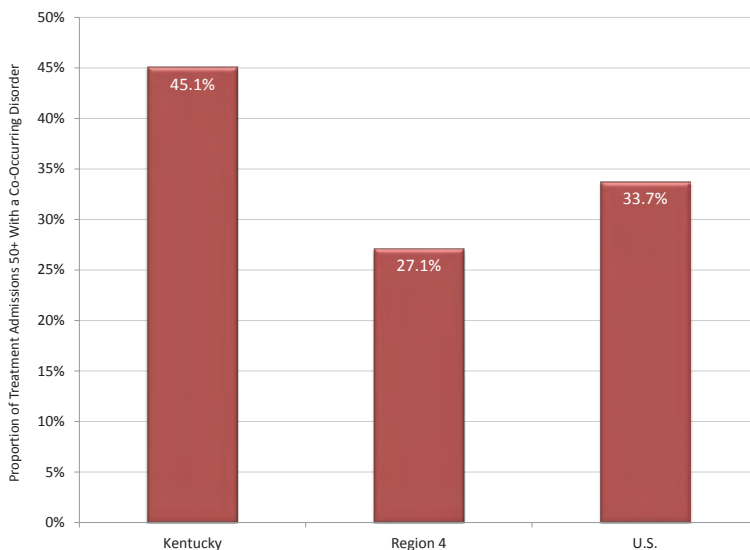
- *In 2004, there were an estimated 115,803 ED visits involving pharmaceutical misuse and abuse by adults aged 50 or older; in 2008, there were 256,097 such visits, representing an increase of 121.1 percent*
- *One fifth (19.7 percent) of ED visits involving pharmaceutical misuse and abuse among older adults were made by persons aged 70 or older*
- *Among ED visits made by older adults, pain relievers were the type of pharmaceutical most commonly involved (43.5 percent), followed by drugs used to treat anxiety or insomnia (31.8 percent) and antidepressants (8.6 percent)*
- *Among patients aged 50 or older who visited the ED for pharmaceutical misuse or abuse, more than half (52.3 percent) were treated and released, and more than one third (37.5 percent) were admitted to the hospital*

Bulleted text in italics above is taken from SAMHSA's Center for Behavioral Health Statistics and Quality. (2010, November 25). *The DAWN Report: Drug-related emergency department visits involving pharmaceutical misuse and abuse by older adults*. Rockville, MD: SAMHSA.

## CO-OCCURRING SUBSTANCE USE AND MENTAL DISORDERS

### Older Kentuckians in SUD Treatment With Co-Occurring Mental Disorders

**Exhibit 11. SUD Treatment Admissions of Adults Ages 50+ With a Co-Occurring Mental Disorder in Kentucky, Region 4, and the United States, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

The national literature shows a strong relationship between substance use and mental disorders. Studies show that 30–80 percent of individuals with a substance use or mental disorder also have a co-occurring disorder.

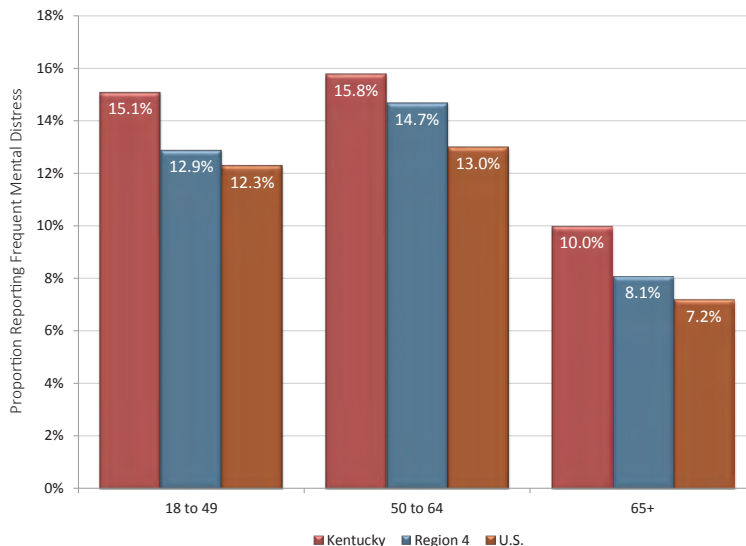
Exhibit 11 shows the proportion of SUD treatment admissions of Kentuckians ages 50+ with a co-occurring mental disorder. This rate is higher than the regional rate and the national average. However, state reporting practices are a factor in these results.

## MENTAL HEALTH

### Older Kentuckians Reporting Frequent Mental Distress

BRFSS, a household survey conducted in all 50 states and several territories, asks the following question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Those individuals reporting 14 or more "Yes" days in response to this question experience frequent mental distress (FMD). Exhibit 12 shows that older Kentuckians experience FMD at a rate that is higher than the regional and national rates.

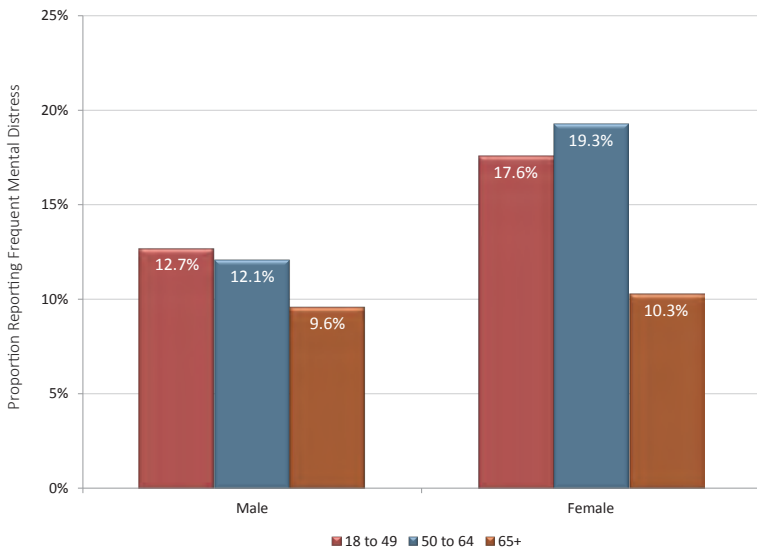
**Exhibit 12. Individuals Reporting Frequent Mental Distress in Kentucky, Region 4, and the United States, 2013**



Source: BRFSS, 2013

### Older Kentuckians Reporting Frequent Mental Distress by Age Group and Sex

**Exhibit 13. Kentuckians Reporting Frequent Mental Distress by Age Group and Sex, 2013**



Source: BRFSS, 2013

Older men in Kentucky were more likely to indulge in binge drinking, but older women were more likely to report that they had FMD (14 days or more per 30-day period). As Exhibit 13 shows, 19.3 percent of women in the 50–64 age group and 10.3 percent in the 65+ age group reported FMD, while 12.1 percent of men in the 50–64 age group and 9.6 percent in the 65+ age group reported FMD.

## Other Measures of Mental Health

BRFSS collected other measures showing risk factors for mental and/or physical illness. These included:

- Social and Emotional Support (2010). BRFSS asked, "How often do you get the social and emotional support you need?" The possible responses were always, usually, sometimes, rarely, or never.
- Life Satisfaction (2010). BRFSS asked, "In general, how satisfied are you with your life?" The possible responses were very satisfied, satisfied, dissatisfied, or very dissatisfied.

Exhibit 14 presents the results of these surveys among older Kentuckians.

**Exhibit 14. BRFSS Measures, 2010**

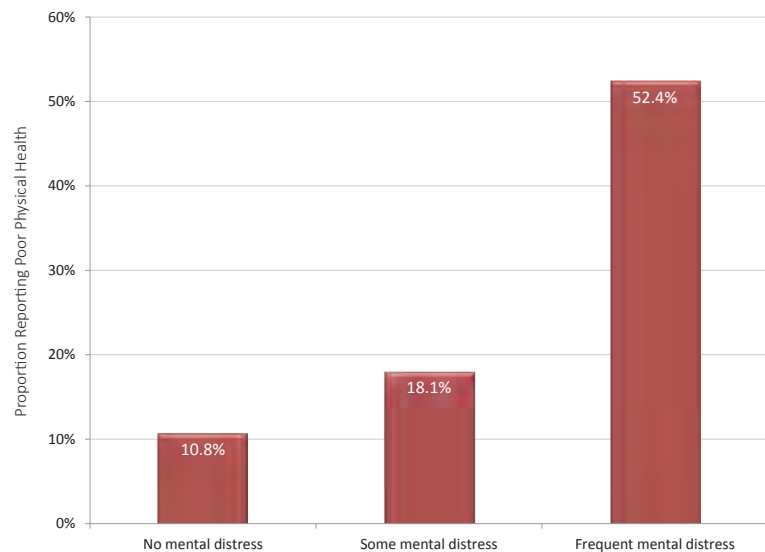
Indicator	Ages 50+	Ages 50–64	Ages 65+
Rarely or never get social or emotional support	8.5%	7.2%	10.4%
Dissatisfied or very dissatisfied	6.9%	9.1%	3.7%

Source: BRFSS, 2010

## Individuals With Frequent Mental Distress Report High Rates of Poor Physical Health

Older Americans who experienced FMD were more likely to report that their physical health was poor (14 days or more in the past 30-day period when physical health was "not good"). As shown in Exhibit 15, although nearly 11 percent of older Americans with no mental distress reported poor physical health, more than 50 percent of those with FMD reported poor physical health.

**Exhibit 15. Individuals Ages 50+ in the United States Reporting Poor Physical Health by Level of Mental Distress, 2013**

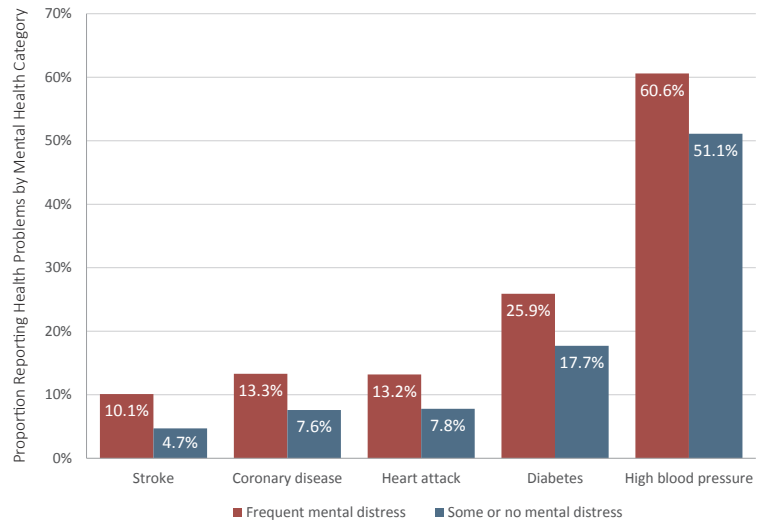


Source: BRFSS, 2013

## Relationship Among Mental Distress, Diabetes, Stroke, Heart Attack, High Blood Pressure, and Coronary Disease

Older Americans who experience FMD are more likely to report that they have health problems. People with FMD were more than twice as likely to report having a stroke than those with some or no mental distress. They experienced coronary disease and heart attack at more than 1.6 times, diabetes at more than 1.4 times, and high blood pressure at nearly 1.2 times the rate of those with some or no mental distress.

**Exhibit 16. Individuals Ages 50+ in the United States With Mental Distress and Serious Health Problems, 2013**



Source: BRFSS, 2013

## Older Kentuckians Admitted to State Mental Health Services

Approximately 3.1 percent of the people served by the Kentucky mental health system were ages 65 and older. This represents more than 4,840 adults.

Source: Center for Mental Health Services (CMHS) Uniform Reporting System (URS) Output Tables, 2014

## DATA SOURCES

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM** ([www.cdc.gov/brfss](http://www.cdc.gov/brfss)). BRFSS, managed by CDC, is the largest ongoing telephone health survey system in the world, tracking health conditions and risk behaviors in the United States annually since 1984. Data are collected on a monthly basis in all 50 states, the District of Columbia, and participating territories. BRFSS data are collected by local jurisdictions and reported to CDC.

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**CENTER FOR MENTAL HEALTH SERVICES UNIFORM REPORTING SYSTEM** ([www.samhsa.gov/data/us\\_map](http://www.samhsa.gov/data/us_map)). States that receive CMHS Block Grants are required to report aggregate data to URS. URS reports include information about utilization of mental health services and client demographic and outcome information.

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**TREATMENT EPISODE DATA SET** ([www.samhsa.gov/data/client-level-data-teds/reports?tab=19](http://www.samhsa.gov/data/client-level-data-teds/reports?tab=19)). States that receive Substance Abuse Prevention and Treatment Block Grant funds submit individual client data to TEDS. TEDS includes both admission and discharge data sets, and some 1.5 million admissions are reported annually. TEDS includes information about utilization of SUD treatment services and client demographic and outcome information. TEDS is an admission-based system, and TEDS admissions do not represent individuals. Thus, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

**U.S. CENSUS BUREAU** ([www.census.gov/people](http://www.census.gov/people)). Two main sources of Census Bureau data were used in this report: (1) population estimates and (2) population projections.

# OLDER ADULTS BEHAVIORAL HEALTH PROFILE

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## Mississippi

# Mississippi

## OLDER ADULTS BEHAVIORAL HEALTH PROFILE

August 2016

### MISSISSIPPI'S POPULATION

#### Mississippi Population by Age Group

Mississippi is home to 2,994,079 people. Of these:

- 1,006,249 (33.6 percent) are over age 50.
- 602,026 (20.1 percent) are over age 60.
- 284,378 (9.5 percent) are over age 70.
- 101,589 (3.4 percent) are ages 80 and older.

The proportion of women rises fairly steadily in each age group, and women make up 64.9 percent of the 80+ group. The racial/ethnic composition of older Mississippians is as follows:

#### Race/Ethnicity of Mississippians Ages 50+

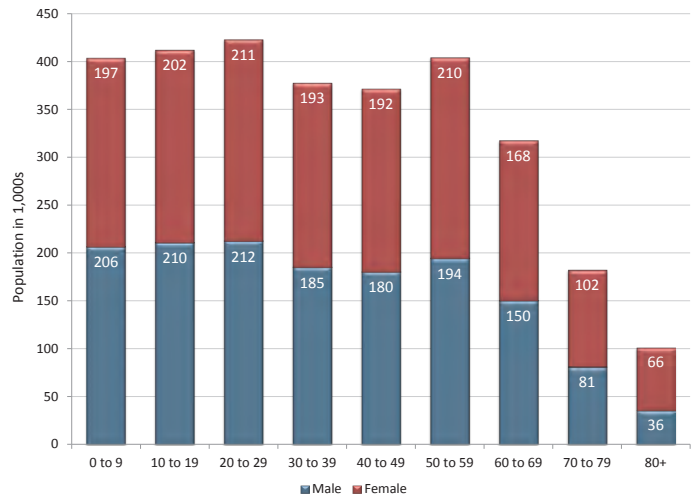
White	AI/AN	Black	Asian	NH/PI	Other	Hispanic
67.9%	0.4%	30.4%	0.7%	0.0%	0.5%	1.3%

Source: U.S. Census Bureau, 2015

AI/AN stands for American Indian and Alaska Native.

NH/PI stands for Native Hawaiian and Other Pacific Islander.

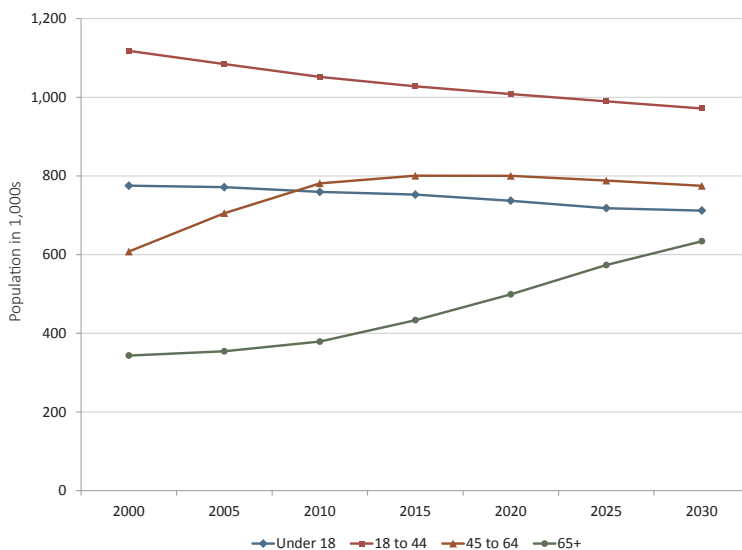
Exhibit 1. Mississippi Population by Age Group, 2014



Source: U.S. Census Bureau, 2015

#### The Number of Older Mississippians Is Growing

Exhibit 2. Mississippi Population by Age Group, 2000–2030



The proportion of Mississippi's population that is 65 and older is growing while the proportion that is younger than 65 is shrinking. The U.S. Census Bureau estimates that 20.5 percent of Mississippi's population will be 65 and older by the year 2030, an increase of 46.3 percent from 2015.

#### Projected Population in Mississippi

Age Group	2015	2025	2030
Under 18	25.0%	23.4%	23.0%
18 to 44	34.1%	32.2%	31.4%
45 to 64	26.6%	25.7%	25.1%
65+	14.4%	18.7%	20.5%

Source: U.S. Census Bureau, 2005



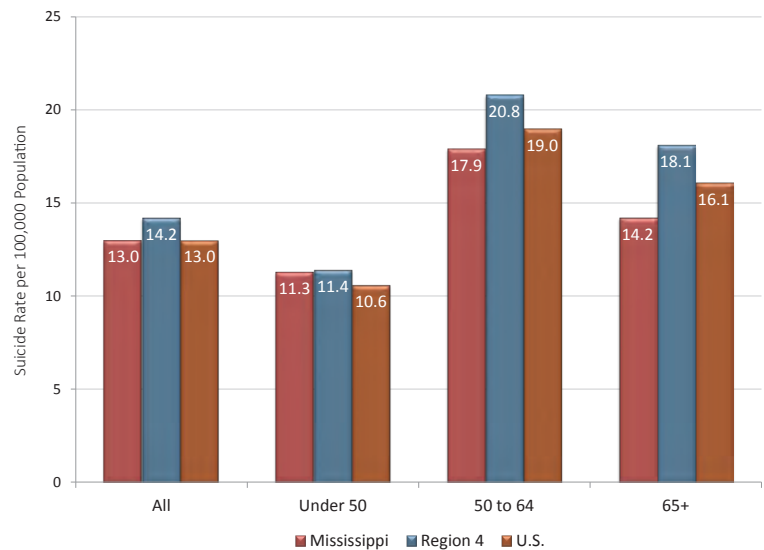
## SUICIDE AMONG OLDER MISSISSIPPANS

### Mississippi Suicide Rate Compared With Regional and National Rates

The suicide rate among Mississippians ages 50 and older is higher than the rate among younger age groups. In 2013, the total suicide rate among all people ages 50+ was 16.4 per 100,000 people (6.1 for women and 28.4 for men). The rate among those ages 50–64 was lower than both the rate in the region (including Alabama, Florida, Georgia, Kentucky, North Carolina, South Carolina, and Tennessee) and the rate in the United States.

States vary in their reporting of suicides. The suicide rate is influenced by these reporting practices.

Exhibit 3. Suicide Rates in Mississippi, Region 4, and the United States, 2013



Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

### Trends in Suicide Rates in Mississippi

Exhibit 4. Trends in Suicide Rates in Mississippi by Age Group, 2004–2013



Source: CDC, NCHS, Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

The suicide rate among Mississippians ages 50+ fluctuated from a low of 14.4 per 100,000 in 2005 to a high of 19.1 per 100,000 in 2008. From 2004 to 2013, the rate was generally highest among those in the 50–64 age group.

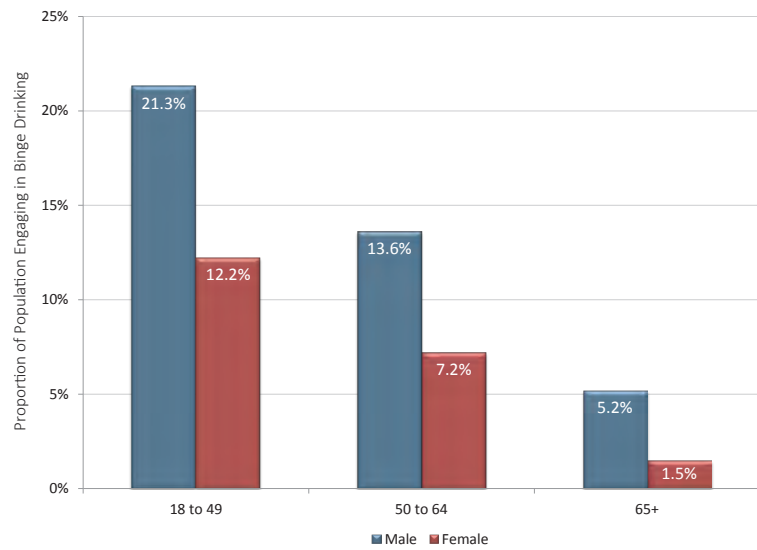
How a state reports suicides can vary from year to year. The number of suicides is generally low, so even a small difference in reported numbers may make the rate fluctuate widely.

## SUBSTANCE USE DISORDER AND SUBSTANCE USE DISORDER TREATMENT AMONG OLDER MISSISSIPPIANS

### 30-Day Binge Drinking Among Older Mississippians

Binge drinking, defined as five or more drinks for men and four or more drinks for women on a single occasion, can lead to serious health problems. Such problems include neurological damage, cardiovascular disease, liver disease, stroke, and poor control of diabetes. Binge drinkers are more likely to take risks such as driving while intoxicated and to experience falls and other accidents. Older people have a lower tolerance for alcohol. Binge drinking decreases with age and occurs more frequently among men than it does among women. As Exhibit 5 shows, 13.6 percent of Mississippi men ages 50–64 reported binge drinking in the past 30 days, while 5.2 percent of those in the 65+ group reported similar behavior.

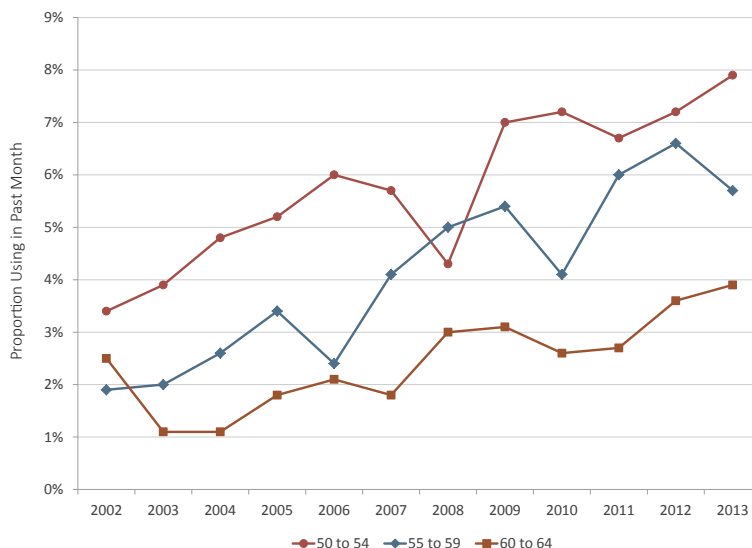
Exhibit 5. Binge Drinking Rates in Mississippi by Age Group and Sex, 2013



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

### Illicit Drug Use Among Older Americans

Exhibit 6. Illicit Drug Use Among Older Americans, 2002–2013



Source: National Survey on Drug Use and Health (NSDUH), 2013  
Illicit drug use includes illegal drugs and prescription drugs used nonmedically. SAMHSA provides a list of drugs included in its survey in the NSDUH methodological summary.

Nationally, the rate of illicit drug use among older adults ages 50–64 more than doubled from 2002 to 2013. This development partially reflects the entrance into this age group of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts. Although state-specific data are not available, the *Mississippi Behavioral Health Barometer* is available for download from the Substance Abuse and Mental Health Services Administration (SAMHSA) website ([www.samhsa.gov/data/population-data-nsduh/reports?tab=33](http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33)).

## Admissions to Substance Use Disorder Treatment Among Older Adults in Region 4

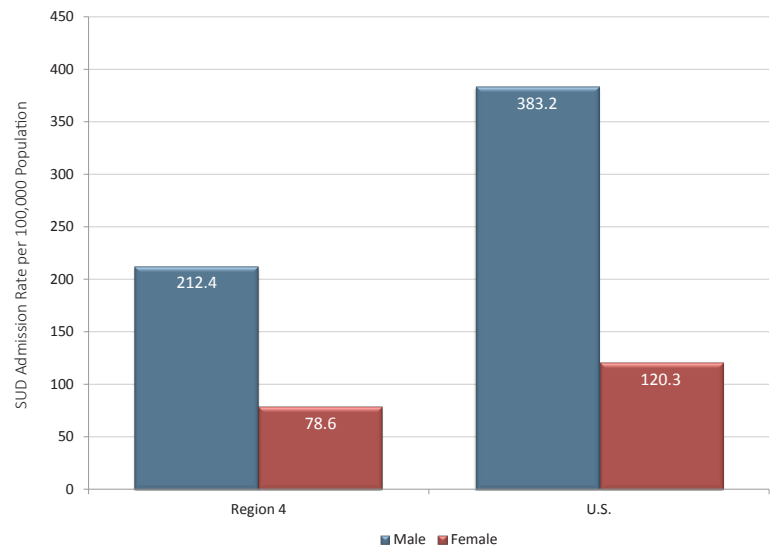
Treatment Episode Data Set (TEDS) data for Mississippi in 2012 are unavailable. Therefore, data for Region 4 are used instead.

In 2012, there were 30,369 admissions of individuals in Region 4 ages 50 and older to substance use disorder (SUD) treatment in state-funded treatment programs, a rate of 140.4 per 100,000 people ages 50+. This rate was lower than the national average. Men made up 69.9 percent of these admissions. Of all admissions, 62.9 percent were White/Caucasian, 35.0 percent were Black/African American, and 3.5 percent were Hispanic.

The principal sources of referral to treatment among those ages 50 and older were:

Self-Referral	Criminal Justice	Other
44.7%	24.1%	31.1%

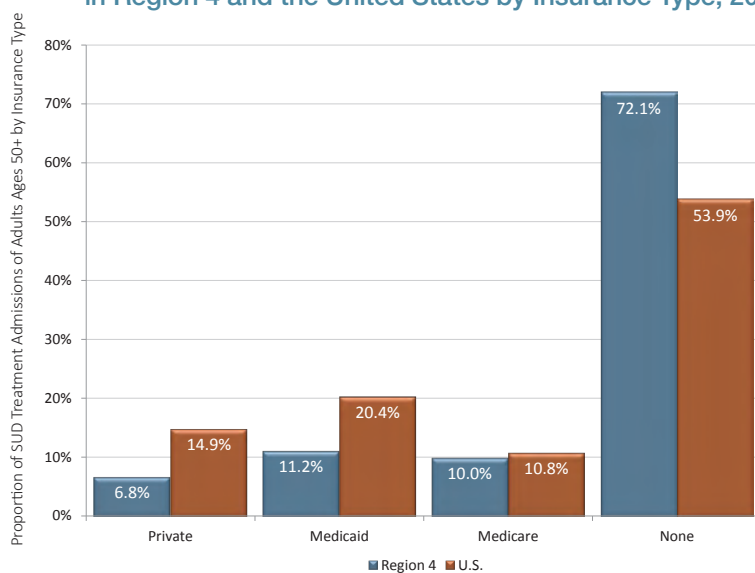
**Exhibit 7. SUD Treatment Admissions of Adults Ages 50+ in Region 4 and the United States by Sex, 2012**



Source: Treatment Episode Data Set (TEDS), 2012<sup>1</sup>  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions Among Individuals in Region 4 Ages 50+ by Insurance Type

**Exhibit 8. SUD Treatment Admissions of Adults Ages 50+ in Region 4 and the United States by Insurance Type, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

TEDS data for Mississippi in 2012 are unavailable. Therefore, data for Region 4 are used instead.

In Region 4, 72.1 percent of older adult admissions to SUD treatment were uninsured, 11.2 percent had Medicaid, 10.0 percent had Medicare, and 6.8 percent had private insurance.

### *SUD Treatment Admissions Among Mississippians Ages 50+ by Primary Sources of Payment*

Self-Pay	Medicaid	Other
Data not available	Data not available	Data not available

Exhibit 8 and the accompanying text reflect the type of health insurance (if any) clients had at admission; the table above represents primary sources of payment.

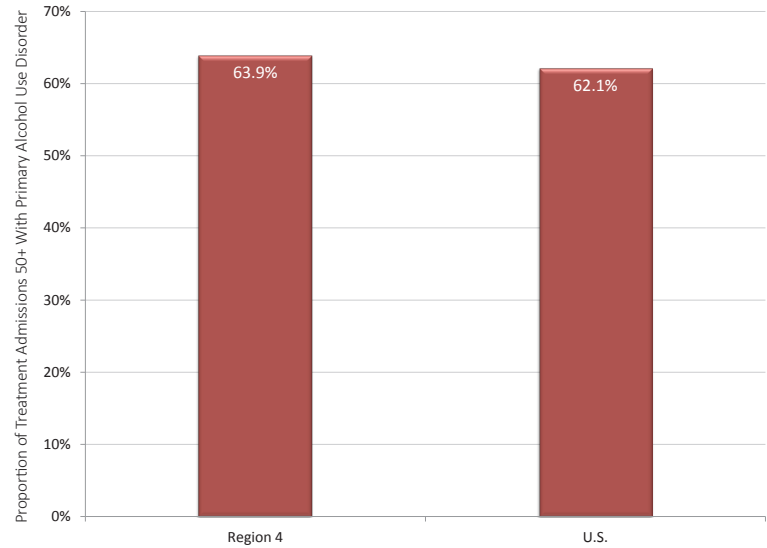
<sup>1</sup> TEDS data are collected by states as a condition of the Substance Abuse Prevention and Treatment Block Grant. Guidelines suggest that states report all clients admitted to publicly financed treatment; however, states are inconsistent in applying the guidelines. States may structure and implement different quality controls over the data. For example, states may collect different categories of information to answer TEDS questions. Information is then "walked over" to TEDS definitions.

## Alcohol Use Disorder Treatment Admissions Among Individuals in Region 4 Ages 50+

TEDS data for Mississippi in 2012 are unavailable. Therefore, data for Region 4 are used instead.

Alcohol was the most frequently cited substance used by older individuals in Region 4 in publicly financed SUD treatment in 2012. It was mentioned as a substance of use in 63.9 percent of admissions among those ages 50+. This was higher than the national rate.

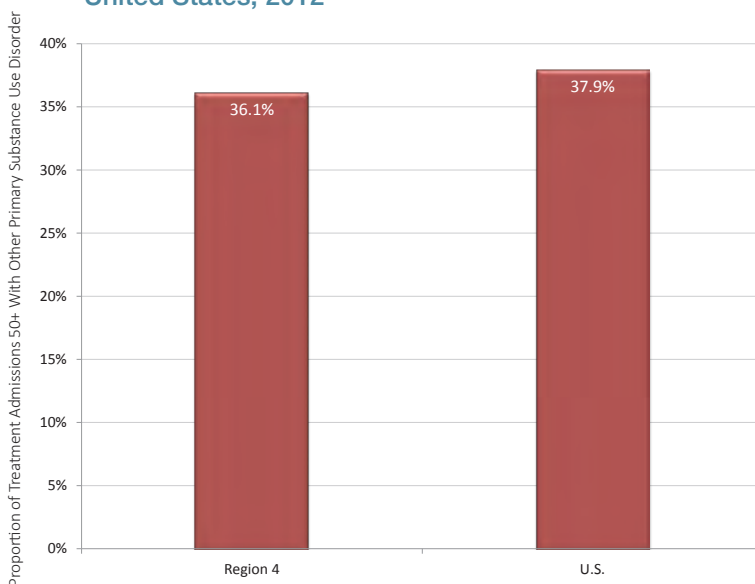
**Exhibit 9. Alcohol Use Treatment Admissions of Adults Ages 50+ in Region 4 and the United States, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions for Non-Alcohol Substance Use

**Exhibit 10. Non-Alcohol Substance Use Treatment Admissions of Adults Ages 50+ in Region 4 and the United States, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

TEDS data for Mississippi in 2012 are unavailable. Therefore, data for Region 4 are used instead.

Substances other than alcohol were cited as the primary substances of use for 36.1 percent of older adult admissions to publicly funded treatment in Region 4.

## Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults

SAMHSA periodically releases reports from the Drug Abuse Warning Network (DAWN). DAWN, discontinued in 2011, consisted of a nationwide network of hospital emergency departments (EDs) primarily located in large metropolitan areas. DAWN data consist of professional reviews of ED records to determine the extent to which alcohol and other substance abuse was involved in ED visits. According to the November 25, 2010, *DAWN Report*:

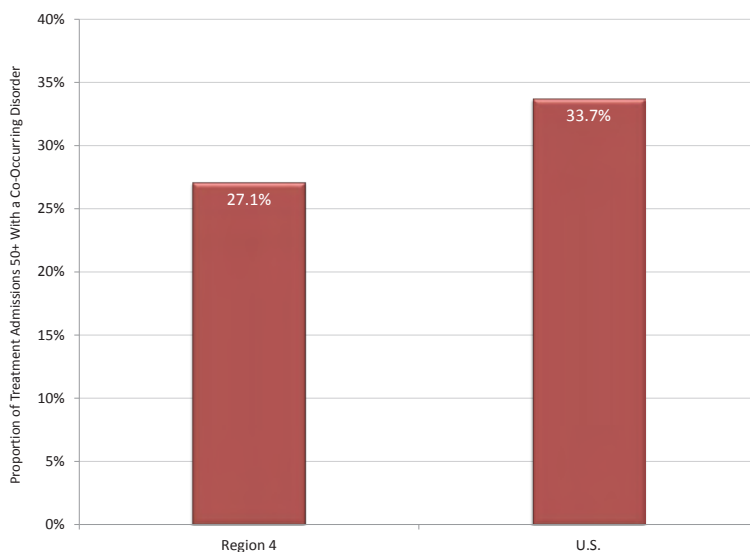
- *In 2004, there were an estimated 115,803 ED visits involving pharmaceutical misuse and abuse by adults aged 50 or older; in 2008, there were 256,097 such visits, representing an increase of 121.1 percent*
- *One fifth (19.7 percent) of ED visits involving pharmaceutical misuse and abuse among older adults were made by persons aged 70 or older*
- *Among ED visits made by older adults, pain relievers were the type of pharmaceutical most commonly involved (43.5 percent), followed by drugs used to treat anxiety or insomnia (31.8 percent) and antidepressants (8.6 percent)*
- *Among patients aged 50 or older who visited the ED for pharmaceutical misuse or abuse, more than half (52.3 percent) were treated and released, and more than one third (37.5 percent) were admitted to the hospital*

Bulleted text in italics above is taken from SAMHSA's Center for Behavioral Health Statistics and Quality. (2010, November 25). *The DAWN Report: Drug-related emergency department visits involving pharmaceutical misuse and abuse by older adults*. Rockville, MD: SAMHSA.

## CO-OCCURRING SUBSTANCE USE AND MENTAL DISORDERS

### Older Adults in Region 4 in SUD Treatment With Co-Occurring Mental Disorders

**Exhibit 11. SUD Treatment Admissions of Adults Ages 50+ With a Co-Occurring Mental Disorder in Region 4 and the United States, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

The national literature shows a strong relationship between substance use and mental disorders. Studies show that 30–80 percent of individuals with a substance use or mental disorder also have a co-occurring disorder.

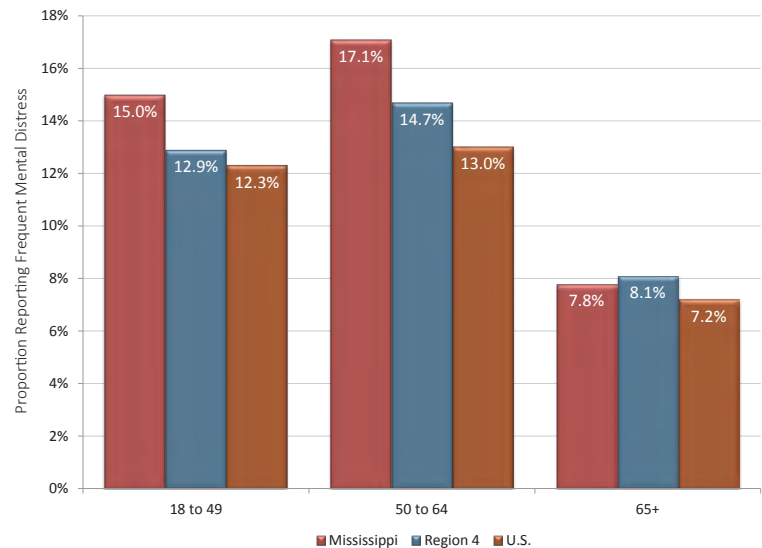
TEDS data for Mississippi in 2012 are unavailable. Therefore, Exhibit 11 shows regional and national figures only.

## MENTAL HEALTH

### Older Mississippians Reporting Frequent Mental Distress

BRFSS, a household survey conducted in all 50 states and several territories, asks the following question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Those individuals reporting 14 or more "Yes" days in response to this question experience frequent mental distress (FMD). Exhibit 12 shows that Mississippians in the 50–64 age group experience FMD at a rate higher than the regional and national rates, while those in the 65+ age group experience it at a rate lower than the regional rate and higher than the national rate.

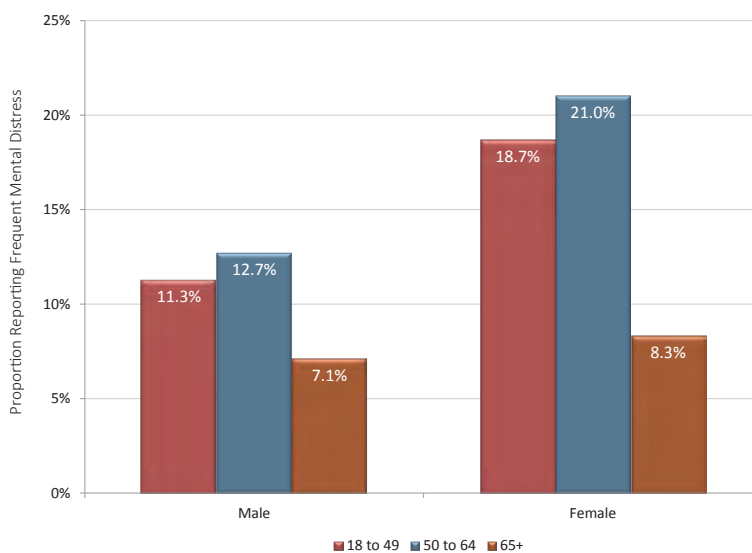
**Exhibit 12. Individuals Reporting Frequent Mental Distress in Mississippi, Region 4, and the United States, 2013**



Source: BRFSS, 2013

### Older Mississippians Reporting Frequent Mental Distress by Age Group and Sex

**Exhibit 13. Mississippians Reporting Frequent Mental Distress by Age Group and Sex, 2013**



Source: BRFSS, 2013

Older men in Mississippi were more likely to indulge in binge drinking, but older women were more likely to report that they had FMD (14 days or more per 30-day period). As Exhibit 13 shows, 21.0 percent of women in the 50–64 age group and 8.3 percent in the 65+ age group reported FMD, while 12.7 percent of men in the 50–64 age group and 7.1 percent in the 65+ age group reported FMD.

## Other Measures of Mental Health

BRFSS collected other measures showing risk factors for mental and/or physical illness. These included:

- Social and Emotional Support (2010). BRFSS asked, "How often do you get the social and emotional support you need?" The possible responses were always, usually, sometimes, rarely, or never.
- Life Satisfaction (2010). BRFSS asked, "In general, how satisfied are you with your life?" The possible responses were very satisfied, satisfied, dissatisfied, or very dissatisfied.

Exhibit 14 presents the results of these surveys among older Mississippians.

**Exhibit 14. BRFSS Measures, 2010**

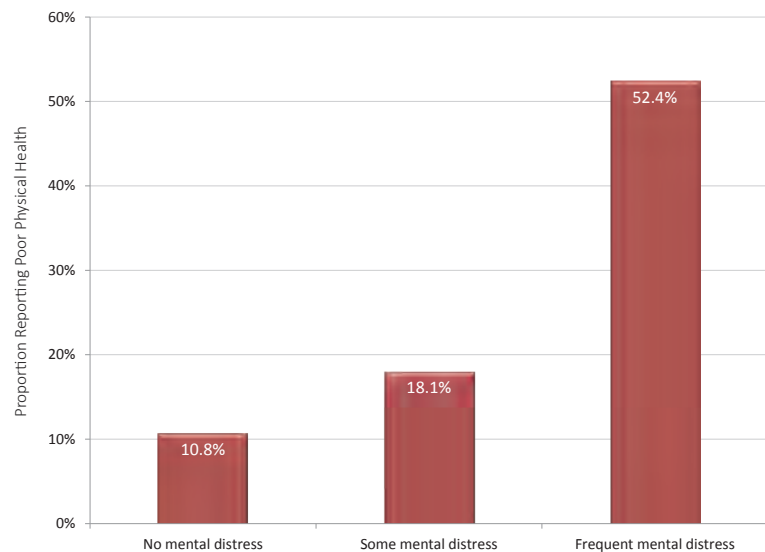
Indicator	Ages 50+	Ages 50–64	Ages 65+
Rarely or never get social or emotional support	10.8%	10.7%	10.9%
Dissatisfied or very dissatisfied	4.6%	5.7%	3.0%

Source: BRFSS, 2010

## Individuals With Frequent Mental Distress Report High Rates of Poor Physical Health

Older Americans who experienced FMD were more likely to report that their physical health was poor (14 days or more in the past 30-day period when physical health was "not good"). As shown in Exhibit 15, although nearly 11 percent of older Americans with no mental distress reported poor physical health, more than 50 percent of those with FMD reported poor physical health.

**Exhibit 15. Individuals Ages 50+ in the United States Reporting Poor Physical Health by Level of Mental Distress, 2013**

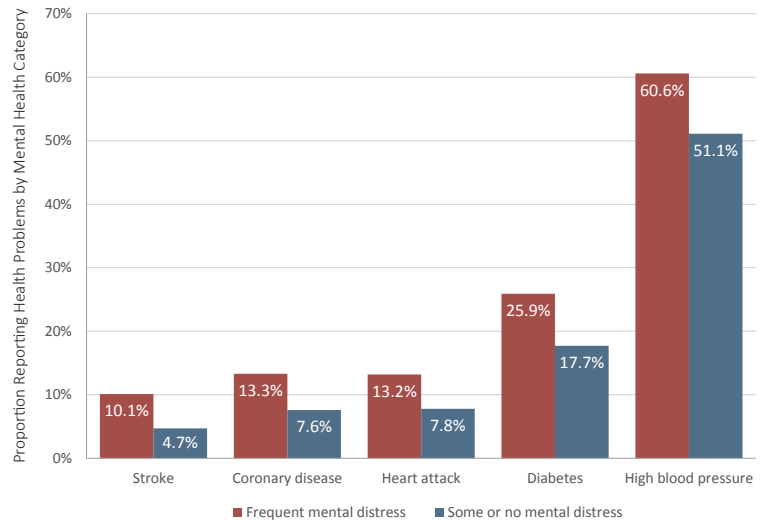


Source: BRFSS, 2013

## Relationship Among Mental Distress, Diabetes, Stroke, Heart Attack, High Blood Pressure, and Coronary Disease

Older Americans who experience FMD are more likely to report that they have health problems. People with FMD were more than twice as likely to report having a stroke than those with some or no mental distress. They experienced coronary disease and heart attack at more than 1.6 times, diabetes at more than 1.4 times, and high blood pressure at nearly 1.2 times the rate of those with some or no mental distress.

**Exhibit 16. Individuals Ages 50+ in the United States With Mental Distress and Serious Health Problems, 2013**



Source: BRFSS, 2013

## Older Mississippians Admitted to State Mental Health Services

Approximately 4.8 percent of the people served by the Mississippi mental health system were ages 65 and older. This represents more than 4,360 adults.

Source: Center for Mental Health Services (CMHS) Uniform Reporting System (URS) Output Tables, 2014



## DATA SOURCES

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM** ([www.cdc.gov/brfss](http://www.cdc.gov/brfss)). BRFSS, managed by CDC, is the largest ongoing telephone health survey system in the world, tracking health conditions and risk behaviors in the United States annually since 1984. Data are collected on a monthly basis in all 50 states, the District of Columbia, and participating territories. BRFSS data are collected by local jurisdictions and reported to CDC.

**CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS, UNDERLYING CAUSE OF DEATH 1999-2013 ON CDC WONDER ONLINE DATABASE, RELEASED 2015** (<http://wonder.cdc.gov/ucd-icd10.html>). The WONDER online database “contains mortality and population counts for all U.S. counties. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates or age-adjusted death rates, and 95% confidence intervals and standard errors for death rates can be obtained by place of residence (total U.S., region, state and county), age group (single-year-of age, 5-year age groups, 10-year age groups and infant age groups), race, Hispanic ethnicity, gender, year, cause-of-death (4-digit ICD-10 code or group of codes), injury intent and injury mechanism, drug/alcohol induced causes and urbanization categories. Data are also available for place of death, month and week day of death, and whether an autopsy was performed.”

**CENTER FOR MENTAL HEALTH SERVICES UNIFORM REPORTING SYSTEM** ([www.samhsa.gov/data/us\\_map](http://www.samhsa.gov/data/us_map)). States that receive CMHS Block Grants are required to report aggregate data to URS. URS reports include information about utilization of mental health services and client demographic and outcome information.

**NATIONAL SURVEY ON DRUG USE AND HEALTH** (<https://nsduhweb.rti.org>). The NSDUH, managed by SAMHSA, is “an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older.” NSDUH data are most frequently used by state planners to assess the need for SUD treatment. NSDUH data also include information about mental health conditions.

**TREATMENT EPISODE DATA SET** ([www.samhsa.gov/data/client-level-data-teds/reports?tab=19](http://www.samhsa.gov/data/client-level-data-teds/reports?tab=19)). States that receive Substance Abuse Prevention and Treatment Block Grant funds submit individual client data to TEDS. TEDS includes both admission and discharge data sets, and some 1.5 million admissions are reported annually. TEDS includes information about utilization of SUD treatment services and client demographic and outcome information. TEDS is an admission-based system, and TEDS admissions do not represent individuals. Thus, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

**U.S. CENSUS BUREAU** ([www.census.gov/people](http://www.census.gov/people)). Two main sources of Census Bureau data were used in this report: (1) population estimates and (2) population projections.

# OLDER ADULTS BEHAVIORAL HEALTH PROFILE

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## North Carolina

# North Carolina

## OLDER ADULTS BEHAVIORAL HEALTH PROFILE

August 2016

### NORTH CAROLINA'S POPULATION

#### North Carolina Population by Age Group

North Carolina is home to 9,943,964 people. Of these:

- 3,405,148 (34.2 percent) are over age 50.
- 2,047,581 (20.6 percent) are over age 60.
- 957,893 (9.6 percent) are over age 70.
- 344,002 (3.5 percent) are ages 80 and older.

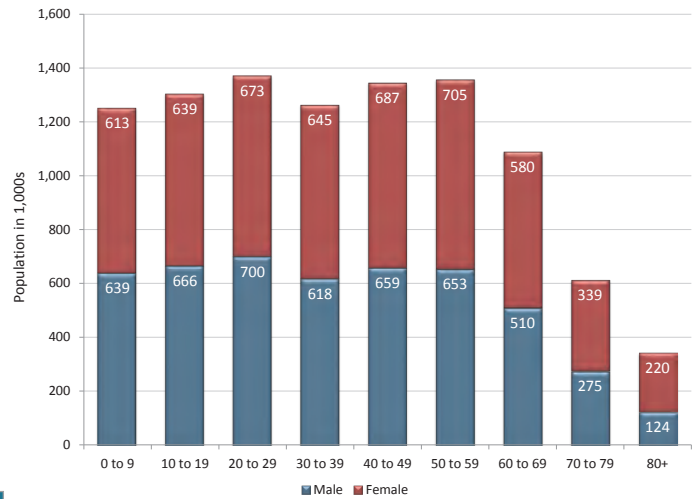
The proportion of women rises fairly steadily in each age group, and women make up 63.9 percent of the 80+ group. The racial/ethnic composition of older North Carolinians is as follows:

#### Race/Ethnicity of North Carolinians Ages 50+

White	AI/AN	Black	Asian	NH/PI	Other	Hispanic
77.5%	1.1%	19.0%	1.6%	0.0%	0.7%	3.0%

Source: U.S. Census Bureau, 2015  
AI/AN stands for American Indian and Alaska Native.  
NH/PI stands for Native Hawaiian and Other Pacific Islander.

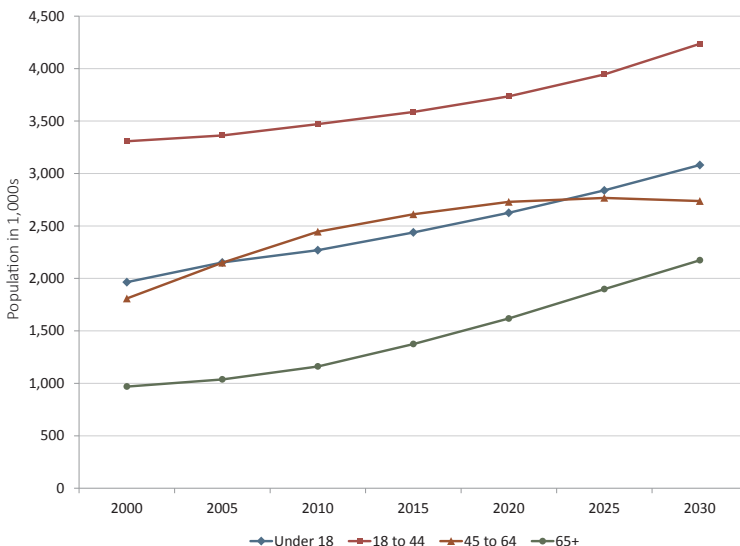
Exhibit 1. North Carolina Population by Age Group, 2014



Source: U.S. Census Bureau, 2015

#### The Number of Older North Carolinians Is Growing

Exhibit 2. North Carolina Population by Age Group, 2000–2030



The proportion of North Carolina's population that is 65 and older is growing while the proportion that is younger than 65 is shrinking. The U.S. Census Bureau estimates that 17.8 percent of North Carolina's population will be 65 and older by the year 2030, an increase of 58.1 percent from 2015.

#### Projected Population in North Carolina

Age Group	2015	2025	2030
Under 18	24.4%	24.8%	25.2%
18 to 44	35.8%	34.5%	34.6%
45 to 64	26.1%	24.2%	22.4%
65+	13.7%	16.6%	17.8%

Source: U.S. Census Bureau, 2005

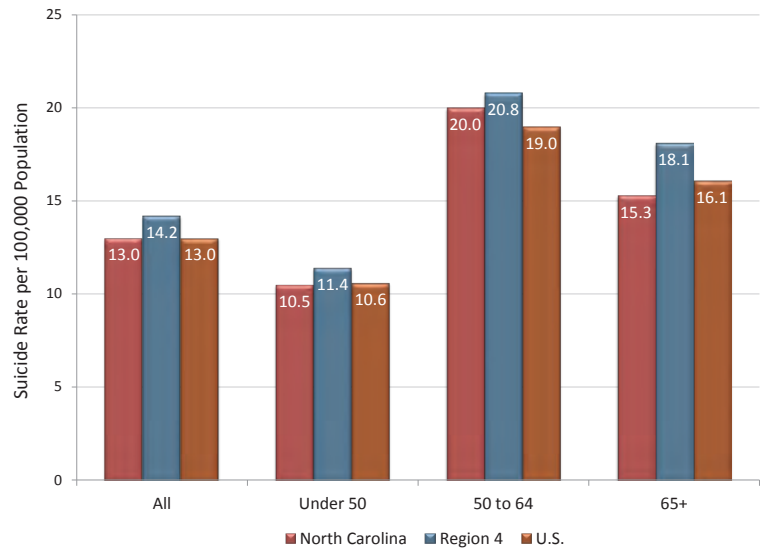
## SUICIDE AMONG OLDER NORTH CAROLINIANS

### North Carolina Suicide Rate Compared With Regional and National Rates

The suicide rate among North Carolinians ages 50 and older is higher than the rate among younger age groups. In 2013, the total suicide rate among all people ages 50+ was 18.0 per 100,000 people (7.3 for women and 30.6 for men). The rate among those ages 50–64 was lower than the rate in the region (including Alabama, Florida, Georgia, Kentucky, Mississippi, South Carolina, and Tennessee) and higher than the rate in the United States.

States vary in their reporting of suicides. The suicide rate is influenced by these reporting practices.

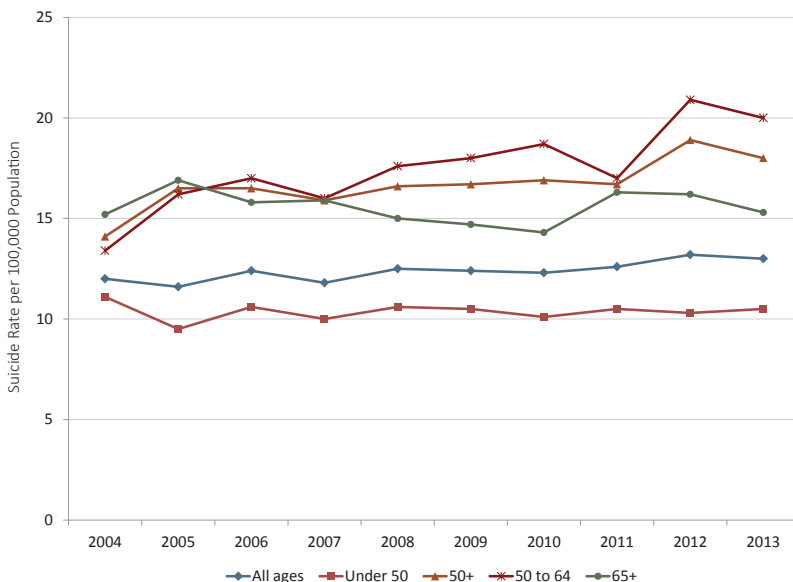
**Exhibit 3. Suicide Rates in North Carolina, Region 4, and the United States, 2013**



Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

### Trends in Suicide Rates in North Carolina

**Exhibit 4. Trends in Suicide Rates in North Carolina by Age Group, 2004–2013**



Source: CDC, NCHS, Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

The suicide rate among North Carolinians ages 50+ fluctuated from a low of 14.1 per 100,000 in 2004 to a high of 18.9 per 100,000 in 2012. From 2004 to 2013, the rate was generally highest among those in the 50–64 age group.

How a state reports suicides can vary from year to year. The number of suicides is generally low, so even a small difference in reported numbers may make the rate fluctuate widely.

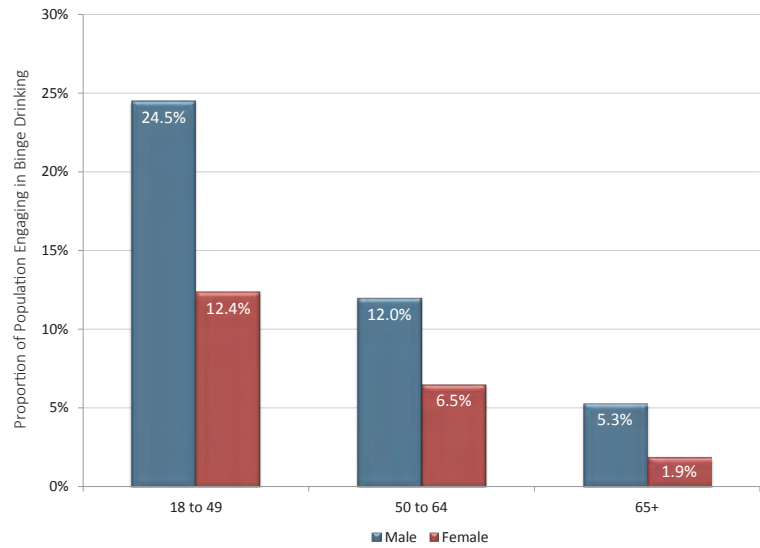
# North Carolina

## SUBSTANCE USE DISORDER AND SUBSTANCE USE DISORDER TREATMENT AMONG OLDER NORTH CAROLINIANS

### 30-Day Binge Drinking Among Older North Carolinians

Binge drinking, defined as five or more drinks for men and four or more drinks for women on a single occasion, can lead to serious health problems. Such problems include neurological damage, cardiovascular disease, liver disease, stroke, and poor control of diabetes. Binge drinkers are more likely to take risks such as driving while intoxicated and to experience falls and other accidents. Older people have a lower tolerance for alcohol. Binge drinking decreases with age and occurs more frequently among men than it does among women. As Exhibit 5 shows, 12.0 percent of North Carolina men ages 50–64 reported binge drinking in the past 30 days, while 5.3 percent of those in the 65+ group reported similar behavior.

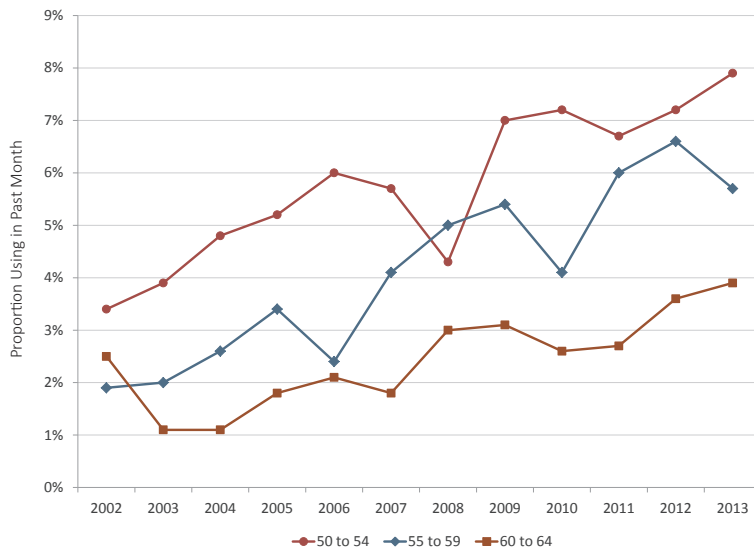
Exhibit 5. Binge Drinking Rates in North Carolina by Age Group and Sex, 2013



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

### Illicit Drug Use Among Older Americans

Exhibit 6. Illicit Drug Use Among Older Americans, 2002–2013



Source: National Survey on Drug Use and Health (NSDUH), 2013  
 Illicit drug use includes illegal drugs and prescription drugs used nonmedically. SAMHSA provides a list of drugs included in its survey in the NSDUH methodological summary.

Nationally, the rate of illicit drug use among older adults ages 50–64 more than doubled from 2002 to 2013. This development partially reflects the entrance into this age group of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts. Although state-specific data are not available, the *North Carolina Behavioral Health Barometer* is available for download from the Substance Abuse and Mental Health Services Administration (SAMHSA) website ([www.samhsa.gov/data/population-data-nsduh/reports?tab=33](http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33)).

# North Carolina

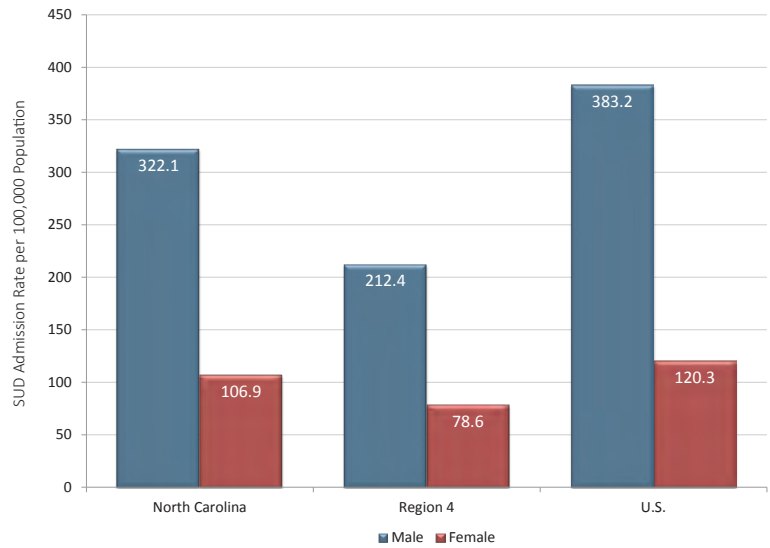
## Admissions to Substance Use Disorder Treatment Among Older North Carolinians

In 2012, there were 7,004 admissions of North Carolinians ages 50 and older to substance use disorder (SUD) treatment in state-funded treatment programs, a rate of 205.7 per 100,000 people ages 50+. This rate was higher than the regional rate and lower than the national average. Men made up 71.9 percent of these admissions. Of all admissions, 57.3 percent were White/Caucasian, 40.0 percent were Black/African American, and 1.0 percent were Hispanic.

The principal sources of referral to treatment among those ages 50 and older were:

Self-Referral	Criminal Justice	Other
43.1%	19.9%	37.0%

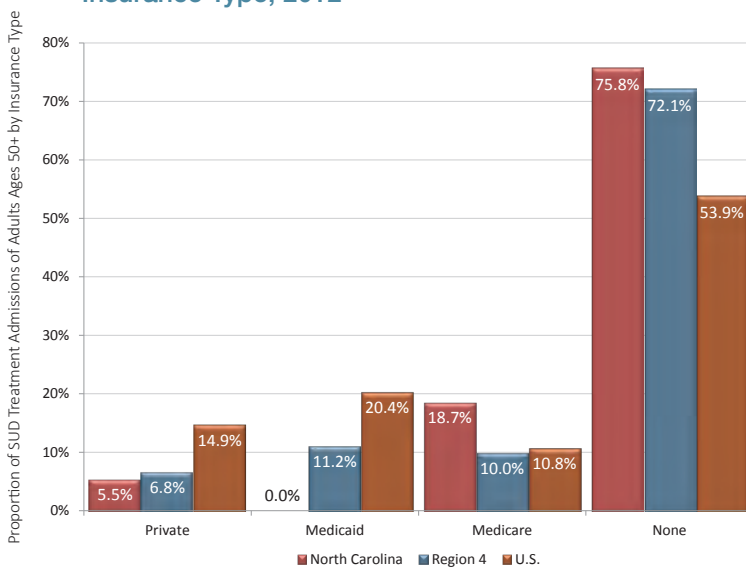
**Exhibit 7. SUD Treatment Admissions of Adults Ages 50+ in North Carolina, Region 4, and the United States by Sex, 2012**



Source: Treatment Episode Data Set (TEDS), 2012<sup>1</sup>  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions Among North Carolinians Ages 50+ by Insurance Type

**Exhibit 8. SUD Treatment Admissions of Adults Ages 50+ in North Carolina, Region 4, and the United States by Insurance Type, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

In North Carolina, 75.8 percent of older adult admissions to SUD treatment were uninsured, 18.7 percent had Medicare, and 5.5 percent had private insurance. There were no reported Medicaid admissions.

### *SUD Treatment Admissions Among North Carolinians Ages 50+ by Primary Sources of Payment*

Self-Pay	Medicaid	Other
Data not available	Data not available	Data not available

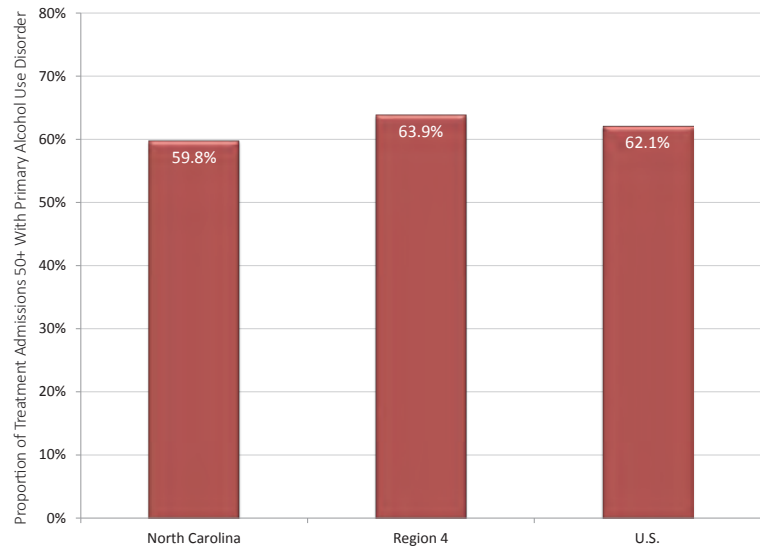
Exhibit 8 and the accompanying text reflect the type of health insurance (if any) clients had at admission; the table above represents primary sources of payment.

<sup>1</sup> TEDS data are collected by states as a condition of the Substance Abuse Prevention and Treatment Block Grant. Guidelines suggest that states report all clients admitted to publicly financed treatment; however, states are inconsistent in applying the guidelines. States may structure and implement different quality controls over the data. For example, states may collect different categories of information to answer TEDS questions. Information is then "walked over" to TEDS definitions.

## Alcohol Use Disorder Treatment Admissions Among North Carolinians Ages 50+

Alcohol was the most frequently cited substance used by older North Carolinians in publicly financed SUD treatment in 2012. It was mentioned as a substance of use in 59.8 percent of admissions among those ages 50+. This was lower than the regional and national rates.

**Exhibit 9. Alcohol Use Treatment Admissions of Adults Ages 50+ in North Carolina, Region 4, and the United States, 2012**

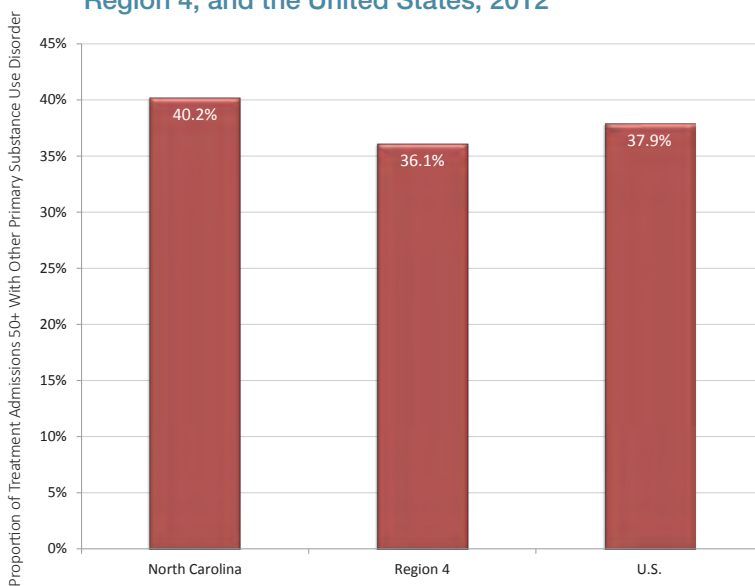


Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions for Non-Alcohol Substance Use

**Exhibit 10. Non-Alcohol Substance Use Treatment Admissions of Adults Ages 50+ in North Carolina, Region 4, and the United States, 2012**

Substances other than alcohol were cited as the primary substances of use for 40.2 percent of older adult admissions to publicly funded treatment in North Carolina.



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults

SAMHSA periodically releases reports from the Drug Abuse Warning Network (DAWN). DAWN, discontinued in 2011, consisted of a nationwide network of hospital emergency departments (EDs) primarily located in large metropolitan areas. DAWN data consist of professional reviews of ED records to determine the extent to which alcohol and other substance abuse was involved in ED visits. According to the November 25, 2010, *DAWN Report*:

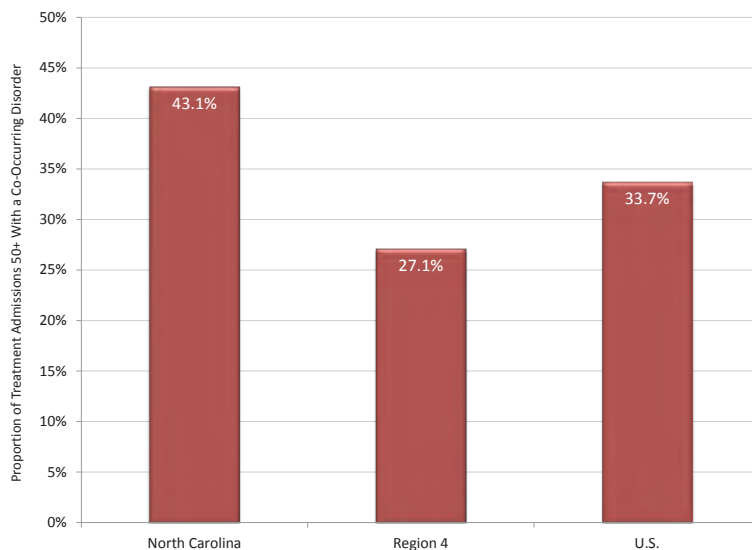
- *In 2004, there were an estimated 115,803 ED visits involving pharmaceutical misuse and abuse by adults aged 50 or older; in 2008, there were 256,097 such visits, representing an increase of 121.1 percent*
- *One fifth (19.7 percent) of ED visits involving pharmaceutical misuse and abuse among older adults were made by persons aged 70 or older*
- *Among ED visits made by older adults, pain relievers were the type of pharmaceutical most commonly involved (43.5 percent), followed by drugs used to treat anxiety or insomnia (31.8 percent) and antidepressants (8.6 percent)*
- *Among patients aged 50 or older who visited the ED for pharmaceutical misuse or abuse, more than half (52.3 percent) were treated and released, and more than one third (37.5 percent) were admitted to the hospital*

Bulleted text in italics above is taken from SAMHSA's Center for Behavioral Health Statistics and Quality. (2010, November 25). *The DAWN Report: Drug-related emergency department visits involving pharmaceutical misuse and abuse by older adults*. Rockville, MD: SAMHSA.

## CO-OCCURRING SUBSTANCE USE AND MENTAL DISORDERS

### Older North Carolinians in SUD Treatment With Co-Occurring Mental Disorders

**Exhibit 11. SUD Treatment Admissions of Adults Ages 50+ With a Co-Occurring Mental Disorder in North Carolina, Region 4, and the United States, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

The national literature shows a strong relationship between substance use and mental disorders. Studies show that 30–80 percent of individuals with a substance use or mental disorder also have a co-occurring disorder.

Exhibit 11 shows the proportion of SUD treatment admissions of North Carolinians ages 50+ with a co-occurring mental disorder. This rate is higher than the regional rate and the national average. However, state reporting practices are a factor in these results.

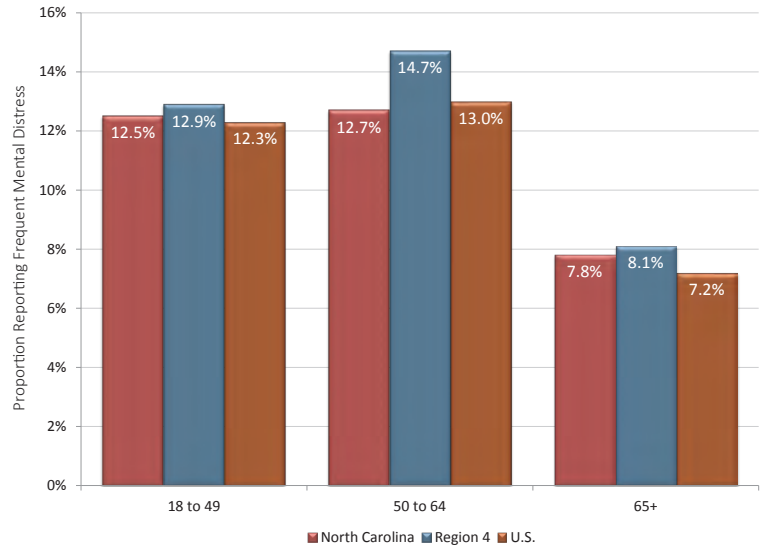


## MENTAL HEALTH

### Older North Carolinians Reporting Frequent Mental Distress

BRFSS, a household survey conducted in all 50 states and several territories, asks the following question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Those individuals reporting 14 or more "Yes" days in response to this question as experiencing frequent mental distress (FMD). Exhibit 12 shows that North Carolinians in the 50–64 age group experience FMD at a rate lower than the regional and national rates, while those in the 65+ age group experience it at a rate lower than the regional rate and higher than the national rate.

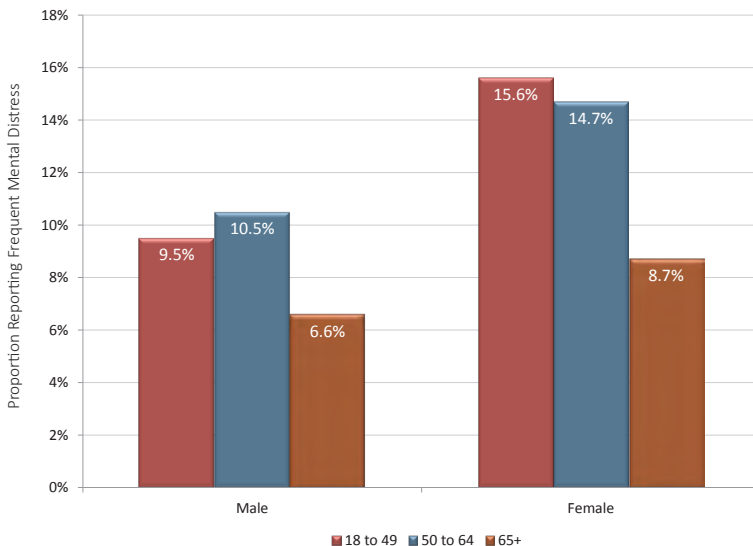
**Exhibit 12. Individuals Reporting Frequent Mental Distress in North Carolina, Region 4, and the United States, 2013**



Source: BRFSS, 2013

### Older North Carolinians Reporting Frequent Mental Distress by Age Group and Sex

**Exhibit 13. North Carolinians Reporting Frequent Mental Distress by Age Group and Sex, 2013**



Source: BRFSS, 2013

Older men in North Carolina were more likely to indulge in binge drinking, but older women were more likely to report that they had FMD (14 days or more per 30-day period). As Exhibit 13 shows, 14.7 percent of women in the 50–64 age group and 8.7 percent in the 65+ age group reported FMD, while 10.5 percent of men in the 50–64 age group and 6.6 percent in the 65+ age group reported FMD.

## Other Measures of Mental Health

BRFSS collected other measures showing risk factors for mental and/or physical illness. These included:

- Social and Emotional Support (2010). BRFSS asked, "How often do you get the social and emotional support you need?" The possible responses were always, usually, sometimes, rarely, or never.
- Life Satisfaction (2010). BRFSS asked, "In general, how satisfied are you with your life?" The possible responses were very satisfied, satisfied, dissatisfied, or very dissatisfied.

Exhibit 14 presents the results of these surveys among older North Carolinians.

**Exhibit 14. BRFSS Measures, 2010**

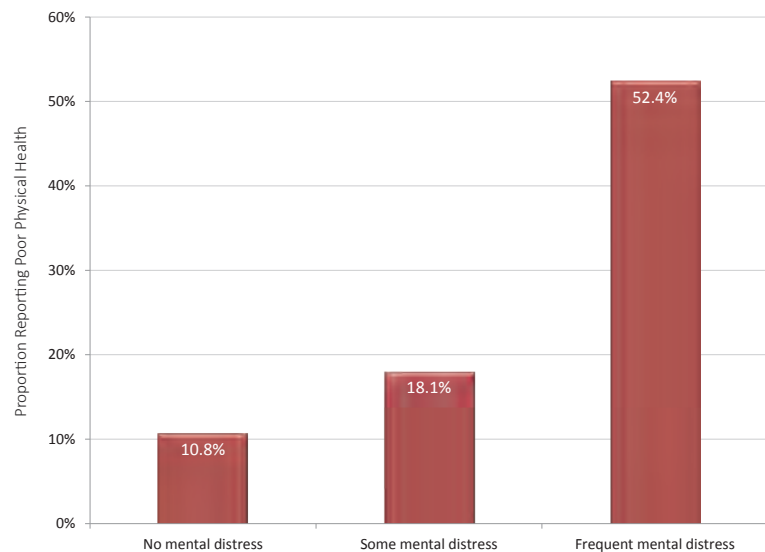
Indicator	Ages 50+	Ages 50–64	Ages 65+
Rarely or never get social or emotional support	9.1%	8.1%	10.4%
Dissatisfied or very dissatisfied	4.5%	5.7%	2.7%

Source: BRFSS, 2010

## Individuals With Frequent Mental Distress Report High Rates of Poor Physical Health

Older Americans who experienced FMD were more likely to report that their physical health was poor (14 days or more in the past 30-day period when physical health was "not good"). As shown in Exhibit 15, although nearly 11 percent of older Americans with no mental distress reported poor physical health, more than 50 percent of those with FMD reported poor physical health.

**Exhibit 15. Individuals Ages 50+ in the United States Reporting Poor Physical Health by Level of Mental Distress, 2013**

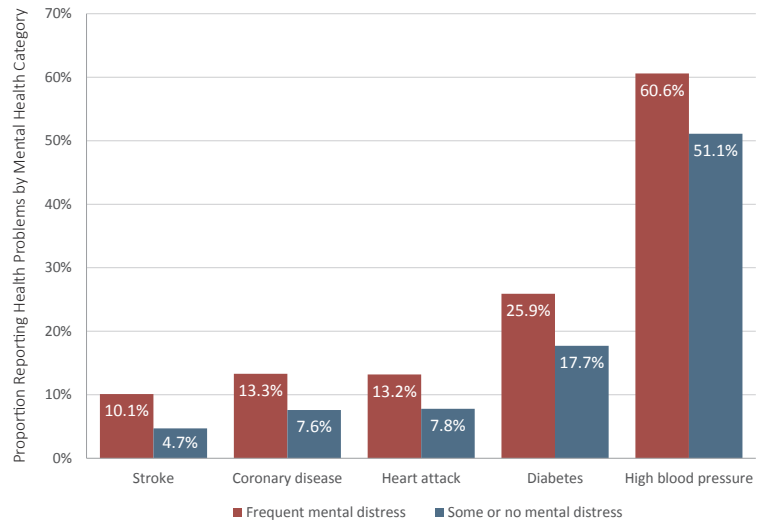


Source: BRFSS, 2013

## Relationship Among Mental Distress, Diabetes, Stroke, Heart Attack, High Blood Pressure, and Coronary Disease

Older Americans who experience FMD are more likely to report that they have health problems. People with FMD were more than twice as likely to report having a stroke than those with some or no mental distress. They experienced coronary disease and heart attack at more than 1.6 times, diabetes at more than 1.4 times, and high blood pressure at nearly 1.2 times the rate of those with some or no mental distress.

**Exhibit 16. Individuals Ages 50+ in the United States With Mental Distress and Serious Health Problems, 2013**



Source: BRFSS, 2013

## Older North Carolinians Admitted to State Mental Health Services

Approximately 3.2 percent of the people served by the North Carolina mental health system were ages 65 and older. This represents more than 6,980 adults.

Source: Center for Mental Health Services (CMHS) Uniform Reporting System (URS) Output Tables, 2014

## DATA SOURCES

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM** ([www.cdc.gov/brfss](http://www.cdc.gov/brfss)). BRFSS, managed by CDC, is the largest ongoing telephone health survey system in the world, tracking health conditions and risk behaviors in the United States annually since 1984. Data are collected on a monthly basis in all 50 states, the District of Columbia, and participating territories. BRFSS data are collected by local jurisdictions and reported to CDC.

**CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS, UNDERLYING CAUSE OF DEATH 1999-2013 ON CDC WONDER ONLINE DATABASE, RELEASED 2015** (<http://wonder.cdc.gov/ucd-icd10.html>). The WONDER online database "contains mortality and population counts for all U.S. counties. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates or age-adjusted death rates, and 95% confidence intervals and standard errors for death rates can be obtained by place of residence (total U.S., region, state and county), age group (single-year-of age, 5-year age groups, 10-year age groups and infant age groups), race, Hispanic ethnicity, gender, year, cause-of-death (4-digit ICD-10 code or group of codes), injury intent and injury mechanism, drug/alcohol induced causes and urbanization categories. Data are also available for place of death, month and week day of death, and whether an autopsy was performed."

**CENTER FOR MENTAL HEALTH SERVICES UNIFORM REPORTING SYSTEM** ([www.samhsa.gov/data/us\\_map](http://www.samhsa.gov/data/us_map)). States that receive CMHS Block Grants are required to report aggregate data to URS. URS reports include information about utilization of mental health services and client demographic and outcome information.

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**TREATMENT EPISODE DATA SET** ([www.samhsa.gov/data/client-level-data-teds/reports?tab=19](http://www.samhsa.gov/data/client-level-data-teds/reports?tab=19)). States that receive Substance Abuse Prevention and Treatment Block Grant funds submit individual client data to TEDS. TEDS includes both admission and discharge data sets, and some 1.5 million admissions are reported annually. TEDS includes information about utilization of SUD treatment services and client demographic and outcome information. TEDS is an admission-based system, and TEDS admissions do not represent individuals. Thus, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

**U.S. CENSUS BUREAU** ([www.census.gov/people](http://www.census.gov/people)). Two main sources of Census Bureau data were used in this report: (1) population estimates and (2) population projections.

# OLDER ADULTS BEHAVIORAL HEALTH PROFILE

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## South Carolina

# South Carolina

## OLDER ADULTS BEHAVIORAL HEALTH PROFILE

August 2016

### SOUTH CAROLINA'S POPULATION

#### South Carolina Population by Age Group

South Carolina is home to 4,832,482 people. Of these:

- 1,730,918 (35.8 percent) are over age 50.
- 1,065,420 (22.0 percent) are over age 60.
- 491,086 (10.2 percent) are over age 70.
- 165,978 (3.4 percent) are ages 80 and older.

The proportion of women rises fairly steadily in each age group, and women make up 63.0 percent of the 80+ group. The racial/ethnic composition of older South Carolinians is as follows:

#### Race/Ethnicity of South Carolinians Ages 50+

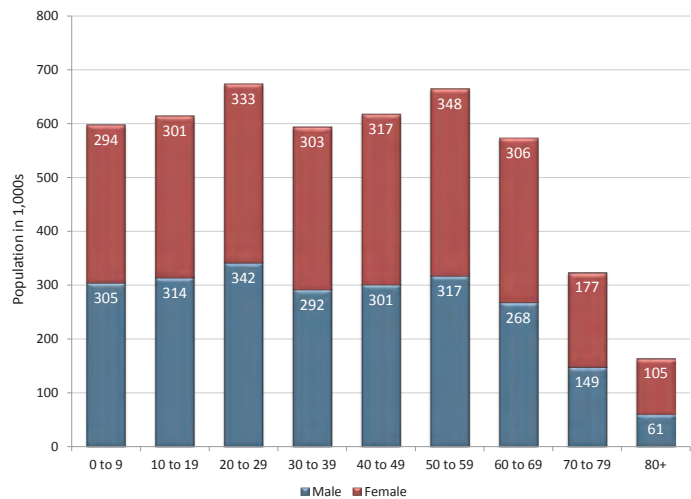
White	AI/AN	Black	Asian	NH/PI	Other	Hispanic
74.4%	0.4%	23.5%	1.1%	0.0%	0.6%	2.0%

Source: U.S. Census Bureau, 2015

AI/AN stands for American Indian and Alaska Native.

NH/PI stands for Native Hawaiian and Other Pacific Islander.

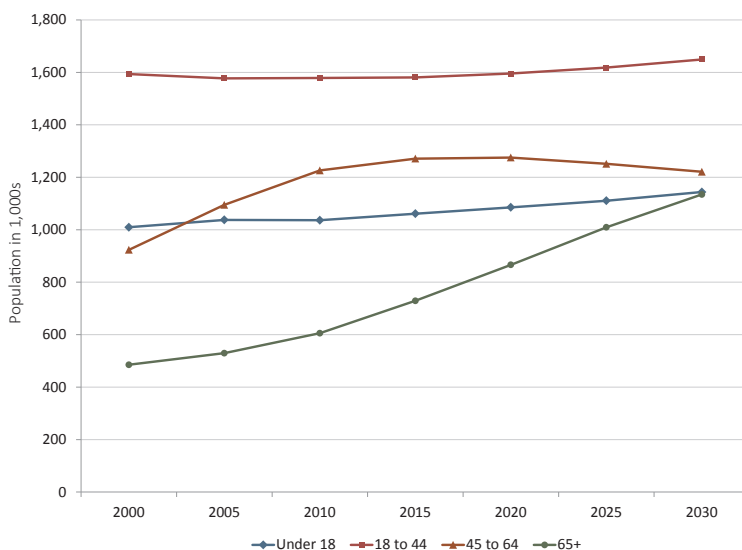
Exhibit 1. South Carolina Population by Age Group, 2014



Source: U.S. Census Bureau, 2015

#### The Number of Older South Carolinians Is Growing

Exhibit 2. South Carolina Population by Age Group, 2000–2030



The proportion of South Carolina's population that is 65 and older is growing while the proportion that is younger than 65 is shrinking. The U.S. Census Bureau estimates that 22.0 percent of South Carolina's population will be 65 and older by the year 2030, an increase of 55.6 percent from 2015.

#### Projected Population in South Carolina

Age Group	2015	2025	2030
Under 18	22.9%	22.3%	22.2%
18 to 44	34.0%	32.4%	32.0%
45 to 64	27.4%	25.1%	23.7%
65+	15.7%	20.2%	22.0%

Source: U.S. Census Bureau, 2005

# South Carolina

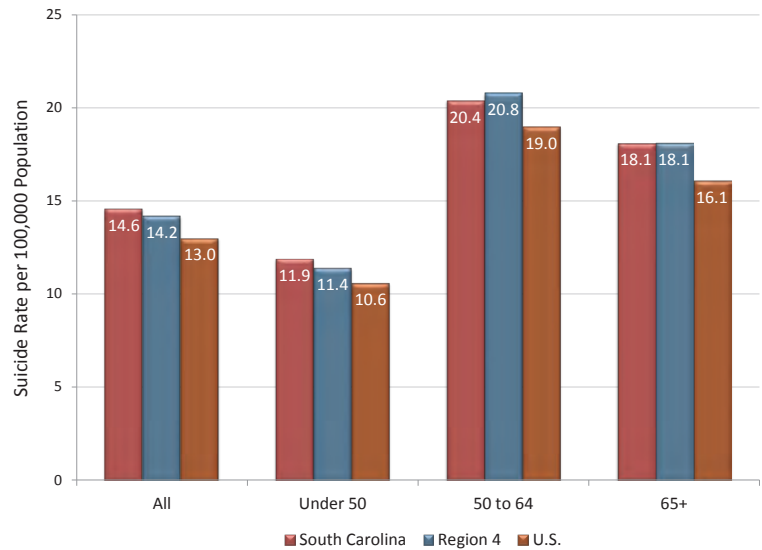
## SUICIDE AMONG OLDER SOUTH CAROLINIANS

### South Carolina Suicide Rate Compared With Regional and National Rates

The suicide rate among South Carolinians ages 50 and older is higher than the rate among younger age groups. In 2013, the total suicide rate among all people ages 50+ was 19.4 per 100,000 people (7.6 for women and 33.4 for men). The rate among those ages 50–64 was lower than the rate in the region (including Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, and Tennessee) and higher than the rate in the United States.

States vary in their reporting of suicides. The suicide rate is influenced by these reporting practices.

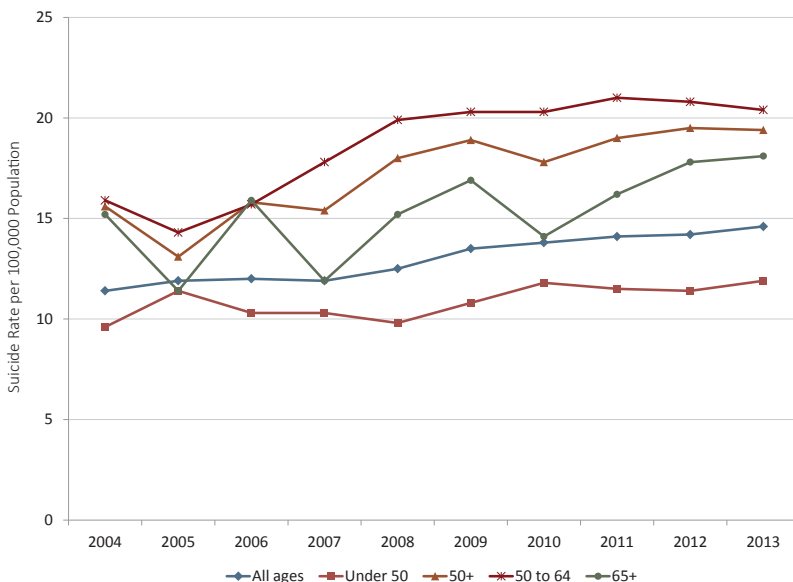
Exhibit 3. Suicide Rates in South Carolina, Region 4, and the United States, 2013



Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

### Trends in Suicide Rates in South Carolina

Exhibit 4. Trends in Suicide Rates in South Carolina by Age Group, 2004–2013



Source: CDC, NCHS, Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

The suicide rate among South Carolinians ages 50+ fluctuated from a low of 13.1 per 100,000 in 2005 to a high of 19.5 per 100,000 in 2012. From 2004 to 2013, the rate was generally highest among those in the 50–64 age group.

How a state reports suicides can vary from year to year. The number of suicides is generally low, so even a small difference in reported numbers may make the rate fluctuate widely.

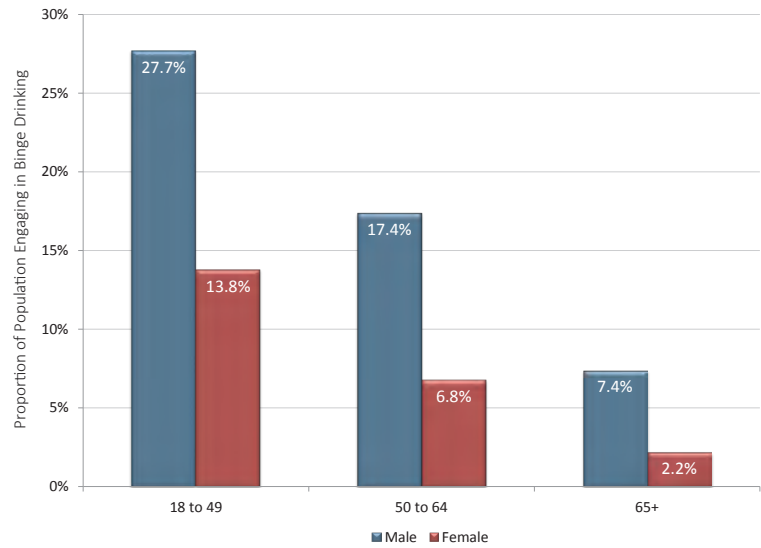
# South Carolina

## SUBSTANCE USE DISORDER AND SUBSTANCE USE DISORDER TREATMENT AMONG OLDER SOUTH CAROLINIANS

### 30-Day Binge Drinking Among Older South Carolinians

Binge drinking, defined as five or more drinks for men and four or more drinks for women on a single occasion, can lead to serious health problems. Such problems include neurological damage, cardiovascular disease, liver disease, stroke, and poor control of diabetes. Binge drinkers are more likely to take risks such as driving while intoxicated and to experience falls and other accidents. Older people have a lower tolerance for alcohol. Binge drinking decreases with age and occurs more frequently among men than it does among women. As Exhibit 5 shows, 17.4 percent of South Carolina men ages 50–64 reported binge drinking in the past 30 days, while 7.4 percent of those in the 65+ group reported similar behavior.

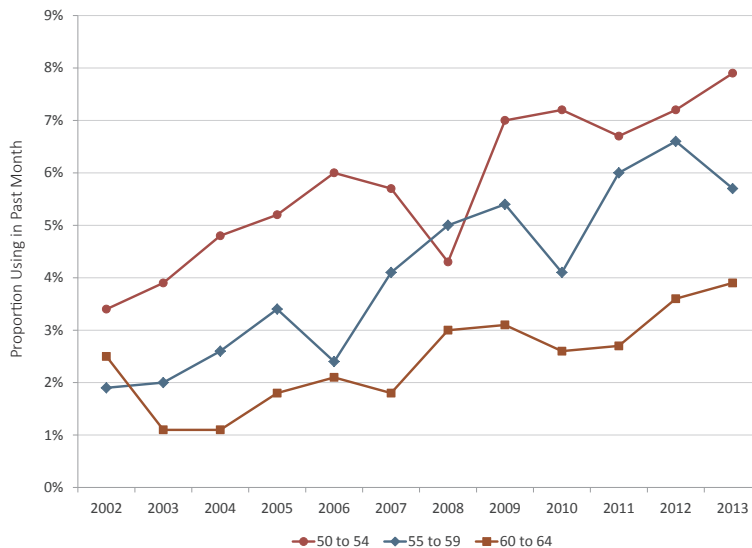
Exhibit 5. Binge Drinking Rates in South Carolina by Age Group and Sex, 2013



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

### Illicit Drug Use Among Older Americans

Exhibit 6. Illicit Drug Use Among Older Americans, 2002–2013



Source: National Survey on Drug Use and Health (NSDUH), 2013  
 Illicit drug use includes illegal drugs and prescription drugs used nonmedically. SAMHSA provides a list of drugs included in its survey in the NSDUH methodological summary.

Nationally, the rate of illicit drug use among older adults ages 50–64 more than doubled from 2002 to 2013. This development partially reflects the entrance into this age group of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts. Although state-specific data are not available, the *South Carolina Behavioral Health Barometer* is available for download from the Substance Abuse and Mental Health Services Administration (SAMHSA) website ([www.samhsa.gov/data/population-data-nsduh/reports?tab=33](http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33)).



# South Carolina

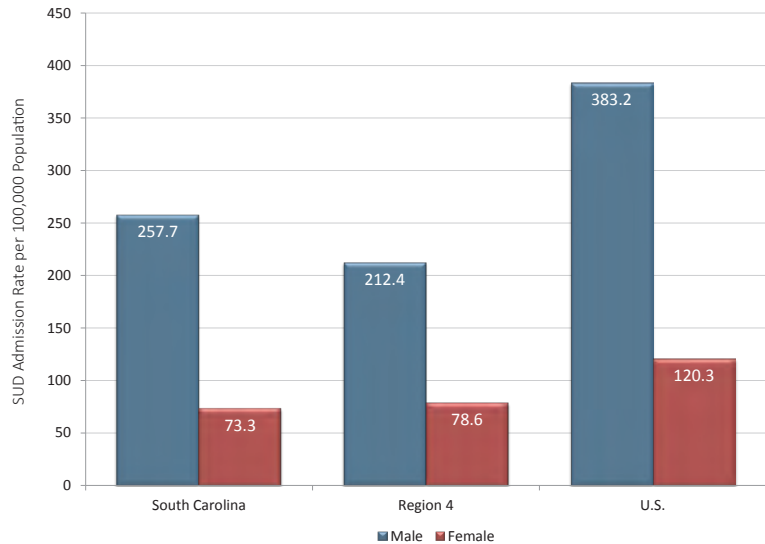
## Admissions to Substance Use Disorder Treatment Among Older South Carolinians

In 2012, there were 2,736 admissions of South Carolinians ages 50 and older to substance use disorder (SUD) treatment in state-funded treatment programs, a rate of 158.1 per 100,000 people ages 50+. This rate was higher than the regional rate and lower than the national average. Men made up 74.9 percent of these admissions. Of all admissions, 59.6 percent were White/Caucasian, 38.9 percent were Black/African American, and 0.9 percent were Hispanic.

The principal sources of referral to treatment among those ages 50 and older were:

Self-Referral	Criminal Justice	Other
31.3%	45.6%	23.0%

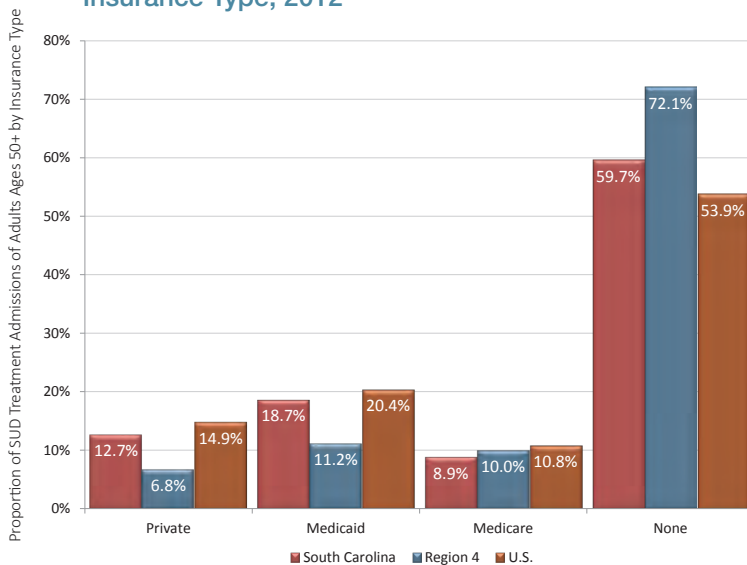
**Exhibit 7. SUD Treatment Admissions of Adults Ages 50+ in South Carolina, Region 4, and the United States by Sex, 2012**



Source: Treatment Episode Data Set (TEDS), 2012<sup>1</sup>  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions Among South Carolinians Ages 50+ by Insurance Type

**Exhibit 8. SUD Treatment Admissions of Adults Ages 50+ in South Carolina, Region 4, and the United States by Insurance Type, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

In South Carolina, 59.7 percent of older adult admissions to SUD treatment were uninsured, 18.7 percent had Medicaid, 8.9 percent had Medicare, and 12.7 percent had private insurance.

### *SUD Treatment Admissions Among South Carolinians Ages 50+ by Primary Sources of Payment*

Self-Pay	Medicaid	Other
79.8%	17.1%	3.1%

Self-pay data include private insurance. Exhibit 8 and the accompanying text reflect the type of health insurance (if any) clients had at admission; the table above represents primary sources of payment.

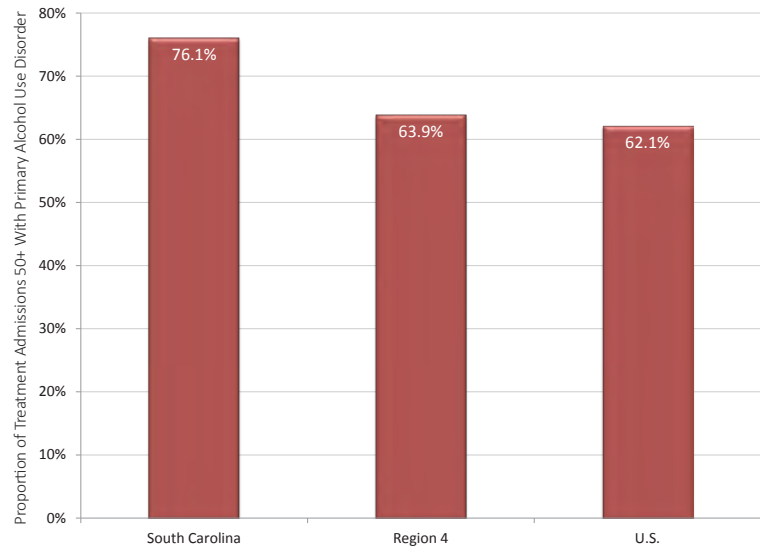
<sup>1</sup> TEDS data are collected by states as a condition of the Substance Abuse Prevention and Treatment Block Grant. Guidelines suggest that states report all clients admitted to publicly financed treatment; however, states are inconsistent in applying the guidelines. States may structure and implement different quality controls over the data. For example, states may collect different categories of information to answer TEDS questions. Information is then "walked over" to TEDS definitions.

# South Carolina

## Alcohol Use Disorder Treatment Admissions Among South Carolinians Ages 50+

Alcohol was the most frequently cited substance used by older South Carolinians in publicly financed SUD treatment in 2012. It was mentioned as a substance of use in 76.1 percent of admissions among those ages 50+. This was higher than the regional and national rates.

**Exhibit 9. Alcohol Use Treatment Admissions of Adults Ages 50+ in South Carolina, Region 4, and the United States, 2012**

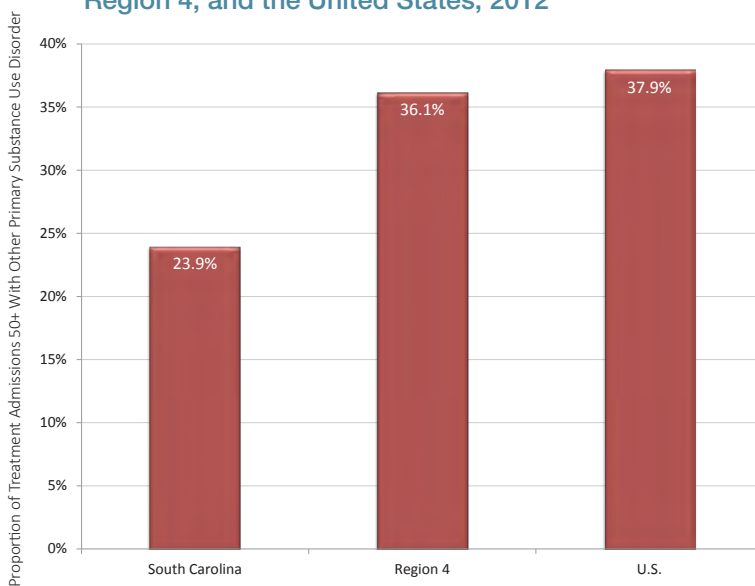


Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions for Non-Alcohol Substance Use

**Exhibit 10. Non-Alcohol Substance Use Treatment Admissions of Adults Ages 50+ in South Carolina, Region 4, and the United States, 2012**

Substances other than alcohol were cited as the primary substances of use for 23.9 percent of older adult admissions to publicly funded treatment in South Carolina.



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults

SAMHSA periodically releases reports from the Drug Abuse Warning Network (DAWN). DAWN, discontinued in 2011, consisted of a nationwide network of hospital emergency departments (EDs) primarily located in large metropolitan areas. DAWN data consist of professional reviews of ED records to determine the extent to which alcohol and other substance abuse was involved in ED visits. According to the November 25, 2010, *DAWN Report*:

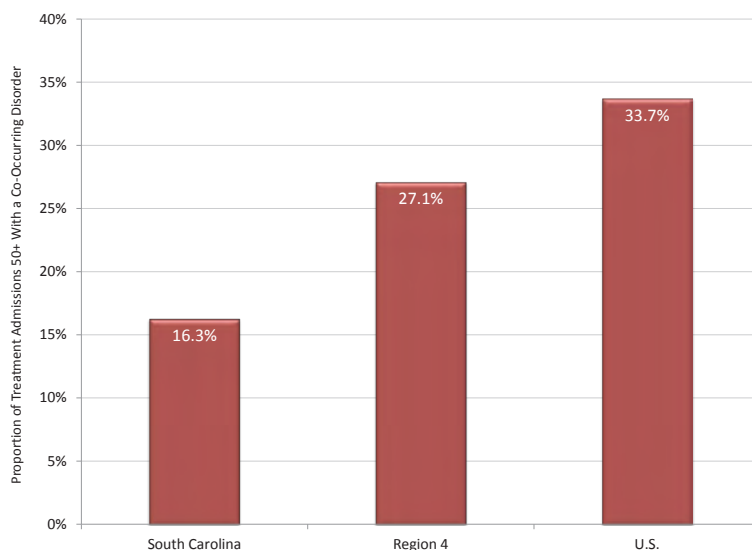
- *In 2004, there were an estimated 115,803 ED visits involving pharmaceutical misuse and abuse by adults aged 50 or older; in 2008, there were 256,097 such visits, representing an increase of 121.1 percent*
- *One fifth (19.7 percent) of ED visits involving pharmaceutical misuse and abuse among older adults were made by persons aged 70 or older*
- *Among ED visits made by older adults, pain relievers were the type of pharmaceutical most commonly involved (43.5 percent), followed by drugs used to treat anxiety or insomnia (31.8 percent) and antidepressants (8.6 percent)*
- *Among patients aged 50 or older who visited the ED for pharmaceutical misuse or abuse, more than half (52.3 percent) were treated and released, and more than one third (37.5 percent) were admitted to the hospital*

Bulleted text in italics above is taken from SAMHSA's Center for Behavioral Health Statistics and Quality. (2010, November 25). *The DAWN Report: Drug-related emergency department visits involving pharmaceutical misuse and abuse by older adults*. Rockville, MD: SAMHSA.

## CO-OCCURRING SUBSTANCE USE AND MENTAL DISORDERS

### Older South Carolinians in SUD Treatment With Co-Occurring Mental Disorders

**Exhibit 11. SUD Treatment Admissions of Adults Ages 50+ With a Co-Occurring Mental Disorder in South Carolina, Region 4, and the United States, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

The national literature shows a strong relationship between substance use and mental disorders. Studies show that 30–80 percent of individuals with a substance use or mental disorder also have a co-occurring disorder.

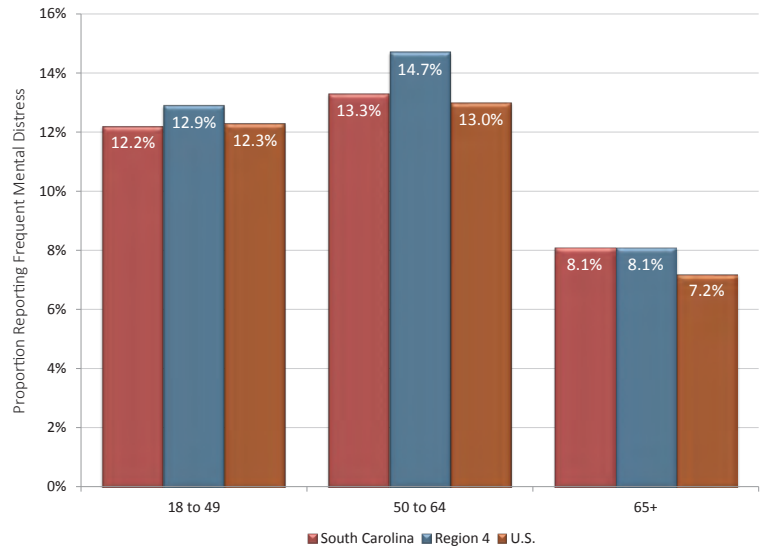
Exhibit 11 shows the proportion of SUD treatment admissions of South Carolinians ages 50+ with a co-occurring mental disorder. This rate is lower than the regional rate and the national average. However, state reporting practices are a factor in these results.

## MENTAL HEALTH

### Older South Carolinians Reporting Frequent Mental Distress

BRFSS, a household survey conducted in all 50 states and several territories, asks the following question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Those individuals reporting 14 or more "Yes" days in response to this question experience frequent mental distress (FMD). Exhibit 12 shows that South Carolinians in the 50–64 age group experience FMD at a rate lower than the regional rate and higher than the national rate, while those in the 65+ age group experience it at a rate equal to the regional rate and higher than the national rate.

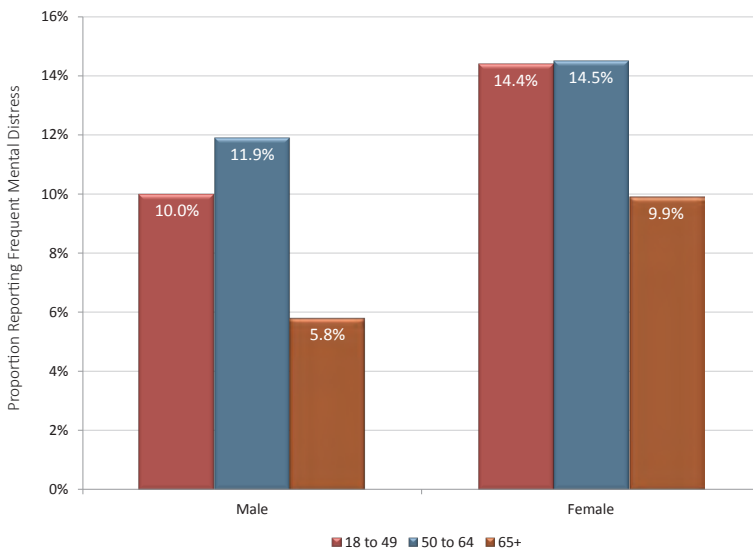
**Exhibit 12. Individuals Reporting Frequent Mental Distress in South Carolina, Region 4, and the United States, 2013**



Source: BRFSS, 2013

### Older South Carolinians Reporting Frequent Mental Distress by Age Group and Sex

**Exhibit 13. South Carolinians Reporting Frequent Mental Distress by Age Group and Sex, 2013**



Source: BRFSS, 2013

Older men in South Carolina were more likely to indulge in binge drinking, but older women were more likely to report that they had FMD (14 days or more per 30-day period). As Exhibit 13 shows, 14.5 percent of women in the 50–64 age group and 9.9 percent in the 65+ age group reported FMD, while 11.9 percent of men in the 50–64 age group and 5.8 percent in the 65+ age group reported FMD.

## Other Measures of Mental Health

BRFSS collected other measures showing risk factors for mental and/or physical illness. These included:

- Social and Emotional Support (2010). BRFSS asked, "How often do you get the social and emotional support you need?" The possible responses were always, usually, sometimes, rarely, or never.
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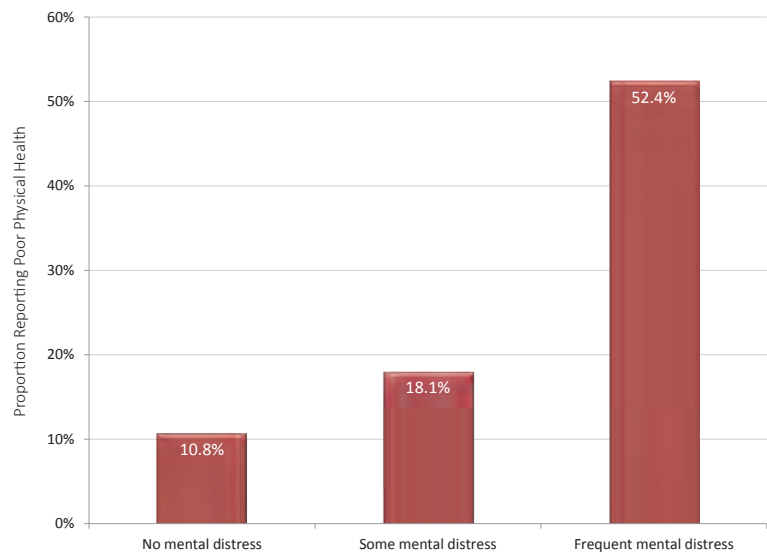
Indicator	Ages 50+	Ages 50–64	Ages 65+
Rarely or never get social or emotional support	9.3%	7.5%	12.0%
Dissatisfied or very dissatisfied	4.1%	4.8%	3.0%

Source: BRFSS, 2010

## Individuals With Frequent Mental Distress Report High Rates of Poor Physical Health

Older Americans who experienced FMD were more likely to report that their physical health was poor (14 days or more in the past 30-day period when physical health was "not good"). As shown in Exhibit 15, although nearly 11 percent of older Americans with no mental distress reported poor physical health, more than 50 percent of those with FMD reported poor physical health.

**Exhibit 15. Individuals Ages 50+ in the United States Reporting Poor Physical Health by Level of Mental Distress, 2013**

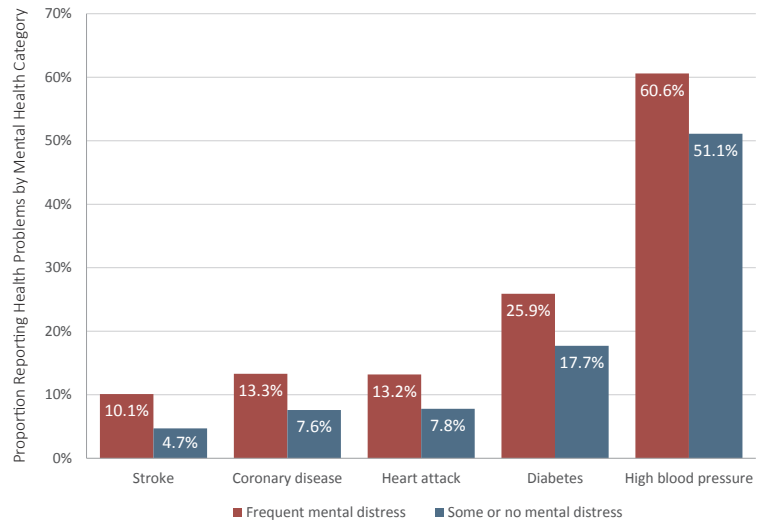


Source: BRFSS, 2013

## Relationship Among Mental Distress, Diabetes, Stroke, Heart Attack, High Blood Pressure, and Coronary Disease

Older Americans who experience FMD are more likely to report that they have health problems. People with FMD were more than twice as likely to report having a stroke than those with some or no mental distress. They experienced coronary disease and heart attack at more than 1.6 times, diabetes at more than 1.4 times, and high blood pressure at nearly 1.2 times the rate of those with some or no mental distress.

**Exhibit 16. Individuals Ages 50+ in the United States With Mental Distress and Serious Health Problems, 2013**



Source: BRFSS, 2013

## Older South Carolinians Admitted to State Mental Health Services

Approximately 4.1 percent of the people served by the South Carolina mental health system were ages 65 and older. This represents more than 3,320 adults.

Source: Center for Mental Health Services (CMHS) Uniform Reporting System (URS) Output Tables, 2014

## DATA SOURCES

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# OLDER ADULTS BEHAVIORAL HEALTH PROFILE

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## Tennessee



# Tennessee

## OLDER ADULTS BEHAVIORAL HEALTH PROFILE

August 2016

### TENNESSEE'S POPULATION

#### Tennessee Population by Age Group

Tennessee is home to 6,549,352 people. Of these:

- 2,292,873 (35.0 percent) are over age 50.
- 1,381,042 (21.1 percent) are over age 60.
- 645,458 (9.9 percent) are over age 70.
- 228,199 (3.5 percent) are ages 80 and older.

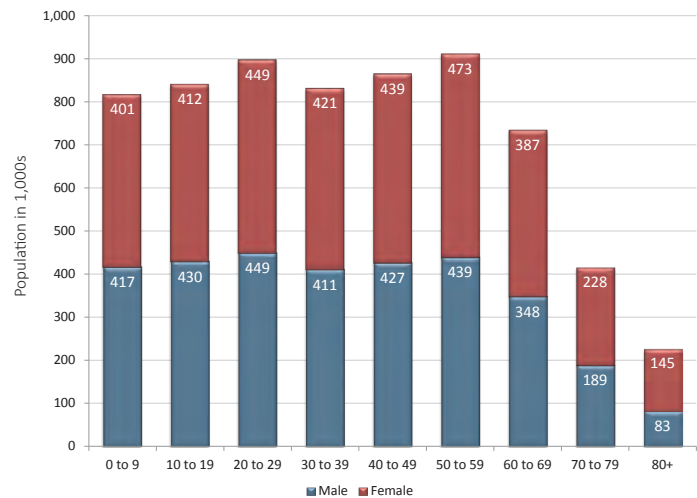
The proportion of women rises fairly steadily in each age group, and women make up 63.7 percent of the 80+ group. The racial/ethnic composition of older Tennesseans is as follows:

#### Race/Ethnicity of Tennesseans Ages 50+

White	AI/AN	Black	Asian	NH/PI	Other	Hispanic
84.6%	0.3%	13.2%	1.1%	0.0%	0.7%	1.7%

Source: U.S. Census Bureau, 2015  
AI/AN stands for American Indian and Alaska Native.  
NH/PI stands for Native Hawaiian and Other Pacific Islander.

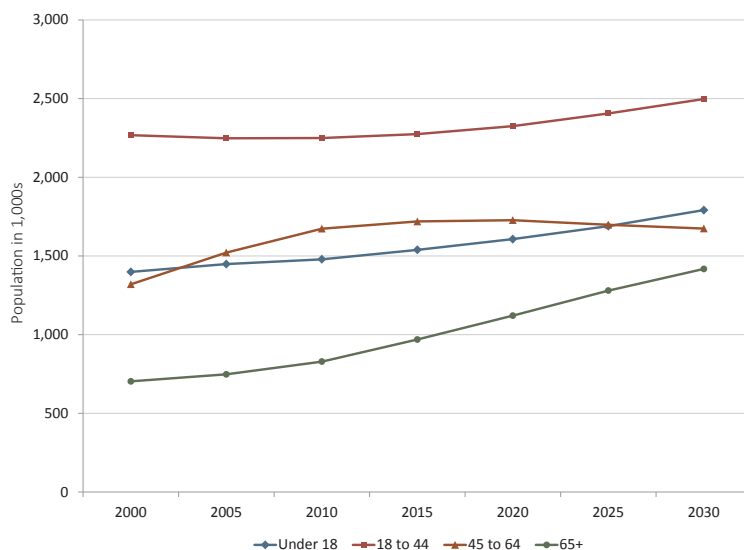
Exhibit 1. Tennessee Population by Age Group, 2014



Source: U.S. Census Bureau, 2015

#### The Number of Older Tennesseans Is Growing

Exhibit 2. Tennessee Population by Age Group, 2000–2030



The proportion of Tennessee's population that is 65 and older is growing while the proportion that is younger than 65 is shrinking. The U.S. Census Bureau estimates that 19.2 percent of Tennessee's population will be 65 and older by the year 2030, an increase of 46.3 percent from 2015.

#### Projected Population in Tennessee

Age Group	2015	2025	2030
Under 18	23.7%	23.9%	24.3%
18 to 44	35.0%	34.0%	33.8%
45 to 64	26.4%	24.0%	22.7%
65+	14.9%	18.1%	19.2%

Source: U.S. Census Bureau, 2005

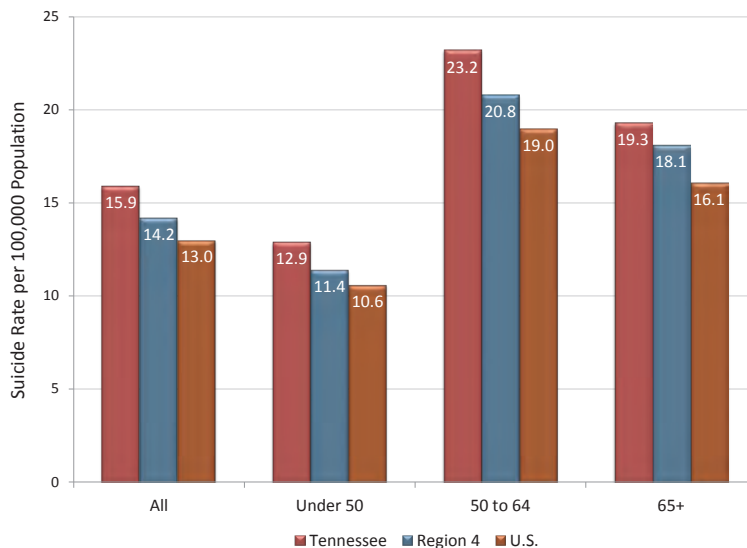
## SUICIDE AMONG OLDER TENNESSEANS

### Tennessee Suicide Rate Compared With Regional and National Rates

The suicide rate among Tennesseans ages 50 and older is higher than the rate among younger age groups. In 2013, the total suicide rate among all people ages 50+ was 21.5 per 100,000 people (7.1 for women and 38.4 for men). The rate among those ages 50–64 was higher than both the rate in the region (including Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, and South Carolina) and the rate in the United States.

States vary in their reporting of suicides. The suicide rate is influenced by these reporting practices.

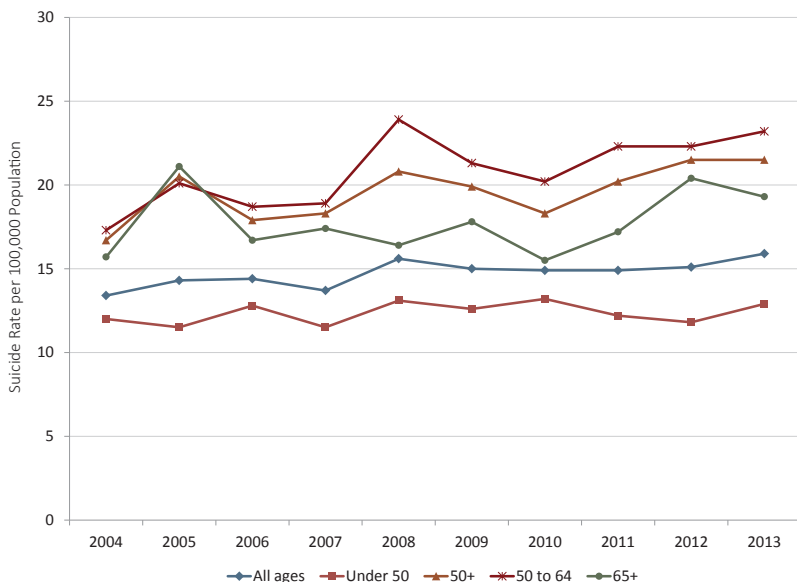
Exhibit 3. Suicide Rates in Tennessee, Region 4, and the United States, 2013



Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

### Trends in Suicide Rates in Tennessee

Exhibit 4. Trends in Suicide Rates in Tennessee by Age Group, 2004–2013



Source: CDC, NCHS, Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015

The suicide rate among Tennesseans ages 50+ fluctuated from a low of 16.7 per 100,000 in 2004 to a high of 21.5 per 100,000 in 2012 and 2013. From 2004 to 2013, the rate was generally highest among those in the 50–64 age group.

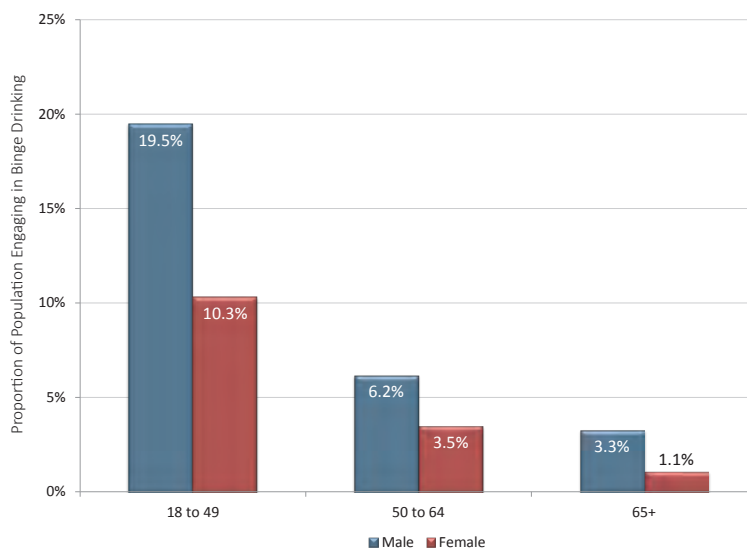
How a state reports suicides can vary from year to year. The number of suicides is generally low, so even a small difference in reported numbers may make the rate fluctuate widely.

## SUBSTANCE USE DISORDER AND SUBSTANCE USE DISORDER TREATMENT AMONG OLDER TENNESSEANS

### 30-Day Binge Drinking Among Older Tennesseans

Binge drinking, defined as five or more drinks for men and four or more drinks for women on a single occasion, can lead to serious health problems. Such problems include neurological damage, cardiovascular disease, liver disease, stroke, and poor control of diabetes. Binge drinkers are more likely to take risks such as driving while intoxicated and to experience falls and other accidents. Older people have a lower tolerance for alcohol. Binge drinking decreases with age and occurs more frequently among men than it does among women. As Exhibit 5 shows, 6.2 percent of Tennessee men ages 50–64 reported binge drinking in the past 30 days, while 3.3 percent of those in the 65+ group reported similar behavior.

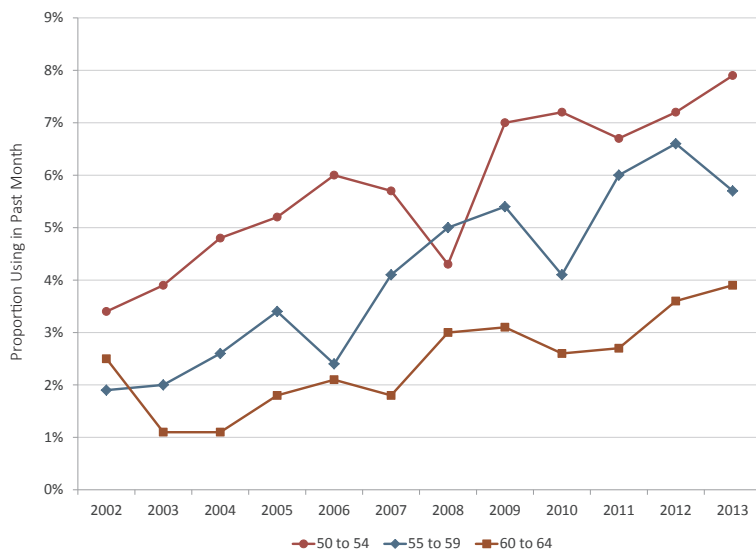
Exhibit 5. Binge Drinking Rates in Tennessee by Age Group and Sex, 2013



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

### Illicit Drug Use Among Older Americans

Exhibit 6. Illicit Drug Use Among Older Americans, 2002–2013



Source: National Survey on Drug Use and Health (NSDUH), 2013  
 Illicit drug use includes illegal drugs and prescription drugs used nonmedically. SAMHSA provides a list of drugs included in its survey in the NSDUH methodological summary.

Nationally, the rate of illicit drug use among older adults ages 50–64 more than doubled from 2002 to 2013. This development partially reflects the entrance into this age group of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts. Although state-specific data are not available, the *Tennessee Behavioral Health Barometer* is available for download from the Substance Abuse and Mental Health Services Administration (SAMHSA) website ([www.samhsa.gov/data/population-data-nsduh/reports?tab=33](http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33)).

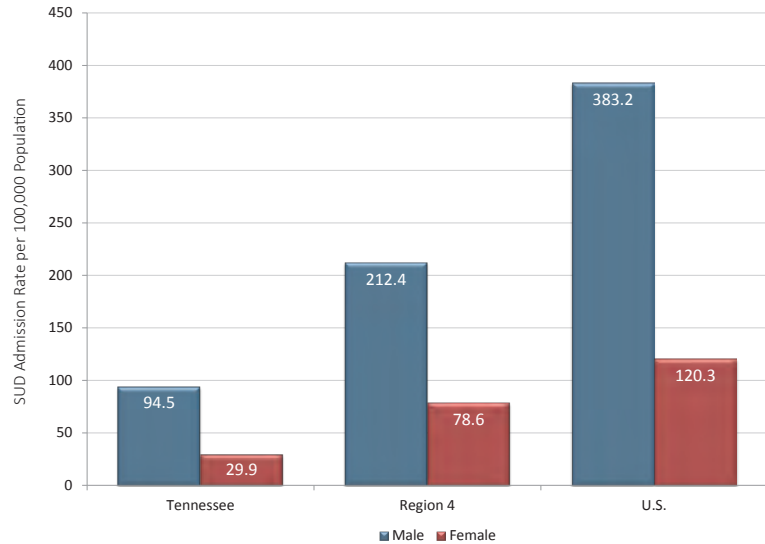
## Admissions to Substance Use Disorder Treatment Among Older Tennesseans

In 2012, there were 1,370 admissions of Tennesseans ages 50 and older to substance use disorder (SUD) treatment in state-funded treatment programs, a rate of 59.8 per 100,000 people ages 50+. This rate was lower than the regional rate and the national average. Men made up 73.1 percent of these admissions. Of all admissions, 62.1 percent were White/Caucasian, 36.2 percent were Black/African American, and 22.5 percent were Hispanic.

The principal sources of referral to treatment among those ages 50 and older were:

Self-Referral	Criminal Justice	Other
40.9%	35.2%	23.9%

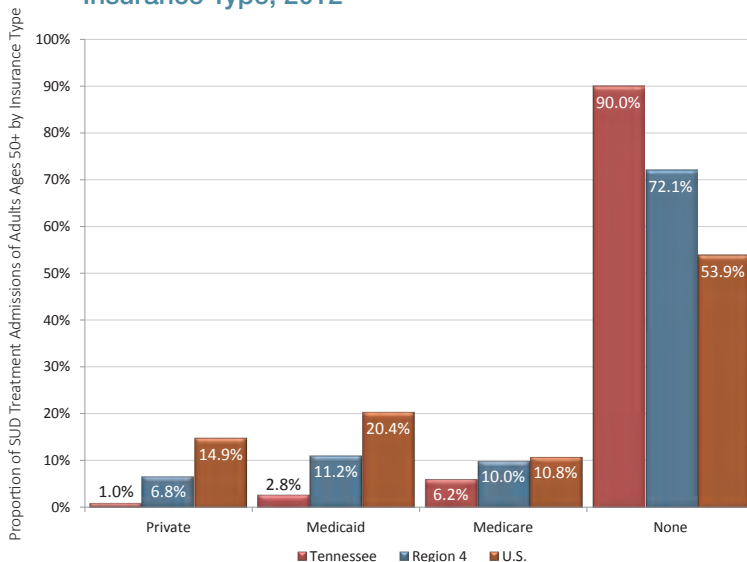
**Exhibit 7. SUD Treatment Admissions of Adults Ages 50+ in Tennessee, Region 4, and the United States by Sex, 2012**



Source: Treatment Episode Data Set (TEDS), 2012<sup>1</sup>  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions Among Tennesseans Ages 50+ by Insurance Type

**Exhibit 8. SUD Treatment Admissions of Adults Ages 50+ in Tennessee, Region 4, and the United States by Insurance Type, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

In Tennessee, 90.0 percent of older adult admissions to SUD treatment were uninsured, 2.8 percent had Medicaid, 6.2 percent had Medicare, and 1.0 percent had private insurance.

### *SUD Treatment Admissions Among Tennesseans Ages 50+ by Primary Sources of Payment*

Self-Pay	Medicaid	Other
Data not available	Data not available	Data not available

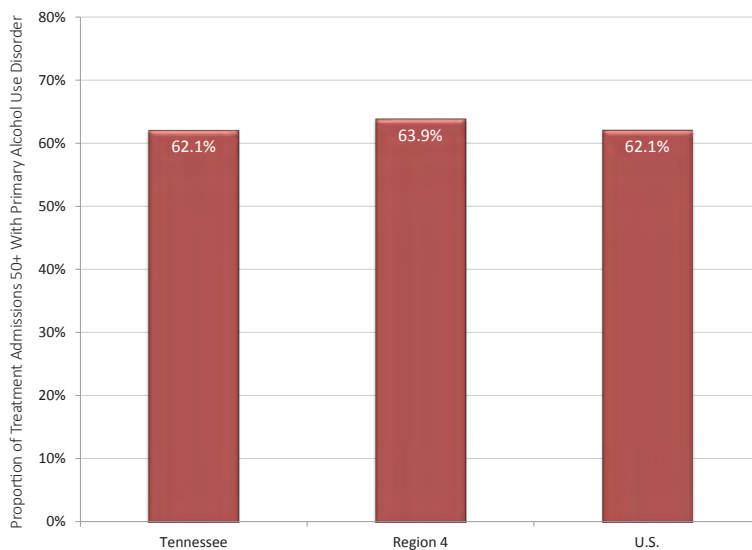
Exhibit 8 and the accompanying text reflect the type of health insurance (if any) clients had at admission; the table above represents primary sources of payment.

<sup>1</sup> TEDS data are collected by states as a condition of the Substance Abuse Prevention and Treatment Block Grant. Guidelines suggest that states report all clients admitted to publicly financed treatment; however, states are inconsistent in applying the guidelines. States may structure and implement different quality controls over the data. For example, states may collect different categories of information to answer TEDS questions. Information is then "walked over" to TEDS definitions.

## Alcohol Use Disorder Treatment Admissions Among Tennesseans Ages 50+

Alcohol was the most frequently cited substance used by older Tennesseans in publicly financed SUD treatment in 2012. It was mentioned as a substance of use in 62.1 percent of admissions among those ages 50+. This was lower than the regional rate and equal to the national rate.

**Exhibit 9. Alcohol Use Treatment Admissions of Adults Ages 50+ in Tennessee, Region 4, and the United States, 2012**

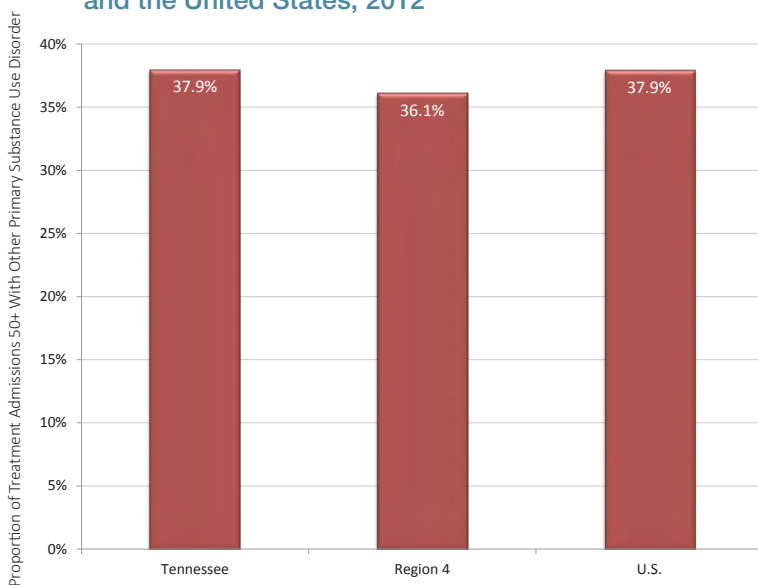


Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## SUD Treatment Admissions for Non-Alcohol Substance Use

**Exhibit 10. Non-Alcohol Substance Use Treatment Admissions of Adults Ages 50+ in Tennessee, Region 4, and the United States, 2012**

Substances other than alcohol were cited as the primary substances of use for 37.9 percent of older adult admissions to publicly funded treatment in Tennessee.



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

## Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults

SAMHSA periodically releases reports from the Drug Abuse Warning Network (DAWN). DAWN, discontinued in 2011, consisted of a nationwide network of hospital emergency departments (EDs) primarily located in large metropolitan areas. DAWN data consist of professional reviews of ED records to determine the extent to which alcohol and other substance abuse was involved in ED visits. According to the November 25, 2010, *DAWN Report*:

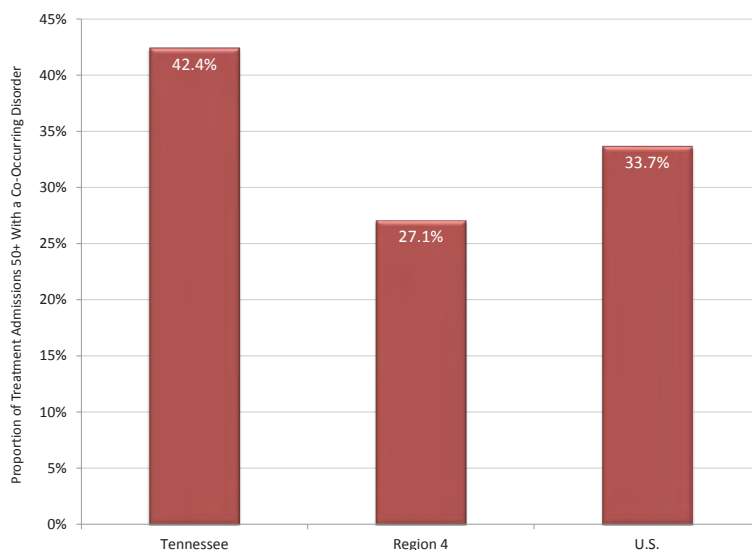
- *In 2004, there were an estimated 115,803 ED visits involving pharmaceutical misuse and abuse by adults aged 50 or older; in 2008, there were 256,097 such visits, representing an increase of 121.1 percent*
- *One fifth (19.7 percent) of ED visits involving pharmaceutical misuse and abuse among older adults were made by persons aged 70 or older*
- *Among ED visits made by older adults, pain relievers were the type of pharmaceutical most commonly involved (43.5 percent), followed by drugs used to treat anxiety or insomnia (31.8 percent) and antidepressants (8.6 percent)*
- *Among patients aged 50 or older who visited the ED for pharmaceutical misuse or abuse, more than half (52.3 percent) were treated and released, and more than one third (37.5 percent) were admitted to the hospital*

Bulleted text in italics above is taken from SAMHSA's Center for Behavioral Health Statistics and Quality. (2010, November 25). *The DAWN Report: Drug-related emergency department visits involving pharmaceutical misuse and abuse by older adults*. Rockville, MD: SAMHSA.

## CO-OCCURRING SUBSTANCE USE AND MENTAL DISORDERS

### Older Tennesseans in SUD Treatment With Co-Occurring Mental Disorders

**Exhibit 11. SUD Treatment Admissions of Adults Ages 50+ With a Co-Occurring Mental Disorder in Tennessee, Region 4, and the United States, 2012**



Source: TEDS, 2012  
Data include only those clients reported to SAMHSA.

The national literature shows a strong relationship between substance use and mental disorders. Studies show that 30–80 percent of individuals with a substance use or mental disorder also have a co-occurring disorder.

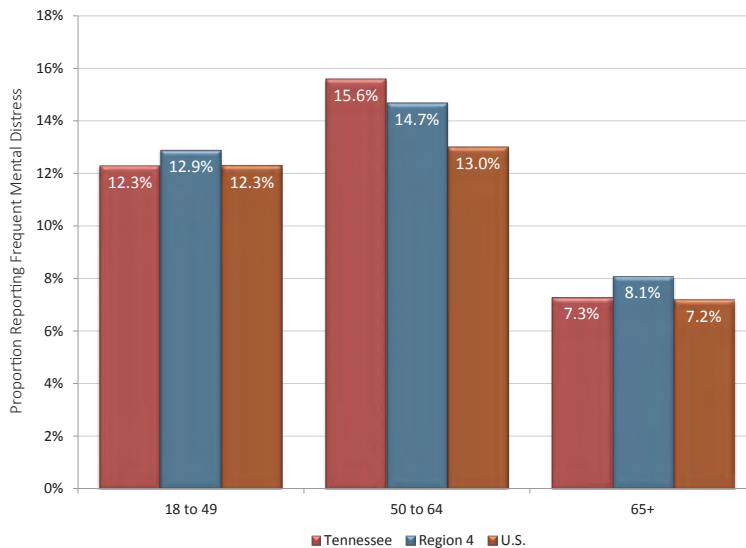
Exhibit 11 shows the proportion of SUD treatment admissions of Tennesseans ages 50+ with a co-occurring mental disorder. This rate is higher than the regional rate and the national average. However, state reporting practices are a factor in these results.

## MENTAL HEALTH

### Older Tennesseans Reporting Frequent Mental Distress

BRFSS, a household survey conducted in all 50 states and several territories, asks the following question: “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” Those individuals reporting 14 or more “Yes” days in response to this question experience frequent mental distress (FMD). Exhibit 12 shows that Tennesseans in the 50–64 age group experience FMD at a rate higher than the regional and national rates, while those in the 65+ age group experience it at a rate lower than the regional rate and roughly similar to the national rate.

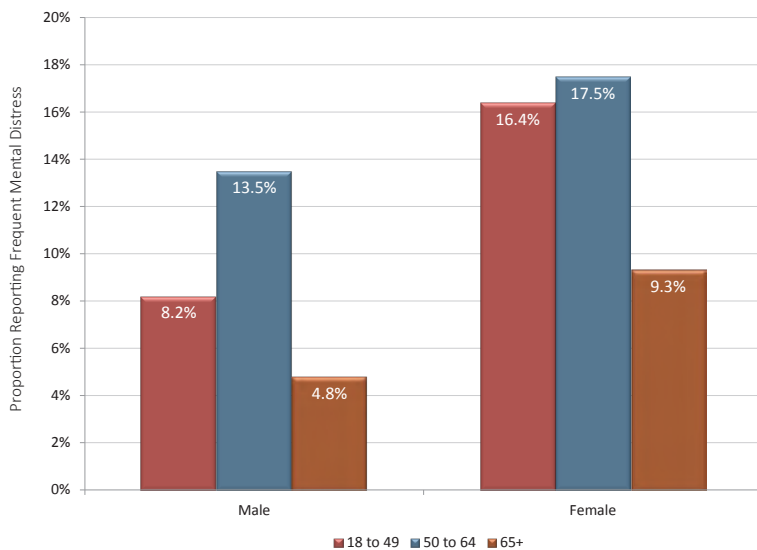
**Exhibit 12. Individuals Reporting Frequent Mental Distress in Tennessee, Region 4, and the United States, 2013**



Source: BRFSS, 2013

### Older Tennesseans Reporting Frequent Mental Distress by Age Group and Sex

**Exhibit 13. Tennesseans Reporting Frequent Mental Distress by Age Group and Sex, 2013**



Source: BRFSS, 2013

Older men in Tennessee were more likely to indulge in binge drinking, but older women were more likely to report that they had FMD (14 days or more per 30-day period). As Exhibit 13 shows, 17.5 percent of women in the 50–64 age group and 9.3 percent in the 65+ age group reported FMD, while 13.5 percent of men in the 50–64 age group and 4.8 percent in the 65+ age group reported FMD.

## Other Measures of Mental Health

BRFSS collected other measures showing risk factors for mental and/or physical illness. These included:

- Social and Emotional Support (2010). BRFSS asked, "How often do you get the social and emotional support you need?" The possible responses were always, usually, sometimes, rarely, or never.
- Life Satisfaction (2010). BRFSS asked, "In general, how satisfied are you with your life?" The possible responses were very satisfied, satisfied, dissatisfied, or very dissatisfied.

Exhibit 14 presents the results of these surveys among older Tennesseans.

**Exhibit 14. BRFSS Measures, 2010**

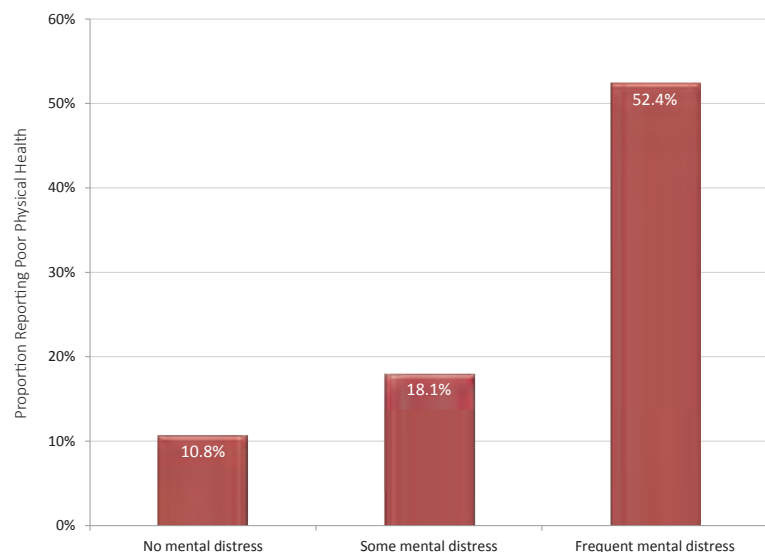
Indicator	Ages 50+	Ages 50–64	Ages 65+
Rarely or never get social or emotional support	7.5%	7.6%	7.4%
Dissatisfied or very dissatisfied	4.9%	6.5%	2.6%

Source: BRFSS, 2010

## Individuals With Frequent Mental Distress Report High Rates of Poor Physical Health

Older Americans who experienced FMD were more likely to report that their physical health was poor (14 days or more in the past 30-day period when physical health was "not good"). As shown in Exhibit 15, although nearly 11 percent of older Americans with no mental distress reported poor physical health, more than 50 percent of those with FMD reported poor physical health.

**Exhibit 15. Individuals Ages 50+ in the United States Reporting Poor Physical Health by Level of Mental Distress, 2013**



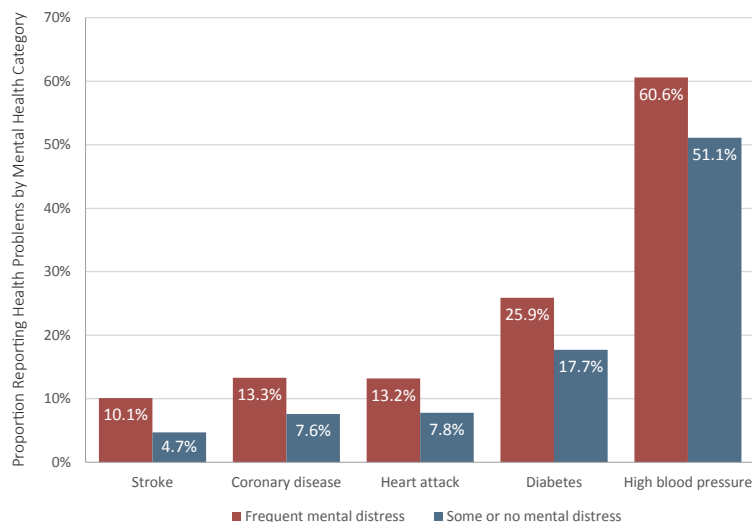
Source: BRFSS, 2013



## Relationship Among Mental Distress, Diabetes, Stroke, Heart Attack, High Blood Pressure, and Coronary Disease

Older Americans who experience FMD are more likely to report that they have health problems. People with FMD were more than twice as likely to report having a stroke than those with some or no mental distress. They experienced coronary disease and heart attack at more than 1.6 times, diabetes at more than 1.4 times, and high blood pressure at nearly 1.2 times the rate of those with some or no mental distress.

**Exhibit 16. Individuals Ages 50+ in the United States With Mental Distress and Serious Health Problems, 2013**



Source: BRFSS, 2013

## Older Tennesseans Admitted to State Mental Health Services

Approximately 1.7 percent of the people served by the Tennessee mental health system were ages 65 and older. This represents more than 4,260 adults.

Source: Center for Mental Health Services (CMHS) Uniform Reporting System (URS) Output Tables, 2014

## DATA SOURCES

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM** ([www.cdc.gov/brfss](http://www.cdc.gov/brfss)). BRFSS, managed by CDC, is the largest ongoing telephone health survey system in the world, tracking health conditions and risk behaviors in the United States annually since 1984. Data are collected on a monthly basis in all 50 states, the District of Columbia, and participating territories. BRFSS data are collected by local jurisdictions and reported to CDC.

**CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS, UNDERLYING CAUSE OF DEATH 1999-2013 ON CDC WONDER ONLINE DATABASE, RELEASED 2015** (<http://wonder.cdc.gov/ucd-icd10.html>). The WONDER online database “contains mortality and population counts for all U.S. counties. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates or age-adjusted death rates, and 95% confidence intervals and standard errors for death rates can be obtained by place of residence (total U.S., region, state and county), age group (single-year-of age, 5-year age groups, 10-year age groups and infant age groups), race, Hispanic ethnicity, gender, year, cause-of-death (4-digit ICD-10 code or group of codes), injury intent and injury mechanism, drug/alcohol induced causes and urbanization categories. Data are also available for place of death, month and week day of death, and whether an autopsy was performed.”

**CENTER FOR MENTAL HEALTH SERVICES UNIFORM REPORTING SYSTEM** ([www.samhsa.gov/data/us\\_map](http://www.samhsa.gov/data/us_map)). States that receive CMHS Block Grants are required to report aggregate data to URS. URS reports include information about utilization of mental health services and client demographic and outcome information.

**NATIONAL SURVEY ON DRUG USE AND HEALTH** (<https://nsduhweb.rti.org>). The NSDUH, managed by SAMHSA, is “an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older.” NSDUH data are most frequently used by state planners to assess the need for SUD treatment. NSDUH data also include information about mental health conditions.

**TREATMENT EPISODE DATA SET** ([www.samhsa.gov/data/client-level-data-teds/reports?tab=19](http://www.samhsa.gov/data/client-level-data-teds/reports?tab=19)). States that receive Substance Abuse Prevention and Treatment Block Grant funds submit individual client data to TEDS. TEDS includes both admission and discharge data sets, and some 1.5 million admissions are reported annually. TEDS includes information about utilization of SUD treatment services and client demographic and outcome information. TEDS is an admission-based system, and TEDS admissions do not represent individuals. Thus, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

**U.S. CENSUS BUREAU** ([www.census.gov/people](http://www.census.gov/people)). Two main sources of Census Bureau data were used in this report: (1) population estimates and (2) population projections.