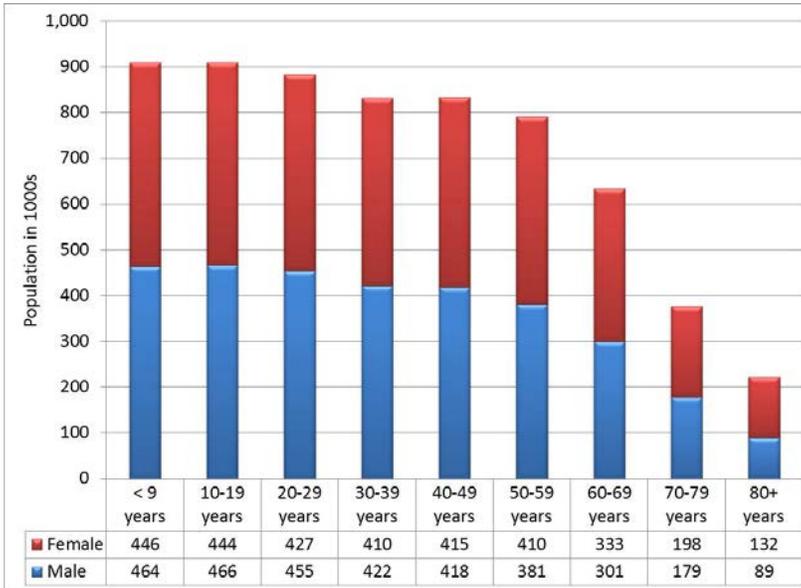


POLICY ACADEMY STATE PROFILE

Arizona's Population

ARIZONA POPULATION (IN 1000S) BY AGE GROUP



Source: U.S. Census Bureau, 2010

Arizona is home to about 6.5 million people. More than 2 million (31.7 percent) are over 50; over 1.2 million (19.3 percent) are over 60; nearly 600,000 (9.4 percent) are over 70; and nearly 222,000 (3.5 percent) are over 80. The proportion of females rises steadily to 59.7 percent of the 80 and older group.

Race/Ethnicity of Arizonans

Age	White	Black	Am Indian AK Native	Other	White not Hispanic
<55	74.7%	4.4%	5.1%	15.9%	51.8%
55+	89.0%	2.3%	2.5%	6.2%	80.2%

Source: U.S. Census Bureau, 2009 Projections

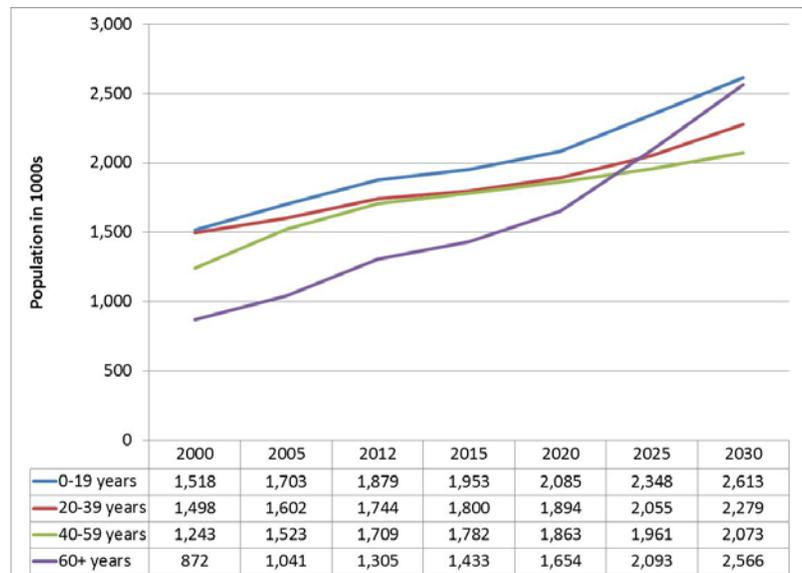
THE NUMBER OF OLDER ARIZONANS IS GROWING (POPULATION IN 1000S)

The proportion of Arizona's population that is over 60 is growing at a rapid pace. The U.S. Census Bureau estimates that about 27 percent of Arizona's population will be 60 or older by the year 2030, an increase of 37 percent from 2012.

Projected Arizona Population

Age Group	2012	2020	2030
0 to 19	28.3%	27.8%	27.4%
20 to 39	26.3%	25.3%	23.9%
40 to 59	25.8%	24.9%	21.8%
60+	19.7%	22.1%	26.9%

Source: U.S. Census Bureau, 2009 Projections

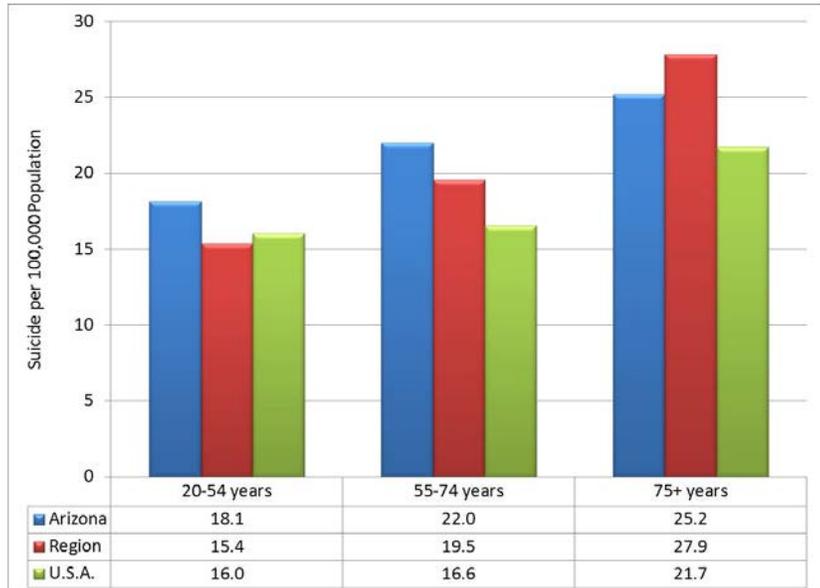


Suicide Among Older Arizonans

2004-2008 NATIONAL AND REGIONAL SUICIDE RATE PER 100,000 POPULATION

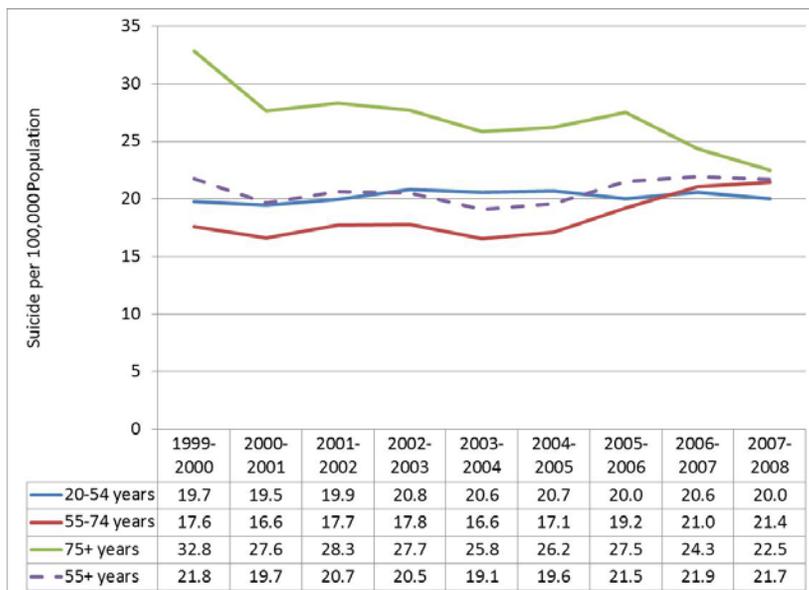
Consistent with the nation and the region, the average suicide rate among the oldest Arizonans (age 75 and older) is higher than the rate among younger age groups. The rates shown here represent the average number of suicides per 100,000 population from 2004 to 2008. The region includes Alaska, California, Hawaii, Idaho, Nevada, Oregon and Washington, in addition to Arizona.

Please Note: States vary in their reporting practices surrounding suicide deaths. The apparent rate of suicide is influenced by these reporting practices.



Source: Centers for Disease Control, Vital Statistics 2008

ARIZONA SUICIDE TREND



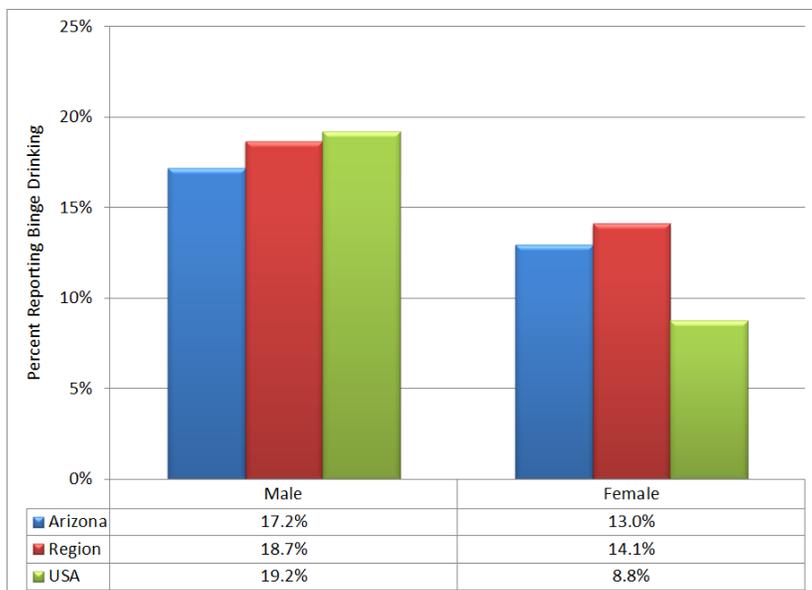
Source: Centers for Disease Control, Vital Statistics 2009

Over the past decade, the two-year moving average rate of suicide among Arizonans age 55 and older - shown with the dashed line- has fluctuated from a high of 21.9 to a low of 19.1 per 100,000 population. The rate among the 75 and older age group has remained consistently above the rate in younger age groups; however, the differences in rate appeared to narrow after 2006.

Please Note: States may vary in their reporting practices surrounding suicide deaths from year to year within the same state. The number of suicides is generally low, so even a small difference in reported numbers may make the rate appear to fluctuate widely.

Older Arizonans' Substance Use/Abuse

30-DAY BINGE DRINKING AMONG OLDER ARIZONANS BY GENDER



Source: Behavioral Risk Factor Surveillance System, 2011

Duke Medicine News (August 17, 2009) notes that binge drinking can cause: “serious problems, such as stroke, cardiovascular disease, liver disease, neurological damage and poor diabetes control.” Binge drinkers are more likely to take risks like driving while intoxicated, and to experience falls and other accidents. Older people have less tolerance for alcohol. Therefore, this table defines a “binge” as 3 or more drinks in one event for women and 4 or more for men. Binge drinking decreases with age, but is consistently higher among men. Overall, 14.7 percent of Arizonans age 50 and older reported binge drinking (17.2 percent of males and 13.0 of females). The confidence intervals around these estimates were less than ± 0.2 and ± 2.0 percent for the nation / region and State respectively.

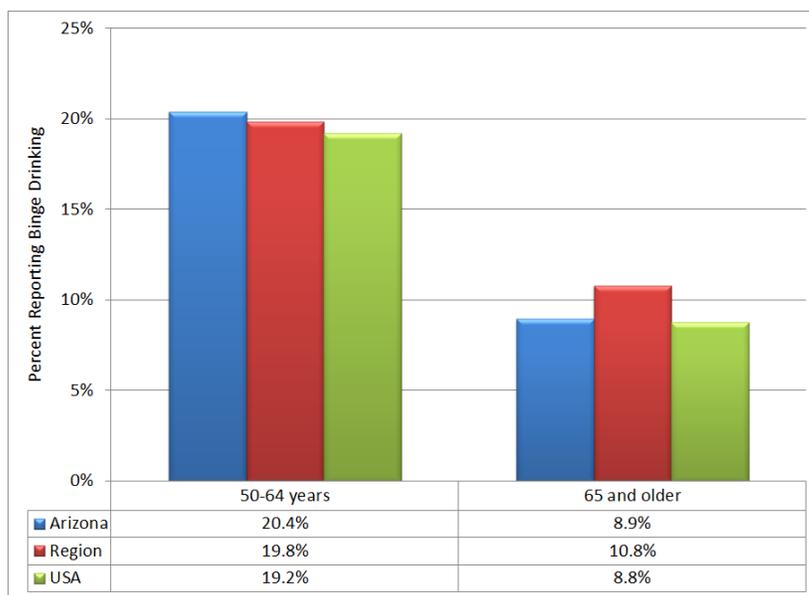
30-DAY BINGE DRINKING AMONG OLDER ARIZONANS BY AGE GROUP

Binge drinking tends to decrease with age. While 20.4 percent of Arizonans age 50-64 reported binge drinking, 8.9 percent of the 65+ age group reported similar behavior. The confidence intervals around these estimates are less than ± 0.2 and ± 2.0 percent for the nation / region and State respectively.

The following table shows reported rates of binge drinking among Arizonans by gender and age group:

Arizona Binge Drinking by Gender and Age Group

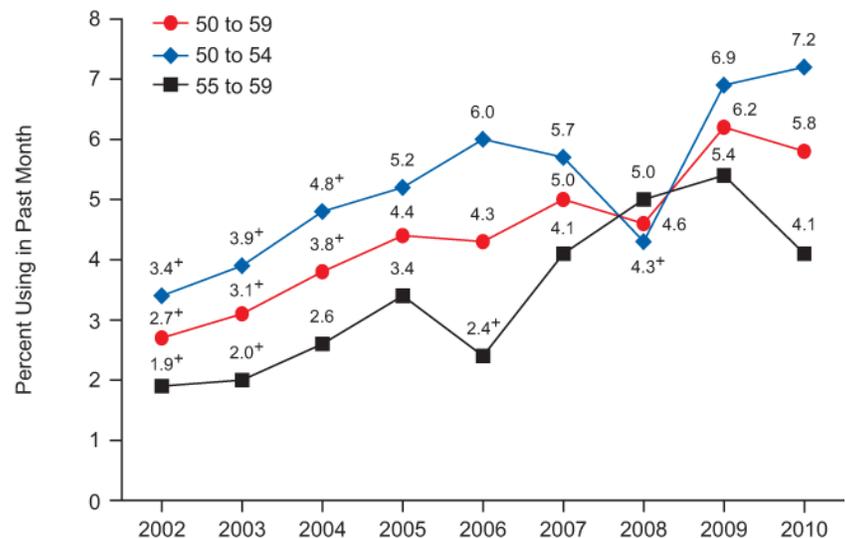
	Male	Female
50-64 years	23.3%	18.4%
65 and older	11.1%	7.4%



Source: Behavioral Risk Factor Surveillance System, 2011

ILLICIT DRUG USE AMONG OLDER AMERICANS

Nationally, illicit drug use has more than doubled among 50-59 year olds since 2002. The rate rose from 3.4 to 7.2 percent among 50-54 year olds and from 1.9 to 4.1 percent among 55-59 year olds. According to the Substance Abuse and Mental Health Services Administration, “These patterns and trends partially reflect the aging into these age groups of members of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts.” Specific data about substance abuse among older Arizonans are not available; however the SAMHSA NSDUH Report (<http://www.oas.samhsa.gov/2k9state/Cover.pdf>), provides general information about substance use in Arizona.



Source: National Survey on Drug Use and Health, 2010
Volume 1. Summary of National Findings

DRUG-RELATED EMERGENCY DEPARTMENT VISITS INVOLVING PHARMACEUTICAL MISUSE AND ABUSE BY OLDER ADULTS

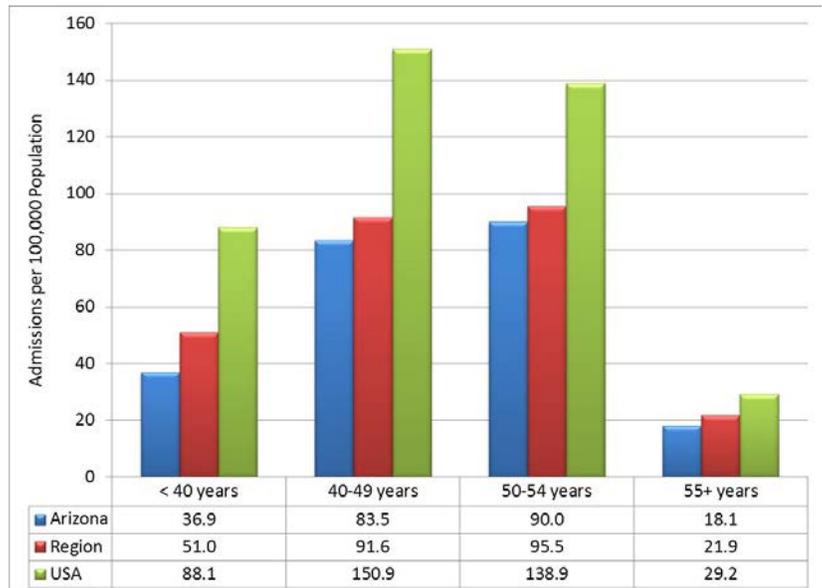
The Substance Abuse and Mental Health Service Administration’s Center for Behavioral Health Statistics and Quality periodically releases reports from the Drug Abuse Warning Network (DAWN). DAWN comprises a nationwide network of hospital emergency rooms (ER) primarily located in large metropolitan areas. DAWN data consist of professional reviews of ER records to determine the likelihood and extent to which alcohol and other drug abuse was involved. The November 25, 2010, DAWN Report showed that (quote):

- In 2004, there were an estimated 115,803 emergency department (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

SUBSTANCE ABUSE TREATMENT ADMISSIONS AMONG OLDER ARIZONANS

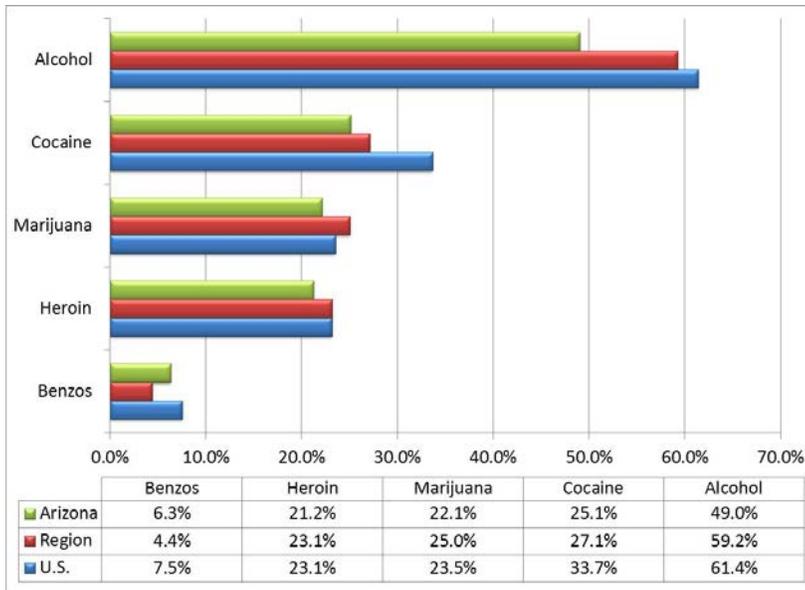
665 Arizonans age 50 and older were admitted to public substance abuse treatment in 2009. This represented 32.9 admissions per 100,000 population – a rate lower than the the Western Region and the nation. Characteristics of this population include:

- 443 (67 percent) were male.
- 471 (71 percent) were white.
- 92 (14 percent) were black.
- 61 (9 percent) were American Indian or Alaska Native.
- 163 (24.7 percent) were of Hispanic descent.
- 131 (19.7 percent) were referred to treatment by the criminal justice system.
- 293 (44.1 percent) were referred to treatment by self or other.



Source: Treatment Episode Data Set, 2009
Includes only those clients reported to SAMHSA

AGE 50 AND OLDER TREATMENT ADMISSIONS - SUBSTANCES USED



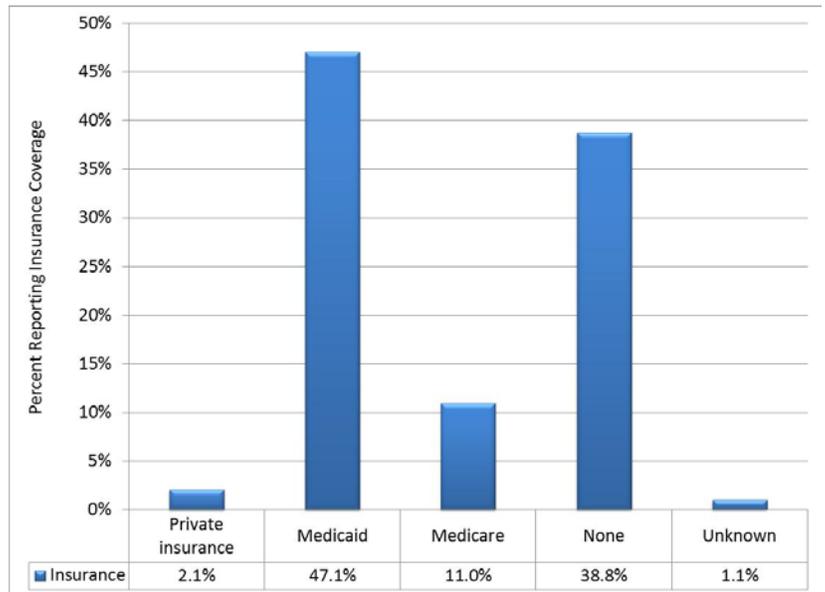
As in the Western Region and the U.S., alcohol was - by far - the most frequent drug of use among older Arizonans in publicly financed substance abuse treatment in 2009. Alcohol was mentioned as a primary, secondary or tertiary substance of abuse in more than 60 percent of admissions among those age 50 plus. Other frequently reported drugs included: Cocaine at 25.1 percent; marijuana at 22.1 percent; heroin at 21.2 percent and benzodiazepines / other tranquilizers at 6.3 percent.

Source; Treatment Episode Data Set, 2009¹
Includes only those clients reported to SAMHSA

¹ TEDS Limitations: TEDS data are collected by states that accept Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. Guidelines suggest that states should report all clients admitted to publicly financed treatment; however, states are inconsistent in applying the guidelines. States also have freedom to 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.

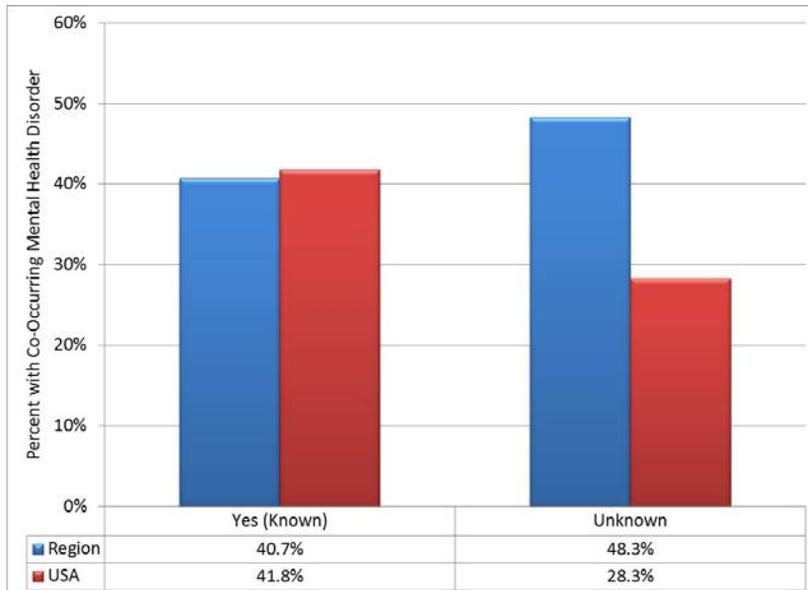
TREATMENT ADMISSIONS AMONG ARIZONANS AGE 50 AND OLDER BY INSURANCE TYPE

While the Center for Substance Abuse Treatment (CSAT) recommends that publicly funded facilities should report the expected source of payment for each client's care, Arizona did not report this data field the Treatment Episode Data Set (TEDS) in 2009. In this year, Arizona reported that nearly 50 percent of Arizonans age 50 and older who were admitted to substance abuse treatment were insured by the State's Medicaid program. Another 13 percent reported that they were covered by Medicare or private insurance. However, nearly 40 percent of admittees reported that they had no insurance coverage. In these cases, bills were likely directed toward the State's SAPT Block Grant/State-funded treatment programs.



Source: Treatment Episode Data Set, 2009
Includes only those clients reported to SAMHSA

CO-OCCURRING MENTAL HEALTH DISORDER



Research shows a strong relationship between substance use and mental health disorders. Studies show 30-80 % of people with substance abuse or mental health disorders also have a co-occurring substance abuse/mental health disorder. While CSAT recommends that states should collect information about co-occurring disorders, these data were not reported to the TEDS in 2009. Therefore, this graph shows the rate of co-occurring disorders in the region (where known) as well as the overall regional rate where this variable was reported.

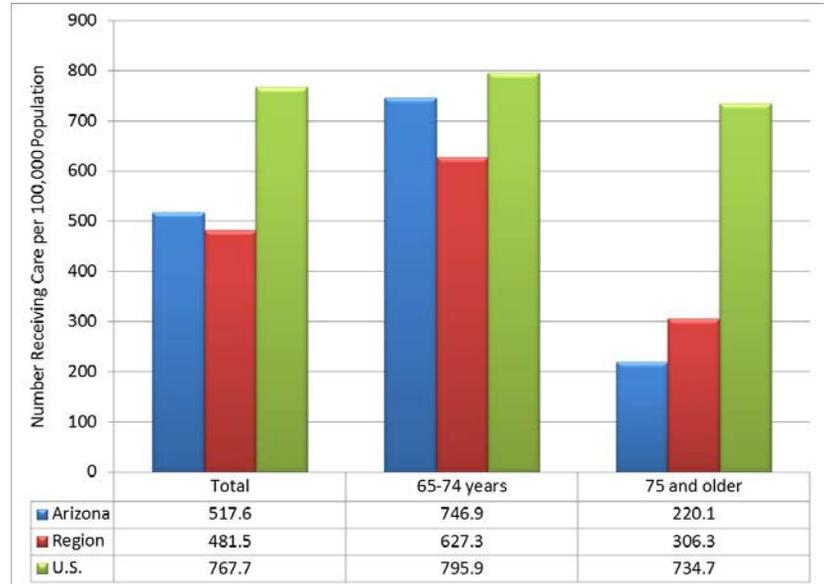
Source: Treatment Episode Data Set, 2009
Includes only those clients reported to SAMHSA

Mental Health

OLDER ARIZONANS ADMITTED TO STATE MENTAL HEALTH FACILITIES

Nearly 3 percent of the people served by the Arizona mental health system were age 65 or older (2.2 percent were age 65 to 74 and 0.5 percent were age 75 or older). This represents a total of approximately 4,564 people. These data and more are available at:

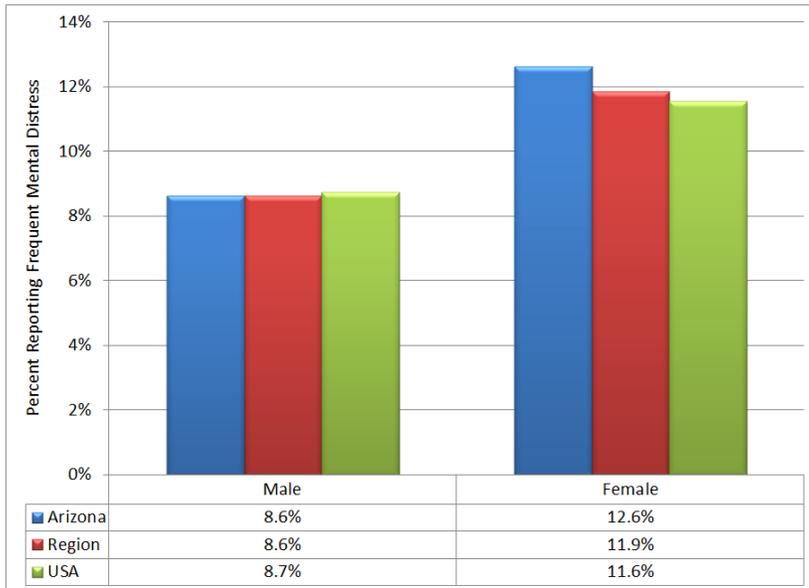
<http://www.samhsa.gov/dataoutcomes/urs/2010/Arizona.pdf>



Source: Center for Mental Health Services Uniform Reporting System 2010

Mental Health

OLDER ARIZONANS REPORTING FREQUENT MENTAL DISTRESS BY GENDER



The Behavioral Risk Factor Surveillance System (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?” The Centers for Disease Control defines those individuals reporting 14 or more “Yes” days in response to this question as experiencing frequent mental distress (FMD). Overall, 11 percent of Arizonans age 50 and older reported FMD. Akin to the U.S. and Western Region, older Arizona males were less likely than females to report FMD. Confidence interval around national / regional and Arizona estimates were less than ± 0.2 and ± 2.0 percent respectively.

Source: Behavioral Risk Factor Surveillance System, 2011

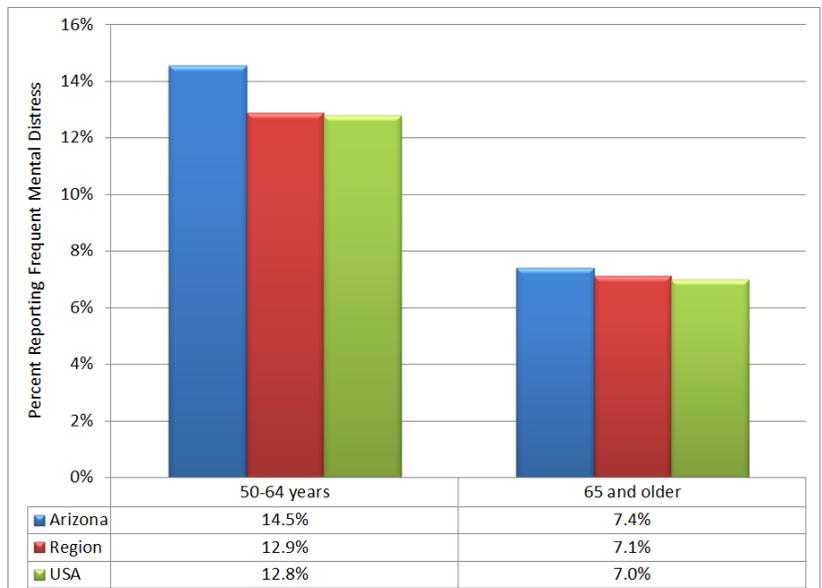
PERCENT REPORTING FREQUENT MENTAL DISTRESS BY AGE GROUP

People in the oldest age groups are less likely than the younger groups to report FMD. While 7.4 percent of Arizonans 65 and older reported FMD, 14.5 percent of those in 50-64 age group did so. The confidence intervals around these estimates was less than ± 0.2 and ± 2.0 percent for the regional /national and State estimates respectively.

The following table shows the proportion of older Arizonans who report FMD by age group and gender:

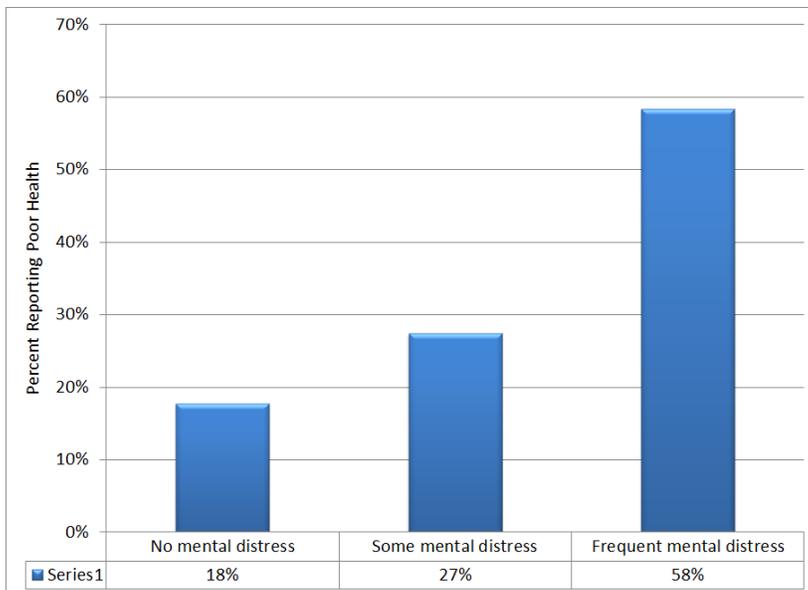
Arizonans Reporting FMD by Age Group and Gender

	Male	Female
50-64 years	10.9%	17.0%
65 and older	6.4%	8.1%



Source: Behavioral Risk Factor Surveillance System, 2011

PEOPLE WITH FREQUENT MENTAL DISTRESS REPORT POOR PHYSICAL HEALTH



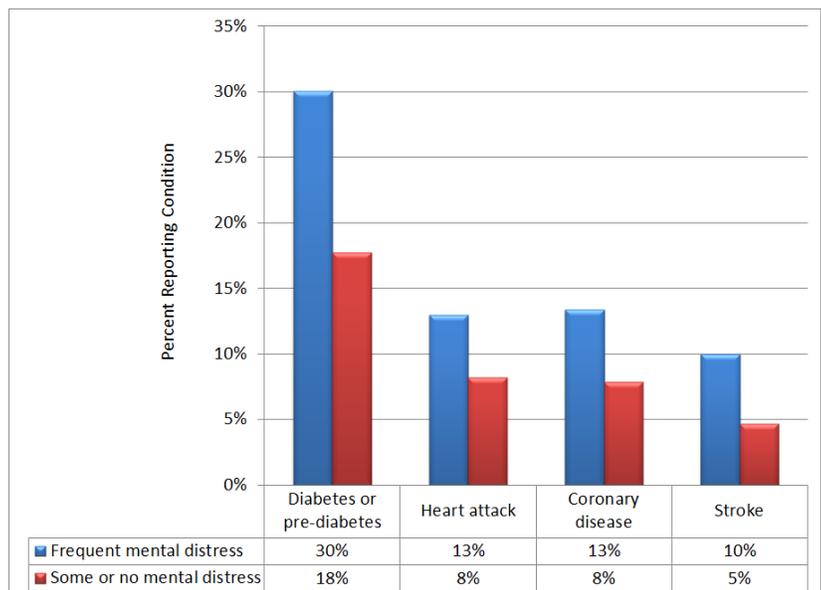
Older Americans who experienced frequent mental distress were more likely to report that their physical health was poor or fair (as opposed to good, very good or excellent). As shown here, while 18 percent of older Americans with no mental distress reported poor or fair physical health, nearly 60 percent – nearly triple the rate – of those with frequent mental distress reported poor/fair health. Older Americans with frequent mental distress were also much more likely to report that they had experienced serious health problems.

These differences are statistically significant.

Source: Behavioral Risk Factor Surveillance System, 2011

RELATIONSHIP BETWEEN MENTAL DISTRESS AND SERIOUS HEALTH PROBLEMS

Older Americans who experience frequent mental distress, such as symptoms of depression or anxiety, are more likely to report that they had chronic health problems. People with frequent mental distress experienced strokes at twice the rate of those with some or no mental distress (10 percent versus 5 percent). They experienced coronary disease, heart attack and diabetes/pre-diabetes at more than 1.5 times the rate of those with some or no mental distress (13 versus 8 percent for coronary disease and heart attack, 30 versus 18 percent for diabetes/pre-diabetes). These differences are statistically significant.



Source: Behavioral Risk Factor Surveillance System, 2011

OTHER MEASURES OF MENTAL HEALTH

The Behavioral Health Risk Factor Surveillance System (BRFSS) collected other measures showing risk factors for mental and/or physical illness. These included:

- Social and Emotional Support (2010). The BRFSS asked, “How often do you get the social and emotional support you need?” The responses included: “always,” “usually,” “sometimes,” “rarely” or “never.”
- Life Satisfaction (2010). The BRFSS asked, “In general, how satisfied are you with your life?” The responses included: “Very satisfied,” “Satisfied,” “Dissatisfied” or “Very dissatisfied.”
- Current Depression (2006). In 2006, the BRFSS included a special Anxiety and Depression module which was collected in 38 states and several jurisdictions, including Arizona. The measure presented below was derived from this module.
- Lifetime Diagnosis of Depression (2006). The BRFSS asked, “Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?”
- Lifetime Diagnosis of Anxiety Disorder (2006). The BRFSS asked, “Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic attacks, panic disorder, posttraumatic stress disorder, or social anxiety disorder)?”

The results of these surveys among older Arizonans are shown below:

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2010

Indicator	Age Group					
	Age 50+		Age 50–64		Age 65+	
	Data %	Confidence Interval	Data %	Confidence Interval	Data %	Confidence Interval
Core BRFSS Indicators (2010)						
Rarely or never get social or emotional support (revised)	10.3	(9.9-10.7)	8.5	(8.1-9.0)	13.3	(12.5-14.0)
Very dissatisfied or dissatisfied with life (revised)	6.5	(6.2-6.8)	8.1	(7.6-8.5)	4.0	(3.6-4.4)
Anxiety and Depression Optional Module Indicators (2006) ²						
Current Depression	NA	NA	NA	NA	NA	NA
Lifetime Diagnosis of Depression	NA	NA	NA	NA	NA	NA
Lifetime Diagnosis of Anxiety Disorder	NA	NA	NA	NA	NA	NA

² Data available at <http://apps.nccd.cdc.gov/MAHA/StateDetails.aspx?State=AZ>

DATA SOURCES

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (<http://www.cdc.gov/brfss/>). Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, 2010 and 2011. The BRFSS is “the world’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.” BRFSS data are collected by local jurisdictions and reported to the CDC.

VITAL STATISTICS (<http://www.cdc.gov/nchs/nvss.htm>). Centers for Disease Control and Prevention (CDC), *National Vital Statistics System*, Atlanta, Georgia: U.S. Department of Health and Human Services, 2009. The CDC Web site describes the National Vital Statistics System as “the oldest and most successful example of inter-governmental data sharing in Public Health and the shared relationships, standards, and procedures form the mechanism by which NCHS collects and disseminates the Nation's official vital statistics. These data are provided through contracts between NCHS and vital registration systems operated in the various jurisdictions legally responsible for the registration of vital events – births, deaths, marriages, divorces, and fetal deaths.”

CENTER FOR MENTAL HEALTH SERVICES UNIFORM REPORTING SYSTEM (URS) (<http://www.samhsa.gov/dataoutcomes/urs/>). Center for Mental Health Services (CMHS), *Uniform Reporting System*, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2010. States that receive CMHS Block Grants are required to report aggregate data to the URS. URS reports including information about utilization of mental health services as well as client demographic and outcome information.

NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH) (<https://nsduhweb.rti.org/>). United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2010. ICPSR32722-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2011-12-05. doi:10.3886/ICPSR32722.v1 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 substance abuse treatment. NSDUH data also include information about mental health needs.

TREATMENT EPISODE DATA SET (TEDS) (<http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>). United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies. Treatment Episode Data Set -- Admissions (TEDS-A), 2009. ICPSR30462-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2012-07-18. doi:10.3886/ICPSR30462.v2 States that participate in the Substance Abuse Prevention and Treatment (SAPT) Block Grant submit individual client data to the TEDS. The TEDS includes both admission and discharge data sets, and some 1.5 million admissions are reported annually. TEDS includes information about utilization of substance abuse treatment services as well as client demographic and outcome information.

U.S. CENSUS BUREAU (<http://www.census.gov/people/>). Two main sources of Census Bureau data were used in this report: (1) Population estimates, and (2) Population projections. Population projections and estimates were created using 2010 Census Data.

This profile was developed by the Substance Abuse and Mental Health Services Administration in partnership with the U.S. Administration on Aging.