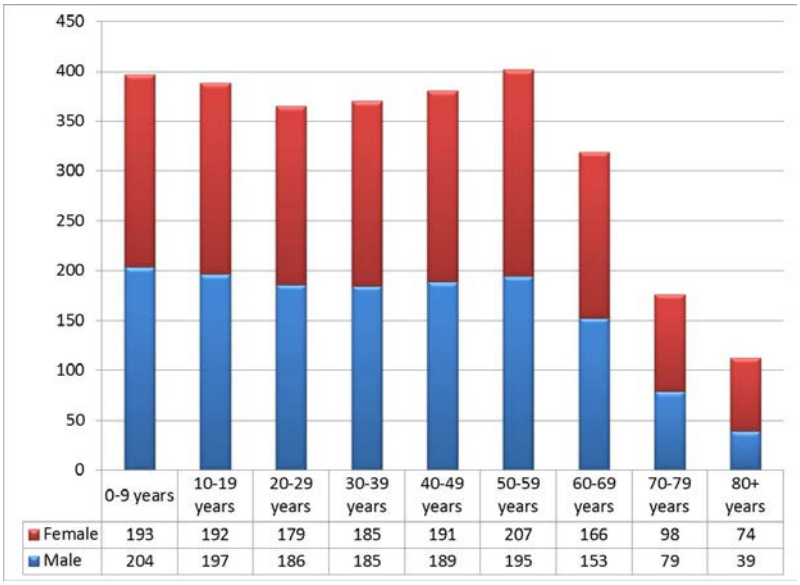
ARKANSAS

April 2-3, 2012

POLICY ACADEMY STATE PROFILE

Population of Arkansas

ARKANSAS POPULATION BY AGE GROUP
(Population in 1,000s)



Source: U.S. Census Bureau

Arkansas is home to nearly 3 million people. Of these, more than 1 million (about 35 percent) are over age 50. More than 600,000 (nearly 21 percent) are over age 60, and about 290,000 (10 percent) are over age 70. Almost 75,000 (2.5 percent) are over age 80. The proportion of each age group that is female rises fairly steadily with each generation – about 65 percent of the 80+ are female. The racial/ethnic composition of older Arkansas populations is as follows:

Racial/Ethnic Composition of Arkansans 50+

White	Black	Other	Hispanic Ethnicity
77.0%	15.4%	3.4%	6.4%

Source: University of Arkansas at Little Rock

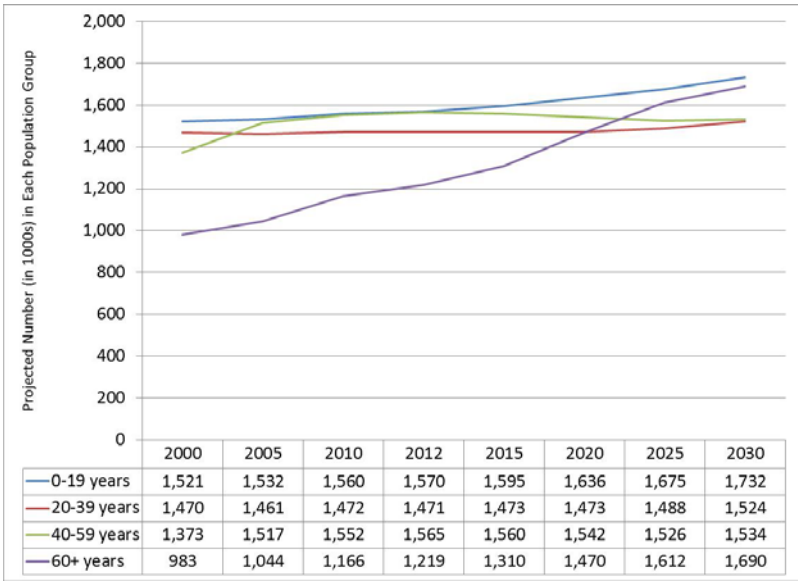
THE NUMBER OF OLDER ARKANSANS IS GROWING
(Population in 1,000s)

The proportion of Arkansas' population that is over 60 is growing while the proportion that is under 60 is shrinking. The U.S. Census Bureau estimates that 26 percent of Arkansas' population will be over age 60 by the year 2030, an increase of more than 25 percent from 2012.

Projected Arkansas Population

Age Group	2012	2020	2030
0 to 19	27.0%	26.7%	26.7%
20 to 39	25.3%	24.1%	23.5%
40 to 59	26.9%	25.2%	23.7%
60+	20.9%	24.0%	26.1%

Source: U.S. Census Bureau



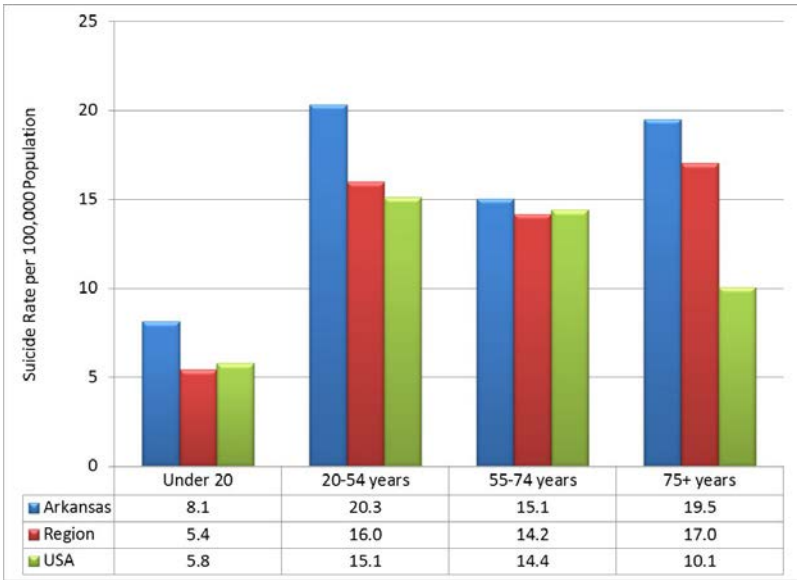
This State behavioral health data profile was developed as part of the Substance Abuse and Mental Health Services Administration-funded Older Americans Behavioral Health Technical Assistance Center in partnership with the U.S. Administration on Aging. Contract No. HHSS283200700003I Task Order No. HHSS28342006T

Suicide Among Older Arkansans

2007 Suicide Rate per 100,000 Population - Arkansas Compared to Region and Nation

The suicide rate among older Arkansans (over age 55) is akin to the rate among younger age groups. In 2007, the latest year in which comparable national data were available, 106 Arkansans over age 55 committed suicide. As this graph illustrates, the suicide rate among older Arkansans was higher than the rate in the U.S. and the surrounding region (including Louisiana, New Mexico, Oklahoma and Texas).

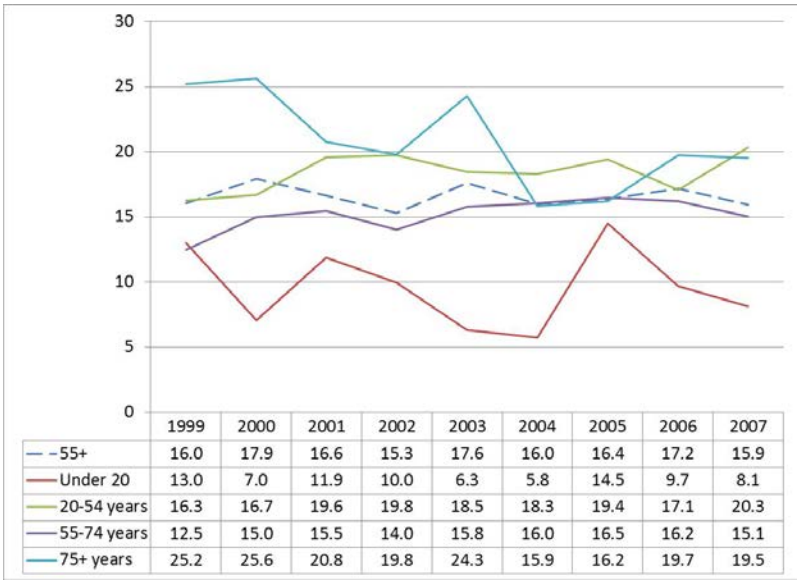
Please Note: States vary in their reporting practices surrounding suicide deaths. The apparent rate of suicide is influenced by these reporting practices.



	Under 20	20-54 years	55-74 years	75+ years
Arkansas	8.1	20.3	15.1	19.5
Region	5.4	16.0	14.2	17.0
USA	5.8	15.1	14.4	10.1

Source: Centers for Disease Control and U.S. Census

Trend in Suicide Rate per 100,000 Arkansas Population



	1999	2000	2001	2002	2003	2004	2005	2006	2007
55+	16.0	17.9	16.6	15.3	17.6	16.0	16.4	17.2	15.9
Under 20	13.0	7.0	11.9	10.0	6.3	5.8	14.5	9.7	8.1
20-54 years	16.3	16.7	19.6	19.8	18.5	18.3	19.4	17.1	20.3
55-74 years	12.5	15.0	15.5	14.0	15.8	16.0	16.5	16.2	15.1
75+ years	25.2	25.6	20.8	19.8	24.3	15.9	16.2	19.7	19.5

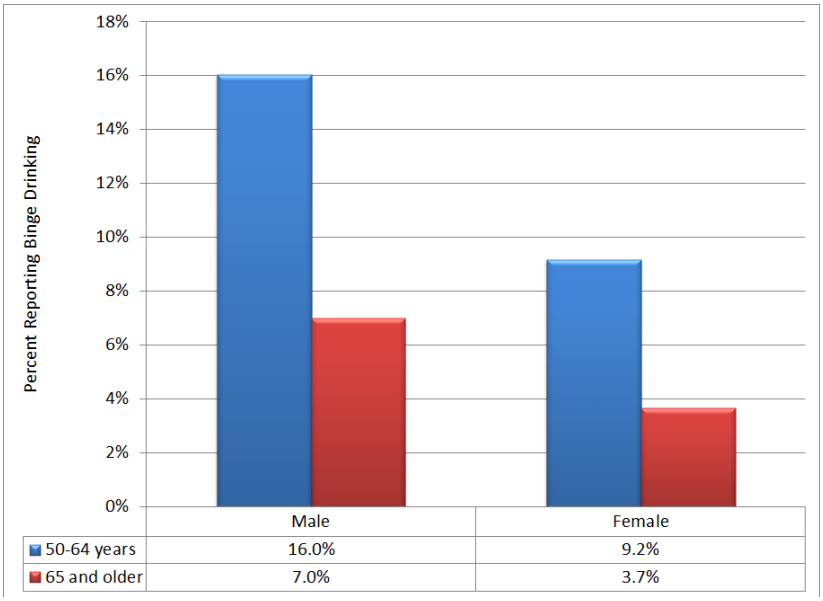
Source: Centers for Disease Control and U.S. Census

The rate of suicide among older Arkansans age 55+ (shown with the dashed line) fluctuated from a high of 17.9 per 100,000 in 2000 to a low of 15.3 per 100,000 in 2002. As this chart shows, the rate has been fairly consistently highest among those in the 75+ age group.

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.

Substance Abuse and Substance Abuse Treatment among Older Arkansans

30-Day Binge Drinking Among Older Arkansans

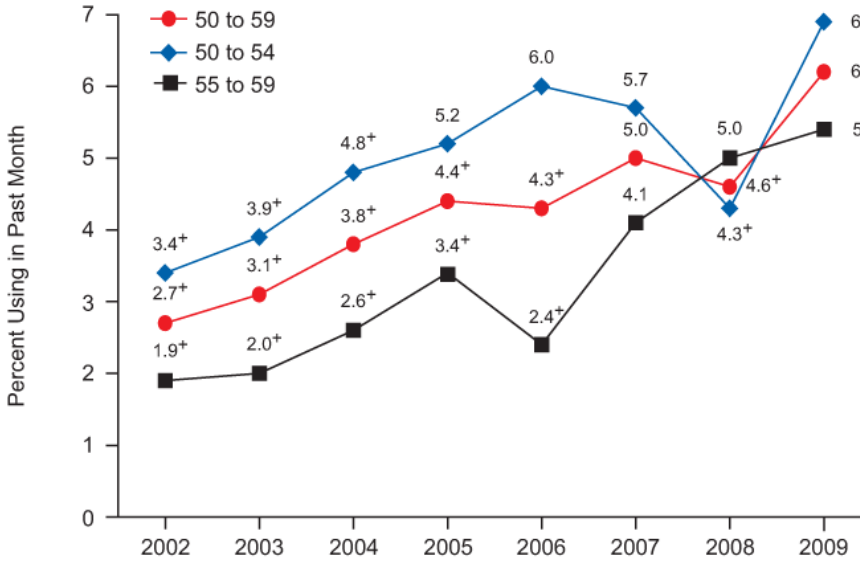


Source: Behavioral Risk Factor Surveillance System, 2011

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 for women and 4 or more for men. Binge drinking decreases with age, but is always higher among men. 16 percent of Arkansas males age 50-64 reported binge drinking while 7.0 percent of those in the 65+ group reported similar behavior. The confidence intervals around these estimates range from ± 2 to 3 percent.

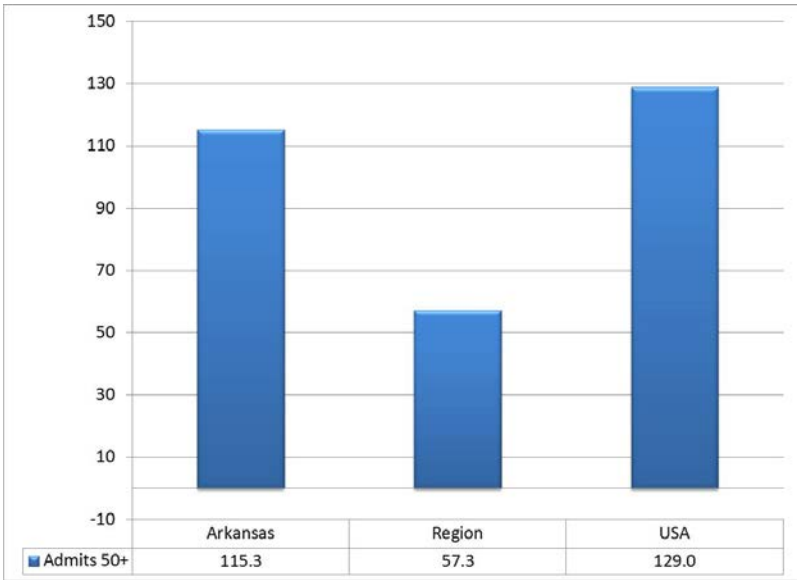
Illicit Drug Use Among Older Americans

Nationally, illicit drug use has nearly tripled among 50-59 year old adults since 2002. In the 50-54 year age group, the rate rose from 2.7 to 6.2 percent. The rate rose from 1.9 to 5.4 percent in the 55-59 year age group. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "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." While Arkansas-specific data are not available, the SAMHSA "States in Brief" Arkansas Report (http://www.samhsa.gov/statesinbrief/2009/ARKANSAS_508.pdf, page 2, notes that in Arkansas: "… rates of past year dependence on or abuse of illicit drugs have been at or above the Nation's rates."



Source: 2009 National Survey on Drug Use and Health: Volume 1. Summary of National Findings

Admissions to Substance Abuse Treatment Among Older Arkansans

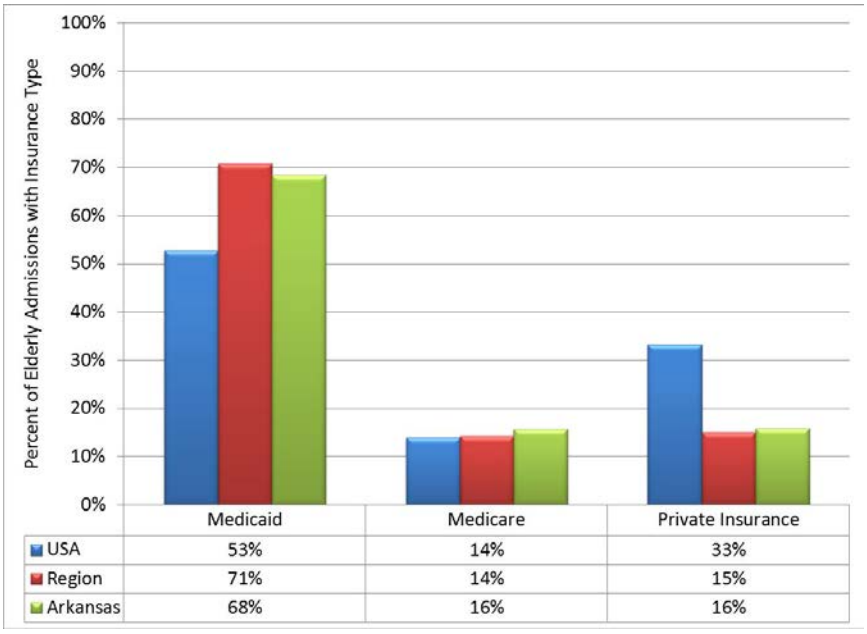


Source: Treatement Episode Data Set, 2009
Includes only those clients reported to SAMHSA

Nearly 2,200 older Arkansans (age 50 and older) were admitted to substance abuse treatment in State-funded facilities in 2009, a rate of more than 115 per 100,000 age 50 plus. This rate was higher than the regional but lower than the national average. More than 75 percent of the admissions were males, very close to the national and regional rates. Almost 75 percent (more than 1,600 individuals with known race) were White. Nearly 23 percent (500 individuals) were Black/African American. Nearly 30 (1.3 percent) identified themselves as being of Hispanic descent. More than 36 percent (nearly 300 individuals over age 50) were referred to treatment by the criminal justice system. More than 45 percent (more than 350 individuals) entered treatment through self or other individual-referral.

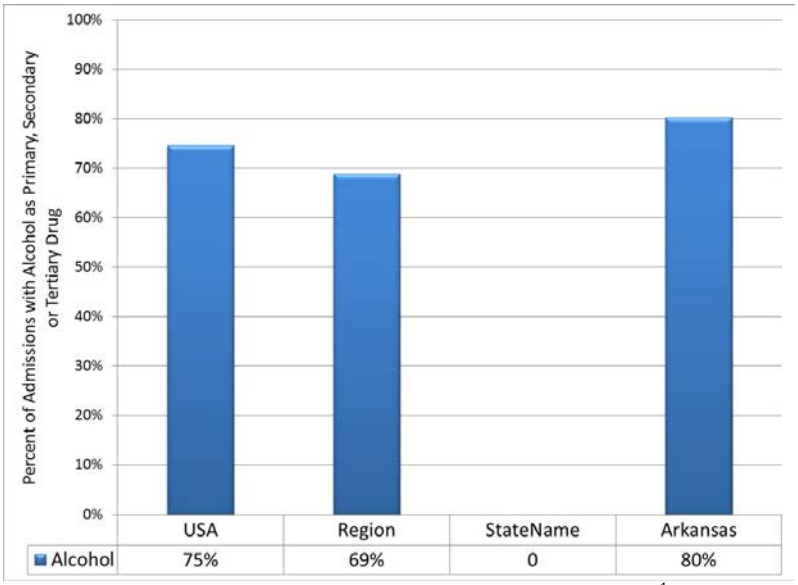
Treatment Admissions among Age 50 and Older by Insurance Type

Nearly 70 percent of older Arkansans who were admitted to substance abuse treatment were insured by the State's Medicaid program. However, while Medicaid was listed as primary insurer, Medicaid was rarely reported as the expected source of payment for these individuals' substance abuse treatment. In 39 percent of cases, the source of payment was reported as "unknown"; in 31 percent the sources was self-pay; in 16 percent, the source was "other"; in 11 percent the source was "no charge"; and in 2 percent the source was private insurance. In the total of 66 percent of cases where the expected source of payment was unknown, other, or no charge, the 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

Substance Abuse Treatment Admissions Age 50 and Older with Alcohol Use

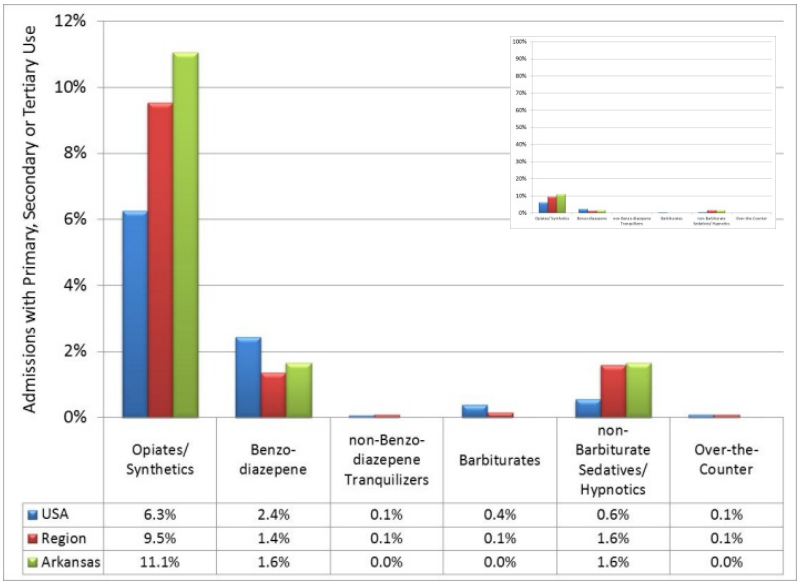


Source; Treatment Episode Data Set, 2009[1]
Includes only those clients reported to SAMHSA

Alcohol was - by far - the most frequent drug of primary use among older Arkansans in publicly financed substance abuse treatment in 2009. Alcohol was mentioned as the primary substance of abuse in more than 40 percent of admissions among those age 50 plus - and it was mentioned as a drug of abuse (primary, secondary or tertiary) in more than 75 percent of cases. This was higher than both the national and regional rates.

Substance Abuse Treatment Admissions with Illicit Drug Use

Opiates or other synthetics were cited as the second most frequent drug used by older Arkansans admitted to publicly funded treatment. More than 11 percent of those age 50 or older reported that they used opiates/other synthetics as a primary, secondary or tertiary substance. This rate is close to double the national average, and higher than the regional average by nearly two percentage points. Benzodiazepines and non-barbiturate sedatives are tied for third in frequency of reporting in Arkansas, being cited in 1.6 percent of cases respectively. This was lower than the national rate, but higher than the regional rate in the case of benzodiazepines; and higher than the national but right at the regional rate in the case of non-barbiturate sedatives/hypnotics.



Source; Treatment Episode Data Set, 2009
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.

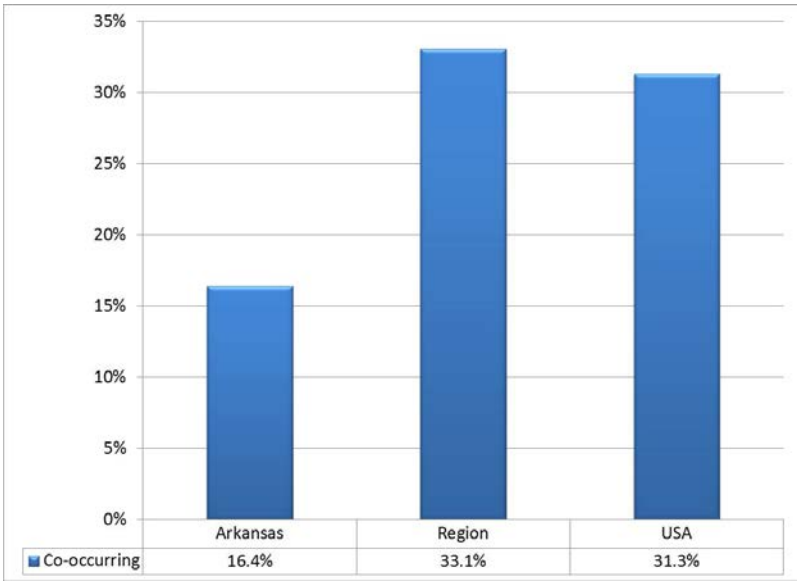
Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults

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 and Mental Health

Proportion of Older Arkansans in Substance Abuse Treatment with Co-Occurring Mental Health Disorder

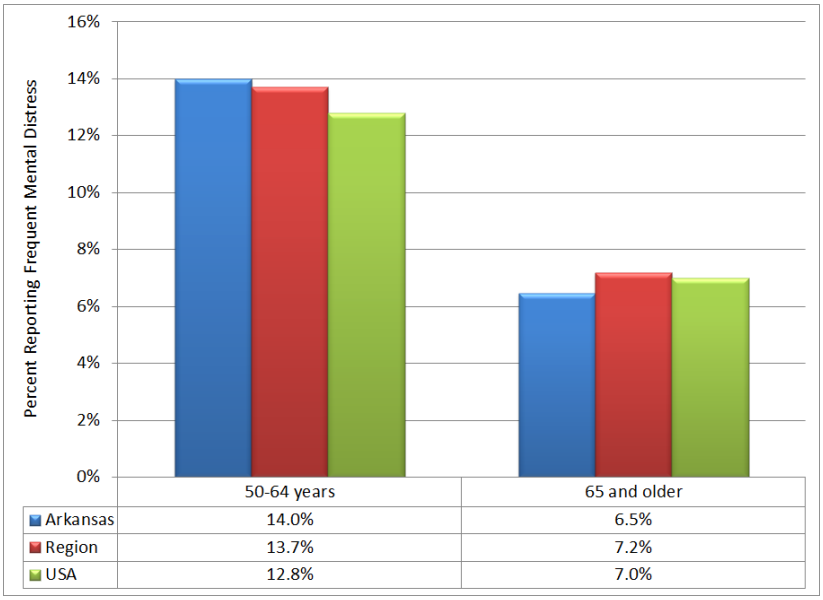


Source: Treatment Episode Data Set, 2009
Includes only those clients reported to SAMHSA

The national literature shows a strong relationship between substance use and mental health disorders. Studies show that 30-80 percent of individuals with a substance abuse or mental health disorder also experience a co-occurring substance abuse/mental health disorder. The graph to the right shows the proportion of older Arkansans (50+) who were admitted to substance abuse treatment and also had a mental health disorder. While this rate appears lower than the nation or the region, reporting practices should also be considered as a factor in these results.

Mental Health

Older Arkansans Reporting Frequent Mental Distress Compared to Region, Nation



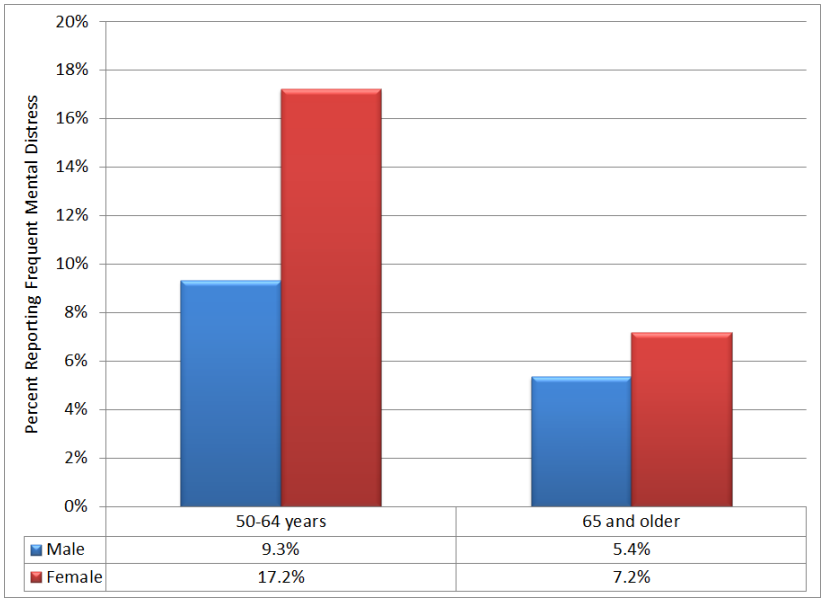
Source: Behavioral Risk Factor Surveillance System, 2011

The Behavioral Risk Factor Surveillance System (BRFSS), a household sruvey 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." 14.0 percent of those in the 50-64 age group and 6.5 percent of those in the 65+ age group reported frequent mental distress.

The confidence interval around the national and regional estimates was less than ± 1 percent. The confidence interval around the Arkansas estimates was approximately ± 1.5 percent.

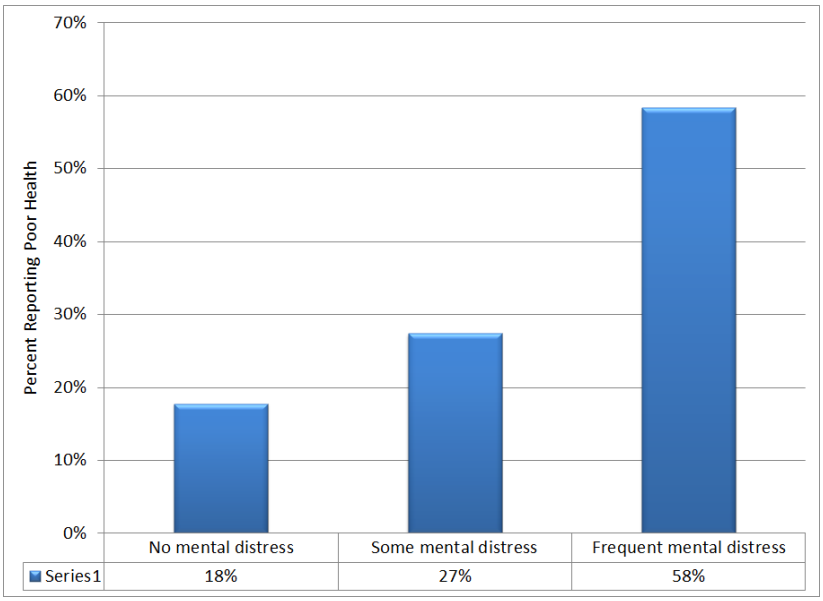
Older Arkansans Reporting Frequent Mental Distress by Age Group and Gender

While older Arkansas males were more likely to indulge in binge drinking, females were more likely to report that they had frequent mental distress (14 days or more per 30 day period). As this graph shows, 17.2percent of females in the "50-64" year age group and 9.3 percent in the "65+" age group reported frequent mental distress. Men in both age groups were less likely than their female counterparts to report frequent mental distress: 9.3 percent of the 50-64 year and 5.4 percent of the 65 and older group. The confidence interval around each of these groups was approximately ± 1.5 percent. The difference between age groups were statistically significant.



Source: Behavioral Risk Factor Surveillance System, 2011

People with Frequent Mental Distress Report Poor Physical Health



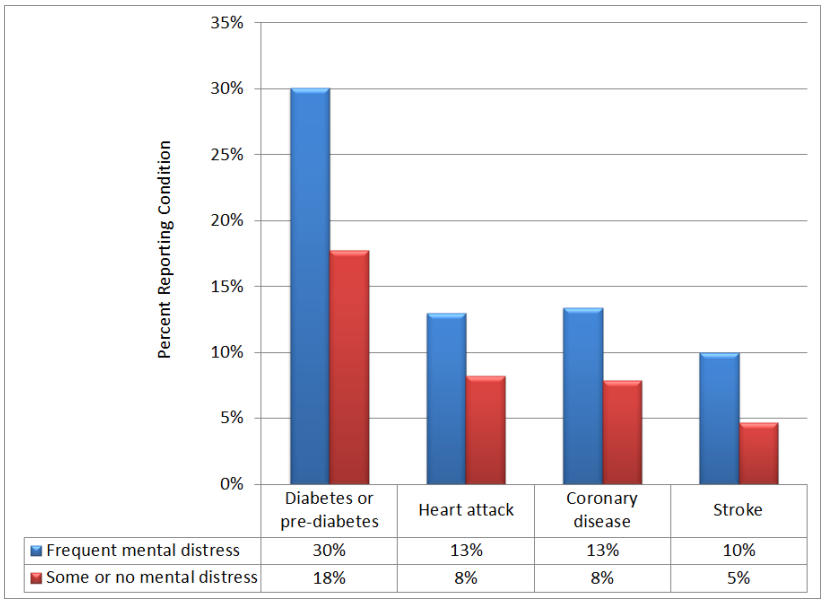
Source: Behavioral Risk Factor Surveillance System, 2011

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.

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

Older Arkansans Admitted to State Mental Health Facilities

Just over 3 percent of the people served by the Arkansas' mental health system were age 65 or older (2.3 percent were age 65 to 74 and 0.8 percent were age 75 or older). This represents a total of more than 2,300 adults.

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.