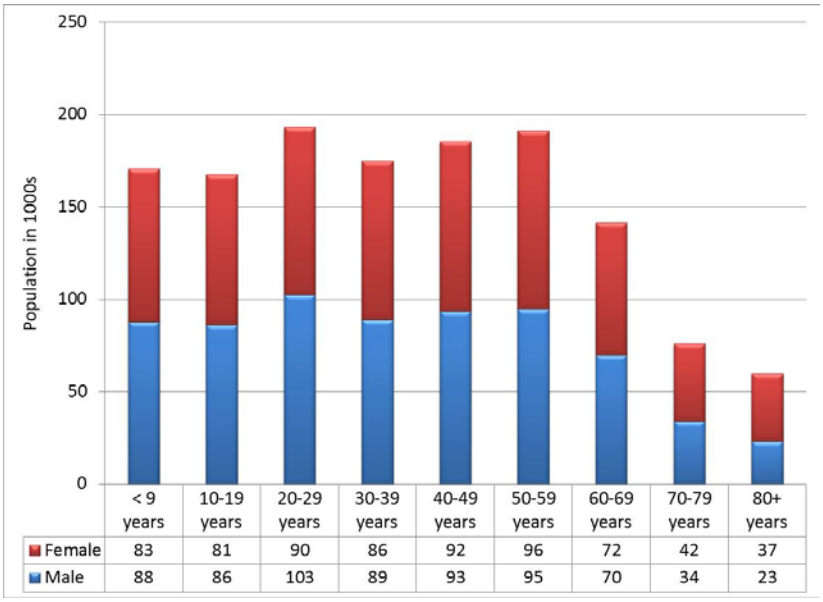
Hawaii

POLICY ACADEMY STATE PROFILE

August, 2012

Hawaii's Population

HAWAII'S POPULATION (IN 1000S) BY AGE GROUP



Source: U.S. Census Bureau, 2010

Hawaii is home to nearly 1.4 million people. Of these, nearly 470,000 (34.5 percent) are over 50; more than 277,000 (20.4 percent) are over 60; nearly136,000 (10.0 percent) are over 70; and nearly 60,000 (4.4 percent) are over 80. The proportion of females rises steadily with age; 61.2 percent of the 80+ population are female. The racial/ethnic composition of older Hawaiians is as follows:

Race/Ethnicity of Hawaiians

Age	White	Black	Am Indian AK Native	Other	White not Hispanic
<55	23.8%	1.9%	0.3%	74.1%	21.4%
55+	28.6%	0.7%	0.2%	70.5%	27.4%

Source: U.S. Census Bureau, 2009 Projections

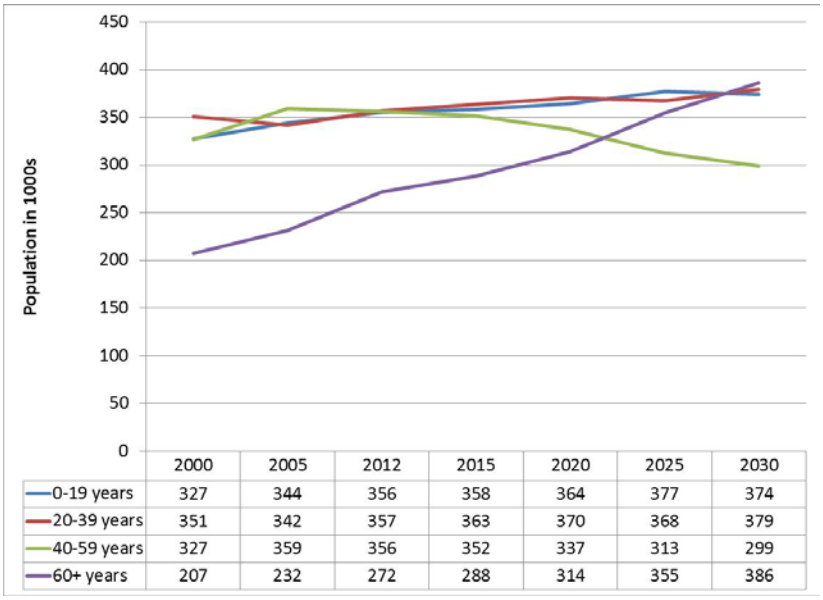
THE NUMBER OF OLDER HAWAIIANS IS GROWING (POPULATION IN 1000S)

The proportion of Hawaii's population that is over 60 is growing much more rapidly than the proportion that is under 60. The U.S. Census Bureau estimates that about 27 percent of Hawaii's population will be over age 60 by the year 2030, an increase of 33 percent from 2012.

Projected Hawaii Population

Age Group	2012	2020	2030
0 to 19	26.5%	26.3%	26.0%
20 to 39	26.6%	26.7%	26.4%
40 to 59	26.6%	24.3%	20.8%
60+	20.3%	22.7%	26.9%

Source: U.S. Census Bureau, 2009 Projections



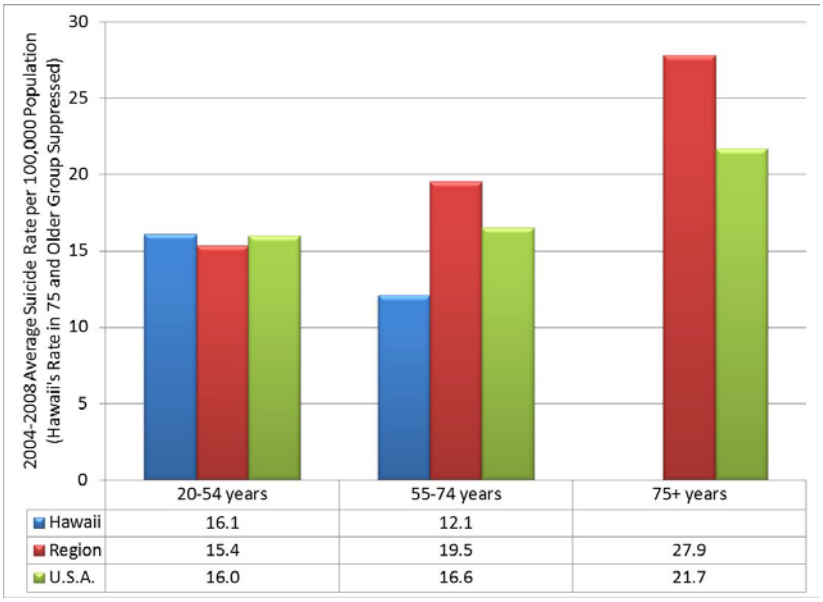
Source: U.S. Census Bureau, 2009 Projections

Suicide Among Older Hawaiians

2004-2008 Average Suicide Rate per 100,000 Population

The suicide rate among Hawaiians age 55 and older is lower than the rate among the 20-54 year group. Suicide rates in the 75 and older group are higher than the rates in younger age groups in both the nation and the Western Region which includes Alaska, Arizona, California, Idaho, Nevada, Oregon and Washington in addition to Hawaii. The Hawaii rates are suppressed for the 75+ age group because of low numbers and resultant concerns for confidentiality. (The rates shown here represent the average number of suicides per 100,000 in population from 2004 to 2008).

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



	20-54 years	55-74 years	75+ years
Hawaii	16.1	12.1	
Region	15.4	19.5	27.9
U.S.A.	16.0	16.6	21.7

Source: Centers for Disease Control Vital Statistics 2008

Western Region Suicide Trend

	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
20-54 years	13.7	13.1	13.6	14.3	14.6	14.3	14.1	14.6	15.0
55-74 years	14.7	14.2	15.2	15.7	15.3	15.0	15.2	16.1	17.6
75 and older	26.2	24.3	23.9	25.0	23.9	23.2	22.8	21.6	21.2
-55 and older	17.8	17.0	17.6	18.2	17.6	17.2	17.1	17.5	18.5

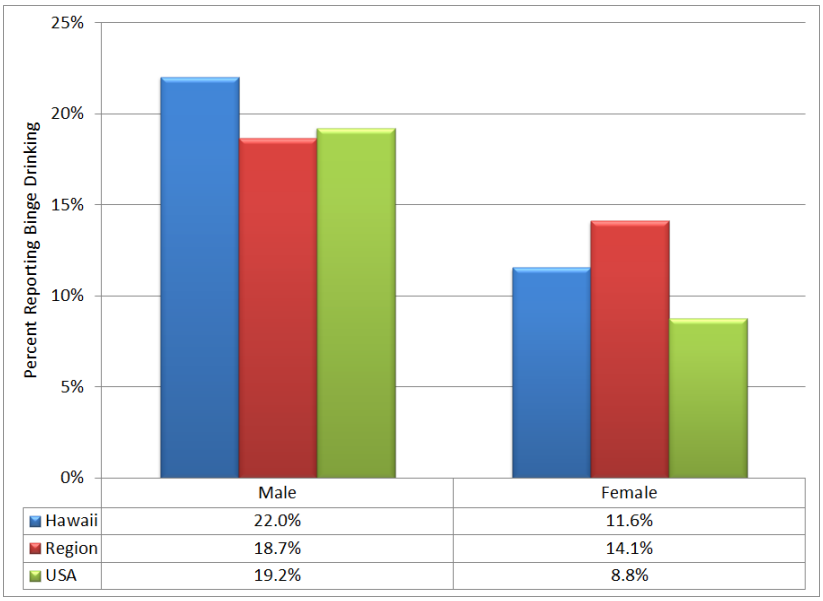
Source: Centers for Disease Control Vital Statistics 2009

Over the past decade, the two-years moving average rate of suicide among people age 55 and older in the Western region - shown with the dashed line - has fluctuated from a high of 18.5 to a low of 17.0 per 100,000 population. The rate in the 75 and older group has remained consistently above the rate in younger age groups; however, the differences have appeared to narrow in most recent reporting.

Please Note: The rate in the Western Region is shown here because the Hawaii rates in the oldest age group were suppressed due to confidentiality concerns. 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 Hawaiians' Substance Use / Abuse

30-Day Binge Drinking among older Hawaiians by GENDER



Source: Behavioral Risk Factor Surveillance System 2011

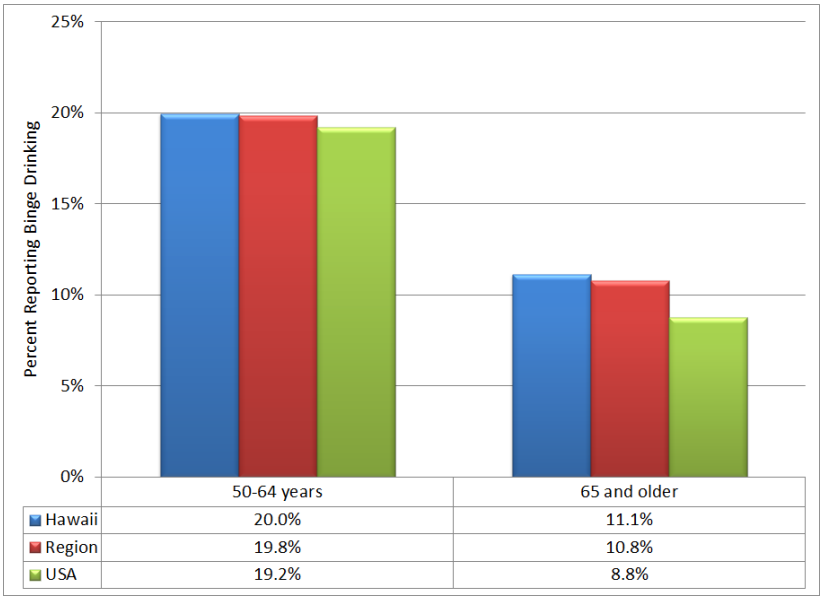
Duke Medicine News (August 17, 2009) notes that binge drinking can cause: "serious problems, such as stroke, cardiovascular disease, liver disease, neurological damage and poor diabetes control." Binge drinkers are more likely to take risks like driving while intoxicated, and to experience falls and 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 is consistently highest among men. The overall rate of binge drinking among Hawaiians age 50 and older is 14.2 percent: 18.4 percent among males and 11.1 percent among females. The confidence intervals around regional / national and Hawaii estimates are less than ± 0.2 and ± 2.0 percent respectively.

30-Day Binge Drinking Among Older Hawaiians by AGE GROUP

Binge drinking tends to decrease with age. 18.3 percent of Hawaiians in age 50-64 reported binge drinking, while 7.6 percent in the 65+ age group reported similar behavior. The confidence intervals around the regional / national and Hawaii estimates are less than ± 0.2 and ± 2.0 percent respectively. The following table shows this breakdown by age and gender:

Binge Drinking among Hawaiians by Age Group and Gender

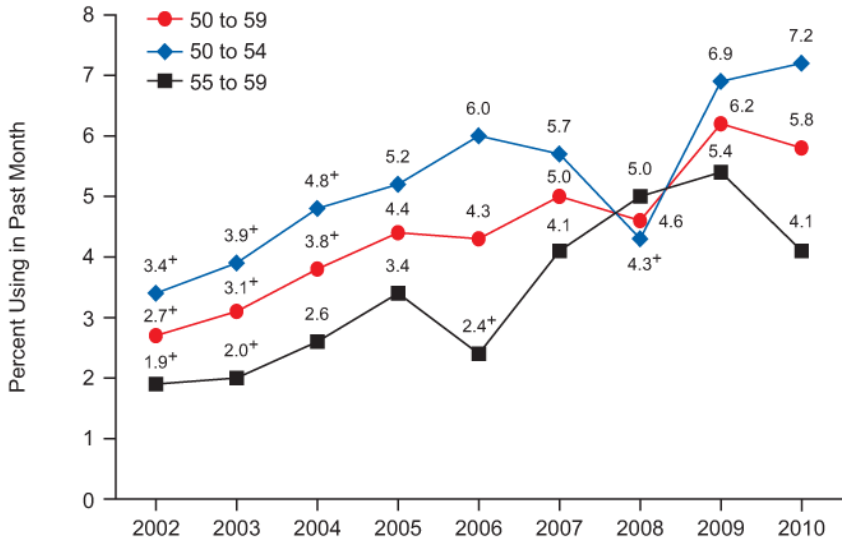
	Male	Female
50-64 years	22.8%	14.9%
65 and older	11.0%	5.3%



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 Hawaiians are not available; however the SAMHSA NSDUH Report (http://www.oas.samhsa.gov/2k9state/Cover.pdf), provides general information about substance use in Hawaii.



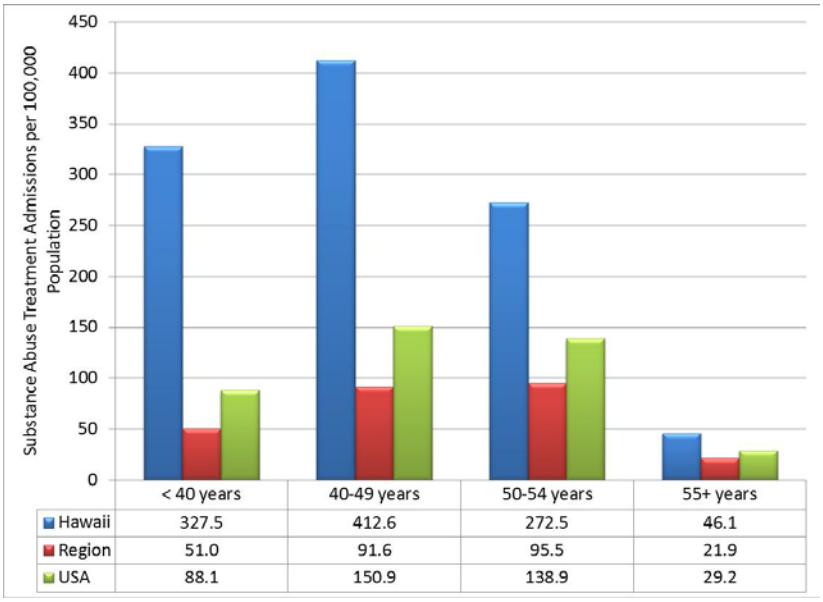
Source: National Survey on Drug Use and Health, 2010
Volume 1. Summary of National Findings

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 Age 50 and Older



	< 40 years	40-49 years	50-54 years	55+ years
Hawaii	327.5	412.6	272.5	46.1
Region	51.0	91.6	95.5	21.9
USA	88.1	150.9	138.9	29.2

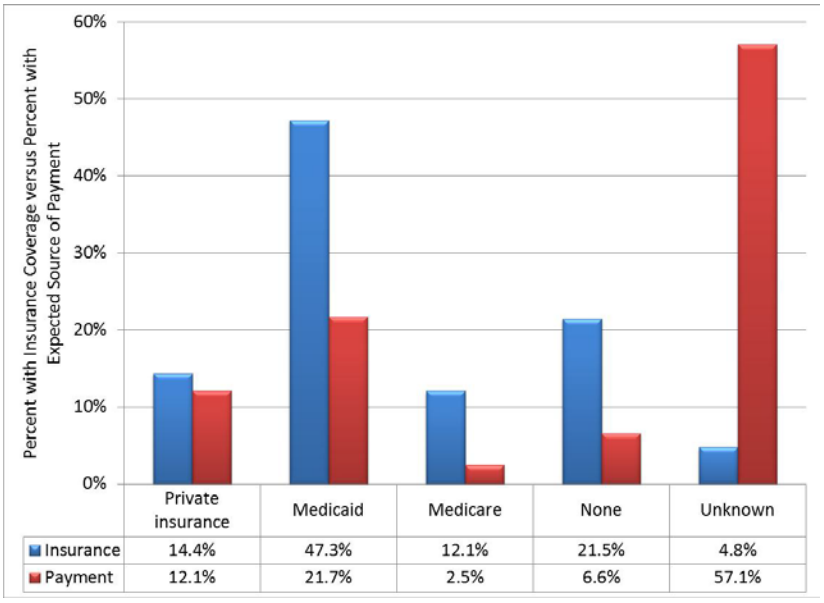
Source; Treatment Episode Data Set, 2009[1]
Includes only those clients reported to SAMHSA

Hawaii reported 438 admissions to public substance abuse treatment among those age 50 and older in 2009. This represented a rate of 93.5 admissions per 100,000 population. While this rate appears much higher than the rate in the Western Region and the Nation, Hawaii's relatively small population enhances this effect. That is, a small change in the number of treatment admissions may appear to result in a large change in the treatment penetration rate. Admission characteristics include:

- 315 (72 percent) were male.
- 200 (46 percent) were White.
- 64 (15 percent) were Asian.
- 38 (9.5 percent) were of Hispanic origin.
- 135 (30.8 percent) were referred to treatment by the criminal justice system.

Treatment Admissions among Age 50 and Older by Insurance Type

Nearly 50 percent of older Hawaiians substance abuse treatment admittees reported they were insured by the State's Medicaid program. However, Medicaid was listed as the expected source of payment for in 21.7 percent of cases. In nearly 65 percent of admissions, the source of payment was reported as "none" or "unknown". In these cases the bills were likely directed toward the State's SAPT Block Grant/State-funded treatment programs.

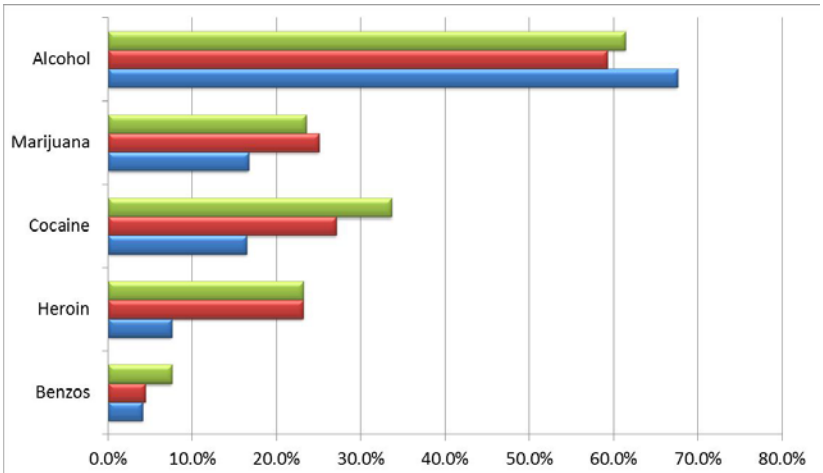


	Private insurance	Medicaid	Medicare	None	Unknown
Insurance	14.4%	47.3%	12.1%	21.5%	4.8%
Payment	12.1%	21.7%	2.5%	6.6%	57.1%

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.

Age 50 and Older Hawaii Treatment Admissions - Substances Used

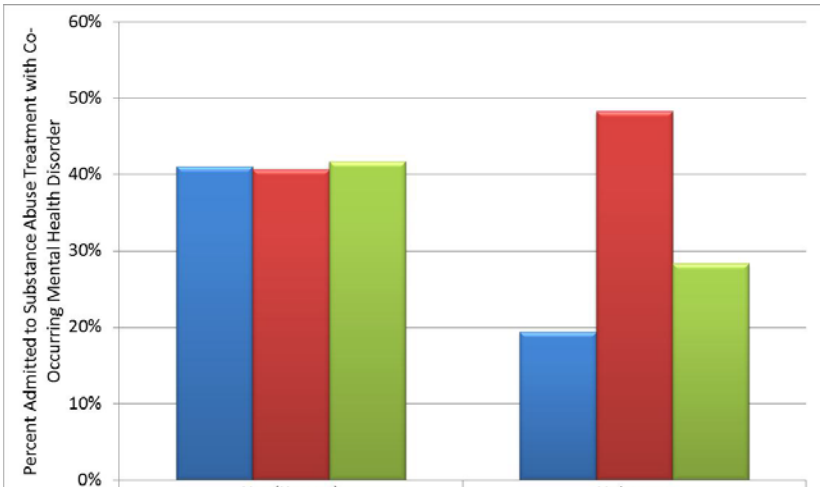


	Benzos	Heroin	Cocaine	Marijuana	Alcohol
U.S.	7.5%	23.1%	33.7%	23.5%	61.4%
Region	4.4%	23.1%	27.1%	25.0%	59.2%
Hawaii	4.1%	7.5%	16.4%	16.7%	67.6%

Source; Treatment Episode Data Set, 2009[2]
Includes only those clients reported to SAMHSA

Alcohol was - by far - the drug of choice among older Hawaiians in publicly financed substance abuse treatment in 2009. Alcohol was mentioned as the primary, secondary or tertiary substance of abuse in more than 60 percent of admissions among those age 50 and older. It was followed by cocaine at 33.7 percent; marijuana at 23.5 percent; heroin at 23.1 percent; and benzodiazepines/other tranquilizers at 7.5 percent.

Co-Occurring Mental Health Disorders



	Yes (Known)	Unknown
Hawaii	41.1%	19.4%
Region	40.7%	48.3%
USA	41.8%	28.3%

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

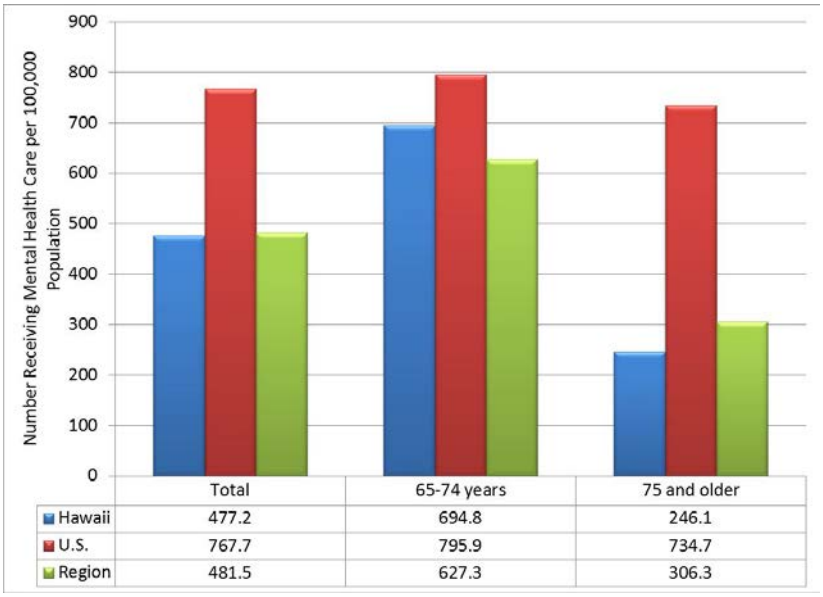
Research shows a strong relationship between substance use and mental health disorders. Studies show 30-80 % of people with substance abuse or mental health disorders also have a co-occurring substance abuse/mental health disorder. This graph shows the proportion of Hawaiians age 50 and older who were admitted to substance abuse treatment and also had a mental health diagnosis. This rate appears akin to the rate in the the nation and the Western Region. However, reporting practices are a large contributing factor in these results.

[2] 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.

Mental Health

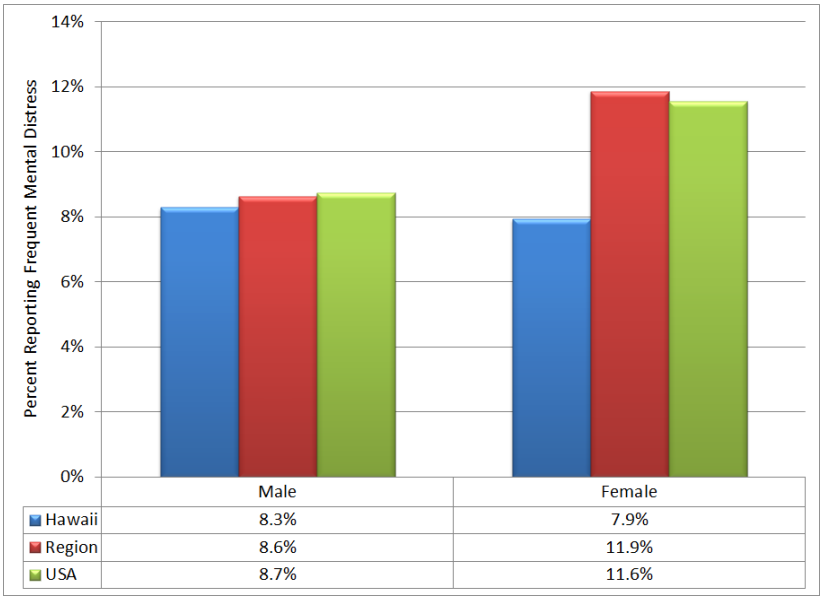
Older Hawaiians Admitted to State Mental Health Facilities

Over 5 percent of the people served by the Hawaii mental health system were age 65 or older (4.1 percent were age 65 to 74 and 1.4 percent were age 75 or older). This represents a total of approximately 698 people. These and more data regarding Hawaii's mental health service system are available at: http://www.samhsa.gov/dataoutcomes/urs/2010/Hawaii.pdf



Source: Center for Mental Health Services Uniform Reporting System, 2010

OLDER HAWAIIANS REPORTING FREQUENT MENTAL DISTRESS BY GENDER



	Male	Female
Hawaii	8.3%	7.9%
Region	8.6%	11.9%
USA	8.7%	11.6%

Source: Behavioral Risk Factor Surveillance System, 2011

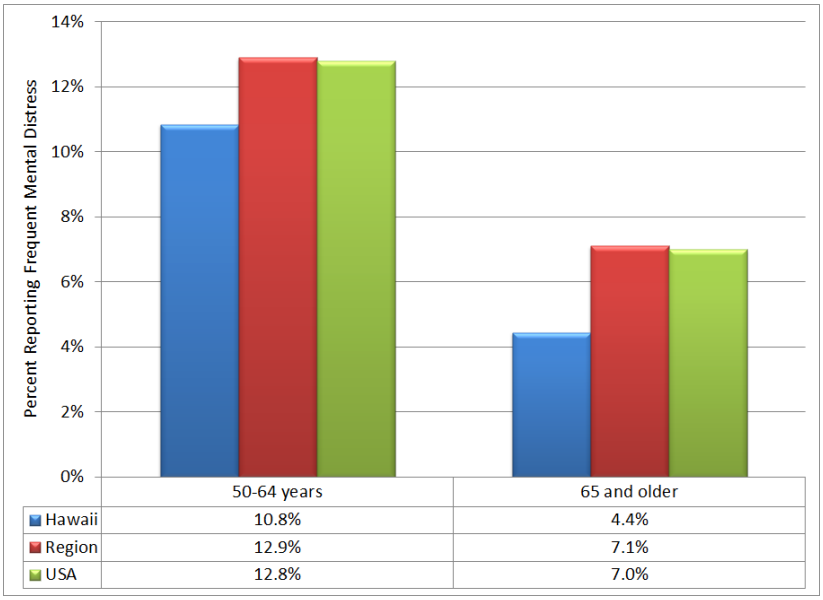
The Behavioral Risk Factor Surveillance System (BRFSS), a household sruvey conducted in all 50 states and several territories, asks the following question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days 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 (FMD). Females are consistently more likely to report FMD. While 6.5 percent of older Hawaiians overall reported FMD: Nearly 11 percent of females and 7 percent of males. Confidence interval around national / regional and Hawaii estimates were less than ± 0.2 and ± 2.0 . respectively.

OLDER HAWAIIANS REPORTING FREQUENT MENTAL DISTRESSBY BY AGE GROUP

Hawaiians in the 50-64 year age group were more likely than those in 65 and older age group to report FMD: 10.8 percent in the 50-64 year and 4.4 percent in the 65 and older group reported FMD. Confidence interval around national / regional and Hawaii estimates were less than ± 0.2 and ± 2.0 . respectively. The breakdown by age and gender is as follows:

Hawaiians Reporting Frequent Mental Distress by Age Group and Gender

	Male	Female
50-64 years	10.7%	10.9%
65 and older	4.5%	4.4%



	50-64 years	65 and older
Hawaii	10.8%	4.4%
Region	12.9%	7.1%
USA	12.8%	7.0%

Source: Behavioral Risk Factor Surveillance System, 2011

OTHER MEASRUES 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 Hawaii. 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)?

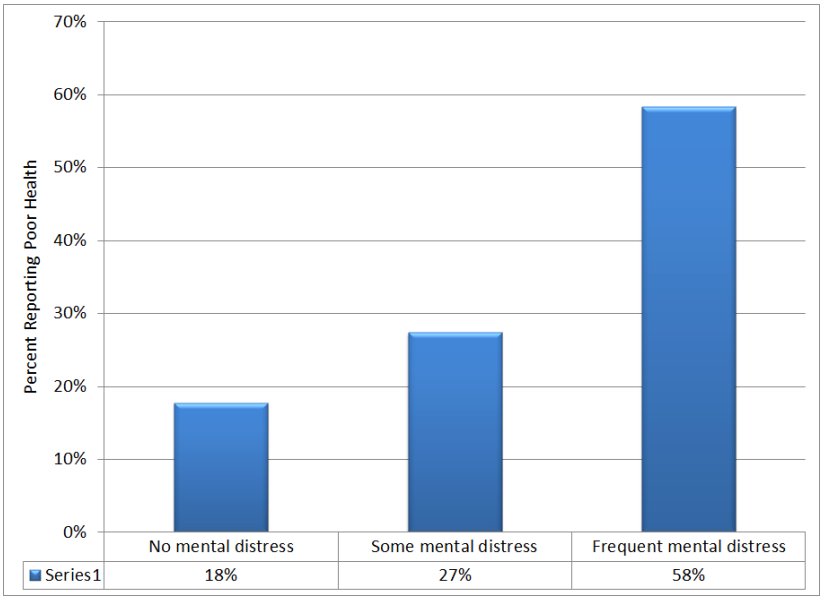
The results of these surveys among older Hawaiians are shown below:

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2010

Age Group						
	Age 50+		Age 50–64		Age 65+	
Indicator	Data %	Confidence Interval	Data %	Confidence Interval	Data %	Confidence Interval
Core BRFSS Indicators (2010)						
Rarely or never get social or emotional support (revised)	16.7	(15.6-17.8)	10.9	(9.6-12.1)	23.9	(22.0-25.9)
Very dissatisfied or dissatisfied with life (revised)	3.3	(2.8-3.8)	3.7	(3.0-4.5)	2.7	(2.0-3.5)
Anxiety and Depression Optional Module Indicators (2006)[3]						
Current Depression	6.0	(5.0-7.2)	7.6	(6.1-9.5)	3.6	(2.5-5.1)
Lifetime Diagnosis of Depression	9.4	(8.3-10.7)	12.6	(10.8-14.6)	5.1	(3.9-6.6)
Lifetime Diagnosis of Anxiety Disorder	8.2	(7.1-9.4)	10.5	(8.9-12.4)	4.9	(3.6-6.6)

[3] Data available at http://apps.nccd.cdc.gov/MAHA/StateDetails.aspx?State=HI

People with Frequent Mental Distress Report Poor Physical Health



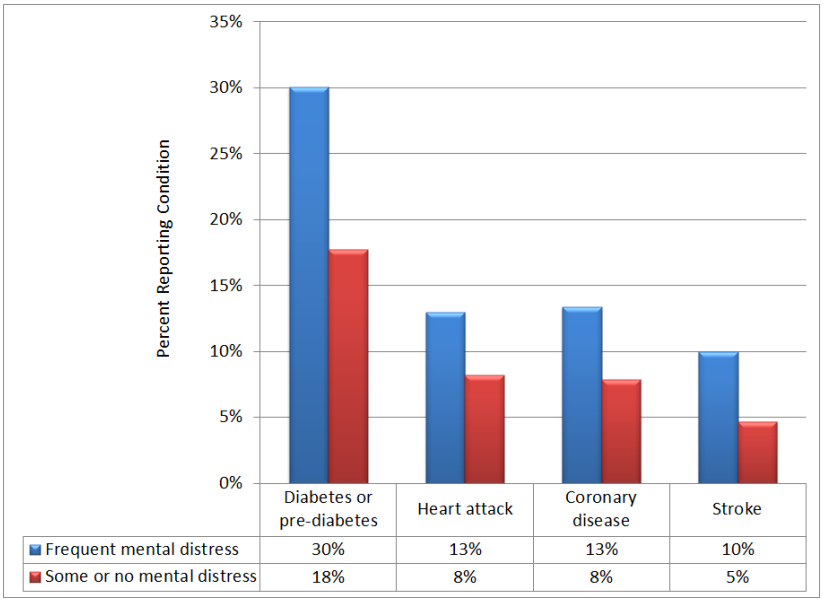
Source: Behavioral Risk Factor Surveillance System, 2011

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

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.