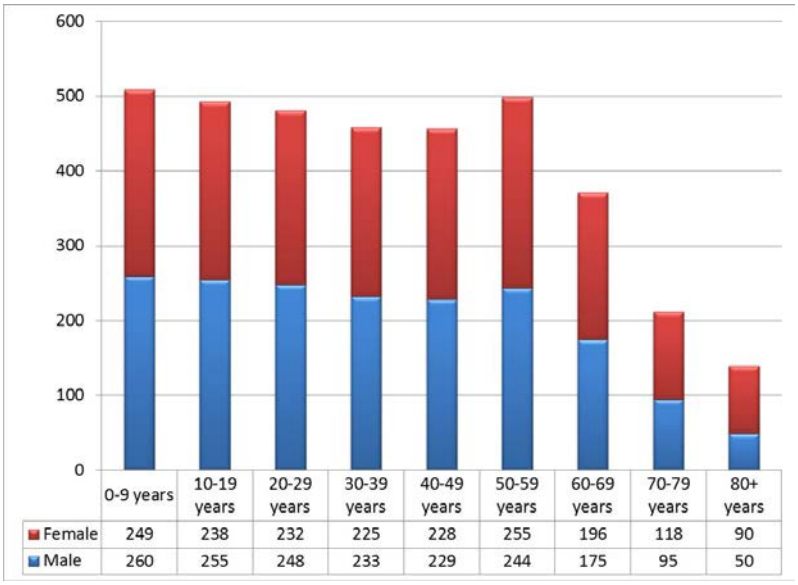
Oklahoma

April 2-3, 2012

POLICY ACADEMY STATE PROFILE

Population of Oklahoma

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



	0-9 years	10-19 years	20-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years
Female	249	238	232	225	228	255	196	118	90
Male	260	255	248	233	229	244	175	95	50

Source: U.S. Census Bureau

Oklahoma is home to more than 3.6 million people. Of these, more than 1 million (about 34 percent) are over age 50. More than 700,000 (about 20 percent) are over age 60, and more than 350,000 (about 10 percent) are over age 70. Almost 140,000 (close to 4 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 Oklahoma populations is as follows:

Racial/Ethnic Composition of Oklahomans 50+

White	Native American	Black	Other	Hispanic Ethnicity
72.2%	8.6%	7.4%	11.8%	8.9%

Source: University of Oklahoma at Little Rock

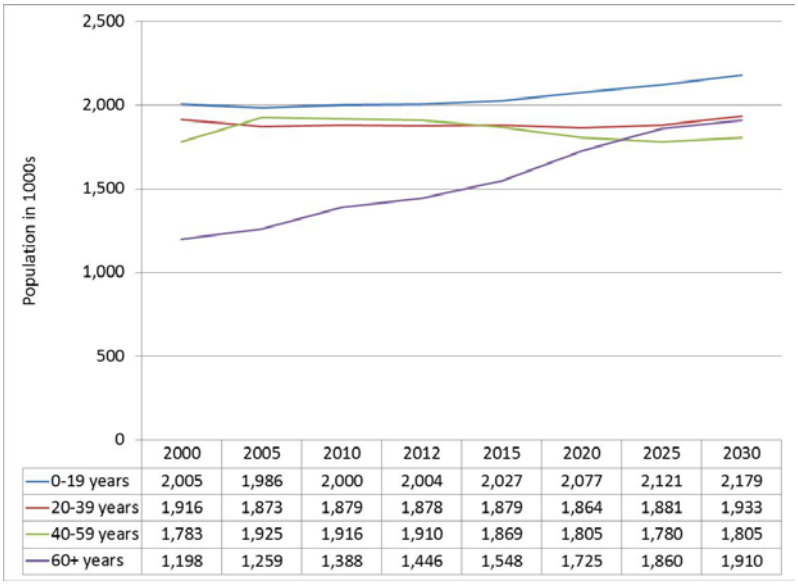
THE NUMBER OF OLDER OKLAHOMANS IS GROWING
(Population in 1,000s)

The proportion of Oklahoma' population that is over 60 is growing while the proportion that is under 60 is shrinking. The U.S. Census Bureau estimates that more than 24 percent of Oklahoma's population will be over age 60 by the year 2030, an increase of close to 25 percent from 2012.

Projected Oklahoma Population

Age Group	2012	2020	2030
0 to 19	27.7%	27.8%	27.8%
20 to 39	25.9%	25.0%	24.7%
40 to 59	26.4%	24.2%	23.1%
60+	20.0%	23.1%	24.4%

Source: U.S. Census Bureau



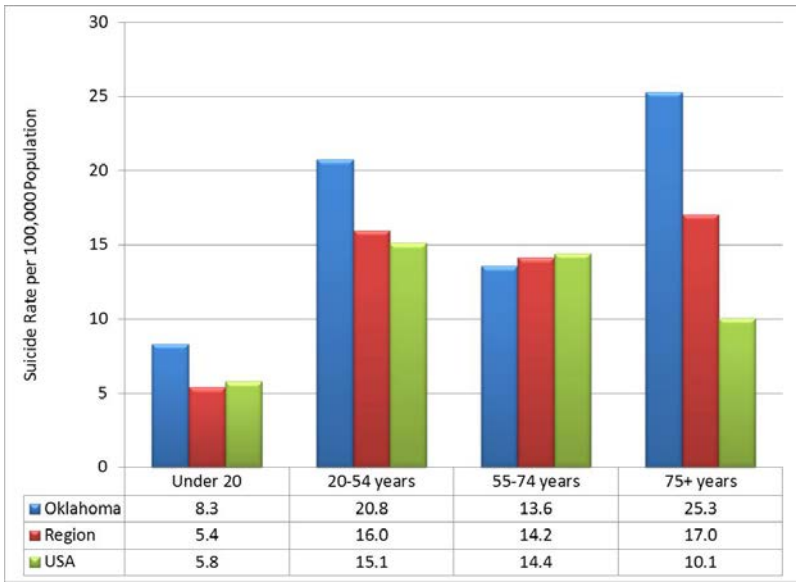
	2000	2005	2010	2012	2015	2020	2025	2030
0-19 years	2,005	1,986	2,000	2,004	2,027	2,077	2,121	2,179
20-39 years	1,916	1,873	1,879	1,878	1,879	1,864	1,881	1,933
40-59 years	1,783	1,925	1,916	1,910	1,869	1,805	1,780	1,805
60+ years	1,198	1,259	1,388	1,446	1,548	1,725	1,860	1,910

Suicide Among Older Oklahomans

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

The suicide rate among older Oklahomans (over age 55) is close to the rate among younger age groups. In 2007, the latest year in which comparable national data were available, 146 Oklahomans over age 55 committed suicide. As this graph illustrates, the suicide rate is highest in the 75 and older age group, and it is much higher than the rate in the region (including Arkansas, Louisiana, New Mexico and Texas).

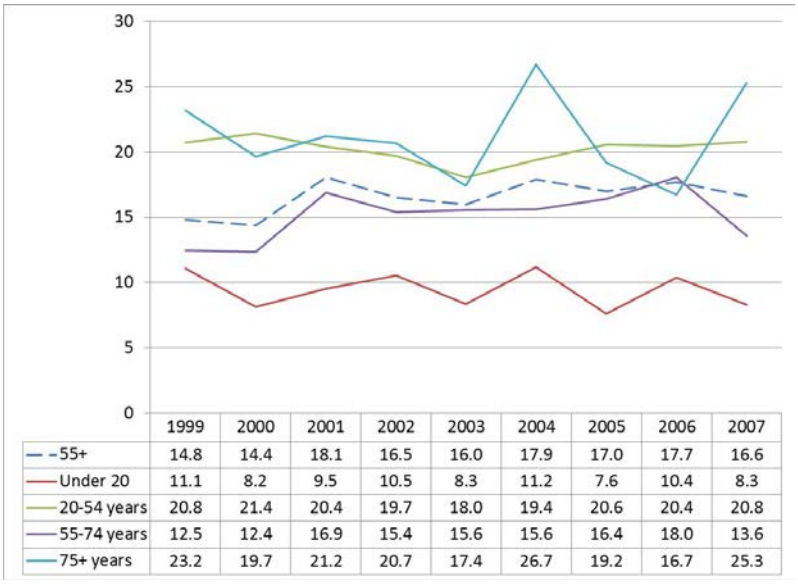
Please Note: States vary in their reporting practices surrounding suicide deaths. The apparent rate of suicide is influenced by these reporting practices.



	Under 20	20-54 years	55-74 years	75+ years
Oklahoma	8.3	20.8	13.6	25.3
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



	1999	2000	2001	2002	2003	2004	2005	2006	2007
55+	14.8	14.4	18.1	16.5	16.0	17.9	17.0	17.7	16.6
Under 20	11.1	8.2	9.5	10.5	8.3	11.2	7.6	10.4	8.3
20-54 years	20.8	21.4	20.4	19.7	18.0	19.4	20.6	20.4	20.8
55-74 years	12.5	12.4	16.9	15.4	15.6	15.6	16.4	18.0	13.6
75+ years	23.2	19.7	21.2	20.7	17.4	26.7	19.2	16.7	25.3

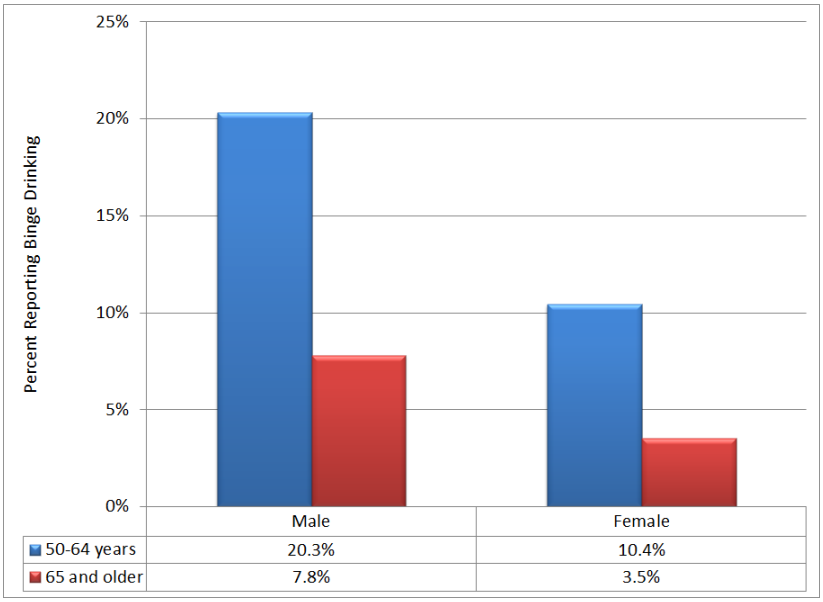
Source: Centers for Disease Control and U.S. Census

The rate of suicide among older Oklahomans age 55+ (shown with the dashed line) fluctuated from a high of 18.1 per 100,000 in 2001 to a low of 14.4 per 100,000 in 2000. As this chart shows, the rate has been consistently high 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 Oklahomans

30-Day Binge Drinking Among Older Oklahomans

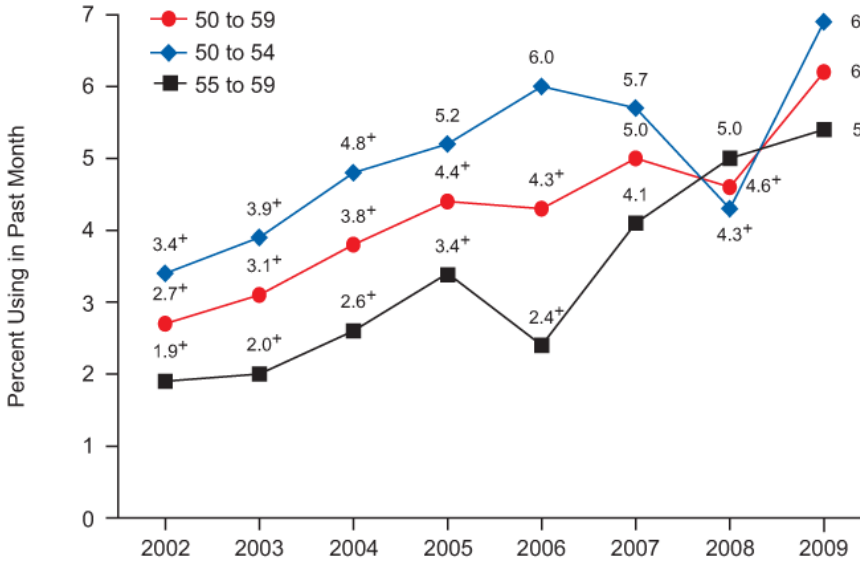


Source: Behavioral Risk Factor Surveillance System, 2011

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. More than 20 percent of Oklahoma males age 50-64 reported binge drinking while more about 8 percent of those in the 65+ group reported similar behavior. The confidence intervals around these estimates range from ± 2 to 3 percent.

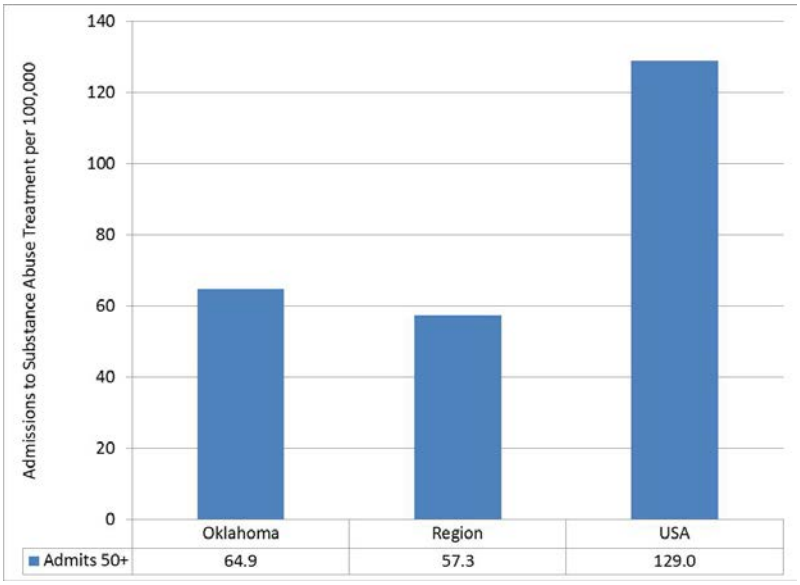
Illicit Drug Use Among Older Americans

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 Oklahoma-specific data are not available, the SAMHSA "States in Brief" Oklahoma Report (http://www.samhsa.gov/statesinbrief/2009/OKLAHOMA_508.pdf) provides more in-depth information.



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

Admissions to Substance Abuse Treatment Among Older Oklahomans

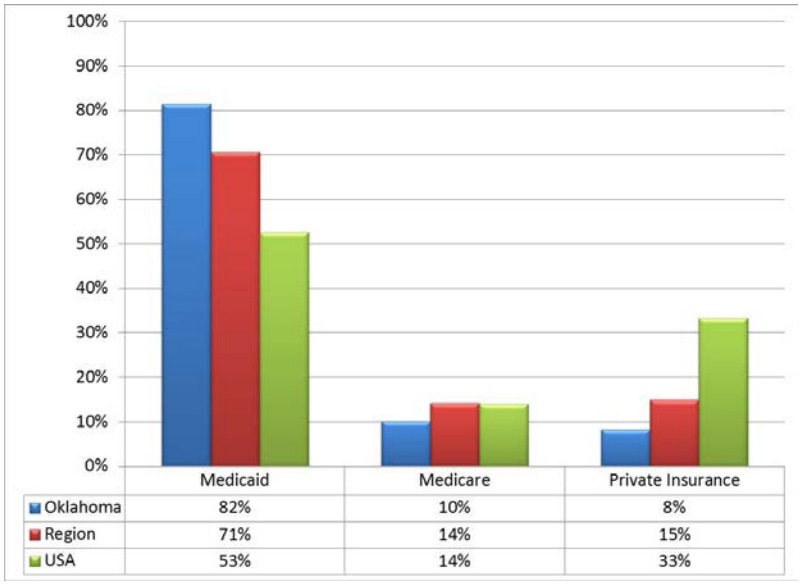


More than 1,500 older Oklahomans (age 50 and older) were admitted to substance abuse treatment in State-funded facilities in 2009, a rate of approximately 65 per 100,000 age 50 plus. This rate was higher than the regional but lower than the national average. Close to 78 percent of the admissions were males, akin to the national and regional rates. Nearly 70 percent (more than 350 individuals with known race) were White. About 23 percent (124 individuals) were Black/African American. About 3 percent identified themselves as being of Hispanic descent. Nearly 40 percent (more than 200 individuals) were referred to treatment by the criminal justice system. More than 45 percent (249 individuals) entered treatment through self or other individual-referral.

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

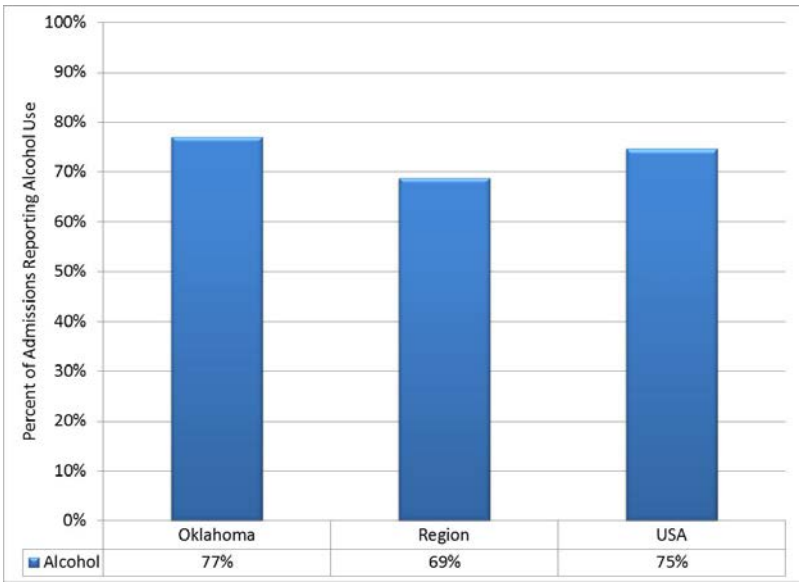
Treatment Admissions among Age 50 and Older by Insurance Type

More than 80 percent of older Oklahomans who were admitted to substance abuse treatment were insured by the State's Medicaid program. However, while Medicaid was listed as primary insurer, the expected source of payment was not known. Frequently, SAPT Block Grant funded programs charge care to this or other State sources.



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

Substance Abuse Treatment Admissions Age 50 and Older with Alcohol Use

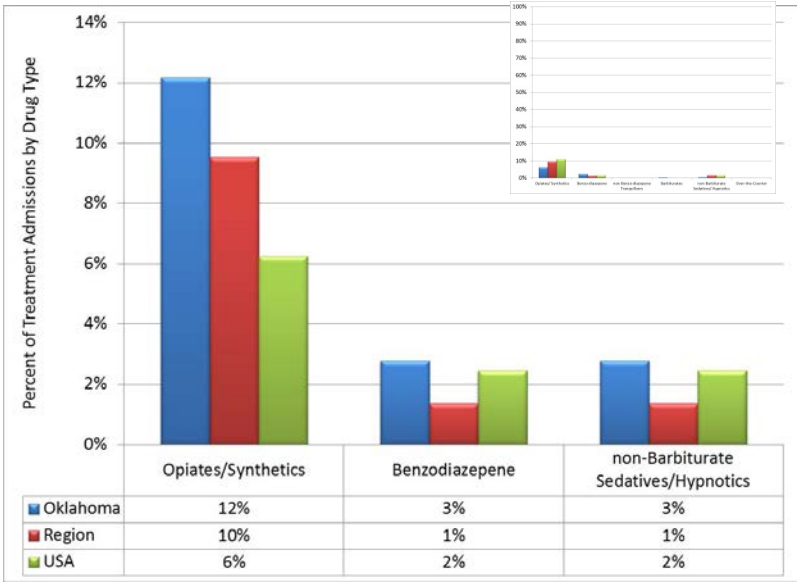


Alcohol was - by far - the most frequent drug of use among older Oklahomans in publicly financed substance abuse treatment in 2009. Alcohol was mentioned as primary, secondary or tertiary substance of abuse in more than 75 percent of admissions among those age 50 plus. This was higher than both the national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

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

Substance Abuse Treatment Admissions with Illicit Drug Use

Opiates or other synthetics were cited as the second most frequent drug used by older Oklahomans admitted to publicly funded treatment. About 12 percent of those age 50 or older reported that they used opiates/other synthetics as a primary, secondary or tertiary substance. This rate is higher than both national average and regional averages. Benzodiazepines and non-barbiturate sedatives are tied for third in frequency of reporting in Oklahoma, being cited in 3 percent of cases respectively. Again, this was higher than both the national and regional rates.



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.

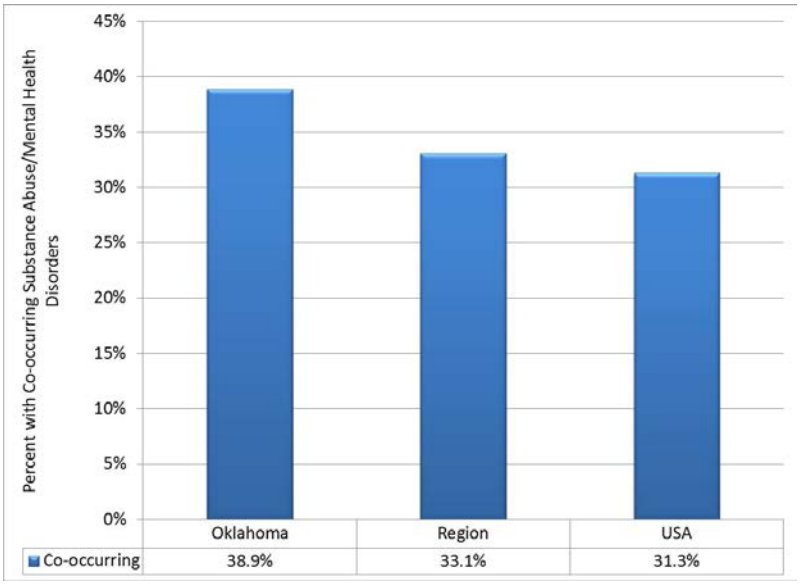
DRUG-RELATED EMERGENCY DEPARTMENT VISITS INVOLVING PHARMACEUTICAL MISUSE AND ABUSE BY OLDER ADULTS

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 OKLAHOMANS IN SUBSTANCE ABUSE TREATMENT WITH CO-OCCURRING MENTAL HEALTH DISORDER

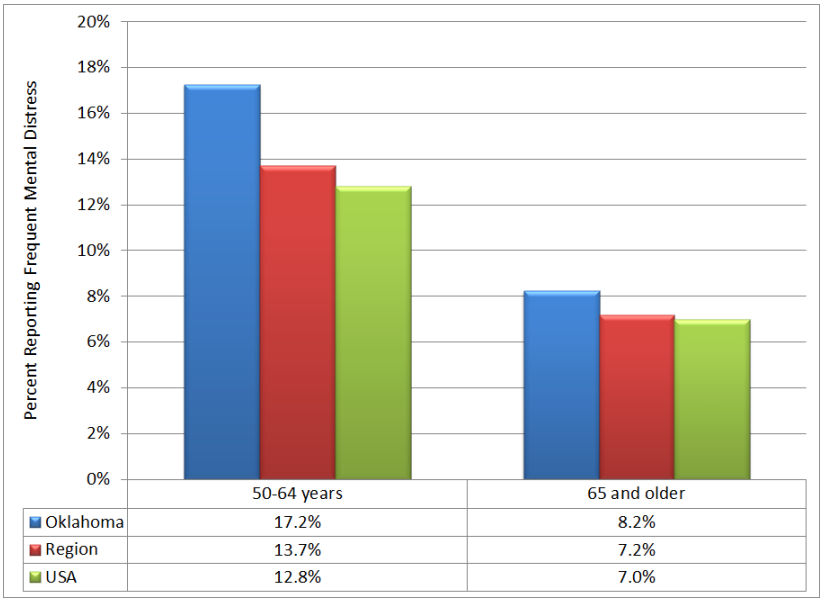


Source: Treatment Episode Data Set, 2009
Includes only those clients reported to SAMHSA

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 Oklahomans (50+) who were admitted to substance abuse treatment and also had a mental health disorder. While this rate appears higher than the nation or the region, reporting practices should also be considered as a factor in these results.

Mental Health

Older Oklahomans Reporting Frequent Mental Distress Compared to Region, Nation



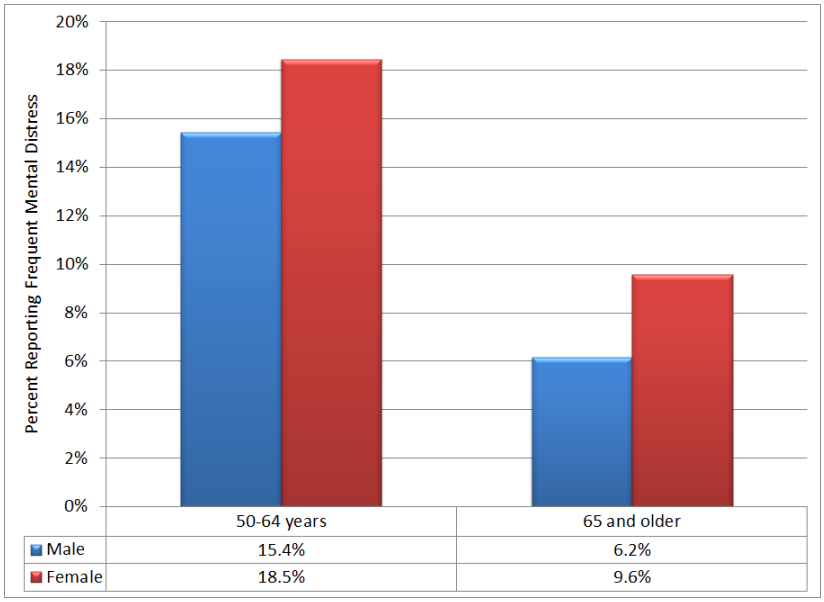
	50-64 years	65 and older
Oklahoma	17.2%	8.2%
Region	13.7%	7.2%
USA	12.8%	7.0%

Source: Behavioral Risk Factor Surveillance System, 2011

The Behavioral Health 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." This chart shows that older Oklahomans experience frequent mental distress at higher rates than both the region and the nation. More than 17 percent of those in the 50-64 age group and over 8 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 Oklahoma estimates was approximately ± 1.5 percent.

Older Oklahomans Reporting Frequent Mental Distress by Age Group and Gender

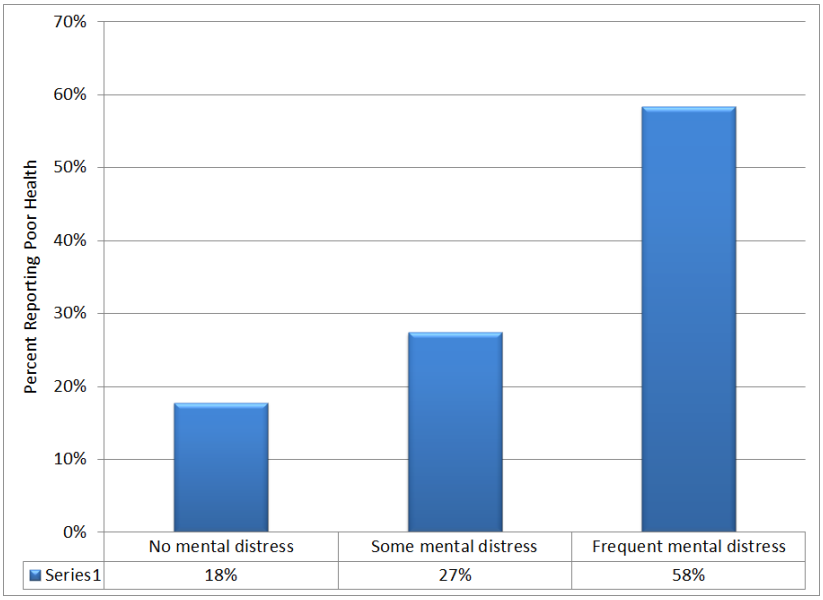
While older Oklahoma males were more likely to indulge in binge drinking, females were more likely to report that they had frequent mental distress (14 days or more per 30 day period). As this graph shows, nearly 19 percent of females in the 50-64 year age group and nearly 10 percent in the 65 and older group reported frequent mental distress. Men in both groups were less likely to report FMD. The confidence interval around each of these groups was approximately ± 1.5 percent. The difference between age groups were statistically significant.



	50-64 years	65 and older
Male	15.4%	6.2%
Female	18.5%	9.6%

Source: Behavioral Risk Factor Surveillance System, 2011

People with Frequent Mental Distress Report Poor Physical Health



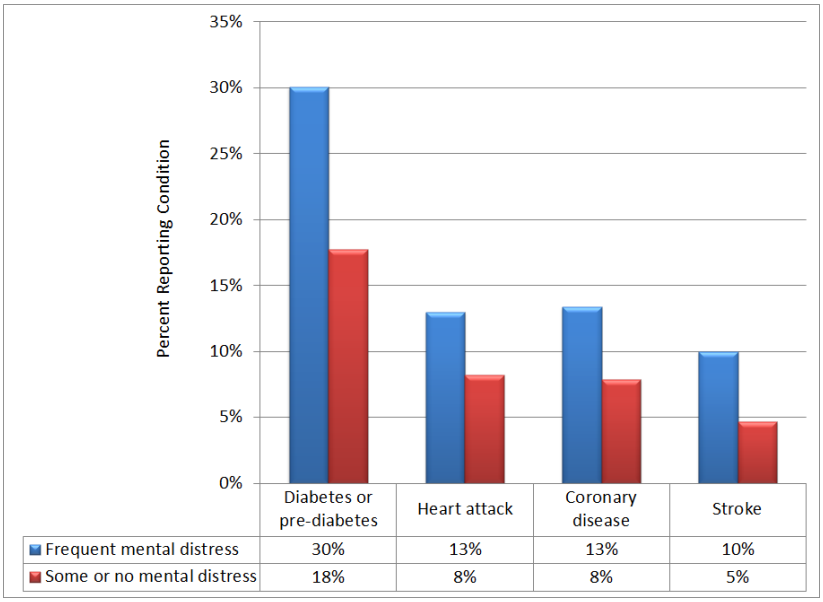
Older Americans who experienced frequent mental distress were more likely to report that their physical health was poor or fair (as opposed to good, very good or excellent). As shown here, while 18 percent of older Americans with no mental distress reported poor or fair physical health, nearly 60 percent – 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

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.