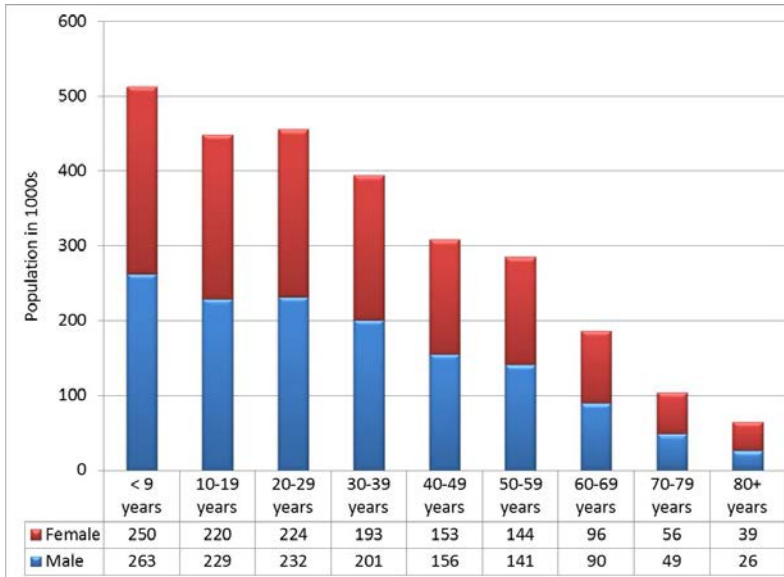


POLICY ACADEMY STATE PROFILE

Utah's Population

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



Source: U.S. Census Bureau, 2010

Utah is home to nearly 2.8 million people. Of these, approximately 640,000 (23%) are over 50; 360,000 (13%) are over 60; 170,000 (6%) are over 70; and 70,000 (2%) are over 80. The proportion of females rises fairly steadily with each age group – 60% of the 80+ are female. The racial/ethnic composition of older Utahns is as follows:

Race/Ethnicity of Utahns

Age	White	Black	Am Indian AK Native	Other	White not Hispanic
< 55	88.3%	1.1%	1.2%	9.3%	79.2%
55+	94.6%	0.5%	0.8%	4.1%	91.0%

Source: U.S. Census Bureau, 2009 Projections

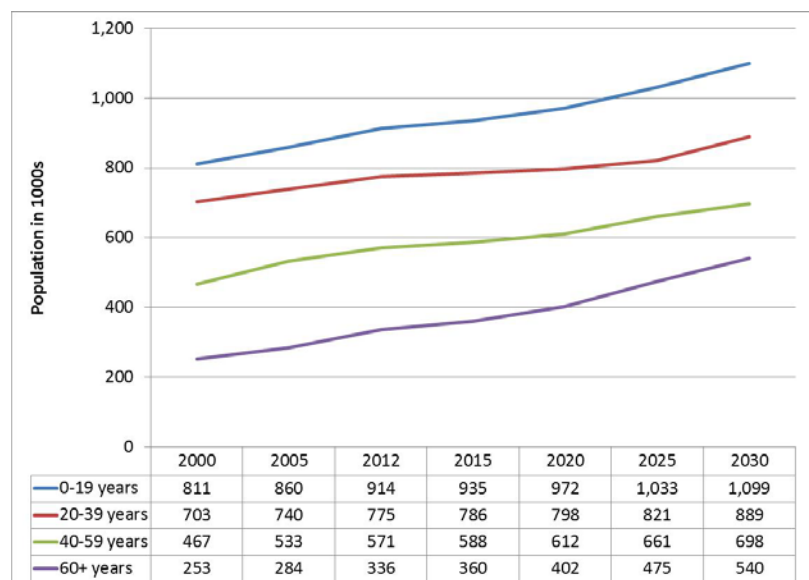
THE NUMBER OF OLDER UTAHNS IS GROWING (POPULATION IN 1000S)

The proportion of Utah's population that is over 60 is growing while the proportion that is under 60 is shrinking. The U.S. Census Bureau estimates that nearly 17 percent of Utah's population will be over age 60 by the year 2030, an increase of 29% percent from 2012.

Projected Utah Population

Age Group	2012	2020	2030
0 to 19	35.2%	34.9%	34.1%
20 to 39	29.9%	28.7%	27.6%
40 to 59	22.0%	22.0%	21.6%
60+	12.9%	14.5%	16.7%

Source: U.S. Census Bureau, 2009 Projections



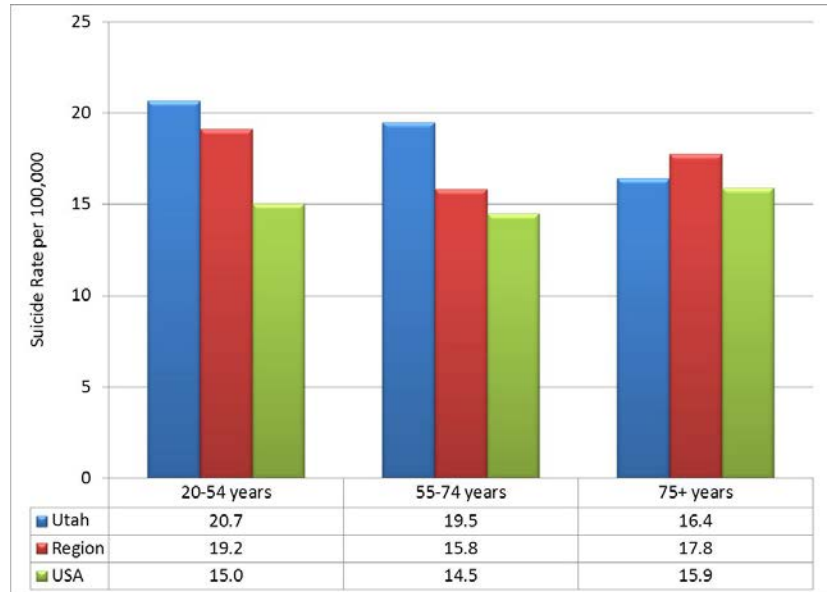
Source: U.S. Census Bureau, 2009 Projections

Suicide Among Older Utahns

2008 SUICIDE RATE PER 100,000 POPULATION - UTAH COMPARED TO REGION AND NATION

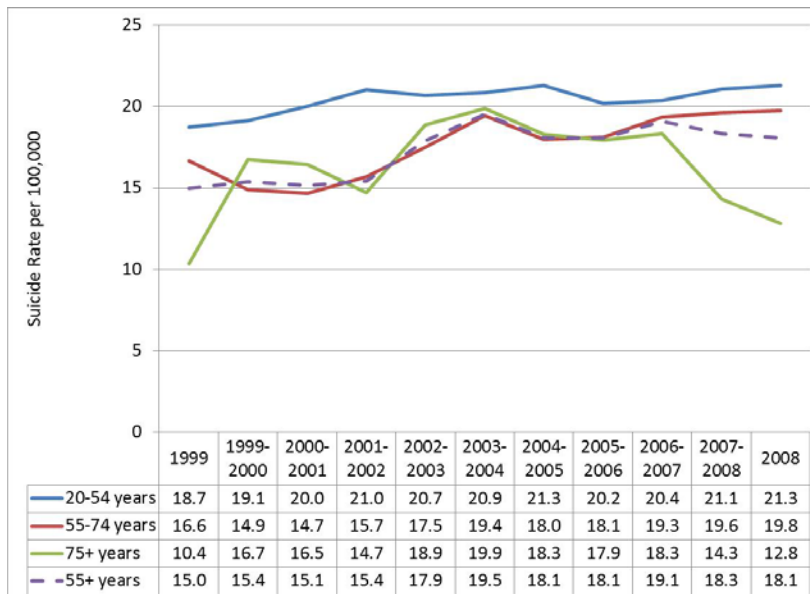
The suicide rate among older Utahns (over age 55) is lower than the rate among younger age groups. In 2008, the latest year in which comparable national data were available, an estimated 85 Utahns over age 55 committed suicide. The suicide rate of 18.1 per 100,000 among Utahns age 55+ was higher than the U.S. rate of 15.5 and the Regional rate of 16.1. The region includes Colorado, Iowa, Kansas, Missouri, Montana, Montana, North Dakota, South Dakota and Wyoming.

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

TREND IN SUICIDE RATE UTAH POPULATION



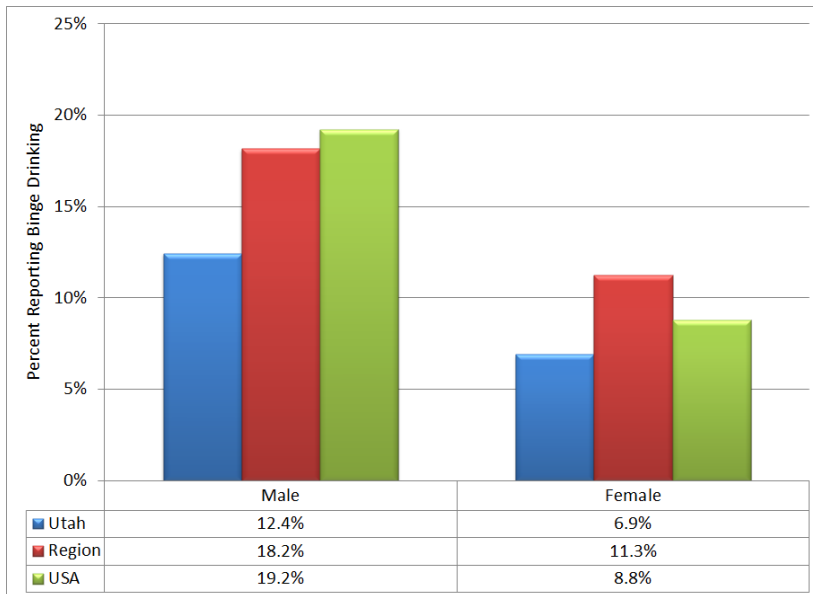
Source: Centers for Disease Control Vital Statistics, 2009

The rate of suicide among older Utahns age 55+ (shown with the dashed line) fluctuated from a high of 19.5 per 100,000 in 2003-2004 to a low of 15.0 per 100,000 in 1999. As this chart shows, the rate among those in the 75+ age group fluctuated dramatically, but remained fairly close to the rate among the 55-74 year age group.

Please Note: Again, states vary in their reporting practices surrounding the reporting of suicide deaths; practices vary from year to year and from state to state. The number of suicides is generally low, so even a small difference in reported numbers may make the rate appear to fluctuate widely. Therefore, the rates shown here are averaged across two years to reduce some of this variability.

Substance Abuse and Substance Abuse Treatment among Older Utahns

30-DAY BINGE DRINKING AMONG OLDER UTAHNS BY GENDER



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 higher among men. 12.4% of Utah males age 50 and over compared to 6.9 percent of females reported binge drinking.

The confidence interval is less than ± 0.2 and ± 1.2 percent around the regional/national and Utah rates respectively.

Source: Behavioral Risk Factor Surveillance System 2011

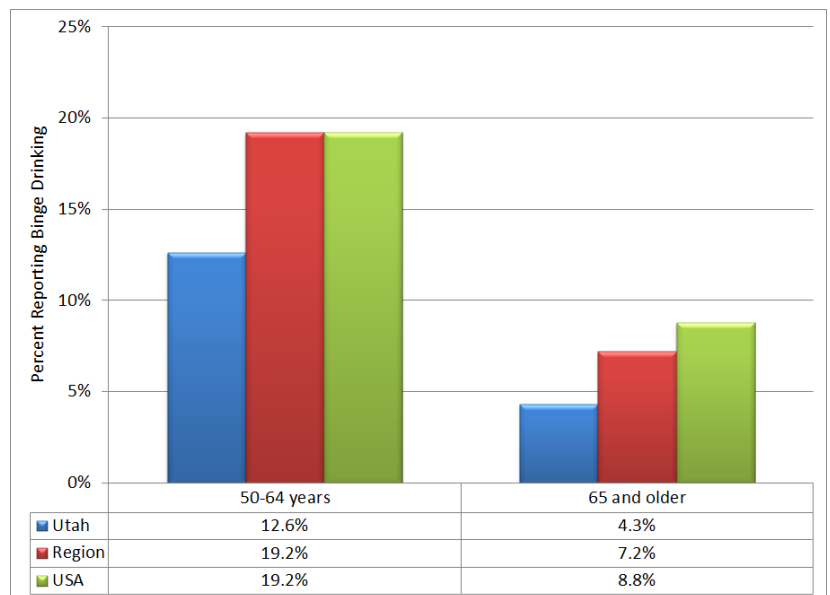
30-DAY BINGE DRINKING AMONG OLDER UTAHNS BY AGE GROUP

Binge drinking tends to decrease with age. While 12.6% of Utahns age 50-64 reported binge drinking, only 4.3% in the 65+ age group reported similar behavior. This rate was below both the national and regional rates in both cases. The confidence interval is less than ± 0.2 and 1.1 percent around the regional/national and Utah rates respectively.

The following table provides the rates among males and females by age group:

Binge Drinking Rates by Age Group and Gender

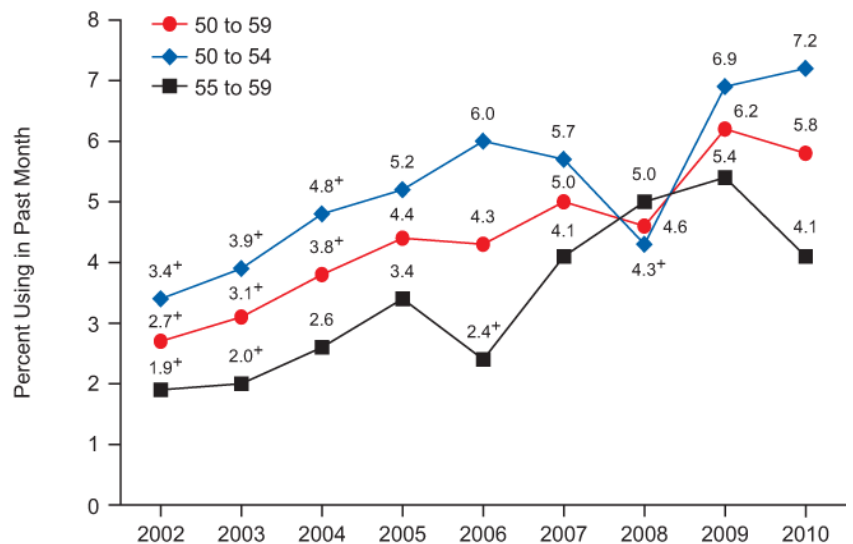
	Male	Female
50-64 years	17.0%	9.0%
65 and older	5.2%	3.7%



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



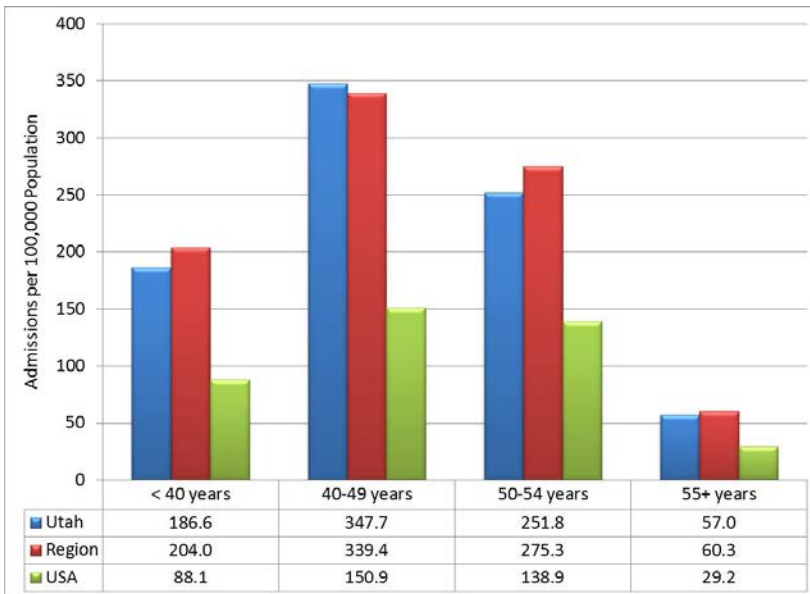
Source: National Survey on Drug Use and Health, 2010
Volume 1. Summary of National Findings

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*

OLDER UTAHNS IN SUBSTANCE ABUSE TREATMENT



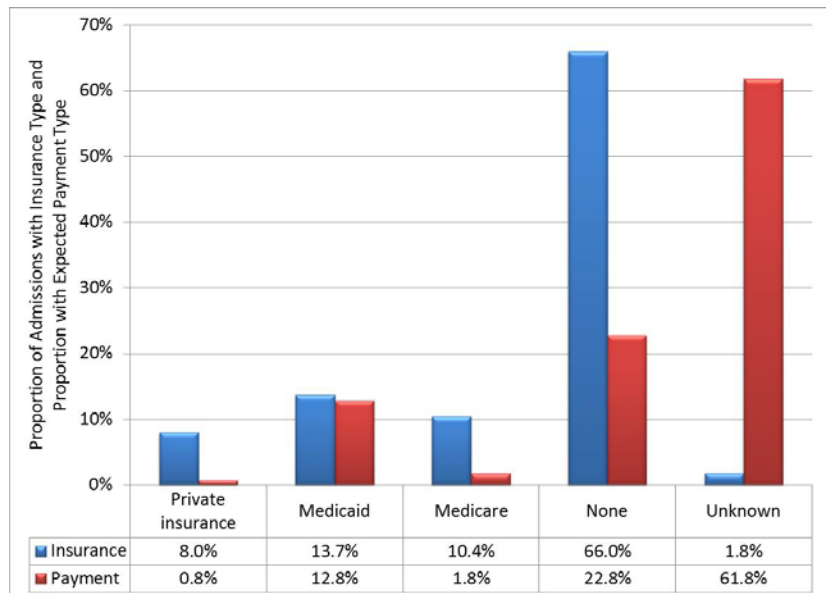
Source: Treatment Episode Data Set, 2009
Includes only those clients reported to SAMHSA

662 older Utahns (age 50 and older) were admitted to substance abuse treatment in State-funded facilities in 2009, a rate of 103.1 per 100,000 age 50 and older. This rate was lower than the regional and higher than the national average. Characteristics of the admittees include:

- 70% (465 individuals) were males, very close to the national and regional rates.
- 70% percent (460 individuals with known race) were White.
- 10% (64 individuals) were Black/African American.
- 14 % (91 individuals) identified themselves as being of Hispanic descent.
- 47% (312 individuals) were referred to treatment by the criminal justice system.
- 31% (207 individuals) entered treatment through self or other individual-referral.

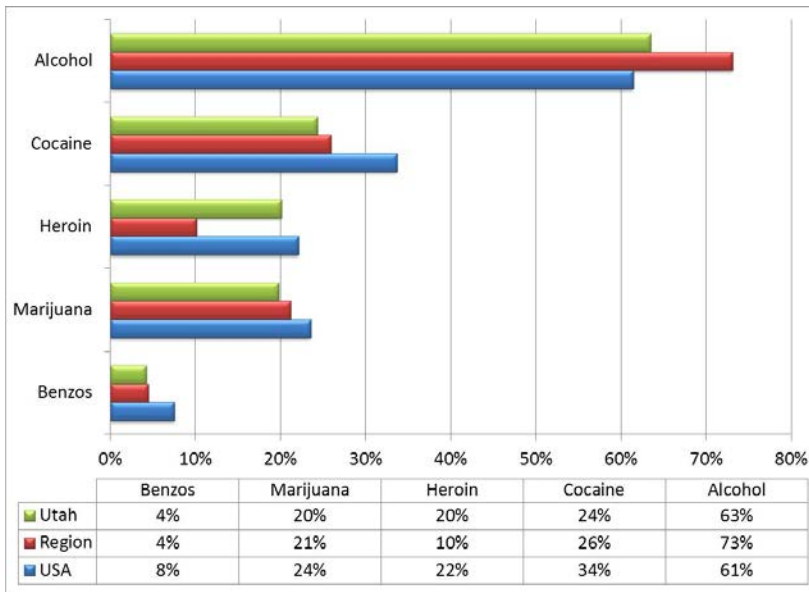
TREATMENT ADMISSIONS AMONG AGE 50 AND OLDER BY INSURANCE TYPE

About 8 percent of older Utahns who were admitted to substance abuse treatment reported that they had private insurance. However, private insurance accounted for only 0.8 percent of expected payment sources. Approximately 14 and 10 percent of cases were covered by Medicaid or Medicare respectively; yet, these two sources accounted for less than 15 percent of expected payments. In approximately 85 percent of admissions among older Utahns the expected source of payment was “None” or “Unknown”. In these cases, the bills were likely directed toward the State’s Substance Abuse Block Grant / State-funded treatment programs.



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

AGE 50 AND OLDER TREATMENT ADMISSIONS - SUBSTANCES USED



Alcohol was - by far - the most frequent drug of abuse among older Utahns in publicly financed substance abuse treatment in 2009. Alcohol was mentioned as the primary, secondary or tertiary substance of abuse in 63 percent of admissions among those age 50 and older. This was lower than the regional rate.

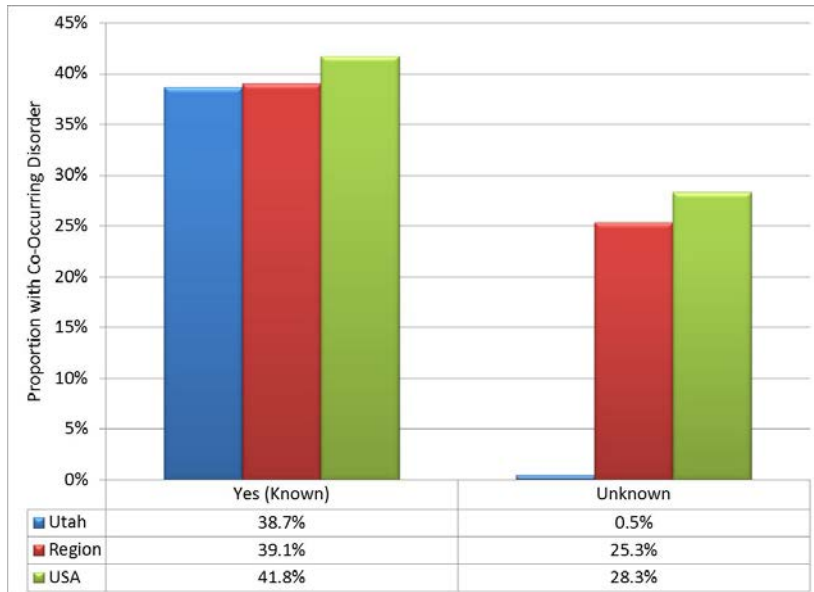
Other substances of primary, secondary or tertiary abuse included: Cocaine at 24 percent; heroin at 20 percent; marijuana at 20 percent; and benzodiazepines/ tranquilizers at 4 percent.

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.

Substance Abuse and Mental Health

PROPORTION OF OLDER UTAHNS IN SUBSTANCE ABUSE TREATMENT WITH 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. The graph to the right shows the proportion of older Utahns (50+) who were admitted to substance abuse treatment and also had a mental health diagnosis. While this rate appears lower than the nation and akin to the region, reporting practices are a factor in these results.

Source: Treatment Episode Data Set, 2009

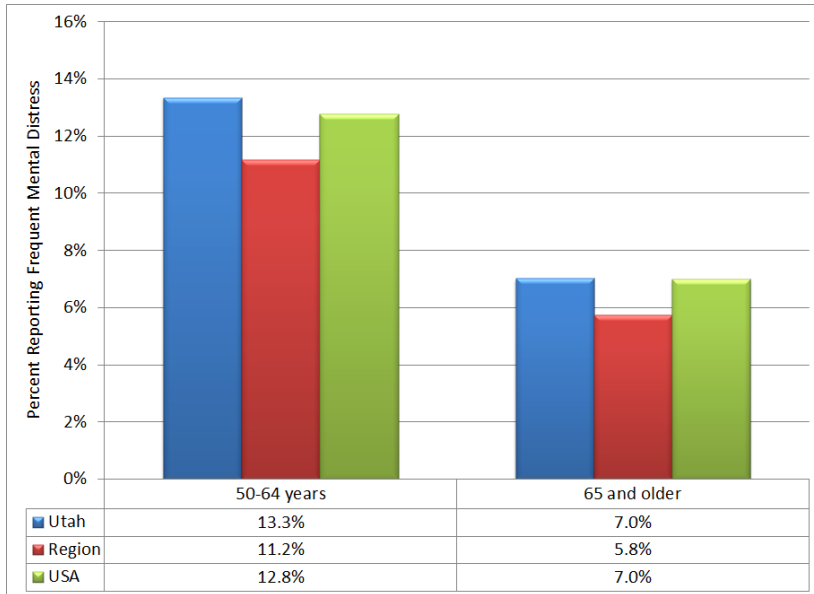
Includes only those clients reported to SAMHSA

OLDER UTAHNS ADMITTED TO STATE MENTAL HEALTH FACILITIES

About 4.5 percent of the people served by the Utah mental health system were age 65 or older (2.9% percent were age 65 to 74 and 1.6% percent were age 75 or older). This represents a total of approximately 1,953 people. These and other data are available at: <http://www.samhsa.gov/dataoutcomes/urs/2010/Utah.pdf>

Mental Health

OLDER UTAHNS REPORTING FREQUENT MENTAL DISTRESS BY AGE GROUP



Source: Behavioral Risk Factor Surveillance System, 2011

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). Utahns over age 50 report FMD at a slightly higher rate than the region and the nation. More than 13 percent of those in the 50-64 age group and 7.0 percent of those in the 65+ age group reported FMD. Confidence intervals around national / regional estimates are less than $\pm 0.2\%$ and around Utah less than $\pm 1.5\%$.

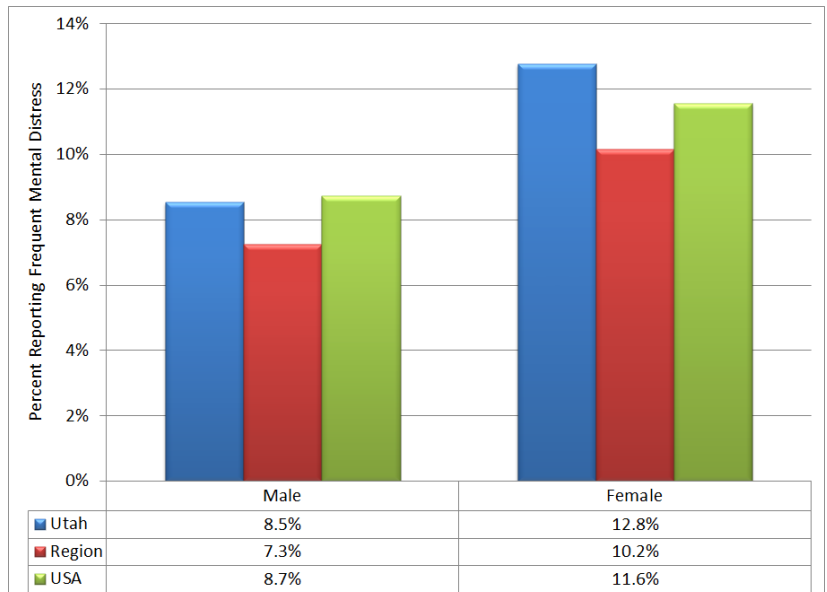
OLDER UTAHNS REPORTING FREQUENT MENTAL DISTRESS BY GENDER

While older Utah males are more likely to binge drink, females are more likely to report FMD. Nearly 13 percent of females age 50+ and 8.5 percent of males reported FMD. This was generally higher than both the national and regional rates. Confidence intervals around national / regional estimates are less than $\pm 0.2\%$ and interval around Utah estimates are less than $\pm 1.5\%$.

The following table illustrates gender differences among age groups:

Utahns Reporting FMD By Gender and Age Group

	Male	Female
50-64 years	10.6%	15.6%
65 and older	5.2%	8.5%



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 Utah. 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?”

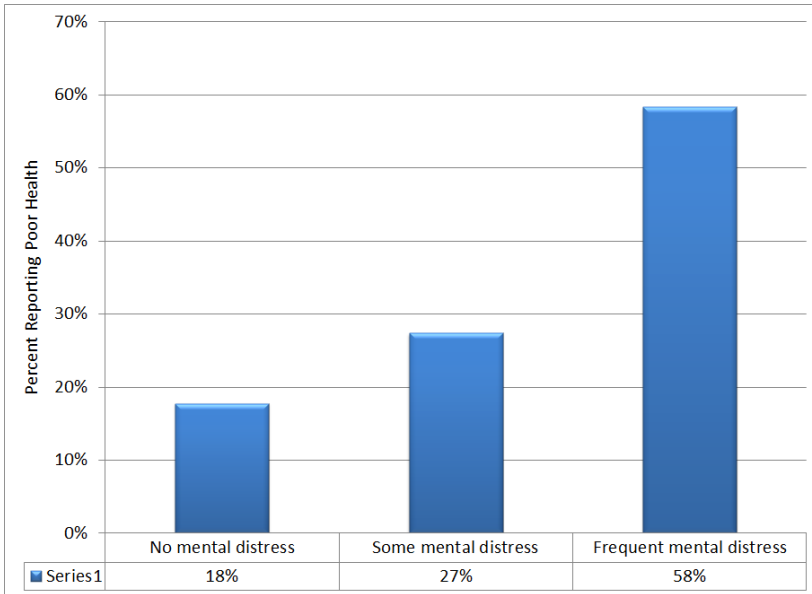
The results of these surveys among older Utahns are shown below:

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)	8.2	(7.5-8.8)	6.9	(6.1-7.7)	10.2	(9.0-11.4)
Very dissatisfied or dissatisfied with life (revised)	4.2	(3.7-4.6)	4.8	(4.1-5.4)	3.2	(2.5-3.9)
Anxiety and Depression Optional Module Indicators (2006) ²						
Current Depression	8.5	(7.1–10.1)	8.7	(7.0–10.8)	8.0	(5.9–10.8)
Lifetime Diagnosis of Depression	19.7	(17.8–21.7)	25.1	(22.3–28.1)	11.8	(9.8–14.3)
Lifetime Diagnosis of Anxiety Disorder	12.1	(10.5–13.8)	15.4	(13.1–18.1)	7.2	(5.6–9.2)

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

PEOPLE WITH FREQUENT MENTAL DISTRESS REPORT POOR PHYSICAL HEALTH



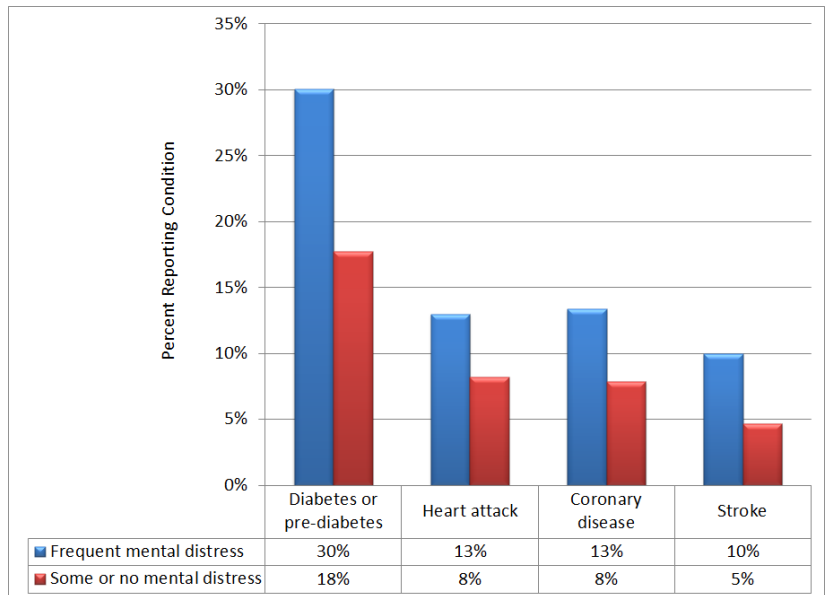
Older Americans who experienced frequent mental distress were more likely to report that their physical health was poor or fair (as opposed to good, very good or excellent). As shown here, while 18 percent of older Americans with no mental distress reported poor or fair physical health, nearly 60 percent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