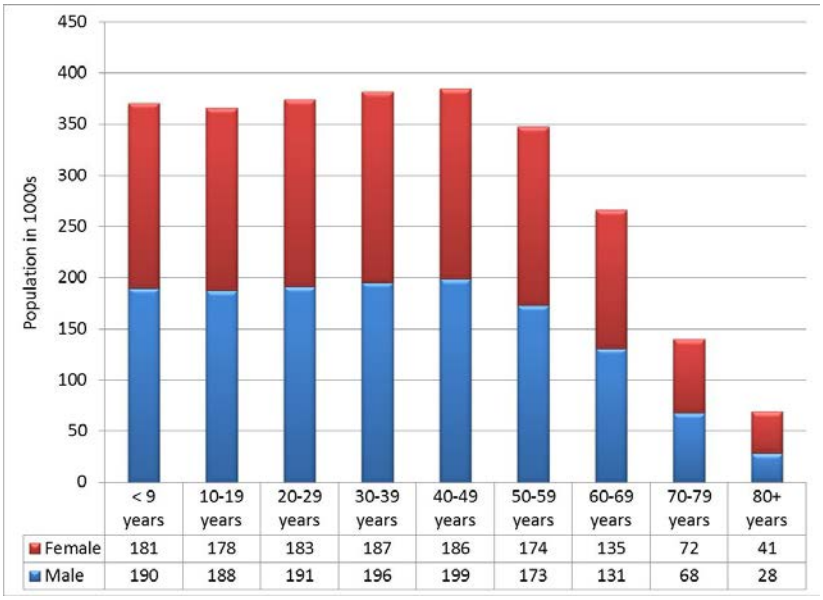
Oregon

August 7, 2012

POLICY ACADEMY STATE PROFILE

Oregon's Population

OREGON POPULATION (IN 1000S) BY AGE GROUP



Source: U.S. Census Bureau, 2010

Oregon is home to nearly 3.9 million people. Of these, more than 1.3 million (34.4 percent) are over 50; nearly 770,000 (20.1 percent) are over 60; nearly 364,000 (9.5 percent) are over 70; and nearly 152,000 (4.0 percent) are over 80. The proportion of females rises steadily to 62.1 percent of the 80+ population. The racial/ethnic composition of Oregonians is as follows:

Race/Ethnicity of Oregonians

Age	White	Black	Am Indian AK Native	Other	White not Hispanic
<55	82.9%	2.0%	1.9%	13.2%	75.0%
55+	93.1%	1.1%	0.8%	4.8%	91.5%

Source: U.S. Census Bureau, 2009 Projections

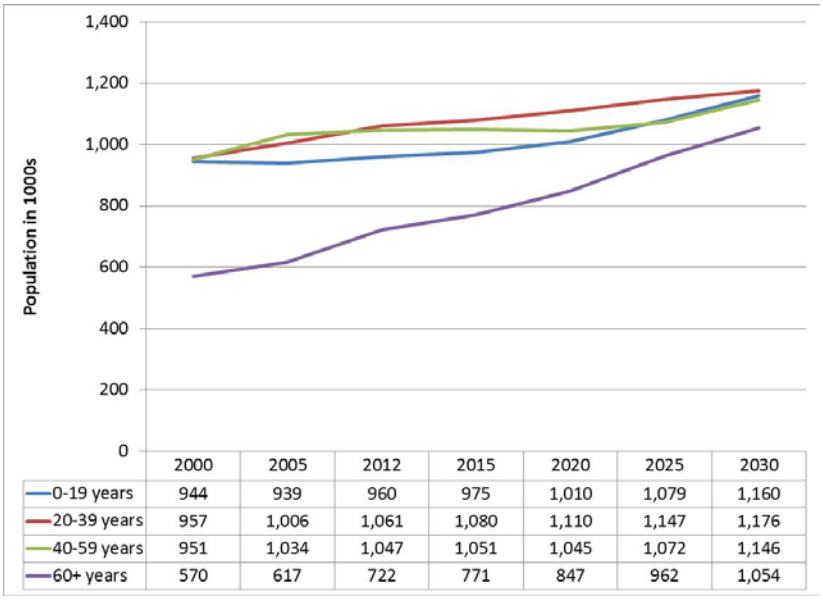
THE NUMBER OF OLDER OREGONIANS IS GROWING (POPULATION IN 1000S)

The proportion of Oregon's population that is over 60 is growing more rapidly than other parts of the population. The U.S. Census Bureau estimates that about 23 percent of Oregon's population will be over age 60 by the year 2030, an increase of 22 percent from 2012.

Projected Oregon Population

Age Group	2012	2020	2030
0 to 19	25.3%	25.2%	25.6%
20 to 39	28.0%	27.7%	25.9%
40 to 59	27.6%	26.1%	25.3%
60+	19.0%	21.1%	23.2%

Source: U.S. Census Bureau, 2009 Projections



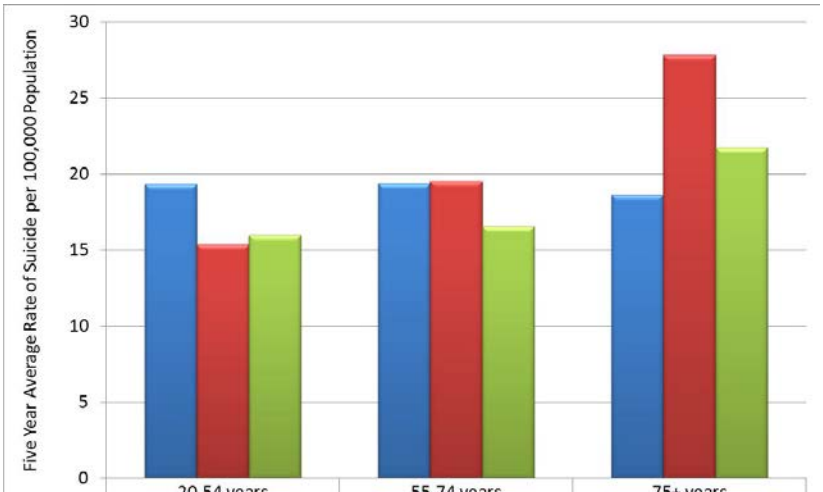
Source: U.S. Census Bureau, 2009 Projections

Suicide Among Older Oregonians

2004-2008 National and Regional Suicide Rate per 100,000 Population

The estimated five-year average suicide rate among Oregonians age 55 and older is 19.2 per 100,000 in population. This rate is approximately akin to the rate in the younger population. These and all suicide data should be viewed with caution: A small change in the number of suicides can bring about a large apparent change in the rate. That is the reason for presenting a five-year average here. Additionally, the reported number of Oregon suicides was repressed in some years and age groups due to small numbers. In these cases, the numbers were estimated.

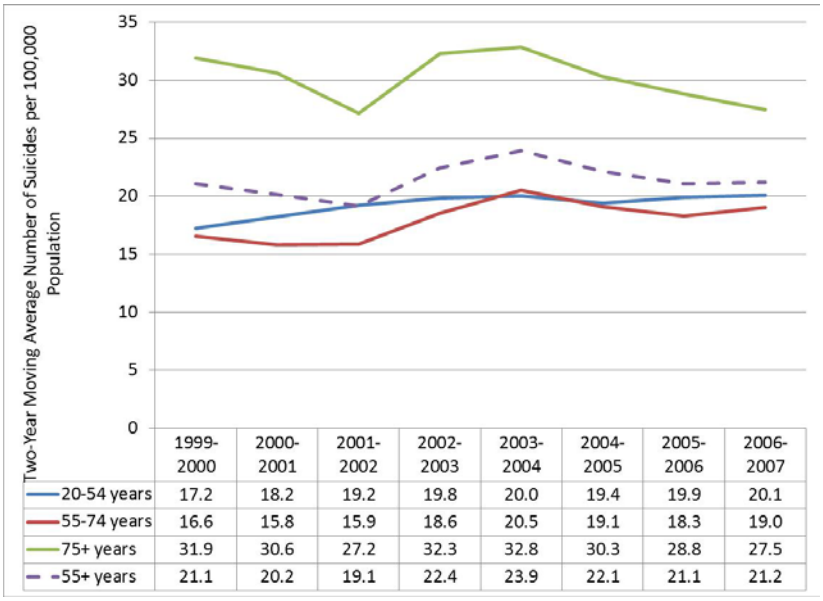
Please Note: States vary in their reporting practices surrounding suicide deaths. The apparent rate of suicide is influenced by these reporting practices.



	20-54 years	55-74 years	75+ years
Oregon	19.3	19.4	18.6
Region	15.4	19.5	27.9
U.S.A.	16.0	16.6	21.7

Source: Centers for Disease Control Vital Statistics 2008

Oregon Suicide Trend



	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
20-54 years	17.2	18.2	19.2	19.8	20.0	19.4	19.9	20.1
55-74 years	16.6	15.8	15.9	18.6	20.5	19.1	18.3	19.0
75+ years	31.9	30.6	27.2	32.3	32.8	30.3	28.8	27.5
55+ years	21.1	20.2	19.1	22.4	23.9	22.1	21.1	21.2

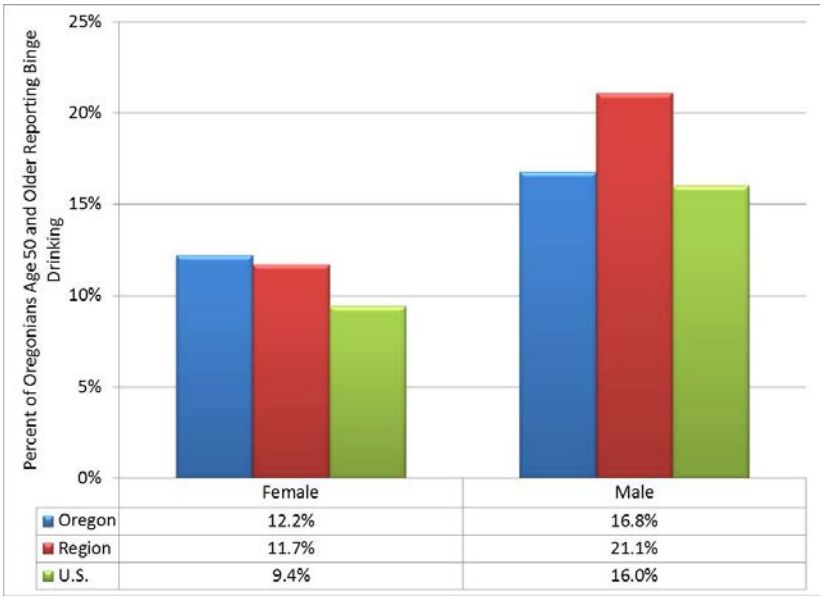
Source: Centers for Disease Control, Vital Statistics 2009

Over the past decade, the two-year moving average rate of suicide among Oregonians age 55 and older - shown with the dashed line - has fluctuated from a high of 23.9 to a low of 21.1 per 100,000. This rate has remained consistently above the rate in younger age groups, and consistently highest in the 75 and older 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.

Older Oregonians' Substance Use/Abuse

30-Day Binge Drinking among older Oregonians by GENDER



Source: Behavioral Risk Factor Surveillance System, 2010

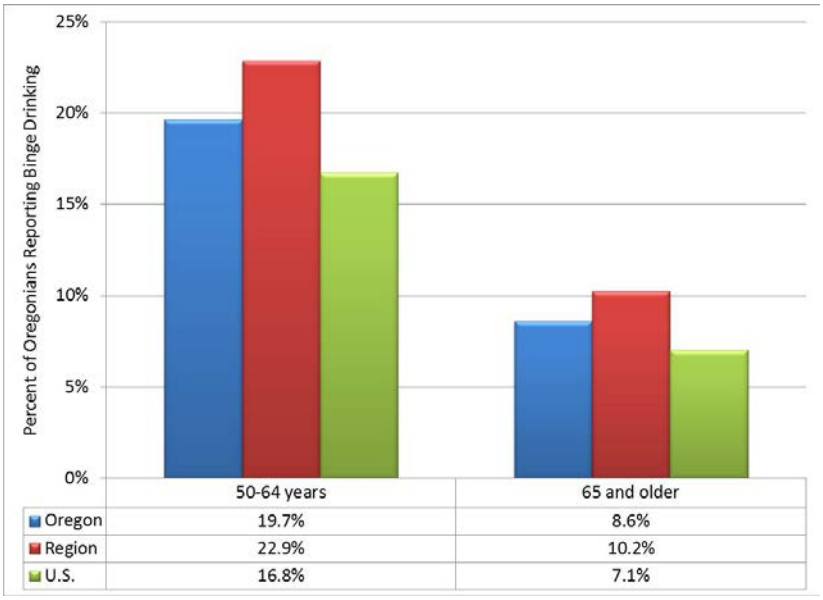
Duke Medicine News (August 17, 2009) notes that binge drinking can cause: "serious problems, such as stroke, cardiovascular disease, liver disease, neurological damage and poor diabetes control." Binge drinkers are more likely to take risks like driving while intoxicated, and to experience falls and 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. Overall, 13.9 percent of Oregonians age 50 and older reported binge drinking: 16.8 percent of males and 12.2 percent of females. The confidence intervals around the regional / national and Oregon estimates are less than ± 0.2 and ± 2.0 percent respectively.

30-Day Binge Drinking Among Older Oregonians by AGE GROUP

Binge drinking tends to decrease with age. 19.7 percent of Oregonians age 50-64 reported binge drinking, while 8.6 percent in the 65+ age group reported similar behavior. The confidence intervals around the regional / national and Oregon estimates are less than ± 0.2 and ± 2.0 percent respectively. The following table provides a breakdown by age and gender.

Older Oregonians Reporting Binge Drinking by **Age** and **Gender**

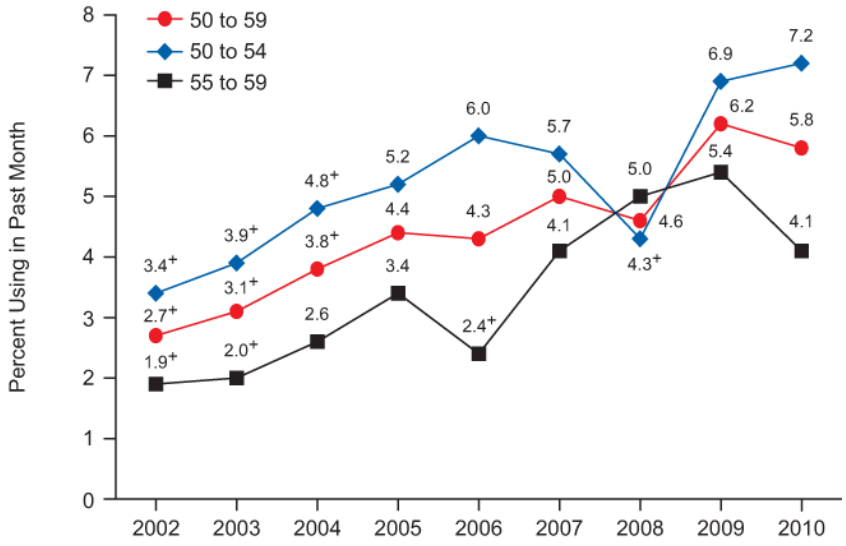
	50-64 years	65 and older
Female	17.4%	7.7%
Male	23.0%	10.3%



Source: Behavioral Risk Factor Surveillance System, 2010

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



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

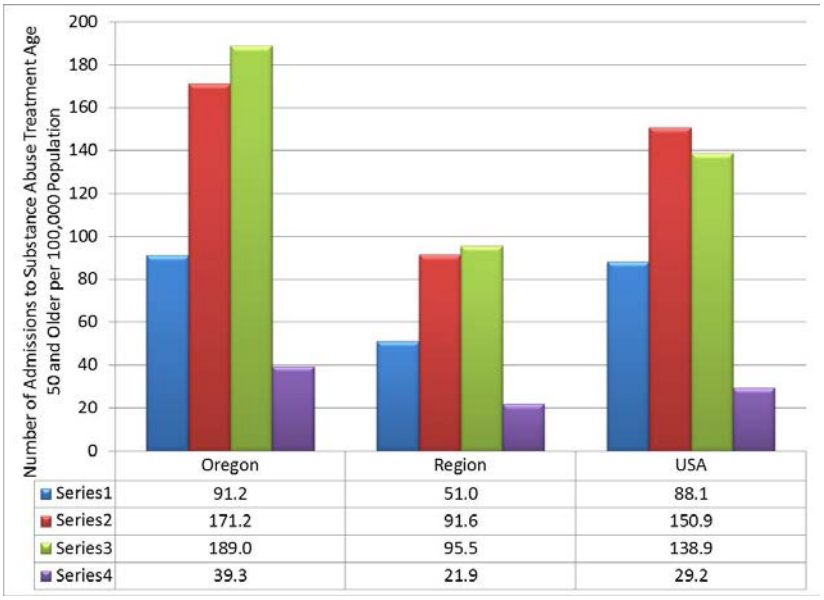
The Substance Abuse and Mental Health Service Administration's Center for Behavioral Health Statistics and Quality periodically releases reports from the Drug Abuse Warning Network (DAWN). DAWN comprises a nationwide network of hospital emergency rooms (ER) primarily located in large metropolitan areas. 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*

Admissions to Substance Abuse Treatment among Oregonians Age 50 and Older

In 2009, 932 Oregonians over age 50 were admitted to public substance abuse treatment. This representated a rate of 53.2 per 100,000 population. Characteristics of these admissions include:

- 552 (59 percent) were male.
- 537 (62 percent) were white.
- 162 (19 percent) were black.
- 101 (12 percent) were American Indian / Alaska Native.
- 71 (7.6 percent) were of Hispanic origin.
- 312 (33.5 percent) were referred to treatment by the criminal justice system.
- 319 (34.2 percent) were referred to treatment by self or other individual.

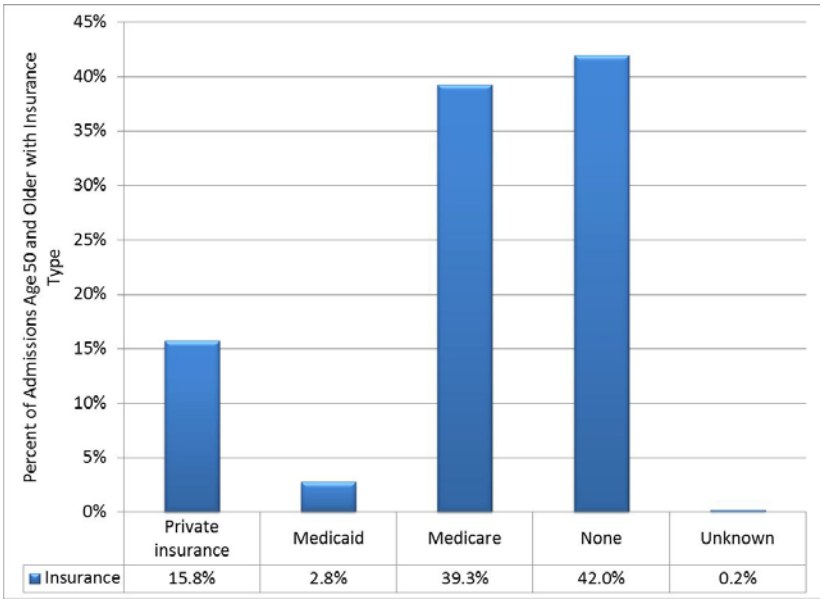


Source: Treatment Episode Data Set, 2009
Includes only those clients reported to SAMHSA

Treatment Admissions among Age 50 and Older by Insurance Type

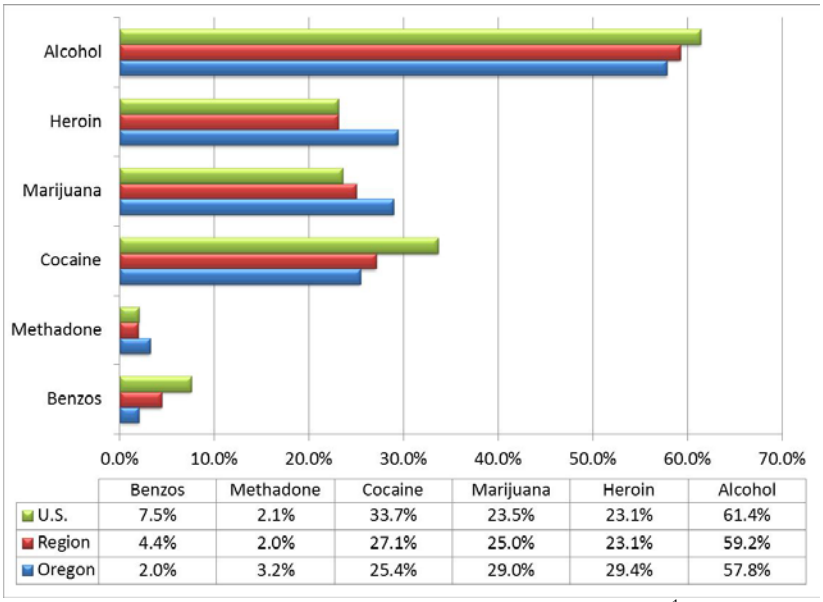
In 15.8 percent of admissions among individuals age 50 and older in Oregon, the client reported that s/he was covered by private insurance. In another 40 percent of admissions, the client was covered by Medicare. However, in 42.0 percent of admissions the client reported that s/he had no insurance coverage. In these these instances, the bills were likely directed toward the State's SAPT Block Grant and State-funded treatment programs.

While the Center for Substance Abuse Treatmetn (CSAT) recommends that states should report the expected source of payment during each admission, Oregon did not report these data to the Treatment Episode Data Set (TEDS).



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

Age 55+ Treatment Admissions - Substances Used

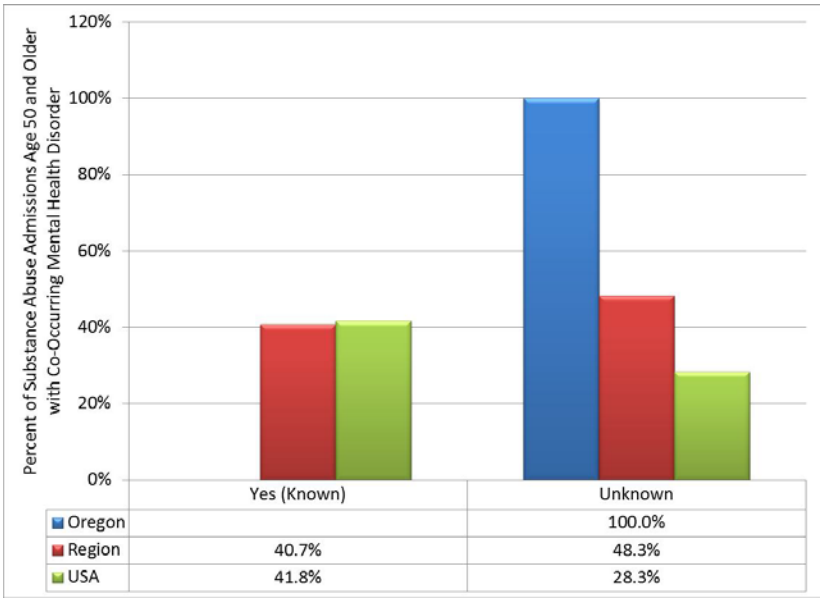


	Benzos	Methadone	Cocaine	Marijuana	Heroin	Alcohol
U.S.	7.5%	2.1%	33.7%	23.5%	23.1%	61.4%
Region	4.4%	2.0%	27.1%	25.0%	23.1%	59.2%
Oregon	2.0%	3.2%	25.4%	29.0%	29.4%	57.8%

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

Alcohol was - by far - the most frequent drug of use reported by Oregonians over age 50 upon admission to publicly financed substance abuse treatment in 2009. Alcohol was mentioned as the primary, secondary or tertiary substance of abuse in almost 60 percent of these admissions. This was followed by heroin at 29.4 percent; marijuana at 29.0 percent; cocaine at 25.4 percent; benzodiazepines/other tranquilizers at 2.0 percent; and nonprescription methadone at 3.2 percent.

Co-Occurring Mental Health Disorders



	Yes (Known)	Unknown
Oregon		100.0%
Region	40.7%	48.3%
USA	41.8%	28.3%

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

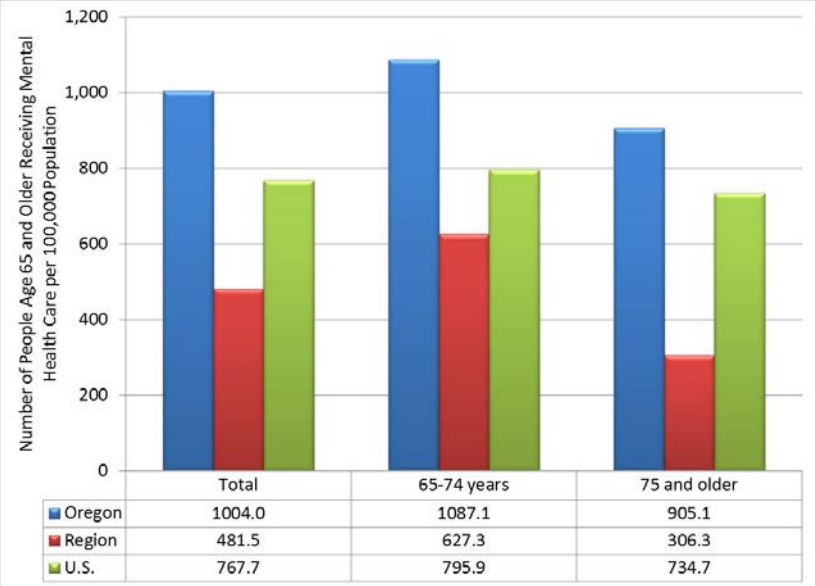
Research shows a strong relationship between substance use and mental health disorders. Studies show 30-80% of people with substance abuse or mental health disorders also have a co-occurring substance abuse/mental health disorder. While the CSAT recommends that states should collect information about co-occurring mental health disorders at admission to substance abuse treatment, Oregon did not report this information to the TEDS. This graph, therefore, shows the proportion of admissions age 50 and older with co-occurring disorders in the Nation and the Western Region which includes Alaska, Arizona, California, Hawaii, Idaho, Nevada, and Washington.

[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.

Mental Health

Older Oregons Admitted to State Mental Health Facilities

About 5.1 percent of the people served by the Oregon mental health system were age 65 or older (3 percent were age 65 to 74 and 2 percent were age 75 or older). This represents a total of approximately 5,357 people. This and more information about the mental health system is available at: http://www.samhsa.gov/dataoutcomes/urs/2010/Oregon.pdf

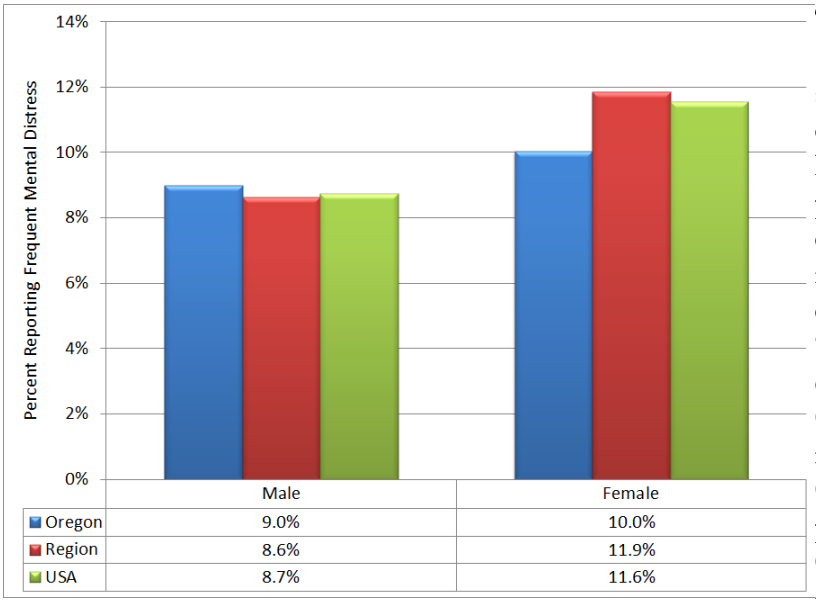


	Total	65-74 years	75 and older
Oregon	1004.0	1087.1	905.1
Region	481.5	627.3	306.3
U.S.	767.7	795.9	734.7

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

Mental Health

Older Oregonians Reporting Frequent Mental Distress by GENDER



Source: Behavioral Risk Factor Surveillance System, 2011

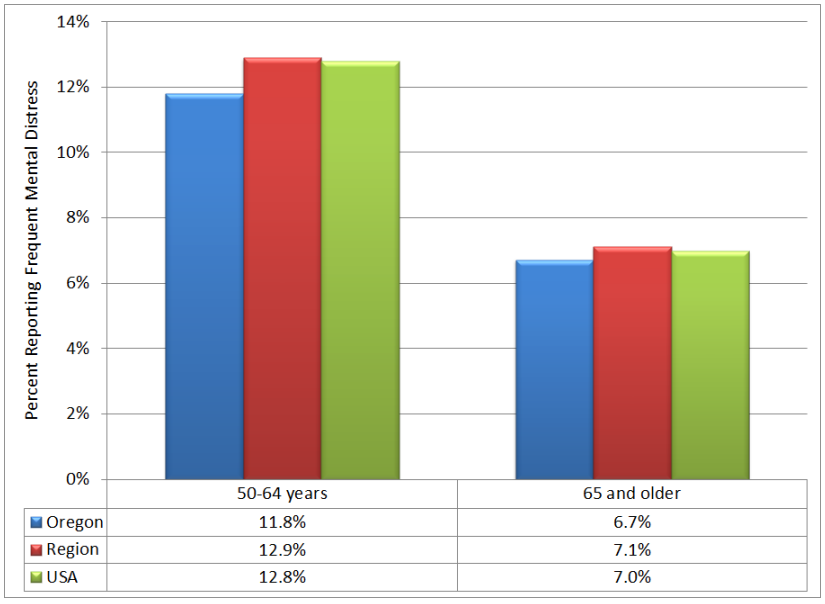
The Behavioral Risk Factor Surveillance System (BRFSS), a household sruvey conducted in all 50 states and several territories, asks the following question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days 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). Older females are consistently more likely than males to report FMD. While 9.6 percent of Oregonians age 50 and older reported FMD, 10 percent of females and 9 percent of males did so. Confidence interval around national / regional and Oregon estimates were ± 0.2 and ± 2.0 percent respectively.

Older Oregonians Reporting Frequent Mental Distressby by AGE GROUP

People in the 65 and older age group are consistently less likely to report FMD than those in the 50-64 year group: 11.8 percent of Oregonians in the 50-64 and 6.7 percent in the 65 and older age group reported FMD. Confidence interval around national / regional and Oregon estimates were ± 0.2 and ± 2.0 percent respectively. The following table provides a breakdown by age and gender:

Oregonians Reporting Frequent Mental Distress by Age and Gender

	Male	Female
50-64 years	12.0%	11.7%
65 and older	5.2%	7.9%



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 Oregon. 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)?

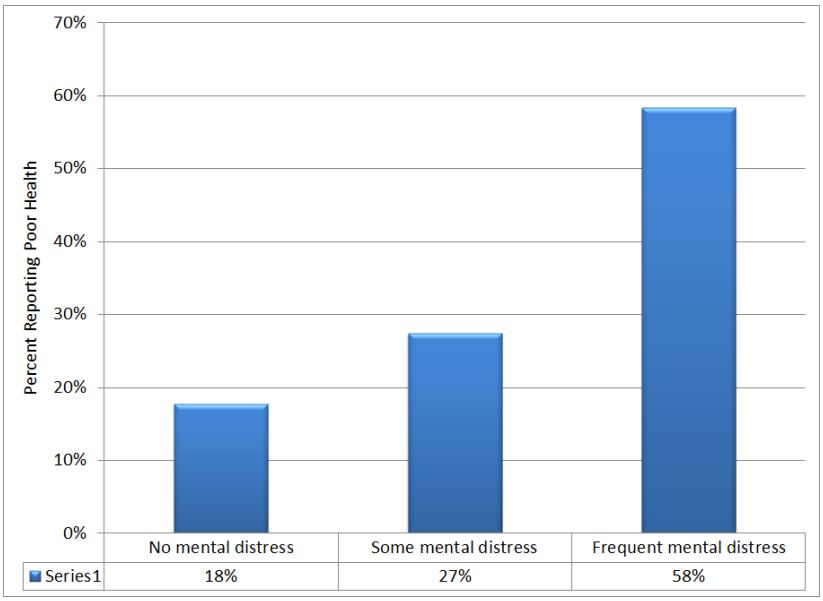
The results of these surveys among older Oregonians are shown below:

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)	6.5	(6.1-7.0)	6.3	(5.8-6.9)	6.8	(6.1-7.5)
Very dissatisfied or dissatisfied with life (revised)	5.6	(5.2-6.0)	6.7	(6.1-7.2)	4.5	(3.4-4.5)
Anxiety and Depression Optional Module Indicators (2006)[2]						
Current Depression	5.6	(4.7-6.7)	6.9	(5.6-8.5)	3.5	(2.5-4.8)
Lifetime Diagnosis of Depression	20.7	(19.1-22.4)	25.5	(23.2-27.9)	13.7	(11.7-15.9)
Lifetime Diagnosis of Anxiety Disorder	11.9	(10.6-13.3)	14.2	(12.5-16.2)	8.5	(6.9-10.4)

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

People with Frequent Mental Distress Report Poor Physical Health



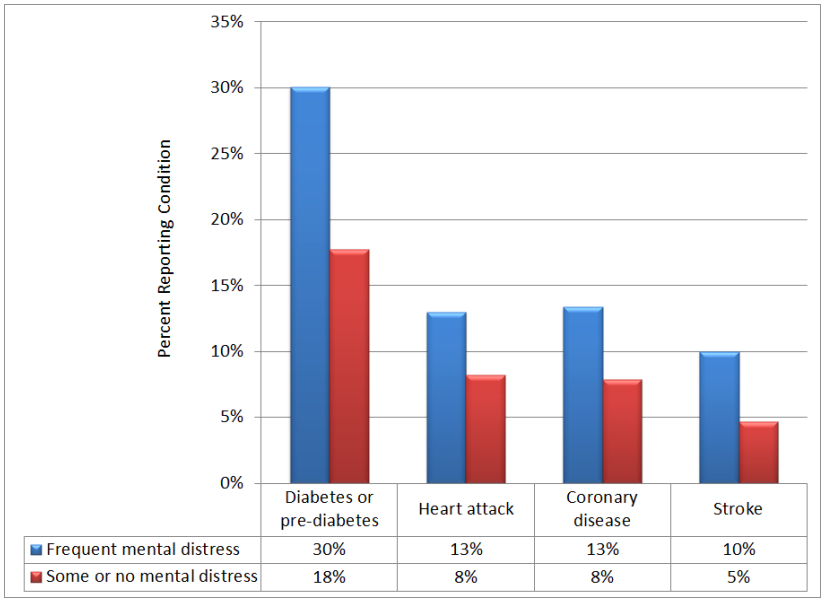
Older Americans who experienced frequent mental distress were more likely to report that their physical health was poor or fair (as opposed to good, very good or excellent). As shown here, while 18 percent of older Americans with no mental distress reported poor or fair physical health, nearly 60 percent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