POLICY ACADEMY STATE PROFILE

Colorado's Population

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

	< 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	338	326	347	344	357	353	232	121	90
Male	354	346	374	364	361	346	220	103	53
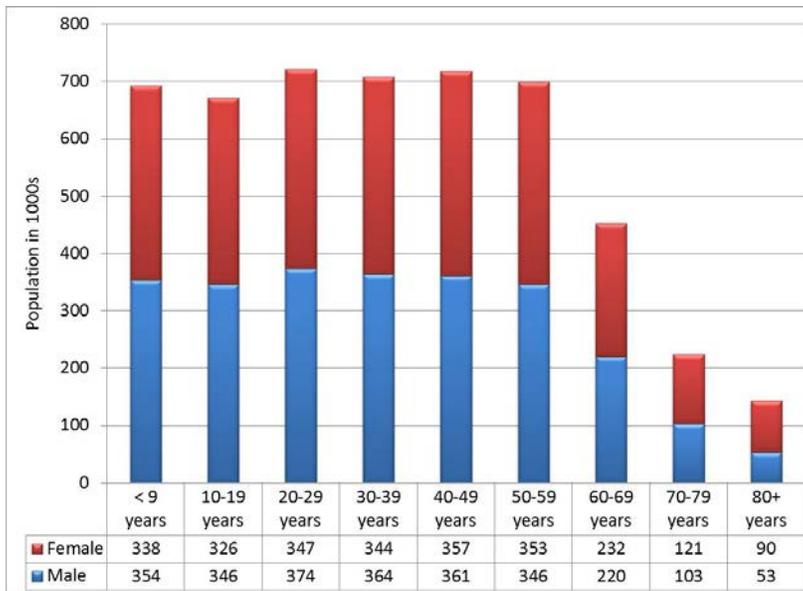
Source: U.S. Census Bureau, 2010

Colorado is home to more than 5 million people. Of these, approximately: 1.5 million (30%) are over age 50; 820,000 (16%) are over 60; 370,000 (7%) are over 70; and 140,000 (3%) are over 80. The proportion of females rises with each age group to 63% of the 80+ group.

The racial/ethnic composition of older Coloradans is as follows:

Race/Ethnicity of Coloradans

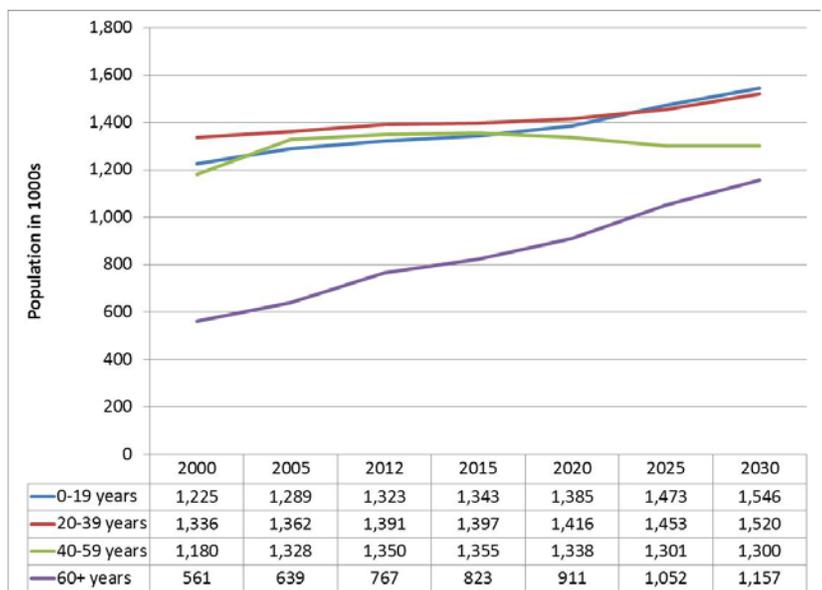| Age	White	Black	Am Indian AK Native	Other	White not Hispanic
<55	81.5%	4.2%	1.0%	13.2%	67.0%
55+	90.7%	2.8%	0.7%	5.8%	83.6%

Source: U.S. Census Bureau, 2009 Projections

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

The proportion of Colorado's population that is over 60 is growing while the proportion that is under 60 is shrinking. The U.S. Census Bureau estimates that 21 percent of Colorado's population will be over age 60 by the year 2030, an increase of 32% percent from 2012.

Projected Colorado Population

Age Group	2012	2020	2030
0 to 19	27.4%	27.4%	28.0%
20 to 39	28.8%	28.0%	27.5%
40 to 59	28.0%	26.5%	23.5%
60+	15.9%	18.0%	21.0%

Source: U.S. Census Bureau, 2009 Projections

|	2000	2005	2012	2015	2020	2025	2030
0-19 years	1,225	1,289	1,323	1,343	1,385	1,473	1,546
20-39 years	1,336	1,362	1,391	1,397	1,416	1,453	1,520
40-59 years	1,180	1,328	1,350	1,355	1,338	1,301	1,300
60+ years	561	639	767	823	911	1,052	1,157

Source: U.S. Census Bureau, 2009 Projections

Suicide Among Older Coloradans

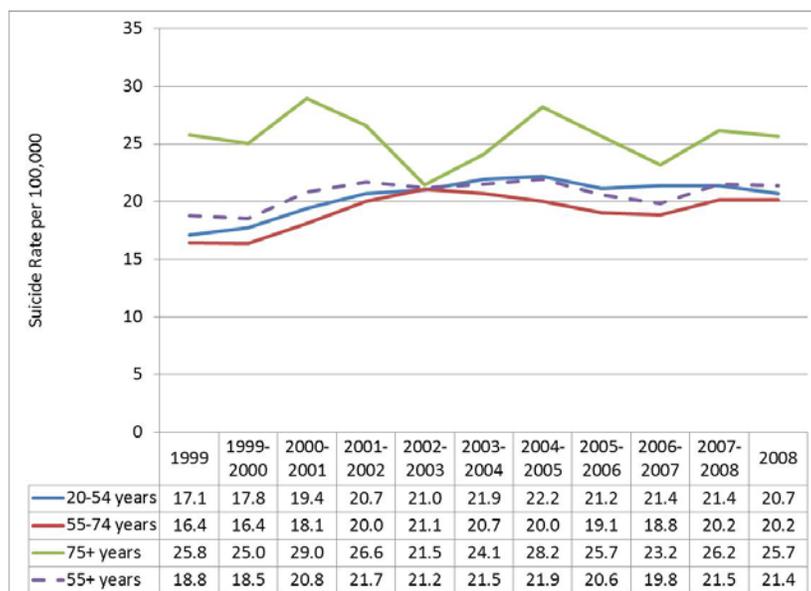## 2008 SUICIDE RATE PER 100,000 POPULATION - COLORADO COMPARED TO REGION AND NATION

The overall suicide rate among older Coloradans (over age 55) is lower than the rate among younger age groups, although the rate among the 75+ age group is higher. In 2008, the latest year in which comparable national data were available, 227 Coloradans over age 55 committed suicide. As this graph illustrates, the suicide rate among older Coloradans was higher than the rates in the U.S. and the surrounding region (Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah and Wyoming).

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
Colorado	21.2	19.3	24.1
Region	19.2	15.8	17.8
USA	15.0	14.5	15.9
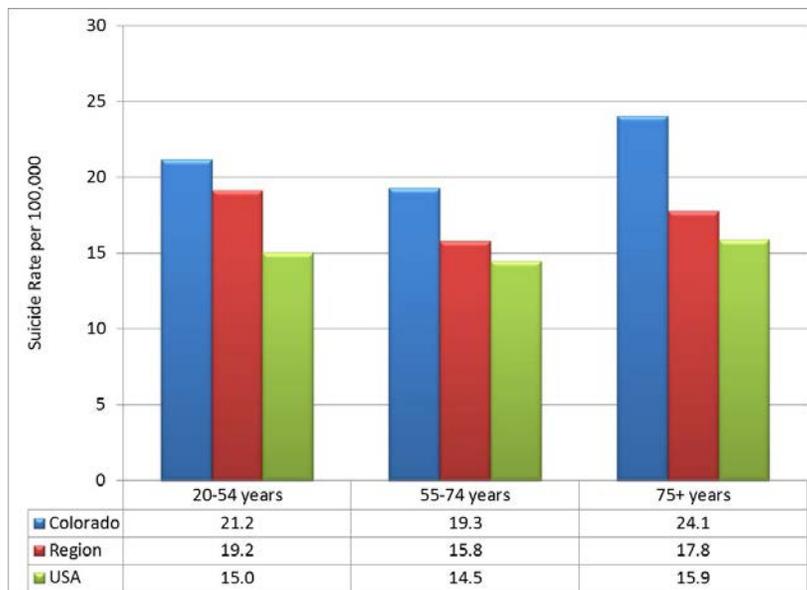
Source: Centers for Disease Control Vital Statistics, 2008

TREND IN SUICIDE RATE COLORADO POPULATION

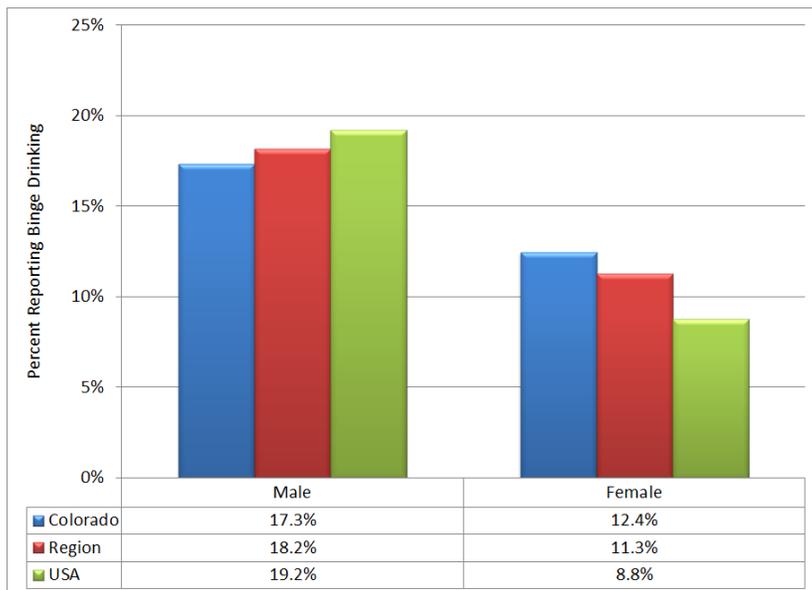|	1999	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008
20-54 years	17.1	17.8	19.4	20.7	21.0	21.9	22.2	21.2	21.4	21.4	20.7
55-74 years	16.4	16.4	18.1	20.0	21.1	20.7	20.0	19.1	18.8	20.2	20.2
75+ years	25.8	25.0	29.0	26.6	21.5	24.1	28.2	25.7	23.2	26.2	25.7
55+ years	18.8	18.5	20.8	21.7	21.2	21.5	21.9	20.6	19.8	21.5	21.4

Source: Centers for Disease Control Vital Statistics, 2009

The rate of suicide among older Coloradans age 55+ (shown with the dashed line) fluctuated from a high of 21.9 per 100,000 in 2004 to a low of 18.5 per 100,000 in 1999. As this chart shows, the rate is consistently highest among the 75+ 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 Coloradans

30-Day Binge Drinking among older Coloradans - by GENDER

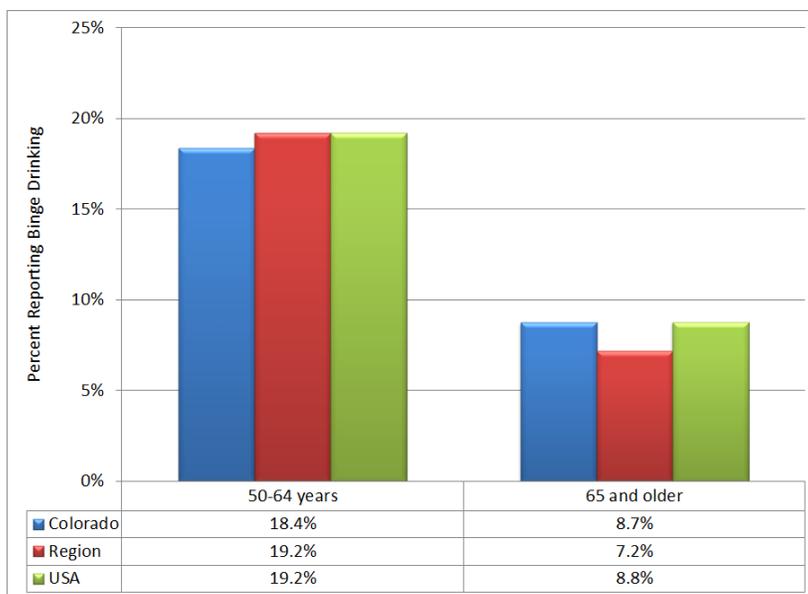|	Male	Female
Colorado	17.3%	12.4%
Region	18.2%	11.3%
USA	19.2%	8.8%

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 in one event during past 30 days. Binge drinking is highest among men: 17.3% of Colorado males age 50 and over reported binge drinking while 12.4% of females reported similar behavior. The confidence intervals are less than ± 1.3% around the Colorado and less than ± 0.2 percent around national/regional estimates.

30-Day Binge Drinking Among Older Coloradans by Age Group

Binge drinking decreases with age: 18.4% of Coloradans age 50-64 reported binge drinking, while 8.7% in the 65+ age group reported similar behavior. This rate is higher than the regional and national rate in the case of the 50-64 year age group, but identical to the regional rate in the 65+ group. The confidence intervals are less than ± 1.1% around Colorado and less than ± 0.2% around national/regional estimates. The following table shows the rates of binge drinking by age and gender

**Colorado Reported Rates of Binge Drinking by Age and Gender**

	Male	Female
50-64 years	21.5%	15.7%
65 and older	10.3%	7.5%

	50-64 years	65 and older
Colorado	18.4%	8.7%
Region	19.2%	7.2%
USA	19.2%	8.8%

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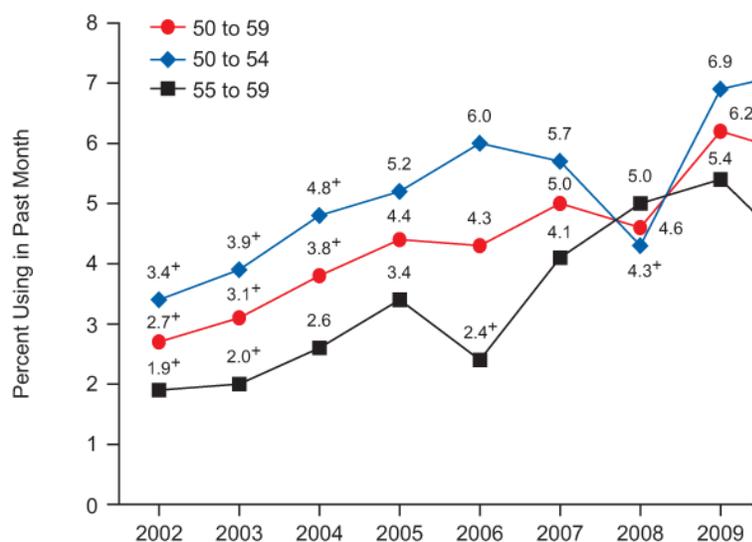

Source: National Survey on Drug Use and Health, 2010
Volume 1. Summary of National Findings

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 COLORADANS IN SUBSTANCE ABUSE TREATMENT

Source: Treatement Episode Data Set, 2009
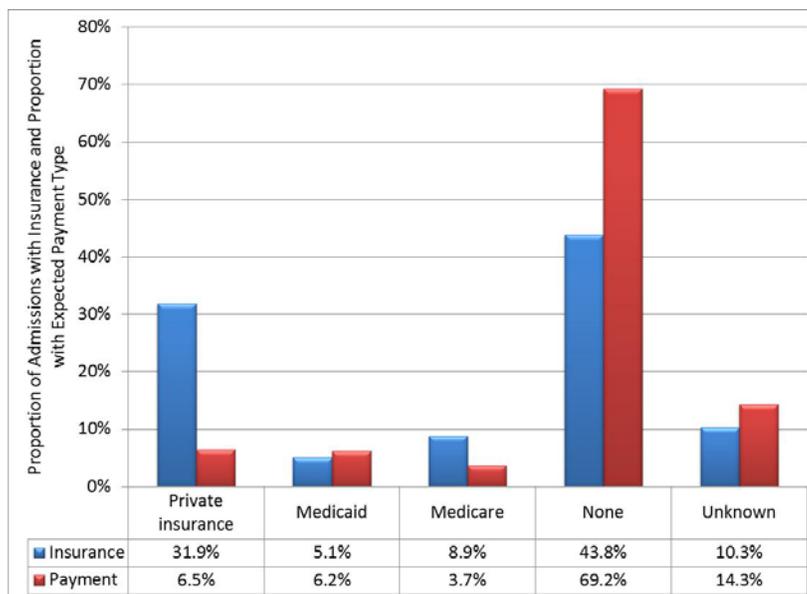Includes only those clients reported to SAMHSA
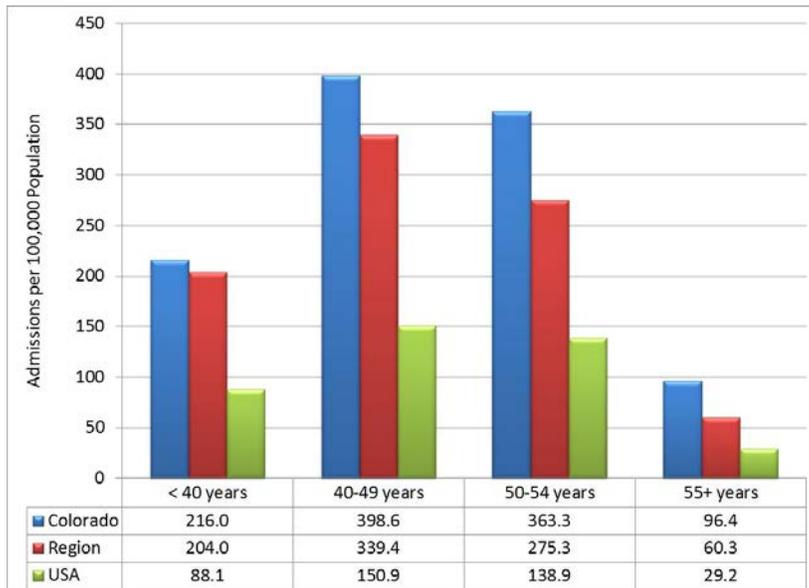
More than 2,400 Coloradans age 50 and older were admitted to substance abuse treatment in publicly funded facilities in 2009, a rate of 161.6 per 100,000. This rate was higher than the regional and national averages. Characteristics of this population include:

- 66 percent (1,618 individuals) were males, very close to the national and regional rates.
- 73% percent (1,800 individuals with known race) were White.
- 17% (415 individuals) were Black/African American. 569
- 23% (569 individuals) identified themselves as being of Hispanic descent.
- 33% (813 individuals) were referred to treatment by the criminal justice system.
- 29% (720 individuals) entered treatment through self or other individual-referral.
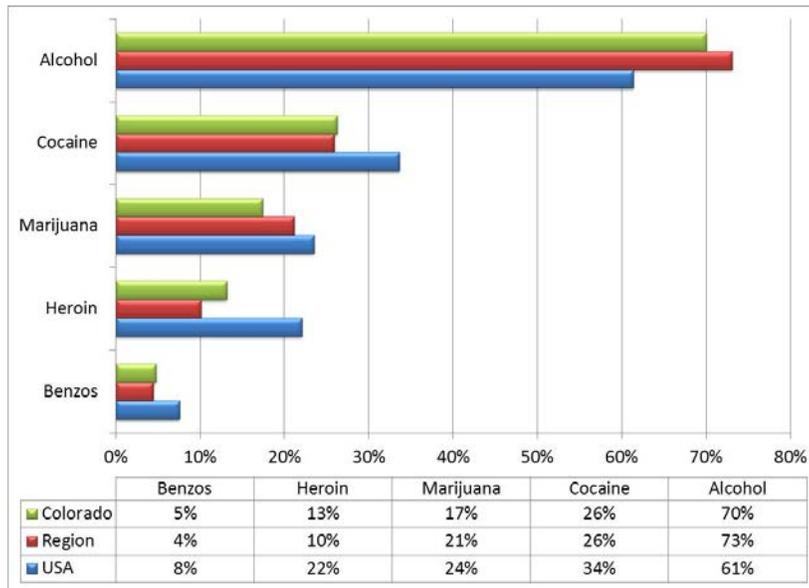
TREATMENT ADMISSIONS AMONG AGE 50 AND OLDER BY INSURANCE TYPE

Just over 5 percent of older Coloradans who were admitted to substance abuse treatment were insured by the State's Medicaid program; nearly 32 percent had private insurance and another 9 percent had Medicare. However, these sources were rarely reported as the expected source of payment for the individuals' substance abuse treatment. In 70 percent of cases, the source of payment was reported as "none," in another 14 percent, the sources were "unknown," which totals to nearly 85 percent of all admissions. In these cases, the bills are often directed toward the State's SAPT Block Grant / State-funded treatment programs.

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

AGE 55+ TREATMENT ADMISSIONS - SUBSTANCES USED

	Benzos	Heroin	Marijuana	Cocaine	Alcohol
Colorado	5%	13%	17%	26%	70%
Region	4%	10%	21%	26%	73%
USA	8%	22%	24%	34%	61%

Source; Treatment Episode Data Set, 2009[1]

Alcohol was - by far - the most frequently used drug among older Coloradans in publicly financed substance abuse treatment in 2009. Alcohol was mentioned as a substance of primary, secondary or tertiary abuse in about 70 percent of admissions among those age 50 plus. This was approximately akin to the regional rate.

The following drugs were also named as primary, secondary or tertiary substances at admission: Cocaine at 26 percent; marijuana at 17 percent; heroin at 13 percent; and benzodiazepines/tranquilizers at 5 percent.

Please note: These data include only those clients reported to SAMHSA

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[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 COLORADANS IN SUBSTANCE ABUSE TREATMENT WITH

CO-OCCURRING MENTAL HEALTH DISORDER

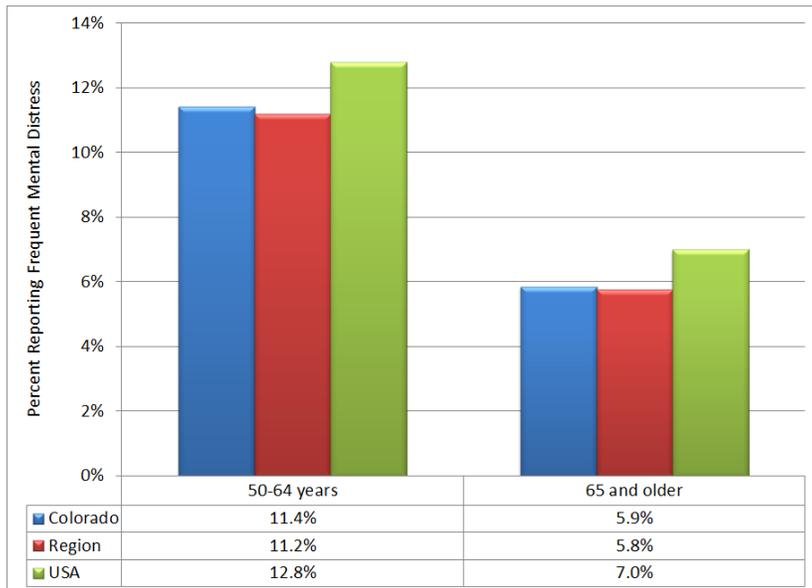|	Yes (Known)	Unknown
Colorado	39.1%	25.3%
Region	39.1%	25.3%
USA	41.8%	28.3%
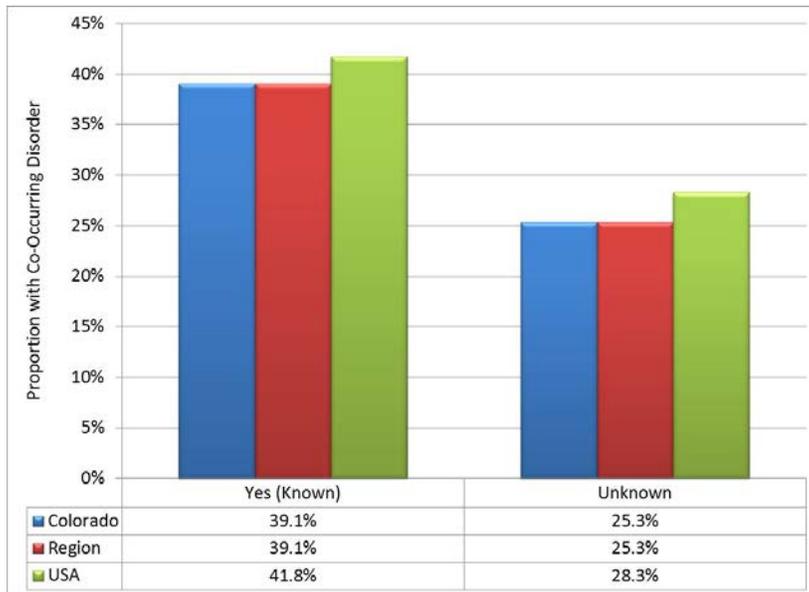
Source: Treatment Episode Data Set, 2009

Research shows a strong relationship between substance use and mental health disorders. Studies show that 30-80 % of people with substance abuse or mental health disorders also have a co-occurring disorder. The graph to the right shows the proportion of older Coloradans (50+) who were admitted to substance abuse treatment and also had a mental health diagnosis. While this rate appears slightly lower than the national and identical to the regional rate, reporting practices are a factor in these results.

ADMISSIONS TO STATE MENTAL HEALTH FACILITIES

Just over 3 percent of the people served by the Colorado mental health system were age 65 or older (2.2% percent were age 65 to 74 and 0.9% percent were age 75 or older). This represents a total of approximately 2,627 people. Data available at: http://www.samhsa.gov/dataoutcomes/urs/2010/Colorado.pdf

COLORADANS REPORTING FREQUENT MENTAL DISTRESS BY AGE GROUP

	50-64 years	65 and older
Colorado	11.4%	5.9%
Region	11.2%	5.8%
USA	12.8%	7.0%

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 define those reporting 14 or more "Yes" days as experiencing frequent mental distress (FMD). This chart shows that over 11.4 percent of Coloradans age 50-64 report FMD while 5.9 percent of those in the 65+ age group reported FMD. This is lower than the national and akin to the regional rates. Confidence interval around national / regional estimates is less than ± 0.2%. Confidence interval around Colorado estimates is less than ± 1.0%.

## OLDER COLORADANS REPORTING FREQUENT MENTAL DISTRESS BY GENDER

While older Colorado males are more likely to binge drink, females are more likely to report FMD. Nearly 9 percent of females age 50+ and 6.5 percent of males reported FMD. These rates were lower than the regional and national rates in both cases. Confidence interval around national/regional estimates is less than ± 0.2%. Confidence interval around Colorado estimates is less than ± 1.0%. The following table shows the rates of FMD by age and gender.

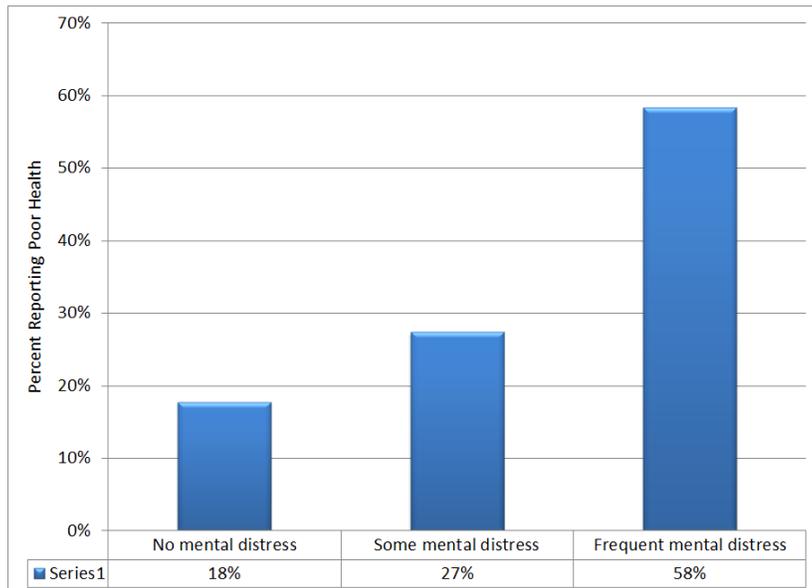**Colorado Reported Frequent Mental Distress by Age and Gender**

	Male	Female
50-64 years	8.6%	13.8%
65 and older	5.9%	5.8%

	Male	Female
Colorado	7.6%	10.6%
Region	7.3%	10.2%
USA	8.7%	11.6%
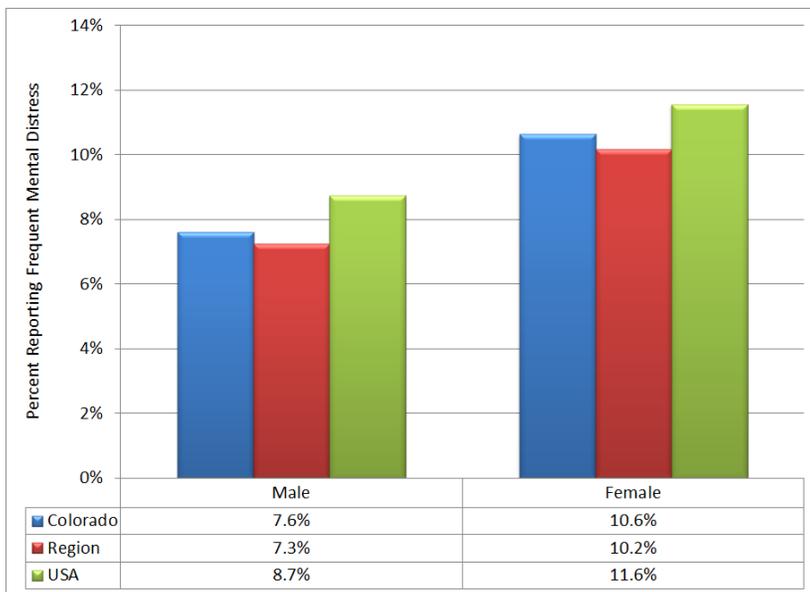
Source: Behavioral Risk Factor Surveillance System, 2011

PEOPLE WITH FREQUENT MENTAL DISTRESS REPORT POOR PHYSICAL HEALTH

Series1	No mental distress	Some mental distress	Frequent mental distress
	18%	27%	58%

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.

	Diabetes or pre-diabetes	Heart attack	Coronary disease	Stroke
Frequent mental distress	30%	13%	13%	10%
Some or no mental distress	18%	8%	8%	5%
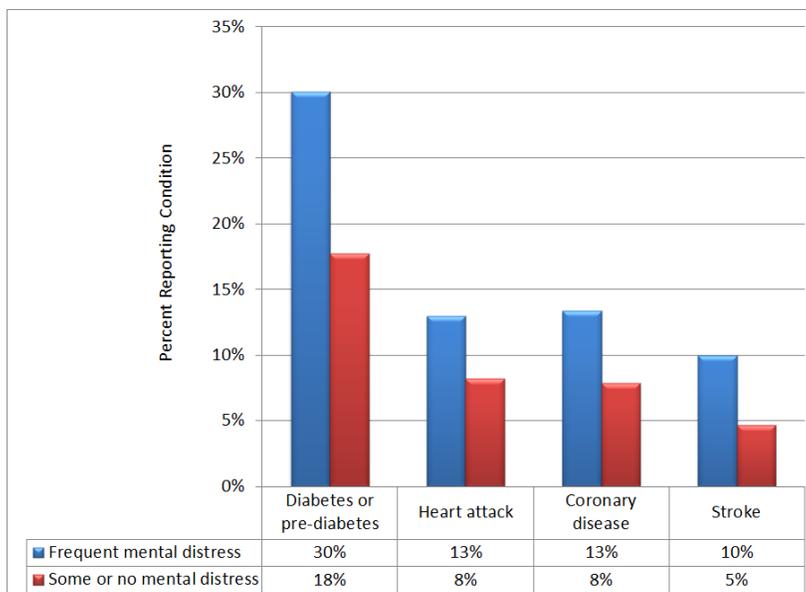
Source: Behavioral Risk Factor Surveillance System, 2011

OTHER MEASRUES OF MENTAL HEALTH

The Behavioral 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 Colorado. 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 are shown below for older Coloradans:

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)	7.6	(7.2-8.0)	6.5	(6.0-7.0)	9.6	(8.7-10.4)
Very dissatisfied or dissatisfied with life (revised)	4.3	(4.0-4.6)	4.9	(4.4-5.3)	3.3	(2.3-3.8)
Anxiety and Depression Optional Module Indicators (2006)[2]						
Current Depression	Not available	(Not available)	Not available	(Not available)	Not available	(Not available)
Lifetime Diagnosis of Depression	Not available	(Not available)	Not available	(Not available)	Not available	(Not available)
Lifetime Diagnosis of Anxiety Disorder	Not available	(Not available)	Not available	(Not available)	Not available	(Not available)

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

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.