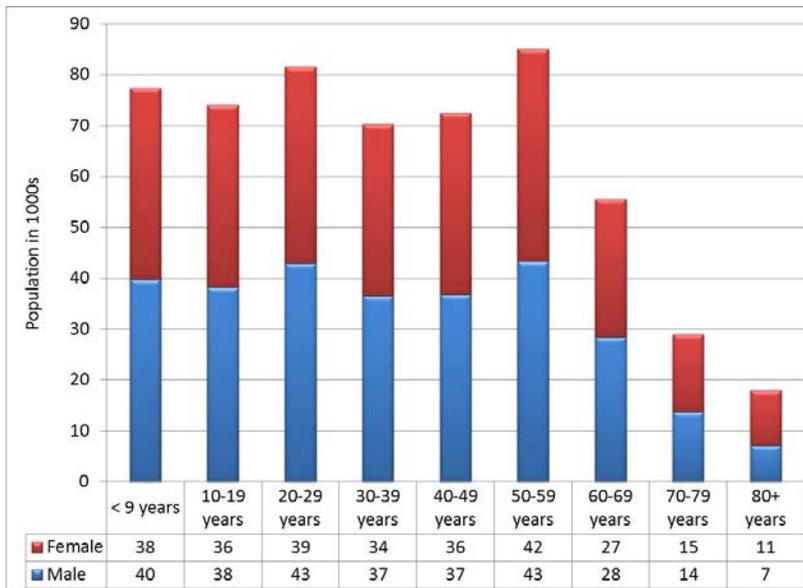


POLICY ACADEMY STATE PROFILE

# Wyoming's Population

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



Source: U.S. Census Bureau, 2010

Wyoming is home to nearly 600,000 people. Of these, nearly 200,000 (38%) are over 50; 115,000 (22%) are over 60; 52,000 (10%) are over 70; and 21,000 (4%) are over 80. The proportion of females rises with each age group to 61 percent of the 80+ group. The racial/ethnic composition of Wyomingites is as follows:

Race/Ethnicity of Wyomingites

Age	White	Black	Am Indian AK Native	Other	White not Hispanic
<55	89.9%	0.9%	2.7%	6.5%	84.1%
55+	95.7%	0.5%	1.2%	2.6%	93.0%

Source: U.S. Census Bureau, 2009 Projections

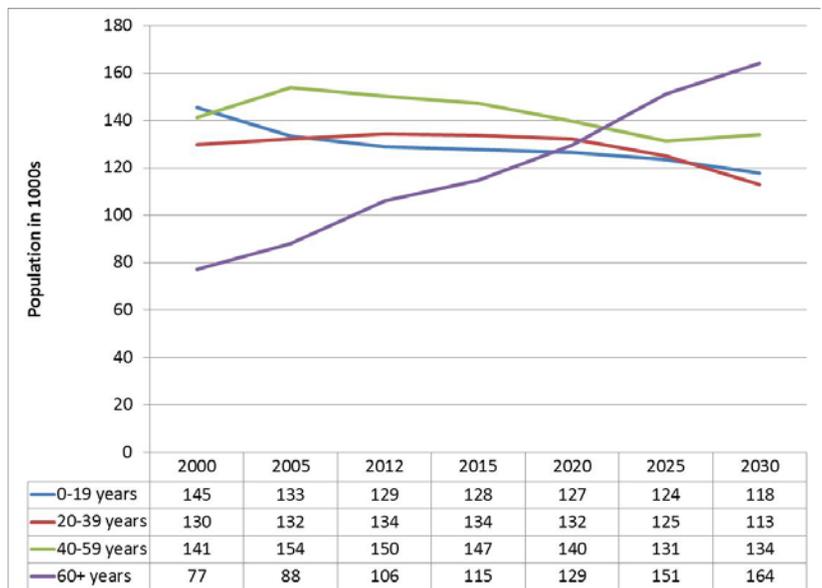
## THE NUMBER OF OLDER WYOMINGITES IS GROWING (POPULATION IN 1000S)

The proportion of Wyoming's population that is over 60 is growing while the proportion that is under 60 is shrinking. The U.S. Census Bureau estimates that 31 percent of Wyoming's population will be over age 60 by the year 2030, an increase of 52% percent from 2012.

Projected Wyoming Population

Age Group	2012	2020	2030
0 to 19	24.8%	24.0%	22.3%
20 to 39	25.9%	25.0%	21.4%
40 to 59	28.9%	26.5%	25.4%
60+	20.4%	24.5%	31.0%

Source: U.S. Census Bureau, 2009 Projections



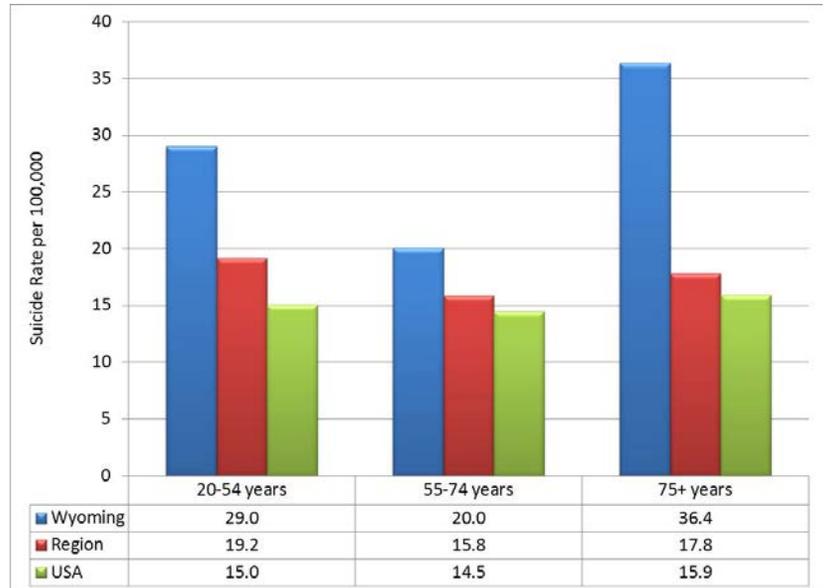
Source: U.S. Census Bureau, 2009 Projections

# Suicide Among Older Wyomingites

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

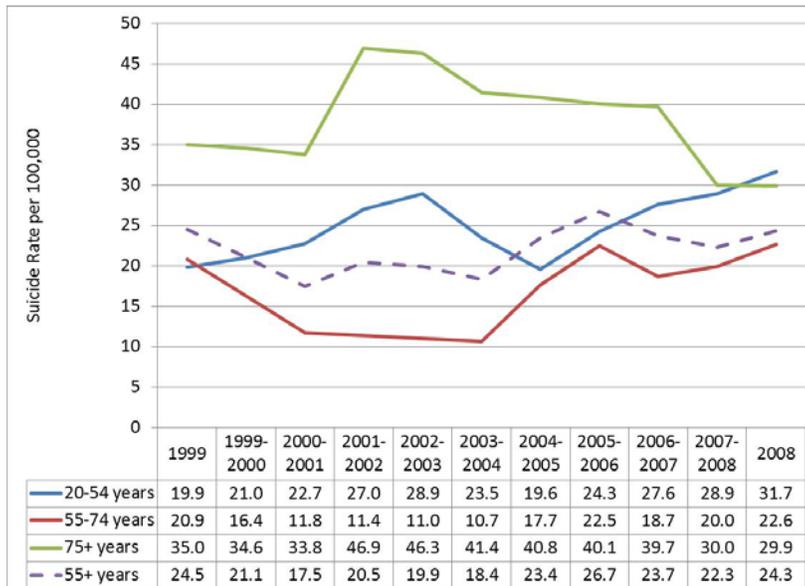
The suicide rate among older Wyomingites (over age 55) is lower than the rate among younger age groups. In 2008, the latest year in which comparable national data were available, 32 Wyomingites over age 55 committed suicide. The estimated suicide rate of 24.3 per 100,000 among Wyomingites age 55 and older was higher than the U.S. rate of 15.5 and the Regional rate of 16. The region includes Colorado, Iowa, Kansas, Missouri, Montana, Montana, North Dakota, South Dakota and Utah.

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 WYOMING POPULATION



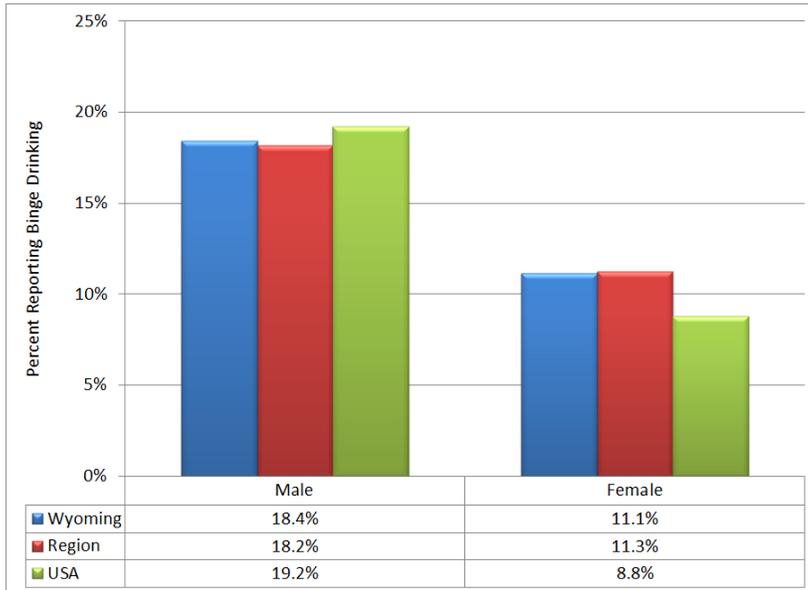
Source: Centers for Disease Control Vital Statistics, 2009

The rate of suicide among older Wyomingites age 55+ (shown with the dashed line) fluctuated from a high of 26.7 per 100,000 in 2005-2006 to a low of 18.4% per 100,000 in 2003-2004. As this chart shows, the rate has been consistently highest among those in 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 Wyomingites

30-DAY BINGE DRINKING AMONG OLDER WYOMINGITES 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 decreases with age, but is higher among men. 18.4% of Wyoming males age 50 and over reported binge drinking while 11.1% of females reported similar behavior. The confidence intervals around these estimates are less than  $\pm 0.2$  and  $\pm 1.8\%$  for regional / national and Wyoming estimates respectively.

Source: Behavioral Risk Factor Surveillance System 2011

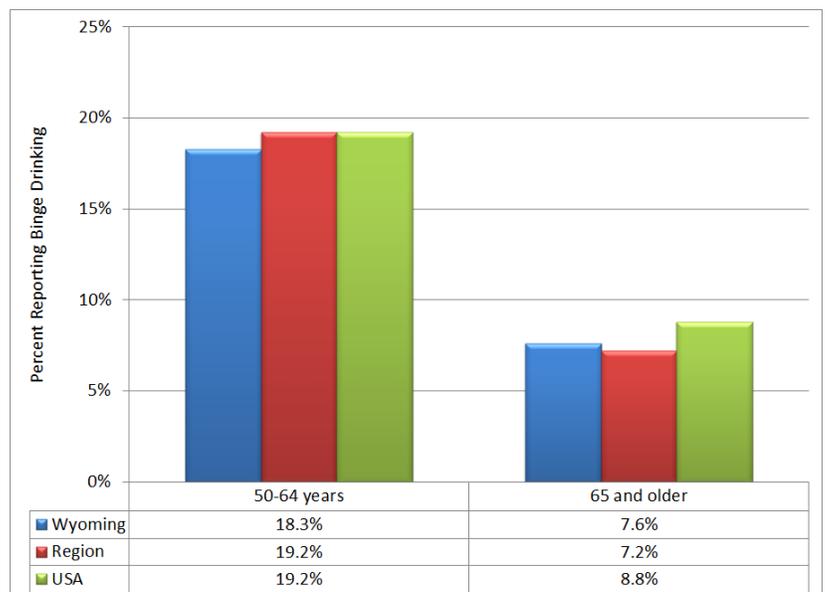
30-DAY BINGE DRINKING AMONG OLDER WYOMINGITES BY AGE GROUP

Binge drinking tends to decrease with age. 18.3% of Wyomingites age 50-64 reported binge drinking, while 5.3% in the 65+ age group reported similar behavior. The confidence intervals around these estimates are less than  $\pm 0.2$  and  $\pm 1.5\%$  for regional / national and Wyoming estimates respectively.

The following table shows binge drinking by age group and gender.

**Binge Drinking  
by Age Group and Gender**

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



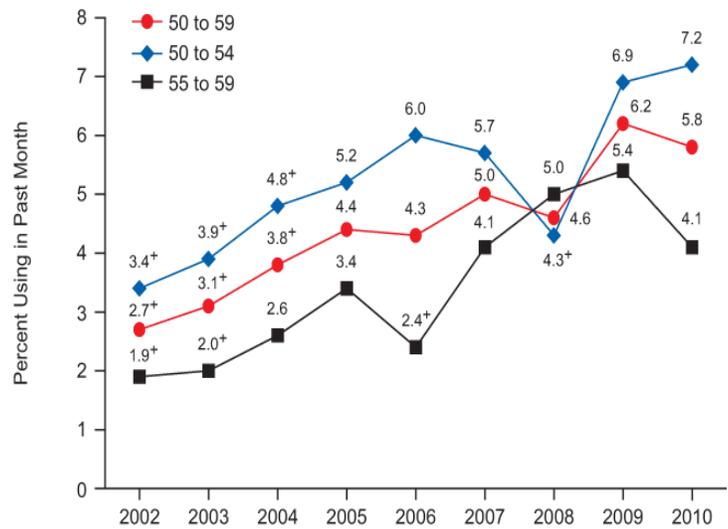
Source: Behavioral Risk Factor Surveillance System 2011

ILLICIT DRUG USE AMONG OLDER AMERICANS

Nationally, illicit drug use has more than doubled among 50-59 year olds since 2002. The rate rose from 3.4 to 7.2 percent among 50-54 year olds and from 1.9 to 4.1 percent among 55-59 year olds. According to the Substance Abuse and Mental Health Services Administration, “These patterns and trends partially reflect the aging into these age groups of members of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts.” Specific data about substance abuse among older Wyomingites are not available; however the SAMHSA NSDUH Report at:

<http://www.oas.samhsa.gov/2k9state/Cover.pdf>

provides general information about substance use in Wyoming.



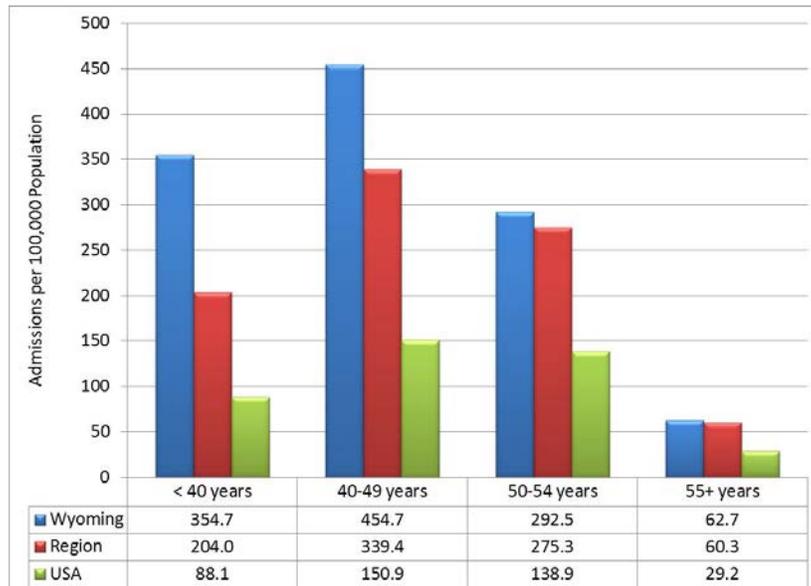
Source: National Survey on Drug Use and Health, 2010 Volume 1. Summary of National Findings

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 WYOMINGITES IN SUBSTANCE ABUSE TREATMENT



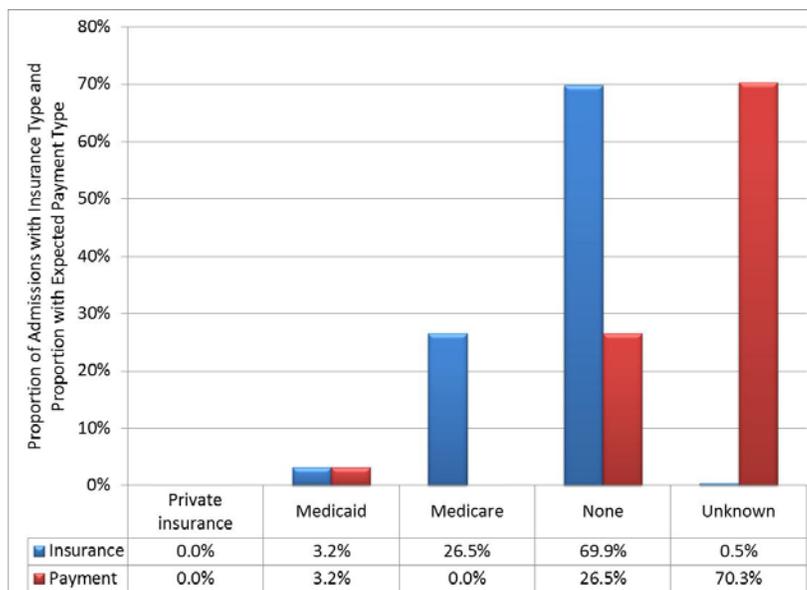
More than 200 Wyomingites age 50 and older were admitted to substance abuse treatment in State-funded facilities in 2009, a rate of 116.7 per 100,000 age 50 and above. This rate was higher than the regional and higher than the national averages. Characteristics of the older admittees include:

- 67% (144 individuals) were males, very close to the national and regional rates.
- 76% percent (166 individuals with known race) were White.
- 5% (12 individuals) were Black/African American.
- 29% (63 individuals) identified themselves as being of Hispanic descent.
- 40% (88 individuals over age 50) were referred to treatment by the criminal justice system.
- 25% (54 individuals) entered treatment through self or other individual-referral.

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

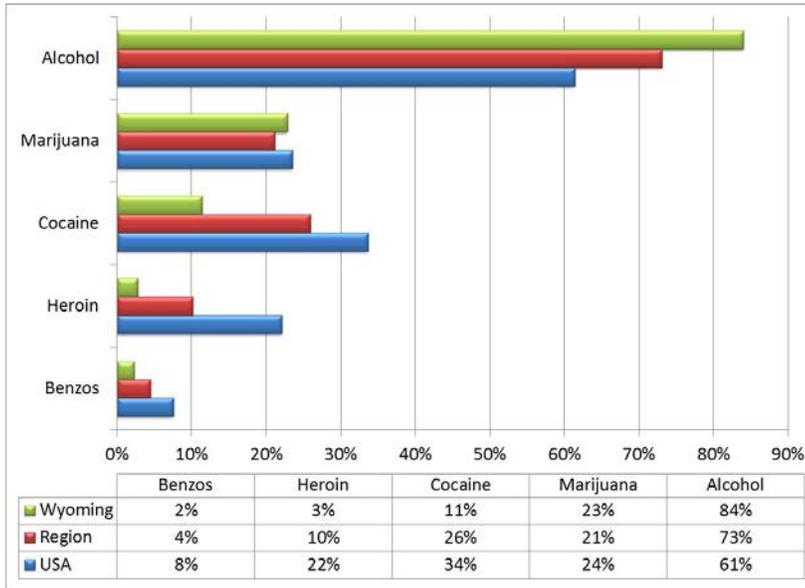
### TREATMENT ADMISSIONS AMONG AGE 50 AND OLDER BY INSURANCE TYPE

None of older Wyomingites who were admitted to substance abuse treatment reported that they had private insurance, although nearly 27 percent reported they were on Medicare. However, Medicare was never listed as an expected source of payment for care. Nearly 70 percent of admittees reported they had no insurance – and in more than 95 percent of cases, the source of payment was reported as “none” or “unknown.” This may be an artifact of reporting practices; however, the bills for many of these admissions were likely 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 50 AND OLDER TREATMENT ADMISSIONS - SUBSTANCES USED



Alcohol was - by far - the most frequent drug of use among older Wyomingites in publicly financed substance abuse treatment in 2009. Alcohol was mentioned as the primary, secondary or tertiary substance of abuse in more than 80 percent of admissions among those age 50 and above. This was higher than both the national and regional rates.

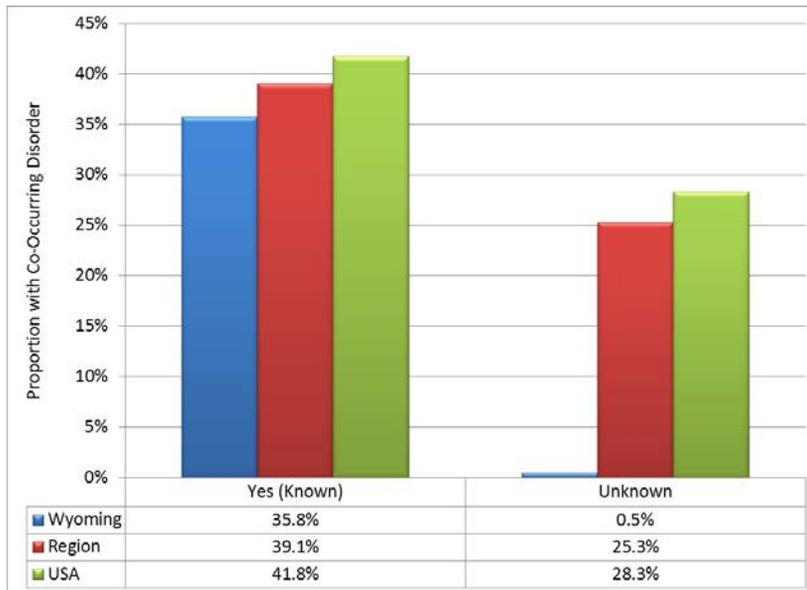
Other drugs reported as primary, secondary or tertiary include: Marijuana at 23 percent; cocaine at 11 percent; heroin at 3 percent and benzodiazepines/tranquilizers at 2 percent.

Source; Treatment Episode Data Set, 2009<sup>1</sup>  
Includes only those clients reported to SAMHSA

<sup>1</sup> 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 WYOMINGITES 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 Wyomingites (50+) who were admitted to substance abuse treatment and also had a mental health diagnosis. While this rate appears lower than the rate in the nation or the region, reporting practices are a factor in these results.

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

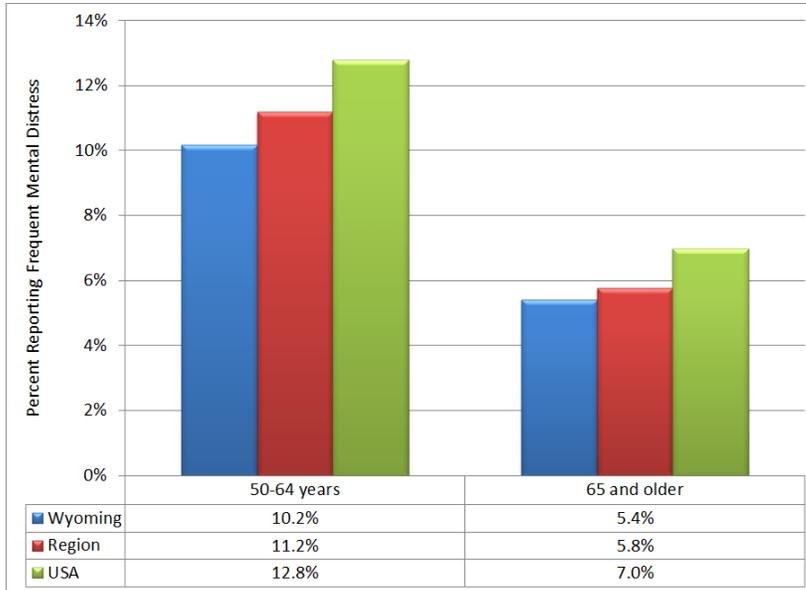
## OLDER WYOMINGITES ADMITTED TO STATE MENTAL HEALTH FACILITIES

About 3.7 percent of the people served by the Wyoming mental health system were age 65 or older (2.1% percent were age 65 to 74 and 1.6% percent were age 75 or older). This represents a total of approximately 654 people. This and more data about the State mental health system are available at:

<http://www.samhsa.gov/dataoutcomes/urs/2010/Wyoming.pdf>

# Mental Health

## OLDER WYOMINGITES REPORTING FREQUENT MENTAL DISTRESS BY AGE GROUP



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). This chart shows reports of FMD decrease in the highest age group. While 10.2 of those in the 50-64 year group reported FMD, 5.4 percent of those in the 65+ group made similar reports. Confidence intervals are less than ± 0.2 and ± 1.5 percent for regional / national and Wyoming estimates respectively.

Source: Behavioral Risk Factor Surveillance System, 2011

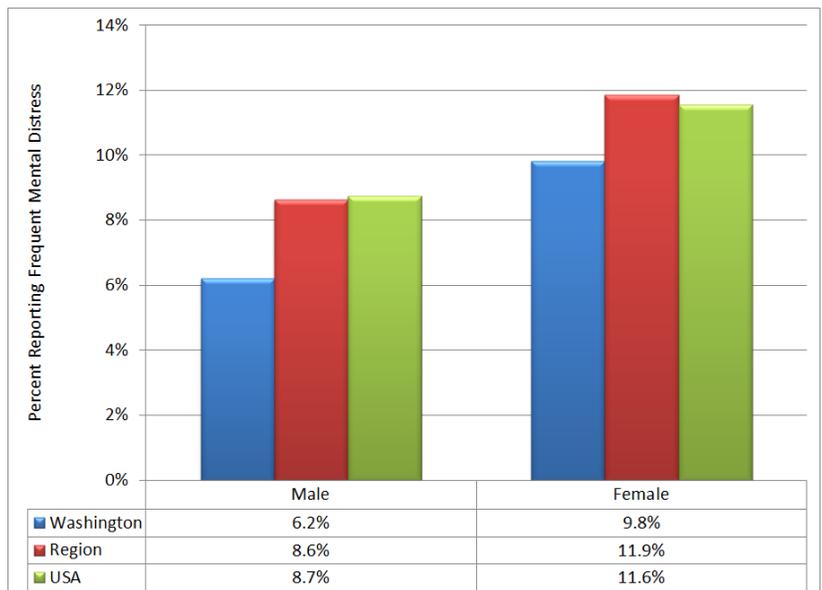
## OLDER WYOMINGITES REPORTING FREQUENT MENTAL DISTRESS BY GENDER

While older Wyoming males are more likely to binge drink, females are more likely to report FMD. Nearly 12 percent of females age 50 and older and 8.2 percent males reported FMD. Confidence intervals are less than ± 0.2 and ± 1.5 percent for regional / national and Wyoming estimates respectively.

The following table illustrates the difference in reporting of FMD among gender and age groups:

FMD by Gender and Age Group

	Male	Female
50-64 years	8.2%	11.7%
65 and older	5.1%	5.6%



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 Wyoming. 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)?”

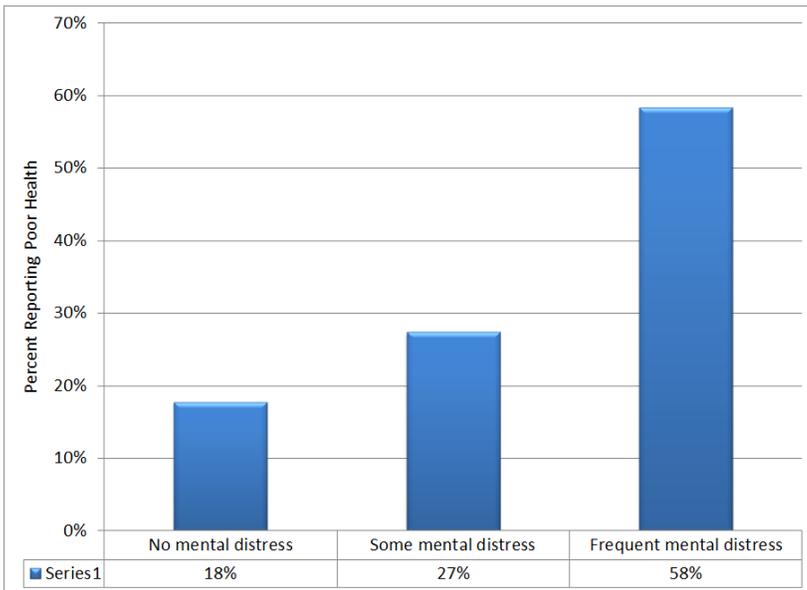
The results of these surveys among older Wyomingites are shown below:

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)	7.7	(6.5–9.0)	5.9	(4.5–7.2)	10.8	(8.4–13.2)
Very dissatisfied or dissatisfied with life (revised)	4.1	(3.1–5.0)	4.9	(3.7–6.2)	2.6	(1.4–3.8)
Anxiety and Depression Optional Module Indicators (2006) <sup>2</sup>						
Current Depression	6.8	(5.8–8.0)	8.7	(7.2–10.5)	3.6	(2.5–5.0)
Lifetime Diagnosis of Depression	18.1	(16.6–19.7)	20.9	(18.9–23.1)	13.5	(11.6–15.8)
Lifetime Diagnosis of Anxiety Disorder	9.9	(8.8–11.2)	11.2	(9.7–13.0)	7.8	(6.3–9.7)

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

PEOPLE WITH FREQUENT MENTAL DISTRESS REPORT POOR PHYSICAL HEALTH



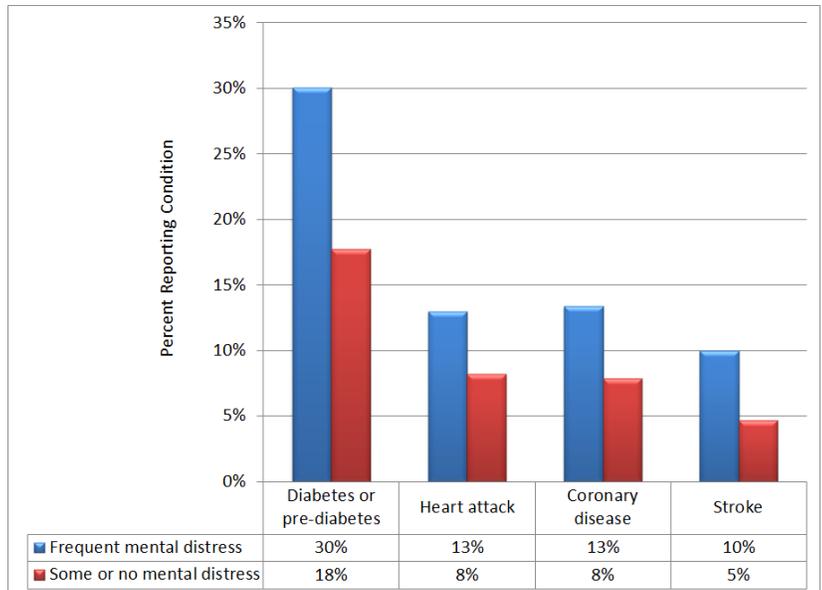
Older Americans who experienced frequent mental distress were more likely to report that their physical health was poor or fair (as opposed to good, very good or excellent). As shown here, while 18 percent of older Americans with no mental distress reported poor or fair physical health, nearly 60 percent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