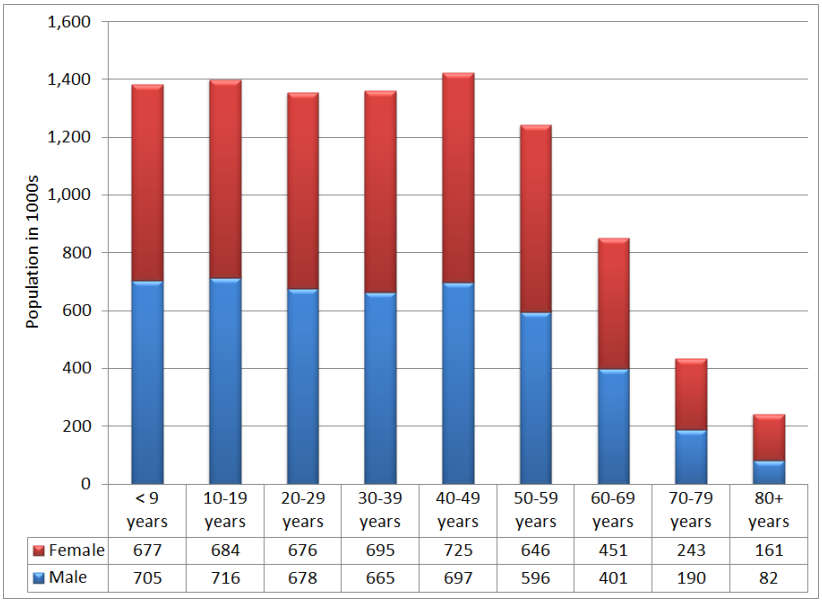
Georgia

December 2012

POLICY ACADEMY STATE PROFILE

Georgia Population

GEORGIA POPULATION (IN 1,000S)—AGE GROUP



Source: U.S. Census Bureau, 2010

Georgia is home to more than 9.8 million people. Of these, almost 2.8 million (28.6 percent) are over age 50; more than 1.5 million (15.8 percent) are over 60; more than 676,000 (7 percent) are over 70; and almost 243,000 (2.5 percent) are over 80. The proportion of women rises to 66.3 percent of those 80 and older. The racial/ethnic composition of Georgians is as follows:

Race/Ethnicity of Georgians

Age	White	Black	Other	White not Hispanic
<55	57.9%	32.3%	9.8%	52.8%
55+	73.5%	22.9%	3.6%	72.1%

Source: U.S. Census Bureau Projections, 2009

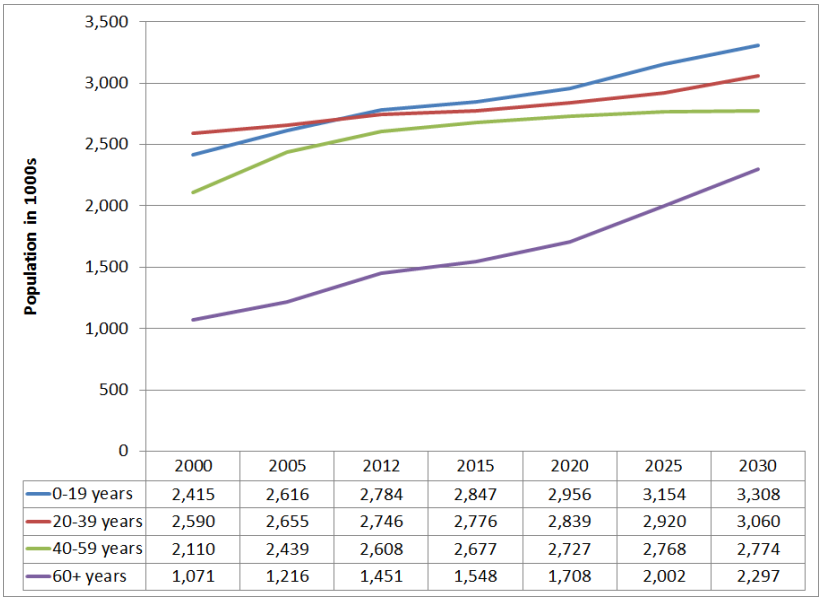
THE NUMBER OF OLDER GEORGIANS IS GROWING (POPULATION IN 1,000S)

The proportion of Georgia's population that is 60 and older is growing more rapidly than other components of the population. The U.S. Census Bureau estimates that more than 20 percent of Georgia's population will be 60 and older by the year 2030, an increase of almost 34 percent from 2012.

Projected Georgia Population

	2012	2020	2030
0-19 years	29.0%	16.7%	28.9%
20-39 year	28.6%	27.8%	26.8%
40-59 year	27.2%	26.7%	24.2%
60+ years	15.1%	16.7%	20.1%

Source: U.S. Census Bureau Projections, 2009



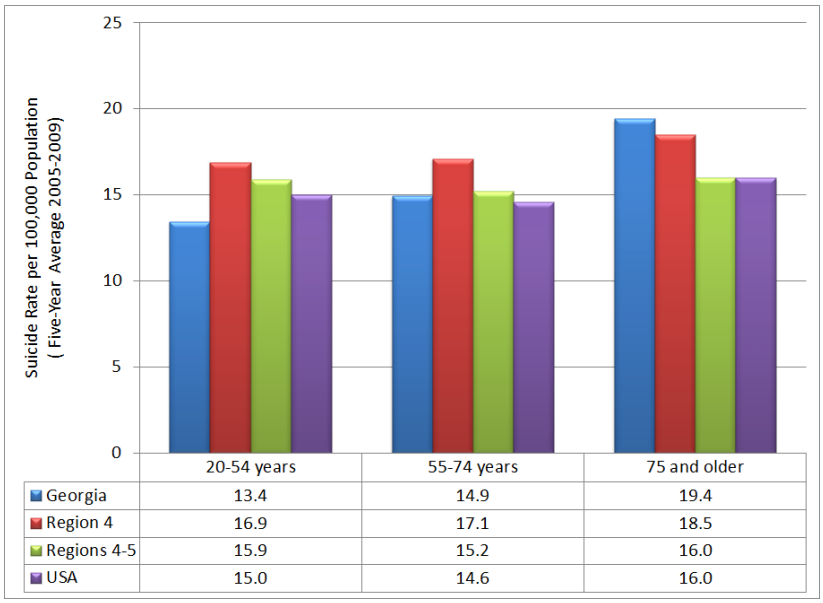
Source: U.S. Census Bureau Projections, 2009

Suicide Among Older Georgians

2005–2009 National and Regional Suicide Rates per 100,000 Population

The five-year average suicide rate among Georgians ages 55–74 is slightly higher than the rate in the 20–54 age group, while the five-year average suicide rate among Georgians ages 75 and older is substantially higher than the rate in the 20–54 age group. Georgia' rates for ages 55–74 are akin to national rates and rates in Regions 4 and 5, which include Alabama, Florida, Georgia, Illinois, Indiana, Kentucky, Michigan, Minnesota, Mississippi, North Carolina, Ohio, South Carolina, Tennessee, and Wisconsin. Georgia rates for ages 75 and older are higher than national and regional rates.

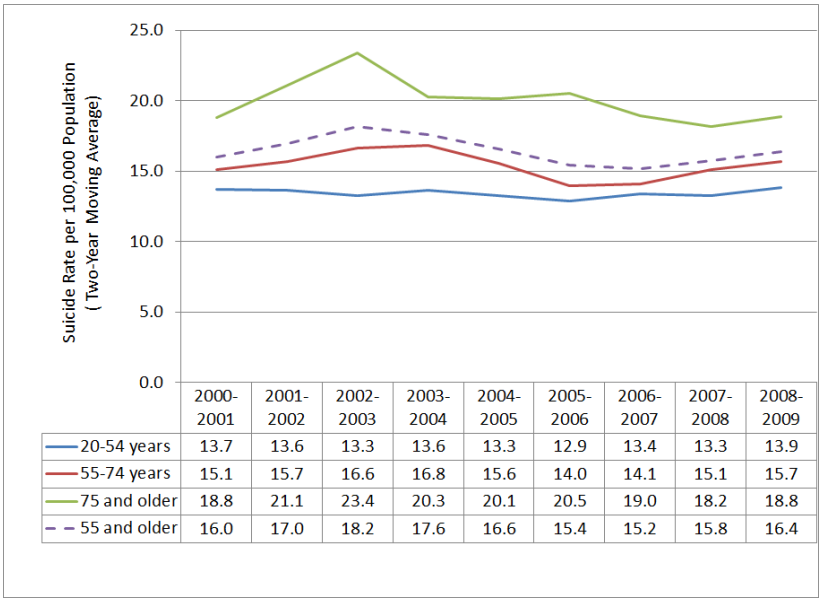
Please note: States may vary in their reporting practices regarding suicide deaths. The apparent rate of suicide is influenced by these reporting practices.



	20-54 years	55-74 years	75 and older
Georgia	13.4	14.9	19.4
Region 4	16.9	17.1	18.5
Regions 4-5	15.9	15.2	16.0
USA	15.0	14.6	16.0

Source: Centers for Disease Control and Prevention (CDC) Vital Statistics, 2009

Georgia Suicide Trend



	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
20-54 years	13.7	13.6	13.3	13.6	13.3	12.9	13.4	13.3	13.9
55-74 years	15.1	15.7	16.6	16.8	15.6	14.0	14.1	15.1	15.7
75 and older	18.8	21.1	23.4	20.3	20.1	20.5	19.0	18.2	18.8
55 and older	16.0	17.0	18.2	17.6	16.6	15.4	15.2	15.8	16.4

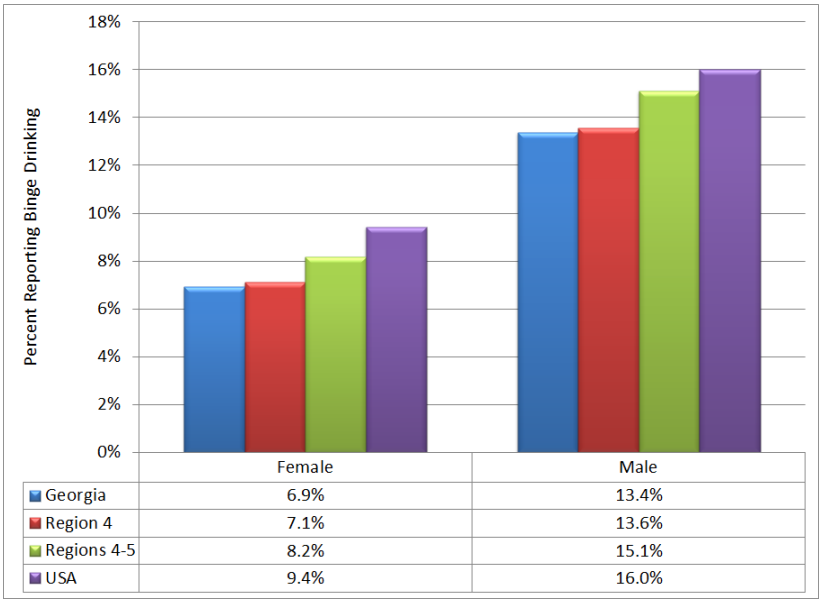
Source: CDC Vital Statistics, 2009

The two-year moving average rate of suicide among Georgians ages 55 to 74 has varied from a low of 14.0 per 100,000 in 2005–2006 to a high of 16.8 in population in 2003–2004. The rate for 20–54-year-olds shows similar variations, and the rate for ages 75 and older is higher than that of the other age groups for every two-year period.

Please note: States may vary in their suicide reporting practices and may vary in practices 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 Georgians' Substance Use/Abuse

30-Day Binge Drinking Among Older Georgians—Gender



	Female	Male
Georgia	6.9%	13.4%
Region 4	7.1%	13.6%
Regions 4-5	8.2%	15.1%
USA	9.4%	16.0%

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2011

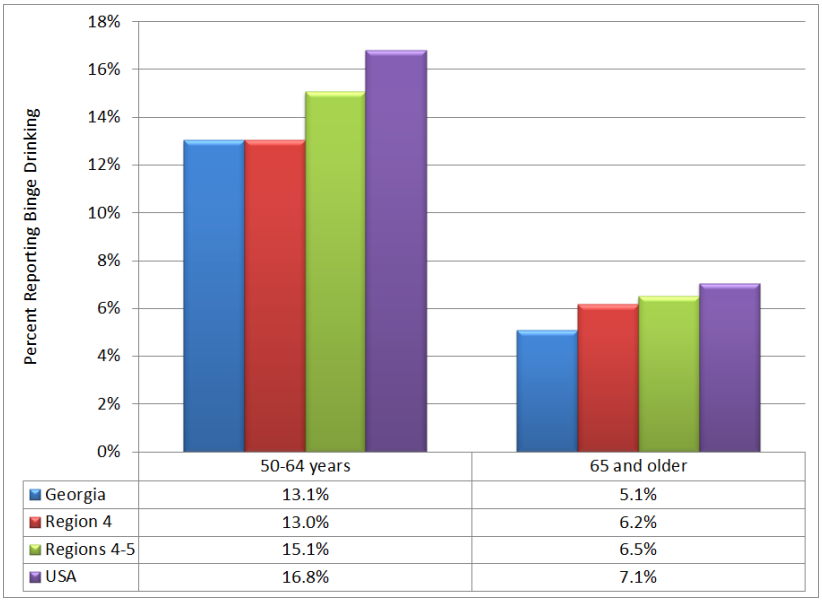
Duke Medicine News (August 17, 2009) notes that binge drinking can cause "serious problems, such as stroke, cardiovascular disease, liver disease, neurological damage and poor diabetes control." Binge drinkers are more likely to take risks such as driving while intoxicated and to experience falls and other accidents. Older people have less tolerance for alcohol. Therefore, the figure at left defines a "binge" as three or more drinks in one event for women and four or more for men. Binge drinking is higher among men in all states. In Georgia, 13.4 percent of men ages 50 and older engage in binge drinking whereas 6.9 percent of women ages 50 and older reported binge drinking. The overall rate of binge drinking among this age group is 9.2 percent. Confidence intervals for national and state estimates are less than ±0.2 and ±1.0 percent, respectively.

30-Day Binge Drinking Among Older Georgians—Age Group

Binge drinking tends to decrease with age: 13.1 percent of Georgians ages 50–64 reported binge drinking, whereas 5.1 percent in the 65 and older group reported similar behavior. Confidence intervals for national and state estimates are less than ±0.2 and ±1.0 percent, respectively. The table below provides a breakdown by age group and gender.

Percentage of Georgians Reporting Binge Drinking by Age and Gender

	50-64 years	65 and older
Female	9.9%	4.0%
Male	18.8%	7.3%

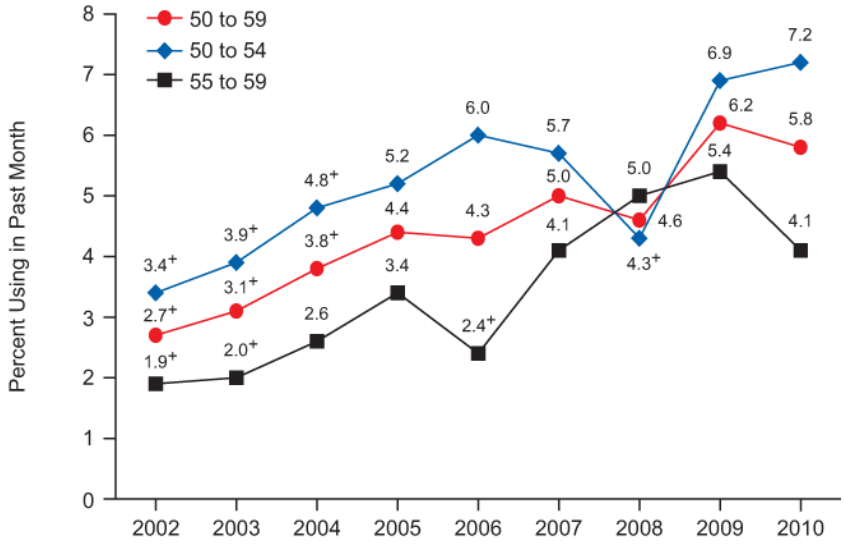


	50-64 years	65 and older
Georgia	13.1%	5.1%
Region 4	13.0%	6.2%
Regions 4-5	15.1%	6.5%
USA	16.8%	7.1%

Source: BRFSS, 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 (SAMHSA), "These patterns and trends partially reflect the aging into these age groups of members of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts." Specific data about substance abuse among older Georgians are not available; however, the SAMHSA National Survey on Drug Use and Health (NSDUH) (http://www.oas.samhsa.gov/2k9state/Cover.pdf) provides general information about substance use in Georgia.



Source: NSDUH, 2010

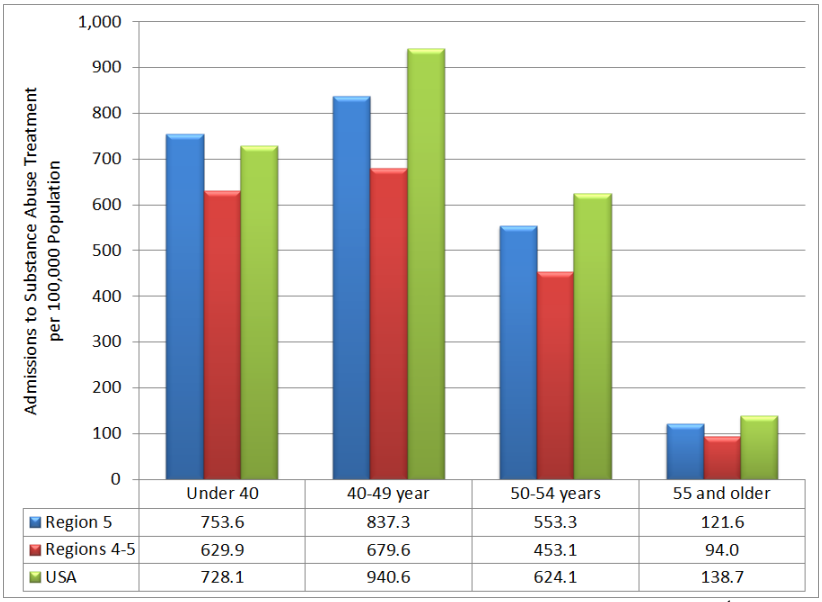
Volume 1, Summary of National Findings

Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults

SAMHSA'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 (ERs) 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 drug abuse was involved. According to the November 25, 2010, *DAWN Report*:

- *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* (italic text is taken directly from the report, available at http://www.samhsa.gov/data/2k10/WebSR018Pharma50+/Pharma50+HTML.pdf).

Admissions to Substance Abuse Treatment Among Georgians Ages 50 and Older



	Under 40	40-49 year	50-54 years	55 and older
Region 5	753.6	837.3	553.3	121.6
Regions 4-5	629.9	679.6	453.1	94.0
USA	728.1	940.6	624.1	138.7

Source: Treatment Episode Data Set (TEDS), 2010[1]

Please note: Georgia treatment admission data from 2005 to 2010 were not available on the SAMHSA TEDS Web site.

In 2010, other states in the Region varied from 28 to more than 400 admissions per 100,000 population among those ages 50 and older.

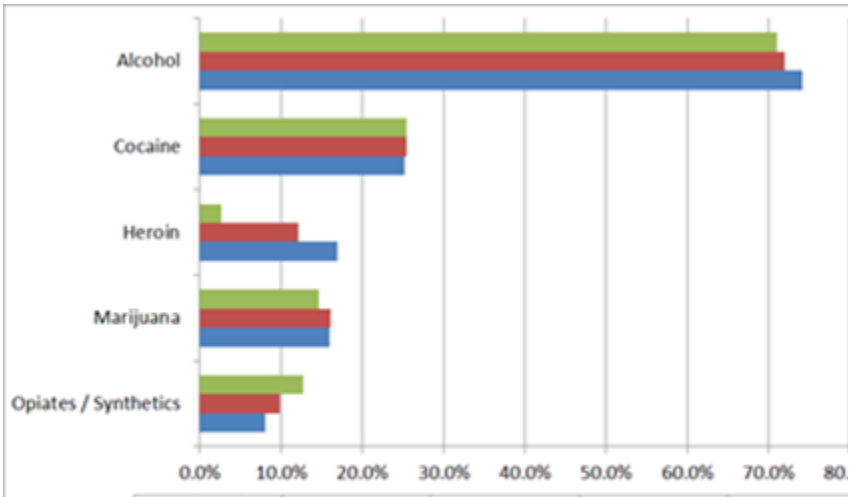
State reporting practices have a strong impact on the apparent rate. Data include only those admissions reported to TEDS.

Treatment Admissions Ages 50 and Older—Substances Used

Please note: Georgia treatment admission data from 2005 to 2010 were not available on the SAMHSA TEDS Web site.

Alcohol was by far the most frequently used substance among those ages 50 and older in publicly financed substance abuse treatment in 2010, nationally and regionally. Alcohol was mentioned as the primary, secondary, or tertiary substance of abuse in more than 74 percent of admissions among those ages 50 and older. Alcohol was followed by cocaine at almost 26 percent, nationally and regionally.

Please note: TEDS data include only those clients reported to SAMHSA.

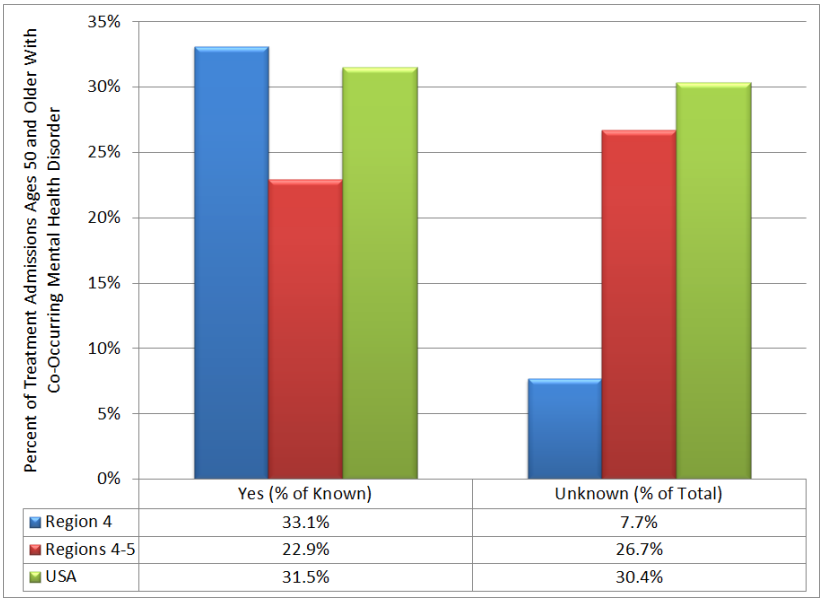


	Opiates / Synthetics	Marijuana	Heroin	Cocaine	Alcohol
Region 4	12.7%	14.7%	2.7%	25.4%	71.0%
Region 4-5	9.8%	16.1%	12.1%	25.4%	72.0%
USA	8.1%	16.0%	16.9%	25.2%	74.2%

Source: TEDS, 2010

[1] TEDS data are collected by states that accept Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. Guidelines suggest that states 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.

Treatment Admissions Ages 50 and Older With Co-Occurring Mental Health Disorders



	Yes (% of Known)	Unknown (% of Total)
Region 4	33.1%	7.7%
Regions 4-5	22.9%	26.7%
USA	31.5%	30.4%

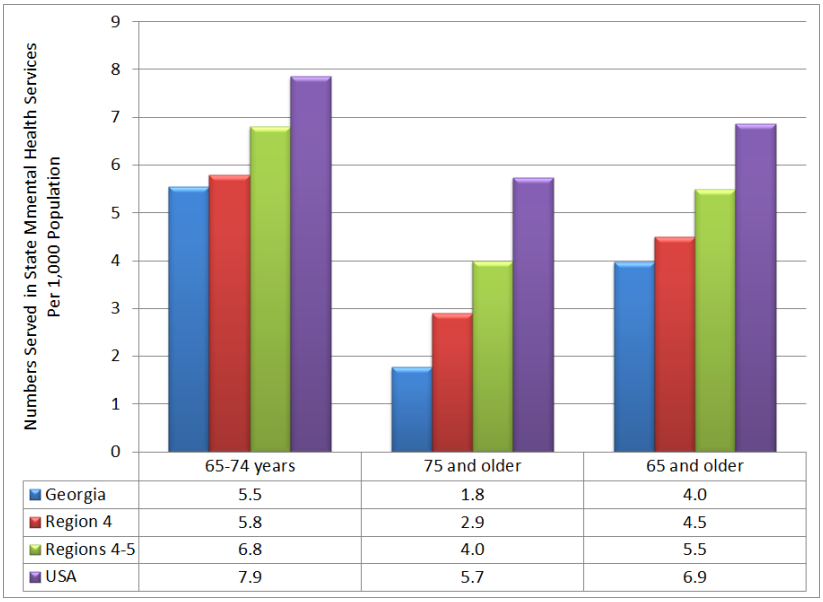
Source: TEDS, 2010

Research shows a strong relationship between substance use and mental health disorders. Studies show 30–80 percent of people with a substance use or mental health disorder also have a co-occurring substance use/mental health disorder. The figure at left shows that, across the United States, more than 31 percent of admissions to substance abuse treatment among those ages 50 and older also reported a mental health diagnosis.

Please note: Data include only those admissions reported to TEDS. Georgia treatment admission data from 2005 to 2010 were not available on the SAMHSA TEDS Web site.

Mental Health

Georgians Ages 65 and Older Admitted to State Mental Health Services

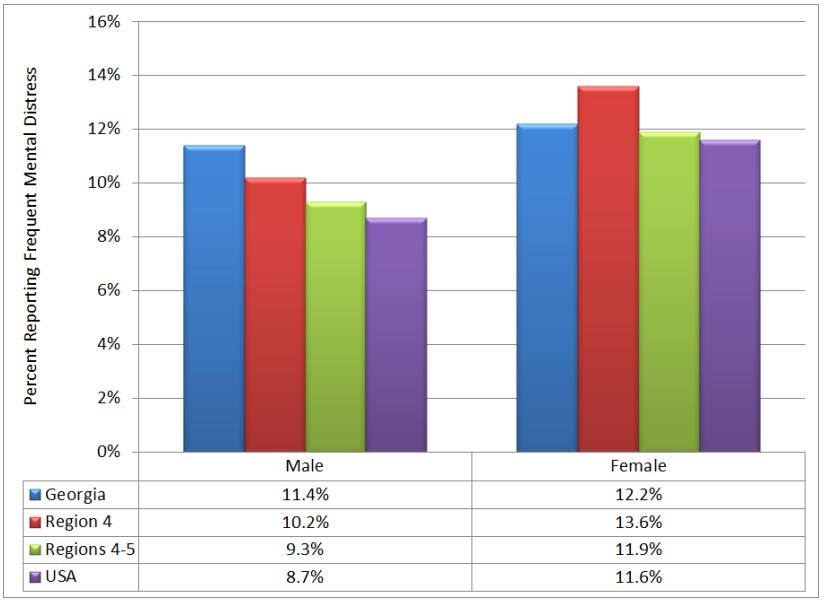


	65-74 years	75 and older	65 and older
Georgia	5.5	1.8	4.0
Region 4	5.8	2.9	4.5
Regions 4-5	6.8	4.0	5.5
USA	7.9	5.7	6.9

Source: Center for Mental Health Services (CMHS), Uniform Reporting System (URS), 2011

Almost 2.5 percent of the people served by the Georgia mental health system were ages 65 and older (1.97 percent were ages 65 to 74 and 0.5 percent were ages 75 and older). This represents a total of approximately 4,040 people. The figure at left shows penetration rates per 1,000 population whereas the data cited above refer to the percentage of individuals within the service system. These and other data about Georgia's mental health system are available at http://www.samhsa.gov/dataoutcomes/urs/2011/Georgia.pdf.

Georgians Ages 50 and Older Reporting Frequent Mental Distress—Gender



	Male	Female
Georgia	11.4%	12.2%
Region 4	10.2%	13.6%
Regions 4-5	9.3%	11.9%
USA	8.7%	11.6%

Source: BRFSS, 2011

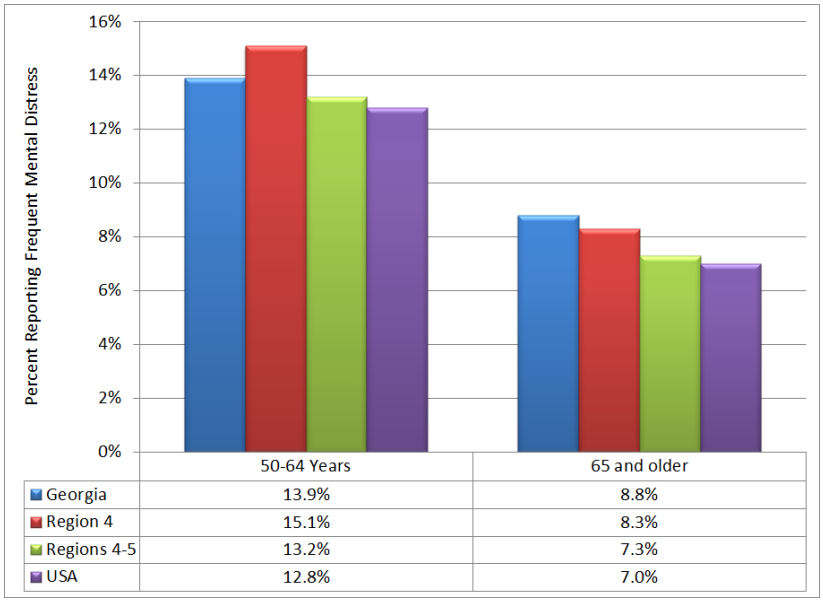
BRFSS, a household survey conducted in all states and several territories, asks the following question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The CDC defines those individuals reporting 14 or more "Yes" days in response to this question as experiencing frequent mental distress (FMD). Older women in the nation and the Region are more likely to report FMD. Overall, 11.9 percent of Georgians ages 50 and older reported FMD: 12.2 percent of women and 11.4 percent of men. Confidence intervals for national and Georgia estimates are less than ±0.2 and ±1.0 percent, respectively.

Older Georgians Reporting Frequent Mental Distress—Age Group

Georgians in the 50–64 age group—as in the nation and the Northeast Region—were more likely than those in the 65 and older group to report FMD: 13.9 percent in the 50–64 group and 8.8 percent in the 65 and older group reported FMD. Confidence intervals for national and Georgia estimates are less than ±0.2 and ±1.0 percent, respectively. The table below provides a breakdown by age group and gender.

Percentage of Georgians Reporting FMD by Age Group and Gender

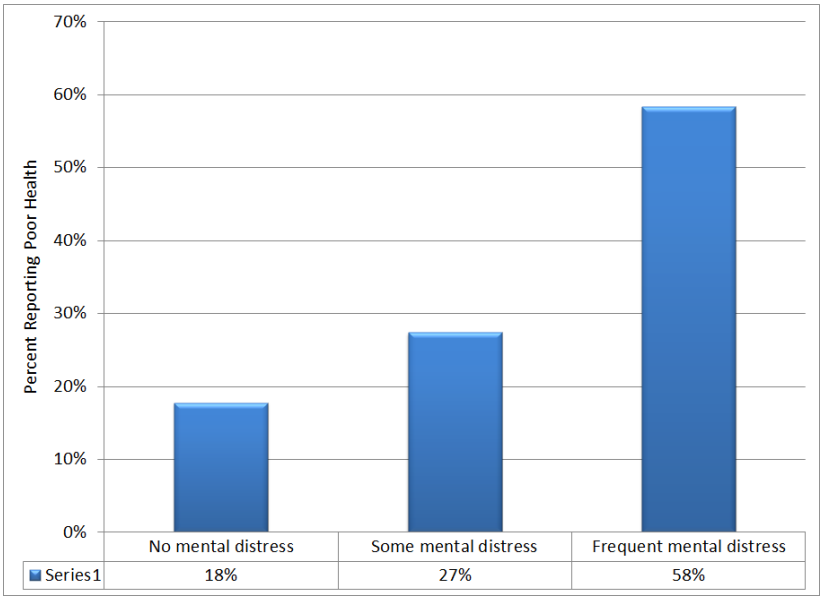
	50-64 years	65 and older
Male	12.9%	9.1%
Female	14.6%	8.6%



	50-64 Years	65 and older
Georgia	13.9%	8.8%
Region 4	15.1%	8.3%
Regions 4-5	13.2%	7.3%
USA	12.8%	7.0%

Source: BRFSS, 2011

People With Frequent Mental Distress Report Poor Physical Health



Source: BRFSS, 2011

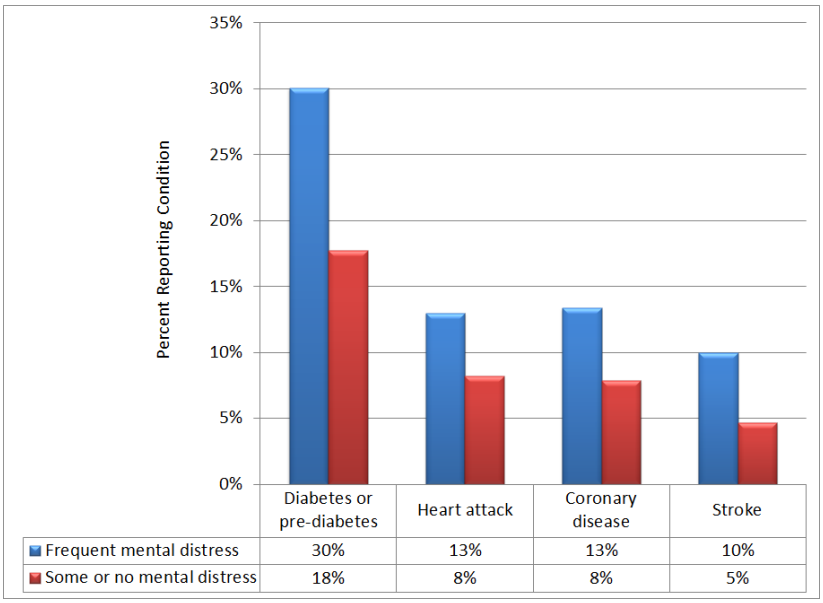
Older Americans who experienced FMD were more likely to report that their physical health was poor or fair (as opposed to good, very good, or excellent). As shown in the figure at left, although 18 percent of older Americans with no mental distress reported poor or fair physical health, nearly 60 percent—nearly triple the rate—of those with FMD reported poor/fair health. Older Americans with FMD were also much more likely to report that they had experienced serious health problems.

These differences are statistically significant.

Relationship Between Mental Distress and Serious Health Problems

Older Americans who experience FMD, such as symptoms of depression or anxiety, are more likely to report that they had chronic health problems. People with FMD 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 and 30 versus 18 percent for diabetes/pre-diabetes).

These differences are statistically significant.



Source: BRFSS, 2011

Other Measures of Mental Health

BRFSS collected other measures showing risk factors for mental and/or physical illness. These included:

- Social and Emotional Support (2010). BRFSS asked, "How often do you get the social and emotional support you need?" Responses included always, usually, sometimes, rarely, or never.
- Life Satisfaction (2010). BRFSS asked, "In general, how satisfied are you with your life?" Responses included very satisfied, satisfied, dissatisfied, or very dissatisfied.
- Current Depression (2006). In 2006, BRFSS included a special anxiety and depression module that was collected in 38 states and several jurisdictions, including Georgia.
- Lifetime Diagnosis of Depression (2006). 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). 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 Georgians are shown below.

BRFSS Measures, 2010

Age Group						
	Ages 50+		Ages 50–64		Ages 65+	
Indicator	Data %	Confidence Interval	Data %	Confidence Interval	Data %	Confidence Interval
Core BRFSS Indicators (2010)						
Rarely or never get social or emotional support (revised)	8.6	(8.3–8.9)	7.3	(6.9–7.7)	10.9	(10.3–11.5)
Very dissatisfied or dissatisfied with life (revised)	4.6	(4.3–4.9)	5.5	(5.1–5.9)	3.1	(2.8–3.4)
Anxiety and Depression Optional Module Indicators (2006)[2]						
Current Depression	8.8	(7.4–10.5)	10.9	(8.9–13.4)	5.4	(3.8–7.4)
Lifetime Diagnosis of Depression	14.2	(12.7–15.9)	17.0	(14.8–19.4)	9.8	(7.8–12.3)
Lifetime Diagnosis of Anxiety Disorder	10.1	(8.8–11.7)	11.7	(9.8–14.0)	7.6	(6.0–9.7)

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

Data Sources

Behavioral Risk Factor Surveillance System (http://www.cdc.gov/brfss/), CDC. Atlanta, Georgia: U.S. Department of Health and Human Services, 2010 and 2011. 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.

National Survey on Drug Use and Health (https://nsduhweb.rti.org/), Center for Behavioral Health Statistics and Quality. Rockville, Maryland: U.S. Department of Health and Human Services, SAMHSA, ICPSR32722-v1; Ann Arbor, Michigan: Inter-university Consortium for Political and Social Research [distributor], 2011-12-05. doi:10.3886/ICPSR32722.v1. 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.

National Vital Statistics (http://www.cdc.gov/nchs/nvss.htm), CDC. 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 [National Center for Health Statistics] 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."

Treatment Episode Data Set (http://www.icpsr.umich.edu/icpsrweb/SAMHDA/), Center for Behavioral Health Statistics and Quality. Rockville, Maryland: U.S. Department of Health and Human Services, SAMHSA. Treatment Episode Data Set—Admissions (TEDS-A), 2010, ICPSR30462-v2; Ann Arbor, Michigan: Inter-university Consortium for Political and Social Research [distributor], 2012-07-18. doi:10.3886/ICPSR30462.v2. States that participate in the SAPT Block Grant submit individual client data to TEDS. 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.

Uniform Reporting System (http://www.samhsa.gov/dataoutcomes/urs/), CMHS. Rockville, Maryland: U.S. Department of Health and Human Services, SAMHSA, 2011. States that receive CMHS Block Grants are required to report aggregate data to URS. URS reports information about utilization of mental health 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.