

# 2024 Forum on Rural Population Health & Health Equity

## Development of the Oregon Center for Excellence in Behavioral Health and Aging

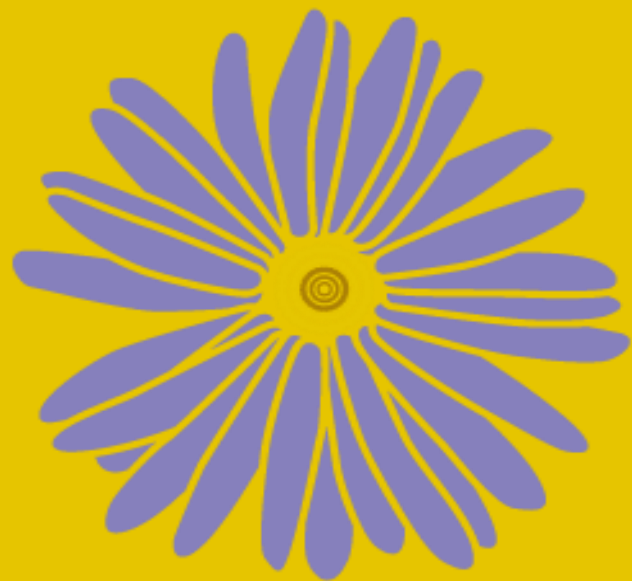
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# 2024 Forum on Rural Population Health & Health Equity

- Audio has been muted for all participants upon entry
- Moderators will assist with Q+A at the end of the presentation
- Presentation slides will be posted at [ohsu.edu/orhforum](https://ohsu.edu/orhforum)
- Sessions will be recorded and available to attendees
- Please take the session surveys!



# OCEBHA

Oregon Center of Excellence  
for Behavioral Health & Aging



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# Behavioral Health among Older Adults:

Results from the  
2021 and 2022 National  
Surveys on Drug Use  
and Health

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Substance Use

## Cigarette Smoking | Alcohol Use

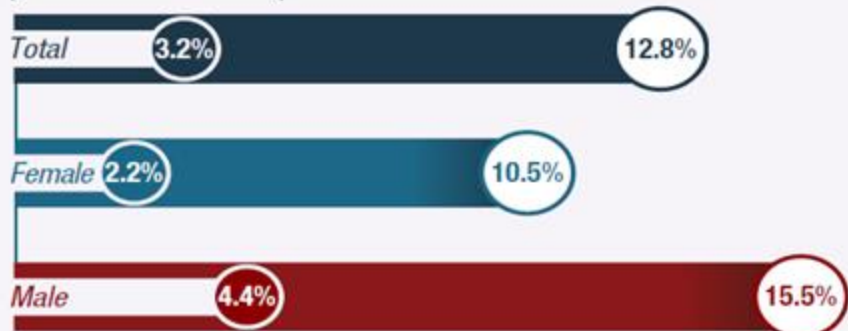


### ALCOHOL USE

Percentage using in past month

#### Binge Alcohol Use

##### Heavy Alcohol Use



See the [Definitions](#) for more information on the terms **Binge drinking** and **Heavy drinking**.

Heavy alcohol use is a subset of binge alcohol use.

There were **10.0 million** older adults (**12.8%**) who engaged in **binge drinking** in the past month, including **2.5 million (3.2%)** who engaged in **heavy drinking**.

- Older adult males were **more likely** than older adult females to have engaged in **binge drinking** in the past month. **More than 1 in 7** older adult males engaged in **binge drinking**, compared with **about 1 in 10** older adult females.
- Older adult males were **twice as likely** as older adult females to have engaged in **heavy drinking** in the past month.

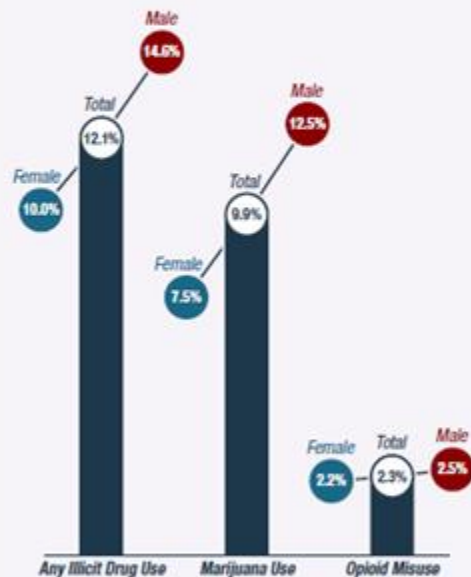
## Substance Use

Any Illicit Drug Use | Marijuana Use | Opioid Misuse



### ILLICIT DRUG USE

Percentage using in past year



There were **9.5 million** older adults who **used illicit drugs** in the past year, including **7.7 million** who **used marijuana** (9.9%) and **1.8 million** who **misused opioids** (2.3%).

- Older adult males were **more likely** than older adult females to have **used illicit drugs** in the past year: **About 1 in 7** older adult males **used illicit drugs**, compared with **about 1 in 10** older adult females.
- Older adult males were **more likely** than older adult females to have **used marijuana** in the past year: **About 1 in 8** older adult males **used marijuana**, compared with **about 1 in 13** older adult females.
- **About 1 in 45** older adults **misused opioids** in the past year: **Similar percentages** of older adult females and males **misused opioids**.

Use the [Footnotes](#) for more information on the terms **illicit drug use** and **Opioid misuse**.

Marijuana use and opioid misuse are nonmutually exclusive subsets of any illicit drug use.

Numbers (Millions): Any Illicit Drug Use: Female: 4.2M, Male: 5.3M

Marijuana Use: Female: 3.7M, Male: 4.0M | Opioid Misuse: Female: 0.8M, Male: 0.9M

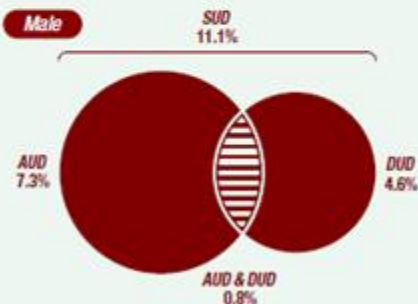
# Substance Use Disorders

Alcohol Use Disorder | Drug Use Disorder | Opioid Use Disorder



## SUBSTANCE USE DISORDERS

Percentage with disorder in past year



There were **7.1 million** older adults who had a **substance use disorder (SUD)** in the past year (**9.1%**), including **4.4 million** who had an **alcohol use disorder (AUD)** (**5.6%**) and **3.2 million** who had a **drug use disorder (DUD)** (**4.1%**).

- Older adult males were **about 1.5 times more likely** than older adult females to have had an SUD in the past year.
- Older adult males were **more likely** than older adult females to have had an AUD in the past year.
- **About 1 in 25** older adults had a DUD in the past year. **Similar percentages** of older adult females and males had a DUD.
- **About 1 in 50** older adults (**2.2%**) had an **opioid use disorder (OUD)** in the past year. **Similar percentages** of older adult females and males had an OUD.

See the [DataStory](#) for more information on the terms substance use disorders, alcohol use disorder, drug use disorder, and opioid use disorder.

AUD and DUD are mutually exclusive subsets of SUD. OUD is a subset of DUD.

Estimates for males and females may not sum exactly to the estimates for all older adults due to rounding.

Numbers (Millions): SUD: Females: 3.1M, Males: 4.0M | AUD: Females: 1.8M, Males: 2.6M

DUD: Females: 1.8M, Males: 1.7M | OUD: Females: 1.0M, Males: 0.8M

# Substance Use Treatment

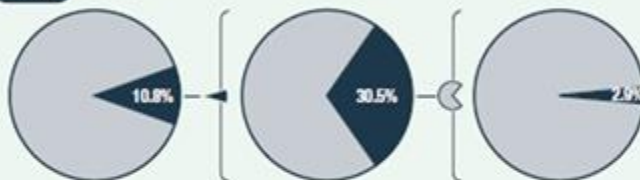
Needed Treatment | Received Treatment | Perceived Unmet Need for Treatment



## SUBSTANCE USE TREATMENT

Percentage in past year

Total



Needed Substance Use Treatment (SU Tx)

Received SU Tx among Those Who Needed It

Perceived Unmet Need for SU Tx among Those Who Needed SU Tx but Did Not Receive It

Female

Male



Female

Male



Female

Male



- About 8.5 million older adults were classified as **needing substance use treatment (SU Tx)** in the past year, or **about 1 in 9**. Older adult males were **about 1.5 times more likely** than older adult females to have **needed SU Tx**.
- Among older adults who needed SU Tx in the past year, **fewer than 1 in 3 received it**. Percentages were **similar** between older adult females and males.
- Among older adults who needed SU Tx in the past year but did not receive it, **nearly all (97%) did not think that they needed it**. Percentages were **similar** between older adult females and males.

See the [Data Story](#) for more information on the topics Substance use treatment, Need for substance use treatment, and Perceived unmet need for substance use treatment.

Estimates of substance use treatment are available using only 2020 data. These estimates are not annual averages.

Numbers (Millions): Needed Substance Use Treatment: Female: 3.7M, Male: 4.8M | Received Substance Use Treatment: Female: 1.0M, Male: 1.0M

Perceived Unmet Need for Substance Use Treatment: Female: 0.1M, Male: 0.1M



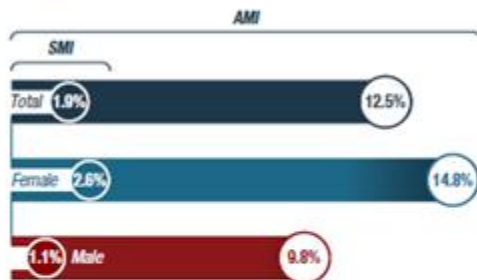
## Mental Health

Any Mental Illness | Serious Mental Illness | Major Depressive Episode



### MENTAL ILLNESS

Percentage in past year



Numbers (Millions): AMI: Female: 6.5M, Male: 3.8M | SMI: Female: 1.5M, Male: 0.4M

An estimated **9.8 million** older adults **had any mental illness (AMI)** in the past year (**12.5%**), including **1.5 million (1.9%)** who **had serious mental illness (SMI)**.

- Older adult females were **more likely** than older adult males to have **had AMI** in the past year. **About 1 in 7** older adult females **had AMI**, compared with **1 in 10** older adult males.
- Older adult females were **more than twice as likely** as older adult males to have **had SMI** in the past year.

See the [fact sheet](#) for more information on the terms **Any mental illness** and **Serious mental illness**. **SMI** is a subset of **AMI**.



### MAJOR DEPRESSIVE EPISODE

Percentage in past year

About **2.7 million** older adults (**3.5%**) **had a major depressive episode (MDE)** in the past year.

- Older adult females were **almost twice as likely** as older adult males to have **had an MDE** in the past year.

See the [fact sheet](#) for more information on the term **Major depressive episode**.

Numbers (Millions): MDE: Female: 1.9M, Male: 0.9M



# Mental Health Treatment

Received Treatment | Perceived Unmet Need for Treatment

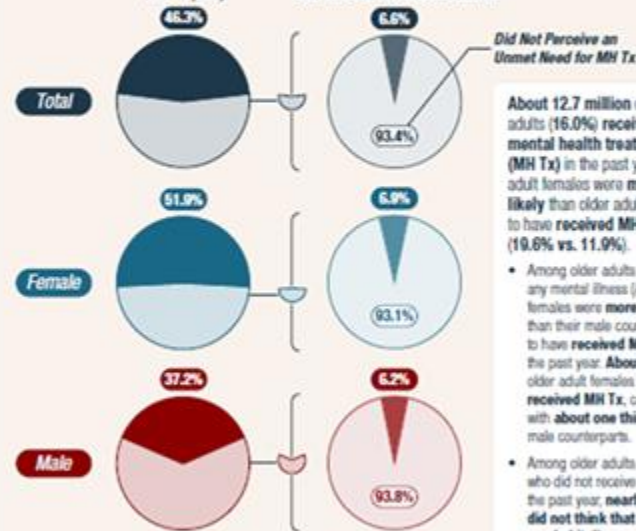


## MENTAL HEALTH TREATMENT

Percentage in past year

Received Mental Health Treatment (MH Tx) among Those with Any Mental Illness (AMI)

Perceived Unmet Need for MH Tx among Those with AMI Who Did Not Receive MH Tx



Did Not Perceive an Unmet Need for MH Tx

About 12.7 million older adults (16.0%) received mental health treatment (MH Tx) in the past year. Older adult females were more likely than older adult males to have received MH Tx (19.0% vs. 11.0%).

- Among older adults with any mental illness (AMI), females were more likely than their male counterparts to have received MH Tx in the past year. About half of older adult females with AMI received MH Tx, compared with about one third of their male counterparts.
- Among older adults with AMI who did not receive MH Tx in the past year, nearly 95% did not think that they needed it. These percentages were similar between older adult females and males.

See the [Data Story](#) for more information on the topic Mental Health Treatment and Perceived unmet need for mental health treatment. Estimates of mental health treatment are available using only 2017 data. These estimates are not annual averages.

Numbers (Millions): Received Mental Health Treatment: Females: 8.2M, Males: 4.4M

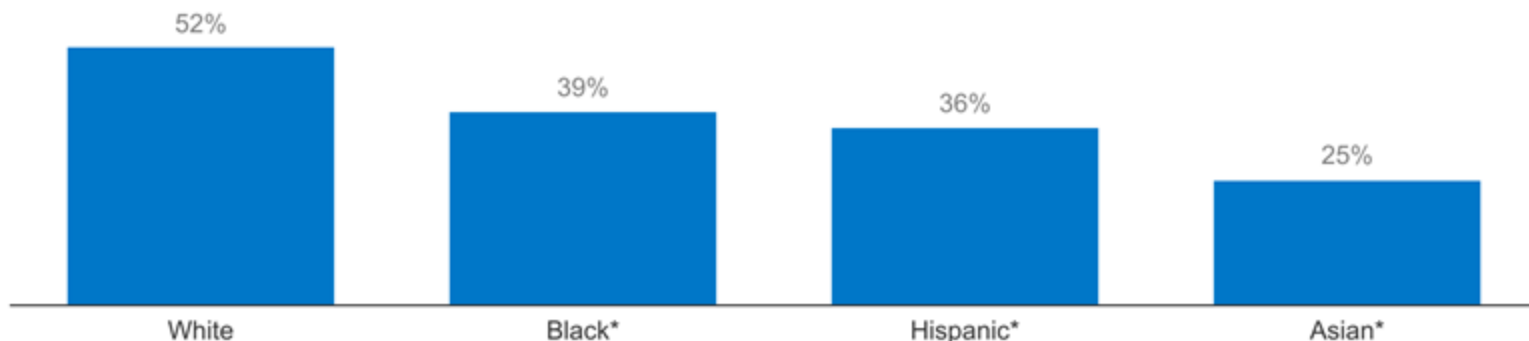
Received Mental Health Treatment among Those with AMI: Females: 3.1M, Males: 1.3M

Perceived Unmet Need for Mental Health Treatment: Females: 0.2M, Males: 0.1M



Figure 9

## Percent of Adults with Any Mental Illness Who Received Mental Health Services in the Past Year, 2021



NOTE: NOTE: \*Indicates statistically significant difference from White population at <0.025 level. Mental Illness aligns with DSM-IV criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Mental health services includes receipt of inpatient or outpatient mental health services, prescription medication for a mental health issue, or virtual (i.e., telehealth) services in the past year. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Persons of more than one race are not included in the data. Data were unavailable for AIAN and NHOPI people. Includes individuals ages 18 years and older.

SOURCE: SOURCE: KFF analysis of SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health Data, 2021.

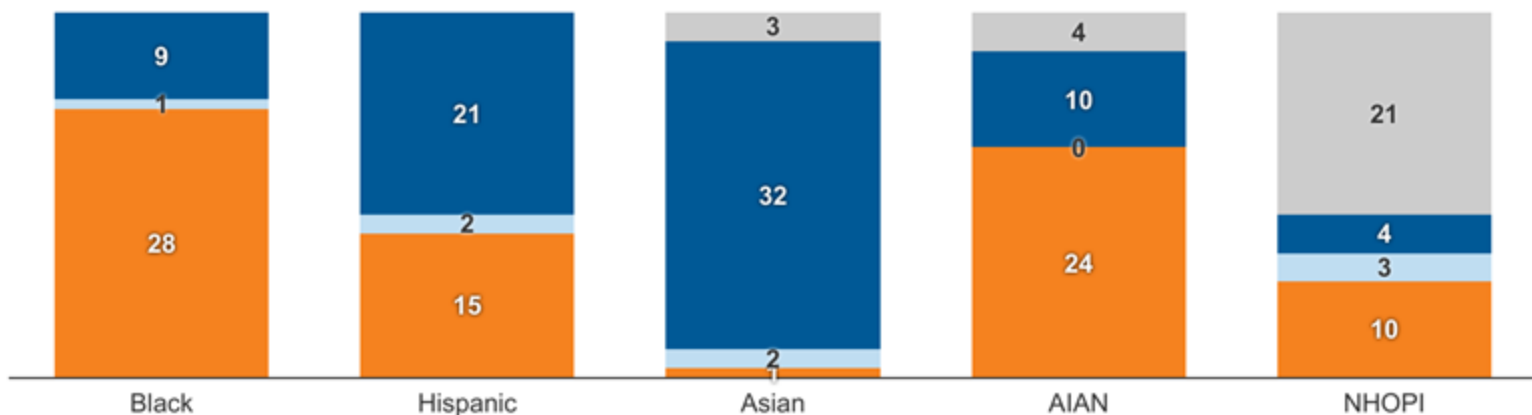
**KFF**

Figure 13

## Health Status, Outcomes and Behaviors among People of Color Compared to White People

NUMBER OF MEASURES FOR WHICH GROUP FARED BETTER, THE SAME, OR WORSE COMPARED TO WHITE PEOPLE:

Worse No difference Better Data limitation



NOTE: Measures are for the most recent year for which data are available. "Better" or "Worse" indicates a statistically significant difference from White people at the  $p < 0.05$  level. No difference indicates no statistically significant difference. "Data limitation" indicates no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

LINK TO DOWNLOAD THIS REPORT: SAMHSA WEBSITE

<https://store.samhsa.gov/product/behavioral-health-among-older-adults-results-2021-2022-national-surveys-drug-use-health/pep24-07-018>

## Behavioral Health among Older Adults: Results from the 2021 and 2022 National Surveys on Drug Use and Health



*Behavioral Health among Older Adults: Results from the 2021 and 2022 National Surveys on Drug Use and Health* is an infographic report highlighting substance use and mental health indicators among older adults aged 60 or older in the United States.

**Publication ID:** PEP24-07-018

**Publication Date:** May 2024

**Format:** [Report](#)

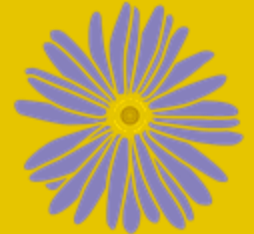
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[Behavioral Health among Older Adults: Results from the 2021 and 2022 National Surveys on Drug Use and Health](#)

File Type: PDF

File Size: 552 KB

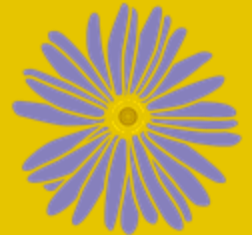
# The State of Behavioral Health and Aging in Oregon



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# Positive Developments in Oregon

- Older Adult Behavioral Health Initiative (OABHI)
  - 10-year commitment from Oregon Health Authority (OHA) to coordinate BH and aging services across Oregon.
  - Multiple successes including thousands of trainings, expanded knowledge base across the workforce and community-based organizations working to support older adults



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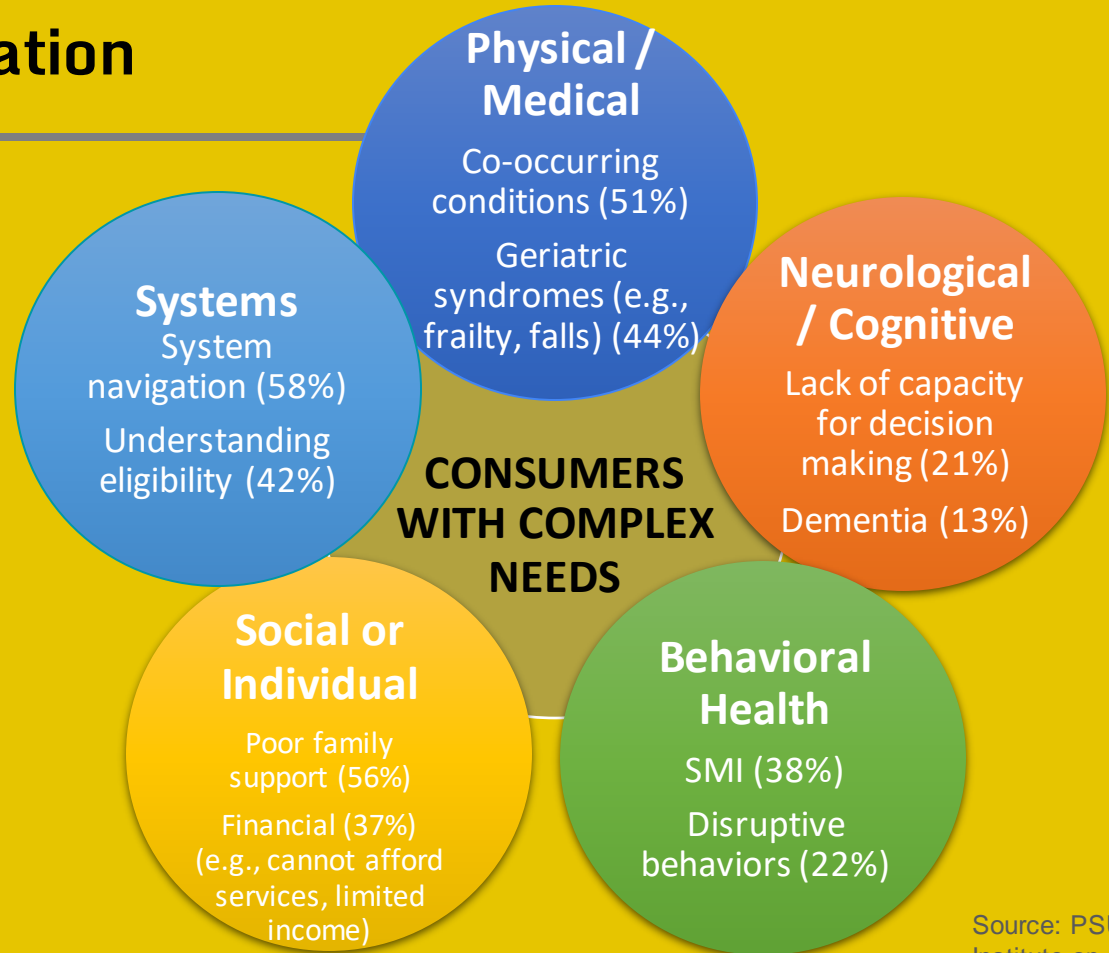


# How did we get here? OABHI: Complex Care Consultation

7,117 consultations

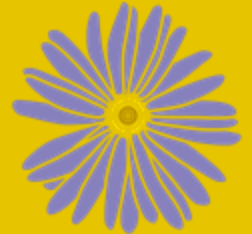
91% with 3+ diagnoses

In 42% of cases,  
communities lack the  
resources to address  
consumer needs



## Positive Developments in Oregon (continued)

- Ongoing development and expansion of certified community behavioral health programs.
- Oregon's integrated care approach - 'no wrong door'
- Crisis and mobile crisis workforce trainings that include the unique BH needs of older adults.

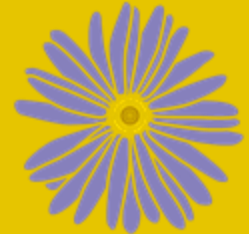


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# Challenges Remain...

- Older adult population in Oregon is growing rapidly - especially in rural and remote counties
- 43% of adults ages 65 and older live in rural areas
- Poverty rate among Oregonians 65 years of age and older is nearly 10% - 22% increase between 2019 and 2022 (America's Health Rankings, 2024)
- 16 rural / remote counties have a poverty rate among residents 60+ that is significantly greater than the state average

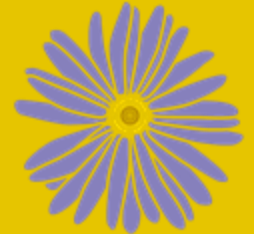
Source: Oregon Office of Rural Health



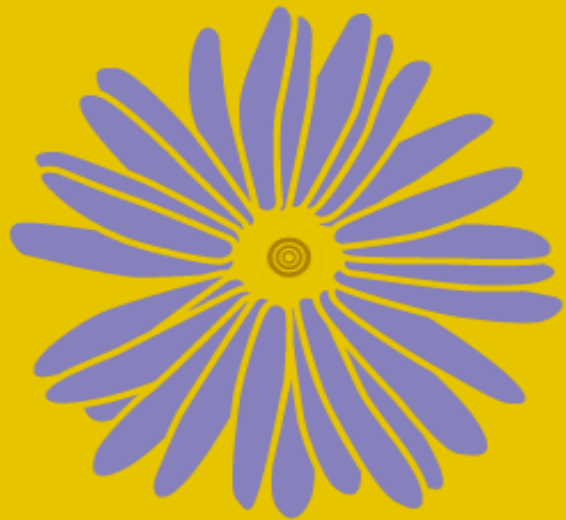
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# Why is a Center for Excellence needed?

- Deeply embedded stigma surrounding behavioral health and aging (Ageism)
- Access to behavioral health services and supports in Oregon's long-term care settings is lacking
- High prevalence of behavioral health conditions among individuals living in Oregon's community-based care settings (Tunalilar et al., 2023).
  - 26% prevalence of anxiety disorders
  - 12% prevalence of serious mental illness
- **A lack of a comprehensive plan** / coordinated approach to addressing the unique BH needs of older adults in Oregon.



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# OCEBHA

Oregon Center of Excellence  
for Behavioral Health & Aging

“oh-see-buh”



Portland State  
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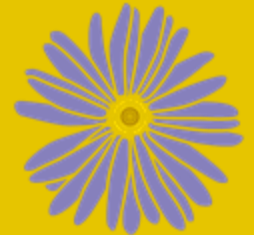
Oregon  
Health  
Authority



# OCEBHA Purpose

The purpose of the Center for Excellence in Behavioral Health and Aging is to:

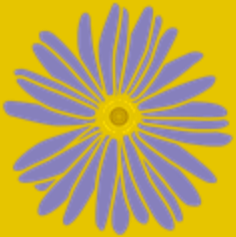
- Improve the well-being of Oregon's older adults by expanding the capacity of programs and providers to deliver needed behavioral health (BH) resources and services to older adults with mental health (MH) and substance use disorders (SUD).



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# OCEBHA Mission & Vision

To expand the number of health and social service professionals **trained** to provide **culturally specific** behavioral health services for older adults, and to **promote research, health policy, and programs** that **improve access** to and **quality** of behavioral health services provided by **diverse organizations** throughout Oregon.



We envision that Oregon will be able to meet the unique behavioral health needs of all older adults through timely access to care and support.

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# Goals

**Advance collaboration, translation, and integration of research,** older adult and family care education, community health and health policy.

**Advocate to implement age friendly health systems** emphasizing a “no wrong door” lens, best practices, and an age friendly community to make sure that all older adults can age well and thrive.

**Reduce disparities** by addressing historical and other inequities and social determinants of health for older adults.

**Accelerate the adoption and implementation of evidence-based practices** i.e., knowledge transfer.

**Enhance awareness, knowledge, competencies, and skills** for the geriatric workforce, including paid, unpaid and volunteer driven.

**Create the next generation of local leaders** and prime the workforce pipeline in behavioral healthcare and aging.



# Priorities for Years 1 & 2

- Leadership & Planning
- Communication & Digital Presence
- Community Partner Engagement & Assessment
- Evaluation & Equity Framework
- Training & Workforce



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# Behavioral Health & Aging Annual Conference

## Whole Person, Whole System: Integrating Behavioral Health Care for Older Adults Across Sectors and Transitions

- October 16 - 17, 2024, Ford Alumni Center Eugene, Oregon
- For professionals, researchers, and advocates in the fields of geriatric care, mental health, substance use, and social services
- Registration will be free
- CEUs will be available
- [Stay up-to-date on event updates](#)



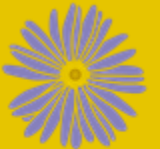
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# Behavioral Health & Aging Leadership Academy

- Cohort of **15 rising leaders** working in aging services, mental health care, substance use treatment, healthcare, or other sectors related to behavioral health and aging
- To inspire leaders to raise the bar on services available to older adults in Oregon living with behavioral health needs through multi-level system change (e.g., enhancing the capacity of the workforce, creating collaborative approaches to change, policy advocacy)
- [Nominate or apply by July 31st!](#)
- The academy will **kick off at the OCEBHA Conference** in Eugene on October 16-17, **followed by monthly virtual cohort sessions (January - June, 2025)**



**Questions?**



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# Thank you!

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Thank you to our partners!

