

## 02861 (Pawtucket)

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	BETTER / WORSE CITY RATE <sup>1</sup>	02861 ESTIMATE	PAWTUCKET ESTIMATE	STATE ESTIMATE
<b>SERIOUS CHRONIC DISEASE</b>					
% high cholesterol			76.1%	77.0%	78.0%
% with diabetes		b	35.9%	39.7%	35.7%
% with stroke			12.9%	12.8%	12.5%
% with chronic obstructive pulmonary disease			22.6%	23.4%	24.1%
% with asthma			15.5%	16.3%	14.0%
% with hypertension			79.6%	80.7%	79.0%
% ever had a heart attack	w		7.4%	6.5%	5.4%
% with ischemic heart disease			45.6%	45.0%	45.9%
% with congestive heart failure	w		27.0%	26.9%	24.8%
% with anemia			53.0%	52.8%	52.2%
% with chronic kidney disease			24.9%	26.4%	23.3%
% with 4+ chronic conditions			65.2%	65.8%	63.9%
% with 0 chronic conditions		b	11.8%	10.0%	8.4%
Emergency room visits/1000 persons 65+ years per year			590	662	628
Part D monthly prescription fills per person per year			55.3	57.2	54.2
Durable medical equipment claims per year		b	1.8	2.2	2.0
Inpatient hospital stays/1000 persons 65+ years per year			282	291	284
Skilled nursing facility stays/1000 persons 65+ years per year			98	98	100
<b>MILD CHRONIC DISEASE</b>					
% with atrial fibrillation			16.1%	14.9%	15.2%
% with osteoarthritis/rheumatoid arthritis	b		48.5%	47.5%	52.0%
% with osteoporosis			22.1%	21.3%	21.0%
% with glaucoma	b		23.8%	24.4%	26.6%
% with cataract	b		62.9%	65.0%	67.9%
% women with breast cancer			10.4%	9.5%	10.7%
% men with prostate cancer			11.9%	11.4%	13.8%
% with hypothyroidism			21.7%	21.1%	21.1%
% with benign prostatic hyperplasia			37.5%	37.3%	40.3%
Physician visits per year	b	w	7.4	6.9	8.0

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<b>DISABILITY and LATER LIFE CHRONIC DISEASE</b>					
Age-sex adjusted 1-year mortality rate			4.8%	4.7%	4.8%
% ever had a hip fracture			3.8%	3.4%	3.9%
% ever diagnosed with depression			30.8%	33.3%	30.0%
% with Alzheimer's disease or related dementias			14.6%	15.2%	14.4%
% with colon cancer			3.3%	3.3%	3.2%
% with lung cancer			2.4%	2.3%	2.1%
Home health visits per year			3.5	3.8	3.7
% of 65+ getting Medicaid long term services and supports		b	5.7%	8.6%	6.2%
% 65+ with hearing difficulty	w		18.0%	16.9%	13.8%
% 65+ with vision difficulty			7.4%	7.5%	5.2%
% 65+ with ambulatory difficulty	w		25.0%	26.0%	19.9%
% 65+ with cognition difficulty			9.7%	10.9%	7.8%
% 65+ with self-care difficulty			8.3%	7.9%	6.6%
% 65+ with independent living difficulty			16.8%	17.2%	13.7%
<b>DEMOGRAPHIC (AGE 65+ YEARS)</b>					
% Medicare managed care enrollees			45.7%	42.9%	39.4%
Total population 65 years or older			3,686	8,581	155,558
% 65-74 years			48.7%	50.6%	50.4%
% 75-84 years			31.7%	33.4%	32.0%
% 85 years or older			19.6%	16.0%	17.6%
% female			58.1%	57.8%	58.4%
% White			95.0%	86.2%	93.0%
% African American			1.6%	6.5%	2.6%
% Asian			0.0%	0.6%	1.3%
% Other			3.4%	6.8%	3.2%
% Hispanic/Latino			1.6%	5.9%	3.7%
% speaking only English at home			73.9%	64.0%	81.7%
% married			48.8%	43.8%	50.1%
% divorced/separated			10.6%	15.7%	12.6%
% widowed			35.3%	32.9%	30.8%
% never married			5.3%	7.6%	6.4%
% living alone			30.2%	35.5%	30.4%
% with less than high school education			32.2%	42.2%	26.8%
% with high school or some college			50.4%	43.9%	50.7%
% with college degree			17.4%	13.8%	22.5%

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% with income below the poverty level past year			7.4%	15.6%	8.6%
% households with annual income $\geq$ \$50,000			32.4%	24.3%	37.7%
% 60+ receiving food stamps past year			7.7%	20.3%	11.9%
% dually eligible for Medicare and Medicaid			12.7%	24.4%	14.6%

## TECHNICAL NOTES

See the technical report for methodological information at <http://healthyagingdatareports.org/ri/technicalreport>.

<sup>1</sup> For most indicators the community and state values are both statistical estimates derived from sample data. Thus, it is possible that some of the differences between state and community estimates may be due to chance associated with population sampling. We use the terms “better” and “worse” to highlight differences between community and state estimates that we are confident are not due to chance.

### Other notes:

- Population characteristic estimates are from the American Community Survey (ACS) (2009-2013) and are reported for the 20 Zip codes. Note that % may not add up to 100% due to rounding error.
- Mortality rate, specific chronic disease, access and utilization estimates are for beneficiaries 65 years or older in 2013 from the 2012 and 2013 Centers for Medicare and Medicaid Services (CMS) Master Beneficiary Summary File (MBSF).
- Our research team: Elizabeth Dugan, Frank Porell and Nina Silverstein. Graduate Student researchers included: Chae Man Lee, Hyo Jung Lee, Bon Kim, and Krystal Kittle. We thank Amanda Cox from the [NYTimes.com](http://NYTimes.com) for data visualizations; and Maureen Maigret for sharing data on municipal senior transportation and volunteer driver programs collected by Mensel & Maigret (April, 2016). Please send your questions, comments, or ideas to [beth.dugan@umb.edu](mailto:beth.dugan@umb.edu). Let us know how you are using the Data Report in your community!