

RHODE ISLAND HEALTHY AGING COMMUNITY DATA PROFILE

Lincoln (Providence)

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE ¹	COMMUNITY ESTIMATE ³	MARGIN OF ERROR ²	STATE ESTIMATE	MARGIN OF ERROR ²
POPULATION CHARACTERISTICS					
% of 60+ LGBT		2.1%	(1.3% - 2.9%)	2.0%	(1.6% - 2.4%)
Age-sex adjusted 1-year mortality rate		4.4%	(3.7% - 5.1%)	4.8%	(4.6% - 4.9%)
% 60+ lived at same address 25 years or more		50.1%	(45.7% - 54.4%)	48.1%	(46.8% - 49.5%)
WELLNESS and PREVENTION					
% any physical activity within last month		69.5%	(65.6% - 73.5%)	70.0%	(68.8% - 71.2%)
% injured by a fall within last year		8.5%	(5.0% - 12.0%)	10.0%	(8.7% - 11.3%)
% ever had a hip fracture		3.3%	(2.4% - 4.1%)	3.9%	(3.7% - 4.0%)
% with self-reported fair or poor health status		18.2%	(15.2% - 21.3%)	20.4%	(19.4% - 21.5%)
% with 15+ physically unhealthy days last month		12.2%	(9.7% - 14.8%)	13.9%	(13.0% - 14.8%)
% with physical exam/check-up in past year		93.7%	(91.7% - 95.6%)	91.9%	(91.2% - 92.6%)
% met CDC preventive health screening goals		38.7%	(33.8% - 43.5%)	39.5%	(38.0% - 41.1%)
% flu shot past year		57.6%	(53.3% - 61.8%)	59.1%	(57.8% - 60.4%)
% pneumonia vaccine		74.3%	(69.9% - 78.7%)	73.8%	(72.4% - 75.2%)
% shingles vaccine		31.9%	(26.9% - 37.0%)	30.3%	(28.7% - 31.8%)
% cholesterol screening		89.2%	(86.7% - 91.8%)	88.4%	(87.6% - 89.3%)
% mammogram within last 2 years (women)		80.3%	(75.8% - 84.8%)	81.8%	(80.4% - 83.1%)
% colorectal cancer screening		75.7%	(72.1% - 79.3%)	76.1%	(75.0% - 77.3%)
Oral Health					
% with complete tooth loss		28.6%	(24.9% - 32.4%)	32.4%	(31.2% - 33.6%)
% with annual dental exam	B	79.3%	(75.9% - 82.7%)	74.7%	(73.5% - 75.8%)
NUTRITION / DIET					
% with 5 or more servings of fruit or vegetables per day		24.7%	(21.2% - 28.3%)	23.0%	(21.9% - 24.1%)
% obese		25.2%	(21.6% - 28.9%)	25.4%	(24.2% - 26.5%)
% high cholesterol		79.2%	(77.2% - 81.2%)	78.0%	(77.7% - 78.3%)
% current smokers		7.0%	(4.9% - 9.1%)	8.9%	(8.2% - 9.7%)
% excessive drinking		7.0%	(4.9% - 9.1%)	8.9%	(8.1% - 9.6%)
MENTAL HEALTH					
% with 15+ days poor mental health last month		6.1%	(4.3% - 8.0%)	7.5%	(6.8% - 8.1%)
% 60+ talked with family or friends almost daily		74.3%	(70.4% - 78.2%)	75.3%	(74.1% - 76.5%)
% ever diagnosed with depression		28.0%	(25.9% - 30.2%)	30.0%	(29.7% - 30.3%)

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CHRONIC DISEASE					
% with Alzheimer's disease or related dementias		13.2%	(11.5% - 14.8%)	14.4%	(14.2% - 14.7%)
% with diabetes		36.4%	(33.8% - 38.9%)	35.7%	(35.4% - 36.1%)
% with stroke		11.5%	(10.0% - 13.0%)	12.5%	(12.2% - 12.7%)
% with chronic obstructive pulmonary disease		22.1%	(20.1% - 24.1%)	24.1%	(23.8% - 24.4%)
% with asthma		14.0%	(12.3% - 15.6%)	14.0%	(13.7% - 14.2%)
% with hypertension		78.2%	(76.1% - 80.2%)	79.0%	(78.8% - 79.3%)
% ever had a heart attack		5.7%	(4.6% - 6.8%)	5.4%	(5.3% - 5.6%)
% with ischemic heart disease		46.9%	(44.2% - 49.5%)	45.9%	(45.5% - 46.2%)
% with congestive heart failure		25.8%	(23.6% - 28.0%)	24.8%	(24.5% - 25.1%)
% with atrial fibrillation		15.1%	(13.4% - 16.8%)	15.2%	(15.0% - 15.5%)
% with osteoarthritis/rheumatoid arthritis		52.0%	(49.4% - 54.7%)	52.0%	(51.6% - 52.4%)
% with osteoporosis	W	23.5%	(21.5% - 25.5%)	21.0%	(20.7% - 21.3%)
% with glaucoma	B	23.6%	(21.5% - 25.6%)	26.6%	(26.2% - 26.9%)
% with cataract		69.0%	(66.7% - 71.3%)	67.9%	(67.6% - 68.2%)
% women with breast cancer		10.4%	(8.5% - 12.3%)	10.7%	(10.4% - 11.0%)
% with colon cancer		3.2%	(2.3% - 4.0%)	3.2%	(3.1% - 3.3%)
% men with prostate cancer		14.2%	(11.6% - 16.9%)	13.8%	(13.4% - 14.1%)
% with lung cancer		2.0%	(1.4% - 2.7%)	2.1%	(2.0% - 2.2%)
% with hypothyroidism		20.7%	(18.8% - 22.7%)	21.1%	(20.8% - 21.4%)
% with anemia		50.9%	(48.5% - 53.3%)	52.2%	(51.9% - 52.6%)
% with benign prostatic hyperplasia		42.2%	(38.5% - 45.9%)	40.3%	(39.8% - 40.8%)
% with chronic kidney disease		22.7%	(20.6% - 24.8%)	23.3%	(23.0% - 23.6%)
Summary chronic disease measures					
% with 4+ chronic conditions		64.0%	(61.6% - 66.4%)	63.9%	(63.6% - 64.3%)
% with 0 chronic conditions		8.9%	(7.4% - 10.3%)	8.4%	(8.2% - 8.6%)
ACCESS TO CARE					
% with a regular doctor		96.3%	(94.9% - 97.7%)	96.5%	(96.1% - 97.0%)
% did not see a doctor when needed due to cost		4.7%	(3.0% - 6.3%)	6.3%	(5.6% - 6.9%)
SERVICE UTILIZATION					
Physician visits per year		8.0	(7.6 - 8.4)	8.0	(7.9 - 8.0)
Emergency room visits/1000 persons 65+ years per year	*	537	(477 - 596)	628	(618 - 638)
Part D monthly prescription fills per person per year	*	51.5	(50.1 - 53.0)	54.2	(53.9 - 54.4)
Home health visits per year		3.7	(2.9 - 4.5)	3.7	(3.6 - 3.9)
Durable medical equipment claims per year		1.8	(1.5 - 2.0)	2.0	(1.9 - 2.0)
Inpatient hospital stays/1000 persons 65+ years per year		266	(228 - 303)	284	(279 - 289)
Inpatient hospital readmissions (as % of admissions)	*	22.2%	(17.6% - 26.8%)	16.9%	(16.3% - 17.5%)
Skilled nursing facility stays/1000 persons 65+ years per year		90	(69 - 111)	100	(97 - 103)
COMMUNITY VARIABLE & CIVIC ENGAGEMENT					
% 60+ who are satisfied with neighborhood	B	89.0%	(86.3% - 91.6%)	80.0%	(78.9% - 81.1%)
% 60+ who believe local service orgs understand needs		39.6%	(34.9% - 44.3%)	44.1%	(42.7% - 45.6%)
% 60+ who believe he/she can make a difference		49.8%	(45.4% - 54.3%)	51.6%	(50.2% - 53.0%)
% 60+ who believe working together can make a difference		82.2%	(78.9% - 85.5%)	81.0%	(79.9% - 82.1%)
% 60+ who volunteer at least once per month		20.5%	(17.1% - 23.8%)	22.8%	(21.6% - 23.9%)
% 60+ who attend community events at least once per month		40.0%	(35.7% - 44.2%)	44.2%	(42.8% - 45.6%)

Notes. ¹ Community-state differences that the margins of error do not overlap each other are noted B, b, W, w, or *.

² All community and state margins of error are 95% confidence intervals, except when a lower case b or w is noted in which case 90% confidence intervals are used.

³ C indicates that the community rate is censored due to inadequate sample size.