RHODE ISLAND HEALTHY AGING COMMUNITY DATA PROFILE

Barrington (Bristol)

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		1.2%	(0.5% - 1.9%)	2.0%	(1.6% - 2.4%)
Age-sex adjusted 1-year mortality rate		4.1%	(3.4% - 4.9%)	4.8%	(4.6% - 4.9%)
% 60+ lived at same address 25 years or more		42.8%	(36.9% - 48.7%)	48.1%	(46.8% - 49.5%)
WELLNESS and PREVENTION					
% any physical activity within last month		72.5%	(67.3% - 77.7%)	70.0%	(68.8% - 71.2%)
% injured by a fall within last year		8.6%	(3.4% - 13.8%)	10.0%	(8.7% - 11.3%)
% ever had a hip fracture		4.2%	(3.2% - 5.2%)	3.9%	(3.7% - 4.0%)
% with self-reported fair or poor health status	B	13.7%	(10.0% - 17.4%)	20.4%	(19.4% - 21.5%)
% with 15+ physically unhealthy days last month		10.5%	(7.2% - 13.7%)	13.9%	(13.0% - 14.8%)
% with physical exam/check-up in past year		93.5%	(90.8% - 96.2%)	91.9%	(91.2% - 92.6%)
% met CDC preventive health screening goals		40.1%	(33.0% - 47.2%)	39.5%	(38.0% - 41.1%)
% flu shot past year		58.8%	(53.0% - 64.5%)	59.1%	(57.8% - 60.4%)
% pneumonia vaccine		77.8%	(72.0% - 83.5%)	73.8%	(72.4% - 75.2%)
% shingles vaccine		32.6%	(25.7% - 39.5%)	30.3%	(28.7% - 31.8%)
% cholesterol screening		87.9%	(84.0% - 91.8%)	88.4%	(87.6% - 89.3%)
% mammogram within last 2 years (women)		80.6%	(74.2% - 87.0%)	81.8%	(80.4% - 83.1%)
% colorectal cancer screening		78.2%	(73.2% - 83.2%)	76.1%	(75.0% - 77.3%)
Oral Health					
% with complete tooth loss	b	25.8%	(21.2% - 30.4%)	32.4%	(31.4% - 33.4%)
% with annual dental exam	B	81.4%	(76.7% - 86.2%)	74.7%	(73.5% - 75.8%)
NUTRITION / DIET					
% with 5 or more servings of fruit or vegetables per day		24.5%	(19.6% - 29.4%)	23.0%	(21.9% - 24.1%)
% obese		22.5%	(17.9% - 27.2%)	25.4%	(24.2% - 26.5%)
% high cholesterol		77.8%	(75.6% - 80.0%)	78.0%	(77.7% - 78.3%)
% current smokers	b	5.8%	(3.6% - 8.0%)	8.9%	(8.3% - 9.6%)
% excessive drinking		11.0%	(7.2% - 14.8%)	8.9%	(8.1% - 9.6%)
MENTAL HEALTH					
% with 15+ days poor mental health last month		5.4%	(3.1% - 7.6%)	7.5%	(6.8% - 8.1%)
% 60+ talked with family or friends almost daily		75.8%	(70.5% - 81.0%)	75.3%	(74.1% - 76.5%)
% ever diagnosed with depression	B	26.7%	(24.3% - 29.0%)	30.0%	(29.7% - 30.3%)

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE[3]	MARGIN OF ERROR[2]	STATE ESTIMATE	MARGIN OF ERROR[2]
CHRONIC DISEASE					
% with Alzheimer's disease or related dementias		13.5%	(11.7% - 15.3%)	14.4%	(14.2% - 14.7%)
% with diabetes	B	29.2%	(26.7% - 31.8%)	35.7%	(35.4% - 36.1%)
% with stroke		11.8%	(10.1% - 13.4%)	12.5%	(12.2% - 12.7%)
% with chronic obstructive pulmonary disease	B	18.8%	(16.8% - 20.8%)	24.1%	(23.8% - 24.4%)
% with asthma		13.1%	(11.3% - 14.8%)	14.0%	(13.7% - 14.2%)
% with hypertension		76.5%	(74.2% - 78.8%)	79.0%	(78.8% - 79.3%)
% ever had a heart attack	B	3.7%	(2.7% - 4.6%)	5.4%	(5.3% - 5.6%)
% with ischemic heart disease	B	39.5%	(36.8% - 42.2%)	45.9%	(45.5% - 46.2%)
% with congestive heart failure	B	21.3%	(19.0% - 23.5%)	24.8%	(24.5% - 25.1%)
% with atrial fibrillation		15.4%	(13.5% - 17.2%)	15.2%	(15.0% - 15.5%)
% with osteoarthritis/rheumatoid arthritis		50.7%	(47.8% - 53.5%)	52.0%	(51.6% - 52.4%)
% with osteoporosis		22.2%	(20.0% - 24.3%)	21.0%	(20.7% - 21.3%)
% with glaucoma		28.0%	(25.6% - 30.4%)	26.6%	(26.2% - 26.9%)
% with cataract		69.9%	(67.4% - 72.4%)	67.9%	(67.6% - 68.2%)
% women with breast cancer		11.6%	(9.4% - 13.8%)	10.7%	(10.4% - 11.0%)
% with colon cancer		2.8%	(1.9% - 3.6%)	3.2%	(3.1% - 3.3%)
% men with prostate cancer		15.5%	(12.6% - 18.4%)	13.8%	(13.4% - 14.1%)
% with lung cancer	B	1.3%	(0.7% - 1.9%)	2.1%	(2.0% - 2.2%)
% with hypothyroidism		19.8%	(17.7% - 21.9%)	21.1%	(20.8% - 21.4%)
% with anemia		51.3%	(48.7% - 54.0%)	52.2%	(51.9% - 52.6%)
% with benign prostatic hyperplasia		41.3%	(37.3% - 45.2%)	40.3%	(39.8% - 40.8%)
% with chronic kidney disease		23.0%	(20.7% - 25.4%)	23.3%	(23.0% - 23.6%)
Summary chronic disease measures					
% with 4+ chronic conditions	B	58.7%	(56.1% - 61.4%)	63.9%	(63.6% - 64.3%)
% with 0 chronic conditions	W	6.0%	(4.7% - 7.3%)	8.4%	(8.2% - 8.6%)
ACCESS TO CARE					
% with a regular doctor		C		96.5%	(96.1% - 97.0%)
% did not see a doctor when needed due to cost	B	3.2%	(1.4% - 4.9%)	6.3%	(5.6% - 6.9%)
SERVICE UTILIZATION					
Physician visits per year		7.8	(7.5 - 8.2)	8.0	(7.9 - 8.0)
Emergency room visits/1000 persons 65+ years per year	*	420	(371 - 468)	628	(618 - 638)
Part D monthly prescription fills per person per year	*	48.0	(46.4 - 49.6)	54.2	(53.9 - 54.4)
Home health visits per year		3.4	(2.8 - 4.1)	3.7	(3.6 - 3.9)
Durable medical equipment claims per year	*	1.5	(1.3 - 1.8)	2.0	(1.9 - 2.0)
Inpatient hospital stays/1000 persons 65+ years per year	*	239	(205 - 272)	284	(279 - 289)
Inpatient hospital readmissions (as % of admissions)		14.0%	(9.3% - 18.7%)	16.9%	(16.3% - 17.5%)
Skilled nursing facility stays/1000 persons 65+ years per year		86	(68 - 104)	100	(97 - 103)
COMMUNITY VARIABLE & CIVIC ENGAGEMENT					
% 60+ who are satisfied with neighborhood	B	90.0%	(86.6% - 93.4%)	80.0%	(78.9% - 81.1%)
% 60+ who believe local service orgs understand needs	B	52.0%	(45.7% - 58.3%)	44.1%	(42.7% - 45.6%)
% 60+ who believe he/she can make a difference		52.6%	(46.5% - 58.6%)	51.6%	(50.2% - 53.0%)
% 60+ who believe working together can make a difference	B	87.4%	(83.4% - 91.4%)	81.0%	(79.9% - 82.1%)
% 60+ who volunteer at least once per month	b	28.3%	(23.9% - 32.7%)	22.8%	(21.8% - 23.7%)
% 60+ who attend community events at least once per month		46.6%	(40.5% - 52.7%)	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.