

RHODE ISLAND HEALTHY AGING COMMUNITY DATA PROFILE

Narragansett (Washington)

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		2.4%	(1.2% - 3.5%)	2.0%	(1.6% - 2.4%)
Age-sex adjusted 1-year mortality rate		4.7%	(3.8% - 5.6%)	4.8%	(4.6% - 4.9%)
% 60+ lived at same address 25 years or more	*	38.5%	(34.4% - 42.6%)	48.1%	(47.0% - 49.3%)
WELLNESS and PREVENTION					
% any physical activity within last month	B	78.5%	(74.4% - 82.5%)	70.0%	(68.8% - 71.2%)
% injured by a fall within last year		9.2%	(4.5% - 14.0%)	10.0%	(8.7% - 11.3%)
% ever had a hip fracture		3.5%	(2.7% - 4.3%)	3.9%	(3.7% - 4.0%)
% with self-reported fair or poor health status	B	14.8%	(11.3% - 18.3%)	20.4%	(19.4% - 21.5%)
% with 15+ physically unhealthy days last month		14.1%	(10.7% - 17.4%)	13.9%	(13.0% - 14.8%)
% with physical exam/check-up in past year		89.8%	(86.9% - 92.7%)	91.9%	(91.2% - 92.6%)
% met CDC preventive health screening goals		43.5%	(37.8% - 49.3%)	39.5%	(38.0% - 41.1%)
% flu shot past year		63.6%	(58.9% - 68.3%)	59.1%	(57.8% - 60.4%)
% pneumonia vaccine		73.4%	(68.4% - 78.4%)	73.8%	(72.4% - 75.2%)
% shingles vaccine		35.4%	(29.8% - 41.1%)	30.3%	(28.7% - 31.8%)
% cholesterol screening		84.8%	(81.0% - 88.6%)	88.4%	(87.6% - 89.3%)
% mammogram within last 2 years (women)		84.9%	(80.0% - 89.9%)	81.8%	(80.4% - 83.1%)
% colorectal cancer screening	B	82.6%	(78.9% - 86.4%)	76.1%	(75.0% - 77.3%)
Oral Health					
% with complete tooth loss	B	24.6%	(20.4% - 28.8%)	32.4%	(31.2% - 33.6%)
% with annual dental exam	B	83.3%	(79.5% - 87.1%)	74.7%	(73.5% - 75.8%)
NUTRITION / DIET					
% with 5 or more servings of fruit or vegetables per day		27.1%	(22.5% - 31.7%)	23.0%	(21.9% - 24.1%)
% obese		21.6%	(17.6% - 25.6%)	25.4%	(24.2% - 26.5%)
% high cholesterol		79.0%	(77.0% - 81.0%)	78.0%	(77.7% - 78.3%)
% current smokers		6.2%	(3.7% - 8.8%)	8.9%	(8.2% - 9.7%)
% excessive drinking		10.5%	(7.5% - 13.4%)	8.9%	(8.1% - 9.6%)
MENTAL HEALTH					
% with 15+ days poor mental health last month		6.5%	(4.2% - 8.8%)	7.5%	(6.8% - 8.1%)
% 60+ talked with family or friends almost daily		78.2%	(74.1% - 82.2%)	75.3%	(74.1% - 76.5%)
% ever diagnosed with depression	B	24.2%	(22.2% - 26.3%)	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	B	11.0%	(9.5% - 12.6%)	14.4%	(14.2% - 14.7%)
% with diabetes	B	28.9%	(26.6% - 31.3%)	35.7%	(35.4% - 36.1%)
% with stroke	B	10.5%	(9.1% - 12.0%)	12.5%	(12.2% - 12.7%)
% with chronic obstructive pulmonary disease	B	19.6%	(17.7% - 21.5%)	24.1%	(23.8% - 24.4%)
% with asthma	B	11.6%	(10.1% - 13.2%)	14.0%	(13.7% - 14.2%)
% with hypertension	B	76.3%	(74.2% - 78.4%)	79.0%	(78.8% - 79.3%)
% ever had a heart attack	B	3.8%	(3.0% - 4.7%)	5.4%	(5.3% - 5.6%)
% with ischemic heart disease	B	41.1%	(38.6% - 43.7%)	45.9%	(45.5% - 46.2%)
% with congestive heart failure	B	17.3%	(15.4% - 19.2%)	24.8%	(24.5% - 25.1%)
% with atrial fibrillation	W	18.0%	(16.1% - 19.8%)	15.2%	(15.0% - 15.5%)
% with osteoarthritis/rheumatoid arthritis	W	55.3%	(52.7% - 58.0%)	52.0%	(51.6% - 52.4%)
% with osteoporosis		19.1%	(17.3% - 21.0%)	21.0%	(20.7% - 21.3%)
% with glaucoma		27.2%	(25.0% - 29.3%)	26.6%	(26.2% - 26.9%)
% with cataract	W	72.6%	(70.4% - 74.8%)	67.9%	(67.6% - 68.2%)
% women with breast cancer		10.2%	(8.2% - 12.1%)	10.7%	(10.4% - 11.0%)
% with colon cancer		3.0%	(2.2% - 3.7%)	3.2%	(3.1% - 3.3%)
% men with prostate cancer		13.5%	(11.0% - 16.0%)	13.8%	(13.4% - 14.1%)
% with lung cancer		2.1%	(1.4% - 2.7%)	2.1%	(2.0% - 2.2%)
% with hypothyroidism		21.2%	(19.2% - 23.2%)	21.1%	(20.8% - 21.4%)
% with anemia		49.8%	(47.3% - 52.2%)	52.2%	(51.9% - 52.6%)
% with benign prostatic hyperplasia		41.3%	(37.7% - 45.0%)	40.3%	(39.8% - 40.8%)
% with chronic kidney disease	B	18.1%	(16.2% - 20.1%)	23.3%	(23.0% - 23.6%)
Summary chronic disease measures					
% with 4+ chronic conditions	B	58.8%	(56.4% - 61.2%)	63.9%	(63.6% - 64.3%)
% with 0 chronic conditions	W	6.8%	(5.5% - 8.1%)	8.4%	(8.2% - 8.6%)
ACCESS TO CARE					
% with a regular doctor		97.4%	(95.9% - 98.9%)	96.5%	(96.1% - 97.0%)
% did not see a doctor when needed due to cost		4.3%	(2.3% - 6.3%)	6.3%	(5.6% - 6.9%)
SERVICE UTILIZATION					
Physician visits per year	*	9.2	(8.8 - 9.6)	8.0	(7.9 - 8.0)
Emergency room visits/1000 persons 65+ years per year	*	552	(498 - 605)	628	(618 - 638)
Part D monthly prescription fills per person per year	*	46.9	(45.4 - 48.4)	54.2	(53.9 - 54.4)
Home health visits per year		3.3	(2.6 - 4.1)	3.7	(3.6 - 3.9)
Durable medical equipment claims per year		1.8	(1.6 - 2.1)	2.0	(1.9 - 2.0)
Inpatient hospital stays/1000 persons 65+ years per year	*	206	(179 - 233)	284	(279 - 289)
Inpatient hospital readmissions (as % of admissions)		15.1%	(11.4% - 18.7%)	16.9%	(16.3% - 17.5%)
Skilled nursing facility stays/1000 persons 65+ years per year	*	62	(47 - 76)	100	(97 - 103)
COMMUNITY VARIABLE & CIVIC ENGAGEMENT					
% 60+ who are satisfied with neighborhood	B	87.1%	(83.8% - 90.3%)	80.0%	(78.9% - 81.1%)
% 60+ who believe local service orgs understand needs	B	56.5%	(51.2% - 61.7%)	44.1%	(42.7% - 45.6%)
% 60+ who believe he/she can make a difference	B	63.1%	(58.2% - 67.9%)	51.6%	(50.2% - 53.0%)
% 60+ who believe working together can make a difference		84.6%	(80.9% - 88.4%)	81.0%	(79.9% - 82.1%)
% 60+ who volunteer at least once per month	B	29.3%	(24.8% - 33.8%)	22.8%	(21.6% - 23.9%)
% 60+ who attend community events at least once per month	B	55.6%	(50.6% - 60.6%)	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.