

## RHODE ISLAND HEALTHY AGING COMMUNITY DATA PROFILE

## Newport (Newport)

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE <sup>1</sup>	COMMUNITY ESTIMATE <sup>3</sup>	MARGIN OF ERROR <sup>2</sup>	STATE ESTIMATE	MARGIN OF ERROR <sup>2</sup>
<b>POPULATION CHARACTERISTICS</b>					
% of 60+ LGBT		1.2%	( 0.5% - 1.9% )	2.0%	( 1.6% - 2.4% )
Age-sex adjusted 1-year mortality rate		4.5%	( 3.8% - 5.3% )	4.8%	( 4.6% - 4.9% )
% 60+ lived at same address 25 years or more		49.2%	( 44.8% - 53.6% )	48.1%	( 46.8% - 49.5% )
<b>WELLNESS and PREVENTION</b>					
% any physical activity within last month	B	78.7%	( 75.2% - 82.2% )	70.0%	( 68.8% - 71.2% )
% injured by a fall within last year		10.0%	( 5.9% - 14.2% )	10.0%	( 8.7% - 11.3% )
% ever had a hip fracture		3.8%	( 3.1% - 4.5% )	3.9%	( 3.7% - 4.0% )
% with self-reported fair or poor health status	b	16.3%	( 13.7% - 19.0% )	20.4%	( 19.6% - 21.3% )
% with 15+ physically unhealthy days last month		11.7%	( 8.9% - 14.5% )	13.9%	( 13.0% - 14.8% )
% with physical exam/check-up in past year		91.7%	( 89.6% - 93.9% )	91.9%	( 91.2% - 92.6% )
% met CDC preventive health screening goals		41.1%	( 35.9% - 46.2% )	39.5%	( 38.0% - 41.1% )
% flu shot past year		60.2%	( 55.9% - 64.5% )	59.1%	( 57.8% - 60.4% )
% pneumonia vaccine		74.9%	( 70.6% - 79.2% )	73.8%	( 72.4% - 75.2% )
% shingles vaccine		35.5%	( 30.2% - 40.8% )	30.3%	( 28.7% - 31.8% )
% cholesterol screening		87.2%	( 84.2% - 90.3% )	88.4%	( 87.6% - 89.3% )
% mammogram within last 2 years (women)		77.9%	( 73.0% - 82.9% )	81.8%	( 80.4% - 83.1% )
% colorectal cancer screening		78.9%	( 75.4% - 82.5% )	76.1%	( 75.0% - 77.3% )
<b>Oral Health</b>					
% with complete tooth loss	B	23.9%	( 20.2% - 27.6% )	32.4%	( 31.2% - 33.6% )
% with annual dental exam	B	84.7%	( 81.6% - 87.8% )	74.7%	( 73.5% - 75.8% )
<b>NUTRITION / DIET</b>					
% with 5 or more servings of fruit or vegetables per day		23.9%	( 20.2% - 27.7% )	23.0%	( 21.9% - 24.1% )
% obese		22.1%	( 18.5% - 25.6% )	25.4%	( 24.2% - 26.5% )
% high cholesterol	B	73.1%	( 71.3% - 75.0% )	78.0%	( 77.7% - 78.3% )
% current smokers		7.3%	( 5.2% - 9.4% )	8.9%	( 8.2% - 9.7% )
% excessive drinking	W	13.9%	( 10.9% - 16.9% )	8.9%	( 8.1% - 9.6% )
<b>MENTAL HEALTH</b>					
% with 15+ days poor mental health last month	B	4.8%	( 2.8% - 6.8% )	7.5%	( 6.8% - 8.1% )
% 60+ talked with family or friends almost daily	b	79.9%	( 76.9% - 82.9% )	75.3%	( 74.3% - 76.3% )
% ever diagnosed with depression	B	25.7%	( 24.0% - 27.5% )	30.0%	( 29.7% - 30.3% )

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<b>CHRONIC DISEASE</b>					
% with Alzheimer's disease or related dementias	B	12.0%	( 10.7% - 13.3% )	14.4%	( 14.2% - 14.7% )
% with diabetes	B	28.7%	( 26.7% - 30.6% )	35.7%	( 35.4% - 36.1% )
% with stroke		12.5%	( 11.2% - 13.8% )	12.5%	( 12.2% - 12.7% )
% with chronic obstructive pulmonary disease		23.1%	( 21.5% - 24.8% )	24.1%	( 23.8% - 24.4% )
% with asthma		13.5%	( 12.2% - 14.9% )	14.0%	( 13.7% - 14.2% )
% with hypertension	B	72.4%	( 70.6% - 74.3% )	79.0%	( 78.8% - 79.3% )
% ever had a heart attack	B	3.9%	( 3.2% - 4.7% )	5.4%	( 5.3% - 5.6% )
% with ischemic heart disease	B	39.7%	( 37.6% - 41.8% )	45.9%	( 45.5% - 46.2% )
% with congestive heart failure	B	18.5%	( 16.9% - 20.1% )	24.8%	( 24.5% - 25.1% )
% with atrial fibrillation		14.9%	( 13.5% - 16.3% )	15.2%	( 15.0% - 15.5% )
% with osteoarthritis/rheumatoid arthritis	B	47.7%	( 45.6% - 49.9% )	52.0%	( 51.6% - 52.4% )
% with osteoporosis	B	17.1%	( 15.6% - 18.5% )	21.0%	( 20.7% - 21.3% )
% with glaucoma		26.1%	( 24.4% - 27.9% )	26.6%	( 26.2% - 26.9% )
% with cataract	W	71.1%	( 69.2% - 73.0% )	67.9%	( 67.6% - 68.2% )
% women with breast cancer		11.2%	( 9.5% - 12.8% )	10.7%	( 10.4% - 11.0% )
% with colon cancer		3.5%	( 2.8% - 4.2% )	3.2%	( 3.1% - 3.3% )
% men with prostate cancer		14.4%	( 12.2% - 16.5% )	13.8%	( 13.4% - 14.1% )
% with lung cancer		1.8%	( 1.3% - 2.4% )	2.1%	( 2.0% - 2.2% )
% with hypothyroidism		19.5%	( 18.0% - 21.1% )	21.1%	( 20.8% - 21.4% )
% with anemia	B	43.4%	( 41.4% - 45.4% )	52.2%	( 51.9% - 52.6% )
% with benign prostatic hyperplasia		43.5%	( 40.4% - 46.6% )	40.3%	( 39.8% - 40.8% )
% with chronic kidney disease	B	18.5%	( 16.8% - 20.1% )	23.3%	( 23.0% - 23.6% )
Summary chronic disease measures					
% with 4+ chronic conditions	B	56.5%	( 54.4% - 58.5% )	63.9%	( 63.6% - 64.3% )
% with 0 chronic conditions		9.8%	( 8.5% - 11.0% )	8.4%	( 8.2% - 8.6% )
<b>ACCESS TO CARE</b>					
% with a regular doctor	B	98.2%	( 97.3% - 99.2% )	96.5%	( 96.1% - 97.0% )
% did not see a doctor when needed due to cost	b	4.1%	( 2.7% - 5.5% )	6.3%	( 5.7% - 6.8% )
<b>SERVICE UTILIZATION</b>					
Physician visits per year		8.0	( 7.7 - 8.3 )	8.0	( 7.9 - 8.0 )
Emergency room visits/1000 persons 65+ years per year		592	( 541 - 643 )	628	( 618 - 638 )
Part D monthly prescription fills per person per year	*	49.9	( 48.2 - 51.6 )	54.2	( 53.9 - 54.4 )
Home health visits per year	*	2.7	( 2.2 - 3.3 )	3.7	( 3.6 - 3.9 )
Durable medical equipment claims per year	*	1.5	( 1.3 - 1.7 )	2.0	( 1.9 - 2.0 )
Inpatient hospital stays/1000 persons 65+ years per year	*	217	( 192 - 243 )	284	( 279 - 289 )
Inpatient hospital readmissions (as % of admissions)		15.1%	( 11.3% - 18.8% )	16.9%	( 16.3% - 17.5% )
Skilled nursing facility stays/1000 persons 65+ years per year		83	( 69 - 98 )	100	( 97 - 103 )
<b>COMMUNITY VARIABLE &amp; CIVIC ENGAGEMENT</b>					
% 60+ who are satisfied with neighborhood	B	87.0%	( 84.2% - 89.8% )	80.0%	( 78.9% - 81.1% )
% 60+ who believe local service orgs understand needs	B	54.1%	( 49.4% - 58.7% )	44.1%	( 42.7% - 45.6% )
% 60+ who believe he/she can make a difference	B	61.1%	( 56.7% - 65.5% )	51.6%	( 50.2% - 53.0% )
% 60+ who believe working together can make a difference		84.4%	( 81.1% - 87.7% )	81.0%	( 79.9% - 82.1% )
% 60+ who volunteer at least once per month	b	27.8%	( 24.5% - 31.1% )	22.8%	( 21.8% - 23.7% )
% 60+ who attend community events at least once per month	B	54.2%	( 49.7% - 58.8% )	44.2%	( 42.8% - 45.6% )

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

<sup>2</sup> 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.

<sup>3</sup> C indicates that the community rate is censored due to inadequate sample size.