RHODE ISLAND HEALTHY AGING COMMUNITY DATA PROFILE

North Kingstown (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		4.8%	(4.1% - 5.5%)	4.8%	(4.6% - 4.9%)
% 60+ lived at same address 25 years or more		45.4%	(39.0% - 51.8%)	48.1%	(46.8% - 49.5%)
WELLNESS and PREVENTION					
% any physical activity within last month	B	79.5%	(74.4% - 84.7%)	70.0%	(68.8% - 71.2%)
% injured by a fall within last year		C		10.0%	(8.7% - 11.3%)
% ever had a hip fracture		3.7%	(3.0% - 4.3%)	3.9%	(3.7% - 4.0%)
% with self-reported fair or poor health status	B	12.0%	(8.0% - 16.1%)	20.4%	(19.4% - 21.5%)
% with 15+ physically unhealthy days last month	b	9.7%	(6.7% - 12.8%)	13.9%	(13.2% - 14.7%)
% with physical exam/check-up in past year		91.7%	(88.2% - 95.2%)	91.9%	(91.2% - 92.6%)
% met CDC preventive health screening goals		42.4%	(34.9% - 49.9%)	39.5%	(38.0% - 41.1%)
% flu shot past year		63.0%	(56.9% - 69.0%)	59.1%	(57.8% - 60.4%)
% pneumonia vaccine		75.0%	(68.1% - 82.0%)	73.8%	(72.4% - 75.2%)
% shingles vaccine	B	42.1%	(34.4% - 49.9%)	30.3%	(28.7% - 31.8%)
% cholesterol screening	w	83.1%	(78.9% - 87.3%)	88.4%	(87.7% - 89.1%)
% mammogram within last 2 years (women)		83.2%	(76.9% - 89.5%)	81.8%	(80.4% - 83.1%)
% colorectal cancer screening		81.1%	(76.2% - 86.1%)	76.1%	(75.0% - 77.3%)
Oral Health					
% with complete tooth loss	B	20.8%	(15.8% - 25.9%)	32.4%	(31.2% - 33.6%)
% with annual dental exam	B	83.7%	(78.9% - 88.5%)	74.7%	(73.5% - 75.8%)
NUTRITION / DIET					
% with 5 or more servings of fruit or vegetables per day		28.8%	(22.5% - 35.2%)	23.0%	(21.9% - 24.1%)
% obese	B	18.7%	(14.0% - 23.4%)	25.4%	(24.2% - 26.5%)
% high cholesterol	B	73.9%	(72.2% - 75.6%)	78.0%	(77.7% - 78.3%)
% current smokers		7.9%	(4.7% - 11.2%)	8.9%	(8.2% - 9.7%)
% excessive drinking		8.5%	(4.9% - 12.1%)	8.9%	(8.1% - 9.6%)
MENTAL HEALTH					
% with 15+ days poor mental health last month		5.3%	(2.8% - 7.7%)	7.5%	(6.8% - 8.1%)
% 60+ talked with family or friends almost daily		74.6%	(68.9% - 80.4%)	75.3%	(74.1% - 76.5%)
% ever diagnosed with depression	B	26.4%	(24.8% - 28.1%)	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	11.4%	(10.2% - 12.6%)	14.4%	(14.2% - 14.7%)
% with diabetes	B	29.2%	(27.3% - 31.1%)	35.7%	(35.4% - 36.1%)
% with stroke		11.1%	(10.0% - 12.3%)	12.5%	(12.2% - 12.7%)
% with chronic obstructive pulmonary disease	B	20.6%	(19.1% - 22.2%)	24.1%	(23.8% - 24.4%)
% with asthma	B	12.4%	(11.2% - 13.7%)	14.0%	(13.7% - 14.2%)
% with hypertension	B	73.5%	(71.7% - 75.2%)	79.0%	(78.8% - 79.3%)
% ever had a heart attack		4.8%	(4.0% - 5.6%)	5.4%	(5.3% - 5.6%)
% with ischemic heart disease	B	41.2%	(39.1% - 43.2%)	45.9%	(45.5% - 46.2%)
% with congestive heart failure	B	19.4%	(17.9% - 21.0%)	24.8%	(24.5% - 25.1%)
% with atrial fibrillation		13.8%	(12.6% - 15.1%)	15.2%	(15.0% - 15.5%)
% with osteoarthritis/rheumatoid arthritis		51.3%	(49.2% - 53.4%)	52.0%	(51.6% - 52.4%)
% with osteoporosis	B	17.0%	(15.6% - 18.3%)	21.0%	(20.7% - 21.3%)
% with glaucoma	W	28.8%	(27.1% - 30.5%)	26.6%	(26.2% - 26.9%)
% with cataract		67.9%	(66.1% - 69.7%)	67.9%	(67.6% - 68.2%)
% women with breast cancer		11.2%	(9.6% - 12.8%)	10.7%	(10.4% - 11.0%)
% with colon cancer		2.8%	(2.2% - 3.4%)	3.2%	(3.1% - 3.3%)
% men with prostate cancer		13.6%	(11.7% - 15.5%)	13.8%	(13.4% - 14.1%)
% with lung cancer		2.0%	(1.5% - 2.6%)	2.1%	(2.0% - 2.2%)
% with hypothyroidism		21.1%	(19.5% - 22.6%)	21.1%	(20.8% - 21.4%)
% with anemia	B	48.3%	(46.4% - 50.2%)	52.2%	(51.9% - 52.6%)
% with benign prostatic hyperplasia	B	36.8%	(34.0% - 39.5%)	40.3%	(39.8% - 40.8%)
% with chronic kidney disease	B	18.7%	(17.2% - 20.3%)	23.3%	(23.0% - 23.6%)
Summary chronic disease measures					
% with 4+ chronic conditions	B	55.8%	(53.9% - 57.7%)	63.9%	(63.6% - 64.3%)
% with 0 chronic conditions	B	10.2%	(9.0% - 11.4%)	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		C		6.3%	(5.6% - 6.9%)
SERVICE UTILIZATION					
Physician visits per year		8.2	(7.9 - 8.5)	8.0	(7.9 - 8.0)
Emergency room visits/1000 persons 65+ years per year	*	541	(496 - 586)	628	(618 - 638)
Part D monthly prescription fills per person per year	*	49.3	(48.0 - 50.7)	54.2	(53.9 - 54.4)
Home health visits per year	*	3.0	(2.5 - 3.5)	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	*	238	(212 - 263)	284	(279 - 289)
Inpatient hospital readmissions (as % of admissions)	*	13.4%	(10.4% - 16.3%)	16.9%	(16.3% - 17.5%)
Skilled nursing facility stays/1000 persons 65+ years per year		83	(68 - 97)	100	(97 - 103)
COMMUNITY VARIABLE & CIVIC ENGAGEMENT					
% 60+ who are satisfied with neighborhood	B	87.0%	(82.8% - 91.2%)	80.0%	(78.9% - 81.1%)
% 60+ who believe local service orgs understand needs		50.7%	(43.7% - 57.7%)	44.1%	(42.7% - 45.6%)
% 60+ who believe he/she can make a difference	B	59.6%	(53.2% - 66.0%)	51.6%	(50.2% - 53.0%)
% 60+ who believe working together can make a difference		82.7%	(77.9% - 87.5%)	81.0%	(79.9% - 82.1%)
% 60+ who volunteer at least once per month	B	29.9%	(24.0% - 35.7%)	22.8%	(21.6% - 23.9%)
% 60+ who attend community events at least once per month		48.8%	(42.3% - 55.4%)	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.