

## RHODE ISLAND HEALTHY AGING COMMUNITY DATA PROFILE

# Smithfield (Providence)

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		2.1%	( 1.3% - 2.9% )	2.0%	( 1.6% - 2.4% )
Age-sex adjusted 1-year mortality rate		5.5%	( 4.8% - 6.3% )	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% )
<b>WELLNESS and PREVENTION</b>					
% 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		4.7%	( 3.8% - 5.7% )	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% )
<b>Oral Health</b>					
% 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% )
<b>NUTRITION / DIET</b>					
% 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		79.7%	( 77.7% - 81.7% )	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% )
<b>MENTAL HEALTH</b>					
% 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		31.9%	( 29.7% - 34.1% )	30.0%	( 29.7% - 30.3% )

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<b>CHRONIC DISEASE</b>					
% with Alzheimer's disease or related dementias		14.7%	( 13.1% - 16.4% )	14.4%	( 14.2% - 14.7% )
% with diabetes		35.5%	( 33.1% - 37.9% )	35.7%	( 35.4% - 36.1% )
% with stroke		11.9%	( 10.4% - 13.4% )	12.5%	( 12.2% - 12.7% )
% with chronic obstructive pulmonary disease		21.9%	( 19.9% - 23.8% )	24.1%	( 23.8% - 24.4% )
% with asthma		14.9%	( 13.2% - 16.5% )	14.0%	( 13.7% - 14.2% )
% with hypertension		80.9%	( 78.9% - 82.8% )	79.0%	( 78.8% - 79.3% )
% ever had a heart attack		5.7%	( 4.7% - 6.8% )	5.4%	( 5.3% - 5.6% )
% with ischemic heart disease		45.5%	( 43.0% - 48.0% )	45.9%	( 45.5% - 46.2% )
% with congestive heart failure		26.1%	( 23.9% - 28.2% )	24.8%	( 24.5% - 25.1% )
% with atrial fibrillation		16.8%	( 15.1% - 18.6% )	15.2%	( 15.0% - 15.5% )
% with osteoarthritis/rheumatoid arthritis	W	56.5%	( 53.9% - 59.0% )	52.0%	( 51.6% - 52.4% )
% with osteoporosis		21.6%	( 19.7% - 23.5% )	21.0%	( 20.7% - 21.3% )
% with glaucoma	W	29.9%	( 27.7% - 32.0% )	26.6%	( 26.2% - 26.9% )
% with cataract		67.6%	( 65.3% - 69.9% )	67.9%	( 67.6% - 68.2% )
% women with breast cancer		10.9%	( 9.0% - 12.8% )	10.7%	( 10.4% - 11.0% )
% with colon cancer		2.9%	( 2.1% - 3.6% )	3.2%	( 3.1% - 3.3% )
% men with prostate cancer		15.0%	( 12.4% - 17.6% )	13.8%	( 13.4% - 14.1% )
% with lung cancer		2.0%	( 1.3% - 2.6% )	2.1%	( 2.0% - 2.2% )
% with hypothyroidism		22.5%	( 20.5% - 24.4% )	21.1%	( 20.8% - 21.4% )
% with anemia		52.7%	( 50.4% - 55.1% )	52.2%	( 51.9% - 52.6% )
% with benign prostatic hyperplasia		44.3%	( 40.6% - 48.0% )	40.3%	( 39.8% - 40.8% )
% with chronic kidney disease		24.5%	( 22.4% - 26.7% )	23.3%	( 23.0% - 23.6% )
Summary chronic disease measures					
% with 4+ chronic conditions		64.2%	( 61.9% - 66.5% )	63.9%	( 63.6% - 64.3% )
% with 0 chronic conditions		7.8%	( 6.4% - 9.1% )	8.4%	( 8.2% - 8.6% )
<b>ACCESS TO CARE</b>					
% 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% )
<b>SERVICE UTILIZATION</b>					
Physician visits per year	*	8.6	( 8.3 - 9.0 )	8.0	( 7.9 - 8.0 )
Emergency room visits/1000 persons 65+ years per year		649	( 581 - 716 )	628	( 618 - 638 )
Part D monthly prescription fills per person per year		53.8	( 52.2 - 55.3 )	54.2	( 53.9 - 54.4 )
Home health visits per year		4.0	( 3.3 - 4.7 )	3.7	( 3.6 - 3.9 )
Durable medical equipment claims per year		1.9	( 1.7 - 2.2 )	2.0	( 1.9 - 2.0 )
Inpatient hospital stays/1000 persons 65+ years per year		306	( 268 - 344 )	284	( 279 - 289 )
Inpatient hospital readmissions (as % of admissions)		17.3%	( 13.3% - 21.3% )	16.9%	( 16.3% - 17.5% )
Skilled nursing facility stays/1000 persons 65+ years per year	*	148	( 123 - 174 )	100	( 97 - 103 )
<b>COMMUNITY VARIABLE &amp; CIVIC ENGAGEMENT</b>					
% 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. <sup>1</sup> Community-state differences that the margins of error do not overlap each other are noted 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.