

RHODE ISLAND HEALTHY AGING COMMUNITY DATA PROFILE

Westerly (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	B	4.0%	(3.4% - 4.6%)	4.8%	(4.6% - 4.9%)
% 60+ lived at same address 25 years or more		48.5%	(42.7% - 54.2%)	48.1%	(46.8% - 49.5%)
WELLNESS and PREVENTION					
% any physical activity within last month		72.2%	(67.2% - 77.3%)	70.0%	(68.8% - 71.2%)
% injured by a fall within last year		8.9%	(3.6% - 14.2%)	10.0%	(8.7% - 11.3%)
% ever had a hip fracture		4.5%	(3.8% - 5.2%)	3.9%	(3.7% - 4.0%)
% with self-reported fair or poor health status		18.5%	(14.3% - 22.7%)	20.4%	(19.4% - 21.5%)
% with 15+ physically unhealthy days last month		13.1%	(9.6% - 16.5%)	13.9%	(13.0% - 14.8%)
% with physical exam/check-up in past year		89.3%	(85.9% - 92.7%)	91.9%	(91.2% - 92.6%)
% met CDC preventive health screening goals		37.5%	(31.0% - 43.9%)	39.5%	(38.0% - 41.1%)
% flu shot past year		55.9%	(50.4% - 61.5%)	59.1%	(57.8% - 60.4%)
% pneumonia vaccine		73.3%	(67.3% - 79.3%)	73.8%	(72.4% - 75.2%)
% shingles vaccine		30.9%	(24.4% - 37.3%)	30.3%	(28.7% - 31.8%)
% cholesterol screening		84.0%	(79.6% - 88.4%)	88.4%	(87.6% - 89.3%)
% mammogram within last 2 years (women)		81.4%	(75.4% - 87.3%)	81.8%	(80.4% - 83.1%)
% colorectal cancer screening		78.3%	(73.7% - 83.0%)	76.1%	(75.0% - 77.3%)
Oral Health					
% with complete tooth loss		28.9%	(24.0% - 33.8%)	32.4%	(31.2% - 33.6%)
% with annual dental exam	B	81.0%	(76.5% - 85.6%)	74.7%	(73.5% - 75.8%)
NUTRITION / DIET					
% with 5 or more servings of fruit or vegetables per day		20.9%	(16.2% - 25.7%)	23.0%	(21.9% - 24.1%)
% obese		24.3%	(19.6% - 29.0%)	25.4%	(24.2% - 26.5%)
% high cholesterol	W	83.7%	(82.3% - 85.1%)	78.0%	(77.7% - 78.3%)
% current smokers		9.6%	(6.0% - 13.3%)	8.9%	(8.2% - 9.7%)
% excessive drinking		12.3%	(8.6% - 16.0%)	8.9%	(8.1% - 9.6%)
MENTAL HEALTH					
% with 15+ days poor mental health last month		7.5%	(4.9% - 10.2%)	7.5%	(6.8% - 8.1%)
% 60+ talked with family or friends almost daily		75.8%	(70.8% - 80.8%)	75.3%	(74.1% - 76.5%)
% ever diagnosed with depression	B	27.1%	(25.5% - 28.8%)	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	W	20.6%	(19.0% - 22.1%)	14.4%	(14.2% - 14.7%)
% with diabetes		34.0%	(32.1% - 35.8%)	35.7%	(35.4% - 36.1%)
% with stroke	W	14.0%	(12.8% - 15.3%)	12.5%	(12.2% - 12.7%)
% with chronic obstructive pulmonary disease	W	31.4%	(29.8% - 33.1%)	24.1%	(23.8% - 24.4%)
% with asthma	B	10.3%	(9.2% - 11.4%)	14.0%	(13.7% - 14.2%)
% with hypertension	W	81.5%	(80.1% - 83.0%)	79.0%	(78.8% - 79.3%)
% ever had a heart attack		5.3%	(4.5% - 6.1%)	5.4%	(5.3% - 5.6%)
% with ischemic heart disease	W	51.2%	(49.2% - 53.2%)	45.9%	(45.5% - 46.2%)
% with congestive heart failure	W	29.6%	(27.9% - 31.4%)	24.8%	(24.5% - 25.1%)
% with atrial fibrillation	W	18.5%	(17.1% - 19.9%)	15.2%	(15.0% - 15.5%)
% with osteoarthritis/rheumatoid arthritis	W	57.3%	(55.3% - 59.2%)	52.0%	(51.6% - 52.4%)
% with osteoporosis	W	23.4%	(21.9% - 24.9%)	21.0%	(20.7% - 21.3%)
% with glaucoma		27.1%	(25.5% - 28.7%)	26.6%	(26.2% - 26.9%)
% with cataract	W	72.3%	(70.6% - 74.0%)	67.9%	(67.6% - 68.2%)
% women with breast cancer		10.9%	(9.4% - 12.4%)	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		14.7%	(12.7% - 16.6%)	13.8%	(13.4% - 14.1%)
% with lung cancer		2.5%	(2.0% - 3.1%)	2.1%	(2.0% - 2.2%)
% with hypothyroidism		21.4%	(19.9% - 22.9%)	21.1%	(20.8% - 21.4%)
% with anemia		53.5%	(51.7% - 55.4%)	52.2%	(51.9% - 52.6%)
% with benign prostatic hyperplasia		40.3%	(37.5% - 43.0%)	40.3%	(39.8% - 40.8%)
% with chronic kidney disease		22.4%	(20.9% - 24.0%)	23.3%	(23.0% - 23.6%)
Summary chronic disease measures					
% with 4+ chronic conditions	W	67.8%	(66.0% - 69.6%)	63.9%	(63.6% - 64.3%)
% with 0 chronic conditions	W	6.2%	(5.3% - 7.2%)	8.4%	(8.2% - 8.6%)
ACCESS TO CARE					
% with a regular doctor		96.3%	(94.3% - 98.3%)	96.5%	(96.1% - 97.0%)
% did not see a doctor when needed due to cost		5.8%	(3.4% - 8.2%)	6.3%	(5.6% - 6.9%)
SERVICE UTILIZATION					
Physician visits per year	*	9.2	(8.9 - 9.5)	8.0	(7.9 - 8.0)
Emergency room visits/1000 persons 65+ years per year	*	697	(642 - 751)	628	(618 - 638)
Part D monthly prescription fills per person per year		52.6	(51.3 - 54.0)	54.2	(53.9 - 54.4)
Home health visits per year		3.3	(2.7 - 3.8)	3.7	(3.6 - 3.9)
Durable medical equipment claims per year		1.9	(1.7 - 2.1)	2.0	(1.9 - 2.0)
Inpatient hospital stays/1000 persons 65+ years per year		282	(254 - 309)	284	(279 - 289)
Inpatient hospital readmissions (as % of admissions)		15.7%	(12.8% - 18.6%)	16.9%	(16.3% - 17.5%)
Skilled nursing facility stays/1000 persons 65+ years per year		90	(77 - 104)	100	(97 - 103)
COMMUNITY VARIABLE & CIVIC ENGAGEMENT					
% 60+ who are satisfied with neighborhood		83.7%	(79.4% - 87.9%)	80.0%	(78.9% - 81.1%)
% 60+ who believe local service orgs understand needs		46.1%	(39.9% - 52.4%)	44.1%	(42.7% - 45.6%)
% 60+ who believe he/she can make a difference		52.9%	(47.1% - 58.8%)	51.6%	(50.2% - 53.0%)
% 60+ who believe working together can make a difference		79.1%	(74.2% - 84.1%)	81.0%	(79.9% - 82.1%)
% 60+ who volunteer at least once per month		22.9%	(18.2% - 27.7%)	22.8%	(21.6% - 23.9%)
% 60+ who attend community events at least once per month		47.9%	(42.1% - 53.8%)	44.2%	(42.8% - 45.6%)

Notes. ¹ Community-state differences that the margins of error do not overlap each other are noted B, 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.