

RHODE ISLAND HEALTHY AGING COMMUNITY DATA PROFILE

Woonsocket (Providence)

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		2.1%	(1.3% - 2.9%)	2.0%	(1.6% - 2.4%)
Age-sex adjusted 1-year mortality rate	W	5.6%	(5.0% - 6.3%)	4.8%	(4.6% - 4.9%)
% 60+ lived at same address 25 years or more		48.5%	(43.9% - 53.2%)	48.1%	(46.8% - 49.5%)
WELLNESS and PREVENTION					
% any physical activity within last month	W	60.9%	(56.5% - 65.2%)	70.0%	(68.8% - 71.2%)
% injured by a fall within last year		12.3%	(7.1% - 17.4%)	10.0%	(8.7% - 11.3%)
% ever had a hip fracture		4.1%	(3.3% - 4.9%)	3.9%	(3.7% - 4.0%)
% with self-reported fair or poor health status	w	24.6%	(21.6% - 27.7%)	20.4%	(19.6% - 21.3%)
% with 15+ physically unhealthy days last month		17.5%	(14.1% - 20.8%)	13.9%	(13.0% - 14.8%)
% with physical exam/check-up in past year		91.2%	(88.6% - 93.7%)	91.9%	(91.2% - 92.6%)
% met CDC preventive health screening goals		36.7%	(31.9% - 41.5%)	39.5%	(38.0% - 41.1%)
% flu shot past year		58.1%	(53.6% - 62.6%)	59.1%	(57.8% - 60.4%)
% pneumonia vaccine		70.8%	(65.8% - 75.8%)	73.8%	(72.4% - 75.2%)
% shingles vaccine	W	23.5%	(18.8% - 28.3%)	30.3%	(28.7% - 31.8%)
% cholesterol screening		90.4%	(88.1% - 92.7%)	88.4%	(87.6% - 89.3%)
% mammogram within last 2 years (women)		83.4%	(79.1% - 87.8%)	81.8%	(80.4% - 83.1%)
% colorectal cancer screening	W	69.1%	(65.2% - 73.1%)	76.1%	(75.0% - 77.3%)
Oral Health					
% with complete tooth loss	W	45.1%	(40.9% - 49.3%)	32.4%	(31.2% - 33.6%)
% with annual dental exam	W	62.0%	(57.9% - 66.2%)	74.7%	(73.5% - 75.8%)
NUTRITION / DIET					
% with 5 or more servings of fruit or vegetables per day		21.7%	(18.5% - 25.0%)	23.0%	(21.9% - 24.1%)
% obese	w	30.1%	(26.7% - 33.5%)	25.4%	(24.4% - 26.3%)
% high cholesterol	W	80.8%	(79.2% - 82.4%)	78.0%	(77.7% - 78.3%)
% current smokers		10.5%	(7.6% - 13.4%)	8.9%	(8.2% - 9.7%)
% excessive drinking		9.4%	(6.7% - 12.2%)	8.9%	(8.1% - 9.6%)
MENTAL HEALTH					
% with 15+ days poor mental health last month		7.3%	(5.1% - 9.5%)	7.5%	(6.8% - 8.1%)
% 60+ talked with family or friends almost daily		70.8%	(66.5% - 75.0%)	75.3%	(74.1% - 76.5%)
% ever diagnosed with depression		32.0%	(30.1% - 33.9%)	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		15.3%	(13.8% - 16.7%)	14.4%	(14.2% - 14.7%)
% with diabetes	W	40.2%	(38.1% - 42.3%)	35.7%	(35.4% - 36.1%)
% with stroke		13.5%	(12.2% - 14.9%)	12.5%	(12.2% - 12.7%)
% with chronic obstructive pulmonary disease	W	34.5%	(32.6% - 36.4%)	24.1%	(23.8% - 24.4%)
% with asthma	W	17.2%	(15.6% - 18.7%)	14.0%	(13.7% - 14.2%)
% with hypertension	W	83.8%	(82.3% - 85.4%)	79.0%	(78.8% - 79.3%)
% ever had a heart attack		6.4%	(5.4% - 7.3%)	5.4%	(5.3% - 5.6%)
% with ischemic heart disease	W	58.8%	(56.7% - 61.0%)	45.9%	(45.5% - 46.2%)
% with congestive heart failure	W	34.4%	(32.4% - 36.4%)	24.8%	(24.5% - 25.1%)
% with atrial fibrillation	W	17.6%	(16.0% - 19.1%)	15.2%	(15.0% - 15.5%)
% with osteoarthritis/rheumatoid arthritis		53.3%	(51.1% - 55.4%)	52.0%	(51.6% - 52.4%)
% with osteoporosis	W	23.5%	(21.8% - 25.2%)	21.0%	(20.7% - 21.3%)
% with glaucoma	B	24.2%	(22.5% - 25.9%)	26.6%	(26.2% - 26.9%)
% with cataract		68.1%	(66.2% - 70.0%)	67.9%	(67.6% - 68.2%)
% women with breast cancer		9.0%	(7.5% - 10.5%)	10.7%	(10.4% - 11.0%)
% with colon cancer	W	4.5%	(3.7% - 5.3%)	3.2%	(3.1% - 3.3%)
% men with prostate cancer	B	11.0%	(9.0% - 13.0%)	13.8%	(13.4% - 14.1%)
% with lung cancer		2.2%	(1.6% - 2.8%)	2.1%	(2.0% - 2.2%)
% with hypothyroidism	W	24.0%	(22.3% - 25.8%)	21.1%	(20.8% - 21.4%)
% with anemia		54.5%	(52.4% - 56.5%)	52.2%	(51.9% - 52.6%)
% with benign prostatic hyperplasia		39.7%	(36.6% - 42.8%)	40.3%	(39.8% - 40.8%)
% with chronic kidney disease		23.6%	(21.8% - 25.4%)	23.3%	(23.0% - 23.6%)
Summary chronic disease measures					
% with 4+ chronic conditions	W	70.8%	(69.0% - 72.7%)	63.9%	(63.6% - 64.3%)
% with 0 chronic conditions		7.7%	(6.6% - 8.8%)	8.4%	(8.2% - 8.6%)
ACCESS TO CARE					
% with a regular doctor		95.4%	(93.5% - 97.3%)	96.5%	(96.1% - 97.0%)
% did not see a doctor when needed due to cost		9.1%	(6.3% - 12.0%)	6.3%	(5.6% - 6.9%)
SERVICE UTILIZATION					
Physician visits per year		7.6	(7.3 - 7.9)	8.0	(7.9 - 8.0)
Emergency room visits/1000 persons 65+ years per year	*	889	(818 - 961)	628	(618 - 638)
Part D monthly prescription fills per person per year	*	61.8	(60.4 - 63.3)	54.2	(53.9 - 54.4)
Home health visits per year		3.8	(3.1 - 4.5)	3.7	(3.6 - 3.9)
Durable medical equipment claims per year	*	2.6	(2.4 - 2.9)	2.0	(1.9 - 2.0)
Inpatient hospital stays/1000 persons 65+ years per year	*	428	(388 - 468)	284	(279 - 289)
Inpatient hospital readmissions (as % of admissions)		18.8%	(16.0% - 21.6%)	16.9%	(16.3% - 17.5%)
Skilled nursing facility stays/1000 persons 65+ years per year	*	135	(116 - 155)	100	(97 - 103)
COMMUNITY VARIABLE & CIVIC ENGAGEMENT					
% 60+ who are satisfied with neighborhood	W	61.1%	(56.6% - 65.6%)	80.0%	(78.9% - 81.1%)
% 60+ who believe local service orgs understand needs	W	37.4%	(32.3% - 42.4%)	44.1%	(42.7% - 45.6%)
% 60+ who believe he/she can make a difference	w	46.3%	(42.3% - 50.3%)	51.6%	(50.5% - 52.8%)
% 60+ who believe working together can make a difference		82.2%	(78.8% - 85.5%)	81.0%	(79.9% - 82.1%)
% 60+ who volunteer at least once per month		23.0%	(19.0% - 27.0%)	22.8%	(21.6% - 23.9%)
% 60+ who attend community events at least once per month		40.8%	(36.0% - 45.7%)	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.