

Providence Northeast (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 | | 3.0% | (1.3% - 4.7%) | 2.0% | (1.6% - 2.4%) |
| Age-sex adjusted 1-year mortality rate | | 4.0% | (3.3% - 4.7%) | 4.8% | (4.6% - 4.9%) |
| % 60+ lived at same address 25 years or more | | 46.8% | (38.9% - 54.6%) | 48.1% | (46.8% - 49.5%) |
| WELLNESS and PREVENTION | | | | | |
| % any physical activity within last month | B | 88.4% | (84.4% - 92.5%) | 70.0% | (68.8% - 71.2%) |
| % injured by a fall within last year | | 17.3% | (7.7% - 26.8%) | 10.0% | (8.7% - 11.3%) |
| % ever had a hip fracture | | 4.1% | (3.3% - 5.0%) | 3.9% | (3.7% - 4.0%) |
| % with self-reported fair or poor health status | B | 8.6% | (4.5% - 12.8%) | 20.4% | (19.4% - 21.5%) |
| % with 15+ physically unhealthy days last month | B | 5.2% | (2.4% - 7.9%) | 13.9% | (13.0% - 14.8%) |
| % with physical exam/check-up in past year | | 91.2% | (87.7% - 94.7%) | 91.9% | (91.2% - 92.6%) |
| % met CDC preventive health screening goals | B | 52.4% | (43.3% - 61.6%) | 39.5% | (38.0% - 41.1%) |
| % flu shot past year | B | 68.4% | (61.1% - 75.8%) | 59.1% | (57.8% - 60.4%) |
| % pneumonia vaccine | | 78.4% | (71.6% - 85.3%) | 73.8% | (72.4% - 75.2%) |
| % shingles vaccine | B | 41.9% | (32.7% - 51.1%) | 30.3% | (28.7% - 31.8%) |
| % cholesterol screening | | 84.7% | (79.7% - 89.6%) | 88.4% | (87.6% - 89.3%) |
| % mammogram within last 2 years (women) | b | 88.3% | (83.3% - 93.2%) | 81.8% | (80.6% - 82.9%) |
| % colorectal cancer screening | | 81.0% | (75.2% - 86.8%) | 76.1% | (75.0% - 77.3%) |
| Oral Health | | | | | |
| % with complete tooth loss | B | 20.1% | (13.4% - 26.7%) | 32.4% | (31.2% - 33.6%) |
| % with annual dental exam | B | 89.2% | (85.0% - 93.4%) | 74.7% | (73.5% - 75.8%) |
| NUTRITION / DIET | | | | | |
| % with 5 or more servings of fruit or vegetables per day | B | 35.6% | (28.8% - 42.5%) | 23.0% | (21.9% - 24.1%) |
| % obese | B | 10.0% | (5.7% - 14.3%) | 25.4% | (24.2% - 26.5%) |
| % high cholesterol | B | 73.7% | (71.5% - 75.8%) | 78.0% | (77.7% - 78.3%) |
| % current smokers | B | 5.2% | (2.4% - 8.1%) | 8.9% | (8.2% - 9.7%) |
| % excessive drinking | | 9.5% | (5.5% - 13.5%) | 8.9% | (8.1% - 9.6%) |
| MENTAL HEALTH | | | | | |
| % with 15+ days poor mental health last month | | C | | 7.5% | (6.8% - 8.1%) |
| % 60+ talked with family or friends almost daily | w | 67.0% | (60.2% - 73.7%) | 75.3% | (74.3% - 76.3%) |
| % ever diagnosed with depression | W | 33.2% | (31.0% - 35.4%) | 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 | | 14.8% | (13.2% - 16.4%) | 14.4% | (14.2% - 14.7%) |
| % with diabetes | B | 25.2% | (23.0% - 27.4%) | 35.7% | (35.4% - 36.1%) |
| % with stroke | | 12.1% | (10.7% - 13.6%) | 12.5% | (12.2% - 12.7%) |
| % with chronic obstructive pulmonary disease | B | 16.5% | (14.8% - 18.2%) | 24.1% | (23.8% - 24.4%) |
| % with asthma | | 13.4% | (11.8% - 15.0%) | 14.0% | (13.7% - 14.2%) |
| % with hypertension | B | 70.3% | (68.0% - 72.6%) | 79.0% | (78.8% - 79.3%) |
| % ever had a heart attack | B | 3.5% | (2.7% - 4.3%) | 5.4% | (5.3% - 5.6%) |
| % with ischemic heart disease | B | 39.0% | (36.5% - 41.5%) | 45.9% | (45.5% - 46.2%) |
| % with congestive heart failure | B | 18.1% | (16.3% - 19.9%) | 24.8% | (24.5% - 25.1%) |
| % with atrial fibrillation | | 14.1% | (12.5% - 15.6%) | 15.2% | (15.0% - 15.5%) |
| % with osteoarthritis/rheumatoid arthritis | B | 48.6% | (46.0% - 51.2%) | 52.0% | (51.6% - 52.4%) |
| % with osteoporosis | W | 24.4% | (22.4% - 26.3%) | 21.0% | (20.7% - 21.3%) |
| % with glaucoma | | 28.7% | (26.6% - 30.9%) | 26.6% | (26.2% - 26.9%) |
| % with cataract | | 69.8% | (67.5% - 72.1%) | 67.9% | (67.6% - 68.2%) |
| % women with breast cancer | | 12.7% | (10.8% - 14.7%) | 10.7% | (10.4% - 11.0%) |
| % with colon cancer | | 3.1% | (2.3% - 3.8%) | 3.2% | (3.1% - 3.3%) |
| % men with prostate cancer | | 15.1% | (12.5% - 17.8%) | 13.8% | (13.4% - 14.1%) |
| % with lung cancer | | 2.0% | (1.4% - 2.6%) | 2.1% | (2.0% - 2.2%) |
| % with hypothyroidism | | 19.9% | (18.0% - 21.7%) | 21.1% | (20.8% - 21.4%) |
| % with anemia | B | 48.0% | (45.6% - 50.4%) | 52.2% | (51.9% - 52.6%) |
| % with benign prostatic hyperplasia | | 42.3% | (38.6% - 46.0%) | 40.3% | (39.8% - 40.8%) |
| % with chronic kidney disease | | 21.7% | (19.6% - 23.7%) | 23.3% | (23.0% - 23.6%) |
| Summary chronic disease measures | | | | | |
| % with 4+ chronic conditions | B | 56.7% | (54.3% - 59.1%) | 63.9% | (63.6% - 64.3%) |
| % with 0 chronic conditions | | 9.2% | (7.7% - 10.7%) | 8.4% | (8.2% - 8.6%) |
| ACCESS TO CARE | | | | | |
| % with a regular doctor | | 95.7% | (93.2% - 98.3%) | 96.5% | (96.1% - 97.0%) |
| % did not see a doctor when needed due to cost | C | | (0.5% - 4.3%) | 6.3% | (5.6% - 6.9%) |
| SERVICE UTILIZATION | | | | | |
| Physician visits per year | | 8.1 | (7.7 - 8.5) | 8.0 | (7.9 - 8.0) |
| Emergency room visits/1000 persons 65+ years per year | * | 516 | (465 - 567) | 628 | (618 - 638) |
| Part D monthly prescription fills per person per year | * | 48.5 | (46.9 - 50.1) | 54.2 | (53.9 - 54.4) |
| Home health visits per year | | 3.3 | (2.7 - 3.9) | 3.7 | (3.6 - 3.9) |
| Durable medical equipment claims per year | * | 1.6 | (1.3 - 1.8) | 2.0 | (1.9 - 2.0) |
| Inpatient hospital stays/1000 persons 65+ years per year | * | 202 | (174 - 230) | 284 | (279 - 289) |
| Inpatient hospital readmissions (as % of admissions) | | 16.1% | (12.0% - 20.1%) | 16.9% | (16.3% - 17.5%) |
| Skilled nursing facility stays/1000 persons 65+ years per year | * | 75 | (59 - 92) | 100 | (97 - 103) |
| COMMUNITY VARIABLE & CIVIC ENGAGEMENT | | | | | |
| % 60+ who are satisfied with neighborhood | | 83.0% | (77.2% - 88.8%) | 80.0% | (78.9% - 81.1%) |
| % 60+ who believe local service orgs understand needs | B | 59.8% | (51.2% - 68.3%) | 44.1% | (42.7% - 45.6%) |
| % 60+ who believe he/she can make a difference | B | 62.2% | (54.5% - 70.0%) | 51.6% | (50.2% - 53.0%) |
| % 60+ who believe working together can make a difference | | 83.9% | (78.6% - 89.3%) | 81.0% | (79.9% - 82.1%) |
| % 60+ who volunteer at least once per month | | 28.6% | (21.6% - 35.6%) | 22.8% | (21.6% - 23.9%) |
| % 60+ who attend community events at least once per month | B | 57.5% | (49.5% - 65.5%) | 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.