

RHODE ISLAND HEALTHY AGING COMMUNITY DATA PROFILE

Cumberland (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		4.4%	(3.9% - 4.9%)	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%)
WELLNESS and PREVENTION					
% 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		4.1%	(3.5% - 4.8%)	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%)
Oral Health					
% 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%)
NUTRITION / DIET					
% 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	W	80.9%	(79.5% - 82.4%)	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%)
MENTAL HEALTH					
% 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	B	27.9%	(26.3% - 29.5%)	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		14.5%	(13.2% - 15.8%)	14.4%	(14.2% - 14.7%)
% with diabetes		34.9%	(33.1% - 36.8%)	35.7%	(35.4% - 36.1%)
% with stroke		13.5%	(12.3% - 14.7%)	12.5%	(12.2% - 12.7%)
% with chronic obstructive pulmonary disease	B	20.5%	(19.1% - 21.9%)	24.1%	(23.8% - 24.4%)
% with asthma		13.8%	(12.6% - 15.0%)	14.0%	(13.7% - 14.2%)
% with hypertension	W	81.1%	(79.6% - 82.5%)	79.0%	(78.8% - 79.3%)
% ever had a heart attack		5.0%	(4.2% - 5.7%)	5.4%	(5.3% - 5.6%)
% with ischemic heart disease		46.2%	(44.2% - 48.2%)	45.9%	(45.5% - 46.2%)
% with congestive heart failure		25.6%	(23.9% - 27.2%)	24.8%	(24.5% - 25.1%)
% with atrial fibrillation		15.3%	(14.0% - 16.6%)	15.2%	(15.0% - 15.5%)
% with osteoarthritis/rheumatoid arthritis		54.1%	(52.1% - 56.0%)	52.0%	(51.6% - 52.4%)
% with osteoporosis		22.6%	(21.1% - 24.0%)	21.0%	(20.7% - 21.3%)
% with glaucoma		27.2%	(25.6% - 28.8%)	26.6%	(26.2% - 26.9%)
% with cataract	W	70.3%	(68.6% - 72.0%)	67.9%	(67.6% - 68.2%)
% women with breast cancer		10.5%	(9.1% - 11.9%)	10.7%	(10.4% - 11.0%)
% with colon cancer		3.8%	(3.1% - 4.5%)	3.2%	(3.1% - 3.3%)
% men with prostate cancer		13.9%	(11.8% - 16.0%)	13.8%	(13.4% - 14.1%)
% with lung cancer		1.6%	(1.1% - 2.1%)	2.1%	(2.0% - 2.2%)
% with hypothyroidism		22.3%	(20.8% - 23.7%)	21.1%	(20.8% - 21.4%)
% with anemia		53.1%	(51.3% - 54.9%)	52.2%	(51.9% - 52.6%)
% with benign prostatic hyperplasia		40.7%	(37.7% - 43.6%)	40.3%	(39.8% - 40.8%)
% with chronic kidney disease	B	21.4%	(19.8% - 22.9%)	23.3%	(23.0% - 23.6%)
Summary chronic disease measures					
% with 4+ chronic conditions		65.0%	(63.2% - 66.7%)	63.9%	(63.6% - 64.3%)
% with 0 chronic conditions		7.4%	(6.4% - 8.4%)	8.4%	(8.2% - 8.6%)
ACCESS TO CARE					
% 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%)
SERVICE UTILIZATION					
Physician visits per year	*	7.5	(7.2 - 7.7)	8.0	(7.9 - 8.0)
Emergency room visits/1000 persons 65+ years per year	*	530	(482 - 578)	628	(618 - 638)
Part D monthly prescription fills per person per year		53.2	(52.2 - 54.3)	54.2	(53.9 - 54.4)
Home health visits per year		3.2	(2.7 - 3.8)	3.7	(3.6 - 3.9)
Durable medical equipment claims per year		1.8	(1.6 - 2.0)	2.0	(1.9 - 2.0)
Inpatient hospital stays/1000 persons 65+ years per year		255	(228 - 282)	284	(279 - 289)
Inpatient hospital readmissions (as % of admissions)		16.2%	(12.9% - 19.4%)	16.9%	(16.3% - 17.5%)
Skilled nursing facility stays/1000 persons 65+ years per year		101	(85 - 116)	100	(97 - 103)
COMMUNITY VARIABLE & CIVIC ENGAGEMENT					
% 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. 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.