Middletown is a town in Newport County with a population of 16,150. About 17% of Middletown residents are age 65 or older. Middletown older adults fare better than state estimates on some health indicators (engaging in physical activity; higher self-reported health status; fewer with complete tooth loss; higher rate of annual dental exam and having a regular doctor; lower rates of high cholesterol, poor mental health days, depression, diabetes, anemia, and chronic kidney disease) and worse on other indicators (higher rates of excessive drinking, glaucoma, and cataracts). Child and Family Services part of the state Aging and Disability Resource Center, the POINT Network, provides information, referral and assessment services and case management for seniors receiving state-funded home and community services. Age-friendly community resources include the Middletown Senior Center that provides weekday lunches, holiday parties, book club, musical performances, visiting nurse services and other monthly health screenings and information sessions. Other activities include a walking club, board and card games, Tai Chi, and arthritis exercise.

<table>
<thead>
<tr>
<th>POPULATION CHARACTERISTICS</th>
<th>COMMUNITY ESTIMATE</th>
<th>STATE ESTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population all ages</td>
<td>16,150</td>
<td>1,052,567</td>
</tr>
<tr>
<td>Population 60 years or older as % of total population</td>
<td>21.0%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Total population 60 years or older</td>
<td>3,395</td>
<td>217,066</td>
</tr>
<tr>
<td>Population 65 years or older as % of total population</td>
<td>16.5%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Total population 65 years or older</td>
<td>2,659</td>
<td>155,558</td>
</tr>
<tr>
<td>% 65-74 years</td>
<td>45.8%</td>
<td>50.4%</td>
</tr>
<tr>
<td>% 75-84 years</td>
<td>32.0%</td>
<td>32.0%</td>
</tr>
<tr>
<td>% 85 years or older</td>
<td>22.2%</td>
<td>17.6%</td>
</tr>
</tbody>
</table>

Gender (65+ population)

| % female                                       | 59.2%              | 58.4%          |

Race/Ethnicity (65+ population)

| % White                                        | 96.3%              | 93.0%          |
| % African American                             | 0.9%               | 2.6%           |
| % Asian                                        | 1.5%               | 1.3%           |
| % Other                                        | 1.2%               | 3.2%           |
| % Hispanic/Latino                              | 0.5%               | 3.7%           |

Marital Status (65+ population)

| % married                                      | 50.3%              | 50.1%          |
| % divorced/separated                           | 11.5%              | 12.6%          |
| % widowed                                      | 31.1%              | 30.8%          |
| % never married                                | 7.1%               | 6.4%           |

Education (65+ population)

| % with less than high school education         | 11.9%              | 26.8%          |
| % with high school or some college            | 53.6%              | 50.7%          |
| % with college degree                         | 34.5%              | 22.5%          |
| % of 60+ LGBT                                 | 1.2%               | 2.0%           |
| % of 65+ population living alone              | 33.0%              | 30.4%          |
| % of 65+ population who speak only English at home | 90.0%             | 81.7%          |
| % of 65+ population who are veterans of military service | 27.6%          | 22.7%          |

Age-sex adjusted 1-year mortality rate

| 5.0%                                           | 4.8%               |
### HEALTHY AGING INDICATORS

<table>
<thead>
<tr>
<th>Geographic Migration (65+ population)</th>
<th>BETTER / WORSE STATE RATE</th>
<th>COMMUNITY ESTIMATE</th>
<th>STATE ESTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>% moved within same county</td>
<td>3.4%</td>
<td>3.5%</td>
<td></td>
</tr>
<tr>
<td>% moved from different county in Rhode Island</td>
<td>0.1%</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>% moved from different state</td>
<td>1.2%</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>% 60+ lived at same address 25 years or more</td>
<td>49.2%</td>
<td>48.1%</td>
<td></td>
</tr>
</tbody>
</table>

### WELLNESS and PREVENTION

<table>
<thead>
<tr>
<th>% any physical activity within last month</th>
<th>BETTER / WORSE STATE RATE</th>
<th>COMMUNITY ESTIMATE</th>
<th>STATE ESTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>% injured by a fall within last year</td>
<td>78.7%</td>
<td>70.0%</td>
<td></td>
</tr>
<tr>
<td>% ever had a hip fracture</td>
<td>11.7%</td>
<td>13.9%</td>
<td></td>
</tr>
<tr>
<td>% with self-reported fair or poor health status</td>
<td>16.3%</td>
<td>20.4%</td>
<td></td>
</tr>
<tr>
<td>% with 15+ physically unhealthy days last month</td>
<td>91.7%</td>
<td>91.9%</td>
<td></td>
</tr>
<tr>
<td>% met CDC preventive health screening goals</td>
<td>41.1%</td>
<td>39.5%</td>
<td></td>
</tr>
<tr>
<td>% flu shot past year</td>
<td>60.2%</td>
<td>59.1%</td>
<td></td>
</tr>
<tr>
<td>% pneumonia vaccine</td>
<td>74.9%</td>
<td>73.8%</td>
<td></td>
</tr>
<tr>
<td>% shingles vaccine</td>
<td>35.5%</td>
<td>30.3%</td>
<td></td>
</tr>
<tr>
<td>% cholesterol screening</td>
<td>87.2%</td>
<td>88.4%</td>
<td></td>
</tr>
<tr>
<td>% mammogram within last 2 years (women)</td>
<td>77.9%</td>
<td>81.8%</td>
<td></td>
</tr>
<tr>
<td>% colorectal cancer screening</td>
<td>78.9%</td>
<td>76.1%</td>
<td></td>
</tr>
</tbody>
</table>

### Oral Health

<table>
<thead>
<tr>
<th>% with complete tooth loss</th>
<th>BETTER / WORSE STATE RATE</th>
<th>COMMUNITY ESTIMATE</th>
<th>STATE ESTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with annual dental exam</td>
<td>23.9%</td>
<td>32.4%</td>
<td></td>
</tr>
</tbody>
</table>

### NUTRITION/DIET

<table>
<thead>
<tr>
<th>% with 5 or more servings of fruit or vegetables per day</th>
<th>BETTER / WORSE STATE RATE</th>
<th>COMMUNITY ESTIMATE</th>
<th>STATE ESTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>% obese</td>
<td>22.1%</td>
<td>25.4%</td>
<td></td>
</tr>
<tr>
<td>% high cholesterol</td>
<td>74.8%</td>
<td>78.0%</td>
<td></td>
</tr>
<tr>
<td>% current smokers</td>
<td>7.3%</td>
<td>8.9%</td>
<td></td>
</tr>
<tr>
<td>% excessive drinking</td>
<td>13.9%</td>
<td>8.9%</td>
<td></td>
</tr>
</tbody>
</table>

### MENTAL HEALTH

<table>
<thead>
<tr>
<th>% with 15+ days poor mental health last month</th>
<th>BETTER / WORSE STATE RATE</th>
<th>COMMUNITY ESTIMATE</th>
<th>STATE ESTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 60+ talked with family or friends almost daily</td>
<td>79.9%</td>
<td>75.3%</td>
<td></td>
</tr>
<tr>
<td>% ever diagnosed with depression</td>
<td>26.5%</td>
<td>30.0%</td>
<td></td>
</tr>
</tbody>
</table>

### CHRONIC DISEASE

<table>
<thead>
<tr>
<th>% with Alzheimer’s disease or related dementias</th>
<th>BETTER / WORSE STATE RATE</th>
<th>COMMUNITY ESTIMATE</th>
<th>STATE ESTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with diabetes</td>
<td>33.0%</td>
<td>35.7%</td>
<td></td>
</tr>
<tr>
<td>% with stroke</td>
<td>13.2%</td>
<td>12.5%</td>
<td></td>
</tr>
<tr>
<td>% with chronic obstructive pulmonary disease</td>
<td>25.2%</td>
<td>24.1%</td>
<td></td>
</tr>
<tr>
<td>% with asthma</td>
<td>13.3%</td>
<td>14.0%</td>
<td></td>
</tr>
</tbody>
</table>
### HEALTHY AGING INDICATORS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Better / Worse State Rate¹</th>
<th>Community Estimate²</th>
<th>State Estimate³</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with hypertension</td>
<td>78.2%</td>
<td>79.0%</td>
<td></td>
</tr>
<tr>
<td>% ever had a heart attack</td>
<td>5.3%</td>
<td>5.4%</td>
<td></td>
</tr>
<tr>
<td>% with ischemic heart disease</td>
<td>43.9%</td>
<td>45.9%</td>
<td></td>
</tr>
<tr>
<td>% with congestive heart failure</td>
<td>23.0%</td>
<td>24.8%</td>
<td></td>
</tr>
<tr>
<td>% with atrial fibrillation</td>
<td>15.5%</td>
<td>15.2%</td>
<td></td>
</tr>
<tr>
<td>% with osteoarthritis/rheumatoid arthritis</td>
<td>50.2%</td>
<td>52.0%</td>
<td></td>
</tr>
<tr>
<td>% with osteoporosis</td>
<td>19.6%</td>
<td>21.0%</td>
<td></td>
</tr>
<tr>
<td>% with glaucoma</td>
<td>W</td>
<td>31.5%</td>
<td>26.6%</td>
</tr>
<tr>
<td>% with cataract</td>
<td>W</td>
<td>72.8%</td>
<td>67.9%</td>
</tr>
<tr>
<td>% women with breast cancer</td>
<td>11.4%</td>
<td>10.7%</td>
<td></td>
</tr>
<tr>
<td>% with colon cancer</td>
<td>2.9%</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>% men with prostate cancer</td>
<td>16.5%</td>
<td>13.8%</td>
<td></td>
</tr>
<tr>
<td>% with lung cancer</td>
<td>1.7%</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>% with hypothyroidism</td>
<td>22.2%</td>
<td>21.1%</td>
<td></td>
</tr>
<tr>
<td>% with anemia</td>
<td>B</td>
<td>49.0%</td>
<td>52.2%</td>
</tr>
<tr>
<td>% with benign prostatic hyperplasia</td>
<td>42.1%</td>
<td>40.3%</td>
<td></td>
</tr>
<tr>
<td>% with chronic kidney disease</td>
<td>B</td>
<td>20.6%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Summary chronic disease measures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% with 4+ chronic conditions</td>
<td>62.8%</td>
<td>63.9%</td>
<td></td>
</tr>
<tr>
<td>% with 0 chronic conditions</td>
<td>8.3%</td>
<td>8.4%</td>
<td></td>
</tr>
</tbody>
</table>

### LIVING WITH DISABILITY

<table>
<thead>
<tr>
<th>Disability</th>
<th>Better / Worse State Rate¹</th>
<th>Community Estimate²</th>
<th>State Estimate³</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 65+ with hearing difficulty</td>
<td>9.3%</td>
<td>13.8%</td>
<td></td>
</tr>
<tr>
<td>% 65+ with vision difficulty</td>
<td>3.2%</td>
<td>5.2%</td>
<td></td>
</tr>
<tr>
<td>% 65+ with cognition difficulty</td>
<td>6.7%</td>
<td>7.8%</td>
<td></td>
</tr>
<tr>
<td>% 65+ with ambulatory difficulty</td>
<td>16.8%</td>
<td>19.9%</td>
<td></td>
</tr>
<tr>
<td>% 65+ with self-care difficulty</td>
<td>6.7%</td>
<td>6.6%</td>
<td></td>
</tr>
<tr>
<td>% 65+ with independent living difficulty</td>
<td>11.8%</td>
<td>13.7%</td>
<td></td>
</tr>
</tbody>
</table>

### ACCESS TO CARE

<table>
<thead>
<tr>
<th>Access to Care</th>
<th>Better / Worse State Rate¹</th>
<th>Community Estimate²</th>
<th>State Estimate³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare (65+ population)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Medicare managed care enrollees</td>
<td>*</td>
<td>22.1%</td>
<td>39.4%</td>
</tr>
<tr>
<td>% dually eligible for Medicare and Medicaid</td>
<td>*</td>
<td>9.5%</td>
<td>14.6%</td>
</tr>
<tr>
<td>% with a regular doctor</td>
<td>B</td>
<td>98.2%</td>
<td>96.5%</td>
</tr>
<tr>
<td>% did not see a doctor when needed due to cost</td>
<td>b</td>
<td>4.1%</td>
<td>6.3%</td>
</tr>
<tr>
<td># of primary care providers (within 5 miles)</td>
<td></td>
<td>54</td>
<td>1,566</td>
</tr>
<tr>
<td># of hospitals (within 5 miles)</td>
<td></td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td># of nursing homes (within 5 miles)</td>
<td></td>
<td>5</td>
<td>84</td>
</tr>
<tr>
<td># of home health agencies (in same town)</td>
<td></td>
<td>11</td>
<td>38</td>
</tr>
</tbody>
</table>
# HEALTHY AGING INDICATORS

## SERVICE UTILIZATION

<table>
<thead>
<tr>
<th>Service Utilization</th>
<th>Better / Worse State Rate</th>
<th>Community Estimate</th>
<th>State Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician visits per year</td>
<td>8.2</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td>Emergency room visits/1000 persons 65+ years per year</td>
<td>626</td>
<td>628</td>
<td></td>
</tr>
<tr>
<td>Part D monthly prescription fills per person per year</td>
<td>52.8</td>
<td>54.2</td>
<td></td>
</tr>
<tr>
<td>Home health visits per year</td>
<td>3.5</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment claims per year</td>
<td>*</td>
<td>1.6</td>
<td>2.0</td>
</tr>
<tr>
<td>Inpatient hospital stays/1000 persons 65+ years per year</td>
<td>281</td>
<td>284</td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital readmissions (as % of admissions)</td>
<td></td>
<td>14.1%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Skilled nursing facility stays/1000 persons 65+ years</td>
<td>109</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Total skilled nursing home Medicare beds/1000 persons 65+ years</td>
<td>86</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>% 65+ getting Medicaid long term services and supports</td>
<td></td>
<td>6.1%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

## COMMUNITY VARIABLES & CIVIC ENGAGEMENT

### Air Pollution/Air Quality Index
- Annual # of unhealthy days for older adults
  |              | NA | NA |

### Walkability of Community
- Walkability score (0-100)
  |              | 50 | NA |
- % of vacant housing units in community
  |              | 9.7% | 11.3% |
- % 60+ who are satisfied with neighborhood
  | B             | 87.0% | 80.0% |
- # of registered voters (age 18+)
  |              | 10,821 | 725,309 |
- Voter participation rate in 2012 presidential election (age 18+)
  |              | 66.7% | 61.5% |
- % 60+ who believe local service orgs understand needs
  | B             | 54.1% | 44.1% |
- % 60+ who believe he/she can make a difference
  | B             | 61.1% | 51.6% |
- % 60+ who believe working together can make a difference
  |              | 84.4% | 81.0% |
- % 60+ who volunteer at least once per month
  | B             | 27.8% | 22.8% |
- % 60+ who attend community events (e.g., church, club) at least once per month
  | B             | 54.2% | 44.2% |

## SAFETY AND TRANSPORTATION

### Violent crime rate / 100,000 persons
- 87

### Property crime rate / 100,000 persons
- 1,833

### # of motor vehicle fatalities involving adult age 60+/town
- 2

### # of motor vehicle fatalities involving adult age 60+/county
- 14

### # of alternative transportation programs by county
- 7

### Municipal senior transportation available
- Yes

### Volunteer driver programs available
- Gilber Burton
  - VFW POST
  - 4505
- NA
### HEALTHY AGING INDICATORS

#### ECONOMIC AND FINANCIAL

**Poverty (65+ Population)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Community Estimate</th>
<th>State Estimate</th>
<th>Ratio of County to State</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with income below the poverty level past year</td>
<td>3.5%</td>
<td>8.6%</td>
<td></td>
</tr>
<tr>
<td>% 60+ receiving food stamps past year</td>
<td>4.4%</td>
<td>11.9%</td>
<td></td>
</tr>
<tr>
<td>% 65+ working past year</td>
<td>21.4%</td>
<td>16.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Household income (65+ householder)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Community Estimate</th>
<th>State Estimate</th>
<th>Ratio of County to State</th>
</tr>
</thead>
<tbody>
<tr>
<td>% households with annual income &lt; $20,000</td>
<td>21.4%</td>
<td>28.0%</td>
<td></td>
</tr>
<tr>
<td>% households with annual income $20,000-49,999</td>
<td>33.7%</td>
<td>34.2%</td>
<td></td>
</tr>
<tr>
<td>% households with annual income ≥ $50,000</td>
<td>45.0%</td>
<td>37.7%</td>
<td></td>
</tr>
<tr>
<td>% 60+ own home</td>
<td>41.1%</td>
<td>43.9%</td>
<td></td>
</tr>
<tr>
<td>% 60+ homeowners with mortgage</td>
<td>42.9%</td>
<td>45.3%</td>
<td></td>
</tr>
</tbody>
</table>

#### COST OF LIVING

<table>
<thead>
<tr>
<th>Category</th>
<th>$ County Estimate</th>
<th>$ State Estimate</th>
<th>Ratio of County to State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elder Economic Security Standard Index</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, homeowner without mortgage, good health</td>
<td>$23,256</td>
<td>$22,188</td>
<td>1.05</td>
</tr>
<tr>
<td>Single, renter, good health</td>
<td>$24,996</td>
<td>$23,544</td>
<td>1.06</td>
</tr>
<tr>
<td>Couple, homeowner without mortgage, good health</td>
<td>$33,420</td>
<td>$32,352</td>
<td>1.03</td>
</tr>
<tr>
<td>Couple, renter, good health</td>
<td>$35,160</td>
<td>$33,708</td>
<td>1.04</td>
</tr>
</tbody>
</table>

**TECHNICAL NOTES:** Read our technical report for information on data sources and methodology at [http://healthyagingdatareports.org/ri/technicalreport](http://healthyagingdatareports.org/ri/technicalreport).

1 For most indicators the community and state values are both statistical estimates derived from sample data. Thus, it is possible that some of the differences between state and community estimates may be due to chance associated with population sampling. We use the terms “better” and “worse” to highlight differences between community and state estimates that we are confident are not due to chance. When an upper case letter is used the 95% confidence intervals were used, the lowercase indicates a 90% confidence interval. When the implication for healthy aging is unclear we use an *.

2 “C” indicates that the community rate is censored due to inadequate sample size and “NA” indicates that the data were not available.

**Other notes:**

- We used a hierarchical approach to reporting estimates for every city/town in Rhode Island when data allow. In other cases, we could only report indicators for aggregated areas (e.g., cities and towns with similar demographic and socioeconomic population composition were combined for some indicators and counties were used for others). The same estimate is reported for all cities/towns within aggregated geographic areas.
- Total population estimates are from the 2010 Census and are reported for the 41 geographic units. Other population characteristic estimates are from the American Community Survey (ACS) (2009-2013) and are reported for 41 geographic units. Note that % may not add up to 100% due to rounding error.
- Mortality rate, specific chronic disease, access and utilization estimates are for beneficiaries 65 years or older in 2013 from the 2012 and 2013 Centers for Medicare and Medicaid Services (CMS) Master Beneficiary Summary File (MBSF).
- The 2009-2014 Behavioral Risk Factor Surveillance System (BRFSS) is the source for wellness, health behavior, and some prevention estimates. BRFSS indicators were estimated for persons 60 years or older for 14 aggregated geographic areas derived by combining cities and towns with similar population composition. The same rate is reported for all cities/towns within the same unit.
- Access to care data pertaining to the # of primary care providers, hospitals, nursing homes, and home health agencies were obtained from the following CMS websites: [http://www.medicare.gov/nursinghomecompare/search.html](http://www.medicare.gov/nursinghomecompare/search.html), [http://www.medicare.gov/hospitalcompare/search.html](http://www.medicare.gov/hospitalcompare/search.html), [http://www.medicare.gov/physiciancompare/results.html](http://www.medicare.gov/physiciancompare/results.html). The dentist data come from the RI Department of Health ([http://www.health.rhodeisland.gov/find/oralhealthservices](http://www.health.rhodeisland.gov/find/oralhealthservices)).
- The 2016 Elder Economic Security Standard Index estimates were obtained from researchers at the University of Massachusetts Boston Center for Social and Demographic Research on Aging.
- Data on fatal auto (driver, passenger) and pedestrian accidents for persons age 60+ is from the National Highway Traffic Safety Administration (2009-2013), reported at the town and county level.
- The housing, migration, and income indicators are from the ACS (2009-2013) and are reported for individual cities/towns.
- The 2016 Elder Economic Security Standard Index estimates were obtained from researchers at the University of Massachusetts Boston Center for Social and Demographic Research on Aging.
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