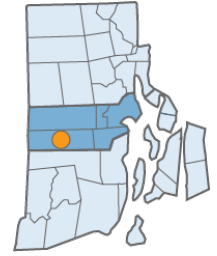# West Greenwich (Kent)

West Greenwich is a town in Kent County with a population of 6,135 of whom 8% are age 65 or older. West Greenwich older adults fare better or similar to state estimates on most all health indicators. More than one in five (22%) older adults was employed in the past year. The mortality rate is much higher than the state rate. South County Community Action Agency, part of the state Aging and Disabilities Resource Center, the POINT Network, provides older adults with informational, referral and assessment services and case management for seniors receiving state-funded home and community services. Age-friendly community resources include the Louttit Library hosts book clubs and presentations beneficial for older adults such as 'Can you Heal Chronic Illness with Food?' and other topics.

POPULATION CHARACTERISTICS

	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages	6,135	1,052,567
Population 60 years or older as % of total population	15.4%	20.6%
Total population 60 years or older	939	217,066
Population 65 years or older as % of total population	7.7%	14.8%
Total population 65 years or older	471	155,558
% 65-74 years	71.5%	50.4%
% 75-84 years	14.4%	32.0%
% 85 years or older	14.0%	17.6%
Gender (65+ population)		
% female	43.7%	58.4%
Race/Ethnicity (65+ population)		
% White	100.0%	93.0%
% African American	0.0%	2.6%
% Asian	0.0%	1.3%
% Other	0.0%	3.2%
% Hispanic/Latino	0.0%	3.7%
Marital Status (65+ population)		
% married	62.2%	50.1%
% divorced/separated	3.8%	12.6%
% widowed	29.1%	30.8%
% never married	4.9%	6.4%
Education (65+ population)		
% with less than high school education	5.3%	26.8%
% with high school or some college	77.3%	50.7%
% with college degree	17.4%	22.5%
% of 60+ LGBT	1.9%	2.0%
% of 65+ population living alone	21.9%	30.4%
% of 65+ population who speak only English at home	97.9%	81.7%
% of 65+ population who are veterans of military service	20.4%	22.7%
Age-sex adjusted 1-year mortality rate	6.6%	4.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE[2]	STATE ESTIMATE[2]
Geographic Migration (65+ population)			
% moved within same county		0.0%	3.5%
% moved from different county in Rhode Island		0.0%	0.8%
% moved from different state		4.2%	1.1%
% 60+ lived at same address 25 years or more		48.5%	48.1%
WELLNESS and PREVENTION			
% any physical activity within last month		72.2%	70.0%
% injured by a fall within last year		8.9%	10.0%
% ever had a hip fracture	B	2.4%	3.9%
% with self-reported fair or poor health status		18.5%	20.4%
% with 15+ physically unhealthy days last month		13.1%	13.9%
% with physical exam/check-up in past year		89.3%	91.9%
% met CDC preventive health screening goals		37.5%	39.5%
% flu shot past year		55.9%	59.1%
% pneumonia vaccine		73.3%	73.8%
% shingles vaccine		30.9%	30.3%
% cholesterol screening		84.0%	88.4%
% mammogram within last 2 years (women)		81.4%	81.8%
% colorectal cancer screening		78.3%	76.1%
Oral Health			
% with complete tooth loss		28.9%	32.4%
% with annual dental exam	B	81.0%	74.7%
# dentists per 100,000 persons (all ages)		16	58
NUTRITION/DIET			
% with 5 or more servings of fruit or vegetables per day		20.9%	23.0%
% obese		24.3%	25.4%
% high cholesterol		73.7%	78.0%
% current smokers		9.6%	8.9%
% excessive drinking		12.3%	8.9%
MENTAL HEALTH			
% with 15+ days poor mental health last month		7.5%	7.5%
% 60+ talked with family or friends almost daily		75.8%	75.3%
% ever diagnosed with depression		29.3%	30.0%
CHRONIC DISEASE			
% with Alzheimer's disease or related dementias		14.1%	14.4%
% with diabetes		31.9%	35.7%
% with stroke		11.9%	12.5%
% with chronic obstructive pulmonary disease	B	18.8%	24.1%
% with asthma		11.7%	14.0%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE[2]	STATE ESTIMATE[2]
% with hypertension		75.4%	79.0%
% ever had a heart attack		3.9%	5.4%
% with ischemic heart disease		40.8%	45.9%
% with congestive heart failure		20.2%	24.8%
% with atrial fibrillation		13.6%	15.2%
% with osteoarthritis/rheumatoid arthritis	B	45.4%	52.0%
% with osteoporosis	B	14.3%	21.0%
% with glaucoma		24.1%	26.6%
% with cataract	B	55.4%	67.9%
% women with breast cancer		10.9%	10.7%
% with colon cancer		2.5%	3.2%
% men with prostate cancer		13.6%	13.8%
% with lung cancer		1.7%	2.1%
% with hypothyroidism		18.0%	21.1%
% with anemia		49.0%	52.2%
% with benign prostatic hyperplasia		33.4%	40.3%
% with chronic kidney disease		21.3%	23.3%
Summary chronic disease measures			
% with 4+ chronic conditions		58.6%	63.9%
% with 0 chronic conditions		10.2%	8.4%
LIVING WITH DISABILITY			
% 65+ with hearing difficulty		20.2%	13.8%
% 65+ with vision difficulty		7.4%	5.2%
% 65+ with cognition difficulty		7.4%	7.8%
% 65+ with ambulatory difficulty		25.7%	19.9%
% 65+ with self-care difficulty		5.1%	6.6%
% 65+ with independent living difficulty		13.4%	13.7%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees		40.7%	39.4%
% dually eligible for Medicare and Medicaid	*	7.3%	14.6%
% with a regular doctor		96.3%	96.5%
% did not see a doctor when needed due to cost		5.8%	6.3%
# of primary care providers (within 5 miles)		0	1,566
# of hospitals (within 5 miles)		0	11
# of nursing homes (within 5 miles)		1	84
# of home health agencies (in same town)		16	38

HEALTHY AGING INDICATORS

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE[2]	STATE ESTIMATE[2]
SERVICE UTILIZATION			
Physician visits per year		7.8	8.0
Emergency room visits/1000 persons 65+ years per year		593	628
Part D monthly prescription fills per person per year		50.9	54.2
Home health visits per year	*	2.6	3.7
Durable medical equipment claims per year		1.9	2.0
Inpatient hospital stays/1000 persons 65+ years per year		276	284
Inpatient hospital readmissions (as % of admissions)		18.4%	16.9%
Skilled nursing facility stays/1000 persons 65+ years per year		100	100
Total skilled nursing home Medicare beds/1000 persons 65+ years		0	52
% 65+ getting Medicaid long term services and supports		4.4%	6.2%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Air Pollution/Air Quality Index			
Annual # of unhealthy days for older adults		0	NA
Walkability of Community			
Walkability score (0-100)		3	NA
% of vacant housing units in community		8.9%	11.3%
%60+ who are satisfied with neighborhood		83.7%	80.0%
# of registered voters (age 18+)		4,908	725,309
Voter participation rate in 2012 presidential election (age 18+)		64.4%	61.5%
% 60+ who believe local service orgs understand needs		46.1%	44.1%
% 60+ who believe he/she can make a difference		52.9%	51.6%
% 60+ who believe working together can make a difference		79.1%	81.0%
% 60+ who volunteer at least once per month		22.9%	22.8%
% 60+ who attend community events (e.g., church, club) at least once per month		47.9%	44.2%
SAFETY AND TRANSPORTATION			
Violent crime rate / 100,000 persons		106	253
Property crime rate / 100,000 persons		2,377	2,394
# of motor vehicle fatalities involving adult age 60+/town		2	90
# of motor vehicle fatalities involving adult age 60+/county		20	90
# of alternative transportation programs by county		15	43
Municipal senior transportation available		NA	NA
Volunteer driver programs available		RSVP	NA

HEALTHY AGING INDICATORS

	COMMUNITY ESTIMATE[2]	STATE ESTIMATE[2]
ECONOMIC AND FINANCIAL		
Poverty (65+ Population)		
% with income below the poverty level past year	2.3%	8.6%
% 60+ receiving food stamps past year	8.7%	11.9%
% 65+ working past year	22.3%	16.3%
Household income (65+ householder)		
% households with annual income < $20,000	9.5%	28.0%
% households with annual income $20,000-49,999	30.3%	34.2%
% households with annual income ≥ $50,000	60.2%	37.7%
% 60+ own home	55.5%	43.9%
% 60+ homeowners with mortgage	46.1%	45.3%

COST OF LIVING	$ COUNTY ESTIMATE	$ STATE ESTIMATE	RATIO OF COUNTY TO STATE
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	$22,092	$22,188	1.00
Single, renter, good health	$23,412	$23,544	0.99
Couple, homeowner without mortgage, good health	$32,256	$32,352	1.00
Couple, renter, good health	$33,576	$33,708	1.00

TECHNICAL NOTES: Read our technical report for information on data sources and methodology at 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/homehealthcompare/search.html, http://www.medicare.gov/hospitalcompare/search.html, http://www.medicare.gov/physiciancompare/results.html. *The dentist data come from the RI Department of Health (*http://www.health.ri.gov/find/oralhealthservices/*).*
- *Walkability Estimates were downloaded from* http://www.walkscore.com/ *using the finder term "city/town name, Rhode Island."*
- *Air pollution/air quality estimates are from the US Environmental Protection Agency reported for 3 RI counties for older adults with no specific health concerns (2015). The same rate is reported for cities/towns within the same county.*
- *2012 voter participation data from the Rhode Island Board of Elections.*
- *Crime estimates are from 2013 FBI Uniform Crime Reports (*http://www.fbi.gov/stats-services/crimestats*).*
- *Data on fatal auto (driver, passenger) and pedestrian accidents for persons age 60+ is from the Fatal Accident Reporting System of 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.*
- *Our research team: Elizabeth Dugan, Frank Porell and Nina Silverstein. Graduate Student researchers included: Chae Man Lee, Hyo Jung Lee, Bon Kim, and Krystal Kittle. We thank Amanda Cox from the* NYTimes.com *for data visualizations; and Maureen Maigret for sharing data on municipal senior transportation and volunteer driver programs collected by Mensel & Maigret (April, 2016). Please send your questions, comments, or ideas to* beth.dugan@umb.edu. *Let us know how you are using the Data Report in your community!*

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