



# RHODE ISLAND DATA BRIEF

## Rhode Island Adult Health Risks (2011)

2013 Issue 1

**Rhode Island (RI) ranks as the 10th healthiest state in the country, but the least healthy state in New England (Vermont ranks #1, New Hampshire ranks #3, Massachusetts ranks #4, Connecticut ranks #6, and Maine ranks #9). The RI Department of Health is committed to making RI the healthiest state in the U.S. This effort will require data-driven policies and programs to promote healthy lifestyles and to mitigate the morbidity and mortality of disease (and injury).**

**This brief examines measures of healthcare access and chronic conditions, as well as risk factors for RI adults. Whenever possible, the RI and U.S. values are compared (Chart 1). The RI values are also parsed by gender (Chart 2), income levels (Chart 3), and minority status (Chart 4). All of the 14 measures included are unfavorable indicators, so lower/declining values are preferred. This information is intended to inform policy-makers and programs alike.**

### 'POSITIVE' INDICATORS:

- Fewer RI adults lack health insurance than those across the U.S. (14% vs. 18%). Men are more likely to be uninsured (17% vs. 11%), as are persons with lower income (25% vs. 6%), and Hispanics (35% vs. 11% for Whites).
- Fewer RI adults have diabetes than their national peers (8% vs. 10%). Lower income adults have a higher prevalence of diabetes (12% vs. 6%).

### 'NEGATIVE' INDICATORS:

- RI asthma prevalence is higher than the national prevalence (12% vs. 9%). Females are more likely to have asthma (15% vs. 8%), as are lower income persons (14% vs. 10%).
- Adult arthritis is more common in RI than the U.S. (27% vs. 24%). Females are more prone to arthritis (29%), as are those with lower income (32% vs. 24%), and Whites (29% vs. 13% for Hispanics and 19% for other minorities).
- More RI adults have hypertension than those across the country (33% vs. 31%), as well as RI adults with lower income (38% vs. 30%) and Whites (34% vs. 29% for Hispanics and other minorities). Thirty eight percent of RI adults have high cholesterol, and the rate is higher for males (41% vs. 36%), and lower income individuals (43% vs. 35%).

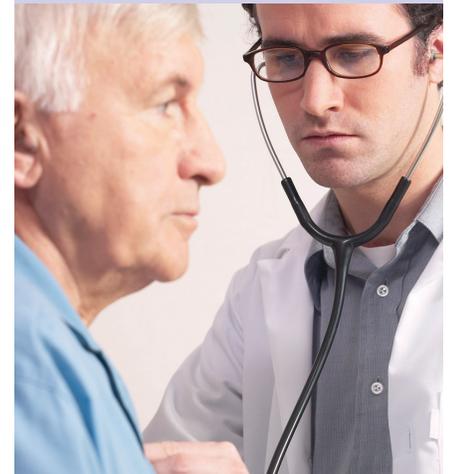
### 'NEUTRAL' INDICATORS:

- Seventeen percent of RI adults report poor (or fair) health. Lower income persons are more likely to report poor health (29% vs. 8%), as are Hispanics (32% vs. 15% for Whites).
- Fourteen percent of RI adults do not have a regular healthcare provider. More men lack a healthcare provider (20% vs. 9%) as do those with lower income (21% vs. 9%), and Hispanics (32% vs. 11% for Whites).
- More than 10% of RI adults are depressed (11.4%). Lower income persons are more likely to be depressed (19% vs. 6%), as are Hispanics (18% vs. 10% for Whites). Six of ten RI adults report not getting help for their depression (61%), with males more likely to not get help (70% vs. 52%).
- Four percent of RI adults have had a heart attack. Twice as many males had a heart attack (6% vs. 3%), and the rate is higher for lower income persons (7% vs. 3%).
- One in four RI adults (26%) does not exercise. RI adults with lower income are more likely to not exercise (34% vs. 20%), as are Hispanics (34% vs. 25% for Whites).
- Seven percent of RI adults feel unsafe in their neighborhoods, with lower income persons more likely to feel unsafe (10% vs. 4%).
- One in four RI adults (27%) regularly eats 'fast-food,' and 'fast-food' consumption is higher among males (34% vs. 20%).

### KEY FINDINGS

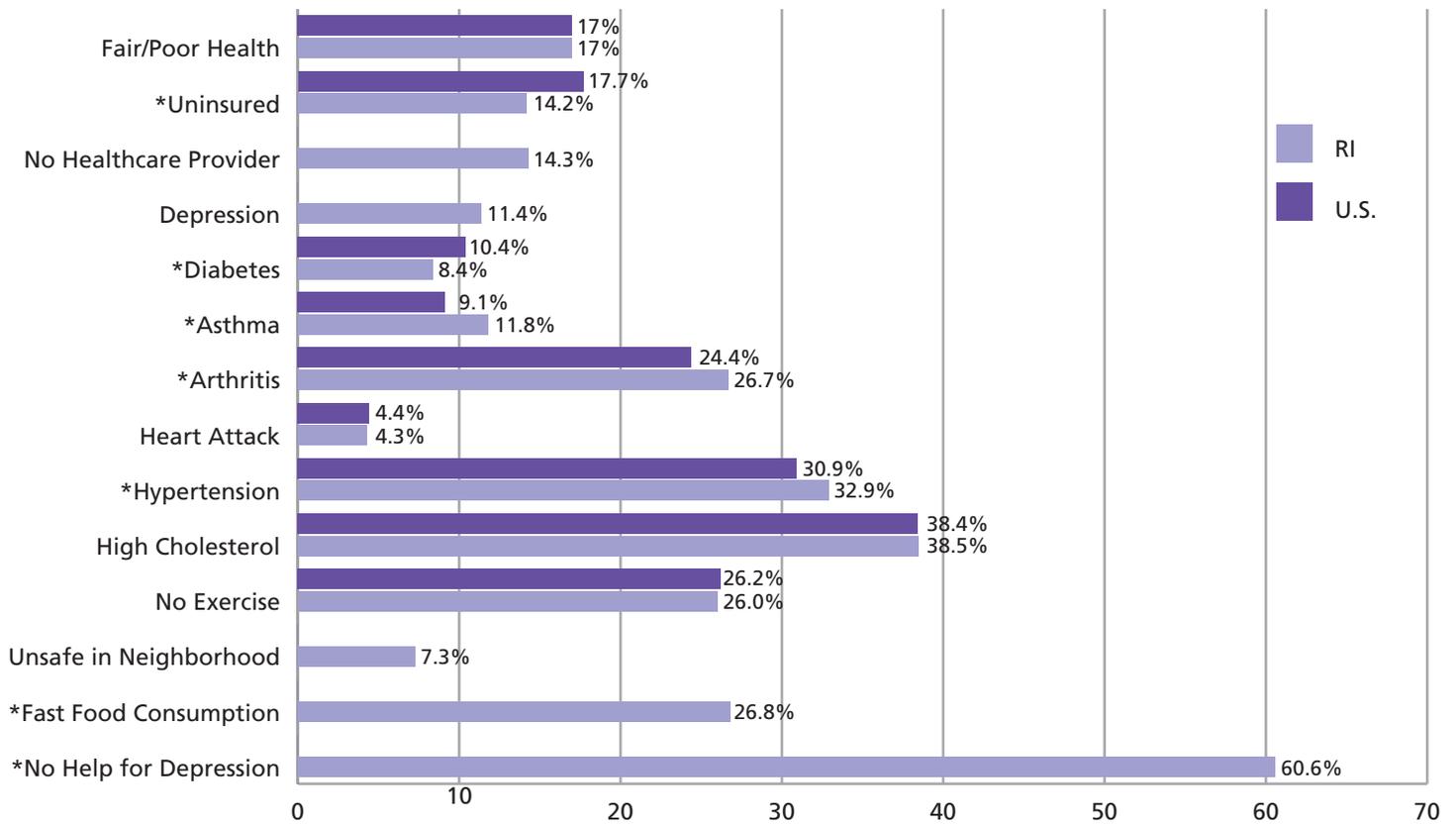
Overall, there is little difference in adult health risks for Rhode Island and the nation (three measures were worse in Rhode Island and two measures were better).

Males are generally at higher risk than females, as are persons with lower income, and minorities.

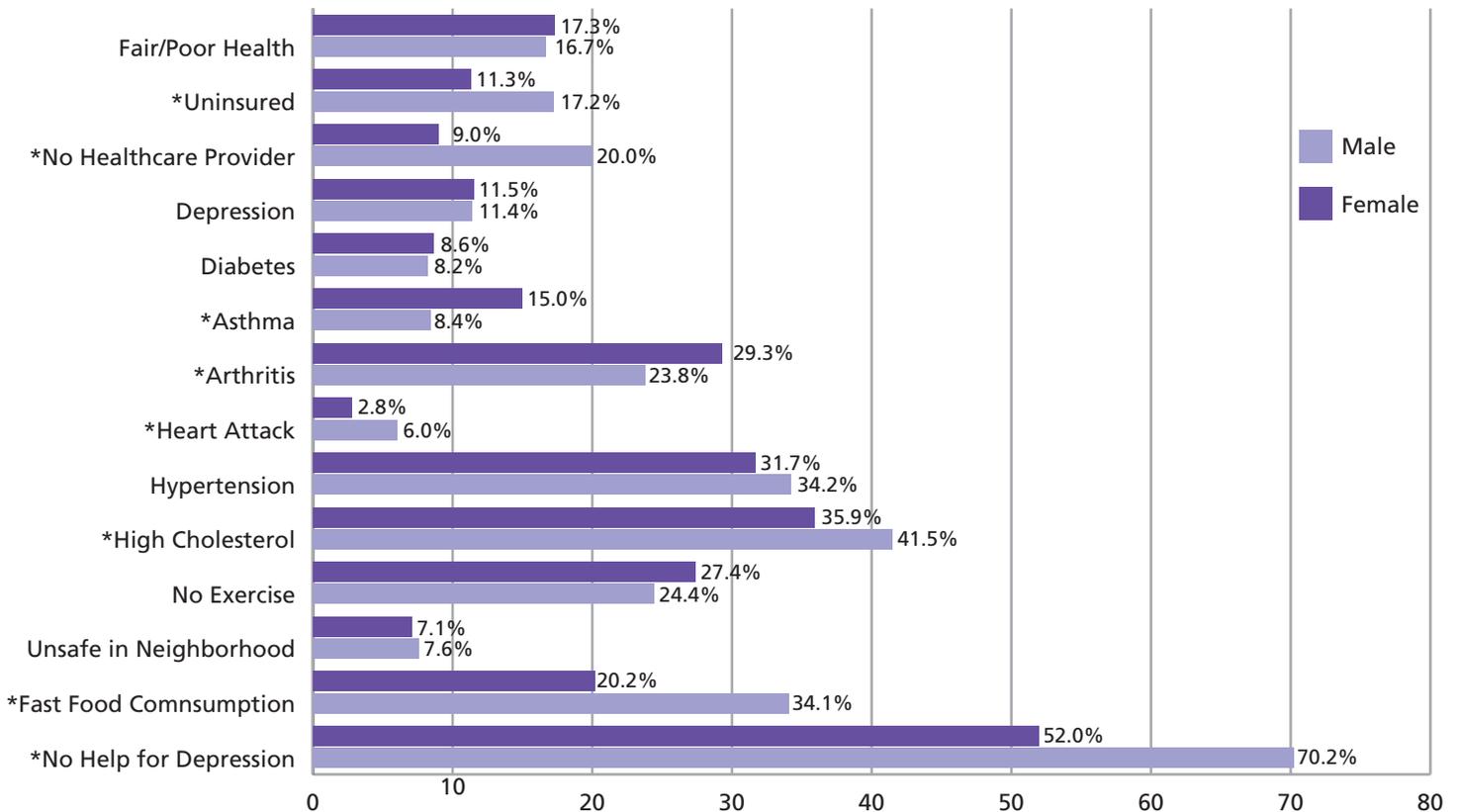


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## RI AND US 2011 ADULT HEALTH MEASURES

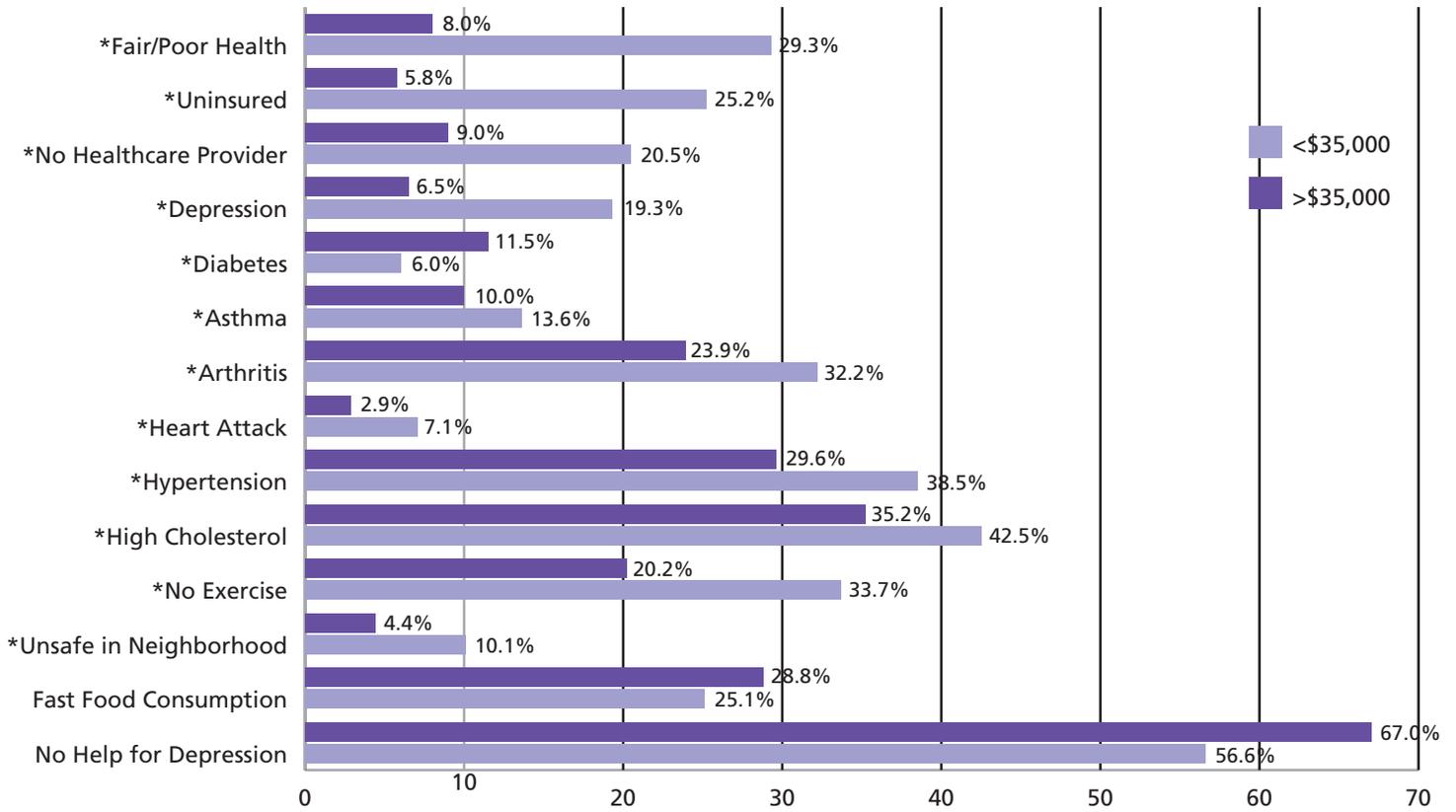


## RI 2011 ADULT HEALTH MEASURES BY GENDER

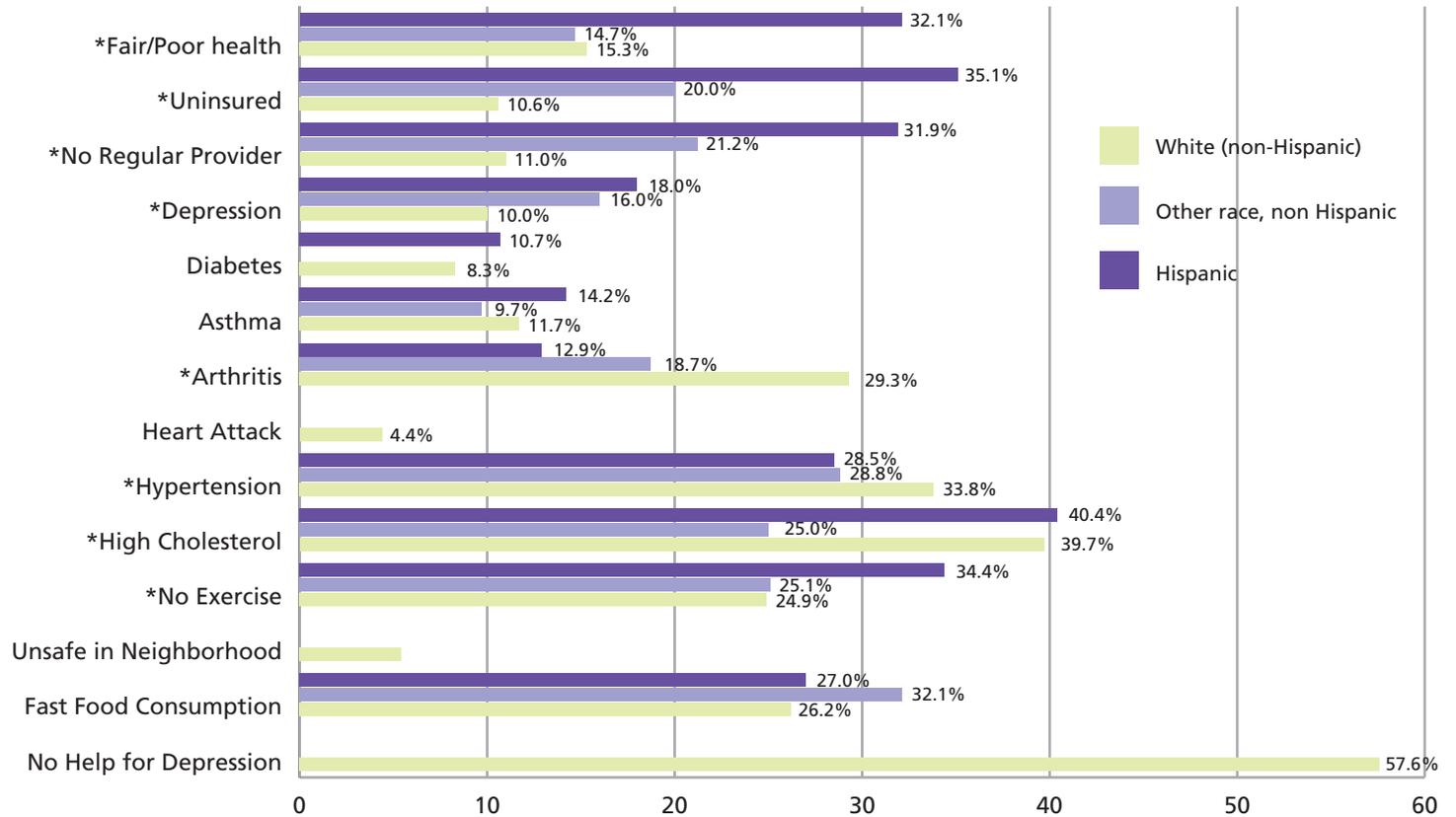


HEALTHCARE ACCESS: Fair/Poor Health (self-rate general health is fair or poor); Uninsured (no health care coverage); No Healthcare Provider (no regular provider); CHRONIC CONDITIONS: Depression (current depression); Diabetes (ever told by doctor has diabetes); Asthma (ever told by doctor has asthma and asthma now); Arthritis (diagnosed with arthritis); Heart Attack (ever told by doctor have a heart attack); RISK FACTORS: Hypertension (ever told by doctor has high blood pressure); High Cholesterol (ever told by doctor has high cholesterol); No Exercise (no physical activity in past 30 days); Unsafe in Neighborhood (never/rarely/sometimes felt unsafe in neighborhood); Fast Food Consumption (regularly eats fast food); No Help for Depression (sometimes, rarely or never has social, emotional support for depression).

### RI 2011 ADULT HEALTH MEASURES BY INCOME LEVEL



### RI 2011 ADULT HEALTH MEASURES BY MINORITY STATUS



HEALTHCARE ACCESS: Fair/Poor Health (self-rate general health is fair or poor); Uninsured (no health care coverage); No Healthcare Provider ( no regular provider); CHRONIC CONDITIONS: Depression (current depression); Diabetes (ever told by doctor has diabetes); Asthma (ever told by doctor has asthma and asthma now); Arthritis (diagnosed with arthritis); Heart Attack (ever told by doctor have a heart attack); RISK FACTORS: Hypertension (ever told by doctor has high blood pressure); High Cholesterol (ever told by doctor has high cholesterol); No Exercise (no physical activity in past 30 days); Unsafe in Neighborhood (never/rarely/sometimes felt unsafe in neighborhood); Fast Food Consumption (regularly eats fast food); No Help for Depression (sometimes, rarely or never has social, emotional support for depression).

## SUMMARY

RI had higher rates than the U.S. on three measures ('asthma,' 'arthritis,' and 'hypertension'), and lower rates on two measures ('no health insurance,' and 'diabetes'). Men tended to be at higher risk than women (except for 'arthritis,' and 'no exercise'), as are minorities, and persons with lower income.

In order to improve RI's health ranking, it is not good enough to 'mimic' the national rates, RI must do better. Targeted health interventions should not be limited to where the state is 'falling-short,' all areas need attention. However, in times of limited resources, this may not always be possible. The information here may be used to prioritize areas of concern and identify populations at-risk.

## REFERENCES

<sup>1</sup>2012 data, America's Health Rankings, <http://www.americashealthrankings.org/rankings>

<sup>2</sup>Data are sourced from the Behavioral Risk Factor Surveillance System (BRFSS), an annual Department of Health survey of non-institutionalized RI adults (contact: Tara Cooper, 401-222-7628 or go to <http://www.health.ri.gov/data/behaviorriskfactorsurvey/>).

<sup>3</sup>In the text, only those differences in values (RI vs. U.S. or between categorical groups) that are statistically 'significant' at the 95% confidence level are noted. As the RI-BRFSS is a sample survey, if the 95% Confidence Intervals of two values do not overlap, one may conclude (with 95% certainty) there was a 'real' difference between the two values (i.e., the difference was not likely due to sampling bias)

<sup>4</sup>Previous Summary Briefs examined trends in the data over time. However, methodological changes in the BRFSS in 2011 preclude comparing 2011 (and newer) data with 2010 (and older) data (i.e., the data are 'weighted' differently and are not comparable)

## NOTE

Some indicators are missing prevalence estimates for categorical groups. These estimates are not shown due to small samples (cell sizes less than 50).



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