The Rhode Island Healthy Aging Data Report

Tools to Advance Equity in Healthy Aging

2025 Update

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No conflicts of interest to report.

Aims

1. What is the 2025 RI Healthy Aging Data Report?
2. Describe the tools in the 2025 RI Healthy Aging Data Report.
3. Provide a sneak peak of results to be released in May 2025.

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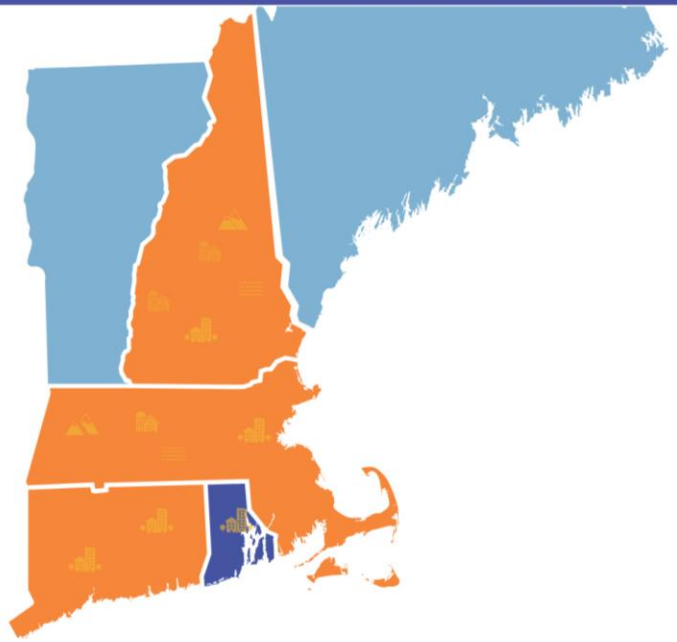
HEALTHYAGING DATAREPORTS.ORG

STATE REPORTS ABOUT CONTACT

Help residents, agencies, providers and governments understand the older people who live in their cities and towns.



RHODE ISLAND HEALTHY AGING DATA REPORT

39 cities and towns
20 neighborhoods and 7 cities
194 indicators

VIEW REPORT

WHAT'S INSIDE

HEALTHY AGING INDICATORS

DOWNLOADABLE MAPS SHOW PATTERNS, STRENGTHS, AND CHALLENGES ACROSS THE STATE.

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Reports in 2014, 2015, 2018, 2025

2018 Massachusetts Healthy Aging Data Report

Older Adult Health in Every Community

Reporting on **179** health risk indicators in **379** communities

MASSACHUSETTS IS GETTING OLDER

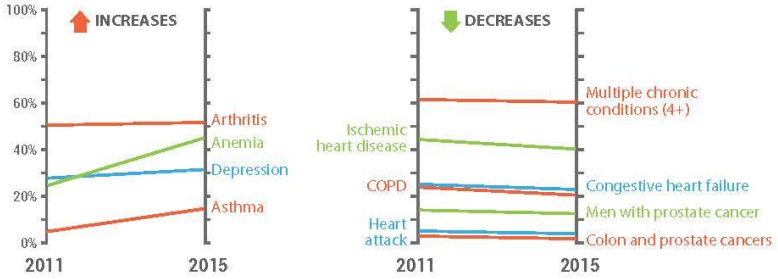
About 15% of people in Massachusetts are **age 65+**, an increase of about 125,000 people since last report.

The older population in Massachusetts:

- Is more racially and ethnically **diverse**
- Has more **education**
- Has **higher incomes**, with more people earning $50K+
- Is **younger**, with more 65-74-year-olds

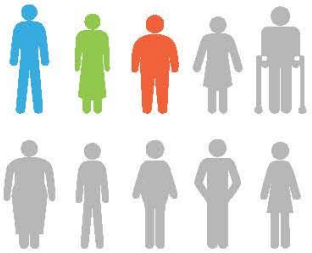
Massachusetts is the 7th healthiest state for older people in the U.S., according to America's Health Rankings Senior Report. Still, there is room to improve!

Health challenges are shifting



MENTAL HEALTH IS OVERLOOKED

Mental health is important at every stage of life. It includes **emotional, psychological, and social well-being**. It affects how we think, feel, and act. It influences how we handle stress, relate to others, and make choices.



3 out of every 10

older residents have ever been diagnosed with **depression** – the most commonly diagnosed mental health issue among older people.

6% of all Massachusetts residents 65+ years have some form of **substance use disorder**.

Rates vary widely across the state, from less than 4% to about 16%.

Higher rates were found in communities with relatively high levels of serious and chronic disease, crime, and older people living alone.

Lower rates were found in communities with higher percentages of older women of Asian descent.

BE A PART OF THE CHANGE

UNDERSTAND.

- Download your Community Profile at healthyagingdatareports.org.
- Educate yourself and others about the older people who live in your city or town.
- Compare your city or town to state averages.

ENGAGE.

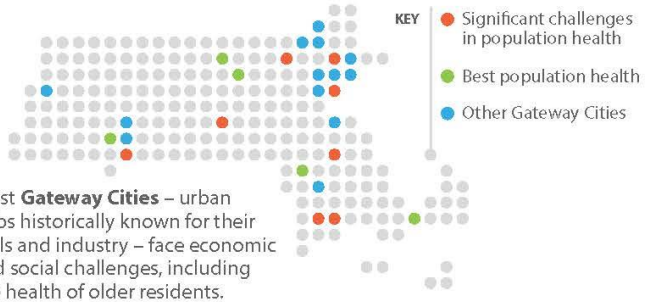
- Start a conversation.
- Bring older people, community organizations together.

ACT.

- Join the age-friendly movement.
- Prioritize community needs and resources.
- Collaborate with diverse partners and funders.

WHERE YOU LIVE MATTERS

Many **rural communities** have higher percentages of people 65+ and limited access to care and transportation options.



Most **Gateway Cities** – urban hubs historically known for their mills and industry – face economic and social challenges, including the health of older residents.

Serious chronic disease rates among older people are **lowest** in cities and towns where people have **more** education and **higher** incomes.

Serious chronic disease rates among older people are **highest** in cities and towns where people have **less** education and **lower** incomes.

The 2015 data above reflect health for adults age 60+ or 65+ in Massachusetts.

Visit **healthyagingdatareports.org** for more.

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2020 Rhode Island Healthy Aging Data Report

Reports in 2016, 2020, 2025

Older Adult Health in Every Community

CHANGES SINCE 2016

Older Rhode Islanders Are More Diverse; Population Is Growing

243,523 People age 60+ = **23%**

65+ population increasingly diverse:

- **+0.6%** Black
- **+0.3%** Asian
- **+1.2%** Hispanic/Latinx

Highest %

Of older people age 85+ in **NEW ENGLAND**

3rd Highest %

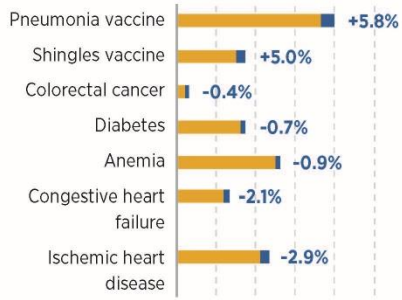
Of older people age 85+ in the **UNITED STATES**

Twice

As many 85+ women as men

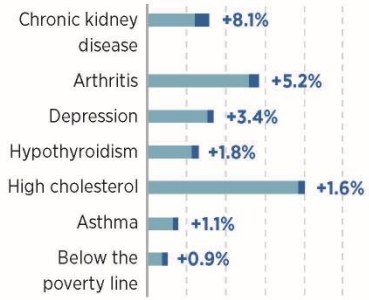
Making Progress

Rates Improved For



More Work to be Done

Rates Worsened For



Race Matters

52 Health Indicators have evident disparities

Older Black people had higher rates than older Asians, Hispanics, and Whites in **25 indicators**

Including:

- Diabetes
- Hypertension
- Stroke
- Glaucoma
- Congestive heart failure
- Prostate cancer

Older Hispanic people had higher rates than older Asians, Blacks, and Whites in **8 indicators**

Including:

- Alzheimer's disease
- Liver disease
- Depression

Gender Matters

Women are more likely to	Men are more likely to
Eat recommended fruits and veggies daily	Meet CDC guidelines for physical activity and screening guidelines
Stress about buying food	Have heart disease
Have falls	Have chronic kidney disease
Have depression	Have diabetes

Where You Live Matters

Most people don't live in long-term care settings

<5% of adults 65+ live in long-term care settings

31% of people 65+ live alone

70% of people 60+ own their home

Diagnosis of indolent chronic diseases are more prevalent in communities with **MORE EDUCATION, HIGHER INCOMES, AND GOOD ACCESS TO MEDICAL CARE**

Serious, complex chronic diseases are more prevalent in communities with **LESS EDUCATION AND LOWER INCOMES**

COVID-19 EXACERBATES EXISTING DISPARITIES in communities of color

Understand

1. Download community profile
2. Read the Highlights Report to understand how your community compares to the statewide trends
3. Learn about programs and resources
   - Call The POINT at 401-462-4444
   - Visit R.I. Office of Healthy Aging at www.oha.ri.gov

Engage

1. Encourage people you know and community leaders to engage in age-friendly movement
2. Connect with Age-Friendly R.I. at www.agefriendlyri.org
3. Recommend changes for healthy aging

Act

1. Get involved in local efforts to promote healthy aging
2. Use data to prioritize community needs
3. Collaborate with diverse partners
4. Create opportunities for civic engagement and social connection
5. Identify and build upon what's working

Learn more at **healthyagingreports.org/rhode-island**

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Reports in 2019, 2025

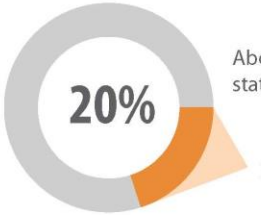
2019 New Hampshire Healthy Aging Data Report

Older Adult Health in Every Community

Reporting on **166** health risk indicators in **244** communities

NEW HAMPSHIRE IS GROWING OLDER

The Granite State has one of the highest median ages in the nation, second only to Maine.



About **20%** of the state population is 60+

301,000 people

New Hampshire ranks among the healthiest states. A recent study ranked NH the 3rd healthiest state for older people in the US.

But not for everyone. There are disparities by ZIP code and gender.

In recent years:

Improved rates for: ischemic heart disease (caused by narrowed arteries)

Worsened rates for: arthritis, breast cancer, cataracts, chronic kidney disease, depression, endometrial cancer, glaucoma, high cholesterol and hypothyroidism.

WHERE YOU LIVE MATTERS

About 37% of NH's population lives in rural areas. Older people in rural areas often have greater needs – and less access to the services needed to diagnose, treat acute illness and manage chronic disease.

Cities had the:

- **lowest** disability rates
- **highest** serious & complex chronic disease rates

Towns had the:

- **lowest** serious & complex chronic disease rates
- **highest** disability rates

Rural communities had the:

- **lowest** indolent chronic conditions rates (which progress slowly and cause little pain)
- **high** serious & complex chronic disease rates

MEN AND WOMEN AGE DIFFERENTLY

Women have better rates than men for...

- Eating fruits and vegetables
- Wearing a seatbelt
- Getting the pneumonia vaccine

...but **worse rates** than men for...

- Depression
- Arthritis
- Fall-related injury in past year

Men have better rates than women for...

- Physical activity
- CDC health screening
- Getting an HIV test

...but **worse rates** than women for...

- Substance use disorders
- HIV/AIDS
- Ischemic heart disease

TOGETHER WE CAN CREATE CHANGE

UNDERSTAND.

- Download your Community Profile at healthyagingdatareports.org.
- Educate yourself and others about the older people who live in your city or town.
- Compare your community to state averages.

ENGAGE.

- Start a conversation.
- Bring together older people and community organizations to discuss how to address opportunities and challenges.
- Connect with the NH Alliance for Healthy Aging to learn from others who care about aging.

ACT.

- Identify what's working.
- Use the data to prioritize needs.
- Collaborate with diverse partners and funders.
- Join the age-friendly movement.

Visit **healthyagingdatareports.org** to learn more.

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2021 Connecticut Healthy Aging Data Report

Reports in 2021, 2025

Older Adult Health in Every Community

REPORTING 190 INDICATORS FOR EVERY CITY AND TOWN IN CONNECTICUT | www.healthyagingdatareports.org

Connecticut is growing older — everywhere

823,529 people

23% of the state population is 60+

28.4% of 65+ live alone

7th oldest state in the nation

<5% of adults 65+ live in long-term care settings

5%–45% range of communities with a high % of residents 60+

The state average is 16.4%

Many rural communities have higher percentages of people 65+ and limited access to care and transportation options.

Racism affects people's health

Everyone deserves a fair chance to age well, but systemic inequities create health disparities. Connecticut has the most racially diverse older population (65+) in New England.

Black older people have highest rates of:

- 4+ chronic conditions
- Diabetes
- Hypertension
- Obesity
- Stroke
- Substance use disorders

Hispanic older people have highest rates of:

- Asthma
- Depression
- Heart attack
- PTSD

COVID-19 exacerbates existing disparities in communities of color

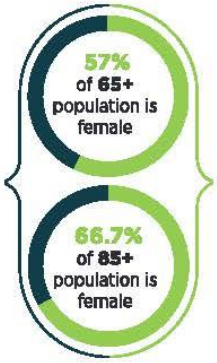
Gender matters

Men are more likely to

- have heart disease, atrial fibrillation, congestive heart failure, hypertension, heart attack & stroke

have better rates

- at physical activity



Women are more likely to

- have arthritis, obesity, osteoporosis, falls, hip fracture & depression

have better rates on

- eating recommended fruits and vegetables & getting annual check-up

Location reinforces disparities

65+ household incomes

7% below the poverty line

24% above $100K annually

65+ level of education

14.7% high school diploma or less

16.8% graduate/ professional degree

65+ home ownership

37% in low income areas

100% in high income areas

77% statewide average

65+ median house value

$128K in low income areas

$1.5M in high income areas

$273K statewide average

65+ spending >35% of income on housing

100% in low income areas

0% in high income areas

44% statewide average

Preventive health interventions are needed (2015–2017)

Making progress
Rates Improved For

Asthma **-1.45%** Diabetes **-0.41%**

More work to be done
Rates Worsened For

Alzheimer's disease **+0.31%**

Depression **+1.69%**

Obesity **+5.42%**

4+ chronic conditions **+0.40%**

Understand

1. Learn what makes a community age-friendly.
2. Download your community profile: healthyagingdatareports.org
3. Read the Highlights Report to understand how your community compares to the statewide trends
4. Learn about programs and resources: myplacect.org

Engage

1. Encourage people you know and community leaders to engage in the age-friendly movement
2. Connect with Connecticut Age Well Collaborative at www.ctagewellcollaborative.org

Act

1. Promote healthy aging.
2. Collaborate with diverse and local partners to identify and build upon what's working.

Learn more at healthyagingdataareports.org/connecticut

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Healthy Aging Data Report

Highlights from Wyoming, 2023

UW NAVIGATION

University of Wyoming
College of Agriculture, Life Sciences and Natural Resources

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2023 Mississippi Healthy Aging Data Report

Older Adult Health in Every County

125 indicators for 82 counties

The older population is increasing, while the Mississippi state population is declining

65+

29.3%

Increase in Mississippi population of adults 65+ between 2010 and 2021

15.9%

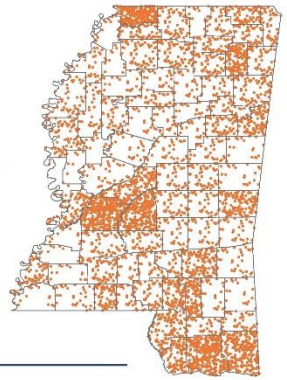
Of Mississippi over 65+

In some counties older adults make up nearly 25% of the population

Aging Population Density

- 1 Dot = 100 People Age 65+

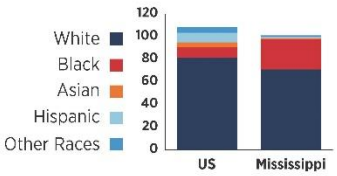
State Total: 474,270



Social Determinants of Health

Race Matters

Accumulated inequities cause health disparities that age-friendly communities can help mitigate



3X

as many older Black adults (65+) in Mississippi compared to national average

Older Black adults (65+) in Mississippi are more likely to...

- report higher rates of Alzheimer's disease and related dementias
- report lower average income than 65+ white households ($20k less)
- report less than a high school education

Place Matters

Compared to urban counties, rural counties...

17.6% Are older

Population 65+ (vs. 15.5%)

15.4% Are poorer

Population 65+ with income below the poverty line in last year (vs. 11.3%)

6.5X Have less access to care

Fewer primary care physicians and hospitals (20 vs 120)

80%

of counties are rural

Rural Urban

U.S. Department of Agriculture's Economic Research Service Rural-Urban continuum codes (RUCA)

Together We Can Create Change

Understand

- Download your Community Profile at **healthyms.com**
- Educate yourself and others about the older people who live in your city or town.
- Compare your community to state averages.

Engage

- Start a conversation.
- Bring together older people and community organizations to discuss how to address opportunities and challenges.
- Connect with the MSDH Age-Friendly Public Health System to learn from others who care about aging.

Act

- Identify what's working.
- Use the data to prioritize needs.
- Collaborate with diverse partners and funders.
- Join the age-friendly movement.

LEARN MORE

Mississippi State Department of Health

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How are the healthy aging data reports created?

Data Sources (+/-)

- The **American Community Survey (ACS) 5-year files** of the U.S. Census Bureau was the source of demographic, socioeconomic status, and housing data for communities. 2018-2022.

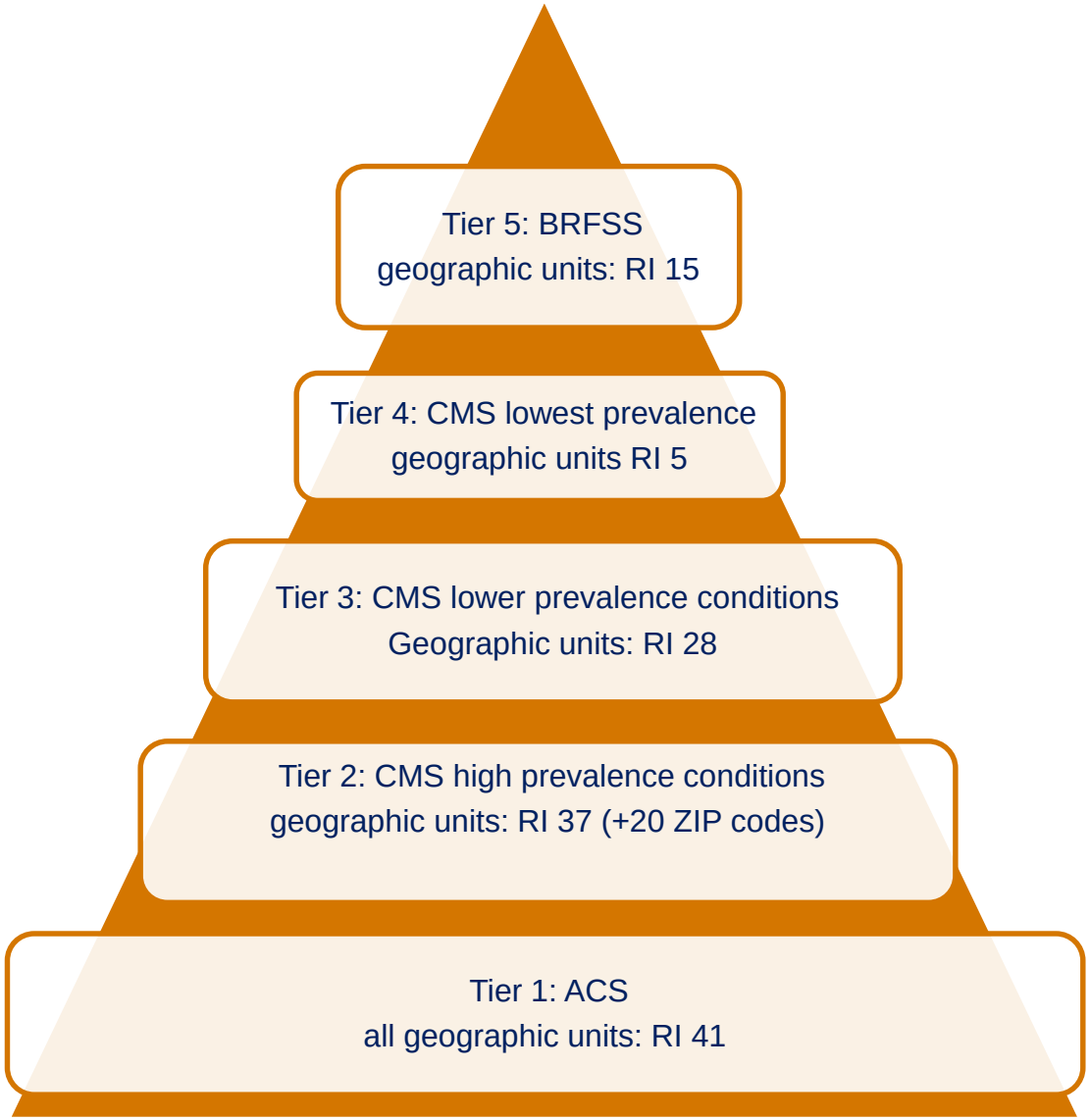
- The **Centers for Medicare and Medicaid Services** the Medicare Summary Beneficiary files were the major source of data on prevalence rates of chronic disease conditions and medical utilization. 2020-2021. *(Ever diagnosed vs current diagnosed)*

- The **Behavioral Risk Factor Surveillance System** of the Centers for Disease Control and Prevention and state health departments was the major source of data for health risk behaviors, preventive health practices, and health care access. 2020-2021.

- Plus many other data sources noted in technical documents.

Pragmatic, hierarchical approach to reporting

(*only going as far as the data and DUA's allow*)
but reporting at the most local level possible



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Aims

1. What is the Healthy Aging Data Report?
2. Describe the tools in the 2025 RI Healthy Aging Data Report.
3. Provide a sneak peak of results to be released in May 2025.

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HEALTHYAGING DATAREPORTS.ORG

MAY 1, 2025 NEW REPORT RELEASED!

STATE REPORTS ABOUT CONTACT

RHODE ISLAND HEALTHY AGING DATA REPORT

COMMUNITY PROFILES

HEALTHY AGING INDICATORS

INFOGRAPHIC

CHRONIC DISEASE RATES

REGIONAL TRENDS

TECHNICAL REPORT, DATA SOURCES, AND METHODS

RHODE ISLAND HEALTHY AGING DATA REPORT

The **2020 Rhode Island Healthy Aging Data Report** is designed to help residents, agencies, providers and governments understand the older adults who live in their cities and towns – their ages, living arrangements, health status, strengths and vulnerabilities.

Explore the 2020 Report:

- Explore the Highlights report
- **39** community profiles with estimates of indicators with confidence intervals, and technical documentation, and an additional 20 community profiles by ZIP code for the core cities (Pawtucket, Central Falls, Warwick, Woonsocket, Providence, Cranston, East Providence) in Rhode Island
- **194** maps listing community rates for each indicator (both ranked and alphabetized)
- **18** interactive web maps
- An infographic summarizing key findings

The report was funded by Tufts Health Plan Foundation with research led by the Gerontology Institute of the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston.

Explore the 2016 Report

- Download the Highlights Report
- Download the infographic
- Download the Technical Report

Point32Health Foundation

HealthyAgingDataReports.org is supported by Point32Health Foundation.

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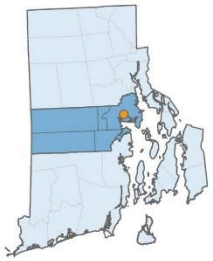
Warwick (Kent)

Warwick is a city in Kent County with 17,673 residents aged 65 and older. Compared to state average rates, older residents fare worse on some healthy aging indicators with higher rates of anemia, chronic kidney disease, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes, hypertension, ischemic heart disease, liver disease, migraine, high cholesterol, osteoarthritis/rheumatoid arthritis, stroke, tobacco use disorder, depression, and anxiety disorder. They are more likely to take the health promotion step of having a regular doctor, but they are less likely to eat optimal servings of fruits and vegetables and have annual dental exams. Community resources to support healthy aging include one senior center, one public university or community college, one hospital, two hospice agencies, two community health centers, two Alzheimer's caregiver support group, three adult day health centers, five public libraries, six skilled nursing facilities, seven home health agencies, eight assisted living facilities, and 141 primary care providers.



POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
Total population (all ages)		82,783	1,094,250
Population 60 years or older as % of total population		29.5%	25.0%
Total population 60 years and older		24,433	273,831
Population 65 years or older as % of total population		21.3%	17.9%
Total population 65 years and older		17,673	195,378
% 65-74 years		59.7%	57.8%
% 75-84 years		27.5%	29.0%
% 85 years or older		12.9%	13.2%
% 65+ population who are female		59.9%	56.3%
% 85+ population who are female		75.4%	67.8%
Race and ethnicity of the population 65+			
% White	*	94.4%	88.6%
% African American	*	1.4%	3.1%
% Asian	*	0.6%	1.8%
% Other race(s)	*	3.6%	6.5%
% Hispanic	*	1.9%	5.9%
# 55+ who are Native American / Alaskan		106	832
Marital status of the population 65+			
% married	*	48.5%	51.6%
% divorced/separated	*	21.3%	16.9%
% widowed		22.6%	22.2%
% never married		7.6%	9.3%
Education of the population 65+			
% with less than high school education		12.5%	14.9%
% with high school or some college	*	60.6%	53.3%
% with college degree		14.0%	15.9%
% with graduate or professional degree	*	12.8%	16.0%
% 65+ population who speak only English at home	*	94.3%	83.3%
% 65+ population who are veterans of military service		16.1%	14.6%
% 60+ LGBT		4.0%	4.3%

2025 update
41 Community Profiles
With 172 Indicators:

Population characteristics
Social determinants of health
Health outcomes

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POPULATION CHARACTERISTICS	Significantly different than state rate	Community estimate	State estimate
HOUSING			
% 65+ population who live alone	*	34.9%	29.3%
Average household size (all ages)	*	2.3	2.4
Median house value (all ages)	*	$294,400	$343,100
% 60+ own home		72.7%	71.7%
% 60+ homeowners who have mortgage		51.0%	48.4%
% 65+ households (renter) spend >35% of income on housing		42.6%	38.9%
% 65+ households (owner) spend >35% of income on housing		31.4%	25.2%
% grandparents who live with grandchildren		2.9%	2.8%
# of assisted living sites		8	63
SOCIAL DETERMINANTS OF HEALTH			
COST OF LIVING			
Elder Index			
Single, homeowner without mortgage, good health (County)	0.98	$26,760	$27,168
Single, renter, good health (County)	0.99	$29,868	$30,216
Couple, homeowner without mortgage, good health (County)	0.99	$38,856	$39,264
Couple, renter, good health (County)	0.99	$41,964	$42,312
ECONOMIC			
% 60+ receiving food stamps in past year		16.0%	14.7%
% 65+ employed in past year		17.8%	19.2%
% 65+ with income below the poverty line in past year		10.0%	10.7%
Median annual income for households with a householder age 65+	*	$48,839	$56,242
% 65+ households with annual income < $20,000		21.3%	19.1%
% 65+ households with annual income $20,000-$49,999		29.6%	26.8%
% 65+ households with annual income $50,000-$99,999		27.0%	26.1%
% 65+ households with annual income $100,000+	*	22.0%	28.0%
WELLNESS			
% 60+ getting the recommended hours of sleep		60.3%	63.1%
% 60+ doing any physical activity in past month		71.1%	73.5%
% 60+ met CDC guidelines for muscle-strengthening activity		23.9%	26.1%
% 60+ met CDC guidelines for aerobic physical activity		52.8%	55.4%
% 60+ with fair or poor self-reported health status		19.5%	17.9%
% 60+ with 15+ physically unhealthy days in past month		15.6%	13.6%
% 60+ who reported being satisfied with life		94.8%	95.5%
COMMUNITY			
Annual # unhealthy days due to air pollution for 65+ (County)		3	NA
AARP Age-Friendly Communities		Not yet	Not yet
# of public universities and community colleges		1	9
# of public libraries		5	72
# of senior centers		1	34
# of Osher Lifelong Learning Institutes (OLLI)		0	1
% households with a smartphone (all ages)		84.2%	85.8%
% households with only a smartphone to access Internet (all ages)	*	6.4%	8.2%

SOCIAL DETERMINANTS OF HEALTH	Significantly different than state rate	Community estimate	State estimate
COMMUNITY			
% households without a computer (all ages)		7.0%	7.1%
% households with access to Broadband (all ages)		89.6%	89.2%
% households without access to the Internet (all ages)		10.4%	10.7%
% 60+ who used Internet in past month		71.9%	71.4%
Voter participation rate in 2020 election (age 18+)		70.3%	68.3%
Homicide rate/100,000 persons (County)		NA	2.1
# firearm fatalities (all ages) (County)		34	226
# 65+ deaths by suicide (County)		14	92
Age-sex adjusted 1-year mortality rate		4.7%	4.3%
TRANSPORTATION			
% householders 65+ who own a motor vehicle		89.4%	86.2%
% 60+ who always drive or ride wearing a seatbelt		91.6%	92.3%
% 60+ drove under influence		2.5%	1.9%
# fatal crashes involving adult age 60+ (County)		16	94
AllTransit Score		4	2.85
HEALTH OUTCOMES			
FALLS			
% 60+ who fell in past year		26.0%	26.0%
% 60+ who were injured by a fall in past year		10.3%	10.0%
% 65+ with hip fracture		3.7%	3.1%
PREVENTION			
% 60+ with physical exam/check-up in past year		94.1%	93.0%
% 60+ flu shot in past year		65.8%	67.8%
% 60+ with pneumonia vaccine		67.9%	64.2%
% 60+ with shingles vaccine		36.3%	37.8%
% 60+ women with mammogram in past 2 years		82.0%	82.1%
% 60+ had colorectal cancer screening		68.0%	68.7%
% 60+ with HIV test		22.4%	23.5%
% 60+ with optimal preventive health		31.6%	32.3%
NUTRITION & DIET			
% 60+ with 5 or more servings of fruit or vegetables per day	W	15.3%	18.8%
% 60+ stressed about buying food in past month		12.6%	12.3%
% 60+ self-reported obese	W	31.4%	27.1%
% 65+ with high cholesterol	W	81.3%	79.3%
% 60+ with high cholesterol screening		96.8%	97.3%
ORAL HEALTH			
% 60+ with dental insurance		63.5%	65.1%
% 60+ with annual dental exam	W	72.6%	77.5%
# dentists per 100,000 persons (all ages) (County)		60.9	53.0
% 60+ with loss of 6+ teeth		29.3%	26.0%

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias		12.2%	12.0%
% 65+ with anemia	W	53.4%	47.0%
% 65+ with asthma		15.2%	15.0%
% 65+ with atrial fibrillation		14.5%	14.3%
% 65+ with benign prostatic hyperplasia (men)		41.8%	43.3%
% 65+ with breast cancer (women)		11.5%	11.5%
% 65+ with cataract		65.7%	65.0%
% 65+ with chronic kidney disease	W	37.1%	34.0%
% 65+ with chronic obstructive pulmonary disease	W	22.6%	20.8%
% 65+ with colon cancer		2.6%	2.4%
% 65+ with congestive heart failure	W	22.7%	20.0%
% 65+ with diabetes	W	35.6%	32.4%
% 65+ with endometrial cancer (women)		2.4%	2.3%
% 65+ with fibromyalgia, chronic pain, and fatigue		35.2%	33.7%
% 65+ with glaucoma		26.0%	26.3%
% 65+ ever had a heart attack		6.1%	5.3%
% 65+ with HIV/AIDS		0.11%	0.19%
% 65+ with hypertension	W	78.7%	75.8%
% 65+ with ischemic heart disease	W	45.3%	39.4%
% 65+ with liver disease	W	14.4%	13.0%
% 65+ with lung cancer		2.3%	2.0%
% 65+ with migraine and other chronic headache	W	9.4%	8.3%
% 65+ with osteoarthritis or rheumatoid arthritis	W	59.7%	57.3%
% 65+ with osteoporosis		19.2%	18.9%
% 65+ with peripheral vascular disease		23.6%	23.1%
% 65+ with pressure ulcer or chronic ulcer		7.9%	7.7%
% 65+ with prostate cancer (men)		14.0%	13.4%
% 65+ with stroke	W	13.0%	11.6%
% 65+ with 4+ (out of 15) chronic conditions	W	67.1%	63.0%
% 65+ with 0 chronic conditions	W	6.2%	7.2%
BEHAVIORAL HEALTH			
# drug overdose deaths (all ages) (County)		276	1,699
% 65+ with substance use disorder		9.0%	8.4%
% 60+ who used marijuana in past month		4.7%	4.9%
% 60+ excessive drinking		10.1%	10.0%
% 65+ with tobacco use disorder	W	13.6%	12.1%
% 60+ current smokers		10.6%	8.8%
% 60+ ever used E-Cigarettes in past month		2.2%	1.6%

HEALTH OUTCOMES	Significantly different than state rate	Community estimate	State estimate
MENTAL HEALTH			
% 60+ who reported receiving adequate emotional support		79.2%	77.5%
% 60+ with 15+ days poor mental health in past month		10.8%	8.3%
% 65+ with depression	W	38.6%	34.5%
% 65+ with anxiety disorder	W	39.1%	34.3%
% 65+ with post-traumatic stress disorder		2.6%	2.2%
% 65+ with schizophrenia & other psychotic disorder		3.0%	3.1%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		12.6%	12.2%
% 65+ with self-reported vision difficulty		3.7%	5.1%
% 65+ with self-reported cognition difficulty		8.3%	7.0%
% 65+ with self-reported ambulatory difficulty		20.3%	18.7%
% 65+ with self-reported self-care difficulty		7.6%	7.1%
% 65+ with self-reported independent living difficulty		14.4%	13.0%
CAREGIVING			
# of Alzheimer's support groups		2	9
% 60+ who provide care to a family/friend in past month		28.3%	22.1%
% grandparents raising grandchildren		0.86%	0.71%
ACCESS TO CARE			
% 65+ dually eligible for Medicare and Medicaid	*	12.7%	15.0%
% 65+ Medicare managed care enrollees	*	53.5%	51.4%
% 60+ with a regular doctor	B	98.0%	96.6%
% 60+ who did not see a doctor when needed due to cost		4.1%	3.9%
# of primary care providers		141	1,176
# of hospitals		1	12
# of home health agencies		7	24
# of skilled nursing facilities		6	75
# of hospice agencies		2	9
# of community health centers		2	52
# of adult day health centers		3	31
SERVICE UTILIZATION			
# physician visits per year		8.1	7.8
# emergency room visits/1000 persons 65+ years annually		541.4	500.0
# Part D monthly prescription fills per person annually	*	56.7	54.2
# home health visits annually		3.4	3.0
# durable medical equipment claims annually		2.1	1.9
# inpatient hospital stays/1000 persons 65+ years annually	*	266.3	230.9
% Medicare inpatient hospital readmissions (as % of admissions)		19.3%	17.1%
# skilled nursing facility stays/1000 persons 65+ years annually		86.5	76.0
# skilled nursing home Medicare beds/1000 persons 65+ years		35.7	41.2
% 65+ getting Medicaid long term services and supports		3.8%	4.0%
% 65+ hospice users		3.7%	3.4%
% 65+ hospice users as % of decedents		50.8%	50.7%

TECHNICAL NOTES

*For more information on data sources, measures, and methodology used in the 2025 Rhode Island Healthy Aging Data Report see our technical documentation at (healthyagingdatareports.org). For most indicators, the community and state values are 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. We balance two goals. First, we aim to report data at very local levels because we believe change is often locally driven. Second, we vowed to protect the privacy of the people providing the information reported. Thus, given the constraints of the data analyzed, we used a hierarchical approach to reporting.

Data Sources:

- *Population Characteristics: The U.S. Census Bureau (American Community Survey (ACS)) 2018-2022; Rhode Island Department of Health (RIDOH) Behavioral Risk Factor Surveillance Survey (BRFSS), 2010-2022.*
- *Housing: ACS, 2018-2022; RIDOH, 2023.*
- *Cost of Living: Center for Social and Demographic Research on Aging at the University of Massachusetts Boston, 2023.*
- *Economic: ACS, 2018-2022.*
- *Wellness: BRFSS, 2010-2022.*
- *Community: AARP, 2023; ACS, 2018-2022; AgeFriendly RI, 2023; BRFSS, 2010-2022; CDC WONDER, 2016-2020; The CMS Master Beneficiary Summary File ABCD/Other (CMS), 2020-2021; NECHE, 2023; OLLI, 2023; RI State Library, 2023; RI Secretary of State, 2023; U.S. EPA Air Compare, 2023.*
- *Transportation: ACS, 2018-2022; AllTransit™, 2023; BRFSS, 2010-2022; NHTSA, 2018-2022.*
- *Falls: CMS, 2020-2021; BRFSS, 2010-2022.*
- *Prevention: BRFSS, 2010-2022.*
- *Nutrition/Diet: BRFSS, 2010-2022; CMS, 2020-2021.*
- *Oral Health: BRFSS, 2010-2022; HRSA, 2023.*
- *Chronic Disease: CMS, 2020-2021.*
- *Behavioral Health: BRFSS, 2010-2022; CDC WONDER 2016-2020; CMS, 2020-2021.*
- *Mental Health: BRFSS, 2010-2022; CMS, 2020-2021.*
- *Living with Disability: ACS, 2018-2022.*
- *Caregiving: ACS, 2018-2022; Alzheimer's Association, 2023; BRFSS, 2010-2022.*
- *Access to Care: BRFSS, 2010-2022; CMS, 2020-2021; HRSA, 2023; Medicare.gov, 2023; RI Adult Day Services, 2023.*
- *Service Utilization: CMS, 2020-2021.*

Healthy Aging Data Report Research Team (2025): Beth Dugan PhD, Nina Silverstein PhD, Chae Man Lee PhD, Taylor Jansen PhD, Yan-Jhu Su, Yan Lin, Shan Qu, Tiffany Tang & Qian Song PhD, from the Gerontology Institute at the University of Massachusetts Boston. The Point32Health Foundation supported the research and provided important guidance.

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Questions or Ideas? Beth.dugan@umb.edu

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MAY 1, 2025 NEW REPORT RELEASED!

STATE REPORTS ABOUT CONTACT

RHODE ISLAND HEALTHY AGING DATA REPORT

COMMUNITY PROFILES

HEALTHY AGING INDICATORS

INFOGRAPHIC

CHRONIC DISEASE RATES

REGIONAL TRENDS

TECHNICAL REPORT, DATA SOURCES, AND METHODS

RHODE ISLAND HEALTHY AGING DATA REPORT

The **2020 Rhode Island Healthy Aging Data Report** is designed to help residents, agencies, providers and governments understand the older adults who live in their cities and towns – their ages, living arrangements, health status, strengths and vulnerabilities.

Explore the 2020 Report:

- Explore the Highlights report
- **39** community profiles with estimates of indicators with confidence intervals, and technical documentation, and an additional 20 community profiles by ZIP code for the core cities (Pawtucket, Central Falls, Warwick, Woonsocket, Providence, Cranston, East Providence) in Rhode Island
- **194** maps listing community rates for each indicator (both ranked and alphabetized)
- **18** interactive web maps
- An infographic summarizing key findings

The report was funded by Tufts Health Plan Foundation with research led by the Gerontology Institute of the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston.

Explore the 2016 Report

- Download the Highlights Report
- Download the infographic
- Download the Technical Report

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Aims

1. What is the Healthy Aging Data Report?
2. Describe the tools in the 2025 NH Healthy Aging Data Report.
3. Provide a sneak peak of results to be released in May 2025.

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2025 Rhode Island Healthy Aging Data Report

172 indicators for 42 communities

healthyagingdatareports.org/rhode-island-healthy-aging-data-report

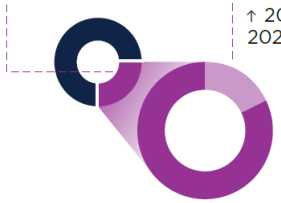
Rhode Island's Older Population is Growing

Total state population of older adults (60+) has grown to

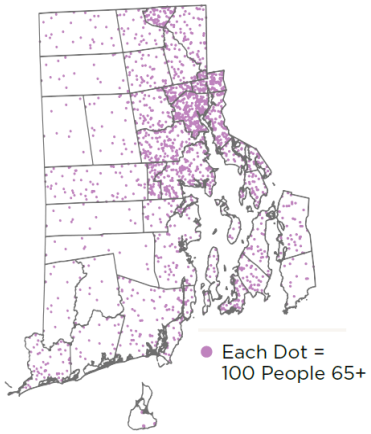
273,831

25%
of population is 60+
↑ 30,000+ since 2020

18%
of population is 65+
↑ 20,000+ since 2020 (195,378)



Aging Population Density



The Older Population is Changing

Opportunity to build upon the knowledge and experience of older adults

More Diverse

- 5.9% Hispanic
- 6.5% Other Race(s)
- 4.3% LGBT

More Educated

- 16% Graduate or professional degree
- 14.9% Less than a high school education

15% of people 65+ are dually-eligible for Medicaid and Medicare
(eligibility is determined by income, disability, or age)

Chronic Conditions in Age 65+

1 in 3
Anxiety (34%) | Depression (35%) | Diabetes (32%)

Over Half
with Osteoarthritis or Rheumatoid Arthritis (57.3%)

75%
with Hypertension

Disparities in Older Women's Health

Bone Health

Women are **7x more likely than men to have osteoporosis** and have higher rates of arthritis and hip fracture

Mental Health

Women have **double the rates of men** for anxiety and depression, and have higher rates of Alzheimer's disease, schizophrenia, and PTSD

Positive Progress

The Age-Friendly community movement is gaining momentum with age friendly initiatives across the state:

- Communities
- Employers
- Hospital Systems
- Museums
- Policies
- State Agencies
- Universities & Colleges

Together We Can Create Change

UNDERSTAND

- **Download** your community profile at: HEALTHYAGINGDATAREPORTS.ORG
- **Educate** yourself and others about the indicators in your community
- **Compare** your community rates to state rates

ENGAGE

- **Encourage** participation in the age-friendly movement
- **Bring** people together to talk about the data
- **Think** about what your community needs to promote health for all ages

ACT

- **Get involved!** Use data to inform your work
- **Partner** with other change agents
- **Join** Age-Friendly Rhode Island. Connect with this movement at **agefriendlyri.org** or **www.oha.ri.gov**

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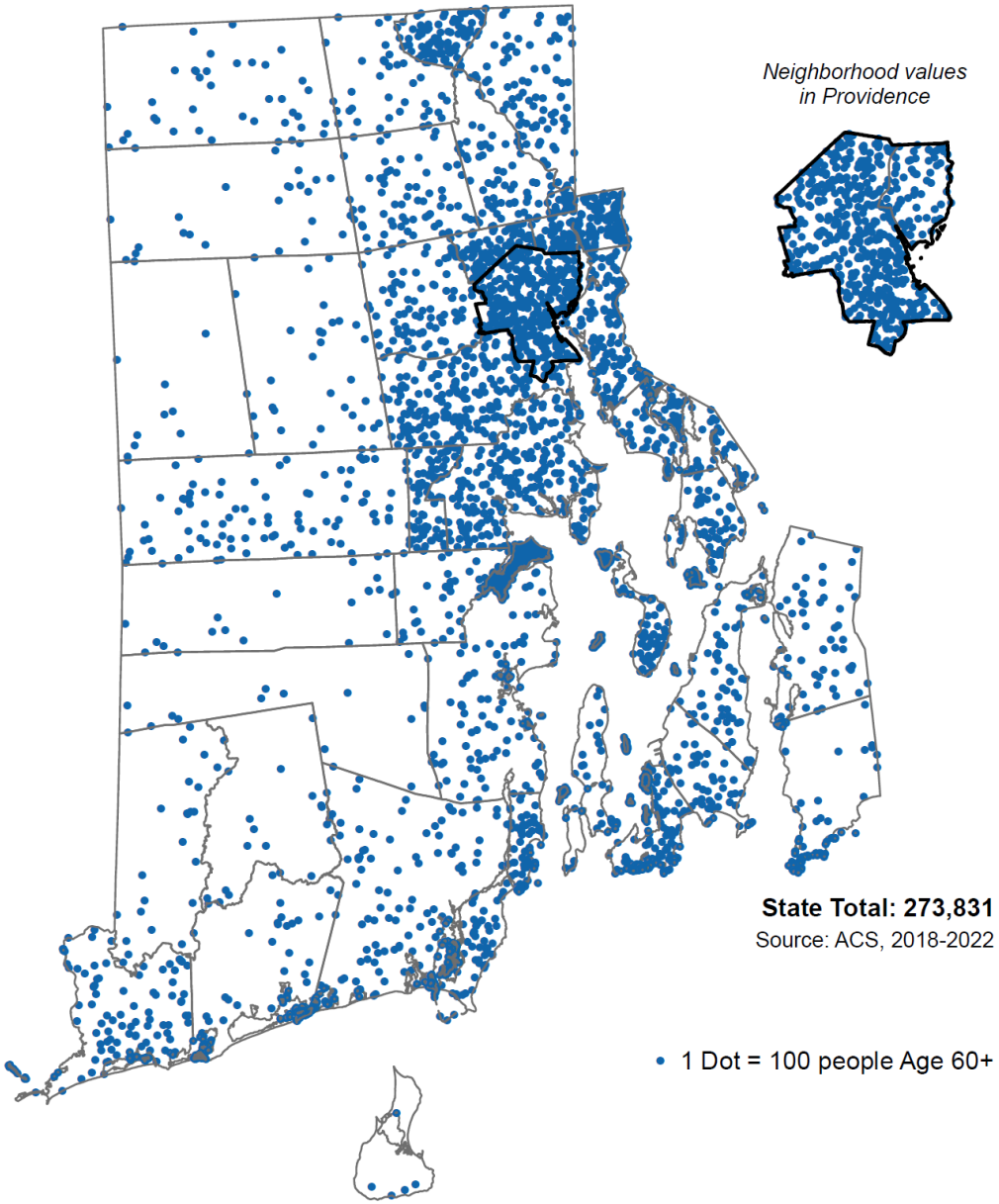
Map 3

Density of Population Age 60+ Years



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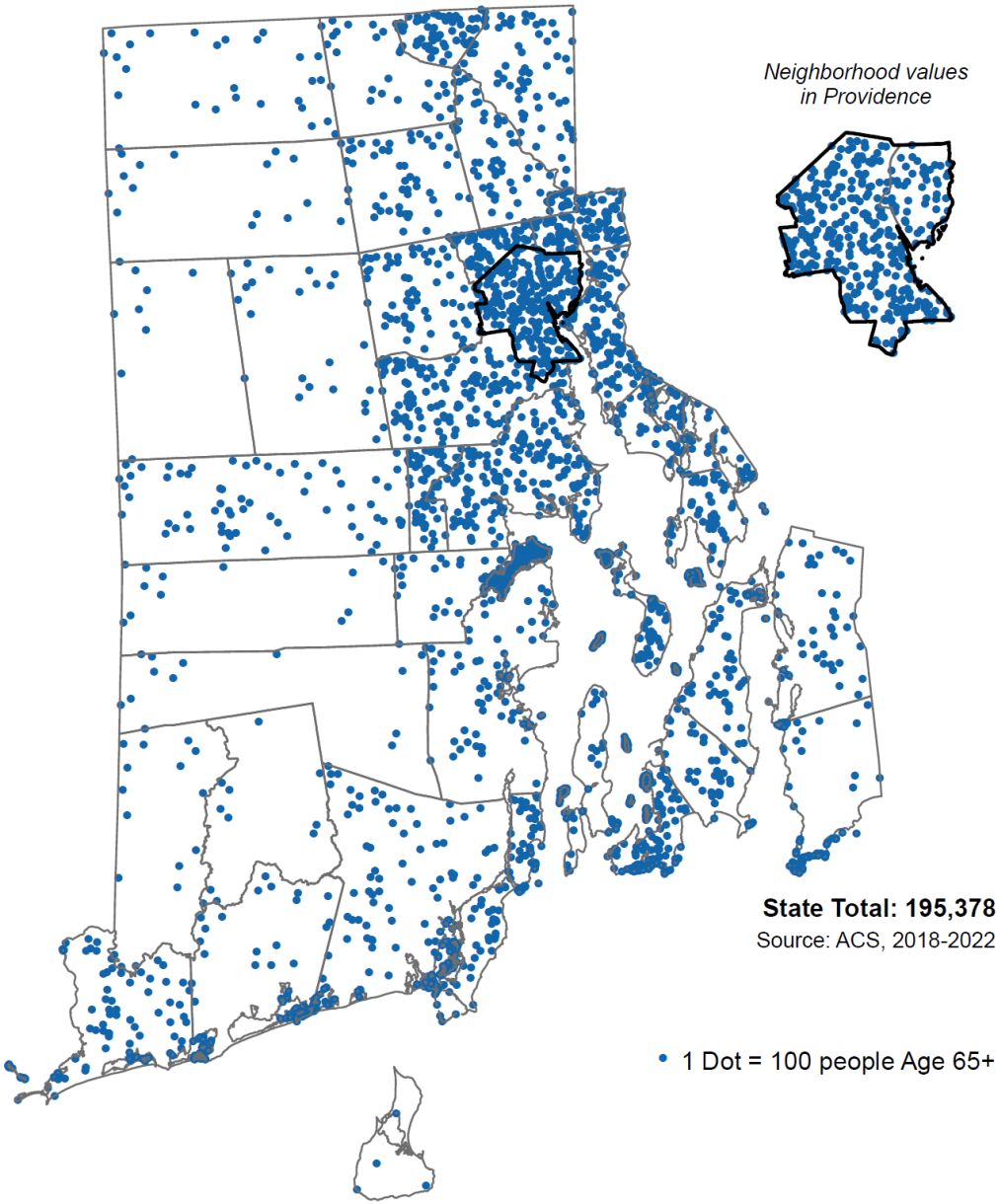
Map 5

Density of Population Age 65+ Years



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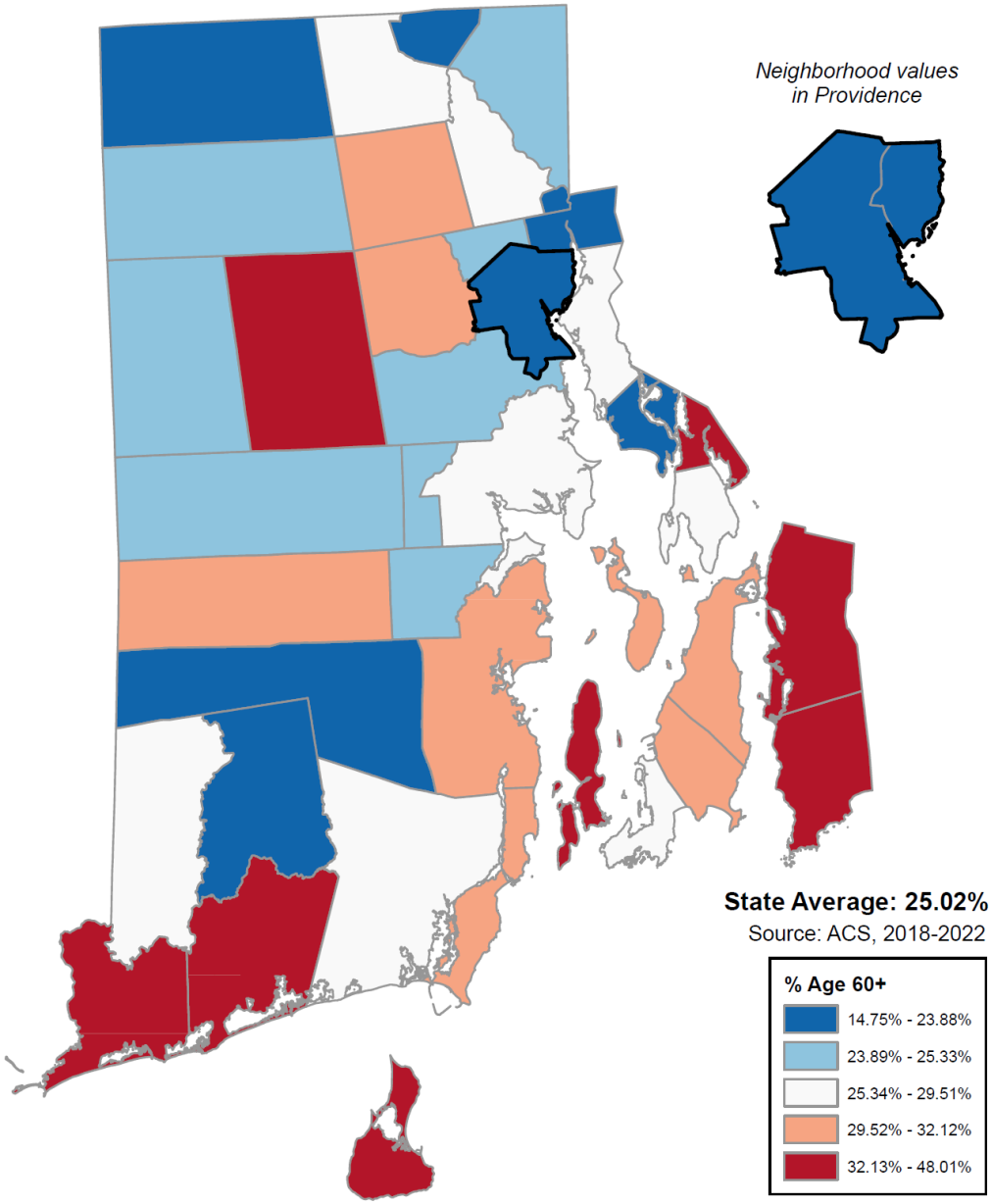
Map 2

Percentage of Population Age 60+ Years



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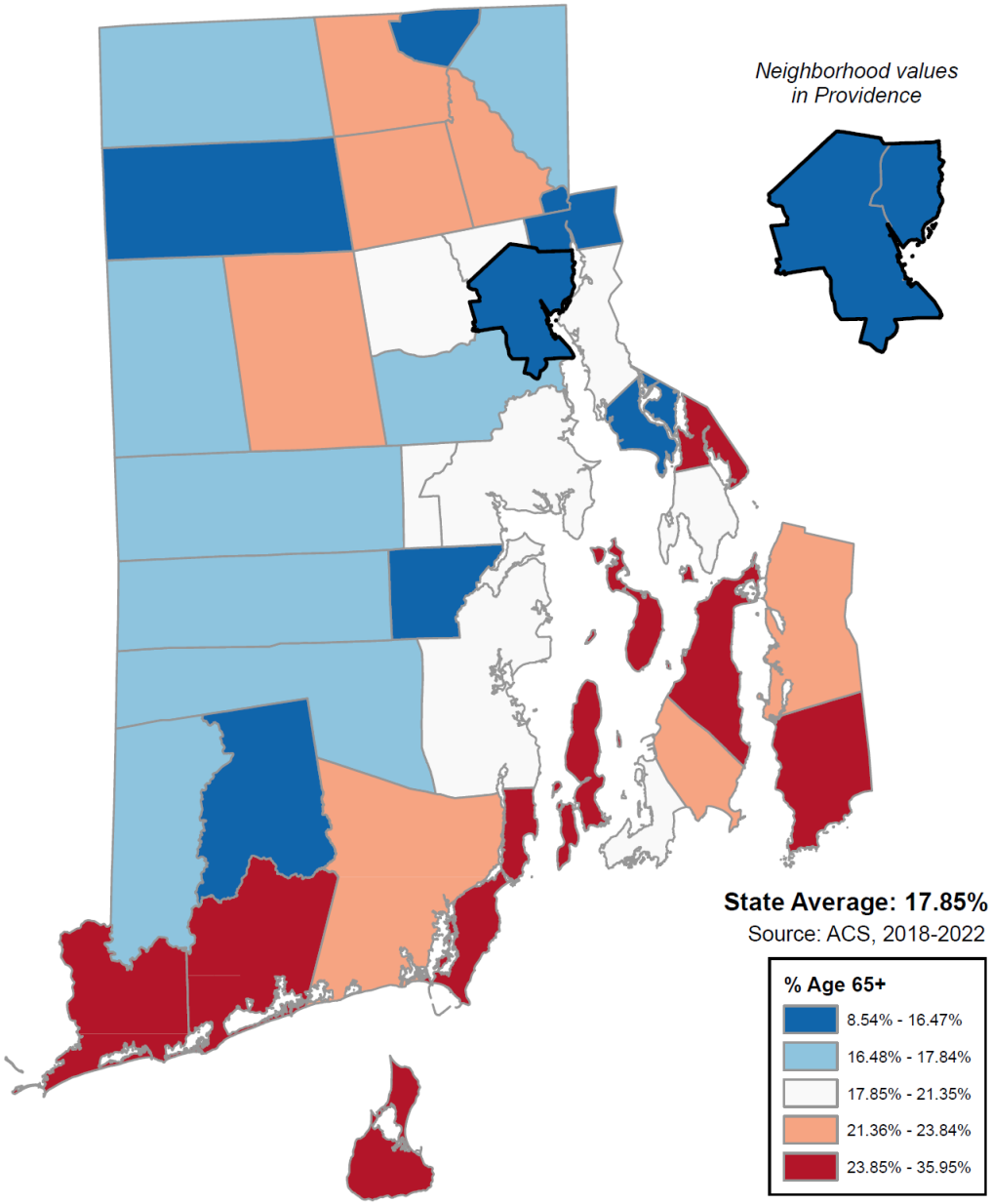
Map 4

Percentage of Population Age 65+ Years



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Percentage of Population Age 60+ Years

Alphabetical Order of Town	
Barrington	22.45%
Bristol	27.47%
Burrillville	23.88%
Central Falls	14.75%
Charlestown	37.48%
Coventry	24.55%
Cranston	24.75%
Cumberland	24.71%
East Greenwich	24.54%
East Providence	29.14%
Exeter	23.10%
Foster	25.21%
Glocester	24.83%
Hopkinton	29.35%
Jamestown	43.01%
Johnston	31.05%
Lincoln	27.80%
Little Compton	48.01%
Middletown	30.22%
Narragansett	31.53%
Newport	25.97%
New Shoreham	40.12%
North Kingstown	30.25%
North Providence	25.33%
North Smithfield	29.34%
Pawtucket	19.33%
Portsmouth	32.12%
Providence	16.91%
Richmond	22.82%
Scituate	32.83%
Smithfield	29.88%
South Kingstown	28.23%
Tiverton	32.30%
Warren	34.09%
Warwick	29.51%
Westerly	34.71%
West Greenwich	30.10%
West Warwick	24.97%
Woonsocket	21.40%
Providence Neighborhoods	
Providence NE	19.05%
Providence Other	19.14%

Ranked Rate, High to Low	
Little Compton	48.01%
Jamestown	43.01%
New Shoreham	40.12%
Charlestown	37.48%
Westerly	34.71%
Warren	34.09%
Scituate	32.83%
Tiverton	32.30%
Portsmouth	32.12%
Narragansett	31.53%
Johnston	31.05%
North Kingstown	30.25%
Middletown	30.22%
West Greenwich	30.10%
Smithfield	29.88%
Warwick	29.51%
Hopkinton	29.35%
North Smithfield	29.34%
East Providence	29.14%
South Kingstown	28.23%
Lincoln	27.80%
Bristol	27.47%
Newport	25.97%
North Providence	25.33%
Foster	25.21%
West Warwick	24.97%
Glocester	24.83%
Cranston	24.75%
Cumberland	24.71%
Coventry	24.55%
East Greenwich	24.54%
Burrillville	23.88%
Exeter	23.10%
Richmond	22.82%
Barrington	22.45%
Woonsocket	21.40%
Pawtucket	19.33%
Providence	16.91%
Central Falls	14.75%
Providence Neighborhoods	
Providence Other	19.14%
Providence NE	19.05%

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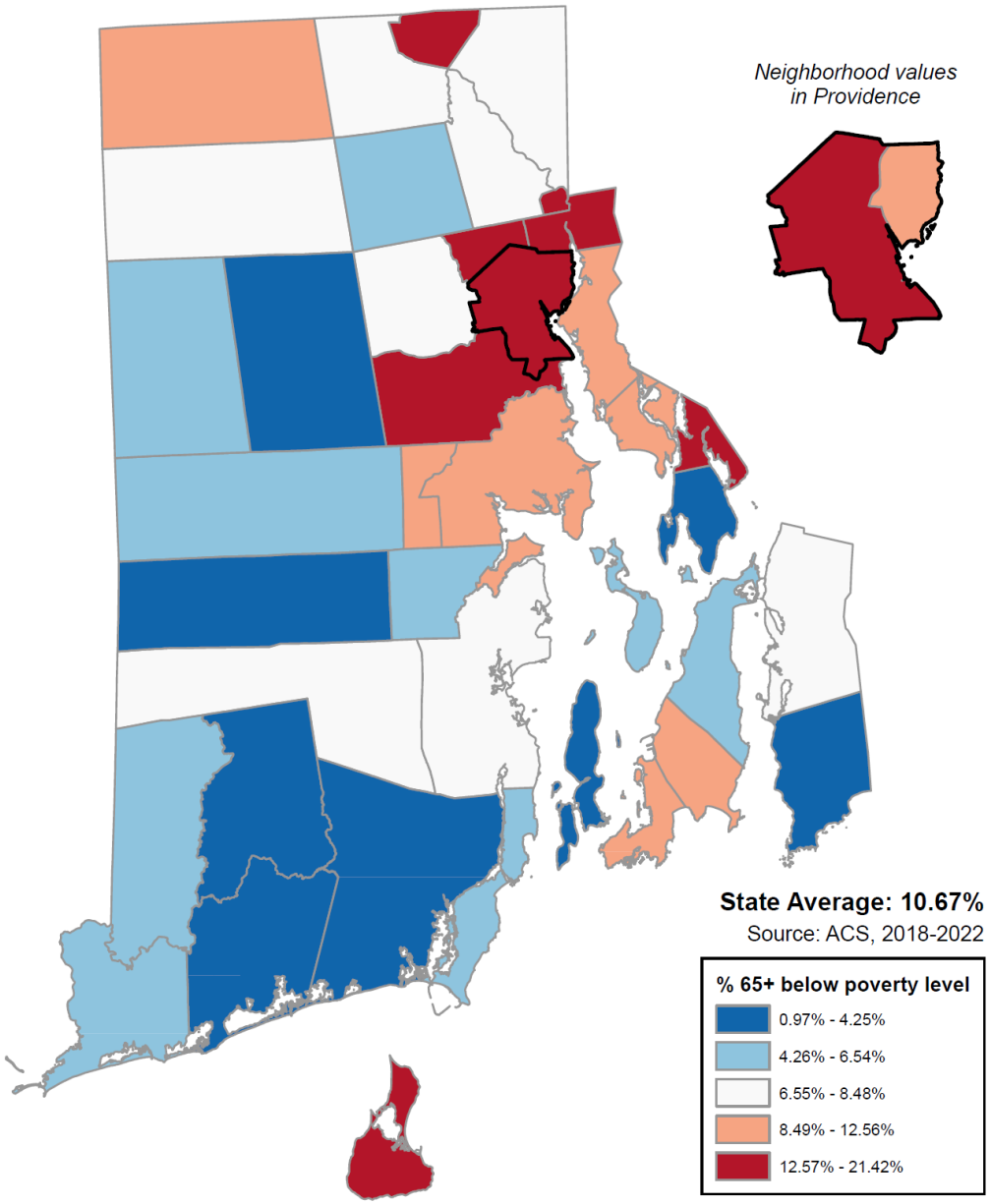
Map 43

Percentage of Population Age 65+ Years with Income Below the Poverty Line in Past Year



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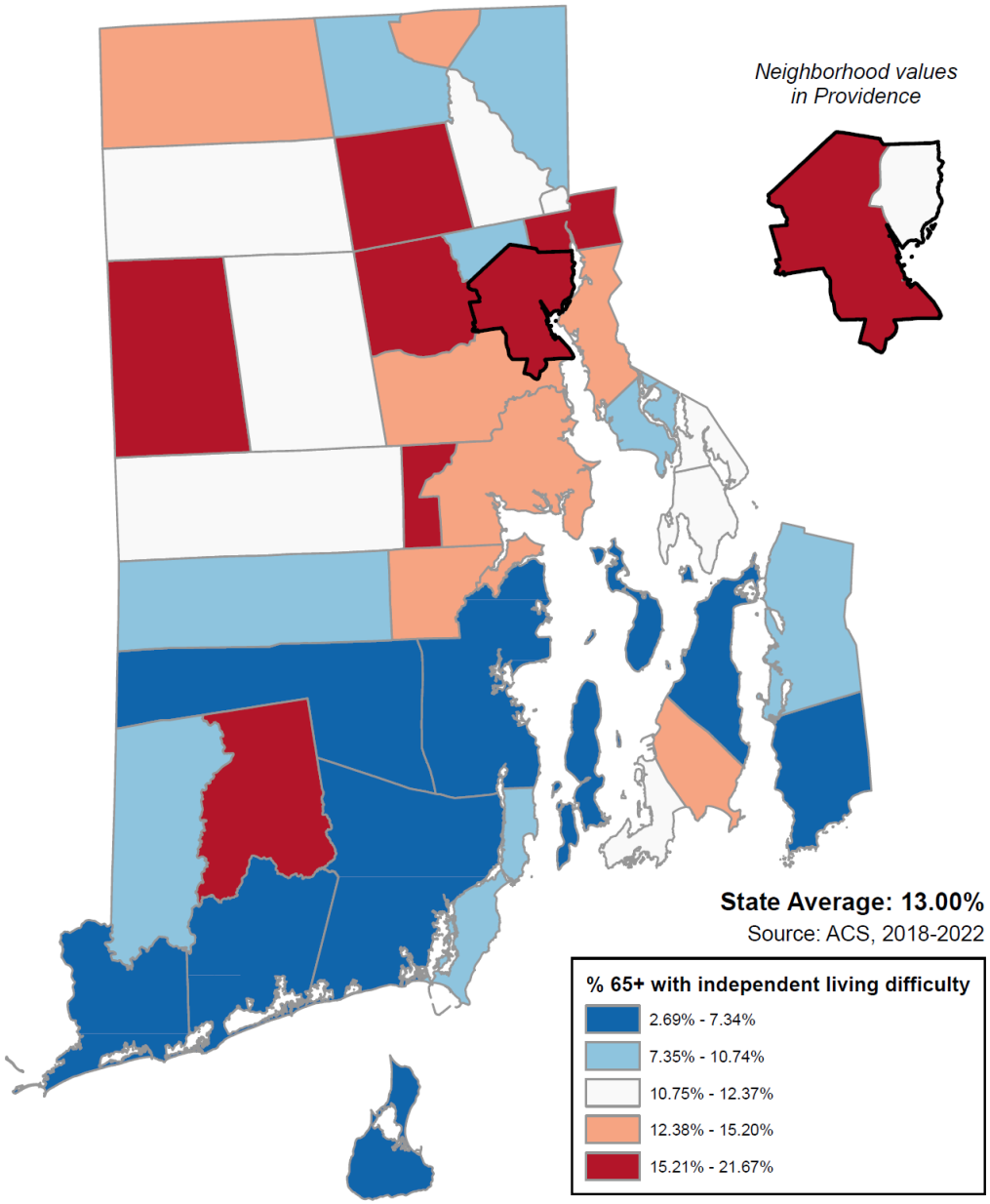
Map 146

Percentage of Population Age 65+ Years with Self-Reported Independent Living Difficulty



87% have **no** independent living difficulty

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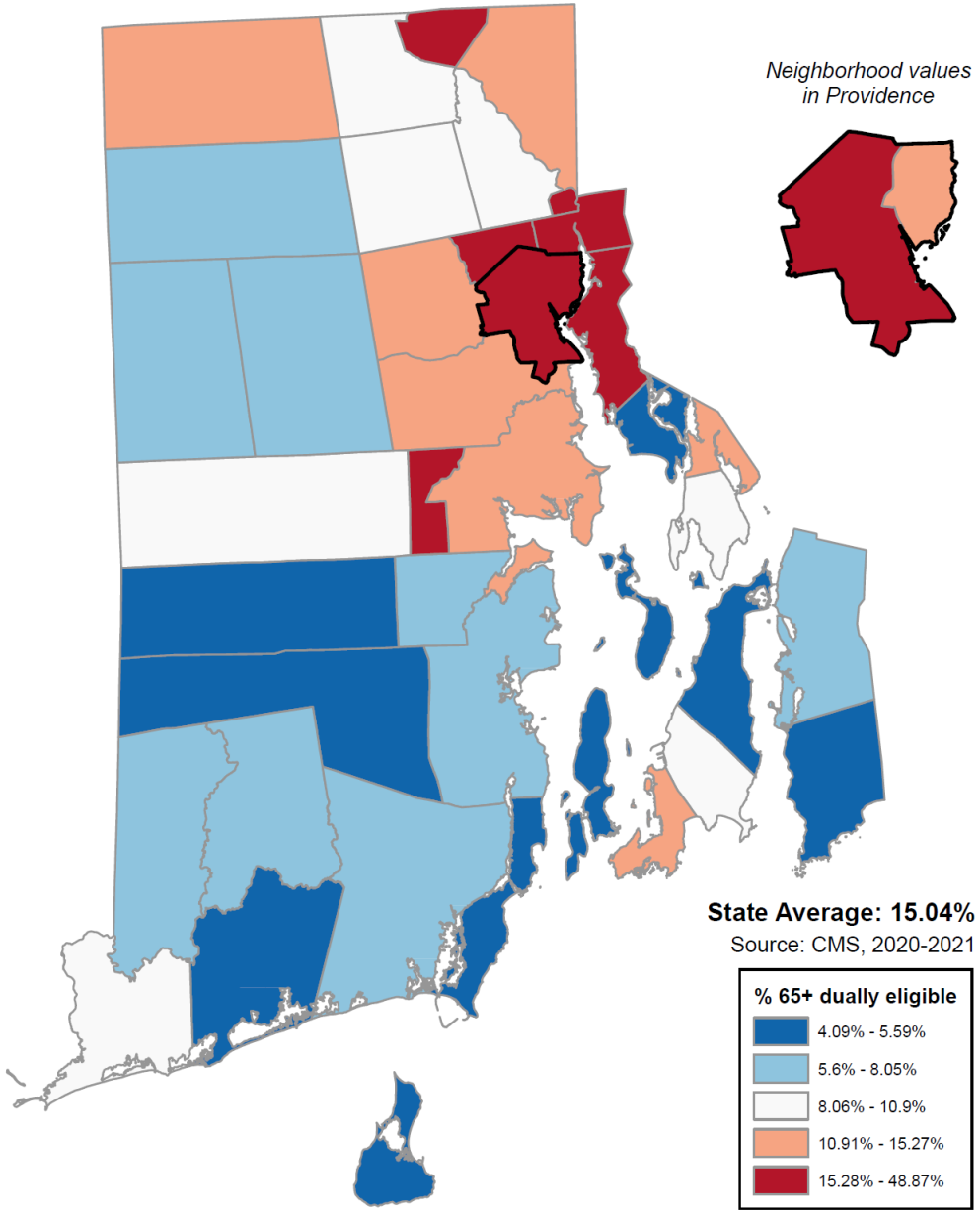
Map 150

Percentage of Medicare Beneficiaries Age 65+ Years who Are Dually Eligible for Medicare and Medicaid



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TECHNICAL DOCUMENTATION

Overview

This report contains details about the development of the 2022 Mississippi Healthy Aging Data report. This includes technical definitions, data sources, years of data used, and definitions of the geographic units employed for indicators. Our general approach is hierarchical reporting. We report indicators at the county level when data allow, and report in larger geographic units (i.e., public health districts) when necessary.

1. Healthy Aging Indicator Definitions

Most indicators are derived from secondary data sources and limited to those indicators for which data are available at the county-level or larger geographic subareas within Mississippi. Table A-1 contains technical definitions for the indicators reported in this study.

2. Data Sources

Multiple data sources are used in this study. Table A-2 contains a summary of all data sources, and the specific years of data used for each reported indicator. Estimates of county-level indicators of population characteristics, living with disability, caregiving, transportation, housing, and economic indicators were mainly derived from the Five-Year American Community Survey (2016-2020) produced by the U.S. Census Bureau. Wellness, falls, preventive health practices, nutrition/diet, and oral health indicators were mainly derived from the State of Mississippi's Behavioral Risk Factor Surveillance System (BRFSS) (2013-2020). The chronic condition indicators and access to care indicators were derived from the Centers for Medicare and Medicaid Services (CMS).

U.S. Census Bureau

Data on population composition were downloaded from the U.S. Census Bureau (https://data.census.gov/cedsci/). All census population estimates reported in the community profiles were derived from the 5-year detailed tables from the *American Community Survey* (2016-2020). Each indicator was downloaded for all N=82 counties in Mississippi. Each downloaded data table from the ACS is described below in Table A1.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of annual health surveys established by the Centers for Disease Control and Prevention (CDC) that collects information on health risk behaviors, preventive health practices, and health care access, primarily related to chronic disease and injury. The BRFSS provides a rich source of information about individual health behaviors such as smoking, excessive drinking, obesity, preventive health service use, which are relevant for the development of healthy aging indicators. A core set of questions about such health

% 65+ households with annual income < $20,000	The percentage of households with a householder (i.e., the person (or one of the people) in whose name the housing unit is owned or rented (maintained)) age 65 years or older with an annual income less than $20,000.
% 65+ households with annual income $20,000-$49,999	The percentage of households with a householder aged 65 years or older with an annual income between $20,000 and $49,000.
% 65+ households with annual income $50,000-$99,999	The percentage of households with a householder aged 65 years or older with an annual income between $50,000-$99,999.
% 65+ households with annual income $100,000+	The percentage of households with a householder aged 65 years or older with an annual income more than $100,000.
COST OF LIVING	
Elder Index	
Single, homeowner without mortgage, good health	Annual income needed for a single homeowner with no mortgage in good health to attain a modest standard of living in the county.
Single, renter, good health	Annual income needed for a single renter in good health to attain a modest standard of living in the county.
Couple, homeowner without mortgage, good health	Annual income needed for a couple who are homeowners with no mortgage in good health to attain a modest standard of living in the county.
Couple, renter, good health	Annual income needed for a couple who are renters in good health to attain a modest standard of living in the county.

Table A2: Years and Data Sources for Community Profile Indicators

INDICATORS	DEFINITION
POPULATION CHARACTERISTICS	
Total population all ages, Population 60 years or older as a % of total population, Total population 60 years or older, Population 65 years or older as a % of total population, Total population 65 years or older, % 65-74 years, 75-84 years, 85 years or older , % 65+ female, % 85+ female	United States Census Bureau. "B01001: SEX BY AGE." *2016-2020 American Community Survey*. Accessed May 2022. (https://data.census.gov/cedsci/).

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Healthy Aging Data Report

Highlights from 2025

RHODE ISLAND

Explore more online at
HealthyAgingDataReports.org

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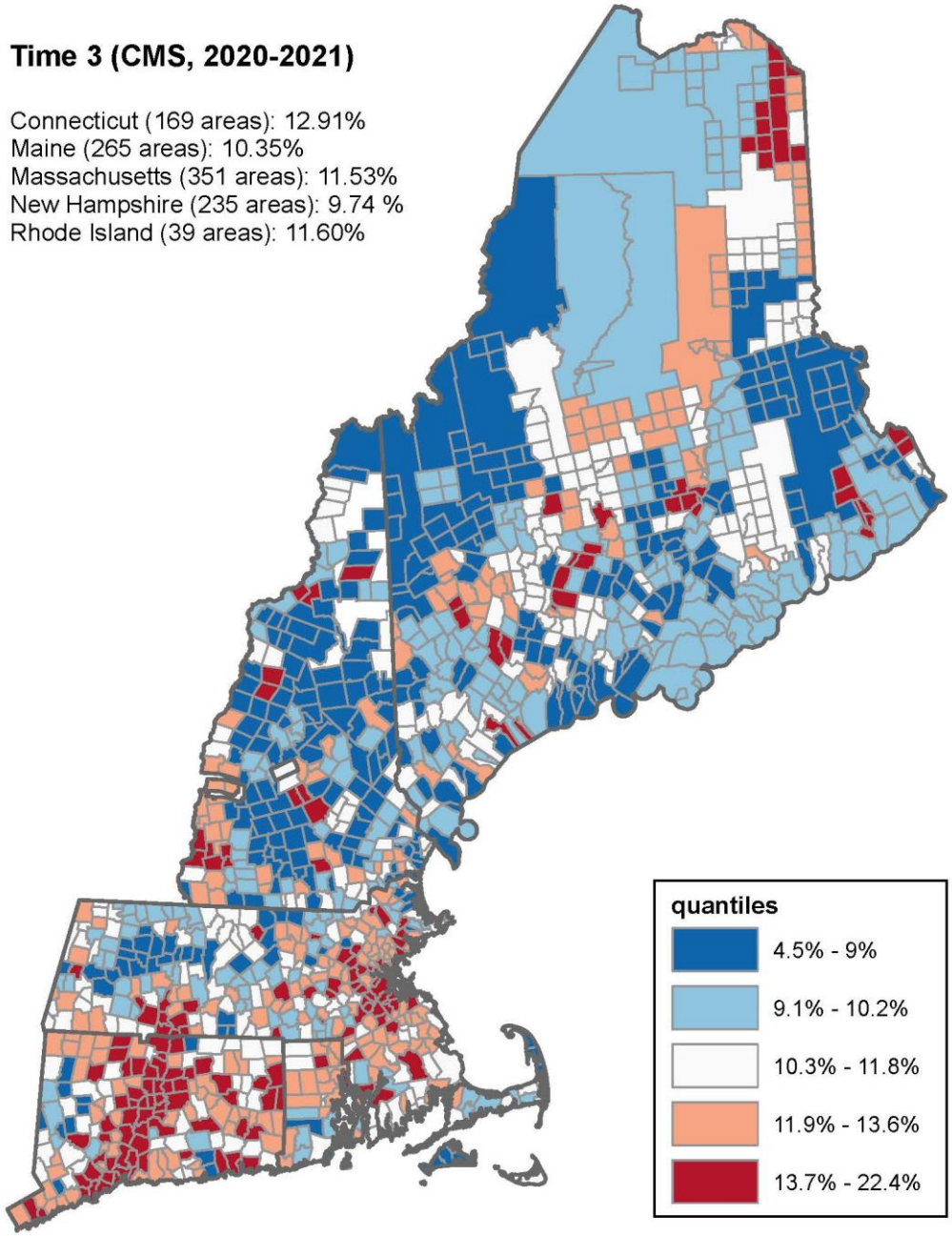
% 65+ with Alzheimer's Disease or Related Dementias



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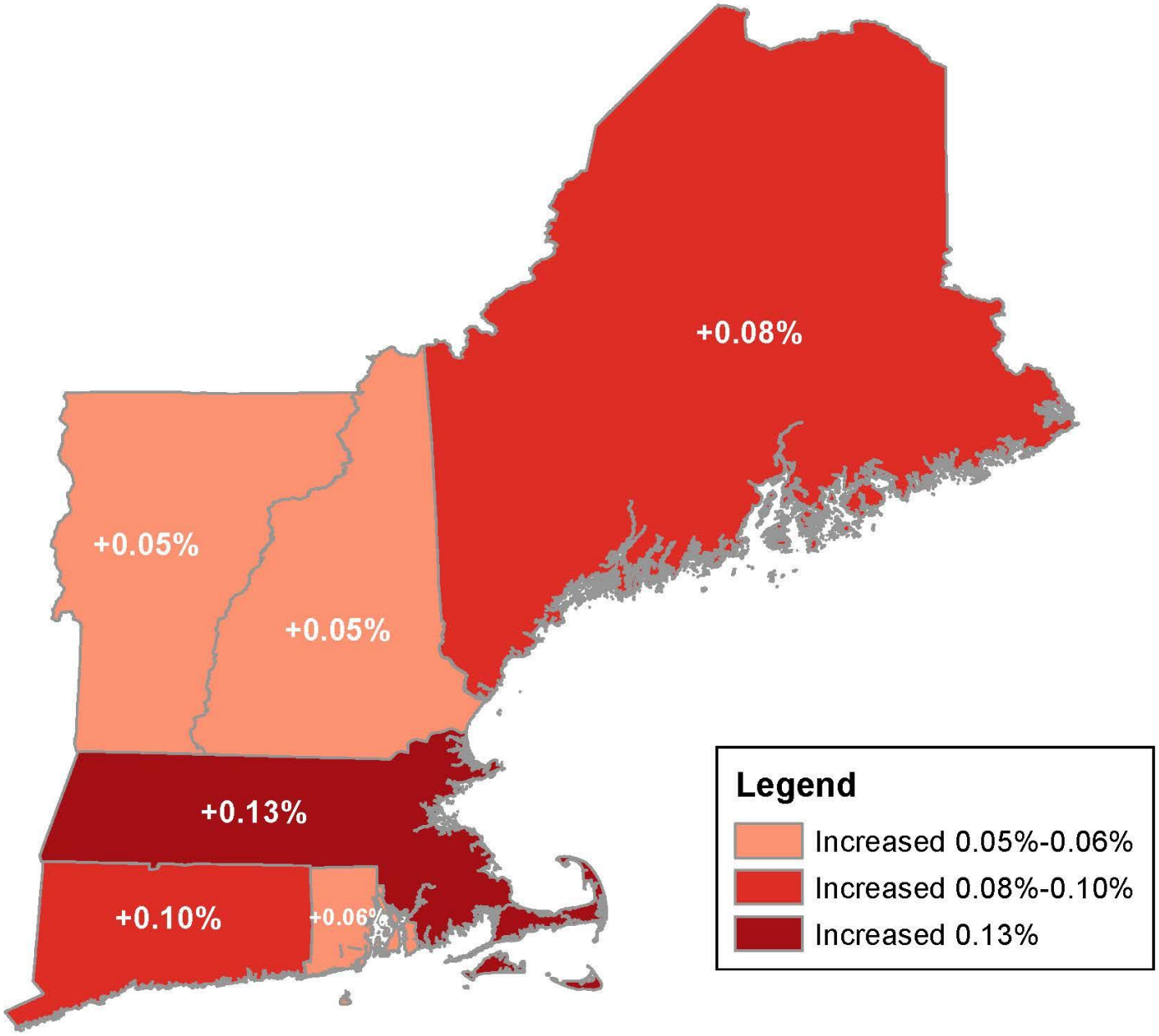
Change from Time 1 (2014-2015) to Time 3 (2020-2021) in % 65+ with HIV/AIDS



How have the Healthy Aging Data Reports been used?

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IMPACT OF HEALTHY AGING DATA REPORTS

Policy & Advocacy

- State commissions on aging created to create an ***Aging in All Policies*** lens.
- Elected officials better understand their communities and constituents.
- State plans informed by the data.
- Strategic allocation of funds to address disparities.

Service Development

- A healthcare organization used one of the reports for market research on where to locate a memory assessment clinic (MA).
- Communities with high rates of falls added fall prevention programs (MA, RI).

Education

- Nonprofit organizations used the Healthy Aging Data Reports to write more competitive grant applications.
- Students use the HADR in class (MA, CT, RI, NH).

Collaboration

- A group of rural communities joined together to address healthy aging issues described in their community profiles (MA, NH).

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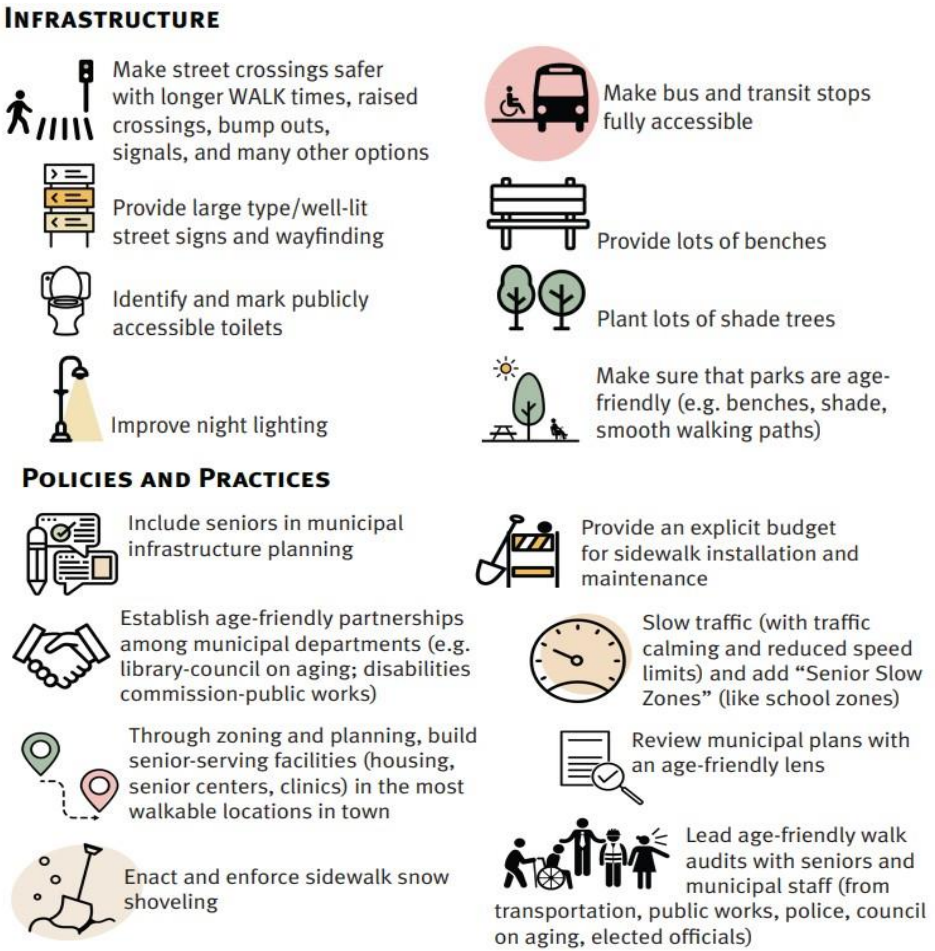
Example - Age-Friendly Walking

Data Report Indicators

- Walkability score (0-100)
- % of older adults with any physical activity in the past month
- % of older adults meeting CDC guidelines for aerobic physical activity
- Behavioral health
- transportation



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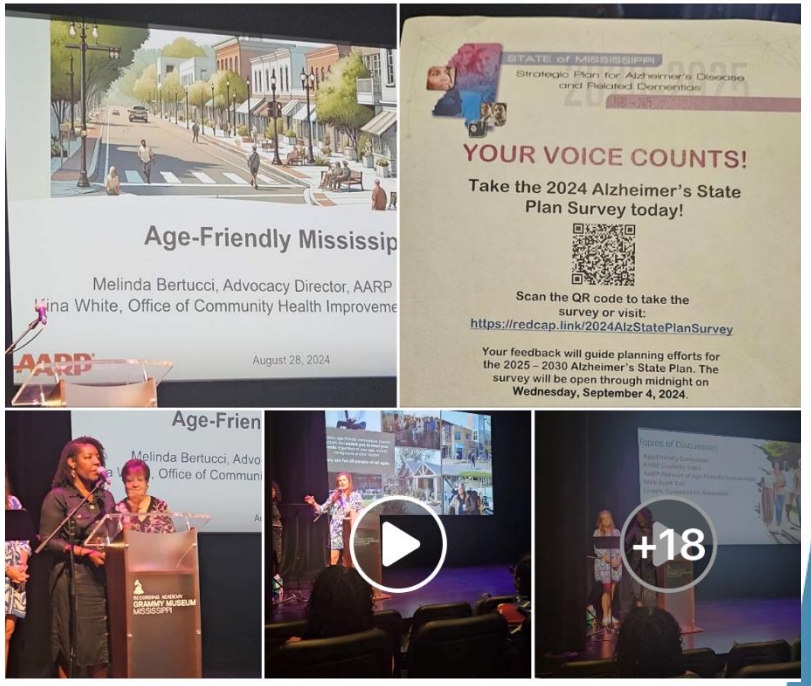
Mississippi Delta Mayors' Invitation

- Distributed a Healthy Aging Data Report and Data Profiles to every city/community mayor
- Invited Mayors representing 17 Delta Communities to an Invitational Discussion on becoming age and dementia-friendly communities
- Held 1:1 follow up calls to engage and begin strategic planning for application development



"If we can do it in Mississippi, it can happen anywhere"

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Example: Affordable Homes Act

ECONOMIC & HOUSING VARIABLES
% 65+ with income below the poverty line past year
% 60+ receiving food stamps past year
% 65+ employed past year
Household income (65+ householder)
% households with annual income < $20,000
% households with annual income $20,000-$49,999
% households with annual income > $50,000
% 60+ own home
% 60+ have mortgage on home
% 65+ households spend >35% of income on housing (renter)
% 65+ households spend >35% of income on housing (owner)
COST OF LIVING
Elder Economic Security Standard Index
Single, homeowner without mortgage, good health
Single, renter, good health
Couple, homeowner without mortgage, good health
Couple, renter, good health

- $5.16 billion in spending over the next five years w/ 49 policy initiatives
- ADU's Statewide by-right
- Mandates statewide housing plan
- Special Commissions on Extremely Low Income Housing, Senior Housing, and Accessible Housing for persons living with disabilities and seniors

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Helping Communities, States, and the Region Compete for Funding

Municipal Americans with Disabilities Act Grant

This grant program supports capital improvements specifically dedicated to improving access for persons with disabilities.

Shared Streets and Spaces Grant Program

A funding program that supports quick-launch improvements to public health, safe mobility, and strengthened commerce in Massachusetts municipalities.

Community Transit Grant Program

An annual competitive grant program to meet the mobility needs of seniors and individuals with disabilities. Provides funds for the purchase of vehicles, mobility management activities, and operating costs.

Complete Streets Funding Program

A Complete Street is one that provides safe and accessible options for all travel modes - walking, biking, transit and vehicles – for people of all ages and abilities.

MassTrails Grants

MassTrails provides matching grants to communities, public entities and non-profit organizations to plan, design, create, and maintain the diverse network of trails, trail systems, and trails experiences used and enjoyed by Massachusetts residents and visitors. Applications are accepted annually for a variety of well-planned trail projects benefiting communities across the state.

Point32Health Foundation

Harvard Pilgrim Health Care

TUFTS Health Plan

AARP COMMUNITY CHALLENGE

Grants to make communities livable for people of all ages

aarp.org/CommunityChallenge

Mass Cultural Council

MBI MASSACHUSETTS BROADBAND INSTITUTE

at the MassTech Collaborative

METROWEST HEALTH FOUNDATION

— Massachusetts — COMMUNITY HEALTH AND HEALTHY AGING FUNDS

MHA MASSACHUSETTS Health & Hospital ASSOCIATION

elevate your giving ecf ESSEX COUNTY COMMUNITY FOUNDATION

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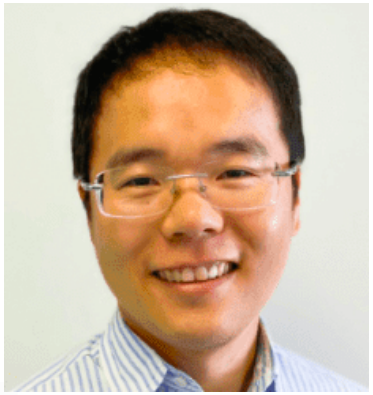






Thank you!

Opus Designs,
JSI website design

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www.healthyagingdatareports.org

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MAY 1, 2025 NEW REPORT RELEASED!