



RHODE ISLAND DATA BRIEF

Rhode Island Adult Health Risks (2013)

May
2015

This brief summarizes selected results from the 2013 Behavioral Risk Factor Surveillance System (BRFSS) survey. Results are presented for the overall Rhode Island (RI) adult population and compared to 2011 RI results, and 2013 US median results. Results are also parsed by gender and age group. The prevalence estimates (expressed as percentages) are representative of the Rhode Island adult population. Only statistically significant differences are reported, and the indicators are categorized based on their relationship to the US median results (more favorable, comparable, or less favorable) or 2011 estimates (improving, stable, or worsening). This information is intended to inform policy makers and programs.

FAVORABLE OR IMPROVING INDICATORS:

Rhode Island fared better on three indicators when compared to the United States medians or 2011 estimates.

In 2013, 5.3% of adults said they did not wear a seatbelt when in a motor vehicle compared to 10.0% in 2011. Still, males were twice as likely as females to report not wearing seatbelts (7.3% vs. 3.3%), and younger adults were more likely to report not wearing seatbelts.

Although fewer Rhode Island adults lacked health insurance than adults across the nation, Rhode Island men were more likely to lack health insurance than Rhode Island women (18.4% vs. 12.6%). The prevalence of no healthcare coverage was significantly higher among those aged 18-44 compared to older adults.

The Rhode Island prevalence of no checkup in the past year (24.4%) was significantly lower than the national prevalence (31.0%), yet men were more likely than women to have missed a checkup. Those age 65 and older had a relatively low prevalence of no checkup in the past year (5.1%) while those aged 18-44 had the highest prevalence (30.7%).

COMPARABLE OR STABLE INDICATORS: Rhode Island adults did about the same as the national median on eight of the thirteen health indicators and did not see much change in two years for most of the indicators. While a slight decrease was observed in the prevalence of binge drinking, males reported a significantly higher prevalence of binge drinking than females (23.4% vs. 12.7%). Binge drinking was also more prevalent among adults age 18-44 and decreased significantly within the older age groups.

UNFAVORABLE OR WORSENING INDICATORS: Three of the health indicators are highlighted for being worse compared to 2011 or worse than the national median prevalence.

The prevalence of physical inactivity (no exercise) among adults was higher in Rhode Island compared to the national median (26.9% vs. 25.3%). Females reported a significantly higher prevalence of physical inactivity than males, and the prevalence of no physical activity increased with age.

HIGHLIGHTS

- Improvements in seatbelt use were made among Rhode Island adults from 2011-2013, while most health measures remained the same.
- Rhode Island has a higher prevalence of no exercise, hypertension, and asthma, but a lower prevalence of uninsured adults and adults who have not had an annual checkup compared to national estimates.
- Health disparities persist among males and females and adults of different ages.



This brief was produced by the Rhode Island BRFSS program and funded through cooperative agreement SO1101 between the Rhode Island Department of Health and the Centers for Disease Control and Prevention.

More Rhode Islanders reported having hypertension (high blood pressure) than adults across the US (33.8% vs. 31.4%). The prevalence of hypertension increased sharply and significantly with age, as expected. Approximately 65% of Rhode Island older adults have hypertension.

The prevalence of current asthma in Rhode Island was significantly higher than the US median prevalence (12.0% vs. 9.0%). The prevalence of current asthma was significantly higher among women than men.

SUMMARY

Rhode Island adults had a prevalence comparable to the national median for eight of the thirteen health indicators and did not see much change in two years for all but one of the indicators. RI adults did better than their national counterparts on measures related to healthcare access, but did worse on a few risk behavior and chronic disease prevalence measures.

The Rhode Island adult population continues to experience disparities in health. Young adults are more likely than older adults to report a lack of health insurance coverage, no annual checkup, binge drinking, and not always wear a seatbelt, but less likely to report poor or fair health, physical inactivity, hypertension, chronic obstructive pulmonary disease (COPD), diabetes, or a heart attack. Males are more likely than females to report binge drinking, not always wearing a seatbelt, having a heart attack, not having a routine checkup in the past year, and being uninsured whereas females are more likely to report poor or fair health, no exercise, and asthma.

Decreasing health risk behaviors and reducing health disparities will give everyone a chance to live a healthy life. Among other initiatives, HEALTH is working to be sure health is considered in all policies, establish a set of metrics to better understand existing health disparities across the life course, and assure access to quality primary care services for all Rhode Islanders. Continued collaboration and focused efforts can help make optimal health a reality for all Rhode Islanders.

¹ Data are sourced from the Behavioral Risk Factor Surveillance System (BRFSS), an annual Department of Health phone survey of noninstitutionalized RI adults (contact: Tara Cooper, 401-222-5960 / RI Relay 711, or go to www.health.ri.gov/data/behaviorriskfactor survey).

² In the text and figures, statistically significant difference is based on the 95% confidence intervals (CI) between the higher-risk group and lower-risk group. If the 95% CI do not overlap, there is a statistically significant difference between the two groups.

FIGURE 1: RI AND US ADULT HEALTH MEASURES

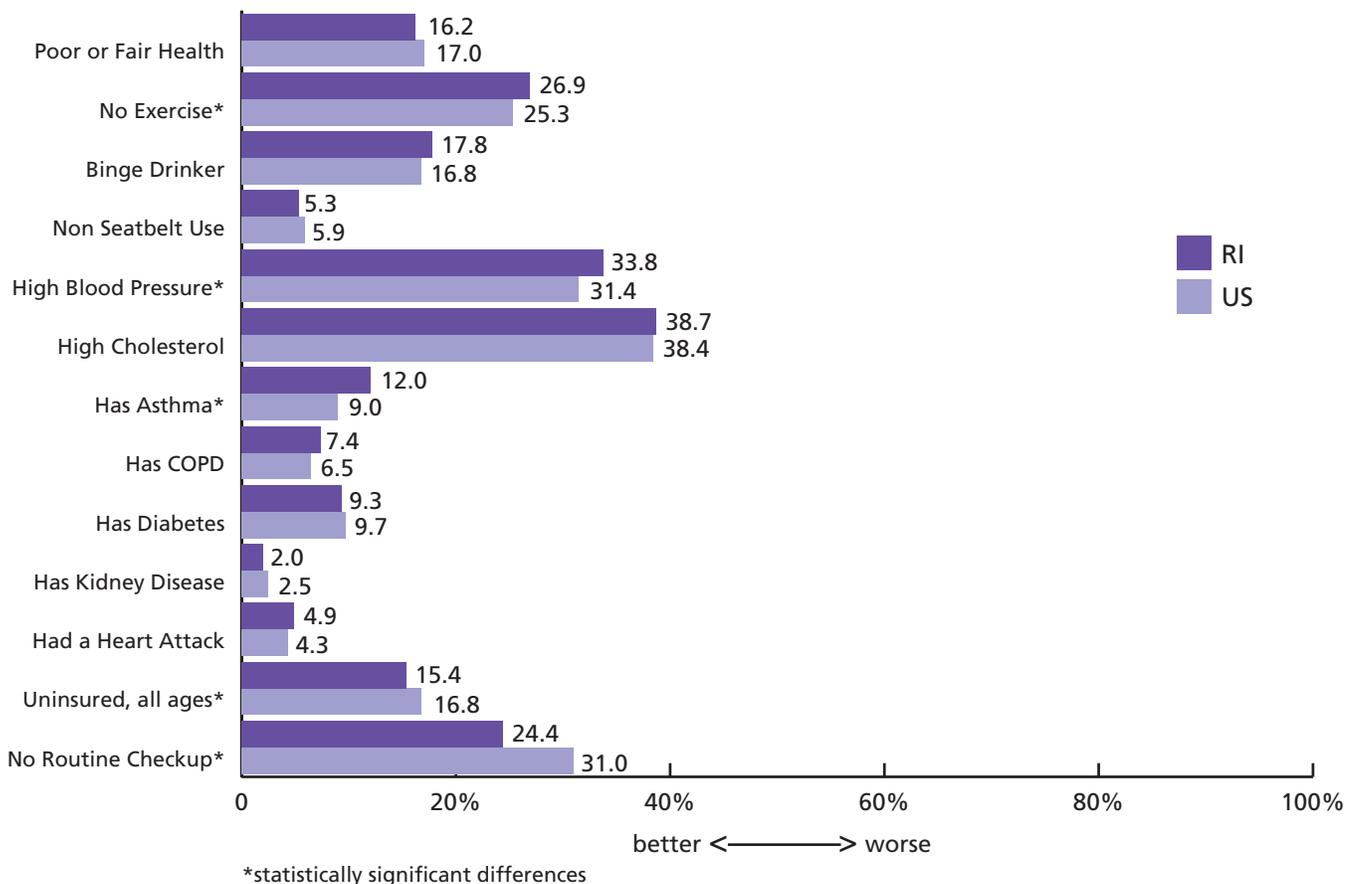
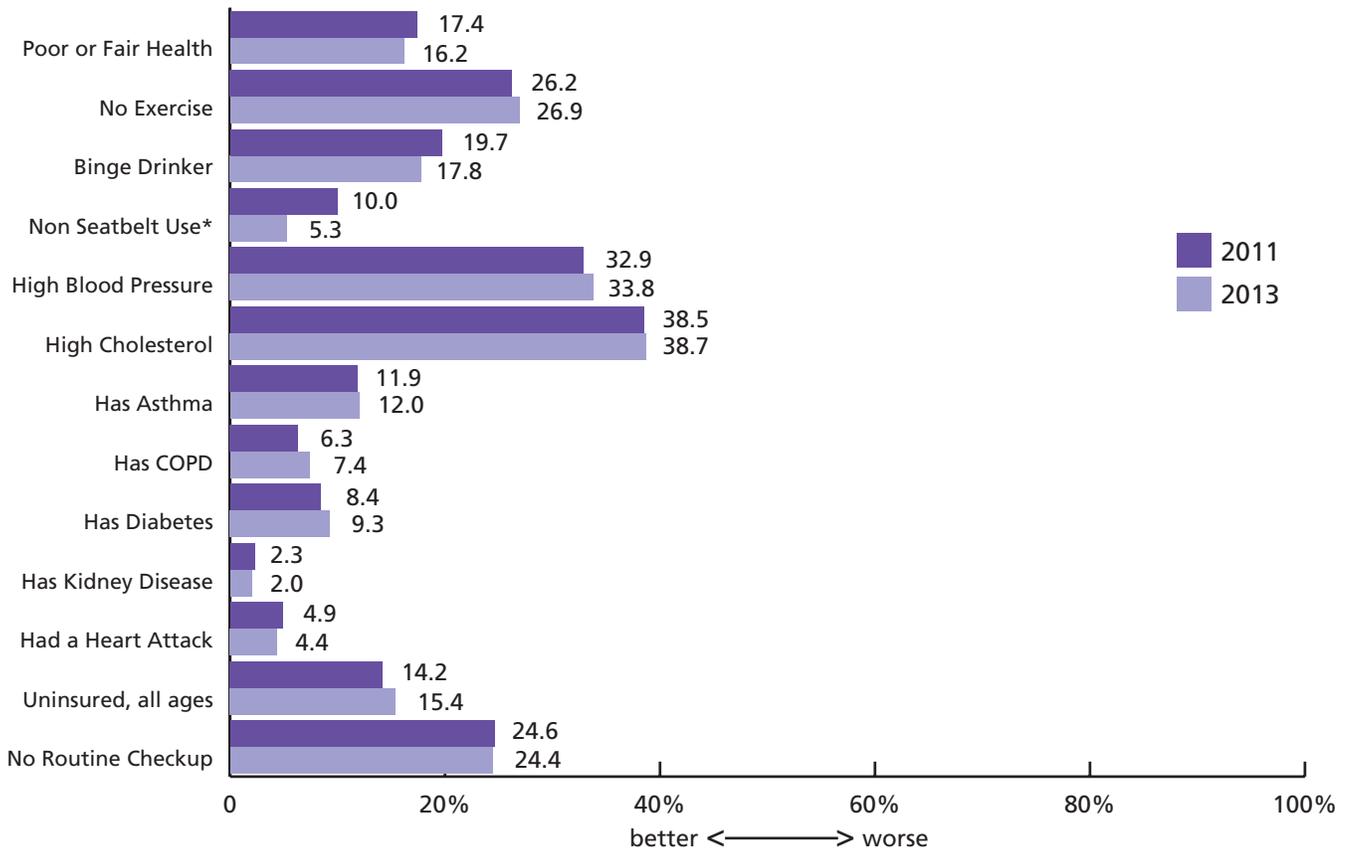
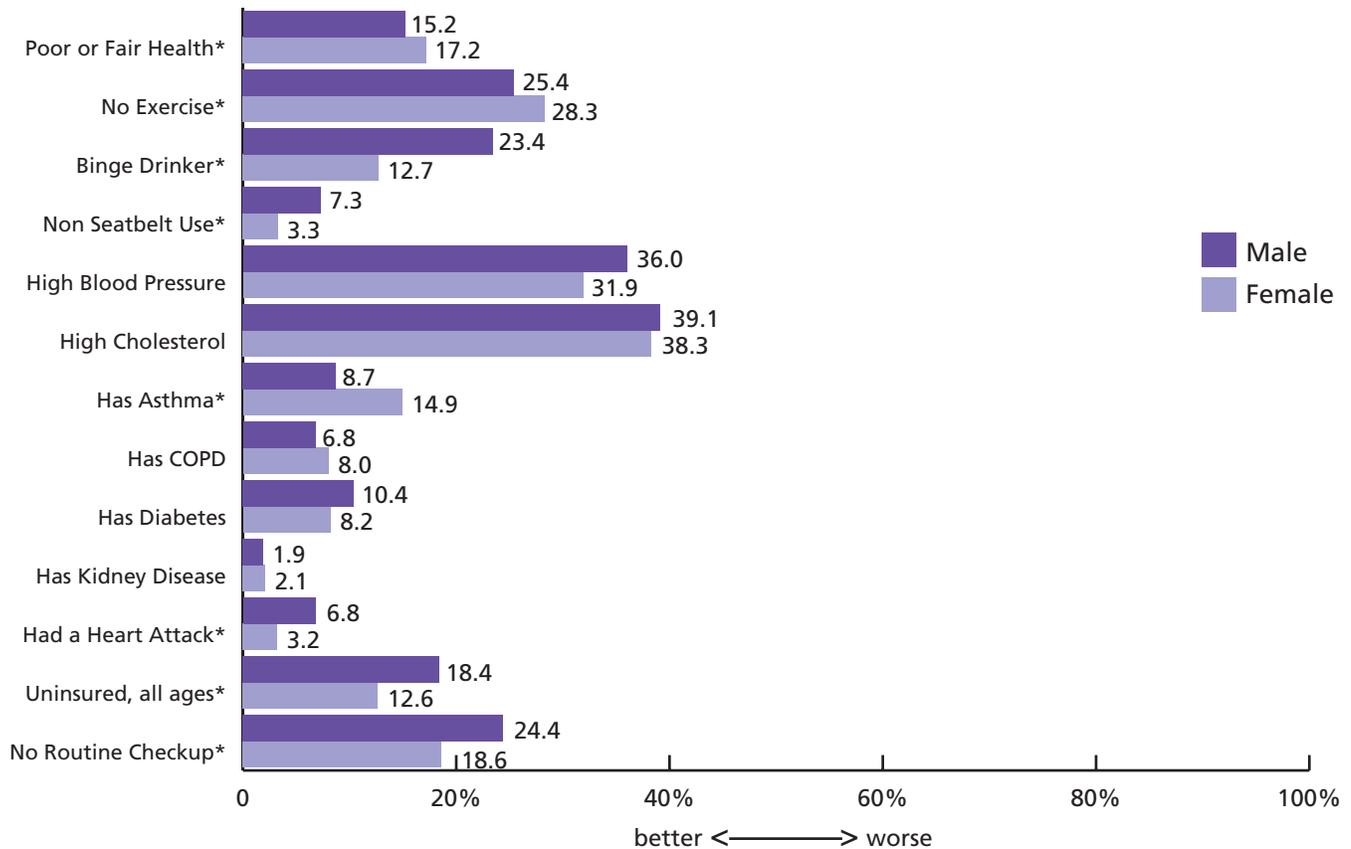


FIGURE 2: 2011 AND 2013 ADULT HEALTH MEASURES



*statistically significant differences

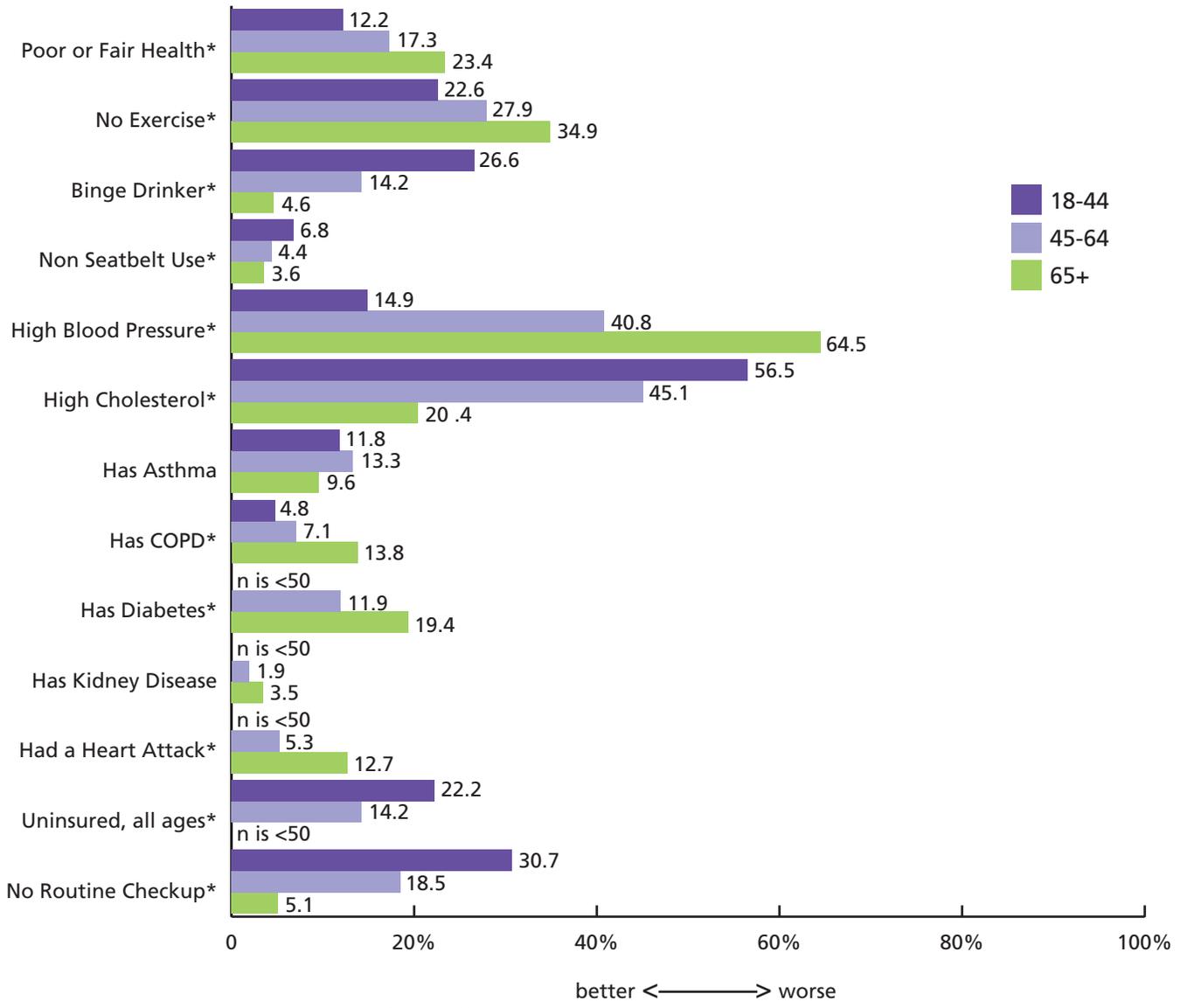
FIGURE 3: ADULT HEALTH MEASURES BY GENDER



*statistically significant differences

Has COPD (ever told by doctor has chronic obstructive pulmonary disease or COPD, emphysema, or chronic bronchitis); Has diabetes (ever told by doctor has diabetes); Has kidney disease (ever told by doctor has kidney disease); Had a heart attack (ever told by doctor had a heart attack); HEALTHCARE ACCESS MEASURES: Uninsured (no healthcare coverage, aged 18+); No routine checkup (no visit to a doctor for a routine checkup within the past 12 months)

FIGURE 4: RI 2013 ADULT HEALTH MEASURES BY AGE GROUP



*statistically significant differences



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