RHODE ISLAND COMMUNITY PROFILES 2016

Prepared by:

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On behalf of the Rhode Island State Epidemiology and Outcomes Workgroup [December 2016]

INTRODUCTION

The purpose of this report is to identify and present documentation on substance use (i.e., alcohol, tobacco, and other drugs) and mental health indicators for both adults and youth in the communities of Rhode Island as compared to the State. In particular, we focus on demographics, prevalence indicators, risk and protective factors, and consequences.

The report is designed to be used as a resource by various RI state agencies, such as the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH); the State Epidemiological Outcomes Workgroup (SEOW); and the many community-based Substance Abuse Prevention Task Forces in RI.

It is important to note that this is a working document. The Rhode Island Community Profiles 2016 is understood to be an evolving document, to be improved and updated regularly both with additional indicators and years of data, when available.

ACKNOWLEDGEMENTS

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NOTE: For the purposes of this report "New Shoreham" and "Block Island" are synonymous and "Block Island" will be referenced throughout.

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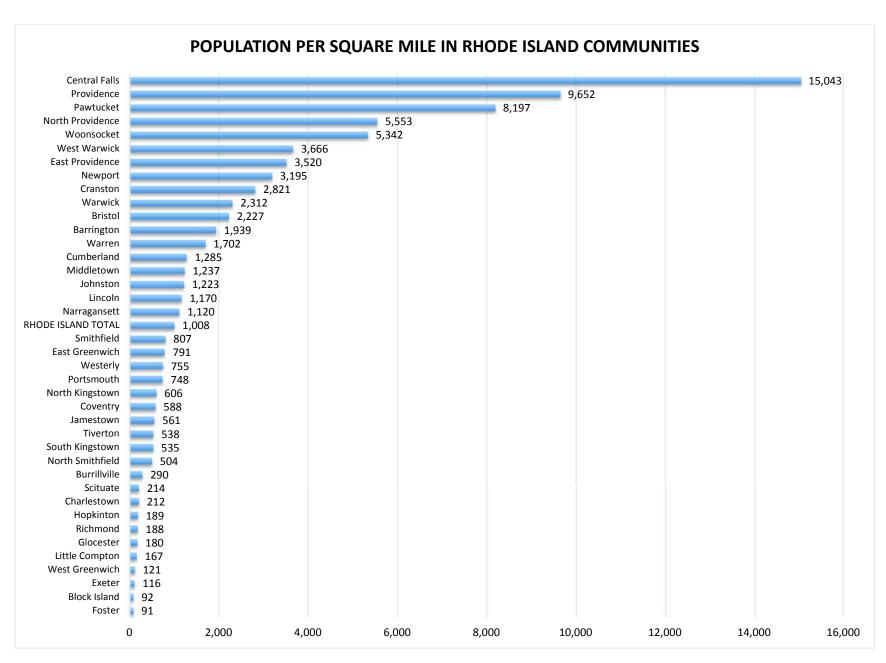
CONTENTS OF THE PROFILE

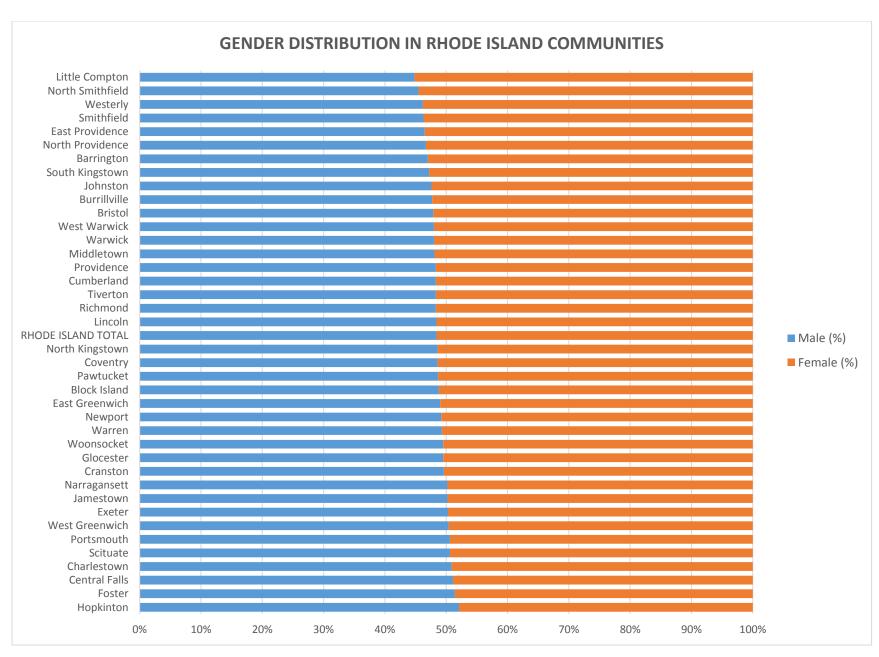
Overall Demographics

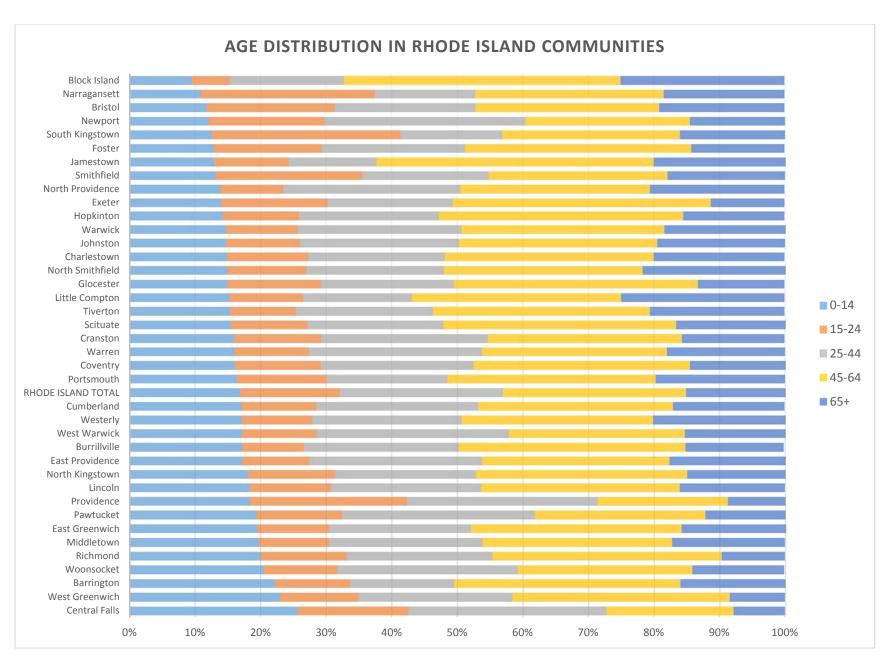
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- o Gender Distribution in Rhode Island Communities
- Age Distribution in Rhode Island Communities
- o Racial/Ethnic Distribution in Rhode Island Communities
- o Unemployment in Rhode Island Communities
- o Below Federal Poverty Level in Rhode Island Communities

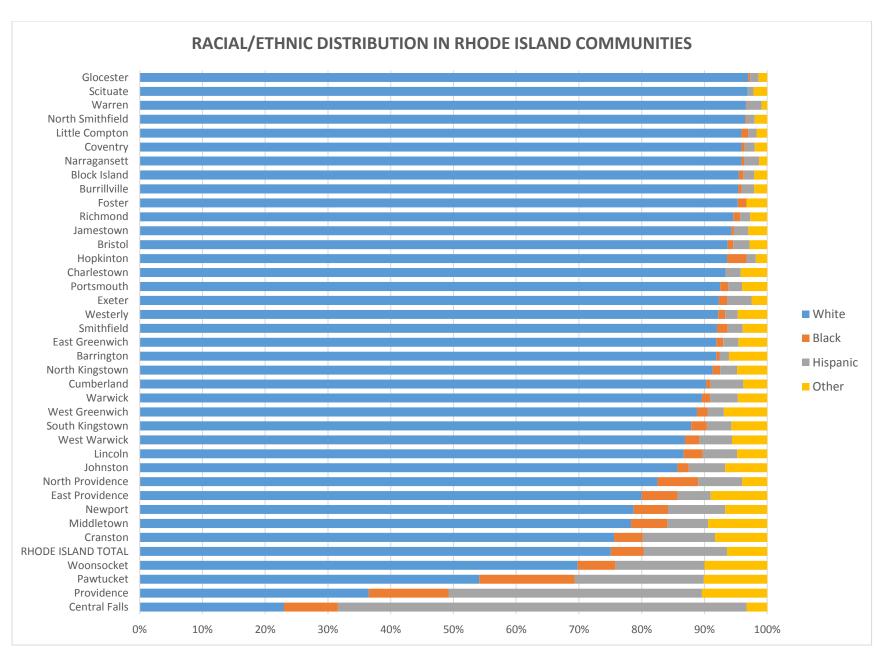
Individual Profile

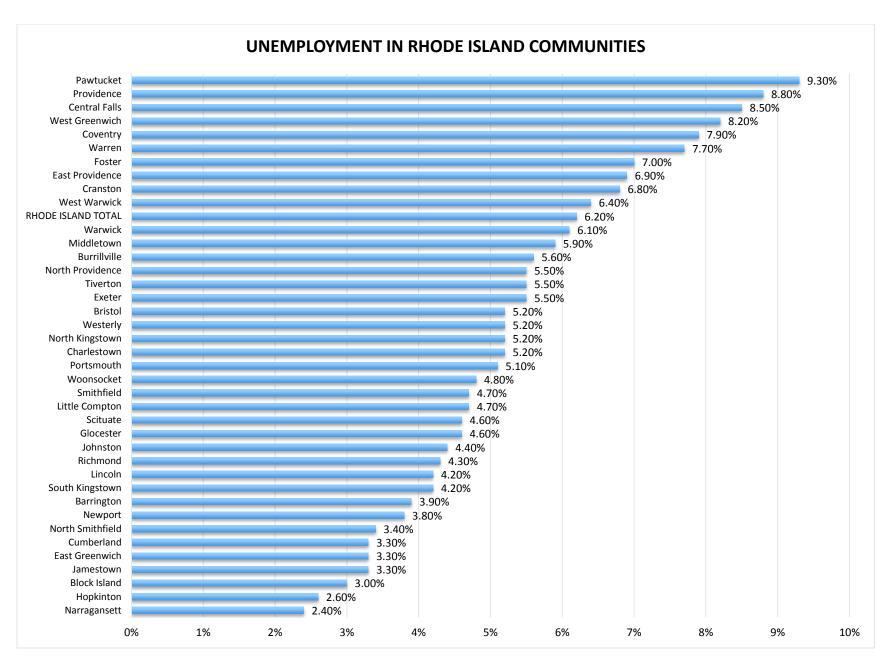
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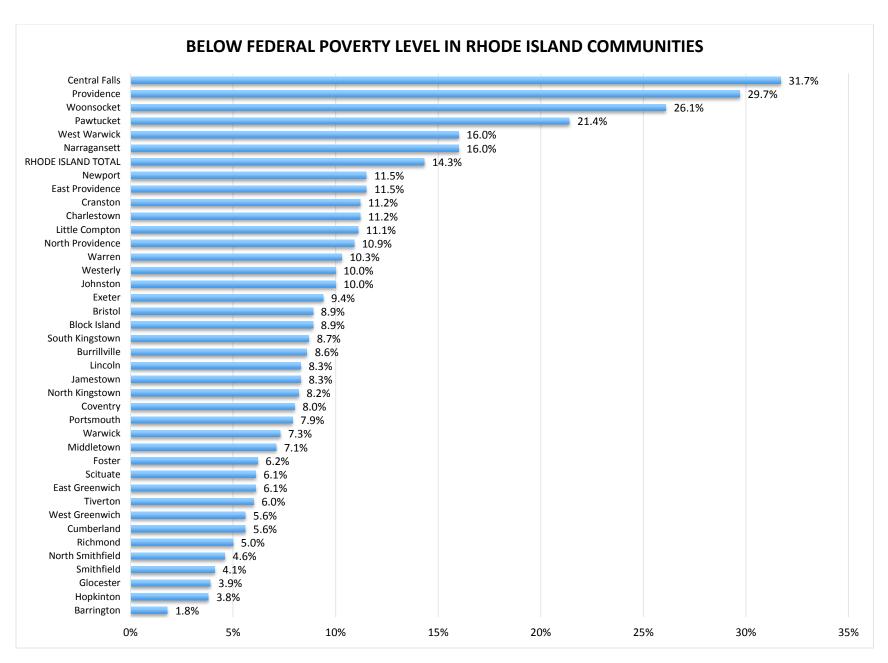






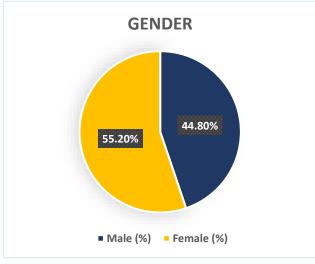


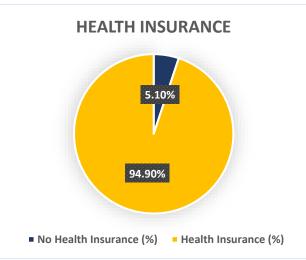


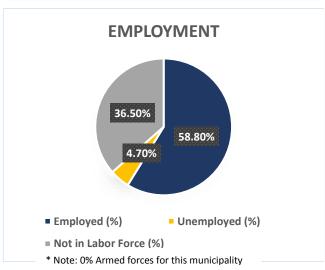


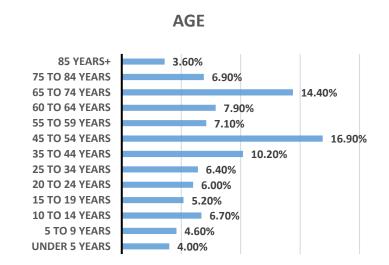
Demographics

Total Population: 3,491 Total Households: 1,571









MULTIRACIAL 0.90% OTHER RACE 0.50% NH/PI** 0.00% ASIAN 0.40% AI/AN* 0.00% BLACK 1.10%

WHITE

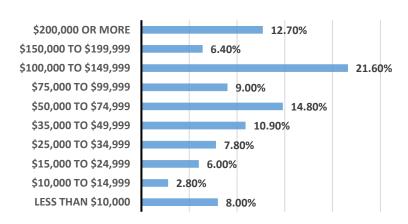
HISPANIC OR LATINO 1.30%

RACE/ETHNICITY

**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

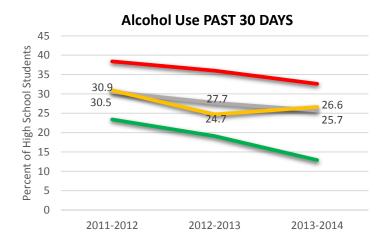
95.90%

ANNUAL HOUSEHOLD INCOME

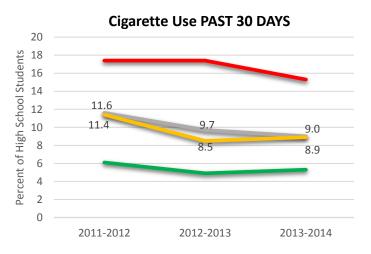


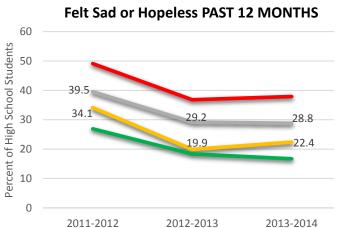
SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

Prevalence – High School









NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

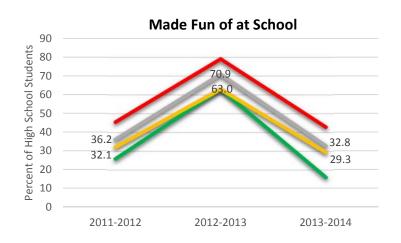
	RHODE ISLAND	LITTLE COMPTON
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	6.5%
2013-2014	9.5%	8.8%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	61.8%
2013-2014	60.8%	62.3%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	54.2%
2013-2014	55.7%	51.7%

Prevalence – Middle School

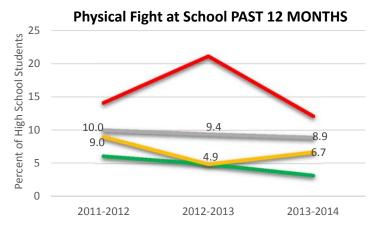
NO MIDDLE SCHOOL PREVALENCE DATA ARE AVAILABLE FOR LITTLE COMPTON.

SOURCE: Rhode Island Department of Education SurveyWorks

Risk and Protective Factors





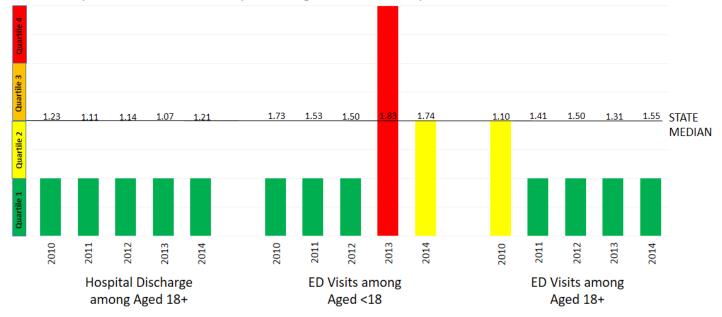


NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

NO MIDDLE SCHOOL RISK AND PROTECTIVE FACTOR DATA ARE AVAILABLE FOR LITTLE COMPTON.

Consequences - Overdose

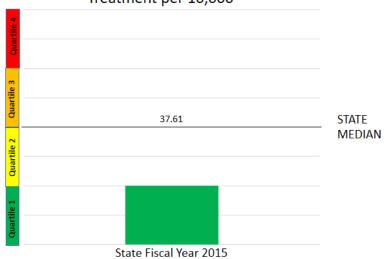
Little Compton Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Little Compton Quartiles of Adult Methadone Treatment per 10,000

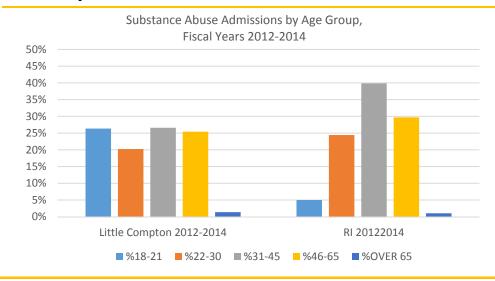


NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

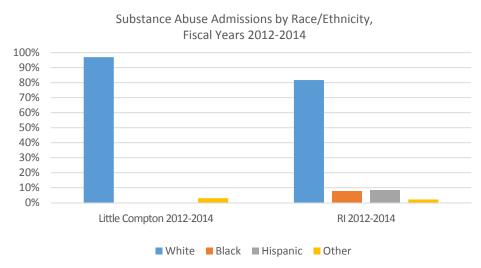
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

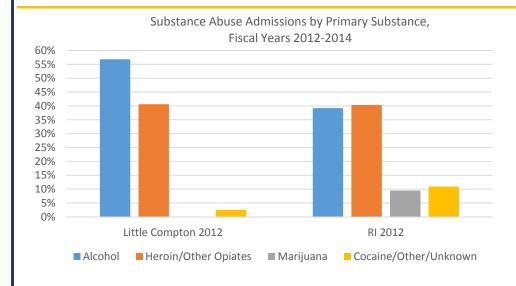
Consequences – Substance Abuse Admissions



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.



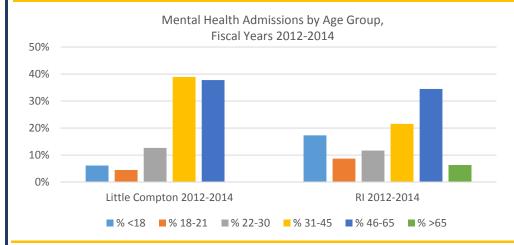
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.



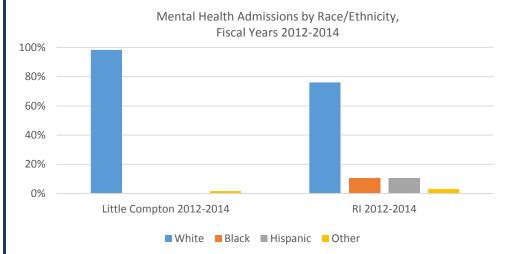
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

SOURCE: Behavioral Health On-Line Database (BHDDH)

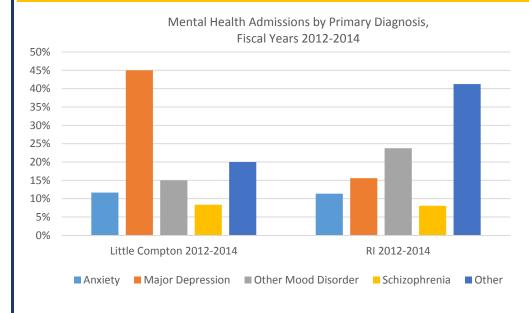
Consequences – Mental Health Admissions



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.



NOTE: Mental Health admissions may be for mental health treatment or comorbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

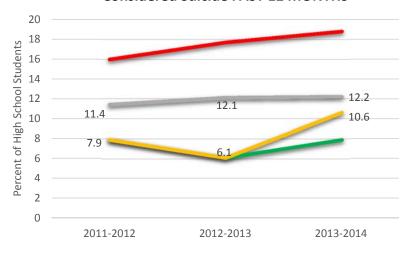


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

SOURCE: Behavioral Health On-Line Database (BHDDH)

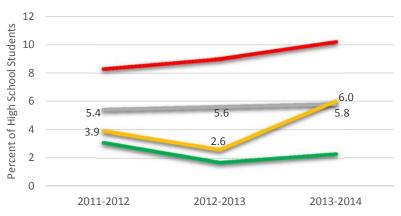
Consequences – Suicidality

Considered Suicide PAST 12 MONTHS





Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

NO MIDDLE SCHOOL SUICIDALITY

DATA ARE AVAILABLE FOR LITTLE COMPTON.

SOURCE: Rhodes Island Department of Education SurveyWorks