RHODE ISLAND COMMUNITY PROFILES 2016

Prepared by:

Samantha R. Rosenthal, PhD, MPH, Anna Cimini, MA & Stephen L. Buka, ScD
Department of Epidemiology
Brown University School of Public Health

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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The Brown University Team

- Stephen Buka, ScD
- Samantha Rosenthal, PhD, MPH
- Anna Cimini, MA

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

- Rebecca Boss, MA, Interim Director
- Elizabeth Kretchman, CPSS, Associate Administrator, Program Services and Community Engagement Unit
- Linda Barovier, CPSS, Associate Administrator, Policy and Planning
- Candace Rodgers, MPH, CHES, SPF-PFS Project Director
- Daniel Fitzgerald, Rhode Island Prevention Coordinator

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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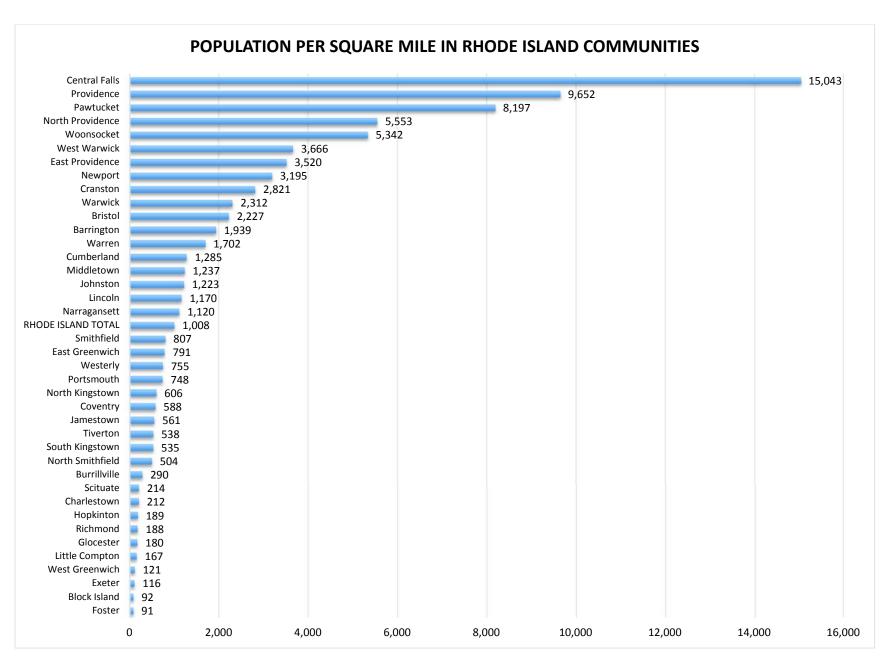
CONTENTS OF THE PROFILE

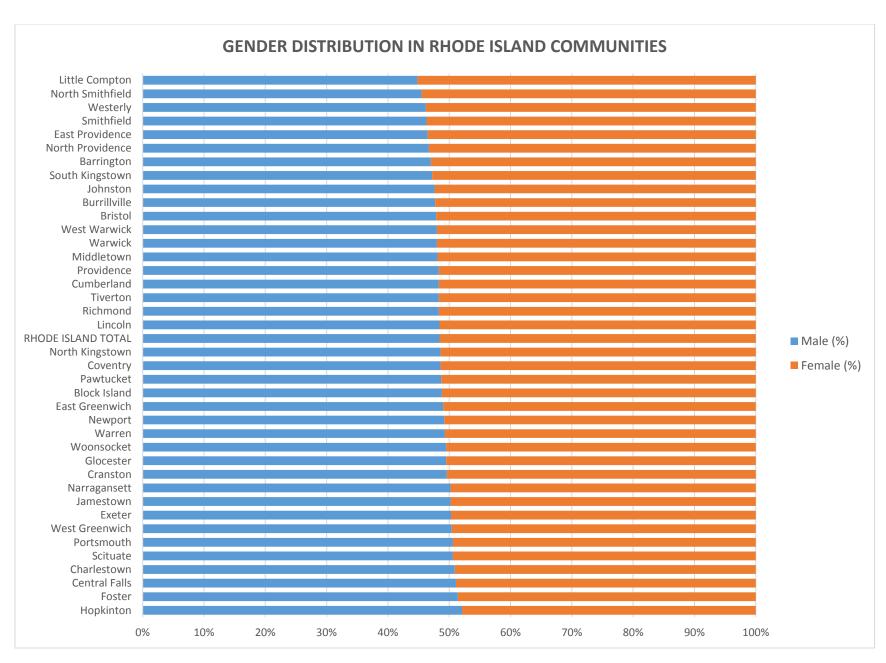
Overall Demographics

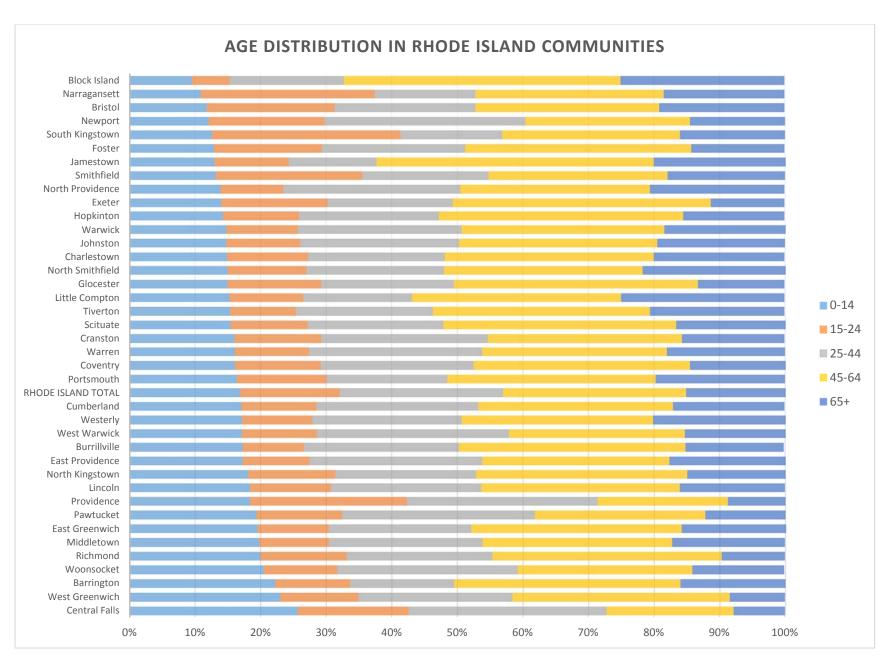
- o Population per Square Mile in Rhode Island Communities
- o Gender Distribution in Rhode Island Communities
- Age Distribution in Rhode Island Communities
- o Racial/Ethnic Distribution in Rhode Island Communities
- o Unemployment in Rhode Island Communities
- o Below Federal Poverty Level in Rhode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

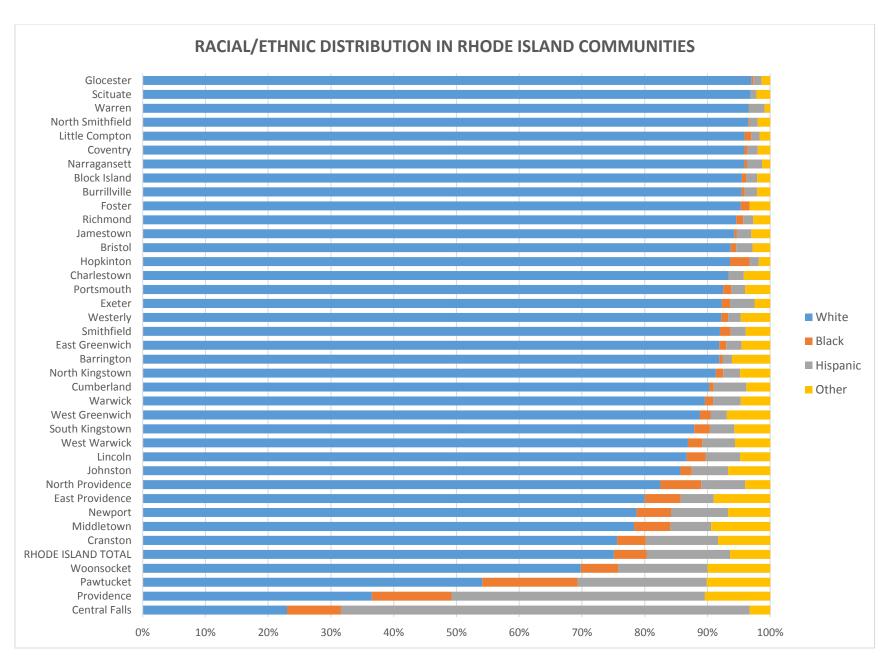
Individual Profile

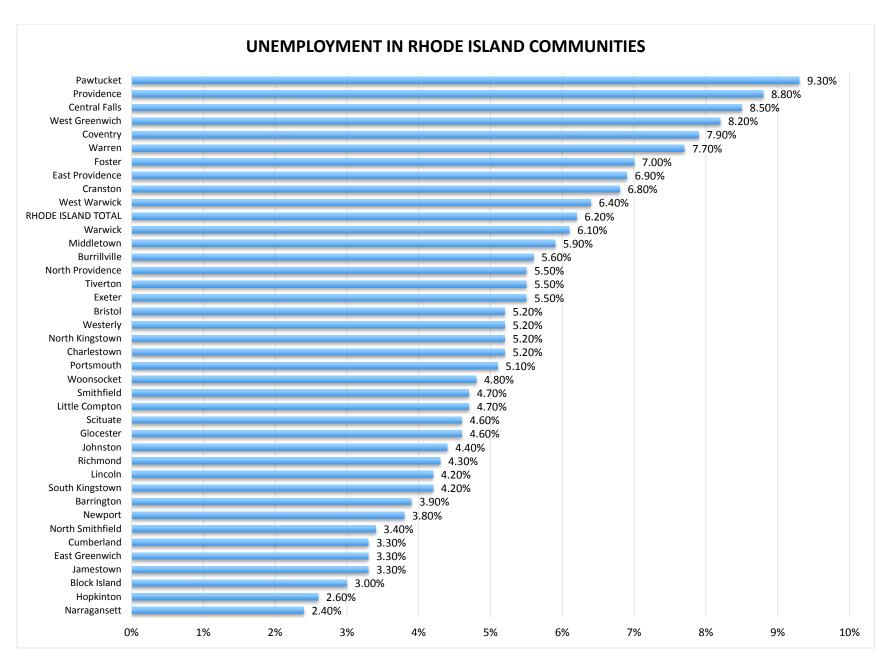
- o Demographics
- o Prevalence High School
- o Prevalence Middle School
- Risk and Protective Factors
- Consequences Overdose
- Consequences Substance Abuse Admissions
- o Consequences Mental Health Admissions
- Consequences Suicidality

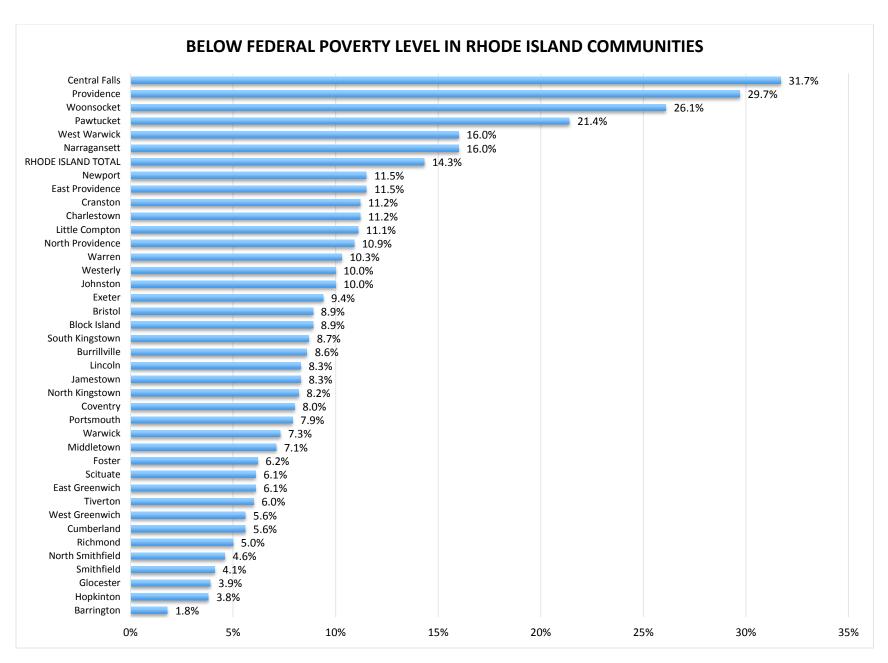






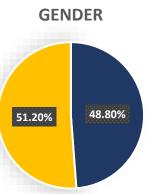


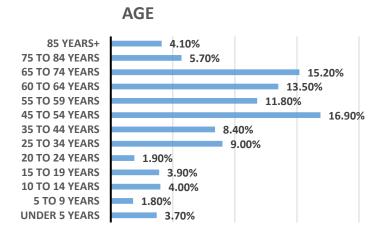




Demographics

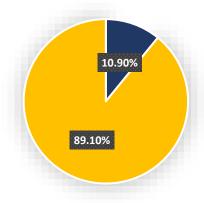
Total Population: 893 Total Households: 418





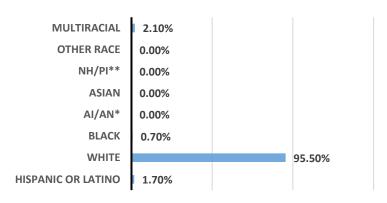
HEALTH INSURANCE

Male (%)Female (%)



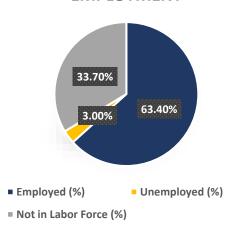
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY

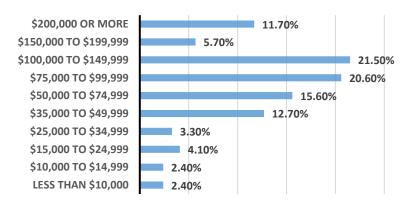


**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



ANNUAL HOUSEHOLD INCOME

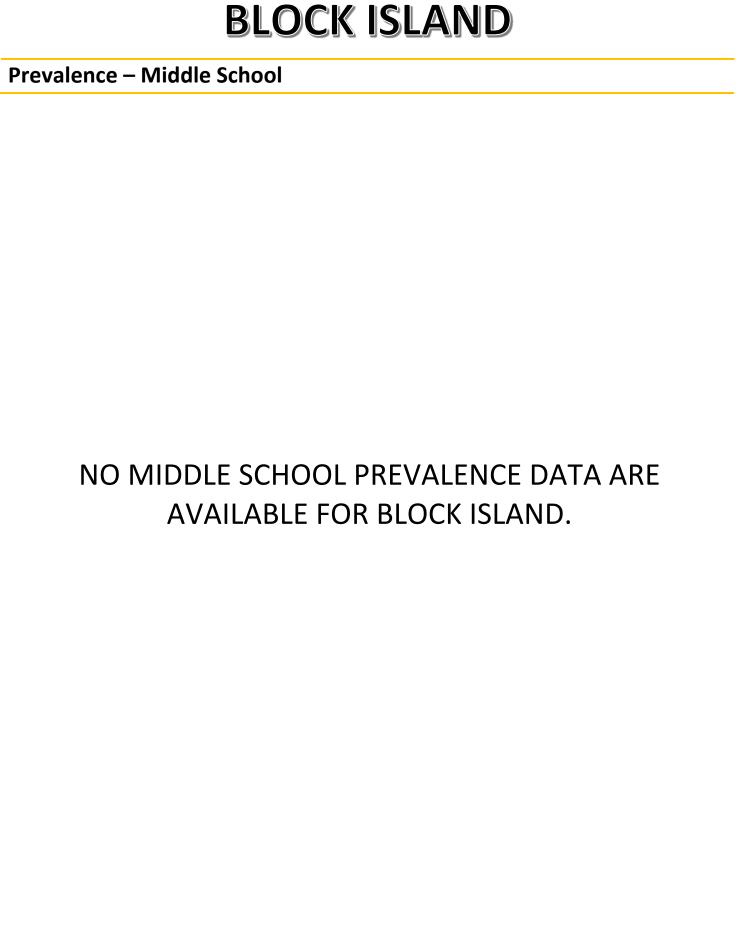


SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

Prevalence – High School

NO HIGH SCHOOL PREVALENCE DATA ARE AVAILABLE FOR BLOCK ISLAND.

SOURCE: Rhode Island Department of Education SurveyWorks

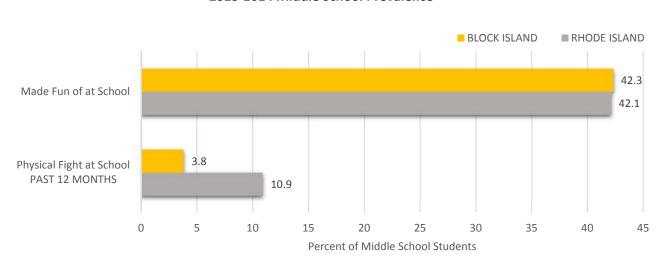


SOURCE: Rhode Island Department of Education SurveyWorks

Risk and Protective Factors

NO HIGH SCHOOL RISK AND PROTECTIVE FACTOR DATA ARE AVAILABLE FOR BLOCK ISLAND.

2013-2014 Middle School Prevalence



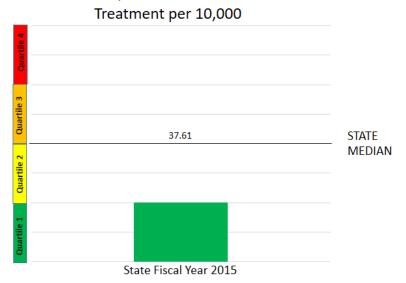
NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

SOURCE: Rhode Island Department of Education SurveyWorks

Consequences - Overdose

NO OVERDOSE RATES ARE AVAILABLE FOR BLOCK ISLAND DUE TO UNRELIABLE YEAR-ROUND AND SUMMER POPULATION ESTIMATES.

Block Island Quartiles of Adult Methadone

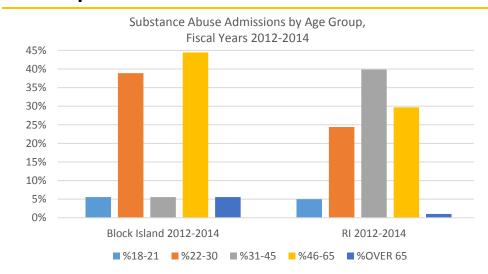


NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

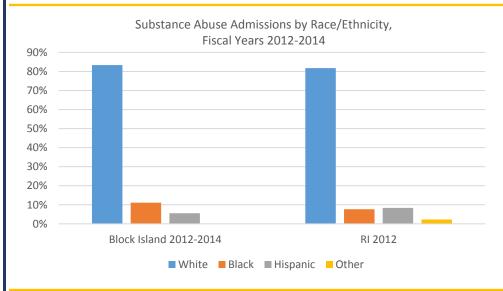
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

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

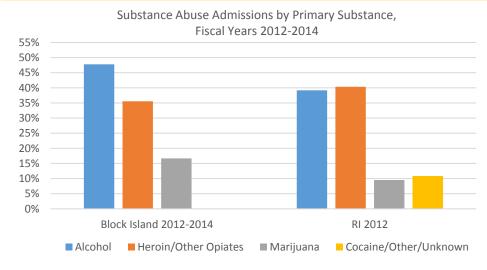
Consequences – Substance Abuse Admissions



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.



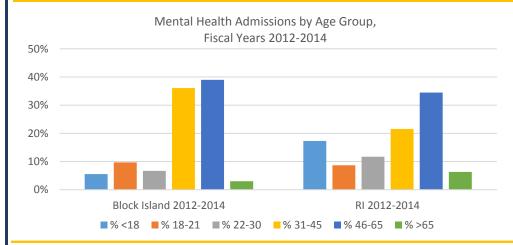
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.



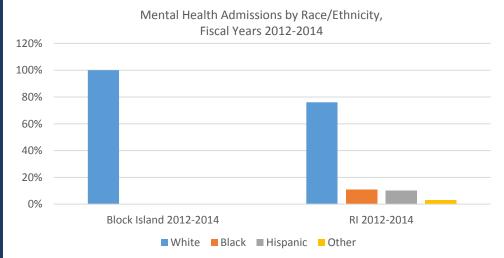
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

SOURCE: Behavioral Health On-Line Database (BHDDH)

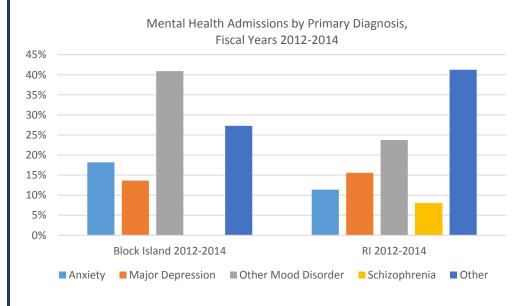
Consequences – Mental Health Admissions



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

NO HIGH SCHOOL NOR MIDDLE SCHOOL SUICIDALITY DATA ARE AVAILABLE FOR BLOCK ISLAND.

SOURCE: Rhodes Island Department of Education SurveyWorks