

# **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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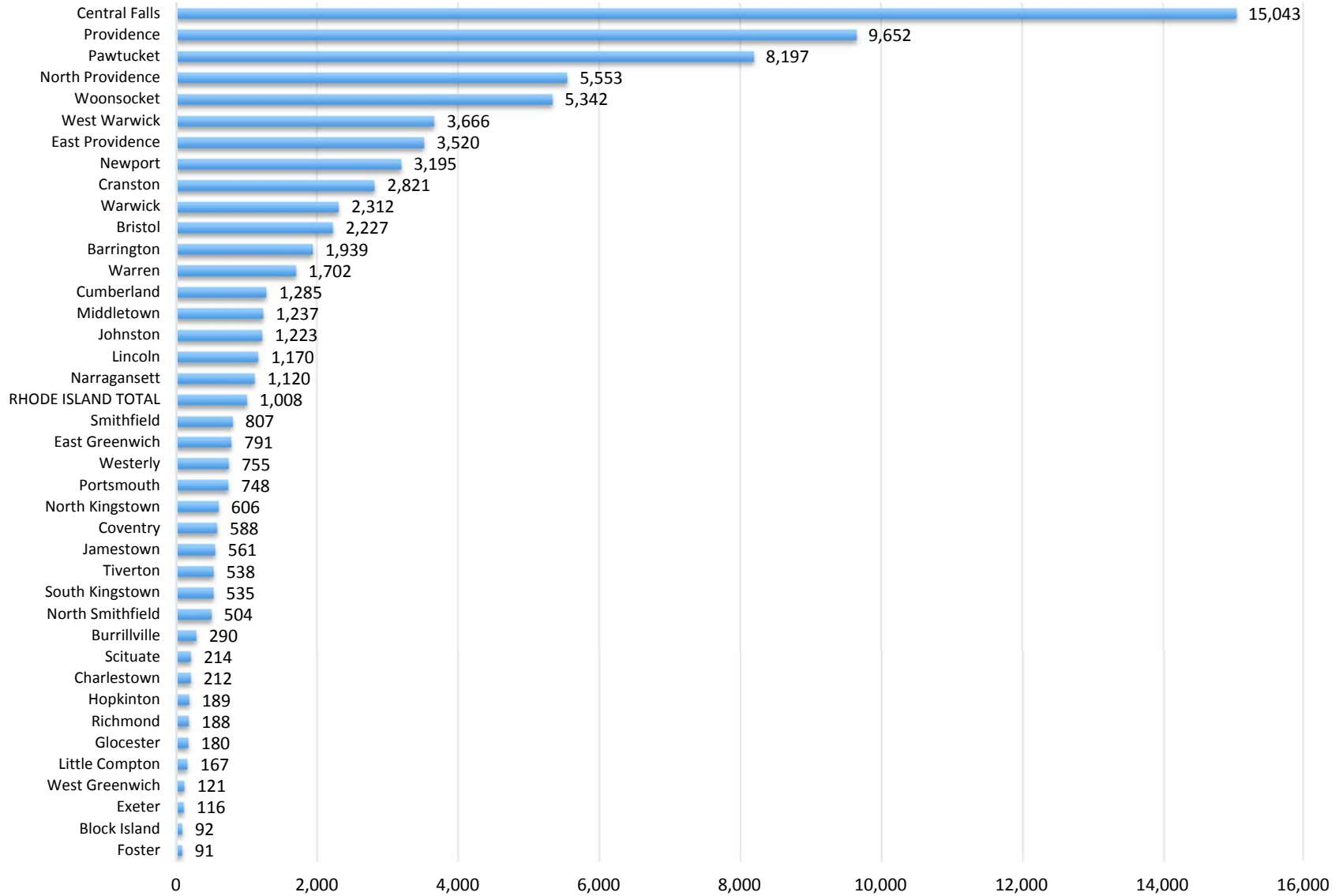
### Overall Demographics

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

### Individual Profile

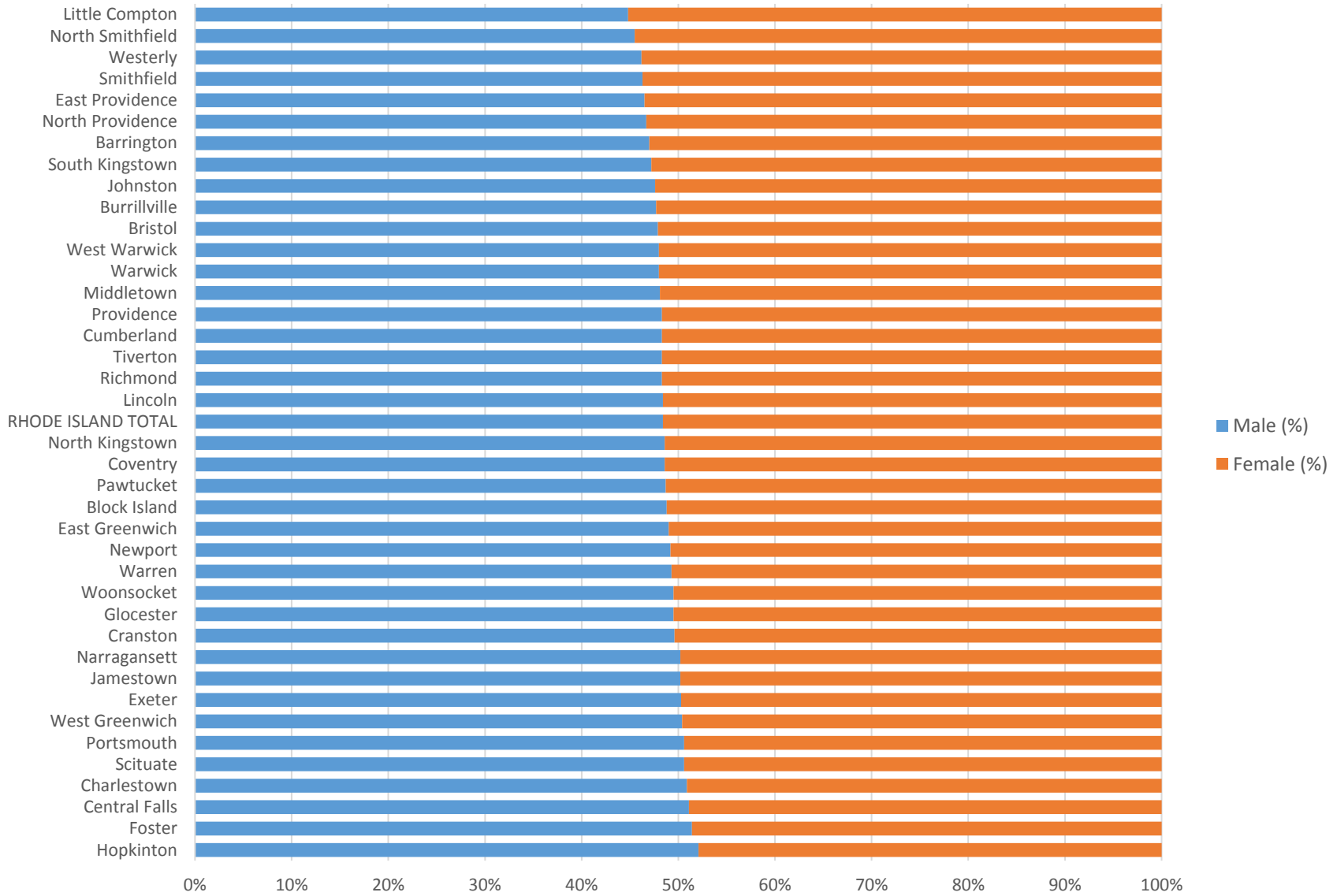
- Demographics
- Prevalence – High School
- Prevalence – Middle School
- Risk and Protective Factors
- Consequences – Overdose
- Consequences – Substance Abuse Admissions
- Consequences – Mental Health Admissions
- Consequences – Suicidality

## POPULATION PER SQUARE MILE IN RHODE ISLAND COMMUNITIES



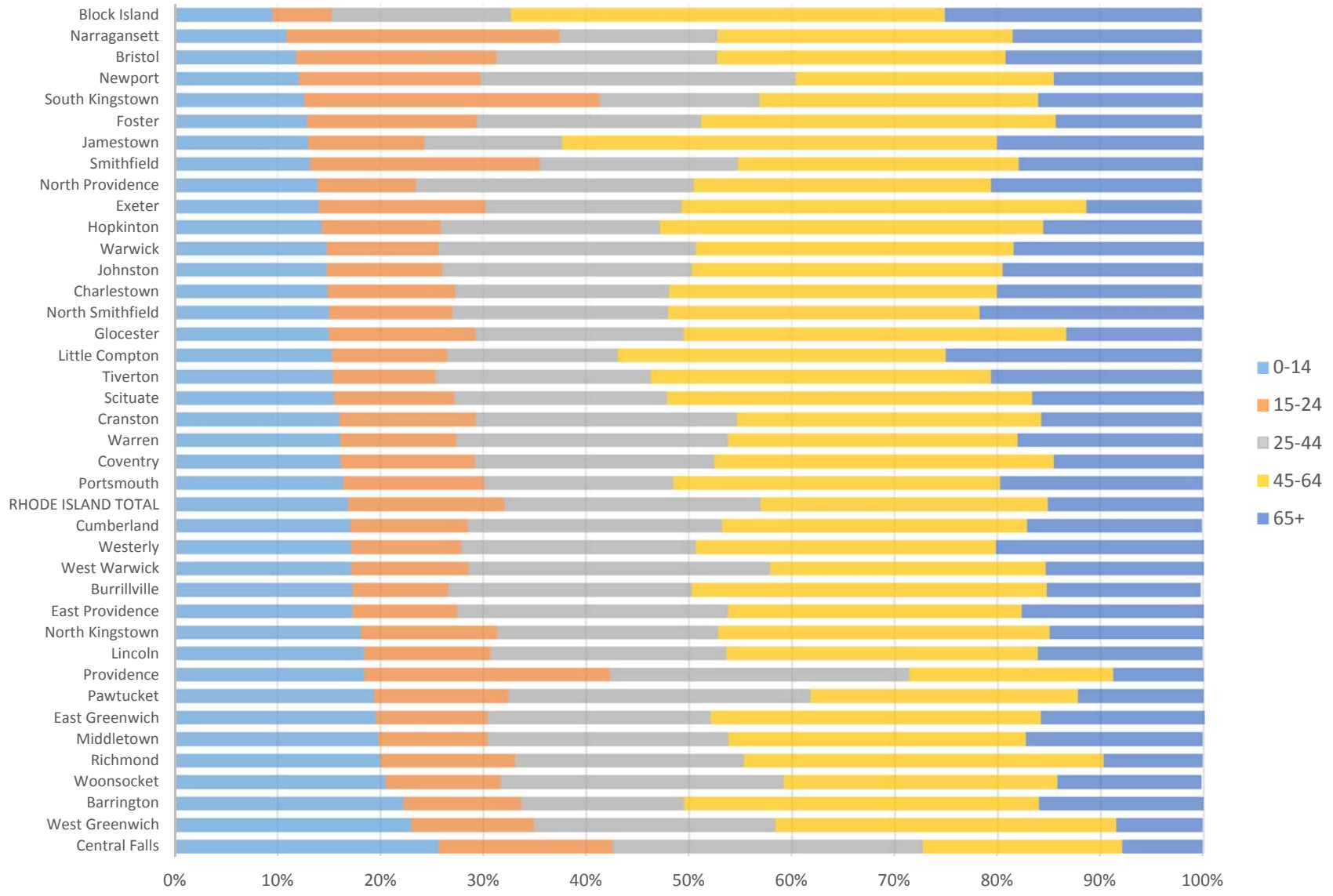
**Source:** 2014 American Communities Survey 5-Year Aggregated Estimates

## GENDER DISTRIBUTION IN RHODE ISLAND COMMUNITIES



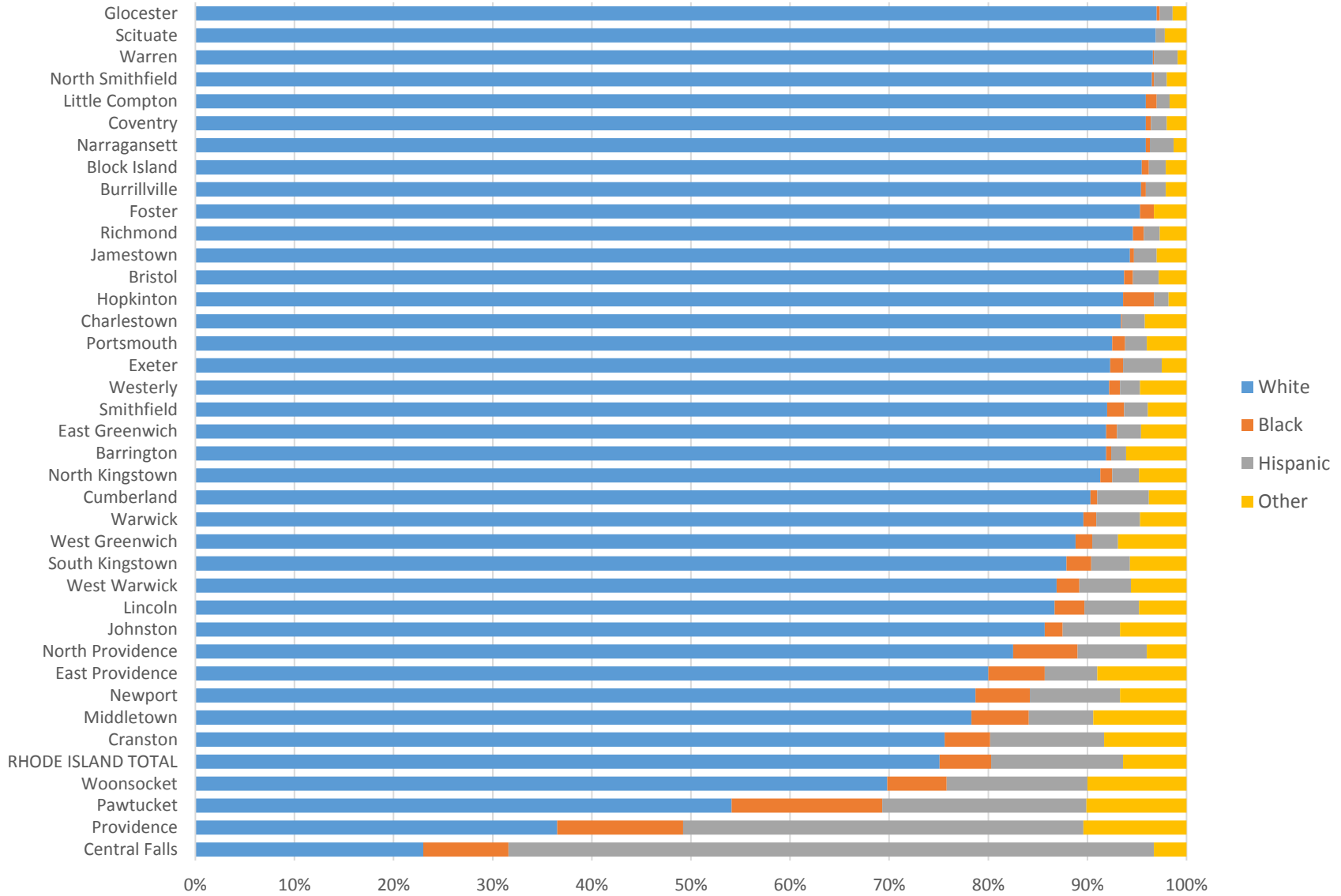
**Source:** 2014 American Communities Survey 5-Year Aggregated Estimates

## AGE DISTRIBUTION IN RHODE ISLAND COMMUNITIES



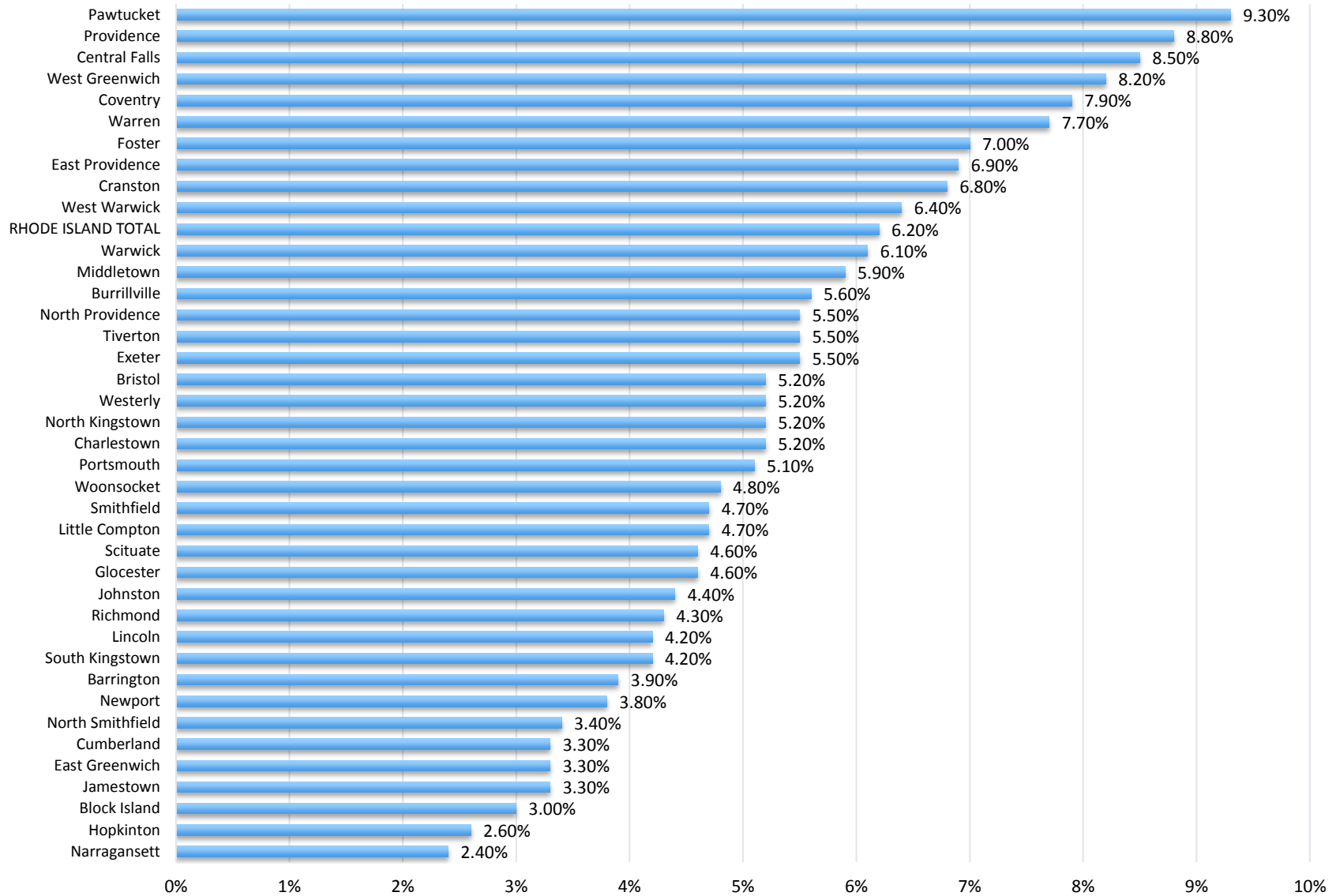
**Source:** 2014 American Communities Survey 5-Year Aggregated Estimates

## RACIAL/ETHNIC DISTRIBUTION IN RHODE ISLAND COMMUNITIES



**Source:** 2014 American Communities Survey 5-Year Aggregated Estimates

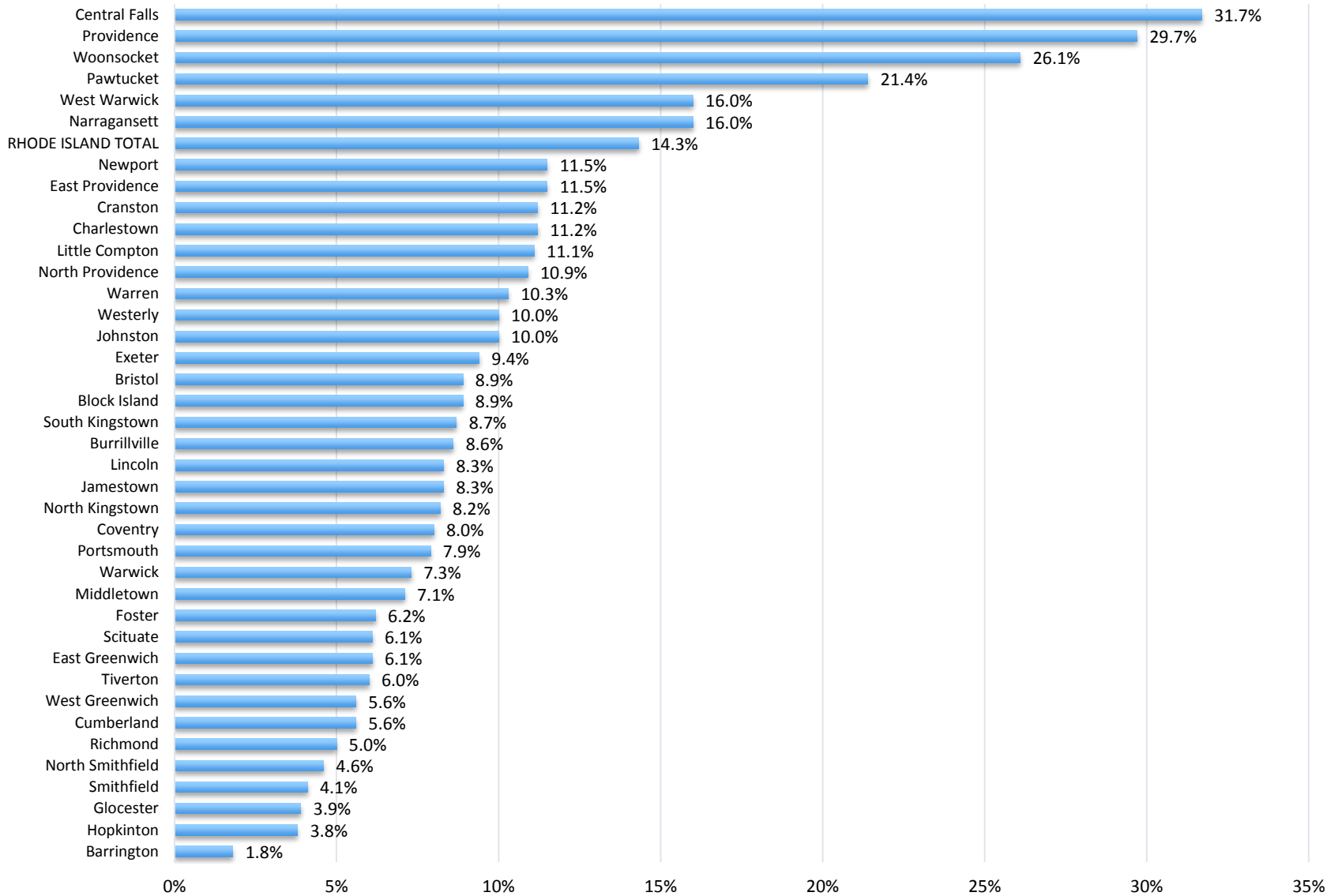
## UNEMPLOYMENT IN RHODE ISLAND COMMUNITIES



**Source:** 2014 American Communities Survey 5-Year Aggregated Estimates



## BELOW FEDERAL POVERTY LEVEL IN RHODE ISLAND COMMUNITIES



**Source:** 2014 American Communities Survey 5-Year Aggregated Estimates

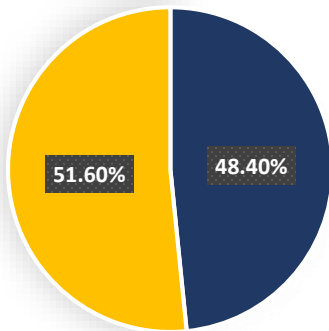
# LINCOLN

## Demographics

**Total Population: 21,300**

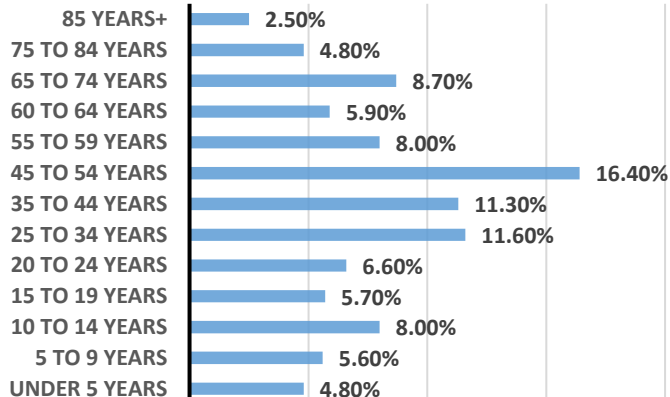
**Total Households: 8,187**

### GENDER

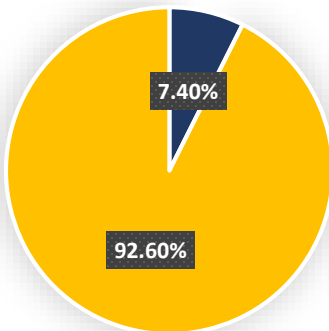


■ Male (%) ■ Female (%)

### AGE

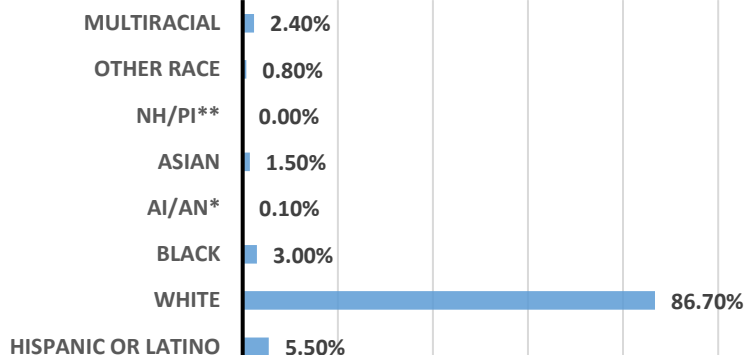


### HEALTH INSURANCE



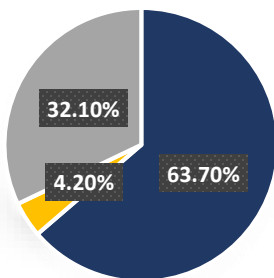
■ No Health Insurance (%) ■ Health Insurance (%)

### RACE/ETHNICITY



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

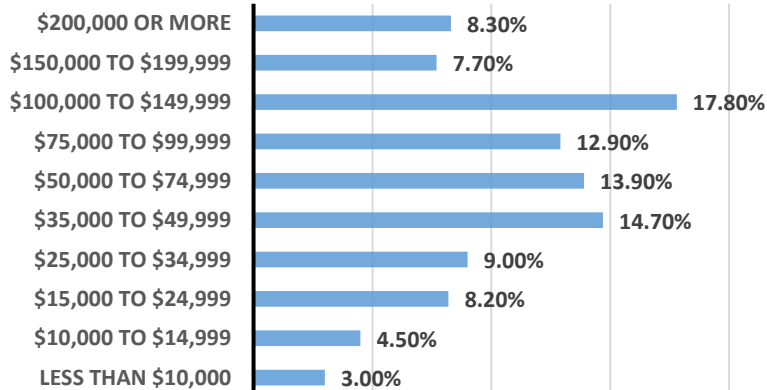
### EMPLOYMENT



■ Employed (%) ■ Unemployed (%) ■ Not in Labor Force (%)

\* Note: 0% Armed forces for this municipality

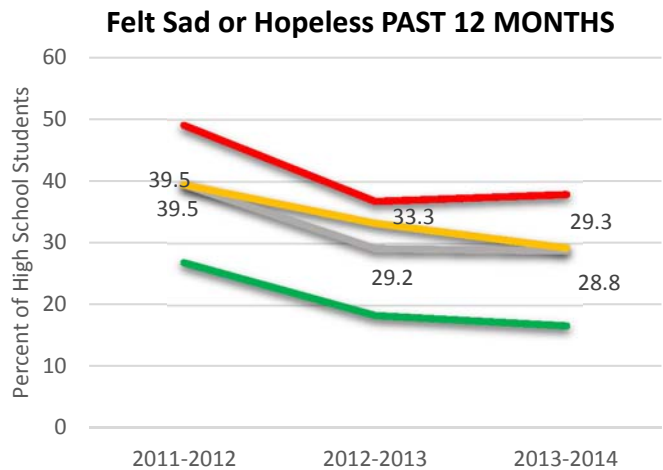
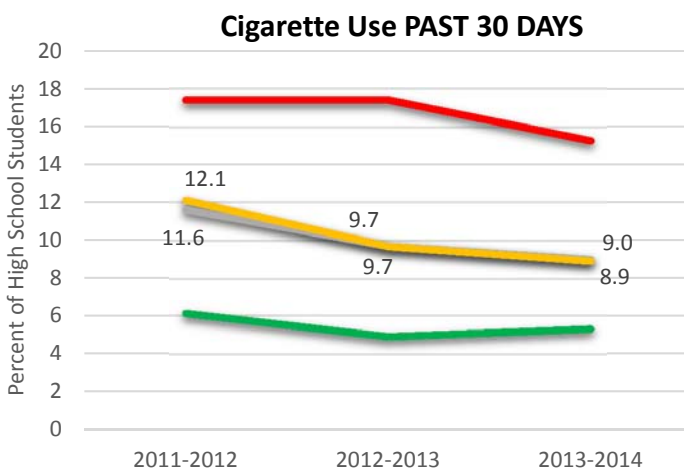
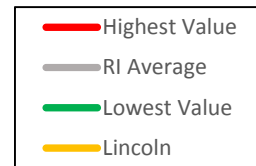
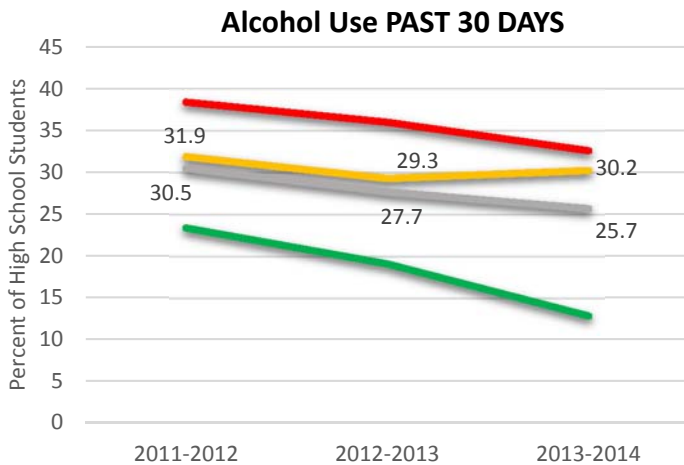
### ANNUAL HOUSEHOLD INCOME



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

# LINCOLN

## 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.

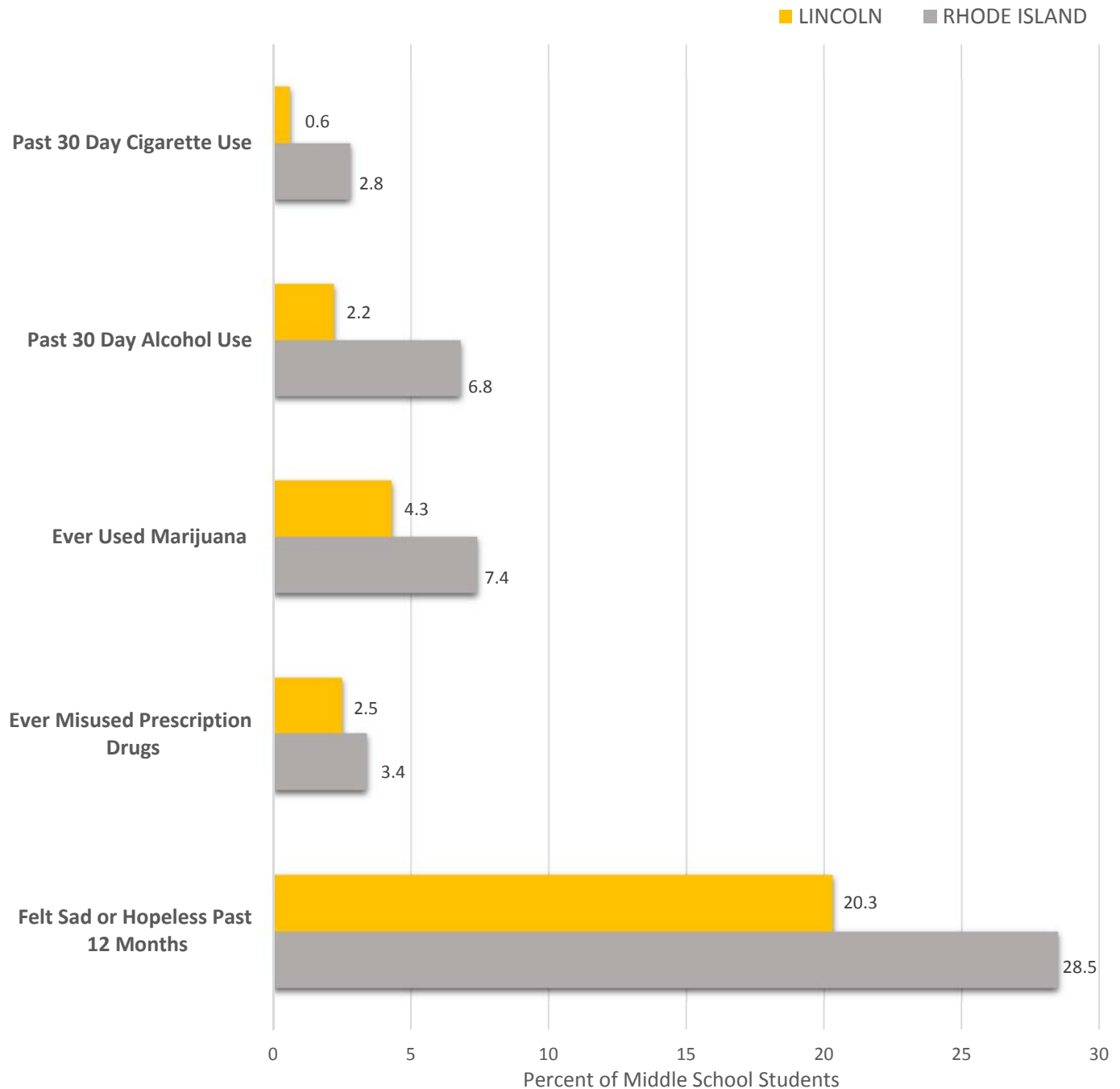
	RHODE ISLAND	LINCOLN
<b>Under the influence of alcohol at school PAST 12 MONTHS</b>		
2012-2013	10.7%	12.3%
2013-2014	9.5%	9.9%
<b>Marijuana use PAST 30 DAYS</b>		
2012-2013	57.0%	54.5%
2013-2014	60.8%	59.3%
<b>Prescription Drug Misuse PAST 30 DAYS</b>		
2012-2013	57.4%	54.6%
2013-2014	55.7%	59.2%

**SOURCE:** Rhode Island Department of Education SurveyWorks

# LINCOLN

## Prevalence – Middle School

2013-2014 Middle School Prevalence



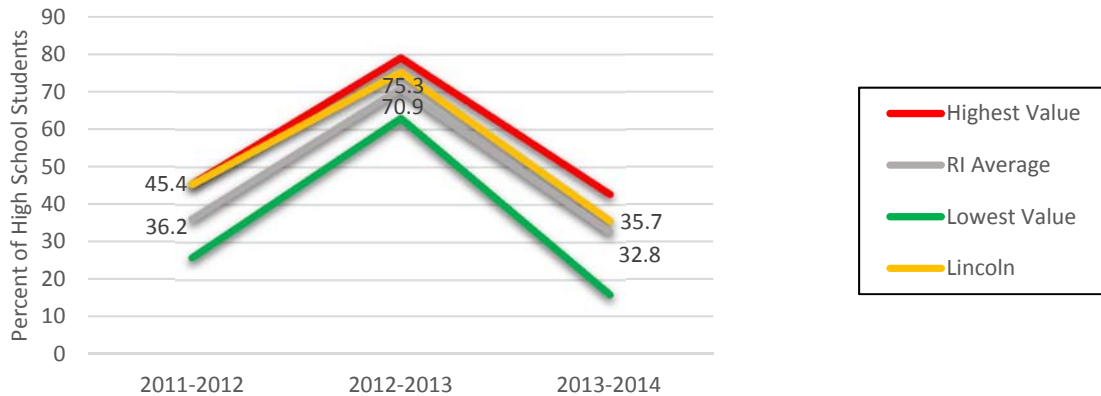
**NOTE:** Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

**SOURCE:** Rhode Island Department of Education SurveyWorks

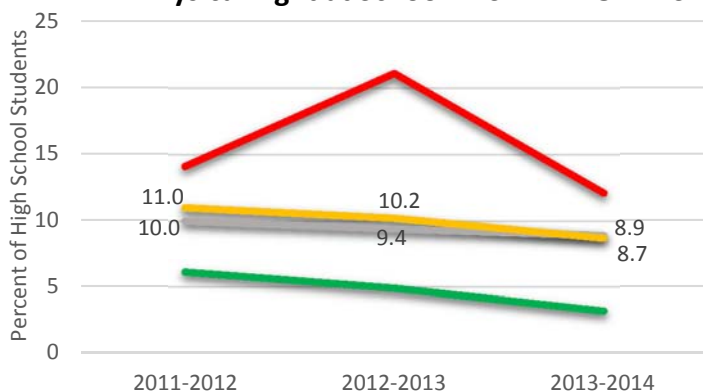
# LINCOLN

## Risk and Protective Factors

### Made Fun of at School

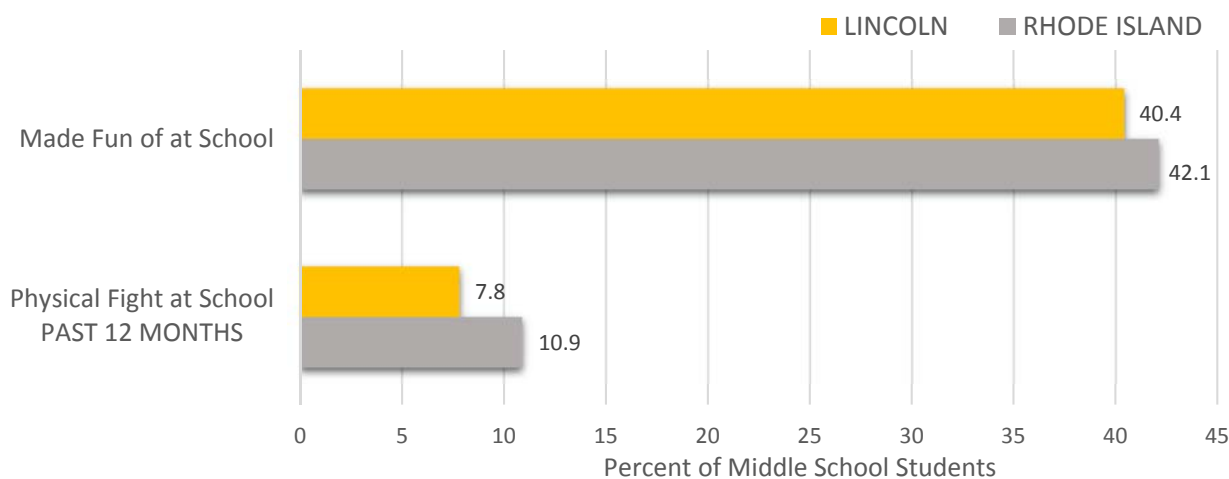


### Physical Fight at School PAST 12 MONTHS



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

### 2013-2014 Middle School Prevalence



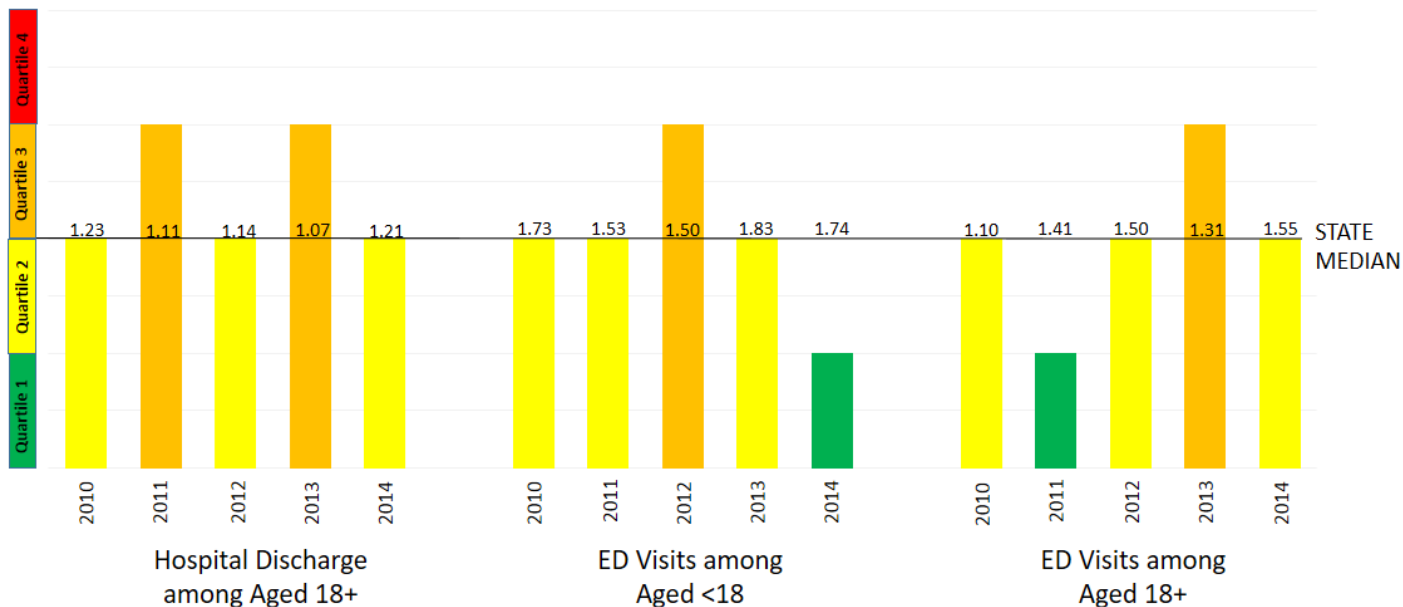
**NOTE:** Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

**SOURCE:** Rhode Island Department of Education SurveyWorks

# LINCOLN

## Consequences - Overdose

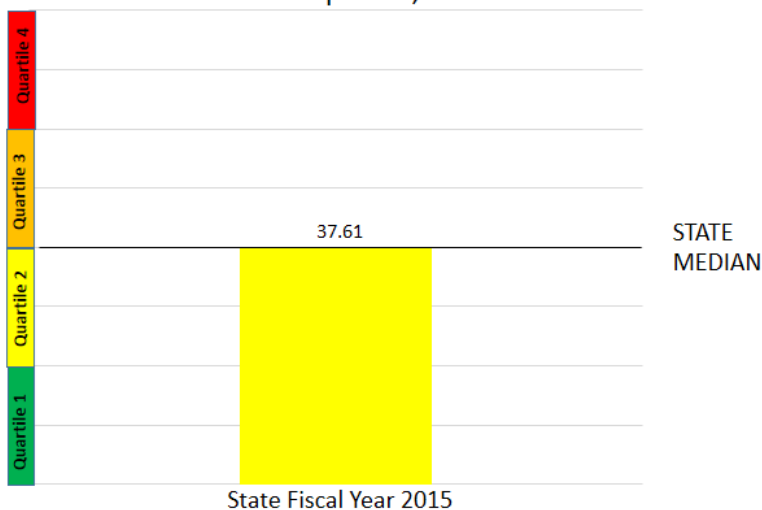
Lincoln Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



**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

Lincoln 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.

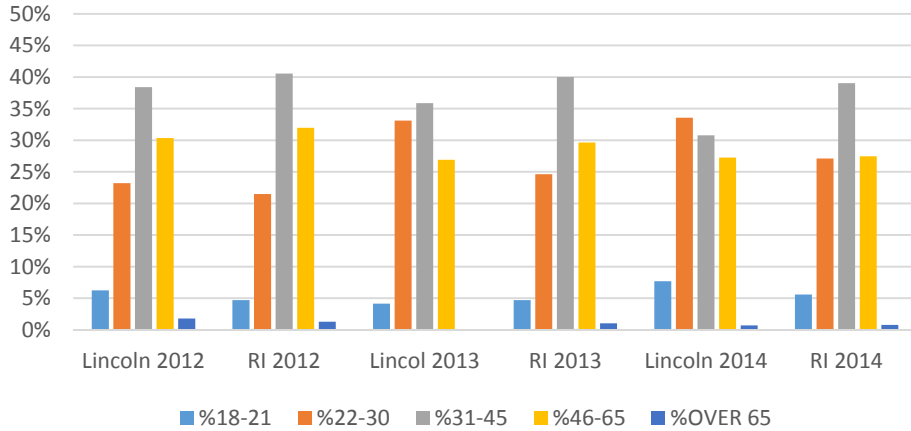
**SOURCE:** Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

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

# LINCOLN

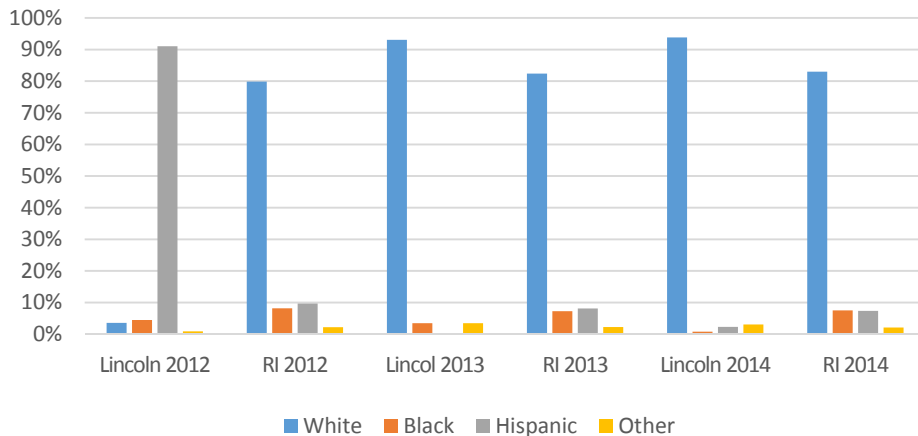
## Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,  
Fiscal Years 2012-2014



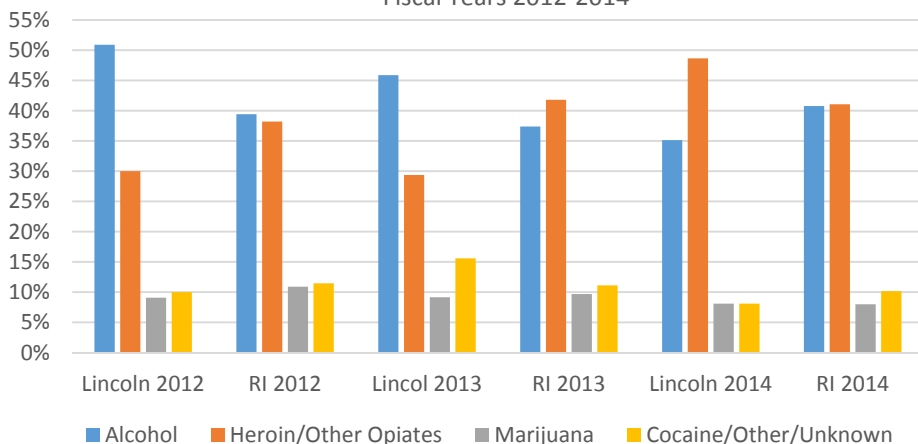
**NOTE:** Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,  
Fiscal Years 2012-2014



**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.

Substance Abuse Admissions by Primary Substance,  
Fiscal Years 2012-2014

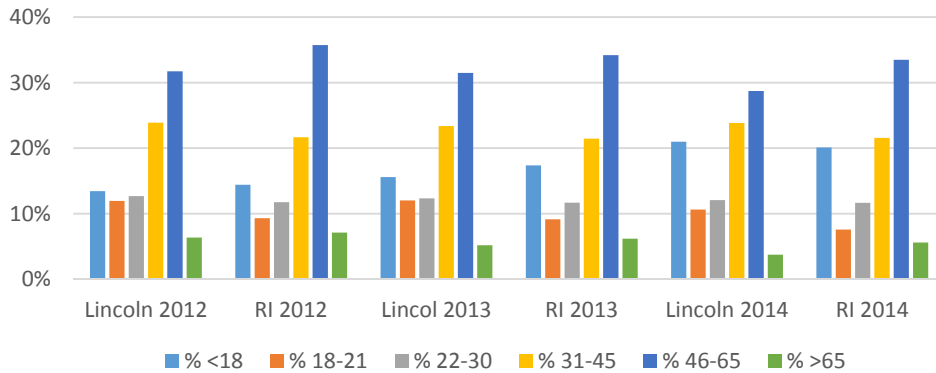


**NOTE:** Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

# LINCOLN

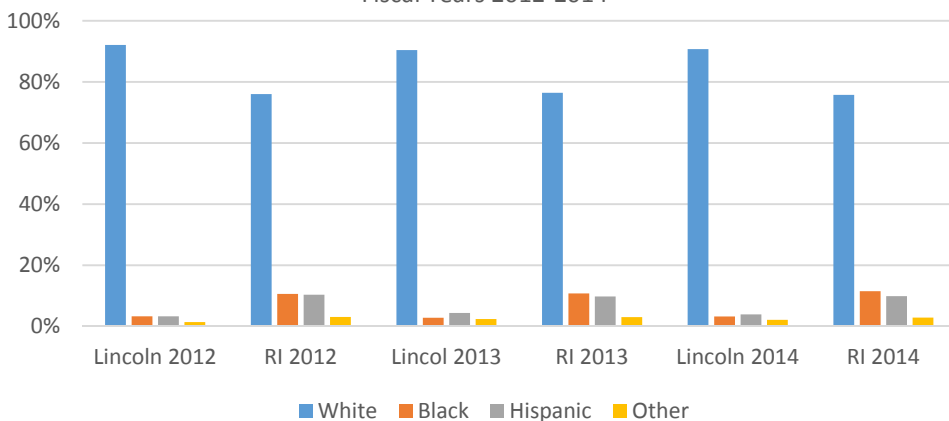
## Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,  
Fiscal Years 2012-2014



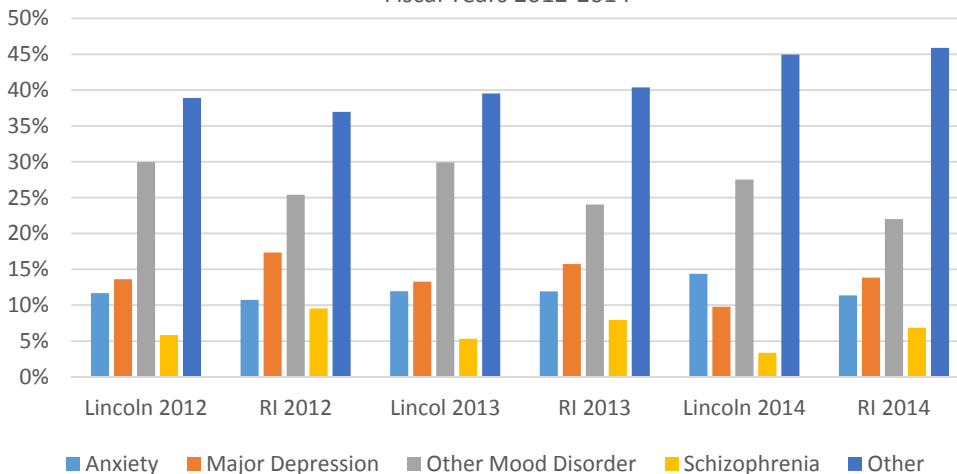
**NOTE:** Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,  
Fiscal Years 2012-2014



**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. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,  
Fiscal Years 2012-2014



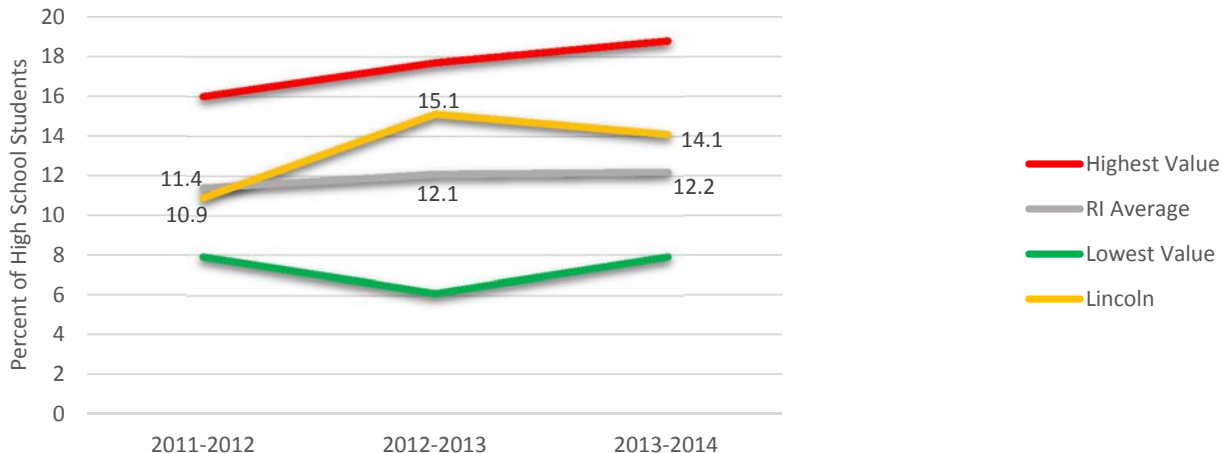
**NOTE:** Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) 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)



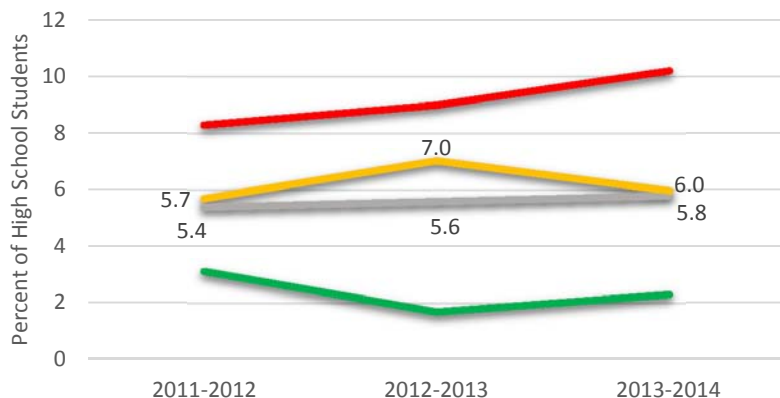
# LINCOLN

## Consequences – Suicidality

### Considered Suicide PAST 12 MONTHS

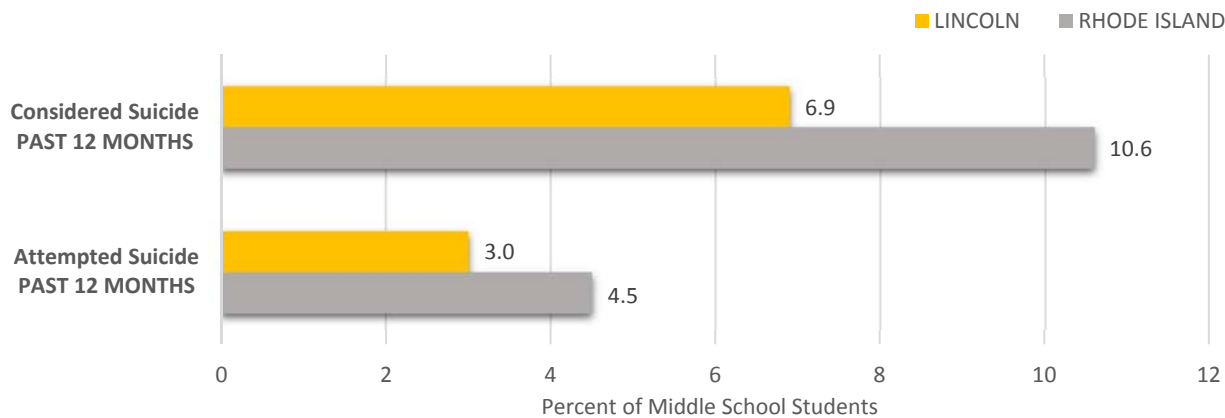


### Attempted Suicide PAST 12 MONTHS



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

### 2013-2014 Middle School Prevalence



**SOURCE:** Rhodes Island Department of Education SurveyWorks