

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

Thank you to SEOW membership and BHDDH staff. Funding for this report comes from the Substance Abuse and Mental Health Services Administration Award number U579SP020159.

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.

Suggested Citation: Rosenthal SR, Cimini A, Buka SL. On behalf of the State Epidemiology and Outcomes Workgroup of Rhode Island and the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. Rhode Island Community Profiles 2016. Cranston, RI: Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, 2016.

CONTENTS OF THE PROFILE

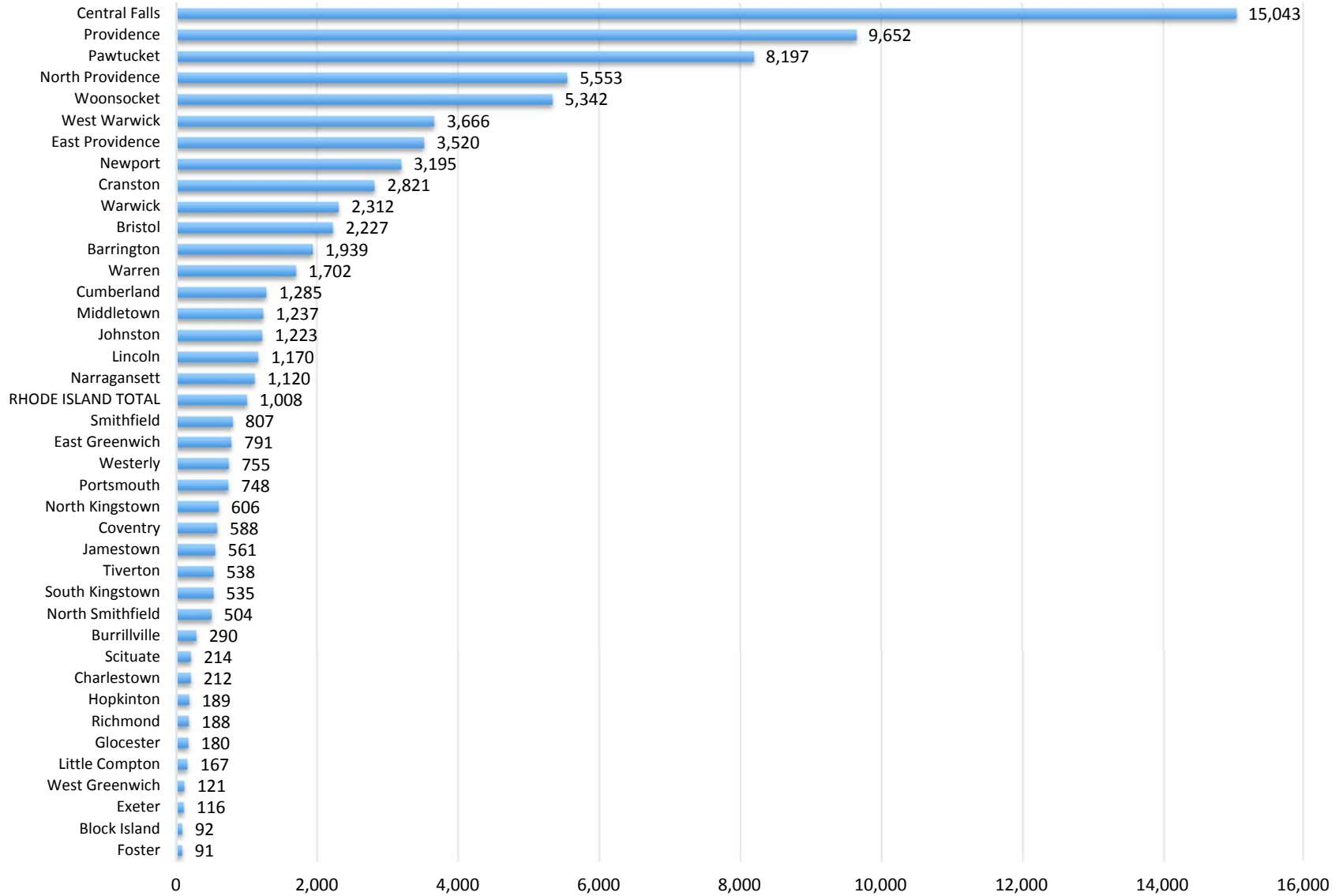
Overall Demographics

- 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

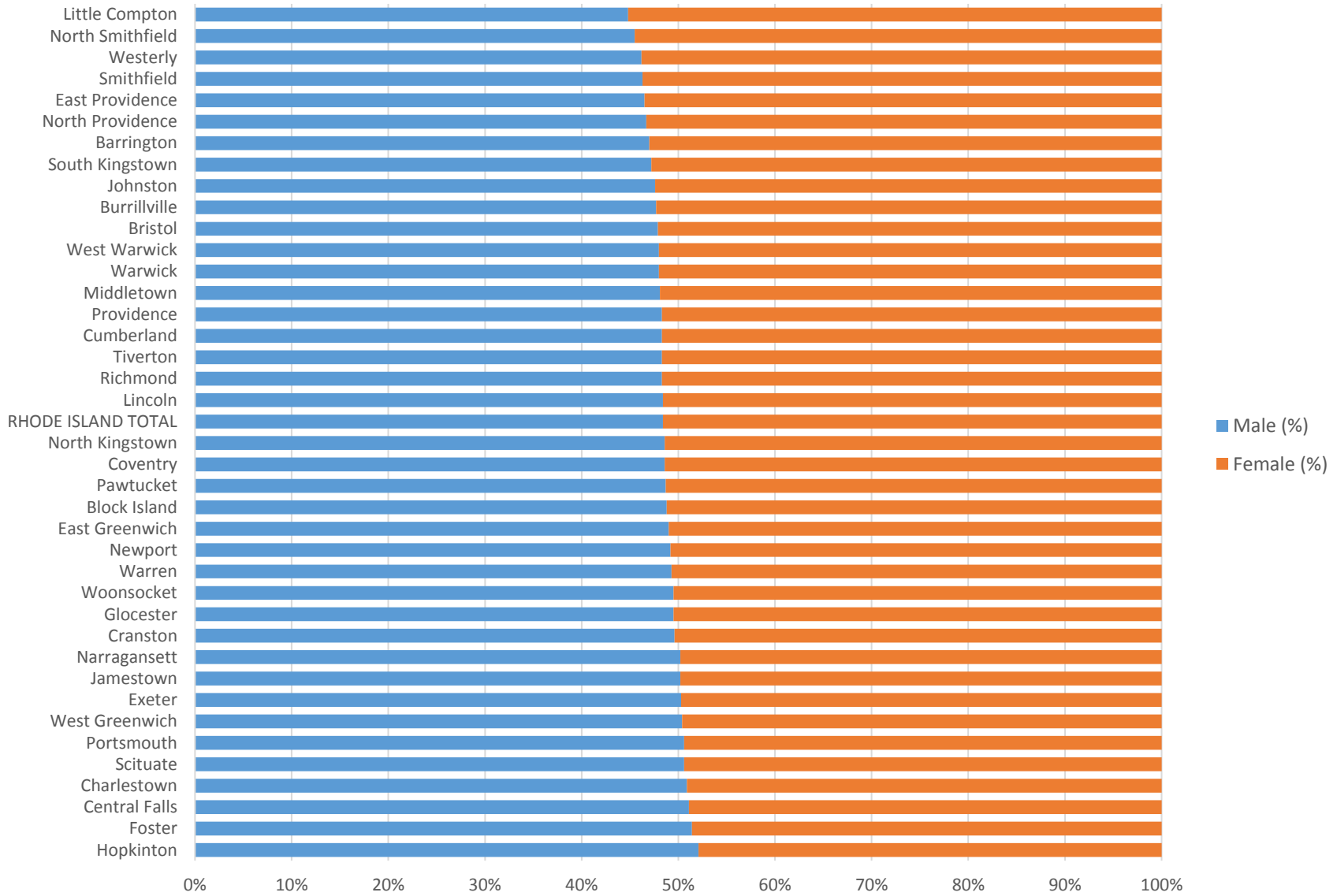
- Demographics
- Prevalence – High School
- Prevalence – Middle School
- Risk and Protective Factors
- Consequences – Overdose
- Consequences – Substance Abuse Admissions
- Consequences – Mental Health Admissions
- Consequences – Suicidality

POPULATION PER SQUARE MILE IN RHODE ISLAND COMMUNITIES



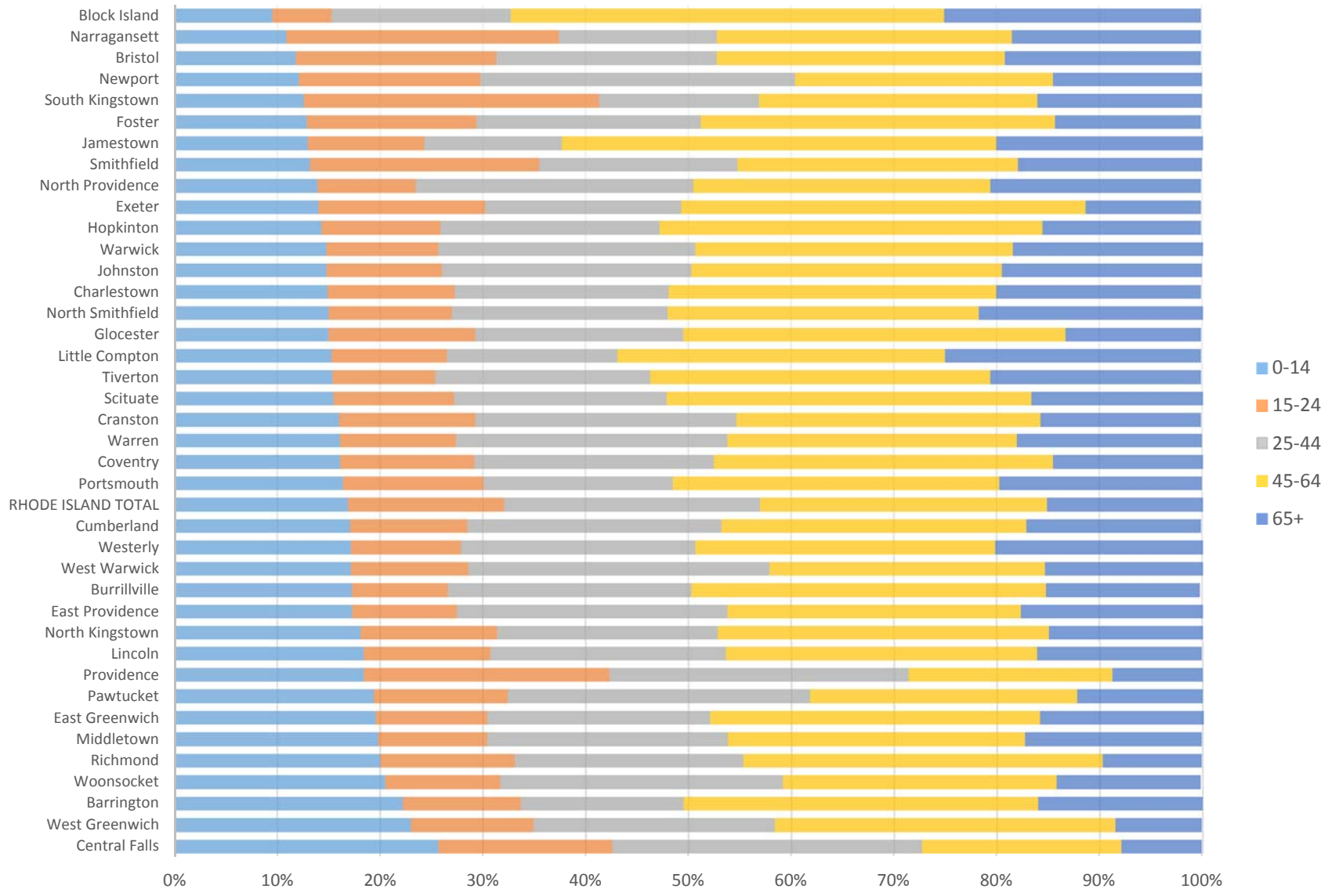
Source: 2014 American Communities Survey 5-Year Aggregated Estimates

GENDER DISTRIBUTION IN RHODE ISLAND COMMUNITIES



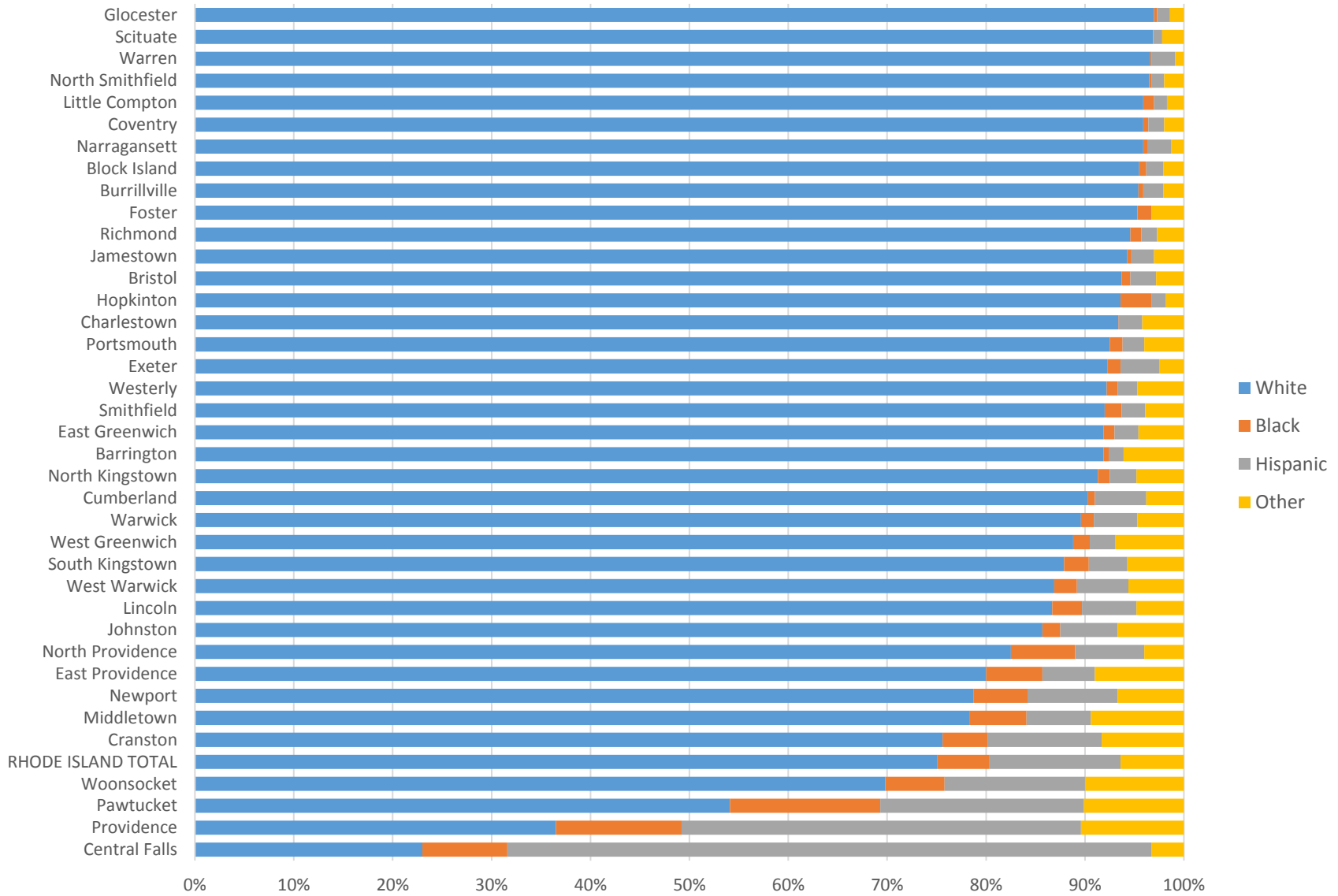
Source: 2014 American Communities Survey 5-Year Aggregated Estimates

AGE DISTRIBUTION IN RHODE ISLAND COMMUNITIES



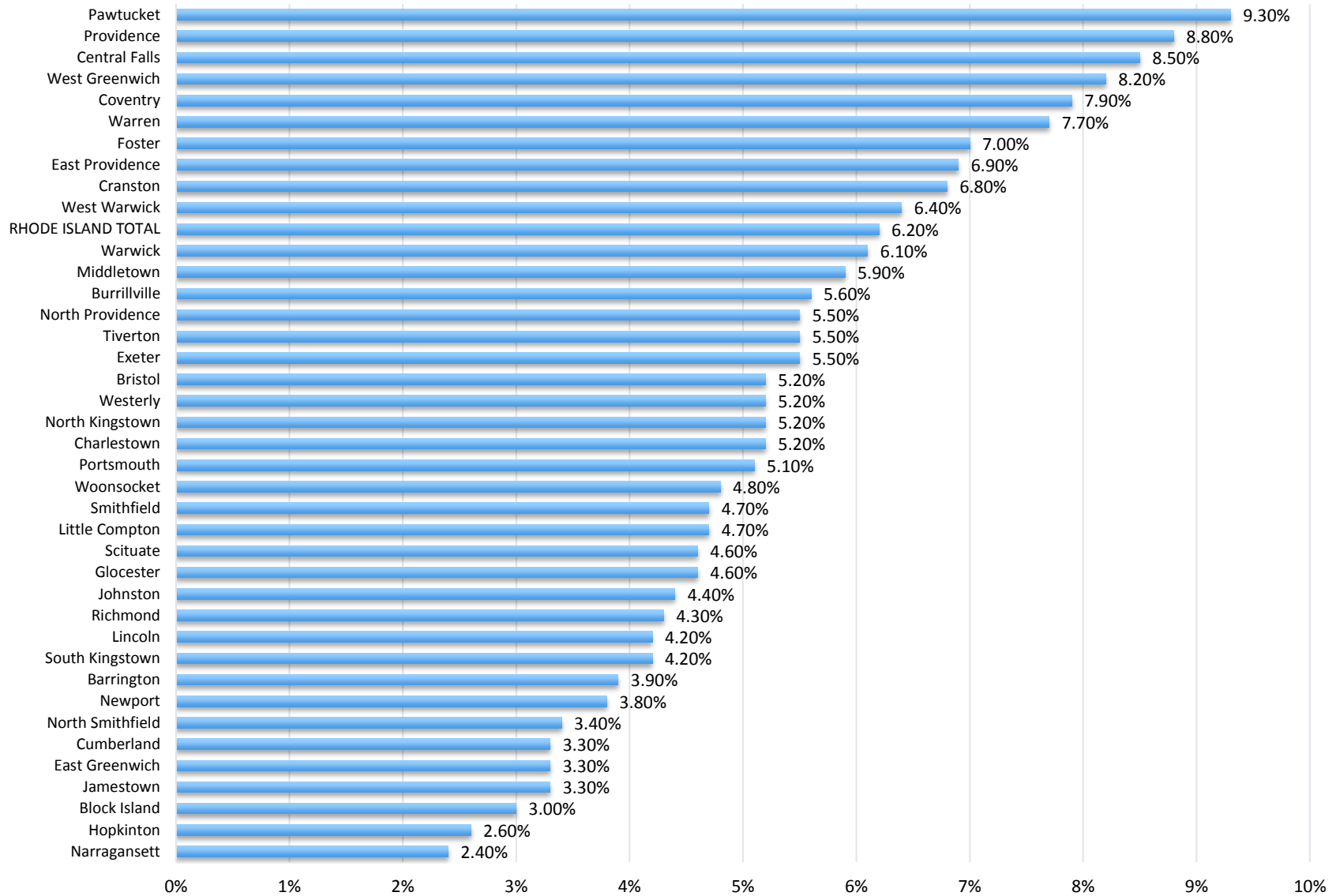
Source: 2014 American Communities Survey 5-Year Aggregated Estimates

RACIAL/ETHNIC DISTRIBUTION IN RHODE ISLAND COMMUNITIES



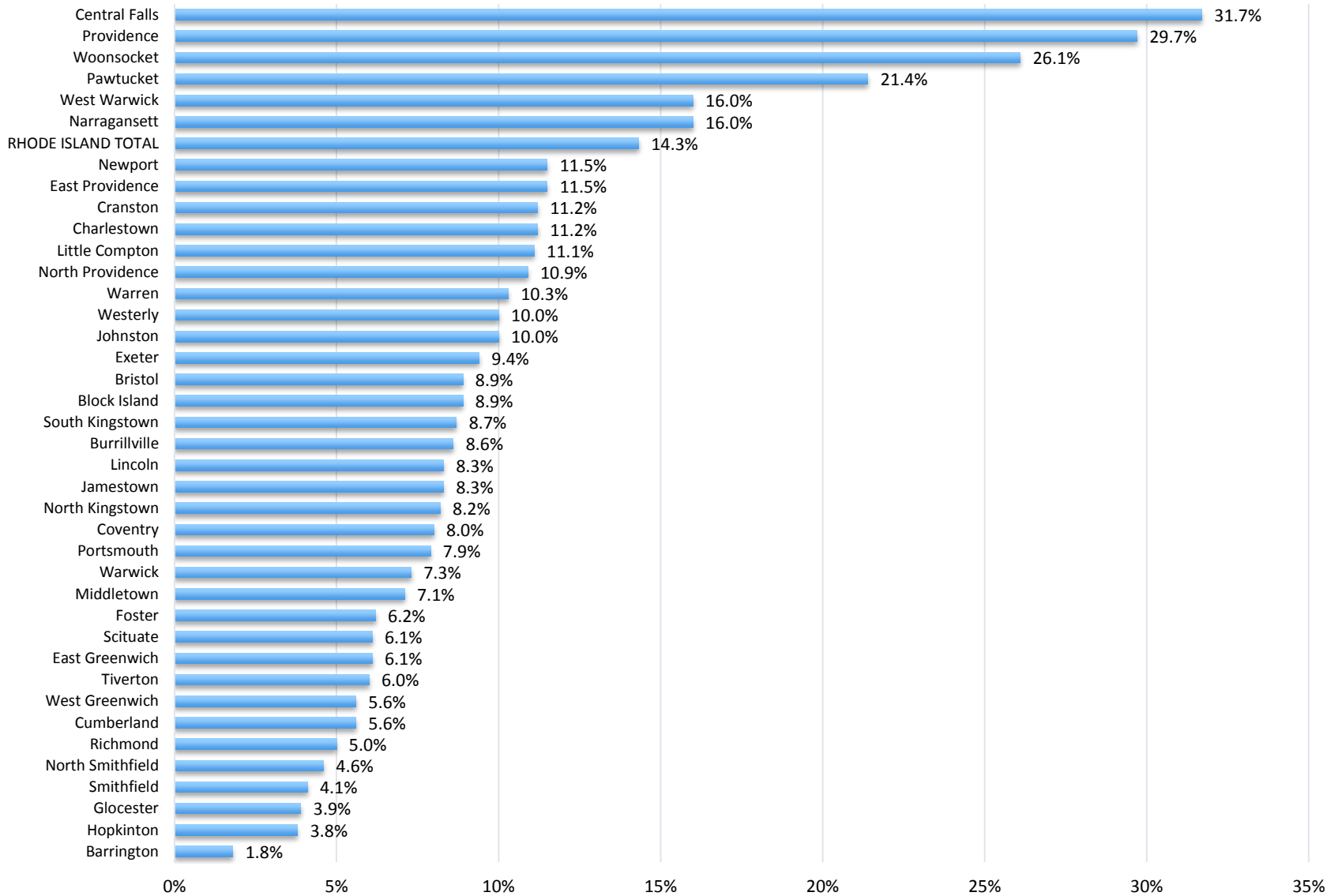
Source: 2014 American Communities Survey 5-Year Aggregated Estimates

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

NARRAGANSETT

Demographics

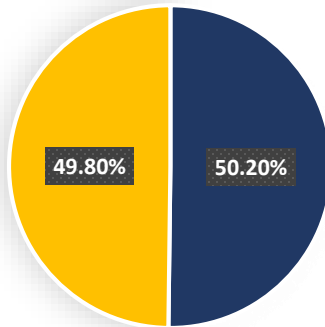
Total Population:

15,786

Total Households:

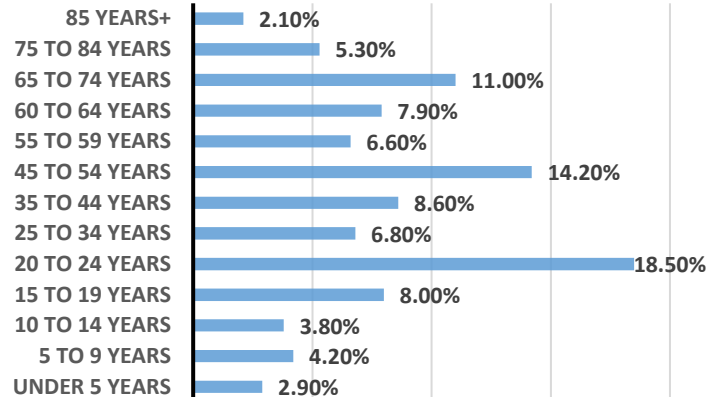
7,004

GENDER

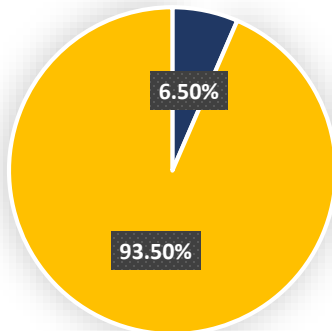


Male (%) Female (%)

AGE

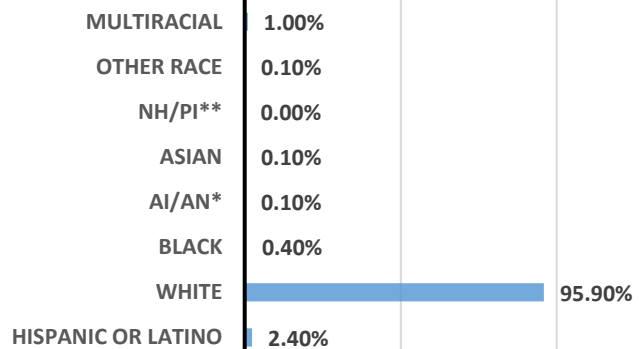


HEALTH INSURANCE



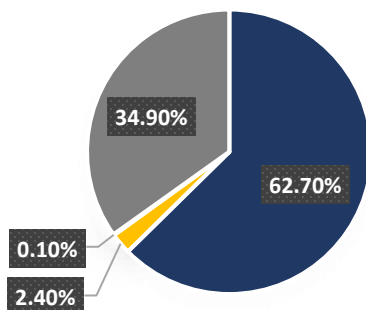
No Health Insurance (%) Health Insurance (%)

RACE/ETHNICITY



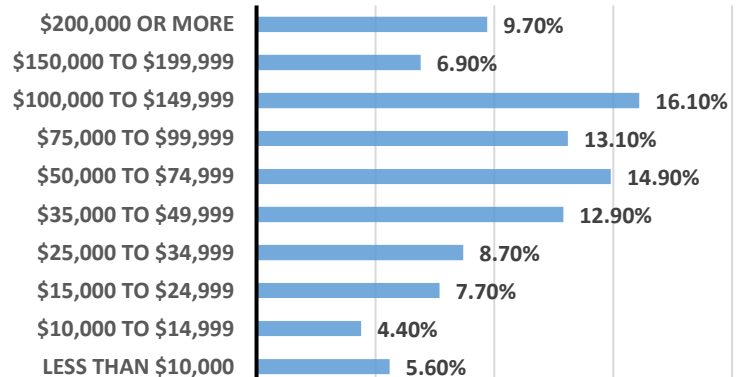
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



Employed (%) Unemployed (%)
Armed Forces (%) Not in Labor Force (%)

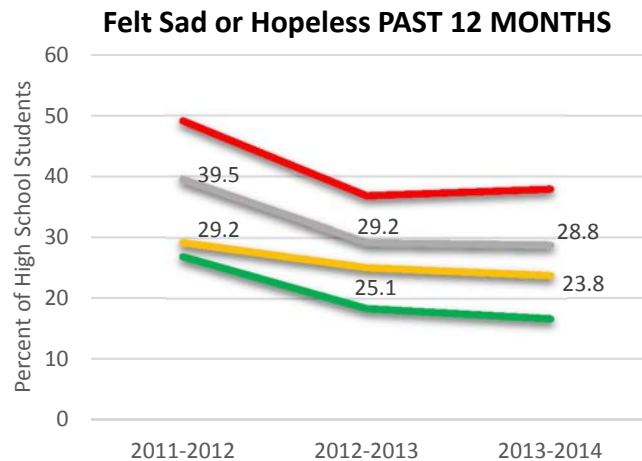
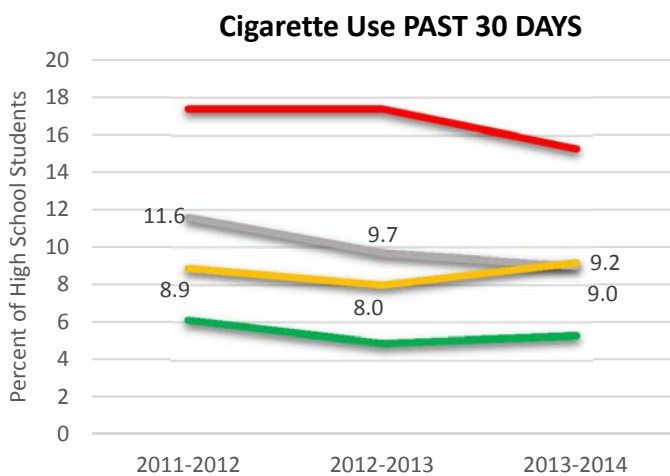
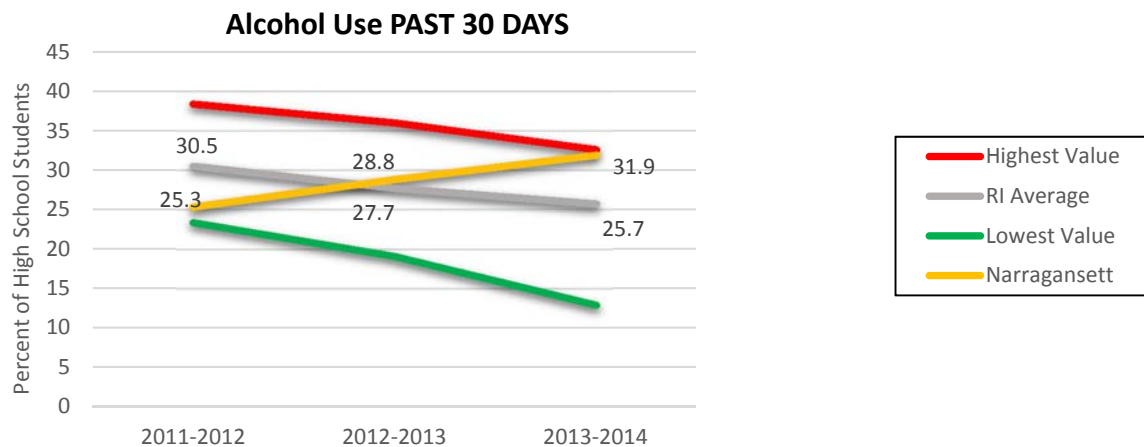
ANNUAL HOUSEHOLD INCOME



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

NARRAGANSETT

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	NARRAGANSETT
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	9.6%
2013-2014	9.5%	9.7%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	61.7%
2013-2014	60.8%	63.4%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	56.5%
2013-2014	55.7%	60.9%

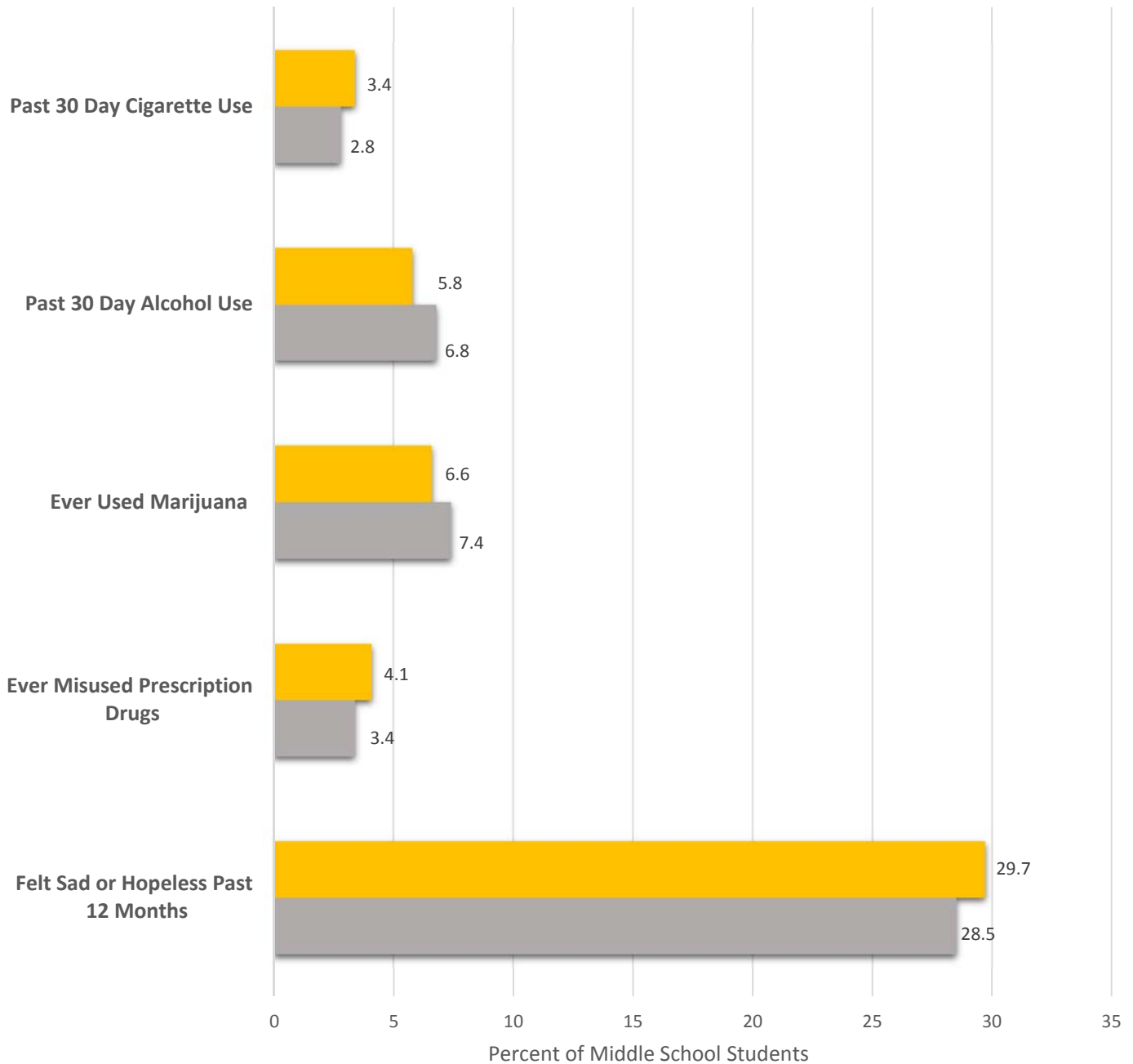
SOURCE: Rhode Island Department of Education SurveyWorks

NARRAGANSETT

Prevalence – Middle School

2013-2014 Middle School Prevalence

■ NARRAGANSETT ■ RHODE ISLAND



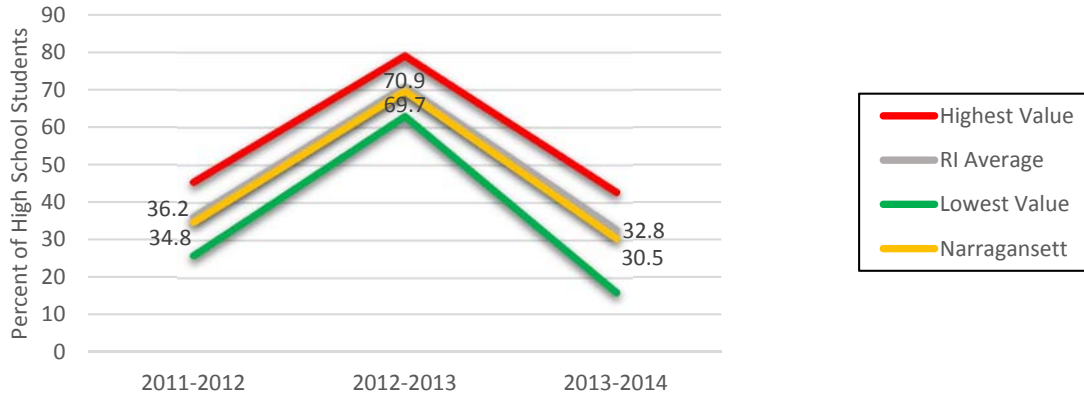
NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

SOURCE: Rhode Island Department of Education SurveyWorks

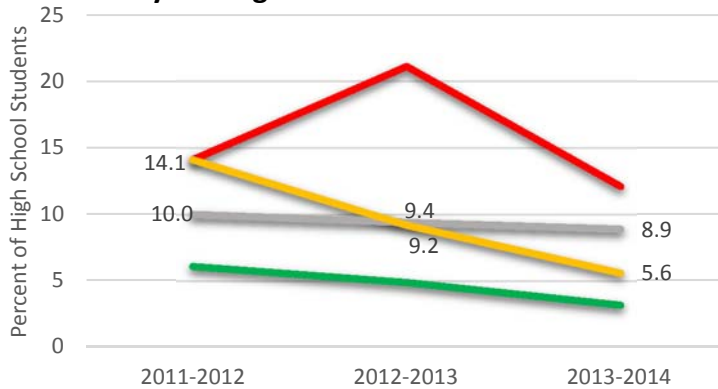
NARRAGANSETT

Risk and Protective Factors

Made Fun of at School

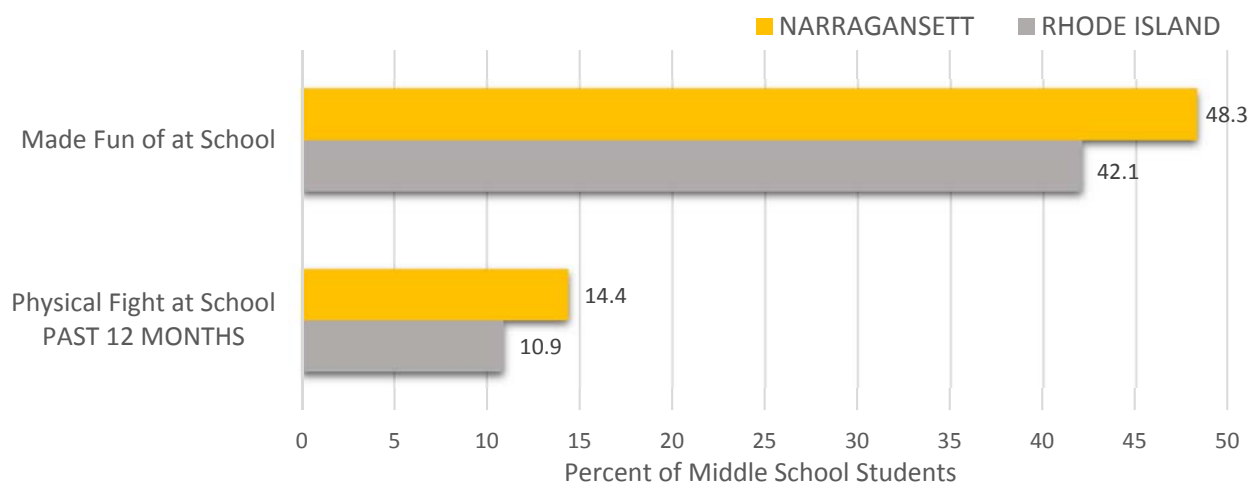


Physical Fight at School PAST 12 MONTHS



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



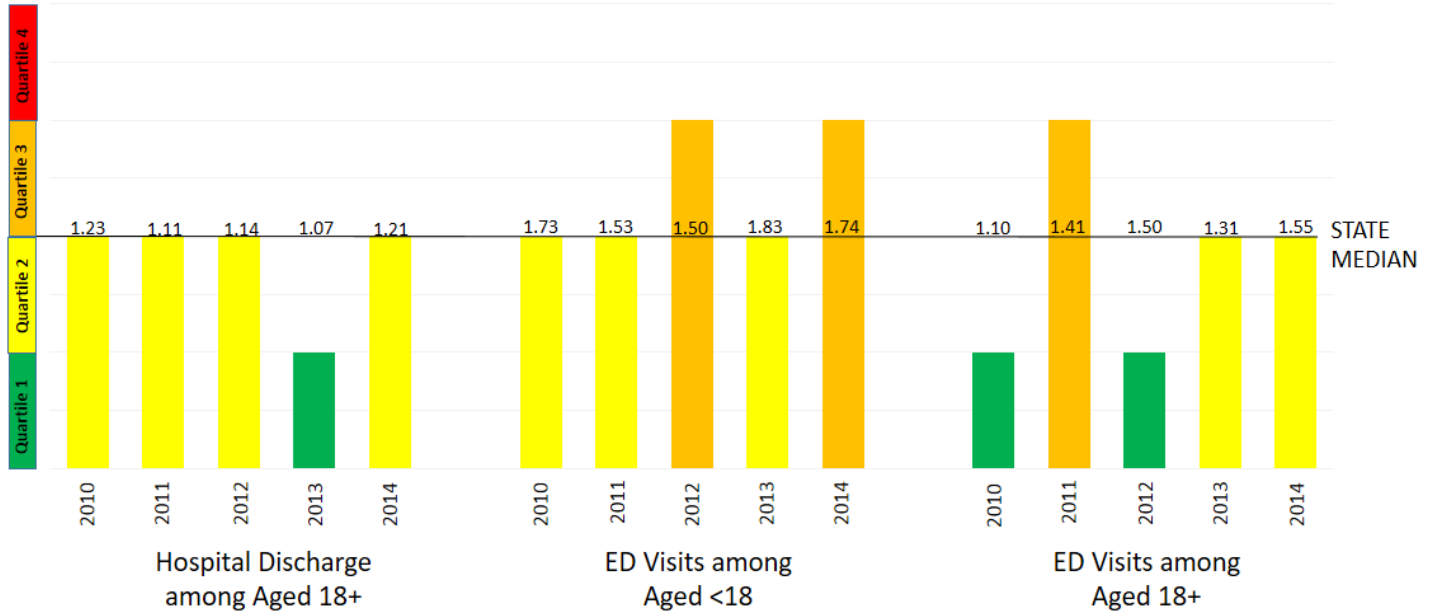
NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

SOURCE: Rhode Island Department of Education SurveyWorks

NARRAGANSETT

Consequences - Overdose

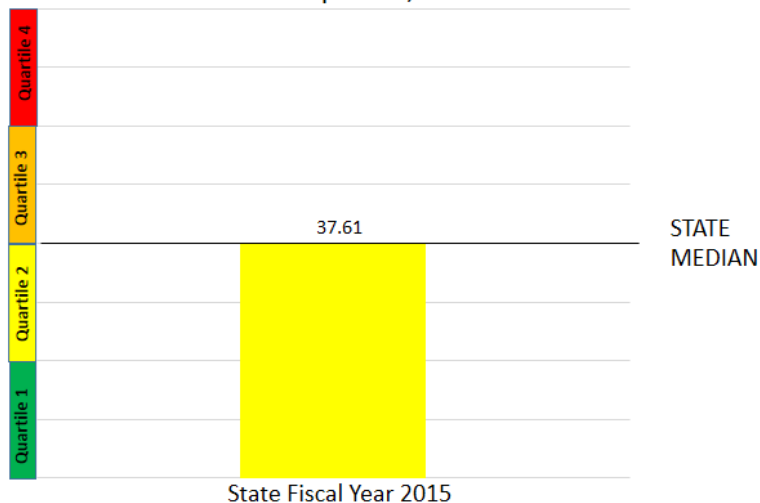
Narragansett Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



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

Narragansett 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.

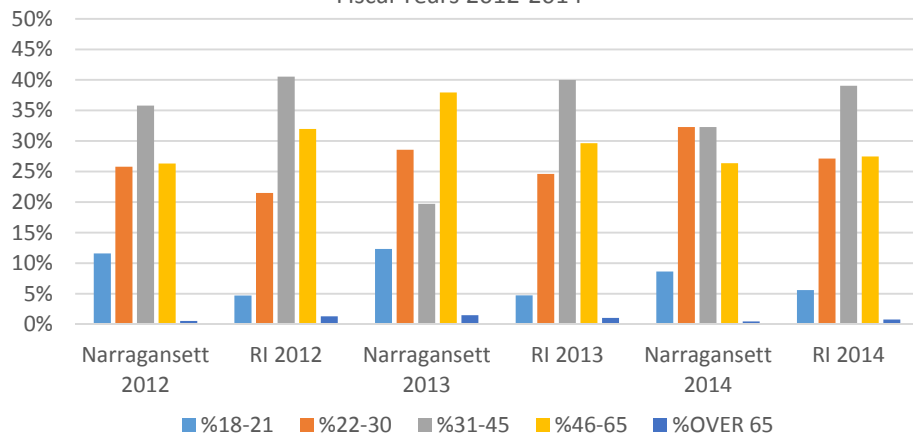
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

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

NARRAGANSETT

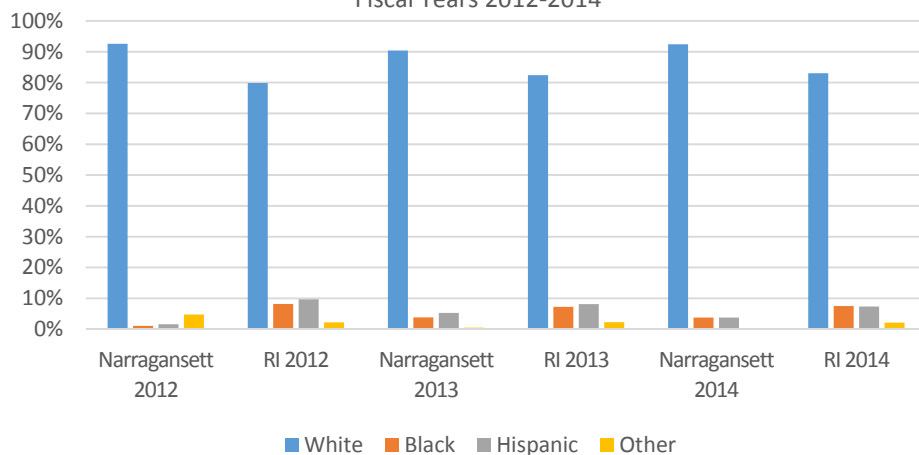
Consequences – Substance Abuse Admissions

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



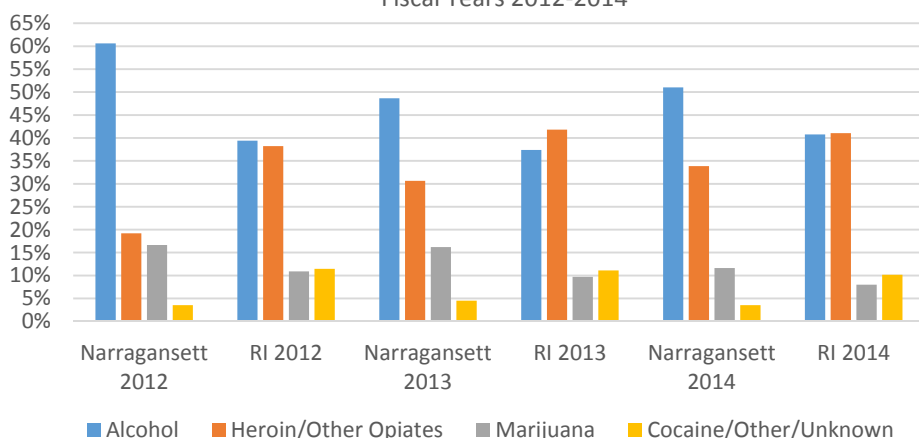
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

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

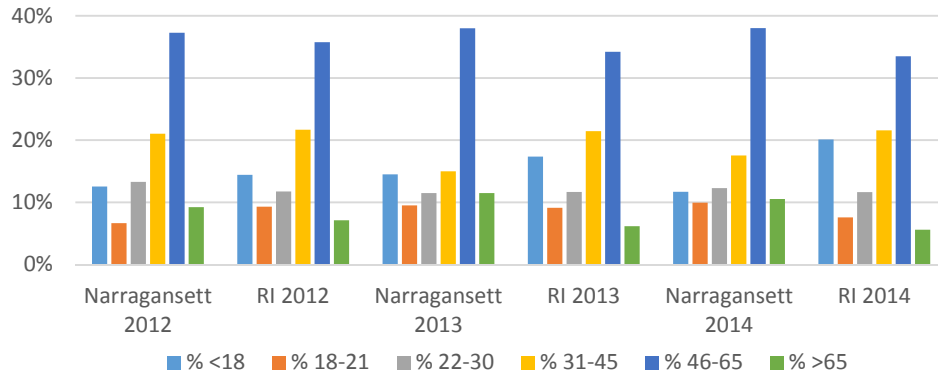


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

NARRAGANSETT

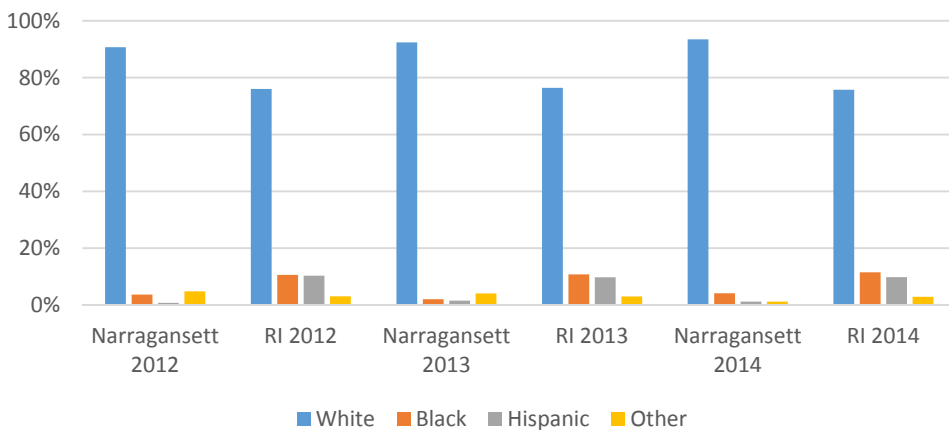
Consequences – Mental Health Admissions

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



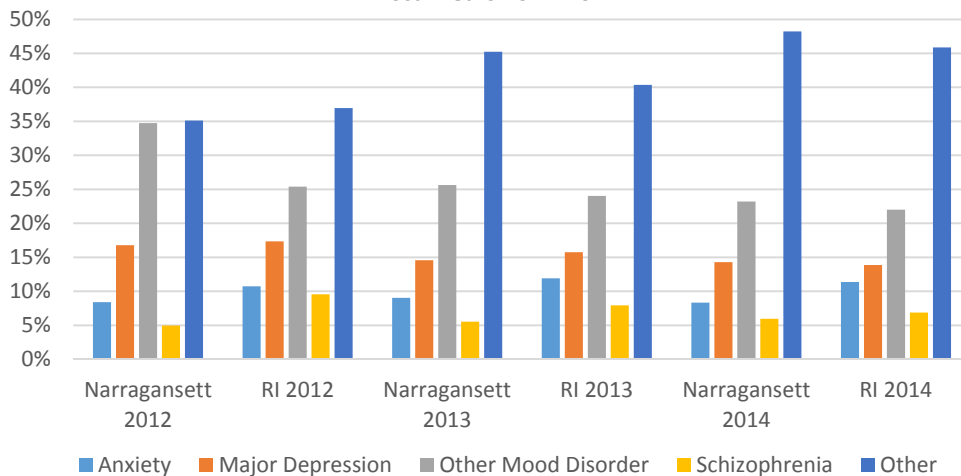
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

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

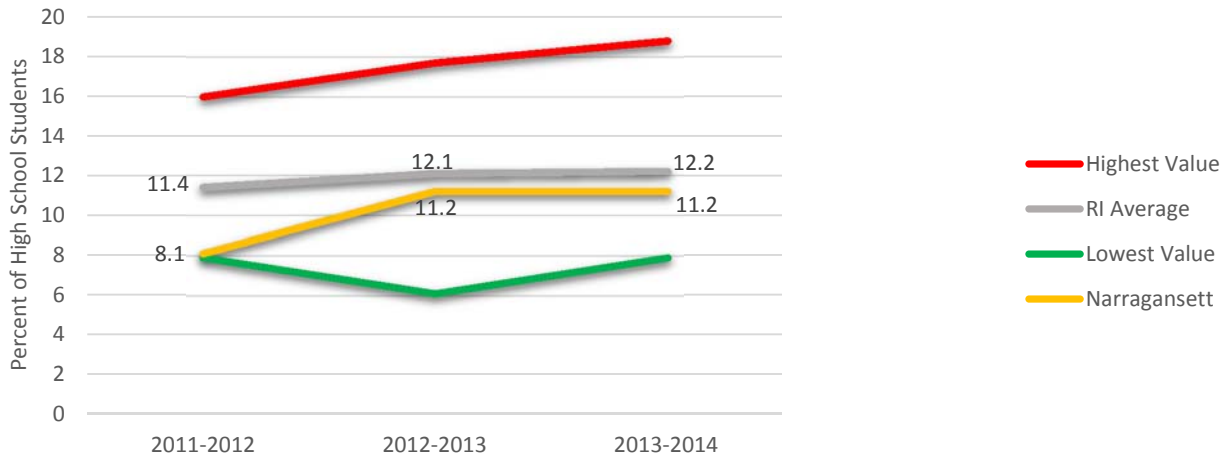


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81)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

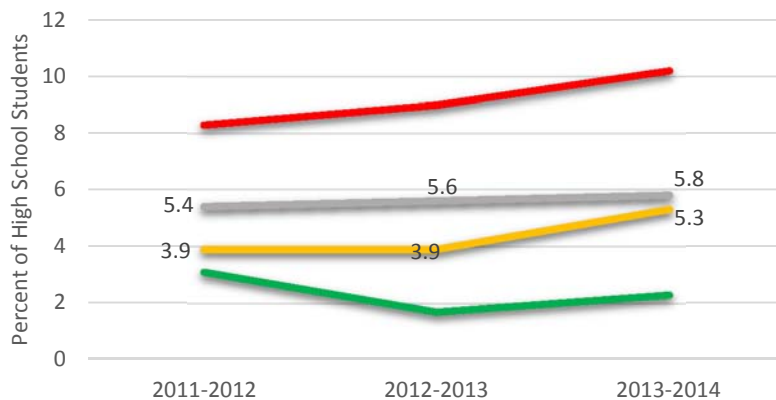
NARRAGANSETT

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

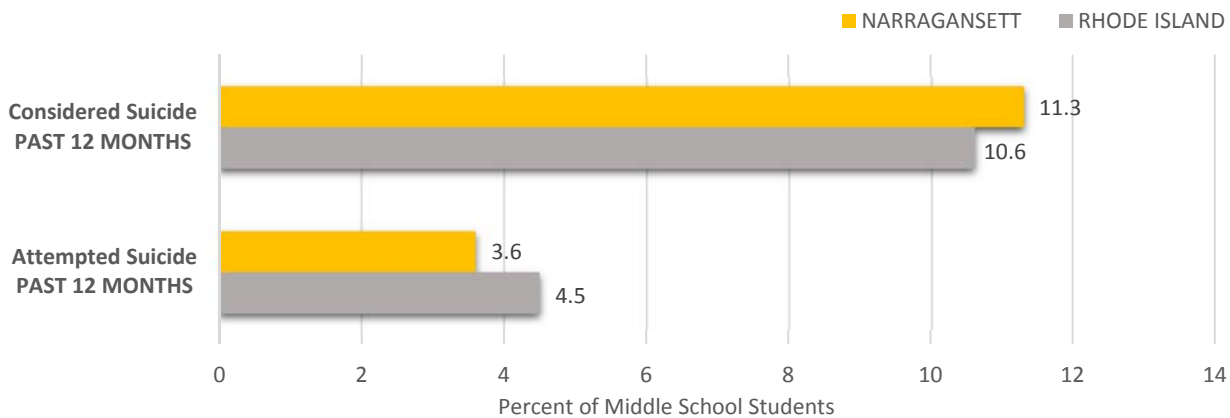


Attempted Suicide PAST 12 MONTHS



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