

Presented in partnership by:







ZIP Code is more important than genetic code.

Blue Cross & Blue Shield of Rhode Island originally set out to create a "life index," armed with a growing body of evidence that when it comes to health outcomes and overall well-being, zip code is more important than genetic code. Where people are born and live in Rhode Island has a profound impact on their lives. We conducted a first of its kind survey of Rhode Islanders' perceptions of social determinants of health and well-being as an initial step to inform our future community investments and philanthropy.



Based on interviews conducted with more than 2,200 Rhode Islanders about life factors influencing health and well-being in the state, the Index offers a unique window into what state residents see as community strengths and those they believe to be significant challenges.

What did we find? Rhode Islanders have positive feelings about several aspects of their communities, including access to safe and reliable transportation; access to affordable, nutritious food; availability and quality of civic, social, and healthcare services for older adults and the ability to age in place; and programs and services available for children. In contrast, respondents, especially those living in the state's core cities,

had lower perceptions of the availability of quality affordable housing, job opportunities and job training programs. In short, many Rhode Islanders told us that they struggle to find affordable housing and jobs that pay well enough to ensure financial stability.

Armed with our vision and these data, BCBSRI will develop new approaches – and strengthen existing programs – to drive needed change in our state.

We look forward to sharing the survey results broadly, not only with our community partners but also with the general public, so that together, we can build healthier communities through Rhode Island.

Why a RI Life Index?

At Blue Cross & Blue Shield of Rhode Island, our vision to passionately lead a state of health and well-being across Rhode Island was the impetus for the creation of this index. As a proud local company celebrating 80 years of being the state's largest health insurer, we are committed to building a healthier Rhode Island. In order to address factors like safe and affordable housing, access to transportation, the availability of nutritious food, and financial stability – all widely acknowledged to impact health and well-being – it is critical to start with a clear assessment of the landscape, because you cannot address what you do not measure.

What you will find in these pages, then, are measures of Rhode Island residents' perceptions about health and well-being in our state. We wanted to hear from Rhode Islanders themselves about where they feel they and their communities are on the spectrum of health and well-being.

The data we collected will also assist boots-on-the-ground organizations in their essential work to improve the lives of all Rhode Islanders. Many of these organizations are vital community partners of BCBSRI; their voices and input were invaluable to our thinking and planning as we launched this project with our academic and survey design collaborators at the Brown University School of Public Health.

Recognizing that there are several available data sets measuring various social determinants of health and well-being, we set out to collect information that complemented rather than duplicated existing data.

Each time we repeat the survey, we intend to pay special attention to a particular demographic group in our state; in this first survey, that group was older adults. We also plan to highlight a few issues of special concern. The opioid epidemic, discrimination in healthcare, access to mental health and substance abuse treatment, and emergency room use were issues we asked about in this survey.

We look forward to reporting on our progress on all fronts as our work begins in earnest.

The Methods

In April and May 2019, we randomly selected residents by landline telephone, cell phone, or web with geographic representation across the state of Rhode Island. Interviews lasted approximately 15 minutes and were conducted in English or Spanish. In total, 2209 surveys were completed with an oversample of individuals age 55 and older. Of the surveys, 902 were conducted by landline, 900 by cell phone, and 407 though a web survey tool.

The Survey

To inform the survey's content, we conducted focus groups and individual interviews with community stakeholders. In the survey, we asked three sets of questions to ask respondents about their perceptions of their communities. One set of questions asked respondents to rate statements about their communities in terms of whether the statement was completely descriptive, somewhat descriptive, not very descriptive, or not descriptive at all. A second set of questions asked respondents to rate how likely each aspect of life was for a typical person living in their community—very likely, somewhat likely, somewhat unlikely, or very unlikely. The third set of questions asked respondents to specifically rate the experiences of older adults in their community from very good to very poor. In the survey, we also included questions about personal and household access to health care, social integration, emergency department use, concerns about discrimination in healthcare, experiences with opioid abuse, and overall mental and physical health.

The Analytic Approach

First, we weighted the data to be representative of the state of Rhode Island. Next, we created scores for various aspects of health and well-being in a community. We refer to these scores as POP (percent of the possible) scores. The POP score for each health component represents how close respondents believe their community is to an ideal or healthy community in these areas. We used this approach to combine multiple indicators into one score, allowing for easier observation of targets for improvement, as well as community strengths.

A POP score of 100 is the highest possible score for each component. A score of 100 is reached when every single respondent rates each of the individual indicators of a component at the highest (best possible) value. Scores ranging from 0 to 100 show how close the community is to the ideal. For creation of the POP scores, negative outcomes were reversed so that a higher POP score indicates moving towards a healthier community.

We also used ordinary least squares (OLS) regression modeling with each POP score individually treated as the dependent measure to examine the individual characteristics associated with each health and well-being component. Variables included in the models were: age, race/ethnicity, income, education, living arrangement, and geography. In the report, ▲ means that a variable is associated with higher (better) perceptions of that component. ▼means that the variable is associated with lower (worse) perceptions. A — means that the variable was not meaningfully associated with that component.

Age	Race	Income	Education	Living Alone	Core City
	_				_

Throughout this report, we show POP scores overall and stratified by geography (Core Cities vs Non-Core Areas – see box this page), age (<55 years vs ≥55 years), and household income (<\$50,000 vs \ge50,000$). The darkest red colors represent the lowest (worst) POP scores while the darkest blue colors represent the highest (best) POP scores. This allows for easy visualization of how close to the ideal survey participants viewed each component of health and well-being.















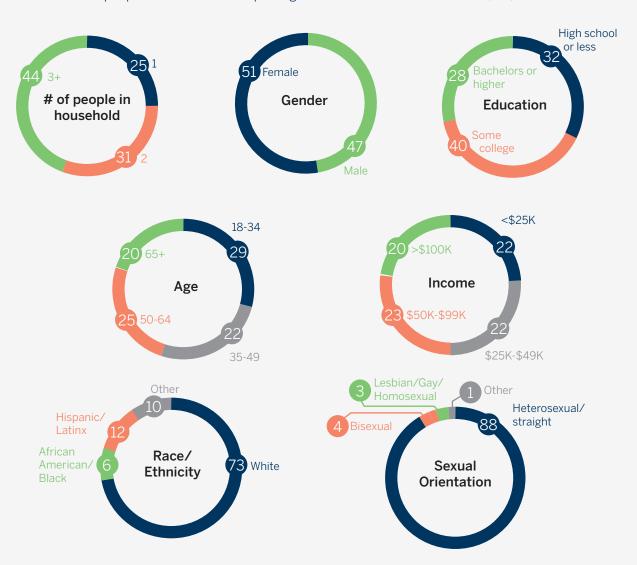
In addition to the POP scores, we show findings from this year's issues of special concern, including the opioid epidemic, discrimination in healthcare, access to mental health and substance abuse treatment, and emergency room use. Where possible, because of sufficient sample sizes, we also present these findings, which are reported as percentages, stratified by geography, age, and income.

Report organization

The report begins at the widest point of the lens, with summaries of perceptions of community that incorporate a range of social determinants of health, and quickly moves into a breakdown of those key factors. We also include data here on the actual experiences of respondents with regard to their own health and their and their household's access to healthcare. The report concludes with actual experiences of respondents around the issues of special concern cited above: the opioid epidemic; discrimination in healthcare; access to mental health and substance abuse treatment; and emergency room use.

Characteristics of the sample*

The characteristics of the survey participants were comparable to state of Rhode Island demographics. Half were female and aged 18 to 49. One-third reported having a high school education or less. The majority identified as non-Hispanic white and heterosexual/straight. Three quarters lived in households of two or more people with almost half reporting household incomes of less than \$50,000.



^{*}Percentages do not all add to 100% because of missing data.

Summary: Perceptions of Community

QUALITY OF COMMUNITY

DEFINITION

Definition: Quality of community scoring represents **a summary** of how residents rate social and economic aspects of their community, including the following topics:

- Access to childcare
- Activities for youth
- Employment

- Food
- Housing
- Utilities

QUESTION WORDING:

For each statement, tell me if that statement is completely descriptive, somewhat descriptive, not very descriptive, or not descriptive at all **of your community**.

Age	Race	Income	Education	Living Alone	Core City
_	_				•





Under Age 55

44

<\$50K

46 \$50K+

Age 55 & Over

4.7 <\$50K 49 \$50K+



Under Age 55

50 <\$50K

56 \$50K+

Age 55 & Over

51 <\$50K

58 \$50K+

Summary: Perceptions of Community



DEFINITION

Definition: Community life scoring represents **a summary** of how residents perceive the lived experiences of typical individuals in their community, looking at the following areas:

- Access to childcare
- Employment
- Education
- Food
- Housing

- Transportation
- Healthcare
- · Recreational facilities and internet
- Personal safety
- Risk of incarceration

QUESTION WORDING:

For each statement, please tell me how likely each is for a typical person living in your community: very likely; somewhat likely; somewhat unlikely; and very unlikely

Age	Race	Income	Education	Living Alone	Core City
	_				





─(Under Age 55)

64 <\$50K

64 \$50K+

Age 55 & Over

67<\$50K

68 \$50K+



Under Age 55

68 <\$50K

72 \$50K+

Age 55 & Over

71 <\$50K

75\$50K+

Perceptions of Community

JOBS

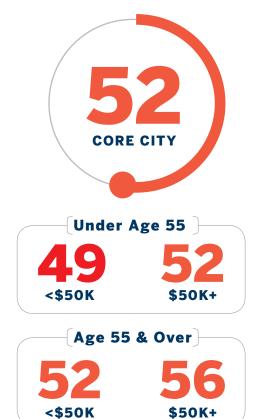
DEFINITION

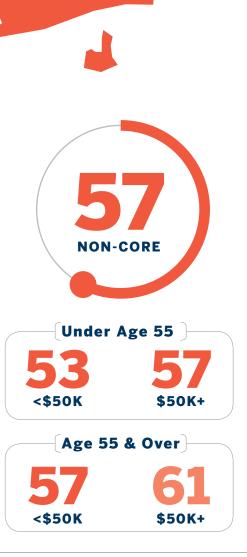
How do residents rate job opportunities and job training programs?

TOPICS:

Availability of jobs; employment with living wage; access to adult education







JOBS

Percentage of respondents who said somewhat or completely descriptive to the following:

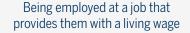
I'm going to read you a series of statements that some people make about the area where they live, that is, their community. For each, tell me if that statement is completely descriptive, somewhat descriptive, not very descriptive or not descriptive at all of your community.

There are enough jobs that pay a living wage



Percentage of respondents who said somewhat or very likely to the following:

For each of the following aspects of life, please tell me how likely each is for a typical person living in your community: very likely, somewhat likely, somewhat unlikely, very unlikely.





Core City



Having access to affordable adult education, including job training



Age	Race	Income	Education	Living Alone	Core City
_	_		_		

Perceptions of Community

HOUSING

DEFINITION

How do residents rate access to affordable, quality housing?

TOPICS:

Cost of housing; difficulty paying for utilities; access to internet connection





Under Age 55
42
45
<\$50K
\$50K+

Age 55 & Over
42
<\$50K
\$50K+



Under Age 55
45
<\$50K
\$50K+

Age 55 & Over
45
45
<\$50K
\$50K+

HOUSING

Percentage of respondents who said somewhat or completely descriptive to the following:

I'm going to read you a series of statements that some people make about the area where they live, that is, their community. For each, tell me if that statement is completely descriptive, somewhat descriptive, not very descriptive or not descriptive at all of your community.

The cost of housing makes it hard to find a quality place to live (reverse coded)

21

People may have a hard time paying for utilities such as electric, gas, oil or water

(reverse coded)



Percentage of respondents who said somewhat or very likely to the following:

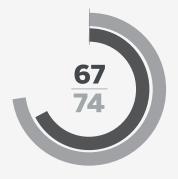
For each of the following aspects of life, please tell me how likely each is for a typical person living in your community: very likely, somewhat likely, somewhat unlikely, very unlikely.

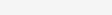
Being able to afford quality housing, that is, all systems like heating and plumbing work and the housing itself does not pose any health dangers



Non-Core

Having access to an affordable internet connection





VARIABLES

Core City

Age	Race	Income	Education	Living Alone	Core City
_	_		_		

Perceptions of Community

FOOD

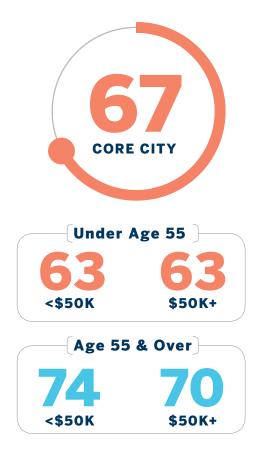
DEFINITION

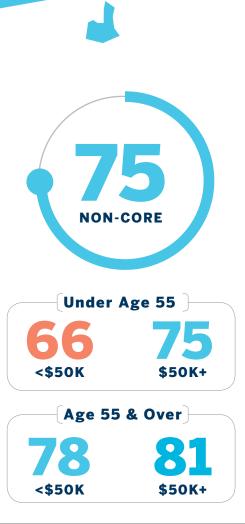
How do residents rate access to affordable, nutritious food?

TOPICS:

Access to nutritious affordable food; convenience of location of nutritious food







FOOD

Percentage of respondents who said somewhat or completely descriptive to the following:

I'm going to read you a series of statements that some people make about the area where they live, that is, their community. For each, tell me if that statement is completely descriptive, somewhat descriptive, not very descriptive or not descriptive at all of your community.

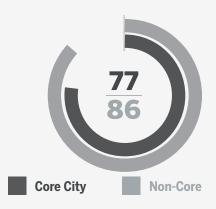
Most people are able to access affordable food that is healthy and nutritious



Percentage of respondents who said somewhat or very likely to the following:

For each of the following aspects of life, please tell me how likely each is for a typical person living in your community: very likely, somewhat likely, somewhat unlikely, very unlikely.

Obtaining nutritious food at a convenient location



Age	Race (Black)	Income	Education	Living Alone	Core City
			_	_	

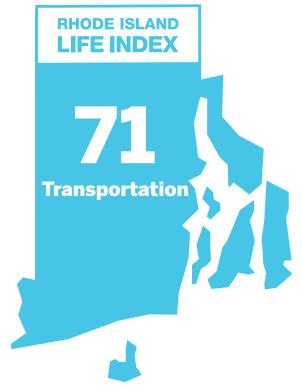
TRANSPORTATION

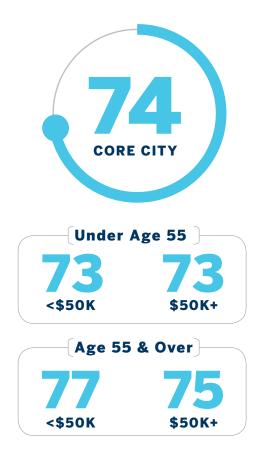
DEFINITION

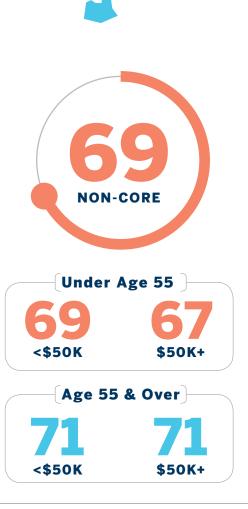
How do residents rate the availability of safe and reliable transportation?

TOPICS:

Safe public transportation stops; special transportation services for people with disabilities and older adults; available transportation when needed







16

TRANSPORTATION

Percentage of respondents who said somewhat or completely descriptive to the following:

I'm going to read you a series of statements that some people make about the area where they live, that is, their community. For each, tell me if that statement is completely descriptive, somewhat descriptive, not very descriptive or not descriptive at all of your community.



There are special transportation services for people with disabilities or older adults





Percentage of respondents who said somewhat or very likely to the following:

For each of the following aspects of life, please tell me how likely each is for a typical person living in your community: very likely, somewhat likely, somewhat unlikely, very unlikely.

Having transportation available when needed to go to work, shopping, or medical appointments







Non-Core

Age	Race (white)	Income	Education	Living Alone	Core City
_			_	_	

Perceptions of Community

SAFETY

DEFINITION

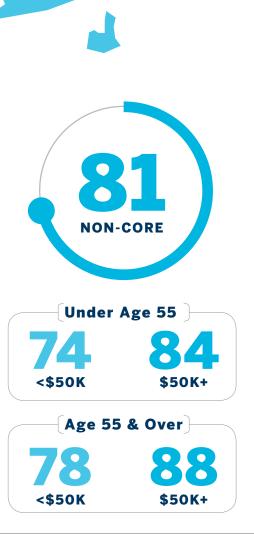
How safe do residents feel in and outside of their homes?

TOPICS:

Feelings of safety in neighborhood; feelings of safety in home; risk of incarceration







SAFETY

Percentage of respondents who said somewhat or very likely to the following:

For each of the following aspects of life, please tell me how likely each is for a typical person living in your community: very likely, somewhat likely, somewhat unlikely, very unlikely.





Age	Race (Black)	Income	Education	Living Alone	Core City
					_

Perceptions of Community

OLDER ADULTS

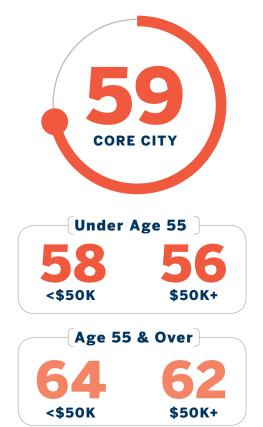
DEFINITION

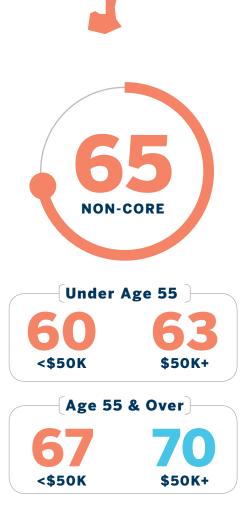
How do residents rate the availability of services in their community for older adults?

TOPICS:

Availability of social and civic programs; quality of healthcare services; ability for people to age in place



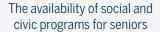




OLDER ADULTS

Percentage of respondents who said good or very good to the following:

Thinking specifically about the experience of older adults in your community, please rate the following things as very good, good, fair, poor, or very poor.





The quality of healthcare services for seniors



The ability for people to stay in their own homes as they get older



Core City



Non-Core

Age	Race	Income	Education	Living Alone	Core City
	_		_		

Perceptions of Community

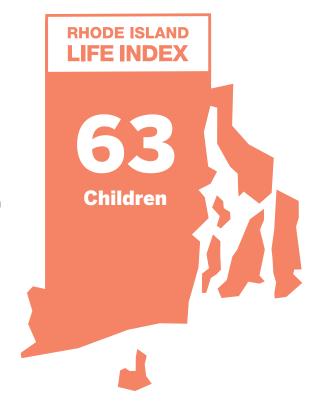
CHILDREN

DEFINITION

How do residents rate programs and services available for children?

TOPICS:

Place to raise children; access to childcare; access to recreation facilities; activities for youth





Under Age 55

57
58
<\$50K
\$50K+

Age 55 & Over 59
<\$50K \$50K+



Under Age 55
63
<\$50K
\$50K+

Age 55 & Over

62
69
<\$50K
\$50K+

CHILDREN

Percentage of respondents who said somewhat or completely descriptive to the following:

I'm going to read you a series of statements that some people make about the area where they live, that is, their community. For each, tell me if that statement is completely descriptive, somewhat descriptive, not very descriptive or not descriptive at all of your community.



Percentage of respondents who said somewhat or very likely to the following:

For each of the following aspects of life, please tell me how likely each is for a typical person living in your community: very likely, somewhat likely, somewhat unlikely, very unlikely.



Age	Race	Income	Education	Living Alone	Core City
_	_		_	_	

Perceptions of Community

ACCESS TO HEALTHCARE

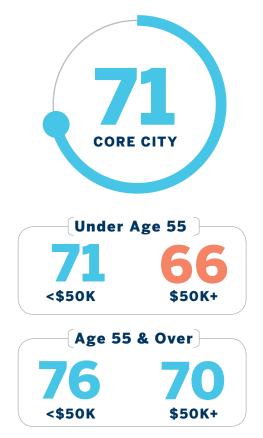
DEFINITION

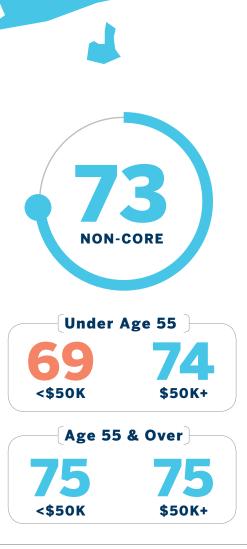
How do residents rate access to healthcare?

TOPICS:

Routine medical care; mental health or substance abuse treatment if needed



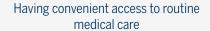




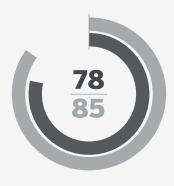
ACCESS TO HEALTHCARE

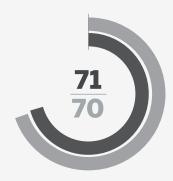
Percentage of respondents who said somewhat or very likely to the following:

For each of the following aspects of life, please tell me how likely each is for a typical person living in your community: very likely, somewhat likely, somewhat unlikely, very unlikely.



Having access to mental or substance abuse treatment if it is needed









Age	Race	Income	Education	Living Alone	Core City
	_	_	_		_

HOUSEHOLD ACCESS TO

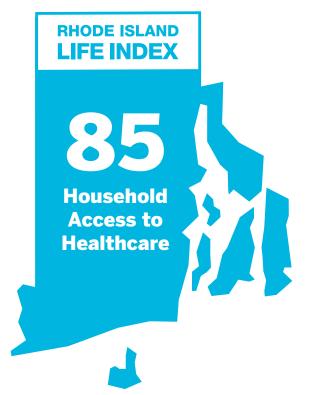
HEALTHCARE

DEFINITION

To what extent are residents able to access needed healthcare?

TOPICS:

Prescription medicines; over-the-counter medicines; dental care; vision care; any other healthcare





73 88 *50K+

Age 55 & Over

81 91

<\$50K



79 91 <\$50K

Age 55 & Over

85
92
<\$50K

HOUSEHOLD ACCESS TO HEALTHCARE

Percentage of respondents who said usually or always to the following:

In the past 12 months, how often have you or any other member of your household been able to get any of the following when it was really needed? Always, usually, sometimes, rarely, never



Age	Race (white)	Income	Education	Living Alone	Core City
				_	

SOCIAL INTEGRATION

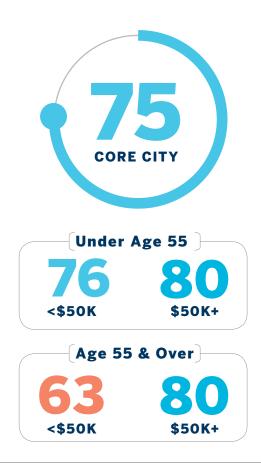
DEFINITION

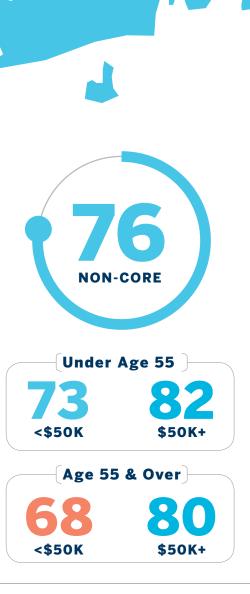
To what extent are residents socially connected to others in their community?

TOPICS:

Visited with family friends or neighbors in person; talked to family or friends on the phone; kept up with friends or family using emails, text messages, or social media





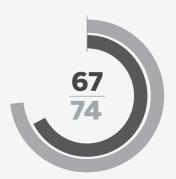


SOCIAL INTEGRATION

Percentage of respondents who said about once a week or more to the following:

Think about a few activities that some people do in their community. Consider the last 3 months and let me know whether you never did this, did it about once a month, about once a week, or more often than that.

Visited with family, friends or neighbors in person about once a week or more



Talked with family or friends on the phone, not including text, once a week or more



Kept up with friends or family using emails, text messages, or social media such as Facebook about once a week or more







Age	Race	Income	Education	Living Alone	Core City
	_				

PERSONAL SELF-RATED HEALTH

DEFINITION

How do residents rate their own health?

TOPICS:

Overall health; mental health





Under Age 55

74
<\$50K \$50K+



Under Age 55

77
<\$50K \$50K+

71 83 *50K+

PERSONAL SELF-RATED HEALTH

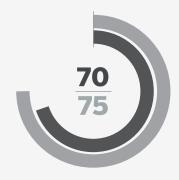
Percentage of respondents who said good or very good to the following:

How would you rate your health, very good, good, fair, poor, or very poor?

How would you rate your overall health?

How would you rate your mental health?





Core City

Non-Core

Age	Race (Black)	Income	Education	Living Alone	Core City
					_

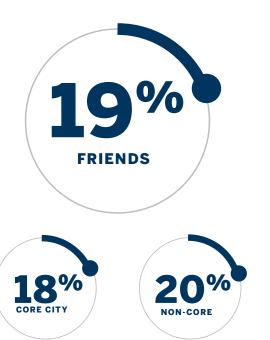
OPIOID EPIDEMIC

DEFINITION

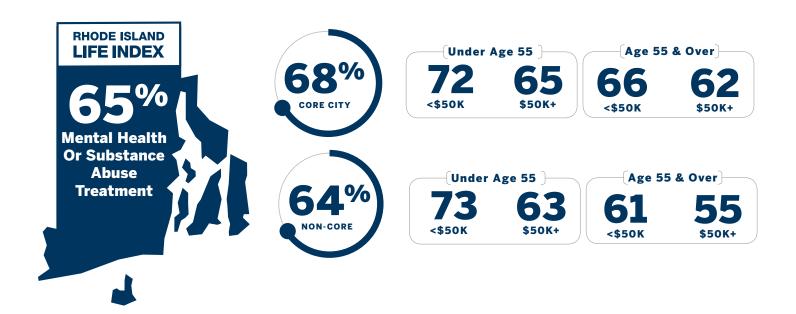
Have you, an immediate family member, extended family member, or friend abused opioids?





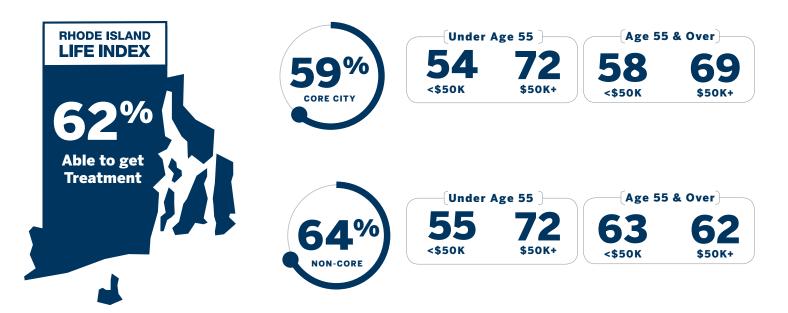


NEEDED MENTAL HEALTH OR SUBSTANCE ABUSE TREATMENT



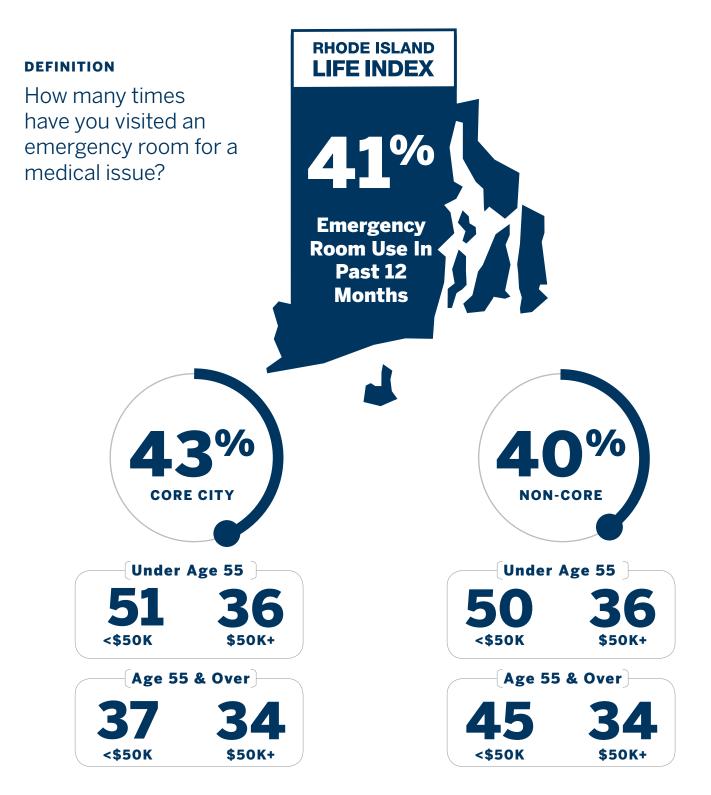
AMONG THOSE WHO NEEDED IT:

Were you able to access mental health or substance abuse treatment?



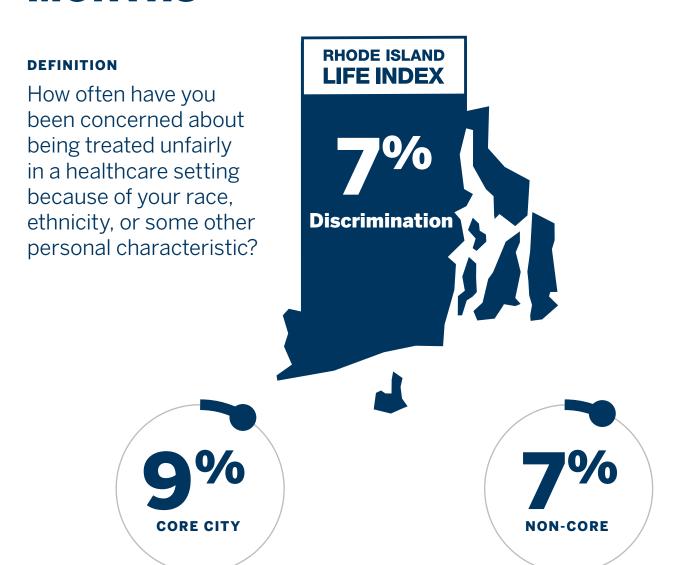
Percentage of respondents who said usually or always.

EMERGENCY ROOM USE IN PAST 12 MONTHS



Percentage of respondents who indicated one or more visits to the emergency room for any reason in the past 12 months.

DISCRIMINATION IN PAST 12 MONTHS



Percentage of respondents who said usually or always.

Note: Since only approximately 150 residents statewide endorsed this item, we could not reliably divide the sample into any categories other than Core City and Non-Core.

Acknowledgments

The RI Life Index, a partnership between Blue Cross & Blue Shield of Rhode Island and the Brown University School of Public Health, would not have been possible without the collaboration of the following people and organizations:

Melissa Clark, PhD, Professor of Health Services, Policy and Practice, Associate Dean for Academic Affairs, Professor of Obstetrics and Gynecology, and Director of Survey Research Center, Brown University School of Public Health, who served as Principal Investigator of the project, overseeing survey design and execution and data analysis, and offering expert guidance along the way.

Don Levy, PhD, April Backus, Meghann Crawford and all the interviewers and technical staff of the Siena College Research Institute for the data collection and analyses.

The more than 2200 Rhode Islanders who answered the call by taking the survey, providing this invaluable data to benefit all of our communities as we work to build a healthier Rhode Island.

The dozens of community partners whose early input helped shape the index, and whose efforts on behalf of all Rhode Islanders are deeply appreciated.

Bess H. Marcus, PhD, Dean, Brown University School of Public Health

Mathew Johnson, PhD, Executive Director, Howard R. Swearer Center for Public Service, Brown University

Christina H. Paxson, PhD, President, Brown University

Michele Lederberg, Executive Vice President, Chief Administrative Officer & Chief Legal Officer, Blue Cross & Blue Shield of Rhode Island

Kim Keck, President & CEO, Blue Cross & Blue Shield of Rhode Island