RHODE ISLAND LIFE INDEX 2020

Presented in partnership by:

Blue Cross Blue Shield of Rhode Island

BROWN School of Public Health
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. In 2019, we conducted a first of its kind survey of many Rhode Islanders.

Based on interviews conducted with more than 2,100 Rhode Islanders about life factors influencing health and well-being in the state, the 2020 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? As in 2019, when it comes to the factors impacting health and well-being, Rhode Islanders cited access to affordable, nutritious food; availability and quality of civic, social, and healthcare services for older adults; and programs and services available for children as strengths. In contrast, respondents saw the availability of quality affordable housing, job opportunities and job training programs as areas for improvement; and noted that the cost of living was a burden. We were not surprised that these 2020 findings largely mirrored those of 2019, especially with the added strain the COVID-19 pandemic placed on so many Rhode Islanders.

Armed with our vision and these data, BCBSRI has already begun to develop new approaches – and strengthen existing programs – to drive needed change in our state. As a result of what we learned in 2019, we shifted the focus of our BlueAngel Community Health Grants to organizations working in the intersection of housing and health, granting more than $800,000 since the end of 2019 to several organizations working hard in this space.

We look forward to sharing the 2020 survey results broadly, not only with our community partners but also with the general public, so that together, we can continue building healthier communities through Rhode Island.

What’s New For 2020?

As soon as we launched the 2019 RI Life Index, we began planning for 2020. The first step we took was to convene a new community group, the RI Life Index Coalition, whose members include leaders of community-based organizations and policy groups (see acknowledgments section for a complete list). We brought together these thought leaders and subject matter experts to help animate and activate the Index as a resource for organizations working to improve the lives of Rhode Islanders, and to help develop viable solutions to the barriers identified. Another important role they play is in shaping the survey questions. The Coalition is also well positioned to advise us on collecting information that complements rather than duplicates existing data measuring various social determinants of health and well-being.

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 initial impetus for the creation of the Index. As a proud local company celebrating 81 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 healthcare, the availability of nutritious food, and economic 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.

In keeping with this goal, the Coalition agreed that every year, we would ask a core group of questions that speak to quality of life and quality of community. In 2019, we included 17 questions; in 2020, we added an 18th question on the topic of quality education for children. On page 7 you’ll see the complete list of questions that comprise the “index” of quality of life and quality of community that we can use as our baseline against which to measure progress going forward.

Every year, the Index will pay special attention to a particular demographic group in our state. Early in 2020, well before the pandemic hit, the Coalition recommended that we focus on the impact of social determinants on Black and Latinx Rhode Islanders. Each year we also plan to highlight a few issues of special concern. Health equity; the importance of making sure that there is adequate housing available for everyone who needs it; confidence in managing health problems; and reasons people avoided seeking a doctor’s care when needed are those special issues for 2020.

The Methods

In July and August 2020, 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, 2126 surveys were completed with an oversample of Black and Latinx Rhode Islanders. Of the surveys, 650 were conducted by landline, 966 by cell phone, and 510 through a web survey tool.

The Survey

To inform the survey’s content, we sought counsel from the RI Life Index Coalition. In the survey, we included 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 about how likely they were to seek help managing health problems, reasons people avoided seeking a doctor’s care when needed, and the top priorities for their communities.

A note on the COVID-19 pandemic: We made a deliberate decision to conduct the survey even as the pandemic continued to challenge Rhode Islanders and place a strain on individual and community resources. Especially in times of great stress, we believe it is even more important to uncover and address barriers to health and well-being.
The Analytic Approach

First, we weighted the data to be representative of the state of Rhode Island with regard to age, gender, and race/ethnicity. 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 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, disability, gender, 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, and ◢ means that the variable was not meaningfully associated with that component.

Throughout this report, we show POP scores overall and stratified by geography (Core Cities vs. Non-Core Areas – see box this page), race/ethnicity, and age. The darkest red colors represent the lowest (worst) POP scores while the darkest blue colors represent the highest (best) POP scores (see below). 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: important goals for communities in Rhode Island, confidence managing health problems, and reasons people avoided seeking a doctor’s care when needed. We also present these findings, which are reported as percentages, stratified by geography (Core Cities vs. Non-Core Areas).

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 on the actual experiences of respondents with regard to their economic situation, food security, access to technology, confidence in managing health problems, and their household’s access to healthcare. The report concludes with respondents’ perceptions of the important goals for communities in Rhode Island.

Characteristics of the sample

Half of the survey participants were female and half were aged 18 to 49. One-third reported having a high school education or less. One-quarter lived alone, one-third lived in households with at least one child less than 18, and one-quarter were living in a household in which at least one person had a disability. Half reported household incomes of less than $50,000. The majority identified as non-Hispanic white, heterosexual/straight, and living in a non-core city.

Note: Percentages do not all add to 100% because of missing data.

* “Other” includes: Asian, Native American/Alaskan Native, Native Hawaiian/Other Pacific Islander, and Multi-racial
We show here a composite score of essential drivers of health and well-being as defined for the RI Life Index. The topic areas above comprise the heart of the RI Life Index, focused on quality of life and quality of community elements, including safe neighborhoods, affordable housing, quality education, and good jobs. We plan to ask consistent questions around these topics every year so that we can address areas of concern and measure progress towards improving the overall quality of life, health, and well-being of Rhode Islanders.
**QUALITY OF COMMUNITY**

**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
- Access to affordable food
- Cost of living
- Availability and quality of services and programs for seniors

**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.

**COMMUNITY LIFE**

**DEFINITION**

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

- Employment
- Education
- Convenient locations for nutritious food
- Access to affordable housing
- Access to healthcare
- Feeling safe at home

**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.

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**VARIABLE: COMMUNITY LIFE**

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**CHILDREN**

**DEFINITION**
How do residents rate programs and services available for children?

**TOPICS:**
Place to raise children; access to quality education; activities for youth

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**RHODE ISLAND LIFE INDEX**

**Children**

**CORE CITY**

- Percentage of respondents who said somewhat or completely descriptive to the following:
  - Programs and activities for youth outside of school hours: 69%
  - It is a good place to raise children: 88%

**NON-CORE**

- Percentage of respondents who said somewhat or very likely to the following:
  - Having access to quality education for their children: 90%

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**VARIABLE: CHILDREN**

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OLDERS ADULTS

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

TOPICS:
Availability of special transportation services; availability of social and civic programs; quality of healthcare services;

Older Adults

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 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 availability of social and civic programs for seniors

The quality of healthcare services for seniors

VARIABLE: OLDER ADULTS

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ACCESS TO NUTRITIOUS FOOD

DEFINITION
How do residents rate access to affordable, nutritious food?

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

ACCESS TO NUTRITIOUS 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

VARIABLE: ACCESS TO NUTRITIOUS FOOD

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**AFFORDABLE HOUSING**

**DEFINITION**
How do residents rate access to affordable, quality housing?

**TOPICS:**
Cost of housing; availability of affordable housing

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**Perceived Quality of Community**

**Community Health**

**Children**

**Older Adults**

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**Cost of Living**

**Access to Nutritious Food**

**Job Opportunities**

**Feeling Safe**

**Economic Situation**

**Food Security**

**Healthcare Access/Concerns**

**Access to Technology**

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**AFFORDABLE HOUSING**

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**

- **Over the past two years, would you say the availability of houses and apartments that most Rhode Islanders can afford has gotten better or gotten worse?**

- **If I wanted to move but remain in Rhode Island, I would have a hard time finding a home that I would both want and could afford.**

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**VARIABLE: AFFORDABLE HOUSING**

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COST OF LIVING

DEFINITION
How do residents rate the cost of living in their community?

TOPICS:
Affordable, high-quality childcare; cost of quality housing; difficulty paying for utilities

COST OF LIVING

Percentage of respondents who said not very descriptive or not descriptive at all 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.

Parents struggle to find affordable, high-quality childcare
The cost of housing makes it hard to find a quality place to live
People may have a hard time paying for utilities such as electric, gas, oil, or water

VARIABLE: COST OF LIVING

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Core City | Non-Core
**DEFINITION**
How do residents rate job opportunities and job training programs?

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

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**JOB OPPORTUNITIES**

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.

Being employed at a job that provides a living wage
Having access to affordable adult education, including job training

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**VARIABLE: JOB OPPORTUNITIES**

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HEALTHCARE ACCESS

DEFINITION
How do residents rate access to healthcare?

TOPICS:
Access to routine medical care; access to mental health or substance abuse treatment

HEALTHCARE ACCESS

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 convenient access to routine medical care

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

| Variable: Healthcare Access
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Perceptions of Community
**RACIAL EQUITY**

**DEFINITION**
How do residents rate racial equity at work, when seeking healthcare, and in personal interactions?

**TOPICS:**
- Treatment at work; experiences seeking healthcare; unfair treatment; fear for personal safety

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**Percentage of respondents who said same as or better than other races to the following:**
As you consider each of the following, do you think any has happened to you over the last 12 months solely due to your race, or have they not happened to you?

Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

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Within the past 12 months when seeking healthcare, do you feel your experiences were worse than, the same as, or better than for people of other races?

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**Percentage of respondents who said no to the following:**

- Been unfairly stopped by police?
- Feared for your personal safety?
- Been subject to slurs or jokes?

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**VARIABLE: RACIAL EQUITY**

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**Actual Experiences**

Not available in the image.
FOOD SECURITY

DEFINITION
How do residents rate their level of food security?

TOPICS:
Worries about having enough food; financial ability to buy food

FOOD SECURITY

Percentage of respondents who said never true to the following:
I’m going to read you several statements people have made about their home situation. For these statements, please tell me whether the statement was almost always true, true most of the time, sometimes true, or never true for your household in the last 12 months.

We worried whether our food would run out before we got money to buy more in the last 12 months.
The food we bought just didn’t last and we didn’t have money to get more

VARIABLE: FOOD SECURITY

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**ECONOMIC SITUATION**

**DEFINITION**
How do residents rate their current financial situation?

**TOPICS:**
Personal economic and financial situation; money in savings

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**RHODE ISLAND LIFE INDEX**

**ECONOMIC SITUATION**

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

How would you rate your own personal economic situation today?

- **Core City**: 61
- **Non-Core**: 64

Thinking about your financial situation, how much do you agree or disagree with the statement: I have enough money saved to handle a one thousand dollar emergency without going into debt.

- **Core City**: 67
- **Non-Core**: 54

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**VARIABLE: ECONOMIC SITUATION**

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<th>College Grad</th>
<th>Disability</th>
<th>Female</th>
<th>Core City</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
ACCESS TO TECHNOLOGY

DEFINITION
How do residents rate their access to technology?

TOPICS:
High-speed Internet access; smartphone access

ACCESS TO TECHNOLOGY

Percentage of respondents who said yes, applies to your household to the following:
Please tell me whether each of the following applies to your household:

- You have high-speed internet access at home
- At least one person has a smartphone, that is, a cellular phone that has built-in applications and internet access, such as an iPhone or Android?

<table>
<thead>
<tr>
<th>VARIABLE: ACCESS TO TECHNOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>&lt;55</td>
</tr>
<tr>
<td>55+</td>
</tr>
</tbody>
</table>

Core City  Non-Core
CONFIDENCE IN MANAGING HEALTH PROBLEMS

DEFINITION
Thinking about your health, how confident are you that you can manage any health problems you have?

84%
(46% SOMETHAT; 38% VERY)

CORE CITY 84%
(45% SOMEWHAT; 39% VERY)
NON-CORE 84%
(46% SOMEWHAT; 38% VERY)

REASON NOT TO SEE A DOCTOR

DEFINITION
For those indicating there was a time in the past 12 months when someone in the household needed to see a doctor but did NOT go for medical care, what was the most important reason.

30%
(YES)

CORE CITY 33%
NON-CORE 29%

FEAR OF COVID-19
43%

COST
33%

DIDN'T HAVE A DOCTOR
11%

OTHER
14%

CORE CITY NON-CORE
CORE CITY NON-CORE
CORE CITY NON-CORE
CORE CITY NON-CORE

12%
17%
10%
12%

33%
84%
14%
84%
11%
37%
35%
33%
HEALTH EQUITY

DEFINITION
Making sure that the disadvantaged have an equal opportunity to be healthy.

69% TOP PRIORITY

ADEQUATE HOUSING

DEFINITION
Making sure that there is adequate housing available for everyone who needs it.

68% TOP PRIORITY

72% TOP PRIORITY
CORE CITY

68% TOP PRIORITY
NON-CORE

76% TOP PRIORITY
CORE CITY

65% TOP PRIORITY
NON-CORE

<table>
<thead>
<tr>
<th></th>
<th>CORE CITY</th>
<th>NON-CORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important but not a top priority</td>
<td>26%</td>
<td>28%</td>
</tr>
<tr>
<td>Not a priority at all</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>CORE CITY</th>
<th>NON-CORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important but not a top priority</td>
<td>22%</td>
<td>29%</td>
</tr>
<tr>
<td>Not a priority at all</td>
<td>3%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Acknowledgments

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Ashish Jha, MD, MPH, Dean, Brown University School of Public Health

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RI Life Index Coalition Membership
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Angela Bannerman Ankoma, United Way of Rhode Island
Carolyn Belisle, Blue Cross & Blue Shield of Rhode Island
Carrie Bridges, Lifespan Community Health Institute
Elizabeth Burke Bryant, Rhode Island Kids Count
Brenda Clement, HousingWorksRI
Rachel Flum, Economic Progress Institute
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Katie Murray, Rhode Island Foundation
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