

Community Health Needs Assessment

NEWPORT HOSPITAL

SEPTEMBER 30, 2022

Table of Contents

I. Introduction	2
A. Description of CHNA Purpose & Goals	2
B. History and Mission of Newport Hospital	4
C. Commitment to the Community	5
D. Newport Hospital – Notable Achievements	7
II. Newport Hospital – Defining the Community It Serves	10
III. Update on 2019 CHNA Implementation Strategy	13
IV. Assessment of Health Needs of the Newport Hospital Community	23
V. Identification of Newport Hospital Community Significant Needs	47
VI. Conclusion	56
A. Acknowledgements	57
B. Contact Information	58
Appendix A. Newport Hospital Community Health Forum Schedule	59
Appendix B. Newport Hospital CHNA Community Liaison Profiles	60
Appendix C. Community Liaison Position Description	61
Appendix D. Sample Community Health Forum Agenda	62
Appendix E. Newport Hospital CHNA Community Input Form	63
References	66

I. Introduction

A. Description of CHNA Purpose & Goals

Newport Hospital (NH), located in Newport, Rhode Island, is a 129-bed nonprofit general acute care hospital, which provides inpatient, outpatient, and emergency care services for residents of southern Rhode Island. Admitting physicians are primarily practitioners in Newport County. NH is accredited by The Joint Commission (TJC) and participates as a provider primarily in Medicare, Blue Cross, and Medicaid programs. NH is also a member of Voluntary Hospitals of America, Inc. (VHA).

Effective January 15, 1997, Newport Health Care Corporation (NHCC), the then sole corporate member of NH, entered into an affiliation with Lifespan Corporation, a Rhode Island nonprofit corporation, which became the sole member of NHCC. Effective October 23, 2012, Lifespan Corporation replaced NHCC as sole corporate member of NH. NH continues to maintain its own identity, as well as its own campus and its own name. Lifespan has the responsibility for strategic planning and initiatives, capital and operating budgets, and overall governance of NH.

In addition to NH, Lifespan's affiliated organizations also include Rhode Island Hospital (RIH), The Miriam Hospital (TMH), Emma Pendleton Bradley Hospital (EPBH), Gateway Healthcare, Inc. (Gateway), Lifespan Physician Group, Inc. (LPG), and Coastal Medical Physicians, Inc. (CMPI) as well as other organizations in support of Lifespan and its hospitals.

The Patient Protection and Affordable Care Act (ACA), enacted March 23, 2010, added new requirements codified under Internal Revenue Code (IRC) 501(r) for organizations that operate one or more hospital facilities described in IRC Section 501(c)(3).¹ Included in these new regulations is a requirement for hospital facilities to conduct a Community Health Needs Assessment (CHNA) at least every three years and to adopt an implementation strategy to meet the community needs identified in the CHNA.² CHNAs must solicit feedback from certain members of the community to determine significant health needs of the community the hospital serves. This group includes, among others, members of the medically underserved, low- income, and minority populations in the community cared for by the hospital facility. CHNA regulations specify that a CHNA should address not only financial barriers to care but also “the need to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community.”³

NH conducted its first CHNA, dated September 30, 2013, which covered the period from October 1, 2010 through September 30, 2013, to better understand the individual and community-level health concerns of the population that it serves.⁴ This process and its

resultant findings were achieved through an effort to involve the community in determining the significant health concerns. The CHNA encompassed intensive data collection and analysis, as well as qualitative research in the form of interviews with members of the community and surveys of more than 100 internal and external stakeholders, hospital-based physicians, nurses, social workers, administrators and other professionals, and community-based stakeholders representing constituencies served by NH. Data collected was used to prepare an implementation strategy to address significant needs specific to the community served by NH. The 2013 report and implementation strategy was distributed widely among Lifespan stakeholders, community partners and the general public. Subsequent CHNA have been conducted every three years with implementation progress reported triennially.

Lifespan, on behalf of NH, conducted its second CHNA, covering the three-year fiscal period from October 1, 2013 through September 30, 2016.⁵ The goals of that CHNA were to: (1) provide a review of what NH has accomplished in addressing the significant needs identified in its implementation strategy included in NH's initial CHNA, dated September 30, 2013; (2) to define the community that NH serves; (3) to assess the health needs of that community through various forms of research, community solicitation, and feedback; (4) to identify which of those needs assessed were of most significance to the community; (5) and to provide an implementation strategy that detailed how NH would address those significant needs.

Lifespan conducted its third CHNA on behalf of NH in 2019, including a review of how NH addressed significant needs identified in its implementation strategy for the three-year fiscal period from October 1, 2016 through September 30, 2019.⁶ Lifespan also produced a separate Community Health Needs Assessment Implementation Strategy for the period from October 1, 2019 to September 30, 2022.⁷

This report represents the fourth CHNA conducted by NH. The goals of this CHNA are to: (1) enhance the hospital's perspective on the healthcare needs of its community; (2) establish a baseline upon which future work can build; (3) monitor progress toward health improvement goals; (4) provide a resource for individuals and organizations interested in the health status of the community served by NH; (5) inform creative discussions and collaborations to improve the health status of Rhode Island residents; and (6) meet the requirements of the ACA, which calls for non-profit hospitals to assess the health needs of people living in their service area every three years. The implementation strategy to be presented as a result of this CHNA will be used organizationally to guide hospital strategic planning over the next three fiscal years covering the period of October 1, 2022 through September 30, 2025.

B. History and Mission of Newport Hospital

As a member of the Lifespan health system, NH is committed to its mission: *Delivering health with care*. NH is a non-profit 129-bed community hospital located in Newport, Rhode Island. It was established as a 12-bed cottage hospital in 1873, building on the community's long history of providing safe places of healing and recovery for local residents with smallpox and other communicable diseases in colonial Newport. NH was founded to serve all residents, and – during an era when most patients were treated at home – it provided a particularly vital health care resource for fishermen, members of the military, and others in the then-largely maritime community whose actual homes were elsewhere. Notably, NH has kicked off its 150th anniversary celebration upcoming in 2023. The 150th website: www.newporthospital.org/150years offers a timeline of some highlights from NH's history and progress through the last century and a half.

Today, NH continues to serve as an essential safety net hospital for its community. NH has kept pace with advances in medical technology and the needs of the community. It is now a state-of-the-art, award-winning health care facility that offers a broad range of medical services including emergency care, medical imaging, women's health including obstetrics and gynecology, behavioral health, comprehensive surgical services, intensive care, acute inpatient and outpatient rehabilitation, comprehensive spine services, orthopedics, laboratory, and has received a coveted fourth Magnet designation from the American Nurses Association and Baby-Friendly designation from the World Health Organization and UNICEF.

In 2017, Lifespan launched new shared values that define how services are provided across all affiliates – compassion, accountability, respect, and excellence – four words that form the acronym C.A.R.E. and tell Lifespan who we are when we are at our best. This acronym serves as NH's "true-north" guide, helping Lifespan become the best place to obtain care and the best place to work.

In 2021, the Lifespan board of directors approved the Lifespan 2025: CREATE, a strategic plan to guide Lifespan's priorities through 2025. Lifespan 2025 focuses on strategic priorities for a high-quality, high-value academic health system:

- **Care Transformation and Quality**
Advance patient-centric care that prioritizes quality and innovation
- **Research and Education**
Advance excellence and achieve distinction in research and education
- **Engagement and Culture**
Achieve an inclusive culture of workplace excellence for physicians and staff

- **Access, Growth and Population Health**
Improve access, advance population health, and achieve strategic growth
- **Teamwork and Patient Experience**
Work together to consistently deliver an exceptional patient and family experience
- **Excellence in Operations and Financial Health**
Achieve excellence in operations with resulting financial health

Further, two pillars support all of the Lifespan 2025 priorities and initiatives:

- **Diversity, Equity, and Inclusion**
- **Innovative and Accountable Management Culture**

Also in 2021, Lifespan engaged stakeholders from across the system to co-create an organizational competency model. Competencies are the skills and behaviors that we need to demonstrate in order to be successful in our roles and to bring Lifespan’s 2025 goals to life. This model includes four core competencies for all Lifespan employees, plus four additional leadership competencies for all Lifespan leaders. The competencies describe how we work together and how we get things done, and they work in concert with our CARE values.

C. Commitment to the Community

Over the next year, Newport Hospital will embark on a community wide yearlong celebration to honor the 150th birthday of the hospital.

Table 1. Newport Hospital Statistics – FY 2021⁵	
Year founded	1873
Employees	831
Affiliated physicians	517
Licensed beds	129
<i>Statistics and financials (\$ in thousands)</i>	
Patient discharges	5,031
Births	428
Emergency department visits	26,507
Outpatient visits	49,150
Outpatient surgeries	4,619
Inpatient surgeries	999
Total assets	\$361,009
Net patient service revenue	\$119,865

8

During the fiscal year ended September 30, 2021, NH provided \$6.5 million in charity care and other community benefits to its patients, which accounted for 5.3% of total operating expenses. NH provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to three times the poverty level. NH bills uninsured and underinsured patients using the prospective method, whereby patients eligible for financial assistance under NH’s Financial Assistance Policy are not billed more than “amounts generally billed”, defined by the Internal Revenue Code Section §501(r) as the amount Medicare would reimburse NH for billed care (including both the amount that would be reimbursed by Medicare, and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicare fee-for-service beneficiary. Notably, in addition to this financial assistance and subsidized health services, NH provided \$438,000 in community health improvement services and community benefit operations.⁹NH substantially subsidizes various health services, including adult psychiatry, obstetrics, rehabilitation, and certain specialty services. NH also provides numerous other services to the community for which charges are not generated, such as community health screenings for breast cancer, cardiac health, diabetes and other diseases, smoking cessation, immunization and nutrition programs, health promotion education, community health training programs, patient advocacy, foreign language translation, and charitable contributions.

Table 2. Net Cost of Charity Care and Other Community Benefits, FY 2021⁷	(\$ in thousands)
Charity care	\$1,412
Subsidized health services	\$2,140
Community health improvement services and community benefit operations	\$438
Unreimbursed Medicaid costs	\$2,480
Total cost of charity care and other community benefits	\$6,470

10

During the fiscal year ended September 30, 2015, NH launched a free, monthly community lecture series, featuring clinicians speaking on health topics. An average of fifty people attend each month to learn about a range of health topics.¹¹ Through its Frederick Henry Prince Memorial Fund, NH awarded 72 grants totaling \$413,237 to local non-profits to help fund innovative programs that increase the physical activity and health of Newport County children and families during fiscal years 2020 through 2022. In 2022, \$149,520 was awarded to 23 Newport County organizations. Since its inception, it has provided more than \$1 million in grants for programs in Newport County.¹²

The Lifespan Community Health Institute (LCHI), with a mission to ensure that all people can achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments, works with all Lifespan affiliates to achieve population health goals and partners extensively with NH. LCHI delivers health education and screening programs on behalf of NH.

Lifespan, through the LCHI and affiliates, coordinates hundreds of programs, events and community service activities that serve more than 30,000 southern New Englanders annually. Programs are offered for free or at a reduced cost to the community and non-profit organizations.¹³ In partnership with community-based agencies, LCHI led the design and development of the 2022 CHNA.

Community and patient engagement is a critical component of quality improvement and strategic planning for Lifespan Corporation and its affiliated hospitals. Lifespan launched a website in the spring of 2016 to describe and publicize the CHNA process.¹⁴ This site, accessible from the Lifespan homepage, is maintained and houses each hospital's CHNA report and implementation strategy. This site also serves as a conduit to link community residents and organizations to NH's health-promoting initiatives.

D. Newport Hospital – Notable Achievements

Newport Hospital earned its eighth consecutive 'A' grade for safety from Leapfrog, while also being named one of their 2020 top hospitals in the country. It is the only hospital in Rhode Island to make the list. This distinction recognizes NH's achievements protecting patients from harm and providing safer health care.

After almost two years of preparation, Newport Hospital was designated a Diagnostic Imaging Center of Excellence (DICOE) by the American College of Radiology (ACR) in August 2021, setting it apart from other hospitals in the state. The DICOE designation represents the pinnacle of medical imaging care. The honor recognizes excellent patient care, staff, technology, policies, and procedures. To receive this distinction, facilities must be accredited by the ACR in all imaging modalities.

Newport hospital received a 2021 Gold Plus national recognition from the American Heart Association/ American Stroke Association for adhering to the high standards of the Get With The Guidelines program. Receiving the Get With The Guidelines Gold Plus award means that for two consecutive calendar years, NH has reached an aggressive goal of treating patients with 85 percent or higher compliance to core standard levels of care outlined by the AHA. NH also met seven out of ten stroke quality measures during the 12-month period. The measures include evaluation of the proper use of medications and other stroke treatments aligned with the most current, evidence-based guidelines, with the aim of speeding recovery

and reducing the incidence of death and disability among patients. In addition, NH was named to the Type 2 Diabetes Honor Roll in its inaugural year. This distinction is for hospitals that have achieved more than 90 percent compliance for 12 consecutive months for the Overall Diabetes Cardiovascular Initiative Composite Score.

Lifespan Pharmacy added a new location on the first floor of Newport Hospital. This pharmacy location offers a full range of services such as free home delivery, courtesy refills, appointment or walk-in vaccinations for adults, and access to Lifespan's team of expert pharmacists.

NH launched its “Meds to Beds” program on July 28, 2020. Meds to Beds is a bedside prescription delivery service provided to patients in partnership with a locally owned pharmacy in Middletown, Rhode Island. The program’s overarching objectives are to increase medication compliance, reduce readmissions, provide just-in-time education about medication usage to patients upon discharge, and to enhance patient satisfaction. Meds to Beds delivery, which is free, gives patients an opportunity to speak with their care team about their medications before they go home, and saves them a stop on the way. Any other potential issues with a prescription, including missing information, insurance coverage, and affordability, all are resolved before discharge.

NH has had a marquis inpatient rehabilitation unit for more than 40 years. As a result, Lifespan doubled the size with a new system-level inpatient rehabilitation center of excellence, located at the Vanderbilt Rehabilitation Center at NH in September 2020. announced a new, system-level inpatient rehabilitation center of excellence, located at the Vanderbilt Rehabilitation Center at NH in September 2020. The expanded Vanderbilt Rehabilitation Center, which is double CARF accredited, has 28 single inpatient rehabilitation beds, multiple gyms, and new technology. This new unit, dedicated solely to the needs of rehabilitation inpatients, builds on the esteemed Vanderbilt brand.

Effective October 1, 2020, Lifespan launched the new Norman Prince Spine Institute at Lifespan, replacing the existing Comprehensive Spine Center at NH and RIH and coordinating and expanding neurosurgical spine-related activities across the entire Lifespan Health System. The institute provides the highest level of comprehensive, multidisciplinary care for spine patients, including non-operative interventions (physical therapy, chiropractic care, acupuncture, and pain intervention procedures); minimally invasive and endoscopic spine procedures; and complex reconstructive surgeries, making it a national and international destination center for spine care, education, and research. With locations at NH and RIH, the institute will be a new addition to the Norman Prince Neurosciences Institute.

NH welcomed five young people to its 2021/2022 Project Search program, its fourth year as an employment partner. Project search is a collaboration between Newport Hospital, Newport County Regional Special Education, and the Office of Rehabilitation Services of Rhode Island that provides adolescents and young adults who have cognitive and physical disabilities with job training and professional exposure to facilitate opportunities for employment and independent living.

After signing a letter of intent in February 2020, CMPI and Lifespan finalized a partnership agreement in April 2021. With a team of over 125 providers located in 20 medical offices across Rhode Island, CMPI is a leader in coordinated primary care and serves 120,000 patients. Combining Lifespan's vast specialty care capabilities with CMPI's primary care expertise will benefit patients across the state, offering enhanced value through a continuum of coordinated, high-quality patient care. This partnership plays a key role in Lifespan's efforts to elevate its population health strategy, also a major facet of the Lifespan 2025 Initiative—CMPI has achieved great success with population health management and is now seen as a national model. In September 2021, CMPI President G. Alan Kurose, MD, was appointed Senior Vice President of Primary Care and Population Health for Lifespan. As one of the founders of CMPI in 1995, Dr. Kurose has been a driving force in positioning them at the forefront of healthcare delivery system transformation, both locally and nationally.

Especially amid the COVID-19 pandemic that highlighted the fragility of emotional well-being during times of distress, NH enhanced its suicide prevention activities in 2021 as a proud member of the Zero Suicide Implementation Team – a collaborative group in Newport County with representatives from local mental health organizations. The team's goals are to decrease the stigma of mental health care, bring awareness to suicide prevention efforts, and provide access to suicide treatment and awareness training. Within NH, staff from the partial hospitalization program developed suicide prevention awareness training for employees, incorporated research-based suicide screening for patients in the behavioral health unit and quickly expanded the screening throughout other areas of the hospital and developed guidelines for these conversations to make patients and staff comfortable. Outside of hospital walls, NH is working with community-based organizations to keep the community informed of the resources available nearby to reduce stigma and enable a “no wrong door” experience.

A strategic initiative in 2021 was to achieve service line goals aligning with the system, including women's health as one of our priority service lines. NH has been consistently working to grow its Newport Women's Health practice and has made significant strides toward this goal. NH completed an extensive relocation and renovation of its hospital-based women's health practice, providing a streamlined experience for patients, who now have access to exam rooms, a consult room, and ultrasound services all in one convenient location.

Another essential piece in expanding this service line has been staff and provider recruitment. In 2021, NH welcomed two new OB/GYNs- Dr. Emily Blosser and Dr. Jennifer Enos rounding out the hospital's comprehensive and collaborative team of OB/GYNs, certified nurse midwives, and an essential support staff of highly trained clinical staff and patient service representatives.

NH officially joined the national network of age-friendly hospitals early in 2022 by meeting all four pillars - high quality health care for the senior population, medication management and safe prescribing to prevent adverse events, improving mobility through rehabilitation, and recruiting and training volunteer geriatric champions to provide comfort and assist with meals especially when older people are hospitalized.

Over the past year, NH has invested significantly in medical technology to include the installation of an open MRI at its Portsmouth Imaging Center – the first of its kind used in the Lifespan system and the only open MRI in the greater Newport County area. This open MRI is effective for a variety of procedures including orthopedic imaging, neurological imaging, vascular imaging, abdomen and pelvis imaging, and face and neck imaging. Aligned with its strategic initiative to improve diagnostic imaging services, NH also installed a new 64-slice CT scanner in Portsmouth, which is the same technology that is used at NH's main campus, rounding out a suite of new medical imaging equipment – five pieces in total which includes three 3D tomosynthesis mammography units installed at NH's main campus and Portsmouth location. During Fall 2021, NH installed three 3D tomosynthesis mammography units between the two locations at the medical imaging center in Portsmouth, which provides convenience to those close communities.

II. Newport Hospital – Defining the Community It Serves

NH serves the communities of Newport County which consists of: Newport, Middletown, Portsmouth, Jamestown, Tiverton, and Little Compton. NH's secondary area serves nearby Bristol, Rhode Island, and border communities in nearby Massachusetts. While serving as an important health care resource for year-round local residents, NH also cares for a diverse cohort of tourists, summer residents, and members of the military who are deployed in Newport.¹⁵

Newport County is home to 85,643 residents in 102 square miles and has a population density of 836.1 people per square mile. Newport County consists of Aquidneck Island, Conanicut Island, Prudence Island, and the easternmost portion of the State on the mainland of Rhode Island. NH is located in the city of Newport. The population of Newport County is older, on average, than the rest of the State, and older than the national average, with 22.2% of Newport County residents over 65 years of age as compared to 17.3% in Rhode Island and 16.0% in the United States.¹⁶

Table 3. Demographic Estimates, 2020 US Census	Newport County	Rhode Island	United States
Population estimates	85,643	1,097,379	331,449,281
% below 18 years of age	16.7%	19.4%	22.4%
% 65 and older	22.2%	17.3%	16.0%
% Black or African American	3.1%	5.0%	12.0%
% American Indian and Alaska Native	0.3%	0.3%	0.7%
% Asian	1.8%	3.5%	5.9%
% Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.2%
% Hispanic	6.5%	16.6%	18.7%
% Non-Hispanic white	82.8%	68.7%	57.8%
% Language other than English spoken at home*	9.1%	22.4%	21.5%
% Female	50.6%	51.4%	50.8%
Median household income**	\$84,282	\$70,305	\$64,994
% Persons in poverty	7.7%	11.6%	12.8%
Persons per square mile	836.1	1,061.4	93.8
% Persons without health insurance	3.5%	4.3%	8.7%

*age 5+ years

**in 2020 dollars

The median household income in Newport County is \$84,282 and 7.7% of residents are living in poverty, compared to 11.6% statewide. According to the U.S. Census, 3.5% of residents in Newport County are uninsured, which is slightly lower than the state average of 4.3%. Over 9% of families speak a language other than English at home.¹⁷ The five most commonly utilized languages among NH patient encounters in 2021 were English, Spanish, Portuguese, American Sign Language, and Khmer.¹⁸

Newport Hospital Patient Population

During the fiscal year ended September 30, 2021, nearly all (93.5%) of NH's inpatients came from Rhode Island, with 65.0% comprised of residents Newport County: 28.8% from the city of Newport, 21.0% from Middletown, 12.6% from Portsmouth, 2.6% from Jamestown, 3.3% from Tiverton, and 0.2% from Little Compton. Bristol is another Rhode Island community with significant numbers of residents served by NH (8.4% of inpatient admissions). Approximately 4.5% of NH's inpatients came from Massachusetts, 0.4% from Connecticut and 1.5% from other states and countries. The data is similar on the outpatient side, with 95.4% of NH's outpatients residing in Rhode Island, 2.9% from Massachusetts, 0.4% from Connecticut and 1.3% from other states and countries. Newport County represents 78.8% of NH's outpatient encounters: the city of Newport (34.2%), Middletown (23.5%), Portsmouth (16.6%), Jamestown (4.6%), Tiverton (4.9%), and Little Compton (0.1%). The town of Bristol accounted for 4.6% of all outpatient encounters.¹⁹

During the fiscal year ended September 30, 2021 there were 5,031 total inpatient admissions at NH. In the same year: 77,775 outpatient encounters, 2.2% of which were pediatric; and 26,507 emergency department (ED) encounters.²⁰ There were also 428 births at NH during calendar year 2021.

During the fiscal year ended September 30, 2021, 299 (7.0%) inpatients identified as Hispanic or Latino. The largest share of inpatients- 3,304 (76.8%) identified as non-Hispanic and White or Caucasian. Another 269 (6.2%) inpatients identified as non-Hispanic and Black or African American. There were 3,601 (4.4%) outpatient and ancillary patients who identified as Hispanic or Latino. An additional 26,054 (86.7) outpatient and ancillary patients identified as non-Hispanic White or Caucasian and 1,178 (3.9%) outpatient and ancillary patients identified as non-Hispanic and Black or African American. Table 4 shows the racial breakdown of all ethnicities of NH inpatients and outpatients during the fiscal year ended September 30, 2021.²¹

Table 4. Newport Hospital Patient Race, 2021³⁰	Number of Inpatients	Inpatient Percent	Number of Outpatients	Outpatient Percent
NON-HISPANIC/LATINO and				
White or Caucasian	3,304	76.8%	26,051	86.7%
Black or African American	269	6.2%	1,178	3.9%
Asian	32	0.7%	268	0.9%
American Indian or Alaska Native	*	n/a	16	<0.1%
Native Hawaiian or Other Pacific Islander	*	0.2%	62	0.2%
Two or More	*	n/a	86	0.3%
HISPANIC/LATINO (all races)	299	7.0%	3,601	4.41%
OTHER/UNKNOWN/REFUSED	505	11.7%	1,228	4.1%
Total	n/a	n/a	32,490	n/a

*Counts <10 have been suppressed to protect privacy.

III. Update on 2019 CHNA Implementation Strategy

NH conducted a CHNA dated September 30, 2019, that resulted in an implementation plan for the period of October 1, 2019 through September 30, 2022. The community health needs assessment findings reflected significant community input garnered through community forums, surveys, and key informant interviews. In addition, NH reviewed hospital utilization data and public health trends to inform its selection of implementation priorities.²²

The 2019 Community Health Needs Assessments report and Implementation Strategy covering the period between October 1, 2019 through September 30, 2022 were distributed widely among Lifespan stakeholders, community partners, and the public. Provided below is an update on progress made in addressing each of these significant needs that were identified in the September 30, 2022 NH CHNA. It should be noted that this implementation period coincided with the identification and rapid spread of COVID-19 which impacted every facet of life in the United States, as well as every facet of hospital operations including staffing- hiring and retention, financing, infection control, community trust, and more. As described below, NH's management and experience of the COVID-19 pandemic required that some planned implementation activities needed to be modified, canceled, or postponed.

Access to Primary Care and Specialty Services

Equitable access to health care is essential to ensuring improved health outcomes. NH is committed to improving access to health care for its community, especially access to high quality, coordinated primary care. Without primary care access, patients may not receive appropriate care in a timely manner. The scope of primary care includes preventive care as well as disease management and the identification of needed behavior changes to maintain lifetime health. In attempts to improve access to primary care and specialty services, NH implemented the following strategies between October 1, 2019 and September 30, 2022:

- A. Recruit more primary care providers in family medicine, geriatrics, and internal medicine. By adopting this strategy, NH hopes to provide more consistent and regular treatment, reduce the length of hospital stays, and improve patient satisfaction overall.
 - NH hired four new primary care physicians in FY 2020 and two new primary care physicians in FY 2021.
 - NH faced challenges including the lack of available physicians for hire in any specialties, which continues to be an issue. In addition, the lack of available housing was another prohibiting factor in meeting the recruitment goal.
 - The hospital onboarded approximately 20 per diem hospitalists. Some were moonlighting from other affiliates to help support the hospital medicine team during the pandemic.

- In August 2022, NH anticipates bringing on two new hires: (1) Hospitalist and (1) Hospitalist/Nocturnist.
- During this period, the following hospital practitioners were hired:
 - (1) Intensivist
 - (3) Women’s Health providers
 - (1) Urologist
 - (1) Psychiatrist
 - (1) Primary Care/Internal Behavioral Health

B. Promote the LifespanLink service. By investing in enhanced information technology tools, NH enables patients and providers to connect more easily.

- The LifespanLink²³ service is a web-based portal that allows community providers to view their patients’ clinical information in a read-only format, including medications, allergies, notes, problems, and test/treatment results. Providers can view notifications of ED visits, inpatient stays, discharges, lab results, and more at Lifespan facilities. Additionally, LifespanLink allows providers to make referrals to departments within Lifespan.
- In addition, the MyLifespan²⁴ service allows patients to access their medical information online. This service provides a single integrated record to chart a patient’s care while offering information about their health condition. MyLifespan is promoted both to in-patients and out-patients.

C. Promote Lifespan Health Connection service.

- The Lifespan Health Connection service is no longer available due to limitations with resources. Nevertheless, NH continues to provide alternative ways to help to connect patients with community-based providers in their area. *(Please refer to section B above.)*

D. Improve access to medication by launching a “Meds to Beds” program²⁵ through Lifespan Pharmacy. This program provides prescriptions at the patient’s bedside. By focusing on patient convenience and ensuring that patients get their required medications before they are discharged, re-admission numbers may be lowered. NH also now has a pharmacy available to both in-house patients and the public community.

- Meds to Beds patients served - Retail pharmacy opened in May 2021
 - FY 2021 (May - September 2021):
 - Total number of people served: 643
 - Hospital Discharge patients served = 290 *(excludes ED patients)*
 - ED patients served = 24

- FY 2022 (*October - April 2022*):
 - Total number of people served: 1188
 - Hospital Discharge patients served = 829 (*excludes ED patients*)
 - ED Patients Served = 146
- E. Lifespan Physician Group, Inc. (LPG) intends to open six Urgent Care locations within Rhode Island and Southeastern Massachusetts during fiscal years 2020-2021. NH's goal is to reduce barriers by expanding points of access for patients without primary care physicians.
- The second Lifespan Urgent Care center, a program of LPG, opened its doors on Aquidneck Island at 1360 West Main Road in Middletown in November 2019. NH's goal is to increase access and provide care in the right setting for patients in our county. Middletown urgent care center visits totaled:
 - 10,228 in FY21
 - 11,879 in FY22 through July
 - Two LPG Urgent Care facilities are located elsewhere in Rhode Island.
 - Plans are currently being developed to open another LPG Urgent Care location in Johnston, Rhode Island.
- F. Improve access to language assistance services with mobile interpreter services for inpatients as well as an expansion of the service to outpatients by 2022. NH aims to improve the ability of staff to communicate with patients. By investing in equipment and translation services, NH hopes to expand access to care, reduce barriers, and improve patient satisfaction.
- Language Line phone interpretation service is available for staff to use with patients in situations when communication is limited due to language barriers with 4,068 encounters in FY 2020 (January-September), 4,706 encounters in FY 2021, and 4,555 encounters in FY 2022 (October 2021-July 2022).
 - In addition to Language Line, NH utilizes 15 video remote interpretation devices across the hospital.
 - The hospital increased awareness by staff members of the availability of a translation phone line as well as video remote interpretation equipment for use on an as-needed basis.
 - NH enjoys an active partnership with Conexion Latina, a new community-based organization serving the Latinx population in Newport. Conexion Latina helps the hospital identify and respond to language access barriers.
 - NH's Latino community members have reported no issues with this service.

- G. Continue access to cancer services at the Lifespan Cancer Institute²⁶ (LCI), located at NH. The existence of the LCI means that patients can stay local for the diagnosis and treatment of various types of cancer. LCI has a practice location within Newport Hospital.
- LCI continues to offer cancer services at NH and has expanded radiation oncology and survivorship services at the proximal East Greenwich location and ensure complete care from diagnosis through recovery.
- H. Hire more specialists in high-demand service lines, monitor wait times for new patients to receive an appointment with a specialist, and assess need for intervention if wait times exceed acceptable ranges. NH aims to improve patient satisfaction by enhancing access to care and by limiting travel required for patients.
- Whenever possible, NH will try to hire specialists based on the demand for the service line. The current lack of specialty physicians in certain areas presents a challenge.
 - NH has been collaborating more with Providence, Rhode Island specialties as available options, in addition to offering telemedicine as an alternative.
 - In FY20, FY21, and through 7/13/22, LPG hired physicians and advanced practice providers in neurosurgery (10), rheumatology (3), cardiology (23) gastroenterology (2), ophthalmology (1), and spine & pain management services (5).
 - LPG hired 60 behavioral health providers – physicians, psychologists, and advanced practice providers – in FY20, FY21 and through 7/13/22 in FY22, more than any other specialty. This hiring, in the midst of the pandemic and an extremely competitive market for behavioral health providers, reflects Lifespan’s commitment to improve access to behavioral health care. Many of these new hires are collocated in primary care practices to facilitate referrals and patient access to behavioral health care.
- I. Create a musculoskeletal institute incorporating physiatry, spine care, and orthopedics.
- NH formed a relationship with University Orthopedics, Inc., which has allowed increased access to their service line.
 - In addition, NH has a collaboration with the Norman Prince Spine Institute, providing a more exclusive partnership.
 - NH maintained 1.0 FTE for Physicians during this time frame. In January 2020, a new physician was hired as a replacement after another left the practice.
 - NH has improved access to both orthopedic and spine care based on the relationship with University Orthopedics and the Normal Prince Spine Institute.

Outreach and Education

Adequate health literacy is another essential factor for ensuring improved health outcomes in Rhode Island communities. Health literacy — the degree to which an individual understands health information and can use that information to make informed decisions about their health — has been proven to improve population health. NH expects that by understanding what services are available and how to those access services, patients feel empowered. Below are actions that NH took between October 1, 2019 and September 30, 2022 to address the identified significant need of improving health literacy:

A. Raise awareness of NH services and community-based programs by developing a communication strategy that employs multiple channels to effectively promote health and wellbeing programs across the service area and continue the free Community Lecture Series. Also, partner with Newport Partnership for Families — an association of social service agencies, community organizations, educational institutions, and businesses striving to strengthen the City of Newport by prioritizing and supporting the needs of children, families, and individuals.

- Dr. Jeffrey Gaines, Vice President of Medical Affairs and Chief Medical Officer from Newport Hospital serves on the board of the Newport Partnership for Families (NPF).
- NH's dedicated community outreach specialist continues to collaborate with community partners including NPF, the Newport Health Equity Zone, and the Dr. Martin Luther King, Jr. Community Center.
- Each month, NH's educational programs are promoted through local print, radio, and other promotional materials that are distributed at group meetings, schools, and at other public locations.
- Members of the NH's administrative staff participate and serve on various local boards, including the Newport Partnership for Families, Boys & Girls Club of Newport County, Star Kids, the Middletown Prevention Coalition, St. Michael's Country Day School, Salvation Army, and Lucy's Hearth.

B. Offer web-based educational programs for patients.

- NH's virtual lecture series promotes the programs and services that are available to the public. These virtual events are well attended.
- FY 2020 = 8 lectures/approx. 400 attendees
- FY 2021 = 12 lectures/400 attendees
- FY 2022 (to date) = 4 lectures/ 202 attendees
- Note: This offering complements the Community Health Ambassadors Lectures that are offered monthly by the Lifespan Community Health Institute (LCHI).

- C. Offer educational presentations and programs to school-age students, coaches, educators, and school associations. Such programs include continued participation in Project SEARCH. This Transition-to-Work Program is a unique, business-led, one-year employment preparation program that takes place entirely at the workplace. Total workplace immersion facilitates a seamless combination of classroom instruction, career exploration, and hands-on training through worksite rotations. The program culminates in individualized job development.
- In addition to offering students job training, programs were also offered on nutrition, fitness, men’s health, and women’s health.
 - These programs for the Newport community are promoted through the following community partners:
 - Safe Sitter
 - FY 2020: 2 classes/21 students
 - FY 2021: 5 classes/36 students
 - FY 2022: 2 classes/18 students (to date)
 - Tar Wars
 - FY 2020: 169 students
 - Project Search
 - FY 2020: 3 graduating students
 - FY 2021: 12 graduating students
 - FY 2022: 5 graduating students
- D. Leverage technology to offer more telehealth services.
- Before and throughout the pandemic, NH continued to increase telehealth services to enable patients to access services from their homes. NH continues to offer this option.

Access to Mental and Behavioral Health Services

In 2019, mental health was once again identified as a significant concern and key priority for NH. The high incidence of mental illness in Rhode Island has been met with investments in mental health treatment, care, and prevention. However, access to mental health services remains a major hurdle for many residents. By providing the following interactions with individuals struggling with mental health disorders and by helping to increase understanding of behavioral health services, NH aimed to reduce the stigma attached to mental health.

- A. Offer Mental Health First Aid in the service area.
- Lifespan affiliate, Emma Pendleton Bradley Hospital (EPBH) provided Mental Health First Aid training for 28 staff members at the Boys & Girls Club of Newport in FY22.
- B. Promote the Pediatric Psychiatry Resource Network (PediPRN) — a hotline for children in emotional crisis — to family physicians, and KIDS Link Rhode Island to parents.
- In response to the overwhelming demand for pediatric psychiatric consultation across Rhode Island, and in recognition of the limited pipeline of new providers, EPBH has established the PediPRN, a free telephone consultation services for the State’s pediatric care providers, which created real-time phone consultation service staffed by our child psychiatrists for all pediatric primary care providers in Rhode Island.
 - The PediPRN resource is promoted to family physicians practicing on the island.
- C. Offer an educational series on mental health topics.
- NH collaborates with outside community agencies such as the National Clinical Mental Health Counselors, CODAC, AdCare, Child & Family Services, and others to provide educational programs on topics related to mental health.
 - LPG physician Dr. Jon Brett appeared on the local radio station, WADK, to address mental health issues. The segment was aired to an audience of approximately 1,000 listeners.
 - In May 2022, Behavioral Health offered a virtual anti-stigma panel discussion featuring community volunteers.
 - The Newport Health Equity Zone’s LGBTQ workgroup hosted a focus group with 10 behavioral health specialists to discuss compassionate care and issues related to this community.
- D. Maintain access to Peer Recovery Coaches to support people with substance use disorders.
- NH currently partners with Hope Recovery Center, which provides recovery services to NH clients.
 - The Hope Recovery Center provides (1) Peer Recovery Coach and (2) volunteers who introduce, educate, and promote ongoing recovery services to clients in need at no cost to NH.
 - This team addresses up to 10 patients per week in the partial hospitalization program.
 - That translates to approximately 400–500 patients served per year.
 - There are plans to expand this service to the inpatient BHU unit and add (2) volunteers, with the goal of serving approximately 300 patients per year.

- E. Monitor utilization of partial hospitalization programs to determine if a third service track is needed and explore feasibility with telepsychiatry.
- Currently, there are 2 tracks of partial hospitalization programs operating with a capacity of 20 patients.
 - Budgeted positions for the 2 tracks currently include:
 - 1.5 PhD psychologists
 - 4 Master's level clinicians
 - .5 RN
 - 1.0 Patient Support Representative, MD, and Psych Nurse Practitioner
 - FY 2022 staff additions included:
 - 2 Integrated Behavioral Health
 - 1 Partial Hospital Program
 - 1 Outpatient
 - 1 Inpatient

Wellness Programs

Wellness programs — ranging from yoga classes to healthy eating options — are important building blocks that help make communities healthier. These types of initiatives can help to effectively address the emotional and behavioral issues that impact an individual’s health overall. In addition to addressing general wellness topics, other specific issues of interest for Newport County include obesity, asthma, excessive drinking, addiction, and access to exercise opportunities. These indicators rank less desirable with residents of Newport County when compared to the overall population of the United States.^{27 28} Newport Hospital implemented the following wellness strategies between October 1, 2019 and September 30, 2022.

- A. Offer holistic wellness programs for residents of the service area (e.g., 5K, walking programs, yoga, “Food is Medicine”, etc.).
- Wellness programs were offered to the community whenever possible, although the outbreak of the pandemic in 2020 made it difficult to offer the full range that was originally planned.
 - Food is Medicine
 - FY 2020: 2 cohorts / 37 attendees
 - FY 2021: 4 cohorts / 56 attendees
 - Newport Community events
 - Raytheon Heart Disease Lecture /12 attendees
 - HEZ Baby Shower
 - Boys & Girls Club 18

- Fall into Fitness 5K
 - Free Breast Cancer Screening
 - Healthy Eating Active Living nutrition workshops w/University of Rhode Island (URI)
 - NHEZ Peer Advocate Training
 - Food is Medicine
- B. Continue to partner with community groups for prevention programming.
- A community outreach specialist and additional providers educate community members about available resources and services, as well as the benefits of managing risk factors.
 - COVID testing/vaccine clinics
 - FY 2020 = 161 served
 - FY 2021 = 109 served
 - FY 2022 – No mass testing and vaccination events were scheduled as these services transitioned to community providers
 - NH offers a well-attended lecture series to promote programs and services that are available to the public. Since the pandemic outbreak, the series has been offered virtually.
 - FY 2020 = 8 lectures/approx. 400 attendees
 - FY 2021 = 12 lectures/400 attendees
 - FY 2022 = 4 lectures/ 202 attendees (to date)
- C. Continue to administer the Frederick Henry Prince Memorial Fund and the NH Community Health and Wellness Program to prevent child and adolescent obesity by funding the community activities of local non-profits.
- Since 2011, NH has administered the Frederick Henry Prince Memorial Fund and awarded grants to community organizations in the Newport area that deliver programming to promote physical activity and nutrition among youth.
 - Since its inception, the Frederick Henry Prince Memorial Fund has provided more than \$1 million in grants for programs in Newport County.
 - Through its Frederick Henry Prince Memorial Fund, NH awarded 72 grants totaling \$413,237 to local non-profits to help fund innovative programs that increase the physical activity and health of Newport County children and families during fiscal years 2020 through 2022.
 - In 2022, \$149,520 was awarded to 23 Newport County organizations.
 - Number of funded community non-profits:
 - 2020 = 24
 - 2021 = 25
 - 2022 = 23

- D. Expand the “Prescribe the Y” program through the NH Family Medicine Department.
- Due to the pandemic outbreak in 2020, this program had limited participation.
 - An informational session was provided by the coordinator of this program by the YMCA. However, it did not appear to generate additional enrollments.

Aging in Place

Newport County has an aging population with 22.2% of its 2018 population 65 years of age or older compared to 17.2% in the State and 16.0% in the United States. As the baby boomer population ages, this elderly population will continue to grow. Approximately 75% of older adults have at least one chronic condition, and many have two. Mental health disorders impact about one in four older adults, with many going untreated. The rate of substance use disorders is also increasing in older adults.²⁹ Other key concerns for elderly patients, in addition to general disease management include isolation and falls. Promoting senior health to support independent living is one of the State’s twenty-three population health goals.³⁰ During this period, NH supported older residents with the following activities.

- A. Explore the feasibility of a partnership with a community-based entity that can offer home safety checks to aging residents.
- Home safety checks are available through community organizations that serve the senior population in the Newport area.
 - NH provided support for the Healthy Aging survey, which yielded 602 responses.
 - NH also sponsored the Silver Circle event.
- B. Expand access to Certified Nursing Assistant and Medical Assistant training programs for residents of the service area.
- This initiative was created to in hopes of addressing the growing shortage of available caregivers by offering training programs to area residents. However, there has been a limited response:
 - 2020 = 0 participants
 - 2021 = 4 participants / hired 3
 - 2022 = 6 participants are currently enrolled

IV. Assessment of Health Needs of the Newport Hospital Community

The CHNA process involved the integration of information from a range of data sources to identify the significant health needs of the community served by Newport Hospital, prioritize those needs, and identify the resources, facilities, and programs to address them. In order to identify the significant health needs of this community, primary quantitative and qualitative data and secondary quantitative data were collected. In addition, it is critical to highlight the context of the ongoing COVID-19 pandemic which has impacted the health concerns of the communities served by NH as well as the hospital's provision of health services.

A. Rhode Island COVID-19 Experience

On March 1, 2020, the first case of COVID-19 was confirmed in Rhode Island, moving the nation's smallest state onto the worldwide coronavirus map. After that date, cases began to increase quickly throughout the state. The first stay-at-home order was issued on March 20, 2020, requiring all Rhode Island residents to stay at home unless getting food, medicine, or other essentials. Originally scheduled to remain in effect until April 13, the order also banned gatherings of more than five individuals and required out-of-state visitors to quarantine for 14 days. As cases increased, Governor Gina Raimondo announced on April 23 that schools would remain closed for the rest of the academic year. Many hospitals also postponed elective and non-emergent procedures until a later date. By April 28, 2020 hospitalization rates were at their first all-time high at 373, with 88 of these patients in the ICU and 59 on ventilators. Eventually, hospitalization rates and case numbers began to decrease, reaching a low on July 7, 2020 with only 58 Rhode Islanders hospitalized due to COVID.

During the month of July 2020, the state started to slowly re-open – allowing some beaches, restaurants, and entertainment businesses to resume operations (with minimum capacity), and hospitals to begin performing elective procedures again. By fall, most schools were also able to open up again. After an increase in COVID cases in November, 2020, Raimondo announced a statewide pause — reclosing many restaurants, gyms, and recreational venues. By December 15, 2020, hospitalization rates reached a high of 514 in-patients.

After this COVID peak, rates slowed for a period, partly due to the distribution of vaccines that started in February 2021 with doses initially being offered to individuals aged 75 and older. In February 2021, NH offered a vaccination clinic to members of the general public. To assist with access and potential transportation issues, the vaccination clinic was held in the hospital's Borden Carey building, which is on a bus route and is accessible to public. After first distributing the vaccine to those most at risk, Rhode Island gradually allowed other groups of residents to register. As of the writing of this report (June 2022), 98.5% of the Rhode Island population is at least partially vaccinated; 83% have completed their primary

series; and 41.2% have received boosters. These statistics vary depending on age, gender, and race. For example, 99% of residents between the ages of 70 and 79 have received their primary COVID-19 vaccine series while those between 19 and 24 have a lower primary vaccination rate of 62.2%. As of April 10, 2021, approximately 68.5% of the state's partially vaccinated population identified as white and less than 5% identified as Black.

On July 20, 2021, hospitalization rates hit another low when only 23 patients were inflicted with COVID. However, as the season changed to winter, rates spiked again with a new all-time high of 618 inpatients on January 17, 2022. Despite this being the highest record of hospitalizations, the greatest number of COVID-related fatalities still occurred at the beginning of the pandemic.

Since the beginning of 2022, COVID-related rates have decreased, with a slight increase as of the drafting of this report (June, 2022). Overall, the town of Central Falls has the highest rate of COVID cases in the state, ahead of Pawtucket, East Greenwich, and Providence (respectively at 2nd, 3rd, and 4th place). In contrast, the towns of Little Compton and Jamestown have the lowest COVID rates and related hospitalizations. Across the state of Rhode Island, over 8 million COVID tests have been administered; approximately 400,000 positive cases have been reported; and over 3,500 COVID-related deaths have occurred.

Like hospitals across the country, NH had to restrict or cancel services during the peak months of the pandemic and continues to experience staffing challenges. At NH and across the Lifespan system, several initiatives to recruit and retain talented team members were implemented, including sign-on bonuses and market adjustments for select positions, expanding our employee referral program, and introducing new resources to support employees' total wellbeing. NH is also assessing the ways patients access care and how it can best meet the needs of our community into the future, while maintaining the hospital's financial stability. Following are examples of service line modifications as a result of the COVID-19 pandemic:

- NH outpatient cardiac and pulmonary rehabilitation, pulmonary medicine and dermatology programs discontinued operations.
- NH's acute inpatient Vanderbilt rehabilitation program expanded with the addition of 15 new patient rooms for a total of 28 newly renovated inpatient rooms.
- NH's new pharmacy not only provides prescription medications, but also offers over-the-counter medications. This new on-site pharmacy makes it convenient for patients to fill prescription when leaving the hospital for inpatient and outpatient visits.
- The newly renovated Lifespan Cancer Institute was conveniently relocated to the first floor of the hospital; the newly constructed area provides cancer patients with four new exam rooms and nine outpatient infusion bays.

Figure 1. COVID-19 Hospitalizations in Rhode Island, February 27, 2020 – May 21, 2022

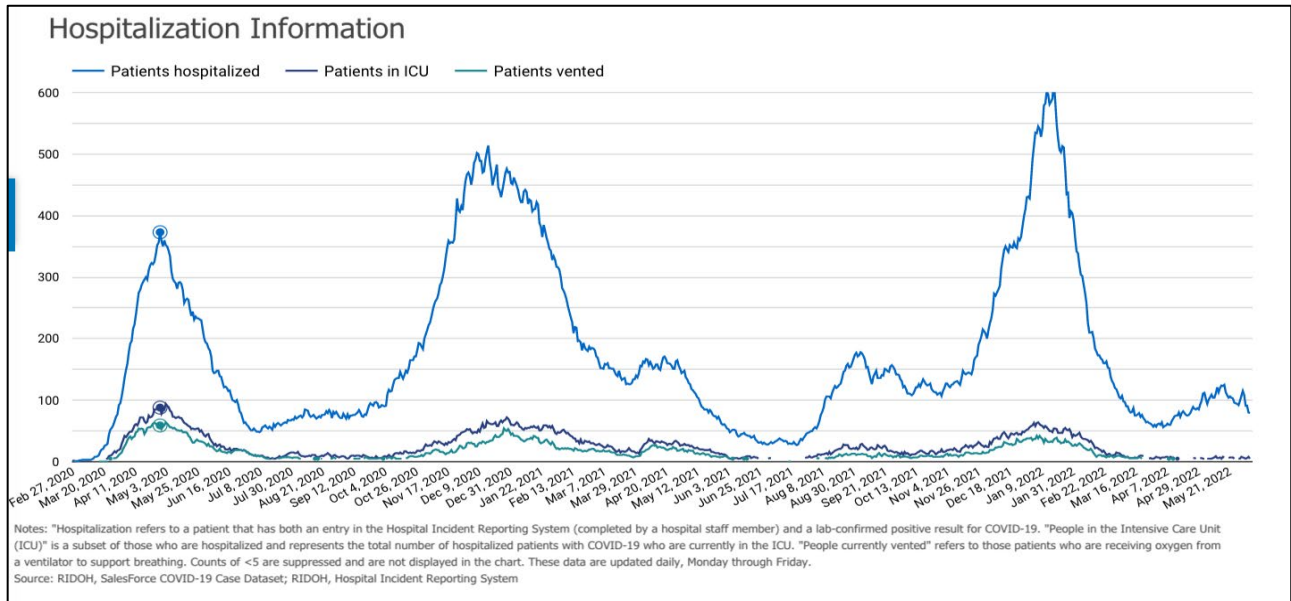
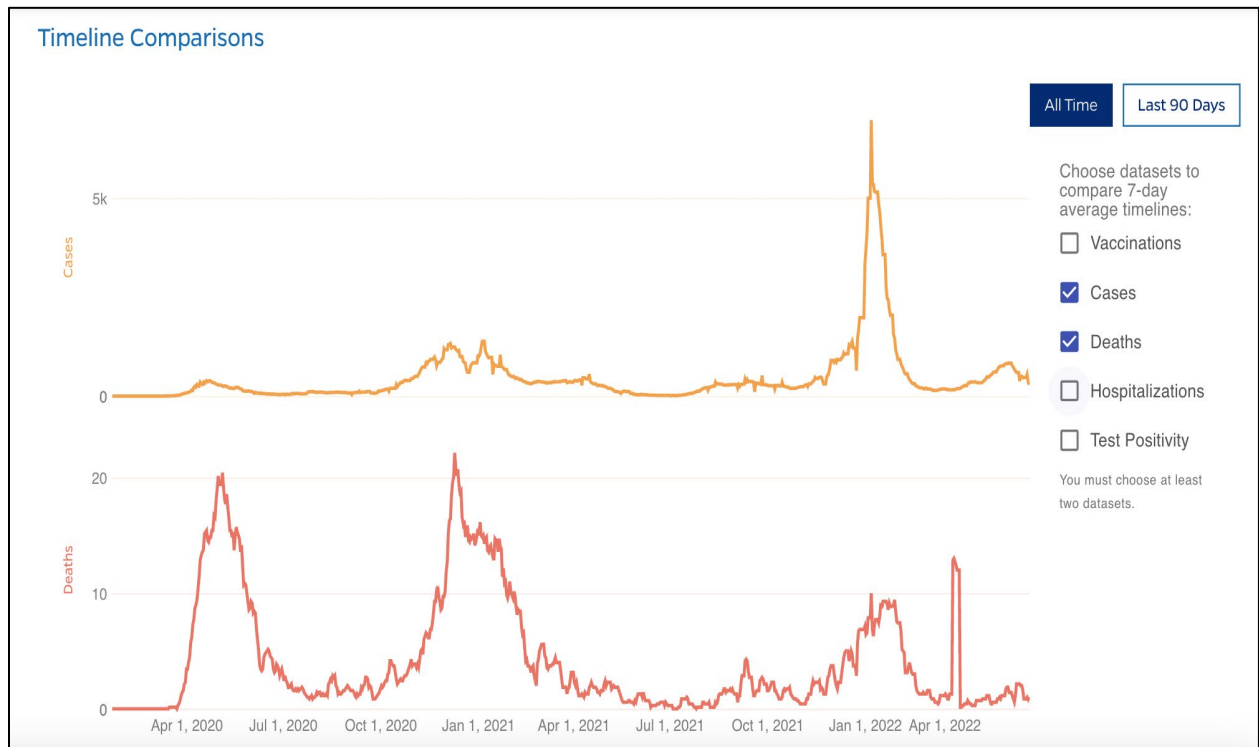


Figure 2. COVID-19 Case and Fatality Rates, April 1, 2020 – April 1, 2022



B. Primary Data Sources

Primary data sources used for this report include community health forums, individual surveys, and key informant interviews. Secondary data sources include national and local publications of data that is specific to the state of Rhode Island and the NH service area.

Community Health Forums

Qualitative data was collected through Community Health Forums (CHF) to solicit input from individuals representing the broad interests and perspectives of the community. Community forums are a standard qualitative social science data collection method, used in community-based or participatory action research. Participants in the CHFs included members of the medically underserved, low-income, and minority populations in the NH service area.

Six CHF were held between May 9 and June 7, 2022 across the NH service area, with 86 participants. Participants were recruited using social media, electronic newsletter, email, and word of mouth. A mix of in-person and virtual (Zoom) forums were scheduled at easily accessible locations and at various times of the day. In-person NH forums were held at a senior center and two community centers. At each in-person forum, a full meal was provided, along with childcare and interpretation if requested in advance. All CHF were open to the public and participants were fully engaged throughout the 90-minute discussion. In lieu of the provision of a meal, five \$25 grocery store gift cards were raffled off as an appreciation of participation at each virtual forum. *See Appendix A.*

A community outreach representative of NH served as a hospital liaison to help plan and facilitate the CHF. The hospital liaison was a critical link between the LCHI as the coordinating body, the expertise and resources within the hospital, and the Community Liaisons described below.

An important and unique component of the CHF was the involvement of Community Liaisons. Two people representing the diverse populations served by NH were hired as consultants to assist with the CHNA. These Community Liaisons helped plan the CHF, recruited participants, and co-facilitated the forums. Appendix B contains a bio-sketch for each of the NH Community Liaisons and Appendix C contains the Community Liaison position description. Community Liaisons were chosen through a competitive selection process and completed a 2-hour training prior to leading the CHF. The training included project planning tips, role-playing activities, conflict management tips, and logistical expectations. Community Liaisons were responsible for identifying an accessible community venue for each forum, selecting a food vendor and menu that would be appealing to the target audience, and co-facilitating the discussion at the CHF with their hospital liaison.

Each in-person CHF was two hours in duration and followed a similar format that began with a meal, followed by a 90-minute discussion, co-facilitated by the hospital and Community Liaison, that generated consensus on the participants' health concerns, their prioritization of those concerns, and their ideas for how NH could respond to those concerns. Discussion began with a brief presentation of NH's 2019 CHNA priorities and examples of activities the hospital has performed in response. Participants were invited to share their reactions to what was presented as well as their current health concerns. Virtual forums were 90 minutes in duration and followed the same discussion format as the in-person CHF. See Appendix D for a sample CHF agenda. The input gathered during the CHF was assessed qualitatively to extract themes and quantitatively to determine the frequency with which those themes were cited. Community Liaisons also met with the LCHI and the hospital liaison to debrief the forums and offer their interpretation of the findings to ensure all input was captured and that priorities were appropriately aligned.

Hiring, training, and empowering community members to serve as Community Liaisons in the CHNA process enriched the quantity and quality of community input. It also allowed NH to build relationships with communities that might not otherwise have become aware of or engaged in the needs assessment process.

Individual Surveys

To broaden the reach of community input, an online survey was promoted, and paper surveys were distributed and collected by LCHI staff at community events they attended in June 2022. The surveys addressed the same questions as the CHF (See Appendix E for the survey). Eight individual surveys were received for NH. Tables 5 and 6 below summarize the input received for NH from individual surveys.

Table 5. Health Concerns Selected by NH Respondents to Individual Surveys

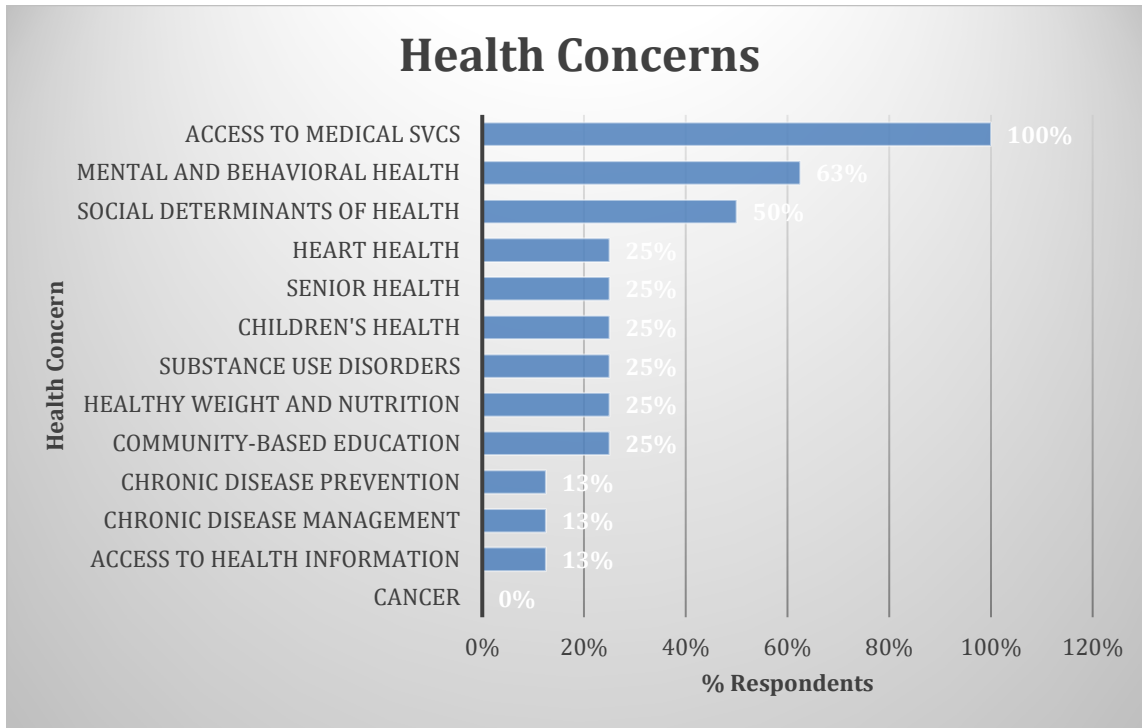
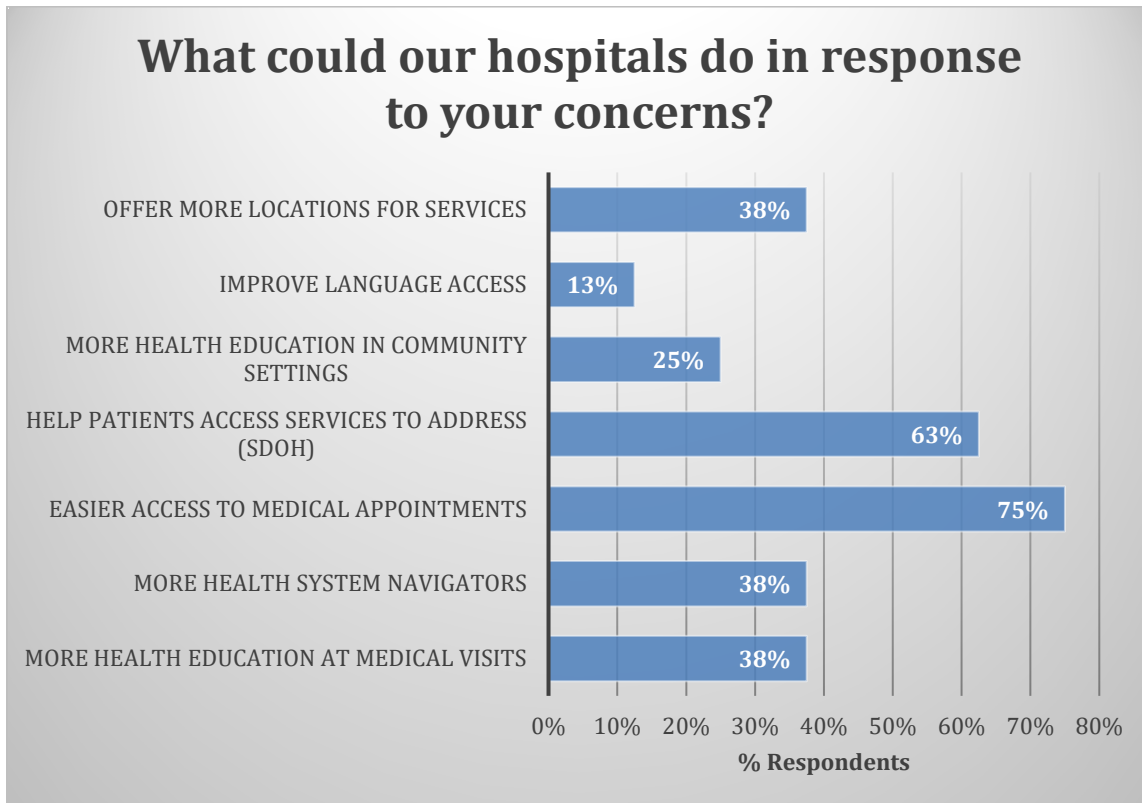


Table 6. Recommended Actions Selected by NH Respondents to Individual Surveys



Key Informant Interviews

Public health and health policy leaders who could inform the 2022 CHNA process and had knowledge, information, or expertise about the community that NH serves were invited to be interviewed as part of the CHNA. Key informant interviews were conducted with these leaders to supplement the other quantitative and qualitative data collected. Key informants included:

- Chief Strategy Officer, Executive Office of Health and Human Services, State of Rhode Island
- Director of Policy, Planning and Research, Executive Office of Health and Human Services, State of Rhode Island
- Director, Health Equity Institute and Maternal and Child Health, Rhode Island Department of Health
- Vice President and Chief Medical Officer, Providence Community Health Centers
- Executive Director, Rhode Island Parent Information Network
- Director, Community Health Worker Association of Rhode Island
- Executive Vice President and Chief Medical Officer, Blue Cross Blue Shield Rhode Island

The key informants identified the following statewide health priorities, with the first three named by multiple leaders:

- Apply hospital resources to address the social determinants of health, including housing, food, transportation, and employment, among other barriers to care.
- Improve access to behavioral health care for children and adults, especially noting access challenges for children and the burden of substance misuse among adults.
- Ensure the provision of equitable care with particular attention to ensuring equal access to high quality care for persons regardless of their race, ethnicity, language spoken or disability status. They noted that equitable care also required a workforce representative of the patients and implementation of the principles of anti-racism.
- Improve access to primary and specialty care locally.
- Grow the healthcare and behavioral health workforces through career pathways, higher reimbursement rates, and increased compensation.
- Improve access to community-based services including home-based therapeutic services for children with special needs.
- Reduce racial and ethnic disparities in maternal and child health.

The interviewed leaders noted several opportunities for hospitals to contribute to efforts to address these goals including: innovate around care delivery models for behavioral health services for adults; invest in systems and technology to facilitate improved care coordination between primary and specialty care, as well as hospital and community-based providers; partner with state and community-based agencies on workforce development pathways for high-demand roles- notably behavioral health providers and community health workers; provide assistance to patients to help them navigate the healthcare system; and sustain access to telemedicine that was made available during the peak of the COVID-19 pandemic.

NH Patient Data, Fiscal Years 2020-2022

Lifespan's Planning Department analyzed NH patient data on patients, discharges, and encounters was disaggregated by town of residence, age, race, ethnicity, and language spoken for fiscal years ending September 30, 2019 through September 30, 2021. This inpatient, outpatient and ED data is important for understanding trends in utilization of hospital services.

C. Secondary Data Sources

Although they may vary in sample size, data collection methods, and measures reported, all secondary sources are publicly available. Also, in each case, the most current publicly accessible data is presented. Each data source is described in detail below.

HEALTHY WEIGHT & NUTRITION

State of Childhood Obesity – Rhode Island, 2017-2020³¹

The *State of Childhood Obesity* website by the Robert Wood Johnson Foundation collects the best-available data on childhood obesity rates across the country and makes recommendations on key policies to prevent obesity. The site also assesses how federal nutrition policies impact Rhode Island and provides data on health behaviors and outcomes. According to the site, 16.7% of Rhode Island's youth aged 10 to 17 have obesity, ranking the state 19th in the country. In addition, 30.1% of Rhode Island's adults have obesity, 10.4% have diabetes, and 33% have hypertension. The site reports that only 21.1% of Rhode Island's high schoolers are physically active for at least 60 minutes, and states that 11% of the state's children are food insecure.

Status Report on Hunger in Rhode Island, 2021³²

Each year, the Rhode Island Community Food Bank releases its *Status Report on Hunger*, calling attention to the issues around hunger in the state. According to the website, food insecurity remains a widespread issue. Among all households in Rhode Island, 18% cannot

meet their basic food needs, equaling one in six households. For Rhode Island families with children, the risk of hunger is higher as one in four households are food insecure. According to the Rhode Island Life Index, racial and ethnic disparities persist. Fourteen percent of White households reported food insecurity, while the rate was significantly higher among non-White households: 34% for Black households, 34% for Latinx households, and 25% among other groups including Asian, Native American, and multi-racial households. The site also notes that since key federal government programs addressing hunger issues during the pandemic have ended, the Rhode Island Community Food Bank distributed 15.1 million pounds of food in 2021 in order to meet the high demand for assistance — a statewide record.

*Rhode Island SNAP Report, May 2021*³³

The Supplemental Nutrition Assistance Program (SNAP) is one of the largest programs offered by the Rhode Island Department of Human Services (DHS). By providing monthly benefits, this program helps low-income individuals and families buy food. During COVID-19, this service proved to be critical. The *Rhode Island SNAP Report* provides a snapshot of caseloads, demographic data, and other helpful program information broken down by year.

Caseload data from March 2021 showed that the majority of SNAP recipients identify as White for their primary race. In that time period, 32% of SNAP participants were under the age of 18, and 20% of SNAP cases reported a head of household between the ages of 25 and 34. Sixty percent of the SNAP caseload also received Medicaid benefits. As for languages spoken in SNAP households, 84% of customers reported English as their primary spoken language (74,846 out of 89,211). The next highest spoken languages represented were Spanish (14 %) and Portuguese (1%). According to the report's table, *SNAP Caseload by City of Residence*³⁴ from 2020-2021, the town of Charlestown, Rhode Island saw the largest decrease in the state by 6.39%. In areas covered by this report, the city of Providence saw a smaller decrease of only 2.85%. By contrast, the city of Newport saw an increase of 2.63% in SNAP cases.

*Rhode Island Food Policy Council – Annual Report, 2020*³⁵

The mission of the Rhode Island Food Policy Council (RIFPC) is to promote a more equitable, economically vibrant, and environmentally sustainable food system in Rhode Island. The Council creates partnerships, develops policies, and advocates for improvements to the local food system to expand its capacity, viability, and sustainability. Their 2020 annual report, titled *Now More Than Ever: Building a Just, Resilient Food System*, offers an analysis of the jobs available or growing within the food industry. The Council calculated 75,800 total jobs in the food system in Rhode Island. According to the report, more than 3,700 residents have been informed about the state's food system through social media platforms. Another

takeaway is that ¼ of Rhode Island households lacked adequate food during the COVID-19 pandemic.

CHRONIC DISEASES

Status of Cancer Disparities Report – American Cancer Society, 12/14/2021³⁶

On December 14, 2021, the ASCO Post's headline read: *American Cancer Society Releases Updated Report on Status of Cancer Disparities in the United States*. Published in *CA: A Cancer Journal for Clinicians*, the American Cancer Society's report details the status of cancer disparities in 2021, including comprehensive data on racial, ethnic, and socioeconomic factors. The report also discusses why some of these disparities exist, reviews different programs targeting cancer disparities, and offers policy recommendations.

The report showed substantial variations in death rates overall for specific cancer types and by race/ethnicity, socioeconomic status, and geographic location. Some findings include:

- Black women have a 12% higher overall cancer death rate than their White counterparts despite having an 8% lower incidence rate.
- Kidney cancer death rates by sex among American Indian/Alaska Native people are ≥64% higher than the corresponding rates in each of the other racial/ethnic groups.
- The five-year relative survival for all cancers combined is 14% lower among residents of poorer counties than among residents of more affluent counties.

United States Cancer Statistics: Data Visualizations – Rhode Island³⁷

This Centers for Disease Control (CDC)'s website, *United States Cancer Statistics: Data Visualizations*, displays basic information on cancer statistics for each state as well as comparisons by state. According to 2018 incidence data:

- Rhode Island ranks 35 for the rate of new cancers in the US (456.8 per 100,000 people)
- The top two cancers in Rhode Island are female breast cancer and prostate cancer
- The cancer with the highest death rates in RI is lung and bronchus

Rhode Island Department of Health – Cancer Data, 2019³⁸

The Rhode Island Cancer Registry (RICR) is managed by the Rhode Island Department of Health (RIDOH) and is the central repository of information about cancer. This valuable tool identifies at-risk populations, monitors incidence trends, and evaluates cancer control initiatives. In 2019, the rate of incidence of all cancers in Rhode Island was 2,370 cases per 100,000 for residents aged 80+, and the rate was 1,777 for residents aged 60-79. The top

cancers in the state included breast (female only), prostate (male only), and lung and bronchus. The most common cancer site for both Rhode Island men and women is trachea, lung, & bronchus.

Rhode Island Department of Health – Diabetes Data, 2020³⁹

The Rhode Island Department of Health offers a quick data page on *Diabetes Data* to provide general information about Rhode Island individuals with diabetes as well as the struggles they face. The site offers self-reported information on diabetes risk factors and healthcare access. In 2020, 10.3% of Rhode Island adults (88,400 people) have been diagnosed with diabetes with an additional 18,800 people who have been told they are prediabetic or have borderline diabetes. However, the CDC estimates that 23.8% of all people with diabetes do not know they have it. In Rhode Island, this represents an additional 24,800 people.

Health in Rhode Island – Diabetes prevalence, 2020⁴⁰

Convened and led by the Rhode Island Foundation, a group of local health and health care industry experts set a 10-year plan for improving health in Rhode Island called “Health in Rhode Island: A Long-Term Vision.” Their website, *Health in Rhode Island – Diabetes prevalence*, offers a quick datasheet with basic statistics about diabetes in Rhode Island. It also compares the state’s rates to the national average and displays prevalence data by demographics. In 2016, Rhode Island’s prevalence was 9.8%. Four years later, in 2020, the prevalence of diabetes in Rhode Island was 10.3%, which was lower than the national average of 10.8%. Twenty-two percent of individuals over the age of 65 in the state have diabetes; 20.5% of those with less than a high school education have the disease; and 19.4% of those who earn less than \$15,000 per year reported having it.

Centers for Disease Control and Prevention – Diabetes Report Card 2021⁴¹

The CDC’s *Diabetes Report Card 2021* gives a comprehensive view on diabetes in the US using the most current data available. The site covers trends on the incidence and prevalence of diabetes, as well as preventative care practices, self-management, and education. In 2020, diabetes was the 8th leading cause of death in the United States. During the COVID-19 outbreak, diabetes was identified as an underlying condition that increases the chance of contracting a severe illness. Although diabetes incidence has decreased since 2018, diabetes and prediabetes prevalence have increased. Citizens who identify as American Indian or Alaskan Native, non-Hispanic Black, Hispanic, and/or non-Hispanic Asian are more likely to be diagnosed with diabetes than non-Hispanic or White people.

*United Health Foundation – Multiple Chronic Conditions in Rhode Island, 2020*⁴²

Published by the United Health Foundation, the America’s Health Rankings website displays a quick datasheet on *Multiple Chronic Conditions* in Rhode Island individuals. Data can be compared by state against US averages. For 2020, the site reports that 10.1% of Rhode Island individuals have three or more chronic conditions, compared to the national average of 9.1%. In addition, 19.3% of Rhode Island residents that have less than a high school degree report having chronic conditions, compared to 5.9% of college grads in the state.

HEALTH SYSTEM PERFORMANCE

*United States Census Bureau – Advancing Equity with Data, 2015-2019*⁴³

The United States Census Bureau’s *Data for Equity* website assesses disparities and needs in various communities by offering data on public assistance programs, diversity measurement, data education, opportunity measurement, and more. The website’s “Community Explorer” feature enables researchers to search data by state and county. The Census Bureau aggregates several data tools for this site including the American Community Survey (ACS), County Business Patterns (CBP), Nonemployee Statistics (NES), and Community Resilience Estimates (CRE). The CRE measures the level of risk for neighborhoods to the impacts of disaster. In Rhode Island, the CRE is 19.8%, compared to the national CRE of approximately 21.6%. Other facts about Rhode Islanders include:

- 344.7k have broadband service (84%)
- 106.5k have one or more disabilities (25.9%)
- 53.6k are below the poverty level (13.1%)
- 38.8k are without a vehicle (9.4%)

*The Commonwealth Fund 2022 Scorecard on State Health System Performance – Rhode Island, 2022*⁴⁴

The *Commonwealth Fund Scorecard on State Health System Performance* identifies where health care policies are on track as well as areas that need improvement. Using the Scorecard, states can compare how their performance stacks up against all others. According to the June 2022 edition, Rhode Island ranks 6th overall (of 51 states and territories), 25th on avoidable hospital use, 2nd on access and affordability, 6th on prevention and treatment, 22nd on income disparities, and 2nd on racial and ethnic equity. The state’s bottom-ranked indicators were all related to COVID-19: days of hospital staffing shortages during the COVID-19 pandemic, days of high ICU stress during the COVID-19 pandemic, and deaths from COVID-19 in nursing homes. Top-ranked indicators include: high out-of-pocket medical spending, adults without a dental visit, and adults with all recommended cancer screenings. Notably, the indicators

that worsened the most since the 2020 report include: adults with any mental illness reporting unmet need, children who did not receive needed mental health care, and preventable hospitalizations ages 18-64. Indicators that improved the most include diabetic adults without an annual hemoglobin A1c test, central line-associated blood stream infection (CLABSI), and potentially avoidable emergency department visits age 65 and older.

Behavioral Risk Factor Surveillance System – Rhode Island, 2020⁴⁵

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation’s premier system of health-related telephone surveys that collect state data about US adult residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The “Web Query System” can be used to compare different health areas, measures, and demographics to see where disparities exist. A partnership between the Centers for Disease Control and Prevention and each state’s department of health, the survey is conducted annually by phone to landlines and cell phones. In 2020, the most concerning change in Rhode Island was the increase in obesity from 26% to 30%. In addition, 63.2% of Rhode Island adults had at least one Adverse Childhood Experience (ACE). According to the website, poor general health is experienced most frequently by low-income individuals, people of color, those who identify as LGBTQ+, and uninsured individuals or residents with public insurance. The most encouraging changes in the population included getting exercise, having medical checkups, and smoking cigarettes.

United Health Foundation – Rhode Island Summary, 2021⁴⁶

Published by the United Health Foundation, the *America’s Health Rankings* database provides information on health statistics and behaviors for the US population in general, as well as state-to-state comparisons. Some challenges for the state include: a high percentage of housing with lead risk, high prevalence of high-risk HIV behaviors, and low volunteerism rate. The site also reported the following for Rhode Islanders:

- Chlamydia increased 31% from 2014 to 2019
- Adults who avoided care due to cost decreased by 31% between 2017 and 2020 (from 12% to 8.3%)
- Insufficient sleep decreased by 11% between 2018 and 2020 (from 36.5% to 32.5% of adults)

HealthFacts RI Public Reports⁴⁷

The *HealthFacts RI* database includes statistics on important healthcare payment information for individuals with health insurance but does not include information about uninsured residents. This site offers an interactive feature to compare differences in health services among patients with Medicare, Medicaid, and commercial insurance. The data aims to help healthcare providers and consumers improve healthcare use, quality, and spending. For the state's 2020 fiscal year:

- Adolescent well-visit rates are 27.2% for those on Medicare, 46.9% for Medicaid, and 60% for private/commercial health plans
- 38% of individuals with Medicare Advantage plans have a significant chronic disease in multiple organs, compared to 9% of individuals with private/commercial plans
- Medicaid has a 20.2% 30-day hospital readmission rate, compared to 15.5% for Medicare and 9.2% for private plans
- 26.4% of Medicaid patients have a 7-day follow up after hospitalization for mental illness, compared to 24% of Medicare patients and 47.4% of private plan patients

County Health Rankings – 2022 Rhode Island State Report⁴⁸

The *County Health Rankings & Roadmaps* program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Their annual *County Health Rankings* provide a snapshot of how health is influenced by where people live, learn, work, and play. The rankings compare counties within each state on more than 30 health-influencing factors such as housing, education, jobs, and access to quality health care. For 2022, the report shows that the childcare cost burden among Rhode Island counties ranges from 19% to 27%, hovering around the national average of 25%. Bristol county is ranked #1 in health factors and outcomes.

Centers for Disease Control and Prevention – National Center for Health Statistics: Rhode Island⁴⁹

This statistics page on the Centers for Disease Control and Prevention website offers a brief overview of the basic health of Rhode Islanders. It details information about birth rates and types of birth. In Rhode Island, leading causes of death are listed as heart disease and cancer. Statewide birth data points from 2019 include:

- Cesarean delivery rate = 33.4% (ranked 14th nationally)
- Preterm birth rate = 9.1% (ranked 42nd nationally)
- Low birthweight rate = 7.7% (tied 30th nationally)

*Rhode Island Life Index 2021*⁵⁰

This report from the *Rhode Island Life Index* provides information on many health determinants. From April through July 2021, adult residents were randomly across the state of Rhode Island. The survey featured three sets of questions about respondents' perceptions of their communities and showed areas for improvement as well as where the state is doing well. Here are some key stats from the report:

- Rhode Island Life Index = 63
- Quality of the community: core city = 52, non-core city = 59
- Programs and services for children = 74
- Affordable and quality housing = 40
- Cost of living = 31
- Food security & Access to technology = 88

*Opportunity Index – Rhode Island*⁵¹

The *Opportunity Index* is an annual report developed by Opportunity Nation, a campaign of the Forum for Youth Investment and Child Trends. The Index offers a quick database of information on how Rhode Island and other states score when it comes to opportunity. All data is also compared to national averages.

- R.I. state rank = 20
- R.I. opportunity score = 56.3 (national = 53.2)
- R.I. economic score = 57 (national = 57)
- R.I. education score = 54.8 (national = 56.1)
- R.I. unemployment rate = 3.8% (national = 3.3%)

*United Way of Rhode Island – 2020–2021 Community Impact Report*⁵²

The United Way of Rhode Island's *Community Impact Report* provides a brief description of how money is being spent to advance communities and support equity throughout the state. According to the report, \$1.26 million was distributed to workforce development/basic needs; \$1.19 million to housing; and \$2.27 million to early childhood & youth development. For fiscal year 2021, the United Way of Rhode Island reported accomplishing an important victory by ending the discrimination by source of income in the rental market. During that year, 41% of the organization's resources were granted to Rhode Island nonprofits.

CHILDREN'S HEALTH

*Rhode Island KIDS COUNT Factbook, 2022*⁵³

Published annually since 1995, The *Rhode Island KIDS COUNT Factbook* is the primary publication of Rhode Island KIDS COUNT. The Factbook provides a statistical portrait of the status of Rhode Island's children and families. Information is presented by city and town, in addition to an aggregate of the four core cities in which more than 25% of the children live in poverty. Those cities are Providence, Central Falls, Pawtucket, and Woonsocket. Of note, three of the four core cities are located in the RIH primary service area. This Factbook tracks the progress of 70 indicators across five areas of child wellbeing: Family and Community, Economic Well-Being, Health, Safety, and Education.

- 39% of children do not eat enough because food is unaffordable
- 6% of children have a parent with no health insurance
- 55% of adults ages 18-24 have felt down, depressed, or hopeless nearly every day in the past two weeks
- The workforce crisis affects access to many vital services for children, in large part due to inadequate reimbursements
- Rhode Island's Temporary Caregivers Insurance (TCI) program only provides up to 5 weeks of wage replacement benefits for mothers; though mothers who take about 12 weeks off have been found to have fewer depressive symptoms and better health
- 15% of Rhode Island children aged 2-17 are overweight and 20% are obese
- Rhode Island is one of 28 states that currently has no minimum age of jurisdiction for Family Court

*Rhode Island Department of Health – Adolescent Sexual Health – 2020 Data Brief*⁵⁴

This *2020 Data Brief* from the State of Rhode Island Department of Health provides information about the sexual tendencies and health of adolescents in Rhode Island. The information can be used to attempt to increase sexual education and healthcare for the youth population. From 2017 to 2019, sexual activity among high school students increased from 26% to 32%. In addition, 55% of high school students reported condom use at last sexual intercourse, which represents a decrease from 61% in 2009. While pregnancy rates are decreasing, chlamydia cases are increasing.

*Primary Care for Transgender Adolescents and Young Adults in Rhode Island: An Analysis of the All Payers Claims Database*⁵⁵

This article, “Primary Care for Transgender Adolescents and Young Adults in Rhode Island: An Analysis of the “All Payers Claims Database,” was written for the purpose of finding disparities for transgender youths, whose health needs are often overlooked. Results were compared to those of cisgender adolescents. Findings showed no significant difference in the proportion of transgender and cisgender youths who received flu and HPV vaccines or physical exams. Transgender youths are more likely to receive regular cholesterol and BMI screenings. Overall, transgender adolescents accessing the healthcare system received similar, if not greater, levels of preventive health services compared to their cisgender peers.

MENTAL & BEHAVIORAL HEALTH

*Kaiser Family Foundation – Mental Health in Rhode Island, 2021*⁵⁶

This fact sheet on *Mental Health in Rhode Island* by the Kaiser Family Foundation offers an overview of mental health and substance use disorders in Rhode Island, including mental illness during the COVID-19 pandemic; the prevalence of common mental health and substance use disorders prior to the pandemic; and coverage and access issues. National level data are included whenever possible for comparison. Data from the 2021 state fact sheet for Rhode Island shows:

- 37.3% of adults in Rhode Island report having symptoms of anxiety or depression, compared to 31.6% of the US general population
- 59.1% of adults in Rhode Island with mild mental illness did not receive treatment, 45.7% of those with moderate illness did not, and 38.3% with severe illness did not
- Psychosocial Rehabilitation is not covered in fee-for-service Medicaid in Rhode Island.
- There are 37.5 drug overdose deaths per 100,000 people in Rhode Island, compared to a rate of 28.3 per 100,000 for the US

*National Alliance on Mental Illness – Mental Health in Rhode Island*⁵⁷

The National Alliance on Mental Illness produces this quick fact sheet about the basics of *Mental Health in Rhode Island*. Their goal is to highlight the pressing issue of the lack of accessible mental health care in each state.

- Individuals in Rhode Island are over four times more likely to be forced out-of-network for mental health care than for primary health care

- High school students with depression are more than two times more likely to drop out than their peers
- 1,104 people in Rhode Island are homeless and one in four residents live with serious mental illness
- Nationally, seven in 10 youths in the juvenile justice system have a mental health condition

Rhode Island 2020 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System⁵⁸

The Substance Abuse and Mental Health Services Administration produces this in-depth datasheet about the mental health of adults and children in Rhode Island. All Rhode Island data is compared to national data to see how Rhode Island is performing.

- 39.6% of Rhode Island children who meet the Federal definition for Serious Emotional Disturbances (SEDs) are served through State Mental Health Agencies (SMHAs) (national average = 71.1%);
- 5.6% of people served by SMHAs are homeless in Rhode Island;
- 88.4% of Rhode Island adults get admitted to a Coordinated Specialty Care-First Episode Psychosis (CSC-FEP) service during the year (national average = 62.7%)

Comparison of Characteristics of Deaths From Drug Overdose Before vs During the COVID-19 Pandemic in Rhode Island⁵⁹

This study was conducted to find how COVID-19 affected deaths from drug overdose. The article explains the study performed and the results found. The findings from the research are meant to address some of the issues caused by the pandemic and provide guidance for health professionals to work to solve these problems.

- During the pandemic, rates of death due to overdose during 2020 were higher among men, non-Hispanic White individuals, single individuals, deaths involving opioids, and deaths occurring in a personal residence
- There was a decrease in deaths from overdose involving heroine
- The rate of deaths from overdose in Rhode Island increased in the first 8 months of 2020 compared to 2019

Trust for America's Health – Pain in the Nation: The Epidemics of Alcohol, Drug, and Suicide Deaths⁶⁰

This report by the Trust for America's Health examines the set of epidemics the country is facing as drug overdose, alcohol-related, and suicide deaths are all increasing. The report includes evidence-based programs and policies to address these triple crises and is supported by a grant from the Well Being Trust. In 2020, 18 states had higher suicide death rates compared to 2019, and 47 states had higher drug-induced deaths. Every state had higher alcohol death rates. During COVID-19, 140,000 youth lost a caregiver (Black children were 2.4x more likely).

WOMEN'S HEALTH

United Health Foundation – 2021 Health of Women and Children Report⁶¹

The *2021 Health of Women and Children Report* provides health statistics and information on behaviors for women and children in the US in general, as well as in specific states. It highlights the most pressing facts, as well as each state's strengths and weaknesses. This site also compares data from state-to-state. For Rhode Island, the site shows:

- High prevalence of asthma among children
- High prevalence of excessive drinking among women
- High racial disparity among children in poverty
- Low birth weight increased 10% from 7.1% to 7.8% of live births between 2014 and 2019

Statista – Percentage of Preterm Birth and Cesarean Delivery in Rhode Island in 2020⁶²

Statista's quick data page and graph on *Percentage of Preterm Birth and Cesarean Delivery in Rhode Island* displays information about preterm and cesarean births. In 2020, the number of births in Rhode Island amounted to 10,102. In the state, nearly one out of ten babies were delivered preterm in 2020.

- 33.4% of births in Rhode Island were by cesarean delivery
- 29.3% of births in Rhode Island were low risk cesarean delivery
- 9.06% of births in Rhode Island were pre-term

*The Health and Socioeconomic Outcomes of Abortion Denial in Rhode Island: A Health Impact Assessment*⁶³

This research for this article, “The Health and Socioeconomic Outcomes of Abortion Denial in Rhode Island: A Health Impact Assessment,” was conducted to predict the possible outcomes of banning abortion in Rhode Island. Recent data was used to calculate the projected numbers of possible abortion cases and to show health professionals and policymakers the negative consequences of denying abortion. According to this article, if abortions were outlawed in Rhode Island, an estimated 41.4% of women turned away would report having anxiety and depression one-week post denial. Of the 2,372 expected to be denied each year, 1,499 would be on public assistance, 1,200 would have no insurance, 1,337 would be living in poverty, and 41 would have experienced physical violence.

ACCESS AND COVERAGE

*Health System Tracker – An Examination of Surprise Medical Bills and Proposals to Protect Consumers from Them*⁶⁴

Using data collected from 2017 to 2019, this article, “An Examination of Surprise Medical Bills and Proposals to Protect Consumers from Them,” from the Peterson-KFF Health System Tracker explains the issue of surprise medical issues. Although most of the data is generalized, some specific statistics are displayed for each state, such as:

- Rhode Island percent of ED visits with any out-of-network event = 16% (national average = 18%)
- Rhode Island percent of in-network admissions that result in at least one out-of-network charge = 8% (national average = 16%)
- 38% of the US population said they are “very worried” about paying for surprise medical bills, and 29% report they are “somewhat worried”

*HPSA Find – Rhode Island*⁶⁵

The *Health Professional Shortage Area (HPSA) Find* tool displays data on the geographic, population, and facility HPSA designations throughout the US. This database lives on the data.HRSA.gov website and is managed by the Health Resources & Services Administration (HRSA). Users can search by US state or county, comparing HPSA scores to see which areas are most in need of physicians. Scores are provided on a scale of 0-26 (the higher the score, the higher need the area has for clinicians). For primary care facilities, LI – Pawtucket/Central Falls has an HPSA score of 11. This area has a designation type listed as “low-income population HPSA.” In comparison, the Thundermist Health Center has an HPSA score of 17 and a designation of “Federally qualified health center.”

*Environmental Health Burdens and Socioeconomic Status in Rhode Island: Using Geographic Information Systems to Examine Health Disparities in Medical School*⁶⁶

This article, “*Environmental Health Burdens and Socioeconomic Status in Rhode Island: Using Geographic Information Systems to Examine Health Disparities in Medical School*,” focuses on the environmental determinants of health to examine reasons behind current health disparities in Rhode Island and the US. On average, the worst-performing elementary schools, fast food restaurants, and Superfund sites in Rhode Island were more likely to be surrounded by poorer and less White neighborhoods. In contrast, the best performing elementary schools and community parks were more likely to be placed in affluent and predominantly White neighborhoods. These findings are consistent with the literature on the relationship between systemic discrimination and health disparities.

*Social Determinants of Health Data Drives Neighborhood Health Plan of Rhode Island to Add Companion Services to its Medicare-Medicaid Plan*⁶⁷

This press release was published by the Neighborhood Health Plan of Rhode Island (Neighborhood) on October 6, 2021. Referring to social determinants of health data, the release states that Neighborhood’s Medicare-Medicaid members are 2.34 times more likely to be at high risk for social isolation than other members in the organization’s Medicaid and commercial plans. The release goes on to announce a new program designed to improve disparities by offering access to visits from a qualified, trained companion for up to 120 hours per year. In addition, multilingual “Papa Pals” are available to help members with household chores, meal preparation, exercise and movement, and social activities at their homes. Neighborhood hopes these supplemental benefits can reduce barriers and improve members’ health and wellbeing.

*HousingWorks RI at Roger Williams University – 2021 Housing Fact Book*⁶⁸

HousingWorks RI at Roger Williams University is a clearinghouse of information about housing all over the state of Rhode Island. The group conducts research and analyzes data to inform public policy, develop communications strategies, and promote dialogue about the relationship between housing and the state’s economic future, as well as residents’ wellbeing. The *2021 Housing Fact Book* offers an in-depth discussion of many determinants of housing and includes data by town and region. Key findings include:

- In Rhode Island, White residents have a homeownership rate twice that of Black residents, and more than double the rate of Latino homeownership
- There has been a 5% increase in homeless youth enrolled in schools since 2018
- 32% of Latinos living in Rhode Island are overcrowded, although they make up only 15% of the population

- The annual income needed to affordably purchase a median-priced home in Providence (not including the East Side) = 69k, compared to 275k for New Shoreham (a town in Washington County, RI); the median household income in Rhode Island = 67k

RIDOH Health Equity Zones⁶⁹

This report by the Rhode Island Department of Health (RIDOH) explains the importance of building health equity. The state's Health Equity Zones (HEZ) are geographic areas designed to achieve health equity by eliminating health disparities using place-based strategies to promote healthy communities. In April 2015, the RIDOH selected a first cohort of 11 HEZ (two subsequently ceased the contract with the RIDOH before the first project period concluded) and a second cohort of three new HEZ in May 2019. The HEZ are charged with forming community-led collaboratives, conducting baseline needs assessments, creating plans of action, and implementing and evaluating those plans of action. The RIDOH expects hospitals and HEZ to partner on clinical-community linkages to improve population health at local levels. Their 2022 report provides updates on the actions taken by specific counties and towns in their respective HEZ, including:

- The Washington County HEZ has provided evidence-based mental health first aid and suicide prevention training to more than 1,000 police officers, clergy, teachers, parents, and other professionals, and has received federal funding to provide high-quality, timely, and evidence-based care to patients at risk for suicide.
- The Newport Health Equity Zone partnered with the Newport Open Space Partnership and under-served communities – to improve access to trees, parks, and recreation opportunities – in the Newport Tree, Parks and Open Space Master Plan.
- Health Equity Zones in Newport, Providence, West Warwick, Pawtucket, and Central Falls partnered to train and deploy trusted community members as community health workers to conduct needs assessments, identify safe routes to schools to improve attendance, promote recovery services, and build community-clinical linkages.

*Statista – Health Insurance Status Distribution of the Total Population of Rhode Island in 2020*⁷⁰

Statista's quick data page and graph on *Health Insurance Status Distribution of the Total Population of Rhode Island in 2020* displays information on the number of Rhode Island individuals who have insurance coverage with various insurance plans. In 2020, the largest portion of Rhode Island's residents were insured through employers. Other data for Rhode Island residents in 2020 shows:

- 3.1% are Uninsured or have coverage under the Indian Health Service only
- 16.1% are covered by Medicare plans
- 18.7% are covered by Medicaid plans
- 5.2% purchased or are covered as a dependent by non-group insurance
- 54.7% have employer-sponsored coverage either through their own job or as a dependent in the same household

*Open Data Network – Percent Without Health Insurance: Data for Rhode Island*⁷¹

This short datasheet offers a basic understanding of the numbers of residents with and without insurance in the state using data from 2008 through 2019. The statistics show that 21.2% of the uninsured in Rhode Island are at or below 138% of poverty, and 20.8% are at or below 200% of poverty. In addition, 25.7% of uninsured residents in Rhode Island are Hispanic, 12.7% are Black, and 7.1% are White.

SENIORS/LONG-TERM CARE

*Healthy Data Aging Report – Highlights from Rhode Island, 2020*⁷²

The full *2020 Rhode Island Healthy Aging Data Report* (available online at www.healthyagingdatareports.org) is an easy-to-use online resource created by researchers at the Gerontology Institute of the John W. McCormack Graduate School of

Policy and Global Studies at the University of Massachusetts Boston. Funded by the Tufts Health Plan Foundation, this report includes 197 indicators (up from 120 indicators in 2016) and provides a comprehensive picture of the health of older adults in Rhode Island. Forty-one community profiles are included — one for every city and town in the state, plus two neighborhoods in Providence — offering data to help inform policy, planning, and practice. Findings for 2020 include:

- 8.1% more of Rhode Island adults age 65+ have chronic kidney disease since 2016
- 21.3% of women 60+ eat 5 or more servings of fruit/vegetables per day, compared to 14.4% of men

- East Greenwich and North Kingstown have the best rates of physical activity (78.6%), while Central Falls has the worst (60.3%)
- Jamestown has the best rate of Hypertension (61.3%), while Johnston has the worst (83.3%)

AARP – Long-Term Services & Supports State Scorecard, 2020⁷³

This website displays the “*State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*” for each US state. Rankings of different categories of care allow readers to compare local data to national data. The Scorecard ranks the states from highest to lowest performance on each indicator in five dimensions: Affordability and Access, Choice of Setting and Provider, Quality of Life and Quality of Care, and Effective Transitions. Rankings for Rhode Island against other states include:

- Support for caregivers = 10th
- Affordability and access & quality of life/care = 37th
- Percentage of Medicaid and state-funded Long-Term Services and Supports (LTSS) spending going to Home- and Community-Based Services (HCBS) for older people and adults with physical disabilities = 42nd
- Median annual home care private pay cost as a percentage of median household income ages 65+ = 48th

OTHER

Responsibility.org – National Drunk Driving Statistics Map: Rhode Island, 2019⁷⁴

The *National Drunk Driving Statistics Map for Rhode Island* displays data on the fatalities in each state that are attributed to drunk driving incidents and compares them to national statistics. State laws about drunk driving are also included. For 2019, standout data points for Rhode Island include:

- 43.9% of total Rhode Island fatalities are alcohol-impaired driving fatalities (the national average was 28.1%)
- The 10-year change in alcohol-impaired driving fatalities per 100K population was -7.8% (compared to the national average of -5.7)
- 16.3% of Rhode Island individuals aged 12-20 reported binge drinking in the past 30-days (the national average was 11.2%)

V. Identification of Newport Hospital Community Significant Needs

The qualitative and quantitative data collected for this CHNA, as described in Section IV, was presented to the leadership of NH, including the hospital President, Chief Medical Officer, Chief Nursing Officer, service line leaders, operations leaders, and financial management. The leadership team engaged in robust discussion of the findings and reflected on the hospital's prior experience, expertise, and current initiatives to reach consensus on which health concerns should be considered significant and their order of significance for the purpose of implementation planning.

Based on the review, evaluation, and discussion of the qualitative and quantitative data collected for this CHNA, five significant health needs have been identified for the community served by NH. Below, NH's prioritized significant health needs are described in further detail.

The prioritized, significant health needs resulting from the NH 2022 CHNA are:

Priority 1: Access to Primary Care and Specialty Services

Priority 2: Access to Mental and Behavioral Health

Priority 3: Outreach, Education and Navigation Assistance to Address Health and Social Services

Priority 4: Establish a Patient-Family Advisory Committee

Priority 5: Healthy Aging

1. Access to Primary Care and Specialty Services

The NH CHF participants and survey respondents indicated that access to care was their top health concern. Key informants also named access to primary care and specialty services among their health priorities. Access to primary care and specialty services are essential to improving population health.

Since its introduction in 1961, the term "primary care" has been defined in various ways. In 1996, the Institute of Medicine Committee on the Future of Primary Care adopted the following definition:

"Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."⁷⁵

This definition recognizes three important perspectives for primary care: the patient and family, the community, and the integrated delivery system. The IOM report, "Primary Care:

America's Health in a New Era,⁷⁶ recognized the increasing importance of an integrated delivery system to primary care. The scope of primary care includes preventive care that can help to keep patients healthier in the long term, disease management, and the identification of needed behavior changes to maintain health throughout the lifespan.

Having access to primary care services enables patients to have a source of care that leads to positive health outcomes. Conversely, without adequate access, patients may not receive appropriate care in a timely manner.

Without a consistent primary care connection, patients' care can become fragmented, resulting in inconsistent treatment and poor outcomes. This is particularly problematic for the elderly population, many of whom have chronic conditions. Rhode Island has the highest percentage of older people age 85+ in New England, and the third highest percentage in the United States.⁷⁷ Newport County has a relatively older population with 22.2% of the population over the age of 65 compared to 17.3% for Rhode Island and only 16.0% in the United States. In addition, ninety percent of seniors in Rhode Island have at least one chronic condition and the majority have two or more. For example, among residents aged 65 or older in Newport, 54.4% have 4 or more chronic conditions, 62.1% of seniors in Middletown, 58.2% seniors in Portsmouth, 46.3% Jamestown seniors, 65.7% Tiverton seniors, and 54.9% Little Compton seniors⁷⁸.

If not managed properly, chronic conditions can lead to higher levels of hospital utilization. According to the RIDOH, patients with congestive heart failure are 13 times more likely to be admitted to the hospital than the overall population. In addition, those with Chronic Obstructive Pulmonary Disease (COPD) are readmitted 7.5 times more on average than the overall population.⁷⁹ Due to indicators like these, reducing chronic illness is listed as one of the RIDOH's population health goals.

The RIDOH's *Strategic Framework*⁸⁰ outlines five strategies to promote a comprehensive, affordable health system and includes improving access to care as one of its twenty-three population health goals. Unfortunately, access is difficult without a strong primary care provider (PCP) base. Newport County's need for PCPs is evidenced by its ratio of population to PCPs of 1,110:1 which is higher than the Rhode Island overall average of 990:1 and the 90th percentile benchmark in the United States of 1,010:1.⁸¹

Recruiting primary care providers in Rhode Island is a challenge is due to the relatively low Medicaid, Medicare and commercial insurance reimbursement rates in the state.⁸² NH has experienced challenges in hiring physicians and advance practice providers. The lack of and affordability of housing is also cited as a detractor when recruiting physicians to the area.

NH is located in the City of Newport, which is part of Aquidneck Island. The NH primary service area includes two other islands – Conanicut Island and Prudence Island – along with the easternmost portion of the state on mainland Rhode Island. This means that most NH patients experience the geographic isolation of living on an island. In addition, within the Newport County community there is also a deeply entrenched mindset of reluctance to leave the island, which can result in residents not receiving all the elements of healthcare that they require.

Newport County is designated as both a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health by the Health Resources and Services Administration (HRSA). These designations seek to identify geographic areas with populations in need of primary care, dental, or mental health providers. The three criteria for a HPSA that determine its score are: (1) population to provider ratio; (2) percentage of the population whose family income falls below 100% of the Federal Poverty Level (FPL); and (3) estimated travel time to the nearest source of care outside the HPSA. The first criterion holds the greatest weight in the scoring.⁸³

The west side of Newport is also designated as a MUA/P by HRSA with a score of 60.4. MUA/P designation depends on the Index of Medical Underservice (IMU) score. An IMU score is calculated based on: (1) population to provider ratio; (2) percentage of the population whose family income falls below 100% of the FPL; (3) percentage of the population over 65 years of age; and (4) the infant mortality rate. The IMU score ranges from 0 to 100 where 62 or below qualifies as MUA designation.⁸⁴

Nationally, there is a current and projected shortage of PCPs.⁸⁵ Consequently, Rhode Island must compete both regionally and nationally for providers. This shortage is expected to grow as the population continues to age and the corresponding need for services for that population grows. Individuals over 65 years of age seek care from PCPs at twice the rate of the younger population, while at the same time, the supply of PCPs is expected to diminish as existing PCPs retire.⁸⁶ In addition, younger PCPs are now seeking an improved work-life balance than their predecessors and will likely see fewer patients a year.

The PCP shortage is exacerbated as internal medicine providers seek positions as hospitalists or choose a subspecialty and therefore, no longer provide outpatient primary care in the community. Few new physicians choose a geriatric primary care subspecialty due to long, expensive training and lower compensation rates that physicians earn in other specializations. Hospitals and physician practices are augmenting the physician supply by integrating nurse practitioners (NP) and physician assistants (PA) into the care team. The Health Resources and Services Administration estimates that the full deployment of NPs and PAs, where supply is increasing, could reduce the physician shortage by over 60%.⁸⁷

Additionally, CHF participants identified the need for support in specialty areas, such as pediatric disability, as well as better access to experts for specific chronic conditions. The shortage of specialists nationwide, while not as critical as the PCP shortage, is expected to worsen as the population ages and requires more services and the supply of providers diminishes due to boomers entering retirement.

Consistent care along the continuum is also important as patients transition through the age spectrum. For example, consistently linking postpartum patients with a PCP will ensure that the issues identified during pregnancy than can be indicators of future health-care problems (e.g., gestational diabetes) are addressed in a timely manner.

To address this significant health need, NH is focused on increasing the PCP base, improving access, and ensuring that existing providers are meeting the needs of the community. NH will continue to expand primary care access by recruiting additional medical doctors and nurse practitioners in partnership with fellow Lifespan affiliates- Lifespan Physician Group, Inc. and Coastal Medical Physicians, Inc.

2. Access to Mental and Behavioral Health

Similar to NH's 2016 and 2019 CHNA's, mental and behavioral health has again been identified as a significant concern by residents who participated in the CHF and survey, as well as the leaders who were interviewed as key informants. Further, Newport County is designated as a Health Professional Shortage Area for mental health by HRSA.⁸⁸ Sufficient services to address behavioral health has also been identified as a leading health concern and priority by the RIDOH. Consequently, one of Rhode Island's twenty-three population health goals is to promote behavioral health and wellness among all Rhode Islanders.

Mental health conditions can include attention deficit hyperactivity disorder, anxiety, depression, bipolar disorder, psychosis, obsessive-compulsive disorder, post-traumatic stress disorder, schizophrenia, and depression. These conditions can put people at risk for suicidality or self-harm, violence, substance use disorder, and early death. Substance use disorders can include use of tobacco, alcohol, or other drugs. Children in Rhode Island continue to face greater economic, social, and familial risk for the development of mental health and substance use disorders than children in other New England states and the nation.⁸⁹

As identified in the 2022 County Health Rankings, Newport County residents reported an average of 4.5 mentally unhealthy days in the past 30 days and 14% adults reported 14 or more days of poor mental health per month. At the same time, the population to mental health provider ration in Newport County was 270:1, as compared to a statewide ratio of 220:1.⁹⁰

In 2021, the Kaiser Family Foundation reported that 37.3% of adults in Rhode Island report having symptoms of anxiety or depression, compared to 31.6% of the US general population. Of concern, 59.1% of adults in Rhode Island with mild mental illness did not receive treatment, 45.7% of those with moderate illness did not, and 38.3% with severe illness did not receive treatment.⁹¹

If current trends continue, “deaths of despair” from drugs, alcohol and suicide could kill an estimated 1.6 million Americans between 2016 and 2025, 60% more than the previous decade. More recent trend data suggest that the death rate could even double to 2 million people by 2025. Underlying causes of these deaths are attributed to pain, despair, disconnection, early childhood trauma, lack of economic opportunity, and poor working conditions- factors that worsened during the extended COVID-19 pandemic. The opposite causal pathway is also true- substance misuse and poor mental health can adversely impact health and well-being, academic and career attainment, interpersonal relationships, and community connectedness.⁹²

While the national suicide rate decreased from 2018 to 2019, the rate in Rhode Island increased from 9.8 per 100,000 to 11.3 per 100,000.⁹³ According to the Rhode Island 2019 Youth Risk Behavior Survey, 17% middle school students had ever seriously considered suicide with 6% attempting suicide. At the high school level, 13% students had seriously considered suicide in the past year with an alarming 15% attempting suicide in the previous 12 months.⁹⁴ NH enhanced its suicide prevention activities in 2021 as a proud member of the Zero Suicide Implementation Team – a collaborative group in Newport County with representatives from local mental health organizations. Within NH, staff from the partial hospitalization program developed suicide prevention awareness training for employees, incorporated research-based suicide screening for patients in the behavioral health unit and quickly expanded the screening throughout other areas of the hospital and developed guidelines for these conversations to make patients and staff comfortable. Outside of hospital walls, NH is working with community-based organizations to keep the community informed of the resources available nearby to reduce stigma and enable a “no wrong door” experience.

Adverse Childhood Experiences (ACEs) are stressful or traumatic events in childhood that can undermine a child’s sense of safety and well-being. Research shows that the toxic stress that results from ACEs not only impacts the health of children, but has long lasting effects into adulthood as well, negatively influencing factors such as employment, mental health, chronic disease, substance use, and other aspects of health – all contributors to deaths of despair. An analysis of data from the 2020 Rhode Island Behavioral Risk Factor Surveillance System revealed that 16.1% adults had 4 or more ACEs. The most common types of ACEs were emotional abuse (34.7%), having divorced or separated parents (30.7%), household

substance use (26.1%), and physical abuse (24.7%). Individuals with a 4+ ACEs had more than seven times the odds of having a depression diagnosis and six times the odds of experiencing frequent mental compared to those with no ACEs.⁹⁵

The rate of deaths by overdose in the state increased during the first 8 months of 2020 — the first year of the COVID-19 pandemic— as compared to 2019.⁹⁶ In fact, overdose death rates in Rhode Island climbed from 308 in 2019 to 384 in 2020, 435 in 2021, and is on track to set a new record high in 2022. At the same time, racial and ethnic disparities in overdose deaths are growing, with Black/African American Rhode Islanders experiencing significantly higher rates of overdose death compared to other residents, and death rates increasing fastest among Black and Hispanic Rhode Islanders.⁹⁷ Beyond the risk of overdose and death, substance use disorders can lead to other chronic diseases such as diabetes and heart disease. Substance use can also lead to behaviors that put the individual at higher risk for communicable and infectious diseases. In addition, in 2019, 43.9% of total Rhode Island fatalities were caused by alcohol-impaired driving.⁹⁸

Every city and town in Rhode Island has experienced a death due to overdose, with nine deaths in Newport in 2021. There are 37.5 drug overdose deaths per 100,000 people in Rhode Island, compared to a rate of 28.3 per 100,000 for the US.⁹⁹ While initially driven by misuse of prescription drugs, 65% (282) of overdose deaths in Rhode Island in 2021 were attributed to illicit drugs such as fentanyl and heroin, as well as fentanyl-laced drugs.¹⁰⁰

Due to high mortality in Rhode Island from substance misuse, there has been a steady growth in services targeting substance misuse and addiction. Programs are available at a range of sites: community-based programs, inpatient detoxification centers, outpatient services, and residential programs. Some PCPs offer Medication Assisted Treatment (MAT) and Office Based Addiction Treatment. Policy changes have resulted in naloxone being available without a prescription and Medicaid reimbursement of certified Peer Recovery Specialists.

Nationally, the Substance Abuse and Mental Health Services Administration estimates that 19.1% of adults had a mental illness in the past year and 4.6% had a severe mental illness. They estimate that about one-third of the adults with a severe mental illness did not receive mental health services. Nationwide, there is a severe shortage of mental health providers of all levels, but particularly prescribing psychiatrists. Merritt Hawkins, a physician recruiting firm, cited it as one of the highest compared to other specialties. It also has some of the oldest providers with 60% of current providers over the age of 55.¹⁰¹ A Health Affairs report indicated that one in five United States residents have a mental health challenge but two in three PCPs have difficulty referring patients because of provider shortages. The ratio of population to mental health providers in Newport County is 330:1 which is higher than Rhode Island (260:1) and the top U.S. performers (310:1). Bristol County, just north of the NH primary service area, has the poorest ratio in Rhode Island at 500:1.¹⁰²

Lifespan remains invested in working to address the overdose epidemic as evidenced by its participation on the Governor's Overdose and Addiction Task Force, and the statewide Opioid Settlement Advisory Committee. Leveraging mental and behavioral health networks and expertise across the Lifespan system will be beneficial in responding to the needs in the NH service area. The Substance Use Disorders Treatment Program at RIH provides consultations and direct care for patients with substance use disorders and/or with dual-diagnosed conditions. RIH also provides an outpatient program that combines professional care and self-help approaches with an emphasis on abstinence, family participation, relapse prevention, and health promotion.

NH is exploring several resources to address the significant health need of access to mental and behavioral health. Mental Health First Aid is currently being offered at Emma Pendleton Bradley Hospital (EPBH), a Lifespan affiliate. Additional trainers will be needed to handle this service at NH. PediPRN, a free telephone consultation service established by EPBH for pediatric care providers, and KIDS Link a 24/7 hotline for parents and caregivers of children experiencing acute mental distress, are promoted across the NH service area. At the same time, NH will continue to collaborate with partnering community agencies to provide educational programs on topics related to mental and behavioral health for residents of Newport County and surrounding areas.

3. Outreach, Education, and Navigation Assistance to Address Health and Social Services

To address this significant health need, NH works collaboratively with community partners on initiatives to reduce disparities for children, youth, and families. Through participation on community-led initiatives like the Newport Partnership for Families and direct relationships with schools and non-profits, NH delivers educational presentations and programs to school-age students, coaches, educators, and youth service providers.

Wellness programs can improve awareness of opportunities for preventive health. NH offers a virtual lecture series to educate the public on specific health conditions and to promote its publicly available programs and services, in addition to the free Community Health Ambassadors Lecture Series offered monthly by LCHI. To ensure that the community is aware of these offerings, the hospital will employ a communications strategy using multiple communication channels across the service area, including web, radio, and social media. A Community Outreach Specialist who serves the NH service area partners with providers, operations, and marketing professionals to design and deliver programs for youth, adults, and seniors. In addition, members of NH's management team serve on and participate in local boards such as the Boys and Girls Club, Lucy's Hearth, Star Kids, Newport Public Library, St. Michael's Country Day School, and The Salvation Army. Through service, NH

representatives establish synergistic relationships that help the hospital to leverage its resources for greater impact.

Outreach activities are designed to reach the population where they live, learn, work, and play. Tailoring outreach methods and messages is essential to be effective. For instance, targeting youth requires utilizing methods that will capture their attention, such as social media, text and video, reaching them in places where they spend their time such as school and sports activities, and working with influencers like coaches and teachers. Medical doctors are recognized as influential with adults' decision-making.

CHF participants identified the need for better education on specific conditions as well as dietary support so they could recognize important warning signs earlier and prevent disability or loss of quality of life. Participants also requested better price transparency before appointments, treatments, and/or tests. They further identified the need for education of all parties about COVID prevention, symptoms, and mask wearing, encompassing the general public as well as health care providers in this latter suggestion.

In addition to outreach and education, hospitals must address the SDOH that represent up to 80% of the drivers of health status and health outcomes in a population. Positively influencing the determinants of health can reduce the burden of health problems in a population, which in turn reduces demand for medical, mental, and behavioral health treatment. In fact, a growing body of evidence makes clear that interventions that address the SDOH have the greatest potential to improve population health. The LCHI, who works with NH on strategies to improve the health of residents in the hospital's service area, utilize the health impact pyramid as a model for planning health interventions. Thomas Frieden, former director of the Centers for Disease Control and Prevention describes the health impact pyramid as a framework to improve health. Dr. Frieden explains, that efforts to address the SDOH are at the base of the 5-tier pyramid because they have greatest potential impact on health. Ascending up the pyramid are interventions that change the context to make individuals' default decisions healthy, clinical interventions that confer long-term protection, ongoing direct clinical care, and health education and counseling. Implementing interventions at each of the levels can achieve the maximum possible sustained public health benefit.¹⁰³

Social and economic disparities are prevalent within the NH community. The median family income in Newport (\$84,282) is higher than the State (\$70,305), which can mask disparities by race, ethnicity, and neighborhood that impact residents' ability to access health care, practice health-promoting behaviors, consume sufficient healthy foods, and maintain safe and affordable housing. From 2016 to 2020, 16% of children in Rhode Island lived in households with incomes below the federal poverty level, with significant disparities by race and ethnicity; 9% Asian children, 11% white children, 26% Black children, 30% Hispanic

children, and 34% of Native American lived in poverty. In NH's host city of Newport, 25.0% children were living in poverty during the same period.¹⁰⁴

Key informants interviewed as part of the CHNA firmly identified addressing the social determinants of health (SDOH) among the state's top health priorities. Participants in the CHF also suggest funding SDOH solutions such as affordable housing, food security, etc. as potential ways for NH to respond to their health concerns. NH survey respondents proposed that the hospital provide easier access to medical appointments and help patients address the SDOH as their top two recommended actions in response to their health concerns. Targeting the socioeconomic stressors on individuals, families, and children is also consistent with the RIDOH's *Health Strategic Framework*.

4. Establish a Patient-Family Advisory Committee

NH strives to provide patient-centered care and to create opportunities for patient feedback and involvement. To create an inclusive and welcoming environment bolstered by strong relationships between clinical and community stakeholders, NH proposes to establish a patient-family advisory committee (PFAC). A PFAC will help to ensure that NH's responses to health concerns in its service area responsive to the true concerns of the community and implemented with sensitivity to diverse needs of patients and caregivers. The establishment of a PFAC is expected to result in better health outcomes for patients, more appropriate utilization of hospital services, improved patient experience ratings, increased employee satisfaction, and improved hospital finances.¹⁰⁵

5. Healthy Aging

The population in Newport County is relatively old with 22.2% of its 2018 population 65 years of age or older compared to 17.3% in the State and 16.0% in the United States. As the baby boomer population ages, this elderly population will continue to grow. The first of the baby boomers turned 65 in 2011 and the last will turn 65 in 2029. The health care and life challenges that the elderly population will face, combined with a diminished supply of workers to provide services, must be addressed now before all the baby boomers exceed 65 years of age.

Approximately 75% of older adults have at least one chronic condition, many have two. Mental health disorders impact about one in four older adults, many going untreated. The rate of substance use disorders is also increasing in older adults.¹⁰⁶ The 2019 Commonwealth Fund Scorecard shows a high level of potentially avoidable emergency department visits per 1,000 Medicare enrollees ages 65 and older in 2015 in Rhode Island (212) compared to the United States (197) making Rhode Island 40th out of 50 states. 30-day hospital readmissions were also high in 2017 among this population with 45 in Rhode

Island and 41 nationwide, making Rhode Island 38th nationwide. Other key concerns for elderly patients — in addition to general disease management — include isolation and falls. Promoting senior health to support independent living is one of the State’s twenty-three population health goals.¹⁰⁷ There are limited options for assisted living in the Newport area.

In September 2019, NH became a member of the WHO/AARP Age-Friendly Network of States & Communities. This Network helps participating communities become great places for people of all ages by adopting features such as safe, walkable streets; better housing and transportation options; access to key services; and opportunities for residents to participate in civic and community activities. Communities participating in the Network commit to improving their livability through an assessment of needs, development of an action plan, implementation of new projects and programs, and ongoing assessment, all with the involvement of older residents. Newport is the 377th community to join and the first in Rhode Island. This involvement will be an important component in resolving the health priority of “Healthy Aging.”

Further, NH officially joined the national network of age-friendly hospitals early in 2022 by meeting all four pillars - high quality health care for the senior population, medication management and safe prescribing to prevent adverse events, improving mobility through rehabilitation, and recruiting and training volunteer geriatric champions to provide comfort and assist with meals especially when older people are hospitalized.

VI. Conclusion

The CHNA is a tool that NH will use to address the significant health needs identified in this report. The results of the CHNA will guide the development of NH’s community benefit programs and implementation strategy. NH’s leadership team, including its executive management and other individuals critical to the organizational planning process will craft NH’s implementation strategy which will detail action item plans covering the period from October 1, 2022 through September 30, 2025. This implementation strategy will be completed and authorized by the NH Board of Trustees consistent with IRS rules and regulations.

A. Acknowledgements

Data and Information Contributors

Newport Hospital Leadership Team
Community Health Institute, Lifespan
Cancer Oversight Committee, The Lifespan Cancer Institute at Rhode Island Hospital, The
Miriam Hospital, and Newport Hospital
Marketing and Communications Department, Lifespan
Rhode Island KIDS COUNT
Kevin Bickerstaff, CPA, MST
Patricia Carreiro, RN, BSN
Matthew Collins, MD, MBA
Deborah Garneau, MA
Jessica Gelinias
Mark Hasbrouck
Mary Hickey, RN, CCM
Theresa E. Jenner, MSW, LICSW, CCM
Sarah Lawrence, CCHW, MSW, PhD
Jorge Pereira, MBA
James Rajotte, MS
Laura Roberts, PhD, SSBB
Marti Rosenberg
Andrew Saal, MD, MPH
Sam Salganik, JD
Julie Strano
Laura Leigh Vettters
Tracey Wallace, MBA, CMPE

Community Liaisons

Neyda DeJesus
Carmela Geer

Community Forum Host Sites

Edward King House, Newport, Rhode Island
Martin Luther King Center, Newport, Rhode Island
Florence Gray Center, Newport, Rhode Island
Newport Partnership for Families

B. Contact Information

For information regarding the 2022 NH CHNA process or findings, or for information on any of the services or strategies mentioned, please contact:

Carrie Bridges Feliz, MPH
Vice President, Community Health and Equity
Lifespan
335R Prairie Avenue, Suite 2B
Providence, RI 02905
phone: 401-444-8009
cbridgesfeliz@lifespan.org
<http://www.lifespan.org>

Appendix A. Newport Hospital Community Health Forum Schedule

Monday, May 9, 2022
6:00 – 7:30 PM
Online forum – Held via Zoom

Monday, May 16, 2022
2:00 – 3:30 PM
Online forum – Held via Zoom

Wednesday, May 25, 2022
12:00 – 2:00 PM
Edward King House
35 King Street, Newport, RI 02840

Thursday, June 2, 2022
9:00 – 10:30 AM
Dr. Martin Luther King, Jr. Community Center
20 Dr Marcus Wheatland Boulevard, Newport, RI 02840

Thursday, June 2, 2022
5:30 – 7:30 PM
Florence Gray Center
1 York Street, Newport, RI 02840

Tuesday, June 7, 2022
9:00 – 10:30 AM
Held via Zoom – Newport Partnership for Families

Appendix B. Newport Hospital CHNA Community Liaison Profiles

Neyda DeJesus works as the director of prevention at the Women’s Resource Center in Newport, Rhode Island. Neyda chose to pursue a position as a Lifespan community liaison because she knows and understands the importance of having her voice heard. She also had the pleasure of serving as a community liaison for the 2016 Community Health Needs Assessment (CHNA). Neyda hopes that by being a part of and hosting community forums, she will be able to help other voices in her community to be heard. She hopes to make a positive change for all of those who need and deserve help.

Carmela A. Geer is happy to have made a difference in her community through numerous civic activities. Carmela is executive director of the Edward King House Senior Center in Newport, Rhode Island, which offers a variety of social, educational, and cultural activities for 16,000 to 18,000 seniors annually. Her mission is to form collaborations and partnerships that encourage a life of self-direction, empowerment, enrichment, and energy for the 50+ aged population. Through her work at the King House, Carmela prides herself on creating a welcoming environment that values and respects every member of the community while also providing resources to support adult learning, independent living, and an enriched quality of life. She is passionate about connecting people and also plays an active role with the Newport Partnership for Families, offering partnerships with over 50 programs and agencies throughout the state, that have been successful in connecting Aquidneck Island residents with services, events, programs, and community engagement opportunities that they may not have otherwise benefited from had access to if left to navigate the system on their own.

Appendix C. Newport Hospital CHNA Community Liaison Position Description

Position Summary

While excellent health care is our top priority, Lifespan also recognizes that health and well-being is more than the absence of disease. We promote a culture of well-being, in part achieved by extending our expertise and services into communities where people live, learn, work, play and pray. Put simply, we embrace a mission of *Delivering health with care*.

A demonstration of Lifespan's mission, the Lifespan Community Health Institute (LCHI) works to ensure that all people have the opportunities to achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments. The LCHI, often in collaboration with Lifespan affiliates and/or community partners, addresses a spectrum of conditions that affect health. One of our major initiatives in 2022 is to assist each of the Lifespan hospitals- Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Emma Pendleton Bradley Hospital, and Newport Hospital, in performing a Community Health Needs Assessment and developing strategies to respond to the identified needs over the next several years.

The LCHI is recruiting 10 individuals who will serve as Community Liaisons, helping to infuse community input in the community health needs assessment process. The Community Liaison is a project-based consultant position spanning March-June 2022. An estimated 30-50 hours will be distributed over the course of four months. A diverse cadre of Community Liaisons will be selected who represent the diverse residents in the Lifespan hospitals' service areas. The Community Liaison reports to the Vice President of Community Health and Equity at Lifespan. This position is not open to current Lifespan employees and does not confer benefits. Community Liaisons will be hired as consultants and paid in two installments, at the midpoint and completion of the project.

Responsibilities

The Community Liaison will assist Lifespan staff with planning and execution of at least three community forums as part of the community health needs assessment process for Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Bradley Hospital, and/or Newport Hospital. The forums will either be conducted in person or virtually, depending on safety recommendations in place at the time. The goal of each forum is to identify and prioritize local community health needs. The Community Liaison will be responsible for identifying local organizations/institutions (e.g., neighborhood associations, non-profits, churches, etc.) that will partner with Lifespan to host a community forum. Further, the Community Liaison will assist with recruitment, logistics, facilitation, and debriefing each forum. The Community Liaison will be trained on expected tasks and relevant data. Primary responsibilities include:

- Team with Lifespan staff and other Community Liaisons to complete tasks.
- Perform community outreach and recruit strategic partners to participate in the needs assessment process.

- Develop and maintain productive relationships with stakeholders, to create buy-in for the community health needs assessment process.
- Assist with the planning and execution of in-person or virtual presentations for small groups and community organizations, including logistics and follow-up.
- Practice effective communication and reliable follow-up with Lifespan contacts and community partners.
- Track and communicate detailed information regarding supplies or other supports needed to complete tasks.
- Attend all required orientation and check-in meetings.

Qualifications and Competencies

The selected Community Liaison must demonstrate the following qualifications and competencies:

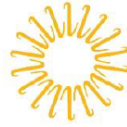
- Trusted community broker with demonstrated success organizing community efforts
- Commitment to and interest in community health
- Willingness to work in a team environment, as well as the ability to complete tasks independently
- Thorough, timely and reliable communication skills
- Excellent oral communication as well as active listening skills
- Comfort communicating by email as well as in person
- Experience and confidence with public speaking
- Effective meeting facilitation
- Strong interpersonal skills and experience working with diverse audiences
- Ability to organize and lead groups
- Willingness to share and leverage personal and professional networks
- Detail-oriented, with excellent time-management skills
- Access to reliable transportation
- Ability to work evening or weekend hours
- Working knowledge of Microsoft Office software, especially Word and PowerPoint

Desired Skills

The following skills are preferred, but not required:

- Personal or professional experience in a public health or related field (e.g., community outreach or organizing, community health work, health care, public policy, community development)
- Experience interpreting and explaining data
- Bilingual in English and another language commonly spoken in Rhode Island

Appendix D. Newport Hospital CHNA Sample Community Health Forum Agenda



Newport Hospital
Lifespan. Delivering health with care.®

NEWPORT HOSPITAL - 2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Community Forum Agenda

Wednesday, May 25, 2022

- 12:00 PM** **Welcome & Eat**

- 12:30 PM** **Introductions**

- 12:35 PM** **Overview of CHNA and progress since 2019**

- 12:50 PM** **Current Health Data**

- 1:00 PM** **Question #1: Does this reflect your health concerns? What's missing?**

- 1:20 PM** **Question #2: How would you prioritize among these health concerns?**

- 1:40 PM** **Question #3: What would you like for the hospital to do to help address these priorities?**

- 1:55 PM** **Wrap-Up & Evaluation**

Appendix E. Newport Hospital CHNA Community Input Form



2022 Community Health Needs Assessment - Community Input Form

Lifespan seeks to understand your health concerns and how our hospitals can help respond to those concerns. The information you share will help us to complete a Community Health Needs Assessment and create an action plan. This survey should take 5 minutes or less to complete. We value your input!

1. What are your health concerns? You may choose more than one.
 - Access to Medical Services
 - Access to Health Information
 - Cancer
 - Heart Health
 - Healthy Weight & Nutrition
 - Children's Health
 - Mental and Behavioral Health
 - Senior Health
 - Substance Use Disorders
 - Community-based Education
 - Chronic Disease Management
 - Chronic Disease Prevention
 - Social Determinants of Health (e.g. housing, food access, education)
 - Other _____
2. What could our hospitals do in response to your concerns? You may choose more than one.
 - More health education at medical visits
 - More health education in community settings
 - More health system navigators
 - Improve language access
 - Easier access to medical appointments
 - Offer more locations for service
 - Help patients access services to address housing, employment, food security, etc.
 - Other _____
3. Please comment on the progress made in addressing the 2019 priorities (details on reverse).
4. To which hospital service area should these comments be attributed? Choose one or more.
 - Emma Pendleton Bradley Hospital
 - Newport Hospital
 - Rhode Island Hospital / Hasbro Children's Hospital
 - The Miriam Hospital
5. Any additional comments or suggestions?

The remaining questions are optional and we greatly appreciate you taking the time to respond. Answering these questions will help us determine to what degree the survey respondents reflect the diversity of residents in our service area.

6. What is your zip code? _____

7. How do you identify?

- Gender: Male Female Other
Race: American Indian/Alaska Native Asian Black/African American
 Native Hawaiian or Other Pacific Islander White
Ethnicity: Hispanic/Latinx Not Hispanic/Latinx
Age Range: 0-18 years 19-34 years 35-64 years 65+ years

8. Do you manage health care access for any children under the age of 18? Yes No

9. Please share your contact information if you would like to provide additional information.

Name: _____

Email: _____ Telephone: _____

Please visit Lifespan's [Community Health Reports](#) page to learn more about the 2019 CHNAs. **Thank you!**

2019 Community Health Needs Assessment

The Patient Protection and Affordable Care Act ("Affordable Care Act") requires non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. In 2019, Lifespan completed its third CHNA for each of its hospitals. CHNAs solicit feedback from members of the community to determine the most pressing health needs in the community served by the hospital. Based on the needs identified, each hospital develops implementation strategies that respond to the prioritized needs. That implementation plan describes the action steps that each hospital will take to mitigate the stated need over the 2020 to 2022 fiscal years. Please refer to the reports for detailed implementation strategies.

The 2019 CHNA for each hospital identified the following significant needs:

The Miriam Hospital

1. Access to Care
2. Healthy Weight and Nutrition
3. Cancer
4. Outreach and Education
5. Mental and Behavioral Health

Newport Hospital

1. Access to Primary Care and Specialty Services
2. Outreach and Education
3. Access to Mental and Behavioral Health Services
4. Wellness Programs
5. Aging in Place

Rhode Island Hospital

1. Access to Care
2. Mental and Behavioral Health
3. Community-based Outreach and Education
4. Disease Management

Bradley Hospital

1. Access to Services
2. Systems of Care
3. Outreach and Education
4. Substance Abuse Prevention

For more information regarding the CHNA process or findings, please contact Carrie Bridges Feliz, Vice President of Community Health and Equity, at cbridgesfeliz@lifespan.org or 401-444-8009.

References

- ¹ Compilation of Patient Protection and Affordable Care Act. *Office of the Legislative Counsel for the use of the U.S. House Of Representatives*, May 2010.
<http://housedocs.house.gov/energycommerce/ppacacon.pdf>
- ² Ibid.
- ³ Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return. *Internal Revenue Service. U. S. Department of the Treasury*. 2014.
- ⁴ Newport Hospital 2013 Community Needs Assessment. *Lifespan Community Health Services*. 2013. https://www.lifespan.org/sites/default/files/lifespan-files/documents/centers/lifespan-community-health/NewportCHNA_2013.pdf
- ⁵ Newport Hospital 2016 Community Needs Assessment. *Lifespan Community Health Services*. 2016. <https://www.lifespan.org/sites/default/files/lifespan-files/documents/centers/lifespan-community-health/Newport-Hospital-2016-CHNA.pdf>
- ⁶ Newport Hospital 2019 Community Needs Assessment. *Lifespan Community Health Services*. 2019. <https://www.lifespan.org/sites/default/files/lifespan-files/documents/centers/lifespan-community-health/9-30-2019-NH-CHNA.pdf>
- ⁷ Newport Hospital Community Health Needs Assessment Implementation Strategy October 1, 2019-September 30, 2022. *Lifespan Community Health Services*. 2019. <https://www.lifespan.org/sites/default/files/lifespan-files/documents/lifespan-main/NH-CHNA-Implementation-Plan.pdf>
- ⁸ Lifespan Annual Report 2021. *Lifespan Corporation Newsroom*. 2022.
- ⁹ Ibid.
- ¹⁰ Ibid.
- ¹¹ Newport Hospital Launches 2015 Monthly Community Lecture Series. *Lifespan Corporation Newsroom*. 15 Jan 2015.
- ¹² Newport Hospital Foundation. August 2022.
- ¹³ Lifespan in Our Community. *Lifespan Corporation*. 2019.
<https://www.lifespan.org/centers-services/lifespan-community-health-institute>
- ¹⁴ Lifespan Community Health Institute. *Lifespan Corporation*. 2016.
<http://www.lifespan.org/centers-and-services/lifespan-community-health-services/>.
- ¹⁵ Newport Hospital – About Us. *Lifespan Corporation*. 2016.
<http://www.newporthospital.org/about/newport-hospital/>.
- ¹⁶ 2016-2020 American Community Survey 5-Year Estimates. *U.S. Census Bureau*.
- ¹⁷ Ibid.
- ¹⁸ Newport Hospital Utilization Data 2019-2021, Total Census. *Lifespan Strategic Planning Department, Lifespan Corporation*.
- ¹⁹ Newport Hospital Utilization Data FY2016-2018, City & Town Cluster. *Lifespan Strategic Planning Department, Lifespan Corporation*. Accessed 2 Aug. 2019.
- ²⁰ Newport Hospital Utilization Data 2019-2021, Total Census. *Lifespan Strategic Planning Department, Lifespan Corporation*.
- ²¹ Ibid.
- ²² Newport Hospital 2019 Community Needs Assessment. *Lifespan Community Health Services*. 2019.
- ²³ LifespanLink web-based portal. <https://www.lifespan.org/lifespanlink>
- ²⁴ MyLifespan secure electronic health record. <https://www.lifespan.org/mylifespan>
- ²⁵ Lifespan “Meds to Beds” Prescription Bedside Delivery Service. <https://www.lifespan.org/centers-services/lifespan-pharmacy/meds-beds-program>
- ²⁶ Lifespan Cancer Institute. <https://www.lifespan.org/centers-services/lifespan-cancer-institute>
- ²⁷ Commonwealth Fund scorecard 2018.
- ²⁸ Countyhealthrankings.org
- ²⁹ National Council on Aging

-
- ³⁰ RIDOH Strategic Framework, *State of Rhode Island Department of Health*, <https://health.ri.gov/about/strategicframework/>. Accessed August 12, 2022.
- ³¹ “State of Childhood Obesity.” *Robert Wood Johnson Foundation*, <https://stateofchildhoodobesity.org/states/ri/>. Accessed May 31, 2022.
- ³² “2021 Status Report on Hunger in Rhode Island.” *RI Community Food Bank*, <https://rifoodbank.org/what-we-do/status-report-on-hunger/>.
- ³³ “Rhode Island SNAP Report.” *RI Department of Human Services*, May 2021, <https://dhs.ri.gov/programs-and-services/nutrition-assistance-snap/supplemental-nutrition-assistance-program-snap>.
- ³⁴ “Rhode Island SNAP Report.” *RI Department of Human Services*, May 2021, Page 4, <https://dhs.ri.gov/programs-and-services/nutrition-assistance-snap/supplemental-nutrition-assistance-program-snap>.
- ³⁵ Rhode Island Food Policy Council, 2020 Annual Report, Now More Than Ever: Building a Just, Resilient Food System.” *Rhode Island Food Policy Council*, <https://rifoodcouncil.org/annual-report/2020-annual-report/>.
- ³⁶ “American Cancer Society Releases Updated Report on the Status of Cancer Disparities in the US.” *The ASCO Post*, December 14, 2021. <https://ascopost.com/news/december-2021/american-cancer-society-releases-updated-report-on-status-of-cancer-disparities-in-the-united-states/>.
- ³⁷ “United States Cancer Statistics: Data Visualizations – Rhode Island.” *Centers for Disease Control and Prevention*, <https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/>. Accessed May 31, 2022.
- ³⁸ State of Rhode Island Department of Health – Cancer Data. *Rhode Island Department of Health*, 2019. <https://health.ri.gov/data/cancer/>. Accessed May 31, 2022.
- ³⁹ State of Rhode Island Department of Health – Diabetes Data. *Rhode Island Department of Health*, 2020. <https://health.ri.gov/data/diabetes/>. Accessed August 30, 2022.
- ⁴⁰ Diabetes prevalence. *Health in Rhode Island*, 2020. <https://healthinri.com/data/diabetes-prevalence>. Accessed May 31, 2022.
- ⁴¹ Diabetes Report Card 2021. *Centers for Disease Control and Prevention*, <https://www.cdc.gov/diabetes/library/reports/reportcard.html>. Accessed May 31, 2022.
- ⁴² Multiple Chronic Conditions. *America’s Health Rankings/United Health Foundation*, 2020. americashealthrankings.org/explore/annual/measure/CHC/state/RI.
- ⁴³ Data for Equity. *United States Census Bureau*, <https://www.census.gov/about/what/data-equity.html>. Accessed May 31, 2022.
- ⁴⁴ The Commonwealth Fund 2022 Scorecard on State Health System Performance. *The Commonwealth Fund*, 2022. <https://www.commonwealthfund.org/publications/scorecard/2022/jun/2022-scorecard-state-health-system-performance>. Accessed August 31, 2022.
- ⁴⁵ Rhode Island Behavioral Risk Factor Surveillance System (RI BRFSS). *Rhode Island Department of Health (RIDOH) with assistance from the US Centers for Disease Control and Prevention (CDC)*, 2020. <https://rhode-island-brfss-rihealth.hub.arcgis.com/>. Accessed May 31, 2022.
- ⁴⁶ Public Health Impact: Overall - Annual. *America’s Health Rankings/United Health Foundation*, 2021. https://www.americashealthrankings.org/explore/annual/measure/Overall_a/state/RI.
- ⁴⁷ HealthFacts RI. *State of Rhode Island Department of Health*, 2020. <https://app.powerbigov.us/view?r=eyJrIjoibWJmZmZlMzA5NmQtZGE1OC00ZWl0LWE5YzktNTY3MDEk5Mml2MWNmliwidCI6IjUyY2E2YTU0LTQ0NjUtNDYzNS1iZmZlLTUyZDBhODQxMjI4OCJ9>. Accessed May 31, 2022.
- ⁴⁸ County Health Rankings & Roadmaps – 2022 Rhode Island State Report. *University of Wisconsin Population Health Institute/Robert Wood Johnson Foundation*, 2022. <https://www.countyhealthrankings.org/reports/state-reports/2022-rhode-island-state-report>.
- ⁴⁹ National Center for Health Statistics – Rhode Island. *Centers for Disease Control and Prevention*, 2020. <https://www.cdc.gov/nchs/pressroom/states/rhodeisland/ri.htm>. Accessed May 31, 2022.
- ⁵⁰ Rhode Island Life Index 2021. *Blue Cross & Blue Shield of Rhode Island (BCBSRI)/Brown University School of Public Health*, 2021. <https://www.rilifeindex.org/wp-content/uploads/2021/11/RILI-2021-20-11821.pdf>.
- ⁵¹ Opportunity Index – Rhode Island. *Opportunity Nation*, 2019. <https://opportunityindex.org/detail/44/>. Accessed May 31, 2022.
- ⁵² 2020-2021 Community Impact Report. *United Way of Rhode Island*, 2021. <https://www.unitedwayri.org/our-impact/community-impact-report-fy21/>.

-
- ⁵³ 2022 Rhode Island Kids Count Factbook. *Rhode Island KIDS COUNT*. 2022. <https://www.rikidscount.org/Data-Publications/RI-Kids-Count-Factbook#843238-family-and-community>.
- ⁵⁴ Adolescent Sexual Health 2020 Data Brief. *Rhode Island Department of Health*, 2020. <https://health.ri.gov/publications/databriefs/2020ASHDataBrief.pdf>.
- ⁵⁵ Nocka, Kristen et al. "Primary Care for Transgender Adolescents and Young Adults in Rhode Island: An Analysis of the All Payers Claims Database." *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine* vol. 68,3 (2021): 472-479. doi:10.1016/j.jadohealth.2020.11.014. <https://pubmed.ncbi.nlm.nih.gov/33349532/>.
- ⁵⁶ Mental Health in Rhode Island. *Kaiser Family Foundation*, 2021. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/rhode-island/>. Accessed May 31, 2022.
- ⁵⁷ Mental Health in Rhode Island. *National Alliance on Mental Illness*, February 2021. <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/RhodeIslandStateFactSheet.pdf>.
- ⁵⁸ <https://www.samhsa.gov/data/sites/default/files/reports/rpt35272/RhodeIsland.pdf>
- ⁵⁹ Macmadu A, Batthala S, Correia Gabel AM, et al. Comparison of Characteristics of Deaths From Drug Overdose Before vs During the COVID-19 Pandemic in Rhode Island. *JAMA Netw Open*. 2021;4(9):e2125538. doi:10.1001/jamanetworkopen.2021.25538. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2784267>.
- ⁶⁰ Pain in the Nation: The Epidemics of Alcohol, Drug, and Suicide Deaths. *Trust for America's Health*, 2021. <https://www.tfah.org/report-details/pain-in-the-nation/>. Accessed May 31, 2022.
- ⁶¹ 2021 Health of Women and Children Report. *America's Health Rankings/United Health Foundation*, 2021. <https://www.americashealthrankings.org/learn/reports/2021-health-of-women-and-children/state-summaries-rhode-island>.
- ⁶² Percentage of Preterm Birth and Cesarean Delivery in Rhode Island 2020. *Statista*, February 2022. <https://www.statista.com/statistics/206169/preterm-births-and-cesarean-delivery-in-rhode-island/>. Accessed May 31, 2022.
- ⁶³ "The Health and Socioeconomic Outcomes of Abortion Denial in Rhode Island: A Health Impact Assessment." *Rhode Island Medical Journal* (2013) vol. 103,5 73-76. 1 Jun. 2020. <http://www.rimed.org/rimedicaljournal/2020/06/2020-06-73-contribution-leach.pdf>.
- ⁶⁴ Karen Pollitz, Matthew Rae, Gary Claxton, Cynthia Cox, and Larry Levitt. "An Examination of Surprise Medical Bills and Proposals to Protect Consumers from Them." *Peterson-KFF Health System Tracker*, February 10, 2020. <https://www.healthsystemtracker.org/brief/an-examination-of-surprise-medical-bills-and-proposals-to-protect-consumers-from-them-3/>.
- ⁶⁵ HPSA Find – Rhode Island. *Health Resources & Services Administration*, 2021-2022. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>. Accessed May 31, 2022.
- ⁶⁶ Pascual, King John et al. "Environmental Health Burdens and Socioeconomic Status in Rhode Island: Using Geographic Information Systems to Examine Health Disparities in Medical School." *Cureus* vol. 12,8 e9816. 17 Aug. 2020, doi:10.7759/cureus.9816. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7494411/>.
- ⁶⁷ Social Determinants of Health Data Drives Neighborhood Health Plan of Rhode Island to Add Companion Services to its Medicare-Medicaid Plan. *Neighborhood Health Plan of Rhode Island*, October 6, 2021. <https://www.nhpri.org/social-determinants-of-health-data-drives-neighborhood-health-plan-of-rhode-island-to-add-companion-services-to-its-medicare-medicoid-plan>.
- ⁶⁸ 2021 Housing Fact Book. *HousingWorksRI at Roger Williams University*, 2021. https://www.housingworksri.org/Portals/0/Uploads/Documents/FINALHFB21-revised_2021-11-02.pdf.
- ⁶⁹ Health Equity Zones. *Rhode Island Department of Health*. May 2022. <https://health.ri.gov/publications/brochures/HealthEquityZones.pdf>.
- ⁷⁰ Health Insurance Status Distribution of the Total Population of Rhode Island in 2020. *Statista*, June 2020. <https://www.statista.com/statistics/238825/health-insurance-status-of-the-total-population-of-rhode-island/>. Accessed May 31, 2022.
- ⁷¹ Percent Without Health Insurance: Data for Rhode Island. *Open Data Network*, 2019. https://www.opendatane트워크.com/entity/0400000US44/Rhode_Island/health.health_insurance.pctui. Accessed May 31, 2022.
- ⁷² Healthy Aging Data Report: Highlights from Rhode Island, 2020. *Tufts Health Plan Foundation / Gerontology Institute of the John W. McCormack Graduate School of Policy and Global Studies*,

University of Massachusetts Boston, 2020. <https://healthyagingdatareports.org/wp-content/uploads/2020/12/RI-Healthy-Aging-Report-2020.pdf>.

⁷³ Long-Term Services & Supports State Scorecard – Rhode Island. *AARP, The Commonwealth Fund, and The SCAN Foundation*, 2020. <https://www.longtermscorecard.org/databystate/state?state=RI>. Accessed May 31, 2022.

⁷⁴ National Drunk Driving Statistics Map – Rhode Island. *The Foundation for Advancing Alcohol Responsibility (Responsibility.org)*, 2019. <https://www.responsibility.org/alcohol-statistics/state-map/state/rhode-island/>. Accessed May 31, 2022.

⁷⁵ Primary Care: America's Health in a New Era. *Institute of Medicine (US) Committee on the Future of Primary Care*; Donaldson MS, Yordy KD, Lohr KN, et al., editors. Washington (DC): National Academies Press (US); 1996.

⁷⁶ Institute of Medicine (US) Committee on the Future of Primary Care; Donaldson MS, Yordy KD, Lohr KN, et al., editors. Primary Care: America's Health in a New Era. Washington (DC): National Academies Press (US); 1996. 2, Defining Primary Care. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK232631/> Accessed August 16, 2022.

⁷⁷ Healthy Aging Data Reports - Rhode Island. *Tufts Health Plan Foundation*, 2020. <https://healthyagingdatareports.org/infographic/>

⁷⁸ Healthy Aging Data Reports - Rhode Island. *Tufts Health Plan Foundation*, 2020. <https://healthyagingdatareports.org/community-profiles/>

⁷⁹ Preliminary Look at Chronic Conditions in Rhode Island. Health Facts RI. *Rhode Island Department of Health*.

⁸⁰ RIDOH Strategic Framework, *State of Rhode Island Department of Health*, <https://health.ri.gov/about/strategicframework/>. Accessed August 12, 2022.

⁸¹ 2022 County Health Rankings. <https://www.countyhealthrankings.org/app/rhode-island/2022/measure/factors/4/data>

⁸² Mann, C and Striar, A. “How Differences in Medicaid, Medicare, and Commercial Health Insurance Payment Rates Impact Access, Health Equity, and Cost,” *To The Point* (blog), Commonwealth Fund, Aug. 17, 2022. <https://doi.org/10.26099/c71g-3225>

⁸³ HPSA Find. HRSA Data Warehouse. Health Resources and Services Administration. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

⁸⁴ MUA Find. HRSA Data Warehouse. Health Resources and Services Administration. <https://data.hrsa.gov/tools/shortage-area/mua-find>

⁸⁵ Association of American Medical Colleges

⁸⁶ Association of American Medical Colleges

⁸⁷ “State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025,” *U.S. Department of Health and Human Services and Health Resources and Services Administration*; November 2016. <https://bhwa.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/primary-care-state-projections2013-2025.pdf>

⁸⁸ HPSA Find. HRSA Data Warehouse. Health Resources and Services Administration. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

⁸⁹ Truven report

⁹⁰ 2022 County Health Rankings. <https://www.countyhealthrankings.org/app/rhode-island/2022/measure/factors/4/data>

⁹¹ Mental Health in Rhode Island. *Kaiser Family Foundation*, 2021. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/rhode-island/>. Accessed May 31, 2022.

⁹² Pain in the Nation: Alcohol, Drug, and Suicide Epidemics. Trust for America's Health and Well Being Trust. May 2021.

⁹³ America's Health Rankings 2021. UnitedHealth Foundation.

<https://www.americashealthrankings.org/explore/annual/measure/Suicide/state/RI>

⁹⁴ Rhode Island Youth Risk Behavior Survey Results 2019. Rhode Island Department of Health. <https://health.ri.gov/flipbook/YRBSResults2019.php#book/14>

⁹⁵ Jackson, T and Monteiro, K. Adverse Childhood Experiences and Long-Term Health Among Adults in Rhode Island. *RI Med J*. Nov 2021.

⁹⁶ Macmadu A, Bathala S, Correia Gabel AM, et al. Comparison of Characteristics of Deaths From Drug Overdose Before vs During the COVID-19 Pandemic in Rhode Island. *JAMA Netw Open*.

-
- 2021;4(9):e2125538. doi:10.1001/jamanetworkopen.2021.25538.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2784267>.
- ⁹⁷ Prevent Overdose RI. https://preventoverdoseri.org/presentation-archive/?mc_cid=3a3c88ae5e&mc_eid=b34917c9f6
- ⁹⁸ National Drunk Driving Statistics Map – Rhode Island. *The Foundation for Advancing Alcohol Responsibility (Responsibility.org)*, 2019. <https://www.responsibility.org/alcohol-statistics/state-map/state/rhode-island/>. Accessed May 31, 2022.
- ⁹⁹ Mental Health in Rhode Island. *Kaiser Family Foundation*, 2021. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/rhode-island/>. Accessed May 31, 2022.
- ¹⁰⁰ Prevent Overdose RI. <https://preventoverdoseri.org/overdose-deaths/>
- ¹⁰¹ Merritt Hawkins, M. The Silent Shortage. A White Paper Examining Supply, Demand and Recruitment Trends in Psychiatry. February 13, 2018.
https://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Content/News_and_Insights/Thought_Leadership/mhwhitepaperpsychiatry2018.pdf
- ¹⁰² 2019 County Health Rankings. Robert Wood Johnson Foundation. Feb 2019.
<https://www.countyhealthrankings.org/>
- ¹⁰³ Frieden, T. A Framework for Public Health Action: The Health Impact Pyramid. *Am J Public Health*. 2010.
- ¹⁰⁴ 2022 Rhode Island KIDS COUNT Factbook.
<https://www.rikidscount.org/Portals/0/Uploads/Documents/Factbook%202022/Economic%20Well-being%20section.pdf?ver=2022-05-12-085913-727>
- ¹⁰⁵ Patient and Family Advisory Councils Blueprint. American Hospital Association, January 2022.
- ¹⁰⁶ National Council on Aging
- ¹⁰⁷ RIDOH Strategic Framework. *Rhode Island Department of Health*, 2015.
<http://health.ri.gov/about/strategicframework/>