SOUTH COUNTY HEALTH

# 2022 Community Health Needs Assessment



Community Research Consulting LLC

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# Overview of the 2022 CHNA

Since 2011, the hospital members of the Hospital Association of Rhode Island (HARI) have collaborated every three years on a statewide community health needs assessment (CHNA). The goal of this collaboration is to identify common and unique challenges across Rhode Island to inform community health initiatives and ultimately advance health equity for all residents.

The CHNA findings continue to guide healthcare services and health improvement efforts, as well as serve as a community resource for grant making, advocacy, and to support the many programs provided by health and social service partners.

## CHNA Leadership

The 2022 CHNA was convened by HARI and overseen by steering committee of HARI staff and representatives from each of its member hospitals as listed below. These individuals served as liaisons to their organizations and the communities served by their entities.

2022 CHNA Steering Committee Members
Gina Rocha, Hospital Association of Rhode Island, Vice President, Clinical Affairs
Lynne Driscoll, South County Health, Assistant Vice President of Community Health
Otis Brown, CharterCARE, Vice President, Marketing & External Affairs
Laurel Holmes, Westerly Hospital, Director of Community Partnerships & Population Health
Carolyn Kyle, Landmark Medical Center, Director of Public Relations, Marketing & Physician Relations
Gail Robbins, Care New England, Senior Vice President of Planning & Finance
Donna Rubinate, CharterCARE, Chief Operating Officer
Holly Walton, Care New England, Senior Planning Analyst

## Our Research Partner

HARI and its member hospitals contracted with Community Research Consulting to conduct the CHNA in collaboration with community partners across the state. CRC is a woman-owned business that specializes in conducting stakeholder research to illuminate disparities and underlying inequities and transform data into practical and impactful strategies to advance health and social equity. Our interdisciplinary team of researchers and planners have worked with hundreds of health and human service providers and their partners to reimagine policies and achieve measurable impact. Learn more about our work at buildcommunity.com.

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### Community Engagement

Community engagement is a key component to assessing and responding to community health needs. CHNA research included participation by representatives from the Rhode Island Department of Health, the Health Equity Zones (HEZ), health and social service providers, advocacy agencies, and other community partners. These individuals provided wide perspectives on health trends, expertise about existing community resources available to meet those needs, and insights into service delivery gaps that contribute to health disparities.

## CHNA Methodology

The 2022 CHNA was conducted from July 2021 to May 2022 and included quantitative and qualitative research methods to determine health trends and disparities within the hospital service areas compared to health indicators across Rhode Island and the nation. Input was collected from community stakeholders, which was compared to analyses of statistical demographic and health trends. Specific CHNA study methods included:

- An analysis of existing secondary data sources, including public health statistics, demographic and social measures, and health care utilization
- Key Informant Surveys and Interviews
- Partner meetings to determine community health priorities and planning

### Community Health Priorities

It is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs within our community. In determining the issues on which to focus efforts over the next three-year cycle, South County Health collected feedback from community partners and sought to align with community initiatives including Healthy Bodies Healthy Minds Washington County. South County Health will focus efforts on the following community health priorities over the next three-year cycle:

- Behavioral Health
- Chronic Disease

The CHNA also identified community needs related to maternal and infant health. South County Health will continue to support our community partners to address these needs, as well as programs and services that promote multigenerational care. In alignment with community partner feedback and strategic initiatives by Healthy Bodies Healthy Minds Washington County, South County Health will focus health improvement planning efforts on behavioral health and chronic disease.

### Board Approval

The CHNA was conducted in a timeline to comply with IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Affordable Care Act (ACA).

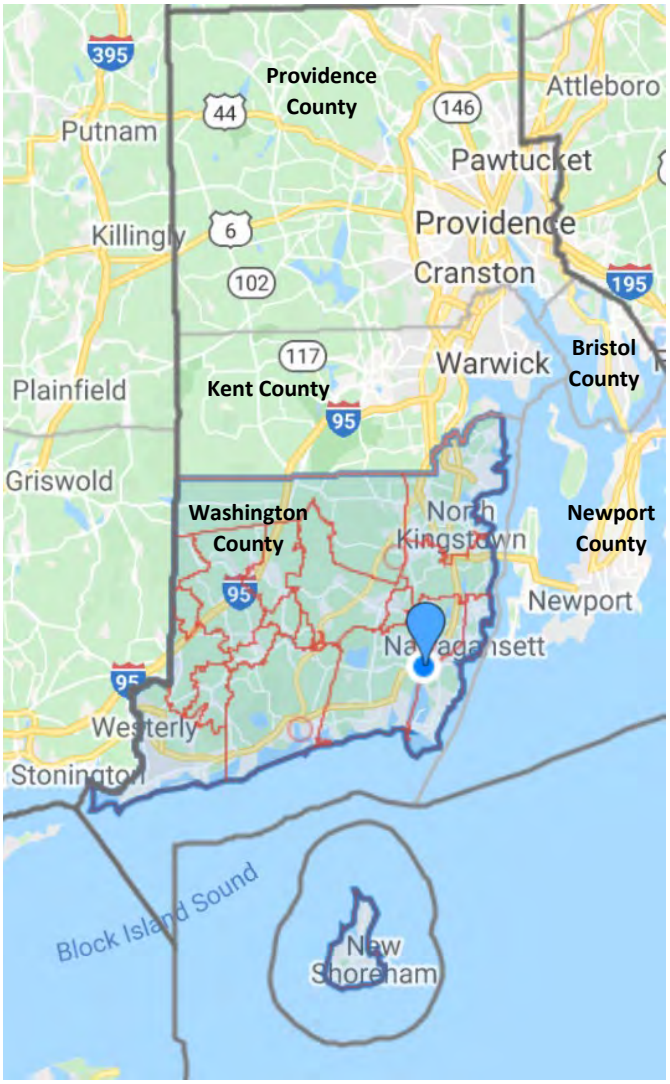
The CHNA Final Report and corresponding Community Health Improvement Plan (CHIP) were reviewed and approved by the South County Health Board of Directors on 8/29/22. The report and plan are available for review and comment at southcountyhealth.org. The findings will be used to guide the hospital's community benefit initiatives and engage local partners to collectively address identified health needs.

# Service Area Description

For purposes of the CHNA, the Hospital Association of Rhode Island (HARI) and its member hospitals analyzed health and social trends for all of Rhode Island. Quantitative data indicators for each of the state's five counties are included throughout the report. The member hospitals further defined their primary service area based on the zip codes of residence for the majority of patients seen at their facilities.

South County Health operates South County Hospital, located in Wakefield in Washington County. The primary service area (PSA) for the health system includes all 21 zip codes comprising Washington County. Throughout the data report, findings for Washington County are highlighted in comparison to other Rhode Island counties and the nation. Findings by zip code and/or municipality for South County Health's PSA are provided as available.

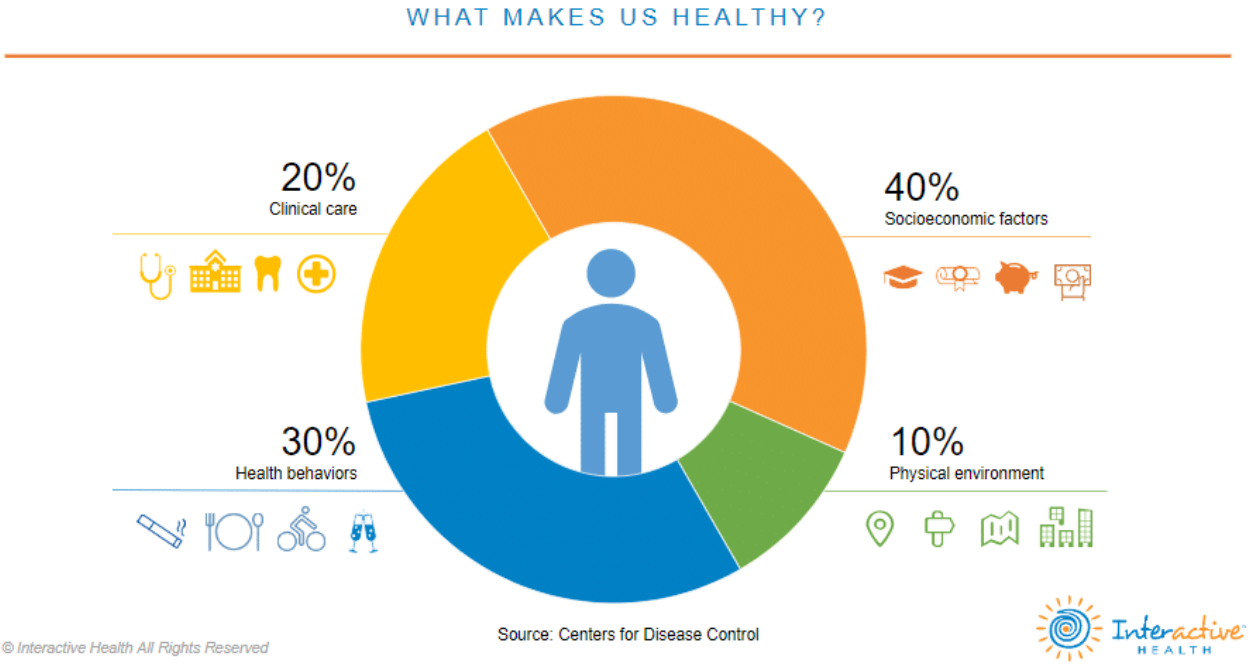
**South County Health Primary Service Area**



# Social Determinants of Health: The connection between our communities and our health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health risks and outcomes. Healthy People 2030, the CDC's national benchmark for health, recognizes SDoH as central to its framework, naming "social and physical environments that promote good health for all" as one of the four overarching goals for the decade. Healthy People 2030 outlines five key areas of SDoH: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.

The mix of ingredients that influence each person's overall health profile include individual behaviors, clinical care, environmental factors, and social circumstance. While health improvement efforts have historically targeted health behaviors and clinical care, as this graph shows, **50% of every person's health profile is determined by a combination of socioeconomic factors and physical environment.** Therefore, the portions of our communities that have positive socioeconomic factors and a health-promoting physical environment tend to be healthier than those who have negative socioeconomic factors and a poor physical environment. This difference results in disparity.



## Understanding Health Equity

As a whole, Washington County socioeconomic status and health indicators are more favorable in comparison to Rhode Island overall. However, not all people in our community experience these positive health outcomes. A closer look at health and socioeconomic indicators by geography and population illuminates wide disparities among racial and ethnic populations and those with lower incomes. The data illustrate the critical importance of **social determinants of health** as root causes of health disparities.

The impact of SDoH are evident among distinct communities, as shown in the table below. In Washington County, issues of health and social inequities are most evident in Bradford, Hopkinton, North Kingstown, and Westerly, when compared to the county overall.

**Health and Social Inequities in Washington County**

| | Bradford 02808 | Hopkinton 02833 | North Kingstown 02852 | Westerly 02891 | Washington County | Rhode Island |
|---|---|---|---|---|---|---|
| **Demographic & Socioeconomic Indicators (2015-2019)** | | | | | | |
| Non-White population | 4.0% | 4.0% | 8.5% | 7.4% | 7.1% | 19.5% |
| People in poverty | 8.7% | 10.1% | 9.4% | 9.5% | 8.6% | 12.4% |
| Children in poverty | 26.5% | 21.7% | 15.5% | 12.0% | 9.2% | 17.0% |
| No high school diploma | 12.8% | 6.4% | 4.7% | 7.0% | 5.1% | 11.2% |
| Uninsured | 0.0% | 1.4% | 2.4% | 3.3% | 2.6% | 4.5% |
| Housing stock built pre-1980 | 61.4% | 52.7% | 65.7% | 60.2% | 57.6% | 73.5% |
| **Health Indicators** | | | | | | |
| Adults with recent dental care (2018) | 74.5% | 75.2% | 77.3% | 72.9% | 75.7% | 71.8% |
| Adult obesity (2018) | 26.9% | 27.7% | 26.0% | 26.9% | 25.6% | 27.5% |
| Youth overweight/obesity* (2019) | NA | 28.0% | 20.0% | 26.0% | NA | 31.0% |
| Adult diabetes (2018) | 8.1% | 9.5% | 9.0% | 10.3% | 7.7% | 9.6% |
| COVID-19 fully vaccinated* (May 4, 2022) | NA | 72.7% | 84.9% | 67.6% | NA | 82.4% |
| Overdose death rate* (2014-2020) | NA | 36.98 | 19.03 | 20.82 | NA | NA |

*Data are reported by city/town and may not align with zip code boundaries.

## COVID-19 Demonstrated Inequities

The COVID-19 pandemic both highlighted and deepened socioeconomic and health inequities. Across Rhode Island, COVID-19 case rates were highest among Black/African American and Latinx residents. The COVID-19 death rate was more than two times higher for Latinx than Whites, and more than 50% higher for Black/African Americans. In addition to health impact, economic indicators, including unemployment and food insecurity, skyrocketed as a result of the pandemic. Within Washington County, average unemployment in 2020 was 7.8% compared to 4.1% reported for May 2021. The percentage of food insecure residents increased from 7.4% in 2019 to 10.7% in 2020. While 2021 data indicate Washington County was recovering economically from the pandemic, the long-term financial and psychological implications for residents should continue to be monitored.

# Priority Health Needs

It is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs within our community. In determining the issues on which to focus efforts over the next three-year cycle, South County Health collected feedback from community partners and sought to align with community initiatives including Healthy Bodies Healthy Minds Washington County. South County Health will focus efforts on the following community health priorities over the next three-year cycle:

- Behavioral Health
- Chronic Disease

**Behavioral Health**

Rhode Island overall has better access to behavioral health providers compared to the nation. Despite higher and increasing provider availability statewide, much of Rhode Island is a mental Health Professional Shortage Area (HPSA) and services are not accessible to all residents. All of Newport and Washington counties are designated mental HPSAs.

In 2019, the Rhode Island Executive Office of Health and Human Services conducted a review of the behavioral health system to determine gaps in services and access in the state. The review found that the state has several capacity challenges to address including both gaps in key service lines and a shortage of linguistically and culturally competent providers, that together disproportionately negatively impact communities of color. Service gaps, indicating the service does not exist in the state, include mobile mental health crisis treatment and mobile MAT for adults, and community step down, transition age youth services, and residential treatment for eating disorders for children. Moderate and significant service shortages exist across the care continuum for adults and children.

The growth of existing behavioral health providers in Rhode Island reflects an increase in demand for services. Consistent with the nation, more than 1 in 10 adults across Rhode Island and Washington County report frequent mental distress. Statewide, from 2016 to 2020, the number of youth awaiting psychiatric inpatient admission increased from 212 to 795. The number of ED visits and hospitalizations due to suicide attempts also increased among youth. As of 2019, 14.7% of Rhode Island high school students reported an attempted suicide compared to 8.9% nationally. Washington County has historically had a higher suicide death rate than the state, most recently reported as 11.5 per 100,000 population, although the rate has been variable and generally meets the Healthy People 2030 goal.

Rhode Island has a higher prevalence of substance use disorder, including alcohol and opioid use disorder, than the nation. Consistent with the 2019 CHNA, Washington County adults have a higher prevalence of alcohol use disorder than the state; the prevalence of adults reporting excessive drinking increased from the 2019 CHNA from 21.4% to 24.4%. Both Rhode Island and Washington County have historically had a higher accidental drug overdose death rate than the nation. Since the COVID-19 pandemic, there has been an increase in accidental drug overdose deaths statewide, from 308 in 2019 to 384 in 2020.

Among youth, the use of e-cigarettes also continues to be of concern. In 2019, 30% of Rhode Island high school students reported currently using e-cigarettes, a 10-point increase from 2017, and a similar proportion as the nation overall (32.7%).

The COVID-19 pandemic had a significant impact on behavioral health. Feedback collected as part of a community partner meeting with Washington County health and social service providers highlighted this impact, particularly for youth and older adults. One participant stated, "*Both children and adults were baffled through COVID. Many had to work from home. Many had to work through domestic violence events. Children had enough problems to deal with during lock down. Fear will take time to recover, cope. Adults have coping mechanisms; children don't yet have those tools."* Another participant stated, "*Many, especially older people, are not seeking needed (behavioral health) help. There is a lack of resources in Washington County to meet the need. Funding is being distributed by the state through traditional catchment area providers which is not always reaching the providers who are providing services."*

### Chronic Disease

All Rhode Island counties meet the HP2030 goal of 92.1% for insured residents, and adults are generally more likely to access preventative care services than their peers nationwide. Washington County has one of the lowest uninsured percentages in the state and 82% of adults have had a recent routine checkup. These findings contribute to fewer health risk factors among Washington County residents and lower prevalence and death rates due to chronic disease overall.

Washington County residents overall report better physical health than their peers statewide and nationally, although chronic conditions continue to be the leading causes of morbidity and mortality. Notably, consistent with statewide trends, the prevalence of adult obesity and diabetes has increased. Approximately 25% of Washington County adults have obesity and 7% have diabetes. Consistent with reported social determinants of health barriers, Westerly zip code 02891 has one of the highest percentages of adults with diabetes (10.3%) in the county. Block Island zip code 02807 has the highest diabetes prevalence at 10.7% and the highest uninsured percentage. Among youth, Washington County municipalities have a similar or lower prevalence of overweight and obesity than other parts of the state, although 20-30% are affected, with the highest rates in Narragansett and Hopkinton.

Within Washington County, older adult chronic health needs are a growing concern. Rhode Island is an aging community, with a growing proportion of older adults that exceeds national averages. Washington County has the second highest proportion of adults aged 65 or older in the state, estimated at 19.9% of residents. Washington County also has a high proportion of adults age 55 to 64, indicating that the need for older adult health and support services is likely to continue in the coming years.

Across Washington County, approximately 73% of older adult Medicare beneficiaries are estimated to manage two or more chronic conditions, an increase from 69% reported at the time of the 2019 CHNA. Consistent with the state, the percentage of older adults living alone is also increasing, likely increasing social isolation and impeding effective chronic illness management.

Poorer health among older adults may be due in part to declining economic situation. As reported in the 2020 Rhode Island Healthy Aging Data Report, the economic situation of older adults in Rhode Island worsened even before the impact of COVID-19, including higher poverty and receipt of food benefits. Washington County has fewer older adults living in poverty compared to the state and nation, but it was on the rise before 2019. These finding will challenge Washington County to expand older adult services for a population with increasingly complex health needs and fewer financial resources.

The COVID-19 pandemic also had a significant impact on physical health. Feedback collected from Washington County health and social service providers spoke to the need to get residents “back on track” with healthy lifestyle behaviors and routine preventive care (e.g., wellness visits, child vaccines). Providers perceived that many people used food as comfort during the pandemic and experienced weight gain, and that lack of preventive care caused higher acuity from not having caught conditions in earlier stages. Additional economic challenges experienced during the pandemic and due to rising inflation exacerbated food insecurities and created increased demand for free or low-cost options, particularly among youth.

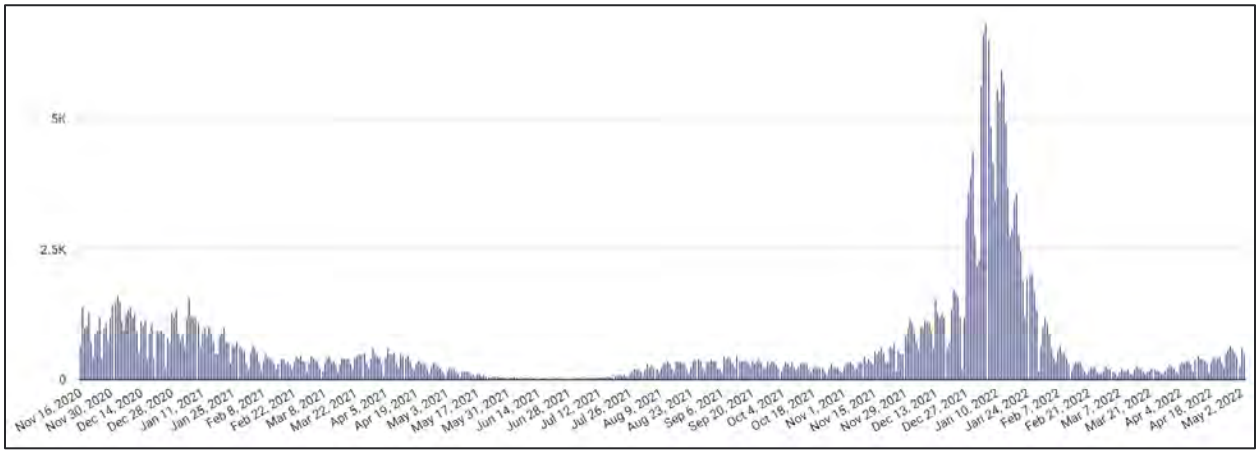
A full summary of statistical data findings for the South County Health primary service area follows.

# COVID-19 Impact on Rhode Island Communities

COVID-19 is the name of the disease caused by the SARS-CoV-2 virus. "CO" stands for corona, "VI" for virus, and "D" for disease. The number "19" refers to the year 2019 when the first case of COVID-19 was identified. Some refer to COVID-19 as simply “COVID.” COVID infection and presence in a community is typically measured by case incidence, which looks at the number of daily new cases per 100,000.

When calculating case incidence, an important part of understanding how COVID is affecting certain communities is to analyze the demographics of the community. The COVID pandemic has highlighted health disparities along racial, ethnic, and economic lines in the United States. As reported by the CDC, “COVID-19 data shows that Black/African American, Hispanic/Latino, American Indian and Alaska Native persons in the United States experience higher rates of COVID-19-related hospitalization and death compared with non-Hispanic White populations. These disparities persist even when accounting for other demographic and socioeconomic factors.”

Rhode Island was hit early by the COVID-19 pandemic but was able to quickly recover due to social distancing mandates, intensive testing, and contract tracing efforts. In summer 2020, Rhode Island was leading the nation for testing. Despite its early success, Rhode Island was not spared from the wave of new COVID cases in fall 2020. The Delta variant of COVID initiated a new wave of COVID cases in summer 2021 despite readily accessible vaccines. The Omicron variants added to the community spread, and while more easily spread, have caused less fatalities and severe cases than previous variants.

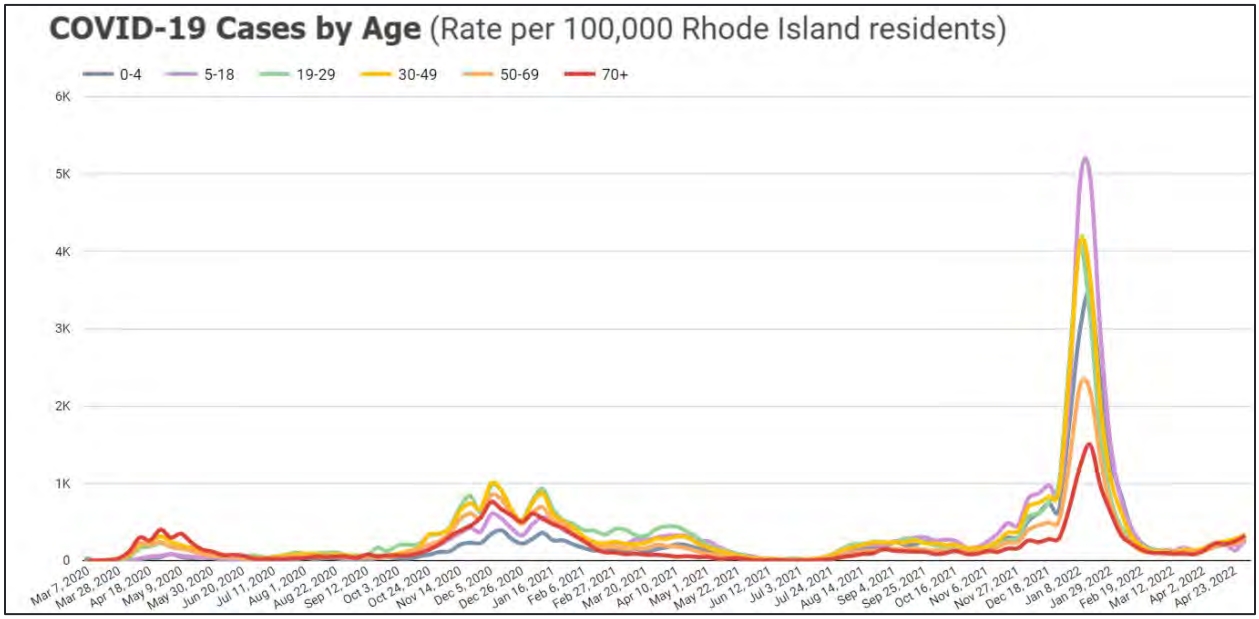


Source: Rhode Island Department of Health

COVID has affected all age groups. While older adults were among the earliest and hardest hit by COVID, more recent data shows that youth and young adults are leading new cases. Youth and younger adults have been less likely to be fully vaccinated for COVID than older adults.

The US Food and Drug Administration authorized the Pfizer-BioNTech COVID Vaccine for children aged 5-11 on October 29, 2021. As of May 4, 2022, 38% of youth aged 5-9, 60% of youth aged 10-14, and 70% of youth aged 15-18 were fully vaccinated.

COVID will be a leading cause of death for Rhode Islanders in 2020. As of May 4, 2022, more than 3,500 Rhode Islanders had died from COVID. Older adults aged 70 or older accounted for 77% of deaths.




Source: Rhode Island Department of Health

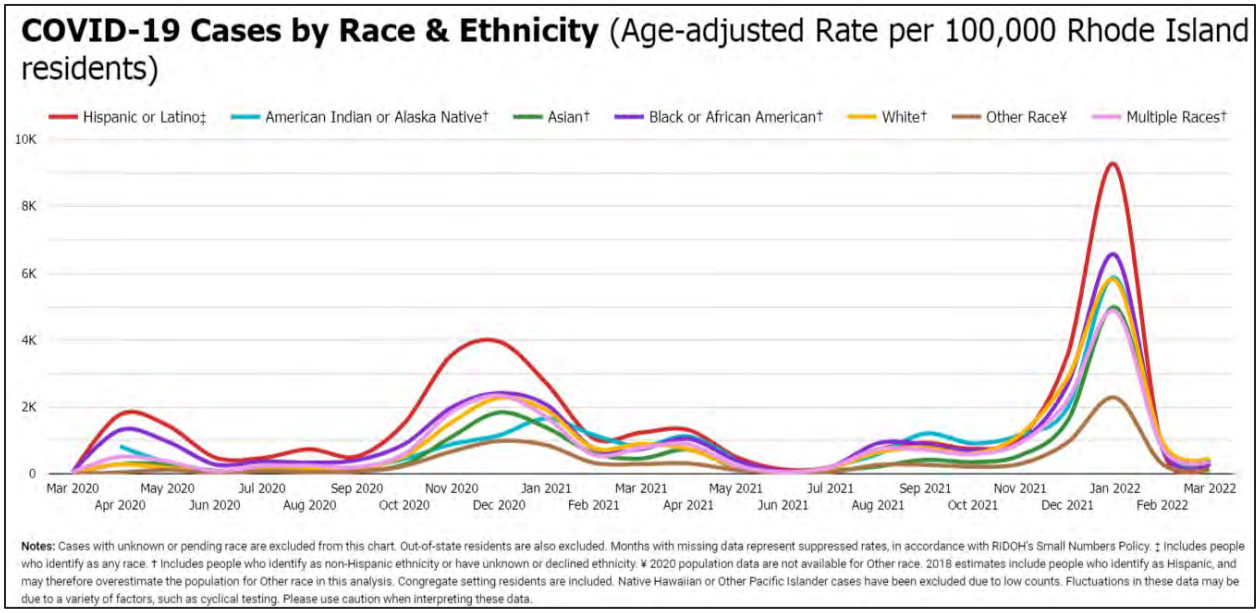
**Statewide COVID-19 Cases and Deaths by Age Group**

| Age Group | Cases Total = 354,294 | | Deaths Total = 3,540 | |
|---|---|---|---|---|
| | Count | Percent of Total | Count | Percent of Total |
| 0-4 | 15,050 | 4% | <5 | -- |
| 5-9 | 21,218 | 6% | 0 | 0% |
| 10-14 | 22,772 | 6% | <5 | -- |
| 15-18 | 20,855 | 6% | 0 | 0% |
| 19-24 | 37,591 | 11% | <5 | -- |
| 25-29 | 30,609 | 9% | 8 | <1% |
| 30-39 | 57,584 | 16% | 28 | 1% |
| 40-49 | 45,808 | 13% | 70 | 2% |
| 50-59 | 44,718 | 13% | 220 | 6% |
| 60-69 | 30,931 | 9% | 487 | 14% |
| 70-79 | 15,260 | 4% | 819 | 23% |
| 80+ | 11,843 | 3% | 1,902 | 54% |

Source: Rhode Island Department of Health, May 4, 2022

Consistent with national trends, COVID-19 cases and death rates were disproportionately higher among Black/African American and Latinx Rhode Islanders. The COVID-19 death rate was nearly two times higher for Latinx than Whites, and nearly 50% higher for Black/African Americans. Across Rhode Island, Black/African American residents were the least likely of any racial or ethnic group to be fully

vaccinated, estimated at 65% of the population. This trend is consistent across the nation and is reflective of systemic inequities in access to care, as well as mistrust in healthcare systems.




Source: Rhode Island Department of Health

**Statewide COVID-19 Cases and Deaths by Race and Ethnicity**

| Race or Ethnicity | Cases Total = 354,294 | | Deaths Total = 3,540 | |
|---|---|---|---|---|
| | Count | Age-Adjusted Rate per 100,000 | Count | Age-Adjusted Rate per 100,000 |
| White | 166,738 | 23,261 | 2,490 | 188 |
| Latinx origin (any race) | 70,581 | 38,978 | 297 | 301 |
| Black or African American | 18,927 | 27,981 | 154 | 269 |
| Asian | 6,658 | 16,936 | 63 | 227 |
| Multiple race | 5,301 | 22,075 | <5 | -- |
| Other race | 5,110 | 8,911 | 9 | 28 |
| American Indian or Alaska Native | 1,012 | 22,439 | 6 | 116 |
| Native Hawaiian or Other Pacific Islander | 225 | NA | 0 | 0 |

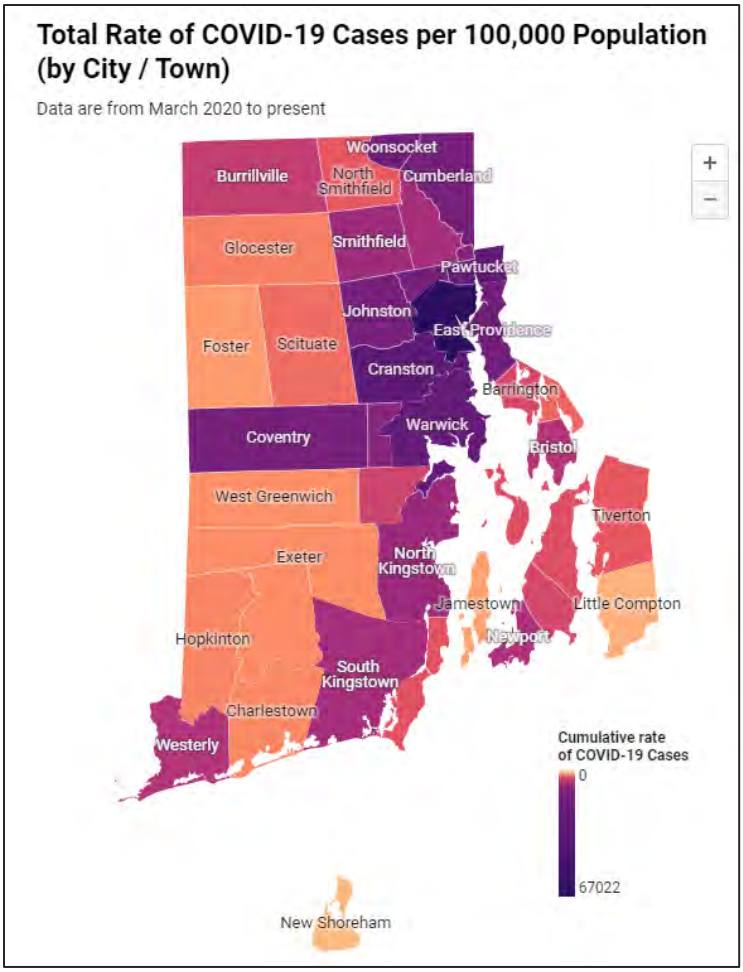
Source: Rhode Island Department of Health, May 4, 2022

**Statewide COVID-19 Vaccination by Age and Race and Ethnicity**

| | Fully Vaccinated |
|---|---|
| **Age Group** | |
| 5-9 | 38% |
| 10-14 | 60% |
| 15-18 | 70% |
| 19-24 | 62% |
| 25-29 | 63% |
| 30-39 | 74% |
| 40-49 | 76% |
| 50-59 | 81% |
| 60-69 | 94% |
| 70-79 | 100% |
| 80+ | 83% |
| **Race and Ethnicity** | |
| Native Hawaiian or Other Pacific Islander | 100% |
| American Indian or Alaska Native | 80% |
| Asian | 77% |
| Latinx origin (any race) | 70% |
| White | 67% |
| Black or African American | 65% |

Source: Rhode Island Department of Health, May 4, 2022

Washington County saw fewer cases of COVID than other Rhode Island counties, although outcomes varied widely by community. North Kingstown had the highest COVID case and death rates in the county, a finding that may be reflective of socioeconomic differences and inequities. North Kingstown residents are more likely to experience poverty and are among the most racially and ethnically diverse populations within the county. Westerly also had elevated COVID case and death rates, as well as one of the lowest vaccination rates at 67.6% of all residents.




Source: Rhode Island Department of Health, May 4, 2022

**COVID-19 Cases, Deaths, and Vaccination by Westerly Hospital PSA Municipality**

| | Total Cases | Case Rate per 100,000 | Total Deaths | Death Rate per 100,000 | Population Fully Vaccinated |
|---|---|---|---|---|---|
| Charlestown | 2,034 | 26,144 | <5 | -- | 74.4% |
| Exeter | 1,840 | 27,131 | 11 | 162 | 76.5% |
| Hopkinton | 2,166 | 26,704 | <5 | -- | 72.7% |
| Narragansett | 4,038 | 25,968 | 13 | 84 | 69.2% |
| New Shoreham | 209 | 25,272 | 0 | 0 | 99.0% |
| North Kingstown | 7,914 | 30,204 | 95 | 363 | 84.9% |
| Richmond | 1,925 | 25,243 | 5 | 66 | 74.8% |
| South Kingstown | 7,249 | 23,585 | 50 | 163 | 67.3% |
| Westerly | 6,351 | 28,072 | 48 | 212 | 67.6% |

Source: Rhode Island Department of Health, May 4, 2022

# Service Area Population Trends

## Demographics

Since 2010, Rhode Island saw a smaller increase in population (+4.3%) than the US overall (+7.4%). Population growth occurred in all Rhode Island counties, with the largest growth in Providence County. Across Washington County, the population increased 2.3% from 2010.

Based on 2015-2019 population estimates, only eight zip codes in Washington County saw population growth. Shannock zip code 02875 and Hopkinton zip code 02833 saw the highest population growth of approximately 50%, but the overall population of these zip codes is small, and growth equated to an additional 516 individuals.

**2020 Total Population**

| | Total Population | Percent Change Since 2010 |
|---|---|---|
| Bristol County | 50,793 | +1.8% |
| Kent County | 170,363 | +2.5% |
| Newport County | 85,643 | +3.3% |
| Providence County | 660,741 | +5.4% |
| Washington County | 129,839 | +2.3% ↑ |
| Rhode Island | 1,097,379 | +4.3% |
| United States | 331,449,281 | +7.4% |

Source: US Census Bureau, Decennial Census

**2015-2019 Total Population by Washington County Zip Code**

| | Total Population | Percent Change Since 2010 |
|---|---|---|
| 02875, Shannock | 466 | +51.8% ↑ |
| 02833, Hopkinton | 1,141 | +45.5% ↑ |
| 02892, West Kingston | 5,611 | +12.5% ↑ |
| 02836, Kenyon | 150 | +10.3% ↑ |
| 02832, Hope Valley | 4,795 | +4.1% ↑ |
| 02822, Exeter | 6,304 | +3.2% ↑ |
| 02874, Saunderstown | 6,045 | +3.2% ↑ |
| 02879, Wakefield | 20,610 | +1.2% ↑ |
| 02891, Westerly | 21,143 | -0.3% ↓ |
| 02813, Charlestown | 7,799 | -0.4% ↓ |
| 02882, Narragansett | 14,029 | -1.1% ↓ |
| 02852, North Kingstown | 22,048 | -2.2% ↓ |
| 02881, Kingston | 7,629 | -2.7% ↓ |
| 02808, Bradford | 2,312 | -3.7% ↓ |
| 02807, Block Island | 916 | -12.8% ↓ |
| 02873, Rockville | 200 | -14.9% ↓ |
| 02812, Carolina | 1,207 | -19.4% ↓ |
| 02898, Wyoming | 1,289 | -24.0% ↓ |
| 02894, Wood River Junction | 517 | -28.4% ↓ |
| 02804, Ashaway | 1,849 | -29.1% ↓ |

Source: US Census Bureau, American Community Survey

Health needs change as individuals age. Therefore, the age distribution of a community impacts its social and healthcare needs. The age distribution of Rhode Island is older than the nation in all counties except Providence. The median age of Providence County is approximately 37 years compared to 44-45 years in other counties. In all counties except Providence, 1 in 5 residents are age 65 or older, a higher proportion than both the state overall and the nation.

**The proportion of older adult residents increased across the state, with the largest increase in Newport County, followed by Washington County.** Among older adults age 65 or older, the 65-74 age category saw the greatest increase in recent years, largely due to the aging of the baby boomer generation.

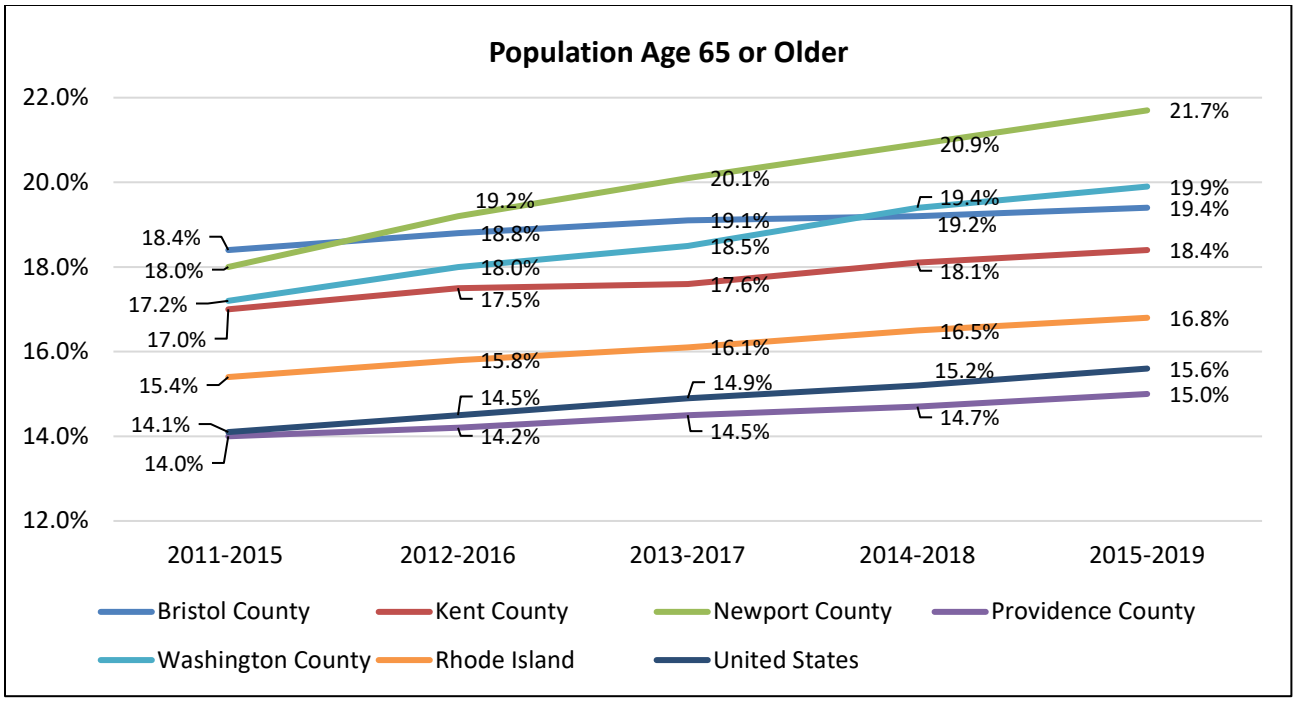
**Washington County has the second highest proportion of older adults age 65 or older in the state.** The proportion of older adults in the county increased more than two percentage points in a five-year span, from 17.2% in 2011-2015 to 19.9% in 2015-2019. Washington County also has a high proportion of residents age 55 to 64, indicating that the need for older adult health and support services is likely to continue in the coming years. **The needs of older adults are likely to be more pronounced in Wyoming zip code 02898, Westerly zip code 02891, Charlestown zip code 02813, Kingston zip code 02881, and Block Island zip code 02807, where approximately 1 in 4 residents is age 65 or older.**

While the Washington County population represents an older demographic overall, youth under age 18 comprise approximately 1 in 5 residents in nearly half of its zip codes. This finding reinforces the potential impact of upstream, preventative initiatives.

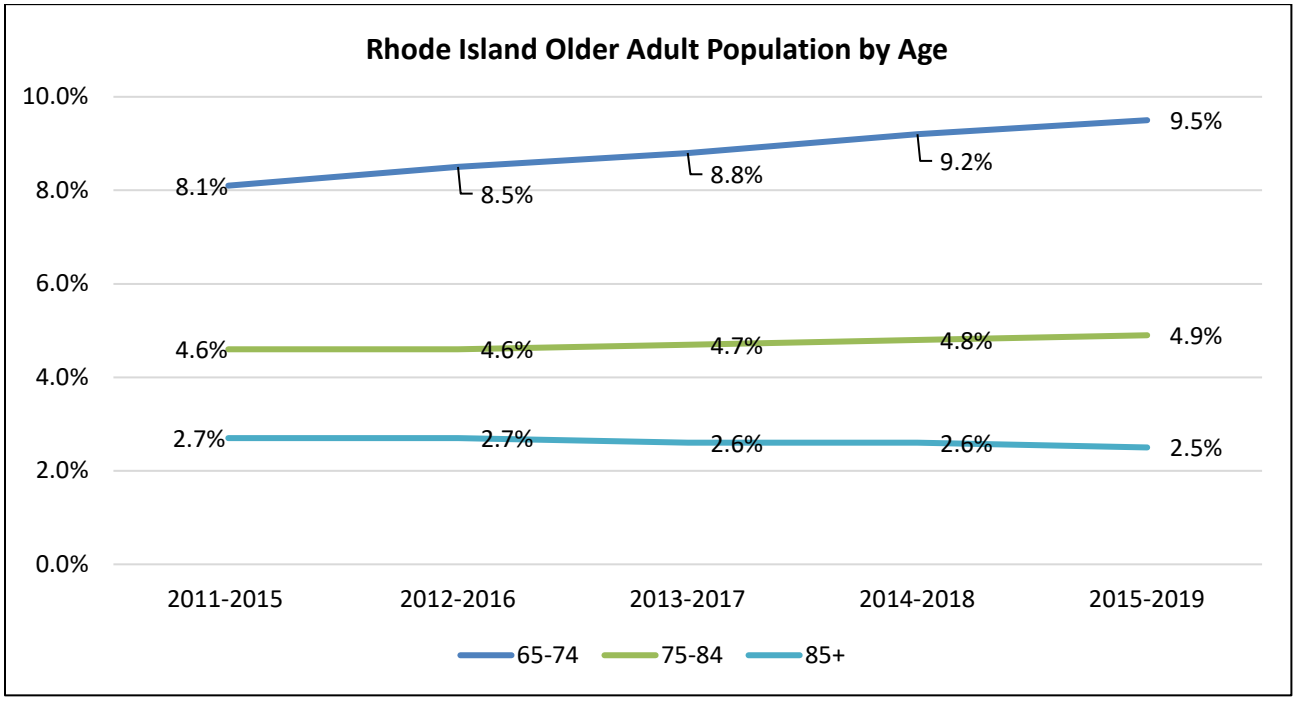
**2015-2019 Population by Age**

| | Gen Z/ Gen C | Gen Z | Millennial | Millennial/ Gen X | Gen X | Boomers | Boomers/ Silent | Median Age |
|---|---|---|---|---|---|---|---|---|
| | Under 18 years | 18-24 years | 25-34 years | 35-44 years | 45-54 years | 55-64 years | 65 years and over | |
| Bristol County | 19.1% | 10.9% | 10.3% | 10.4% | 14.4% | 15.6% | 19.4% | 44.3 |
| Kent County | 19.0% | 7.2% | 13.1% | 12.1% | 14.7% | 15.6% | 18.4% | 43.9 |
| Newport County | 17.1% | 9.4% | 12.6% | 10.7% | 13.6% | 14.9% | 21.7% | 45.2 |
| Providence County | 20.7% | 10.9% | 15.2% | 12.2% | 13.1% | 12.9% | 15.0% | 37.4 |
| Washington County | 16.8% | 14.6% | 9.3% | 9.6% | 13.6% | 16.1% | 19.9% | 44.6 |
| Rhode Island | 19.6% | 10.7% | 13.7% | 11.7% | 13.5% | 13.9% | 16.8% | 39.9 |
| United States | 22.6% | 9.4% | 13.9% | 12.6% | 13.0% | 12.9% | 15.6% | 38.1 |

Source: US Census Bureau, American Community Survey




Source: US Census Bureau, American Community Survey




Source: US Census Bureau, American Community Survey

**2015-2019 Age Characteristics by Washington County Zip Code**

| | Youth (under 18) Population | Older Adult (65+) Population |
|---|---|---|
| 02898, Wyoming | 11.1% | 26.8% |
| 02891, Westerly | 11.3% | 24.2% |
| 02813, Charlestown | 15.6% | 23.9% |
| 02881, Kingston | 17.1% | 23.4% |
| 02807, Block Island | 17.9% | 23.3% |
| 02892, West Kingston | 16.8% | 22.0% |
| 02852, North Kingstown | 19.7% | 20.6% |
| 02832, Hope Valley | 20.8% | 18.3% |
| 02822, Exeter | 15.9% | 17.6% |
| 02894, Wood River Junction | 21.7% | 17.2% |
| 02879, Wakefield | 11.6% | 16.8% |
| 02804, Ashaway | 17.1% | 16.0% |
| 02833, Hopkinton | 18.0% | 15.5% |
| 02874, Saunderstown | 22.2% | 14.8% |
| 02812, Carolina | 25.3% | 12.1% |
| 02808, Bradford | 25.2% | 10.9% |
| 02882, Narragansett | 6.4% | 6.5% |
| 02875, Shannock* | 26.8% | 0.0% |
| 02873, Rockville* | 20.5% | 0.0% |
| 02836, Kenyon* | 0.0% | 0.0% |

Source: US Census Bureau, American Community Survey
*The total population of the zip code is less than 500.

Outside of Providence County, Rhode Island is less racially and ethnically diverse than the nation overall. In all counties except Providence, Whites comprise 90% or more of the population, a higher proportion than the nation (72.5%). Within Providence County, proportionately more residents identify as Black/African American, multi-racial, and/or Latinx compared to both Rhode Island and the nation.

**2015-2019 Population by Prominent Racial and Ethnic Groups**

| | White | Black or African American | Asian | Some Other Race* | Two or More Races | Latinx origin (any race) |
|---|---|---|---|---|---|---|
| Bristol County | 94.2% | 1.3% | 2.1% | 0.6% | 1.8% | 3.0% |
| Kent County | 91.3% | 1.9% | 2.7% | 1.4% | 2.3% | 5.0% |
| Newport County | 89.0% | 4.0% | 2.0% | 1.0% | 2.5% | 5.7% |
| Providence County | 72.9% | 9.9% | 4.2% | 8.3% | 4.1% | 22.8% |
| Washington County | 92.9% | 1.4% | 1.9% | 1.1% | 2.0% | 3.2% |
| Rhode Island | 80.5% | 6.8% | 3.4% | 5.5% | 3.3% | 15.4% |
| United States | 72.5% | 12.7% | 5.5% | 4.9% | 3.3% | 18.0% |

Source: US Census Bureau, American Community Survey

*"Some other race" has historically captured ethno-racially mixed individuals, as well as Latinx individuals who do not consider ethnicity as separate or distinct from race.

Racial and ethnic diversity is increasing statewide, particularly for multi-racial and Latinx groups. Only about 5% of Washington County residents identify as multi-racial and/or Latinx, but from 2011-2015 to 2015-2019, the proportion of the population identifying with these groups increased by 15.9% for multi-racial and 12.3% for Latinx. Contrary to the state, the county also saw an increase (+33.2%) in individuals identifying as "some other race."

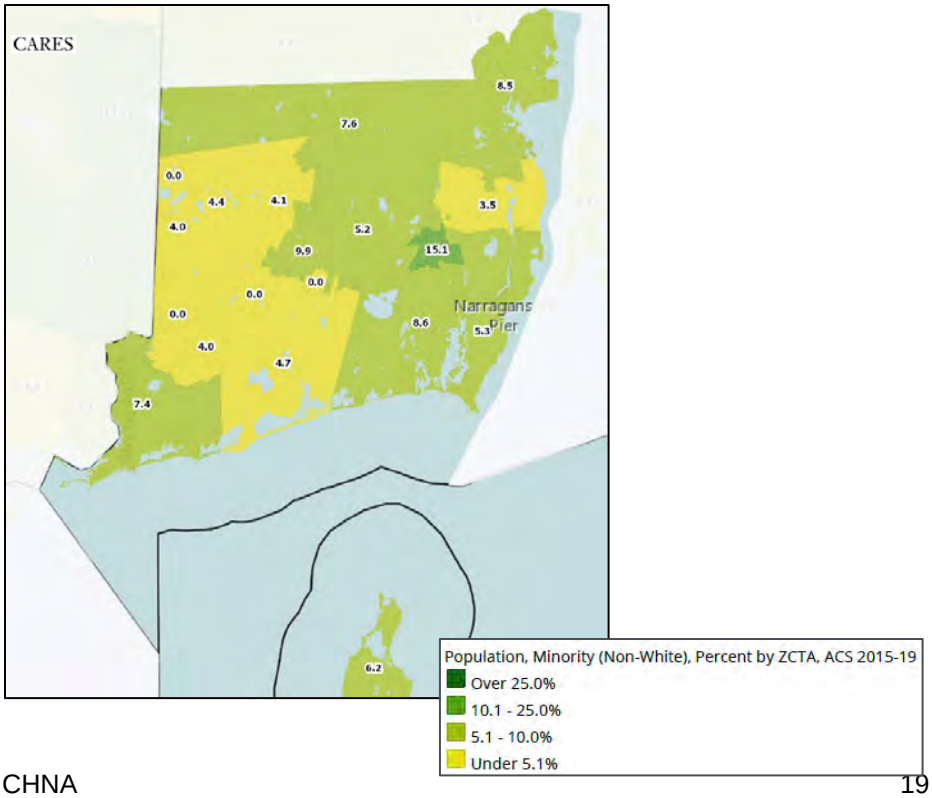
**Within Washington County, racial and ethnic diversity is most concentrated in Kingston zip code 02881 and Carolina zip code 02812, where 15.1% and 9.9% of residents identify as non-White, respectively.** In Kingston, approximately 10% of residents identify as Latinx, 5% identify as Asian, and 5% identify as Black/African American. Greater racial and ethnic diversity in Kingston is likely due in part to student enrollment at the University of Rhode Island. In Carolina, 7% of residents identify as Black/African American.

**Population Change by Race and Ethnicity, 2011-2015 to 2015-2019**

| | White | Black or African American | Asian | Some Other Race | Two or More Races | Latinx origin (any race) |
|---|---|---|---|---|---|---|
| Bristol County | -2.0% | +4.5% | +24.8% | +135.2% | +16.0% | +27.7% |
| Kent County | -2.0% | +36.8% | +12.7% | -3.0% | +9.6% | +24.6% |
| Newport County | +0.5% | +14.2% | +12.4% | -33.9% | -27.4% | +10.7% |
| Providence County | +0.1% | +3.5% | +2.7% | -5.8% | +26.3% | +13.0% |
| Washington County | -0.9% ↓ | -6.4% ↓ | +7.4% ↑ | +33.2% ↑ | +15.9% ↑ | +12.3% ↑ |
| Rhode Island | -0.5% | +4.9% | +5.1% | -4.0% | +18.3% | +13.5% |
| United States | +1.0% | +3.3% | +10.4% | +7.9% | +13.9% | +7.8% |

Source: US Census Bureau, American Community Survey

**2015-2019 Non-White Population by Zip Code in Washington County**



## Many Roads Lead to Home

**Rhode Island is home to proportionately more immigrants than the nation overall.** While most residents were born in the US, a higher proportion were born in Puerto Rico or US Island Areas or are naturalized citizens. These findings are largely isolated to Providence County, where 1 in 10 residents is a naturalized citizen and approximately 8% are not a US citizen.

Within Providence County, nearly 1 in 4 residents identify as Latinx. Approximately half of foreign-born residents migrate from Latin American countries. In all other Rhode Island counties, the dominant regions of origin for foreign-born residents are Europe and Asia.

**Washington County is one of the least diverse counties in Rhode Island, with 93% of residents identifying as White. The county has the smallest proportions of residents not born in the US and not a US citizen within the state**, as well as the smallest proportion of residents speaking a primary language other than English. Consistent with zip code-level demographics, Kingston zip code 02881 has the largest proportion of linguistically isolated households (4.6%), defined as persons who cannot speak English at least 'very well' or who do not live in a household where an adult speaks English 'very well'. Of note, Westerly zip code 02891 has the second highest proportion at 3.2%.

**2015-2019 Nativity and Citizenship Status**

| | US citizen, born in the US | US citizen, born in Puerto Rico or US Island Areas | US citizen, born abroad of American parent(s) | US citizen by naturalization | Not a US citizen | Speak Primary Language Other Than English |
|---|---|---|---|---|---|---|
| Bristol County | 90.1% | 0.0% | 0.6% | 6.9% | 2.4% | 11.6% |
| Kent County | 92.9% | 0.3% | 0.6% | 4.0% | 2.2% | 9.1% |
| Newport County | 90.6% | 0.6% | 1.6% | 3.9% | 3.3% | 9.5% |
| Providence County | 78.5% | 2.1% | 1.0% | 10.1% | 8.4% | 31.7% |
| Washington County | 94.0% | 0.2% | 1.1% | 3.1% | 1.7% | 6.2% |
| Rhode Island | 84.0% | 1.4% | 1.0% | 7.7% | 5.9% | 22.4% |
| United States | 84.9% | 0.6% | 1.0% | 6.7% | 6.8% | 21.6% |

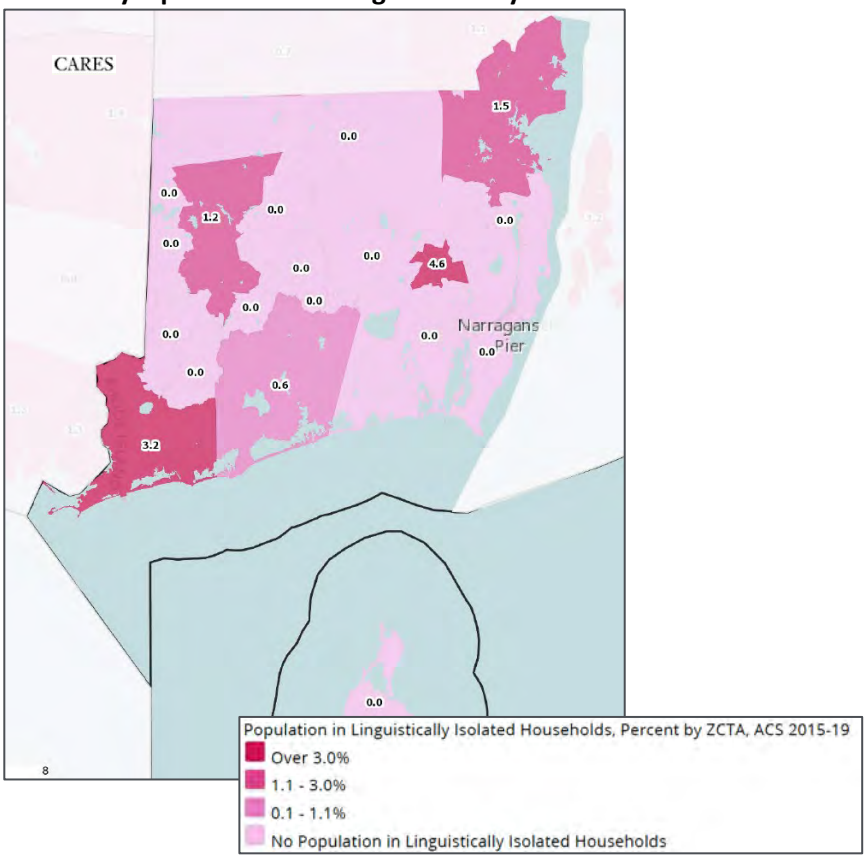
Source: US Census Bureau, American Community Survey

**2015-2019 Foreign-Born Population by Region of Birth**

| | Latin America | Europe | Asia | Africa | Other |
|---|---|---|---|---|---|
| Bristol County | 8.0% | 67.1% | 20.0% | 1.1% | 3.8% |
| Kent County | 21.9% | 33.8% | 32.8% | 7.6% | 4.0% |
| Newport County | 27.6% | 43.1% | 19.9% | 4.3% | 5.1% |
| Providence County | 50.1% | 16.6% | 17.5% | 14.3% | 1.5% |
| Washington County | 18.3% | 37.5% | 34.6% | 4.8% | 4.7% |
| Rhode Island | 44.5% | 21.4% | 19.4% | 12.6% | 2.0% |
| United States | 50.6% | 10.8% | 31.0% | 5.1% | 2.5% |

Source: US Census Bureau, American Community Survey

**2015-2019 Population in Linguistically Isolated Households by Zip Code in Washington County**




## Income and Work

**Rhode Island overall has a higher median household income and lower poverty than the nation, but these factors vary widely by community, with notable disparities.** The state's high median household income is due in part to excess wealth in Bristol and Washington counties, where the median household income exceeds $83,000 compared to a national median of approximately $63,000. In contrast, the median household income in Providence County is less than $60,000, and approximately 15% of all residents and 22% of children live in poverty.

Excluding Providence County, Rhode Island children are less likely to live in poverty compared to their peers nationally. However, it is worth noting that approximately 1 in 10 children in Kent, Newport, and Washington counties live in poverty. **In Washington County, 9.2% of children live in poverty, the third highest in the state, despite 56% of households earning $75,000 or more annually.** This finding indicates a potential wealth gap, largely impacting families.

Consistent with the state and nation, poverty declined in Washington County for both the overall population and youth. However, disparities in wealth continue to exist. Bradford zip code 02808, Hopkinton zip code 02833, North Kingstown zip code 02852, and Westerly zip code 02891 report higher poverty among the total population and/or youth in comparison to neighboring zip codes and/or state

and national averages. Kingston zip code and Narragansett zip code 02882 also report higher poverty, but the proportions are likely skewed by University of Rhode Island (Main and Bay Campus) students.

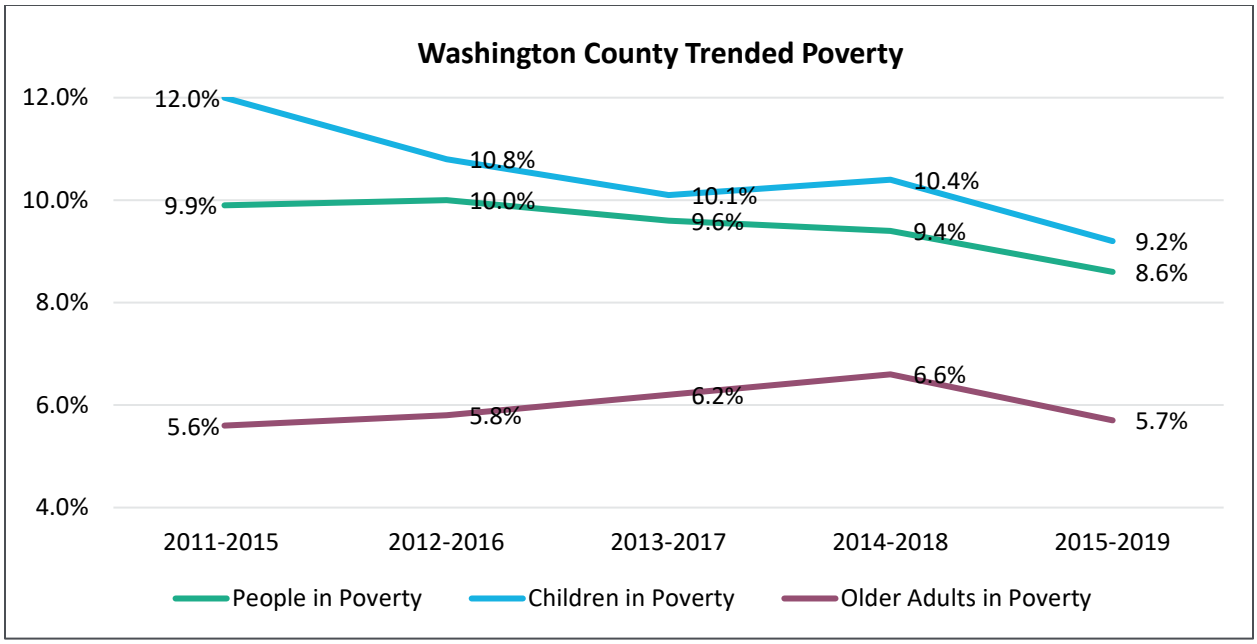
Statewide and nationally, poverty declined for Black/African American and Latinx residents from the 2019 CHNA. **In Washington County, poverty increased among Latinx residents and did not change for Black/African American residents. Approximately 20% of Latinx residents live in poverty, the second highest in the state behind Providence County.** This finding is of particular note, as Latinx are among the fastest growing demographic in Washington County. Among Black/African American residents of Washington County, 33% live in poverty, the second highest in the state behind Bristol County.

The COVID-19 pandemic had a significant impact on unemployment rates. **In Washington County, 2020 average unemployment represented a 5-point increase from the percentage reported at the time of the 2019 CHNA.** The county has since largely recovered, but long-term financial and psychological implications for residents should continue to be monitored.

**Economic Indicators**

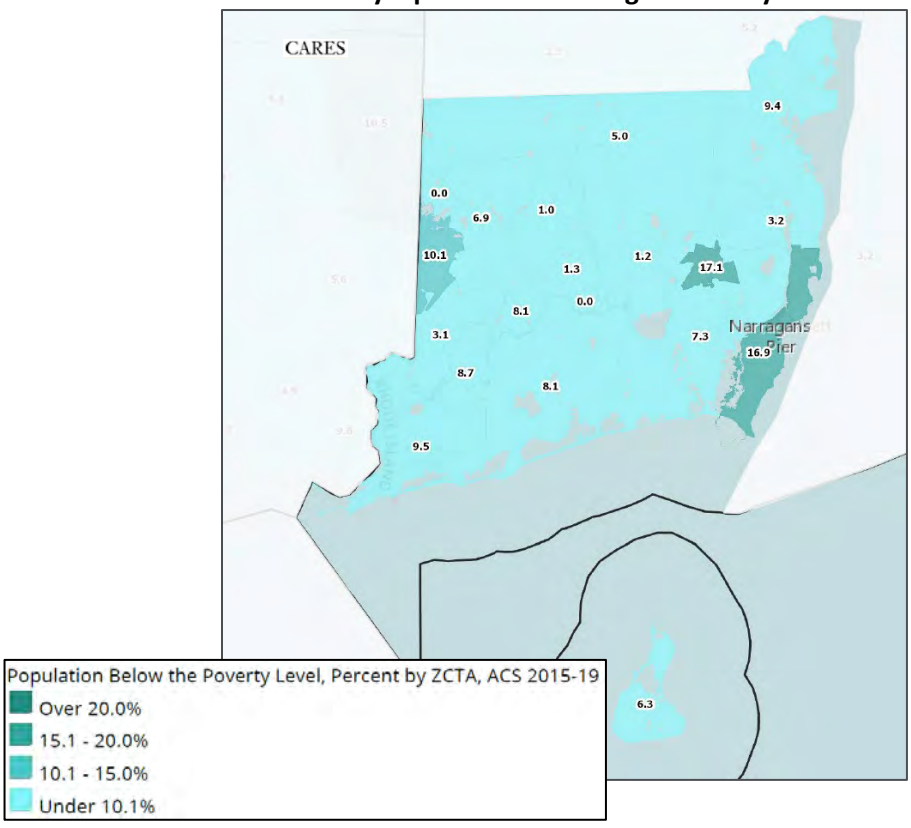
| | Bristol County | Kent County | Newport County | Providence County | Washington County | Rhode Island | United States |
|---|---|---|---|---|---|---|---|
| **Income and Poverty (2015-2019)** | | | | | | | |
| Median household income | $83,092 | $73,521 | $79,454 | $58,974 | $85,531 | $67,167 | $62,843 |
| People in poverty | 7.5% | 7.6% | 8.7% | 15.2% | 8.6% | 12.4% | 13.4% |
| Children in poverty | 6.6% | 8.8% | 10.6% | 21.7% | 9.2% | 17.0% | 18.5% |
| Older adults (65+) in poverty | 5.4% | 9.3% | 7.2% | 11.8% | 5.7% | 9.7% | 9.3% |
| Households with SNAP* Benefits | 8.2% | 11.7% | 9.1% | 19.4% | 7.6% | 15.3% | 11.7% |
| **Unemployment** | | | | | | | |
| 2020 average | 7.6% | 8.7% | 8.2% | 10.2% | 7.8% | 9.4% | 8.1% |
| May 2021 | 4.1% | 4.9% | 4.3% | 5.1% | 4.1% | 5.5% | 5.5% |

Source: US Census Bureau, American Community Survey & US Bureau of Labor Statistics
*Supplemental Nutrition Assistance Program.

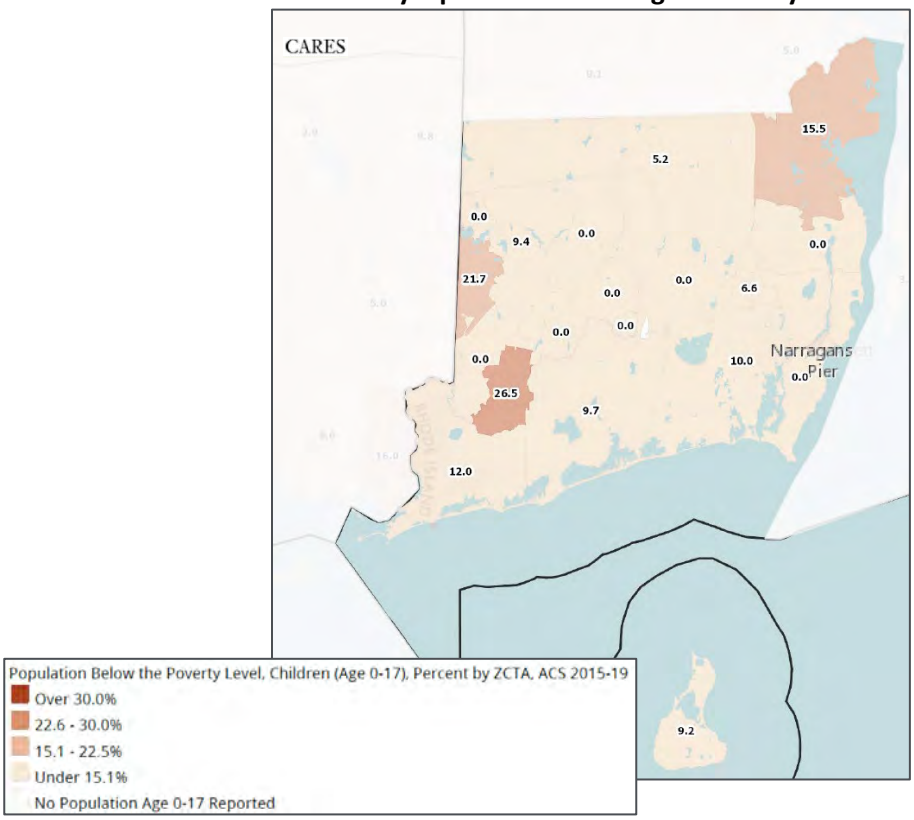



Source: US Census Bureau, American Community Survey

**2015-2019 Population in Poverty by Zip Code in Washington County**



**2015-2019 Children in Poverty**
**by Zip Code in Washington County**




**2015-2019 People in Poverty by Race and Ethnicity with 2019 CHNA Comparison (2012-2016)**

| | White | Black / African American | Asian | Latinx origin (any race) |
|---|---|---|---|---|
| **Bristol County** | **10.0%** | **45.8%** | **19.8%** | **8.0%** |
| 2019 CHNA | 6.4% | 47.6% | 1.0% (n=8) | 11.2% |
| **Kent County** | **7.3%** | **6.9%** | **6.7%** | **9.8%** |
| 2019 CHNA | 8.2% | 8.2% | 6.0% | 11.7% |
| **Newport County** | **7.8%** | **24.3%** | **6.0%** | **19.9%** |
| 2019 CHNA | 8.0% | 23.0% | 3.9% | 20.8% |
| **Providence County** | **12.2%** | **22.2%** | **18.6%** | **26.6%** |
| 2019 CHNA | 13.8% | 25.4% | 15.7% | 32.8% |
| **Washington County** | **7.6%** ↓ | **33.2%** | **7.6%** ↓ | **20.2%** ↑ |
| 2019 CHNA | 9.0% | 33.9% | 11.2% | 17.3% |
| **Rhode Island** | **10.0%** | **22.0%** | **15.8%** | **25.3%** |
| 2019 CHNA | 11.2% | 25.1% | 13.3% | 31.0% |
| **United States** | **11.1%** | **23.0%** | **10.9%** | **19.6%** |
| 2019 CHNA | 12.4% | 26.2% | 12.3% | 23.4% |

Source: US Census Bureau, American Community Survey

**While overall poverty is lower in Rhode Island compared to the US, poverty among older adults is slightly higher (9.7% vs. 9.3%).** This finding is of note due to the large and growing proportion of Rhode Island residents age 65 or older. In response to the continued growth of older residents, communities will be challenged to expand older adult health and social services for populations with fewer financial resources. Washington County has fewer older adults living in poverty compared to the state and nation, but this population was increasing through 2014-2018 and should continue to be monitored.

The 2020 Rhode Island Healthy Aging Data Report provides a comprehensive picture of the health and socioeconomic status of older adults statewide. According to data report findings, **the economic situation of older adults in Rhode Island had worsened even before the impact of COVID-19, including higher poverty rates, increased receipt of food benefits, and more older adults in the workforce.** The following table depicts annual cost of living for older adults, as provided by the Elder Index Measure of Economic Security, with comparisons to 2016 data report findings.

**Rhode Island Annual Cost of Living for Older Adults, 2016 vs. 2020**

| | 2016 | 2020 | Change from 2020 to 2016 |
|---|---|---|---|
| Single, homeowner without mortgage, good health | $22,188 | $23,484 | +$1,296 |
| Single, renter, good health | $23,544 | $25,560 | +$2,016 |
| Couple, homeowner without mortgage, good health | $32,252 | $33,984 | +$1,732 |
| Couple, renter, good health | $33,708 | $36,060 | +$2,252 |

Source: Tufts Health Plan Foundation, Rhode Island Healthy Aging Data Report

## Food Insecurity

Food insecurity is defined as not having reliable access to a sufficient amount of nutritious, affordable food. Food insecurity is associated with lower household income and poverty, as well as poorer overall health status. Consistent with higher poverty levels, Providence County has historically had the highest food insecurity rates in Rhode Island, but all communities are affected. **In 2019, approximately 1 in 10 children in Bristol, Kent, Newport, and Washington counties were food insecure.**

Similar to unemployment rates, COVID-19 had a profound impact on food insecurity. The Rhode Island Community Food Bank reported a pre-pandemic average of 3.1 million pounds of food distributed every quarter. More than 4 million pounds were distributed in the second quarter of 2020, at the onset of the pandemic. Projected food insecurity rates for 2020 and 2021 for Rhode Island demonstrate persistent food insecurity needs. **All counties saw an increase in food insecurity from 2019 to 2020, including a 6- to 8-point increase among children. Prior to 2020, food insecurity percentages were declining in all counties.**

Within Washington County, North Kingstown and Westerly are areas of opportunity for improving access to nutritious, affordable foods, particularly among youth. Nearly 900 students in either school district are low-income and only 31% participate in the school breakfast program. Low-income student participation should be explored across the service area.

**Trended and Projected Food Insecurity**

| | Bristol County | Kent County | Newport County | Providence County | Washington County | Rhode Island | United States |
|---|---|---|---|---|---|---|---|
| **All Residents** | | | | | | | |
| **2021 (projected)** | **9.6%** | **10.7%** | **10.6%** | **13.3%** | **9.3%** | **11.4%** | **12.9%** |
| **2020 (projected)** | **10.8%** | **12.4%** | **12.0%** | **15.2%** | **10.7%** | **13.1%** | **13.9%** |
| 2019 | 7.6% | 8.6% | 8.6% | 11.0% | 7.4% | 9.5% | 10.9% |
| 2018 | 8.1% | 9.2% | 9.0% | 12.0% | 7.8% | 11.4% | 11.5% |
| 2017 | 9.5% | 9.7% | 10.6% | 12.6% | 9.7% | 11.4% | 12.5% |
| **Children** | | | | | | | |
| **2021 (projected)** | **12.4%** | **15.4%** | **15.0%** | **20.4%** | **13.7%** | **17.1%** | **17.9%** |
| **2020 (projected)** | **14.7%** | **18.8%** | **17.9%** | **24.0%** | **16.5%** | **20.5%** | **19.9%** |
| 2019 | 9.0% | 12.0% | 11.7% | 16.4% | 10.6% | 13.9% | 14.6% |
| 2018 | 12.0% | 14.8% | 13.6% | 17.8% | 13.3% | 17.8% | 15.2% |
| 2017 | 13.8% | 14.8% | 15.2% | 18.4% | 14.9% | 17.3% | 16.1% |

Source: Feeding America

**October 2019 Children Participating in School Breakfast by Washington County School District**

| | Total Student Enrollment | Percent of All Students Participating in School Breakfast | Low-Income School Enrollment | Percent of Low-Income Students Participating in School Breakfast |
|---|---|---|---|---|
| Chariho | 3,152 | 5% | 552 | 19% |
| Narragansett | 1,267 | 6% | 256 | 16% |
| New Shoreham | 134 | 8% | 28 | 21% |
| North Kingstown | 3,953 | 8% | 844 | 31% |
| South Kingstown | 2,860 | 6% | 475 | 29% |
| Westerly | 2,489 | 14% | 894 | 31% |
| Four Core Cities | 40,376 | 44% | NA* | NA* |
| Remainder of Rhode Island | 89,337 | 11% | 26,681 | 24% |

Source: 2021 Rhode Island Kids Count Factbook

## Education

High school graduation is one of the strongest predictors of longevity and economic stability. **Adult residents of Rhode Island are generally very well educated compared to the US. Providence County education indicators are less favorable than the US.** Approximately 14% of Providence County adults have not completed high school compared to 9% or less in other counties.

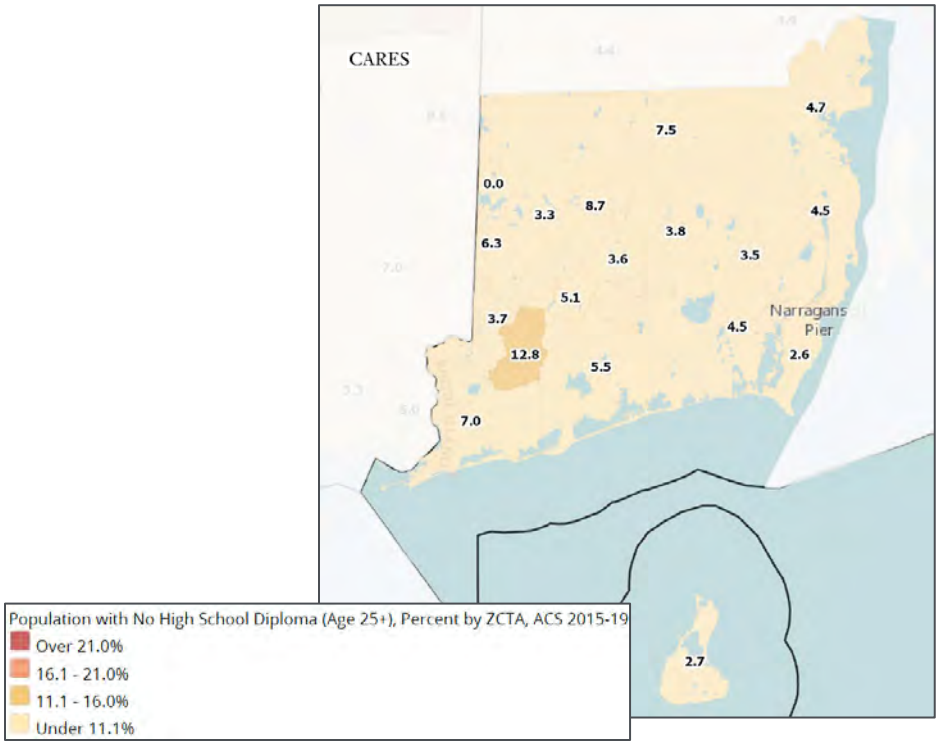
Consistent with having the highest reported household incomes in the state, **nearly 50% of adults in Bristol, Newport, and Washington counties have completed graduate studies.** In Washington County, Bradford zip code 02808 is the only zip code to exceed the statewide average for residents without a high school diploma.

**2015-2019 Population (Age 25 or Older) by Educational Attainment**

| | Less than high school diploma | High school graduate (includes GED) | Some college or associate's degree | Bachelor's degree | Graduate or professional degree |
|---|---|---|---|---|---|
| Bristol County | 9.0% | 19.4% | 22.5% | 25.4% | 23.6% |
| Kent County | 7.8% | 28.0% | 30.9% | 20.9% | 12.3% |
| Newport County | 6.0% | 22.1% | 23.8% | 28.5% | 19.5% |
| Providence County | 14.2% | 31.0% | 25.8% | 17.5% | 11.5% |
| Washington County | 5.1% | 22.8% | 25.9% | 26.1% | 20.0% |
| Rhode Island | 11.2% | 28.3% | 26.4% | 20.4% | 13.8% |
| United States | 12.0% | 27.0% | 28.9% | 19.8% | 12.4% |

Source: US Census Bureau, American Community Survey

**2015-2019 Population with No High School Diploma by Zip Code in Washington County**




Educational attainment disparities also exist between different racial and ethnic populations. Consistent with state and national trends, adults of Asian descent in Rhode Island are the most likely of any other population group to have completed higher education. Black/African American and Latinx adults, outside of Providence County, are generally more likely to attain higher education than their peers nationally, although less likely than White adults residing in the same communities. **Notably, in Washington County, contrary to state and national trends, the proportion of Latinx residents completing a bachelor's degree declined from the 2019 CHNA, while the proportion living in poverty increased.**

**2015-2019 Population with a Bachelor's Degree by Race and Ethnicity with 2019 CHNA Comparison (2012-2016)**

| | White | Black / African American | Asian | Latinx origin (any race) |
|---|---|---|---|---|
| **Bristol County** | **48.9%** | **22.4%** | **63.6%** | **51.2%** |
| 2019 CHNA | 46.2% | 43.1% | 65.2% | 45.3% |
| **Kent County** | **32.8%** | **34.4%** | **63.1%** | **27.8%** |
| 2019 CHNA | 31.4% | 33.3% | 52.0% | 28.8% |
| **Newport County** | **48.9%** | **20.8%** | **74.9%** | **37.7%** |
| 2019 CHNA | 46.1% | 34.3% | 56.3% | 33.8% |
| **Providence County** | **31.0%** | **20.2%** | **47.8%** | **12.0%** |
| 2019 CHNA | 29.3% | 18.4% | 45.0% | 10.8% |
| **Washington County** | **46.7%** | **31.3%** | **57.8%** | **34.0%** |
| 2019 CHNA | 45.3% | 30.1% | 51.0% | 37.6% |
| **Rhode Island** | **35.9%** | **21.2%** | **52.1%** | **14.4%** |
| 2019 CHNA | 34.2% | 20.2% | 47.3% | 13.1% |
| **United States** | **33.5%** | **21.6%** | **54.3%** | **16.4%** |
| 2019 CHNA | 31.6% | 20.0% | 52.1% | 14.7% |

Source: US Census Bureau, American Community Survey

## Housing

Housing is the largest single expense for most households and should represent 30% of a household's monthly income. **The median home value for Rhode Island is more expensive than the median home value across the US, and more homeowners are considered housing cost burdened compared to the US benchmark.** Median home value is highest in the areas of Bristol, Newport, and Washington counties, although Newport is the only county with a higher percentage of cost burdened homeowners in comparison to the state or nation.

**Despite having the lowest median home value in the state, only 54% of Providence County households own their home, a lower proportion than the state or nation.** This disparity is likely due to in part to financial barriers. The county has higher poverty rates and nearly one-third of homeowners are cost burdened. Lack of homeownership in Providence County perpetuates financial insecurity, as renters generally experience less stable housing costs and nearly half are considered cost burdened. Renters are also more vulnerable to substandard housing conditions like overcrowding, poor ventilation, pests, or allergens that are associated with poor health.

**Rhode Island housing affordability slowly improved from 2011-2015 to 2015-2019 with a declining proportion of cost burdened homeowners and renters, but the economic impact of COVID-19 and historic increases in the cost of housing in 2020 and 2021 created new affordability strains on residents.** HousingWorks RI reported that, "Across Rhode Island, housing markets continued to tighten. Rhode Island had a mere 1.3-month supply of sales housing stock at the end of Q1-2021, a 50 percent drop from Q1-2020; the vacancy rate in rental housing fell to 2.2 percent, compared to what is considered a healthy range of five to eight percent. Given these tight markets, it is not surprising that

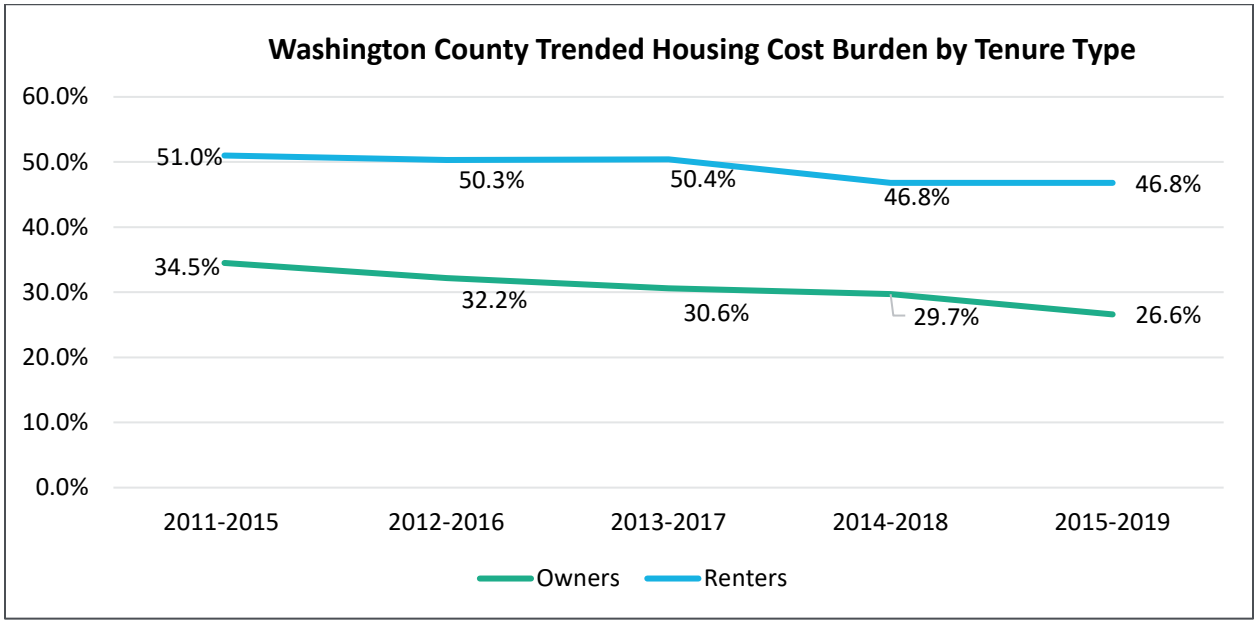
the rental market experienced a four percent increase at the end of Q1-2021, but that is outstripped by the double-digit increases in the median single family home prices, which increased by more than 12 percent over 2020, and more than 22 percent measured year-over-year by Q2-2021."

**2015-2019 Housing Indicators**

| | Owners | | | Renters | | |
|---|---|---|---|---|---|---|
| | Occupied Units | Median Home Value | Cost-Burdened* | Occupied Units | Median Rent | Cost-Burdened* |
| Bristol County | 70.7% | $358,100 | 27.6% | 29.3% | $1,037 | 49.1% |
| Kent County | 70.1% | $236,300 | 29.7% | 29.9% | $1,079 | 46.2% |
| Newport County | 63.2% | $387,900 | 33.7% | 36.8% | $1,285 | 44.3% |
| Providence County | 54.2% | $233,500 | 32.6% | 45.8% | $967 | 48.1% |
| Washington County | 74.0% | $343,000 | 26.6% | 26.0% | $1,133 | 46.8% |
| Rhode Island | 60.8% | $261,900 | 31.0% | 39.2% | $1,004 | 47.5% |
| United States | 64.0% | $217,500 | 27.8% | 36.0% | $1,062 | 49.6% |

Source: US Census Bureau, American Community Survey

*Defined as spending 30% or more of household income on rent or mortgage expenses.

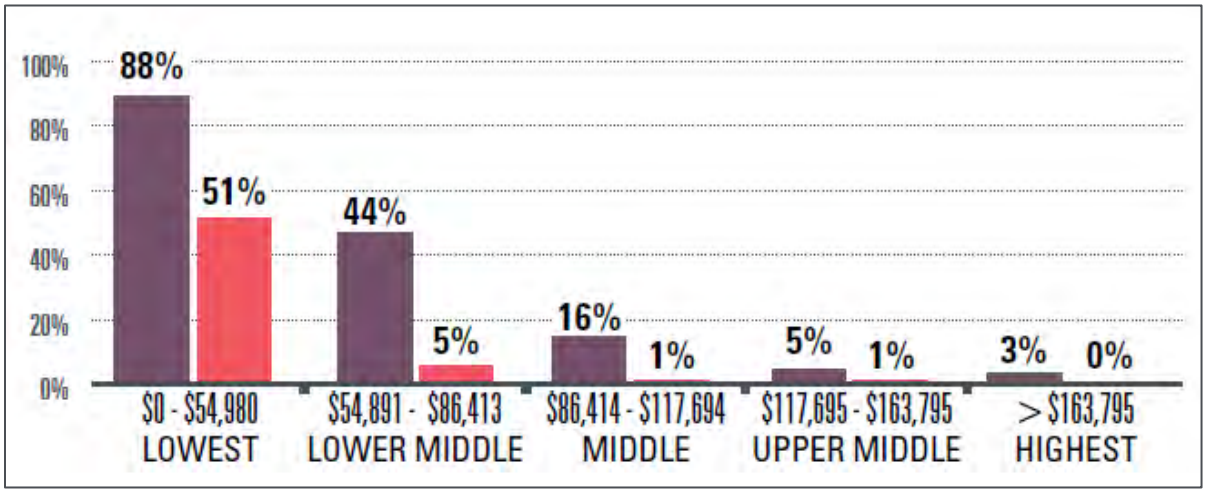



Source: US Census Bureau, American Community Survey

As reported in the HousingWorks RI 2021 Factbook, Rhode Island households earning $30,000 or less cannot affordably buy a median priced single-family home or rent an average priced two-bedroom apartment in any Rhode Island city or town. **For the first time since HousingWorks RI started to measure housing affordability, there are no towns or cities in Rhode Island where a household earning the state's median household income ($67,167) can affordably buy a single-family home.**

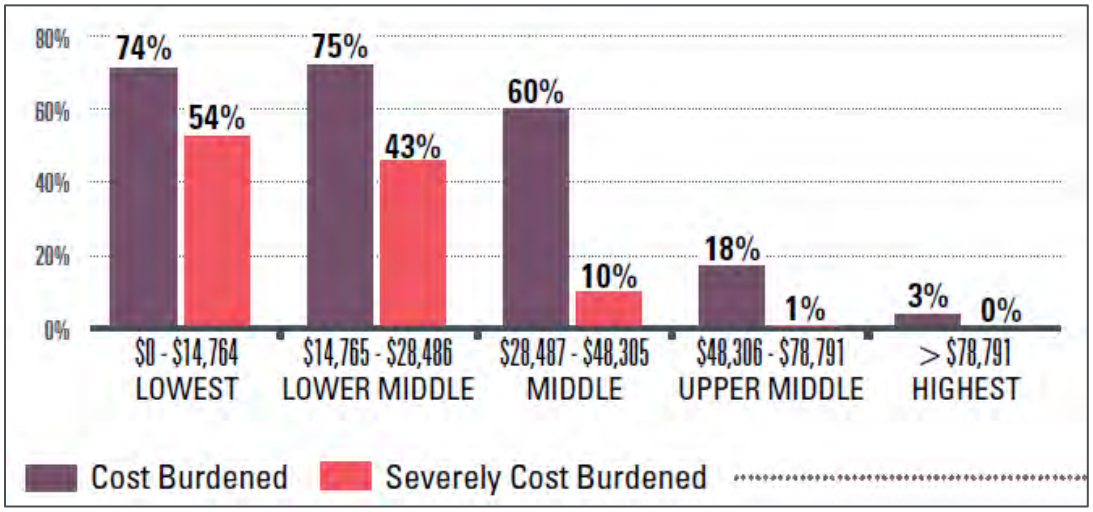
The following graphs depict cost burden and severe cost burden* by income group for homeowners with a mortgage and renters. In total for the reporting years 2015-2019, more than 140,000 Rhode Island households were cost burdened. Among the lowest income group, 88% of homeowners with a mortgage and 74% of renters were cost burdened. *Severe cost burden is defined as spending 50% or more of income on housing expenses.

**2015-2019 Cost Burdened Homeowner Households with a Mortgage**




Source: HousingWorks RI 2021 Housing Fact Book

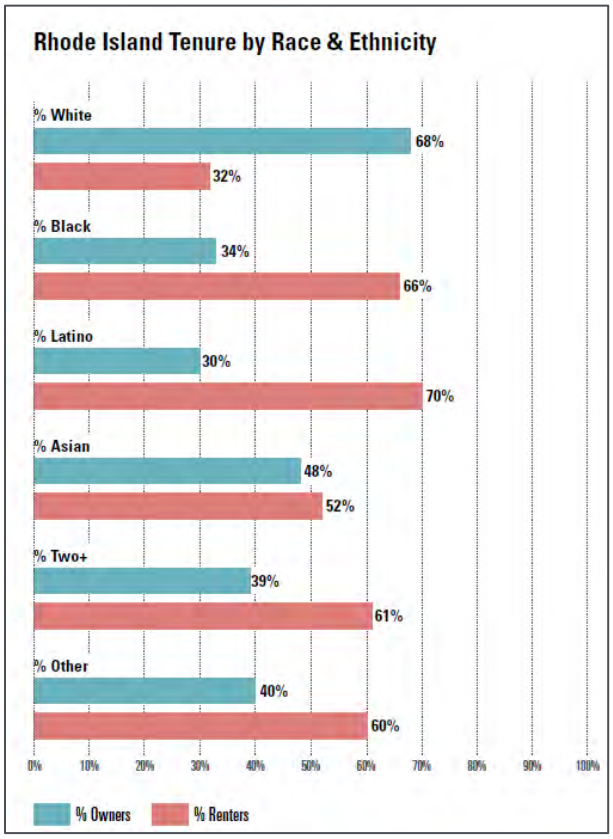
**2015-2019 Cost Burdened Renter Households**




Source: HousingWorks RI 2021 Housing Fact Book

Redlining and other forms of racial segregation led to a multi-generational loss of wealth. In Rhode Island, Black residents have a homeownership rate that is half the rate for White residents, and Latinx residents have the lowest homeownership rate of all racial and ethnic categories at 30%. **Homeownership rates among Black, Latinx, and Asian residents of Rhode Island are 10-19 percentage points lower than national homeownership rates for these populations.**

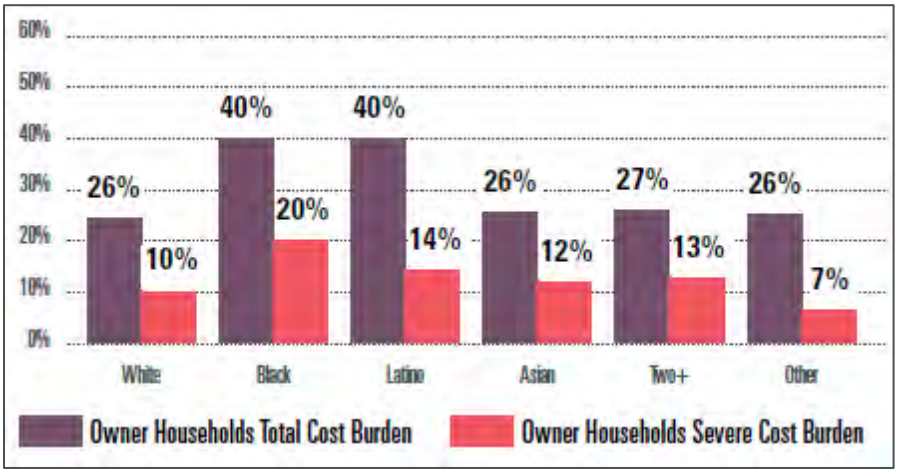
**2015-2019 Rhode Island Tenure by Race and Ethnicity**




Source: HousingWorks RI 2021 Housing Fact Book

Renter cost burden is largely consistent among White, Black, and Latinx Rhode Islanders, with approximately 1 in 2 households cost burdened and 1 in 4 households severely cost burdened. **Homeowner cost burden is not consistent among racial and ethnic groups.** Approximately 40% of Black and Latinx households are cost burdened compared to 26% of White households.

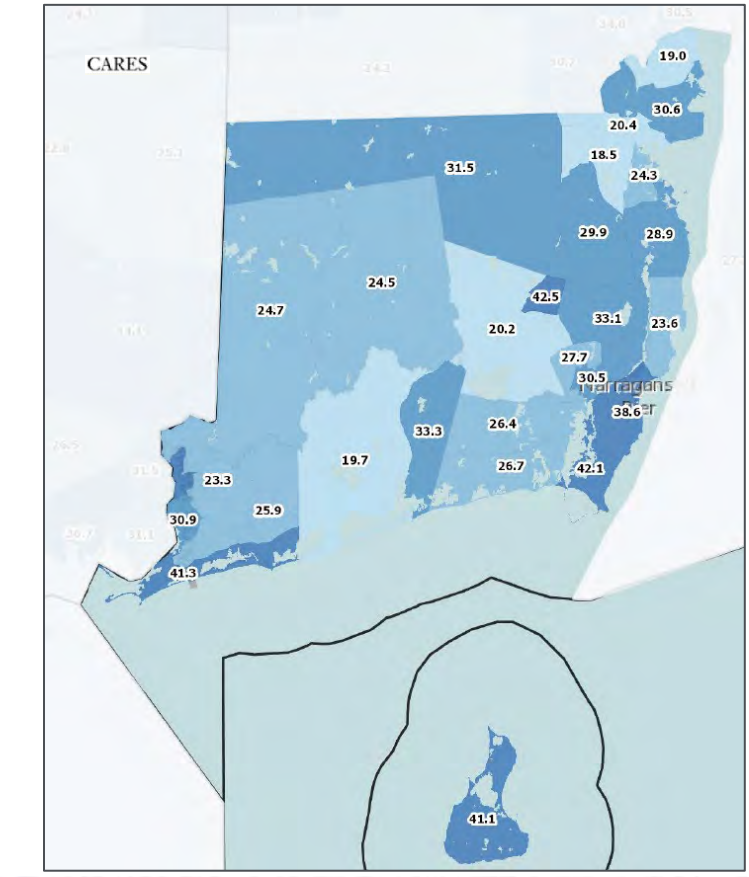
**2015-2019 Homeowner Cost Burden by Race and Ethnicity**




Source: HousingWorks RI 2021 Housing Fact Book

The following map depicts the percentage of cost burdened households by census tract within Washington County. **Housing cost burden is prevalent in the coastal communities of Block Island, Westerly, and Narragansett, where median home value can be as high as $650,000.**

**2015-2019 Cost Burdened Households by Census Tract in Washington County**




**Rhode Island is tied with Massachusetts for the third oldest housing stock in the nation.** Approximately 73.5% of housing units in Rhode Island were built before 1980 compared to 53.6% nationwide; less than 2% of units have been built since 2014. Providence County has the oldest housing stock in Rhode Island with 78.5% of units built before 1980. **Washington County has the newest housing stock in the state, primarily due to new development between 1980 and 2009.**

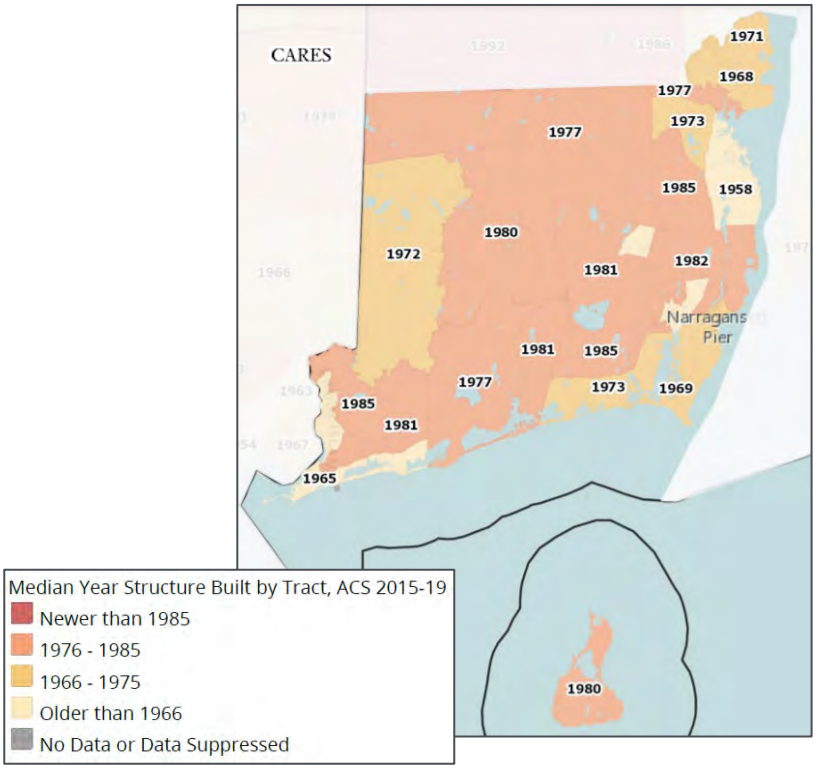
**2015-2019 Housing by Year Built**

| | Before 1980 | 1980-1999 | 2000-2009 | 2010-2013 | 2014 or Later |
|---|---|---|---|---|---|
| Bristol County | 73.7% | 19.4% | 5.1% | 1.4% | 0.4% |
| Kent County | 72.3% | 20.8% | 5.5% | 0.6% | 0.8% |
| Newport County | 67.5% | 20.9% | 8.9% | 1.3% | 1.4% |
| Providence County | 78.5% | 15.6% | 4.7% | 0.8% | 0.4% |
| Washington County | 57.6% | 28.9% | 11.0% | 1.6% | 1.0% |
| Rhode Island | 73.5% | 18.9% | 6.1% | 0.9% | 0.7% |
| United States | 53.6% | 27.3% | 14.0% | 2.7% | 2.5% |

Source: US Census Bureau, American Community Survey

The following map depicts the median year that housing structures were built by census tract within Washington County. **Portions of Westerly have some of the oldest housing stock in the county with a median age older than 1966.** Other areas with older housing stock include portions of South Kingstown and Saunderstown.

**2015-2019 Median Year of Housing Build by Census Tract in Washington County**




Quality and affordable housing has a direct impact on health. HousingWorks RI states, “Homes built through 1978 predate safety regulations for contaminants like lead and asbestos, which may be present in paint and plumbing, contributing to the health risks of lead poisoning and unsafe drinking water.”

**As reported by HousingWorks RI, of the 73.5% of homes that were built before 1980, less than 10% are certified Lead Safe**, having undergone a state certified inspection and mitigation process. While statewide the percentage of children entering kindergarten with a history of lead poisoning has decreased, lead poisoning exposure continues to be higher among children residing in areas with older housing, particularly in the four core cities.

**Rhode Island adults and children have a higher prevalence of asthma than their peers nationwide.** As of 2019, 11.2% of Rhode Island adults and 8.7% of children reported having a current asthma diagnosis compared to 9% of adults and 7.4% of children nationwide. As reported in the HousingWorks RI 2021 Fact Book, "40 percent of the triggers that cause asthma are fixable and found within the home."

Asthma is the most common chronic condition among children, and a leading cause of hospitalization and school absenteeism. From 2015 to 2019, Rhode Island saw a total of 1,075 child hospitalizations with a primary diagnosis of asthma for a rate of 1.0 per 1,000 children. Additionally, the state saw 6,919 child emergency department (ED) visits with a primary diagnosis of asthma for a rate of 6.2 per 1,000 children. Both hospitalizations and ED visits were more than twice as high in the four core cities as the remainder of the state.

**Within Washington County, Hopkinton, North Kingstown, and Westerly have the oldest housing stock and the highest prevalence of child lead poisoning and/or child ED visits due to asthma.** The prevalence of child lead poisoning and ED visits due to asthma in these three areas is largely in line with state averages, excluding the core cities.

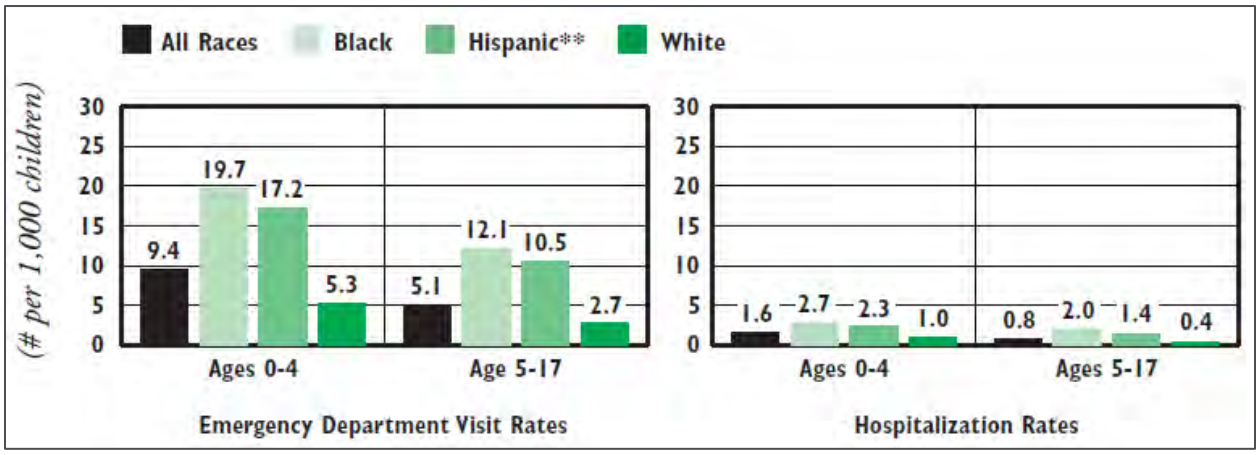
**Housing and Health within Washington County**

| | Lead Poisoning Among Children Entering Kindergarten in Fall 2022 | | | 2015-2019 ED Visits with Primary Asthma Diagnosis | | Housing Stock Built Pre-1980 |
|---|---|---|---|---|---|---|
| | Number Tested | Number with Lead Poisoning | Percent with Lead Poisoning | Child ED Visits | Rate per 1,000 Children | |
| Charlestown | 46 | 1 | 2.2% | 5 | NA | 51% |
| Exeter | 43 | 0 | 0.0% | 9 | NA | 55% |
| Hopkinton | 67 | 1 | 1.5% | 13 | 4.2 | 61% |
| Narragansett | 42 | 1 | 2.4% | 8 | NA | 59% |
| New Shoreham | 10 | 1 | 10.0% | 1 | NA | 50% |
| North Kingstown | 232 | 5 | 2.2% | 45 | 4.6 | 63% |
| Richmond | 51 | 1 | 2.0% | 11 | NA | 50% |
| South Kingstown | 179 | 2 | 1.1% | 28 | 3.3 | 55% |
| Westerly | 153 | 4 | 2.6% | 34 | 3.9 | 60% |
| Four Core Cities | 4,193 | 269 | 6.4% | 4,080 | 11.1 | 86% |
| Remainder of Rhode Island | 6,094 | 123 | 2.0% | 2,833 | 3.8 | 67% |

Source: 2021 Rhode Island Kids Count Factbook

Black/African American and Latinx residents are more likely to rent their home and live in areas of Rhode Island with older housing. These trends, coupled with other social determinants of health barriers, contribute to a disproportionate rate of asthma compared to Whites and other races. **In Rhode Island, the 2015-2019 rate of ED visits due to asthma for Black/African American and Latinx children under age five was more than triple the rate for White children.**

**2015-2019 Asthma Emergency Department and Hospitalization Rates by Age and Race and Ethnicity**




Source: 2021 Rhode Island Kids Count Factbook

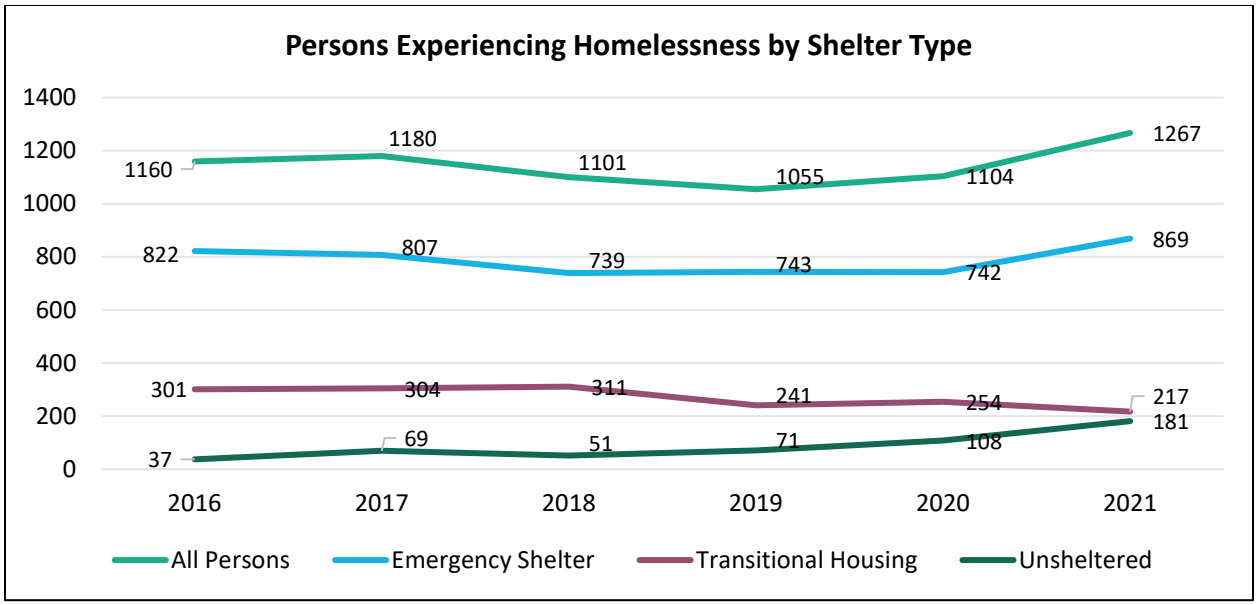
The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January which is mandated by HUD in every community nationwide. Sheltered locations include emergency shelters and transitional housing. Unsheltered locations include cars, streets, parks, etc.

The Rhode Island Coalition to End Homelessness is responsible for conducting the PIT count in Rhode Island. The number of individuals experiencing homelessness in Rhode Island increased in both 2020 and 2021, likely due in part to the COVID-19 pandemic. **From 2020 to 2021, the percentage of young adults experiencing homelessness doubled from 4% to 8%, and the percentage of chronic homeless increased from 20% to 28%. The number of unsheltered individuals more than doubled from 2019 to 2021.**

**2021 Rhode Island Statewide Point-in-Time Homeless Count**

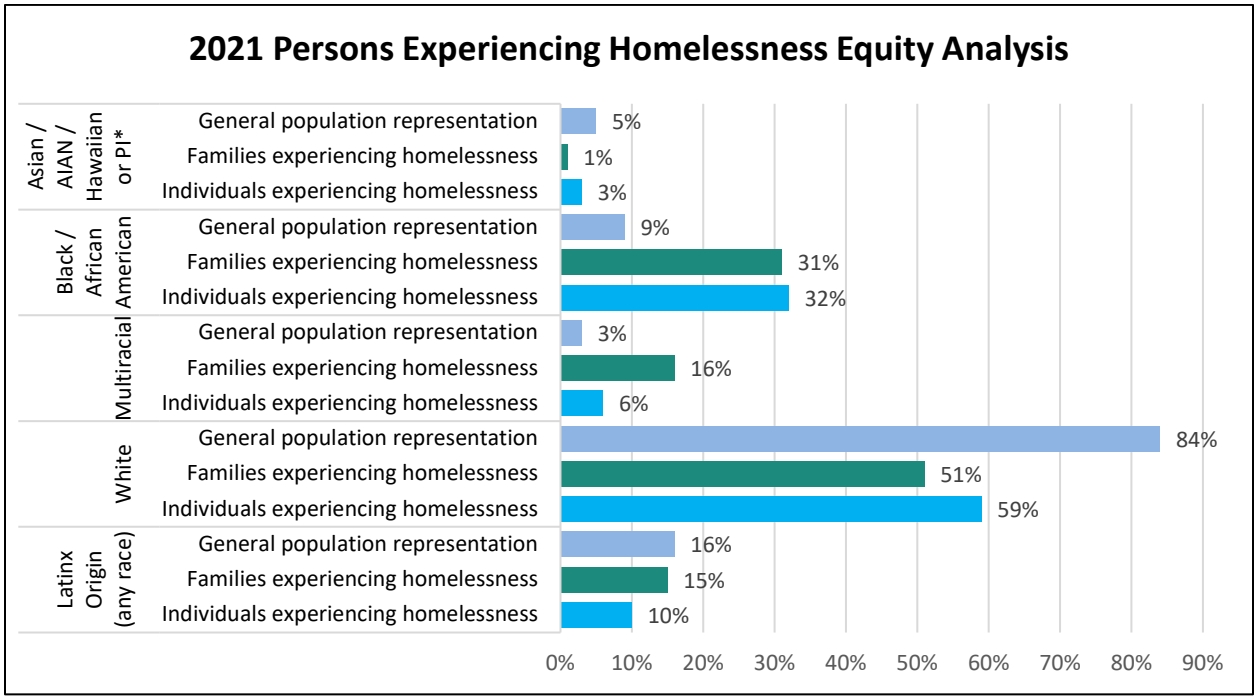
| | Persons Experiencing Homelessness |
|---|---|
| Total | 1,267 |
| **Household Type** | |
| Individuals | 793 (67%) |
| Families | 474 (37%) |
| **Individual Characteristics** | |
| Chronic homeless | 357 (28%) |
| Veterans | 97 (8%) |
| Young adults | 96 (8%) |

Source: Rhode Island Coalition to End Homelessness




Source: Rhode Island Coalition to End Homelessness

The Rhode Island Coalition to End Homelessness conducts an equity analysis to compare the percentage of people experiencing homelessness by race and ethnicity, relative to their representation in the general population. **Black/African Americans are disproportionately represented among people experiencing homelessness.** They represent 9% of the general population, but 31% of families and 32% of individuals experiencing homelessness in 2021. Multiracial individuals were also disproportionately represented, although not to the same degree as Black/African Americans.




Source: Rhode Island Coalition to End Homelessness

*American Indian or Alaska Native, Pacific Islander

Homeless children are at greater risk for health and developmental problems and are more likely to experience food insecurity and trauma, among other issues. **Within Washington County, 1.5% of Westerly students experienced homelessness, a similar proportion as the core cities.**

**2019-2020 School Year Children Experiencing Homelessness by Washington County School District**

| | Total Student Enrollment | Students Identified as Homeless |
|---|---|---|
| Chariho | 3,238 | 12 (0.4%) |
| Narragansett | 1,278 | <10 |
| New Shoreham | 135 | 0 (0.0%) |
| North Kingstown | 3,992 | 31 (0.8%) |
| South Kingstown | 2,882 | 27 (0.9%) |
| Westerly | 2,648 | 39 (1.5%) |
| Four Core Cities | 41,525 | 669 (1.6%) |
| Remainder of Rhode Island | 91,104 | 803 (0.9%) |

Source: 2021 Rhode Island Kids Count Factbook

Related to housing issues, is access to computers and internet. Termed the "digital divide," there is a growing gap between the underprivileged members of society, especially the poor, rural, elderly, and handicapped portion of the population, who do not have access to computers or the internet and the wealthy, middle-class, and young Americans living in urban and suburban areas who have access.

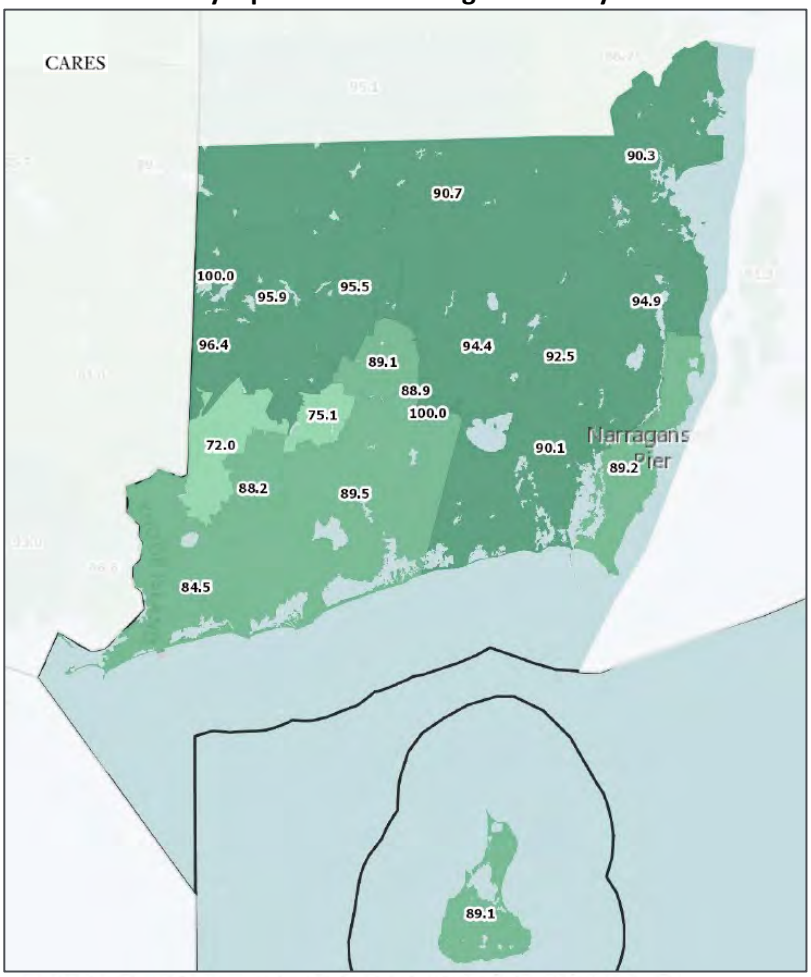
Rhode Island overall has comparable digital access as the nation, and these findings are generally consistent across all counties except Providence. While a similar proportion of Providence County residents have a computer device and/or internet subscription compared to the state, fewer residents own a computer or have broadband internet. **Washington County has the highest proportion of households with a computer device and/or broadband internet in the state, although internet access is lower in the southwest portion of the county, particularly in Ashaway and Wood River Junction.**

**2015-2019 Households by Digital Access**

| | With Computer Access | | | With Internet Access | |
|---|---|---|---|---|---|
| | Computer Device | Desktop / Laptop | Smartphone | Internet Subscription | Broadband Internet |
| Bristol County | 89.8% | 83.4% | 78.5% | 86.9% | 86.2% |
| Kent County | 90.7% | 81.7% | 78.0% | 86.7% | 86.5% |
| Newport County | 91.3% | 82.3% | 77.9% | 86.4% | 86.1% |
| Providence County | 87.6% | 73.8% | 76.3% | 81.9% | 81.6% |
| Washington County | 92.9% | 85.8% | 80.0% | 89.6% | 89.4% |
| Rhode Island | 89.1% | 77.7% | 77.3% | 84.2% | 84.0% |
| United States | 90.3% | 77.8% | 79.9% | 83.0% | 82.7% |

Source: US Census Bureau, American Community Survey

**2015-2019 Households with any Broadband Internet by Zip Code in Washington County**



## Illuminating Health Inequities

Health inequities refer to the systematic differences in opportunities that population groups have to achieve optimal health, which lead to unfair and avoidable differences in health outcomes. Without addressing inequities and supporting initiatives aimed at providing a healthy start, access to opportunity for improvement, and a tangible pathway to a better life, interventions focused only on individual behavior change often do not have enough social and environmental soil to take root and create lasting positive change. By addressing inequities in our communities, we can more effectively work towards a healthier community for all people now and in the future.

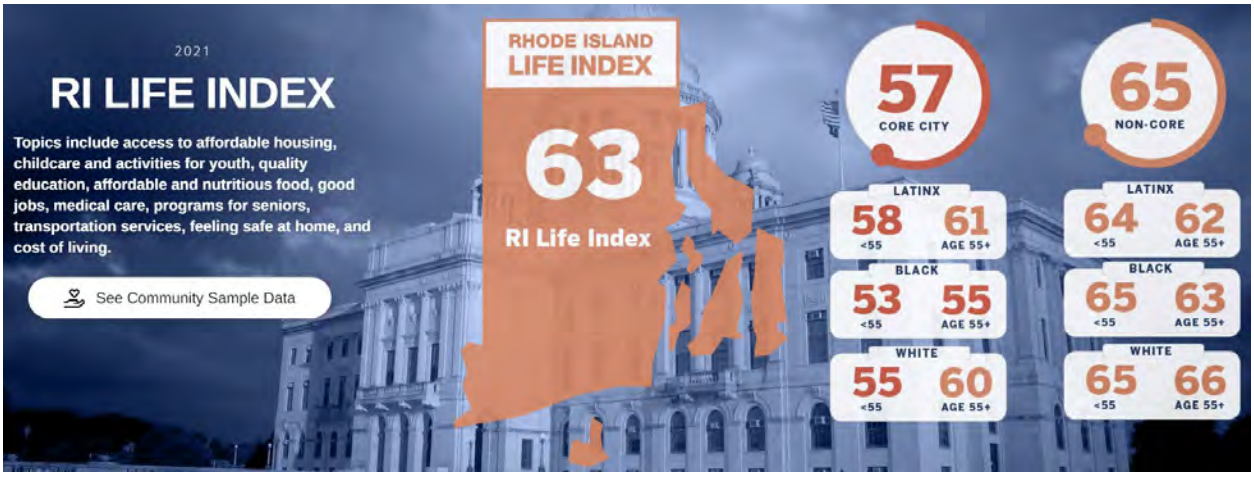
### Rhode Island (RI) Life Index

The RI Life Index, begun in 2019 as an initiative of Brown University's School of Public Health and Blue Cross & Blue Shield of Rhode Island, captures Rhode Islander's perceptions of SDoH to help drive community investment in meeting people's basic needs and achieving more equitable health outcomes. The topic areas comprising the RI Life Index focus on community life and quality of community elements, including affordable housing, quality education, and good jobs.

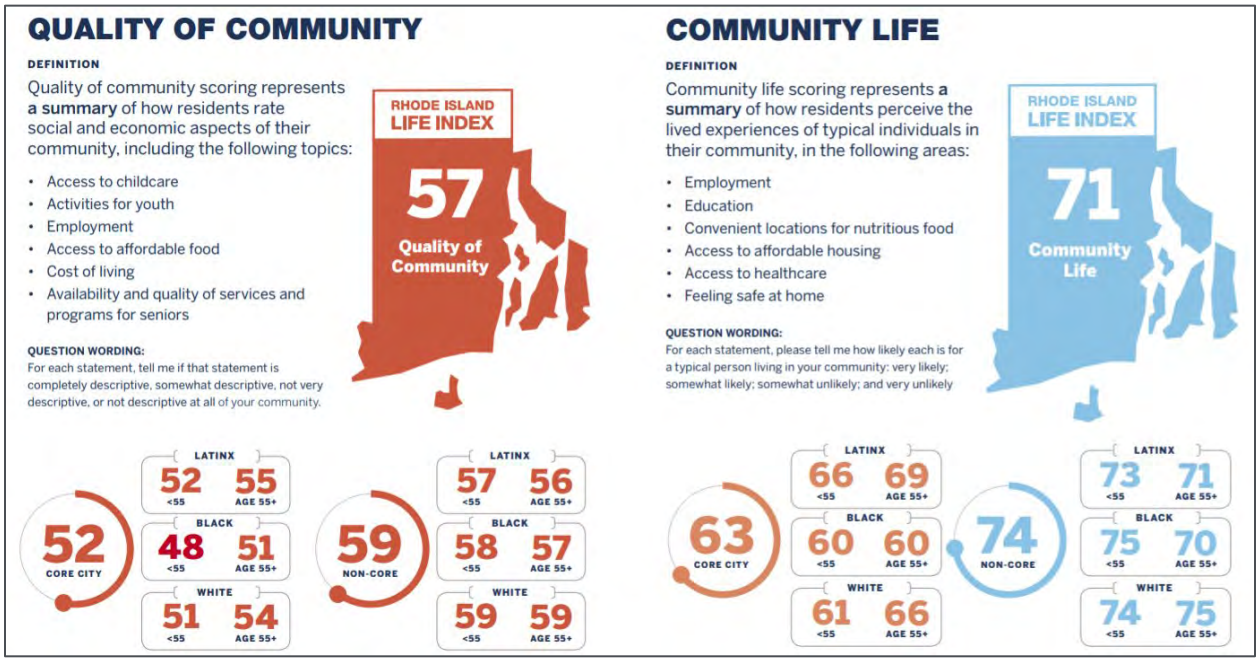
The following graphics illustrate a composite score of health and well-being drivers, as defined by the RI Life Index, as well as summary scores for community life and quality of community elements. Scores are further summarized by core city versus non-core city residents and by race, ethnicity, and age. All indices indicate a disparity in the perceived quality of SDoH for core city residents and people of color, particularly Black/African Americans. A**s reported in the 2021 RI Life Index report, "In virtually all topic areas from 2019 through 2020, BIPOC Rhode Islanders living in core cities perceived social factors such as access to affordable housing and cost of living as much greater impediments to health and well-being than have white Rhode Islanders living in non-core areas."**

The 2021 RI Life Index findings largely align with those of 2020 and 2019. The most notable trend in 2021 was a significant perceived declined in programs and services for children, including access to quality education, youth activities, and places to raise children. Additionally, there was a significant decrease in perceptions of the availability of services for older adults among core city residents and those identifying as Latinx.

**RI Life Index Composite Score**



**RI Life Index Summary Perceptions of Community**

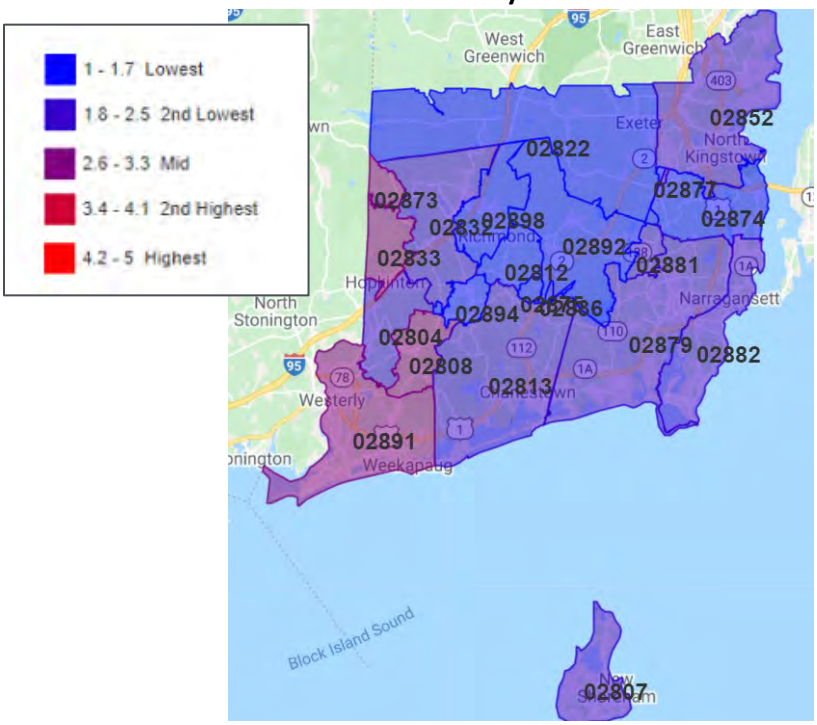



## Tools for Identifying Disparity at the Community-Level

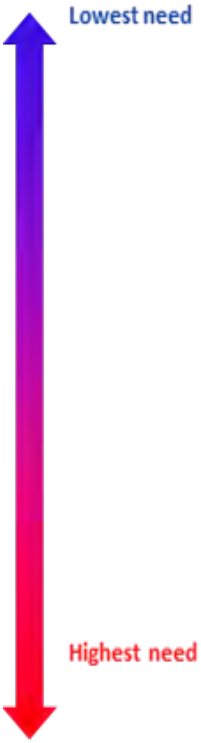
The following data visualizations illustrate the potential for health disparities and inequities at the community-level based on social determinants of health barriers. A description of each data visualization tool is provided below:

- **Community Need Index (CNI)**: The CNI scores zip codes on a scale of 1.0 to 5.0, with 1.0 indicating a zip code with the least need and 5.0 indicating a zip code with the most need compared to the US national average of 3.0. The CNI is a zip code-based index of community need calculated nationwide, regarding healthcare. The CNI is weights, indexes and scores zip codes by socioeconomic barriers, including income, culture, education, insurance, and housing.
- **Vulnerable Population Footprint**: The Vulnerable Population Footprint identifies areas where high concentrations of people living in poverty and people living without a high school diploma overlap. Areas are reported by census tract. Census tracts are statistical subdivisions of a county that have roughly 4,000 inhabitants.
- **Area Deprivation Index (ADI)**: The ADI provides a census block group measure of socioeconomic disadvantage based on income, education, employment, and housing quality. ADI scores are displayed at the block group level on a scale from 1 (least disadvantaged) to 10 (most disadvantaged). A block group is a subdivision of a census tract and typically contains between 250 and 550 housing units.

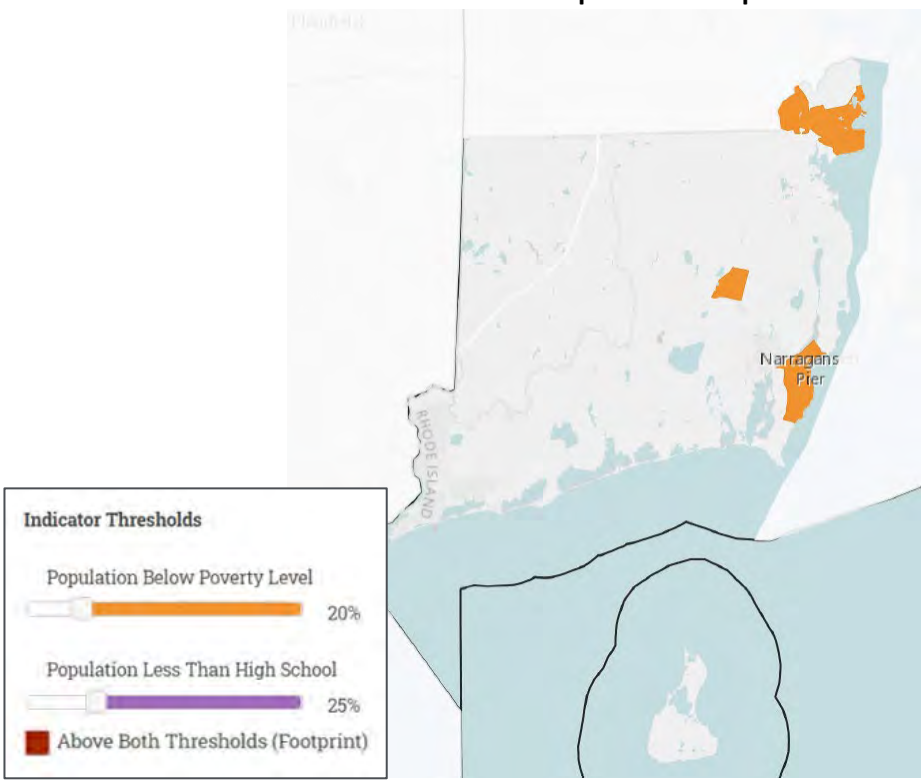
**Community Need Index**



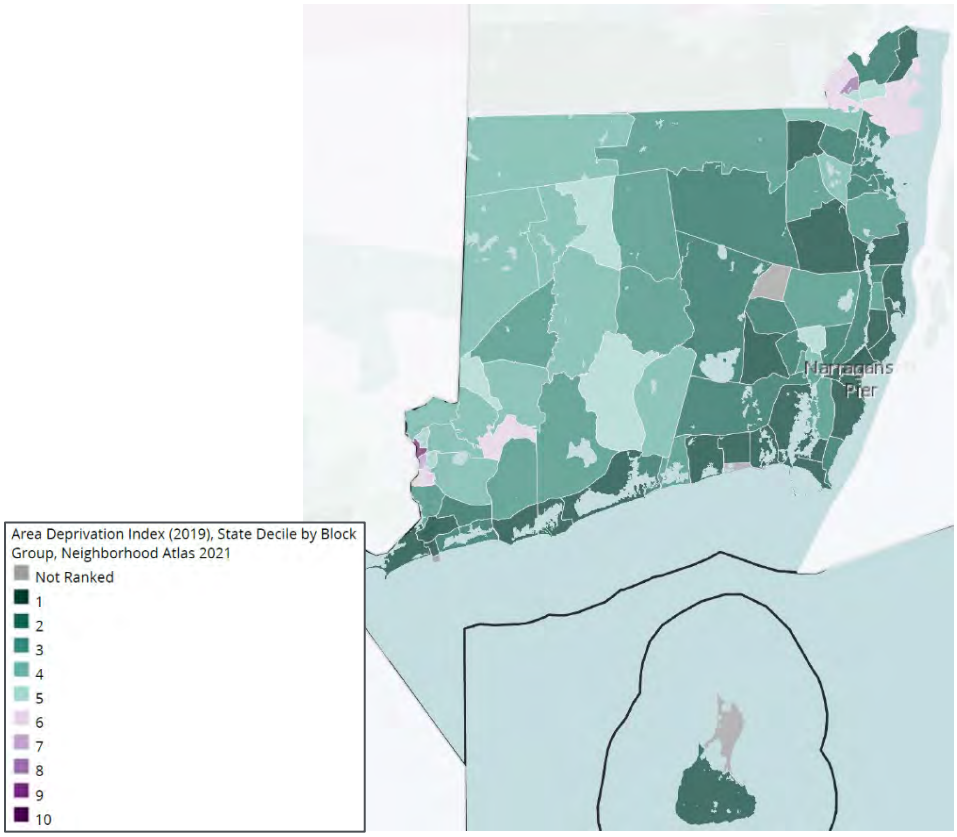

| Zip Code | Town | CNI Score |
|---|---|---|
| 02836 | Kenyon | 1.2 |
| 02874 | Saunderstown | 1.2 |
| 02812 | Carolina | 1.4 |
| 02822 | Exeter | 1.4 |
| 02875 | Shannock | 1.4 |
| 02892 | West Kingston | 1.4 |
| 02894 | Wood River Junction | 1.6 |
| 02898 | Wyoming | 1.6 |
| 02877 | Slocum | 1.8 |
| 02807 | Block Island | 2.0 |
| 02832 | Hope Valley | 2.2 |
| 02879 | Wakefield | 2.2 |
| 02882 | Narragansett | 2.2 |
| 02804 | Ashaway | 2.4 |
| 02813 | Charlestown | 2.4 |
| 02852 | North Kingstown | 2.4 |
| 02881 | Kingston | 2.4 |
| 02808 | Bradford | 2.8 |
| 02873 | Rockville | 2.8 |
| 02833 | Hopkinton | 3.0 |
| 02891 | Westerly | 3.2 |



**Vulnerable Population Footprint**




**Area Deprivation Index**



Washington County residents overall enjoy strong socioeconomic status, as indicated by a CNI score of less than 2.5 in 17 of the 21 zip codes comprising the county. Consistent with the 2019 CHNA, Westerly zip code 02891 has the highest CNI score in Washington County; the CNI score increased from 2.8 to 3.2. Hopkinton zip code 02833 has the second highest CNI score in the county; the CNI score increased from 2.6 to 3.0 from the 2019 CHNA. Identified community need within these areas is primarily driven by elevated poverty, particularly among children. Within Westerly, areas of high deprivation are located in the northwest portion of the zip code, along the border with Connecticut.

Comparing health indicators with population statistics demonstrates the adverse impact of social determinants on populations that historically and continually experience inequities. The areas with the most socioeconomic barriers are also among the most diverse populations in the county. In this way we can begin to see how inequities perpetuate persistent disparities in health and social outcomes.

**2015-2019 Social Determinants of Health by Geography**

| | Population in Poverty | Children in Poverty | Primary Language Other Than English | Less than HS Diploma | Without Health Insurance | CNI Score |
|---|---|---|---|---|---|---|
| 02836, Kenyon* | 0.0% | 0.0% | 0.0% | 3.9% | 0.0% | 1.2 |
| 02874, Saunderstown | 3.2% | 0.0% | 4.5% | 4.4% | 1.8% | 1.2 |
| 02812, Carolina | 1.3% | 0.0% | 1.1% | 3.6% | 2.9% | 1.4 |
| 02822, Exeter | 5.0% | 5.2% | 4.1% | 7.5% | 0.8% | 1.4 |
| 02875, Shannock* | 0.0% | 0.0% | 2.7% | 0.0% | 0.0% | 1.4 |
| 02892, West Kingston | 1.2% | 0.0% | 1.2% | 3.9% | 2.1% | 1.4 |
| 02894, Wood River Junction | 8.1% | 0.0% | 5.0% | 5.1% | 13.9% | 1.6 |
| 02898, Wyoming | 1.0% | 0.0% | 10.5% | 8.7% | 0.0% | 1.6 |
| 02807, Block Island | 6.3% | 9.1% | 5.0% | 2.6% | 16.6% | 2.0 |
| 02832, Hope Valley | 6.9% | 9.4% | 2.0% | 3.3% | 2.0% | 2.2 |
| 02879, Wakefield | 7.3% | 10.0% | 5.3% | 4.5% | 3.4% | 2.2 |
| 02882, Narragansett | 16.9% | 0.0% | 6.2% | 2.6% | 0.8% | 2.2 |
| 02804, Ashaway | 3.1% | 0.0% | 1.9% | 3.7% | 7.0% | 2.4 |
| 02813, Charlestown | 8.1% | 9.7% | 3.3% | 5.4% | 3.7% | 2.4 |
| 02852, North Kingstown | 9.4% | 15.5% | 7.6% | 4.7% | 2.4% | 2.4 |
| 02881, Kingston | 17.1% | 6.6% | 13.2% | 3.4% | 2.7% | 2.4 |
| 02808, Bradford | 8.7% | 26.5% | 4.0% | 12.8% | 0.0% | 2.8 |
| 02873, Rockville* | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 2.8 |
| 02833, Hopkinton | 10.1% | 21.7% | 3.0% | 6.4% | 1.4% | 3.0 |
| 02891, Westerly | 9.5% | 12.0% | 8.5% | 7.0% | 3.3% | 3.2 |
| Rhode Island | 12.4% | 17.0% | 22.4% | 11.2% | 4.5% | NA |
| United States | 13.4% | 18.5% | 21.6% | 12.0% | 8.8% | NA |

Source: US Census Bureau, American Community Survey

*The total population of the zip code is less than 500.

**2015-2019 Population by Race and Ethnicity**

| | White | Black or African American | Asian | Some Other Race | Two or More Races | Latinx origin (any race) |
|---|---|---|---|---|---|---|
| 02836, Kenyon | 100% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 02874, Saunderstown | 96.5% | 1.6% | 0.8% | 0.6% | 0.5% | 2.4% |
| 02812, Carolina | 90.1% | 7.3% | 0.0% | 0.0% | 2.7% | 0.0% |
| 02822, Exeter | 92.4% | 0.2% | 1.3% | 2.0% | 1.7% | 1.4% |
| 02875, Shannock | 100% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 02892, West Kingston | 94.8% | 1.7% | 0.0% | 0.1% | 3.2% | 0.3% |
| 02894, Wood River Junction | 100% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 02898, Wyoming | 95.9% | 0.0% | 4.1% | 0.0% | 0.0% | 7.2% |
| 02807, Block Island | 93.8% | 0.4% | 2.1% | 0.8% | 2.9% | 0.8% |
| 02832, Hope Valley | 95.6% | 0.9% | 1.9% | 0.3% | 1.2% | 0.1% |
| 02879, Wakefield | 91.4% | 1.7% | 1.5% | 0.9% | 2.1% | 3.3% |
| 02882, Narragansett | 94.7% | 0.8% | 2.1% | 1.5% | 0.8% | 3.5% |
| 02804, Ashaway | 100% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 02813, Charlestown | 95.3% | 0.0% | 1.0% | 0.0% | 2.2% | 1.1% |
| 02852, North Kingstown | 91.5% | 0.7% | 2.3% | 1.0% | 3.9% | 3.5% |
| 02881, Kingston | 84.9% | 5.3% | 5.2% | 1.7% | 2.5% | 10.3% |
| 02808, Bradford | 96.0% | 2.6% | 0.0% | 1.3% | 0.0% | 3.7% |
| 02873, Rockville | 100% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 02833, Hopkinton | 96.0% | 0.0% | 3.0% | 0.0% | 1.1% | 4.6% |
| 02891, Westerly | 92.6% | 1.5% | 2.4% | 1.7% | 1.2% | 3.4% |
| Rhode Island | 80.5% | 6.8% | 3.4% | 5.5% | 3.3% | 15.4% |
| United States | 72.5% | 12.7% | 5.5% | 4.9% | 3.3% | 18.0% |

Source: US Census Bureau, American Community Survey

Life expectancy is another measure of adverse social determinants of health. Overall life expectancy in Washington County is among the highest in Rhode Island, but it varies widely by census tract. **For example, within Westerly zip code 02891, areas of high deprivation have among the lowest reported life expectancy in the county at 75-78 years.** Consistent with the 2019 CHNA, the coastal area in Westerly also has a lower life expectancy, despite positive socioeconomic indicators. This finding is assumed to be due in part to a low population count in this area and a higher margin of error in the calculation of life expectancy.

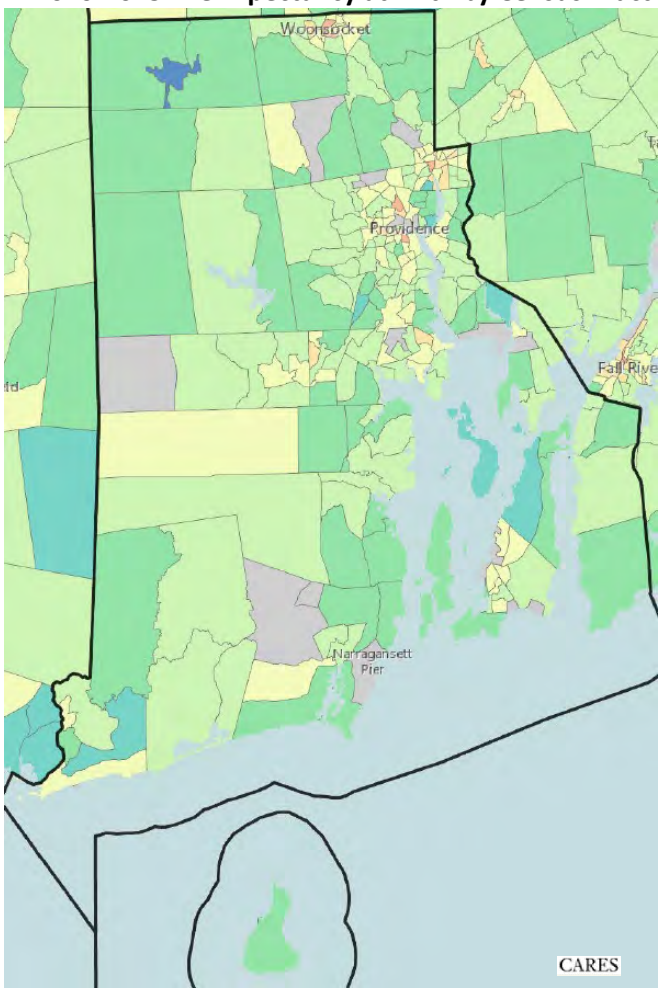
Life expectancy also varies widely by racial and ethnic group. In Rhode Island, life expectancy is highest for Latinx and Asian residents. The state differs from national trends with higher life expectancy among Black/African Americans than Whites. This trend is consistent across all counties except Newport and is largely reflected in mortality data presented in this report. For example, in all counties except Newport, Black/African Americans have a similar or lower all-cause death rate compared to Whites. Nationally, the all-cause death rate is 130 points higher for Black/African Americans than Whites.

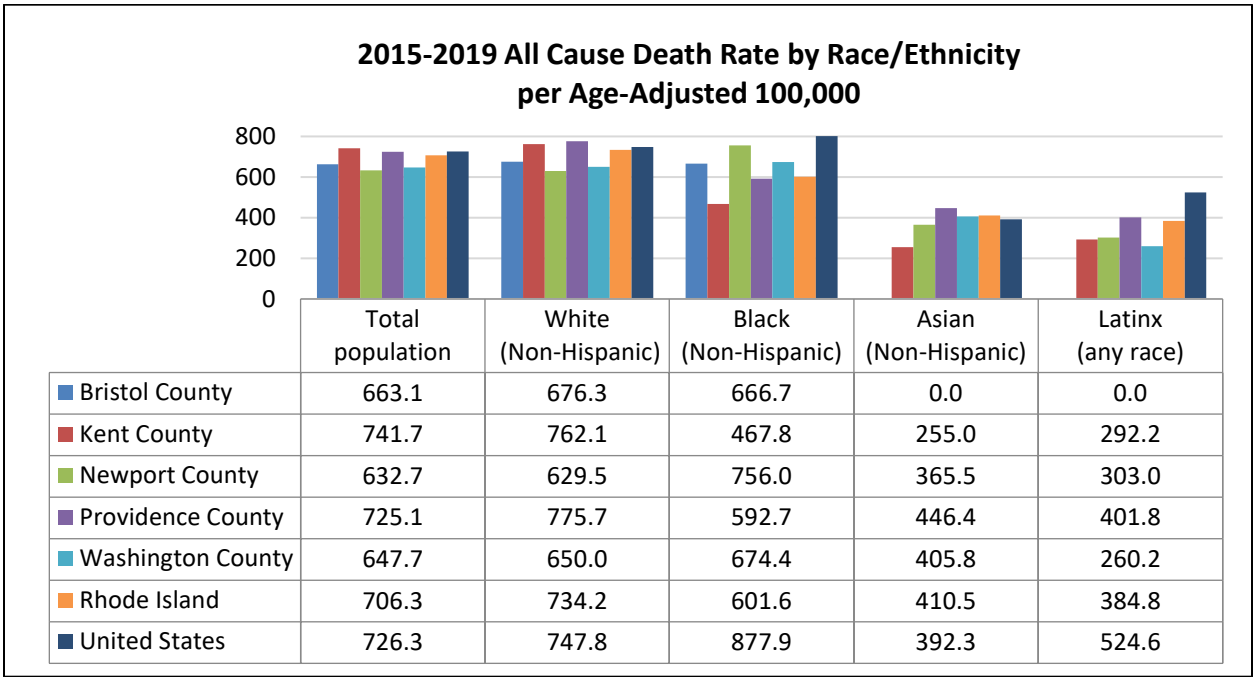
**2017-2019 Life Expectancy by Race and Ethnicity**

| | Overall Life Expectancy | White | Black | Asian | Latinx origin (any race) |
|---|---|---|---|---|---|
| Bristol County | 81.5 | NA | NA | NA | NA |
| Kent County | 79.2 | 78.7 | 87.5 | 93.2 | 91.1 |
| Newport County | 81.6 | 81.7 | 77.1 | 89.5 | 98.0 |
| Providence County | 79.4 | 78.5 | 82.8 | 85.9 | 91.3 |
| Washington County | 81.0 | 81.0 | 81.9 | 89.0 | 89.9 |
| Rhode Island | 79.8 | 79.4 | 82.1 | 87.4 | 91.7 |

Source: National Vital Statistics System

**2010-2015 Life Expectancy at Birth by Census Tract**






| | Total population | White (Non-Hispanic) | Black (Non-Hispanic) | Asian (Non-Hispanic) | Latinx (any race) |
|---|---|---|---|---|---|
| Bristol County | 663.1 | 676.3 | 666.7 | 0.0 | 0.0 |
| Kent County | 741.7 | 762.1 | 467.8 | 255.0 | 292.2 |
| Newport County | 632.7 | 629.5 | 756.0 | 365.5 | 303.0 |
| Providence County | 725.1 | 775.7 | 592.7 | 446.4 | 401.8 |
| Washington County | 647.7 | 650.0 | 674.4 | 405.8 | 260.2 |
| Rhode Island | 706.3 | 734.2 | 601.6 | 410.5 | 384.8 |
| United States | 726.3 | 747.8 | 877.9 | 392.3 | 524.6 |

Source: Centers for Disease Control and Prevention

# Our Health Status as a Community

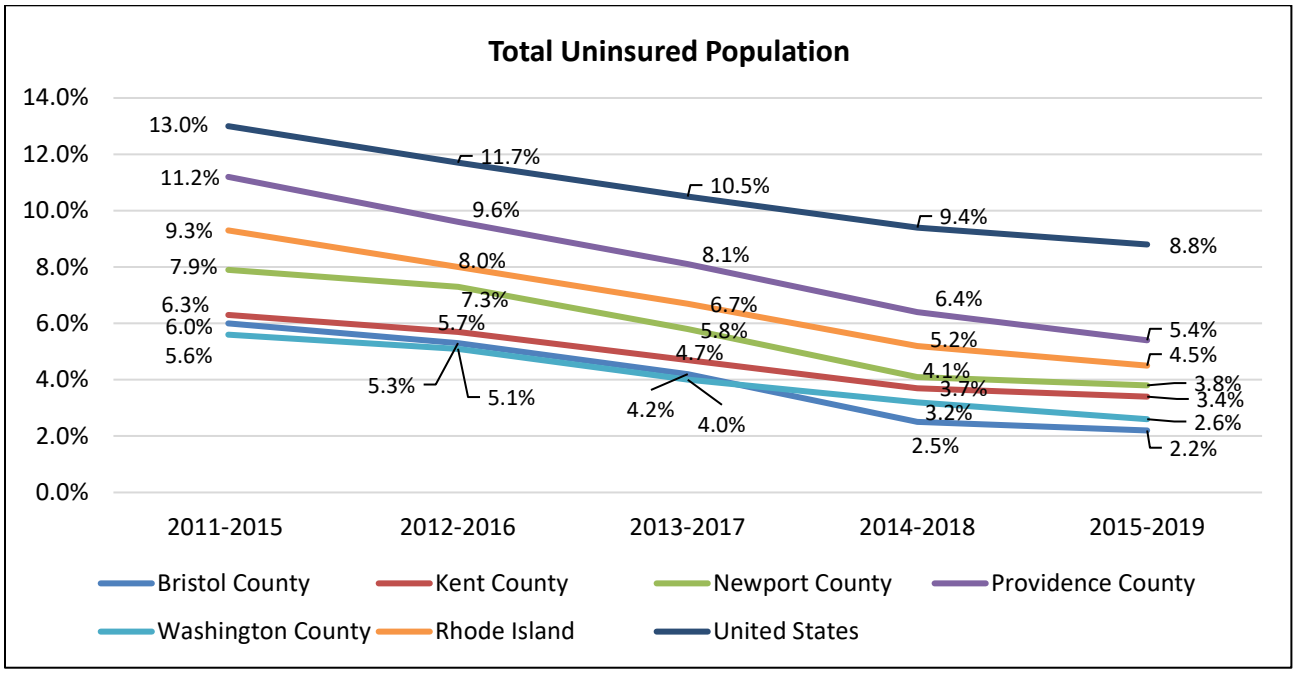
## Access to Healthcare

**All Rhode Island counties meet the HP2030 goal of 92.1% insured residents.** Rhode Island residents are more likely to be insured than their peers nationally, and the uninsured percentage continues to decline in all counties. When considered by age, it is worth noting an elevated uninsured percentage among young adults age 19-25 and adults age 26-44 in Newport and Providence counties, in comparison to other counties. Approximately 1 in 10 residents in these age groups are uninsured in both counties.

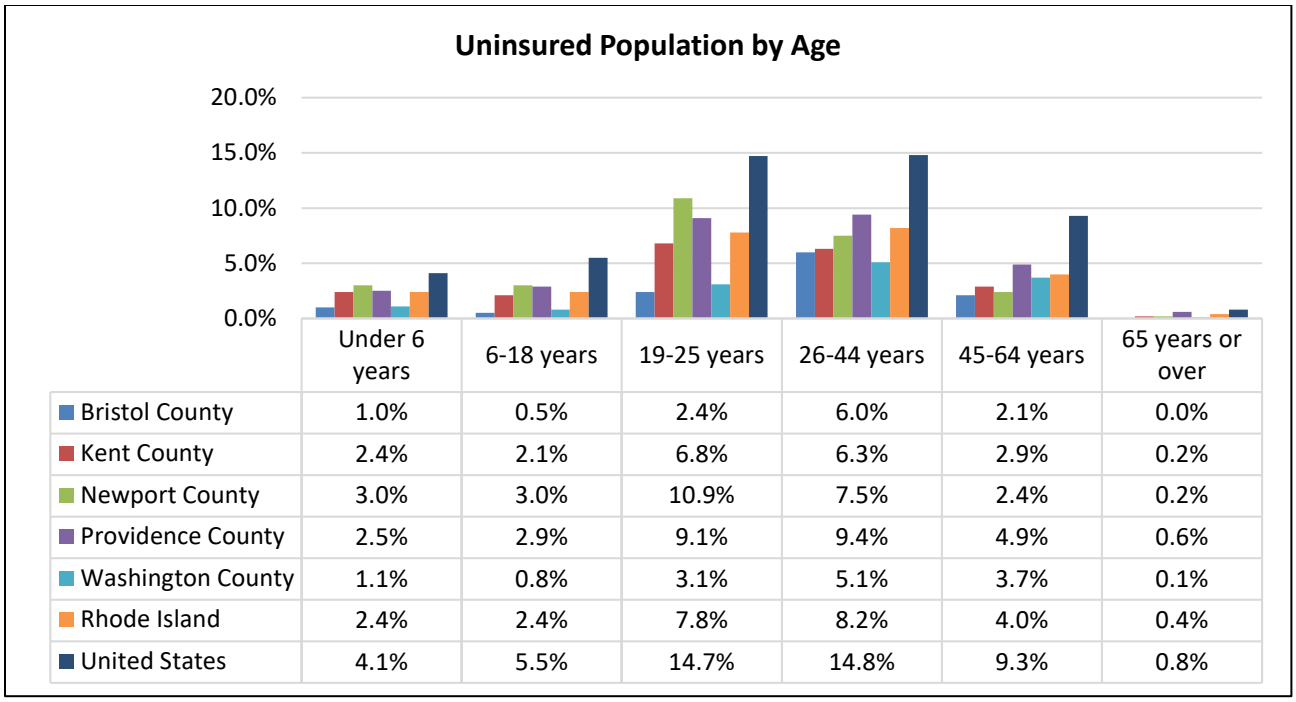
Among individuals with health insurance living in Rhode Island, the majority are covered by employer-based insurance. Medicare and Medicaid coverage rates are also higher in Rhode Island in comparison to the nation. Medicaid coverage is particularly high in Providence County, covering 27% of individuals. Across the state, the percentage of Medicaid insured residents increased in nearly all zip codes.

**Washington County has the second lowest uninsured percentage in the state at 2.6%. The uninsured percentage declined or remained at 0% from the 2019 CHNA in all zip codes except Block Island 02807 and Ashaway 02804.** Block Island zip code 02807 continues to have the highest uninsured percentage (16.6%), a finding that is not rooted in racial and ethnic disparities and should continue to be explored. The uninsured percentage for Wood River Junction zip code 02894 declined from the 2019 CHNA, but it is also elevated at 13.9%. In both Block Island and Wood River Junction, the majority of uninsured individuals are young to middle-age adults.

Statewide, the uninsured percentage declined for all racial and ethnic groups, but individuals of color continue to be disproportionately uninsured compared to Whites. The uninsured percentage for Black/African Americans (7%) and Latinx (10.7%) is double or more than the White percentage (3.5%).

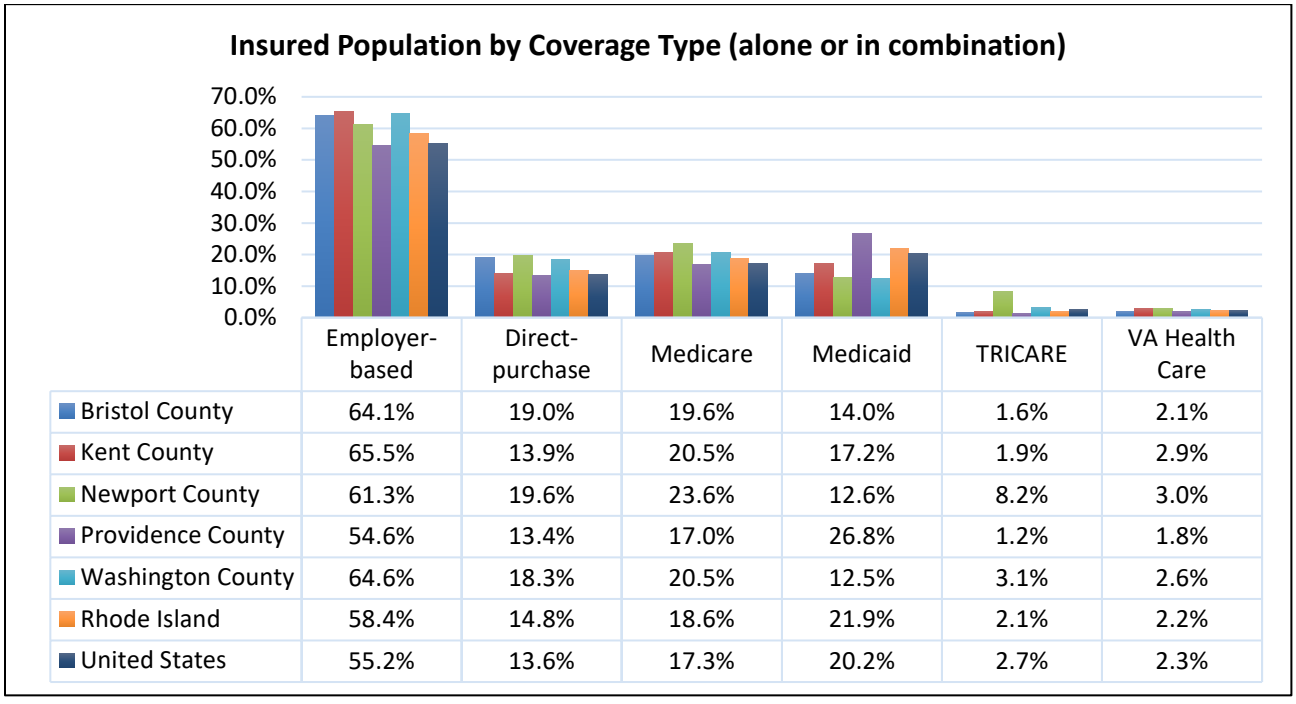



Source: US Census Bureau, American Community Survey




| | Under 6 years | 6-18 years | 19-25 years | 26-44 years | 45-64 years | 65 years or over |
|---|---|---|---|---|---|---|
| Bristol County | 1.0% | 0.5% | 2.4% | 6.0% | 2.1% | 0.0% |
| Kent County | 2.4% | 2.1% | 6.8% | 6.3% | 2.9% | 0.2% |
| Newport County | 3.0% | 3.0% | 10.9% | 7.5% | 2.4% | 0.2% |
| Providence County | 2.5% | 2.9% | 9.1% | 9.4% | 4.9% | 0.6% |
| Washington County | 1.1% | 0.8% | 3.1% | 5.1% | 3.7% | 0.1% |
| Rhode Island | 2.4% | 2.4% | 7.8% | 8.2% | 4.0% | 0.4% |
| United States | 4.1% | 5.5% | 14.7% | 14.8% | 9.3% | 0.8% |

Source: US Census Bureau, American Community Survey




| | Employer-based | Direct-purchase | Medicare | Medicaid | TRICARE | VA Health Care |
|---|---|---|---|---|---|---|
| Bristol County | 64.1% | 19.0% | 19.6% | 14.0% | 1.6% | 2.1% |
| Kent County | 65.5% | 13.9% | 20.5% | 17.2% | 1.9% | 2.9% |
| Newport County | 61.3% | 19.6% | 23.6% | 12.6% | 8.2% | 3.0% |
| Providence County | 54.6% | 13.4% | 17.0% | 26.8% | 1.2% | 1.8% |
| Washington County | 64.6% | 18.3% | 20.5% | 12.5% | 3.1% | 2.6% |
| Rhode Island | 58.4% | 14.8% | 18.6% | 21.9% | 2.1% | 2.2% |
| United States | 55.2% | 13.6% | 17.3% | 20.2% | 2.7% | 2.3% |

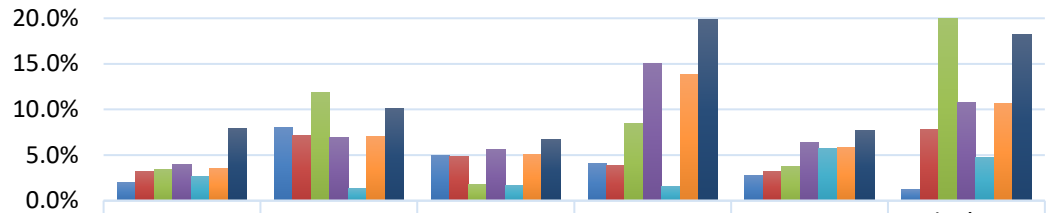
Source: US Census Bureau, American Community Survey

**Health Insurance Coverage Trends by Washington County Zip Code**

| | Uninsured | | Medicaid Insured (Alone or in Combination) | |
|---|---|---|---|---|
| | 2022 CHNA (2015-2019) | 2019 CHNA (2012-2016) | 2022 CHNA (2015-2019) | 2019 CHNA (2012-2016) |
| 02807, Block Island | 16.6% | 15.4% | 5.1% | 7.9% |
| 02894, Wood River Junction | 13.9% | 16.3% | 2.5% | 18.7% |
| 02804, Ashaway | 7.0% | 6.5% | 13.7% | 8.2% |
| 02813, Charlestown | 3.7% | 4.5% | 10.6% | 13.7% |
| 02879, Wakefield | 3.4% | 5.2% | 13.6% | 9.9% |
| 02891, Westerly | 3.3% | 6.3% | 14.6% | 14.3% |
| 02812, Carolina | 2.9% | 4.6% | 2.9% | 8.6% |
| 02881, Kingston | 2.7% | 3.0% | 7.5% | 8.3% |
| 02852, North Kingstown | 2.4% | 4.7% | 15.1% | 12.9% |
| 02892, West Kingston | 2.1% | 4.7% | 13.8% | 9.0% |
| 02832, Hope Valley | 2.0% | 4.2% | 17.7% | 14.8% |
| 02874, Saunderstown | 1.8% | 1.9% | 4.1% | 4.5% |
| 02833, Hopkinton | 1.4% | 7.5% | 30.1% | 16.7% |
| 02822, Exeter | 0.8% | 7.8% | 12.2% | 14.2% |
| 02882, Narragansett | 0.8% | 4.2% | 8.9% | 6.6% |
| 02808, Bradford | 0.0% | 5.7% | 11.7% | 10.2% |
| 02836, Kenyon | 0.0% | 0.0% | 3.3% | 0.0% |
| 02873, Rockville | 0.0% | 8.3% | 0.0% | 0.0% |
| 02875, Shannock | 0.0% | 0.0% | 2.6% | 4.3% |
| 02898, Wyoming | 0.0% | 5.2% | 20.0% | 14.1% |
| Rhode Island | 4.5% | 8.0% | 21.9% | 19.9% |
| United States | 8.8% | 11.7% | 20.2% | 19.1% |

Source: US Census Bureau, American Community Survey

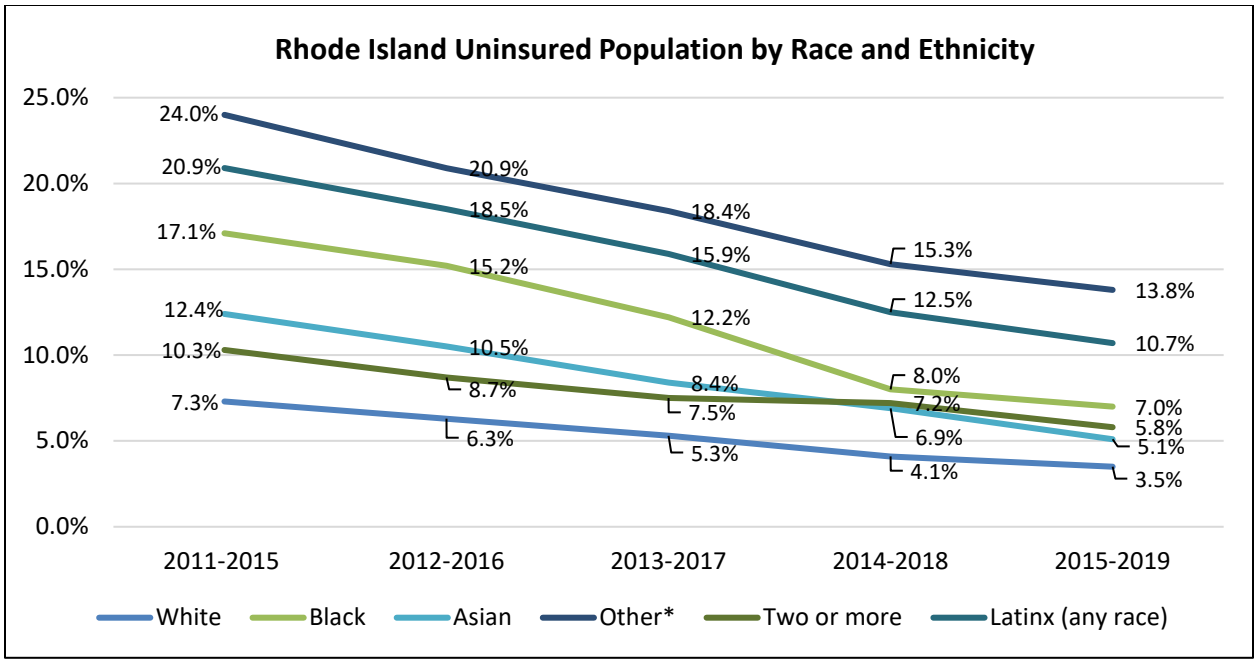
**Uninsured Population by Race and Ethnicity**




| | White | Black | Asian | Other* | Two or more | Latinx (any race) |
|---|---|---|---|---|---|---|
| Bristol County | 2.0% | 8.0% | 5.0% | 4.1% | 2.8% | 1.2% |
| Kent County | 3.2% | 7.1% | 4.9% | 3.9% | 3.2% | 7.8% |
| Newport County | 3.4% | 11.9% | 1.8% | 8.5% | 3.8% | 21.2% |
| Providence County | 4.0% | 6.9% | 5.6% | 15.0% | 6.4% | 10.8% |
| Washington County | 2.6% | 1.3% | 1.7% | 1.6% | 5.7% | 4.7% |
| Rhode Island | 3.5% | 7.0% | 5.1% | 13.8% | 5.8% | 10.7% |
| United States | 7.9% | 10.1% | 6.7% | 19.9% | 7.7% | 18.2% |

Source: US Census Bureau, American Community Survey

*Includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and other unidentified race.




Source: US Census Bureau, American Community Survey

*Includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and other unidentified race.

Availability of healthcare providers also impacts access to care and health outcomes. **Rhode Island overall continues to have more primary care providers than the nation**, as indicated by the rate of primary care physicians per 100,000 population. The distribution of providers is largely consistent across the state, excluding a higher rate in Bristol County, and a similar, higher percentage of adults have received a recent physical checkup in comparison to the nation.

**Rhode Island has fewer dentists than the nation overall, but adults in all counties are more likely to receive regular dental care, likely due in part to higher insured rates.** Despite this overall positive finding, wide differences in dental care access exist across the state, demonstrating the negative impact of social determinants of health. In Bristol County, the rate of dental providers per 100,000 (39.2) is nearly half the statewide rate (65.7), but 77% of Bristol County adults have had recent dental care compared to 72% statewide. In Providence County, the rate of dental providers (60.6) is similar to the statewide rate, but only 67% of adults have had recent dental care. Lower adult dental care access in Kent County (70%) should also be explored.

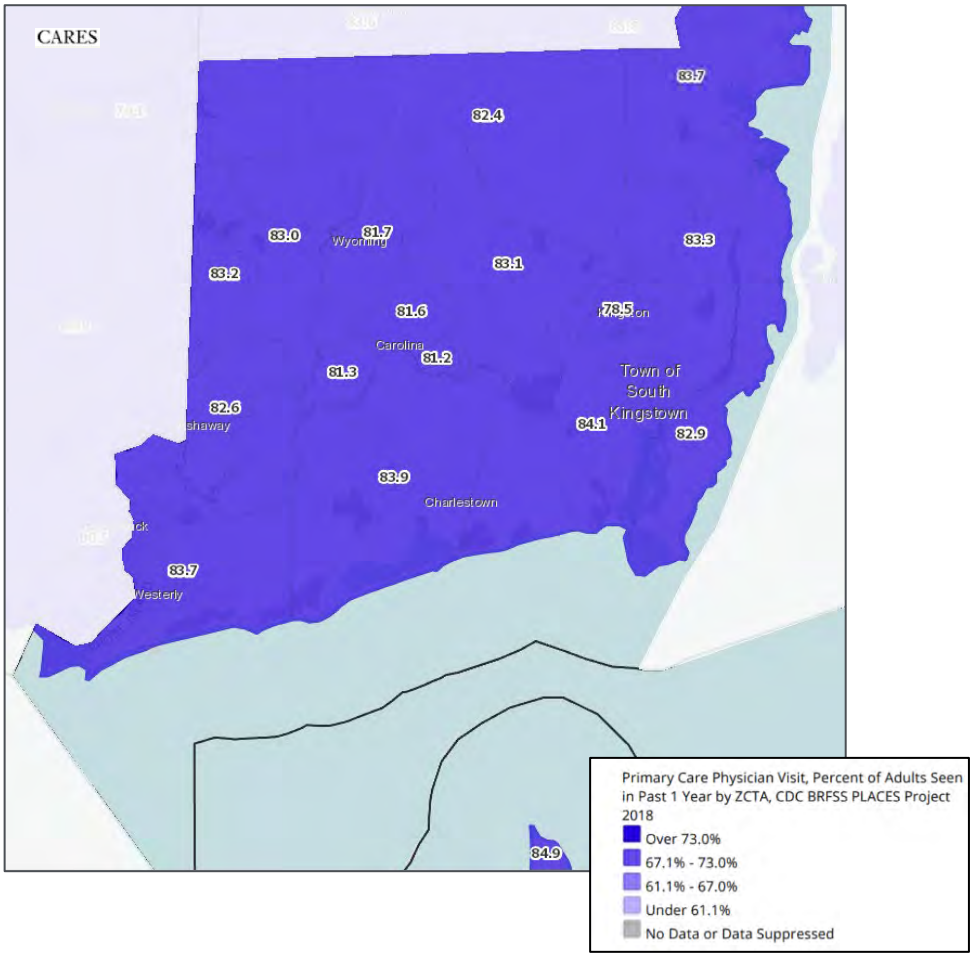
Health Professional Shortage Areas (HPSAs) are measured by the Federal Department of Health and Human Services, and can be geographic areas, populations, or facilities. These designated areas have a shortage of primary or dental providers. **Washington County is not a HPSA for primary or dental care, and all zip codes exceed the nation for the percentage of adults receiving regular care.** Highlighted dental care disparities in Kingston are likely impacted by University of Rhode Island students.

**Primary and Dental Provider Rates and Adult Healthcare Access**

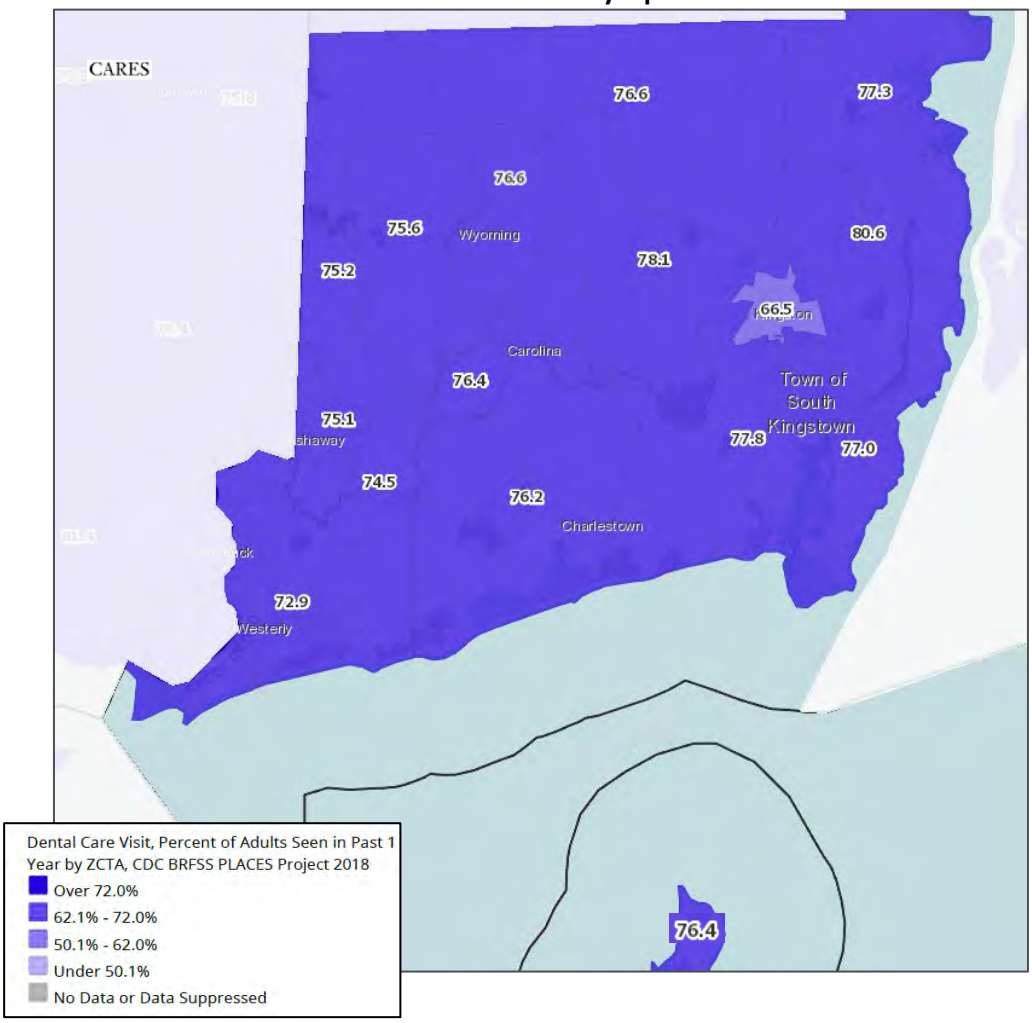
| | Primary Care | | Dental Care | |
|---|---|---|---|---|
| | Physicians per 100,000 Population (2018) | Routine Checkup within Past Year (2018)* | Dentists per 100,000 Population (2019) | Dental Visit within Past Year (2018)* |
| Bristol County | 199.4 | 83.0% | 39.2 | 76.5% |
| Kent County | 87.3 | 82.8% | 76.7 | 70.0% |
| Newport County | 90.9 | 81.4% | 104.8 | 77.0% |
| Providence County | 97.9 | 83.5% | 60.6 | 67.0% |
| Washington County | 89.6 | 81.7% | 62.1 | 75.7% |
| Rhode Island | 99.4 | 82.4% | 65.7 | 71.8% |
| United States | 75.8 | 75.1% | 71.4 | 66.2% |

Source: Health Resources and Services Administration & Centers for Disease Control and Prevention, PLACES & BRFSS
*Data are reported as age-adjusted percentages.

**Washington County: Adults with a Routine Checkup within the Past Year by Zip Code**



**Washington County: Adults with a Dental Visit within the Past Year by Zip Code**




## Health Risk Factors and Chronic Disease

Routine preventative care contributes to fewer health risk factors and better health status. Consistent with having better overall access to care, Rhode Islanders as a whole are healthier than their peers nationally, with fewer reported health risk factors and lower prevalence and mortality due to chronic disease.

While the state overall is healthier than the nation, health outcomes vary widely across the five counties. Residents of Kent and Providence counties have increased risk factors for chronic disease, including lack of physical activity and tobacco use. These health disparities correlate with existing differences in socioeconomic factors and physical environment, including lower income, higher poverty, and/or lower educational attainment. **Washington County adults overall report better physical health than their peers statewide and nationally and are the most physically active in Rhode Island. A slightly higher percentage of Washington County adults report smoking compared to the state average.**

The following report sections further explore health risk factors and chronic disease, and their connection to underlying social determinants of health. Social determinants of health not only lead to poorer health outcomes and the onset of disease, but are also likely to impede disease management and treatment efforts, further exacerbating poorer health outcomes

**2018 Age-Adjusted Adult (18+) Physical Health Outcomes**

| | Physical Health Not Good for 14 or More Days in Past 30 Days | No Leisure-Time Physical Activity in Past 30 Days |
|---|---|---|
| Bristol County | 10.7% | 20.9% |
| Kent County | 11.9% | 23.2% |
| Newport County | 10.3% | 19.3% |
| Providence County | 13.8% | 27.9% |
| Washington County | 11.0% | 19.0% |
| Rhode Island | 11.5% | 24.5% |
| United States | 11.8% | 23.6% |

Source: Centers for Disease Control and Prevention, PLACES & BRFSS

**2018 Age-Adjusted Adults (18+) Who Are Current Smokers***

| | Percentage |
|---|---|
| Bristol County | 14.4% |
| Kent County | 18.5% |
| Newport County | 14.9% |
| Providence County | 17.6% |
| Washington County | 16.2% |
| Rhode Island | 15.2% |
| United States | 15.9% |

Source: Centers for Disease Control and Prevention, BRFSS

*A change in reporting methodology occurred in 2018 providing age-adjusted county percentages. Data prior to 2018 were reported as crude percentages and are not comparable.

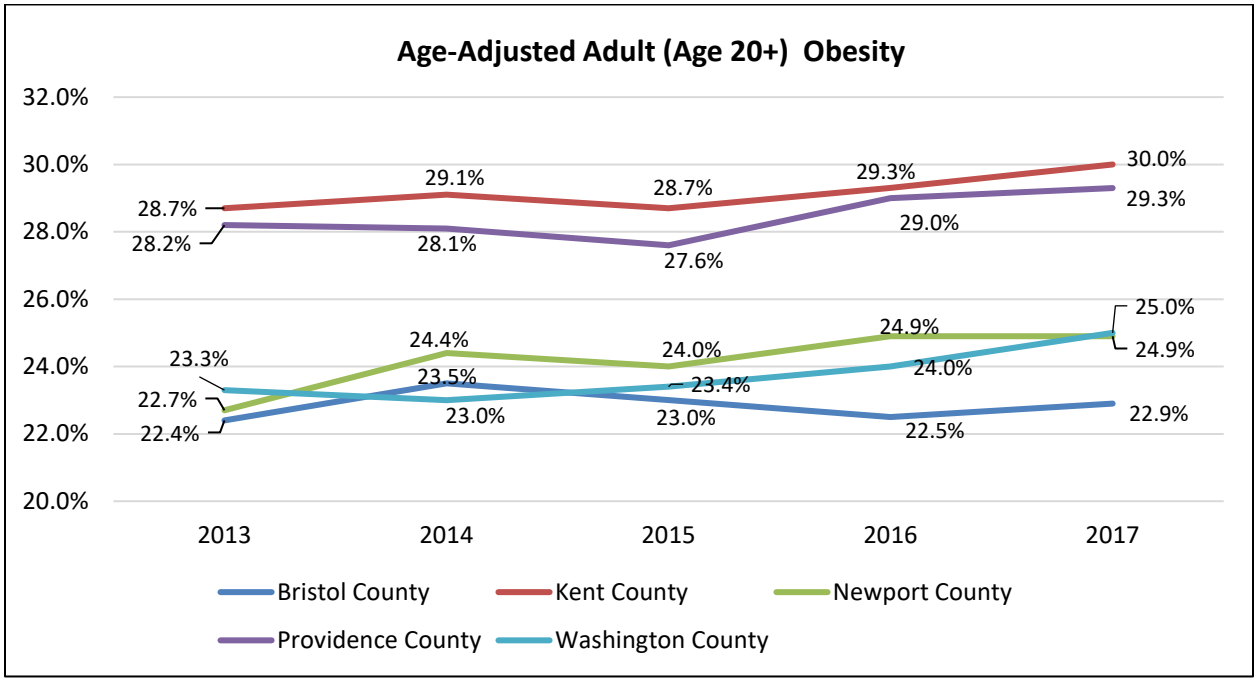
Obesity and Diabetes

Rhode Island adults overall have historically had lower prevalence of obesity and diabetes compared to national benchmarks, but prevalence largely increased in recent years. **From 2013 to 2017, all counties except Bristol saw an increase in adult obesity. From 2016 to 2017, all counties except Bristol also saw an increase in adult diabetes.**

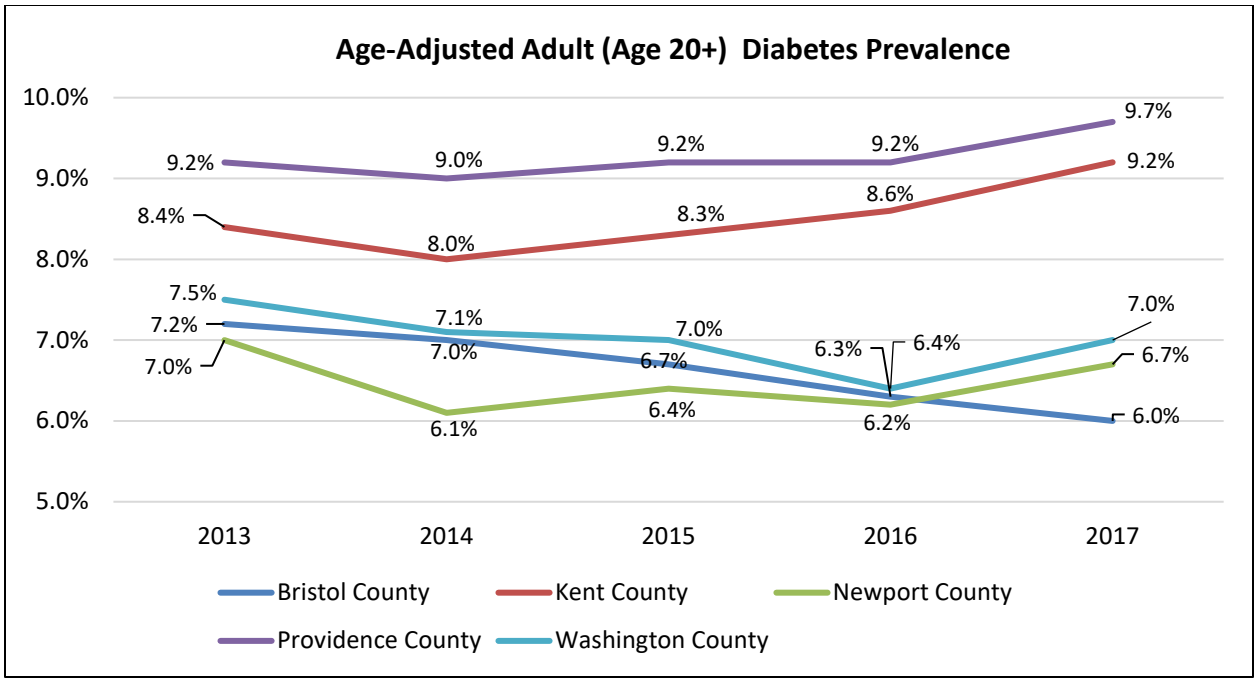
Kent and Providence counties have the highest prevalence of adult obesity and diabetes in the state, estimated at nearly 30% and 10% respectively in both counties. The two counties also have the highest rates of diabetes death in the state and saw the largest death rate increase from 2010 to 2019. **Within Washington County, 25% of adults are obese and 7% have diabetes, among the lowest in the state.** The Washington County diabetes death rate has historically been lower than both the state and nation.

**Across Rhode Island and consistent with national trends, diabetes death rates are disproportionately higher among Black/African American compared to other racial and ethnic groups.**

A change in data methodology occurred in 2018 providing obesity and diabetes prevalence for adults age 18 or older versus age 20 or older at the county-level. Based on the new methodology, the prevalence of adult obesity and diabetes in Washington County is estimated to have increased approximately one percentage point each, potentially indicating higher prevalence among young adults. **Consistent with social determinants of health barriers captured by the community need index and area deprivation index, Westerly zip code 02891 has one of the highest percentages of adults with diabetes (10.3%) in the county. Block Island zip code 02807 has the highest diabetes prevalence at 10.7% and the highest uninsured percentage.** Adult obesity prevalence is similar across Washington County zip codes, affecting approximately 1 in 4 individuals.




Source: Centers for Disease Control and Prevention, US Diabetes Surveillance System & BRFSS
*State and national data are reported as a percentage of adults age 18+ and are excluded.



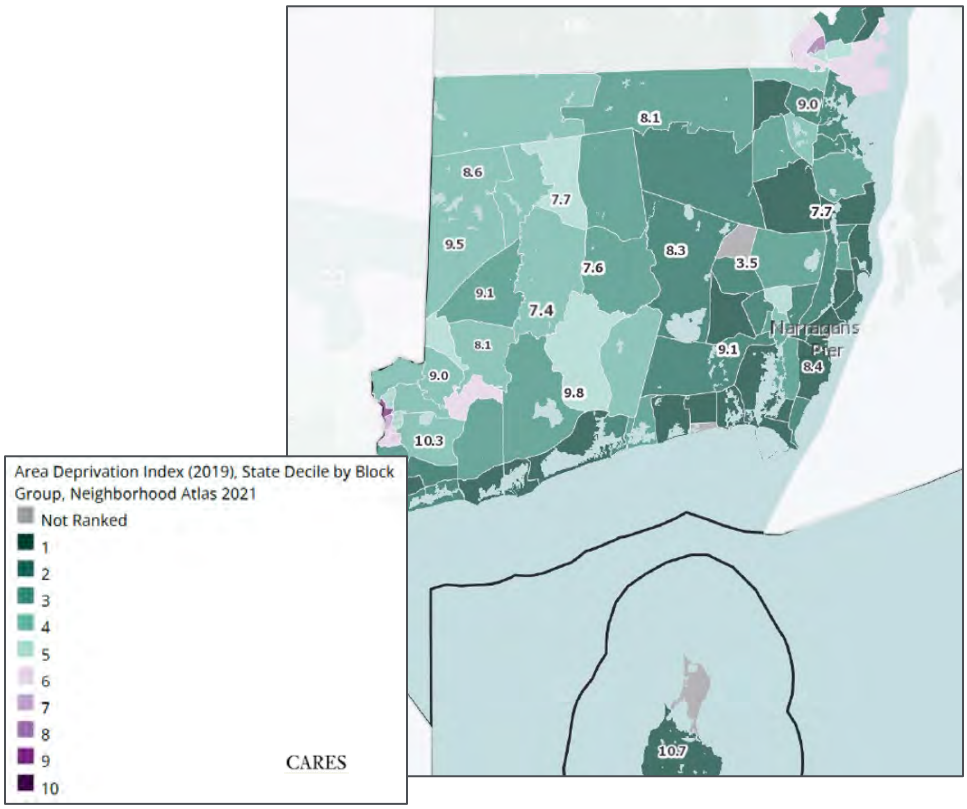

Source: Centers for Disease Control and Prevention, US Diabetes Surveillance System
*State and national data are reported as a percentage of adults age 18+ and are excluded.

**2018 Age-Adjusted Adult (Age 18+) Health Outcome Indicators***

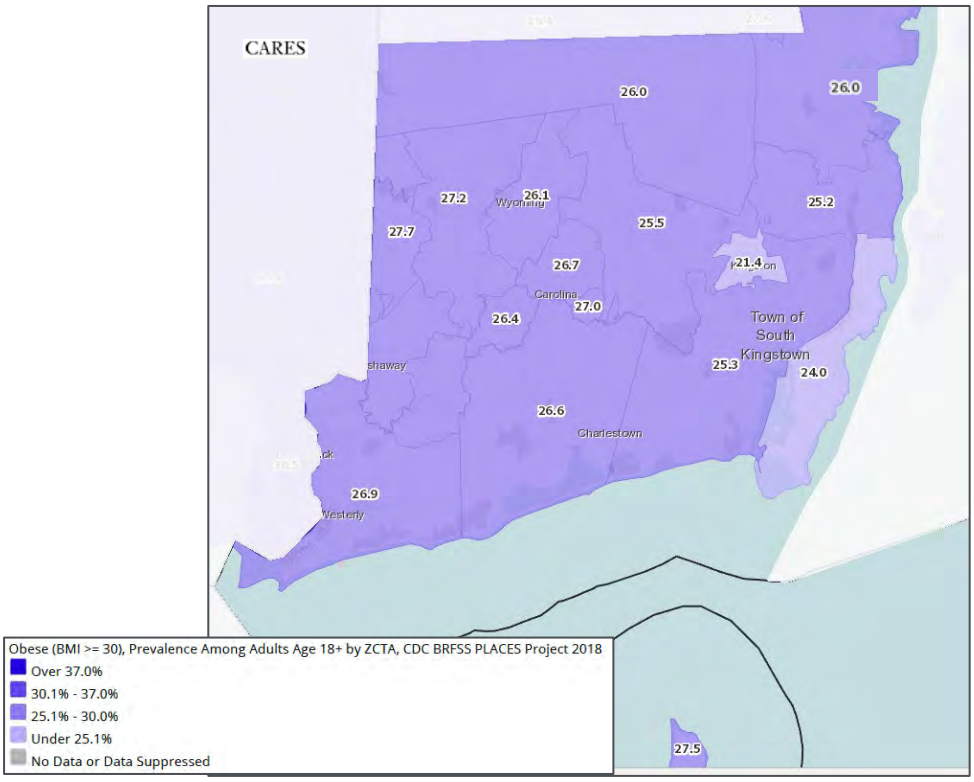
| | Obese | Diabetes Diagnosis |
|---|---|---|
| Bristol County | 24.8% | 7.4% |
| Kent County | 29.6% | 9.0% |
| Newport County | 26.5% | 7.4% |
| Providence County | 29.6% | 10.7% |
| Washington County | 25.6% | 7.7% |
| Rhode Island | 27.5% | 9.6% |
| United States | 30.9% | 10.0% |

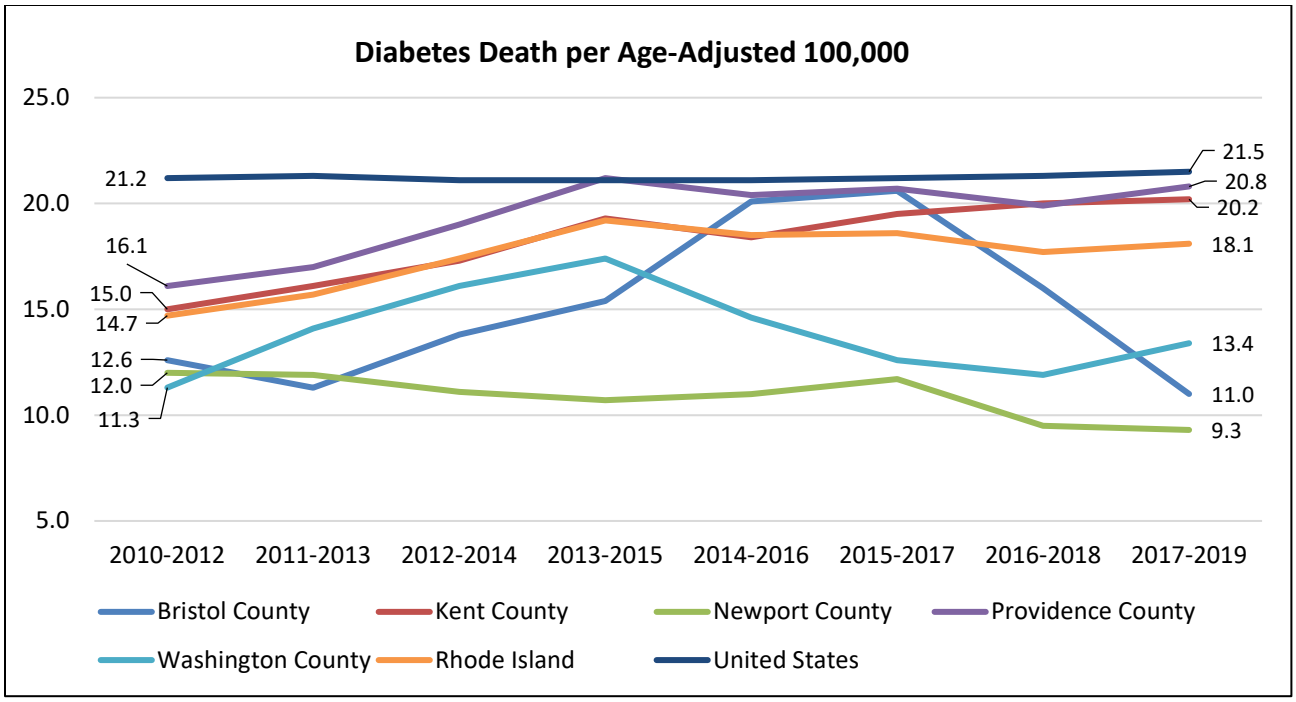
Source: Centers for Disease Control and Prevention, PLACES & BRFSS
*Data are not comparable to previously trended indicators due to differences in age composition (age 18+ vs. age 20+) at the county-level.

**Washington County: Area Deprivation Index by Block Group and Percent of Adults with Diabetes by Zip Code**




**Washington County: Percent of Obese Adults by Zip Code**






Source: Centers for Disease Control and Prevention

**2017-2019 Diabetes Death Rate per Age-Adjusted 100,000, by Race and Ethnicity***

| | Providence County | Rhode Island | United States |
|---|---|---|---|
| Total Population | 20.8 | 18.1 | 21.5 |
| White, Non-Hispanic | 20.2 | 17.3 | 18.9 |
| Black or African American, Non-Hispanic | 29.8 | 29.0 | 38.5 |
| Asian, Non-Hispanic | NA | NA | 16.5 |
| Latinx origin (any race) | 17.6 | 17.9 | 25.2 |

Source: Centers for Disease Control and Prevention
*Data are not reportable for other counties due to low death counts.

Heart Disease

Heart disease is the leading cause of death nationally. High blood pressure and cholesterol are two of the primary causes of heart disease and can be preventable. **Across Rhode Island counties, more than 1 in 4 adults have high blood pressure and/or high cholesterol, a consistent proportion as the nation overall.** Kent and Providence counties have the highest proportion of adults with high blood pressure and/or high cholesterol, and the highest death rates due to heart disease. Washington County heart disease prevalence is slightly lower than state and national averages.

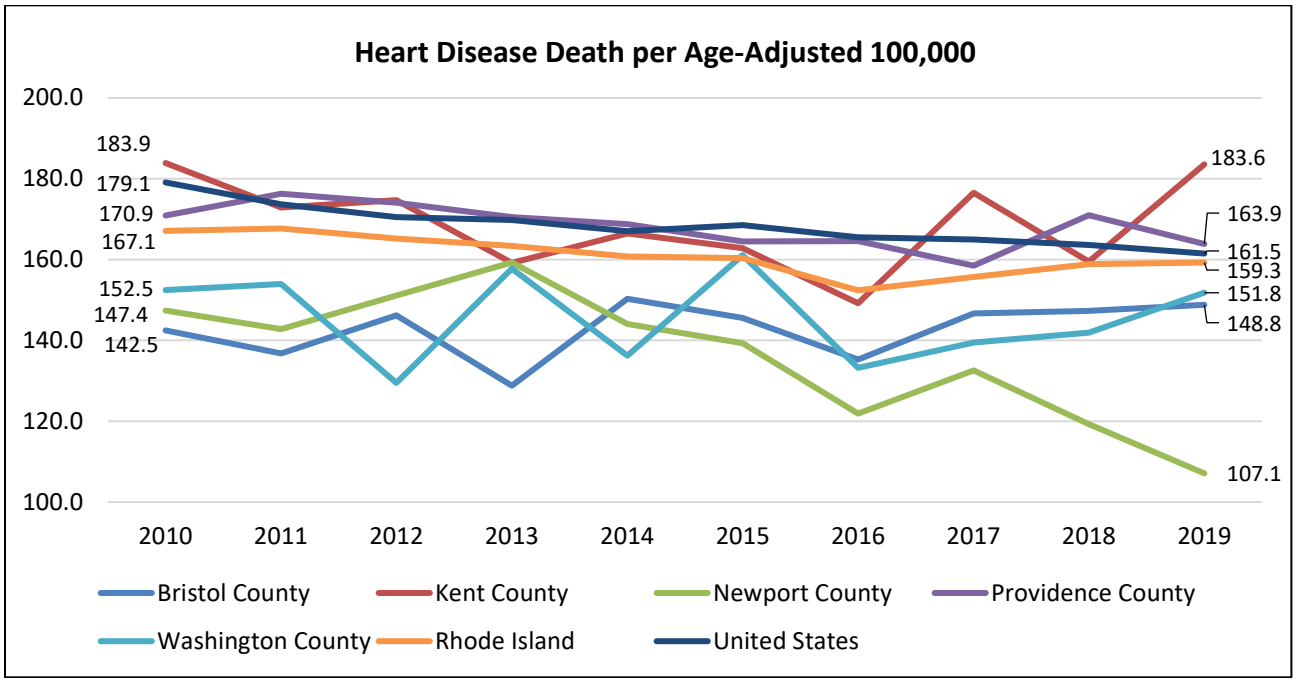
**Rhode Island overall has historically had a lower heart disease death rate than the nation, although the rates are more similar now due to an increase in the statewide death rate from 2016 to 2019.** At the county-level, heart disease death rates have been variable over the past decade with the exception of Newport County, which saw a 40-point decline from 2010 to 2019. Rhode Island and Providence

County differ from the nation with a higher heart disease death rate among Whites than Black/African Americans; racial and ethnic data are not reported for other Rhode Island counties due to unreliable rates.

**2017 Age-Adjusted Adult (Age 18+) Heart Disease Risk Factors Prevalence**

| | Adults with High Blood Pressure | Adults with High Cholesterol |
|---|---|---|
| Bristol County | 25.6% | 26.8% |
| Kent County | 30.6% | 27.4% |
| Newport County | 26.4% | 25.7% |
| Providence County | 32.0% | 29.0% |
| Washington County | 27.1% | 27.4% |
| Rhode Island | 29.9% | 28.9% |
| United States | 29.7% | 29.3% |

Source: Centers for Disease Control and Prevention, PLACES & BRFSS




Source: Centers for Disease Control and Prevention

**2017-2019 Heart Disease Death Rate per Age-Adjusted 100,000, by Race and Ethnicity***

| | Providence County | Rhode Island | United States |
|---|---|---|---|
| Total Population | 164.4 | 158.0 | 163.4 |
| White, Non-Hispanic | 178.7 | 165.3 | 167.4 |
| Black or African American, Non-Hispanic | 123.1 | 127.0 | 207.6 |
| Asian, Non-Hispanic | 83.1 | 81.5 | 84.3 |
| Latinx origin (any race) | 67.6 | 64.5 | 112.5 |

Source: Centers for Disease Control and Prevention

*Data are not reportable for other counties due to low death counts.

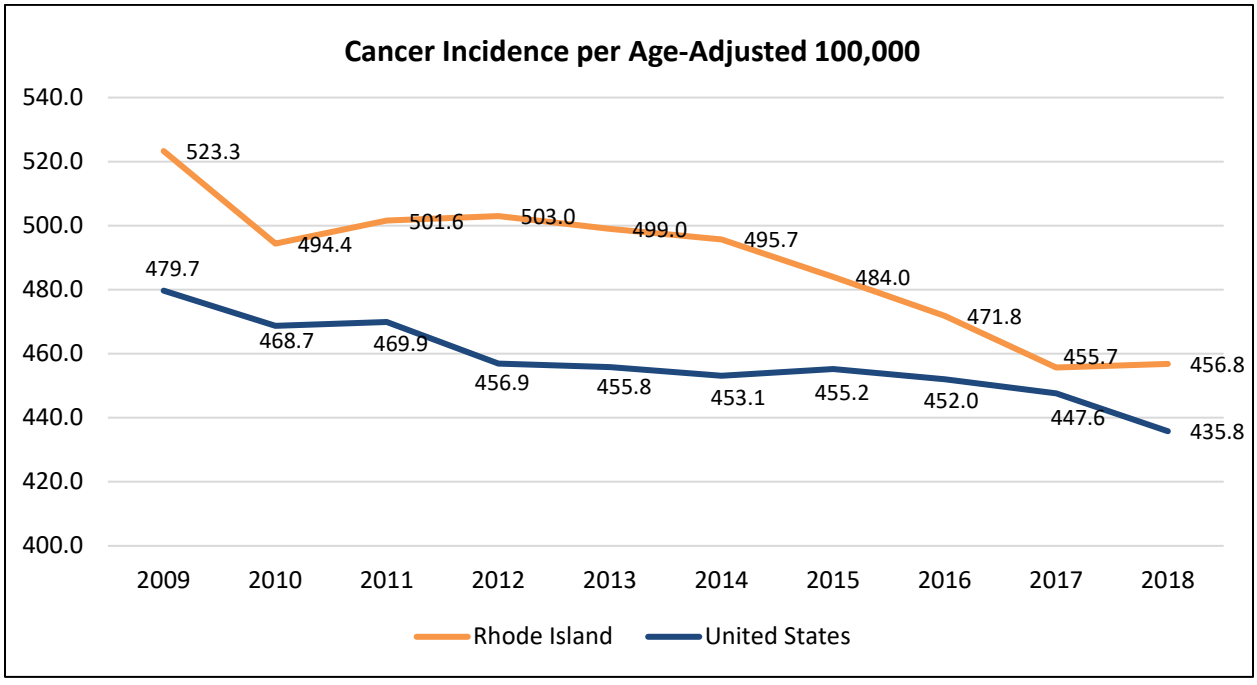
Cancer

Cancer is the second leading cause of death nationally. Approximately 7% of adults in Rhode Island counties have ever been diagnosed with cancer compared to 6% nationwide. **Rhode Island and Washington County have a higher cancer incidence rate than the nation, but a similar death rate. This finding is likely reflective of better cancer screening practices and earlier detection and treatment.** With few exceptions, Rhode Island counties report a higher percentage of adults who receive cancer screenings in comparison to the nation.

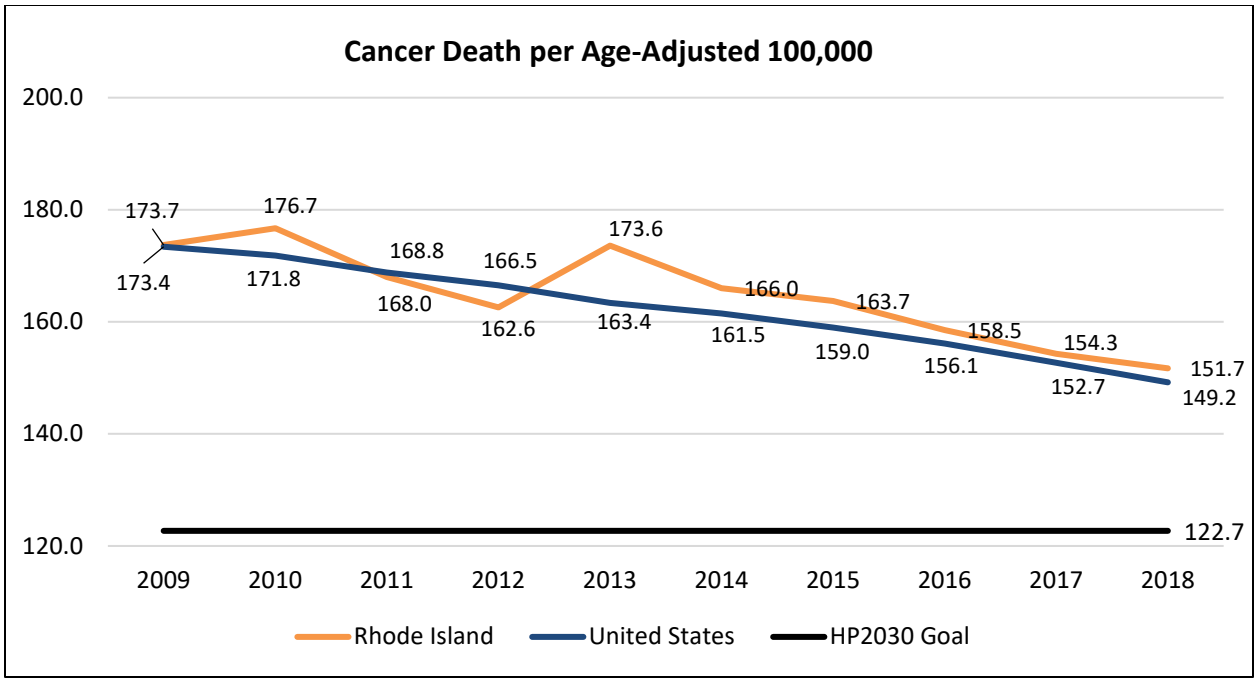
**2018 Age-Adjusted Adult Cancer Prevalence and Screening Practices**

| | Adults with Cancer (ever, excluding skin) | Mammogram in the Past 2 Years (50-74 years) | Cervical Cancer Screening (21-65 years) | Colon Cancer Screening (50-74 years) |
|---|---|---|---|---|
| Bristol County | 6.6% | 76.6% | 88.0% | 73.6% |
| Kent County | 6.7% | 78.3% | 87.9% | 72.9% |
| Newport County | 6.8% | 76.7% | 88.8% | 74.4% |
| Providence County | 6.3% | 78.8% | 86.8% | 68.1% |
| Washington County | 7.0% | 75.1% | 87.5% | 70.5% |
| United States | 6.0% | 77.8% | 85.5% | 65.0% |

Source: Centers for Disease Control and Prevention, PLACES & BRFSS




Source: Centers for Disease Control and Prevention, United States Cancer Statistics: Data Visualizations




Source: Centers for Disease Control and Prevention, United States Cancer Statistics: Data Visualizations

No Rhode Island counties meet the HP2030 overall cancer death rate goal of 122.7 per 100,000. Based on 2014-2018 aggregate data, Bristol County has the lowest overall death rate at 140.1. Of note, Bristol County has a higher incidence of common cancer types, including female breast and prostate cancer, but the death rates for these cancers meet HP2030 goals, suggesting cancers are being identified earlier and treated effectively in the county.

Kent County residents experience notable cancer disparities in comparison to other Rhode Island residents. The county has the highest cancer incidence and death rates in the state and exceeds national rates. Analysis of common cancer types suggests that lung cancer is a top contributor to cancer morbidity and mortality in Kent County and is likely a result of both higher smoking rates among adults and potential exposure to radon. Prostate cancer death is also elevated in Kent County compared to other counties and should be further explored.

Rhode Island overall has higher reported lung cancer incidence and death rates than the nation. A potential contributor is the prevalence of radon in homes. Radon is a colorless and odorless gas produced from the decay of radium in rocks, soil, and water. It is the second leading cause of lung cancer. The Environmental Protection Agency (EPA) recommends action to mitigate radon when indoor testing shows levels of 4.0 pCi/L or higher. **As of 2016, it was estimated that 1 in 4 homes in Rhode Island had radon levels at or above 4.0 pCi/L compared to the national average of 1 in 15 homes.**

The EPA distinguishes counties by radon zones, with Zone 1 indicating counties with predicted average indoor radon screening levels greater than 4.0 pCi/L. Within Rhode Island, **Kent and Washington counties are designated as Zone 1, and both counties have elevated rates of lung cancer incidence and death, although Kent County rates far exceed Washington County rates.**

Providence County has the second highest rates of lung cancer incidence and death in the state, behind Kent County. The county has a higher percentage of smoking adults and is designated as Zone 2 by the EPA for radon levels. Consistent with other morbidity and mortality statistics, Providence County reports the most robust cancer data by race and ethnicity. Available racial and ethnic data indicates that Whites experience higher cancer burden in Rhode Island.

Newport County has lower overall cancer incidence and death rates than the state and nation, as well lower incidence and death rates for all common cancer types except female breast. **The Newport County female breast cancer incidence rate is the lowest in the state, but the death rate is the highest in the state and exceeds the national death rate.** Newport County women are slightly less likely to receive mammogram screenings (76.7%) as women nationwide (77.8%); other potential access to care barriers should also be explored.

**2014-2018 Age-Adjusted Cancer Incidence and Death per 100,000 Population by Race and Ethnicity**

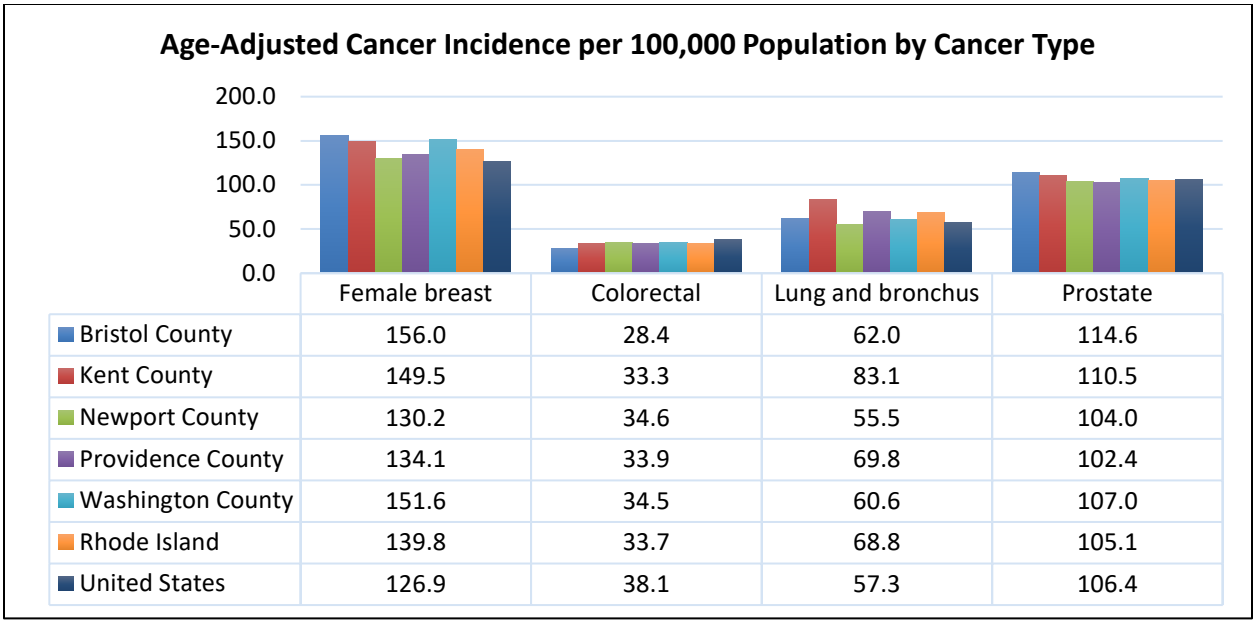
| | Bristol County | Kent County | Newport County | Providence County | Washington County | Rhode Island | United States |
|---|---|---|---|---|---|---|---|
| **Cancer Incidence** | | | | | | | |
| Total Population | 470.4 | 507.4 | 460.0 | 459.4 | 496.2 | 472.8 | 449.0 |
| White | 470.6 | 506.5 | 461.9 | 461.4 | 493.0 | 474.1 | 451.3 |
| Black or African American | NA | 332.5 | 378.6 | 333.7 | NA | 338.4 | 445.4 |
| Asian | NA | NA | NA | 271.6 | 392.6 | 276.8 | 291.5 |
| Latinx origin (any race) | NA | 353.0 | NA | 402.8 | NA | 397.2 | 345.5 |
| **Cancer Death** | | | | | | | |
| Total Population | 140.1 | 171.2 | 150.9 | 158.4 | 157.8 | 158.8 | 155.6 |
| White | 141.1 | 174.3 | 152.8 | 164.6 | 157.5 | 162.8 | 156.4 |
| Black or African American | NA | NA | NA | 103.3 | NA | 106.6 | 177.6 |
| Asian | NA | NA | NA | 100.4 | NA | 92.9 | 97.4 |
| Latinx origin (any race) | NA | NA | NA | 82.8 | NA | 81.0 | 111.3 |

Source: Centers for Disease Control and Prevention, United States Cancer Statistics: Data Visualizations

**2021 Radon Zones and Estimated Levels by County**

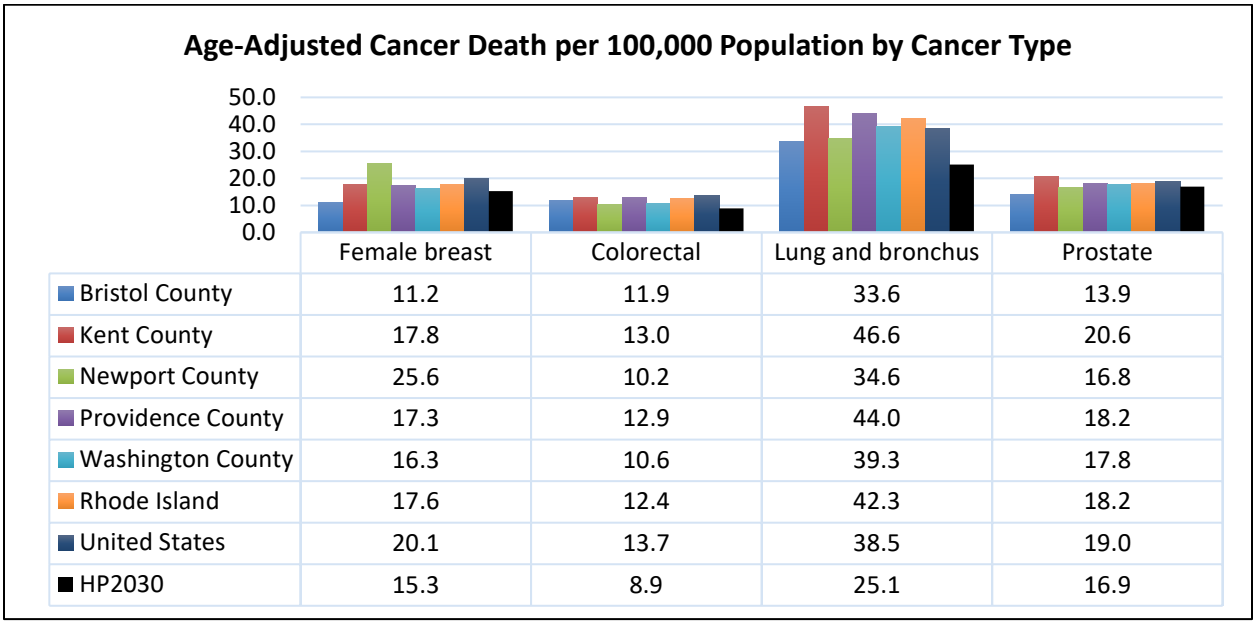
| | Radon Zone |
|---|---|
| Bristol County | Zone 3 (<2 pCi/L) |
| Kent County | Zone 1 (>4 pCi/L) |
| Newport County | Zone 2 (2-4 pCi/L |
| Providence County | Zone 2 (2-4 pCi/L) |
| Washington County | Zone 1 (> 4 pCi/L) |

Source: Environmental Protection Agency




| | Female breast | Colorectal | Lung and bronchus | Prostate |
|---|---|---|---|---|
| Bristol County | 156.0 | 28.4 | 62.0 | 114.6 |
| Kent County | 149.5 | 33.3 | 83.1 | 110.5 |
| Newport County | 130.2 | 34.6 | 55.5 | 104.0 |
| Providence County | 134.1 | 33.9 | 69.8 | 102.4 |
| Washington County | 151.6 | 34.5 | 60.6 | 107.0 |
| Rhode Island | 139.8 | 33.7 | 68.8 | 105.1 |
| United States | 126.9 | 38.1 | 57.3 | 106.4 |

Source: Centers for Disease Control and Prevention, United States Cancer Statistics: Data Visualizations




| | Female breast | Colorectal | Lung and bronchus | Prostate |
|---|---|---|---|---|
| Bristol County | 11.2 | 11.9 | 33.6 | 13.9 |
| Kent County | 17.8 | 13.0 | 46.6 | 20.6 |
| Newport County | 25.6 | 10.2 | 34.6 | 16.8 |
| Providence County | 17.3 | 12.9 | 44.0 | 18.2 |
| Washington County | 16.3 | 10.6 | 39.3 | 17.8 |
| Rhode Island | 17.6 | 12.4 | 42.3 | 18.2 |
| United States | 20.1 | 13.7 | 38.5 | 19.0 |
| HP2030 | 15.3 | 8.9 | 25.1 | 16.9 |

Source: Centers for Disease Control and Prevention, United States Cancer Statistics: Data Visualizations

Respiratory Disease

Chronic lower respiratory disease (CLRD) includes several chronic conditions of the respiratory tract, including asthma and chronic obstructive pulmonary disease (COPD). **All Rhode Island counties have a higher prevalence of adult asthma compared to the national benchmark. This disparity is due in part to Rhode Island's older housing stock, which is more likely to contain hazardous materials that can trigger asthma.** Rhode Island is tied with Massachusetts for the third oldest housing stock in the nation.

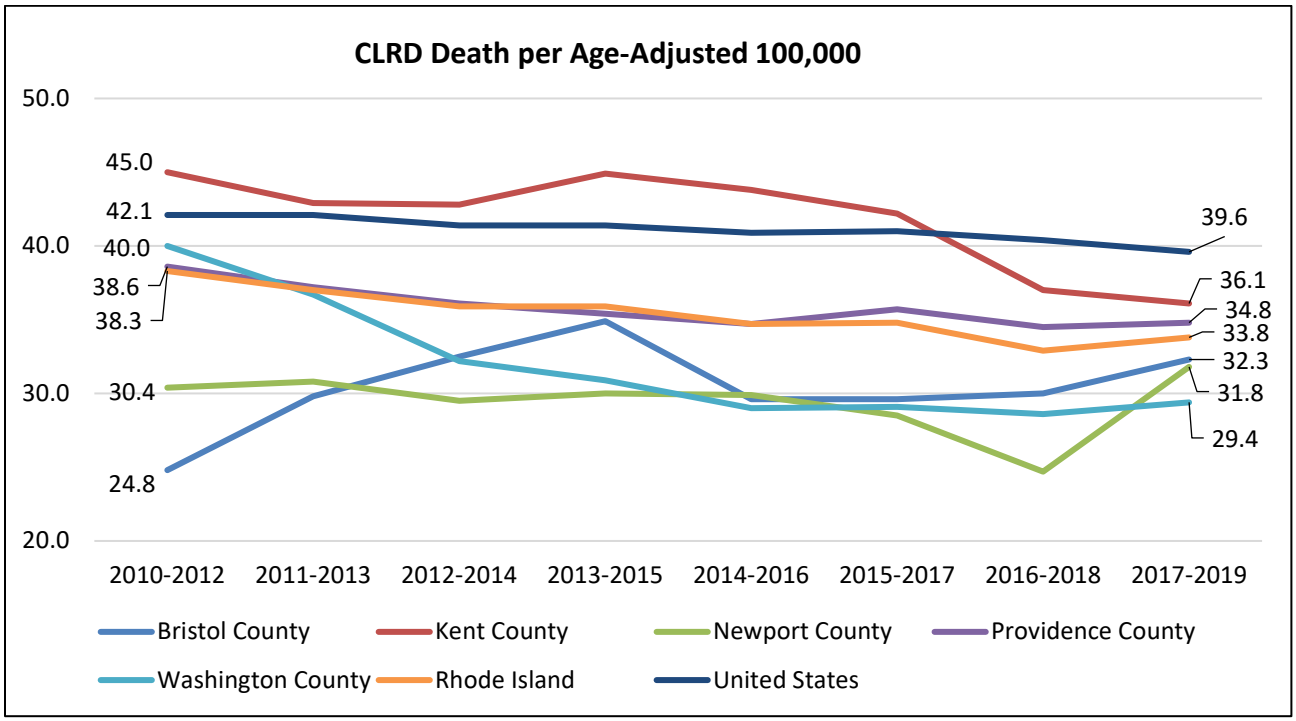
Approximately 73.5% of housing units in Rhode Island were built before 1980 compared to 53.6% nationwide. Providence County has the oldest housing stock in Rhode Island, and the highest prevalence of adult asthma. Adult COPD prevalence across Rhode Island is consistent with the nation.

The CLRD death rate has generally been declining in Rhode Island and across the nation. All Rhode Island counties have a lower CLRD death rate than the nation; Kent and Providence are the only counties to exceed the statewide death rate. Consistent with the nation, CLRD death rates are historically higher among Whites than other racial and ethnic groups.

**2018 Age-Adjusted Adult (Age 18+) Respiratory Disease Prevalence**

| | Adults with Current Asthma Diagnosis | Adults with COPD |
|---|---|---|
| Bristol County | 10.3% | 5.7% |
| Kent County | 11.3% | 6.4% |
| Newport County | 10.4% | 5.6% |
| Providence County | 11.8% | 6.9% |
| Washington County | 11.0% | 6.1% |
| Rhode Island | 11.9% | 6.2% |
| United States | 9.1% | 6.2% |

Source: Centers for Disease Control and Prevention, PLACES & BRFSS




Source: Centers for Disease Control and Prevention

**2017-2019 CLRD Death Rate per Age-Adjusted 100,000, by Race and Ethnicity***

| | Rhode Island | United States |
|---|---|---|
| Total Population | 33.8 | 39.6 |
| White, Non-Hispanic | 36.6 | 45.0 |
| Black or African American, Non-Hispanic | 13.5 | 29.8 |
| Asian, Non-Hispanic | NA | 11.3 |
| Latinx origin (any race) | 8.3 | 16.8 |

Source: Centers for Disease Control and Prevention
*Data are not reportable by county due to low death counts.

## Aging Population

Rhode Island is an aging community, with a growing proportion of older adults that exceeds national averages. As of 2015-2019, 30.7% of Rhode Island residents were age 55 or older compared to 28.5% nationwide. Among older adults age 65 or older, the proportion age 65-74 saw the greatest increase in recent years, largely due to the entry of the baby boomer generation.

According to the 2020 Rhode Island Healthy Aging Data Report, **the state saw an increase in the number of older adults with multiple chronic conditions and a decline in those with no chronic conditions from 2016, suggesting increased overall morbidity.** Consistent with this finding, statewide inpatient hospital stays among older adults age 65 or older increased from 2016 to 2020.

According to Centers for Medicare & Medicaid Services data, **74.4% of Rhode Island Medicare beneficiaries age 65 or older have two or more chronic conditions compared to 70.3% nationwide**. The proportion of Medicare beneficiaries with multiple chronic conditions is highest in Kent County (76.8%), followed by Providence County (75.1%). Approximately 72.7% of Washington County Medicare beneficiaries have multiple chronic conditions.

**Poorer health among older adults may be due in part to declining economic situation.** As reported in earlier report sections, the economic situation of older adults in Rhode Island worsened even before the impact of COVID-19, including higher poverty and receipt of food benefits and more older adults engaged in the workforce. Washington County has fewer older adults living in poverty compared to the state and nation, but it was on the rise before 2019.

**2018 Chronic Condition Comorbidities among Medicare Beneficiaries 65 Years or Older**

| | 0 to 1 Condition | 2 to 3 Conditions | 4 to 5 Conditions | 6 or More Conditions |
|---|---|---|---|---|
| Bristol County | 26.7% | 32.6% | 24.0% | 16.8% |
| Kent County | 23.2% | 31.6% | 24.9% | 20.4% |
| Newport County | 28.4% | 33.1% | 22.2% | 16.3% |
| Providence County | 24.9% | 30.5% | 24.9% | 19.7% |
| Washington County | 27.3% | 34.6% | 23.0% | 15.0% |
| Rhode Island | 25.6% | 31.9% | 24.2% | 18.4% |
| United States | 29.7% | 29.4% | 22.8% | 18.2% |

Source: Centers for Medicare & Medicaid Services

**While chronic conditions are on the rise among Rhode Island older adults, medical utilization patterns and population statistics suggest improving care access and lower disability.** The rate of physician visits per year increased from 2016 to 2020, while prescription refills and durable medical equipment claims decreased. According to 2015-2019 data, the proportion of older adults with a reported disability is similar to or lower than the national average in all Rhode Island counties. Kent and Providence counties report the highest proportion of disabled older adults at approximately one-third of individuals.

**Rhode Island Statewide Older Adult Healthcare Utilization, 2016 vs. 2020**

| | 2016 | 2020 | Change from 2020 to 2016 |
|---|---|---|---|
| Dually eligible for Medicare and Medicaid | 14.6% | 13.8% | -0.8% |
| Physician visits per year | 8.0 | 8.4 | 0.4 |
| Inpatient hospital stays per 1,000 people 65+ per year | 284.1 | 295.2 | 11.1 |
| Part D monthly prescription fills per person per year | 2.0 | 1.7 | -0.3 |
| Durable medical equipment claims per year | 55.8 | 54.2 | -1.6 |

Source: Tufts Health Plan Foundation, Rhode Island Healthy Aging Data Report

**2015-2019 Older Adult Population by Disability Status**

| | Bristol County | Kent County | Newport County | Providence County | Washington County | Rhode Island | United States |
|---|---|---|---|---|---|---|---|
| Total population | 10.2% | 14.7% | 12.2% | 13.8% | 11.4% | 13.4% | 12.6% |
| 65 years or older | 27.0% | 34.1% | 25.9% | 34.4% | 27.9% | 32.2% | 34.5% |
| Ambulatory | 15.4% | 19.7% | 15.3% | 23.4% | 13.8% | 20.1% | 21.9% |
| Hearing | 12.0% | 15.9% | 11.6% | 12.8% | 14.1% | 13.3% | 14.3% |
| Independent living | 11.6% | 13.9% | 10.7% | 16.2% | 8.8% | 13.9% | 14.2% |
| Cognitive | 6.1% | 8.3% | 6.5% | 9.4% | 5.6% | 8.2% | 8.6% |
| Vision | 4.2% | 5.6% | 3.4% | 5.7% | 4.4% | 5.2% | 6.3% |

Source: US Census Bureau, American Community Survey

Across Rhode Island, there is opportunity to leverage increasing physician visits among older adults to ensure receipt of preventive services, such as recommended vaccines and cancer screenings. **Across all counties, about one-quarter of older adult men and women are up to date on preventive services, a lower proportion than the nation overall.** Older adult men residing in Providence County are at increased risk, with only 19.4% up to date on preventive services.

**2018 Age-Adjusted Older Adult (65+) Clinical Preventive Services***

| | Older Adult Men Who Are Up To Date On Clinical Preventive Services | Older Adult Women Who Are Up To Date On Clinical Preventive Services |
|---|---|---|
| Bristol County | 27.2% | 24.3% |
| Kent County | 24.4% | 24.7% |
| Newport County | 23.6% | 22.7% |
| Providence County | 19.4% | 24.3% |
| Washington County | 26.3% | 25.4% |
| United States | 32.7% | 28.1% |

Source: Centers for Disease Control and Prevention, PLACES & BRFSS

*Includes a flu vaccine in the past year, pneumococcal pneumonia vaccine ever, colorectal cancer screening, and mammogram in the past two years (women).

Older adult healthcare utilization and costs increase significantly with a higher number of reported chronic diseases. Tracking these indicators helps plan allocation of resources to best anticipate and serve need in the community. **Rhode Island overall has lower per capita spending among older adult Medicare beneficiaries compared to the nation, regardless of the number of chronic conditions, but spending is still notable. Among beneficiaries with six or more conditions, per capita spending averages $26,000 annually.** Of note, healthcare spending is generally higher in Newport and Washington counties.

**2018 Per Capita Standardized Spending* for Medicare Beneficiaries Age 65 Years or Older**

| | 0 to 1 Condition | 2 to 3 Conditions | 4 to 5 Conditions | 6 or More Conditions |
|---|---|---|---|---|
| Bristol County | $1,970 | $4,994 | $9,977 | $25,651 |
| Kent County | $2,000 | $4,848 | $9,432 | $26,530 |
| Newport County | $2,188 | $5,401 | $10,528 | $28,181 |
| Providence County | $1,684 | $4,761 | $9,435 | $26,354 |
| Washington County | $2,218 | $5,310 | $10,360 | $26,627 |
| Rhode Island | $1,923 | $4,980 | $9,749 | $26,598 |
| United States | $1,944 | $5,502 | $10,509 | $29,045 |

Source: Centers for Medicare & Medicaid Services

*Standardized spending takes into account payment factors that are unrelated to the care provided (e.g. geographic variation in Medicare payment amounts).

**2018 ED Visits per 1,000 Medicare Beneficiaries Age 65 Years or Older**

| | 0 to 1 Condition | 2 to 3 Conditions | 4 to 5 Conditions | 6 or More Conditions |
|---|---|---|---|---|
| Bristol County | 112.7 | 223.8 | 480.4 | 1,492.6 |
| Kent County | 106.6 | 276.3 | 602.8 | 1,800.9 |
| Newport County | 140.0 | 342.7 | 690.5 | 1,876.7 |
| Providence County | 101.9 | 263.7 | 572.6 | 1,748.9 |
| Washington County | 121.5 | 304.6 | 662.2 | 1,800.5 |
| Rhode Island | 112.4 | 282.0 | 601.9 | 1,767.9 |
| United States | 122.6 | 318.4 | 621.1 | 1,719.1 |

Source: Centers for Medicare & Medicaid Services

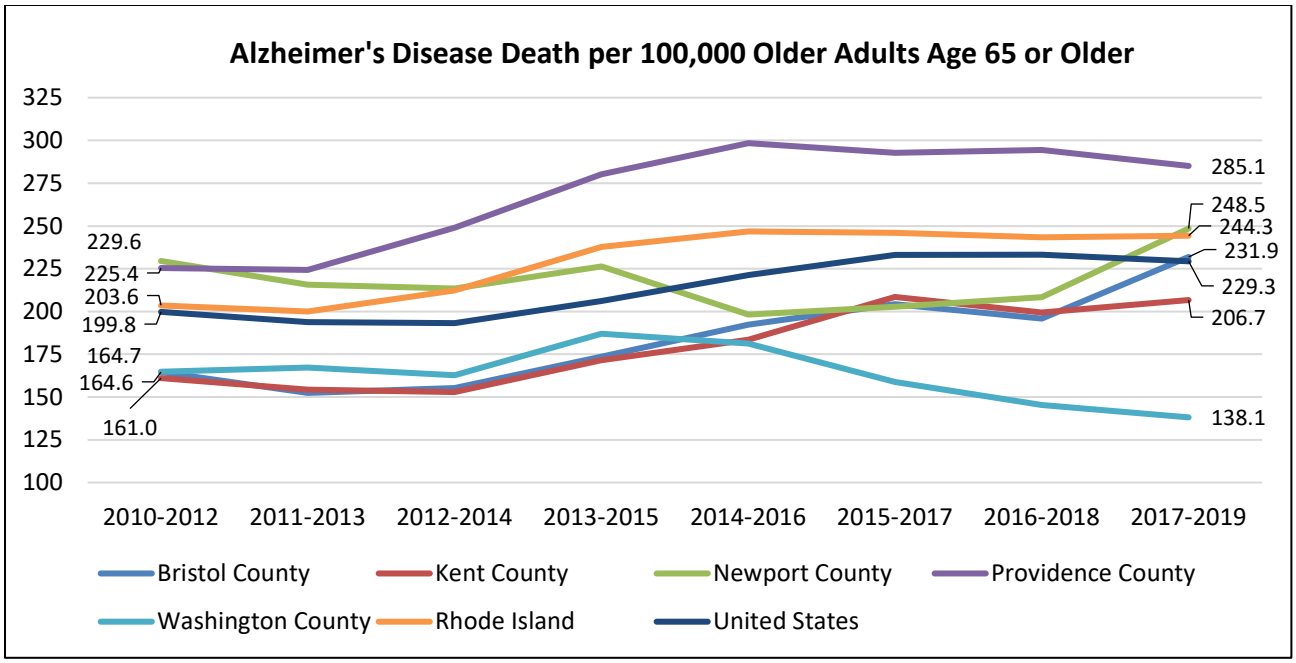
Nationally, the most common chronic conditions among older adult Medicare beneficiaries, in order of prevalence, are hypertension, high cholesterol, and arthritis. This finding is consistent across Rhode Island and its five counties. In comparison to the nation, **Rhode Island older adult Medicare beneficiaries have a higher prevalence of all reported chronic conditions, except Alzheimer's disease, chronic kidney disease, diabetes, heart failure, and ischemic heart disease.** Higher statewide disease prevalence is largely due to disparities in Kent and Providence counties. Consistent with total population statistics, nearly all Rhode Island counties have a higher prevalence of cancer among older adults.

The death rate from Alzheimer's disease is higher in Rhode Island than the nation, largely due to a death rate in Providence County that exceeds the national death rate by more than 50 points. **The Alzheimer's disease death rate is generally increasing in all Rhode Island counties except Washington.** Washington County reports a lower prevalence of Alzheimer's disease among older adults and a declining death rate. Bristol County reports the highest prevalence of Alzheimer's disease in the state and saw the highest death rate increase over the past decade.

**2018 Chronic Condition Prevalence among Medicare Beneficiaries Age 65 Years or Older**

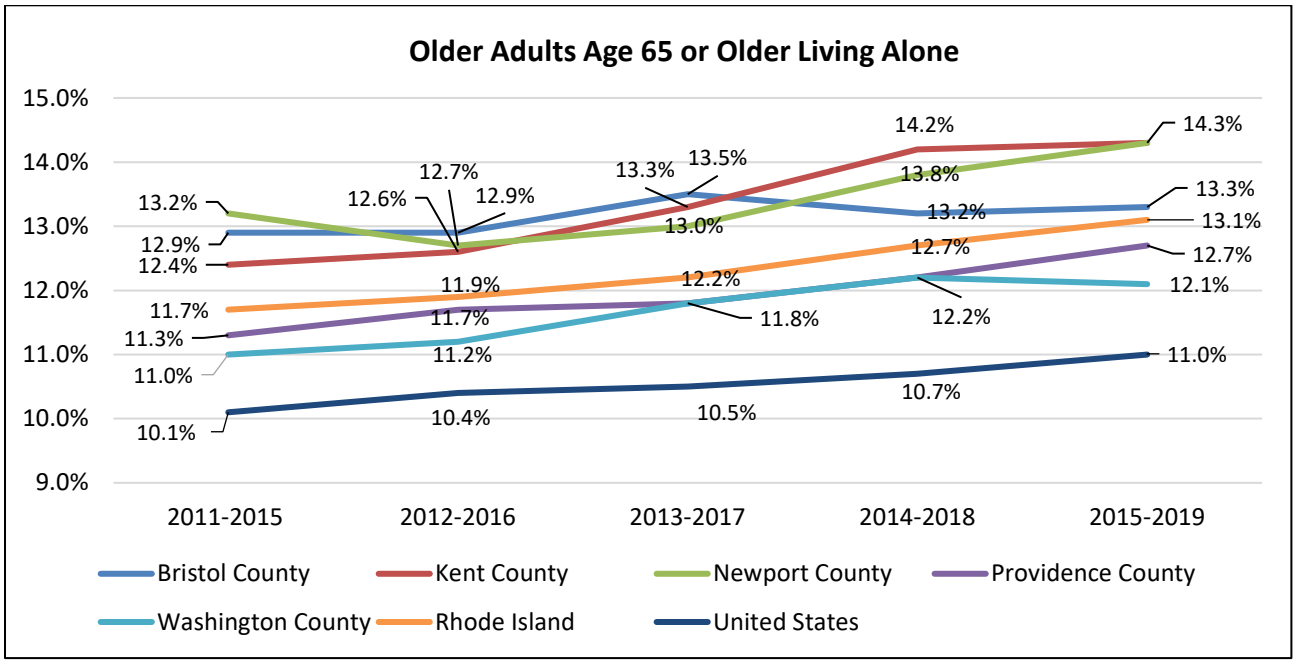
| | Bristol County | Kent County | Newport County | Providence County | Washington County | Rhode Island | United States |
|---|---|---|---|---|---|---|---|
| Alzheimer's Disease | 12.0% | 10.9% | 10.1% | 11.6% | 9.4% | 10.9% | 11.9% |
| Arthritis | 34.4% | 36.9% | 32.8% | 35.2% | 36.7% | 35.4% | 34.6% |
| Asthma | 6.4% | 6.0% | 6.1% | 6.8% | 5.9% | 6.4% | 4.5% |
| Cancer | 11.2% | 11.3% | 11.4% | 10.8% | 11.2% | 11.1% | 9.3% |
| Chronic Kidney Disease | 21.2% | 25.6% | 19.5% | 25.7% | 19.9% | 23.6% | 24.9% |
| COPD | 9.8% | 12.3% | 11.2% | 11.9% | 10.7% | 11.5% | 11.4% |
| Depression | 17.8% | 20.2% | 18.2% | 19.4% | 16.8% | 18.8% | 16.0% |
| Diabetes | 22.9% | 26.4% | 21.2% | 27.4% | 20.8% | 25.0% | 27.1% |
| Heart Failure | 12.1% | 14.3% | 12.1% | 14.4% | 11.8% | 13.5% | 14.6% |
| High Cholesterol | 56.5% | 59.4% | 55.2% | 57.8% | 53.5% | 56.9% | 50.5% |
| Hypertension | 61.9% | 66.0% | 60.3% | 64.6% | 61.2% | 63.6% | 59.8% |
| Ischemic Heart Disease | 26.7% | 31.5% | 24.8% | 28.3% | 25.1% | 27.8% | 28.6% |
| Stroke | 4.3% | 4.1% | 4.0% | 4.2% | 3.7% | 4.1% | 3.9% |

Source: Centers for Medicare & Medicaid Services




Source: Centers for Disease Control and Prevention

In older adults, chronic illness often leads to diminished quality of life and increased social isolation. Social isolation may also impede effective chronic illness management and accelerate the negative impact of chronic diseases. One indicator of social isolation among older adults is the percentage of adults ages 65 years or older who live alone. **Rhode Island older adults are more likely to live alone when compared to their peers across the US.** This trend holds true across all counties, where approximately 12-14% of older adults live alone compared to 11% nationwide.




Source: US Census Bureau, American Community Survey

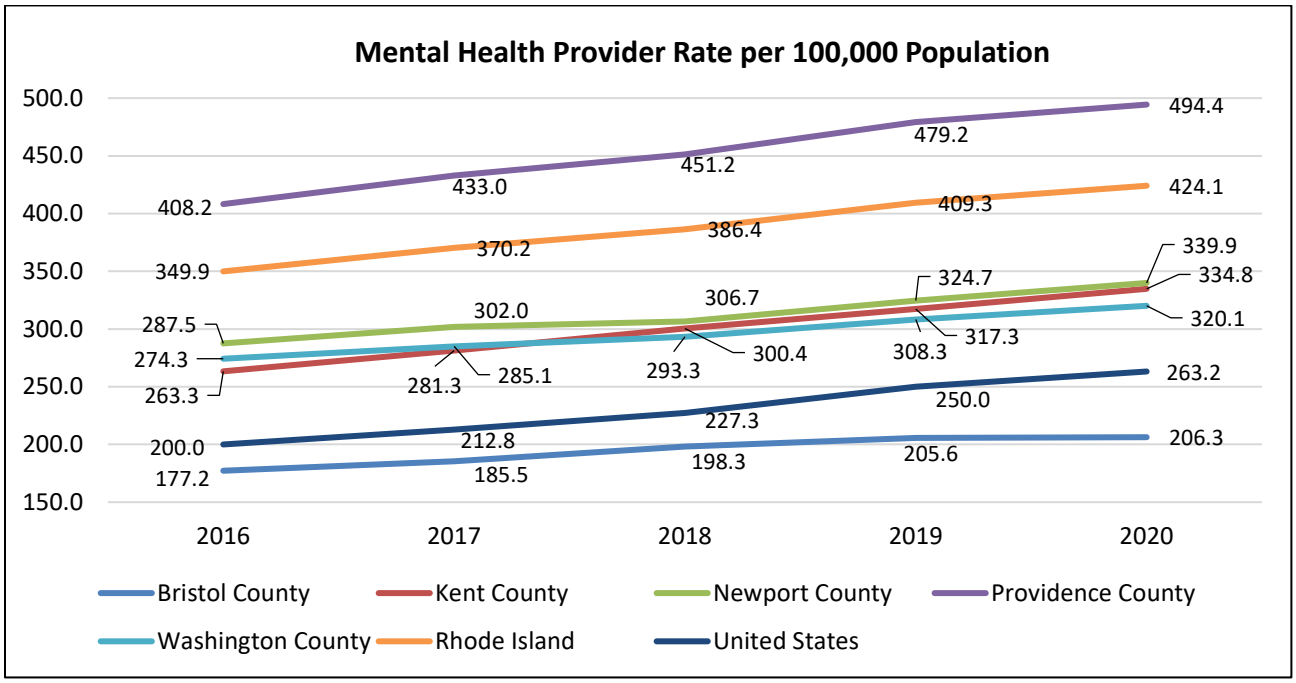
## Mental Health and Substance Use Disorder

Access to Services

Rhode Island overall has better access to mental health providers than the nation, as indicated by the rate of mental health providers per 100,000 population. **As of 2020, the rate of mental health providers across Rhode Island exceeded the national rate by more than 160 points.** While providers are concentrated in Providence County, Bristol County is the only county to have a lower rate of providers than the nation.

Note: The mental health provider rate includes psychiatrists, psychologists, licensed clinical social workers, counselors, and mental health providers that treat alcohol and other drug abuse, among others. It does not account for potential shortages in specific provider types.

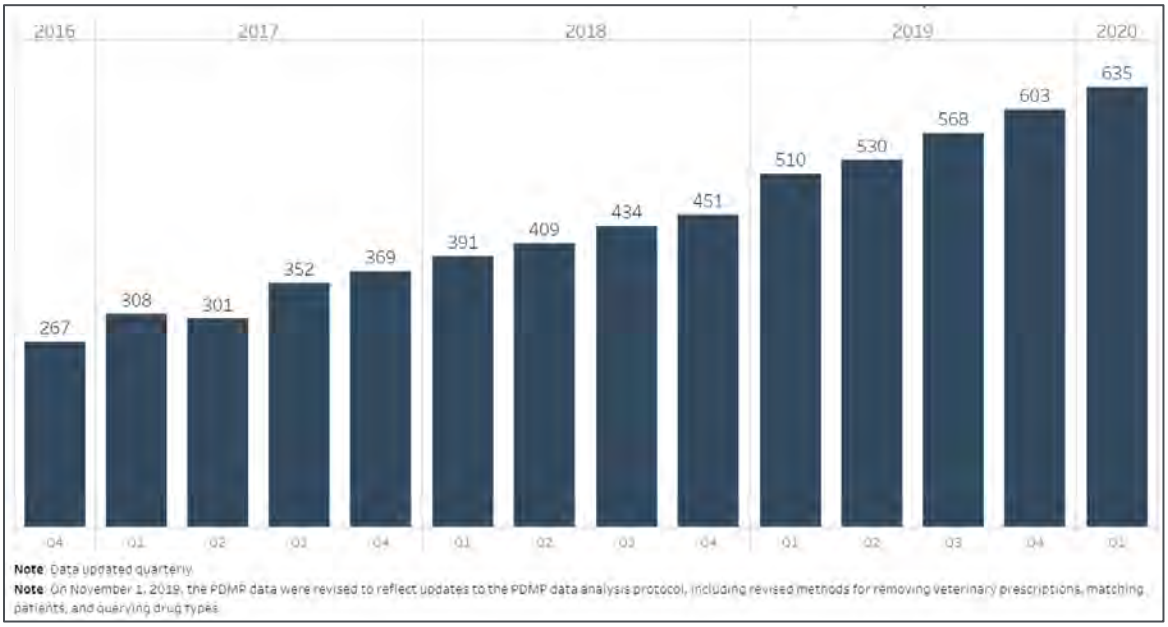
**Despite higher and increasing mental health provider availability statewide, much of Rhode Island is a mental health HPSA and mental healthcare is not accessible to all residents.** All of Newport and Washington counties are designated mental health HPSAs. Providence County is a HPSA for low-income individuals, despite having a mental health provider rate that is nearly double the national rate.




Source: Centers for Medicare and Medicaid Services

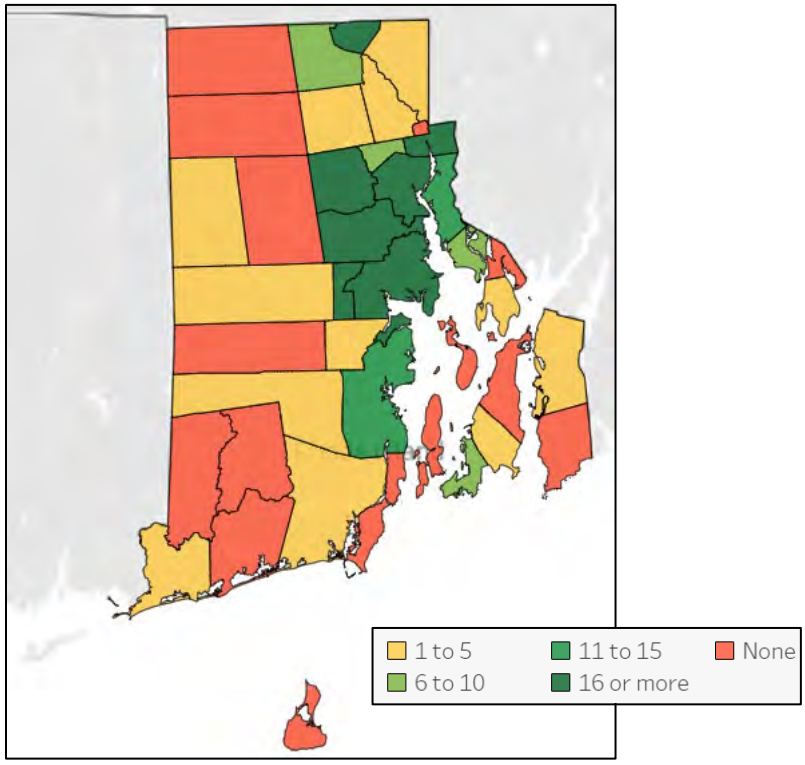
**Rhode Island also saw a significant increase in the number of practitioners able to prescribe buprenorphine, from 267 at the end of 2016 to 635 in Q1 2020.** Buprenorphine is the first medication-assisted treatment (MAT) for opioid use disorder that can be prescribed or dispensed in physician offices. MAT waivered providers and opioid treatment programs, including buprenorphine, are available across Rhode Island, but the largest concentration of providers is in and around Providence and Woonsocket.

**2016-2020 Number of Trained and DATA-Waivered Practitioners for Buprenorphine**




Source: Prevent Overdose RI

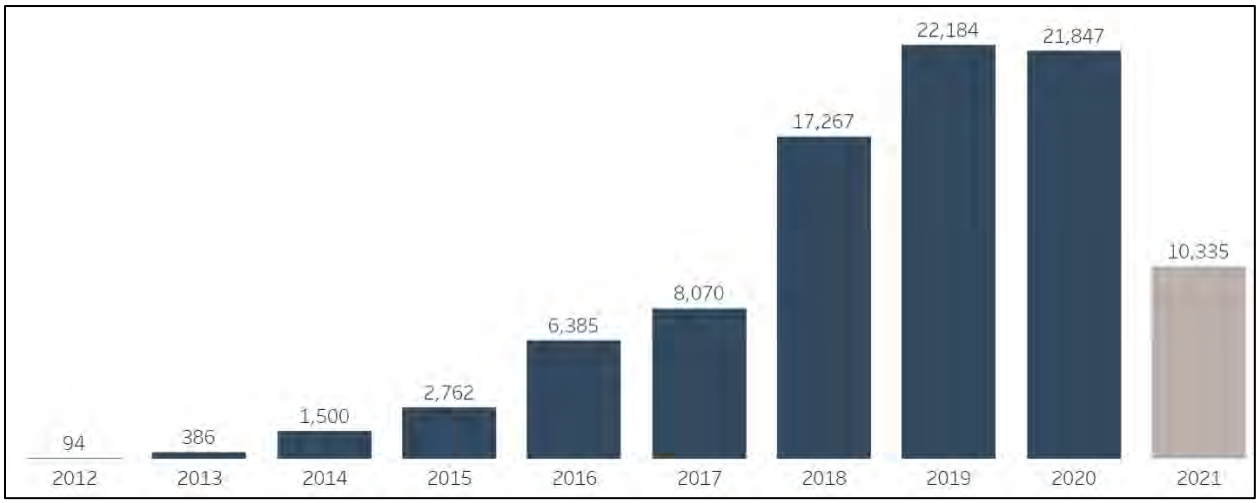
**MAT Providers and Programs by City or Town**




Source: Prevent Overdose RI

Naloxone is an emergency use medicine that rapidly reverses an opioid overdose. Rhode Island has prioritized making naloxone kits available across the community, partnering with hospitals, pharmacies, and other community partners. **In 2020, 21,847 naloxone kits were distributed in Rhode Island, a nearly 15-fold increase from 2014.** The increase in distribution reflects both greater access and greater demand for Naloxone in the community.

**2012-2021 Naloxone Kits Distributed in Rhode Island**




Source: Prevent Overdose RI

In 2019, the Rhode Island Executive Office of Health and Human Services conducted a review of the behavioral health system in the state. The resulting Rhode Island Behavioral Health System Review included both quantitative and qualitative components, to determine gaps in services and access in the state. Key findings from the system review are highlighted below:

- **Rhode Island has several behavioral health system capacity challenges to address including both gaps in key service lines and a shortage of linguistically and culturally competent providers, that together disproportionately negatively impact communities of color.**
- Underlying drivers that perpetuate the challenges described above include:
    - Fragmentation in accountability both across state agencies and across providers, insufficient linkages between services to support care coordination and transitions of care, and a lack of integration between behavioral health and medical care.
    - Payments for behavioral health services largely rely on a fee-for-service chassis that does not account for quality or outcomes.
    - Lack of sufficiently modern infrastructure hinders providers of behavioral health services in Rhode Island, as well as creates barriers for Rhode Island to effectively and efficiently monitor the behavioral health system on an ongoing basis.

The following diagrams summarize identified gaps and shortages in the behavioral health continuum of care for children, adults, and older adults**.** Gaps indicate there was no evidence of the service existing

in Rhode Island. Shortages indicate that while some level of service exists it is not adequate to meet the need of Rhode Islanders with behavioral health conditions.

**Behavioral Health Service Gaps and Shortages for Adults and Older Adults**

| Mental Health Services | | Substance Use Services | |
|---|---|---|---|
| **Status** | **Service Type** | **Status** | **Service Type** |
| Gaps | Mobile Crisis Treatment | Gaps | Mobile Medication Assisted Treatment |
| Significant Shortages | Community Step Down<br>Hospital Diversion<br>State Sponsored Institutional Services<br>Nursing Home<br>Residential | Significant Shortages | Indicated Prevention<br>Correctional SUD Transitional Services<br>Recovery Housing<br>Residential–High & Low Intensity* |
| Moderate Shortages | Non-CMHC Outpatient Providers<br>Intensive Outpatient Programs<br>Dual Diagnosis Treatment<br>Crisis/Emergency Care<br>Inpatient Treatment<br>Home Care<br>Homeless Outreach | Moderate Shortages | Intensive Outpatient Services<br>Supported Employment |
| Slight Shortage | Licensed Community Mental Health Center tied to accessibility statewide | | |

Source: 2021 Rhode Island Behavioral Health System Review
*Between Aug-Dec. 2020, between 55-108 people were waiting for residential services.

**Behavioral Health Service Gaps and Shortages for Children**

| Status | Service Type |
|---|---|
| Gaps | Community Step Down<br>Transition Age Youth Services<br>Residential Treatment for Eating Disorders* |
| Significant Shortages | Universal BH Prevention Services<br>Hospital Diversion<br>State Sponsored Institutional Services<br>Nursing Home<br>Residential/Housing* |
| Moderate Shortages | SUD Treatment<br>Enhanced Outpatient Services<br>Home and Community Based Services<br>Mobile Crisis |
| Slight Shortage | Emergency Services |

Source: 2021 Rhode Island Behavioral Health System Review
*Between May-Dec. 2020, between 5-31 children and adolescents were waiting for residential services.

Mental Health Incidence and Prevalence

**More than 1 in 10 adults across Rhode Island and the nation report having poor mental health on 14 or more days during a 30-day period.** This measure is an indicator of persistent, and likely severe, mental health issues, which may impact quality of life and overall wellness. A similar percentage of adults report frequent mental distress across Rhode Island counties, with slightly higher percentages in Kent and Providence counties.

**2018 Age-Adjusted Adult (Age 18+) Poor Mental Health Days**

| | Average Mentally Unhealthy Days per Month | Frequent Mental Distress: 14 or More Poor Mental Health Days per Month |
|---|---|---|
| Bristol County | 4.2 | 12.8% |
| Kent County | 4.8 | 14.1% |
| Newport County | 4.0 | 12.3% |
| Providence County | 4.4 | 13.9% |
| Washington County | 4.2 | 12.8% |
| Rhode Island | 4.2 | 12.5% |
| United States | 4.1 | 12.9% |

Source: Centers for Disease Control and Prevention, BRFSS

The following tables show statewide hospitalization and ED usage for a primary diagnosis of mental health condition among Rhode Island residents. Data are trended from 2016 to second quarter (Q2) 2021. **The data demonstrate that while overall hospitalizations and ED visits were declining from 2016 to 2019, significant declines were seen in 2020.** From 2019 to 2020, the number of ED visits and hospitalizations due to a primary diagnosis of mental health condition decreased by 5,116 and 1,442 respectively. This finding is likely due in part to delayed or avoided care during the COVID-19 pandemic. Data for the first half of 2021 suggest similar trends as 2020.

Provided percentages by gender, race/ethnicity, and age reflect the proportion of individuals with a hospitalization or ED visit due to a primary diagnosis of mental health condition relative to total hospitalizations or ED visits for that demographic. When viewed by gender and race and ethnicity, the proportion of residents accessing the ED for a mental health condition was generally consistent from 2019 to 2020. Of note, the proportion of Black or Other race individuals hospitalized for a mental health condition declined approximately 1-2 percentage points. When viewed by age group, the proportion of middle-aged adults 30-44 years hospitalized for a mental health condition declined nearly 2 percentage points from 2019 to 2020.

## Number and Percent of Emergency Department Visits due to Primary Diagnosis of Mental Health Condition (excluding substance use)

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 (Q1-Q2)* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| **Overall** | 26,506 | 5.8% | 25,785 | 5.6% | 23,808 | 5.4% | 22,889 | 5.2% | 17,773 | 5.1% | 8,990 | 4.9% |
| **Gender** | | | | | | | | | | | | |
| Male | 12,440 | 6.0% | 12,247 | 5.9% | 11,270 | 5.7% | 11,352 | 5.7% | 8,903 | 5.6% | 4,287 | 5.2% |
| Female | 14,066 | 5.6% | 13,530 | 5.3% | 12,532 | 5.2% | 11,529 | 4.8% | 8,862 | 4.8% | 4,700 | 4.6% |
| **Race/Ethnicity** | | | | | | | | | | | | |
| White | 19,202 | 6.4% | 17,788 | 6.2% | 16,670 | 6.0% | 15,876 | 5.7% | 12,305 | 5.6% | 6,069 | 5.2% |
| Black | 2,255 | 4.9% | 2,467 | 5.4% | 2,377 | 5.3% | 2,391 | 5.2% | 1,855 | 5.3% | 939 | 5.2% |
| Hispanic | 3,455 | 4.0% | 3,377 | 3.7% | 3,120 | 3.5% | 3,213 | 3.5% | 2,427 | 3.4% | 1,313 | 3.4% |
| Other | 1,101 | 6.6% | 1,185 | 6.7% | 1,143 | 6.1% | 1,154 | 6.1% | 912 | 6.1% | 534 | 6.4% |
| Unknown | 493 | 6.6% | 968 | 5.2% | 498 | 7.0% | 255 | 4.7% | 274 | 6.2% | 135 | 7.9% |
| **Age** | | | | | | | | | | | | |
| 0-17 | 3,779 | 5.2% | 3,939 | 5.3% | 3,637 | 5.2% | 3,603 | 5.2% | 2,707 | 6.4% | 1,771 | 8.3% |
| 18-29 | 7,612 | 8.1% | 7,140 | 7.9% | 6,559 | 8.0% | 5,929 | 7.3% | 4,716 | 7.5% | 2,325 | 7.3% |
| 30-44 | 6,360 | 7.1% | 6,315 | 7.0% | 6,029 | 7.1% | 6,241 | 7.1% | 4,881 | 6.7% | 2,342 | 5.9% |
| 45-64 | 7,064 | 6.2% | 6,636 | 5.8% | 5,925 | 5.4% | 5,600 | 5.1% | 4,240 | 4.7% | 1,957 | 4.1% |
| 65+ | 1,691 | 2.0% | 1,755 | 1.9% | 1,658 | 1.8% | 1,516 | 1.6% | 1,229 | 1.6% | 595 | 1.4% |

Source: Rhode Island Department of Health

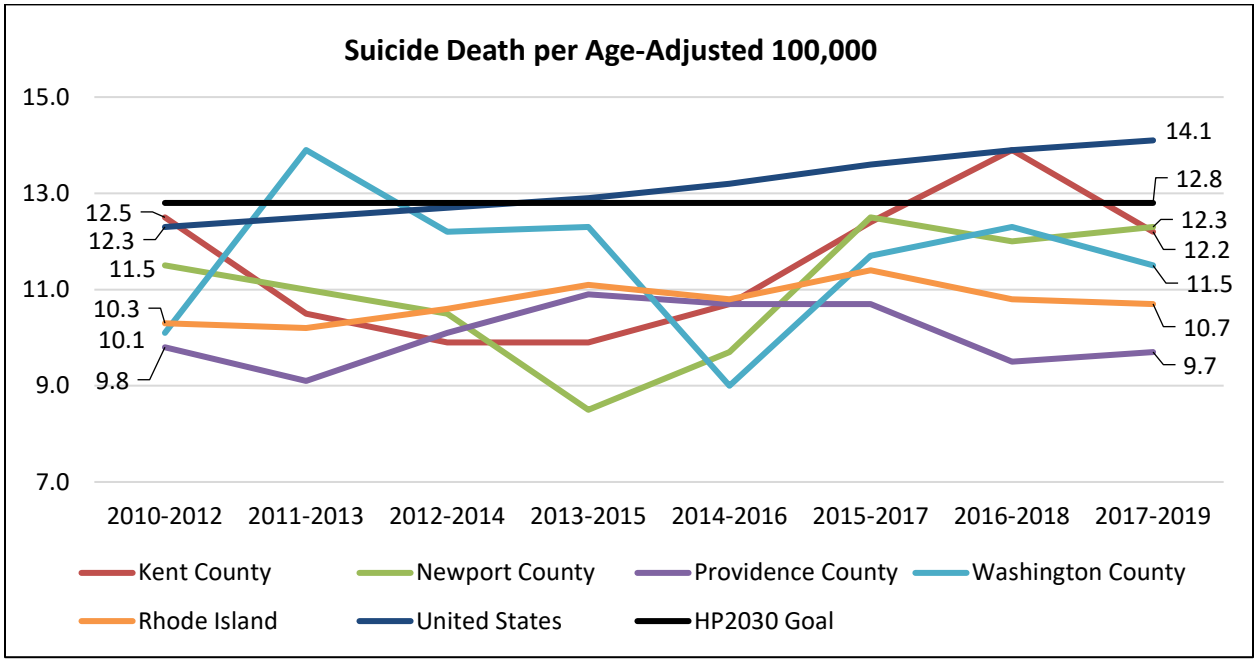
## Number and Percent of Inpatient Admissions (hospitalizations) due to Primary Diagnosis of Mental Health Condition (excluding substance use)

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 (Q1-Q2)* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| **Overall** | 14,312 | 12.0% | 13,742 | 11.1% | 12,144 | 10.1% | 12,252 | 10.3% | 10,810 | 10.2% | 5,210 | 9.9% |
| **Gender** | | | | | | | | | | | | |
| Male | 7,221 | 13.7% | 6,878 | 12.5% | 6,112 | 11.5% | 6,473 | 12.0% | 5,575 | 11.5% | 2,536 | 10.5% |
| Female | 7,090 | 10.7% | 6,858 | 10.0% | 6,030 | 9.0% | 5,777 | 8.9% | 5,230 | 9.0% | 2,673 | 9.3% |
| **Race/Ethnicity** | | | | | | | | | | | | |
| White | 10,314 | 11.5% | 9,500 | 10.7% | 8,492 | 9.5% | 8,551 | 9.7% | 7,590 | 9.8% | 3,577 | 9.2% |
| Black | 1,235 | 15.3% | 1,345 | 15.8% | 1,198 | 14.3% | 1,242 | 14.3% | 1,044 | 13.4% | 471 | 12.7% |
| Hispanic | 1,742 | 12.1% | 1,695 | 11.1% | 1,569 | 10.2% | 1,634 | 10.3% | 1,443 | 9.8% | 803 | 11.2% |
| Other | 706 | 18.0% | 681 | 18.1% | 568 | 14.5% | 643 | 15.7% | 541 | 13.6% | 290 | 13.0% |
| Unknown | 315 | 9.0% | 521 | 7.6% | 317 | 9.3% | 182 | 7.2% | 192 | 8.0% | 69 | 9.0% |
| **Age** | | | | | | | | | | | | |
| 0-17 | 2,173 | 13.5% | 2,263 | 14.6% | 1,867 | 12.2% | 1,855 | 12.6% | 1,948 | 14.2% | 1,203 | 17.6% |
| 18-29 | 3,302 | 25.6% | 3,076 | 24.4% | 2,794 | 23.3% | 2,721 | 23.6% | 2,343 | 23.3% | 1,138 | 24.1% |
| 30-44 | 3,568 | 20.8% | 3,343 | 19.1% | 3,044 | 17.9% | 3,228 | 18.4% | 2,778 | 16.8% | 1,185 | 14.5% |
| 45-64 | 4,359 | 14.1% | 4,068 | 12.6% | 3,557 | 11.6% | 3,544 | 11.7% | 2,942 | 11.2% | 1,313 | 10.0% |
| 65+ | 910 | 2.2% | 992 | 2.2% | 882 | 2.0% | 904 | 2.0% | 799 | 2.0% | 371 | 1.9% |

Source: Rhode Island Department of Health

Frequent mental distress is also a risk factor for suicide. The suicide death rate steadily increased across the US over the past decade but remained relatively stable in Rhode Island. **All Rhode Island counties except Bristol have a lower suicide death rate than the national death rate and meet the HP2030 goal of 12.8 suicides per 100,000 population.** Bristol County had 21 suicide deaths from 2017 to 2019 for a rate of 14.3 per 100,000.

The Rhode Island suicide death rate should continue to be monitored as deaths reflect pre-COVID pandemic rates. An analysis of demographic characteristics for suicide deaths occurring from 2017 to 2019 suggests that deaths are more prominent among males, middle-age adults, and White residents.




Source: Centers for Disease Control and Prevention

*Bristol County data are not trended due to data gaps. From 2017-2019, Bristol County had 21 suicide deaths for a rate of 14.3 per 100,000, the highest of any Rhode Island county and higher than the nation.

**2017-2019 Statewide Suicide Deaths, Demographic Characteristics**

| | Suicide Deaths | Age-Adjusted Rate per 100,000 |
|---|---|---|
| **Gender** | | |
| Female | 89 | 5.1 |
| Male | 269 | 16.6 |
| **Age*** | | |
| 15-24 | 28 | 6.3 |
| 25-34 | 60 | 13.6 |
| 35-44 | 61 | 16.4 |
| 45-54 | 72 | 17.2 |
| 55-64 | 76 | 17.0 |
| 65-74 | 31 | 10.0 |
| 75-84 | 24 | 15.5 |
| **Race and Ethnicity** | | |
| White, Non-Hispanic | 315 | 12.6 |
| Black/African American, Non-Hispanic | 12 | NA |
| Asian, Non-Hispanic | NA | NA |
| Latinx origin (any race) | 17 | NA |

Source: Centers for Disease Control and Prevention
*Rates are not age-adjusted.

Substance Use Disorder Incidence and Prevalence

Substance use disorder affects a person's brain and behaviors and leads to an inability to control the use of substances which include alcohol, marijuana, and opioids, among others. Alcohol use disorder is the most prevalent addictive substance used among adults.

Across the US and Rhode Island, approximately 1 in 5 adults report heavy drinking and/or binge drinking. Among Rhode Island counties, **Newport and Washington counties have a higher prevalence of heavy drinking and binge drinking than the state or nation at approximately 1 in 4 adults. Consistent with the 2019 CHNA, Washington County also reports more driving deaths due to alcohol impairment than the state and nation.** Of note, Rhode Island as a whole reports more driving deaths due to alcohol impairment (41.6%) than the nation (27%).

**Alcohol Use Disorder Indicators**

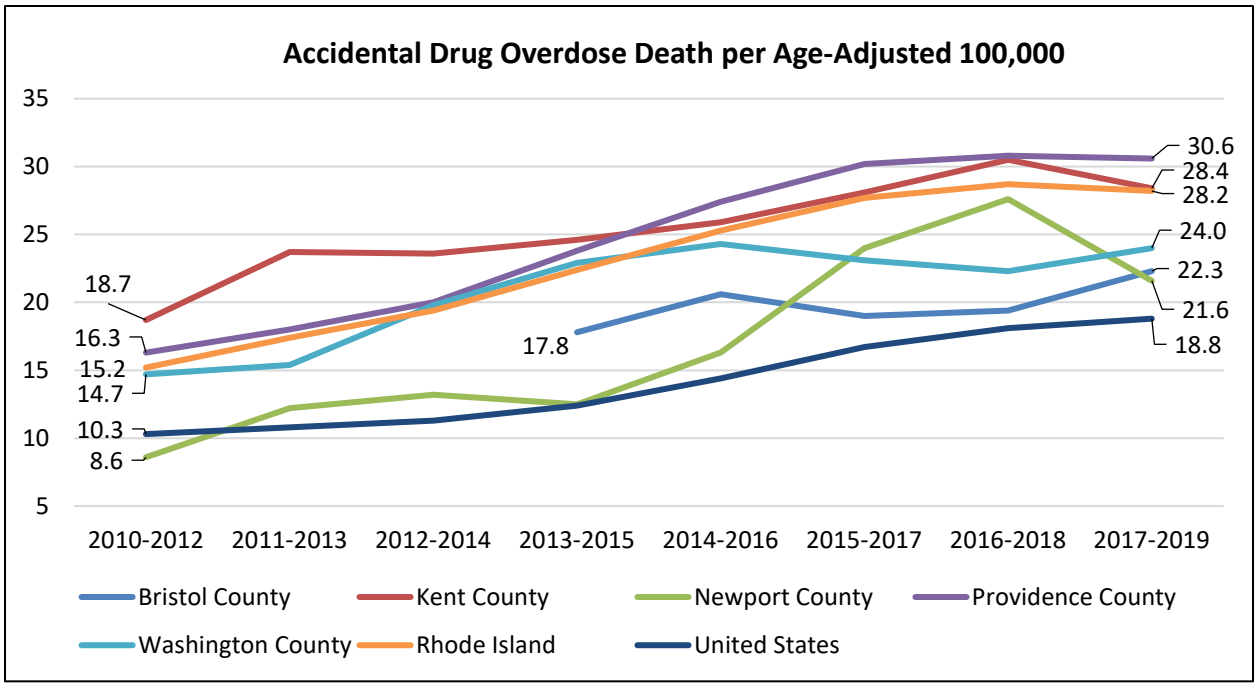
| | 2018 Adults Reporting Binge or Heavy Drinking (age-adjusted) | 2015-2019 Driving Deaths due to Alcohol Impairment (%, count) |
|---|---|---|
| Bristol County | 20.3% | 40.0% (n=2) |
| Kent County | 20.4% | 45.5% (n=25) |
| Newport County | 25.4% | 21.4% (n=3) |
| Providence County | 18.6% | 38.7% (n=67) |
| Washington County | 24.4% | 54.2% (n=26) |
| Rhode Island | 19.7% | 41.6% |
| United States | 19.0% | 27.0% |

Source: Centers for Disease Control and Prevention, BRFSS

The CDC reports that the number of accidental drug overdose deaths nationwide increased by nearly 5% from 2018 to 2019 and has quadrupled since 1999. Over 70% of the 70,630 overdose deaths in 2019 involved an opioid. Nationally, heroin- and prescription opioid-involved deaths are declining, while synthetic opioid-involved deaths are increasing. Synthetic opioids such as fentanyl are laboratory produced and have similar effects as natural opioids, but can have far greater potency, increasing the risk for overdose and death.

**Rhode Island has more accidental drug overdose deaths than the nation, as indicated by the rate of deaths per 100,000 population.** From 2017 to 2019, the accidental drug overdose death rate for Rhode Island was nearly 10 points higher than the national death rate. Kent and Providence counties have historically had the highest death rates in the state, although all counties saw increases over the past decade.

The overdose death rate leveled off in Rhode Island counties from 2015 to 2019, but 2020 increases are expected as a result of the COVID-19 pandemic. **The total number of accidental drug overdose deaths in Rhode Island in 2020 was 384, an increase from 308 in 2019 and 314 in 2018.** Within Washington County, from 2019 to 2020, small increases in overdose deaths were seen in Hopkinton, North Kingstown, and Richmond.




Source: Centers for Disease Control and Prevention

*Data prior to 2013-2015 are not reportable for Bristol County due to low death counts (less than 20 during the three-year timespan).

**Total Accidental Drug Overdose Deaths in Rhode Island by Year**

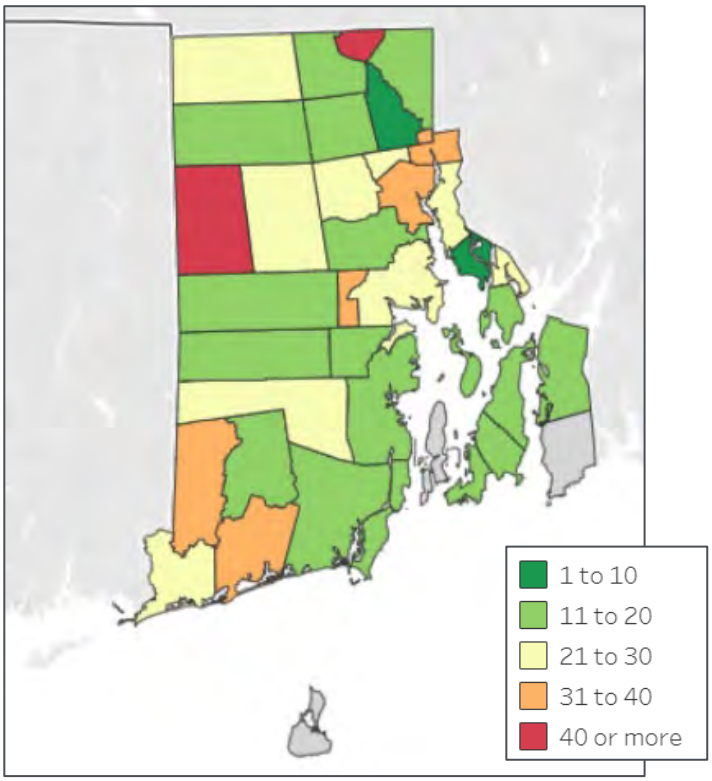
| 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021* |
|---|---|---|---|---|---|---|---|
| 240 | 290 | 336 | 324 | 314 | 308 | 384 | 322 |

Source: Rhode Island Department of Health

*Current as of November 2021.

The opioid epidemic has impacted all communities across the nation. The following map displays the aggregate overdose death rate from 2014 to 2020 by Rhode Island city or town. Foster and Woonsocket have the highest overdose death rates per 100,000 population in the state at 56.83 and 44.83 respectively. **Within Washington County, overdose death rates are highest in Hopkinton (36.98) and Charlestown (32.10), although the combined death total in both municipalities from 2014 to 2020 was 33.**

**2014-2020 Total Overdose Deaths per 100,000 by City or Town of Incident**




Source: Prevent Overdose RI

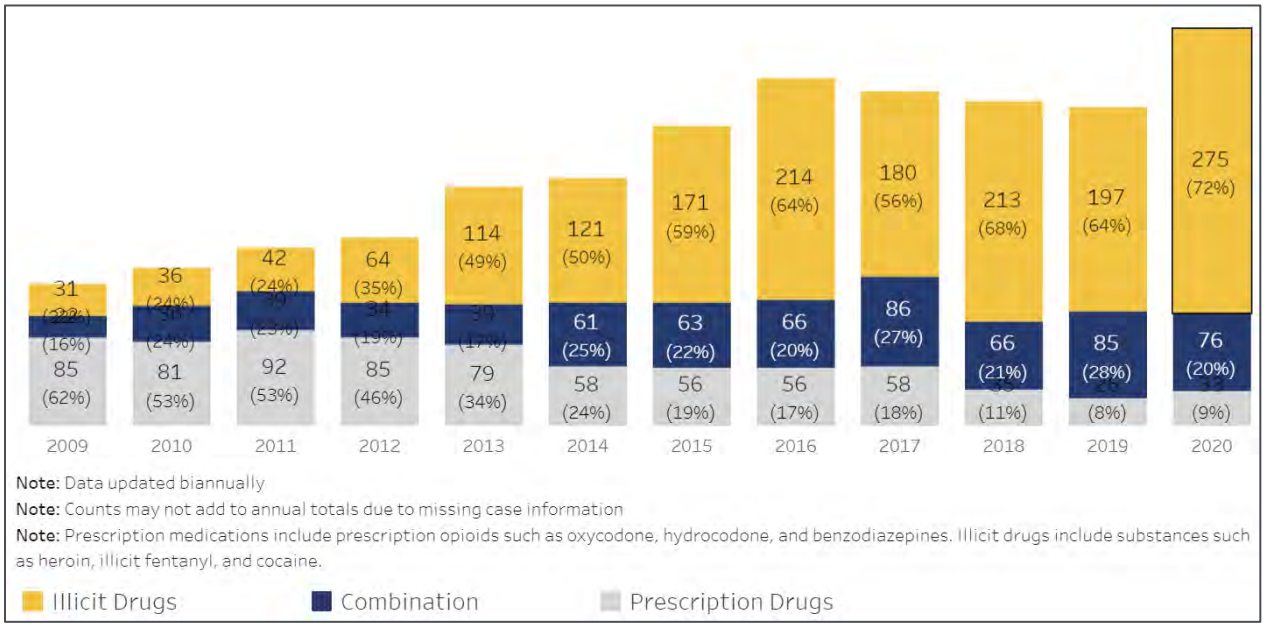
**Accidental Drug Overdose Deaths and Rate per 100,000 by Washington County Municipality**

| | Overdose Deaths (Count) | | | | | | | 2014-2020 Rate per 100,000 |
|---|---|---|---|---|---|---|---|---|
| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | |
| Charlestown | 0 | <5 | <5 | <5 | <5 | 5 | <5 | 32.10 |
| Exeter | <5 | <5 | 0 | 0 | <5 | <5 | 0 | 22.35 |
| Hopkinton | <5 | <5 | <5 | <5 | 0 | <5 | 6 | 36.98 |
| Narragansett | <5 | < | <5 | <5 | <5 | <5 | <5 | 16.47 |
| New Shoreham | 0 | 0 | <5 | <5 | <5 | 0 | 0 | NA |
| North Kingstown | 8 | <5 | 6 | <5 | 5 | <5 | 7 | 19.03 |
| Richmond | <5 | <5 | <5 | <5 | 0 | 0 | <5 | 18.33 |
| South Kingstown | 8 | 7 | <5 | <5 | <5 | <5 | <5 | 12.14 |
| Westerly | 6 | <5 | 6 | 7 | <5 | <5 | <5 | 20.82 |

Source: Rhode Island Department of Health

The percentage of overdose deaths due to illicit drugs continued to rise across Rhode Island, peaking at 72% in 2020. Fentanyl is a highly potent synthetic opioid with greater risk for overdose and death. According to the Rhode Island Department of Health, the number of overdose deaths related to illicit fentanyl increased 30-fold since 2019. **In 2020, over 70% of overdose deaths involved illicit fentanyl.**

**2009-2020 Overdose Deaths by Drug Type**




Source: Prevent Overdose RI

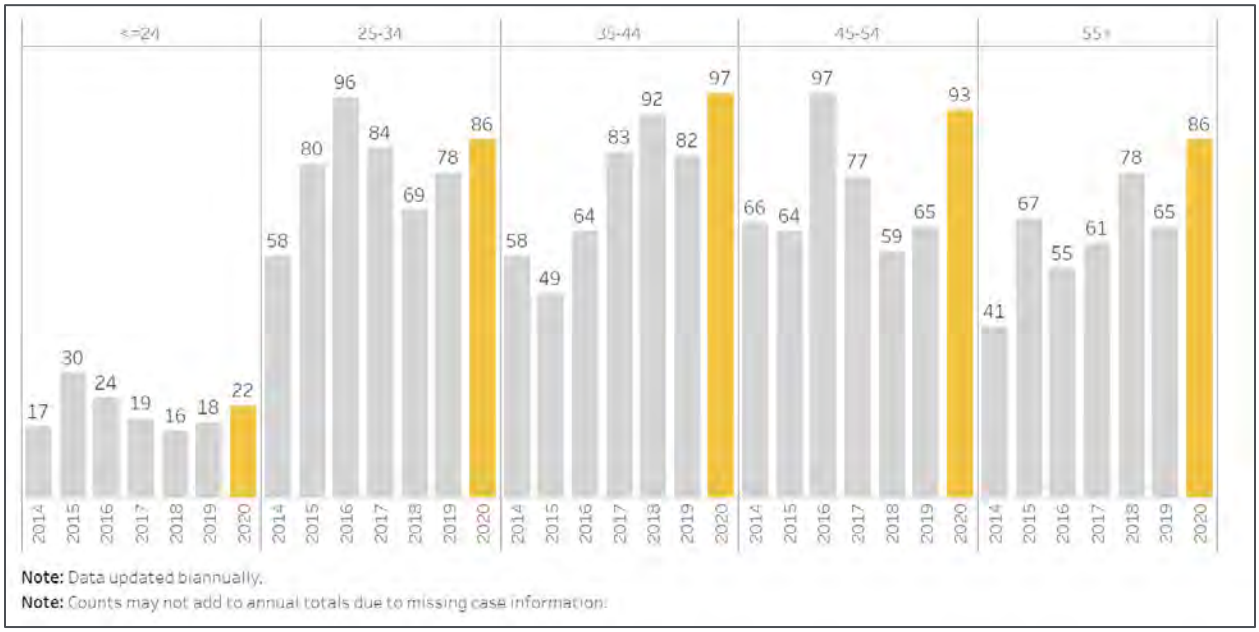
While the opioid epidemic has affected all genders and age groups, the largest proportion of overdose deaths has historically been among males and adults. In 2020, adults age 35-44 accounted for the largest proportion of overdose deaths (25.3%), followed by adults age 45-54 (24.2%). A similar

proportion of deaths (22.4%) occurred among adults age 25-34 and 55+. Since 2018, males have accounted for more than 70% of overdose deaths.

**In 2019 and 2020, Rhode Island saw an increase in overdose death rates for Black/African American and Latinx residents. As reported by the Rhode Island Department of Health, this trend is happening across the country and is rooted in systemic racism and related health inequities.** These health inequities are also demonstrated in access to treatment services. Despite having the highest rate of death due to overdose, Black/African American residents are the least likely to be receiving methadone, one of the three FDA-approved medications for the treatment of opioid use disorder.

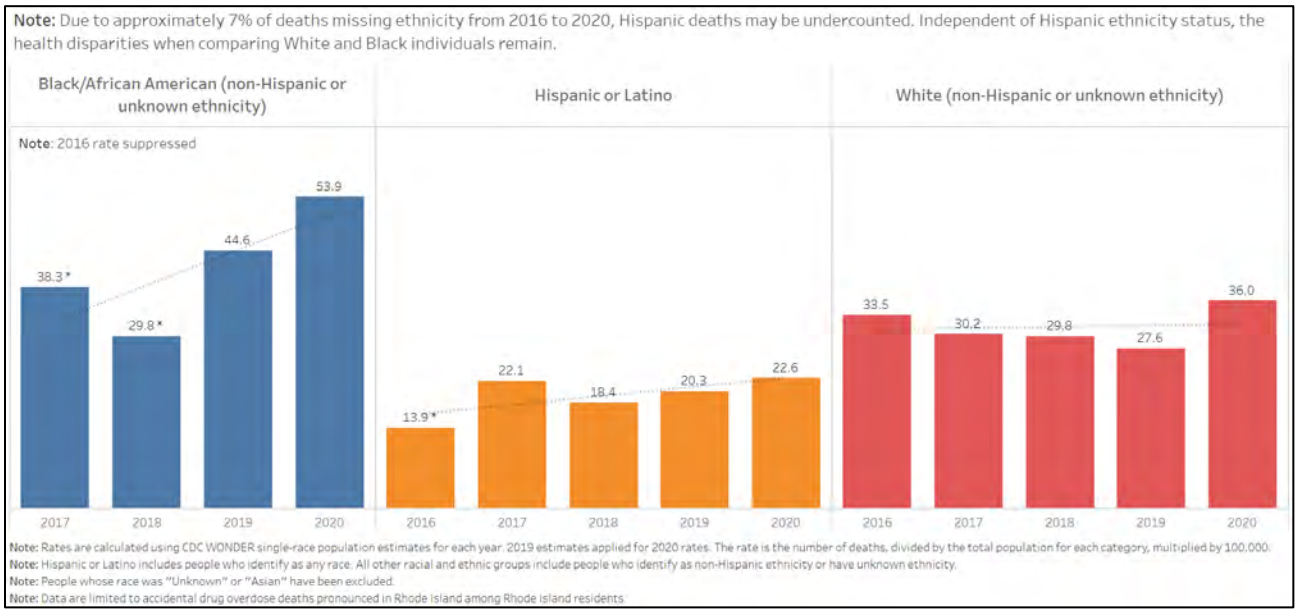
Of note, methadone uptake declined among all racial and ethnic groups in 2020, following two years of growth. This finding is likely a direct result of the COVID-19 pandemic, which caused delays in care and treatment across the healthcare system.

**2014-2020 Overdose Deaths by Age**



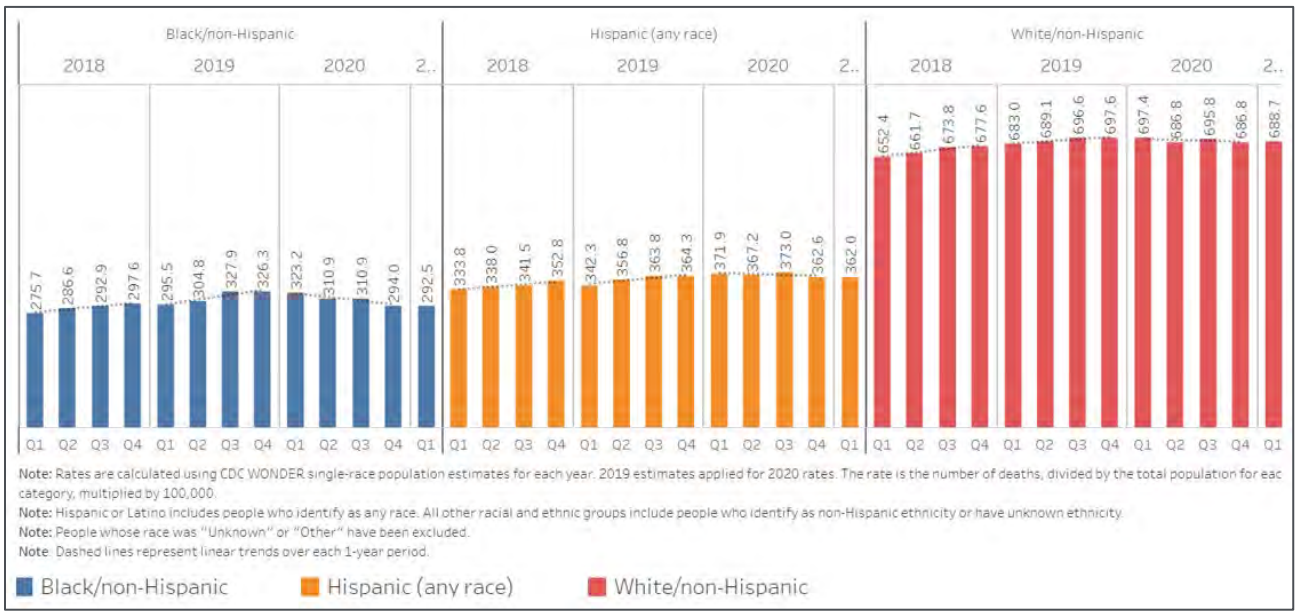

Source: Prevent Overdose RI

**2016-2020 Overdose Death Rate per 100,000 by Race and Ethnicity**




Source: Prevent Overdose RI

**Q1 2018 – Q3 2020 Rate of Methadone Receipt per 100,000 by Race and Ethnicity**




Source: Prevent Overdose RI

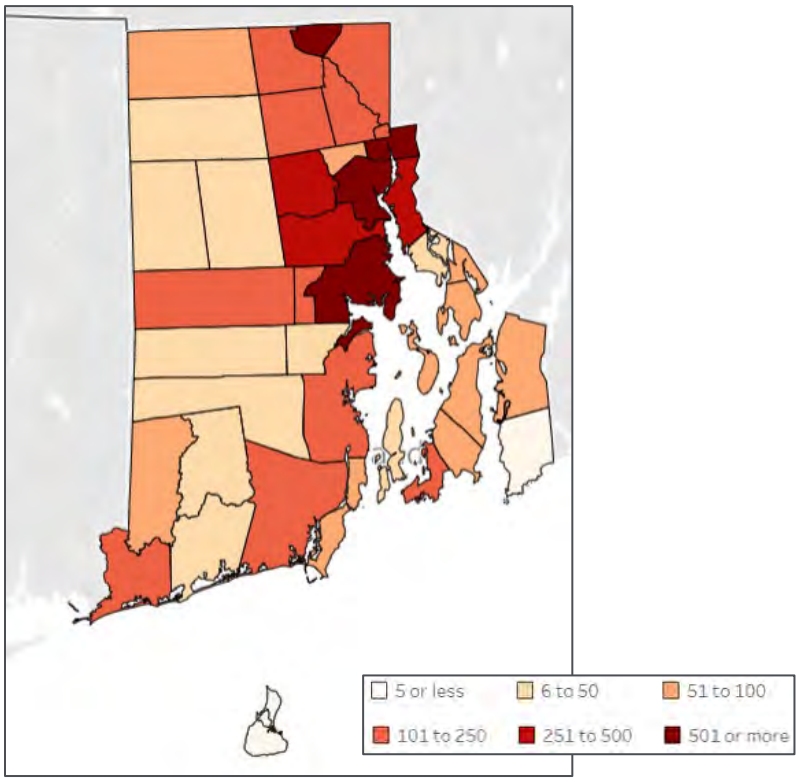
Opioid use disorder and overdoses have had a significant impact on local health resources. The following data depict Emergency Medical Services (EMS) response and ED visits for suspected overdoses.

The following map displays the aggregate number of EMS calls for suspected opioid overdose from 2016 to 2020 by Rhode Island city or town. While EMS calls were concentrated in Providence County,

particularly the core cities, and Warwick in Kent County, communities in all counties were affected. Within Washington County, Hopkinton had the highest rate of EMS calls per 100,000 population in the county, followed by Charlestown.

**North Kingstown in Washington County saw an increase in overdose deaths from 2019 to 2020, but a decline in EMS calls from 34 to 25, likely as a result of the COVID-19 pandemic.** Fears surrounding the risk of going to the hospital and postponing care during COVID-19 contributed to a decline in EMS response nationwide. Lack of appropriate EMS response to overdose incidents likely contributed to increased overdose deaths across Rhode Island. Similar trends were seen in a decline in the provision of post-overdose counseling and naloxone services, particularly in the second quarter of 2020.

**2016-2020 EMS Reports for Suspected Opioid Overdose by City or Town of Incident**



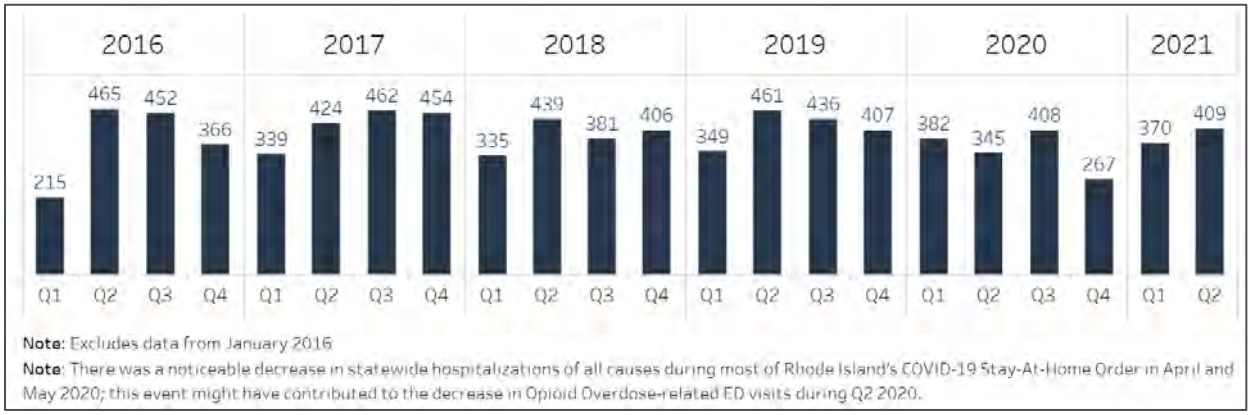

Source: Prevent Overdose RI

**EMS Reports for Suspected Opioid Overdose by Washington County Municipality**

| | EMS 991 Calls (Count) | | | | | 2016-2020 Rate per 100,000 |
|---|---|---|---|---|---|---|
| | 2016 | 2017 | 2018 | 2019 | 2020 | |
| Charlestown | 9 | 8 | 10 | 10 | 10 | 600.0 |
| Exeter | <5 | <5 | 10 | 8 | 8 | 482.0 |
| Hopkinton | 17 | 8 | 11 | 11 | 13 | 733.0 |
| Narragansett | 9 | 11 | 8 | 14 | 11 | 334.0 |
| New Shoreham | <5 | <5 | <5 | <5 | <5 | NA |
| North Kingstown | 12 | 19 | 32 | 34 | 25 | 461.0 |
| Richmond | <5 | 5 | <5 | <5 | <5 | 259.0 |
| South Kingstown | 17 | 15 | 21 | 29 | 21 | 336.0 |
| Westerly | 27 | 21 | 18 | 20 | 15 | 443.0 |

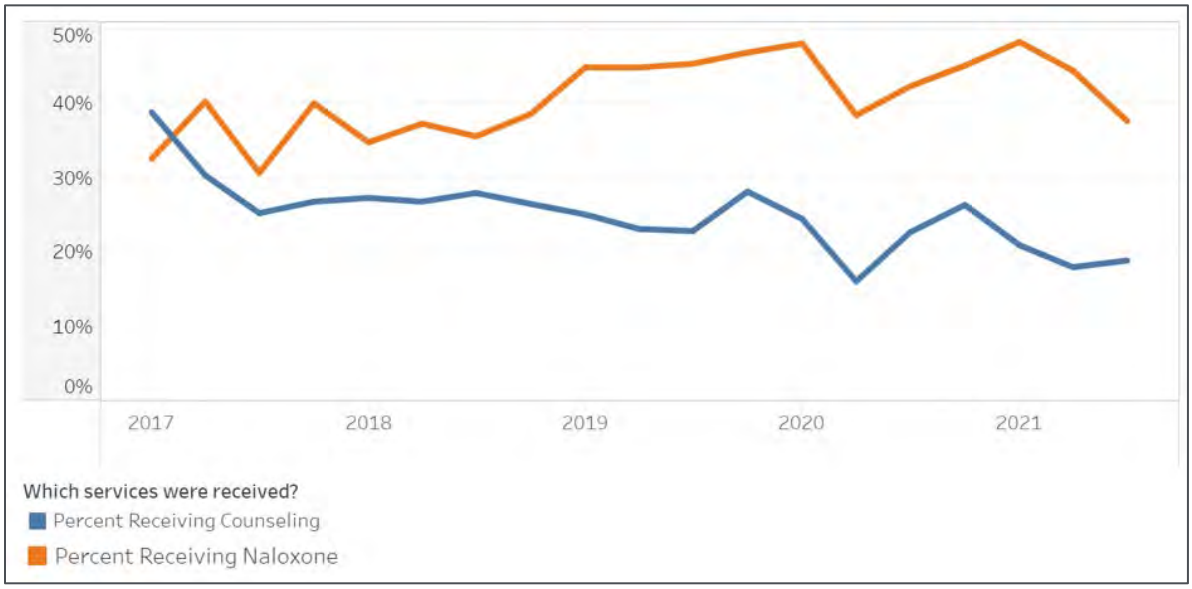
Source: Prevent Overdose RI

**2016 - July 2021 Emergency Department Visits for Opioid Overdose**




Source: Prevent Overdose RI

**2017-2021 Emergency Department Visits for Opioid Overdose, Post-Overdose Counseling and Naloxone Services**




Source: Prevent Overdose RI

The following tables show statewide hospitalization and ED usage for a primary diagnosis of substance use among Rhode Island residents. Data are trended from 2016 to second quarter (Q2) 2021. Substance use includes alcohol and opioid-related disorders, among other substances (e.g., marijuana, sedative, stimulant, tobacco).

**The data demonstrate that while overall ED visits were increasing from 2016 to 2019, a significant decline was seen in 2020.** From 2019 to 2020, the number of ED visits due to a primary diagnosis of substance use decreased by 3,115 visits. This finding is likely due in part to delayed or avoided care during the COVID-19 pandemic. Data for the first half of 2021 suggest similar trends as 2020. Hospitalizations due to substance use were generally stable from 2017 to 2019 and only a small decline of 86 hospitalizations was seen in 2020.

Provided percentages by gender, race/ethnicity, and age reflect the proportion of individuals with a hospitalization or ED visit due to a primary diagnosis of substance use relative to total hospitalizations or ED visits for that demographic. The proportion of residents hospitalized or seen in the ED for substance use was generally consistent from 2019 to 2020, with the largest increase of nearly 1 percentage point in hospitalizations among White and Black residents and adults age 30-64 years.

**Number and Percent of Emergency Department Visits due to Primary Diagnosis of Substance Use**

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 (Q1-Q2)* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| **Overall** | 17,076 | 3.8% | 16,818 | 3.6% | 16,846 | 3.8% | 17,360 | 3.9% | 14,245 | 4.1% | 7,775 | 4.2% |
| **Gender** | | | | | | | | | | | | |
| Male | 12,181 | 5.9% | 11,757 | 5.7% | 11,834 | 6.0% | 12,051 | 6.0% | 10,200 | 6.4% | 5,633 | 6.9% |
| Female | 4,894 | 2.0% | 5,056 | 2.0% | 5,011 | 2.1% | 5,309 | 2.2% | 4,043 | 2.2% | 2,141 | 2.1% |
| **Race/Ethnicity** | | | | | | | | | | | | |
| White | 12,417 | 4.2% | 11,562 | 4.0% | 11,720 | 4.2% | 12,274 | 4.4% | 10,104 | 4.6% | 5,138 | 4.4% |
| Black | 1,594 | 3.5% | 1,532 | 3.3% | 1,674 | 3.7% | 1,547 | 3.4% | 1,206 | 3.4% | 641 | 3.5% |
| Hispanic | 2,271 | 2.6% | 2,357 | 2.6% | 2,443 | 2.7% | 2,774 | 3.0% | 2,306 | 3.2% | 1,615 | 4.2% |
| Other | 551 | 3.3% | 564 | 3.2% | 671 | 3.6% | 618 | 3.3% | 443 | 3.0% | 313 | 3.8% |
| Unknown | 243 | 3.3% | 803 | 4.3% | 338 | 4.8% | 147 | 2.7% | 186 | 4.2% | 68 | 4.0% |
| **Age** | | | | | | | | | | | | |
| 0-17 | 217 | 0.3% | 214 | 0.3% | 171 | 0.2% | 229 | 0.3% | 170 | 0.4% | 76 | 0.4% |
| 18-29 | 3,326 | 3.5% | 3,167 | 3.5% | 2,874 | 3.5% | 2,883 | 3.6% | 2,242 | 3.6% | 1,218 | 3.8% |
| 30-44 | 5,024 | 5.6% | 5,205 | 5.8% | 5,293 | 6.3% | 5,793 | 6.6% | 5,015 | 6.9% | 2,801 | 7.1% |
| 45-64 | 7,853 | 6.9% | 7,476 | 6.5% | 7,699 | 7.1% | 7,467 | 6.8% | 5,862 | 6.5% | 3,159 | 6.6% |
| 65+ | 656 | 0.8% | 756 | 0.8% | 809 | 0.9% | 988 | 1.1% | 956 | 1.2% | 521 | 1.2% |

Source: Rhode Island Department of Health

**Number and Percent of Inpatient Admissions (hospitalizations) due to Primary Diagnosis of Substance Use**

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 (Q1-Q2)* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| **Overall** | 4,577 | 3.8% | 5,032 | 4.1% | 5,162 | 4.3% | 5,072 | 4.3% | 4,986 | 4.7% | 2,580 | 4.9% |
| **Gender** | | | | | | | | | | | | |
| Male | 3,132 | 5.9% | 3,522 | 6.4% | 3,647 | 6.8% | 3,522 | 6.5% | 3,513 | 7.3% | 1,856 | 7.7% |
| Female | 1,442 | 2.2% | 1,505 | 2.2% | 1,514 | 2.3% | 1,550 | 2.4% | 1,472 | 2.5% | 724 | 2.5% |
| **Race/Ethnicity** | | | | | | | | | | | | |
| White | 3,633 | 4.1% | 3,807 | 4.3% | 3,944 | 4.4% | 3,908 | 4.5% | 3,924 | 5.1% | 2,008 | 5.2% |
| Black | 274 | 3.4% | 303 | 3.6% | 322 | 3.9% | 311 | 3.6% | 328 | 4.2% | 136 | 3.7% |
| Hispanic | 426 | 3.0% | 543 | 3.6% | 567 | 3.7% | 646 | 4.1% | 515 | 3.5% | 296 | 4.1% |
| Other | 166 | 4.2% | 184 | 4.9% | 195 | 5.0% | 176 | 4.3% | 162 | 4.1% | 111 | 5.0% |
| Unknown | 78 | 2.2% | 195 | 2.8% | 134 | 3.9% | 31 | 1.2% | 57 | 2.4% | 29 | 3.8% |
| **Age** | | | | | | | | | | | | |
| 0-17 | 14 | 0.1% | 18 | 0.1% | 11 | 0.1% | 5 | 0.0% | 18 | 0.1% | 10 | 0.1% |
| 18-29 | 652 | 5.1% | 671 | 5.3% | 754 | 6.3% | 663 | 5.8% | 614 | 6.1% | 279 | 5.9% |
| 30-44 | 1,431 | 8.3% | 1,659 | 9.5% | 1,659 | 9.8% | 1,746 | 10.0% | 1,780 | 10.8% | 958 | 11.7% |
| 45-64 | 2,260 | 7.3% | 2,399 | 7.4% | 2,416 | 7.8% | 2,353 | 7.8% | 2,249 | 8.5% | 1,156 | 8.8% |
| 65+ | 220 | 0.5% | 285 | 0.6% | 322 | 0.7% | 305 | 0.7% | 325 | 0.8% | 177 | 0.9% |

Source: Rhode Island Department of Health

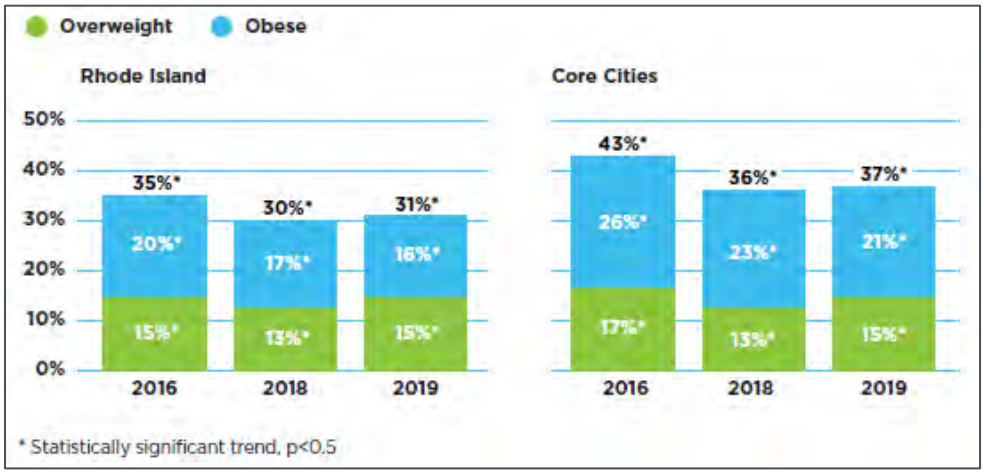
## Youth Health

Overweight and Obesity

Childhood obesity is a persistent and significant threat to the long-term health of today's youth. The CDC reports that children who have obesity are more likely to have high blood pressure and high cholesterol, risk factors for heart disease; glucose tolerance, insulin resistance, and type 2 diabetes; breathing problems like asthma and sleep apnea; joint and musculoskeletal problems; and psychological and social problems, such as anxiety, depression, low self-esteem, and bullying; among other concerns.

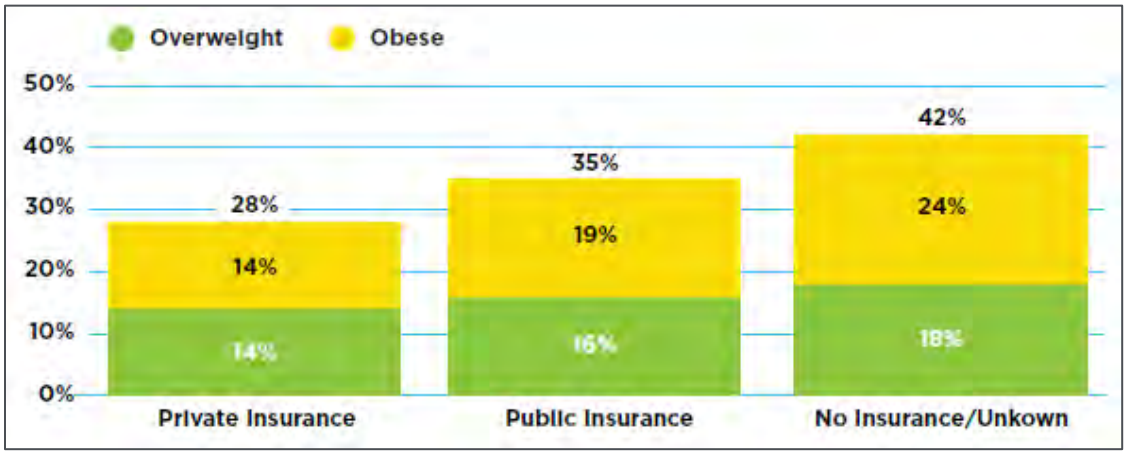
Among Rhode Island children ages 2 to 27 in 2019, 15% were considered overweight and 16% were considered obese for a combined 31%. This finding is consistent with 2018 and lower than 2016. Youth overweight and obesity varies widely by health insurance coverage, an indicator of preventative care access and socioeconomic status, and race and ethnicity. **Across Rhode Island, 42% of uninsured youth and 35% of youth with public health insurance are overweight or obese compared to 14% of youth with private health insurance. Among racial and ethnic groups, over one-third of Hispanic/Latinx and non-Hispanic Black/African American youth are overweight or obese compared to 29% of non-Hispanic White youth.**

**Youth (2-17) Overweight and Obesity for Rhode Island and The Core Cities**



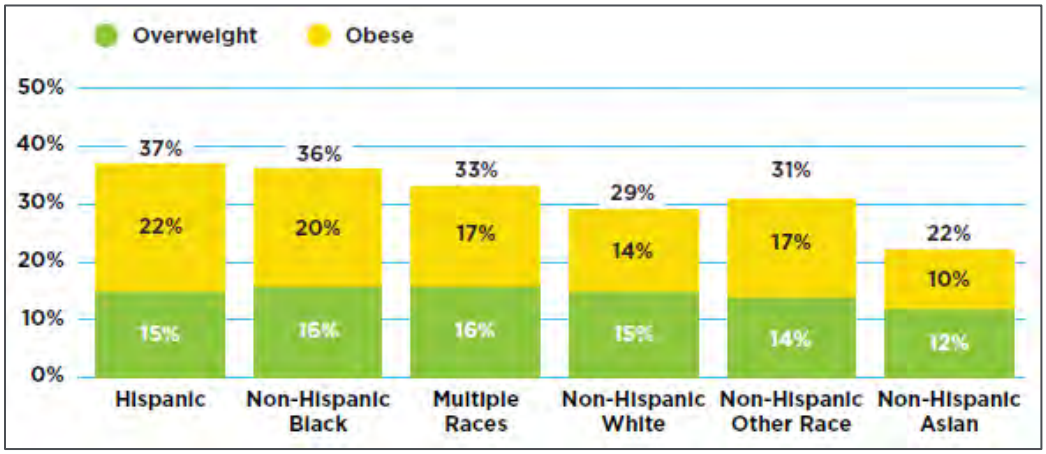

Source: Rhode Island Kids Count

**2019 Rhode Island Youth (2-17) Overweight and Obesity by Insurance Status**




Source: Rhode Island Kids Count

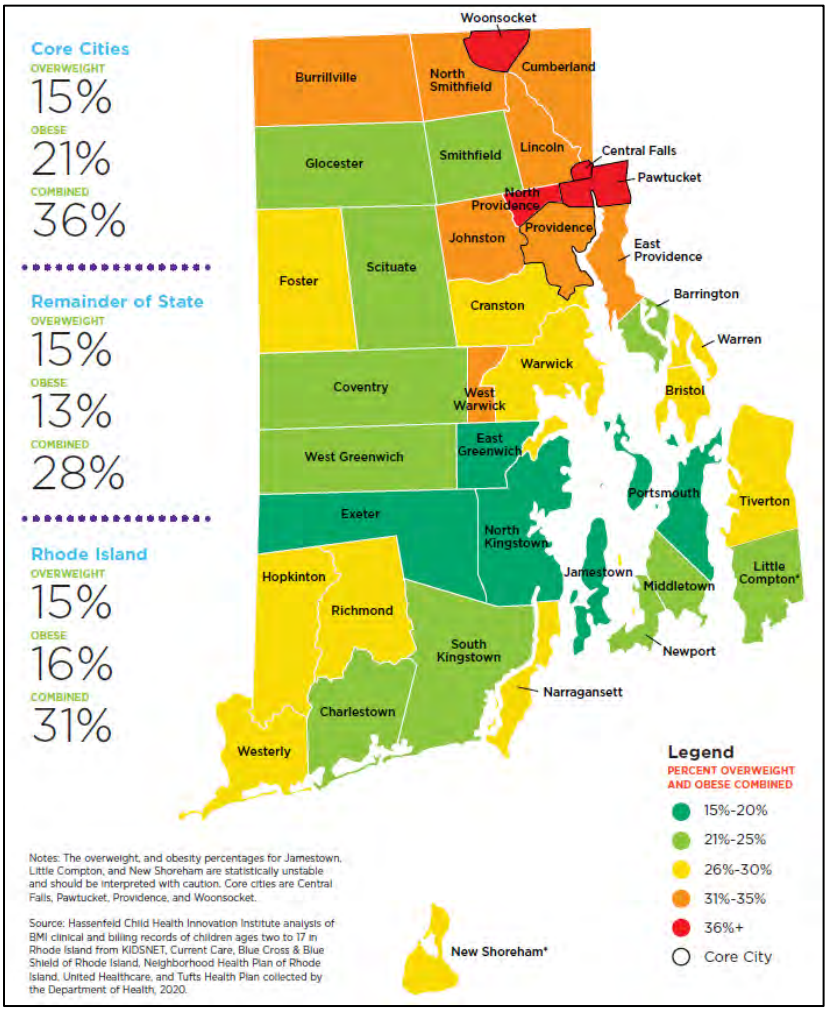
**2019 Rhode Island Youth (2-17) Overweight and Obesity by Race and Ethnicity**




Source: Rhode Island Kids Count

Average youth overweight and obesity for Rhode Island state, excluding the core cities, is approximately 28%. **All Washington County municipalities except for Hopkinton and Narragansett have a lower prevalence of youth overweight and obesity than the "remainder of state" benchmark.**

**2019 Youth (2-17) Overweight and Obesity by Rhode Island City and Town**




Source: Rhode Island Kids Count

**2019 Youth (2-17) Overweight and Obesity by Washington County Municipality**

| | Overweight | Obese | Combined |
|---|---|---|---|
| Charlestown | 12% | 11% | 23% |
| Exeter | 12% | 8% | 20% |
| Hopkinton | 18% | 10% | 28% |
| Narragansett | 17% | 13% | 30% |
| New Shoreham | NA | NA | NA |
| North Kingstown | 11% | 9% | 20% |
| Richmond | 17% | 10% | 27% |
| South Kingstown | 13% | 9% | 21% |
| Westerly | 14% | 12% | 26% |
| Four Core Cities | 15% | 21% | 36% |
| Remainder of Rhode Island | 15% | 13% | 28% |

Source: Rhode Island Kids Count

Behavioral Health

The 2021 Rhode Island Kids Count Factbook states, "Mental health treatment systems tend to be fragmented and crisis-driven with disproportionate spending on high-end care and often lack adequate investments in prevention and community-based services." Rhode Island has made great strides in promoting mental wellbeing and improving mental healthcare services for youth, but more work is needed to provide adequate and timely care for all youth across the state.

As reported in the Rhode Island Kids Count Factbook, the percentage of Rhode Island children ages 3 to 17 who needed mental health treatment or counseling and had a problem obtaining it declined from 55% in 2016 to 36% in 2017. While youth mental health services are improving statewide, psychiatric care continues to be a needed, limited resource across Rhode Island. **The number of youth awaiting psychiatric inpatient admission increased from 212 in federal fiscal year (FFY) 2016 to 795 in FFY2020.** Inpatient psychiatric care is critical to help stabilize youth experiencing acute psychiatric symptoms, including risk of suicide. **Cooccurring with an increasing number of youth awaiting inpatient psychiatric care, was an increasing number of ED visits and hospitalizations among youth ages 13-19 due to suicide attempts.** From 2015 to 2019, there were 1,165 ED visits and 794 hospitalizations among youth ages 13-19 due to suicide attempts statewide; 20 children under age 20 died due to suicide.

Rhode Island has historically reported a higher percentage of youth attempting suicide than the nation. **In 2019, 14.7% of Rhode Island high school students reported an attempted suicide, an increase from 2015 and 2017 (10.5%) and a higher proportion than the nation (8.9%).** When considered by subgroup, attempted suicides were higher among Black/African American and Latinx students compared to White students, as well as students identifying as lesbian, gay, or bisexual (LGB) versus straight.

**Rhode Island Youth Mental Health Service Availability Indicators**

| | FFY 2016 | FFY 2017 | FFY 2018 | FFY 2019 | FFY2020 |
|---|---|---|---|---|---|
| Youth awaiting psychiatric inpatient admission (psychiatric boarding) | 212 | 462 | 465 | 437 | 795 |
| Average wait time for psychiatric admission | 3 days | 3.6 days | 1.4 days | 3.3 days | 3.2 days |
| Average children per day unable to leave psychiatric hospital due to lack of step-down availability or safe placement | 6 | 8 | 7 | 5 | 4 |

Source: Rhode Island Kids Count Factbook

**Rhode Island Youth Suicide Attempts and Deaths**

| | 2012-2016 | 2013-2017 | 2014-2018 | 2015-2019 |
|---|---|---|---|---|
| ED visits among youth ages 13-19 due to suicide attempt | 864 | 965 | 886 | 1,165 |
| Hospitalizations among youth ages 13-19 due to suicide attempt | 522 | 649 | 651 | 794 |
| Suicide deaths among youth under age 20 | 22 | 6 | 25 | 20 |

Source: Rhode Island Kids Count Factbook

**High School Students Reporting an Attempted Suicide**

| | 2013 | 2015 | 2017 | 2019 |
|---|---|---|---|---|
| Rhode Island | 14.3% | 10.5% | 10.5% | 14.7% |
| United States | 8.0% | 8.6% | 7.4% | 8.9% |

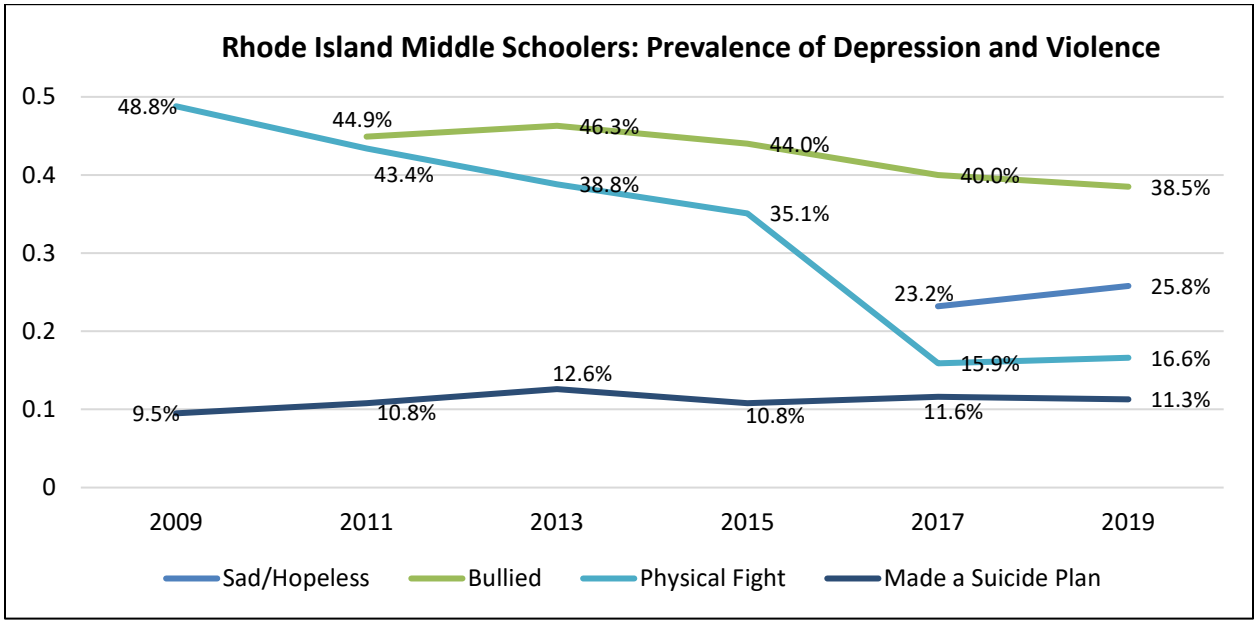
Source: Centers for Disease Control and Prevention, YRBS

**2019 Rhode Island High School Students Reporting an Attempted Suicide**

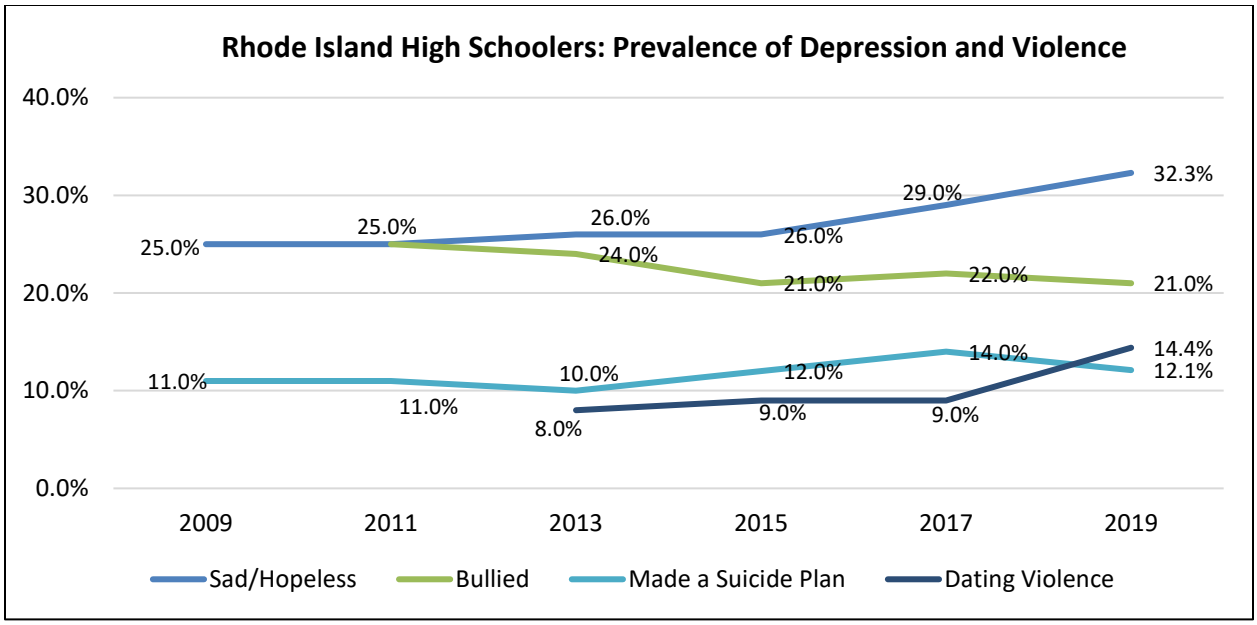
| | Percent |
|---|---|
| **Gender** | |
| Female | 13.5% |
| Male | 15.5% |
| **Race and Ethnicity** | |
| White | 12.1% |
| Black or African American | 18.3% |
| Latinx origin (any race) | 17.7% |
| **Sexual Identity** | |
| Lesbian, Gay, Bisexual (LGB) | 21.6% |
| Straight | 13.3% |

Source: Centers for Disease Control and Prevention, YRBS

**Contributing to acute psychiatric distress among Rhode Island youth is an overall increasing percentage of both middle school and high school students who report feeling consistently sad or hopeless**, and a recent increase in dating violence among high school students. Bullying and fighting among students has generally declined.



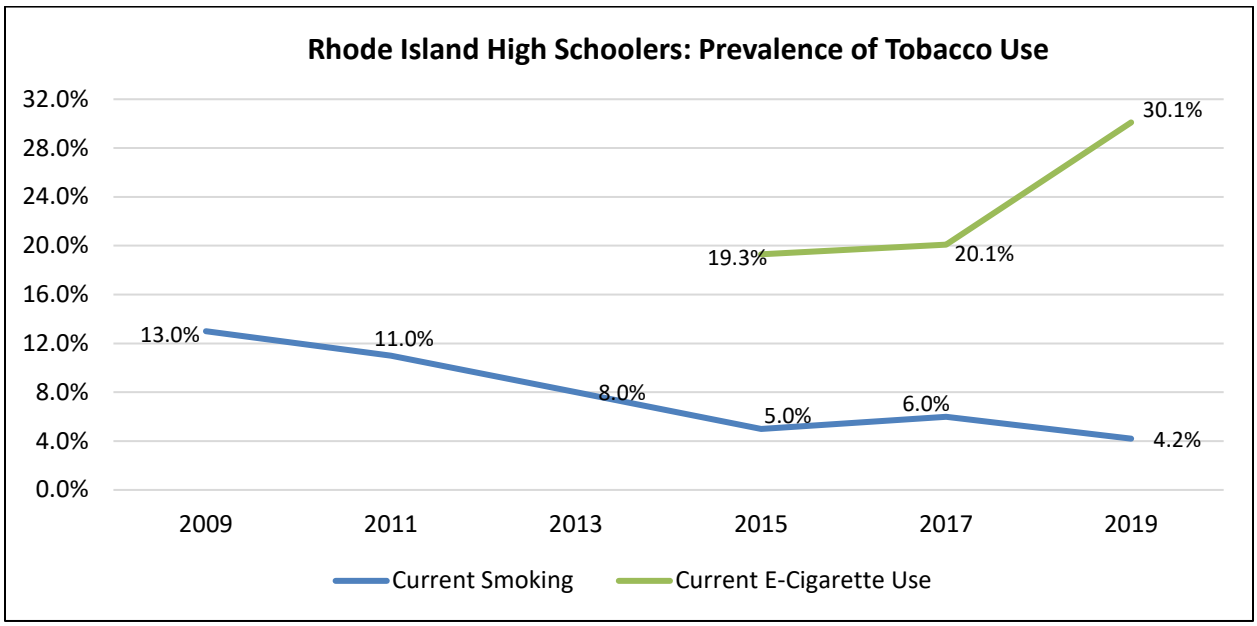

Source: Rhode Island Department of Health




Source: Rhode Island Department of Health

Substance Use (Tobacco, Alcohol, Drugs)

The use of e-cigarettes among youth continues to rise statewide and nationally. **In 2019, 30% of Rhode Island high school students reported currently using e-cigarettes, a 10-point increase from 2017, and a similar proportion as the nation overall (32.7%).** Rhode Island high school students who report current e-cigarette use are more likely to be female, White, and/or LGB. Current use is defined as use on at least one day during the 30 days before the survey.




Source: Rhode Island Department of Health

**High School Students Reporting Current (within past 30 days) E-Cigarette Use**

| | 2015 | 2017 | 2019 |
|---|---|---|---|
| Rhode Island | 19.3% | 20.1% | 30.1% |
| United States | 24.1% | 13.2% | 32.7% |

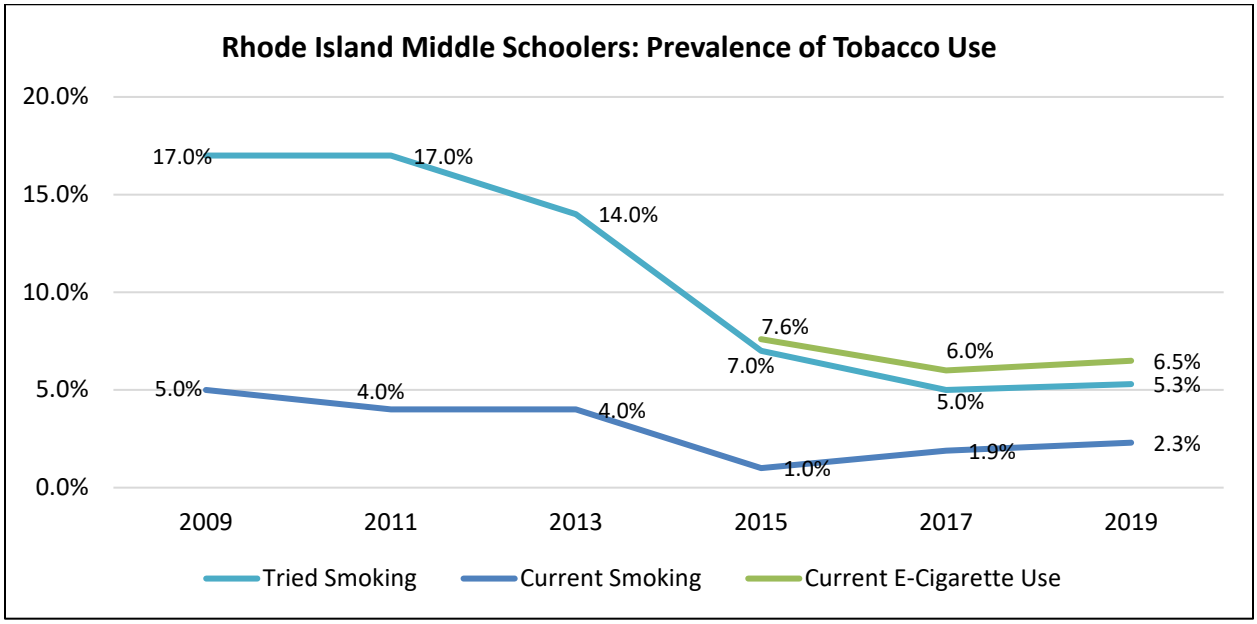
Source: Centers for Disease Control and Prevention, YRBS

**2019 Rhode Island High School Students Reporting Current (within past 30 days) E-Cigarette Use**

| | Percent |
|---|---|
| **Gender** | |
| Female | 31.2% |
| Male | 28.4% |
| **Race and Ethnicity** | |
| White | 36.4% |
| Black or African American | 18.0% |
| Latinx origin (any race) | 20.1% |
| **Sexual Identity** | |
| Lesbian, Gay, Bisexual (LGB) | 37.3% |
| Straight | 30.1% |

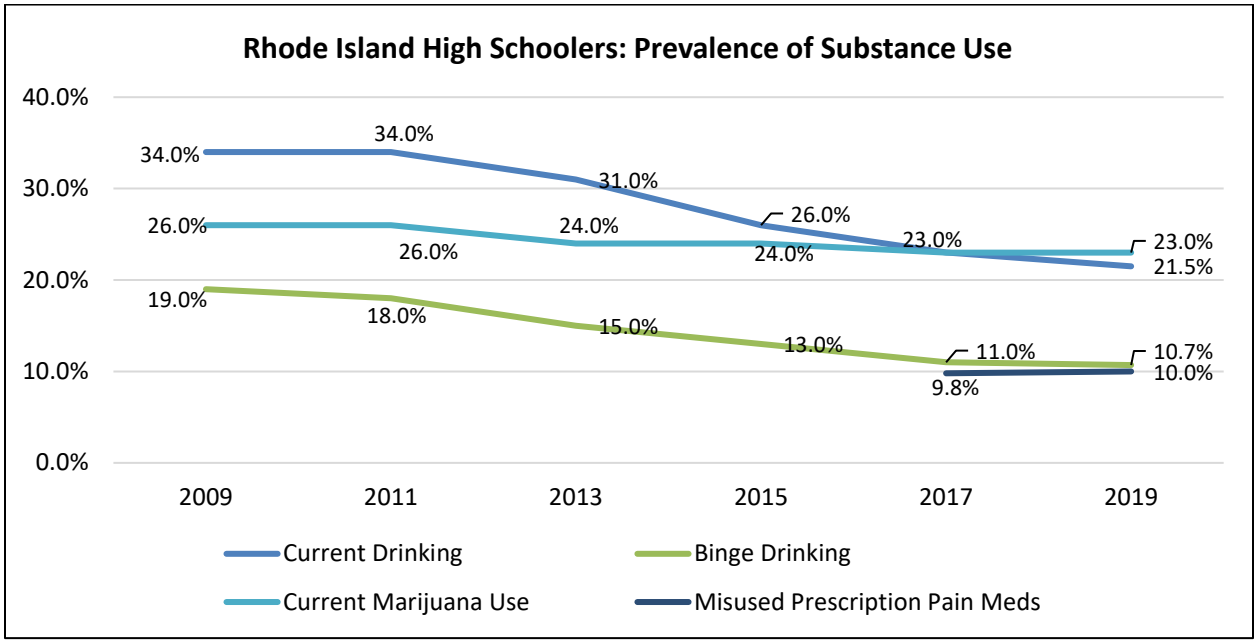
Source: Rhode Island Department of Health

Approximately 16% of Rhode Island middle school students have tried e-cigarettes. **While the percentage of current e-cigarette users has been stable since 2015, the percentage of current traditional cigarette smokers is on the rise, suggesting an increase in overall tobacco product use.**

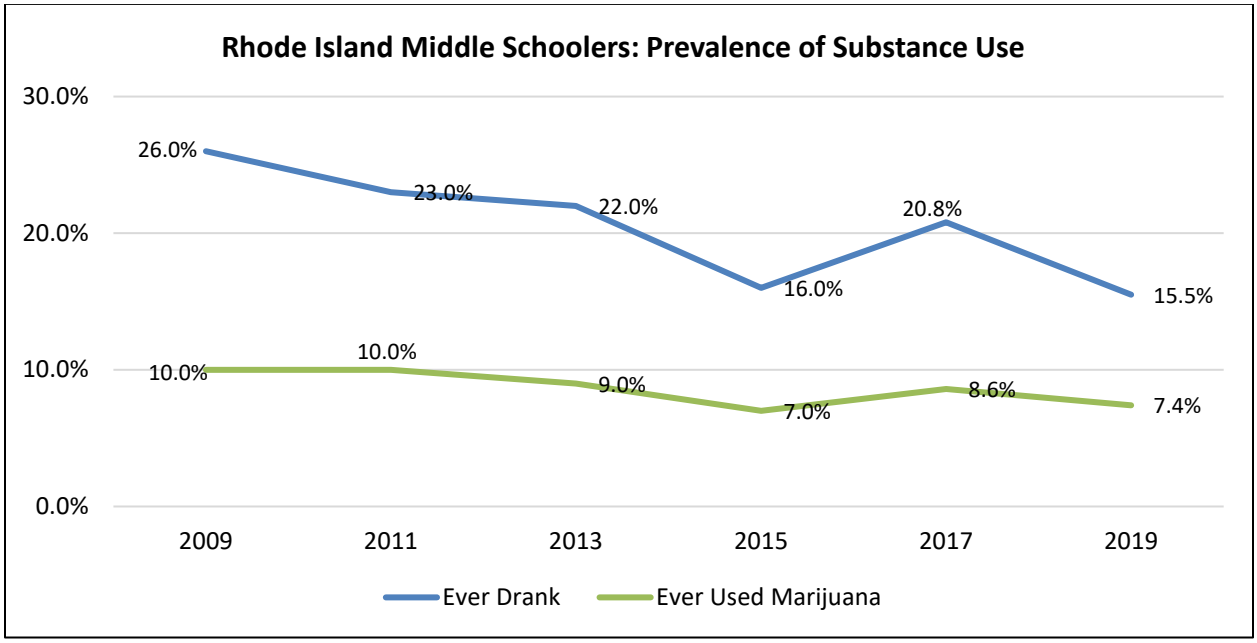



Source: Rhode Island Department of Health

Teen substance use is both a symptom and a risk factor for increased injury, depression, and poor health. The following graphs depict substance use among Rhode Island high school and middle school students. **Substance use is generally declining about Rhode Island students, however, approximately 1 in 4 high school students report current alcohol and marijuana use.** The misuse of prescription pain medications remained stable from 2017 to 2019 at approximately 1 in 10 high school students.




Source: Rhode Island Department of Health




Source: Rhode Island Department of Health

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) have significant negative impact on the mental, physical, and emotional development of children, and contribute to risky health behaviors, poor health outcomes, and premature death. The following tables profile the prevalence of select ACEs among Rhode Island youth, including abuse, neglect, and family dysfunction (incarceration and domestic violence).

Child abuse and neglect is defined as the following:

- Child abuse includes physical, sexual, and emotional abuse.
- Child neglect includes emotional, educational, physical, and medical neglect, as well as a failure to provide for basic needs.

**Between 2015 and 2019 in Rhode Island, there were 454 ED visits, 81 hospitalizations, and six deaths of children under age 18 due to child abuse and/or neglect.** The occurrence of these incidents was variable on a year-to-year basis. Nationwide in 2019, the majority (73%) of child maltreatment deaths involved neglect and 44% involved physical abuse (Note: these categories are not mutually exclusive).

**Rhode Island Emergency Department (ED) Visits, Hospitalizations, and Deaths due to Child Abuse and/or Neglect**

| | ED Visits* | Hospitalizations* | Deaths |
|---|---|---|---|
| 2015 | 92 | 28 | 0 |
| 2016 | 79 | 8 | 1 |
| 2017 | 107 | 18 | 2 |
| 2018 | 102 | 13 | 1 |
| 2019 | 72 | 14 | 2 |
| **Total** | **454** | **81** | **6** |

Source: Rhode Island Kids Count

*Include both suspected and confirmed assessments of child abuse and neglect.

As reported in the 2021 Rhode Island Kids Count Factbook, "In 2020 in Rhode Island, there were 1,862 indicated investigations of child neglect and abuse involving 2,681 Rhode Island children. The rate of child neglect and abuse per 1,000 children under age 18 was two times higher in the four core cities (18.2 victims per 1,000 children) than in the remainder of the state (8.9 victims per 1,000 children). About half (45%) of the victims of child neglect and abuse in 2020 were young children under age six and one-third (33%) were ages three and younger."

**In comparison to 2019 CHNA data findings, the rate of indicated investigations and victims of child abuse and neglect declined in both the core cities and the remainder of Rhode Island.** At the time of the 2019 CHNA, both Hopkington and Westerly were among the top 10 cities and towns in Rhode Island for rate of child abuse or neglect. While both municipalities still exceed the state benchmark (excluding the core cities), they saw significant declines from the 2019 CHNA and no longer count among the top municipalities in the state.

**2020 Indicated Investigations of Child Abuse and Neglect by Washington County Municipality**

| | Investigations of Child Abuse/ Neglect | Investigations per 1,000 Children | Victims of Child Abuse/Neglect | Victims per 1,000 Children |
|---|---|---|---|---|
| Charlestown | 12 | 8.0 | 18 | 12.0 |
| Exeter | 4 | 3.0 | 3 | 2.2 |
| Hopkinton | 14 | 7.6 | 18 | 9.8 |
| Narragansett | 12 | 5.3 | 22 | 9.7 |
| New Shoreham | 0 | 0.0 | 0 | 0.0 |
| North Kingstown | 30 | 4.7 | 35 | 5.5 |
| Richmond | 4 | 2.2 | 4 | 2.2 |
| South Kingstown | 15 | 2.8 | 31 | 5.7 |
| Westerly | 45 | 9.4 | 48 | 10.0 |
| Four Core Cities | 866 | 11.7 | 1,341 | 18.2 |
| 2019 CHNA Comparison | 1,155 | 15.7 | 1,734 | 23.5 |
| Remainder of Rhode Island | 996 | 6.6 | 1,340 | 8.9 |
| 2019 CHNA Comparison | 1,170 | 7.8 | 1,526 | 10.2 |

Source: Rhode Island Kids Count

As reported in the 2021 Rhode Island Kids Count Factbook, **"Of the 2,156 inmates awaiting trial or serving a sentence at the ACI (Adult Correctional Institution) on September 30, 2020 who answered the question on number of children, 1,299 inmates reported having 3,039 children. Thirty percent of sentenced mothers and 9% of sentenced fathers had sentences that were six months or less. Parents of Color were overrepresented compared to their proportion in the general population."**

The rate of children of incarcerated parents declined from the 2019 CHNA report, but continues to disproportionately impact families within the four core cities. **Within Washington County, all municipalities except New Shoreham have a similar or lower rate of children of incarcerated parents than the state (excluding the core cities).** The New Shoreham rate, while only based on six children, is more than double the rate for the core cities.

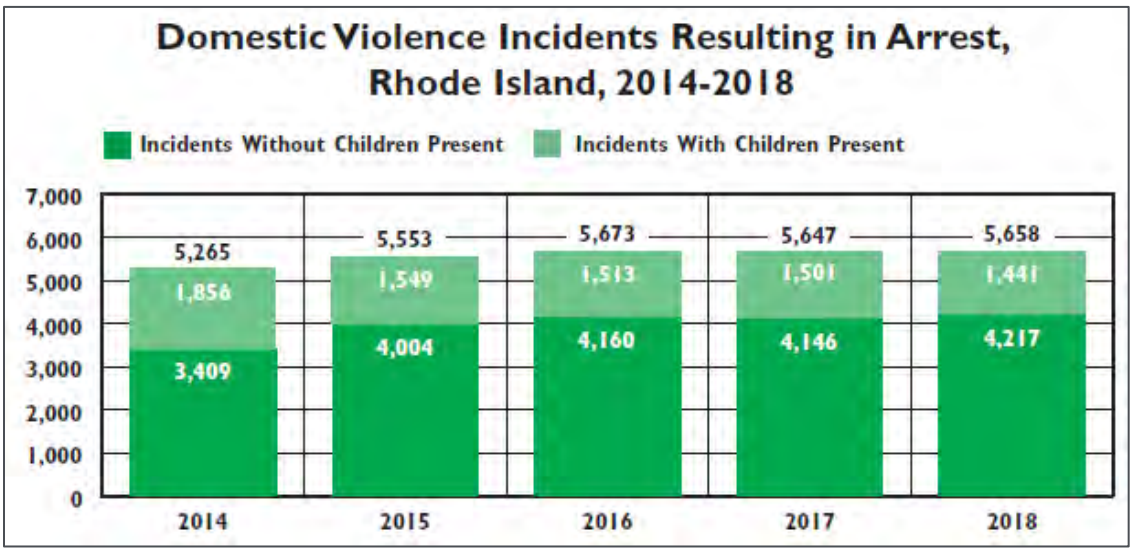
**September 30, 2020 Children of Incarcerated Parents by Washington County Municipality***

| | Number of Children of Incarcerated Parents | Rate per 1,000 Children |
|---|---|---|
| Charlestown | 2 | 1.3 |
| Exeter | 3 | 2.2 |
| Hopkinton | 4 | 2.2 |
| Narragansett | 6 | 2.6 |
| New Shoreham | 6 | 36.8 |
| North Kingstown | 11 | 1.7 |
| Richmond | 3 | 1.6 |
| South Kingstown | 14 | 2.6 |
| Westerly | 22 | 4.6 |
| Four Core Cities | 1,151 | 15.6 |
| 2019 CHNA Comparison | 1,676 | 22.7 |
| Remainder of Rhode Island | 656 | 4.4 |
| 2019 CHNA Comparison | 1,173 | 7.8 |

Source: Rhode Island Kids Count

*Data are self-reported by the incarcerated parent(s) and may include children over age 18.

**Domestic violence incidents resulting in arrest continue to increase in Rhode Island, although the number of children present during the incidents is declining.** In 2018, there were 5,658 domestic violence incidents that resulted in arrests, up from 5,553 incidents reported at the time of the 2019 CHNA (data year 2015). Children were present in 25% (1,441) of incidents in 2018.




Source: Rhode Island Kids Count

**In comparison to 2019 CHNA data findings, the percentage of domestic violence incidents resulting in arrest, where children were present, declined in both the core cities and the remainder of Rhode Island.** Within Washington County, a higher proportion of domestic violence incidents have children present in Richmond, Charlestown, and Hopkinton, although percentages are based on small counts.

**2018 Children Present During Domestic Violence Incidents Resulting in Arrest by Washington County Municipality**

| | Number of Incidents with Children Present | Percent with Children Present |
|---|---|---|
| Charlestown | 11 | 39% |
| Exeter | NA | NA |
| Hopkinton | 11 | 38% |
| Narragansett | 14 | 22% |
| New Shoreham | 0 | 0% |
| North Kingstown | 26 | 20% |
| Richmond | 11 | 44% |
| South Kingstown | 18 | 21% |
| Westerly | 37 | 24% |
| Four Core Cities | 651 | 26% |
| 2019 CHNA Comparison | 621 | 28% |
| Remainder of Rhode Island | 790 | 25% |
| 2019 CHNA Comparison | 907 | 28% |

Source: Rhode Island Kids Count

## Maternal and Infant Health

A total of 9,590 births occurred in Rhode Island in 2020. Consistent with overall population demographics, the majority (68.4%) of births occurred to people residing in Providence County. Less than 5% of births in Rhode Island occurred in Bristol County, and less than 10% of births occurred in either Newport or Washington counties. Kent County had the second highest proportion of births at 14%.

All babies born in Rhode Island are screened by the Rhode Island Department of Health's Newborn Risk Assessment Program. **In 2020, 6,233 newborns (65%) screened positive, indicating the presence of one or more risk factors associated with poor developmental outcomes.** Key risk factors include economic hardship, single motherhood, parental low education levels, and teenage birth. The following table identifies the prevalence of birth risk factors by Rhode Island county, as available.

**Infants born in the core cities experience more risk factors associated with poor developmental outcomes, with nearly 75% born to low-income families, 60% born to single mothers, and 22% born to mothers without a high school diploma.** These outcomes are reflected in higher reported risk factors across Providence County. Within other Rhode Island counties, approximately one-quarter to one-third of infants are born to low-income families, with a higher reported percentage in Newport County

(37.7%). Newport County also reports a slightly higher percentage of births to single-mothers and mothers without a high school diploma compared to the remainder of the state.

**2020 Infants Born at Risk**

| | Total Births | Births to Low-Income Families | Births to Single Mothers | Births to Mothers without a High School Diploma |
|---|---|---|---|---|
| Bristol County | 313 | 29.1% | 28.1% | 3.8% |
| Kent County | 1,353 | 31.4% | 34.4% | 4.3% |
| Newport County | 589 | 37.7% | 34.8% | 8.0% |
| Providence County | 6,563 | 57.8% | 49.6% | 15.4% |
| Washington County | 771 | 27.4% | 26.6% | 1.7% |
| Four Core Cities | 3,856 | 72.8% | 59.8% | 22.2% |
| Remainder of Rhode Island | 5,734 | 33.7% | 33.3% | 5.0% |

Source: Rhode Island Kids Count

Despite a high prevalence of risk factors, Rhode Island overall generally reports positive birth outcomes. From 2015 to 2019, only 4% of all births were to teenage mothers and all counties met HP2030 goals for prenatal care and premature births. However, **positive birth outcomes are not shared equally across counties or racial and ethnic groups.** Consistent with having higher reported risk factors, particularly in the core cities, Providence County experiences more negative birth outcomes compared to other counties. Washington County has the lowest proportion of births to teens, and the highest proportion of pregnant people receiving early prenatal care and/or breastfeeding at birth.

**Across Rhode Island, Black/African Americans experience notable birth disparities.** Fewer than 77% of Black/African Americans receive first trimester prenatal care compared to 87% of Whites. Nearly 12% of babies born to Black/African Americans are premature and/or have low birth weight compared to 7-8% of babies born to Whites. Latinx individuals also experience birth disparities in comparison to their White peers, although not to the same degree as Black/African Americans.

**Within Washington County, birth disparities in Charlestown should be explored.** In comparison to the state (excluding the core cities), Charlestown has a higher prevalence of teen births, premature births, and low birth weight births. Charlestown also has the second lowest prevalence of breastfeeding in the county, behind New Shoreham.

**2015-2019 Maternal and Infant Health Indicators**

| | Percent of All Births to Teens (15-19) | First Trimester Prenatal Care | Premature Births | Low Birth Weight Births | Breastfeeding at Time of Birth |
|---|---|---|---|---|---|
| Bristol County | 1.9% | 85.4% | 7.7% | 5.8% | 81.1% |
| Kent County | 2.5% | 87.9% | 7.9% | 6.5% | 76.3% |
| Newport County | 2.4% | 87.1% | 8.0% | 7.2% | 81.2% |
| Providence County | 4.8% | 81.9% | 9.3% | 8.1% | 67.9% |
| Washington County | 2.4% | 89.4% | 8.4% | 6.8% | 85.7% |
| Rhode Island | 4.0% | 83.9% | 8.9% | 7.7% | 72.0% |
| White, Non-Hispanic | NA | 86.9% | 8.2% | 6.6% | NA |
| Black/African American, Non-Hispanic | NA | 76.5% | 11.5% | 11.7% | NA |
| Asian, Non-Hispanic | NA | 82.2% | 7.7% | 7.6% | NA |
| Latina (any origin) | NA | 81.0% | 9.6% | 8.1% | NA |
| United States* | 4.5% | 77.6% | 10.2% | 8.3% | 83.6% |
| HP2030 Goal | NA | 80.5% | 9.4% | NA | NA |

Source: Rhode Island Kids Count

*Data are reported for 2019 (single year) based on availability.

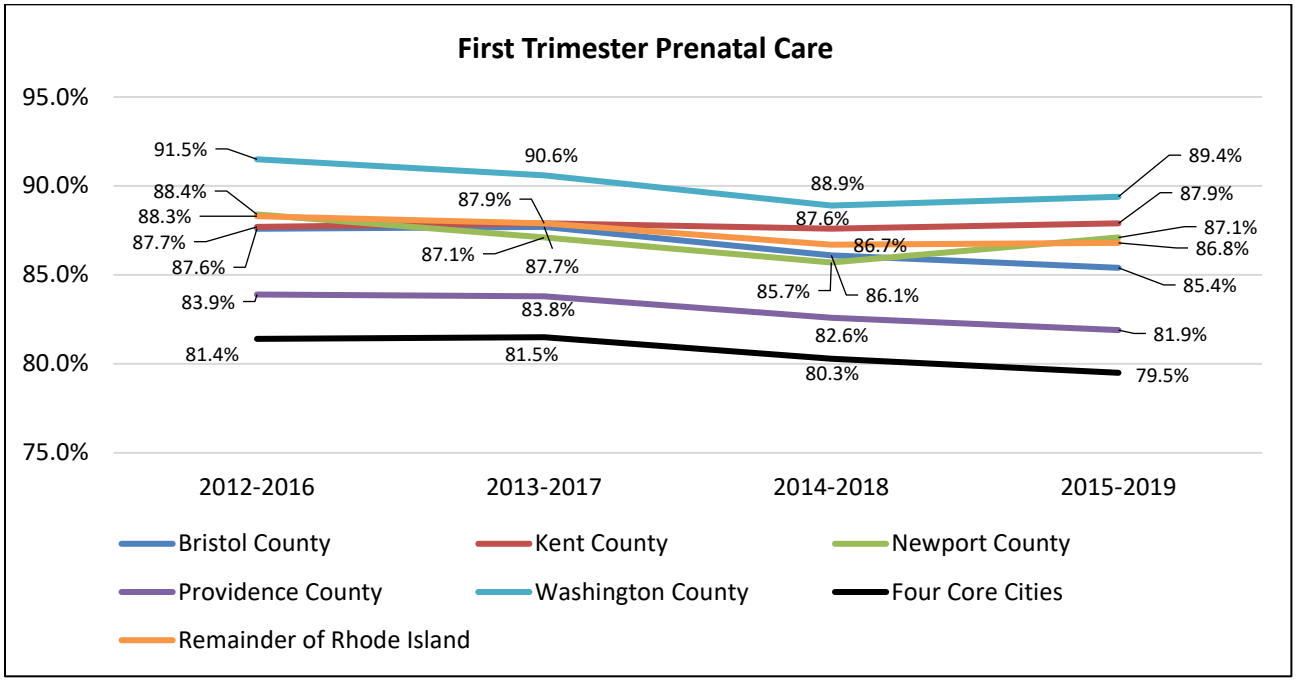
**2015-2019 Maternal and Infant Health Indicators by Washington County Municipality**

| | Percent of All Births to Teens (15-19) | First Trimester Prenatal Care | Premature Births | Low Birth Weight Births | Breastfeeding at Time of Birth |
|---|---|---|---|---|---|
| Charlestown | 4.7% (n=12) | 91.1% | 11.8% | 7.1% | 81% |
| Exeter | 1.6% (n=4) | 91.5% | 10.2% | 7.0% | 85% |
| Hopkinton | 3.0% (n=10) | 89.7% | 6.9% | 6.3% | 81% |
| Narragansett | 1.1% (n=3) | 89.8% | 9.5% | 9.2% | 87% |
| New Shoreham | 0% | NA | NA | NA | 79% |
| North Kingstown | 2.1% (n=23) | 88.6% | 8.3% | 6.6% | 86% |
| Richmond | 1.4% (n=4) | 88.0% | 9.3% | 5.7% | 86% |
| South Kingstown | 2.5% (n=22) | 89.6% | 8.0% | 5.8% | 88% |
| Westerly | 2.7% (n=26) | 89.5% | 7.2% | 7.4% | 85% |
| Four Core Cities | 6.4% | 79.5% | 9.8% | 8.8% | 63% |
| Remainder of Rhode Island | 2.5% | 86.8% | 8.2% | 6.9% | 77% |

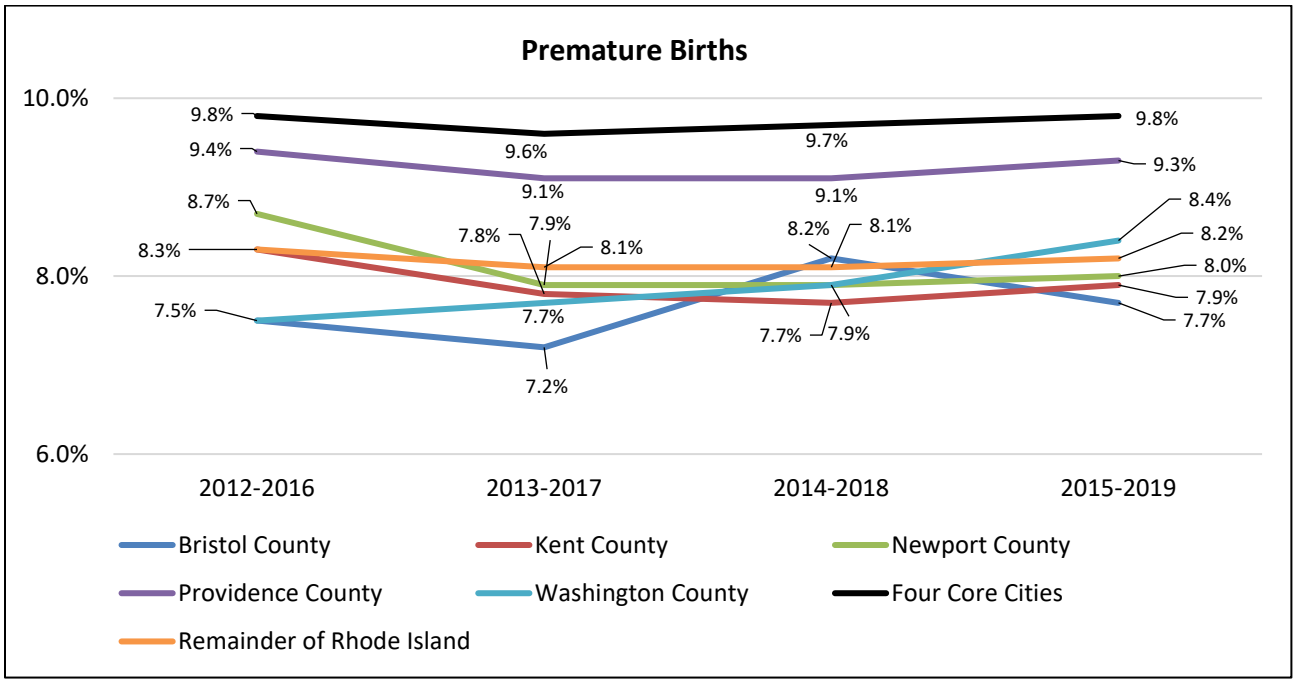
Source: Rhode Island Kids Count

The following graphs depict trends in prenatal care and birth outcomes from 2012-2016 to 2015-2019. **The percentage of pregnant people receiving first trimester prenatal care declined in both the core cities and the remainder of the state, and in all counties except Kent.** In Bristol, Providence, and Washington counties, the percentage of pregnant people receiving first trimester prenatal care declined two percentage points from 2012-2016 to 2015-2019.

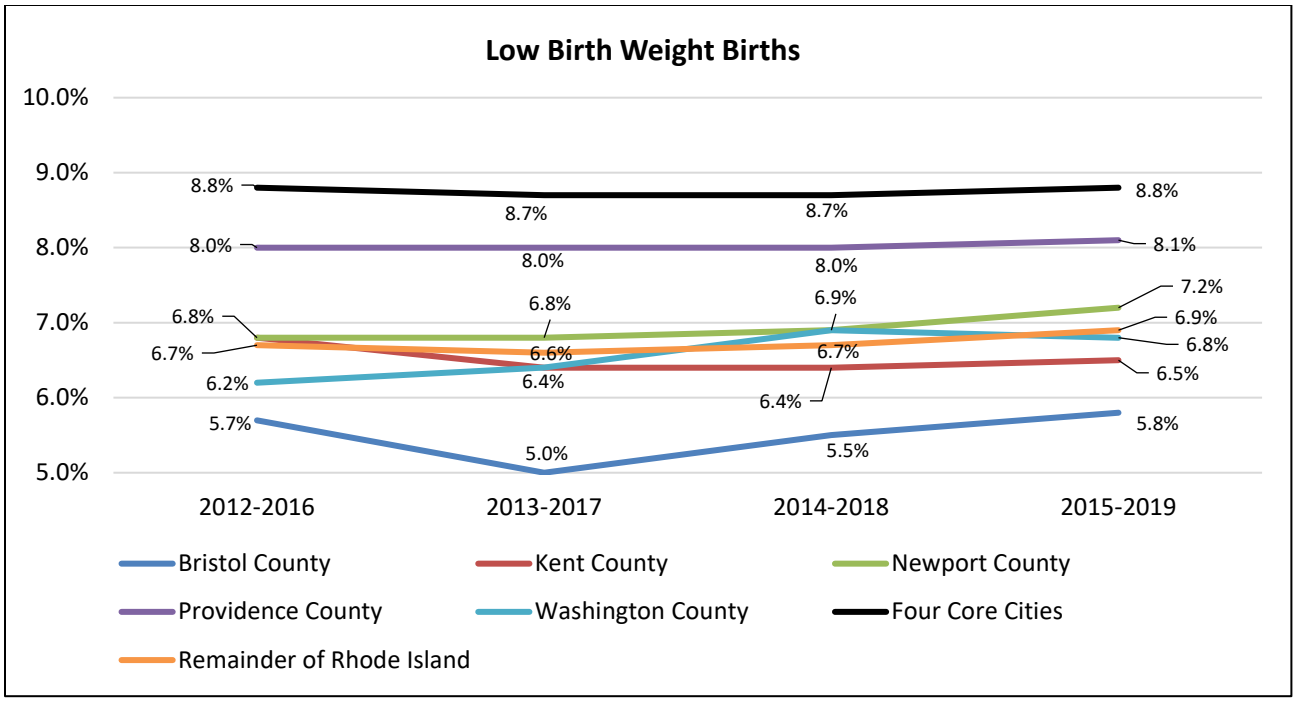
**The percentage of babies breastfed at the time of birth also declined statewide, driven by a 10-percentage point decline in the core cities** from 2012-2016 to 2015-2019. Based on known racial and ethnic disparities, the decline in breastfeeding was likely higher among non-White infants, particularly Black/African Americans. Other birth outcomes, including low birth weight and premature births have been largely consistent over recent years.



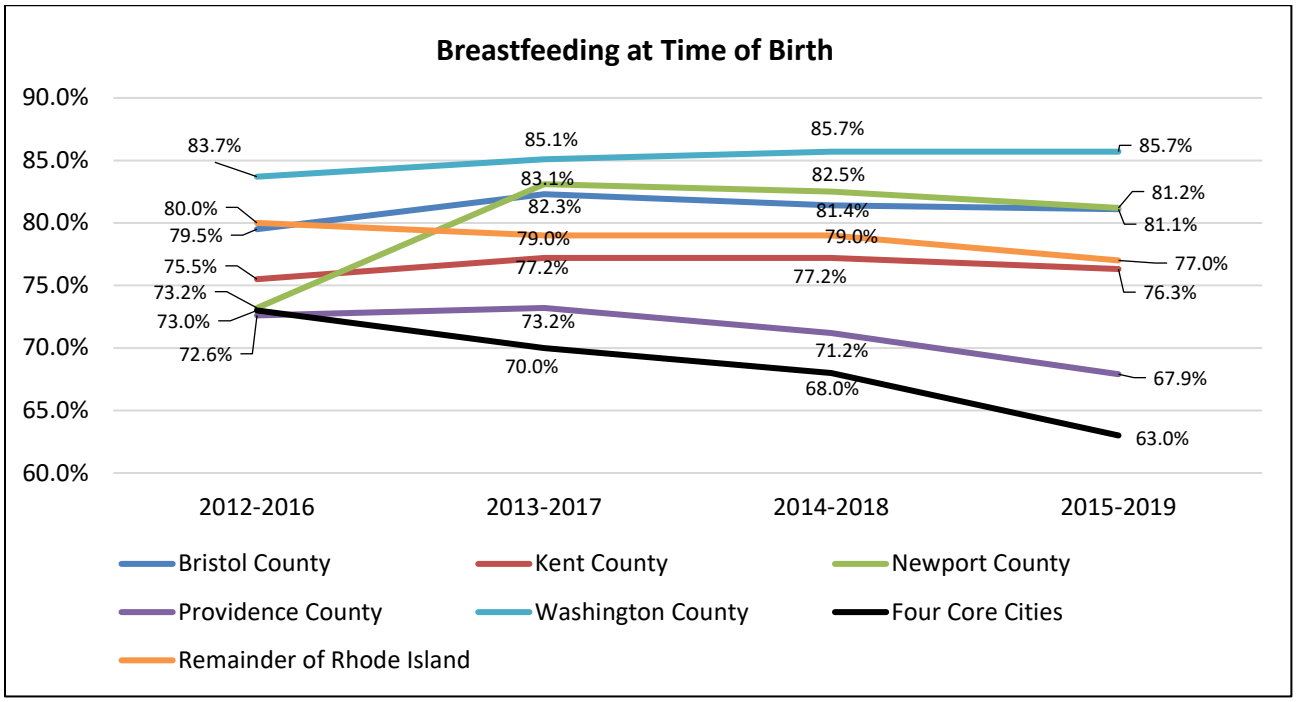

Source: Rhode Island Kids Count




Source: Rhode Island Kids Count




Source: Rhode Island Kids Count




Source: Rhode Island Kids Count

**Rhode Island had a total of 285 infant deaths from 2015-2019, 156 or 55% occurred in the core cities.** The infant death rate within the core cities is 50% higher than the remainder of Rhode Island and does not meet the HP2030 goal. Infant death disparities within the core cities are largely due to inequities experienced by Black/African Americans. **The infant mortality rate for Black/African Americans statewide is nearly three times higher than for Whites.** Similar disparities in maternal death rates are seen nationwide; **Black/African Americans have a maternal death rate that is 2.5 times higher than for Whites.** Rhode Island maternal death data is not available due to confidentiality restrictions.

**2015-2019 Infant Deaths per 1,000 Live Births**

| | Infant Deaths per 1,000 Live Births |
|---|---|
| Bristol County | NA (n=2) |
| Kent County | 3.9 (n=30) |
| Newport County | 4.9 (n=17) |
| Providence County | 6.2 (n=220) |
| Washington County | 3.6 (n=16) |
| Four Core Cities | 7.4 |
| Remainder of Rhode Island | 4.1 |
| Rhode Island | 5.4 |
| White, Non-Hispanic | 3.8 |
| Black/African American, Non-Hispanic | 10.6 |
| Asian, Non-Hispanic | 5.0 |
| Latina (any origin) | 6.3 |
| HP2030 Goal | 5.0 |

Source: Rhode Island Kids Count

**2018 Maternal Deaths* per 100,000 Live Births**

| | Total Deaths | Total Death Rate | Black Death Rate | White Death Rate | Latina Death Rate |
|---|---|---|---|---|---|
| Rhode Island | NA | NA | NA | NA | NA |
| United States | 658 | 17.4 | 37.1 | 14.7 | 11.8 |
| HP2030 Goal | -- | 15.7 | -- | -- | -- |

Source: Centers for Disease Control and Prevention

*Maternal deaths include deaths of pregnant people or within 42 days of termination of pregnancy, from any cause related to pregnancy or its management. Rhode Island deaths are not reported due to confidentiality restrictions.

Research findings from secondary data analysis were compared to qualitative research findings to compare perceptions to statistical data, identify root causes, and contextualize data trends and contributing factors for identified health needs.

# Community Conversations

## Washington County Partner Meeting

As part of the CHNA, South County Health in partnership with Healthy Bodies Healthy Minds Washington County hosted a virtual Partner Meeting on March 15, 2022. A total of 44 people attended representing health and social service agencies, senior services, local government, and civic organizations. The objective of the forum was to share data from the CHNA and garner feedback on community health priorities, as well as opportunities for collaboration among partner agencies.

Research from the CHNA was presented at the session. Small group dialogue was facilitated to discuss research findings, existing resources and initiatives to address priority areas, the impact of COVID-19 on communities and services, and new or innovative opportunities for cross-sector collaboration. A summary of the small group discussion follows.

### Facilitation Questions and Small Group Discussions

Breakout Session 1: Applying lessons learned from COVID

1. **What challenges brought about by COVID will take our community the longest time to recover from?**
   - Mistrust in public health entities and healthcare providers, e.g., vaccine hesitancy
   - Lost learning among children and school students, particularly those in special education (e.g., social emotional learning and maturity and development)
   - Mental health impact, particularly for children and older people who were isolated, fearful of COVID, and/or did not have the developmental tools to cope with new challenges (children); coping skills impacted by persistent trauma of COVID
   - Substance use disorder; isolation and lack of support culminated in increased use and overdose
   - Isolation and its effects; particularly hard for older adults who feared travel and health-related challenges
   - Getting back on track with healthy lifestyle behaviors; many people used food as comfort during the pandemic and experienced weight gain
   - Economic challenges including job loss, housing affordability, and homelessness; single-parent homes were hit especially hard
   - Ongoing issues related to quarantine and COVID exposure, e.g., school and childcare closures
   - Staffing loss and shortages in key industries: healthcare, education, hospitality, manufacturing
   - Getting people back on track with routine preventive care (wellness visits, child vaccines), and the higher acuity that will come from not having caught conditions in earlier stages
   - Lack of positive socialization for children; significant increase in screen time and phone use
   - Housing market changes: people able to work remotely allowed them to work from “vacation” destination; local landlords moved to Airbnb, other temp options, which reduced available year-round housing options

***Comments:***

- *Kids need for mental health is significant. There are challenges with re-engaging them to problem solve. There were many factors they faced during the pandemic, including Black Lives Matter and other sad events in the news. Many were home with just electronics as support.*
- *Both children and adults were baffled through COVID. Many had to work from home. Many had to work through domestic violence events. Children had enough problems to deal with during lock down. Fear will take time to recover, cope. Adults have coping mechanisms; children don't yet have those tools.*
- *Older children have fears as well. Some children were home during the pandemic, now going to college 100% on their own.*
- *People are languishing due to long term impact of isolation, lack of personal interaction, heavy screen time (children's lives are too technology heavy – social media impact on mental health), lingering social disconnect from others… and people cannot get help, mental health providers all full!*
- *Schools are going through their budget paying for substitute teachers. Kids are more anxious and intense and aggressive including harm to self and others. The social worker has been on seven ambulance runs this year, more than during her tenure.*
- *Many, especially older people, are not seeking needed (behavioral health) help. There is a lack of resources in Washington County to meet the need. Funding is being distributed by the state through traditional catchment area providers which is not always reaching the providers who are providing services.*

**2. Are current initiatives within our focus areas of *Behavioral Health, Physical Health (particularly focused on Older Adults), Maternal and Child Health, and SDoH* consistent with those challenges? In what ways? Is there a need to expand focus or redirect resources?**

- Affordable housing and homelessness are growing needs due to historic increases in the cost of housing in 2020 and 2021; hotel sheltering options will not be available in summer months
- Need to figure out better ways to address transportation issues, particularly among rural populations; local public transportation options are not always reliable
- Consider new food insecurity response programs due to inflation
- Current systems are reactive, not focused on prevention; need to build systems that support people thriving (physically, emotionally, socially, economically)
- Need to reevaluate the mental health needs of the entire population beyond the most vulnerable populations; "we have experienced 'collective trauma' and need healthy tools to get beyond it"
- Additional resources needed to address older adult behavioral health needs and better support for older adults at risk for self-neglect
- Additional resources needed to address youth behavioral health needs; "resource guides are not helpful, as most providers do not have openings, particularly for ages 3-10 and therapeutics"
- Need to reinforce awareness of social determinants of health and connectivity between health and social services; "Is everyone working towards the same goal?"
- Telehealth and virtual learning services have increased due to the pandemic; need to address the digital divide (e.g., internet, technology support)

***Comments:***

- *The impact of the booming housing market has been traumatic, causing landlords to sell their properties and displace renters. Rehousing them has been a challenge.*
- *We set up transportation for an appointment and get a call that morning that the driver never arrived. We have an Uber account to try to arrange last minute rides.*
- *Behavioral health priorities are critical. Access is limited, caseloads are full, clinicians are leaving the practice.*
- *Geographically, Washington County residents do not have access to resources in the northern part of the state. Kids wait 10 days in the ER because they can't get to Hasbro.*
- *Summer is a long time for kids, and there is a need for more food access for them. Free lunch and breakfast are great in summers, but there is a gap during school vacation.*

**3. What COVID responses/reactions within our community brought about new ways of doing things that will continue to benefit individuals and families in Washington County?**

- New advocacy efforts for transportation and mobile services
- New funding and resources (e.g., hotel allowances for individuals experiencing homelessness, free meals for school children); there are concerns that these benefits will expire in 2022
- New resource delivery systems for individuals who are isolated (e.g., food pantry delivery, prescriptions)
- Social engagement programs offered by Westerly Village and others
- More collaboration and innovation to fill service delivery gaps and meet local needs
- New emphasis on "taking care of our neighbors" and "taking a whole person approach to health"
- Access to mobile crisis outreach resources improved; focus in Washington County to coordinate these models as one system
- The pandemic exposed shortcomings within the healthcare delivery system, particularly behavioral health; need to leverage opportunity to educate and inform decision makers moving forward
- Greater awareness and buy-in of the importance, and prevalence, of behavioral health needs among youth; families that had never needed BH support were seeking services
- Schools were recognized as the fulcrum of communities: Provided services from food delivery to behavioral health services
- Schools/teachers more empathetic to needs of children; success of youth Mental Health First Aid initiatives; more understanding of impact of grief: of losses in family, routine, "normalcy"
- Westerly public schools implemented behavioral health support for children in grades K-4 due to higher demand for services
- Technology
    - New ways of engaging with "stuck at home" populations with transportation barriers
    - Access to virtual home health services has allowed providers to reach new patients who normally wouldn't have been seen
    - Advance and acceptance of telehealth, decline in no-show appointments
    - Hybrid work options created flexibility for parents and families

- Greater connectivity among health and social service providers and clients; “texting clients is less of a barrier than calling or emailing clients”
- Better access to community trainings and events (e.g., QPR, Mental Health First Aid) through digital platforms

Breakout Session 2: Increasing and Measuring Impact

1. **What stands out to you as a significant accomplishment in recent years that has most impacted the community?**

- Healthy Bodies, Healthy Minds and HousingWorks RI partnership will create new energy around affordable housing; focus on holding local policy members accountable to land usage
- Statewide implementation of 998, the new National Suicide Prevention Lifeline number; shortening the lifeline from 10 digits to 3 digits is anticipated to help save lives
- Development and implementation of countywide behavioral health plan, including crisis system transformation and inclusion of people with lived experience (e.g., Peer Recovery Specialists) and families in co-design of solutions
- Healthy Bodies, Healthy Minds has been successful in bringing a lot of community partners together to collaborate on priority needs and share resources
- New behavioral health resources, including clinicians and Community Health Worker in the South County Health ED and Geri psych inpatient unit at Westerly Hospital
- Age-Friendly Westerly designation and Westerly Village
- Suicide prevention efforts: Zero Suicide, QPR
- Rhode Island Maternal Psychiatry Resource Network (MomsPRN)
- Thundermist behavioral health services and medication management
- New food insecurity programs: Universal free breakfast and lunch programs for school students; new food pantry in Westerly, Rhode Island Center Assisting Those in Need (RICAN)
- Blue Cross meal delivery service, bringing affordable, nutritious meals directly to people living in areas that lack adequate access to fresh foods
- Program-level expansion at South County Health with Master of Social Work, Community Health Team, and Peer Support members to provide behavioral health services and coordinate care in partnership with hospital and social service providers
- Integration of Community Health Workers in both healthcare and community settings
- More collaboration between hospitals and local social service agencies
- Working on systems and policy level changes on multiple fronts – Healthy Bodies, Health Minds; Crisis Intervention Team; Zero Suicide; community paramedicine programs are all aimed at changing systems and advocacy for policies related to parity and increasing poor insurance reimbursement/provider fees
- Growing awareness of the connection between housing and healthcare; “We’re breaking down silos to improve the health of community – finally talking about housing at a meeting organized by the hospital to talk about health!”

2. **What does it take to get to the next level? What stumbling blocks or barriers are keeping our community from achieving greater impact in this area? Think beyond COVID, funding, resources...what communication, partnerships, new thinking are necessary to advance efforts?**

   - Community-wide planning and health improvement approach
   - Creating easier access points to health and social services (e.g., new 988 hotline) and addressing the digital divide as a barrier
   - Better access to social workers to assist patients in navigating health and social services
   - Greater awareness of available services through social media, mailings, flyers, physician practices, etc.; build social connectedness
   - Patience among both community providers and funders; "Improving population health takes a long time to see results – we need to be patient and stay the course – funders have to be patient and be prepared to invest long term if they want lasting results"
   - Invest in training and recruitment of health and social service providers, particularly behavioral health and Community Health Workers; ensure living wages
   - Realignment of state budget to invest in prevention and allocate resources equitably across the state - perception that Washington County is often left out
   - Investment in public transportation options
   - Sustained, committed state funding for suicide prevention that is not dependent on federal grants that only fund short-term programs
   - Explore Wellness Committee models currently in place in Richmond and South Kingstown to assist in allocating American Rescue Plan Act funding for COVID recovery
   - Explore South Kingstown Affordable Housing Authority efforts to provide and maintain low-income housing and housing for the elderly as a model for other communities

3. **How will we know when we have made greater impact? What will new successes look like? Define some possible measures to demonstrate increased impact.**

   - Higher utilization of services related to transportation, food, etc.
   - People of all ages can access behavioral health services at right time, right place, and for right duration; similar length of stay for behavioral health ED visits as medical ED visits
   - Reduction in public health statistics (e.g., obesity, homelessness)
   - Tracking of short-term changes in conditions and systems that contribute to long-term population health outcomes, to recognize success and adjust as needed
   - Consider the Well-Being Framework as a guide for measuring systems-level improvements (vs. individual patient-level data)

# Evaluation of Health Impact: 2019-2022 Community Health Improvement Plan Progress

In 2019, South County Health (SCH) completed a CHNA and developed a supporting three-year Implementation Plan for community health improvement. The Implementation Plan outlined our strategies for measurable impact on identified priority health needs, including behavioral health, chronic diseases and social needs of seniors, and maternal and child health. Within six months of the release of the 2019 Implementation Plan, the COVID-19 pandemic shifted the priorities of our community and SCH adapted our work to respond to the emergent needs of residents. The following sections outline our work to impact the priority health needs and respond to COVID-19 in our communities.

## Healthy Bodies, Healthy Minds & SCH Community Health Team

Healthy Bodies, Healthy Minds Washington County (HBHM) is a vigorous, collaborative, long-term effort to transform community health in Washington County. Healthy Bodies, Healthy Minds develops healthy community initiatives on its own and in partnership with other community organizations to support health improvement goals. Healthy Bodies, Healthy Minds is funded through a variety of funding streams, including federal, state, and foundation entities. Launched in 2015 from the Rhode Island Department of Health, HBHM is one of 15 Health Equity Zones (HEZ) in the state. South County Health serves as HBHM's backbone organization, providing essential administrative and staffing support, and is a collaborating partner in the effort.

Key initiatives by HBHM include the following:

- 5-2-1-0
- Incredible Years (parent and classroom management training program)
- Mental Health First Aid
- Crisis Intervention Team (CIT)
- Suicide Prevention: Zero Suicide and Question, Persuade, Refer (QPR)
- Man Therapy, When Duct Tape Doesn't Work (mental health support)
- County-wide Behavioral Health Strategic Planning

The SCH Community Health Team works to improve the health and well-being of Washington and Kent County community members through health coaching and health literacy education, care coordination, linkages to community resources, and behavioral health counseling. The team collaborates within South County Hospital and across Washington County primary care practices to identify and respond to the physical health, behavioral health, and social needs of adults in their care.

South County Home Health also provides health clinics in community senior centers, community lectures, continuing education, counseling and support, health screenings, COVID vaccination, and other special events that address the health needs of residents.

Actions and outcomes from HBHM initiatives and SCH clinical and community health teams are outlined below.

# Behavioral Health

The following strategies were implemented with the overarching goal to improve access to behavioral healthcare and reduce stigma for those experiencing mental health and substance use disorders.

1. **In conjunction with HBHM partners and residents with lived experience, develop a long-term strategic plan/roadmap for improving the behavioral health system in Washington County.**

   Actions and Outcomes:
   Healthy Bodies, Healthy Minds released their consumer driven Action Plan for transforming behavioral health in Washington County in October 2020, culminating an 18-month planning process involving focus groups and robust input from people with lived experience. The goal of the three-year Action Plan is to develop a recovery-oriented system of care, designed with and accountable to people with lived experience and their families.

   Four key action strategies (pillars) will guide system transformation in Washington County:
   - Reduce stigma and fear of seeking treatment (Focus on Prevention and Promotion)
   - People with lived experience and their families are valued and drive the design, delivery, and evaluation of a new system (Focus on Wellness, Recovery, and Resilience)
   - Improve network adequacy, parity, and accountability along a full continuum of care (Focus on Treatment)
   - Address gaps in the crisis system (Focus on Decriminalization and Treatment)

   In 2021, HBHM was selected as one of six teams for the Rhode to Equity Initiative, an innovative funding opportunity made available through the RI Executive Office of Health and Human Services Health Systems Transformation Project. The intent of this twelve-month learning and action collaborative is to provide cross-sector teams, with HEZ as the project lead, the opportunity to test and evaluate strategies that will build leadership and operational capacity for clinical-community linkages and enhance place-based initiative's ability to improve both health and social outcomes. Building on the three-year Action Plan, HBHM and its partners will implement a population health approach to behavioral health with the aim to create access to evidence-based treatment within the same amount of time (or less) as one would when experiencing a medical crisis.

2. **Implement the Zero Suicide Initiative at South County Health.**

   Actions and Outcomes:
   South County Health, along with seven other health/behavioral health partners in Washington County, is committed to implementing the Zero Suicide Framework within the healthcare system to eliminate suicides in the region. The Zero Suicide Framework includes seven essential elements: *Lead, Train, Identify, Engage, Treat, Transition, and Improve.* To date, SCH has focused on the first three elements of the Zero Suicide Framework:

*Lead*

- South County Health leaders endorsed the adoption of the Zero Suicide Framework.
- South County Health actively participates in the Countywide Leadership Team for the Washington County Zero Suicide Program.

*Train*

- Steady progress is being made in developing a competent workforce in suicide prevention, assessment, and treatment. To date, 661 of 1,562 (42%) SCH health staff have been trained in Question, Persuade, Refer (QPR) suicide prevention training.
- Because HBHM takes a 'population health' approach to Zero Suicide implementation, QPR trainings are also offered to community groups and the public at large. From 2019 to date in 2021, HBHM conducted 63 community QPR trainings, certifying 476 participants as QPR Gatekeepers. QPR trainings have been provided to the following community organizations:

    - Block Island Library
    - Chariho School Dept.
    - Chariho Youth Task Force
    - Christ the King Church
    - Grace Fellowship Church
    - Heritage Village - North Kingstown
    - Hope Recovery Center - Westerly
    - Hope Valley EMS
    - Monsignor Clarke School
    - Ocean Tides School
    - Perryville Baptist Church
    - South Kingstown Police Dept.
    - South Kingstown Recreational Center
    - The Journey
    - Town of Hopkinton Town Council
    - Wakefield Baptist Church
    - Westerly Education Center
    - Westerly Middle School

*Identify*

- South County Health implemented universal Patient Health Questionnaire – 9 items (PHQ-9) screening for patients seen in the ED and inpatient setting and is phasing in screening for outpatient facilities and home health. Those identified at risk for suicide complete the Columbia Suicide Severity Rating Scale (C-SSRS), and if appropriate, are referred for behavioral health assessment and treatment. To date, SCH has conducted 24,063 PHQ-9 screenings and 8,181 C-SSRS screenings to identify patients at risk of suicide.

3. **Engage in activities to raise awareness and understanding of behavioral health issues.**

Actions and Outcomes:
In fall 2018, HBHM secured a three-year, $375K Substance Abuse Mental Health Services Administration (SAMHSA) grant to support Mental Health Awareness and Training in Washington County, including expansion of Mental Health First Aid (MHFA) and launch of the state's first Crisis Intervention Team (CIT).

With support from the federal grant, HBHM expanded MHFA course offerings to include not only ***Youth MHFA***, but the following ***new MHFA*** modules:

- *Public Safety*
- *Fire/EMS*
- *Veterans*
- *Higher Education*
- *Older Adults*

Mental Health First Aid is an international, evidence-based program that teaches people practical skills to **identify**, **understand** and **respond to signs and symptoms of mental health & substance use challenges.** Over the past three years, HBHM has conducted a total of 78 MHFA/Youth MHFA courses, certifying 1,067 First Aiders, including 94 SCH employees.

In addition, HBHM partnered with Washington County Police Chiefs to launch a Crisis Intervention Team (CIT), an evidence-based initiative that teaches first responders how to understand common signs and symptoms of mental illness and safely deescalate the scene. CIT training reduces arrests in people with mental illness and increases the likelihood that individuals will receive mental health services. All eight of Washington County's police departments and the University of Rhode Island have CIT trained officers. Three of the county's police departments achieved the gold standard of having 20% of their force CIT certified. Across Washington County, 49 officers are CIT certified.

HBHM partners worked to secure funding to sustain and expand CIT statewide. They also worked to secure funding to support and sustain a full-time, ride along CIT Behavioral Health Clinician and a therapy dog. Since implemented in July 2019, the CIT clinician has responded to over 1,000 situations with the police team, completing emergency mental health assessments on site, facilitating referrals to treatment, and providing needed community follow-up.

4. **Reduce substance use disorder and improve outcomes for those experiencing substance use disorder.**

Actions and Outcomes:
South County Health, in partnership with OrthoRI, developed and implemented the Opioid Sparing Pathway for a non-narcotic approach to pain management for surgical patients. The program has been found to have favorable outcomes, including early recovery from surgery, improved mobility, and equal management of pain. While the pathway was originally intended for use in orthopedic patients, it has been adapted for use in other surgical specialties. It is believed that no other New England hospitals have addressed the opioid crisis and narcotic use to this scale, and that previously, there was no model for administering non-opioid options for pain relief with surgical patients.

The SCH Community Health Team utilized State Opioid Response money to hire Peer Recovery Specialists and Analysts. The Community Health Team has partnered with South County Home Health First Connections to provide free, voluntary, confidential home visits to pregnant women and new mothers with substance use disorder. The team provides education and connections with

appropriate healthcare services and community resources to support both mothers and substance-exposed newborns.

## Senior Health

The following strategies were implemented with the overarching goal to meet the growing health and social needs of seniors to ensure equitable health outcomes regardless of socioeconomic status.

1. **Evaluate options to address key elements that impact health and social needs of seniors related to limited transportation and trends in SDOH, including substance use.**

   Actions and Outcomes:
   Prior to COVID-19, SCH implemented Circulation, a digital transportation platform. Circulation delivers a full suite of on-demand non-emergency healthcare rides, leveraging local options like Lyft and Uber. South County Health was using Circulation to better meet the needs of patients without transportation, but the initiative was put on hold due to COVID-19 and the suspension of ride services in Washington County. South County Health deployed telehealth services as an alternative to meeting the needs of home-bound patients during the pandemic. The health system will reevaluate implementing Circulation in 2022.

   To further address transportation needs in Washington County, SCH collaborated with the Rhode Island Transit Authority to expand bus route options. The Authority increased their service in Westerly to support access to the local SCH Medical and Wellness Center. South County Health also supports Flex Service rides, providing local transportation in areas with little or no fixed route service. Other planned transportation initiatives with HARI and other community partners were postponed due to COVID-19.

   South County Health implemented social determinants of health screenings at the hospital and in primary care settings to identify social needs among patients. Patients with identified needs were referred to the SCH Community Health Team and other community-based support programs for appropriate follow up service. In response to greater risk factors for mental health and substance use disorder among older adults due to COVID-19 and social isolation, SCH also provided behavioral health follow-up care after emergency room visits to ensure individuals were connected with services and supported until appropriate treatments were in place. The team implemented and sustained Screening, Brief Intervention and Referral to Treatment (SBIRT). SBIRT is an evidence-based approach to the delivery of early intervention and treatment for individuals with or at risk for substance use disorder.

   The SCH Community Health Team screened 345 individuals for social determinants of health and behavioral health needs from July 2020 through June 2021 alone, doubling their previous year's screenings. Services were provided to over 622 individuals during this same time period, with 5,736 phone, telehealth, and home visits.

   In 2021, SCH began a review and update of best practices for the care of individuals with COPD and CHF. As a result of the process, SCH expanded the availability of palliative care for better symptom

management and patient-centered care. The SCH Community Health Team is a collaborating partner to help identify and address the social needs of patients and support optimal healthcare. The team initiated a pilot disease management collaboration with Wood River Health Services, supported by the Rhode Island Department of Health, to provide disease-specific health coaching. Based on its initial success, the program will continue in 2022 in collaboration with the South County Medical Group Primary Care.

## Maternal and Child Health

The following strategies were implemented with the overarching goal to improve the well-being of families in Washington County.

1. **Through family and child focused programming and practice-based care, there will be a focus on improving the health and development of young children and their families through a model of home and community-based outreach, perinatal and early childhood screening, assessments, referrals, and follow up.**

   Actions and Outcomes:
   With support from the Rhode Island Department of Health and program leaders, SCH has worked to align community grant-funded programs with multigenerational care needs, addressing service delivery gaps and reducing service duplication. Current funded programs include First Connections, Healthy Families America, Incredible Years, 5-2-1-0: A Recipe for Healthy Living, and Rhode Island Maternal Psychiatry Resource Network (RI MomsPRN).

   As part of the First Connections Program, South County Home Health provides free, voluntary, confidential home visits to pregnant women and families with young children, birth to age three. Trained nurses, social workers, and community health workers meet with families in their homes to talk about their needs, answer questions they may have, and conduct comprehensive assessments. Home visits are based on the needs of the family. Visit topics may include health education and connections with appropriate healthcare services, human services, and community resources. If a child does not have a medical home, we help the family find one. South County Home Health also conducts child wellness screenings and communicates the results with the child's healthcare provider. If needed, arrangements for interpretation services during home visits are made available.

   From 2019 to 2021, the First Connections team made 744 referrals to family visiting programs and/or critical services such as Parents As Teachers, Early Intervention, and Health Families America, as well as community resources such as WIC, breast feeding support, SNAP, housing, and other public benefit programs.

   The First Connections Program was expanded into Kent County to provide assistance for new mothers with substance use disorder and infants affected by neonatal abstinence syndrome (NAS). Program participants receive a home visit from the First Connections Nurse and Peer Recovery Specialist within one week of discharge from the hospital. Telephonic and telehealth were leveraged for some visits during COVID-19. Referrals for this program often came from within the hospital Women and Newborn Care Unit as well as the Center for Women's Health. Over

the three years of funding, the First Connections team provided outreach within 48 hours of referrals and over 357 home or telehealth visits to vulnerable families, including during the height of the pandemic.

Healthy Families America is a nationally recognized evidence-based home visiting program designed for families who are at risk for adverse childhood experiences. Healthy Families America is the primary home visiting model best equipped to work with families who may have histories of trauma, intimate partner violence, mental health, and/or substance use issues. Services begin prenatally or right after birth and are offered voluntarily long-term (three years after the birth of the baby). Based on new funding secured by the RI Department of Health, Healthy Families American will expand the number of families they can serve to 70 at-risk families annually.

Incredible Years (IY) is an evidence-based parent education and classroom management program, designed to nurture children's social, emotional, behavioral, and academic competence (age 1-12). In 2019, HBHM conducted a 36-hour IY Incredible Beginnings teacher training for 14 Washington County early childhood teachers, including two home visitors. With the onset of COVID, HBHM also offered online, 18-week IY parenting groups. Since 2019, HBHM has also convened three IY preschool groups, engaging 41 parents.

HBHM secured a $70K, two-year Blue Angel Grant from Blue Cross Blue Shield RI to continue to support 5-2-1-0 implementation in early childhood settings in Washington County. 5-2-1-0 is a formula for healthy living and stands for eating **5** or more fruits and vegetables, engaging in **2** hours or less of recreational screen time, getting **1** or more hours of physical activity, and consuming **0** sugary drinks per day. HBHM's 5-2-1-0 partners include 34 schools, 31 early childhood sites, 17 after-school programs, 15 healthcare organizations, six food pantries, one workplace, and 12 other community organizations. Recent highlights include publishing a 5-2-1-0 cookbook, conducting a school garden webinar, and painting nineteen 5-2-1-0 hopscotches on area playgrounds.

RI MomsPRN is a collaborative project between the Rhode Island Department of Health and Women & Infants Center for Women's Behavioral Health, funded by a five-year grant from the U.S. Health Resources and Services Administration (HRSA). It was established to build the capacity of providers to screen for mental health and substance use disorders in their pregnant and postpartum patients and respond with appropriate treatment and referral. Approximately 90% of SCH perinatal patients are anticipated to be screened. Follow up services are provided by Women & Infants Hospital or local behavioral health providers.

# COVID-19 Response

South County Health has supported clients throughout the pandemic, providing financial assistance, education, social and emotional support, among other items. The following is a list of services provided by the SCH Community Health Team, First Connections, and Healthy Families America:

- Supplied grocery gift cards and Be Safe bags with cleaning supplies, masks, gloves, sanitizer, hygiene items, paper goods, thermometer, and food items
- Helped home-bound patients and COVID quarantined families to arrange pick-up or delivery services for prescriptions
- Provided pick-up and delivery services from the local food bank for home-bound patients
- Provided ongoing social and emotional support to patients and families socially isolated during the pandemic, including regular check-in phone calls
- Supported vaccination education and clinics
- Supported issues related to housing, evictions, and other moratoriums, including partnership with the Medical Legal Partnership of Boston (MLPB) for legal counsel
- Offered a borrowing service for iPads and WiFi hotspots to enable patients to connect with friends and family, schedule medical appointments, and/or attend partial day programs

In addition, HBHM conducted the following community work related to COVID-19:

- Launched OurBodiesMinds.org online community engagement tool to provide updated COVID resource information to partners and residents
- Secured $90K in CARES and ELC grant funding from the RI Department of Health to:
    1) Support food insecurity needs in targeted neighborhoods
    2) Support COVID testing, vaccination, and education
- Distributed 100,000 masks as well as cases of hand sanitizer to local community organizations

At South County Health, we are stewards of your health. We want you to maintain or achieve optimal health so together, we can create a healthier, more vibrant community. Our community benefit initiatives and collective health improvement efforts with diverse partner organizations are one way that we demonstrate our commitment to the health of the Washington County community. To learn more about South County Health's community health improvement work, visit southcountyhealth.org or contact Lynne Driscoll, Assistant Vice President of Community Health.

# 2022-2025 Community Health Improvement Plan

South County Health developed a three-year Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across Washington County. The CHIP builds upon previous health improvement activities, while recognizing new health needs identified in the 2022 CHNA, a changing healthcare environment, and the impact of the COVID-19 pandemic.

Goals, objectives, and strategies from the 2022-2025 CHIP are outlined below. In developing the CHIP, South County Health sought to focus on upstream interventions to address social determinants of health barriers and advance health equity for our communities.

## PRIORITY AREA: BEHAVIORAL HEALTH

**GOAL:** Strengthen and support community initiatives that increase awareness of behavioral health, improve access to treatment, and promote wellness, recovery, and resilience.

### STRATEGIES AND ACTION STEPS:

Reduce behavioral health stigma and fear of seeking treatment.

- Psychiatry services on call for acute and emergency care settings
- Social work resources dedicated to deployed community practice, including ED and ambulatory
- SCH Community Health Team-Mixture of community health workers, social workers, RNs and other clinically focused staff
- Community-based behavioral health and social service assessments and interventions
- Deployed by ambulatory physician practices, ACO and ED
- Peer Recovery and Support providing support for substance uses disorders and mental health
- Suicide Prevention & Training-staff and community training in behavioral health first aid and suicide awareness and prevention
- Facilitate referrals as needed for patients identified as at risk for suicide
- Support, promote, and participate in community behavioral health awareness efforts
- In partnership with HBHM, promote Man Therapy, providing culturally competent support for men take care of their mental and emotional health
- In partnership with HBHM, promote the Suicide Attempt Survivors (SAS) support group

- In partnership with HBHM, support the Crisis Intervention Team, an evidence-based initiative that teaches first responders how to understand common signs and symptoms of mental illness and safely deescalate the scene
- Continue community-wide training for mental health including Mental Health First Aid (MHFA) and suicide prevention
- Support Zero Suicide and Question, Persuade, Refer (QPR) program implementation at South County Health and to the broader community

### Improve access to high quality behavioral health services and supports along a full continuum of care.

- Support the implementation of the HBHM three-year consumer driven action plan for transforming behavioral health in Washington County
- Support the HBHM Consumer and Family Advisory Council to provide infrastructure for people with lived experiences and their families to drive the design, delivery, and evaluation of the behavioral healthcare system
- Conduct social determinants of health screenings, with referrals to the SCH Community Health Team and other community-based agencies for appropriate follow up service
- In partnership with RI MomsPRN, conduct behavioral health screenings for pregnant and postpartum patients, with follow up services provided by Women & Infants Hospital or local behavioral health providers
- Implement the Opioid Sparing Pathway for a non-narcotic approach to pain management for surgical patients
- Increase patient (technology access and know-how) and provider use of telehealth
- Provide Peer Recovery Specialists and Analysts to support individuals who struggle with mental health, psychological trauma, and/or substance use
- Provide the Peer Support Team, providing support and education for South County Health colleagues following traumatic or challenging incidents
- Provide follow up care for older adults seen in the emergency department for a behavioral health condition to ensure access to appropriate supports and services
- Promote awareness of health and human services careers among middle school and high school students, and provide job shadowing, mentoring, training opportunities
- Internal review and interventions for improved access to care for behavioral health patients
- SCMG BH investment in deployed community-based providers (LICSW in Primary Care and ED)
- Community Health LISCW completing short term counseling for primary care and community referrals

Reinforce behavioral health as a chronic condition.

- Support the HBHM Rhode to Equity Initiative to implement a population health approach to behavioral health that aims to create access to evidence-based treatment in a comparable amount of time as one would experience during a medical crisis
- Conduct universal Patient Health Questionnaire – 9 items (PHQ-9) depression screening
- Conduct Columbia Suicide Severity Rating Scale (C-SSRS) and facilitate referrals as needed for patients identified as at risk for suicide
- Conduct Screening, Brief Intervention and Referral to Treatment (SBIRT) to enhance the delivery of early interventions for individuals with or at risk for substance use disorder

## PRIORITY AREA: CHRONIC DISEASE

**GOAL: Achieve equitable life expectancy and quality of life for all people by ensuring all residents have the resources they need to maintain their health.**

### STRATEGIES AND ACTION STEPS:

Promote healthy living for residents through all stages of life, with a focus on addressing social determinants of health barriers.

- Moving toward population health management by participation in at-risk models (ACO)
- Outperforming all other ACOs in State for KPIs related to chronic disease management
- Access to Diabetes Educators, NCMs, Nutritionists
- Taskforces/committees aimed at readmission reduction through chronic disease management
- Investing in digital infrastructure to enhance access and chronic disease care
- CY2023 Chronic Care Management Program for high- and rising-risk patients for heart disease, diabetes and behavioral health
- Ongoing investment in palliative care for end of life management
- Reevaluate implementation of Circulation, a digital transportation platform delivering a full suite of on-demand non-emergency healthcare rides
- Continue Wave Van services supporting access to care for Chronic Disease Management and continue to monitor for other transportation options
- Continue to advocate for expanded bus route options within Washington County and other transportation initiatives, in partnership with community agencies
- In partnership with HBHM and HousingWorksRI, advocate for affordable housing and accountable land usage

- In partnership with HBHM, promote 5-2-1-0, a formula for healthy living that helps children reach and keep an appropriate weight
- Conduct social determinants of health screenings at the hospital and in primary care settings, with referrals to the SCH Community Health Team and other community-based support programs for appropriate follow up service
- Support, promote, and participate in community health programming, including health coaching, health literacy education, and health screenings and vaccinations
- Community Health Workers imbedded at SCHH for support with health education, health navigation and education, and health advocacy
- Community Health Worker in the emergency room for health care navigation and advocacy
- Continue System wide readmission taskforce
- Leverage System-wide Pharmacy Consults for high risk patients
- SCMG primary and specialty care investment in deployed community-based providers

### Reduce disparities in chronic disease prevalence and death rates.

- Provide the Community Health Team to collaborate within South County Hospital and across Washington County primary care practices to identify and respond to the physical health, behavioral health, and social needs of patient in their care
- Continue disease management collaboration with South County Medical Group Primary Care to provide disease-specific health coaching
- Provide South County Home Health, providing a multidisciplinary team of staff and clinicians certified in chronic disease management to help patients reach their health and wellness goals

## NEXT STEPS

South County Health welcomes your partnership to meet the health and medical needs of our community. We know we cannot do this work alone and that sustained, meaningful health improvement will require collaboration to bring the best that each community organization has to offer. To learn more about South County Health's community health improvement work or to discuss partnership opportunities, please visit our website: southcountyhealth.org.

# Appendix A: Public Health Secondary Data References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# Appendix B: Our CHNA Partners

| Name | Organization | Title |
|---|---|---|
| Alicia Storey | Westerly Public Schools | Assistant Superintendent |
| Alison Croke | Wood River Health Services | President & CEO |
| Ansje Gershkoff | South County Home Health | Director |
| April McDonald | South County Home Health | Rehab Team Leader |
| Barbara Crudale | South Kingstown High School | Director of Guidance |
| Billie Jo Buehring | South County Health | community health worker |
| Brian Horton | Westerly Public School District | SEL Navigator |
| Christina Mathieu | Westerly Public Schools | Assistant Director of Pupil Personnel |
| Danielle Stewart | Healthy Bodies, Healthy Minds | Behavioral Health Community Outreach Coordinator |
| Donna Greene | South County Health – Healthy Bodies Healthy Minds | Assistant Director |
| Elaine DeJoy | Awaken tout health naturally | Owner |
| Elizabeth Roberts | Healthy Bodies, Healthy Minds | Vice Chair, Steering Committee |
| Erin Unkuri | Westerly High School | Social Worker |
| Heidi Simmons | Wood River Health Services | Director of Nursing |
| Holly Fuscaldo | south county health | Clinical Medical Social Worker |
| Jackie Mancini Geer | The Providence Center | Director of Acute Care |
| Jeff Venticinque | Wood River Health Services | Care Coordination Manager |
| Kate Brewster | Jonnycake Center for Hope | CEO |
| Jessica Hill | Northeast Medical Group | Patient Navigator |
| Jill D'Errico | Rhode Island Department of Health | Senior Public Health Promotion Specialist |
| Joann Esposito | Community Health | Community Health Worker, Licensed Advanced Chemical Dependency Counselor |
| Joseph Matthews | South County Health | Board Chair |
| Julie Harris | South County Health | Clinical Team Leader RN |
| Kate Reilly | Blue Cross Blue Shield of RI | Sr. Quality Manager |
| Kathy Calandra | Healthcentric Advisors | Quality Improvement Director |
| Kelly Moroso | Westerly Public Schools | School Psychologist/Behavior Specialist |
| Kristin Martino | Westerly Middle School | School Social Worker |
| Kylie Zoglio | South County Health | Project Coordinator- CHT |
| Laura Courtemanche | Wood River Health Services | Community Health Worker |
| Laura Whaley | South County Health | Outreach Coordinator |
| Liz Fortin | South County Health | Director of Community Health Integration |
| Lori Duffy | Lori Duffy Counseling, LLC | Clinical Social Worker |
| Lynne Driscoll | South County Health | Manager |
| Michelle Girasole | Fresh, LLC | Owner |
| Michelle Gonzalez | Gateway-PIPBHC | Program Manager |
| Michelle Lacoi | Westerly Public Schools | Certified School Nurse Teacher/ Covid Coordinator for WPS's |

| Name | Organization | Title |
|---|---|---|
| Michelle Sherman | South County Home Health - First Connections | Clinical Leader - Pediatric Services |
| Nicole Faison | South County Home Health - HFA | Clinical Program Manager |
| Rob Harrison | Washington County Zero Suicide Program | Director |
| Ruth Tureckova | Frank Olean Center | Executive Director |
| Summer Gonsalves | Brown University/ Narragansett Tribe | CEC Co-Leader |
| Susan Jacobsen | Thundermist Health Center | Senior Director, Health Equity Initiatives |
| Susan Orban | South County Health - Healthy Bodies Healthy Minds | Director |
| Teresa Tanzi | HBHM/GA | State Representative |