



Newport Hospital

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Community Health Needs Assessment

NEWPORT HOSPITAL

SEPTEMBER 2016



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Lifespan. Delivering health with care.®

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Introduction

Description of CHNA Purpose & Goals

Lifespan, Rhode Island's first health system, was founded in 1994 by Rhode Island Hospital and The Miriam Hospital. A comprehensive, integrated, academic health system affiliated with The Warren Alpert Medical School of Brown University, Lifespan's present partners also include Rhode Island Hospital's pediatric division, Hasbro Children's Hospital; Emma Pendleton Bradley Hospital; Newport Hospital; and Gateway Healthcare, Inc., a community behavioral health provider.

In 2010, the Patient Protection and Affordable Care Act (PPACA) specified requirements for hospitals to maintain recognition as Internal Revenue Code Section (IRC) 501(c)(3) non-profit hospital organizations.¹ Among many financial requirements, these regulations include a requirement to conduct a Community Health Needs Assessment (CHNA) at least every three years and to adopt an implementation strategy to meet the community needs identified in the CHNA.² CHNAs must solicit feedback from certain members of the community to determine the most pressing health needs of the community the hospital serves. This includes, among others, members of medically underserved, low-income, and minority populations in the community served by the hospital facility. CHNA regulations specify that a CHNA should address not only financial barriers to care but also "the need to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community."³

Newport Hospital (NH) conducted its first CHNA, dated September 30, 2013, which covered the period from October 2010 through September 30, 2013, in order to better understand the individual and community-level health concerns of the population it serves. This process and the resultant findings were achieved through an effort to involve the community in determining the significant needs within the community of NH. The CHNA encompassed intensive data collection and analysis, as well as qualitative research in the forms of interviews with members of the community and surveys of more than 100 internal and external stakeholders, including hospital-based physicians, nurses, social workers, administrators and other professionals, and community-based stakeholders representing constituencies served by NH.⁴ The 2013 report and implementation strategy was distributed widely among Lifespan stakeholders, community

partners, and the general public. Data collected produced a resulting implementation strategy to address significant needs specific to the community served by NH. Progress on these strategies is reported in the 2016 CHNA.

Lifespan, on behalf of Newport Hospital, conducted its second CHNA, covering the three-year fiscal period from October 1, 2013 through September 30, 2016. The goals of this CHNA are to: (1) provide a review of what Newport Hospital has accomplished in addressing the significant needs identified in its implementation strategy included in the Hospital's initial CHNA, dated September 30, 2013; (2) to define the community that Newport Hospital is currently serving; (3) to assess the health needs of that community through various forms of research, community solicitation, and feedback; (4) to identify which of those needs assessed are of most significance to the community; (5) and to provide an implementation strategy that NH intends to execute which details how the NH will address those significant needs. The implementation strategy presented in this CHNA will be used organizationally to guide future hospital strategic planning over the next three years (October 1, 2016 through September 30, 2019).

History and Mission of Newport Hospital

As a member of the Lifespan health system, NH is committed to its mission: *Delivering health with care*. NH is a nonprofit 129-bed community hospital located in Newport, Rhode Island. It was established as a 12-bed cottage hospital in 1873, building on the community's long history of providing safe places of healing and recovery for local residents with smallpox and other communicable diseases in colonial Newport. The hospital was founded to serve all residents, and – in an era when most patients were treated at home – it provided a particularly vital health care resource for fishermen, members of the military, and others in the then-largely maritime community whose actual homes were elsewhere.

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

Since 1997, NH has been a member of Lifespan, which also includes three teaching hospitals affiliated with Warren Alpert Medical School of Brown University: Bradley Hospital, the Miriam Hospital and Rhode Island Hospital, as well as Gateway Healthcare, Inc., (Gateway) the region's largest behavioral health provider, among various other affiliated organizations. The members of the Lifespan Board of Directors serve as trustees of all member hospitals.

TABLE 1
Newport Hospital Statistics, FY 2015⁵

Year founded	1926
Employees	2,823
Affiliated physicians	1,104
Licensed beds	247
Statistics and financials	
Patient discharges	4,521
Births	406
Emergency department visits	30,965
Outpatient visits	37,275
Outpatient surgeries	3,876
Inpatient surgeries	952
Total assets	\$303,121
Net patient service revenue	\$94,961
Total assets	\$459,129

Commitment to the Community

In the 143 years since its founding, NH has grown to encompass a broad spectrum of programs and services – and it continues to provide an important safety net for the community.

During the fiscal year ended September 30, 2015 (FY 2015), NH provided more than \$8.7 million in charity care and other community benefits to its patients. NH provides full charity care for individuals who are at or below twice the federal poverty level, with a sliding scale for individuals up to three times the poverty level. Uninsured patients who are at more than three times the poverty level are billed at no more than what Medicare would pay for those same services. Notably, in addition to this financial assistance and subsidized health services, the hospital provided nearly three hundred thousand dollars in community health improvement services and community benefit operations⁶

NH substantially subsidizes various health services, including adult psychiatry, occupational health, and certain spe-

cialty services. The hospital also provides numerous other services to the community for which charges are not generated, such as community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation, immunization and nutrition programs, diabetes education, community health training programs, patient advocacy, foreign language translation, physician referral services, and charitable contributions.

TABLE 2
Charity Care and Other Community Benefits, FY 2015⁷

	\$ in thousands
Charity care	\$1,534
Subsidized health services	\$3,327
Community health improvement services and community benefit operations	\$286
Unreimbursed Medicaid costs	\$3,579
Total cost of charity care and other community benefits	\$8,726

In FY 2015, NH launched a free, monthly community lecture series featuring clinicians speaking on health topics including exercise and cardiac health; tips on managing medications; Lyme disease prevention and treatment; the controversy over childhood vaccinations, and more. Lectures are accompanied by free blood pressure screening and refreshments.⁸ Through its Frederick Henry Prince Memorial Fund, NH awarded \$75,330 to several local grant recipients to help fund innovative programs that increased the physical activity and health of Newport County children and families. Grant related programs during FY 2015 ranged from biking, ballet, soccer, rugby, and trail-guiding to courses that teach pet care and how to design, build and row a boat.⁹

Lifespan Community Health Services was rebranded to the Lifespan Community Health Institute (LCHI) in 2016, with a mission to ensure that all people have the opportunity to achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments. A department within Lifespan, the LCHI works with all of the Lifespan affiliates to achieve population health goals.

Lifespan, through the LCHI and affiliates, coordinates hundreds of programs, events and community service activities that serve between 25,000 and 30,000 southern New Englanders annually. Programs are offered for free or at a reduced cost to the community and non-profit organizations.¹⁰ In partnership with community-based agencies, LCHI led the design and development of the 2016 CHNA.¹¹

Community and patient engagement is a critical piece of quality improvement and Strategic Planning for Lifespan Corporation and its affiliated hospitals. Lifespan launched a website, <lifespan.org/OurCommunity> in the spring of 2016 to describe and publicize the CHNA process. This site, accessible from the Lifespan homepage, will house each hospital's CHNA report and action plan. This site will also serve as a conduit to link community residents and organizations to health-promoting initiatives of the hospital.

Newport Hospital – What it Does

NH was recognized as a top hospital for 2015-2016 in Rhode Island and the Providence metropolitan area by U.S. News & World Report. NH was recognized for high performance in the areas of chronic obstructive pulmonary disease and heart failure.¹²

NH is working to enhance access to outpatient services in its service area. NH, in conjunction with two other Lifespan affiliated organizations, NHCC Medical Associates, Inc. (NHC-CMA) and Lifespan Physician Group, Inc. (LPG), constitute the largest multi-specialty outpatient group on Aquidneck Island, including 75 employed physicians and more than 300 staff spread over 12 sites, from Portsmouth to Tiverton. From psychiatry to dermatology, NH has brought urgently needed services to the community. NH has made it a strategic priority to grow patient volume and increase access to this network of primary care and specialty providers.¹³

The Cardiovascular Institute (CVI) with locations at Rhode Island Hospital, The Miriam Hospital, and NH, is enhancing cardiac care in Aquidneck Island by expanding the cardiovascular services offered at NH. The CVI expansion includes opening a new cardiovascular practice and adding two new cardiologists to the practice.¹⁴ The CVI, the largest center in the state dedicated to cardiology and cardiac surgery, is well known for its high-quality, innovative patient care, and comprehensive range of specialized services. The CVI is home to cutting-edge research and clinical trials through the Cardiovascular Research Center.

In August 2013, the cancer programs at Rhode Island Hospital, The Miriam Hospital, and NH officially merged into one, system-wide Comprehensive Cancer Center (CCC). The CCC created a multidisciplinary team of specialists that provide patients diagnosed with cancer access to a full range of cancer services. The CCC opened a Lung Cancer Screening Clinic at Rhode Island Hospital and The Miriam Hospital in FY 2015, and will soon open a clinic at NH.¹⁵ Early and accurate diagnosis is essential for positive outcomes in the treatment of lung cancer. The CCC of Rhode Island Hospital, The Miriam Hospital and NH is the only Rhode Island health system

on Becker's Hospital Review's 2015 list of "100 Hospitals and Health Systems with Great Oncology Programs." Hospitals and cancer centers on the list stand out in terms of quality patient care, clinical outcomes, and research achievements. The CCC also received a three-year accreditation with commendation from the Commission on Cancer, a program administered by the American College of Surgeons.¹⁶

NH is a Breast Imaging Center of Excellence, and therefore is committed to offering the latest technological innovations in women's breast health. In May 2016, NH announced the installation and launch of new digital tomosynthesis technology. This technology which will allow for 3D mammography screens that will increase early detection, decrease false positives, and help pinpoint the size and location of abnormalities.¹⁷ This is just one example of the new advancements in women's health at NH.

NH re-launched and expanded several service lines in FY 2015, including women's health, psychiatry, pulmonary medicine, general surgery, behavioral health and family medicine. NH completed a renovation of its Noreen Stonor Drexel Birthing Center in FY 2015, which marked the center's twentieth anniversary.¹⁸

The incidence of tick-borne diseases, particularly Lyme disease, has risen dramatically in the Northeast over the past decade, and reported cases of Lyme disease in Rhode Island alone rose fourfold over the past six years.¹⁹ To address this growing health problem, Lifespan opened the Lifespan Lyme Disease Center at NH. The first of its kind in the state, the center unites academic and clinical infectious diseases experts who are highly experienced in treating patients with Lyme disease, babesiosis, ehrlichiosis, anaplasmosis and other tick-borne diseases.²⁰

Also in FY 2015, NH's Vanderbilt Rehabilitation Center received re-accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). The accreditation was the result of a two-day on-site visit during which the CARF team evaluated all aspects of the Vanderbilt Rehabilitation Center, including leadership and care provided.²¹

Newport Hospital — Defining the Community it Serves

NH serves the communities of Newport County — Newport, Middletown, and Portsmouth, all located on Aquidneck Island; the nearby off-Island towns of Jamestown, Tiverton and Little Compton; and, to a lesser extent, Bristol, Rhode Island and border communities in nearby Massachusetts and Connecticut. While serving as an important health care resource for year-round local residents, the hospital also cares for a diverse cohort of tourists, summer residents, and members of the military who are deployed to Newport.²² See *Appendix A*.

In FY 2015, nearly all (95.5%) of NH's inpatients came from Rhode Island, with 77.7% comprised of residents Newport County: 35.1% from the city of Newport, 25.5% from Middletown, 14.0% from Portsmouth, 3.1% from Jamestown, and 2.5% from Tiverton. Other Rhode Island communities with significant numbers of residents served by the hospi-

tal include Bristol (5.6% of inpatient admissions) and Warren (1.8%). Approximately 1.7% of NH's inpatients came from Massachusetts, 0.9% from Connecticut and 1.9% from other states and countries. The data is similar on the outpatient side, with 88.8% of NH's outpatients residing in Rhode Island, 3.6% from Massachusetts, 2.5% from Connecticut and 5.1% from other states and countries. Newport County represents 74.7% of NH's outpatient encounters: the city of Newport (37.4%), Middletown (21.7%), Portsmouth (12.8%), Jamestown (2.8%), Tiverton (2.5%) and Little Compton (0.4%). The towns of Bristol and Warren account for 5.2% and 1.2% of all outpatient encounters, respectively.²³

Newport County is home to 82,358 residents in 102 square miles, and has a population density of 810 people per square mile. Newport County consists of Aquidneck Island, Conanicut Island, Prudence Island, and the easternmost portion of the state on the mainland of Rhode Island. NH is located in the city of Newport. The population of Newport County was slightly older, on average, than the rest of the state in 2015, with 19% of residents over 65 years of age.²⁴

The median household income in Newport County is \$72,702 and 9.5% of residents are living in poverty, compared to 14.3% statewide. Over 9% of families speak a language other than English at home. According to the U.S. Census, 6.4% of residents in Newport County are uninsured, which is slightly lower than the state average.²⁶

TABLE 3

Demographics estimates, July 1, 2015²⁵

	Newport County	Rhode Island
Population estimates	82,423	1,056,298
% below 18 years of age	18.4%	20.0%
% 65 and older	19.8%	16.1%
% Non-Hispanic African American	4.1%	5.7%
% American Indian and Alaskan Native	0.6%	1.0%
% Asian	1.9%	3.6%
% Native Hawaiian/Other Pacific Islander	0.1%	0.2%
% Hispanic	5.7%	14.4%
% Non-Hispanic white	90.5%	73.9%
% Language other than English spoken at home*	9.6%	21.1%
% Female	50.8%	51.5%
Median household income*	\$72,702	\$56,423
% Persons in poverty	9.5%	14.3%
Persons per square mile	809.6	1,018.1
% Persons without health insurance	6.4%	8.7%

*2010-2014

Newport Hospital Patient Population

In FY 2015 there were 4,521 total inpatient admissions to NH, approximately 10% of which were pediatric. In the same year; 37,275 outpatient encounters, 11% of which were pediatric; and 30,965 emergency department (ED) visits, 13% of which were pediatric. There were also 406 births at NH in FY 2015.²⁷

TABLE 4

Newport Hospital Patient Race (All Ethnicities), 2015 ²⁹	Inpatient Percent	Outpatient Percent
White or Caucasian	86.2%	85.9%
Black or African American	7.2%	10.4%
Asian	0.6%	0.4%
American Indian or Alaska Native	0.0%	0.0%
Native Hawaiian or Other Pacific Islander	0.2%	0.2%
Other	1.7%	2.5%
Unknown/Blank	4.1%	0.5%

In FY 2015, 128 inpatients self-identified as Hispanic or Latino, 62% of whom identified as “White or Caucasian”. There were 1,502 outpatients who identified as Hispanic or Latino, 70% of whom identified as “White or Caucasian”. Table 4 shows the racial breakdown of all ethnicities of NH inpatients and outpatients in FY 2015.²⁸

Update on 2013 CHNA Implementation Strategy

NH conducted a CHNA, dated September 30, 2013, covering the time period from October 2010 through September 30, 2013, in order to better understand the individual and community-level health concerns of the population it serves. This process and the resulting findings were an effort to involve the community in determining the significant needs within the community of NH. The CHNA encompassed intensive data collection and analysis, as well as qualitative research including interviews with and surveys of more than 100 in-

ternal and external stakeholders, including hospital-based physicians, nurses, social workers, administrators and other professionals, and community-based stakeholders representing constituencies served by NH and Lifespan’s three other hospitals.³⁰

The 2013 report and implementation strategy was distributed widely among Lifespan stakeholders, community partners and the general public. Quantitative and qualitative data collected between 2011-2013 produced significant needs specific to the community served by NH. Provided below is an update on progress made addressing each of these significant needs identified in the September 30, 2013 NH CHNA. This information is vital to provide context for the significant needs identified in NH’s CHNA as of September 30, 2016 and the methods used to create an effective implementation strategy to address these needs.

Access to Care

Community stakeholders in Newport County and statewide cited access to care as a major challenge facing their communities, particularly among minority populations. Access to primary care services and preventative services were cited as particularly significant needs. Since the 2013 CHNA report was released, LCHI and NH have strived to increase access to programs and services, with a particular focus on providing more outpatient programs and primary care.³¹

Increase access to primary care provider services in Newport County

Lifespan has responded to this need by continuing its effort to develop the alignment of the Lifespan health system and its physicians to better meet the needs of patients and to provide accountable patient-centered, high quality, efficient, value-based, and innovative care through one centralized physician organization. To accomplish this goal, Lifespan transferred the physician practices employed and operated under NHCCMA to LPG on March 29, 2015.³²

Physician practices transferred from NHCCMA to LPG include pulmonology, dermatology, family practice providers, neurology, psychiatry, behavioral health, rheumatology, endocrinology, hematology/oncology, infectious disease control, child and adolescent psychiatry, and OB/Gyn services.³³

As of September 30, 2015, the only remaining health care operations within NHCCMA include a healthcare office located at Salve Regina University in Newport, Rhode Island and a family practice provider in Portsmouth, Rhode Island. Since FY 2013, NHCCMA/LPG has added eight new primary care providers (6 MD’s and 2 nurse practitioners), and has

opened a 4th primary care office location in Portsmouth to complement its existing locations in Jamestown, Newport, and Tiverton. An additional facility is being built in Tiverton and will include an on-site laboratory, will house seven new providers, and is expected to open in November 2016. To further increase medical access, NH Internal Medicine and Family Medicine providers have extended evening patient care hours, offer Saturday walk-in hours, and continue to accept charity care and all insurances.³⁴

In addition to NH's progress on improving population health by increasing access to primary care, Lifespan as a whole has committed to addressing barriers to accessing care system-wide by investing in Rhode Island's healthcare workforce. In June 2013 Lifespan launched the Workforce S.T.A.T. (Solutions, Training and Teamwork) program to increase access to care by growing Rhode Island's health care workforce. The S.T.A.T program trains unemployed and underemployed, entry-level Rhode Islanders into a prepared, focused and well-qualified Certified Nursing Assistant workforce to care for patients. Entering its fourth year, the Workforce S.T.A.T program has graduated 171 students, 66% of whom identify as a racial or ethnic minority, with 130 currently working as Certified Nursing Assistants, 5 at NH.

Cancer

Cancer is the second-leading cause of mortality in Rhode Island and nationwide.³⁵ 2013 CHNA participants prioritized the need for expanding access to cancer prevention, screening, and treatment. Cancer screening and treatment were identified as key health priorities across the Lifespan system. Therefore, both NH programs and system-wide initiatives to address cancer that apply to NH are highlighted.

Fully expand Lifespan Comprehensive Cancer Center to Newport Hospital

In August 2013, Lifespan's three cancer centers—The Miriam Hospital, Rhode Island Hospital and NH — merged into one system-wide CCC providing greater access to cancer specialists, psychosocial screenings with referrals to social workers and support services, enhanced patient and family education, patient navigators, genetics counselors, and complementary therapies. A multidisciplinary team of specialists from Rhode Island Hospital, The Miriam Hospital, and NH provide patients diagnosed with cancer or hematologic disorders, access to a full range of cancer services.³⁶

In FY 2015, NH's CCC continued its efforts to provide patients with a wide array of services, as evidenced by the hiring of a dedicated patient navigator, a dedicated social worker, and an oncology psychiatrist. CCC has also incorporated pastoral and spiritual care, pet therapy, music therapy,

massage therapy, and nutritional services into its available services at each hospital site. On-site phlebotomy, same-day laboratory services and streamlined referrals for services at any CCC site continue to be provided.³⁷ NH CCC started a Patient and Family Advisory Council in early FY 2016 to inform the design and roll out of survivorship and support programs associated with the CCC.³⁸ Transportation vouchers and support also continue for patients who have challenges accessing transportation to appointments.

In addition, the CCC began a strategic planning process in January 2015. One year later, what is now referred to as the Lifespan Comprehensive Cancer Center Roadmap, a 3-year action plan, was released with an overarching goal of creating a system-wide, patient-centered cancer program, focusing on research, quality, and value. The Cancer Center Roadmap has three initial areas of focus: improving the patient experience which includes better access for patients and referring physicians; strengthening disease site expertise and expansion of research and research partnerships; and ensuring the same excellent level of cancer care in all delivery sites. Early successes in implementing the CCC Roadmap include:

- In February 2016, Lifespan announced an exciting and innovative partnership between Lifespan and the Dana-Farber Cancer Institute (DFCI) in Boston, MA for the purpose of expanding research collaboration, improving cancer care to the residents of Rhode Island, and advancing both organizations' goals of optimizing value in managing populations of patients with cancer.
- The CCC at East Greenwich expanded access in June 2016 for scheduled and sick visits to include every Friday between the hours of 8 a.m. and 2 p.m.
- To heighten awareness and encourage both consistency and excellence in all patient care and communications, all front-line staff had customer service training in the spring of 2016.
- A new hematology-oncologist was hired at NH.
- The inaugural CCC "Rising Above Cancer" 5K Run/Walk and Family Fun Day took place on Saturday, July 30, 2016 in Warwick, RI. This event was attended by nearly 500 participants and 40 vendors, and it raised more than \$27,000 for the CCC patient care fund.

Recruit and hire new clinical talent in oncology and hematology

In addition to the existing hematology and medical oncology physician, the CCC is also staffed with a gastrointestinal

oncology specialist. NH hired an additional full time medical oncologist, scheduled to begin seeing patients September 2016, and a breast oncology specialist will staff the CCC beginning in the fall of 2016. With the emerging partnership with Dana Farber Cancer Center, access to additional specialists and a full range of clinical trials are poised for development in the months ahead. The CCC also added a nurse navigator who meets with new patients to assist with everything from the financial and emotional aspects of cancer, to explaining medication, coordinating appointments, arranging referrals, and more.^{39,40}

Healthier Weight

Risk factors associated with maintaining healthy weight were a major focus among stakeholders in the 2013 CHNA. Nutrition, overweight and obesity, diabetes, heart disease, and stroke were all predominant concerns; access to nutrition and physical activity education, infrastructure and programs were also cited as priorities. Newport County has the lowest rate of overweight and obesity compared to other counties.⁴¹ However, community members reported several behavioral and structural risk factors, including limited access to healthy foods and adequate physical activity.⁴²

NH joined the Newport Partnership for Families (NPF) in FY 2015. NPF is a collective impact coalition of people working together to promote the health and well-being of everyone in Newport County. It is a one-stop shop for finding services and for working together to tackle big challenges. The Partnership serves residents, the social service community, and social change-makers. In addition, NH participates in the Newport Health Equity Zone (see Health Equity Zone description on page 11). These strategic partnerships have been cultivated to help NH advance its community health improvement goals, particularly with respect to healthy weight.

Continue clinical nutrition and weight loss programs

In an effort to provide more comprehensive, streamlined care and access to advanced weight loss programs, NH's endocrinologists began seeing patients in both Newport and East Providence, Rhode Island, at The Miriam Hospital's Hallett Center for Diabetes and Endocrinology, which provides expertise across the Lifespan system. The providers interactively coordinate effective monitoring, follow up care, and testing for clinical nutrition and weight loss in close connection with the local primary care community. The Miriam Hospital is well known for its center for its Weight Management Programs and will continue to be a resource to NH as it seeks to develop additional programs to promote healthy weight among its patients and community.

Provide grants to support physical activity among youth and families

For the fourth consecutive year, the Frederick Henry Prince Memorial Fund, administered by the Newport Hospital Foundation, has awarded grants to local community organizations that help keep children healthy and active. Over the past 3 years the Newport Hospital Foundation has distributed over 30 grants, totaling \$193,178 to benefit the NH service area to reduce childhood overweight and obesity. In 2016, 13 organizations were selected to receive grants ranging from \$1,250 to \$10,000. Grantees include organizations like Bike Newport, East Bay Community Action Program, and Gaudet Middle School.⁴³

Share Newport Hospital's experience with Lifespan's Healthy Rewards Program

Lifespan's employee wellness program, *Healthy Rewards*, is a benefit open to all employees. *Healthy Rewards* members work to achieve their weight loss goals by tracking physical activity and diet using an internet-based weight loss program. Employees from NH participating in related programs such as the *Couch to 5k* partnered with local walking and running programs in the NH service area in FY 2016. NH will be looking at the results of the program to examine the factors that impact success at weight loss and maintenance in the broader community.

Mental Health

Adult and pediatric mental health services were identified as a significant health need in the 2013 NH CHNA. NH has made significant investments in bringing mental health services to the community in recent years, and has made the following steps since the 2013 CHNA.

Leverage Gateway Healthcare, Inc. to increase capacity for mental health services

Working in collaboration with Newport County Community Mental Health (NCCMH), NH now has a behavioral health provider housed in its Emergency Department (ED) at all times to provide a distinct care track for that patient population. ED clinicians provide formal consultative services to NCCMH to stay abreast of current mental health trends and areas of emerging need specific to Newport County. NH is collaborating with Gateway Healthcare, Inc. (Gateway) to provide similar ED behavioral services across southern Rhode Island, not just on Aquidneck Island. By leveraging the expertise of Gateway clinicians, these patient populations will receive care in their local setting, which allows for the availability of additional resources and support across Newport County.

Sustain adult-partial hospitalization program

Since its implementation in 2013, the NH Partial Hospitalization Program (PHP) has proven its value to the community and has grown significantly. The PHP team includes a psychiatrist, psychiatric registered nurse, psychologist, and social worker. The team's emphasis is on restoring a patient's health and preventing setbacks. The PHP serves as an intermediary between inpatient and outpatient behavioral health therapies and over the past year is consistently at capacity for the patient population it serves.⁴⁴ Total yearly visits for the PHP have been steadily increasing since FY 2013, with 1,765 in FY 2013, 1,956 in FY 2014, 2,014 in FY 2015, and 1,825 as of August 1, 2016.⁴⁵

Continue to support work of child psychiatrist

NH partnered with Emma Pendleton Bradley Hospital (Bradley Hospital) to bring outpatient psychiatric services to the NH service area. Through this partnership, a child psychiatrist, a child psychologist, and related outpatient services are available to the service area as an extension of Bradley Hospital's Pediatric Referral Consultation Clinic (PERC) program. Both providers offer outpatient child psychiatry services at NH to children between the ages of 3 and 17. Services include psychiatric assessment and treatment, diagnosis, medication management, and access to the PERC program, which accepts referrals from area pediatricians and family medicine providers.⁴⁶ From FY 2012 to August 1, 2016 there have been 5,379 visits by 495 unique patients.⁴⁷

Sustain expansion of dedicated inpatient beds for patients in need of mental health services

NH continues to offer inpatient psychiatry services which includes providing assessment and treatment of acutely ill patients in need of a safe and secure environment. Effective utilization of the 15 bed inpatient unit has proven adequate for Newport County's needs and NH continues to monitor the local patient population to determine if and when an expansion is in the best interests of the community.⁴⁸

Assessment of Health Needs of the Newport Hospital Community

In order to gather all relevant information necessary to assess the current health needs of its community, NH gathered primary and secondary data, conducted interviews, and facilitated community forums. Described below are details of each type of actions taken to compile all information used in assessing the community's health needs.

Community Health Forums

Qualitative data was collected using Community Health Forums (CHF's). Community forums are a standard qualitative social science data collection method, used in community-based or participatory action research. According to Berg, et al, this approach "endorses consensual, democratic and participatory strategies to encourage people to examine reflectively their problems or particular issues affecting them or their community."⁴⁹ True participatory action research takes into account the population of interest's history, culture and emotional lives, and seeks to collaborate with, instead of impose upon, the study population for best results.

Six CHF's were held between May 4 and May 25, 2016 across the NH service area with 78 participants. Participants were recruited using social media, posted flyers, email, and word of mouth. Locations were selected to be easily accessible to hospital patient populations, and forums were held in the evenings. Childcare, dinner, and beverages were provided, and translation services were available upon request. LCHI staff accommodated participants to the best of their ability, to ensure that the forums were accessible and suitable for a diverse audience. NH forums were held in the Rhode Island towns and cities of Newport, Middletown, and Portsmouth at community centers and schools. All forums were open to the public. See *Appendix B*.

One of the most important and unique components of the LCHI's CHF's was the co-facilitation by Community Liaisons.

Three diverse Liaisons were hired by the LCHI to plan and co-facilitate the NH CHF. Appendix C, included with this CHNA, contains background information related to each of the Community Liaisons who were selected to facilitate a CHF. All liaisons underwent a competitive selection process and an intensive training prior to leading the CHF's. The trainings included role-playing activities, conflict management strategies, and evaluation concepts. Liaisons were responsible for identifying an accessible community venue for each forum, selecting a food vendor and menu that would be acceptable for anticipated participants at the forum, and co-facilitating the CHF discussion with a hospital liaison. The Community Liaisons worked closely with a hospital liaison to plan and co-facilitate the community forums. The hospital liaison served as a critical link between the expertise within the hospital, the expertise of the Community Liaison, and the overarching coordination from the LCHI. Community Liaisons also met with the LCHI and the hospital liaison to debrief the forums and offer their reflections of the process and interpretation of the findings.

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

Rhode Island State Strategic Plan and Health Equity Zones CHNAs

In 2015, Dr. Nicole Alexander-Scott, Director of the Rhode Island Health Department (RIDOH), issued the state's strategic priorities around population health.⁵⁰ NH incorporated the state's goals as they pertain to the communities served by the hospital. The RIDOH Strategic Plan highlights the state's *Health Equity Zones* (HEZ), which are geographic areas designed to achieve health equity by eliminating health disparities using place-based strategies to promote healthy communities.⁵¹ The Centers for Disease Control, in partnership with RIDOH, has funded ten HEZ regions across Rhode Island. LCHI leadership has convened with RIDOH stakeholders to ensure that statewide HEZ activities are coordinated with Lifespan affiliate strategies. NH's implementation strategy incorporates findings from the Newport HEZ CHNA conducted in 2015 that overlap with NH's primary service areas and patient populations. A full list of HEZ locations and priority areas can be found in Appendix D.⁵²

Newport Hospital Patient Data, 2013-2015

NH analyzed patient data through FY 2015. This inpatient and outpatient data is important for understanding changing trends in utilization of hospital services.

Key Informant Interviews

From October 1, 2013 through September 30, 2016, LCHI leadership identified Key Stakeholders to inform the 2016 CHNA process. Unstructured discussions were summarized in an effort to bolster and contextualize data from secondary sources and the Community Health Forums. Key themes from these conversations are reflected in the 2016 implementation strategy.

Secondary Data Sources

NH collected findings from a number of secondary sources to inform the community health needs assessment and create an updated implementation strategy. The most recently available statewide and local data; trends in access to care, health behaviors and perceptions, and health outcomes are presented.

Secondary data includes findings from the following national and state-specific sources. These sources vary widely in sample size, method of collection, and target audience, but all are publicly available and validated sources.

The Behavioral Risk Factor Surveillance System – Rhode Island, 2014

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based computer-assisted telephone interview survey. The purpose of the survey is to identify emerging health problems and establish and track public health goals. The BRFSS collects information on health, health risk behaviors, preventive practices, and healthcare access among Rhode Island adults (18+ years) as part of an effort to address national key health indicators and chronic conditions (including diabetes, asthma, cardiovascular disease, and arthritis) important to Rhode Island.

Kaiser Family Foundation State Health Facts – Rhode Island, 2014

State Health Facts is a project of the Henry J. Kaiser Family Foundation and provides free, up-to-date, and easy-to-use health data for all 50 states and the District of Columbia. State Health Facts is comprised of more than 800 health indicators that come from a variety of public and private sources, including Kaiser Family Foundation reports, public

websites, government surveys and reports, and private organizations.

County Health Rankings – Providence County and RI, 2015

The *County Health Rankings & Roadmaps* program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual *County Health Rankings* measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America. The annual *Rankings* provide a revealing snapshot of how health is influenced by where we live, learn, work, and play.

Commonwealth Fund Report Card – Rhode Island, 2016

The Commonwealth Fund is a private foundation that aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, which include low-income people, uninsured, minorities, young children, and elderly adults. The scorecard series provides performance benchmarks and improvement targets for states, communities, and the nation. This 2016 edition of The Commonwealth Fund's Scorecard on Local Health System Performance assesses the state of health care in more than 300 U.S. communities from 2011 through 2014, a period when the Affordable Care Act was being implemented across the country.

2015 Rhode Island Kids Count Factbook, 2016

Published annually since 1995, The Rhode Island Kids Count Factbook is the primary publication of Rhode Island Kids Count. The Factbook provides a statistical portrait of the status of Rhode Island's children and families, incorporating the best available research and data. Information is presented for the state of Rhode Island, including each city and town, and an aggregate of the four core cities, Providence, Woonsocket, Pawtucket and Central Falls. The Factbook tracks the progress of 71 indicators across five areas of child wellbeing: Family & Community, Economic Wellbeing, Health, Safety, and Education.

Rhode Island Department of Health Statewide Health Inventory, 2015

The Statewide Health Inventory study was designed to evaluate the access and barriers to medical services in the state. The *Hospital Survey* included information about patients' primary residence location, insurance sources for patients, census and visit data for fiscal year 2014, demographics about patients, interpreter services, staffing by specialty and

service category, outpatient specialty clinics and services for calendar year 2014. The survey was informed by the Centers for Disease Control and Prevention (CDC) "National Hospital Care Survey Facility Questionnaire" and the American Hospital Association "AHA Annual Survey of Hospitals."

Rhode Island Behavioral Health Project Report, 2015 (Truven Analytics)

Prepared for the Rhode Island Executive Office of Health and Human Services, Department of Health, Department of Behavioral Health, Developmental Disabilities, and Hospitals, and the Office of the Health Insurance Commissioner, Truven Analytics published findings and recommendations for improving behavioral health in Rhode Island through a public health approach.

Rhode Island State Innovation Model (SIM) Test Grant, 2016

Rhode Island was selected to participate in a multi-year grant intended to improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid and Children's Health Insurance Program (CHIP) beneficiaries – and for all residents of participating states. Rhode Island has received a \$20 million award in FY 2015 to test its health care payment and service delivery reform model over four years. The ultimate goal of the project is to achieve the "triple aim" of better care, healthier people, and smarter spending through a value-based care lens. The SIM is governed by an interagency team and a steering committee and produced a statewide population health plan in 2016.

Identification of Newport Hospital Community Significant Needs

These significant needs reflect community feedback, key stakeholder interviews, and national, local, and hospital-level data from a range of selected sources. Current state frameworks being used to improve population health and health equity, including the RIDOH Strategic Plan and the State Innovation Model, were used to inform these needs. Needs are prioritized in their order of significance to the community.

1.) Access to Care and Health Literacy

Access to care is defined as the timely use of personal health services to achieve the best health outcomes. Access to health services encompasses four components: coverage, services, timeliness, and workforce. Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include:

- Lack of availability
- High cost
- Lack of insurance coverage⁵³

Being able to access and afford health care when needed is a fundamental element of the health care system. Health insurance rates are one measure of access to health care. Health insurance protects individuals and their families from burdensome costs in the case of an accident or illness. In 2014, the Affordable Care Act expanded access for millions of Americans by creating health insurance marketplaces and allowing states to expand Medicaid eligibility for residents. Since the Affordable Care Act's coverage expansion began, about 16.4 million uninsured people have gained health insurance coverage, nationwide - the largest reduction in the uninsured in four decades.⁵⁴ A Gallup survey recently announced that the uninsured rate in Rhode Island in 2015 was 5.6%, down from 13.3% in 2013.⁵⁵ In 2014, 3.3% of Rhode Island's children under age 18 were uninsured. Across the nation, approximately 11.2 million more Americans are now enrolled in Medicaid and Children's Health Insurance Program (CHIP).⁵⁶ According to the Commonwealth Fund report, Rhode Island ranked #4 in the U.S. in 2015 for affordability and accessibility. This rating is based on overall performance and percent change of improvement on indicators related to health care access.⁵⁷ However, much improvement can still be made. In the 2015 Statewide Health Inventory, when asked to rank community health issues, the majority of respondents reported that making health care more affordable (79.5%), and increasing access to health care (69.9%) were of extreme importance.⁵⁸

Having a primary care provider (PCP) as the usual source of care is also an important measure of access to care. Having a usual PCP is associated with increased likelihood that patients will receive appropriate care. The total full-time equivalents (FTE) of primary care physicians in Rhode Island was 602.7 in 2014, which, according to national recommendations, is 10% fewer than the current demand.⁵⁹ Rhode Island will need to grow its provider workforce to meet increased demand for primary care, especially among vulnerable pop-

ulations.⁶⁰ Increasing access to primary care can improve long-term population health outcomes and health equity.

Individuals need information they can understand and apply to make the best decisions for their health. Health literacy helps prevent health issues and helps better manage health problems. Potential barriers to health literacy can include having trouble reading, age, cultural factors, fear, disability, or lack of access to information (such as computer literacy). Especially when someone is suffering from a chronic health condition or has not been engaged in care, it can be very difficult to understand how, where, and when to access health services. Health education and health literacy are crucial factors to improving population health.⁶¹ According to the CDC, the United States is not meeting the health literacy and health education needs of its population, likely due to overly complicated processes and disjointed systems.⁶² Health care entities have a vested interest in improving health literacy for their patient populations: when patients are engaged and have high health literacy, health outcomes improve.⁶³ Considering the staggering costs of health care, low-cost, effective health literacy and health education programs could have the potential to have large community economic and health savings.⁶⁴ Nationally, the U.S. Department of Health and Human Services (DHHS) has produced a National Action Plan to Improve Health Literacy. The action plan includes goals around improving access to health information, helping health care delivery communicate better with their patients and between each other, and developing and disseminating accurate, accessible and actionable health information using evidence-based approaches.⁶⁵

There are many ways for health care entities and hospitals to address the health literacy needs of their populations, especially in the areas of chronic disease management and preventive health. There are many evidence-based health education and literacy programs that can be implemented, and should be done so with input from the community of interest.^{66,67} NH already implements strategies to improve health literacy within its community, such as the new Community Lecture Series, and will continue to expand access to new and existing programs.

2.) Mental and Behavioral Health

Mental health was identified by CHF participants as a major concern and key priority for the 2016 implementation strategy. Mental health conditions can include ADHD, anxiety, depression, bipolar disorder, psychosis, obsessive-compulsive disorder, posttraumatic stress disorder, schizophrenia, and depression.⁶⁸ Mental health conditions can put people at risk for suicidality or self-harm, violence, substance abuse disorders, and early death. Mental health issues and their

downstream effects impact many Rhode Islanders. Providing sufficient services for addressing behavioral and mental health needs is a critical priority for Rhode Island.

Risk factors for developing mental health conditions include genetic factors, social and environmental factors, having a chronic disease, exposure to trauma or adverse childhood outcomes, alcohol or drug use, social isolation, extreme stress, or brain damage. These factors often have a compounding effect on risk for developing mental illness.⁶⁹ Persistent poverty, unemployment, and inconsistent health insurance coverage impact many Rhode Islanders, which put children and adults at risk for poor mental health.⁷⁰ Young adults in Rhode Island ages 18 – 24 years older were more likely to have serious psychological distress (19.8%) than young adults in other New England states and nationally.⁷¹

The high incidence of mental illness in Rhode Island has been met with investments in mental health treatment, care, and prevention. The state devoted an estimated \$853 million to behavioral health treatment in 2013 according to the Truven Report.⁷² However, access to mental health services remains a major hurdle for many Rhode Islanders. Adults in Rhode Island were more likely to report unmet need for treatment of mental and substance use disorders than residents in the other comparison states, and hospital discharge rates for mental and substance use disorders was 26% higher than that of Massachusetts in 2012.⁷³

Over 18% of Newport County's population is under the age of eighteen.⁷⁴ One of the most pressing health concerns among Rhode Island youth and children is mental health. Mental health conditions among children under eighteen have risen over the last decade. In 2014, there were 2,744 hospitalizations of children with a primary diagnosis of mental disorder at Rhode Island hospitals, which is a 53% increase from 2005.⁷⁵ Mental health conditions in youth and children can have negative impacts on academic achievement, physical health, social and emotional development, and can put children at risk for suicide, drug use disorders, violence and early death. Diagnosing and providing treatment for mental health conditions early can ensure that these downstream impacts are mitigated.

NH made a significant investment in the mental health of its community by offering programs to address community mental health needs, capitalizing on its partnership with Gateway, and by expanding access to its first-class inpatient and outpatient mental health treatment services. NH has partnered with Bradley Hospital to bring additional pediatric psychiatric services to Newport County.⁷⁶

3.) Substance Use Disorders

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance use disorders can include use of tobacco, alcohol, or other drugs.⁷⁷

For over a decade, opioid use disorder (or opioid dependence or addiction) and accidental drug overdose has been on the rise, likely because of a dramatic increase in the amount of opioids being prescribed.⁷⁸ Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) and Prevent Overdose RI report that treatment admissions for heroin were on the rise between 2010-2014, while admissions for alcohol abuse, other prescription drugs and marijuana have declined.⁷⁹ "Illicit" refers to use of illegal drugs, including marijuana according to federal law, and misuse of prescription drugs, such as opioids. According to KFF State Health Facts, 23,000 Rhode Island adults and 3,000 youth reported needing but not receiving treatment for illicit drug use between 2013-2014.^{80,81} In 2013, Rhode Island had the highest rates of illicit drug use in the nation, as well as the highest rate of drug overdose in New England.⁸²

In 2015, 259 people in Rhode Island died of drug overdose, more than the number of homicides, motor vehicle accidents, and suicides combined.⁸³ Other than risk of overdose and death, substance use disorders can lead to other chronic diseases such as diabetes and heart disease. Substance use can also lead to behaviors that put individuals at higher risk for communicable and infectious diseases. People with a mental health diagnosis are more likely to use alcohol or drugs than those not affected by a mental illness. In 2014, 18.2% of adults with mental illness had a substance use disorder, while those adults with no mental illness only had a 6.3% rate of substance use disorder in the past year.⁸⁴ Addressing substance use treatment and prevention cannot be done without considering mental health.

The Rhode Island Strategic Plan on Addiction and Overdose reports that although Rhode Island has an electronic Prescription Monitoring Program (PMP) and some of the strongest clinical guidelines for the treatment of chronic pain in the country, provider participation is low and is often not enforced. Hospital and state efforts to expand and enforce the use of the PMP, alongside efforts to engage people who are addicted in treatment with evidence-based medical therapies and recovery support, could mitigate the epidemic in Rhode Island.⁸⁵

There are numerous services available for treatment of substance use disorders and addiction, including community-based programs, inpatient detoxification centers, outpatient services, and residential programs. Diagnosing and intervening on mental health issues is key to primary prevention of substance use and addiction.⁸⁶ Hospitals are crucial to improving early mental health and addiction diagnoses, increasing utilization of the PMP to prevent addiction, and for providing medication-assisted treatment and support services to those who survive overdose.

4.) Cancer

Cancer is the second leading cause of death among Rhode Islanders, and is the first among Asian and Pacific Islanders in the state.⁸⁷ The age-adjusted cancer incidence for Rhode Island was 479.4 per 100,000 in 2013.⁸⁸

In Rhode Island and the U.S. overall, annual counts of colorectal cancer cases and deaths have decreased in the past 25 years, due to improved screening and treatment. Age-adjusted incidence for colorectal cancer in 2013 was 38.6 per 100,000.

Lung cancer is the leading cause of cancer death and the second most common cancer among both men and women in the United States. Annual counts of new lung cancers remained stable between 2009-2013 in Rhode Island (873 cases in 2013), despite prevention efforts and decreased tobacco use. The age-adjusted incidence for lung cancer in Rhode Island in 2013 was 69.5 per 100,000.⁸⁹

Breast cancer is the most common cancer among American women. Nationally, breast cancer increased significantly by 0.8% per year among black women and increased by 1.1% per year among Asian/Pacific Islander women.⁹⁰ Women who get regular screening mammograms can substantially lower their risk of dying from breast cancer. The age-adjusted incidence for female breast cancer among Rhode Islanders in 2013 was 130.4 per 100,000.⁹¹ In 2013, 85.6% of women aged 50-74 had a mammogram in the past 2 years.⁹²

Prostate cancer is the most common cancer among Rhode Island men and men in the U.S. overall. The age-adjusted incidence for Rhode Islanders in 2013 was 117.4 per 100,000, and the average annual count was 685 cases, which represents a decrease during the 5 year period between 2009-2013.⁹³

Cancer of the urinary bladder (“bladder cancer”) is the fifth most common cancer to be diagnosed in Rhode Island. The age-adjusted incidence rate for Rhode Islanders in 2013 was 27.0 per 100,000.⁹⁴ Preventing environmental exposures could prevent most bladder cancer cases in Rhode Island.

Skin cancer (also known as Melanoma of the skin) is the most common cancer in the United States. Most cases of melanoma, the deadliest kind of skin cancer, are caused by exposure to ultraviolet light. Skin cancer prevention strategies include protecting skin from the sun and avoiding indoor tanning.⁹⁵

Additionally, CHF participants in the Newport service area expressed concern about what they believe to be higher than expected rates of rare cancers. Due to small numbers, it is difficult to validate this concern with statewide cancer registry data, but it merits continued investigation by the CCC at NH.

5.) Healthier Weight

Newport CHF participants cited healthy weight as a significant health need in both the 2013 and 2016 CHNA. A healthful diet reduces the risk of many health conditions, including overweight and obesity, heart disease, high blood pressure, type 2 diabetes and some cancers.

As of 2014, Rhode Island had the 12th lowest adult obesity rate in the nation. However, more than half of Rhode Islanders are impacted by diet-related diseases.⁹⁶ Rhode Island’s adult obesity rate is currently 27.0%, up from 16.9% in 2000 and from 10.1% in 1990. The current adult diabetes rate (2014) is 9.4% and (up from 8.4% in 2011) and current adult hypertension rate (2013) is 33.8% (up from 28% in 2009).⁹⁷ Heart disease is the leading cause of death in Rhode Island, and the state’s mortality from heart disease is higher than the national average.

In 2015, 12% of Rhode Island high school students self-reported as obese and 15% self-reported being overweight; Hispanic (19%) and black (15%) students reported higher rates of overweight and obesity than their peers.⁹⁸ This disproportionate burden of being overweight and obesity on minority children puts them at greater risk for weight-related diseases.

It is widely recognized that improving upstream determinants of health – such as increasing physical and financial access to nutritious food – is necessary to reduce the incidence of these diseases, especially as this incidence falls disproportionately on low-income communities and racial and ethnic minority populations.⁹⁹ Although rates of diet-related morbidity varies slightly by demographic characteristics, all subgroups are at risk and could benefit from increased access to healthful food and support to achieve and maintain a healthy weight. Newport County has the lowest rate of overweight and obesity compared to other Rhode

Island counties.¹⁰⁰ However, community members cited risk factors for overweight and obesity – including limited access to healthy foods and adequate physical activity – as major concerns.¹⁰¹ Preventing weight issues and obesity in communities requires a multi-sector solution and NH is committed to investing in prevention, education, and expansion of clinical and non-clinical services to children and families in order to promote healthy-weight, and to decrease the impact of diet-related disease.

Implementation Strategy

In order to address the significant health needs identified for NH's service area, the hospital will work to implement the following strategies during FY 2017-2019 (October 1, 2016 – September 30, 2019).

1.) Access to Care and Health Literacy

Equitable access to health care and adequate health literacy are essential to ensuring improved health outcomes in our communities. NH is committed to improving access to health care for its community, especially access to high quality, coordinated primary care. Additionally, NH expects that if patients feel empowered by having the tools and resources they need, they will make better, more informed health care decisions and practice healthier behaviors. NH will implement the following strategies to improve access to care and health literacy:

- A.** Continue to offer expanded access to primary care and laboratory services on evenings and weekends. Rhode Island is experiencing a shortage in Primary Care Providers (PCPs) and services. Lifespan has responded to this need by continuing its effort to develop the alignment of the Lifespan health system and its physicians to better meet the needs of patients and to provide accountable patient-centered, high quality, efficient, value-based, and innovative care through one centralized physician organization. NH affiliated primary care practices welcome new patients and offer extended hours. NH also has four community-based family medicine offices that provide primary care for all members of the family, from birth to geriatric years. The family medicine practices offer weekday and Saturday walk-in hours, and have extended evening patient care hours, for convenience. NH will continue to add primary care providers to LPG and build local laboratory facilities.
- B.** As NH continues to improve access to primary care by establishing formal relationship with community-based primary care practices, the hospital will encourage practices to seek PCMH Level 3 recognition from the National Committee for Quality Assurance (NCQA). NH has made access to quality primary health care a strategic priority in recent years. The patient-centered medical home (PCMH) is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into “what patients want it to be.”¹⁰² Medical homes can lead to higher quality and lower costs and can improve patients’ and providers’ experience of care. The NCOA PCMH Recognition is the most widely-used way to transform primary care practices into medical homes. Level 3 designation is considered the highest level of recognition and requires primary care practices to meet the highest quality standards.¹⁰³
- C.** Continue to participate in the Newport Partnership for Families and the Newport Health Equity Zone (HEZ). NH is committed to supporting the activities and priorities of the Newport Partnership for Families and Newport Health Equity Zone. NH will designate individuals to consistently represent it on these groups. Representatives from NH will attend meetings and contribute to the planning and implementation of programs that work to improve the health and wellbeing of Newport residents. NH will partner with both entities on collaborative topics such as healthy eating, physical activity and fitness promotion, youth services, and mental health. CHF participants stressed the need for physical activity programs in the community, and increasing physical activity among youth is one of the Newport HEZ key strategies.
- D.** Offer the nationally distributed *Healthwise* health literacy program in English and Spanish in the NH service areas, in partnership with LCHI. LCHI will conduct outreach to ensure that residents are aware of and can access these free educational programs.
- E.** Continue to offer a Community Lecture Series and increase participation. NH launched a monthly, free Community Lecture Series that is open to the public and covers a diverse range of health and social topics. One recent lecture, “What is Patient-Centered Primary Care” took place on June 1, 2016. Another recent lecture covered joint and knee pain.¹⁰⁴ NH will continue to present on topics relevant to its community and will focus specifically on priorities defined in the 2016 CHNA.

2.) Mental and Behavioral Health

NH made significant investments in the mental health of its community by offering programs to address community mental health needs, capitalizing on its partnership with Gateway, and by expanding access to its first-class inpatient and outpatient mental health treatment services. NH will implement the following strategies to address mental and behavioral health challenges:

- A.** Offer mental health topics targeting adults and youth in the Community Lecture Series. In FY 2015, NH launched a monthly, free Community Lecture Series that is open to the public and covers a diverse range of health and social topics. In response to the cited need for additional mental and behavioral health services, the lecture series will consider focusing on these topics in future lectures.
- B.** Develop ‘Stress Buster’ activities for community members and NH employees. Symptoms of stress can have lasting negative effects on mental and physical health. Stress is one of the more common mental health challenges that people face and can impact day-to-day life and ability to perform at work.¹⁰⁵ Nationally, there has been a growing focus on addressing stress in the clinical workforce.^{106,107} NH is committed to developing creative activities, programs, and direct services to help address stress in the workplace and in the community.
- C.** Deliver Mental Health First Aid training. Mental Health First Aid (MHFA) is an eight-hour, award-winning training program designed to educate individuals on how to help someone in a mental health crisis. MHFA has proven to increase knowledge, reduce stigma, and most importantly increase supportive actions.¹⁰⁸ Trainings are provided to mental health first responders, teachers, social service providers, primary care workers, and even businesses. Building on the success of MHFA in Providence, LCHI plans to launch these trainings in the NH service area.
- D.** Partner with Bradley Hospital to increase access to outpatient child psychiatric services. NH has partnered with Bradley Hospital to bring outpatient psychiatric services to the NH service area. Through this partnership, a child psychiatrist, child psychologist, and related outpatient services are available to the service area as an extension of Bradley Hospital’s PERC program. Both providers offer outpatient child psychiatry services at NH to children between the ages of 3 and 17. Services include psychiatric assessment and treatment, diagnosis, medication management, and access to the PERC program, which accepts referrals from area pediatricians and family medicine providers. NH is considering expanding

child psychologist services to full time in FY17, contingent on demand.

- E.** Explore using existing telemedicine capacity to provide mental health consultation. Hospitals and health care facilities have demonstrated the effectiveness integrating telemedicine and “teleconsultation” approaches to delivering behavioral and mental health services. Telemedicine can be utilized to increase access to behavioral health, especially in populations that have difficulty attending in-person appointments because of transportation issues or disability.¹⁰⁹ NH is in the beginning phases of exploring a possible telemedicine program for their psychiatry and behavioral health programs.
- F.** Consider opening a second track of partial hospitalization program (PHP) for patients with dual-diagnoses in mental health and addiction. Total visits for the PHP have been steadily increasing since FY 2013; the program is on track to have over 2,000 visits in FY 2016. NH will continue to monitor the burden of illness in the community and other factors in order to make a decision on this by the end of FY19.

3.) Substance Use Disorders

There were 259 unintentional drug overdose deaths in Rhode Island in 2015.¹¹⁰ Overdose deaths can be prevented with proper intervention. In 2015, the Governor of Rhode Island established the Overdose Prevention and Intervention Task Force to assess and make recommendations to combat the opiate epidemic in the state. The strategies below reflect health system opportunities consistent with the strategic plan issued by that task force in 2016. It is also important to note that diagnosing and intervening on mental health issues is key to primary prevention of substance use and addiction. NH will implement the following strategies to fight the substance abuse epidemic:

- A.** Continue offering certified recovery coaches in the emergency department and increase the proportion of people admitted to the emergency department due to an overdose who engage the services of a peer counselor to seek treatment. Hospital emergency departments are a key intervention point for survivors of substance abuse and overdose. Given the high rates of opioid use and addiction in Rhode Island, NH has committed to working to address the epidemic. NH became a site for The Providence Center’s AnchorED program in FY 2015. NH will continue its partnership with the AnchorED program, given its success thus far, serving 227 people in the first six months of 2016, 25.1% of the statewide volume.^{111,112} In the second year of NH’s partnership

with this program, results will be used to further tailor the program to meet the needs of its emergency department patients. Because weekends have been identified as a time for increased occurrences of overdoses, AnchorED placed Certified Peer Recovery Specialists on call in NH's emergency department every weekend from 8 p.m. Friday night through 8 a.m. Monday morning at participating hospitals.¹¹³

- B.** Offer medication-assisted treatment (MAT) for opioid use disorder. Medications such as Buprenorphine, Naloxone, and methadone are evidence-based treatments for opioid addiction. A key initiative under the state of Rhode Island's Strategic Plan on Drug Overdose and Addiction is to increase the number of people who have access to MAT. The state recommends that hospitals create programs that utilize MAT for opioid abuse in adults. This includes educating and encouraging hospitals to offer medication-assisted treatment within the inpatient setting and to begin medication-assisted treatment prior to discharge with community referral for ongoing medication-assisted treatment.¹¹⁴
- C.** Consider developing a joint-based NH/Rhode Island Hospital drug addiction clinic to serve both communities. NH and Rhode Island Hospital are in the beginning stages of developing a business plan for a drug addiction clinic where MAT could be prescribed. As of FY 2016, NH and Rhode Island Hospital are collecting data and are determining feasibility and potential need for such a facility. The clinic, if approved, would be slated to begin FY 2019.

4.) Cancer

NH is an affiliate site of the CCC which gives patients access to oncology services at three area hospitals, many service delivery options, and available clinical trials. NH will support the CCC in implementing its three-year action plan, the CCC Roadmap and will continue to provide community-based and clinical services to promote cancer prevention, screening, treatment, and survivorship. NH will implement the following strategies to improve cancer services and outcomes:

- A.** Continue to provide community-based education programs like Avenues of Healing, tobacco cessation programs, and Cancer Survivors Day events.
- B.** Continue to provide preventative screenings like *See, Test & Treat* and SunSmarts for cancers in partnership with LCHI;
- C.** Expand community partnerships to reach underserved

populations and improve access to prevention and screening events with strategic partners like the American Cancer Society.

- D.** Strengthen disease site expertise through recruitment and retention of clinicians.
- E.** Improve patient access, patient experience, and communications, including establishing a CCC Telephone Triage Center to serve as a single point of entry for medical oncology and infusion patients.
- F.** Work with community and public health partners to investigate cancer incidence rates in Newport County, and share those findings with the community.
- G.** Work with the Lifespan Research Department to increase recruitment of underserved populations to research trials.

Notably, the NH implementation plan is also consistent with the goals of the Rhode Island Department of Health 2013-2018 Cancer Prevention Strategic Plan, which include reducing tobacco use, mitigating environmental exposures, promoting healthy weight, and promoting screenings and early detection of cancers. The RIDOH plan also calls for increased access to optimal treatment for all Rhode Islanders diagnosed with cancer and to promote the health of cancer survivors.¹¹⁵

5.) Healthier Weight

Newport CHF participants cited healthy weight as a significant health need in both the 2013 and 2016 CHNA. Building on the work that has been done to increase access to physical activity and nutrition, and to help Newport residents attain and maintain healthy weight, NH will implement the following strategies to improve the proportion of children and adults in the service area who maintain a healthy weight:

- A.** Continue to fund community programs to prevent childhood obesity through the Frederick Henry Prince Memorial Fund. Since 2011, NH has administered the Frederick Henry Prince Memorial Fund and awarded grants to community organizations in the Newport area that deliver programming to promote physical activity and nutrition among youth. NH will continue to fund this worthwhile programming that contributes to reductions in overweight and obesity among Newport residents;
- B.** Provide free community lectures on nutrition and healthy weight;
- C.** Join the RI Healthcare Local Food Challenge, which encourages RI hospitals and health centers to purchase

and provide local sourced, healthy food options along with consumer education in their cafeterias; and

- D.** In partnership with the Newport Health Equity Zone, funded by the RI Department of Health, offer Diabetes Prevention Program (DPP) to pre-diabetic patients in the NH service area. DPP is a proven effective program, recognized by the Centers for Disease Control and Prevention, which teaches people at risk of developing diabetes how to prevent the condition through diet and exercise.

Conclusion

NH will document progress on the implementation strategies presented as part of its commitment to the community it serves. NH appreciates the continued support of its partners, recognized below, which help it meet the health care needs of Rhode Islanders.

Acknowledgements

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Community Forum Host Sites

Abundant Blessing Church

Adult Correctional Institute, Rhode Island Department of Corrections

Bradley School South County

Common Fence Point Hall

Community College of Rhode Island, Newport Campus

Direct Action for Rights and Equality

Edward King House

Elmwood Community Center

Empowerment Temple of the International Central Gospel Church

John Hope Settlement House

Laurelmead

Lincoln Public Library

Met School/College Unbound

Middletown Fire Department

New Dimension Apostolic Church

Newport County YMCA

Olney Street Baptist Church

Pell Elementary School

Refugee Dream Center

Renaissance Adult Day Health Care Center

Rhode Island Parent Information Network

Riverside Public Library

Rochambeau Library, Providence Community Library

St. Michael's Church

Contact Information

For information regarding the 2016 Newport Hospital CHNA process or findings, or for information on any of the services or strategies mentioned, please contact the Lifespan Community Health Institute.

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Appendix A

Newport Hospital Patient Demographics: Region, City & Town, 2013-2015

Region	City & Town	Adult & Pediatric Inpatients			Adult & Pediatric Outpatients		
		2013	2014	2015	2013	2014	2015
Urban Core Region	Providence, RI	38	36	61	266	317	271
	Cranston, RI	16	18	21	94	121	119
	Warwick, RI	12	14	13	111	101	114
	West Warwick, RI	18	5	9	48	55	43
	Central Falls, RI	6	2	1	22	17	24
	Johnston, RI	6	3	2	24	28	17
	North Providence, RI	3	4	4	21	12	16
	Pawtucket, RI	10	20	26	84	76	71
Region Total		109	102	137	670	727	675
East Bay Region	Barrington, RI	10	6	7	55	75	47
	Bristol, RI	185	188	267	1,567	1,511	1,549
	Warren, RI	39	34	53	388	374	349
	Fall River, MA	11	24	22	223	205	198
	Somerset, MA	2	1	0	17	20	16
	Swansea, MA	2	2	4	31	25	13
	Little Compton, RI	17	24	27	125	126	117
	Tiverton, RI	168	157	118	828	749	694
	Dartmouth, MA	2	3	4	21	16	40
	New Bedford, MA	2	8	3	37	48	36
	Westport, MA	2	4	1	23	23	37
	Jamestown, RI	137	160	149	936	893	833
	Middletown, RI	1,230	1,263	1,217	6,633	6,840	6,447
	Newport, RI	1,731	1,770	1,677	11,596	11,552	11,081
	Portsmouth, RI	712	720	667	4,241	4,135	3,787
Region Total		4,250	4,364	4,216	26,721	26,592	25,244
I95 Corridor Region	Attleboro, MA	3	1	1	13	13	12
	North Attleboro, MA	0	0	1	5	7	10
	Plainville, MA	0	0	0	1	2	3
	Wrentham, MA	0	0	0	4	5	0
	Cumberland, RI	1	1	4	15	21	18
	Lincoln, RI	2	3	0	12	11	13
	Smithfield, RI	1	1	1	15	11	18
	Dighton, MA	0	1	0	4	4	4
	Rehoboth, MA	2	1	2	13	11	11
	Seekonk, MA	1	1	0	12	16	6
	East Providence, RI	16	14	20	72	77	69
Region Total		26	23	29	166	178	164

Appendix A *continued*

Newport Hospital Patient Demographics: Region, City & Town, 2013-2015

Region	City & Town	Adult & Pediatric Inpatients			Adult & Pediatric Outpatients		
		2013	2014	2015	2013	2014	2015
South Region	Coventry, RI	10	4	6	45	47	43
	East Greenwich, RI	7	4	6	44	35	33
	Exeter, RI	8	2	4	21	22	24
	North Kingstown, RI	52	43	57	271	234	195
	West Greenwich, RI	2	0	4	7	13	11
	Charlestown, RI	9	12	13	22	37	28
	Hopkinton, RI	10	13	14	19	29	20
	Narragansett, RI	9	17	21	74	79	62
	New Shoreham, RI	5	2	1	4	2	2
	Richmond, RI	1	2	5	10	9	12
	South Kingstown, RI	37	20	45	133	105	122
	Westerly, RI	11	17	23	28	15	24
	Region Total		161	136	199	678	627
North West Region	Douglas, MA	0	0	0	4	3	3
	Uxbridge, MA	0	0	0	1	4	5
	Burrillville, RI	2	6	2	11	13	9
	Foster, RI	1	1	2	6	3	2
	Glocester, RI	1	1	2	5	12	6
	Scituate, RI	3	1	1	16	10	11
	Bellingham, MA	1	1	2	4	2	2
	Blackstone, MA	0	0	0	2	2	1
	Franklin, MA	0	0	0	10	4	11
	Millville, MA	0	0	1	0	1	0
	North Smithfield, RI	0	4	2	9	6	5
	Woonsocket, RI	5	6	3	24	23	43
Region Total		13	20	15	92	83	98
Other	Other MA Towns	37	19	41	638	689	658
	CT Towns	25	53	47	644	700	729
	Unknown	94	76	90	1,514	1,521	1,520
Other Total		156	148	178	2,796	2,910	2,907
TOTAL		4,715	4,793	4,774	31,123	31,117	29,664

Appendix B

Newport Hospital Community Health Forum Schedule

Wednesday, May 4

6:00 p.m. – 8:00 p.m.

Pell Elementary School

35 Dexter Street, Newport, RI 02840

Wednesday, May 11

6:30 p.m. - 8:30 p.m.

Newport County YMCA

792 Valley Road, Middletown, RI

Sunday, May 15

2:00 p.m. – 4:00 p.m.

Edward King House

35 King Street, Newport, RI 02840

Wednesday, May 18

5:30 p.m. – 7:30 p.m.

Common Fence Point Hall

933 Anthony Road, Portsmouth, RI 02871

Sunday, May 22

2:00 p.m. – 4:00 p.m.

Middletown Fire Department

239 Wyatt Road, Middletown, RI 02842

Wednesday, May 25

5:00 p.m. - 7:00 p.m.

Community College of Rhode Island – Newport Campus

1 John H. Chafee Boulevard, Newport, RI 02840

Appendix C

Newport Hospital CHNA Community Liaison Profiles

Carmela A. Geer is by profession an Educator and Advocate of twenty five years and a Consultant and Trainer for the past nineteen. A resident of Middletown, RI, she is currently serving as the Executive Director of the Edward King House Senior Center in Newport, serving seniors age 50 and above to promote independent and healthy lifestyles. She is connected to her community by her involvement as community volunteer coordinator for the Island's Emergency Management Agencies and active in support of the needs of seniors and children. She believes that people do better when they know better and works tirelessly to share community-building information whenever possible. Her ever growing family is her inspiration as an advocate, keeping her grounded to the needs of families in the 21st century. She travels extensively throughout Rhode Island, Connecticut and Massachusetts as a public speaker, spreading the good word with regards to best practice, professionalism and surviving life in the digital age.

Neyda DeJesus moved to Newport, RI in 2008, seeking a fresh start, and that's exactly what she got. After getting her family settled, she immediately began getting to know the neighborhood and her new community. A responsible, hard-working, and energetic person Neyda often goes the extra mile for anyone who needs her support. She has a genuine passion for helping people, which led her to go back to school to major in Social Work at the Community College of Rhode Island. When not in school, Neyda volunteers at her daughters' school and at other community organizations such as Parent Partner Mentoring Program, Child & Family, Easy Bay Head Start, Family Care Community Partnership, and RhodeMap Rhode Island. Volunteering gives Neyda the opportunity to learn new skills and meet new people. Currently, she serves as a Resident Consultant for the Health Equity Zone project at the Women's Resource Center in Newport. Any free time is spent with her family, making memories that help her to stay grounded and humble.

Megan Leonard is originally from Long Island, New York. She moved to Newport in 2008 to attend Salve Regina University and graduated in 2012 with a major in psychology and a minor in special education. Upon graduation from Salve, Megan accepted a job at the Newport County YMCA as their Adapted Physical Activity Director. In this position, she runs programs for kids and adults with special needs and also manages the Newport County YMCA Special Olympics team. Megan is currently going back to school to earn a Master's in Special Education and plans to continue to empower the Newport Community however she can. When not working or studying, Megan enjoys going for runs and paddle boarding at the beach.

Appendix C *continued*

Community Liaison Position Description

Position Summary

The Lifespan Community Health Institute (LCHI), formerly Lifespan Community Health Services, recognizes that good health begins in our homes, schools, workplaces and communities, and that, as a health care system, we must focus on safeguarding health and preventing disease, as well on providing medical care. The LCHI mission is to ensure that all people have the opportunities to achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments. The LCHI works to expand Lifespan's role in our community by facilitating cooperative efforts with community partners to address the full spectrum of conditions that affect health. One of our major activities in 2016 is to assist each of the Lifespan hospitals- Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Emma Pendleton Bradley Hospital, and Newport Hospital, in performing a Community Health Needs Assessment and developing strategies to address the identified needs over the next several years. As such, the LCHI is recruiting 20-30 individuals who will serve as Community Liaisons, helping to gather community input in the needs assessment process.

The Community Liaison is a temporary, part-time position through June 2016. An estimated 30-50 hours will be distributed over the course of 2-3 months. The Community Liaison reports to the Director of the Community Health Institute at Lifespan. This position is not open to current Lifespan employees.

Responsibilities

The Community Liaison will assist Lifespan staff with identifying local organizations/institutions (e.g. neighborhood associations, non-profits, churches, etc.) that will be willing to host a community forum to inform the community health needs assessment process for Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Bradley Hospital, and/or Newport Hospital. Further, the Community Liaison will assist with recruitment, logistics, facilitation, and interpretation of each forum. The goal of each forum is to identify and prioritize local community health needs. The Community Liaison will be trained on expected tasks and relevant data.

- Generate outreach leads and recruit strategic partners
- Develop and maintain productive relationships with various stakeholders, to create buy-in for the community health needs assessment process
- Assist with the development and execution of presentations for small groups and community organizations, including logistics and follow-up
- Coordinate and support other outreach activities, including presentations or tabling at large public events, listening sessions or neighborhood meetings
- Team with Lifespan staff and other Community Liaisons to complete tasks
- Deliver effective communication and consistent follow-up with contacts and community partners
- Manage and communicate details of information, supplies, or other resources needed to complete tasks

Qualifications and Competencies

- Trusted community broker with demonstrated success organizing community efforts
- A commitment to and interest in community health
- Willingness to work in a team environment – and the ability to work independently
- Excellent oral communication skills
- Comfort with public speaking
- Very good interpersonal skills and experience working with diverse audiences
- Ability to organize and lead groups
- Willingness to share and leverage personal and professional networks

Appendix C *continued*

Community Liaison Position Description

- Detail-oriented, with good time-management skills
- Access to reliable transportation
- Ability to work evening or weekend hours
- A working knowledge of Microsoft Office software, including, Word, Excel and PowerPoint

Desired Skills

- Personal or professional experience in a public health or related field (community outreach or organizing, health care, public policy, community development).
- Some experience interpreting and explaining data
- Spanish language or other additional language capacity

Appendix D

Health Equity Zones Description

Health Equity Zones are geographic areas designed to achieve health equity by eliminating health disparities using place-based strategies to promote healthy communities.

Healthy Communities are places where people live, work, play, and learn. These are neighborhoods consisting of social and physical environments that support healthy choices and safe living.

The Centers for Disease Control and Prevention and the Rhode Island Department of Health are collaborating with 10 Health Equity Zones (HEZs) throughout Rhode Island to support innovative approaches to prevent chronic diseases, improve birth outcomes, and improve the social and environmental conditions of neighborhoods across five counties statewide.

Each Health Equity Zone (HEZ) organization's work plan will be implemented over a three or four year period that began in 2015. All HEZs grantees conducted community needs assessments in year one. HEZ work plans, based on the needs identified and prioritized in year one, focus on the residents in neighborhoods that each Health Equity Zone serves. The HEZ work plans present ideas and approaches to invest in local communities and improve population health. Community engagement is a priority in reaching these public health goals. Building and expanding local collaborative will help to create healthier equitable communities.

Health Equity Zones and Backbone agencies

Bristol HEZ: Citywide

Backbone agency: Town of Bristol

The Bristol HEZ focuses on improving nutrition and access to healthy food, promoting physical activity, facilitating community public health events, adopting Complete Streets policies, facilitating health literacy classes and health screenings, and offering the Diabetes Prevention Program (DPP). Bristol is also working with community providers to implement interventions that will improve local healthcare systems.

Newport HEZ: Citywide

Backbone agency: Women's Resource Center

The Newport HEZ focuses on mobilizing residents and resources of the Broadway and North End neighborhoods; improving transportation; increasing healthy food access; creating economic opportunity; securing open space, parks and trails; embracing arts and culture; and developing physical and emotional health through two new neighborhood Wellness Hubs that will house evidence-based, lifestyle-change diabetes prevention and self-management programs.

North Providence HEZ: Neighborhood

Backbone agency: North Providence School Department

The North Providence HEZ focuses on the Marieville Elementary School and Birchwood Middle School neighborhoods and the identified health needs of students and their families. Focus areas include: the environment, safe routes to school, recreational facilities, greener school yards, affordable fruits and vegetables, asthma, connecting residents to diabetes prevention and self-management programs, obesity, mental and behavioral health, tobacco use and exposure, substance abuse, and violence.

Pawtucket and Central Falls HEZ: Citywide

Backbone agency: Local Initiatives Support Corporation (LISC)

The Pawtucket and Central Falls HEZ focuses on adolescent and behavioral health while supporting culturally competent health services. LISC engages residents around increasing access to healthy affordable food, connecting residents to diabetes prevention and self-management programs, adopting nutrition guidelines where food is sold, supporting healthy housing, empowering tenants, and increasing landlord accountability, building a community kitchen, improving transportation efficiency, creating linkages to job training, supporting small and micro businesses, establishing youth coalitions, and facilitating positive relationships across diverse neighborhood populations.

Providence HEZ: Citywide

Backbone agency: Healthy Communities Office

The Providence HEZ - Healthy Communities Office focuses on improving community health around the city's recreation centers, improving nutrition, developing community

Appendix D *continued*

Health Equity Zones and Backbone agencies

gar dens, offering the Providence Summer Food Service Program, developing healthy food policies for public facilities, increasing access to physical fitness programs for adults and youth in public places, conducting activities to increase health and safety in parks and rec centers, offering diabetes prevention and self-management programs, and improving environmental health by implementing green infrastructure projects.

Providence HEZ: Olneyville Neighborhood;
Backbone agency: ONE Neighborhood Builders

The Olneyville HEZ focuses on increasing and promoting physical activity, access to healthy affordable foods, farmers markets and community gardening, redevelopment of distressed and vacant properties, addressing public safety issues, improving public transportation, providing access to diabetes prevention and self-management programs, opportunities for resident financial stability, and community engagement through community pride events and initiatives in efforts to build a more collective and cohesive community.

Providence HZ:
Neighborhoods Southside, Elmwood, West End
Backbone agency: Providence Children and Youth Cabinet

The Providence HEZ focuses on increasing enrollment and implementation of the Incredible Years Parent Program (promoting young children’s social, emotional, and academic lives); creating solutions for greater resident engagement, community organization, and neighborhood ecosystem support; reducing violence; and improving distressed and vacant properties.

Washington County HEZ: Countywide
Backbone agency: South County Health

The Washington County HEZ promotes programs related to childhood obesity and mental health. Programs include: 5-2-1-0, an evidence-based program, encouraging families to keep a healthy weight, Reach Out and Read, promoting reading aloud to children daily, and Youth Mental Health First Aid, for those interacting with adolescents. The HEZ also focuses on connecting residents to local farmers markets accepting SNAP and WIC benefits for access to healthy food.

West Warwick HEZ: Citywide
Backbone agency: Thundermist Health Center

The West Warwick HEZ focuses on improving access to healthy, affordable, fresh food by sponsoring “pop-up” farmers markets, addressing high rates of substance use and overdose through Peer Recovery Services; promoting teen health workgroups; and working with trauma workgroups. The HEZ also uses information from ten Community Health Living Assessments (CHLI) based on 255 engaged residents who offered ideas related to healthy environment initiatives, planning for more citywide recreation programs, and solutions for improving public transportation.

Woonsocket HEZ: Citywide
Backbone agency: Thundermist Health Center

The Woonsocket HEZ focuses on providing access to healthy, affordable, fresh food by creating six new food access points in Woonsocket including “pop-up” markets; addressing high rates of substance use and overdose through The Serenity Center (a free community drop-in center for adults in recovery), providing teen education and outreach at the Woonsocket school-based health center, addressing trauma awareness through Community Care Alliance training, and designing a pedestrian walking plan “Woonsocket Walks - A City on the Move.

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