

Newport Hospital

Community Health Needs Assessment Implementation Strategy

October 1, 2025 - September 30, 2028

As a result of the Community Health Needs Assessment (CHNA) prepared for Newport Hospital (NH) as of September 30, 2025, NH's leadership team, executive management, and other individuals critical to the organizational planning process have created an implementation strategy detailing action item plans covering the period from October 1, 2025 through September 30, 2028 to address the significant needs identified in NH's CHNA report. Based on the complex health issues in the community, NH has strategically planned ways to address these significant needs in order to maximize the improvement of the overall health and wellness of residents within its community. As discussed in the September 30, 2025 CHNA, available online at <https://www.brownhealth.org/sites/default/files/2025-10/Brown-University-Health-Newport-Hospital-2025-CHNA-Final.pdf>, NH identified the following issues as significant health needs currently facing its community:

1. Access to Care
2. Behavioral Health
3. Chronic Diseases
4. Maternal and Child Health
5. Older Adult Health and Wellbeing
6. Social Drivers of Health

Significant Health Need #1: Access to Care				
Actions Planned for Implementation	Resources Planned to Address Significant Health Need	Anticipated Impact on NH Community	Outside Groups Collaboration	Timeline for Implementation
1.1 Provide transportation assistance to medical appointments.	<ul style="list-style-type: none">• Utilize the Round Trip rideshare app in the electronic health record• Build funding for subsidized transportation in annual department budgets	<ul style="list-style-type: none">• Increased access to reliable, free or discounted transportation• Reduction in cancelled, no-show and missed appointments• Improved access to care for patients with limited mobility or challenges with transportation	<ul style="list-style-type: none">• Ride share companies contracted through Round Trip application	<ul style="list-style-type: none">• FY 2026-28

<p>1.2 Apply for grants and contracts to add navigators/CHWs in key service lines to improve continuity of care and availability.</p>	<ul style="list-style-type: none"> • Financial support for Navigators/Community Health Workers • Participation in state planning efforts to grow and strategically deploy the Community Health Worker workforce 	<ul style="list-style-type: none"> • Increase colorectal, breast and cervical cancer screening rates • Advance health equity when implemented among populations who often have lower screening rates and/or experience greater health disparities, including people from historically disadvantaged racial and ethnic populations and people with lower incomes • Help patients overcome barriers to accessing screening services. • Client reminders, reduced structural barriers or improved assistance getting around them, reduced out-of-pocket costs, or a combination of these services • Access to one-on-one or group education. • Culturally and linguistically appropriate care • Improved quality of care • Improved patient outcomes 	<ul style="list-style-type: none"> • Community Health Worker Association of Rhode Island • CHW Alliance (of CHW employers) • Community Health Worker training programs • Rhode Island Certification Board • Rhode Island Department of Health • Rhode Island Executive Office of Health and Human Services 	<ul style="list-style-type: none"> • FY 2026-28
<p>1.3 Offer free skin cancer screenings and add partners/locations to reach diverse audiences.</p>	<ul style="list-style-type: none"> • Brown University Health Community Health Institute • Educational materials about skin cancer, translated into multiple languages 	<ul style="list-style-type: none"> • Free skin cancer prevention and screening service in accessible, community locations • Close disparities in skin cancer screening rates by race & ethnicity • Increase early diagnosis and treatment of melanomas 	<ul style="list-style-type: none"> • Partnership to Reduce Cancer in Rhode Island • Rhode Island Department of Health • Brown Dermatology • NBC 10 • Legoretta Cancer Center 	<ul style="list-style-type: none"> • FY 2026-28

<p>1.4 Offer blood pressure and glucose screenings in community settings.</p>	<ul style="list-style-type: none"> • Brown University Health Community Health Institute • NH staff support • Educational materials about heart disease and diabetes, translated into multiple languages 	<ul style="list-style-type: none"> • Raise awareness of biometrics to enable patients to self-manage • Education to help patients understand the resources and services available, as well as the benefits of risk factor management • Assistance with referrals to primary care 	<ul style="list-style-type: none"> • Community organizations that host screening events 	<ul style="list-style-type: none"> • FY 2026-28
<p>1.5 Serve as a Community Immunizer, offering influenza, COVID and/or other vaccination clinics in community settings.</p>	<ul style="list-style-type: none"> • Brown University Health Community Health Institute • NH staff support • Educational materials about influenza, COVID and other vaccines translated into multiple languages 	<ul style="list-style-type: none"> • Reduce disparities in influenza and COVID vaccination rates by population • Education to help patients understand the resources and services available, as well as the benefits of risk factor management • Assistance with referrals to primary care 	<ul style="list-style-type: none"> • Rhode Island Department of Health • Community organizations that host screening events 	<ul style="list-style-type: none"> • FY 2026-28
<p>1.6 Increase flow and reduce wait times in emergency department.</p>	<ul style="list-style-type: none"> • NH staff support • Quality and Safety • Financial resources 	<ul style="list-style-type: none"> • Improved patient experience through provision of timely care • Reduction in number of patients who leave without being seen • Increase referrals to appropriate follow-up care • Optimization of emergency department staffing mix 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • FY 2026-27
<p>1.7 Improve patient experience by improving language access and communication between providers, patients and caregivers.</p>	<ul style="list-style-type: none"> • Brown University Health Patient Experience Committee • Brown University Health Information Services 	<ul style="list-style-type: none"> • Help patients overcome barriers to accessing screening services. • Improved access to care by reducing barriers, improving coordination, and reducing cancellations 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • FY 2026-27

<p>1.8 Expand access to primary care by adding 30,000 new primary care patients during the implementation period.</p>	<ul style="list-style-type: none"> • Brown Health Medical Group Primary Care • Ambulatory Leadership Group 	<ul style="list-style-type: none"> • Improve access to care by recruiting and retaining providers • Improve access to care by creating operational efficiencies that enable more patient visits 	<ul style="list-style-type: none"> • Alpert Medical School of Brown University 	<ul style="list-style-type: none"> • FY 2026-28
<p>Significant Health Need #2: Behavioral Health</p>				
<p>Actions Planned for Implementation</p>	<p>Resources Planned to Address Significant Health Need</p>	<p>Anticipated Impact on NH Community</p>	<p>Outside Groups Collaboration</p>	<p>Timeline for Implementation</p>
<p>2.1 Offer Mental Health First Aid training.</p>	<ul style="list-style-type: none"> • Financial support • Facility space • Human Resources support to recruit diverse professionals • Professional staff support to deliver training • Marketing & Communications staff support 	<ul style="list-style-type: none"> • Reduced stigma associated with mental and behavioral health • Increased community support for navigation to mental and behavioral health services • Increase in the number of individuals and school staff who can identify, understand and respond to signs of mental illnesses and substance use disorders • Increase in the number of individuals and school staff who will reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis 	<ul style="list-style-type: none"> • Johns Hopkins University • Rhode Island Department of Education • Municipal school districts 	<ul style="list-style-type: none"> • FY 2026-28
<p>2.2 Collaborate with Emma Pendleton Bradley Hospital to increase supports for adolescents through the inpatient adolescent behavioral health service line at NH.</p>	<ul style="list-style-type: none"> • Financial support • Facility space • Professional staff support 	<ul style="list-style-type: none"> • Reduced stigma associated with mental and behavioral health • Increased community support for navigation to mental and behavioral 	<ul style="list-style-type: none"> • Emma Pendleton Bradley Hospital • Bradley Learning Exchange • Newport Mental Health 	<ul style="list-style-type: none"> • FY 2026-28

		<p>health services</p> <ul style="list-style-type: none"> • Create local access to intensive mental and behavioral health services for adolescents • Provision of mental health services to children and parents without requiring in-person appointments • Early intervention for child mental health issues • Improved connection to resources 	<ul style="list-style-type: none"> • Child and Family Newport Prevention Coalition • Aquidneck Island school systems 	
2.3 Improve patient experience scores in psych and psych emergency services.	<ul style="list-style-type: none"> • Department of Psychiatry • Patient Experience Committee 	<ul style="list-style-type: none"> • Establishment of Patient/Family Advisors • Improved patient experience in psych and psych emergency services • Improved employee satisfaction in psych and psych emergency services 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • FY 2026-28
2.4 Facilitate rapid access to treatment for substance misuse through a “bridge” clinic, a low-threshold transitional clinic for the treatment of substance use for patients who are not yet established in outpatient addiction care, and a 24/7 Buprenorphine Hotline to consult with a prescriber and potentially receive a prescription while on the phone.	<ul style="list-style-type: none"> • Financial support • Facility space • Professional staff support 	<ul style="list-style-type: none"> • Patients will have prompt access to evidence-based treatment for substance use disorders, resulting in increased treatment initiation 	<ul style="list-style-type: none"> • Governor’s Overdose Task Force • Opioid Settlement Advisory Committee 	<ul style="list-style-type: none"> • FY 2026-28
2.5 Develop family- and community-based strategies for supporting individuals with substance use disorder through harm reduction and removing barriers to care.	<ul style="list-style-type: none"> • Addiction consult service • Buprenorphine Hotline • Addiction Consult Treatment (ACT) Clinic • Brown Recovery Center • Financial support • Facility space • Professional staff support 	<ul style="list-style-type: none"> • Increase initiation of and retention in substance misuse treatment programs • Reduce overdose and death rates 	<ul style="list-style-type: none"> • Governor’s Overdose Task Force • Opioid Settlement Advisory Committee 	<ul style="list-style-type: none"> • FY 2026-28
Significant Health Need #3: Chronic Diseases				
Actions Planned for Implementation	Resources Planned to Address Significant Health Need	Anticipated Impact on NH Community	Outside Groups Collaboration	Timeline for Implementation

<p>3.1 Offer breast, cervical, lung, colorectal and/or prostate cancer screening for uninsured, underinsured and low-income residents.</p>	<ul style="list-style-type: none"> • Brown University Health Cancer Institute • Brown University Health Community Health Institute • Financial support • Facility space • Physician, nursing and professional staff support 	<ul style="list-style-type: none"> • Cancer prevention education, screening, and linkage to appropriate follow-up care • Increase in early detection and entry into treatment • Reduced racial and ethnic disparities in cancer staging at initiation of treatment 	<ul style="list-style-type: none"> • Community organizations that help promote the events • Rhode Island Department of Health • Legoretta Cancer Center 	<ul style="list-style-type: none"> • FY 2026-28
<p>3.2 Facilitate referrals from primary care practices within Brown University Health to the Brown University Health Cancer Institute, Cardiovascular Institute, and other specialty departments.</p>	<ul style="list-style-type: none"> • Brown University Health Cancer Institute • Brown Health Medical Group – Primary Care • Physician, nursing and professional staff support • Ambulatory Leadership Group • Cancer Institute Operations Council • Brown University Health Information Services 	<ul style="list-style-type: none"> • Improve patient access to cardiology, cancer and other specialty services, patient experience and health outcomes • Reach a wider population of patients, resulting in improved clinical and psychosocial outcomes and positive impact on morbidity and mortality • Disease prevention education, screening, and linkage to treatment • Increase in early detection and entry into treatment • Reduced disparities in disease staging at initiation of treatment 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • FY 2026-28
<p>3.3 Continue to offer a monthly health ambassador lecture series on chronic disease prevention topics for the general public.</p>	<ul style="list-style-type: none"> • Financial support • Professional staff support • NH subject matter experts 	<ul style="list-style-type: none"> • Access to group education and peer support in virtual format • Increased referrals to and utilization of health maintenance programs • Increased health literacy among lecture attendees 	<ul style="list-style-type: none"> • Community organizations that help promote the lecture series • Non-NH subject matter experts 	<ul style="list-style-type: none"> • FY 2026-28
<p>3.4 Continue to offer the Diabetes Prevention Program and become a Medicare DPP supplier.</p>	<ul style="list-style-type: none"> • Financial support • Facility space • Professional staff support 	<ul style="list-style-type: none"> • Access to group education and peer support in familiar and accessible 	<ul style="list-style-type: none"> • Community organizations that host and help promote the 	<ul style="list-style-type: none"> • FY 2026-28

	<ul style="list-style-type: none"> • DPP certified coaches 	<ul style="list-style-type: none"> • settings • Skill-building for long-lasting behavior change • Improved health outcomes from adoption of health-promoting behaviors • Prevention of Type II Diabetes 	<ul style="list-style-type: none"> • classes 	
3.5 Provide Tar Wars programming for youth across service area.	<ul style="list-style-type: none"> • Financial support • Facility space • Professional staff support 	<ul style="list-style-type: none"> • Access to group education and peer support in familiar and accessible settings • Skill-building for long-lasting behavior change • Reduced initiation of tobacco products among youth 	<ul style="list-style-type: none"> • Community organizations that host and help promote the programming • American Academy of Family Physicians 	<ul style="list-style-type: none"> • FY 2026-28
3.6 Offer conferences, workshops and presentations on topics requested by community partners.	<ul style="list-style-type: none"> • Financial support • Professional staff support to deliver training • Brown University Health Community Health Institute • Marketing & Communications staff support • NH subject matter experts 	<ul style="list-style-type: none"> • Access to group education and peer support in virtual format and live events • Increased referrals to and utilization of health maintenance programs • Increased health literacy among attendees • Education to help participants understand available resources and services, as well as the benefits of risk factor management • Assistance with referrals to primary care 	<ul style="list-style-type: none"> • Organizations that help promote the lecture series • Community organizations that host events • Community organizations that deliver education • Non-NH subject matter experts 	<ul style="list-style-type: none"> • FY 2026-28
3.7 Incorporate telehealth and telemonitoring in cardiac rehabilitation to drive patient & family self-efficacy.	<ul style="list-style-type: none"> • Financial support • Cardiovascular Institute • Brown University Health Information Services 	<ul style="list-style-type: none"> • Improved patient disease self-management • Improved patients' access to care and provider feedback 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • FY 2026-28

		<ul style="list-style-type: none"> Improved patient experience 		
Significant Health Need #4: Maternal and Child Health				
Actions Planned for Implementation	Resources Planned to Address Significant Health Need	Anticipated Impact on NH Community	Outside Groups Collaboration	Timeline for Implementation
4.1 Increase access to Obstetrics and Gynecology by recruiting additional providers.	<ul style="list-style-type: none"> Brown Health Medical Group Primary Care Ambulatory Leadership Group 	<ul style="list-style-type: none"> Improve access to care by recruiting and retaining providers Improve access to care by creating operational efficiencies that enable more patient visits 	<ul style="list-style-type: none"> Alpert Medical School of Brown University 	<ul style="list-style-type: none"> FY 2026-28
4.2 Continue to build midwifery program.	<ul style="list-style-type: none"> Financial support Professional staff support 	<ul style="list-style-type: none"> Improve local patient access to maternity services Reach a wider population of eligible patients, resulting in improved clinical and psychosocial outcomes and positive impact on morbidity and mortality Improved patient experience Limited travel needed for patients 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> FY 2026-28
4.3 Offer reproductive health education for middle and high school students.	<ul style="list-style-type: none"> Financial support Brown University Health Community Health Institute NH subject matter experts 	<ul style="list-style-type: none"> Improved reproductive health outcomes for participants Increased rates of family planning Lower rates of teen pregnancy 	<ul style="list-style-type: none"> Municipal school districts Community organizations that host and help promote the classes 	<ul style="list-style-type: none"> FY 2027-28
4.4 Contribute community health and policy leadership to statewide initiatives to improve maternal and child health through participation in statewide initiatives like the Rhode Island Maternal Health Task Force and RI KIDS COUNT Advisory Committee.	<ul style="list-style-type: none"> Community Health Institute Brown Health Medical Group Primary Care 	<ul style="list-style-type: none"> Improved reproductive health outcomes statewide Policy framework that facilitates improved maternal and child health outcomes Data and research to inform maternal and child 	<ul style="list-style-type: none"> Rhode Island Department of Health Rhode Island KIDS COUNT 	<ul style="list-style-type: none"> FY 2026-28

		health policy development		
Significant Health Need #5: Older Adult Health and Wellbeing				
Actions Planned for Implementation	Resources Planned to Address Significant Health Need	Anticipated Impact on NH Community	Outside Groups Collaboration	Timeline for Implementation
5.1 Improve patient experience by creating and posting FAQs and resources on the Brown University Health.org site for patients and caregivers to prepare for hospital care and discharge.	<ul style="list-style-type: none"> Professional staff support Marketing & Communications staff support 	<ul style="list-style-type: none"> Improved adherence with follow-up care Increased patient satisfaction Reduction in no-shows and cancellations 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> FY 2026-28
5.2 Offer community-based Hands-only CPR classes for underserved, elderly, and secondary students who may be in a life-saving situation.	<ul style="list-style-type: none"> Financial support Facility space Professional staff support AHA certified CPR instructors Brown University Health Community Health Institute – AHA Community Training Center 	<ul style="list-style-type: none"> Access to group education and peer support in familiar and accessible settings Skill-building for long-lasting intervention Increase in application of life-saving cardiopulmonary resuscitation 	<ul style="list-style-type: none"> Community organizations that host and help promote the programming 	<ul style="list-style-type: none"> FY 2026-28
5.3 Work with Psychiatry to leverage connections to community-based, family, and patient supports for health and wellbeing of an aging population.	<ul style="list-style-type: none"> Department of Psychiatry Department of Social Work 	<ul style="list-style-type: none"> Improved access to community-based mental health peer supports Reduced burden of stress among caregivers and family members of patients with mental health diagnoses 	<ul style="list-style-type: none"> Community-based mental and behavioral health providers Certified Community Behavioral Health Centers Unite Us, Inc. 	<ul style="list-style-type: none"> FY 2026-28
5.4 Assist with transition to community-based service providers to facilitate discharge of long-stay patients.	<ul style="list-style-type: none"> Financial support Department of Social Work and Care Transitions 	<ul style="list-style-type: none"> Improved patient and family experience Reduction in length of stay 	<ul style="list-style-type: none"> Skilled nursing facilities 	<ul style="list-style-type: none"> FY 2026-28
5.5 Continue to offer monthly community lecture series and Hour of Health radio program.	<ul style="list-style-type: none"> Financial support Facility space Professional staff support 	<ul style="list-style-type: none"> Access to group education and peer support in familiar and accessible settings Skill-building for long- 	<ul style="list-style-type: none"> 1540 WADK Radio 	<ul style="list-style-type: none"> FY 2026-28

		<ul style="list-style-type: none"> lasting behavior change Improved health outcomes from adoption of health-promoting behaviors Decreased incidence of overweight & obesity and related chronic diseases 		
5.6 Run Health Matters column in local newspaper.	<ul style="list-style-type: none"> Professional staff support 	<ul style="list-style-type: none"> Reliable access to health promotion information through the local newspaper 	<ul style="list-style-type: none"> Newport Daily News 	<ul style="list-style-type: none"> FY 2026-28
5.7 Deliver healthy living and healthy eating programs in community settings.	<ul style="list-style-type: none"> NH staff support Educational materials about health topics, translated into multiple languages Brown University Health Community Health Institute Physician, nursing and professional staff support 	<ul style="list-style-type: none"> Education to help patients understand the resources and services available, as well as the benefits of risk factor management Assistance with referrals to primary care Skill-building for long-lasting behavior change Improved health outcomes from adoption of health-promoting behaviors Decreased incidence of overweight & obesity and related chronic diseases 	<ul style="list-style-type: none"> Community organizations that host events 	<ul style="list-style-type: none"> FY 2026-28
Significant Health Need #6: Social Determinants of Health				
Actions Planned for Implementation	Resources Planned to Address Significant Health Need	Anticipated Impact on NH Community	Outside Groups Collaboration	Timeline for Implementation
6.1 Expand social needs screening and navigation assistance (e.g., Connect for Health) to serve key service lines including LCI, CVI, and Psychiatry.	<ul style="list-style-type: none"> Financial support Brown University Health Community Health Institute staff support Brown University Health Information Services 	<ul style="list-style-type: none"> Increased access to community-based services to manage health-related social needs Improved food and nutrition security among patients 	<ul style="list-style-type: none"> Community organizations that provide services to address social determinants of health 	<ul style="list-style-type: none"> FY 2026-28

6.2 Offer an employee food bank.	<ul style="list-style-type: none"> • Volunteer Services • Financial support • Facility space 	<ul style="list-style-type: none"> • Improved food security among employees • Improved nutrition security among employees • Increased employee engagement, reduction in leaves of absence, reduction in turnover 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • FY 2027-28
6.3 Offer a patient & family food bank.	<ul style="list-style-type: none"> • Community Health Institute • Departments of Social Work and Case Management • Financial support • Facility space 	<ul style="list-style-type: none"> • Improved food security among patients • Improved nutrition security among patients • Improved patient experience 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • FY 2027-28
6.4 Continue to offer food and nutrition education programs to patients and residents of the hospital service area.	<ul style="list-style-type: none"> • Financial support • Facility space • Department of Nutrition • Brown University Health Community Health Institute 	<ul style="list-style-type: none"> • Improved food security among attendees • Improved nutrition security among attendees • Improved community engagement 	<ul style="list-style-type: none"> • Farm Fresh Rhode Island • Southside Community Land Trust 	<ul style="list-style-type: none"> • FY 2026-28
6.5 Make Connect for Health Express Sheets available on Patient & Guest Services intranet and through the external Brown University Health.org site.	<ul style="list-style-type: none"> • Brown University Health Community Health Institute • Marketing & Communications staff support 	<ul style="list-style-type: none"> • Increased patient access to community-based services to manage health-related social needs • Increased provider satisfaction with being able to respond to patients' health-related social needs 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • FY 2026-28

Conclusion

This Newport Hospital Implementation Strategy report was authorized and approved by Newport Hospital Board of Trustees on .

NH will document progress on the implementation strategies presented as part of its commitment to the community it serves each year in its Form 990 tax return filings as required

by the IRS. NH appreciates the continued support of its partners, recognized below, which help it meet the health care needs of Rhode Islanders. Questions or comments on the NH CHNA or Implementation Plan may be submitted to:

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