



Bradley Hospital

A Lifespan Partner



Community Health Needs Assessment

September 30, 2013

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Executive Summary

As a national leader in child psychiatric services with deep Rhode Island roots, Bradley Hospital is well-positioned to identify emerging trends and needs that affect its community. The community's needs are reflected in the experiences of the young people in Bradley's care and revealed through the clinical insights and research of the academic physicians and other thought leaders who fuel the hospital's work.

Bradley Hospital also continuously works with community health centers, the Rhode Island Department of Health, schools, and the research and advocacy group Rhode Island Kids Count to deepen its understanding of emerging and existing needs. Several clinical services have been launched or expanded in direct response to community need in recent years – from the transfer of six beds from Bradley's developmental disabilities unit (DDU) to its adolescent unit, in response to increased demand for adolescent services and concomitant reduction in length of stay for DDU services, to increasing the number of physicians on staff in response to heightened demand for outpatient services.

In order to gain greater insight into the health status and health care needs of the children, young people, and families served by Bradley Hospital, a community health needs assessment (CHNA) was conducted between September 2011 and May 2013 on the hospital's behalf by Lifespan, a Rhode Island-based healthcare system (*described below*) of which Bradley Hospital is a member. The CHNA was conducted concurrently and collaboratively with those of the other three Lifespan member hospitals (which, like Bradley Hospital, serve the statewide community) with the goal of maximizing efficiency and impact – in both data collection and crafting implementation plans – by leveraging synergy across institutions.

About Bradley Hospital and its community

Bradley Hospital is America's first children's psychiatric hospital – a highly respected institution that treats young people from throughout Rhode Island and across the United States. The hospital was founded in 1929 by George and Helen Bradley, who had desperately searched for mental health services for their daughter, Emma Pendleton Bradley after she had been left with neurological conditions after contracting encephalitis at the age of seven. The Bradley family willed their estate to create a hospital to be named for their child – ensuring that future generations of children and families would always have access to excellent psychiatric care in the future.

Today's Bradley Hospital is a 60-bed, nonprofit teaching hospital that provides acute inpatient care, outpatient care, and partial hospitalization for children and adolescents – including treatment of severe developmental disabilities – at its primary location in East Providence, Rhode Island. The hospital offers residential and special education services at eight other sites. The Bradley School, operating under the auspices of the hospital, provides special education from pre-K through high school on two campuses: one in Portsmouth, Rhode Island and one in North Kingstown, Rhode Island.

Bradley Hospital is deeply committed to ensuring that all children and families in need have access to lifesaving and life-enhancing mental health services, and substantially subsidizes and supports comprehensive mental health evaluation and treatment in outpatient, day treatment, home-based, school-based, and residential programs. The hospital also provides many other services – including patient advocacy, foreign language translation – at no charge.

In 2012, Bradley Hospital provided \$7.4 million in net community benefit expenses for its patients. Bradley provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to four times the poverty level. Uninsured patients receive an automatic 25% discount on hospital charges. As part of its community benefit expenses, the hospital provided \$547,000 in financial assistance at cost to patients (charity care), \$1.9 million in medical and health professions education, nearly \$4 million in subsidized health services—subsidies and support for comprehensive mental health evaluation and treatment of children, adolescents, and families under several programs including outpatient, day treatment, home based, school and residential—and \$938,000 in unfunded medical research.

To strengthen its core mission of patient care, research and medical education, Bradley Hospital affiliated with Alpert Medical School of Brown University in 1969 – launching more than four decades of active participation in medical education, offering residencies and other educational opportunities in psychiatry as well as the Child and Adolescent Psychiatry Fellowship. Bradley Hospital is staffed by 932 employees, with 39 affiliated physicians and more than 30 postdoctoral residents and fellows in child psychiatry, psychology and pediatrics.

Bradley Hospital is a member of Lifespan, a comprehensive health system established in 1994 to provide accessible, high-value services to the people of Rhode Island and southern New England. Other Lifespan members include Rhode Island Hospital and its Hasbro Children's Hospital and The Miriam Hospital, which are both also teaching hospitals affiliated with Alpert Medical School of Brown University; Newport Hospital, a community hospital; and Gateway Healthcare, a regional behavioral health provider. Members of the Lifespan Board of Directors serve as trustees of the system's member hospitals.

Population Characteristics

While Bradley Hospital's primary location is in East Providence, the hospital has a statewide footprint and, to some degree, a regional one. The hospital provides inpatient or outpatient psychiatric treatment for children and adolescents from each of Rhode Island's 39 cities and towns, as well as many communities in Massachusetts, Connecticut, and other states. Families from across the United States also seek consultation or treatment from Bradley Hospital clinicians whose research and expertise have earned a national reputation.

Because the mental health of children and young people is impacted by a constellation of environmental factors, including the socioeconomic status and mental health of the adults who shape the families and other social constructs in which children grow up, it is useful to review a macro-level snapshot of the communities most intensely served by Bradley Hospital.

The largest concentration of the Bradley Hospital's patient population comes from Rhode Island's urban core cluster, which consists of Providence, Cranston, Warwick, Central Falls, Johnston, North Providence and Pawtucket.

The 2010 United States Census reported that there were 178,042ⁱ people in the city of Providence and 1,052,567ⁱⁱ people in the state of Rhode Island. The median age in the city of Providence was 28.5 in 2010,ⁱⁱⁱ which is much younger than the statewide median age of 39.4.^{iv} Only 8.7% of Providence's population is over the age of 65, compared to 14.4% of the population statewide.^v (Rhode Island has an older population when compared to the nation as a whole.^{vi} The median age in the United States in 2010 was 37.2 and only 13.1% of the population was over the age of 65.^{vii})

Providence is a "majority-minority" city.^{viii} According to the 2010 United States Census, 93.5% of the city's population identified as "one race"; of this population, 49.8% were white, 16% were Black or African-American^{ix} (compared to 5.6% statewide^x), 38.1% were Hispanic or Latino^{xi}, and 6.4% were Asian.^{xii} According to 2011 American Community Survey data, 29.4% of the city's population was foreign-born, with 66.2% of the foreign-born population coming from Latin American countries.^{xiii} Slightly more than half (52.1%) of all Providence households speak English-only at home.^{xiv} Nearly 48% of all Providence households speak a language other than English at home, with 34.9% of all Providence households speaking Spanish.^{xv}

Income and Employment

In 2011, the median household income in Providence was \$38,922,^{xvi} which is significantly lower than the statewide median income of \$55,975.^{xvii} The per capita income in the city was \$21,628^{xviii} which was also lower than the statewide per capita income of \$29,865.^{xix} Twenty-three percent of all Providence households lived under \$15,000 a year,^{xx} which was considerably more than the 15.4% of all households statewide that lived under \$15,000 annually. Nearly one-quarter (23.1%) of all households in the city of Providence received Supplemental Nutrition Assistance Program (SNAP) benefits in the past year,^{xxi} which was over double the percentage of households statewide (10.7%) that received SNAP benefits.^{xxii} (Nationwide, the median income in the United States in 2011 was \$52,762; per capita income was \$27,915; 12.3% of all households in the United States lived under \$15,000 annually; and 10.2% of households received SNAP benefits within the past year.^{xxiii})

According to the Bureau of Labor Statistics, the unemployment rate as of July 2013 in the Providence metro area was 10.2% but 12.7% in the city of Providence and 12.6% in Fall River., the closest city in

southeastern Massachusetts.^{xxiv} Rhode Island's unemployment rate is the fourth highest in the nation at 8.9%, down from 10.6% in 2012.^{xxv} (The New England average, as of May 2013, was 6.6%, with an unemployment rate in Connecticut at 8.0%, Maine 6.9%, Massachusetts 6.4%, New Hampshire 5.5%, and Vermont 4.0%.^{xxvi})

Childhood Poverty in Rhode Island

About fifteen percent (14.8%) of Rhode Island families with children under 18 years of age, and 15.0% of families with children under 5 years of age, have lived below the poverty level over the past 12 months – compared with about nine percent (8.9%) of all families in the state.^{xxvii}

In 2012, the federal poverty line (FPL) issued by the United States Census Bureau for a family of three with two children was \$18,498 and \$23,283 for a family of four with two children.^{xxviii} (The FPL is set nationwide and does not take into account regional variations in cost of housing, transportation, child care, and other expenses.) According to the Economic Progress Institute, the cost of meeting the basic needs of a single-parent family with two children in Rhode Island is \$49,272 and would require an annual earned income of \$57,540.^{xxix} Estimated annual expenses for a two-parent family with two children are \$54,024, requiring an annual earned income of \$61,980.^{xxx}

Nearly twenty percent (19.4%) of Rhode Island children under the age of 18 lived in households with incomes below the FPL between 2009 and 2011.^{xxxi} For the period of 2008-2011, Rhode Island ranked last out of the six states in New England in term of children in poverty and 27th in the nation (1st is best, 50th is worst).^{xxxii}

Child poverty is heavily concentrated in Rhode Island's four core cities, where the poverty rate is significantly greater than the statewide rate of 19.4%: Central Falls (36.9%), Pawtucket (29.4%), Providence (37.3%), and Woonsocket (35.8%). More than 25,700 children lived in poverty in these four cities, with 15,428 children living in poverty in Providence alone.^{xxxiii} In nearby East Providence, where Bradley Hospital is located, 1,625 children under the age of 18 live in poverty.^{xxxiv}

Nearly 40% (38%) of Rhode Island's black children under the age of 18 live in poverty, compared to 37% of Hispanic children, 24% of Asian children, and 13% of white children.^{xxxv} However, given Rhode Island's large white population—81.4% of Rhode Islanders reporting they that are of “one race” report being white^{xxxvi}— most children living in poverty in the state are white. Between 2009 and 2011, almost half of all poor children (approximately 20,800) were white, 16% black, 4% Asian, 1% Native American, 21% another race, and 8% two or more races.^{xxxvii} Notably, 39% of all children living in poverty in Rhode Island were Hispanic. (Hispanic children are included in several race categories, as the U.S. Census asks separately about race and ethnicity).^{xxxviii}

Rhode Island has the second highest participation rate in the Supplemental Nutrition Assistance Program (SNAP) – formerly known as the Food Stamp Program – of all of the New England states, behind only Maine.^{xxxix} SNAP provides an average monthly subsidy of \$382 to families in Rhode Island, with a family of three required to have an income of \$36,131 (185% of the federal poverty level) to qualify for the program. In 2012, SNAP benefits were provided to 66,924 Rhode Island children and 107,255 adults—up nearly 84% since 2005, when only 35,168 children were enrolled.^{xi}

In Rhode Island, 35% of all low-income children participated in the school breakfast program as of October 2012.^{xii} During the 2012-2013 school year, all schools in Central Falls, Cranston, Pawtucket, Providence and Woonsocket—in addition to selected other schools and charter schools—offered a universal (free) school breakfast. Among all schools offering universal school breakfast, 44% of low-income students participated in the school breakfast program – double the percentage (22%) of low-income students in schools without a universal program.^{xiii} Just under half (46%) of all low-income children in Providence participated in school breakfast.^{xiiii}

Statewide Perspective

Bradley Hospital serves people from virtually every city and town in Rhode Island, as well as Massachusetts border communities. Rhode Island’s compact, densely populated geography – the state’s 1,045 square miles are home to slightly over 1 million people, according to the 2010 census – facilitates considerable mobility among communities. Moreover, cross-institutional collaboration and referral is fostered among Lifespan member hospitals for a wide range of specialty services. For these reasons, the community surveyed under the CHNA belongs to the Providence-Warwick, RI-MA Metropolitan New England City and Town Area (NECTA) – defined by the Office of Management and Budget in February 2013^{xiv}. This area includes all of Providence County, Bristol County, Kent County; six of the nine towns in Washington County; all six towns in Newport County; and parts of Bristol, Norfolk and Worcester County in Massachusetts.

Objectives and Methodology

The goals of Bradley Hospital’s Community Health Needs Assessment (CHNA) were:

- **To enhance the hospital’s perspective on the healthcare needs of its community**
- **To establish a baseline data set and analysis upon which future work can build**
- **To provide a resource for individuals and organizations interested in health status of the community served by Bradley Hospital**
- **To inform creative discussions and collaborations to improve the health status of the community**
- **To meet the requirements of the Patient Protection and Affordable Care Act, which calls for nonprofit hospitals to periodically assess the health needs of people living in their service area**

The CHNA encompassed intensive data collection and analysis and qualitative research in the forms of interviews with and surveys of more than 100 internal and external stakeholders, including hospital-based physicians, nurses, social workers, administrators and other professionals as well as community-based stakeholders representing constituencies served by Bradley Hospital and Lifespan's three other hospitals.

Highlights of Findings

The young people and families served by Bradley Hospital live in a world characterized by economic pressures and the challenges of chronic health challenges, as well as significant mental health needs among adults, children, and adolescents.

According to 2011-2012 National Survey of Children's Health data, 86.8% of Rhode Island children were described by their parents as having "excellent or very good health," compared to 84.2% of children nationwide, 88.7% of children in Massachusetts and 85.8% of children in Connecticut.^{xlv} While slightly fewer children in Rhode Island (3.1%) reported fair/poor health status than nationwide (3.2), the state's rates were higher (worse) than in neighboring Massachusetts (2.0%) and Connecticut (1.9%).^{xlvi}

On the adult side, self-reported data included in 2011 CDC Behavioral Risk Factor Surveillance System surveys reveal 82.6% of Rhode Island adults describing their health as "excellent, very good or good." Nearly 62% of Rhode Island adults reported no physically unhealthy days per year, while 86.20% reported fewer than 13 "physically unhealthy days" per year.^{xlvii}

The quantitative and qualitative analyses performed through the CHNA crystallized around two health needs of paramount concern in the community served by Bradley Hospital, in the context of its focused mission as a niche hospital that provides mental health services for children and adolescents:

- **Access to care**

Access to health and social services is critical to improving the health status of individuals and communities. Various challenges related to access (i.e. cost, transportation, access to providers, lack of health insurance, and health literacy) were overwhelmingly cited as top concerns by community stakeholders – along with related challenges of poverty, lack of employment, and language/cultural barriers. In the community survey conducted through the CHNA, seven of the ten most significant issues were related to access to care. *Access to mental health services* and *access to health insurance* were cited as the two most significant health issues by 75% respondents with members served by Bradley Hospital and/or Hasbro Children's Hospital. Nearly the same number of stakeholders statewide (75.5%) cited *access to mental health services* as a top health issue concern; 73.6% cited *access to health insurance*.

About six percent of Rhode Island children (5.9%) are uninsured,^{xlviii} and 6.2% lack any usual source of care when they are sick.^{xlix} About the same number (5.8%) of Rhode Island children are estimated to have one or more health care needs that are unmet¹ – a number that rises to nearly 20% for children with

special health care needs.ⁱⁱ More than ten percent of Rhode Island children come from families who could not afford to pay their medical bills.ⁱⁱⁱ Nearly six percent (5.9%) of children have problems accessing specialist care – compared to 5.6% in Massachusetts—and 1 in 10 children (10.0%) had no preventive medical care visits in the past 12 months in Rhode Island, which was higher than in neighboring Massachusetts (8.6%) and Connecticut (9.7%).ⁱⁱⁱⁱ

These concerns are amplified in the context of children’s mental health, an area that is severely challenged by low reimbursement rates and service demands that strain the relatively small number of child psychiatrists and other professionals practicing in Rhode Island. In 2012, Bradley Hospital provided \$7.4 million in net community benefit expenses for its patients. Bradley provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to four times the poverty level. Uninsured patients receive an automatic 25% discount on hospital charges. As part of its community benefit expenses, the hospital provided \$547,000 in financial assistance at cost to patients (charity care), \$1.9 million in medical and health professions education, nearly \$4 million in subsidized health services—subsidies and support for comprehensive mental health evaluation and treatment of children, adolescents, and families under several programs including outpatient, day treatment, home based, school and residential—and \$938,000 in unfunded medical research.

- **Mental Health**

The physical, social, and economic benefits of sustaining mental health cannot be overstated. Beyond its destructive impact on individual lives, undiagnosed and/or untreated mental illness erodes productivity, increases substance abuse, violence, and suicide, and strains the social fabric of a community. Community representatives surveyed through the CHNA consistently ranked *access to mental health services* as the most significant health concern in the communities that they represent.

Nearly 34% of children in Rhode Island lacked access to mental health services when they were needed. Compared with the other New England states, Rhode Island has a higher percentage of children with one or more emotional or behavioral conditions. The percentage of high school students in Rhode Island who had ever attempted suicide (8.7%) was higher than both the national rate (7.8%) and the rates in neighboring states – Massachusetts (6.8%) and Connecticut (6.7%).^{iv}

Among adults, Rhode Island has the highest rate of mental illness in the United States, with 24.2% of residents reporting any type of mental illness (compared with 19.7% nationwide). Also among Rhode Island adults, incidence of serious mental illness (defined as “a diagnosable mental disorder that substantially interfered with or limited one or more major life activities” – is nearly double the national rate (7.2% vs. 4.6%).^{iv} The percentage of Rhode Island adults reporting major depressive episodes in the past year also far exceeded the national average, with 9.5% of Rhode Islanders reporting such events in 2010 compared with 6.5% of all Americans.^{lvi} Rhode Islanders between the ages of 35 and 64 also experienced the nation’s third highest increase in suicide between 1999 and 2010.

While only 35.0% of high school students had ever reported smoking in Rhode Island – lower than the nationwide rate (46.4%) and that of neighboring Massachusetts (38.5%) – Rhode Island had a higher percentage of high school students who had ever used marijuana (40.1%) than the nationwide rate (37.3%).^{lvii} The state ranks in the top third of all states for opioid abuse; in fact, Rhode Island is one of only 16 states in which the number of deaths from opioid overdose now exceeds the number of motor vehicle fatalities. (Across the United States, the number of overdose deaths has quadrupled since 1980.)

Implementation Strategy

Bradley Hospital looks forward to continuing to explore critical health issues facing the young people and families it serves and to working with community partners to address those issues as effectively as possible in the context of its mission and expertise, while sustaining the hospital's capacity to serve as a vital health care provider for Providence and Rhode Island.

The hospital plans to continue or pursue the following initiatives in the statewide mental health care need areas identified through the Community Health Needs Assessment. (For a complete description of each plan, refer to the *Implementation Strategies* section of the full report.)

- **Access to Care**
 - **Kids Link**
 - **Child and Adolescent Partial Hospitalization Program**

- **Mental Health**
 - **Foundations for Infant/Toddler Social Emotional Health and Development: Provider Modules**
 - **Speaking of Kids**
 - **Parenting Matters Workshop**
 - **Patient Centered Medical Home pilot programs**
 - **Leverage the value of Gateway Health as a Lifespan member**
 - **Expand *Mental Health First Aid* Offered by Gateway Health**
 - **Collaborating with Providence School District**
 - **Temas Familiares**
 - **Providing Lectures on Mental Health Topics**

Bradley Hospital was founded to serve the public good and address the health care needs of its community, and continues to sustain deeply-held mission, vision, and values that support and advance those goals. The aforementioned programs and strategies are designed to further enhance its efforts to meet critical community health needs.

Introduction

A community health needs assessment (CHNA) was conducted on behalf of Bradley Hospital by Lifespan—a health system of which the hospital is a member—between September 2011 and May 2013. The quantitative and qualitative data collected through the CHNA reflect the hospital's scope of service and catchment area, defined as the entire state of Rhode Island (See *Methodology and Strategy*.)

About Bradley Hospital

Bradley Hospital was born of the anguish, vision, and generosity of George and Helen Bradley, whose only child, Emma Pendleton Bradley, was forever changed when she contracted encephalitis at the age of seven. The Bradleys searched tirelessly for the psychiatric services that Emma needed, and ultimately willed their estate to create a hospital for future generations of young people and families who shared her challenges. Emma Pendleton Bradley Hospital – America's first children's psychiatric hospital – was founded in 1929.

Today's Bradley Hospital is a 60-bed, nonprofit teaching hospital of national prominence, treating patients from throughout Rhode Island and across the United States. The hospital provides acute, residential, and outpatient care and partial hospitalization for children and adolescents – including treatment of severe developmental disabilities – at its primary location in East Providence, Rhode Island, and offers residential and special education services at eight other sites. The Bradley School, operating under the auspices of the hospital, provides special education from pre-K through high school on two campuses: one in Portsmouth, Rhode Island and one in North Kingstown, Rhode Island. Bradley Hospital is a teaching hospital of the Warren Alpert Medical School of Brown University, a national center for training and research in child and adolescent psychiatry. The hospital participates in the Brown Residency Program in Psychiatry and in the Child and Adolescent Psychiatry Fellowship.

Bradley is deeply committed to ensuring that all children and families in need have access to lifesaving and life-enhancing mental health services, and substantially subsidizes and supports comprehensive mental health evaluation and treatment in outpatient, day treatment, home-based, school-based, and residential programs. The hospital also provides many other services – including patient advocacy, foreign language translation – at no charge.

In 2012, Bradley Hospital provided \$7.4 million in net community benefit expenses for its patients. Bradley provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to four times the poverty level. Uninsured patients receive an automatic 25% discount on hospital charges. As part of its community benefit expenses, the hospital provided \$547,000 in financial assistance at cost to patients (charity care), \$1.9 million in medical and health professions education, nearly \$4 million in subsidized health services—subsidies and support for comprehensive mental health

evaluation and treatment of children, adolescents, and families under several programs including outpatient, day treatment, home based, school and residential—and \$938,000 in unfunded medical research.

To strengthen its core mission of patient care, research and medical education, Bradley Hospital affiliated with Alpert Medical School of Brown University in 1969 – launching more than four decades of active participation in medical education, offering residencies and other educational opportunities in psychiatry as well as in the Child and Adolescent Psychiatry Fellowship. Bradley Hospital is staffed by 932 employees, including 39 affiliated physicians and more than 30 postdoctoral residents in child psychiatry, psychology and pediatrics.

Bradley Hospital is a member of Lifespan, a comprehensive health system established in 1994 to provide accessible, high-value services to the people of Rhode Island and southern New England. Other Lifespan members include Rhode Island Hospital and its Hasbro Children's Hospital and The Miriam Hospital, both also teaching hospitals affiliated with Alpert Medical School of Brown University; Newport Hospital, a community hospital; and, joining in 2013, Gateway Healthcare, a regional behavioral health provider. Members of the Lifespan Board of Directors serve as trustees of the system's member hospitals.

Demographics of Patients Served by Bradley Hospital

Patient origin

Bradley Hospital provides inpatient and outpatient psychiatric treatment for adolescents and children from all of Rhode Island's 39 cities and towns, as well as many communities in Massachusetts, Connecticut and other states. The research and clinical expertise of Bradley Hospital experts draw patients from across the United States.

Of the more than 1,500 inpatient admissions at Bradley Hospital in 2012, about half (50.6%) came from Rhode Island's urban core region. Of these 784 admissions, 20.6% came from Providence, 8% from Cranston, 6.7% from Pawtucket, 6.0% from Warwick, 2.8% from North Providence, 2.4% from Johnston, 2.2% from West Warwick, and Central Falls 1.3%.

About eleven percent (10.9%) of Bradley's inpatient population comes from Rhode Island's East Bay, with the largest concentrations of inpatients coming from Middletown, Newport and Bristol. Slightly more than five percent (5.4%) of the inpatient population resided in East Providence. The Rhode Island towns of Coventry, Cumberland, East Greenwich, Lincoln, and North Kingstown each account for about two percent of all inpatient admissions, while Woonsocket accounts for 3.1% of inpatients. Nineteen towns in southeastern Massachusetts accounted for 4.7% of inpatients admissions, while other Massachusetts

towns accounted for nearly two percent (1.98%) of admissions. Less than 1.5% (1.47%) of inpatient admissions comes from Connecticut and 0.7% comes from other states.

Bradley Hospital's outpatient encounters are divided among its partial-hospitalization program, residential program, home-based care, general outpatient care and school-based programs:

- **Of the 681 partial-hospitalization admissions in 2012, slightly fewer than half (45.96%) came from Rhode Island's urban core region – with the largest concentrations coming from Providence (13.4%), Cranston (9.1%), Warwick (7.8%) and Pawtucket (7.3%). Nearly 11% of partial-hospitalization patients reside in the East Bay, and 9.25% come from the town of East Providence. Only two towns in Rhode Island—Glocester and New Shoreham—had no children or adolescents receiving partial hospitalization services at Bradley. Nineteen cities and towns in southeastern Massachusetts account for 7.1% of partial hospitalizations, with another 2.6% coming from communities in other parts of Massachusetts.**
- **Just over one-third of the 70 residential outpatients served in Bradley's group homes in 2012 come from Rhode Island's urban core region – with Warwick having the largest concentration of patients (18.57%), followed by Pawtucket (8.57%), North Providence (7.1%), and Providence (2.9%). East Providence accounts for 18.57% of residents in Bradley's group homes, while the East Bay accounts for 14.29%. No residents of other states were served in Bradley's group homes in 2012.**
- **Nearly all (97.1%) of the home-based outpatient care Bradley provided in 2012 was also provided to Rhode Island residents. Almost one-quarter of those residents (23.88%) came from Rhode Island's East Bay, with Barrington accounting for the largest concentration of home-based care patients (7.46%).**
- **In terms of general outpatient care, fewer Bradley Hospital patients (35.4%) come from Rhode Island's urban core region. In 2012, Providence accounted for less than 11% of total outpatients, while Cranston, Warwick and Pawtucket each had about six percent of general outpatient visits. Nearly twice as many outpatients as inpatients came from Massachusetts – 9.5% from 19 cities and towns in southeastern Massachusetts and another 2.8% from communities in other regions of the Bay State. Nearly twenty percent (19.25%) of all outpatient visits represented patients from Rhode Island's East Bay— nearly double the inpatient admissions rate for that region.**
- **Of the 632 students served through Bradley's schools in 2012, the largest concentration (34.02%) came from Rhode Island's East Bay region, followed by 17.9% from East Providence, 15.7% from the state's urban core region, and 8.7% from communities in Massachusetts.**

Patient Race & Ethnicity

In 2012, Bradley Hospital saw patients of diverse race and ethnicity across its service lines. Nearly 1 in 5 (18%) of all of the inpatient admissions at Bradley were Hispanic compared to 13% of patients in the partial-hospitalization program, 21% of patients in the residential (group home) program, 9% of general outpatients, 12% of patients receiving home-based care and 8% of patients in the school program.

Most of the hospital's patients were white, with the percentage varying slightly by program: inpatient (67%), partial-hospitalization program (76%), residential (group home) program (74%), home-based outpatient care (76%), general outpatient care (75%), and school programs (62%). Black or African-

American children were represented in all but one of Bradley's programs: inpatient (9%), partial-hospitalization program (6%), residential (group home) program (0%), home-based outpatient care (6%), general outpatient care (5%), and school programs (10%). There were small number of children who identified as Asian: eight inpatients (1%), three participants in the partial-hospitalization program (<1%), eight patients receiving general outpatient care (<1%), and two patients enrolled in the school programs (<1%), and zero patients in the residential (group home) program and who received home-based outpatient care.

A Broader Definition of Community

As described above, Bradley Hospital provides care for children and young people from every city and town in Rhode Island as well as throughout New England and across the United States. The community surveyed under the CHNA belongs to the Providence-Warwick, RI-MA Metropolitan New England City and Town Area (NECTA) – defined by the Office of Management and Budget in February 2013^{lviii}. This area includes all of Providence County, Bristol County, Kent County, and all six of the nine towns in Washington County and all six towns in Newport County.

Objectives and Methodology

Bradley Hospital's CHNA was conducted in concert with those of the other three Lifespan member hospitals, thereby enriching the study through the availability of a deep reservoir of local and statewide data as well as the comparative experience of other institutions.

The goals of the CHNA were:

- **To enhance the hospital's perspective on the healthcare needs of its community**
- **To establish a baseline data set and analysis upon which future work can build**
- **To provide a resource for individuals and organizations interested in the health status of the community served by Bradley Hospital**
- **To inform creative discussions and collaborations to improve the health status of community members**
- **To meet the requirements of the Patient Protection and Affordable Care Act, which calls for nonprofit hospitals to periodically assess the health needs of people living in their service area**

The CHNA process launched in September 2011 with the establishment of a project Steering Committee which evolved into a CHNA Executive Team consisting of the system's Chief Financial Officer, Senior Vice President of Human Resources, Senior Vice President of External Affairs, and Vice President of Community Relations. The Executive Team guided the project's strategic planning and oversaw implementation of the project's multiple phases. Bradley Hospital's leadership team shaped the CHNA by recommending institutional and community leaders for participation, offering observations about community need, and providing insight about existing and planned programs.

The data collected over the nearly two years of the CHNA derive from a wide range of sources. The quantitative data was compiled largely at the state and county levels from public data sources, with some internal utilization data used where applicable. The qualitative data consists of: 1) interviews completed with both internal (i.e. hospital- and Lifespan-based); 2) nearly two dozen key informant interviews with community leaders, representing a diverse array of constituencies; and 3) a Community Stakeholder Survey of 54 organizations across the state.

Quantitative Data

In fall 2011, on behalf of Bradley Hospital and its other member hospitals, Lifespan consulted with TWOBOLT, a Rhode Island-based firm with expertise in marketing strategy, execution, and analytics, to create a Needs Assessment Profile based on quantitative data from secondary data sources. Based on a review of other community health needs assessments completed by hospitals, health departments and community-based organizations nationwide, approximately two-dozen health and social issues were

identified as areas of focus. The following sources of data were identified by either TWOBOLT or Lifespan as relevant to the needs assessment:

- **2013 Centers for Disease Control and Prevention Report: “Mental Health Surveillance Among Children in the United States, 2005-2011”**
- **2012 and 2013 Kids Count Rhode Island Fact Book**
- **2011-12 National Survey of Children’s Health**
- **2011 Youth Risk Behavior Survey**
- **2009, 2010, 2011 Behavioral Risk Factor Surveillance System (BRFSS)**
- **Kaiser Family Foundation, State Health Facts, 2011**
- **2010 United States Census**
- **2010 American Community Survey**
- **2010 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS)**
- **2009-10 National Survey of Children with Special Health Care Needs**

Most secondary data collection was completed by May 2013. In February 2013, at Lifespan’s request, the Rhode Island Department of Health released updated data from the then-unreleased 2011 Behavioral Risk Factor Surveillance System (BRFSS) for 45 key variables, representing a range of health and social domains including (but not limited to) access to care, physical activity, cancer incidence, asthma hospitalization rates, fruit and vegetable consumption, and demographic data. The updated data was requested because of changes made in the 2011 BRFSS survey ranging from weighting methodologies, sampling that included landline and cell phone users, and changes in questions being asked. This new data would allow Lifespan’s member hospitals to establish more accurate baselines for future CHNAs.

Qualitative Data

Interviews and Survey

Between August 2012 and May 2013, feedback was elicited via interviews or survey from more than 100 individuals or organizations – many representing minority and underserved communities – throughout the state of Rhode Island.

Stakeholder Interviews

The CHNA encompassed 64 interviews with internal and external stakeholders:

- **40 Internal Interviews (See Appendix I)** with statewide experts, including primary care physicians, emergency medicine physicians, oncologists, social workers, epidemiologists, nurses, hospital executives, community health workers, community liaisons, data managers and other professionals. Many of these professionals sit on boards of community-based organizations, run community health programs, or have direct ties or affiliations with groups within the communities specifically served by Bradley Hospital. Others are experts in their fields, with many serving as faculty members of Warren Alpert Medical School of Brown

University and Brown University School of Public Health. Lifespan-based experts are also well-represented on the policy level in Rhode Island as consultants to state departments and panels charged with various aspects of public health.

- **24 Key Informant Interviews (See Appendix II)** with leaders of organizations addressing a wide range of issues and populations – including historically underserved communities, such as minority populations, children and youth, immigrant and refugee populations, and leaders of organizations with specific interest in or expertise about key issues such as obesity, cancer and asthma. In a few cases, organizations submitted a completed questionnaire in lieu of participating in an interview. Leaders of organizations with a statewide focus on policy, advocacy and social service provision, and a broad range of social issue content areas were also interviewed. A standard format and questionnaire was used for each interview.

Community Stakeholder Survey

To ensure representation from a broad cross-section of the community, a statewide survey of 54 key community stakeholders was conducted:

- **54 Community Stakeholders (See Appendix III)** surveyed included members of medically underserved, low-income, and minority populations in the community; representatives of organizations that had knowledge, information or relevant to the health needs of the community (including the Brown University School of Public Health, Warren Alpert Medical School of Brown University, the Economic Progress Institute, the United Way, and others); and representatives of the Rhode Island Department of Health. The survey was a 19-question instrument designed to elicit information about the general health and social needs of the community. Over 75% of those surveyed self-reported that they serve constituencies spanning the entire state of Rhode Island and/or the entire state of Rhode Island with the addition of southeastern Massachusetts. **(See Appendix IV for the survey instrument)**. Survey results are presented in this report in both the aggregated results (all stakeholders) and for organizations that responded that their membership was served by the Bradley Hospital.

Social Determinants of Health

A comprehensive assessment of a community's health needs must include review of its *social determinants of health* – factors and resources that drive the health of communities and individuals. These factors encompass the full experience of people's lives – from where they live and work (including employment status) to metrics measuring income, education, and housing and food security. All of these factors impact the mental health of adults and the children for whose care they are responsible.

Childhood Poverty in Rhode Island

Slightly less than fifteen percent (14.8%) of Rhode Island families with children under the age of 18 – and 15.0% of families with children under the age of 5 – have lived below the poverty level over the past 12 months, compared with about nine percent (8.9%) of all families (with or without children) in the state.^{lix}

In 2012, the federal poverty line (FPL) issued by the United States Census Bureau for a family of three (with two children) was \$18,498 and \$23,283 for a family of four with two children.^{lx} (The FPL is set nationwide and does not take into account regional variations in cost of housing, transportation, child care, and other expenses.)

According to the Economic Progress Institute, the cost of meeting the basic needs of a single-parent family with two children in Rhode Island is \$49,272 and would require an annual earned income of \$57,540.^{lxi} Estimated annual expenses for a two-parent family with two children are \$54,024, requiring an annual earned income of \$61,980.^{lxii}

Nearly twenty percent (19.4%) of Rhode Island children under the age of 18 lived in households with incomes below the FPL between 2009 and 2011.^{lxiii} For the period of 2008-2011, Rhode Island ranked last (6th) in the region in term of children in poverty and 27th in the nation (1st best, 50th worst).^{lxiv}

Child poverty is heavily concentrated in Rhode Island's four core cities, where the poverty rate is significantly greater than the statewide rate of 19.4%: Central Falls (36.9%), Pawtucket (29.4%), Providence (37.3%), and Woonsocket (35.8%). More than 25,700 children lived in poverty in these four cities, with 15,428 children living in poverty in Providence alone.^{lxv} In the bordering town of East Providence, where Bradley Hospital is located, an additional 1,625 children under 18 live in poverty.^{lxvi}

Nearly 40% (38%) of Rhode Island's black children under the age of 18 live in poverty, compared to 37% of Hispanic children, 24% of Asian children, and 13% of white children.^{lxvii} However, given Rhode Island's large white population—81.4% of Rhode Islanders reporting they that are of “one race” report being white^{lxviii}—most children living in poverty in the state are white. Between 2009 and 2011, almost half of all poor children (approximately 20,800) were white, 16% were black, 4% were Asian, 1% was Native

American, 21% were another race, and 8% were two or more races.^{lxxix} Notably, 39% of all children living in poverty in Rhode Island were Hispanic. (Hispanic children are included in several race categories, as the U.S. Census asks separately about race and ethnicity).^{lxxx}

Rhode Island has the second highest participation rate in the Supplemental Nutrition Assistance Program (SNAP) – formerly known as the Food Stamp Program – of all of the New England states, behind only Maine.^{lxxxi} SNAP provides an average monthly subsidy of \$382 to families in Rhode Island, with a family of three required to have an income of \$36,131 (185% of the federal poverty level) to qualify for the program. In 2012, SNAP benefits were provided to 66,924 Rhode Island children and 107,255 adults—up nearly 84% since 2005, when only 35,168 children were enrolled.^{lxxxii}

In Rhode Island, 35% of all low-income children participated in the school breakfast program as of October 2012.^{lxxxiii} During the 2012-2013 school year, all schools in Central Falls, Cranston, Pawtucket, Providence and Woonsocket—in addition to selected other schools and charter schools—offered a universal (free) school breakfast. Among schools offering universal school breakfast, 44% of low-income students participated in the school breakfast program – double the percentage (22%) of low-income students in schools without a universal program.^{lxxxiv} Just under half (46%) of all low-income children in Providence participated in school breakfast.^{lxxxv}

Employment

Rhode Island's families are under considerable financial strain. Rhode Island's unemployment rate is the fourth highest in the nation, at 8.9%, down from 10.6% in 2012.^{lxxxvi} (The New England average, as of May 2013, was 6.8%, with an unemployment rate in Connecticut at 8.0%, Maine 6.9%, Massachusetts 6.4%, New Hampshire 5.5%, and Vermont 4.0%.^{lxxxvii}) According to the Bureau of Labor Statistics, the unemployment rate as of July 2013 in the Providence area was 10.2% -- and even higher in the city of Providence (12.7%) and in Fall River, the closest city in Massachusetts (12.6%).^{lxxxviii}

A more nuanced view of unemployment in Rhode Island may yield even greater insight into economic challenges facing families. According to the Rhode Island Department of Labor and Training, the state's *labor underutilization* rate (including all unemployed people, "discouraged" workers and other marginally attached workers, and all who are unemployed for economic reasons) was 15.9% in June 2013.

As a source of local employment for skilled health care professionals, Bradley Hospital is a positive force for economic recovery. Bradley Hospital is staffed by 932 employees, including 39 affiliated physicians and more than 30 postdoctoral residents and fellows that received their training at Bradley Hospital in child psychiatry, psychology and pediatrics. As a key player in the state's innovation hub, Lifespan also contributes to Rhode Island's future economy by leveraging the potential of research underway of Bradley Hospital and its other member teaching hospitals by making significant, strategic investments in recruitment, research infrastructure, and technology commercialization.

Findings

According to 2011-2012 National Survey of Children's Health data, 86.8% of Rhode Island children were described by their parents as having "excellent or very good health," compared to 84.2% of children nationwide, 88.7% of children in Massachusetts and 85.8% of children in Connecticut.^{lxxxix} While fewer children in Rhode Island reported fair/poor health status (3.1%) than nationwide (3.2), the state's rates were higher (worse) than in neighboring Massachusetts (2.0%) and Connecticut (1.9%).^{lxxx}

On the adult side, self-reported data included in the 2011 CDC Behavioral Risk Factor Surveillance System (BRFSS) surveys reveal 82.6% of Rhode Island adults^{lxxxi} describing their health as "excellent, very good or good." Nearly 62% of Rhode Island adults^{lxxxii} reported no physically unhealthy days per year, while 86.20% of Rhode Islanders reported fewer than 13 "physically unhealthy days" per year.^{lxxxiii}

Health issue areas

Data review and insights from clinicians, researchers, community stakeholders, and others reveal significant health status concerns among Rhode Island families, including two that lie within the purview of Bradley Hospital: *access to care* and *mental health*.

- **Access to Care:** Access to health and social services is critical to improving the health status of individuals and communities, and various challenges to access (i.e. cost, transportation, lack of health insurance, and health literacy) were overwhelmingly cited as top concerns by community stakeholders – along with related challenges of poverty, lack of employment, and language/cultural barriers. About six percent (5.9%) of Rhode Island are uninsured and 6.2% lack any usual source of care when they are sick.^{lxxxiv} Nearly six percent of Rhode Island children are estimated to have one or more health care needs that are unmet,^{lxxxv} a number that rises to nearly 20% for children with special health care needs.^{lxxxvi} More than ten percent come from families whose families could not afford to pay their medical bills.^{lxxxvii}
- **Mental Health:** The physical, social, and economic benefits of sustaining mental health cannot be overstated. Beyond its destructive impact on individual lives, undiagnosed and/or untreated mental illness erodes productivity, increases substance abuse, violence, and suicide, and strains the social fabric of a community. Statewide stakeholders surveyed through the CHNA consistently ranked access to mental health services as the most significant health concern in the communities that they represent and serve.

Nearly 34% of children in Rhode Island lacked access to mental health services when they were needed.^{lxxxviii} The state has a higher rate than other states in the region of the percentage of children with one or more emotional or behavioral conditions. The percentage of high school students in Rhode Island who had ever attempted suicide (8.7%) was higher than the national rate (7.8%) and regional rates.^{lxxxix} While the number of high school students who had ever reported smoking in Rhode Island (35.0%) was lower than the nationwide rate (46.4%) and lower than the rate in Massachusetts (38.5%), the state had a higher percentage of high school students who had ever used marijuana (40.1%) than the nationwide rate (37.3%).^{xc}

Rhode Island Health Status at a Glance: Key Metrics for Children and Adults

Access to Care	US	RI	MA	CT
% Without any health coverage	17.9 ^{xci}	14.1 ^{xcii}	6.7 ^{xciii}	12.5 ^{xciv}
% Children (0-18) uninsured	9.6 ^{xcv}	5.9 ^{xcvi}	3.0 ^{xcvii}	6.0 ^{xcviii}
% Adults (18-65) uninsured	21.3 ^{xcix}	16.6 ^c	7.8 ^{ci}	14.8 ^{cii}
% Children with 1+ unmet health care needs ^{ciii}	6.7	5.8	5.9	4.8
% Children with special health care needs with unmet health care needs	23.6 ^{civ}	19.1 ^{cv}	20.0 ^{cvi}	18.0 ^{cvi}
% Children with usual source of care ^{cviii}	8.6	6.2	5.0	6.2
% Children with no preventive medical care ^{cix} 15.6	10.0	8.6	9.7	
% Children with problems getting referrals ^{cx}	3.5	2.1	3.9	3.3
% Children with problems getting specialist care ^{cx}	6.4	5.9	5.6	6.7
% Children whose families couldn't pay medical bills ^{cxii}	11.0	10.2	8.4	10.4

Mental Health

% Children with 1+ Emotional/Behavioral Conditions ^{cxiii}	17.0	22.0	19.0	17.0
% Children without access to mental health services when they were needed ^{cxiv}	39.0	34.0	35.0	35.1
% Children with current developmental delay ^{cxv}	3.6	3.9	3.1	3.5
% Children at high risk for developmental delay ^{cxvi}	11.0	10.5	9.4	11.5
% High School students attempted suicide ^{cxvii}	7.8	8.7	6.8	6.7
% High School students contemplated suicide ^{cxviii}	14.6	12.3	13.3	14.6
% Adults reporting any mental illness ^{cxix}	19.7	24.2	20.2	19.7
% Adults reporting serious mental illness ^{cxx}	4.6	7.2	4.2	4.4
% Adults, Illicit drug use in the past month ^{cxxi}	8.82	14.52	11.55	9.1

Access to Care

Community leaders surveyed through both the CHNA's key informant interviews and Community Stakeholder Survey identified various facets of *access to care* as the most significant health concern for the constituencies they serve. When asked to identify the most significant healthcare issues in the communities they serve, *access to mental health services* was cited by 75.5% of respondents statewide and *access to health insurance* was cited by 73.6%. In fact, of the ten most significant issues cited, seven were related to access to care. (See the end of this section and the *Community Stakeholder Survey: Complete Results* section of the report for a more in-depth analysis of the survey).

Racial and socioeconomic disparities persist; for instance, some stakeholders mentioned particular challenges to health insurance coverage by certain groups of children, such as undocumented children. Other stakeholders expressed concern that the state's historically high insurance rates for children (advanced by the state's widely-respected RItE Care program) may be adversely affected by a declining rate of private insurance or policy proposals that may reduce access to publicly-subsidized insurance.

Access to Care: Healthy People 2020 and Key Data

The Healthy People 2020 Objectives (HP2020) state that having access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.^{cxix} An individual or community's access to health care can impact overall physical, social and mental health status, quality of life, prevention of disease and mortality, and life expectancy.

The Healthy People 2020 Objectives are focused on four key components of access to care:

- **Coverage**
- **Services**
- **Timeliness**
- **Workforce**

According to the HPHP 2020 Objectives, having adequate access to health services means that a patient is able to 1) gain entry into the health care system, 2) access healthcare locations where the services he or she needs are provided, and 3) find a health care provider the patient can trust and with whom he or she can communicate. Predictors of access to health care include: *health insurance, household income level, usual source of primary care, use of emergency rooms, and immunizations*. The uninsured are more likely to report no usual source of care and use the emergency room for non-emergency care.

Quantitative Data: Access to Care among Children in Rhode Island

When evaluating access issues that may affect children in Bradley Hospital's care, it is important to consider the ease of access and regularity with which children receive the full spectrum of medical

services. Mental health is linked with physical health, and mental health issues are often first noted by pediatricians.

In Rhode Island, 94.1% of children under the age of 19 had health insurance between 2009 and 2011, leaving the state with 15,382 children (5.9%) uninsured.^{cxxxiii} The state has the 10th best (lowest) rate in the nation of uninsured children.^{cxxxiv} Nationwide, 9.6% of children in the U.S. were uninsured.^{cxxxv} However, recent trends in both private insurance rates and cuts in state-funded insurance for children introduce uncertainty regarding how well children, especially low-income children, in the state will be insured in the future – even with the implementation of provisions of the Affordable Care Act.

One reason for the high rate of insurance among children in Rhode Island is that Medicaid and the Children's Health Insurance Program (CHIP) provide comprehensive health care coverage to low-income children and families who qualify based on family income. In 2012, RItE Care/RItE Share—the managed care health insurance program in Rhode Island—had an enrollment of 117,885.^{cxxxvi} Approximately 72% (84,837) of those who qualified for enrollment were children.^{cxxxvii} Of these children, 28,857 lived in Providence.^{cxxxviii} Of the 15,382 children who were uninsured, approximately three-quarters (11,400) qualified for RItE Care coverage based on their family incomes but were not enrolled.^{cxxxix}

Thirty-five percent of children (5,435) under the age of 19 without insurance lived in families with incomes of less than 100% of the poverty line while 27% (4,082) lived in families with incomes between 100% and 174% of the poverty line.^{cxxx} Likely reflecting the effects of unemployment and loss of employer-based coverage during the recession, the number of children enrolled in private, employer-sponsored health insurance in the 2009 and 2011 three-year period has decreased by 17% from 1999-2001 –from 73.1% to 60.6%.^{cxxxix}

In June 2013, the Rhode Island General Assembly passed a \$8.2 billion state budget that dropped some 6,500 low-income individuals from RItE Care.^{cxxxii} Policymakers said that these families would be expected to purchase insurance through the health insurance exchanges that will be established in 2014 as mandated under the Affordable Care Act. Under the ACA, these families will receive some government subsidies to purchase insurance; however, many advocates believe that forcing low-income families to pay for monthly premiums and medical expenses out-of-pocket could be cost-prohibitive.

The 2011-2012 National Survey of Children's Health (NSCH)—sponsored by the U.S. Department of Health and Human Services—found that 5.8% of children in Rhode Island (approximately 12,620 children) had one or more unmet needs for medical, dental or mental health services during the past 12 months, compared to 6.7% of children nationwide.^{cxxxiii}

While Rhode Island children fared better than children nationwide in terms of the percent with a usual source of care when they are sick or need advice—6.2% compared to 8.6%^{cxxxiv}—they fared worse than children in neighboring Massachusetts, where only 5.0% children respectively had no usual source of

care.^{cxv} Racial disparities were prominent; Hispanic children were the most likely to not have a source of usual care (16.3%), followed by black children (6.9%) and white children (2.1%).^{cxviii}

Not having access to a usual source of health care could impact preventive care utilization rates, as 10% (21,637) of children in Rhode Island had no visit with a doctor, nurse, or other health care provider for preventive medical care such as a physical exam or well-child checkup within the past year.^{cxix} White children were much less likely to have no preventive medical care visits (7.2%) compared to Hispanic children (14.8%) and Black, non-Hispanic children (15.3%).^{cxl}

Only 2.1% of Rhode Island children have difficulty getting referrals to a health care provider when needed, which was lower than the national rate (3.5%).^{cxli} However, there was again significant variation between races, as only 0.9% of white children had problems getting referrals compared to 3.6% of Hispanic children, 5.1% of Other, non-Hispanic children, and 5.4% of black children (which was significantly higher than the national rate among black children at 3.5%).^{cxlii} With respect to specialty care, 5.9% of Rhode Island children—and 6.4% of children nationally—were estimated to have received or needed specialist care but had problems getting specialist care.^{cxliii} Again, children who were white, non-Hispanic, had lower rates (4.6%) of having problems getting specialist care in Rhode Island than Hispanic children (8.4%) and black, non-Hispanic children (13.4%).^{cxliv}

There is significant need for access to mental health services among Rhode Island's children. The NSCH estimated that 34% (6,430) of the children in the state who needed professional treatment or counseling did not receive those mental health services.^{cxlv} While Rhode Island fared better than the national rate (39%), the state had just the fourth best rate of all six New England states – followed only by Connecticut (35.0%) and Massachusetts (35.1%); Vermont (21.1%) and Maine (21.2%) had the second and third best rates nationwide.^{cxlvi} The survey again found significant variations between race, as 75% of black, non-Hispanic children (565) and 74% of Hispanic children (2,833) in Rhode Island needed but did not get mental health services, compared to 17.2% of White, non-Hispanic children (1,901).^{cxlvii}

Children with special health care needs

The Maternal and Child Health Bureau (MCHB) of the United States Department of Health and Human Services defines children with special health care needs as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”^{cxlviii} Having adequate and affordable health insurance coverage for medical care and behavioral health care is especially critical for families with children who have special health care needs.

According to the most recent data from the National Survey of Children with Special Health Care Needs (NSCSHCN)—a survey sponsored by the MCHB—there were 39,170 children with special health care needs in Rhode Island in 2010. In other words, over seventeen percent (17.3%) of children in Rhode

Island had special health care needs, compared to 15.1% nationwide.^{cxlix} Issues relating to access to care were significant among this population of children.

The survey estimated that 19.1% of children with special health needs in Rhode Island had unmet needs for specific health care services—compared to 5.8% of children overall, according to the NSCH data—and 5.7% had unmet need for family support services.^{cl} In addition, 20.1% of these children had difficulty getting a referral to specialty health care services, which is nearly ten times the rate (2.1%) of all children in Rhode Island who had difficulty getting a referral; 8.1% either had no usual source of care when sick or relied on the emergency room; and 6.6% had no access to a personal doctor or nurse.^{cli} Health insurance coverage was also a significant issue. Nearly seven percent (6.7%) of children with special health needs in Rhode Island had no insurance at some point within the past year, 1.7% had no insurance, and 31.3% reported inadequate insurance.^{clii}

Qualitative Data: Access to Care among Children in Rhode Island

During the Key Informant interviews conducted under the CHNA, stakeholders from organizations representing children and adolescents overwhelmingly reported *access to health insurance* as a critical issue. As one stakeholder described the situation, “the road to good health is through having insurance and access to good services.”

Representatives from Rhode Island KIDS COUNT—a nonprofit organization created to “improve the health, safety, education, economic security and development of Rhode Island’s children”—emphasizes the impact that poverty has on health and access to health insurance and healthcare services. The 2013 Rhode Island KIDS COUNT report reveals that, of the 5.9% of children without insurance in the state, nearly 75% are income-eligible for RItE Care, the state’s managed care program for low-income families and children. While Rhode Island KIDS COUNT stakeholders emphasized the importance of enrolling these eligible children, they also stressed that undocumented children are ineligible for RItE Care and will continue to need access to healthcare services once key provisions of the Affordable Care Act are implemented in the future.

Stakeholders also discussed the issue of access to dental care and oral health services. Nearly all (89%) of children in Rhode Island had dental insurance that paid for routine dental care, up from 73% in 2001 and 62% in 1990.^{cliii} According to advocates, RItE Smiles—Rhode Island’s managed oral healthcare program for low-income families and children—has boosted the number of dentists in the state that accept Medical Assistance. Advocates interviewed through the community health needs assessment reported successfully working with the state Department of Human Service to reduce the initial paperwork needed to become a provider – increasing the number of dentists accepting Medical Assistance for qualifying children from 27 before the launch of RItE Smiles, to 90 immediately after the launch in 2006. As of September 2011, more than 370 dentists statewide accepted patients through the program.

Community Stakeholder Survey Results

A *Community Stakeholder Survey* was initiated in spring 2013. Surveys were sent to community members and organizations statewide that are served by the Bradley Hospital and Lifespan's three other hospitals. Of the 54 organizations that responded, 20 stated that their members are served by either Bradley Hospital or Hasbro Children's Hospital, both of which serve children under the age of 18. (The entire survey results are presented in the "Community Stakeholder Survey: Complete Results" section in this report.) Below is a brief analysis of the survey results, with a special emphasis on the results that have been filtered and aggregated to reflect the views of Bradley Hospital's constituents.

Most Significant Health Needs

All of the community stakeholders surveyed overwhelmingly indicated that various facets of *access to health care* were among the most significant concerns in the communities that they serve and represent. The subset of 20 respondents that reported that their members were served by Bradley Hospital or Hasbro Children's Hospital echoed the same concerns around access to care issues. When asked to identify all of the health concerns that were the most significant in the communities they serve, the top issues identified by this subset of respondents were:

- 1) **Access to Mental Health Services (75%)**
- 2) **Access to Health Insurance (75%)**
- 3) **Access to Primary Care (70%)**
- 4) **Affordability of Health Services (65%)**
- 5) **Mental Health (65%)**
- 6) **Access to Social Services (60%)**
- 7) **Affordability of Prescription Medication (60%)**
- 8) **Nutrition (60%)**
- 9) **Substance Abuse (55%)**
- 10) **Access to Specialty Care (50%)**

The aggregated results (at the state level) were nearly identical to these results, with nearly 75.5% of all 54 respondents listing *access to mental health services* as the most significant issue, followed by *access to health insurance* (73.6%), *access to primary care services* (71.7%), *affordability of prescription medicines* (69.8%), and then *affordability of health Services*, *mental health*, and *nutrition*, all at 67.9%.

When respondents were asked to rank the top three most significant issues, the core issues remained nearly the same. Of the subset of respondents with members served by Bradley Hospital/Hasbro Children's Hospital, six issues in the top ten most frequently cited issues were directly related to access to care: *access to mental health services* (50%) — which was the top issue identified overall — followed by *access to primary care* (30%), *access to health insurance* (30%), *access to social services* (25%), *affordability of medicine* (15%) and *access to specialty care* (10%).

Mental Health

Community stakeholders surveyed and interviewed through the CHNA consistently cited mental health as among the most significant health concerns for the constituencies they serve. Among survey respondents who indicated that their members or communities were served by either Bradley Hospital or Hasbro Children's Hospital, *access to mental health services* was cited as a top concern by 75% of respondents; *mental health* by 65%; and *substance abuse* by 55.5%. Data review suggests that their concern is well-founded.

According to 2013 Rhode Island KIDS COUNT data, 15% of children in the U.S. have at least one special health care need compared to 17% of children in Rhode Island. The Maternal and Child Health Bureau (MCHB) of the United States Department of Health and Human Services defines children with special health care needs as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."^{cliv} These children may have more difficulty accessing health care services and may also be coping with more co-morbidities. One-quarter (25%) of Rhode Island high school students reported having a disability in 2011.^{clv} The most commonly reported health conditions include mental health conditions such as Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, developmental delay, anxiety, behavioral problems and depression.

Among children and adolescents served by the Bradley Hospital, the top two admission diagnoses between August 2011 and August 2012 accounted for 81% of admissions: *mood disorders* (42%) and *depressive disorders* (39%). *Anxiety disorders* accounted for 8% of admissions, followed by *bipolar disorder* (4%) and *psychotic disorders* (3%).

Methodology

Quantitative data about youth mental health in Rhode Island are drawn primarily from the most current publicly available data from the 2011 Youth Risk Behavior Surveillance Survey, the Centers for Disease Control and Prevention, the 2009-10 National Survey of Children with Special Health Care Needs, the 2011-12 National Survey of Children's Health and Bradley Hospital patient utilization data. Community stakeholder survey data and key informant interviews conducted through the CHNA also supplement the quantitative data.

Mental Health of Children in Rhode Island

In 2013, the United States Centers for Disease Control and Prevention (CDC) released *Mental Health Surveillance Among Children in the United States, 2005-2011*. The CDC estimates that 13%–20% of children living in the United States experience a mental disorder in a given year.^{clvi} This means that nearly 1 in 5 children in the country have a diagnosable mental or addictive disorder.

The CDC report estimates that the cost of mental health disorders among individuals under the age of 24 in the United States was \$247 billion annually, making them among the most costly conditions to treat in children.^{clvii} These costs included health care, use of services such as special education and juvenile justice, and decreased productivity.

According to the *2013 Rhode Island KIDS COUNT Factbook*, nearly one in five children (19%) of children ages six to 17 in Rhode Island has a diagnosable mental or addictive disorder, mirroring the national experience.^{clviii} One in ten (9.8%) children in Rhode Island has a significant functional impairment.^{clix}

Rhode Island fared slightly worse than the nation as a whole in terms of the percentage of children with developmental delays, according to the 2011-2012 National Survey of Children's Health (NSCH) data. Nationwide, 94.3% of children ages 2-17 are estimated to have never had a developmental delay, while 2.6% of children were previously told that they had a delay but currently do not and 3.6% currently have a developmental delay.^{clx} In Rhode Island 92.4% of children never had a development delay, while 3.6% were previously told they had a delay but currently do not and 3.9% currently have a delay.^{clxi}

In terms of being at risk for developmental, behavioral or social delays, 76.8% of Rhode Island children are at low or no risk of delays, compared to 73.8% nationwide.^{clxii} However, racial disparities were prominent among children across the state. The NSCH estimated that only 6.0% of White, non-Hispanic children were at a high risk for a delay, compared to 17.3% of Hispanic children and 8.7% of Black, non-Hispanic children.^{clxiii}

Access to mental health services for children is a significant concern in Rhode Island. The 2011-2012 NSCH estimated that 34% of children (6,430) in the state who needed mental health treatment or counseling in the past 12 months did not receive it.^{clxiv}

While Rhode Island fared better than the national rate (39%), the state had the fourth best rate of all six New England states, followed only by Connecticut (35.0%) and Massachusetts (35.1%); Vermont (21.1%) and Maine (21.2%) had the second and third best rates nationwide respectively.^{clxv} The survey again found significant variations between race, as 75% of Black, non-Hispanic children (565) and 74% of Hispanic children (2,833) in Rhode Island needed but did not receive mental health treatment in the past 12 months, compared to 17.2% of White, non-Hispanic children (1,901).^{clxvi}

Over the period of 2001 to 2011, hospitalizations of children with a primary diagnosis of mental disorder increased 39% in Rhode Island.^{clxvii} In 2011, there were 2,294 hospitalizations for children with behavioral health problems at Bradley Hospital, Butler Hospital, Hasbro Children's Hospital, Newport Hospital, and Memorial Hospital, compared to 1,647 hospitalizations in 2001.^{clxviii}

As Rhode Island KIDS COUNT indicates in its 2013 report, children or adolescents in need of behavioral health treatment are often "boarded" on medical/surgical units in hospitals or in emergency rooms when there is insufficient capacity at an inpatient psychiatric hospital or other suitable facility. In 2011, there were 388 boarders—children and youth under the age of 18 with a psychiatric diagnosis who were kept for an average of two days—at Hasbro Children's Hospital or Rhode Island Hospital while waiting for treatment at institutions such as Bradley Hospital.^{clxix} In 2012, that number dropped by 25% to 291 children.^{clxx}

Suicide among children, adolescents and young adults up to the age of 25 is of significant concern in Rhode Island. In 2011, the Rhode Island Child Death Review Team (CDRT)—a multi-disciplinary team established in 1997 as part of the RI Department of Health, Office of State Medical Examiners—released an issue brief on suicide that revealed that 77 young people between 13 and 24 died by suicide in Rhode Island between 2005-2010.^{clxxi}

Suicide was the third leading cause of death in youth ages 15-24 in the state.^{clxxii} (According to a report released by the United States Centers for Disease Control and Prevention (CDC) in 2013, suicide was the second leading cause of death among children aged 12–17 years nationwide in 2010.^{clxxiii})

For every suicide in Rhode Island among people between the ages of 13 and 24, there were approximately 100-200 suicide attempts.^{clxxiv} This has a dramatic impact on hospital emergency departments, as about 500 youth are seen in the emergency department for a suicide attempt every year.^{clxxv} According to 2011 Youth Risk Behavior Surveillance survey data, 8.7% of high school students in Rhode Island attempted suicide, compared to 7.8% nationwide.^{clxxvi}

While Rhode Island fared worse than the national median rate on suicide attempts, it fared better on suicide ideation. The percentage of high school students who seriously considered attempting suicide in Rhode Island was 12.3% in Rhode Island, with females having higher rates of ideation at 14.6% compared to 10.1% in males.^{clxxvii} The national median rate for high school students seriously considering suicide was 14.6%.^{clxxviii}

Risk factors among Rhode Island High School Students

A review of 2011 results from the Center for Disease Control's Youth Risk Behavior Survey (YRBS) reveals a number of risk factors potentially related to mental health among Rhode Island high school students.

- Rhode Island had the tenth highest rate of marijuana use among high school students in the nation – with 40.1% of students surveyed reporting that they had used marijuana, compared to 37.3% nationwide.
- The percentage of Rhode Island high school students who reported having ever smoked cigarettes (35%) was significantly lower than the national median (46.4%) – one of the lowest rates in the U.S.
- Rhode Island high school students were less likely than students nationwide to have ever drunk alcohol – with 62.0% of students statewide reporting alcohol consumption compared to 66.3% nationwide.
- In terms of violent behavior, 23.5% of Rhode Island high school students reported being in a physical fight and 7.8% reported being in a fight on school property.
- Almost one in five high school students (19.1%) reported being bullied on school property with females (20.5%) more likely to have reported bullying than males (14.7%).
- Over eleven percent (11.2%) of students surveyed reported carrying a weapon, with 4% reporting carrying a weapon on school property.

Mental Health of Adults in Rhode Island

Given the deep and pervasive impact of adults' mental health on the physical, emotional, and mental well-being of the children for whom they are responsible – and given Rhode Island's severe challenges in adult mental health – it is useful to include a review of the adult experience in Bradley Hospital's CHNA.

Centers for Disease Control and Prevention (CDC) data for 2010 reveal that Rhode Island had the highest rate of mental illness in the United States, in terms of percentage of adults reporting any type of mental illness (24.2% in Rhode Island vs. 19.7% nationally.)^{clxxxix}

Rhode Island's incidence of serious mental illness (SMI) – defined by SAMHSA as “a diagnosable mental disorder that substantially interfered with or limited one or more major life activities”^{clxxx} – is nearly double the national incidence (7.2% vs. 4.6%).^{clxxxi} The percentage of Rhode Island adults reporting major depressive episodes also far exceeded the national average, with 9.5% of Rhode Islanders reporting such events in 2010 compared with 6.5% of all Americans.^{clxxxii} (On this measure, Rhode Island is the only state in the nation ranking in the highest range.)

Despite the profile described above, Rhode Island's statewide suicide mortality rate is lower than that of the United States as a whole (8.7 per 100,000 people, compared with 11.3 per 100,000 people).^{clxxxiii} However, the suicide rate among adults aged 34 – 65 in Rhode Island increased by 69% from 1999 to 2010, which was the third highest increase among states in the nation.^{clxxxiv}

Addiction

Given high co-morbidity rates of substance abuse and mental illness – as well as the fact that treatment generally falls under the “behavioral health” umbrella – the CHNA considered Rhode Island’s challenges in this area in the context of mental health.

Based on 2007 self-reported data, experts believe that about 55,000 Rhode Island adults use non-medical opioids.^{clxxxv} The state ranks in the top third for prescription opioid abuse.^{clxxxvi} Drug-related deaths – mostly from opioids such as heroin and oxycodone – claimed the lives of 193 Rhode Islanders in 2008.^{clxxxvii}

Rhode Island is one of only 16 states in which the number of deaths from opioid overdose now exceeds the number of fatal motor vehicle fatalities – which is particularly significant, given that Rhode Island’s percentage of fatal accidents that are alcohol-related also far exceeds the national average.^{clxxxviii} This correlates to national trends, which show overdose deaths quadrupling across the United States since 1980.

Community Stakeholder Survey Results

A *Community Stakeholder Survey* was initiated in spring 2013. Surveys were sent to community members and organizations statewide that are served by Bradley Hospital and Lifespan’s three other hospitals. Of the 54 organizations that responded, 10 stated that their members are served by Bradley Hospital. An additional 10 organizations responded that their members are served by Hasbro Children’s Hospital. Given the potential for overlap in patient population, these 20 responses are aggregated to provide a better sense of the issues that impact children and youth in Rhode Island.

Of the 20 organizations with members served by either Bradley Hospital or Hasbro Children’s Hospital, issues related to mental health were consistently the most frequently cited issues. Tied for the most significant healthcare issue among this subset of was *access to mental health services*, cited by 75% of respondents. Sixty-five percent (65%) of respondents reported that mental health was among the most significant issues. Other issues potentially related to mental health in the top ten most significant health issues were *access to social services* (60%), *substance abuse* (55%) and *access to specialty care* (50%). When this subset of respondents was asked to rank the three most significant issues, *access to mental health services* was the number one issue, cited by 50% of respondents. *Mental health*, *access to social services*, and *substance abuse* were all cited by 25% of respondents.

On the state level, mental health issues also dominated the concerns of all 54 stakeholders consulted through the CHNA. *Access to mental health services* was the most significant health issue when all stakeholders were asked to list the most significant health issues (listed by 75.5% of respondents). Mental health was tied for fifth (67.9%) with *affordability of health services* and *nutrition*, while *substance abuse* was ninth, with 60.4% of respondents indicating that it was an issue. When asked to rank the three most significant issues, the order stayed nearly the same, with *access to mental health services* cited by

40.4% of respondents as the most significant issue, *mental health* tied for fourth with *health literacy* (cited by 23.1% of respondents), and *substance abuse* and *access to social services* each cited by 19.2%.

Community Stakeholder Survey: Complete Results

In spring 2013, on behalf of its four member hospitals, Lifespan created and distributed a *Community Stakeholder Survey* to nearly 70 community-based organizations across the state. Fifty-four individuals responded on behalf of a wide range of constituencies, including organizations that represented minority or underserved populations, organizations representing specific health or social issues, organizations representing specific age groups, organizations that are focused on research and policy, public health department officials, public health leaders, and other organizations. The people responding including the organization executives and directors, in addition to front-line staff, social workers, community liaisons, scientists, nurses, researchers, health advocates and case managers.

Of the 54 respondents, 10 responded that their communities/members were served by Bradley Hospital. An additional 10 organizations responded that their members are served by Hasbro Children’s Hospital, the pediatric division of Rhode Island Hospital, another Lifespan member hospital. Given the potential for overlap in patient population, these 20 responses are aggregated to provide a better sense of the issues that impact children and youth in Rhode Island.

These respondents include representatives from organizations such as the Providence Public Schools and the Parent Support Network of Rhode Island, as well as advocates such as the executive director of Rhode Island Kids Count. This section provides an overview of the survey results at the statewide (aggregate) level—which includes all 54 respondents—and also for the 20 respondents who specifically listed either Bradley Hospital or Hasbro Children’s Hospital serve their communities. **(See Appendix III for a list of Community Stakeholder Survey Respondents).**

Most Significant Health Needs: Bradley Hospital and Hasbro Children’s Hospital

The survey results were filtered for the twenty organizations that represent children or communities served by Bradley Hospital or Hasbro Children’s Hospital. Respondents were asked to identify the most significant health care issues for the communities that they serve and represent. Issues related to access to care, mental health and healthy weight were most frequently cited by respondents:

- **Access to Mental Health Services** 75%
- **Access to Health Insurance** 75%
- **Access to Primary Care** 70%
- **Affordability of Health Services** 65%
- **Mental Health** 65%
- **Access to Social Services** 60%
- **Affordability of Prescription Medication** 60%
- **Nutrition** 60%
- **Substance Abuse** 55%
- **Access to Specialty Care** 50%
- **Asthma** 50%

Three issues were tied at 45% of respondents identifying them as significant health concerns: *Childhood Overweight/Obesity, Diabetes and Healthy Literacy*. When organizations with members served by Bradley or Hasbro Hospital were asked to list the three most significant health concerns in their communities, the issues remained nearly the same with the order shifting slightly:

▪ Access to Mental Health Services	50%
▪ Access to Primary Care	30%
▪ Access to Health Insurance	30%
▪ Access to Social Services	25%
▪ Mental Health	25%
▪ Substance Abuse	25%
▪ Affordability of Medicine	15%
▪ Childhood Overweight/Obesity	15%
▪ Youth Health	15%
▪ Health Literacy, Maternal health, Access to Specialty Care	10%

Most Significant Health Needs: Statewide

At the aggregate level (all 54 respondents), when asked what the most significant health concerns were in the communities that their organization serves, the most frequently cited issues were:

▪ Access to Mental Health Services	75.5%
▪ Access to Health Insurance	73.6%
▪ Access to Primary Care Services	71.7%
▪ Affordability of Prescription Medication	69.8%
▪ Affordability of Health Services	67.9%
▪ Mental Health	67.9%
▪ Nutrition	67.9%
▪ Health Literacy	62.3%
▪ Substance Abuse	60.4%
▪ Access to Social Services	58.5%
▪ Access to Specialty Care	54.7%
▪ Diabetes	52.8%
▪ Overweight/Obesity	52.8%
▪ Asthma	43.4%
▪ Hypertension	43.4%
▪ Childhood Overweight/Obesity	41.5%
▪ Smoking Cessation	41.5%
▪ Youth Health	41.5%
▪ Heart Disease	39.6%
▪ Cancer	34.0%
▪ Maternal/Infant Health	30.2%

All 54 respondents were then asked to list the three most significant healthcare challenges facing their constituents. The twelve most significant issues, when asked about the most significant issues, were:

▪ Access to Mental Health Services	40.4%
▪ Access to Primary Care Services	38.5%
▪ Access to Health Insurance	30.8%
▪ Health Literacy	23.1%
▪ Mental Health	23.1%
▪ Affordability of Medicine	21.2%
▪ Access to Social Services	19.2%
▪ Substance Abuse	19.2%
▪ Affordability of Health Services	17.3%
▪ Cancer	9.6%
▪ Diabetes	7.7%
▪ Overweight Obesity	7.7%

Most Significant Social Needs: Bradley Hospital and Hasbro Children’s Hospital

Next, respondents were asked to identify the social determinants of health that impact their communities. These issues can often create barriers to accessing care or to optimizing health outcomes.

When the survey results were filtered for the twenty organizations that represent children or communities served by Bradley Hospital or Hasbro Children’s Hospital, they differed slightly from the aggregated/statewide results, with more emphasis on issues related to child care or parent support services:

1. Poverty	90%
2. Unemployment	85%
3. Affordable Housing	75%
4. Lack of Transportation	70%
5. Education	65%
6. Child care	60%
7. Food Security	60%
8. Parent Support Services	50%
9. Neighborhood Safety	45%
10. Domestic Violence	40%

When asked to identify the three most significant social concerns, this subset of respondents from organizations with members served by Bradley Hospital or Hasbro Children’s Hospital indicated that issues related to poverty and affordable housing were most significant:

1. Poverty	60%
2. Affordable Housing	55%
3. Unemployment	45%
4. Lack of transportation	30%
5. Food Security	20%
6. Language Barriers	15%

7. Violent Crime	15%
8. Literacy	15%
9. Immigration status	10%
10. Child Care	5%

These responses indicate a heightened awareness by respondents of the issues that affect both children and their families, such as unemployment and poverty. These social and economic issues impact the health status of children as they create barriers for accessing medical care.

Most Significant Social Needs: Statewide Results

At the aggregate level (all 54 respondents), when respondents were asked to identify what social issues were significant to their communities, the top 10 issues were:

1. Unemployment	84.6%
2. Poverty	80.8%
3. Lack of Transportation	76.9%
4. Affordable Housing	75.0%
5. Education	63.5%
6. Food Security	59.6%
7. Language Barriers/Limited English Proficiency	57.7%
8. Neighborhood Safety	51.9%
9. Child Care	50.0%
10. Literacy	48.1%

When asked to identify the three most significant social concerns in the communities they serve, the order changed slightly at the state level:

1. Unemployment	54.9%
2. Poverty	47.1%
3. Affordable Housing	43.1%
4. Lack of Transportation	33.3%
5. Language Barriers/Limited English Proficiency	25.5%
6. Food Security	23.5%
7. Education	15.7%
8. Violent Crime	11.8%
9. Literacy	11.8%
10. Immigration Status	9.8%

Strategies for Responding to Identified Needs

Respondents were asked to identify what types of services or strategies would best address health and social concerns. Respondents representing members/communities served by Bradley Hospital or Hasbro Children's Hospital expressed need for access to mental providers, health screenings and job opportunities:

1) Increased Access to Mental Health Providers	65%
2) Increased Job Opportunities	55%
3) Increased Access to Substance Abuse Programs	50%
4) Health Screenings	45%
5) Increased Job Training Opportunities	45%
6) Increased Access to Primary Care Providers	40%
7) Access to Bilingual/Translation Services	35%
8) Access to Healthy Foods	30%
9) Improved Health Literacy	30%
10) Improved Communication with Medical Professionals	25%

The statewide results are below:

1) Increased Access to Mental Health Providers	51.9%
2) Increased Job Opportunities	47.2%
3) Increased Access to Primary Care Providers	47.2%
4) Improved Health Literacy	35.8%
5) Access to Healthy Foods	30.2%
6) Increased Access to Substance Abuse Programs	30.2%
7) Increased Job Training Opportunities	30.2%
8) Access to Bilingual/Translation Services	28.3%
9) Health Screenings	28.3%
10) Improved Communication with Medical Professionals	28.3%

Analysis

The survey results capture consensus – at the aggregate level and among the subset of respondents who represented members served by the Bradley Hospital or Hasbro Children’s Hospital — that the most significant challenges facing the communities they serve are: issues related to access to care, in particular access to mental health care, along with mental health, and nutrition and healthier weight.

Respondents indicated a desire for increased access to mental health providers, primary care providers and substance abuse programs for the members. Poverty, unemployment and affordable housing dominated the social needs that were identified as the most significant. Stakeholders specifically expressed interest in increased job opportunities and job training opportunities.

Implementation Strategy

Bradley Hospital is committed to continuing to address the critical health needs identified through the Community Health Needs Assessment:

- **Access to Care**

Access to health and social services is critical to improving the health status of individuals and communities. Various challenges related to access (i.e. cost, transportation, lack of health insurance, and health literacy) were overwhelmingly cited as top concerns by community stakeholders – along with related challenges of poverty, lack of employment, and language/cultural barriers.

In the community survey conducted through the CHNA, seven of the ten most significant issues were related to access to care. *Access to mental health services* and *access to health insurance* were cited as the two most significant health issues by 75% respondents with members served by Bradley Hospital/Hasbro Children's Hospital. Nearly the same number of stakeholders statewide (75.5%) cited *access to mental health services* as a top health issue concern; 73.6% cited *access to health insurance*.

About six percent of Rhode Island children (5.9%) are uninsured,^{clxxxix} and 6.2% lack any usual source of care when they are sick.^{cxv} About the same number (5.8%) of Rhode Island children are estimated to have one or more health care needs that are unmet^{cxci} – a number that rises to nearly 20% for children with special health care needs.^{cxcii} More than ten percent of Rhode Island children come from families who could not afford to pay their medical bills.^{cxci}

Nearly six percent (5.9%) of children have problems accessing specialist care—compared to 5.6% in Massachusetts—and 1 in 10 children (10.0%) had no preventive medical care visits in the past 12 months in Rhode Island, which was higher than in neighboring Massachusetts (8.6%) and Connecticut (9.7%).^{cxci}

These concerns are amplified in the context of children's mental health, an area that is severely challenged by low reimbursement rates and service demands that strain the relatively small number of child psychiatrists and other professionals practicing in Rhode Island. In 2012, Bradley Hospital provided \$7.4 million in net community benefit expenses for its patients. Bradley provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to four times the poverty level. Uninsured patients receive an automatic 25% discount on hospital charges. As part of its community benefit expenses, the hospital provided \$547,000 in financial assistance at cost to patients (charity care), \$1.9 million in medical and health professions education, nearly \$4 million in subsidized health services—subsidies and support for comprehensive mental health evaluation and treatment of children, adolescents, and families under several programs including outpatient, day treatment home based, school and residential—and \$938,000 in unfunded medical research.

In addition to the aforementioned community benefits, Bradley Hospital plans to initiate or continue its work on the following programs and strategies in order to help increase access to mental health services for children in the state.

- **Kids Link**

Given that *access to mental health services* was the most frequently cited unmet health need during the community stakeholder survey, Bradley is partnering with its new Lifespan affiliate partner, Gateway Behavioral Healthcare, to expand the services it provides to patients in crisis. Kids Link was reinstated in 2012 and is being run by Gateway through the Access Center at Bradley Hospital. This hotline provides parents and caregivers with a resource when their children are in emotional crisis. Kids Link also helps connect patients with the appropriate services within the hospital for when the patients are either out of crisis or for when they are able to engage in ongoing treatment.

- **Child and Adolescents Partial Hospitalization Program**

Patients need access to different levels of mental health services across the continuum of care. Bradley Hospital recognizes that not all patients need the intensive levels of care provided through inpatient admissions but may need more treatment and care than what is offered through typical outpatient care. The Bradley Hospital is filling this gap through the development of its Partial Hospitalization program. The CADD inpatient program has 15 beds but often exceeds capacity. The 45 beds in the Child & Adolescent Inpatient Program are also often exceeded. As mentioned in the needs assessment, this often results in boarders at area hospitals (i.e. Hasbro Children's Hospital). The partial hospitalization program was developed to give these boarders and other individuals who might qualify for the inpatient program another option. Opened in September 2012, the child partial hospitalization program has already led to a reduction in boarders at Hasbro Children's Hospital. The Adolescent Partial Hospitalization program was developed in December 2010 and has also led to reductions in boarding.

Mental Health

The physical, social, and economic benefits of sustaining mental health cannot be overstated. Beyond its destructive impact on individual lives, undiagnosed and/or untreated mental illness erodes productivity, increases substance abuse, violence, and suicide, and strains the social fabric of a community. Community representatives surveyed through the CHNA consistently ranked *access to mental health services* as the most significant health concern in the communities that they represent.

According to the 2011-12 National Survey of Children's Health nearly 34% of children in Rhode Island with emotional, developmental, or behavioral problems for which they needed professional treatment or counseling did not receive those services.^{CXCV} Compared with the other New England states, Rhode Island has a higher percentage of children with one or more emotional or behavioral conditions. The percentage of high school students in Rhode Island who had ever attempted suicide (8.7%) was higher than both the national rate (7.8%) and the rates in neighboring states – Massachusetts (6.8%) and Connecticut (6.7%).^{CXCVI}

Among adults, Rhode Island has the highest rate of mental illness in the United States, with 24.2% of residents reporting any type of mental illness (compared with 19.7% nationwide). Also among Rhode Island adults, incidence of serious mental illness (defined as “a diagnosable mental disorder that substantially interfered with or limited one or more major life activities” – is nearly double the national rate (7.2% vs. 4.6%).^{cxcvii} The percentage of Rhode Island adults reporting major depressive episodes in the past year also far exceeded the national average, with 9.5% of Rhode Islanders reporting such events in 2010 compared with 6.5% of all Americans.^{cxcviii}

Bradley Hospital's unique focus on children's mental health makes it a niche hospital in the state. The hospital provides access to mental health services for children and young adults for whom there would otherwise be few or no options. In addition to its ongoing programs, Bradley Hospital plans to initiate or continue the work of the following programs:

- **Foundations for Infant/Toddler Social Emotional Health and Development: Provider Modules**

It is critical that professionals working with the youngest children (infants and toddlers) are able to recognize the major milestones and signs of healthy social and emotional development in the population they serve. Educating these front line providers, such as child care workers, could help prevent mental health issues from developing and reduce demand for future services. The Bradley Early Childhood Clinical Research Center (ECCRC) in collaboration with Bradley Hospital's Department of Behavioral Education (DBE) and the Rhode Island Association for Infant Mental Health (RIAIMH) have developed an online course entitled, “Foundations for Infant/Toddler Social Emotional Health and Development: Provider Modules.” This course augments work completed by the National Infant and Toddler Child Care Initiative at Zero to Three, a project of the federal Child Care Bureau. Bradley’s Foundations program offers high quality professional development for front-line providers across various community sectors serving infants, toddlers and their families. The course includes 16 computer-based learning (CBL) modules in three sections: 1) Infant/Toddler Development 2) Relationships as the Context for Development, and 3) Supporting Infant/Toddler Development: Approaches to Individualization.

- **Speaking of Kids Workshops**

In addition to providing resources for parents, Bradley Hospital provides a series of presentations for professionals and parents. *Speaking of Kids* covers various topics relevant to raising children, including mental health topics. The presentations are offered to day care workers, teachers, teacher assistants, parents, social workers, etc. In 2012, the program served 1,044 community members.

- **Parenting Matters Workshops**

Ensuring that children and youth have access to proper mental health services requires well-informed parents of children with mental health issues and disabilities. Parenting Matters is a half-day workshop that served 451 community members in 2012.

- **Patient-centered Medical Home Pilot Program**

The Center for Autism and Developmental Disabilities (CADD) program is leading the way in developing a medical home model that vertically integrates programs along a continuum of care, enabling patients in the inpatient program to participate in various Bradley programs (such as the Bradley School) that

may benefit them. Each child's needs are managed by the same physician and social worker for the duration of his or her stay in Bradley's care.

Lifespan: Addressing Mental Health System-wide

The mental health of children is inextricably linked to the mental health of the adults who take care of them. Lifespan is leveraging its hospitals, departments at the corporate level, and its relationship with its newest affiliate, Gateway Behavioral Healthcare, to increase access to comprehensive mental health services for all Rhode Islanders, but particularly for children in Rhode Island and southeastern Massachusetts. See Appendix V for a list of all mental health-related programs at Lifespan's partner hospitals. In addition to these programs, Lifespan plans to:

- **Leverage the value of Gateway Health as a Lifespan member**

In 2013, Gateway Health – the region's largest community-based provider of behavioral health services, with 42 locations serving more than 15,000 patients – became a Lifespan member organization. The new relationship will support new levels of synergy, building on a four-year-old collaboration through which Gateway has provided behavioral health triage services in the emergency departments of Rhode Island Hospital and Hasbro Children's Hospital.

- **Expand *Mental Health First Aid* Offered by Gateway Health**

In 2008, Gateway Health was selected as one of seven community health organizations nationwide to pilot a *Mental Health First Aid* training curriculum under the direction of the National Council for Community Behavioral Healthcare (NCCBH.) Gateway currently offers the training – which gives laypeople the means to deliver aid pending arrival of first responders, but not diagnose or act as a medical professional, in the same way as traditional CPR classes do – four to five times a year. Lifespan affiliates are considering providing support to offer the training throughout the year. Lifespan is also considering expanding its reach through its partnerships with a wide range of community organizations, from the Providence School Department to the Institute for the Study and Practice of Nonviolence.

- **Collaboration with Providence School District**

The Lifespan Office of Community Relations plans to facilitate the participation of clinicians from Bradley Hospital and other member hospitals – particularly Hasbro Children's Hospital – as speakers at professional development seminars for nurses in the Providence School Department throughout the year. During the Key Informant interviews, a representative from the Providence School Department remarked on the need for increased training among the nursing staff within the Providence School Department on mental health issues. The Nurses and Health Services Program within the school department has a series of professional development seminars throughout the year on a wide range of topics. Through its Office of Community Relations, Lifespan will work with its affiliated hospital, including the Bradley Hospital, to explore providing key staff and mental health professionals to the seminars in order to lead a discussion on specific childhood/adolescent mental health issues such as depression, suicide prevention, eating disorders, and other issues prevalent in the school system.

- **Temas Familiares**

Recognizing the need for increased social supports and services for young families, Lifespan Community Health Services helps support a Spanish parenting workshop. This program, which reached

nearly 350 people in 2012, offers sessions on important issues related to physical and mental health such as autism, depression, drug-use, childhood development, and emotional intelligence.

- **Free Community Lectures**

In 2012, Lifespan – through its hospitals and Lifespan Community Health Services – provided lectures on a range of mental health topics that reached nearly 147 individuals statewide.

Conclusion

Bradley Hospital's Community Health Needs Assessment was conducted at a time of extraordinary uncertainty – in the domestic and global economies, in the state and national health care systems, in the daily operations and long-term outlook for health care organizations, and in the lives of the children and families served by the hospital.

Across the board, health care organizations will likely find already razor-thin margins shrinking further over the next few years, as reimbursement changes under federal system reforms begin to converge with the cumulative effects of years of rising uncompensated care. Demand for health services will likely rise as more people become insured through state health insurance exchanges, and – at least in the near term, until the healthcare workforce builds to necessary levels and the system recalibrates – hospitals will likely be asked to absorb new levels of volume exceeding the capacity of community-based health care resources. Severity of illness and need for chronic disease management will no doubt intensify as significant numbers of newly-insured individuals seek treatment for long-deferred health conditions. The challenges and opportunities that come with the maturation of Accountable Care Organizations remain to be fully realized and articulated.

The only real certainty is this: the roles of hospitals are changing, at the same time that our communities' needs are shifting and intensifying.

Bradley Hospital will be at the center of this maelstrom of change, as it continues to address rising demand for mental health treatment among children and adolescents, the persistence of childhood poverty and other social determinants of youth mental health, and other factors – while coping with continuing coverage and reimbursement challenges in this area.

The hospital is deeply committed to helping to improve the health status of the community it serves. As a provider of essential health services for its community, Bradley Hospital considers the community's health needs in the context of its fundamental imperative to sustain essential hospital-based services.

Bradley Hospital's CHNA was developed with the ultimate goal of informing community-wide health status improvement efforts that extend far beyond the hospital. The data and analysis included in the report is intended to serve as a useful resource for all health advocates, practitioners, policy experts, and others who are committed to working together to build a healthier Rhode Island. The people of Bradley Hospital look forward to collaborating with community partners, leveraging the strengths of many different organizations and constituencies, to advance that work on behalf of the people they serve.

Appendices

Appendix I: Lifespan Internal Stakeholder Interview & Participant List

- 1) Monica Anderson*, Community Liaison, The Miriam Hospital
- 2) Rowland Barrett, PhD*, Director, Center for Autism and Developmental Disabilities, Bradley Hospital
- 3) James Butera MD, Oncologist/Hematologist, Rhode Island Hospital
- 4) Mary Cooper MD, Senior Vice President & Chief Quality Officer, Lifespan Corporate Services
- 5) Gus Cordeiro, President & CEO, Newport Hospital
- 6) Mike Delmonico, Director of Physician Practices, Newport Hospital
- 7) Judy Diaz*, Director, Lifespan Community Health Services
- 8) Cathy E. Duquette PhD, RN*, Lifespan Corporate Services, Rhode Island Hospital, EVP, Nursing Affairs, Chief Quality Officer, RIH
- 9) Richard J. Goldberg MD*, Psychiatrist-in-Chief-RIH & TMH, Rhode Island Hospital
- 10) Geetha Gopalakrishnan, MD*, Medical Director Hallett Center, Miriam Hospital, Rhode Island Hospital
- 11) Traci Green PhD*, Epidemiologist, Rhode Island Hospital
- 12) Camille Gregorian, LICSW, Rhode Island Hospital, Clinical Manager, Adult Division (CG)
- 13) Dr. Heather Hall, Newport Hospital, Chair, Department of Psychiatry
- 14) Kathleen Hittner MD, Lifespan Corporate Services, SVP, Community Health
- 15) Shay Isamone, Manager, Community Practice Services, Newport Hospital
- 16) Peter Karczmar, MD*, Physician, Coastal Medical Group, The Miriam Hospital
- 17) Robin King, Business Development/Provider Relations, Newport Hospital
- 18) Susan Korber, MS, RN*, Director, Cancer Services and Ambulatory Care
- 19) Mark Lambert, Learning Technologies Specialist, Lifespan Learning Institute
- 20) Anastasia Luby, Lifespan Learning Institute, Manager Dec Support Survey Center, Decision Support Services
- 21) Fred Macri, Rhode Island Hospital, Executive Vice President & COO
- 22) Michelle McKenzie, Director, Community Access, The Miriam Hospital
- 23) Michael Mello, MD*, Rhode Island Hospital, Injury Prevention Center, Director
- 24) Laurie Mitchell, Lifespan Corporate Services, HR Officer for Physician Services
- 25) Stacey Oliver, Database Manager, Access, Bradley Hospital
- 26) Vincent Pera MD*, Medical & Program Director, Weight Management Program, The Miriam Hospital
- 27) John Peterson, Business Manager, Bradley Hospital
- 28) Lauren Pond, Rhode Island Hospital, Director of Case Management and Social Work (LP)
- 29) David Portelli, Rhode Island Hospital, The Miriam Hospital, Physician, Emergency Medicine
- 30) Julie Rawlings, Minority Outreach Specialist, Lifespan Community Health Services
- 31) Josiah "Jody" Rich MD*, General Internist, The Miriam Hospital
- 32) Henry Sachs MD, President & CEO, Bradley Hospital
- 33) Arthur Sampson, The Miriam Hospital, Executive Director
- 34) Fred Schiffman, The Miriam Hospital, Medical Director, Comprehensive Cancer Center
- 35) Rachel Schwartz, Vice President, Strategic Planning, Lifespan Corporate Services
- 36) Jay Spitulnik, Lifespan Learning Institute, Organizational Consultant
- 37) Tara Szymanski, Manager, Oncology Data Management, Rhode Island Hospital
- 38) Sivamainth Vithianathan, MD, Chief of Minimally Invasive and Bariatric Surgery, University Surgical Associates, The Miriam Hospital
- 39) Patrick Vivier MD*, Rhode Island Hospital/Hasbro, Brown University, Director, MPH Program Associate Professor
- 40) Dan Wall, Bradley Hospital, President & CEO

**Indicates that contact person has affiliations both with Lifespan and with community organizations*

Appendix II: Key Informant Interviews

1. Abacus Health Solutions, Dave Ahearn*, Founder and Senior Scientist
2. American Cancer Society, Alexandra Fiore
3. Brown School of Public Health, Terrie Fox Wetle
4. Department of Health, Michael Fine, MD, Director, Public Health
5. Dorcas International Institute of RI, Carol Holmquist Executive Director
6. East Bay Community Action Program (EB CAP) - Newport Health Center, Dennis Roy, CEO
7. Economic Progress Institute, Linda Katz
8. Gateway Healthcare, Richard H. Leclerc, Director
9. Guatemalan Consulate, Patricia Lavanino
10. Injury Prevention Center, Dr. Michael Mello
11. Institute for the Study & Practice of Nonviolence, Teny Gross, Director
12. Kids Count, Elizabeth Burke Bryant
13. Latino Public Radio, Pablo Rodriguez
14. Newport County Community Mental Health Center, J. Clement Cicilline
15. Oasis International, Muraina "Morris" Akinfolarin
16. Overeaters Anonymous, Michelle A., Member
17. Partnership to Reduce Cancer in Rhode Island, Bill Kokonis
18. Progreso Latino, Mario Bueno
19. Providence School Department, Donna O'Connor
20. Rhode Island Free Clinic, Marie Ghazal, MS, RN, CEO
21. RI Breast Cancer Coalition, Marlene McCarthy
22. Socio Economic Development Center for Center for Southeast Asians, Channavy Chhay
23. Urban League, MJ Daly
24. YMCA of Greater Providence, Neta Taylor-Post

Appendix III: Community Stakeholder Survey Respondents

1. AARP, Kathleen Connell Executive Director
2. African Alliance of RI, Julius Koale, President
3. AidsProjectRI, Thomas Bertrand, Executive Director
4. American Cancer Society, Alexandra Fiore
5. American Lung Association of the Northeast, Betina (Tina) Ragless, Director of Health Education
6. Blue Cross/Blue Shield, Bobby Rodrigues
7. Brown School of Public Health, Terri Fox Wetle
8. Camp Street Community Ministries, Jackie Watson
9. Center for Prisoner Health and Human Rights, Miriam Hospital/Brown University Medical School, Bradley Brockman, Executive Director
10. Chinese Nursing Association, Irene Qi
11. Community Asthma Program, Daphne Koinis-Mitchell, PhD
12. Community Health Workers Association of Rhode Island, Beth LeMarre Brown Medical School, Beth Lamarre
13. Crossroads of Rhode Island, Don Laliberte, Director of Social Services
14. Rhode Island Department of Health, Beatriz Perez, Manager, Safe Rhode Island/Rhode Island Youth Suicide
15. Rhode Island Department of Health, Ana Novais
16. Gateway Healthcare, Richard H. Leclerc
17. Goodwill Industries of Rhode Island, Denise Doktor, Case Manager / Employment Services Coordinator
18. Health Centric Advisors, Rosa Baier, Senior Scientist
19. Health Leads Providence, Adam Shyevitch, Executive Director
20. Injury Prevention Center at Rhode Island Hospital, Michael Mello, MD, MPH
21. James L. Maher Center, William Maraziti, CEO
22. Jewish Alliance of Greater Rhode Island, Marty Cooper, Community Relations Director
23. Martin Luther King Community Center, Marilyn Warren, Executive Director
24. McAuley House, Reverend Mary Margaret Earl, Associate Director
25. Mental Health Association of Rhode Island, Susan Jacobsen, MA, LMHC Executive Director
26. The Miriam Hospital, Ambulatory TB/Immunology Department, [No name listed], Clinical Manager
27. Mount Hope Learning Center, Elizabeth Winnegan
28. Mount Hope Neighborhood Association, Ray Watson
29. NAACP Providence, Jim Vincent, President
30. National Association of Social Workers (NASW) RI Chapter, Rick Harris, President
31. Newport County Community Mental Health Center, Bud Cicilline
32. Overeaters Anonymous, Michelle A.
33. Parent Support Network of Rhode Island, Cathy Ciano
34. Partnership to Reduce Cancer in RI, Bill Koconis, Secretary
35. Progreso Latino, Mario Bueno, Executive Director
36. Project Night Vision, Kobi Dennis, Founder
37. Providence School Department, Donna O'Connor
38. Refugee Clinic at Hasbro Children's Hospital, Dr. Carol Lewis
39. Rhode Island Division of Elderly Affairs, Catherine Taylor, Director
40. Rhode Island Health Center Association, Jane Hayward, President & CEO
41. Rhode Island Parent Information Network, Matthew Cox
42. Rhode Island Public Health Association, Amy Signore, MPH, President
43. Rhode Island Public Health Institute at Brown University, Patricia A. Nolan, MD, MPH, Executive Director
44. Rhode Island Adult Education Professional Development Center, Jill Holloway, Director
45. Rhode Island Breast Cancer Coalition, Marlene McCarthy
46. Rhode Island Dept of Corrections, Fred Vohr MD, Medical Program Director
47. Rhode Island Free Clinic, Marvin Ronning
48. Samuels Sinclair Dental Center, Shirley Spater Freedman, DMD, Director

49. Socio-Economic Development Center for Southeast Asians, Channavy Chhay, Executive Director
50. Taming Asthma, Dr. Peter Karczmar, MD
51. TB & Immunology, The RISE Clinic (Miriam's Hospital), E. Jane Carter
52. United Way of Rhode Island, Kyle Bennett, Director of Annual Giving
53. Visiting Nurses Services of Newport and Bristol Counties, Jean Anderson, CEO
54. Women's Center of Rhode Island, Vera Medina-Smith, Residential Supervisor

Appendix IV: Lifespan Community Stakeholder Survey

Lifespan's 2013 Community Health Needs Assessment (CHNA) — Community Stakeholder Survey

Introduction

This brief, 13-question needs assessment survey is being circulated to organizations and individuals representing the *broad interests of the community* across Rhode Island.

The goal of the survey is to ensure that the community is a direct part of Lifespan's 2013 Community Health Needs Assessment process.

The information that you share in the survey will be aggregated and analyzed for inclusion in the report. The survey will close on April 26, 2013. Your participation is greatly appreciated.

1. Your Name
2. Your Title
3. Organization Name
4. Types of Services Provided
 - Advocacy/Policy
 - Social Services
 - Clinical/Health Services
 - Other

Defining Your Community: Questions 5-12 Ask for Demographic Information on the People/Communities You Serve

5. Does your organization serve the entire state of Rhode Island?
 - Yes (Skip to Question 8)
 - Yes, we also serve southeast Massachusetts (Skip to Question 8)
 - No, organization works primarily at the county level (Skip to Question 6)
 - No, my organization works primarily at the city/town level (Skip to Question 7)
6. Counties
 1. Not Applicable
 2. Bristol
 3. Kent
 4. Newport
 5. Providence
 6. Washington
7. Cities/Towns
 1. Not Applicable
 2. Barrington
 3. Bristol
 4. Burrillville
 5. Central Falls
 6. Charlestown
 7. Coventry
 8. Cranston
 9. Cumberland
 10. East Greenwich

11. East Providence
12. Exeter
13. Foster
14. Gloucester
15. Hopkinton
16. Jamestown
17. Johnston
18. Lincoln
19. Little Compton
20. Middletown
21. Narragansett
22. New Shoreham
23. Newport
24. North Kingstown
25. North Providence
26. North Smithfield
27. Pawtucket
28. Portsmouth
29. Providence
30. Richmond
31. Situate
32. Smithfield
33. South Kingstown
34. Tiverton
35. Warren
36. Warwick
37. West Greenwich
38. West Warwick
39. Westerly
40. Woonsocket

8. Do you have a primary focus on an age group?

- No
- Yes (If yes please answer question 9)

9. If you answered yes to Question 8, please complete this question:

- Children Under Age 18
- Adults
- Elderly
- Families
- Other _____

10. Race/Ethnicity

- Not applicable
- Asian
- Black or African-American
- Hispanic/Latino
- Non-Hispanic White
- Native Hawaiian or Pacific Islander
- Other _____

11. Languages (list all that apply)

- Not Applicable
- African Dialects
- Arabic
- Burmese
- Cape Verdian Creole
- Cambodian
- English

- French
- Karen
- Mandarin
- Portuguese
- Russian
- Spanish
- Other _____

12. Estimated number of people you served in 2012:

- Not Applicable
- 0-100
- 100-500
- 500-1,000
- 1,000-10,000
- 10,000 – 50,000
- 50,000+

13. What Lifespan Hospital(s) would you say serves most of your members?

- a. Not Applicable
- b. Bradley
- c. Miriam
- d. Newport
- e. Rhode Island Hospital
- f. Hasbro Children's Hospital

14. What are the most significant health concerns in the community that you serve (list all that apply)?

- Access to Primary Care
- Access to Mental Health Services
- Access to Specialty Care
- Access to Social Services
- Access to Health Insurance
- Alcohol Abuse
- Affordability of Health Services
- Affordability of Prescription Medication
- Asthma
- Cancer
- Childhood Overweight/Obesity
- Drug Abuse
- Diabetes
- Health Literacy (Understanding of one's own health conditions, proper health maintenance behavior, etc.)
- Heart Disease
- Hypertension
- Maternal/Infant Health
- Mental Health
- Nutrition
- Oral Health
- Overweight/Obesity
- Sexually Transmitted Diseases
- Smoking Cessation
- Stroke
- Youth Health

15. Which of the health concerns that you identified are the three most significant in the communities you serve?

16. What are the most significant social concerns in the community that you serve (list all that apply)?

- Affordable Housing

- Child Care
- Domestic Abuse
- Education
- Food Security
- Gang Violence
- Immigration Status
- Lack of transportation
- Language Barriers/Limited English Proficiency
- Literacy
- Parent Support Services
- Poverty
- Unemployment
- Other _____

17. Which of the social concerns that you identified are the three most significant in the communities you serve?

18. Your selection of the issues above is based primarily on (check all that apply):

- a. Member feedback
- b. External research data
- c. Utilization data
- d. Other _____
- e. Not Applicable

19. What are the key services or strategies do you think can help address the social and health concerns for the people you serve? (Choose no more than three)

- Access to Healthy Foods
- Access to bilingual/translation services
- Health screenings
- Health Education
- Improved Health Literacy
- Improved Communication with Medical Professionals
- Increased Job Opportunities
- Increased Job Training Opportunities
- Increased Access to Mental health providers
- Increased Access to Primary Care Providers
- Increased Access to smoking cessation programs
- Increased Access to smoking prevention programs
- Increased Access to substance abuse programs
- Support groups for chronic diseases/conditions
- Other _____

Appendix V: Lifespan Resources and Programs for Mental Health

Mental Health

Bradley Hospital and Research Center

Access Center
Crisis Service
Adolescent Services
Inpatient Treatment Services
Outpatient Services
Partial Hospital Program
SafeQuest
AfterSchool with the Arts
Parenting Resources
Effective Discipline
Healthful Leisure
Alcohol and Drug Abuse
Parent and Child Communication
Depression and Suicide
Teens and Parties
Childhood chores and Life's Difficult Changes
Raising Mentally Healthy Babies and Toddlers
ADHD
Divorce over the holidays
Halloween fears
Parenting in a digital age
Illusion of Prom Perfection
Childhood OCD
Child's Military Parent is deploying
Autism and the holidays: Sensory Overload
Avoiding Homesickness
HIV Prevention
Adolescent Relationships
Infant and Toddler Development
Early Childhood Mental Health
Preschool Intervention Programs
Prevention in Headstart
Primary Care
Biological Basis of Psychiatric Disorders
Neuroimaging
Bipolar Disorder
Mood Disorders
Sleep and Chronobiology
Response to Traumatic and Chronic Stress
Autism
Genetics
Child Adolescent Psychological Disorders
Anxiety Disorders and Obsessive Compulsive Disorder
Mood Disorders and their treatment
Substance Abuse
Depression
Suicide
Forensic Issues/Juvenile Justice

Court Clinic: Intervention for Offenders
Adolescent Criminality
Health Services Research
Adolescent Substance Abuse
Pediatric Behavioral Health
Sibling Adaption
Adolescent Obesity
Sleep
Prevention and Early Intervention

Hasbro Children's Hospital

Psychiatry Emergency Services
Child and Adolescent Forensic Psychiatry
Pediatric Consultation and Liaison Service
Early Childhood Clinical Research Center
Pediatric Anxiety Research Clinic
SibLink: a program for siblings of children with medical, developmental and behavioral problems
Pediatric Neuropsychology Service
Outpatient Services: Child and Adolescent Psychiatry

The Miriam Hospital

Psychiatry Emergency services
Consultation-Liaison
Correctional Psychiatry
Inpatient Services
Mood Disorders
Family Research
Neuropsychiatry
Substance Abuse Treatment
Neuropsychology Services
Outpatient Services
Body Dysmorphic Disorder
Behavioral Medicine
Partial hospitalization
Neuropsychological Evaluation
Integrated Behavioral Medicine Services
Adult Outpatient Behavioral Medicine Services
Geriatric Psychiatry
Nursing Homes psychiatry consultation program
Neuropsychology
Psychiatric consultation
Geriatric outpatient services
Education and research

Newport Hospital

Adult Partial Hospitalization Program
Consultation Liaison Services
Adult Inpatient Psychiatric Services
Adult Outpatient Services
Alzheimer's Caregiver Support Group
Behavioral Health Support group
Behavioral Medicine
Memory Assessment Program

Rhode Island Hospital

Inpatient services
Substance abuse
Consultation-Liaison Services
Correctional Psychiatry
Electroconvulsive Therapy
Emergency Services
Family Research
Geriatric Psychiatry
MIDAS Project
Mood Disorders Program
Partial Hospitalization Program
Outpatient Programs
Psychiatric Emergency Services
Recreation Therapy
Gambling Treatment Program
Neuropsychiatric Services
Adult Neuropsychology services
Pediatric Partial hospitalization program

Endnotes

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