



Newport Hospital

A Lifespan Partner



Community Health Needs Assessment

September 30, 2013

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Executive Summary

Newport Hospital continuously assesses community need – gathering insights from both patients and community physicians to ensure that its services are well-calibrated to the needs of its community. In recent years, the hospital has introduced an array of services – including a wound care service, a dermatology practice, and an imaging center – in response to community need. The hospital also enhances access to care by operating local primary care practices.

In addition to serving as a vital medical safety net, providing a 24-hour emergency department and millions in charity care annually, Newport Hospital subsidizes a wide variety of services, including psychiatry, rehabilitation services, occupational health, community health screenings, and health education and support programs. It is an important locus of many vital health services for Newport County residents, such as the Noreen Stonor Drexel Birthing Center, which has been designated as a Baby Friendly™ hospital by the World Health Organization and UNICEF in recognition of its success in encouraging lactation – proven to have significant long-term health benefits for infants. In 2012, 566 babies were born at Newport Hospital.

Between September 2011 and May 2013, in order to gain greater insight into the health status and health care needs of the people served by Newport Hospital, a Community Health Needs Assessment (CHNA) was conducted on the hospital's behalf by Lifespan, a Rhode Island-based healthcare system of which Newport Hospital is a member. The CHNA was conducted concurrently and collaboratively with those of the other three Lifespan member hospitals – which serve the same statewide community – with the goal of maximizing efficiency and impact in both data collection and the crafting of implementation plans by leveraging synergy across institutions.

About Newport Hospital and its community

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

Today's Newport Hospital continues to serve as an essential safety net hospital for its community. In 2012, Newport Hospital provided \$3.72 million in financial assistance at cost (net) and \$3.05 million in subsidized health services, and had a total net community benefit expense of \$9.1 million, which represented 8.9% of its total expenses.

A useful community health needs assessment encompasses the totality of a community's characteristics – including social determinants of health and other drivers of health and well-being.

Population Characteristics

The hospital's catchment area consists of the communities of Newport County – Newport, Middletown, and Portsmouth, all located on Aquidneck Island, which is connected to the rest of the state by three bridges; the nearby off-island towns of Jamestown and Tiverton; and, to a lesser degree, Bristol, Rhode Island and border communities in Massachusetts and Connecticut. The hospital's patient population is predominantly white (87%) and largely cites English as their primary language (94%).

According to the United States Census Bureau, Newport County's population declined from 85,433 in 2000 to 82,888 in 2010 — a decrease of 2.98% — and was estimated at 82,036 in 2012.ⁱ The median age of Newport County residents is 43ⁱⁱ compared to a median age of 39.4ⁱⁱⁱ for the state of Rhode Island. Nearly 17% of the population is over the age of 65,^{iv} compared to 14.4% of the population statewide. (Rhode Island has an older population when compared to the nation as a whole.^v 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.^{vi})

Income and Employment

The suburban communities surrounding the city of Newport generally report higher income levels than the statewide average; however, pockets of need persist throughout the hospital's service area. The city of Newport's economic profile closely resembles that of Rhode Island as a whole, with per capita income of \$36,446; median household income of \$58,080; 10.6% of residents below poverty level; 7.5% reporting receiving Supplemental Nutrition Assistance Program (SNAP) benefits in previous 12 months; and 12.4% of households reporting income of less than \$14,999.^{vii} According to 2011 data, 13.67% of adults in Newport County reported lacking health insurance coverage, compared to a state average of 14.1%.^{viii}

In 2012, the unemployment rate in Rhode Island was 10.6%, which was the third highest in the United States behind California and Nevada. By May 2013, the state's unemployment rate had dropped to 8.9%, the fourth highest rate in the nation.^{ix} The New England average, as of May 2013, was 6.6%, with Connecticut's unemployment rate reported at 8.0%, Maine 6.9%, Massachusetts 6.4%, New Hampshire 5.5%, and Vermont 4.0%.^x As of May 2013, the Bureau of Labor Statistics reported that the unemployment rate in the city of Newport was 8.2%, while unemployment rates were slightly lower in Portsmouth (7.5%) and Middletown (7.3%), and significantly lower in Jamestown at 6.6%.^{xi}

Statewide Perspective

Since 1997, Newport Hospital has been a member hospital of Lifespan – a health system, founded in 1994, that also includes Gateway Healthcare, the region's largest behavioral health provider, and three

teaching hospitals affiliated with Warren Alpert Medical School of Brown University: Bradley Hospital, the Miriam Hospital and Rhode Island Hospital. The members of the Lifespan Board of Directors serve as trustees of all member hospitals.

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. Today's Providence resident can easily become tomorrow's Newport resident. Moreover, cross-institutional collaboration and referral is fostered among Lifespan partner hospitals for a wide range of specialty services, including but not limited to oncology, pediatric services, trauma care, and surgery. 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.^{xii} 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. Lifespan's member hospitals collectively serve the entire state of Rhode Island.

Objectives and Methodology

The goals of Newport 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 the health status of Newport County residents**
- **To inform creative discussions and collaborations to improve the health status of county residents**
- **To meet the requirements of the Patient Protection and Affordable Care Act, which calls for nonprofit hospitals to assess the health needs of people living in their service area periodically**

The CHNA encompassed intensive quantitative data collection and analysis, as well as 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, and community-based stakeholders representing constituencies served by Newport Hospital and Lifespan's three other hospitals.

Highlights of Findings

Self-reported data included in the 2011 Behavioral Risk Factor Surveillance System surveys reveal 89.65% of Newport County residents – and 82.6% of Rhode Islanders, according to 2010 RI BRFSS data^{xiii} – describing their health as “excellent, very good or good.” Nearly 64% of county residents — and 62% of Rhode Islanders — reported no physically unhealthy days per year, while 90.13% of Newporters

and 86.20% of Rhode Islanders^{xiv} reported fewer than 13 “physically unhealthy days” per year. However, quantitative and qualitative analysis crystallized around four issue areas of community health need:

- **Access to care**

Community stakeholders, in Newport County and statewide, consistently cited various aspects of access to care (i.e. access to health services, cost of services, access to health insurance, health literacy, and other factors) as a major challenge facing their constituencies. This concern correlates with the likely effects of Newport County unemployment levels hovering near 9% and the fact that more than 13.69% of county residents reported lacking health insurance in 2011. While health status indicators are known to improve with health insurance, Newport Hospital works to ensure that every member of its community has access to health services. The \$3.72 million in financial assistance provided by Newport Hospital in 2012, in addition to the \$3.05 million in subsidized health services and the total net community benefit expense of \$9.1 million, is emblematic of the level of need in Newport Hospital’s service area.

- **Cancer**

Cancer is the second-leading cause of mortality in Rhode Island, as it is nationwide. The state ranks 26th nationally for cancer mortality, but has the fourth-highest age-adjusted incidence rate in the United States. Newport County’s cancer mortality rate is lower than both the state and national averages; however, its incidence rate exceeds that of the state.

- **Healthier Weight**

Issues related to healthier weight – including nutrition, overweight/obesity, diabetes, hypertension, childhood overweight/obesity, heart disease, and stroke – were cited by community stakeholders as being among their constituents’ top health concerns.

Heart disease is the leading cause of death in Rhode Island, as it is across the United States.^{xv} Obesity and diabetes rates in Rhode Island are below the national median, but higher than rates in both Massachusetts and Connecticut.^{xvi xvii} The state exceeds the national and regional rates for overweight and other behavioral and medical risk factors such as physical inactivity and borderline diabetes.^{xviii}

Newport County has the lowest rate of overweight and obesity among all Rhode Island counties.^{xix} However, county residents self-report several behavior risk factors, including unhealthy nutrition choices and inadequate physical activity.

- **Mental Health**

Mental health and substance abuse were cited as top concerns among stakeholders in Newport County and statewide. 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). 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%).^{xx} 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.^{xxi}

Rhode Islanders between the ages of 35 and 64 also experienced the nation’s third highest increase in suicide between 1999 and 2010.^{xxii} However, according to the National Center for Health Statistics’

Health Indicator Warehouse, the age-adjusted suicide death rate average from 2008-2010 in Newport County was 9.2 per 100,000 people, which was the lowest in the state.^{xxiii}

Rhode Island ranks in the top third of all states for opioid abuse, and is one of only 16 states in which the number of deaths from opioid overdose now exceeds the number of motor vehicle fatalities.^{xxiv} Newport County has the second-lowest opioid overdose mortality rate in the state,^{xxv} but experiences a higher rate of alcohol-related motor vehicle fatalities than Rhode Island as a whole.

Implementation Strategy

Newport Hospital looks forward to continuing to explore critical health issues facing its community – and to working with community partners to address those issues as effectively as possible in the context of its mission and expertise, while sustaining its capacity to serve as a vital health care safety net for the people of Newport County. In addition, Newport Hospital plans to sustain or pursue the following initiatives in the four broad areas of need identified by its Community Health Needs Assessment.

▪ Access to Care

As a major employer, Newport Hospital is a key source of employer-linked health insurance in the community it serves. Newport Hospital and the Newport Health Care Corporation employ 916 people collectively, 645 of whom live in Newport County. The hospital also serves as a lifeline for critical health services – operating a 24-hour emergency department, subsidizing a wide range of services from cancer screenings to mental health services, and providing \$3.72 million in financial assistance at cost in 2012 and a total net community benefit expense of \$9.1 million. In addition, the Hospital plans to:

- **Continue to increase access to primary care provider services in Newport County through 1) Newport Health Care Corporation’s Medical Associates affiliation with three primary care practices in the county and 2) financial support to Aquidneck Medical Associates that will help to recruit primary care physicians into their practice.**

▪ Cancer

Newport Hospital’s most significant contribution to addressing cancer in its community is its status as a site of Lifespan’s Comprehensive Cancer Center. Thanks to Lifespan’s investment of capital and programs in support of cancer services, Newport County residents now have access to top clinical expertise in cancer across the Lifespan system. Building on the value of the preventive, diagnostic, treatment, and survivorship benefits of the Comprehensive Cancer Center, Newport Hospital plans to:

- **Continue to leverage the full potential of the Comprehensive Cancer Center to provide state-of-the-art oncology services for Newport Hospital’s patients – offering everything from diagnostic services to chemotherapy and other treatments to behavioral health services, including enhancing the infusion services program at Newport Hospital.**
- **Continue to offer the depth and breadth of clinical services supported through recruitment of new oncologist in 2012**

- **Healthier Weight**

Newport Hospital provides an array of programs designed to help its community achieve healthier weight. In addition to these resources, the hospital plans to:

- **Continue to develop clinical programs capitalizing on recruitment of new, hospital-based endocrinologist in 2012.**
- **Continue work under Prince Memorial Fund, a restricted long-term trust, to provide direct grants and “mini-grants” targeted at increasing physical activity and fitness levels, in addition to healthy nutrition, among youth and families in Newport County.**
- **Work with community partners and educational leaders to enroll more low-income children in free school breakfast program, for which Newport Hospital currently provides partial support.**
- **Consider sharing Lifespan-wide employee-focused healthier weight program results experienced by Newport Hospital (benefits and “lessons learned”) with other Newport County employers, possibly inspiring an Aquidneck Island-wide initiative on some level.**

- **Mental Health**

Newport Hospital has made a significant investment in enhancement of mental health services in recent years, including the addition of five inpatient beds and the establishment of a day hospital program. The hospital intends to:

- **Leverage the expertise of Gateway Healthcare, Lifespan’s newest affiliate, to create new capacity for providing mental health services in Newport County – possibly collaborating with community agencies.**
- **Sustain adult-partial hospitalization program created in May 2012, which was designed to provide a level of care between inpatient hospitalization and outpatient services.**
- **Continue to support one child psychiatrist who was hired in 2012 to address Newport County’s deficit in pediatric mental health services.**
- **Sustain 15 inpatient beds for patients in need of mental health services.**
- **Continue to collaborate with Bradley Hospital to sustain and grow the Bradley School in Portsmouth, providing a therapeutic educational experience for children in need of mental health services.**

Newport 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 people of Newport Hospital look forward to continuing to address the community’s healthcare needs within the scope of the hospital’s mission and capacity.

Introduction

Between September 2011 and May 2013, a community health needs assessment (CHNA) was conducted on behalf of Newport Hospital by Lifespan – a health system of which the hospital is a member – to gain greater insight into the health status and health care needs of the people served by Newport Hospital.

About Newport Hospital

Newport Hospital is a nonprofit 129-bed community hospital in the city of Newport, Rhode Island, which is located at the southernmost tip of Aquidneck Island, a land mass linked by bridges to the rest of the state.

Building on the community's history of providing safe places of healing and recovery for local residents with smallpox and other communicable diseases in colonial Newport, the hospital was formally established as a 12-bed cottage hospital in 1873. Newport Hospital was founded to serve all residents, and – in an era when most patients were treated at home – it provided a particularly vital health care resource for fishermen, members of the military, and others in the then-largely maritime community whose actual homes were elsewhere.

Today's Newport Hospital channels that mission to serve the contemporary needs of its community.

Newport Hospital serves the communities of Newport County – Newport, Middletown, and Portsmouth, all located on Aquidneck Island; the nearby off-Island towns of Jamestown and Tiverton; and, to a lesser extent, Bristol, Rhode Island and border communities in nearby Massachusetts and Connecticut. While serving as an important health care resource for year-round local residents, the hospital also cares for a diverse cohort of tourists, summer residents, and members of the military who are deployed to Newport. In the 140 years since its founding, the hospital has grown to encompass a broad spectrum of programs and services – and it continues to provide an important safety net for a community that has always experienced socioeconomic stratification and has, in recent years, been buffeted by the recession.

Newport Hospital 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. A substantial discount is offered to all other uninsured patients. Newport Hospital also substantially subsidizes various health services, including adult psychiatry, occupational health and certain specialty services. The hospital also provides numerous other services to the community for which charges are not generated, such as community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation, immunization and nutrition programs, diabetes education, community health training programs, patient advocacy, foreign language translation, physician referral services and charitable contributions.

In 2012, Newport Hospital provided \$3.72 million in financial assistance at cost (net), \$3.05 million in subsidized health services, and had a total net community benefit expense of \$9.1 million, which represented 8.9% of its total expenses.

Since 1997, Newport Hospital has been a member of Lifespan – a health system, founded in 1994, that also includes Gateway Healthcare, the region’s largest behavioral health provider and three teaching hospitals affiliated with Warren Alpert Medical School of Brown University: Bradley Hospital, the Miriam Hospital and Rhode Island Hospital. The members of the Lifespan Board of Directors serve as trustees of all member hospitals.

Demographics of Patients Served by Newport Hospital

The CHNA captured the following snapshot of Newport Hospital's patients:

Patient origin

Nearly all (96.3%) of Newport Hospital’s inpatients come from Rhode Island, with 81.6% coming from the Newport County cluster, with 37.4% from Newport, 25.2% from Middletown, 15.6% from Portsmouth, 3.3% from Jamestown, and 3.3% from Tiverton. Other Rhode Island communities with significant numbers of residents served by the hospital include Bristol (4.4% of inpatient admissions) and Tiverton (3.3%). Approximately 1.5% of Newport Hospital’s patients come from Massachusetts, 0.7% from Connecticut and 1.5% from other states and countries.

The data is similar on the outpatient side, with 90.7% of Newport Hospital's outpatients coming from Rhode Island, 3.2% from Massachusetts, 1.6% from Connecticut and 4.5% from other states and countries. The Newport County cluster represents 77.3% of Newport Hospital's outpatient encounters: Newport (38.3%), Middletown (21.9%), Portsmouth (13.7%), Jamestown (3.3%), and Tiverton (2.5%). The towns of Bristol and Warren account for 4.5% and 1.3% of all outpatient encounters, respectively.

Patient ethnicity

Newport Hospital's patient population reflects the following characteristics:

INPATIENT POPULATION:

- **White:** 87.0%
- **Black:** 7.1%
- **Hispanic or Latino:** 2.1%
- **Asian:** 0.5%
- **Did not provide:** 2.1%
- **Other:** 1.3%

OUTPATIENT POPULATION:

- **White:** 86.2%

- **Black:** 8.9%
- **Hispanic or Latino:** 3.3%
- **Asian:** 0.4%
- **Other:** 1.2%
- **Did not provide:** 0.02%

Nearly 94% of Newport's inpatient population speak English as their primary language, with 1% speaking Spanish and 1% speaking Portuguese; the remaining 4% represents a combination of small percentages of patients speaking other languages (including Arabic, Mandarin, Greek, Russian, and Italian) and patients for whom primary language is unknown to hospital staff or unidentified by the patient. Among ambulatory/surgery patients, 99% of the patient population cites English, and 1% Spanish, as their primary language. Nearly all (97%) of Emergency Department patients speak English as their primary language, with 2% citing Spanish and the remaining 1% representing small percentages of other languages or unknown.

A Broader Definition of Community

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. Today's Providence resident can easily become tomorrow's Newport resident. Moreover, cross-institutional collaboration and referral is fostered among Lifespan partner hospitals for a wide range of specialty services, including but not limited to oncology, pediatric services, trauma care, and surgery.

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^{xxvi}. 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. Lifespan's member hospitals collectively serve the entire state of Rhode Island.

Methodology and Strategy

Newport Hospital's CHNA was conducted in concert with those of the other three Lifespan partner hospitals, enhancing the study through the availability of a rich reservoir of local and statewide data as well as the comparative experience of other institutions.

The process launched in September 2011 with the establishment of a project Steering Committee that evolved into a CHNA Executive Team consisting of Lifespan'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. Newport Hospital's leadership team and clinical and non-clinical staff actively shaped the CHNA – 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-level 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 Newport 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 as relevant to the CHNA:

- **2011 Kids Count Rhode Island Fact Book**
- **RI Department of Health: The Health of RI Non-Metropolitan areas 2011**
- **Kaiser Family Foundation, State Health Facts, 2011**
- **2010 United States Census**
- **2010 American Community Survey**
- **2009, 2010, 2011 Behavioral Risk Factor Surveillance System (BRFSS)**
- **2010 Burden of Diabetes Report**

- **2010 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS)**
- **2010 National Cancer Institute: State Cancer Profiles**
- **2010 Substance Abuse and Mental Health Services Administration, *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings***
- **2011-12 National Survey of Children’s Health, the United States Department of Health and Human Services, Maternal and Child Health Bureau**
- **2009-10 National Survey of Children with Special Health Care Needs, the United States Department of Health and Human Services, Maternal and Child Health Bureau**

Most secondary data collection was completed by May 2012. 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 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 including weighting methodologies, sampling that included landline and cell phone users, and changes in questions being asked. This new data would facilitate establishment of a more accurate baseline for future needs assessments.

Qualitative Data

Interviews and Survey

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

Stakeholder Interviews

Qualitative data was gathered through 64 interviews with internal and external stakeholders statewide:

- **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 individuals sit on boards of community-based organizations, run community health programs, or have direct ties or affiliations with groups within the communities served by Newport Hospital; others are recognized 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 and 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, mental health, and cancer. In only a few cases, the 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. Several of these organizations serve the Newport County community directly on issues ranging from mental health, the direct provision of health care and social services, and immigrant health. A standard format and questionnaire was used for each interview.

Community Stakeholder Survey

To ensure that Newport Hospital obtained feedback from organizations representing the broad interests of the community, a statewide survey of 54 key community stakeholders was conducted:

- **54 Community Stakeholders (See Appendix III)** were surveyed. Organizations surveyed included members of medically underserved, low-income, and minority populations in the community, representatives of organizations that had knowledge, information or insights 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 specifically served by Newport Hospital.

Social Determinants of Health: Newport County

Every comprehensive assessment of a community's health needs must begin with a review of its *social determinants of health* – that is, factors and resources that influence the health status of communities and individuals. These factors encompass the full experience of people's lives, from where they are born and grow up, to where they live and work (including employment status), and to metrics measuring income, education, and housing and food security.

Socioeconomic profile of Newport County

Newport County's population declined from 85,433 in 2000 to 82,888 in 2010—a decrease of 2.98%—and was estimated at 82,036 in 2012.^{xxvii} The median age in Newport County is 43^{xxviii} compared to a median age of 39.4^{xxix} for the state of Rhode Island. Nearly 17% of the population is over the age of 65,^{xxx} compared to 14.4% of the population statewide. (Rhode Island has an older population when compared to the nation as a whole.^{xxxi} 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.^{xxxii})

According to the U.S. Census Bureau's 2011 American Community Survey (ACS), per capita income for the state of Rhode Island was \$29,685 in that year, with median household income of \$55,975,^{xxxiii} and 12.8% of Rhode Islanders were living below the federal poverty level. Incomes in the area served by Newport Hospital were generally higher than the state average, but represent a mixed economic reality in which pockets of need exist throughout the community – with Newport itself experiencing deeper challenges than surrounding towns.

Despite Newport's historic reputation for affluence, the city's per capita and median household incomes were closer to the statewide averages, as was the percentage of residents living below the federal poverty level. The city has the fourth largest concentration of public housing for families in Rhode Island—behind Woonsocket, Pawtucket and Providence—and the third highest amount of low- and moderate-income housing for families in the state (which includes Section 8, public housing, Rural Housing Service funded apartments, and other publicly subsidized housing).^{xxxiv} Newport was the only community in Newport Hospital's catchment area in which the percentage of households earning less than \$14,999 exceeded the percentage of those earning more than \$150,000. In Bristol, the two polarities were virtually equal. In all other communities, households reporting the highest income levels exceeded (to varying degrees) those at the lowest income levels.

Newport^{xxxv}

\$36,446 income per capita

\$58,080 median household income

10.6% of residents below poverty level

7.5% reported receiving Supplemental Nutrition Assistance Program (SNAP) benefits in previous 12 months

12.4% of households reported income of less than \$14,999
9.8% of households reported income of more than \$150,000

Portsmouth^{xxxvi}

\$41,968 income per capita
\$76,500 median household income
6.9% of residents below poverty level
2.5% reported receiving SNAP benefits in previous 12 months
8.4% of households reported income of less than \$14,999
20.1% of households reported income of more than \$150,000

Middletown^{xxxvii}

\$34,644 income per capita
\$71,901 median household income
6.9% below poverty level
4.3% reported receiving SNAP benefits in previous 12 months
8.0% of households reported income of less than \$14,999
13.2% of households reported income of more than \$150,000

Jamestown^{xxxviii}

\$50,071 income per capita
\$81,667 median household income
9.9% below poverty level
5.2% reported receiving SNAP benefits in previous 12 months
11.3% of households reported income of less than \$14,999
22.6% of households reported income of more than \$150,000

Tiverton^{xxxix}

\$46,929 income per capita
\$59,656 median household income
7.5% below poverty level
6.3% reported receiving SNAP benefits in previous 12 months
13.0% of households reported income of less than \$14,999
6.5% of households reported income of more than \$150,000

Little Compton^{xl}

\$30,679 income per capita
\$96,200 median household income
3.6% below poverty level
2.7% reported receiving SNAP benefits in previous 12 months
5.9% of households reported income of less than \$14,999
24.0% of households reported income of more than \$150,000

According to HousingWorks RI, a statewide affordable housing advocacy group, a household income of \$52,520 is needed to make the monthly rent for a two-bedroom apartment in Newport (estimated by HousingWorks RI at \$1,313, compared with \$1,030 in Providence) affordable.

Employment

In 2012, the unemployment rate in Rhode Island was 10.6%, which was the third highest in the nation behind California and Nevada.^{xii} Congruent with national trends, the unemployment rate in Rhode Island is dropping as the recession ebbs. However, recovery is coming slowly; as of May 2013, the state's unemployment rate had dropped to 8.9%, which was the fourth highest rate in the nation.^{xiii} 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%.^{xiii}

As of May 2013, the Bureau of Labor Statistics reported that the unemployment rate in the city of Newport was 8.2%.^{xiv} Unemployment in Portsmouth and Middletown was slightly lower, at 7.5% and 7.3% respectively, and more significantly lower in Jamestown at 6.6%.^{xiv} The unemployment rate in Tiverton, at 8.2%, more closely reflected the statewide rate. Bristol reported an unemployment rate of 7.4%.^{xvi}

Given the relatively high percentage of Newporters employed in the service industry, where part-time work is common, along with seasonal fluctuations in the local job market and the somewhat higher cost of housing compared with the rest of the state, there may be a significant number of county residents who are not unemployed but are nevertheless somewhat food- or housing-insecure or coping with other negative social determinants of health.

Children's Well-being

Analysis of 2011 American Community Survey (ACS) data by Rhode Island Kids Count, a statewide children's advocacy organization, reveals that an estimated 21.9% of children 18 and younger in Rhode Island lived in poverty. The state ranks 27th nationally, and last in New England, for this metric.^{xvii} In Newport, 14.0% of children lived in poverty between 2007 and 2011 – a percentage higher than the surrounding communities of Portsmouth (5.8%) and Middletown (10.9%), but significantly lower than in Rhode Island's "core cities" of Central Falls (36.9%), Pawtucket (29.4%), Providence (37.3%), and Woonsocket (35.8%).^{xviii} As of October 2011, about 29% of all eligible low-income children in Newport Public Schools participated in the city's school breakfast program.^{xix}

Newport has a lower rate of delayed prenatal care (8.9%) than the statewide average (15.0%) but a higher infant mortality rate (8.6 deaths per 1,000 live births) than the state overall (6.5 deaths per 1,000 live births).ⁱ However, Newport's birth rate among girls between the ages of 15 and 17 was the sixth highest in Rhode Island (at 19.8 births per 1,000 girls) for that age group.ⁱⁱ On the other hand, the birth rate for older teens (18-19), at 26.0 births per 1,000 girls in that cohort, was significantly lower than both the statewide average (35.8 births per 1,000 girls) and nearby Middletown's (54 births per 1,000 girls).ⁱⁱⁱ

Findings

Self-reported data included in the 2011 CDC Behavioral Risk Factor Surveillance System surveys reveal 82.6% of Rhode Islanders^{liii}—and 89.65% of Newport County residents according to 2010 RI BRFSS data^{liv}—describing their health as “excellent, very good or good.” Nearly 62% of Rhode Islanders^{lv}—and 63.7% of Newport County residents^{lvi}—reported no physically unhealthy days per year, while 86.20% of Rhode Islanders—and 90.13% of county residents^{lvii}—reported less than 13 “physically unhealthy days” annually.

The CHNA analysis – based on data review and insights from clinicians, researchers, community stakeholders, and others who participated in our study – revealed a community under considerable economic strain, with potential and real implications for health status, access to care, cancer incidence, mental health, and the constellation of health conditions influenced by healthy weight.

In Newport County, economic strain was most starkly evident in the city of Newport, where over 8% of residents were unemployed and more than 12% reported incomes of less than \$14,999 per year; however, there are also residents living in poverty in communities surrounding Newport. The 3.72 million in financial assistance at cost and \$3.05 million in subsidized health services that Newport Hospital provided in 2012 can be viewed as a symptom of an economy in which many Newport County residents are unemployed or underemployed and have been coping with the health system access issues that accompany the absence of employer-provided health insurance. According to 2011 BRFSS data, 13.69% of residents of Newport County reported not having access to any type of health insurance.^{lviii}

Newport Hospital and the Newport Health Care Corporation employ 645 residents of Newport County. Recognizing that health care employment is built on the kind of career ladders that provide steady employment, health insurance and other benefits, and mobility for workers of virtually all skill levels, Newport Hospital has taken its responsibility as an economic engine very seriously – for instance, participating in Lifespan’s grant-funded projects to provide residency rotations, advanced training, and possible employment for unemployed and underemployed newly licensed registered nurses and unemployed Rhode Islanders interested in pursuing employment as certified nursing assistants (CNAs).

The full impact of the Patient Protection and Accountable Care Act (PPACA) will likely manifest over the next 18 months to two years, as greater numbers of Rhode Island residents are able to access health insurance outside of the traditional model of employer-based coverage. However, the immediate impact on the general health status of the population served by Newport Hospital is unclear.

Health issue areas

Newport Hospital's status as a major employer and economic engine is, ultimately, simply an important secondary benefit of its role as a provider of high-quality care and as an essential healthcare safety net for its community. The hospital's community health needs assessment revealed four key health issue areas, which are within its scope of service and expertise:

- **Access to Care:** Access to health services is critical to improving the health status of individuals and communities, and various challenges to access (i.e. cost, transportation, and lack of health insurance) were cited as top concerns by community representatives – along with related challenges of poverty, lack of employment, and language/cultural barriers.
- **Cancer:** Cancer is the second leading cause of death in Rhode Island,^{lix} second only to heart disease, and the incidence of all cancer types is greater in Rhode Island than the national median. The incidence rates for several types of cancer are higher in Newport County than in the state as a whole. The death rate for all cancers is also higher in Rhode Island than it is nationwide.
- **Healthy Weight:** In Newport County, as in the rest of Rhode Island, the leading cause of death is heart disease.^{lx} Healthy weight is a core defense against an array of cardiac conditions, in addition to diabetes, cancer, and other diseases as well as mobility issues that can contribute to injury and disability.
- **Mental Health:** The physical, social, and economic benefits of sustaining mental health cannot be overstated, and community representatives surveyed routinely cited access to mental health services as a top concern. 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.

Rhode Island Health Status at a Glance

	US	RI	MA	CT	Newport County
Access to Care					
% Without any health coverage	17.9 ^{lxi}	14.1 ^{lxii}	6.7 ^{lxiii}	12.5 ^{lxiv}	13.7 ^{lxv}
% Adults (18-65) Uninsured	21.3 ^{lxvi}	16.6 ^{lxvii}	7.8 ^{lxviii}	14.8 ^{lxix}	
% Not seeing doctor due to cost	14.6 ^{lxx}	12.3% ^{lxxi}	6.7 ^{lxxii}	9.6 ^{lxxiii}	8.0% ^{lxxiv}
% Children (0-18) uninsured	9.6 ^{lxxv}	5.9 ^{lxxvi}	3.0 ^{lxxvii}	6.0 ^{lxxviii}	
ED visits per 1,000	411 ^{lxxix}	470 ^{lxxx}	481 ^{lxxxi}	464 ^{lxxxii}	
Primary Care Physicians: Patient Ratio	2,300:1 ^{lxxxiii}	1,116:1 ^{lxxxiv}	987:1 ^{lxxxv}	1,223:1 ^{lxxxvi}	1,218:1 ^{lxxxvii}
Asthma					
% Adults (18+) ever told they have asthma ¹	13.5 ^{lxxxviii}	16.4 ^{lxxxix}	15.3 ^{xc}	15.3 ^{xcii}	15.4 ^{xciii}
% Adults Current Asthma	8.6 ^{xciv}	10.9 ^{xcv}	10.4 ^{xcvi}	9.2 ^{xcvii}	
% Child Current Asthma	8.8 ^{xcviii}	10.9 ^{xcviii}	10.2 ^{xcix}	11.0 ^c	
Cancer²					
Incidence					
All cancers	451.4	491.4	470.3	503.1	526
Bladder	20.4	29.9	24.1	27.2	28.9
Female Breast	122.9	135.2	130.3	138.9	136.8
Cervix	7.9	6.3	5.5	6.2	9.9
Uterus	25	25.5	29.3	30.7	25.8
Colon & Rectal	42.3	41.9	40.6	44.2	48.1
Lung and Bronchus	64.1	72.1	66.5	65.3	77.3
Melanoma	24.6	22.4	25.2	30.3	29.7
Prostate	137.4	134.8	131.8	158.9	171.5
Mortality					
Deaths/100,000	173.1	174.5	174.6	167.3	
Lung & Bronchus	48.5	48.9	48.6	44.1	
Prostate Cancer	33.0	22.5	21.7	22.4	

¹ Data for the United States, Massachusetts and Connecticut is from 2010 BRFSS; Data for Rhode Island and Newport County is from 2011 BRFSS.

² All national and state cancer data is from the National Cancer Institute's *State Cancer Profiles*.

Rhode Island Health Status at a Glance (Continued)

Mortality (Continued)	US	RI	MA	CT	Newport County
Breast Cancer/100,000	22.2	20.6	22.2	21.6	
Colon Cancer	15.7	15.6	15.1	13.3	
Pancreas	10.8	10.1	11.0	12.5	
Ovary	7.8	6.9	7.8	6.8	
Leukemia	7.0	6.8	6.6	7.2	
Liver	5.8	6.3	6.1	5.0	
Non-Hodgkin Lymphoma	6.3	5.0	5.5	5.9	
Uterus	4.2	3.7	4.3	4.9	
Screening					
% Reported Mammogram in Past Year (40+)	75.3	81.4 ³	83.6	80.3	
% Reported Pap Smear in Past 3 Years (21-65)	86.7	90.3	93.0	91.7	
Healthier Weight					
% Overweight	35.7 ^{ci}	37.1 ^{cii}	36.6 ^{ciii}	35.2 ^{civ}	36.5 ^{cv}
% Obese	27.8 ^{cvi}	25.4 ^{cvii}	22.7 ^{cviii}	24.5 ^{cix}	17.9 ^{cx}
Age-adjusted Heart Disease Death Rate ⁴ cxi	179.1	167.1	150.0	155.7	
% Diagnosed with Diabetes ⁵	8.7 ^{cxii}	8.5 ^{cxiii}	7.4 ^{cxiv}	7.3 ^{cxv}	7.3 ^{cxvi}
% Overweight High School Students ^{cxvii}	14.7	14.9	14.6	14.1	
% Obese High School Students ^{cxviii}	12.0	10.8	9.9	12.5	
Mental Health					
% 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, major depressive episode, past year ^{cxxi}	6.5	9.5	6.7	5.9	
% Adults (18+) with serious thoughts of suicide ^{cxxii}	3.75	4.13	3.95	3.62	
Mortality rate from suicide (per 100,000) ^{cxxiii}	12.1 ^{cxxiv}	12.3 ^{cxxv}	12.5 ^{cxxvi}	9.4 ^{cxxvii}	9.2 ^{cxxviii}
% Alcohol dependence or abuse, past year ^{cxxix}	6.78	9.11	8.4	7.30	
% Illicit Drug Use in the Past Month ^{cxx}	8.82	14.52 ⁶	11.55	9.1	

³ Rhode Island has the second highest (best) rate of mammograms for women (40+) in the nation.

⁴ The age-adjusted death rates are per 100,000 people. Rhode Island's heart disease death rate, not adjusted for age, was 220.6 deaths per 100,000 people, which was higher than the national rate of 193.6 per 100,000.

⁵ Rates for the United State, Connecticut and Massachusetts are from 2010 BRFSS data; Rhode Island and Newport county rates are from 2011 BRFSS data

⁶ Rhode Island has the second highest illicit drug use rate in the country, behind only Vermont.

Access to Care

Community stakeholders, statewide and in Newport County, identified various facets of access to care as the most significant health concern for the constituencies they serve. In a statewide survey, *access to mental health services* was cited as a top concern by 75.5% of all respondents; *access to health insurance* by 73.6%; *access to primary care* by 71.7%; *affordability of prescription medication* by 69.8%; *affordability of health services* by 67.9%; *health literacy* by 62.3%; *access to social services* by 58.5%; and *access to specialty care* by 54.7%. The results of the survey were largely similar when filtered by respondents with members served specifically by Newport Hospital: *Access to mental health services* (87.5%); *access to health insurance* (87.5%); *access to primary care* (75%); *access to social services* (75%); *diabetes* (75%); *nutrition* (75%); and thirteen issues – ranging from mental health to heart disease to cancer to stroke – were the focus of 50% to 62.5% of responses. (See section: “Community Stakeholder Survey: Complete Results.”)

Access to Care in Newport County

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.^{cxxxii} 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.

According to 2011 Behavioral Risk Factor Surveillance System (BRFSS) data, 13.7% of residents of Newport County reported not having access to any type of health insurance.^{cxxxii} The statewide average was 14.1%.^{cxxxiii} Providence County had the highest rate of uninsured individuals at 17.1%.^{cxxxiv} The national rate of uninsured Americans was 17.9%.^{cxxxv} Because access to health insurance affects how patients access providers, the BRFSS survey asked individuals whether or not they had one person

whom they thought of as their health care provider and personal doctor. According to this metric, both Rhode Islanders in general and residents of Newport County specifically fared significantly better than the nation as a whole. On the national level, 21.9%^{cxxxvi} of patients reported that they had no regular health care provider, compared with 14.0%^{cxxxvii} of Rhode Islanders and 14.4%^{cxxxviii} of Newport County residents.

The cost of care was also cited as a barrier to accessing health care services for some individuals. According to BRFSS data compiled by the Kaiser Family Foundation, 12.3%^{cxxxix} of Rhode Island residents reported that there was a time in the past 12 months that they needed to see a doctor but could not do so because of cost. Nationwide, 14.6%^{cxli} responded that they could not see a doctor due to cost in the past year, compared to 6.7%^{cxlii} of residents in Massachusetts and 9.6%^{cxliii} of Connecticut residents. Data compiled by the Robert Wood Johnson Foundation's *County Health Rankings and Roadmaps* program indicates that 8.0% of Newport County residents did not see a doctor in the past year due to cost, compared to 13.0% in Providence County, 10.0% in Kent County, and eight percent in Bristol and Washington Counties.^{cxliiii}

However, 2011 statewide BRFSS data provided by the Rhode Island Department of Health for this needs assessment indicates that 15.8% of residents statewide did not see a doctor in the past year because of costs.^{cxliiv} In Newport County, 12.5% of residents did not see a doctor in the past 12 months due to cost, compared to 18.0% in Providence County, 17.2% in Bristol County, 12.7% in Kent County and 12.2% in Washington County.^{cxliv} According to this same data, when respondents were asked if they had had a routine checkup within the past year, 71.82%^{cxlvi} of Newport County respondents responded that they had, which is slightly below the statewide average of 75.44%.^{cxlvii}

Patient-to-provider ratios are another way of determining whether or not there are enough physicians, dentists or other health care professionals to meet a community's need. In terms of the ratio of primary care physicians (PCPs) to patients, there are significant differences among Rhode Island's counties.

- **According to 2011-2012 data from the Health Resources and Services Administration, there were 68 primary care physicians in Newport County, giving it a rate of nearly 1,218 patients per PCP – the second highest patient-to-provider ratio among Rhode Island's five counties.^{cxlviii} (Bristol County had the lowest number of patients per primary care physicians (600:1), followed by Washington County (1040:1) and Providence County (1139:1), which had 550 of the state's nearly 943 PCPs.^{cxlix} Despite having 120 primary care physicians, Kent County had the highest number of patients per primary care provider (1,383:1) in the state.^{cl} It should be noted that each Rhode Island county ratio is below (better than) the estimated average panel size for a primary care physician in the United States (which is about 2,300 patients according to a 2012 study).^{cli}**
- **According to 2011-2012 data from the Health Resources and Services Administration, there were 42 mental health providers in Newport County, giving it a rate of one provider for every 1,972 patients, ranking in the middle of all of the state's counties on this measure.^{clii} (Newport County's performance on this metric led Kent County and Washington County, which had ratios of 2,594:1 and 2,151:1 respectively^{cliii} but trailed Bristol County and Providence County, both of which had more mental health**

providers than Newport County with ratios of 1,466:1 and 1214:1 respectively.^{civ} Providence County had 516 of the state's nearly 715 mental health providers.^{civ})

- With respect to dentists, there are again notable disparities – but the trends are reversed. Newport County had approximately 72 dentists, giving it the best rate of dentists to patients in the state (1,200:1).^{cvi} Kent County had 112 dentists, giving it the second most favorable rate (1,496:1).^{civii} Providence County had 347 dentists, giving it a rate of 1186:1, followed by Washington County, which had 62 dentists (a ratio of 2,152:1) and Bristol County, which had the lowest number of dentists (17) in the state, giving it a ratio of 3,123 dentists per patient.^{civiii}

Community Stakeholder Survey Results

A Community Stakeholder Survey was initiated in the spring of 2013. Surveys were sent to community members and organizations served by Newport Hospital and Lifespan's three other member hospitals. Fifty-four organizations responded statewide. Of these organizations, a subset of respondents indicated that their members are served by Newport Hospital. Key informant interviews were also conducted with nearly two-dozen community and organizational leaders across the state.

Among respondents who reported that their constituents were served by Newport Hospital, the Community Stakeholder Survey revealed broad concern around issues relating to access to care and services. When asked to identify the three most health significant concerns in their respective communities, respondents identified the following issues as the three most significant:

- 1) **Access to Mental Health Services (62.5%)**
- 2) **Access to Primary Care (37.5%)**
- 3) **Mental Health (37.5%)**

Also identified as being of concern, to a lesser degree, were:

- **Access to Social Services (25%)**
- **Access to Health Insurance (12.5%)**
- **Affordability of Health Services (12.5%)**
- **Affordability of Medicine (12.5%)**
- **Access to Specialty Care (12.5%)**

When respondents with members or constituents served by Newport Hospital were asked to list any health issues that were of significance to their communities, and not just the top three, the top four issues all related to access to care: access to mental health services (87.5%); access to health insurance (87.5%); access to primary care (75.0%); and access to social services (75.0%)

Statewide Stakeholder Results

The aggregated statewide survey results for the three most significant concerns mirrored the responses of the community-based organizations representing families and individuals in Newport County:

- 1) **Access to Mental Health Services (40.4%)**
- 2) **Access to Primary Care (38.5%)**
- 3) **Access to Health Insurance (30.8%)**

Other health issues identified as being of notable concern at the aggregate level include:

- **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%)**

When respondents were asked to list any health issues that were of significance to their communities, and not just the top three, the top five issues all related to access to care: access to mental health services (75.5%); access to health insurance (73.6%); access to primary care (71.7%); affordability of prescription medication (69.8%); and affordability of health services, mental health, and nutrition (all of which were cited by 67.9% of respondents).

Most Significant Social Needs

Social determinants of health are important elements of every community health needs assessment. When stakeholders were asked to identify the most significant social concerns facing the communities they served, economic issues were prominent. All respondents with members served by Newport Hospital cited unemployment – which can be directly linked to an individual’s or family’s access to health insurance, in addition to income levels – as the most significant issue. The most significant social issues in order were:

- 1) **Unemployment (100%)**
- 2) **Poverty (87.5%)**
- 3) **Affordable Housing (75%)**
- 4) **Child Care (75%)**
- 5) **Domestic Violence (75%)**
- 6) **Education (75%)**
- 7) **Lack of Transportation (75%)**

When asked to identify the three most significant social issues, respondents with members or constituents served by Newport Hospital reported the following: Unemployment (75%), poverty (62.5%), affordable housing (62.5%), lack of transportation (50%), and food security (25%).

The aggregated statewide results revealed similar trends, with the top three social determinants identified being economic in focus:

- 1) **Unemployment (54.9%)**
- 2) **Poverty (47.1%)**
- 3) **Affordable Housing (43.1%)**

Other social issues of significance cited on the statewide level included:

- **Lack of Transportation (33.3%)**
- **Language Barriers (25.3%)**
- **Food Security (23.5%)**
- **Education (15.7%)**

Again, these findings are central to how an individual or family accesses health care services. If a patient lacks transportation or is unable to speak the language of healthcare providers, he or she will be less likely to keep appointments, understand and comply with treatment plans developed by care providers, or even to access the health care system at all.

Cancer

In Rhode Island, as in the nation, cancer is the second-leading cause of mortality. In 2012, 2,190 Rhode Islanders died of the disease.^{clix} Rhode Island ranks 26th among all states and the District of Columbia for cancer mortality, and mortality rates in Newport County are lower than both the state and national averages. Nevertheless, our analysis of county- and state-wide cancer incidence and mortality yields a sobering portrait of cancer across Rhode Island – with particular cause for concern in Newport County, where incidence rates for several types of cancer are higher than the statewide experience. Furthermore, 50% of all community stakeholders with members or constituents served by Newport Hospital who were surveyed indicated that cancer was a significant health issue among their members, compared to 34% of survey respondents statewide.

Methodology

To assess cancer incidence and mortality at the state and county levels, the CHNA relied primarily on the most recently available United States Cancer Statistics (USCS) data and the State Cancer Profiles (SCP) data. The USCS data is produced by the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI), in collaboration with the North American Association of Central Cancer Registries (NAACCR). SCP is a collaborative effort that utilizes cancer data from both the county and national level from the CDC's National Program of Cancer Registries (NPCR) and NCI's Surveillance, Epidemiology and End Results Registries (SEER).

Incidence

Rhode Island continues to have one of the highest age-adjusted cancer incidence rates in the U.S. In 2009, Rhode Island's age-adjusted cancer incidence rate (491.4 cases per 100,000 people) was the fourth highest in the nation, including the District of Columbia.^{clx} There were 5,984 cases of cancer across the state in 2009. (Compared regionally, Connecticut had the highest incidence rate of cancer (all types, all ages) nationwide and Massachusetts ranked 18th).^{clxi}

Disparities existed in Rhode Island between counties: Newport County, along with Washington and Kent counties, had annual incidence rates for all cancer sites and all ages that exceeded the state incidence rate. (All Rhode Island counties had incidence rates that exceeded national rates.^{clxii}) Newport County also had elevated rates of cancer incidence for the four leading types of cancer when compared to the statewide rates.

The leading cancers in Rhode Island largely mirror national trends.^{clxiii} The cancers with the top ten (age-adjusted) rates of incidence in Rhode Island, according to the USCS, are:

Top Ten Types of Cancer in Rhode Island, Ranked in Order of Incidence^{clxiv}

(Source: United States Cancer Statistics)

(Cases per 100,000 population)

1. **Female Breast (135.2)**
2. **Prostate (134.8)**
3. **Lung and Bronchus (72.2)**
4. **Colon and Rectum (41.9)**
5. **Urinary Bladder (29.9)**
6. **Corpus and Uterus, NOS (25.5)**
7. **Thyroid (21.8)**
8. **Melanomas of the Skin (19.5)**
9. **Non-Hodgkin Lymphoma (17.7)**
10. **Kidney and Renal Pelvis (16.6)**

[Note that this data differs slightly from the State Cancer Profile data listed in the descriptions below]

Overview: Cancer in Newport County and Across Rhode Island

- **Breast Cancer:** Female breast cancer is the leading diagnosis for cancer in the state of Rhode Island.^{clxv} At a rate of 135.2 cases per 100,000 people, Rhode Island has the fourth highest incidence rate of breast cancer for all races and all ages in the nation (the national rate is 122.9 cases per 100,000).^{clxvi} While all Rhode Island counties have breast cancer incidence rates that exceed the national rate, Newport County's rate (136.8 cases per 100,000 people) — along with those of Bristol, Kent and Washington counties — exceeds the statewide rate.
- **Prostate Cancer:** With respect to the second leading type of cancer, prostate cancer, Rhode Island ranks 28th in the nation with a rate of 134.8 cases per 100,000 – that is, below the nationwide rate (137.4).^{clxvii} However, Newport County has the second highest incidence rate for prostate cancer in the state and is one of three counties — Washington and Providence county being the other two — with incidence rates that exceed the state average.^{clxviii} Four counties (Washington, Newport, Providence and Bristol) have prostate cancer incidence rates that exceed the national rate.
- **Lung and Bronchus Cancer:** Rhode Island has a statewide incidence rate of 72.1 cases per 100,000 people for lung and bronchus cancer, which is the 13th highest in the nation.^{clxix} The nationwide rate is 64.1, with a confidence interval of (63.8, 64.8) based on NPCR and SEER data.^{clxx} Disparities again exist at the county level, as Newport has the third highest incidence rate for lung and bronchus cancer among counties and is only one of three counties – the others being Kent County and Providence County – with incidence rates that exceed the statewide rate.^{clxxi}
- **Colon and Rectum Cancer:** Rhode Island had the 26th highest rate of colon and rectum cancer in the country with 41.9 cases per 100,000 people, which was still slightly below the nationwide rate (42.3). It had the third highest rate among states in New England, ranking better than Maine (45.5) and Connecticut (44.2), but behind Massachusetts (40.6), Vermont (39.5) and New Hampshire (37.9).^{clxxii} According to the SCP data, Newport County had the second highest rate of colon cancer among counties in the state (57.3 cases per 100,000), which exceeded the state rate.

Mortality

Rhode Island ranked 26th in the nation in terms of mortality from all cancer sites, with a mortality rate of 174.5 deaths per 100,000 people, a 1.8% decrease from 2008.^{clxxxiii} Newport County's annual mortality rate for all cancer types, all ages, races and both sexes (178.4 per 100,000 people) was slightly below the national rate (178.7) and below the state rate (180.4). (The Newport County rate was 0.8% lower than the rate in the previous year.) Only Kent County had a mortality rate (193.1) that exceeded the state rate. The leading causes of cancer deaths in Rhode Island differ from the incidence rates by cancer type, according to the USCS data. Lung and Bronchus cancer mortality rates are more than double the rate of the second leading cause of cancer death in the state (see data below).^{clxxxiv}

Top Ten Types of Cancer in Rhode Island, Ranked in order of Mortality^{clxxxv} (Source: United States Cancer Statistics)

(Cases per 100,000 population)

1. Lung and Bronchus (48.9)
2. Prostate (22.5)
3. Female Breast (20.6)
4. Colon and Rectum (15.6)
5. Pancreas (10.1)
6. Ovary (6.9)
7. Leukemia (6.8)
8. Liver and Intrahepatic Bile Duct (6.3)
9. Urinary Bladder (5.1)
10. Non-Hodgkin Lymphoma (5.0)

[Note that this data differs slightly from the State Cancer Profile data listed in the descriptions below]

Lung and Bronchus Cancer: According to State Cancer Profile data, Rhode Island's statewide annual mortality rate from lung and bronchus cancers is currently 52.0 deaths per 100,000 people, which exceeds the nationwide mortality rate of 50.6.^{clxxxvi} Kent County has the highest mortality rate at 58.1 deaths per 100,000, followed by Providence County (52.2) and then Newport County (51.7).^{clxxxvii} While Newport County's incidence rate is below the statewide level, but exceeds the national rate. Rhode Island currently does not meet the Healthy People 2020 Objective for Lung Cancer of 45.5 deaths per 100,000 people at either the state or county level for any of its five counties.

Men have a mortality rate from lung cancer of 66.3 per 100,000 people; Kent County has the highest rate of death from lung cancer for men at 72.0 deaths per 100,000 people while Newport County has the lowest rate at 56.^{clxxxviii} Women in Newport County have 48.4 deaths per 100,000 people from lung and bronchus cancers, which is higher than the statewide rate of 43.0 and the second highest mortality rate among counties. Kent County has the highest rate.^{clxxxix}

Prostate: Newport County's mortality rate from prostate cancer (24.6 deaths per 100,000 people) is higher than the statewide rate (22.5), and the nationwide rate (23.6), and the county has the third highest rate among the five counties in the state.^{clxxx} Newport County's mortality rate is the same as Bristol County and better than Kent County (26.4). Only Providence County has a prostate cancer mortality rate that has met the Healthy People 2020 Objective.

Female Breast: The state of Rhode Island has a mortality rate from female breast cancer of 21.9 deaths per 100,000 people, which is below the nationwide rate (23.0).^{clxxxi} Bristol County has the highest countywide mortality rate (27.0), and Newport County has the lowest rate (19.6).^{clxxxii} While the statewide rate has not met the Healthy People 2020 Objective, the Newport County rate has. Newport County accounted for only 12 of Rhode Island's 155 deaths from female breast cancer.^{clxxxiii}

Colon and Rectum: Newport County's mortality rate from colon and rectum cancer (15.4 deaths per 100,000 people) is better than the statewide rate (15.8) and the nationwide rate (16.7). Nevertheless, it does not meet the Healthy People 2020 Objectives.

Community Stakeholder Survey Results

A Community Stakeholder Survey was initiated in the spring of 2013. Surveys were sent to community members and organizations served by Newport Hospital and Lifespan's three other member hospitals. Fifty-four organizations responded statewide. Of these organizations, a subset of respondents indicated that their members are served by Newport Hospital. Key informant interviews were also conducted with nearly two-dozen community and organizational leaders across the state.

Of the subset of respondents with members served by Newport Hospital, 50% indicated that cancer was among the most significant health care issues facing their members or constituents. When asked to list the top three most significant issues, however, 12.5% listed cancer. Statewide, 34% of respondents indicated that cancer was among the most significant health care issues facing their members or constituents; the number dropped to 9.6% when respondents were asked to rank the three most significant issues.

Healthier Weight

Over the past two decades, the United States has experienced a dramatic increase in rates of overweight and obesity. Although rates of increase for this metric have leveled off in recent years, prevalence rates continue to remain at historic highs. According to the CDC and Healthy People 2020, the national age-adjusted obesity rate among adults age 20 and over increased by 57%, from 22.8% to 35.7%, in the years between 1988 and 2010.^{clxxxiv} The obesity rate among children and adolescents age 2 to 19 increased by 69% from 10.0% to 16.9% during the same period.^{clxxxv}

The CDC considers obesity a risk factor for multiple health conditions including hypertension, adverse lipid concentrations, and type 2 diabetes.^{clxxxvi} In June 2013, the board of the American Medical Association voted in favor of declaring obesity as a disease,^{clxxxvii} reclassifying the approximately 78 million American adults and 12 million children who are obese as having a medical condition requiring treatment.^{clxxxviii}

Incidence and Effects of Unhealthy Weight

Unhealthy weight cuts a wide swath of disease and disability through a population – with particularly notable impact on risk for heart disease and diabetes. Obesity and diabetes rates in Rhode Island are below the national median; however, the state ranks higher than both Massachusetts and Connecticut. The state exceeds the national and regional rates for overweight, heart disease mortality, and several behavioral and medical risk factors such as physical inactivity and borderline diabetes.

According to 2011 BRFSS data, Rhode Island has the 14th lowest obesity rate in the nation with an obesity prevalence rate of approximately 25.4%.^{clxxxix} (Obesity is defined by the CDC as having a Body Mass Index (BMI) over 30.)^{cx} This is lower than the national rate of 27.8% but higher than neighboring states such as Connecticut (24.5%, 8th lowest) and Massachusetts (22.7%, 3rd lowest).^{cxci} Newport County has the lowest rate (17.9%) in Rhode Island, compared to Washington County with a prevalence rate of 22.8% and Bristol County's rate of 24.2%.^{cxcii} Providence County has the highest rate of obesity (26.6%) followed closely by Kent County (26.3%).^{cxci}

While Rhode Island fares better than the nation on obesity, the same is not true for the prevalence of overweight, which is defined as having a BMI between 25 and 30. Rhode Island ranked 46th in the nation with an overweight prevalence rate of 37.1%; only five states fared worse.^{cxci} Connecticut ranked 20th nationally with an overweight prevalence rate of 35.2%, while Massachusetts ranked 42nd with a rate of 36.6%.^{cxci}

At the county level, all Rhode Island counties exceed the national overweight rate of 35.7%.^{cxci} The 2011 BRFSS data indicates that Newport County had the lowest overweight prevalence rate at 36.5%, followed

by Providence County (36.8%), Washington County (37.6%), Kent County (38.3%) and Bristol County (41.5%).^{cxviii} Given that each county and the state as a whole exceeds a national median that has steadily climbed over the last decade, overweight/obesity is clearly a significant problem across the state.

Heart disease is the leading cause of death in Rhode Island, as it is across the United States.^{cxix} According to the most recent data from the Centers for Disease Control and Prevention's National Vital Statistics System, there were 2,322 deaths related to heart disease in Rhode Island in 2010.^{cc} The state's death rate (not adjusted for age) was 220.6 deaths per 100,000 people, which was higher than the national rate of 193.6 deaths per 100,000.^{cci} The age-adjusted rate of heart disease mortality – 167.1 per 100,000 – was slightly lower than the national age-adjusted rate (179.1 per 100,000).^{ccii} There were 431 deaths resulting from cerebrovascular disease (stroke) in Rhode Island in 2010, giving the state a mortality rate of 40.9 deaths per 100,000 people (31.4/100,000 age-adjusted).^{cciii} This is roughly in line with the national death rate from strokes in 2010 (41.9 deaths per 100,000), but considerably lower than the national age-adjusted death rate (39.1/100,000).^{cciv}

Rhode Island performs better than the nation as a whole in terms of diabetes incidence. The percentage of Rhode Islanders diagnosed with diabetes in 2010 (7.8%) was lower than the national average (8.7%), but higher than the prevalence rates in Connecticut (7.3%) and (7.4%).^{ccv} The preliminary 2011 BRFSS data indicates that the prevalence rate for diabetes in Rhode increased to nearly 8.5%.^{ccvi} Bristol County had the highest prevalence of diabetes (9.7%), followed by Providence County (9.2%), Kent County (7.6%), Newport County (7.3%) and Washington County 7.0%.^{ccvii} According to the same 2011 BRFSS data, Providence County had the second highest rate of high blood pressure (33.7% of all adults) in the state; the statewide rate was only slightly less at 33.1%.^{ccviii}

Among Rhode Island's children and youth, nearly one in six (15.5%) of children entering kindergarten during the 2011-2012 school year in Rhode Island were obese, which is actually a decrease from a high of 20.3% in the 2004-2005 school year.^{ccix} Data from 2011 indicates that 10.8% of Rhode Island high school students were obese (13.2% of males and 8.4% of females) and 14.9% were overweight (both males and females had prevalence rates around 14.9%).^{ccx} Nationwide, an estimated 12.0% of high school students were obese and 14.7% were overweight.^{ccxi}

Risk factors

A review of 2011 results from the Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) Survey reveals a number of risk factors threatening healthy weight management among Newport County residents:

- **31.2% of Newport County residents reported eating less than one full serving of fruit per day**
- **12.83 percent of county residents reported eating less than one full serving of vegetables per day – comparing favorably with other Rhode Island counties, but nevertheless with room for improvement**

- **49.3% of Newport County residents reported being either “inactive” or “insufficiently active”**
- **Only 16.41% of those surveyed said they exercised more than 2.5 times per week; 42.39% said they exercised for thirty minutes or less each week**
- **Only 19.81% met both aerobic and strengthening recommended guidelines**
- **BRFSS reveals Newport County residents’ positive performance on two key cardiovascular metrics:**
 - **80.58% had had their blood cholesterol checked in the past year, with 40.61% having been told at some point that they had high blood cholesterol**
 - **Only 20.74 of respondents said that they smoked “every day or some days” – the lowest percentage in the state, except for Washington County.**

Community Stakeholder Survey Results

A Community Stakeholder Survey was initiated in the spring of 2013. Surveys were sent to community members and organizations served by Newport Hospital and Lifespan’s three other member hospitals. Fifty-four organizations responded statewide. Of these organizations, a subset of respondents indicated that their members are served specifically by Newport Hospital. Key informant interviews were also conducted with nearly two-dozen community and organizational leaders across the state.

Concerns related to *healthier weight* were identified by community stakeholders statewide as among the most significant health challenges of the constituencies they serve. *Nutrition* was cited as a top concern by 67.9% of respondents; *overweight/obesity* by 52.8%; *diabetes* by 52.8%; *hypertension* by 43.4%; *youth health* by 41.5%; *childhood overweight/obesity* by 41.5%; *heart disease* by 39.6%; and *stroke* by 26.4%. In the subset of organizations with members or constituents served by Newport Hospital, diabetes and nutrition were both mentioned by 75% of respondents, followed by heart disease (62.5%), hypertension (62.5%), stroke (50%), and overweight/obesity (37.5%).

While interviews and survey responses did not cite direct correlations, healthy weight is also related to many of the other health and social issues identified. Poverty, unemployment, access to care challenges, mental illness, health literacy, and even asthma can affect lifestyle choices and other factors influencing healthy weight. Risk factors for weight and cardiovascular disease include access to healthy foods, the ability to select, purchase, or cook nutritious meals; time, motivation, and safe places for exercise; and access to health services for the diagnosis and treatment of endocrine disorders and other medical conditions.

Mental Health

Various facets of *mental health* were identified by community stakeholders – on both the statewide and Newport County levels – as the most significant health concern for the constituencies they serve. *Access to mental health services* was cited as the most significant concern by 75.5% of respondents to a statewide Community Stakeholder Survey conducted for the Community Health Needs Assessment (CHNA); *mental health* by 67.9%; and *substance abuse* by 60.4%. Among survey respondents with members or constituents served specifically by Newport Hospital, mental health was an even more significant issue as 87.5% of respondents indicated that *access to mental health services* was the most significant issue; 62.5% indicated that *mental health* was a significant issue and 62.5% indicated *substance abuse* as a significant issue. Data review suggests that their concern is well founded.

Methodology

Quantitative data for this area are drawn primarily from the most current publicly available data through the Substance Abuse and Mental Health Services Administration (SAMHSA). Data from the Behavioral Risk Factor Surveillance System (BRFSS) and the Centers for Disease Control and Prevention, community stakeholder survey data, and key informant Interviews also supplement the quantitative data.

Mental Illness

SAMHSA data reveal that Rhode Island had the highest rate of any mental illness in the past year in the United States, 24.2% in Rhode Island vs. 19.7% in the U.S.^{ccxii} 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"^{ccxiii} – is nearly double the national incidence (7.2% vs. 4.6%).^{ccxiv} 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.^{ccxv} (On this measure, Rhode Island is the only state ranking in the highest range.)^{ccxvi}

In 2010, Rhode Island had 129 suicides statewide, giving it an age-adjusted suicide mortality rate of 12.3 suicides per 100,000 people.^{ccxvii} This is slightly higher than the nationwide rate of 12.1 suicides per 100,000 people, higher than the rate in Connecticut (9.4 per 100,000) but lower than Massachusetts (12.5 per 100,000).^{ccxviii} However, according to the CDC, the suicide rate among those 35 to 64 in Rhode Island increased by 69% from 1999 to 2010, which was the third highest increase among states in the nation during that interval.^{ccxix} According to the National Center for Health Statistics' Health Indicator Warehouse, the age-adjusted suicide death rate average from 2008-2010 in Newport County was 9.2 per 100,000 people, which was the lowest in the state. Kent County had the highest suicide death rate in the state at 12.5 deaths per 100,000; Washington County, 11.5 per 100,000; and Providence County 10.8. The data was not available for Bristol County.^{ccxx}

Addiction

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

Alcohol consumption appears to be of particular concern in Newport County. According to the CDC’s 2011 BRFSS data, a greater percentage of Newport County residents (6.3%) self-reported chronic drinking in the past month than Rhode Islanders (5.5%) or Americans (5.1%). A higher percentage of county residents (17.6%) also reported binge drinking in the past month than either Rhode Islanders (16.2%) or all Americans (15.1%).

Rhode Island has the second highest illegal drug use rate in the country, only behind Vermont.^{ccxxi} Drug-related deaths – mostly from opioids such as heroin and oxycodone – claimed the lives of 227 Rhode Islanders (in the form of 193-drug related accidental deaths and 34 drug-related suicides) in 2008, the most recent year for which data is available.)^{ccxxii}

Based on 2007 self-reported data, experts believe that about 55,000 Rhode Island adults use non-medical opioids. 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. (See *Violent Crime and Accidental Death* below.) This correlates to national trends, which show overdose deaths quadrupling across the United States since 1980.^{ccxxiii}

While alcohol use appears to be a significant problem in Newport County, opioid-related deaths are less common; with nine drug-related deaths and four drug-related suicides in 2008, Newport County has the second-lowest mortality rates from opioid overdose in Rhode Island.^{ccxxiv} (Bristol County, also in Newport Hospital’s service area, had the lowest rate, at four drug-related deaths and one drug-related suicide in 2008.)^{ccxxv} There is cause for concern statewide in the area of youth drug use. More Rhode Island teens in grades 9-12 (26.3%) reported marijuana use than teens nationwide (21.1%).^{ccxxvi}

Violent Crime and Accidental Death

Given correlations between mental health and substance abuse, and between substance abuse and crime and motor vehicle accidents, it is useful to consider Newport County’s experience in this area in the context of the community’s mental health.

According to CDC data, Newport County’s murder rate was the lowest in the state, at 0.7 murders per 100,000 people, in 2009. Yet, the area ranked second highest in the state for all other violent crime, at 204 incidents per 100,000 people.

According to the National Highway Traffic Safety Administration, Rhode Island had 83 traffic fatalities in 2009, the last year for which data was available. Of these fatalities, 34, or 41%, were alcohol-impaired driving fatalities (drunk driving).^{ccxxvii} This is much higher than the nationwide rate of 34% of traffic deaths that are alcohol related.^{ccxxviii} Of the nine traffic fatalities in Newport County, three (33.3% of all traffic fatalities) were related to alcohol-impaired driving.^{ccxxix} Newport County had an alcohol-impaired driving fatality rate of 3.74 deaths per 100,000 people, which was the second-highest among all Rhode Island counties – higher than Bristol County (2.02/100,000), Providence County (2.87) and Kent County (2.96/100,000). (Washington County had the highest rate of alcohol-impaired driving fatalities at 6.30/100,000.^{ccxxx})

Community Stakeholder Survey Results

A Community Stakeholder Survey was initiated in the spring of 2013. Surveys were sent to community members and organizations served by Newport Hospital and Lifespan's three other member hospitals. Fifty-four organizations responded statewide. Of these organizations, a subset of respondents indicated that their members are served by Newport Hospital. Key informant interviews were also conducted with nearly two-dozen community and organizational leaders across the state.

Mental health was a major issue among survey respondents. Access to mental health services was the most significant issue indicated by survey respondents both statewide (75.5%) and for those with members or constituents served by Newport Hospital (87.5%). Mental Health was also a top issue, as indicated by 62.5% of respondents with members served by Newport Hospital and 67.9% of respondents statewide. Substance abuse was also a major issue reported by 60.4% of respondents statewide and 62.5% of the Newport Hospital subset of respondents. The community stakeholder interviews also revealed concern around access to mental health care services, such as psychiatric counseling and substance abuse treatment, among Newport County residents.

Community Stakeholder Survey: Complete Results

In spring 2013, Lifespan Community Health Services, the Office of Community Relations, and staff from each of Lifespan’s four hospitals created and disseminated 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. (See Appendix III for a list of Community Stakeholder Survey Respondents).

Most Significant Healthcare Needs

Newport Hospital

Of the 54 survey respondents, a subset indicated that the families and individuals in the communities they serve and represent are served by Newport Hospital. When asked what the most significant health concerns are in the communities that each respondent’s organization serves, the most frequently cited issues were:

- **Access to Mental Health Services** 87.5%
- **Access to Health Insurance** 87.5%
- **Access to Primary Care** 75.0%
- **Access to Social Services** 75.0%
- **Diabetes** 75.0%
- **Nutrition** 75.0%
- **Access to Specialty Care** 62.5%
- **Affordability of Health Services** 62.5%
- **Affordability of Prescription Medication** 62.5%
- **Health Literacy** 62.5%
- **Heart Disease** 62.5%
- **Hypertension** 62.5%
- **Mental Health** 62.5%
- **Smoking Cessation** 62.5%
- **Substance Abuse** 62.5%
- **Youth Health** 62.5%
- **Cancer** 50.0%
- **Maternal/Infant Health** 50.0%
- **Stroke** 50.0%
- **Asthma** 37.5%

- **Overweight/Obesity** 37.5%
- **Childhood Overweight/Obesity** 37.5%

The issues identified by community stakeholders with members served by Newport Hospital as the three most significant healthcare challenges facing the community served by Newport Hospital were:

- **Access to Mental Health Services** 62.5%
- **Access to Primary Care** 37.5%
- **Mental Health** 37.5%
- **Diabetes** 25.0%
- **Access to Social Services** 25.0%
- **Substance Abuse** 25.0%
- **Access to Specialty Care** 12.5%
- **Access to Health Insurance** 12.5%
- **Affordability of Health Services** 12.5%
- **Cancer** 12.5%
- **Health Literacy** 12.5%
- **Heart Disease** 12.5%
- **Youth Health** 12.5%

Statewide Results

At the aggregate level (all 54 respondents), when asked what the most significant health concerns are in the communities that each respondent's 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%**

Respondents were then asked to list the three most significant healthcare challenges facing their constituents. The 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

Newport Hospital

Survey respondents were asked to identify all of the social issues that significantly impact their members. All respondents with members or constituents served by Newport Hospital listed unemployment as the most pressing social issue:

- **Unemployment** **100%**
- **Poverty** **87.5%**
- **Affordable Housing** **75%**
- **Child Care** **75%**
- **Domestic Violence** **75%**
- **Education** **75%**
- **Lack of Transportation** **75%**
- **Food Security** **62.5%**
- **Immigration Status** **50%**
- **Literacy** **50%**

When this subset of respondents was asked to identify the three most significant social challenges facing their members and constituents, unemployment and poverty were still the most prominent issues:

▪ Unemployment	75.0%
▪ Poverty	62.5%
▪ Affordable Housing	62.5%
▪ Lack of Transportation	50.0%
▪ Food Security	25.0%
▪ Education	12.5%
▪ Violent Crime	12.5%
▪ Language Barriers/Limited English Proficiency	12.5%

Newport County stakeholders identified the following services or strategies to address the community's health and social concerns:

▪ Increased Job Opportunities	100.0%
▪ Increased Access to Mental Health Providers	75.0%
▪ Increased Access to Primary Care Providers	62.5%
▪ Increased Access to Substance Abuse Programs	37.5%
▪ Increased Job Training Opportunities	37.5%
▪ Access to Healthy Foods	25.0%
▪ Access to Bilingual/Translation Services	25.0%
▪ Health Screenings	25.0%
▪ Increased Access to Smoking Cessation Programs	25.0%
▪ Support Groups for Chronic Diseases and Conditions	25.0%

Statewide

In addition to being asked about the unmet health needs in their communities, respondents were asked to identify the most significant social challenges facing their constituents. The ten most significant issues were:

▪ Unemployment	84.6%
▪ Poverty	80.8%
▪ Lack of Transportation	76.9%
▪ Affordable Housing	75.0%
▪ Education	63.5%
▪ Food Security	59.6%
▪ Language Barriers/Limited English Proficiency	57.7%
▪ Neighborhood Safety	51.9%
▪ Child Care	50.0%
▪ Literacy	48.1%

When asked what the three most significant social challenges facing their constituents are, the ten leading issues were:

▪ Unemployment	54.9%
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▪ Poverty	47.1%
▪ Affordable Housing	43.1%
▪ Lack of Transportation	33.3%
▪ Language Barriers/Limited English Proficiency	25.5%
▪ Food Security	23.5%
▪ Education	15.7 %
▪ Violent Crime	11.8%
▪ Literacy	11.8%
▪ Immigration Status	9.8%

Statewide stakeholders identified the following services or strategies to address the community's health and social concerns:

▪ Increased Access to Mental Health Providers	51.9%
▪ Increased Job Opportunities	47.2%
▪ Increased Access to Primary Care Providers	47.2%
▪ Improved Health Literacy	35.8%
▪ Access to Healthy Foods	30.2%
▪ Increased Access to Substance Abuse Programs	30.2%
▪ Increased Job Training Opportunities	30.2%
▪ Access to Bilingual/Translation Services	28.3%
▪ Health Screenings	28.3%
▪ Improved Communication with Medical Professionals	28.3%

Analysis

The survey results reveal a substantial degree of community concern about access to healthcare services, access to primary care doctors, and access to insurance. Social determinants of health that are often important pathways to access to care, such as employment and socioeconomic status, are also areas where Rhode Island has significant unmet needs. While chronic diseases were less frequently mentioned by survey respondents, conditions such as cancer or overweight and obesity are often considered “downstream” diseases that may be affected or even prevented by focusing on “upstream” factors such as access to health insurance or primary care.

The concerns of Newport County largely mirror the concerns of the statewide community. Mental health and access to mental health services are the dominant health issues in the community, according to Newport County community stakeholders. Unemployment and poverty are the key social concerns cited.

Implementation Strategy

Newport Hospital plans to pursue the following Implementation Strategy in response to issues identified during the CHNA:

Access to Care

Various facets of *access to care* were identified as the most pressing health issues both statewide and in the subset of respondents with members served by Newport Hospital. These issues included *access to mental health services, access to health insurance, access to primary care, affordability of health service, affordability of prescription medication, health literacy access to social services, and access to specialty care*. These issues were widely cited as compelling community health needs among external stakeholders. This qualitative feedback is supported by statewide data from the Department of Public Health; for instance, according to 2011 BRFSS data, 13.7% of Newport County residents surveyed did not have health insurance.

Further analysis is needed to gain greater insight into the demographics of Newport County's uninsured population. However, it is reasonable to deduct that this cohort must be composed of individuals who are not over 65 and therefore not eligible for Medicare; not parents with dependents and children and therefore not eligible for Rite Care, Rhode Island's Medicaid program; not armed services veterans and therefore not eligible for Veterans Administration benefits; not disabled and therefore not eligible for Medicare SSI coverage; not unemployed recently enough to be eligible for COBRA benefits, or unable to afford COBRA payments; and lacking the resources to purchase direct-pay private health insurance.

To the degree that the federally mandated state health insurance exchange, launching in fall 2013, may provide access to coverage for individuals who are currently not eligible for employment-based health insurance (either because of unemployment, part-time employment, or other factors), Newport County's uninsured population may shrink. However, we can safely assume that at least some of the challenges associated with access stem from root causes *other than coverage* – challenges that may include healthcare workforce issues (such as full primary care panels and insufficient supply of mental health professionals); inadequacy of coverage among insured individuals (such as lack of prescription coverage); issues associated with transportation and/or hours of service; lack of access to professionals who can link people to available services for which they may be eligible; and health literacy levels that may leave people unprepared to know how, when, and where to access the healthcare system.

Addressing Access to Care in Newport County

Newport Hospital and its Newport Health Care Corporation employ 916 people with 645 of these

employees living in the Newport County. As a major employer, Newport Hospital is a critical source of employer-based health insurance in the community it serves. The hospital also serves as a lifeline for critical health services, providing 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. A substantial discount is offered to all other uninsured patients.

Newport Hospital also substantially subsidizes various health services, including adult psychiatry, occupational health and certain specialty services. In addition, the hospital provides numerous other services to the community for which charges are not generated – such as community health screenings for cardiac health, prostate cancer and other diseases, smoking cessation, immunization and nutrition programs, diabetes education, community health training programs, patient advocacy, foreign language translation, physician referral services and charitable contributions.

In 2012, Newport Hospital provided \$3.72 million in financial assistance at cost (net), \$3.05 million in subsidized health services and had a total net community benefit expense of \$9.1 million, which represented 8.9% of its total expenses. The hospital also enhances access to care by operating four local primary care practices.

In addition to the resources provided above, Newport Hospital plans to:

- **Increase access to primary care provider services in Newport County**
 - ***Continue to support and expand Newport Health Care Corporation Medical Associates:*** Newport Hospital is affiliated with three primary care practices, located in Tiverton, Newport and Jamestown, which accept charity care and run at an annual operating loss of \$500,000 to \$750,000. The Jamestown office welcomed a new physician in 2013.
 - ***Support recruitment of primary care physicians:*** Newport Hospital will continue to make loans to Aquidneck Medical Associates in order to help the practice recruit primary care physicians.

Cancer

About one-third (32.7%) of community stakeholders statewide cited cancer as a top community health concern – perhaps reflecting the state’s mixed profile for the disease. While Rhode Island’s overall *cancer mortality rate* is lower than the national average – with Newport County’s mortality rate lower, in turn, than both the state and national averages – the state’s *cancer incidence rate* presents cause for concern.

Rhode Island has the fourth-highest age-adjusted cancer incidence rate in the United States, at 497.3 cases per 100,000 people. Newport County’s cancer incidence rate – along with those of Kent County (central Rhode Island) and Washington County (southern Rhode Island) exceeded the statewide

incidence rate for all cancers. Newport County's overall incidence rate was higher for Rhode Island's four most prevalent cancer types (breast, prostate, lung and bronchus, and colon and rectum).

Although it seems unlikely that higher cancer screening rates in Rhode Island fully account for its higher incidence rates, the state does appear to compare well in terms of the percentage of residents who are screened. According to 2010 BRFSS data, Rhode Islanders were significantly more likely (more than 5% over the national average) than all Americans to have been screened for breast cancer, cervical cancer, colorectal cancer, and prostate cancer.

Newport County performed slightly less well than Rhode Island overall (at rates closer to the national averages) on a few screening metrics: 1) percentage of women over 40 reporting mammogram in the past year (80.3% for Newport County, compared with 81.4% statewide and 76% nationally); 2) percentage of people over 50 reporting blood stool test in the past year (15.6% in the county, compared with 16.1 statewide and 17.2% nationally); and 3) percentage of men over 40 reporting prostate exam in the past two years (51.1% of Newport County residents, compared with 58.1% statewide and 53.2% nationally).

Newport Hospital's most significant contribution to addressing the needs of people with cancer in its community is that it has become a site of Lifespan's Comprehensive Cancer Center. Newport County residents now have access to leading edge research and top clinical expertise in cancer from across the Lifespan system. In addition to the preventive, diagnostic, treatment, and survivorship benefits of the Comprehensive Cancer, Newport Hospital offers several other cancer-related services to the community. **(See Appendix V)**

In addition to the resources provided above, Newport Hospital plans to:

- **Fully expand the Lifespan Comprehensive Cancer Center to Newport Hospital, creating a new model of high-quality cancer care in Newport County**

Lifespan recognizes that access to specialty cancer care and a true continuum of care for cancer patients is a substantial unmet health need in Newport County. Therefore, beginning in August 2013, all three of Lifespan's Cancer Centers—the Miriam Hospital, Rhode Island Hospital and Newport Hospital—have merged into one, system-wide Comprehensive Cancer Center, providing greater access to cancer specialists, psychosocial screenings with referrals to social workers and support services, enhanced patient and family education, patient navigators, genetics counselors and complementary therapies. Also, a patient from Newport County can visit a specialist at a CCC site anywhere within the Lifespan System and receive subsequent treatment at the Newport Hospital site. A new location for infusion services in East Greenwich will also be operational by fall 2013, expanding the geographic availability of the CCC to the South County area. As each patient completes their course of therapy they will receive a survivorship plan, which will also be shared with his or her primary care physician. At Newport Hospital, the creation of the Lifespan-wide Comprehensive Cancer Center will transition a separate physician medical practice and infusion service into the Comprehensive Cancer Center.

- **Increased access to cancer care through the recruitment and hiring of new clinical talent in oncology/hematology**

The Newport Healthcare Corporation Medical Associates hired one of the few oncologist/hematologists practicing in Newport County, in August 2012 – helping to enhance access to oncology services on Aquidneck Island.

Healthier Weight

Working toward healthier weight addresses several areas of concern expressed by community members around heart disease, diabetes, cancer, mental health, chronic disability, and more. To the degree that it correlates with depression and loss of function, it may also affect employability – in turn, impacting social determinants of health and access to care.

Not surprisingly, factors related to healthy weight – *nutrition* (cited by 67.3% of community stakeholders), *overweight/obesity* (cited by 53.8%), *diabetes* (cited by 51.9%), *hypertension* (cited by 44.2%), *youth health* (cited by 42.3%), *childhood overweight/obesity* (cited by 40.4%), *heart disease* (cited by 38.5%), and *stroke* (cited by 25%) – surfaced consistently and frequently during the CHNA.

Heart disease is the leading cause of death in Rhode Island and nationally. While overweight and obesity prevalence rates are lower in Newport County than in the state as a whole, the statewide rate for overweight is still fifth worse in the nation. In addition, Newport County has slightly fewer grocery stores and more convenience stores, per capita, than the statewide average – possibly making it more difficult to make healthy food choices, particularly when considered in the context of the city of Newport’s relatively high percentage of residents living in poverty. Finally, the 2011 BRFSS data reveals several self-reported health habits among Newport County residents that are of concern. More than 30% of county residents reported consuming less than one daily serving of fruit. Only 16.4% said that they exercised more than twice a week, with 42.3% reporting that they exercised for less than 30 minutes weekly. Fewer than 20% of county residents met aerobic/strengthening recommendation guidelines.

Addressing Healthier Weight in Newport County

Newport Hospital opened a new endocrinology-based weight management clinic in 2012. The hospital provides an array of additional programs designed to help its community achieve healthier weight. **(See Appendix V)**

In addition to the resources provided above, Newport Hospital plans to:

- **Continue development of clinical nutrition and weight loss programs led by a hospital-based endocrinologist engaged in clinical care.**

Clinical nutrition and weight loss programs will help reduce the incidence of obesity and overweight in Newport County through a multi-disciplinary approach to patient care. In the fall of 2012, Newport Hospital hired an endocrinologist – with a doctorate in nutrition – who will see patients, explore the

efficacy of interventions to prevent weight-related chronic disease, and lead the creation of the Nutrition and Weight Loss Program at Newport Hospital.

- **Continue work of Frederick Henry Prince Memorial Fund to provide direct grants and “mini-grants” to encourage physical activity and fitness levels, as well as healthy nutrition, among youth and families in Newport County**

In December 2010, Newport Hospital established a \$3 million permanently restricted endowment fund with a gift from the Frederick Henry Prince Trust. The goals of the Fund are to promote health and wellness among youth and families in Newport County; to combat child and adolescent obesity through the encouragement of participation in athletic activities (including both indoor and outdoor and competitive athletics); to combat the abuse of alcohol and drugs; and to promote the emotional and psychological well being of Newport County youth and their families.

- **Work with community partners and educational leaders to increase percentage of low-income children in free school breakfast program, by continuing to fund the school breakfast program run by the Newport School Department**

According to Rhode Island Kids Count, more than 70% of low-income children who are eligible for free school breakfasts are not receiving those breakfasts. By increasing this percentage – possibly by reducing stigma through establishment of universal free breakfast – we expect children’s nutrition, as well as their ability to learn, to be enhanced in the short term, while establishing good nutrition habits that will last a lifetime. Newport Hospital will continue to fund the Food Service Mall, the morning breakfast program run by the Newport School Department, which in addition to providing healthy meals also provides nutritional counseling for kids in the school system.

- **Explore sharing Newport Hospital’s experience with Lifespan’s Healthy Rewards Program, the system’s employee-focused healthier weight program, with other Newport County employers, possibly inspiring an Aquidneck Island-wide initiative on some level**

Nearly 400 Newport Hospital employees or their dependents had registered to participate in Lifespan’s Healthy Rewards Program as of May 2013. Upon submission of patient confirmation forms verifying their smoking status and BMI over 25, with a recommendation for weight loss, they are eligible for free nutrition counseling and Weight Watchers. If other local employers adopted the program, positive behavior modification could be encouraged in Newport County.

Mental Health

Access to mental health services is arguably the single most significant community health need facing Newport County and the rest of Rhode Island, as demonstrated both quantitatively and qualitatively. Community stakeholders cited some aspect of mental health – access to mental health services (cited by 75% of those surveyed or interviewed), mental health (cited by 67.3%), and substance abuse (cited by 61.5%) – as a top concern.

Data suggests that their concern is well founded. Rhode Island's incidence of mental illness (24.2%) is the highest in the nation, with 19.7% of Americans reporting some kind of mental illness. The percentage of Rhode Islanders with serious mental illness (7.2%) is nearly double the percentage (4.6%) of the nation as a whole. The percentage of Rhode Islanders reporting a major depressive episode in the past year (9.5%) exceeds the national average (6.5%) by a three percentage points.^{ccxxxii} The state logged the third highest increase in rate of suicide among people between the ages of 35 and 64 in the United States between 1999 and 2010.^{ccxxxii}

Newport County's average age-adjusted suicide rate from 2008-2010 was 9.2 per 100,000 people, which was the lowest in the state. The county's mortality rate from opioid overdose is the second lowest among all Rhode Island counties. Nevertheless, there is cause for concern as Rhode Island, as a whole, is one of only 16 states in which opioid overdoses lead motor vehicle accidents as a cause of death. Newport County, in fact, exceeds the national average in alcohol-related motor vehicle fatalities, and residents report higher-than-average rates of both chronic and binge drinking.

Addressing Mental Health in Newport County

Newport Hospital made a significant investment in the mental health of its community in 2012, adding five new inpatient beds on its psychiatric service and launching a new partial hospital program. The hospital also offers several programs to address the community's mental health needs. **(See Appendix V)**

In addition to the above programs, Newport Hospital intends to:

- **Leverage the expertise of Gateway Healthcare, Lifespan's newest partner, to create new capacity for providing mental health services in Newport County – possibly collaborating with community agencies**

Leaders from Newport Hospital, Lifespan, NCCMHC and Gateway will come together to discuss ways to effectively pool resources and collaborate across agencies to respond to the need for psychiatric treatment in Newport County.

- **Sustain adult-partial hospitalization program**

In May 2012, an adult partial hospitalization program was developed to provide a level of care between inpatient hospitalization and outpatient services. The program is staffed by the Newport Healthcare Corporation (NHCC) Medical Associates but is funded by and operates under the license of Newport Hospital. Originally projected to serve three to six patients daily, the program typically accommodates eight to ten patients daily.

- **Continue to support work of child psychiatrist**

In 2012, Newport Hospital collaborated with Bradley Hospital to bring a child psychiatrist to Newport to order to address a deficit in pediatric psychiatric care that had persisted since the last child psychiatrist left the community in 2010. The child psychiatrist's time is split evenly between Newport Hospital and Bradley Hospital.

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

In 2012, in response to significant and growing community need, the unit was renovated to accommodate 15 inpatient beds, serving patients from Newport County as well as throughout the state.

Conclusion

Newport 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 lives of individuals and communities, and for health care organizations.

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.

As a critical healthcare safety net for its community, Newport Hospital has considered the community's health needs in the context of its fundamental imperative to sustain essential hospital-based services. The hospital is deeply committed to helping to improve the health status of the community it serves.

Although this Community Health Needs Assessment was conducted by Newport Hospital, it 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 Newport County. The people of Newport 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, Ph.D*, 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 Vithiananthan, 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 Daley
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, J. Clement 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 Key Issue Areas

Asthma

Bradley Hospital and Research Center

Childhood Asthma Research Program
Project ARC: Asthma Management and Ethnic Disparities at the Adolescent Transition
Adolescent-Parent-Provider Communication in Latinos with Asthma
Asthma and Academic Performance in Urban Children
The Evaluation of “Asthma 102” Program, Stress and Immunity in Pediatric Asthma
Asthma and Academic Performance in Urban Children
The Community Asthma Program (CAP)
Project REACH: Resilience and Asthma in Children
Project SAIL: Stress, Asthma, and Immunity Links

Hasbro Children’s Hospital

The Respiratory and Immunology Center: Allergy and Immunology
Pediatric Pulmonary
Pediatric Rheumatology
Full-service Laboratories
Hospital inpatient care
Specialist on 24-hour call
Childhood Asthma Research Program
Community Asthma Programs
Pharmacy/Draw A Breath Program (DAB)
Providence School Asthma Partnership Program
Asthma Camp
Hispanic Asthma Support Group for Parents
Asthma School Lunch Program and the Emergency Room Diversion Program
Community Outreach and Training

Newport Hospital

Pulmonary Medicine

Rhode Island Hospital

Research: New Treatments for Asthma Attacks
Medical Decision Making of Acute Asthma Severity

Lifespan’s Community Health Services

Family Program
Support groups
Education Programs

Cancer

Hasbro Children’s Hospital

Division of Pediatric Hematology and Oncology
Evaluation, diagnosis, and treatment
Survivorship care
Pediatric Leukemia/Lymphoma Services
Pediatric Neuro-Oncology
Pediatric Solid Tumors
Bleeding Disorders: Hemophilia and Homeostasis Program
Hematology: Hemoglobinopathy Services (Sickle cell) Thalessemias

Fertility Preservation
Comprehensive Health Assessment and Management for Pediatric Cancer Survivors (CHAMP)

The Miriam Hospital

The Comprehensive Cancer Center
Brachytherapy
Chemotherapy
Combination Treatment
IMRT
Interventional Radiology
Robotic Prostatectomy
Robotic Radiosurgery
Surgery (Da Vinci Surgical System)
Soft Brachytherapy
Screening and diagnostics
Cancer clinical trials

Newport Hospital

The Comprehensive Cancer Center (same as above)
ICAN COPE (Cancer) support group

Rhode Island Hospital

Blue Distinction Center for Complex and Rare Cancers
Breast Cancer Services
Comprehensive Cancer Center (same as above)
Comprehensive Care for Area Patients
Cancer Clinical Trials
Cyberknife
Gamma Knife
Image Guided Tumor Ablation
Radiation Therapy
Radiofrequency Ablation
Radiosurgery
Trilogy Image Guided Radiation Therapy

Lifespan's Community Health Services

Support groups
Health Screenings: Breast cancer, Prostate cancer, Skin Cancer
Workshops and seminars: National Cancer Survivors Day, Breast Health Education

Healthy Weight

Bradley Hospital and Research Center

Adolescent Obesity
Role of parents in adolescent weight control
Integrated treatment for overweight adolescents with depression
Chronic Disease Management
Development of an Illness Beliefs Questionnaire for Pediatric Illness
Development of the Pediatric IBD
Behavioral Health Registry

Hasbro Children's Hospital

Adolescent Weight Management Program
Creating Healthy Attitudes Nutrition Goals and Exercise Strength (CHANGES)
Division of Pediatric Endocrinology and Metabolism
Patient care

Medical education and research
My Diabetes Online Program
Pediatric Diabetes Program for kids and teens with Type I diabetes

The Miriam Hospital

Weight Management Program
Bariatric Surgery
Weight Research Programs
Weight Control and Diabetes Research Center
Cognitive Effects of Bariatric Surgery
Sleep Duration and Pediatric Overweight: The Role of Eating Behaviors
Prevention of Postpartum Weight Retention
Weight Control and Diabetes Research Center
The Look AHEAD Continuation: Action for Health in Diabetes
Gene X Behavioral Interaction in the Look AHEAD program
The Cardiovascular Institute

Newport Hospital

Community Classes and Programs
Enough is Enough (6-wk weight loss program)
Yoga
A Healthier You
Risk Factor Reduction Program
Employee Health Promotion Programs
Weight management (Weight Watchers, yoga, nutrition)
On-site fitness center
Wellness profile
Healthwise Handbook
Diabetes Support Group

Rhode Island Hospital

Placebo
Diet/behavior modification
Drug therapy
Gastric Bypass
Gastric adjustment band
Vertical sleeve gastrectomy
Educational programs
Rhode Island Hospital Nutrition Teaching Center
Weight Loss Success Striders
Diabetes and Endocrinology
Pediatric Diabetes program
Diabetes and treatment management
Osteoporosis testing and treatment
Diabetes outpatient education
General clinical services
Comprehensive Diabetes program
Coordinated Care of Diabetes Complications
The Cardiovascular Institute

Lifespan's Community Health Services

Support groups
Healthy screenings
Blood pressure
Body fat analysis
Cholesterol

Health risk assessment
Workshop and seminars
Heart health education
Hypertension/stroke awareness
Health education and lecture programs
Emergency cardiovascular care program for kids
HITECH Heart Program
Life support/CPR training
Diabetes education
Women's Wellness
Diabetes Outpatient Education
Healthwise for Life

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

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