



Community Health Needs Assessment
Final Summary Report
June 2019



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Our Commitment to Community Health

Westerly Hospital serves the entire community with family-centered medical care that's leading edge, yet respectful, compassionate, and accountable to our patients. As an anchor institution within our community, Westerly Hospital is committed to the vitality of our community and the health of our residents.

Building on the long history of Westerly Hospital, we are dedicating to providing high quality health care when you need it, as well as working toward improving the health status of all community members through our community benefit activities. The following are examples of the kinds of community benefits we provide.

- > Free and discounted care to those who are unable to afford it
- > Care to low-income beneficiaries of Medicaid and other indigent care programs
- > Advocacy and partnership to increase access to behavioral health care services
- > Education and wellness programs to prevent risk factors for disease and improve outcomes for people living with chronic conditions

In addition to these hospital led initiatives, Westerly Hospital also collaborates with a wide variety of partners, representing health and social service, education, municipal government, faith-based, and businesses to leverage our community resources and increase our collective impact. Examples of these partnerships include our participation in the Healthy Bodies, Healthy Minds Committee, a RIDOH Health Equity Zone (HEZ), to address behavioral health needs across Washington County and the Health Impact Collaborative of Greater Westerly, a coalition of citizens and organizations working together to improve health.

To guide our community benefit and health improvement efforts across the community, since 2011 Westerly hospital has participated with the Hospital Association of Rhode Island (HARI) and other member hospitals across Rhode Island to conduct a statewide comprehensive Community Health Needs Assessment (CHNA). The 2019 CHNA builds upon the 2013 and 2016 studies to monitor health status across the state and in local hospital communities. The CHNAs included a mix of statistical research and stakeholder input to collect and analyze health trends that impact the health of our community.

This report outlines findings from the 2019 CHNA and highlights strengths and opportunities across the Westerly service area and greater Washington County. The findings will be used to guide services at Westerly Hospital, as well as serve as a community resource for grant making, advocacy, and to support the many programs provided by our community health and social service partners.

To learn more about Westerly Hospital's work to improve the health of our community, visit westerlyhospital.org and click on [Community Benefits](#) or contact [Laurel Holmes](#), Director of Community Partnerships + Population Health at Westerly Hospital and Lawrence + Memorial Hospital.

Executive Summary of CHNA Findings

CHNA Leadership

Westerly Hospital was a member of the 2019 HARI CHNA Steering Committee to oversee statewide research and stakeholder engagement. CHNA findings specific to Westerly and Washington County were reviewed with local partners including Healthy Bodies Healthy Minds Health Equity Zone and The Health Improvement Collaborative of Greater Westerly. A local subcommittee made up of Westerly health and human services experts helped to develop the Westerly Hospital Implementation Plan. Community health consultants assisted in all phases of the CHNA including project management, data collection and analysis, and report writing.

2019 HARI CHNA Steering Committee Members

Gina Rocha, Hospital Association of Rhode Island, Vice President, Clinical Affairs
Laurel Holmes, Westerly Hospital, Director of Community Partnerships & Population Health
Otis Brown, CharterCARE, Vice President, Marketing & External Affairs
Carolyn Kyle, Landmark Medical Center, Director of Public Relations, Marketing & Physician Relations
Kimberly O'Connell, South County Hospital, Vice President and Chief Strategy Officer
Gail Robbins, Care New England, Senior Vice President of Planning & Finance

Consulting Team

Colleen Milligan, MBA, Director, CHNA Services
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Jessica Losito, BA, Research Consultant

Westerly Hospital Service Area Description

For purposes of collaboration with the Hospital Association of Rhode Island and its member hospitals on the 2019 CHNA, Westerly Hospital examined its primary service area consisting of the Greater Westerly and surrounding Rhode Island zip codes within Washington County.

CHNA Methodology

The 2019 CHNA was conducted from April 2018 to June 2019 and included quantitative and qualitative research methods to determine health trends and disparities within the Westerly Hospital service area compared to health indicators across Rhode Island and the nation. Primary study methods were used to solicit input from health care consumers and key community stakeholders representing the broad interests of the community. Secondary study methods were used to identify and analyze statistical demographic and health trends.

Specific CHNA study methods included:

- > An analysis of existing secondary data sources, including public health statistics, demographic and social measures, and health care utilization
- > A survey of local health and social service providers to assess their professional quality of life
- > A Key informant survey
- > Community Conversations with community stakeholders
- > An open community meeting to review CHNA findings and collect community feedback

The CHNA was conducted in a timeline to comply with IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Affordable Care Act (ACA). The findings will be used to guide the hospital's community benefit initiatives and engage local partners to collectively address identified health needs.

Community Engagement

In assessing the health needs of the community, Westerly Hospital solicited and received input from persons who represent the broad interests of the community. These individuals provided wide perspectives on health trends, expertise about existing community resources available to meet those needs, and insights into service delivery gaps that contribute to health disparities.

Following the 2016 CHNA, in addition to being posted on the Westerly Hospital website, a copy of the Assessment report and Implementation Plan was made available for public comment for a period of time during the 2019 assessment process. Westerly Hospital places a public notice in the Westerly Sun newspaper and created a dedicated email address for the receipt of written comments. No written comments were received.

Summary Findings

As a whole, health indicators within Westerly Hospital service area and Washington County positively lead the state in many measures of health and social status. The median income is the highest in the state and unemployment is the lowest in the state. Nearly half of the population have earned a bachelor's degree, and the percentage of racial and ethnic minorities earning degrees is consistently higher than the state and nation. Residents have fewer risk factors for disease and, overall, experience fewer chronic diseases. More residents have health insurance and a primary care provider when compared with the state and national averages. Overall life expectancy is among the highest in the state. There are lower death rates due to cancer, despite higher incidence rates, pointing toward regular preventive screening and early detection of disease.

As a whole,
Greater Westerly and
Washington County
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Areas of opportunity across the Westerly Hospital service area and Washington County continue to be centered on behavioral health needs, health and well-being of youth and young adults, growing health and social needs among seniors, and reducing health and social disparities.

Behavioral Health Needs

Washington County is a designated Health Professional Shortage Area (HPSA) for mental health care. Quantitative and qualitative findings reinforce that residents find it challenging to access behavioral health care when they need it, particularly for children and adolescents. Approximately 2.5% of ambulatory care sensitive (ACS) conditions in the ED last year were for mental health conditions; anxiety and depression were the most common diagnoses and nearly half of patients were under age 35. Over the past decade, community stakeholders and organizations have been successful in illuminating these challenges. Through

Westerly is among the top
ten towns in Rhode Island
for drug overdose deaths

collaboration and collective impact we are beginning to address service delivery gaps and reduce stigma in seeking care.

Substance abuse, particularly alcohol and opioid use, is prevalent in our community. Three percent of ACS visits to the ED in the last years were attributed to alcohol or drug misuse. Westerly is among the top ten towns in Rhode Island for drug overdose deaths. To combat overdose deaths, more than 500 naloxone kits were distributed in 2018. From 2013 to 2018, 68 Washington County babies were born addicted to substances for a rate of 133.9 per 10,000 delivery hospitalizations; the overall state average during that time period was 96.1 per 10,000.

Alcohol consumption is widely accepted, which can also lead to abuse. About 20% of adults and 5% of high school students self-reported excessive or binge drinking. Half of all driving deaths in Washington County are due to drunk driving. One in four middle school students and one in five high school students have ridden with a driver that has been under the influence of alcohol.

One in four middle school students has ridden with a driver that has been under the influence of alcohol

Youth and Adolescent Health Needs

In addition to alcohol risk behaviors, individuals under age 25 accounted for approximately one-quarter of ED visits related to asthma, drug-related disorders, and mental health conditions. Washington County leads the state with 17% of children having been diagnosed with asthma, a key driver for school absenteeism. Approximately 12% of patients seen in the ED for asthma are under age 19. Almost 30% of ED visits for drug-related disorders and 25% of visits due to a mental health condition were for patients under age 25.

While less adults and adolescents are smoking traditional cigarettes, e-cigarettes and vaping are on the rise. One in five high school students report vaping, and only 50% of students believe their peers would disapprove of their use of e-cigarettes or vaping. Parents and adolescents alike voiced needs for inexpensive social activities for youth, particularly in rural areas.

Senior Health Needs

The median age within the Westerly Hospital service area, and the whole of Washington County, continues to be older than the state, bringing increased emphasis on health and social needs among older residents. More seniors live alone in Washington County than in other parts of the state, contributing to social isolation and potentially exacerbating behavioral and physical health conditions. Local home health providers describe an increase in social and behavioral health needs among home-based seniors. Social activities are available through senior centers, libraries, and faith based organizations although wide variances in offerings between communities reduce broad benefit of services and reinforce disparities.

More seniors live alone in Washington County than in other parts of the state

Respiratory conditions including asthma and COPD are more prevalent across Washington County than other RI counties. More than 85% of patients seen for COPD in the Westerly ED were age 55 or over. Washington County also has the highest reported average radon level in

the state, which is a significant contributor to lung cancer. Washington County residents experience higher incidence of lung cancer, although death rates have remained stable.

Health Equity

Perhaps of greatest concern, regardless of sharing the same community, not all residents share in the same opportunities for optimal health and wellness. Socioeconomic disadvantages, an aging community, increased behavioral health needs, and limited specialty providers contribute to wide health disparities for many residents. These inequalities are often subtle. Neighboring zip codes experience as much as a 10-year difference in average life expectancy. Nearly 20% of children living within the Westerly town center experience poverty and food insecurity while median household income for county residents is among the top 25 in the nation. Seniors who can drive or afford alternative transportation options take advantage of regional senior centers that provide vast life-enriching programming, while those who are limited by transportation cannot.

All residents do not share in the same opportunities for optimal health and wellness

With a neighborhood level view of data, we can see more clearly the areas and populations on which to focus health improvement efforts. Residents in the towns of Westerly, Block Island, Bradford, Charlestown, Hopkinton, and Wood River Junction experience more socioeconomic challenges that consistently carry through to health measures. Statistically, individuals and families in these communities experience higher chronic condition comorbidities, more behavioral health needs, domestic violence, poorer birth outcomes, and lower life expectancy.

Health Professional Quality of Life

Results from the Washington County Health Profession Quality of Life (ProQOL) survey are included within this report. Findings demonstrate that people who work to help others experiencing suffering and trauma can themselves be negatively impacted by their work, experiencing lack of fulfillment, burnout, and secondary trauma. Increasing community needs and vast changes within our care delivery systems take a toll on the professionals we rely on for community health improvement.

Health Equity: the attainment of the highest level of health for all people.

Attainment of Health Equity

To promote *health equity*—the attainment of the highest level of health for all people—social disparities must be universally resolved while efforts to manage chronic health conditions, particularly behavioral health conditions, are proactively expanded through care delivery that optimizes compassion and values recipients and providers alike.

Community Health Priorities

To work toward health equity, it is imperative to prioritize resources and activities toward the most pressing health and cross-cutting needs within our community. In determining the issues on which to focus efforts over the next three-year cycle, Westerly Hospital solicited input from community partners and stakeholders. A summary of the prioritization process for identifying priority health needs is included on page 96 of this report.

Using feedback from partners and stakeholders and taking into account the hospital's expertise and resources, Westerly Hospital will focus efforts on continued advocacy for behavioral health policies, improving access to health and social services for youth and their families, and providing care that enables seniors to optimize their health and well-being.

Board Approval

The Westerly Hospital 2019 CHNA Final Report and corresponding Implementation Plan were reviewed and approved by the Board of Directors in August 2019. The report and plan are available for review and comment on the Westerly Hospital [website](#).

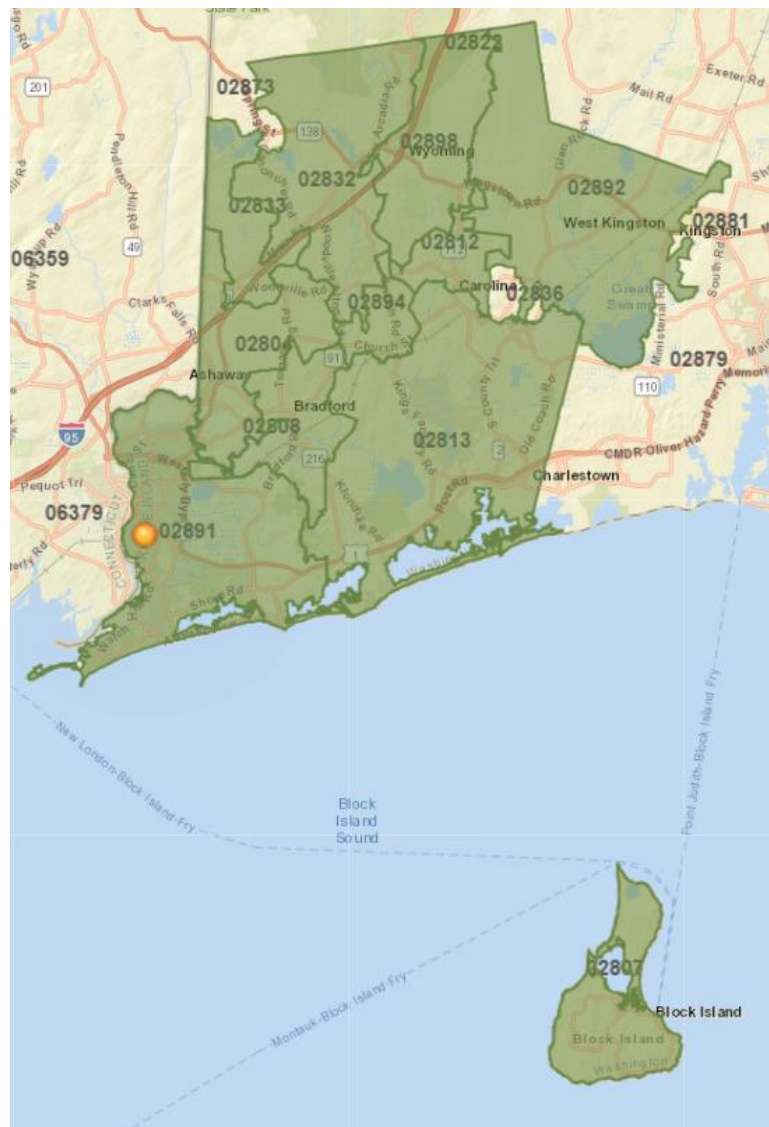
Full Report of CHNA Findings

The Westerly Hospital Service Area

For purposes of collaboration with HARI and its member hospitals on the 2019 CHNA, Westerly Hospital focused on its primary service area made up of 11 zip codes in the Greater Westerly and Washington County areas. Upon defining the geographic area and population served in Greater New London, the Collaborative was diligent to ensure that no groups, especially minority, low-income or medically under-served, were excluded. The map below depicts the service area zip codes. .

Westerly Hospital Service Area

Primary Service Area Zip Codes
02804, Ashaway
02807, Block Island
02808, Bradford
02812, Carolina
02813, Charlestown
02832, Hope Valley
02833, Hopkinton
02891, Westerly
02892, West Kingston
02894, Wood River Junction
02898, Wyoming



Westerly Hospital Service Area Demographic Data Analysis

Analyses of demographic and socioeconomic data is essential in understanding health trends and determining key drivers of health status. Socioeconomic indicators play a significant role in community and individual health. Known as **social determinants of health**, they are defined as factors within the environment in which people live, work, and play that can affect health and quality of life. Social determinants of health are often the root causes of **health disparities**. Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, or environmental disadvantage.”

Social determinants of health are factors within the environment in which people live, work, and play that can affect health and quality of life

Washington County data are presented with all Rhode Island counties, the state, and national data sets to demonstrate broad trends and areas of strength and opportunity. Demographic analysis by zip code, census tract, and census block level follow the county level analysis to provide a detailed view of population statistics. All reported data were provided by ESRI Business Analyst, 2018 and the US Census Bureau unless otherwise noted.

Population Trends

The 2018 population of Rhode Island is 1,067,528. The state population is expected to continue growing through 2023. Washington County is the second smallest county in Rhode Island. The county experienced slow growth between 2010 and 2018 and the population is projected to decrease slightly through 2023. Consistent with Washington County, the population within the Westerly Hospital Service Area has had slow growth and is expected to decline by 2023.

Population Growth

	2018 Population	% Growth 2010-2018	% Growth 2018-2023
Bristol County	49,418	-0.9%	-0.2%
Kent County	167,033	0.5%	0.6%
Newport County	84,539	2.0%	0.9%
Providence County	637,835	1.8%	1.5%
Washington County	128,703	1.4%	-0.2%
Rhode Island	1,067,528	1.4%	1.1%

Source: ESRI, 2018

Westerly Hospital Service Area Population Growth

2018 Population	% Growth 2010-2018	% Growth 2018-2023
49,492	0.7%	-0.3%

Across the state, and consistent with the nation, the population that identifies as White is projected to decrease through 2023, while the percentage of residents identifying as Asian, Black/African American, and/or Latinx is projected to increase. In Rhode Island this trend is due in large part to the older age of the White population compared to those of other races and ethnicities. Fewer White women in Rhode Island are in their childbearing years compared to minority women.

Rhode Island has a higher median resident age than the nation. The median age of Washington County residents is higher than the state and nation, equating to a higher proportion of seniors living within Washington County when compared to the state and the nation.

2018 Population Overview by Race, Ethnicity, and Primary Language

	Asian	Black or African American	White	Latinx (any race)	Primary Language Other than English*
Bristol County	2.2%	1.2%	93.7%	3.2%	12.1%
Kent County	2.6%	1.9%	91.1%	5.1%	8.7%
Newport County	1.9%	4.3%	88.0%	6.3%	10.3%
Providence County	4.4%	9.5%	68.7%	23.4%	30.5%
Washington County	2.0%	1.4%	92.6%	3.4%	6.4%
Rhode Island	3.6%	6.5%	77.8%	15.9%	21.6%
United States	5.7%	12.9%	70.0%	18.3%	21.2%

Source: ESRI, 2018 *Data are reported for 2012-2016 based on most recent records available.

Population by Race/Ethnicity as a Percentage of Total Population (Projected Change)

	Asian		Black/African American		White		Latinx	
	2010	2023	2010	2023	2010	2023	2010	2023
Bristol County	1.4%	2.9%	0.8%	1.5%	95.7%	92.1%	2.0%	4.3%
Kent County	2.0%	3.1%	1.5%	2.3%	93.4%	89.3%	3.2%	6.7%
Newport County	1.6%	2.1%	3.5%	4.7%	90.2%	86.4%	4.2%	8.1%
Providence County	3.7%	5.0%	8.5%	10.3%	73.4%	65.4%	18.8%	27.0%
Washington County	1.6%	2.2%	1.2%	1.5%	93.8%	91.7%	2.4%	4.3%
Rhode Island	2.9%	4.0%	5.7%	7.2%	81.4%	75.2%	12.4%	18.6%

Source: ESRI, 2018

2018 Population by Age

	14 years and under	15-24 years	25-34 years	35-54 years	55-64 years	65+ years	Median Age
Bristol County	14.6%	14.6%	10.5%	24.3%	15.8%	20.3%	45.1
Kent County	15.0%	10.5%	12.4%	26.9%	15.7%	19.6%	44.9
Newport County	14.4%	12.9%	11.3%	24.8%	15.5%	21.2%	45.3
Providence County	16.7%	15.2%	14.2%	24.9%	12.9%	16.1%	38.1
Washington County	14.0%	16.4%	10.0%	23.8%	16.3%	19.5%	44.4
Rhode Island	15.8%	14.4%	13.0%	25.1%	14.1%	17.6%	40.7
United States	18.6%	13.3%	13.9%	25.3%	13.0%	16.0%	38.3

Source: ESRI, 2018

2018 Senior Population by Age Bands

	65+ years	75+ years	85+ years
Bristol County	20.3%	9.4%	3.5%
Kent County	19.6%	8.6%	3.1%
Newport County	21.2%	9.2%	3.1%
Providence County	16.1%	7.2%	2.7%
Washington County	19.5%	7.9%	2.6%
Rhode Island	17.7%	7.8%	2.8%
United States	16.0%	6.6%	2.0%

Source: ESRI, 2018

Demographic Indicators by Zip Code*

	White	Black/ African American	Latinx	18-24	25-34	35-44	45-54	55-64	65+
Washington County	92.6%	1.4%	3.4%	12.9%	10.0%	10.2%	13.6%	16.3%	19.5%
02891, Westerly	91.3%	1.1%	4.2%	6.6%	10.8%	11.3%	14.2%	15.9%	22.5%
02833, Hopkinton	95.9%	0.5%	3.6%	6.1%	10.6%	12.0%	15.9%	16.4%	21.8%
02807, Block Island	95.9%	0.8%	4.2%	6.7%	7.1%	11.3%	14.2%	18.1%	28.5%
02808, Bradford	93.6%	1.1%	2.2%	8.1%	12.0%	12.0%	16.1%	15.1%	14.0%
02804, Ashaway	93.8%	0.9%	2.8%	7.1%	11.4%	11.1%	15.8%	16.7%	18.2%
02832, Hope Valley	95.9%	0.5%	2.4%	6.8%	10.8%	12.1%	16.5%	17.3%	16.6%
02813, Charlestown	94.1%	0.5%	2.3%	6.0%	10.0%	10.2%	14.2%	19.1%	24.1%
02892, West Kingston	93.9%	0.9%	2.3%	6.6%	10.4%	12.1%	15.5%	17.1%	18.7%
02894, Wood River Junction	95.6%	0.5%	3.7%	6.9%	11.9%	11.9%	17.3%	17.6%	15.8%
02898, Wyoming	96.0%	0.6%	2.5%	6.8%	10.3%	13.8%	16.9%	16.0%	14.8%
02812, Carolina	95.3%	0.5%	1.4%	6.2%	11.9%	13.1%	16.5%	16.7%	12.8%
Rhode Island	77.8%	6.5%	15.9%	10.9%	13.0%	11.7%	13.3%	14.1%	17.7%

*Cells highlighted in yellow are more than 2% points higher than the county statistic, but not necessarily statistically significant.

Economic Measures

The median household income for Rhode Island slightly exceeds that of the nation and there are fewer individuals and children living in poverty than in the nation in general. However, a greater proportion of Rhode Island households receive Food Stamp/SNAP benefits compared to the nation. A higher percentage of families accessing Food Stamp/SNAP benefits is a potentially positive finding because it means that supportive services are accessible, but it may also indicate greater food insecurity across the state.

The median household income for all counties except Providence exceeds the state and national comparisons. Washington County has the highest median household income in the state, but the second highest overall poverty rate.

Washington County has the highest median household income in the state, but the second highest overall poverty rate.

Median Household Income and Poverty Indicators

	Median Household Income	People in Poverty	Children in Poverty	Households with Food Stamp/SNAP Benefits
Bristol County	\$77,309	7.0%	6.7%	8.2%
Kent County	\$64,878	7.8%	8.9%	12.0%
Newport County	\$76,030	9.0%	11.5%	9.8%
Providence County	\$51,926	16.7%	24.4%	20.5%
Washington County	\$78,882	9.6%	10.1%	8.6%
Rhode Island	\$58,972	13.4%	18.9%	16.1%
United States	\$58,100	14.6%	20.3%	13.0%

Source: ESRI, 2018; US Census Bureau, 2013-2017

Rhode Island and the nation have equivalent white and blue collar work forces and unemployment rates. Washington County has a greater proportion of white collar workers compared to the state and the nation. Compensation for white collar workers tends to include benefits like private health insurance more often than it does for blue collar workers. Washington County also has a very low unemployment rate at 2.8%.

Population by Occupation and Unemployment

	White Collar Workforce	Blue Collar Workforce	Unemployment Rate
Bristol County	69.0%	31.0%	4.1%
Kent County	63.0%	37.0%	4.9%
Newport County	65.0%	35.0%	3.4%
Providence County	58.0%	42.0%	5.9%
Washington County	66.0%	34.0%	2.8%
Rhode Island	61.0%	39.0%	5.0%
United States	61.0%	39.0%	4.8%

Source: ESRI, 2018

Housing Measures

Homeownership and housing affordability are measures of economic stability. The median home values for Rhode Island and all five counties are higher than the national median. The Washington County median home value is among the highest in the state, and exceeds both the state and the nation.

Housing cost burden is defined by the US Census Bureau as spending more than 30% of household income on rent or mortgage expenses. Housing cost-burdened households are more likely to have difficulty affording other necessities like food, transportation, and medical care.

Half of all renters and about one-third of homeowners in Washington County are considered housing cost burdened. Despite a higher proportion of income going to housing, more people own their home in Washington County compared to other counties, the state, or the nation. The higher median income of the county likely contributes to this trend.

Half of all renters and about one-third of homeowners in Washington County are considered housing cost burdened.

Population by Household Type and Housing Cost Burden

	Renter-Occupied	Renters Paying 30% or More of Income on Rent	Owner-Occupied	Median Home Value	Mortgages Costing 30% or More of Household Income
Bristol County	29.7%	53.5%	70.3%	\$330,000	31.7%
Kent County	29.9%	49.4%	70.1%	\$208,400	33.8%
Newport County	39.1%	47.4%	60.9%	\$352,900	35.3%
Providence County	47.1%	51.2%	52.9%	\$209,800	35.9%
Washington County	27.6%	50.3%	72.4%	\$315,100	32.2%
Rhode Island	40.3%	50.7%	59.7%	\$238,200	34.6%
United States	36.4%	51.1%	63.6%	\$184,700	30.8%

Source: US Census Bureau, 2012-2016

The Rhode Island Comprehensive Housing Production and Rehabilitation Act of 2004 and Rhode Island Low and Moderate Income Housing Act (Rhode Island General Laws 45-53) require that 10% of each municipality's housing stock be "affordable." A total of 29 communities are covered by the Act; 10 are exempt due to their percentage of rental housing and/or current affordable housing inventory. The following table indicates the availability of low and moderate income housing for Rhode Island by target demographic.

Low and Moderate Income Housing (LMIH) Units by Target Demographic

	Total LMIH Units	Total Housing Units	LMIH Percent of Total	Elderly Housing Units	Family Housing Units	Special Needs Housing Units
Rhode Island	37,157	445,902	8.3%	19,631 (53%)	13,726 (37%)	3,800 (10%)

Source: State of Rhode Island Office of Housing and Community Development, 2017

Each year, the Rhode Island Coalition for the Homeless conducts a point-in-time study to identify individuals experiencing homelessness. The unduplicated statewide count is conducted on a single night in January. The study does not include individuals at risk of homelessness or those who are "couch surfing."

In 2018, 1,101 people across Rhode Island were identified as homeless, including 747 single adults and 354 persons in families. Of the single adults, nearly 75% were in emergency shelters and 19% were in transitional housing. Family households were more evenly split between emergency shelters (51%) and transitional housing (48%). Single adults were more likely than persons in families to be unsheltered.

Homeless Point in Time Count

	Single Adults		Persons in Families	
	Count	Percent	Count	Percent
Emergency Shelter	557	74.6%	182	51.4%
Transitional Housing	141	18.9%	170	48.0%
Unsheltered	49	6.6%	2	0.6%

Source: Rhode Island Coalition for the Homeless, 2018

Homeless Point in Time Count by Subpopulation

	Chronically Homeless		Veterans		Youth	
	Count	Percent	Count	Percent	Count	Percent
Emergency Shelter	247	93.6%	37	35.9%	40	72.7%
Transitional Housing	0	0.0%	63	61.2%	14	25.5%
Unsheltered	17	6.4%	3	2.9%	1	1.8%

Source: Rhode Island Coalition for the Homeless, 2018

The vast majority (94%) of the chronically homeless population were in emergency shelters; 6% were unsheltered. Veterans were the most likely to be in transitional housing (61%), while youth were the most likely to be in emergency shelters (73%).

The Rhode Island Department of Health defines homeless children as children under age 18 who stayed at homeless shelters, domestic violence shelters, or transitional housing facilities with their families. Across Rhode Island in 2017, 539 families with 998 children stayed at a homeless shelter or other emergency housing facility. Children comprised 22% of all homeless individuals in Rhode Island, 51% of whom were under age six. The following tables depict homeless children identified by public schools during the 2016-2017 school year.

Homeless Children Identified during the 2016-2017 School Year

	Total Student Enrollment	Number of Children Identified as Homeless
Four Core Cities	41,419	444
Remainder of Rhode Island	91,811	770
All of Rhode Island	142,142	1,245

Source: Rhode Island Department of Health, 2016-2017

Education Measures

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. Rhode Island has a greater proportion of residents attaining a bachelor's degree or higher and fewer residents who do not complete high school when compared to the nation. Washington County exceeds both the state and the nation for higher educational attainment. Nearly half of Washington County residents have a bachelor's degree or higher compared to one-third of residents statewide.

Nearly half of all Washington County residents have a bachelor's degree or higher compared to one-third of residents statewide.

Population (25 Years or Over) by Educational Attainment

	Less than a High School Diploma	High School Graduate/GED	Bachelor's Degree or Higher
Bristol County	7.9%	20.3%	49.5%
Kent County	7.1%	28.0%	34.5%
Newport County	5.7%	22.1%	48.5%
Providence County	14.2%	29.6%	30.0%
Washington County	5.2%	22.2%	47.5%
Rhode Island	10.9%	27.4%	35.3%
United States	12.3%	27.0%	31.8%

Source: ESRI, 2018

The following tables profile the key social determinants of health of poverty and educational attainment by race and ethnicity. Across Rhode Island, minority populations are likely to be impacted by adverse social determinants of health when compared to Whites.

While Washington County is less diverse than other counties within the state, socioeconomic disparities are consistent across Black/African American and Latinx residents.

Poverty Rates by Race and Ethnicity

	White		Black/African American		Latinx	
	Count	Percentage	Count	Percentage	Count	Percentage
Bristol County	2,808	6.4%	301	47.6%	127	11.2%
Kent County	12,342	8.2%	191	8.2%	778	11.7%
Newport County	5,680	8.0%	563	23.0%	872	20.8%
Providence County	61,249	13.8%	14,887	25.4%	42,541	32.8%
Washington County	10,166	9.0%	532	33.9%	546	17.3%
Rhode Island	92,245	11.2%	16,474	25.1%	44,864	31.0%

Source: US Census Bureau, 2012-2016

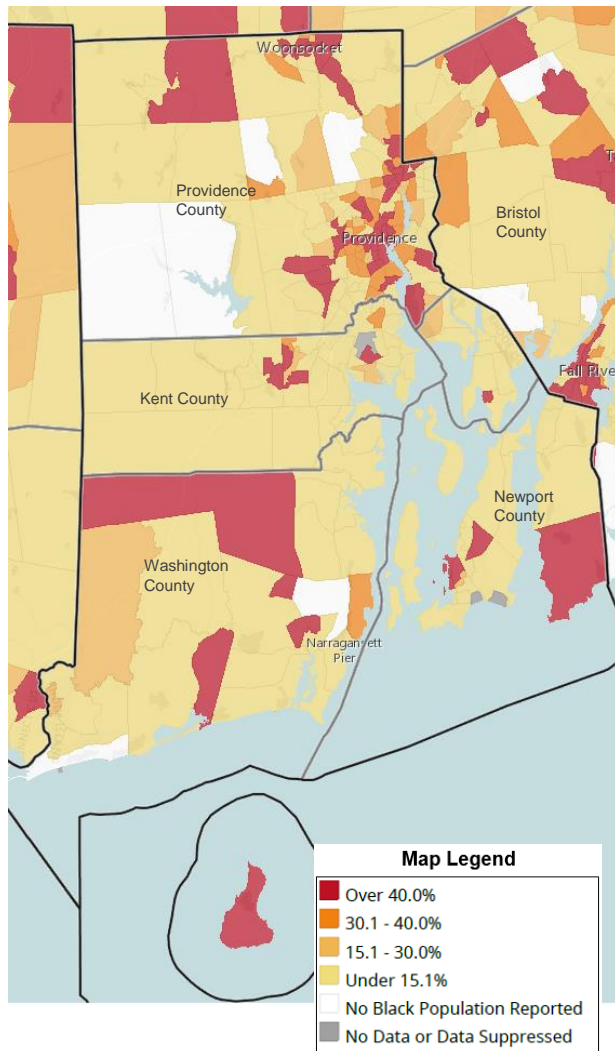
Bachelor's Degree or Higher by Race and Ethnicity

	White		Black/African American		Latinx	
	Count	Percentage	Count	Percentage	Count	Percentage
Bristol County	15,194	46.2%	174	43.1%	290	45.3%
Kent County	35,497	31.4%	605	33.3%	1,001	28.8%
Newport County	25,242	46.1%	594	34.3%	700	33.8%
Providence County	96,947	29.3%	6,553	18.4%	7,615	10.8%
Washington County	36,661	45.3%	242	30.1%	614	37.6%
Rhode Island	209,541	34.2%	8,168	20.2%	10,220	13.1%

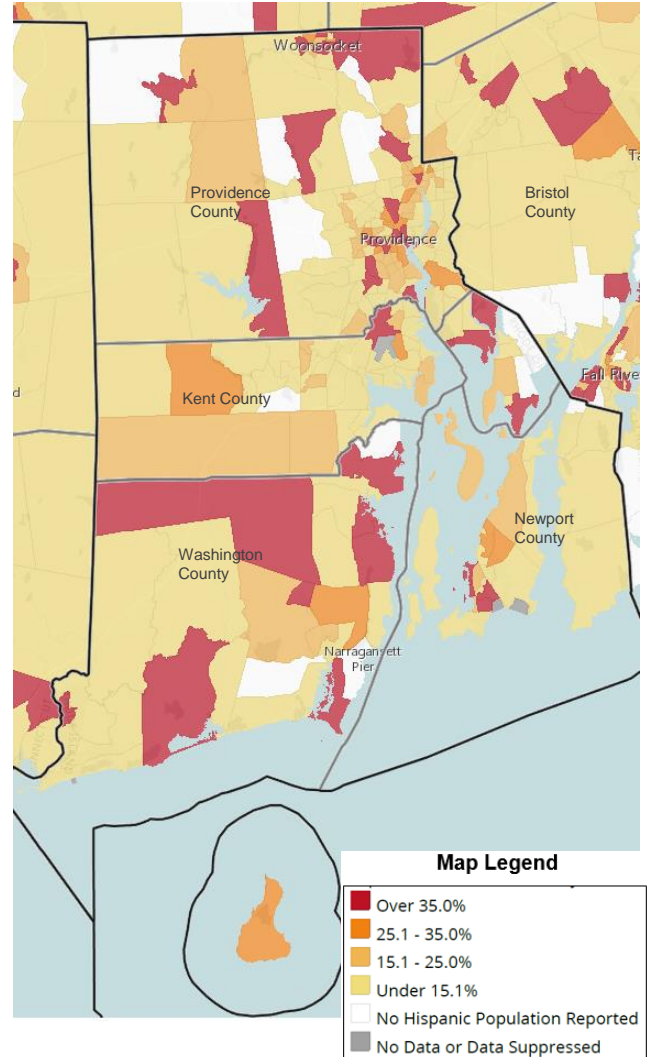
Source: US Census Bureau, 2012-2016

The following maps further illustrate poverty rates among Black/African American and Latinx residents, pinpointing areas of disparity by census tract.

Black/African American Population Below the Poverty Level by Census Tract



Latinx Population Below the Poverty Level by Census Tract

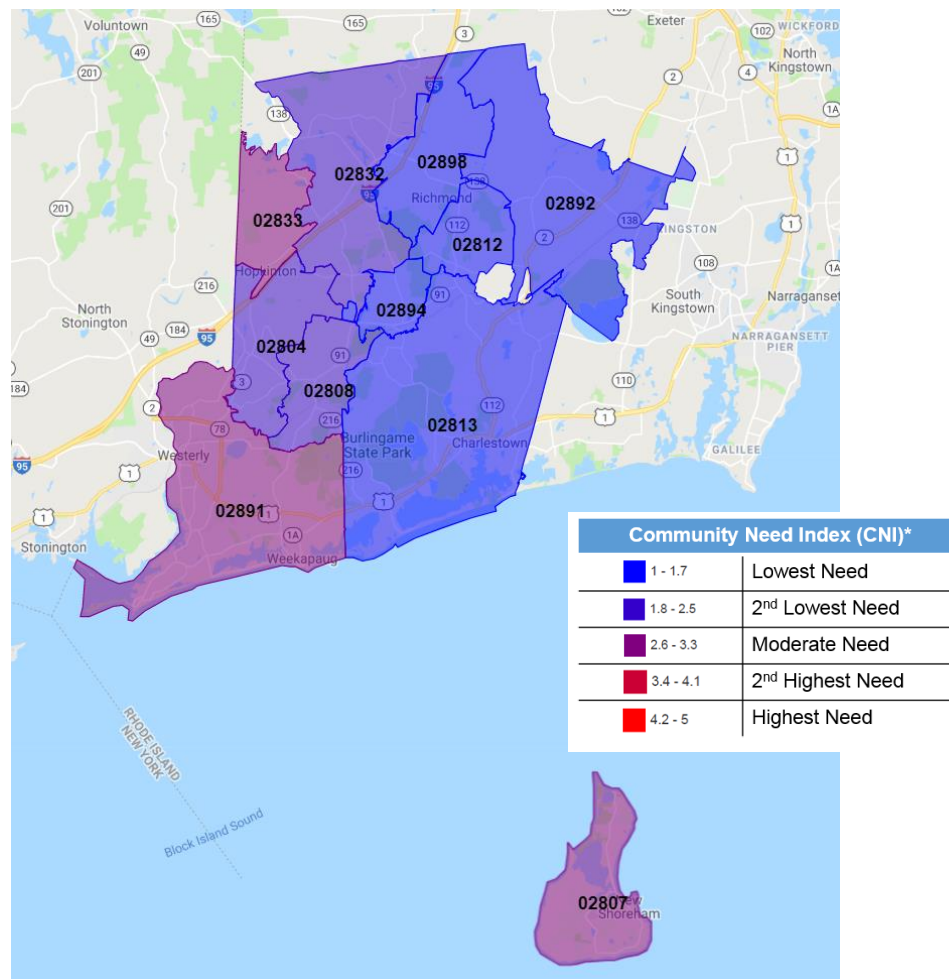


Westerly Service Area Zip Code Analysis

Zip code of residence is one of the most important predictors of health disparity; where residents live matters in determining their health. The Community Need Index (CNI) was developed by Dignity Health and Truven Health Analytics to illustrate the potential for health disparity at the zip code level. The CNI scores zip codes on a scale of 1.0 (low need) to 5.0 (high need) based on 2015 data indicators for five socio-economic barriers:

- > Income: Poverty among elderly households, families with children, and single female-headed families with children
- > Culture/Language: Minority populations and English language barriers
- > Education: Population over 25 years without a high school diploma
- > Insurance coverage: Unemployment rate among population 16 years or over and population without health insurance
- > Housing status: Householders renting their home

Community Needs Index for Westerly Hospital's Service Area



The weighted average CNI score for Westerly Hospital's service area is 2.2, indicating lower overall community need. However, a deeper view of zip codes across the service area demonstrates that not all residents experience the same health and social equity.

The following tables list the social determinants of health that contribute to zip code CNI scores and are often indicative of health disparities. Zip codes are shown in comparison to their respective county and the state, and are presented in descending order by CNI score. Cells highlighted in **yellow** are more than 2% points higher than the county statistic, but not necessarily statistically significant.

Social Determinants of Health Indicators by Zip Code

	HHs in Poverty	HHs Receiving Food Stamps/ SNAP	Children in Poverty	Language Other than English Spoken at Home	Unemployment	Less than HS Diploma	Without Health Insurance	CNI Score
Washington County	9.9%	8.6%	10.1%	6.4%	2.8%	5.2%	5.1%	2.3
02891, Westerly	11.5%	13.7%	18.5%	9.5%	3.3%	7.8%	6.3%	2.8
02833, Hopkinton	6.1%	12.9%	57.9%	6.7%	0.6%	8.5%	10.2%	2.6
02807, Block Island	4.0%	0.7%	30.8%	7.4%	1.7%	2.7%	15.4%	2.6
02808, Bradford	7.1%	5.4%	13.5%	4.7%	2.6%	16.7%	6.1%	2.2
02804, Ashaway	6.6%	3.9%	7.5%	3.0%	1.7%	3.7%	6.6%	1.8
02832, Hope Valley	4.7%	10.5%	4.9%	3.5%	2.4%	5.9%	4.7%	1.8
02813, Charlestown	7.5%	6.0%	10.4%	3.9%	3.6%	5.3%	4.5%	1.6
02892, West Kingston	3.5%	2.3%	7.4%	3.4%	2.5%	5.8%	6.4%	1.6
02894, Wood River Junction	12.7%	11.0%	0.0%	1.2%	7.2%	3.9%	7.6%	1.4
02898, Wyoming	4.8%	5.1%	0.0%	4.9%	3.1%	7.9%	4.4%	1.4
02812, Carolina	3.5%	3.2%	0.0%	1.5%	1.0%	2.0%	3.7%	1.2
Rhode Island	14.1%	16.1%	18.9%	21.6%	5.0%	10.9%	8.0%	3.1

Westerly Senior Population Profile

The senior population in Westerly exceeds both Washington County and Rhode Island overall. Westerly is an aging population with more than 1 in 5 individuals age 65 or over.

In comparison to Washington County, Westerly seniors are more likely to be socially isolated, as indicated by the percentage of seniors who live alone (13%), speak limited English (7%), and/or are widowed (24%). Disabilities, particularly ambulatory disabilities, also contribute to social isolation and decreased quality of life. Approximately 15% of Westerly seniors have an ambulatory disability, consistent with Washington County and lower than the state overall.

More than 1 in 5 Westerly residents are seniors; a higher percentage are socially isolated compared to Washington County overall

While a similar percentage of seniors in Westerly live in poverty compared to Washington County overall, a higher percentage are considered economically insecure, as indicated by a household income of less than \$30,000. The National Council on Aging reports that economically insecure older adults “struggle with rising housing and health care bills, inadequate nutrition, lack of access to transportation, diminished savings, and job loss.”

40% of Westerly seniors are economically insecure, as indicated by a household income of less than \$30,000

Across Washington County, approximately 33% of senior homeowners and 45% of senior renters are considered housing cost burdened, lower than the state overall. Housing cost burden data are not available for Westerly.

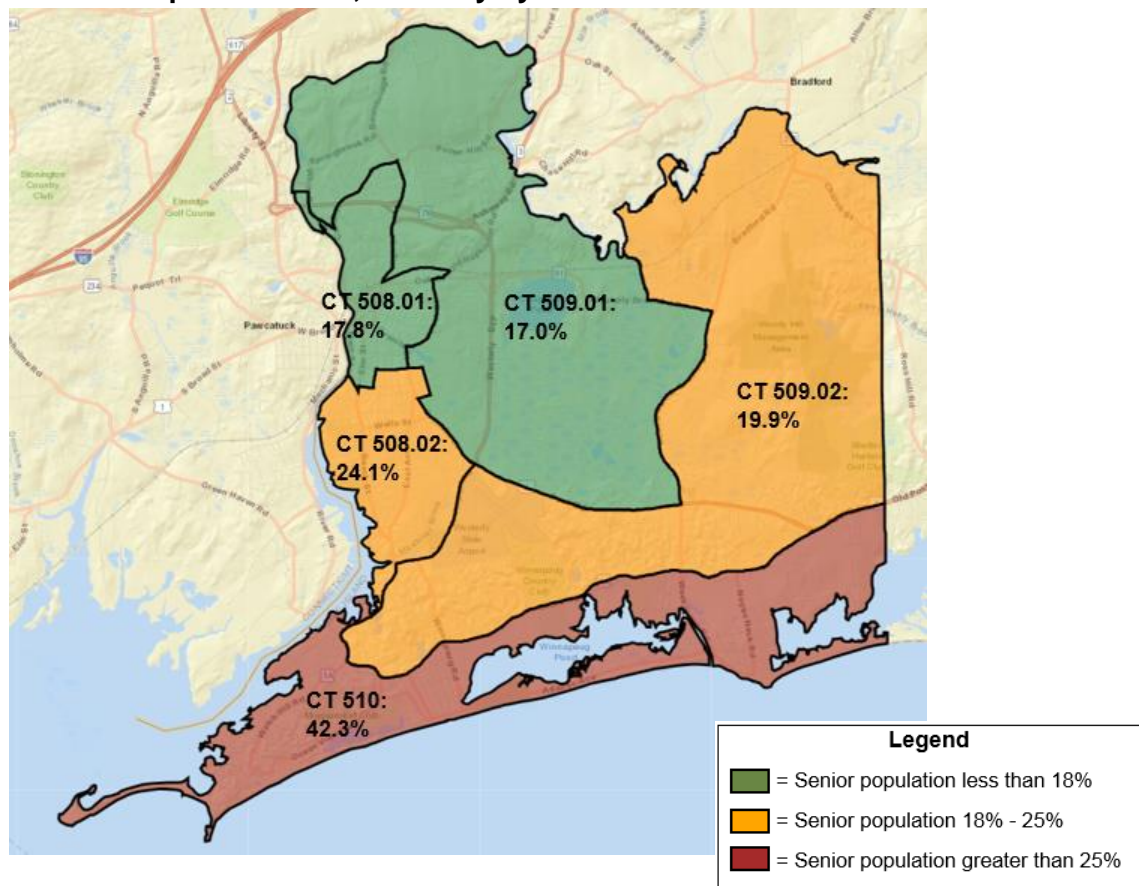
Senior Socioeconomic Indicators for Zip Code 02891, Westerly Compared to Washington County and Rhode Island

	Westerly, 02891	Washington County	Rhode Island
Seniors as a Percentage of Total Population	21.8%	18.5%	16.1%
Social Isolation			
Householders Living Alone	13.2%	11.8%	12.2%
Speak English Less than “Very Well”	7.2%	2.4%	9.9%
Widowed	23.9%	21.6%	26.4%
With Disability			
Ambulatory (walking)	14.5%	15.4%	21.1%
Self-Care (dressing, bathing, etc.)	4.2%	4.7%	8.0%
Poverty			
Income Below Federal Poverty Level	7.1%	6.2%	9.4%
Households with Income Less than \$30,000	40.4%	28.7%	38.3%
Households with non-Social Security Retirement Income	NA	54.1%	47.2%
Homeowners with Housing Cost Burden	NA	32.5%	34.3%
Renters with Housing Cost Burden	NA	44.7%	50.5%

Source: US Census Bureau, 2013-2017

Because socioeconomic indicators can vary within zip codes, data were analyzed by census tract (CT) within Westerly to better understand senior health and social trends. Westerly zip code 02891 is comprised of five census tracts. Census tract 510, along the coast, has the highest percentage of seniors (42%), followed by CT 508.02 (24%).

**Percent of Seniors (65 years or over) in
Zip code 02891, Westerly by U.S. Census Tract**



Senior Population by Census Tract within Zip Code 02891, Westerly

	508.01	508.02	509.01	509.02	510.0
Senior Population	986	967	1,067	1,031	693
Percent of Total Population	17.8%	24.1%	17.0%	19.9%	42.3%

Source: US Census Bureau, 2013-2017

Senior social indicators vary widely by census tract within Westerly. Of note is the percentage of seniors living alone in CT 510 (22%), the percentage of seniors speaking limited English in CTs 508.02 (11%) and 509.01 (13%), and the percentage of widowed seniors in CT 508.01 (33%).

The majority of seniors in Westerly reside along the coast; 22% of these seniors live alone

Disability indicators were also analyzed by census tract. Of note are the percentage of seniors with an ambulatory disability in CTs 508.02 (17%) and 509.01 (22%) and the percentage of seniors needing assistance with self-care in CT 509.01 (9%).

Seniors in census tract 509.01 experience the most socioeconomic disparities of seniors in Westerly

Seniors in CT 509.01 experience the highest socioeconomic disparities compared to seniors in other Westerly census tracts.

Nearly 13% of seniors in CT 509.01 live in poverty and 60% are economically insecure, with a household income of less than \$30,000. Seniors in CT 508.01 also experience socioeconomic disparity with 54% having a household income of less than \$30,000.

Senior Socioeconomic Indicators by Census Tract within Zip Code 02891, Westerly
(Red = Area of Disparity Compared to Westerly Overall)

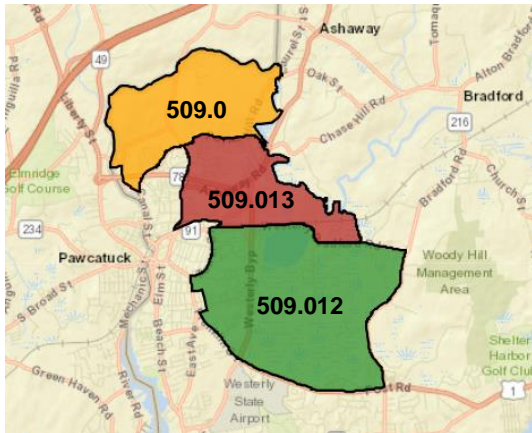
	Westerly 02891	508.01	508.02	509.01	509.02	510.0
Seniors as a Percentage of Total Population	21.8%	17.8%	24.1%	17.0%	19.9%	42.3%
Social Isolation						
Householders Living Alone	13.2%	14.7%	11.2%	12.3%	10.1%	22.4%
Speak English Less than "Very Well"	7.2%	7.6%	11.4%	12.6%	1.1%	0.0%
Widowed	23.9%	32.5%	27.0%	23.3%	21.6%	17.2%
With Disability						
Ambulatory (walking)	14.5%	11.1%	17.0%	21.9%	10.9%	8.9%
Need assistance with self-care (dressing, bathing, etc.)	4.2%	3.5%	4.6%	8.8%	2.0%	2.4%
Poverty						
Income Below Fed Poverty Level	7.1%	7.4%	6.9%	12.6%	2.9%	4.9%
Households with Income Less than \$30,000	40.4%	54.3%	32.9%	59.7%	29.8%	22.8%

Source: US Census Bureau, 2013-2017

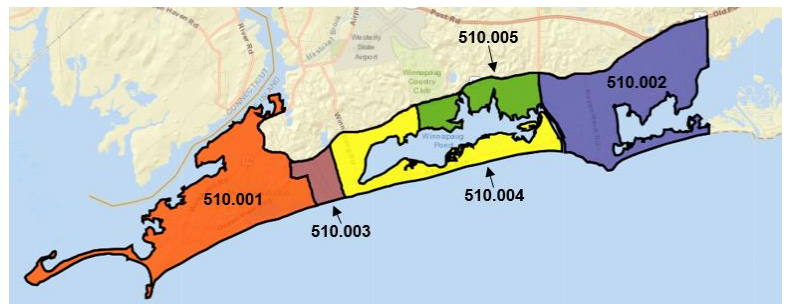
In order to pinpoint senior needs on a local level, Westerly Hospital examined available data indicators by census block group. Census block groups comprise census tracts and are the smallest geographic units used by the US Census Bureau to estimate population. Data by census block group are presented for CT 509.01 and CT 510 due to the level of socioeconomic disparity experienced by seniors in CT 509.01 and the high proportion of seniors in CT 510.

Note: Data percentages are often based on small counts, and may be less reliable.

Census Block Groups within Census Tract 509.01



Census Block Groups within Census Tract 510



Senior Indicators by Census Block Group within Census Tract 509.01

Census Tract:	509.011	509.012	509.013
Population as a Percentage of Total Population	6.4% (n=156)	13.2% (n=732)	9.5% (n=179)
Households with Income Less than \$30,000	29.9% (n=29)	71.2% (n=334)	25.7% (n=19)

Source: US Census Bureau, 2013-2017

Senior Indicators by Census Block Group within Census Tract 510

	510.001	510.002	510.003	510.004	510.005	
Population as a Percentage of Total Population	48.5% (n=165)	43.4% (n=230)	54.2% (n=109)	46.3% (n=112)	23.8% (n=77)	
Households with Income Less than \$30,000	8.1% (n=6)	20.1% (n=32)	18.2% (n=14)	31.9% (n=22)	45.5% (n=25)	

Source: US Census Bureau, 2013-2017

Statistical Analysis of Health Indicators

Background

Health indicators were analyzed for a number of health issues, including access to care, health behaviors and outcomes, chronic disease prevalence and mortality, mental health and substance use disorder, and maternal and child health. Data were compiled from secondary sources including the Rhode Island Department of Health, the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and the University of Wisconsin County Health Rankings & Roadmaps program, among other sources. A comprehensive list of data sources is provided in Appendix A.

In addition to compiling data from secondary sources, Westerly Hospital conducted a point-in-time Community Wellbeing Survey in three of its primary service area zip codes (02891, 02804, and 02808), collectively referred to as “Westerly.” The survey was conducted in 2018 via telephone interviews in partnership with DataHaven. A total of 152 telephone interviews were conducted as a part of the survey. The survey assessed overall quality of life, life chances and opportunities, and health status and behaviors, among other health indicators.

Health data focus on county-level reporting which is generally the most recent and most consistent data available. Health data for the counties are compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable, to provide benchmark comparisons. Healthy People is a US Department of Health and Human Services health promotion and disease prevention initiative that sets science-based, 10-year national objectives for improving the health of all Americans.

Age-adjusted rates are referenced throughout the reporting to depict a comparable burden of disease among residents. Age-adjusted rates are summary measures adjusted for differences in age distributions so that data from one year to another, or between one geographic area and another, can be compared as if the communities reflected the same age distribution.

The BRFSS is a telephone survey of residents age 18 or over conducted nationally by states as required by the CDC. A consistent survey tool is used across the US to assess health risk behaviors, prevalence of chronic health conditions, access to care, preventive health measures, among other health indicators. BRFSS results included within this report were provided by the Rhode Island Department of Health.

The YRBSS is a school-based survey conducted by the CDC every other odd year to monitor priority health risk behaviors among youth. YRBSS findings are reported for youth in grades 9-12 by county.

The most recent data available at the time of this study were used unless otherwise noted.

Access to Health Care

Rhode Island Counties are shown in rank order for clinical care, as reported by the University of Wisconsin County Health Rankings & Roadmaps program. The rankings are based on a number of indicators, including health insurance coverage and provider access. Washington County continued to be ranked as the second highest county for clinical care measures. The overall rank order is consistent with the 2015 reporting.

2018 Clinical Care County Health Rankings

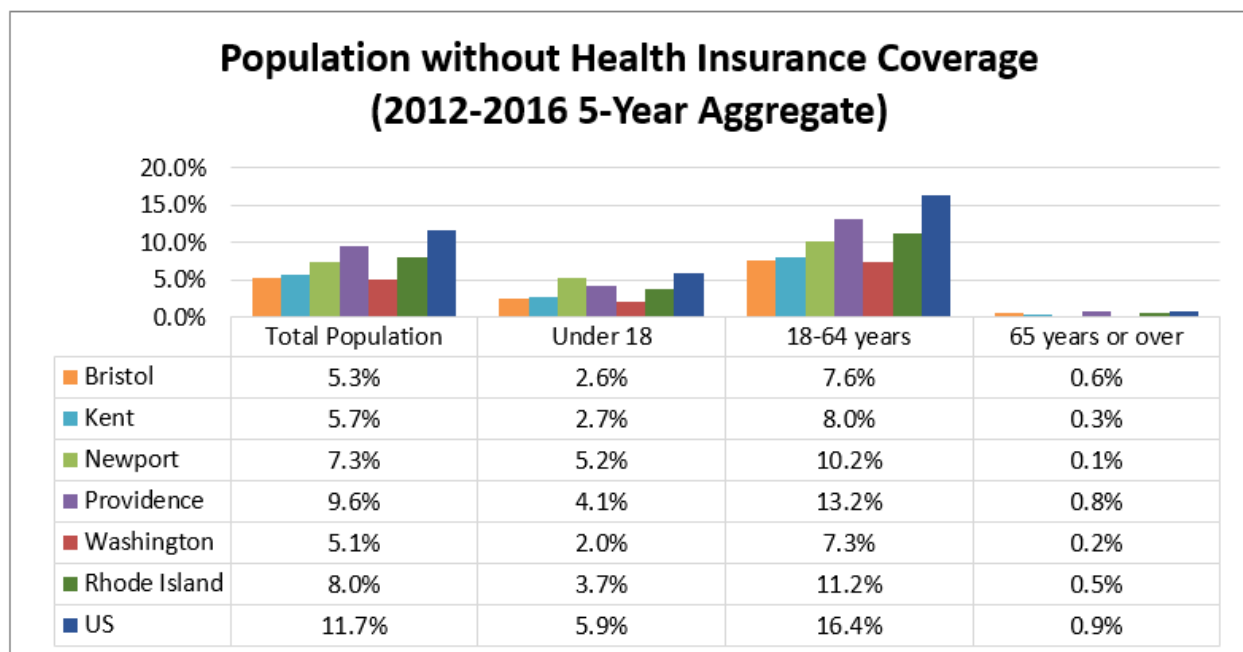
- #1 Bristol County (#1 in 2015)
- #2 Washington County (#2 in 2015)
- #3 Newport County (#3 in 2015)
- #4 Kent County (#4 in 2015)
- #5 Providence County (#5 in 2015)

Health Insurance Coverage

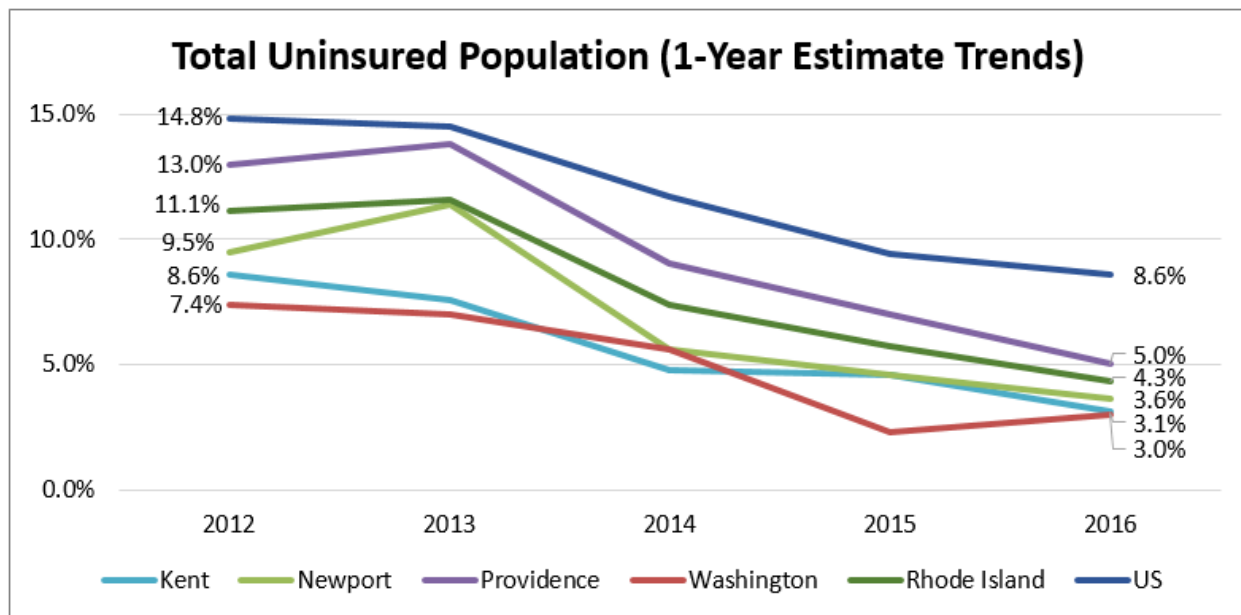
The State of Rhode Island has fewer uninsured residents compared to the nation, however, no counties meet the Healthy People 2020 goal of having 100% of all residents insured. Washington County has the fewest uninsured residents under age 65.

Over the past five years, the percent of uninsured residents has decreased. Washington County has the fewest uninsured residents under age 65.

Over the past five years, the percentage of uninsured residents declined, though there was a slight increase between 2015 and 2016 in Washington County.

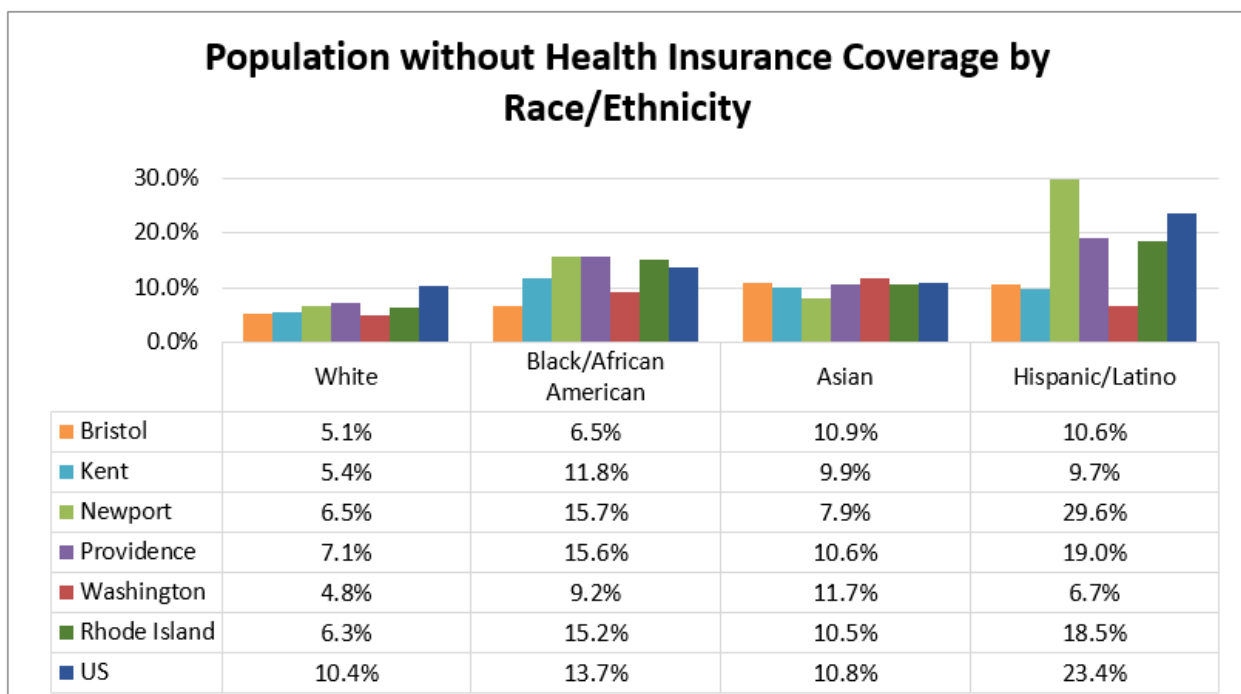


Source: US Census Bureau, 2012-2016



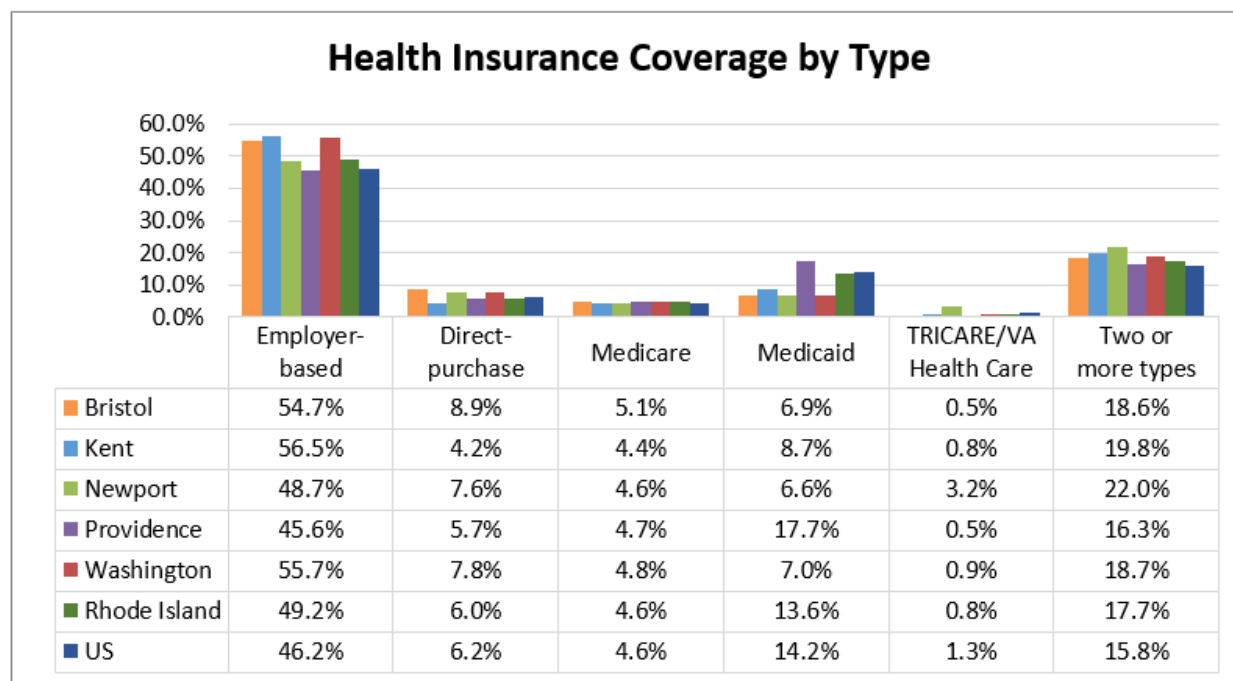
Source: US Census Bureau, 2012-2016

*The Bristol County uninsured rate is all reported as a five-year aggregate based on data availability.



Source: US Census Bureau, 2012-2016

Uninsured percentages across Rhode Island and the nation are highest among Latinx residents. In Washington Counties, the percent uninsured is highest among Blacks/African Americans and Asians respectively. Employer based health insurance is the most common coverage.



Source: US Census Bureau, 2012-2016

Provider Access

Provider rates are measured as the number of providers in an area per 100,000 people, and are measured against state and national benchmarks for primary care physicians, dentists, and mental health care providers. Primary care physicians include non-federal, practicing physicians under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care.

All Rhode Island counties have a higher primary care physician rate than the nation, indicating a greater number of providers per person and potential for greater access to care. The Washington County rate declined 2 points from 2011 to 2015.

Rhode Island has a lower dentist provider rate than the nation, indicating fewer dentists per person. The dentist provider rate increased 3-4 points from 2012 to 2016 across Rhode Island and in Washington County.

All counties have a higher provider rate than the nation. From 2011 to 2015, the Washington County provider rate declined 2 points.

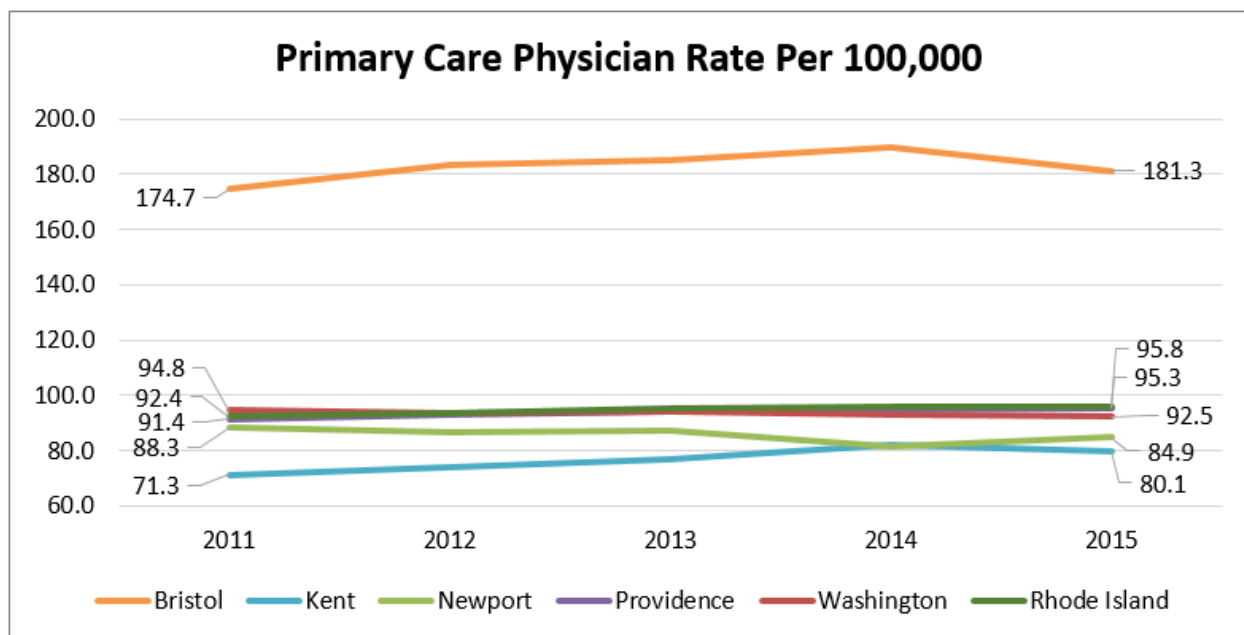
The mental health care provider rate increased by xx in Washington County between 2014 and 2017

Rhode Island has a higher mental health provider rate than the nation. The provider rate increased more than 50 points statewide from 2014 to 2017 and more than 30 points in Washington County. These findings indicate overall improved access to care based on the number of providers per population, but may not account for specialty provider shortages, including psychiatrists and psychologists. The rates do not reflect insurance programs participation or open patient panels.

Provider Rates per 100,000
(Green = Higher than the State and Nation; Red = Lower than the State and Nation)

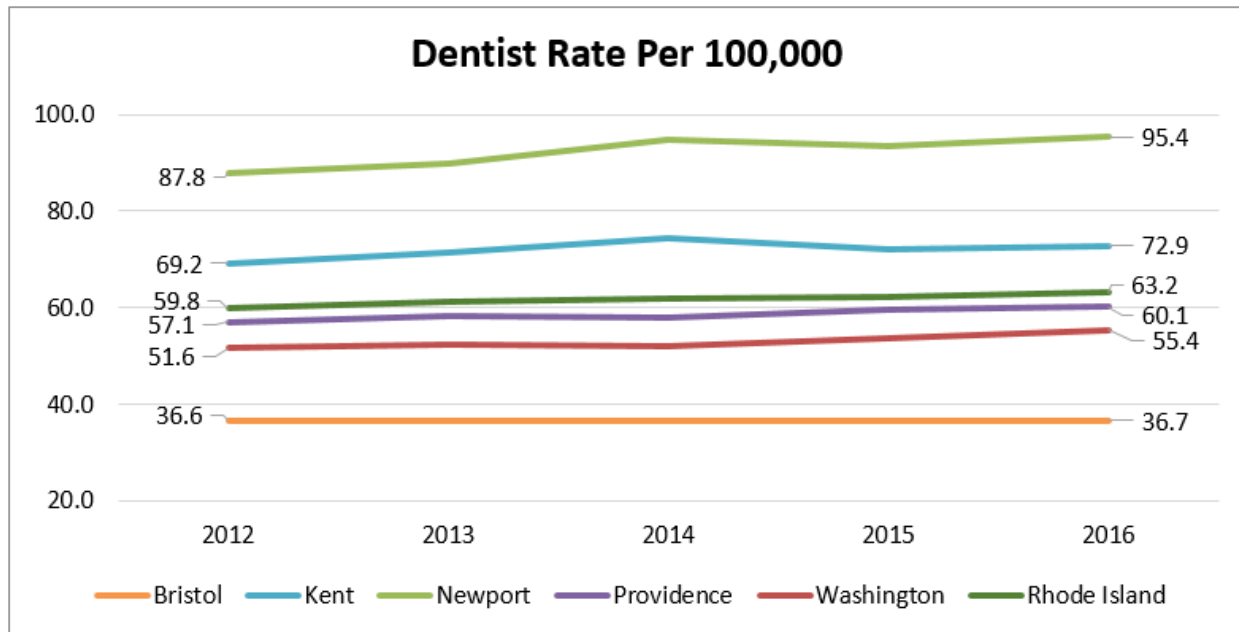
	2015 Primary Care Physician Rate	2016 Dentist Provider Rate	2017 Mental Health Care Provider Rate
Bristol County	181.3	36.7	185.5
Kent County	80.1	72.9	281.3
Newport County	84.9	95.4	302.0
Providence County	95.3	60.1	433.0
Washington County	92.5	55.4	285.1
Rhode Island	95.8	63.2	370.2
United States	75.8	67.6	212.8

Source: Health Resources & Services Administration, 2015 & 2016; Centers for Medicare and Medicaid Services, 2017

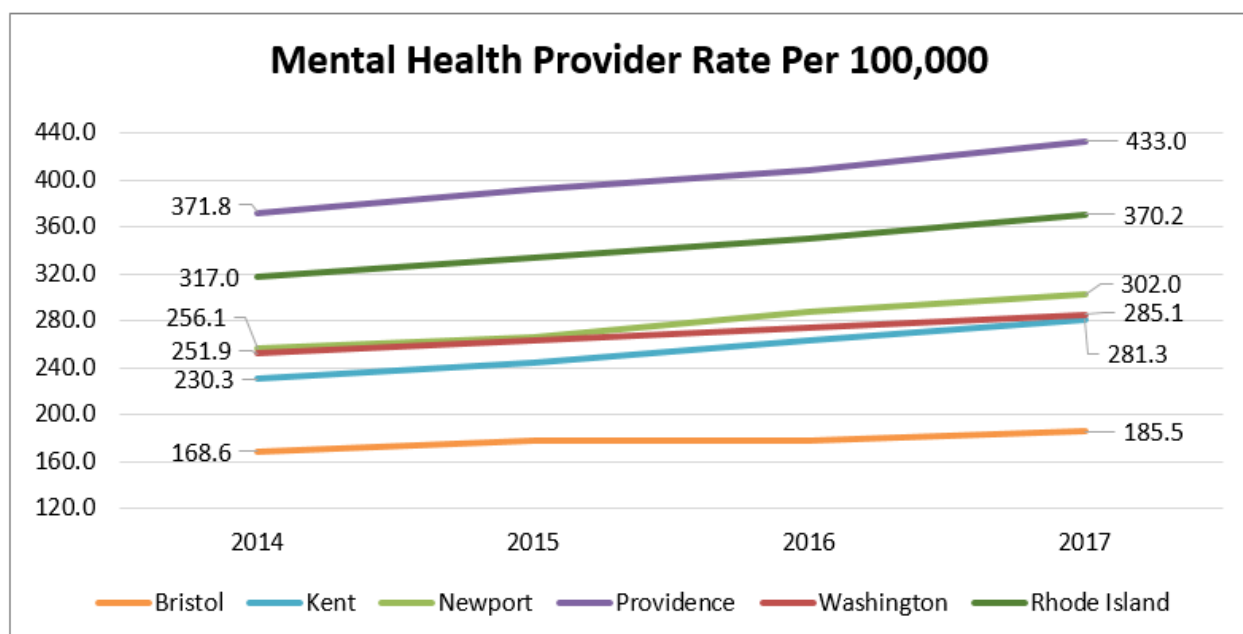


Source: Health Resources & Services Administration, 2011-2015

*Primary care physicians are identified based on the county in which their preferred professional/business mailing address is located. Rates do not take into account providers that serve multiple counties or satellite clinics.



Source: Health Resources & Services Administration, 2012-2016



Source: Centers for Medicare and Medicaid Services, 2014-2017

*An error occurred in the County Health Rankings method for identifying mental health providers in 2013. Data prior to 2014 are not shown.

The Health Resources & Services Administration is responsible for designating geographic areas as Health Professional Shortage Areas (HPSAs) for primary, dental, and mental health care. Shortage areas are determined based on a defined ratio of total health professionals to total population. The following HPSAs are located within Rhode Island:

Washington County is designated as a Health Professional Shortage Area for mental health care

Health Professional Shortage Areas in Rhode Island

Newport County:

- All of Newport County: Mental health HPSA
- Newport/Middletown Area: Dental health HPSA for low-income populations

Providence County:

- All of Providence County: Mental health HPSA for low-income populations
- Four Core Cities (Central Falls, Pawtucket, Providence, and Woonsocket): Primary care and dental health HPSA for low-income populations

Washington County:

- All of Washington County: Mental health HPSA
- New Shoreham: Primary care HPSA

Routine Health Care Access

Health insurance coverage and provider availability can impact the number of residents who have a primary care provider and receive routine care. Rhode Island adults are more likely to have a usual primary care provider and receive routine checkups, and are less likely to consider cost as a barrier to receiving care.

Washington County adults are more likely to have a personal doctor and receive routine care

Adult Routine Health Care Access (Green/Red = Higher than the State and Nation)

	Has a Personal Doctor	Received a Routine Checkup within the Past 2 Years	Unable to See a Doctor within the Past Year due to Cost
Bristol County	92.7%	96.9%	6.7%
Kent County	88.7%	94.1%	5.9%
Newport County	87.5%	89.2%	6.5%
Providence County	86.0%	91.8%	12.3%
Washington County	90.2%	90.5%	8.7%
Rhode Island	87.2%	92.0%	10.3%
United States	77.1%	83.6%	12.0%

Source: Centers for Disease Control and Prevention, 2016; Rhode Island Department of Health, 2016

Among Westerly adults interviewed as part of the Community Wellbeing Survey, approximately 1 in 10 reported not receiving needed care or postponing care in the 12 months prior to the survey, and more than 1 in 4 did not visit a dentist. Of note is that more than 25% of adults with a household income less than \$50,000 postponed care and only 54% had a dental visit.

Westerly Adult Routine Health Care Access

	Westerly	Westerly Household Income <\$50K/yr	Westerly Household Income >\$50K/yr
Dental visit in past 12 months	73%	54%	84%
Didn't get needed care past 12 months	7%	12%	6%
Postponed needed care past 12 months	15%	27%	7%

Source: DataHaven 2018 Community Wellbeing Survey

Overall Health Status

Rhode Island counties received the following health outcomes rankings, as reported by the University of Wisconsin County Health Rankings & Roadmaps program. Health outcomes are measured in relation to premature death (before age 75) and quality of life. Washington County ranks #3 in the state for health outcomes. Measures for residents' physical health, overall health status, and premature death are more favorable than the state and the nation, but more residents report poor mental health days than the national average, which contributes to the ranking. The rankings are unchanged since 2015.

2018 Health Outcomes County Health Rankings

- #1 Bristol County (#1 in 2015)
- #2 Newport County (#2 in 2015)
- #3 Washington County (#3 in 2015)
- #4 Kent County (#4 in 2015)
- #5 Providence County (#5 in 2015)

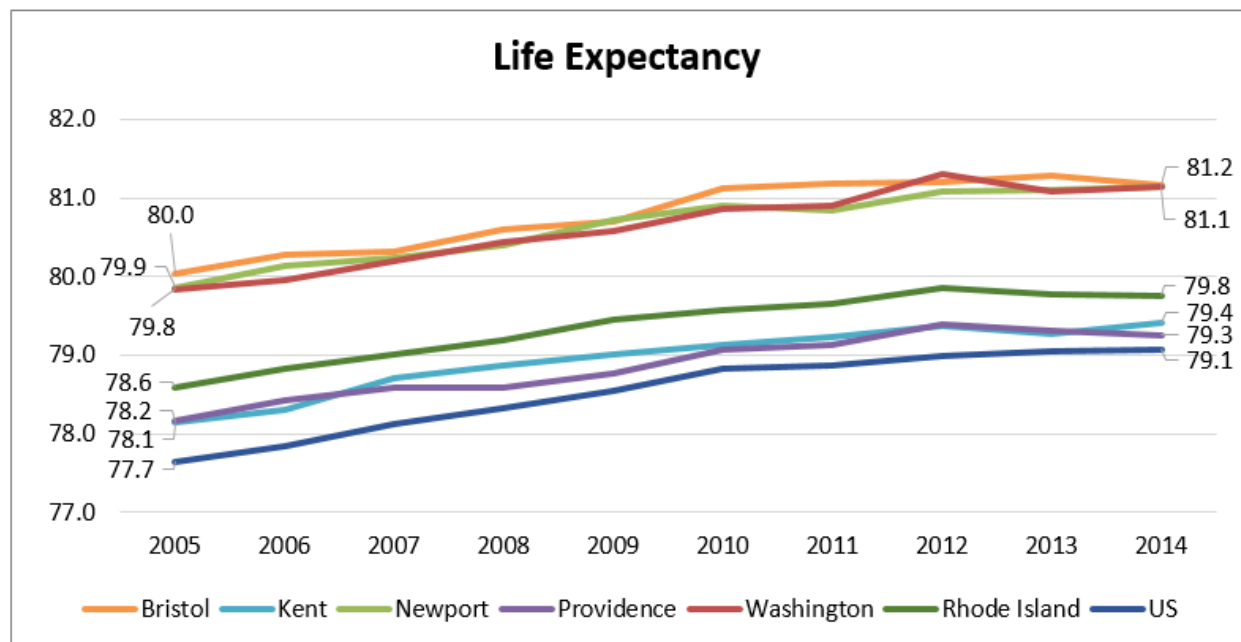
Health Outcomes Indicators

(Green = Lower than the State and Nation; Red = Higher than the State and Nation)

	Premature Death Rate per 100,000	Adults with "Poor" or "Fair" Health Status	30-Day Average - Poor Physical Health Days	30-Day Average - Poor Mental Health Days
Bristol County	4,599	10.2%	3.4	3.7
Kent County	6,042	11.9%	3.6	4.1
Newport County	4,484	11.0%	3.3	3.5
Providence County	6,284	16.5%	4.0	4.4
Washington County	5,424	11.3%	3.4	3.9
Rhode Island	5,920	14.8%	3.8	4.3
United States	6,700	16.0%	3.7	3.8

Source: National Center for Health Statistics, 2014-2016; Centers for Disease Control and Prevention, 2016

Life expectancy increased across the state and all counties by approximately one year from 2005 to 2014. Washington County overall has the have one of the highest life expectancies (81.1 years).



Source: Institute for Health Metrics and Evaluation, 2005-2014

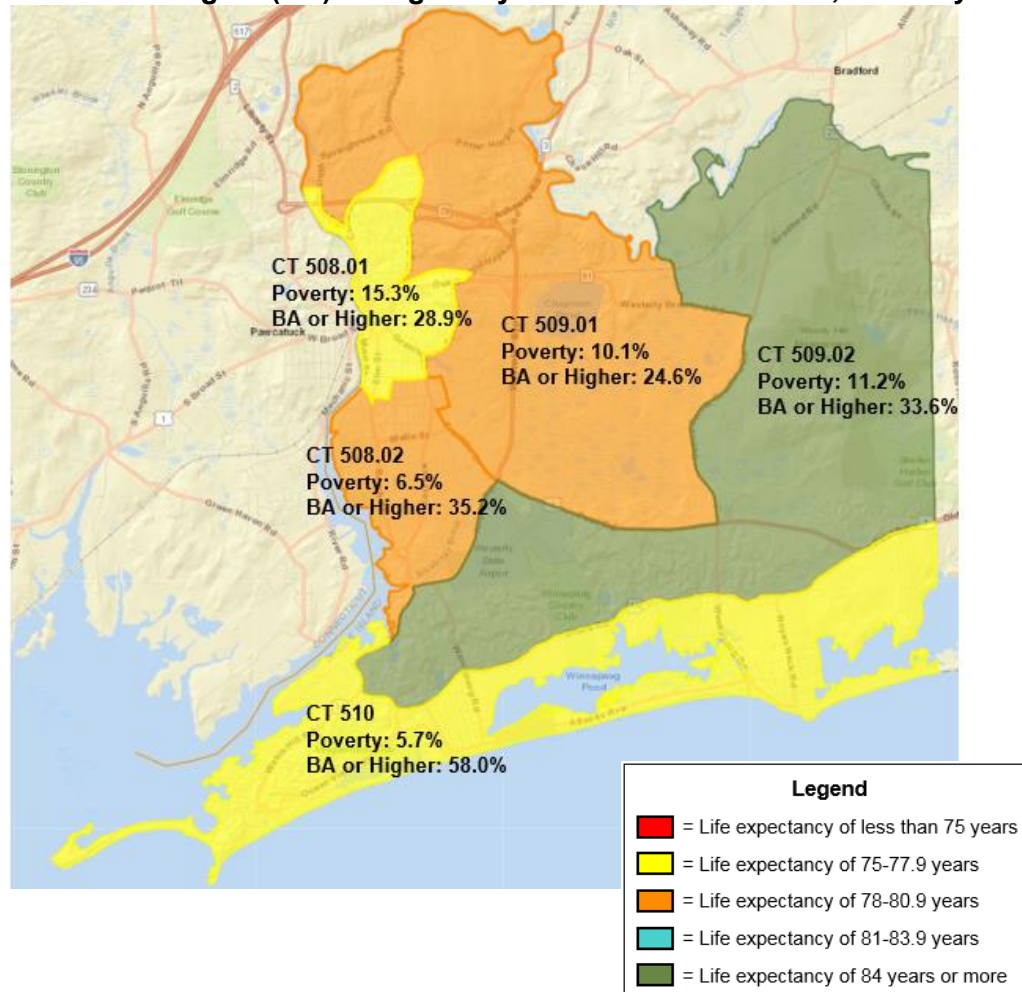
The following maps depict life expectancy by census tract (CT) within Washington County, as available. Data are provided by the US Small-area Life Expectancy Estimates Project, a partnership of the National Center for Health Statistics, the Robert Wood Johnson Foundation, and the National Association for Public Health Statistics and Information Systems. All data are reported as a five-year aggregate for 2011-2015.

Areas of Disparity: South Kingstown, Westerly



The discrepancy in life expectancy between CTs 508.01 and 510 is largely explained by a low population count in CT 510 (n=1,637), which contributes to a greater margin of error in the calculation of life expectancy. The actual life expectancy for residents of CT 510 is between 70.5 and 82.9 years based on margin of error calculations.

Life Expectancy, Individuals Living Below the Poverty Level, and Individuals with a Bachelor's Degree (BA) or Higher by Census Tract in 02891, Westerly



Health Behaviors

Health behaviors may increase or reduce the likelihood of disease or early death. Individual health behaviors include risk factors like smoking and obesity, or health promoting behaviors like exercise, good nutrition, and stress management. The prevalence of these health behaviors is provided below, with benchmark comparisons, as available.

Tobacco Use

Overall smoking rates among adults declined across the state and within Washington County by more than 2% points from 2012-2016 to 12.7%. Washington County adults are less likely to

smoke when compared to the state and the nation, and this percentage nearly meets the Healthy People 2020 goal of 12%.

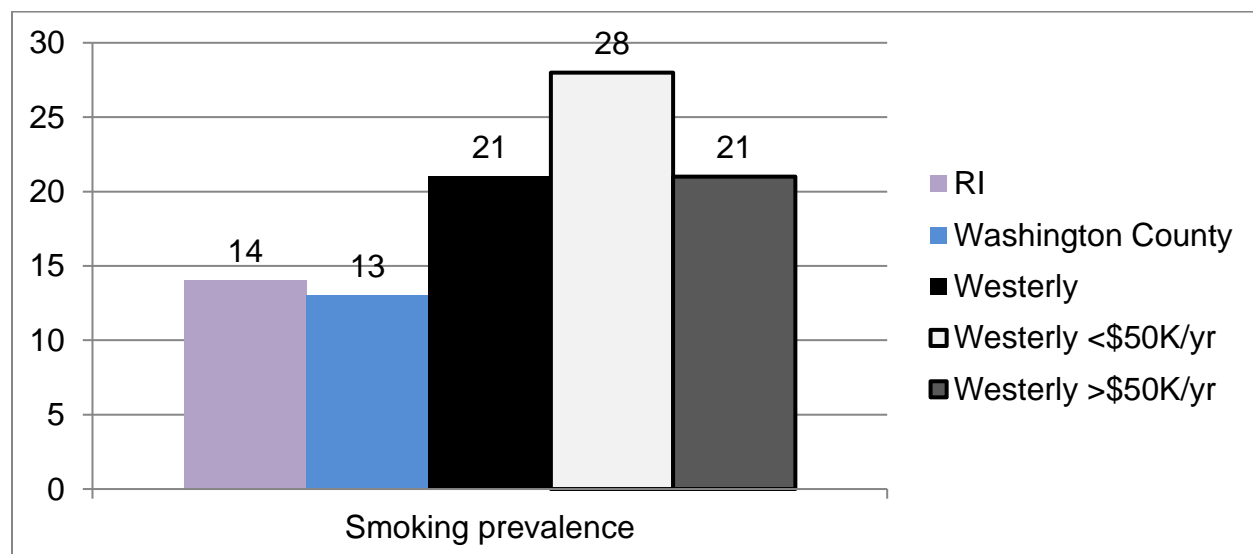
However, Westerly adults are more likely to smoke. Approximately 21% of Westerly adults interviewed as part of the Community Wellbeing Survey reported smoking; among adults with a household income less than \$50,000, 28% reported smoking. Additionally, 27% of Westerly adults reported ever using e-cigarettes or vaping.

Smoking among Adults from the 2016 CHNA to Present
(Green = Decrease of More than 2 Points; Red = Increase of More than 2 Points)

	2012	2016
Bristol County*	15.7%	12.5%
Kent County	16.1%	17.3%
Newport County	8.5%	15.0%
Providence County	19.3%	15.4%
Washington County	15.0%	12.7%
Rhode Island	17.4%	14.4%
United States	17.0%	17.0%
Healthy People 2020	12.0%	12.0%

Source: Centers for Disease Control and Prevention, 2012 & 2016; Healthy People 2020

*Bristol County data is reported for 2010 due to data availability. A change in methods occurred in 2011 that may affect the validity of comparisons to prior years.



Source: DataHaven 2018 Community Wellbeing Survey for Westerly; 2019 County Health Rankings for RI and Washington County. Compare with caution given different sources and years.

E-cigarette use surpassed traditional cigarette use among teens. According to the Rhode Island Department of Health, in 2017, 26% of Rhode Island high school students reported using a form of tobacco (cigarettes or cigars, smokeless tobacco, or e-cigarettes) on at least one day during the past 30 days. In 2017, 20% of high school students reported current use of e-cigarettes, while 6% of students reported current use of traditional cigarettes.

20% of RI high school students reported current use of e-cigarettes in 2017

Smoking among High School Students from the 2016 CHNA to Present

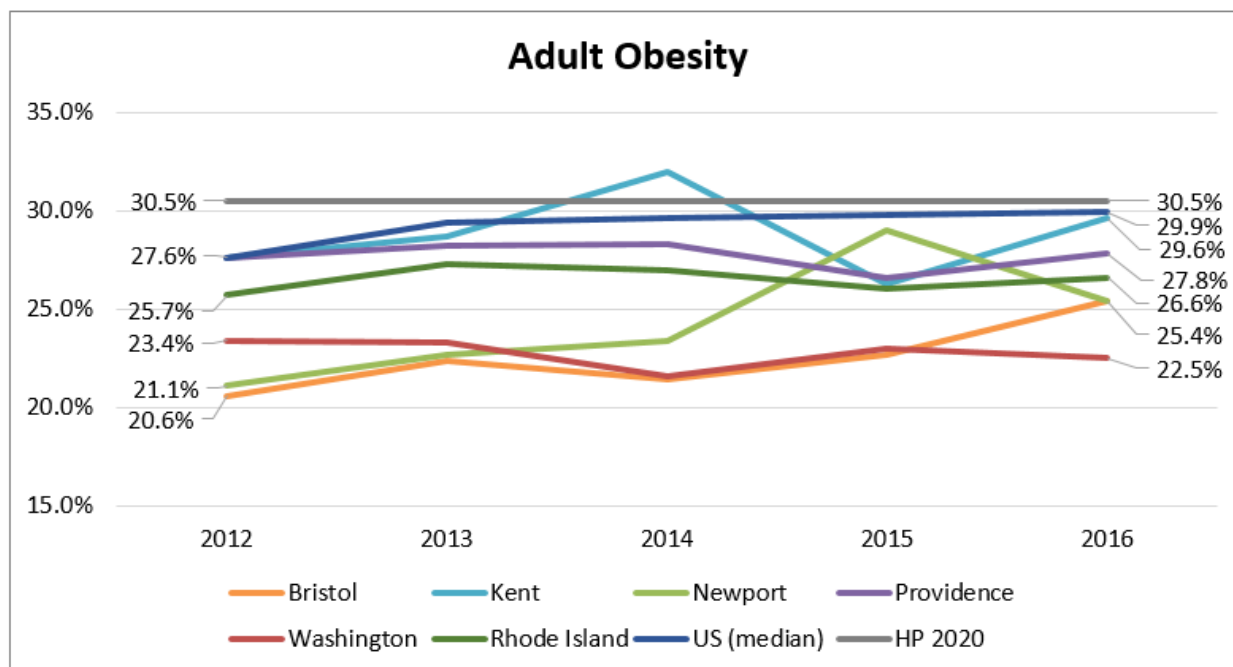
	2013	2017
Rhode Island	8%	6%
United States	16%	9%

Source: Rhode Island Department of Health; Centers for Disease Control and Prevention, 2013 & 2017

Additional data related to tobacco, vaping, and other substance use among youth is included within the Substance Use Disorder section of this report beginning on page 65.

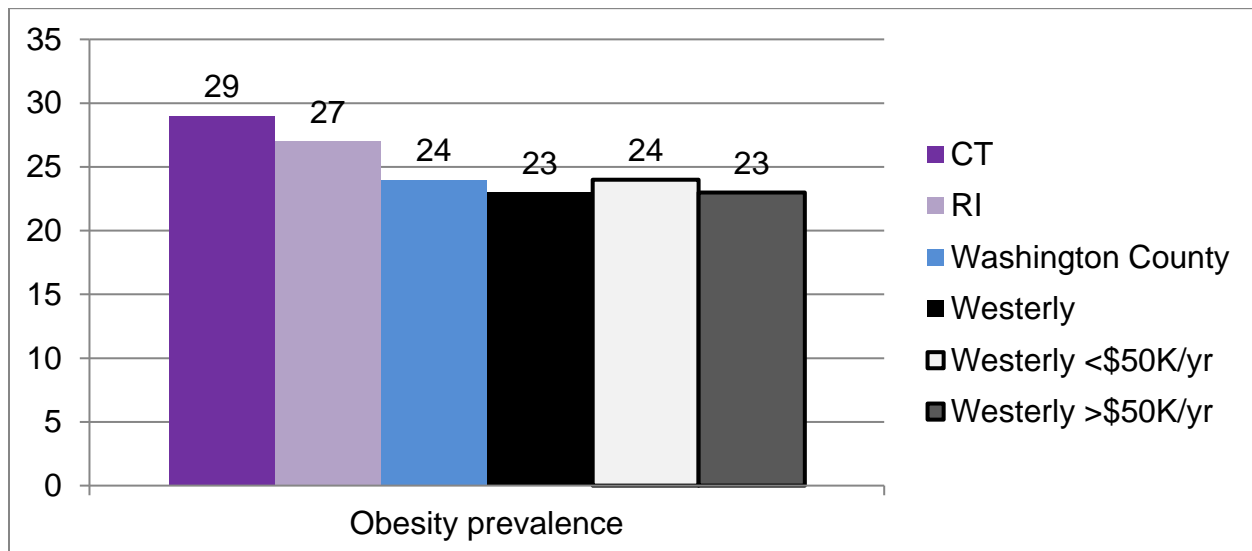
Obesity

Obesity is associated with an increased risk of disease and mortality, as well as a reduced quality of life. Healthy People 2020 sets a goal of having no more than 30.5% of all adults obese. All Rhode Island Counties have met the Healthy People 2020 goal, and fewer adults are obese when compared to national averages. However, current percentages still indicate that more than one in five adults living in Rhode Island are obese. Across Rhode Island, the percentage of obese adults increased since 2012.



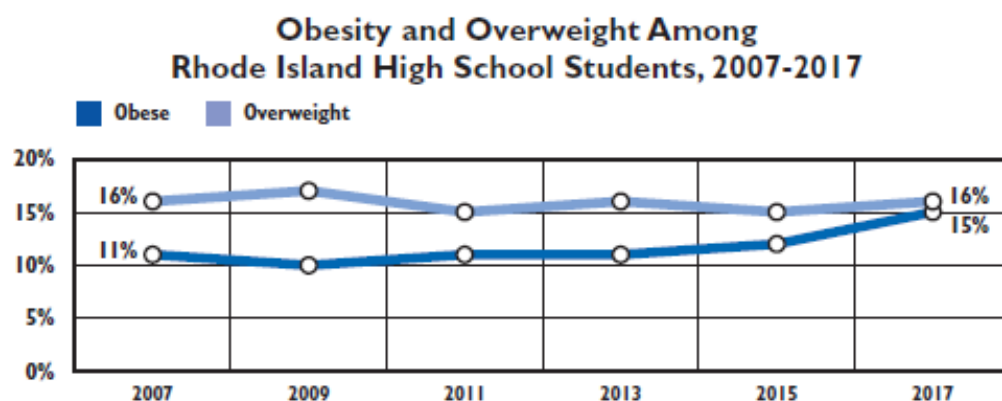
Source: Centers for Disease Control and Prevention, 2002-2016; Rhode Island Department of Health, 2012-2016

Westerly adults are less likely to be obese than adults across Washington County and Rhode Island overall. Obesity rates are consistent among adults with a household income less than \$50,000 (24%) and greater than \$50,000 (23%).



Source: DataHaven 2018 Community Wellbeing Survey for Westerly and CT statewide; 2019 County Health Rankings for RI and Washington County. Compare with caution given different sources and years.

In 2017, 15% of Rhode Island high school students were obese and 16% were overweight. The percentage of obese students increased since 2007, while the percentage of overweight students has remained consistent. A higher percentage of Hispanic students (21%), males (17%), and Black/African American students (18%) were obese compared to their peers.



Source: Rhode Island Department of Health, 2007-2017

Healthy Eating and Food Insecurity

Food insecurity, defined as being without a consistent source of sufficient and affordable nutritious food, negatively impacts the opportunity for healthy eating and healthy weight management. Food insecurity is reflective of a variety of social factors including employment, income, access to healthy food options, transportation, housing and other factors.

Residents of Washington County are less likely to be food insecure when compared to the state and the nation, although there are distinct geographies in greater Westerly where due to income disparities, food insecurity is more likely. Fewer children are eligible for free or reduced price school lunch. Eligibility for free lunch includes households with an income at or below 130% of the poverty threshold, while eligibility for reduced priced lunch includes households with an income between 130% and 185% of the poverty threshold.

Food Insecure Residents
(Red = Higher than the State and Nation)

	All Residents	Children
Bristol County	10.0%	13.8%
Kent County	10.4%	15.1%
Newport County	11.5%	15.4%
Providence County	13.2%	19.1%
Washington County	10.7%	15.2%
Rhode Island	12.1%	17.4%
United States	12.9%	17.5%

Source: Feeding America, 2016

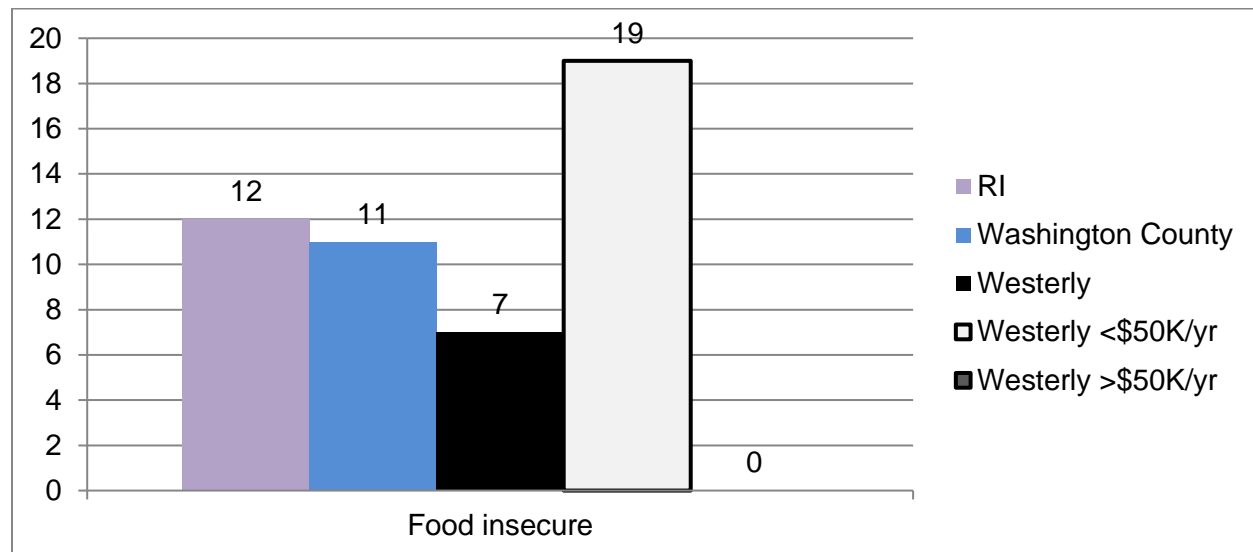
Children Eligible for Free or Reduced Price School Lunch
(Red = Higher than the State)

	Percent
Bristol County	19.5%
Kent County	31.6%
Newport County	31.8%
Providence County	58.6%
Washington County	23.2%
Rhode Island	47.0%

Source: National Center for Education Statistics, 2015-2016

As a whole, Westerly adults are also less likely to be food insecure when compared to the state, as reported by the Community Wellbeing Survey. However, adults with a household income of less than \$50,000 per year are disproportionately impacted by food insecurity with a rate that is more than double in comparison.

Westerly households with income under \$50,000/year are more than 2.5 times as likely to be food insecure



Source: DataHaven 2018 Community Wellbeing Survey for Westerly; 2019 County Health Rankings for RI and Washington County. Compare with caution given different sources and years.

Healthy lifestyle habits such as regular exercise are important routines to establish to maintain healthy living. Access to physical activity includes access to parks, gyms, pools, etc. Washington County residents are less likely to have access to physical activity venues, but are among the most likely to be physically active.

Physical Activity

(Green = Higher than the State and Nation; Red = Lower than the State and Nation)

	Access to Physical Activity Venues	Participate in Physical Activity in the Past Month
Bristol County	91.9%	77.8%
Kent County	94.0%	78.8%
Newport County	83.9%	81.7%
Providence County	94.0%	72.2%
Washington County	76.1%	80.7%
Rhode Island	91.0%	75.6%
United States	83.0%	76.9%

Source: Business Analyst, Delorme Map Data, ESRI, & US Census Tigerline Files, 2010 & 2016; Centers for Disease Control and Prevention, 2016; Rhode Island Department of Health, 2016

Mortality

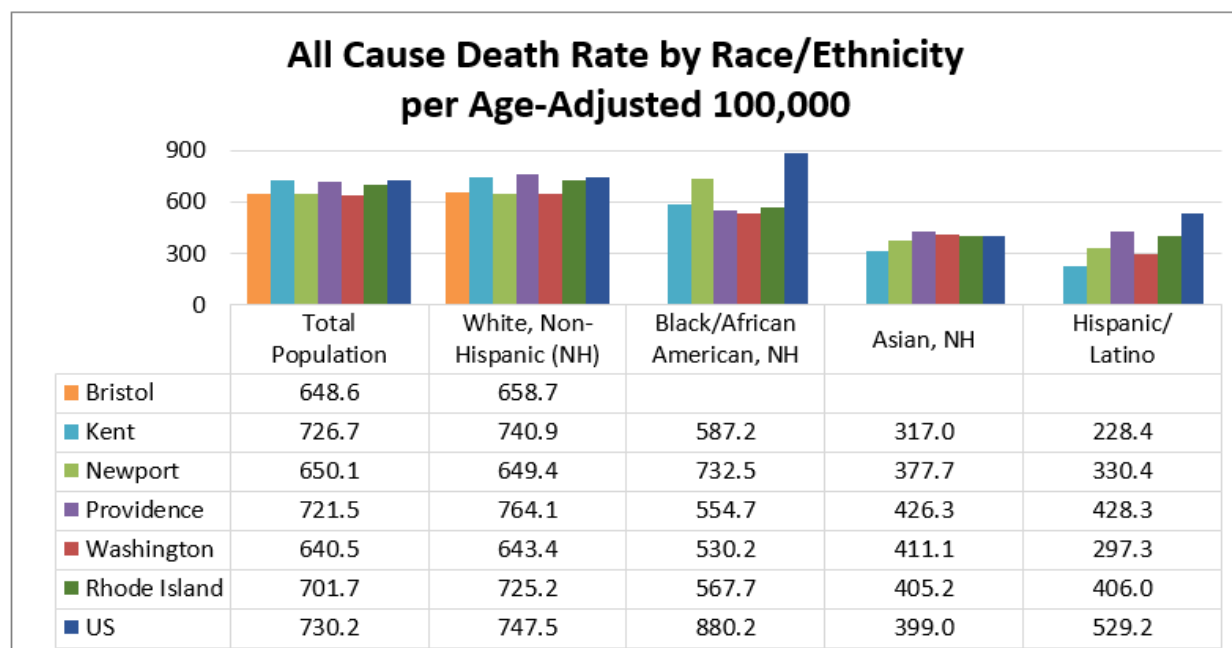
The following graph depicts the all cause age-adjusted death rate by county and race/ethnicity. The overall death rate for all Rhode Island counties is lower than the national rate. The death rate for Washington County is also lower than the state.

The top five causes of death in the nation, in rank order, are heart disease, cancer, accidents, chronic lower respiratory disease (CLRD), and stroke.

Rhode Island differs from national trends with cancer as the top cause of death in the state. Cancer is also the leading cause of death in all counties except Providence County, which has a higher rate of death due to heart disease.

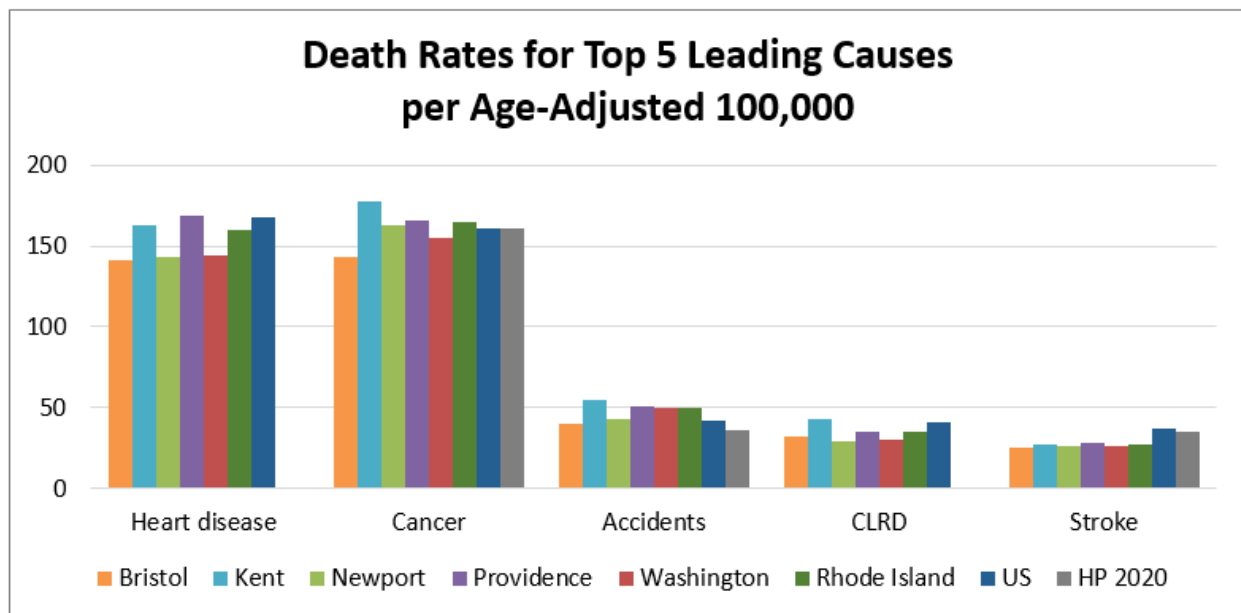
The leading cause of death in the nation is heart disease, while the leading cause of death in Rhode Island is cancer

Accidents are the third leading cause of death in Rhode Island. Rhode Island overall has a higher accidental death rate than the nation, and the state and all five counties exceed the Healthy People 2020 goal for accidental deaths. The following chart profiles death rates for the top five causes by county.



Source: Centers for Disease Control and Prevention, 2012-2016

*Data for Bristol County are reported as available due to low death counts.



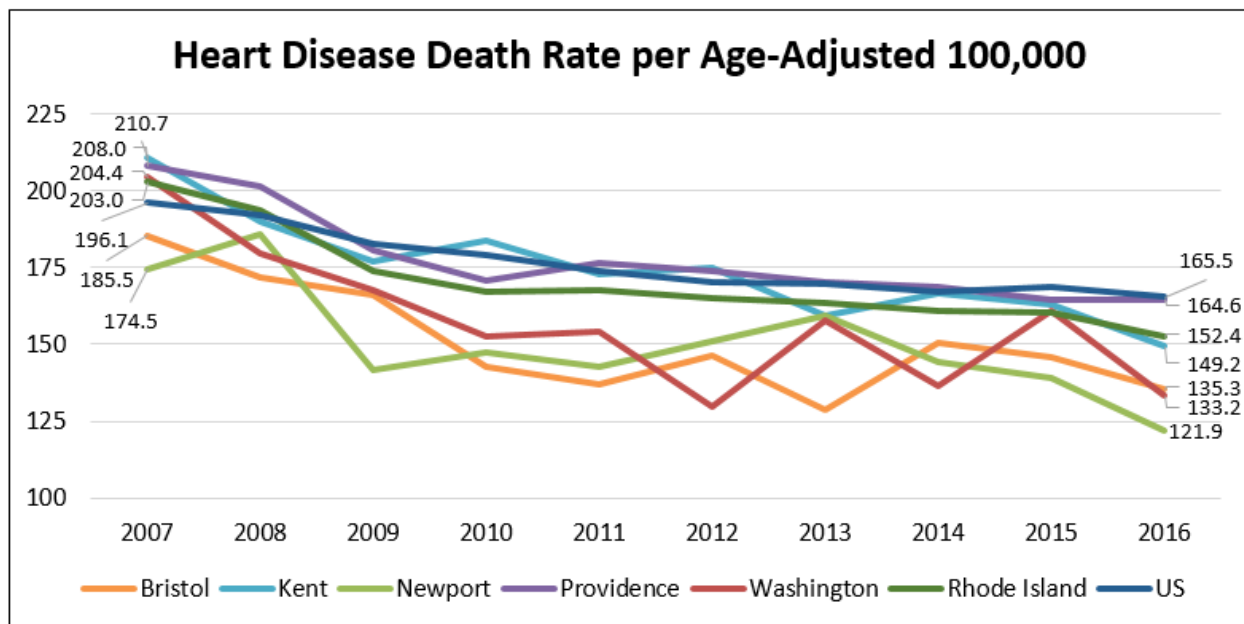
Source: Centers for Disease Control and Prevention, 2012-2016; Healthy People 2020

Chronic Diseases

Chronic diseases are among the most prevalent and costly health conditions in the United States. More than two thirds of all deaths are caused by one or more of these five chronic diseases: heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes. Chronic diseases are often preventable through reduced risk behaviors like tobacco and alcohol use, increased physical activity and good nutrition, early detection of risk factors, and effective primary and community management of disease.

Heart Disease and Stroke

Between 2007 and 2016, death rates due to heart disease declined across the state and the nation. Heart disease death rates for all five counties fall below the national rate. Death rates for all five counties except Providence also fall below the state rate.



Source: Centers for Disease Control and Prevention, 2007-2016

Across the nation, the heart disease death rate is highest among Blacks/African Americans. Rhode Island as a whole differs from the national trend with a higher rate of death among Whites.

Heart Disease Death Rates per Age-Adjusted 100,000 by Race and Ethnicity

	White, Non-Hispanic	Black/African American, Non-Hispanic	Latinx
Newport County	141.2	206.6	NA
Providence County	178.2	121.0	84.8
Rhode Island	165.4	126.8	80.6
United States	170.9	212.6	118.2

Source: Centers for Disease Control and Prevention, 2012-2016

*Data for Bristol, Kent, and Washington Counties are not reported due to low death counts.

Hypertension and high cholesterol can lead to heart disease. A higher percentage of Rhode Island adults have hypertension when compared to adults across the nation. Washington County adults have the lowest prevalence of high cholesterol among Rhode Island counties.

Heart Disease Prevalence among Adults

(Green = Lower than the State and Nation; Red = Higher than the State and Nation)

	Hypertension	High Cholesterol
Bristol County	28.1%	38.8%
Kent County	36.5%	34.9%
Newport County	31.3%	34.4%
Providence County	32.5%	35.9%
Washington County	30.9%	33.7%
Rhode Island	32.4%	35.2%
United States	30.9%	36.3%

Source: Centers for Disease Control and Prevention, 2015; Rhode Island Department of Health, 2015

Coronary heart disease is characterized by the buildup of plaque inside the coronary arteries. Rhode Island as a whole does not meet the Healthy People 2020 goal for coronary heart disease death. Washington County has one of the lowest coronary heart disease death rates in the state; the rate is lower than all state and national indicators.

Washington County coronary heart disease death rates are among the lowest in the state and lower than the nation

Several types of heart disease, including coronary heart disease, are risk factors for stroke. Rhode Island and all five counties meet the Healthy People 2020 goal for stroke death and have a lower rate of death than the nation.

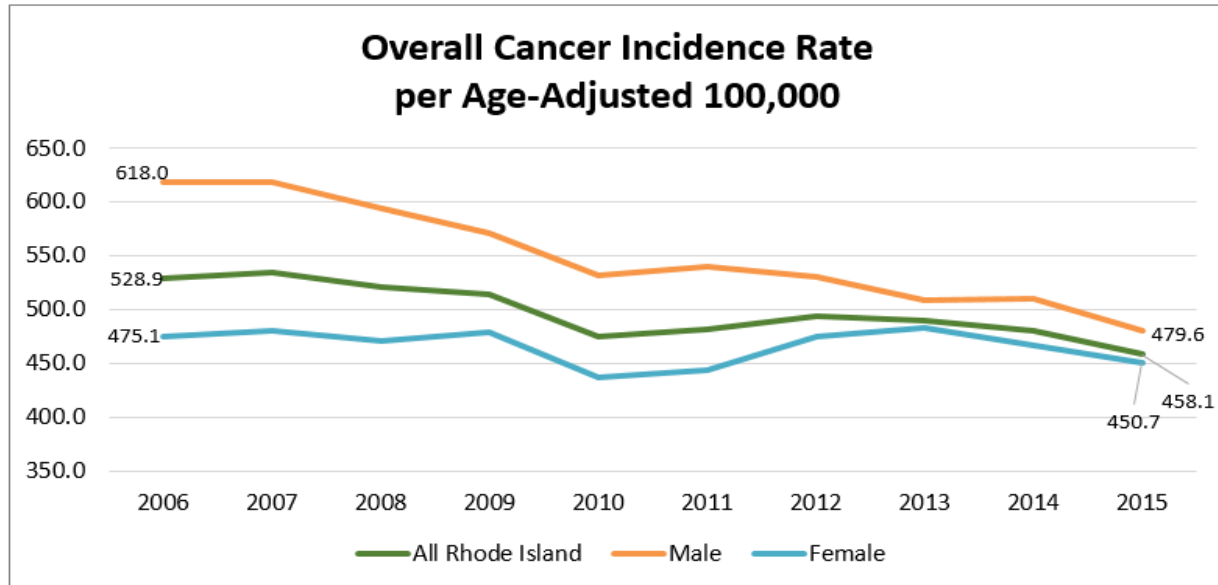
Coronary Heart Disease and Stroke Death Rates (Green = Lower than State and National Benchmarks; Red = Higher than State and National Benchmarks)

	Coronary Heart Disease Death per Age-Adjusted 100,000	Stroke Death per Age-Adjusted 100,000
Bristol County	97.0	25.5
Kent County	115.4	27.7
Newport County	89.0	26.2
Providence County	117.1	28.2
Washington County	93.2	26.3
Rhode Island	110.1	27.5
United States	99.6	36.9
Healthy People 2020	103.4	34.8

Source: Centers for Disease Control and Prevention, 2012-2016; Healthy People 2020

Cancer

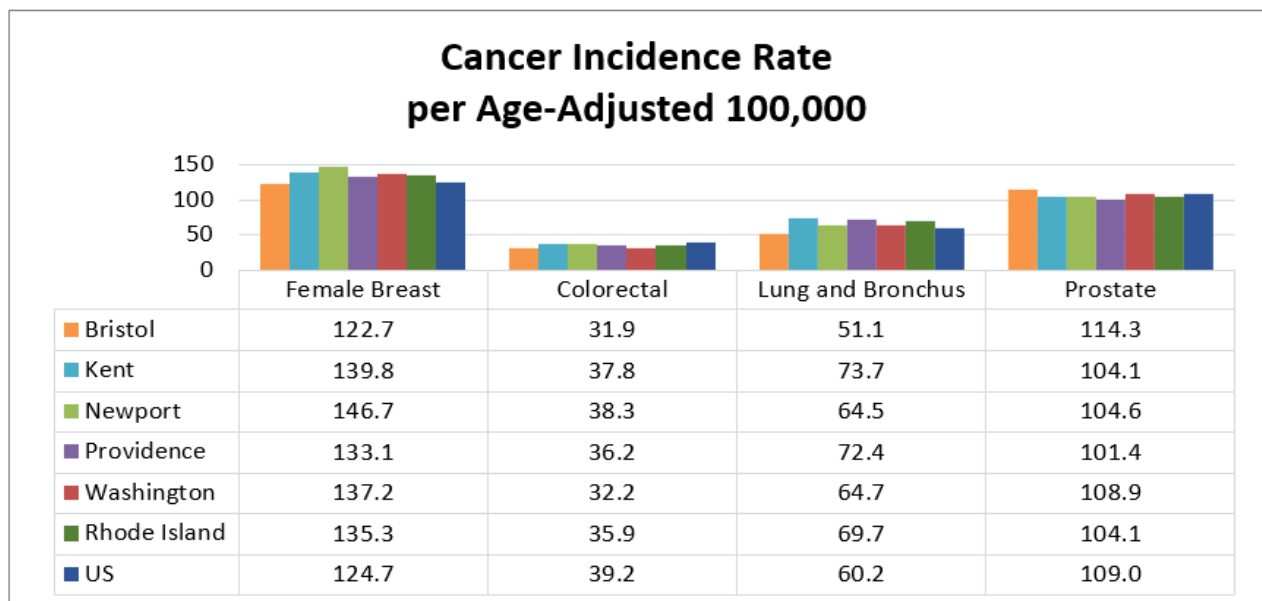
Cancer is the second leading cause of death in America, and although often treatable, it is a significant contributor to morbidity. Within Rhode Island, the age-adjusted overall incidence of cancer among men outpaces that for females.



Source: Rhode Island Department of Health, 2006-2015

Presented below are the incidence rates for the most commonly diagnosed cancers: breast (female), colorectal, lung, and prostate (male). Rhode Island outpaces the nation for breast and lung cancer incidence. Washington County has a higher incidence of breast cancer.

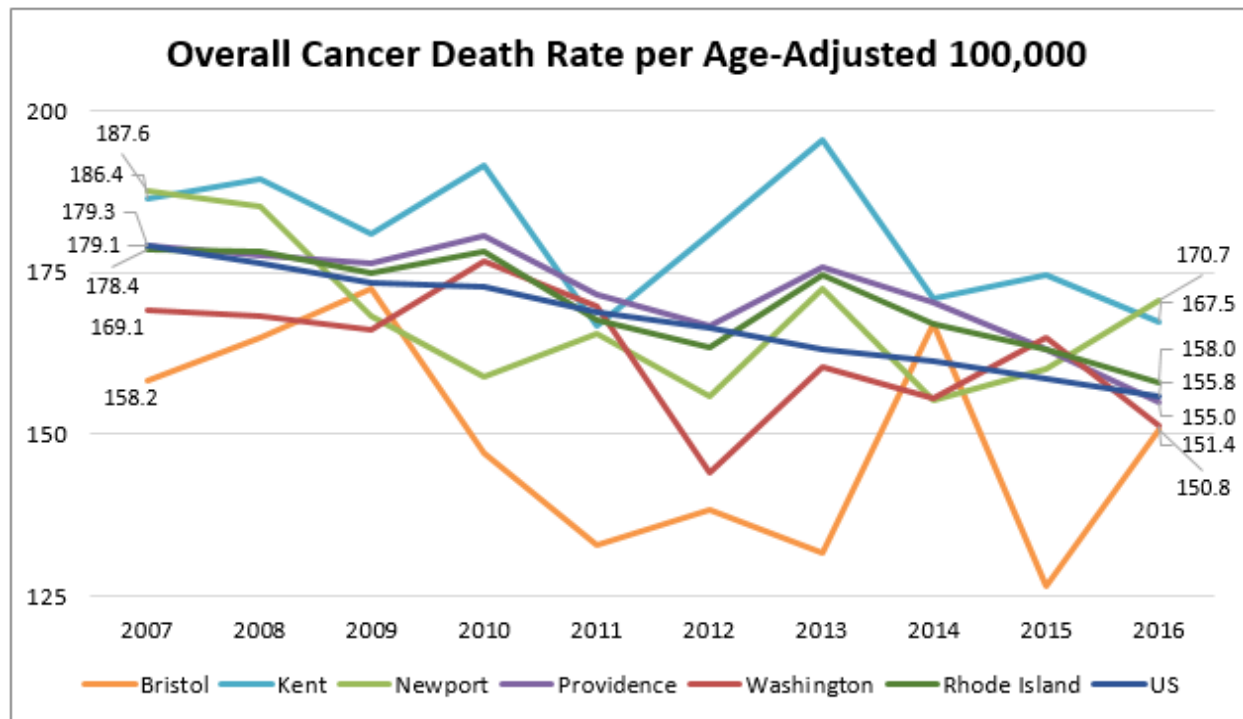
Rhode Island overall has higher incidence rates for female breast and Washington County follows this trend



Source: Centers for Disease Control and Prevention, 2011-2015

Cancer death rates among Rhode Island counties have been variable over the past decade, but current rates are lower than at the beginning of the decade. Death rates for all counties except Kent and Newport meet or nearly meet the Healthy People 2020 goal (161.4).

Cancer death rates for all counties declined from 2007 to 2016; Washington County meets HP2020 goals for all Cancer death rates



Source: Centers for Disease Control and Prevention, 2007-2016

Across the nation, Blacks/African Americans have a higher rate of cancer death than Whites. However, across Rhode Island, Whites have a higher death rate than Blacks/African Americans. Race and ethnicity data are not reported for all counties due to low death counts.

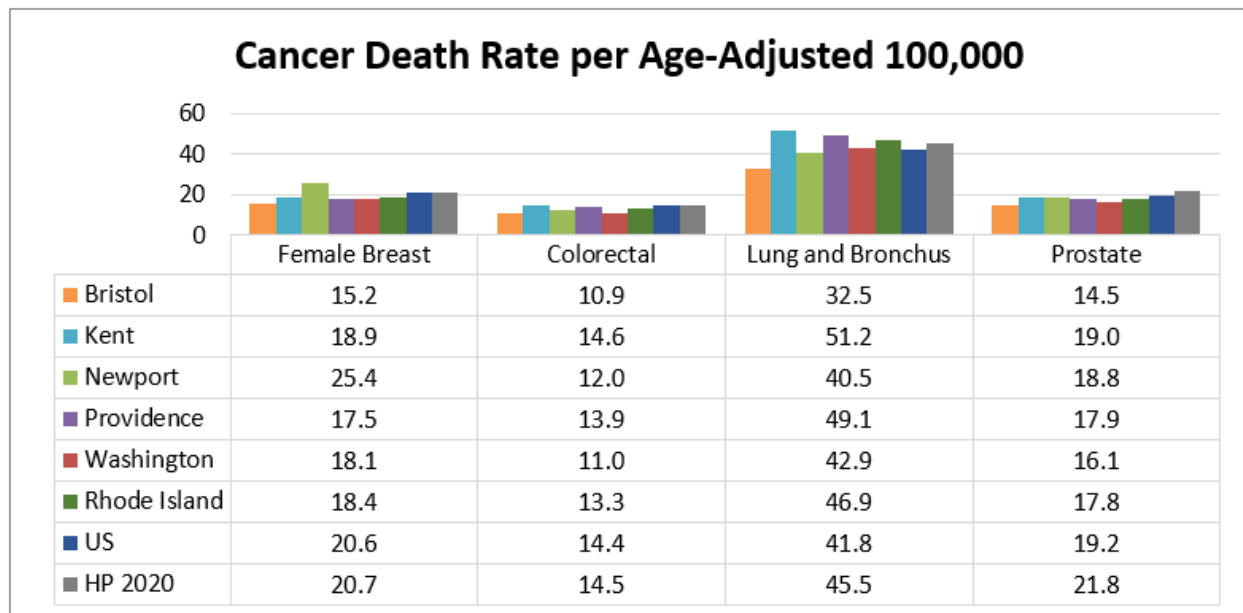
Cancer Death Rates by Race and Ethnicity

	White, Non-Hispanic	Black/African American, Non-Hispanic	Latinx
Newport County	162.0	189.7	NA
Providence County	178.2	114.8	94.7
Rhode Island	171.9	120.1	91.3
United States	165.7	190.0	112.6

Source: Centers for Disease Control and Prevention, 2012-2016

*Data for Bristol, Kent, and Washington Counties are not reported due to low death counts.

Presented below are the death rates for the most commonly diagnosed cancers. Healthy People 2020 has set death rate goals for all four cancer types. Washington County meets all of the Healthy People 2020 goals.



Source: Centers for Disease Control and Prevention, 2012-2016

Rhode Island has higher reported incidence and death rates due to lung cancer than the nation. A potential contributor to higher rates is the prevalence of radon. Radon, a colorless and odorless gas produced from the decay of radium in rocks, soil, and water, is the second leading cause of lung cancer. The Environmental Protection Agency recommends action to mitigate radon when testing shows radon levels of 4.0 pCi/L or higher. One in four homes in Rhode Island have radon levels at or above 4.0 pCi/L compared to the national average of one in fifteen homes.

1 in 4 Rhode Island homes have radon levels that exceed EPA standards; compared to 1 in 15 homes nationally

The Environmental Protection Agency distinguishes counties by radon zones. Washington County is Zone 1, indicating a predicted average indoor radon level greater than 4 pCi/L. Kent, Newport, and Providence Counties are Zone 2, or counties with predicted average indoor radon levels of 2 to 4 pCi/L. Bristol County is Zone 3, indicating a predicted average indoor radon level of less than 2 pCi/L.

Washington County has the highest reported average radon level in the state

Average Reported Indoor Radon Levels

	Average Radon Level (pCi/L*)	Radon Testing Results Above 4 pCi/L
Bristol County	1.9	10.2%
Kent County	3.3	23.8%
Newport County	3.5	23.2%
Providence County	2.4	14.4%
Washington County	4.7	34.9%
Rhode Island	4.3	NA

Source: Environmental Protection Agency, no date. *Picocuries per liter

Many forms of cancer, if identified early, can be successfully treated. Screening rates for three of the most common forms of cancer (cervical, breast, and prostate) are shown in the table below. Among Rhode Island females ages 21-65, more than 8 in 10 receive cervical cancer screenings. A similar percentage of females ages 50-74 receive breast cancer screenings. The prevalence of cervical and breast cancer screenings among females is higher in all Rhode Island counties compared to the nation. A higher percentage of Rhode Island males ages 40 or over receive prostate cancer screenings when compared to the nation, however, less than half of all males are screened.

More Washington County adults receive routine cancer screenings than the state or national averages

Adult Routine Cancer Screenings
(Green = Higher than the State and Nation; Red = Lower than the State and Nation)

	Pap Test in Past Three Years (Ages 21-65)	Mammogram in Past Two Years (Ages 50-74)	PSA Test in Past Two Years (Ages 40+)
Bristol County	91.3%	96.5%	40.7%
Kent County	83.6%	83.9%	42.1%
Newport County	82.3%	85.1%	48.6%
Providence County	85.6%	84.9%	39.1%
Washington County	94.7%	86.1%	47.6%
Rhode Island	85.7%	85.5%	41.5%
United States	79.8%	77.6%	39.5%

Source: Centers for Disease Control and Prevention, 2016; Rhode Island Department of Health, 2016

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is the third most common cause of death in the nation. CLRD encompasses diseases like chronic obstructive pulmonary disorder (COPD), emphysema, and asthma, all of which contribute to lower quality of life and increased risk of early death. Washington County adults and children have a higher prevalence of asthma and/or COPD when compared to the state and the nation.

Asthma and COPD are more prevalent in Washington County than in the state and the nation

CLRD Death Rates per Age-Adjusted 100,000 by Race and Ethnicity
(Green = Lower than the State and Nation; Red = Higher than the State and Nation)

	Total Population	White, Non-Hispanic	Black/African American, Non-Hispanic	Latinx/ Non-Hispanic
Bristol County	31.7	32.6	NA	NA
Kent County	42.8	44.0	NA	NA
Newport County	29.7	30.2	NA	NA
Providence County	35.2	39.1	20.3	9.4
Washington County	30.7	31.0	NA	NA
Rhode Island	35.1	37.4	19.9	8.8
United States	41.2	46.3	29.7	17.8

Source: Centers for Disease Control and Prevention, 2012-2016

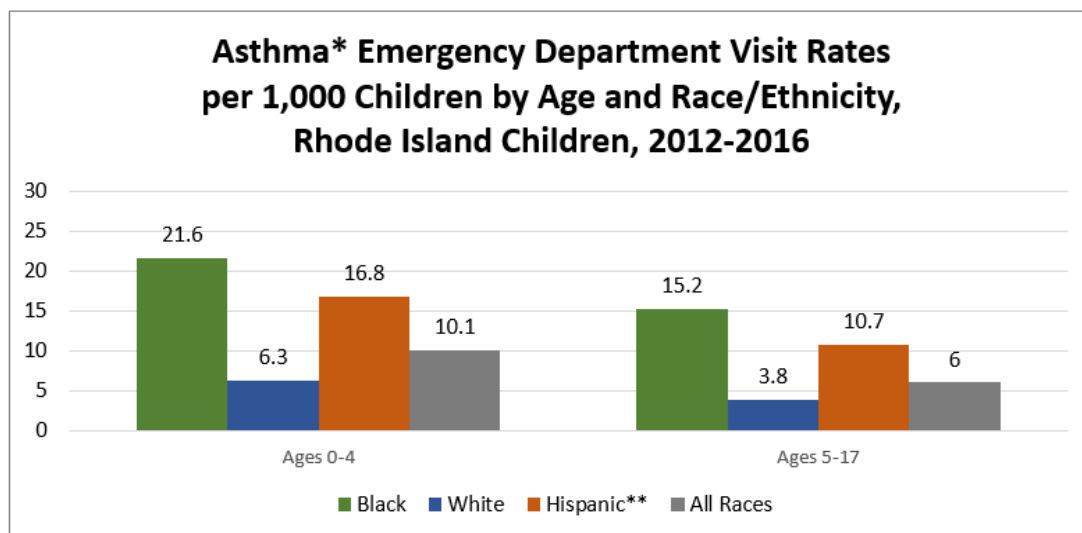
*Data by race/ethnicity is limited due to low death counts.

CLRD Prevalence**(Green = Lower than the State and Nation; Red = Higher than the State and Nation)**

	Adults with Asthma (Current)	Children with Asthma (Ever)	Adults with COPD (Ever)
Bristol County	9.8%	6.0%	3.9%
Kent County	12.1%	10.3%	8.3%
Newport County	11.9%	15.5%	7.4%
Providence County	10.6%	14.7%	6.4%
Washington County	12.0%	16.9%	8.0%
Rhode Island	10.7%	13.6%	6.9%
United States	9.3%	NA	6.3%

Source: Centers for Disease Control and Prevention, 2016; Rhode Island Department of Health, 2016

Asthma is the most common chronic condition among children. Across Rhode Island from 2012 to 2016, asthma was the primary diagnosis for 7,917 emergency department visits among children under age 18. Black/African American and Latinx children had the highest rates of emergency department visits, as shown in the graph below. Children residing in the four core cities also had a higher rate of emergency department visits (12.2 per 1,000) compared to the remainder of the state (4.5 per 1,000).



Source: Rhode Island Department of Health, 2012-2016

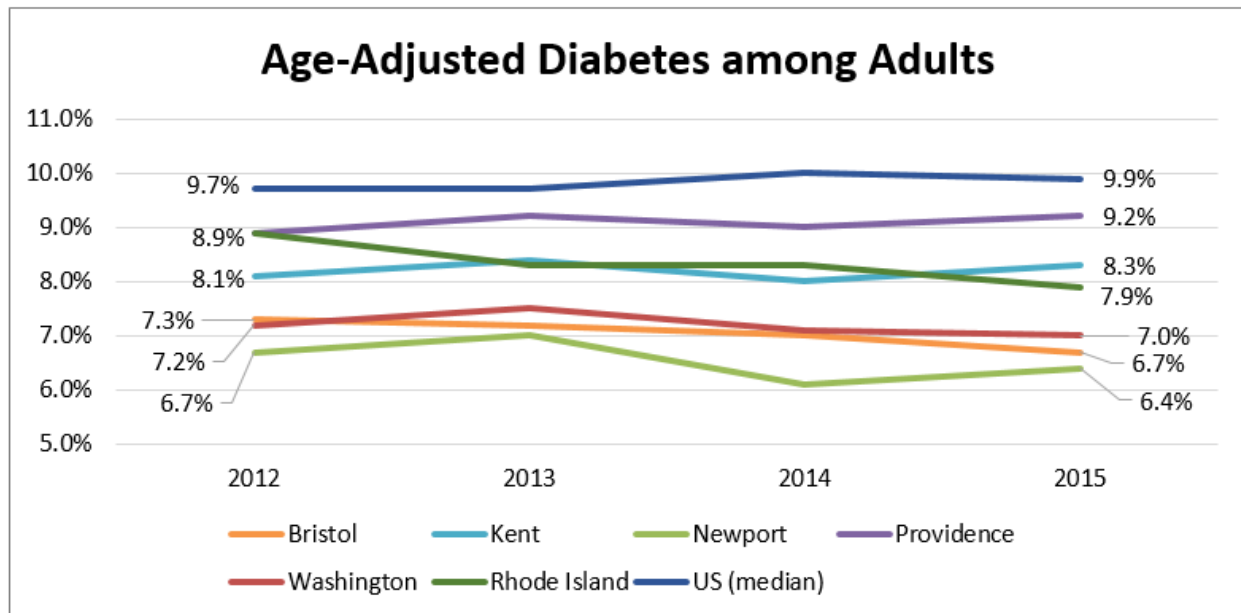
*Rates are for primary diagnosis of asthma. **Hispanic children can be of any race.

Diabetes

Diabetes is among the top 10 causes of death in the nation. According to the American Diabetes Association, diabetes and prediabetes affect more than 110 million Americans and cost \$322 billion per year.

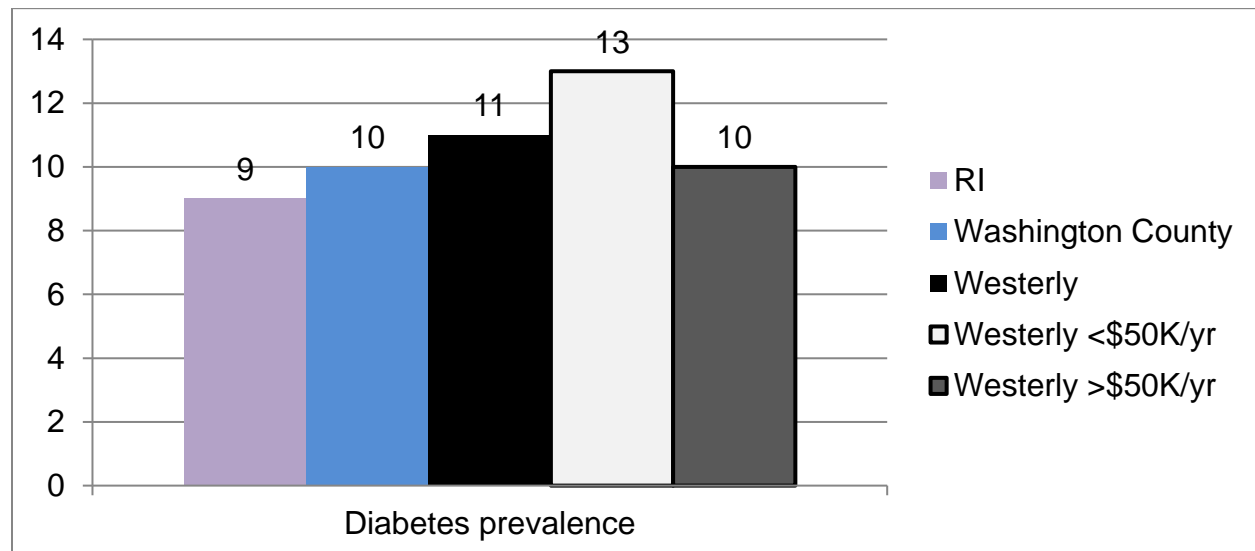
Diabetes can cause a number of serious complications. Type II diabetes, the most common form, is largely preventable through diet and exercise. The percentage of adults in Rhode Island diagnosed with diabetes is less than the nation, and decreased over the past three years. Washington County measures have remained stable since 2012.

All Rhode Island counties have a lower prevalence of diabetes than the nation



Source: Centers for Disease Control and Prevention, 2012-2015

Westerly adults overall are more likely to have a diabetes diagnosis when compared to the state, as reported by the Community Wellbeing Survey. Adult diabetes prevalence is highest among adults with a household income of less than \$50,000 per year.



Source: DataHaven 2018 Community Wellbeing Survey for Westerly; 2019 County Health Rankings for RI and Washington County. Compare with caution given different sources and years.

The Rhode Island death rate due to diabetes is lower than the national death rate. All Rhode Island counties except Providence also have a lower death rate than the nation. Across the state and nation, the diabetes death rate is highest among Blacks/African Americans compared to Whites and Latinx.

Diabetes Death Rate per Age-Adjusted 100,000
(Green = Lower than the State and Nation; Red = Higher than the State and Nation)

	Total Population	White, Non-Hispanic	Black/African American, Non-Hispanic	Hispanic/Latinx
Bristol County	17.0	16.7	NA*	NA*
Kent County	17.6	17.6	NA*	NA*
Newport County	11.5	11.4	NA*	NA*
Providence County	19.7	19.2	24.2	19.5
Washington County	14.8	14.5	NA*	NA*
Rhode Island	17.8	17.4	24.0	18.1
United States	21.1	18.6	38.6	25.6

Source: Centers for Disease Control and Prevention, 2012-2016

*Data by race/ethnicity is limited due to low death counts.

Senior Health

Chronic Disease Among Medicare Beneficiaries

Seniors face a growing number of challenges related to health and well-being as they age.

People over 65 are more prone to chronic disease, social isolation, and disability. The following sections highlight key health indicators for the region's senior population.

According to the CDC, "Among Medicare fee-for-service beneficiaries, people with multiple chronic conditions account for 93% of total Medicare spending."

The tables below note the percentage of Rhode Island Medicare Beneficiaries who have been diagnosed with a chronic condition. Cells highlighted in red represent percentages that are higher than state and national benchmarks.

Medicare Beneficiaries in Washington County have a lower prevalence of all reported chronic conditions except arthritis.

The presence of chronic conditions among Medicare Beneficiaries varies by county. Medicare Beneficiaries in Washington County have a lower prevalence of all report chronic conditions except arthritis.

Chronic Conditions among Medicare Beneficiaries 65 Years or Over
(Red = Higher than the State and Nation)

	Bristol County	Kent County	Newport County	Providence County	Washington County	Rhode Island	US
Alzheimer's Disease	12.4%	12.0%	11.2%	12.4%	9.3%	11.7%	11.3%
Arthritis	30.5%	33.0%	29.3%	31.2%	32.9%	31.5%	31.3%
Asthma	8.7%	9.7%	9.0%	10.2%	7.7%	9.5%	7.6%
Cancer	10.6%	10.8%	10.8%	10.2%	10.2%	10.4%	8.9%
COPD	9.3%	12.4%	11.3%	12.1%	10.6%	11.7%	11.2%
Depression	16.2%	18.5%	16.9%	18.5%	14.5%	17.5%	14.1%
Diabetes	23.7%	27.0%	22.3%	29.3%	21.6%	26.6%	26.8%
Heart Failure	12.1%	14.7%	12.9%	15.2%	12.8%	14.3%	14.3%
High Cholesterol	51.9%	55.7%	51.9%	55.0%	51.7%	54.1%	47.8%
Hypertension	60.0%	63.7%	59.0%	64.1%	60.0%	62.6%	58.1%
Ischemic Heart Disease	24.9%	32.0%	25.0%	29.1%	27.4%	28.6%	28.6%
Stroke	3.9%	4.3%	5.7%	4.3%	3.9%	4.4%	4.2%

Source: Centers for Medicare & Medicaid Services, 2015

Number of Chronic Conditions among Medicare Beneficiaries 65 Years or Over

	Bristol County	Kent County	Newport County	Providence County	Washington County	Rhode Island	US
0 to 1 condition	29.9%	25.9%	31.1%	26.8%	30.5%	27.9%	32.3%
2 to 3 conditions	33.2%	31.3%	32.1%	30.8%	33.3%	31.6%	30.0%
4 to 5 conditions	22.0%	24.2%	21.2%	23.5%	21.9%	23.0%	21.6%
6 + conditions	14.9%	18.6%	15.6%	19.0%	14.3%	17.5%	16.2%

Source: Centers for Medicare & Medicaid Services, 2015

Regular screenings are essential for the early detection and management of chronic conditions. The following table analyzes diabetes and mammogram screenings among Medicare enrollees. Rhode Island and all five counties exceed national metrics for both screenings. Medicare enrollees in Washington County are more likely to receive annual hA1c tests for diabetes and mammograms than the state.

Chronic Disease Screenings among Medicare Enrollees
(Green = Higher than the State and Nation)

	Annual hA1c Test from a Provider (65-75 Years)	Mammogram in Past Two Years (67-69 Years)
Bristol County	89.0%	76.0%
Kent County	87.4%	68.7%
Newport County	87.0%	67.8%
Providence County	87.8%	65.3%
Washington County	88.0%	72.6%
Rhode Island	87.7%	67.9%
United States	85.0%	63.0%

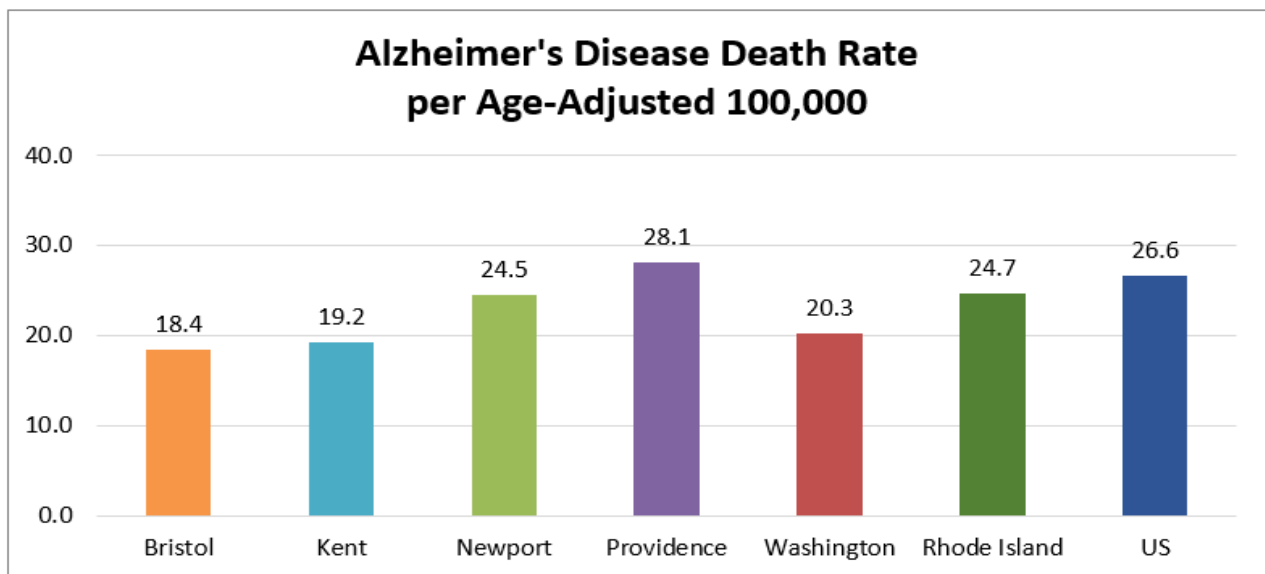
Source: Dartmouth Atlas of Healthcare, 2014

Alzheimer's Disease

Alzheimer's disease is currently the sixth leading cause of death in the United States. According to the National Institute on Aging, "Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and, eventually, the ability to carry out the simplest tasks. In most people with Alzheimer's, symptoms first appear in their mid-60s. Estimates vary, but experts suggest that more than 5.5 million Americans, most of them age 65 or older, may have dementia caused by Alzheimer's."

Washington County has a lower rate of death due to Alzheimer's disease than the state and nation

Washington County has a lower rate of death due to Alzheimer's disease than the state and nation.

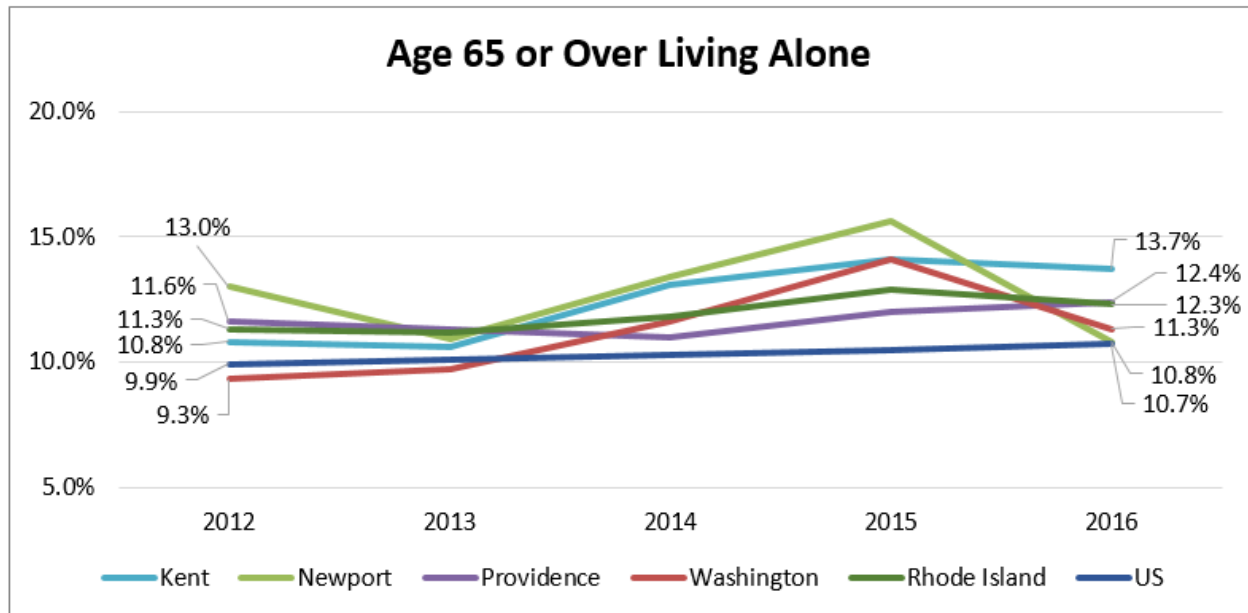


Source: Centers for Disease Control and Prevention, 2012-2016

Social Isolation Among Seniors

As seniors age, they are at risk for isolation due to physical limitations and decreasing social circles. One indicator of isolation is the percentage of seniors age 65 or over who live alone. In Rhode Island, seniors are more likely to live alone than seniors across the nation. Washington County has the fewest seniors living alone compared to other RI Counties, but the percentage exceeds the state and the nation.

A higher percentage of Washington County seniors live alone compared to the state and the nation



Source: US Census Bureau, 2012-2016

*Bristol County data is only available as a five-year aggregate based on data availability.

Behavioral Health

Mental Health

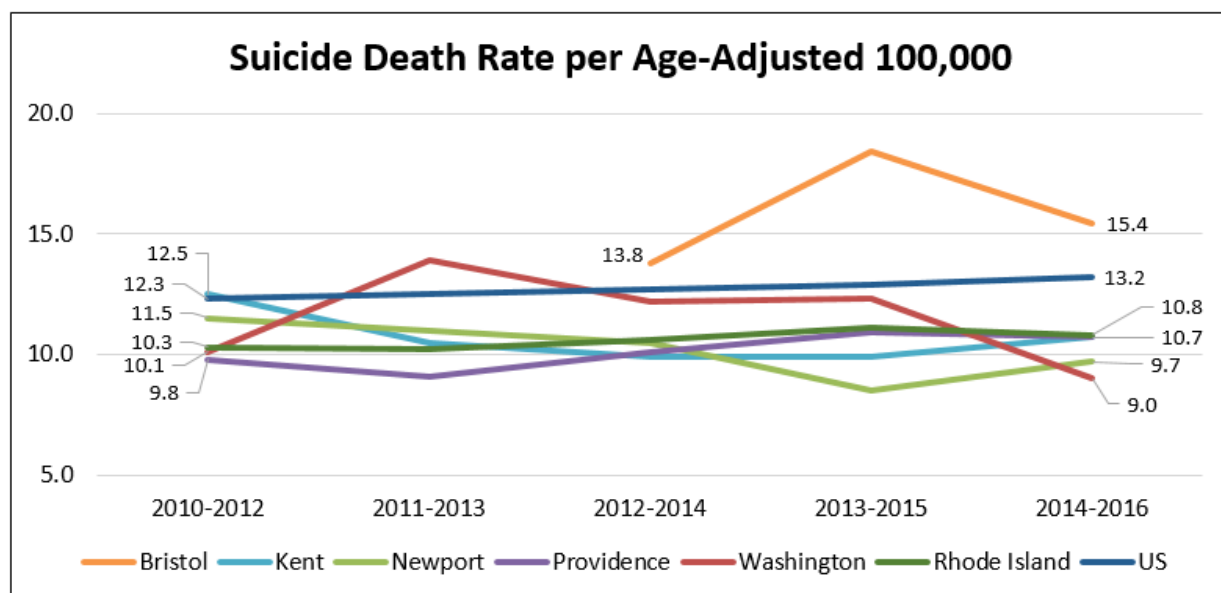
A higher percentage of Rhode Island adults have been diagnosed with a depressive disorder when compared to the nation. Nearly 20% of Washington County adults have ever been diagnosed with a depressive disorder, which exceeds the state and nation. The Washington County suicide rate is on par with the state and lower than the nation, but just under the HP 2020 goal. Consistent with most RI counties, the suicide rate declined over the past six years.

About 20% of Washington County adults have ever been diagnosed with a depressive disorder

Mental Health Measures
(Red = Higher than State and National Benchmarks)

	Adults with a Depressive Disorder (Ever)	Suicide Rate per Age-Adjusted 100,000	Mental & Behavioral Disorders Death Rate per Age-Adjusted 100,000
Bristol County	20.9%	15.4	66.8
Kent County	22.1%	10.7	53.8
Newport County	20.4%	9.7	43.8
Providence County	23.1%	10.7	53.9
Washington County	19.5%	9.0	53.7
Rhode Island	22.3%	10.8	53.6
United States	17.4%	13.2	37.2
Healthy People 2020	NA	10.2	NA

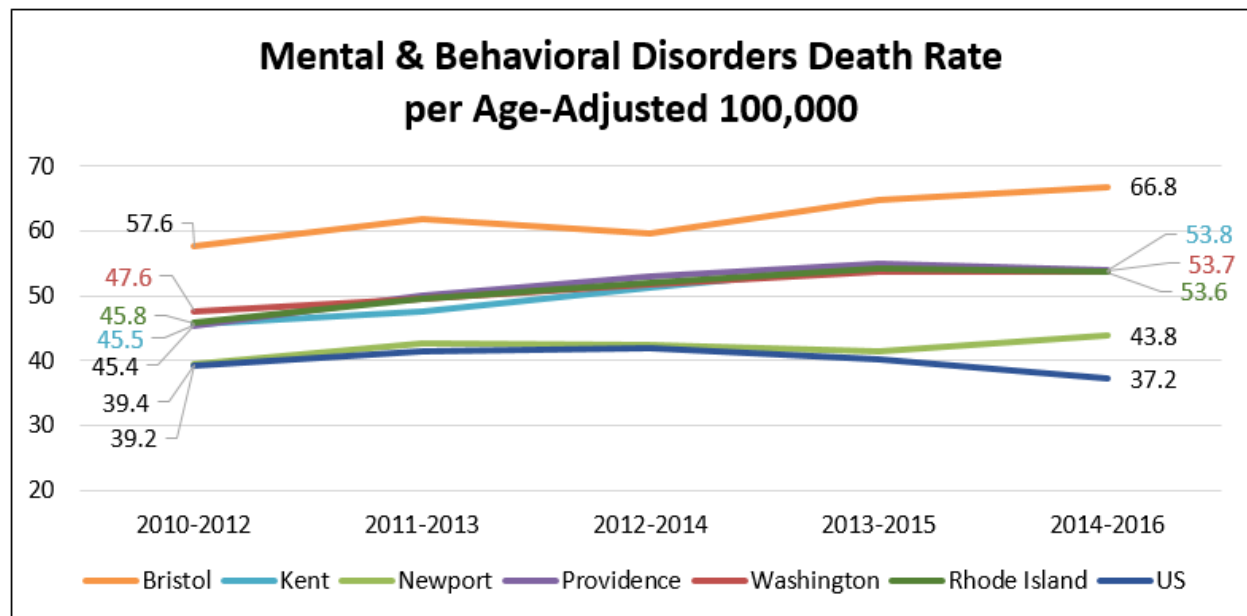
Source: Centers for Disease Control and Prevention, 2014-2016 & 2016; Healthy People 2020



Source: Centers for Disease Control and Prevention, 2010-2012 – 2014-2016

*Data for Bristol County are suppressed for years prior to 2012-2014 due to low death counts.

Mental and behavioral disorders span a wide range of disorders, including disorders due to psychoactive substance use, anxiety disorders, Schizophrenia and other delusional disorders, and mood or personality disorders. The disorders are not induced by alcohol and other psychoactive substances, but they may result from substance abuse. The mental and behavioral disorders death rate increased by 4 or more points over the past six years in all counties.



Source: Centers for Disease Control and Prevention, 2010-2012 – 2014-2016

*Death rates for Kent and Washington Counties and RI are color-coded to distinguish trends.

Among Westerly adults interviewed as part of the Community Wellbeing Survey, approximately 1 in 5 reported feeling depressed and 1 in 4 reported feeling anxious. Percentages were higher for adults with a household income less than \$50,000. Adults with a lower household income were also less likely to receive needed social support.

Westerly Adult Mental Health Indicators

	Westerly	Westerly Household Income <\$50K/yr	Westerly Household Income >\$50K/yr
Usually/sometimes get social support	94%	88%	97%
Feel depressed several days per month	17%	27%	12%
Feel somewhat, mostly, or completely anxious	24%	38%	20%

Source: DataHaven 2018 Community Wellbeing Survey

Substance Use Disorder

The category of substance use disorder includes alcohol and drug use, including the use of prescription drugs outside of the prescribed use.

Excessive drinking includes binge drinking and heavy drinking. Across Rhode Island, approximately 17% of adults report excessive drinking. The percentage of county adults who report excessive drinking is higher than the state and the nation for all counties except Providence. Washington County has one of the highest percentages of excessive drinking among adults, and the highest percentage of deaths due to DUI.

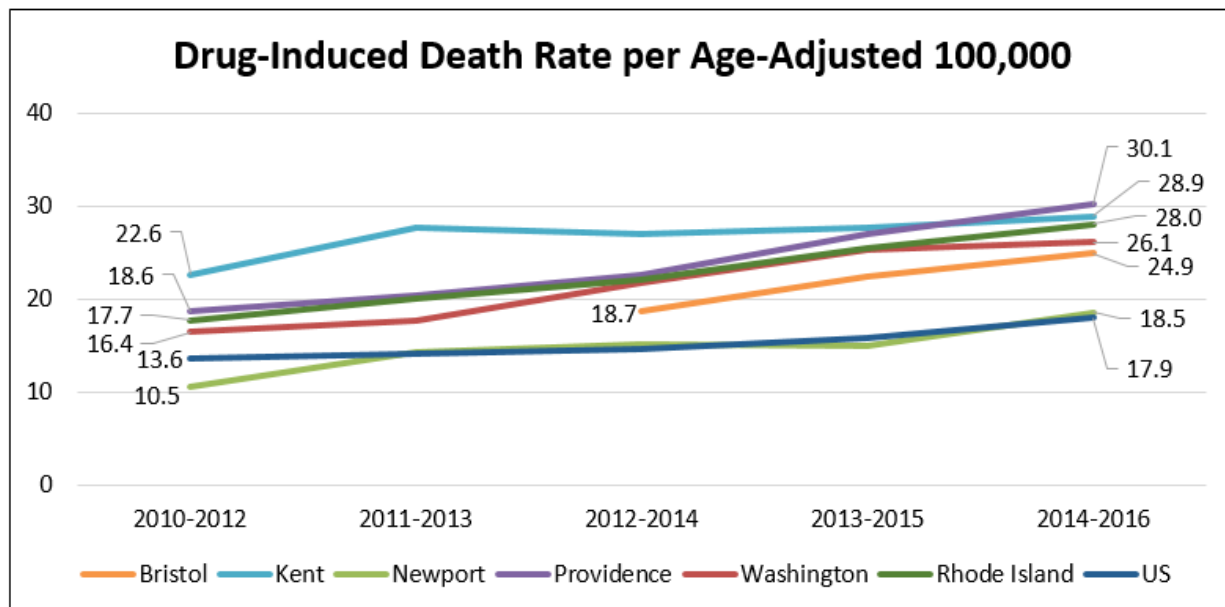
Half of all driving deaths in Washington County are due to DUI; the highest percentage in the state

Substance Use Disorder Measures
(Red = Higher than State and National Benchmarks)

	Excessive Drinking (Adults)	Percent of Driving Deaths due to DUI	Drug-Induced Death Rate per Age-Adjusted 100,000
Bristol County	19.4%	NA	24.9
Kent County	19.9%	43.1%	28.9
Newport County	23.8%	44.0%	18.5
Providence County	17.8%	34.5%	30.1
Washington County	21.4%	50.0%	26.1
Rhode Island	17.4%	39.1%	28.0
United States	18.0%	29.0%	17.9
Healthy People 2020	NA	NA	11.3

Source: Centers for Disease Control and Prevention, 2014-2016 & 2016; National Highway Traffic Safety Administration, 2012-2016; Healthy People 2020

Drug-induced deaths include all deaths for which drugs are the underlying cause of death, including drug overdoses and deaths from medical conditions resulting from chronic drug use. The drug-induced death rate for Rhode Island is more than double the Healthy People 2020 goal. The death rate increased across all counties between 2010 and 2016.



Source: Centers for Disease Control and Prevention, 2010-2012 – 2014-2016

*Data for Bristol County are suppressed for years prior to 2012-2014 due to low death counts.

Substance use disorder is also a concern for adults living in Westerly, as reported by the Community Wellbeing Survey. More than one-quarter of surveyed adults reported abusing alcohol, more than 1 in 10 used marijuana in the past 30 days, and more than one-third reported knowing someone who either struggled with misuse of opioids or died from a opioid drug overdose.

Westerly Adult Substance Use Disorder Indicators

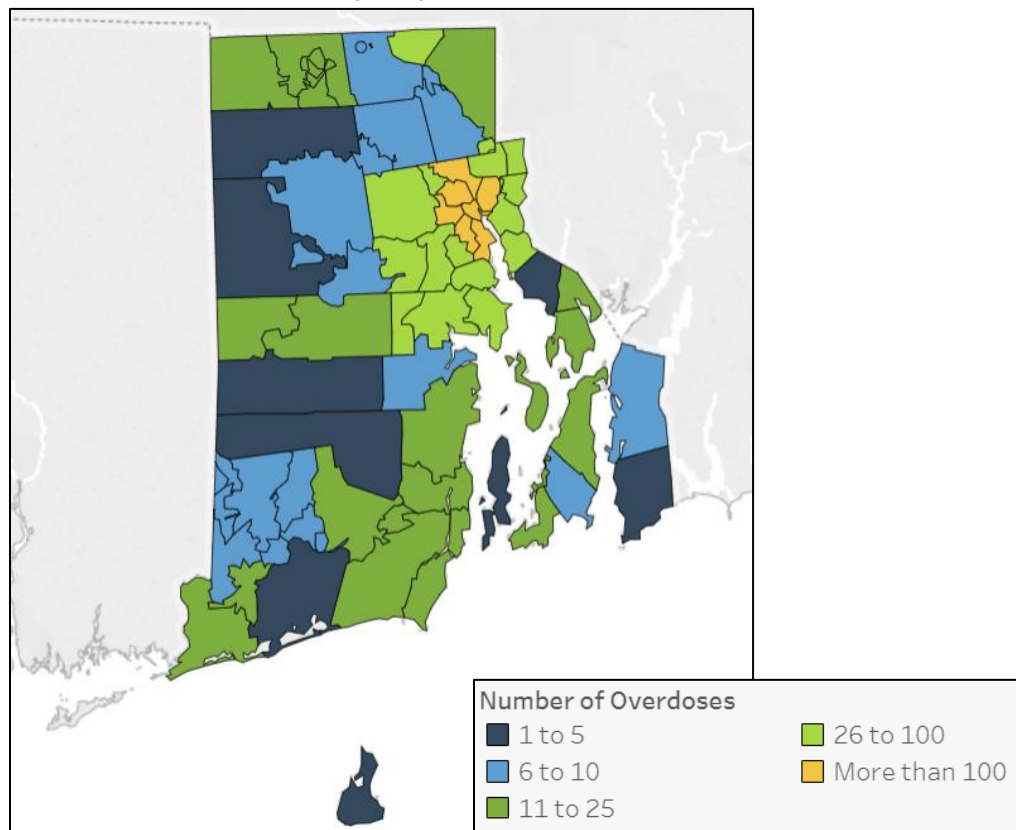
	Westerly	Westerly Household Income <\$50K/yr	Westerly Household Income >\$50K/yr
Abuse drugs or alcohol	29%	38%	25%
Used marijuana past 30 days	14%	NA	NA
Know someone who has struggled with misuse of opioids or prescription painkillers during the past 3 years	33%	NA	NA
Have personally have struggled with misuse of opioids during the past 3 years	3%	NA	NA
Know someone who died from overdose	38%	NA	NA
Have family member who died from OD	12%	NA	NA

Source: DataHaven 2018 Community Wellbeing Survey

In response to increasing overdose deaths across the state, Rhode Island implemented a data dashboard, PreventOverdoseRI.org, to track overdose deaths biannually. Per the website, “In 2014, over 240 Rhode Islanders lost their lives to overdose — that’s more than the number of people who died in car accidents, murders, and suicides combined.” In 2017, the number of overdose deaths increased to 323.

The following map depicts overdose deaths by city/town for 2014-2017. Cities and towns with an overdose death rate greater than 25 per 100,000 are provided in the table below.

Overdose Deaths by City/Town, 2014-2017



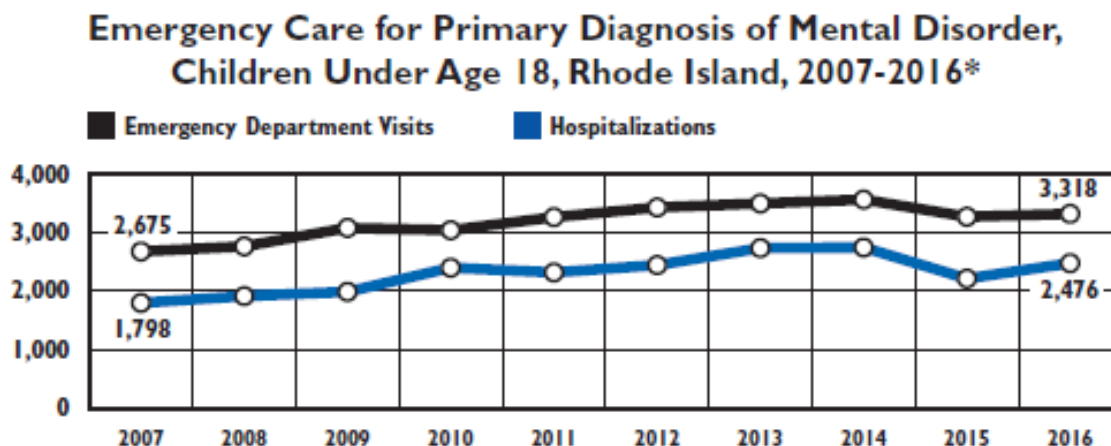
Overdose Deaths for Cities/Towns with a Death Rate Greater than 25 per 100,000, 2014-2017

	Death Counts	Death Rate
Woonsocket	87	52.8
Providence	319	44.8
Johnston	40	34.8
Pawtucket	95	33.4
Warren	14	33.0
West Warwick	37	31.7
Warwick	92	27.8
North Providence	35	27.3
Westerly	24	26.3
East Providence	48	25.5

Youth Behavioral Health

According to the Rhode Island Department of Health, 19% of statewide children ages 6 to 17 have a diagnosable mental health problem. At the time of the last CHNA, the Rhode Island Department of Health reported that in 2013, 2,737 youth were hospitalized across five hospitals with a primary diagnosis of mental disorder, an increase of 53% from 2003. The number of hospitalizations among children decreased from 2013 to 2016, but it is on the rise again, as shown in the graph below.

19% of Rhode Island youth ages 6-17 have a diagnosable mental health problem



Source: Rhode Island Department of Health, 2007-2016

*Data reflect the number of visits or hospitalizations, not children. Children may have had more than one visit or hospitalization.

Child mental health services are often fragmented and/or unavailable in a timely manner. According to the Rhode Island Department of Health, in 2017, 55% of children ages 3 to 17 who needed mental health services had a problem obtaining care.

More than half of Rhode Island youth ages 3-17 who needed mental health services had trouble obtaining care

“In Federal Fiscal Year (FFY) 2017, 462 Rhode Island children and youth awaited psychiatric inpatient admission for an average of four days on medical floors at Hasbro Children’s Hospital. This is up from 212 children and three days in FFY 2016. Also during that time, an average of nine children per day were ready to leave the psychiatric hospital (up from the FFY 2016 average of six kids per day), but were unable due to a lack of step-down availability or there being no other safe placement (including at home).”

Bradley Hospital and Butler Hospital specialize in providing child psychiatric care. The following table shows the number of children under age 19 treated at either hospital by service type for FFY2017. The most common diagnoses among children treated in the inpatient setting were depressive disorders, anxiety disorders, adjustment disorders, bipolar disorders, and schizophrenia.

Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals (FFY2017)

	Bradley Hospital General Psychiatric Services		Bradley Hospital Developmental Disabilities Program*		Butler Hospital Adolescent Psychiatric Services	
	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay
Inpatient	791	21 days	116	38 days	509**	8 days
Residential	41	235 days	34	238 days	NA	NA
Partial Hospitalization	824	20 visits	102	20 visits	166	5 visits

Source: Rhode Island Department of Health, October 1, 2016-September 30, 2017

*The Bradley Hospital Developmental Disabilities Program offers specialized inpatient and residential services to children and adolescents who show signs of serious emotional and behavioral problems in addition to developmental disabilities.

**An additional 81 youth were treated in adult programs.

Young people who consistently feel depressed or sad may be at risk for self-harm and risky behaviors, including committing suicide. At the time of the last CHNA, the Department of Health reported that in 2013, 14% of Rhode Island high school students reported attempting suicide. In 2017, the percentage of students reporting an attempted suicide decreased to 11%. Between 2012 and 2016, 22 youth under the age of 20 died due to suicide.

The percentage of high school students reporting an attempted suicide decreased since the 2016 CHNA from 14% to 11%

Teen alcohol and drug use is both a symptom and a risk factor for increased injury, depression and poor health. The following table depicts current substance use among Rhode Island high school students. The percentage of students reporting alcohol and marijuana use decreased from the 2016 CHNA. Students are less likely to use alcohol or misuse prescription drugs compared to the nation, but more likely to use marijuana.

Current Substance Use among Rhode Island High School Students

	Alcohol Use	Marijuana Use	Prescription Drug Misuse
2013 Rhode Island	26%	34%	NA*
2017 Rhode Island	23%	23%	4%
2017 United States	30%	20%	14%

Source: Rhode Island Department of Health, 2013-2014 and 2017

*A change in methodology occurred between 2013 and 2017. A benchmark comparison is not reported.

Westerly Student Survey Results

The Rhode Island Student Survey (RISS) was administered to Westerly middle and high school students during the 2017-2018 academic year. The RISS is based on the Youth Risk Behavior Surveillance System (YRBSS) survey that is conducted nationally to monitor health-related behaviors that contribute to the leading causes of death and disability among youth.

A total of 218 middle school and 490 high school students completed the survey, 708 students total. Nearly all middle school students who completed the survey were in 8th grade, while high school students completing the survey were equally distributed across 9th, 10th, and 11th grades. The following tables show survey completions by grade, gender, and sexual orientation.

Survey Completions by Grade

	Count	Percentage
6 th grade	1	0.1%
7 th grade	1	0.1%
8 th grade	214	31.0%
9 th grade	172	24.9%
10 th grade	137	19.9%
11 th grade	160	23.2%
12 th grade	5	0.7%

Gender

	Middle School		High School	
	Count	Percentage	Count	Percentage
Male	115	52.8%	223	46.3%
Female	93	42.7%	235	48.8%
Other	5	2.3%	8	1.7%
Transgender	2	0.9%	9	1.9%

*Percentages do not add up to 100% due to students choosing the "prefer not to answer" choice.

Sexual Orientation

	Middle School		High School	
	Count	Percentage	Count	Percentage
Heterosexual	183	84.3%	395	82.8%
Bisexual	18	8.3%	43	9.0%
Gay/Lesbian	6	2.8%	8	1.7%
Unsure	10	4.6%	31	6.5%

Mental Health

Young people who consistently feel depressed or sad may be at risk for self-harm and risky behaviors. The following table depicts the percentage of students who have considered, made a plan, or attempted suicide that resulted in an injury. A similar percentage of middle and high school students, more than 1 in 10, seriously considering suicide in the year prior to the survey. The percentage of high school students who made a plan to commit suicide is double the percentage of middle school students. A total of nine students in all grades made a suicide attempt that resulted in an injury.

More than 1 in 10 Westerly students have considered suicide; high school students were more likely to have a suicide plan

Mental Health during the Past 12 Months

	Middle School		High School	
	Count	Percentage	Count	Percentage
Seriously considered attempting suicide	29	13.3%	70	14.3%
Made a plan about how you would attempt suicide	9	4.1%	39	8.0%
Suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	2	0.9%	7	1.4%

Substance Use Disorder

Tobacco, alcohol, and marijuana are the most commonly used substances by both middle and high school students. Substance use among youth can lead to many negative health outcomes.

Fewer than 2% of middle school students and 5% of high school students used a traditional form of tobacco (e.g. cigarettes, chewing tobacco). E-cigarettes are the most commonly used form of tobacco among students, used by 10% of middle school and 21% of high school students.

In Westerly, 1 in 10 middle school students and 1 in 5 high school students have used e-cigarettes

E-cigarettes are known by many different names. They are sometimes called “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” “tank systems,” and “electronic nicotine delivery systems (ENDS).” According to the CDC, vaping by high schoolers jumped from just 1.5% in 2011 to 20.8% in 2018. Even more concerning is the fact that e-cigarette use by high schoolers increased by 78% from 2017-2018 (from 11.7% to 20.8%).

A nearly equal percentage of high school students, more than 1 in 10, reported using alcohol and/or marijuana in the 30 days prior to the survey. A total of 15 middle school students reported using alcohol, and 12 reported using a form of marijuana.

Few middle school or high school students used or misused other substances. Approximately 1-3% of students misused a prescription drug, heroin, or inhalant in the 30 days prior to the survey.

The following table depicts the percentage of students who used various substances, including tobacco, alcohol, illicit drugs, and prescription drugs without a prescription in the 30 days prior to the survey.

Past 30 Day Substance Use Among Westerly Middle and High School Students

	Middle School		High School	
	Count	Percentage	Count	Percentage
Tobacco Use				
E-cigarettes (JUUL, NJOY, blu)	22	10.1%	105	21.4%
All or part of a cigarette	3	1.4%	20	4.1%
All or part of a cigar/cigarillo	4	1.8%	13	2.7%
Chewing tobacco or snuff (dip)	4	1.8%	6	1.2%
Alcohol Use				
1+ drinks of alcohol	15	6.9%	79	16.1%
5+ drinks on one occasion (binge drinking)	2	0.9%	25	5.1%
Illicit Drug Use				
Marijuana	9	4.1%	75	15.3%
Synthetic marijuana	3	1.4%	6	1.2%
Heroin	5	2.3%	7	1.4%
Prescription Drug Misuse				
Prescription drugs not prescribed to you	7	3.2%	7	1.4%
Pain relief pills without a Rx	6	2.8%	6	1.2%
Over the counter (OTC) meds for non-medical reasons	5	2.3%	14	2.9%
Sedatives without a Rx	3	1.4%	6	1.2%
Attention-Deficit/Hyperactivity Disorder (ADHD) meds without a Rx	2	0.9%	7	1.4%
Other				
Inhalants	6	2.8%	7	1.4%

The majority of students indicated they had never used substances. Consistent with the previous findings, alcohol, e-cigarettes, and marijuana were the most commonly used substances. Among students who used these substances, the largest percentage initiated use between the ages of 14 and 16.

Age of First Use for All Westerly Middle and High School Students

	Alcohol	Cigarettes	E-Cigarettes	Inhalants	Marijuana
Never	63.9%	91.6%	65.7%	96.2%	73.9%
<8 years	4.0%	1.7%	0.6%	1.7%	1.5%
9 years	1.6%	0.3%	0.3%	0.3%	0.2%
10 years	1.8%	0.2%	0.2%	NA	0.6%
11 years	1.1%	0.5%	0.3%	0.5%	0.9%
12 years	2.7%	0.9%	1.4%	0.2%	2.3%
13 years	4.3%	0.9%	5.9%	0.7%	3.4%
14 years	7.7%	0.6%	7.5%	0.3%	4.8%
15 years	6.7%	1.6%	8.3%	0.2%	7.1%
16 years	4.8%	1.4%	7.6%	NA	3.8%
17+ years	1.3%	0.3%	2.2%	NA	1.5%

Perceived Risk of Substance Use

Students were asked how much they think people risk harming themselves (physically or in other ways) by using substances. The percentage of students indicating “moderate” or “great” perceived risk is shown in the table below by substance, and in descending order by percentage.

Students perceived the greatest risk in the use of illegal drugs other than marijuana, followed by prescription drugs not prescribed to them. Marijuana was perceived as having the lowest risk for harm among all reported substances. Overall, middle school students perceived higher risk in the use of substances than high school students.

Students perceived the lowest risk of harm (physical or otherwise) with the use of marijuana

Moderate or Great Perceived Risk of Using Substances

	Middle School		High School	
	Count	Percentage	Count	Percentage
Use any other illegal drugs	181	83.8%	340	74.9%
Use prescription drugs not prescribed to them	167	77.7%	313	68.8%
Smoke one or more packs of cigarettes per day	164	75.9%	286	63.0%
Have five or more drinks of an alcoholic beverage once or twice a week	144	66.7%	247	54.1%
Use marijuana once or twice a week	97	45.1%	136	30.0%

Approximately 25% of middle school students and 21% of high school students reported ever being a passenger in a car driven by someone who was under the influence of alcohol.

25% of middle school students and 21% of high school students have rode in a car with a driver under the influence of alcohol

Fewer middle school students (10%) reported being a passenger in a car driven by someone under the influence of marijuana. Among high school students, nearly 1 in 10 reported driving under the influence of marijuana and 25% reported being a passenger in a car driven by someone who was under the influence of marijuana.

25% of high school students have rode with a driver under the influence of marijuana

Westerly Student Driving Under the Influence and Driving with a Driver Who is Under the Influence

	Middle School		High School	
	Count	Percentage	Count	Percentage
Alcohol - driver	3	1.5%	11	2.8%
Alcohol - passenger	51	24.8%	80	20.5%
Marijuana - driver	4	1.9%	31	7.8%
Marijuana - passenger	20	9.7%	99	25.1%

Peer and Parental Disapproval of Substance Use

Students were asked about perceived peer and parental disapproval of substance use. The percentage of students who indicated that their peers and parents would feel substance use is “wrong” or “very wrong” is shown in the tables below by substance in descending order by peer group disapproval.

The rank order of perceived disapproval of substances is consistent between middle and high school students with higher perception of peer disapproval among middle school students. This trend demonstrates substance use of any kind is more acceptable among high school students than middle school students.

One-third of high school students thought their peers would disapprove of e-cigarette use; while 75% thought their peers would disapprove of smoking tobacco

Expectantly, parental disapproval is higher across both survey populations for all substances, with perceived disapproval decreasing among high schoolers for all substances except prescription drugs, which was highest for perceived disapproval for both peers and parents. Use of e-cigarettes was perceived to be the least disapproved substance among peers and parents.

Middle School Peer versus Parental Disapproval, “Wrong” or “Very Wrong,” of Substance Use

	Peer Disapproval		Parental Disapproval	
	Count	Percentage	Count	Percentage
Use prescription drugs not prescribed to you	183	88.4%	193	94.2%
Smoke tobacco	181	85.8%	190	92.2%
Have one or two drinks of an alcoholic beverage nearly every day	157	75.1%	190	92.7%
Use marijuana	136	63.9%	178	86.8%
Use e-cigarettes such as JUUL, NJOY or blu	108	51.2%	173	84.4%

High School Peer versus Parental Disapproval, “Wrong” or “Very Wrong,” of Substance Use

	Peer Disapproval		Parental Disapproval	
	Count	Percentage	Count	Percentage
Use prescription drugs not prescribed to you	353	86.5%	360	94.2%
Smoke tobacco	328	75.9%	353	90.8%
Have one or two drinks of an alcoholic beverage nearly every day	265	63.7%	347	90.4%
Use marijuana	167	38.0%	298	77.0%
Use e-cigarettes such as JUUL, NJOY or blu	145	33.6%	322	83.2%

Maternal and Child Health

Total Births and Teen Pregnancy

A total of 4,277 births occurred in Washington County between 2012 and 2016. Of the total births, approximately 88% were to White, non Hispanic mothers; 159 births were to teen mothers between the ages of 15 and 19.

Births in Rhode Island per 1,000 Females Ages 15-44, 2012-2016

	Total Births		Non-Hispanic White Births		Non-Hispanic Black Births		Hispanic Births	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Bristol County	1,690	36.8	1,535	34.0	21	144.8*	59	68.2
Kent County	7,853	53.5	6,830	46.5	124	43.9	466	69.3
Newport County	3,416	45.3	2,676	38.0	179	51.5	389	98.5
Providence County	36,351	53.6	17,219	36.2	3,910	59.2	11,625	81.2
Washington County	4,277	35.2	3,741	32.2	70	37.1	178	40.0
Rhode Island	53,756	50.1	32,143	37.6	4,309	57.9	12,729	80.0

Source: Rhode Island Department of Health, 2012-2016

*This rate is considered statistically unstable; please interpret with caution.

Teen Births (Ages 15-19) by County, 2012-2016

	Birth Count	Birth Rate per 1,000
Bristol County	45	4.5
Kent County	303	12.5
Newport County	112	8.2
Providence County	2,361	19.3
Washington County	159	5.5

Source: Rhode Island Department of Health, 2012-2016

Maternal and Infant Health Outcomes

Engaging in prenatal care early in pregnancy increases the chances that a mother and her baby will have a healthy pregnancy and a healthy birth. Entry into prenatal care after the first trimester can suggest barriers to care such as lack of information, lack of access to health care or transportation, or behavioral health barriers. Rhode Island and all five counties meet the Healthy People 2020 goal of 77.9% of mothers accessing prenatal care in the first trimester. Washington County leads the state for nearly all measures on prenatal care and birth outcomes.

Washington County leads the state for nearly all measures on prenatal care and birth outcomes and meets HP 2020 goals.

Delayed prenatal care can contribute to low birth weight and preterm births. Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces, and is often a result of premature birth, fetal growth restrictions, or birth defects. Preterm birth is defined as birth before 37 weeks of pregnancy, and can contribute to infant death or disability. All Rhode Island counties meet the

Healthy People 2020 goal for preterm births, and all counties except Providence meet the goal for low birth weight.

Breastfeeding is recommended to ensure healthy nutritional intake for babies and to promote bonding between mother and child. Washington County is the only county to meet the Healthy People 2020 goal for breastfeeding at the time of birth.

Maternal and Child Health Indicators
(Green = Positive Finding Compared to State and National Benchmarks)

	Delayed Prenatal Care	Preterm Births	Low Birth Weight	Breastfeeding
Bristol County	12.4%	7.5%	5.7%	79.5%
Kent County	12.3%	8.3%	6.8%	75.5%
Newport County	11.6%	8.7%	6.8%	73.2%
Providence County	16.1%	9.4%	8.0%	72.7%
Washington County	8.5%	7.5%	6.2%	83.7%
Rhode Island	14.5%	9.0%	7.5%	77.0%
Healthy People 2020	22.1%	9.4%	7.8%	81.9%

Source: Rhode Island Department of Health, 2012-2016

Analyzing maternal and infant health outcomes by town helps to illuminate disparities that can reflect wider health and social disparities among populations. The following tables depict maternal and infant health outcomes for Washington County towns in descending order of total births. Cells highlighted in yellow suggest areas for opportunity to improve health equity for these measures.

2012-2016 Washington County Infant Births by Maternal Characteristics and Town

	Total Births	Births per 1,000 Girls 15-19 years	Delayed Prenatal Care	Breastfeeding at Time of Birth	Preterm Births	Low Birth Weight
North Kingstown	1,081	7.2	9.8%	85%	8.2%	7.0%
Westerly	873	18.6	6.0%	83%	5.5%	5.3%
South Kingstown	854	1.6^	9.1%	87%	7.7%	6.3%
Narragansett	330	NA (n=5)	8.2%	86%	6.7%	6.4%^
Richmond	307	11.2^	7.2%^	86%	9.1%	6.2%^
Hopkinton	288	NA (n=8)	9.7%	85%	8.0%	6.9%^
Exeter	246	10.7^	11.0%	85%	6.5%^	5.3%^
Charlestown	238	20.1^	5.9%^	83%	9.2%^	NA
New Shoreham	58	NA (n=1)	NA	87%	NA	NA
Rhode Island	53,752	15.0	14.5%	77%	9.0%	7.5%

Source: Rhode Island Department of Health, 2012-2016

^The data are statistically unstable and rates or percentages should be interpreted with caution

Charlestown and Westerly have the highest number of teen births at 20.1 and 18.6 respectively per 1,000 teens. Due to low counts, Charlestown data are statistically unstable and should be interpreted with caution. Both town also have the lowest percentage of mothers (83%) who breastfeed, which could be related to the higher percentage of teen mothers.

About 10% of mothers in Exeter, North Kingstown, Hopkinton, and South Kingston do not receive prenatal care within the first trimester. Efforts focused on increasing access to prenatal care would be valuable in North Kingston which has the highest number of births in the county and where birth outcomes for preterm and low birth weight babies are also among the highest. Charlestown, Richmond, South Kingston, and Hopkinton also have more preterm or low weight births. Focused efforts on these towns will help promote health equity among maternal and child health measures.

Neonatal Abstinence Syndrome

Neonatal Abstinence Syndrome (NAS) is the withdrawal and negative health outcomes among babies exposed to opioids in the womb. In 2016, 96 Rhode Island babies were diagnosed with NAS for a rate of 89.5 per 100,000 births. The rate declined from the 2015 rate of 103.8 per 100,000 births, but more than doubled from the 2006 rate of 37.2.

Adverse Childhood Experiences

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

Domestic Violence Incidents Resulting in Arrests: Top 10 Cities/Towns in Rhode Island Shown in Descending Order by Number of Incidents

	Total Domestic Violence Incidents	Total Incidents with Children Present	Percent with Children Present
Providence	942	290	31%
Pawtucket	764	204	27%
Woonsocket*	362	86	24%
Cranston	357	86	24%
Warwick	310	89	29%
East Providence	271	83	31%
Westerly	268	71	26%
New Shoreham	207	61	29%
North Providence	187	54	29%
Coventry	125	45	36%
Four Core Cities	2,215	621	28%
Rhode Island	5,553	1,549	28%

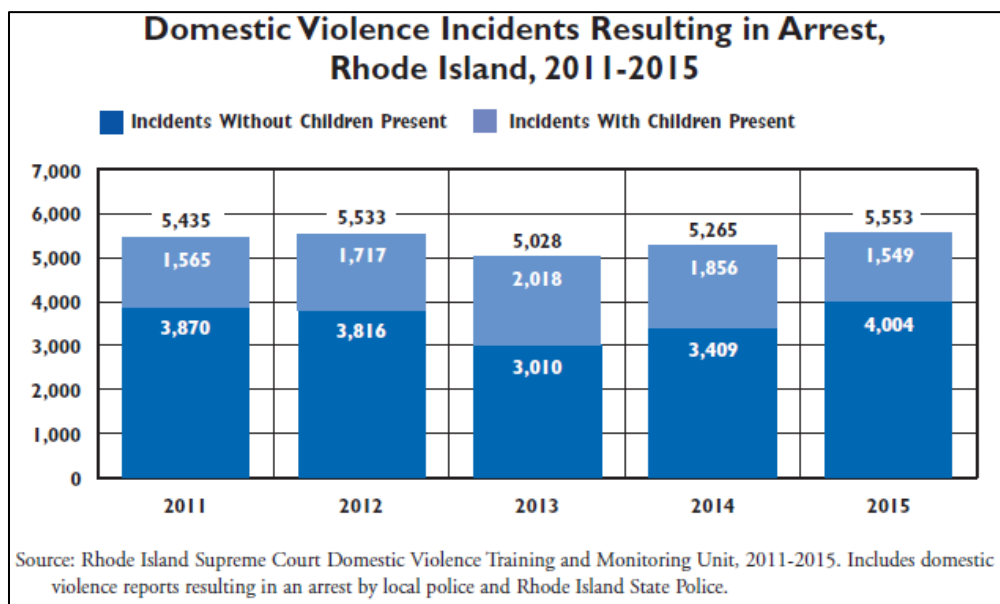
Source: Rhode Island Department of Health, 2015

*Data for Woonsocket are provisional.

Children Witnessing Domestic Violence

According to the 2018 Rhode Island Kids Count Factbook, “Children who are exposed to domestic violence are more likely to be victims of child abuse and neglect than those who are not.” In 2015, there were 5,553 domestic violence incidents resulting in arrests in Rhode Island, an increase from 2014 and 2013. Approximately 27% of the incidents in 2015 had a child present; 40% of these incidents originated in the four core cities.

About ¼ of Westerly domestic violence incidents resulting in arrest had a child present at the time of the event



Child Abuse and Neglect

The Rhode Island Department of Health defines child abuse and child neglect as follows.

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

The Department of Health reported that, “In 2017 in Rhode Island, there were 2,404 indicated investigations of child abuse and neglect involving 3,357 children. About half (52%) of the victims of child abuse and/or neglect were young children under age six and one-third (34%) were ages three and younger.” An indicated investigation is defined as one in which there is substantial evidence of the alleged abuse or neglect.

Hopkinton and Westerly are among the top 10 cities or towns in Rhode Island for investigations of child abuse or neglect.

Hopkinton and Westerly are among the top 10 cities or towns in Rhode Island for indicated investigations of child abuse or neglect.

**Indicated Investigations of Child Abuse or Neglect: Top 10 Cities/Towns in Rhode Island
Shown in Descending Order by Rate of Victims per 1,000 Children**

	Total Number of Indicated Investigations of Child Abuse or Neglect	Rate of Indicated Investigations per 1,000 children	Total Number of Victims of Child Abuse or Neglect	Rate of Child Abuse or Neglect Victims per 1,000 children
Woonsocket	226	22.9	355	35.9
Central Falls	104	18.4	174	30.8
Newport	77	18.9	114	27.9
West Warwick	87	15.1	149	25.9
Pawtucket	285	17.2	400	24.1
Providence	540	13.0	805	19.3
Hopkinton	29	15.7	34	18.4
Westerly	52	10.9	81	16.9
Bristol	45	12.4	57	15.7
Warren	19	9.8	27	13.9
Four Core Cities	1,155	15.7	1,734	23.5
Rhode Island	2,404	10.7	3,357	15.0

Source: Rhode Island Department of Health, 2017

The following table shows the number of emergency department visits, hospitalizations, and deaths due to child abuse and/or neglect in Rhode Island. The number of emergency department visits due to child abuse/neglect declined from 2012 to 2016. The number of hospitalizations and deaths has been variable and accounted for 139 total hospitalizations and six child deaths from 2012 to 2016.

**Rhode Island Emergency Department Visits, Hospitalizations, and Deaths
Due to Child Abuse and/or Neglect**

	# of Emergency Department Visits*	# of Hospitalizations*	# of Deaths**
2012	153	25	1
2013	133	34	3
2014	102	44	1
2015	92	28	0
2016	79	8	1
Total	559	139	6

Source: Rhode Island Department of Health, 2012-2016. Data for 2015 and 2016 are provisional.

*The number of Emergency Department visits and the number of hospitalizations include both suspected and confirmed assessments of child abuse and neglect.

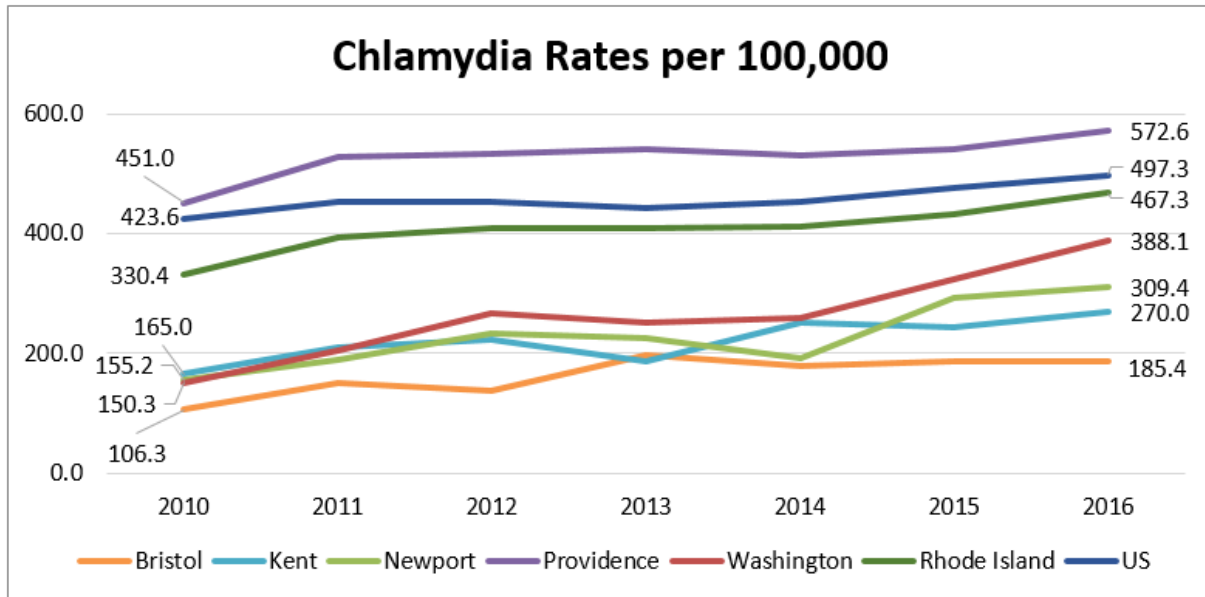
**Due to a change in data source, data for child deaths due to child abuse and/or neglect are only comparable with Factbooks since 2013.

Reportable Diseases

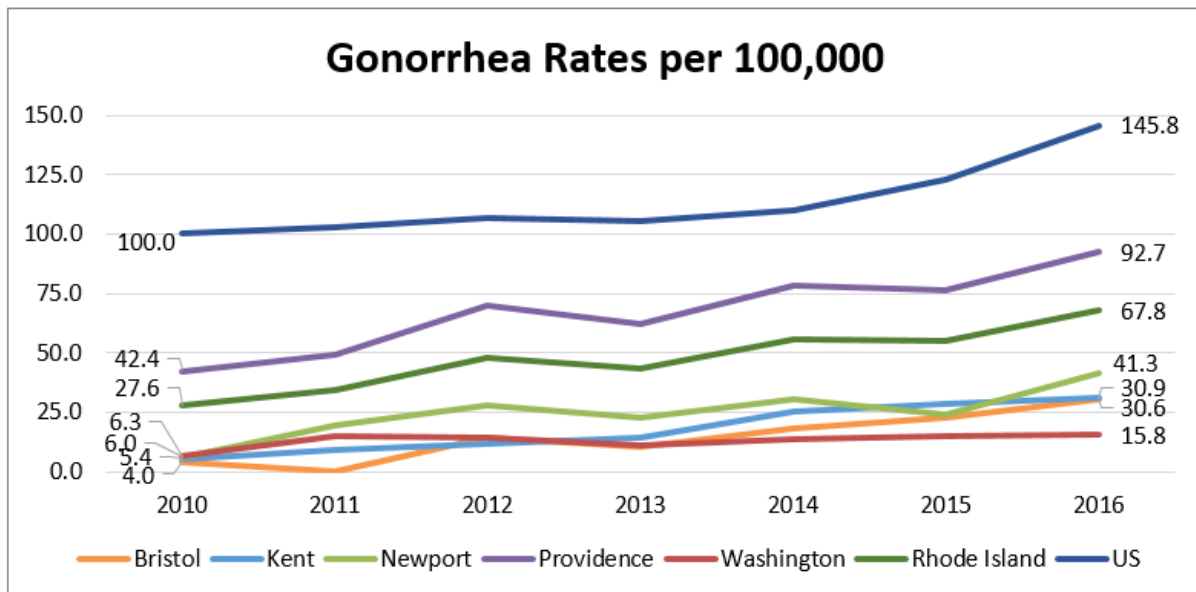
Sexually Transmitted Infections

The rate of infection of sexually transmitted infections (STIs) including chlamydia, gonorrhea, and HIV has been increasing across the nation since 2010. As highly communicable conditions, STIs require reporting to the CDC and state and local health bureaus upon detection. The rate of chlamydia and gonorrhea infections in Rhode Island fall below national infection rates, although both STIs have increased across all counties between 2010 and 2016.

Consistent with national trends, chlamydia and gonorrhea infection rates increased across all counties



Source: Centers for Disease Control and Prevention, 2010-2016



Source: Centers for Disease Control and Prevention, 2010-2016

The following table shows HIV prevalence for all five Rhode Island counties compared to the state and the nation. There are currently 2,357 people living with HIV in Rhode Island. Providence County is the only county with a higher HIV prevalence rate than the state and is similar to the national rate.

2015 HIV Prevalence
(Green = Lower than the State and Nation)

	HIV Prevalence per 100,000	HIV Cases
Bristol County	88.5	38
Kent County	100.2	143
Newport County	148.7	108
Providence County	346.1	1,863
Washington County	63.6	71
Rhode Island	259.5	2,357
United States	362.3	971,524

Source: Centers for Disease Control and Prevention, 2015

Child Lead Screening and Poisoning

The CDC estimates that at least four million households have children living in them that are being exposed to high levels of lead. Lead exposure increases the risk for central nervous system damage, slowed growth and development, and hearing and speech problems.

According to the Rhode Island Department of Health, 729 or 7% of statewide children eligible to enter kindergarten in fall 2019 who were screened for lead poisoning had elevated blood lead levels. The number of children with elevated blood lead levels has steadily declined in all areas of Rhode Island.

10% of screened children in core cities have elevated blood lead levels; Providence County has the oldest housing stock in the state, increasing the likelihood for lead paint exposure

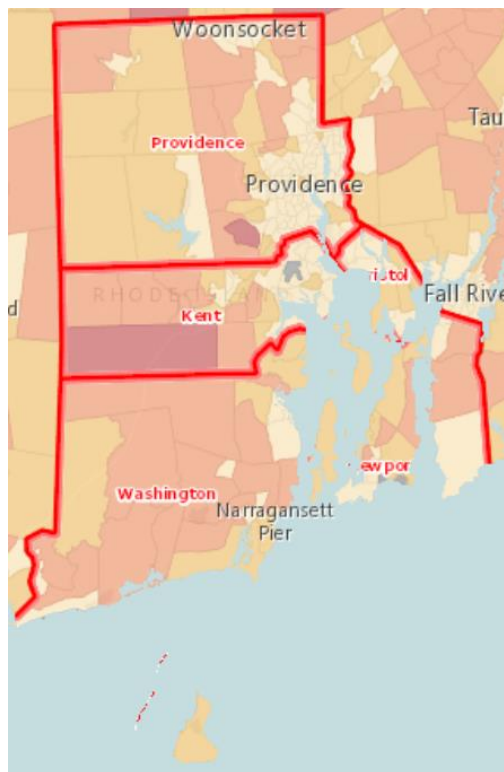
The following table depicts towns with a higher percentage of pre-kindergarten children with confirmed elevated blood lead levels compared to the state.

Lead Poisoning among Children Eligible to Enter Kindergarten in Fall 2019

	Number Tested for Lead Poisoning	Confirmed Elevated Blood Lead Levels	
		Number	Percent
Providence	2,573	292	11.3%
Central Falls	300	32	10.7%
Pawtucket	841	73	8.7%
East Providence	469	40	8.5%
Warren	106	9	8.5%
Rhode Island	10,689	729	6.8%

Source: Rhode Island Department of Health, 2018

Lead paint was frequently used to paint the inside and outside of houses until 1978 when it was banned in the US due to its association with lead poisoning. As a result, homes built before 1978 are at risk of having lead paint inside, a leading exposure pathway for children. Housing stock in Rhode Island is older than that of the US with half of homes across the state built before 1960. Providence County has the oldest housing stock with nearly 60% of homes built before 1960.



Housing Units by Median Year Built and Census Tract, US Census Bureau 2012-16

- Newer than 1985
- 1976 - 1985
- 1966 - 1975
- Older than 1966
- No Data or Data Suppressed
- Report Area

Westerly Hospital Utilization Data

Background

As part of the 2019 Community Health Needs Assessment, emergency department (ED) data related to ambulatory care sensitive (ACS) conditions were analyzed for Westerly Hospital. Ambulatory care is care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, and intervention, among others. Ambulatory care sensitive conditions are conditions that if effectively treated and managed in an outpatient setting, should not be the primary reason for an ED visit. Ambulatory care sensitive utilization trends can identify access to care barriers and inform the need for community health management resources.

Emergency department utilization data were analyzed for 10 ACS conditions contributing to morbidity and mortality among community residents, including: Alcohol-related disorders, angina, asthma, chronic obstructive pulmonary disorder (COPD), diabetes, dental issues, drug-related disorders, heart failure, hypertension, and mental health conditions.

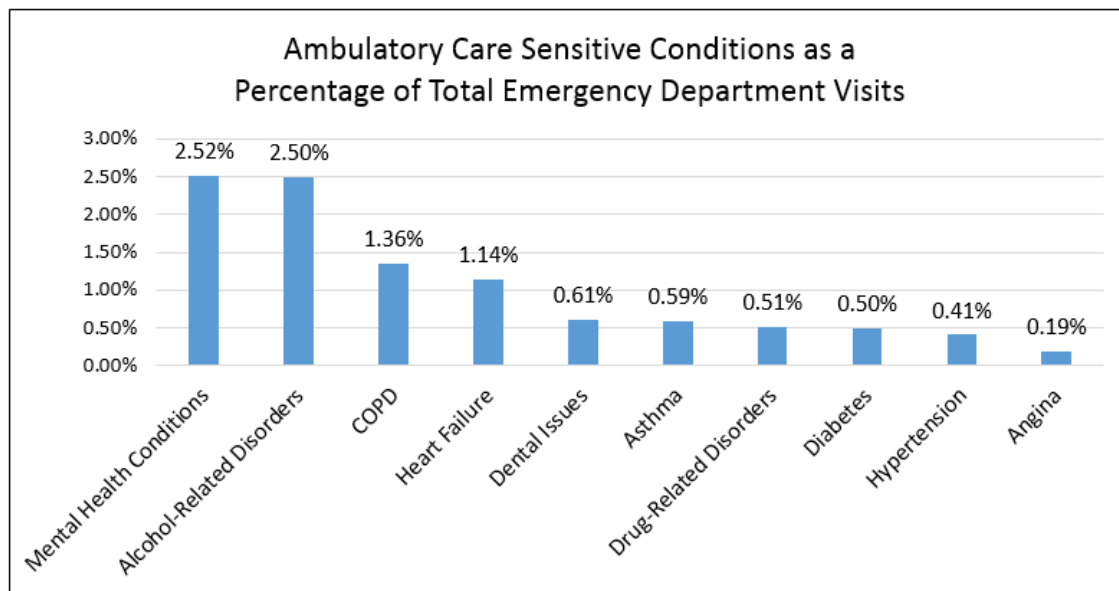
Utilization data were analyzed by patient demographics, as available, to further identify patterns among high risk populations. All data were reported by Westerly Hospital for fiscal year (FY) 2018. The total ED visit count for Westerly Hospital in FY 2018 is shown in the table below.

Westerly Hospital FY 2018 ED Visits

Total ED Visits	Hospital Inpatient Admissions from the ED	Treat and Release Patients from the ED
19,834	3,245	16,589

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions are those conditions for which hospital admission could be prevented by interventions in primary or community care. The following graph depicts the prevalence of the 10 ACS conditions under study as a percentage of total ED visits. The conditions were the primary diagnosis or primary reason for the ED visit. In FY 2018, the 10 ACS conditions accounted for 10.3% of all ED visits. Mental health conditions and alcohol-related disorders were the most prevalent conditions in the ED.



The following sections analyze each ACS condition, in order by prevalence, by primary diagnoses and patient demographics, as available. A summary of key findings from the analysis is included below.

Summary of Findings

- > Men accounted for 60% or more of visits related to substance use disorder (alcohol or drug), heart failure, and angina. Women accounted for approximately 65% of asthma visits. For all other conditions, visits were almost evenly split between men and women.
- > Older adults age 65 or over accounted for 50% or more of visits related to COPD and heart disease (heart failure, hypertension, and angina).
- > Adults ages 35-54 accounted for more than half of visits related to alcohol disorders.
- > Individuals under age 35 accounted for approximately 50% of visits related to asthma, dental issues, drug disorders, and mental health conditions. Individuals under age 25 accounted for approximately one-quarter of visits related to asthma, drug-related disorders, and mental health conditions.
- > Individuals under age 19 accounted for 15% of visits due to a mental health condition.

Mental Health Conditions

Anxiety and unspecified depression were the most common diagnoses among patients seen in the ED for a mental health condition. Nearly half of patients were under age 35; approximately 15% were under age 19. Patients were almost evenly split between males and females.

Top Three Mental Health Condition Diagnoses in the ED

Diagnosis	Visits	Percent of Total
Anxiety	94	18.8%
Depression, unspecified	80	16.0%
Bipolar (includes all forms of bipolar disorder)	35	7.0%
Total mental health condition diagnoses	499	100.0%

Mental Health Condition Diagnoses in the ED: Patient Demographics

Gender			Age		
	Visits	Percent of Total		Visits	Percent of Total
Female	244	48.9%	Under 15 years	41	8.2%
Male	255	51.1%	15-18 years	36	7.2%
			19-24 years	52	10.4%
			25-34 years	110	22.0%
			35-44 years	70	14.0%
			45-54 years	70	14.0%
			55-64 years	47	9.4%
			65+ years	73	14.6%

Alcohol-Related Disorders

Alcohol-related ED visits were largely driven by non-dependent alcohol usage, including acute intoxication and alcohol abuse. Dependent alcohol usage, including alcohol use disorder and chronic alcoholism, accounted for approximately 17% of all alcohol-related visits. Male patients accounted for more than two-thirds of alcohol-related ED visits, and more than half of patients were ages 35 to 54 years. Young adults ages 19 to 34 years accounted for 27% of visits.

Top Three Alcohol-Related Disorder Diagnoses in the ED

Diagnosis	Visits	Percent of Total
Alcoholic intoxication without complication	204	41.2%
Alcohol abuse	50	10.1%
Alcoholic intoxication with complication	47	9.5%
Total alcohol-related disorder diagnoses	495	100.0%

Alcohol-Related Disorder Diagnoses in the ED: Patient Demographics

Gender			Age		
	Visits	Percent of Total		Visits	Percent of Total
Female	159	32.1%	<19 years	8	1.6%
Male	336	67.9%	19-24 years	35	7.1%
			25-34 years	100	20.2%
			35-44 years	106	21.4%
			45-54 years	159	32.1%
			55-64 years	63	12.7%
			65+ years	24	4.8%

Chronic Obstructive Pulmonary Disorder

Approximately 75% of ED visits due to COPD were a result of an unspecified exacerbation of the condition. An additional 9% of visits were a result of an exacerbation with asthma symptoms. COPD exacerbation is characterized by shortness of breath, rapid breathing, coughing, etc., and may be triggered by illness, allergens, or poor air quality. More than 85% of COPD patients were age 55 or over; patients were evenly split between males and females.

Top Three COPD Diagnoses in the ED

Diagnosis	Visits	Percent of Total
COPD exacerbation, unspecified	202	75.1%
COPD, unspecified type	29	10.8%
Acute exacerbation of COPD with asthma	24	8.9%
Total COPD diagnoses	269	100.0%

COPD Diagnoses in the ED: Patient Demographics

Gender			Age		
	Visits	Percent of Total		Visits	Percent of Total
Female	134	49.8%	<35 years	0	0.0%
Male	135	50.2%	35-44 years	7	2.6%
			45-54 years	31	11.5%
			55-64 years	102	37.9%
			65+ years	129	48.0%

Heart Failure

Nearly all ED visits due to heart failure (210 out of 227 total) were a result of congestive heart failure; specific diagnoses are not detailed. Congestive heart failure occurs when the heart cannot fill and/or pump efficiently. The condition affects people of all ages, but it is most common in older adults. Among Westerly Hospital ED visits due to heart failure, more than 80% of patients were age 65 or over and nearly 60% were male.

Heart Failure Diagnoses in the ED: Patient Demographics

Gender			Age		
	Visits	Percent of Total		Visits	Percent of Total
Female	94	41.4%	<45 years	5	2.2%
Male	133	58.6%	45-54 years	13	5.7%
			55-64 years	22	9.7%
			65+ years	187	82.4%

Dental Issues

An estimated one-quarter of Americans do not have dental insurance, which contributes to lack of routine care and use of the ED for dental-related issues. Half of dental visits at Westerly's ED were due to a dental abscess, an infection typically brought on by plaque buildup. One-quarter of visits were due to dental caries or cavities. Patients were evenly split between males and females and were predominantly ages 25-44 years, an age group that is typically less likely to be insured.

Top Three Dental Diagnoses in the ED

Diagnosis	Visits	Percent of Total
Dental abscess	60	50.0%
Dental caries (pain, infection)	29	24.2%
Dental infection	23	19.2%
Total dental diagnoses	120	100.0%

Dental Issues Diagnoses in the ED: Patient Demographics

Gender			Age		
	Visits	Percent of Total		Visits	Percent of Total
Female	60	50.0%	<19 years	7	5.8%
Male	60	50.0%	19-24 years	8	6.7%
			25-34 years	52	43.3%
			35-44 years	23	19.2%
			45-54 years	12	10.0%
			55-64 years	10	8.3%
			65+ years	8	6.7%

Asthma

Approximately one-third of ED visits due to asthma were a result of an exacerbation of the condition or asthma attack. Asthma attacks may be triggered by exposure to an allergen or airborne irritant, such as smoke. Asthma ED patients were predominantly female with representation across the age span.

Top Three Asthma Diagnoses in the ED

Diagnosis	Visits	Percent of Total
Exacerbation of asthma, unspecified severity, unspecified whether persistent	42	35.6%
Mild intermittent asthma with or without complication or exacerbation	15	12.7%
Moderate persistent asthma with or without complication or exacerbation	14	11.9%
Total asthma diagnoses	118	100.0%

Asthma Diagnoses in the ED: Patient Demographics

Gender			Age		
	Visits	Percent of Total		Visits	Percent of Total
Female	77	65.3%	<19 years	14	11.9%
Male	41	34.7%	19-24 years	18	15.3%
			25-34 years	30	25.4%
			35-44 years	13	11.0%
			45-54 years	16	13.6%
			55-64 years	16	13.6%
			65+ years	11	9.3%

Drug-Related Disorders

Drug-related ED visits involved varied substances, including cocaine, marijuana, narcotics, etc. Narcotics are pain relievers and include both legal (e.g. codeine) and illegal (e.g. heroin) substances. The term narcotics is often used synonymously with opioids, which includes both

opiates, substances derived naturally from opium, and synthetically derived substances, like fentanyl.

Diagnoses involving a narcotic accounted for nearly one-quarter of all drug-related ED visits. Other top diagnoses included unspecified drug abuse or poly (multi) drug abuse. Two-thirds of patients seen in the ED for a drug-related diagnosis were male and 55% were under age 35.

Top Three Drug-Related Disorder Diagnoses in the ED

Diagnosis	Visits	Percent of Total
Narcotic abuse, dependence, or withdrawal (includes heroin, opiates, and opioids)	23	22.5%
Drug/Substance abuse, unspecified	23	22.5%
Polydrug/Polysubstance abuse	20	19.6%
Total drug-related disorder diagnoses	102	100.0%

Drug-Related Disorders in the ED: Patient Demographics

Gender			Age		
	Visits	Percent of Total		Visits	Percent of Total
Female	38	37.3%	<19 years	11	10.8%
Male	64	62.7%	19-24 years	18	17.6%
			25-34 years	27	26.5%
			35-44 years	16	15.7%
			45-54 years	15	14.7%
			55-64 years	13	12.7%
			65+ years	2	2.0%

Diabetes

Diabetes can be managed through medication and lifestyle changes. Uncontrolled diabetes typically results in hyperglycemia that can cause wide-ranging complications, including nerve or organ damage, heart disease, infections, etc. Foot problems, typically resulting from nerve damage, are one of the most common complications of diabetes. More than one-quarter of Westerly ED visits due to diabetes involved foot problems like infection or ulcers.

Ketoacidosis accounted for the second highest percentage of diabetes-related ED visits. Ketoacidosis is a life-threatening condition that is most common in individuals with diabetes, and occurs when the body burns fat for energy due to a lack of insulin. The breakdown of fat produces a buildup of ketones that cause the blood to become acidic.

Among Westerly Hospital ED visits due to diabetes, approximately two-thirds of patients were male and more than half were age 55 or over.

Top Three Diabetes Diagnoses in the ED

Diagnosis	Visits	Percent of Total
Diabetic foot infection/ulcer	27	27.3%
Ketoacidosis without coma associated with type 1 or type 2 diabetes	20	20.2%
Hypoglycemia associated with type 1 or type 2 diabetes	12	12.1%
Total diabetes diagnoses	99	100.0%

Diabetes Diagnoses in the ED: Patient Demographics

Gender			Age		
	Visits	Percent of Total		Visits	Percent of Total
Female	37	37.4%	<19 years	5	5.1%
Male	62	62.6%	19-24 years	6	6.1%
			25-34 years	6	6.1%
			35-44 years	18	18.2%
			45-54 years	13	13.1%
			55-64 years	16	16.2%
			65+ years	35	35.4%

Hypertension

Nearly all ED visits due to hypertension (72 out of 81 total) were a result of essential hypertension or unspecified hypertension; specific diagnoses are not detailed. Essential hypertension has no known cause and is not related to another medical condition like heart or kidney disease. Among Westerly Hospital ED visits due to hypertension, patients were nearly evenly split between males and females and more than half of patients were age 65 or over.

Hypertension Diagnoses in the ED: Patient Demographics

Gender			Age		
	Visits	Percent of Total		Visits	Percent of Total
Female	40	49.4%	<45 years	8	9.9%
Male	41	50.6%	45-54 years	10	12.3%
			55-64 years	18	22.2%
			65+ years	45	55.6%

Angina

More than two-thirds of all ED visits due to angina (25 out of 37 total) were a result of unstable angina, also known as unexpected chest pain; specific diagnoses are not detailed. According to the American Heart Association, "The most common cause of unstable angina is reduced blood flow to the heart muscle because the coronary arteries are narrowed by fatty buildups." Among Westerly Hospital ED visits due to angina, 70% of patients were age 65 or over and male.

Angina Diagnoses in the ED: Patient Demographics

Gender			Age		
	Visits	Percent of Total		Visits	Percent of Total
Female	11	29.7%	<45 years	3	8.1%
Male	26	70.3%	45-54 years	2	5.4%
			55-64 years	6	16.2%
			65+ years	26	70.3%

Health Impact Collaborative of Greater Westerly Key Informant Survey Results

The 2019 CHNA process was initiated in 2018 to include the collection of primary and secondary data elements. One primary data collection strategy included an online key informant survey administered and analyzed by the Yale School of Public Health Student Consulting Group. The online survey was distributed to community leaders and service providers in the Greater Westerly area using Qualtrics, an online survey tool.

Key informant interviews are in-depth interviews of a select (nonrandom) group of experts who are most knowledgeable of the organization or issue. The key informant is a proxy for her or his associates at the organization or group. Participating in our key informant survey were two categories of individuals: 1. Health and Human Services (60% response rate; examples include hospital administrators, state health department, physicians, nurses, and social services) and 2. Government and Community Leadership (40% response rate; examples include state and local elected officials, police and fire departments, library directors, clergy, and other government agency heads).

In total, there were 32 surveys administered in Greater New London throughout the month of March 2018 with an overall 32% response rate. Significant observations from the survey include:

- > A majority of the respondents (90%) were aware of the CHNA
- > 40% of respondents were aware of new health related community initiatives since 2015
- > The top 3 health issues of greatest concern cited were: mental health and addiction, chronic disease, and access to health services, and chronic diseases.
- > Social determinants of health (SDOH) was issue #4 and respondents cited many SDOH as the greatest potential negative impact on adults and children in the region.
- > Lack of access to medical insurance and availability of support programs were overwhelmingly identified as major barriers to health.
- > Respondents believe there is limited access to mental/behavioral health care despite rising concerns as a top health issue
- > Many respondents were uncertain regarding enough / adequate providers (Medicaid, Bilingual).
- > Respondent perception is uncertain relative to whether others are treated equally.

Professional Quality of Life (ProQOL) Survey Findings

Background

The ProQOL Scale has been in use since 1995 as a measure of the positive and negative effects on people who work to help others experiencing suffering and trauma. Professional quality of life positive effects are categorized as “Compassion Satisfaction,” and are defined as the pleasure derived from being able to do one’s work well (e.g. the pleasure of helping others). Negative effects are categorized as “Compassion Fatigue,” and include two subcategories: Burnout and Secondary Traumatic Stress. Burnout is associated with feelings of exhaustion, frustration, anger, and depression. Secondary traumatic stress is driven by fear and work-related trauma.

The ProQOL Scale was conducted as an online survey on behalf of the Health Impact Collaborative of Greater Westerly and the South County Health Equity Zone (HEZ) Healthy Bodies, Healthy Minds to better understand the needs of individuals serving community residents. Survey respondents included health care professionals, social service workers, law enforcement, and emergency responders, among others. Respondents answered a series of 30 questions about their work experiences within the 30 days prior to taking the survey.

Survey Participants

A total of 52 individuals engaged in helping professions within the Washington County region responded to the ProQOL survey. The majority of survey participants were female (65.4%), between the ages of 45 and 64 (65.3%), White (100%), and had worked in their respective field for more than 15 years (75.0%). Approximately half of participants reported an income of more than \$75,000, with 20% reporting income below \$45,000. About 44% worked in an office setting and 23% worked in a community setting. Participant names and organizations are withheld for confidentiality.

Survey Participant Demographics

	Percent	Count
Gender		
Female	65.4%	34
Male	34.6%	18
Age		
18 - 24	0.0%	0
25 - 34	5.8%	3
35 - 44	11.5%	6
45 - 54	28.8%	15
55 - 64	36.5%	19
65+	17.3%	9
Race and Ethnicity		
White	100%	52
Hispanic or Latino	1.9%	1
Income		
Up to \$45,000	19.2%	10
\$46,000 - \$75,000	32.7%	17
More than \$75,000	48.1%	25

	Percent	Count
Years at Current Employer		
Less than 5 years	23.1%	12
5 - 15 years	36.5%	19
More than 15 years	40.4%	21
Years in Field		
Less than 5 years	5.8%	3
5 - 15 years	19.2%	10
More than 15 years	75.0%	39
Work Setting		
Office	44.2%	23
Community setting	23.1%	12
Medical setting	15.4%	8
Private practice	11.5%	6
School-based	5.8%	3

ProQOL Methodology

The ProQOL Scale is comprised of 30 unique factors that are rated on a scale of (1) “never” to (5) “very often.” Each factor is associated with one of three dimensions: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. The following tables display the 30 factors based on their corresponding dimension.

ProQOL Factors by Compassion Satisfaction Dimension
I get satisfaction from being able to assist people.
I feel invigorated after working with those I assist.
I like my work as a provider.
I am pleased with how I am able to keep up with techniques and protocols.
My work makes me feel satisfied.
I have happy thoughts and feelings about those I assist and how I could help them.
I believe I can make a difference through my work.
I am proud of what I can do to assist.
I have thoughts that I am a "success" as a provider.
I am happy that I chose to do this work.

ProQOL Factors by Burnout Dimension
I am happy.*
I feel connected to others.*
I am not as productive at work because I am losing sleep over traumatic experiences of a person I assist.
I feel trapped by my job as a provider.
I have beliefs that sustain me.*
I am the person I always wanted to be.*
I feel worn out because of my work as a provider.
I feel overwhelmed because my case/work load seems endless.
I feel "bogged down" by the system.
I am a very caring person.*

*Scoring is reversed to reflect a negative response (e.g. (5) “very often” is recoded to (1) “never.”)

ProQOL Factors by Secondary Traumatic Stress Dimension
I am preoccupied with more than one person I assist.
I jump or am startled by unexpected sounds.
I find it difficult to separate my personal life from my life as a provider.
I think that I might have been affected by the traumatic stress of those I assist.
Because of my work, I have felt "on edge" about various things.
I feel depressed because of the traumatic experiences of the people I assist.
I feel as though I am experiencing the trauma of someone I have assisted.
I avoid certain activities or situations because they remind me of frightening experiences of the people I assist.
As a result of my work, I have intrusive, frightening thoughts.
I can't recall important parts of my work with trauma victims.

ProQOL Scoring

The ProQOL scores for Compassion Satisfaction, Burnout, and Secondary Traumatic Stress are derived by totaling the ratings for all factors within each dimension and converting the raw score to a t-score. The t-score conversion allows for standardized scoring based on a mean of 50 and a standard deviation of 10. Standard deviation is a measure of the distribution of scores around the mean. For example, a ProQOL score of 60 is one standard deviation above the mean.

The following table outlines ProQOL scores and corresponding rating levels. A “low” rating is interpreted differently for Compassion Satisfaction versus Burnout and Secondary Traumatic Stress. Respondents who score “low” on Compassion Satisfaction derive little satisfaction from their work either because they experience problems or gain satisfaction from other unrelated activities. Respondents who score “low” on Burnout and Secondary Traumatic Stress have a lower risk of either condition and have more positive feelings towards their profession.

ProQOL Scores and Levels

Sum of Dimension Factors (Raw Score)	T-Score Conversion	Rating Level
22 or less	43 or less	Low
Between 23-41	Around 50	Average
42 or more	57 or more	High

ProQOL Findings

The following table depicts the number of survey respondents that scored within each rating level by dimension. Approximately half of respondents scored “average” for Compassion Satisfaction and Secondary Traumatic Stress with one-quarter of respondents indicating they have low Compassion Satisfaction and/or high Secondary Traumatic Stress. About 40% of respondents scored “average” for Burnout. Burnout received the highest number of positive responses with one-third of survey respondents indicating they have “low” Burnout.

Number of Participants by Level

	<u>Low</u> (Score of 43 or Less)	<u>Average</u> (Score of 44 to 56)	<u>High</u> (Score of 57 or More)	Total Respondents
Compassion Satisfaction	14 (27%)	24 (46%)	14 (27%)	52
Burnout	17 (33%)	21 (40%)	14 (27%)	52
Secondary Traumatic Stress	15 (29%)	26 (50%)	11 (21%)	52

The tables below show the average score for each dimension by participant demographics. Areas of significant difference are noted. Note: Results by race/ethnicity were not analyzed as all respondents identified as White/Caucasian.

Across both genders and reported age groups, scores for all three dimensions were around 50 or “average.” However, the Compassion Satisfaction score among female respondents was significantly higher than the score among male respondents. Note: Age groups are reported as 18-54 years and 55 years or over due to small response counts.

ProQOL Results by Gender

	Compassion Satisfaction*		Burnout		Secondary Traumatic Stress	
	Male	Female	Male	Female	Male	Female
Mean	45.58	52.02	51.95	50.03	49.57	50.16
Response Count	18	34	18	34	18	34

*Significant differences were observed on Compassion Satisfaction. Females reported more compassion satisfaction than males.

ProQOL Results by Age Group

	Compassion Satisfaction		Burnout		Secondary Traumatic Stress	
	18-54	55+	18-54	55+	18-54	55+
Mean	48.06	51.28	51.91	49.65	50.67	49.34
Response Count	24	28	24	28	24	28

ProQOL scores by annual income were also around 50 or “average” for all dimensions. However, participants in the lowest income bracket (up to \$45,000) had significantly lower Compassion Satisfaction and significantly higher Burnout than participants earning \$46,000 to \$75,000. Compassion Satisfaction and Burnout scores for individuals earning \$45,000 or less nearly fall outside of the “average” scoring level.

ProQOL Results by Annual Income

	Compassion Satisfaction*			Burnout*			Secondary Traumatic Stress		
	Up to 45K	46K-75K	More than 75K	Up to 45K	46K-75K	More than 75K	Up to 45K	46K-75K	More than 75K
Mean	44.67	53.35	49.42	55.39	46.75	51.50	51.21	46.65	51.71
Response Count	10	17	25	10	17	25	10	17	25

*Significant differences were observed on Compassion Satisfaction and Burnout. Individuals with an income of up to \$45,000 had lower compassion satisfaction and higher burnout than individuals with an income of \$46,000 to \$75,000.

ProQOL scores by number of years at current employer and work setting were “average” with little variation among demographic groups. Scores by number of years in the field were also “average” for participants with five or more years of experience. Participants with less than five years of experience reported “low” Burnout and Secondary Traumatic Stress, however, the findings are based on three respondents.

ProQOL Results by Years at Current Employer

	Compassion Satisfaction			Burnout			Secondary Traumatic Stress		
	<5 years	5-15 years	>15 years	<5 years	5-15 years	>15 years	<5 years	5-15 years	>15 years
Mean	52.92	50.32	47.53	47.99	50.99	51.96	50.75	48.59	50.75
Response Count	12	19	21	12	19	21	12	19	21

ProQOL Results by Years in Field

	Compassion Satisfaction			Burnout			Secondary Traumatic Stress		
	<5 years	5-15 years	>15 years	<5 years	5-15 years	>15 years	<5 years	5-15 years	>15 years
Mean	52.22	47.62	50.16	41.25	53.12	50.80	41.38	53.15	49.80
Response Count	3	10	39	3	10	39	3	10	39

ProQOL Results by Work Setting

	Mean	Response Count
Compassion Satisfaction		
Office	49.69	23
Private practice	54.33	6
Medical setting	51.98	8
Community setting	45.30	12
School-based	53.62	3
Burnout		
Office	49.25	23
Private practice	48.53	6
Medical setting	52.51	8
Community setting	53.93	12
School-based	48.26	3
Secondary Traumatic Stress		
Office	46.49	23
Private practice	51.33	6
Medical setting	54.11	8
Community setting	52.65	12
School-based	51.92	3

Greater Westerly Community Conversations

Background

Facilitated discussions with community stakeholders were held in March and April 2019, in conjunction with similar activities across the Yale New Haven Health System. The goals of the community conversations were to determine perceptions of community health needs; to identify existing assets, gaps in services, challenges and successes in achieving outcomes; and to explore future opportunities to advance community health improvement.

Population groups experiencing a disproportionate burden of health issues were prioritized in determining participants for the discussions. The South County Healthy Bodies Healthy Minds Health Equity Zone (HEZ) Committee and the Health Impact Collaborative of Greater Westerly worked collaboratively to identify the target populations for participation in the discussions. Seniors and individuals in active recovery from substance use disorder were selected for discussions in Westerly. One session was held with each group.

Participant Demographics

Target Population	Location	Date	Number Attending
Individuals in recovery	The Journey-Westerly, RI	3/29/2019	8
Seniors	Westerly Senior Center	4/9/2019	12

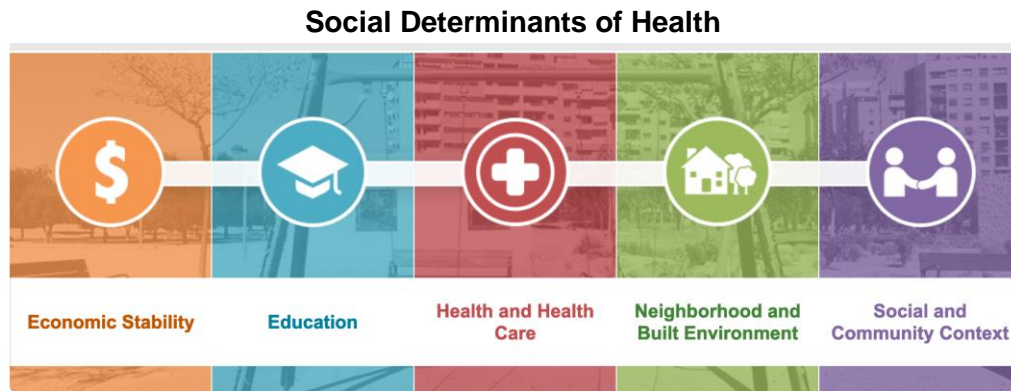
Greater Westerly Community Conversation Demographics

Gender	
Female	69%
Male	31%
Age	
18-26	0%
27-34	0%
35-44	0%
45-54	19%
55-64	6%
65-74	0%
75+	75%
Race/Ethnicity	
American Indian/Alaska Native	0%
Asian/Pacific Islander	0%
Black/African American	0%
Hispanic	0%
White	100%
Other	0%

Marital Status	
Single, never married	18%
Married or domestic partnership	38%
Widowed	38%
Divorced/Separated	6%
Employment	
Employed for wages	25%
Self-employed	0%
Out of work and looking for work	0%
A homemaker	0%
A student	0%
Military	0%
Retired	69%
Unable to work	6%
Place of Residence	
Westerly	82%
Stonington	6%
Charlestown	6%
Coventry	6%

Key Findings

An analysis of themes that emerged during the conversations was organized around the Social Determinants of Health (SDoH), the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.



The following SDoH domains key themes surfaced most often during the Greater Westerly community conversations. A detailed summary of the discussion of these areas follows.

Neighborhood and Built Environment

- > Transportation
- > Affordable Housing

Social and Community Context

- > Mental Health
- > Substance Use Disorder

Health and Health Care

- > Health Coverage/Insurance
- > Quality of Care
- > Specialty Care

Neighborhood and Built Environment

Transportation

The most discussed social determinant of health issue related to the neighborhood and built environment category, specifically transportation. Transportation related issues were discussed in both conversations. Subthemes include challenges with scheduling and timing, cost of transportation and the need for more transportation with wheelchair access. Participants in the seniors' conversation also recommended the model where nursing homes and senior living communities provide transportation for residents. Participants also mentioned that when medical transportation is unreliable and late, services with providers can be terminated.

Affordable Housing

Specific themes related to housing included the need for more affordable housing. Participants mentioned that there are long waiting lists for affordable housing and that there are many other barriers. The rising cost of housing has also contributed to the growing homeless population.

Social and Community Context

Mental Health

Mental health related issues were often mentioned. Subthemes included the lack of available services, stigma related to mental health, depression, and dementia. Seniors expressed concerns about knowing how to address mental health issues, e.g. realizing that a spouse has mental health issues but not knowing what to do. Seniors also expressed that a more comprehensive approach to dealing with depression is needed. More social interaction was recommended as a way to help address depression in the elderly.

Substance Use

Substance use was another concern. Participants involved with substance abuse treatment indicated the need for more Alcoholic Anonymous/Narcotics Anonymous meetings, the need for providers to have more knowledge about co-occurring substance abuse and mental health and the need to address the way that substance abuse and mental health are siloed. Another issue was the lack of understanding of Medication Assisted Treatment (MAT) and the impact on how providers treat people seeking services. For example, individuals who receive MAT are not allowed to attend AA meetings (because they are considered to be “using” drugs). Participants also mentioned that a new recovery center is opening in Westerly that should be an excellent resource for the community.

Health and Health Care

Health Coverage/Insurance

Insurance issues were often mentioned. Subthemes include difficulty with plan choice, doctors not accepting Medicare and/or new patients. Another issue was the requirement that young people are required to stay on their parent’s insurance plans rather than having their own coverage. Cost of medicine was also a concern.

Quality of Care

Participants expressed concerns about the lack of communication and personal contact with physicians. Rather than engaging in dialogue and connecting to patients, doctors are focused on the computer, which creates a disconnect and loss of rapport. Another topic discussed was the need for doctors to pay attention to physical and mental health.

Specialty Care

Seniors were particularly vocal about the need for greater access to specialty care. Specialty areas mentioned included orthopedics, gerontology, specialist in rare (orphan) diseases, neurology, chiropractic care and occupational therapy.

Other Recommendations

Participants offered the following additional recommendations and requests toward achieving the vision of a healthy community:

- > a good health system with access to mental health services
- > a free, walk-in clinic
- > greater investment in communication of resources available in the community (in print rather than social media for seniors)
- > more services for individuals with dementia

Survey Results

As part of each session participants completed a short survey, which included questions about demographic information, experiences in accessing health and social services, and top their perceptions regarding the top health care issues and barriers for the community. Sixteen out of the 20 participants completed the survey.

Survey data indicated participants were dissatisfied with access to healthy foods, access to Medicaid providers, access to open space and parks and access to sports programs.

Evaluation of Community Health Impact from 2016 CHNA Implementation Plan for Community Health Improvement

In 2016, Westerly Hospital completed a CHNA and developed a supporting three-year Implementation Plan for community health improvement. The 2016 CHNA revealed that our community is greatly challenged by behavioral health - mental health and substance abuse - related issues. From a lack of treatment resources to growing addiction concerns, behavioral health is a key health concern for residents and has far-reaching effects on overall health and quality of life. Westerly Hospital and the Westerly Area Health Impact Collaborative made a commitment to focus community health improvement efforts on behavioral health as part of the 2016-2019 Implementation Plan.

The Westerly Health Impact Collaborative's 2016 Implementation Plan outlined specific goals, objectives, and strategies to address behavioral health needs. The plan leveraged resources across the hospital and the community, drawing on existing partnerships. The following section highlights the hospital's and community's approach to addressing behavioral health, and outcomes from the implemented action items.

Behavioral Health Goal: Improve outcomes for residents living with a behavioral health condition and their families.

Objectives:

- > Increase access to appropriate, quality behavioral health services and improve self-management among patients
- > Increase awareness of signs and symptoms of behavioral health conditions and community resources
- > Increase early identification and screenings for behavioral health conditions in all care settings

Impact:

Community Awareness and Engagement

- > Westerly Hospital led a behavioral health public awareness campaign in the greater Westerly area to reduce stigma, educate residents about signs and symptoms, and encourage individuals to seek help. These events were held in collaboration with the Healthy Bodies Healthy Minds Substance Abuse Task Force, municipal leaders, the Washington County Coalition for Children, and the Basic Needs Network. Events held in 2016 and 2017 included the following:
 - o September 8, 2016: Dr. Ruth Potee on Addiction; 50 attendees
 - o October 11, 2016: Dr. Ellen Flannery-Schroeder on Children and Anxiety; 15 attendees
 - o October 22, 2016: Drug Take Back Day; 30 participants
 - o November 17, 2016 and January 25, 2017: Clergy workshops; 12 participants
 - o May 11, 2017: Youth driven anti-stigma campaign at Westerly High School assemblies and community events; 100 attendees

- May 18, 2017: 13 Reasons Why Forum; 10 attendees
- May 20, 2017: Wellness in the Park, featuring suicide prevention week activities
- October 2017: Assemblies and community event hosted by Chariho School District; 50 attendees
- > In 2018, Westerly Hospital took a leadership role in implementing the Campaign to Change Direction in the greater Westerly area. The campaign is part of a statewide initiative led by HARI and other state agencies, and a national collective impact effort to change the culture of mental health so that all of those in need receive the care and support they deserve.
 - Campaign-related materials were distributed during Community Days of Action in May and November, as well as to more than 50 locations including: retail, gyms, hair and nail salons and barber shops, coffee shops, banks, medical offices, restaurants, funeral homes, and package and convenience stores. Posters and wallet cards were distributed to all Westerly Public Schools and in the administration building.
 - Campaign-related events, held across Westerly, included the following:
 - May 27, 2018: Mental health sermon by local pastor
 - May 31, 2018: Lunch and learn for Westerly Hospital employees
 - September 27, 2018: Campaign press conference
 - December 3, 2018: Presentation by HARI to Westerly Hospital Management Council
 - November and December 2018: Presentations to Westerly School District and Wood River Health staff; campaign badges distributed to all personnel

Suicide Prevention and Mental Health First Aid Trainings

- > Westerly Hospital provided Question, Persuade, Refer (QPR) and Mental Health First Aid (MHFA) trainings in partnership with the Washington County Coalition for Children. QPR is a national suicide prevention program designed to teach individuals the warning signs of suicide and how to respond. MHFA is also a national program that teaches participants to identify, understand, and respond to signs of mental illness and substance use disorder in adults and youth. Both trainings were offered to hospital, social service, and community members. Specific training outcomes are outlined below:
 - As of October 2018, more than 14 QPR trainings were offered community-wide. Trained providers included Westerly Hospital staff, clergy members, school district leaders, veterans, first responders, and residents, among others.
 - In August 2018, QPR training was incorporated as part of Westerly Hospital's new employee orientation.
 - In 2017, more than 550 Westerly Public School staff were trained in MHFA. The school is pursuing MHFA training as an entry-level requirement for all staff.
 - Five community MHFA trainings were offered in 2017 and 2018. The trainings targeted MHFA for both adults and youth.

Healthy Bodies Healthy Minds Behavioral Health Task Force

- > Westerly Hospital partnered with Healthy Bodies, Healthy Minds (HBHM) Behavioral Health Task Force to conduct a review of the local behavioral health care system. In response to the review, the Task Force developed and implemented the following three-pronged approach to address identified gaps in services:
 - #1 Interrupt the Cycle of Crisis: The review identified regulatory and payment barriers for Washington County behavioral health care services. The Task Force shared these findings with the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) to inform the Governor's strategic behavioral health plan. The findings were also used to secure funding to support embedded clinicians in Narragansett and Westerly clinics and to train police officers in Crisis Intervention Team (CIT) programs.
 - #2 Improve the Patient Experience: The Task Force received funding to support the integration of behavioral telehealth services in the Westerly Hospital ED. In 2018, Westerly Hospital also launched a fully operational Community Care Team to support behavioral health patients. The team is comprised of multi-disciplinary clinical and social service professionals.
 - #3 Coordinate Follow-Up Care and Access to Care: The Task Force developed a streamlined process for behavioral health patient referrals and follow-up care among clinical and social service providers. A team of providers meets regularly to review patient cases and connect individuals to identified resource needs. The team averages six patient cases per month.
- > To further support patients identified with a substance use disorder, Westerly Hospital implemented the AnchorED Program in 2017. AnchorED connects individuals who have presented at the ED with an opioid overdose with recovery services. Prior to being released, a peer recovery coach meets with the patient to introduce them to recovery supports and resources that will help keep them on the road to recovery.

Zero Suicide Initiative

- > In 2018, Westerly Hospital began implementing the Zero Suicide Initiative in the greater Westerly area. An internal Zero Suicide leadership team was established, to include the VP of Operations, ED Medical Director and nursing leadership, and Director of Community Partnerships + Population Health, among others. By the end of 2019, the hospital will have implemented the following program components:
 - Adoption of suicide care policies, as outlined in the Zero Suicide toolkit;
 - Training of all ED nurses to provide suicide care while patients are still in the ED, and ensure safe transitions to follow-up services;
 - Depression screenings among all ED patients to assess suicide risk; and
 - Hiring of a peer recovery specialist to provide ED patient linkages to appropriate behavioral health treatment and support services

Prioritization Process and Identified Priority Areas

Westerly Hospital shared findings from the CHNA research, including health status indicators and socioeconomic measures with community partners and key stakeholders to solicit input into community health priorities. A formal presentation of data was made to the Greater Westerly Health Impact Collaborative and members were asked to develop a list of community needs based on the research and their experience within the community. A voting exercise was then conducted for members to individually score each issue based on four criteria. Results were then shared and reviewed with the committee for final insights.

Scope of the issue:

- How many people are affected?
- Is the issue widespread or affecting few individuals
- Are there inequities or disparities among residents

Severity of the issue:

- How critical is the issue?
- What is the cost or burden of the issue on the community? (e.g. dollars, time, social)
- Are there negative outcomes or harm caused?

Ability to Impact the issue:

- Can we achieve the desired outcome?
- Are there known practices to address the issue?
- Are resource readily available?
- Can we measure short-, medium-, or long-term outcomes?

Community Readiness to Address the issue:

- Is the community prepared to take action on this issue?
- Are there supportive leaders or policy makers?
- What is the prevailing attitude of the community toward the issue?
- Do we have community capacity to take on the issue

The voting results are displayed below in order of overall score.

Identified Community Need	Scope	Severity	Ability to Impact	Community Readiness	Overall Score
Transportation	3.68	3.58	2.05	2.26	11.58
Substance Use Disorder	3.45	3.30	2.40	2.30	11.45
Mental Health	3.45	3.35	2.35	2.10	11.25
Senior Services	2.90	2.50	2.35	2.50	10.25
Health Habits	2.79	2.74	2.26	2.21	10.00
Dental Access	2.37	2.37	2.05	2.05	8.84
Chronic Disease	2.10	2.25	2.10	2.20	8.65
Adolescent Activity	2.10	2.32	2.21	2.00	8.63

Following the results from the voting exercise, a subcommittee made up of Westerly Hospital leaders and local health and human services experts helped to develop the Westerly Hospital Implementation Plan.

Westerly Hospital 2019-2022 Implementation Plan for Community Health Improvement

Westerly Hospital developed an Implementation Plan to guide community benefit activities across the Hospital's service area. As determined through the prioritization process, Westerly Hospital will devote resources and expertise to address behavioral health needs, chronic disease and disparities associated with social determinants of health, including access to care.

The Implementation Plan builds upon previous health improvement activities and takes into consideration the evaluation of impact from the previous Implementation Plan cycle, while recognizing new health needs and a changing health care delivery environment identified in the 2019 CHNA.

Westerly Hospital aligned its Implementation Plan with the Health Impact Committee Collaborative of Greater Westerly's three-year Community Health Improvement Plan (CHIP) to coordinate efforts and track progress across overall community efforts. Goals and strategies from the plan are outlined below.

A copy of the full Westerly Hospital Implementation Plan and the Health Impact Collaborative of Greater Westerly CHIP can be found on the Westerly Hospital website under [About Us: Community Benefits](#).

Behavioral Health: Mental Health and Substance Use

Goal: Implement systems to improve awareness of mental health conditions, reduce stigma, and strengthen community and cross-system capacity to care for people with behavioral health needs to foster resiliency and recovery.

Objective 1: Increase awareness and knowledge related to mental health conditions and reduce stigma by supporting training of 1 in 10 Westerly residents.

Objective 2: Facilitate access to a full continuum of behavioral health services from prevention to aftercare by increasing available services in at least two areas.

Mental Health Strategies:

- > Participate in and provide support for the Health Impact Collaborative (HIC) of Greater Westerly
- > Provide in-kind and financial support to area organizations
- > Engage in activities to raise awareness and understanding of behavioral health issues.
- > Implement the Zero Suicide initiative at Westerly Hospital
- > Establish an acute geriatric psychiatric inpatient unit
- > Convene a community care team at WH for ED behavioral health multi-visit patients
- > Develop Consumer and Peer Supports

Substance Use Strategies:

- > Initiate MAT in the ED at discharge of patients with overdose
- > Distribute Narcan in the ED at discharge of patients with overdose
- > Engage in planning to address gaps in services related to alcohol use disorder and take steps to implement interventions
- > Develop Consumer and Peer Supports

Chronic Disease

Goal: Increase early detection and disease management to improve patient outcomes.

Objective 1: Reduce the number of ED visits by 10% for COPD and CHF by 2022.

Objective 2: Reduce the number of inpatient admissions by 10% for COPD and CHF by 2022.

Objective 3: Increase the number of individuals provided education, screening, and early detection programs in Washington County by 10% by 2022.

COPD Strategies:

- > Collaborate with respiratory therapists on COPD intervention
- > Partner with senior advocates in greater Westerly to promote self-management education for area seniors
- > Continue Outpatient cardiopulmonary rehab services
- > Investigate the reinstatement of the smoking cessation program
- > Include a program on COPD in the Wednesday Wellness series

CHF Strategies:

- > Implement efforts to reduce readmissions for individuals with congestive heart failure
- > Continue Outpatient Cardiopulmonary rehab services
- > Include a program on CHF in the Wednesday Wellness series

Cancer Strategies:

- > Provide focused education on obesity awareness and its relationship to the etiology of colon, rectal, endometrial, esophageal, liver and kidney cancer.
- > Implement prevention and screening programs identified as risk areas for growth in cancer disease sites: esophageal, melanoma, head and neck cancer, colon cancer

Social Determinants of Health

Goal: Impact social determinants of health to reduce the burden and improve health outcomes.

Objective 1: Partner with other community organizations to address housing, workforce, and other determinant needs through financial support.

Social Determinants of Health Strategies:

- > Continue financial and volunteer support for Habitat for Humanity of South County.
- > Provide sponsorships and other financial support to community organizations addressing social determinants.
- > Partner with community stakeholders in creating opportunities, including recruitment efforts, for education and training for high school and older individuals in the health professions.

Health Professional Education

Goal: Offer educational opportunities for students from a wide range of health care disciplines throughout the year at the FY2018 level or above.

Objective 1: Provide onsite training for at least 75 students as part of their formal health training

Objective 3: Support recruitment efforts to increase hospital workforce diversity and promote health careers for those experiencing socioeconomic disparities.

- > Provide opportunities for students pursuing health care careers to learn on-site as part of their formal education.

Appendix A: Public Health Secondary Data References

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Appendix B: Community Partners

Westerly Area Participating Organizations and Constituencies:

Name of organization	Nature and Extent of Input ¹ : Leadership (L), Action Team (AT), Full Collaborative (HIC), Prioritization (P), Community Conversation (CC)	Vulnerable population represented ² : medically underserved (MU), low-income (LI), and/or people of color (POC)
Coastal Wellness Collective	L, AT, HIC, P	MU, LI
Day One	AT, HIC, P	MU, LI
Domestic Violence Resource Center	P	MU, LI
Habitat for Humanity of South County	P	
Healthy Bodies, Healthy Minds	HIC, P	
Healthy Families America	P	MU, LI
Jonnycake Center	HIC, P	MU, LI, POC
The Journey to Hope, Health and Healing	HIC, P, CC	MU, LI, POC
Ocean Community Chamber of Commerce	HIC	
Ocean Community YMCA	HIC, P	
Frank Olean Center	P	MU, LI
PACE Rhode Island	HIC, P, CC	MU
Pawcatuck Neighborhood Center	P	MU, LI, POC
Rhode Island Student Assistance	HIC	LI, POC
Tower Street Community Center	HIC, P	LI, POC
WARM Center	HIC, P	MU, LI, POC
Westerly Hospital	L, AT, HIC, P	MU, LI, POC
Westerly Pawcatuck Clergy Association	HIC, P	MU, LI, POC
Westerly Police Department	HIC, P	
Westerly Public Library	P	
Westerly Public Schools	HIC, P	LI, POC
Westerly Senior Center	P, CC	MU, LI
Westerly Substance Abuse Prevention Task Force	HIC, P	
Westerly Town Council	HIC, P	
Wood River Health Services	HIC, P	MU, LI, POC

¹ Leadership- participation in a steering committee or in chairing a subcommittee

Action Team – participation in a subcommittee

Full collaborative – participation in collaborative meetings

Prioritization – participation in the CHNA data review and prioritization of issues

Community Conversation – participation in one of the community conversations

² Vulnerable Populations include the medically underserved such as undocumented persons and LGBTQ persons; Low income include individuals with incomes \$75K or below, and people who are homeless or housing insecure; People of Color include Blacks, African Americans, LatinX, People indicating 2 or more races/ethnicities, Native Americans, and Asians.

Appendix C: Community Assets Available to Address Community Health Needs

One goal of the CHNA is to understand the needs of a particular community and the overall challenges they face, to plan for future policies. Community-level challenges can be resonated through the needs of the individual, the organization, the neighborhood, or more broadly part of the larger city. Within communities, there exist various resources, including organizations, people, policies, physical spaces, or other things, that elevate the quality of life of a community. As each person has unique needs within their community, what is an asset to one may not be for another. Homeless shelters, food pantries, day clinics, financial assistance programs, recreational centers, are all examples of community assets that may be used by different community members. Identifying the assets that the community actively use is one important factor of the community needs assessment, as it can demonstrate what models work well within that community, and what can be done to fill in the existing gaps.

Access to Care	Food Resources	Senior Resources	Housing	Mental Health	Substance Use
General Dentistry Arrowhead Dental Associates 4995 South County Trail Charlestown, RI 02813 (401) 364-6300 Wood River Health Services 823 Maine Street Hope Valley, RI 02832 (401) 539-2461 Medicaid DSS Dr. Kenneth Kehew - (401) 847-4570 74 Valley Rd, Middletown, RI 02842 Dr. James R. Mullane 24 Salt Pond Rd. Suite D-7 Wakefield, RI 02879 401-789-029 Pediatric Dentistry Children's Dentistry of Westerly 130 Granite Street Westerly, RI 02891 (401) 596-8720 DMR Family & Cosmetic Dentistry 31 Crestview Drive Westerly, RI 02891 (401) 596-7734		Donated Durable Medical Equipment - Medical Equipment Center Br. Robert J. Allen, PGM cell phone at 401.451.0184 or 401.246.0865 at medcenter@rimasons.org Eye Glasses/ Exams Lion Sight Program: https://lions4sight.org/forms.htm Hospitals South County Health 268 Post Road Westerly, RI 02891 (401) 782-8000 Westerly Hospital 25 Wells Street Westerly, RI 02891 (401) 596-6000 Indian Health Services Narragansett Indian Health Center 51 Old Mill Road Charlestown, RI 02813 Nursing Facilities Apple Rehab Clipper 161 Post Road Westerly, RI 02891 (401) 322-8081		Royal Westerly Nursing & Rehabilitation 79 Beach Street Westerly, RI 02891 (401) 596-4925 Westerly Health Center Nursing and Rehabilitation 280 High Street Westerly, RI 02891 (401) 348-0020 Primary Care Wood River Health Services 823 Main Street Hope Valley, RI 02832 (401) 539-2461 Supports The Jonnycake Center of Westerly 23 Industrial Drive Westerly, RI 02891 (401) 377-8069 Pawcatuck Neighborhood Ctr 27 Chase Street Pawcatuck, CT 06379 (860) 599-3285 Tri-County Cmty Action Agency 1126 Hartford Ave. Johnston, RI 02919 (401) 351-2750	

Access to Care	Food Resources	Senior Resources	Housing	Mental Health	Substance Use
Congregate Meals / Nutrition Sites Charlestown Senior Center 100 Park Lane Charlestown, RI 02813 (401) 364-9955 Narragansett Indian Tribe 4533 South County Trail Charlestown, RI 02813 (401) 364-1100 Pawcatuck Neighborhood Ctr 27 Chase Street Pawcatuck, CT 06379 (860) 599-3285 The Supper Table 28 Pleasant Street Westerly, RI 02891 (401) 596-9186		Food Pantries Church of the Immaculate Conception 111 High Street Westerly, RI 02891 (401) 596-2130 The Jonnycake Center of Westerly 23 Industrial Drive Westerly, RI 02891 (401) 377-8069 Rhode Island Center Assisting Those in Need 805 Alton Carolina Road Charlestown, RI 02813 (401) 364-9412		Soup Kitchens Westerly Area Rest and Meals 56 Spruce Street Westerly, RI 02891 (401) 596-7272 Summer Food Service Programs Jonnycake Center 23 Industrial Drive Westerly, RI 02891 (401) 377-8069 Tower Street School Community Center 93 Tower Street Westerly, RI 02891 (401) 348-2715 Supports Meals on Wheels 93 Tower Street Westerly, RI 02891 (401) 348-2715 URI SNAP Outreach 1-800-306-0270	

Access to Care	Food Resources	Senior Resources	Housing	Mental Health	Substance Use
Social Services The Jonnycake Center of Westerly 23 Industrial Drive Westerly, RI 02891 (401) 377-8069 PACE Adult Day Center 5 Union Street Westerly, RI 02891 (401) 596-1336		Pawcatuck Neighborhood Center 27 Chase Street Pawcatuck, CT 06379 (860) 599-3285 Tri-County Community Action Agency 1126 Hartford Ave. Johnston, RI 02919 (401) 351-2750		Westerly Senior Center 39 State Street Westerly, RI 02891 (401) 596-2404	

Access to Care	Food Resources	Senior Resources	Housing	Mental Health	Substance Use
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Homeless Shelters**Westerly Area Rest and Meals**

56 Spruce Street
Westerly, RI 02891
(401) 596-9276

Home Ownership**Habitat for Humanity of South County**

1555Rd.
Charlestown, RI 02813
(401) 213-6711

Hardest Hit Fund

<http://www.hhfri.org/>

RI Housing Guide

https://www.rihousing.com/filelibrary/Rhode_Island_Rental_Resource_Guide_4-12-18.pdf

Section 8 Centralized Wait List for RI

<https://www.waitlist-centralri.com/>

Low Income Housing**Chestnut Court**

5 Chestnut Street
Westerly, RI 02891
(401) 596-4918

Park View Apartments

9 Dixon Street
Westerly, RI 02891
(401) 596-4918

Babcock Village

122 Cross Street
Westerly, RI 02891
(401) 596-7574

Merchants Village

25 Clark St
Westerly, RI - 02891
(401) 596-5577

Access to Care	Food Resources	Senior Resources	Housing	Mental Health	Substance Use
Case/Care Management Community Critical Needs 56 Spruce Street Westerly, RI 02891 (401) 596-9276 Day One at the YMCA Westerly 1-800-494-8100 Domestic Violence Resource Center of South County 61 Main Street Wakefield, RI 02879 (401) 782-3990 Community Mental Health Agencies Gateway South Shore Center 4705A Old Post Road Charlestown, RI 02813 (401) 364-7705		Disability Related Support Groups Frank Olean Center, Inc. 93 Airport Road Westerly, RI 02891 (401) 596-2091 Narragansett Indian Health Center 51 Old Mill Road Charlestown, RI 02813 (401) 364-1268 Family Support Groups Domestic Violence Resource Center at Jonnycake 23 Industrial Drive Westerly, RI 02891 401-377-8069 NAMI Namirhodeisland.org		Outpatient Services Advanced Psychological Services 19 Grove Avenue Westerly, RI 02891 (401)932-2045 Coastal Wellness Collective Call or website for provider directory www.coastalwellnesscollective.com 401-596-8800 x3 Wood River Health Services 823 Main Street Hope Valley, RI 02832 (401) 539-2461	

Access to Care	Food Resources	Senior Resources	Housing	Mental Health	Substance Use
Home Rehabilitation Programs Neighbors Helping Neighbors P.O. Box 406 Charlestown, RI 02813 (401) 601-5621 Habitat for Humanity of South County 1555Rd. Charlestown, RI 02813 (401) 213-6711 Prevention Westerly Substance Abuse Prevention Task Force Ashley Iadevaia <preventionashley@gmail.com>		Opioid Detoxification The Journey to Hope, Health, and Healing 86 Beach Street Westerly, RI 02891 (401) 596-0969		Family Support Groups St. Thomas Episcopal Church 322 Church Street Wood River Junction, RI 02894 (401) 364-3113	

Appendix D: IRS Form 990 Schedule H Components

IRS Form 990 Schedule H	Report page(s)
Part V Section B Line 3a A definition of the community served by the hospital facility	3, 9
Part V Section B Line 3b Demographics of the community	10-24
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	Appendix C p. 103
Part V Section B Line 3d How data were obtained	3
Part V Section B Line 3e The significant health needs of the community	4-6, 96
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	25-83
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	96
Part V Section B Line 3h The process for consulting with persons representing the community's interests	3-4
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	93-95

Appendix E: Westerly Hospital Fiscal Years (FY) 2019-2022 Community Health Improvement Plan

FY 2019-22 Healthy Lifestyles Chronic Obstructive Pulmonary Disease Community Health Improvement Plan



Indicator: Number of ED visits for exacerbated COPD (269 in FY2018, Westerly Hospital)

Indicator: Number of inpatient admissions for COPD (85 in FY2018, Westerly Hospital)

Indicator: Percentage of low income (<\$50K per year) residents who are smokers (28% in 2018 Wellbeing Survey, 14% in RI)

Goal: Reduce the number of ED visits for COPD by 10% by 2022.

Goal: Reduce the number of inpatient admissions for COPD by 10% by 2022

Strategy	Action Steps	Outcomes
Collaborate with respiratory therapists on COPD intervention	<ul style="list-style-type: none"> Support community-based efforts to improve disease management and reduce hospitalizations 	At least 6 participants enrolled in COPD intervention
Partner with senior advocates in greater Westerly to promote self-management education for area seniors	<ul style="list-style-type: none"> Develop an educational program Provide professional support to the effort 	At least 12 people complete COPD self-management education 75 % of participants demonstrate knowledge increase after educational program
Continue Outpatient cardiopulmonary rehab	<ul style="list-style-type: none"> Continue pulmonary rehabilitation program to ensure appropriate education and care for COPD patients 	Maintain or increase number of patients utilizing outpatient pulmonary care
Investigate the reinstatement of the smoking cessation program	<ul style="list-style-type: none"> Determine costs associated with implementing the program Identify a source of funding to support 	At least 10 people participate in smoking cessation activities
Include a program on COPD in the Wednesday Wellness series	<ul style="list-style-type: none"> Collaborate with public relations to organize 	One Wednesday Wellness session held on COPD At least 20 people attend event

FY 2019-22 Healthy Lifestyles Congestive Heart Failure Community Health Improvement Plan



Indicator: Number of ED visits for heart failure (227 in FY2018, Westerly Hospital)

Indicator: Number of inpatient admissions for heart failure (241 in FY2018, Westerly Hospital)

Goal: Reduce the number of ED visits for CHF by 10% by 2022.

Goal: Reduce the number of inpatient admissions for CHF by 10% by 2022.

Strategy	Action Steps	Outcomes
Implement efforts to reduce readmissions for individuals with congestive heart failure	<ul style="list-style-type: none"> Strengthen connections to primary care providers Establish stronger hand-off processes in emergency department Support patient self-management education and self-monitoring strategies Track ROI where applicable 	CHF admissions to ED reduced by 10% CHF admissions to inpatient reduced by 10%
Outpatient Cardiopulmonary rehab	<ul style="list-style-type: none"> Continue cardiac rehabilitation program to ensure appropriate care and education for CHF patients 	At least 24 people receive self-management education CHF admissions to ED reduced by 10% CHF admissions to inpatient reduced by 10%
Include a program on CHF in the Wednesday Wellness series	<ul style="list-style-type: none"> Collaborate with public relations to organize 	One Wednesday Wellness program held on CHF At least 20 people attend event

FY 2019-22 Healthy Lifestyles Cancer Community Health Improvement Plan

Yale
NewHaven
Health
Westerly Hospital

In Washington County:

Indicator: From 2008 to 2015 obesity rates in women are up 36.6 and have increased in men by 39.9% (IHME, 2016)

Indicator: Melanoma rates in Washington County have risen in the last 20 years by 13.5% in women and 3.5% in men (IHME, 2016)

Indicator: "Heavy" and binge drinking rates in Washington County have risen in the last 15 years by 29.2% in women and 23.9% in men (IHME, 2016) directly impacting the rates of head and neck (up from 7.4 per 100,000 to 16.4 per 100,000), esophageal, and breast cancer.

Indicator: Percentage of female breast cancer in Washington County is greater than the national average (7%) and # of population is the highest in the state of RI; incidence is higher than in RI (137.2 per 100,000 Wash. Co. vs. 135.3 per 100,000 in RI)

Indicator: Rates of prostate cancer in Black/African American is higher than the national average at 32.7 per 100,000 (IHME, 2016)

Indicator: Higher incidence of prostate cancer in overall population (108.9 per 100,000 in Wash. Co. vs. 104.1 per 100,000 in RI)

Indicator: Increase in smoking/vaping among high school age (7.2% in 2015 to 14.7% in 2017) and late stage diagnosis of lung cancer (increase of 18%)

Indicator: In Westerly, 1 in 10 middle school students and 1 in 5 high school students have used e-cigarettes (RI Student Survey)

Indicator: Incidence of colon cancer (32.2 per 100,000 vs. RI 35.9, CDC 2011-2015)

Goal: Increase the number of individuals provided education, screening, and early detection programs in Washington County.

Strategy	Action Steps	Outcomes
Provide focused education on obesity awareness and its relationship to the etiology of colon, rectal, endometrial, esophageal, liver and kidney cancer.	<ul style="list-style-type: none"> In collaboration with RDs from <u>Smilow</u> Westerly and Waterford, support ongoing efforts to integrate the 5-2-1-0 program coordinated by Healthy Bodies, Healthy Minds. Evaluate the potential to augment the above, if needed with complimentary programs including middle school participation in a "High Five" nutrition series. <u>Smilow</u> Cancer Hospital in Westerly in collaboration with community education leaders will provide a waist circumference program to Washington County residents. The program will focus on lifestyle changes to reduce waist circumference in women to 35" and 40" in men. Participants will be screened weekly for 6 weeks and then provided monthly follow-ups. 	<p>5% Reduced rate of childhood obesity by 2022</p> <p>10% Reduction in waist circumference among participants by 2022</p>

FY 2019-22 Healthy Lifestyles Cancer (cont.) Community Health Improvement Plan



Strategy	Action Steps	Outcomes
Offer prevention and screening programs identified as risk areas for growth in cancer disease sites: Melanoma	<ul style="list-style-type: none"> Offer melanoma beach program, providing sunscreen and sunglasses, and Solaware on area beaches. Provide education tables with information on sun exposure and prevention of melanoma. Provide skin protection programs in high schools during prom season promoting self-tanners in place of tanning booths. Self-tanners provided as incentive. Conduct melanoma screenings at Smilow Cancer Hospital in collaboration with YSM Prevention/Screening program 	<p>3,000 sunscreen and sunglasses distributed on area beaches.</p> <p>At least 2 spray tan events conducted for high schools during prom season.</p>
Offer prevention and screening programs identified as risk areas for growth in cancer incidence: Esophageal	<ul style="list-style-type: none"> Provide community education in collaboration with YSM Prevention/Screening program focused on the relationship of alcohol to esophageal cancer. 	5% reduction in reported binge drinking in Greater Westerly by 2022
Offer prevention and screening programs identified as risk areas for growth in cancer incidence: Head and Neck cancer	<ul style="list-style-type: none"> Offer head & Neck screening program in collaboration with YSM. Provide full oral exam and information on oral health and the relationship of alcohol intake and H&N cancers. 	Increase detection of early state head and neck cancer in Greater Westerly by 10%.
Offer prevention and screening programs identified as risk areas for growth in cancer incidence: Colon Cancer	<ul style="list-style-type: none"> In collaboration with the South County VNA, provide information and home occult blood testing. Follow-up provided by VNA nurses under the direction of fellowship trained GI. 	Rates of colonoscopy referrals increased by 10%.

FY 2019-22 Healthy Lifestyles Cancer (cont.) Community Health Improvement Plan



Strategy	Action Steps	Outcomes
Offer prevention and screening programs identified as risk areas for growth in cancer incidence: Breast Cancer	<ul style="list-style-type: none"> Initiate increased screening efforts in collaboration with <u>Smilow Cancer Hospital</u>, YSM Prevention and Screening programs and local industry. It will include community education, onsite mobile screening and community incentives to increase screening rates awareness. 	10% Increase in rates of mammography in Greater Westerly by 2022
Offer prevention and screening programs identified as risk areas for growth in cancer incidence: Prostate Cancer	<ul style="list-style-type: none"> In collaboration with YSM Urology and <u>Smilow Cancer Hospital</u> at Westerly identify a community group to partner on a screening event for education and screening with referrals to PCPs, prioritizing the participation of Black men.. 	10% increase in colon cancer screenings in Greater Westerly by 2022
Increase low dose CT lung screening in Washington County	<ul style="list-style-type: none"> 1. In collaboration with radiology and <u>Smilow Cancer Hospital</u> provide education sessions with PCPs to enhance the referral process and provide a screening to those that meet the criteria. Provide behavioral and pharmaceutical counseling for individuals screened for lung cancer in collaboration with YSM Prevention/Screening program. 	<p>10% increase in persons receiving lung cancer screening by 2022</p> <p>10% increase in early diagnosis of lung cancer by 2022</p>

FY 2019-22 Access to Care Social Determinants of Health Community Health Improvement Plan

Yale
NewHaven
Health
Westerly Hospital

Indicator: Poverty among area seniors (40.4% in Westerly, 38.3% in RI, U.S. Census 2013-2017)
Indicator: Percentage of low income (<\$50K per year) Westerly residents who report not having reliable transportation (24% in 2018 Wellbeing Survey)
Indicator: Percentage of low income (<\$50K per year) Westerly residents who report food insecurity (19% in 2018 Wellbeing survey, 12% in RI)
Goal: Impact social determinants of health to reduce the burden and improve health outcomes

Strategy	Action Steps	Outcomes
Partner with other community organizations to address physical improvements and housing needs through financial and in-kind support	<ul style="list-style-type: none"> Have community involvement and financial support for partner organizations' physical improvement and housing related activities Continue financial and volunteer support for Habitat for Humanity of South County 	\$ community benefit
Partner with other community organizations to address community support needs through financial and in-kind support	<ul style="list-style-type: none"> Community involvement and support for partner organizations' work to address social determinants of health not specific to the other categories Provide sponsorships and other financial support to organizations addressing social determinants 	\$ community benefit
Partner with other community organizations to address workforce development needs through financial and in-kind support	<ul style="list-style-type: none"> Collaborate with community partners including local school districts to support pathways to healthcare careers Host interns from area organizations for individuals re-entering the workforce Partner with community stakeholders in creating opportunities, including recruitment efforts, for education and training for high school students and adults in the health professions. 	Participate in at least 1 job fair

FY 2019-22 Access to Care Health Professions Education Community Health Improvement Plan



Indicator: Students/Internships by profession (FY 2018 total of 62 student interns, Westerly Hospital)

Goal: Offer educational opportunities for students from a wide range of disciplines throughout the year at the FY2018 level or above.

Strategy	Action Steps	Outcomes
Provide opportunities for students pursuing healthcare careers to learn on-site as part of their formal education.	<ul style="list-style-type: none"> Student rotations and internships for health professions education including nursing, physicians, and allied health students: nurses/nursing students, other health professions education, internships, career days + other 	Increase number of hires from programs for which the hospital provides support
Provide onsite training for at least 75 students as part of their formal health training	<ul style="list-style-type: none"> Provide onsite formal health training 	Train at least 75 students
Support recruitment efforts to increase hospital workforce diversity and promote health careers for those experiencing socioeconomic disparities	<ul style="list-style-type: none"> Implement recruitment efforts targeting to individuals experiencing socioeconomic disparities. 	Track number of individuals recruited

FY 2019-22 Behavioral Health Mental Health Community Health Improvement Plan

Yale
NewHaven
Health
Westerly Hospital

Indicator: Percentage of ED visits for mental health conditions (2.52% in FY2018; top ambulatory care sensitive condition treated in the ED, Westerly Hospital FY 2018)

Indicator: Age-adjusted death rate for mental health disorders (53.7 in 2018 for Washington County, 37.2 in the U.S., CDC 2010-2012 – 2014-2016)

Indicator: Isolation/living alone among seniors (21.8% in Washington County, 16.1% in RI, U.S. Census 2012-2016)

Indicator: Percentage of low income (<\$50K per year) residents who feel depressed several days per month (27% in 2018 Wellbeing Survey)

Indicator: Percentage of low income (<\$50K per year) residents who feel somewhat, mostly or completely anxious (38% in 2018 Wellbeing Survey)

Goal: Increase mental health awareness and knowledge related to mental health conditions and reduce stigma by supporting training os 1 in 10 Westerly residents.

Goal: Facilitate access to a full continuum of behavioral health services from prevention to aftercare by increasing available services in at least 2 care modalities.

Goal: Implement systems to improve awareness of mental health conditions, reduce stigma, and strengthen community and cross-system capacity to care for people with behavioral health needs – fostering resilience and recovery.

Strategy	Action Steps	Outcomes
Participate in and provide support for the Health Impact Collaborative (HIC) of Greater Westerly	<ul style="list-style-type: none"> Support leadership position and associate participation Provide in-kind and financial support 	Continue active engagement in HIC activities with at least one WH representative on each action team.
Provide in-kind and financial support to area organizations	<ul style="list-style-type: none"> Provide in-kind and financial resources to organizations to promote behavioral health 	\$ community benefit
Engage in activities to raise awareness and understanding of behavioral health issues.	<ul style="list-style-type: none"> Take leadership in the statewide Campaign to Change Direction Serve on the county-wide Healthy Bodies, Healthy Minds behavioral health task force Embed behavioral health content in internal and external communications Hold at least 1 behavioral health related community education event per year Sponsor and host trainings in Mental Health First Aid (youth and adult) 	<p>At least 2 behavioral health related community education events held</p> <p>At least 3 trainings in Mental Health First Aid held</p>

FY 2019-22 Behavioral Health Mental Health (cont.) Community Health Improvement Plan



Strategy	Action Steps	Outcomes
Implement the Zero Suicide initiative at Westerly Hospital	<ul style="list-style-type: none"> • Offer QPR (suicide prevention) trainings to all new hires and to key ED personnel including providers • Host community QPR trainings • Convene a WH Zero Suicide Leadership team to operationalize the program • Confirm and/or develop suicide care policies per the ZS toolkit • Initiate PHQ-9 screening of all ED patients (age 18+) • Connect patients to a peer recovery specialist and to appropriate BeH treatment and recovery services. • Have a representative on the ZS county-wide team to ensure roll out through out Washington County 	<ul style="list-style-type: none"> • At least 12 new hire trainings provided for suicide prevention • At least 2 community QPR trainings held • At least 12 meetings of the WH Zero Suicide Leadership team • Suicide care policies implemented • PHQ-9 screening implemented for ED patients • Referral process for BeH and recovery services established • At least 12 meetings of the ZS county-wide team
Establish an acute geriatric psychiatric inpatient unit	<ul style="list-style-type: none"> • Obtain certificate of need from RIDOH • Construct unit • Recruit and hire clinical staff • Hire a medical director for the Geriatric psychiatry services • Enhance community partnerships with WRHS, PACE, Apple Rehab for follow-up care post-discharge • Track ROI where applicable 	<ul style="list-style-type: none"> • Unit opened by end of 2019 • Full complement of staff in place by Spring of 2020
Convene a community care team at WH for ED behavioral health multi-visit patients	<ul style="list-style-type: none"> • Continue leadership and coordination of the CCT • Hold monthly multi-disciplinary team meetings to review and plan intervention for identified patients 	<ul style="list-style-type: none"> • At least 20 community care team meetings held • At least 24 patients requiring interventions assisted
Develop consumer and peer support systems	<ul style="list-style-type: none"> • Collaborate with community partners on interventions • Support the Anchor ED recovery coach program at WH 	<ul style="list-style-type: none"> • At least 1 recovery coach continued in ED • At least 10 Anchor ED consults per year

FY 2019-22 Behavioral Health Substance Abuse Community Health Improvement Plan



Indicator: Percentage of ED visits for alcohol related disorders (2.5% in FY2018; second highest ambulatory care sensitive condition treated in the ED, Westerly Hospital FY 2018)

Indicator: Number of ED visits for drug-related disorders (102 in FY2018, Westerly Hospital)

Goal: Implement systems to improve awareness of mental health conditions, reduce stigma, and strengthen community and cross-system capacity to care for people with behavioral health needs – fostering resilience and recovery.

Strategy	Action Steps	Outcomes
Participate in and provide support for the Health Impact Collaborative (HIC) of Greater Westerly	<ul style="list-style-type: none"> Support leadership position and associate participation Provide in-kind and financial support 	Continue active engagement in HIC activities with at least one L+M representative on each action team.
Provide in-kind and financial support to area organizations	<ul style="list-style-type: none"> Provide in-kind and financial resources to organizations to promote behavioral health 	\$ community benefit
Initiate MAT (medication assisted treatment) in the ED at discharge of patients with overdose	<ul style="list-style-type: none"> Support NEMG providers in accessing training in MAT Increase the number of ED providers with MAT training Increase the number of NEMG providers with MAT training 	Reduce number of ED visits for opioid overdose
Distribute <u>Narcan</u> in the ED at discharge of patients with overdose	<ul style="list-style-type: none"> Increased utilization of the protocol for <u>Narcan</u> upon ED discharge 	Reduce number of ED visits for opioid overdose
Engage in planning to address gaps in services related to alcohol use disorder and take steps to implement interventions	<ul style="list-style-type: none"> Conduct a deeper analysis of data around hospital utilization and available programs and services for alcohol dependence and abuse in order to understand areas of need Track ROI where applicable 	Identify system change to improve care delivery network for persons with alcohol use disorder
Develop consumer and peer support systems	<ul style="list-style-type: none"> Support the Anchor ED recovery coach program at WH 	At least 10 Anchor ED consults per year

Appendix F: Health Impact Collaborative of Greater Westerly FY 2019-2022 Community Health Improvement Plan

FY 2019-22 Behavioral Health Mental Health Community Health Improvement Plan



Indicator: Percentage of ED visits for mental health conditions (2.52% in FY2018; top ambulatory care sensitive condition treated in the ED, Westerly Hospital FY 2018)

Indicator: Age-adjusted death rate for mental health disorders (53.7 in 2018 for Washington County. 37.2 in the U.S., CDC 2010-2012 – 2014-2016)

Indicator: Percentage of low income (<\$50K per year) residents who feel depressed several days per month (27% in 2018 Wellbeing Survey)

Indicator: Percentage of low income (<\$50K per year) residents who feel somewhat, mostly or completely anxious (38% in 2018 Wellbeing Survey)

Goal: Increase mental health awareness and knowledge related to mental health conditions and reduce stigma.

Goal: Facilitate access to a full continuum of behavioral health services from prevention to aftercare.

Goal: Implement systems to improve awareness of mental health conditions, reduce stigma, and strengthen community and cross-system capacity to care for people with behavioral health needs – fostering resilience and recovery.

Strategy	Action Steps	Outcomes
Engage in activities to raise awareness and understanding of behavioral health issues.	<ul style="list-style-type: none"> Take leadership in the statewide Campaign to Change Direction Serve on the county-wide Healthy Bodies, Healthy Minds behavioral health task force Support the HBHM <u>BeH</u> task force in identifying gaps in the system of care and moving toward addressing those gaps Embed behavioral health content in internal and external communications Hold at least 1 behavioral health related community education event per year Sponsor and host trainings in Mental Health First Aid (youth and adult) with priority on training community leaders such as town council and school committee members 	<p>Focus and refine membership of the behavioral health taskforce</p> <p>At least 2 behavioral health related community education events held</p> <p>At least 3 trainings in Mental Health First Aid held</p> <p>At least 75% of town council and school committee members complete training</p>

FY 2019-22 Behavioral Health Mental Health (cont.) Community Health Improvement Plan



Strategy	Action Steps	Outcomes
Implement the Zero Suicide initiative at Westerly Hospital	<ul style="list-style-type: none"> • Offer QPR (suicide prevention) trainings to all new hires and to key ED personnel including providers • Host community QPR trainings • Convene a WH Zero Suicide Leadership team to operationalize the program • Initiate PHQ-9 screening of all ED patients (age 18+) • Connect patients to a peer recovery specialist and to appropriate <u>BeH</u> treatment and recovery services. • Have a representative on the ZS county-wide team to ensure roll out through out Washington County 	<p>At least 12 new hire trainings provided for suicide prevention</p> <p>At least 2 community QPR trainings held</p> <p>At least 12 meetings of the WH Zero Suicide Leadership team</p> <p>Suicide care policies implemented</p> <p>PHQ-9 screening implemented for ED patients</p> <p>Referral process for <u>BeH</u> and recovery services established</p> <p>At least 12 meetings of the ZS county-wide team</p>
Convene a community care team at WH for ED behavioral health multi-visit patients	<ul style="list-style-type: none"> • Meet at regular intervals to review cases of individuals who visit the WH emergency department >5 times in 6 months for behavioral health reasons 	At least 20 community care team meetings held
Collaborate with existing initiatives on transportation (WARM task force) and housing to improve conditions for individuals living with mental illness	<ul style="list-style-type: none"> • Establish understanding of existing initiatives • Ensure HIC representation in those efforts • Include reports at HIC meetings 	Increase awareness of and activism/advocacy around transportation and housing
Partners: PACE RI, Westerly Senior Center, Westerly Hospital, Town of Westerly, Westerly-Pawcatuck Clergy Association, Pawcatuck Neighborhood Center, Jonnycake Center, WARM Center, Basic Needs Network, Tri-County Community Action, Wood River Health Services, Parent Support Network, MADD, Westerly Prevention Alliance, Westerly Public Schools, Tower Street Community Center, Habitat for Humanity		

FY 2019-22 Behavioral Health Substance Use Disorder Community Health Improvement Plan



Indicator: Percentage of ED visits for alcohol related disorders (2.5% in FY2018; second highest ambulatory care sensitive condition treated in the ED, Westerly Hospital FY 2018)

Indicator: Number of ED visits for drug-related disorders (102 in FY2018, Westerly Hospital)

Goal: Implement systems to improve awareness of mental health conditions, reduce stigma, and strengthen community and cross-system capacity to care for people with behavioral health needs – fostering resilience and recovery.

Strategy	Action Steps	Outcomes
Collaborate with the Westerly Prevention Alliance (formerly Westerly Substance Abuse Prevention Task Force) in their initiatives on all forms of substance use	<ul style="list-style-type: none"> Ensure Health Impact Collaborative representation at Alliance meetings to coordinate and share Support the Alliance in seeking funding to forward their work Promote Alliance activities through communications channels 	At least 12 events attended
Partner with the Parent Support Network in their expansion of programs and services into Westerly	<ul style="list-style-type: none"> Connect with PSN leadership to explore opportunities for partnership Promote PSN activities through communications channels 	At least one new partnership opportunity identified and implemented
Partner with the Westerly Police Department on efforts to reduce DUI and overserving of alcohol	<ul style="list-style-type: none"> Strategize with Chief Lacey on opportunities for partnership 	At least one partnership opportunity identified and implemented
Support the revitalization of a Westerly MADD organization	<ul style="list-style-type: none"> Connect with MADD coordinator at state level to explore opportunities for Westerly resources and activities 	Local MADD presence reactivated
Collaborate with existing initiatives on transportation (WARM task force) and housing to improve conditions for individuals living with substance use disorder	<ul style="list-style-type: none"> Establish understanding of existing initiatives Ensure HIC representation in those efforts Include reports at HIC meetings 	Increase awareness of and activism/advocacy around transportation and housing
Partners: PACE RI, Westerly Senior Center, Westerly Hospital, Town of Westerly, Westerly-Pawcatuck Clergy Association, Pawcatuck Neighborhood Center, Jonnycake Center, WARM Center, Basic Needs Network, Tri-County Community Action, Wood River Health Services, Parent Support Network, MADD, Westerly Prevention Alliance, Westerly Public Schools, Tower Street Community Center, Habitat for Humanity		



FY 2019-22 Senior Health Community Health Improvement Plan

Indicator: Percentage of Washington County residents 65+ with >1 chronic condition (70% in 2018)

Indicator: Percentage of Washington County residents 65+ with 4+ chronic conditions (33% in 2018)

Indicator: Percentage of Westerly seniors with income less than \$30K (40.4% compared to 28.7% in Washington County)

Indicator: Percentage of Westerly Seniors living alone (13.2% compared to 11.8% in Washington County)

Indicator: Isolation/ among Westerly seniors (21.8% compared to 16.1% in RI)

Goal: To facilitate resident connections to senior-focused community resources to promote health and wellness and reduce social isolation.

Strategy	Action Steps	Outcomes
Collaborate with Age Friendly Rhode Island to support implementation of their strategic actions in greater Westerly	<ul style="list-style-type: none"> Establish a senior-focused action team Continue seeking data to identify needs and consider related actions Connect with the director of Age-Friendly RI for information about actions to date in the Westerly area Actively participate in AFRI activities Encourage inter-generational activities 	Multi-disciplinary action team meets at least 5 times in year 1
Promote available transportation resources such as GoGo Grandparent and existing organizations' services as well as general health information and resources for seniors	<ul style="list-style-type: none"> Create/distribute a printed rack card listing of resources Include pertinent information in all communications Collaborate with organizations to target identified needs 	Distribute at least 500 rack cards through community partners
Create a series of public access TV short informational/ PSA videos with educational information important to area seniors	<ul style="list-style-type: none"> Connect with Bob Barber for the production Collaborate with community agencies to identify a host and guests for the programs Broadcast the videos prior to town council meetings and at other available times 	At least 5 short videos produced and aired on a rotating schedule
Collaborate with Westerly Ambulance Corps Mobile Integrated Health initiative on telephone wellness checks for seniors	<ul style="list-style-type: none"> Assist to identify sources of funding support for the effort Connect agencies that serve seniors with WACS 	Resources obtained to initiate program
Collaborate with existing initiatives on transportation (WARM task force) and housing to improve conditions for individuals living with mental illness	<ul style="list-style-type: none"> Establish understanding of existing initiatives Ensure HIC representation in those efforts Include reports at HIC meetings 	Increase awareness of and activism/advocacy around transportation and housing
Partners: PACE RI, Westerly Senior Center, Westerly Hospital, Town of Westerly, Westerly-Pawcatuck Clergy Association, Pawcatuck Neighborhood Center, Jonnycake Center, WARM Center, Basic Needs Network, Tri-County Community Action, Wood River Health Services, Habitat for Humanity		

