HEALTH IMPACT Collaborative of Greater Westerly

Yale NewHaven Health Westerly Hospital

2022 Community Health Needs Assessment

Community Research Consulting LLC

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Overview of the 2022 CHNA

Since 2011, the hospital members of the Hospital Association of Rhode Island (HARI) have collaborated every three years on a statewide community health needs assessment (CHNA). The goal of this collaboration is to identify common and unique challenges across Rhode Island to inform community health initiatives and ultimately advance health equity for all residents.

The CHNA findings continue to guide healthcare services and health improvement efforts, as well as serve as a community resource for grant making, advocacy, and to support the many programs provided by health and social service partners.

CHNA Leadership

The 2022 CHNA was convened by HARI and overseen by steering committee of HARI staff and representatives from each of its member hospitals as listed below. These individuals served as liaisons to their organizations and the communities served by their entities.

2022 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
Lynne Driscoll, South County Health, Assistant Vice President of Community Health
Carolyn Kyle, Landmark Medical Center, Director of Public Relations, Marketing & Physician Relations
Gail Robbins, Care New England, Senior Vice President of Planning & Finance
Donna Rubinate, CharterCARE, Chief Operating Officer
Holly Walton, Care New England, Senior Planning Analyst

Our Research Partner

HARI and its member hospitals contracted with Community Research Consulting to conduct the CHNA in collaboration with community partners across the state. CRC is a woman-owned business that specializes in conducting stakeholder research to illuminate disparities and underlying inequities and transform data into practical and impactful strategies to advance health and social equity. Our interdisciplinary team of researchers and planners have worked with hundreds of health and human service providers and their partners to reimagine policies and achieve measurable impact. Learn more about our work at buildcommunity.com.

Community Research Consulting LLC

Community Engagement

Community engagement is a key component to assessing and responding to community health needs. CHNA research included participation by representatives from the Rhode Island Department of Health, the Health Equity Zones (HEZ), health and social service providers, advocacy agencies, and other community partners. 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.

CHNA Methodology

The 2022 CHNA was conducted from July 2021 to May 2022 and included quantitative and qualitative research methods to determine health trends and disparities within the hospital service areas compared to health indicators across Rhode Island and the nation. Input was collected from community stakeholders, which was compared to analyses of 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
- Key Informant Surveys and Interviews
- Community conversations with stakeholders
- Partner meetings to determine community health priorities and planning

Community Health Priorities

It is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs within our community. In determining the issues on which to focus efforts over the next three-year cycle, Westerly Hospital collected feedback from community partners and sought to align with community initiatives including the Town of Westerly Comprehensive Plan, the Westerly Village model, and Healthy Bodies Healthy Minds Washington County. Westerly Hospital will focus efforts on the following community health priorities over the next three-year cycle:

- Behavioral Health
- Housing
- Older Adults Health and Wellbeing

Board Approval

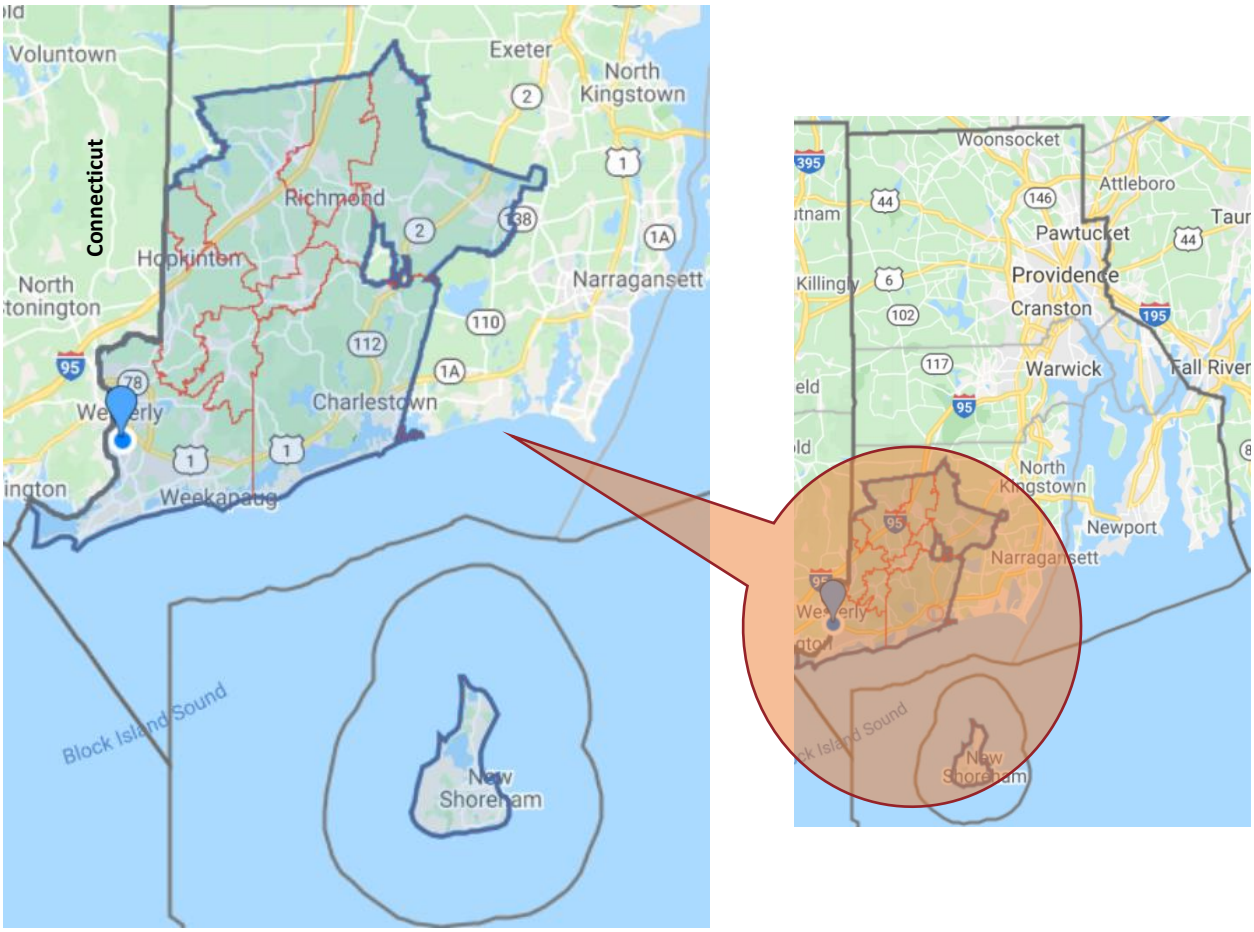
The CHNA was conducted in a timeline to comply with IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Affordable Care Act (ACA).

The CHNA Final Report and corresponding Community Health Improvement Plan (CHIP) were reviewed and approved by the Westerly Hospital Board of Directors. The report and plan are available for review and comment at westerlyhospital.org. The findings will be used to guide the hospital's community benefit initiatives and engage local partners to collectively address identified health needs.

Service Area Description

Westerly Hospital is located in Westerly, Washington County, along the border of Rhode Island and Connecticut. For purposes of the CHNA, Westerly Hospital identified its primary service area (PSA) as 11 zip codes spanning the southwest and central portions of Washington County. Throughout the data report, findings for Washington County are highlighted in comparison to other Rhode Island counties and the nation. Findings by zip code and/or municipality for Westerly Hospital's PSA are provided as available.

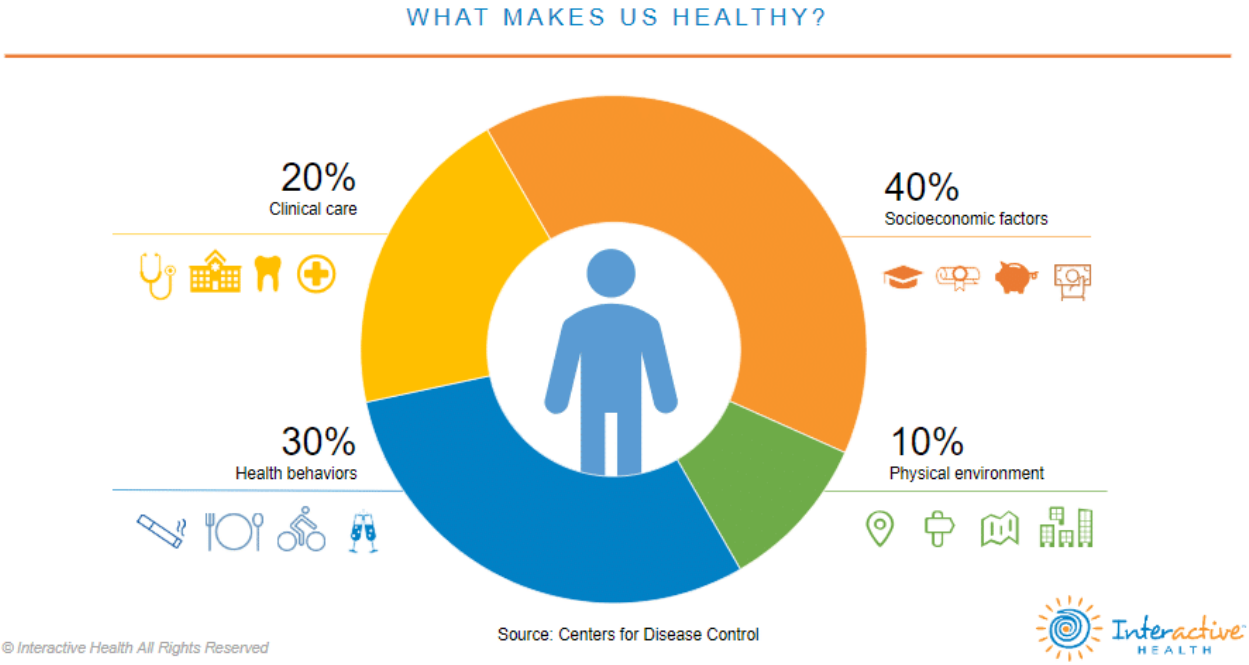
Westerly Hospital Primary Service Area



Social Determinants of Health: The connection between our communities and our health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health risks and outcomes. Healthy People 2030, the CDC's national benchmark for health, recognizes SDoH as central to its framework, naming "social and physical environments that promote good health for all" as one of the four overarching goals for the decade. Healthy People 2030 outlines five key areas of SDoH: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.

The mix of ingredients that influence each person's overall health profile include individual behaviors, clinical care, environmental factors, and social circumstance. While health improvement efforts have historically targeted health behaviors and clinical care, as this graph shows, **50% of every person's health profile is determined by a combination of socioeconomic factors and physical environment.** Therefore, the portions of our communities that have positive socioeconomic factors and a health-promoting physical environment tend to be healthier than those who have negative socioeconomic factors and a poor physical environment. This difference results in disparity.



Understanding Health Equity

As a whole, Washington County socioeconomic status and health indicators are more favorable in comparison to Rhode Island overall. However, not all people in our community experience these positive health outcomes. A closer look at health and socioeconomic indicators by geography and population illuminates wide disparities among racial and ethnic populations and those with lower incomes. The data illustrate the critical importance of **social determinants of health** as root causes of health disparities.

The impact of SDoH is evident among distinct communities, as shown in the table below. In the Westerly Hospital PSA, issues of health and social inequities are most evident in Bradford zip code 02808, Hopkinton zip code 02833, and Westerly zip code 02891. Within Westerly zip code 02891, census tract (CT) 508.01, located in downtown Westerly, is an area of heightened socioeconomic disparity and has one of the lowest average life expectancies in the county at 75-78 years.

Health and Social Inequities in the Westerly Hospital PSA

	Bradford 02808	Hopkinton 02833	Westerly 02891	Westerly CT 508.01	Washington County	Rhode Island
Demographic & Socioeconomic Indicators (2015-2019)						
Non-White population	4.0%	4.0%	7.4%	15.9%	7.1%	19.5%
People in poverty	8.7%	10.1%	9.5%	16.4%	8.6%	12.4%
Children in poverty	26.5%	21.7%	12.0%	15.1%	9.2%	17.0%
No high school diploma	12.8%	6.4%	7.0%	7.4%	5.1%	11.2%
Uninsured	0.0%	1.4%	3.3%	5.5%	2.6%	4.5%
Housing stock built pre-1980	61.4%	52.7%	60.2%	83.6%	57.6%	73.5%
Health Indicators						
Adults with recent dental care (2018)	74.5%	75.2%	72.9%	NA	75.7%	71.8%
Adult obesity (2018)	26.9%	27.7%	26.9%	NA	25.6%	27.5%
Adult diabetes (2018)	8.1%	9.5%	10.3%	NA	7.7%	9.6%
Children with lead poisoning (2020)*	NA	1.5%	2.6%	NA	NA	3.8%
COVID-19 fully vaccinated* (May 4, 2022)	NA	72.7%	67.6%	NA	NA	82.4%
Overdose death rate* (2014-2020)	NA	36.98	20.82	NA	NA	NA

*Data are reported by city/town and may not align with zip code boundaries.

COVID-19 Demonstrated Inequities

The COVID-19 pandemic both highlighted and deepened socioeconomic and health inequities. Across Rhode Island, COVID-19 case rates were highest among Black/African American and Latinx residents. The COVID-19 death rate was more than two times higher for Latinx than Whites, and more than 50% higher for Black/African Americans. In addition to health impact, economic indicators, including unemployment and food insecurity, skyrocketed as a result of the pandemic. Within Washington County, average unemployment in 2020 was 7.8% compared to 4.1% reported for May 2021. The percentage of food insecure residents increased from 7.4% in 2019 to 10.7% in 2020. While 2021 data indicate Washington County was recovering economically from the pandemic, the long-term financial and psychological implications for residents should continue to be monitored.

Priority Health Needs

It is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs within our community. In determining the issues on which to focus efforts over the next three-year cycle, Westerly Hospital collected feedback from community partners and sought to align with community initiatives including the Town of Westerly Comprehensive Plan, Age-Friendly Westerly, and Healthy Bodies Healthy Minds Washington County. Westerly Hospital will focus efforts on the following community health priorities over the next three-year cycle:

- Behavioral Health
- Housing
- Older Adults Health and Wellbeing

Behavioral Health

Rhode Island overall has better access to behavioral health providers compared to the nation. Despite higher and increasing provider availability statewide, much of Rhode Island is a mental Health Professional Shortage Area (HPSA) and services are not accessible to all residents. All of Newport and Washington counties are designated mental HPSAs.

In 2019, the Rhode Island Executive Office of Health and Human Services conducted a review of the behavioral health system to determine gaps in services and access in the state. The review found that Rhode Island has several behavioral health system capacity challenges to address including both gaps in key service lines and a shortage of linguistically and culturally competent providers, that together disproportionately negatively impact communities of color. Service gaps, indicating the service does not exist in the state, include mobile mental health crisis treatment and mobile MAT for adults, and community step down, transition age youth services, and residential treatment for eating disorders for children. Moderate and significant service shortages exist across the care continuum for adults and children.

The growth of existing behavioral health providers in Rhode Island reflects an increase in demand for services. Consistent with the nation, more than 1 in 10 adults across Rhode Island and Washington County report frequent mental distress. Statewide, from 2016 to 2020, the number of youths awaiting psychiatric inpatient admission increased from 212 to 795. The number of ED visits and hospitalizations due to suicide attempts also increased among youth. As of 2019, 14.7% of Rhode Island high school students reported an attempted suicide compared to 8.9% nationally. Washington County has historically had a higher suicide death rate than the state, most recently reported as 11.5 per 100,000 population, although the rate has been variable and generally meets the Healthy People 2030 goal.

Rhode Island has a higher prevalence of substance use disorder, including alcohol and opioid use disorder, than the nation. Consistent with the 2019 CHNA, Washington County adults have a higher prevalence of alcohol use disorder than the state; the prevalence of adults reporting excessive drinking increased from the 2019 CHNA from 21.4% to 24.4%. Both Rhode Island and Washington County have historically had a higher accidental drug overdose death rate than the nation. Since the COVID-19

pandemic, there has been an increase in accidental drug overdose deaths statewide, from 308 in 2019 to 384 in 2020.

Among youth, the use of e-cigarettes also continues to be of concern. In 2019, 30% of Rhode Island high school students reported currently using e-cigarettes, a 10-point increase from 2017, and a similar proportion as the nation overall (32.7%).

The COVID-19 pandemic had a significant impact on behavioral health for residents of all ages. Feedback collected as part of a community partner meeting with Greater Westerly health and social service providers highlighted this impact, particularly for youth and older adults. One participant stated, "*Kids/grandkids have nightmares and are fearful of lots of things."* Another participant stated, *"Echo for senior population, many have depression and don't want to talk with kids about it, some don't want to reach out for help, they're getting so used to hibernating, it's really hard to get people back out*

Housing

Rhode Island housing is older and less affordable than housing across the nation. Approximately 73.5% of housing units in Rhode Island were built before 1980 compared to 53.6% nationwide. Approximately 31% of Rhode Island homeowners are considered housing cost burdened compared to 28% nationwide. Black/African American and Latinx Rhode Islanders are among the most likely to live in older housing and are the least likely to own their home, in part due to historically discriminatory practices like redlining and other segregation methods.

Housing and health are inextricably linked; Rhode Island has a higher prevalence of health issues related to unhealthy housing, including child lead poisoning and child and adult asthma. Within the Westerly Hospital PSA, Hopkinton and Westerly have the oldest housing stock and a higher prevalence of child lead poisoning and/or child ED visits due to asthma. Across Rhode Island, 12% of adults have an asthma diagnosis compared to 9% nationally.

The exacerbation of affordable housing issues was echoed by community partners in Greater Westerly. One partner stated, "*We've seen equal housing issue, pay versus cost unbalanced, just gotten way harder, housing insecurity is worse, don't know how to get back…"* Other partners noted the increase in individuals experiencing homelessness and the challenge of providing adequate services to assist older adults age in their home.

Older Adults Health & Wellbeing

Rhode Island is an aging community, with a growing proportion of older adults that exceeds national averages. Washington County has the second highest proportion of older adults aged 65 or older in the state. The proportion of older adults increased more than two percentage points in the last five-years, from 17.2% in 2011-2015 to 19.9% in 2015-2019. Consistent with 2019 CHNA findings, approximately 22% of Westerly zip code 02891 residents are aged 65 or older, a higher proportion than Washington County. The largest proportion of older adults in Westerly are aged 65-74, but in comparison to the county and state, a higher proportion are aged 85 or older. Older adults aged 85 or older are among the most vulnerable to physical and cognitive changes and difficulties with activities of daily living (ADL).

Across Washington County, approximately 73% of older adult Medicare beneficiaries are estimated to manage two or more chronic conditions, an increase from 69% reported at the time of the 2019 CHNA. Consistent with the state, the percentage of older adults living alone is also increasing, likely increasing social isolation and impeding effective chronic disease management.

Older adults residing in Westerly zip code 02891, particularly CT 508.01, have more socioeconomic risk factors than their peers across Washington County, including social isolation and lower income. Approximately 1 in 5 Westerly older adults has an annual income of less than $20,000. In CT 508.01, nearly 11% of older adults live in poverty and 42.5% of homeowners and 80% of renters are housing cost burdened; compared to countywide averages of 6%, 30.5%, and 46% respectively.

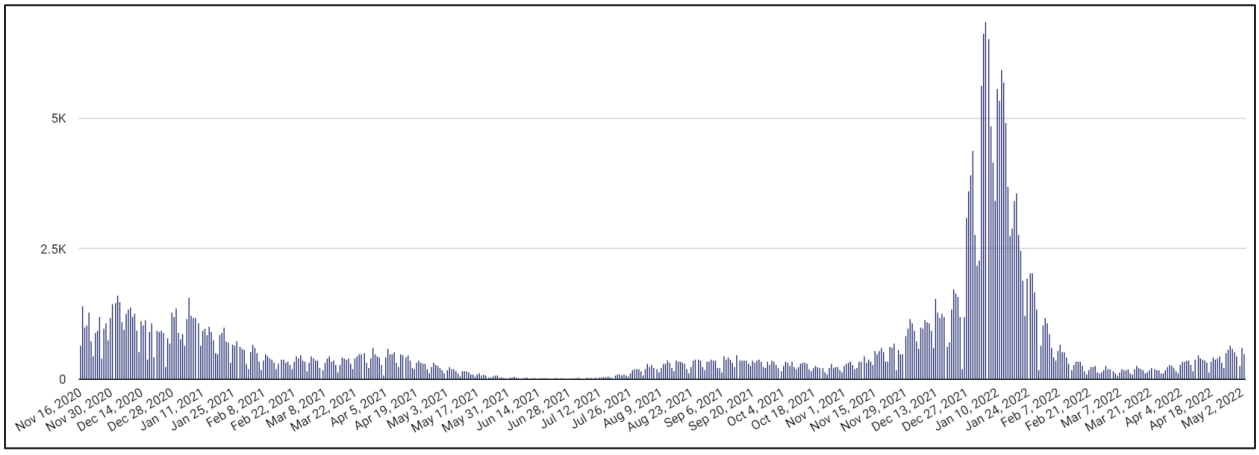
A full summary of statistical data findings for the Westerly Hospital primary service area follows.

COVID-19 Impact on Rhode Island Communities

COVID-19 is the name of the disease caused by the SARS-CoV-2 virus. "CO" stands for corona, "VI" for virus, and "D" for disease. The number "19" refers to the year 2019 when the first case of COVID-19 was identified. Some refer to COVID-19 as simply “COVID.” COVID infection and presence in a community is typically measured by case incidence, which looks at the number of daily new cases per 100,000.

When calculating case incidence, an important part of understanding how COVID is affecting certain communities is to analyze the demographics of the community. The COVID pandemic has highlighted health disparities along racial, ethnic, and economic lines in the United States. As reported by the CDC, “COVID-19 data shows that Black/African American, Hispanic/Latino, American Indian and Alaska Native persons in the United States experience higher rates of COVID-19-related hospitalization and death compared with non-Hispanic White populations. These disparities persist even when accounting for other demographic and socioeconomic factors.”

Rhode Island was hit early by the COVID-19 pandemic but was able to quickly recover due to social distancing mandates, intensive testing, and contract tracing efforts. In summer 2020, Rhode Island was leading the nation for testing. Despite its early success, Rhode Island was not spared from the wave of new COVID cases in fall 2020. The Delta variant of COVID initiated a new wave of COVID cases in summer 2021 despite readily accessible vaccines. The Omicron variants added to the community spread, and while more easily spread, have caused less fatalities and severe cases than previous variants.

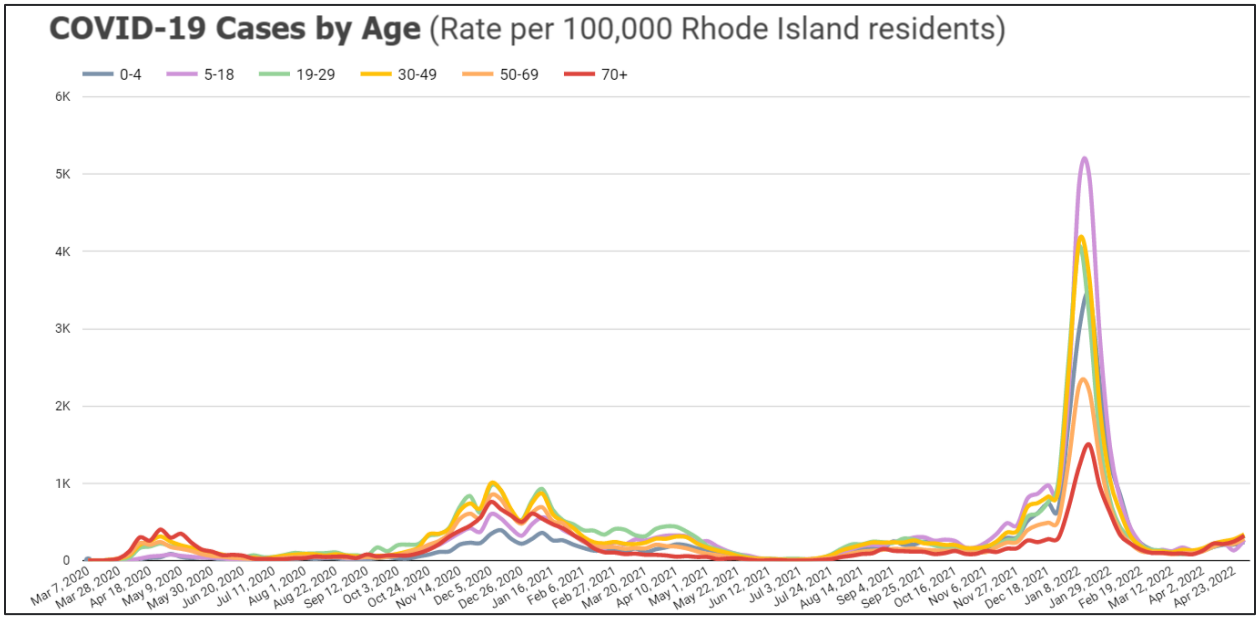


Source: Rhode Island Department of Health

COVID has affected all age groups. While older adults were among the earliest and hardest hit by COVID, more recent data shows that youth and young adults are leading new cases. Youth and younger adults have been less likely to be fully vaccinated for COVID than older adults.

The US Food and Drug Administration authorized the Pfizer-BioNTech COVID Vaccine for children aged 5-11 on October 29, 2021. As of May 4, 2022, 38% of youth aged 5-9, 60% of youth aged 10-14, and 70% of youth aged 15-18 were fully vaccinated.

COVID will be a leading cause of death for Rhode Islanders in 2020. As of May 4, 2022, more than 3,500 Rhode Islanders had died from COVID. Older adults aged 70 or older accounted for 77% of deaths.



Source: Rhode Island Department of Health

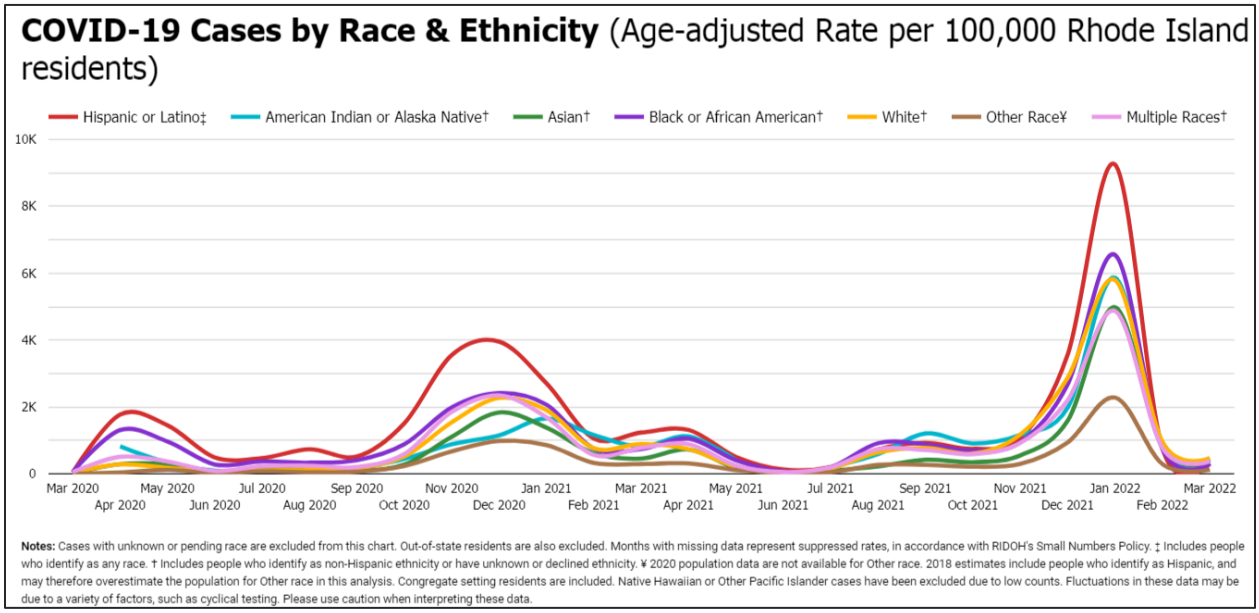
Statewide COVID-19 Cases and Deaths by Age Group

Age Group	Cases Total = 354,294		Deaths Total = 3,540	
	Count	Percent of Total	Count	Percent of Total
0-4	15,050	4%	<5	--
5-9	21,218	6%	0	0%
10-14	22,772	6%	<5	--
15-18	20,855	6%	0	0%
19-24	37,591	11%	<5	--
25-29	30,609	9%	8	<1%
30-39	57,584	16%	28	1%
40-49	45,808	13%	70	2%
50-59	44,718	13%	220	6%
60-69	30,931	9%	487	14%
70-79	15,260	4%	819	23%
80+	11,843	3%	1,902	54%

Source: Rhode Island Department of Health, May 4, 2022

Consistent with national trends, COVID-19 cases and death rates were disproportionately higher among Black/African American and Latinx Rhode Islanders. The COVID-19 death rate was nearly two times higher for Latinx than Whites, and nearly 50% higher for Black/African Americans. Across Rhode Island, Black/African American residents were the least likely of any racial or ethnic group to be fully

vaccinated, estimated at 65% of the population. This trend is consistent across the nation and is reflective of systemic inequities in access to care, as well as mistrust in healthcare systems.



Source: Rhode Island Department of Health

Statewide COVID-19 Cases and Deaths by Race and Ethnicity

Race or Ethnicity	Cases Total = 354,294		Deaths Total = 3,540	
	Count	Age-Adjusted Rate per 100,000	Count	Age-Adjusted Rate per 100,000
White	166,738	23,261	2,490	188
Latinx origin (any race)	70,581	38,978	297	301
Black or African American	18,927	27,981	154	269
Asian	6,658	16,936	63	227
Multiple race	5,301	22,075	<5	--
Other race	5,110	8,911	9	28
American Indian or Alaska Native	1,012	22,439	6	116
Native Hawaiian or Other Pacific Islander	225	NA	0	0

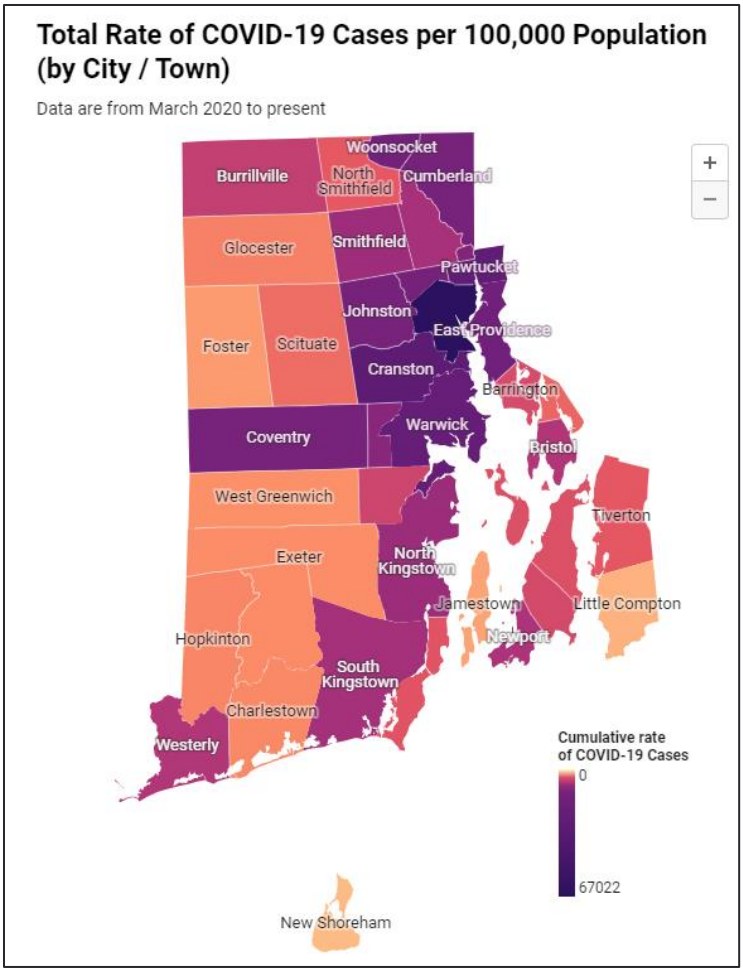
Source: Rhode Island Department of Health, May 4, 2022

Statewide COVID-19 Vaccination by Age and Race and Ethnicity

	Fully Vaccinated
Age Group	
5-9	38%
10-14	60%
15-18	70%
19-24	62%
25-29	63%
30-39	74%
40-49	76%
50-59	81%
60-69	94%
70-79	100%
80+	83%
Race and Ethnicity	
Native Hawaiian or Other Pacific Islander	100%
American Indian or Alaska Native	80%
Asian	77%
Latinx origin (any race)	70%
White	67%
Black or African American	65%

Source: Rhode Island Department of Health, May 4, 2022

Washington County saw fewer cases of COVID than other Rhode Island counties. **Within Greater Westerly, the Town of Westerly had both the highest COVID case and deaths rates and the lowest vaccination rate.** As of May 4, 2022, 65% of Westerly residents had been fully vaccinated compared to the statewide average of 82%.



Source: Rhode Island Department of Health, May 4, 2022

COVID-19 Cases, Deaths, and Vaccination by Westerly Hospital PSA Municipality

	Total Cases	Case Rate per 100,000	Total Deaths	Death Rate per 100,000	Population Fully Vaccinated
Charlestown	2,034	26,144	<5	--	74%
Hopkinton	2,166	26,704	<5	--	73%
New Shoreham	209	25,272	0	0	99%
Richmond	1,925	25,243	5	66	75%
Westerly	6,351	28,072	48	212	68%

Source: Rhode Island Department of Health, May 4, 2022

Service Area Population Trends

Demographics

Since 2010, Rhode Island saw a smaller increase in population (+4.3%) than the US overall (+7.4%). Population growth occurred in all Rhode Island counties, with the largest growth in Providence County. Across Washington County, the population increased 2.3% from 2010.

Based on 2015-2019 population estimates, only three zip codes comprising the Westerly Hospital service area saw population growth. Hopkinton zip code 02833 saw the highest population growth of 45.5%, but the overall population of this zip code is small, and growth equated to an additional 357 individuals. Total population loss within the service area was -804 people.

2020 Total Population

	Total Population	Percent Change Since 2010
Bristol County	50,793	+1.8%
Kent County	170,363	+2.5%
Newport County	85,643	+3.3%
Providence County	660,741	+5.4%
Washington County	129,839	+2.3% ↑
Rhode Island	1,097,379	+4.3%
United States	331,449,281	+7.4%

Source: US Census Bureau, Decennial Census

2015-2019 Total Population by Westerly Hospital PSA Zip Code

	Total Population	Percent Change Since 2010
02833, Hopkinton	1,141	+45.5% ↑
02892, West Kingston	5,611	+12.5% ↑
02832, Hope Valley	4,795	+4.1% ↑
02891, Westerly	21,143	-0.3% ↓
02813, Charlestown	7,799	-0.4% ↓
02808, Bradford	2,312	-3.7% ↓
02807, Block Island	916	-12.8% ↓
02812, Carolina	1,207	-19.4% ↓
02898, Wyoming	1,289	-24.0% ↓
02894, Wood River Junction	517	-28.4% ↓
02804, Ashaway	1,849	-29.1% ↓

Source: US Census Bureau, American Community Survey

Health needs change as individuals age. Therefore, the age distribution of a community impacts its social and healthcare needs. The age distribution of Rhode Island is older than the nation in all counties except Providence. The proportion of older adult residents increased across the state, with the largest increase in Newport County, followed by Washington County. Among older adults age 65 or older, the 65-74 age category saw the greatest increase in recent years, largely due to the aging of the baby boomer generation.

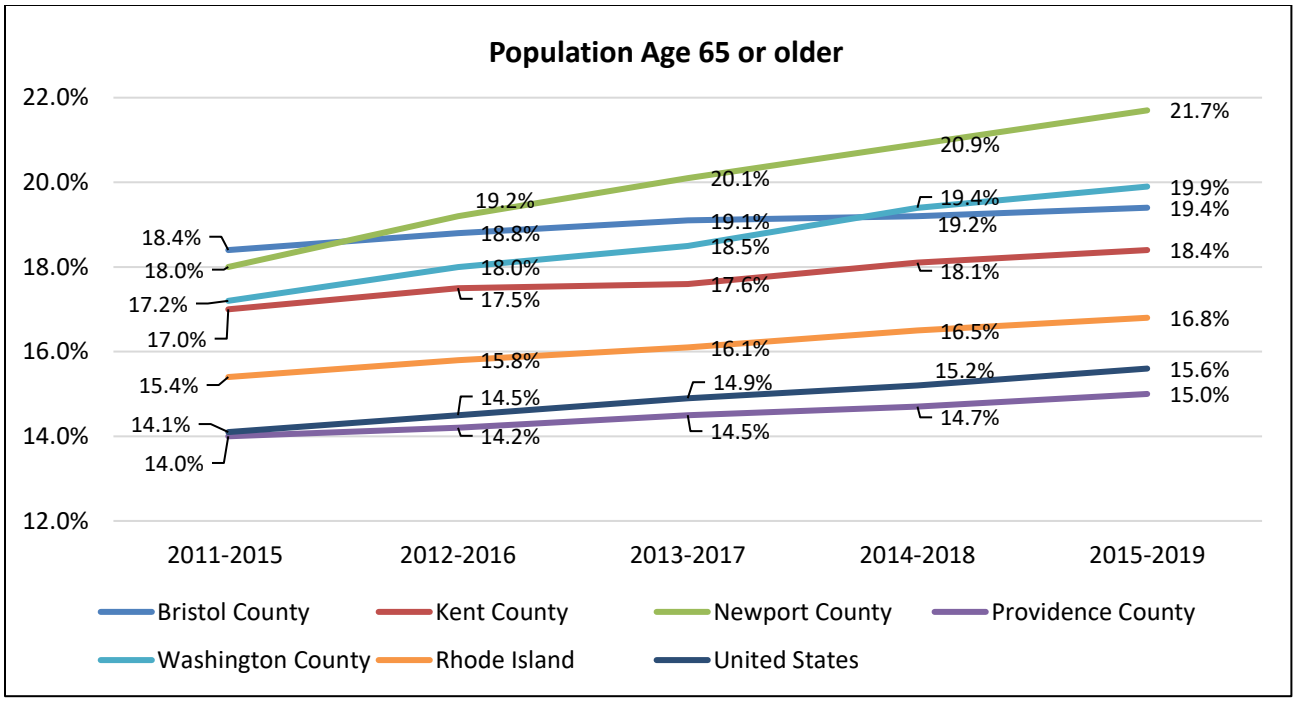
Washington County has the second highest proportion of older adults age 65 or older in the state. The proportion of older adults in the county increased more than two percentage points in a five-year span, from 17.2% in 2011-2015 to 19.9% in 2015-2019. Washington County also has a high proportion of residents age 55 to 64, indicating that the need for older adult health and support services is likely to continue in the coming years. The needs of older adults are likely to be more pronounced in Wyoming zip code 02898, Westerly zip code 02891, Charlestown zip code 02813, and Block Island zip code 02807, where approximately 1 in 4 residents is age 65 or older.

While the Washington County population represents an older demographic overall, youth under age 18 comprise approximately 1 in 5 residents in half of its zip codes. This finding reinforces the potential impact of upstream, preventative initiatives.

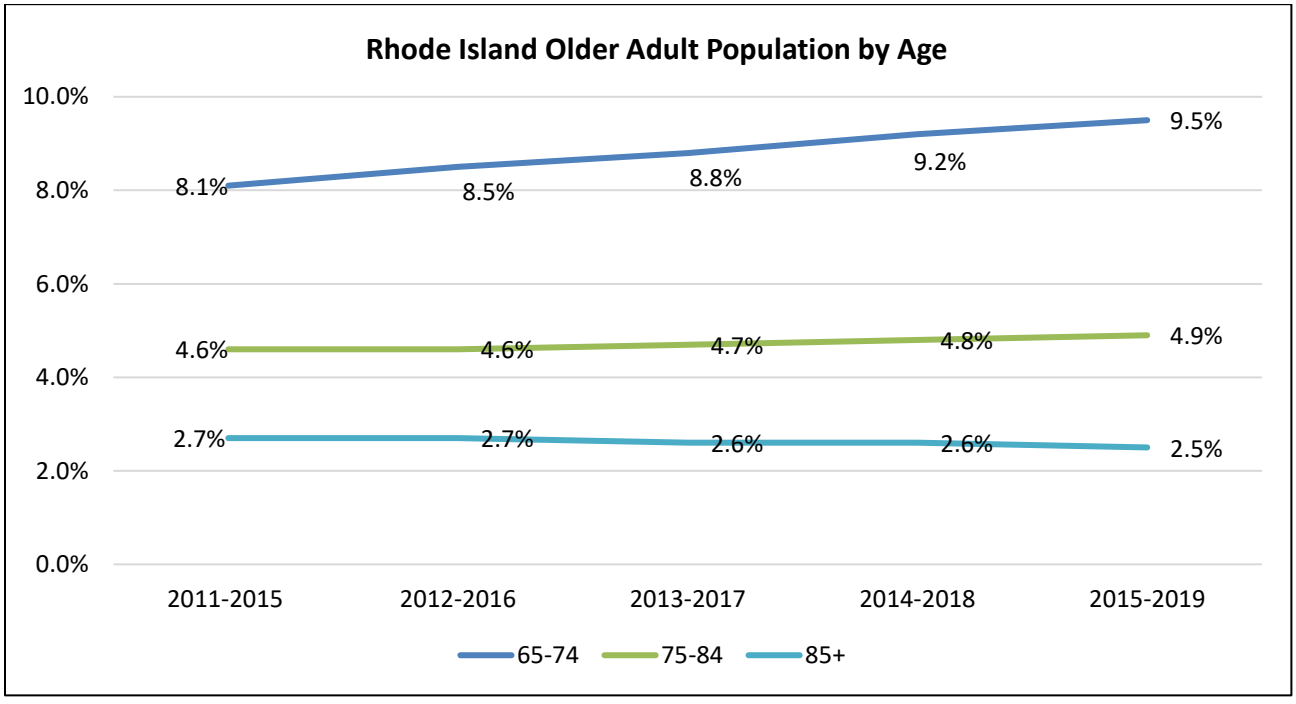
2015-2019 Population by Age

	Gen Z/ Gen C	Gen Z	Millennial	Millennial/ Gen X	Gen X	Boomers	Boomers/ Silent	Median Age
	Under 18 years	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years and over	
Bristol County	19.1%	10.9%	10.3%	10.4%	14.4%	15.6%	19.4%	44.3
Kent County	19.0%	7.2%	13.1%	12.1%	14.7%	15.6%	18.4%	43.9
Newport County	17.1%	9.4%	12.6%	10.7%	13.6%	14.9%	21.7%	45.2
Providence County	20.7%	10.9%	15.2%	12.2%	13.1%	12.9%	15.0%	37.4
Washington County	16.8%	14.6%	9.3%	9.6%	13.6%	16.1%	19.9%	44.6
Rhode Island	19.6%	10.7%	13.7%	11.7%	13.5%	13.9%	16.8%	39.9
United States	22.6%	9.4%	13.9%	12.6%	13.0%	12.9%	15.6%	38.1

Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey

2015-2019 Age Characteristics by Westerly Hospital PSA Zip Code

	Youth (under 18) Population	Older Adult (65+) Population
02898, Wyoming	11.1%	26.8%
02891, Westerly	11.3%	24.2%
02813, Charlestown	15.6%	23.9%
02807, Block Island	17.9%	23.3%
02892, West Kingston	16.8%	22.0%
02832, Hope Valley	20.8%	18.3%
02894, Wood River Junction	21.7%	17.2%
02804, Ashaway	17.1%	16.0%
02833, Hopkinton	18.0%	15.5%
02812, Carolina	25.3%	12.1%
02808, Bradford	25.2%	10.9%

Source: US Census Bureau, American Community Survey

Outside of Providence County, Rhode Island is less racially and ethnically diverse than the nation overall. In all counties except Providence, Whites comprise 90% or more of the population, a higher proportion than the nation (72.5%). Within Providence County, proportionately more residents identify as Black/African American, multi-racial, and/or Latinx compared to both Rhode Island and the nation.

2015-2019 Population by Prominent Racial and Ethnic Groups

	White	Black or African American	Asian	Some Other Race*	Two or More Races	Latinx origin (any race)
Bristol County	94.2%	1.3%	2.1%	0.6%	1.8%	3.0%
Kent County	91.3%	1.9%	2.7%	1.4%	2.3%	5.0%
Newport County	89.0%	4.0%	2.0%	1.0%	2.5%	5.7%
Providence County	72.9%	9.9%	4.2%	8.3%	4.1%	22.8%
Washington County	92.9%	1.4%	1.9%	1.1%	2.0%	3.2%
Rhode Island	80.5%	6.8%	3.4%	5.5%	3.3%	15.4%
United States	72.5%	12.7%	5.5%	4.9%	3.3%	18.0%

Source: US Census Bureau, American Community Survey

*"Some other race" has historically captured ethno-racially mixed individuals, as well as Latinx individuals who do not consider ethnicity as separate or distinct from race.

Racial and ethnic diversity is increasing statewide, particularly for multi-racial and Latinx groups. Only about 5% of Washington County residents identify as multi-racial and/or Latinx, but from 2011-2015 to 2015-2019, the proportion of the population identifying with these groups increased by 15.9% for multi-racial and 12.3% for Latinx. Contrary to the state, the county also saw an increase (+33.2%) in individuals identifying as "some other race."

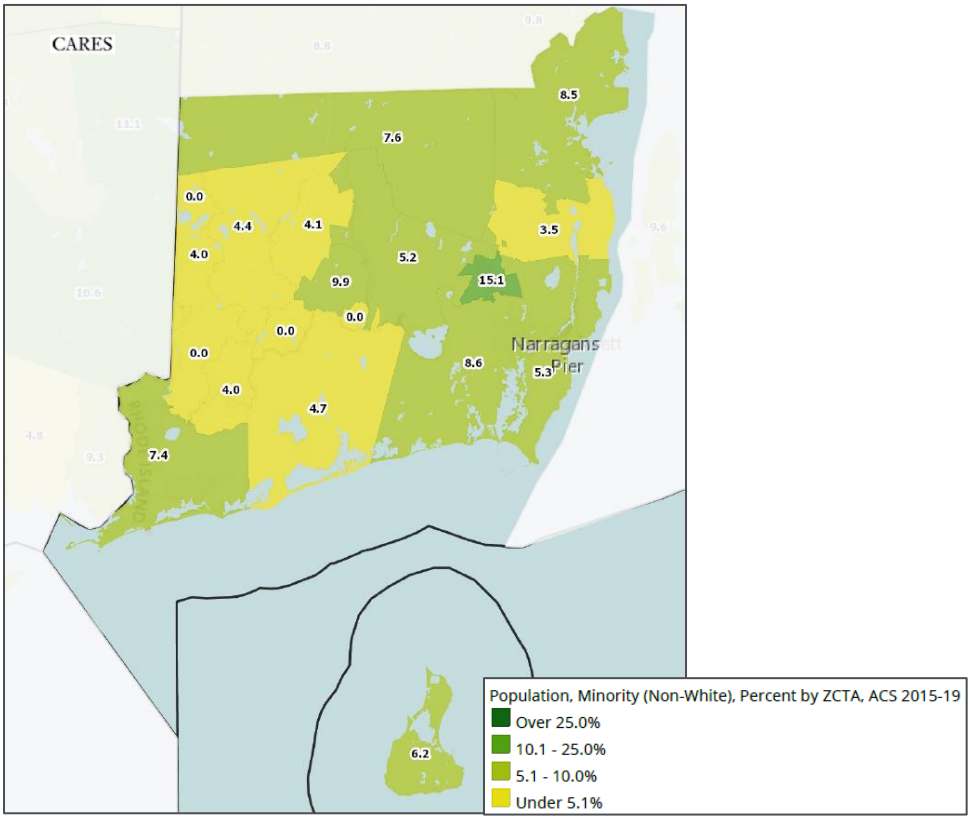
Within the Westerly Hospital PSA, racial and ethnic diversity is most concentrated in Carolina zip code 02812 and Westerly zip code 02891, where 9.9% and 7.4% of residents identify as non-White, respectively. In Carolina, 7% of residents identify as Black/African American. In Westerly, 2.3% of residents identify as Asian, 1.5% identify as Black/African American, and 3.4% identify as Latinx.

Population Change by Race and Ethnicity, 2011-2015 to 2015-2019

	White	Black or African American	Asian	Some Other Race	Two or More Races	Latinx origin (any race)
Bristol County	-2.0%	+4.5%	+24.8%	+135.2%	+16.0%	+27.7%
Kent County	-2.0%	+36.8%	+12.7%	-3.0%	+9.6%	+24.6%
Newport County	+0.5%	+14.2%	+12.4%	-33.9%	-27.4%	+10.7%
Providence County	+0.1%	+3.5%	+2.7%	-5.8%	+26.3%	+13.0%
Washington County	-0.9% ↓	-6.4% ↓	+7.4% ↑	+33.2% ↑	+15.9% ↑	+12.3% ↑
Rhode Island	-0.5%	+4.9%	+5.1%	-4.0%	+18.3%	+13.5%
United States	+1.0%	+3.3%	+10.4%	+7.9%	+13.9%	+7.8%

Source: US Census Bureau, American Community Survey

2015-2019 Non-White Population by Zip Code in Washington County



Many Roads Lead to Home

Rhode Island is home to proportionately more immigrants than the nation overall. While most residents were born in the US, a higher proportion were born in Puerto Rico or US Island Areas or are naturalized citizens. These findings are largely isolated to Providence County, where 1 in 10 residents is a naturalized citizen and approximately 8% are not a US citizen.

Washington County is one of the least diverse counties in Rhode Island, with 93% of residents identifying as White. The county has the smallest proportions of residents not born in the US and not a US citizen within the state, as well as the smallest proportion of residents speaking a primary language other than English. Consistent with zip code-level demographics, Westerly zip code 02891 has the largest proportion of linguistically isolated households (3.2%) in the Westerly Hospital PSA. Linguistically isolated households are defined as persons who cannot speak English at least 'very well' or who do not live in a household where an adult speaks English 'very well'.

2015-2019 Nativity and Citizenship Status

	US citizen, born in the US	US citizen, born in Puerto Rico or US Island Areas	US citizen, born abroad of American parent(s)	US citizen by naturalization	Not a US citizen	Speak Primary Language Other Than English
Bristol County	90.1%	0.0%	0.6%	6.9%	2.4%	11.6%
Kent County	92.9%	0.3%	0.6%	4.0%	2.2%	9.1%
Newport County	90.6%	0.6%	1.6%	3.9%	3.3%	9.5%
Providence County	78.5%	2.1%	1.0%	10.1%	8.4%	31.7%
Washington County	94.0%	0.2%	1.1%	3.1%	1.7%	6.2%
Rhode Island	84.0%	1.4%	1.0%	7.7%	5.9%	22.4%
United States	84.9%	0.6%	1.0%	6.7%	6.8%	21.6%

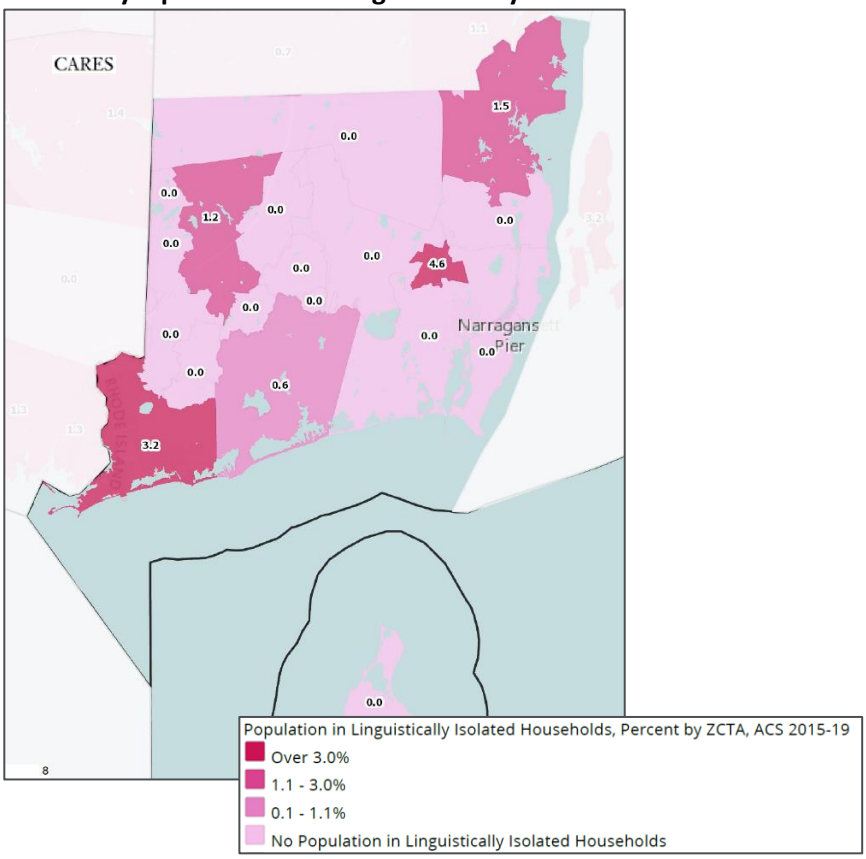
Source: US Census Bureau, American Community Survey

2015-2019 Foreign-Born Population by Region of Birth

	Latin America	Europe	Asia	Africa	Other
Bristol County	8.0%	67.1%	20.0%	1.1%	3.8%
Kent County	21.9%	33.8%	32.8%	7.6%	4.0%
Newport County	27.6%	43.1%	19.9%	4.3%	5.1%
Providence County	50.1%	16.6%	17.5%	14.3%	1.5%
Washington County	18.3%	37.5%	34.6%	4.8%	4.7%
Rhode Island	44.5%	21.4%	19.4%	12.6%	2.0%
United States	50.6%	10.8%	31.0%	5.1%	2.5%

Source: US Census Bureau, American Community Survey

2015-2019 Population in Linguistically Isolated Households by Zip Code in Washington County



Income and Work

Rhode Island overall has a higher median household income and lower poverty than the nation, but these factors vary widely by community, with notable disparities. The state's high median household income is due in part to excess wealth in Bristol and Washington counties, where the median household income exceeds $83,000 compared to a national median of approximately $63,000. In contrast, the median household income in Providence County is less than $60,000, and approximately 15% of all residents and 22% of children live in poverty.

Excluding Providence County, Rhode Island children are less likely to live in poverty compared to their peers nationally. However, it is worth noting that approximately 1 in 10 children in Kent, Newport, and Washington counties live in poverty. **I**n Washington County, 9.2% of children live in poverty, the third highest in the state, despite 56% of households earning $75,000 or more annually. This finding indicates a potential wealth gap, largely impacting families.

Consistent with the state and nation, poverty declined in Washington County for both the overall population and youth. However, disparities in wealth continue to exist. Within the Westerly Hospital PSA, Bradford zip code 02808, Hopkinton zip code 02833, and Westerly zip code 02891 report higher poverty among the total population and/or youth in comparison to neighboring zip codes and/or state

and national averages. Of note, approximately 10% of Hopkinton and Westerly residents live in poverty compared to 8.6% countywide. **In Westerly zip code 02891, census tract 508.01 reports one of the highest poverty rates in the county at 16.4%.** Approximately one-quarter of children in Hopkinton and Bradford, and 12% of children in Westerly, live in poverty compared to 9% countywide.

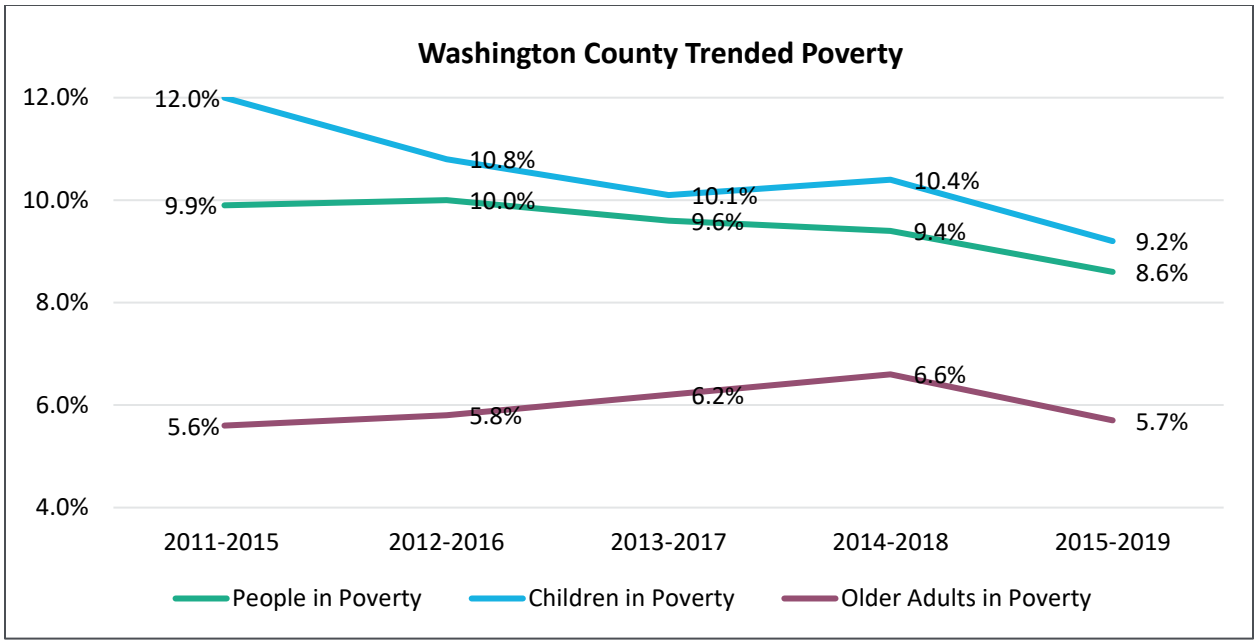
Statewide and nationally, poverty declined for Black/African American and Latinx residents from the 2019 CHNA. In Washington County, poverty increased among Latinx residents and did not change for Black/African American residents. Approximately 20% of Latinx residents live in poverty, the second highest in the state behind Providence County. This finding is of particular note, as Latinx are among the fastest growing demographic in Washington County. Among Black/African American residents of Washington County, 33% live in poverty, the second highest in the state behind Bristol County.

The COVID-19 pandemic had a significant impact on unemployment rates. **In Washington County, 2020 average unemployment represented a 5-point increase from the percentage reported at the time of the 2019 CHNA.** The county has since largely recovered, but long-term financial and psychological implications for residents should continue to be monitored.

Economic Indicators

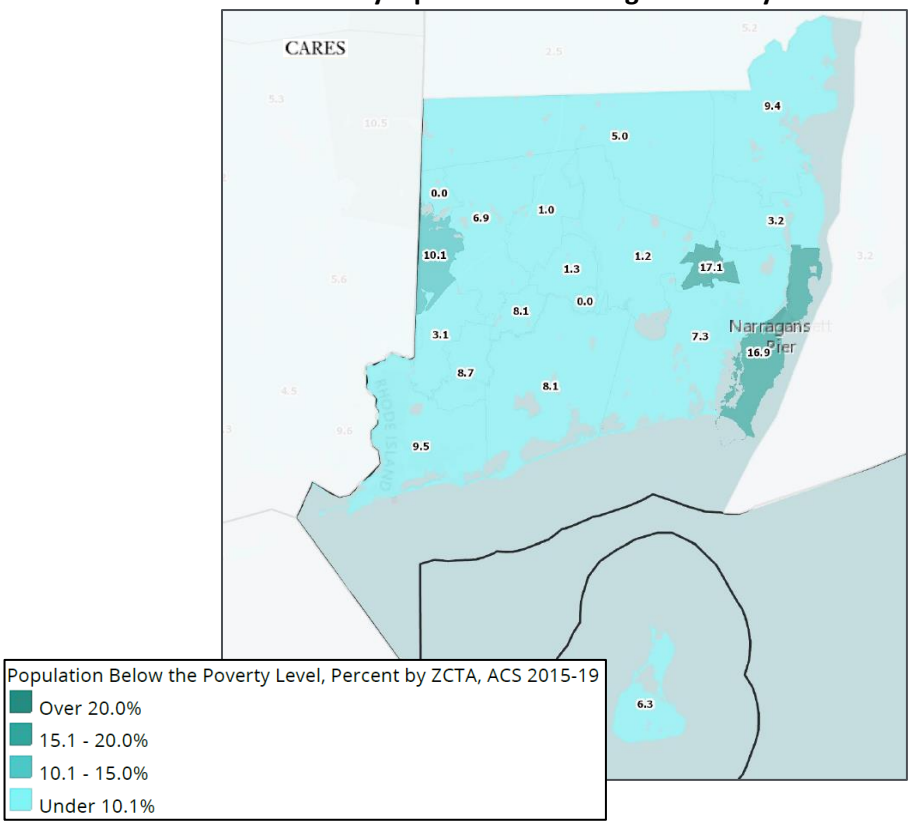
	Bristol County	Kent County	Newport County	Providence County	Washington County	Rhode Island	United States
Income and Poverty (2015-2019)							
Median household income	$83,092	$73,521	$79,454	$58,974	$85,531	$67,167	$62,843
People in poverty	7.5%	7.6%	8.7%	15.2%	8.6%	12.4%	13.4%
Children in poverty	6.6%	8.8%	10.6%	21.7%	9.2%	17.0%	18.5%
Older adults (65+) in poverty	5.4%	9.3%	7.2%	11.8%	5.7%	9.7%	9.3%
Households with SNAP* Benefits	8.2%	11.7%	9.1%	19.4%	7.6%	15.3%	11.7%
Unemployment							
2020 average	7.6%	8.7%	8.2%	10.2%	7.8%	9.4%	8.1%
May 2021	4.1%	4.9%	4.3%	5.1%	4.1%	5.5%	5.5%

Source: US Census Bureau, American Community Survey & US Bureau of Labor Statistics
*Supplemental Nutrition Assistance Program.

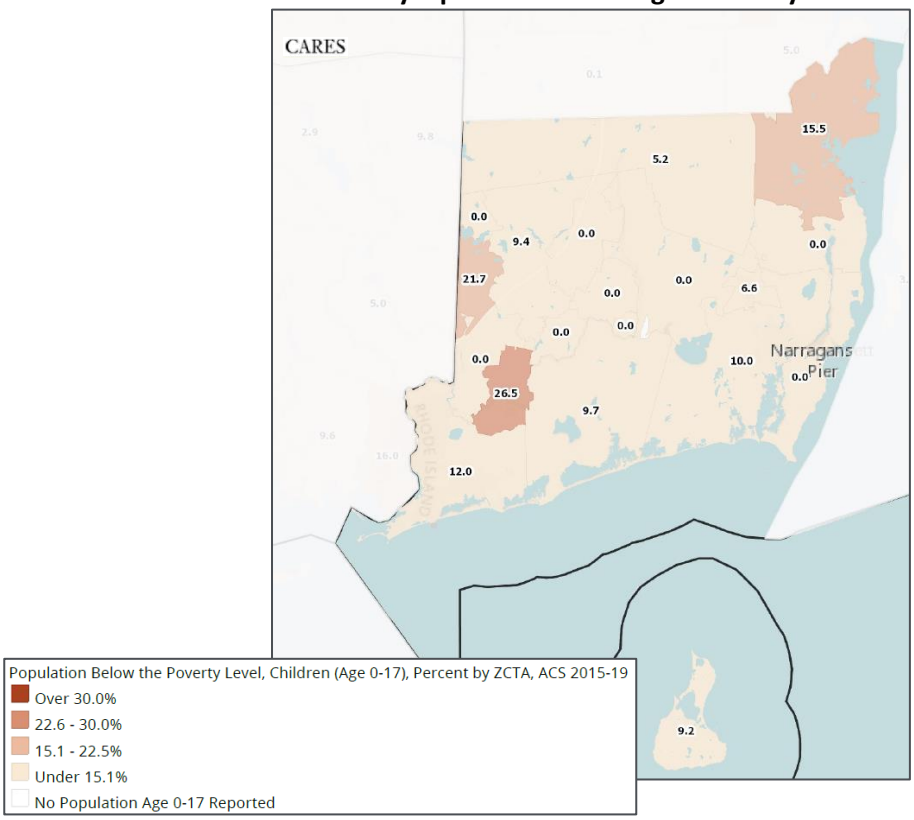


Source: US Census Bureau, American Community Survey

2015-2019 Population in Poverty by Zip Code in Washington County



2015-2019 Children in Poverty
by Zip Code in Washington County



2015-2019 People in Poverty by Race and Ethnicity with 2019 CHNA Comparison (2012-2016)

	White	Black / African American	Asian	Latinx origin (any race)
Bristol County	**10.0%**	**45.8%**	**19.8%**	**8.0%**
2019 CHNA	6.4%	47.6%	1.0% (n=8)	11.2%
Kent County	**7.3%**	**6.9%**	**6.7%**	**9.8%**
2019 CHNA	8.2%	8.2%	6.0%	11.7%
Newport County	**7.8%**	**24.3%**	**6.0%**	**19.9%**
2019 CHNA	8.0%	23.0%	3.9%	20.8%
Providence County	**12.2%**	**22.2%**	**18.6%**	**26.6%**
2019 CHNA	13.8%	25.4%	15.7%	32.8%
Washington County	**7.6%** ↓	**33.2%**	**7.6%** ↓	**20.2%** ↑
2019 CHNA	9.0%	33.9%	11.2%	17.3%
Rhode Island	**10.0%**	**22.0%**	**15.8%**	**25.3%**
2019 CHNA	11.2%	25.1%	13.3%	31.0%
United States	**11.1%**	**23.0%**	**10.9%**	**19.6%**
2019 CHNA	12.4%	26.2%	12.3%	23.4%

Source: US Census Bureau, American Community Survey

While overall poverty is lower in Rhode Island compared to the US, poverty among older adults is slightly higher (9.7% vs. 9.3%). This finding is of note due to the large and growing proportion of Rhode Island residents age 65 or older. In response to the continued growth of older residents, communities will be challenged to expand older adult health and social services for populations with fewer financial resources. Washington County has fewer older adults living in poverty compared to the state and nation, but this population was increasing through 2014-2018 and should continue to be monitored.

The 2020 Rhode Island Healthy Aging Data Report provides a comprehensive picture of the health and socioeconomic status of older adults statewide. According to data report findings, **t**he economic situation of older adults in Rhode Island had worsened even before the impact of COVID-19, including higher poverty rates, increased receipt of food benefits, and more older adults in the workforce. The following table depicts annual cost of living for older adults, as provided by the Elder Index Measure of Economic Security, with comparisons to 2016 data report findings.

Rhode Island Annual Cost of Living for Older Adults, 2016 vs. 2020

	2016	2020	Change from 2020 to 2016
Single, homeowner without mortgage, good health	$22,188	$23,484	+$1,296
Single, renter, good health	$23,544	$25,560	+$2,016
Couple, homeowner without mortgage, good health	$32,252	$33,984	+$1,732
Couple, renter, good health	$33,708	$36,060	+$2,252

Source: Tufts Health Plan Foundation, Rhode Island Healthy Aging Data Report

Food Insecurity

Food insecurity is defined as not having reliable access to a sufficient amount of nutritious, affordable food. Food insecurity is associated with lower household income and poverty, as well as poorer overall health status. Consistent with higher poverty levels, Providence County has historically had the highest food insecurity rates in Rhode Island, but all communities are affected. **In 2019, approximately 1 in 10 children in Bristol, Kent, Newport, and Washington counties were food insecure.**

Similar to unemployment rates, COVID-19 had a profound impact on food insecurity. The Rhode Island Community Food Bank reported a pre-pandemic average of 3.1 million pounds of food distributed every quarter. More than 4 million pounds were distributed in the second quarter of 2020, at the onset of the pandemic. Projected food insecurity rates for 2020 and 2021 for Rhode Island demonstrate persistent food insecurity needs. All counties saw an increase in food insecurity from 2019 to 2020, including a 6- to 8-point increase among children. Prior to 2020, food insecurity percentages were declining in all counties.

Nearly 900 students in the Westerly School District are from designated low-income households and only 31% participate in the school breakfast program. This finding presents an opportunity to improve access to nutritious, affordable foods for youth. Low-income student participation in the school breakfast program should be explored across the service area.

Trended and Projected Food Insecurity

	Bristol County	Kent County	Newport County	Providence County	Washington County	Rhode Island	United States
All Residents							
2021 (projected)	**9.6%**	**10.7%**	**10.6%**	**13.3%**	**9.3%**	**11.4%**	**12.9%**
2020 (projected)	**10.8%**	**12.4%**	**12.0%**	**15.2%**	**10.7%**	**13.1%**	**13.9%**
2019	7.6%	8.6%	8.6%	11.0%	7.4%	9.5%	10.9%
2018	8.1%	9.2%	9.0%	12.0%	7.8%	11.4%	11.5%
2017	9.5%	9.7%	10.6%	12.6%	9.7%	11.4%	12.5%
Children							
2021 (projected)	**12.4%**	**15.4%**	**15.0%**	**20.4%**	**13.7%**	**17.1%**	**17.9%**
2020 (projected)	**14.7%**	**18.8%**	**17.9%**	**24.0%**	**16.5%**	**20.5%**	**19.9%**
2019	9.0%	12.0%	11.7%	16.4%	10.6%	13.9%	14.6%
2018	12.0%	14.8%	13.6%	17.8%	13.3%	17.8%	15.2%
2017	13.8%	14.8%	15.2%	18.4%	14.9%	17.3%	16.1%

Source: Feeding America

October 2019 Children Participating in School Breakfast by Westerly Hospital PSA School District

	Total Student Enrollment	Percent of All Students Participating in School Breakfast	Low-Income School Enrollment	Percent of Low-Income Students Participating in School Breakfast
Chariho	3,152	5%	552	19%
New Shoreham	134	8%	28	21%
Westerly	2,489	14%	894	31%
Four Core Cities	40,376	44%	NA*	NA*
Remainder of Rhode Island	89,337	11%	26,681	24%

Source: 2021 Rhode Island Kids Count Factbook

Education

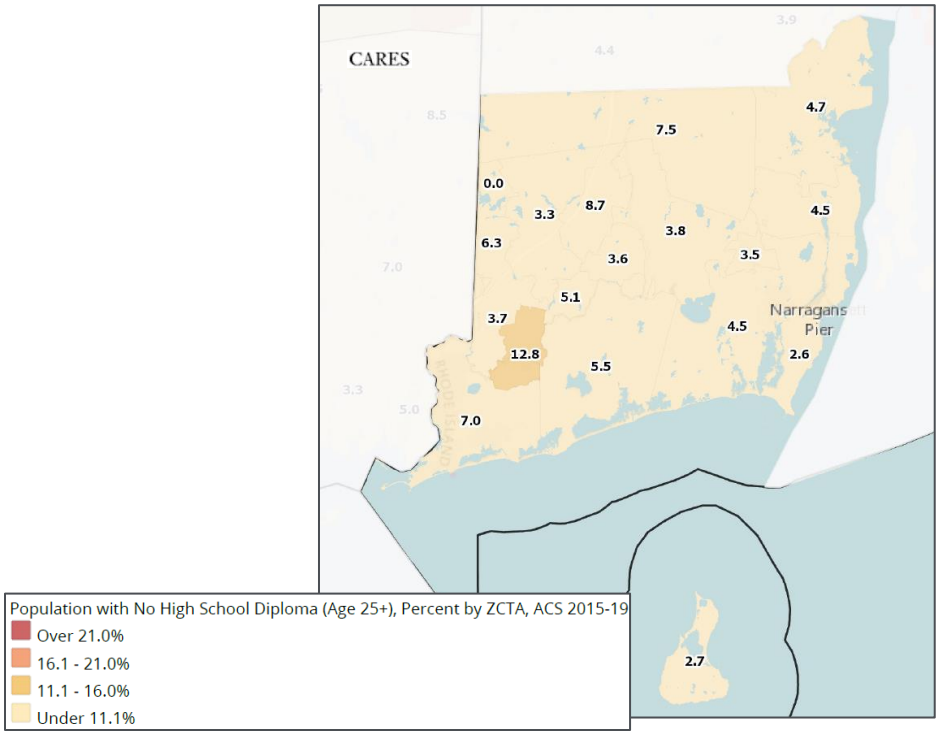
High school graduation is one of the strongest predictors of longevity and economic stability. Adult residents of Rhode Island are generally very well educated compared to the US. Consistent with having the highest reported household incomes in the state, nearly 50% of adults in Bristol, Newport, and Washington counties have completed graduate studies. In Washington County, Bradford zip code 02808 is the only zip code to exceed the statewide average for residents without a high school diploma.

2015-2019 Population (Age 25 or Older) by Educational Attainment

	Less than high school diploma	High school graduate (includes GED)	Some college or associate degree	Bachelor's degree	Graduate or professional degree
Bristol County	9.0%	19.4%	22.5%	25.4%	23.6%
Kent County	7.8%	28.0%	30.9%	20.9%	12.3%
Newport County	6.0%	22.1%	23.8%	28.5%	19.5%
Providence County	14.2%	31.0%	25.8%	17.5%	11.5%
Washington County	5.1%	22.8%	25.9%	26.1%	20.0%
Rhode Island	11.2%	28.3%	26.4%	20.4%	13.8%
United States	12.0%	27.0%	28.9%	19.8%	12.4%

Source: US Census Bureau, American Community Survey

2015-2019 Population with No High School Diploma by Zip Code in Washington County



Educational attainment disparities also exist between different racial and ethnic populations. Consistent with state and national trends, adults of Asian descent in Rhode Island are the most likely of any other population group to have completed higher education. Black/African American and Latinx adults, outside of Providence County, are generally more likely to attain higher education than their peers nationally, although less likely than White adults residing in the same communities. Notably, in Washington County, contrary to state and national trends, the proportion of Latinx residents completing a bachelor's degree declined from the 2019 CHNA, while the proportion living in poverty increased.

2015-2019 Population with a Bachelor's Degree by Race and Ethnicity with 2019 CHNA Comparison (2012-2016)

	White	Black / African American	Asian	Latinx origin (any race)
Bristol County	**48.9%**	**22.4%**	**63.6%**	**51.2%**
2019 CHNA	46.2%	43.1%	65.2%	45.3%
Kent County	**32.8%**	**34.4%**	**63.1%**	**27.8%**
2019 CHNA	31.4%	33.3%	52.0%	28.8%
Newport County	**48.9%**	**20.8%**	**74.9%**	**37.7%**
2019 CHNA	46.1%	34.3%	56.3%	33.8%
Providence County	**31.0%**	**20.2%**	**47.8%**	**12.0%**
2019 CHNA	29.3%	18.4%	45.0%	10.8%
Washington County	**46.7%**	**31.3%**	**57.8%**	**34.0%**
2019 CHNA	45.3%	30.1%	51.0%	37.6%
Rhode Island	**35.9%**	**21.2%**	**52.1%**	**14.4%**
2019 CHNA	34.2%	20.2%	47.3%	13.1%
United States	**33.5%**	**21.6%**	**54.3%**	**16.4%**
2019 CHNA	31.6%	20.0%	52.1%	14.7%

Source: US Census Bureau, American Community Survey

Housing

Housing is the largest single expense for most households and should represent 30% of a household's monthly income. The median home value for Rhode Island is more expensive than the median home value across the US, and more homeowners are considered housing cost burdened compared to the US benchmark. Median home value is highest in the areas of Bristol, Newport, and Washington counties, although Newport is the only county with a higher percentage of cost burdened homeowners in comparison to the state or nation.

Despite having the lowest median home value in the state, only 54% of Providence County households own their home, a lower proportion than the state or nation. This disparity is likely due to in part to financial barriers. The county has higher poverty rates and nearly one-third of homeowners are cost burdened. Lack of homeownership in Providence County perpetuates financial insecurity, as renters generally experience less stable housing costs and nearly half are considered cost burdened. Renters are also more vulnerable to substandard housing conditions like overcrowding, poor ventilation, pests, or allergens that are associated with poor health.

Rhode Island housing affordability slowly improved from 2011-2015 to 2015-2019 with a declining proportion of cost burdened homeowners and renters, but the economic impact of COVID-19 and historic increases in the cost of housing in 2020 and 2021 created new affordability strains on residents. HousingWorks RI reported that, "Across Rhode Island, housing markets continued to tighten. Rhode Island had a mere 1.3-month supply of sales housing stock at the end of Q1-2021, a 50 percent drop from Q1-2020; the vacancy rate in rental housing fell to 2.2 percent, compared to what is considered a healthy range of five to eight percent. Given these tight markets, it is not surprising that the rental

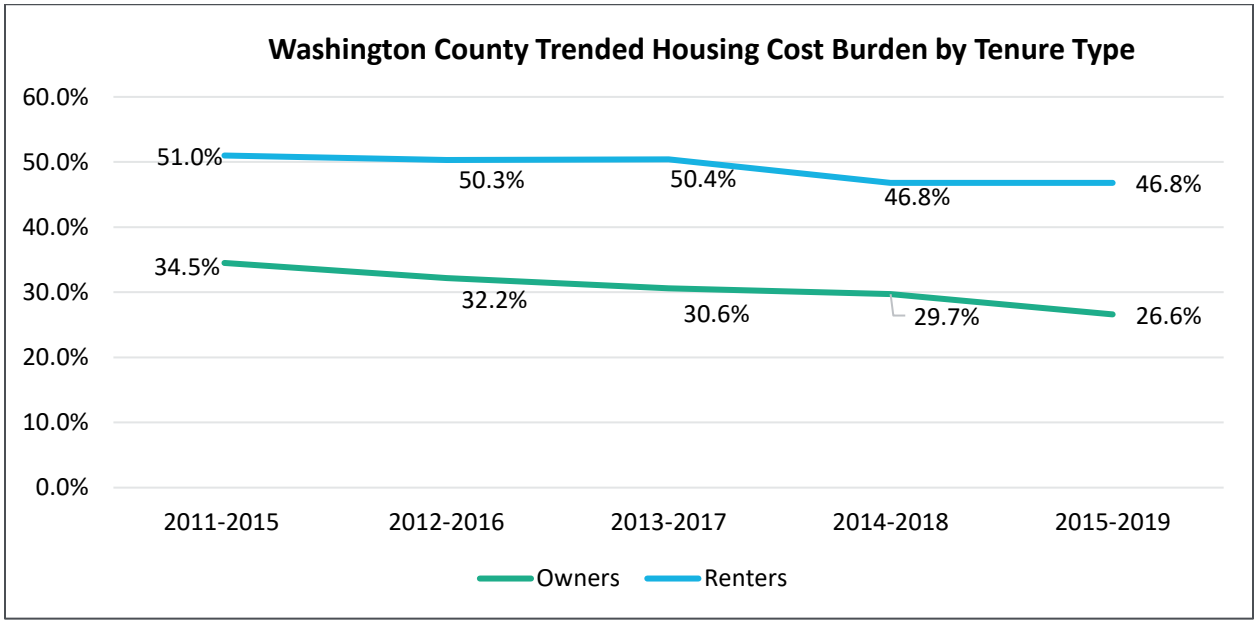
market experienced a four percent increase at the end of Q1-2021, but that is outstripped by the double-digit increases in the median single family home prices, which increased by more than 12 percent over 2020, and more than 22 percent measured year-over-year by Q2-2021."

2015-2019 Housing Indicators

	Owners			Renters		
	Occupied Units	Median Home Value	Cost-Burdened*	Occupied Units	Median Rent	Cost-Burdened*
Bristol County	70.7%	$358,100	27.6%	29.3%	$1,037	49.1%
Kent County	70.1%	$236,300	29.7%	29.9%	$1,079	46.2%
Newport County	63.2%	$387,900	33.7%	36.8%	$1,285	44.3%
Providence County	54.2%	$233,500	32.6%	45.8%	$967	48.1%
Washington County	74.0%	$343,000	26.6%	26.0%	$1,133	46.8%
Rhode Island	60.8%	$261,900	31.0%	39.2%	$1,004	47.5%
United States	64.0%	$217,500	27.8%	36.0%	$1,062	49.6%

Source: US Census Bureau, American Community Survey

*Defined as spending 30% or more of household income on rent or mortgage expenses.

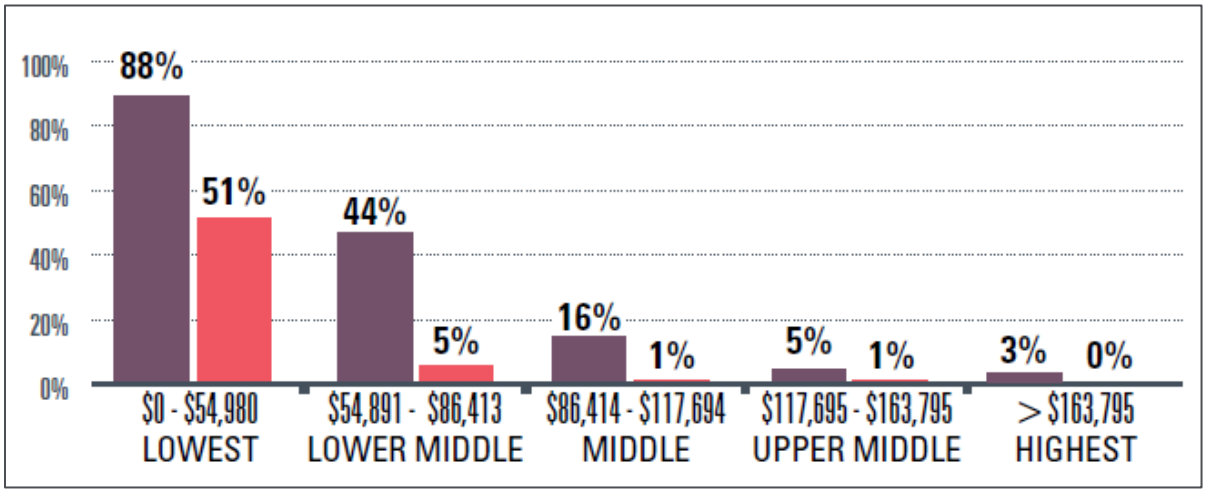


Source: US Census Bureau, American Community Survey

As reported in the HousingWorks RI 2021 Factbook, Rhode Island households earning $30,000 or less cannot affordably buy a median priced single-family home or rent an average priced two-bedroom apartment in any Rhode Island city or town. For the first time since HousingWorks RI started to measure housing affordability, there are no towns or cities in Rhode Island where a household earning the state's median household income ($67,167) can affordably buy a single-family home.

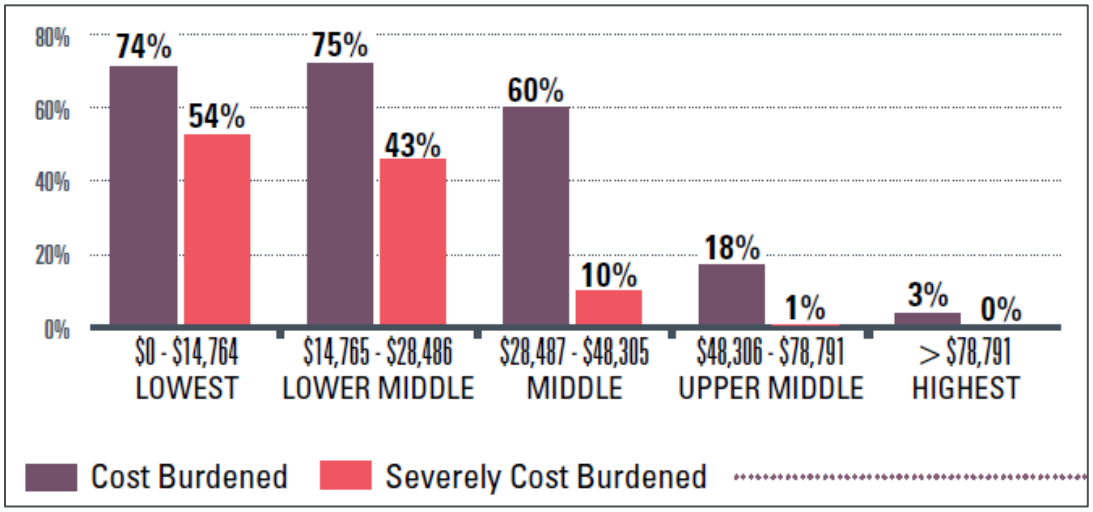
The following graphs depict cost burden and severe cost burden* by income group for homeowners with a mortgage and renters. In total for the reporting years 2015-2019, more than 140,000 Rhode Island households were cost burdened. Among the lowest income group, 88% of homeowners with a mortgage and 74% of renters were cost burdened. *Severe cost burden is defined as spending 50% or more of income on housing expenses.

2015-2019 Cost Burdened Homeowner Households with a Mortgage



Source: HousingWorks RI 2021 Housing Fact Book

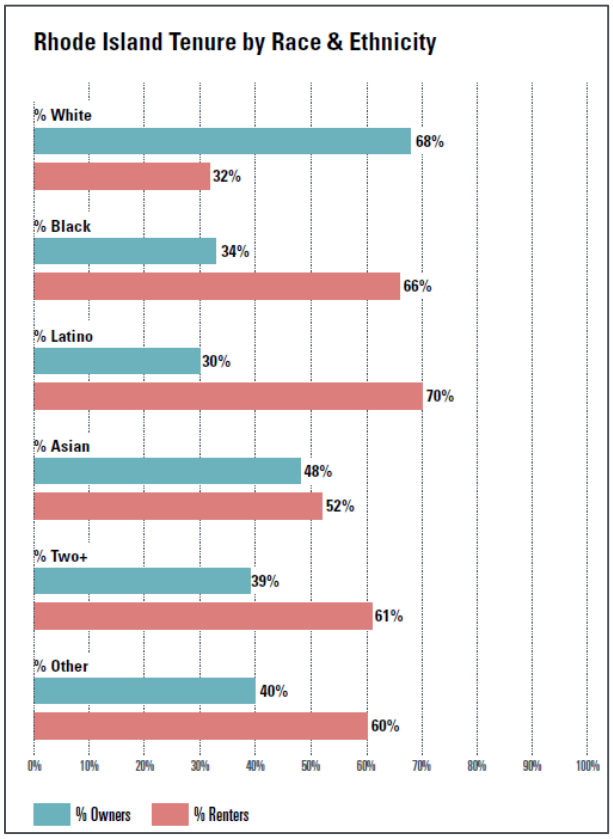
2015-2019 Cost Burdened Renter Households



Source: HousingWorks RI 2021 Housing Fact Book

Redlining and other forms of racial segregation led to a multi-generational loss of wealth. In Rhode Island, Black residents have a homeownership rate that is half the rate for White residents, and Latinx residents have the lowest homeownership rate of all racial and ethnic categories at 30%. **Homeownership rates among Black, Latinx, and Asian residents of Rhode Island are 10-19 percentage points lower than national homeownership rates for these populations.**

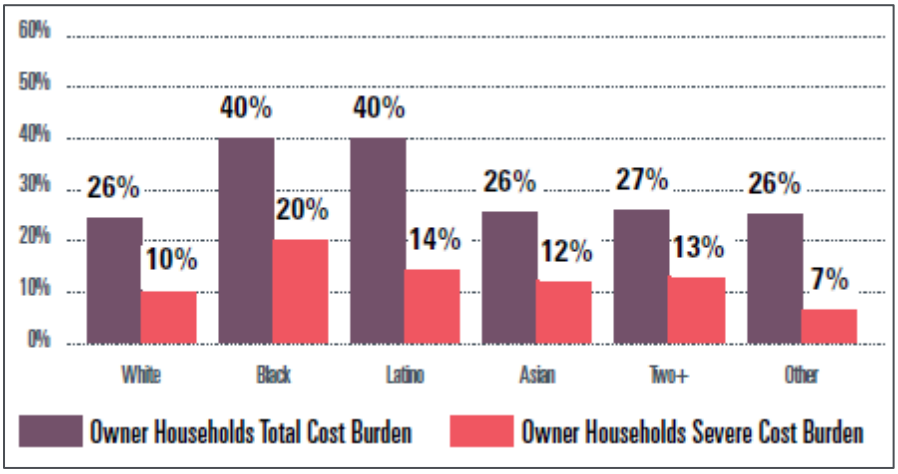
2015-2019 Rhode Island Tenure by Race and Ethnicity



Source: HousingWorks RI 2021 Housing Fact Book

Renter cost burden is largely consistent among White, Black, and Latinx Rhode Islanders, with approximately 1 in 2 households cost burdened and 1 in 4 households severely cost burdened. **Homeowner cost burden is not consistent among racial and ethnic groups.** Approximately 40% of Black and Latinx households are cost burdened compared to 26% of White households.

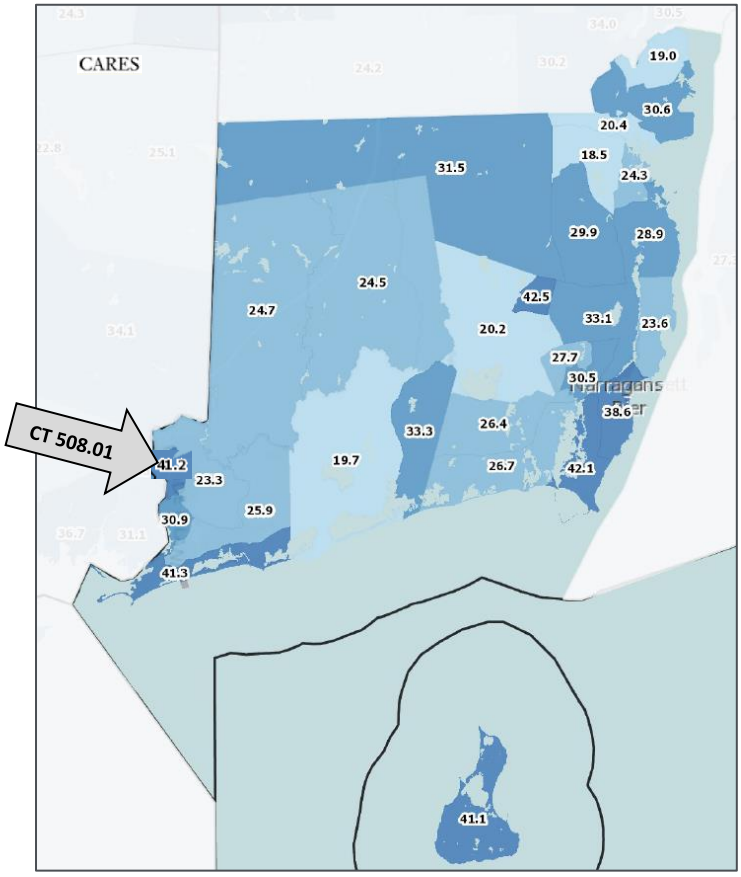
2015-2019 Homeowner Cost Burden by Race and Ethnicity



Source: HousingWorks RI 2021 Housing Fact Book

The following map depicts the percentage of cost burdened households by census tract within Washington County. Within the Westerly Hospital PSA, more than 40% of households in the coastal communities of Block Island and Westerly are cost burdened. Median home values in these areas are $1,037,000 and $650,000, respectively. Housing cost burden also exceeds 40% in the Town of Westerly, specifically census tract 508.01. The median home value in census tract 508.01 is $263,200, and 16.4% of residents live in poverty.

2015-2019 Cost Burdened Households by Census Tract in Washington County



Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2015-19

- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%
- No Data or Data Suppressed

Rhode Island is tied with Massachusetts for the third oldest housing stock in the nation. Approximately 73.5% of housing units in Rhode Island were built before 1980 compared to 53.6% nationwide; less than 2% of units have been built since 2014. Providence County has the oldest housing stock in Rhode Island with 78.5% of units built before 1980. Washington County has the newest housing stock in the state, primarily due to new development between 1980 and 2009.

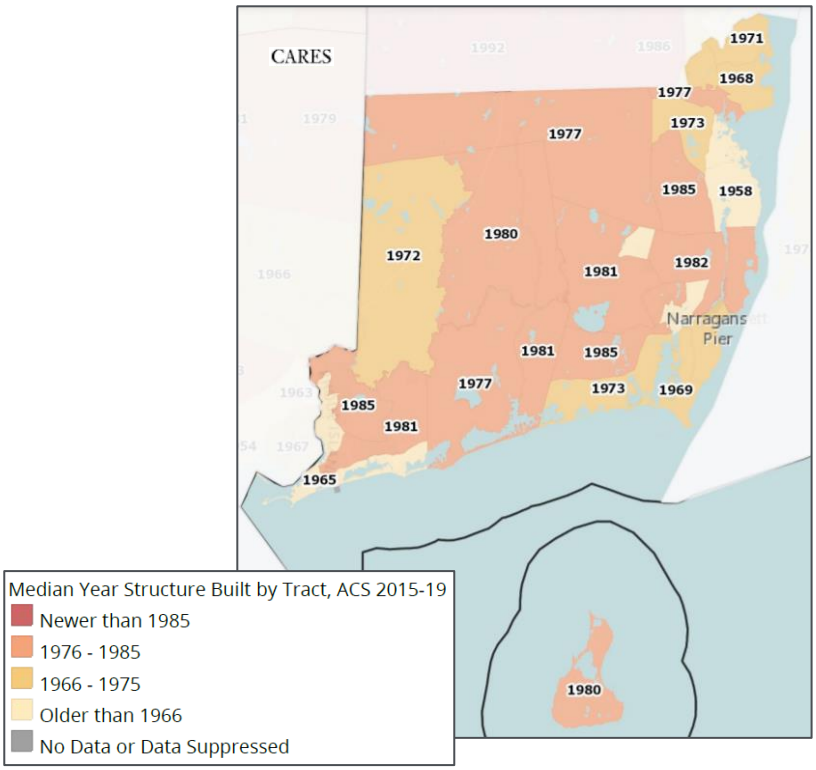
2015-2019 Housing by Year Built

	Before 1980	1980-1999	2000-2009	2010-2013	2014 or Later
Bristol County	73.7%	19.4%	5.1%	1.4%	0.4%
Kent County	72.3%	20.8%	5.5%	0.6%	0.8%
Newport County	67.5%	20.9%	8.9%	1.3%	1.4%
Providence County	78.5%	15.6%	4.7%	0.8%	0.4%
Washington County	57.6%	28.9%	11.0%	1.6%	1.0%
Rhode Island	73.5%	18.9%	6.1%	0.9%	0.7%
United States	53.6%	27.3%	14.0%	2.7%	2.5%

Source: US Census Bureau, American Community Survey

The following map depicts the median year that housing structures were built by census tract within Washington County. The same census tracts within Westerly zip code 02891 with the highest prevalence of housing cost burden, also have some of the oldest housing stock in the county. The median housing build year for census tract 508.01 is 1943.

2015-2019 Median Year of Housing Build by Census Tract in Washington County



Quality and affordable housing has a direct impact on health. HousingWorks RI states, “Homes built through 1978 predate safety regulations for contaminants like lead and asbestos, which may be present in paint and plumbing, contributing to the health risks of lead poisoning and unsafe drinking water.”

As reported by HousingWorks RI, of the 73.5% of homes that were built before 1980, less than 10% are certified Lead Safe, having undergone a state certified inspection and mitigation process. While statewide the percentage of children entering kindergarten with a history of lead poisoning has decreased, lead poisoning exposure continues to be higher among children residing in areas with older housing, particularly in the four core cities.

Rhode Island adults and children have a higher prevalence of asthma than their peers nationwide. As of 2019, 11.2% of Rhode Island adults and 8.7% of children reported having a current asthma diagnosis compared to 9% of adults and 7.4% of children nationwide. As reported in the HousingWorks RI 2021 Fact Book, "40 percent of the triggers that cause asthma are fixable and found within the home."

Asthma is the most common chronic condition among children, and a leading cause of hospitalization and school absenteeism. From 2015 to 2019, Rhode Island saw a total of 1,075 child hospitalizations with a primary diagnosis of asthma for a rate of 1.0 per 1,000 children. Additionally, the state saw 6,919 child emergency department (ED) visits with a primary diagnosis of asthma for a rate of 6.2 per 1,000 children. Both hospitalizations and ED visits were more than twice as high in the four core cities as the remainder of the state.

Within the Westerly Hospital PSA, Hopkinton, and Westerly have the oldest housing stock and the highest prevalence of child lead poisoning and/or child ED visits due to asthma. The prevalence of child lead poisoning and ED visits due to asthma in these areas is largely in line with state averages, excluding the core cities.

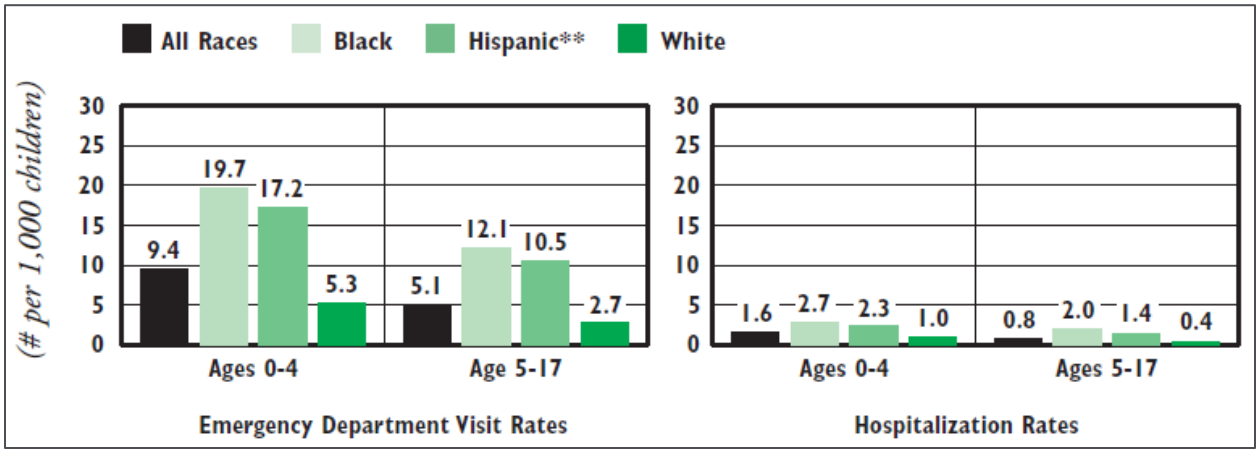
Housing and Health within the Westerly Hospital PSA

	Lead Poisoning Among Children Entering Kindergarten in Fall 2022			2015-2019 ED Visits with Primary Asthma Diagnosis		Housing Stock Built Pre-1980
	Number Tested	Number with Lead Poisoning	Percent with Lead Poisoning	Child ED Visits	Rate per 1,000 Children	
Charlestown	46	1	2.2%	5	NA	51%
Hopkinton	67	1	1.5%	13	4.2	61%
New Shoreham	10	1	10.0%	1	NA	50%
Richmond	51	1	2.0%	11	NA	50%
Westerly	153	4	2.6%	34	3.9	60%
Four Core Cities	4,193	269	6.4%	4,080	11.1	86%
Remainder of Rhode Island	6,094	123	2.0%	2,833	3.8	67%

Source: 2021 Rhode Island Kids Count Factbook

Black/African American and Latinx residents are more likely to rent their home and live in areas of Rhode Island with older housing. These trends, coupled with other social determinants of health barriers, contribute to a disproportionate rate of asthma compared to Whites and other races. In Rhode Island, the 2015-2019 rate of ED visits due to asthma for Black/African American and Latinx children under age five was more than triple the rate for White children.

2015-2019 Asthma Emergency Department and Hospitalization Rates by Age and Race and Ethnicity (Children 0-17)



Source: 2021 Rhode Island Kids Count Factbook

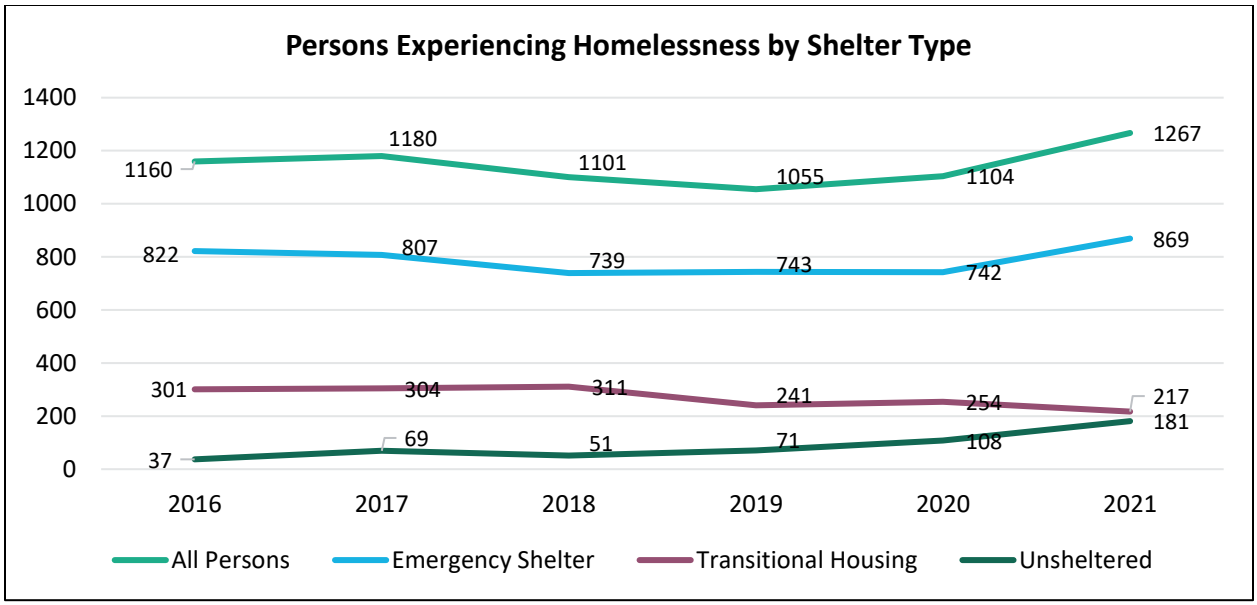
The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January which is mandated by HUD in every community nationwide. Sheltered locations include emergency shelters and transitional housing. Unsheltered locations include cars, streets, parks, etc.

The Rhode Island Coalition to End Homelessness is responsible for conducting the PIT count in Rhode Island. The number of individuals experiencing homelessness in Rhode Island increased in both 2020 and 2021, likely due in part to the COVID-19 pandemic. From 2020 to 2021, the percentage of young adults experiencing homelessness doubled from 4% to 8%, and the percentage of chronic homeless increased from 20% to 28%. The number of unsheltered individuals more than doubled from 2019 to 2021.

2021 Rhode Island Statewide Point-in-Time Homeless Count

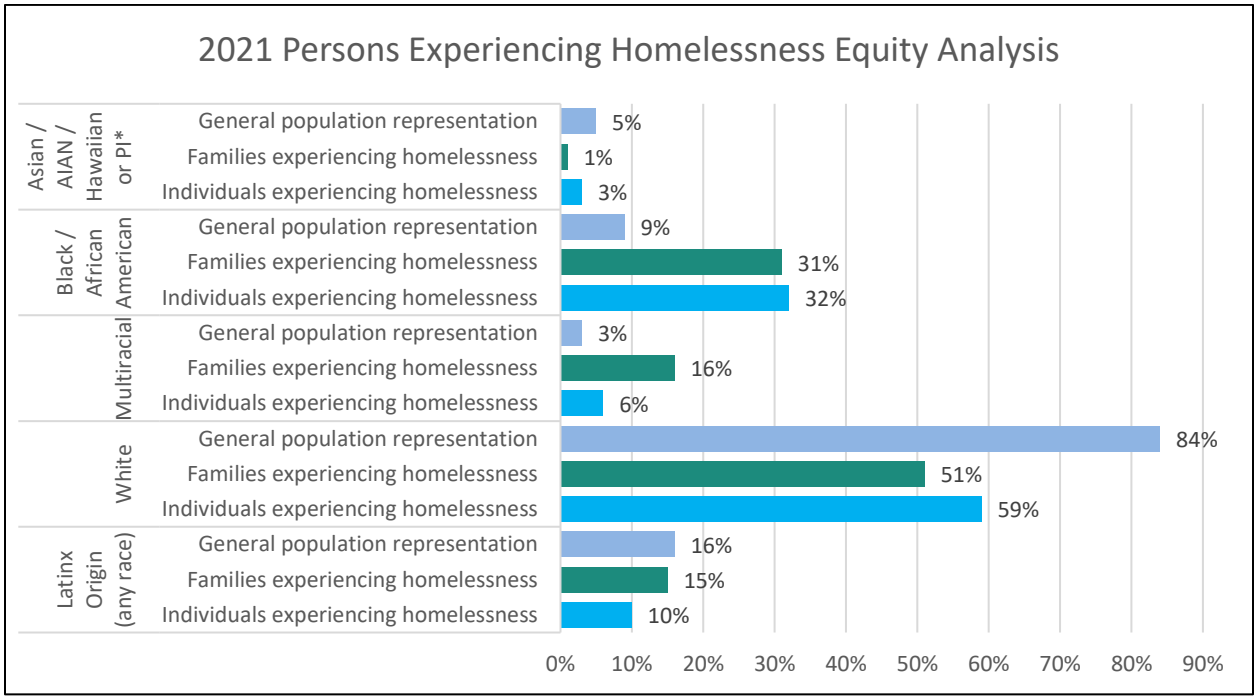
	Persons Experiencing Homelessness
Total	1,267
Household Type	
Individuals	793 (67%)
Families	474 (37%)
Individual Characteristics	
Chronic homeless	357 (28%)
Veterans	97 (8%)
Young adults	96 (8%)

Source: Rhode Island Coalition to End Homelessness



Source: Rhode Island Coalition to End Homelessness

The Rhode Island Coalition to End Homelessness conducts an equity analysis to compare the percentage of people experiencing homelessness by race and ethnicity, relative to their representation in the general population. Black/African Americans are disproportionately represented among people experiencing homelessness. They represent 9% of the general population, but 31% of families and 32% of individuals experiencing homelessness in 2021. Multiracial individuals were also disproportionately represented, although not to the same degree as Black/African Americans.



Source: Rhode Island Coalition to End Homelessness

*American Indian or Alaska Native, Pacific Islander

Homeless children are at greater risk for health and developmental problems and are more likely to experience food insecurity and trauma, among other issues. Within the Westerly Hospital PSA, 1.5% of Westerly students experienced homelessness, a similar proportion as the core cities.

2019-2020 School Year Children Experiencing Homelessness by Westerly Hospital PSA School District

	Total Student Enrollment	Students Identified as Homeless
Chariho	3,238	12 (0.4%)
New Shoreham	135	0 (0.0%)
Westerly	2,648	39 (1.5%)
Four Core Cities	41,525	669 (1.6%)
Remainder of Rhode Island	91,104	803 (0.9%)

Source: 2021 Rhode Island Kids Count Factbook

Related to housing issues, is access to computers and internet. Termed the "digital divide," there is a growing gap between the underprivileged members of society, especially the poor, rural, elderly, and handicapped portion of the population, who do not have access to computers or the internet and the wealthy, middle-class, and young Americans living in urban and suburban areas who have access.

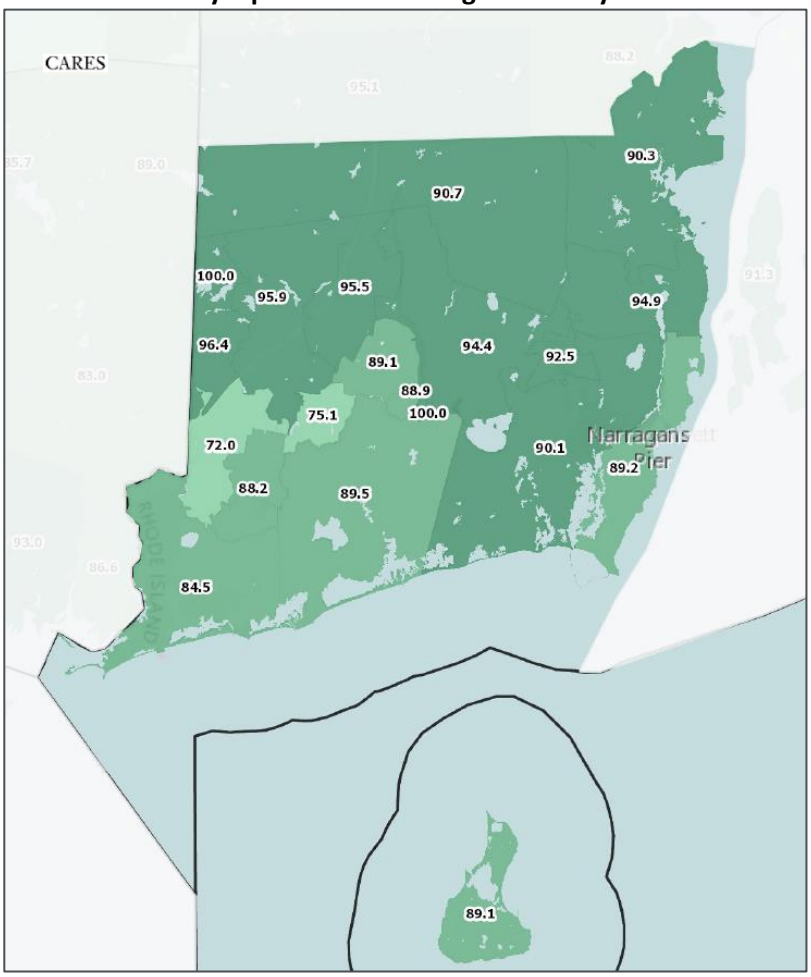
Rhode Island overall has comparable digital access as the nation, and these findings are generally consistent across all counties except Providence. While a similar proportion of Providence County residents have a computer device and/or internet subscription compared to the state, fewer residents own a computer or have broadband internet. Washington County has the highest proportion of households with a computer device and/or broadband internet in the state, although internet access is lower in the Westerly Hospital PSA, particularly in Ashaway and Wood River Junction.

2015-2019 Households by Digital Access

	With Computer Access			With Internet Access	
	Computer Device	Desktop / Laptop	Smartphone	Internet Subscription	Broadband Internet
Bristol County	89.8%	83.4%	78.5%	86.9%	86.2%
Kent County	90.7%	81.7%	78.0%	86.7%	86.5%
Newport County	91.3%	82.3%	77.9%	86.4%	86.1%
Providence County	87.6%	73.8%	76.3%	81.9%	81.6%
Washington County	92.9%	85.8%	80.0%	89.6%	89.4%
Rhode Island	89.1%	77.7%	77.3%	84.2%	84.0%
United States	90.3%	77.8%	79.9%	83.0%	82.7%

Source: US Census Bureau, American Community Survey

2015-2019 Households with any Broadband Internet by Zip Code in Washington County



Illuminating Health Inequities

Health inequities refer to the systematic differences in opportunities that population groups have to achieve optimal health, which lead to unfair and avoidable differences in health outcomes. Without addressing inequities and supporting initiatives aimed at providing a healthy start, access to opportunity for improvement, and a tangible pathway to a better life, interventions focused only on individual behavior change often do not have enough social and environmental soil to take root and create lasting positive change. By addressing inequities in our communities, we can more effectively work towards a healthier community for all people now and in the future.

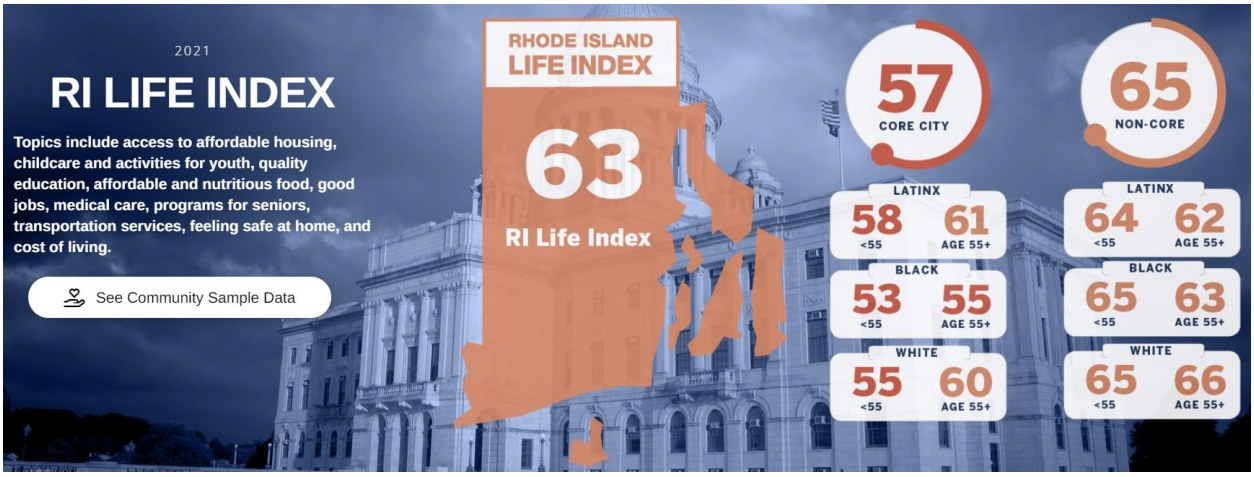
Rhode Island (RI) Life Index

The RI Life Index, begun in 2019 as an initiative of Brown University's School of Public Health and Blue Cross & Blue Shield of Rhode Island, captures Rhode Islander's perceptions of SDoH to help drive community investment in meeting people's basic needs and achieving more equitable health outcomes. The topic areas comprising the RI Life Index focus on community life and quality of community elements, including affordable housing, quality education, and good jobs.

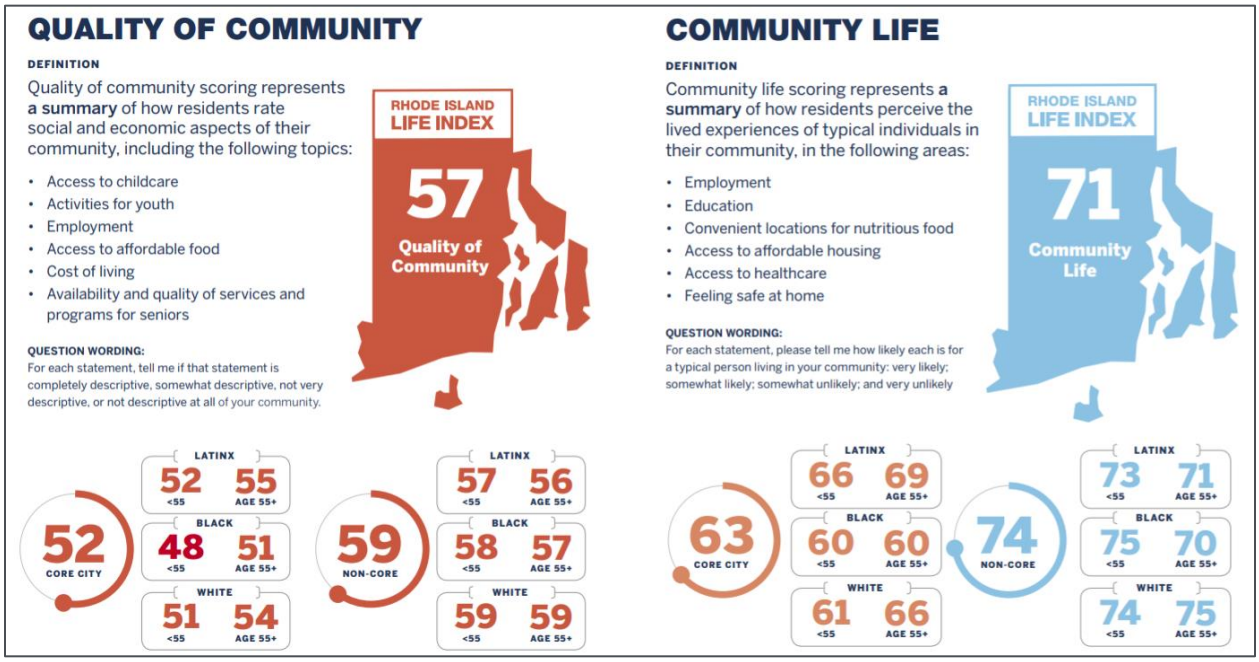
The following graphics illustrate a composite score of health and well-being drivers, as defined by the RI Life Index, as well as summary scores for community life and quality of community elements. Scores are further summarized by core city versus non-core city residents and by race, ethnicity, and age. All indices indicate a disparity in the perceived quality of SDoH for core city residents and people of color, particularly Black/African Americans. A**s reported in the 2021 RI Life Index report, "In virtually all topic areas from 2019 through 2020, BIPOC Rhode Islanders living in core cities perceived social factors such as access to affordable housing and cost of living as much greater impediments to health and well-being than have white Rhode Islanders living in non-core areas."**

The 2021 RI Life Index findings largely align with those of 2020 and 2019. The most notable trend in 2021 was a significant perceived declined in programs and services for children, including access to quality education, youth activities, and places to raise children. Additionally, there was a significant decrease in perceptions of the availability of services for older adults among core city residents and those identifying as Latinx.

RI Life Index Composite Score



RI Life Index Summary Perceptions of Community

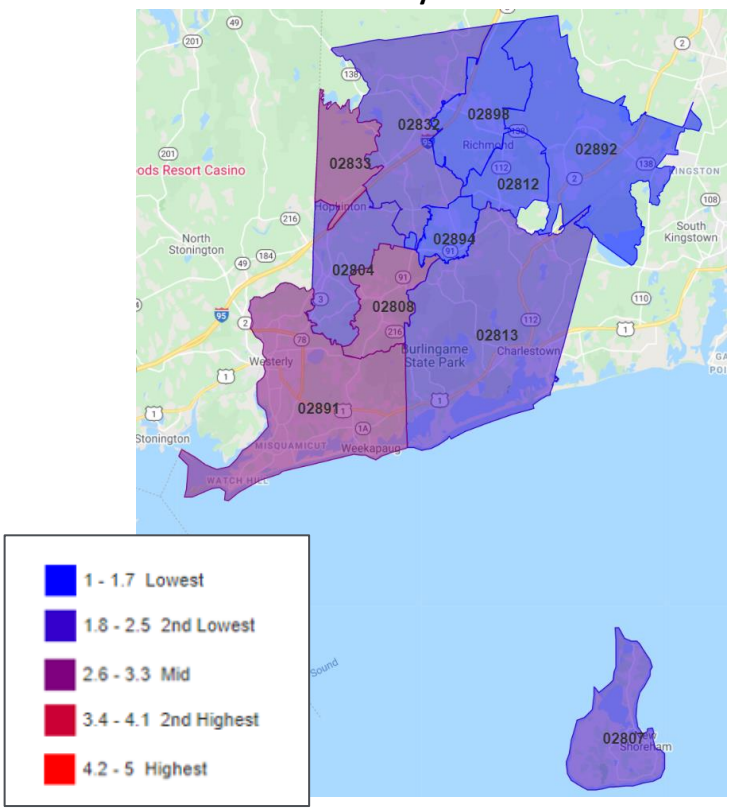


Tools for Identifying Disparity at the Community-Level

The following data visualizations illustrate the potential for health disparities and inequities at the community-level based on social determinants of health barriers. A description of each data visualization tool is provided below:

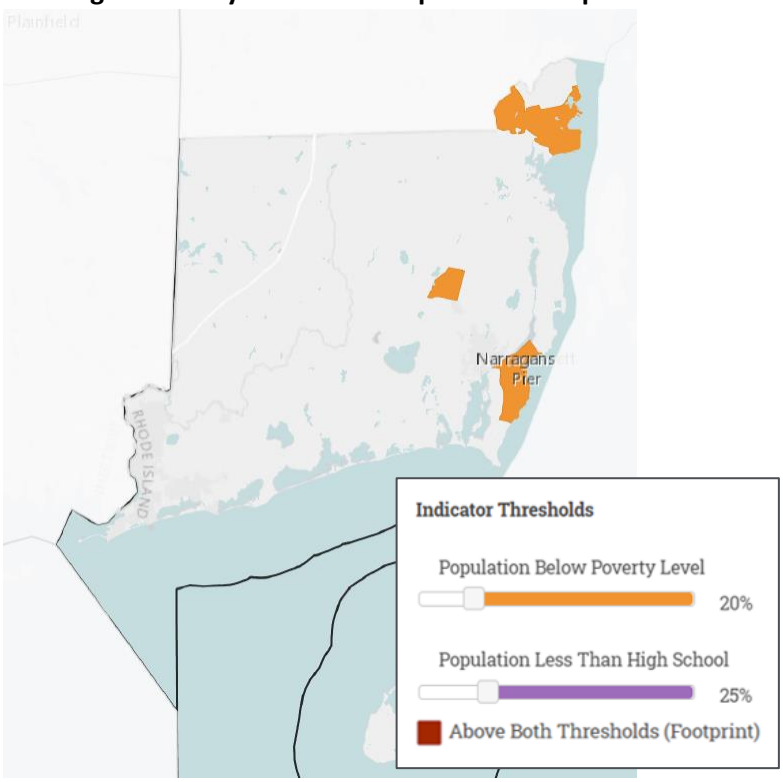
- **Community Need Index (CNI)**: The CNI scores zip codes on a scale of 1.0 to 5.0, with 1.0 indicating a zip code with the least need and 5.0 indicating a zip code with the most need compared to the US national average of 3.0. The CNI is a zip code-based index of community need calculated nationwide, regarding healthcare. The CNI is weights, indexes and scores zip codes by socioeconomic barriers, including income, culture, education, insurance, and housing.
- **Vulnerable Population Footprint**: The Vulnerable Population Footprint identifies areas where high concentrations of people living in poverty and people living without a high school diploma overlap. Areas are reported by census tract. Census tracts are statistical subdivisions of a county that have roughly 4,000 inhabitants.
- **Area Deprivation Index (ADI)**: The ADI provides a census block group measure of socioeconomic disadvantage based on income, education, employment, and housing quality. ADI scores are displayed at the block group level on a scale from 1 (least disadvantaged) to 10 (most disadvantaged). A block group is a subdivision of a census tract and typically contains between 250 and 550 housing units.

Community Need Index

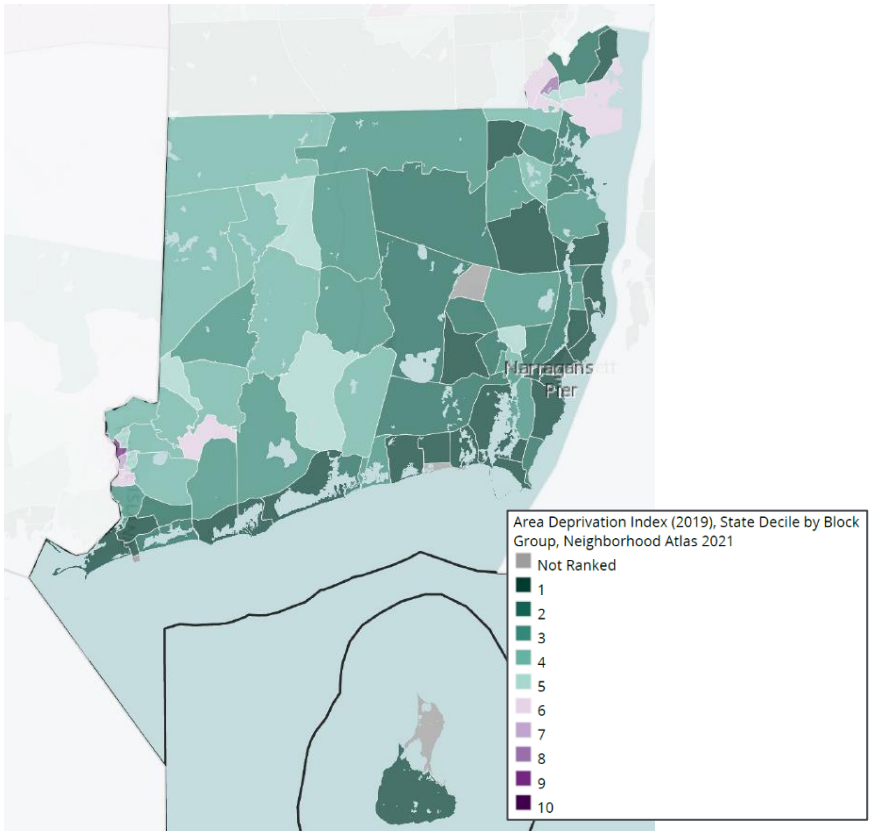


Zip Code	Town	CNI Score
02812	Carolina	1.4
02892	West Kingston	1.4
02894	Wood River Junction	1.6
02898	Wyoming	1.6
02807	Block Island	2.0
02832	Hope Valley	2.2
02804	Ashaway	2.4
02813	Charlestown	2.4
02808	Bradford	2.8
02833	Hopkinton	3.0
02891	Westerly	3.2

Washington County Vulnerable Population Footprint



Washington County Area Deprivation Index



Washington County residents overall enjoy strong socioeconomic status, as indicated by a CNI score of less than 2.5 in 17 of the 21 zip codes comprising the county. Consistent with the 2019 CHNA, Westerly zip code 02891 has the highest CNI score in Washington County; the CNI score increased from 2.8 to 3.2. Hopkinton zip code 02833 has the second highest CNI score in the county; the CNI score increased from 2.6 to 3.0 from the 2019 CHNA. Identified community need within these areas is primarily driven by elevated poverty, particularly among children. Within Westerly, areas of high deprivation are located in the northwest portion of the zip code in census tract 508.01, an area of higher socioeconomic disparity.

Comparing health indicators with population statistics demonstrates the adverse impact of social determinants on populations that historically and continually experience inequities. While the Westerly Hospital PSA overall is not a diverse community, areas with the most socioeconomic barriers have greater diversity than neighboring zip codes. In this way we can begin to see how inequities perpetuate persistent disparities in health and social outcomes.

2015-2019 Social Determinants of Health by Geography

	Population in Poverty	Children in Poverty	Primary Language Other Than English	Less than HS Diploma	Without Health Insurance	CNI Score
02812, Carolina	1.3%	0.0%	1.1%	3.6%	2.9%	1.4
02892, West Kingston	1.2%	0.0%	1.2%	3.9%	2.1%	1.4
02894, Wood River Junction	8.1%	0.0%	5.0%	5.1%	13.9%	1.6
02898, Wyoming	1.0%	0.0%	10.5%	8.7%	0.0%	1.6
02807, Block Island	6.3%	9.1%	5.0%	2.6%	16.6%	2.0
02832, Hope Valley	6.9%	9.4%	2.0%	3.3%	2.0%	2.2
02804, Ashaway	3.1%	0.0%	1.9%	3.7%	7.0%	2.4
02813, Charlestown	8.1%	9.7%	3.3%	5.4%	3.7%	2.4
02808, Bradford	8.7%	26.5%	4.0%	12.8%	0.0%	2.8
02833, Hopkinton	10.1%	21.7%	3.0%	6.4%	1.4%	3.0
02891, Westerly	9.5%	12.0%	8.5%	7.0%	3.3%	3.2
Rhode Island	12.4%	17.0%	22.4%	11.2%	4.5%	NA
United States	13.4%	18.5%	21.6%	12.0%	8.8%	NA

Source: US Census Bureau, American Community Survey

2015-2019 Population by Race and Ethnicity

	White	Black or African American	Asian	Some Other Race	Two or More Races	Latinx origin (any race)
02812, Carolina	90.1%	7.3%	0.0%	0.0%	2.7%	0.0%
02892, West Kingston	94.8%	1.7%	0.0%	0.1%	3.2%	0.3%
02894, Wood River Junction	100%	0.0%	0.0%	0.0%	0.0%	0.0%
02898, Wyoming	95.9%	0.0%	4.1%	0.0%	0.0%	7.2%
02807, Block Island	93.8%	0.4%	2.1%	0.8%	2.9%	0.8%
02832, Hope Valley	95.6%	0.9%	1.9%	0.3%	1.2%	0.1%
02804, Ashaway	100%	0.0%	0.0%	0.0%	0.0%	0.0%
02813, Charlestown	95.3%	0.0%	1.0%	0.0%	2.2%	1.1%
02808, Bradford	96.0%	2.6%	0.0%	1.3%	0.0%	0.0%
02833, Hopkinton	96.0%	0.0%	3.0%	0.0%	1.1%	4.6%
02891, Westerly	92.6%	1.5%	2.4%	1.7%	1.2%	3.4%
Rhode Island	80.5%	6.8%	3.4%	5.5%	3.3%	15.4%
United States	72.5%	12.7%	5.5%	4.9%	3.3%	18.0%

Source: US Census Bureau, American Community Survey

Life expectancy is another measure of adverse social determinants of health. Overall life expectancy in Washington County is among the highest in Rhode Island, but it varies widely by census tract. **For example, within Westerly zip code 02891, areas of high deprivation, most notably census tract 508.01, have among the lowest reported life expectancy in the county at 75-78 years.** Consistent with the 2019 CHNA, the coastal area in Westerly also has a lower life expectancy, despite positive socioeconomic indicators. This finding is assumed to be due in part to a low population count in this area and a higher margin of error in the calculation of life expectancy.

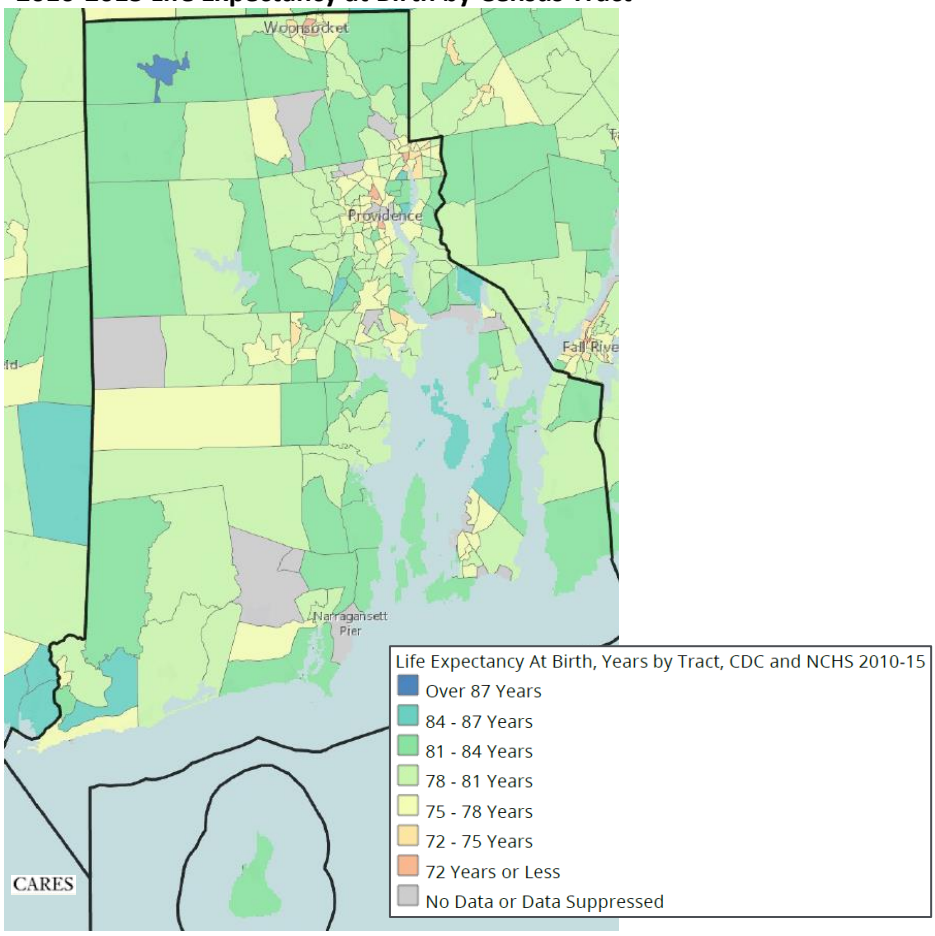
Life expectancy also varies widely by racial and ethnic group. In Rhode Island, life expectancy is highest for Latinx and Asian residents. The state differs from national trends with higher life expectancy among Black/African Americans than Whites. This trend is consistent across all counties except Newport and is largely reflected in mortality data presented in this report. For example, in all counties except Newport, Black/African Americans have a similar or lower all-cause death rate compared to Whites. Nationally, the all-cause death rate is 130 points higher for Black/African Americans than Whites.

2017-2019 Life Expectancy by Race and Ethnicity

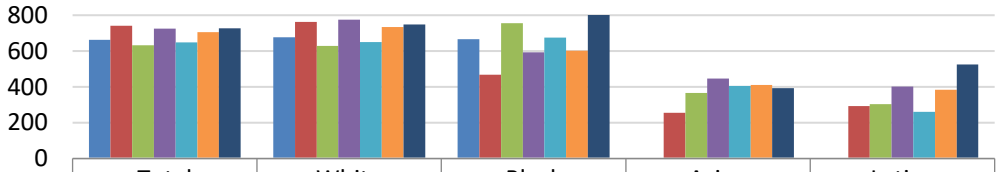
	Overall Life Expectancy	White	Black	Asian	Latinx origin (any race)
Bristol County	81.5	NA	NA	NA	NA
Kent County	79.2	78.7	87.5	93.2	91.1
Newport County	81.6	81.7	77.1	89.5	98.0
Providence County	79.4	78.5	82.8	85.9	91.3
Washington County	81.0	81.0	81.9	89.0	89.9
Rhode Island	79.8	79.4	82.1	87.4	91.7

Source: National Vital Statistics System

2010-2015 Life Expectancy at Birth by Census Tract



2015-2019 All Cause Death Rate by Race/Ethnicity per Age-Adjusted 100,000



	Total population	White (Non-Hispanic)	Black (Non-Hispanic)	Asian (Non-Hispanic)	Latinx (any race)
Bristol County	663.1	676.3	666.7	0.0	0.0
Kent County	741.7	762.1	467.8	255.0	292.2
Newport County	632.7	629.5	756.0	365.5	303.0
Providence County	725.1	775.7	592.7	446.4	401.8
Washington County	647.7	650.0	674.4	405.8	260.2
Rhode Island	706.3	734.2	601.6	410.5	384.8
United States	726.3	747.8	877.9	392.3	524.6

Source: Centers for Disease Control and Prevention

Our Health Status as a Community

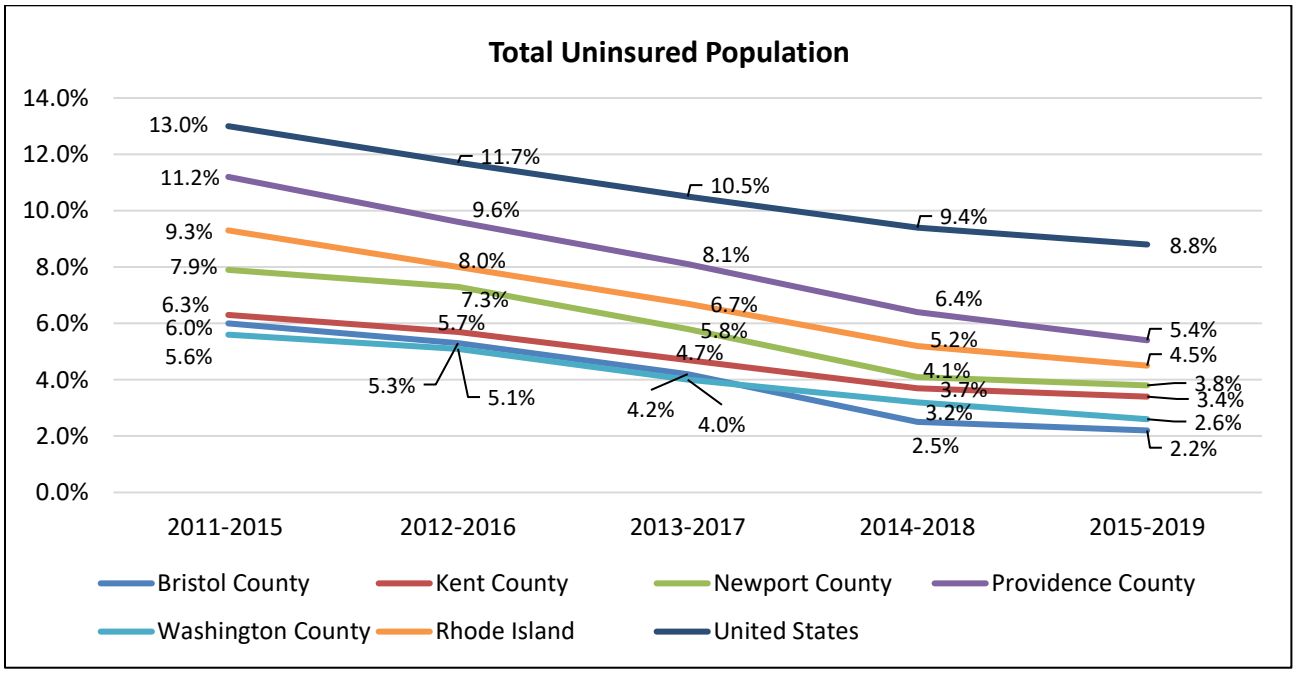
Access to Healthcare

All Rhode Island counties meet the HP2030 goal of 92.1% insured residents. Rhode Island residents are more likely to be insured than their peers nationally, and the uninsured percentage continues to decline in all counties. When considered by age, it is worth noting an elevated uninsured percentage among young adults age 19-25 and adults age 26-44 in Newport and Providence counties, in comparison to other counties. Approximately 1 in 10 residents in these age groups are uninsured in both counties.

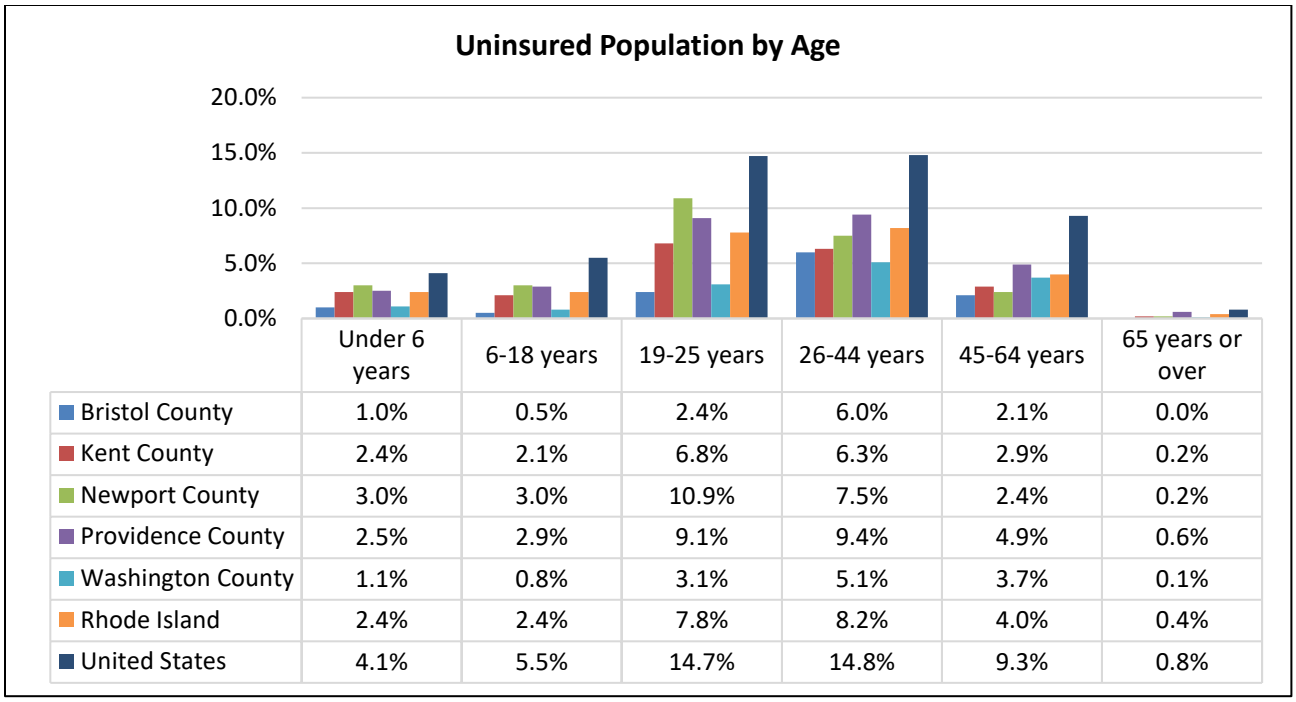
Among individuals with health insurance living in Rhode Island, the majority are covered by employer-based insurance. Medicare and Medicaid coverage rates are also higher in Rhode Island in comparison to the nation. Medicaid coverage is particularly high in Providence County, covering 27% of individuals. Across the state, the percentage of Medicaid insured residents increased in nearly all zip codes.

Washington County has the second lowest uninsured percentage in the state at 2.6%. Within the Westerly Hospital PSA, the uninsured percentage declined from the 2019 CHNA for all zip codes except Block Island 02807 and Ashaway 02804. Block Island zip code 02807 continues to have the highest uninsured percentage (16.6%), a finding that is not rooted in racial and ethnic disparities and should continue to be explored. The uninsured percentage for Wood River Junction zip code 02894 declined from the 2019 CHNA, but it is also elevated at 13.9%. In both Block Island and Wood River Junction, the majority of uninsured individuals are young to middle-aged adults.

Statewide, the uninsured percentage declined for all racial and ethnic groups, but individuals of color continue to be disproportionately uninsured compared to Whites. The uninsured percentage for Black/African Americans (7%) and Latinx (10.7%) is double or more than the White percentage (3.5%).

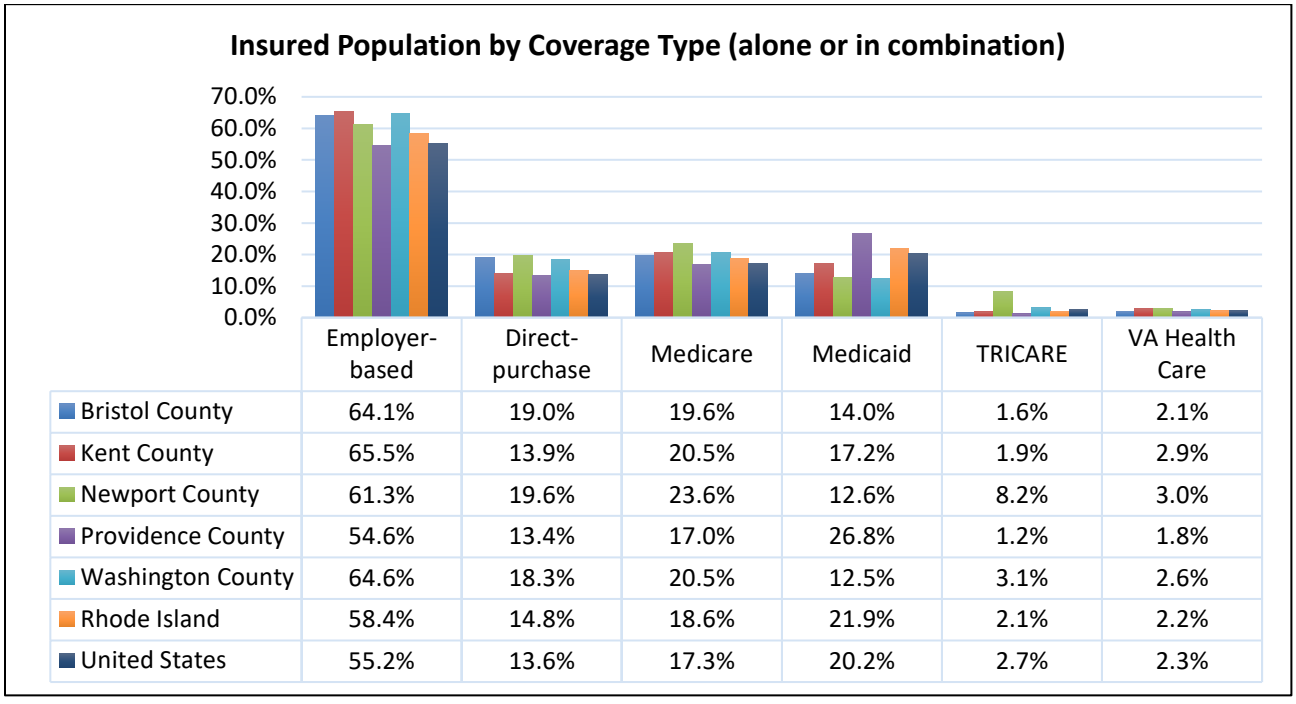


Source: US Census Bureau, American Community Survey



	Under 6 years	6-18 years	19-25 years	26-44 years	45-64 years	65 years or over
Bristol County	1.0%	0.5%	2.4%	6.0%	2.1%	0.0%
Kent County	2.4%	2.1%	6.8%	6.3%	2.9%	0.2%
Newport County	3.0%	3.0%	10.9%	7.5%	2.4%	0.2%
Providence County	2.5%	2.9%	9.1%	9.4%	4.9%	0.6%
Washington County	1.1%	0.8%	3.1%	5.1%	3.7%	0.1%
Rhode Island	2.4%	2.4%	7.8%	8.2%	4.0%	0.4%
United States	4.1%	5.5%	14.7%	14.8%	9.3%	0.8%

Source: US Census Bureau, American Community Survey



	Employer-based	Direct-purchase	Medicare	Medicaid	TRICARE	VA Health Care
Bristol County	64.1%	19.0%	19.6%	14.0%	1.6%	2.1%
Kent County	65.5%	13.9%	20.5%	17.2%	1.9%	2.9%
Newport County	61.3%	19.6%	23.6%	12.6%	8.2%	3.0%
Providence County	54.6%	13.4%	17.0%	26.8%	1.2%	1.8%
Washington County	64.6%	18.3%	20.5%	12.5%	3.1%	2.6%
Rhode Island	58.4%	14.8%	18.6%	21.9%	2.1%	2.2%
United States	55.2%	13.6%	17.3%	20.2%	2.7%	2.3%

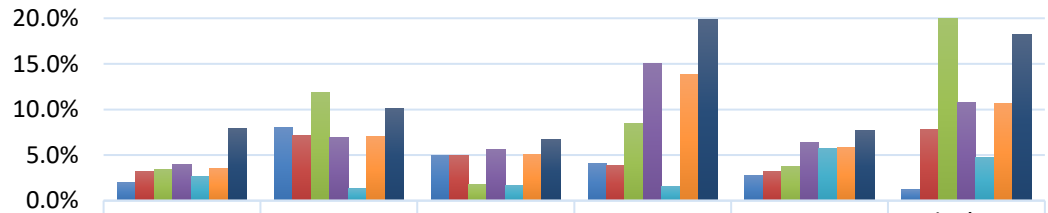
Source: US Census Bureau, American Community Survey

Health Insurance Coverage Trends by Westerly Hospital PSA Zip Code

	Uninsured		Medicaid Insured (Alone or in Combination)	
	2022 CHNA (2015-2019)	2019 CHNA (2012-2016)	2022 CHNA (2015-2019)	2019 CHNA (2012-2016)
02807, Block Island	16.6%	15.4%	5.1%	7.9%
02894, Wood River Junction	13.9%	16.3%	2.5%	18.7%
02804, Ashaway	7.0%	6.5%	13.7%	8.2%
02813, Charlestown	3.7%	4.5%	10.6%	13.7%
02891, Westerly	3.3%	6.3%	14.6%	14.3%
02812, Carolina	2.9%	4.6%	2.9%	8.6%
02832, Hope Valley	2.0%	4.2%	17.7%	14.8%
02833, Hopkinton	1.4%	7.5%	30.1%	16.7%
02808, Bradford	0.0%	5.7%	11.7%	10.2%
02898, Wyoming	0.0%	5.2%	20.0%	14.1%
Rhode Island	4.5%	8.0%	21.9%	19.9%
United States	8.8%	11.7%	20.2%	19.1%

Source: US Census Bureau, American Community Survey

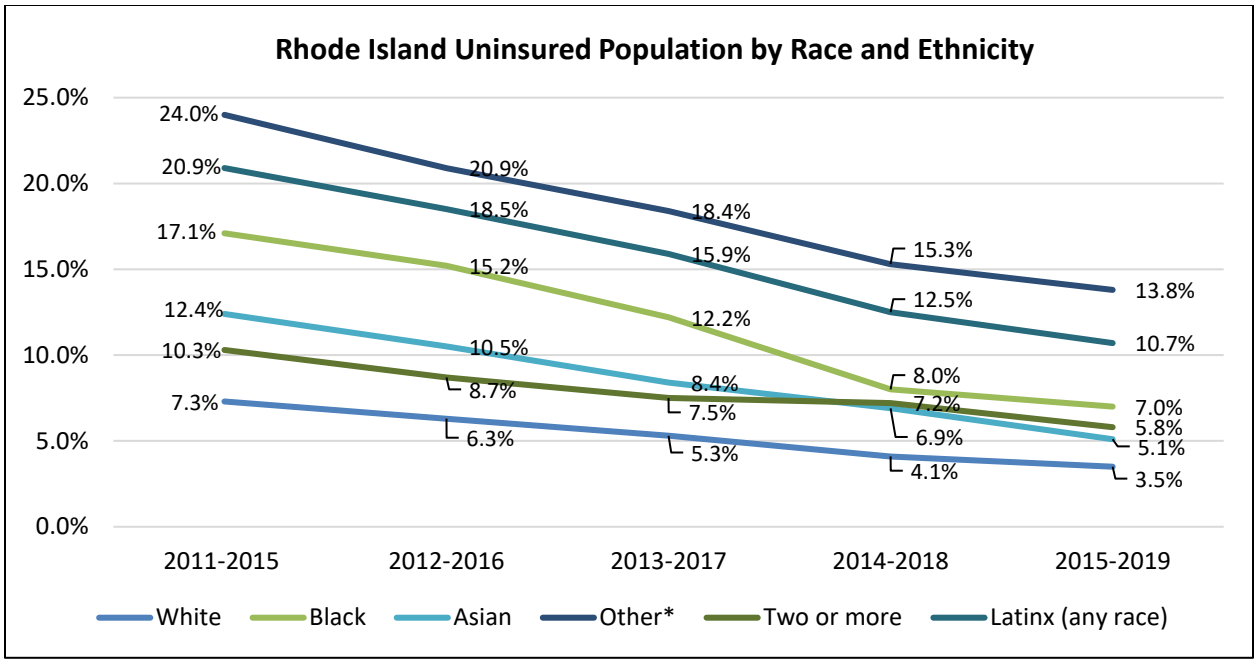
Uninsured Population by Race and Ethnicity



	White	Black	Asian	Other*	Two or more	Latinx (any race)
Bristol County	2.0%	8.0%	5.0%	4.1%	2.8%	1.2%
Kent County	3.2%	7.1%	4.9%	3.9%	3.2%	7.8%
Newport County	3.4%	11.9%	1.8%	8.5%	3.8%	21.2%
Providence County	4.0%	6.9%	5.6%	15.0%	6.4%	10.8%
Washington County	2.6%	1.3%	1.7%	1.6%	5.7%	4.7%
Rhode Island	3.5%	7.0%	5.1%	13.8%	5.8%	10.7%
United States	7.9%	10.1%	6.7%	19.9%	7.7%	18.2%

Source: US Census Bureau, American Community Survey

*Includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and other unidentified race.



Source: US Census Bureau, American Community Survey

*Includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and other unidentified race.

Availability of healthcare providers also impacts access to care and health outcomes. **Rhode Island overall continues to have more primary care providers than the nation**, as indicated by the rate of primary care physicians per 100,000 population. The distribution of providers is largely consistent across the state, excluding a higher rate in Bristol County, and a similar, higher percentage of adults have received a recent physical checkup in comparison to the nation.

Rhode Island has fewer dentists than the nation overall, but adults in all counties are more likely to receive regular dental care, likely due in part to higher insured rates. Despite this overall positive finding, wide differences in dental care access exist across the state, demonstrating the negative impact of social determinants of health. In Bristol County, the rate of dental providers per 100,000 (39.2) is nearly half the statewide rate (65.7), but 77% of Bristol County adults have had recent dental care compared to 72% statewide. In Providence County, the rate of dental providers (60.6) is similar to the statewide rate, but only 67% of adults have had recent dental care. Lower adult dental care access in Kent County (70%) should also be explored.

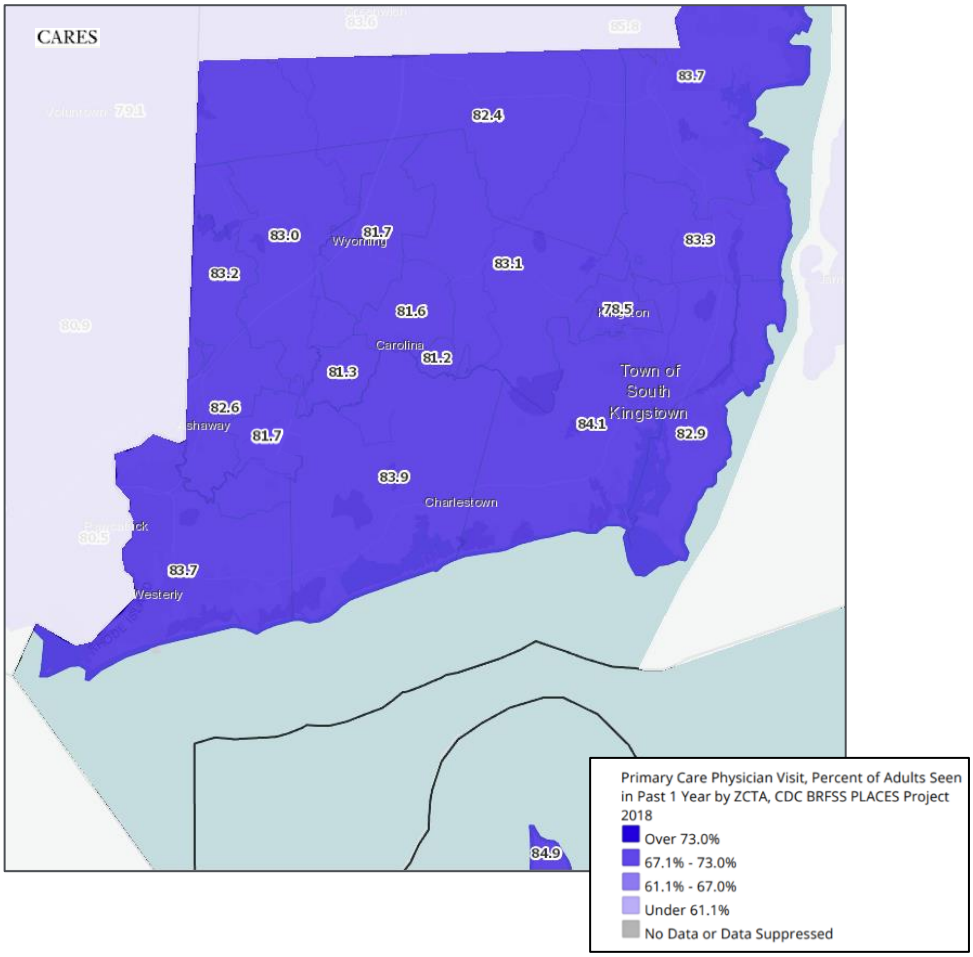
Health Professional Shortage Areas (HPSAs) are measured by the Federal Department of Health and Human Services, and can be geographic areas, populations, or facilities. These designated areas have a shortage of primary or dental providers. **Washington County is not a HPSA for primary or dental care, and all zip codes exceed the nation for the percentage of adults receiving regular care.** Within the Westerly Hospital PSA, 81%-85% of adults have had a recent physical checkup and 73%-76% have had recent dental care. Statewide averages are 82% and 72%, respectively.

Primary and Dental Provider Rates and Adult Healthcare Access

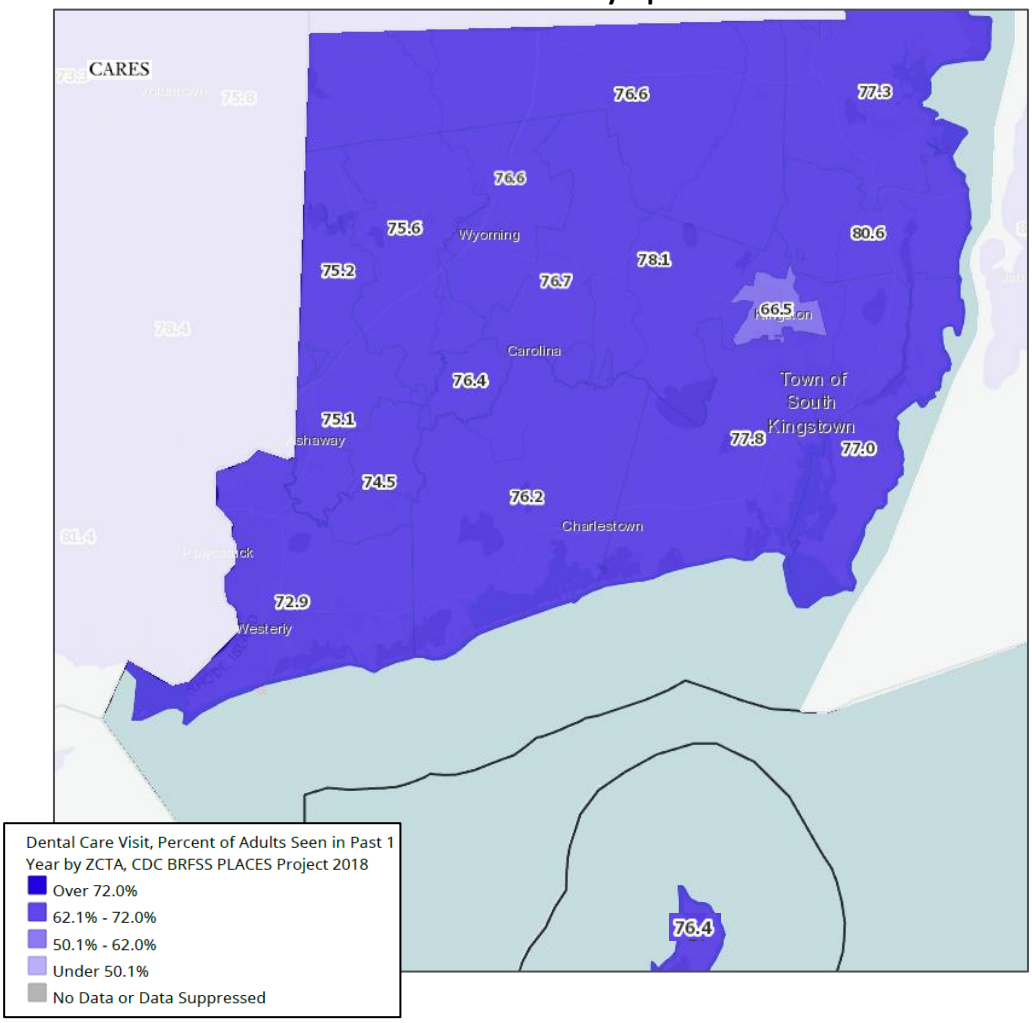
	Primary Care		Dental Care	
	Physicians per 100,000 Population (2018)	Routine Checkup within Past Year (2018)*	Dentists per 100,000 Population (2019)	Dental Visit within Past Year (2018)*
Bristol County	199.4	83.0%	39.2	76.5%
Kent County	87.3	82.8%	76.7	70.0%
Newport County	90.9	81.4%	104.8	77.0%
Providence County	97.9	83.5%	60.6	67.0%
Washington County	89.6	81.7%	62.1	75.7%
Rhode Island	99.4	82.4%	65.7	71.8%
United States	75.8	75.1%	71.4	66.2%

Source: Health Resources and Services Administration & Centers for Disease Control and Prevention, PLACES & BRFSS
*Data are reported as age-adjusted percentages.

Washington County: Adults with a Routine Checkup within the Past Year by Zip Code



Washington County: Adults with a Dental Visit within the Past Year by Zip Code



Health Risk Factors and Chronic Disease

Routine preventative care contributes to fewer health risk factors and better health status. Consistent with having better overall access to care, Rhode Islanders as a whole are healthier than their peers nationally, with fewer reported health risk factors and lower prevalence and mortality due to chronic disease.

While the state overall is healthier than the nation, health outcomes vary widely across the five counties. Residents of Kent and Providence counties have increased risk factors for chronic disease, including lack of physical activity and tobacco use. These health disparities correlate with existing differences in socioeconomic factors and physical environment, including lower income, higher poverty, and/or lower educational attainment. **Washington County adults overall report better physical health than their peers statewide and nationally and are the most physically active in Rhode Island. A slightly higher percentage of Washington County adults report smoking compared to the state average.**

The following report sections further explore health risk factors and chronic disease, and their connection to underlying social determinants of health. Social determinants of health not only lead to poorer health outcomes and the onset of disease, but are also likely to impede disease management and treatment efforts, further exacerbating poorer health outcomes

2018 Age-Adjusted Adult (18+) Physical Health Outcomes

	Physical Health Not Good for 14 or More Days in Past 30 Days	No Leisure-Time Physical Activity in Past 30 Days
Bristol County	10.7%	20.9%
Kent County	11.9%	23.2%
Newport County	10.3%	19.3%
Providence County	13.8%	27.9%
Washington County	11.0%	19.0%
Rhode Island	11.5%	24.5%
United States	11.8%	23.6%

Source: Centers for Disease Control and Prevention, PLACES & BRFSS

2018 Age-Adjusted Adults (18+) Who Are Current Smokers*

	Percentage
Bristol County	14.4%
Kent County	18.5%
Newport County	14.9%
Providence County	17.6%
Washington County	16.2%
Rhode Island	15.2%
United States	15.9%

Source: Centers for Disease Control and Prevention, BRFSS

*A change in reporting methodology occurred in 2018 providing age-adjusted county percentages. Data prior to 2018 were reported as crude percentages and are not comparable.

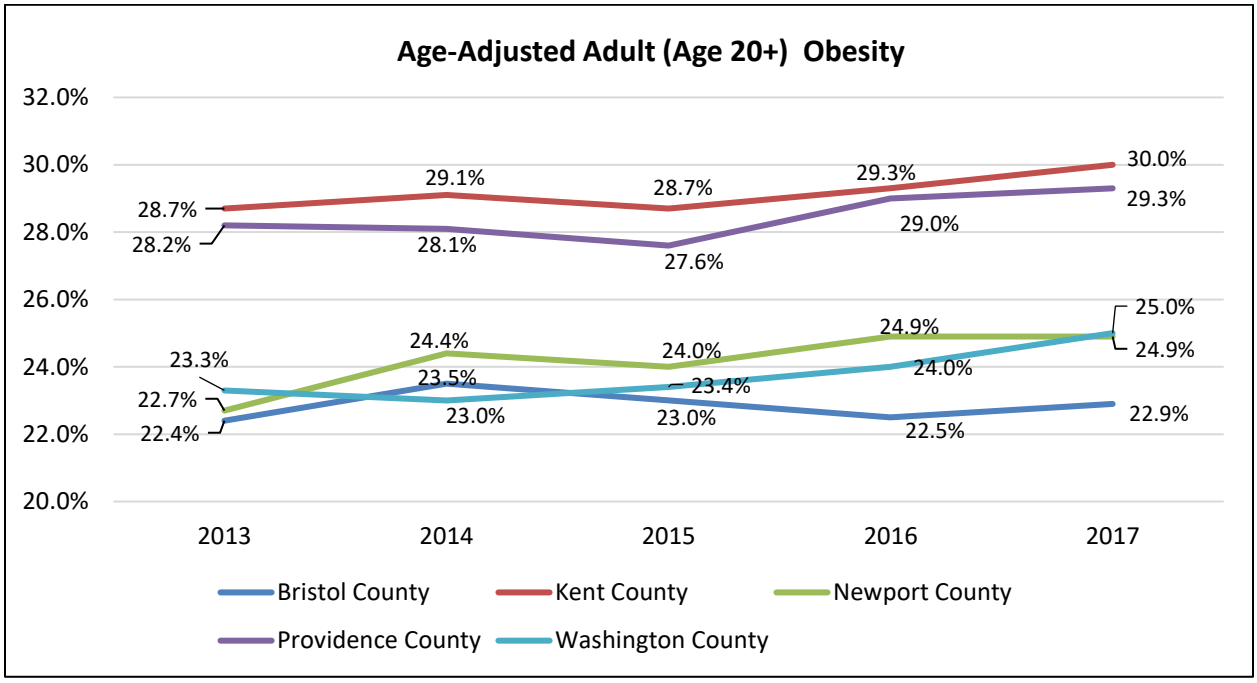
Obesity and Diabetes

Rhode Island adults overall have historically had lower prevalence of obesity and diabetes compared to national benchmarks, but prevalence largely increased in recent years. **From 2013 to 2017, all counties except Bristol saw an increase in adult obesity. From 2016 to 2017, all counties except Bristol also saw an increase in adult diabetes.**

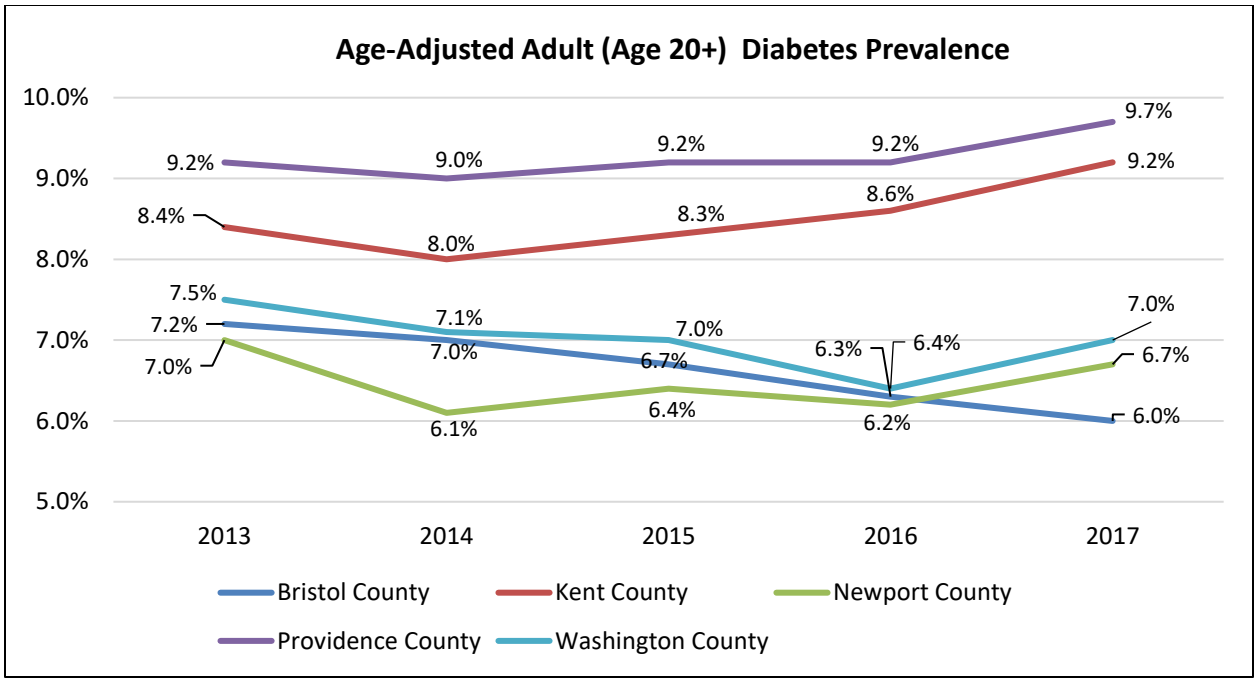
Kent and Providence counties have the highest prevalence of adult obesity and diabetes in the state, estimated at nearly 30% and 10% respectively in both counties. The two counties also have the highest rates of diabetes death in the state and saw the largest death rate increase from 2010 to 2019. **Within Washington County, 25% of adults are obese and 7% have diabetes, among the lowest in the state.** The Washington County diabetes death rate has historically been lower than both the state and nation.

Across Rhode Island and consistent with national trends, diabetes death rates are disproportionately higher among Black/African American compared to other racial and ethnic groups.

A change in data methodology occurred in 2018 providing obesity and diabetes prevalence for adults age 18 or older versus age 20 or older at the county-level. Based on the new methodology, the prevalence of adult obesity and diabetes in Washington County is estimated to have increased approximately one percentage point each, potentially indicating higher prevalence among young adults. **Consistent with social determinants of health barriers captured by the community need index and area deprivation index, Westerly zip code 02891 has one of the highest percentages of adults with diabetes (10.3%) in the county. Block Island zip code 02807 has the highest diabetes prevalence at 10.7% and the highest uninsured percentage.** Adult obesity prevalence is similar across Washington County zip codes, affecting approximately 1 in 4 individuals.



Source: Centers for Disease Control and Prevention, US Diabetes Surveillance System & BRFSS
*State and national data are reported as a percentage of adults age 18+ and are excluded.



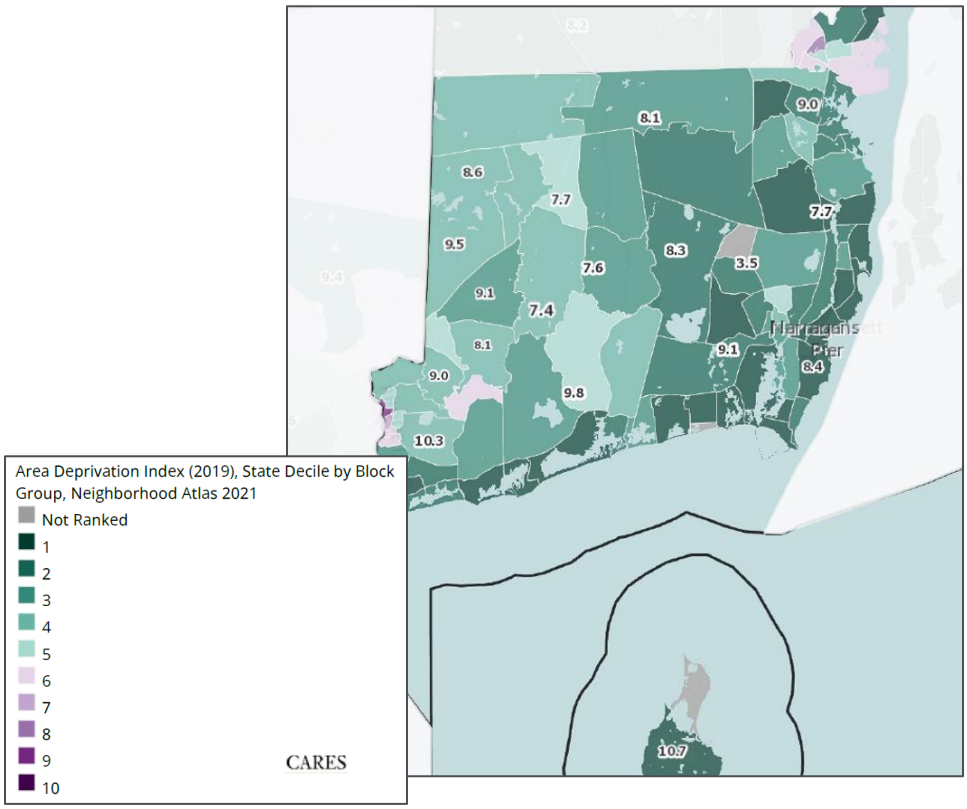
Source: Centers for Disease Control and Prevention, US Diabetes Surveillance System
*State and national data are reported as a percentage of adults age 18+ and are excluded.

2018 Age-Adjusted Adult (Age 18+) Health Outcome Indicators*

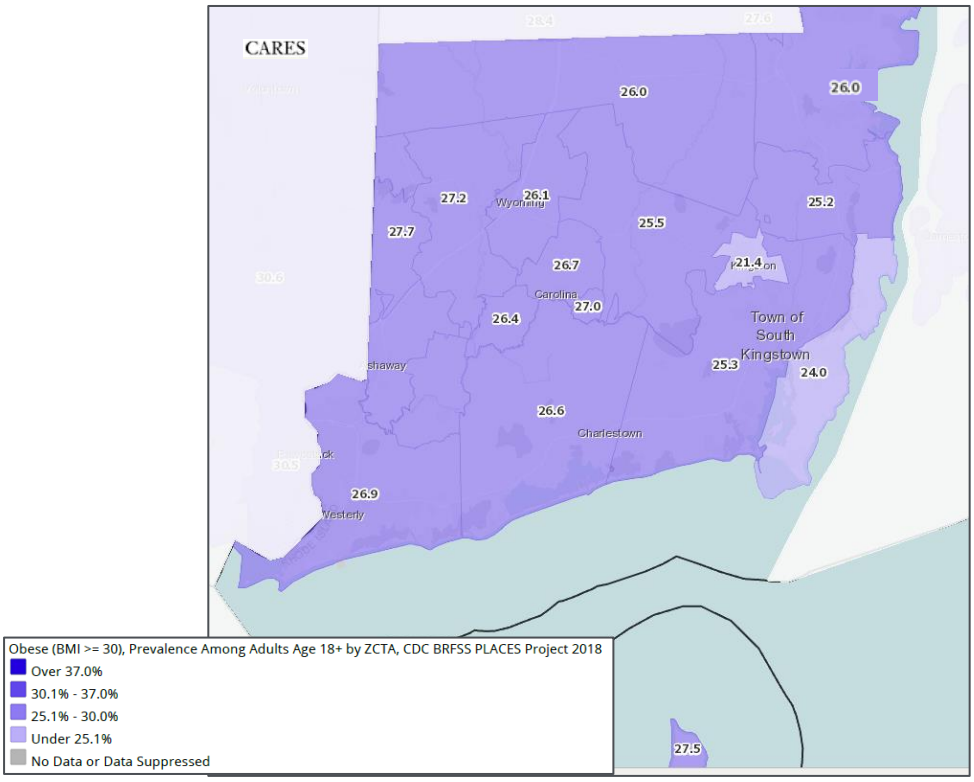
	Obese	Diabetes Diagnosis
Bristol County	24.8%	7.4%
Kent County	29.6%	9.0%
Newport County	26.5%	7.4%
Providence County	29.6%	10.7%
Washington County	25.6%	7.7%
Rhode Island	27.5%	9.6%
United States	30.9%	10.0%

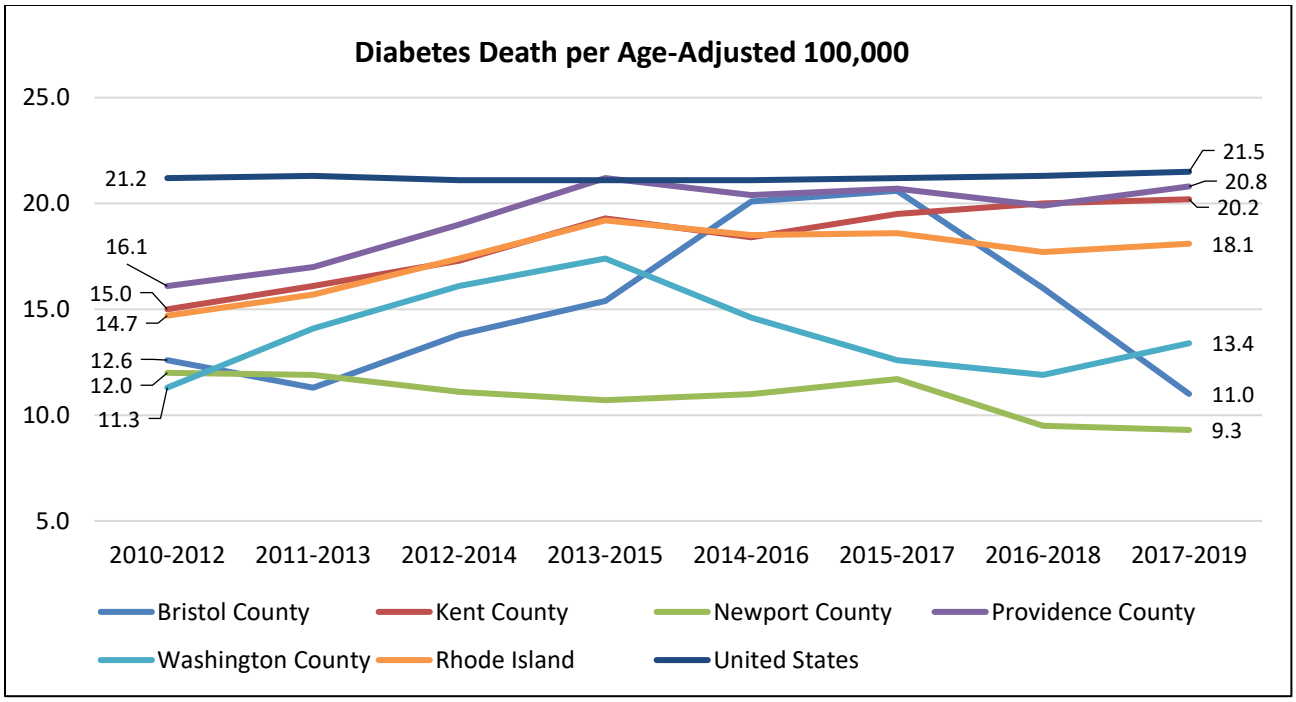
Source: Centers for Disease Control and Prevention, PLACES & BRFSS
*Data are not comparable to previously trended indicators due to differences in age composition (age 18+ vs. age 20+) at the county-level.

Washington County: Area Deprivation Index by Block Group and Percent of Adults with Diabetes by Zip Code



Washington County: Percent of Obese Adults by Zip Code





Source: Centers for Disease Control and Prevention

2017-2019 Diabetes Death Rate per Age-Adjusted 100,000, by Race and Ethnicity*

	Providence County	Rhode Island	United States
Total Population	20.8	18.1	21.5
White, Non-Hispanic	20.2	17.3	18.9
Black or African American, Non-Hispanic	29.8	29.0	38.5
Asian, Non-Hispanic	NA	NA	16.5
Latinx origin (any race)	17.6	17.9	25.2

Source: Centers for Disease Control and Prevention
*Data are not reportable for other counties due to low death counts.

Heart Disease

Heart disease is the leading cause of death nationally. High blood pressure and cholesterol are two of the primary causes of heart disease and can be preventable. **Across Rhode Island counties, more than 1 in 4 adults have high blood pressure and/or high cholesterol, a consistent proportion as the nation overall.** Kent and Providence counties have the highest proportion of adults with high blood pressure and/or high cholesterol, and the highest death rates due to heart disease. Washington County heart disease prevalence is slightly lower than state and national averages.

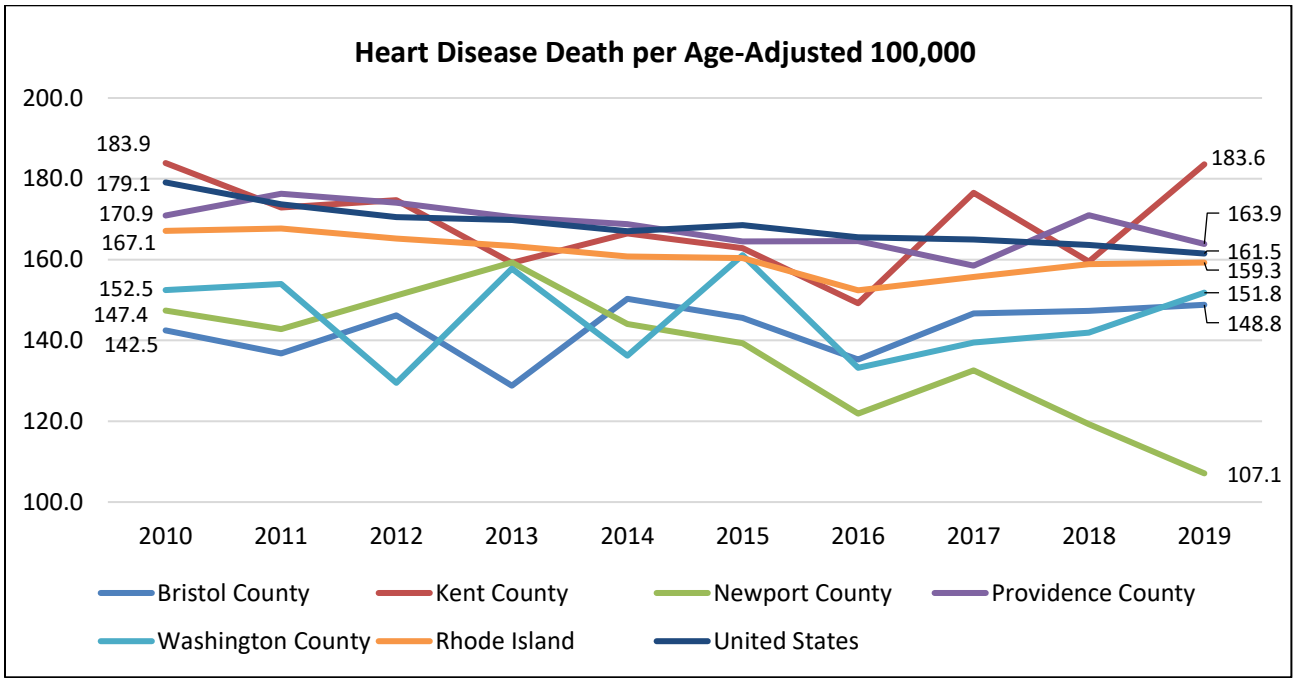
Rhode Island overall has historically had a lower heart disease death rate than the nation, although the rates are more similar now due to an increase in the statewide death rate from 2016 to 2019. At the county-level, heart disease death rates have been variable over the past decade with the exception of Newport County, which saw a 40-point decline from 2010 to 2019. Rhode Island and Providence

County differ from the nation with a higher heart disease death rate among Whites than Black/African Americans; racial and ethnic data are not reported for other Rhode Island counties due to unreliable rates.

2017 Age-Adjusted Adult (Age 18+) Heart Disease Risk Factors Prevalence

	Adults with High Blood Pressure	Adults with High Cholesterol
Bristol County	25.6%	26.8%
Kent County	30.6%	27.4%
Newport County	26.4%	25.7%
Providence County	32.0%	29.0%
Washington County	27.1%	27.4%
Rhode Island	29.9%	28.9%
United States	29.7%	29.3%

Source: Centers for Disease Control and Prevention, PLACES & BRFSS



Source: Centers for Disease Control and Prevention

2017-2019 Heart Disease Death Rate per Age-Adjusted 100,000, by Race and Ethnicity*

	Providence County	Rhode Island	United States
Total Population	164.4	158.0	163.4
White, Non-Hispanic	178.7	165.3	167.4
Black or African American, Non-Hispanic	123.1	127.0	207.6
Asian, Non-Hispanic	83.1	81.5	84.3
Latinx origin (any race)	67.6	64.5	112.5

Source: Centers for Disease Control and Prevention

*Data are not reportable for other counties due to low death counts.

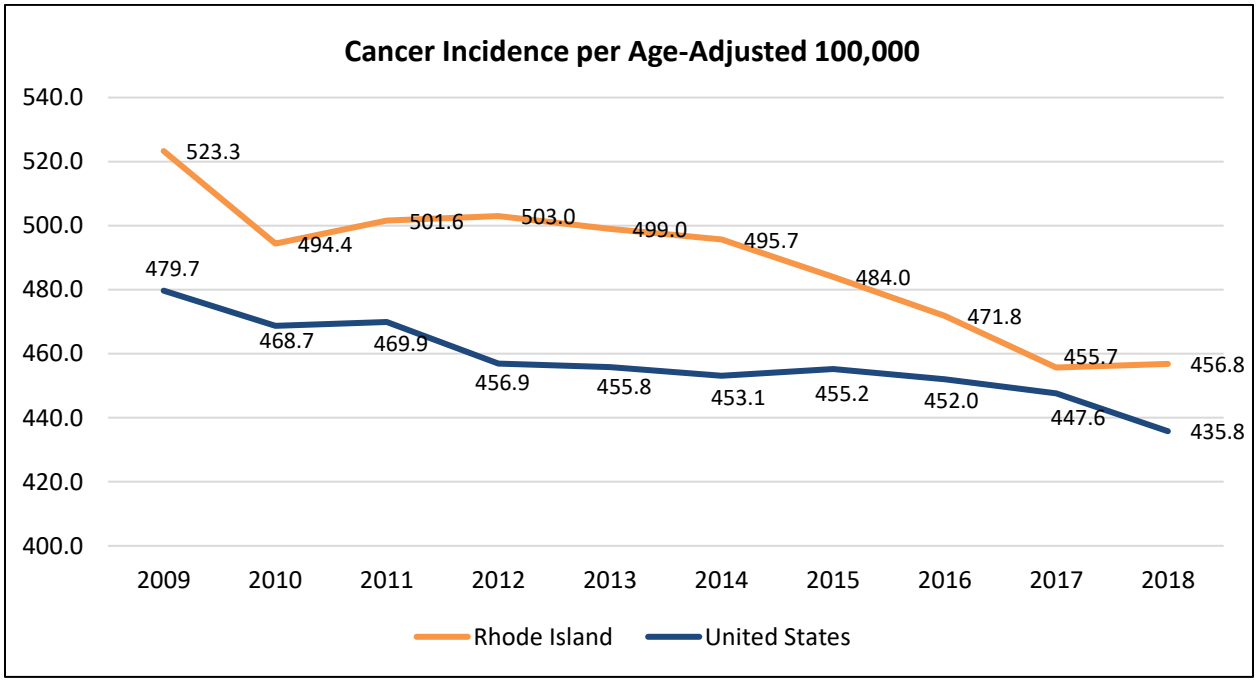
Cancer

Cancer is the second leading cause of death nationally. Approximately 7% of adults in Rhode Island counties have ever been diagnosed with cancer compared to 6% nationwide. **Rhode Island and Washington County have a higher cancer incidence rate than the nation, but a similar death rate. This finding is likely reflective of better cancer screening practices and earlier detection and treatment.** With few exceptions, Rhode Island counties report a higher percentage of adults who receive cancer screenings in comparison to the nation.

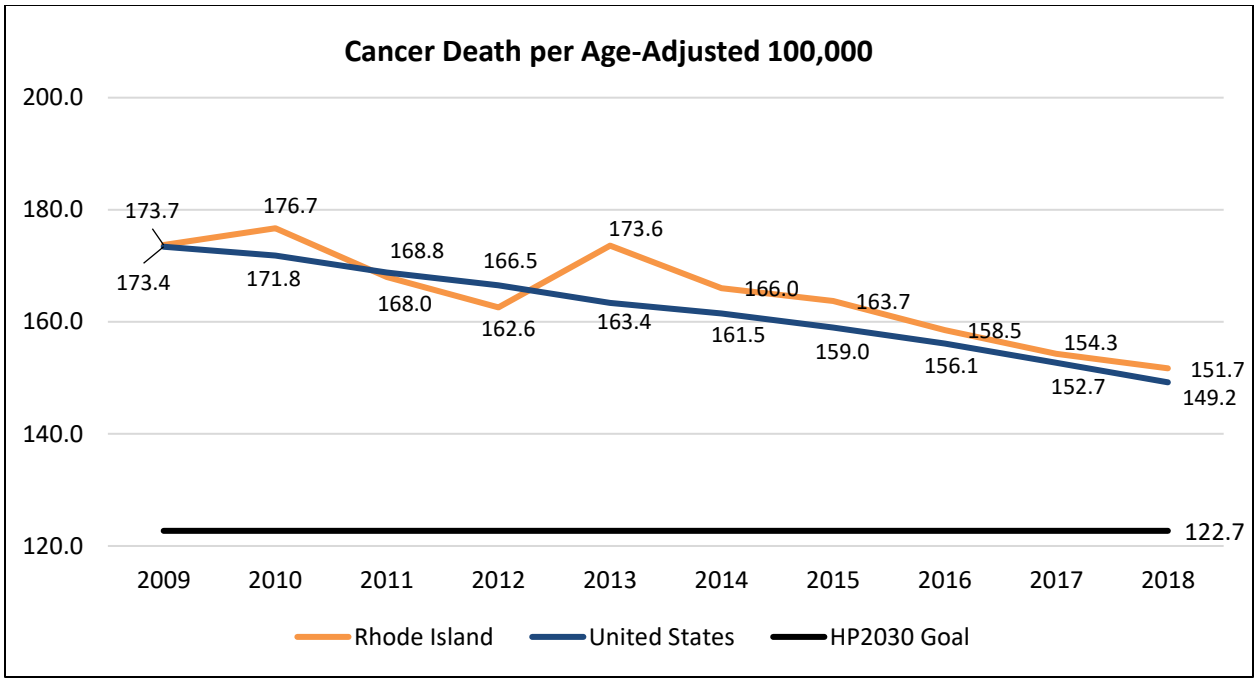
2018 Age-Adjusted Adult Cancer Prevalence and Screening Practices

	Adults with Cancer (ever, excluding skin)	Mammogram in the Past 2 Years (50-74 years)	Cervical Cancer Screening (21-65 years)	Colon Cancer Screening (50-74 years)
Bristol County	6.6%	76.6%	88.0%	73.6%
Kent County	6.7%	78.3%	87.9%	72.9%
Newport County	6.8%	76.7%	88.8%	74.4%
Providence County	6.3%	78.8%	86.8%	68.1%
Washington County	7.0%	75.1%	87.5%	70.5%
United States	6.0%	77.8%	85.5%	65.0%

Source: Centers for Disease Control and Prevention, PLACES & BRFSS



Source: Centers for Disease Control and Prevention, United States Cancer Statistics: Data Visualizations



Source: Centers for Disease Control and Prevention, United States Cancer Statistics: Data Visualizations

No Rhode Island counties meet the HP2030 overall cancer death rate goal of 122.7 per 100,000. Based on 2014-2018 aggregate data, Bristol County has the lowest overall death rate at 140.1. Of note, Bristol County has a higher incidence of common cancer types, including female breast and prostate cancer, but the death rates for these cancers meet HP2030 goals, suggesting cancers are being identified earlier and treated effectively in the county.

Kent County residents experience notable cancer disparities in comparison to other Rhode Island residents. The county has the highest cancer incidence and death rates in the state and exceeds national rates. Analysis of common cancer types suggests that lung cancer is a top contributor to cancer morbidity and mortality in Kent County and is likely a result of both higher smoking rates among adults and potential exposure to radon. Prostate cancer death is also elevated in Kent County compared to other counties and should be further explored.

Rhode Island overall has higher reported lung cancer incidence and death rates than the nation. A potential contributor is the prevalence of radon in homes. Radon is a colorless and odorless gas produced from the decay of radium in rocks, soil, and water. It is the second leading cause of lung cancer. The Environmental Protection Agency (EPA) recommends action to mitigate radon when indoor testing shows levels of 4.0 pCi/L or higher. **As of 2016, it was estimated that 1 in 4 homes in Rhode Island had radon levels at or above 4.0 pCi/L compared to the national average of 1 in 15 homes.**

The EPA distinguishes counties by radon zones, with Zone 1 indicating counties with predicted average indoor radon screening levels greater than 4.0 pCi/L. Within Rhode Island, **Kent and Washington counties are designated as Zone 1, and both counties have elevated rates of lung cancer incidence and death, although Kent County rates far exceed Washington County rates.**

Providence County has the second highest rates of lung cancer incidence and death in the state, behind Kent County. The county has a higher percentage of smoking adults and is designated as Zone 2 by the EPA for radon levels. Consistent with other morbidity and mortality statistics, Providence County reports the most robust cancer data by race and ethnicity. Available racial and ethnic data indicates that Whites experience higher cancer burden in Rhode Island.

Newport County has lower overall cancer incidence and death rates than the state and nation, as well lower incidence and death rates for all common cancer types except female breast. **The Newport County female breast cancer incidence rate is the lowest in the state, but the death rate is the highest in the state and exceeds the national death rate.** Newport County women are slightly less likely to receive mammogram screenings (76.7%) as women nationwide (77.8%); other potential access to care barriers should also be explored.

2014-2018 Age-Adjusted Cancer Incidence and Death per 100,000 Population by Race and Ethnicity

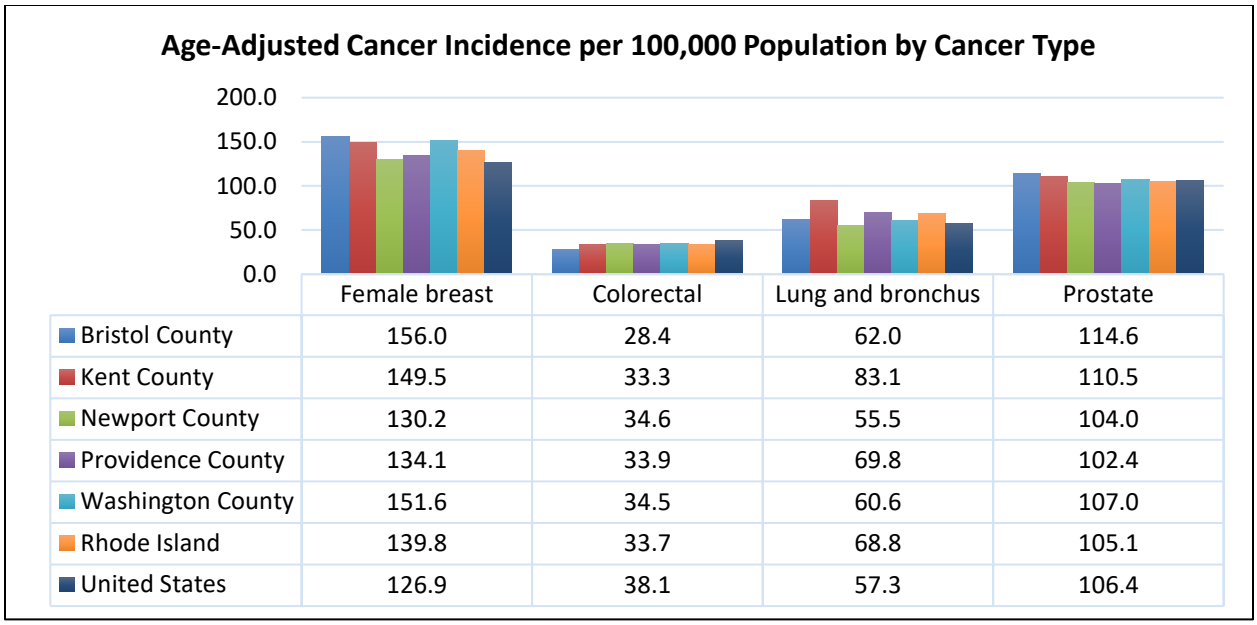
	Bristol County	Kent County	Newport County	Providence County	Washington County	Rhode Island	United States
Cancer Incidence							
Total Population	470.4	507.4	460.0	459.4	496.2	472.8	449.0
White	470.6	506.5	461.9	461.4	493.0	474.1	451.3
Black or African American	NA	332.5	378.6	333.7	NA	338.4	445.4
Asian	NA	NA	NA	271.6	392.6	276.8	291.5
Latinx origin (any race)	NA	353.0	NA	402.8	NA	397.2	345.5
Cancer Death							
Total Population	140.1	171.2	150.9	158.4	157.8	158.8	155.6
White	141.1	174.3	152.8	164.6	157.5	162.8	156.4
Black or African American	NA	NA	NA	103.3	NA	106.6	177.6
Asian	NA	NA	NA	100.4	NA	92.9	97.4
Latinx origin (any race)	NA	NA	NA	82.8	NA	81.0	111.3

Source: Centers for Disease Control and Prevention, United States Cancer Statistics: Data Visualizations

2021 Radon Zones and Estimated Levels by County

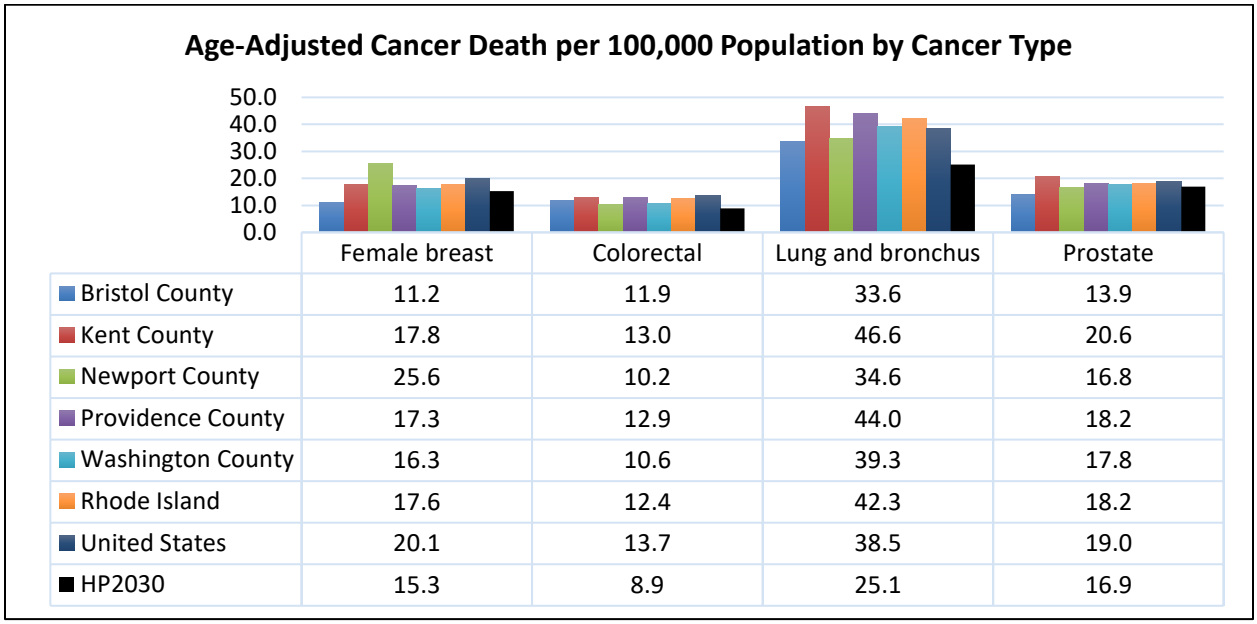
	Radon Zone
Bristol County	Zone 3 (<2 pCi/L)
Kent County	Zone 1 (>4 pCi/L)
Newport County	Zone 2 (2-4 pCi/L
Providence County	Zone 2 (2-4 pCi/L)
Washington County	Zone 1 (> 4 pCi/L)

Source: Environmental Protection Agency



	Female breast	Colorectal	Lung and bronchus	Prostate
Bristol County	156.0	28.4	62.0	114.6
Kent County	149.5	33.3	83.1	110.5
Newport County	130.2	34.6	55.5	104.0
Providence County	134.1	33.9	69.8	102.4
Washington County	151.6	34.5	60.6	107.0
Rhode Island	139.8	33.7	68.8	105.1
United States	126.9	38.1	57.3	106.4

Source: Centers for Disease Control and Prevention, United States Cancer Statistics: Data Visualizations



	Female breast	Colorectal	Lung and bronchus	Prostate
Bristol County	11.2	11.9	33.6	13.9
Kent County	17.8	13.0	46.6	20.6
Newport County	25.6	10.2	34.6	16.8
Providence County	17.3	12.9	44.0	18.2
Washington County	16.3	10.6	39.3	17.8
Rhode Island	17.6	12.4	42.3	18.2
United States	20.1	13.7	38.5	19.0
HP2030	15.3	8.9	25.1	16.9

Source: Centers for Disease Control and Prevention, United States Cancer Statistics: Data Visualizations

Respiratory Disease

Chronic lower respiratory disease (CLRD) includes several chronic conditions of the respiratory tract, including asthma and chronic obstructive pulmonary disease (COPD). **All Rhode Island counties have a higher prevalence of adult asthma compared to the national benchmark. This disparity is due in part to Rhode Island's older housing stock, which is more likely to contain hazardous materials that can trigger asthma.** Rhode Island is tied with Massachusetts for the third oldest housing stock in the nation.

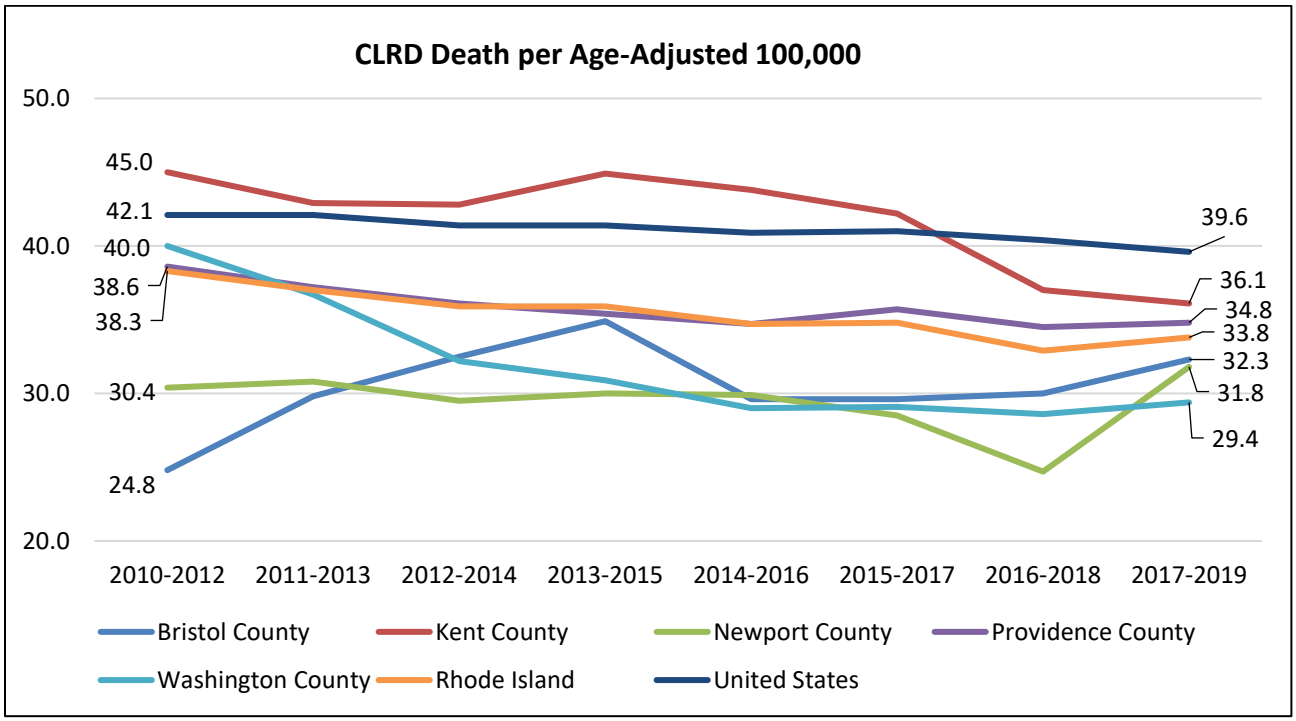
Approximately 73.5% of housing units in Rhode Island were built before 1980 compared to 53.6% nationwide. Providence County has the oldest housing stock in Rhode Island, and the highest prevalence of adult asthma. Adult COPD prevalence across Rhode Island is consistent with the nation.

The CLRD death rate has generally been declining in Rhode Island and across the nation. All Rhode Island counties have a lower CLRD death rate than the nation; Kent and Providence are the only counties to exceed the statewide death rate. Consistent with the nation, CLRD death rates are historically higher among Whites than other racial and ethnic groups.

2018 Age-Adjusted Adult (Age 18+) Respiratory Disease Prevalence

	Adults with Current Asthma Diagnosis	Adults with COPD
Bristol County	10.3%	5.7%
Kent County	11.3%	6.4%
Newport County	10.4%	5.6%
Providence County	11.8%	6.9%
Washington County	11.0%	6.1%
Rhode Island	11.9%	6.2%
United States	9.1%	6.2%

Source: Centers for Disease Control and Prevention, PLACES & BRFSS



Source: Centers for Disease Control and Prevention

2017-2019 CLRD Death Rate per Age-Adjusted 100,000, by Race and Ethnicity*

	Rhode Island	United States
Total Population	33.8	39.6
White, Non-Hispanic	36.6	45.0
Black or African American, Non-Hispanic	13.5	29.8
Asian, Non-Hispanic	NA	11.3
Latinx origin (any race)	8.3	16.8

Source: Centers for Disease Control and Prevention
*Data are not reportable by county due to low death counts.

Aging Population

Rhode Island is an aging community, with a growing proportion of older adults that exceeds national averages. As of 2015-2019, 30.7% of Rhode Island residents were age 55 or older compared to 28.5% nationwide. Among older adults age 65 or older, the proportion age 65-74 saw the greatest increase in recent years, largely due to the entry of the baby boomer generation.

According to the 2020 Rhode Island Healthy Aging Data Report, **the state saw an increase in the number of older adults with multiple chronic conditions and a decline in those with no chronic conditions from 2016, suggesting increased overall morbidity.** Consistent with this finding, statewide inpatient hospital stays among older adults age 65 or older increased from 2016 to 2020.

According to Centers for Medicare & Medicaid Services data, **74.4% of Rhode Island Medicare beneficiaries age 65 or older have two or more chronic conditions compared to 70.3% nationwide**. The proportion of Medicare beneficiaries with multiple chronic conditions is highest in Kent County (76.8%), followed by Providence County (75.1%). Approximately 72.7% of Washington County Medicare beneficiaries have multiple chronic conditions.

Poorer health among older adults may be due in part to declining economic situation. As reported in earlier report sections, the economic situation of older adults in Rhode Island worsened even before the impact of COVID-19, including higher poverty and receipt of food benefits and more older adults engaged in the workforce. Washington County has fewer older adults living in poverty compared to the state and nation, but it was on the rise before 2019.

2018 Chronic Condition Comorbidities among Medicare Beneficiaries 65 Years or Older

	0 to 1 Condition	2 to 3 Conditions	4 to 5 Conditions	6 or More Conditions
Bristol County	26.7%	32.6%	24.0%	16.8%
Kent County	23.2%	31.6%	24.9%	20.4%
Newport County	28.4%	33.1%	22.2%	16.3%
Providence County	24.9%	30.5%	24.9%	19.7%
Washington County	27.3%	34.6%	23.0%	15.0%
Rhode Island	25.6%	31.9%	24.2%	18.4%
United States	29.7%	29.4%	22.8%	18.2%

Source: Centers for Medicare & Medicaid Services

While chronic conditions are on the rise among Rhode Island older adults, medical utilization patterns and population statistics suggest improving care access and lower disability. The rate of physician visits per year increased from 2016 to 2020, while prescription refills and durable medical equipment claims decreased. According to 2015-2019 data, the proportion of older adults with a reported disability is similar to or lower than the national average in all Rhode Island counties. Kent and Providence counties report the highest proportion of disabled older adults at approximately one-third of individuals.

Rhode Island Statewide Older Adult Healthcare Utilization, 2016 vs. 2020

	2016	2020	Change from 2020 to 2016
Dually eligible for Medicare and Medicaid	14.6%	13.8%	-0.8%
Physician visits per year	8.0	8.4	0.4
Inpatient hospital stays per 1,000 people 65+ per year	284.1	295.2	11.1
Part D monthly prescription fills per person per year	2.0	1.7	-0.3
Durable medical equipment claims per year	55.8	54.2	-1.6

Source: Tufts Health Plan Foundation, Rhode Island Healthy Aging Data Report

2015-2019 Older Adult Population by Disability Status

	Bristol County	Kent County	Newport County	Providence County	Washington County	Rhode Island	United States
Total population	10.2%	14.7%	12.2%	13.8%	11.4%	13.4%	12.6%
65 years or older	27.0%	34.1%	25.9%	34.4%	27.9%	32.2%	34.5%
Ambulatory	15.4%	19.7%	15.3%	23.4%	13.8%	20.1%	21.9%
Hearing	12.0%	15.9%	11.6%	12.8%	14.1%	13.3%	14.3%
Independent living	11.6%	13.9%	10.7%	16.2%	8.8%	13.9%	14.2%
Cognitive	6.1%	8.3%	6.5%	9.4%	5.6%	8.2%	8.6%
Vision	4.2%	5.6%	3.4%	5.7%	4.4%	5.2%	6.3%

Source: US Census Bureau, American Community Survey

Across Rhode Island, there is opportunity to leverage increasing physician visits among older adults to ensure receipt of preventive services, such as recommended vaccines and cancer screenings. **Across all counties, about one-quarter of older adult men and women are up to date on preventive services, a lower proportion than the nation overall.** Older adult men residing in Providence County are at increased risk, with only 19.4% up to date on preventive services.

2018 Age-Adjusted Older Adult (65+) Clinical Preventive Services*

	Older Adult Men Who Are Up To Date On Clinical Preventive Services	Older Adult Women Who Are Up To Date On Clinical Preventive Services
Bristol County	27.2%	24.3%
Kent County	24.4%	24.7%
Newport County	23.6%	22.7%
Providence County	19.4%	24.3%
Washington County	26.3%	25.4%
United States	32.7%	28.1%

Source: Centers for Disease Control and Prevention, PLACES & BRFSS

*Includes a flu vaccine in the past year, pneumococcal pneumonia vaccine ever, colorectal cancer screening, and mammogram in the past two years (women).

Older adult healthcare utilization and costs increase significantly with a higher number of reported chronic diseases. Tracking these indicators helps plan allocation of resources to best anticipate and serve need in the community. **Rhode Island overall has lower per capita spending among older adult Medicare beneficiaries compared to the nation, regardless of the number of chronic conditions, but spending is still notable. Among beneficiaries with six or more conditions, per capita spending averages $26,000 annually.** Of note, healthcare spending is generally higher in Newport and Washington counties.

2018 Per Capita Standardized Spending* for Medicare Beneficiaries Age 65 Years or Older

	0 to 1 Condition	2 to 3 Conditions	4 to 5 Conditions	6 or More Conditions
Bristol County	$1,970	$4,994	$9,977	$25,651
Kent County	$2,000	$4,848	$9,432	$26,530
Newport County	$2,188	$5,401	$10,528	$28,181
Providence County	$1,684	$4,761	$9,435	$26,354
Washington County	$2,218	$5,310	$10,360	$26,627
Rhode Island	$1,923	$4,980	$9,749	$26,598
United States	$1,944	$5,502	$10,509	$29,045

Source: Centers for Medicare & Medicaid Services

*Standardized spending takes into account payment factors that are unrelated to the care provided (e.g., geographic variation in Medicare payment amounts).

2018 ED Visits per 1,000 Medicare Beneficiaries Age 65 Years or Older

	0 to 1 Condition	2 to 3 Conditions	4 to 5 Conditions	6 or More Conditions
Bristol County	112.7	223.8	480.4	1,492.6
Kent County	106.6	276.3	602.8	1,800.9
Newport County	140.0	342.7	690.5	1,876.7
Providence County	101.9	263.7	572.6	1,748.9
Washington County	121.5	304.6	662.2	1,800.5
Rhode Island	112.4	282.0	601.9	1,767.9
United States	122.6	318.4	621.1	1,719.1

Source: Centers for Medicare & Medicaid Services

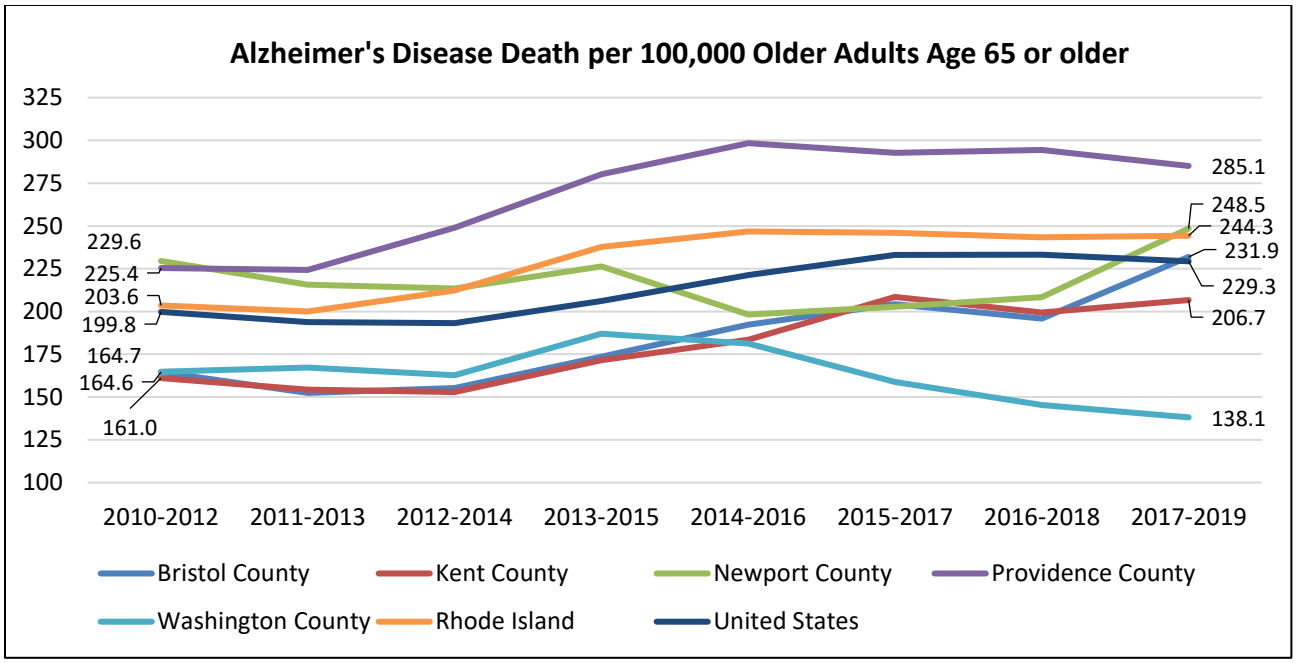
Nationally, the most common chronic conditions among older adult Medicare beneficiaries, in order of prevalence, are hypertension, high cholesterol, and arthritis. This finding is consistent across Rhode Island and its five counties. In comparison to the nation, **Rhode Island older adult Medicare beneficiaries have a higher prevalence of all reported chronic conditions, except Alzheimer's disease, chronic kidney disease, diabetes, heart failure, and ischemic heart disease.** Higher statewide disease prevalence is largely due to disparities in Kent and Providence counties. Consistent with total population statistics, nearly all Rhode Island counties have a higher prevalence of cancer among older adults.

The death rate from Alzheimer's disease is higher in Rhode Island than the nation, largely due to a death rate in Providence County that exceeds the national death rate by more than 50 points. **The Alzheimer's disease death rate is generally increasing in all Rhode Island counties except Washington.** Washington County reports a lower prevalence of Alzheimer's disease among older adults and a declining death rate. Bristol County reports the highest prevalence of Alzheimer's disease in the state and saw the highest death rate increase over the past decade.

2018 Chronic Condition Prevalence among Medicare Beneficiaries Age 65 Years or Older

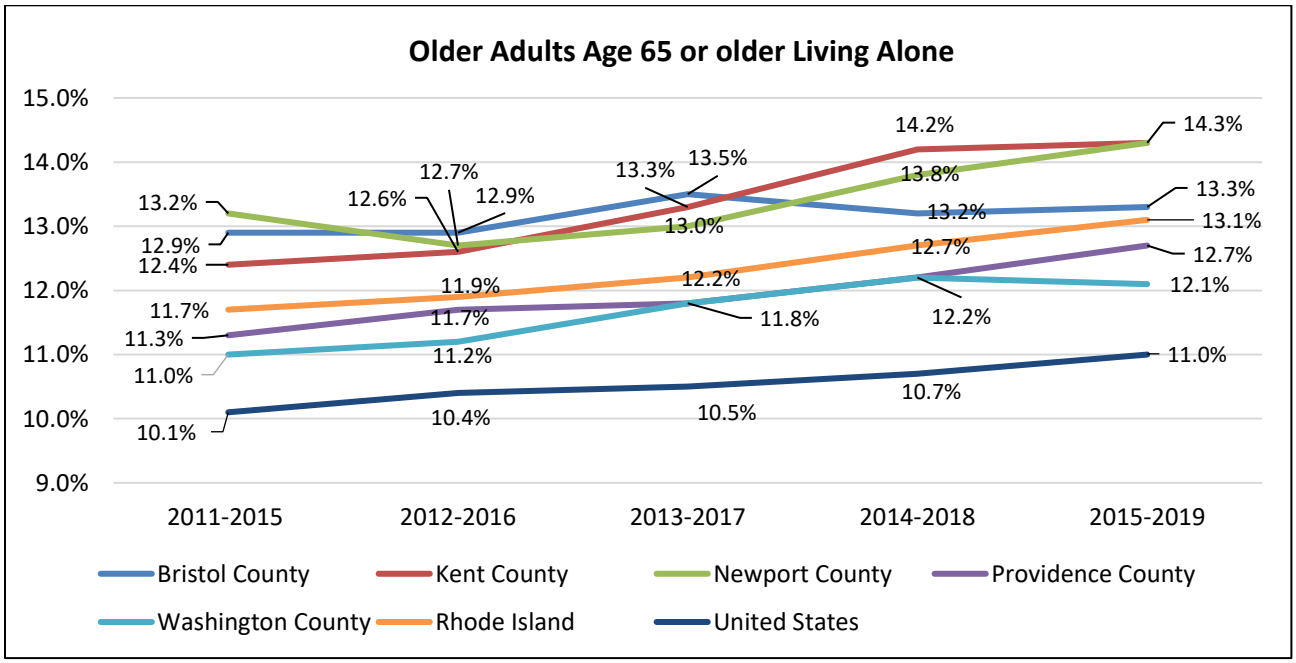
	Bristol County	Kent County	Newport County	Providence County	Washington County	Rhode Island	United States
Alzheimer's Disease	12.0%	10.9%	10.1%	11.6%	9.4%	10.9%	11.9%
Arthritis	34.4%	36.9%	32.8%	35.2%	36.7%	35.4%	34.6%
Asthma	6.4%	6.0%	6.1%	6.8%	5.9%	6.4%	4.5%
Cancer	11.2%	11.3%	11.4%	10.8%	11.2%	11.1%	9.3%
Chronic Kidney Disease	21.2%	25.6%	19.5%	25.7%	19.9%	23.6%	24.9%
COPD	9.8%	12.3%	11.2%	11.9%	10.7%	11.5%	11.4%
Depression	17.8%	20.2%	18.2%	19.4%	16.8%	18.8%	16.0%
Diabetes	22.9%	26.4%	21.2%	27.4%	20.8%	25.0%	27.1%
Heart Failure	12.1%	14.3%	12.1%	14.4%	11.8%	13.5%	14.6%
High Cholesterol	56.5%	59.4%	55.2%	57.8%	53.5%	56.9%	50.5%
Hypertension	61.9%	66.0%	60.3%	64.6%	61.2%	63.6%	59.8%
Ischemic Heart Disease	26.7%	31.5%	24.8%	28.3%	25.1%	27.8%	28.6%
Stroke	4.3%	4.1%	4.0%	4.2%	3.7%	4.1%	3.9%

Source: Centers for Medicare & Medicaid Services



Source: Centers for Disease Control and Prevention

In older adults, chronic illness often leads to diminished quality of life and increased social isolation. Social isolation may also impede effective chronic illness management and accelerate the negative impact of chronic diseases. One indicator of social isolation among older adults is the percentage of adults ages 65 years or older who live alone. **Rhode Island older adults are more likely to live alone when compared to their peers across the US.** This trend holds true across all counties, where approximately 12-14% of older adults live alone compared to 11% nationwide.



Source: US Census Bureau, American Community Survey

Westerly Aging Population Profile

Westerly is a designated age-friendly community and is dedicated to supporting programs and initiatives that enhance the health, participation, and security of older adults. As an age-friendly community, Westerly actively monitors health aging indicators, including older adult prevalence and socioeconomics.

Consistent with 2019 CHNA findings, approximately 22% of Westerly zip code 02891 residents are age 65 or older, a higher proportion than Washington County or the state overall. The largest proportion of older adults in Westerly are age 65-74, but in comparison to the county and state, a higher proportion are age 85 or older. Older adults age 85 or older are among the most vulnerable to physical and cognitive changes and difficulties with activities of daily living.

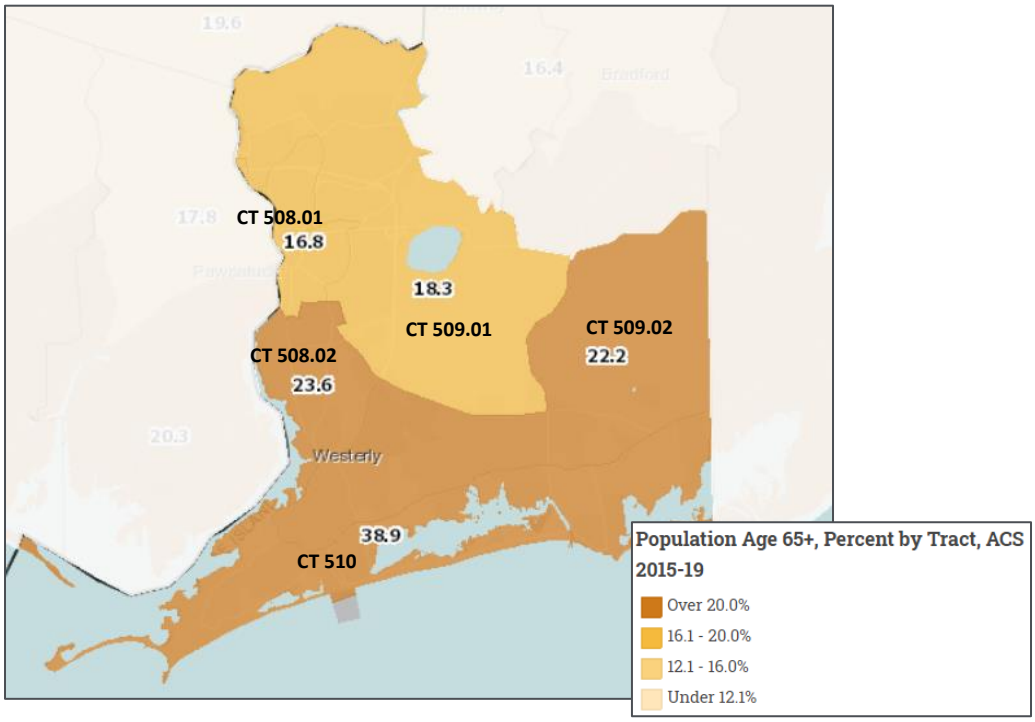
A breakdown of the older adult population by census tract in Westerly zip code 02891 is mapped below to indicate areas of potential higher need and impact. Approximately 39% of residents of census tract 510, located along the coast, are age 65 or older, a slight decrease from the 2019 CHNA report of 42%.

2015-2019 Older Adult Population

	Westerly Zip Code 02891	Washington County	Rhode Island
Population Age 65 or older	22.0%	19.9%	16.8%
Age 65-74	12.7%	11.8%	9.5%
Age 75-84	5.6%	5.6%	4.9%
Age 85 or older	3.7%	2.6%	2.5%

Source: US Census Bureau, American Community Survey

2015-2019 Older Adult Population Age 65 or Older by Westerly Zip Code 02891 Census Tract (CT)



Older adults residing in Westerly zip code 02891 have more socioeconomic risk factors than their peers across Washington County. **Consistent with 2019 CHNA findings, Westerly older adults are more likely to be socially isolated, including living alone, speaking a primary language other than English, being widowed (female), and/or living with a disability.** Of note, 39% of female older adults in Westerly are widowed compared to 31% countywide and 35% statewide. This finding likely contributes to the percentage of older adults reported to live alone, which increased from 13.2% at the time of the 2019 CHNA to 14.6%.

The percentage of older adults living in poverty declined in Washington County from the 2019 CHNA but remained at approximately 7% in Westerly. **Annual income for Westerly older adults represents both extreme poverty and wealth.** Consistent with the county overall, approximately 1 in 4 older adults has an annual income of $100,000 or more, but a higher proportion, representing 1 in 5 older adults, has an annual income of less than $20,000.

Consistent with overall population findings, older adults residing in census tract 508.01 have more socioeconomic risk factors than other Westerly older adults. Within census tract 508.01, the proportion of older adults at risk for social isolation is higher for all reported indicators compared to the zip code overall. Similarly, a higher proportion of older adults in census tract 508.01 live in poverty, have an annual income of less than $20,000, and are housing cost burdened. Notably, nearly 80% of older adult renters in 508.01, representing 208 households, are cost burdened.

Older adults residing in census tract 509.01 also experience more socioeconomic risk factors, including a higher proportion with a disability (41.5%) and/or earning less than $20,000 (27.4%).

2015-2019 Older Adult Age 65 or Older Socioeconomic Indicators

	Westerly Zip Code 02891	Washington County	Rhode Island
Social Isolation			
Householders living alone	14.6%	12.1%	13.1%
Speak primary language other than English	9.7%	6.5%	17.2%
Widowed (female)	39.1%	30.6%	34.7%
Widowed (male)	6.6%	8.2%	10.8%
With a disability	30.5%	27.9%	32.2%
Income and Poverty			
Living in poverty	7.4%	5.7%	9.7%
Household income			
Households with income <$20,000	20.1%	13.4%	23.2%
Households with income $20,000-$49,999	32.0%	29.5%	31.2%
Households with income$50,000-$99,999	24.8%	29.3%	26.0%
Households with income $100,000+	23.2%	27.8%	19.6%
Homeowners with housing cost burden	35.3%	30.5%	33.7%
Renters with housing cost burden	45.1%	46.2%	49.6%

Source: US Census Bureau, American Community Survey

2015-2019 Older Adult Age 65 or Older Socioeconomic Indicators by Westerly Census Tract

	CT 508.01	CT 508.02	CT 509.01	CT509.02	CT 510
Social Isolation					
Householders living alone	18.4%	10.9%	13.7%	8.9%	22.6%
Speak primary language other than English	15.6%	13.0%	5.4%	7.0%	5.4%
Widowed (female)	53.8%	30.4%	39.7%	31.4%	29.4%
Widowed (male)	7.6%	7.4%	8.4%	4.9%	3.3%
With a disability	39.0%	25.2%	41.5%	22.7%	19.9%
Income and Poverty					
Living in poverty	10.6%	10.4%	9.6%	1.5%	3.3%
Household income					
Households with income <$20,000	26.2%	20.8%	27.4%	9.4%	12.3%
Households with income $20,000-$49,999	47.2%	30.2%	36.3%	18.9%	24.2%
Households with income$50,000-$99,999	14.4%	26.1%	24.9%	31.9%	29.6%
Households with income $100,000+	12.2%	22.9%	11.5%	39.8%	33.8%
Homeowners with housing cost burden	42.5%	36.9%	25.2%	31.8%	40.8%
Renters with housing cost burden	79.7%	27.0%	17.1%	0.0%	73.8% (n=31)

Source: US Census Bureau, American Community Survey

The 2020 Rhode Island Healthy Aging Data Report, prepared by the Tufts Health Plan Foundation, provides a comprehensive picture of the health and socioeconomic status of older adults statewide and by municipality. The following table depicts select health aging indicators, in which Westerly older residents fared better or worse in comparison to statewide averages. osteoarthritis/rheumatoid arthritis, osteoporosis, and hearing impairment.

2020 Older Adult Health Indicators, Westerly vs. Rhode Island Overall

	Westerly	Rhode Island
Positive Healthy Aging Indicators for Westerly		
Anxiety	24.6%	29.8%
Asthma	10.8%	14.9%
Diabetes	31.6%	34.7%
Depression	28.4%	32.9%
Obesity	26.0%	29.3%
Negative Healthy Aging Indicators for Westerly		
Alzheimer's disease	17.3%	13.1%
Chronic obstructive pulmonary disorder	28.8%	22.9%
Congestive heart failure	26.5%	21.6%
High cholesterol	82.4%	79.1%
Hypertension	81.4%	78.0%
Osteoarthritis/rheumatoid arthritis	61.4%	56.2%

Source: Tufts Health Plan Foundation, Rhode Island Healthy Aging Data Report

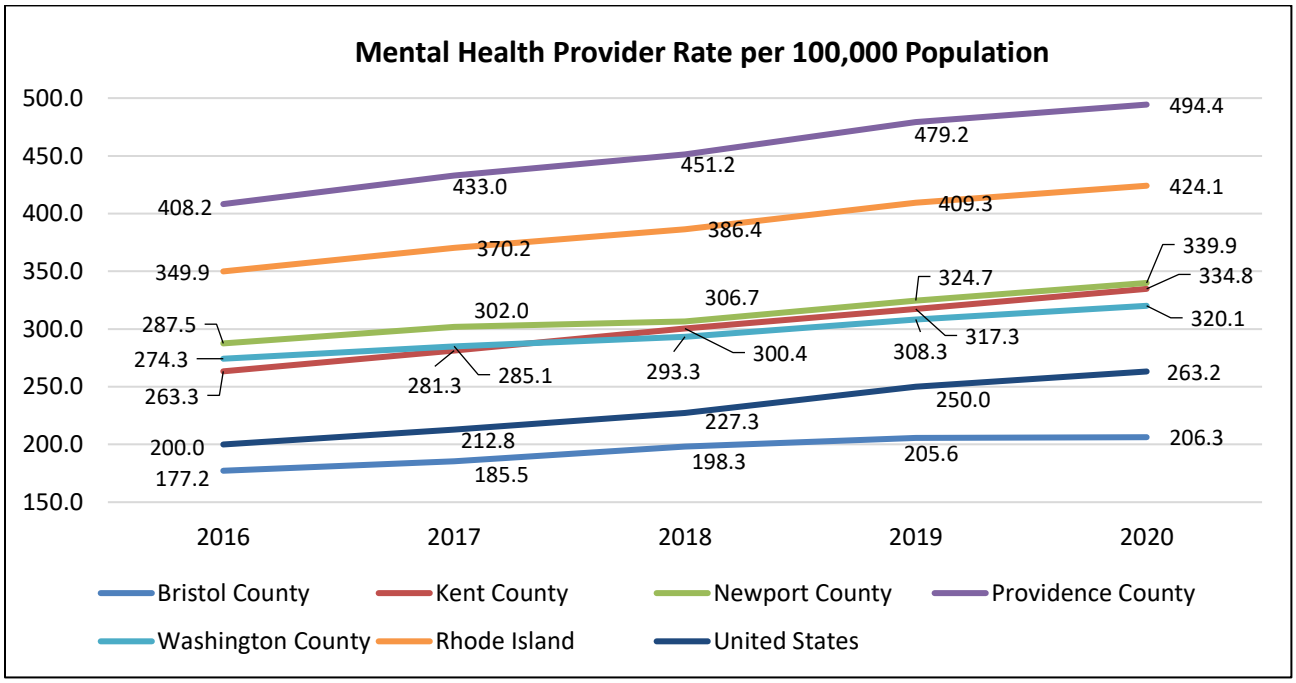
Mental Health and Substance Use Disorder

Access to Services

Rhode Island overall has better access to mental health providers than the nation, as indicated by the rate of mental health providers per 100,000 population. **As of 2020, the rate of mental health providers across Rhode Island exceeded the national rate by more than 160 points.** While providers are concentrated in Providence County, Bristol County is the only county to have a lower rate of providers than the nation.

Note: The mental health provider rate includes psychiatrists, psychologists, licensed clinical social workers, counselors, and mental health providers that treat alcohol and other drug abuse, among others. It does not account for potential shortages in specific provider types.

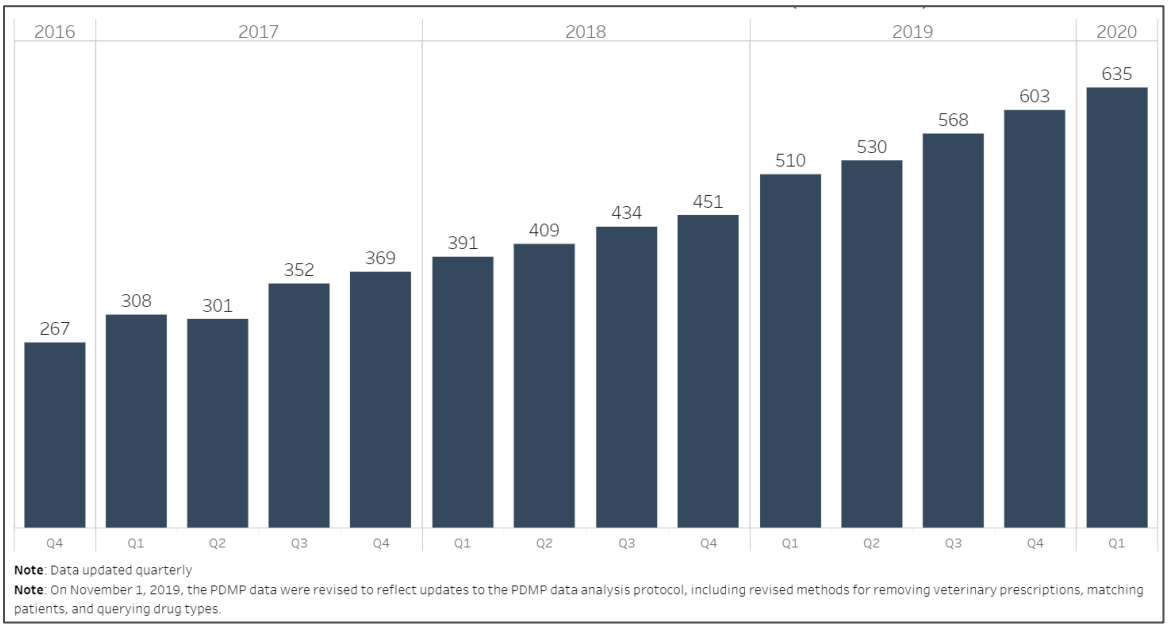
Despite higher and increasing mental health provider availability statewide, much of Rhode Island is a mental health HPSA and mental healthcare is not accessible to all residents. All of Newport and Washington counties are designated mental health HPSAs. Providence County is a HPSA for low-income individuals, despite having a mental health provider rate that is nearly double the national rate.



Source: Centers for Medicare and Medicaid Services

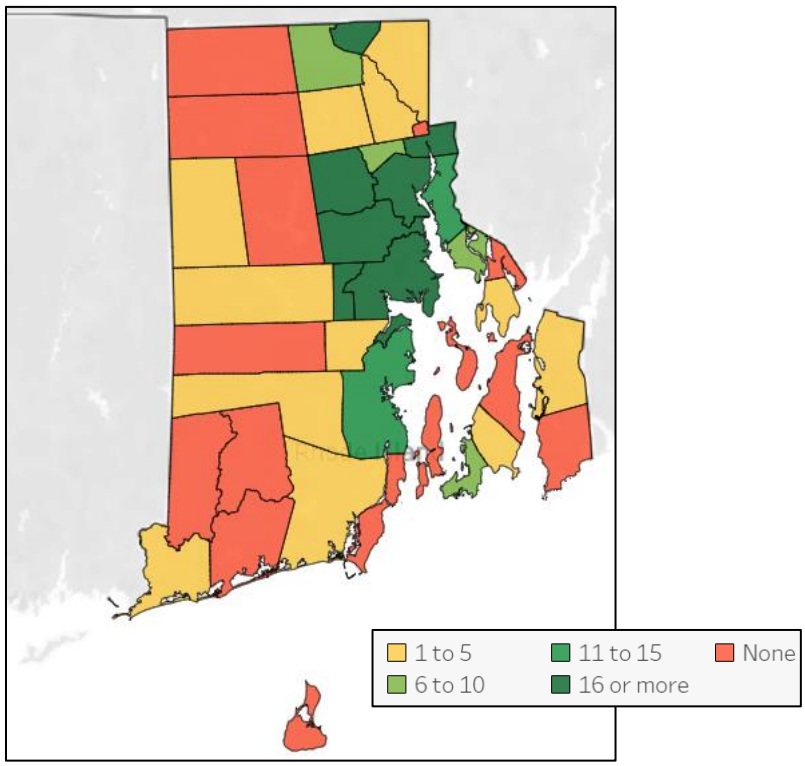
Rhode Island also saw a significant increase in the number of practitioners able to prescribe buprenorphine, from 267 at the end of 2016 to 635 in Q1 2020. Buprenorphine is the first medication-assisted treatment (MAT) for opioid use disorder that can be prescribed or dispensed in physician offices. MAT waivered providers and opioid treatment programs, including buprenorphine, are available across Rhode Island, but the largest concentration of providers is in and around Providence and Woonsocket.

2016-2020 Number of Trained and DATA-Waivered Practitioners for Buprenorphine



Source: Prevent Overdose RI

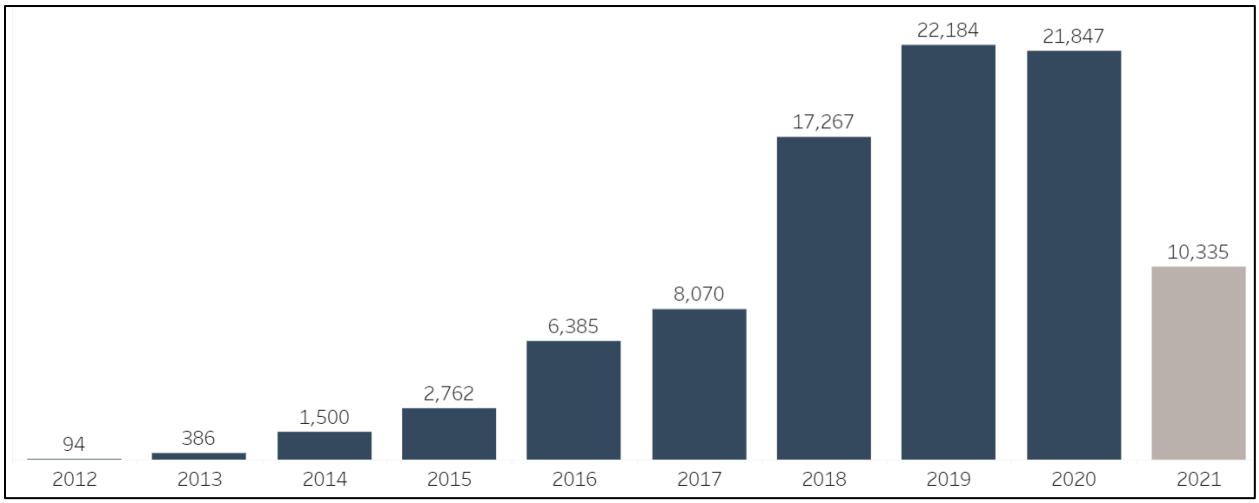
MAT Providers and Programs by City or Town



Source: Prevent Overdose RI

Naloxone is an emergency use medicine that rapidly reverses an opioid overdose. Rhode Island has prioritized making naloxone kits available across the community, partnering with hospitals, pharmacies, and other community partners. **In 2020, 21,847 naloxone kits were distributed in Rhode Island, a nearly 15-fold increase from 2014.** The increase in distribution reflects both greater access and greater demand for Naloxone in the community.

2012-2021 Naloxone Kits Distributed in Rhode Island



Source: Prevent Overdose RI

In 2019, the Rhode Island Executive Office of Health and Human Services conducted a review of the behavioral health system in the state. The resulting Rhode Island Behavioral Health System Review included both quantitative and qualitative components, to determine gaps in services and access in the state. Key findings from the system review are highlighted below:

- **Rhode Island has several behavioral health system capacity challenges to address including both gaps in key service lines and a shortage of linguistically and culturally competent providers, that together disproportionately negatively impact communities of color.**
- Underlying drivers that perpetuate the challenges described above include:
    - Fragmentation in accountability both across state agencies and across providers, insufficient linkages between services to support care coordination and transitions of care, and a lack of integration between behavioral health and medical care.
    - Payments for behavioral health services largely rely on a fee-for-service chassis that does not account for quality or outcomes.
    - Lack of sufficiently modern infrastructure hinders providers of behavioral health services in Rhode Island, as well as creates barriers for Rhode Island to effectively and efficiently monitor the behavioral health system on an ongoing basis.

The following diagrams summarize identified gaps and shortages in the behavioral health continuum of care for children, adults, and older adults**.** Gaps indicate there was no evidence of the service existing

in Rhode Island. Shortages indicate that while some level of service exists it is not adequate to meet the need of Rhode Islanders with behavioral health conditions.

Behavioral Health Service Gaps and Shortages for Adults and Older Adults

Mental Health Services		Substance Use Services	
Status	**Service Type**	**Status**	**Service Type**
Gaps	Mobile Crisis Treatment	Gaps	Mobile Medication Assisted Treatment
Significant Shortages	Community Step Down Hospital Diversion State Sponsored Institutional Services Nursing Home Residential	Significant Shortages	Indicated Prevention Correctional SUD Transitional Services Recovery Housing Residential–High & Low Intensity*
Moderate Shortages	Non-CMHC Outpatient Providers Intensive Outpatient Programs Dual Diagnosis Treatment Crisis/Emergency Care Inpatient Treatment Home Care Homeless Outreach	Moderate Shortages	Intensive Outpatient Services Supported Employment
Slight Shortage	Licensed Community Mental Health Center tied to accessibility statewide		

Source: 2021 Rhode Island Behavioral Health System Review
*Between Aug-Dec. 2020, between 55-108 people were waiting for residential services.

Behavioral Health Service Gaps and Shortages for Children

Status	Service Type
Gaps	Community Step Down Transition Age Youth Services Residential Treatment for Eating Disorders*
Significant Shortages	Universal BH Prevention Services Hospital Diversion State Sponsored Institutional Services Nursing Home Residential/Housing*
Moderate Shortages	SUD Treatment Enhanced Outpatient Services Home and Community Based Services Mobile Crisis
Slight Shortage	Emergency Services

Source: 2021 Rhode Island Behavioral Health System Review
*Between May-Dec. 2020, between 5-31 children and adolescents were waiting for residential services.

Mental Health Incidence and Prevalence

More than 1 in 10 adults across Rhode Island and the nation report having poor mental health on 14 or more days during a 30-day period. This measure is an indicator of persistent, and likely severe, mental health issues, which may impact quality of life and overall wellness. A similar percentage of adults report frequent mental distress across Rhode Island counties, with slightly higher percentages in Kent and Providence counties.

2018 Age-Adjusted Adult (Age 18+) Poor Mental Health Days

	Average Mentally Unhealthy Days per Month	Frequent Mental Distress: 14 or More Poor Mental Health Days per Month
Bristol County	4.2	12.8%
Kent County	4.8	14.1%
Newport County	4.0	12.3%
Providence County	4.4	13.9%
Washington County	4.2	12.8%
Rhode Island	4.2	12.5%
United States	4.1	12.9%

Source: Centers for Disease Control and Prevention, BRFSS

The following tables show statewide hospitalization and ED usage for a primary diagnosis of mental health condition among Rhode Island residents. Data are trended from 2016 to second quarter (Q2) 2021. **The data demonstrate that while overall hospitalizations and ED visits were declining from 2016 to 2019, significant declines were seen in 2020.** From 2019 to 2020, the number of ED visits and hospitalizations due to a primary diagnosis of mental health condition decreased by 5,116 and 1,442, respectively. This finding is likely due in part to delayed or avoided care during the COVID-19 pandemic. Data for the first half of 2021 suggest similar trends as 2020.

Provided percentages by gender, race/ethnicity, and age reflect the proportion of individuals with a hospitalization or ED visit due to a primary diagnosis of mental health condition relative to total hospitalizations or ED visits for that demographic. When viewed by gender and race and ethnicity, the proportion of residents accessing the ED for a mental health condition was generally consistent from 2019 to 2020. Of note, the proportion of Black or Other race individuals hospitalized for a mental health condition declined approximately 1-2 percentage points. When viewed by age group, the proportion of middle-aged adults 30-44 years hospitalized for a mental health condition declined nearly 2 percentage points from 2019 to 2020.

Number and Percent of Emergency Department Visits due to Primary Diagnosis of Mental Health Condition (excluding substance use)

	2016		2017		2018		2019		2020		2021 (Q1-Q2)*	
	N	%	N	%	N	%	N	%	N	%	N	%
Overall	26,506	5.8%	25,785	5.6%	23,808	5.4%	22,889	5.2%	17,773	5.1%	8,990	4.9%
Gender												
Male	12,440	6.0%	12,247	5.9%	11,270	5.7%	11,352	5.7%	8,903	5.6%	4,287	5.2%
Female	14,066	5.6%	13,530	5.3%	12,532	5.2%	11,529	4.8%	8,862	4.8%	4,700	4.6%
Race/Ethnicity												
White	19,202	6.4%	17,788	6.2%	16,670	6.0%	15,876	5.7%	12,305	5.6%	6,069	5.2%
Black	2,255	4.9%	2,467	5.4%	2,377	5.3%	2,391	5.2%	1,855	5.3%	939	5.2%
Hispanic	3,455	4.0%	3,377	3.7%	3,120	3.5%	3,213	3.5%	2,427	3.4%	1,313	3.4%
Other	1,101	6.6%	1,185	6.7%	1,143	6.1%	1,154	6.1%	912	6.1%	534	6.4%
Unknown	493	6.6%	968	5.2%	498	7.0%	255	4.7%	274	6.2%	135	7.9%
Age												
0-17	3,779	5.2%	3,939	5.3%	3,637	5.2%	3,603	5.2%	2,707	6.4%	1,771	8.3%
18-29	7,612	8.1%	7,140	7.9%	6,559	8.0%	5,929	7.3%	4,716	7.5%	2,325	7.3%
30-44	6,360	7.1%	6,315	7.0%	6,029	7.1%	6,241	7.1%	4,881	6.7%	2,342	5.9%
45-64	7,064	6.2%	6,636	5.8%	5,925	5.4%	5,600	5.1%	4,240	4.7%	1,957	4.1%
65+	1,691	2.0%	1,755	1.9%	1,658	1.8%	1,516	1.6%	1,229	1.6%	595	1.4%

Source: Rhode Island Department of Health

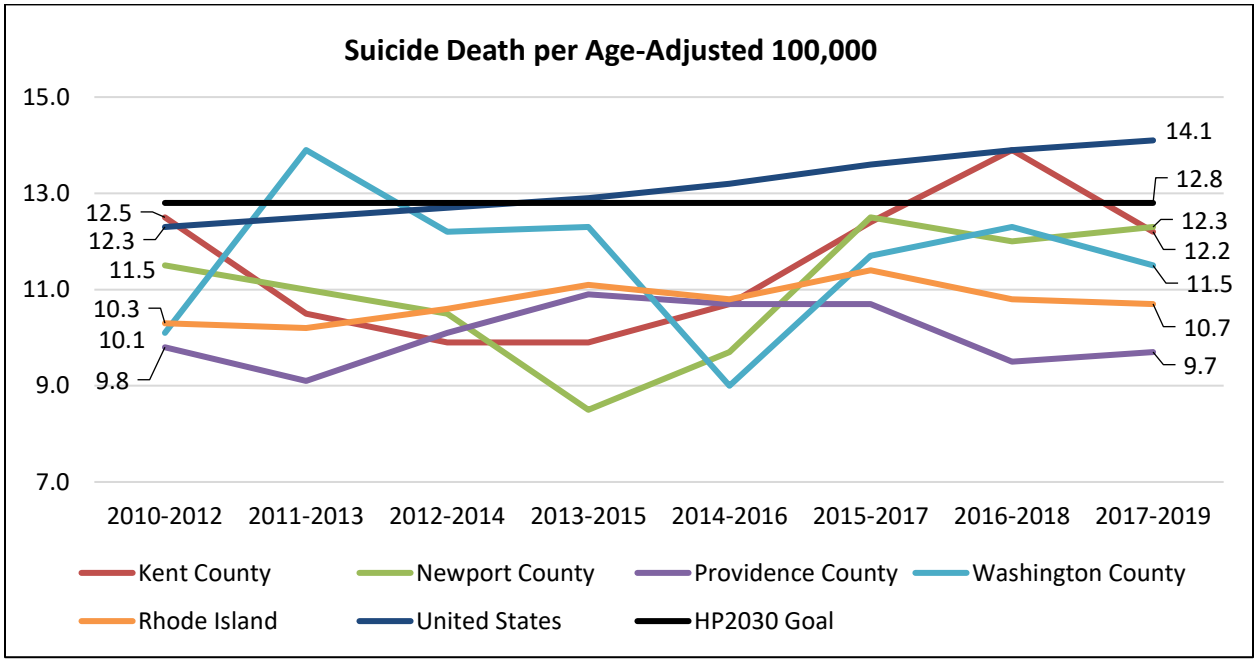
Number and Percent of Inpatient Admissions (hospitalizations) due to Primary Diagnosis of Mental Health Condition (excluding substance use)

	2016		2017		2018		2019		2020		2021 (Q1-Q2)*	
	N	%	N	%	N	%	N	%	N	%	N	%
Overall	14,312	12.0%	13,742	11.1%	12,144	10.1%	12,252	10.3%	10,810	10.2%	5,210	9.9%
Gender												
Male	7,221	13.7%	6,878	12.5%	6,112	11.5%	6,473	12.0%	5,575	11.5%	2,536	10.5%
Female	7,090	10.7%	6,858	10.0%	6,030	9.0%	5,777	8.9%	5,230	9.0%	2,673	9.3%
Race/Ethnicity												
White	10,314	11.5%	9,500	10.7%	8,492	9.5%	8,551	9.7%	7,590	9.8%	3,577	9.2%
Black	1,235	15.3%	1,345	15.8%	1,198	14.3%	1,242	14.3%	1,044	13.4%	471	12.7%
Hispanic	1,742	12.1%	1,695	11.1%	1,569	10.2%	1,634	10.3%	1,443	9.8%	803	11.2%
Other	706	18.0%	681	18.1%	568	14.5%	643	15.7%	541	13.6%	290	13.0%
Unknown	315	9.0%	521	7.6%	317	9.3%	182	7.2%	192	8.0%	69	9.0%
Age												
0-17	2,173	13.5%	2,263	14.6%	1,867	12.2%	1,855	12.6%	1,948	14.2%	1,203	17.6%
18-29	3,302	25.6%	3,076	24.4%	2,794	23.3%	2,721	23.6%	2,343	23.3%	1,138	24.1%
30-44	3,568	20.8%	3,343	19.1%	3,044	17.9%	3,228	18.4%	2,778	16.8%	1,185	14.5%
45-64	4,359	14.1%	4,068	12.6%	3,557	11.6%	3,544	11.7%	2,942	11.2%	1,313	10.0%
65+	910	2.2%	992	2.2%	882	2.0%	904	2.0%	799	2.0%	371	1.9%

Source: Rhode Island Department of Health

Frequent mental distress is also a risk factor for suicide. The suicide death rate steadily increased across the US over the past decade but remained relatively stable in Rhode Island. **All Rhode Island counties except Bristol have a lower suicide death rate than the national death rate and meet the HP2030 goal of 12.8 suicides per 100,000 population.** Bristol County had 21 suicide deaths from 2017 to 2019 for a rate of 14.3 per 100,000.

The Rhode Island suicide death rate should continue to be monitored as deaths reflect pre-COVID pandemic rates. An analysis of demographic characteristics for suicide deaths occurring from 2017 to 2019 suggests that deaths are more prominent among males, middle-age adults, and White residents.



Source: Centers for Disease Control and Prevention

*Bristol County data are not trended due to data gaps. From 2017-2019, Bristol County had 21 suicide deaths for a rate of 14.3 per 100,000, the highest of any Rhode Island county and higher than the nation.

2017-2019 Statewide Suicide Deaths, Demographic Characteristics

	Suicide Deaths	Age-Adjusted Rate per 100,000
Gender		
Female	89	5.1
Male	269	16.6
Age*		
15-24	28	6.3
25-34	60	13.6
35-44	61	16.4
45-54	72	17.2
55-64	76	17.0
65-74	31	10.0
75-84	24	15.5
Race and Ethnicity		
White, Non-Hispanic	315	12.6
Black/African American, Non-Hispanic	12	NA
Asian, Non-Hispanic	NA	NA
Latinx origin (any race)	17	NA

Source: Centers for Disease Control and Prevention
*Rates are not age-adjusted.

Substance Use Disorder Incidence and Prevalence

Substance use disorder affects a person's brain and behaviors and leads to an inability to control the use of substances which include alcohol, marijuana, and opioids, among others. Alcohol use disorder is the most prevalent addictive substance used among adults.

Across the US and Rhode Island, approximately 1 in 5 adults report heavy drinking and/or binge drinking. Among Rhode Island counties, **Newport and Washington counties have a higher prevalence of heavy drinking and binge drinking than the state or nation at approximately 1 in 4 adults. Consistent with the 2019 CHNA, Washington County also reports more driving deaths due to alcohol impairment than the state and nation.** Of note, Rhode Island as a whole reports more driving deaths due to alcohol impairment (41.6%) than the nation (27%).

Alcohol Use Disorder Indicators

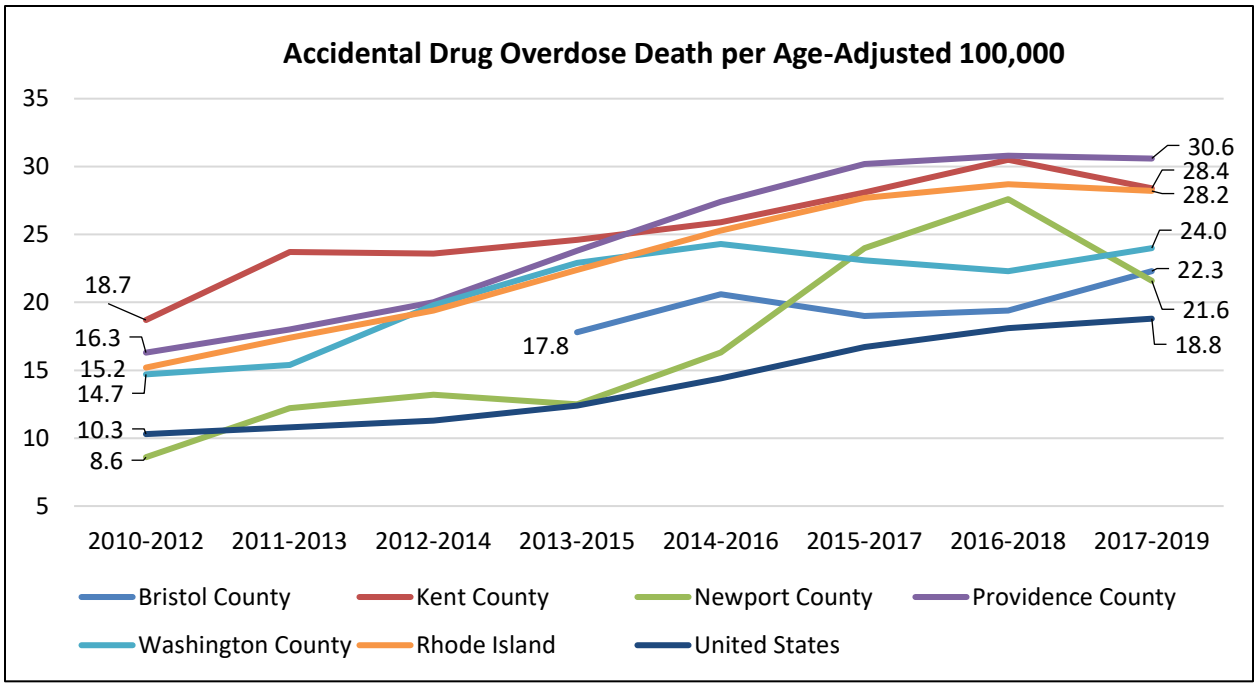
	2018 Adults Reporting Binge or Heavy Drinking (age-adjusted)	2015-2019 Driving Deaths due to Alcohol Impairment (%, count)
Bristol County	20.3%	40.0% (n=2)
Kent County	20.4%	45.5% (n=25)
Newport County	25.4%	21.4% (n=3)
Providence County	18.6%	38.7% (n=67)
Washington County	24.4%	54.2% (n=26)
Rhode Island	19.7%	41.6%
United States	19.0%	27.0%

Source: Centers for Disease Control and Prevention, BRFSS

The CDC reports that the number of accidental drug overdose deaths nationwide increased by nearly 5% from 2018 to 2019 and has quadrupled since 1999. Over 70% of the 70,630 overdose deaths in 2019 involved an opioid. Nationally, heroin- and prescription opioid-involved deaths are declining, while synthetic opioid-involved deaths are increasing. Synthetic opioids such as fentanyl are laboratory produced and have similar effects as natural opioids, but can have far greater potency, increasing the risk for overdose and death.

Rhode Island has more accidental drug overdose deaths than the nation, as indicated by the rate of deaths per 100,000 population. From 2017 to 2019, the accidental drug overdose death rate for Rhode Island was nearly 10 points higher than the national death rate. Kent and Providence counties have historically had the highest death rates in the state, although all counties saw increases over the past decade.

The overdose death rate leveled off in Rhode Island counties from 2015 to 2019, but 2020 increases are expected as a result of the COVID-19 pandemic. **The total number of accidental drug overdose deaths in Rhode Island in 2020 was 384, an increase from 308 in 2019 and 314 in 2018.** Within Washington County, from 2019 to 2020, small increases in overdose deaths were seen in Hopkinton, North Kingstown, and Richmond.



Source: Centers for Disease Control and Prevention

*Data prior to 2013-2015 are not reportable for Bristol County due to low death counts (less than 20 during the three-year timespan).

Total Accidental Drug Overdose Deaths in Rhode Island by Year

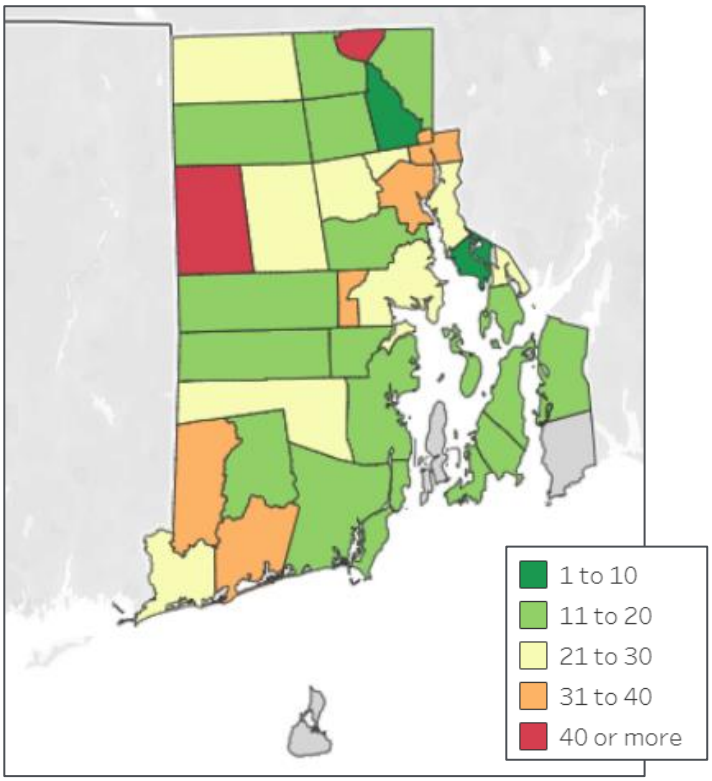
2014	2015	2016	2017	2018	2019	2020	2021*
240	290	336	324	314	308	384	322

Source: Rhode Island Department of Health

*Current as of November 2021.

The opioid epidemic has impacted all communities across the nation. The following map displays the aggregate overdose death rate from 2014 to 2020 by Rhode Island city or town. Foster and Woonsocket have the highest overdose death rates per 100,000 population in the state at 56.83 and 44.83, respectively. **Within Washington County, overdose death rates are highest in Hopkinton (36.98) and Charlestown (32.10), although the combined death total in both municipalities from 2014 to 2020 was 33.**

2014-2020 Total Overdose Deaths per 100,000
by City or Town of Incident



Source: Prevent Overdose RI

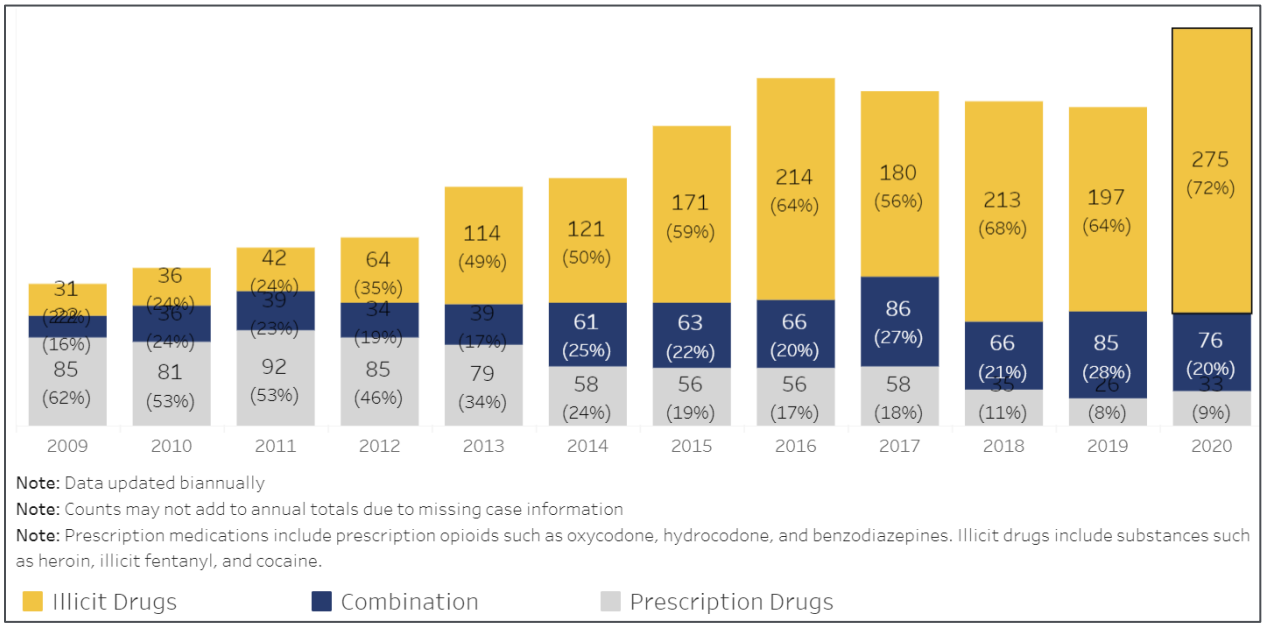
Accidental Drug Overdose Deaths and Rate per 100,000 by Westerly Hospital PSA Municipality

	Overdose Deaths (Count)							2014-2020 Rate per 100,000
	2014	2015	2016	2017	2018	2019	2020	
Charlestown	0	<5	<5	<5	<5	5	<5	32.10
Hopkinton	<5	<5	<5	<5	0	<5	6	36.98
New Shoreham	0	0	<5	<5	<5	0	0	NA
Richmond	<5	<5	<5	<5	0	0	<5	18.33
Westerly	6	<5	6	7	<5	<5	<5	20.82

Source: Rhode Island Department of Health

The percentage of overdose deaths due to illicit drugs continued to rise across Rhode Island, peaking at 72% in 2020. Fentanyl is a highly potent synthetic opioid with greater risk for overdose and death. According to the Rhode Island Department of Health, the number of overdose deaths related to illicit fentanyl increased 30-fold since 2019. **In 2020, over 70% of overdose deaths involved illicit fentanyl.**

2009-2020 Overdose Deaths by Drug Type



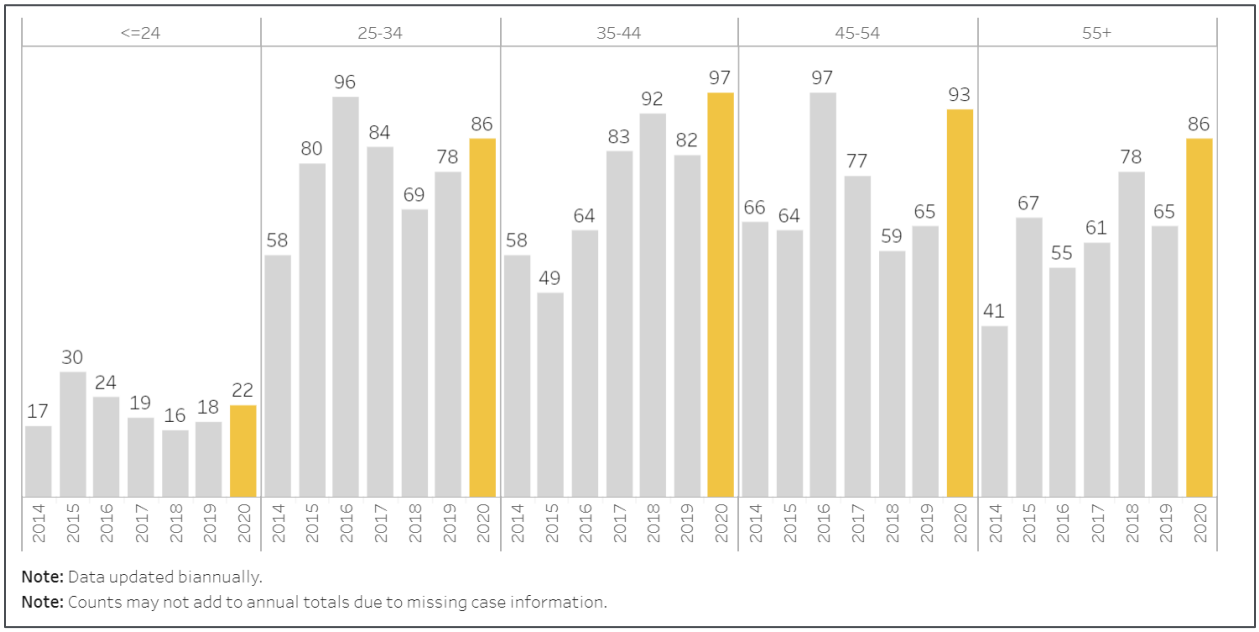
Source: Prevent Overdose RI

While the opioid epidemic has affected all genders and age groups, the largest proportion of overdose deaths has historically been among males and adults. In 2020, adults age 35-44 accounted for the largest proportion of overdose deaths (25.3%), followed by adults age 45-54 (24.2%). A similar proportion of deaths (22.4%) occurred among adults age 25-34 and 55+. Since 2018, males have accounted for more than 70% of overdose deaths.

In 2019 and 2020, Rhode Island saw an increase in overdose death rates for Black/African American and Latinx residents. As reported by the Rhode Island Department of Health, this trend is happening across the country and is rooted in systemic racism and related health inequities. These health inequities are also demonstrated in access to treatment services. Despite having the highest rate of death due to overdose, Black/African American residents are the least likely to be receiving methadone, one of the three FDA-approved medications for the treatment of opioid use disorder.

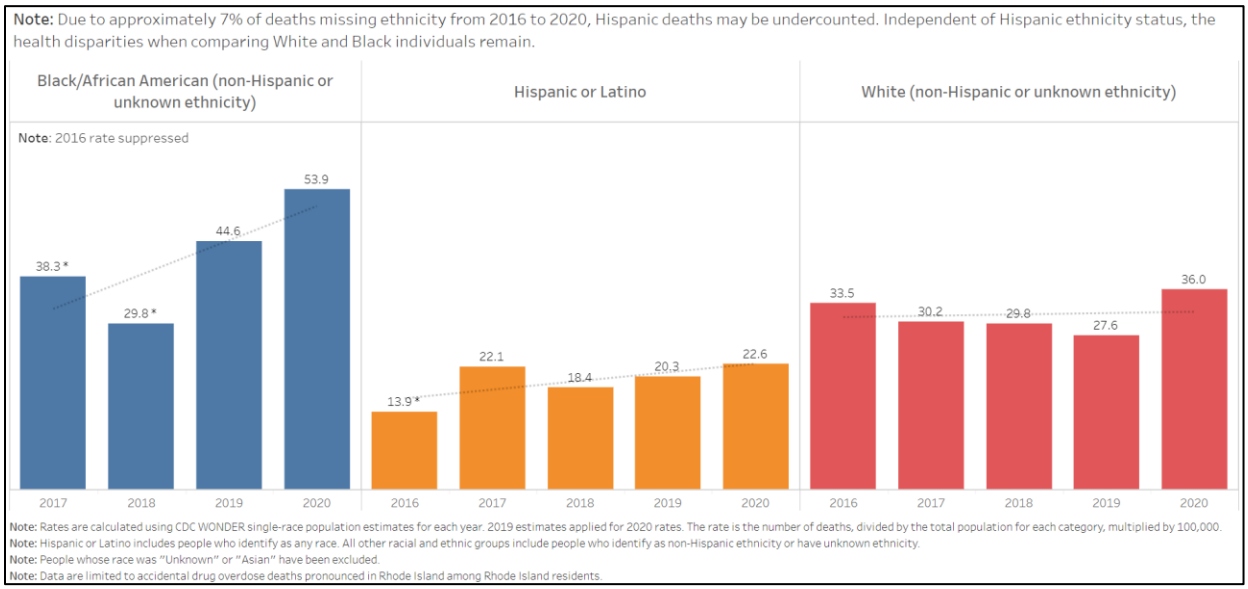
Of note, methadone uptake declined among all racial and ethnic groups in 2020, following two years of growth. This finding is likely a direct result of the COVID-19 pandemic, which caused delays in care and treatment across the healthcare system.

2014-2020 Overdose Deaths by Age



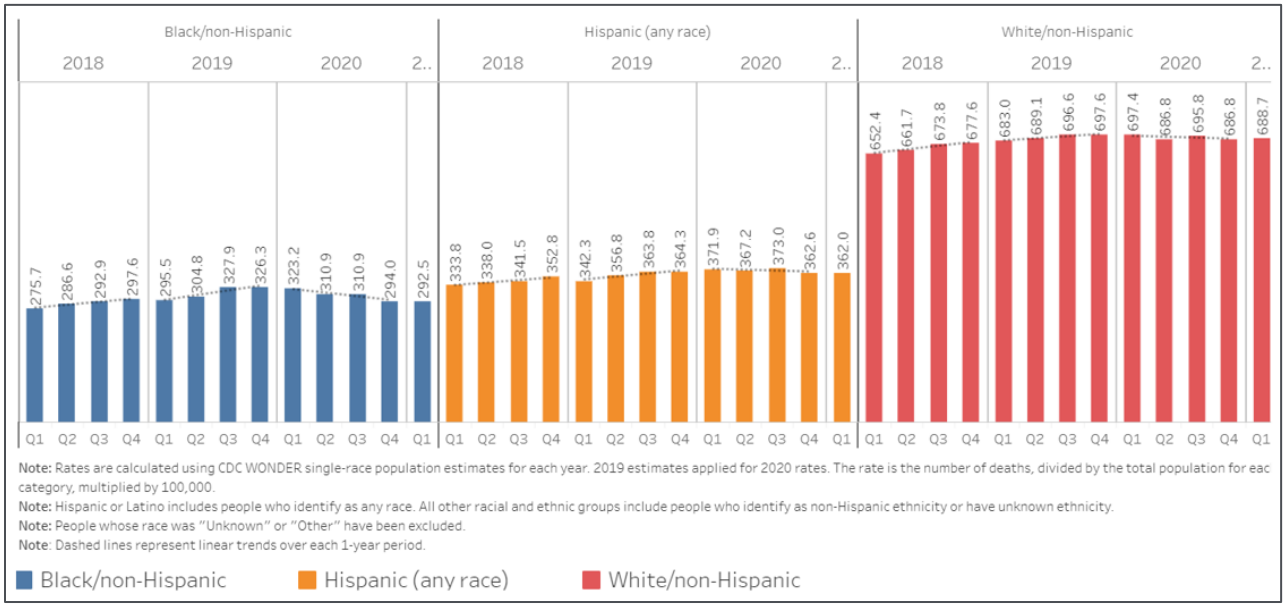
Source: Prevent Overdose RI

2016-2020 Overdose Death Rate per 100,000 by Race and Ethnicity



Source: Prevent Overdose RI

Q1 2018 – Q3 2020 Rate of Methadone Receipt per 100,000 by Race and Ethnicity



Source: Prevent Overdose RI

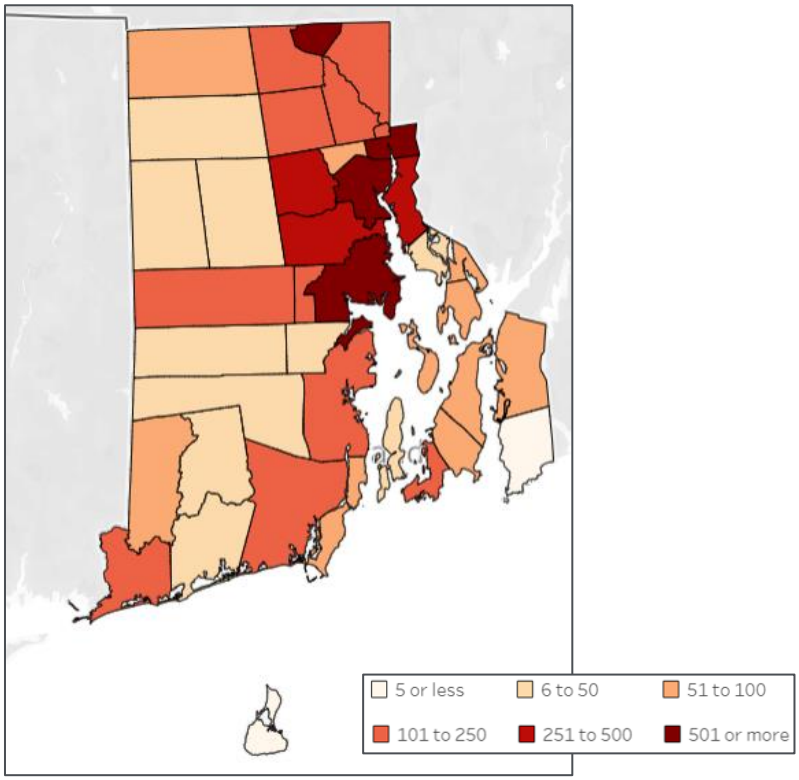
Opioid use disorder and overdoses have had a significant impact on local health resources. The following data depict Emergency Medical Services (EMS) response and ED visits for suspected overdoses.

The following map displays the aggregate number of EMS calls for suspected opioid overdose from 2016 to 2020 by Rhode Island city or town. While EMS calls were concentrated in Providence County, particularly the core cities, and Warwick in Kent County, communities in all counties were affected.

Within Washington County, Hopkinton had the highest rate of EMS calls per 100,000 population in the county, followed by Charlestown.

Fears surrounding the risk of going to the hospital and postponing care during COVID-19 contributed to a decline in EMS response nationwide. Lack of appropriate EMS response to overdose incidents likely contributed to increased overdose deaths across Rhode Island. Similar trends were seen in a decline in the provision of post-overdose counseling and naloxone services, particularly in the second quarter of 2020. Within the Westerly PSA, the Town of Westerly saw the greatest decline in EMS calls from 2019 to 2020, although overdose deaths did not increase.

2016-2020 EMS Reports for Suspected Opioid Overdose by City or Town of Incident



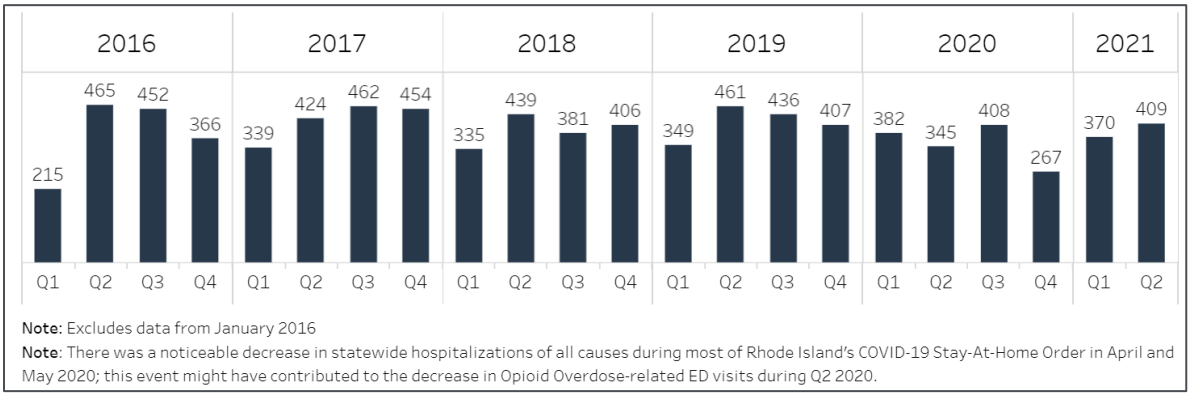
Source: Prevent Overdose RI

EMS Reports for Suspected Opioid Overdose by Westerly Hospital PSA Municipality

	EMS 991 Calls (Count)					2016-2020 Rate per 100,000
	2016	2017	2018	2019	2020	
Charlestown	9	8	10	10	10	600.0
Hopkinton	17	8	11	11	13	733.0
New Shoreham	<5	<5	<5	<5	<5	NA
Richmond	<5	5	<5	<5	<5	259.0
Westerly	27	21	18	20	15	443.0

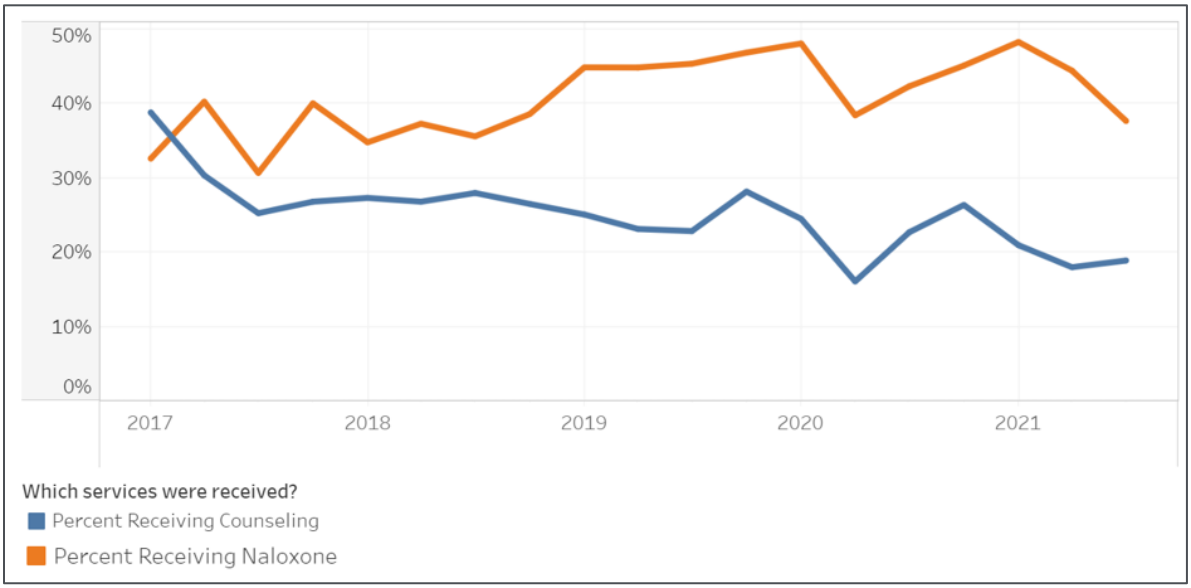
Source: Prevent Overdose RI

2016 - July 2021 Emergency Department Visits for Opioid Overdose



Source: Prevent Overdose RI

2017-2021 Emergency Department Visits for Opioid Overdose, Post-Overdose Counseling and Naloxone Services



Source: Prevent Overdose RI

The following tables show statewide hospitalization and ED usage for a primary diagnosis of substance use among Rhode Island residents. Data are trended from 2016 to second quarter (Q2) 2021. Substance use includes alcohol and opioid-related disorders, among other substances (e.g., marijuana, sedative, stimulant, tobacco).

The data demonstrate that while overall ED visits were increasing from 2016 to 2019, a significant decline was seen in 2020. From 2019 to 2020, the number of ED visits due to a primary diagnosis of substance use decreased by 3,115 visits. This finding is likely due in part to delayed or avoided care during the COVID-19 pandemic. Data for the first half of 2021 suggest similar trends as 2020.

Hospitalizations due to substance use were generally stable from 2017 to 2019 and only a small decline of 86 hospitalizations was seen in 2020.

Provided percentages by gender, race/ethnicity, and age reflect the proportion of individuals with a hospitalization or ED visit due to a primary diagnosis of substance use relative to total hospitalizations or ED visits for that demographic. The proportion of residents hospitalized or seen in the ED for substance use was generally consistent from 2019 to 2020, with the largest increase of nearly 1 percentage point in hospitalizations among White and Black residents and adults age 30-64 years.

Number and Percent of Emergency Department Visits due to Primary Diagnosis of Substance Use

	2016		2017		2018		2019		2020		2021 (Q1-Q2)*	
	N	%	N	%	N	%	N	%	N	%	N	%
Overall	17,076	3.8%	16,818	3.6%	16,846	3.8%	17,360	3.9%	14,245	4.1%	7,775	4.2%
Gender												
Male	12,181	5.9%	11,757	5.7%	11,834	6.0%	12,051	6.0%	10,200	6.4%	5,633	6.9%
Female	4,894	2.0%	5,056	2.0%	5,011	2.1%	5,309	2.2%	4,043	2.2%	2,141	2.1%
Race/Ethnicity												
White	12,417	4.2%	11,562	4.0%	11,720	4.2%	12,274	4.4%	10,104	4.6%	5,138	4.4%
Black	1,594	3.5%	1,532	3.3%	1,674	3.7%	1,547	3.4%	1,206	3.4%	641	3.5%
Hispanic	2,271	2.6%	2,357	2.6%	2,443	2.7%	2,774	3.0%	2,306	3.2%	1,615	4.2%
Other	551	3.3%	564	3.2%	671	3.6%	618	3.3%	443	3.0%	313	3.8%
Unknown	243	3.3%	803	4.3%	338	4.8%	147	2.7%	186	4.2%	68	4.0%
Age												
0-17	217	0.3%	214	0.3%	171	0.2%	229	0.3%	170	0.4%	76	0.4%
18-29	3,326	3.5%	3,167	3.5%	2,874	3.5%	2,883	3.6%	2,242	3.6%	1,218	3.8%
30-44	5,024	5.6%	5,205	5.8%	5,293	6.3%	5,793	6.6%	5,015	6.9%	2,801	7.1%
45-64	7,853	6.9%	7,476	6.5%	7,699	7.1%	7,467	6.8%	5,862	6.5%	3,159	6.6%
65+	656	0.8%	756	0.8%	809	0.9%	988	1.1%	956	1.2%	521	1.2%

Source: Rhode Island Department of Health

Number and Percent of Inpatient Admissions (hospitalizations) due to Primary Diagnosis of Substance Use

	2016		2017		2018		2019		2020		2021 (Q1-Q2)*	
	N	%	N	%	N	%	N	%	N	%	N	%
Overall	4,577	3.8%	5,032	4.1%	5,162	4.3%	5,072	4.3%	4,986	4.7%	2,580	4.9%
Gender												
Male	3,132	5.9%	3,522	6.4%	3,647	6.8%	3,522	6.5%	3,513	7.3%	1,856	7.7%
Female	1,442	2.2%	1,505	2.2%	1,514	2.3%	1,550	2.4%	1,472	2.5%	724	2.5%
Race/Ethnicity												
White	3,633	4.1%	3,807	4.3%	3,944	4.4%	3,908	4.5%	3,924	5.1%	2,008	5.2%
Black	274	3.4%	303	3.6%	322	3.9%	311	3.6%	328	4.2%	136	3.7%
Hispanic	426	3.0%	543	3.6%	567	3.7%	646	4.1%	515	3.5%	296	4.1%
Other	166	4.2%	184	4.9%	195	5.0%	176	4.3%	162	4.1%	111	5.0%
Unknown	78	2.2%	195	2.8%	134	3.9%	31	1.2%	57	2.4%	29	3.8%
Age												
0-17	14	0.1%	18	0.1%	11	0.1%	5	0.0%	18	0.1%	10	0.1%
18-29	652	5.1%	671	5.3%	754	6.3%	663	5.8%	614	6.1%	279	5.9%
30-44	1,431	8.3%	1,659	9.5%	1,659	9.8%	1,746	10.0%	1,780	10.8%	958	11.7%
45-64	2,260	7.3%	2,399	7.4%	2,416	7.8%	2,353	7.8%	2,249	8.5%	1,156	8.8%
65+	220	0.5%	285	0.6%	322	0.7%	305	0.7%	325	0.8%	177	0.9%

Source: Rhode Island Department of Health

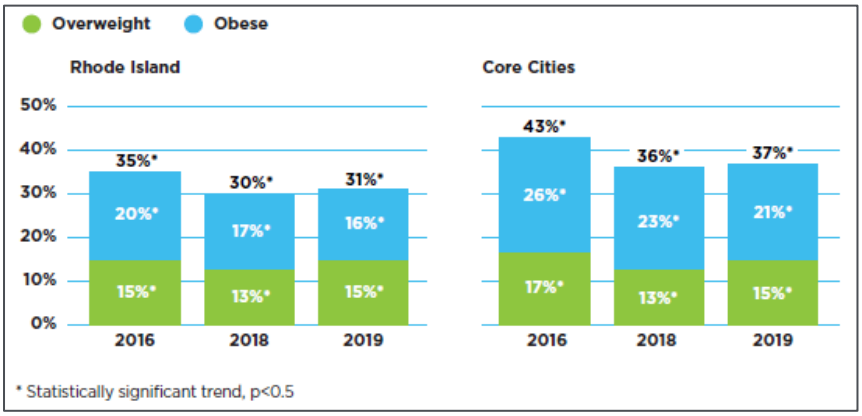
Youth Health

Overweight and Obesity

Childhood obesity is a persistent and significant threat to the long-term health of today's youth. The CDC reports that children who have obesity are more likely to have high blood pressure and high cholesterol, risk factors for heart disease; glucose tolerance, insulin resistance, and type 2 diabetes; breathing problems like asthma and sleep apnea; joint and musculoskeletal problems; and psychological and social problems, such as anxiety, depression, low self-esteem, and bullying; among other concerns.

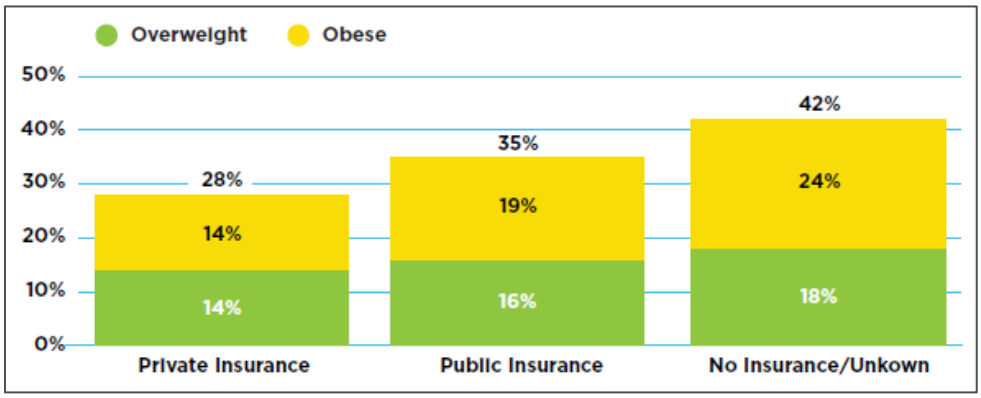
Among Rhode Island children ages 2 to 27 in 2019, 15% were considered overweight and 16% were considered obese for a combined 31%. This finding is consistent with 2018 and lower than 2016. Youth overweight and obesity varies widely by health insurance coverage, an indicator of preventative care access and socioeconomic status, and race and ethnicity. **Across Rhode Island, 42% of uninsured youth and 35% of youth with public health insurance are overweight or obese compared to 14% of youth with private health insurance. Among racial and ethnic groups, over one-third of Hispanic/Latinx and non-Hispanic Black/African American youth are overweight or obese compared to 29% of non-Hispanic White youth.**

Youth (2-17) Overweight and Obesity for Rhode Island and The Core Cities



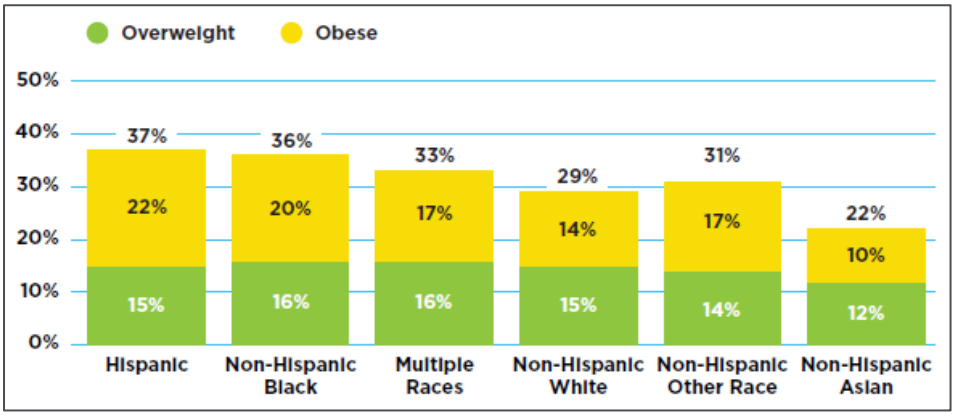
Source: Rhode Island Kids Count

2019 Rhode Island Youth (2-17) Overweight and Obesity by Insurance Status



Source: Rhode Island Kids Count

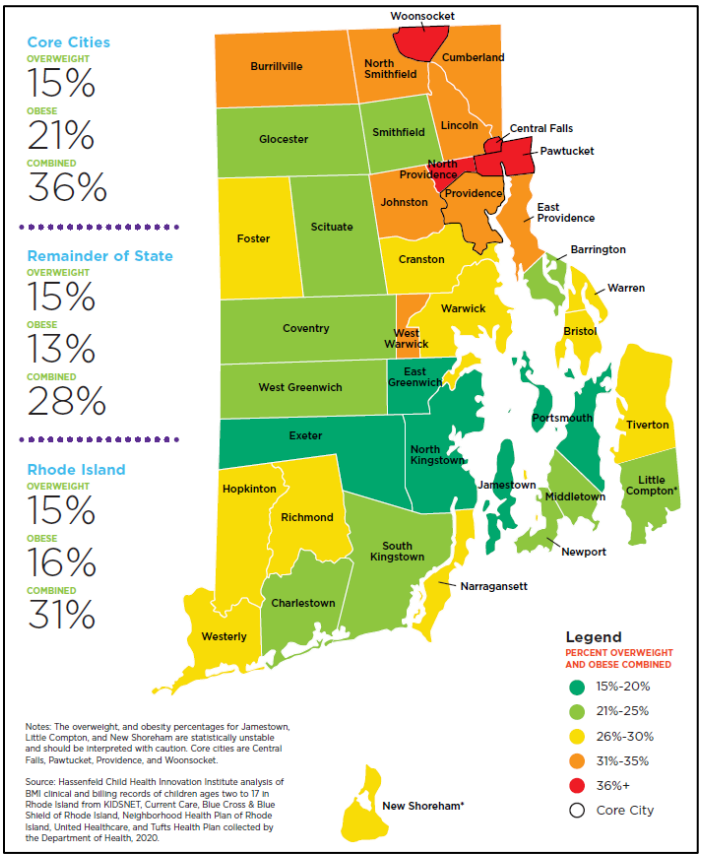
2019 Rhode Island Youth (2-17) Overweight and Obesity by Race and Ethnicity



Source: Rhode Island Kids Count

Average youth overweight and obesity for Rhode Island state, excluding the core cities, is approximately 28%. **All Washington County municipalities except for Hopkinton and Narragansett have a lower prevalence of youth overweight and obesity than the "remainder of state" benchmark.**

2019 Youth (2-17) Overweight and Obesity by Rhode Island City and Town



Source: Rhode Island Kids Count

2019 Youth (2-17) Overweight and Obesity by Westerly Hospital PSA Municipality

	Overweight	Obese	Combined
Charlestown	12%	11%	23%
Hopkinton	18%	10%	28%
New Shoreham	NA	NA	NA
Richmond	17%	10%	27%
Westerly	14%	12%	26%
Four Core Cities	15%	21%	36%
Remainder of Rhode Island	15%	13%	28%

Source: Rhode Island Kids Count

Behavioral Health

The 2021 Rhode Island Kids Count Factbook states, "Mental health treatment systems tend to be fragmented and crisis-driven with disproportionate spending on high-end care and often lack adequate investments in prevention and community-based services." Rhode Island has made great strides in promoting mental wellbeing and improving mental healthcare services for youth, but more work is needed to provide adequate and timely care for all youth across the state.

As reported in the Rhode Island Kids Count Factbook, the percentage of Rhode Island children ages 3 to 17 who needed mental health treatment or counseling and had a problem obtaining it declined from 55% in 2016 to 36% in 2017. While youth mental health services are improving statewide, psychiatric care continues to be a needed, limited resource across Rhode Island. **The number of youths awaiting psychiatric inpatient admission increased from 212 in federal fiscal year (FFY) 2016 to 795 in FFY2020.** Inpatient psychiatric care is critical to help stabilize youth experiencing acute psychiatric symptoms, including risk of suicide. **Cooccurring with an increasing number of youths awaiting inpatient psychiatric care, was an increasing number of ED visits and hospitalizations among youth ages 13-19 due to suicide attempts.** From 2015 to 2019, there were 1,165 ED visits and 794 hospitalizations among youth ages 13-19 due to suicide attempts statewide; 20 children under age 20 died due to suicide.

Rhode Island has historically reported a higher percentage of youth attempting suicide than the nation. **In 2019, 14.7% of Rhode Island high school students reported an attempted suicide, an increase from 2015 and 2017 (10.5%) and a higher proportion than the nation (8.9%).** When considered by subgroup, attempted suicides were higher among Black/African American and Latinx students compared to White students, as well as students identifying as lesbian, gay, or bisexual (LGB) versus straight.

Rhode Island Youth Mental Health Service Availability Indicators

	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY2020
Youth awaiting psychiatric inpatient admission (psychiatric boarding)	212	462	465	437	795
Average wait time for psychiatric admission	3 days	3.6 days	1.4 days	3.3 days	3.2 days
Average children per day unable to leave psychiatric hospital due to lack of step-down availability or safe placement	6	8	7	5	4

Source: Rhode Island Kids Count Factbook

Rhode Island Youth Suicide Attempts and Deaths

	2012-2016	2013-2017	2014-2018	2015-2019
ED visits among youth ages 13-19 due to suicide attempt	864	965	886	1,165
Hospitalizations among youth ages 13-19 due to suicide attempt	522	649	651	794
Suicide deaths among youth under age 20	22	6	25	20

Source: Rhode Island Kids Count Factbook

High School Students Reporting an Attempted Suicide

	2013	2015	2017	2019
Rhode Island	14.3%	10.5%	10.5%	14.7%
United States	8.0%	8.6%	7.4%	8.9%

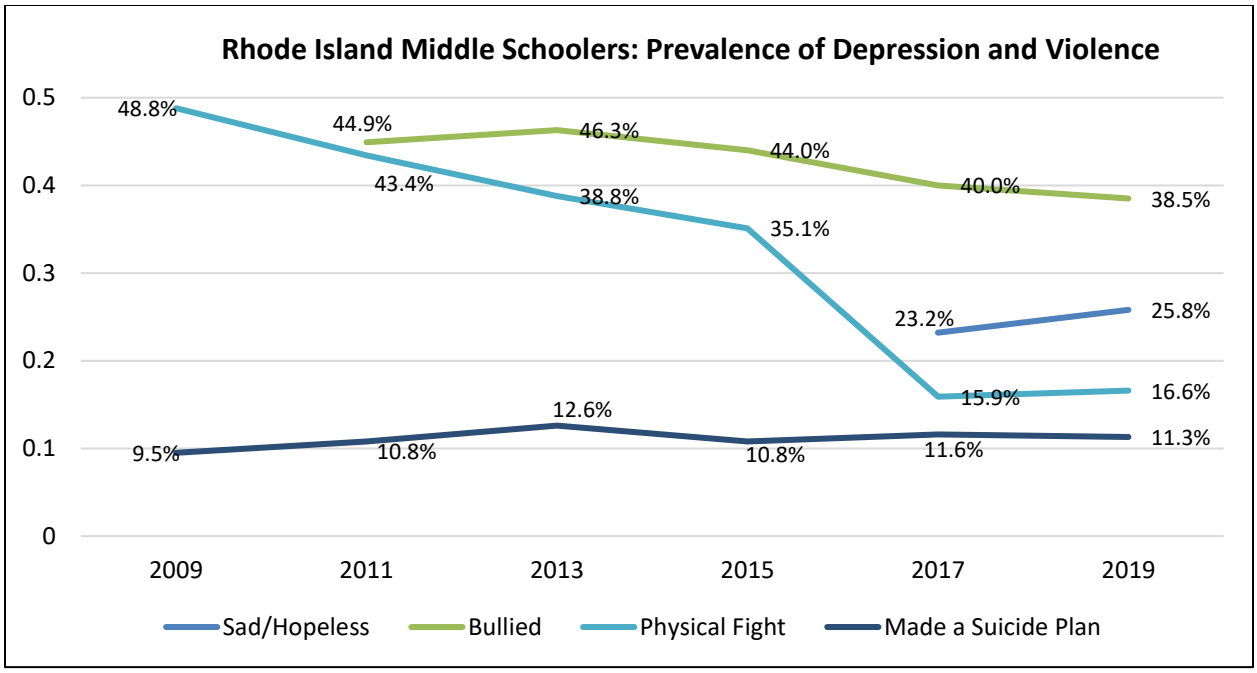
Source: Centers for Disease Control and Prevention, YRBS

2019 Rhode Island High School Students Reporting an Attempted Suicide

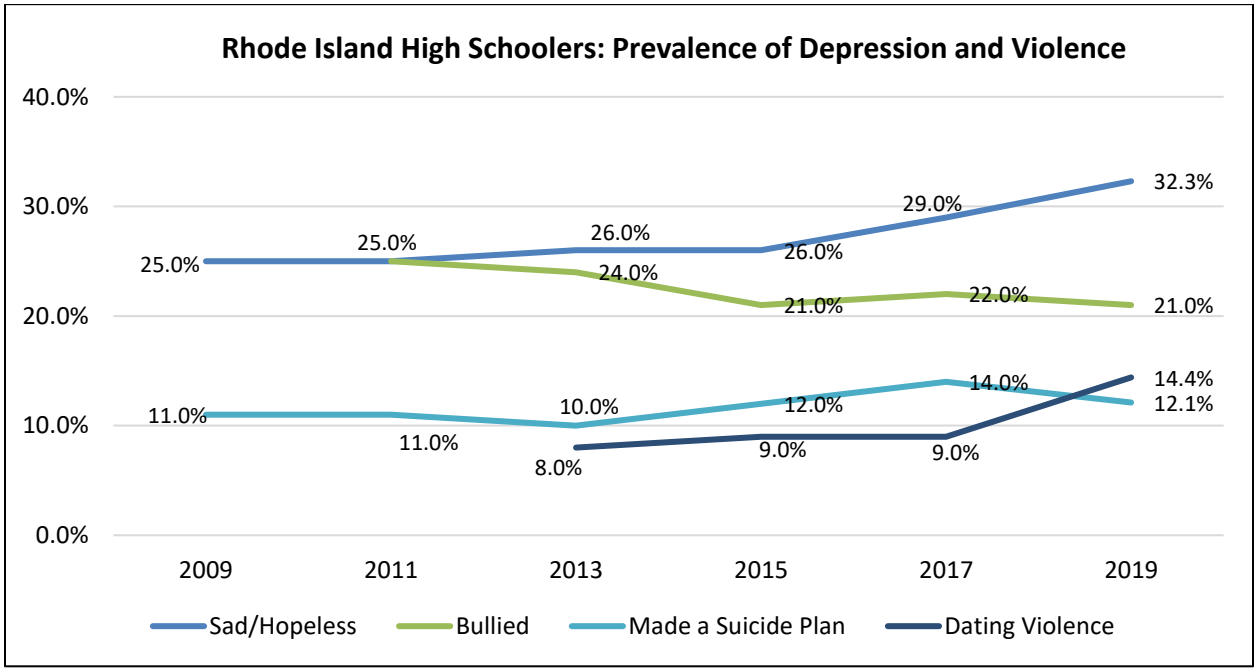
	Percent
Gender	
Female	13.5%
Male	15.5%
Race and Ethnicity	
White	12.1%
Black or African American	18.3%
Latinx origin (any race)	17.7%
Sexual Identity	
Lesbian, Gay, Bisexual (LGB)	21.6%
Straight	13.3%

Source: Centers for Disease Control and Prevention, YRBS

Contributing to acute psychiatric distress among Rhode Island youth is an overall increasing percentage of both middle school and high school students who report feeling consistently sad or hopeless, and a recent increase in dating violence among high school students. Bullying and fighting among students has generally declined.



Source: Rhode Island Department of Health

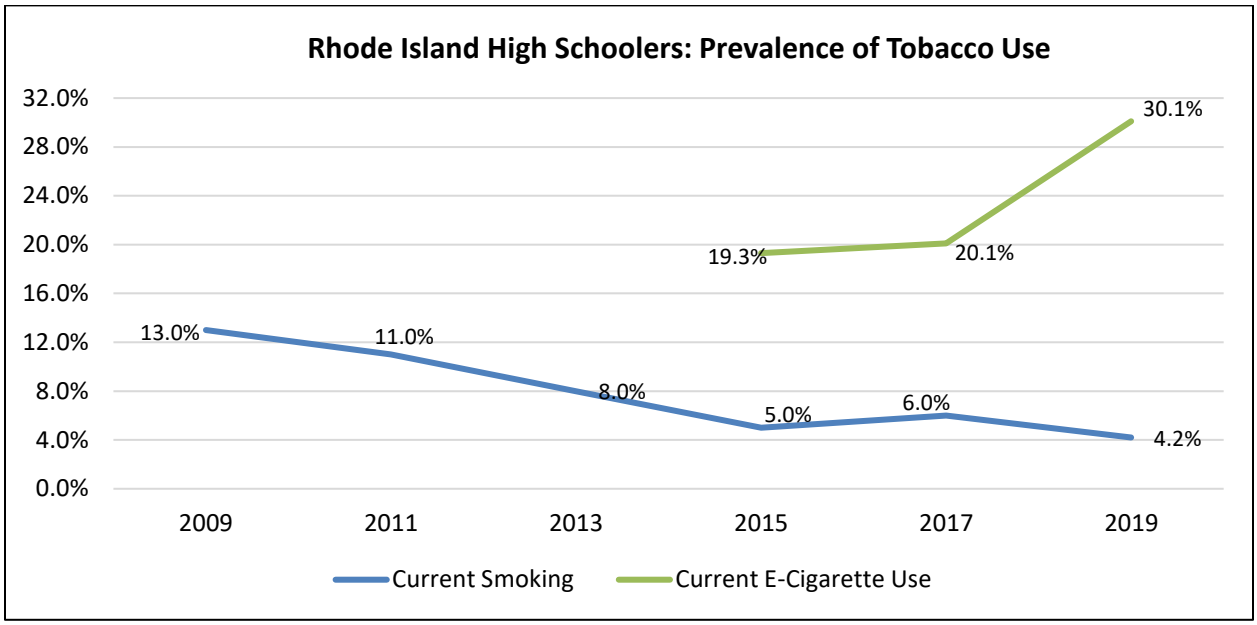


Source: Rhode Island Department of Health

Substance Use (Tobacco, Alcohol, Drugs)

The use of e-cigarettes among youth continues to rise statewide and nationally. **In 2019, 30% of Rhode Island high school students reported currently using e-cigarettes, a 10-point increase from 2017, and a similar proportion as the nation overall (32.7%).** Rhode Island high school students who report current

e-cigarette use are more likely to be female, White, and/or LGB. Current use is defined as use on at least one day during the 30 days before the survey.



Source: Rhode Island Department of Health

High School Students Reporting Current (within past 30 days) E-Cigarette Use

	2015	2017	2019
Rhode Island	19.3%	20.1%	30.1%
United States	24.1%	13.2%	32.7%

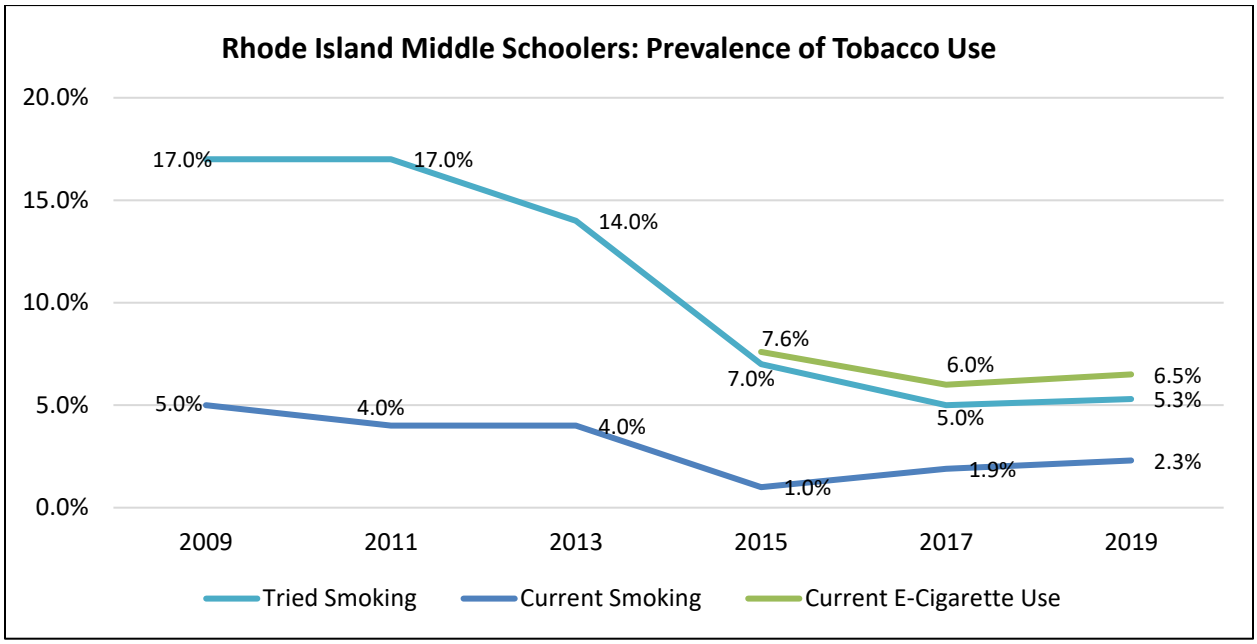
Source: Centers for Disease Control and Prevention, YRBS

2019 Rhode Island High School Students Reporting Current (within past 30 days) E-Cigarette Use

	Percent
Gender	
Female	31.2%
Male	28.4%
Race and Ethnicity	
White	36.4%
Black or African American	18.0%
Latinx origin (any race)	20.1%
Sexual Identity	
Lesbian, Gay, Bisexual (LGB)	37.3%
Straight	30.1%

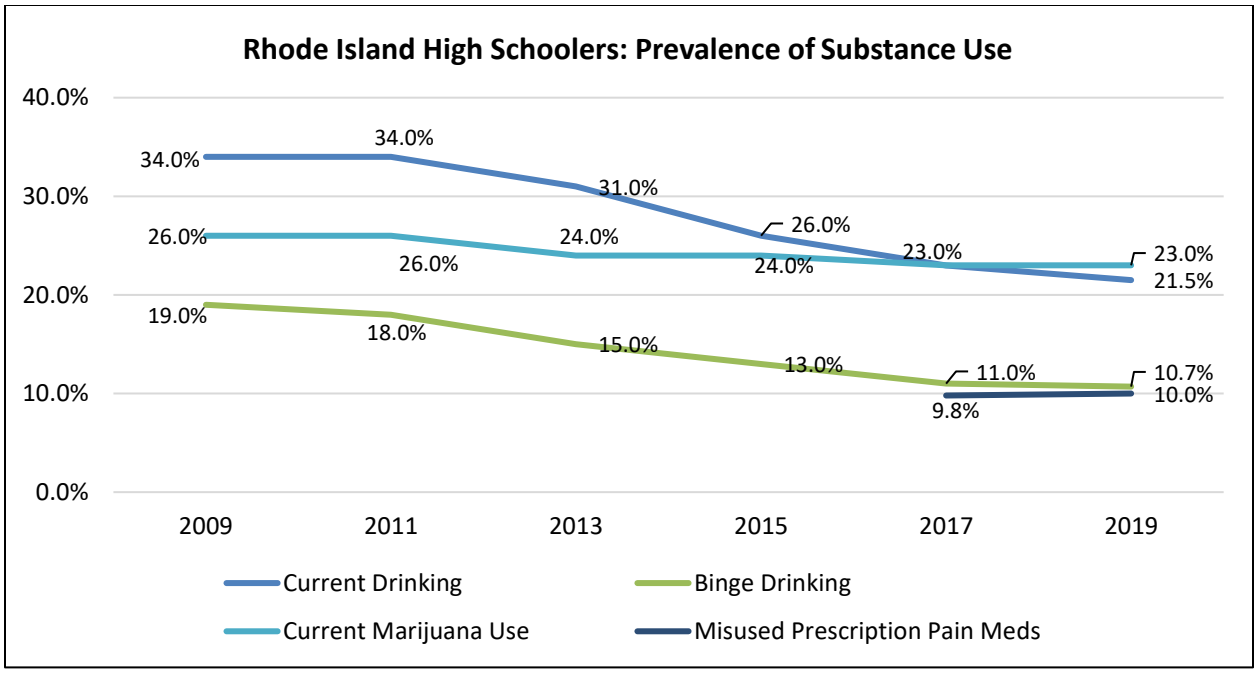
Source: Rhode Island Department of Health

Approximately 16% of Rhode Island middle school students have tried e-cigarettes. **While the percentage of current e-cigarette users has been stable since 2015, the percentage of current traditional cigarette smokers is on the rise, suggesting an increase in overall tobacco product use.**

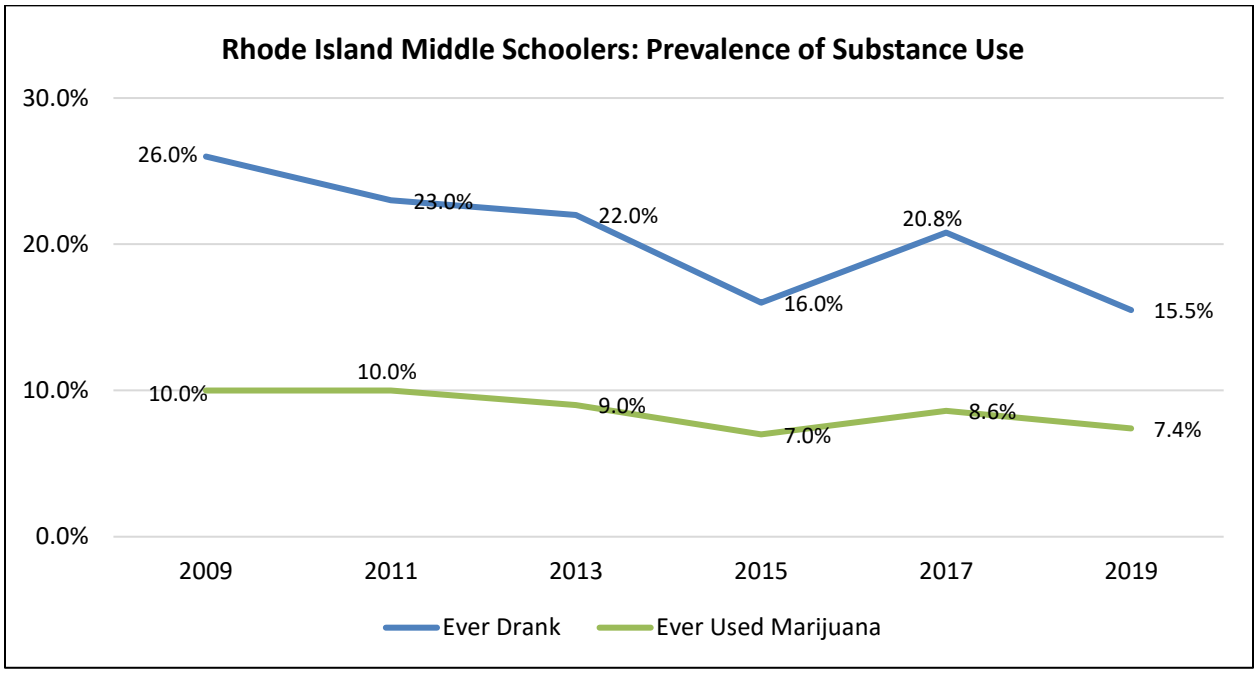


Source: Rhode Island Department of Health

Teen substance use is both a symptom and a risk factor for increased injury, depression, and poor health. The following graphs depict substance use among Rhode Island high school and middle school students. **Substance use is generally declining about Rhode Island students, however, approximately 1 in 4 high school students report current alcohol and marijuana use.** The misuse of prescription pain medications remained stable from 2017 to 2019 at approximately 1 in 10 high school students.



Source: Rhode Island Department of Health



Source: Rhode Island Department of Health

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 select ACEs among Rhode Island youth, including abuse, neglect, and family dysfunction (incarceration and domestic violence).

Child abuse and neglect is defined as the following:

- 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.

Between 2015 and 2019 in Rhode Island, there were 454 ED visits, 81 hospitalizations, and six deaths of children under age 18 due to child abuse and/or neglect. The occurrence of these incidents was variable on a year-to-year basis. Nationwide in 2019, the majority (73%) of child maltreatment deaths involved neglect and 44% involved physical abuse (Note: these categories are not mutually exclusive).

Rhode Island Emergency Department (ED) Visits, Hospitalizations, and Deaths due to Child Abuse and/or Neglect

	ED Visits*	Hospitalizations*	Deaths
2015	92	28	0
2016	79	8	1
2017	107	18	2
2018	102	13	1
2019	72	14	2
Total	**454**	**81**	**6**

Source: Rhode Island Kids Count

*Include both suspected and confirmed assessments of child abuse and neglect.

As reported in the 2021 Rhode Island Kids Count Factbook, "In 2020 in Rhode Island, there were 1,862 indicated investigations of child neglect and abuse involving 2,681 Rhode Island children. The rate of child neglect and abuse per 1,000 children under age 18 was two times higher in the four core cities (18.2 victims per 1,000 children) than in the remainder of the state (8.9 victims per 1,000 children). About half (45%) of the victims of child neglect and abuse in 2020 were young children under age six and one-third (33%) were ages three and younger."

In comparison to 2019 CHNA data findings, the rate of indicated investigations and victims of child abuse and neglect declined in both the core cities and the remainder of Rhode Island. At the time of the 2019 CHNA, both Hopkington and Westerly were among the top 10 cities and towns in Rhode Island for rate of child abuse or neglect. While both municipalities still exceed the state benchmark (excluding the core cities), they saw significant declines from the 2019 CHNA and no longer count among the top municipalities in the state.

2020 Indicated Investigations of Child Abuse and Neglect by Westerly Hospital PSA Municipality

	Investigations of Child Abuse/ Neglect	Investigations per 1,000 Children	Victims of Child Abuse/Neglect	Victims per 1,000 Children
Charlestown	12	8.0	18	12.0
Hopkinton	14	7.6	18	9.8
New Shoreham	0	0.0	0	0.0
Richmond	4	2.2	4	2.2
Westerly	45	9.4	48	10.0
Four Core Cities	866	11.7	1,341	18.2
2019 CHNA Comparison	1,155	15.7	1,734	23.5
Remainder of Rhode Island	996	6.6	1,340	8.9
2019 CHNA Comparison	1,170	7.8	1,526	10.2

Source: Rhode Island Kids Count

As reported in the 2021 Rhode Island Kids Count Factbook, **"Of the 2,156 inmates awaiting trial or serving a sentence at the ACI (Adult Correctional Institution) on September 30, 2020 who answered the question on number of children, 1,299 inmates reported having 3,039 children. Thirty percent of sentenced mothers and 9% of sentenced fathers had sentences that were six months or less. Parents of Color were overrepresented compared to their proportion in the general population."**

The rate of children of incarcerated parents declined from the 2019 CHNA report, but continues to disproportionately impact families within the four core cities. **Within Washington County, all municipalities except New Shoreham have a similar or lower rate of children of incarcerated parents than the state (excluding the core cities).** The New Shoreham rate, while only based on six children, is more than double the rate for the core cities.

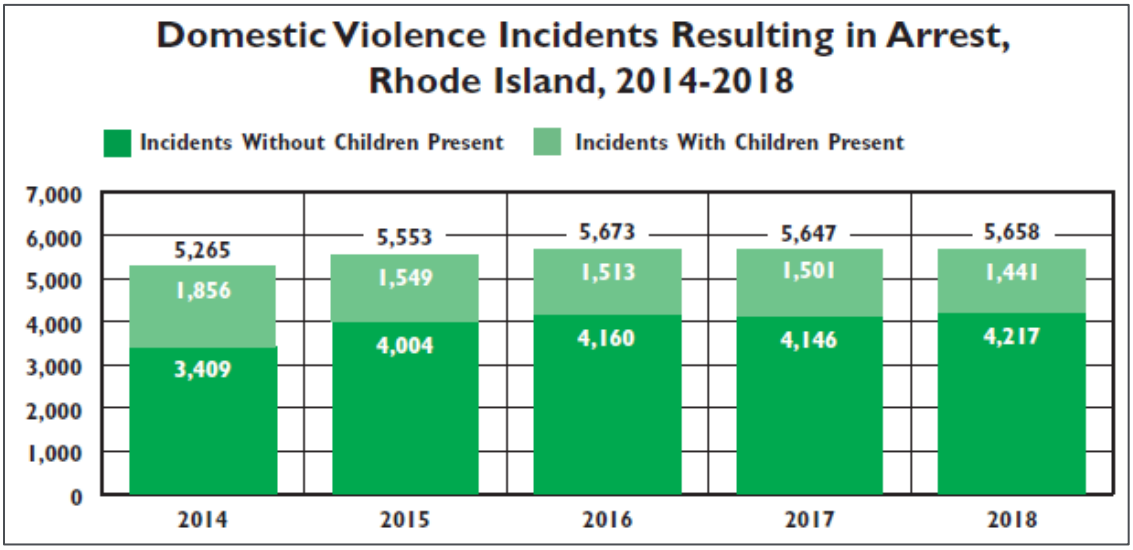
September 30, 2020, Children of Incarcerated Parents by Westerly Hospital PSA Municipality*

	Number of Children of Incarcerated Parents	Rate per 1,000 Children
Charlestown	2	1.3
Hopkinton	4	2.2
New Shoreham	6	36.8
Richmond	3	1.6
Westerly	22	4.6
Four Core Cities	1,151	15.6
2019 CHNA Comparison	1,676	22.7
Remainder of Rhode Island	656	4.4
2019 CHNA Comparison	1,173	7.8

Source: Rhode Island Kids Count

*Data are self-reported by the incarcerated parent(s) and may include children over age 18.

Domestic violence incidents resulting in arrest continue to increase in Rhode Island, although the number of children present during the incidents is declining. In 2018, there were 5,658 domestic violence incidents that resulted in arrests, up from 5,553 incidents reported at the time of the 2019 CHNA (data year 2015). Children were present in 25% (1,441) of incidents in 2018.



Source: Rhode Island Kids Count

In comparison to 2019 CHNA data findings, the percentage of domestic violence incidents resulting in arrest, where children were present, declined in both the core cities and the remainder of Rhode Island. Within Washington County, a higher proportion of domestic violence incidents have children present in Richmond, Charlestown, and Hopkinton, although percentages are based on small counts.

2018 Children Present During Domestic Violence Incidents Resulting in Arrest by Westerly Hospital PSA Municipality

	Number of Incidents with Children Present	Percent with Children Present
Charlestown	11	39%
Hopkinton	11	38%
New Shoreham	0	0%
Richmond	11	44%
Westerly	37	24%
Four Core Cities	651	26%
2019 CHNA Comparison	621	28%
Remainder of Rhode Island	790	25%
2019 CHNA Comparison	907	28%

Source: Rhode Island Kids Count

Maternal and Infant Health

A total of 9,590 births occurred in Rhode Island in 2020. Consistent with overall population demographics, the majority (68.4%) of births occurred to people residing in Providence County. Less than 5% of births in Rhode Island occurred in Bristol County, and less than 10% of births occurred in either Newport or Washington counties. Kent County had the second highest proportion of births at 14%.

All babies born in Rhode Island are screened by the Rhode Island Department of Health's Newborn Risk Assessment Program. **In 2020, 6,233 newborns (65%) screened positive, indicating the presence of one or more risk factors associated with poor developmental outcomes.** Key risk factors include economic hardship, single motherhood, parental low education levels, and teenage birth. The following table identifies the prevalence of birth risk factors by Rhode Island county, as available.

Infants born in the core cities experience more risk factors associated with poor developmental outcomes, with nearly 75% born to low-income families, 60% born to single mothers, and 22% born to mothers without a high school diploma. These outcomes are reflected in higher reported risk factors across Providence County. Within other Rhode Island counties, approximately one-quarter to one-third of infants are born to low-income families, with a higher reported percentage in Newport County (37.7%). Newport County also reports a slightly higher percentage of births to single-mothers and mothers without a high school diploma compared to the remainder of the state.

2020 Infants Born at Risk

	Total Births	Births to Low-Income Families	Births to Single Mothers	Births to Mothers without a High School Diploma
Bristol County	313	29.1%	28.1%	3.8%
Kent County	1,353	31.4%	34.4%	4.3%
Newport County	589	37.7%	34.8%	8.0%
Providence County	6,563	57.8%	49.6%	15.4%
Washington County	771	27.4%	26.6%	1.7%
Four Core Cities	3,856	72.8%	59.8%	22.2%
Remainder of Rhode Island	5,734	33.7%	33.3%	5.0%

Source: Rhode Island Kids Count

Despite a high prevalence of risk factors, Rhode Island overall generally reports positive birth outcomes. From 2015 to 2019, only 4% of all births were to teenage mothers and all counties met HP2030 goals for prenatal care and premature births. However, **positive birth outcomes are not shared equally across counties or racial and ethnic groups.** Consistent with having higher reported risk factors, particularly in the core cities, Providence County experiences more negative birth outcomes compared to other counties. Washington County has the lowest proportion of births to teens, and the highest proportion of pregnant people receiving early prenatal care and/or breastfeeding at birth.

Across Rhode Island, Black/African Americans experience notable birth disparities. Fewer than 77% of Black/African Americans receive first trimester prenatal care compared to 87% of Whites. Nearly 12% of babies born to Black/African Americans are premature and/or have low birth weight compared to 7-8% of babies born to Whites. Latinx individuals also experience birth disparities in comparison to their White peers, although not to the same degree as Black/African Americans.

Within Washington County, birth disparities in Charlestown should be explored. In comparison to the state (excluding the core cities), Charlestown has a higher prevalence of teen births, premature births, and low birth weight births. Charlestown also has the second lowest prevalence of breastfeeding in the county, behind New Shoreham.

2015-2019 Maternal and Infant Health Indicators

	Percent of All Births to Teens (15-19)	First Trimester Prenatal Care	Premature Births	Low Birth Weight Births	Breastfeeding at Time of Birth
Bristol County	1.9%	85.4%	7.7%	5.8%	81.1%
Kent County	2.5%	87.9%	7.9%	6.5%	76.3%
Newport County	2.4%	87.1%	8.0%	7.2%	81.2%
Providence County	4.8%	81.9%	9.3%	8.1%	67.9%
Washington County	2.4%	89.4%	8.4%	6.8%	85.7%
Rhode Island	4.0%	83.9%	8.9%	7.7%	72.0%
White, Non-Hispanic	NA	86.9%	8.2%	6.6%	NA
Black/African American, Non-Hispanic	NA	76.5%	11.5%	11.7%	NA
Asian, Non-Hispanic	NA	82.2%	7.7%	7.6%	NA
Latina (any origin)	NA	81.0%	9.6%	8.1%	NA
United States*	4.5%	77.6%	10.2%	8.3%	83.6%
HP2030 Goal	NA	80.5%	9.4%	NA	NA

Source: Rhode Island Kids Count

*Data are reported for 2019 (single year) based on availability.

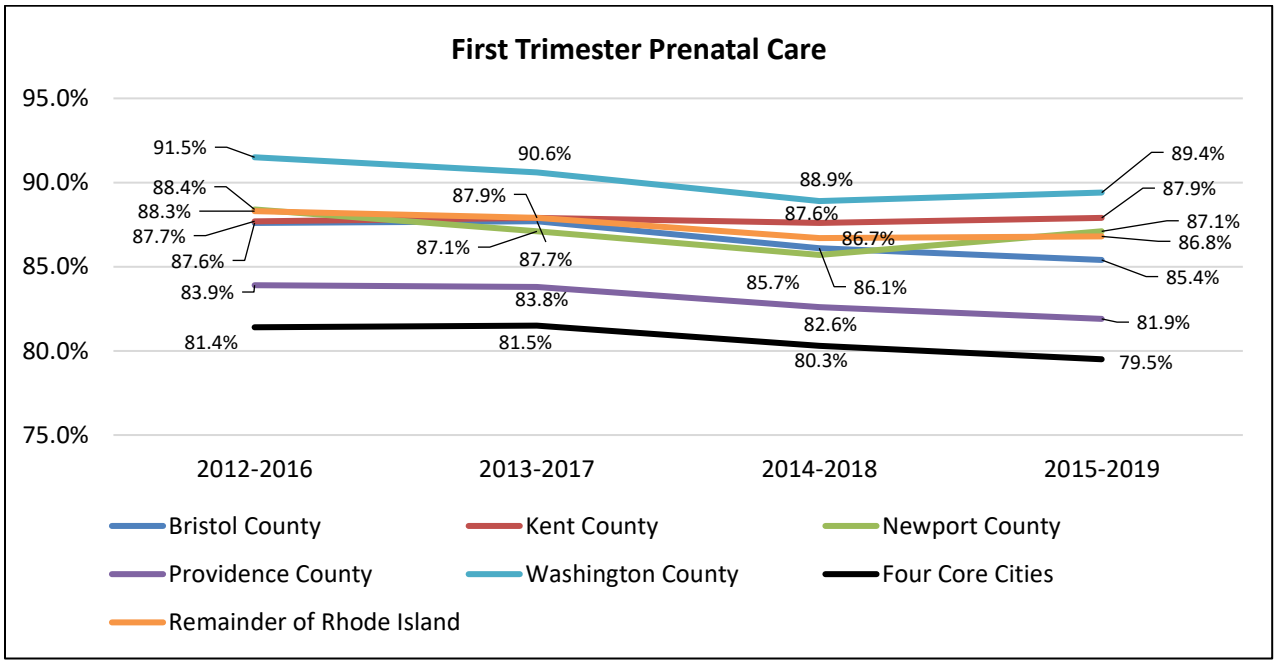
2015-2019 Maternal and Infant Health Indicators by Westerly Hospital PSA Municipality

	Percent of All Births to Teens (15-19)	First Trimester Prenatal Care	Premature Births	Low Birth Weight Births	Breastfeeding at Time of Birth
Charlestown	4.7% (n=12)	91.1%	11.8%	7.1%	81%
Hopkinton	3.0% (n=10)	89.7%	6.9%	6.3%	81%
New Shoreham	0%	NA	NA	NA	79%
Richmond	1.4% (n=4)	88.0%	9.3%	5.7%	86%
Westerly	2.7% (n=26)	89.5%	7.2%	7.4%	85%
Four Core Cities	6.4%	79.5%	9.8%	8.8%	63%
Remainder of Rhode Island	2.5%	86.8%	8.2%	6.9%	77%

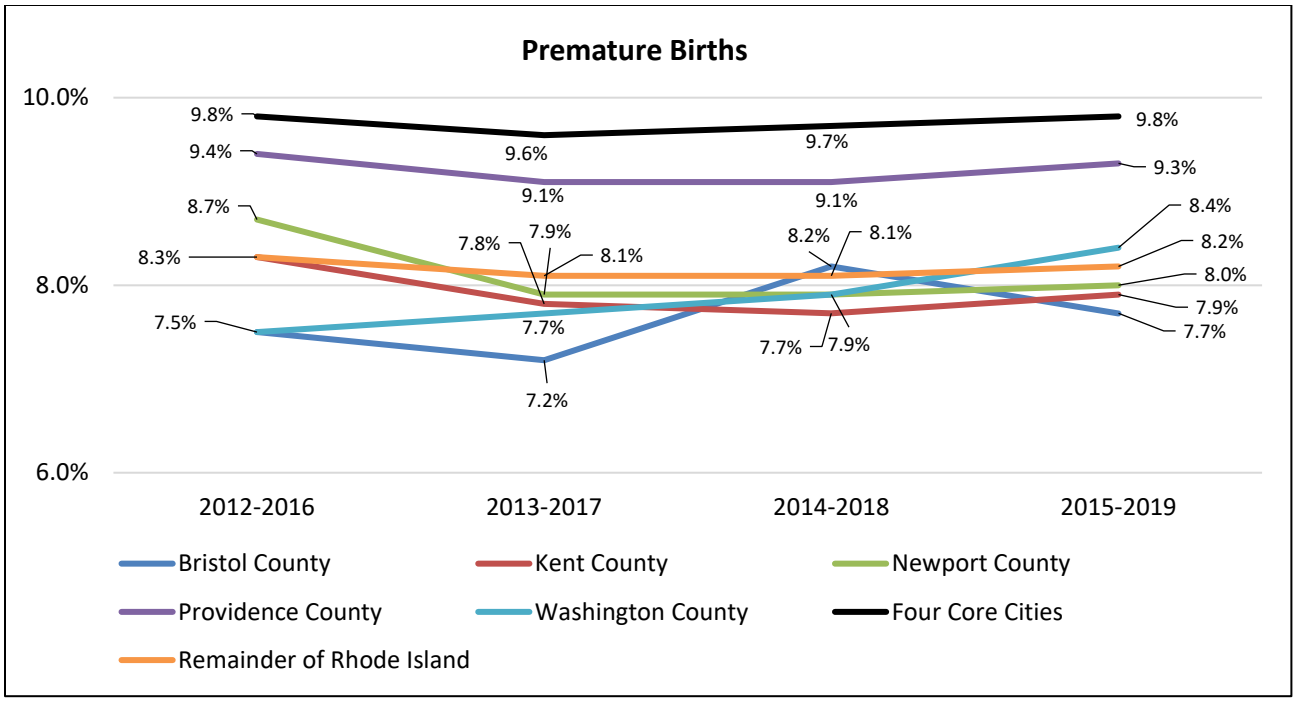
Source: Rhode Island Kids Count

The following graphs depict trends in prenatal care and birth outcomes from 2012-2016 to 2015-2019. **The percentage of pregnant people receiving first trimester prenatal care declined in both the core cities and the remainder of the state, and in all counties except Kent.** In Bristol, Providence, and Washington counties, the percentage of pregnant people receiving first trimester prenatal care declined two percentage points from 2012-2016 to 2015-2019.

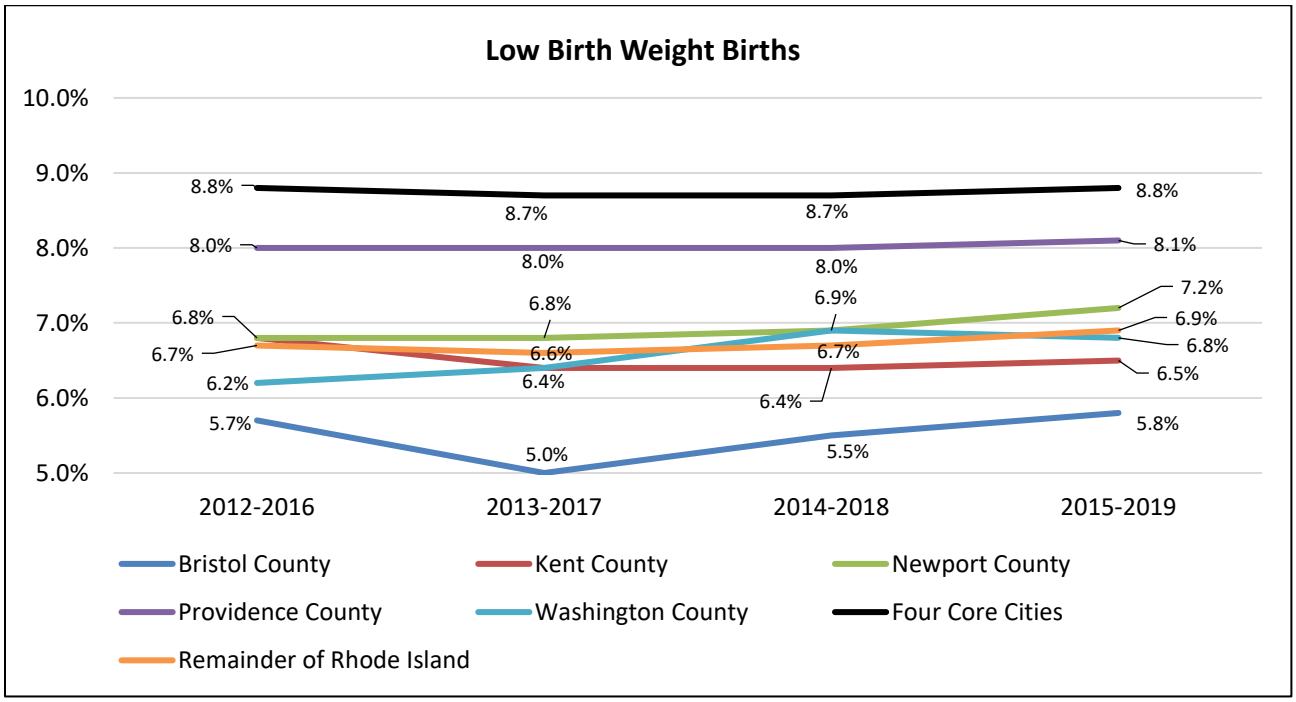
The percentage of babies breastfed at the time of birth also declined statewide, driven by a 10-percentage point decline in the core cities from 2012-2016 to 2015-2019. Based on known racial and ethnic disparities, the decline in breastfeeding was likely higher among non-White infants, particularly Black/African Americans. Other birth outcomes, including low birth weight and premature births have been largely consistent over recent years.



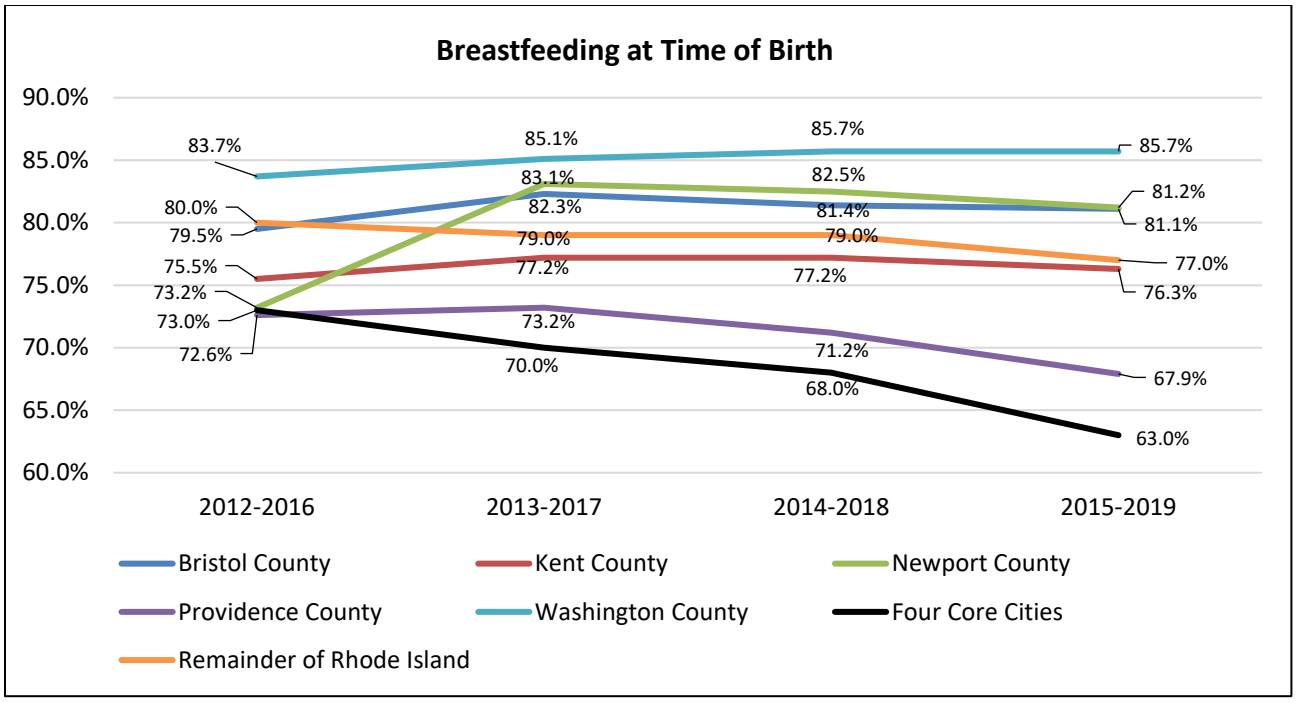
Source: Rhode Island Kids Count



Source: Rhode Island Kids Count



Source: Rhode Island Kids Count



Source: Rhode Island Kids Count

Rhode Island had a total of 285 infant deaths from 2015-2019, 156 or 55% occurred in the core cities. The infant death rate within the core cities is 50% higher than the remainder of Rhode Island and does not meet the HP2030 goal. Infant death disparities within the core cities are largely due to inequities experienced by Black/African Americans. **The infant mortality rate for Black/African Americans statewide is nearly three times higher than for Whites.** Similar disparities in maternal death rates are seen nationwide; **Black/African Americans have a maternal death rate that is 2.5 times higher than for Whites.** Rhode Island maternal death data is not available due to confidentiality restrictions.

2015-2019 Infant Deaths per 1,000 Live Births

	Infant Deaths per 1,000 Live Births
Bristol County	NA (n=2)
Kent County	3.9 (n=30)
Newport County	4.9 (n=17)
Providence County	6.2 (n=220)
Washington County	3.6 (n=16)
Four Core Cities	7.4
Remainder of Rhode Island	4.1
Rhode Island	5.4
White, Non-Hispanic	3.8
Black/African American, Non-Hispanic	10.6
Asian, Non-Hispanic	5.0
Latina (any origin)	6.3
HP2030 Goal	5.0

Source: Rhode Island Kids Count

2018 Maternal Deaths* per 100,000 Live Births

	Total Deaths	Total Death Rate	Black Death Rate	White Death Rate	Latina Death Rate
Rhode Island	NA	NA	NA	NA	NA
United States	658	17.4	37.1	14.7	11.8
HP2030 Goal	--	15.7	--	--	--

Source: Centers for Disease Control and Prevention

*Maternal deaths include deaths of pregnant people or within 42 days of termination of pregnancy, from any cause related to pregnancy or its management. Rhode Island deaths are not reported due to confidentiality restrictions.

Research findings from secondary data analysis were compared to qualitative research findings to compare perceptions to statistical data, identify root causes, and contextualize data trends and contributing factors for identified health needs.

Community Conversations

Westerly Library Community Conversations

December 12, 2019 / January 17, 2020 / February 4, 2020

To gather input on the 2019 CHNA, Westerly Hospital and the Health Impact Collaborative of Greater Westerly held three community conversations at the Westerly Library from December 2019 to February 2020. The conversations were publicized and open to public to attend.

About 25 community members participated in these discussions. The majority of participants identified as white, middle class, between the ages of 55-80, and most were long-time Westerly residents. A few participants had recently relocated to the Greater Westerly community in the last few years.

Overall, participants expressed a positive view of Westerly, and hoped to remain in the community as they aged. Key themes and takeaways from these conversations are outlined below.

Housing

- Lack of housing for people who are looking to downsize to accessible single-level
- Lack of affordable housing for seniors who are between independence and needing nursing homes; assisted living options are very limited or too expensive
- Do not know who to contact to make homes more accessible (stair lifts/handles)
- Lack of caregivers is a problem. Do not know if services exist for aging in place (transportation /appointment help, cooking, personal care, etc.), and if they do exist, at what cost? Who to contact?
- Need help with maintaining the inside and outside (including snow removal, trash, etc.)
- Very interested in “cooperative communities” or “multigenerational housing”
- http://ownatsandywoodscom/ was brought up as a model
- Many agreed that living with or around people in the same position offers a network of support that is very beneficial

Transportation

- FLEX bus does not go to Bradford or the beaches
- Many felt it was difficult to find information about FLEX and rideshare options
- Train can be an issue for some because there is no longer an agent at the station Some may not be aware that you can call to reserve Also, the tunnel to get from one platform to the other feels dangerous

Information

- Accessibility to the internet/computers may be lacking
- Most people get information on events/services/news through the Westerly Sun
- One participant thought maybe an information sheet (like a community directory) could be compiled that would be sent out with tax bills

Health Services

- Difficult to find a PCP who takes insurance and accepts too patients Let alone one who specializes in geriatric medicine Don't want to have to (or can't) drive far for a doctor
- Very important for police (as well as others) to do wellness checks
- A few noted that the Senior Center has a visiting nurse who does 1:1 appointments; Not many were aware

Town Programs/Services

- Library/Senior Center/YMCA received praise
- Jonnycake Center is a useful resource, particularly for seniors who need food and cannot get SNAP
- Multiple times people expressed the need for a Human Services Department in town so people do not know where to go or who to ask when they need help Some people may feel like it is demeaning to ask for help particularly if it's financial in nature but having a department to turn to might alleviate that
- Interested in programs or services related to estate planning

Walking/Parking

- Some participants felt that bikers were not adhering to the crosswalk rules and were a danger
- Crosswalks in general were said to be a problem Either not in convenient location, or seem dangerous There was a suggestion to have bright flags at crosswalks that can be picked up and deposited on the other side so that pedestrians are more visible to motorists (Wakefield, RI does it)
- Some sidewalks are not accessible to wheelchairs because of the telephone poles
- Parking is always an issue in town
- Better snow/ice removal from sidewalks and roads because even of the sidewalk is clear it may have been pushed right onto the road which makes walking difficult Make sure drains are clear

Random thoughts from participants

- Ongoing educational opportunities are key- never stop learning!
- Senior cottages rather than apartments/condos that are affordable
- Communities where the concept is neighbors helping neighbors For example, seniors will babysit for the parents of younger children and the parents will drive seniors to appointments or to run errands
- Does Westerly have an active Neighborhood Association? Several had this question and would be interested in participating
- People should be aware-
- Police have a lock box for people to leave their spare keys in case they need to do a wellness check
- Ambulance Corp has a card to fill out that lists medications and emergency contacts
- Some cell phones have the option to have emergency contact/list of medications

If you had to prioritize, what is the top issue that needs attention?

- Housing for various income levels (subsidized, middle income, and more costly)
- Transportation (this is needed to maintain independence as we age)
- Crosswalks and safety for pedestrians
- Medical Services – don't know where to start Also need better mental health care

Key Informant Survey and Interviews

Fall 2021 (Research provided by Yale New Haven Health System for inclusion in the CHNA Report)

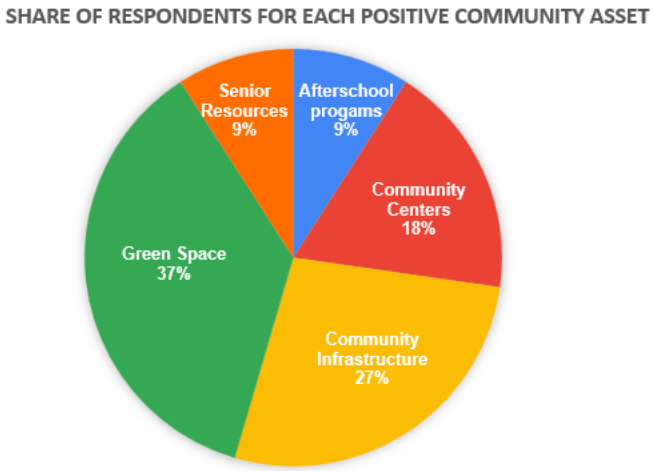
In fall 2021 Yale New Haven Health System enlisted the help of Yale University School of Public Health graduate students to conduct key informant surveys and interviews across its hospital service areas to better understand the impact of COVID 19 on community members. Key informants are experts or lay individuals that bring specific knowledge or insights of contributing factors, attitudes and perspectives, and practical solutions in response to a particular issue or research findings.

In collaboration with Westerly Hospital and the Health Impact Collaborative of Greater Westerly, 11 community representatives were identified to participate in a 30-question survey and individual interviews focused on health, well-being, and social needs during COVID-19. The research specifically explored access to education, employment, food, and housing.

Representatives were community leaders, health and human service providers, and/or government representatives from the Greater Westerly area. These targeted surveys and interviews provided an opportunity to better understand the current health status of the community, identify strengths within the community upon which to build, and prioritize efforts to address long-term community needs.

Community Assets

Respondents were asked to identify positive assets in their communities. These are areas that should at a minimum be sustained and potentially expanded. Nearly two-thirds of respondents saw public green space and community infrastructure as strengths in the Greater Westerly community. These are strong community attributes to build upon to address social drivers of health and improve overall health status.



Top Community Issues
Takeaways from the input from the 11 key informants are organized by topics below.

Housing
Concerns related to housing centered on the overall availability of housing and the affordability of housing. Respondents generally agreed that community residents were aware of housing security assistance. Resources identified as "missing or inadequate to address housing challenges" were assistance for residents living in unsafe housing, housing stabilization programs, housing vouchers, and a need to decrease wait-times for subsidized Section 8 housing.

Employment
Respondents identified the top job finding resources in their community as Jonnycake Center, Indeed, WARM Center, Westerly Education Center, word of mouth, and online job postings. There were mixed responses regarding increased utilization of job assistance resources since the start of the COVID-19 pandemic. Perceived missing resources were job training programs, transportation, and higher pay/wages. Childcare, housing assistance, professional skills programs, and transportation were also seen as barriers.

Food
The majority of respondents thought that food banks and/or other food support resources are accessible within their community, but responses were mixed about residents' awareness of these services. Respondents suggested better collaboration between food pantries and strategies to lessen the stigma of asking for help to improve access to and delivery of services. The perceived top free food resources in the community were Jonnycake Center, WARM center, and the St. Vincent DePaul Society. Respondents identified missing or inadequate services as community gardens, community cooking lessons, job training, transportation to food distribution sites, and inability to use food stamps at farmers' markets.

Education

About half of respondents indicated that in their estimation there were not enough resources in the community to meet education-related needs. The top three perceived education needs in the community were: job skills and technical training and affordability and access to higher education.

Partner Meetings

January-April 2022

As part of the CHNA, Westerly Hospital in conjunction with the Health Impact Collaborative of Greater Westerly, Age Friendly Westerly, the Basic Needs Network, and other community coalitions hosted virtual Partner Meetings from January to April 2022 to discuss CHNA findings, collect feedback on CHNA priorities, and ultimately develop a collaborative Community Health Improvement Plan (CHIP). Approximately 30-40 people attended these meetings representing health and social service agencies, senior services, local government, civic organizations, and other community-based organizations.

The following outline reflects feedback from the January 26, 2022 meeting where CHNA research was presented for input and facilitated small group dialogue collected perspectives on data findings and future collaboration to meet community needs.

Facilitation Questions and Small Group Discussions

Breakout Session 1: Applying lessons learned from COVID

1. **What challenges brought about by COVID will take our community the longest time to recover from?**
   - Isolation and its effects – particularly hard for older adults; fear of travel and health-related challenges, e.g., falling, COVID exposure
   - Mental health impact; "we will grapple with this for years;" particularly for children and older people who have much anxiety about getting back to "regular" daily activities; new isolating routines have been established; depression
   - Substance use disorder: isolation, lack of support culminated in increased use and overdose
   - "Unfinished learning" including maturity and development for both young students and high schoolers; loss of social emotional learning and opportunities to practice/learn these skills
   - Broken trust due to COVID; fear of social interactions, fear of unknown, misinformation
   - Economic challenges; cost of maintaining a home
   - Increased homelessness
   - Food insecurity
   - Getting people back on track with routine preventive care (wellness visits, screenings, dental), and the higher acuity that will come from not having caught conditions in earlier stages
   - Returning to social interaction and establishing social interaction for young children

Comments:

- *Adjusting back to normal life—anyone with underlying anxiety pre-pandemic was exacerbated. Isolation was enabling to anyone with social anxiety and they've taken huge steps backward.*
- *Have to figure out how to work with COVID and the restrictions – community has same priorities consistently, but methods for addressing them has changed drastically*
- *Getting volunteers and support people back to organizations. Level of trust that they can participate again safely especially among older adults*

- *We've seen equal housing issue, pay versus cost unbalanced, just gotten way harder, housing insecurity is worse, don't know how to get back; employment also will take a while to recover work and volunteering – not feeling safe, changing jobs to feel safe and earn enough, food insecurity – child and youth mental health, must be so challenging for kids who don't have stability of classrooms especially little ones*
- *Significant increase in MH and substance use; expanding BH team but just so much need, ongoing issue*
- *Echo for senior population, many have depression and don't want to talk with kids about it, some don't want to reach out for help, they're getting so used to hibernating, it's really hard to get people back out*
- *Depression is coming from deep-seated fear, economic fear, and fear of getting sick; it's such a different world than what anyone imagined; many incentives to keep oneself cocooned; how do we transcend that tendency? It will be a long road.*
- *Pain management is a big issue among seniors which is making depression even more difficult.*
- *Hard to get people to get out again. It takes a long time to make changes when the routines are disrupted. Improving mental health takes years and without the reinforcement of right routines it makes it harder. Trust has been broken among kids in particular; they have deep-seated fears, lack of trust; hard to get kids to unplug and connect.*
- *Kids/grandkids have nightmares and are fearful of lots of things*
- *Youth center had to add an incentive to get kids to come back; didn't want to play outside; didn't know how to play/be active without a screen; young children addicted to screen. First day back, kid brought a toy gun and pointed it at another kid; Created programming to include video game/screen to teach exercise, social skills. Fundraising now to increase use of technology.*

2. Are current initiatives within our focus areas consistent with those challenges? In what ways? Is there need to expand focus or redirect resources?

- Need to figure out better ways of connection and belonging; apply creativity; build trust that it is safe to engage
- Connect the two priority areas; e.g., attend to mental health for older adults
- Connect youth and older residents via mentorship programs
- Direct resources into staffing; making health, social service positions more attractive to labor force, and develop a pipeline and training for these jobs
- Reinforce SDoH within these areas; impact on middle income families
- Affordable housing; helping older adults age in their homes; homeless populations
- Technology as barriers to services and connecting with community
- Reinforce safety measures; people scared to leave home to access services

Comments:

- *The churches did really good work at maintaining those connections [with older adults and youth] that had connections to the church during the pandemic, but the problem is the ones who were not connected before are really isolated now.*
- *Young kids don't even know anything different. For example, 3-year-old grandson, has to re-learn behavior – first time for kids, really hard for older people.*

- *Introverts who did not have strong bonds before are really languishing now. How do we reach out to those who have always tended towards isolation and connect with them now?*
- *Use buddy system to help older adults with zoom; still goes back to trust; if trust is broken, harder to do that. Encourage older adults to use buddies; have someone with them.*

3. What COVID responses/reactions within our community brought about new ways of doing things that will continue to benefit individuals and families in Westerly?

- Reinforced Social Services
  - New funding, heightened focus on these issues (overdose, seniors, etc.)
  - New organizations/programs/support services – Hope Recovery Center, BHG
  - Increased advocacy for transportation needs (heightened by needs to deliver school meals during COVID) is advancing conversations that had been stalled for years
  - Senior center doing very positive work
- Technology
  - Advance and acceptance of telehealth
  - Virtual interactions among people in home and business; efficiency of time, more interactions across distance; promotes more family time at home vs. commute, scheduling, childcare, etc.
  - Recognition of digital divide, availability of broadband, computers in homes, technical literacy
  - Initiatives to teach people how to use technology
  - Bringing older adults together; has brought an ability to be creative
  - Use of tools, e.g., breakout rooms help those who are more introverted
  - Westerly Hospital grant provides hotspot/technology assistance for vulnerable patients, starting with BH patients
  - Library provides free iPads/hotspots to borrow, but low awareness of this service
  - Connected truly homebound and transportation challenged people with services and community interaction
  - Telehealth/Zoom/FaceTime increased participation in some programs

<u>Breakout Session 2: Increasing and Measuring Impact</u>

1. What stands out to you as a significant accomplishment in recent years that has most impacted the community?

- Westerly Village: emerged from data and identified need
- Westerly community collaboration: HICGW, Age-Friendly Westerly, Basic Needs Network
- AWARE grant program in Westerly Schools
- Social worker added to police force
- Community health team focus on reducing ED utilization
- Communication: resource cards; PSA launched during COVID

Comments:

- *Westerly Village was a great collaborative; worked to get the right people in the room, right leadership, consistent engagement, to push conversation along. Having a model/example in East Providence helped.*
- *Small state—one degree of separation from folks needed at the table. Zoom is helpful to increase access to conversation. COVID presented opportunity—had a need to keep people safe in their homes. Strong volunteer network.*
- *Having a plan is important—even if simplified with just specified focus areas. Plan that collaborates with town officials/policy level, elected official buy-in.*

2. What does it take to get to the next level? What stumbling blocks or barriers are keeping our community from achieving greater impact in this area? Think beyond COVID, funding, resources...what communication, partnerships, new thinking are necessary to advance efforts?

- Assure continuum of care for behavioral health: people seek services, but wait times for appointments are 5-8 weeks right now
- More communication, continue to grow awareness; orient new Westerly residents to services; build more connections to services
- Increase case management; initiate elder hotline (consider Mass. models)
- Support Westerly Hospital initiative to have social worker in ED 24/7
- Address small barriers within larger challenges, e.g., pets not allowed in homeless shelters; no shelter options for people with SUD (drives higher ED utilization); "chronically homeless not going to access services in other places"
- Despite advantages of Zoom, return to in person interactions
- Reduce duplication of efforts; COVID exacerbated working in silos; grow collaboration and sustainability
- Include business community in discussions about community development needs, especially housing

3. How will we know when we have made greater impact? What will new successes look like? Define some possible measures to demonstrate increased impact.

- Data driven approach—look at the data—look for improving trends
- These meetings: data sharing (CHNA) to bring focus, renewed focus; being transparent in needs
- Unite Us Platform: track referrals
- Reduced wait time to access affordable housing and housing assistance

Evaluation of Health Impact: 2019-2022 Community Health Improvement Plan Progress

Westerly Hospital Community Commitment

Westerly Hospital leads the Health Impact Collaborative of Greater Westerly as well as the Age Friendly Westerly Team. Westerly Hospital also plays a leadership role in Healthy Bodies, Healthy Minds of Washington County, the multi-partner collaborative that spearheads the implementation of the Washington County Behavioral Health Strategic Plan.

In 2019, Westerly Hospital released its CHIP to address areas of priority for the hospital. Just six short months later, responding to the Covid-19 pandemic became the focus for Westerly Hospital, shifting the work outlined in their 2019-2022 CHIP. As such, some of the goals outlined in the Westerly Hospital CHIP were not addressed including:

- Reduce the number of ED visits for COPD by 10% by 2022
  - There was a reduction in of ED visits for COPD 42%, but it is unclear as to how much is due to the overall decreased ED utilization because of COVID.
- Reduce the number of inpatient admissions for COPD by 10% by 2022
  - There was a reduction in of inpatient admissions for COPD 56%, but it is unclear as to how much is due to the overall decreased ED utilization because of COVID.
- Reduce the number of ED visits for CHF by 10% by 2022
  - There was a reduction in of ED visits for CHF 75%, but it is unclear as to how much is due to the overall decreased ED utilization because of COVID.
- Reduce the number of inpatient admissions for CHF by 10% by 2022
  - There was no change in the number of inpatient admissions for COPD 56%.
- Increase the number of individuals who are provided with education, screening and early detection programs in Washington County

As seen at local, state, and national level, inpatient and ED visits were impacted by COVID which disrupted typical patterns. This impacted the ability of the hospital to address utilization goals in a meaningful way.

However, the pandemic revealed some emergent social determinant needs in the community, one of the greatest of which was food insecurity. Westerly Hospital partnered to address the need in supporting the creation of a weekly food pantry in the Bradford neighborhood. (Westerly Hospital CHIP goal: Impact social determinants of health to reduce the burden and improve health outcomes).

Health Impact Collaborative of Greater Westerly

The Health Impact Collaborative includes about 60 individuals representing Westerly Hospital, community agencies, faith-based organizations, community health centers, town agencies and residents from greater Westerly. In 2019, the Health Impact Collaborative completed a Community Health Needs Assessment (CHNA) and prioritization process to identify priority health issues. Priority health needs

were grouped into two overarching focus areas: issues of importance to older residents and behavioral health. For each of these identified priority areas, there are issue-focused partnerships that work together to carry out appropriate strategies.

Following the completion of the CHNA in 2019, the Health Impact Collaborative (HIC) developed the 2019-2022 Community Health Implementation Plans (CHIPs) describing the work to address the two focus areas mentioned above. Efforts to address behavioral health needs were carried out in partnership with Healthy Bodies, Healthy Minds of Washington County. The goals identified in the HIC CHIP address findings related to older resident needs and behavioral health and include:

- To facilitate resident connections to senior-focused community resources to promote health and wellness and reduce social isolation (Age Friendly Westerly)
- Increase mental health awareness and knowledge related to mental health conditions and reduce stigma (Behavioral Health)
- Facilitate access to a full continuum of behavioral health services from prevention to aftercare (Behavioral Health)
- 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 (Behavioral Health)

The Health Impact Collaborative proceeded to carry out the work that its priority area partnerships had outlined, adapting to virtual platforms. As well, there were strategies previously unanticipated that were implemented to respond to community needs that were a result of or exacerbated by the pandemic, such as the food pantry effort described above. Since completing its last CHNA in 2019, the partnership took multiple steps to align its efforts, deepen relationships and serve the community, especially in regard to the Covid-19 pandemic.

Age Friendly Westerly Accomplishments

Age Friendly Westerly created a comprehensive plan of action based on the 8 domains of livability: housing, transportation, social participation, respect and social inclusion, civic participation and employment, communication and health information, community support and health services, outdoor spaces and buildings.

Westerly Hospital Initiatives in support of Age Friendly Westerly

- Opening of an 18-bed geriatric psychiatry inpatient unit
- Leadership of Age Friendly Westerly

Age Friendly Westerly Initiatives

- Partnered with Age-Friendly RI to establish Age Friendly Westerly, launched in the Fall of 2019
- Collected data, including in community conversations, to identify needs/consider related actions
- Received funding from the Tufts Health Plan Foundation to support initiatives
- Participated in Age Friendly RI Social Isolation Workgroup and share resources
- Collaborated with community agencies to identify subject matter experts to support the production of 7 PSA videos, broadcasted on Westerly public access TV and shared on partner websites

- Formed a housing task force including relevant stakeholder organizations, including Homes RI, and residents
- Researched best practices in developing affordable housing
- Collaborated with the Town of Westerly to incorporate Age Friendly goals into the town 20 year comprehensive plan
- Established the Westerly Village in partnership with The Village Common of RI, launched in the Summer of 2021
- Partnered with the Westerly Library to continue periodic older resident community conversations.
- Establish a plan for public Happy to Chat bench in Wilcox Park
- Created a webpage for Age Friendly Westerly, hosted on the Town of Westerly website

Behavioral Health Accomplishments

Healthy Bodies, Healthy Minds of Washington County is the regional partnership including Westerly Hospital and many other community stakeholders that leads strategies to address the prioritized area of behavioral health. In support of this work, a task force of Healthy Bodies, Healthy Minds has developed a behavioral health strategic plan that organizes its work along four pillars: stigma reduction, inclusion of people with lived experience, improved network adequacy along a full continuum of care, and addressing gaps in the crisis system.

Westerly Hospital Behavioral Health Initiatives

- Opening of an 18-bed geriatric psychiatry inpatient unit
- Implemented the Community Care Team at Westerly Hospital
- Leadership role in Healthy Bodies, Healthy Minds of Washington County

Healthy Bodies, Healthy Minds Behavioral Health Initiatives

- Reducing Stigma and Fear of Seeking Treatment
  - Partnered with organizations to support, promote, invest in and participate in mental health awareness efforts
  - Provided Mental Health First Aid training for area residents (Both Youth and Adult MHFA)
  - Trained healthcare providers in suicide prevention best practices
  - Used data to identify opportunities for suicide prevention
  - Implemented Universal Screening for depression and suicidality in healthcare settings
  - Launched a Suicide Survivor support group

- Inclusion of People with Lived Experience and their families as valued partners in the design, delivery, and evaluation of a new system focused on wellness, recovery, and resilience
  - Launched the consumer and family advisory committee
  - Invested in leadership and advocacy skills of committee members
  - Created appropriate levels of input, accountability and reporting within the HBHM structure
  - Provided staff support to the committee to facilitate program development activities
  - Fostered coordination between advocacy organizations toward shared goals

- Improving network adequacy, parity, and accountability along a full continuum of care.
  - Increased access to high quality providers with focus on prescribers and integrated BH services in primary care

- Addressing gaps in the crisis system Decriminalization and Emergency/Crisis
  - Established Crisis Intervention Team training for county police personnel
  - Supported the placement of behavioral health professionals embedded in county police departments
  - Supported the development of EMS Mobile Integrated Healthcare (Community Paramedicine)
  - Advocated for reimbursement for crisis services
  - Included peer and family supports across the crisis system
  - Supported the implementation of a Community Care Team at each county hospital

Appendix A: Public Health Secondary Data References

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Appendix B: Our CHNA Partners

AARP
Age Friendly Rhode Island
Behavioral Health Group
Day One
Frank Olean Children's Center
Healthy Bodies Healthy Minds Washington County
Jonnycake Center of Westerly
Lawrence + Memorial Hospital
PACE
Pleasant Street Baptist Church
School Sustainability
South County Health
South County Prevention Coalition
St. Vincent de Paul
Town of Westerly
United Congregational Church of Westerly
Village Commons
Washington County Zero Suicide
Westerly Ambulance EMS
Westerly Housing Authority
Westerly Library
Westerly Pawcatuck Clergy Association
Westerly Public Schools
Westerly Recreation Department
Westerly Senior Center
Wilcox Park
Wood River Health Services

Appendix C: Community Resources

One goal of the Community Health Needs Assessment (CHNA) is to understand the needs of a particular community and the overall challenges they face, to plan for future policy initiatives. These needs can vary across individual, organization, neighborhood, or across the city more broadly. Various resources currently exist within communities to elevate the quality of life amongst residents. These resources may take the form of a community organization, individual person, policies, physical spaces, and much more. Variation across community resources allows for each person within a community to find one that addresses their specific need(s). Identifying the resources that are available and that the community actively uses is one important factor of the community health needs assessment, as it can help ensure public awareness of available resources and demonstrate what models work well within that community and what can be done to fill in the existing gaps.

Methodology:

Community assets were derived from partner input, applicable community directories, and internet research. The list underwent several reviews for completeness by partner organizations. In Rhode Island, 2-1-1 is not a sufficient resource for the greater Westerly area.

Community Resources: A Snapshot of the Greater Westerly

The following tables outline community resources categorized into overarching areas of community needs found through various research methods. These seven areas are:

1. **Access to Care:** Resources providing various healthcare services, ranging from reproductive health, dental care, general community clinics, health screenings, etc.
2. **Behavioral Health:** Resources helping to connect community members to mental health services as well as services that deal with supporting and treating those dealing with substance abuse.
3. **Financial Assistance:** Resources helping to connect community members to either employment opportunities and/or financial support programs.
4. **Food Assistance:** Resources comprised of programs and initiatives that provide food and education surrounding nutrition to community members.
5. **Housing/Utility Assistance:** Resources providing mechanisms for community members to find housing in the case of varying circumstances (homelessness, domestic violence, or other emergency uprooting situations). In addition, resources within this category assist community members with the cost of utilities in their dwellings.
6. **Promoting Wellness & Healthy Lifestyles:** Resources that have to do with promoting positive and health lifestyles, such as physical activity (green space, fitness centers), youth & family enrichment, and/or community establishments that foster both connectivity and fellowship amongst members.
7. **Transportation**: Resources comprised of transportation methods that not only help one reach health services within their community but also for general travel throughout the region.

Access to Care

Organizations	Contact Information	Key Information
General Dentistry		
Wood River Health Services	823 Maine St Hope Valley, RI 02832 (401) 539-2461 woodriverhealthservices.org Mon-Fri 8 am-8 pm, Sat 9 am-2 pm	Services include primary care, including routine physical exams, short- and long-term illnesses, immunizations and chronic disease management. Disciplines represented are Internal Medicine, Family Practice and Pediatrics including family medicine, women's health, dental care, behavioral health, care management, and laboratory Services. WRHS takes all patients regardless of insurance.
Donated Durable-Medical Equipment		
Medical Equipment Center, Dr. Robert J. Allen, PGM	116 Long St Warwick, RI (401) 451-0184 or (401) 451-0865 rimasons.org/trestleboard/238-allen-medical-center Public only Fri 9 am-12 noon	Having available free of charge a wide variety of equipment: Walkers - Canes - Wheelchairs - Commodes - Shower Chairs - Electric Hospital Beds - Lift Chairs - Transport Chairs - Ramps. Ng
Eye Glasses/Exams		
Lion Sight Program	PO Box 19671 Johnston, RI 02919-0671 please see contact page lions4sight.org N/A	Provides eyes exams and assistance to the visually impaired persons in our communities by partnering with the RI Lions Clubs and by filling in the gaps where no local club is present.
Hospitals		
Westerly Hospital	25 Wells St Westerly, RI 02891 (401) 596-6000 westerlyhospital.org 24/7 ED, Depends on Department	Provides comprehensive diagnostic and therapeutic services to inpatients and outpatients, with particular expertise in laboratory services, diagnostic imaging, surgery, emergency care, cardiac care, physical therapy & rehabilitation. Smilow Cancer Hospital Care Center provides cancer care and treatment to western Rhode Island.
Indian Health Services		
Narragansett Indian Health Center	51 Old Mill Rd Charlestown, RI 02813 (401) 364-1268 narragansettindiannation.org/health-and-human-services/ Mon-Fri 8:30 am-4:30 pm	Specializes in Emergency Medicine, Family Medicine, Internal Medicine/Pediatrics, Family Medicine. Open to tribal members only.

Nursing Facilities		
Apple Rehab- Clipper & Watch Hill	161 Post Rd Westerly, RI 02891 (401) 322-8081 79 Watch Hill Rd Westerly, RI 02891 (401) 596-2664 apple-rehab.com Both, 24/7	Apple Rehab provides a unique approach to short-term rehabilitation, designed to address the multiple dimensions of wellness and recovery. Cardio-pulmonary programs incorporate clinical oversight, therapeutic modalities, patient education, nutrition services, and social support. Recognizing the multiple dimensions of health and wellness, memory care program provides a comprehensive, holistic approach to care in a safe and secure environment. All 24 Apple Rehab facilities are extensively trained to care for traches, as well as provide Total Parenteral Nutrition (TPN). Provides 24-hour nursing care, daily trach maintenance, and extensive respiratory services to reduce disease progression. Other Apple Specialties include Stroke Recovery and Rehabilitation, Post General Surgical Recovery, Respite Care, Diabetes Care, IV Therapy, Pain Management and Wound Care.
Royal Westerly Nursing & Rehabilitation	79 Beach St Westerly, RI 02891 (401) 596-4925 westerly.royalhealthgroup.com Hours Upon Inquiry	Provides personal care for residents and meets their medical, social and spiritual needs in a caring, respectful, home-like environment. A leader in the fields of short and long-term care and to serve as a resource and advocate for those we serve. Participates in Medicare and Medicaid.
Westerly Health Center Nursing and Rehabilitation	280 High St Westerly, RI 02891 (401) 348-0020 healthconceptsltd.com Hours Upon Inquiry	A short-term rehabilitation following hospitalization, a brief respite stay, long-term residence for a loved one or specialized services for those with memory impairment.
Primary Care		
Wood River Health Services	823 Main St Hope Valley, RI 02832 (401) 539-2461 woodriverhealthservices.org Mon-Fri 8 am-8 pm, Sat 9 am-2 pm	Services include primary care, including routine physical exams, short- and long-term illnesses, immunizations and chronic disease management. Disciplines represented are Internal Medicine, Family Practice and Pediatrics including family medicine, women's health, dental care, behavioral health, care management, and laboratory services.

Supports		
Pawcatuck Neighborhood Ctr.	27 Chase St Pawcatuck, CT 06379 (860) 599-3285 pawcatuckneighborhoodcenter.org Mon-Fri 8:30 am-4 pm	A multi-purpose facility which offers a variety of social, educational, health and human services programs with an emphasis on community spirit. All services are provided with dignity and respect for those we serve. Residents age 55+ are eligible to travel in style in our 12-passenger bus, which includes a wheel-chair lift.
The Jonnycake Center of Westerly	23 Industrial Dr Westerly, RI 02891 (401) 377-8069 jonnycake.org Mon 11 am-3:30 pm, Tues, Wed, Fri, Sat 9 am-3:30 pm, Thurs 9 am-5:30 pm, Sun 10 am-1:30 pm	The Jonnycake Center is a non-profit social service agency serving the communities of Westerly, Charlestown, Richmond, and Hopkinton. Services include a food pantry, social services office, and thrift store which are staffed by employees and volunteers.
Tri-County Community Action Agency	1126 Hartford Ave Johnston, RI 02919 (401) 351-2750 tricountyri.org Mon-Fri 8 am-5 pm	Offers programs to assist with all aspects of life including health, behavioral health services, dental/oral health, adult, youth and early childhood education, employment and training, housing, emergency services, nutrition, energy and conservation, youth opportunity and prevention programs, and senior services.

Food Resources

Organizations	Contact Information	Key Information
Congregate Meals / Nutrition Sites		
Charlestown Senior Center	100 Park Ln Charlestown, RI 02813 (401) 364-9955 charlestownri.gov/index.asp?SEC=E43316A6-F654-41B1-95BE-CC22225D0204&DE=5469274F-D506-4AFB-9E1A-01405944741E Mon-Thur 8:30 am-4 pm, Fri 8:30 am-1 pm	Center offers card clubs such as cribbage and bridge, painting/art classes, informational workshops, lounge and reading room as well as other programs. A Senior Information Specialist and a Community Visiting Nurse are available to help with health and social service needs. The Senior Community Center is also the home of the Charlestown Senior Citizens Association. Members benefit from the many health, social and recreational programs and activities conducted by the Association and its volunteers.
Narragansett Indian Tribe	4533 S County Tr. Charlestown, RI 02813 (401) 364-1100 narragansettindiannation.org Mon-Fri 8:30 am-4:30 pm	Specializes in Emergency Medicine, Family Medicine, Internal Medicine/Pediatrics, Family Medicine. Open to tribal members only.

Pawcatuck Neighborhood Ctr.	27 Chase St Pawcatuck, CT 06379 (860) 599-3285 pawcatuckneighborhoodcenter.org Mon-Fri 8:30 am-4 pm	A multi-purpose facility which offers a variety of social, educational, health and human services programs with an emphasis on community spirit. To improve and enhance the quality of life of residents of all ages living within the communities we serve by providing basic human needs, social interaction and senior transportation to obtain medical care. All services are provided with dignity and respect for those we serve. Residents age 55+ are eligible to travel in style in our 12-passenger bus, which includes a wheel-chair lift.
Food Pantries		
Church of the Immaculate Conception	111 High St Westerly, RI 02891 (401) 596-2130 immcon.org Mon-Fri 9 am-1 pm & 4-6 pm, Sat & Sun 24hr	Immaculate Conception Parish is a Roman Catholic community of faith rooted in the message and mission of Jesus Christ. The vision of our parish is united at the Lord's table and inspired by the example of Mary, the patroness of our parish.
The Jonnycake Center of Westerly	23 Industrial Dr Westerly, RI 02891 (401) 377-8069 jonnycake.org Mon 11 am-3:30 pm, Tues, Wed, Fri, Sat 9 am-3:30 pm, Thurs 9 am-5:30 pm, Sun 10 am-1:30 pm	The Jonnycake Center is a non-profit social service agency serving the communities of Westerly, Charlestown, Richmond, and Hopkinton. We operate a food pantry, social services office, and thrift store which are staffed by employees and volunteers.
Rhode Island Center Assisting Those in Need	805 Alton Carolina Rd Charlestown, RI 02813 (401) 364-9412 rhodeislandcan.org Mon 10 am-4 pm, Tues-Sat 10 am-5 pm	Services include a Food Pantry, Emergency Food Assistance, Kindness Program (Financial Assistance)
The Pantry on the Lane	70 Bowling Lane, Bradford, RI (401) 465-7745 N/A Sat. 8:30 am-1:30 pm	Food pantry and community garden

Soup Kitchen		
Westerly Area Rest and Meals (WARM)	56 Spruce St Westerly, RI 02891 (401) 596-7272 warmcenter.org 24/7	The WARM Center is a 19-bed adult shelter, operating a community soup kitchen serving lunch and dinner daily. The WARM Center is a comprehensive social services agency providing professional and compassionate wraparound programming for those in need in southern Rhode Island and southeastern Connecticut. WARM is the only provider of comprehensive shelter services to adult men and women in South County, Rhode Island and Southeastern CT. Gender defined dormitories shelter 13 men and 6 women. Offers a safe, stable and alcohol/drug free environment for each resident. Each resident works with a case manager to develop a plan specific to their particular needs as they journey towards independence. While the average stay at WARM is approximately three months, some residents may need to stay longer if their circumstances require it.
Summer Food Service Programs		
The Jonnycake Center of Westerly	23 Industrial Dr Westerly, RI 02891 (401) 377-8069 jonnycake.org Mon 11 am-3:30 pm, Tues, Wed, Fri, Sat 9 am-3:30 pm, Thurs 9 am-5:30 pm, Sun 10 am-1:30 pm	The Jonnycake Center is a non-profit social service agency serving the communities of Westerly, Charlestown, Richmond, and Hopkinton. Operates a food pantry, social services office, and thrift store which are staffed by employees and volunteers.
Supports		
URI SNAP Outreach	206 Elmwood Ave Providence, RI 02907 (800) 306-0270 eatbettertoday.com Mon-Fri 8:30 am-3:30 pm	SNAP is a federal program that provides nutritional assistance to low-income households. Benefits supplement the food budgets of families and individuals so they may purchase more and higher quality foods using the EBT (Electronic Benefits Transfer) card. The EBT card can be used to pay for food at supermarkets and convenience stores, as well as some farmer's markets and food co-ops. Each month, benefits are directly deposited into the household's EBT account. SNAP benefits also provide a subsidy to farmers and increase activity in local grocery stores. In 2019, over 240 million federal dollars entered the RI economy as people used their SNAP benefits.

Senior Resources

Organizations	Contact Information	Key Information
Social Services		
PACE Adult Day Center	5 Union St, Westerly, RI 02891 (401) 596-1336 ctadultday.org Hours Upon Inquiry	Provides a safe, supportive environment for frail or functionally impaired older adults who may otherwise not be able to be left safely at home alone, support, respite and education to caregivers (including education on Alzheimer's care and/or related dementias). Serves families from the Southeastern Connecticut area which include but are not limited to: Stonington, North Stonington, Pawcatuck, Mystic, Groton, Gales Ferry and Noank. Adult Day Center of Westerly serves families from Rhode Island that include but are not limited to: Westerly, Charlestown, Richmond, Hopkinton, Hope Valley, Ashaway, Bradford, Exeter, Wyoming, Carolina, Narragansett, Wakefield and West Kingston.
Pawcatuck Neighborhood Center	27 Chase St, Pawcatuck, CT 06379 (860) 599-3285 pawcatuckneighborhoodcenter.org Mon-Fri 8:30am-4pm	A multi-purpose facility which offers a variety of social, educational, health and human services programs with an emphasis on community spirit. All services are provided with dignity and respect for those we serve. Residents age 55+ are eligible to travel in style in our 12-passenger bus, which includes a wheel-chair lift.
The Jonnycake Center of Westerly	23 Industrial Dr, Westerly, RI 02891 (401) 377-8069 jonnycake.org Mon 11 am-3:30 pm, Tues, Wed, Fri, Sat 9 am-3:30 pm, Thurs 9 am-5:30 pm, Sun 10 am-1:30 pm	The Jonnycake Center is a non-profit social service agency serving the communities of Westerly, Charlestown, Richmond, and Hopkinton. Operates a food pantry, social services office, and thrift store which are staffed by employees and volunteers.
Tri-County Community Action Agency	1126 Hartford Ave, Johnston, RI 02919 (401) 351-2750 tricountyri.org Mon-Fri 8 am-5 pm	Offers programs to assist with all aspects of life including health, behavioral health services, dental/oral health, adult, youth and early childhood education, employment and training, housing, emergency services, nutrition, energy and conservation, youth opportunity and prevention programs, and senior services. Also helps clients with whatever resources they may need, from brief crisis intervention to long-term support, case management, follow up and after care services.

Westerly Senior Center	39 State St, Westerly, RI 02891 (401) 596-2404 westerlyseniorcenter.org Mon-Fri 8:30 am-4:30 pm	Provides an opportunity for seniors to meet and enjoy a wide variety of social, educational, health, and recreational activities and programs and to promote the positive aspects of aging to them, their families, and the community at large with services: daily meals, transportations, and social services.

Housing

Organizations	Contact Information	Key Information
Homeless Shelters		
Westerly Area Rest and Meals (WARM)	56 Spruce St Westerly, RI 02891 (401) 596-9276 warmcenter.org 24/7	The WARM Center is a 19-bed adult shelter, operating a community soup kitchen serving lunch and dinner daily. The WARM Center is a comprehensive social services agency providing professional and compassionate wraparound programming for those in need in southern Rhode Island and southeastern Connecticut. WARM is the only provider of comprehensive shelter services to adult men and women in South County, Rhode Island and Southeastern CT. Gender defined dormitories shelter 13 men and 6 women. Offers a safe, stable and alcohol/drug free environment for each resident. Support and accountability are key here – each resident works with a case manager to develop a plan specific to their particular needs as they journey towards independence. While the average stay at WARM is approximately three months, some residents may need to stay longer if their circumstances require it.

Home Ownership		
Habitat for Humanity of South County	1555 Shannock Rd, Charlestown, RI 02813 (401) 213-6711 southcountyhabitat.org Tues-Sat 9 am-5 pm	Serves all towns in Washington County, Rhode Island. Seeking to put God's love into action, Habitat for Humanity brings people together to build homes, community and hope. Homeownership program takes buyers an average of 18-24 months to complete. While in the program buyers are matched with a homeowner advocate, participate in homebuyer education courses, and work on building their credit, savings & budgeting to be in the best financial situation. South County Habitat for Humanity is expanding our mission to include a new program called Ramp Up RI - installing handicap ramps for those who are in need and financially qualify in the Washington County area. Eligible projects will be funded through grants and no-interest loans.
Hardest Hit Fund	44 Washington St, Providence, RI 02903 (401) 457-1234 hhfri.org Mon-Fri 8:30 am-5 pm	Provides counseling services to all Rhode Island Homeowners struggling to make their mortgage payments. Mortgage Counselors work with homeowners and their lender to review and identify available options to avoid foreclosure. Options may include loan modifications, work-out agreements, repayment plans and/or referral to RI Legal Services. Counseling services are FREE and confidential. Counselors will work with clients to assess current situation and provide advice and guidance to help by working with mortgage company to apply for a mortgage modification, reviewing budget, exploring options to avoid losing their home.
RI Housing Guide	Please see next column.	https://www.rihousing.com/wp-content/uploads/Rental-Resource-Guide-10-1-19.pdf
Section 8 Centralized Wait List for RI	Please see next column.	https://www.waitlist-centralri.com/

Low Income Housing		
Babcock Village	122 Cross St, Westerly, RI 02891 (401) 596-7574 propertyadvisorygroup.com/properties/babcock-village-apartments.html Hours Upon Inquiry	Affordable housing for the elderly and disabled. Applicants have to meet the Low Income Housing Tax Credit guidelines and residents pay 30% of their adjusted gross income for rent. Babcock Village Apartments is a smoke free building. Rent includes heat and hot water.
Chestnut Court	5 Chestnut St, Westerly, RI 02891 (401) 596-4918 westerlyhousingauthority.org Hours Upon Inquiry	This program houses individuals who are income-qualified and 55 years old or older. Preference is given to Westerly residents. There is a waiting list for this program. The Housing Choice Voucher (HCV) program provides rental assistance to families who are income qualified. A qualified family receives a voucher that allows them to live anywhere they wish. The family pays a portion of the rent and utilities, up to a percentage of their income. The remaining balance is paid by the WHA with HUD funds. The HCV application process is only open when funding and availability permit. The WHA can provide assistance for up to 198 families.
Merchants Village	25 Clark St, Westerly, RI 02891 (401) 596-5577 N/A Hours Upon Inquiry	Merchants Village Apts. is located at 25 Clark St in Westerly, RI
Park View Apartments	9 Dixon St, Westerly, RI 02891 (401) 596-4918 westerlyhousingauthority.org Hours Upon Inquiry	Since this property is owned and managed by a Public Housing Authority, all of the rents at this property are based on tenant incomes. Tenants will make a monthly contribution toward rent equal to 30% of their adjusted income. A housing authority may establish a minimum rent of up to $50.Generally, households earning up to the income limit in the table below for their household size are eligible for units participating in a HUD rental assistance program in Westerly but actual income limits may differ for units at Park View.

Home Rehabilitation Programs		
Habitat for Humanity of South County	1555 Shannock Rd Charlestown, RI 02813 (401) 213-6711 southcountyhabitat.org Tues-Sat 9 am- 5pm	Serves all towns in Washington County, Rhode Island. Seeking to put God's love into action, Habitat for Humanity brings people together to build homes, community and hope. Homeownership program takes buyers an average of 18-24 months to complete. While in the program buyers are matched with a homeowner advocate, participate in homebuyer education courses, and work on building their credit, savings & budgeting to be in the best financial situation. South County Habitat for Humanity is expanding our mission to include a new program called Ramp Up RI - installing handicap ramps for those who are in need and financially qualify in the Washington County area. Eligible projects will be funded through grants and no-interest loans.
Neighbors Helping Neighbors	P.O. Box 406 Charlestown, RI 02813 (401) 601-5621 neighborshelpingneighborsri.org/index.html Mon 9 am-5 pm	Provides home repairs at no cost to low-income qualifying homeowners in South County, RI, enabling families to remain in their homes. NHNRI was established in July 2014 as a 501(c)(3) non-profit organization. What NHNRI noticed was that frequently those who are struggling financially do not have the resources or the expertise to provide necessary repairs and, in some cases modifications, to their homes.

Mental Health

Organizations	Contact Information	Key Information
Case/Community Management		
The WARM Center	56 Spruce St Westerly, RI 02891 (401) 596-9276 warmcenter.org 24/7	The WARM Center is a 19-bed adult shelter, operating a community soup kitchen serving lunch and dinner daily. The WARM Center is a comprehensive social services agency providing professional and compassionate wraparound programming for those in need in southern Rhode Island and southeastern Connecticut. WARM is the only provider of comprehensive shelter services to adult men and women in South County, Rhode Island and Southeastern CT. Gender defined dormitories shelter 13 men and 6 women. Support and accountability are key here – each resident works with a case manager to develop a plan specific to their particular needs as they journey towards independence. While the average stay at WARM is approximately three months, some residents may need to stay longer if their circumstances require it.
Day One	N/A (800) 494-8100 dayoneri.org/helplineadvocate 24/7	Comprehensive services include: 24-hour Helpline and legal advocacy, Law enforcement advocacy programs, Individual and group counseling, Professional training sessions, and Prevention education workshops from sexual assault on college campuses to the commercial sexual exploitation of children (CSEC), Day One is addressing the issues that are affecting Rhode Island communities and leading the effort to provide real solutions for both victims and those at risk.
Domestic Violence Resource Center of South County	61 Main St Wakefield, RI 02879 (401) 782-3990 dvrcsc.org Mon-Fri 9 am-4 pm	Supporting Adult Female, Adult Male, Teens, Friends and Family. Trained advocates are available by telephone, trained advocates are available to talk with victims or other concerned individuals and offer safety planning, emergency cell phones, resources and referrals, all support groups are virtual at this time. Confidential safe home and transitional housing programs for abused women and their children who are homeless due to domestic violence. Guidance and assistance through the legal system for domestic violence cases. Individual therapies for children, women and men who have experienced domestic violence.

Community Mental Health Agencies		
Gateway South Shore Center	4705A Old Post Rd, Charlestown, RI 02813 (401) 364-7705 web.srichamber.com/Health-Services/Gateway-Health-Care-South-Shore-Center-2082 Hours Upon Inquiry	Provides children, adolescents and adults with Assertive Community, Treatment, Case Management, Couples Therapy, Crisis Intervention Team, Diet and Exercise Counseling, Family Therapy, Individual Therapy, Legal Advocacy, Psychiatric Emergency Walk-Ins, Supportive Employment, Court-Ordered Outpatient Treatment, Illness Management and Recovery, and Screening for Tobacco Use.
Disability Related Support Groups		
Frank Olean Center, Inc.	93 Airport Rd, Westerly, RI 02891 (401) 596-2091 oleancenter.org Mon 8 am - 4 pm	Provides services and supports to persons with developmental disabilities and their families throughout Southern Rhode Island and Southeastern Connecticut, plus an array of services to individuals of all ages with intellectual and developmental disabilities.
Narraganset Indian Health Center	51 Old Mill Rd, Charlestown, RI 02813 (401) 364-1268 narragansettindiannation.org/health-and-human-services/ Mon-Fri 8:30 am-4:30 pm	Specializes in Emergency Medicine, Family Medicine, Internal Medicine/Pediatrics, Family Medicine. Open to tribal members.
Family Support Groups		
Domestic Violence Resource Center at Jonnycake	23 Industrial Dr Westerly, RI 02891 (401) 377-8069 jonnycake.org Mon 11 am-3:30 pm, Tues, Wed, Fri, Sat 9 am-3:30 pm, Thurs 9 am-5:30 pm, Sun 10 am-1:30 pm	Supports Adult Female, Adult Male, Teens, Friends and Family. Trained advocates are available by telephone, trained advocates are available to talk with victims or other concerned individuals and offer safety planning, emergency cell phones, resources and referrals, all support groups are virtual at this time. Confidential safe home and transitional housing programs for abused women and their children who are homeless due to domestic violence. Guidance and assistance through the legal system for domestic violence cases. Individual therapies for children, women and men who have experienced domestic violence.
National Alliance on Mental Health (NAMI)	154 Waterman St, Suite 5B, Providence, RI 02906 (800) 950- 6264 namirhodeisland.org Mon- Fri 10 am-6 pm	In a crisis, text “NAMI” to 741741 for 24/7, confidential, free crisis counseling.

Outpatient Services		
Coastal Wellness Collective	24 Salt Pond Rd, Suite H1, Wakefield, RI 02879 401-596-8800 ext. x3 coastalwellnesscollective.com Hours Upon Inquiry	Formerly the Mental Health Association of the Greater Westerly Area, provides information to the general public regarding their members' practices. Publishes a bi-annual Directory, the "Mental Health and Addiction Resources of Rhode Island and Southeast Connecticut," providing professional education opportunities in a local setting, developing an interactive website for members and the general public, and offering networking opportunities for colleagues to communicate and cooperate to improve mental health and addiction services for the area communities.
Wood River Health Services	823 Main St Hope Valley, RI 02832 (401) 539-2461 woodriverhealthservices.org Mon-Fri 9 am-5 pm	Provides a full range of medical, dental and social services to the community, including primary care, including routine physical exams, short- and long-term illnesses, immunizations and chronic disease management. Disciplines represented are Internal Medicine, Family Practice and Pediatrics including family medicine, women's health, dental care, behavioral health, care management, and laboratory Services

Substance Use Disorder

Organizations	Contact Information	Key Information
Prevention		
Westerly Prevention and Wellness Partnership	300 Centerville Rd, Suite 301 S Warwick, RI 02886 (401) 439-2982 riprc.org Hours Upon Inquiry	Ashley Iadevaia. preventionashley@gmail.com
Opioid Detoxification		
The Journey to Hope, Health, and Healing	86 Beach St Westerly, RI 02891 (401) 596-0969 thejourneyhhh.com Mon-Fri 5 am-1 pm, Sat & Sun 6 am-9 pm	Appointment Only.
Support Programs		
Hope Recovery Center	55 Beach St., Building 4, Westerly, RI 02891 (401) 598-6400 Monday - Friday 8 am -4 pm	www.hoperecoverycenter.org