



**Community Health Needs Assessment  
Final Report**

**May 2013**

HOLLERAN

## Executive Summary

### Background

The Westerly Hospital participated in a statewide comprehensive Community Health Needs Assessment (CHNA), led by the Hospital Association of Rhode Island (HARI), and its member hospitals. The CHNA was conducted from September 2012 to May 2013. The assessment was conducted in a timeline to comply with requirements set forth in the Affordable Care Act, as well as to further the hospital's commitment to community health and population health management. The findings from the assessment will be utilized by The Westerly Hospital to guide its community benefit initiatives and to engage partners to address the identified health needs. The Westerly Hospital is committed to the people it serves and the communities they live in. Through this process, the hospital will be a stronger partner in the community and the health of those in the surrounding neighborhoods will be elevated.

### Research Components

The Westerly Hospital and its CHNA Partners undertook an in-depth, comprehensive approach to identifying the needs in the communities it serves. A variety of quantitative and qualitative research components were implemented as part of the CHNA. These components included the following:

- Analysis of Rhode Island Department of Health BRFSS Data
- Secondary Data
- Key Informant Surveys
- Focus Groups
- Prioritization of Community Health Needs

### Identified Community Health Issues

- Mental Health and Substance Abuse
- Diabetes
- Overweight/obesity
- Access to Care
- Heart Disease
- Cancer (specifically breast, lung)
- Asthma (adult and child)

## Hospital & Community Profile

### Hospital Overview

The Westerly Hospital provides Washington County, RI and New London County, CT residents a wide array of medical, surgical, diagnostic, laboratory and rehabilitative services using state-of-the-art technology in an intimate, community hospital setting. With more than 130 primary and specialty physicians dedicated to the patients they serve, through emergencies to advanced procedures, the hospital serves the entire community with family-centered medical care that's leading edge, yet respectful, compassionate, committed and accountable to our patients.

### Definition of Service Area

The communities that comprise the service area of Westerly Hospital include eight towns in southwestern Rhode Island: Ashaway, Block Island, Bradford, Charlestown, Hope Valley, Hopkinton, Westerly and Wood River Junction, with a total population of approximately 40,785. These communities represent largely suburban and rural areas.

Although it is anticipated that there will be a slight decline in overall population in the next five years, the fastest growing age group in the primary service area will be 65+. In Washington County, RI, the population is predominantly White (94.2%) with Hispanics representing 2.6%, African Americans 1.4%, Asian/Pacifics 1.8% and those who indicate "other" 1.7%.

### CHNA Background

The Westerly Hospital participated in a statewide comprehensive Community Health Needs Assessment (CHNA), led by the Hospital Association of Rhode Island (HARI), and its member hospitals. The CHNA was conducted from September 2012 to May 2013. The assessment was conducted in a timeline to comply with requirements set forth in the Affordable Care Act, as well as to further the hospital's commitment to community health and population health management. The findings from the assessment will be utilized by The Westerly Hospital to guide its community benefit initiatives and to engage partners to address the identified health needs.

The purpose of the CHNA was to gather information about local health needs and health behaviors in an effort to ensure hospital community health improvement initiatives and community benefit activities are aligned with community need. The assessment examined a variety of community, household and health statistics to portray a full picture of the health and social determinants of health in the The Westerly Hospital service area.

The findings from the CHNA were utilized by The Westerly Hospital to prioritize public health issues and develop a Community Health Implementation Strategy. The Westerly Hospital is committed to the people it serves and the communities they live in. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life.

## Methodology

### Rhode Island State BRFSS Data Analysis

The state of Rhode Island annually participates in the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) survey. The BRFSS study is conducted nationally each year and is led at the state level through the respective state health departments. HARI's intent was not to duplicate existing survey processes, but rather to partner with the Rhode Island Department of Health to utilize the existing state BRFSS data sets. With support from the Department of Health, raw BRFSS data sets were released to Holleran, a third party research and consulting firm, for in-depth analysis. Each hospital's service area was defined and the associated data points were extracted for each hospital. The survey assessed indicators such as general health status, prevention activities (screenings, exercise, etc.), and risky behaviors (alcohol use, etc.). The results were also examined by a variety of demographic indicators such as age, race, ethnicity, and gender.

### Secondary Data Profile

The Westerly Hospital and its CHNA partners, contracted with Healthy Communities Institute to gather and present existing secondary data. The secondary data included statistics such as mortality rates, cancer statistics, communicable disease data, and social determinants of health (poverty, crime, education, etc.), among others. This information was used to supplement the primary data and to flesh out research gaps not addressed in the BRFSS results. Where available, the local-level data was compared to state and national benchmarks. This data was also built in a web portal for full access to the public.

### Key Informant Surveys

Key informant surveys were conducted with 49 professionals and key contacts from throughout Rhode Island. Working with leadership from each of the hospitals, prospective individuals were identified and invited to participate in the study. The survey included a range of individuals, including elected officials, healthcare providers, health and human services experts, long-term care providers, representatives from the business community, and educators. A detailed list of participants can be found in Appendix A. The content of the questionnaire focused on perceptions of community needs and strengths across three key domains: Perceived key health issues prominent in the community, health care access and challenges, and solutions.

### Focus Groups

Two focus groups were facilitated by Holleran in March 2013. The focus groups were intended to gather feedback regarding mental health issues and resources within Rhode Island. The participants included mental health experts, providers, and referral sources. A moderator guide, developed in consultation with the CHNA partners, was used to prompt discussion and guide the facilitation. In total, 21 people participated in the two focus groups. Participants were recruited by the CHNA partners. Each session lasted approximately two hours and was facilitated by Holleran. It is important to note that the focus group results reflect the perceptions of a small sample of community members and may not necessarily represent all mental health professionals in the hospital service areas.

### **Prioritization of Community Health Needs**

The Westerly Hospital and its CHNA partners jointly conducted a prioritization to identify key statewide community health needs. The prioritization session included representatives from HARI, the hospital partners, and public health experts.

### **Limitations of Study**

It should be noted that limitations of the research may have prevented the participation of some community members. The time lag of secondary data, the hospital service area sample, language and cultural barriers, the project timeline, and other factors may present some research limitations. To mitigate limitations of the research, The Westerly Hospital and its CHNA partners sought to include representatives of diverse and underserved populations, public and community health experts, and other community representatives to present the most comprehensive assessment of community health needs given the research constraints.

### **Existing Resources to Address Community Health Needs**

The Westerly Hospital's services go beyond medical treatment and include an assortment of services and resources that address community health needs. These Community Benefits include: charity care, community health improvement services, health professionals education, and community building activities. Some the Hospital's more recognizable community benefits include the community education series and various support groups at the hospital and within the community. Other less visible benefits include providing clinical internships for students, behind-the-scenes planning for pandemics or natural disasters, providing in-kind support for community organizations that need meeting space, and supporting other non-profits in fundraising and event efforts. The Westerly Hospital provides staff to participate in and offer services at health and wellness fairs in the community, and collaborates with other community organizations on identified health needs.

### **Research Partner**

The Westerly Hospital and its CHNA partners contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has more than 20 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted secondary data
- Conducted, analyzed, and interpreted data from Household Telephone Survey
- Conducted, analyzed, and interpreted data from Key Informant Interviews
- Conducted Focus Groups with healthcare consumers
- Facilitated a Prioritization and Implementation Planning Session
- Prepared the Final Report and Implementation Strategy

Community engagement and feedback were an integral part of the CHNA process. The Westerly Hospital and its CHNA partners sought community input through interviews with key

community stakeholders, focus groups with healthcare providers, and inclusion of partner hospital representatives as well as public health officials in the prioritization and implementation planning process.

Following the completion of the CHNA research, The Westerly Hospital developed an Implementation Strategy to address prioritized community needs.

## Key CHNA Findings

### ANALYSIS OF BRFSS DATA

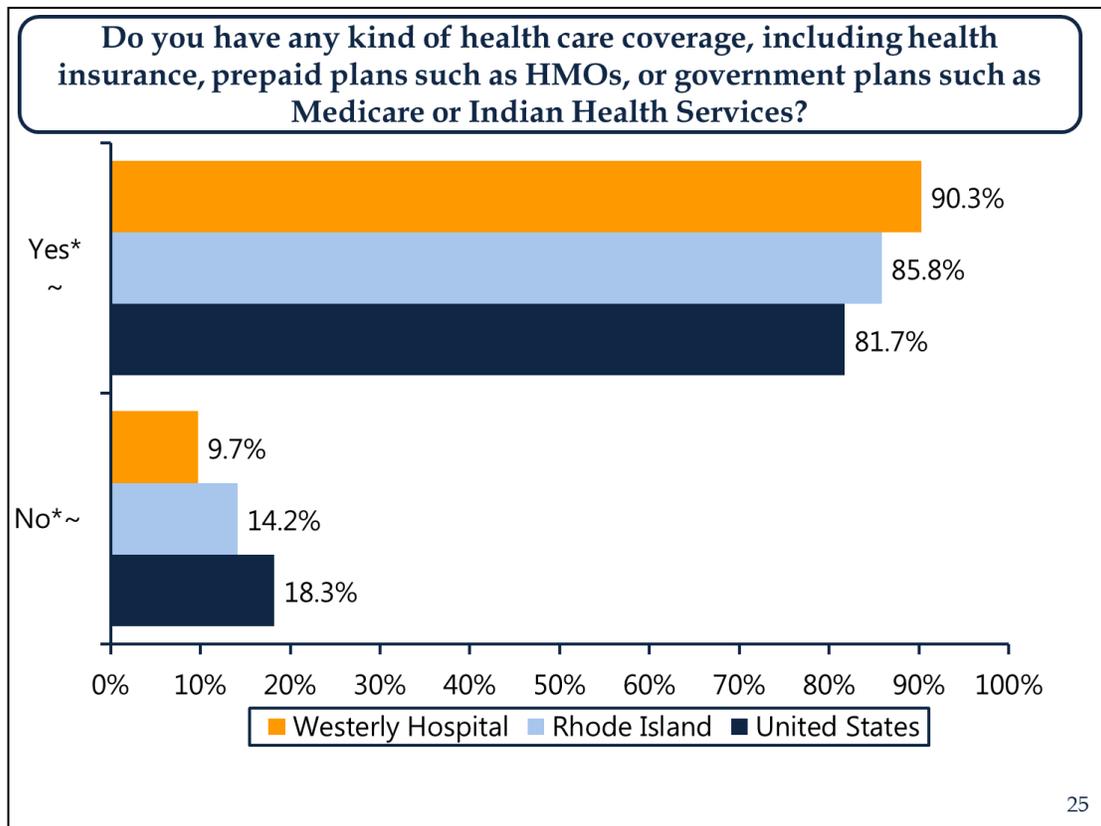
Behavioral Risk Factor Surveillance System data was analyzed between the dates of November 1, 2012 and January 10, 2013. BRFSS data was released to Holleran by the Rhode Island Department of Health on behalf of the Hospital Association of Rhode Island and its members.

Survey selection was based on a statistically valid sampling frame developed by Holleran. The sampling strategy was designed to represent the zip codes served by The Westerly Hospital. The final sample (625) yields an overall error rate of +/-3.9% at a 95% confidence level. This means that if one were to survey all residents within The Westerly Hospital service area, the final results of that analysis would be within +/-3.9% of what is displayed in the current data set. All comparisons represent 2011 BRFSS data.

### Key Survey Findings

A number of the items on the survey assessed **general health status**. When asked to rate their general health, 86.4% of residents in The Westerly Hospital service area responded "good," "very good" or "excellent." This is above the 83% throughout Rhode Island and 81.8% nationally. While area adults rated their general health status better than their peers statewide and nationally, they were more likely to report at least one day of poor mental health in the previous month. Roughly 39% of adults surveyed in the hospital's service area reported at least one day in the past month when their physical health was not good and 41.6% reported at least one day when their mental health was not good. Nearly half of these individuals (46.4%) indicated that poor mental or physical health days kept them from doing their usual activities, which is greater than state and national comparisons.

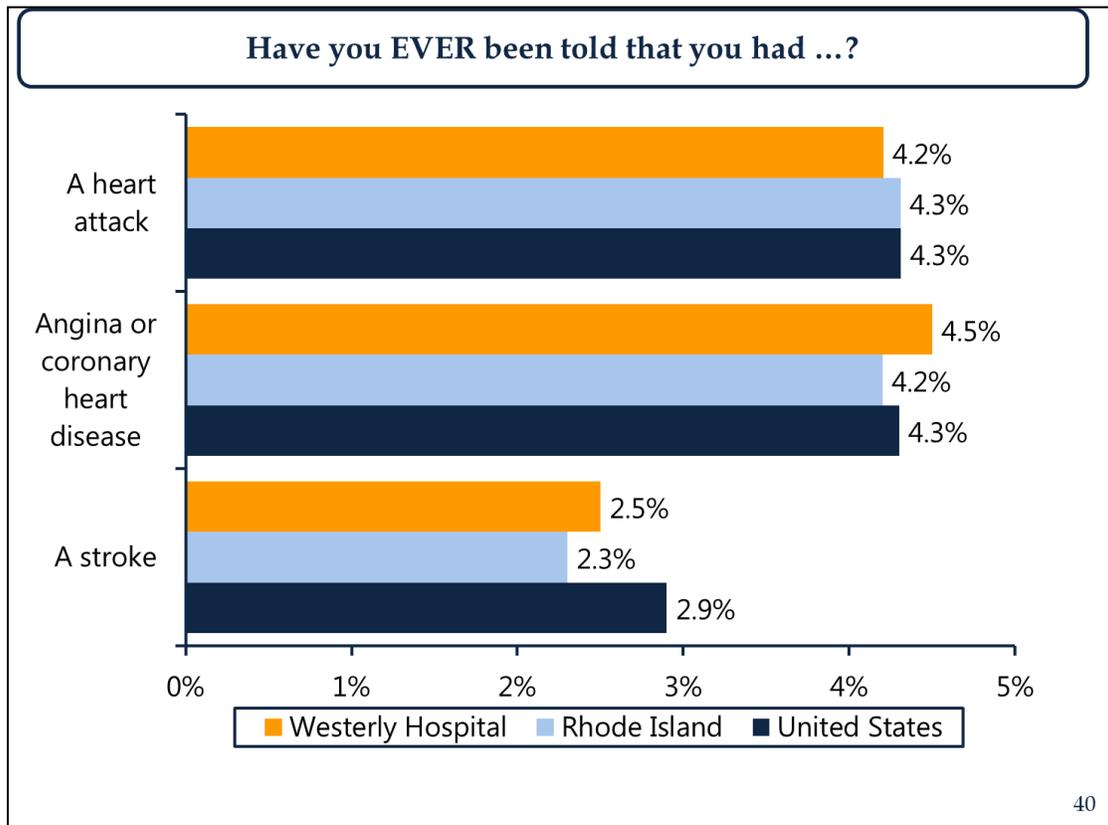
The survey also asked questions regarding **access to care** issues such as health care coverage, having a regular source of care, and cost. As detailed below, 90.3% of area adults reported having some kind of health care coverage. The percentage of insured residents is above the statewide (85.8%) and national (81.7%) figures. Approximately 8 out of 10 residents (79%) reported having one person they think of as their personal doctor or healthcare provider. This is in-line with Rhode Island (80.1%), but above the nation (71.1%). Cost was a barrier to receiving care in the previous year to 13% of local adults and the majority, 68.3%, visited a doctor for a routine checkup in the previous year.



Awareness of individual “numbers” for **blood pressure and cholesterol** has been a national focus in recent years. Locally, 33.8% of residents reported that they have been told by a doctor or health professional that they have high blood pressure. This is similar to the statewide (32.9%) and national (31.6%) figures. Among those with elevated blood pressure, 73.2% are currently taking medicine to manage their blood pressure. This is fewer than the percentage throughout Rhode Island (77.8%) and the U.S. (77.3%). However, residents with high blood pressure are more likely to be changing their lifestyle habits to help lower or control their condition. Among those with high blood pressure, 75.7% are changing their eating habits, 81.7% are cutting down on salt, 46.7% are drinking less alcohol, and 60.5% are exercising more to control their condition. With the exception of exercise, these figures are similar to or better than the state and the nation.

Approximately 85% of residents have had their blood cholesterol checked at some point in their lifetime. This figure is equitable to Rhode Island (85.1%), but above the nation (79.4%). When asked if they have ever been told by a health professional that their blood cholesterol is high, 38.7% responded “yes.” This is consistent with the proportions statewide (38.5%) and nationally (38.5%).

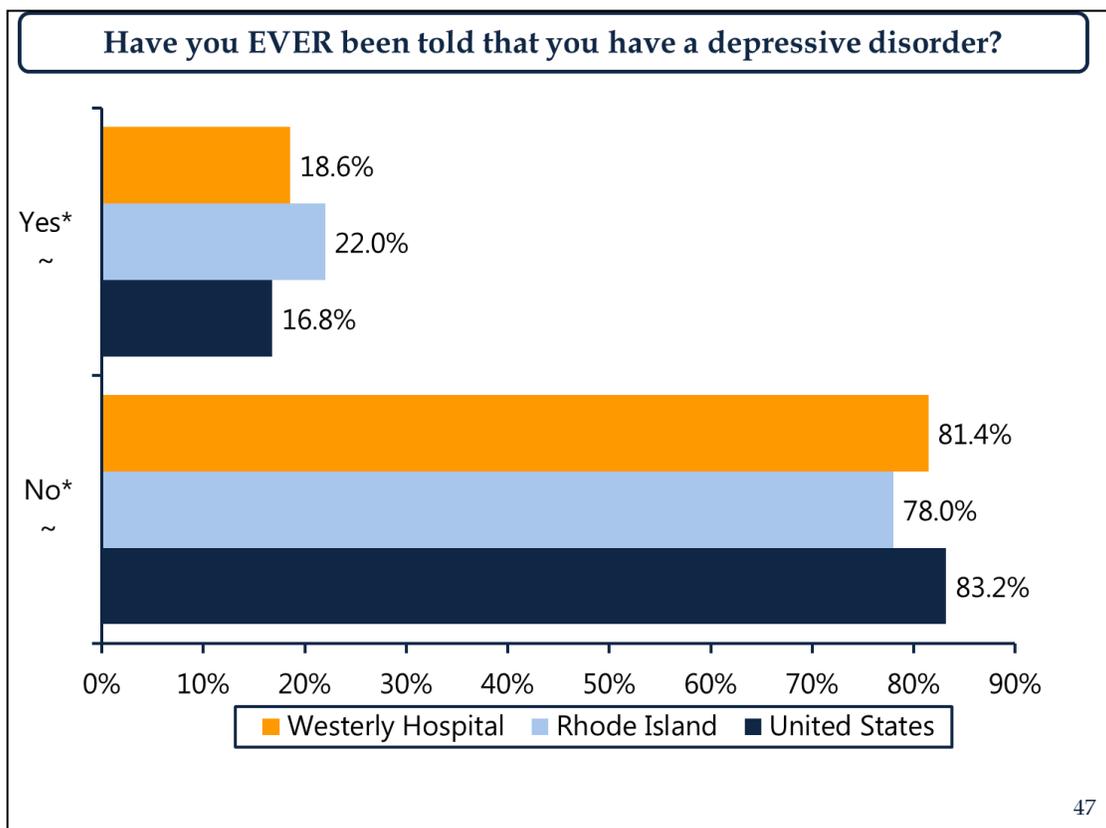
**Cardiovascular health** was also assessed by asking individuals if they have ever had a heart attack, stroke, or coronary heart disease. Residents living in The Westerly Hospital’s service area look fairly similar to those throughout Rhode Island and the rest of the country with respect to these conditions. The graph below details the percentage of adults reporting a cardiovascular disease diagnosis.



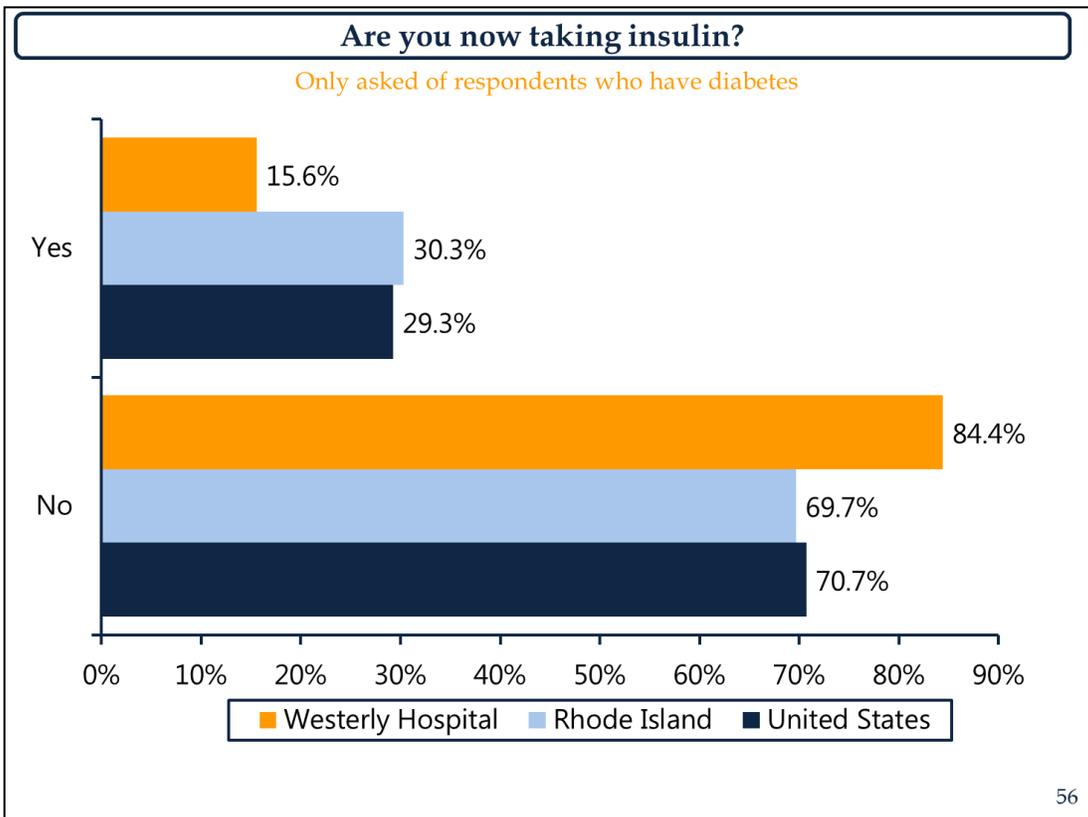
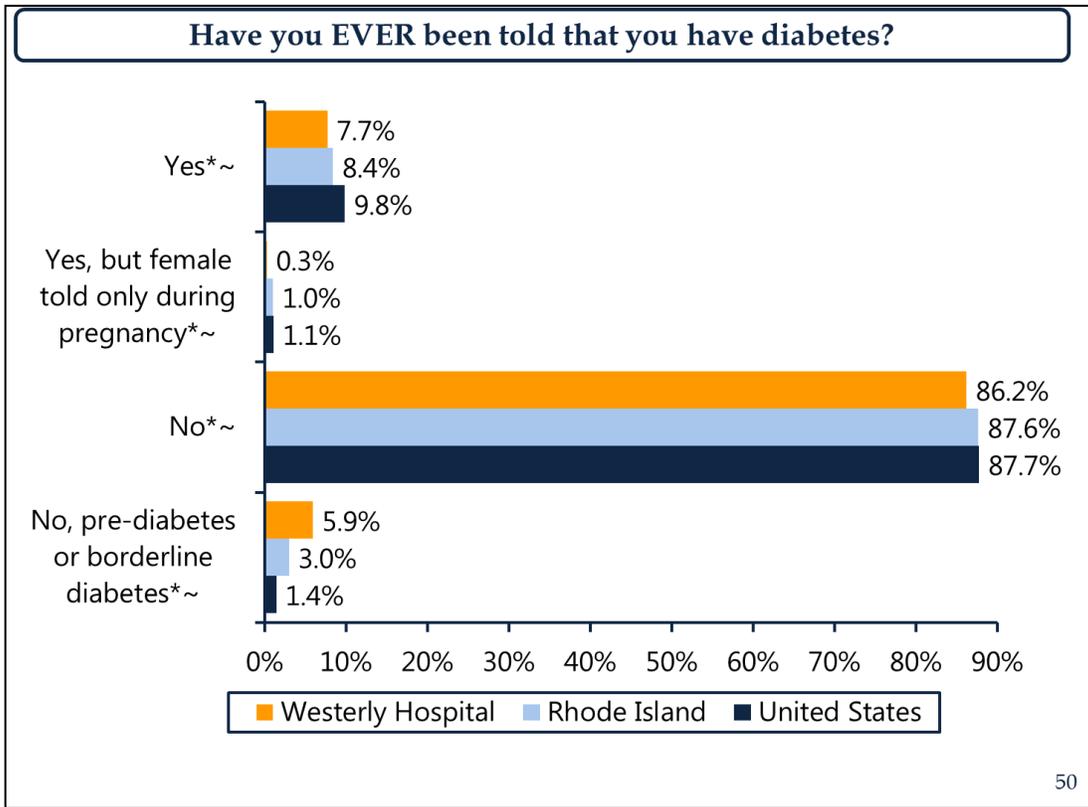
**Asthma** was reported by a smaller percentage of residents when compared against national rates. Nearly twelve percent (11.8%) of adults in the hospital’s service area reported having asthma at some point in their lifetime and among that group, 72.3% still have asthma. However, childhood asthma rates were elevated locally compared to the nation. Among the survey participants with children under 18 in the home, 16.2% reported having a child with asthma. This is below Rhode Island (18.2%), but above the figure throughout the U.S. (13.4%).

In addition to initially asking about poor mental health days, the survey inquired about the incidence of **depressive disorder**. Roughly 19% of those surveyed reported being told by a healthcare professional that they had/have a depressive disorder. This compares to 22% throughout the state and 16.8% throughout the nation. Additionally, about 32% of those surveyed indicated that they have had at least one day in the past two weeks when that had little interest or please in doing things and 24.4% reported at least one day when they felt down, depressed, or hopeless. These percentages are below state and national comparative data. While the figures for depression and depressive symptoms are lower, more residents sought

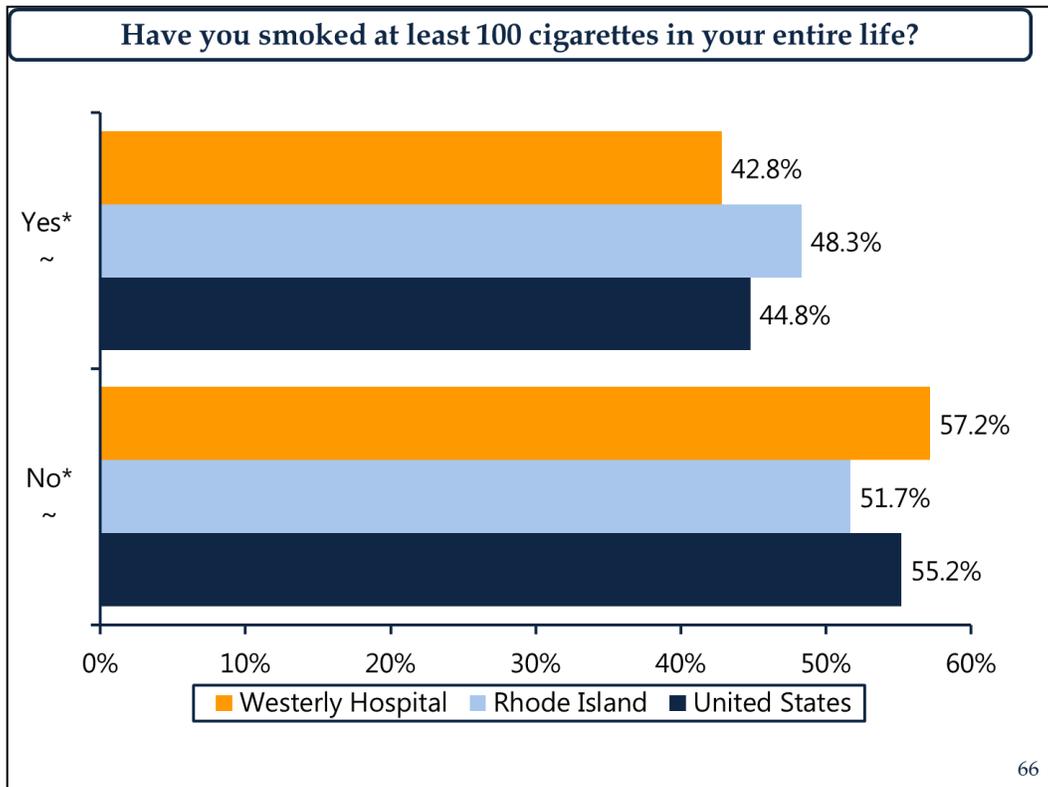
help in the past year for psychological problems or emotional difficulties (43.2% locally vs. 39.4% statewide).

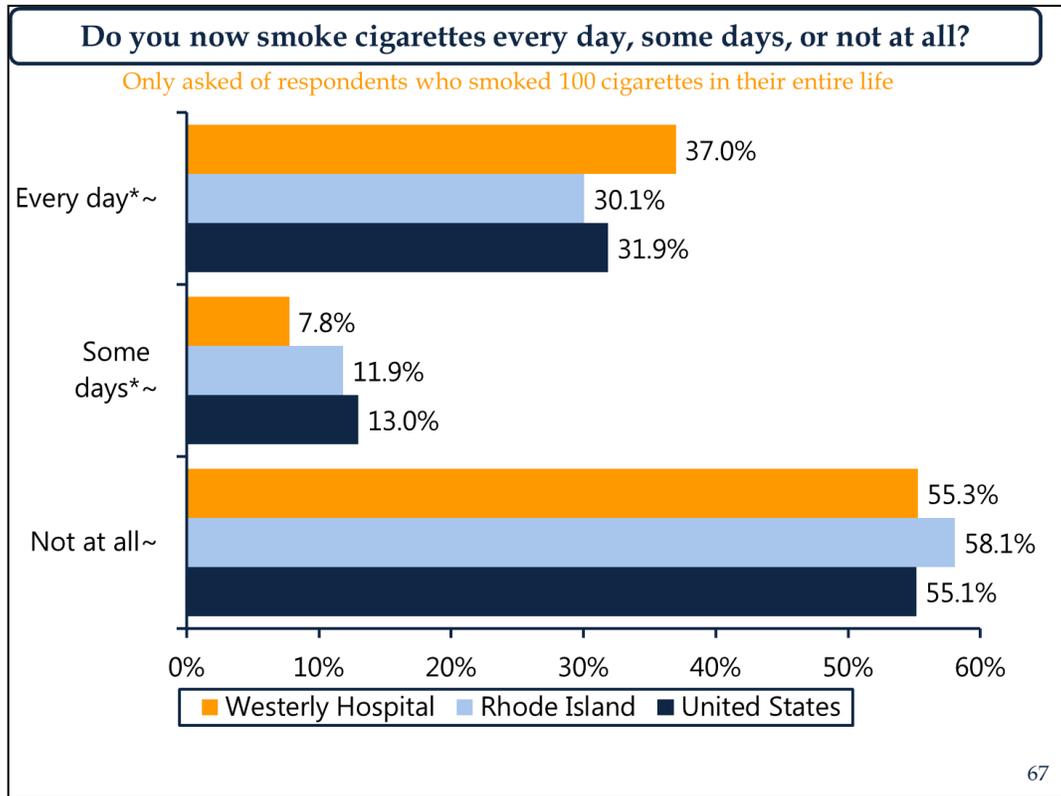


**Diabetic conditions** such as pre-diabetes, gestational diabetes, and adult diabetes were included in the survey as well. Approximately eight percent (7.7%) of residents in the area reported having diabetes compared to 8.4% for Rhode Island and 9.8% nationally. Pre-diabetes was diagnosed in 10.5% of the survey respondents, which is slightly above Rhode Island (8.3%) and the U.S. (7.1%). The percentage of individuals receiving diabetes screenings in the past three years (51.1%) is below the nation (54.4%) and Rhode Island (59.5%). Residents with diabetes are less likely to take insulin and are more likely to have eye problems due to their diabetes.

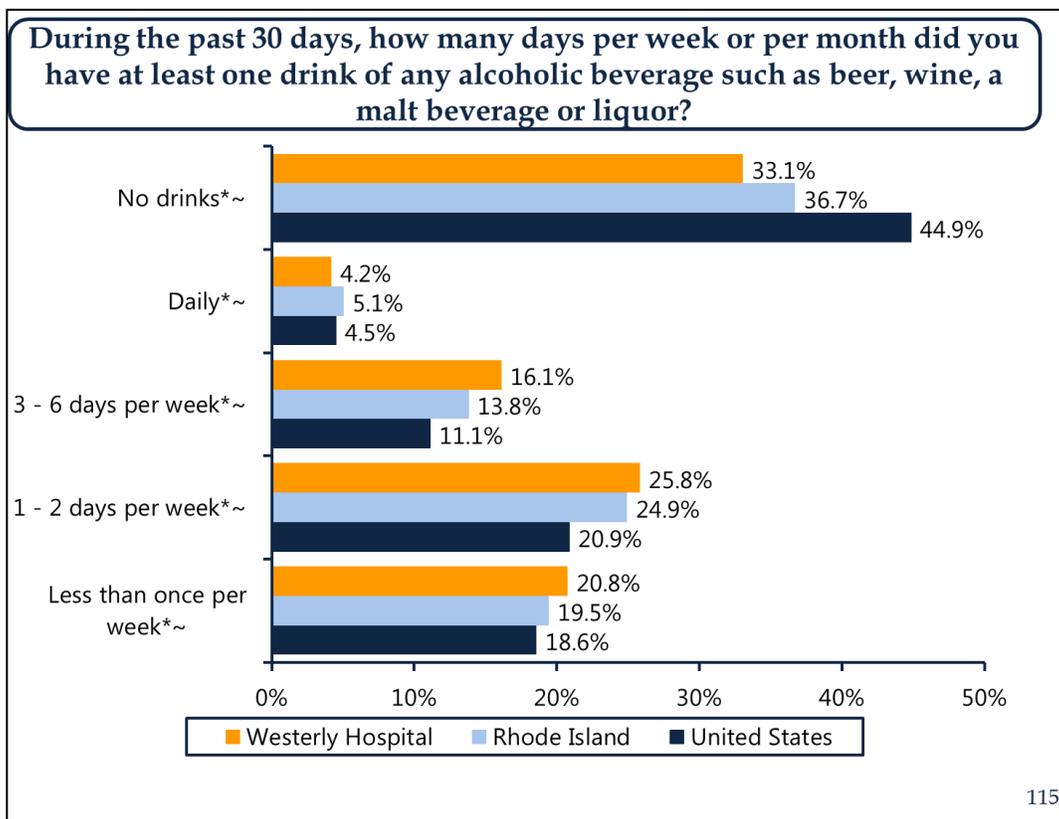


Risky behaviors related to **tobacco and alcohol use** were measured as part of the survey. Nearly 43% of area adults reported smoking at least 100 cigarettes in their lifetime, below Rhode Island (48.3%), but similar to the U.S. (44.8%). Within this group, 44.8% still smoke either every day or some days, which is slightly above the percentage statewide (41.9%), but similar to the percentage nationwide (44.9%). Among current smokers, 56% have attempted to quit smoking in the past year, less than statewide (63.2%) and nationally (59.5%). Few adults, less than 2%, use some form of chewing tobacco.



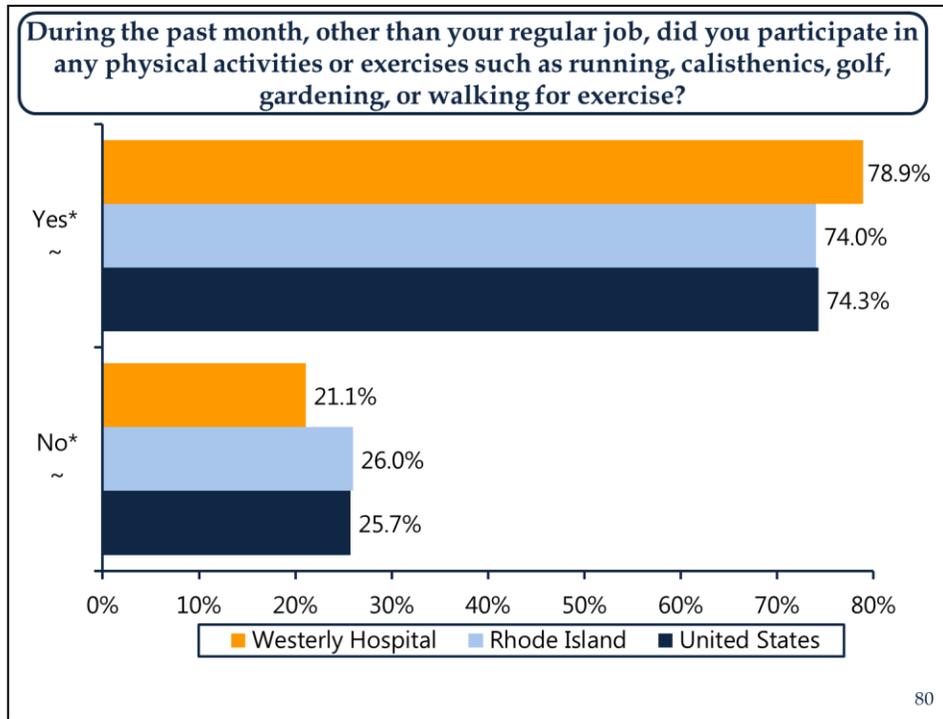


Residents living locally and throughout Rhode Island are more likely to have had an alcoholic drink in the past month. Nearly 67% of residents reported at least one day in the previous month when they had an alcoholic drink. This is higher than Rhode Island (63.3%) and the nation (55.1%). While the overall incidence of drinking is higher, binge drinking in the area is similar to state and national figures. Roughly 30% of residents reported having four or more drinks (females)/five or more drinks (males) on one occasion in the previous month. This compares to 31.8% for Rhode Island and 33.4% for the nation.

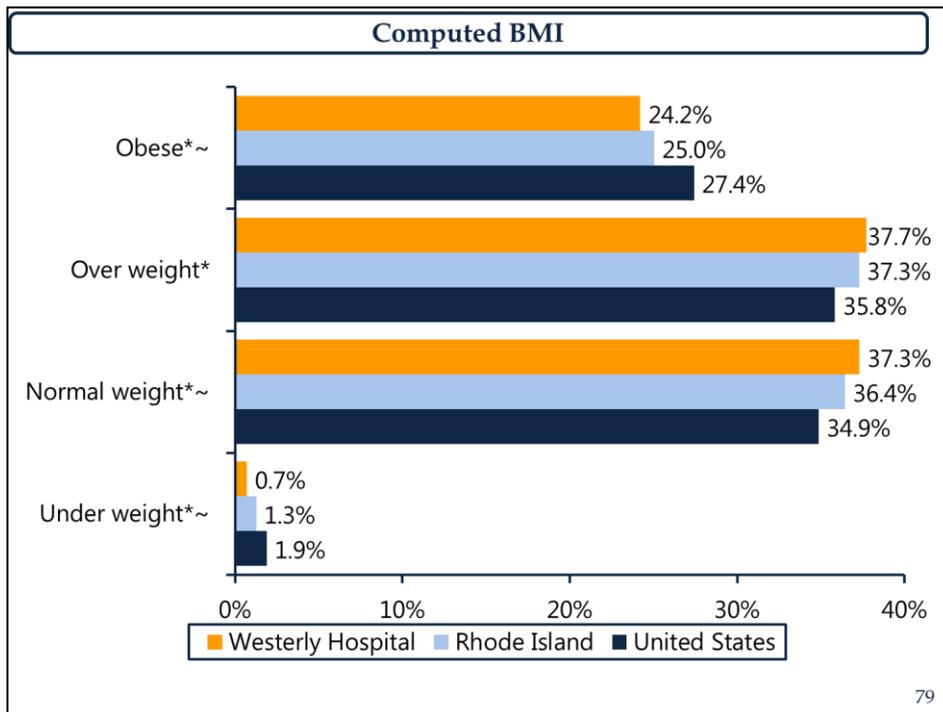


**Nutrition and exercise** habits were assessed by asking about fruit and vegetable consumption as well as the frequency and duration of physical activity. Roughly 29% of adults reported drinking 100% pure fruit juices once or more per day and 53.9% reported consuming fruit once or more per day. Nearly 27% of adults consumed dark green vegetables daily, while 9.7% ate orange-colored vegetables daily and 42.6% ate other types of vegetables daily. The consumption of fruits and vegetables looks similar to or better than state and national figures.

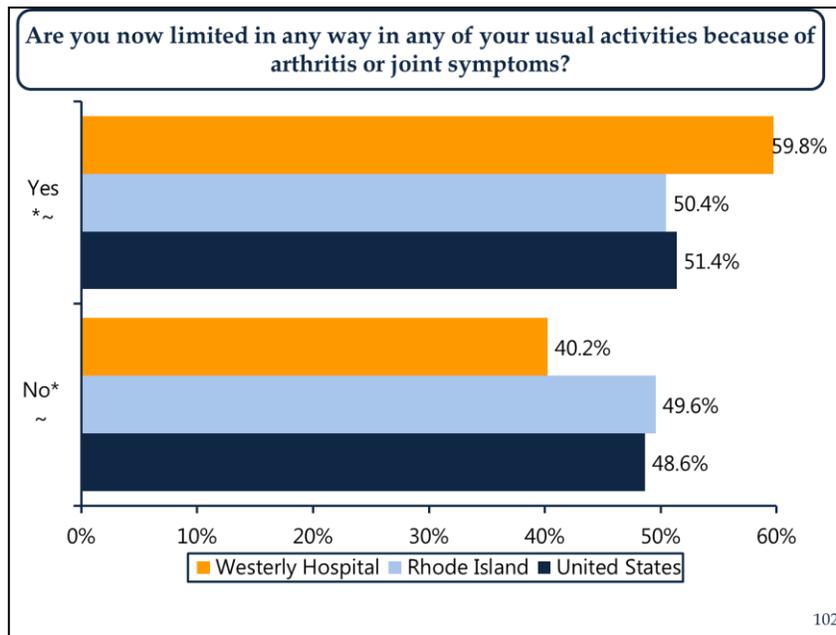
Roughly 79% indicated that they participated in physical activities such as running, walking, or calisthenics in the previous month. This is above Rhode Island (74%) and the U.S. (74.3%). Walking was the most common form of exercise, reported by 50.8% of those who exercised. Nearly 58% of those who exercised reported participating in the physical activity 1 to 5 times a week and another 18.7% reported exercising 6 to 10 times per week. The largest proportion, 50.2%, engaged in exercise for less than one hour and 43.5% engaged in exercise for 1 to 3 hours, a slightly greater amount of time what is seen throughout the rest of the country.



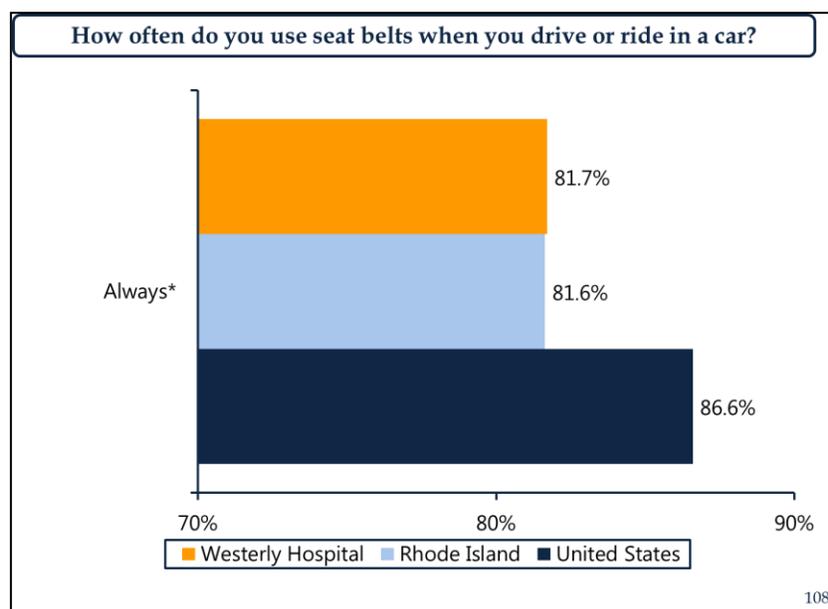
**BMI (Body Mass Index)** was calculated from self-reported measures of height and weight. As displayed below, 61.9% of those surveyed were either obese or overweight. This is similar to the figure for Rhode Island (62.3%) and slightly below what is seen throughout the U.S. (63.2%). A positive finding is that the percentage of residents who have normal weight is higher than the state and the nation.



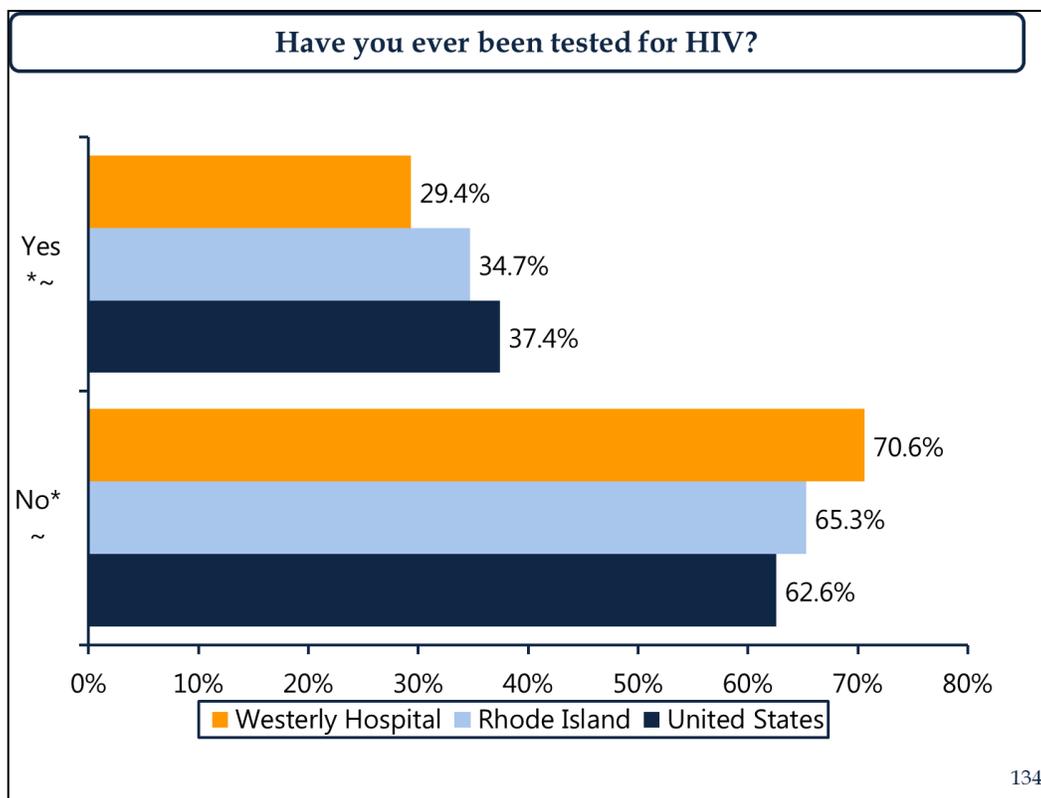
When asked about the existence of **arthritis or joint symptoms**, a higher percentage of residents reported having issues. Nearly 60% of residents indicated that they are limited in some way because of arthritis or joint symptoms. This compares to 50.4% for Rhode Island and 51.4% for the country as a whole. More local residents are also limited in their daily functioning because of joint symptoms.



Adult residents throughout Rhode Island are less likely to always wear their **seatbelt** when riding in or driving a car. Local residents follow the same pattern. As shown below, 81.7% of local adults always wear their seatbelt. This is similar to the 81.6% statewide, but lower than the 86.6% nationally.



**Immunization rates** were assessed by asking residents about various vaccinations that they may have received. Roughly 40% of adults in the hospital’s service area had the seasonal flu vaccine in the previous year. This is equitable to the state (40.6%) and higher than the nation (36.7%). When asked about children living in the household, 58.7% indicated that their child had a seasonal flu vaccination. This compares to 73.2% statewide and 48.2% nationally. Roughly 34% of adults reported that they had a pneumonia shot at some point in their lifetime. This figure is similar to Rhode Island (34%) and slightly above the U.S. (30.6%). When asked if they received a tetanus shot in the past 10 years, 80.2% indicated that they had. This is above Rhode Island (72.6%). Locally, fewer adults have ever been tested for HIV. Roughly 29% indicated that they have been tested for HIV at some point in their lifetime compared to 34.7% throughout Rhode Island and 37.4% nationally. This could either be an indication of fewer individuals being proactive and receiving a test or fewer individuals engaging in at-risk behaviors such as intravenous drug use or unprotected sex.



In summary, the household survey results reveal a number of areas of opportunity and needs in the community such as childhood asthma, pre-diabetic conditions, arthritis, and regular seatbelt use. However, a number of strengths exist as well. Adults locally are more likely to have had a flu shot in the past year, are more likely to have health insurance, and exercise more. The household survey results should be examined along with the secondary data, key informant interviews, and focus groups to examine areas of overlap.

## SECONDARY DATA PROFILE

Secondary data, such as mortality rates, cancer incidence rates, and social determinants of health (poverty, education, and housing to name a few) were gathered and reported by Healthy Communities Institute (HCI). The Hospital Association of Rhode Island and its member hospitals established a relationship with HCI to measure and depict health status and risky behaviors throughout Rhode Island communities. The following information summarizes select health statistics and findings for Washington County, Rhode Island, the home county of The Westerly Hospital. A full, detailed listing of all the indicators collected for the various Rhode Island Counties, ZIP codes and census tracts can be found at [www.rihealthcarematters.org](http://www.rihealthcarematters.org).

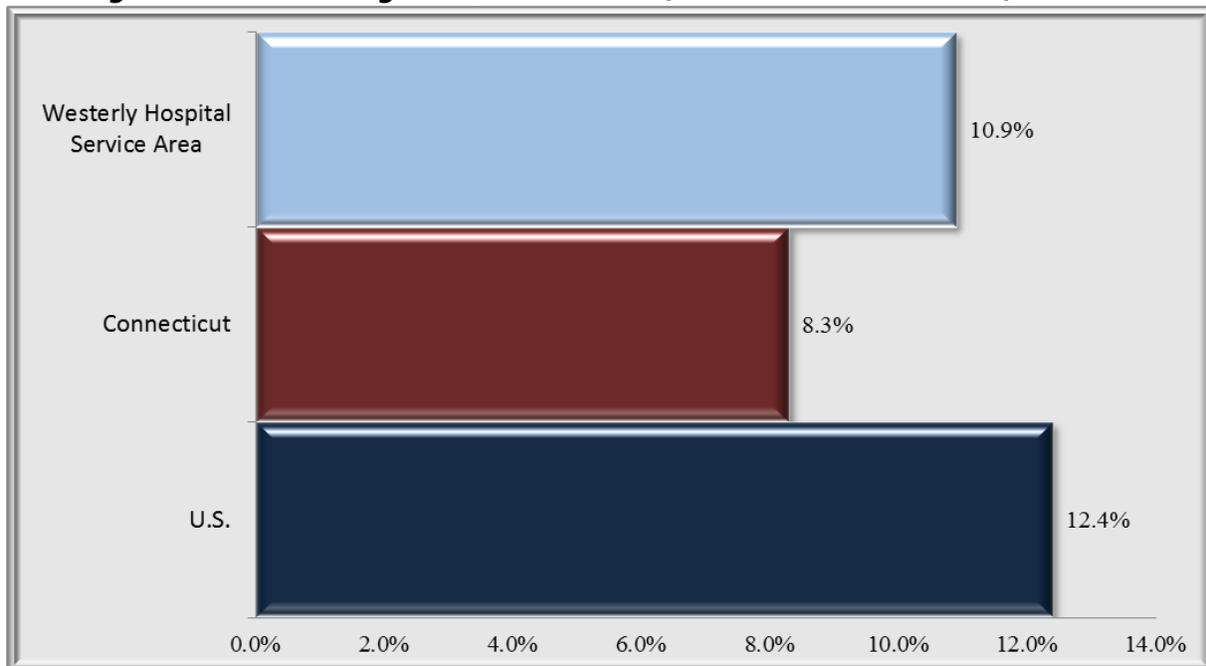
Additionally, Holleran completed a secondary data profile for The Westerly Hospital that reflects data throughout its service area, which includes towns in Connecticut. The following summary provides an integrated overview of both the Rhode Island and Connecticut service areas.



### Population and Household Statistics

The Connecticut communities in The Westerly Hospital service area saw population growth between 2-3%, which is slightly below the pace of growth for Connecticut and the U.S. between 2000-2010. The median age in the CT service area (38.5 years) is similar to Connecticut and national figures, however, the percentage of adults 65 years and over is higher than what is seen nationally. In The Westerly Hospital area of CT, 14.6% of individuals are 65 years of age or older compared to 14% for Connecticut and 12.9% for the U.S. overall. There is less racial and ethnic diversity in the CT service area compared to statewide and nationally, with 86.6% of the population considered White and 90.3% of households speaking English only.

The number of vacant housing units in the Connecticut service area is estimated at 10.9%. As shown in the graph below, this is above Connecticut, but below the U.S. For Washington County, RI, the vacancy rate is even lower at 1.6%. The median home value in the CT service area is \$289,605, which is slightly below the state median (\$293,100) and above the U.S. (\$186,200).

**Percentage of vacant housing units, 2007 – 2011 (Connecticut service area)**

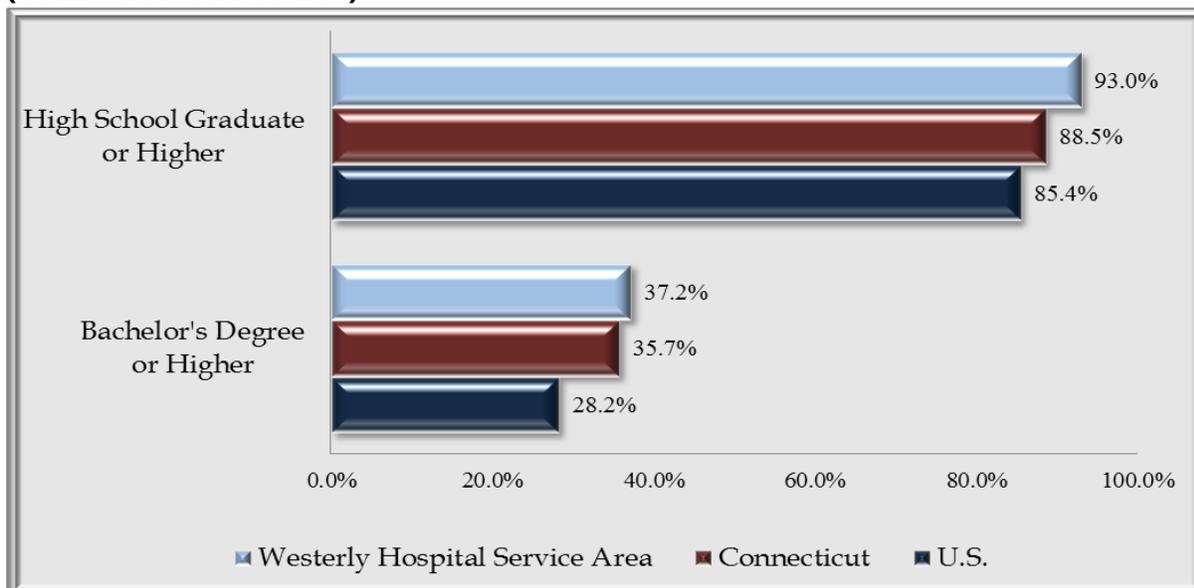
The CT service area divorce rate (12%) exceeds state (10.2%) and national (10.6%) figures. Household and family income looks fairly similar to Connecticut, and surpasses national figures. Washington County, RI, also has median household incomes and per capita income rates higher than national comparisons. Poverty rates in the hospital's service area are below state and national figures for both the Connecticut and Rhode Island service areas. The demographic groups with the highest levels of poverty in the area are single-female households and single-female households with children under 18 years of age (19.9% and 26% respectively).

The percentage of single-parent households in Washington County, Rhode Island, is lower than what is typically seen throughout the country. The percentage of children living in single-parent family households (with a male or female householder and no spouse present) is 22.1% in Washington County. This ranks in the lowest quartile nationally.

At the end of 2012, the unemployment rate in the CT service area (6.8%) was better than what was seen nationally (8.7%). For Washington County, RI, the unemployment rate was 8.4% as of November 2012.

As detailed below, education levels in the CT service area are higher than state and national percentages. For the Rhode Island service area, it is estimated that 92.5% of individuals age 25 and older have a high school education or higher.

**Educational attainment percentages for population 25 years and over, 2007 – 2011  
(Connecticut service area)**



**Cancer Incidence**

A number of cancer incidence rates were gathered for Washington County, Rhode Island. The incidence rate that is the most alarming is for breast cancer. As shown below, the county rate is 142.2 cases per 100,000 females. This is well above national averages. Slightly elevated cancer incidence rates were also identified for oral cavity and pharynx cancer and prostate cancer.

**Rhode Island service area**

<p>116.7 128.1</p> <p>Red &gt; 128.1 Green &lt;= 116.7 In-between = Yellow Unit: cases/100,000 females <a href="#">View the Legend</a></p>	<p><b>Breast Cancer Incidence Rate</b></p>	
	<p><b>Value:</b> 142.4 cases/100,000 females</p> <p><b>Measurement Period:</b> 2005-2009</p> <p><b>Location:</b> County : Washington Located in State: Rhode Island <b>[ View Every County ]</b></p> <p><b>Comparison:</b> U.S. Counties</p> <p><b>Categories:</b> Health / Cancer Health / Women's Health</p>	

**Mortality Statistics**

The overall age-adjusted mortality rate for The Westerly Hospital service area in Connecticut is 851.8. This is significantly higher than both the U.S. and Connecticut rates. For Washington County, Rhode Island, however, the premature death compares favorably (lower) to national figures.

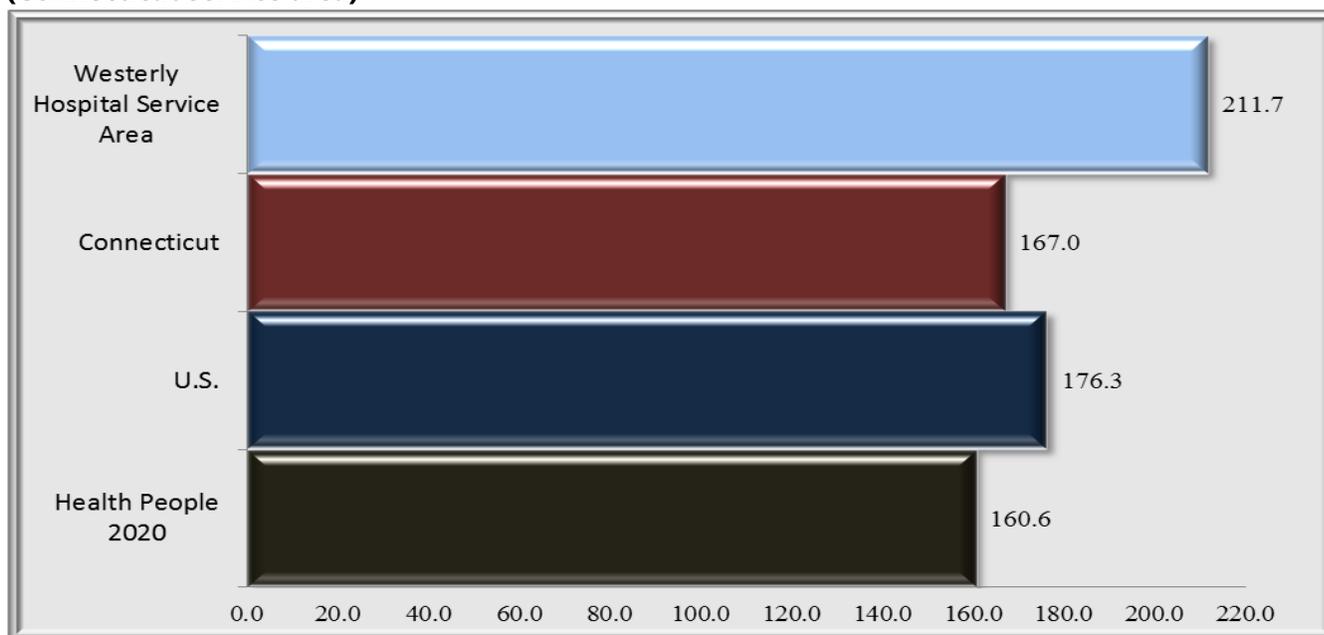
**Mortality, All Ages per age-adjusted 100,000 (2007 - 2009)**

	U.S.		Connecticut		The Westerly Hospital Service Area	
	n	Rate	n	Rate	n	Rate
Total deaths	7,332,859	766.4	85,699	682.7	1,978	851.8

Sources: Center for Disease Control and Prevention, 2012  
 Connecticut Department of Public Health, n.d.

Cancer is the number one cause of death in the hospital’s Connecticut service area, followed closely by heart disease. Deaths due to COPD (chronic obstructive pulmonary disease) are also elevated in the CT service area. The bar graph below shows the comparisons for cancer deaths. Specifically, deaths due to lung cancer and skin cancer are higher locally than throughout Connecticut and the U.S. cancer deaths in Washington County for breast, colorectal, lung, and prostate cancers are similar to or lower than national death rates.

**Age-adjusted malignant neoplasms (cancer) death rate per 100,000, 2007 – 2009 (Connecticut service area)**



In Washington County, Rhode Island, the age-adjusted death rate for stroke is 27.3 deaths per 100,000 population. This is lower than the rate nationally. The age-adjusted death rate due to coronary heart disease is closer to what is seen throughout the country at 128.2 deaths per 100,000.

### **Maternal and Child Health Statistics**

The birth rate in the hospital's Connecticut service area (11.5 live births per 1,000) is similar to the rate in Connecticut and the nation. However, the percentage of births to teen mothers is lower than what is seen statewide and nationally. In addition, the percentage of newborns born with a low birth weight (7.5%) is slightly below Connecticut (8%) and the U.S. (8.1%). Roughly 62% of expecting mothers in the hospital's service area receive adequate prenatal care, which is above the 42.6% statewide.

Washington County statistics show similar favorable findings for birth weight. The Healthy People 2020 national health goal is to reduce the proportion of infants born with low birth weight to 7.8%. Low birth weight infants have a birth weight of 2,500 grams (5 pounds, 8 ounces) or less. Washington County currently surpasses the Healthy People goal with a figure of 6.8%. The Rhode Island state value is 8%. Pre-term births are also an indicator for maternal and child health. Approximately 10.3% of all births in Washington County are pre-term. This is slightly below the state value of 11.8%.

### **Chronic Illness**

Washington County has favorable chronic illness statistics compared to the state of Rhode Island. According to 2010 figures, 5.9% of Washington County adults have diabetes. Statewide, the figure is 7.8%. In addition, 6.8% of Washington County adults have asthma. Statewide, the figure is 10.9%. Asthma statistics reflect adults who have been diagnosed by a doctor of health professional.

### **Tobacco and Alcohol**

The percentage of adults who binge drink in Washington County, Rhode Island is 19.2%. This is above the Rhode Island percentage of 16.2%. The percentage of adults who smoke in the county is 14.2% which is similar to the Rhode Island percentage of 15.7%. These data points were not available for the ZIP codes in the Connecticut service area, but are covered in the household survey section of the report.



**Mental Health Statistics**

Deaths due to suicide is a common indicator of the mental health status of an area. The suicide death rate in The Westerly Hospital service area of Connecticut is 7.8 per 100,000 in population. This is fairly equitable to Connecticut (8.2) and below the U.S. (11.8). According to 2008-2010 statistics, the suicide death rate in Washington County is 11.5 deaths per 100,000 population. This is in the bottom quartile nationally for suicide deaths. However, self-reported poor mental health days look similar to national figures. On average, Washington County adults report 3.3 days a month of poor mental health.

**Hospital Utilization Data**

The largest proportion of emergency department admissions to The Westerly Hospital are Medicare Part B participants (22.5% of admissions). This is followed by Connecticut Medicaid (17.9%) and Medicare Part A (9.4%). The largest proportion of emergency department admissions (56.9%) come from ZIP code 06379 (Pawcatuck). The next highest percent (15.9%) come from ZIP code 06359 (North Stonington). The top three emergency department admissions in 2012 were for tobacco use disorders, unspecified essential hypertension, and diabetes mellitus. The vast majority of patients (86.1%) are discharged to their homes with no additional services provided.

The most common payer type for inpatient admissions to The Westerly Hospital is Medicare Part A (45.9%). The second most common payer type is Medicare Part B (11.8% of inpatient admissions). The primary ZIP codes that inpatient admissions come from are very similar to those seen in the emergency department, with the largest proportion coming from ZIP code 06379 (Pawcatuck). The two top inpatient admission diagnoses are pneumonia and chronic bronchitis.

**Criminal Activity**

With one exception, all categories of crime offenses are lower in The Westerly Hospital Service area-Connecticut. This includes murder, rape, robbery, assault, burglary, motor vehicle theft, and arson. The one exception in which Connecticut service area of The Westerly Hospital ranks

above Connecticut as a whole is larceny. The service area rate is 1,111.5 compared to 586.6 statewide (per 100,000).

In closing, the secondary data that was compiled should be examined collectively with the BRFSS analysis and the other research components. As with primary data, these statistics represent point-in-time information and patterns and comparisons can vary over time.

## **KEY INFORMANT INTERVIEWS**

Key informants were interviewed to gather a combination of quantitative ratings and qualitative feedback through open-ended questions. A general summary of the findings is below.

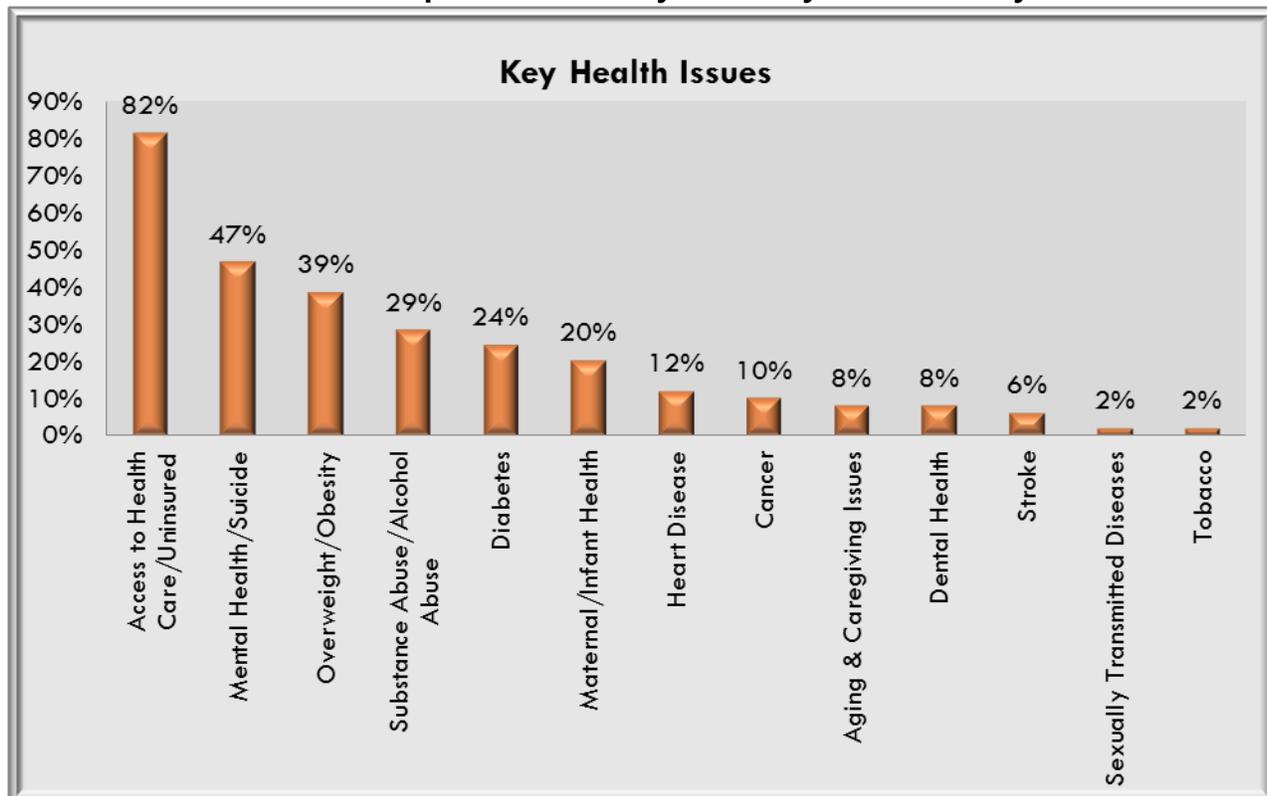
### **Key Health Issues**

The initial section of the survey focused on the key health issues facing the community. Individuals were asked to select the top three health issues that they perceived as being the most significant. The three issues that were most frequently selected were:

- Access to Health Care/Uninsured/Underinsured
- Mental Health/Suicide
- Overweight/Obesity

The bar graph below shows the key informant rankings of all of the key health issues. The bar depicts the total percentage of respondents who ranked the issue among the top three concerns. Additional health concerns that were mentioned included childhood asthma, teenage pregnancy, and health disparities among those living in poverty.

**“What are the top 3 health issues you see in your community?”**



**Access to health care** was the most frequently selected health issue with 82% of informants ranking it among the top three key health issues. Forty-one percent (41%) of informants ranked it as the most significant issue facing the community. Concerns were voiced about hospitals serving as the safety-net provider for individuals who are uninsured and the number of uninsured patients that providers of free or reduced health care centers are seeing. While these clinics and options are in place, they do not provide high-level specialty care that is often needed.

The second most frequently selected health issue was **mental health/suicide** with 47% of informants selecting it among the top three key health issues. Sixteen percent (16%) of respondents ranked mental health as the most significant issue facing the community. Respondents indicated that the resources available for the treatment of mental health issues are insufficient. The greatest concerns were for the lack of psychiatrists, children’s specialists, and professionals trained in co-occurring disorders (mental health and addiction). Key informants reported that emergency rooms are often addressing these mental health issues among residents.

The third most frequently selected health issue was **overweight/obesity** with 39% of informants ranking it among the top three key health issues. Ten percent (10%) of informants ranked overweight/obesity as the most significant issue facing the community. Respondents feel that

reducing obesity can lead to improvements in many of the other chronic health issues identified as areas of concern. Those interviewed acknowledged that Rhode Island is not alone in its struggle with obesity.

**Health Care Access**

The survey respondents were asked to elaborate further on access to care issues in the area. They were asked questions regarding access to primary care, specialty care, and bilingual healthcare, and potential transportation barriers. As detailed in the table below, area professionals were least likely to agree that there is a sufficient number of bilingual providers. In addition to limited bilingual providers, the availability of mental/behavioral health providers, providers accepting Medicaid, dentists, specialists, and transportation were also rated as areas of concern. The highest rated statement was with regard to having access to a primary care provider when needed. While this was rated the highest among those interviewed, it only averaged a 3.02 rating on a 5-point scale.

<b>Factor</b>	<b>Mean Response (1=strongly disagree; 5=strong agree)</b>
Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	3.02
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.57
Residents in the area are able to access a dentist when needed.	2.49
There is a sufficient number of providers accepting Medicaid and medical assistance in the area.	2.37
There is a sufficient number of bilingual providers in the area.	1.88
There is a sufficient number of mental/behavioral health providers in the area.	2.20
Transportation for medical appointments is available to residents in the area when needed.	2.41

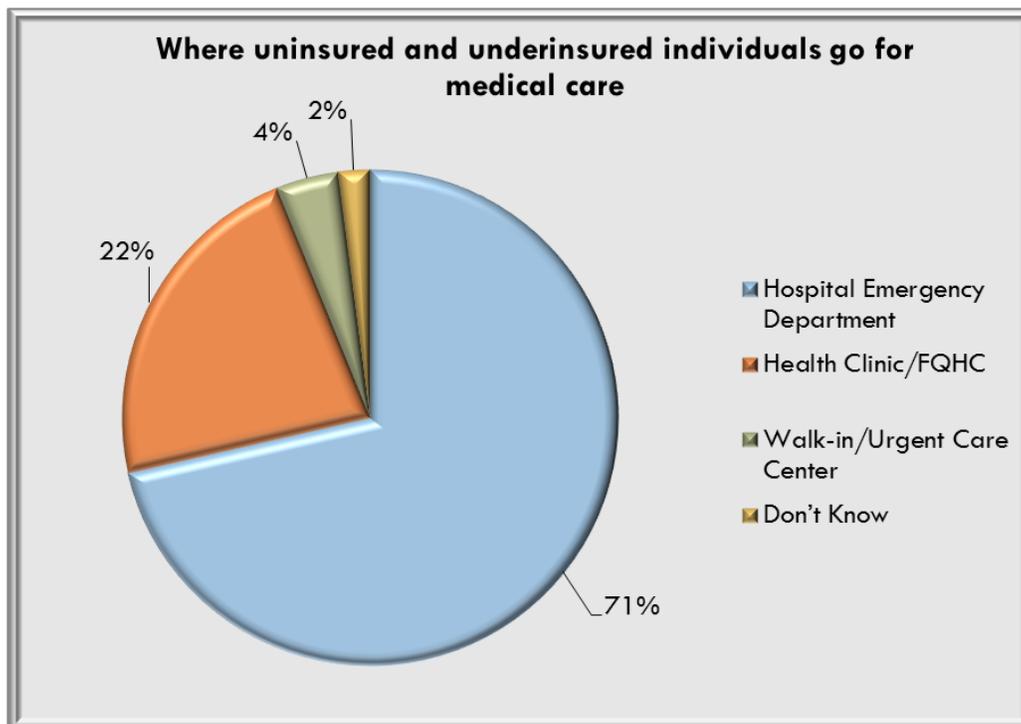
After rating availability of health care services, informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The barriers that were most frequently selected were:

- Lack of Health Insurance Coverage
- Lack of Transportation
- Inability to Pay Out of Pocket Expenses

Respondents also identified concerns related to having too few providers, limited appointment times (particularly for the uninsured), language and cultural barriers, and difficulties navigating the health care system. While the greatest concerns were for the uninsured, many commented on increasing barriers for those with health insurance. One barrier that was mentioned was the escalating out-of-pocket expenses for co-pays and prescriptions medications. Another barrier that was mentioned was transportation. Transportation services were identified as “practically non-existent” in some areas. Those areas with bus or other public transportation options also have limitations that present additional barriers such as restricted eligibility requirements or expensive fares.

Informants were then asked whether they thought there were specific populations that were not being adequately served by local health services. The majority of respondents (88%) indicated that there are underserved populations in the community. The immigrant/refugee population was identified as the most underserved followed by the low-income/poor. These groups were followed by the uninsured/underinsured, the Hispanic/Latino population, and individuals with mental health issues as the groups most underserved.

When asked where they think most uninsured and underinsured individuals go when they are in need of medical care, 71% stated the hospital emergency department. The bar chart below details the responses. Health clinics and FQHCs (Federally Qualified Health Centers) were mentioned by 22% of those interviewed.



Respondents were asked to identify key resources or services they felt would be needed to improve access to health care for residents in the community. Many informants indicated that mental health services were needed. Informants also felt there was a need for more health education, information, and outreach. In addition, respondents suggested that additional free and low cost medical and dental services would help improve access. Additional frequent mentions included transportation options, assistance with basic needs (housing, food), and more primary care providers.

### **Challenges and Solutions**

The final section of the survey focused on challenges to maintaining healthy lifestyles, perceptions of current health initiatives, and recommendations for improving the health of the community. When asked what challenges people in the community face in trying to maintain healthy lifestyles, participants suggested the following common challenges:

- Cost/Access
- Motivation/Effort
- Time/Convenience
- Education/Knowledge

Several participants indicated that cost is a barrier. They explained that healthy foods like fresh fruits and vegetables can be expensive, and unhealthy foods are often cheaper. Participants also mentioned that gym memberships and fitness programs can be expensive. In addition, informants expressed concerns about lack of awareness and education. Suggestions were made to integrate more planning activities into community health improvement initiatives. An example that was mentioned was ensuring that communities are walkable and safe. A number of programs and organizations were praised for their efforts, but it was generally agreed that more are needed.

### **Concluding Thoughts**

The key informants expressed appreciation for the opportunity to share their thoughts and experiences and indicated interest and support for efforts to improve community health. Based on the feedback from the key informants, access to health care is a significant issue in the community. A number of barriers contribute to access including health insurance coverage, transportation, and inability to pay out of pocket expenses. The need for mental and behavioral health services was also repeatedly mentioned by informants. In addition, informants expressed concern about the growing problem of obesity and indicated that there are number of challenges that contribute to obesity including cost, accessibility, convenience, education, and motivation. Many respondents indicated the need for increased awareness, education, prevention, and outreach and encouraged more collaboration and coordination among health and human service providers.

The feedback from the key informant surveys will be utilized in conjunction with secondary data, BRFSS analysis, and focus group discussions to understand community health needs and prioritize public health endeavors.

## **FOCUS GROUPS**

On March 26, 2013, Holleran conducted two focus groups with 21 Mental and Behavioral Health Care professionals. Both groups were held at Butler Hospital in Providence, Rhode Island. Focus Group participants were recruited by HARI and its member hospitals. A full report of the Focus Groups was provided to the hospital. A list of participants is included as Appendix B.

The aim of the Focus Groups was to identify mental and behavioral health needs throughout Rhode Island. Focus group participants discussed Rhode Island's challenges and successes in providing care to residents with mental health needs. Special populations, access to care, community perception, emerging trends, and recommendations were discussed.

Adolescents, the elderly, homeless individuals, and those who do not speak English were seen as some of the most underserved populations when it came to mental health needs. Of particular concern is increased substance abuse, especially among adolescents, and the co-occurring diagnosis of mental illness and substance abuse. The participants also expressed concerns about the complexity of patients' conditions and the relationship between mental and physical health.

Challenges with accessing care included lack of insurance and ability to afford care, as well as provider reimbursement rates and acceptance of insurance. Coordination of services within the system needs to be improved to create a transparent system where providers can easily provide referrals to the appropriate level of care in an efficient and expedient manner.

Stigma, as well as the recognition of signs and symptoms of mental health conditions, continues to be a barrier to treatment. Recommendations were made to continue to explore the integration of primary care and mental health, as well as regular mental health screening of patients with chronic conditions.

Continued collaborations between schools and community-based services were seen as successful and in need of additional support. Advocacy to ensure continued funding successful programs is needed.

A shift from payer-led treatment plans to provider-led treatment plans would enable the appropriate level of care and likely cut costs in the end. Providers feel as though "their hands are tied" when it comes to providing the best treatment for patients.

Participants, encouraged by the dialogue with a cross-section of providers, referral sources, and community agencies, suggested a state-wide mental health summit to further explore issues and opportunities.

## Identified Areas of Need

Each individual research component provides a unique perspective on the health status of the service area for The Westerly Hospital. While each component provides a different perspective, a number of overlapping health issues are evident. The following list outlines the key themes that stood out across the four research components.

- **Access to Care:** Concerns for healthcare access were seen as greatest for the uninsured and under-insured and those attempting to access specialty care. Specialty care includes medical specialists, dentists, and child and senior providers. The growing immigrant population was also noted as an increasing challenge to the local health care system. Specifically, it was stated that there are too few bilingual providers locally and that cultural competencies are not fully integrated into the health system. In general, most individuals in the hospital's service area have health insurance coverage, but for those who do not, the options are limited.
- **Alcohol:** The assessment results yield mixed findings with respect to alcohol use. The household survey found that more adults in the hospital's service area consume alcohol in a typical month compared to all of Rhode Island and the U.S. However, the household survey did not identify binge drinking as an area of concern. The secondary data for Washington County, Rhode Island, does point to elevated rates of binge drinking among county adults. Additionally, the county data identified a higher density of liquor stores in Washington County compared to other counties.
- **Asthma:** The secondary data identified a higher than recommended number of ozone days in a year. Washington County received the equivalent of a "D" rating from the American Lung Association for ozone days. Additionally, the household survey results identified that more children in the area have had asthma at some point in their life and most still do. The secondary data for the Connecticut region also points to elevated rates of COPD (chronic obstructive pulmonary disease).
- **Breast Cancer:** The incidence of breast cancer in Washington County and the Connecticut service area are both above national rates. Additionally, in the Connecticut service area of The Westerly Hospital cancer is the number one cause of death, above heart disease.
- **Diabetes:** The household survey pointed to elevated rates of pre-diabetic or borderline diabetic conditions. Additionally, residents with a confirmed diabetes diagnosis are more likely to have vision problems due to complications from diabetes.
- **Overweight & Obesity:** All research components identified that there are significant concerns about overweight/obesity in the area. While residents in the hospital's service area are less likely to be obese or overweight compared to nationally, nearly 62% of the adults are overweight or obese. Key informants also noted their concern with the issue of

overweight/obesity and its relationship to chronic diseases such as diabetes. The secondary data also pointed to a higher density of fast food restaurants in Washington County.

## Prioritization of Community Health Needs

On April 30, 2013, approximately 20 individuals representing the Hospital Association of Rhode Island (HARI), its member hospitals, and the Rhode Island Department of Health gathered to review the results of the 2013 Community Health Needs Assessment (CHNA). A list of attendees can be found in Appendix C. The goal of the meeting was to discuss and prioritize key findings from the CHNA and to set the stage for statewide community health improvement initiatives and the development of the hospitals' Implementation Strategies.

The meeting began with an abbreviated research overview presented by Holleran Consulting. The presentation covered the purpose of the study, research methodologies, and the key findings. Following the research overview, participants were provided with information regarding the prioritization process, criteria to consider when evaluating key areas of focus, and other aspects of health improvement planning, such as goal setting and developing strategies and measures. Holleran then facilitated an open group discussion for attendees to share what they perceived to be the needs and areas of opportunity in the region.

A broad list of needs was identified through the research and discussion. Holleran facilitated group discussion to identify overlapping strategies, cross-cutting issues, and the ability for regional health and human services providers to effectively address the various needs. After dialogue and consolidation, the following "Master List of Needs" was developed by the attendees to be evaluated as potential priority areas for community health improvement activities.

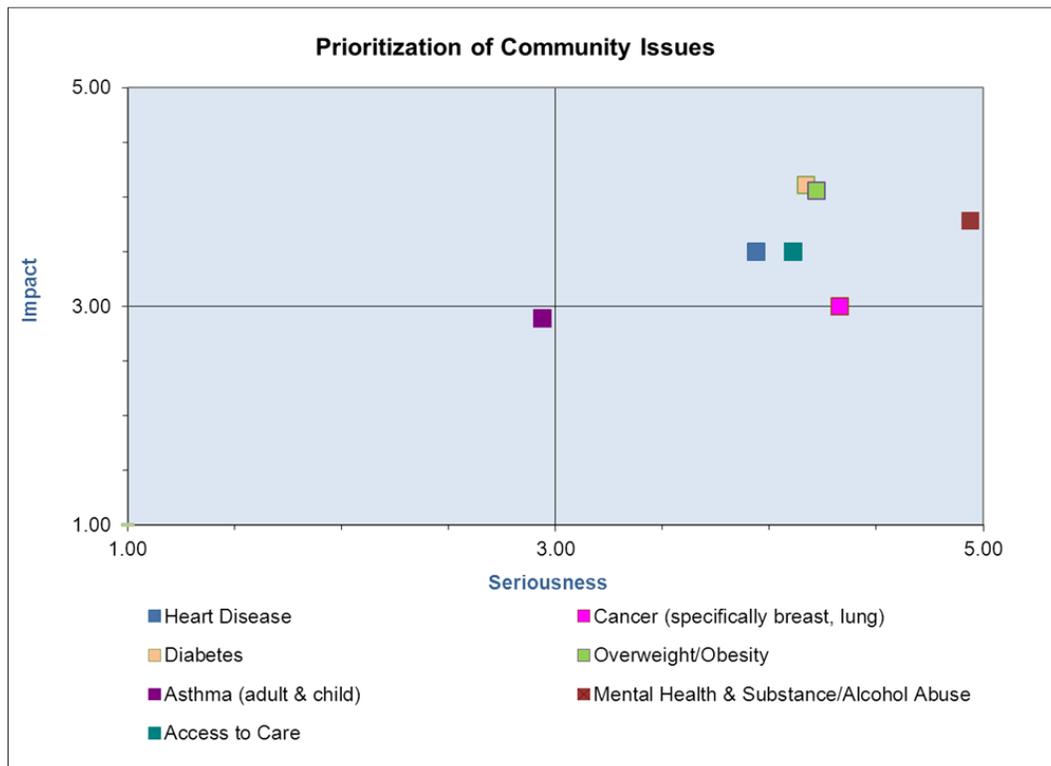
### Master list of community priorities (in alphabetical order):

- Access to Care
- Asthma
- Cancer
- Diabetes
- Heart Disease
- Mental Health and Substance Abuse
- Overweight and Obesity

Once the master list was compiled, participants were asked to rate each need based on two criteria. The two criteria included seriousness of the issue and the ability to impact the issue. Respondents were asked to rate each issue on a 1 (not at all serious; no ability to impact) through 5 (very serious; great ability to impact) scale. The ratings were gathered instantly and anonymously through a wireless audience response system. Each attendee received a keypad to register their vote. The following table reveals the results of the voting exercise from highest rated need to lowest based on the average score of the two criterions.

Master List	Seriousness Rating (average)	Impact Rating (average)	Average Total Score
Mental Health and Substance Abuse	4.94	3.78	4.36
Diabetes	4.17	4.11	4.14
Overweight/obesity	4.22	4.06	4.14
Access to Care	4.11	3.50	3.81
Heart Disease	3.94	3.50	3.72
Cancer (specifically breast, lung)	4.33	3.00	3.67
Asthma (adult and child)	2.94	2.89	2.92

The priority area that was perceived as the most serious was Mental Health (4.94 average rating), followed by Cancer (4.33 average rating), and Overweight and Obesity (4.41 average rating). The ability to impact Diabetes was rated the highest at 4.11, followed by Overweight and Obesity with an impact rating of 4.06, and Mental Health, with a score of 3.78. The matrix below outlines the intersection of the seriousness and impact ratings. Those items in the upper right quadrant are rated the most serious and with the greatest ability to impact.



## Implementation Strategy

Following the review of research findings and prioritization of community health needs, The Westerly Hospital developed an Implementation Strategy that adopted the goals and objectives developed on the state-wide level to guide its community health improvement initiatives.

### **Mental health/substance abuse**

- Decrease morbidity from chronic and treatable medical illnesses/conditions among persons with mental illness, including substance abuse disorders
- Improve mental health by increasing access to appropriate, quality mental health services, including substance abuse services

### **Diabetes**

- Increase the number of people that are aware of their risk
- Increase diabetes self-management education for people living with diabetes

### **Heart Disease**

- Increase the number of women that are aware of their risk
- Reduce heart disease through early identification, and early and appropriate treatment/management

The Westerly Hospital's Board of Directors adopted its Implementation Strategy on September 30, 2013.

## Appendix A: Key Informants

Name	Title	Organization
Ana Novais	Executive Director	Community, Family Health & Equity/HEALTH
Ann Barrone	Chief WIC	Rhode Island Dept. of Health
Ann Nolan	President	Cross Roads
Benedict Lessing Jr.	Executive Director	Family Resources Community Action
Beth Lamarre	Director	Community Health Care Workers Association
Carol Holmqvist	President & CEO	Dorcas Place
Catherine Taylor	Director of Elderly Affairs	DHS
Christopher Koller	Health Insurance Commissioner	RI Dept. of Health
Chuck Jones	President and CEO	Thundermist
Cindy Gardiner	Social Services Manager	Wood River Health Services
Clark Rumpfelt	Chaplain & Community Volunteer	The Westerly Hospital
Dale Klatzker	President & CEO	Providence Center
Dennis Keefe	President & CEO	Care New England
Dennis Langley	President	Urban League of RI
Dennis Leclerc	President	Urban League of RI
Donna Nabb	Family Literacy Coordinator	Westerly Public Schools
Elena Nicolella	RI Medicaid Director	EOHHS/DHS
Elizabeth Burke Bryant	Executive Director	RI Kids Count
Elizabeth Lange	Pediatrics, MD	Coastal Medical of RI
Graciela Fontana	ESL Teacher Assistant & Translator	Westerly Public Schools
Jane Hayward	CEO	RI Health Center Association
Jerry Cutler	VP of Clinical Services	South Shore Mental Health Center
Jim Nyberg	Director	RIAFSA
Jim Berson	President & CEO	YMCA of Greater Providence

<b>Name</b>	<b>Title</b>	<b>Organization</b>
Kate Brewster	Executive Director	Economic Progress Institute
Kelly Lee	Executive Director	Adult Day Services of Westerly
Kristen Edward	HIT Director	TriTown Community Action
Laurie White	President	Greater Providence Chamber of Commerce
Liz Pasqualini	Executive Director	The JonnyCake Center
Louis Giancolav	President & CEO	South County Hospital
Mario Bueno	Executive Director	Progreso Latino
Matthew Cox	Executive Director	RI Parent Information Network
Merrill Thomas	CEO	Providence Community Health Center
Michael Van Leesten	CEO	OIC of Rhode Island
Michele Iacoi, RN	School Nurse (Middle School)	Westerly Public Schools
Neil Corkery	Executive Director	DATA
Patricia Nolan	Executive Director	RI Public Health Institute
Patricia Recupero	President	Butler Hospital
Paul Despres	CEO	Eleanor Slater Hospital
Paul Theroux	Pastor	Saint Francis Parish
Raymond Lavoie	Executive Director	Blackstone Valley Community Health Care
Russ Partridge	Executive Director	The Warm Center
Scott Avedisian	Mayor	City of Warwick, RI
Sean Walsh, LICSW	Director, Family Care Community Partnerships	South County Community Action
Steve Florio	Executive Director	RI Commission on Deaf & Hard of Hearing
Susan Orban, LICSW	Coordinator	VNS Home Health Services
Terrie Wetle	Associate Dean of Medicine for Public Health & Public Policy	Brown University
Tony Maione	President & CEO	United Way of Rhode Island
Virginia Burke	President & CEO	RI Health Care Association

## Appendix B: Focus Group Participants

Name	Title	Agency
Tom Allen	LICSW, Director, Outpatient Addiction Medicine & Behavioral Health Social Work	Roger Williams Medical Center
Fay Baker	LICSW, Director, Project Implementation and Acute Care Services	The Providence Center
Susan Bruce	LICSW	
Gary Bubly	MD, Director, Department of Emergency Medicine	The Miriam Hospital
Joseph Dziobek	President & CEO	Fellowship Health Resources
Charlene Elie	RN, Chief Nursing Officer	Landmark Medical Center
Peter Erickson	PhD	
Dr. Roberta Feather	Marriage and Family Counseling	Private practice
Diane Ferreira	RN, Director of Social Services	Butler Hospital
Robert Hamel	RN, Director of Psychiatric Partial Hospital Psychiatric Services	Butler Hospital
Margaret Howard	PhD, Director of Post-Partum Depression Day Hospital	Women & Infants Hospital
Sue Jameson		VNS Home Health Services
Dale K. Klatzker	President & CEO	The Providence Center
Rich Marwell		Eleanor Slater Hospital
Sally Mitchell	PsyD	
Caroline Obrecht	LICSW	
Deborah O'Brien	Vice President & COO	The Providence Center
Francis Paranzino	Vice President & COO	Newport County Community Mental Health Center
David Robinson	Office of Primary Care and Rural Health	Rhode Island Department of Health
Lisa Shea	MD, Deputy Medical Director	Butler Hospital
Curt Wilkins	Director of Social Services	Landmark Medical Center

## Appendix C: Prioritization Session Participants

Name	Title	Organization
Mike Souza	Senior Vice President	HARI
Liz Almanzor	Project Coordinator	HARI
Stephanie Anderson	Senior Planning Analyst	Care New England
Gina Rocha		HARI
Ed Quinlan	President	HARI
May Kernan		Care New England
Gary Epstein-Lubow		Butler Hospital
Lisa Shea		Butler Hospital
Patti Melaragno		Butler Hospital
Jeff Borkan		Memorial Hospital of Rhode Island
Kellie Sullivan	Planning Implementation Manager	Care New England
Gail Costa	Senior VP Planning	Care New England
Cindy Wyman	VP, Planning & Market Development	South County Hospital
Rene Fischer		Kent Hospital/Care New England
James Alves		Butler Hospital
Ana Novais		Rhode Island Department of Health
Magaly Angeloni		Rhode Island Department of Health
Otis Brown	VP, External Affairs	CharterCARE Health Partners
Darlene Kershaw		Roger Williams Medical Center
Linda Zaman		Roger Williams Medical Center
Patricia Nadle		St Joseph Health Services of RI/CharterCARE
Margaret Duff		St Joseph Health Services of RI/CharterCARE
Paula DiLeonardo		St Joseph Health Services of RI
Michele Danish		St Joseph Health Services of RI