HARI

Community Health Needs Assessment

Final Report

2013

HOLLERAN

Executive Summary

Background

The Hospital Association of Rhode Island, in collaboration with its member hospitals, led a statewide comprehensive Community Health Needs Assessment (CHNA) to assess the health indicators and health needs of residents in the state of Rhode Island. 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 foster collaboration among Rhode Island hospitals in their commitment to community health and population health management. The findings from the assessment will be utilized by HARI and its members to guide community health improvement efforts and to engage partners to address the identified health needs.

Research Components

HARI and its hospital members 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

The following areas were common health issues identified throughout the various research components.

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)

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

HARI 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

HARI 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, HARI 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.

Research Partner

HARI 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. HARI 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, HARI and its CHNA partners will develop a plan to address prioritized community needs.

KEY CHNA FINDINGS

ANALYSIS OF BRFSS DATA

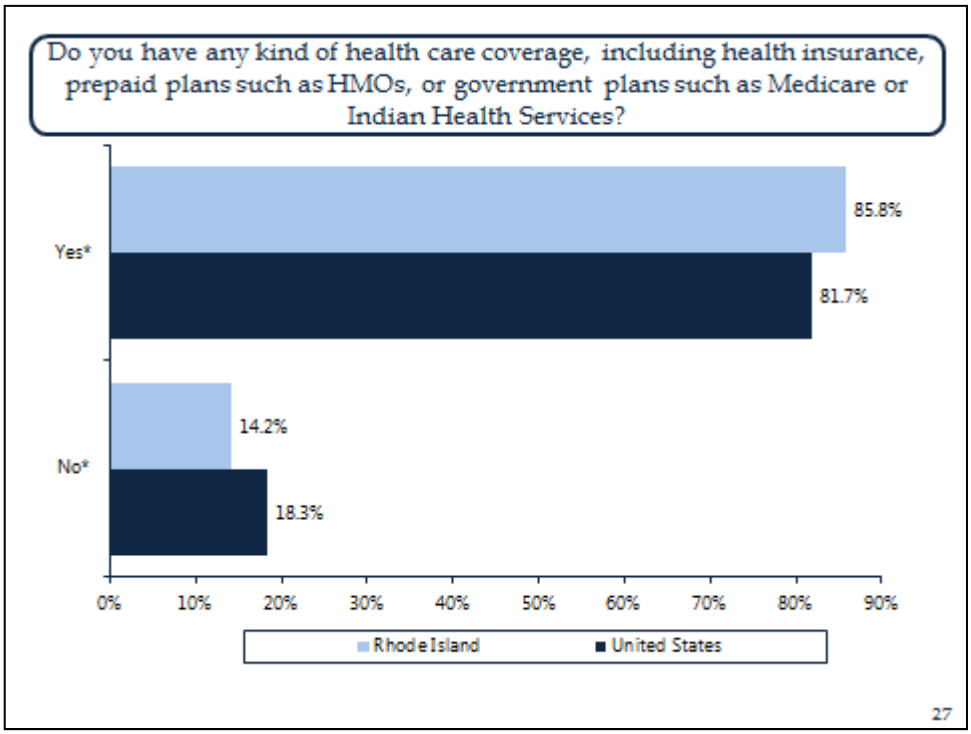
Behavioral Risk Factor Surveillance System data was analyzed between the dates of November 1, 2012 and January 10, 2013. BRFSS data was released to Holleran by the Rhode Island Department of Health on behalf of the Hospital Association of Rhode Island and its members.

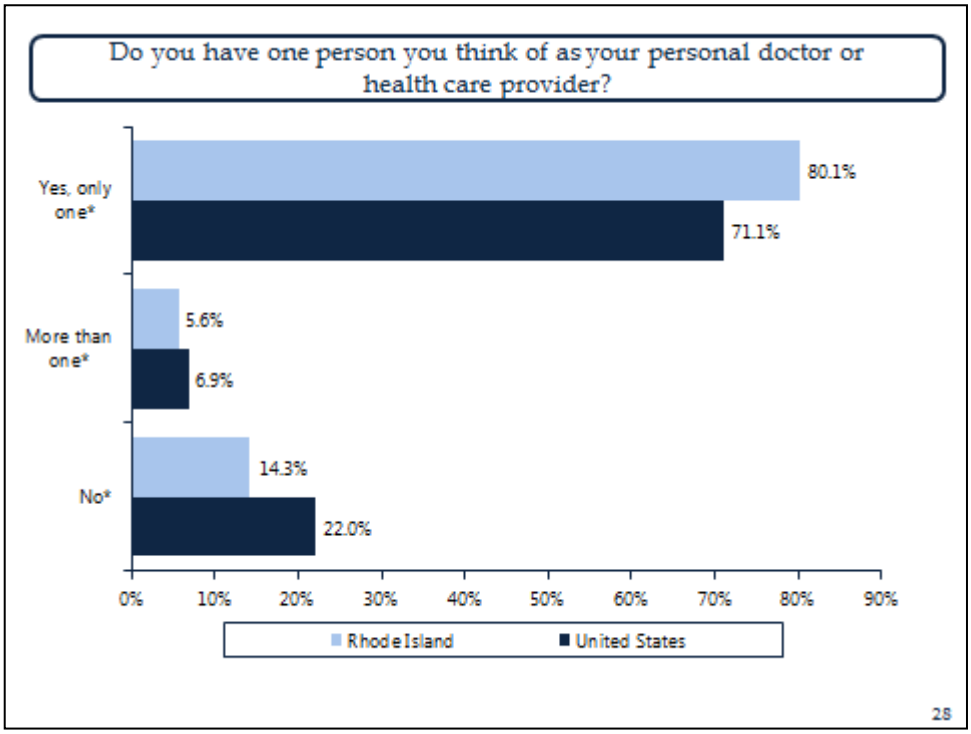
The final sample (6,533) yields an overall error rate of +/-1.2% at a 95% confidence level. This means that if one were to survey all residents within Rhode Island, the final results of that analysis would be within +/-1.2% of what is displayed in the current data set. All comparisons represent 2011 BRFSS data.

Household Survey Findings

A number of the items on the survey assessed **general health status**. When asked to rate their general health, 83% of residents in Rhode Island responded "good," "very good" or "excellent." This is above the 81.8% nationally. However, area residents were more likely to report one or more days of poor physical or mental health in the previous month when compared to residents across the nation. Approximately 40% 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 37.9% reported at least one day where their mental health was not good. Just over 45% percent indicated that these poor mental or physical health days keep them from doing their usual activities. This is higher than the nation (42.3%).

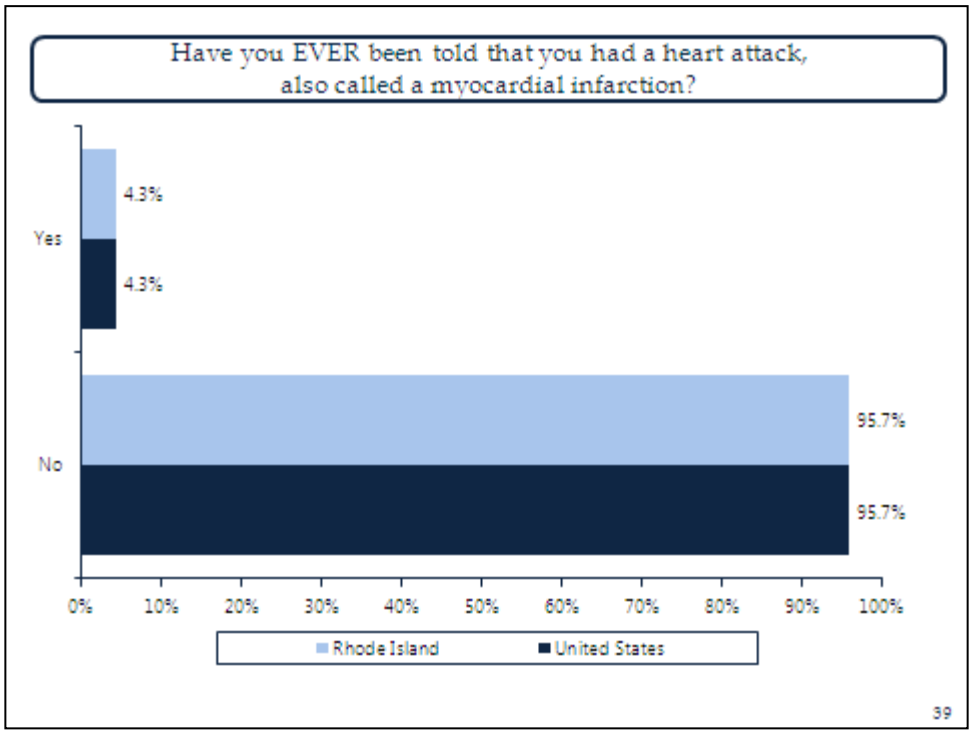
The survey also asked questions regarding **access to care** issues such as health care coverage, having a regular source of care, and cost. As detailed in the graph below, 85.8% of area adults reported having some kind of health care coverage, which is higher than the 81.7% across the U.S. Females in the area are significantly more likely than males to have health insurance coverage (88.7% vs. 82.8%). Roughly 80% of those surveyed reported having one person they think of as their personal doctor or healthcare provider. This is above the nation (71.1%). Cost was less of a barrier to seeking health care in the previous year for local adults. In Rhode Island, 15.8% of those surveyed indicated that there was a time in the past year when they needed to see a doctor, but could not because of cost. This compares to 17% throughout the country. Approximately 75% of respondents visited a doctor for a routine checkup in the previous year. This compares to 66.9% across the U.S.


Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?
Yes*
No*
85.8%
81.7%
14.2%
18.3%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
Rhode Island
United States
27


Do you have one person you think of as your personal doctor or health care provider?
Yes, only one*
More than one*
No*
80.1%
71.1%
5.6%
6.9%
14.3%
22.0%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
Rhode Island
United States
28

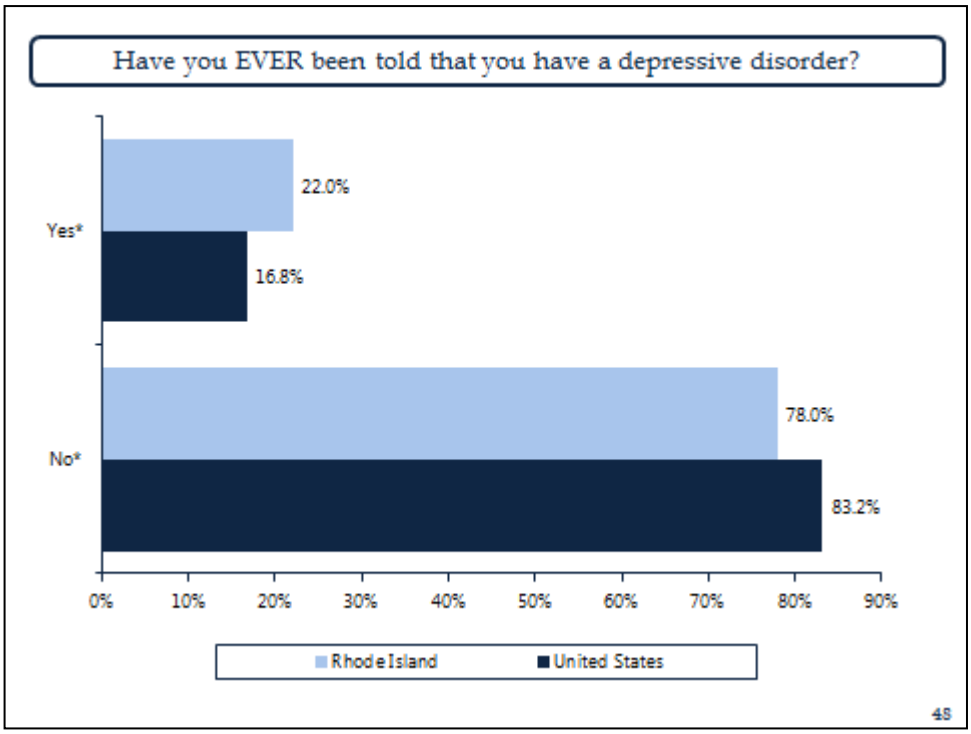
Awareness of individual "numbers" for **blood pressure and cholesterol** has been a national focus in recent years. Locally, 32.9% reported that they have been told by a doctor or health professional that they have high blood pressure. This is similar to the U.S. figure (31.6%). Nearly eight out of 10 residents who have high blood pressure reported that they are currently taking medicine for their high blood pressure. This is similar to the nation (77.3%). Among those with high blood pressure, 78.4% are changing their eating habits, 79.4% are cutting down on salt, 41.8% are drinking less alcohol, and 65.8% are exercising more to help lower or control their condition. These figures are similar to or better than nationally. In addition, a greater percentage of residents with high blood pressure reported being advised by their doctor to change their lifestyle habits to help lower or control their blood pressure than individuals nationally. With respect to blood cholesterol levels, 85.1% of area adults reported having their blood cholesterol checked which is above the national figure (79.4%). The percentage of residents reporting elevated cholesterol levels (38.5%) is in line with the nation (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 Rhode Island look fairly similar to or better than those throughout the rest of the country with respect to these conditions. The graph below details the percentage of adults reporting a cardiovascular disease diagnosis.

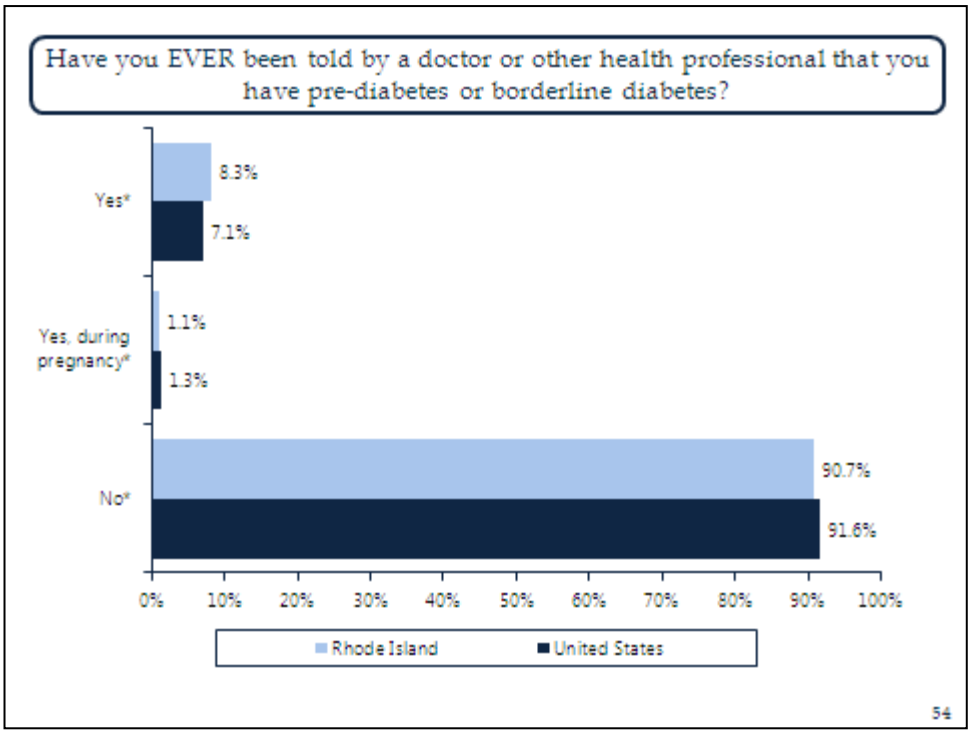


An **asthma** diagnosis was reported by approximately 16% of adults in the state and among this group, 74.1% reported that they still have asthma. The proportion that still has asthma is higher than the national proportion. The percentage of children who have been diagnosed with asthma (18.2%) is above the nation (13.4%). Survey respondents were also asked if they have COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis. The percentage among residents (6.2%) was similar to the U.S. (6.3%).

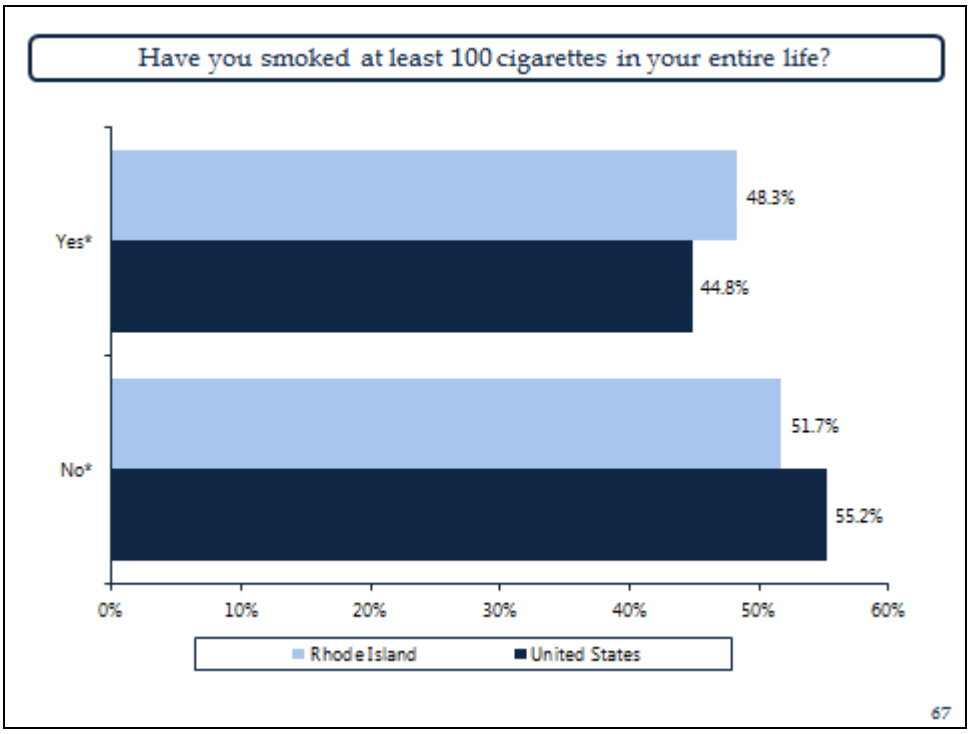
As a follow-up to the initial question regarding poor mental health days, the survey inquired about the incidence of **depressive disorders**. Twenty-two percent of those surveyed reported being told that they had/have a depressive disorder. This is higher than the nation (16.8%). Similar to national trends, females reported a higher incidence of depression than males (25.9% vs. 17.7%). When asked how many days in the previous two weeks they had little interest or pleasure in doing things, 36.5% of adults in Rhode Island mentioned at least one day. This is higher than national percentages. The following graph details a sampling of these findings.

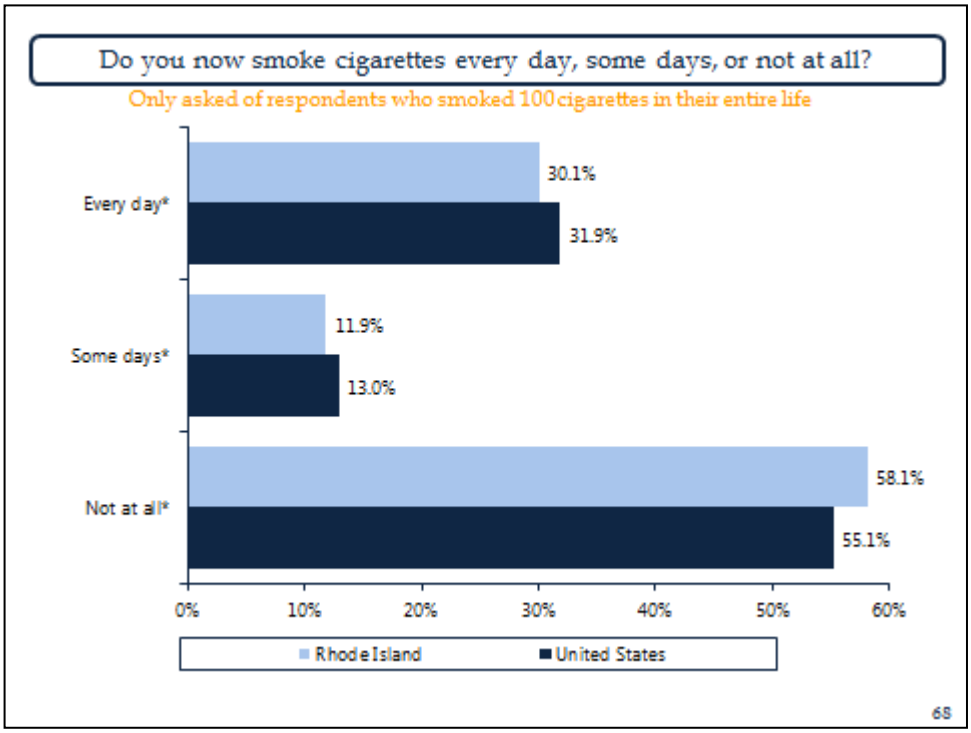


Diabetic conditions such as pre-diabetes, gestational diabetes, and adult diabetes were included in the survey as well. The percentage of residents with diabetes is lower than what is seen throughout Rhode Island and the rest of the country. Approximately 8% of area adults reported having diabetes compared to 9.8% across the nation. An additional 8.3% of residents reported having pre-diabetes or borderline diabetes. Among those with diabetes, 45.1% have taken a class to manage their diabetes compared to 52.2% throughout the U.S. When asked about having a test for high blood sugar or diabetes in the past three years, 59.5% of local adults indicated that they have had such a test. This is above the figure nationally (54.4%).

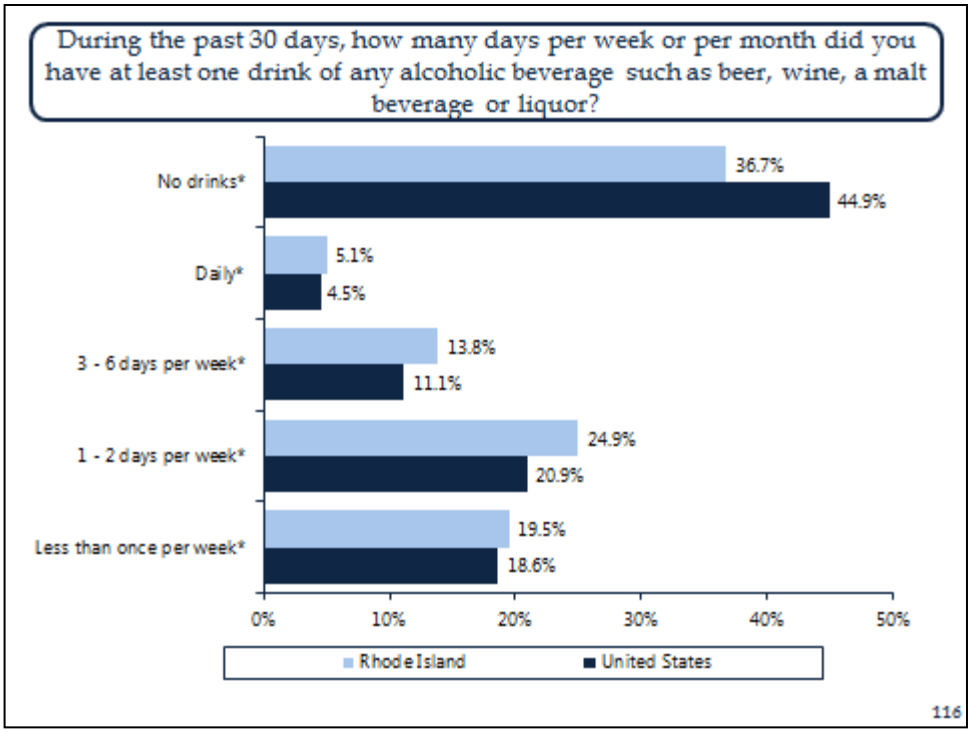


Risky behaviors related to **tobacco and alcohol use** were measured as part of the survey. Roughly 48% of area adults reported smoking at least 100 cigarettes in their lifetime, which is above the U.S. figure (44.8%). However, fewer residents reported that they still smoke. Among those residents who are still smoking, 63.2% have attempted to quit smoking in the past year. This is higher than throughout the U.S. and suggests that there are fewer current smokers in the area, and those who do smoke, are more likely to quit.


Have you smoked at least 100 cigarettes in your entire life?
Yes*
No*
48.3%
44.8%
51.7%
55.2%
0%
10%
20%
30%
40%
50%
60%
Rhode Island
United States
67

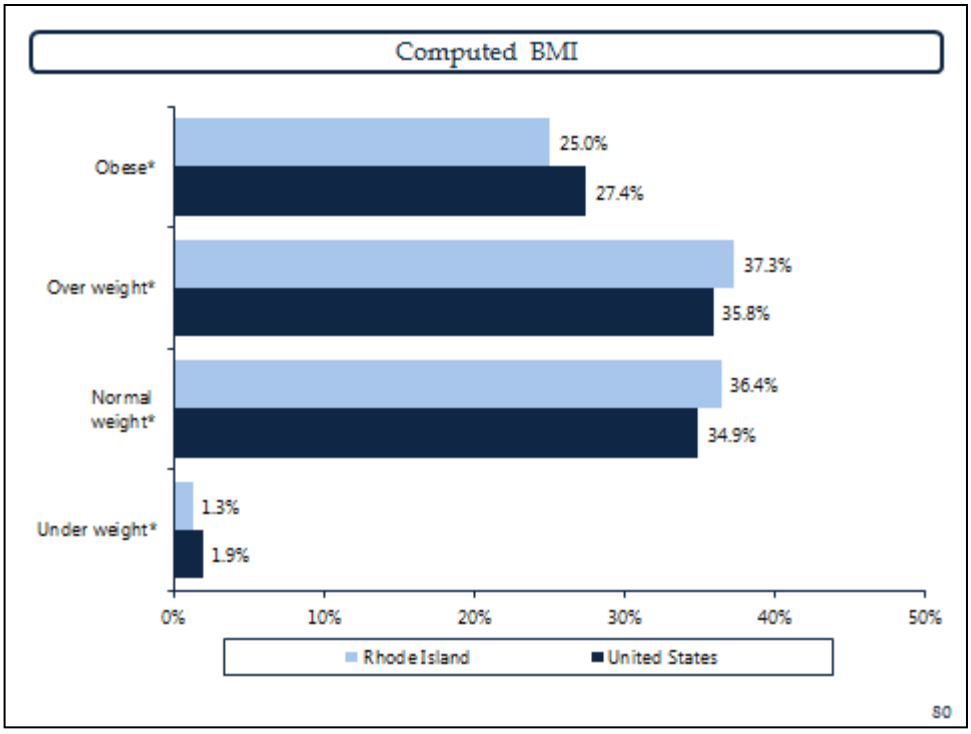

Do you now smoke cigarettes every day, some days, or not at all?
Only asked of respondents who smoked 100 cigarettes in their entire life
Every day*
Some days*
Not at all*
30.1%
31.9%
11.9%
13.0%
58.1%
55.1%
0%
10%
20%
30%
40%
50%
60%
Rhode Island
United States
68

Around 63% of local adults report at least one day in the previous month when they consumed alcohol. This is above the nation (55.1%). Of those who consumed alcohol, the majority (69.1%) reported having 1-2 drinks per occasion. Roughly 32% reported having four or more drinks (females)/five or more drinks (males) on one or more occasions in the past month. This compares to 33.4% nationally.



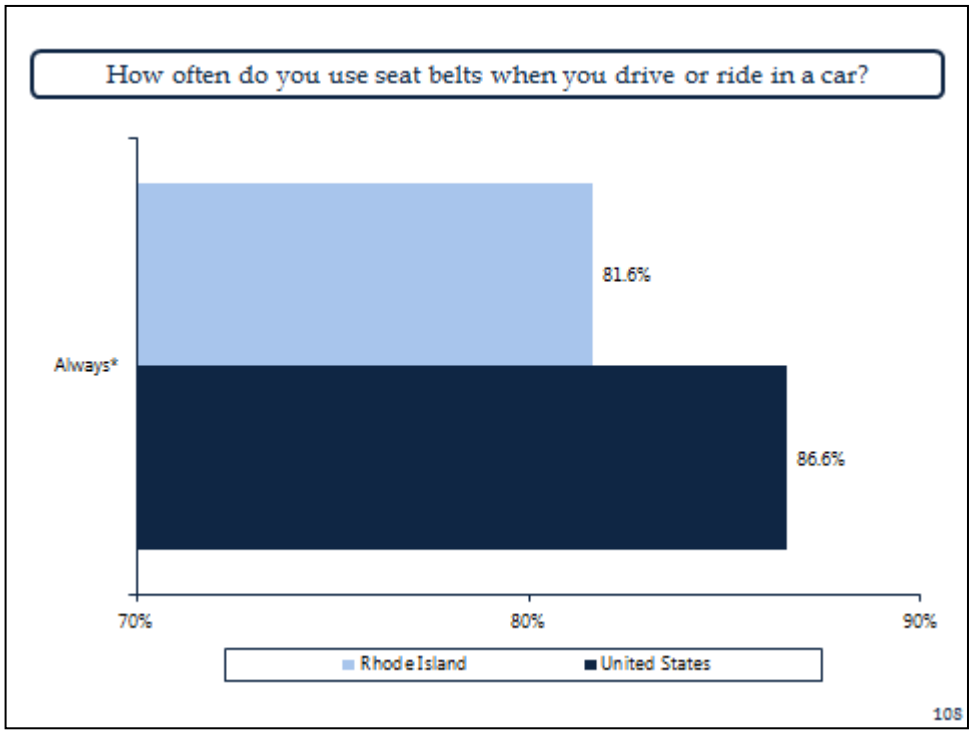
Nutrition and exercise habits were assessed by asking about fruit and vegetable consumption as well as the frequency and duration of physical activity. Approximately 30% of residents reported drinking 100% pure fruit juices once or more per day and 52.5% reported consuming fruit once or more per day. Nearly 26% of adults consumed dark green vegetables, while 9.0% ate orange-colored vegetables daily and 39% ate other vegetables daily. The consumption of fruits and vegetables looks similar to national figures.

Roughly 74% of survey respondents indicated that they participated in physical activities such as running, walking or calisthenics in the previous month. This is similar to the U.S. (74.3%). Walking was the most common form of exercise and was reported by 52.2% of those who exercised. Approximately 58% of residents reported exercising 1 to 5 times a week and 13.4% of residents reported exercising 6 to 10 times per week. The majority, 55.9%, engaged in exercise for less than one hour. **BMI (Body Mass Index)** was calculated from self-reported measures of height and weight. As displayed below, 62.3% of surveyed residents were either obese or overweight, which is similar to the U.S. (63.2%).

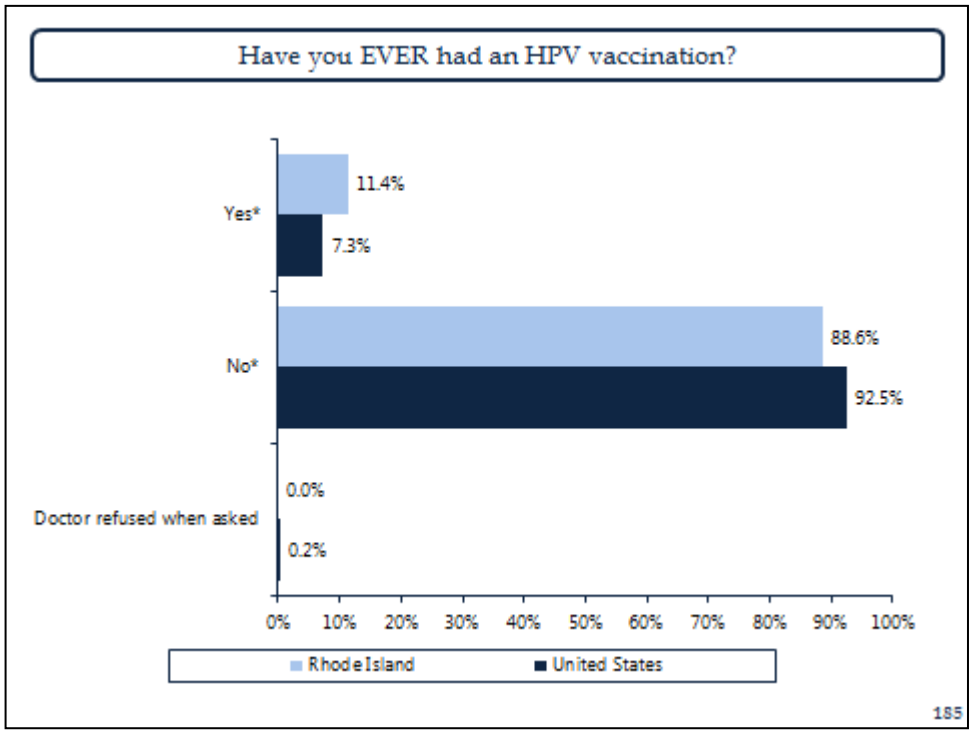


More than half of the surveyed residents (50.4%) indicated that they have limitations because of **arthritis or joint symptoms** and 32.2% reported that these symptoms affect the amount and type of work that they can do. Both of these figures are lower than what is seen among residents throughout the U.S.

Seatbelt use was identified as an area of concern on the survey. As shown below, fewer residents always wear their seatbelt when riding in or driving a car.



Immunization rates were assessed by asking residents about various vaccinations that they or their children may have received. Nearly forty-one percent (40.6%) of adults in Rhode Island had the seasonal flu vaccine in the previous year. This is above the nation (36.7%). When asked about children who live in the household, 73.2% indicated that their child had a seasonal flu vaccination. This compares to 48.2% nationally. Roughly 34% of those surveyed reported that they have had a pneumonia shot at some point in their lifetime. This compares to 30.6% across the U.S. When asked if they received a tetanus shot in the past 10 years, 72.6% indicated that they had. HPV (Adult Human Papillomavirus) vaccinations are slightly more prevalent among residents than what is seen throughout the nation. Roughly 12% have had the HPV vaccination and 72.2% have had all three shots.



In summary, the household survey results reveal a number of areas of opportunity and needs in the community, such as mental health status (depressive disorder and symptoms), alcohol use, and asthma. 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 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 Rhode Island, compared to U.S. A full, detailed listing of all the indicators collected for all Rhode Island counties, ZIP codes, and census tracts can be found at www.rihealthcarematters.org. All figures and statistics presented below were obtained from the Rhode Island Health Care Matters website.

Access to Health Services

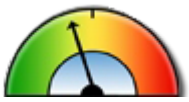
When compared against other U.S. Counties, both adults and children living in Rhode Island are more likely to have health insurance coverage. The primary care provider rate, which is the rate per 100,000 population, is also better locally than what is seen nationwide. Primary care providers include physicians practicing in general practice medicine, family medicine, internal medicine, and pediatrics. For Rhode Island, it is estimated that there are 90 providers per 100,000 population.

Cancer

Cancer statistics were evaluated through an examination of incidence rates and age-adjusted death rates. Specifically, rates for breast, colorectal, lung, cervical, prostate, and oral cavity/pharynx cancers were gathered. The age-adjusted death rates for breast, colorectal, lung, and prostate cancer are all well below the associated rates throughout the country. The area of greatest concern is breast cancer incidence rate. Based on 2005-2009 data, the incidence rate for breast cancer in Rhode Island is 133.2 cases per 100,000 females. This ranks Rhode Island in the bottom quartile of incidence rates nationally. It is important to note that the likelihood of females aged 50 and over having had a mammogram in the past two years in Rhode Island rates favorably against national figures. Nearly 85% of females in this age group have had a mammogram in the past two years. Other cancer incidence rates that were slightly elevated included colorectal cancer and lung or bronchus cancer incidence.

Diabetes

Diabetes statistics related to incidence, mortality, and screenings were reported. According to 2010 figures, 7.8% of Rhode Island adults have diabetes. Nationally, the figure is 8.7%. The picture below details this comparison.



8.7
7.8
Comparison: 8.7
Unit: percent
View the Legend

Adults with Diabetes

Value:	7.8 percent
Measurement Period:	2010
Location:	State : Rhode Island **[View All Location Types]**
Comparison:	U.S. Value
Categories:	Health / Diabetes

The age-adjusted death rate due to diabetes within Rhode Island is 15.9 deaths per 100,000 population. This is in the top quartile nationally. Among Medicare patients who have diabetes, 84.4% report having had their blood sugar tested in the past year. This is comparable to, or slightly above, what is seen nationally among other Medicare recipients with a diabetes diagnosis.

Exercise, Nutrition, and Weight

It is well documented that individuals who are overweight or obese have a higher incidence of chronic disease and other illnesses. The percentage of Rhode Island residents who are obese is estimated at 25.4% and the percentage of residents who are overweight or obese is 62.5%. It is estimated that there are 1,050,292 adults living in Rhode Island, which translates to roughly 656,433 adults who are overweight or obese. One in four, 26.2%, Rhode Island adults are sedentary, compared to 26.2% nationally.

Heart Disease and Stroke

The age-adjusted death rate for stroke in Rhode Island (32.3 deaths per 100,000 population) is favorable to what is seen nationwide. However, the age-adjusted death rate due to coronary heart disease is elevated. As depicted below, the statewide rate is 141.7 deaths per 100,000 population, which puts it in the bottom quartile nationally.

120.6
141.6
Red > 141.6
Green <= 120.6
In-between = Yellow
Unit: deaths/100,000 population
View the Legend

Age-Adjusted Death Rate due to Coronary Heart Disease

Value:	141.7 deaths/100,000 population
Measurement Period:	2008-2010
Location:	State : Rhode Island [View All Location Types]
Comparison:	U.S. States
Categories:	Health / Heart Disease & Stroke Health / Mortality Data

Immunizations

The age-adjusted death rate due to influenza and pneumonia (16.0 per 100,000) is below the national rate. The percentage of adults 65 and over who had an influenza vaccination in the previous year (56.6%) is similar to the nationwide percentage of 61.3%. Pneumonia vaccination rates among county residents 65 and over are also similar to nationwide rates. In Rhode Island, 73.1% of seniors have had a pneumonia vaccination at some point in their lifetime. The national figure is 70.0%.

Maternal, Fetal, and Infant Health

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. Rhode Island has not met the Healthy People goal, with a figure of 8.0%. Pre-term births are also an indicator for maternal and child health. Approximately 12% of all births in Rhode Island are pre-term. This is slightly below the national value of 12.5%.

Mental Health & Mental Disorders

According to 2008-2010 statistics, the suicide death rate in Rhode Island is 11.0 deaths per 100,000 population. This is in the bottom quartile nationally for suicide deaths. However, self-reported measures of poor mental health are elevated. On average, Rhode Island adults report 3.5 days a month of poor mental health. This is higher than the 50th percentile figure of 3.3 days.

3.3

Red > 3.6
Green <= 3.3
In-between = Yellow
Unit: days
View the Legend

Poor Mental Health Days NEW

Value:	3.5 days
Measurement Period:	2005-2011
Location:	State : Rhode Island [View All Location Types]
Comparison:	U.S. States
Categories:	Health / Mental Health & Mental Disorders

Additional Mortality Data

In general, Rhode Island has favorable mortality rates compared to the nation. Premature death is less likely and conditions in which the age-adjusted death rates are lower than what is seen nationally include Alzheimer's disease, unintentional injuries, and motor vehicle collisions. The one area that is slightly elevated compared to the nation is death due to falls. Mortality rate due to falls is 9.8 per 100,000 population. The 50th percentile nationally is 8.1 deaths.

Asthma

It is estimated that 10.9% of Rhode Island adults have asthma. Nationally, the figure is 9.1%. These statistics reflect adults who have been diagnosed as having asthma by a doctor of health professional.

Tobacco and Alcohol

The percentage of adults who binge drink in Rhode Island is 19.7%. The percentage of adults who smoke in Rhode Island is 20.0%. Both of these statistics are similar to the United States (18.3% and 21.2% respectively).

Economic Indicators

A variety of economic indicators were gathered including education levels, homeownership, income, and poverty. The findings suggest that there may be significant disparities in Rhode Island between demographic populations. Overall per capita income and median household income for the state compare favorably to national comparisons. A number of the poverty indictors also compare favorably. The number of adults 65 and older who live below the poverty level is the one exception. Nearly 10% of adults 65 and older live below the poverty line. This is in comparison to 8.4% as the 50th percentile nationally.

8.4
10.9
Red > 10.9
Green <= 8.4
In-between = Yellow
Unit: percent
View the Legend

People 65+ Living Below Poverty Level

Value:	9.5 percent
Measurement Period:	2007-2011
Location:	State : Rhode Island **[View All Location Types]**
Comparison:	U.S. States
Categories:	Economy / Poverty

Additional statistics that are in the upper 50th percentile in terms of comparisons to national benchmarks include the unemployment rate, households with cash public assistance income, the home foreclosure rate. The percentage of people 25+ with a high school degree or higher is also less than what is seen nationally.

The Environment

The built environment can play a significant role in a community's health. For Rhode Island, areas of concern are the density of liquor stores, and houses built prior to 1950 compared to the U.S.

Social Environment

The percentage of single-family households in Rhode Island is higher 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 34.8%. This ranks in the bottom quartile nationally. It is also estimated that 31.1% of seniors who are 65 years and older in Rhode Island live alone, which is higher than the national average.

Transportation

A variety of transportation measures were gathered. For the most part, Rhode Island compares favorably to national statistics with regard to workers commuting by public transportation and average travel time to work. However, unfavorable comparisons are the percentage of households without a vehicle, and workers who drive alone to work. Approximately nine percent (9.4%) of state households do not have a vehicle. It is important to note, however, that this may be a function of geography (e.g. urban living) and the presence of public transportation options, and may or may not represent a negative statistics.

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.

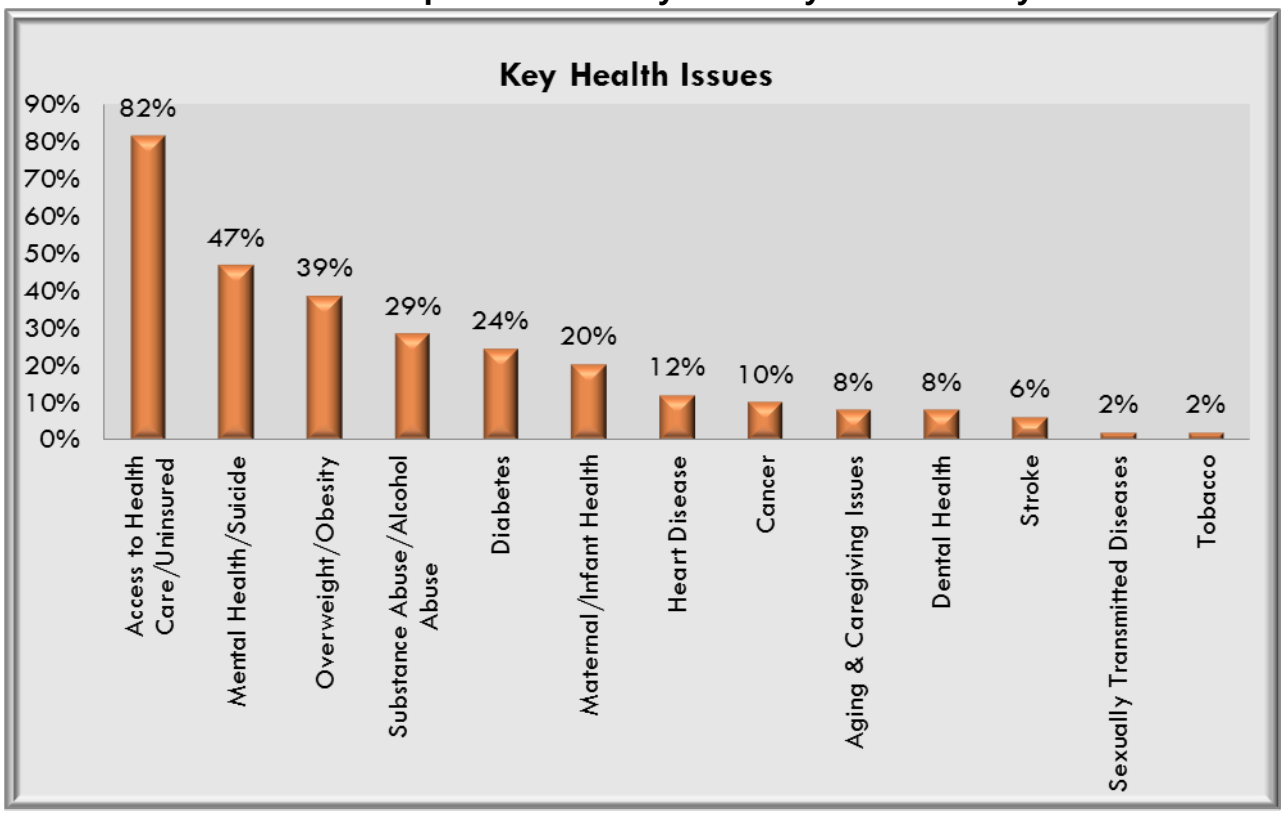
Key Health Issues

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 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 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 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 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 are 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.

Factor	Mean Response (1=strongly disagree; 5=strong agree)
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

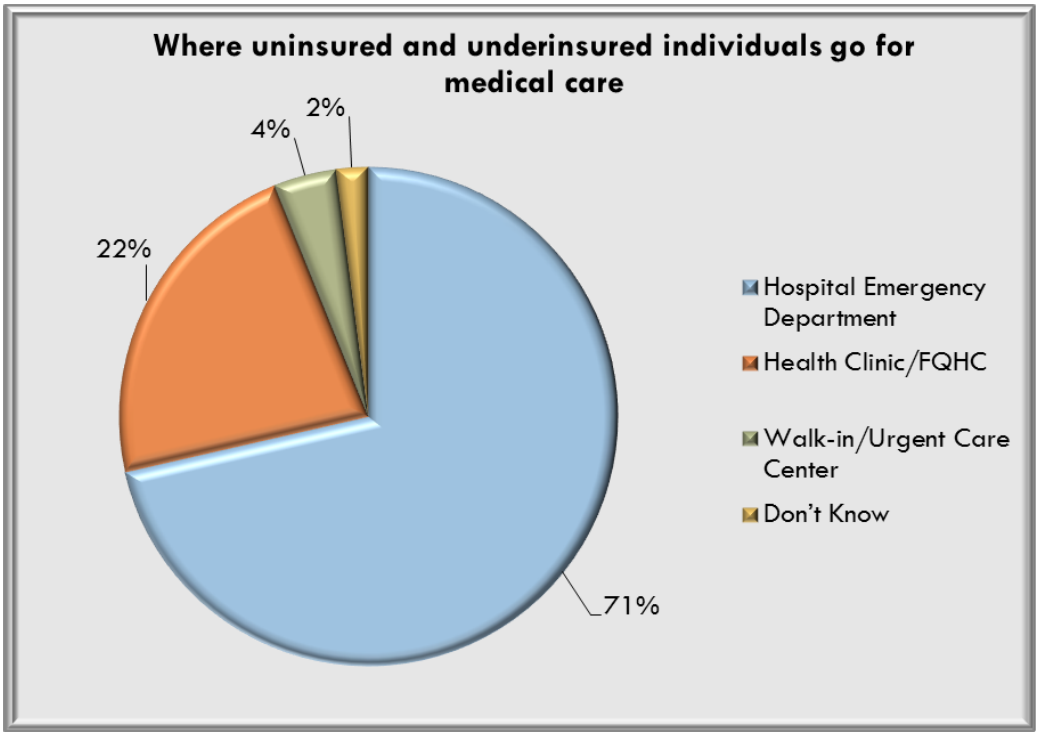
After rating availability of health care services, informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The barriers that were most frequently selected were:

- 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. 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 statewide 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 Rhode Island. 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 on 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. The household survey did reveal that residents in the hospital's service area are more likely to have health insurance coverage and one person they think of as their personal doctor or health care provider.

- **Alcohol Use:** The secondary data revealed that there is a high density of liquor stores in Rhode Island. Adults who participated in the household survey were also more likely to report alcohol use in the past month when compared to national statistics. Professionals who participated in the focus groups and key informant interviews voiced concerns about co-occurring disorders with mental health issues and addiction.

- **Asthma:** The household survey revealed a higher proportion of adults who have had a diagnosis of asthma and also a higher proportion that still have asthma when compared against national figures. Elevated asthma statistics were also uncovered for children living in the service area. The secondary data confirmed elevated asthma rates.

- **Breast Cancer Incidence:** The incidence data for cancers shows that Rhode Island has elevated rates for breast cancer. However, death rates are lower in the state, indicating that those with a diagnosis of breast cancer are more likely to have a positive prognosis.

- **Mental Health Status:** The key informants that were interviewed identified mental health issues as one of the primary health concerns for the area. Specifically, concerns were voiced about the limited number of treatment options, particularly for those who are uninsured or underinsured. As a result, individuals with mental health issues often utilize the hospital emergency room. The household survey also reported a higher number of individuals with a depressive disorder and more days when poor physical or mental health interfered with functioning. On a positive note, the suicide rate in the area is not elevated above national figures.

- **Overweight & Obesity:** The BMI statistics for adults in the area show that the majority are either overweight or obese (62.3%). Adults in the area are just as likely to exercise compared to their peers nationally. Key informants also noted their concern with the issue of overweight/obesity and its relationship to chronic diseases such as diabetes.

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.

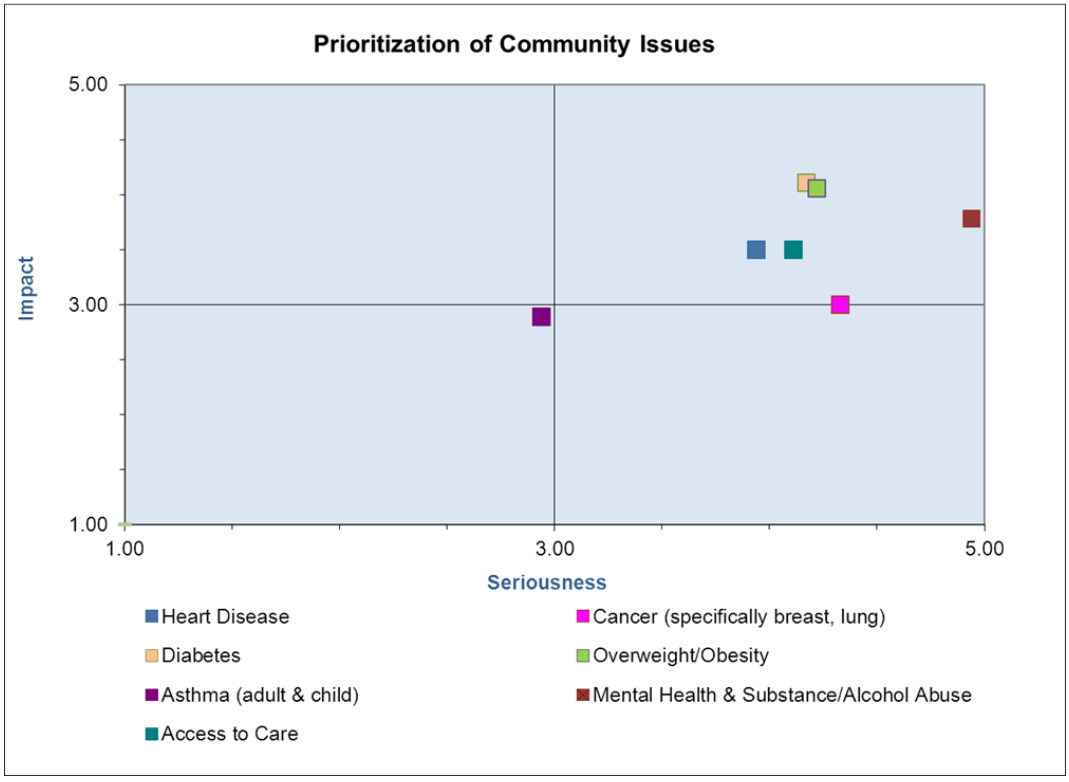
Master list of community priorities (in alphabetical order):

- 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.



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 Holmqust	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 Rumfelt	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
Rich Leclerc	President	Gateway
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

Name	Title	Organization
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 Giancola	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	VP, Clinical Affairs	HARI
Ed Quinlan	President	HARI
May Kernan	Senior VP, Marketing Communications	Care New England
Gary Epstein-Lubow	Assistant Unit Chief, inpatient geriatric psychiatry unit	Butler Hospital
Lisa Shea	Associate Medical Director, Quality & Regulation	Butler Hospital
Patti Melaragno	Director, Marketing & Public Affairs	Butler Hospital
Jeff Borkan	Physician-in-Chief of Family Medicine	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	Senior VP Patient Care Services, CNO	Kent Hospital/Care New England
James Alves	Associate VP	Butler Hospital
Ana Novais	Executive Director, Division of Community, Family Health & Equity	Rhode Island Department of Health
Magaly Angeloni	Performance Improvement and Accreditation Manager	Rhode Island Department of Health
Otis Brown	VP, External Affairs	CharterCARE Health Partners
Darlene Kershaw	Clinical Nurse Manager	Roger Williams Medical Center
Linda Zaman	Director of Perioperative Services	Roger Williams Medical Center
Patricia Nadle	CNO	St Joseph Health Services of RI/CharterCARE
Margaret Duff	Clinical Operations Manager for Behavioral Health	St Joseph Health Services of RI/CharterCARE
Paula DiLeonardo	Interim Director, Nursing Operations	St Joseph Health Services of RI
Michele Danish	Director, Performance Improvement	St Joseph Health Services of RI