



2016 Community Health Needs Assessment

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Our Commitment to Community Health

South County Health is the preeminent resource for health in Washington County, RI, and beyond. Supporting community-based initiatives that improve health, it encompasses four Joint Commission-accredited healthcare entities: South County Hospital, South County Medical Group, South County Home Health and South County Surgical Supply.

An independent, non-profit, acute-care hospital, South County Hospital offers the latest advances in technology and a comprehensive range of medical and surgical services. Quality care is our primary goal. Services are delivered by expert physicians and highly trained staff. For the comfort and safety of our patients and their families, our modern facilities include all private patient rooms with en suite baths, and are furnished to accommodate overnight guests.

South County Hospital offers wellness and education programs, support groups and health screenings to help you manage your health and wellness. Our comprehensive care is tailored to your needs and accommodates your schedule.

South County Health is committed to its community and guided by the values of caring, respect, integrity, collaboration and excellence. Our commitment to these values ensures you receive the highest quality healthcare in a setting designed with your comfort, convenience, privacy and well-being in mind.

In support of South County Health's community benefit activities and to guide community health improvement efforts across the community, South County 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 June 2015 to June 2016. The 2016 CHNA builds upon our Hospital's previous CHNA conducted in 2013. The assessment was conducted in a timeline to comply with requirements set forth in the Affordable Care Act (ACA), as well as to further the Hospital's commitment to community health and population health management.

South County Health's Vision

To forge extraordinary connections with our community that support health at every stage of life.

Our Promise

We are dedicated to bringing you the highest level of expertise and technology in a setting focused on your comfort, convenience, privacy, and well-being.

2016 CHNA Overview: A Statewide Approach to Community Health Improvement

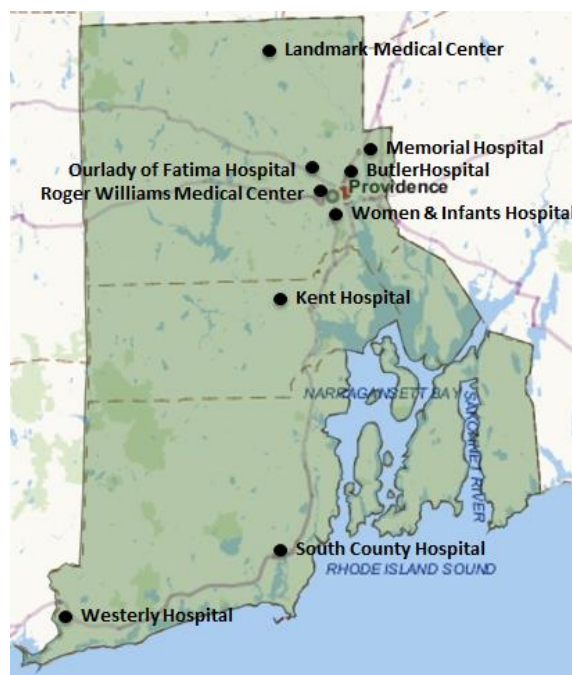
South County Hospital participated in a statewide Community Health Needs Assessment (CHNA) led by the Hospital Association of Rhode Island (HARI) and its member hospitals. Through a coordinated statewide effort, HARI and its hospital members worked with the Rhode Island Department of Health and local community partners to collect health data, gather feedback on regional and local health needs, and develop coordinated plans to address priority health needs across the state.

The CHNA was conducted from June 2015-June 2016 in a timeline to comply with requirements set forth in the Affordable Care Act. The findings from the assessment will be used by South County Hospital to guide its community benefit initiatives and to engage partners to address the identified health needs.

2016 HARI CHNA Partners:

- > The Hospital Association of Rhode Island
- > Care New England Health System: Butler Hospital; Kent Hospital; Memorial Hospital of Rhode Island; Women & Infants Hospital of Rhode Island
- > CharterCARE: Our Lady of Fatima Hospital; Roger Williams Medical Center
- > Landmark Medical Center
- > South County Hospital
- > L&M Westerly Hospital

Map of Rhode Island CHNA Partner Hospitals



Research Methodology

Quantitative and qualitative methods, representing both primary and secondary research, were used to illustrate and compare health trends and disparities across Rhode Island and within individual hospital service areas. Primary research methods were used to solicit input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research methods were used to gather existing statistical data to identify community health trends across geographic areas and populations.

Specific research methods:

- > A Secondary Data Profile comprising indicators for each county and hospital service area compared to state and national benchmarks
- > An analysis and comparison of Hospital Discharge Data including emergency room, observation, and inpatient usage
- > Partner Forums with key representatives in across the nine hospital service areas
- > Focus Groups with health consumers

Leadership

The 2016 HARI CHNA was overseen by a Steering Committee of representatives from HARI and each member hospital as follows:

Liz Almanzor, Finance Director, Hospital Association of Rhode Island

Otis Brown, CharterCARE

Laurel Holmes, Lawrence + Memorial Westerly Hospital

Carolyn Kyle, Landmark Medical Center

Gina Rocha, Hospital Association of Rhode Island

Alex Speredelozzi, Care New England

Kellie Sullivan, Care New England

Stephany Valente, Care New England

Cynthia Wyman, South County Hospital

Ex officio: Michael Souza, President, Hospital Association of Rhode Island

Ana Novais, Rhode Island Department of Health

Research Partner

Baker Tilly assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of implementation strategies. Baker Tilly's expertise ensured the validity of the research and assisted in developing a CHNA Plan to address the highest health needs across the South County Hospital service area.

Project Manager: Colleen Milligan, MBA, Baker Tilly

Lead Researcher: Catherine Birdsey, MPH, Baker Tilly

Alignment with Public Health

The CHNA Steering Committee actively sought feedback and coordinated research and planning efforts with the Rhode Island Department of Health (RI DOH) to ensure statewide efforts for community health improvement were aligned. In addition to cross-communication between the RI DOH and the CHNA Steering Committee, efforts were made to coordinate local research with the RI DOH Health Equity Zones (HEZ). Health Equity Zones receive funding through a RI DOH initiative with the CDC to address health disparities. Partner forums, focus groups and planning were conducted in coordination with and inclusion of the HEZ partners.

Community Engagement

Community engagement was a key component of the 2016 HARI CHNA. The CHNA included wide participation of public health experts and representatives of medically underserved, low income, and minority populations. As stated above, the RI DOH and HEZ partners were included throughout the process to collect insights and provide access to underserved populations. A full listing of agencies represented in the CHNA research and planning is listed in Appendix A.

Prioritization of Community Health Needs

The HARI CHNA Steering Committee correlated quantitative and qualitative data from the 2016 CHNA and compared findings from the 2013 CHNA and RI DOH Community Health Improvement Plan to determine priority areas. Statewide priorities were determined to be Behavioral Health, Chronic Disease, and Maternal & Child Health. Each of the CHNA hospital partners aligned with the statewide priorities in addressing priority needs within their service area. South County Hospital and the Westerly Hospital, together with input from their community partners, adopted Behavioral Health (to include mental health and substance abuse) as a focus for Washington County-wide community health improvement efforts over the next three years.

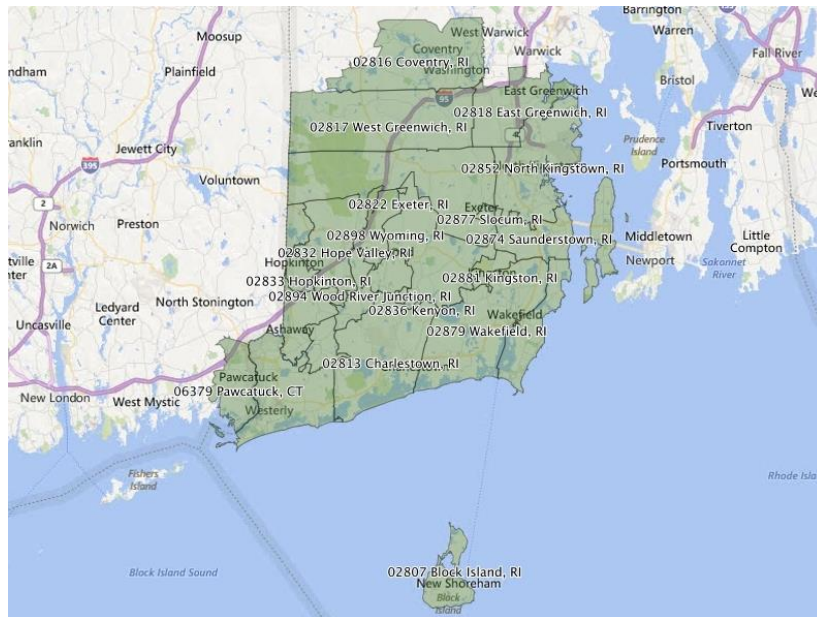
Development of a Community Health Improvement Plan

South County Hospital intends to develop and broadly communicate an Implementation Plan that outlines strategies and tactics the hospital and its community partners will use to address Behavioral Health needs. The Implementation Plan is expected to be presented to the SCH Board of Trustees for approval by the end of December 2016.

Board Approval and Adoption

The South County Health Board of Directors adopted the 2016 Final CHNA Report on August 29, 2016. The CHNA document is widely available to the public via the South County Health website and the HARI RhodeIslandHealthcarematters.org portal.

South County Hospital Service Area



South County Hospital’s catchment area includes the zip codes below. Its primary service area includes all of Washington County, RI, commonly known as South County:

- | | | | |
|----------------------|-----------------------|--------------------|---------------------------|
| 02804 Ashaway | 02818 East Greenwich | 02873 Rockville | 02891 Westerly |
| 02807 Block Island | 02822 Exeter | 02874 Saunterstown | 02892 West Kingston |
| 02808 Bradford | 02832 Hope Valley | 02875 Shannock | 02894 Wood River Junction |
| 02812 Carolina | 02833 Hopkinton | 02877 Slocum | 02898 Wyoming |
| 02813 Charlestown | 02835 Jamestown | 02879 Wakefield | 06379 Pawcatuck |
| 02816 Coventry | 02836 Kenyon | 02881 Kingston | |
| 02817 West Greenwich | 02852 North Kingstown | 02882 Narragansett | |

Population Overview

The population across South County Hospital’s service area is consistent with Washington County, and less diverse when compared to the state. The median age of residents is higher than the state, as is the median household income. In aggregate, Black/African American and Hispanic/Latino residents have a lower median income than Asian or White residents.

2015 Population Overview

	South County Hospital Service Area	Washington County	Rhode Island
White	93.5%	92.9%	79.8%
Asian	2.0%	2.0%	3.3%
Black or African American	1.1%	1.3%	5.9%
Hispanic or Latino (of any race)	3.0%	3.2%	14.1%
Median Age	44.6	43.7	40.1
Median Income	\$71,495	\$72,267	\$56,945

Source: The Nielsen Company, 2015

South County Hospital Service Area Demographics

The following section outlines key demographic indicators related to the social determinants of health within South County Hospital's service area. Social determinants of health are factors within the environment in which people live, work, and play that can affect health and quality of life, and are often the root cause of health disparity. Healthy People 2020 defines a health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage." All reported demographic data, with the exception of poverty data, are provided by © 2015 The Nielsen Company. Poverty data is provided by 2009-2013 United States Census estimates.

Language Spoken at Home

The languages spoken in the service area mimic the racial characteristics. Approximately 94% of residents speak English and less than 2% speak Spanish as their primary language. Another 3.4% speak an Indo-European language.

Financial and Occupation Demographics

South County Hospital's service area encompasses 77,947 housing units, 74.5% are owner-occupied and 25.5% are renter-occupied. The median home value for owner-occupied units is \$304,858, which is higher when compared to Rhode Island (\$252,604).

The median household income in South County Hospital's service area is \$71,495; however, income varies notably by race. The median income for Blacks/African Americans is \$33,333. The same disparity in income is seen across Rhode Island.

2015 Population by Median Household Income

	South County Hospital Service Area	Rhode Island
White	\$72,644	\$61,419
Black or African American	\$33,333	\$36,627
Asian	\$65,948	\$55,406
Hispanic or Latino (of any race)	\$58,739	\$33,970
Total Population	\$71,495	\$56,945

Approximately 67% of residents age 16 years or over are in the workforce and 5.2% are unemployed, which is lower than the state and national averages (6.4% and 5.5% respectively). The majority of residents in the workforce are for-profit private workers (62%) and hold white collar positions (65.7%).

Education Demographics

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. Education trends in South County Hospital’s service area are consistent with Washington County. More residents have graduated from high school or earned a Bachelor’s degree than compared to the state averages. Distinct education disparities exist among Hispanic/Latino residents within the service area and Washington County; however Hispanic/Latino residents across Washington County have notably higher education attainment when compared to the state.

2015 Overall Population by Educational Attainment

	South County Hospital Service Area	Washington County	Rhode Island
Less than a high school diploma	7.6%	7.7%	14.5%
High school graduate	24.8%	23.5%	27.5%
Some college or associate’s degree	26.1%	25.6%	26.8%
Bachelor’s degree or higher	41.5%	43.2%	31.2%

2015 Hispanic/Latino Population by Educational Attainment

	South County Hospital Service Area	Washington County	Rhode Island
Less than a high school diploma	11.6%	16.2%	37.1%
High school graduate	20.9%	16.8%	29.3%
Some college or associate’s degree	32.3%	29.5%	22.2%
Bachelor’s degree or higher	35.2%	37.5%	11.4%

*Educational attainment is not available for Blacks/African Americans or other racial groups

Poverty

The percentage of all residents living in poverty within the South County Hospital Service Area is 8.3%; 9.7% of which are children living in poverty. The percentages are lower than the state (13.6% and 19.5% respectively).

Social Determinants of Health by Zip Code

In addition to reviewing socio-economic statistics for a population as whole, it is valuable to view demographics at a zip code level to identify geographical trends that can impact population health. Select factors are outlined below for zip codes across the SCH service area to identify potential health disparities within the service area.

Social Determinant of Health Indicators by Zip Code

	Black/ African American	Hispanic/ Latino	English Speaking	All People in Poverty	Children (<18) in Poverty	Single Female Households w/ Children	Unemploy- ment	Less than HS Diploma
02882 Narragansett	0.9%	2.3%	95.1%	17.7%	6.2%	7.1%	2.6%	4.3%
02881 Kingston	5.9%	6.9%	86.4%	16.0%	0.0%	4.9%	5.7%	5.4%
02875 Shannock	0.4%	1.1%	98.0%	11.3%	0.0%	4.1%	5.2%	9.8%
02873 Rockville	0.5%	3.7%	96.8%	11.0%	0.0%	4.0%	1.9%	4.9%
02891 Westerly	1.1%	4.1%	89.4%	10.9%	19.1%	9.8%	6.5%	13.5%
02808 Bradford	1.4%	2.0%	94.0%	10.7%	14.8%	11.2%	4.0%	14.9%
02807 Block Island	0.7%	4.3%	96.5%	10.2%	23.1%	6.3%	5.3%	3.4%
02813 Charlestown	0.4%	2.2%	96.8%	9.8%	18.3%	6.0%	4.2%	6.8%
02822 Exeter	1.4%	3.5%	96.1%	9.4%	6.7%	5.0%	4.8%	7.7%
02898 Wyoming	0.4%	2.4%	97.9%	9.0%	34.5%	5.2%	5.3%	9.5%
02894 Wood River Junction	0.4%	3.1%	97.8%	8.5%	0.0%	5.5%	4.9%	8.6%
02816 Coventry	0.7%	2.6%	94.2%	8.4%	11.2%	8.2%	8.7%	10.5%
02852 North Kingstown	1.1%	3.3%	92.5%	7.7%	12.1%	9.3%	4.9%	6.6%
02835 Jamestown	0.7%	2.2%	94.8%	6.9%	10.6%	5.7%	1.9%	1.9%
02817 West Greenwich	1.0%	3.2%	95.1%	6.3%	5.1%	5.5%	8.0%	4.9%
02879 Wakefield	1.3%	2.5%	94.6%	5.2%	5.8%	7.9%	5.0%	5.6%
02833 Hopkinton	0.5%	3.8%	96.8%	5.1%	0.0%	4.3%	2.4%	4.8%
02874 Saunderstown	0.8%	2.2%	94.7%	4.8%	5.3%	5.7%	3.3%	4.4%
02818 East Greenwich	0.9%	2.5%	91.6%	4.7%	5.6%	5.9%	3.5%	4.2%
02832 Hope Valley	0.4%	2.3%	97.1%	4.2%	8.8%	5.4%	2.8%	8.1%
02892 West Kingston	1.0%	2.3%	95.7%	3.5%	0.0%	3.9%	5.2%	8.4%
02804 Ashaway	0.9%	2.8%	96.9%	3.3%	0.0%	7.3%	2.3%	9.3%
02812 Carolina	0.5%	1.4%	97.9%	0.5%	0.0%	4.4%	5.4%	9.5%
02836 Kenyon	0.8%	1.6%	97.5%	0.0%	0.0%	2.8%	4.9%	9.9%
02877 Slocum	2.5%	2.5%	96.1%	NA	NA	4.8%	6.0%	7.6%
Total SCH Service Area	1.1%	3.0%	93.5%	8.3%	9.7%	7.5%	5.2%	7.6%
Washington County	1.3%	3.2%	93.4%	8.9%	10.4%	7.6%	4.7%	7.7%
Rhode Island	5.9%	14.1%	79.0%	13.6%	19.5%	12.1%	6.4%	14.5%

Source: The Nielsen Company, 2015 & United States Census, 2009-2013

Color Coding Guide
0- 2% points higher than the Total SA Exception: English Speaking cells are 0-2% points lower than Total SA
More than 2% points higher than the Total SA Exception: English Speaking cells are more than 2% points lower than Total SA

Statistical Health Data for the South County Hospital Service Area

Background

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across the service area. The following analysis primarily uses data available from the RhodeIslandHealthcareMatters.org, an interactive data site developed through collaboration of the Hospital Association of Rhode Island, its members, and the Rhode Island Department of Health. A listing of all public health data sources can be found in Appendix B.

Given the HARI CHNA collaborative and all of South County Hospital's service area is located in Washington County, RI, public health data focuses on Washington County, RI. State and national standards, when referenced, are drawn from the same source as the county statistic to which it is compared. Data from South County Hospital's 2013 CHNA, including Behavioral Risk Factor Surveillance System (BRFSS) data, are also incorporated to provide trending analysis.

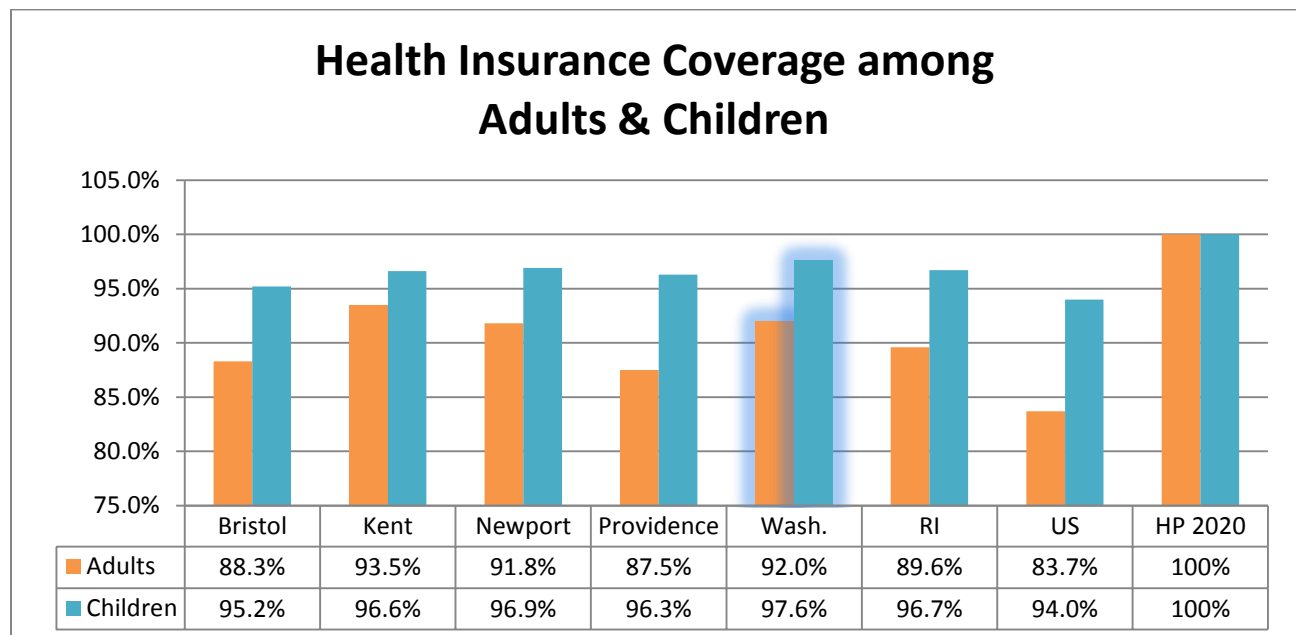
Healthy People 2020 (HP 2020) goals are national goals created by the U.S. Department of Health and Human Services to set a benchmark for all communities to strive towards. Healthy People goals are updated every ten years and progress is tracked throughout the decade. Comparisons to Healthy People 2020 goals are included where applicable.

Access to Health Services

Ninety-two percent of Washington County adults (ages 18 to 64 years) have health insurance. The percentage is higher than both the Rhode Island average (89.6%) and the national average (83.7%), and represents an increase from 2013 (89.8%). Adults ages 25 to 34 years are the least likely to be insured (84.4%).

Healthy People 2020 Goal = 100% of adult and children insured
Washington County = 92% adults; 97.6% children insured

The percentage of children with health insurance (97.6%) is also above the state and national averages of 96.7% and 94% respectively. The percentage remained steady from 2013 (97.9%). The Healthy People 2020 goal is 100% of all adults and children be insured by 2020.

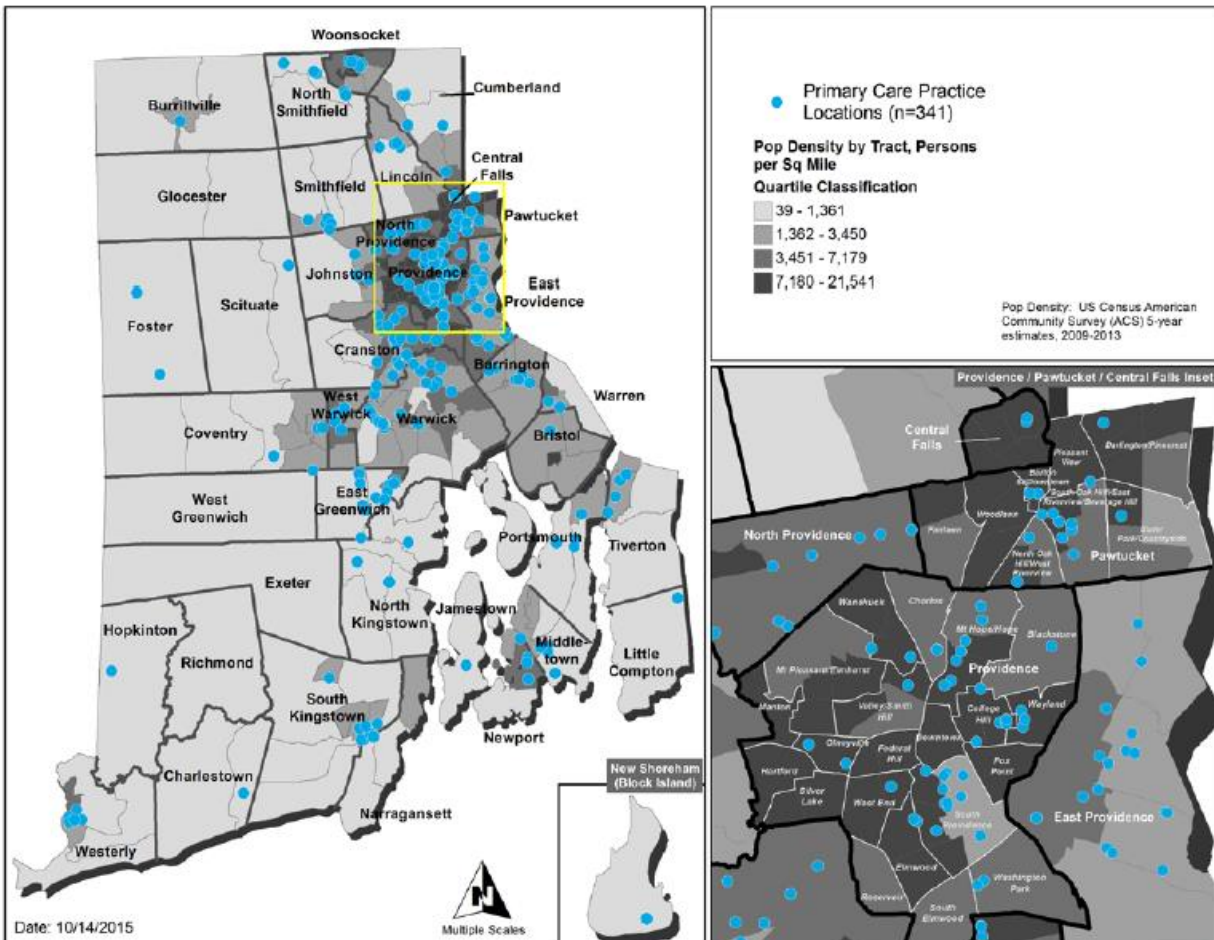


Source: American Community Survey, 2014*

*Bristol data represents the averages of 2011-2013 data

Access to Primary Care

A total of 803 primary care physicians were identified in Rhode Island in 2014; however, based on their total number of hours worked per week, full-time equivalents equated to 602.7 physicians and a ratio of one physician for every 1,718.1 Rhode Islanders. The following figure and table illustrate the location of primary care practices (n=341) layered over population density and the primary care physician ratio by town.



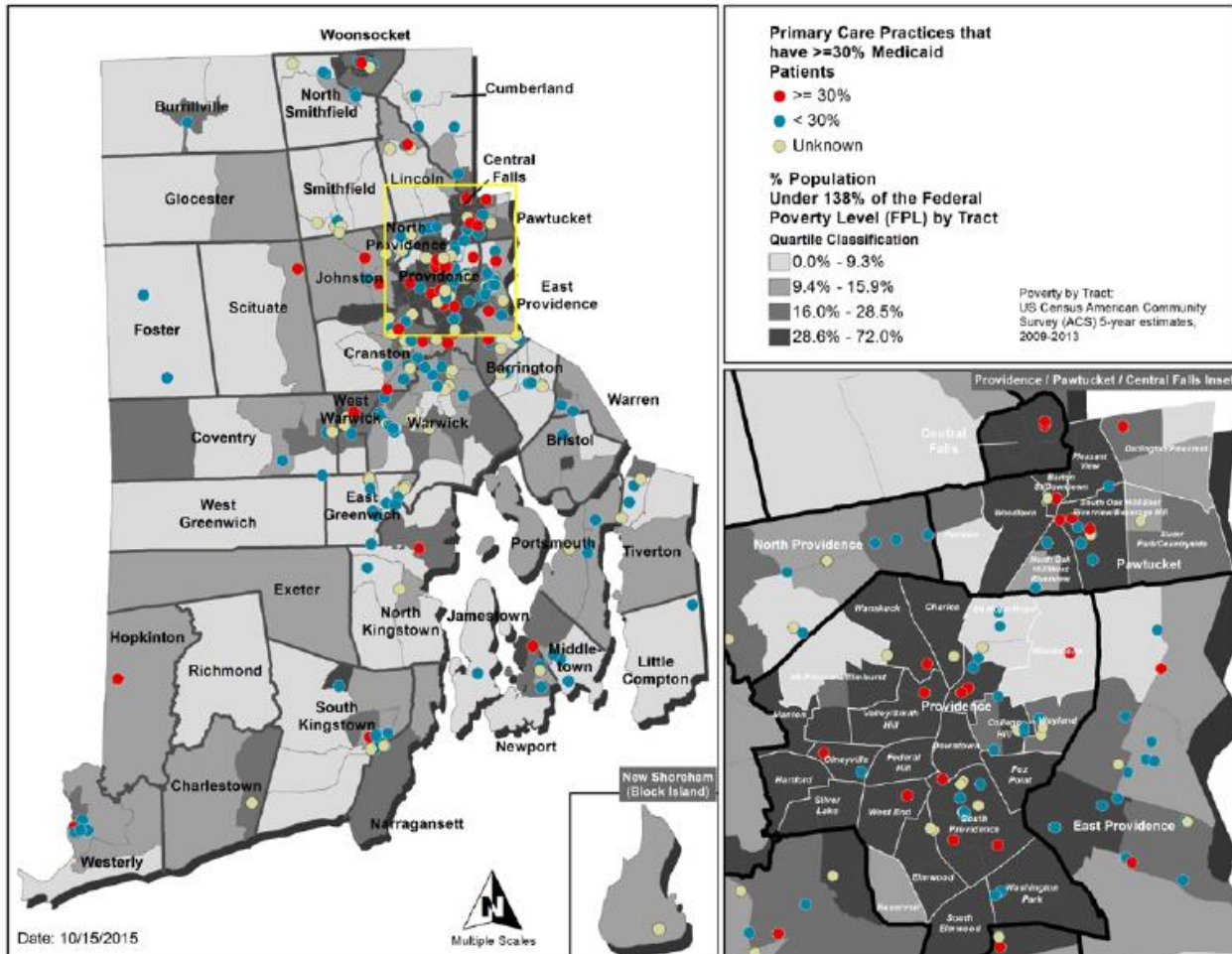
Source: Rhode Island Department of Health Statewide Health Inventory, 2015

Primary Care Physician Ratio by Washington County Town

Town	Ratio	Town	Ratio
Charlestown	9,776.3	Narragansett	1,901.4
Hopkinton	2,905.0	South Kingstown	1,212.9
North Kingstown	2,877.1	New Shoreham	836.0
Westerly	2,051.9		

Source: Rhode Island Department of Health Statewide Health Inventory, 2015

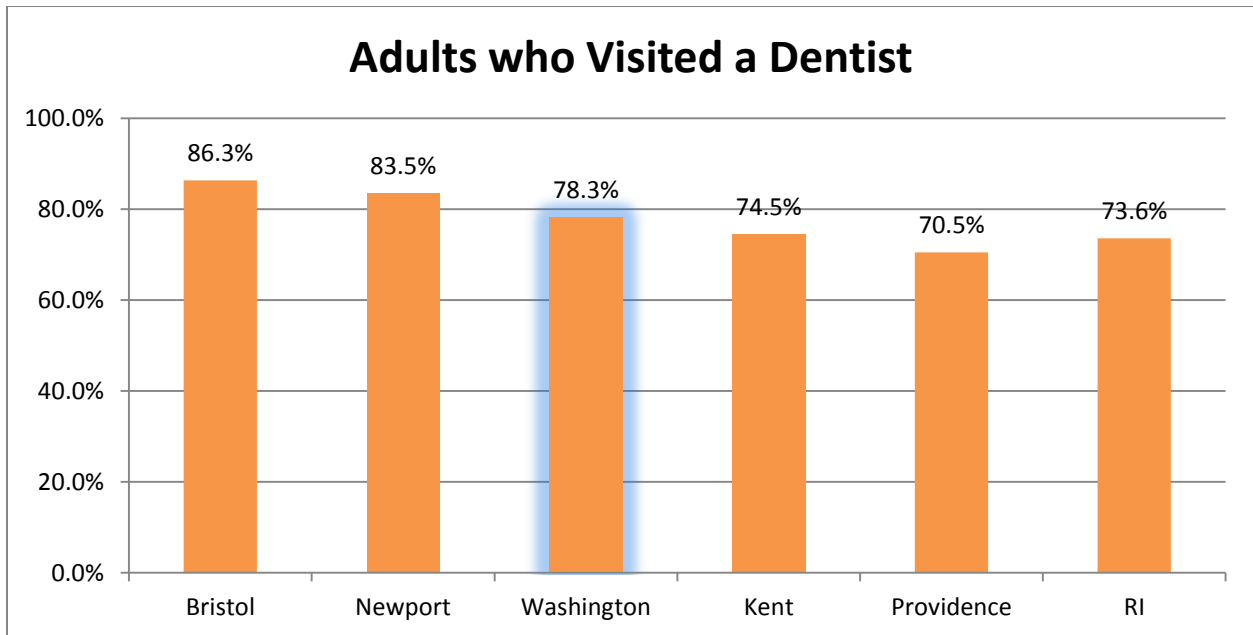
In Rhode Island in 2014, 81% of primary care practices saw at least one Medicaid patient, but less than 20% of practices had a patient population that was at least 30% covered by Medicaid. The following figure displays primary care practices with 30% or more their patient population covered by Medicaid layered over the percent of the population under 138% of the federal poverty level.



Source: Rhode Island Department of Health Statewide Health Inventory, 2015

Access to Dental Care

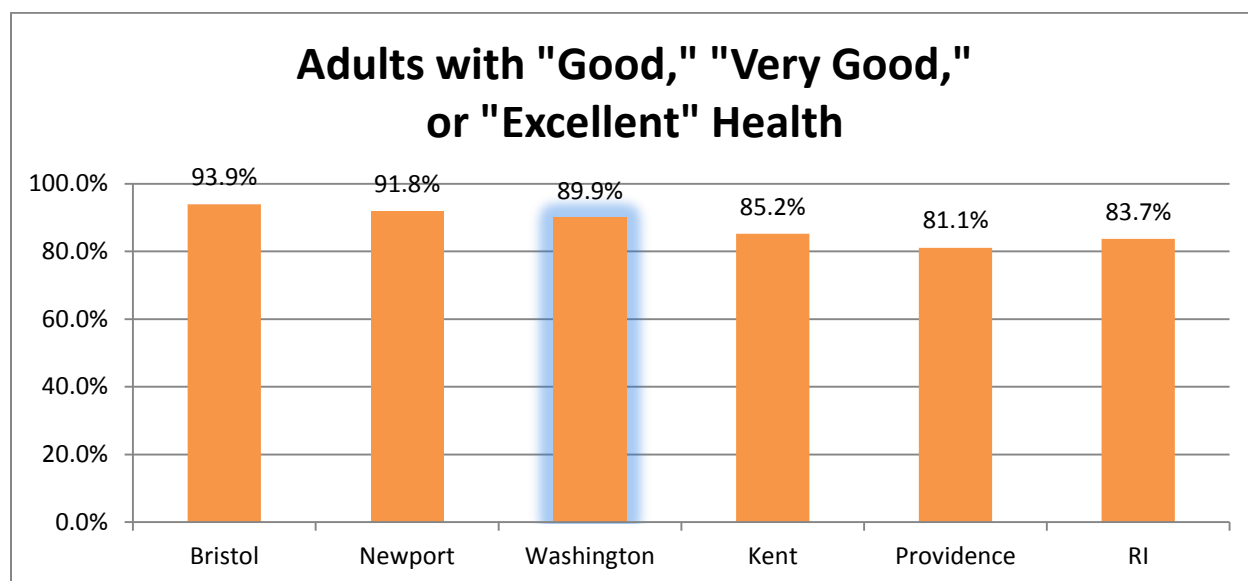
The dental provider rate in Washington County (52 per 100,000) is the second lowest among all five counties and lower than the state rate (61 per 100,000). However, 78.3% of adults in Washington County report visiting a dentist, which is higher than the state average. The percentage is not comparable to past years of data due to changes in methodology.



Source: Behavioral Risk Factor Surveillance System, 2010 & 2012

Overall Health Status

Overall health status is measured by self-reported indicators, life expectancy, and premature death. Approximately 90% of Washington County adults report having good, very good, or excellent health. The percentage is higher than the state average of 83.7% and increased from 87.9%. Adults report an average of 3.1 days of poor physical over a 30 day period, which is lower than Rhode Island (3.5) and the nation (3.7).



Source: Behavioral Risk Factor Surveillance System, 2010 & 2012

Life expectancy in Washington County is among the highest in Rhode Island and equates to 77.4 years for males and 82.6 years for females. Life expectancy for males remained the same from the 2009 report, but life expectancy for females increased slightly from 82.4 years.

Premature death measures the years of potential life lost or years of death before age 75. Washington County has one of the lowest premature death rates in Rhode Island (4,939.3 per 100,000). The rate is also lower when compared to the national average of 6,622 per 100,000.

Washington County life expectancy is higher than both RI and the nation. The premature death rate is lower than both RI and the nation.

Life Expectancy & Premature Death per 100,000

	Bristol	Kent	Newport	Provid.	Wash.	RI	US
Life Expectancy							
Males	77.7	76.3	78.1	76.3	77.4	76.7	75.0
Females	82.6	80.6	82.9	81.2	82.6	81.4	79.8
Premature Death	3,890.9	6,458.2	4,729.9	6,124.2	4,939.3	5,808	6,622

Source: Institute for Health Metrics and Evaluation, 2010 & County Health Rankings, 2010-2012

Health Behaviors

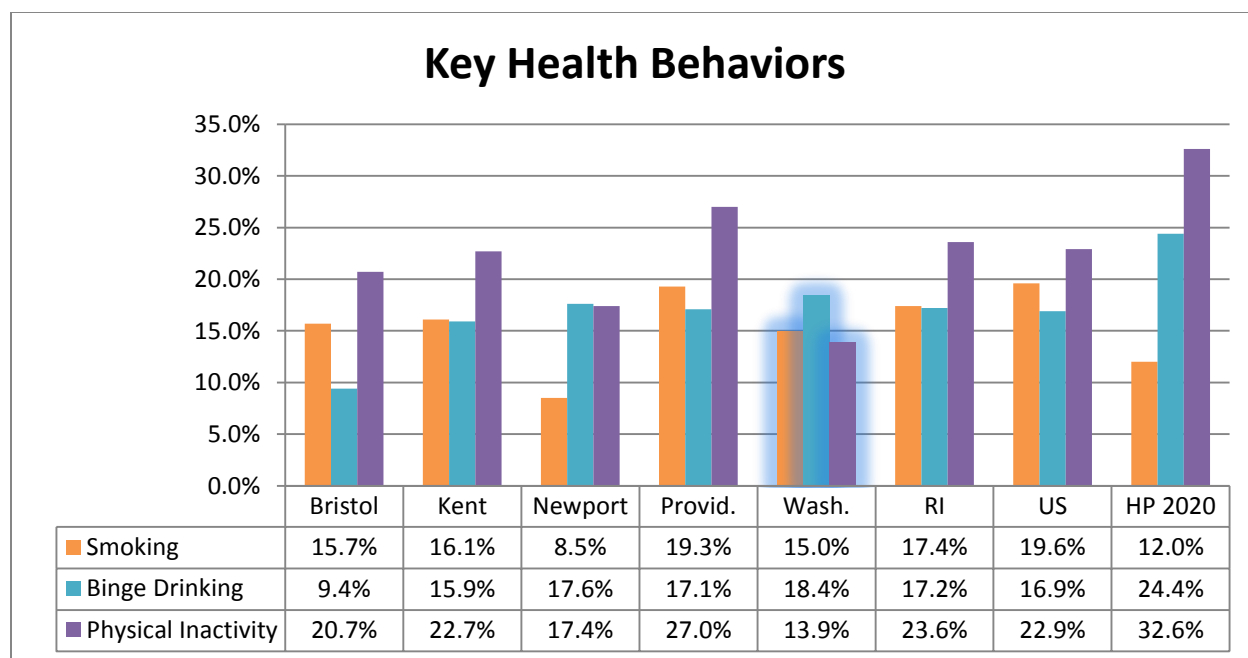
Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity, have been shown to contribute to or reduce the chance of disease. The prevalence of these health behaviors is illustrated below, compared to Rhode Island and national averages and the Healthy People 2020 goals.

Washington County adults smoke less and are more physically active compared to the state and nation

Washington County adults are among the least likely to smoke and are most physically active in Rhode Island. The percentage of smokers decreased by 1.1 points, and physical inactivity decreased by 6.3 points, since 2011.

The percentage of binge drinkers in Washington County decreased from the 2011 CHNA report of 19.2% to 18.4%. It is the highest in the state and higher than the nation, but is within the Healthy People 2020 guidelines.

More Washington County adult residents report binge drinking



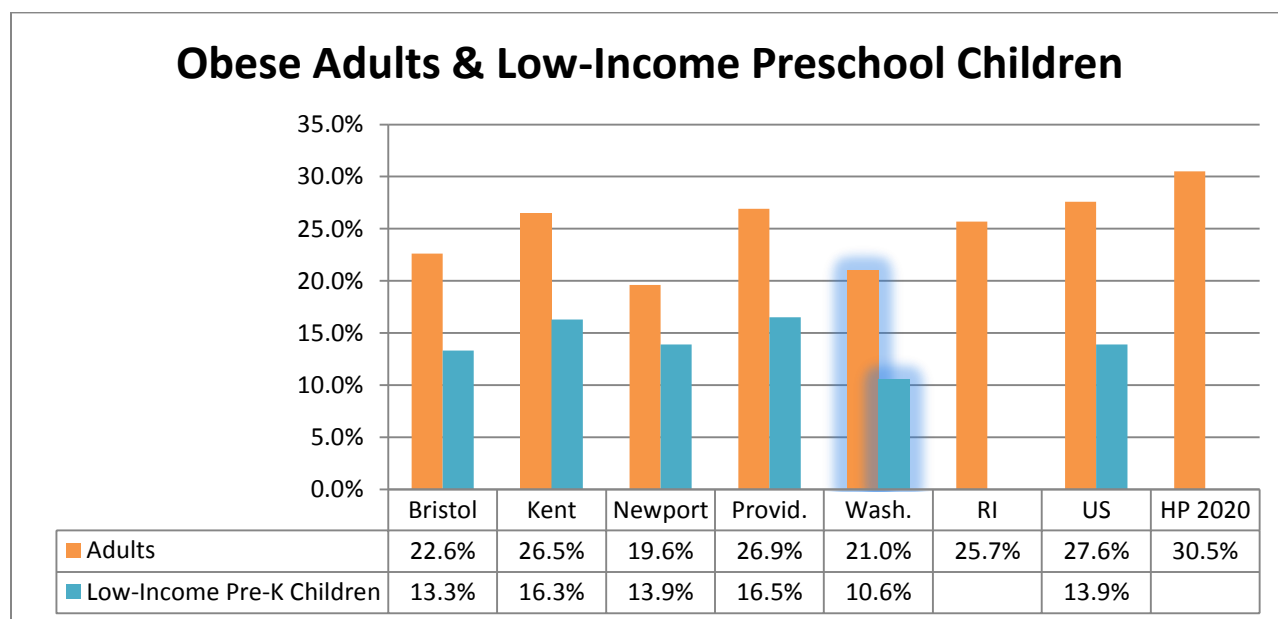
Source: Behavioral Risk Factor Surveillance System, 2010 & 2012

Overweight and Obesity

The percentage of overweight and obese adults and children is a national epidemic. In Washington County, 61.2% of adults are overweight or obese and 21% are obese. The percentages decreased by 1.5 and 2.6 points respectively, and are lower than state and national averages.

Fewer adults and children are overweight or obese in Washington County than the state and nation

Approximately 11% of low-income preschool children in Washington County are obese. The percentage is the lowest in the state, lower than the national average of 13.9%, and decreasing from the 2013 CHNA finding of 11.1%. The children represented by this indicator are ages 2 to 4 years and participate in federally funded health and nutrition programs. Data for this age group is not available for the state of Rhode Island or Healthy People 2020.



Source: Behavioral Risk Factor Surveillance System, 2010 & 2012 & US Department of Agriculture, 2009-2011

*Obesity data for low-income Pre-K children is not available for Rhode Island or Healthy People 2020

Overweight and obesity are also affected by access to nutritious food. In Washington County, 12.1% of all residents and 18.7% of children were food insecure in the last year. Food insecurity is defined as being without a consistent source of sufficient and affordable nutritious food. The percentages in Washington County are the second lowest in Rhode Island and lower than the nation, but increasing. The percentage of food insecure residents increased by 0.5 points, while the percentage of food insecure children increased by 1.4 points.

Food insecurity in Washington County is among the lowest in the state, but increasing

Washington County also has a notably higher rate of fast food restaurants (0.77 per 1,000 residents) compared to grocery stores (0.25 per 1,000 residents).

Percentage of Food Insecure Residents

	All Residents	Children
Bristol	11.9%	16.9%
Kent	13.0%	20.0%
Newport	13.5%	19.8%
Providence	15.8%	23.7%
Washington	12.1%	18.7%
Rhode Island	14.4%	21.7%
United States	15.1%	23.7%

Source: Feeding America, 2013

Chronic Disease

Chronic disease rates are increasing across the nation and are the leading causes of death and disability. Chronic diseases are often preventable through reduced health risk behaviors like smoking and alcohol use, increased physical activity and good nutrition, and early detection of risk factors and disease.

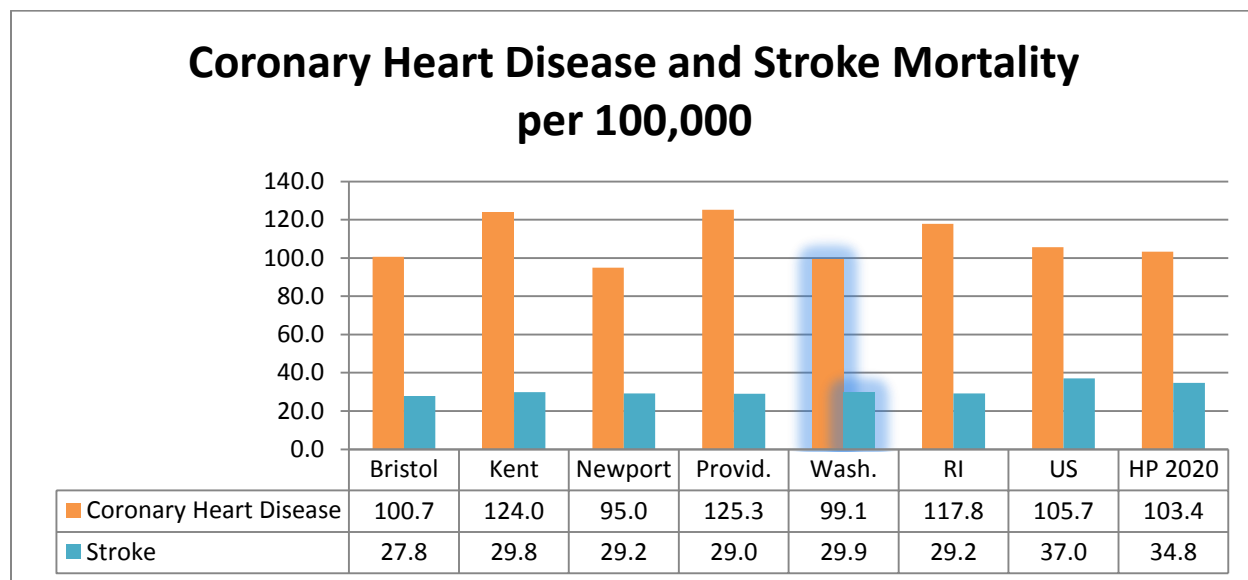
Heart Disease and Stroke

Heart disease is the leading cause of death in the nation.

Washington County has one of the lowest mortality rates in

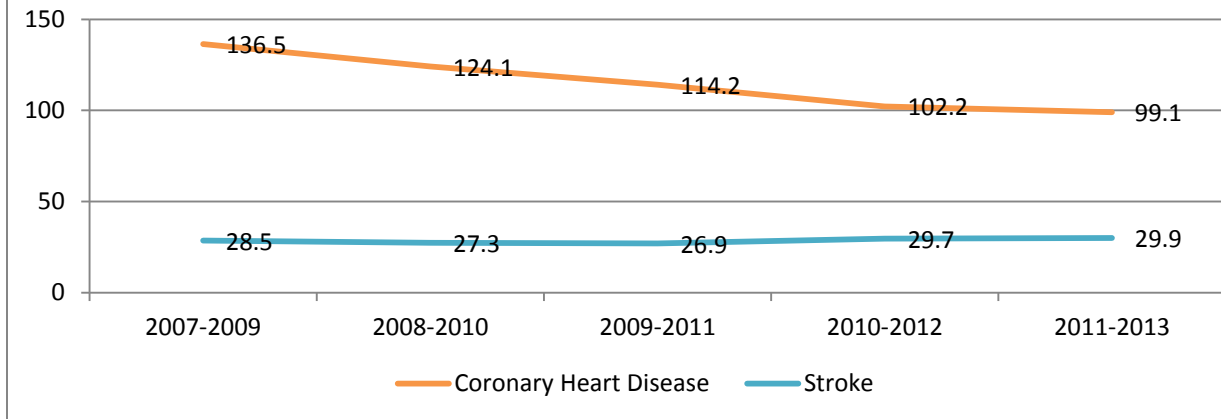
the state for coronary heart disease (99.1 per 100,000). The rate is lower than the state and the nation, and meets the Healthy People 2020 goal. In addition, the rate represents a decrease from the last report of 102.2 per 100,000.

The Washington County heart disease death rate is lower than the nation and among the lowest in the State



Source: Centers for Disease Control and Prevention, 2011-2013

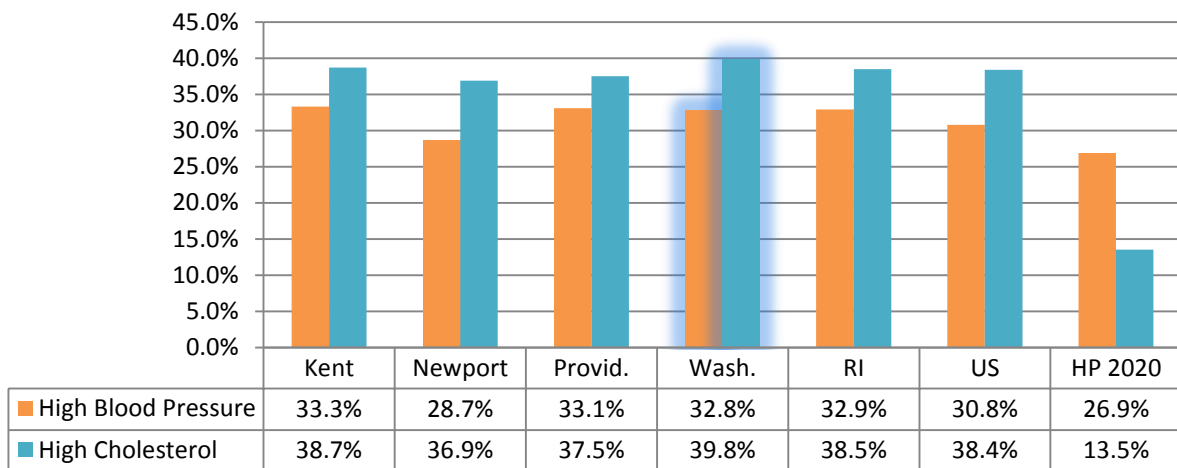
Washington County Trends Coronary Heart Disease & Stroke Mortality per 100,000



Source: Centers for Disease Control and Prevention

Heart Disease is often a result of high blood pressure and high cholesterol, which can result from poor diet and exercise habits. The table below shows that Washington County is in line with the state and nation, but does not meet the Healthy People 2020 goals for high blood pressure and cholesterol.

Percent of Residents Diagnosed with High Blood Pressure or High Cholesterol Levels



Source: Behavioral Risk Factor Surveillance System, 2009 & 2011

*Data for Bristol County is not available.

Cancer

Cancer is the second leading cause of death in the nation behind heart disease. Cancer incidence rates are declining in Washington County for breast, colorectal, and prostate cancer; the incidence rate for lung cancer is increasing. Incidence rates for female breast cancer and prostate cancer in Washington County are among the highest in the state, while incidence rates for colorectal cancer and lung cancer are among the lowest in the state.

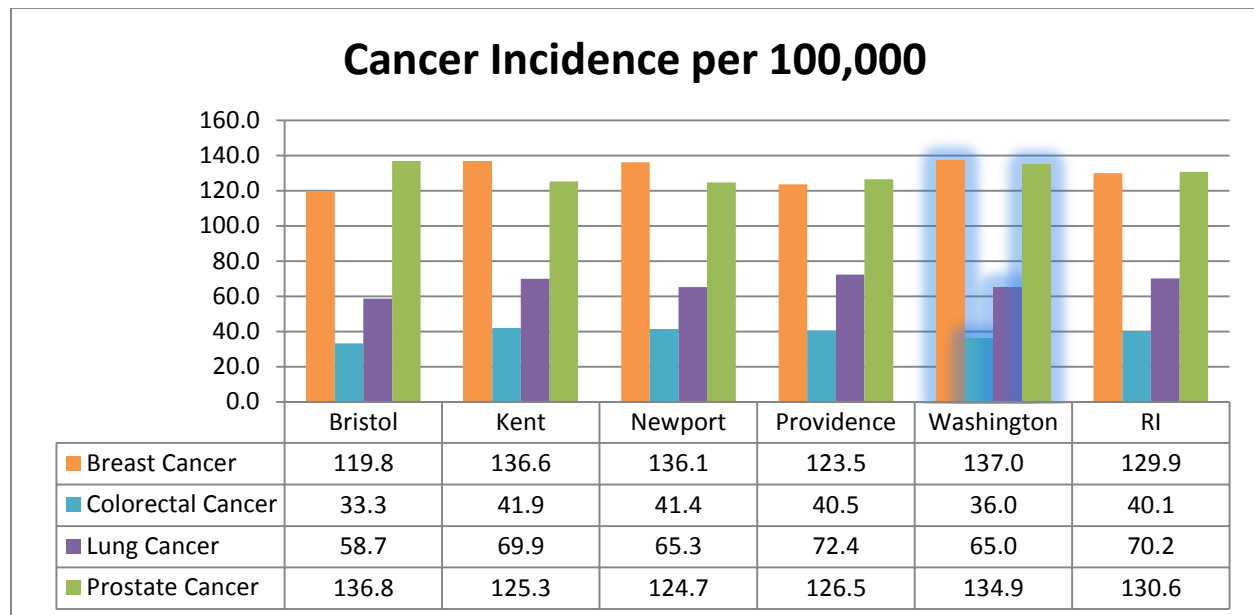
Cancer screenings are essential for early diagnosis and reducing cancer mortality. Colorectal cancer screenings are recommended for adults age 50 years or over. In Washington County, 84.7% of adults have had a colorectal cancer screening, the highest in the state. Mammograms are recommended for women age 50 years or over to detect breast cancer. Equal to the state, 83.5% of women in Washington County had a mammogram in the past two years.

Cancer Screenings

	Colorectal Cancer Screening	Mammogram in Past Two Years
Bristol	79.8%	87.2%
Kent	79.3%	82.6%
Newport	74.6%	83.4%
Providence	69.6%	83.2%
Washington	84.7%	83.5%
Rhode Island	74.7%	83.5%

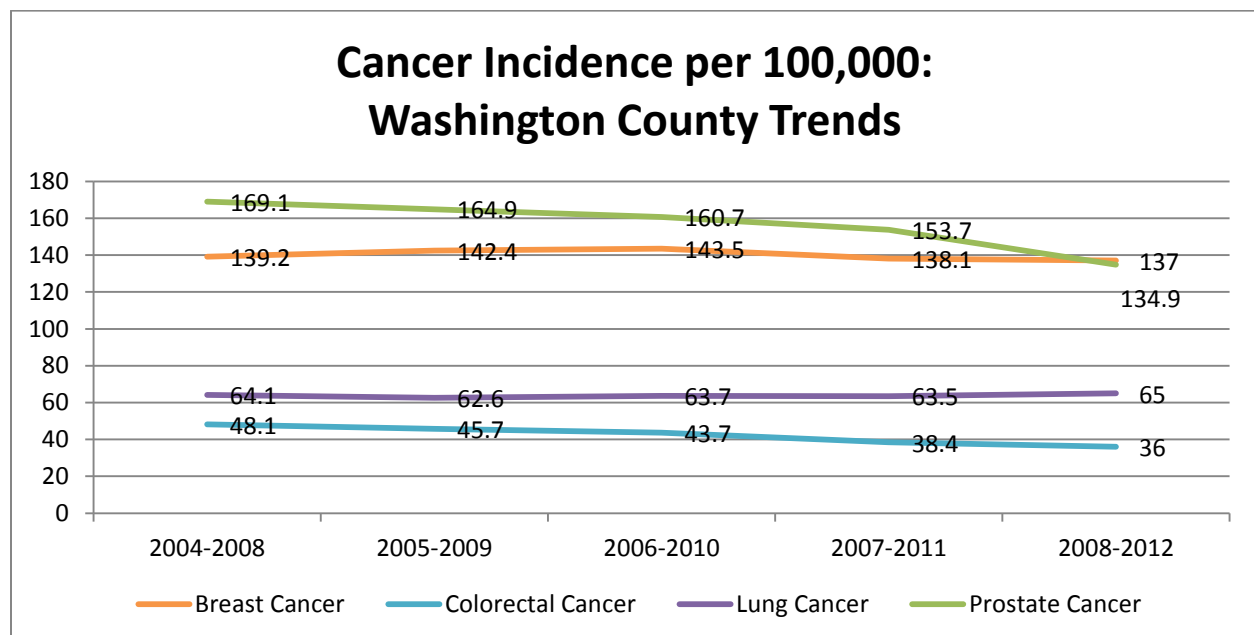
Source: Behavioral Risk Factor Surveillance System, 2010 & 2012

Presented below are the incidence and death rates for the most commonly diagnosed cancers: breast (female), colorectal, lung, and prostate (male).



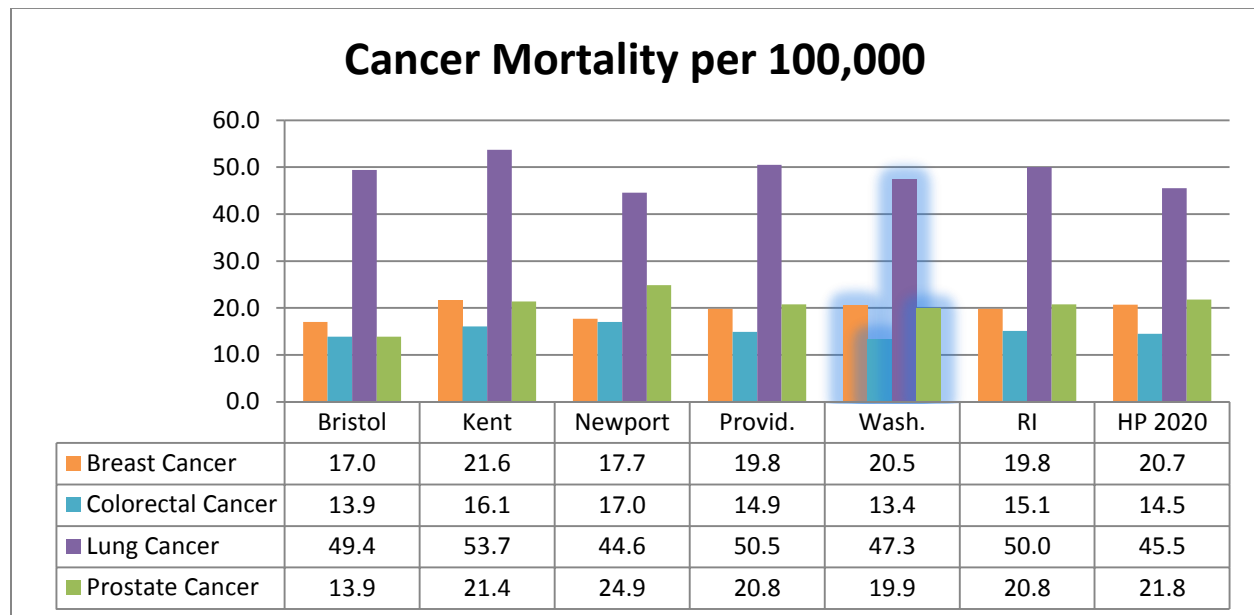
Source: National Cancer Institute, 2008-2012

Higher incidence rates can be linked to increased screenings. Breast cancer incidence is higher in Washington County although a similar percentage of women receive mammography screenings across the state. Fewer adults are diagnosed with colorectal cancer, although a higher percentage of residents are screened in Washington County.



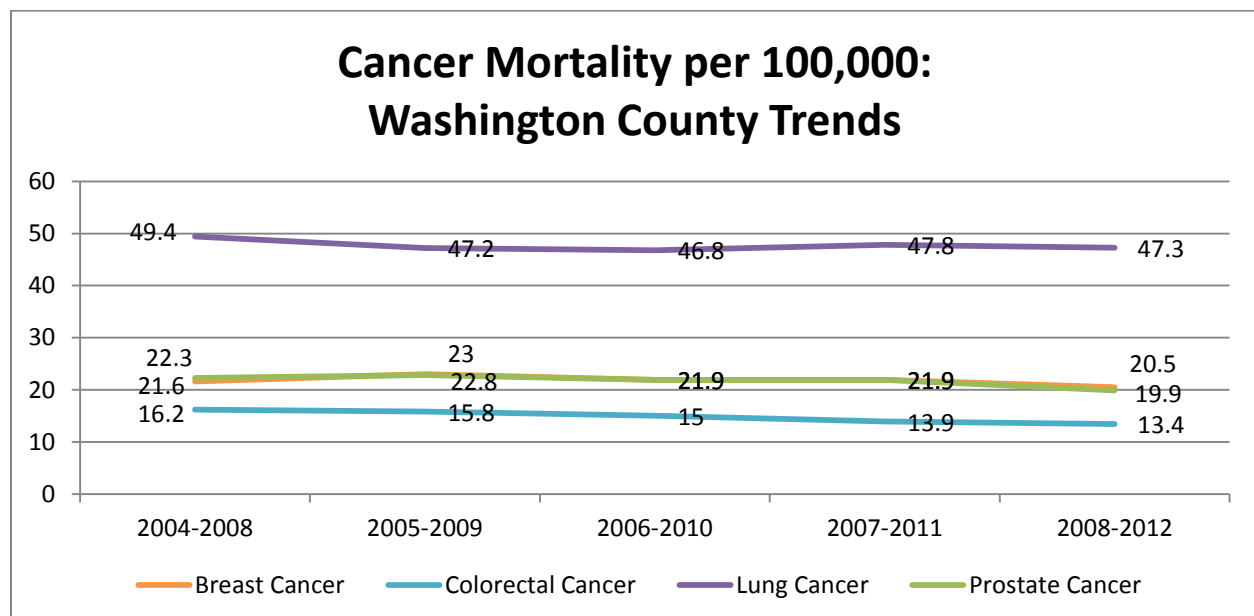
Source: National Cancer Institute

Cancer mortality rates in Washington County are generally lower than or equivalent to both the state and Healthy People 2020 goals.



Source: National Cancer Institute, 2008-2012

There are slightly more deaths due to breast cancer in Washington County, otherwise the mortality rate for cancer in Washington County is consistent with the state and the trends have remained steady or slightly declining. Lung Cancer is the only rate that is higher than the Healthy People 2020 goal.



Source: National Cancer Institute

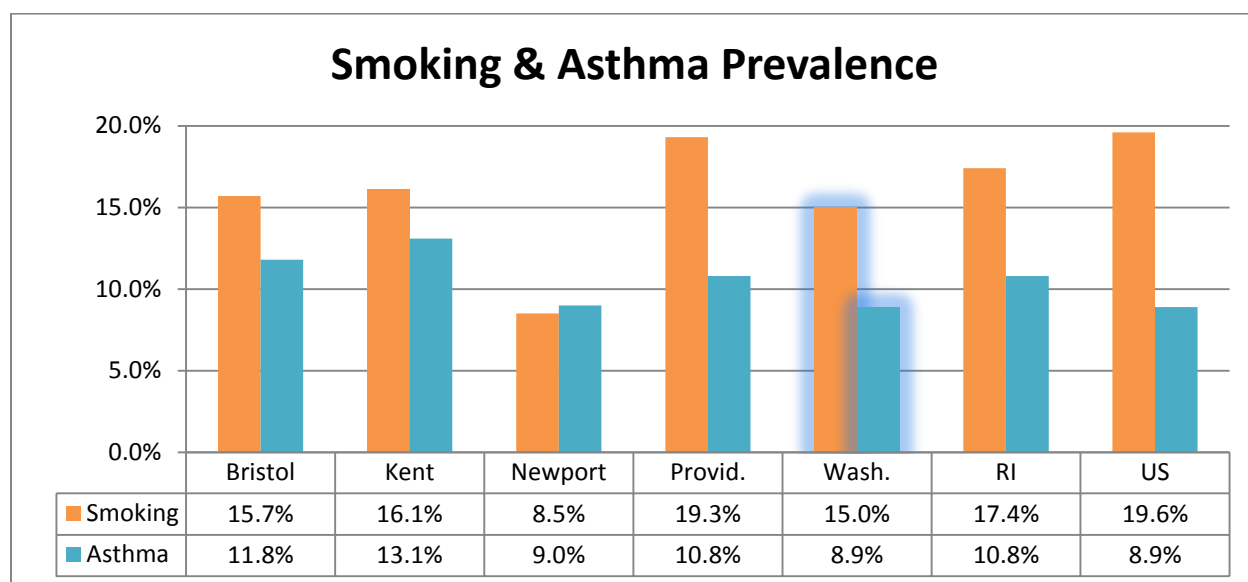
Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is the third most common cause of death in the nation. CLRD encompasses diseases like chronic obstructive pulmonary disorder, emphysema, and asthma.

Washington County adults have the lowest prevalence of asthma in the state (8.9%). The percentage is on par with the 2013 CHNA which reported 8.8% of adults have asthma.

More children in South County Hospital's service area has asthma compared to the nation

South County Hospital's 2013 CHNA BRFSS study found that 17.9% of children in its service area have asthma. The percentage is higher than the national comparison (13.4%).



Source: Behavioral Risk Factor Surveillance System, 2010 & 2012

Smoking cigarettes contributes to the onset of CLRD. In Washington County 15% of adults smoke cigarettes. Between 9% and 13% of students in Washington County report smoking.

2013-2014 Youth Cigarette Use in Washington County School Districts

School District	Cigarette Use	
	Middle School	High School
Chariho Regional	1%	13%
Narragansett	3%	9%
North Kingstown	1%	5%
South Kingstown	2%	8%
Westerly	1%	8%
Rhode Island	2%	9%

Source: Rhode Island Kids Count Factbook, 2015

Diabetes

Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications. Type II diabetes, the most common form, is largely preventable through diet and exercise.

Fewer Washington County adults have diabetes (7.3%) when compared to the state and the nation, but the percentage increased from 6.9% in the 2013 CHNA.

Diabetes prevalence and mortality in Washington County is lower compared to both the state and the nation, but both indicators increased from the 2013 CHNA

The diabetes mortality rate in Washington County (14.1 per 100,000) is also lower than the state and the nation, but increased from 11.3 per 100,000 in the 2013 CHNA.

Diabetes Prevalence & Mortality

	Diabetes Prevalence	Diabetes Mortality per 100,000
Bristol	3.6%	11.3
Kent	11.6%	16.1
Newport	7.0%	11.9
Providence	10.0%	17.0
Washington	7.3%	14.1
Rhode Island	9.8%	15.7
United States	9.7%	21.3

Source: Behavioral Risk Factor Surveillance System, 2010 & 2012 & Centers for Disease Control and Prevention, 2011-2013

Senior Health

Seniors face a number of challenges related to health and well-being as they age. They are more prone to chronic disease, social isolation, and disability. The following table notes the percentage of Medicare Beneficiaries 65 years or over who have been diagnosed with a chronic condition.

Chronic Conditions

The percentage of Medicare Beneficiaries with a chronic condition is typically lower than or equivalent to the state and the nation.

Chronic Conditions among Medicare Beneficiaries 65 Years or Over

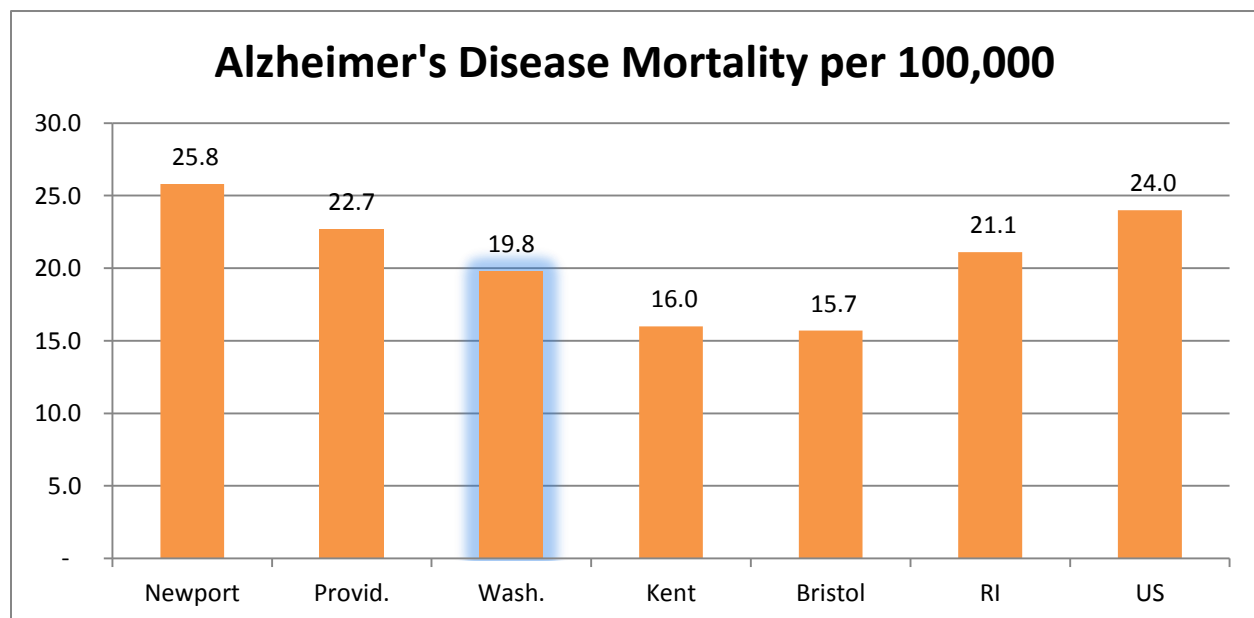
	Bristol	Kent	Newport	Provid.	Wash.	RI	US
Alzheimer's Disease	11.6%	12.1%	10.7%	13.4%	12.1%	12.5%	11.4%
Asthma	5.1%	6.1%	4.3%	6.2%	4.9%	5.7%	4.3%
Cancer	10.9%	11.2%	10.8%	10.4%	10.4%	10.6%	9.1%
Depression	13.4%	16.1%	13.3%	16.0%	12.1%	15.0%	12.7%
Diabetes	24.0%	27.2%	23.4%	28.7%	22.4%	26.6%	27.4%
Hypertension	60.8%	65.2%	60.4%	65.4%	61.4%	63.9%	59.1%
High Cholesterol	54.8%	56.5%	51.6%	55.1%	52.8%	54.5%	48.0%
Coronary Heart Disease	26.5%	34.3%	27.0%	31.3%	30.3%	30.9%	31.1%
Stroke	3.6%	4.5%	4.6%	4.1%	3.6%	4.1%	4.1%

Source: Centers for Medicare & Medicaid Services, 2012

Alzheimer's Disease

According to the National Institute on Aging, "Although one does not die of Alzheimer's disease, during the course of the disease, the body's defense mechanisms ultimately weaken, increasing susceptibility to catastrophic infection and other causes of death related to frailty."

The age-adjusted death rate due to Alzheimer's disease in Washington County increased from 18.9 per 100,000 in the 2013 CHNA, but is still lower than the state and the nation.

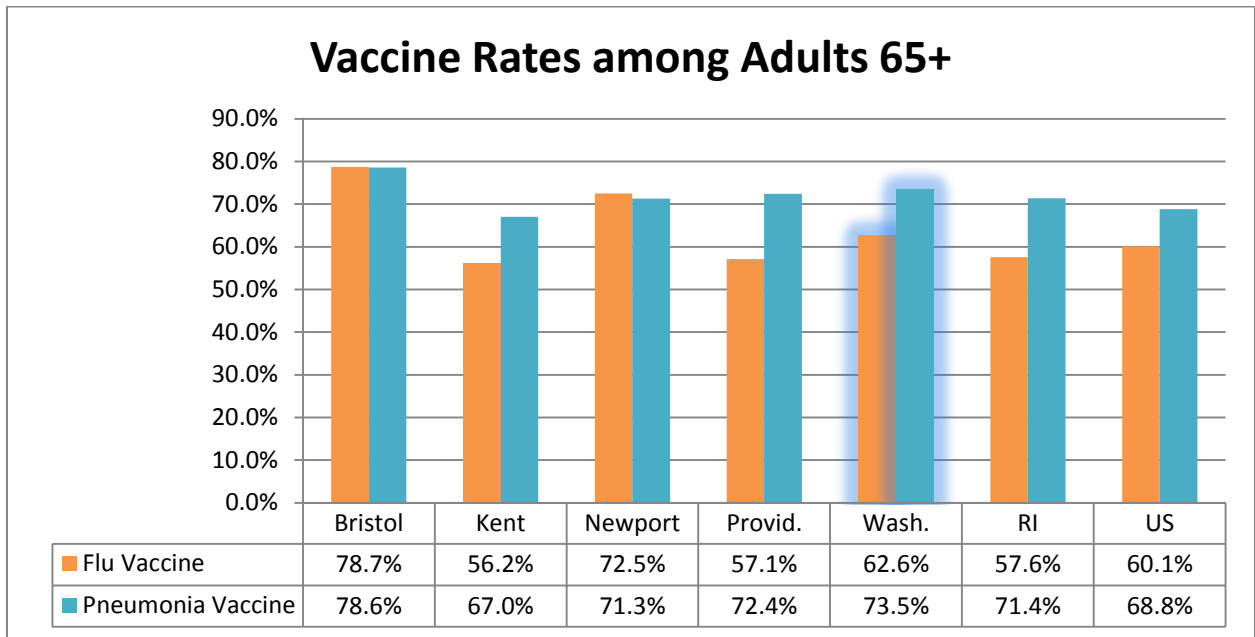


Source: Centers for Disease Control and Prevention, 2011-2013

Immunizations

The Advisory Committee on Immunization Practices recommends all individuals age six months or older receive the flu vaccine. However, the vaccine is a priority for older adults. The flu vaccination rate increased from the 51.2% to 62.6% since the last CHNA. The pneumonia vaccine is also recommended for adults age 65 years or over. The pneumonia vaccination rate increased from 71.2 % to 73.5% since the last CHNA.

Washington County senior vaccination rates for flu and pneumonia increased since the last CHNA.



Source: Behavioral Risk Factor Surveillance System, 2008, 2010, & 2012

Behavioral Health

Behavioral health encompasses both mental health and substance abuse conditions. Diagnosis, treatment, and comorbidity with chronic diseases are having an increasing impact on residents, patients, and the healthcare system. According to the September 2015 *Rhode Island Behavioral Health Project Report* by Truven Health Analytics, Rhode Island children and adults experience poorer mental health and substance abuse outcomes than residents in other New England states. Adult residents in Rhode Island are more likely to be hospitalized for mental health and substance use disorders. The following section analyzes measures related to feelings of depression, mental health diagnoses, mental health deaths, and provider access in Washington County.

Mental Health

Washington County adults report an average number of 3.2 poor mental health days per 30-day period, which is in line with most other counties, the state, and the nation. However, the 2013 CHNA found that 23.5% of adults have been diagnosed with a depressive disorder compared to 22% across the state and 16.8% across the nation. In addition, Washington County has the highest suicide rate (13.9 per 100,000) in Rhode Island. The rate is higher than the nation, exceeds the Healthy People 2020 goal, and increased from the 2013 CHNA (11.5 per 100,000). Suicide in Washington County was declining, but experienced a sharp increase during the most recent 2011-2013 reporting cycle.

Washington County has the highest suicide rate in Rhode Island; it increased since the 2013 CHNA

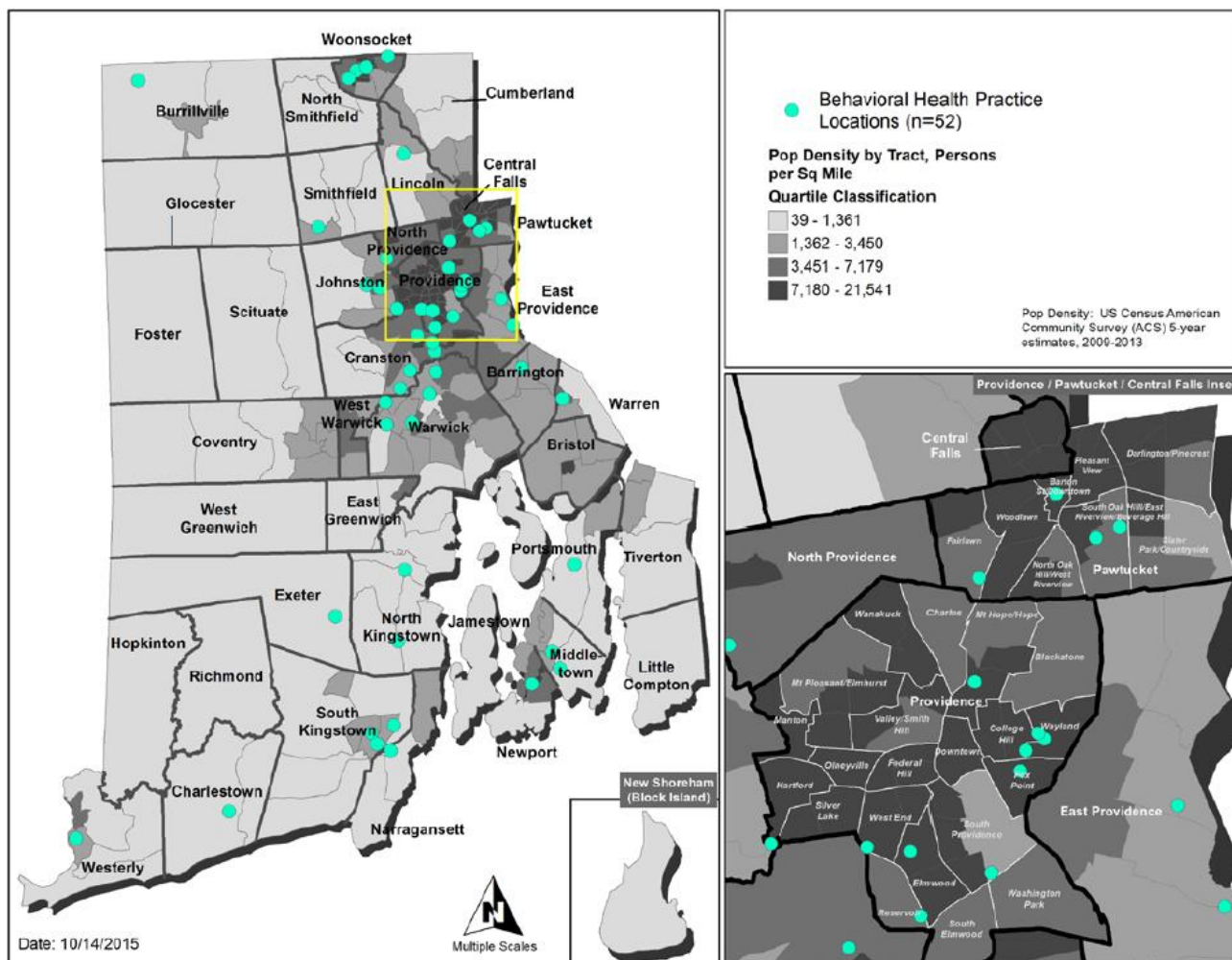
Mental Health Measures

	Poor Mental Health Days	Suicide per 100,000	Mental Health Provider Ratio
Bristol	2.9	N/A	541:1
Kent	4.0	10.5	397:1
Newport	3.0	11.0	354:1
Providence	3.7	9.1	257:1
Washington	3.2	13.9	366:1
Rhode Island	3.6	10.2	298:1
United States	3.4	12.5	529:1
HP 2020	N/A	10.2	N/A

Source: Behavioral Risk Factor Surveillance System, 2010 & 2012 & Centers for Disease Control and Prevention, 2011-2013 & County Health Rankings, 2012

Behavioral Health Providers

There are 52 licensed behavioral health clinics in Rhode Island. In 2014, the median number of patients seen across all clinics was 566. The following figure illustrates the location of the clinics layered over population density.



Source: Rhode Island Department of Health Statewide Health Inventory, 2015

Behavioral health providers are most available in Providence and Kent Counties. A full list of Behavioral Health providers in Washington County is included in Appendix C.

Substance Abuse

Substance abuse includes both alcohol and drug abuse. In Washington County, 18.4% of adults report binge drinking, 43.8% of driving deaths are due to alcohol-impaired driving, and the drug poisoning death rate is 13.2 per 100,000. The percentage of binge drinkers is the highest in the state and higher than the nation, although within the Healthy People 2020 guidelines. The measure decreased from 19.2% in 2011. The percentage of deaths due to alcohol-impairment remained steady since the last reporting and exceeds the state and the nation. The rate of drug poisoning deaths increased 2.6 points from 10.6 per 100,000 during years 2004 to 2010.

Binge drinking and DUI deaths are among the highest in the state and exceed the nation.

Drug poisoning deaths increased 2.6 points.

Substance Abuse Measures

	Binge Drinking	Percent of Driving Deaths due to DUI	Drug Poisoning Deaths per 100,000
Bristol	9.4%	28.6%	11.7
Kent	15.9%	47.3%	18.9
Newport	17.6%	50.0%	10.3
Providence	17.1%	38.0%	17.5
Washington	18.4%	43.8%	13.2
Rhode Island	17.2%	41.4%	16.4
United States	16.9%	30.6%	N/A
HP 2020	24.4%	N/A	N/A

Source: Behavioral Risk Factor Surveillance System, 2010 & 2012 & County Health Rankings, 2006-2012 & 2009-2013

The *Rhode Island Behavioral Health Project Report* reported that Rhode Island residents have the highest rate of death due to narcotics and hallucinogens in comparison to other New England states. The rate is also higher than the national average. In addition, residents are more likely to be hospitalized for mental and substance use disorders and have unmet mental health care needs in comparison to other New England states. The hospitalization rate is 26% higher than Massachusetts (second highest in New England) and 150% higher than Vermont.

Youth Behavioral Health

An increasing number of youth are affected by behavioral health issues. *Rhode Island Kids Count* reported that in 2013, 2,737 youth were hospitalized across five hospitals with a primary diagnosis of mental disorder. The number of hospitalizations represents an increase of 53% from 2003. The report identified the top diagnoses for inpatient care as depressive disorders (41%), bipolar disorders (38%), anxiety disorders (12%), and adjustment disorders (5%). Rhode Island adolescents age 12 to 17 years are more likely to have major depressive episodes, and young adults age 18 to 24 years are more

likely to have serious psychological distress, when compared to other New England states and the nation.

In 2014, 151 youth across Washington County were hospitalized for a psychiatric diagnosis. The majority of youth resided in North Kingstown and Westerly. In addition, 113 youth emergency mental health evaluations were conducted at Westerly Hospital and 88 were conducted at South County Hospital. South County Hospital evaluations are limited to after-hours consult services not provided by the SCH Department of Behavioral Health, and are therefore understated.

2014 Youth Psychiatric Hospitalizations by Washington County Town

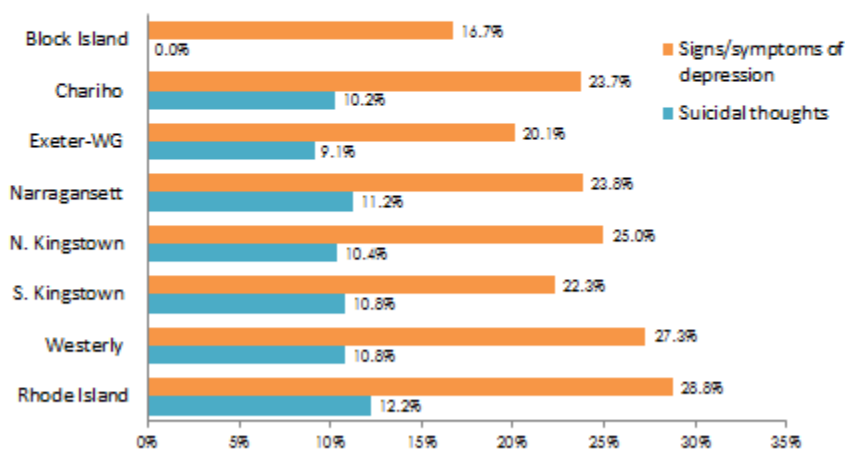
	Number of Hospitalizations
North Kingstown	67
Westerly	40
South Kingstown	27
Narragansett	17

Source: Truven Health Analytics, 2015

Suicide is another concern among youth. In 2013, 14% of Rhode Island high school students reported having suicidal thoughts and there were 916 emergency department visits and 406 hospitalizations among youth 13 to 19 years for suicide attempts. A total of 24 youth in Rhode Island died due to suicide between 2009 and 2013.

Behavioral Health: Youth

Self reports of depression/suicidal thoughts consistent across County's high school students



Source: SurveyWorks! 2013-2014 High School Reports

Substance abuse is affecting more youth in Rhode Island. The following table depicts substance abuse data among middle and high school students by town in Washington County. In general, adolescents age 12 to 17 years in Rhode Island have higher rates of illicit drug use when compared to other New England states and the nation.

2013-2014 Youth Substance Abuse in Washington County School Districts

School District	Alcohol Use		Marijuana Use		Prescription Drug Use		Cigarette Use	
	Middle School	High School	Middle School	High School	Middle School	High School	Middle School	High School
Chariho Regional	3%	26%	3%	33%	3%	12%	1%	13%
Narragansett	6%	32%	7%	38%	4%	13%	3%	9%
North Kingstown	2%	20%	2%	28%	2%	11%	1%	5%
South Kingstown	5%	24%	8%	29%	3%	11%	2%	8%
Westerly	4%	21%	6%	31%	3%	10%	1%	8%
Rhode Island	6%	26%	7%	34%	3%	12%	2%	9%

Source: Rhode Island Kids Count Factbook, 2015

Maternal and Child Health

Prenatal & Infant Health

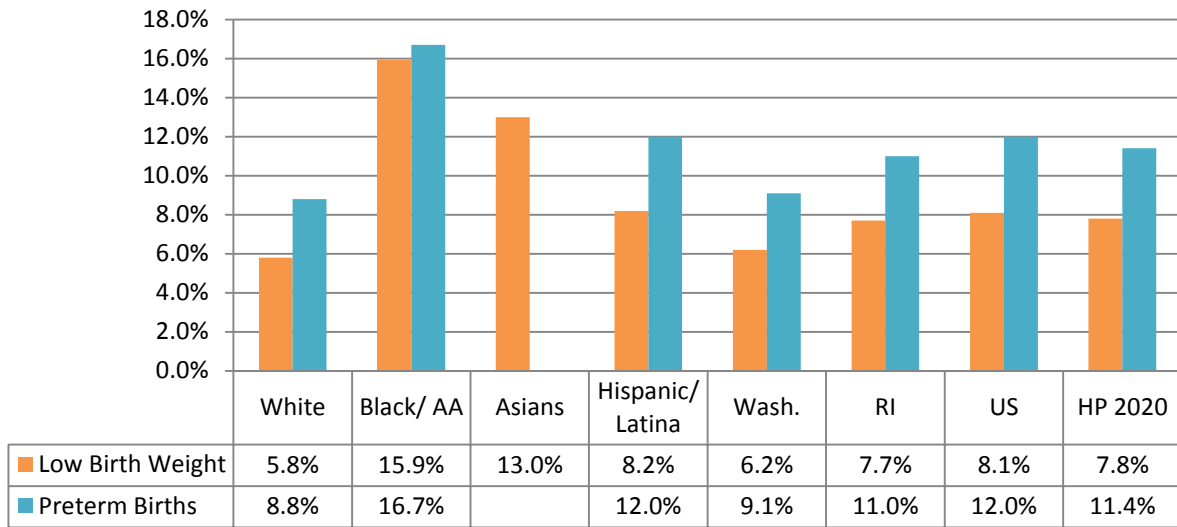
Maternal and child health is measured by a number of indicators, including low birth weight and preterm births. Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects.

White mothers in Washington County are less likely to have a low birth weight baby, while Asian/ Pacific Islander and Black/African American mothers are more than twice as likely to have low birth weight babies. Hispanic/Latina mothers are also more likely to have low birth weight babies than White counterparts.

Black/African American mothers are more than twice as likely to have low birth weight babies or preterm births.

Premature births are births that occur earlier than the 37th week of pregnancy. They often lead to infant death. Black/African American mothers are almost twice as likely to have preterm babies than White mothers. Hispanic/Latina mothers are also more likely to have preterm births. Preterm birth rates are not available for Asian/Pacific Islander.

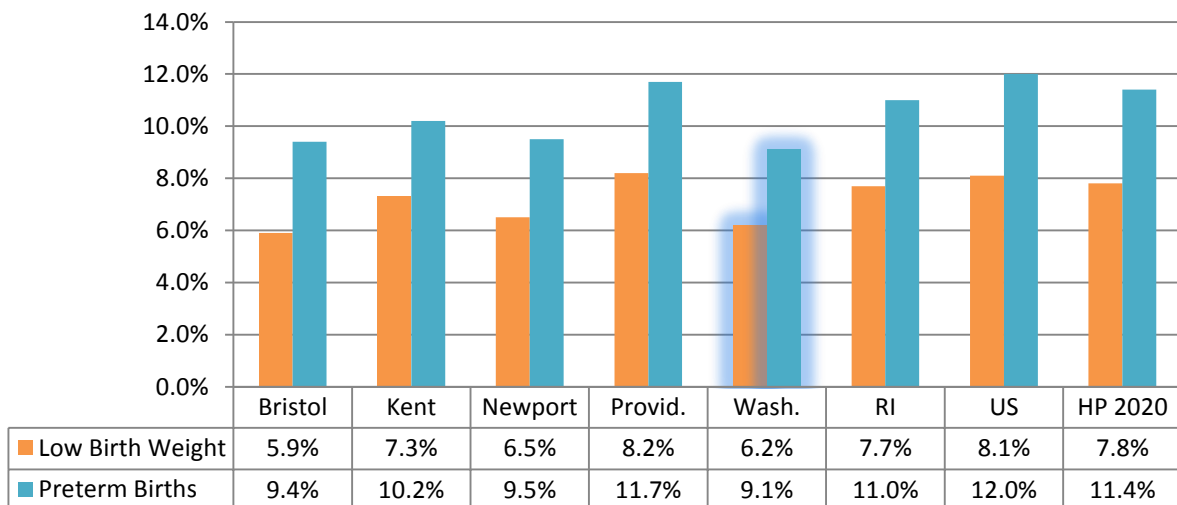
Low Birth Weight & Preterm Births



Source: Health Indicators Warehouse, 2007-2013

*Preterm birth data is not available for Asians/Pacific Islanders

Low Birth Weight & Preterm Births



Source: Health Indicators Warehouse, 2007-2013

Rhode Island Kids Count published additional indicators contributing to infant health. These indicators are presented below for towns within Washington County.

2009-2013 Infant Health by Maternal Characteristics and Town

	Total Births	Births per 1,000 Girls 15-19 years	Delayed Prenatal Care*	Exclusively Breast Fed at discharge	Preterm Births	Infant Mortality per 1,000 Births
Charlestown	269	16.6	NA (n=14)	81%	NA (n=30)	NA**
Exeter	257	11.4	NA (n=22)	77%	NA (n=12)	0.0
Hopkinton	357	15.6	NA (n=28)	79%	NA (n=32)	0.0
Narragansett	405	3.1	NA (n=34)	77%	NA (n=41)	NA**
New Shoreham	55	NA (n=2)	NA (n=3)	83%	NA (n=5)	0.0
North Kingstown	992	9.0	8.7%	75%	5.7%	NA**
Richmond	369	11.2	NA (n=22)	83%	NA (n=32)	NA**
South Kingstown	947	2.4	7.9%	78%	8.8%	NA**
Westerly	1,030	21.5	7.2%	78%	9.1%	NA**
Rhode Island	55,169	21.0	12.8%	64%	10.7%	6.6

Source: Rhode Island Kids Count Factbook, 2015

*Percentage of mothers initiating prenatal care in the second or third trimester; NA represents too few cases to report a percentage

**The number of infant deaths is less than 5

In addition, *Rhode Island Kids Count* published that in 2013, 76 babies were diagnosed with Neonatal Abstinence Syndrome (NAS). The equivalent rate is 72 per 100,000 births and represents nearly double the rate reported in 2006, 37.2 per 100,000 births.

Immunization

The Advisory Committee on Immunization Practices recommends that all individuals age six months or older receive the flu vaccine. However, the vaccine is considered a priority for children ages six months to four years. The 2013 CHNA found that 69.2% of children under 18 years received a flu vaccine. The statewide average was 73.2%.

In addition, the Advisory Committee on Immunization Practice recommends a series of vaccinations for all children age 19 months to 35 months. The series includes diphtheria, tetanus, polio, measles, etc. *Rhode Island Kids Count* reported that 82% of Rhode Island children received the full series of vaccinations, the best in the nation. The report also found that 95% to 98% of kindergarten students received the five immunizations required for school entry.

South County Hospital Utilization Data Analysis

Background

South County Hospital discharge data related to chronic diseases and behavioral health was analyzed across the emergency room, observation, and inpatient settings to determine usage trends related to key community health needs. The data were correlated with public health statistics and socio-economic measures to determine if there were utilization patterns among high risk populations and to improve outcomes for patients.

The claims data was provided by Truven Health Analytics and all analyses were performed by Baker Tilly. Due to availability, inpatient data is based on fiscal years 2013 and 2014 and observation and emergency room data are based on fiscal year 2014.

Inpatient Cases Combined visits FY 2013 and FY2014	Emergency Visits FY2014	Observation (not admitted) FY2014
11,106	21,282	1,668

The hospital utilization data was considered in conjunction with demographic data to more fully understand the needs across South County Hospital’s service area. It is important to consider public health data with the hospital utilization data as in a given year much of the population will not have contact with any of the hospital’s departments. Therefore, their health concerns are not measured by health provider utilization data.

The following section reports utilization findings and compares local hospital data with a state average. The Rhode Island State Hospital average includes all hospitals in Rhode Island except specialty hospitals (Butler Hospital, Bradley Hospital, Hasbro Children’s Hospital, and Women & Infants Hospital). After a careful review of the data it was decided a three percentage point difference from the Rhode Island average warranted hospital attention. This standard was used throughout all analyses.

Chronic Conditions

The following table illustrates the zip codes accounting for 50% or more of utilization across six chronic conditions: Asthma, Behavioral Health, Chronic Heart Failure, Chronic Obstructive Pulmonary Disorder, Diabetes, and Hypertension. The data represent the percentage of chronic disease cases originating from residents who reside in each zip code. The condition may not be the primary reason for the visit, or the primary diagnosis code, but it is listed on the patient's record as an existing condition. The data are presented in order of zip codes with the highest percentages of chronic disease usage.

Zip Codes Accounting for 50% or more of Chronic Condition Prevalence across Emergency Room, Observation, and Inpatient Settings

Zip Code	Asthma	BH	CHF	COPD	Diabetes	HTN
02879 Wakefield	30%	29%	34%	32%	29%	30%
02852 North Kingstown	12%	15%	19%	17%	16%	14%
02882 Narragansett	18%	16%		15%	18%	17%

Recognizing the relationship between social determinants of health and health status, the following table shows socioeconomic measures for the South County Hospital service area zip codes accounting for 50% or more of chronic condition prevalence. Zip codes 02882 (Narragansett) and 02852 (North Kingstown) have some of the highest utilization rates and highest poverty rates. Zip code 02879 (Wakefield) is the zip code in which South County Hospital is located, which may drive higher utilization.

Social Determinant of Health Indicators by Zip Code

	Black/ African American	Hispanic/ Latino	English Speaking	All People in Poverty	Children (<18) in Poverty	Single Female Households w/ Children	Unemploy- ment	Less than HS Diploma
02882 Narragansett	0.9%	2.3%	95.1%	17.7%	6.2%	7.1%	2.6%	4.3%
02852 North Kingstown	1.1%	3.3%	92.5%	7.7%	12.1%	9.3%	4.9%	6.6%
02879 Wakefield	1.3%	2.5%	94.6%	5.2%	5.8%	7.9%	5.0%	5.6%
Total Service Area (SA)	1.1%	3.0%	93.4%	8.4%	9.8%	7.5%	5.3%	7.8%
Rhode Island	5.9%	14.1%	79.0%	13.6%	19.5%	12.1%	6.4%	14.5%

Source: The Nielsen Company, 2015

Color Coding Guide

<p>0- 2% points higher than the Total SA Exception: English Speaking cells are 0-2% points lower than Total SA</p>
<p>More than 2% points higher than the Total SA Exception: English Speaking cells are more than 2% points lower than Total SA</p>

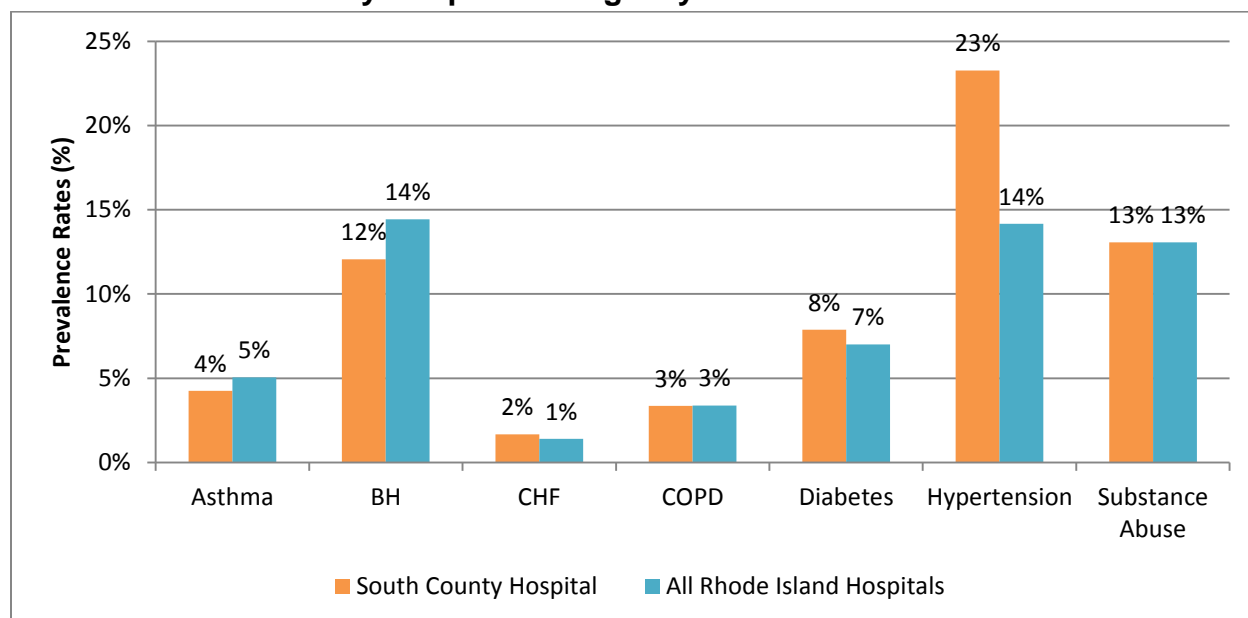
Chronic Condition Prevalence among Hospital Patients

The following graphs examine the prevalence of common chronic conditions among South County Hospital emergency room and inpatient settings. A data set comprising an average of all Rhode Island Hospitals (excluding specialty hospitals) is provided as a benchmark. The data includes any patient with a diagnosis for the chronic condition, whether the condition was the admitting diagnosis or not.

Chronic Disease among Emergency Room Patients

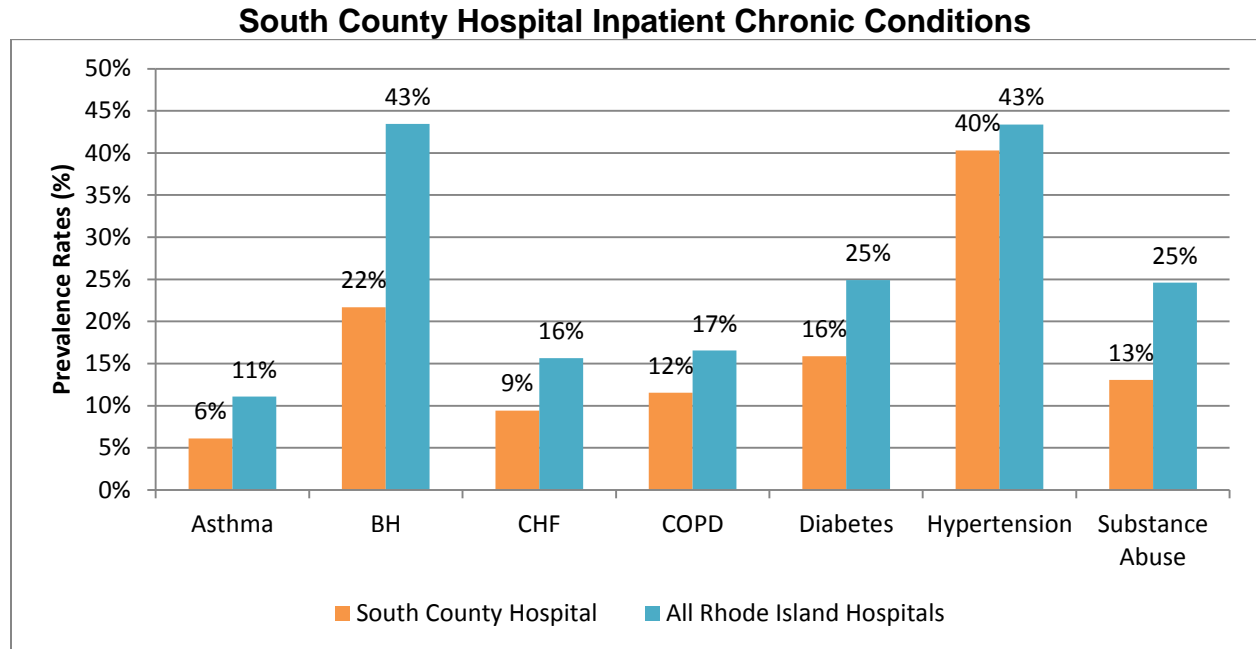
Patients seen in the emergency room have a higher prevalence of hypertension (23%) than the state average (14%). The prevalence of all other chronic conditions is equivalent to the state.

South County Hospital Emergency Room Chronic Conditions



Chronic Conditions among Inpatient Admissions

Patients admitted at South County Hospital have a lower prevalence of all chronic conditions when compared to the Rhode Island average. The most prevalent chronic condition among patients is hypertension (40%), which compares to a state average of 43%.



Behavioral Health and Medical Comorbidities in the Inpatient Setting

Hospital data for all Rhode Island hospitals were analyzed in aggregate to identify behavioral health admissions across the state and to demonstrate local needs related to behavioral health inpatient care. There are no inpatient behavioral health beds in Washington County, so it is important to identify the number of residents that must leave the community to receive care.

Among South County Hospital service area residents, during fiscal years 2013 and 2014 there were 2,495 admissions with behavioral health as the primary diagnosis. The following table identifies the number and percentage of total behavioral health admissions (may not be unique patient visits), by patient's zip code of residence. Behavioral health admissions include admissions to all hospitals within Rhode Island.

Residents from four zip codes (02816, 02891, 02852, and 02879) account for approximately 60% of all behavioral health admissions across the South County Hospital service area.

Behavioral Health Admissions over two years Oct 1, 2013-Sep 30, 2014

Patient Zip Code of Residence	BH Admissions* within the Zip Code of Residence (not unique patients)	% of Total BH Admissions in SCH Service Area (2,495)
02816, Coventry	542	21.7%
02891, Westerly	374	15.0%
02852, North Kingstown	322	12.9%
02879, Wakefield	260	10.4%
02818, East Greenwich	233	9.3%
02882, Narragansett	122	4.9%
02813, Charlestown	117	4.7%
02817, West Greenwich	68	2.7%
02835, Jamestown	65	2.6%
02832, Hope Valley	62	2.5%
02892, West Kingston	62	2.5%
02874, Saunderstown	55	2.2%
02822, Exeter	54	2.2%
06379, Pawcatuck	32	1.3%
02804, Ashaway	25	1.0%
02808, Bradford	25	1.0%
02881, Kingston	20	0.8%
02807, Block Island	16	0.6%
02898, Wyoming	14	0.6%
02894, Wood River Junction	10	0.4%
02812, Carolina	8	0.3%
02833, Hopkinton	3	0.1%
02875, Shannock	3	0.1%
02873, Rockville	2	0.1%
02836, Kenyon	1	0.0%

*Admissions to any Rhode Island hospital

The following table identifies the number and percentage of total behavioral health admissions (may not be unique patient visits) within the South County Hospital service area, by patient age. The majority of admissions (60%) occur among residents age 18 to 64 years; however, more than one-quarter of admissions (26.4%) occur among residents under the age of 18 years.

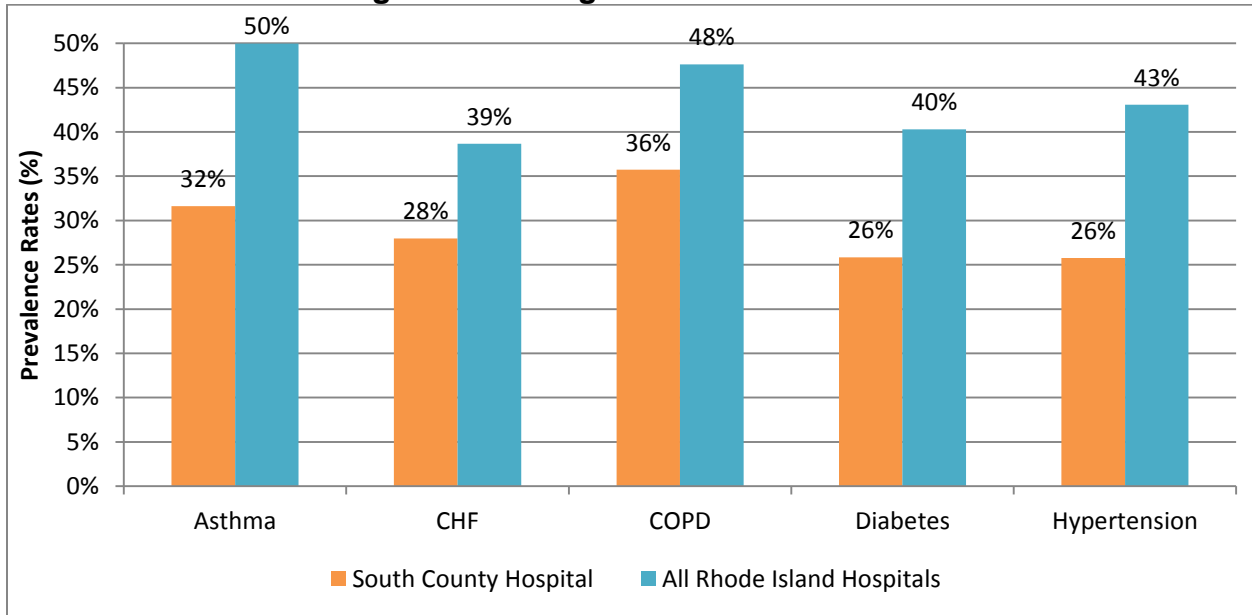
Behavioral Health Admissions* by Age over two years Oct 1, 2013-Sep 30, 2014

	Under 18 years		18-64 years		65 years or over	
	BH Admissions	% of Total BH Admissions	BH Admissions	% of Total BH Admissions	BH Admissions	% of Total BH Admissions
02816, Coventry	136	20.7%	305	20.4%	101	29.8%
02891, Westerly	85	12.9%	237	15.8%	52	15.3%
02852, North Kingstown	120	18.2%	173	11.5%	29	8.6%
02879, Wakefield	57	8.7%	168	11.2%	35	10.3%
02818, East Greenwich	61	9.3%	133	8.9%	39	11.5%
02882, Narragansett	29	4.4%	84	5.6%	9	2.7%
02813, Charlestown	31	4.7%	73	4.9%	13	3.8%
02817, West Greenwich	28	4.3%	30	2.0%	10	2.9%
02835, Jamestown	11	1.7%	46	3.1%	8	2.4%
02832, Hope Valley	21	3.2%	27	1.8%	14	4.1%
02892, West Kingston	18	2.7%	41	2.7%	3	0.9%
02874, Saunderstown	15	2.3%	38	2.5%	2	0.6%
02822, Exeter	7	1.1%	40	2.7%	7	2.1%
06379, Pawcatuck	6	0.9%	20	1.3%	6	1.8%
02804, Ashaway	4	0.6%	18	1.2%	3	0.9%
02808, Bradford	10	1.5%	14	0.9%	1	0.3%
02881, Kingston	3	0.5%	15	1.0%	2	0.6%
02807, Block Island	2	0.3%	14	0.9%	0	0.0%
02898, Wyoming	9	1.4%	4	0.3%	1	0.3%
02894, Wood River Junction	0	0.0%	9	0.6%	1	0.3%
02812, Carolina	2	0.3%	6	0.4%	0	0.0%
02833, Hopkinton	0	0.0%	0	0.0%	3	0.9%
02875, Shannock	2	0.3%	1	0.1%	0	0.0%
02873, Rockville	1	0.2%	1	0.1%	0	0.0%
02836, Kenyon	0	0.0%	1	0.1%	0	0.0%
Total Cases	658		1,498		339	

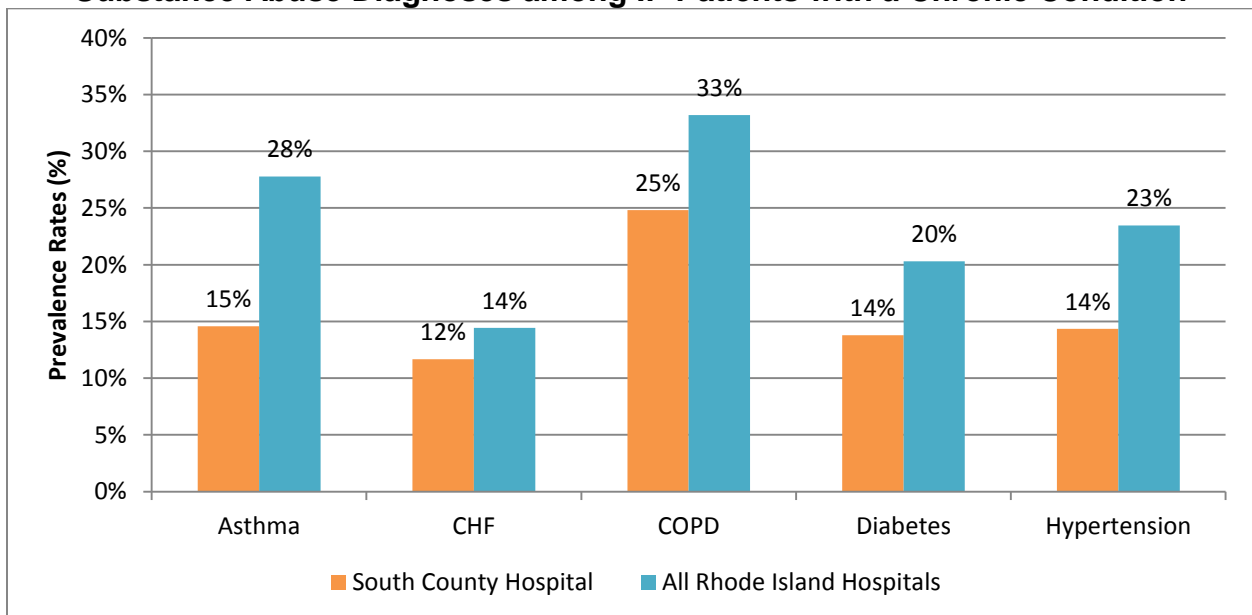
*Admissions to any Rhode Island hospital

Chronic conditions can be more difficult to manage if a patient also has a mental health and/or substance abuse diagnosis. The following charts show the prevalence of mental health and substance abuse diagnoses among patients admitted to the hospital with one or more of the top five chronic diseases: Asthma, CHF, COPD, Diabetes, and Hypertension.

Mental Health Diagnoses among IP Patients with a Chronic Condition

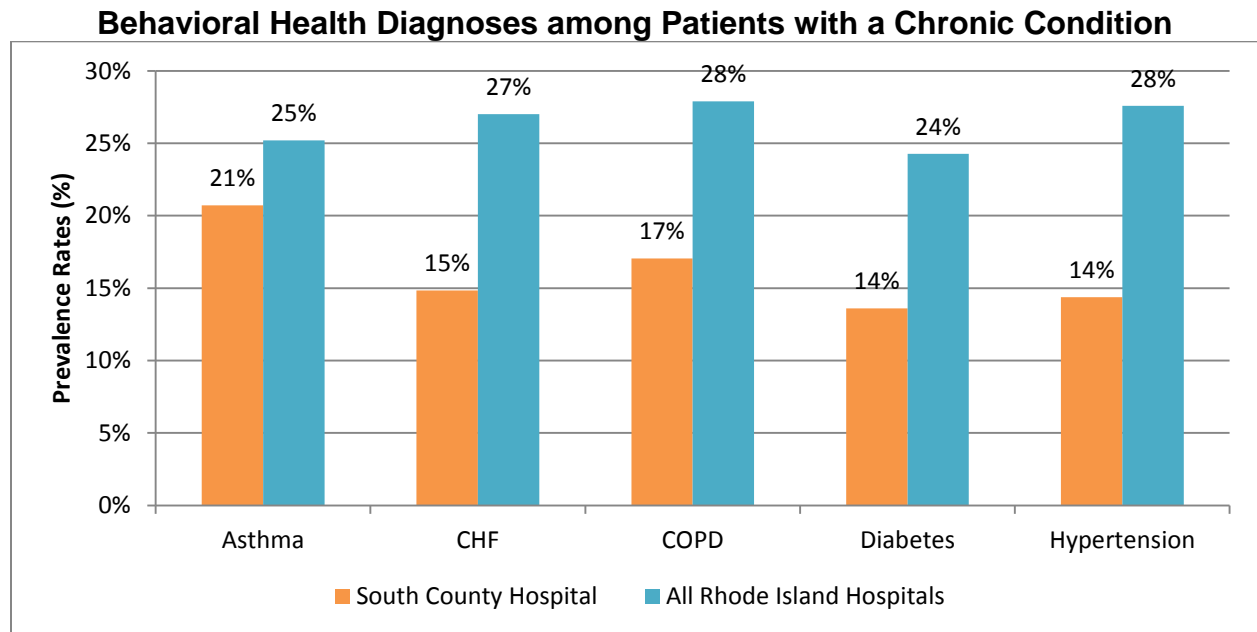


Substance Abuse Diagnoses among IP Patients with a Chronic Condition

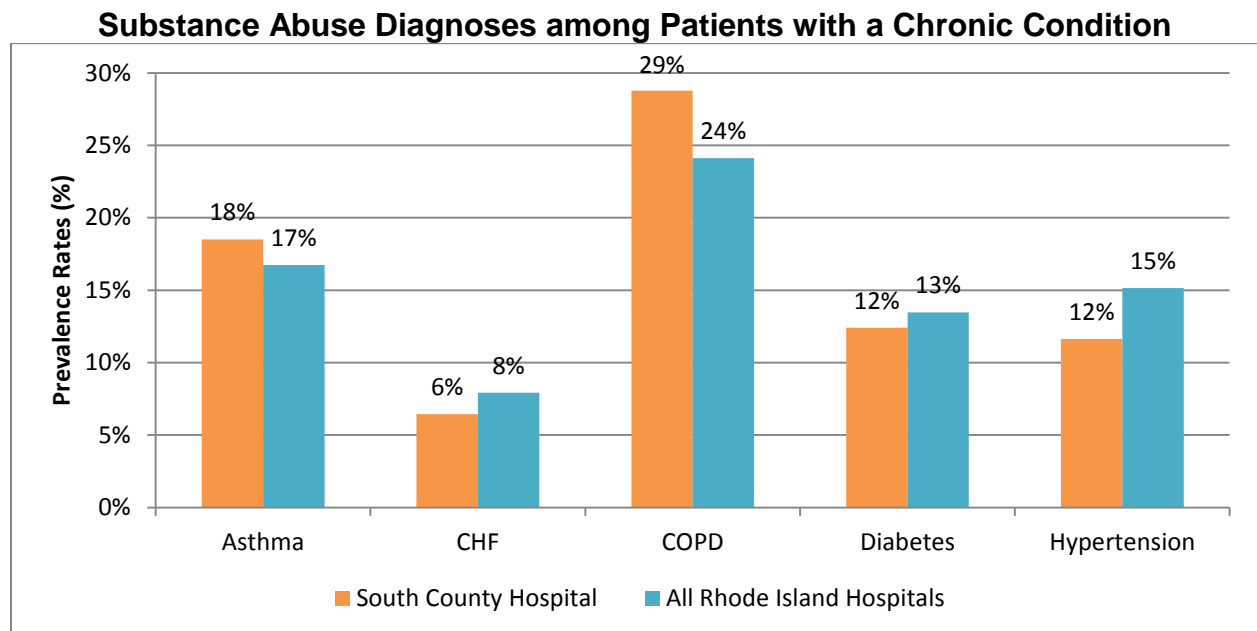


Emergency Room Setting

Among patients with asthma, CHF, COPD, diabetes, and hypertension who accessed care in the ER, 14%-21% had a co-occurring behavioral health diagnosis. Behavioral health comorbidity was most common with asthma (21%). All averages are lower than the state average.



Patients with COPD were most likely to have a substance abuse diagnosis (29%); which is more than the state average. Other comorbidities are equivalent to state averages.



Washington County Partner Forum

October 27, 2015, 5-7 pm

Charlestown Police Department Community Room, 4901 Old Post Road, Charlestown

The L&M Westerly Hospital and South County Hospital held a county-wide Partner Forum. The objective of the forum was to solicit feedback from representatives of key stakeholder groups, facilitate collaboration to address community health needs, and align community health improvement efforts between the HARI CHNA, the Rhode Island Department of Health, and the local Health Equity Zones (HEZ).

Partner Forum Participants:

Bethany Gingerella, The Westerly Ambulance

Blanche Higgins, Westerly Town Planning

Brooke White, The Westerly Sun

Christopher Ausura, Rhode Island Department of Health

Cynthia Hall, Westerly Hospital

Laurel Holmes, Westerly Hospital

Greg Hindle, South County YMCA

Jake Northup, South County YMCA

Karen Da Cruz, Westerly Hospital & Lawrence + Memorial Healthcare

Ken Richards, The Westerly Ambulance

Mary Roda, Domestic Violence Resource Center of South County

Michael Lichtenstein, Wood River Health Services

Rich Leclerc, Gateway Healthcare/South Shore Center

Rob Harrison, MD, Westerly Hospital

Rupert Friday, Rhode Island Land Trust Council

Russell Partridge, WARM Center

Anna Pelchat, Westerly Hospital

Sean Walsh, South County Community Action

Susan Orban, South County Healthy Bodies, Healthy Minds

Theresa Tanzi, Rhode Island House of Representatives

Tina Spears, Rhode Island Parent Information Network

Cynthia Wyman, South County Hospital

Facilitation

An overview of the current CHNA research findings related to health needs and disparities in the community was presented to the partners. The partners were then divided by priority area for small group discussion based on the services their organization provides and/or the populations they serve. The subgroups discussed barriers to optimal health for residents, underserved populations, service delivery gaps, existing community assets, and opportunities for collaboration around the priority needs.

The small group discussion began with identification of existing community assets to address the priority area. Partners named specific organizations, programs, and individuals in the community, populations served, and partners that provide services in support of the identified need. Group participants were then presented with a set of questions aimed at identifying gaps in services and opportunities for collaboration to address the priority area. The questions included:

- > Are people aware of existing resources and services?
- > What barriers keep residents from accessing existing programs/services/initiatives?
- > What populations are underserved or most at-risk?
- > What programs/services/initiatives could help reach this population?
- > Who are potential partners for outreach and service delivery?

An overview of the participants' responses to these questions and the identified community assets, grouped by priority area, follows.

Behavioral Health: Mental Health & Substance Abuse

Barriers to Accessing Programs/Services/Initiatives

Participants thought that residents are generally aware of available services in the community, primarily as a result of good coordination among nonprofit providers. Many providers meet under the umbrella of the Basic Needs Network to share resources and identify and meet unmet needs. However, the following barriers still exist within the community when accessing services:

- > Transportation to services
- > Poor reimbursement rates for mental health services, particularly psychiatrists and home-based services, leading to fewer providers in the area
- > Lack of case management for behavioral health issues
- > Stigma associated with receiving treatment
- > Lack of behavioral health services in the region, particularly for children, medication management, psychiatry, and medication-assisted treatment for addiction

Underserved or Most At-Risk Populations

The partners agreed that populations within the community are at higher risk for developing behavioral health issues and are less likely to receive necessary interventions. These populations include:

- > Individuals with lower incomes
- > Domestic violence survivors
- > Patients with dual-diagnoses (mental health and substance abuse)
- > Adolescent and pediatric populations in need of psychiatric care
- > Homeless populations

Insight and Recommendations for Services to Meet the Needs of Underserved or At-Risk Populations

The participants shared the following recommendations that they thought could help meet the behavioral health needs of underserved or at-risk populations:

- > Expansion of available prevention services in the community to reach individuals before they develop severe mental health issues
- > Integrated care for primary and behavioral health care services, and promoting patient-centered medical homes
- > Community education to reduce stigma surrounding behavioral health conditions and encourage individuals to seek services
- > Substance abuse treatment centers with Methadone and Suboxone

Identifying Collaborative Partners to Address Behavioral Health Needs

Potential partners were identified in the community, including the local Substance Abuse Prevention Task Forces, Phoenix House, AdCare Rhode Island, the Department of Behavioral Healthcare, Development Disabilities & Hospitals, and CODAC Behavioral Health Services.

Partners would like to see greater partnership among these organizations and others in the community to support and invest in integrated care models. Partners stated these models of care provide greater hope for recovery. Partners would also like to better demonstrate the need for services in the community by referencing the Rhode Island Behavioral Health Project Report by Truven Health Analytics which details supply, access, and demand across Rhode Island. Partners will use this report to support funding and program development.

Chronic Disease: Prevention & Management

Barriers to Accessing Programs/Services/Initiatives

Participants thought that residents were not aware of all of the services in the community aimed at chronic disease prevention and management. Organizations could do a better job disseminating information about existing resources. The partners recommended creating a “menu” of resources to be given to physicians to make referrals to community programs. Partners thought a paper document would be easiest to disseminate by physicians, but recognized paper would be difficult to keep up-to-date. Social media was suggested as another option to share information.

In addition to information sharing, partners listed the following barriers to accessing services in the community:

- > Convenience/timing for both physical activity and medical appointments
- > Out-of-pocket costs associated with health care
- > Lack of endorsement of programs and organizations from trusted providers
- > Transportation to get services
- > Life stressors that inhibit healthy behaviors
- > Lack of health care providers, particularly in primary care
- > Lack of program collaboration to support and complement existing organizations
- > Lack of acknowledgement of health issues by community members
- > Lack of simple and direct information; residents are overloaded with information

Underserved or Most At-Risk Populations

The partners agreed that populations within the community are at higher risk for developing chronic disease and are less likely to receive necessary interventions. The following populations are considered underserved or at-risk:

- > Individuals with mental health comorbidities
- > Middle/Working-class individuals and families
- > Poverty-stricken individuals
- > Single-parent households
- > Teenagers without adequate family support
- > Disparate neighborhoods within Washington County, including Westerly

Insight and Recommendations for Services to Meet the Needs of Underserved or At-Risk Populations

Participants shared the following recommendations that they thought could help meet the chronic disease health needs of underserved or at-risk populations:

- > A partnership between healthcare providers and the YMCA to provide post-discharge/post-rehab memberships to patients
- > A partnership between healthcare providers and the Rhode Island Land Trust Council to prescribe exercise and walking programs
- > Partnerships between healthcare providers and social service providers to create a redefined and expanded healthcare team
- > A community volunteer system to provide transportation to medical appointments

Identifying Collaborative Partners to Address Chronic Disease Needs

The following organizations within the community were identified as potential partners to address chronic disease, particularly among underserved and at-risk populations:

- > School districts to promote healthy nutrition and physical activity behaviors among youth
- > Colleges and universities to leverage student volunteers to staff community programs
- > Health insurance providers as partners in education and chronic disease management
- > RI DOH to provide existing programs, funding, and data resources
- > CurrentCare to promote medical record sharing across providers and improve care delivery and management
- > Rhode Island Public Transport Authority (RIPTA) to provide better transportation services throughout the county, particularly for medical appointments

Identified Community Assets

Partner forum participants identified the following existing community resources.

Behavioral Health: Mental Health & Substance Abuse	
Existing Community Asset	Target Population(s) as Applicable
AdCare Rhode Island	Individuals with Substance Abuse Needs
Basic Needs Network	Individuals in Crisis
CODAC Behavioral Health Services	Individuals with Beh Health conditions
Department of Behavioral Healthcare, Development Disabilities & Hospitals	Individuals with Beh Health conditions
Domestic Violence Resource Center of South County	Domestic/Dating Violence Survivors
Family Care Community Partnership	Families with Children under 18 Years
Gateway Healthcare/South Shore Center	Individuals with Beh Health conditions
Peter Solomon, Pharmacist (Home-Based Consultation)	Seniors and other home-bound residents
Phoenix House	Individuals with Substance Abuse conditions
Rhode Island Parent Information Network	Children and Adults with Special Health Care Needs
Society of St. Vincent de Paul	Individuals in Crisis and in Need of Food, Clothing, and Shelter
South County Community Action Agency	Seniors
South County Hospital	HEZ identified target populations
Substance Abuse Prevention Task Force	Youth
WARM Center	Homeless, Impoverished, Food Insecure Individuals and Families
Westerly Ambulance	Residents Needing Hospital or Emergency Medical Care
Westerly Hospital	Individuals with Beh Health conditions
Westerly Hospital Social Work Services	Hospital Patients
Town of Westerly Planning Office	Prince Street Residents

Chronic Disease: Prevention & Management	
Community Asset	Target Population(s) as Applicable
Block Island Medical Center	Uninsured/Underinsured
CurrentCare (Rhode Island Quality Institute)	
Employers	
Farmer's Markets	
Faith-Based Organizations	
Health Insurance Providers	
Healthy Places by Design	
Johnnycake Center of Westerly	Individuals Requiring Assistance with Basic Needs
Libraries	
Local Chamber of Commerce	
Narragansett Indian Health Center	Narragansett Indian Tribe
PACE	Seniors with Disabilities
Rhode Island Department of Health	
Rhode Island Land Trust Council	
Rhode Island Public Transit Authority (RIPTA)	
Rhode Island State Parks & Recreation	
Senior Centers	Seniors
School Districts	Students
South County Hospital	
Substance Abuse Prevention Task Force	
Thundermist Health Center	Uninsured/Underinsured
University of RI	
Urgent Care	
Visiting Nurses Association	
WellOne Primary Medical & Dental Care	Uninsured/Underinsured
Westerly Emergency Medical Services	
Westerly Hospital	
Wood River Health Services	Uninsured/Underinsured
YMCA	

Focus Groups with Behavioral Health Consumers

Two focus groups with behavioral health consumers and parents of adult and young children who use behavioral health services were held in the Washington County communities of Westerly and Wakefield in March 2016. The research objective of the focus groups was to:

- 1) Understand community perception regarding behavioral health
- 2) Determine what behavioral health resources exist/are needed in the community
- 3) Define barriers to accessing services
- 4) Explore individual experiences associated with behavioral health conditions

Participants in both groups described a disjointed system with frustrating, and at times, overwhelming barriers that keep residents from receiving timely, convenient, and supportive care. A deficiency of local services, education for key referral sources like primary care providers and schools, and lack of community awareness were among the top concerns.

Focus group participants had been accessing behavioral health services for themselves or their children for 10-40 years. They agreed that while some perceptions have improved over the years, access to resources and care have decreased in the community. Participants agreed that the resources parents go to first—primary care doctors and schools—are poorly lacking knowledge of the issues parents face and the means to help.

Some primary care providers will prescribe medications to manage mild anxiety or depression, but do not have the expertise or willingness to treat more complex or severe behavioral health cases. Participants agreed that psychiatrists that can manage prescription drug treatment are necessary along with regular counseling.

While still limited, counselors are more widely available than psychiatrists in Washington County. Psychiatrists, particularly for specialty care and child psychiatry, are rare in Washington County. Westerly is more limited in care options than Wakefield.

Many local practices are not accepting new patients. Those that are accepting patients limit what health insurance they accept and waiting times for appointments can be 8-12 weeks. Patients who do not have personal transportation are further limited by few public transportation options.

High turnover in providers and insurance changes mean that once a patient finds treatment, it may be short-lived. Without regular treatment and condition management,

patients and their families turn to the hospitals' emergency rooms or law enforcement for immediate help in crisis situations.

There are no inpatient beds for behavioral health treatment in Washington County. Most patients travel to Providence to receive inpatient care at Butler Hospital or Hasbro Children's Hospital. In a crisis, adult patients may decide between going to the local Emergency Room or driving directly to Butler Hospital. Most agree that driving directly to Butler Hospital—if they can—is a better choice than going to the Emergency Room. “There's nothing they can do for you in ER. They do their best, but they are just waiting to find you someplace to go. If you drive to Butler, they'll have a bed for you.”

Upon discharge from an inpatient stay, frequently there is a lack of care transition back to the community. Patients can be faced with a 6-8 week waiting time to see a psychiatrist for follow up care after discharge.

In the Westerly focus group, three out of seven participants had a family member who committed suicide within days of being discharged from inpatient care. One mother recounted the story of her son who killed himself during the time between his hospital discharge and follow-up appointment. “He was discharged with enough medication for a month and his appointment wasn't for eight weeks.” After weeks of pleading for help from hospitals and providers, she was able to reduce the appointment wait time to six weeks and get a short-term prescription that she paid \$300 for out of pocket. “He had the classic signs of going through with a suicide; and nobody listened.”

If patients are not ready to transition home, there are few housing options or other support services for adults and none for children. The local school districts are also limited in resources to support children transitioning back to school. Bradley School is the only alternative school option for children with developmental and behavioral health conditions with locations in Westerly and Wakefield Area.

Accessing behavioral health care is especially difficult for children. There are very few child psychiatrists in Washington County and no inpatient treatment. One parent moved her family to be closer to their preschool son during his treatment. Another mother needed to put her teenage son on the train to Providence for his appointments while she went to work. “It wasn't an optimal situation for a boy with anxiety, but it was the best we could do.”

Residents are further limited to whom they can see by health insurance and costs. Medicaid, Medicare, and private insurance all have limited providers. Some in the group thought Medicaid provided the best behavioral health coverage, others thought many providers did not take Medicaid due to the low reimbursements. Some providers are not authorized to bill Medicare, so will not take patients with dual Medicaid/Medicare

coverage. In focus groups with behavioral health providers during the 2013 CHNA, many providers acknowledged that they had stopped accepting both public and private insurance due to low reimbursement rates and an overabundance of paperwork. Some providers are self-pay only, and many families cannot afford to pay out-of-pocket for care.

Participants in both groups described a “subculture” where parents of children with behavioral health conditions form their own “resource network.” “Because there’s isn’t much information out there, you basically have to learn on your own. The more you’ve been in the system, the more you know.” Parents were quick to become advocates and share information with one another. “It’s like a subculture. Once you’ve been there you can see others who are dealing with the same issues and they see you.” “I asked for prayers for my son at church and wasn’t sure how people would respond because we hadn’t talked about his [behavioral health] condition before. Afterward, people came out of the woodwork to offer support and tell me about their experiences.”

Asked if behavioral health was an important issue in the community, one person said, “I would have to say that mental health is not important to this community, because people don’t talk about it. The only people talking about mental health are the ones who need [services.]” Another said, “People here don’t want to think this is an issue in our town, but it is rampant.” “The increase in heroin use is shedding light on mental health and substance abuse.”

Focus Group participants were very familiar with existing resources in and around the community. Organizations like National Alliance on Mental Illness (NAMI) and OASIS Wellness and Recovery Center exist in Washington County and provide resources through support and advocacy, but funding is limited and both organizations are now run by volunteers. Thundermist Health Services and South Shore Mental Health Center are recognized providers that take most health insurance. While Thundermist recently built a new facility in Wakefield, South Shore recently closed its Wakefield location and only operates a Charlestown location in Washington County. (A list of behavioral health resources is included in Appendix C.)

In addition to the issues they shared about access to services, coordination of care, and community education, participants recommended that the healthcare system could make sweeping changes in how they treat behavioral health conditions. “If the entire medical community treated mental illness with the same respect and rigor that they would any other disease, they’d be able to identify it and treat it like any other condition.”

Evaluation of Community Health Impact from 2013 CHNA Implementation Plan

In response to the 2013 CHNA, South County Hospital developed and implemented a plan to address the identify community health needs of behavioral health, cancer, and cardiovascular and diabetes care.

Mental Health and Substance Abuse

Goal: Improve mental health by increasing access to appropriate, quality mental health services including substance abuse services, and improve care coordination across the continuum of care.

Strategies:

1. Ensure that the South County Hospital Healthcare System collaboratively addresses mental health related needs in the community it serves
2. Enhance access to mental health clinicians in primary care physician offices
3. Improve awareness of warning signs and symptoms of Mental Health and Substance Abuse to help ensure that interventions are managed at the most appropriate level of care

Progress:

1. Established a community-wide collaborative that has focused initial efforts on children's mental health and obesity prevention. The work of South County Healthy Bodies Health Minds (SCHBHM) continues to progress using the Collective Impact model of collaboration. A sub-committee was formed to focused on Behavioral Health needs throughout Washington County and has begun to meet regularly.
2. Participated in Collaborative Care Transformation (CTC-RI) that promotes and provides funding for Patient Centered Medical Homes as well as integrated behavioral health in primary care. South County Health is in the process of establishing integrated care in a local primary care practice.
3. Supported the roll-out and implementation of Youth Mental Health First Aid in all school systems in Washington County, RI.
4. The South County Health 2016 Annual Planning Retreat brought the community together on the subject of "Strategies to Improve Behavioral Health Care" in the community we serve
5. Employed a full-time psychiatrist in June 2016 to lead our behavioral health program and work to further expand upon service offerings.

Diabetes

Goal: To promote healthy lifestyles that reduce obesity, improves pre-diabetes awareness, and result in better management of diabetes care (including self-management).

Strategies:

1. Improve awareness of healthy lifestyles and prevention of obesity through Community Education and Health Screening Programs
2. Improve access to medical specialists for diabetes and endocrinology
3. Improve diabetes metrics within the Patient Centered Medical Community (PCMC) initiative
4. Maintain and ensure access to formal Diabetes Self-Management Education Programs

Progress:

1. South County Healthy Bodies Healthy Minds is implementing a childhood obesity prevention program known as 5210 that promotes healthy eating and exercise.
2. A second endocrinologist was recruited to the South County community to support diabetes care.
3. South County Health maintains a robust Diabetes Self-Management program led by a certified diabetes nurse educator in collaboration with the endocrinology practice and wellness center.

Cancer

Goal: To provide a multidisciplinary, patient-centered cancer program that ensures a continuum of care that spans prevention, diagnosis, treatment, palliative and hospice care, and survivorship.

Strategies:

1. Create a community cancer center facility that supports achievement of the stated goal
2. Ensure availability and local access to cancer specialists and clinicians for cancers that can be appropriately managed in a community setting
3. Provide community outreach and cancer screening efforts to educate residents about the risk factors for cancer and benefits of early diagnosis
4. Increase the proportion of cancer patients referred to the STAR program service offering

Progress:

1. The construction of a community cancer center is targeted for completion in the Fall 2016.
2. A third oncologist was successfully recruited to the South County community, an oncology nurse navigator position was created, and a nutritionist was added to the cancer care team.
3. Community outreach about the risk factors for cancer and benefits of early diagnosis continue to be coordinated and tracked by the Cancer Committee.
4. Referrals to the STAR cancer survivorship program are strong and these services are now an integral component of care for all patients, as appropriate.
5. A female breast surgeon was recruited to join South County Medical Group.

Heart Disease

Goal: Reduce the burden of heart disease through early identification, and early and appropriate treatment/management.

Strategies:

1. Improve awareness of healthy lifestyles and risk factors for heart disease through Community Education
2. Increase the proportion of adults who have appropriate screening for hypertension and/or high cholesterol
3. Reduce re-hospitalizations rates for adults with heart failure as the principal diagnosis
4. Increase the proportion of heart attack survivors who participate in cardiac rehabilitation program upon discharge

Progress:

1. Cardiologists are frequent participants for Community Education programs that address healthy lifestyles and risk factors for heart disease
2. A CHF team was formed specifically focused on reducing readmissions and has had significant impact.
3. Cardiac Rehab continues to be a service offering that is valued by members of the community

Conclusions

Tackling Behavioral Health Needs in Our Community

The 2016 CHNA revealed that our community continues to be greatly affected by Behavioral Health needs. From a lack of resources to treat mental health conditions to substance abuse addiction, behavioral health is a key health concern in our community. Because of the far-reaching effects of Behavioral Health on the overall health and quality of life for residents in our community, South County Hospital and the L&M Westerly Hospital together have made a commitment with its community partners to focus our community health improvement efforts on Behavioral Health over the next several years. While we remain committed to providing quality healthcare for all, and our ongoing work toward chronic disease prevention, cancer care, and maternal and child health needs will not stop, we will place a heightened emphasis on tackling behavioral health needs across our community.

To better understand the needs and resources associated with Behavioral Health, we solicited input from our community partners and residents through the CHNA research and community dialogue. Partnering with the Rhode Island Department of Health HEZ (Health Equity Zone), we convened a community-wide collaborative, South County Healthy Bodies, Healthy Minds (HBHM) to help all South County residents lead healthy lives.

Working with the L&M Westerly Hospital and other community partners we have established the following broad Washington County-wide goals related to behavioral health. Both hospitals are committed to working together to convene stakeholders, including patients and their families, to address this critical need.

Goal 1: Increase the awareness of signs and symptoms of behavioral health conditions and community resources.

Goal 2: Increase early identification and screening for behavioral health conditions in all care settings.

Goal 3: Increase access to appropriate, quality behavioral health services and improve self-management among patients and their families.

In collaboration with the HBHM Steering Committee, the RI DOH, and other community partners, we will work toward our goal of improving behavioral health access and outcomes for all residents. To direct services and allocate resources toward that goal, South County Health will develop an Implementation Plan for the 2016-19 reporting cycle to be completed by December 31, 2016.

Board Approval and Adoption

On August 29, 2016, the South County Health Board of Directors voted to approve the adoption of the 2016 Community Health Needs Assessment (CHNA) Final Report and further, the Board voted to support the concept of Behavioral Health as the key focus for the 2016 CHNA Implementation Plan.

Appendix A: Our Partners

HARI CHNA Steering Committee:

Liz Almanzor, Finance Director, Hospital Association of Rhode Island
Otis Brown, CharterCARE
Laurel Holmes, Lawrence + Memorial Westerly Hospital
Carolyn Kyle, Landmark Medical Center
Gina Rocha, Hospital Association of Rhode Island
Alex Speredelozzi, Care New England
Kellie Sullivan, Care New England
Stephany Valente, Care New England
Cynthia Wyman, South County Hospital

Ex officio: Michael Souza, President, Hospital Association of Rhode Island
Ana Novais, Rhode Island Department of Health

Washington County Partner Forum Participants:

Anna Pelchat, Westerly Hospital
Bethany Gingerella, The Westerly Ambulance
Blanche Higgins, Westerly Town Planning
Brooke White, The Westerly Sun
Christopher Ausura, Rhode Island Department of Health
Cynthia Hall, Westerly Hospital
Greg Hindle, South County YMCA
Jake Northup, South County YMCA
Karen Da Cruz, Westerly Hospital & L&M Healthcare
Ken Richards, The Westerly Ambulance
Mary Roda, Domestic Violence Resource Center of South County
Michael Lichtenstein, Wood River Health Services
Rich Leclerc, Gateway Healthcare/South Shore Center
Rob Harrison, MD, Westerly Hospital
Rupert Friday, Rhode Island Land Trust Council
Russell Partridge, WARM Center
Sean Walsh, South County Community Action
Susan Orban, South County Healthy Bodies, Healthy Minds
Theresa Tanzi, Rhode Island House of Representatives
Tina Spears, Rhode Island Parent Information Network

Appendix B: Statistical Health Data References

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Appendix C: Behavioral Health Providers in Washington County

Group Practice Providers/Organizations	Address
AdCare Rhode Island/North Kingstown Outpatient	1950 Tower Hill Road, North Kingstown, 02852
Bradley School - South County & Westerly	South County: 4781 Tower Hill Rd, South Kingstown, RI 02879 & Westerly: 93 Tower Street, Westerly, RI 02891
C. Duarte & Associates Psychotherapy & Consultation	1130 Ten Rod Road, Building E., Suite 1010, North Kingstown, RI, 02852
Clinical Services of Rhode Island	49 South County Commons Way, Unit F6, South Kingstown, RI 02879
Delta Consultants, Inc.	24 Salt Pond Rd, Suite D4, Wakefield, RI 02879
Gateway Healthcare	55 Cherry Lane, South Kingstown, RI 02874
Integrative Practices	24 Salt Pond Rd, Suite B4, Wakefield, RI 02879
Inward Expressions, LLC	16 High Street, Brown Building, Office 6, Westerly, Ri, 02891
Meadows Edge Recovery Center	580 Ten Rod Road, North Kingstown, RI, 02852
New England Center for Anxiety	43 Broad Street, Westerly, RI, 02891
Ocean State Psychotherapy	1130 Ten Rod Road, North Kingstown, RI, 02852
Rhode Island Cognitive Behavioral Therapy and Coaching (RICBT)	1130 Ten Rod Rd, Building E, North Kingstown, RI 02852
South County Child & Family Consultants	1058 Kingstown Rd, Wakefield, RI 02879
South County Hospital Behavioral Health Services	70 Kenyon Ave., Suite 326, Wakefield, RI, 02879
South Shore Mental Health Center	4705 Old Post Rd # A, Charlestown, RI 02813
URI Couple & Family Therapy Clinic	University of Rhode Island, Kingston, RI, 02881
WellOne Medical/Dental/ Behavioral Health	308 Callahan Road, North Kingstown, Rhode Island, 02852

Independent Psychiatrists & Psychologists	Location
Brandon Krupp, MD	Charlestown
Teresa W. Greer, MD	Charlestown
Miriam Mazor, MD	Kingston
Sallyanne Lund, MD	Kingston
Arthur Parmentier, MD	Narragansett
Pamela Bennet, PMHCNS	North Kingstown
Hector Jaso, MD	Saundertown
Alexander Scagnelli MD PC	South Kingstown
Andrew Morris, MD	Wakefield
David Savitzky, MD	Wakefield
Deborah Duitch, MD	Wakefield
Jacob T. Abraham, MD	Wakefield

Independent Licensed Mental Health Counselors/Licensed Chemical Dependency Professionals	Location
Jennifer Brunell, MA, LMHC	Ashaway
Alexis Heitman, MA, LMHC, LCDP	Hope Valley
David Patrick Klapatch, LMHC	North Kingstown
Elaine R. Poncelet, LICSW, LCDP	North Kingstown
Frank Sorenson, Med, LCDP	North Kingstown
Jennifer Kneeland, MA, LMHC	North Kingstown
Jessica Martin, MA, CAGS, LMHC	North Kingstown
Joan Beckett, MBA, MA, CAGS, LMHC	North Kingstown
Judith Clarke-Jones, Med, LMHC	North Kingstown
Kelly K. Adams, LMHC, NCC	North Kingstown
Kenneth Beaupre, LMHC, MA, CAGS	North Kingstown
Kerri Gaffett-Spier, LMHC, LCDP, MA	North Kingstown
Kristen C. Marx, CAGS, LMHC	North Kingstown
Maria Sorensen, MA, LCDP, SAP	North Kingstown
Michael Connell, CAGS, LMHC, LCDP	North Kingstown
Rita Good, MS, LMHC	North Kingstown
Robert A. Richards, MS, CAGS, LMHC	North Kingstown
Sara B. Sprague, MA LMHC, CBE	North Kingstown
Cynthia Ann Barry, LICSW, ACSW, LCDP	Wakefield
Joseph Hyde, LMHC	Wakefield
Kathy Swink, MA, LMHC, CCMHC	Wakefield
Shelagh M. Stone, MA, LMHC	Wakefield
Joyce M. Elias, MA, LPC, LMHC	Westerly