Rhode Island Health Care System Planning

2024 Foundational Report

Chapter 2: Community Need and Health Status Assessment

Introduction

The **Community Health Need and Health Status Assessment** provides foundational insights into the leading health needs and challenges facing Rhode Island communities. As part of the State's broader Health Care System Planning Initiative, this chapter aims to highlight the critical areas the health care system must address to improve health outcomes, reduce disparities, and promote equity. By synthesizing key data and findings, the assessment serves as a critical tool for policymakers, providers, and stakeholders to understand the needs of Rhode Islanders and the health system's role in meeting those needs effectively.

The Assessment is organized into four main sections or domains:

1) Community Characteristics,
2) Health Related Social Needs,
3) Health System and Access Issues, and
4) Population Health Indicators.

Each section is divided into subsections that present key findings, explore associated risks, and discuss the implications for the health system. This structure allows for a clear and comprehensive analysis of the demographic, social, systemic, and health status factors shaping Rhode Island's health care landscape. Together, these sections create a detailed picture of the challenges and opportunities the state must consider as it works to build a resilient, responsive, and equitable health care system.

Domain 1: Community Characteristics

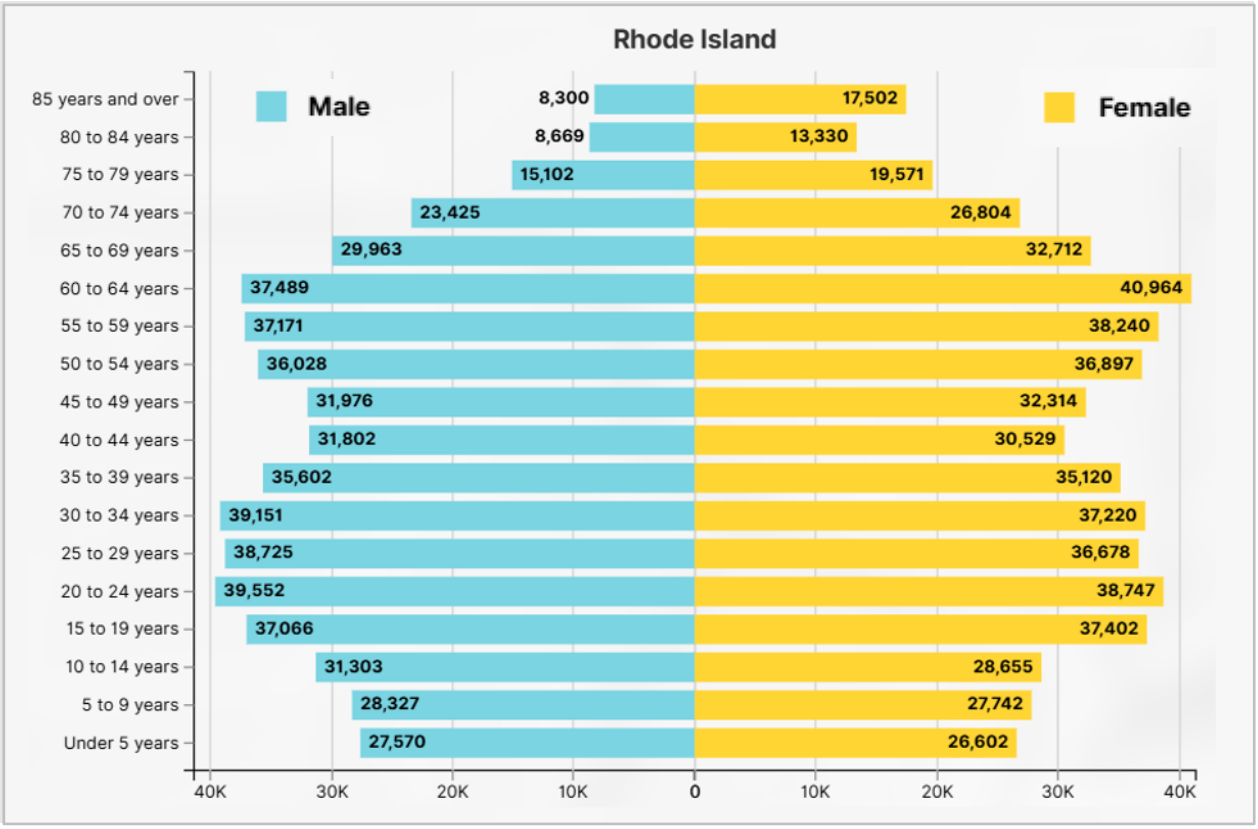
Demographic Overview

Rhode Island, the smallest state in the country, has an estimated population of 1.1 million residents (Explore Census Data, 2024). The state has experienced a modest population growth rate of around 0.2% annually over the past decade, indicating its relatively stable population size.

Rhode Island's population is experiencing demographic shifts, with a significant portion of residents aged 65 and older now comprising 19% of the population, while individuals under 18 account for 20%. The growing aging population of Rhode Island heightens risks associated with increased demand for health care services, housing, and social support systems, while the smaller youth demographic could challenge workforce sustainability and economic growth.

For children aged 0-12, access to early childhood education, childcare, and pediatric healthcare remain critical needs. Addressing these areas is essential to support the growth and well-being of younger populations alongside the 19% of the population who are 65 or older and who require infrastructure and community programs for older adults (Explore Census Data, 2024).

Figure 2.1: Rhode Island Population by Sex and Age (Explore Census Data, 2024)



With respect to race and ethnicity, Rhode Island 's population distribution across the entire state is similar to the nation as a whole. In 2024, 71% of the state's population identified as White, 17% as Hispanic or Latino, 8% as Black or African American, and 4% as Asian. Smaller demographic groups, such as Native American and Pacific Islander communities, made up less than 1% of the total population (Health in Rhode Island, 2024). However, in Providence, the state's population center, the population is much more diverse. In 2024,34% of Providence's population identified as White, Non-Hispanic or Latino, approximately 40% identified as Hispanic/Latino, 13% as Black/African American, and 6% as Asian.

Over the past two decades, Rhode Island has experienced fluctuating growth rates. Between 2000 and 2010, the state's overall population growth was relatively stagnant. However, the Hispanic/Latino population expanded significantly, driven by comparatively higher birth rates and migration relative to other groups. Over the past decade, this group grew by approximately 20%, contributing substantially to statewide population stability and growth. From 2015 to 2024, the state's foreign-born population increased by about 8%, bolstering local workforce needs and enhancing cultural diversity (Explore Census Data, 2024). Migration into Rhode Island included a notable influx of immigrants from Central and South American countries, as well as smaller groups from Southeast Asia and Africa.

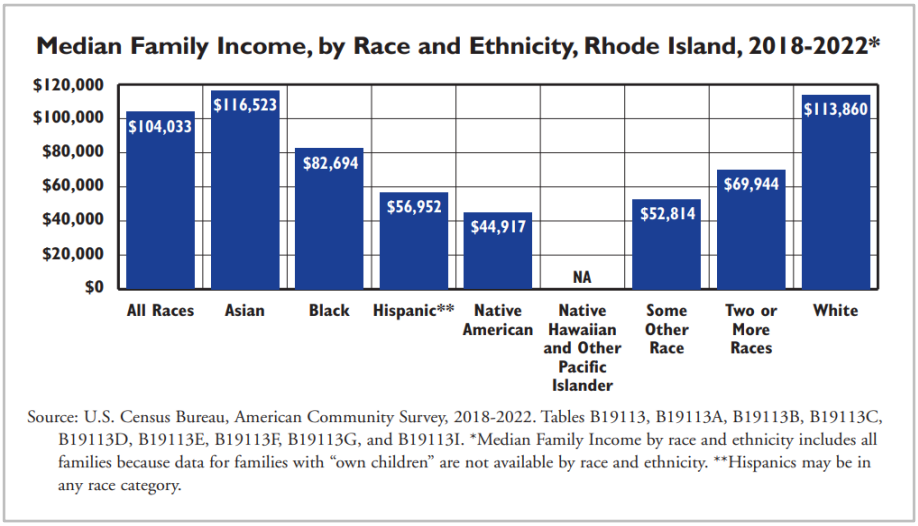
Socioeconomic Status

Rhode Island's labor force remains relatively stable, with approximately 591,300 individuals in the civilian labor force as of mid-2024. The state's unemployment rate stands at 4.6% as of September 2024, reflecting modest fluctuations over recent months (U.S. Bureau of Labor Statistics, 2024). Despite these figures, certain communities—particularly racial minorities and residents in core urban areas—continue to experience higher rates of unemployment and poverty, signaling systemic inequities in economic opportunity. For example, in 2024, while Rhode Island's employment rate overall was 4.6%, the unemployment rate for Blacks/African Americans was 6.2%, 35% higher than the overall rate. For Hispanics/Latinos, the unemployment rate was 5.3%, 15% higher than the state rate (U.S. Bureau of Labor Statistics, 2024). The disparities in unemployment and poverty among marginalized populations contribute to economic instability and exacerbate social inequities. These challenges hinder broader workforce participation and limit access to upward mobility for impacted groups, posing risks to long-term economic growth and social cohesion in Rhode Island.

The per capita income in Rhode Island stands at $46,525, slightly above the national average of $41,261. The median household income is $84,972, reflecting a higher income level than the U.S. median of $77,719. In Providence, the largest city in Rhode Island, income inequality is significant, as reflected by the Gini coefficient of 0.4893. The Gini coefficient is a measure of income distribution on a scale from 0 to 1, where 0 represents perfect equality and 1 represents maximum inequality. In Providence, this value indicates a moderate level of income disparity. For example, the top 20% of households earn an average of $216,907 annually—26 times more than the lowest 20%, who earn just $8,435 (Neilsburg, 2024).

In Rhode Island, income inequality is particularly evident when comparing median family incomes by race. White and Asian families tend to have much higher median incomes, at approximately $104,000 and $116,000, respectively, while Black and Hispanic families earn significantly less, with median incomes of $82,694 and $56,952. The gap between these groups underscores the ongoing economic disparities that affect families of color, compounded by historical and systemic factors such as unequal access to education and employment opportunities (Rhode Island KIDS COUNT Factbook, 2024).

Figure 2.2: Rhode Island Median Family Income, by Race and Ethnicity, 2018-2022 (2024 Rhode Island KIDS COUNT Factbook)



Source: U.S. Census Bureau, American Community Survey, 2018-2022. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E, B19113F, B19113G, and B19113I. *Median Family Income by race and ethnicity includes all families because data for families with "own children" are not available by race and ethnicity. **Hispanics may be in any race category.

Educational attainment remains a strong predictor of income levels. In Rhode Island, individuals with higher levels of education earn considerably more, with bachelor's degree holders earning almost twice as much as those without a high school diploma. Once again, there is a notable educational attainment gap across racial groups, with Hispanic adults being more likely to not have a high school diploma compared to their white counterparts (Rhode Island KIDS COUNT Factbook, 2024).

Figure 2.3 Rhode Island Educational Attainment by Race (World Population Review, 2024)

Race	Total	High School	Bachelors
White	577,924	535,326	232,022
Hispanic	102,705	75,397	16,486
2+ Races	49,094	40,793	11,721
Other Race	46,064	30,372	6,294
Black	41,986	36,090	10,408
Asian	25,322	22,382	13,777
Native American	2,480	1,807	412
Pacific Islander	503	461	81

The poverty rate in Rhode Island is 10.8%, slightly lower than the national average of 12.5%. Around 114,400 people in the state live below the poverty line (Census Reporter, 2024). However, when considering a broader measure of economic insecurity, approximately 25% of Rhode Island residents live at or below 200% of the federal poverty level (FPL). This includes many working families who struggle to meet basic needs despite earning above the poverty threshold. Additionally, a significant portion of the population, particularly households earning between 200-400% of the FPL, face challenges related to housing affordability, health care costs, and childcare expenses. These groups are often ineligible for public assistance programs but remain economically vulnerable (ObamaCare Facts, 2024).

Geographic Distribution

Rhode Island's population density is among the highest in the U.S., with significant clustering in urban areas such as Providence, Warwick, and Cranston. The state's population density stands at around 1,066 people per square mile, which is high compared to many other states. This density is concentrated in urban centers like Providence, which has a population density of over 11,000 people per square mile, making it one of the most densely populated cities in New England (Explore Census Data, 2024). Rural regions in Washington County and other parts of the state face more pronounced challenges related to health care access, transportation, and availability of services. The challenges highlighted in rural regions are due to issues like limited health care access, fewer transportation options, and reduced availability of services compared to urban centers like Providence. This disparity stems from the lower population density in rural regions, which makes it less economically viable to establish and maintain extensive health care facilities, public transit systems, and community services.

Income disparities also extend across different regions within Rhode Island. Providence, the state's capital and largest city with 178,335 residents, exhibits significant income inequality, driven by factors like high housing costs and a concentration of low-wage service jobs. Neighboring cities, including Pawtucket, Central Falls, and Woonsocket, also face pronounced economic challenges. For instance, Pawtucket has a Gini coefficient of 0.4681, indicating moderate income inequality, with the top 20% earning 18 times more than the lowest 20%. Similarly, Woonsocket struggles with income insecurity, as households led by older adults have a median income of $34,996, significantly below the state median of $84,727. Central Falls, with a predominantly working-class population, confronts issues of housing instability and economic marginalization.

In contrast, suburban and rural areas of Rhode Island experience higher incomes and better access to resources, highlighting the stark rural-urban divide in economic opportunities and living conditions.

The state's urban areas, particularly Providence, experience higher income inequality compared to more suburban or rural areas. The income distribution in cities such as Providence is shaped by factors such as higher housing costs and a concentration of low-wage service jobs. Conversely, wealthier suburban regions tend to benefit from higher rates of homeownership, better access to well-paying jobs, and accumulated generational wealth, contributing to the growing rural-urban divide (America's Health Rankings, 2024).

Cultural Diversity

Rhode Island's cultural diversity is an important aspect of the state's identity, with significant contributions from various immigrant communities and a rich tapestry of languages spoken.

A significant portion of Rhode Island's residents speak languages other than English, with 22.4% of the population reporting non-English languages at home. Spanish is the most common of these, spoken by approximately 12.7% of residents (Explore Census Data, 2024). Other significant languages include Portuguese (spoken by 6.3%) and Italian (4.7%), reflecting the state's strong historical ties to Portuguese-speaking communities and Italian immigrants (Explore Census Data, 2024). Linguistic diversity highlights the need for language access services in education, health care and community outreach programs to ensure social equity for all residents.

Rhode Island is home to a notable immigrant population, with nearly 15% of residents born outside the United States. The immigrant population of Rhode Island is most commonly made up of people from the Dominican Republic, Cape Verde, Brazil, and Guatemala.

The cultural diversity of Rhode Island presents both opportunities and challenges for the health care landscape. The large immigrant population, particularly people from Latin American and Portuguese-speaking countries, require culturally competent care and access to bilingual health care services. The availability of language-concordant care for individuals with limited English proficiency (LEP) is a challenge for Latinx patients in Rhode Island. Existing landscape analyses note that nearly 99% of the state's behavioral health providers primarily spoke English, while only 8% were proficient in Spanish (UnitedHealthcare Community Plan, 2024). When language interpretation is assessed, it is clear that bilingual clinicians or professional, in-person, interpreters are preferred and reduce errors (Escobedo et. al, 2023). As of 2024, Rhode Island has strategically invested in community initiatives to address health challenges faced by the Hispanic population, who encounter obstacles such as limited access to culturally competent care and linguistic barriers. These efforts enhance health literacy, economic stability, and culturally tailored care, fostering better health outcomes for Rhode Island's Hispanic community.

Community Assets and Resources

Rhode Island has a robust network of clinical and non-clinical service providers, including organizations serving children and families, across the full spectrum of Health Related services that are committed to addressing community need and that help to ensure that Rhode Islanders can live healthy, thriving, fulfilling lives. A core element of this Foundational Report is to describe this spectrum of services and identify where there might be gaps in the state's health care system.

Notably, Rhode Island has emerged as a national leader in public health and community-centered initiatives focused "whole-person" care due to its innovative, collaborative, and data-driven approaches. (Robert Wood Johnson Foundation, Systems for Action Research Program, 2024) Programs like Health Equity Zones (HEZ), Prevention Coalitions, and the Governor's Overdose Prevention and Intervention Task Force (Task Force) are significant state assets that address complex public health challenges with targeted strategies. The Health Equity Zones (HEZ) initiative is a place-based approach addressing the unique needs of specific populations by bringing together community leaders, organizations, and residents to create a comprehensive, community-wide strategy for health improvement. By addressing key social determinants of health, such as housing, education, and transportation, HEZs foster long-term health equity and reduces disparities. (National Academy of Medicine, Building Health Equity Zones, 2024) Its measurable success in reducing health inequities has earned national recognition, serving as a model for similar initiatives in other states. The Governor's Overdose Prevention and Intervention Task Force made significant strides in combating the opioid crisis using strategies like naloxone distribution and training, ensuring individuals seeking help can access treatment options without delays, targeted harm reduction strategies in high-risk communities, and others. Please see Chapter 8 for a more detailed review of Rhode Island's innovative approaches to meeting social needs and their consideration in this health care planning process.

Rhode Island's social service infrastructure supports individuals and families by addressing food security, housing stability, and mental health. In 2023, the Department of Human Services reported that nearly 120,000 residents benefitted from SNAP assistance, reflecting the state's commitment to combating food

insecurity (Feeding America, 2023). Housing initiatives, such as Rhode Island Housing's "Keep Families Safe" program, secured affordable housing for more than 5,000 families last year (RI Housing, 2023). Social services have extended mental health resources to include crisis hotlines, CCBHCs, and other community-based counseling services, meeting the rising demand spurred by post-pandemic challenges. Partnerships with local nonprofits like Crossroads Rhode Island have been instrumental in supporting unhoused populations and individuals transitioning out of shelters.

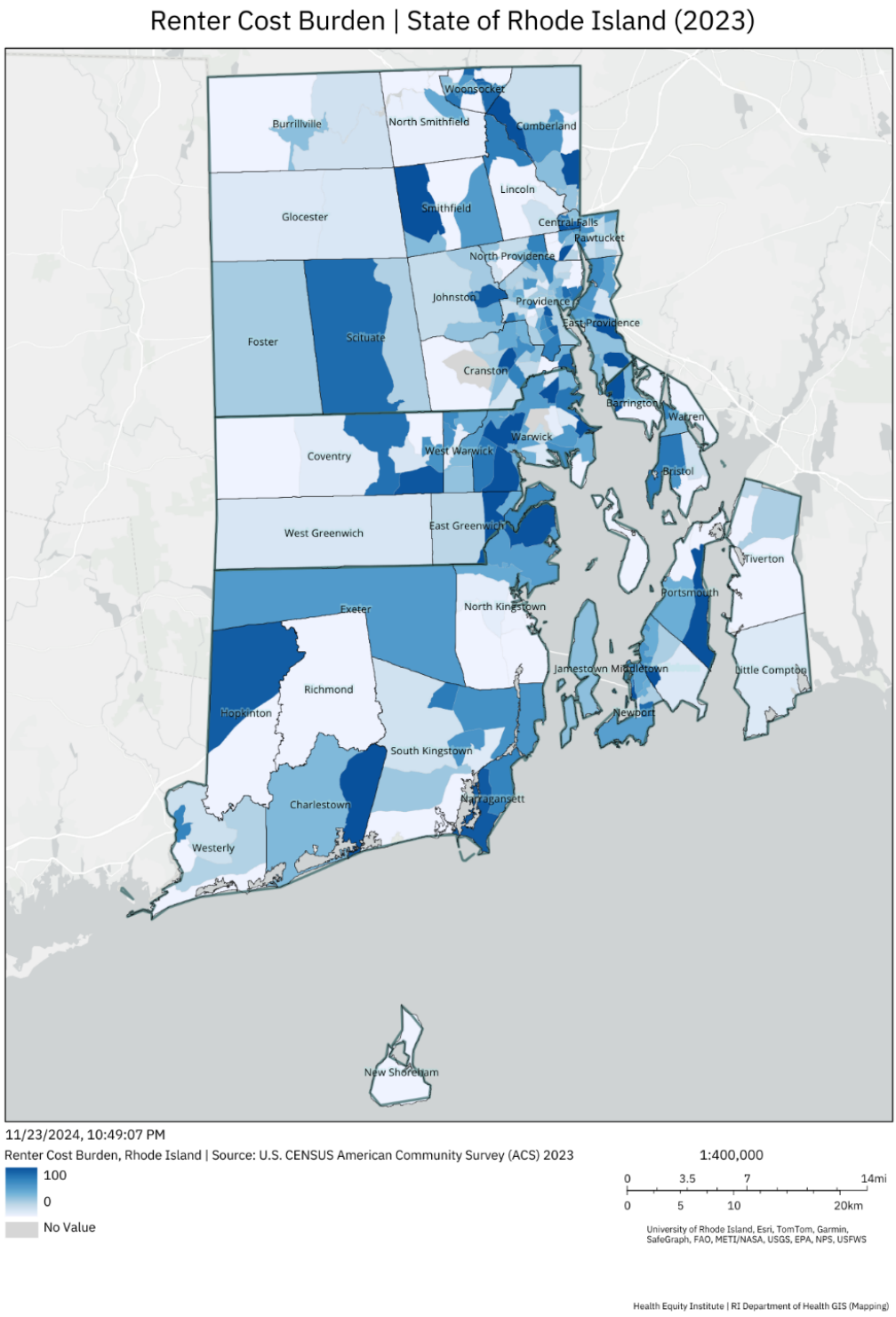
Domain 2: Health Related Social Needs

Health related social needs (HRSNs), such as housing instability, food insecurity, challenges accessing transportation, and reduced access to quality education, play a critical role in shaping health outcomes. These factors influence an individual's ability to access care, adhere to treatment plans, and maintain overall wellbeing. Addressing these needs goes beyond clinical care, as data consistently show that unmet social needs lead to poorer health outcomes, higher health care utilization, and increased costs. Understanding and integrating solutions for these challenges into health care systems by reviewing inequities and gaps through data is essential for taking strategic action. The following reviews key indicators of Health Related social needs in Rhode Island.

Housing Stability

Significant research exists on housing, including affordability, quality, safety, and stability, and social determinants of health given the connection between housing and health outcomes and health care costs. (Health Affairs) Research shows that housing costs are a significant driver of insecurity around housing. A cost burden exists when more than 30% of a family's monthly income is spent on housing. In 2022, Rhode Island saw an improvement in those who are housing cost burdened but Rhode Island remains above the national average for this indicator (National Low Income Housing Coalition, 2024) and ranks poorly when compared to other states in the nation, with 32.9% feeling burdened by housing costs (Health in Rhode Island, 2022). National studies indicate that the share of cost-burdened renter households was significantly higher among households of color compared to white households (Joint Center for Housing Studies, 2019). Similar data are needed at the local level to better understand disparities in Rhode Island.

Figure 2.4: Renter Cost Burden



In 2023, a worker in Rhode Island needed to earn $40.51 per hour, or $84,270 annually, to afford the average rent without being cost-burdened (KIDS COUNT, 2024). This required hourly wage was more than three times the state's minimum wage of $13.00 per hour. Rhode Island ranked as the 15th most expensive state in the U.S. for renting a two-bedroom home. For the median renter in Rhode Island, only one city or

town—Burrillville—had affordable rental options. Additionally, a household earning the state's median income of $74,489 could not afford to buy a home in any of Rhode Island's cities or towns, according to HousingWorks RI. While federally-funded Section 8 Housing Choice Vouchers can assist, Rhode Island's housing stock faces significant challenges, especially for lower-income residents. Many properties in the state's aging housing inventory require repairs or modernization. Additionally, a shortage of affordable housing has driven up the cost of renting and owning homes, making stable housing increasingly out of reach for low-income families. State law sets a goal for at least 10% of each community's housing stock to qualify as Low- and Moderate-Income Housing (LMIH). However, only five of Rhode Island's 39 cities and towns currently meet this goal. From 2018 to 2022, Rhode Island more than tripled its per capita investment in affordable housing. Despite these efforts, rents in the state increased by 10% from 2019 to 2022, even after adjusting for inflation (KIDS COUNT, 2024). As housing costs continue to rise, many households are spending a disproportionate share of their income on housing, leaving less money available for essentials like food, health care, and transportation.

The lack of affordable housing also contributes to increased rates of homelessness and housing instability, with more people forced to live in overcrowded or substandard conditions. Substantial disparities exist in homelessness. On a single night in 2021, 10 out of 10,000 white individuals (of any ethnicity) were experiencing homelessness, compared to 80 out of 10,000 Black individuals, Native Hawaiian or other Pacific Islander individuals, and 55 American Indian or Alaska Native individuals. Similarly, 11 out of 10,000 non-Hispanic/Latino individuals were experiencing homelessness on the night of the count, compared to 16 out of 10,000 Hispanic or Latino individuals. In addition, 1,461 of the state's 138,566 enrolled students (10.5 per 1,000) were identified as homeless by school personnel during the 2021-2022 school year, with this rate being higher in the four core cities of Central Falls, Pawtucket, Providence, and Woonsocket (16.8 per 1,000). (KIDS COUNT, 2024) (RHODE ISLAND EOHHS, 2024)

For those on fixed incomes or working low-wage jobs, the high cost of housing limits their ability to save or improve their financial situation. Efforts are being made to address this crisis through housing assistance programs, affordable housing initiatives, and state-level policies, but the gap between demand and available affordable units remains a pressing issue impacting many Rhode Islanders.

Food Security

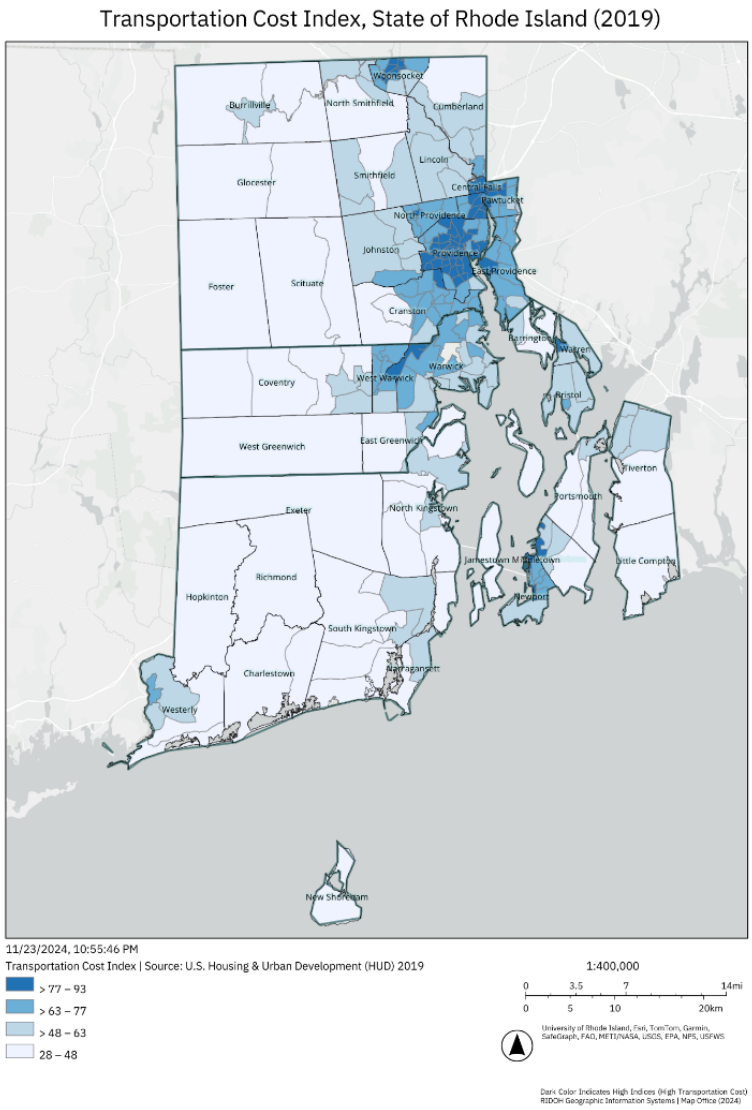
Access to affordable and healthy food is a significant challenge for many lower-income residents in Rhode Island, contributing to food insecurity and poor health outcomes. Food insecure households, 8.6% of Rhode Island households, do not have enough food to meet the needs of all members due to insufficient money or other resources. (USDA, 2020) The state's federally funded food assistance programs, including SNAP (Supplemental Nutrition Assistance Program) and WIC (Women, Infants, and Children) are accessible to those in need with 15% of Rhode Island households receiving food stamps/SNAP. This rate is 29% in Providence and 24% in the Pawtucket region (with other regions equal to or below the statewide rate) (EOHHS, 2024). These programs, however, do not always cover the full cost of nutritious food, leaving many families struggling to afford a healthy diet. Additionally, lower-income communities often face a lack of grocery stores or farmers markets, especially in urban areas, leading to "food deserts" where residents have limited access to fresh fruits, vegetables, and other nutritious foods. Instead, many rely on convenience stores or fast-food options that are less healthy and often more expensive.

From 2016 to 2020, Rhode Island saw a large decrease in food insecurity, but since 2020 a slight increase has occurred (KIDS COUNT, 2024). However, Rhode Island continues to remain well below the national average and is a top performing state for food security. National data reveal that single parent households and Black households are more likely to be food insecure than other groups (USDA, 2023). Similar data are needed at the local level to better understand disparities. The lack of access to affordable, healthy food disproportionately affects low-income households, contributing to higher rates of diet-related health issues like obesity, diabetes, and heart disease. Without affordable options, families may be forced to choose cheaper, less nutritious foods, exacerbating long-term health disparities. Rhode Island has responded with initiatives like food pantries, community gardens, and mobile farmers markets, but the demand for these services often exceeds supply. Addressing food insecurity through improved access to healthy food is critical to enhancing the overall health and well-being of lower-income residents in the state.

Transportation Access

Access to affordable transportation in Rhode Island is a significant challenge for many low-income residents, directly impacting their ability to reach essential services like jobs, health care, and education. While housing costs are the single largest expense for most households, when combined with transportation costs, they account for approximately half of the average U.S. household budget (Bureau of Labor Statistics, 2022). In 2016 Rhode Island was the 11th ranked state for the affordability of transportation, though affordability and access are not synonymous, and more recent data are needed to track progress in this area (Health in RI, 2022). Public transportation in the state, primarily managed by the Rhode Island Public Transit Authority (RIPTA), offers bus services across urban and suburban areas.

Figure 2.5: Transportation Cost Index



For low-income individuals, the cost of transportation can also be a barrier. Owning and maintaining a car is expensive, especially with rising fuel prices, insurance costs, and repair expenses, which are often out of reach for many families. Those relying on public transit may still face challenges due to fares, particularly if they need to travel across multiple zones or frequently use the service. These transportation barriers can limit employment opportunities, as individuals may be unable to access jobs in areas with poor transit coverage or at times when buses are unavailable.

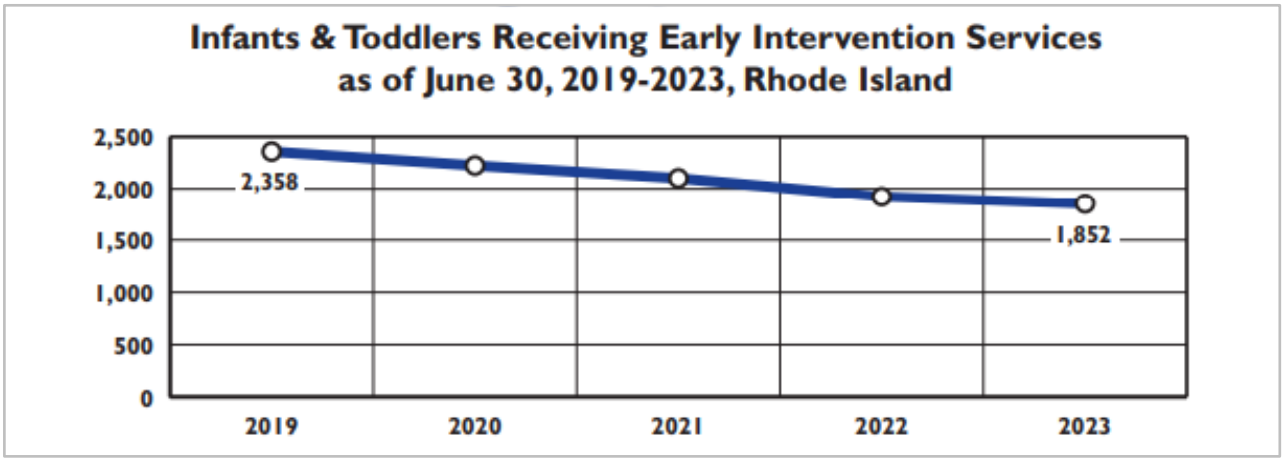
The lack of affordable and reliable transportation affects lower-income residents by restricting their mobility, making it harder to maintain steady employment, attend school, or access health care services. For many, the difficulty in getting to essential services creates a cycle of economic hardship, deepening the disparities they already face.

Education and Literacy

Early Intervention The earliest years are the most critical for brain development. Early Intervention services are available for certain young children with conditions like developmental delays and are crucial for fostering language, social-emotional, and motor skills, with the goal of mitigating intensive supports as they grow older. Access to quality early education is a critical factor in addressing health related social needs, shaping long-term health and developmental outcomes.

In 2023, 6% of Rhode Island's population under age three were enrolled in Early Intervention services. The majority of referrals came from primary health care providers (30%) and parents or guardians (27%). Among those referred, 67% were evaluated and subsequently enrolled in the program. Funding for Early Intervention services was provided through various sources: public insurance, such as RIte Care and Medicaid, covered 59% of enrolled children (1,090 children); private health insurance covered 40% (747 children); and federal IDEA Part C funding supported services for 1% of children who were uninsured (KIDS COUNT, 2024).

Figure 2.6: Infants & Toddlers Receiving Early Intervention Services, 2019-2023
(2024 Rhode Island KIDS COUNT Factbook)



Head Start Early Head Start is an intensive, comprehensive early childhood program serving low-income children birth to age three, pregnant women, and their families. Early Head Start programs serve families with the greatest needs, including families living in or near poverty and families receiving Supplemental Nutrition Assistance Program (SNAP) benefits by providing high-quality early education, nutrition and mental health services, health and developmental screenings and referrals, and fostering the development of healthy family relationships. As of 2023, 520 individuals in Rhode Island, including 505 infants and toddlers and 15 pregnant women, were enrolled in Early Head Start programs. Only an estimated 4% of infants and toddlers in low-income families in the state were enrolled. Staffing shortages posed a significant challenge, with 139 Early Head Start seats—21% of funded capacity—remaining unfilled due to vacancies. Meanwhile, 148 eligible children were on the waiting list for these programs. Early Head Start programs in Rhode Island also prioritized children with high needs, serving 66 infants and toddlers with developmental delays or disabilities (13% of all enrolled children), 26 children in foster care, and 21 children experiencing homelessness (KIDS COUNT, 2024).

Other Early Learning As of 2024, a significant portion of Rhode Island's early learning programs had achieved high quality ratings, with 83% of licensed childcare centers, 89% of licensed family childcare homes, and 49% of public schools with preschool classrooms participating in the quality rating system. Among these, 26% of early learning centers, 2% of family childcare homes, and 32% of public schools met the benchmarks for a high-quality rating of four or five stars (KIDS COUNT, 2024).

Special Education Early and accurately targeted special education services help students with developmental delays and disabilities improve their academic outcomes and prevent grade retention. As of 2023, 16% of all Rhode Island public school K-12 students were receiving special education services. Students in traditional public school districts within the state's core cities were more likely to receive special education services (19%) compared to their peers in other traditional districts (16%), public charter schools (13%), or state-operated public schools (12%). Racial and ethnic representation included 51% white students, 30% Hispanic students, 10% Black students, and smaller percentages from other groups. A significant portion of these students came from low-income families (58%) or were Multilingual Learners (14%), highlighting the intersection of socioeconomic factors and the need for specialized educational support (KIDS COUNT, 2024).

High School Graduation Rates The Rhode Island four-year graduation rate for the Class of 2023 was 84%, up from 80% for the Class of 2013. The lowest graduation rates were among Multilingual Learners, students receiving special education services, students in foster care, students experiencing homelessness, low-income students, and Hispanic and Native American students (KIDS COUNT, 2024).

Figure 2.7: Rhode Island Four-Year High School Graduation and Dropout Rates by Student Subgroup, Class of 2023 (2024 Rhode Island KIDS COUNT Factbook)

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2023

	COHORT SIZE	DROPOUT RATE	% COMPLETED GED	% OF STUDENTS STILL IN SCHOOL	FOUR-YEAR GRADUATION RATE
Female Students	5,407	6%	1%	5%	87%
Male Students	5,642	10%	1%	8%	81%
Multilingual Learners	1,286	18%	<1%	12%	69%
Students Receiving Special Education Services	1,737	11%	2%	21%	66%
Students Not Receiving Special Education Services	9,324	7%	1%	4%	88%
Low-Income Students	5,913	12%	2%	10%	77%
Higher-Income Students	5,148	3%	1%	3%	93%
Students in Foster Care	111	25%	2%	22%	51%
Homeless Students	248	16%	3%	16%	65%
Native American Students	139	18%	1%	6%	74%
Asian Students	291	3%	0%	5%	92%
Black Students	1,007	8%	1%	9%	82%
Hispanic Students	3,172	11%	1%	10%	77%
White Students	6,000	6%	1%	4%	88%
ALL STUDENTS	*11,061*	*8%*	*1%*	*7%*	*84%*

Domain 3: Health Systems & Access

Health Care Infrastructure

The state of Rhode Island boasts a robust health care system, supported by a strong foundation of services across the continuum of care. While the system effectively meets the bulk of the population's needs, gaps exist, access to and engagement in care can be challenging, quality is variable, and, like health systems across the Nation, care can be fragmented and poorly coordinates at times. The Heath Care System Planning Initiative aims to strengthen the state's health care infrastructure by leveraging existing assets, addressing weaknesses, and fostering collaboration among stakeholders to improve accessibility, quality, equity, financial stability, and health outcomes. The following are brief descriptions of the types of health care facilities that provider services across the five health sectors identified through the HCSP process.

Primary Care Services (Including Oral Health) Rhode Island has a diverse mix of providers that provide primary care medical and oral health services, as well as some behavioral health services. Private solo and group primary care practices account for the bulk of the practice settings and remain central to care delivery, often serving as long-standing anchors in their communities. Hospital- and health-system-based practices enhance integration and care coordination, particularly for complex patient populations. Federally Qualified Health Centers (FQHCs) play an essential role in delivering accessible, high-quality care to underserved communities, embodying a commitment to equity.

Behavioral Health Services The State's behavioral health sector includes hundreds of service providers that provide care across a broad continuum of care that face tremendous challenges meeting the growing demand for mental health and substance use care of Rhode Islanders with mild to moderate, emerging needs to those with acute, complex, and persistent issues. Outpatient services, including counseling and medication management, are accessible through private practices, community mental health centers, or tribal programs. Emergency services for those in crisis or on the verge of crisis are provided through a series of crisis and stabilization services, such as Mobile Response and Stabilization Services (MRSS), the States Crisis Intervention Teams, and the State's newly established network of Certified Community Behavioral Health Clinics (CCBHC). Services for those with acute, severe, and persistent behavioral health conditions who need long-term care are provided through a network of outpatient and residential service providers, as well as by psychiatric units within general hospitals or standalone facilities, which provide stabilization for patients in crisis.

Hospital Services Rhode Island's hospital system is comprised of a network of academic medical centers, health systems, and community hospitals, two of which provide comprehensive care and serve as regional hubs for specialized services. The other hospitals offer more localized access to acute care, primarily for those with acute or complex medical conditions but there are a number of facilities that have specialized behavioral health units.

Long-Term Care and Healthy Aging Services At the core of Rhode Island's long-term care sector is a network of nursing homes, skilled nursing facilities, post-acute services organizations, and home health agencies. Nursing homes and other skilled nursing facilities deliver around-the-clock care for patients with significant medical needs. Post-acute rehabilitation centers focus on recovery after hospital stays, helping patients regain functionality and transition back to their homes. Home health agencies extend care into the places where patients live, offering services such as physical therapy, nursing care, and medication management to promote independence and reduce hospital readmissions. Assisted living facilities cater to those who require help with daily activities but prefer a more independent lifestyle.

The state also has a range of healthy aging services designed to support individuals in home and community-based settings. Programs such as senior centers, adult day health programs, and meal delivery services provide vital resources to older adults and those with developmental, intellectual, or physical disabilities, enabling them to live independently. Additionally, initiatives focused on education, navigation support, and caregiver assistance help individuals and families access the resources they need to maintain independence and quality of life.

Health Related Social Needs Services The State has a network of service organizations and programmatic resources that address residents' Health Related social needs. At the heart of this network are the State's multi-service agencies, such as the State's Community Action Programs, that provide a wide breadth of community-based services and serve as community hubs for services focused on a community's social, environmental, and economic needs, such as food insecurity, housing, employment, and transportation. The State also has a network of food banks, housing development and assistance agencies, jobs and employment training agencies that provide vital supports in more targeted ways. Indian Health Services and other tribal programs provide important health services. Many health care providers have integrated screening for social needs into their practices, fostering partnerships with community-based organizations to provide comprehensive care.

Health Care Provider Workforce Capacity

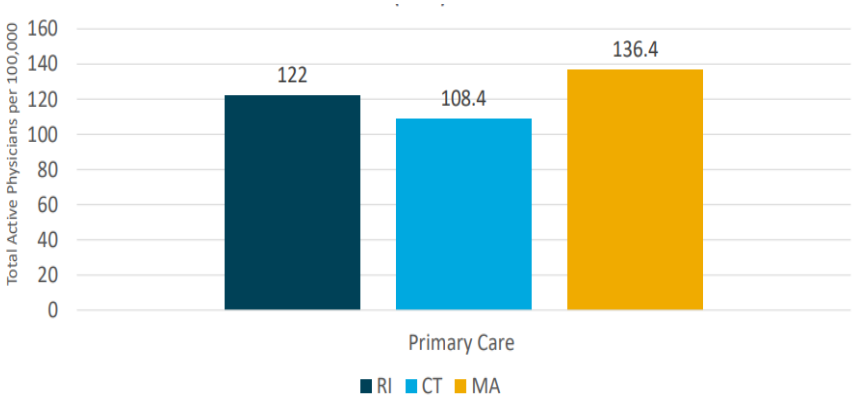
One of the most common and consistent comments gathered through this effort's community engagement activities and the workgroup meetings was the tremendous need for additional data, state data structures and systems to track health care workforce capacity. As one will discover in reading this report, all five of the health sector workgroups that were created as part of the HCSP process identified the need for more data on workforce capacity as one of their core recommendations.

The information provided in the health care sector chapters below include lengthy discussions of the strength and capacity of the State's health system, including its workforce, by sector. This information is critical to the process and will support important action. However, much of the information applied to assess workforce or service-related capacity and the ability of the State's providers to respond to need is imperfect and there is a substantial reliance on qualitative information to assess the existence and magnitude of service gaps or surpluses.

A number of recent studies and analyses have provided estimates of current and future workforce capacity for physicians, nurse practitioners, registered nurses, behavioral health practitioners, and other specific types of providers (OHIC, 2023) (Manatt Health, 2024). The Rhode Island Executive Office of Health and Human Services (EOHHS) dedicates extensive resources to assessing and reporting on workforce capacity through its Workforce Transformation Initiative (EOHHS, 2021), including the development of the Health Workforce Data Dashboard (EOHHS, 2024). Some of these studies, associated analyses, and datasets provide a relatively positive picture of Rhode Island's workforce capacity. Data and associated analyses provided by the Center for Medicare and Medicaid Services (CMS), through the National Plan and Provider Enumeration System, for example show that in 2023 Rhode Island ranked fourth out of all states in the U.S. in terms of number of active primary care providers, with 301.5 active primary care providers per 100,000 population compared to 232 nationwide (America's Health Rankings, 2023). Similarly, data reported by Health Resource and Services Administration (HRSA} suggests that Rhode Islanders may have more equitable access to primary care than other states. Specifically, HRSA's data shows that as of 2020 there

were approximately 138.9 primary care providers per 100,000 people practicing in Rhode Island's medically underserved areas (MUAs), compared to 55.9 nationally, well above the 79.1 primary care physicians per 100,000 in Rhode Island areas that are not MUAs, compared to 79.9 nationally (Milbank Memorial Fund, 2024). A recent study conducted by Manatt Health with funding from the Rhode Island Health Foundation (Manatt Health, 2024) reported that Rhode Island had fewer primary care physicians (PCP) per 100,000 than Massachusetts but more PCPs per population than Connecticut. Specifically, Rhode Island had 122 primary care physicians per 100,000 population, compared to 136 primary care physicians per 100,000 in Massachusetts and 108 primary care physicians per 100,000 in Connecticut.

Figure 2.8: Primary Care Physician Workforce Supply per 100,000 Population (2020)



Notes:

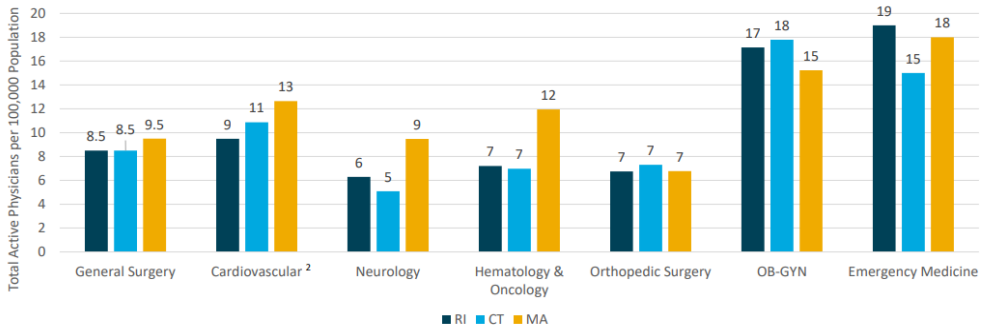
[1] Primary care physicians are physicians whose self-designated specialty is one of the following: adolescent medicine (pediatrics), family medicine, general practice, geriatric medicine (family practice), geriatric medicine (internal medicine), internal medicine, internal medicine/ pediatrics, or pediatrics.

[2] Physician workforce is defined as active physicians in the state. Active physicians (both federal and non-federal) are licensed by a state and work at least 20 hours per week. Active physicians also include those working in nonpatient care activities (e.g., medical teaching or research) and include both doctors of medicine (MD) and doctors of osteopathic medicine (DO).

Sources: AAMC, "2021 State Physician Workforce Data Report" (2022); U.S. Census Bureau, "Annual Estimates of the Resident Population by Single Year of Age and Sex" (by State) (2020)

The Manatt Study also reported that Rhode Island's and Connecticut's physician workforce supply are approximately the same per 100,000 across all specialties except emergency medicine. Rhode Island has the most emergency physicians per 100,000 but the lowest number of cardiovascular physicians per 100,000 across Rhode Island, Connecticut, and Massachusetts.

Figure 2.9: Primary Care Physician Workforce by Specialty



Notes:
[1]Physician workforce is defined as active physicians in the state for select specialties. **Active physicians** (both federal and non-federal) are licensed by a state and work at least 20 hours per week. Active physicians also include those working in nonpatient care activities (e.g., medical teaching or research) and include both doctors of medicine (MD) and doctors of osteopathic medicine (DO). Physician workforce supply is not adjusted for non-clinical time per FTE.
[2]Cardiovascular physicians do not include cardiothoracic surgeons. AAMC specialty groupings and corresponding AMA physician professional data specialties included can be accessed here.

Sources: AAMC, "2021 State Physician Workforce Data Report" (2022); U.S. Census Bureau, "Annual Estimates of the Resident Population by Single Year of Age and Sex" (by State) (2020)

While these data are important and will or have already supported some important decision-making, there are concerns regarding the validity, generalizability, and reliability of these data. More robust and continuous monitoring efforts are needed to support the health care system planning process.

Insurance Coverage

According to data from HealthSource RI's 2024 Health Information Survey (Freedman HealthCare, 2024), Rhode Island had one of the lowest uninsured rates in the country, with an uninsurance rate of only 2.2%, compared to 2.9% in 2022. The underinsured rate, defined as those with health insurance who have high out-of-pocket costs, remained relatively stable between 2022 and 2024, growing from 23.7 in 2022 to 28.4% in 2024. Rhode Island's strong health coverage is attributed to effective coordination between HealthSource RI, the state's marketplace, and Medicaid, ensuring continuity even through the reintroduction of Medicaid renewals post-pandemic. The low uninsured rate helps residents access essential preventive care and reduces financial risks from unexpected medical expenses, significantly benefiting public health outcomes. The highest uninsured rates are found among Black/African American Rhode Islanders. In 2024, 4.1% of Black/African Americans in Rhode Island were uninsured, 2.5% of those identifying as Asian, and 1.3% of those identifying as While. Hispanic/Latino residents were more likely to be uninsured than non-Hispanic/Latino residents.

Surprisingly, with respect to household income, of the people in Rhode Island who were uninsured in 2024 , 25.1% of them had incomes over $100,000. The next highest group of uninsured people by income was those with household incomes between $40,000 - $59,999 (23.3%), followed by those with household incomes between $0 - 19,999 (22.1%). The most common reasons reported by these Rhode Island for being uninsured are unaffordable insurance premiums, job loss, and loss of Medicaid coverage. HealthSource RI's summary report can be found on their website (https://healthsourceri.com/survey-rhode-island-sustains-low-uninsured-rate/).

Approximately 27% of Rhode Islanders are covered by Medicaid, with the highest coverage rates found in Providence County, where 33% are enrolled in Medicaid and 4% are uninsured. Newport County follows closely, with 22% covered by Medicaid and 3% uninsured. Newport County also has a notable distinction in

its military insurance coverage, where 13% of residents are insured through the military, compared to just 4% statewide. Disparities in health insurance coverage are evident across racial, ethnic, and birthplace lines. Among non-Hispanic White residents, 18% are covered by Medicaid, and 1.6% are uninsured, while among Hispanic or Latino residents, 58% rely on Medicaid, and 8% are uninsured. For non-Hispanic Black residents, 41% are on Medicaid, and 5% are uninsured. These disparities are also seen between U.S.-born and foreign-born residents: 42% of Rhode Islanders born outside the U.S. are covered by Medicaid, with 7% uninsured, compared to 24% and 2%, respectively, for U.S.-born residents (HealthSource RI, 2024).

Figure 2.10: Insurance Status of Rhode Islanders by Selected Demographic Categories (Health in RI, 2024)

	White, non-Hispanic # (%)	Hispanic or Latino # (%)	Black, non-Hispanic # (%)	Asian, non-Hispanic # (%)	Born in US # (%)	Born outside US # (%)
Total Population	736,895	170,739	53,364	36,403	905,217	142,353
Private Insurance	409,697 (55.6)	37,942 (22.2)	21,805 (40.9)	26,977 (74.1)	462,918 (51.1)	47,851 (33.6)
Medicaid	133,171 (18.1)	99,560 (58.3)	21,642 (40.6)	5,032 (13.8)	217,696 (24.0)	59,917 (42.1)
Medicare	152,187 (20.7)	17,638 (10.3)	6,313 (11.8)	2,173 (6.0)	167,915 (18.5)	23,095 (16.2)
Military Insurance	30,394 (4.1)	1,852 (1.1)	— (1.3)	— (1.8)	36,385 (4.0)	— (1.1)
Uninsured	11,445 (1.6)	13,748 (8.1)	2,917 (5.5)	— (4.3)	20,303 (2.2)	9,979 (7.0)

Source: 2022 Health Insurance Survey.[72]

Finally, those who are under- or uninsured are also a consistent category of concern. Rates of concern regarding these groups were highest in the Providence and Pawtucket regions, both of which are in the county with the highest rates of uninsured individuals (3.6%) and individuals covered by Medicaid (33%). Despite being the county with the second-highest rates of uninsurance (3.3%) and Medicaid coverage (22%), Newport had the lowest percentage of respondents selecting this group as among those needing the most help; even so, however, more than one-third of respondents in Newport expressed concern for this population.

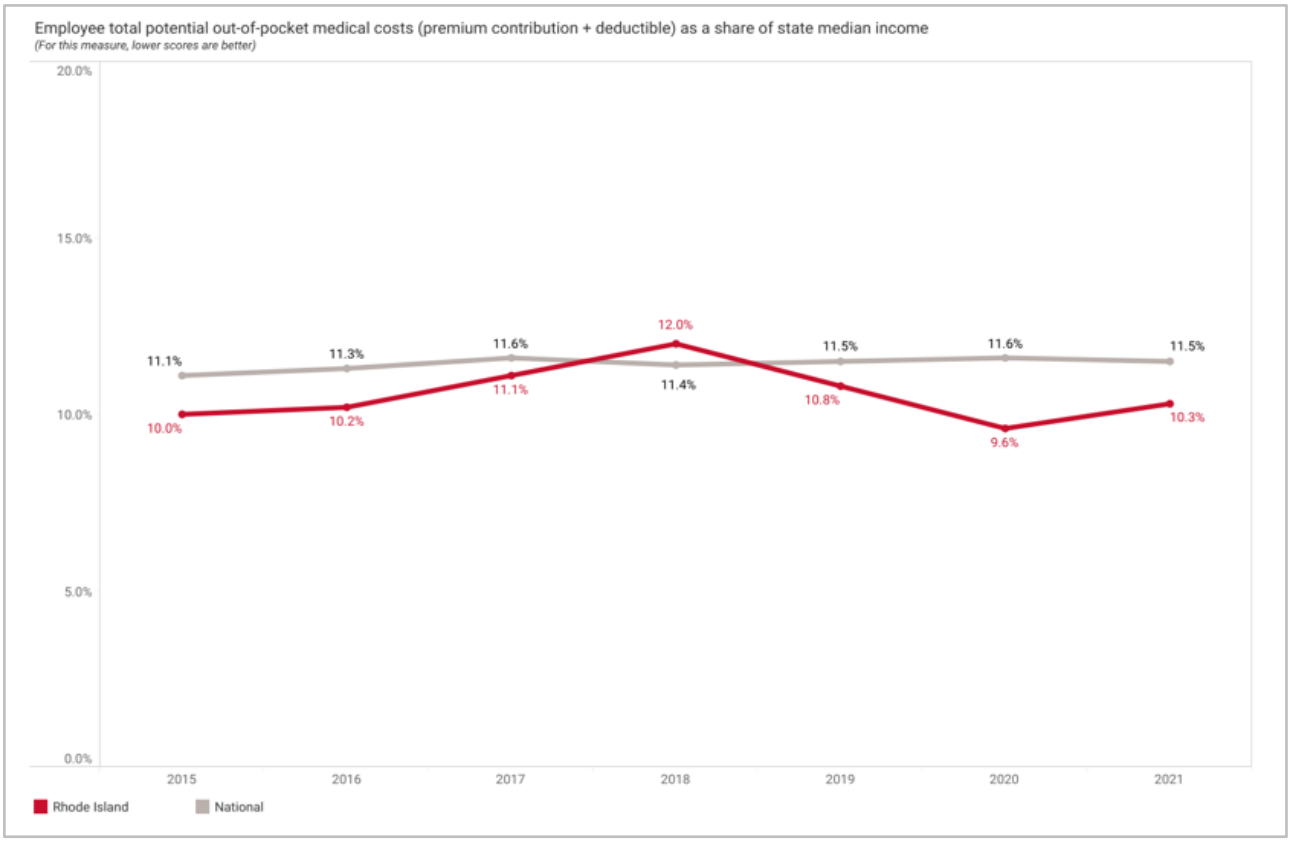
Access Barriers

Financial Barriers Accessing health care in Rhode Island is challenging for many residents, particularly due to financial and social needs barriers and regardless of insurance coverage. For those with low incomes or without health insurance, the cost of health care can be prohibitive. Even with insurance, high deductibles, co-pays, and out-of-pocket expenses make it difficult for many to afford necessary treatments, medications, or specialist care. As a result, people often delay seeking medical help, which can lead to more severe health problems later. In Rhode Island, 7.8% of people reported going without care due to costs, compared to 10.1% nationally (Health in Rhode Island, 2022).

The Affordability Index measures the average cost of an employer-sponsored health insurance policy as a percentage of median household income and serves as a means of understanding impact of total medical health care costs on household budgets. The Affordability Index is often calculated as premium costs equal to or greater than 10%; premium costs equal to or greater than 7% if low income (below 200% FPL); deductible equal to or greater than 5% of income; out of pocket expenses equal to or greater than 10% of income; or out of pocket expenses equal to or greater than 5% if low income (Commonwealth Fund, 2015). This metric describes the affordability and burden of health care costs to employees (Emanuel, Glickman, and Johnson, 2017). The trend for Rhode Island's Affordability Index is 28.4%, slightly lower than the

national average of 29.4% (lower is better). Employees pay a total of 10.3% of income on total out-of-pocket expenses.

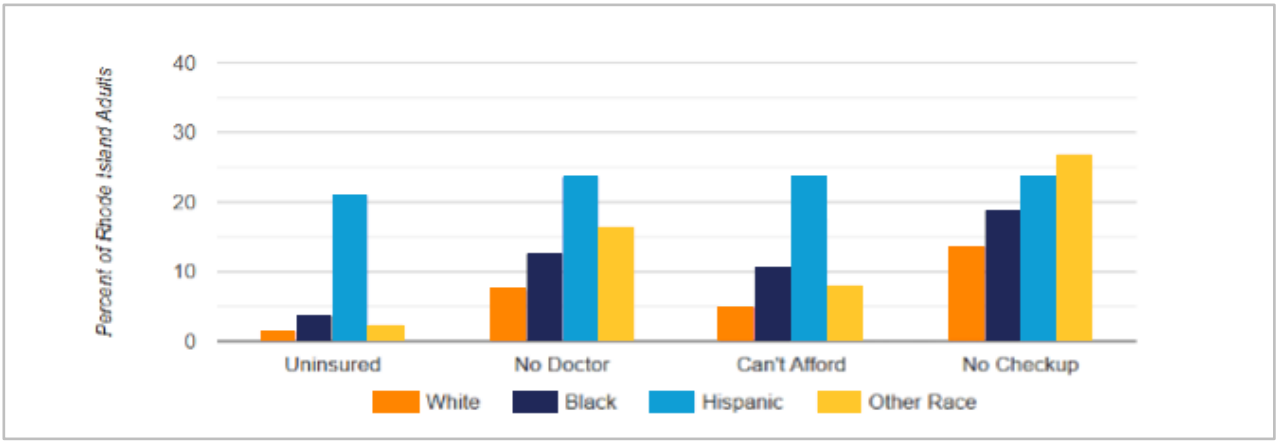
Figure 2.11: Employee total potential out-of-pocket medical costs (premium contribution + deductible) as a share of state median income (Health in RI, 2024)



Having access to medical care helps people live healthy lives and prevents more serious medical conditions from developing. The percentage of Rhode Island adults who did not seek medical care due to cost has decreased since 2017.

Language, Literacy and Cultural Barriers Language barriers, limited health literacy, and cultural differences can prevent individuals from understanding or navigating the health care system effectively. As of recent data, approximately 9.3% of Rhode Island residents reported facing challenges in accessing health care due to language barriers. The prevalence of being uninsured, having no doctor, and experiencing cost barriers to seeing a doctor are highest among Hispanic adults compared with all other racial/ethnic groups (Health in RI, 2022).

Figure 2.12: Rhode Island Adults Medical Coverage by Race (Health in RI, 2024)



Domain 4: Population Health Indicators/Chronic Disease Prevalence

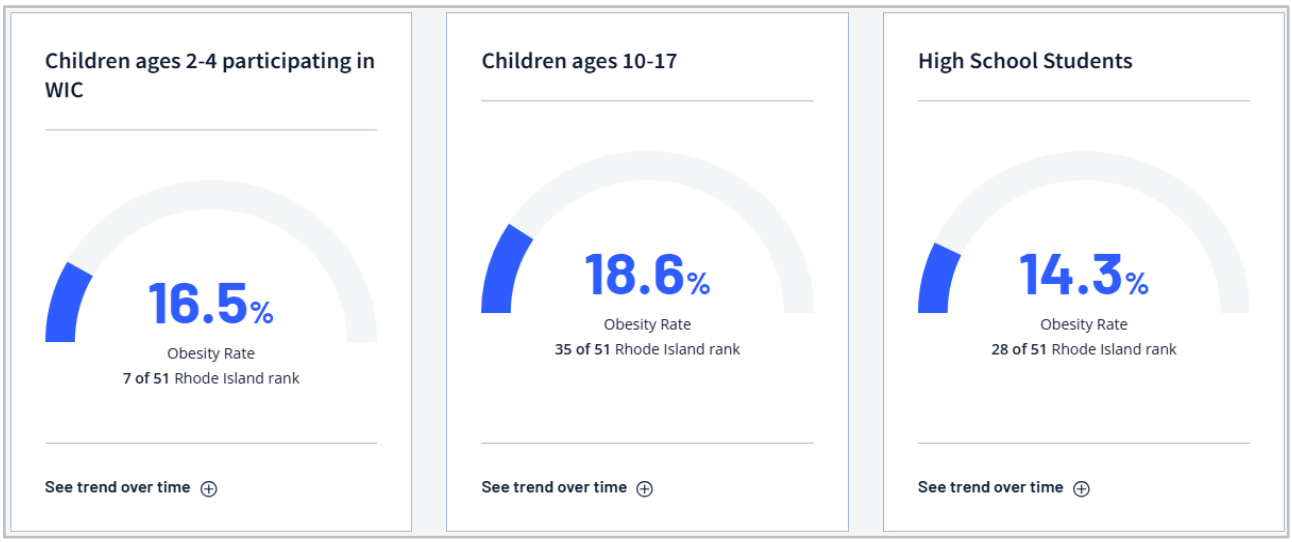
As of 2023-2024, chronic disease prevalence in Rhode Island reflects trends observed nationally, particularly regarding cardiovascular disease, diabetes, and cancer. The prevalence of diabetes in Rhode Island has slightly increased since 2016. Adults with less than a high school education have consistently had a higher prevalence of diabetes than those with more education, and this disparity has increased since 2017 (Health in RI, 2024). Notably, diabetes management continues to be a priority for state health officials, as it poses significant health risks if left uncontrolled, including complications such as heart disease, etc. Black and Hispanic adults compared to their White and Asian counterparts. Additionally, obesity is more common among residents with lower incomes and educational attainment (Health in RI, 2024).

According to state-level health data, around 30% of adults reported being diagnosed with hypertension, aligning with general U.S. trends for blood pressure concerns. Diabetes affects approximately 10% of Rhode Island's adult population, which mirrors the national prevalence rate for this condition (CDC, 2024). The burden of chronic diseases extends to the management of respiratory and metabolic conditions. Chronic obstructive pulmonary disease (COPD) and asthma remain significant, with asthma affecting nearly 12% of adults in the state.

Obesity

Obesity remains a significant public health challenge in Rhode Island. Recent data indicates that approximately 30.8% of adults in the state have obesity. Rates are higher among individuals aged 45-64. Among children aged 10-17, the obesity rate is 18.6%, ranking Rhode Island 35th nationally. For high school students, the obesity prevalence is 14.3%, reflecting ongoing challenges in addressing healthy behaviors during adolescence (State of Childhood Obesity, 2024). Factors such as food insecurity and limited access to affordable healthy foods and physical activity contribute to these rates. Efforts to combat obesity in Rhode Island include expanding nutrition assistance programs, improving physical activity infrastructure, and supporting community-based health initiatives.

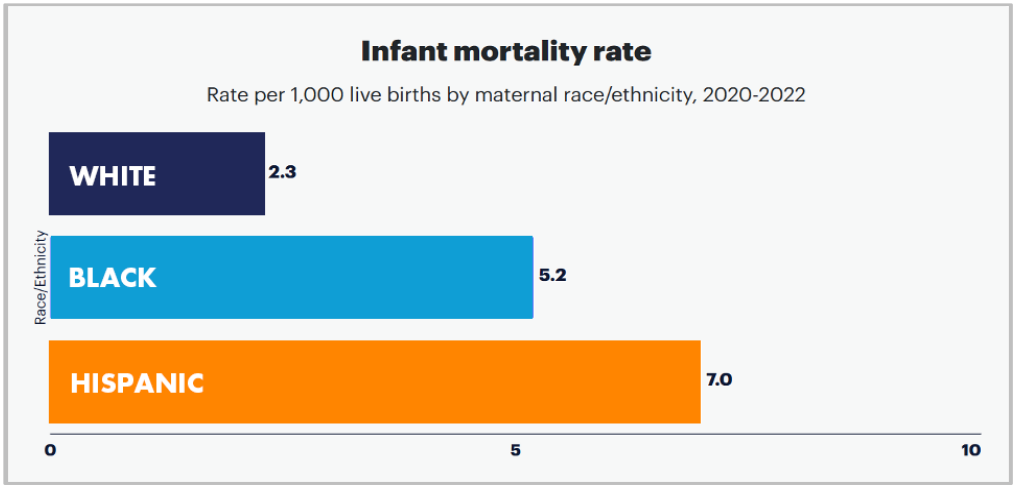
Figure 2.13 Rhode Island Obesity Rates among Children (State of Childhood Obesity, 2024)



Maternal and Child Health

Rhode Island continues to face notable challenges in maternal and child health. The state reported a concerning preterm birth rate of 9.3% in 2022 (March of Dimes, 2024). This rate reflects a disparity in health outcomes, especially among minority racial and ethnic groups. For example, non-Hispanic Black people experience significantly higher rates of preterm births compared to their white counterparts. The preterm birth rate among Black babies is 1.2 times higher than the rate among all other babies. Vulnerable populations, such as low-income families, are also impacted by limited access to early and adequate prenatal care; approximately 15.5% of birthing individuals received inadequate prenatal care in the state. The infant mortality rate among Black babies is 1.8 times the state rate.

Figure 2.14: Rhode Island Infant Mortality Rate by Race (March of Dimes, 2024)



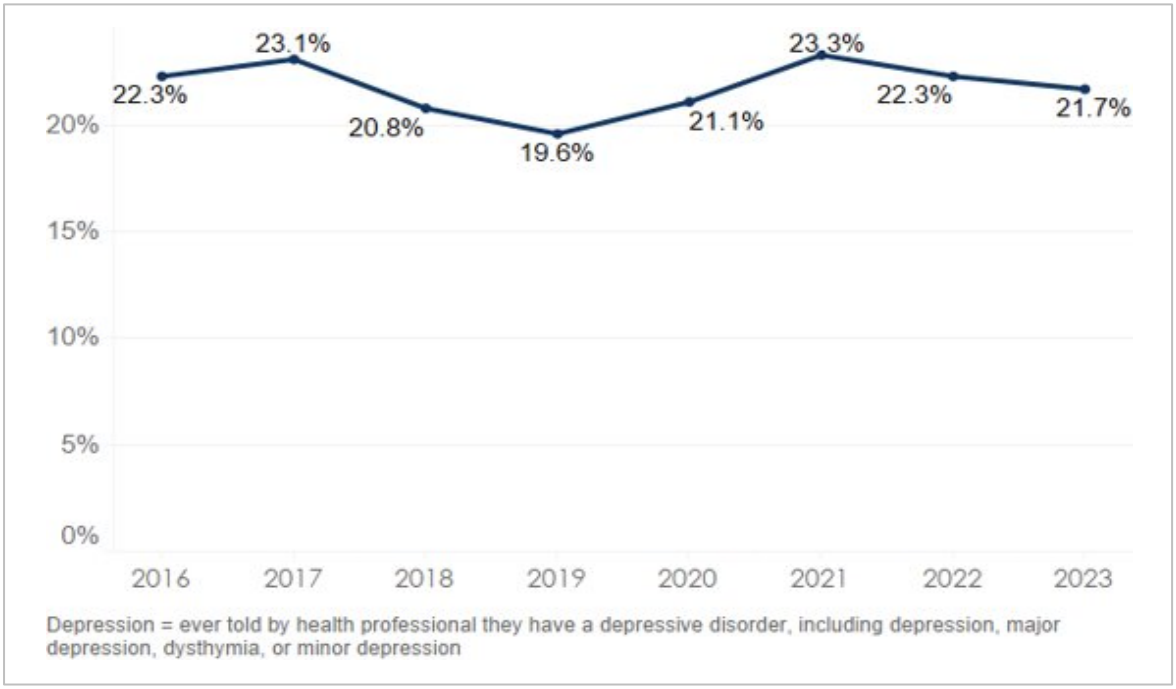
Rhode Island has implemented some proven measures to address these disparities, including Medicaid extensions to one year postpartum and doula care reimbursements to support maternal well-being. These policies aim to improve preventive care and provide additional support during and after pregnancy,

particularly for marginalized communities. However, continuous efforts are needed to mitigate persistent health disparities and ensure equitable maternal and child health outcomes for all residents.

Adult Behavioral Health - Mental Health and Substance Use

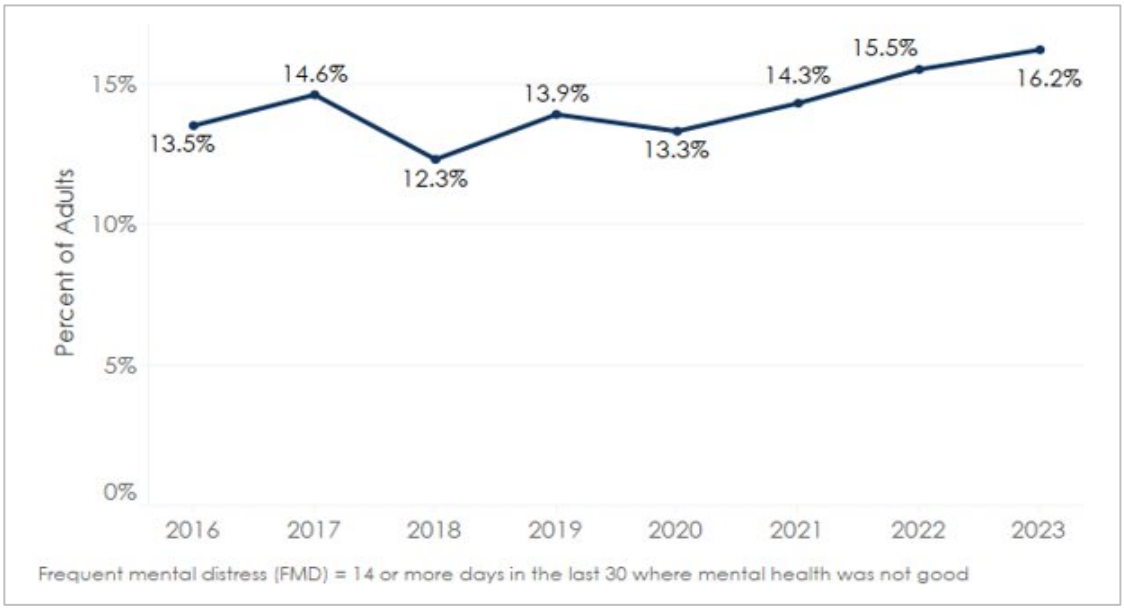
In Rhode Island, according to data from Rhode Island's Behavioral Risk Factor Surveillance System [RI BRFSS] (2023), more than 1 in 5 (21.7%) adults 18 years old or older reported being told by a health professional that they had a depressive disorder and 1 in 6 (16.2%) reported frequent mental distress.[1] In both cases the percentage has increased steadily since 2018, with respect to the percent of adults who reported frequent mental distress the figure grew by 32% between 2018 and 2023.

Figure 2.15: Percent of Adults (18 years old or older) in Rhode Island with Depression, 2023



[1] The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of telephone health surveys that collects information on health risk behaviors, preventive health practices, and healthcare access primarily related to chronic disease and injury. The BRFSS is administered annually to Rhode Island residents ages 18 years and older at random, and the data are weighted so they can be interpreted as representative of the Rhode Island adult population. (https://rhode-island-brfss-rihealth.hub.arcgis.com/)

Figure 2.16: Percent of Adults With Frequent Mental Distress in Last 30 Days



Further analysis shows that the percentages are higher for those who are insured by Medicaid, those who are uninsured, and those in low-income brackets who are disproportionately economically insecure, reinforcing the widely understood connection between mental health and health related social needs, such as insurance status or poverty (RI BRFSS, 2023).

Figure 2.17: Percent of Adults (18 years old or older) in Rhode Island with Frequent Mental Distress by Household Income, 2023

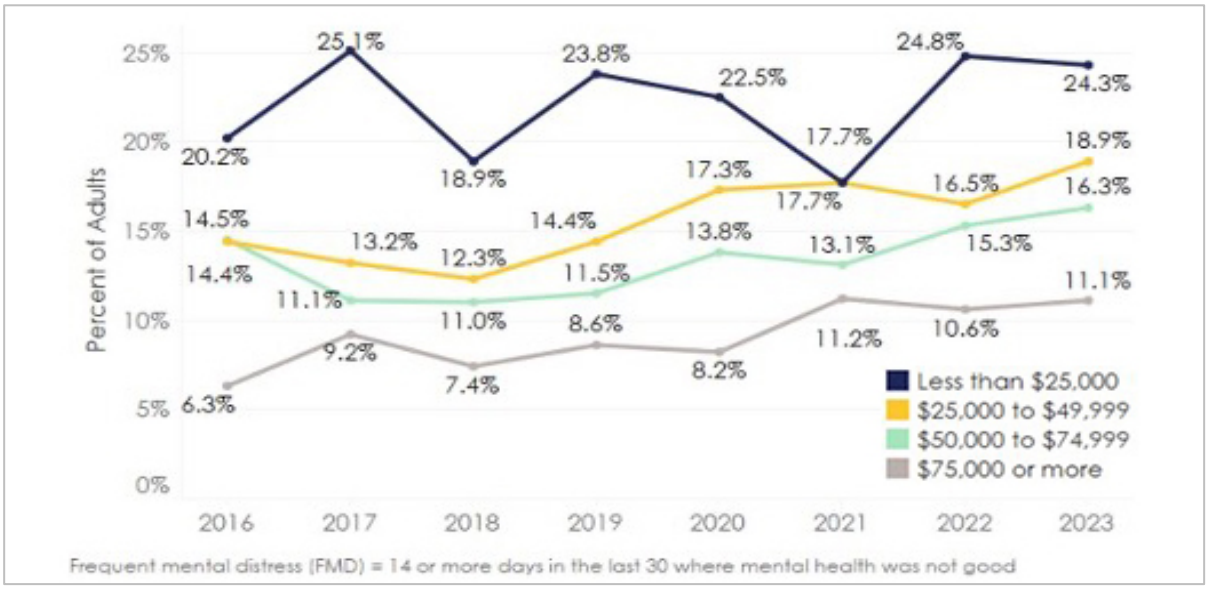
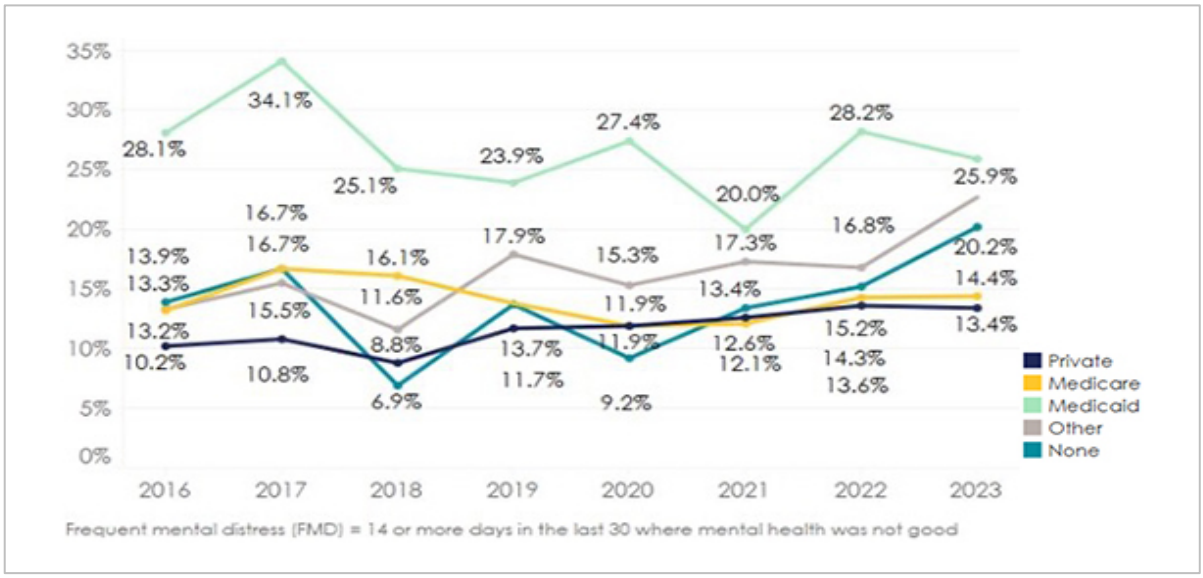
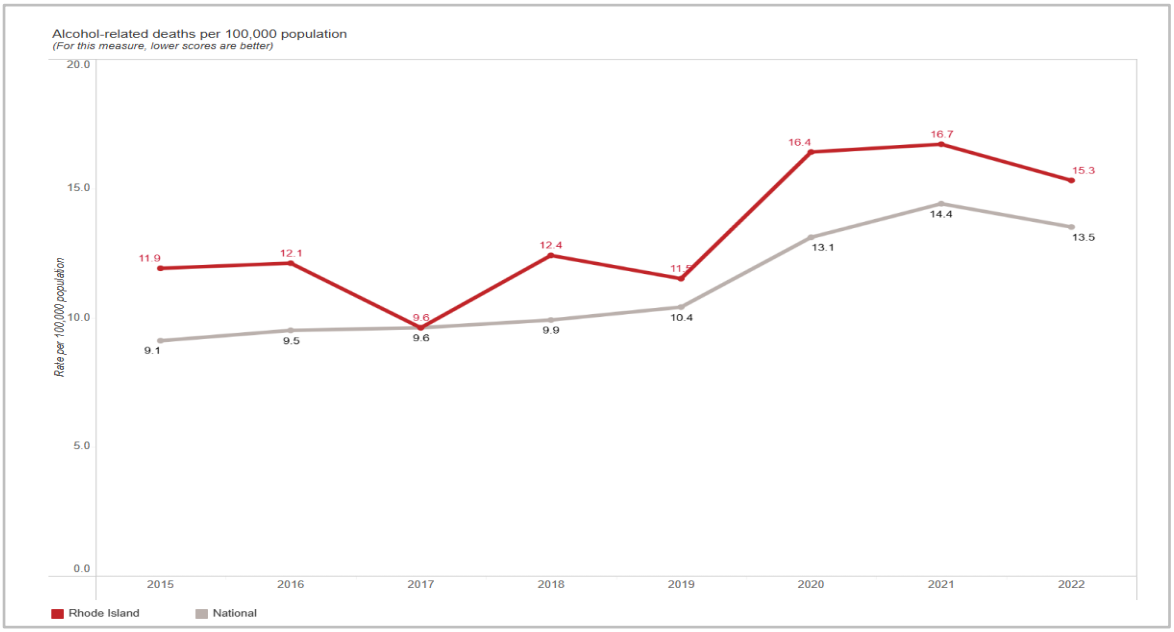


Figure 2.18: Percent of Adults (18 years old or older) in Rhode Island with Frequent Mental Distress by Health Insurance Status, 2023



Substance Use - Alcohol Excessive alcohol use in Rhode Island contributes to both chronic and acute health outcomes. On average, 493 deaths annually in the state are attributable to alcohol consumption, with 87.4% of these involving individuals aged 35 years or older. A majority of these fatalities (59.8%) result from chronic conditions such as Alcohol Use Disorder. Men account for 67.5% of alcohol-related deaths, highlighting gender disparities in the Health Related outcomes of alcohol use (Health in RI, 2024).

Figure 2.19: Rhode Island Alcohol-related deaths per 100,000 population



Efforts to mitigate alcohol-related harm in Rhode Island include public awareness campaigns and community-based interventions focused on reducing binge drinking and improving access to treatment for alcohol use disorders.

The data from the Rhode Island's BRFSS system also highlight the state's substance use challenges. In 2021, 61% of adults reported alcohol use in the past 30 days, which has remained steady since 2016 (RI BRFSS, 2023). Of those, reporting alcohol use approximately 1 in 6 (14%) reported binge drinking.[2] Those identifying as male were more likely to report binge drinking than those identifying as female, with nearly 1 in 5 males reporting binge drinking (18%) and nearly 1 in 10 females (9%). These data have also remained steady since 2016. Alcohol consumption was most common among adults who were white, non-Hispanic and least common among people who were Hispanic. However, the rate of binge drinking was similar by race and ethnicity. Rhode Island adults between the ages of 18-34 were most likely to report alcohol consumption and binge drinking.

Figure 2.20: Percent of Adults (18 years old or older) in Rhode Island Using Alcohol or Binge Drinking by Race / Hispanic or Latino Identity, 2023

	Any alcohol use	Binge drinking
White, Non-Hispanic	60.8%	15.9%
Black, Non-Hispanic	47.6%	16.5%
Hispanic or Latino	43.0%	17.9%
Other race(s), Non-Hispanic	48.7%	16.3%

Any alcohol use = drank any alcohol in the past 30 days

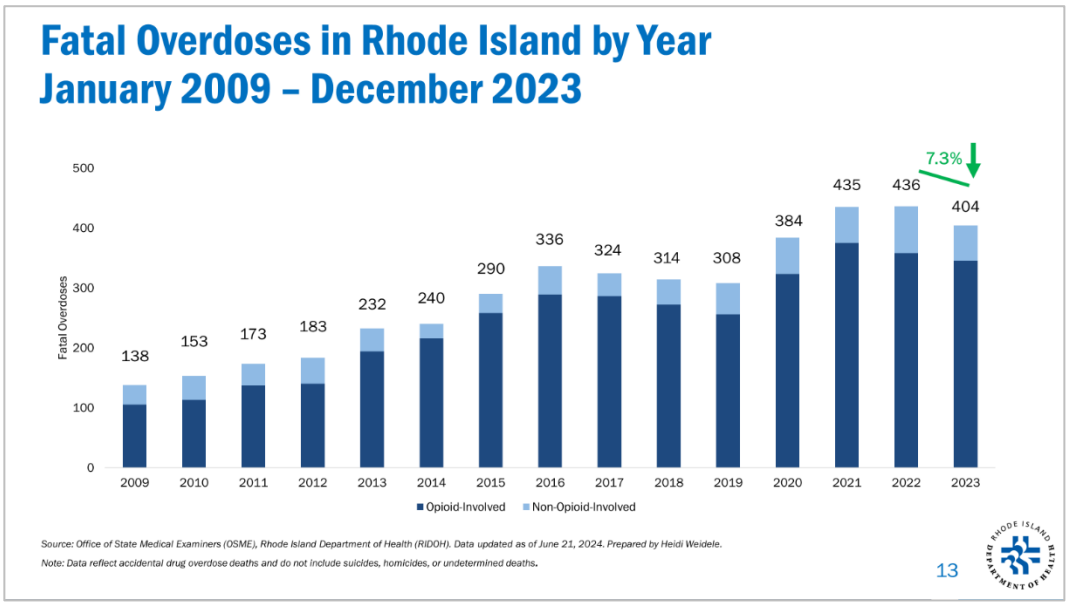
Binge drink = at least 4 alcoholic drinks for females or at least 5 alcoholic drinks for males in one sitting in the past 30 days

Substance Use - Drug Overdoses Rhode Island continues to grapple with significant behavioral health challenges, particularly concerning addiction and overdose outcomes. The state has experienced a persistent rise in fatal overdoses since 2014. Alarmingly, in 2022, approximately 75% of overdose deaths involved fentanyl, a potent synthetic opioid. Overdose incidents span across all age groups, although a disproportionate number are among adult men, who represent about three out of four deaths.

With respect to total drug overdoses (all drugs) in Rhode Island, the figures were relatively stable between 2016 and 2018 (RI BRFSS, 2023). Between 2019 and 2022, Rhode Island experienced a substantial increase in overdoses, but in 2023 saw a considerable decrease in deaths. Specifically, between 2022 and 2023, there was a 7% decline in drug overdose deaths. Opioid overdose comprised the vast majority of these death.

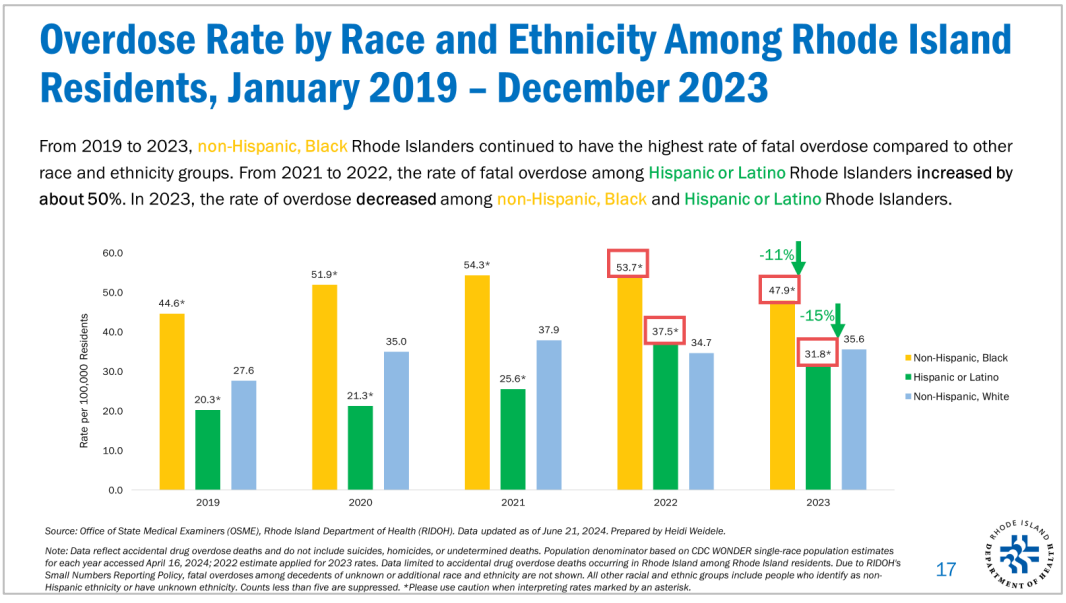
[2] According to the BRFSS, binge drinking is defined as consuming at least four alcoholic drinks for women and five or more for men on a single occasion.

Figure 2.21: Fatal Overdoses in Rhode Island by Year 2009-2023



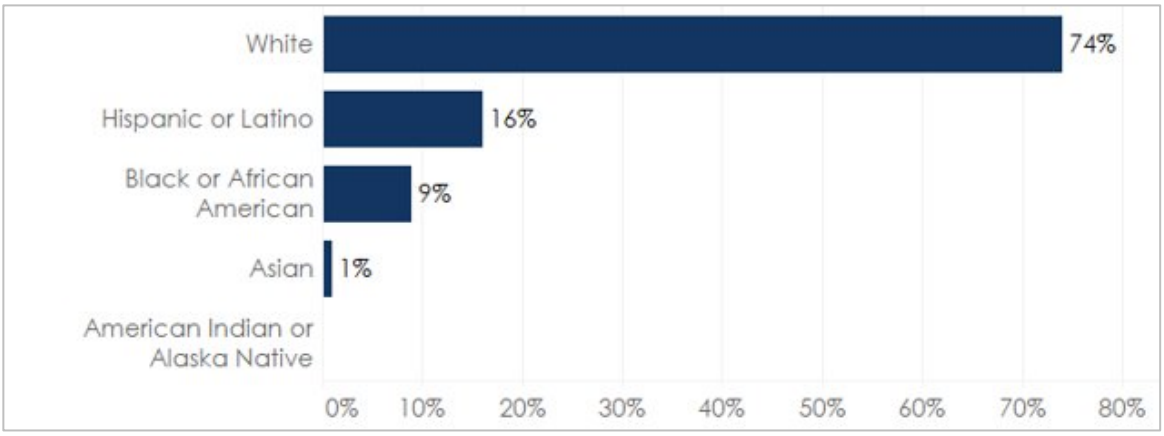
It should be noted that deaths declined by an even larger percent for Black (-11%) and Hispanic/Latino residents (-15%).

Figure 2.22: Overdoes Rate by Race and Ethnicity Among Rhode Island Residents 2019-2023



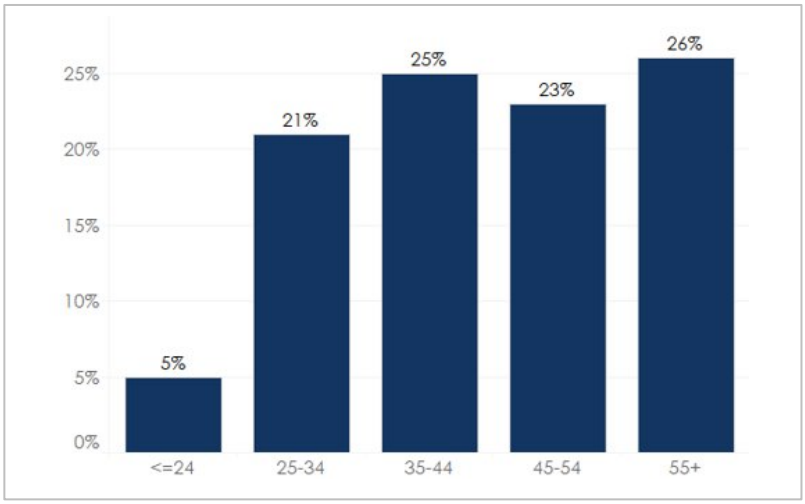
Between 2021 and 2023, those identifying as White comprised the vast majority of deaths at (74%), following by those identifying as Hispanic (16%), and those identifying at Black/African American (9%) (RI BRFSS, 2023).

Figure 2.23: Percent of Drug Overdose Fatalities by Race and Hispanic Identity (2021 Quarter 1 through 2023 Quarter 4)



By age, those who were 24 years old or less comprised the lowest proportion of total deaths (5% or 4 deaths) and the remaining 95% or 77 deaths, were relatively equally distributed across the age spectrum (RI BRFSS, 2023).

Figure 2.24: Percent of Drug Overdose Fatalities by Age Category (2023 Quarter 4)



Children and Youth Mental Health

Mental health problems affect children and youth of all backgrounds. The following subsection draws data from the Rhode Island KIDS COUNT 2024 Factbook (Rhode Island KIDS COUNT), and reflects the challenges that children and families face with respect to the prevalence of mental illness conditions and accessing care for those facing these challenges. In 2022, more than one in four (28.7%) of Rhode Island children ages three to 17 had a mental, emotional, or behavioral health conditions. However, many children and youth have trouble getting mental health treatment. In Rhode Island in 2022, more than half (59%) of children ages three to 17 who needed mental health treatment or counseling had a problem obtaining needed care. Risk factors for childhood mental health disorders include environmental factors like prenatal exposure to toxins (including alcohol), physical or sexual abuse, adverse childhood experiences, toxic stress, a family history of mental health issues, involvement with the juvenile justice and child welfare systems, living in poverty, and other adverse childhood experiences.

Children living in poverty in Rhode Island are two to three times more likely to develop mental health conditions than their peers (Rhode Island KIDS COUNT, 2024). In 2023, 25% (32,597) of children under age 19 enrolled in Medicaid/RIte Care had a mental health diagnosis. In the same year, 959 Rhode Island children under age 19 enrolled in Medicaid/RIte Care were hospitalized due to a mental health related condition (down from 1,096 in SFY 2021), and 2,598 children had a mental health related emergency department visit (up from 2,246 in 2021).

These challenges are even more extreme for youth identifying as LGBTQ+ (Rhode Island KIDS COUNT, 2024). In 2023, LGBTQ+ Rhode Island high school students reported higher rates of sadness and hopelessness than their peers. LGBTQ+ students, as well as Youth of Color, are more likely to have had their mental health impacted by the COVID-19 pandemic and have additional barriers to accessing and receiving adequate mental health treatment.

Further clarifying the specific challenges that Rhode Island's children, youth, and families face are data from Bradley Hospital and Butler Hospital, the two hospitals in the state that specialize in providing intensive inpatient treatment and psychiatric care to children and youth. In 2023, the most common diagnoses for youth treated at Butler or Bradley Hospitals in the inpatient setting were depressive disorders, anxiety disorders, adjustment disorders, and childhood/adolescent disorders. In 2022, there were 3,265 emergency department visits and 2,271 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder. Of these emergency department visits, 60% were of children enrolled in RIte Care/Medicaid and 36% had commercial insurance.

Unfortunately, these mental health challenges put children and youth with mental health conditions in Rhode Island at increased risk for suicide. In 2023, 36% of Rhode Island high school students reported feeling sad or hopeless for more than two weeks during the past year (Rhode Island KIDS COUNT, 2024). Girls were twice as likely as boys to report these feelings. And in 2023, 9% of Rhode Island high school students reported attempting suicide one or more times during the past year. In Rhode Island between 2018 and 2022, there were 2,448 emergency department visits and 1,349 hospitalizations of youth ages 13 to 19 due to suicide attempts or intentional self-harm. Suicidal or self-injurious behavior accounted for 10% of the reasons for calls to Kids' Link RI in 2023. Between 2018 and 2022, 12 Rhode Island children ages 15 to 19 died due to suicide in Rhode Island.

Health Equity Zones (HEZs)

Overall, preventive health initiatives in Rhode Island focus on addressing social determinants of health and promoting equitable access to resources that enhance long term well-being. A significant initiative is the Health Equity Zones (HEZs), which are community-driven collaboratives established to tackle health disparities as well as health and wellness at the local level. Since 2015, HEZs have been instrumental in engaging residents to develop tailored action plans addressing priorities such as housing, food access, education, and health care connectivity. HEZs have demonstrated a measurable impact on reducing inequities and fostering healthier communities through collective, data-driven approaches.

It is in the state's critical interest to continue prioritizing preventive health initiatives to reduce alarming statistics related to chronic disease, substance use, and health disparities. By expanding the reach of programs like Health Equity Zones and investing in data-driven community health solutions, the state can address root causes of inequities. Strengthening partnerships across sectors and emphasizing preventative

care will be critical to reversing upward trends in obesity, alcohol-related mortality, and other public health areas of concern.

For more information about Rhode Island's Health Equity Zones, please reference Chapter 8 of this report, *Health Related Social Needs*.

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