



**Rhode Island Department of Health Strategic Plan**  
**Revised**  
**September 15, 2023**

This revised version of the Rhode Island Department of Health (RIDOH)'s Strategic Plan includes technical updates.

At the completion of a strategic planning process that will take place during FY25, RIDOH will execute a new Strategic Plan based on the outcomes of this process. The process will be closely aligned with the processes and standards outlined by the Public Health Accreditation Board (PHAB). RIDOH is a public health department accredited by PHAB since 2015. In the meantime, technical updates to RIDOH's current Strategic Plan have been included in this FY25 version.

The global and local disruptions caused by the COVID-19 pandemic in Rhode Island revealed gaps and ongoing challenges in the delivery of public health services to Rhode Islanders. States across the country seized the opportunity to improve public health services by challenging themselves to:

1. Streamline and improve coordination across public health operations;
2. Create agility to respond to a public health crisis; and
3. Leverage analytics and data to identify and address the most critical determinants of health.

The global pandemic emphasized the importance of our public health systems and access to services that drive optimal health for all Rhode Islanders. Working to ensure that Rhode Islanders are healthy includes providing accessible, affordable, quality healthcare for all Rhode Islanders; focusing on the social determinants of health – where people live, work, and play at the community level; and carrying out our work with a health equity lens. Together, these strategies can drastically improve Rhode Islanders' quality of life.

In response to these challenges and opportunities, RIDOH has embarked on planning for a process to address and improve RIDOH's operating model in order to build upon the lessons learned during the pandemic, strengthen organizational support systems, and align RIDOH resources to better leverage these enhanced perspectives and skills. This will all be done with the goal to better serve Rhode Islanders and continue to build on RIDOH's culture and passion for its mission.

Specifically, RIDOH will launch a comprehensive process that will result in an updated State health needs assessment, State health improvement plan, performance management system and performance measures, strategic plan, and continuous quality improvement program, which will further support RIDOH's priorities to:

1. Address the socioeconomic and environmental determinants of health in Rhode Island;
2. Eliminate disparities of health in Rhode Island and promote health equity; and
3. Ensure access to quality health services for Rhode Islanders, including its vulnerable populations.

## **Background**

**"All people in Rhode Island will have the opportunity to live safe and healthy lives in safe and**

**healthy communities".** This is RIDOH's vision, and its mission is to "prevent disease and protect and promote the health and safety of the people of Rhode Island." RIDOH has three priorities that frame its work:

- Address the socioeconomic and environmental determinants of health;
- Eliminate health disparities and promote health equity; and
- Ensure access to quality health services for all Rhode Islanders, including the State's vulnerable populations.

RIDOH employs five public health strategies to drive success in accomplishing its leading priorities:

1. Promote healthy living through all stages of life;
2. Ensure access to safe food, water, and healthy environments in all communities;
3. Promote a comprehensive health system that a person can navigate, access, and afford;
4. Prevent, investigate, control, and eliminate health hazards and emergent threats; and
5. Analyze and communicate data to improve the public's health.

To achieve the *Healthy People 2030* goals established as benchmarks for the nation, and with the overarching goal of "positively demonstrating for Rhode Islanders the purpose and importance of public health", the RIDOH Strategic Plan focuses on:

**A. Achieving health equity and transforming the health system** – This Strategic Plan recognizes that, while RIDOH has made strides in achieving the *Healthy People 2030* goals for the past decade, disparities persist and for the first time in modern years, the next generation has a decreased life expectancy. RIDOH supports the implementation of a health equity and health system transformation framework that includes continued support for:

- The *RIDOH Strategic Framework: State of Rhode Island Integrated Population Health Leading Priorities, Strategies, and Goals*;
- Use of a community development lens for RIDOH's local investments through the Health Equity Zone (HEZ) initiative; and
- A Community Health Worker initiative led by RIDOH's Division of Community Health and Equity (DCHE) and Health Equity Institute (HEI).

**B. Addressing the epidemic of drug overdose death** – This is one of RIDOH's population health goals and among the Governor's priorities. Addressing the overdose epidemic is one of the three pillars of the Governor's 2030 Plan to create a healthier Rhode Island. The Governor's Overdose Prevention and Intervention Task Force is a statewide coalition of professionals and community members with the goal of preventing overdoses and saving lives.

The Governor's Task Force has a strategic plan to end the overdose crisis – changing lives by ensuring racial equity, uplifting community voices, using data to drive change, and building connections to care. The Task Force is committed to addressing the root causes of overdose, including the socioeconomic factors that influence health.

The Task Force recently recommended a statewide goal to be achieved by 2030: returning the rate of fatal overdose deaths to 2018 levels and having the lowest death rates in New England. In 2018, 314 fatal overdoses occurred. In 2022, data show 434 Rhode Islanders lost their lives to a drug overdose, down just 1% from 2021.

**C. Improving customer service experiences** – To ensure the efficient, courteous, and clear delivery of our services to the public with a focus on quality and safety, RIDOH has been

tracking numerous measures related to improving customer service experiences. For example, for the past several years, RIDOH has been tracking timely medical marijuana cardholder processing to ensure that cardholders receive cards in the timeframe allowable by statute and regulation (35 days from receipt of application). Meeting the timeframe allows patients in the Medical Marijuana Program the quickest access to the medication. For the past several years, RIDOH has ensured that 100% of the medical marijuana applications received have been processed within 35 days of receipt of application.

In addition, RIDOH's Food Protection and Drinking Water Quality Programs have worked together to streamline licensing activities that cut across both programs, making it easier for licensees to navigate and access RIDOH's licensing systems. This focused approach fosters continued transformation of the health system in Rhode Island and progress toward achievement of RIDOH's leading priorities and population health goals while simultaneously focusing on emerging threats such as drug overdose deaths, improving our customers' experience, maintaining public safety, and maximizing the effectiveness of available resources.

## **Organizational Structure**

The RIDOH Strategic Plan recognizes the need for an organizational structure to facilitate and further enhance the implementation of this Strategic Plan. RIDOH's organizational structure includes Central Management, six Divisions, and the Center for COVID-19 Epidemiology. The Director and the leadership team provide overall direction to the Department. The overall direction is guided by the Department's three leading priorities.

The primary mission of **Central Management** is to provide leadership, administrative, and programmatic oversight to the various programs and operations of RIDOH. Central Management, also referred to as Operations, includes Management Operational Functions; the Office of Workforce Development and Engagement; the Office of Policy, Planning, and Strategy; and the Health Equity Institute. Central Management provides overall operations direction to the Department. This overall direction is guided by the Department's three leading priorities listed above.

Management operational functions include Finance, Legal Services, Information Technology, Capital Assets Management, and Human Resources functions. The Office of Workforce Development and Engagement includes Learning and Growth as well as Employee Relations, Wellness, and Recognition functions. The Office of Policy, Planning, and Strategy includes Health Regulations, Public Affairs and Legislation, and Academic Affairs and Accreditation functions.

The Health Equity Institute is dedicated to advancing health and racial equity in operations, programs, and policies in support of RIDOH's three leading priorities. The Academic Institute manages the integration of scholarly activities across RIDOH programs through academic collaborations. The Academic Institute is also responsible for RIDOH accreditation through the Public Health Accreditation Board.

**The Division of Community Health and Equity (CHE)** envisions that all Rhode Islanders will have the opportunity to achieve optimal health. The Division strives to eliminate health disparities and achieve health equity by addressing the racial, socioeconomic, and environmental determinants of health; planning and implementing public health activities using evidence-based and promising practices across the life course; and engaging communities as key partners in public health. CHE takes a lead role in preventing disease and protecting and promoting the health and safety of the people of Rhode Island. CHE includes five Centers:

- The Center for Chronic Care and Disease Management uses a systems approach to reduce the incidence, burden, and associated risk factors related to Alzheimer’s disease, arthritis, cancer, diabetes, heart disease, and stroke to improve health outcomes.
- The Center for Health Promotion uses evidence-based and promising public health practices to create social, policy, and physical environments that support healthy living through all stages of life for all Rhode Islanders. Areas of focus include tobacco control, adult cannabis, violence and injury, suicide, and drug overdose prevention.
- The Center for Perinatal and Early Childhood Health supports healthy birth outcomes; positive early childhood development and school readiness; and preparation for healthy, productive adulthood by providing and assuring mothers, children, and adolescents access to quality maternal and child health services.
- The Center for Preventive Services uses evidence-based practices to improve the quality of preventive care by increasing access to at-risk populations, diminishing ethnic and racial health disparities, and enhancing community partnerships. Areas of focus include adolescent and school health, reproductive health, asthma, immunization, and oral health.
- The Center for Maternal and Child Health supports and promotes the health of all birthing parents, children, and families to reduce racial, environmental, and socioeconomic inequities and improve outcomes. Its focus is areas include women/maternal health, perinatal/infant health, child health, adolescent health, children with special healthcare needs, and social determinants of health.

**The Division of Environmental Health** is responsible for licensure and regulatory activities related to environmental health and all activities related to healthy homes. The Division regulates and provides oversight of population-based activities related to safe food and potable water; healthy homes in the areas of lead, asbestos, and radon; and health and safety in the workplace. The Division of Environmental Health includes three Centers:

- The Center for Food Protection operates licensure and inspection programs to assure that standards are met to protect and promote public health and prevent disease by assuring the safety and quality of the food supply. The Center also is responsible for ensuring the safety of water quality at all licensed Rhode Island beaches.
- The Center for Drinking Water Quality ensures the quality of the State’s drinking water supply. The Center is responsible for maintaining compliance with State and federal laws and regulations pertaining to drinking water quality and assuring the safety of public pools and spas through the implementation of State laws and regulations.
- The Center for Healthy Homes and Environment protects the health and safety of children, workers, and the general public by identifying and decreasing environmental hazards such as lead, radon, and asbestos and promoting safe work practices to avoid occupational hazards. The Center also includes the Environmental Public Health Tracking Program. The mission of this program is to translate environmental and public health data into meaningful information and increased knowledge and to apply that knowledge to improve community health. The Rhode Island Environmental Public Health Tracking Program is part of a nationwide network that provides information that allows people to understand and take action to prevent and control environmental hazards and related health effects.

**The Division of State Health Laboratories and Medical Examiners** supports the Department’s mission through the scientific identification of pathogenic microorganisms, environmental contaminants,

and other toxic substances that threaten the health and safety of Rhode Islanders; forensic examinations of crime scene evidence; and investigation of suspicious or unexpected deaths. The Division of State Health Laboratories and Medical Examiners' mission is to provide accurate, timely, and effective laboratory services for public health, environmental protection, and forensic science purposes.

Key program functions include early detection and identification of infectious diseases, identification and measurement of environmental contaminants, and the characterization of evidence collected at crime scenes. Services are provided to State and municipal agencies, healthcare providers, and individuals in support of public health and safety goals.

The Division of State Health Laboratories and Medical Examiners maintains a high level of preparedness to respond to a demand for services in case of an emergency and maintains rigorous quality control and quality assurance programs to allow for maintaining nationally recognized accreditations. The Division of State Laboratories includes four Centers and the Office of State Medical Examiners:

- The Center for Biological Sciences supports cross-departmental programs concerned with the early detection, surveillance, and containment of infectious diseases by providing essential laboratory services. Expedient laboratory diagnosis of infectious diseases and timely detection of infectious disease outbreaks allows for preventive measures to be taken that reduce the risk of disease transmission. This Center is expanding the ability to provide pathogen genomic data across several programmatic areas including foodborne illness, respiratory pathogens, and emerging pathogen characterization.
- The Center for Clinical Toxicology and Laboratory Support provides a variety of testing and support services. Clinical Toxicology capacity provides testing in support of overdose inquiries from the Medical Examiner, statewide non-fatal overdose surveillance, childhood blood lead analysis, biomonitoring, chemical threat preparedness and response, and forensic breath analysis. Support services include specimen processing and triage for the Rhode Island State Health Laboratories.
- The Center for Environmental Sciences provides testing services to monitor the safety of environmental resources vital to public health, including public drinking water supplies, ambient air, and food supplies. New initiatives focus on rapid detection and genotyping of pathogens in wastewater to allow for real-time surveillance of pathogens of public health importance.
- The Center for Forensic Sciences supports the criminal justice system through the accurate, thorough, and timely examination of evidence through the most scientifically advanced and technologically proficient investigative capabilities available. This Center also provides unbiased evaluation of evidence and courtroom testimony in support of litigation.
- The Center for the Office of State Medical Examiners investigates all known or suspected homicides, suicides, accidents, sudden infant deaths, drug-related deaths, medically unattended or unexplained deaths, and deaths that may constitute the threat of an epidemic or in any way endanger public health.

**The Division of Customer Services** assures minimum standards for the provision of healthcare services are met. The Division licenses, investigates, and disciplines healthcare professionals, healthcare facilities, and health-related facilities. Complaints from all sources are investigated and, if substantiated, compliance action is initiated. The Division of Customer Services encompasses three Centers:

- The Center for Professional Licensing, Boards, and Commissions (CPBL) is responsible for licensing healthcare professionals and administrative oversight of health professionals, Boards, and Commissions. CPBL maintains an integrated license and verification system, processes license applications and renewals, and replies to customer inquiries regarding the licensing process. CPBL also participates in the regulatory and legislative revision processes for health professional licensing issues and the administrative management and oversight of Departmental Boards and Commissions to ensure the highest quality healthcare for Rhode Islanders. The part of the State's Medical Marijuana Program, which accepts, reviews, and approves patient applications and renewals, is housed in the CPBL.
- The Center for Health Facilities Regulation (CHFR) is responsible for ensuring that State-licensed and federally certified Medicare and Medicaid healthcare facilities are in compliance with the applicable health, safety, and quality standards and regulations outlined in State and federal law. CHFR maintains an agreement with the Centers for Medicare and Medicaid Services and the State Medicaid Office to conduct Medicare and Medicaid certification surveys and investigations for participating healthcare facilities and providers. Also within the Center for Health Facilities Regulation is the Radiological Health Program (Radiation Control Program), whose mission is to license radiation equipment and radioactive materials and protect Rhode Islanders from excessive exposure to radiation by helping to ensure the safe use of radiation equipment and radioactive materials. The Radiological Health Program works closely with the Nuclear Regulatory Commission.
- The Center for Emergency Medical Services licenses, regulates, and provides oversight for Emergency Medical Services (EMS) practitioners, EMS ambulance services, ambulances, and EMS training programs.

**The Division of Policy, Information, and Communications** is responsible for the acquisition and use of clear, accurate, and appropriate data to inform public health policy as well as the provision of high-quality, timely, and accurate health information to the public so they can understand health risks and make healthy and safe choices. The Division is also responsible for regulating the introduction of new health services and major medical equipment into the healthcare delivery system and regulating changes in ownership and control of the licensed facilities that form the healthcare delivery system in Rhode Island. The Division of Policy, Information, and Communications is comprised of four Centers:

- The Center for Health Data and Analysis and Public Health Informatics is responsible for the acquisition, provision, and use of clear, accurate, and appropriate data and analyses. The Center manages health datasets and systems and provides the analytic capacity to RIDOH Divisions, Centers, and programs, including the provision of data for RIDOH's Center for COVID-19 Epidemiology. Center activities inform and drive public health program and policy decisions.
- The Center for Public Health Communication, which includes the Public Health Information Officer, provides high-quality, timely, and accurate health information to the public so they can understand health risks and make healthy and safe choices.
- The Center for Health Systems Policy and Planning is responsible for preventing unnecessary duplication in the healthcare system, including medical services, facilities, and equipment. The Center reviews applications for licensure, changes in ownership and control of healthcare facilities, and hospital conversions. The Center includes the Office of Primary Care and Rural Health, which administers the State Health Professionals Loan Repayment Program.
- The Center for Vital Records is responsible for the administration, statutory compliance, and regulatory promulgation of Rhode Island's vital records system of births, marriages, and deaths,

including fetal deaths. Vital Records is accountable for collecting timely and quality field-level data that will be analyzed and disseminated to many local, state, and federal agencies.

**The Division of Emergency Preparedness and Infectious Disease (EPID)** is responsible for creating and promoting a state of readiness and prompt response to protect the health of Rhode Islanders during catastrophic events, large-scale disasters, and other types of emergencies and controlling person-to-person spread of infectious diseases. EPID includes four Centers:

- The Center for Acute Infectious Disease Epidemiology is responsible for the detection, control, and prevention of infectious diseases of public health significance. The Center conducts surveillance and investigates a wide array of reportable diseases; collects, analyzes, and distributes information about infectious diseases; and investigates and responds to disease cases and outbreaks to minimize the impact of infectious diseases on the health and economy of the state.
  - The Center for HIV, Hepatitis, STD, and TB Epidemiology conducts surveillance, disease investigations, and contact tracing for HIV, sexually transmitted diseases, and tuberculosis to ensure all potential contacts are screened and treated. The Center oversees efforts to prevent and control Hepatitis C infection, including the community-based needle exchange program.
  - The Center for Emergency Preparedness and Response (CEPR) coordinates emergency preparedness and response activities, including planning, education, assessment, and support services among public health providers, private medical providers, public safety agencies, and government officials.
  - The Center for COVID-19 Epidemiology’s mission is to reduce the spread, severity, and burden of COVID-19 in Rhode Island. The Center connects Rhode Islanders with the services and supports needed to prevent, detect, and treat COVID-19; encourages all Rhode Islanders to stay up to date with their COVID-19 vaccinations; monitors and responds to the spread of COVID-19 in Rhode Island communities; advises Rhode Islanders and special populations on the best mitigation practices based on current community levels; and maintains covid.ri.gov with the latest guidance and resources.
- **Integrated Population Health Plan: Leading Priorities, Strategies, and Population Health Goals**

Population health is often defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group, as measured by health status indicators.<sup>1</sup> Population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social and environmental factors, and the distribution of disparities within the population. Focusing on population health provides an opportunity in Rhode Island for healthcare delivery systems, State agencies, community-based organizations, and others to work together to improve health outcomes in the communities we serve.

As the lead agency responsible for the health of the population, RIDOH’s mission is to “protect and promote the health and safety of all Rhode Islanders.” RIDOH used *Healthy People 2030* as a guide and framework to establish population health goals and metrics that have allowed RIDOH to measure and monitor how well Rhode Island is doing. Success in achieving improvements in population health requires a strong partnership with the community, including payers, providers, community-based agencies, and consumers.

RIDOH worked with its key partners involved in the State Innovation Model (SIM) initiative and was able to incorporate the goals of all other Executive Office of Health and Human Services (EOHHS) agencies, the Office of the Health Insurance Commissioner (OHIC), and HealthSourceRhode

Island (HSRI), into existing RIDOH population health goals. The result was a coordinated statewide plan to improve population health. The *Integrated Population Health Plan* included the Department's three leading priorities, five strategies, and 23 population health goals. (See Figure 1 for the performance measurement framework.)

**Figure 1:** *Performance Measurements Framework*



<sup>1</sup> Adapted from Kindig D, Stoddart G. "What is population health?". *American Journal of Public Health*. 2003. 93(3):380-383.



## Three Leading Priorities

### ***Address the socioeconomic and environmental determinants of health in Rhode Island.***

Achieving and maintaining good health is more likely when people are part of communities, schools, worksites, childcare provider sites, healthcare systems, and environments that promote health and healthy choices. Creating healthier, equitable places must be done by multiple organizations and community members working together.

***Eliminate the disparities of health in Rhode Island and promote health equity.*** The poorer health status experienced by vulnerable populations (e.g., racial and ethnic minorities, people with disabilities, and people with low socioeconomic status) includes higher mortality and poor overall health (measured by incidences of chronic and infectious diseases), maternal and child health indicators, and behavioral risk factors. RIDOH must continue to focus on eliminating unacceptable differences in health outcomes and assuring that every Rhode Islander can achieve an optimal level of health.

***Ensure access to quality health services for Rhode Islanders, including our vulnerable populations.*** Disparities in access to medical care and resources continue to be a part of everyday life, and our most vulnerable populations (mothers, children, older adults) deserve a healthcare system that is responsive to their needs. RIDOH will continue its work monitoring the comprehensiveness, continuity, and quality of the healthcare system; the adequacy of health networks and safety net infrastructure; and alignment with the overall healthcare reform efforts in our state, specifically, Medicaid reform.

## Five Strategies to Move RIDOH Forward

With the three leading priorities as the framework, RIDOH senior leadership identified five strategies that will support the successful implementation of the priorities, the core set of population health goals, and the metrics within each strategy. RIDOH will continue reflecting on these elements in the future, while also tracking a variety of additional population health goals and key metrics for all of its programs.

### ***Promote healthy living through all stages of life.***

Health trajectories develop over a lifetime and are impacted by what happens during the critical periods (e.g., preconception, birth, early years, adolescence, pregnancy, adulthood, and older adult years) in which individuals are more vulnerable. Understanding how this occurs should guide new approaches to policy, research, and appropriate health interventions that focus on promoting healthy living and assuring healthy development.

### ***Ensure access to safe food, water, and quality environments in all communities.***

Access to affordable, quality, nutritious food; safe water; affordable, healthy housing; and healthy schools, workplaces, and communities is key to achieving good population health outcomes.

### ***Promote a comprehensive health system that a person can navigate, access, and afford.***

Community-clinical linkages are key to assuring continuity of care within a health system that is comprehensive, coordinated, easy to navigate, and affordable, and that improves health outcomes.

### ***Prevent, investigate, control, and eliminate health hazards and emergent threats.***

Public health infrastructure must be capable of preventing, controlling, and eliminating health hazards and responding to emerging public health issues and threats.

### ***Analyze and communicate data to improve the public's health.***

Information systems are an essential public health tool as they provide timely, reliable, validated data to guide and inform public health decisions and innovation.

### **Population Health Goals, Corresponding Key Metrics, and Action Plan Key Activities**

The following are the current integrated Population Health Goals (PHG) that include the goals RIDOH has been tracking and accountable for (a subset of these have been included as budget measures) as well as the goals the State is putting forward as necessary to achieve improved population health outcomes, including behavioral health and mental health.

In addition, to the 23 PHGs, RIDOH has 11 performance measures that are linked with the strategic budget and submitted to the Office of Management and Budget (OMB). OMB submits these measures as a part of the State’s annual budget submission process each year. These 11 performance measures have been incorporated into the *Rhode Island State Health Improvement Plan* within the associated PHGs and are tracked and updated annually. The continued relevance of each measure is determined based on progress toward achieving the measure and current priorities.

#### ***Performance Measures Submitted to OMB in 2023 (also incorporated in PHGs listed below)***

<b>Population Health Goal and Metric number</b>	<b>OMB Performance Measure</b>
7.3	For food establishments with unsatisfactory and continued unsatisfactory findings, reinspection is conducted within 10 business days more than 80% of the time.
8.1	Proportion of drinking water suppliers that have not received any violations in the past year based on a five-year moving average
9.3	Proportion of Rhode Island children who have received at least one blood lead screening by 12 months
12.6	Proportion of medical marijuana licenses issued with statutory timeline (35 days from receipt of application)
14.1	Percentage of survey respondents that have made, or intend to make, changes within the next 60 days to policies and practices to support compliance with CLAS standards
16.4	Number of new cases of HIV diagnosed in Rhode Island
16.5	The proportion of eligible, high-risk rabies cases that are referred for vaccination within five days of receipt of report
16.6	Rate of the total number of patients admitted to an adult or pediatric inpatient bed each day per 100,000 population with a lab-confirmed COVID-19 test result
17.4	Number of naloxone kits distributed by community-based agencies and through first responder leave-behind programs
17.4	Percentage of non-fatal overdose results reported within two weeks for specimens received by RIDOH
17.4	Percentage of overdoses that result in fatality

**RIDOH Population Health Goals (PHGs), which include OMB Performance Measures**

***PHG 1: Reduce the burden of obesity in Rhode Island children, adolescents, and adults.***

<b>Number</b>	<b>Key Metrics</b>	<b>Data source</b>
1.1	Reduce the proportion of Rhode Island adults who are obese.	Rhode Island Behavioral Risk Factor Surveillance System (BRFSS)
1.2	Reduce the proportion of Rhode Island high school students who are obese.	Rhode Island Youth Risk Behavior Survey (YRBS)
1.3	Increase the proportion of Rhode Island adults participating in physical activities in the past month.	BRFSS

***PHG 2: Reduce the burden of chronic illness, such as diabetes, heart disease, asthma, and stroke in the Rhode Island population.***

<b>Number</b>	<b>Key Metrics</b>	<b>Data source</b>
2.1	Increase the proportion of people with diabetes who have an A1c value lower than 8%.	RIDOH Diabetes Program
2.2	Increase the percentage of people with prediabetes/at high risk for diabetes who are trying to lose weight.	RIDOH Diabetes Program
2.3	Reduce the overall cancer death rate for Rhode Islanders per 100,000 population.	National Vital Statistics System, CDC

***PHG 3: Promote the health of mothers and their children.***

<b>Number</b>	<b>Key Metrics</b>	<b>Data source</b>
3.1	Reduce the proportion of children, age three to five, with dental caries in their primary teeth.	National Survey of Children's Health
3.2	Increase, by 10% from baseline, or achieve a minimum rate of 85%, the number of infants that completed a diagnostic audiological evaluation no later than three months.	RIDOH Newborn Screening Program
3.3	Increase the proportion of children in participating primary care practices who receive regular, standardized developmental screening.	RIDOH Center for Perinatal and Early Childhood Health
3.4	Increase the proportion of eligible pregnant women and newborns receiving evidence-based home visiting services.	RIDOH Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

**PHG 4: Promote older adult health to support independent living.**

Number	Key Metrics	Data source
4.1	Reduce the rate of emergency department (ED) visits due to falls among Rhode Island adults age 65 or older.	ED visit data
4.2	Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities.	National Health Interview Survey

**PHG 5: Promote behavioral health and wellness among all Rhode Islanders.\***

*\*RIDOH was not the lead agency and as a result, the PHG is unable to be reported.*

**PHG 6: Support Rhode Islanders in ongoing recovery and rehabilitation in all aspects of health.\***

*\*RIDOH was not the lead agency and as a result, the PHG is unable to be reported.*

**PHG 7: Increase access to safe, affordable, and healthy foods.**

Number	Key Metrics	Data source
7.1	Decrease the rate of salmonella cases.	RIDOH Center for Acute Infectious Disease and Epidemiology
7.2	Reduce Rhode Island household food insecurity, and in doing so, reduce hunger.	Population Survey-Food Security Supplement, US Census Bureau
7.3	Reduce the frequency of food establishments with critical violations.	RIDOH Center for Food Protection

**PHG 8: Increase compliance with health standards for recreational and drinking water supplies.**

Number	Key Metrics	Data source
8.1	Increase the proportion of the population served by public water systems in full compliance.	Center for Drinking Water Quality
8.2	Increase the proportion of days that beaches are open and safe for swimming.	EPA Beaches Environmental Assessment

**PHG 9: Reduce the burden of environmental toxic substances in Rhode Island, such as tobacco and lead.**

Number	Key Metrics	Data source
9.1	Reduce cigarette smoking by Rhode Island adults.	BRFSS
9.2	Reduce the proportion of Rhode Island children, age 3-11, exposed to secondhand smoke.	National Health and Nutrition Examination Survey (NHANES)
9.3	Reduce the statewide incidence of childhood lead poisoning in Rhode Island children.	RIDOH Childhood Lead Poisoning Prevention Program

**PHG 10: Improve the availability of affordable, healthy housing and safe living conditions.\***

*\*RIDOH was not the lead agency and as a result, the PHG is unable to be reported.*

**PHG 11: Improve access to care, including oral, physical, and behavioral health systems.**

Number	Key Metrics	Data source
11.1	Reduce the proportion of Rhode Islanders who are unable to obtain medical care due to cost.	BRFSS
11.2	Increase the proportion of children, adolescents, and adults who used the oral healthcare system in the past year.	Medical Expenditure Panel Survey
11.3	Double the number of Rhode Island children with special needs (up to age 18) who participate in enhanced medical home practices.	Pediatric Practice Enhancement Project (PPEP)
11.4	Increase the percentage of healthcare personnel who are vaccinated annually against seasonal influenza.	RIDOH Immunization Program
11.5	Reduce the suicide rate in Rhode Island.	National Vital Statistics System

**PHG 12: Improve healthcare licensing and complaint investigations processes.**

Number	Key Metrics	Data source
12.1	Reduce the average number of days to grant a nursing license.	RIDOH Division of Healthcare Safety and Quality
12.2	Reduce the average number of days to grant a certified nursing assistant (CNA) license.	RIDOH Division of Healthcare Safety and Quality
12.3	Reduce the average number of days to grant a pharmacist license.	RIDOH Division of Healthcare Safety and Quality
12.4	Reduce the average number of days to grant a dentistry license.	RIDOH Division of Healthcare Safety and Quality
12.5	Reduce the average number of days to grant a physician license.	RIDOH Division of Healthcare Safety and Quality
12.6	Reduce the average number of days to grant a medical marijuana registration card.	RIDOH Division of Healthcare Safety and Quality

**PHG 13: Expand models of care delivery and healthcare payment focused on improved outcomes.\***

*\*RIDOH was not the lead agency and as a result, the PHG is unable to be reported.*

**PHG 14: Build a well-trained, culturally competent, and diverse health system workforce to meet Rhode Island's needs.**

Number	Key Metrics	Data source
14.1	Percentage of survey respondents that have made, or intend to make, changes within the next 60 days to policies and practices to support compliance with CLAS standards.	RIDOH Health Equity Institute (HEI)

**PHG 15: Increase patients' and caregivers' engagement with the care system.\***

*\*RIDOH was not the lead agency and as a result, the PHG is unable to be reported.*

**PHG 16: Reduce the burden of communicable diseases, like HIV and Hepatitis C, in Rhode Island.**

Number	Key Metrics	Data source
16.1	Increase the proportion of Rhode Islanders living with HIV who know their serostatus.	National HIV Surveillance System
16.2	Increase the proportion of people living with HIV who are engaged in medical care.	National HIV Surveillance System
16.3	Increase the proportion of people living with HIV who have an undetectable viral load.	National HIV Surveillance System
16.4	Newly diagnosed HIV cases	National HIV Surveillance System
16.5	Timely rabies vaccination referrals	RI-NEDSS
16.6	New COVID-19 hospital admissions per 100,000 people	RIDOH, Rhode Island COVID-19 Hospitalization Data Set

**PHG 17: Reduce substance use disorders in Rhode Island.**

Number	Key Metrics	Data source
17.1	Reduce the proportion of adults reporting use of an illicit drug in the past 30 days.	National Survey of Drug Use and Health
17.2	Reduce the proportion of high school students reporting use of marijuana during the past 30 days.	YRBS
17.3	Reduce the proportion of high school students who report they ever used prescription drugs (e.g., OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription.	YRBS
17.4	Reduce the number of drug overdose deaths annually.	State Medical Examiners

**PHG 18: Increase capacity of emergency response and prevention in community settings.**

Number	Key Metrics	Data source
18.1	Reduce stroke deaths.	RIDOH's Center for Vital Records
18.2	Increase the proportion of adults, age 20 or older, who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9-1-1 or another emergency number.	National Health Interview Survey
18.3	Increase Rhode Island's Hospital Pediatric Emergency Readiness score to above the national median.	Pediatric Readiness Survey

**PHG 19: Minimize exposure to traumatic experiences, such as bullying, violence, and neglect.\***

\*RIDOH was not the lead agency and as a result, the PHG is unable to be reported.

**PHG 20: Ensure that quality public health data are collected consistently using current technology.**

Number	Key Metrics	Data source
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20.1	Increase the total number of data submitters who submit data at least annually.	KIDSNET
20.2	Maintain or exceed representativeness of PRAMS respondents.	PRAMS
20.3	Maintain or exceed complete responses to the BRFSS responses to the BRFSS survey.	BRFSS

***PHG 21. Analyze public health data to monitor trends, identify emerging problems, and determine populations at risk.***

Number	Key Metrics	Data source
21.1	Reduce overdose deaths in Rhode Island by 15% by 2026 (from 2021 baseline).	RIDOH, Office of State Medical Examiners

***PHG 22. Provide public health data to support program planning, policy development, and surveillance needs.***

Number	Key Metrics	Data source
22.1	Number of hits to RIDOH data web pages.	RIDOH website
22.2	Number and percent of legislative letters that include data.	RIDOH Office of Policy, Planning, and Strategy

***PHG 23. Improve health literacy among Rhode Islanders.***

Number	Key Metrics	Data source
23.1	COVID-19 press release readability score using Natural Language Processing (NLP) techniques	RIDOH, Center for Public Health Communication

## **Key Challenges and Opportunities in Coming Years**

RIDOH has identified the following significant issues facing Rhode Island during the upcoming months and years that will call for interdisciplinary, interagency, public-private partnerships, and planning:

- The drug overdose epidemic;
- A renewed focus on the more vulnerable populations in our State: mothers and children, older adults, and people with disabilities;
- A renewed commitment to address health disparities based on race and ethnicity, age, gender, sexual orientation, disability status, socioeconomic status, and geographic location;
- A renewed commitment to a place-based approach of the Health Equity Zone (HEZ) initiative;
- Climate changes, which are impacting the public's health through weather-related illness and death, vector-borne diseases (Eastern Equine Encephalitis and West Nile Virus), infectious diseases, and northern migration of warm-weather contaminants in drinking water, including unregulated chemicals and organisms;
- Healthcare institutions (nursing homes, assisted living residences, and other critical community institutions), which are challenged by financial conditions, quality care issues, new statutory requirements, and an increasing older adult population;
- Sustaining successes in chronic disease management (e.g., tobacco control with ever-shrinking funding) while responding to the increased prevalence of certain chronic diseases (e.g., diabetes);
- Continuing success with routine childhood and adult immunizations and influenza vaccine, which requires constant adaptation and innovation;
- Health reform activities in the State, which are creating the opportunity to think differently about how we provide primary care, preventive services, and long-term care (more patient-centered and community-based) and how we pay for those services to include a focus on the whole health system (e.g., community health workers);
- Changes to the method of payment for healthcare services to promote better outcomes, health promotion, and prevention, which can lower healthcare costs and can include community health workers, health coaches, and community-based services;
- Restructuring of the healthcare delivery system (hospitals and practitioners) to focus on primary care, prevention, and population-health outcomes;
- Health Information Technology (electronic medical records and exchange of medical information between providers);
- Emerging contaminants in drinking water sources (lead, PFAS, etc.) impacting the availability of safe drinking water;
- Food safety (increasing the number and breadth of food recalls; linking foodborne illness to food preparation in restaurants, caterers, and producers more easily and quickly);
- Responding to emerging infectious diseases; and
- Public health workforce recruitment; competition for candidates; and retention of staff with requisite skills, knowledge, and abilities.

RIDOH continually strives to improve public health. As we look ahead, we will strive to:



- Measure the return on investment for key RIDOH initiatives, including those related to health equity;
- Utilize RIDOH Continuous Quality Improvement projects to advance performance management;
- Partner with the OMB Office of Performance Management to use precise evaluation metrics to hold RIDOH accountable; and
- Use the RIDOH Academic Institute as the mechanism to strengthen the workforce and develop innovative solutions for all communities to thrive.

We are confident that with this Plan, we will be successful in achieving our vision of all people in Rhode Island having the opportunity to live a safe and healthy life in a safe and healthy community, and positively demonstrate to Rhode Islanders the purpose and importance of public health. The implementation of the RIDOH Strategic Plan is an ongoing activity and assessing the health needs and putting in place policies and programs to address those needs are the essence of RIDOH's mission. Assessments and improvements take place at all levels of the department; this document contains the framework for RIDOH to achieve its vision of all people in Rhode Island having the opportunity to live a safe and healthy life in a safe and healthy community. The framework for this work stems from the goals of Healthy People 2030 and the guidance of the Public Health Accreditation Board (PHAB).