



Rhode Island Department of Health Strategic Plan Revised September 15, 2022

This revised version of the Rhode Island Department of Health (RIDOH)'s Strategic Plan includes technical updates. As RIDOH transitions into its new normal for continuing operations, COVID-19 has highlighted long-standing challenges facing all states and State agencies, including RIDOH, in meeting residents' health, behavioral health, education, employment, and affordable housing needs. RIDOH is working to build on the lessons learned in the past two years as we responded to the pandemic to ensure that, as a Department, RIDOH has the resources, tools, and support to execute, with excellence, on its mission, vision, and values.

This process will also serve RIDOH's needs to respond to any emerging public health threats, such as monkeypox, which the White House recently declared to be a public health emergency. At the completion of a strategic planning process that will take place during FY24, RIDOH will execute a new Strategic Plan based on the outcomes of this process. The process will be closely aligned with RIDOH's plans to pursue reaccreditation by the Public Health Accreditation Board. In the meantime, technical updates to RIDOH's current Strategic Plan needed to be made.

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

1. Streamline and improve coordination across 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.

RIDOH will embark on a process to address and improve the Department'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 community health needs assessment, State health improvement plan, performance management system and performance measures, strategic plan, and continuous quality improvement program. As a part of this process, RIDOH will prepare an updated Strategic Plan, which will include an updated vision, mission statement, and values. The updated information will retain the goals 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”, RIDOH has developed a Strategic Plan that has redefined how it functions and engages with other State agencies and community partners. This RIDOH Strategic Plan focuses on:

A. Achieving health equity and transforming the health system – This Strategic Plan recognizes that while, for the past decade, RIDOH has made strides in achieving the *Healthy People 2020* goals, disparities persist, and for the first time in modern years, the next generation has a decreased life expectancy. RIDOH supported the implementation of a health equity and health system transformation framework that included the:

- Development of *State of RI 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
- Development of a Community Health Worker initiative led by RIDOH’s Division of Community Health and Equity and Health Equity Institute.

B. Addressing the epidemic of drug overdose death – This is one of RIDOH’s 23 population health goals and among the Governor’s priorities. In 2017, Governor Gina Raimondo signed an Executive Order that enhanced the existing strategies of the Task Force’s Action Plan that focuses on:

- Prevention: improve patient safety and better monitor opioid use;
- Rescue: ensure access to naloxone;
- Treatment: expand the quality and availability of medication-assisted treatment; and
- Recovery: expand access to peer-recovery services.

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 implemented a *Customer Service Improvement Strategy* in its areas of Professional Licensing and Boards; Food Protection; and Drinking Water Quality.

This focused approach fostered the transformation of the health system in Rhode Island and the 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 COVID-19 Unit.

RIDOH's **Central Management** structure provides leadership, administrative, and programmatic oversight to the various programs and operations of RIDOH. Central Management encompasses two sub-programs, Executive Functions and Management Services. The Executive Functions includes the Office of the Director, the RIDOH Academic Institute, and the Health Equity Institute. Management Services provides administrative services and support for the department including budget, finance, purchasing, human resources, and information systems.

The Director and the leadership team provide overall direction to the Department, coordinate operations across program lines to carry out statutory mandates, provide legal services that support the enforcement of health laws and regulations, and provide community and legislative liaison services.

The **Division of Policy, Information, and Communications** supports the Department's efforts in the areas of policy, communications, data, and regulations. The Division is organized into three centers:

- The Center for Public Health Communication is responsible for the creation, coordination, and dissemination of all public health communications to internal and external stakeholders.
- The Center for Health Data and Analysis and Public Health Informatics is responsible for data collection, review, analysis, and dissemination to stakeholders, including State policy and decision-makers, federal healthcare agencies, healthcare providers, state and local government agencies, and public constituents.
- The Center for Health Systems Policy and Regulations is responsible for ensuring access to care and ensuring that Rhode Island standards of care and treatment are maintained when new healthcare facilities seek to become licensed or when existing healthcare facilities significantly modify the provision of services or redefine ownership. The Center also includes the Office of Primary Care and Rural Health and the Office of Health Regulations.

The **Division of State Health Laboratories and Medical Examiners** provides quality analytical and technical information in support of State and national disease prevention and control, environmental health programs, and the criminal justice system. The Division includes five centers: Center for Environmental Sciences; Center for Forensic Sciences; Center for Biological Sciences; Center for Clinical Toxicology and Laboratory Support Services; and Center for the Office of State Medical Examiners.

- The State Health Laboratories provide services to State and municipal agencies, healthcare providers, and individuals in support of public health and safety goals. The objective of the laboratory programs is to provide accurate, timely, and effective services for public health, environmental protection, and forensic science purposes. State and municipal agencies, in their roles as law enforcers, regulators, and healthcare providers, use the information from the laboratories to save lives and prevent illness. This is accomplished through early detection and identification of infectious diseases, including COVID-19 testing, identification and measurement of environmental contaminants, and characterization of evidence collected at crime scenes.
- 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 which may constitute the threat of an epidemic or in any way endanger the public's health.

The **Division of Preparedness, Response, Infectious Disease, and Emergency Medical Services** leads RIDOH's response to outbreak investigations and is responsible for the prevention and control of infectious diseases and other emergency responses. It includes the following centers:

- The Center for Acute Infectious Disease Epidemiology conducts surveillance, clinical case review, and disease investigation for 86 reportable infectious diseases of public health significance (e.g., bacterial meningitis, foodborne diseases/outbreaks such as salmonella and acute viral Hepatitis A, potential agents of bioterrorism such as Anthrax, and vector-borne diseases such as Zika Virus, Lyme disease, Hantavirus, Eastern Equine Encephalitis (EEE), and West Nile Virus (WNV)). Diseases reported by providers are risk assessed, case managed, investigated, tracked, and controlled at the State level and reported to the Centers for Disease Control and Prevention (CDC).
- The Center for HIV, Hepatitis, STD, and TB Epidemiology conducts surveillance, disease investigations, and contact tracing for HIV, STDs (infectious syphilis, gonorrhea, and chlamydia), and tuberculosis (TB) to ensure all potential contacts are screened and treated. This Center oversees efforts to prevent and control Hepatitis C infection, which includes the community-based needle exchange (ENCORE) program.
- The Center for Emergency Preparedness and Response is dedicated to creating and promoting a state of readiness and prompt response to protect the health of Rhode Islanders during catastrophic events (natural and man-made), large-scale disasters, and public health emergencies. The Center coordinates planning, response, education, assessment, and support services involving public health providers, private medical providers, public safety agencies, and government officials.
- The Center for Emergency Medical Services (EMS) provides licensing, regulation, and oversight for approximately 82 ambulance services, 550 ambulances, and 4,100 emergency medical service practitioners. The Center fosters programs that benefit EMS practitioners and those they serve.

The **Division of Community Health and Equity** aims to achieve health equity for all populations by eliminating health disparities, assuring healthy child development, preventing and controlling disease and disability, and working to make communities healthy. The following five Centers represent priority areas that promote synergy, collaboration, integration, and coordination among the Division's programs:

- The Center for Chronic Care and Disease Management uses an integrated systems approach to reduce the incidence, burden, and associated risk factors related to arthritis, diabetes, comprehensive cancer, heart disease, and stroke to improve health outcomes.
- The Center for Health Promotion and Wellness is committed to promoting the health and well-being of all Rhode Islanders by changing social, political, and physical environments to support healthy lifestyles. The Center focuses on tobacco control, drug overdose prevention, and violence and injury prevention.
- The Center for Perinatal and Early Childhood Health strengthens healthy birth outcomes by supporting healthy pregnancies; providing early screening, detection, and treatment for potentially life-threatening conditions; supporting positive early childhood development and school readiness; and supporting preparation for healthy, productive adulthood by providing and assuring mothers and children access to quality maternal and child health services.

- The Center for Preventive Services improves the quality of preventive care and community services through immunization, oral health, Title X/family planning, asthma, adolescent health, and school health services. This is achieved by increasing access to, and availability of, care and services for vulnerable populations by diminishing ethnic/racial health disparities, providing performance standards, enhancing community partnerships, and applying evidence-based programming.
- 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. The focus is on key areas including 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 all licensure and regulatory activities relating to environmental health and healthy homes at RIDOH. RIDOH's regulatory authority can be categorized in two broad areas. The first area is the regulation and oversight of key population-based activities related, primarily, to the environmental concerns of safe food and potable water. The second area is regulatory activities relating to healthy homes, specifically in the areas of lead, asbestos, radon, and the promotion of workplace safety and health.

- 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 safety of public pools and spas through implementation of State law and regulations.
- 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 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 is responsible for the Climate Change Program that aims to prepare the State for the human health effects related to climate change and create a healthy, sustainable, and resilient future for all Rhode Islanders. 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 increase 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 Customer Services**, as its name indicates, highlights RIDOH's priority of providing the best customer services at all times, focusing on the areas of professional licensing, licensing healthcare facilities, and the provision of vital public health data/documents. With respect to healthcare services, quality assurance is a prerequisite for protecting the health and safety of the people of Rhode Island. Regulatory approaches will remain as the foundation for quality assurance among healthcare facilities, professions, and services in Rhode Island. To assure that minimum standards are met in the provision of these services, the division licenses, investigates, and disciplines, when appropriate, healthcare professionals and healthcare and related facilities.

Additionally, complaints from any source are investigated and, if substantiated, appropriate compliance

action is initiated. The Division includes three centers:

- The Center for Professional Licensing and Professional Boards and Commissions is responsible for the licensing of healthcare professionals and the oversight of the Medical Marijuana Program; and charged with investigation, discipline, and administrative and regulatory functions of more than 94,198 professionals, spanning 39 professions, to ensure the highest quality healthcare.
- The Center for Health Facilities Regulations is charged with the oversight, monitoring, inspection, and complaint investigation of all licensed healthcare facilities, including hospitals, nursing homes, other long-term care facilities, and radiological health facilities.
- The Center for Vital Records is responsible for the collection, analysis, and public dissemination of vital public health data and documents.

Cross-Sectional Centers

A key feature of RIDOH's organizational structure is three cross-sectional centers – the Academic Institute, the Health Equity Institute, and the COVID-19 Unit.

The **COVID-19 Unit's** mission is to address the public health aspects of RIDOH's COVID-19 response: providing and reinforcing public health guidance appropriate to each stage of the pandemic, tracking and minimizing the spread of the disease, and promoting equity throughout the response. The COVID-19 Unit, in collaboration with other units at RIDOH and other State agencies, fulfills this mission through the following teams:

- The Epidemiological Operations Team conducts case investigation and contact tracing, manages the RIDOH COVID-19 hotline, and supports quarantine and isolation needs.
- The Testing Team supports statewide COVID-19 testing for symptomatic individuals, asymptomatic individuals, and specific populations (e.g., congregate care settings, K-12 settings).
- The Community Mitigation Team provides the most up-to-date public health recommendations for limiting the spread of COVID-19.
- The Vaccination Team is responsible for the planning and administration of COVID-19 vaccines.
- The Treatment Team works with partners to assure treatment capacity exists for those who need it.
- The Community Outreach and Reinforcement Team reinforces public health guidance through outreach, mask distribution, education, and technical assistance.
- The Healthcare Coordination and Response Team prepares for, and responds to, surge scenarios related to COVID-19 in conjunction with healthcare partners.
- The High-Density Communities Team provides support to high-density communities in Rhode Island, including Providence, Pawtucket, and Central Falls, and ensures equity is considered in each aspect of its COVID-19 response.
- The Data Analytics Team tracks and analyzes data related to COVID-19, including tests, cases, treatment, hospitalizations, and deaths. This team also develops predictive models, which allow

the state to plan based on disease forecasts.

- The Communications Team ensures delivery of critical messaging across a variety of audiences and media platforms so that Rhode Islanders are equipped with the information they need to make appropriate health decisions.

The **Academic Institute's** mission is to strengthen the integration of scholarly activities with public health practice by instilling a culture of learning and innovative problem solving along with continuous quality improvement. It includes the following programs:

- Public Health Education Exchange: RIDOH has been designated as an Academic Health Department and has signed academic memorandums of understanding with Brown University School of Public Health, the Community College of Rhode Island, Johnson & Wales University, Rhode Island College, and the University of Rhode Island, with others planned.
- Workforce and Career Development Network: Identifies and makes available to all staff core public health courses; develops and implements a new employee onboarding program; and provides career planning opportunities that meet the needs of the agency, support a diverse workforce, and develop individuals to become public health leaders.
- Public Health Accreditation and Reaccreditation: Advances and transform public health practice by championing performance improvement, strong infrastructure, and innovation. RIDOH's initial accreditation demonstrated RIDOH's capacity to carry out the 10 Essential Public Health Services, manage an effective health department, and maintain strong and effective communications with the governing entity. Reaccreditation focuses on continued improvement and advancement.
- Continuous Quality Improvement (CQI) Program: As one of the required components for maintaining accreditation, RIDOH is striving to create a culture of ongoing quality improvement. RIDOH staff have been trained in CQI, and RIDOH programs have completed several CQI projects annually.

The **Health Equity Institute** was established in April 2016 to operationalize an equity framework within RIDOH, across sister agencies, and with our community partners. The Health Equity Institute continuously assesses, builds, maintains, and supports cross-departmental, inter-agency, multi-sector initiatives to effectuate change that advances health and racial equity, and ensures every Rhode Islander has a fair and just opportunity to reach their full potential. The Health Equity Institute prioritizes:

- Advancing policy initiatives that dismantle the root causes of racial inequity, and other discrimination.
- Rebuilding equitable health, economic, and social systems to support thriving families and communities.
- Identifying and eliminating factors that exacerbate health disparities experienced by populations in Rhode Island, such as low income, racially, and ethnically diverse populations; people with disabilities/special needs; refugees; people with limited English proficiency; and the LGBTQIA+ community.
- Providing leadership, strategic planning, and technical assistance to cross-departmental initiatives related to equity, such as the Commission for Health Equity and Advocacy, the RIDOH Sexual Orientation and Gender Identity (SOGI) Equity Work Group, and the RIDOH Housing Work Group.
- Informing and investing in the transformation of public health data systems to advance health equity.

- Engaging and empowering stakeholders in determining their community’s needs, opportunities, and equity investments, such as the Health Equity Zone (HEZ) initiative
- **Integrated Population Health Plan: New 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.¹ 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 2020* as a guide and framework to establish population health goals and metrics that has 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. For each population health goal, key metrics and action plan initiatives were developed and continue to be coordinated, aligned, and monitored on an ongoing basis through monthly performance management meetings and a dashboard. (See Figure 1 for the performance measurement framework.)

Figure 1: Performance Measurements Framework



¹ 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, child care 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 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, seniors) 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 is likely to continue reflecting on these elements in the future, while also recognizing that RIDOH will continue to track 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 senior 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.

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

Number	Key Metrics	Data source
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.

Number	Key Metrics	Data source
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.

Number	Key Metrics	Data source
3.1	Reduce the proportion of children, age three to five, with dental caries in their primary teeth.	National Health and Nutrition Examination Survey (NHANES)
3.2	Increase/maintain the proportion of screen-positive children who receive follow-up testing within the recommended time period.	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, 2015
3.4	Increase 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 senior 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.*

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

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 Food Protection
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.	NHANES
9.3	Reduce the statewide incidence of childhood lead poisoning in Rhode Island children, age one to five.	RIDOH Childhood Lead Poisoning Prevention Program
9.4	Increase the number of schools and high-priority building National Emissions Standards for Hazardous Air Pollutants inspections.	RIDOH LESS Database

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

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 Customer Services (CS)
12.2	Reduce the average number of days to grant a certified nursing assistant (CNA) license.	RIDOH Division of CS
12.3	Reduce the average number of days to grant a pharmacist license.	RIDOH Division of CS
12.4	Reduce the average number of days to grant a dentistry license.	RIDOH Division of CS
12.5	Reduce the average number of days to grant a physician license.	RIDOH Division of CS
12.6	Reduce the average number of days to grant a medical marijuana registration card.	RIDOH Division of CS

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

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

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

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 that have an undetectable viral load.	National HIV Surveillance System
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PHG 17: Reduce substance use disorders in Rhode Island.

Number	Key Metrics	Data source
17.1	Reduce the proportion of adults reporting use of any illicit drug during 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.*

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

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

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

PHG 23. Improve health literacy among Rhode Islanders.*

**Key metrics for these population health goals will be developed in the upcoming months.*

Key Challenges and Opportunities in Coming Years

RIDOH has identified the following significant issues facing Rhode Island during the upcoming months/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, seniors, 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 and expansion of the Health Equity Zone initiative, which will require the establishment of new partnerships that align funding and priorities with key internal and external partners and stakeholders from both public and private sectors (EOHHS, housing, corrections, education, transportation, State and local planning, hospitals);
- Climate changes, which are impacting the public's health through weather-related illness and death, vector-borne diseases (e.g. 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 elderly population;
- Sustaining the success 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 our 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 (pharmaceuticals, heavy metals) impact 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 ability.

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

- Measure return on investment for key RIDOH initiatives, including those related to health equity;
- Utilize RIDOH Lean Improvement Projects to advance performance management;
- Partner with the Office of Management and Budget (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 for Rhode Islanders the purpose and importance of public health.