REGION 5

Needs Assessment & Strategic Plan Addendum

East Bay Regional Coalition
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INTRODUCTION

This addendum is an expansion of the East Bay Region 5 Needs Assessment and the Region 5 Strategic Plan approved December 2022. Funding for the current report came to Region 5 (R5) through the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) under the state's Opioid Stewardship funding. The specific goals of the East Bay R5 expansion project included updates to the student data with latest release of the Rhode Island Student Survey (RISS), conduct a senior survey, and conduct interviews with individuals who work the senior population in each of the region's four communities. Following completion of the needs assessment component the overarching project goals were two: 1) determine whether any changes need to be made to our strategic plan for youth based on the new data, and 2) identify strategies for working with the senior population in our region based on the findings from our senior survey and interviews. A brief literature review of senior needs and best practices was also conducted to help inform the decision-making process for working with seniors.

METHODS

RISS Data Update

The Datacorp Needs Assessment team, with the Region 5 co-coordinator, requested the updated RISS survey data from BHDDH by completing BHDDH's official data request form. Upon receipt of the data, the Datacorp data manager assessed the data to ensure data quality. The result of this data quality assessment determined that we were missing data for high school seniors. As a result of this missing data, we were not able to look at data across grades and communities. Thus, we presented data by grade and community wherever possible to make the lack of senior data visible and to avoid making erroneous planning decisions based on skewed data.

Senior Survey

R5 opted to construct a senior survey of need based on a preexisting survey the town of Barrington had conducted along with a selection of items from the Region 3 Senior Survey. Where needed modifications were made to the R3 Senior Survey items to make them appropriate for this needs assessment. There were also a few new items added to the survey based on a brief literature review and knowledge of the region's growing senior population. The end result was a survey with 21 items (See Appendix A).

The senior survey was launched September 27, 2022, and closed November 28, 2022. The survey was posted on town websites, in town social media, was distributed to senior centers, senior serving organizations, and at local events to name a few. The complete list of survey administration sites is presented by community in Appendix B.

The survey was launched on a Tuesday following best practices for electronic surveys and reminders were prepared and delivered regularly while the survey was open. The evaluation team provided regular updates to the coordinator who then prompted communities whose response rates were lagging.

Qualitative Interviews

Four qualitative interviews were conducted with individuals who work with and are familiar with seniors in the region and their needs. Following data collection interview data were cleaned, processed, and then analyzed. Cleaning included checking consistency in language to facilitate accurate processing and analysis to ensure themes were accurately captured. Themes were identified and served to guide writing up the findings, conclusions, and recommendations for serving the R5 senior population. The list of interview questions appears in Appendix C.

RESULTS

Rhode Island Student Survey

The 2022 Rhode Island Student Survey data was made available to the regions following the completion of the initial needs assessment and strategic plan. The updated results have been incorporated with the preexisting RISS survey data and are presented below along with the interpretation of the data. It should be reiterated that there is no 12th grade data. We presented grade-level data to ensure data are not skewed due to the missing 12th grade data.

Past 30-Day Substance Use

Past 30-Day Alcohol Use

Comparing 2020 and 2022 data for grades 9 through 11, it can be observed that past 30-day alcohol use dropped for nearly every grade that reported data. In some cases, the decrease is substantial. For instance, 9th grade Barrington students reported a 6% decrease, and 10th grade students in Barrington reported a 7% decrease of past 30-day alcohol use. A 13% decrease was reported among 10th grade Barrington students. These are among some of the greatest decreases we have ever observed in youth alcohol use.

Figure 1. Past 30-Day Alcohol Use by Grade
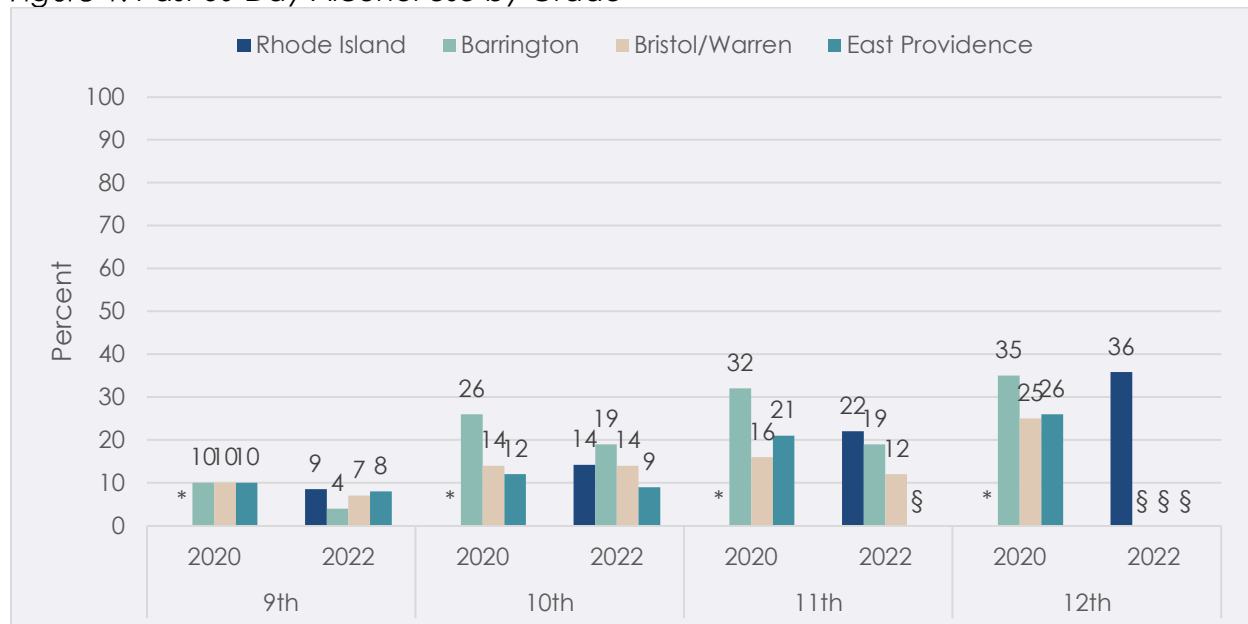
*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

Past 30-Day Marijuana Use

Similar to alcohol, past 30-day marijuana use has largely decreased. It dropped substantially in Barrington among 9th (7% decrease), 10th (11% decrease), and 11th (17% decrease) grade students; it went up 4% among 9th grade students in Bristol Warren but also dropped slightly among 10th (1%) grade students, and it dropped substantially among 11th (8%) grade students. Past 30-day marijuana use dropped among 9th (8%) grade students in East Providence and dropped 7% among 10th grade students. We had no 11th grade student data on this measure for East Providence youth.

Figure 2. Past 30-Day Marijuana Use by Grade

*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

Past 30-Day Tobacco Use

The tobacco results are different than the alcohol and marijuana results. Historically, tobacco use has been minimal and has typically declined over the years; however, this data cycle there were both slight and large increases observed across the board. The team that reviewed this data thought it might be attributed to youth who have become addicted to nicotine through vaping who may be more willing to smoke cigarettes when vapes are unavailable to them.

Figure 3. Past 30-Day Cigarette Use by Grade

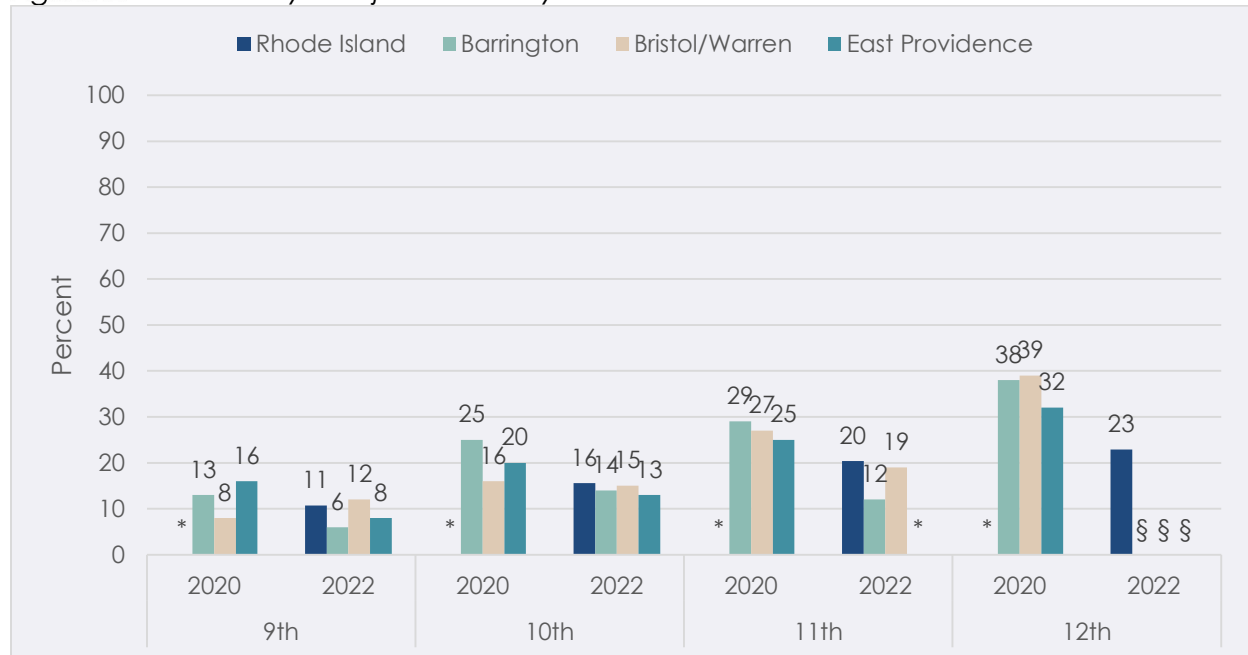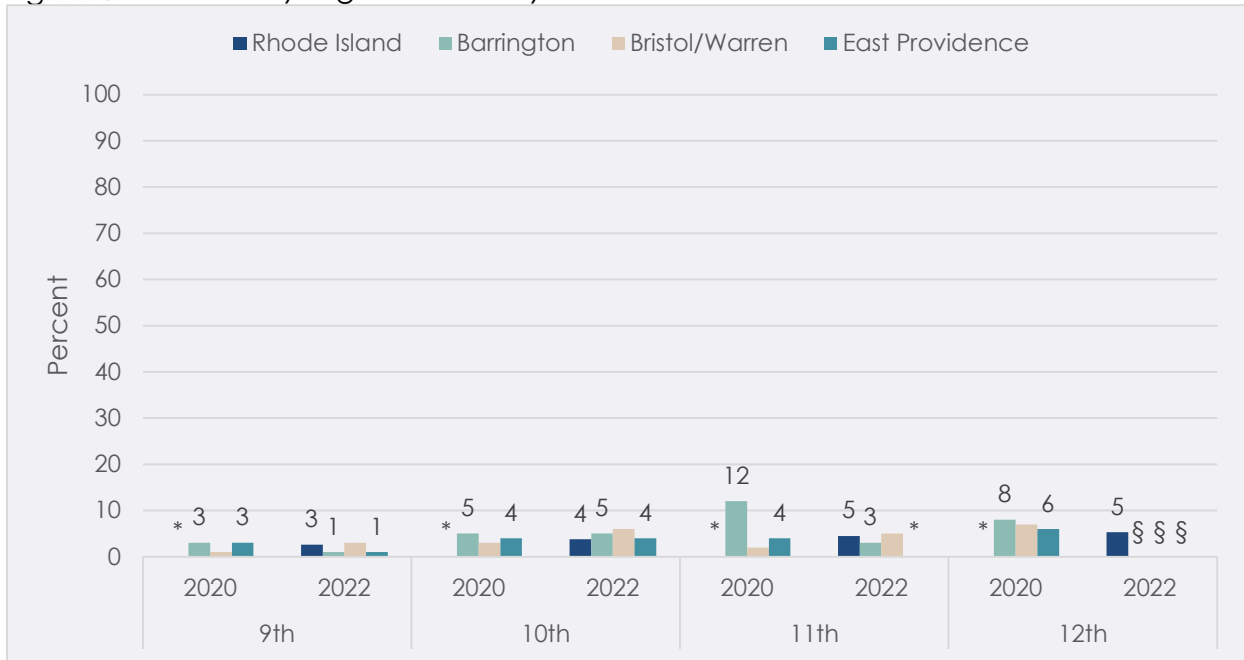*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

Past 30-Day Vaping Use

The vaping data show results vary by grade and community. The most striking results show a sharp decrease across all grades in Barrington. There was a 2% increase in Bristol-Warren for 9th grade students, a 3% increase among 10th and 11th grade students. East Providence had a 2% decrease among 9th grade students, it stayed even among 10th grade students, and there was no 11th grade student data, so we are unable to compare on this measure.

Figure 4. Past 30-Day Vaping Use by Grade

*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

Past 30-Day Prescription Drug Use

Prescription drug use stayed relatively the same in Barrington and Bristol-Warren while each grade reporting in East Providence showed considerable decreases.
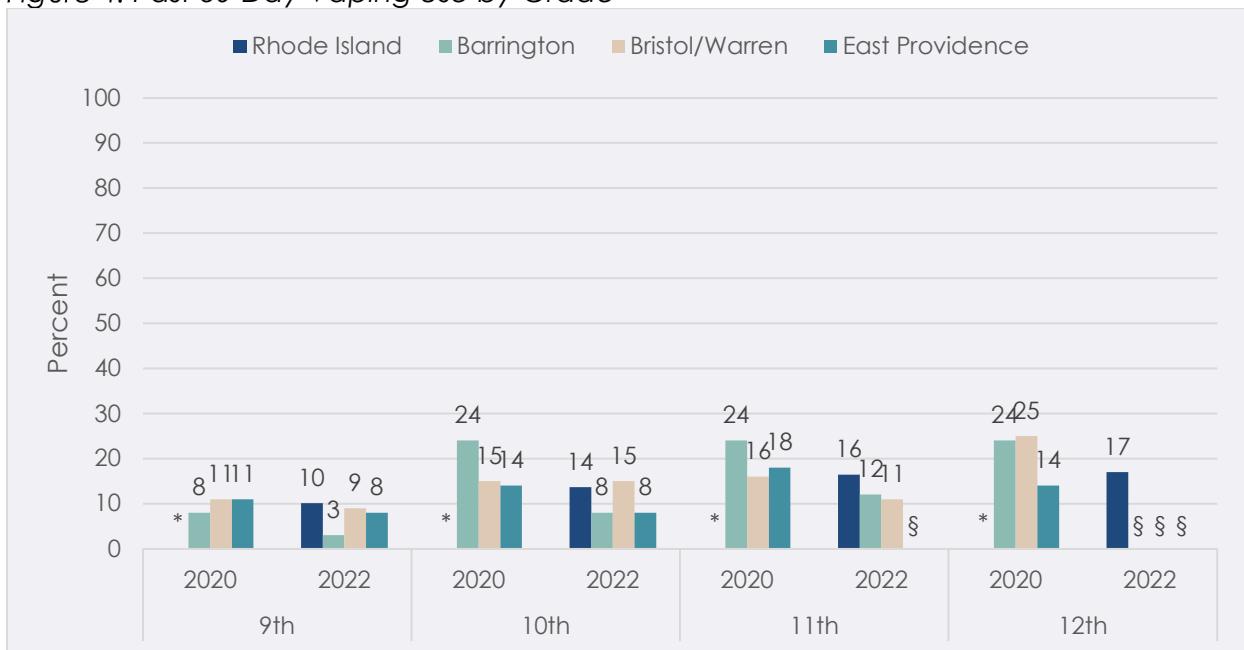
Figure 5. Past 30-Day Prescription Drug Use by Grade
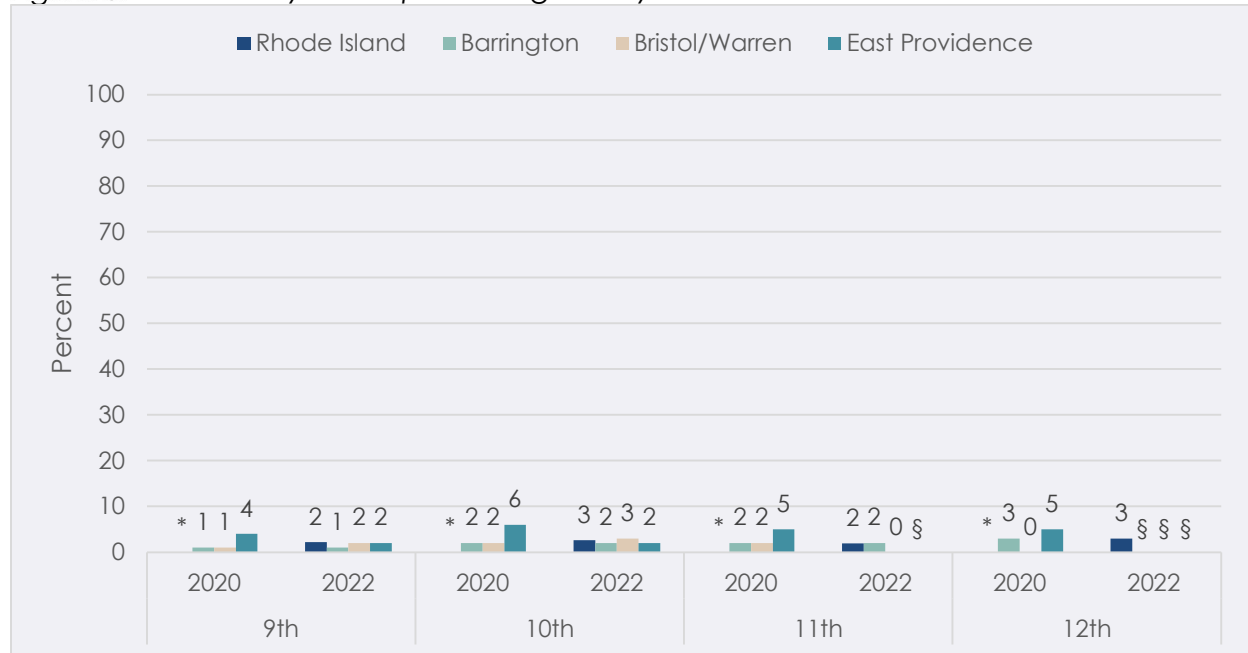
*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

Mental Health

Suicide Ideation, Plans, Attempts, and Injuries

The next four figures focus on mental health, and specifically address suicide among students who have contemplated suicide, made a plan to commit suicide, attempted suicide, and had a suicide attempt that resulted in an injury. As a result, the numbers start off with the percentage of those who ever thought about committing suicide. Due to the tendency for these percentages to be easily confused, we have presented a flow chart that corresponds to the figures that also shows the number of students who responded affirmatively to each measure. It can be seen that the actual numbers decrease with the escalation of each type of suicide related action.

What we find troubling here is the percentage of students who reported suicidal ideation. Even in communities where the numbers dropped in a specific grade, which is encouraging, the numbers are still too high.

Figure 6. High School Students Who Considered Suicide, made a Suicide Plan, Attempted, and Were Injured in a Suicide Attempt
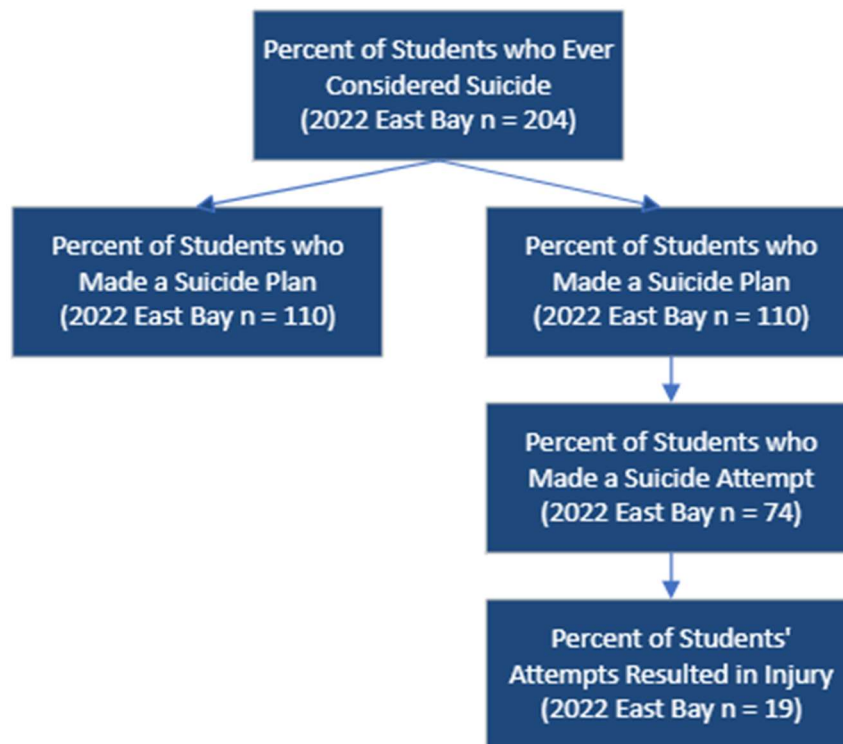
Suicide Ideation

The first figure in the series of figures that report on suicide shows the results for the percentage of youth who reported they had ever considered attempting suicide.

The results show that in Barrington the rate went down for 9th grade students (11% to 9%), went up for 10th grade students (8% to 12%), and increased slightly for 11th grade students (11% to 12%). In Bristol-Warren the rate dropped (11% to 9%) among 9th grade students, went up among 10th grade students (11% to 17%) and dropped slightly among 11th grade students (11% to 9%). In East Providence, the rate went from 16 to 21% among 9th grade students, dropped from 15 to 13% among 10th grade student and there was no 11th grade data, so we are unable to report on this measure for this grade.

Figure 7. Percent of Students who Have Ever Considered Attempting Suicide by Grade
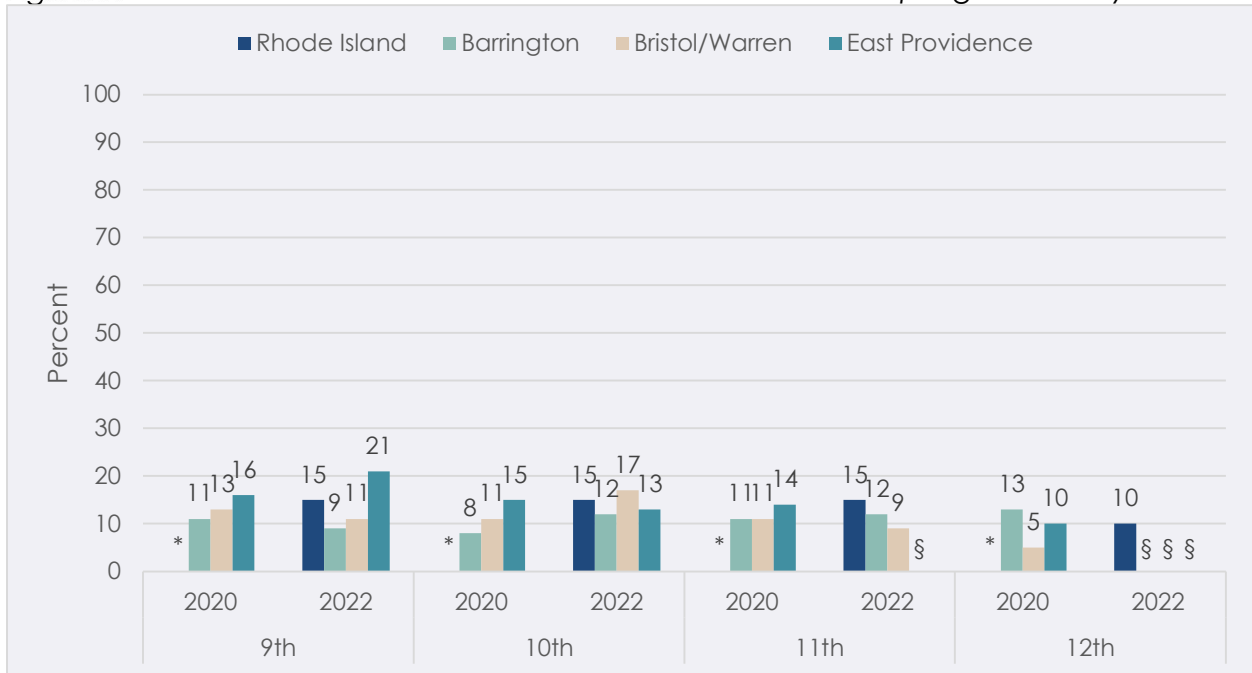
*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

**Suicide Ideation and Making a Suicide Plan**
Among the students who reported they had considered suicide roughly half or more reported they had made a plan.

Figure 8. Of Those Who Considered Suicide, Percent Who Made a Suicide Plan by Grade
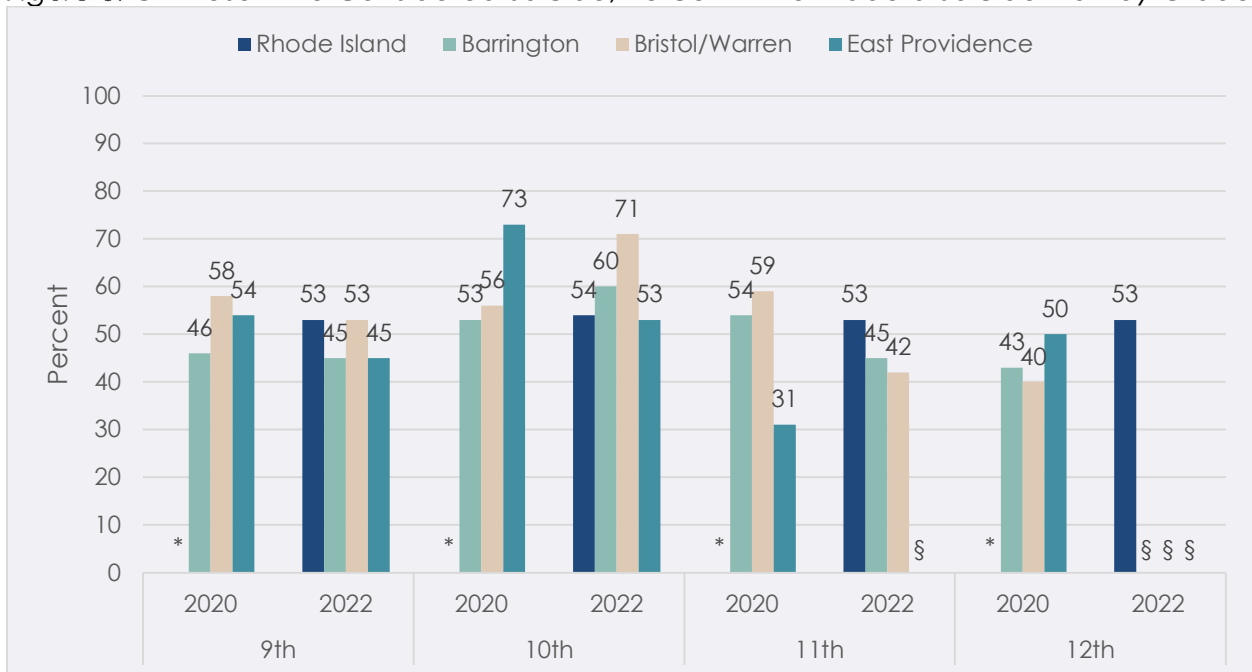
*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

Suicide Attempts

Of the students who considered suicide the percent who attempted dropped in all grades in Barrington. In Bristol-Warren the percentage increased substantially among 9th and 10th grade students and dropped among 11th grade students. Percentages dropped among 9th and 10th grade students in East Providence. To reiterate, there were 204 youth in the region who considered suicide and 74 who made an attempt.

Figure 9. Of Those who Considered, Percent Who Attempted Suicide by Grade
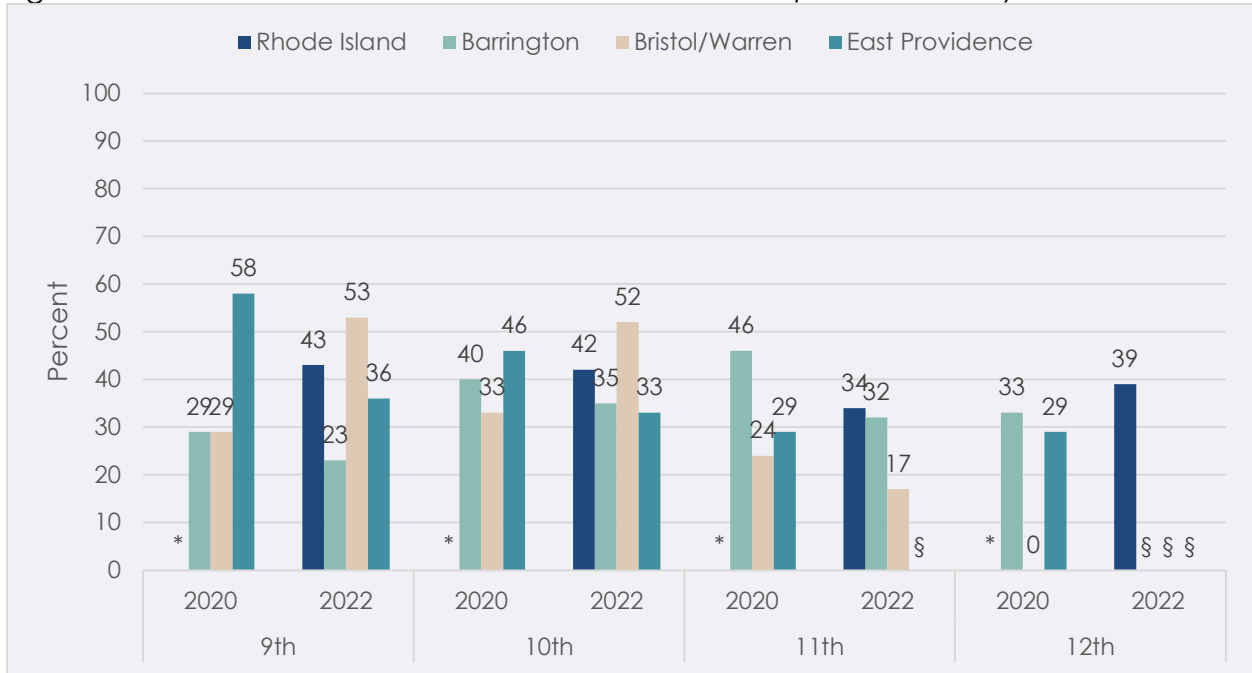
*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

Suicide Attempts That Resulted in Injuries

There was a total of 19 youth in the region who attempted suicide and it resulted in an injury that had to be treated. While these percentages represent very small numbers, it should be noted that every community had youth who both attempted suicide and had it result in an injury that required treatment.

Figure 10. Of Those who Attempted, Percent Whose Suicide Attempt Resulted in Injury, Poisoning, or Overdose that had to be Treated by Grade
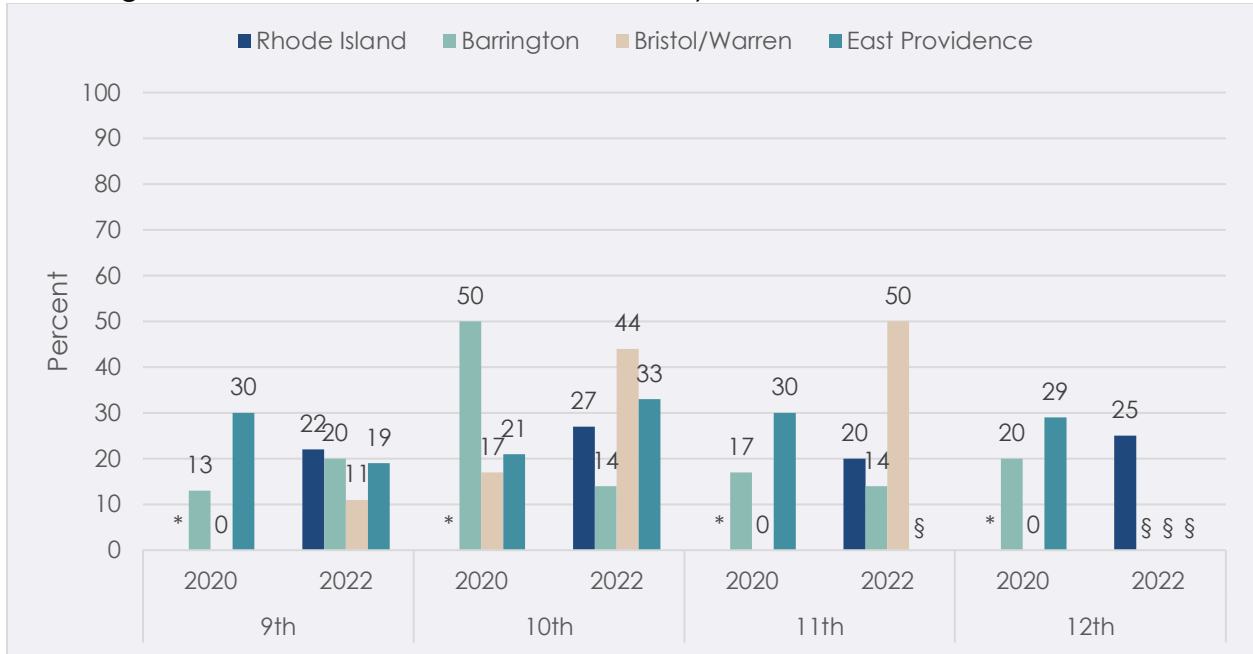
Bullying

Spreading Rumors and Lies

In most cases the percent of students who reported spreading rumors or lies went down. The data show 10th grade students in Bristol-Warren reported increases in bullying as evidenced by increases in students reporting they spread rumors and lies.

Figure 11. Percent of Students who Reported Spreading Rumors or Lies
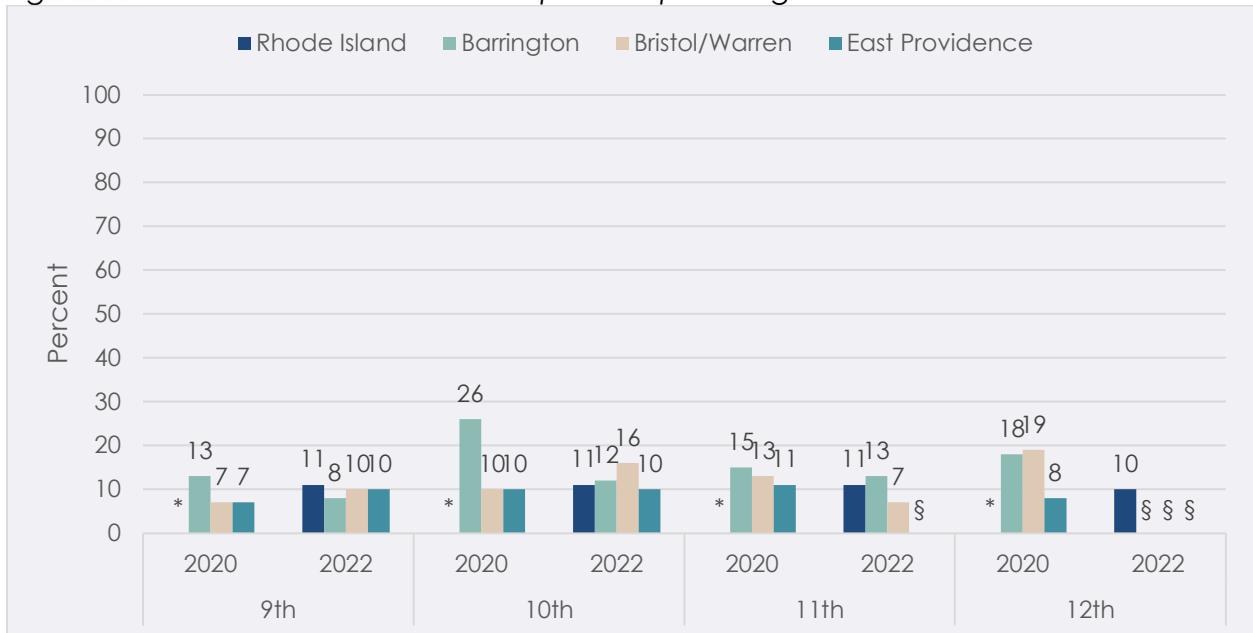
Making Fun Of Other People

In nearly every case the percentage who reported making fun of people went down. The only exception was in Bristol-Warren among 10th grade students where it went up by 4%. It should be noted that the 10th grade in Bristol-Warren also had the greatest percentage of suicide attempts that required treatment.

Figure 12. Percent of Students who Reported Making Fun of Other People
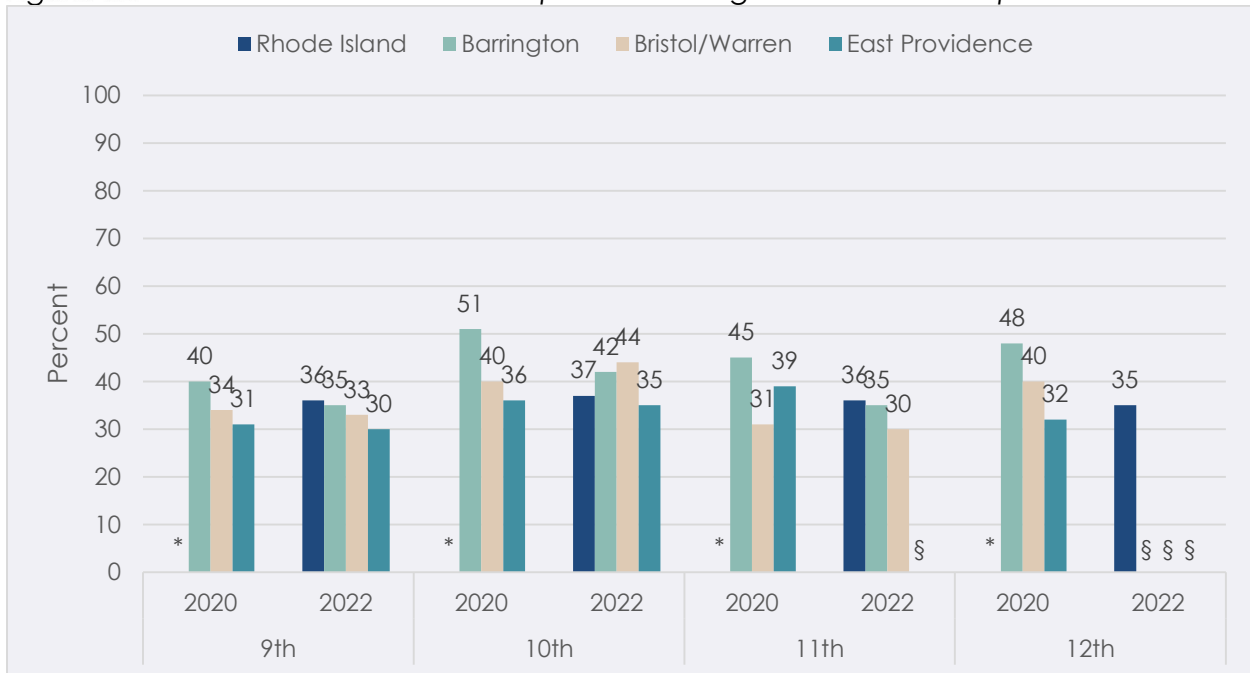
*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

Feeling Safe

Safety at School, going to and From School and Carrying Weapons to School
For the most part Barrington students feel safe at school. Bristol-Warren 9th and 10th grade students reported feeling less safe and was rather substantial among the 10th grade students. In East Providence 9th and 10th grade students reported increases in feeling safe at school. There was no 11th grade data available in East Providence.

Figure 13. Percent of Students who Reported Feeling Safe at School

Legend: Rhode Island, Barrington, Bristol/Warren, East Providence

9th grade:
- 2020: Barrington 91, Bristol/Warren 86, East Providence 71, Rhode Island *
- 2022: Rhode Island 79, Barrington 94, Bristol/Warren 76, East Providence 84

10th grade:
- 2020: Barrington 89, Bristol/Warren 80, East Providence 70, Rhode Island *
- 2022: Rhode Island 79, Barrington 87, Bristol/Warren 66, East Providence 85

11th grade:
- 2020: Barrington 86, Bristol/Warren 79, East Providence 61, Rhode Island *
- 2022: Rhode Island 82, Barrington 93, Bristol/Warren 81, East Providence §

12th grade:
- 2020: Barrington 87, Bristol/Warren 84, East Providence 72, Rhode Island *
- 2022: Rhode Island 84, Barrington §, Bristol/Warren §, East Providence §

*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

Safety Going to and From School

Barrington and Bristol-Warren 9th and 10th grade students overall reported feeling safe going to and from school; however, the numbers dropped slightly in 2022. In East Providence, the numbers went up rather substantially among 9th and 10th grade students.

Figure 14. Percent of Students who Reported Feeling Safe Going to and From School

Legend: Rhode Island, Barrington, Bristol/Warren, East Providence

9th grade:
- 2020: Barrington 99, Bristol/Warren 93, East Providence 81, Rhode Island *
- 2022: Rhode Island 90, Barrington 96, Bristol/Warren 89, East Providence 92

10th grade:
- 2020: Barrington 96, Bristol/Warren 90, East Providence 83, Rhode Island *
- 2022: Rhode Island 90, Barrington 92, Bristol/Warren 86, East Providence 91

11th grade:
- 2020: Barrington 95, Bristol/Warren 89, East Providence 78, Rhode Island *
- 2022: Rhode Island 93, Barrington 97, Bristol/Warren 93, East Providence §

12th grade:
- 2020: Barrington 95, Bristol/Warren 90, East Providence 82, Rhode Island *
- 2022: Rhode Island 94, Barrington §, Bristol/Warren §, East Providence §

*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

Carrying Weapons

The percent of students who report carrying weapons to school is small. The data show the numbers mostly stayed the same or decreased among students who reported this behavior. There was a 1% increase among 10th grade students in East Providence.

Figure 15. Percent of Students who Reported Bringing a Weapon to School
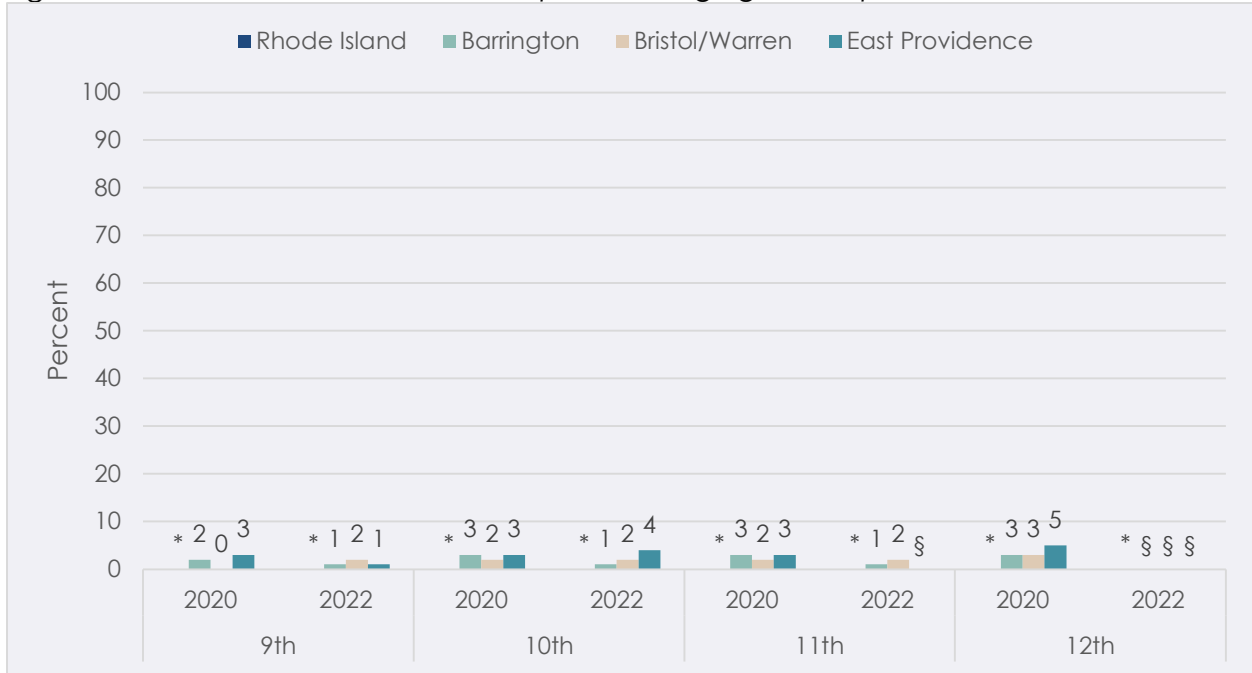
*Source: Rhode Island Student Survey; * Data Not Available by Grade in State Report; § No Data Available*

East Bay Older Adult Survey Result

Demographics

Gender

There was a total of 153 participants who responded to the senior survey. Of those respondents 74% were female.

Figure 16. Participant Gender Breakdown (n=152)
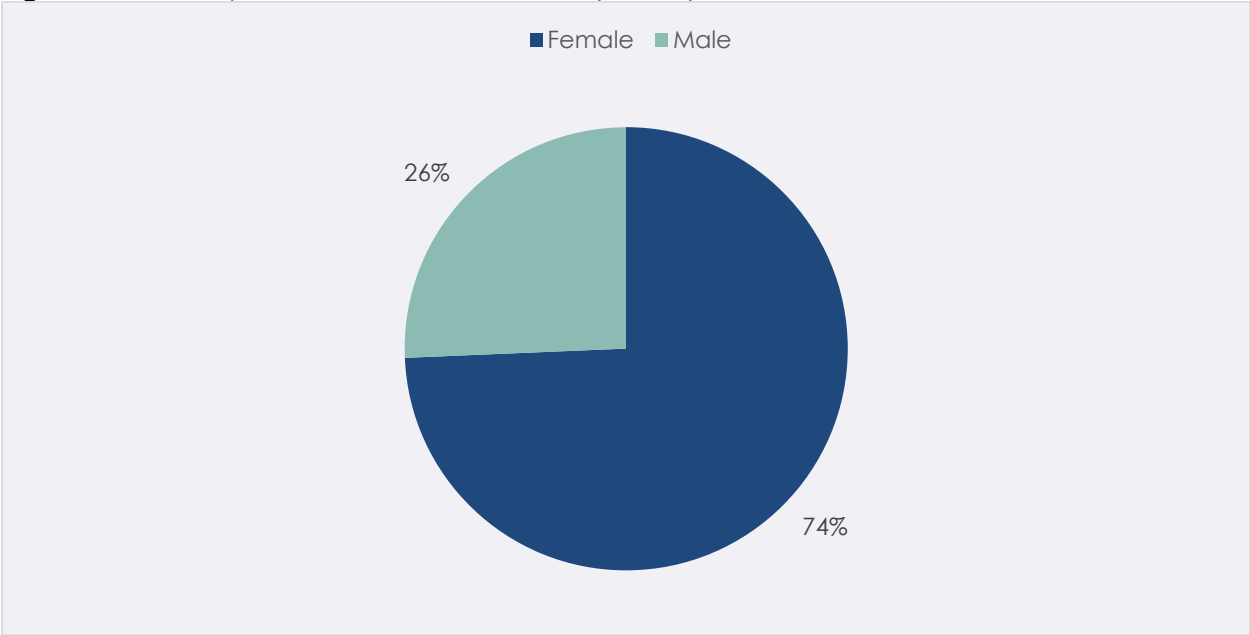
Portuguese Ancestry

Twenty-seven percent of the respondents were Portuguese.

Figure 17. Participant's Portuguese Identification Breakdown (n=152)
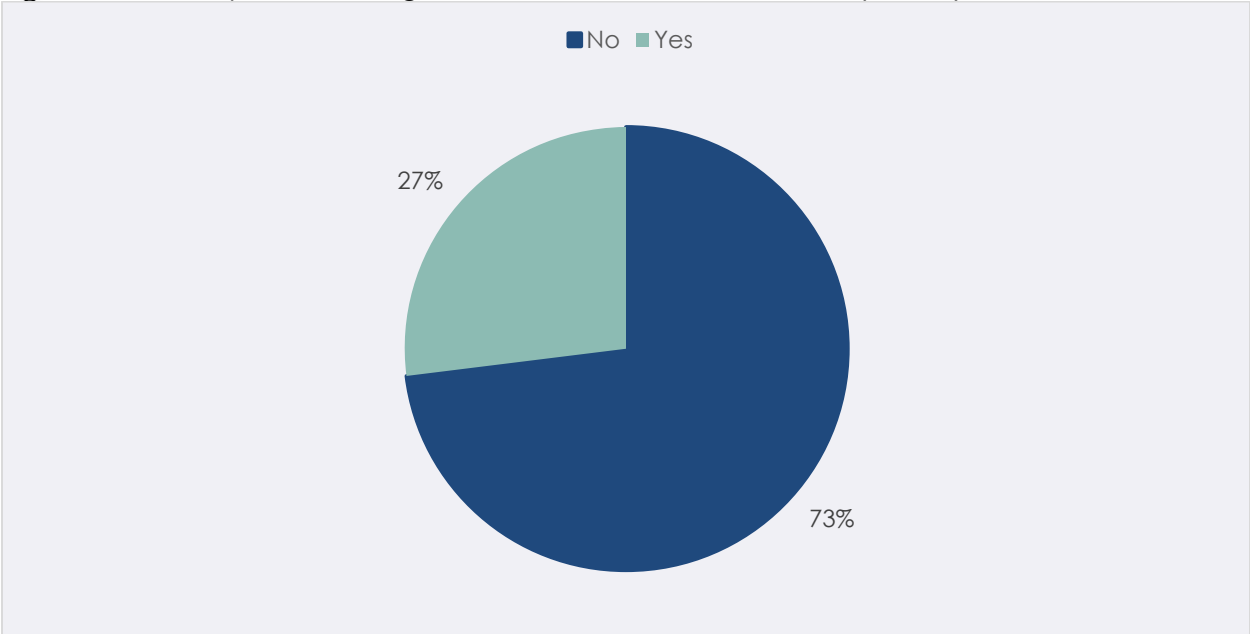
Age
The 71-80-year-olds made up the largest age group.

Figure 18. Participant Age Breakdown (n=152)
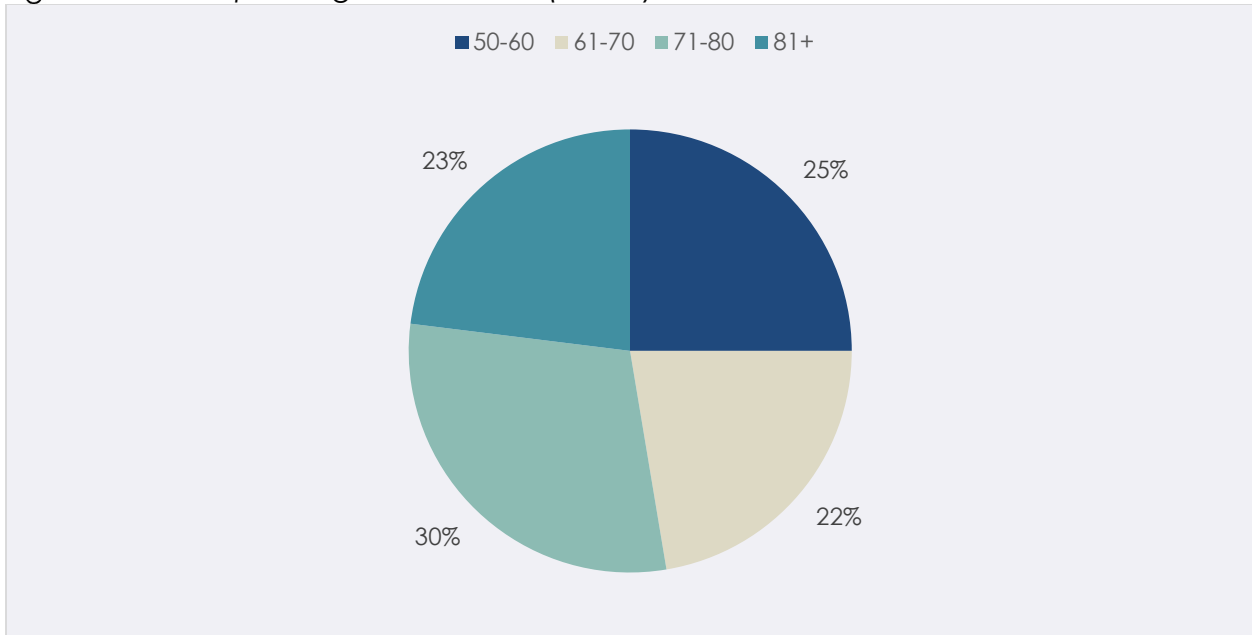
Respondent Residence Location
Respondents reported living in Bristol (30%), Warren (29%), Barrington (26%), and East Providence (11%). Three percent lived outside of the East Bay but lived in Rhode Island and 1% lived out of state.

Figure 19. Participant Town of Residency Breakdown (n=153)
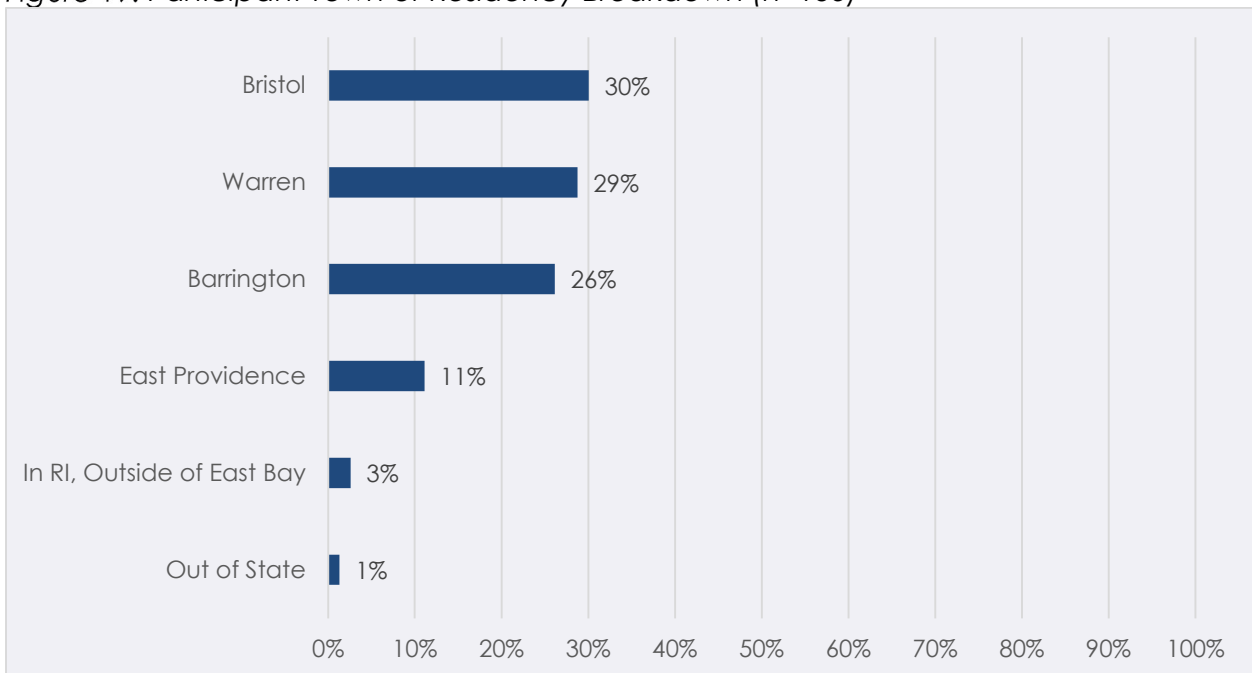
Housing Type

Most respondents reported living in single family homes (53%). This was followed by living in a senior community (31%). The remainder reported living in apartments (12%), continuing care facilities (3%), living with family (1%), and other living arrangements (1%).

Figure 20. Participant Housing Type Breakdown (n=151)
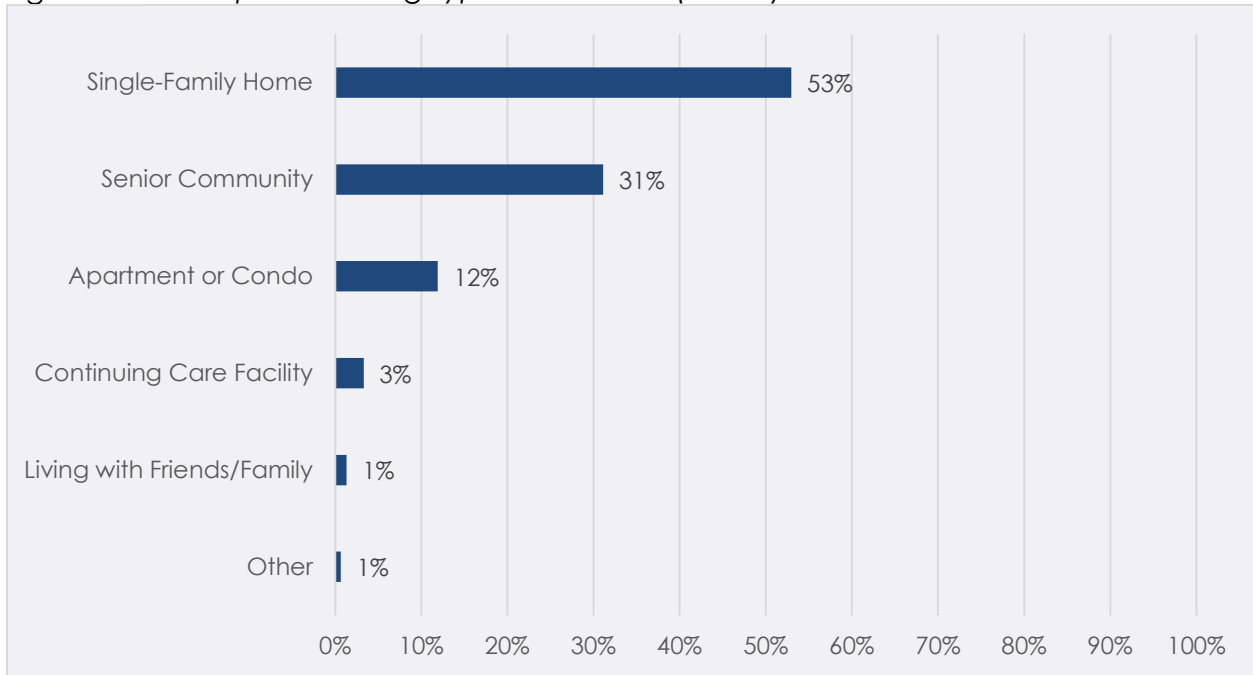
Note: The specified "Other" housing type was "Bristol Housing Authority"

Prescription Drug Knowledge

Risk of Dependence Knowledge

Respondents were asked a series of questions related to their knowledge of prescription drugs. First, they were asked the number of days they believe it's advisable to take opioid pain medication prior to the risk of becoming addicted. The most common response given by 49% of respondents was three days, 24% said 7 days, 19% said 14 days, and 8% said indefinitely.

Figure 21. Participant Reported Maximum Number of Days Advisable to take Opioid Pain Medications to Avoid the Risk of Dependence/Addiction (n=119)
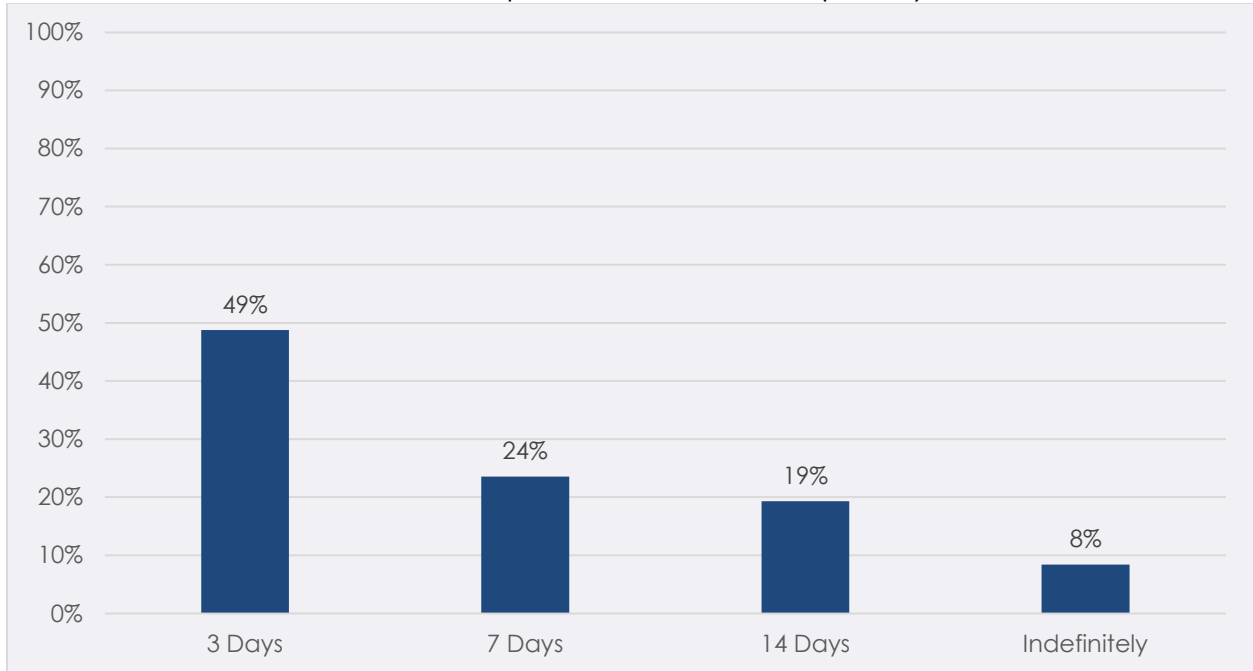
How Participants Secure Medication

Next, participants were asked about securing medications. Of those who took medication (81%), only 19% reported they secured medication. Of those who reported they secured medication 50% reported securing it in a box, 32% reported storing it in a cabinet, and the rest reported either "other" (11%) or a bag (7%).

Figure 22. Participant Reported Currently Secures Prescription Medication and If Yes, Secure Location Specified (n=150)
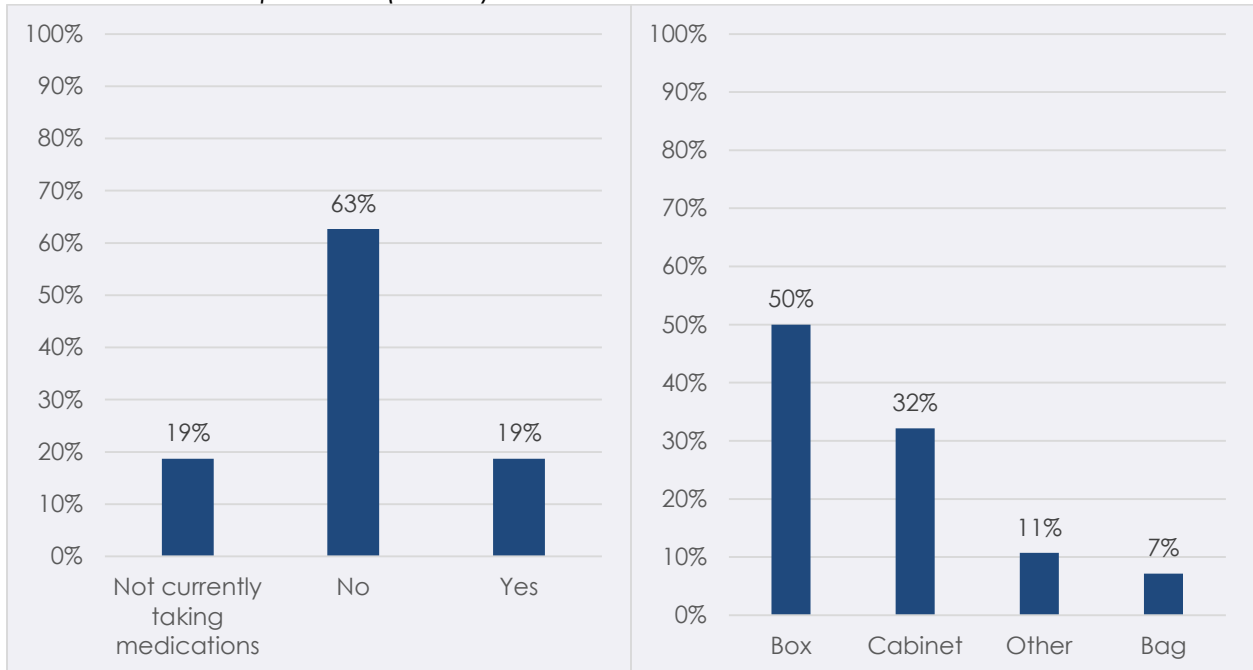
Mode of Medication Disposal

Finally, respondents were asked how the dispose of medication when it's no longer needed. The majority (41%) reported disposing of it through disposal boxes at police stations. Sixteen percent reported throwing unused medication in the garbage, 13% said they keep it in case they need it again, 11% reported returning it to a local pharmacy, 7% reported "other" disposal method, and 5% reported they flush the medication down the toilet. The other modes specified by respondents were Drug Take Back Days, Deterra Kits, give to a family member for disposal, and to hold on to them due to uncertainty about proper disposal methods.

Figure 23. Participant Reported Current Mode of Disposal of Medications when No Longer Needed (n=150)
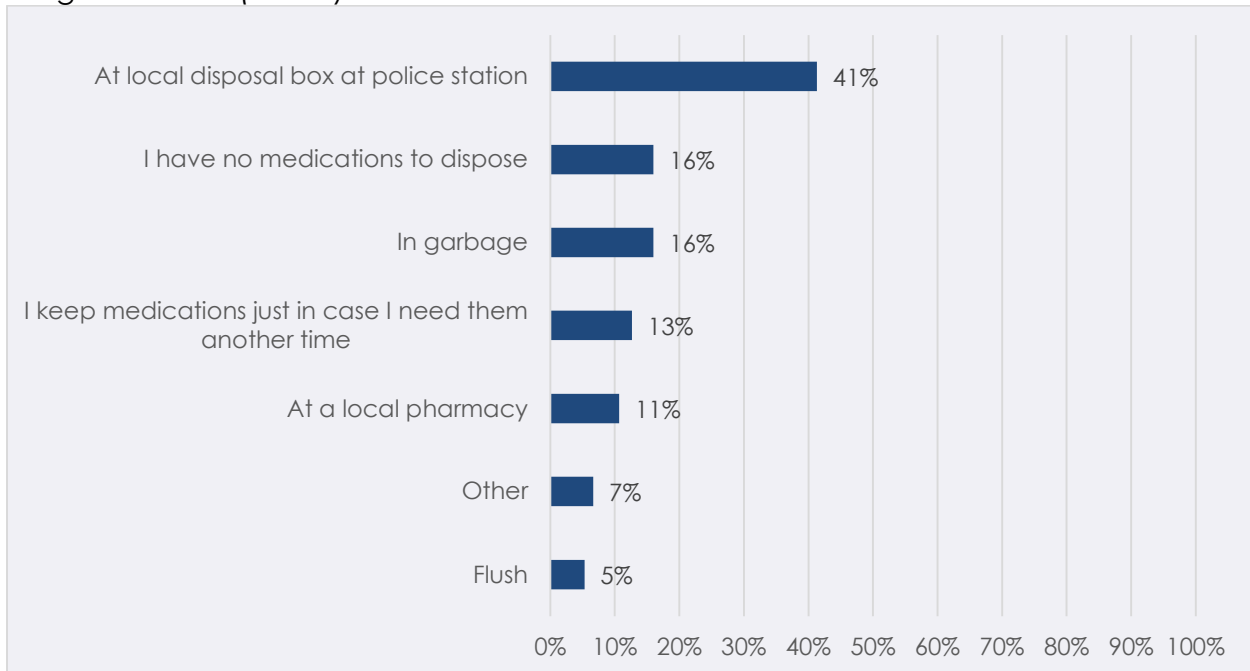
Note: Participants could select more than one response option.

Marijuana Use

Past 30-Day Marijuana Use

The majority of the respondents (91%) did not report any past 30-day marijuana use. For the other 9% it was fairly evenly spread out.

Figure 24. Participant Reported Past 30-Day Marijuana Usage (n=149)
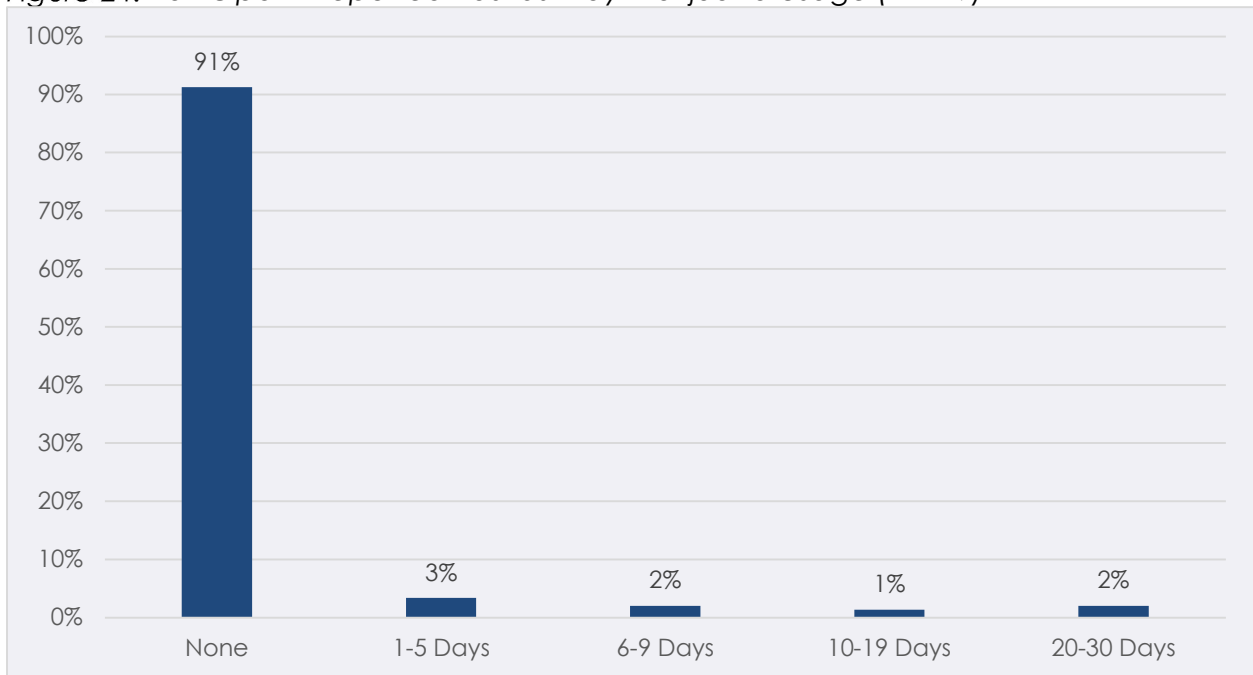
Medical Marijuana Use and Card Holder Status
Of the 13 participants who used marijuana, 5 (38%) reported medicinal use or being a medical marijuana card holder.

Figure 25. Participant Reported Medical Marijuana Use or Card Holder (n=148)
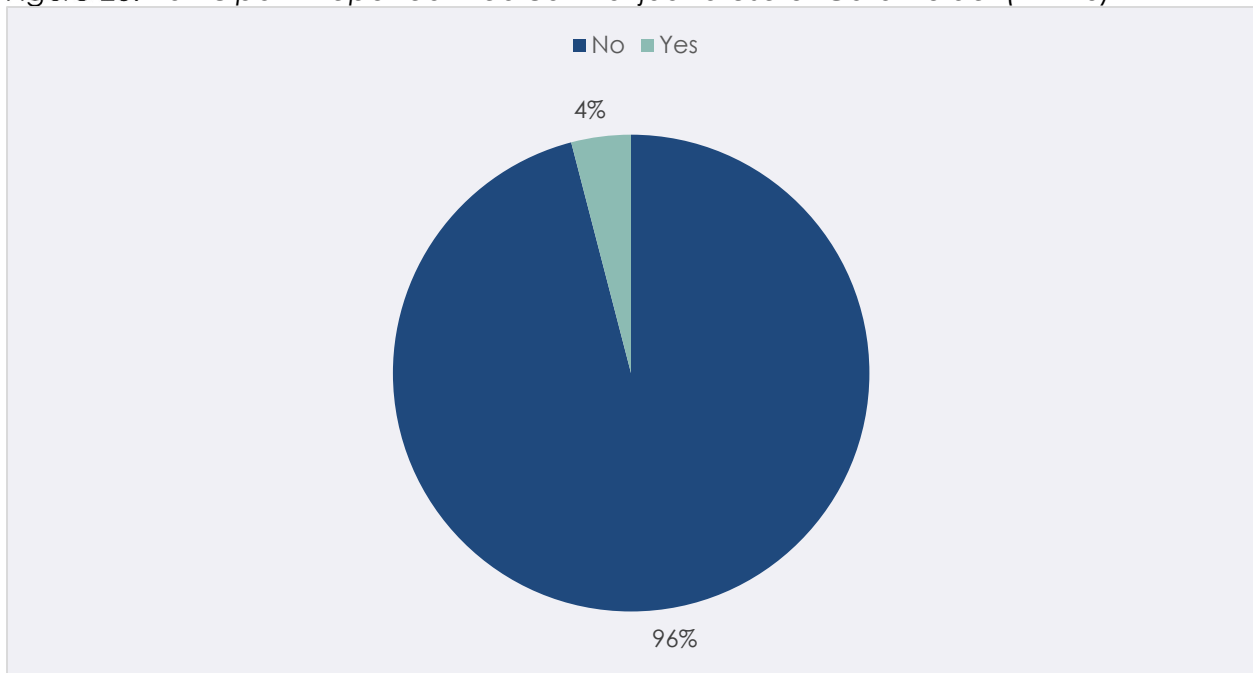
Interest in Activities Designed for Seniors and Preferred Times to Participate

Activities

Of all the respondents, 38% were not interested in participating in organized senior activities. Thirty-eight percent said if they did, they preferred to participate in person, 19% said they preferred to participate both in person and virtually, and 5% said virtually only.

Figure 26. Participant Reported Interest in Mode of Participation in Activities (n=149)
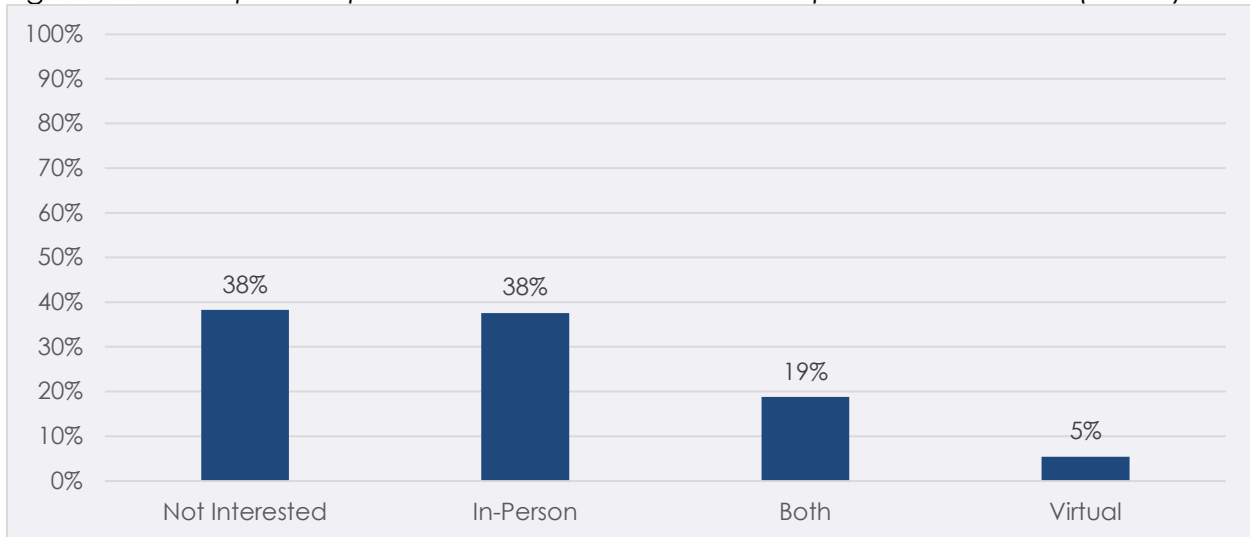
Availability For Activities

The majority of participants thought just about any day, but Sunday was good for them with most participants agreeing that they like morning and afternoon activities. A small group (24%) liked Sunday afternoons. While mornings and afternoons were preferred, about 25% reported they would participate in evening activities provided they were on weeknights.

Figure 27. Participant Reported Time & Day Availability to Participate in Activities (n=89)
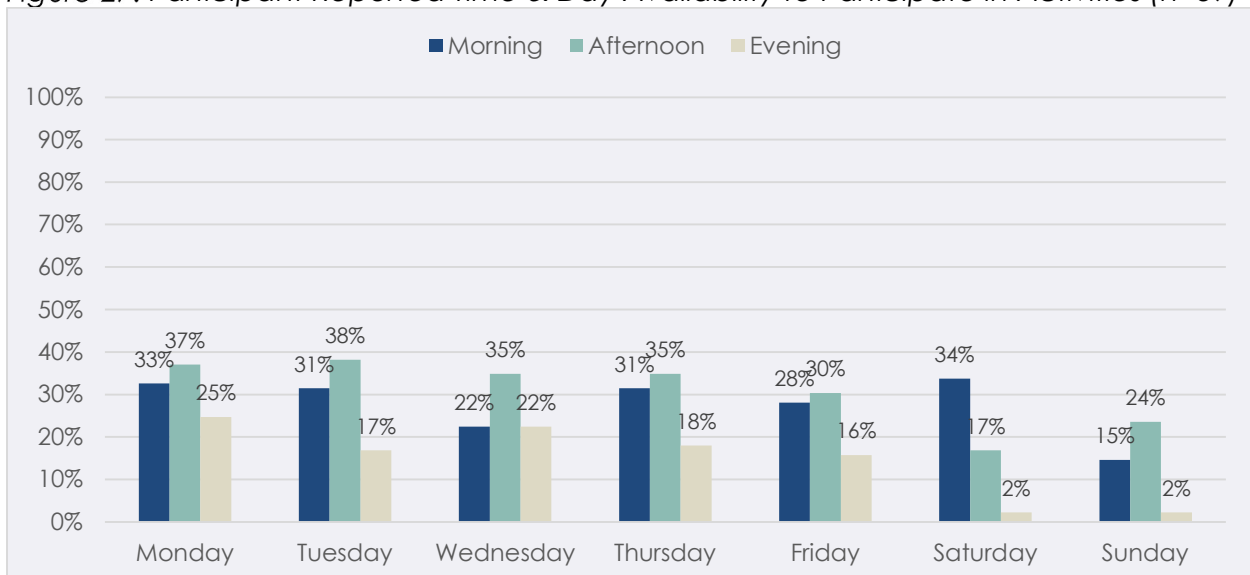
Note: Participants could select more than one response option.

Barriers to Healthy Aging and Functioning

We asked a series of questions aimed at discerning whether respondents were isolated, have activities to participate in, whether they help someone with barriers accomplishing everyday tasks, and other issues that might impair healthy functioning.

For the most part, respondents see/visit family members (94%), participate in organized groups and activities (72%), wish to practice meditation and mindfulness (59%), wish to learn more about mental health (37%), and provide care to someone who needs help (29%). Only 14% reported feeling isolated, 12% reported transportation problems, and 1% reported caring for a grandchild the lives with them.

Figure 28. Participant Reported Responses to the Following Questions
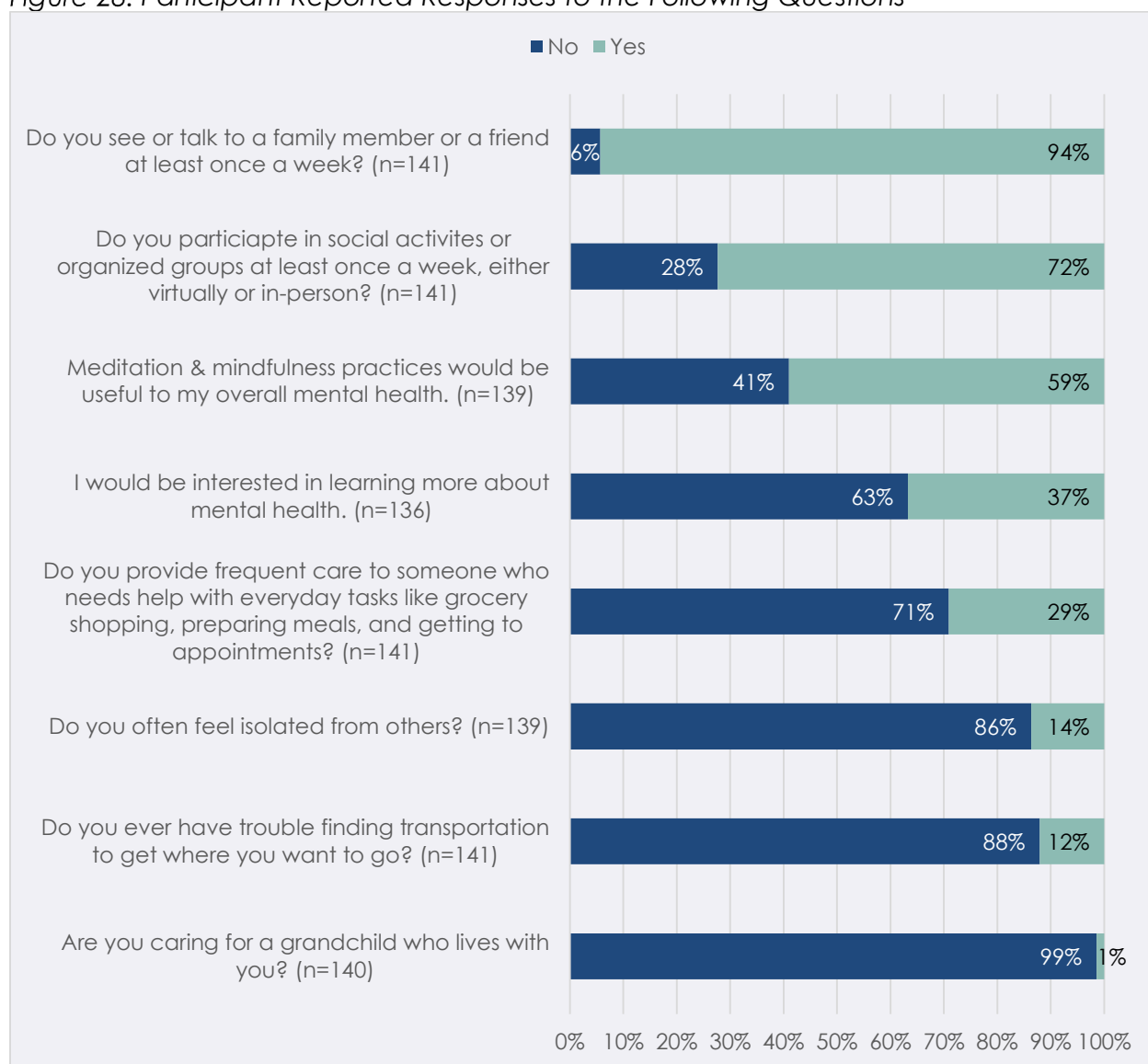
Qualitative Data: East Bay Senior Services Qualitative Report

The qualitative portion of the Senior Services Needs Assessment included 4 key informant interviews with senior services professionals in the East Bay Region. The interviews were conducted between December 9-19, 2022 and lasted from 35-75 minutes each. Each interviewee was asked a series of 7 questions, three which had multiple components to the question. The compiled results are presented below.

What Age Is Considered "Older?"

The concept of what it means to be "older" is changing with an emphasis on "healthy aging" rather than "growing older." The consensus is that people shy away from programs for "older" people and gravitate towards programs designed for "active seniors" and towards programs designed to keep people connected. The perception of being "old" has more to do with a person's level of independence than it has to do with a specific age. Many services throughout the East Bay Region are available to individuals aged 50 and older.

What Does It Mean to Be "Older?"

Interviewees described two distinctly different aspects of what it means to be "older." On the one hand, being older in retirement is perceived to be a time spent enjoying life, spending time with friends, pursuing new hobbies, and putting the focus on "self" rather than "other." On the other hand, getting older is also associated with having fewer freedoms possibly due to mobility or transportation challenges, and fewer opportunities due to finances or health concerns. Interviewees commented that it used to be that age 65 was considered "old" but that is not the case anymore. Many more people are trying to live life to the fullest and are actively engaged in maintaining their health and activity levels.

What Characteristic Primarily Determines Being "Older"

Interviewees indicated that the way a person feels mentally is the most important characteristic in aging followed by an ability to remain physically mobile. They noted the way people approach mental health issues is evolving and most seniors they interact with have a very positive mental health outlook.

Top Needs Among Seniors

The top needs among seniors fell into three broad categories: transportation, basic services, and social connectedness.

All interviewees' indicated transportation was a major issue and area of concern. As people age many are asked to reduce the distances they travel and the amount of time behind the wheel, and some are unable to drive at all. The change in driving ability impacts grocery store access, keeping doctor appointments, and maintaining social connectedness. Public transportation is often not accessible, does not service needed locations, or is too difficult to navigate with heavy grocery bags.

Interviewees also discussed the lack of services that help meet basic needs. For example, assistance with basic home repairs or maintenance; help with light cooking; and home health aide assistance. These services are largely perceived to be critical in helping people maintain their independence and health but are often difficult to secure. Several interviewees mentioned a severe shortage of certified nursing assistants was having a negative impact in their communities. Closely related are challenges in downsizing homes within the community to something that is more manageable. Interviewees indicated that many older people would like to downsize their home but find few options in their hometown.

The third "top need" consistently mentioned centered around maintaining social connectedness and offering opportunities to remain physically active. Some people are naturally outgoing and can easily engage and interact with new people and form new friendships and activity groups. Others find it too challenging which often leads to social isolation and potentially negative health outcomes.

Needs Unique to Older Adults

As adults age they encounter challenges that were not present during their younger years. For example, older adults may experience new mobility challenges related to walking or driving a vehicle which impacts their ability to attend appointments or to shop. The inability to drive a vehicle is particularly burdensome, especially for those who do not live near a bus stop. Older adults may also experience challenges maintaining their home whether related to home repairs or daily housekeeping activities. Tasks that were easy to carry out are now increasingly more difficult.

Communication challenges exist, particularly related to automated phone systems requiring prompts, or communication requiring internet interaction or the use of email. Many older adults are not comfortable using technology to answer questions or complete forms, and they struggle with automated phone systems. There are significant concerns related to identity theft and inadvertently giving information that jeopardizes their financial security.

Support Services

Many support services are available throughout the East Bay region but may vary in terms of programming frequency. Available services include:

- Transportation via Senior Bus
- Free lunch program

- Emotional well-being programming
- Adult Protective Services
- Senior Centers
- Senior activity, exercise, and education programs
- Adult Day Care
- Connections to health, social service, utility, and home repair support
- Property tax and tax-relief support
- Income tax assistance
- Food assistance

People find out about available services in a variety of ways including monthly and weekly e-mail blasts, by calling RI 2-1-1, and by contacting local Community Action Programs. Some communities indicated a need to improve the way services are advertised by consolidating information to one page on the town website for example. Several communities expressed the need to advertise in a variety of ways to reach seniors who are tech savvy as well as seniors who rely on traditional media for information. The library remains a central hub for both advertising and providing services.

Several communities indicated it is challenging to get people to take advantage of available services and there was no clear understanding of or explanation why the services are not utilized. Education programs tend to be poorly attended, and free lunch programs are inconsistently used, while exercise programs tend to be popular. Transportation remains a barrier, especially for older adults who no longer drive. Technology use is improving but remains a barrier for older adults who never learned how to use a computer or smart phone. Finally, there may be challenges related to pride, shyness, fear of meeting new people, and concerns about affordability.

Transportation was consistently mentioned as an area with increasing needs. Most communities cited the need for better transportation systems for older adults, buddy systems to help people get to appointments, and assistance with transportation needs specific to grocery shopping. Another area with increasing needs is related to home health services. These services are needed with increasing frequency but there are not enough workers to meet service demand which may impact how long people can continue to live in their homes. Finally, several communities expressed the need for expanded First-Alert type services for people who are at risk.

Special Sub-Populations Among Older Adults

Three subpopulations of older adults were identified as needing additional services and include individuals with technology challenges, individuals where English is a second language (specifically Portuguese-speaking individuals), and individuals with limited social contacts. These three groups of individuals do not have the same access to information as others. Individuals who are socially isolated are the most difficult to identify because they do not come in contact with available programs or services and require unique outreach efforts to reach them.

Qualitative Summary

Needs among older adults are variable and differ based on their health trajectory, financial security, comfort with technology, transportation challenges, and level of social connectedness. Personal challenges within any of these areas can and do change over time and have significant impacts on quality of life. There is increasing focus on "healthy aging" as people live longer, but barriers remain, in particular, how to reach people who are socially isolated and have limited connection to information.

Several service areas were mentioned that need additional attention. These include:

1. Improved transportation systems for attending appointments and for grocery shopping. Existing systems using bus stops are not practical or accessible for many.
2. Improved communication and advertising of available services. For example, using a "one stop" webpage for senior service contacts, monthly or weekly email blasts about programs and resources, and help for those having difficulty with automated phone systems.
3. Improved understanding of the changing needs of older adults, especially the types of services, activities, and programs they want and need to keep socially engaged.
4. Use of programming to address healthy mental health aging such as adapting mental health trainings for seniors.
5. Additional focus on changing housing needs among older adults, and the increasing need for smaller housing, and more assisted and independent living options.
6. Consideration of policies to assist people on fixed incomes such as capped property taxes.
7. Consideration of creating a Healthy Aging subcommittee on the regional task force.
8. Consideration of potential funding sources to support affordable home repair and housekeeping services for older adults.

STRATEGY SELECTION

RISS

Overall, the new RISS data demonstrated big drops in substance misuse and increases in mental despair. The municipal coordinators and coalitions talked about the issues related to the pandemic effect and that they likely wouldn't alter their plans at this time and look forward to reviewing the 2024 data to explore whether this is a trend.

Older Adults

The selected strategies that follow were chosen after careful review and interpretation of the data presented in the needs assessment portion of this report. Municipal coordinators and coalitions met monthly to review the data and recommendations and identify strategies.

REGION 5 SELECTED STRATEGIES

Objective 8	*Support healthy behavioral and physical aging initiatives among older adults in Region 5.*

Strategy 1: Informational Resource Activities: Collaborate with Existing Senior Service Organizations

Program Description
Communities within Region 5 will improve accessibility to information about resources specific to older adults. These activities may include: creating partnerships and collaborating with senior service organizations; presentations to senior service organization staff about available resources like Stronger Together and The Village Common of Rhode Island, Barrington Village; and medication safe resources; training staff to be able to provide information during home visits.

Local Conditions Addressed by this Strategy
Adults with limited exposure to outside resources will benefit from hearing about resources through routine home visits. This strategy will improve information access for older adults.

Fit, Feasibility, Adaptations
Activities associated with improved information access are designed to be highly flexible so programming can reflect funding levels and individual community needs.

Strategy 2: Tailor Stronger Together Program for Older Adults and Make Available in Portuguese

Program Description
The Stronger Together program is a mental health awareness program currently being implemented in the Region. The goal is to tailor the program to meet the specific needs of older adults and provide a Portuguese version for non-English speaking residents.

Local Conditions Addressed by this Strategy
Stronger Together is easily adaptable to meet the needs of an increasing population of older adults, whose needs may differ from younger people. In addition, East Providence and Bristol both have sizeable populations of Portuguese-speaking older adults who may benefit from the Stronger Together program but are currently unable to participate due to language barriers. Translating the program into Portuguese will enable the program to reach a population in need.

Fit, Feasibility, Adaptations
Adapting Stronger Together for older adults will provide additional support services for older adults who may be going through life transitions. Translation activities will enable Stronger Together to be available in Portuguese and will contain cultural adaptations that are appropriate for this population.

Strategy 3: Increase Healthy Aging Representation on the R5 Regional Task Force

Program Description
Increasing Healthy Aging representation on the R5 Regional Coalition will provide a beginning foundation to explore issues relevant to older adults that were identified in the

expanded needs assessment process.

Local Conditions Addressed by this Strategy

The population of older adults continues to increase, with many interested in activities that support healthy aging. Increasing representation from this population on the Regional Coalition may help drive support for activities related to healthy aging.

Fit, Feasibility, Adaptations

There are many activities a regional coalition can undertake to help support healthy aging, and positive behavioral and physical health across the lifespan. Increasing older adult representation on the Regional Coalition is a low-cost way to begin addressing ongoing needs among East Bay's older adult population.

WORKPLAN

The activities in the following workplan were selected as implementation means to achieve the goals and objectives of the Region 5 strategic plan.

Table 1. R5 East Bay Work Plan: Region Addendum

Objective 8: Support healthy behavioral and physical aging initiatives among older adults in Region 5.				
Strategy	**Activity**	**Responsible Party**	**Due Date**	**Community**
Information Dissemination	Support informational resource consolidation activities across communities in the region	Regional coalition	9/30/2026	Region
Capacity Building	Increase and strengthen community partnerships with pre-existing local senior services	Regional coalition	9/30/2026	Region
Information Dissemination	Facilitate presentations to senior service organizations	Regional coalition	9/30/2026	Region
Information Dissemination	Disseminate information and medication safe resources to older adults through community partners	Regional coalition	9/30/2026	Region
Education	Tailor Stronger Together content to reflect older adult audience	Regional coalition	9/30/2026	Region
Education	Facilitate Portuguese version of Stronger Together program for non-English speaking older adult and regional participants	Regional coalition	9/30/2026	Region
Education	Facilitate adapted version of Stronger Together program for older adult regional participants	Regional coalition	9/30/2026	Region

Objective 8: Support healthy behavioral and physical aging initiatives among older adults in Region 5.				
Strategy	**Activity**	**Responsible Party**	**Due Date**	**Community**
Capacity Building	Recruit older adult and/or older adult serving organizations to participate in the R5 Regional Task Force	Regional coalition	9/30/2026	Region

LOGIC MODEL

The logic model that appears below is an addendum to the main strategic plan's logic model and reflects the now objectives and strategies identified in this addendum.

Figure 29. R5 East Bay Logic Model Addendum

Priority Problem	Priority Needs, Consequence, & Consumption Patterns	Goal	Objectives	Risk & Protective Factors	Strategies	Participants	Process Measures	Long-term Outcomes	Surveillance Data

Older adults require more support to engage in overall behavioral health and healthy aging strategies

The population of older adults is increasing resulting in the need for additional services to support behavioral health and social connectedness.

Increase awareness and access to support services

Increase opportunities for mental health education

Identify and address ongoing needs among East Bay's older adult population

Support healthy behavioral and physical aging initiatives among older adults in Region 5.

- Opportunities for prosocial community involvement
- Interaction with prosocial peers
- Exposure to EBP and strategies
- Low community attachment
- Healthy Alternatives

Informational Resource Activities; promote Stronger Together Program for Older Adults; Increase Older Adult representation on R5 Regional Task Force

Regional coalition, municipal coalitions, community partners, general community, Portuguese community, older adults, senior centers, senior support services

# of resources and or senior support services identified, # of senior service organizations maade community partners, # or trainings to community partners, # of older adults reached through community partnerships, # of medication safe resources disseminated, # of Portuguese Stronger Together sessions; # of older adults trained in Stronger Together; # of older adult or senior serving representative members on regional coalition

Increased healthy aging promotion, support, & awareness

Evaluation Measures of Interventions

East Bay Older Adult Survey

EAST PROVIDENCE STRATEGIC PLAN MODIFICATION

Since the R5 Regional Strategic Plan was submitted, East Providence has encountered barriers to implementing the proposed Life Skills program. Meanwhile, East Providence has consistently seen sales to minors for tobacco and vaping products in local compliance checks and Synar checks. Additionally, retailers in East Providence have stocked flavored products, even though these items were supposed to be pulled from shelves. Compliance checks were conducted between the 2022 and 2023 Synar checks. Synar 2023 shows East Providence is 100% compliant. As recently as 2022, they had a 20.8% Synar failure rate. While the former finding is correct, it obfuscates the fact that they recently had several citations in the round of compliance checks suggesting the need for ongoing compliance checks and education to achieve long-term change.

With this modification in mind, East Providence has adjusted its workplan (see below).

Table 2. R5 East Bay Work Plan: East Providence Modification

R5 East Bay Work Plan: East Providence				
Goal: Support mental health wellness in order to reduce substance misuse and promote healthy lifestyles by 2027.				
Objective 1: Engage and train community partners in mental health awareness and support.				
Strategy	**Activity**	**Responsible Party**	**Due Date**	**Community**
Education	Support and/or provide mental health resources and programming such as, Change Direction, wellness, education and media campaigns, QR signage, MHFA, Stronger Together	Regional and municipal coalitions and community partners	9/30/2026	Region
Training	Support training to build capacity to deliver mental health promoting strategies	Regional Coalition with RIPRC and PTTC support	9/30/2026	Region
Environmental	Implement Bathroom Stall QR Codes Signage that promotes mental health and wellness awareness in English and Portuguese languages	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Build capacity to decrease stigma in Portuguese communities	Regional coalition	9/30/2026	Region
Capacity Building	Build capacity by seeking broader coalition representation from mental health supporting organizations and individuals	Regional and local coalitions	9/30/2026	Region

R5 East Bay Work Plan: East Providence				
Goal: Support mental health wellness in order to reduce substance misuse and promote healthy lifestyles by 2027.				
Information Dissemination	Educate about risks to LGBTQ youth, including dissemination of information from: How to Protect LGBTQ+ Youth from the Risks and Harm of Substance Use - Partnership to End Addiction (drugfree.org)	Regional coalition	9/30/2026	Region
Information Dissemination	Educate about co-occurring disorders, including dissemination of information from: Substance-Use-Mental-Health-in-Teens-and-Young-Adults.pdf (drugfree.org)	Regional coalition	9/30/2026	Region
Education	Support/provide training opportunities through Stronger Together and Mental Health First Aid	Regional and municipal coalitions	9/30/2026	Region
Environmental	Develop & distribute Well "Me"ing campaign (i.e., stress reduction, Mental Health days, meditation, yoga, self-care promotion)	EPPC	9/30/2023	East Providence
Information Dissemination	Create & distribute stress reduction kits	EPPC	9/30/2023	East Providence
Alternatives	Establish a peer support program(s) for youth (i.e., parents with SUD, parents with MH diagnosis, experienced DV, students with SUD, students with MH concerns)	EPPC	9/30/2023	East Providence
Program	Establish a youth mentorship program (Project Amp)	EPPC	9/30/2023	East Providence
Alternatives	Promote Coffee & Connections (social community coffee hour) to foster meaningful connections in community	EPPC	1/1/2023	East Providence
Alternatives	Peer mediation group at EPHS	EPPC	9/30/2023	East Providence

R5 East Bay Work Plan: East Providence				
Goal: Support mental health wellness in order to reduce substance misuse and promote healthy lifestyles by 2027.				
Environmental	Develop programs/campaigns to destigmatize mental health concerns, prioritizing efforts with the Portuguese community	EPPC	9/30/2023	East Providence
Environmental	Develop campaign for social media safety	EPPC	9/30/2023	East Providence
Objective 2: Educate and prevent youth from using marijuana in any form and reduce availability of marijuana to youth by 2027.				
Strategy	**Activity**	**Responsible Party**	**Due Date**	**Community**
Education	Education related to legalization and harms	Regional coalition	9/30/2026	Region
Policy	Supports marijuana policy development related to recreational legalization	Regional coalition	9/30/2026	Region
Capacity Building	Build capacity to address marijuana misuse prevention now that adult use is legalized in RI	Regional and local coalitions	9/30/2026	Region
Objective 3: Reduce youth vaping by 2% by 2027.				
Strategy	**Activity**	**Responsible Party**	**Due Date**	**Community**
Program	Encourage use of Catch my Breath in schools	Schools	9/30/2026	Region
Program	Support vaping cessation efforts using evidence based and emerging programs	Schools	9/30/2026	Region
Policies	Support non-punitive school policies related to vaping	School Districts	9/30/2026	Region
Compliance Checks	Collaborate with the East Providence Police Department to schedule and implement compliance checks	East Providence Police, Program Director, Chair, and Coordinator	9/30/2026	East Providence
Objective 4: Provide tobacco retail education to 100% of tobacco venders by 2027.				
Strategy	**Activity**	**Responsible Party**	**Due Date**	**Community**
Education	Tobacco merchant online education	Youth Council	9/30/2026	Region

R5 East Bay Work Plan: East Providence				
Goal: Support mental health wellness in order to reduce substance misuse and promote healthy lifestyles by 2027.				
Education	Tobacco merchant education – T21	Youth Council	9/30/2026	Region
Education	Provide community education related to laws and policies around tobacco	Regional and municipal coalitions	9/30/2026	Region
Objective 5: Reduce underage drinking by 2% by 2027.				
Strategy	**Activity**	**Responsible Party**	**Due Date**	**Community**
Objective 6: Support youth and workforce development by 2027.				
Strategy	**Activity**	**Responsible Party**	**Due Date**	**Community**
Capacity Building	Support the youth council	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support youth trainings – Teen Institute, Youth Driven, etc.	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Prevention certification	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support professional development opportunities as needed	Regional and municipal coalitions	9/30/2026	Region
Capacity Building	Support coalition education as needed	Regional and municipal coalitions	9/30/2026	Region
Alternatives	Support alternative activities for youth as needed	Regional coalition	9/30/2026	Region
Objective 7: Reduce potential for opiate and prescription drug misuse by 2027.				
Strategy	**Activity**	**Responsible Party**	**Due Date**	**Community**
Program	Support and implement Drug Take Back Day Activities	Regional coalition	9/30/2026	Region
Program	Support Count It Lock It Drop It related activities and develop campaigns	Regional coalition	9/30/2026	Region
Environmental	Campaigns for medication safety	EPPC	9/30/2026	East Providence

APPENDIX A

2022 East Bay Older Adult Survey

1. I am (Circle one):
   - ○ Male
   - ○ Female
   - ○ Other, please specify: _____

2. Do you identify as Portuguese American? (Circle one)
   - ○ Yes
   - ○ No

3. What is your age?
   - ○ 50-60
   - ○ 61-70
   - ○ 71-80
   - ○ 81+

4. What town do you live in?
   - ○ Barrington
   - ○ Bristol
   - ○ East Providence
   - ○ Warren

5. What type of housing do you live in? (Choose all that apply)
   - ○ Single-family home
   - ○ Apartment or condo
   - ○ Senior Community
   - ○ Continuing Care Facility including Independent Living Facility, Assisted Living Facility and Nursing Facility
   - ○ Live with family/friends
   - ○ Other, please specify: _____

6. In general, what are the maximum number of days advisable to take opioid pain medications prescribed to you to avoid the risk of dependence/addiction?
   - ○ 3 days
   - ○ 7 days
   - ○ 14 days
   - ○ Indefinitely

7. Do you currently secure your prescription medications in a locked cabinet, box, or bag?
   - ○ Yes, please specify_____
   - ○ No
   - ○ I do not currently take any medications

8. How do you dispose of medications you no longer need? Circle all that apply
   ○ In garbage
   ○ Flush
   ○ At local disposal box at police station
   ○ At a local pharmacy
   ○ I keep medications just in case I need them another time
   ○ Other? _____
   ○ I have no medications to dispose

9. In the past 30 days, how many days have you used marijuana?
   ○ None
   ○ 1-5 Days
   ○ 6-9 Days
   ○ 10-19 Days
   ○ 20-30 Days

10. Are you a medical marijuana user or card holder?
    ○ Yes
    ○ No

11. Would you be interested in participating in activities in-person, virtually or both?
    ○ In-Person
    ○ Virtual
    ○ Both
    ○ I am not interested in participating in activities.

12. If interested in participating, what days/times would work best for you? (Check all that Apply)

	Morning	Afternoon	Evening
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐
Friday	☐	☐	☐
Saturday	☐	☐	☐
Sunday	☐	☐	☐

	Yes	No
Meditation and mindfulness practices would be useful to my overall mental health?	☐	☐
I would be interested in learning more about mental health.	☐	☐
Do you participate in social activities or organized groups at least once a week, either virtually or in-person?	☐	☐
Do you see or talk to a family member or a friend at least once a week?	☐	☐
Do you provide frequent care to someone who needs help with everyday tasks like grocery shopping, preparing meals, and getting to appointments?	☐	☐
Are you caring for a grandchild who lives with you?	☐	☐
Do you ever have trouble finding transportation to get where you want to go?	☐	☐
Do you often feel isolated from others?	☐	☐
Can you name any activities or resources you wish were more available in this area?		

APPENDIX B

Older adult survey administration October 2022

Barrington
- Posted flyer at houses of worship
- Shared flyer with Barrington and Regional Coalitions
- Bayside Family YMCA and assisted with senior programming and shared flyer
- Barrington Village-both volunteers and those they assist given flyer
- Town website and social media
- Barrington Senior Center and assisted when they had senior programming
- Barrington Public Library-put on social media/website
- Barrington Town Hall-TM office, Clerk, Finance
- Senior Center set up seniors on their computers and helped them access the survey.
- Senior Center sent the survey information in an email blast to town residents
- Flyer circulated on the Alfred Drown neighborhood list serve

Warren
- Senior center social media
- Senior center – directly
- Town website

East Providence
- Outreach/information sessions at stores around the City
- Senior center and Senior center trainings (Stronger Together)
- elderly housing programs (with PACE involvement)
- Local social media sites
- Community partners (such as HEZ).
- Invitations to older adult visitors at events

Bristol
- Franklin Court Senior Living Community
- Benjamin Court Senior Living community
- St. Mary's Church announcement to parishioners and shared flyers
- Recreation Department.
- 4th of July committee members
- Rotary Club
- Fire and Police Departments

APPENDIX C

Barrington Senior Needs Key Informant Interview

1. What age is considered "older"?

2. What does it mean to be "older"?

3. What is most important:
   - Chronological age
   - Mental age
   - Appearance age

4. What are the top 3 needs among seniors?

5. Do you believe that older adults have unique needs?
   - What are some of the unique needs of older adults?

6. What types of support services are available to seniors?
   - How do people find out about available services?
   - What barriers exist to accessing these services?
   - Are there other reasons why people do not access available services?
   - What services are needed but unavailable?

7. Are there special populations among seniors who we need to make a greater effort to serve? (i.e., people with disabilities, LGBTQ+, veterans, English as a second language, substance misuse, unhoused, ex-offenders)
   - How are they underserved?
   - How could we do a better job helping them?
   - What is the best way to reach underserved populations?